

L&D ASSOCIATES' NEWSLETTER

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LATEST LINKS

NIH is moving towards requiring that all proposals be submitted electronically.

Click on the link below for information about what to expect and what you can begin doing to prepare

for this change in process.

<http://www.grants.gov/GetStarted>

Getting started now by creating an organization account and registering as a user will save time and limit frustration later.

GRANT WRITING

Health Demographics

Demonstration of an up-to-date knowledge of your state's health statistics is essential in the development of any public health oriented grant. States provide their citizens with databases of health and disease statistics to provide an analysis of the states' overall health. These health databases are typically posted on state web sites and are easily accessible to the general public and public health researchers. Examples of these web sites include Ohio (<http://www.odh.state.oh.us/>) and New York (<http://www.health.state.ny.us/>). In addition, the Kaiser Family Foundation collates data from throughout the US and presents these data on their web site (<http://www.statehealthfacts.kff.org/cgi-bin/healthfacts.cgi>). Assessment and proper citation of such data can add credibility to your public health grant application.

EVIDENCE-BASED LITERATURE

Featured Peer-Reviewed Article

Update in handheld electronic resources for evidence-based practice in the community setting. *Ann Pharmacother* 2005 Dec;39:2100-4.

Burkiewicz JS, Vesta KS Hume AL

OBJECTIVE: To provide an update on the handheld electronic resources for evidence-based practice (EBP) in the community setting.

DATA SOURCES: Electronic resources for EBP in the community setting were identified by compiling the commonly used, well-established resources and by searching MEDLINE and other Internet sites. Search terms included evidence-based medicine, evidence-based practice, resources, and abstraction. Only sources available for personal digital assistants were included.

DATA EXTRACTION: Three databases were identified that provided abstraction and evaluation of the medical literature for the handheld platform. Content, features, ease of use, system requirements, and costs of each resource were evaluated. DATA

SYNTHESIS: FIRSTConsult, InfoRetriever, and UpToDate were evaluated, and the utility of each in the community pharmacy setting was evaluated by tracking a clinically relevant example through each system. FIRSTConsult provides evidence-based information organized by diagnosis but is not searchable on the handheld platform. InfoRetriever focuses on searchable evidence-based summaries, while UpToDate includes comprehensive topic reviews. The latter 2 platforms have large system memory requirements. All 3 sources provide evidence-based abstraction of the medical literature for the PDA platform, convenient for use at the point of care in community pharmacy.

CONCLUSIONS: While users may select a particular resource based on unique features, each provides evidence-based abstraction of the medical literature that is a practical approach to EBP in the community pharmacy setting.

EVALUATION TIPS

Logic Models

A Logic model is a:

- Snapshot of your program
- Graphic representation of the "theory of action" – what is invested, what is done, and what results
- Review of the core elements for planning and evaluation

The development of a logic model helps you and your stakeholders to work from a common framework and plan process evaluations and assess outcomes evaluations.

RESEARCH ADMINISTRATION

Patent related costs on grant applications were recently discussed elsewhere (*Research*

Administration List). The issue was one of whether or not patent costs were allowable on NIH grant application budgets. The suggested resolution for such a question was a referral to the OMB Circular -21 J. 34.

34. *Patent costs.*

1. The following costs relating to patent and copyright matters are allowable:
2. Cost of preparing disclosures, reports, and other documents required by the sponsored agreement and of searching the art to the extent necessary to make such disclosures;
3. Cost of preparing documents and any other patent costs in connection with the filing and prosecution of a United States patent application where title or royalty-free license is required by the Federal Government to be conveyed to the Federal Government; and
4. General counseling services relating to patent and copyright matters, such as advice on patent and copyright laws, regulations, clauses, and employee agreements (but see sections J.37, Professional service costs, and J.44, Royalties and other costs for use of patents).
5. The following costs related to patent and copyright matter are unallowable:
- 6.(i) Cost of preparing disclosures, reports, and other documents and of searching the art to the extent necessary to make disclosures not required by the award
- 7.(ii) Costs in connection with filing and prosecuting any foreign patent application, or any United States patent application, where the sponsored agreement award does not require conveying title or a royalty-free license to the Federal Government, (but see section J.44, Royalties and other costs for use of patents).

NEWS IN DIABETES RESEARCH

ACE Inhibitors and ARBs Underutilized in Older Diabetics

NEW YORK (Reuters Health) Apr 18 - Despite the fact that angiotensin-converting enzyme inhibitors (ACE) and angiotensin receptor blockers (ARB) are known to prevent cardiac and renal damage in people with diabetes, fewer than half of older individuals in the US with diabetes and clinical indications for their use are actually prescribed one of these agents, according to a new study.

"These are drugs that we know save lives and save money, and still we're only using them in less than half of the people who could benefit," study author Dr. Allison B. Rosen remarks in a news release.

To estimate the proportion of older diabetic

patients being prescribed ACE inhibitors or ARBs, Dr. Rosen, from the University of Michigan Health Systems in Ann Arbor, extracted data from the National Health and Nutrition Examination Survey for 1999 to 2002, a period during which national guidelines recommended renin-angiotensin system blockade for high-risk diabetic patients.

Dr. Rosen reports in the April issue of the *Journal of General Internal Medicine* that her study sample included 742 subjects ages 55 or older with diabetes, all of whom had at least one indication for an ACE inhibitor or ARB -- albuminuria, cardiovascular disease, congestive heart failure, hypertension, hyperlipidemia and smoking.

According to the subjects' responses to the survey, 43% were taking an ACE inhibitor or ARB. Even among individuals with four or more indications for the drugs, the likelihood of being on an ACE/ARB was 53%, "not much higher than the toss of a coin," Dr. Rosen writes.

Hypertension was the only independent predictor of ACE/ARB use. Albuminuria and preexisting cardiovascular disease were not associated with the drugs' use, "suggesting a major quality problem," the author states.

She adds: "Given that indications for ACE/ARB therapy are so prevalent in this population, it may be time to simplify our treatment algorithms by expanding indications for ACE/ARB to include all older individuals with diabetes regardless of their measured risk factors."

J Gen Intern Med 2006;21.

FOR MORE INFORMATION

Contact L&D Associates Consulting Group on any of the following topics:

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