

PREVENTION RESEARCH CENTERS



Evaluation Results: Program Context

Fall 2009



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Table of Contents

Introduction	7
Background	7
National Evaluation	8
Contextual Studies	9
References	11
Methods	13
Document Review	13
Telephone Interviews	15
References	18
Organizational and Community Characteristics Study	19
Results	19
Characteristics of the Structure, Resources, and Support of the PRCs’ Academic Institutions.	20
Aspects of the PRCs’ Organizational Structures	25
Characteristics of the PRCs’ Partner and Core Research Communities.	32
Discussion	40
PRC Resources	40
PRC Infrastructure and Organization	41
PRC Partner and Core Research Communities	46
References	47
Academic–Community Partner Interaction Study	48
Results	48
Community Partnerships and Committees	49
Capacities of Community Committees.	55
Types of Participation in Core Research by Community Committee Members and Key Partners	56
Academic and Community Partners Engaging in CBPR.	58
Community Involvement in the PRCs’ Research Over Time	63
Perceived Benefits and Challenges Associated With Being in the PRC Network, as Viewed by Academic Representatives.	66
Perceived Benefits and Challenges Associated With Being in the PRC Network and in the PRC’s National Community Committee, as Viewed by Community Committee Respondents	70

Discussion . . . . .	.74
Community Committees and Guidelines. . . . .	.74
Learning from the Process of CBPR . . . . .	.75
Benefits and Challenges of Being in the PRC Network . . . . .	.77
References . . . . .	.78
Core Research Study . . . . .	.79
Results . . . . .	.79
Project Selection . . . . .	.80
Research Type and Methods . . . . .	.82
Relationship to <i>The Guide to Community Preventive Services</i> and the Ecological Model . . . . .	.89
Implementation of Core Research Projects. . . . .	.90
Integration and Sustainability. . . . .	.92
Discussion . . . . .	.93
Highlights . . . . .	.93
Recommendations . . . . .	.95
References . . . . .	.95
Training, Technical Assistance, and Mentoring With Community Partners Study . . . . .	.96
Results . . . . .	.96
Diversity of PRC Training With Community Partners. . . . .	.97
Diversity of PRC Technical Assistance With Community Partners.	100
Discussion	104
Highlights	104
Recommendations	104
References	105
Overall Discussion, Limitations, and Conclusions.	106
Overall Discussion	106
Limitations.	111
Conclusions	112
References	117

Appendix A: Logic Model for the Prevention Research Centers Program	121
Appendix B: Members of the PRC Project DEFINE Collaborative Evaluation Design Team	123
Appendix C: Prevention Research Centers (PRCs) National Program Indicators	125
Appendix D: Document Review Database Questions, Response Options, and Data Sources	127
Appendix E: Data Sources Used for Document Review	141
Appendices F1–F7: PRC Program Evaluation Studies – Interview Questions	143
Appendix G: Sampling Criteria Used for PRC Selection for Each Interview Guide and the Corresponding Number of Interviews Conducted	175
Appendix H: Tables Supporting the Organizational and Community Characteristics Study	177
Appendix I: Definitions of Research Terms used in the Core Research Study	185
Appendix J: Implications for and Revisions to the PRC Program Logic Model	189

Introduction

The Prevention Research Centers (PRC) Program, located within the National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC), is one of many CDC activities that fund extramural research. All the PRC Program's research is conducted at academic research centers that compete for selection as members of the PRC network. The prevention research is characterized as population-based as well as community-based and participatory.

This report provides results from a national evaluation of the PRC Program. Four contextual studies were conducted to describe what the overall PRC Program contributes to public health practice and policy through its research and training activities, how community-based participatory research is implemented across the PRCs, and how PRCs are structured and organized.

The report has a companion volume on program monitoring that gives results for performance indicators.¹ A study team (see Methods) collected and analyzed the information for this report. The Macro evaluation team assessed the results to make recommendations to the program, which are included in this report.

Background

In 1984, Congress authorized the Secretary of Health and Human Services (HHS) to create a network of academic centers to conduct applied public health research.² CDC was selected to administer the PRC Program and to provide leadership, technical assistance, and oversight. The program formally began when 3 academic centers were funded in 1986, and since 2004, the network has included 33 centers, each of which is selected through competitive peer review.

Since the program's inception, applicants have been required to meet certain eligibility criteria—chiefly, affiliation with a school of public health or a school of medicine or osteopathy with an accredited preventive medicine residency. Additional requirements are listed below:

- Multidisciplinary faculty with expertise in public health and working relationships with experts in related fields.
- Graduate training programs relevant to disease prevention.
- Core faculty in epidemiology; biostatistics; social, behavioral, and environmental sciences; and health administration.
- Demonstrated curriculum in disease prevention.
- Capability for residency training in public health or preventive medicine.

The core funding—about \$26 million per year—is distributed among the PRCs to support elements of basic infrastructure and at least one core research project, conducted in partnership with a community, at each center.

In 1993, additional competitive funds became available to PRCs only to conduct special interest projects specified and supported by divisions throughout CDC and HHS. The expertise the PRCs build by conducting the core and special interest projects often makes them highly competitive for additional research funding offered by foundations, institutes, and other nongovernmental organizations. As a result, the PRCs' total portfolio includes several hundred research projects going on at any given time.

The PRCs are in the forefront of developing and practicing community-based participatory research (CBPR). The close and long-term ties forged between each academic institution and its study population—generally an underserved community—encourage commitment and trust and help communities adopt and sustain change over time. The established relationships allow other researchers to readily introduce new research into the community. The program announcement issued in 2003 for funding fiscal years 2004–2009 explicitly required grantees to conduct a participatory, community-based core research project, planned in collaboration with community partners and guided by a community committee.

Working closely with communities, prevention researchers strive to follow a series of steps that identify community health issues and proceed toward wide dissemination of effective interventions; that is, the partners aim to translate research into everyday practice to improve the lives of people in the research community and, ultimately, in comparable communities throughout the United States—and sometimes beyond its borders.³

National Evaluation

Since their inception, the PRCs evaluated their research by assessing the interventions being tested. Publication in the peer-reviewed literature was, and still is, a marker of the quality of the research conducted. However, CDC had not evaluated the cumulative and combined contributions of the PRCs. A review of the program published by the Institute of Medicine (IOM) in 1997 made several recommendations, one of which was to increase evaluation efforts.⁴ The IOM report, combined with increased calls for federal accountability, increased size and prominence of the PRC Program, and increased support for evaluation efforts across CDC,⁵ influenced leaders of the PRC Program to initiate a national evaluation in 2001. The resulting evaluation project was named Project DEFINE (Developing an Evaluation Framework: Insuring National Excellence), and it was guided by the CDC Framework for Program Evaluation in Public Health.⁶

During Phase I of Project DEFINE (Planning, 2001–2003), evaluation activities focused on engaging stakeholders, planning the evaluation, developing the program’s logic model (Appendix A),^{7,8} and documenting program activities.^{9,10} Project DEFINE Phase II (Implementation) began in 2004, when the PRC Program office awarded a contract to Macro International for national evaluation activities. This report is a product of Project DEFINE Phase II.

Participatory Approach to Evaluation

The PRC Program implemented a participatory and utilization-focused evaluation approach to increase stakeholders’ support, include the perspectives of PRCs’ partners, and influence potential use of evaluation products and findings.^{6,11} An advisory group—the Collaborative Evaluation Design Team (CEDT)—guided national evaluation activities to ensure that diverse perspectives were integrated into the evaluation design, interpretation of findings, and dissemination of results. (Appendix B lists CEDT members from Phase II of Project DEFINE who worked on the studies included in this report.)

Participatory processes were also used to gain feedback from PRCs’ academic, community, and state partners during critical times in the design, planning, and implementation of the evaluation.

Purposes of the Evaluation

For Project DEFINE Phase II, discussions with program leaders and other key stakeholders identified two priority purposes for national evaluation activities.

1. National program accountability to stakeholders such as Congress, CDC leaders, and national partner organizations that advocate for the program.
2. Program improvement, particularly management of the national program.

Overarching Evaluation Questions

The overarching national evaluation questions, developed to reflect the priority purposes of the evaluation, are as follows:

- What does the PRC Program contribute to public health practice and policy
 - by conducting prevention research to develop and disseminate effective and translatable public health interventions?
 - by training the public health workforce?
- How is community-based participatory research implemented across PRCs?
- How are communities and partners engaged in PRCs' activities, and how does participation build community capacity?
- What are the similarities and differences across PRCs concerning infrastructure, organizational factors, and how PRCs partner with communities and organizations?

These questions guided the evaluation design, which included two complementary efforts: implementation of national program indicators and conduct of studies. The PRC Program indicators (Appendix C) guide data collection. The results are summarized across all 33 PRCs and reported in a companion volume to provide information on the depth and breadth of the program.¹ The studies, conducted in fall 2007, are the focus of this report.

Contextual Studies

Development and Purpose

Concepts not measurable by the performance indicators were identified and designated for in-depth studies. At an in-person meeting of the CEDT, the concepts were reviewed and prioritized. Four main topic areas emerged that correspond with constructs of the PRC Program logic model:

- Organizational and community characteristics.
- Community and research interactions around core research projects.
- Variety, goals, and contextual factors of the core research projects.
- Training, technical assistance, and mentoring activities.

The studies allowed the PRC Program to systematically describe and summarize these topics across PRCs for the first time. The four studies are described below.

Organizational and Community Characteristics Study

This study focused on answering the question, “What are the characteristics of PRCs related to staff, partner community, organizational and partnership structures, resources, leadership, and institutional environment?” The results provide most of the data needed to answer the following overarching evaluation question: What are the similarities and differences across PRCs concerning infrastructure, organizational factors, and how PRCs partner with communities and organizations? Data from indicators and other special studies also help answer this question.

Academic–Community Partner Interaction Study

This study focused on answering the question, “How do PRC researchers and their communities interact to develop, implement, evaluate, and disseminate the core prevention research project?” The question was designed to capture information on approaches to community-based participatory research (CBPR). Results from this study provide data to answer the following overarching evaluation questions: How is CBPR implemented across PRCs? How are communities and partners engaged in the PRCs’ activities? How does participation in the PRC Program build community capacity? Data from other special studies and indicator data supplement this study’s findings.

Core Research Study

This study focused on answering the question, “What are the varieties, goals, and contextual factors of the core prevention research being conducted by the PRCs?” Results from this study provide some data to answer the following overarching evaluation question: What does the PRC Program contribute to public health practice and policy by conducting prevention research to develop and disseminate effective and translatable public health interventions? PRC Program indicator data supplement the study results for this question.

Training, Technical Assistance, and Mentoring with Community Partners Study

This study focused on answering the question, “What is the diversity of PRC training, technical assistance (TA), and mentoring with communities and partners?” Results from this study provide some data to answer the following overarching evaluation question: What does the PRC Program contribute to public health practice and policy by training the public health workforce? PRC Program indicator data supplement these results.

Use of Data

The intent of the contextual studies is to provide a point-in-time, cross-sectional, descriptive view of several components of the PRC Program. The planned uses for and users of the results fall into the following areas:

- **Provide descriptive data on PRC communities and CBPR.** Data describing the PRC communities, community committees, and community involvement in PRC core research will be used to educate stakeholders and partners about the depth and breadth of community interaction and involvement in the PRC Program.
- **Understand the organizational and contextual environments in which the PRCs operate.** Data on contextual issues affecting the PRCs’ activities and on the structures and staffing of PRCs will be used to identify areas in which PRCs can learn from each other and how the PRC Program office can provide suggestions around organizational structure or resources.

- **Inform future trainings, workshops, technical assistance (TA) or mentoring programs.** Data from all studies will identify areas in PRCs' community engagement, infrastructure, research, or training activities that could be enhanced through the development of tools, trainings, or workshops; the provision of TA; or the support of mentoring programs for PRCs and their partners.
- **Inform future funding opportunity announcements (FOAs).** The studies will identify areas for clarification and improvement as the PRC Program office writes future funding announcements.

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