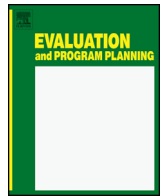




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# A model for evaluating academic research centers: Case study of the Asian/Pacific Islander Youth Violence Prevention Center

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### ABSTRACT

**Objectives:** To provide one model for evaluating academic research centers, given their vital role in addressing public health issues.

**Methods:** A theoretical framework is described for a comprehensive evaluation plan for research centers. This framework is applied to one specific center by describing the center's Logic Model and Evaluation Plan, including a sample of the center's activities.

**Results:** Formative and summative evaluation information is summarized. In addition, a summary of outcomes is provided: improved practice and policy; reduction of risk factors and increase in protective factors; reduction of interpersonal youth violence in the community; and national prototype for prevention of interpersonal youth violence.

**Conclusions:** Research centers are important mechanisms to advance science and improve people's quality of life. Because of their more infrastructure-intensive and comprehensive approach, they also require substantial resources for success, and thus, also require careful accountability. It is therefore important to comprehensively evaluate these centers. As provided herein, a more systematic and structured approach utilizing logic models, an evaluation plan, and successful processes can provide research centers with a functionally useful method in their evaluation.

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## 1. Introduction

### 1.1. Importance of academic research centers

Academic research centers serve a vital role in addressing major public health issues (Tash, 2006). There are over 13,000 research centers in the U.S (Tash, 2006) with more than 300 being funded \$1.9 million annually, on average, by the National Institutes of Health (NIH) (National Institutes of Health, 2017; National Institutes of Health, 2013). The advantages of academic research centers include: (1) allowing for true integration of complementary aims (e.g., infrastructure support, community engagement/empowerment, center evaluation and research, training, communication and dissemination); (2) providing multi-year grants and contracts with non-competitive renewals, further fostering continuity not only in the center's efforts, but in establishing,

maintaining, and enhancing true partnerships; (3) offering flexibility in fulfilling the center's aims by allowing for reasonable reallocation of resources (e.g., finances, personnel, administrative support); (4) providing critical and substantial infrastructure support not included in other types of grant mechanisms (e.g., NIH R01s); (5) fostering the ability to pursue and be successfully awarded extramural resources due to the center's infrastructure support, multi-disciplinary expertise, individual and cumulative track records, and versatility; (6) allowing greater capacity for additional goals and objectives that are congruent with the center's mission; and (7) allowing for meaningful inter-center collaborations and partnerships that could add further value to the centers, and better equip them to meet their missions.

Despite the potential benefits of academic research centers and the role that evaluation plays in ensuring that endeavors and activities lead to meeting the center's goals, there is little available in the scientific literature describing these important evaluation processes of a center mechanism. The purpose of the present effort is to provide a case study to describe an effective model for evaluating an academic research center for youth violence

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prevention that could be readily adapted for more generalized application.

### 1.2. Youth violence as a public health problem

Youth violence is a major public health problem, with the U.S. having the highest rate of serious youth violence among developed nations (Thornton, Craft, Dahlberg, Lynch, & Baer, 2002; United States Department of Health and Human Services, 2001; World Health Organization, 2002). In the U.S., homicide is among the leading causes of death for youth ages 1 through 24 (Centers for Disease Control and Prevention, 2009a) with more than 1.1 million juvenile arrests occurring annually and more than 350,000 being for violent crimes (Federal Bureau of Investigation, 2008). In the U.S., violent crime costs society \$47 billion annually when including elements such as total medical and work loss costs, 31% of which can be attributed to youth ages 10–24 (Centers for Disease Control and Prevention, 2011). The impacts of youth violence are numerous and far-reaching, involving not only consequences for youth, but also a ripple effect on the family, community, and society (i.e., increased health care costs, decreased property values, and disruption of social services) (Mercy, Butchart, Farrington, & Cerda, 2002).

The complex nature of youth violence has led major health agencies, such as the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO), to call for a comprehensive approach addressing youth violence. This approach integrates complementary programs and interventions within a social-ecological context and promotes sustainable community-wide impact (Thornton et al., 2002; World Health Organization, 2002). Research has also demonstrated the effectiveness of a comprehensive and multi-faceted approach (Allison, Edmonds, Wilson, Pope, & Farrell, 2011; Azrael & Hemenway, 2011; Goebert et al., 2012; Griffith et al., 2008; Hernández-Cordero, Ortiz, Trinidad, & Link, 2011; Hishinuma et al., 2009; Umemoto et al., 2009). In order to support such an approach to address a public health issue like youth violence, mechanisms such as academic research centers are needed. From 2000, CDC has funded a national program of academic research centers via the National Academic Centers of Excellence on Youth Violence Prevention (ACEs) (Vivolo, Matjasko, & Massetti, 2011).

### 1.3. Asian/Pacific Islander Youth Violence Prevention Center (APIYVPC)

The Asian/Pacific Islander Youth Violence Prevention Center's (APIYVPC's) overall mission is the reduction and prevention of interpersonal violence for Asian and Pacific Islander (API) youth by developing an effective, comprehensive, public-health, and culturally competent model for one API community to serve as a national prototype for other API communities. The APIYVPC was established in 2000 via a partnership between the National Council on Crime and Delinquency (NCCD) of Oakland, California, and the University of Hawai'i at Mānoa, with a competitive 2000–2005 award from the ACE program. The APIYVPC was subsequently funded for the 2005–2010 period by CDC's new competitive funding cycle. The focus of the present article is on this latter 2005–2010 funding period.

The APIYVPC conducts a variety of activities that, in an integrated manner, address youth violence in Hawai'i (Umemoto et al., 2009). The six aims involve the following: (1) Infrastructure and collaboration; (2) Community partnership, mobilization, and empowerment; (3) Research; (4) Training; (5) Communication and dissemination; and (6) Evaluation.

The primary geographic area that the APIYVPC has worked with is on the island of O'ahu, Hawai'i, and this area includes two smaller, adjacent sub-communities. The first community consists

of members of comparatively higher educational levels, income, and proportion of European Americans. The second consists of members with a broader range of income levels, larger family sizes, larger number of owner-occupied residences, and a higher percent of Native Hawaiians. The five-year (2003–2007) assault rates that led to non-fatal injuries among adolescents aged 15–19 years were significantly higher in the second community as compared to both the first community and the State (Hawai'i State Department of Health, 2008).

### 1.4. APIYVPC program evaluation based on CDC's framework

Program evaluation is an essential component in public health, whereby a systematic approach is used to improve and account for public health actions (Centers for Disease Control and Prevention, 1999). CDC developed a framework for program evaluation in public health that included six steps (Centers for Disease Control and Prevention, 1999): 1) engage stakeholders; 2) describe the program; 3) focus the evaluation design; 4) gather credible evidence; 5) justify conclusions; and 6) ensure use and share lessons learned. The APIYVPC proceeded through these steps during the 2005–2010 grant period. Due to the APIYVPC being a community-engaged project, the importance of involving stakeholders in proposal development and APIYVPC implementation was essential, with community involvement continuing throughout the grant period (e.g., through feedback from a Community Advisory Board, meetings held in the community, Executive Committee meetings).

The APIYVPC's method of evaluation, which includes a logic model and overall evaluation plan (i.e., information/data collection, monitoring, review, and modification), will be described as one important and viable model to evaluate an academic research center.

## 2. Methods

### 2.1. APIYVPC logic model

A logic model is a tool commonly utilized to provide an overview of a project, program, or center, and summarizes the resources, activities, outcomes, and goals into a concise diagram. In conceptualizing the synergy of the complex and varied activities of the APIYVPC, a logic model (see Fig. 1) was developed, in part, based on the national framework for the ACE program (Vivolo, Matjasko, & Massetti, 2011). The APIYVPC's overall mission is reflected in the final outcomes (i.e., reduction in youth violence, national prototype). The APIYVPC Logic Model not only visually conceptualized the Center, but also was used to guide implementation of the Center's activities in meeting its goals.

The framework identifies the components of the APIYVPC, including inputs (assumptions underlying a program and the necessary infrastructure for implementation), activities (referring to APIYVPC program activities), outputs (referring to what are produced as a result of program activities), and outcomes (intended effects of cumulative program activities, mediated by the outputs), in addition to showing the complex, interactive, and recursive relationships among these components. Contextual conditions are placed at the bottom of the Logic Model and refer to conditions that may be associated with interpersonal youth violence in Hawai'i, which must be considered as the APIYVPC works with the community to ultimately achieve the outputs and outcomes. Evaluation (located at the top of the Logic Model) extends across all inputs, activities, outputs, and outcomes. Finally, culture is a factor that influences every aspect of the APIYVPC. Therefore, the Logic Model has a background of weaved *lauhala* leaves. As the *lauhala* leaves are woven together to form a mat,

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