



Think Tank Session 120

Evaluating Public Health Research Centers: Assessing the Value-Added

Plan for this think tank

- Describe the basic components of a CDC Research Center
- Provide an overview of past and current evaluation activities
- Break out into discussion groups
- Reconvene to present findings and recommendations

Think tank discussion topics

How can we:

- assess accountability and merit of a center program?
- develop useful data systems for program monitoring and improvement in a center program?
- determine value added of a center program?

Why?

In an increasingly competitive environment for funds,
CDC needs to assess the relative value of its research centers

It's not easy....

- Centers cover a variety of disciplines and content areas
- Across site variability
- Distal linkages. Is it causation?

Really, what makes research centers so special?

Panel Members

Howard Kress

National Center for Injury Prevention and Control

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Generic CDC Public Health Research Centers Logic Model



Contextual factors

* not applicable to all programs

** programs are encouraged to develop



CDC Injury Control Research Centers (ICRC) Portfolio Evaluation

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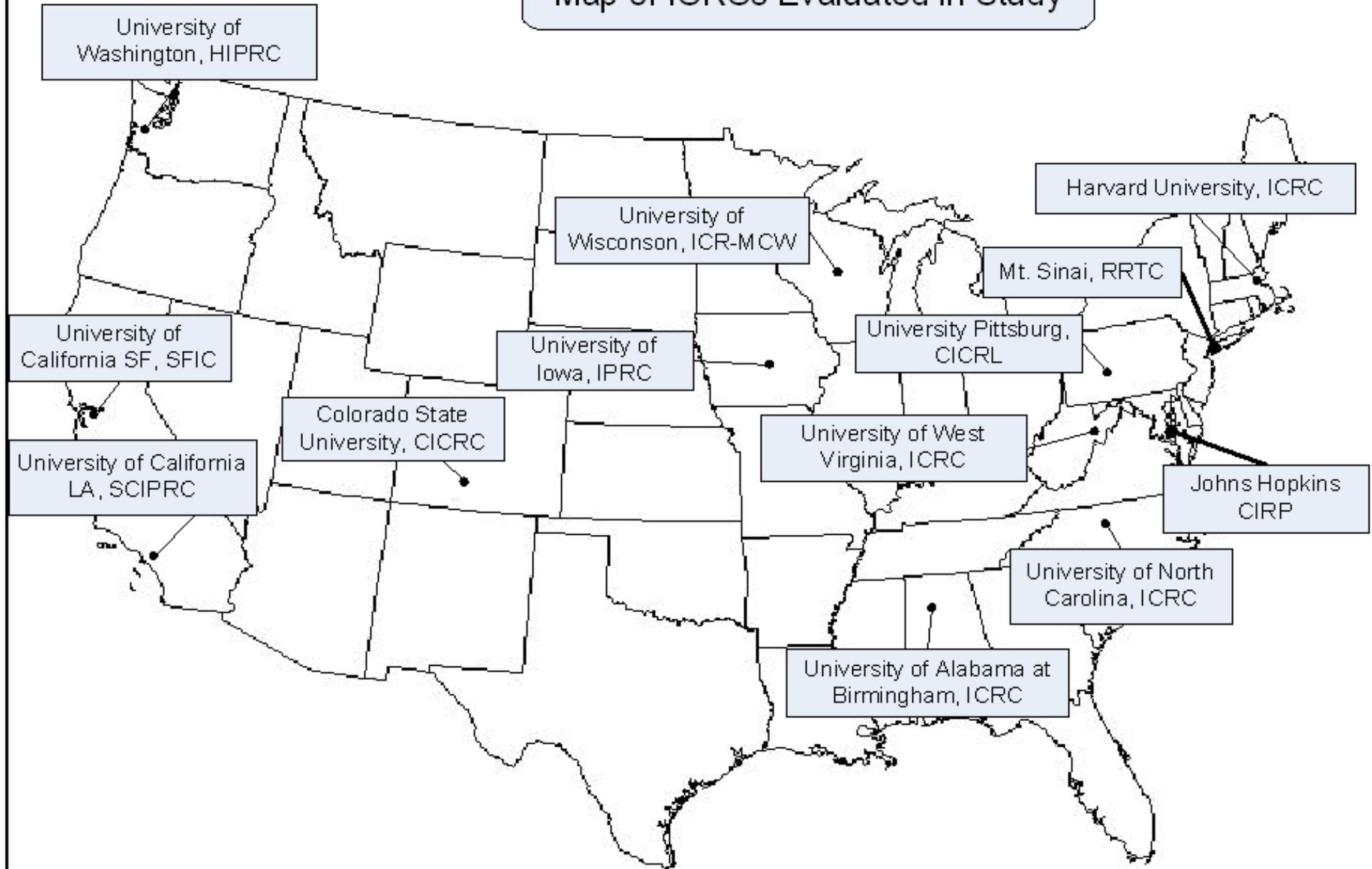
**National Center for Injury Prevention and Control
Office of the Director**

**American Evaluation Association
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The findings of this presentation are the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention

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Map of ICRCs Evaluated in Study



ICRC Portfolio

- First centers funded in 1987
- 2005 funding ~ \$1 million per center
- Research across broad injury topics
- Interventions
- Evaluation
- Translation and Dissemination
- Teaching, Training, and Service
- Collaboration across disciplines

Purpose of the Evaluation

- Mandated by CDC policy on research and scientific programs
- Assess the ICRC program
 - Relevance
 - Value
 - Significance
- Highlight program achievements
 - Success stories
- Identify areas for program planning and research gaps



How does the evaluation assess accountability and merit of the ICRC Portfolio?

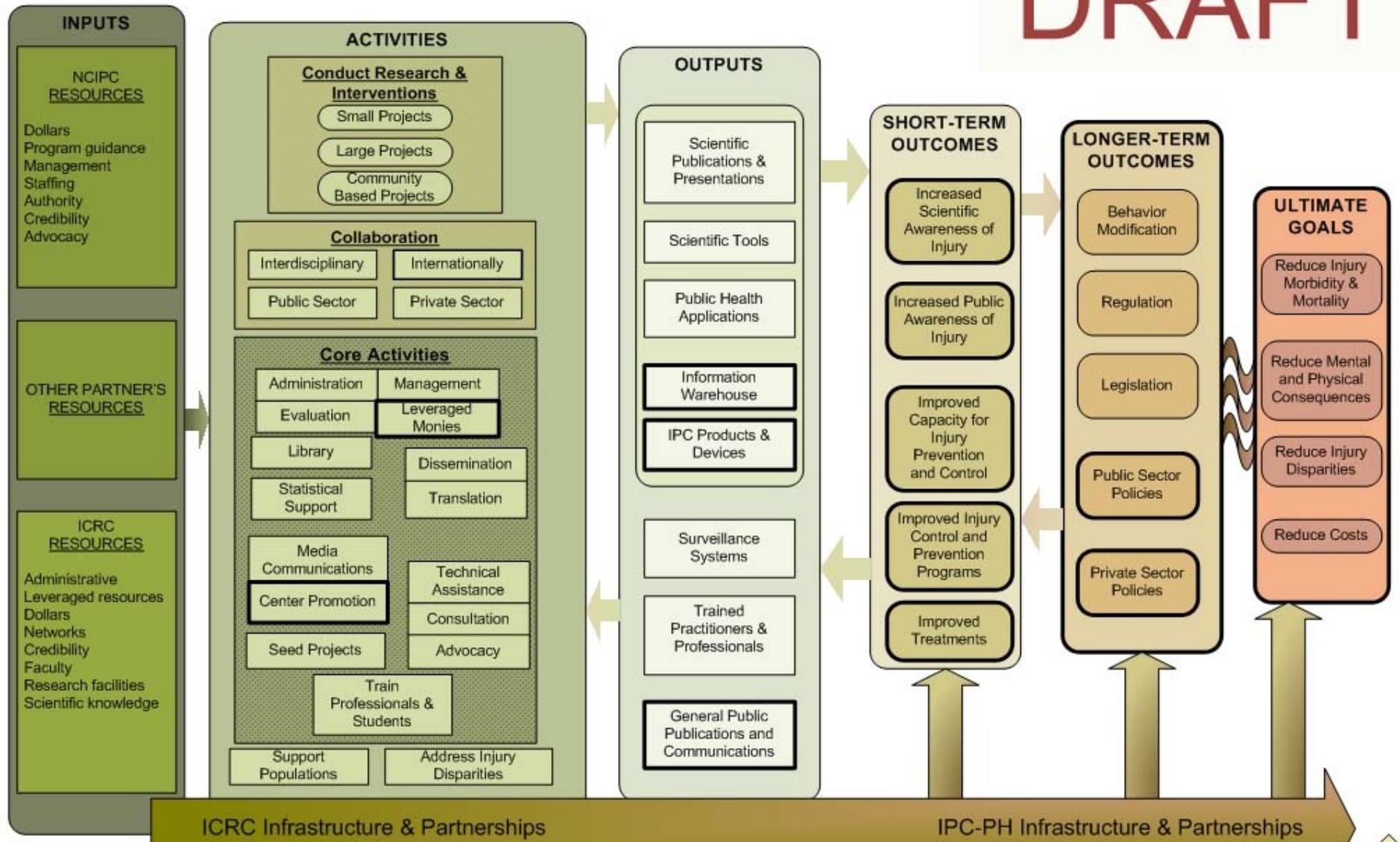


Merit and Accountability of ICRCs

- Evaluation focus on program level
- Program and evaluation expectations
 - FOAs Review Logic Model
 - Implementation Logic Model
- Evaluation outputs and outcomes
 - Scientific and general public publications
 - Injury programs and treatments
 - Trained researchers and practitioners
 - Public and private policies
 - Behavioral modification

ICRC Implementation Logic Model

DRAFT



Assumptions:

- The ICRC Portfolio is more than the sum of each research center due to synergy and innovation created through collaboration across centers, among researchers, and within communities.
- Injury prevention is best achieved through long-term strategies that are implemented across the social ecological model (SEM).
- Because reductions in injury-related morbidity and mortality take decades to occur, outputs and intermediate outcomes serve as surrogate measures of longer-term outcomes.

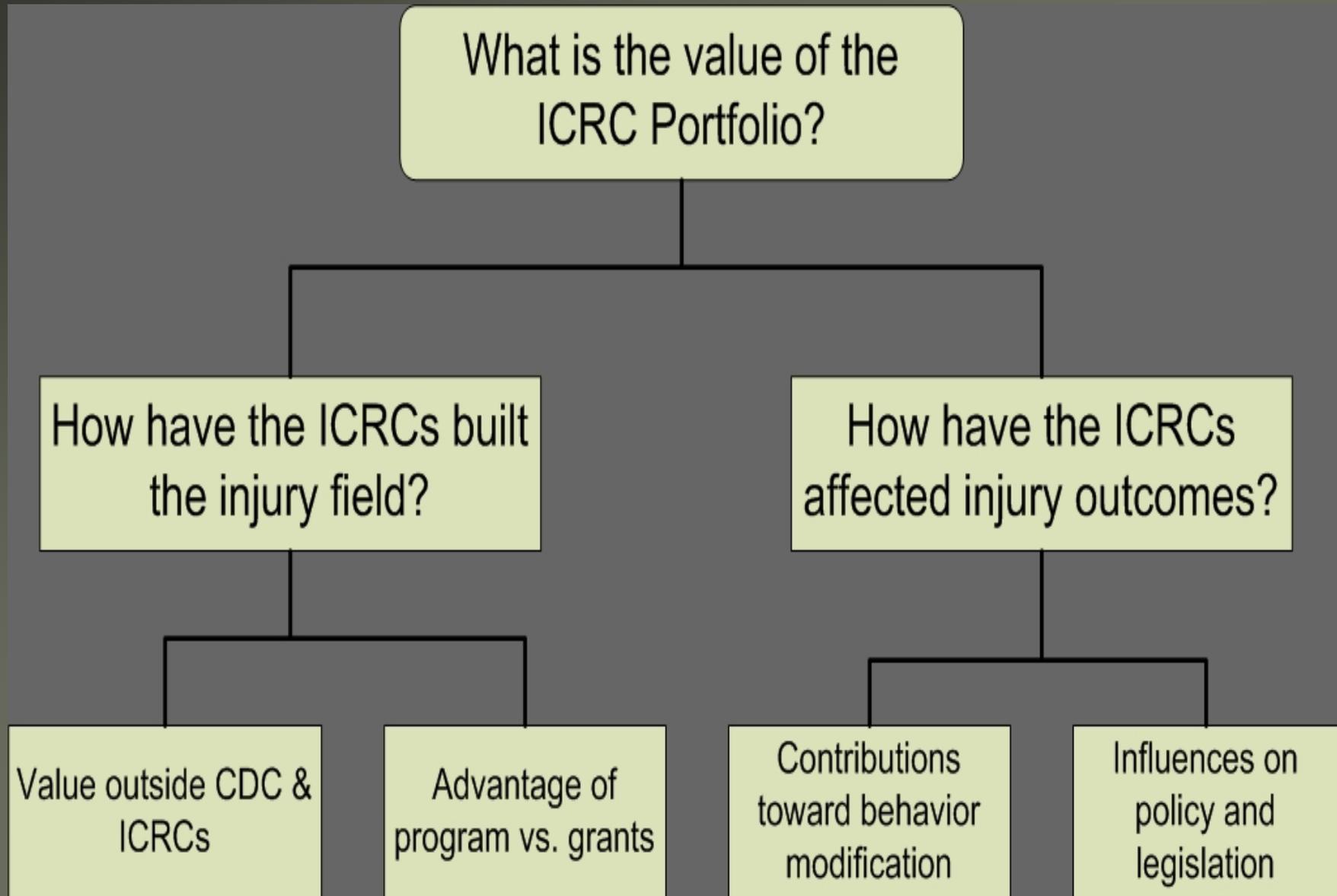
Building and Sustaining the Injury Field

- Building research infrastructure
 - Information warehouse, databases, laboratories
 - Key tools, curricula, protocols, or guidelines
- Maximizing partnerships in injury research
 - What does an influential partnership produce?
- Training injury researchers and practitioners
 - Creating the next generation
- Progressing through the research spectrum
 - Bicycle helmets

How does the ICRC evaluation prioritize research questions?



Inquiring Minds Want to Know . . .



How does the ICRC evaluation address program improvement?



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Identifying Programmatic and Research Gaps

- Interview questions
 - Research priorities in 5-10 years
 - Center evaluation and monitoring activities
 - Improving the ICRC Program
- Analysis to identify common themes
- Possible gaps
 - Diversity of research topics and phases
 - Technical assistance and training
 - Communication
- Challenges: What's feasible and meaningful?

Discussion & Questions

