L&D ASSOCIATES' NEWSLETTER

VOLUME 1 (NO.4) DECEMBER 28, 2006

IN THIS ISSUE

LATEST LINKS

The National Library of Medicine is committed to developing intuitive and user friendly research web sites. We highlight one of these sites in each issue of the newsletter.

The **Information Rx Program** from **The National Library of Medicine** provides physicians, librarians and other health care professionals with an easy way to refer their patients to an authoritative, user-friendly and commercial-free Internet site for health information. You can reach this web site through this URL http://www.informationrx.org

GRANT WRITING

You are likely to find preliminary grant writing steps to be the most time consuming, yet most vital aspect of the process. Done well, your initial work will improve the writing stage.

Stages of the Writing Process

1. Define your project
See Previous Issues

2. Identify the right funding sources
See Previous Issues

3. Contact the funders
See Previous Issues

4. Acquire proposal guidelines
See Previous Issues

5. Know the submission deadline
See Previous Issues

6. Determine personnel needs
See Previous Issues

7. Update your timeline

At this point you have now completed much of the application process. Importantly, you are now in a position to have a clear idea of where the grant project is going. Most if not all award agencies want to see how you plan to budget your time over the course of the award period.
Based on your nearly completed application you should now begin to refine your timeline and develop milestones on which to measure your progress.

In each of your activity section place a text box with an estimated timeline for initiation and completion of the activity. Be realistic and reasonable in your estimates as you are now committing your agency to this timeline. Your process and outcomes evaluations will eventually reflect how you managed the grant award based on your proposed timeline.

Grant Writing Tips in our Next Issue: In our next issue we will be discussing more refined literature searching techniques and exploring www.pubmed.gov.

EVIDENCE-BASED LITERATURE

TITLE: eHEALS: The eHealth Literacy Scale
AUTHORS: Cameron D Norman[1], PhD; Harvey A Skinner[2], PhD, CPsych
J Med Internet Res 2006;8(4):e27
ABSTRACT (truncated): **Background:** Electronic health resources are helpful only when people are able to use them, yet there remain few tools available to assess consumers' capacity for engaging in eHealth. Over 40% of US and Canadian adults have low basic literacy levels, suggesting that eHealth resources are likely to be inaccessible to large segments of the population. Using information technology for health requires eHealth literacy—the ability to read, use computers, search for information, understand health information, and put it into context. The eHealth Literacy Scale (eHEALS) was designed (1) to assess consumers' perceived skills at using information technology for health and (2) to aid in determining the fit between eHealth programs and consumers.
Methods: Data were collected at baseline, post-intervention, and 3- and 6-month follow-up using control group data as part of a single session, randomized intervention trial evaluating Web-based eHealth programs. Scale reliability was tested using item analysis for internal consistency (coefficient alpha) and test-retest reliability estimates. Principal components factor analysis was used to determine the theoretical fit of the measures with the data.
Results: A total of 664 participants (370 boys;

294 girls) aged 13 to 21 (mean = 14.95; SD = 1.24) completed the eHEALS at four time points over 6 months. Item analysis was performed on the 8-item scale at baseline, producing a tight fitting scale with α = .88. Item-scale correlations ranged from *r* = .51 to .76. Test-retest reliability showed modest stability over time from baseline to 6-month follow-up (*r* = .68 to .40). Principal components analysis produced a single factor solution (56% of variance). Factor loadings ranged from .60 to .84 among the 8 items.

EVALUATION TIPS

Focus the Evaluation Design

The direction and process of the evaluation must be focused to assess the issues of greatest concern to stakeholders while using time and resources as efficiently as possible. Not all design options are equally well-suited to meeting the information needs of stakeholders. After data collection begins, changing procedures might be difficult or impossible, even if better methods become obvious. A thorough plan anticipates intended uses and creates an evaluation strategy with the greatest chance of being useful, feasible, ethical, and accurate. Among the items to consider when focusing an evaluation are the following:

Purpose: Articulating an evaluation's purpose (i.e., intent) will prevent premature decision-making regarding how the evaluation should be conducted. Characteristics of the program, particularly its stage of development and context, will influence the evaluation's purpose. Four general purposes exist for conducting evaluations in public health practice.

Methods: The methods for an evaluation are drawn from scientific research options, particularly those developed in the social, behavioral, and health sciences. A basic classification of design types includes experimental, quasi-experimental, and observational designs. No design is intrinsically better than another under all circumstances. Evaluation methods should be selected to provide the appropriate information to address stakeholders' questions (i.e., methods should be matched to the primary users, uses, and questions). Methodology decisions also raise questions regarding how the evaluation will operate (e.g., to what extent program participants will be involved; how information sources will be selected; what data collection instruments will be used; who will collect the data; what data management systems will be needed; and what are the appropriate methods of analysis, synthesis, interpretation, and presentation).

Because each method option has its own bias and limitations, evaluations that mix methods are generally more effective.
Reprinted from the CDC Evaluation Web Site.

NEWS IN MEDICINE

Vaccine-Preventable Illnesses: Are They Under Control? Sussan K. Sutphen, MD, MEd

In April 2006, news organizations reported on an outbreak of mumps that began in Iowa in December 2005.[1,2] The outbreak spread to several neighboring Midwestern states and as far away as Oregon. At the end of May 2006, there were approximately 3100 confirmed or suspected cases in 14 states. Most cases were concentrated in Iowa, Illinois, Kansas, Nebraska, Minnesota, South Dakota, Missouri, and Wisconsin.[3] Iowa had only had 5 mumps cases identified in the preceding year.[4] The cause for the outbreak has not been clearly established, but it illustrates the fact that, despite a highly vaccinated population, vaccine-preventable illnesses may still be seen by healthcare providers.

Vaccination began in the early 18th century with the use of cowpox to prevent smallpox. Vaccination has reduced the burden of disease in many parts of the world and has led to the eradication of smallpox as a naturally occurring disease. According to Plotkin and Plotkin,[5] "Vaccination has controlled the following 10 major diseases: smallpox, diphtheria, tetanus, yellow fever, pertussis, *Haemophilus influenzae* type b disease, poliomyelitis, measles, mumps, and rubella. With the exception of safe water, no other modality has had such a major effect on mortality reduction and population growth."
For Complete article see Medscape Business for Medicine

FOR MORE INFORMATION

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

- Public Health Research
- Grant and Contract Writing
- Evaluation
- Rural Telecommunications
- Program Management

Mobile: 505-238-0122 FAX: 505-856-2539
E-Mail: information@landd.net

Visit our grant and evaluation blogs through our home page at www.landd.net

HAPPY NEW YEAR!