# SAMPLE MOA: Traditional Dissertation

**MEMORANDUM OF AGREEMENT**

TO: TOM BURROUGHS, PHD AND BETH BAKER, PHD, MPH, DIRECTOR OF SAINT LOUIS UNIVERSITY SCHOOL OF PUBLIC HEALTH DOCTORAL STUDIES PROGRAM

FROM: BETH ROTTER, MPH, CHES, DISSERTATION COMMITTEE: DARCY SCHARFF, PHD, MICHAEL ELLIOTT, PHD, DEBORAH KIEL, PHD

SUBJECT: TRADITIONAL DISSERTATION

DATE: October 20, 2012

I have chosen the *traditional format* for my dissertation thesis. I will begin initial work on my dissertation in October 2012 and I plan to complete the work and defend by the spring of 2013. Approval for my dissertation, titled, *Assessing the dose of the Healthy Start program and prenatal care adequacy and their effect on birth outcomes,* has been obtained from the St. Louis University Review Board, who have confirmed that this research project is not deemed Human Subjects Research (see attached memo). I have completed SLU's (CITI) human subjects research certification courses.

The theme for my dissertation will be assessing the impact of dose of the Healthy Start program and prenatal care adequacy on birth outcomes in three zip-codes in the St. Louis Metro region (63113, 63120 and 63136). These three zip codes were chosen as they have among the poorest birth outcomes in the St. Louis metro region. The purpose of my research is to determine the relationship of prenatal care adequacy and the dose of the Saint Louis Healthy Start program (SLHS) and their impacts on birth outcomes. Specifically, my three research aims are;

(1) How does the dose of Healthy Start relate to prenatal care adequacy?

(2) How does prenatal care adequacy impact infant birth weight for women enrolled in the SLHS program, when controlling for age, education and dose of Healthy Start?

(3) How does prenatal care adequacy impact preterm birth for women enrolled in the SLHS program, when controlling for age, education and of Healthy Start?

The results of this study will help to inform future planning of community-based home visitation programs, and will demonstrate effectiveness of the SLHS program in the United States, infant mortality has been identified as a public health problem, with rates rising over the past 30 years. In addition, racial disparities exist for infant mortality, with black infants having approximately double the risk of white infants.

The Healthy Start program, which began in 1991 with 15 grantees, was developed in response to the high rates of negative birth outcomes especially in vulnerable populations. While previous Healthy Start projects have established some effectiveness, there are many gaps in assessing outcomes. In addition, these evaluations have focused on process and short term impacts on birth outcomes.

As the program grows, the charge to assess the program’s impact on birth outcomes is increasingly strong. To date, only a few studies have been conducted that report outcomes of Healthy Start, and of those, varying methodological approaches to creating comparison groups have been used. In addition, gaps remain in assessing dose of the program and its effort on birth outcomes. No study to date has assessed the dose of Healthy Start and its relationship wi1jh prenatal care. Thus, my research will focus on this gap in the literature. Data have been collected by Nurses for Newborns Foundation (NFNF) that assess clients' demographics, risk factors (maternal age, education) and birth outcomes (low birth weight, preterm birth). Saint Louis University's School of Public Health has worked with the Maternal Child and Family Health Coalition and Nurses for Newborns to evaluate their programs (SLU eRS#l3712), and the data used for this dissertation *will* be a sub-set of the entire database for the last 5 grant years. Dates included will be 6/1/2007 to 5/31/2012. A data use agreement is in place with Nurses for Newborns.

Dr. Darcy Scharff will serve as my Dissertation Committee Chairperson.

Drs. Elliott and Kiel have agreed to serve as Committee members.

Beth, Rotter, MPH Date Darcell P. Scharff, PhD Date

Doctoral Student Dissertation Committee Chairperson

Michael Elliot, PHD Date Deborah Keil, PhD Date

Dissertation Committee Member Dissertation Committee Member

# SAMPLE MOA: Three Article Dissertation

memorandum OF AGReeement

to: MARIO SCHOOTMAN, PH.D., Director of Saint Louis University College for Public Health & Social Justice Doctoral PROGRAM IN PUBLIC hEALTH STUDIES

from: Bob billiken, mPH, dISSERTATION cOMMITTEE: Robert loud, Ph.D., Margret intellect, Ph.D, Phil brilliant, md

subject: THREE-ARTICLE dissertation

date: october 16, 2016 (Date should be 30 days prior to oral exam)

I have chosen the *three-article format for* my dissertation thesis. I will begin initial work on my dissertation in January 2015 and I plan to complete the work and defend by the end of 2016. Data collection is underway and we should have enough data to begin our analyses during the Summer/Fall of 2015. Of course, issues such as data collection and publication lag time may affect this timeline. I have obtained the necessary copyright permissions from the Journals that have accepted my proposed publications (and those permission letters are attached to this document).

Approval for my dissertation research titled “EEG and Decision Making in Pediatric Epilepsy” has been obtained from both the St. Louis University Institutional Review Board (IRB# 12413) and the Washington University Medical Center Human Studies Committee (protocol # 02-0680) I have completed both SLU (CITI) and Washington University School of Medicine human subjects research certification courses.

The *unifying theme* for my three articles will be clinical decision-making related to the diagnosis of epilepsy in a pediatric new-onset seizure population, with an emphasis on the role of electroencephalography (EEG) compared to history and physical exam. Epilepsy is the most common neurological disorder of childhood. Primary care providers and neurologists typically consider EEG as an integral part of the initial diagnostic evaluation among children with epilepsy or suspected epilepsy. Yet there have been few studies of the diagnostic value of EEG among newly diagnosed children with epilepsy, and to date there have been no published studies of the impact of EEG on clinical decision making among newly diagnosed children.

The New-Onset Seizure Clinic (NOSC) in the Pediatric Epilepsy Center at St. Louis Children’s Hospital and Washington University School of Medicine was created in order to reduce the time from the initial seizure (or suspected seizure) to the first neurological evaluation. The NOSC is one of only a handful of such clinics in the country, where newly referred patients are seen within about 48 hours of referral. The typical wait to see a pediatric neurologist is measured in months; therefore the NOSC has attracted a large number of newly diagnosed patients from the general community. More complex newly diagnosed or newly suspected epilepsy patients are evaluated by the pediatric neurologists at the Pediatric Epilepsy Center. The total population of newly referred children with epilepsy or suspected epilepsy is more representative of the general population than the highly selected and medically complex patients seen in most tertiary care practices.

Therefore, my *first article* will briefly describe the NOSC and its patient population, but focus primarily on the use of EEG in this population. We will report descriptive statistics regarding the number and findings of EEGs preformed on new-onset seizure patients. We will also compare subpopulations of patients (i.e. patients with partial seizures vs. generalized seizures) on demographic as well as clinical variables using t-tests. The descriptive results will be contrasted and set into context of the literature on these settings and patients. This article will likely be submitted to the Journal of Child Neurology.

The clinician typically makes the diagnosis of seizures (or epilepsy) after combining the data from history, physical exam, and the EEG. The relative contribution of these different diagnostic data is not known. Many children with epilepsy have normal examinations, and the history is thought by experienced clinicians to be of paramount importance in making the diagnosis of seizures and epilepsy. The components of the history that are important and the relative importance of historical variables and EEG are not known. Therefore, my *second article* reports the identification and quantification of historical variables used by clinicians in making the diagnosis of epilepsy and seizures. Clinicians will identify the variables that they assessed during the H&P and score them on a four-point scale (not suggestive of seizures strongly suggestive of seizures). They will also provide an overall assessment of the patient on the same scale. The primary analysis of the paper will involve correlating the individual variable scores with the Overall Assessment (OA). The OA is the diagnosis of the clinician after consideration of the historical variables, exam, and EEG. There is not an established gold standard used in the diagnosis of new-onset epilepsy. I, like previous investigators will use ‘final diagnosis’, which is the diagnosis after 2 months of treatment and observation, as the gold standard. Sensitivity, specificity, and predictive values of major historical variables will be determined. The target journal for this second paper is Pediatrics.

The *third article* will report the results of our study of the impact of EEG results on clinical decision-making. We will focus on how EEG impacts diagnosis, classification, and management of epilepsy in the NOSC. Probabilities of outcome will be assessed at multiple points throughout the decision-making progress. The main analysis will determine the impact of EEG on clinician decision- making by comparing pre- and post-EEG probabilities of seizures. A multi-level analysis approach will be used. The target journal for this second third paper is Neurology.

Dr. Loud will serve as my Dissertation Committee Chairperson. Drs. Intellect and Brilliant have agreed to serve as Committee members.

I plan to be the 2nd author on the first manuscript, and 1st author on the second and third manuscripts.

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Bob Billiken, MPH Date Robert Loud, Ph.D. Date

Doctoral Student Dissertation Committee Chairperson

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Margaret Intellect, Ph.D. Date Phil Brilliant, M.D. Date

Dissertation Committee Member Dissertation Committee Member