

Including Evaluation In Outreach Project Planning

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This booklet is part of the *Planning and Evaluating Health Information Outreach Projects* series, designed to supplement *Measuring the Difference: Guide to Planning and Evaluating Health Information Outreach*.^[1] This series also supports evaluation workshops offered through the Outreach Evaluation Resource Center of the National Network of Libraries of Medicine (NN/LM). The goal of the series is to present step-by-step planning and evaluation methods. Along with providing information about evaluation, each booklet includes a case study and worksheets to help you with your outreach planning.

The series emphasizes the relationship between *planning* and *evaluation*—this is why both words are part of the series title. By including evaluation in the planning stage, you are committing to doing it and you are more likely to make it integral to the overall project. Conversely, in planning the evaluation you identify outcomes, which in turn help you to carefully assess project activities and resource needs.

These booklets are aimed at librarians—from the health sciences sphere, particularly—and representatives from community organizations who are interested in conducting health information outreach projects. We consider “health information outreach projects” to be educational or awareness activities designed to enhance community members’ abilities to find and use information. A goal of these activities might be to equip group members to better address their—and their family members’ and peers’—questions about health. Such outreach often focuses on online health information resources such as the Websites produced by the National Library of Medicine. Projects may also include other sources and formats of health information.

The first booklet, *Getting Started with Community-Based Outreach* is designed for those who have an idea for working with their communities but do not know how to start. It describes these steps:

1. Find partners for health information outreach projects,
2. Learn more about the outreach community, and
3. Inventory resources and assets.

The second booklet, *Including Evaluation in Outreach Project Planning*, is intended for those who need guidance in designing a good evaluation plan. It discusses the following:

1. Develop an outcomes-based project plan,
2. Develop an outcomes assessment plan,
3. Develop a pre-project assessment plan, and
4. Develop a process assessment plan.

The third booklet, *Collecting and Analyzing Evaluation Data*, will probably be more understandable to those with some experience in conducting health information outreach, but those just starting in health information outreach also may find it useful to plan their outreach program. It presents these steps for quantitative methods (processes for collecting data and turning them into statistics) and qualitative methods (processes for collecting non-numeric descriptive information and summarizing it):

1. Design your data collection methods,
2. Collect your data,
3. Summarize and analyze your data, and
4. Assess the validity of your findings.

We strongly endorse partnerships among organizations from a variety of environments, including health science libraries, community-based organizations, and public libraries. We also encourage broad participation of members of target outreach populations in the design and implementation of the outreach project. We try to describe planning and evaluation methods that accommodate this approach to community-based outreach. Still, we may sound like we are talking to leaders. In writing these booklets we have made the assumption that one person or a small group of people will be in charge of initiating an outreach project, writing a clear project plan and managing the evaluation processes.

We also encourage evaluation practices that adhere to the Program Evaluation Standards developed by the Joint Committee on Standards for Educational Evaluation, which can be found at <http://www.eval.org/EvaluationDocuments/progeval.html> [2]. The *utility* standards require that evaluation findings will serve the information needs of the intended users, primarily those implementing a project or those with some vested interest in it. The *feasibility* standards direct evaluation to be cost-effective, credible to the different groups who will use evaluation information, and minimally disruptive to the project. The *propriety* standards uphold evaluation that is conducted ethically, legally, and with regard to the welfare of those involved in or affected by the evaluation. Finally, the *accuracy* standards indicate that evaluation should provide technically adequate information for evaluating a project.

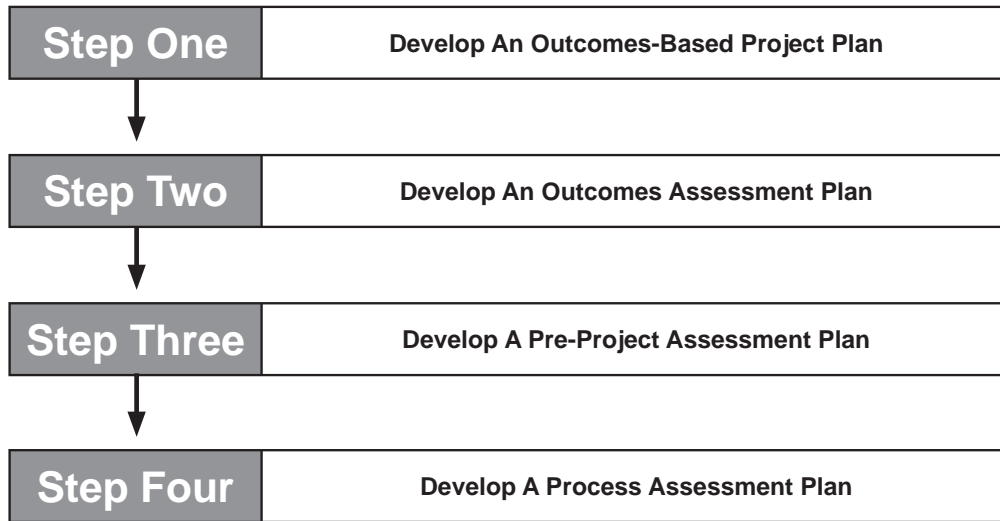
We sincerely hope that you find these booklets useful. We welcome your comments, which you can email to nnlm@u.washington.edu

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We also deeply appreciate Cathy Burroughs' groundbreaking work, *Measuring the Difference: Guide to Planning and Evaluating Health Information Outreach* and thank her for her guidance in our creating the booklets in this update and supplement, the *Planning and Evaluating Health Information Outreach Projects* series.



New outreach projects can be exciting, especially when the project team has innovative ideas for achieving outreach or has a wave of enthusiasm for a new community partnership. Evaluation, believe it or not, can add to the excitement if it is done correctly.

If evaluation is planned and conducted systematically throughout the project, it can provide information for self-reflection and project improvement. Evaluation also can help you provide compelling evidence of effectiveness of a well-done project, which is of interest to all stakeholders in your project. (A stakeholder is defined as anyone who has some form of investment or “stake” in the project). You will be able to take full advantage of these benefits if you include evaluation in your project plan from the beginning.

As you develop your project strategy, evaluation should be a key component. To design an evaluation plan, you first must identify the result (outcomes) you want to achieve. You must

determine what activities, services, and products will help you achieve the desired outcomes. You also should list the resources that you will need to conduct the activities and to produce the products and services (outputs) that will lead to your desired outcomes.

You can think of these project components—resources, activities, outputs, and outcomes—as building blocks for your project and its evaluation. One tool for assembling these building blocks is known as a “logic model.” A logic model is a one-page table that shows how the outcomes you want your program to achieve are linked to the resources, activities, and outputs needed to achieve them. You can also think of logic models as road maps that show your anticipated destination and how you expect to arrive there. With this map to work with, you can use evaluation throughout the project to help you stay on the chosen roads and make course corrections as needed. Then, in the end, you will be able to assess whether or not you made it to your destination.

Step One

Develop An Outcomes-Based Project Plan

The logic model for an outreach project should be developed in the first stages of planning your project.

Figure 1 shows one typical logic model template, based in part on two approaches: one detailed in the *W.K. Kellogg Foundation Logic Model Development Guide* [3] and the other presented at the University of Wisconsin Extension Office evaluation Website [4]. The W.K. Kellogg Foundation guide presents the first two columns as the part of the logic model related to project plans (“your planned work”) while the last three columns show the outcomes you hope to achieve (“your intended results”)

For planned work, list the *resources* you need, including personnel, finances, goods, technology, or anything else you must obtain for the project. *Be realistic about the resources you will need to conduct your project.* The *activities* column presents the activities you plan to conduct in your project.

The intended results are then identified in the last three columns. First, the *outputs* column describes the deliverables of your project or the scope of

your project (such as the number of people trained or number of sessions conducted). Second, the *short-term outcomes* column portrays benefits that you expect your project will have, often describing outcomes of individual participants (e.g., increased knowledge or improved satisfaction). Finally, the *long term outcomes* column is used to describe community, organizational or system-level changes. Since your project may only last 12-18 months, you may not be able to achieve system-level changes before the project ends. However, it is important to articulate long-term outcomes as part of your overall plan so you understand the “big picture” of what you want to achieve. Completing this column also will help you decide whether you need to collect baseline data about changes that you are not expecting until far into the future.

The Kellogg Foundation guide also demonstrates how a logic model actually presents a project strategy. In Figure 1, you see a series of if-then statements at the top of each column. Together, these statements create the project strategy of how you will reach your goals [3].

Figure 1: Basic Logic Model Template*

Project: Goal:		Resources	Activities	Outputs	Short-Term Outcomes	Long-Term Outcomes
We need the following resources to accomplish our plan		If we can acquire these resources, then we can conduct these activities	If we conduct the activities, then we will be able to produce these products or deliver these services	If we deliver these products and services, then our participants will benefit in these ways	If our participants benefit in the way we intended, the community or organization will benefit in the following ways	
<i>Examples</i> <ul style="list-style-type: none"> • Staff • Partnerships • Technology and technical support • Training centers • Funding • Volunteers • Administrative support 		<i>Examples</i> <ul style="list-style-type: none"> • Demonstrations (e.g., health fairs; classes) • Training sessions • Material or curriculum development • One-to-one training • Technology improvement • Promotional activities 	<i>Examples</i> <ul style="list-style-type: none"> • Number of training sessions held • Number of trainers trained • Number of people trained • Number of resources presented • Number of booklets distributed • Number of partnerships & collaborations created • Amount of technology acquired and installed 	<i>Examples</i> <ul style="list-style-type: none"> • Better community access to Internet health resources • Improved participant: <ul style="list-style-type: none"> --Knowledge --Skill --Comfort with technology --Satisfaction with Internet resources • Awareness of more or better options for obtaining health information • Better ability to understand and manage health concerns 	<i>Examples</i> <ul style="list-style-type: none"> • Overall improvement in community toward management of personal health issues • More community-based “experts” to help community residents with resources • More options and locations for community members to find health information • Less health care cost to individuals and community 	
<p style="text-align: center;">← Planned Work →</p>		<p style="text-align: center;">← Intended Results →</p>				
Assumptions				Influences		

*Concepts in this table were adapted from the W. K. Kellogg Logic Model Development Guide [3] and UW Extension [4]

The University of Wisconsin Extension Office’s logic model template adds two elements to the model from the Kellogg Foundation guide [3]. As you work through the logic of your project, the *Assumptions* area at the bottom of the logic model allows you to record any assumptions you have about conducting your project that you may have to confirm. Table 1 shows some typical assumptions that outreach teams might make when planning projects.

Table 1: Assumptions in Program Planning

Category	Examples of Assumptions
Target population	<ul style="list-style-type: none"> • They are interested in your activities • They can be motivated to participate • They can be available to participate
Environment	<ul style="list-style-type: none"> • Convenient and reliable access to computers and the Internet can be obtained • You have access to facilities that are suitable for your activities and convenient to the target population
Staff	<ul style="list-style-type: none"> • Staff members expected to implement different aspects of the program have the skills and knowledge to do so • These staff have the time and resources to fulfill their role on the project • These staff are motivated to participate and are committed to the project

The *Influences* area should contain all the positive and negative influences you expect to encounter as you implement your project. When possible, assumptions and influences should be verified through pre-project evaluation and revised as needed. The template in Figure 1 combines the elements of the WK Kellogg Foundation and UW-Extension Office approaches.

Developing a logic model is a little bit like brainstorming, so most planners do not complete the logic model by starting in the resources column and moving toward the right. In fact, if you think of a logic model as a map to a destination, you can see that you need to know where you want to go (your outcomes) before deciding how to get there. Consider the short-term and long-term outcomes early in the planning stage. You might run a logic model discussion like this (be sure to write with something erasable):

1. Write the overall goal at the top of the logic model. The goal is the general purpose of the project, such as “To increase the use of NLM resources in the community.”
2. In logic models, the most important columns are the outcomes columns and, philosophically, that is where discussion should start. However, most people’s first ideas are triggered by activities that they intuitively know would be beneficial or even resources they need for those activities. It is okay to start with the column that you *know best* to initiate conversation, but you should identify very quickly the outcomes you expect to accomplish. Do not list more than 2 activities without discussing outcomes.

3. Try to write the activities, outputs, short-term outcomes, and long-term outcomes together. Add resources as you think of them. You might want to use column breaks to show which activities, outputs, and outcomes belong together.
4. After you have completed the activities, outputs, and outcomes columns, think about what you will need to accomplish your project. This information belongs in the resources column. Column breaks may or may not be useful here, because you may use the same resources for a number of activities.
5. When the columns are completed, identify the factors you are taking for granted and list them in the assumptions box.
6. Identify the factors that may have a positive or negative effect on your project. Are there resources you can leverage? Do you have data that documents needs of the target population for your intervention? Are there any barriers you may be facing? List these in the influences box.

Outcomes and outputs are sometimes difficult to distinguish. *Outputs* are the parts of the project that your team can accomplish, like the number of training sessions you plan to conduct or the number of people you plan to train. If your sentence starts with “we,” such as “we will have exhibits at 10 community events,” you are describing an output.

Outcomes are stated with an emphasis on the project recipients, such as “the participants will increase their ability to find information about health topics they hear about through the media” or “the agency staff will improve their ability to find health information for their clients.”

Table 2 gives some categories of outcomes and examples that can be entered into the outcome columns of your logic model. You will notice that some outcomes are related to individuals while others are directed toward change at an environmental or community level. If your anticipated results are related to individuals and you expect to observe the results during or soon after your outreach project, they probably belong in the short-term outcomes column. Place results targeted at a community level in the long-term outcomes column. You also might put anticipated long-term effects for individuals in this column.

Table 2: Examples of Different Outreach Outcomes

Type of Outcomes	Examples
Individual level	
Cognitive	<ul style="list-style-type: none"> • Increased awareness of Internet-based health resources • Improved understanding of side effects of a prescription drug • Improved knowledge of how to control a chronic health condition like hypertension or diabetes
Affective	<ul style="list-style-type: none"> • Improved confidence in finding good health information • Increased confidence in asking questions of a physician
Skills	<ul style="list-style-type: none"> • Improved ability to distinguish reliable from unreliable health information • Improved ability to manage health issues (e.g., prevent asthma attacks; cook with less salt to manage hypertension)
Quality-of-care outcomes	<ul style="list-style-type: none"> • Increased use of Internet resources to supplement information provided by physicians or clinics • Increased use of health information when making health care decisions
Community level	
Environmental	<ul style="list-style-type: none"> • Improved community access to the Internet • Improved reliability of Internet service in a community organization
Social	<ul style="list-style-type: none"> • Increased number of volunteers available to help members of the community access online health resources.

Ideally, a logic model is created with participation of representatives of all stakeholder groups (such as librarians, representatives from participating agencies, and clients who will receive services through the project). In reality, the first logic model may be drafted by a team submitting a grant or contract proposal, then revisited later by a more comprehensive outreach team or advisory group. This approach is fine, as long as the logic model is viewed as a flexible plan that can be revisited by a larger group at a later time. In fact, a logic model should be revisited and revised periodically through the outreach project. Appendix 1 shows examples of how logic models can be helpful at many stages of a project.

There are numerous sources for designing logic models, with many available on the Internet., including materials from the W. K. Kellogg Foundation [3], University of Wisconsin-Extension [4], the Institute for Museums and Library Services [5], the National Network of Libraries of Medicine [6] and the Free

Step Two**Develop on Outcomes Assessment Plan**

Management Library [7].

Outcomes assessment allows you to demonstrate the results of your project. When you make a claim in your final report, you use outcome data to support your claim. For example, if you say that your workshop increased participants' confidence in finding good health care information, you would support this claim by writing "The percentage of participants indicating they were 'confident' or 'very confident' about finding good health care information increased from 45% on the pre-session evaluation to 80% on the post-session evaluation."

The first step in writing an outcomes assessment plan is to identify *indicators* for each short-term and long-term outcome in your logic model. For example, a short-term outcome of a training class might be "participants will increase their ability to find out about their medications." In this example, ask yourself "What outward signs can be used to show how well the outcomes were achieved?" You may decide to have a quiz at the end of the training session where you give participants a list of prescription drugs and ask them to find the side effects. Their ability to answer the quiz questions correctly is an indicator that they know how to find information about their own medications. You may ask them directly in a training session evaluation if the session has improved their ability to get information about their prescription drugs. The number of affirmative responses to the survey question is an indicator. Table 3 shows some other examples of outcomes and indicators.

Table 3: Outcomes and Indicators

Outcome	Indicator
1. Participants will feel more confident about locating high quality health information on the Internet	Participants will indicate on the training evaluation form that they are more confident about locating high quality health information on the Internet
2. Diabetes patients will discuss information they found on MedlinePlus with their diabetes educator	Diabetes educator will track the number of diabetes education class participants who bring MedlinePlus information to discuss in class or with her one-to-one
3. Teenagers will use MedlinePlus to get health information for a family member within a month after training	Teenagers will indicate in a survey that they got MedlinePlus information for family members
4. Library staff will use NLM resources more often after being trained on these resources	Library computers will show more hits to NLM resource Websites after library staff has been trained

Once you have identified indicators, you now need to write outcome objectives. Outcome objectives set a benchmark and timeframe for success of your program. A well-written objective should have the following:

- A measurable indicator to determine if the objective was accomplished
- At least one criterion for success
- A timeframe for when the objective will be accomplished

Each objective should be achievable given your time and resources and the priorities of those involved in the project. Table 4 shows outcomes objectives written for the outcomes in Table 3.

Table 4: Outcomes and Objectives

Outcome	Objective
1. Participants will feel more confident about locating high quality health information on the Internet	One month after a training session, 50% of participants will report feeling more confident about locating high quality health information on the Internet
2. Diabetes patients will discuss information they found on MedlinePlus with their diabetes educator	Three months after the training session, 50% of diabetes patients trained to use MedlinePlus will report having a discussion with their diabetes educator about the information they found on MedlinePlus
3. Teenagers will use MedlinePlus to get health information for a family member within a month after training	50% of teenagers trained to use MedlinePlus will report getting health information from a family member within a month after training
4. More NLM resources will be used after the library staff have been trained on these resources	There will be a 25% increase in the number of visits to NLM resource Websites from the library computers six months after all library staff have completed training

Specifying criteria for success can be a challenge. If you are fortunate, others may have conducted projects similar to yours and published their outcomes. Their work can help you set reasonable expectations for your own project. A second approach is to get feedback from stakeholders as to what they would consider an acceptable “return on investment” of time and resources. Expectations may vary based on how long your project has been in place. If you are engaged in a pilot project, small changes may be adequate because your primary goal is to initiate your project. If you are involved in expansion of a pilot project, stronger results may be expected to justify continued investment of resources. As difficult as it can be to specify benchmarks for your results, it is an important exercise in setting goals for your project and should not be avoided. However, be careful not to set your criteria too high because you may not be able to achieve

them given the typical time and resource constraints faced by outreach teams.

Next, put together a more specific plan-of-action for evaluating each outcome. You will want to be specific about your *data source*, *evaluation method*, and *data collection timeline* to assess your indicator. Data sources refer to the location of your information. Often, data sources are people (such as participants or observers) but they also may be records, pictures, or meeting notes. (see Appendix 2 for examples of data sources). Evaluation methods are the tools you use to collect data, such as a survey, observation, or quiz. (see Appendix 3 for examples of methods.) You also can find examples of sources and methods in *Measuring the Difference* (pages 60-63) [1] and in booklet three of this series.

The Institute of Museum and Library Services provides a helpful planning tool for collecting indicator data [8]. Figure 2 is an example adapted from this planning tool that shows how the Objectives and the evaluation plan are related.

Figure 2: Evaluating Findings Using Success Criteria*

Objective: At the end of a training session, 50% of participants will report feeling more confident about locating high quality health information on the Internet.		
Measurable indicator: % of participants who report feeling more confident about locating high quality health information on the Internet.		
Criterion for success: 50% of participants		
Time frame: One month after the training session		
Data Source	Evaluation Method	Data Collection Timing
Training participants	A post-training electronic survey sent to all training participants	Participants will receive the survey approximately 1 month after their training

* Table is adapted from the Institute of Museum and Library Services [8]

Data only make sense in context, so you also want to think about how you will analyze your findings. There are two basic approaches. First, you can compare your outcomes against the success criteria you listed in your outcome objectives. For instance, if you set a goal that 80% of participants in your outreach project can find drug information by the end of your training session, then you can analyze your findings (that is, assess success) by comparing them against your success criteria.

This analytic method has one drawback. If you do not do a pre-project assessment, you do not know how many people could find good drug information before your training session. Therefore, you cannot show how many people *improved* because of your project – they all may have been able to find good drug information prior to training. Your evidence will be more convincing if you can show change over time. To do so, you must assess the level of indicator before you start your outreach project. This is known as a *baseline assessment*. Baseline assessments are helpful anytime they can be conducted, but they are essential if your objectives are written like Objective 4 in Table 4 --“There will be a 25% increase in the number of visits to NLM resource Websites from the library computers within six months after all library staff have

completed training” – you must conduct a baseline assessment. In some cases, you can still get baseline data after your project is completed. For instance, Web traffic reports or customer databases that are collected on an ongoing basis allow you to compare data before and after the program. However, in many situations you will lose baseline information as soon as your project begins. So be sure to review your objectives and evaluation plan to see what baseline data you must collect. Figure 3 shows an example of an evaluation plan for Objective 4 in Table 4.

Figure 3: Evaluating Findings Using Change Over Time

Objective: There will be a 25% increase in the number of visits to NLM resource Websites from the library computers within six months after all library staff have completed training		
Measurable indicator: % increase in the number of visits to NLM resource Websites		
Criterion for success: 25% increase		
Time frame: Six months after library staff has been trained.		
Data Source	Evaluation Method	Data Collection Timing
Web traffic data from library computers	Pre/post training comparison of number of hits three months prior to training and number of hits three months after staff training	Total number of visits to NLM resources six months prior to staff training (baseline) and total number of visits for the six months after staff training

* Table is adapted from the Institute of Museum and Library Services [8]

Step Three	Develop a Pre-Project Assessment Plan
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The outcome evaluation plan is designed to evaluate the results of your project. However, to plan the best strategies for accomplishing your outcomes, you will need a pre-project assessment plan.

Pre-project assessment should include the following steps:

- Revisit any community assessment data you collected before you developed your logic model;
- Investigate the assumptions in your logic model and confirm (or discover new) positive or negative influences that you might need to contend with in your project;
- Take an inventory of the resources you have and those that you must acquire to conduct your outreach project; and
- Conduct an audience analysis for the different activities in your logic model.

First, look at the community assessment data you gathered when you were looking for partners and communities for outreach projects. You may already have information about community assets and resources along with the general readiness of the community for health information outreach. After you look at the data you have already collected, determine whether you need other information for planning.

The assumptions and influences usually are assessed by interviewing stakeholders and project participants. You also may review records, such as attendance at events held at different times of the day (to see when activity is greatest) or enrollment numbers in different projects offered at the outreach sites.

An inventory of resources may involve interviews and site visits. It also may include reading the literature or talking with other outreach teams to get an idea of what you will need for your project. You will be looking at resources like staff availability during the project, meeting places, technology centers, events where you can exhibit online resources, and so on.

Audience analysis should be part of each structured activity (e.g., training sessions) you plan. For instance, you might be able learn of about health topics of particular interest to each group, so you can tailor your activities to include those topics. You will want to know the level of experience and comfort with computers and the Internet for the “average” participant in your training session. Of course, you will always have people at varying levels of experience and ability in any group, but you must determine and design for the “average” participant if you are providing some form of structured group training. (See the information about stages of change in the first booklet or in *Measuring the Difference*, pages 28-29. [1])

There is a possibility that you will discover information through your pre-project assessment that may lead to modification of your logic model. After you have completed this pre-assessment, you may find it necessary to make adjustments in either your activities or your expected short- and long-term outcomes.

Step Four

Develop a Process Assessment Plan

Along with outcomes and pre-project assessment, you also need a plan to monitor the degree to which you implemented your outreach plan as well as the quality of your activities and strategies. In other words, you will be monitoring resources, activities and outputs at the beginning, during, and end of your project. Keeping track of your project while it takes place is usually referred to as process assessment. It has two purposes:

1. During your project, process assessment allows you to find out early about any fixable problems or challenges in your outreach project and make course corrections.
2. At the end of the project, you will review your process assessment findings to help you and your stakeholders understand why your outreach project worked or did not work.

To assess the degree of implementation, you will want a plan for basic record keeping such as attendance rates at training sessions or visitors to your outreach booth. For quality of implementation, you can collect customer feedback through course evaluations, post-session interviews, or focus groups. Table 5 presents some typical process assessment questions and methods for addressing them.

Table 5: Process Assessment

Question	Methods
How closely has the project been implemented according to the plan?	<ul style="list-style-type: none"> • Number of training sessions completed • Attendance counts at training sessions • Number of visitors to an exhibit • Number of brochures or promotional items distributed
How well has the project been implemented?	<ul style="list-style-type: none"> • Brief post-session evaluations completed by training participants • Interviews with trainers • Interviews with activity staff
What barriers were encountered?	<ul style="list-style-type: none"> • Interviews with trainers • Interviews with managers or activity directors of agencies that host training • Interviews with participants

Conducting your outreach activities will be a learning experience. Your process assessment may lead you to adjust your strategies or your expected results. Do not be afraid to re-assess your logic model and revise it mid-way through the project. However, keep track of earlier versions of the logic model; seeing how it changes can be part of the process assessment.

Take Home Messages	Including Evaluation In Outreach Project Planning
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Evaluation must be incorporated into your overall health information outreach plan—before the project begins, while it is going on, and at the end. Your logic model will provide the evaluation plan framework for the pre-project, process, and outcome assessment. If integrated into the project plan, evaluation becomes more meaningful and useful both to the outreach team and stakeholders. The steps for planning a project with an integrated evaluation plan are the following:

- Develop a logic model with participation from a diverse group of stakeholders.
- Write measureable objectives based on the short-term and long-term outcomes columns from the logic model.
- Develop a reasonable data collection and analysis plan for outcomes evaluation based on your measureable objectives.
- Design a pre-project assessment to assist with project planning.
- Develop a process assessment plan to monitor the degree and quality of implementation of your plan.
- Think of the logic model as a flexible document. Revisit and revise it often as your project develops, but keep track of earlier versions so that you can see what has changed.

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How to Use a Logic Model at Different Stages of Your Project

Phase	Benefits	Who should be involved
Proposal stage	<ul style="list-style-type: none"> • Allows the proposal writers to plan thoroughly • Helps the writers anticipate funders' questions and prepare answers for inclusion in the proposal • Provides a structure for writing the proposal 	<ul style="list-style-type: none"> • Principal investigator • Project implementers • Evaluation specialist
Planning Stage	<ul style="list-style-type: none"> • Brings all stakeholders into the planning process • Builds relationships between outreach and CBO staff • Allows different stakeholder groups to consider assumptions and identify potential barriers • Helps outreach staff find ways to integrate into the CBO services and projects • Provides a benchmark plan against which progress can be evaluated. 	<p>Representatives from the following stakeholder groups:</p> <ul style="list-style-type: none"> • All partners on the outreach team <p>And if possible,</p> <ul style="list-style-type: none"> • Agency staff and volunteers • Clients • Evaluation consultant • Advisory committee, if one exists • Funders
Implementation stage	<ul style="list-style-type: none"> • Allows group to check actual project progress against the plan. • Provides convenient method for updating new team members • Allows group to re-examine assumptions and influences and revise plan • Allows alterations in short- and long-term outcomes based on actual implementation <p><i>Note: Good timing for this review might be quarterly or whenever reports are due to a funding agency.</i></p>	<ul style="list-style-type: none"> • Outreach team • CBO partners (anyone involved in project) • Advisory committee, if one exists
Reporting stage	<p>Provides a structure for reporting evaluation data</p> <ul style="list-style-type: none"> • Compare actual implementation against plan • Report evidence of outcome achievement • Report evidence of outcomes • Add unexpected outcomes 	<ul style="list-style-type: none"> • Outreach team • Evaluation consultant <p><i>Note: Feedback about final report should be obtained from CBO partners and, if possible, participants</i></p>

Sample data sources

People

- Participants
- Non-completers
- Project implementers (e.g., workshop facilitators, help desk staff)
- Administrators or agency staff
- Volunteers
- Experts (for instance, consultants trained to review training materials or Websites)
- Advisory committees
- Key informants (anyone with special knowledge about a project, organization, or community)
- Community leaders
- Funders

Existing Information

- Project records, such as attendance sheets from workshop sessions
- Meeting minutes
- Written material kept by people involved in a program, like journals or notes from a training session
- Email or bulletin board discussions
- Existing databases, like demographic information about participants who have received services from an agency
- Web traffic reports
- Newspaper articles

Observations

- Observations of users navigating Websites
- Videotapes of group discussions or meetings
- Products created by participants or stakeholders, such as handouts or items developed by organizational staff to promote consumer health Websites
- Newsletters
- Pictures, such as photos taken of students helping their parents use MedlinePlus

The primary source of this information is from the University of Wisconsin-Extension website [4]

Evaluation Methods

- **Surveys** – questionnaires administered in a standardized manner to collect primarily quantitative data.
- **Interviews** – question-and-answer sessions with individuals. Some interviews are highly structured while others may be very unstructured.
- **Focus groups** – interviews with a group of people. Usually individuals who are chosen for a group share some similarity, like age, profession, level of computer experience, or role in an organization (managerial, support staff, or volunteer).
- **Testimonials** – these are brief accounts that individuals may give about an experience. For instance, you may ask individuals to give a brief account of how they used MedlinePlus the week following a training session.
- **Logs** - chronological descriptions of events, like the number of visitors to a health fair exhibit or a daily list of health topics brought by library users to a public library reference desk.
- **Document analysis** – review and summary of written material pertinent to a project. Examples of documents includes organizational newsletters, meeting minutes, or existing evaluation documents created during an organizational self-study.
- **Tests** – exams of individuals’ skills or knowledge. Tests may have forced-choice questions (multiple-choice or true-false) or open-ended questions such as “name three different types of information you can find at MedlinePlus.”
- **Reflective exercises** - these are questions that are designed to get participants to reflect on experiences. They may be used on a one-time basis (like at the end of a training session) or they may be used to structure participants’ entries to a journal or bulletin board discussion.
- **Expert or Peer Review** – one or a group of people review products or presentations to judge its quality. They may either be experts (like public health experts reviewing health information promotional materials) or they may be peers (like outreach librarians observing and rating their colleagues’ consumer health training sessions). Usually the review process is structured to assure systematic and thorough feedback.

The primary source of this information is from the University of Wisconsin-Extension website [4]

Senior Center Outreach Project

Project Background:

The following case study is designed to demonstrate how to develop a logic model and an evaluation plan. For this case, activity directors from an agency that provides services to senior citizens partner with health science librarians to design a health information outreach project targeted for the over-65 population in their senior program. In this project, MedlinePlus training is offered to seniors, agency staff, and family members of the seniors. The goal of the program is to improve seniors' access to consumer health information, both by improving their skills and training others who can help them.

We first present completed worksheets, based on the case example described here. The first worksheet presents a logic model for this project. The second worksheet presents three objectives and evaluation plan to assess outcomes related to those objectives. The third worksheet presents a pre-project assessment plan and the fourth presents a process assessment plan. Blank versions of these worksheets are included for you to use in your project planning

Logic Model

Project: Outreach to Senior Citizens				
Goal: Help seniors access high quality consumer health information				
Resources	Activities	Outputs	Short-Term Outcomes	Long-Term Outcomes
Health science librarians to conduct training	Seniors enrolled in lunch program receive training	Six training sessions at each senior center	Seniors improve knowledge about their health concerns	MedlinePlus (M+) training becomes a regular part of the senior lunch program
Senior center partners		50% of seniors in lunch programs receive training	Seniors improve knowledge about their prescription drugs	
Internet access at senior centers			Seniors improve communication with physicians about health concerns	
Senior center staff to support educational activities	Senior center staff members receive training on accessing information on M+ or other NLM resources	Two training sessions per staff member and monthly follow-ups for three months	Activity staff will become a resource for seniors to help them get health information --They will help seniors access M+ for health information --They will help seniors prepare for doctors' visits using M+	Providing assistance on M+ will be part of one staff member's job description M+ training will be incorporated into orientation for new staff
	Family members (or other loved ones) receive training	Monthly training sessions offered at varying times (day, evening) will be offered to family member	Each senior in lunch program will have each family member trained Family members will report using M+ after training Family members will learn information about caring for seniors and find resources for managing senior's health issues	Training family members will become a regular service offered through the senior center
Assumptions		<p>--Seniors and staff members do not know about M+</p> <p>--Internet connections at centers are reliable</p> <p>--Family members want to be or are involved with the seniors' health care</p> <p>--Most participants are fluent in English</p> <p>--With the help of staff and family, seniors will understand the information they obtain from M+ and will be able to apply it to their own health concerns</p> <p>--Seniors will feel confident and comfortable enough to talk with their health care providers about M+ information</p>		
		<p>Influences (community needs/supporting factors)</p> <p>(+) All three centers provide a daily lunch program with at least 20 seniors coming regularly to the centers.</p> <p>(+) Three centers in the area have technology centers with at least five computers connected to the Internet</p> <p>(+) One center received computers in the last 6 months and is enthusiastic about starting some training sessions</p> <p>(+) Budget includes small stipend to pay activity staff to be trained on how to use M+ to help seniors</p> <p>(-) The activity director position at one of the centers has had a lot of turnover in the past 24 months</p>		

Objectives and Methods for Assessing Them

Objective 1: At least 80% of seniors who receive training on MedlinePlus will report one or more things they learned about their health concerns at the end of their last training session.

Measurable indicator: Number of seniors who can give examples of what they learned

Criterion for success: 80% will be able to report at least one thing they have learned

Time frame: Immediately after the last training session

Data Source	Evaluation Method	Data Collection Timing
Participating seniors	Individual interviews by facilitator during the lunch session that follows the class	Immediately after last training session

Objective 2: At least 50% of trained seniors will report discussing information from MedlinePlus with their health care providers when interviewed three months after training

Measurable indicator: % of trained seniors who report discussing information from MedlinePlus with their health care providers

Criterion for success: 50% will report discussing information from MedlinePlus with their health care providers

Time frame: Three months after training

Data Source	Evaluation Method	Data Collection Timing
Participating seniors	Survey administered by outreach team member (The survey will be read to seniors if necessary)	Three months after last training session

Objective 3: By the end of the project, at least 25% of seniors in the lunch program will have one family member who has attended MedlinePlus training.

Measurable indicator: % of seniors with a family member trained on MedlinePlus

Criterion for success: 25% of seniors will have a trained family member

Time frame: By the end of the project

Data Source	Evaluation Method	Data Collection Timing
Training attendance records	Family members will be asked to identify themselves on training session attendance sheets	Beginning of each training session

Pre-Project Assessment Plan

Questions	Methods
Assumptions and Influences	
<p>Confirm the following assumptions and influences</p> <ul style="list-style-type: none"> • Seniors and staff members do not know about MedlinePlus • Family members want to be or are involved with the seniors' health care • Most participants are fluent in English • Technology labs are operable and Internet connections at centers are reliable • Enrollment of daily lunch program has not changed since the last meeting with staff • If the activity director has changed, check the willingness of new director to participated. 	<ul style="list-style-type: none"> • Interview staff who work closely with seniors and family members • Interview seniors • Visit facilities to examine computers • Check in 2-3 times before project begins to see if Internet connections are working
Resource Needs	
<ul style="list-style-type: none"> • How many seniors are enrolled in the lunch program at each center and how many attend regularly? • How many family members are likely to take training? • How many staff members will be trained on NLM resources? • How much time can outreach librarians spend at the senior centers? • How many staff members from the centers can assist in training? • What access do activity staff members have? (technology center? Access from their desks?) • Do seniors and their family members have Internet connections outside of the senior center? • When are the best times and days for scheduling training? 	<ul style="list-style-type: none"> • Request attendance data from interviews with administrative staff members who keep records of attendance • Interview staff who work closely with seniors and family members • Interview staff coordinators or managers
Audience Analysis	
<ul style="list-style-type: none"> • How interested are activity staff members in learning to use MedlinePlus to help seniors? • What online resources do the activity staff members use when they have health questions? • What health topics are of particular concern to seniors? • How interested are seniors in learning about online health information? • How likely are seniors to talk with activity staff about their doctors' visits? • How confident are they in talking with their physicians? • Who, if anyone, in their family helps them with health care issues? • How likely are family members to participate in training sessions? 	<ul style="list-style-type: none"> • Interviews with managers and activity staff at centers • Interviews with seniors • Interviews with family members

Process Assessment Plan

What do you need to monitor?	How will you monitor it?
Participation levels at each session	Attendance sheets that include name of participant and their relationship to the center (staff, senior, family member)
Quality of the sessions	Evaluation sheet given at the end of each session Interviews with two seniors and two family members within one week after the training session for feedback
Usefulness of the information provided in training session	Mid-project planning and feedback session involving outreach team, trainers, activity staff, and center managers

Logic Model

Project Title:				
Goal:				
Resources	Activities	Outputs	Short-Term Outcomes	Long-Term Outcomes
Assumptions			Influences	

Objectives and Methods for Assessing Them

Objective __:		
Measurable indicator: Criterion for success: Time frame:		
Data Source	Evaluation Method	Data Collection Timing

Objective __:		
Measurable indicator: Criterion for success: Time frame:		
Data Source	Evaluation Method	Data Collection Timing

Objective __:		
Measurable indicator: Criterion for success: Time frame:		
Data Source	Evaluation Method	Data Collection Timing

Pre-Project Assessment Plan

Information to Collect for Each Area	Plan for Collecting It	Deadline Date
Influences and Assumptions		
Inventory of Resources		
Audience Analysis		

Process Assessment Plan

What Do You Need to Monitor?	How Will You Monitor It?