

Disability Research and Dissemination Center Cycle 2 Annual Evaluation Years 1 & 2

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Executive Summary

This report summarizes the work of the Disability Research and Dissemination Center (DRDC) in Cycle 2, Years 1 & 2 (September 31, 2017 to April 1, 2019) and includes all of Cycle 2, Year 1 and the first half of Cycle 2, Year 2. The reporting change is due to an adjustment in the reporting timeline.

In Cycle 2, Years 1 & 2 the Administration Core has continued to provide administrative and technical support to DRDC funded projects, and to facilitate coordination with the CDC through the RFA process. The External Advisory Committee (EAC) was renamed the Research Advisory Council (RAC) and members continued to further the work of the DRDC through dissemination and triage of applications.

The Research Core funded eleven projects, three of which were from restricted/sole source funding streams. The remaining eight projects were from unrestricted RFAs. The projects were funded in eight states, and the majority had target populations under 18 years old, had anticipated sample sizes between 1,001 and 1,500 participants, and aimed to assess or implement an intervention.

The Research Translation Core continued the development of educational activities and research projects. This included the continuation of the Disability Integration Toolkit (DIT) and research projects. The Research Translation Core conducted multiple research projects related to disability and collaborated with the Research Core on a DRDC funded project.

The Dissemination Core continued to manage the DRDC website and disseminate both RFAs and information about DRDC funded projects. The website had 12,329 users between September 30, 2017 to April 1, 2019. Peaks in website use corresponded to the release of the RFAs.

The Evaluation Core established the evaluation report process for Cycle 2, including shifting to a new timeline to correspond with reporting to the CDC.

Cycle 2 of the DRDC is anticipated to continue to address the specific aims. The RFA process for Year 2 is partially complete. Notification of funding for projects emanating from the Year 2 RFAs will occur in late summer 2019, and will commence at the beginning of Year 3. Those will be included in the Years 2 & 3 annual evaluation report.

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Introduction

DRDC Description

Cooperative Agreement #1U01DD001007 was initiated on September 30, 2012, with the University of South Carolina acting as the administrative home of the Disability Research and Dissemination Center (DRDC). Subcontracts were established at the American Association on Health and Disability (AAHD) and SUNY Upstate Medical University. This report presents information from Cycle 2, Years 1 & 2 of the DRDC (September 31, 2017 to April 1, 2019).

For more detailed information about the DRDC see Appendix A: Disability Research and Dissemination Center Logic Model. This logic model incorporates aims and activities agreed upon during post-award negotiation with the CDC's National Center for Birth Defects and Developmental Disabilities (NCBDDD).

Mission

Establish a Disability Research and Dissemination Center (DRDC) that will expand NCBDDD's capacity to conduct research and to disseminate evidence-based practice related to birth defects and developmental and other disabilities.

Administration Core

Project Management and Reporting

The DRDC Administration Core is primarily comprised of Suzanne McDermott, PhD, and Deborah Salzberg Clark MS, MAT, includes several graduate assistants and works closely with the USC Office of Sponsored Awards. The project manager for the DRDC, Deborah Salzberg Clark, is responsible for day-to-day administrative oversight and management of DRDC funded projects in Cycle 2, Years 1 & 2. This has included attending calls between project PIs and CDC scientific advisors, issuing subcontracts for projects, and providing technical assistance to project PIs as needed. The Administration Core also completes required reports to the CDC, using the eRA commons system. At this point in Cycle 2, two revised budget requests (for Years 1 and 2), two continuing applications (for Years 2 and 3), and a carryover request from Year 1 to Year 2 have been reported. These reports require that the Administration Core collects data and project information from all funded PIs, including the Co-Principal Investigators.

In Cycle 2, Years 1 & 2 the name of the External Advisory Committee (EAC) was changed to the Research Advisory Council (RAC). RAC is tasked with dissemination efforts for the annual call for grant applications (RFAs), and triages applications to assist the DRDC in forwarding applications to CDC. The RAC has eighteen members, eight of whom were previously members of the EAC, and are returning as members of the RAC. In addition, ten new members have joined the RAC in Cycle 2.

Research Core

Requests for Applications (RFAs)

RFA Process

This section addresses the RFA review process, output of RFAs solicited, and funded projects. There were 11 projects funded in Cycle 2, Years 1 & 2. Eight of these projects were

funded from unrestricted RFAsⁱ and three projects were funded from restricted/sole source RFAsⁱⁱ. For a summary of the number of projects funded in Cycle 2, Years 1 & 2 of the DRDC, refer to Table 1, Summary of RFA Process for Cycle 2, Years 1 & 2 of the DRDC.

Year 1

There were seven unrestricted RFAs in Year 1 with sixteen funding opportunities and two restricted/sole source RFAs with two funding opportunities. There were thirty-one applications for unrestricted RFAs and two applicants for restricted/sole source RFAs, for a total of 33 applications. The DRDC utilizes Triage Panels to eliminate low-scoring applicants whenever the number of applications exceeds the maximum number that CDC might fund for a particular RFA. Thus, twenty-eight of the unrestricted applications were reviewed by the DRDC. After the Triage was complete, seventeen applications were eliminated for inadequate scores, and the remaining fourteen were sent to CDC for consideration. In addition, two restricted/sole source applications were also sent to CDC, for a total of sixteen applications (unrestricted and restricted RFA/ sole source funded opportunities). After CDC's review, eight of the fourteen applications for unrestricted RFAs were funded, and both of the two applications for restricted/sole source RFAs were funded. There were ten new projects awarded in Year 2. One project from the previous year received funding in Year 1, as it was funded as part of the Cycle 2 proposal for the DRDC. For a list of the 11 funded projects as of the end of Year 1, see Appendix B.

Year 2

Due to the new reporting and evaluation timeline, data is now collected in April. Therefore, the first half of the data from Year 2 is reported here. This data will be reported again along with the second half of the Year 2 data and the first half of the Year 3 data in Spring 2020.

In Year 2, there were two unrestricted RFAs and one restricted/sole source RFA. The 2 unrestricted RFAs had the possibility of up to four funding opportunities. Thus, up to five applications could be funded to begin in Year 3. For the unrestricted RFAs, only three applications were received, and one additional application was also submitted for the restricted/sole source RFA. A review by the DRDC Triage Panels was not conducted because of the low number of applicants, which was fewer than the available funding opportunities. The applications were forwarded to CDC, and decisions regarding funding have not yet been made. Data about these new projects will be reported in the next annual evaluation report in Spring 2020.

Fewer RFAs were solicited in Year 2 due in part to commitments by CDC programs for multi-year DRDC projects that began in Years 1 and 2.

ⁱ Unrestricted RFAs are opportunities for funding that are not limited to a certain applicant

ⁱⁱ Restricted/Sole Source RFAs are opportunities for funding of specific projects that may be limited to specific research groups

Table 1. Summary of Application Process for Cycle 2 Year 1 &2 of the DRDC

Table 1-A Unrestricted RFAs

	RFAs Posted by DRDC ^a	Funding Opportunities ^b	Applications Received by DRDC ^c	Applications Reviewed by DRDC ^d	Applications Reviewed by CDC ^e	Funded Projects ^f
Year 1	7	16	31	28	14	8
Year 2	2	4	3	not necessary	3	not yet available

Table 1-B Restricted/Sole Source RFAs

	RFAs Posted by DRDC ^a	Funding Opportunities ^b	Applications Received by DRDC ^c	Applications Reviewed by CDC	Funded Projects ^f
Year 1	2	2	2	2	2
Year 2	1	1	1	1	not yet available

Table 1-C Unrestricted & Restricted/Sole Source RFAs

	Applications Received by DRDC ^c	Forwarded to CDC ^g	Funded Projects ^h	Funded (Previous Year) ⁱ
Year 1	33	16	10	1
Year 2	5	4	not yet available	10

- a. RFAs Posted by DRDC – number of RFAs posted by the DRDC
- b. Funding Opportunities – maximum number of possible funded applicants
- c. Applications Received by DRDC – total number of applications received by the DRDC
- d. Applications Reviewed by DRDC – applications from RFAs reviewed by DRDC Triage Panel
- e. Applications Reviewed by CDC – applications for RFAs forwarded to CDC for review after DRDC Triage Panel review
- f. Funded Projects – number of funded RFAs
- g. Forwarded to CDC – number of applications forwarded to CDC for review
- h. Funded Projects – total number funded projects
- i. Funded (Previous Year RFAs) – Total number of projects funded through the DRDC for that year. These represent the funded projects that in the RFA process from the previous year.

Geographic Spread of Projects Funded in the United States

Geographic Spread

The DRDC funded projects and cores in eight states plus the District of Columbia. The majority of funded projects were located in the eastern half of the United States, including projects located in New York, Delaware, Ohio, South Carolina, and Georgia. Two funded projects were located in Colorado, and one project was located in Oregon. One project, located in New York is funded through a subcontract to Cornell University, with the work being conducted both in New York and in Southern India. Refer to Figure 1, Geographic Spread of Projects Funded in the U.S., for a visual representation of this information. Refer to Appendix B, List of Funded Projects and their Locations, for a summary of information of the funded sites.

Figure 1 Geographic Spread of Projects Funded in the U.S.



Proposals of Funded Projects

Proposals for projects were submitted in response to RFAs. The proposals for each of the eleven projects funded in Cycle 2, Years 1 & 2 were coded for project topic, methodology, target population, anticipated sample size, and dissemination. This section covers projects funded to commence in Year 1 and in Year 2.

The target population age was captured for each funded proposal. The target population age for the funded projects includes six projects (55 %) focused on children, three (27%) projects were aimed at adults, and two (18%) projects were focused on family units (Figure 2, Age of Target Population).

The anticipated sample size for each of the funded projects includes one with a sample size under 500 participants, three projects (27%) with sample sizes between 500 and 1,000, four projects (36%) with sample sizes between 1,001 and 1500 participants, and one project (9%) with sample size between 1,501 and 2,000 (Figure 3, Anticipated Sample Size).

A dissemination plan was also included in each proposal. All of the proposals (100%) included information about dissemination to scientific audiences, such as presentations and publications in peer reviewed journals. More than half (55%) of proposals included dissemination to the public, including sharing information on websites or making information publicly available at a physical location. Twenty-seven percent of the funded proposals included dissemination to the community such as reports directly to caretakers and implementation of findings at other clinics.

The intended methodology of projects funded to begin in Years 1 and 2 fell into three categories: intervention, tool development, and database analysis. Of the funded projects, 55% sought to assess an intervention, while 36% involved database analysis and 9% focused on the development of a tool (see Figure 4: Methodology of Funded Projects).

Three of the proposals funded to begin in Year 2 included revised statements of work due to a decrease in the funds available from the CDC. The information from the revised statements of work was included in the data coding of the proposals.

Research Impact

The research impact of the DRDC is summarized here through publications generated from internal and external research projects. Research impact was assessed using Scopus Metrics, which provided data on the dissemination of scholarly publications. Both internal and external DRDC funded research projects are expected to produce publications; however, as this report only covers the first 18 months of the new five-year cycle, there have been only two publications so far. See Appendix C for the citations of the two publications to date.

Dissemination is being evaluated using Scopus which provides metrics for publication dissemination on several platforms (see Appendix D). Metrics are collected through internet data tracking.¹ These metrics can be used to understand how publications are accessed. For more information on the specific data collection used by Scopus Metrics visit the Scopus Metrics website.²

For this report, data was collected from Scopus including exports/saves, abstract views, clicks, full text views, links out and readers. Other included metrics were dissemination through other platforms, such as blog mentions; news mentions; shares, like and comments; and tweets. Finally, there are measures of citation such as citation indexes, clinical citations and field weighted citation

Figure 2 Age of Target Population

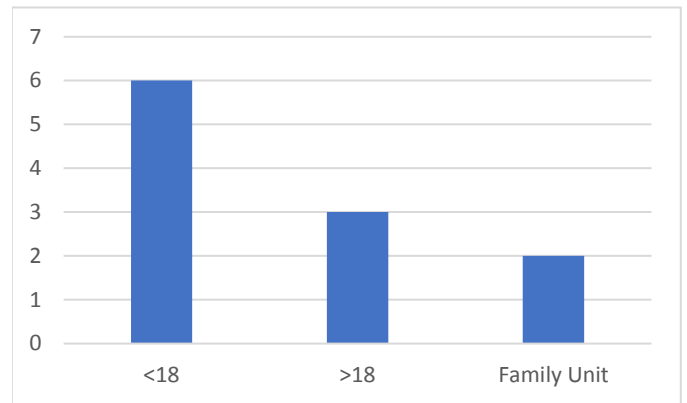


Figure 3 Anticipated Sample Size

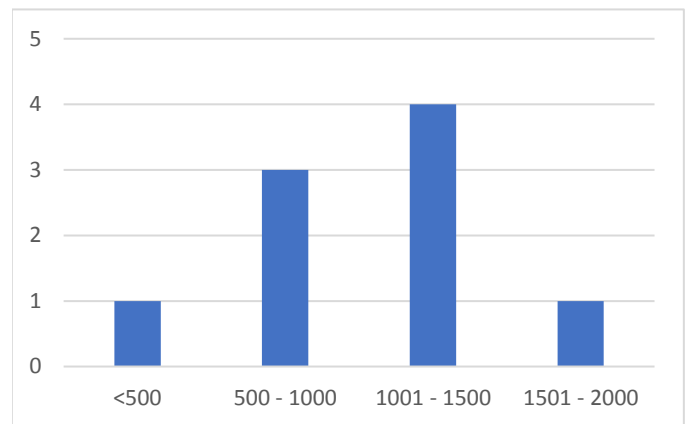
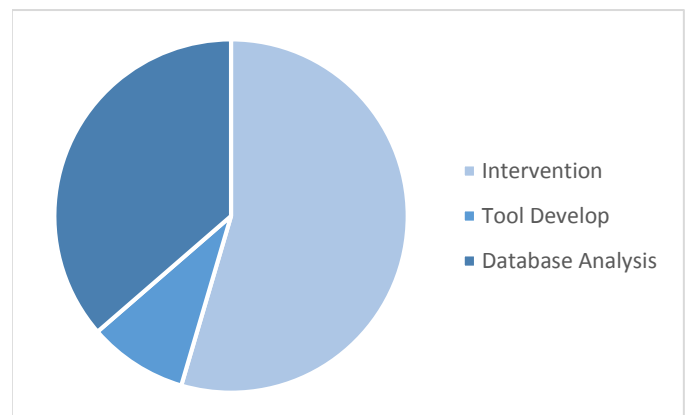


Figure 4 Methodology of Funded Projects



impact. For further information about these metrics and dissemination of research refer to Appendix D, Scopus Metrics Data.

Research Translation Core

Training and Professional Development

The research translation core supported research, training, and professional development efforts through the Disability and Health Research team (DHRT) at Upstate Medical University (UMU) which is composed of Dr. Margaret A. Turk, two full time employees (previous DRDC Fellows Michael Ioerger, PhD, MPH, CSCS, ACE-FNS and Jeremy French-Lawyer, MPH, CAS, CHES) and one graduate assistant (GSA). The research assistant employed in Cycle 2, Years 1 & 2 was Katherine Goss, a Master of Public Health candidate at SUNY Upstate. Ms. Goss was integral to a number of systematic search and review projects during this time, including project development, research, and analysis. She presented her work at the 2018 Health Data Symposium in South Carolina.

In Year 2, members of the DHRT have attended presentations about disability at UMU and Syracuse University, and have accessed online webinars related to the Americans with Disabilities Act (ADA), serving people with disability, statistical methodology, and disability statistics. DHRT members regularly attend and have also facilitated UMU faculty development seminars related to adult learning. The DHRT maintains a journal study group and a statistics study group.

Additional Projects

The Research Translation core continues to develop the Disability Integration Toolkit, with a particular focus on the translation of research into educational interventions. In addition, the Research Translation Core is collaborating with the Research Core on a DRDC funded project, *Utilization of Hospital Services for Opioid Users with Disabilities, using Population-based Nationally Representative Data*.

Dissemination Core

Outreach and Dissemination

Website Utilization

The DRDC website,ⁱⁱⁱ acts as a platform for the RFAs, dissemination of research, publications, and information about the DRDC.. The DRDC website was launched on January 17, 2013; and it is maintained by the Dissemination Core, which is led by Roberta S. Carlin, MS, JD. All data from Google analytics was extracted in June, 2019

Google Analytics was used to collect data for Cycle 2, Years 1 & 2. This data includes information from September 30, 2017 to April 1, 2019, which represents the entirety of Year 1 and the first half of Year 2. During this period, there were 12,329 users of the DRDC Website. There were 89.4 % new visitors to the DRDC webpage, and 10.6 % returning visitors (Appendix E, Google Analytics Data; Visitors to www.disabilityresearchcenter.org Over Time September 30, 2017 to April 1, 2019).

ⁱⁱⁱ The DRDC website is www.disabilityresearchcenter.org

The DRDC website was visited a total of 15,794 sessions, and there were 30,188 pageviews. The visitor bounce rate was 71.29%.^{iv} There were 1.28 sessions per user, and 1.91 pages per session. The average session duration was 1 minutes and 35 seconds. The Website had users from every continent except Antarctica. For a map overlay of the visitors to the DRDC webpage, refer to Appendix E, Google Analytics Data; Map Overlay of www.disabilityresearchcenter.org Users from September 30, 2017 to April 1, 2019.

The majority of website users were from the United States (75.1%), Canada (5.2%), France (2.9%) and India (2.6%). In addition, the Philippines, United Kingdom, South Korea and others represented less than 1.5 % of the users. For more information, see Appendix E.

Peaks in webpage visitation occurred in February 2018 and February 2019. These peaks approximately correspond to the release of new RFAs on the website, which occurred in late January of 2018 and 2019 (see Appendix E).

Social Media

Social media strategies were implemented to target public health professionals to ensure current research and practices were widely disseminated. The Dissemination Core used a social media platform, Buffer, to schedule on-going social media posts via Twitter, Facebook and LinkedIn.

The twitter account for the DRDC was initiated in January 2014, in Cycle 1, Year 2 of the DRDC. Since then there have been a total of 2,208 tweets. The account has 1,489 followers and is following 889 other twitter accounts, and the DRDC Twitter account has 276 likes (data extracted June, 2019). From October 2018 to March 2019, the DRDC Twitter (@DisabilityRDC) posted 178 times with a total reach of 24,263 and had 201 engagements (data extracted March 2019). The account has been used to disseminate information about RFAs, as well as information on research, disability facts, and news.

Facebook has also been employed for dissemination of information related to the DRDC. From October 2018 to March 4, 2019 the AAHD Facebook posted 39 times relating to DRDC and had a reach of 58,645 and had 2,768 engagements (data extracted March, 2019).

Evaluation Core

Annual Evaluation Reports

The Evaluation Core of the DRDC completes annual evaluations. It is comprised of Telisa Stewart, MPH, DrPH, and Jeremy French-Lawyer, MPH, CAS, CHES. All of the previous evaluation reports are available on the DRDC website, as is the Cycle 1 Evaluation.^{3,4,5,6,7,8}

Substantial Changes to DRDC Evaluation Process

Change to the Data Reporting and Evaluation Timeline

In Cycle 2 of the DRDC, reporting requirements to CDC changed to include reporting using eRA Commons, an electronic reporting system. Data is collected and reported to the CDC in April of each year. Reporting to the CDC was previously completed by the Administration Core in December of each year, 90 days after the end of each funding year. As a result of the change in timing, reporting is now completed by the Administration Core in the middle of each

^{iv} Bounce rate refers to the number of users that visit only one page before exiting the site

funded year of the DRDC. The Evaluation Core of the DRDC has shifted its reporting to correspond with the spring eRA Commons report.

Data is collected from project PIs in the spring of each year by the Administration Core, and the report to CDC is made by the end of April. After this process is complete, the Evaluation Core completes the annual evaluation process, using the data that was collected by the Administration Core. This allows for more efficient data collection from the PIs of each project and aligning the timeline of the annual evaluation report and the report through eRA Commons. Although a report was made to CDC via eRA Commons after the first six months of Year 1, the determination was made that the first annual evaluation report would be completed midway through Year 2. Thus, the data represented in the Cycle 2, Years 1 & 2 report includes the complete Year 1 data, and the first six months of Year 2. Subsequent reports will be completed on an annual basis in the spring. The next annual evaluation report will be produced by July of 2020 and will include data through the first half of Year 3.

Conclusion and Future Action

Cycle 2 of the DRDC in Year 1 and the first half of Year 2 has continued progress in each of the five cores. The DRDC is fulfilling its mission to expand the capacity of the CDC's National Center on Birth Defects and Developmental Disability to conduct research, and to disseminate evidence-based practices related to birth defects and developmental and other disabilities. This has included the funding of eleven projects in Years 1 & 2, and four additional applications have been sent to CDC for consideration of funding at the beginning of Year 3.

Future actions for the DRDC will include adding to its research portfolio, completing the currently funded projects with dissemination of their results, and developing strategies to accomplish the broader goal of conducting research translation. Activities will continue in the second half of Year 2 and into Year 3. The next annual evaluation report will cover the second half of Year 2 and the first half of Year 3, and will be made public in the summer of 2020.

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Appendix A. Disability Research and Dissemination Center Logic Model

Figure 4 - Logic Model for Inputs (Cores and Activities), Outputs, and Outcomes.

Each program input (defined as the creation of cores with specific tasks, and the activities of those cores) leads to specific work products, which in turn lead to measurable outcomes. The outcomes are identified by "SMART" criteria, originally described by Doran as "Specific, Measurable, Attainable, Relevant, and Timely" variables that indicate whether a program has or has not had a desired effect, and to what extent. The Evaluation Core for this project will focus on immediate (proximal) outcomes, with distal outcomes measured as opportunities to measure SMART variables arise.

Core component	Activities	Planning Outputs	Program Outcomes		Distal/ Outcomes
			Program Outcomes	Distal/ Outcomes	
Infrastructure	→ Convene Research Advisory Committee (RAC); Establish partnerships; Manage & coordinate Core activities and programs; Conduct subcontracts and working arrangements; Establish	→ # of RAC activities convened; Management & administrative structures in place for internal reporting and budgeting; Informational meetings held; Collaborations maintained; # of scoring rubrics established.	→ Increase in RAC directed activities; Increase in internal monitoring for centralized management; Increase in reviews for priority areas of interest; Increase in networks; Increase in maintaining	→ Increase in flexible multi-disciplinary administrative systems; Increase in sustainable partnerships; increase extramural grant competition.	
Research Core	→ Conduct intramural research; Develop RFAs for extramural research; Solicit research projects; Dissemination of research initiated.	→ # of Active research structures devised and maintained; Support services developed; Research projects solicited; Research projects disseminated.	→ Increase in completed studies related to NCBDDD priorities; Increase in acceptance of research manuscripts to conferences and published in scholarly journals.	→ Increase number of PIs managing their own prevention and disability studies; Increase in dissemination of best research in the field.	
Research Translation Core	→ Identify and prioritize topics and areas for translation efforts; Develop translation products in formats for specific audiences; Disseminate products; Evaluate product usage; Evaluate individual	→ # of topic areas for translation prioritized including NCBDD participation; External stakeholder participations in development; Translation products formatted; Products disseminated for target audiences.	→ Research translation strategies completed and products developed; Increase evaluation for product effectiveness; Increase in disseminated products.	→ Increase knowledge and skills translated for health professionals working with people with disabilities; increase overall translation of individual projects.	
Dissemination and Policy Core	→ Maintain web/social media implementation plan; Update core dissemination plan; Engage stakeholders in dissemination; Support NCBDDD RFA; Participate in NQF and other policy	→ # of web/social media plans developed; Core dissemination plans created; Stakeholders engaged in dissemination; NCBDDD supported RFAs; # and type of policy activities.	→ Increase usage of web/social media; Improved dissemination plans; Increase in network for dissemination of RFA's and research findings; Research translation products uploaded; Successful meetings.	→ Increase in dissemination about evidence-based practice /policies.	
Evaluation Core	→ Organize and implement routine evaluations for all processes, research, training, dissemination strategies, and other activities related to the grant; Complete annual report.	→ # of evaluations that collect information on process, research, training, dissemination; Annual reports completed.	→ Increase indention of process implemented; Increase effectiveness of data collected, analyzed; Increase research & training programs monitored for effectiveness; Increase program database support; Increase annual report.	→ Increase the use of evaluations that ensure program fidelity and continual quality improvement; Increase external dissemination; Increase dissemination of results.	
Inputs		Immediate Outputs	Proximal and Distal Outcomes <i>(Evaluation will focus on proximal outcomes)</i>		

Appendix B. List of Funded Projects, Primary Investigators and Academic Homes Years 1 & 2

1. A Randomized-Intervention Trial to Test the Efficacy of a Low Intensity Strategy to Improve Hypertension Medication Adherence among Adults with Intellectual Disability Living at Home – University of South Carolina (DRDC Research Core project) – Suzanne McDermott, PhD
2. Utilization of Hospital Services for Opioid Users with Disabilities, using Population-based nationally representative data – University of South Carolina (DRDC Research Core project) – Suzanne McDermott, PhD
3. Randomized Trial of Quadruple Fortified Salt for Anemia and Birth Defects Prevention in Southern India – Cornell University – Julia Finkelstein, ScD, MPH
4. Screening for Tics in Children – University of South Florida – Adam Lewin, PhD
5. Developmental Monitoring and Language – Georgia – Georgia State University – Daniel Crimmins, PhD
6. Developmental Monitoring and Language – Oregon– Oregon Health and Science University – Katherine Zuckerman, MD, MPH
7. Developmental Monitoring and Language – Delaware– University of Delaware – Beth Mineo, PhD
8. Linking EHDI Data – University of Colorado-Boulder – Christine Yoshinaga-Itano, PhD
9. Intensity of Interventions for Hearing Loss – Ohio – Cincinnati Children’s Hospital Medical Center – Jareen Meizen-Derr, PhD, MPH
10. Intensity of Interventions for Hearing Loss – Colorado – University of Colorado-Boulder – Mallene Wiggin, PhD
11. Accelerated Timeline for EHDI Benchmarks – Cincinnati Children’s Hospital Medical Center – Jareen Meizen-Derr, PhD, MPH

* Randomized Trial of Quadruple Fortified Salt for Anemia and Birth Defects Prevention in Southern India was located based at Cornell University in New York and conducted in Southern India. Southern India is not represented on this map

Appendix C. List of DRDC Publications during Cycle 2, Years 1 & 2 to date

1. Ioerger M, Flanders RM, French-Lawyer JR, Turk MA. Interventions to Teach Medical Students about Disability: A Systematic Search and Review. *American journal of physical medicine & rehabilitation*. 2019 February 5. PubMed PMID: 30730327. ⁺
2. Ioerger M, Flanders RM, Goss KD, Turk MA. Developing a systematic search strategy related to people with disability: A brief report testing the utility of proposed disability search terms in a search about opioid use. *Disability and health journal*. 2019 Apr 1;12(2):318-22.
3. Barger, B., Rice, C., Wolf, B., & Roach, A. (2018). Better together: Developmental screening and monitoring best predict Part C early intervention receipt. *Disability and Health Journal* 11(3) 420-426.

⁺articles not indexed in Scopus and not included in Scopus analysis

Appendix D. Scopus Metrics Data*

Included in this Appendix is a summary of the data collected via Scopus metrics for the two publications indexed in Scopus produced by projects funded through the DRDC in Cycle 2, Year 1 & 2 of that organizations funding. The final data from Scopus was extracted collected in June, 2019.

Two articles reported Readers, which are defined as “The number of people who have added the artifact to their library/briefcase.”⁹ One article reported Links Out, which are defined as “The number of times an outbound link has been clicked to a library catalog or link resolver.”²

Readers

Articles	Readers
Ioerger, 2019	2♦
Barger, 2018	23

Links Out

Articles	Link-outs
Barger, 2018	85

One article reported Exports/Saves. Export/saves are defined as “This includes the number of times an artifact’s citation has been exported direct to bibliographic management tools or as file downloads, and the number of times an artifact’s citation/abstract and HTML full text (if available) have been saved, emailed or printed.”⁹ One article had reported Abstract Views, which are “The number of times the abstract of an article has been viewed.”²

Exports/Saves

Articles	Exports/Saves
Barger, 2018	10

Abstract Views

Articles	Abstract Views
Barger, 2018	142

One article reported Shares, Likes & Comments, which are defined as “The number of times a link was shared, liked or commented on.”¹⁰ One article also reported Tweets, which are defined as “The number of tweets and retweets that mention the artifact.”¹⁰

Shares, Likes & Comments

Article	Shares, Likes & Comments
Barger, 2018	34

Tweets

Article	Tweets
Barger, 2018	9

Scopus Metrics also report the indexes in which an article has been archived or referenced. One article had reported Citation Indexes, which are defined as the number of articles that cite the artifact in, Scopus, and SSRN.¹¹ One article reported a Field Weighted Citation Impact which “shows how well this document is cited when compared to similar documents. A value greater than 1.00 means the document is more cited than expected.”¹²

Field Weighted Citation Impact

Article	Field Weighted Citation Impact
Barger, 2018	2.72

Citation Indexes

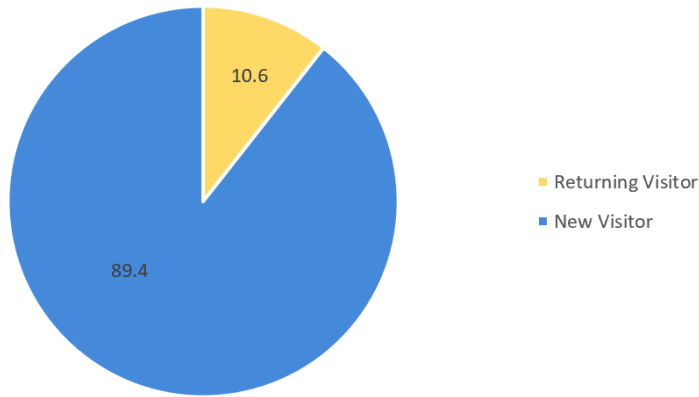
Articles	Citation Indexes
Barger, 2018	1

* Includes both publications resulting from internal (not funded through RFA process) and external projects.

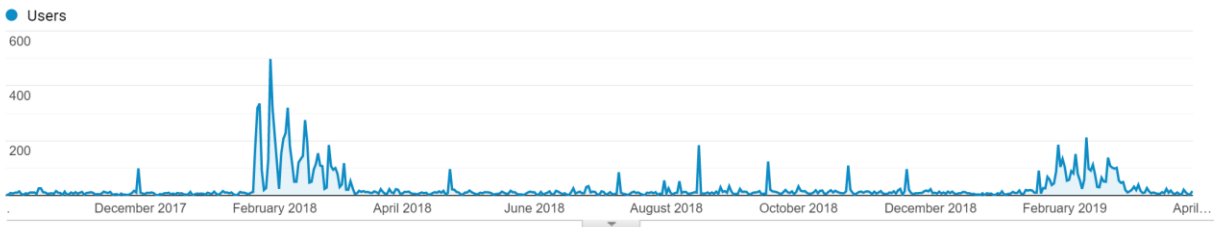
*Readers are likely artificially low as this article was published in April, 2019 and data was extracted from Scopus in June, 2019

Appendix E. Google Analytics Data

Percentage of New and Returning Visitors to the DRDC Website from September 30, 2017 to April 1, 2019



Visitors to DRDC Website from September 30, 2017 to April 1, 2019



Percentage of Visitors to DRDC Website from September 30, 2017 to April 1, 2019

Country	Users	% Users
United States	9,264	75.14%
Canada	640	5.19%
France	362	2.94%
India	316	2.56%
Philippines	153	1.24%
United Kingdom	141	1.14%
South Korea	126	1.02%

Map Overlay DRDC Website Users from September 30, 2017 to April 1, 2019

