

PREVENTION RESEARCH CENTERS



Partnerships *and* Resources



U.S. DEPARTMENT
OF HEALTH AND
HUMAN SERVICES



Centers for
Disease Control
and Prevention

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Prevention Research Centers: *A Proactive Response*

Every 36 seconds, someone in America dies from heart disease or stroke.

More than one-fifth of Americans smoke, increasing their risk for many cancers.

Each year, as many as 24,000 Americans with diabetes become blind.

About 17 percent of American children and adolescents are overweight, and the percentage has been growing.

The statistics are relentless, the costs are staggering, and the differences in health status among socioeconomic groups are slow to change. To improve the nation's health, approaches must be innovative, multifaceted, well tested, shared, and practiced in communities from coast to coast.

The Prevention Research Centers constitute CDC's flagship program for preventing and controlling chronic diseases. What makes the Prevention Research Centers a unique resource for advancing research and practice to improve the public's health? This booklet describes the philosophy and the assets that make the Prevention Research Centers attractive to research partners and to organizations that fund research to improve the nation's health.



The National Council on Aging recognizes the University of Washington Prevention Research Center's EnhanceFitness program as one of the top 10 physical activity programs for U.S. seniors, and it is now used at 158 community sites in 17 states.

Partners for Health

In the Prevention Research Centers' model, researchers, community members, and public health professionals work together as equal partners to develop, test, and move proven disease prevention and health promotion strategies into widespread practice.

The program requires research that is community-based and participatory. To successfully compete in the peer-reviewed selection of Prevention Research Centers, applicants must demonstrate

- Close ties with a local, underserved community.
- Willingness to work as a partner in research.

In some cases, the Prevention Research Centers partner with public health practitioners or youth-serving organizations that reach disadvantaged populations. In most cases, the Prevention Research Centers partner with coalitions of community organizations and members, including people—young or old, of minority racial or ethnic origin—in inner-city or rural settings where health disparities are severe.

“The public’s health can be supported only through collective action, not through individual endeavor.”

—Institute of Medicine, *The Future of the Public’s Health in the 21st Century*



With the American Lung Association, West Virginia University’s Prevention Research Center tested Not on Tobacco (NOT), a quit-smoking program for teens, among young people in rural Appalachian schools. NOT, which is designated a Model Program by the Substance Abuse and Mental Health Services Administration, has served more than 150,000 teens, and 1 in every 5 of them quit smoking.

Long-Term Trust *Matters*

When researchers approach underserved communities, they may encounter mistrust. Consequently, the academic–community relationships take time to develop and generally reflect enormous promise and years of working together. The Prevention Research Centers make long-term commitments to relationships that respect the dignity and experience of participants and foster their trust. This investment at the outset helps communities adopt and sustain change over time.

In addition, other researchers are often able to build on the partnerships Prevention Research Centers have forged with communities. The established relationships allow other researchers to readily introduce new community research or accomplish programmatic goals.

The Prevention Research Centers program even sponsors research to increase understanding about how partners define trust and how to build and nurture it. An assessment tool in progress will capture successes that can help Prevention Research Centers strengthen their relationships.



The Prevention Research Center at the University of Rochester—the National Center for Deaf Health Research—worked with its partners in the deaf community to pioneer a community-participatory approach to the translation of English-language survey questions to American Sign Language.

Community Advisors Are the **Key Consultants**

The research of each prevention center is guided by at least one community advisory committee.

The committees provide valuable access to

- Community leaders, local officials, informal leaders, and other opinion makers who champion activities and build support.
- Community liaisons who help recruit research participants.
- Community organizations that provide quantitative and qualitative information as well as resources needed to plan interventions.

The community committees are especially valuable for articulating the attitudes and beliefs of the people they represent, which helps ensure their communities will accept research interventions. The community committees help set research priorities and shape research questions, and they share in delivering interventions and communicating results. Sometimes committee members are compensated for conducting research, educating their peers, or working to promote change.



Residents of a racial and ethnic minority community were hired and trained as Healthy Life Coaches to work with researchers at the University of Illinois at Chicago's Prevention Research Center. These coaches are helping their neighbors learn to eat healthy, increase physical activity, and decrease weight, thereby reducing their risk for diabetes.

Commitment to National Unity

As a further commitment to community-based participatory research, the program endorses a National Community Committee, which comprises a member of each center's community committee. The national committee advises the program, facilitates training of community members, and advocates for prevention research. The committee also publishes a newsletter for sharing information, holds annual retreats, and meets at national conferences in parallel with the centers.



The University of Texas Prevention Research Center disseminated a nutrition and physical activity program to more than 750,000 elementary school students in 1,500 Texas schools. The program also reaches schoolchildren in other states throughout the nation and in 320 of the Department of Defense's overseas elementary schools.

Planet Health, a curriculum from the Harvard University's Prevention Research Center, is decreasing young people's television viewing and obesity. The curriculum is used in more than 120 schools in Massachusetts, and 2,000 copies of it have been purchased by people in 48 states and 20 countries.

Health Agencies Are *Partners Too*

Another pathway into many communities is through health agencies, including state and local health departments and affiliates of national non-profit organizations, such as the American Lung Association and the American Cancer Society. These groups are key partners of the Prevention Research Centers. Although the centers form relationships with many entities—such as schools, clinics, and businesses—close ties with state health departments are especially important to developing public health capacity and institutionalizing effective interventions on a broad scale.

The Prevention Research Centers offer expertise to health agencies and fulfill varied responsibilities:

- Participate in task forces to set priorities and craft statewide objectives.
- Develop surveys and other research tools for specified needs.
- Participate in grant reviews.
- Conduct surveillance and build databases.
- Provide training and technical assistance.
- Design robust methods for process and outcome evaluation.
- Determine whether research results are generalizable across communities.
- Conduct policy research and suggest reforms.



The New Mexico State Departments of Education and Health conduct the Youth Risk & Resiliency Survey every year in partnership with the University of New Mexico's Prevention Research Center.

Networks with *Fellow Researchers*

The Prevention Research Centers also develop networks of centers that work together to address priority health issues. Topics have included tobacco control, cancer prevention, healthy aging, and cardiovascular health.

These networks allow researchers to work together despite academic affiliations or geographic boundaries. In fact, some networks take advantage of each center's unique geographic location and community ties to simultaneously test interventions in different settings. Experts can combine the knowledge and skills of their individual disciplines—such as anthropology, epidemiology, behavioral science, medicine,

public health, communications, and biostatistics—and bring them to bear on a single health issue. Having researchers from multiple disciplines involved helps ensure that all dimensions of a problem are addressed.

Sometimes these networks result when the researchers stimulate mutual interests. Then they are developed by requests for proposals, issued by federal agencies, for several centers to work together in addressing an issue. New ties often build on these relationships.



In a long-term project, Healthy Passages, the Prevention Research Centers at the University of Texas Health Science Center, the University of Alabama, and the University of California at Los Angeles are partners in studying more than 5,000 children to see how their early health behaviors may reduce the risk for disease as adults.

Practical and *Timely* Research

The partnerships throughout the Prevention Research Centers make sure the research is relevant to real needs and readily put into everyday practice by families, schools, service agencies, faith-based organizations, and other social institutions. That is, the research results do not sit on a shelf.

The Prevention Research Centers' research strategy is sometimes described as a cycle that moves from basic science to efficacy to effectiveness.

Prevention researchers answer questions such as

- Which interventions promote healthy lifestyles?
- How can disease and complications be prevented?
- What will increase the number of people screened for chronic diseases?
- What will improve the preventive counseling patients receive?
- How can successful strategies be sustained?

In answering these questions, the researchers define interventions to change individuals' health behaviors and the care they receive, and they help set in motion environmental initiatives—such as developing community walking trails and working to ban sales of nutrient-poor foods from school cafeterias.



The University of California at Berkeley's Prevention Research Center examined health care access and use, behavioral risk factors, and reported chronic diseases among six Asian-American populations in California. In 2006, the center distributed the report to Asian-American organizations and media outlets to increase understanding of health disparities between Asian-American adults and other adults.

Training *Leaders*

The Prevention Research Centers' academic settings and teaching experience make them fertile ground for educating and training public health leaders in formal and informal ways.

The researchers involve graduate research assistants and advanced, interdisciplinary trainees in their work. This involvement is shaping the next generation of researchers skilled in community-based participatory research; their expert training and mentoring are supplemented by field experience in communities. The learners come from fields such as medicine and nursing, epidemiology and statistics, psychology and nutrition, and communications and health policy.

Since 2002, CDC has collaborated with the Association of Schools of Public Health in selecting doctoral-level students of ethnic or racial minority origin for 2 years of guided research at a Prevention Research Center. The Fellows have

academic researchers and community participants as mentors for conducting research with communities distinct by race or ethnicity, age, income, or other socioeconomic factors.

The Prevention Research Centers also offer extensive continuing education for practitioners, public health professionals, and aspiring leaders seeking challenge and growth. When these types of students return to the workplace, they share knowledge with colleagues and put newly acquired skills into immediate practice. At educational and training programs they form relationships with teachers and fellow students that add to resources and lead to new collaborations. Among the formal programs are week-long institutes in youth development, physical activity research and "best practice" intervention strategies, and nutrition and public health. Several centers also design and present workshops requested by state health departments to enhance their staff's professional development.



The Prevention Research Center at the University of South Florida has trained staff from the Alaska Division of Public Health, Alaska Native Health Research Center, and the state's Department of Education in the center's area of expertise: community-based prevention marketing.

Meeting the *Challenge*

In its publication, *The Future of the Public's Health in the 21st Century*, the Institute of Medicine proposes six areas of action to be undertaken by all people who work to ensure the population's health. The Prevention Research Centers have restated these areas of action to reflect their collective mission and to capture the spirit of the program.

“Meaningful protection and assurance of the population's health require communal effort.”

—Institute of Medicine, *The Future of the Public's Health in the 21st Century*

1. Use a population health approach that addresses multiple determinants of health.
2. Strengthen the public health infrastructure by sharing information, offering training and technical assistance, and testing interventions for implementation.
3. Build partnerships that draw on the perspectives and resources of diverse communities and actively engage them.
4. Promote the quality and availability of public health services through proven interventions.
5. Demand and supply evidence as the foundation of decision making.
6. Facilitate communication among public health professionals and community members through conferences, training, publications, and other means.



Locations of Prevention Research Centers



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| 1 University of Washington | 17 University of Michigan |
| 2 Oregon Health and Science University | 18 University of Kentucky |
| 3 University of California at Berkeley | 19 University of Alabama at Birmingham |
| 4 University of California at Los Angeles | 20 Morehouse School of Medicine |
| 5 San Diego State University and University of California at San Diego | 21 Emory University |
| 6 University of Arizona | 22 University of South Florida |
| 7 University of Colorado | 23 University of South Carolina |
| 8 University of New Mexico | 24 University of North Carolina at Chapel Hill |
| 9 University of Oklahoma | 25 West Virginia University |
| 10 Texas A&M University System Health Science Center | 26 Johns Hopkins University |
| 11 University of Texas Health Science Center at Houston | 27 University of Pittsburgh |
| 12 Tulane University | 28 Columbia University |
| 13 Saint Louis University | 29 State University of New York at Albany |
| 14 University of Iowa | 30 University of Rochester |
| 15 University of Minnesota | 31 Yale University |
| 16 University of Illinois at Chicago | 32 Boston University |
| | 33 Harvard University |



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