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The Prevention Research Centers Program: Translating research into public health practice and impact

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Chronic diseases such as heart disease, cancer, stroke, and diabetes account for 7 of the 10 leading causes of death in the United States each year, and they are leading causes of disability and impaired health related quality of life.¹ Yet, these conditions and the risk factors and behaviors related to them—e.g., tobacco use, high blood pressure and cholesterol, obesity, physical inactivity, unhealthy diets—are largely preventable. We know much about the development of chronic diseases and what must be done to prevent them or at the very least greatly lower risk. To achieve greater health impact, more effective translation of prevention science into action and practice is urgently needed.

The Prevention Research Centers (PRC) program (www.cdc.gov/prc/index.htm) of the Centers for Disease Control and Prevention (CDC) provides an important role in the application, evaluation, and translation of public health research into practice.² The thirty-seven PRCs, which are community-based academic research centers, conduct both formal and applied prevention research that assess interventions (individual based as well as broader policy or environmental level) for application to communities and scalability for public health impact. The PRCs assess and disseminate effective approaches, translate research into public health practice, evaluate the impact of interventions, and develop and deliver training programs.

More than two thirds of American adults and more than one-third of children are considered overweight or obese.³ Such a widespread problem requires action on the part of multiple sectors and at various levels of society. The PRCs provide a critical function for the wide-scale dissemination of public health interventions by linking those involved in public health, including local and state health departments and other government agencies such as departments of education, health care institutions, non-profit organizations, and the community. In addition to receiving core funding each PRC can further compete for Special Interest Projects developed by programs at CDC and the Department of Health and Human Services to address specific public health issues such as nutrition, physical activity and obesity. The centers are currently carrying out more than 20 core research projects and more

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than 40 active Special Interests projects that focus on obesity, nutrition and physical activity. In 2012 it is estimated that through their work the 37 centers reached nearly 30 million people in 103 partner communities.²

An innovative development in the PRC program has been the formation of thematic collaborative networks. Thematic networks such as the Nutrition and Obesity Policy Research & Evaluation Network (NOPREN), for which projects are reported in this supplement, allow PRCs to work collaboratively on major public health issues (www.nopren.org). As Blanck and Kim note in the introductory article to this supplement,⁴ the NOPREN aims to address research gaps related to relevant nutrition and obesity related policy interventions and help build the evidence base of effective policy solutions for obesity prevention with a focus on feasibility, reach, equity, cost-effectiveness, and sustainability. While 6 centers are funded as members of the network, an additional 9 PRCs are involved with the network, demonstrating the importance of the issues addressed through the PRC thematic network. Furthermore, the 15 NOPREN PRC members work collaboratively with the Robert Wood Johnson Foundation's Healthy Eating Research Program in the areas of food access, corner store initiatives, and menu labeling (www.healthyeatingresearch.org) and are supported through senior advisors from the National Collaborative on Childhood Obesity Research (www.nccor.org). The network has identified several key areas or strategies to improve environments for healthy food and beverage choices in urban, rural and tribal areas: food policy councils and coalitions, community design and zoning strategies; financial incentives for healthy food and beverage retail venues; school, after school and child care food and beverage standards and strategies; point of purchase information, marketing and advertising strategies; and strategies that increase the access to drinking water in multiple settings as a substitute for sugar-sweetened beverages. The NOPREN projects described here show the diverse methods used in prevention research (e.g., key informant interviews, content analyses of documents, review of local policies, use of promotoras to assess the local environment, quantitative analysis of survey data). All projects were carried out over about two years, showing the timeliness that can be achieved. The work of the Network is especially relevant to several critical goals set forth in the new Institute of Medicine report, *Accelerating Progress in Obesity Prevention; Solving the Weight of the Nation*, including making healthy food and beverage options widely available, impacting marketing and messages about nutrition and physical activity, and utilizing schools as a gateway to promoting healthy weight.³

It is through dissemination of effective interventions that include multiple sectors and stakeholders (e.g., state and local health departments, non-profit organizations, education and park and recreation agencies, health care institutions, and academia) that will be valuable in addressing the epidemics of obesity and chronic disease. We would like to applaud the work of the authors of the articles in the special issue of the American Journal of Preventive Medicine for documenting the network's efforts.

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