National Eye Health Education Program

10-Year Process Evaluation Report

May 2002

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Introduction

The goal of the 10-year process evaluation of the National Eye Health Education Program (NEHEP) was to examine the general effectiveness of Partnership activities across the three program areas, glaucoma, diabetic eye disease, and low vision. The primary audiences for the evaluation findings are the NEHEP Partners and the larger vision community. Findings will be used to facilitate future planning efforts for NEHEP by identifying successes and challenges during the last 10 years.

After discussions with NEHEP staff, the American Institutes for Research (AIR) team implemented a multi-method approach in assessing the Program. The first component of the process evaluation was the Partnership Survey, which provided an assessment of ongoing NEHEP initiatives and activities from the Partner's perspective. The survey was conducted through key informant telephone interviews with multiple persons (e.g., NEHEP representatives and their respective supervisor or executive) in each organization. Topics explored in the survey included process and outcome measures of the Program, attitudes and beliefs regarding NEHEP and other Partners. The second component of the process evaluation was an in-depth analysis of print media coverage for NEHEP's three primary program areas, glaucoma, diabetic eye disease, and low vision. The goal of the media analysis was to understand, identify, and observe patterns in the types of coverage that these specific eye health areas have received during the last 10 years. The media analysis provides insights into the pattern of coverage and the specific types of information that are deemed relevant. Moreover, the media analysis provides an indication of the program areas and Partnership activities that have been placed on the national radar.

In many ways, each component of the process evaluation provides a self-contained assessment of NEHEP, with unique insights and conclusions. The findings from the NEHEP Partnership Survey are presented in Part I and the findings from the Media Analysis are presented in Part II of this report. Similarly, the conclusions and implications for each component of the process evaluation are discussed separately in this report.

Part I: Partnership Survey Findings

Partnership Survey Overview

The Partnership Survey is a key component of the overall 10-year evaluation of the National Eye Health Education Program (NEHEP) and reflects a stakeholder approach (Guba & Lincoln, 1989; Burgoyne, 1994) in assessing the Program. Stakeholders are defined as the agents, interested parities, and beneficiaries involved in an event or process, and their views are of interest because their perceptions and constructs influence the outcome (Burgoyne, 1994). Key stakeholders for NEHEP include Partner organizations, individual Partners (representatives and their respective supervisors), and their respective target audiences. The ultimate beneficiary of NEHEP services and the driving force behind the creation of NEHEP is the target audience (e.g., high risk/minority, professionals, general public, etc.). Assessing the real benefits of NEHEP to target audiences goes beyond simple frequency counts (e.g., the number of materials that were distributed) but should consider the long-term changes in knowledge, awareness, and practices among the target audiences. Although this survey did not include interviews with target audience segments, Partners did provide their perceptions on how their respective target audiences were impacted by their involvement in NEHEP. Moreover, Partners provided their overall assessment of the effectiveness of NEHEP initiatives and activities during the past 10 years and suggestions for improving NEHEP in the future. Topics that were explored in the survey include the benefits and barriers to Partnership, perceived roles of Partners, awareness of and attitudes towards NEHEP, as well as a host of other process and outcome measures for assessing the Program. The following sections describe the methodology for conducting the survey and the key findings and implications from the survey.

Methodology

Sample

All NEHEP representatives were initially sent a letter from the National Eye Institute (NEI) requesting their participation in the NEHEP Partner Survey. The letter also noted that a representative from the American Institutes for Research (AIR) would be contacting them within the next 2 weeks to schedule a time for their interview.

Efforts were made to interview each NEHEP representative and his/her respective supervisor from all 63 NEHEP organizations (See Appendix A for list of organizations contacted). The AIR team initially contacted the NEHEP representative to schedule an interview and requested the contact information for their supervisor or executive most knowledgeable about NEHEP. A minimum of 4 attempts were made to contact and schedule interviews with all individuals. In the final analysis, interviews were completed with 58 organizations out of the 63 NEHEP organizations, resulting in a 92% response rate overall. A total of 83 respondents participated in the survey; of these, 50.6% (n = 42)[1] were representatives, 28.9% (n = 24) were executives, and 20.5% (n = 17) served as both the representative and the executive for their organization.

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[1] Three of the organizations interviewed had two individuals as the NEHEP representative and both completed the representative survey for their organization.

Instrument

The survey instrument was pretested with a sample of NEHEP representatives and executives. After consultation with NEHEP staff, revisions were made to the instrument based on pretesting findings. One such revision was the development of three slightly separate survey instruments, because there were potentially three different types of Partners or respondents (representative, executive, representative/executive). The major differences between the three surveys were as follows:

- The representative survey included questions on their supervisor.
- The representative and representative/executive surveys included more detailed questions on the target audience.
- The executive and representative/executive surveys included more global organizational questions on NEHEP.

Both process and outcome measures were explored in the survey. Process indicators were designed to measure the range of activities and involvement exhibited by NEHEP Partner organizations. For example, what NEHEP activities have had the most involvement by Partners? How involved are Partners overall with NEHEP? How much Partner collaboration exists? In contrast, outcome indicators were designed to measure how NEHEP has impacted Partners and their respective target audiences. That is, how has the organization changed as a result of joining NEHEP? For example, has the Partner increased its organizational capacity to serve its target audience as a result of being associated with NEHEP? In addition, general attitudes and beliefs regarding NEHEP and other Partners and organizational and respondent background measures were collected. See Appendixes B, C, and D for copies of the three survey instruments.

Results

Depending on the specific variable or construct under examination, either organizational (n = 58) and/or respondent (n = 83) levels of analysis was conducted with the NEHEP survey data. For some global descriptive variables (e.g., program focus area, number of years in NEHEP), it was more appropriate to use the organization as the unit of analysis. However, for most of the predictive regression models, which are based on individual agreement/disagreement ratings, respondent level analysis was more appropriate. In addition, the analysis was further complicated because there were slight differences in the three survey instruments. Thus for some analysis, comparable items were combined to allow all respondents (n = 83) to be included in the statistical test. To help the reader interpret the analysis, efforts have been made to document sample sizes and response rates when appropriate.

General Demographics

At the time the Partner assessment was planned in late 2001, there was a total of 63 Partner organizations that were NEHEP Partners, and surveys were completed with 58 of these organizations, resulting in a 92% response rate. Of the total 83 respondents who were

interviewed, 50.6% (n = 42)[2] were NEHEP representatives for their organization, 28.9% (n = 24) were the executive in the organization most knowledgeable about NEHEP, and 20.5% (n = 17) individuals identified themselves as the representative and the executive most knowledgeable about NEHEP for their organization.

Organizational Characteristics

Type and Size

Of the 58 organizations represented in the survey, 37.9% (n = 22) identified themselves as a professional organization, 24.1% (n = 14) identified themselves as a nonprofit organization, 20.7% (n = 12) identified themselves as voluntary/service organization (n = 12), and 17.2% (n = 10) were a government agency. More than half (56.9%, n = 33) identified themselves as a membership organization, with the majority having 1,000 or more members (66.7%, n = 22). The number of people employed in the NEHEP organizations varied greatly, but most were less than 25 (see Table 1 below).

Table 1. Size of NEHEP Organizations

Number of Employees	Total	Percent
Less than 25	24	44.4
25–100	13	24.1
101–500	12	22.2
More than 500	5	9.3

Program Focus Area

The primary focus areas reported by the 58 organizations are as follows: 72% (n = 42) glaucoma, 74% (n = 43) diabetic eye disease, 78% (n = 45) low vision, and 60% (n = 35) listed all three areas or the vision area in general.[3]

Number of Years in NEHEP

The number of years that the 58 organizations had been NEHEP Partners varied greatly, from less than 1 year to 13 years since the founding of NEHEP (mean = 9.8). The distribution was skewed towards NEHEP founding organizations. See Table 2 for the distribution of years in NEHEP for all 58 organizations.

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[2] Three organizations had two NEHEP representatives complete the survey for their organization. Thus, the total count for NEHEP representatives include individuals that are from the same organization.
[3] Note that two organizations had missing responses to this question, but the denominator used to calculate the percentage was the number total of organizations, n = 58.

Table 2. Years in NEHEP

Years in NEHEP	Total	Percent
5 years or less	15	25.9
6–11 years	7	12.1
12 or more years	36	62.1

Respondent Characteristics

Position Type

The majority of respondents indicated that they held a paid position (72.3%) and generally classified their position in the NEHEP organization as a senior manager (59%). See Table 3 below for distribution of position classification. Among those who held a voluntary position in the NEHEP organization, 72.9% indicated they held a full-time paid position somewhere else.

Table 3. Position Classification of Respondents

Position Classification	Total	Percent
Senior manager	49	59
Mid-level manager	12	14.5
Professional/technical	8	9.6
Front-line staff	2	2.4
Other[4]	12	14.5

Role of NEHEP Representative

All respondents were also asked to check the various roles the NEHEP representative played in their organization. The most frequently reported job function was liaison (65.1%) followed by program manager (30.1%). See Table 4 for distribution of all job functions.

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[4] Respondents that identified themselves as "other" generally indicated they were a volunteer, Board Member, or consultant.

Table 4. Role of NEHEP Representative*

Job Function	Total	Percent
Liaison	54	65.1
Program manager	25	30.1
Outreach worker	6	7.2
Program designer	5	6.0
Trainer	1	1.2
Other	9	10.8

* Response choices are not mutually exclusive, as one respondent could have provided more than one answer.

Primary Motivation for Joining NEHEP

All respondents were asked about their organization's primary motivation for joining NEHEP. Seventy-four respondents provided an answer to this question, representing an 89.2% response rate. The most common reason for joining, given by 31.1% of the respondents, was to network and collaborate. Other common responses included shared goals (18.9%) and access to current/accurate information (13.5%). Table 5 contains the frequency of all responses to the question "What do you think was your organization's primary motivation for joining NEHEP?"

Table 5. Primary Motivation for Joining NEHEP*

Responses	Total	Percent
Foster relationship/network/collaboration with other Partner organization/coordinate activities to raise awareness	23	31.1
We share similar goals/mission and see importance of health	14	18.9
To have access to the more current and accurate information/research findings	10	13.5
To learn more about and get more involved in eye health	9	12.2
We share similar target audiences (minority populations, seniors, etc.)	9	12.2
To be allied with NEHEP and assist it in its efforts to reach the communities	7	9.5
To contribute to the development and dissemination of NEHEP material	7	9.5
We have similar content areas (diabetes, etc.)	7	9.5
To create critical mass (whole greater than the parts, increase public support, etc.)	3	4.1
To promote our specific eye health agenda and materials	3	4.1
NEHEP asked us to join	1	1.4

* Response choices are not mutually exclusive, as one respondent could have provided more than one answer.

Partners' Target Audiences

The 58 NEHEP organizations most frequently mentioned professionals (78%) and the general public (72%) as one of their primary or secondary target audiences. Most Partner organizations also reported some or much increase in the knowledge and awareness among all their target audiences in the area of eye health over the past few years. See Table 6 below.

Table 6. NEHEP Target Audiences and Percent Reporting Increases in Knowledge/Awareness by Audience Segment

Audience Segments	Primary/Secondary Target Audiences	Observed Some Increase Knowledge/Awareness among Target Audience
General Public	72% (n = 42)	67% (n = 28)
High Risk/Minority Pop.	67% (n = 39)	79% (n = 31)
Professionals	78% (n = 45)	82% (n = 37)
Other	19% (n = 11)	64% (n = 7)

How Partners Assess Target Audience

The 59 representatives and representative/executives[5] were asked how they assessed the changes in their target audiences' knowledge and awareness of eye health issues. Fifty-two respondents answered this question, representing a response rate of 88.1%. Most respondents were likely to report using informal methods in evaluating their target audience's knowledge and awareness, such as feedback from patients/target audience (28.8%) and conversations with other eye health professionals (21.2%). A few of the respondents (15.4%) appeared to use systematic, objective methods such as surveys to evaluate their target audience's eye health awareness levels. Table 7 contains the frequencies of all responses as to how Partners assess changes in their target audiences.

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[5] This question was only asked to individuals identified as the representative and representative/executive.

Table 7. Partners Assessment of Target Audiences*

Responses	Total	Percent
Feedback from/contact with patient populations/anecdotal evidence	15	28.8
Based on conversation with other professionals	11	21.2
Based on surveys, pre-post tests, tracking systems	8	15.4
Personal observation	7	13.5
Increase in demand for material	6	11.5
No assessment done	6	11.5
Other	5	9.6
Based on the scientific journals/literature/reports	2	3.8
Based on qualitative research such as focus groups, interviews, and needs assessments	2	3.8
Aren't reaching poorest community	1	1.9
Increase in screening	1	1.9
We train/educate the professional groups	1	1.9

* Response choices are not mutually exclusive, as one respondent could have provided more than one answer.

Barriers to Reaching Target Audience

The 59 representatives and representative/executives were asked what they thought were the greatest barriers to reaching their target audience. Fifty-four respondents answered, representing a response rate of 91.5%. The top two most common responses were lack of resources (22.2%) and lack of time (20.4%). Other commonly reported barriers included too many competing health messages, which resulted in information overload (16.7%) and lack of interest (13%). See Table 8 for complete list of barriers mentioned by respondents.

Table 8. Reported Barriers to Reaching Target Audience*

Responses	Total	Percent
Lack of resources (financial, infrastructure, doctors, etc.)	12	22.2
Lack of time	11	20.4
Too many competing health messages/information overload/hard to get public's attention	9	16.7
Lack of interest, awareness, or attention in eye health/not a priority to consumers	7	13.0
Lack of understanding of communities when developing materials and lack of understanding of the issues	5	9.3
Difficulty in reaching indigent/high-risk groups (difficult to select good dissemination channels)	5	9.3
Topic is difficult to market/communicate	4	7.4
Language/cultural issues (literacy problems, transient populations, etc.)	4	7.4
Lack of access to health care	3	5.6
Lack of eye health advocacy	3	5.6
Lack of effort, people don't try	2	3.7
There are no barriers (with professional groups)	2	3.7
Other	2	3.7
Lack of national media attention of issue	1	1.9

* Response choices are not mutually exclusive, as one respondent could have provided more than one answer.

Process Measures

NEHEP Activities and Involvement in NEHEP

On average respondents reported spending about 5.4% of their jobs on NEHEP-related activities. NEHEP representatives were also asked if they disseminated NEHEP information to their supervisor. The majority (81%) of the 42 representatives indicated that they did disseminate NEHEP materials to one or more supervisors. However, of those that disseminated NEHEP materials to a supervisor, less than half (47%) reported that their supervisor was somewhat or very knowledgeable and aware of NEHEP. Similarly, only about 21% of the representatives reported that their supervisor was somewhat or very involved in NEHEP. NEHEP executives and representative/executives were asked if they disseminated NEHEP materials to others in their organization. Findings indicated that only 36.6% of executives and representative/executives disseminated NEHEP materials to other persons in their organization.

All respondents also indicated the types of NEHEP activities that they, personally, or their organization had participated in over the years. Respondents were most likely to have personally participated in disseminating materials/kits with NEHEP (61.4%) and collaborating with other

Partners (41%). Of the activities specified, respondents were least likely to have participated in planning a NEHEP conference (9.6%) and planning National Diabetes Month (NDM) or Glaucoma Awareness Month (GAM) (18.1%). See Table 9 for a complete list of activity and participation rates.

Table 9. Respondent and Organizational Participation Rates

NEHEP Activities	Respondent Participation Rates	Organization Participation Rates
Disseminated NEHEP materials/kits	61.4%	73.4%
Collaborated with other NEHEP Partners	41.0%	51.8%
Served on a working group	31.3%	37.3%
Attended NEHEP outreach meetings	28.9%	34.9%
Developed materials/kits with NEHEP	28.9%	36.1%
Sponsored NDM or GAM	22.9%	27.7%
Planned NDM or GAM	18.1%	26.5%
Planned NEHEP conference	9.6%	10.8%
Attended NEHEP conference	45.8%	N/A
Other	7.2%	8.4%

Feedback on Conferences

Forty-six percent of all respondents (n = 38) reported having attended one or more NEHEP conferences. As a follow-up question, these respondents were also asked to discuss what they found useful and not useful about the conference. Few respondents mentioned anything *not useful* about the conference. The most frequently reported *useful* conference activities included networking (60.5%) and information exchange (34.2%). See Table 10 for complete list of responses.

Table 10. What Has Been Useful at Conferences*

Responses	Total	Percent
Networking/making contacts/meeting Partners	23	60.5
Information exchange; learning about programs/materials, etc.	13	34.2
Opportunity to collaborate	5	13.2
Learning more about government roles/Healthy People 2010 goals	4	10.5
Everything	2	5.3
Don't know	1	2.6

* Response choices are not mutually exclusive, as one respondent could have provided more than one answer.

NEHEP Involvement

A key process measure for examining the extent to which Partners are actively engaged and committed to NEHEP is their involvement level. To gather information on individual involvement and commitment to NEHEP, all respondents were asked, *Given the range of activities that NEHEP conducts, how involved would you say you are with NEHEP?* Respondents answered this question using a 5-point scale (where 1 = very involved and 5 = not at all involved). Overall, 51.9% (n = 42)[6] of the respondents reported at least a moderate level of involvement (rating of 3 or lower), with an average involvement rating of 3.3.

To identify the factors that predict involvement level, we stratified the involvement rating into two groups, high- and low-involvement levels[7], and conducted logistic regression analysis. Several variables were tested in the model including total activity, NEHEP Value, Years in NEHEP, and goal similarity. Independent variables that were significantly predictive of involvement level were total activity ($p < .002$) and goal similarity ($p < .01$). As might be expected, the high-involvement group participated in significantly more NEHEP activities (mean = 4.4) compared to the low-involvement group (mean = 2.5). In addition, the high-involvement group rated their organization's goals as more similar to NEHEP goals (mean = 1.9) compared to the low-involvement group (mean = 2.5).[8] These findings suggest that encouraging Partners to participate in more NEHEP activities and getting them to identify more strongly with the NEHEP mission will increase the likelihood that Partners become more committed and engaged in NEHEP.

Partner Collaboration

Many NEHEP Partners reported that one of the primary motivations for joining NEHEP was the opportunity to collaborate and network with others in the field of eye health. Thus, an important indicator of NEHEP effectiveness is the level of Partner collaboration that occurs. However, less than half of all respondents (n = 66)[9] reported strong agreement/agreement with the statement that NEHEP Partners frequently collaborate together (45.5%) or that NEHEP Partners frequently exchange information with each other (43.8%). Moreover, this trend was observed to be even stronger for NEHEP Partners that had been in NEHEP the longest (see Figure 1 and Table 11 below). Findings also indicated that a majority of respondents wanted more Partner-to-Partner collaboration. Sixty-six percent of the respondents strongly agreed or agreed with the statement that *I would like more collaboration between NEHEP Partners*.

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[6]Two out of the 83 respondents did not provide an involvement rating. Thus, the denominator for calculating this percentage was 81 rather than 83.

[7] Respondent ratings of 1, 2, 3 were categorized as high involvement and respondent ratings of 4, 5 were categorized as the low involvement.

[8] Goal similarity uses a 5-point scale (where, 1 = very similar and 5 = not similar at all), thus a lower rating reflects higher perceived goal similarity between NEHEP and the Partner organization.

[9]Seventeen respondents did not answer this question and were treated as missing. Thus, the denominator used to calculate agreement/disagreement percentages was 66 rather than 83. However, it should be noted that in several cases, the respondents that did not provide an answer but informally reported to the interviewer that they were not personally aware of much collaboration between Partners. This might suggest that the agreement rate with Partnership collaboration is even lower. If the missing responses are included in the denominator, the strong agreement/disagreement rating for Partnership Collaboration goes down to 36%.

**Figure 1. Agreement/Disagreement With "NEHEP Partners Collaborate Together"
    by Years in NEHEP**[10]
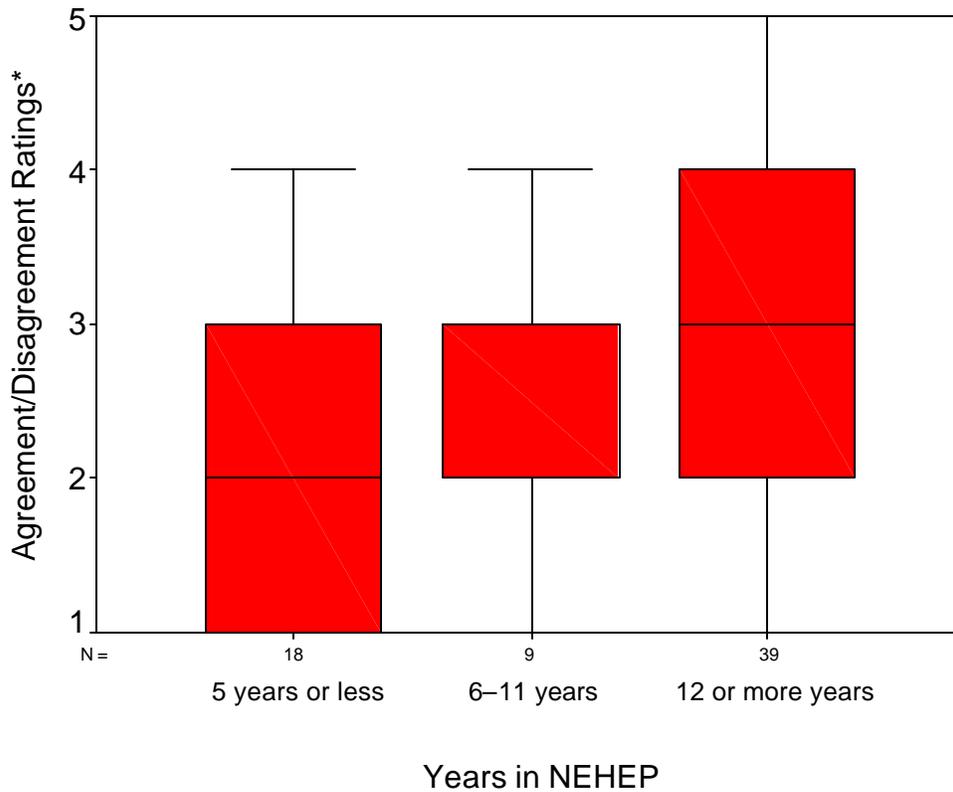
Years in NEHEP

*Note: 5-point scale where 1 = strongly agree, 5 = strongly disagree

Table 11. Percentage of Strongly Agree/Agree by Number of Years in NEHEP[11]

Number of Years In NEHEP	NEHEP Partners Collaborate Together
5 years or less	66.7% (n = 13)
6–11 years	33.3% (n = 3)
12 or more years	38.4% (n = 15)

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[10] Lines in the bar graphs represent mean rating for each group.

[11] Respondents that reported ratings of 1 or 2 are included in the strongly agree/agree percentages.

To identify the factors that were the strongest predictors of Partner Collaboration, [12] we conducted a regression analysis using several independent variables, including Partner Relations, Partner Environment, NEHEP Value, Total NEHEP Activities, and Years in NEHEP. Results indicated that only Total NEHEP Activity ($p < .037$) and Years in NEHEP ($p < .029$) were significantly predictive of Partner Collaboration. Overall, the findings suggest that as Partners increase their participation in NEHEP activities, the more likely they are to report that collaboration and information exchange exists among Partners. An interesting finding is that the longer a Partner was in NEHEP, the less likely it is to report that there is collaboration and information exchange between Partners. This suggests that increasing participation in NEHEP activities is one way to encourage Partner collaboration. In particular, it might be important to increase the participation for Partners who have been involved in NEHEP the longest. Findings suggest that there is a trend for the mean activity to be higher for Partners who have been there 5 year or less (mean = 3.9) compared to Partners who have been there for 12+ years (mean = 3.4).

Collaboration and Information Exchange Between NEHEP Partners

The 59 NEHEP representative and representative/executives were asked about the types of information that were typically exchanged between Partners. Forty-four respondents answered this question, representing a 74.6% response rate. Respondents reported that information on programs, activities, and services (27.3%) was typically exchanged between Partners, and the most common method of information exchange was through e-mail (45.8%) and conferences (28.9%). Other information that was typically exchanged included information on eye health and information on promotional/educational materials. Table 12 contains the complete frequency of responses to the question of what type of information is typically exchanged between Partners.

Table 12. Information Typically Exchanged Between Partners*

Responses	Total	Percent
Information on programs, activities, or services (best practices, etc.)	12	27.3
General information on Eye Health (information on diseases, NEHEP, etc.)	8	18.2
Information on promotional and educational material	8	18.2
Networking information (conferences, contact names, etc.)	7	15.9
Dissemination strategies and practices (how to reach target audiences)	4	9.1
Research findings	4	9.1
Resources (Web sites, etc.)	4	9.1
Not much information is exchanged between Partners	2	4.5
Trends and future approaches	1	2.3

* Response choices are not mutually exclusive, as one respondent could have provided more than one answer.

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[12] Partner Collaboration is a factor analytic construct based on two items from the Partner survey. The two items include: *NEHEP Partner organizations frequently collaborate together, NEHEP Partner organizations frequently exchange information with each other.* Respondents indicated their relative agreement/disagreement with the statements.

All respondents (n = 83) were also asked to indicate the primary benefits to working together with other NEHEP Partners. Seventy-eight respondents answered the question, representing a 94.0% response rate. Partners were most likely to mention information exchange (35.9%) and collaboration (34.6%) as the primary benefits of working with other NEHEP Partners. See Table 13 for the complete list of mentioned benefits of working with other NEHEP Partners.

Table 13. Benefits of Working Together With Other NEHEP Partners*

Responses	Total	Percent
Information exchange (on dissemination methods, best practices, preferred materials, etc.)	28	35.9
Collaboration (avoiding duplication of efforts, pooling resources, sharing experiences, learning from other organizations, etc.)	27	34.6
Networking (getting to know other Partners and organizations better, establishing contacts, etc.)	12	15.4
Creating a critical mass (synergy, whole greater than parts, etc.)	5	6.4
Expertise (having access to a broad group of eye health experts)	5	6.4
Outreach (ability to reach target audience)	5	6.4
Other	3	3.8
There are no benefits	1	1.3

* Response choices are not mutually exclusive, as one respondent could have provided more than one answer.

Respondents were also asked about the primary challenges of working together with other NEHEP Partners. Sixty-one respondents answered the question, representing a 73.5% response rate. Lack of time (41%) was the most frequently mentioned challenge, followed by differing priorities and interests (27.9%). Other common responses included lack of collaboration between Partners (23.0%) and limited organizational resources, such as not being able to attend conferences (16.4%). See Table 14 for complete list of responses mentioned for this question.

Table 14. Challenges of Working Together With Other NEHEP Partners*

Responses	Total	Percent
Lack of time (scheduling conflicts, etc.)	25	41.0
Differing priorities/self-interest (hard to find common ground)	17	27.9
Lack of collaboration/communication	14	23.0
Limited resources (can't afford to attend conferences)	10	16.4
Other	6	9.8
Competitive atmosphere	3	4.9
Differing target audiences	3	4.9
Geographical distance (makes it harder to network)	3	4.9
There are no challenges (things seem to be working well)	2	3.3
Different organizational climates (communicate differently)	1	1.6
Redundancy (duplication of effort)	1	1.6
Difficulty establishing trust	1	1.6

* Response choices are not mutually exclusive, as one respondent could have provided more than one answer.

Outcome Measure

Organizational Capacity

One of the main reasons for the existence of NEHEP is to increase the organizational capacity of its Partners. That is, the NEHEP should assist the Partner to improve the delivery of services that the Partner provides to their target audiences. Findings from the survey provide some evidence that Partner organizational capacity has been increased as a result of joining NEHEP. Two items from the different surveys address organizational capacity. The representatives were asked to rate the extent to which NEHEP increased (where, 1 = increased greatly and 5 = not at all increased) their organization's ability to inform and educate their target audiences in the three program areas. Across the three program areas, 71.8% (n = 28)[13] of the representatives indicated that the NEHEP increased greatly/increased somewhat their organization's capacity (mean = 2.4) to serve their target audiences. A similar question was posed to the 41 executives and representatives/executives. They were asked to indicate their relative agreement/disagreement (where 1 = strongly agree and 5 = strongly disagree) with the statement, "*NEHEP membership has increased my organization's ability to serve its target audience*." Findings indicated that 62.5% (n = 25)[14] of the executives and representatives/executives strongly agreed/agreed with this statement (mean = 2.4).

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[13] Three out of the 42 representatives did not answer this question and were treated as missing. The denominator used to calculate this percentage was 39.

[14] The denominator used to calculate this percentage was 40 because of one missing response.

To identify the factors that predict the likelihood that NEHEP increases an organization's capacity to serve its audience, we conducted a regression analysis and tested the following independent variables: NEHEP Value,[15] goal similarity rating,[16] NEHEP involvement rating, and total NEHEP activity. The variables that were significantly predictive of organizational capacity were NEHEP value ($p < .03$) and goal similarity ($p < .01$). This suggests that Partners that have an ongoing commitment to NEHEP, perceive benefits with the association of NEHEP/NEI, and have similar goals to NEHEP are the organizations that are most likely to reap the benefits of improved services for their target audiences. An implication from this finding might be that NEHEP needs to align its goals more closely with NEHEP Partners and increase the perceived value of NEHEP overall.

General Attitude and Beliefs Regarding NEHEP and Partners

Overall findings from the general the agreement/disagreement ratings indicated that Partners viewed NEHEP positively and perceived benefits from joining NEHEP. As noted earlier, the only area that Partners appear to have some dissatisfaction with is in the area of Partner-to-Partner interactions. See Table 15 for percent agreement in the attitude and belief statements.

Table 15. General Attitudes and Beliefs

Attitude Measure	Strongly Agree/Agree
Overall my organization has benefited with the association of NEHEP and NEI	84.8%
NEHEP has been responsive to my organizational needs	69.0%
Would recommend becoming a NEHEP member to others	91.3%
Will likely continue to be a NEHEP member	91.4%
My staff are aware of NEHEP*	40.0%
Increase my organization's involvement in NEHEP in future*	56.1%
Invest additional resources from my organization to become more involved in NEHEP*	43.6%
Strengths of each Partner recognized	41.0%
Individuals involved capable of working towards collaborative empowerment	83.1%

* Only asked to executives and representatives/executives.

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[15] NEHEP Value is factor analytic variable composed of the following three items from the Partner survey: My organization will likely continue to be a NEHEP member in the coming years, I would recommend becoming a NEHEP member to other similar organization, and Overall, my organization has benefited with the association of NEHEP and NEI. Respondents indicated their relative agreement/disagreement with these statements, using a 5-point scale (1 = strongly agree, 5 = strongly disagree).

[16] Goal similarity is based on respondents rating of the following question, *How similar are NEHEP goals to your organizational goals?* Respondents used a 5-point scale (1 = very similar, 5 = not similar at all) to answer this question.

Comparisons Between Groups

Differences Between Respondent Type[17]

There was some evidence to suggest that the respondents' role may have influenced their participation level and their attitudes toward NEHEP. As might be expected, findings indicated that NEHEP representatives had participated in significantly more total NEHEP activities (mean = 4.0) compared to executives (mean = 2.5), (p < .02) but were not significantly different compared to representatives/executives (mean = 3.8). Findings from the agreement/disagreement ratings[18] suggested that representatives/executives were *less* content overall with the NEHEP Partnership compared to either representatives or executives. Representatives/executives were significantly *less* (p < .05) likely to agree that they were satisfied with their involvement in NEHEP (mean = 2.6) compared to representatives (mean = 2.0). Similarly, representatives/executives were marginally significantly *less* (p < .08) likely to agree that they were satisfied compared to executives (mean = 2.1). Representatives/executives were also significantly *less* (p < .01) likely to agree with the statement that as a "senior manager, I am very interested in NEHEP" (mean = 2.1) compared to executives (mean = 1.5).[19] These findings as a whole might suggest that individuals who play both roles (representative and executive) have competing expectations from NEHEP and, as such, may have a moderate level of satisfaction overall. In addition, individuals that play both roles may not have adequate organizational support for their involvement in NEHEP.

Differences Between New and Old NEHEP Partners[20]

On several of the agreement/disagreement attitude measures, Partners that had been in NEHEP the longest were *less* favorable about NEHEP compared to Partners that had joined NEHEP more recently. For example, Partners that had been with NEHEP 5 years or less were significantly *more* likely to recommend joining NEHEP compared to NEHEP Partners that had been there 12 or more years. Similarly, Partners in NEHEP 5 years or less were significantly *more* likely to agree that NEHEP was responsive to their organization's needs compared to Partners that had been in NEHEP 12 or more years. See Table 16 for mean ratings.

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[17] Although, there were clear trends to suggest differences by respondent type, one should be conservative about generalizations given the unequal cell sizes in the three groups, representatives (n = 42), executives (n = 24), and representatives/executives (n = 17).

[18] Note that all agreement/disagreement ratings used a 5-point scale where 1 = strongly agree and 5 = strongly disagree; thus lower ratings indicated more agreement with the statement.

[19] Representatives were not asked this question.

[20] Similar to the respondent type analysis, caution should be made with any generalizations for the number of years in NEHEP findings because of unequal cell sizes in the three groups, 5 yrs or less (n = 23), 6–11 yrs (n = 12), and 12 or more years (n = 48).

Table 16. Mean Agreement/Disagreement by Length of NEHEP Partnership

Attitude Measure	Length of NEHEP Partnership		
	5 years or less	6–11 years	12 or more years
Goal similarity	1.7*	1.7**	2.5
NEHEP Partners collaborate together	1.1*	2.7	2.9
Would like more collaboration between Partners	1.6*	2.1	2.4
NEHEP has been responsive to my organization's needs	1.7*	1.7**	2.2
Would recommend becoming NEHEP member	1.2*	1.4	1.7
Has increased my organization's ability to serve target audience	2.0*	2.2	2.7

Note: All agreement/disagreement ratings use a 5-point scale, where 1 = strongly agree and 5 = strongly disagree.
* Partners in NEHEP 5 years or less had significantly more agreement with statements compared to Partners in NEHEP for 12 or more years. Findings significant at the p < .01 or p < .05 levels
** Partners in NEHEP 6–11 years had significantly more agreement with statements compared to Partners in NEHEP for 12 or more years. Findings significant at the p < .01 or p < .05 levels

Future Improvements for NEHEP

All respondents were asked a series of questions soliciting feedback on how NEHEP could be improved. Only seven respondents provided no answers to any of the questions, representing a response rate of 91.6%. A significant percent of respondents, 23.7% (n = 18) had no suggestions to add because they were very pleased with NEHEP. Examples of comments from these participants included:

> *Doing a good job. Materials are excellent.*
>
> *Fine as is.*
>
> *They meet our needs absolutely.*

Overall, the most common theme among all suggestions was a desire for improved communication between Partners. Participants seemed to want not only more communication but also more efficient communication. The top suggestion, given by 36.8% of respondents, was for an increase in electronic sources of information exchange, such as e-mail, Web sites, listservs, etc. Other suggestions included more meetings (15.8%) and more effective ways to communicate, such as mass media (11.8%) and conference calls (10.5%). Participants also provided suggestions for how the exchange could be made more effective. Suggestions included providing more information about each Partner and what they are doing (14.5%) and bringing together Partners with similar interest to help organizations find common ground (11.8%). Table 17 contains the complete frequencies of all suggestions as to how to improve NEHEP.

Table 17. Suggestions To Improve NEHEP[21]*

Responses	Total	Percent
More e-mail/electronic exchange of information (Web site, electronic newsletter, listservs, etc.)	28	36.8
Materials should provide more information (e.g., what's working/lessons learned, provider/patient material, certain issues such as blindness as a complication of diabetes, etc.)	14	18.4
More meetings or be aware of meetings	12	15.8
Provide more information on each Partner and what they are doing—allows organization to be more well known	11	14.5
Communicate and learn about Partners through mass media	9	11.8
Help identify and unite Partners with similar goals (help reps find common ground, collaboration, communication)	9	11.8
Plan conference calls among reps (or sets of reps) without agenda to let everyone update each other	8	10.5
Expand into different eye health areas (child vision, correction of refractive errors, macular degeneration, etc.)	7	9.2
Provide more local/regional representative meetings (can't afford to travel too far)	6	7.9
Shift target audience focus (include American Indians/ Alaskan Natives, or more focus on certain audiences, such as minorities and seniors)	5	6.6
Provide more funding opportunities	5	6.6
Provide more evaluation of NEHEP (identify information gaps, outcome measures, etc.)	4	5.3
Continue to stay on top of trends and disseminate research findings	4	5.3
NEHEP should play a more active role in Partner organizations and getting these organizations to collaborate	3	3.9
Provide more focus (don't get too broad)	3	3.9
Foster more integration with other government agencies	2	2.6
Other	2	2.6
NEHEP should advocate more	1	1.3
Fund meeting attendees	1	1.3
Organize meetings on more narrow topics	1	1.3
Provide noncompetitive materials	1	1.3

(Continued on next page)

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[21] The series of questions used to identify future areas for improvement for NEHEP include "What suggestions do you have for improving NEHEP overall? What other services or initiatives should NEHEP provide in the future?," "What else can NEHEP do in order to meet your organization's needs?" and "What are ways to increase information exchange between Partners in NEHEP?"

Table 17. Continued

Responses	Total	Percent
Eliminate or reduce redundancies in materials	1	1.3
Make sure representatives have the authority to make decisions in their organization	1	1.3
Separate lay and professional groups	1	1.3

* Response choices are not mutually exclusive, as one respondent could have provided more than one answer.

Conclusions and Recommendations

The results from the Partnership survey suggest that NEHEP has been very successful on many levels and that Partners are very satisfied with the types of services available from NEHEP. Key findings that suggest success include:

- 72% of the representatives and 63% of executives and representatives/executives reported that NEHEP Partnership has increased their organization's capacity to serve their target audience.
- 90% of Partners report that their organization has benefited with the association of NEHEP and NEI.
- 91% report that NEHEP has been responsive to their organization's needs.
- 91% would recommend becoming a NEHEP member to others.

Findings also suggest that Partnership collaboration may need to be re-examined and improved. Indications that Partner collaborations need to be improved include:

- Less than half of the respondents report that NEHEP Partners frequently collaborate or exchange information with each other.
- Less than half of the respondents report that the strength of each Partner recognized and appreciated and tasks are equally divided.

Partnership collaboration is particularly important given that networking and information exchange are key benefits for NEHEP. In fact many respondents report that networking, collaboration, and information exchange were the primary motivation for joining NEHEP initially. Moreover, 66% of respondents want more collaboration between Partners. Findings suggest that increasing collaboration is possible, with more than 83% of respondents agreeing that the individuals involved are capable of working towards collaborative empowerment.

A second area for improvement is the communication and involvement of the founding NEHEP Partners. On several of the agreement/disagreement attitude measures, Partners that had been in NEHEP the longest were *less* favorable about NEHEP compared to Partners that had joined NEHEP more recently. For example, Partners in NEHEP for 12 or more years were less likely to recommend being a NEHEP Partner to others compared to newer Partners. Similarly, Partners that had been in NEHEP 12 or more years were less likely to agree that NEHEP Partners had been responsive to their needs.

Recommendations for the Future

Partner Collaboration. Increase Partner-to-Partner communication and information exchange. Provide more information about each Partner and its activities. Bring together Partners with similar interests in a structured format. Increase electronic sources of information exchange, such as e-mail, Web sites, listservs, etc. In addition, provide more meetings and more effective ways to communicate, such as conference calls.

Founding Partners Needs Assessment. Although the findings from the survey suggest a general dissatisfaction among founding Partners, it's not clear why this is the case. It may be that they have become cynical or disappointed in NEHEP goals over the years. A needs assessment that consists of in-depth confidential interviews might be one way to identify their specific needs and barriers for working more effectively with NEHEP. Findings from the needs assessment can be used to develop new NEHEP activities or programs to address their specific concerns. Founding Partners make up a large segment of the NEHEP and, as such, their needs should be considered more closely.

Strengthen Identity Between Partner and NEHEP. Findings from the regression analysis indicated that goal similarity was an important predictor for increasing organizational capacity and involvement in NEHEP. One way to increase goal similarity is to work with Partners to adopt some broader goals for their organization such as Healthy People 2010 vision objectives. NEHEP may want to consider developing a plan that outlines the reasons and strategies for how Partner organizations could incorporate the Healthy People 2010 vision objectives into their organizational goals. A resulting long-term benefit would include a much stronger and cohesive organization for NEHEP.

Future Evaluation Planning. Although the Partnership Survey provided useful insights and implications for assessing the Program, a more comprehensive evaluation plan should be developed for the future. The plan may use a logic model evaluation framework to examine the inputs and outputs of the program and should incorporate a methodology for gaining input from the various stakeholders, including target audiences. This will assist NEHEP in conducting future assessments.

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**Part II: Analysis of Media Coverage
of NEHEP Program Areas**

Purpose of the Analysis of Media Coverage

This report presents findings on media coverage of the three conditions—glaucoma, diabetic eye disease (DED), and low vision—that are targeted by the National Eye Institute's (NEI) National Eye Health Education Program (NEHEP). To say that media coverage is one of the most important sources of information in American culture is probably an understatement. Newspapers in particular have been identified as an integral component of the larger community social structure (DeFleur & Ball-Rokeach, 1982), to a large extent setting the community agenda as well as reflecting on what is considered to be important to community members (Newman & Fitzsimmons, 1994). These effects of the media have been formalized by the agenda setting theory (see Dearing & Rogers, 1996). *Agenda setting* is a communications concept that recognizes that the public's attention, over time, will be focused on those issues that occupy time or space in the mass media. Recent research suggests that mass media tells us not only what to think about, but also *how* to think about it (McCombs & Shaw, 1993). For example, in the public health arena, increases in public awareness of HIV as a major health threat coincided with the increase of media coverage of the epidemic following the news that Ryan White contracted the virus through a blood transfusion (Rogers, et al., 1991). Media focus has also been shown to increase public awareness of cardiovascular disease (Shea & Basch, 1990; Fonnebo & Sogaard, 1990; Brownson, et al., 1996).

In view of the power of the mass media to disseminate health information, mass media can be an important tool for NEHEP to further its program objectives of educating the public about glaucoma, DED, and low vision and to advocate for early detection. The analyses of media coverage for these three program areas provide insights into the pattern of coverage and the specific types of information that are deemed relevant. This can provide guidance to NEI and NEHEP members on how best to develop future media advocacy strategies. Specifically, the analyses presented here aim to:

- *Understand* the patterns of coverage the three program areas receive in the print media.
- *Identify the type of information* conveyed in the print media about symptoms, risk factors and treatment options concerning the three targeted conditions.
- *Identify the type of stories* most likely to convey information about disease conditions.
- *Characterize* the coverage of NEHEP and/or its Partners' activities in terms of type of information presented in the print media.
- *Compare* the coverage of NEHEP and/or its Partners' activities with that of general coverage of the issues.
- *Assess* whether NEI and/or NEHEP is referred to as an authoritative source of information on three disease conditions.

Since our approach was to collect articles retrospectively from existing archive of newspaper articles maintained by Lexis/Nexis, the comparisons presented here are based on the *percentages* of articles obtained in our sample and hence the results characterize the patterns of coverage of the three NEHEP program areas. Because of the limitations of the database, we cannot draw any conclusions about the actual number of articles published on the three NEHEP program areas during that time.

Methodology

To answer the research questions presented, the AIR evaluation team analyzed content articles on the three program areas obtained from the Lexis-Nexis database. The coding scheme was developed to capture:

- Characteristics of the articles, such as type of article and scope and relevance of coverage
- Specific topics of coverage (e.g., research findings or outreach efforts)
- Specific information about disease and conditions reported in the articles, such as prevalence, risk factors, and explanations of the condition.

Sample Selection

The Lexis-Nexis newspaper database for years 1997 to 2001 was searched using key words *glaucoma, diabetic eye*, and *low vision*. All articles produced by this search were downloaded and screened for relevance. The criteria for selection and judging relevance were agreed on with NEHEP staff. The specific rules for judging selection of articles for further analyses were as follows:

- *Exclude* all articles that announce upcoming health fairs or eye screening events.
- *Exclude* all articles on medical marijuana or alternative medicine treatments.
- *Exclude* all articles on animal glaucoma.
- *Exclude* all articles by wire services that were not published in a newspaper.
- *Determine* whether glaucoma, DED, or low vision are main topic of an article:
  Glaucoma, DED, or low vision had to be mentioned in the title or in the first two paragraphs of an article.
  If these conditions were met, the following rule was also applied: *Exclude* articles that mention one of the three conditions as one of characteristics of the subject of the story (e.g., a person has glaucoma or a company manufactures medicine for glaucoma) and do not further describe significance of glaucoma, DED, or low vision as the characteristic of the subject.

In all 268 articles were considered for further analysis.

Coding

To answer pertinent research questions, a coding scheme was developed that allowed us to code each article in the following terms:

- Program Area (i.e., glaucoma, DED, and low vision)
- Article Characteristic (e.g., length in words, newspaper, date of publication)
- Coverage Characteristic (e.g., type of article, whether story was national or local)
- Topic Codes (i.e., main topic of the story—for example, whether the article was about new medical treatments for glaucoma or outreach program for DED)
- Content Codes (information about disorder prevalence, risk factors, and sources of information)

The definitions for each code are presented in Appendix E. Article and coverage characteristic codes were modified from our previous work on media tracking (Ulasevich, Evans, & Stillman, 2001). To derive topic and content codes, we reviewed a sample of relevant articles and coded the topics and types of information presented in those articles. Additional codes were added during the coding process by consensus among coders.

Prior to coding, three staff members who were designated to code the articles practiced on a small sample of articles. Following the practice period, the coding began in earnest. Weekly meetings were held during which emerging issues with coding were resolved through discussion.

Findings

Overall Characteristics of Coverage

Tables 1 through 8 and Figures 1 and 2 present data on the characteristics of media coverage of the three program areas in terms of characteristics and the topic of the articles.

What were characteristics of the articles in the sample?

Table 1. Characteristics of the Articles

Characteristic	Percent of Total
Local events, news	66
National news	25
Statewide news	8
National relevance	58
Local relevance	34
State relevance	8
Hard news	81
Editorial/letter to editor	15
Advice column	8
Regular column	5

- The majority of articles were on local events and news.
- Most articles were hard news stories.
- The average article length was 605 words.

What program areas were covered most frequently?

Table 2. Article Focus*

Area	Glaucoma (n = 185)	Low Vision (n = 62)	DED (n = 21)
Primary Focus	69%	23%	8%
Secondary Focus	6%	4%	8.5%
Total	75%	27%	16.5%

* Percentages are for entire sample.

As shown in Table 2, overall the majority of articles dealt with glaucoma, which was a focus of 75% of all articles. Low vision was the article focus in 27% of all articles. DED was mentioned in 16.5% of all articles.

Did *the frequency of coverage of the three program areas differ over time?*

Figure 1. Articles and Primary Focus By Year
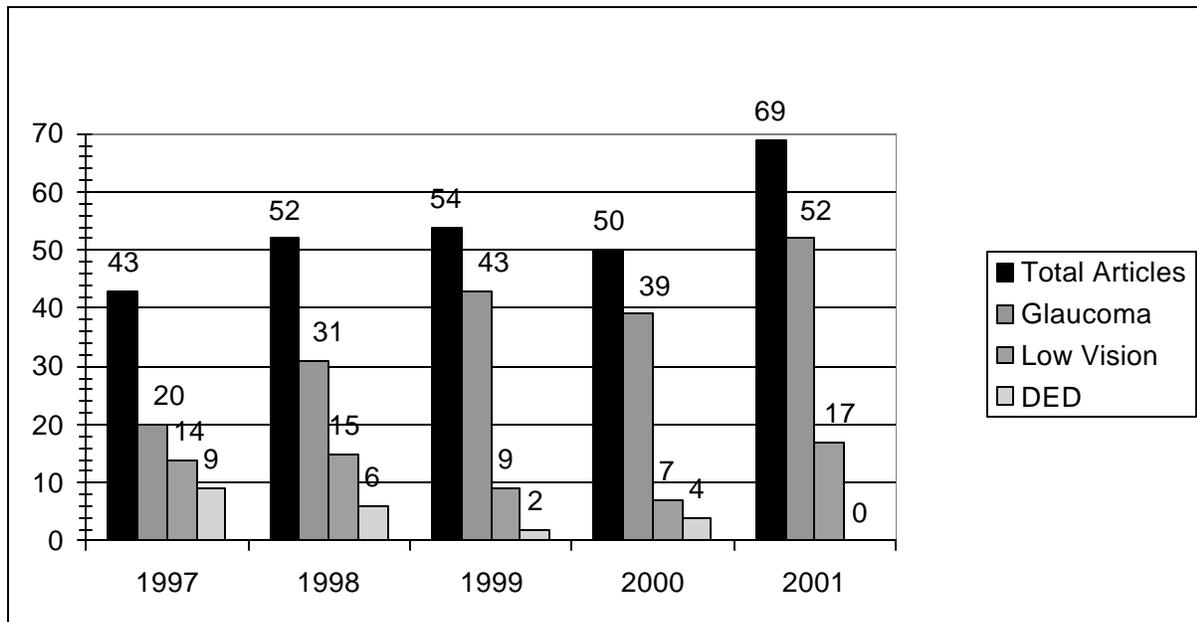
Figure 1 presents the total number of articles by primary focus for each observed year. The coverage of glaucoma increased both aggregately and relatively to low vision and DED. Low vision decreased somewhat overall, while DED articles dropped off significantly from 1997-2001. Thus the increase in the coverage of glaucoma was responsible for the overall increase in coverage observed in 2001.

Was there an increase in coverage of glaucoma and diabetic eye disease during the corresponding national months?

Figure 2. Primary Focus Percentage by Month, 1997–2001
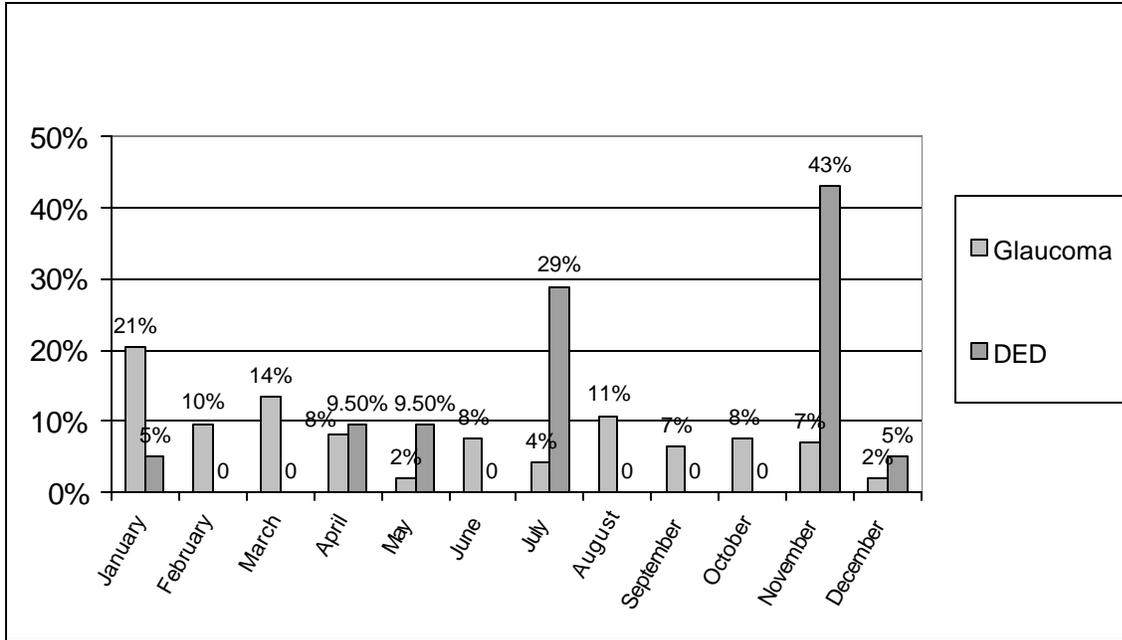
As shown in Figure 2 for 1997–2001 there is a discernable peak in glaucoma-focused articles in January, which is Glaucoma Awareness Month. Twenty-one percent of all glaucoma articles were published in January. The peak for articles on DED articles in November (National Diabetes Month) is even more pronounced. Forty-three percent of all articles on DED were published in November.

What were the topics of articles on glaucoma and DED published during the corresponding national months?

Table 3. Article Topic by Glaucoma/Diabetes Months

	Glaucoma Month January Glaucoma Articles (n = 38)	Diabetes Month November Diabetes Articles (n = 9)	Overall
Research findings	18%	0%	16%
Advances in treatment	18%	0%	31%
Survey results/prevalence	18%	22%	12%
Medical coverage treatment	3%	0%	7%
Best practices recs.	21%	44%	16%
Outreach/awareness	32%	89%	33%
Celebrity endorsements (CEs)	5%	0%	3%
Specific health information	39%	11%	31%
Miscellaneous	5%	0%	6%

Table 3 presents an analysis of topics of articles on glaucoma published in January and topics of articles on DED published in November. For glaucoma, January articles were distributed evenly across all topics, though specific health information was somewhat greater. For the nine diabetes articles in November, however, outreach/awareness was featured in eight articles, by far the largest share of any topic.

Were there differences in coverage of three program areas in terms type of article, scope and focus of coverage, and article length?

Table 4. Article Characteristics for Three Program Areas

	Glaucoma (n = 185)	Low Vision (n = 62)	DED (n = 21)
National news	29%	18%	24%
State news	8%	8%	14%
Local news	63%	74%	62%
National relevance	61%	45%	76%
State relevance	8%	8%	10%
Local relevance	31%	47%	14%
Hard news	81%	81%	86%
Editorial/letter	6%	3%	5%
Advice column	9%	5%	5%
Regular column	3%	11%	5%
Average length	596 words	688 words	439 words

* Mutually exclusive.

Table 4 illustrates some major differences with respect to the scope or relevance of articles according to primary focus. DED articles (76% of the total) were of national relevance, while low vision articles were the most likely of the three program areas to be of local relevance (37% of its total). DED articles also tended to be shorter in length.

Topic Codes

The data on topic codes are presented in terms of broader categories. For example, whereas each article on the advancement in treatment was coded to specify whether the advancement was in new drug therapy or a new medical procedures, these subcategories are collapsed in this presentation to yield a broader category, "advancements in treatment." The reason for this is the relatively small number of articles; more precise coding yielded many empty cells.

What were the most frequent topics of articles overall?

Table 5. Overall Distribution of Topic Codes*

For the entire 268-article sample, the frequency of each article topic was as follows:

33%—NEHEP/Partners' outreach/awareness education

31%—Advancements in treatment

31%—Specific health information

16%—Research findings

16%—Best practices recommendations

12%—Survey results/prevalence statistics

7%—Medical/insurance coverage of treatment

6%—Miscellaneous*

3%—Celebrity endorsements

* Each article can have several Topic Codes.

As shown in Table 5, almost a third of all articles reported on outreach/awareness education, advances in treatment, and specific health information.

Did the frequency of topics vary over time?

Table 6. Topics by Year

Topics (percent overall)	1997 (n = 43)	1998 (n = 52)	1999 (n = 54)	2000 (n = 50)	2001 (n = 69)
Research findings (16)	35	15	20	8	7
Advances in Treatment (31)	33	19	30	18	49
Survey results/prevalence (12)	28	21	9	8	1
Medical coverage of treatment (7)	2	2	20	4	2
Best practices recs (16)	40	17	13	8	7
Outreach/awareness education (33)	23	25	39	36	38
Celebrity endorsements (3)	0	2	6	6	3
Specific health info (31)	49	33	26	24	29
Miscellaneous (6)	2	15	11	4	0

* Bold numbers represent peak years.

The relative frequency of some topics changed over the years. For example, in Table 6 the coverage of research findings, survey results/prevalence statistics, and best practices recommendations were in decline almost every year from 1997–2001. In contrast, coverage of NEHEP/Partners outreach and awareness education rose from 23% in 1997 and 25% in 1998 to 39% of articles in 1999 and 36% in 2001, and 38% in 2000. Reporting of treatment coverage peaked in 1999, but returned close to its 1998 level in 2000.

If an article covers a particular topic (e.g., advancement in treatment) what other topic is likely to be mentioned in the same article?

Table 7. Percentage of Co-occurrence of Topic Codes

	Research Findings	Advances in Treatment	Survey Results/ Prevalence Stats	Medical Coverage Treatment	Best Practices Recs	Outreach/ Awareness	CEs	Specific Health Info	Misc.
Research findings	—	29%	56%	8%	33%	2%	11%	23%	12%
Advances in treatment	56%	—	36%	6%	50%	16%	11%	33%	6%
Survey results/prevalence statistics	44%	14%	—	6%	36%	8%	11%	23%	0%
Medical coverage of treatment	2%	1%	3%	—	2%	3%	0%	2%	0%
Best practices recommendations	33%	25%	45%	6%	—	16%	11%	20%	0%
Outreach/ awareness	5%	17%	21%	17%	33%	—	33%	15%	18%
CEs	2%	1%	3%	0%	2%	3%	—	2%	0%
Specific health information	44%	34%	58%	11%	40%	15%	22%	—	6%
Miscellaneous	5%	1%	0%	0%	0%	3%	0%	1%	—

The most frequent article topic pairs in Table 7 are:
- 28 articles—Advancements in treatment and specific health information
- 24 articles—Research findings and advancements in treatment
- 21 articles—Advancements in treatment and best practices recommendations
- 19 articles—Research findings and specific health information
- 19 articles—Research findings and survey results/prevalence data
- 19 articles—Specific health information and survey results/prevalence data
- 17 articles—Best practices recommendations and specific health information

The most frequent 3-way combinations:
- 14 articles—Research findings, survey results/prevalence data, specific health information
- 12 articles—Research findings, advancements in treatment, best practices recommendations
- 12 articles—Advancements in treatment, specific health information, best practices recommendations

- 10 articles—Research findings, advancements in treatment, survey results/prevalence data
- 10 articles—Research findings, advancements in treatment, specific health information
- 10 articles—Survey results/prevalence data, advancements in treatment, best practices recommendations

Did the coverage of three program areas differ in terms of the topics of the story?

Table 8. Article Topics by Focus

Article Topic (overall frequency)	Percent of Glaucoma Articles (n = 185)	Percent of Low Vision Articles (n = 62)	Percent of DED Articles (n = 21)
Research findings (16%)	18	16	0
Advances in treatment (31%)	32	37	0
Survey results/prevalence (12%)	12	6.5	33
Medical coverage treatment (7%)	8	3	5
Best practices recs (16%	16	11	29
Outreach/awareness (33%)	28	40	48
CEs (3%)	5	0	0
Specific health info (31%)	32	32	24
Miscellaneous (6%)	5	11	5

- Table 8 shows the most common article topics when **glaucoma** was the focus were advancements in treatment (32%), specific health information (32%), and outreach/awareness (28%).
- These same topics were also the most prevalent ones when **low vision** was the primary focus: outreach/awareness/education (40%), advancements in treatment (37%), specific health information (32%).
- When **DED** was the primary focus, however, the most common article topics were outreach/awareness/education (48%), survey results/prevalence statistics (33%), and best practices recommendations (29%).

Content Codes

Data on content codes presented in Tables 9 through 17 were intended to capture the information about glaucoma, low vision, and DED conveyed by each article to its readers. Specifically, the data tell whether articles mentioned risk factors, explained the condition or disease and advocated early detection, and whether reporting of risk factors, explanation of conditions, and advocacy of early detection differed by program areas and topics of the story. In addition, we looked at the sources cited in the examined articles.

Risk Factors

What risk factors where most frequently mentioned?

Table 9. Risk Factors

Breakdown of *risk factors* for the entire 268-article
sample:

42%—Age
34%—Predisposition
31%—Race/ethnicity
12%—Lifestyle
 5%—Economic status

Table 9 shows risk factors mentioned in all articles regardless of primary focus. Age was the most commonly mentioned risk factor, followed by clinical predisposition and race/ethnicity. Risks factors associated with lifestyle choice and economic status were least likely to be mentioned.

Did the mention of risk factors differ over time?

Figure 3. Risk Factor Percentage by Year
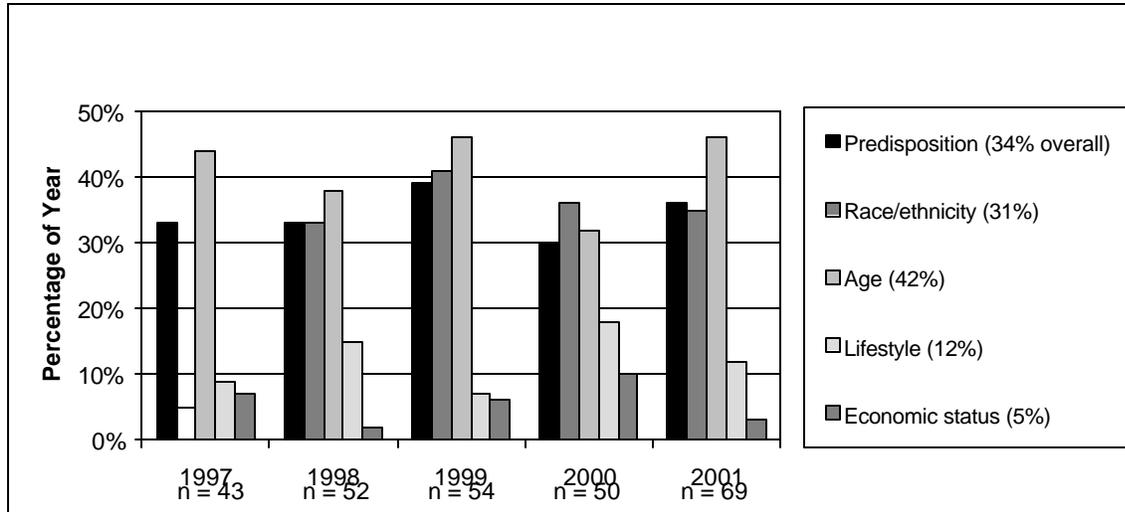
In Figure 3, there is a fairly strong proliferation of *age* being mentioned as a risk factor in articles from 1997–2001. After 1997, *predisposition, age,* and *race/ethnicity* were the predominant risk factors mentioned in articles, with race/ethnicity and predisposition becoming as frequently mentioned as age. *Economic status* and *lifestyle* receive only occasional mention during the 4 years.

Did the coverage of glaucoma, low vision, and DED differ in terms of reporting of risk factors?

Table 10. Risk Factors and Primary Focus

Risk Factor (overall frequency)	Glaucoma (n = 185)	Low Vision (n = 62)	DED (n = 21)
Age (42%)	47%	37%	10%
Predisposition (34%)	43%	18%	10%
Race/ethnicity (31%)	41%	8%	14%
Lifestyle (12%)	12%	15%	5%
Economic status (5%)	6.5%	3%	0%

- Overall glaucoma articles provide the most information about risk factors (compared to low vision and DED). As Table 10 illustrates, glaucoma articles reference every type of risk factor, except lifestyle, more frequently than either low vision or DED articles.
- For glaucoma, the most commonly listed risk factors were age (47%), predisposition (43%), and race/ethnicity (41%).
- For low vision there was less overall mention of risk factors than there was for glaucoma (percent of articles), although age (37%) stands out from others, with predisposition (18%) and lifestyle (15%) getting the second and third most mentions, respectively.
- DED articles have very few references to risk factors. The most common risk factor in this category was race/ethnicity, which was mentioned in only 14% of these articles. Risk factors were referenced only eight times in the 21 DED articles. One explanation may be that predisposition (i.e., diabetic) is presumed and not explicated.

Were articles reporting a particular topic more likely to report risk factors?

Table 11. Distribution of Risk Factor Mentions Within Specific Topics Across the Entire Sample

	Research Findings	Advances in Treatment	Survey Results/ Prevalence Stats	Medical Coverage Treatment	Best Practices Recs	Outreach/ Awareness	CEs	Specific Health Info	Misc.
N =	43	83	33	18	42	88	9	84	17
Predisposition	47%	29%	52%	22%	43%	36%	67%	54%	12%
Race/ethnicity	26%	31%	45%	22%	31%	33%	78%	38%	0%
Age	60%	51%	79%	33%	55%	38%	56%	61%	24%
Lifestyle	21%	17%	21%	6%	19%	13%	11%	21%	18%
Econ. status	7%	5%	12%	22%	7%	5%	0%	6%	18%

- In articles on research findings, Table 11 shows the risk factors *predisposition* and *age* were more common than would be expected.
- For articles on advancements in treatment, the relative distribution of risk factors was not considerably different from the overall distribution.
- Articles with survey results/prevalence statistics overwhelmingly referenced the risk factor age, followed by predisposition and race/ethnicity.
- In articles about medical/insurance coverage for treatment, economic status was referenced as a risk factor just as frequently as were predisposition and age—22% of the time.
- Age, however, was by far the most prevalent risk factor mentioned in best practices recommendations.
- Miscellaneous topics have more mention of economic status and lifestyle than exist in other topics, but have less mention of the typical risk factors such as predisposition or age.

Explanation of the Disease and Reported Prevalence

Were articles on glaucoma, low vision, or DED likely to explain the medical condition?

Table 12. Explanation and Prevalence Data

	Provide Explanation	**Report Prevalence Statistics**
Glaucoma	52%	47%
Low Vision	37%	40%
DED	19%	67%
Overall	46%	47%

- Overall, in Table 12 just 46% of all articles explained how the disease or condition is caused, although glaucoma articles skew that figure. The percentages of articles giving explanations for DED and low vision were much lower.
- Disease prevalence or incidence data was provided in just under half of all articles, as well, except that DED articles were the most likely of the three (67%) to provide the data.
- Within the group of articles that provided explanations of the disease, 69% provided prevalence figures, which shows articles that explain a disease are most likely to report prevalence.

Were articles covering one topic more likely to explain a medical condition than the others?

Table 13. Explaining Condition and Disease Prevalence by Article Topic

	Research Findings	Advances in Treatment	Survey Results/ Prevalence Stats	Medical Coverage Treatment	Best Practices Recs	Outreach/ Awareness	CEs	Specific Health Info	Misc.
N =	43	83	33	18	42	88	9	84	17
Explains condition	74%	60%	79%	29%	71%	33%	56%	65%	18%
Disease Prevalence/ statistics	67%	63%	91%	39%	64%	45%	56%	60%	18%

Research findings, survey results/prevalence, best practices recommendations, and specific health information are the four topics most likely to include an explanation of the disease, as shown in Table 13. As one would expect, articles with the topic of survey results/prevalence provide actual disease prevalence or incidence data well beyond that of any other topic (91%). Research findings, best practices recommendations, advancements in treatment, and specific health information each include 60–67% disease prevalence or incidence data.

Advocating Early Detection

Did the coverage of the three program areas differ in terms of how likely they are to advocate early detection?

Table 14. Early Detection and Primary Focus

Advocate Early Detection	Total	Glaucoma	Low Vision	DED
General	25%	27%	18%	29%
Specific	21%	23%	6%	48%
None	54%	50%	76%	24%

- Table 14 shows that overall, slightly fewer than half of all articles advocate early detection through screening.
- However, 76% of DED articles advocate early detection, and close to half mentioned a specific diagnostic test.

Did articles covering different topics differ in terms of advocating early detection?

Table 15. Early Detection by Article Topic

	Research Findings	Advances in Treatment	Survey Results/ Prevalence Stats	Medical Coverage Treatment	Best Practices Recs	Outreach/ Awareness	CEs	Specific Health Info	Misc.
N =	43	83	33	18	42	88	9	84	17
General	0%	7%	12%	22%	17%	34%	67%	30%	29%
Specific	28%	24%	39%	22%	38%	25%	22%	20%	6%
None	72%	69%	48%	56%	45%	41%	11%	50%	65%

- Articles on survey results and best practices were most likely to advocate specific early screening test as shown in Table 15.
- Articles on outreach/awareness, best practices, specific health information, and CEs were more likely to advocate either general or specific screening.
- Interestingly, the 18 articles that discuss medical and insurance coverage were no more likely to advocate early detection than would be expected by the overall rate.

Were articles mentioning particular risk factor more likely to advocate early detection?

Table 16. Risk Factors Mentioned When Early Detection Is Advocated

	General	**Specific**	**None**
Predisposition	38%	51%	26%
Race/ethnicity	45%	49%	17%
Age	42%	58%	35%
Lifestyle	11%	11%	14%
Economic status	5%	7%	5%

- In comparison to articles that did not advocate early detection, Table 16 shows that predisposition, race/ethnicity, and age were more likely to be mentioned when an article advocated either general early or specific detection
- In comparison to articles that advocated general screening, articles that advocate specific screening procedures were more likely to mention predisposition and age as risk factors.

Sources of Health Information

Did the coverage of glaucoma, low vision, and DED differ in terms of type of sources cited in the articles?

Table 17. Health Information Sources and Primary Focus

Sources of Health Information	Glaucoma (n = 185)	Low Vision (n = 62)	DED (n = 21)	Overall
Organization/spokesperson	19%	31%	43%	23%
Physician/ophthalmologist	28%	16%	5%	23%
Researcher	12%	19%	10%	13%
Optometrist	5%	10%	14%	7%
None	37%	24%	29%	34%

- Among glaucoma articles, *physician/ophthalmologists* were the most common sources of information (28%), as illustrated in Table 17.
- For low vision, organizations and spokespersons were the most common sources, but still represent only 31% of all articles. Low vision articles were the ones most likely to mention a specific source.
- For DED, organizations and spokespersons were also most common, mentioned in 43% of all articles.

Did the sources cited in an article differ by the topic of the article?

Table 18. Sources of Health Information and Article Topics

	Research Findings	Advances in Treatment	Survey Results/ Prevalence Stats	Medical Coverage Treatment	Best Practices Recs	Outreach/ Awareness	CEs	Specific Health Info	Misc.
N =	43	83	33	18	42	88	9	84	17
Organization/ spokesperson	9%	16%	21%	22%	26%	38%	33%	17%	6%
Physician/ ophthalmol.	21%	24%	15%	17%	19%	28%	11%	30%	35%
Researcher	42%	23%	33%	0%	17%	1%	0%	11%	24%
Optometrist	2%	1%	9%	11%	2%	3%	22%	5%	24%
None	26%	36%	21%	50%	36%	30%	33%	38%	12%

- As evidenced in Table 18, organizations and spokespersons were the most likely sources of health information in outreach/awareness articles and public service announcements.
- Physicians and ophthalmologists were sources most often in articles with miscellaneous topics and specific health information.
- Researchers were the most common sources among articles on research findings and survey results/prevalence statistics.
- Optometrists were used as information sources most often in articles reporting on celebrity endorsements and those on miscellaneous topics.
- The article topics most likely not to cite any source of health information were medical/insurance coverage treatment, followed by specific health information, advancements in treatment, and best practices recommendations.

Mentions of NEHEP Partners

Tables 19 through 22 present data on the articles that mention NEHEP Partners. Although NEHEP Partners are not always used as the source of information in the article, the overall research question is whether the articles that *do* mention NEHEP Partners differ from articles that do not—in terms of the type of information reported.

Were Partners more likely to be mentioned in coverage of glaucoma, low vision, or DED?

Table 19. Mention of Partners and Primary Focus*

	Glaucoma	**Low Vision**	**DED**	**Total**
Total	185	62	21	**268**
Partner(s)	53%	48%	33%	**50% (133)**
No Partners	47%	52%	67%	**50% (135)**

* Any mention of Partner including multiple mentions

- Table 19 shows that about half of all articles mentioned at least one NEHEP Partner.
- When broken down by primary focus, DED articles mentioned Partners only 33% of the time, while glaucoma and low vision articles are both mentioned near 50% of the time.

Was the coverage of specific topics more likely to mention NEHEP Partners?

Table 20. Mention of Partners and Article Topics

	Research Findings	**Advances in Treatment**	**Survey Results/ Prevalence Stats**	**Medical Coverage Treatment**	**Best Practices Recs**	**Outreach/ Awareness**	**CEs**	**Specific Health Info**	**Misc.**
N =	43	83	33	18	42	88	9	84	17
Partners(s)	49%	58%	30%	61%	38%	24%	44%	60%	82%
No Partners	51%	42%	70%	39%	62%	76%	56%	40%	18%

As demonstrated in Table 20, the article topics most likely to include Partner references were miscellaneous topics (82%), medical/insurance coverage for treatment (61%), specific health information (60%), and advancements in treatment (59%). Interestingly, articles that discussed outreach and awareness cited Partners only in 24 percent of the articles.

Were articles mentioning NEHEP Partners more likely to report risk factors?

Table 21. Mention of Partners and Risk Factors

	Partner(s)	**No Partners**
Predisposition	30%	38%
Race/ethnicity	23%	39%
Age	39%	45%
Lifestyle	13%	12%
Economic status	4%	6%

Table 21 show that articles that listed Partners tended to mention the most common risk factors (predisposition, race/ethnicity, and age) less frequently than articles that did not mention the risk factors.

Were articles mentioning NEHEP Partners more likely to explain condition and report prevalence?

Table 22. Mention of Partners in Explaining Condition and Reporting Prevalence

	Partner(s)	**No Partners**
Explains condition	44%	48%
Reports disease prevalence	36%	58%

Table 22 shows that articles that listed eye health Partners were a little less likely to explain the condition or disease the article was about, and much less likely to provide prevalence or incidence data than articles that did not list any Partners.

Conclusions and Recommendations

The findings presented offers descriptive analyses of media coverage of the three program areas addressed by NEHEP. As noted earlier, since the Lexis-Nexis database does not contain an exhaustive list of all newspapers published in the United States, the findings here inform about characteristics of the coverage and cannot inform about the actual volume of coverage of the three topic areas. The conclusions presented here are thus based on the relative frequencies of variables analyzed. The general conclusion of these findings is that newspapers do a **fair** job of reporting information about the program areas. This conclusion is based on the following considerations.

- **There is substantial coverage of outreach efforts.**
  The press coverage of health issues tends to focus on scientific breakthroughs and treatment innovations and not on prevention efforts (Wallack, Dorfman, Jernigan & Themba, 1993). However, in the coverage of program areas, one-third of the articles were on outreach efforts, with approximately the same proportion of articles reporting of treatment advances. One possible interpretation is that this tendency of the media to cover outreach efforts reflects the media advocacy activities by NEHEP and its Partners.

- **There was variation among program areas in the frequency and the type of health information presented to the readers.**
  In general, articles on glaucoma were more likely to present risk factors and offer explanation of the disorder than were articles on low vision and DED. However, articles on DED were likely to report prevalence figures and advocate a specific early detection screening. Thus, although media did serve as a channel of important health information that complements NEHEP education efforts, they did so inconsistently.

The findings show that overall, NEI, NEHEP, and NEHEP Partners were mentioned in half of the articles, signifying a substantial media presence. However, articles that mentioned NEHEP or its Partners generally did not differ in terms of conveying health information from those articles that did not mention them.

In conclusion, the findings presented here clearly reveal an opportunity for NEHEP and its Partners to harvest the power of the media to advance a public health agenda. Not only does the press do a fair job in reporting health information about glaucoma, low vision, and DED, but the NEHEP and its Partners already have substantial media presence. Furthermore, the data show a willingness on the part of the media to cover outreach activities. This is significant because, unlike other type of newsworthy events, the timing and the type of activity are solely up to the organization conducting these events. In other words, one does not need to wait for the news to happen (e.g., as may be the case with research findings); rather, one makes the news happen.

The recommended goals would be to improve the media's reporting of specific health information and to increase coverage of low vision and DED. One way to achieve these goals is to gain a better understanding between specific program activities and media coverage, in short to find out what type of activities are more likely to gain coverage and use these as an opportunity to inform the public. The data presented here already suggest that events during designated national months are likely to receive coverage. However, timing of the activity is only a characteristic of an event that may influence its newsworthiness.

In order to obtain the information on the relationship between program activities and media coverage, the approaches require a system of keeping a record of program activities that include a detailed list of each activity's characteristics (e.g., purpose, timing, targeted population, location, involvement of Partners) and tracking of the media coverage using a clipping service.

Two proactive approaches to collecting these data may be as follows:

- **Continuous monitoring of program activities and media coverage**
  Program activities and media coverage are tracked for a period of time, and the amount of coverage is related to the characteristics of the program activities

- **Episodic monitoring of program activities and media coverage**
  Using this approach, media coverage is monitored for a period before a planned activity and for the period following its implementation. This approach is applied to a number of activities. The coverage of several activities is compared and related to unique characteristics of those activities.

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Appendix A:
NEHEP Partnership Contact List

NEHEP Partnership Contact List

This is a list of the 63 NEHEP Partner organizations and the specific individuals from these organizations that were contacted during the survey.

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Appendix B:
Representative Survey

Subject ID:_____
Organization:_____
Name: _____ Phone: _____
Inter. Initials: _____   Date of interview:_____

NEHEP Representative Interview

I. Background

The first set of questions relate to your organization and your current position there.

1.   Just to confirm what organization are you a NEHEP representative/contact for?
      _____

2.   How would you classify your organization? Is it a:
      Professional organization _____
      Voluntary/service   _____
      Government agency   _____
      Private industry   _____
      Other (specify)   _____

3.   Is your organization primarily concerned with one of the NEHEP program areas, such as glaucoma, DED, or Low Vision? Or is your organization involved with all three program areas or the vision area in general?
      Yes: glaucoma_____   DED_____   low vision_____
      No: Interested in all three/the vision area in general _____

4.   How many employees does your organization have?
      Over 500 employees   _____
      Between 101- 500 employees   _____
      Between 25-100 employees   _____
      Less than 25 employees   _____

4a. Is your organization a membership organization? If yes, how many members are in your organization?
      Not a membership organization _____
      Over 1,000 members   _____
      Between 1,000- 500 members   _____
      Between 499-100 members   _____
      Less than 100 members   _____

5.   How long has your organization been a member of NEHEP?   _____
6.   How long have you been working as the NEHEP representative?   _____
7.   What is your primary role as the NEHEP representative? Is it:
      Program manager   _____
      Program design   _____
      Liaison   _____
      Outreach worker   _____
      Trainer   _____
      Other (specify)   _____

8. Considering all the work you do for your organization, what percent of your time is spent on NEHEP activities currently? _____

9. Has your role as the NEHEP representative changed over time?

No, it has not changed:_____
Yes, it has changed: _____ Explain how: _____
_____
_____
_____
_____

10. What is the title of your position in the NEHEP partner organization?
_____

11. How would you classify your position there?
   Senior Manager   _____
   Mid-level Manager   _____
   Front-line Staff   _____
   Professional/Technical (specify)_____
   Administrative Assistant _____
   Other (specify)   _____

12. Do you hold a paid or voluntary position with your organization?
   Paid   ____   (If paid, skip 12a & 12b and go to Section II)
   Voluntary__ (Continue)

12a. Do you hold a paid full-time position somewhere else?
   Yes __ *(if yes, name of organization and title of position)*_____
   _____
   No __*(if no, skip 12b and go to Section II)*

12b. How would you classify your paid position?
   Senior Manager   _____
   Mid-level Manager   _____
   Front-line Staff   _____
   Professional/Technical (specify) _____
   Administrative Assistant _____
   Other (specify)   _____

II. *Other Persons Involved with NEHEP*

The following questions relate to other persons in your organization that might also be involved with NEHEP.

1. Do you have a supervisor in your organization that you disseminate or exchange information regarding NEHEP? (By supervisor, we mean someone who provides you with guidance and direction, for either a voluntary or paid position.)
   Yes   __ *(if yes, continue)*
   No   __ *(if no, go to 6#)*

2. How many supervisors would you say receive some information on NEHEP within your
   organization? _____

*If more than 1 supervisor receives NEHEP information, think about the supervisor most knowledgeable
about NEHEP in answering the following questions.*

3. How would you classify this supervisor's position?
   Vice President   _____
   Director   _____
   Senior Manager   _____
   Mid-level Manager   _____
   Other (Specify)   _____

4. Using a scale of 1-5, where 1 = very aware and 5 = not aware at all, how would you rate this
   supervisor's knowledge and awareness of NEHEP overall?
   <u>Very aware</u>   <u>Not aware at all</u>
     1   2   3   4   5

5. Using a scale of 1-5, where 1 = very involved 5= not involved at all, how would you rate this
   supervisor's involvement in NEHEP initiatives?
   <u>Very aware</u>   <u>Not aware at all</u>
     1   2   3   4   5

6. Are there other persons besides supervisors that you disseminate NEHEP materials to?
   Yes __ *(if yes, continue)*
   No__ *(if no, go to section III)*

7. About how many other persons in your organization do you disseminate NEHEP materials to? ____

8. What type(s) of position(s) are these individuals in?
   _____

*If more than 1 person is listed for #8, think of the person most knowledgeable about NEHEP
when answering the following questions.*

9. Using a scale of 1-5, where 1 = very aware and 5 = not very aware at all, how would you rate this
   individual's knowledge and awareness of NEHEP overall?
   <u>Very aware</u>   <u>Not aware at all</u>
     1   2   3   4   5

10. Using a scale of 1-5, where 1 = very involved 5= not involved at all, how would you rate their
    involvement in NEHEP initiatives?
    <u>Very involved</u>   <u>Not involved at all</u>
      1   2   3   4   5

III. *Activity/Involvement Level*

The following questions relate to your activities and involvement with NEHEP.

1. Given the range of activities that NEHEP conducts, how involved would you say you are with NEHEP? Use a 5-point scale, where 1 = very involved and 5 = not involved at all.

    Very involved   Not involved at all

        1   2   3   4   5

2. Which of the following activities has your organization conducted jointly with NEHEP? (*Check all that apply*.) Which activities have you personally participated in? Have the activities that you have participated in been useful or not?

	Org. Part.	Pers. Part.	Useful	Not Useful
Developed materials/kits with NEHEP	_____	_____	_____	_____
Disseminated NEHEP materials/kits	_____	_____	_____	_____
Collaborated other NEHEP partners	_____	_____	_____	_____
Planned NDM or GAM	_____	_____	_____	_____
Sponsored NDM or GAM	_____	_____	_____	_____
Planned a NEHEP conference	_____	_____	_____	_____
Served on a working group (ad hoc/advisory, strategic planning, Healthy People 2010, or other)	_____	_____	_____	_____
Attended NEHEP outreach meetings	_____	_____	_____	_____
Other (specify)_____		_____	_____	_____

3. How many NEHEP conferences/meetings have you attended? _____ (*If none then skip to #4*)

3a. What conferences or what about the conference have been particularly useful? Explain.
    _____
    _____

3b. What conferences or what about the conference have *not* been particularly useful? Explain.
    _____
    _____

4. Of the NEHEP materials you have disseminated, which ones have been the most helpful? Explain.

    Material/Audience:_____

    Material/Audience:_____

    Material/Audience:_____

5. Which NEHEP materials have *not* been particularly helpful? Explain.

    Material/Audience:_____

    Material/Audience:_____

    Material/Audience:_____

6. To what extent has NEHEP membership increased your organization's ability to inform and educate your target audience in the following areas? Use a 5-point scale, where 1 = has increased greatly and 5 = has not increased at all.

	Increased greatly				Not increased at all
Glaucoma	1	2	3	4	5
Diabetic Eye Disease	1	2	3	4	5
Low Vision	1	2	3	4	5

Explain how:_____

_____

7. Which of the following represents your organization's target audience? (*Can have multiple target audiences.*) Are these primary (P) or secondary (S) target audiences for your organization? *For these audiences have you see much increase; some increase; or no increase in their knowledge or awareness in eye health over the past few years?*

	Audience	(P) (S)	Much increase	Some Increase	No Increase
General Public	____	____	____	____	____
High risk/minority population	____	____	____	____	____
Professionals	____	____	____	____	____
Other_____	____	____	____	____	____

7x In answering this question, how do you assess your target audience's awareness and knowledge in the eye health? (e.g., observation, a target audience interview, etc.)
_____

8. What do you think are the greatest barriers to reaching your target audience? Explain.
_____
_____
_____

IV. *NEHEP and Partner Members*

The next series of questions will ask you about NEHEP goals, your organizational goals and your thoughts about other NEHEP partner members.

1. What do you think was your organization's primary motivation for joining NEHEP?
_____
_____
_____

2. What are the educational goals for eye health for your organization?
_____
_____
_____

3. In your opinion, what are the primary goals for NEHEP?
_____
_____
_____

4. How has NEHEP changed over time?

_____
_____
_____

5. Using a scale of 1-5 where 1 = very similar and 5 = not similar at all, how similar would say NEHEP goals are to your organizational goals?

Very similar				Not s imilar at all
1	2	3	4	5

For the following statements, please indicate the extent to which you agree or disagree. Use a 1-5 scale, where 1 = strongly agree and 5 = strongly disagree

	Strongly agree				Strongly disagree
6. NEHEP partner organizations frequently collaborate together………………………………….	1	2	3	4	5
7. NEHEP partner organizations frequently exchange information with each other……………	1	2	3	4	5
8. I would like more collaboration between NEHEP partners …………………………………	1	2	3	4	5
9. There is a high level of trust and respect between the partners; an empowering and mutually supportive relationship exists……………………..	1	2	3	4	5
10. Strengths of each partner are recognized and appreciated and tasks are effectively divided between them……………………………………….	1	2	3	4	5
11. The individuals involved are capable of working towards collaborative empowerment……………..	1	2	3	4	5
12. Overall, my organization has benefited with the association of NEHEP and NEI………………….	1	2	3	4	5
13. The environment for partnership and collaboration created by NEHEP is attractive, interesting, and encourages participation. …………………………	1	2	3	4	5
14. NEHEP has been responsive to my organizational needs………………………………	1	2	3	4	5
15. I have been satisfied in my involvement with NEHEP…………………………………………..	1	2	3	4	5
16. NEHEP does a good job of promoting information exchange, both between NEHEP and individual partners as well as partner-to-partner…………….	1	2	3	4	5
17. My organization will likely continue to be a NEHEP member in the coming years…………….	1	2	3	4	5
18. I would recommend becoming a NEHEP member to other similar organizations…………………….	1	2	3	4	5

Open-ended questions
19. What types of information are typically exchanged between partners?

_____
_____
_____

20. How is this information exchanged?
    Person-to-person   _____
    Written   _____
    e-mail   _____
    Conferences   _____
    Other (specify)   _____

21. What are the benefits of working together with other NEHEP partners?
    _____
    _____
    _____

22. What are the primary challenges of working with other NEHEP partners?
    _____
    _____
    _____

V. NEHEP Future

The following questions relate to future initiatives and improvements for NEHEP.

1. What suggestions do you have for improving NEHEP overall? What other services or initiatives should NEHEP provide in the future?
   _____
   _____
   _____

2. What else can NEHEP do in order to meet your organization's needs?
   _____
   _____
   _____

3. What are ways to increase information exchange between partners in NEHEP?
   _____
   _____
   _____

Request Additional Documents
Do you have any reports, materials from your organization that might be relevant for examining NEHEP outcomes or effectiveness? For example, membership interviews or target audience dissemination reports that relate to one of the NEHEP program areas, materials, or services. In addition, any reports that discuss trends in knowledge and awareness of your target audience in the vision area. Would you be able to send copies of these to us?
Send to:
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Attention: Simani Price
Thank you very much for your help!!

**Appendix C:
Representative/Executive Survey**

Subject ID:_____
Organization:_____
Name: _____ Phone: _____
Inter. Initials: _____ Date of interview:_____

NEHEP Representative/Executive Interview

I. Background

The first set of questions relate to your organization and your current position there.

1. Just to confirm what organization are you a NEHEP representative/contact for?
    _____

2. How would you classify your organization? Is it a:
    Professional organization   _____
    Voluntary/service   _____
    Government agency   _____
    Private industry   _____
    Other (specify)   _____

3. Is your organization primarily concerned with one of the NEHEP program areas, such as glaucoma, DED, or Low Vision? Or is your organization involved with all three program areas or the vision area in general?
    Yes: glaucoma _____ DED _____ low vision _____
    No: Interested in all three/the vision area in general _____

4. How many employees does your organization have?
    Over 500 employees   _____
    Between 101- 500 employees   _____
    Between 25-100 employees   _____
    Less than 25 employees   _____

4a. Is your organization a membership organization? If yes, how many members are in your organization?
    Not a membership organization _____
    Over 1,000 members   _____
    Between 1,000- 500 members   _____
    Between 499-100 members   _____
    Less than 100 members   _____

5. How long has your organization been a member of NEHEP?   _____
6. How long have you been working as the NEHEP representative?   _____
7. What is your primary role as the NEHEP representative? Is it:
    Program manager   _____
    Program design   _____
    Liaison   _____
    Outreach worker   _____
    Trainer   _____
    Other (specify)   _____

8. Considering all the work you do for your organization, what percent of your time is spent on NEHEP activities currently? _____

9. Has your role as the NEHEP representative changed over time?

No, it has not changed:_____
Yes, it has changed: _____ Explain how: _____
_____
_____
_____
_____

10. What is the title of your position in your organization?
_____

11. How would you classify your position there?
    Senior Manager   _____
    Mid-level Manager   _____
    Front-line Staff   _____
    Professional/Technical (specify)_____
    Administrative Assistant _____
    Other (specify)   _____

12. Do you hold a paid or voluntary position with your organization?
    Paid ___ *(If paid, skip 12a & 12b and go to Section II)*
    Voluntary __ *(Continue)*

12a. Do you hold a paid full-time position somewhere else?
    Yes __ *(if yes, name of organization and title of position)*_____
    _____
    No __ *(if no, skip 12b and go to Section II)*

12b. How would you classify your paid position?
    Senior Manager   _____
    Mid-level Manager   _____
    Front-line Staff   _____
    Professional/Technical (specify) _____
    Administrative Assistant _____
    Other (specify)   _____

II. Other Persons Involved with NEHEP

The following questions relate to other persons in your organization that might also be involved with NEHEP.

1. Are there other persons in your organization that you disseminate NEHEP materials to?
    Yes __ *(if yes, continue)*
    No __ *(if no, go to section III)*

2. About how many other persons do you disseminate NEHEP materials to? _____

3.   What type(s) of position(s) are these individuals in?
_____

If more than 1 person is listed for #8, think of the person most knowledgeable about NEHEP when answering the following questions.

4.   Using a scale of 1-5, where 1 = very aware and 5 = not very aware at all, how would you rate this individual's knowledge and awareness of NEHEP overall?

<u>Very aware</u>   <u>Not at all aware</u>
        1   2   3   4   5

5.   Using a scale of 1-5, where 1 = very involved 5 = not involved at all, how would you rate their involvement in NEHEP initiatives?

<u>Very involved</u>   <u>Not involved at all</u>
        1   2   3   4   5

III. *Activity/Involvement Level*

The following questions relate to your activities and involvement with NEHEP.

1.   Given the range of activities that NEHEP conducts, how involved would you say you are with NEHEP? Use a 5-point scale, where 1 = very involved and 5 = not involved at all.

<u>Very involved</u>   <u>Not involved at all</u>
        1   2   3   4   5

2.   Which of the following activities has your organization conducted jointly with NEHEP? (*Check all that apply*.) Which activities have you personally participated in? Have the activities that you have participated in been useful or not?

	Org. Part.	Pers. Part	Useful	Not Useful
Developed materials/kits with NEHEP	_____	_____	_____	_____
Disseminated NEHEP materials/kits	_____	_____	_____	_____
Collaborated other NEHEP partners	_____	_____	_____	_____
Planned NDM or GAM	_____	_____	_____	_____
Sponsored NDM or GAM	_____	_____	_____	_____
Planned a NEHEP conference	_____	_____	_____	_____
Served on a working group (ad hoc/advisory, strategic planning, Healthy People 2010, or other)	_____	_____	_____	_____
Attended NEHEP outreach meetings	_____	_____	_____	_____
Other (specify) _____	_____	_____	_____	_____

3.   How many NEHEP conferences/meetings have you attended? _____ (*If none then skip to #4)*

3a. What conferences or what about the conference have been particularly useful? Explain.
_____
_____

3b. What conferences or what about the conference have *not* been particularly useful? Explain.
_____
_____

4. Of the NEHEP materials you have disseminated, which ones have been the most helpful? Explain.

Material/Audience:_____

Material/Audience:_____

Material/Audience:_____

5. Which NEHEP materials have *not* been particularly helpful? Explain.

Material/Audience:_____

Material/Audience:_____

Material/Audience:_____

6. To what extent has NEHEP membership increased your organization's ability to inform and educate your target audience in the following areas? Use a 5-point scale, where 1 = has increased greatly and 5 = has not increased at all.

	Increased greatly				Not increased at all
Glaucoma	1	2	3	4	5
Diabetic Eye Disease	1	2	3	4	5
Low Vision	1	2	3	4	5

Explain how:_____

_____

7. Which of the following represents your organization's target audience? (*Can have multiple target audiences.*) Are these primary (P) or secondary (S) target audiences for your organization? *For these audiences have you see much increase; some increase; or no increase in their knowledge or awareness in eye health over the past few years?*

	Audience	(P) (S)	Much increase	Some Increase	No Increase
General Public	____	____	____	____	____
High risk/minority population	____	____	____	____	____
Professionals	____	____	____	____	____
Other_____	____	____	____	____	____

7x. In answering this question, how do you assess your target audience's awareness and knowledge in the eye health? (e.g., observation, a target audience interview, etc.)

_____

8. What do you think are the greatest barriers to reaching your target audience? Explain.

_____
_____
_____

IV. NEHEP and Partner Members

The next series of questions will ask you about NEHEP goals, your organizational goals and your thoughts about other NEHEP partner members.

1. What do you think was your organization's primary motivation for joining NEHEP?
_____
_____
_____

2. What are the educational goals for eye health for your organization?
_____
_____
_____

3. In your opinion, what are the primary goals for NEHEP?
_____
_____
_____

4. How has NEHEP changed over time?
_____
_____
_____

5. Using a scale of 1-5 where 1 = very similar and 5 = not similar at all, how similar would say NEHEP goals are to your organizational goals?

Very similar			Not similar at all	
1	2	3	4	5

For the following statements, please indicate the extent to which you agree or disagree. Use a 1-5 scale, where 1 = strongly agree and 5 = strongly disagree

	Strongly agree				Strongly disagree
6. NEHEP partner organizations frequently collaborate together………………………………….	1	2	3	4	5
7. NEHEP partner organizations frequently exchange information with each other……………	1	2	3	4	5
8. I would like more collaboration between NEHEP partners…………….……………………	1	2	3	4	5
9. There is a high level of trust and respect between the partners; an empowering and mutually supportive relationship exists……………………..	1	2	3	4	5
10. Strengths of each partner are recognized and appreciated and tasks are effectively divided between them.………………………….……………	1	2	3	4	5
11. The individuals involved are capable of working towards collaborative empowerment………..…..	1	2	3	4	5
12. Overall, my organization has benefited with the association of NEHEP and NEI.…………………..	1	2	3	4	5

13. The environment for partnership and collaboration created by NEHEP is attractive, interesting, and encourages participation. ………………………… 1 2 3 4 5
14. NEHEP has been responsive to my organizational needs……………………………… 1 2 3 4 5
15. I have been satisfied in my involvement with NEHEP………………………………………… 1 2 3 4 5
16. NEHEP does a good job of promoting information exchange, both between NEHEP and individual partners as well as partner-to-partner……………. 1 2 3 4 5
17. My organization will likely continue to be a NEHEP member in the coming years……………. 1 2 3 4 5
18. I would recommend becoming a NEHEP member to other similar organizations…………………….. 1 2 3 4 5
19. As a senior manager, I am interested in NEHEP… 1 2 3 4 5
20. Staff throughout my organization are aware of NEHEP…………………………………………… 1 2 3 4 5
21. I plan to increase my organization's involvement in NEHEP in the future…………....... 1 2 3 4 4
22. I would be willing to invest additional resources from my organization to become more involved in NEHEP………………………… 1 2 3 4 5
23. The financial benefits of NEHEP membership outweigh the costs………………………………... 1 2 3 4 5
24. NEHEP membership has increased my organization's ability to serve its target audience... 1 2 3 4 5

Open-ended questions

25. What types of information are typically exchanged between partners?
_____
_____
_____

26. How is this information exchanged?
    Person-to-person _____
    Written _____
    e-mail _____
    Conferences _____
    Other (specify) _____

27. What are the benefits of working together with other NEHEP partners?
_____
_____
_____

28. What are the primary challenges of working with other NEHEP partners?
_____
_____
_____

V. NEHEP Future

The following questions relate to future initiatives and improvements for NEHEP.

1.   What suggestions do you have for improving NEHEP overall? What other services or initiatives should NEHEP provide in the future?

_____
_____
_____

2.   What else can NEHEP do in order to meet your organization's needs?

_____
_____
_____

3.   What are ways to increase information exchange between partners in NEHEP?

_____
_____
_____

Request Additional Documents

Do you have any reports, materials from your organization that might be relevant for examining NEHEP outcomes or effectiveness? For example, membership interviews or target audience dissemination reports that relate to one of the NEHEP program areas, materials, or services. In addition, any reports that discuss trends in knowledge and awareness of your target audience in the vision area. Would you be able to send copies of these to us?
Send to:
American Institutes for Research
Prospect Center
10720 Columbia Pike
Silver Spring, MD 20901-4449
Attention: Simani Price
Thank you very much for your help!!

**Appendix D:
Executive Survey**

Subject ID:_____

Organization:_____

Name: _____ Phone: _____

Inter. Initials: _____ Date of interview:_____

Executive/Supervisor Interview

I. Background

The first set of questions relate to your organization and your current position there.

1. Considering all the work you do for your organization, what percent of your time is spent on NEHEP activities?_____

2. Which of the following roles does the NEHEP partner representative serve in your organization?
   Program manager _____
   Program design _____
   Liaison _____
   Outreach worker _____
   Trainer _____
   Other (specify) _____

3. Do you hold a paid or voluntary position with your organization?
   Paid ____
   Voluntary ____

3a. What is the title of your position?
_____

3b. How would you classify your position there?
   Senior Manager _____
   Mid-level Manager _____
   Front-line Staff _____
   Professional/Technical (specify) _____
   Administrative Assistant _____
   Other (specify) _____

II. Activity/Involvement Level

The following questions relate to your activities and involvement with NEHEP.

1. Given the range of activities that NEHEP conducts, how involved would you say you are with NEHEP? Use a 5-point scale, where 1 = very involved and 5 = not involved at all.

   <u>Very involved</u>   <u>Not involved at all</u>
        1   2   3   4   5

2. Which of the following activities have you personally participated in with NEHEP? (*Check all that apply*.) Have the activities that you have participated in been useful or not?

	Pers. Part	Useful	Not Useful
Developed materials/kits with NEHEP	____	____	____
Disseminated NEHEP materials/kits	____	____	____
Collaborated other NEHEP partners	____	____	____
Planned NDM or GAM	____	____	____
Sponsored NDM or GA M	____	____	____
Planned a NEHEP conference	____	____	____
Served on a working group (ad hoc/advisory, strategic planning, Healthy People 2010, or other)	____	____	____
Attended NEHEP outreach meetings	____	____	____
Other (specify)_____		____	____

3. How many NEHEP conferences/meetings have you attended? _____ (*If none then skip to section III)*
3a. What conferences or what about the conference have been particularly useful? Explain.
_____
_____

3b. What conferences or what about the conference have *not* been particularly useful? Explain.
_____
_____

III. NEHEP and Partner Members

The next series of questions will ask you about NEHEP goals, your goals and your thoughts about other NEHEP partner members.

1. What do you think was your organization's primary motivation for joining NEHEP?
_____
_____
_____

2. What are the educational goals for eye health for your organization?
_____
_____
_____

3. In your opinion, what are the primary goals for NEHEP?

_____
_____
_____

4. Using a scale of 1-5, where 1 = very similar and 5 = not similar at all, how similar would say NEHEP goals are to your organizational goals?

Very similar   Not similar at all
1   2   3   4   5

For the following statements, please indicate the extent to which you agree or disagree. Use a 1–5 scale, where 1 = strongly agree and 5 = strongly disagree

		Strongly agree				Strongly disagree
5.	NEHEP partner organizations frequently collaborate together……………………………..	1	2	3	4	5
6.	NEHEP partner organizations frequently exchange information with each other……………	1	2	3	4	5
7.	I would like more collaboration between NEHEP partners …………………………………..	1	2	3	4	5
8.	There is a high level of trust and respect between the partners; an empowering and mutually supportive relationship exists……………………..	1	2	3	4	5
9.	Strengths of each partner are recognized and appreciated and tasks are effectively divided between them. ……………………………………	1	2	3	4	5
10.	The individuals involved are capable of working towards collaborative empowerment……………..	1	2	3	4	5
11.	Overall, my organization has benefited with the association of NEHEP and NEI. …………………	1	2	3	4	5
12.	The environment for partnership and collaboration created by NEHEP is attractive, interesting, and encourages participation. …………………………	1	2	3	4	5
13.	NEHEP has been responsive to my organizational needs………………………………	1	2	3	4	5
14.	I have been satisfied in my involvement with NEHEP……………………………………….…	1	2	3	4	5
15.	NEHEP does a good job of promoting information exchange, both between NEHEP and individual partners as well as partner-to-partner……………	1	2	3	4	5
16.	My organization will likely continue to be a NEHEP member in the coming years……………	1	2	3	4	5
17.	I would recommend becoming a NEHEP member to other similar organizations……………………..	1	2	3	4	5
18.	As a senior manager, I am interested in NEHEP…	1	2	3	4	5
19.	Staff throughout my organization are aware of NEHEP……………………………………………	1	2	3	4	5
20.	I plan to increase my organization's involvement in NEHEP in the future……………..	1	2	3	4	4
21.	I would be willing to invest additional resources from my organization to become more involved in NEHEP……………………………...…………	1	2	3	4	5
22.	The financial benefits of NEHEP membership outweigh the costs…………………….…………..	1	2	3	4	5
23.	NEHEP membership has increased my Organization's ability to serve its target audience.	1	2	3	4	5

Open-ended questions

24. What are the primary benefits of working together with other NEHEP partners?

_____
_____
_____

25. What are the primary challenges of working with other NEHEP partners?

_____
_____
_____

IV. NEHEP Future

The following questions relate to future initiatives and improvements for NEHEP.

1. What suggestions do you have for improving NEHEP overall? What other services or initiatives should NEHEP provide in the future?

_____
_____
_____

2. What else can NEHEP do in order to meet your organization's needs?

_____
_____
_____

3. What are ways to increase information exchange between partners in NEHEP?

_____
_____

Thank you very much for your help!!

Appendix E:
Media Coding Guide

Media Coding Guide

Introduction

The NEHEP Media Analysis is designed to collect data to understand the coverage of three NEHEP program areas: glaucoma, diabetic eye disease, and low vision. Lexis Nexis is the starting point for articles based on a search strategy provided by AIR. The strategy is designed to capture articles relevant to the general categories for glaucoma, diabetic eye disease, and low vision.

Coding Instructions

Read the search strategy

1. The search strategy is the "bible" for selecting and coding. The search strategy is based on U.S. regional newspapers.

2. **Determine if the article is relevant.** *(Refer to the search strategy.)* The search strategy requires that an article must contain a mention of the specific term glaucoma, diabetic eye disease, or low vision in order for it to be relevant to our study. It must also appear in a newspaper within the indicated timeframe. An *irrelevant article* is one that does not fit the search strategy.

3. **Assign a program area code.**

4. **Record article characteristics.** These include the newspaper where it was published, an indication of whether it was a national wire story, the date of publication, the section it appears in, and the word count

5. **Record characteristics of coverage** (e.g., whether an article covered a local story locally).

6. **Assign a topic code(s) and subcodes.** For all relevant articles, assign topic code(s) (see below). You may have multiple topic codes in one article. When applicable, record a topic subcode for each topic code.

7. **Record content codes.** Content codes record specific information conveyed by an article.

Relevance

Examples of Irrelevant Articles

- Individual patient w/glaucoma stories
- Mentions of persons having glaucoma
- Animal glaucoma

- Mergers and acquisitions of pharmaceutical houses that produce glaucoma meds
- Obituaries
- Costs of medicines for glaucoma
- **Specifically excluded** are simple announcements of screening or health promotion activities; articles on alternative treatments; and all ASCRIBED news wire stories (any wire article not published in a newspaper but taken directly from the wire service, because we do not know the publication it originated from).

Examples of Relevant Articles

- One mention of glaucoma, diabetic eye disease, or low vision
- One paragraph article with one mention of a topic code along with glaucoma, diabetic eye disease, or low vision
- Glaucoma, diabetic eye disease, or low vision appearing in the title counts as a mention.

Program Area Codes

Record the appropriate program area code that reflects the main topic of the article. These primary program area codes are either (1) Glaucoma (2) Diabetic Eye Disease (3) Low Vision

Next, record if an article mentions any other conditions corresponding to the NEHEP program areas as secondary program area codes. *Note*: If an article treats glaucoma and diabetic eye disease and any other eye condition as categories of Low Vision, code Low Vision as the primary program area code and record glaucoma and diabetic eye disease as secondary.

Article Characteristic Codes

For each article record:
- <u>State</u>. Enter appropriate 2-digit state postal abbreviation (U.S. newspapers, only).
- <u>Name of Newspaper</u>. Enter name of publication listed on article. *Note:* Do not enter "**The**" when entering a name of a publication (i.e., "The Los Angeles Times"). Enter "Los Angeles Times."
- <u>Wire</u>. Indicate whether the article is a wire story, using Y or N. Indicate wire even if the article appears in a specific paper (e.g., Boston Globe) but the byline is a wire service (e.g., Reuters Wire Service). Enter as Boston Globe but also check the wire box. (*Note*: All ASCRIBED wire articles are not relevant.)
- <u>Publication Date</u>. Enter according to following format: month/date/year. For example, December 24, 1993, is entered as 12/24/1993.
- <u>Article Length</u>. Enter the length of article in words from the copy.

Coverage Characteristic Codes

For each article, record the following:

Type of Article

- H—Hard news story or feature
- E—Editorial or letter to editor
- A—Advice column
- C—Column (a story by a newspaper columnist that is not an editorial).

Origin

Is the story a local story or a national story?
- L (Local)—Stories that concern local events (e.g., county or municipalities). Local doctors, firms, or local people involved in eye health, such as researchers.
- S (State)—Stories that cover state events, such as state legislation activities or research conducted at state universities. An example is an article published in a local Texas newspaper about research at the University of Texas to develop an artificial retina.
- N (National)—Stories that cover national events such Federal policy. Reports of research findings and medical advances are by default national stories—for example, an article about research at the University of Texas that is published in an out-of- state newspaper (e.g., *Washington Post, Boston Globe*, *New York Times*).

Note: Reports of survey findings are based on the sample of the survey and hence can be Local, State, or National.

Scope

How does the article cover the story?
- L (Local)—focus on Local relevance
- S (State)—focus on State relevance
- N (National)—focus on National relevance. Wire stories and nationally syndicated columns are National by default.

Press Release

Indicate if an article a press release by:
- P-NEHEP—Verbatim press release
- T-NEHEP—Uses press release template or significantly incorporates press release
- I-NEHEP—Uses press releases in its body; captures the essence but may use own words.
- O—Enter if it is none of the above

Mention of NEI, NEHEP, or Partners

Record which organization is mentioned in the story. Leave blank if none is mentioned.

Topic Codes

1. **Reports on scientific and/or medical research findings**
    Articles reporting advancements in understanding of underlying causes of glaucoma, diabetic eye disease, and/or low vision, including identification of genetic factors. This would include
    > 1a. Basic research on causes/predisposing factors in humans
    > 1b. Basic research on causes/predisposing factors using animal models
    > 1c. Funding of basic research

2. **Reports on medical advancements in treatment**
    Articles reporting new therapies for treatment or detection of glaucoma, diabetic eye disease, or low vision, including surgical procedures, drugs, or testing protocols. Include findings regarding comparisons of competing treatment options and announcements of new adaptive devices.
    > 2a. Drug treatment
    > 2b. New treatment procedure
    > 2c. New detection procedure
    > 2d. New adaptive devices (aids/devices to help visually handicapped: canes, dog, large-print books, talking books, radar devices, special glasses, retinal implants)

3. **Reports on surveys results and prevalence**
    Articles on surveys reporting prevalence of any of the three diseases, identification of population risk factors.
    > 3a. Prevalence, including increases or decreases in prevalence--i.e., each year a certain number (100, 500, 10,000) of people are diagnosed with glaucoma.
    > 3b. Identification of demographic risk factors (i.e., reports on age, or race contributing to incidence of disease).

4. **Stories on insurance or Medicaid coverage of screening or treatment options**
    Articles that describe funding issues for screening or treatment for any of the diseases. Record coverage type and what is covered (e.g., a story on Medicare coverage of glaucoma drugs would be 4-2a)

    4-1 Medicaid
    > 4-1a. Coverage of drug therapies
    > 4-1b. Coverage of adaptive devices (see 2d for devices/aids)
    > 4-1c. Coverage of other treatment
    > 4-1d. Coverage of screening

4-2 Medicare

    4-2a. Coverage of drug therapies
    4-2b. Coverage of adaptive devices (see 2d for devices/aids)
    4-2c. Coverage of other treatment
    4-2d. Coverage of screening

4-3 Private Insurance

    4-3a. Coverage of drug therapies
    4-3b. Coverage of adaptive devices (see 2d for devices/aids)
    4-3c. Coverage of other treatment
    4-3d. Coverage of screening

4-4 Other Coverage

    4-4a. Coverage of drug therapies
    4-4b. Coverage of adaptive devices (see 2d for devices/aids)
    4-4c. Coverage of other treatment
    4-4d. Coverage of screening

5. **Reports on policy or best practices announcements by partners or other organizations**
Articles reporting specific recommendations made regarding screening or treatment made by professional organizations.

    5a. Best practices for treatment
    5b. Best practices for screening

6. **Coverage of educational and/or awareness raising or outreach activities by NEHEP, its partners or other organization.**
The article cannot be just a simple announcement of an event (including simple announcements of glaucoma or diabetes month).

    6a. Health fairs (only if the event has occurred)
    6b. Advocacy activities
    6c. Outreach/health education efforts
    6d. Glaucoma Month
    6e. Diabetes Month

7. **Public Service Announcements by celebrities on behalf of glaucoma, diabetic eye disease, or low vision—telling people about statistics, symptoms, treatment or new research.**
Simple announcements of health fairs with a celebrity sponsor or the celebrity announcing a health fair are irrelevant.

8. **Health information articles**
Articles that specifically describe one of the disease areas, including columns by medical advice columnists.

   9. Miscellaneous
   > 9a. Licensing and regulation
   > 9b. Nutrition

Content Codes

Content Codes record the information conveyed by the article.

Risk Factors

Record if an article mentioned the following as risk factors (all that apply):
- Predisposing medical condition (Y/N)—e.g., eye color, family history.
- Race/ethnicity (Y/N)
- Age (Y/N)
- Lifestyle (Y/N)—e.g., exercise, occupational hazards.
- Economic status (Y/N)—e.g., low-income patients may not get vision tests.

Prevalence or Incidence of the Disease (Y/N)

Examples are articles that give statistics/facts/figures/survey results on populations with glaucoma, diabetic eye disease, or low vision.

Explanation of the Disease Condition

Does an article explain how the disease is caused? (Y/N). For example, glaucoma is caused by pressure on optic nerve, or diabetic eye disease is caused by accumulation of fatty deposits.

Advocates Early Detection Through Screening

- G (general)—Advocates of regular screening without specifying type of test.
- S (specific)—Advocates specific screening procedure (dilated pupil exam).
- N (none)—Does not advocate early detection through screening.

Source

Who is the primary source of health information sited in the article?
- MD—Physician/ophthalmologist (if not researcher). If medical advice column by MD, code MD only if he or she mentions, paraphrases, or attributes research or treatment options by another MD. (Ophthalmologists are MDs.)
- OP—Optometrist (if not researcher)
- NE—NEI (including NEHEP)
- RE—Researcher; includes MDs and Doctors of Osteopathy (DOs) if they conducting research
- OR—Organization or its spokesperson

Data Entry Guidelines

ENTER ALL ALPHA DATA IN CAPITAL LETTERS (NO COMMAS OR PERIODS).