Use of Special Interest Projects to Fund Prevention Research Centers

What GAO Found

The Centers for Disease Control and Prevention (CDC) uses the Special Interest Project (SIP) mechanism to fund community-based prevention research that would benefit from a multidisciplinary group of researchers. SIPs are supplemental funding awards that focus on topics of interest or gaps in knowledge or research and can also support the development of state and local public health interventions and policies. SIPs are only available to CDC’s Prevention Research Centers (PRC)—selected academic health centers at universities with schools of public health or medical schools with residency programs in preventive medicine.

CDC officials said that they would choose the SIP mechanism when the research they want to fund is intended to involve community-based organizations or members of the community. They also use SIPs when they seek access to researchers who have established partnerships with diverse population groups across the country. They would not choose the SIP mechanism when the research they want to fund is not focused on public health prevention, including research that is clinical or laboratory-based; would be better suited for an entity other than an academic health center; or would be better funded through a contract to allow CDC to direct the research protocol. CDC’s collaborations with experts in the field—including those at other federal agencies—help to inform its development of the research funding opportunities offered through SIPs. For example, CDC officials use information they learn through participation in multiagency workgroups and advisory committees to identify gaps in knowledge that SIP funding could help to address. CDC officials also stated that this collaboration can also help to avoid potential duplication of research.

The key advantage of SIPs being limited to PRCs is the ability to rapidly initiate research, according to officials with whom GAO spoke—including officials from CDC, PRCs, and organizations with knowledge of prevention research. Factors cited as contributing to this ability included the research infrastructure and community relationships already established at the PRCs. Officials from CDC and outside organizations also identified a few potential disadvantages to limiting eligibility for SIPs, including the potential for reduced access to expertise from researchers or others who are not affiliated with the universities in which PRCs are located, although some noted that PRCs may bring in outside expertise through subcontracts with other entities.

The Department of Health and Human Services (HHS) provided technical comments on a draft of this report, which GAO incorporated as appropriate.