

2019-2024

PRC-PERS Questions



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PERS Questions, by Section

Core Research Project and Center Characteristics	
<i>The two award components are Core Research Project and Center activities. There will be one record for each of these. Do NOT enter individual Center projects.</i>	
PERS Questions	Options
Component title	
Component type	<input type="radio"/> Core Research Project <input type="radio"/> Center activities
Addressing Social Determinants of Health (SDoH)	
Does the component address any of the following social determinants of health related to Economic Stability ? Select all that apply.	<input type="checkbox"/> Employment <input type="checkbox"/> Food security <input type="checkbox"/> Housing stability <input type="checkbox"/> Poverty
Does the component address any of the following social determinants of health related to Education Access and Quality ? Select all that apply.	<input type="checkbox"/> Early childhood education and development <input type="checkbox"/> High school graduation <input type="checkbox"/> Enrollment in higher education <input type="checkbox"/> Language and literacy <input type="checkbox"/> Educational attainment in general
Does the component address any of the following social determinants of health related to Social and Community Context ? Select all that apply.	<input type="checkbox"/> Civic participation <input type="checkbox"/> Discrimination <input type="checkbox"/> Incarceration <input type="checkbox"/> Cohesion within a community <input type="checkbox"/> Conditions in the workplace
Does the component address any of the following social determinants of health related to Healthcare Access and Quality ? Select all that apply.	<input type="checkbox"/> Access to health care <input type="checkbox"/> Access to primary care <input type="checkbox"/> Health insurance coverage <input type="checkbox"/> Health literacy
Does the component address any of the following social determinants of health related to Neighborhood and Built Environment ? Select all that apply.	<input type="checkbox"/> Availability of healthy foods <input type="checkbox"/> Neighborhood crime and violence <input type="checkbox"/> Air and water quality <input type="checkbox"/> Quality of housing <input type="checkbox"/> Access to transportation
What role does the PRC play in addressing the selected social determinants of health? (Text box opens if any SDOH are selected)	
Health Topic(s)	

<p>Select all the health topic(s) this component addresses.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Population health / Cross-cutting health topics <input type="checkbox"/> Nutrition / Obesity <input type="checkbox"/> Physical activity <input type="checkbox"/> Cancer <input type="checkbox"/> Heart disease / Stroke <input type="checkbox"/> Dementia / Alzheimer's <input type="checkbox"/> Diabetes <input type="checkbox"/> Oral Health <input type="checkbox"/> Epilepsy <input type="checkbox"/> Mental health <input type="checkbox"/> Violence prevention / Injury prevention <input type="checkbox"/> Healthy pregnancy and post-partum <input type="checkbox"/> Pregnancy prevention <input type="checkbox"/> HIV <input type="checkbox"/> Sexually transmitted diseases (STDs) <input type="checkbox"/> Alcohol <input type="checkbox"/> Opioids <input type="checkbox"/> Marijuana <input type="checkbox"/> Tobacco use / Vaping <input type="checkbox"/> COVID-19 <input type="checkbox"/> Other (specify) _____
<p>Population</p>	
<p>Does this component focus on any of the following racial or ethnic groups? Select all that apply.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> African American or Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic or Latinx <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> No specific racial or ethnic group focus
<p>Does this component focus on people with any of the following disabilities? Select all that apply.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Deaf / hard of hearing <input type="checkbox"/> Intellectual or developmental disability <input type="checkbox"/> People who use a wheelchair <input type="checkbox"/> Blind or have low vision <input type="checkbox"/> Other <input type="checkbox"/> No specific focus on people with disabilities
<p>Does this component focus on any of the following age groups? Select all that apply.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Infants <input type="checkbox"/> Youth <input type="checkbox"/> Young adults <input type="checkbox"/> Older adults <input type="checkbox"/> Other <input type="checkbox"/> No specific age group focus

<p>Are populations characterized by sexual orientation or gender identity specifically addressed by this component? Select all that apply.</p>	<input type="checkbox"/> Sexual orientation <input type="checkbox"/> Gender identity <input type="checkbox"/> No specific focus on sexual orientation or gender identity
<p>Does this component focus on any of the following populations? Select all that apply.</p>	<input type="checkbox"/> Foster care <input type="checkbox"/> Immigrants, migrants, or refugees <input type="checkbox"/> Justice-involved <input type="checkbox"/> Limited English proficiency <input type="checkbox"/> Low health literacy <input type="checkbox"/> Low socioeconomic status <input type="checkbox"/> Military/veterans <input type="checkbox"/> Pregnant people <input type="checkbox"/> Other <input type="checkbox"/> No focus on these populations
<p>Setting</p>	
<p>Does this component focus on any of the following geographic settings? Select all that apply.</p>	<input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Community <input type="checkbox"/> Statewide <input type="checkbox"/> Other <input type="checkbox"/> No specific geographic setting
<p>Does this component focus on any of the following intervention settings? Select all that apply.</p>	<input type="checkbox"/> School(s) <input type="checkbox"/> Faith-based <input type="checkbox"/> FQHC(s) <input type="checkbox"/> Health department(s) <input type="checkbox"/> Other clinical setting <input type="checkbox"/> Tribe(s) <input type="checkbox"/> Work site(s) <input type="checkbox"/> Other <input type="checkbox"/> No specific intervention setting
<p>Community Health Workers</p>	
<p>Are Community Health Workers used to deliver or implement intervention(s)?</p>	<input type="radio"/> Yes <input type="radio"/> No

<i>Institutional Support</i>	
Questions	Options
Monetary Support	
<i>Enter the dollar amount and funding period for each provision of monetary support from your academic institution to your PRC. If the funding has no date wherein the funds must be used, leave "End date" blank.</i>	
Which of these options best describes the application process?	<input type="radio"/> No application necessary <input type="radio"/> Competitive application process <input type="radio"/> Non-competitive application process
Monetary Support #1 (up to 5 entries)	
Amount #1	
Funding start date #1	
End date #1	
In-Kind Support	
Describe the in-kind support the PRC receives from your academic institution.	

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Community Advisory Boards (CAB)

Enter all boards/committees that advise your PRC, including non-CAB boards, such as a scientific advisory board made up of researchers in other departments.

PERS Questions	Options
Board name	
Is this a CAB or other (non-CAB) advisory board?	<input type="radio"/> CAB <input type="radio"/> Other (non-CAB) advisory board
Which of these options best describes the advisory scope of this board?	<input type="radio"/> PRC-wide <input type="radio"/> Core Research Project <input type="radio"/> Center Component <input type="radio"/> Project/activity
CAB Description	<i>Section shows when "CAB" is selected.</i>
Do all members of this CAB sit on another CAB? <i>(Shows when "Core Research Project," Center Component," or "Project/activity" is selected)</i>	<input type="radio"/> Yes <input type="radio"/> No
Enter the name of the other CAB(s). <i>(Shows if "Yes" is selected.)</i>	
How frequently does this CAB generally meet (e.g., annually, quarterly, monthly)? Add updates if frequency changes during the cycle.	
Does this CAB have smaller groups or committees that meet more or less frequently?	<input type="radio"/> Yes <input type="radio"/> No
Sub-CAB / Sub-Committee Meeting(s) <i>You may specify up to 5 additional small groups/committees. Add updates if frequency changes during the cycle.</i>	<i>Section shows if "Yes" is selected.</i>
How frequently does this small group/committee meet? (#1)	
Briefly describe the purpose of this small group/committee, including the name if it has one. (#1)	
Board Representation and Role	
Select all types of members on this board:	<input type="checkbox"/> Community member(s) representing population(s) of focus <input type="checkbox"/> Community based or other not-for-profit organization <input type="checkbox"/> Community health provider <input type="checkbox"/> Health care system <input type="checkbox"/> Insurer/Payer <input type="checkbox"/> School/School district <input type="checkbox"/> Health department - State <input type="checkbox"/> Health department - Local/Tribal/Territorial <input type="checkbox"/> Tribe/Tribal organization <input type="checkbox"/> Other government entity <input type="checkbox"/> Professional association <input type="checkbox"/> Another PRC <input type="checkbox"/> CTSA/CTSI/CTR, PCORI, PBN, or IDeA <input type="checkbox"/> College/University <input type="checkbox"/> Business <input type="checkbox"/> Other (specify) _____

Is the population of focus represented on this CAB? (Shows if "CAB" is selected AND "Community member(s)... is NOT selected.)	<input type="radio"/> Yes <input type="radio"/> No	
Briefly describe how the population of focus is represented on this CAB. (Shows if "Yes" is selected.)		
Select and describe all phases of research/practice this board advises on and/or actively participates in, including Core Research Project (CRP) or Center activities:	Advises	Actively participates
Research and translation agenda	<input type="checkbox"/>	<input type="checkbox"/>
CRP design	<input type="checkbox"/>	<input type="checkbox"/>
CRP implementation	<input type="checkbox"/>	<input type="checkbox"/>
Interpretation of CRP analyses or evaluation	<input type="checkbox"/>	<input type="checkbox"/>
Dissemination of CRP findings	<input type="checkbox"/>	<input type="checkbox"/>
Translation of CRP findings	<input type="checkbox"/>	<input type="checkbox"/>
Center activities	<input type="checkbox"/>	<input type="checkbox"/>
Describe board role in _____: (Open text boxes for each role selected)		

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Partnerships

Enter partners if:

(1) they played one of the **partner roles** listed in this section

AND

(2) they engaged with your PRC **beyond** serving on a CAB or other advisory board.

If PRC is providing TA, but the TA recipient does not play one of the partner roles listed in this section, enter this information in the Technical Assistance/Subject Matter Expertise section instead.

Survey Question	Options	
Partner name		
Enter the number of sites/locations involved, if more than one.		
Does this partner sit on any CAB or other advisory board?	<input type="radio"/> Yes <input type="radio"/> No	
Enter the name(s) of the CAB(s). (Shows if "Yes" is selected.)		
Partner Role		
From the following options, select all the role(s) the partner plays or has played for the PRC, and enter a description where indicated (*).	<input type="checkbox"/> Developing a research and translation agenda* <input type="checkbox"/> Planning research/study design* <input type="checkbox"/> Implementing interventions * <input type="checkbox"/> Analyzing data, conducting evaluation, interpreting findings <input type="checkbox"/> Developing/disseminating research or practice tool(s)* <input type="checkbox"/> Translating research findings * <input type="checkbox"/> Training others on implementation * <input type="checkbox"/> Scaling up interventions *	
Describe role, _____: (Text box opens for each role selected)		
Select research or practice tool: (#1) (Shows when "Developing/disseminating.." is selected. Up to 3 entries.)	Drop-down list of previously entered tools	
Select whether this partner was involved in tool's development, dissemination, or both. (#1) (Shows when "Developing/disseminating.." is selected. Up to 3 entries.)	<input type="checkbox"/> Development <input type="checkbox"/> Dissemination	
Indicate whether the partner role applies to the Core Research Project (CRP), Center activities, or both. (Shows when the roles are selected above)	Core Research Project	Center activities
Developing a research and translation agenda	<input type="checkbox"/>	<input type="checkbox"/>
Planning research/study design	<input type="checkbox"/>	<input type="checkbox"/>
Implementing interventions	<input type="checkbox"/>	<input type="checkbox"/>
Analyzing data, conducting evaluation, interpreting findings	<input type="checkbox"/>	<input type="checkbox"/>
Translating research findings	<input type="checkbox"/>	<input type="checkbox"/>
Training others on implementation	<input type="checkbox"/>	<input type="checkbox"/>
Scaling up interventions	<input type="checkbox"/>	<input type="checkbox"/>
Resource Provision		
Did this partner provide monetary or in-kind resources to your PRC?	<input type="radio"/> Yes <input type="radio"/> No	

Select whether this partner provided monetary or in-kind resources, or both. <i>(Shows if "Yes" is selected.)</i>	<input type="checkbox"/> Monetary <input type="checkbox"/> In-kind	
Partner Type		
Which of these options best describes the type of organization?	<ul style="list-style-type: none"> <input type="radio"/> Community-based or Non-profit organization <input type="radio"/> Community health provider <input type="radio"/> Health care system <input type="radio"/> Insurer/payer <input type="radio"/> School/school district <input type="radio"/> College/University <input type="radio"/> Health department - State <input type="radio"/> Health department - Local/Tribal/Territorial <input type="radio"/> Tribe/tribal organization <input type="radio"/> Other government entity <input type="radio"/> Professional association <input type="radio"/> Another PRC <input type="radio"/> CTSA/CTSI/CTR, PCORI, PBN, or IDeA <input type="radio"/> Business 	

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Technical Assistance / Subject Matter Expertise

Describe technical assistance and/or subject matter expertise provided by your PRC to others. PRC service on advisory boards should be entered here.

PERS Questions	Options	
Description of Technical Assistance (TA) / Subject Matter Expertise (SME)		
Select all groups that received TA or SME from your PRC. Enter a description as prompted.	<input type="checkbox"/> Advisory boards <input type="checkbox"/> Community members <input type="checkbox"/> Community organizations <input type="checkbox"/> Health department - Local <input type="checkbox"/> Health department - State <input type="checkbox"/> Health department - Tribal <input type="checkbox"/> Health department - Territorial <input type="checkbox"/> Other researchers <input type="checkbox"/> Policy makers <input type="checkbox"/> Other	
Briefly describe TA/SME provided and any significant outcomes. (Opens text box for each group selected)		
Funding		
Did your PRC receive funding for providing TA or SME to health departments? (Rows appear for each health department type selected above)	Yes	No
Health department – Local	○	○
Health department - State	○	○
Health department – Tribal	○	○
Health department - Territorial	○	○
COVID-19		
Describe any TA/SME provided in response to the COVID-19 pandemic, including who it was provided to.		
Describe any outcomes of TA/SME provided in response to the COVID-19 pandemic.		

Mentorship

Formal or informal mentoring programs where the experiences and content for each learner may be **different**. Even if the program has a structure (e.g., fellowship program designed with objectives to build capacity of post-docs to conduct community engaged research), if the experiences (e.g., faculty worked with, projects participating on) of each fellow/intern/mentee are different, enter it in this section.

The number of mentees should be updated continuously over the cycle. Ensure that the data reflect the total number of unique mentees for the cycle.

PERS Questions	Options		
Mentorship program provided	<input type="checkbox"/> Student mentoring program <input type="checkbox"/> Postdoctoral/faculty mentoring program		
Briefly describe student mentoring programs (including fellowships, internships, etc.). (Shows when student program selected)			
Briefly describe postdoctoral/faculty mentoring programs. (Shows when postdoctoral/faculty program selected)			
Number of People Mentored			
Category	Number of people mentored	Two or fewer semesters	More than two semesters
High school students		N/A	N/A
Undergraduate students		N/A	N/A
Master's students	(formula add all Master's)		
Doctoral students	(formula add all Doctoral)		
Postdoctoral staff	(formula add all Postdoctoral)		
Faculty		N/A	N/A
Total number of people mentored: (Automatically calculated)	(formula: add all people mentored)		
Evaluation			
Select each category of outcomes being monitored/evaluated (if known).	<input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge acquisition <input type="checkbox"/> Knowledge application <input type="checkbox"/> Participants achieving ultimate intended outcomes		
Describe evaluation of mentorship activities/programs including when and how outcome data are collected.			

Training

Formal or informal training programs where all participants experience the **same** content and experiences, notwithstanding minor differences (e.g., small group breakouts in a workshop). Trainings entered in this section must have been conducted live (in person or via webinar).

PERS Questions	Option
Training name	
Training date	
Number of attendees	
Were there repeat occurrences of this training?	<input type="radio"/> Yes <input type="radio"/> No
Repeated Training (same training name) <i>You may specify up to 5 additional occurrences of this training.</i>	<i>Section shows if "Yes" is selected.</i>
Training date (#1)	
Number of attendees (#1)	
Grand total of attendees at all training occurrences	(calculated)
Training Details	
Was this training recorded and made accessible online for later viewing?	<input type="radio"/> Yes <input type="radio"/> No
Online training URL: <i>(Shows if "Yes" is selected.)</i>	
Number who have accessed the recording, if available: <i>(Shows if "Yes" is selected.)</i>	
Time frame used to determine this number: <i>(Shows if "Yes" is selected.)</i> Start date / End date	
Select the training topic(s).	<input type="checkbox"/> Awareness of effective population-based approaches (including general public health approaches) <input type="checkbox"/> Conducting applied prevention research <input type="checkbox"/> Evaluating programs, practices, policies, and/or systems <input type="checkbox"/> Implementing effective interventions <input type="checkbox"/> Other (specify) _____
Indicate audience type(s) of training attendees.	<input type="checkbox"/> Academic faculty/researchers <input type="checkbox"/> Community stakeholders/NGO reps <input type="checkbox"/> Community health workers <input type="checkbox"/> Other health care practitioners <input type="checkbox"/> Public health professionals <input type="checkbox"/> Public health/med students <input type="checkbox"/> Tribes/tribal organizations <input type="checkbox"/> Other (specify) _____
Funding	
Which component is associated with this training?	<input type="radio"/> Core Research Project <input type="radio"/> Center activities
Select all funding sources used:	<input type="checkbox"/> PRC Core/Center award <input type="checkbox"/> Other funding
Health Topic(s)	
Does this training address a specific health topic? <i>(Shows if Center activities is the selected component)</i>	<input type="radio"/> Yes <input type="radio"/> No

<p>Select all the health topic(s) this training address: (Shows if "Yes" is selected)</p>	<input type="checkbox"/> Population health / Cross-cutting health topics <input type="checkbox"/> Nutrition / Obesity <input type="checkbox"/> Physical activity <input type="checkbox"/> Cancer <input type="checkbox"/> Heart disease / Stroke <input type="checkbox"/> Dementia / Alzheimer's <input type="checkbox"/> Diabetes <input type="checkbox"/> Oral Health <input type="checkbox"/> Epilepsy <input type="checkbox"/> Mental health <input type="checkbox"/> Violence prevention / Injury prevention <input type="checkbox"/> Health pregnancy and post-partum <input type="checkbox"/> Pregnancy prevention <input type="checkbox"/> HIV <input type="checkbox"/> Sexually transmitted diseases (STDs) <input type="checkbox"/> Alcohol <input type="checkbox"/> Opioids <input type="checkbox"/> Marijuana <input type="checkbox"/> Tobacco use / Vaping <input type="checkbox"/> COVID-19 <input type="checkbox"/> Other (specify) _____
<p>Related Tool(s)</p>	
<p>Does this training discuss or relate to use of a reported research or practice tool?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>Select research or practice tool (#1) (up to 3 entries):</p>	<p>Drop-down list of previously entered tools</p>
<p>Evaluation</p>	
<p>Select each category of outcomes that was evaluated for this training, if any:</p>	<input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge acquisition <input type="checkbox"/> Knowledge application <input type="checkbox"/> Participants achieving ultimate intended outcomes
<p>Describe evaluation efforts, including when and how outcome data are collected.</p>	
<p>COVID-19</p>	
<p>Was this training developed in response to the COVID-19 pandemic?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>

Research and Practice Tools

Enter publicly available tools that were developed, adapted, and/or newly disseminated by your PRC in the current cycle. Do **not** report tools that have been developed solely for PRC use and will not be disseminated to others.

PERS Questions	Options
Tool Description	
Tool name	
Primary intended use	<input type="checkbox"/> Research <input type="checkbox"/> Practice
Which of these options best describes this tool's stage of development/dissemination?	<input type="radio"/> New tool developed <input type="radio"/> Significant adaptation from existing tool <input type="radio"/> New dissemination of existing tool
Briefly describe this tool and its stage of development/dissemination.	
What year was this tool originally developed? <i>(Shows if "Significant" or "New dissemination" are selected)</i>	
What is the source of the existing tool? <i>(Shows if "Significant" or "New dissemination" are selected)</i>	<input type="radio"/> Your PRC <input type="radio"/> Other source
Is this part of a toolkit or suite of tools?	<input type="radio"/> Yes <input type="radio"/> No
Name of toolkit or suite of tools: <i>(Shows if "Yes" is selected)</i>	
Describe the toolkit or suite of tools: <i>(Shows if "Yes" is selected)</i>	
Funding	
Which component is associated with this tool?	<input type="checkbox"/> Core Research Project <input type="checkbox"/> Center activities
Select all funding sources used:	<input type="checkbox"/> PRC Core / Center award <input type="checkbox"/> Other funding
Health Topic(s)	
Does this tool address a specific health topic? <i>(Shows when Center activities is the component selected)</i>	<input type="radio"/> Yes <input type="radio"/> No

<p>Select all the health topic(s) this tool addresses: (Shows if "Yes" is selected)</p>	<input type="checkbox"/> Population health / Cross-cutting health topics <input type="checkbox"/> Nutrition / Obesity <input type="checkbox"/> Physical activity <input type="checkbox"/> Cancer <input type="checkbox"/> Heart disease / Stroke <input type="checkbox"/> Dementia / Alzheimer's <input type="checkbox"/> Diabetes <input type="checkbox"/> Oral Health <input type="checkbox"/> Epilepsy <input type="checkbox"/> Mental health <input type="checkbox"/> Violence prevention / Injury prevention <input type="checkbox"/> Health pregnancy and post-partum <input type="checkbox"/> Pregnancy prevention <input type="checkbox"/> HIV <input type="checkbox"/> Sexually transmitted diseases (STDs) <input type="checkbox"/> Alcohol <input type="checkbox"/> Opioids <input type="checkbox"/> Marijuana <input type="checkbox"/> Tobacco use / Vaping <input type="checkbox"/> COVID-19 <input type="checkbox"/> Other (specify) _____
<p>Primary Intended Users</p>	
<p>Who are the primary intended users of this tool? Select all that apply. Enter a description when prompted.</p>	<input type="checkbox"/> Decision makers <input type="checkbox"/> Members of the public <input type="checkbox"/> Program implementers <input type="checkbox"/> Researchers/academicians
<p>Briefly describe _____: (Opens text box for each user selected)</p>	
<p>Dissemination and Promotion</p>	
<p>Select all of the following targeted dissemination strategies being used to reach the primary intended users:</p>	<input type="checkbox"/> Creating academic products (e.g., journal articles) <input type="checkbox"/> CAB disseminating <input type="checkbox"/> Partner(s) disseminating <input type="checkbox"/> Conducting training <input type="checkbox"/> Other dissemination strategy
<p>Describe other dissemination strategy: (Shows if "Other dissemination strategy" is selected)</p>	
<p>Is there a dedicated website for this tool?</p>	<input type="radio"/> Yes <input type="radio"/> No
<p>Dedicated website, specify URL: (Shows if "Yes" is selected)</p>	
<p>Describe any non-academic products developed to promote this tool, including specific URLs, if available.</p>	
<p>Evaluation Describe systematic evaluation of the tool that has been completed, if any.</p>	

Findings of effectiveness:	
Population(s) with which the tool was tested:	
Setting(s) in which the tool was tested:	
Context of current adaptation, if applicable:	
Briefly describe evidence of utilization/adoption of this tool by others, if any.	
COVID-19	
Was this tool developed, adapted, or newly disseminated in response to the COVID-19 pandemic?	<input type="radio"/> Yes <input type="radio"/> No

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Communication Channels and Additional Products

Enter **URLs/handles** for PRC communication channels and for any products created to promote your PRC or share PRC research findings. URLs/handles reported here may be shared with other PRCs.

Survey Question	Option
PRC Website URL	
Social Media Handles	
Facebook	
Twitter	
Instagram	
LinkedIn	
YouTube	
Pinterest	
Audio/Video (Enter website URL(s))	
Radio spots	
Podcasts	
TV spots	
Additional Products (Enter website URL(s))	
Newsletter(s)	
Infographics / visual abstracts	
Fact sheets / one-pagers	
Policy / legislative briefs	
Press releases / media coverage	
Other products with URLs that your PRC wants to share	
Innovative Channels	
Describe innovative communication channels used and how they have been used.	

Books and Book Chapters

Books/book chapters authored by your PRC.

PERS Questions	Options
Book title / Book chapter title	
Book Citation	
ISBN#	
Editor(s)	
Year	<input type="radio"/> 2019 <input type="radio"/> 2020 <input type="radio"/> 2021 <input type="radio"/> 2022 <input type="radio"/> 2023 <input type="radio"/> 2024
Publisher Name	
Publisher location	
Pages	
Book or Book chapter URL	
Authors(s)	
Co-authorship	
Select all of the following who were co-authors of this book/book chapter:	<input type="checkbox"/> CAB members <input type="checkbox"/> Health department staff <input type="checkbox"/> Other partners <input type="checkbox"/> Students
Funding	
Which component is associated with this book/book chapter?	<input type="checkbox"/> Core Research Project <input type="checkbox"/> Center activities
Select all funding sources used:	<input type="checkbox"/> PRC Core / Center award <input type="checkbox"/> Other funding
Health Topic(s)	
Does this book/book chapter address a specific health topic? (Shows when "Center activities" is selected)	<input type="radio"/> Yes <input type="radio"/> No

<p>Select all the health topic(s) this book/book chapter addresses: (Shows if "Yes" is selected)</p>	<input type="checkbox"/> Population health / Cross-cutting health topics <input type="checkbox"/> Nutrition / Obesity <input type="checkbox"/> Physical activity <input type="checkbox"/> Cancer <input type="checkbox"/> Heart disease / Stroke <input type="checkbox"/> Dementia / Alzheimer's <input type="checkbox"/> Diabetes <input type="checkbox"/> Oral Health <input type="checkbox"/> Epilepsy <input type="checkbox"/> Mental health <input type="checkbox"/> Violence prevention / Injury prevention <input type="checkbox"/> Health pregnancy and post-partum <input type="checkbox"/> Pregnancy prevention <input type="checkbox"/> HIV <input type="checkbox"/> Sexually transmitted diseases (STDs) <input type="checkbox"/> Alcohol <input type="checkbox"/> Opioids <input type="checkbox"/> Marijuana <input type="checkbox"/> Tobacco use / Vaping <input type="checkbox"/> COVID-19 <input type="checkbox"/> Other (specify) _____
Related Tool	
<p>Does this book/book chapter discuss or relate to a reported research or practice tool?</p>	<input type="radio"/> Yes <input type="radio"/> No
<p>Select the research or practice tool: (Shows if "Yes" is selected)</p>	<p>Drop-down list of previously entered tools</p>
COVID-19	
<p>Was this book/book chapter developed in response to the COVID-19 pandemic?</p>	<input type="radio"/> Yes <input type="radio"/> No

Journal Articles

If you enter a PubMed ID#, SKIP citation questions and move to Co-authorship.

PERS Questions	Option
PubMed ID#	
PLEASE NOTE: - If PubMed ID# has been entered, citation information will NOT instantaneously appear in the fields below. Citation information will appear after PRC Program staff run extraction routines at periodic intervals. - If PubMed ID# is not available, manually enter journal information below.	
Journal Article Citation	
Journal article title	
Year article published	<input type="radio"/> 2019 <input type="radio"/> 2020 <input type="radio"/> 2021 <input type="radio"/> 2022 <input type="radio"/> 2023 <input type="radio"/> 2024
Journal name	
Volume of article published	
Page(s) of article published	
Journal article URL	
Article author(s)	
Co-authorship	
Select all of the following who were co-authors of this journal article:	<input type="checkbox"/> CAB members <input type="checkbox"/> Health department staff <input type="checkbox"/> Other partners <input type="checkbox"/> Students
Funding	
Which component is associated with this journal article?	<input type="checkbox"/> Core Research Project <input type="checkbox"/> Center activities
Select all funding sources used:	<input type="checkbox"/> PRC Core / Center award <input type="checkbox"/> Other funding
Health Topic(s)	
Does this journal article address a specific health topic? (Shows when "Center activities" is selected)	<input type="radio"/> Yes <input type="radio"/> No

<p>Select all the health topic(s) this journal article addresses: (Shows if "Yes" is selected)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Population health / Cross-cutting health topics <input type="checkbox"/> Nutrition / Obesity <input type="checkbox"/> Physical activity <input type="checkbox"/> Cancer <input type="checkbox"/> Heart disease / Stroke <input type="checkbox"/> Dementia / Alzheimer's <input type="checkbox"/> Diabetes <input type="checkbox"/> Oral Health <input type="checkbox"/> Epilepsy <input type="checkbox"/> Mental health <input type="checkbox"/> Violence prevention / Injury prevention <input type="checkbox"/> Health pregnancy and post-partum <input type="checkbox"/> Pregnancy prevention <input type="checkbox"/> HIV <input type="checkbox"/> Sexually transmitted diseases (STDs) <input type="checkbox"/> Alcohol <input type="checkbox"/> Opioids <input type="checkbox"/> Marijuana <input type="checkbox"/> Tobacco use / Vaping <input type="checkbox"/> COVID-19 <input type="checkbox"/> Other (specify) _____
Related Tool	
<p>Does this journal article discuss or relate to a reported research or practice tool?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>Select the research or practice tool: (Shows if "Yes" is selected)</p>	<p>Drop-down list of previously entered tools</p>
COVID-19	
<p>Was this journal article developed in response to the COVID-19 pandemic?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>

Presentations

Peer-reviewed and non-peer-reviewed presentations made by your PRC.

Non-peer-reviewed presentations are those given to community or practice audiences for the purpose of sharing research findings and/or promoting the adoption of an intervention. If a “non-peer-reviewed presentation” has learning objectives, for ex. learning how to use a practice tool, then it is a training and should be entered in the Training section instead.

PERS Questions	Option
Presentation title	
Presentation date	
Presentation Details	
Select all of the following who were presenters or co-presenters:	<input type="checkbox"/> CAB members <input type="checkbox"/> Health department staff <input type="checkbox"/> Other partners <input type="checkbox"/> Students
Who was the target audience for this presentation?	<input type="checkbox"/> Community organizations/members <input type="checkbox"/> Public health/other practitioners <input type="checkbox"/> Researchers
Type of presentation	<input type="radio"/> Peer-reviewed presentation <input type="radio"/> Non-peer-reviewed presentation
Peer-reviewed Presentation	<i>Shows if “Peer-reviewed presentation” is selected</i>
Conference name	
Conference location (City, State or Country)	
Author(s) of presentation	
Was this an invited presentation?	<input type="radio"/> Yes <input type="radio"/> No
Non-peer-reviewed Presentation	<i>Shows if “Non-peer-reviewed presentation” is selected</i>
What is the primary purpose of this presentation?	<input type="checkbox"/> Share research findings <input type="checkbox"/> Promote adoption of intervention and/or other research/practice tool
Funding	
Which component is associated with this presentation?	<input type="checkbox"/> Core Research Project <input type="checkbox"/> Center activities
Select all funding sources used:	<input type="checkbox"/> PRC Core / Center award <input type="checkbox"/> Other funding
Health Topic(s)	
Does this presentation address a specific health topic? (Shows when “Center activities” is selected)	<input type="radio"/> Yes <input type="radio"/> No

<p>Select all the health topic(s) this presentation addresses: (Shows if "Yes" is selected)</p>	<input type="checkbox"/> Population health / Cross-cutting health topics <input type="checkbox"/> Nutrition / Obesity <input type="checkbox"/> Physical activity <input type="checkbox"/> Cancer <input type="checkbox"/> Heart disease / Stroke <input type="checkbox"/> Dementia / Alzheimer's <input type="checkbox"/> Diabetes <input type="checkbox"/> Oral Health <input type="checkbox"/> Epilepsy <input type="checkbox"/> Mental health <input type="checkbox"/> Violence prevention / Injury prevention <input type="checkbox"/> Health pregnancy and post-partum <input type="checkbox"/> Pregnancy prevention <input type="checkbox"/> HIV <input type="checkbox"/> Sexually transmitted diseases (STDs) <input type="checkbox"/> Alcohol <input type="checkbox"/> Opioids <input type="checkbox"/> Marijuana <input type="checkbox"/> Tobacco use / Vaping <input type="checkbox"/> COVID-19 <input type="checkbox"/> Other (specify) _____
Related Tool	
Does this presentation discuss or relate to a reported research or practice tool?	<input type="radio"/> Yes <input type="radio"/> No
Select the research or practice tool: (Shows if "Yes" is selected)	Drop-down list of previously entered tools
COVID-19	
Was this presentation developed in response to the COVID-19 pandemic?	<input type="radio"/> Yes <input type="radio"/> No