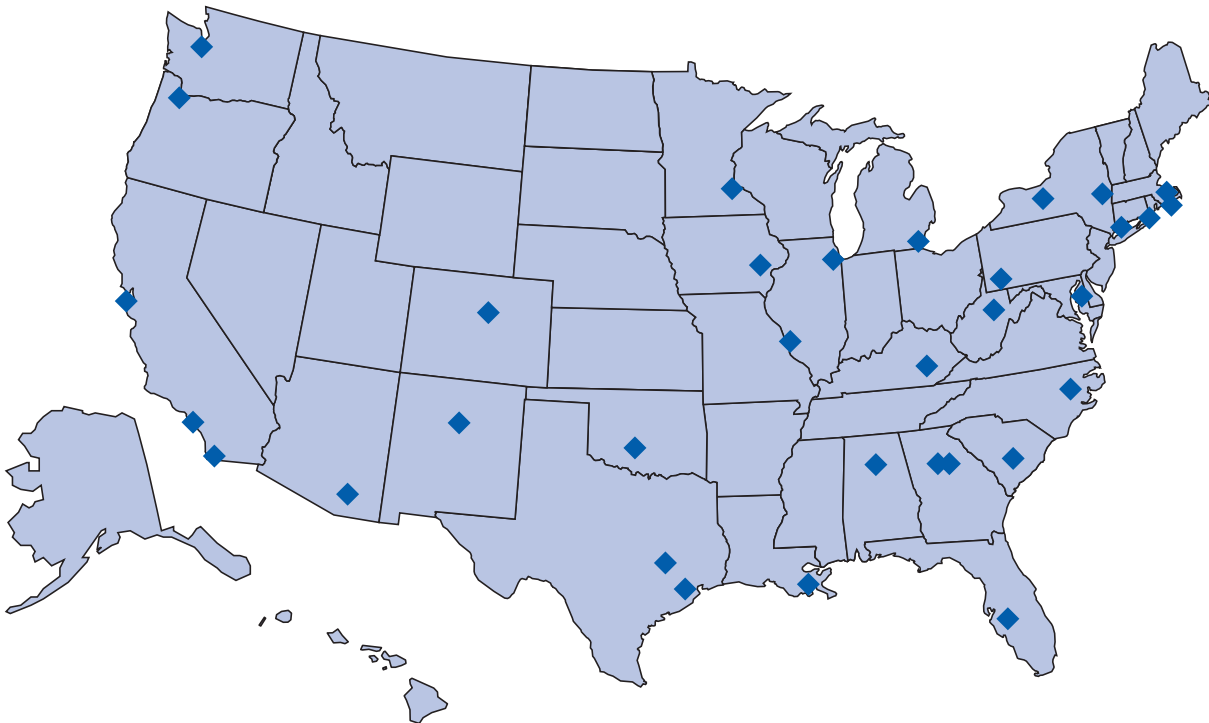




Prevention Research Centers Promoting Practice-Based Research 2008

CDC's Network of Prevention Research Centers,* Fiscal Year 2008



* A list of the 33 centers and their core projects is provided on page 3.

“The case for prevention of chronic disease is compelling. Although Americans are living longer than previous generations, we are witnessing an unprecedented increase in the prevalence of chronic diseases.”

*Michael O. Leavitt
Secretary of the U.S. Department of Health and Human Services*

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Building Partnerships for Prevention

In 1984, Congress authorized the U.S. Department of Health and Human Services (HHS) to create a network of academic health centers to conduct applied public health research. CDC was selected to administer the Prevention Research Centers (PRC) program and to provide leadership, technical assistance, and oversight.

With fiscal year 2008 funding of \$29 million, CDC supports 33 centers associated with schools of public health or medicine throughout the country. Each center conducts at least one core research project with an underserved population that has a disproportionately large burden of disease and disability.

In addition to conducting core research, the centers work with partners on special interest projects (as defined by CDC and other HHS agencies), as well as projects funded by other sources. As a result, the PRCs' portfolio includes about 400 research projects each year.

The PRCs involve community members, academic researchers, and public health agencies in finding innovative ways to

promote health and prevent disease. The partners design, test, and disseminate strategies—often as new policies or recommended public health practices.

All centers share a common goal of addressing behaviors and environmental factors that contribute to chronic diseases such as cancer, heart disease, and diabetes. Several PRCs also address injury, infectious disease, mental health, oral health, and global health.

Some centers work with distinct populations, such as African Americans and Latinos in inner cities, Mexican Americans along the United States-Mexico border, American Indians in New Mexico and Oregon, residents in rural communities who live below the poverty level, and people with hearing disabilities. Other PRCs focus on youth or older adults.

Through scientific rigor, collaborative partnerships, practical application, and community acceptance, the PRCs continue to find new ways to improve the nation's quality of life.

Disseminating Proven Strategies

The PRCs serve as a national resource for developing and applying effective prevention strategies at the community level, as the following two examples illustrate.

Helping Older Adults Enjoy Life

Researchers at the University of Washington PRC partnered with the local Area Agency on Aging and a nonprofit group called Senior Services to develop and evaluate an intervention to address depression among low-income older adults.

The resulting Program to Encourage Active, Rewarding Lives for Seniors (PEARLS) provided eight 50-minute, in-person sessions with a trained social service worker in a client's home over 19 weeks. In addition to a skill-building intervention, the social service worker scheduled social and physical activities for the client. After 1 year, researchers reported that 43% of the older adults who had participated in the PEARLS sessions reported a 50% decline in depressive symptoms. Only 15% of older adults who did not participate in the sessions showed the same improvement. Depression resolved completely for 36% of participants, compared with 12% of nonparticipants. Participants also reported improved functional and emotional well-being and fewer hospitalizations. PEARLS is being disseminated throughout Washington state. In 2007, it was included in the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-based Programs and Practices.

Reducing Smoking Among Teens

The Not-On-Tobacco (N-O-T) program is designed to help young people aged 14–19 quit smoking. It was developed and tested by researchers at the West Virginia University PRC in collaboration with state education and health departments and the American Lung Association. N-O-T consists of ten 50-minute, gender-specific group sessions held mostly in schools and led by trained facilitators. Session topics include motivation, preparing to quit, and relapse prevention.

Nearly 33,000 teenagers in 47 states participated in the N-O-T program during 1999–2003. A review of studies conducted in West Virginia, Florida, and North Carolina reported that the quit rate among N-O-T participants was nearly twice that of students in a comparison group that received only a brief standard intervention (15% vs. 8%). Less rigorous evaluations of field-based N-O-T programs that included 4,568 young people showed an overall quit rate of 26%.

N-O-T is recognized as an effective program by the National Registry of Effective Programs and a model program by SAMHSA, which supports the provision of materials, training, and technical assistance for national implementation of this program. In addition, researchers are developing a physical activity component to N-O-T, called Quit & Fit, that is designed to increase participants' physical activity and assess the impact of physical activity on smoking cessation.

Prevention Research Centers: Core Projects

University of Alabama at Birmingham

Reducing health risks and health disparities in Alabama's underserved, rural, predominantly African American communities.

University of Arizona

Influencing policy and conducting behavioral interventions to prevent and control diabetes in multiethnic communities along the Arizona–Mexico border.

Boston University

Improving the health and well-being of Boston's public housing residents.

University of California at Berkeley

Improving health in California's Korean American communities.

University of California at Los Angeles

Involving parents in promoting health, reducing risk behaviors, and preventing disease among adolescents.

University of Colorado

Reducing the risk for overweight, obesity, and diabetes among children and adults in the Rocky Mountain region of Colorado.

Columbia University

Developing a tailored Web site to improve communication to promote the health of low-income, minority communities.

Emory University

Reducing health disparities and preventing cancer in rural southwest Georgia.

Harvard University

Improving nutrition and physical activity among children and adolescents.

University of Illinois at Chicago

Preventing diabetes in Chicago's low-income, underserved minority communities.

University of Iowa

Empowering community groups in rural Iowa to improve the health and quality of life of community residents.

Johns Hopkins University

Preparing young people in Baltimore to become healthy and productive adults.

University of Kentucky

Preventing and controlling cancer among residents in rural Appalachian Kentucky.

University of Michigan

Increasing the ability of communities to reduce health disparities and improve residents' health.

University of Minnesota

Preventing and reducing risk behaviors among teenagers and promoting healthy adolescent development.

Morehouse School of Medicine

Building the capacity of low-income African American communities to promote health, prevent disease, and reduce health disparities.

University of New Mexico

Promoting the mental health and well-being of American Indian youth and their families.

University of North Carolina at Chapel Hill

Reducing the risk for obesity among rural, low-income, and minority women by empowering them to make healthy life changes.

University of Oklahoma

Promoting healthy lifestyles among students in public schools.

Oregon Health and Science University

Improving the health of American Indian, Alaska Native, and Native Hawaiian communities.

University of Pittsburgh

Preventing disease and promoting healthy, active lives for older adults in Pennsylvania.

University of Rochester

Promoting health and preventing disease among people who are deaf or hard of hearing.

Saint Louis University

Reducing risk for heart disease, stroke, and cancer among residents in medically underserved, rural areas of Missouri.

San Diego State University and

University of California at San Diego

Increasing physical activity and improving health among Latinos in San Diego.

University of South Carolina

Promoting health through physical activity.

University of South Florida

Using community-based prevention marketing to improve community health.

State University of New York at Albany

Preventing and controlling diabetes among medically underserved residents in the capital region of New York State.

Texas A&M University

Preventing diabetes and other chronic diseases in underserved rural communities.

University of Texas Health Science Center at Houston

Investigating influences on children's behavior as they age to early adulthood.

Tulane University

Improving health behaviors of New Orleans residents through neighborhood reconstruction and environmental change.

University of Washington

Sustaining physical activity among older adults.

West Virginia University

Improving health and quality of life among rural adolescents.

Yale University

Preventing or reducing chronic disease among residents of Connecticut's economically disadvantaged cities.

"We have a tremendous opportunity to put prevention where it belongs: first and foremost in the health framework. The Prevention Research Centers provide the scientific foundation on which we can build prevention initiatives."

Kathleen E. Toomey, MD, MPH

Director, Coordinating Center for Health Promotion, Centers for Disease Control and Prevention

Capitalizing on Unique Opportunities for Research and Collaboration

Networking for Knowledge

PRCs encourage interaction among faculty from different disciplines, thus bringing an array of expertise to each project. This blending of expertise is essential to solving complex health and psychosocial problems. Departments of education, social work, psychology, anthropology, and many others work with the schools of public health and medicine.

The PRC network also fosters collaboration between the centers despite academic affiliations or geographic boundaries. Sets of PRCs collaborate in thematic networks to address priority health issues. Current thematic networks address cancer prevention and control research, healthy aging, physical activity policy research, Latino health, and cardiovascular health research and translation. Because each center offers a unique geographic location and community relationship, researchers can simultaneously test interventions in different settings.

PRCs also work closely with state and local health departments, managed care alliances and health maintenance organizations, state education agencies, and national and community organizations. Through these partnerships, promising research findings are translated into practical, cost-effective prevention programs in communities.

Gaining and Sustaining Community Trust

To encourage trust, the academic institutions and community partners that constitute the PRCs make long-term commitments and take time to build solid working relationships. Researchers strive to respect the dignity of project participants and the values of the overall community. As a result, communities are able to implement changes and sustain them over time. These principles also are applied at the national level. A representative from each PRC community is appointed to the National Community Committee, which makes recommendations to the PRC program and ensures that community members stay involved through all steps of the research process.

Resource for Training

In collaboration with the Association of Schools of Public Health, the PRCs offer 2-year fellowships for doctoral-level students of racial or ethnic minority origin. Thirty-one fellows have gained hands-on experience with projects directed by the centers and their partners. The PRCs also offer exten-

sive continuing education for health practitioners, public health professionals, and aspiring leaders seeking challenge and growth.

Several PRC trainings were highlighted in the online journal *Preventing Chronic Disease* (http://www.cdc.gov/pcd/issues/2005/apr/04_0139.htm). Examples include an evidence-based public health course, a physical activity and public health course for public health practitioners, and a social marketing education program. Other PRC training opportunities include week-long institutes on a variety of health topics and workshops requested by state health departments for their staffs. Evaluation of PRC training offered in selected Latin American countries is in progress.

Future Directions

The PRC program will continue to promote dissemination of effective interventions. Once an intervention has been proven to work, other groups may want to implement it. The PRCs receive thousands of requests for information or materials related to an intervention. They also work to raise awareness of successful interventions and their availability.

In addition, the PRC program will continue to collaborate with other CDC programs and public health partners to find ways to translate research into practice and to advance dissemination research. The PRCs also will work across organizational lines to cosponsor forums and other discussions of crosscutting research.

The PRC network has developed a framework for an ongoing national evaluation of the PRC program and is collecting information that will help define the program's future. CDC, an external evaluation team, and a group of stakeholders developed a set of indicators to document the PRCs' activities and outcomes, including research, training, and dissemination.

This quantitative study is being augmented by four qualitative studies that are examining PRC approaches to community-based participatory research and organizational structure, as well as the variety and goals of research, diversity of training, technical assistance, and mentoring the PRCs offer. The results of this evaluation will enhance the rigor of PRC research and ensure accountability to stakeholders.

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