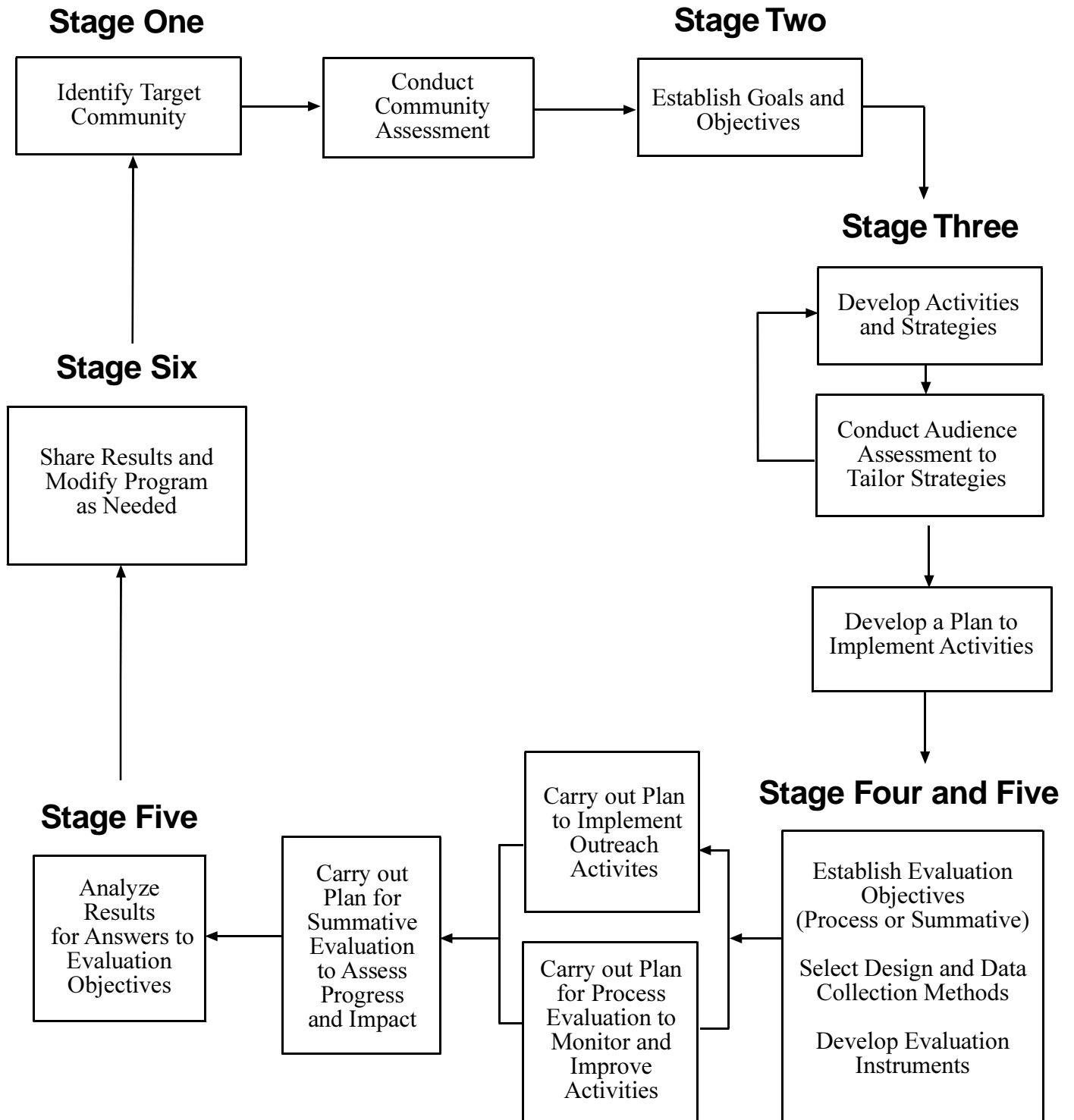


Planning and Evaluating Outreach



Health information outreach programs are based on the commonly held assumption that access to information results in improved delivery of health care. Even as advances in electronic technologies are ever improving, the realities of adequate access and exchange of health information are far from universal especially among minority and underserved populations and the health providers who serve them. Thus, the overall goals of outreach are to affect the capacity of the individual, organization, or community to effectively utilize health information resources and to address problems and barriers to accessing them.

Many types of institutions share goals to bridge the health information gap through outreach activities, including community organizations, churches, social service agencies, public libraries, as well as hospitals, clinics and health sciences libraries. This guide presents ideas for planning and evaluating these outreach programs to help improve and document their success.

How is this document organized?

This guide presents a programmatic and goal-oriented approach to outreach, in which activities are directed toward the accomplishment of thought-out goals and objectives. A fundamental premise of this approach is that evaluation is an integral part of the program development, beginning with an understanding of the needs and perspectives of the targeted audience and the priorities for outreach considered most important. Priorities might be difficult to shape because it seems that there is so much to be done. However, outreach programs cannot do everything, and by setting a strategic direction and incorporating evaluation into the process, activities are leveraged for effective impact.

There are several stages in planning and evaluation that contribute to the process called program development. Some textbooks describe program development as 1) identifying a target audience and conducting a community needs assessment, 2) developing written goals and objectives, 3) implementing activities to accomplish those objectives, and 4) evaluating the overall quality and success of those activities vis-à-vis the stated objectives.

However, the implication of this model should not be that evaluation only occurs after the program has started or, worse yet, after it is completed. Evaluation starts with assessing and understanding audience needs, which becomes the cornerstone for setting goals and objectives, from which activities and strategies are determined, upon which their implementation is monitored for progress, and finally their ultimate impact is assessed.

The six stages described in this manual show how the various phases of evaluation are integrated into the whole process of planning and implementing outreach activities. Please refer to the flow chart *Planning and Evaluating Outreach* for an overview. Various “tool kits” are provided at the end of each stage, such as lists of additional resources, fill-in-the-blank work forms, and a case example about the fictitious Gowan Library outreach program to illustrate key points of the respective stage.

What are the benefits of evaluation?

Evaluation research has been done in several outreach programs (1), mostly to assess needs and improve practice. This manual adds an emphasis on outcomes-based evaluation to determine what changes have been effected. That is, even if evaluation shows that activities are implemented and processes are monitored and perhaps even improved – what is accomplished as a result of all that work? Tracking outcomes helps answer that “so what?” question.

Overall, evaluation helps programs refine and sharpen their focus; provide accountability to funders, managers, or administrators; improve quality so that effectiveness is maximized; and better understand what is achieved and how outreach has made a difference. Limited attention to evaluation can result in continuation of outreach activities that are ineffective and/or inefficient; failure to set priorities; or an inability to demonstrate to funding agencies that the outreach activities are of high quality.

It's true that planning requires time and resources, and evaluation adds another layer to that process. But the time and effort spent to do even a minimum of planning and evaluation will provide many benefits.

How realistic is planning and evaluation for small scale outreach programs?

The scale of work implied in the planning and evaluation process may seem daunting or unrealistic for settings with limited resources and staff. In reality, there are different levels of expectations that planners can assume when using this manual. It is not intended as a prescription for what must be done to plan and evaluate a program.

Even though comprehensive evaluation is not necessary, an understanding of the basic principles involved in all phases of planning and evaluation might help direct useful small scale assessments so they can derive many of the benefits evaluation has to offer. Just the steps to identify the target audience and prioritize the program goals and objectives with input from the community will help ultimate effectiveness. Developing several objectives that address 1) what outreach will do (e.g., conduct x number of workshops) and 2) the effect these activities may have in changing information seeking behaviors will help maintain a clear focus. Baseline data about the skills, attitudes, knowledge, or beliefs can be compared with post-outreach data on the same variables. Gathering data after outreach has been completed will be important to understand sustained impact.

Thus, with a basic roadmap to evaluation, there is much discretion left to planners about what will be useful and doable in their specific programs. For example, one might choose not to evaluate the skill, attitudes, knowledge, and behavior change outcomes resulting from every outreach activity. Rather, several representative activities might be selected to get an overall impression of results.

It is also not necessary to use this planning and evaluation manual only when beginning a new program or selecting a new audience. It could be a guide for reassessing what you are currently doing – the audience you are targeting, the program goals and objectives you may be following – if only informally. For example, one outreach program decided to re-evaluate the audience they assumed to be part of their target community after conducting a very informal and non-rigorous poll of visitors to exhibit booths at several conferences over the course of a year. There was a consistent finding that the majority of visitors already knew about PubMed, though they were interested in updates or improved skills. While improving skills is a valid outreach objective, the staff began to rethink whether the awareness-raising objectives primary to exhibit activities were being well executed with these audiences. Perhaps there was a need to retarget the types of conferences chosen for future exhibits.

Why are health behavior theories important?

In Stage Three, this manual introduces several theories from the fields of health education and health communications that explain what can motivate or influence changes in behaviors, including:

Social Learning Theory
Extended Parallel Process Model
Stages of Change Model
Diffusion of Innovations Theory
Community Organization

The premise for introducing these theories is that successful outreach requires sustained adoption of new information seeking behaviors by the targeted audience. Thus, outreach often involves interventions (i.e., activities) to influence and change attitudes, skills, and behaviors in using electronic health information systems and resources.

Outreach studies have already identified several barriers to effective use of electronic information sources, and ways that successful outreach can increase certain skills and motivate sustained use of those skills. Behavior change theory enhances that knowledge by explaining the factors that shape behavioral action. Outreach planners need not be experts at understanding the theories introduced here, but the principles discussed can be effectively used in both planning and evaluating outreach activities. According to Witte, the key to successful outreach activities is the use of a theory to guide the intervention and evaluation. Theories cut the guesswork, increase efficiency, and allow one to understand why an intervention is or is not working (2).

Challenges for evaluation

The evaluation designs, methods, and tools described in this guide are meant to provide an overall picture of what can be involved in an evaluation process. There will be exceptions and difficulties in carrying out or using some of the methods and techniques. For example, the rigor required for experimental designs with randomized control groups will be beyond the resources or need of most projects. However, a discussion of the experimental design, with comparison to less rigorous approaches, is provided as a point of departure for those who can apply it to their situations.

Similarly, though surveys are frequently used in evaluations and needs assessments, other types of data collection (such as focus groups, interviews, or feedback forms) may be appropriate depending on the purposes of the research. Developing and conducting survey research is resource intensive, especially when statistical validity is crucial to obtaining data truly representative of the targeted population. If exploratory research is the focus (such as getting a better understanding of an audience or to pilot test a new program), making generalizations from a sample survey to the larger population will probably not be necessary or appropriate.

References

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2. Witte K. Theory-based interventions and evaluation of outreach efforts. Seattle, WA: National Network of Libraries of Medicine, Pacific Northwest Region Web site. <http://www.nnlm.nlm.nih.gov/pnr/eval/witte.html>, 1998.