

Planning & Evaluating
Health Information
Outreach Projects

BOOKLET
ONE

**GETTING STARTED WITH
COMMUNITY-BASED
OUTREACH**
2nd edition

Outreach Evaluation
Resource Center

2013



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Planning and Evaluating Health Information Outreach Projects

Booklet 1

2013

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Preface

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. The goal of the series is to present step-by-step planning and evaluation methods.

The series is aimed at librarians, particularly those from the health sciences sphere, and representatives from community organizations who are interested in conducting health information outreach projects. We consider “health information outreach” to be promotional and educational activities designed to enhance community members’ abilities to find and use health information. A goal of these activities often is to equip members of a specific group or community to better address questions about their own health or the health of family, peers, patients, or clients. 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.

We strongly endorse partnerships among organizations from a variety of environments, including health sciences libraries, hospital libraries, community-based organizations and public libraries. We also encourage broad participation of members of target outreach populations in the design, implementation, and evaluation of the outreach project. We try to describe planning and evaluation methods that accommodate this participatory approach to community-based outreach. Still, we may sound like we are talking to project 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 process.

Booklet 1 in the series, *Getting Started with Community Assessment*, is designed to help you collect community information to assess need for health information outreach and the feasibility of conducting an outreach project. Community assessment also yields contextual information about a community that will help you set realistic program goals and design effective strategies. It describes three phases of community assessment:

1. Get organized,
2. Collect data about the community, and
3. Interpret findings and make project decisions.

The second booklet, *Planning Outcomes-Based Outreach Projects*, is intended for those who need guidance in designing a good evaluation plan. By addressing evaluation in the planning stage, you are committing to doing it and you are more likely to make it integral to the overall project. The booklet describes how to do the following:

1. Plan your program with a logic model,
2. Use your logic model for process assessment, and
3. Use your logic model to develop an outcomes assessment plan.

The third booklet, *Collecting and Analyzing Evaluation Data*, presents steps for quantitative methods (methods for collecting and summarizing numerical data) and qualitative methods (specifically focusing on methods for summarizing text-based data.) For both types of data, we present the following steps:

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

Finally, we believe evaluation is meant to be useful to those implementing a project. Our booklets adhere to the *Program Evaluation Standards* developed by the Joint Committee on Standards for Educational Evaluation [2]. *Utility* standards, listed first because they are considered the most important, specify that evaluation findings should serve the information needs of the intended users, primarily those implementing a project and those invested in the project’s success. *Feasibility* standards direct evaluation to be cost-effective, credible to the different groups who will use evaluation information, and minimally disruptive to the project. *Propriety* standards uphold evaluation that is conducted ethically, legally, and with regard to the welfare of those involved in or affected by the evaluation. *Accuracy* standards indicate that evaluation should provide technically adequate information for evaluating a project. Finally, the *accountability* standards encourage adequate documentation of program purposes, procedures, and results.

We sincerely hope that you find these booklets useful. We welcome your comments, which you can email to one of the authors: Cindy Olney at olneyc@uw.edu or Susan Barnes at sjbarnes@uw.edu.

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We deeply appreciate Cathy Burroughs' groundbreaking work, *Measuring the Difference: Guide to Planning and Evaluating Health Information Outreach*, and thank her for her guidance in developing the *Planning and Evaluating Health Information Outreach Projects* series as a supplement to her publication. We also are grateful to our colleagues who provided feedback for the first edition of the series.

To update the series, we were fortunate to work with four reviewers who brought valuable different viewpoints to their critiques of the booklets. We want to thank our reviewers for their insightful suggestions:

- Molly Engle, PhD, Professor and Extension Evaluation Specialist, Oregon State University, Corvallis, OR
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Introduction

“As we look ahead into the next century, leaders will be those who empower others.”

– Bill Gates¹

The next century is here, and there is a great need for leaders to help others use health information resources and technology tools to manage their health. The importance of health information use is recognized in the Healthy People 2020's (HP2020) Health Communication and Health Information Technology (Health IT) topic area, which states that “the effective use of communication and technology by health care and public health professionals can bring about an age of patient- and public-centered health information and services” [3]. Anticipated outcomes are improved health care quality, safety, and efficiency; enhanced public health information infrastructure; increased support care in the community and at home; and improved health skills, knowledge, and clinical and consumer decision-making.

The complexity of the health information environment, however, is also recognized in HP 2020: “With the increasing complexity of health information and health care settings, most people need additional information, skills, and supportive relationships to meet their health needs.” Although Internet use has become commonplace [4], findings from the Pew Internet & American Life Project and other research projects show potential barriers to effectively using health information resources and health IT:

- One-quarter of the US population does not have convenient access to the Internet, so only 59% of US adults are “health seekers” (defined as Internet users who search online for information on health topics) [4].
- The online health seekers do not tend to be discerning about the quality of health information: Three-quarters of Internet health information seekers do not consistently check the source and date of the health information they find online [5].
- To effectively use health information, individuals must possess a certain level of reading and health literacy, defined as “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions” [6]. More than one-third of US adults are not proficient at interpreting and applying anything but the most basic health information, according to the 2003 National Assessment of Adult Literacy [7].

- Some populations lag behind the general population in Internet use, including Latinos, African Americans, people over age 65, and persons with disabilities, lower education levels, or lower incomes [4].
- People with chronic diseases are less likely to use the Internet for health information, often due to lack of Internet access [8].

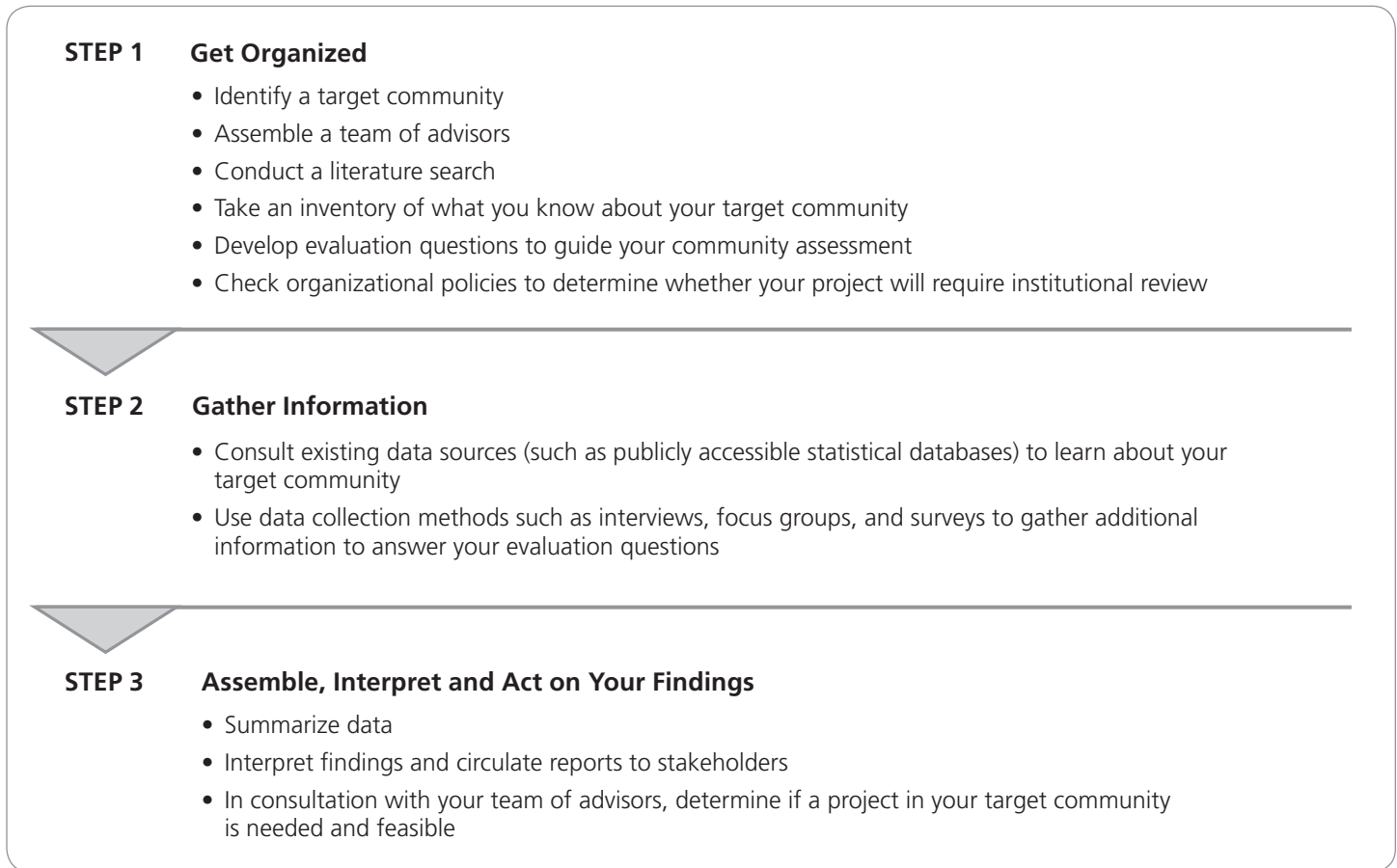
The Pew Internet and American Life Project also notes trends that can be leveraged to promote health information use:

- Cell phone usage is on the rise among Latinos, African Americans, and young people [4], so the potential to reach these populations through mobile online health resources is increasing.
- Social media are emerging as important tools for people in researching their health concerns as they seek information from “people-just-like-me” [9]. While people share information about doctors, treatments, and experiences, they also may share their go-to health information resources.
- Health care professionals are still the source of health information for 86% of all US adults [9]. Yet a recent study showed that many health professionals are unaware of high-quality consumer health resources like MedlinePlus® [10] that could help them answer their patients’ questions [11].

Thus, there are plenty of opportunities for leaders in the movement to increase and enhance the use of health information and technology. Although HP2020 identifies health care providers and public health professionals as leading the charge in health information and IT use among patients, there is evidence that health professionals themselves need support in navigating the complex health IT environment [11]. There also is a need to reach beyond the populations seen regularly by health professionals to general consumers who do not regularly use health care systems for various reasons. Librarians and information professionals in partnership with staff from other community-based organizations, therefore, can play critical roles in the health information revolution. One of the most important of these roles is to reach out to health professionals and consumers to provide assistance and training with navigating the health IT environment. To develop good strategies for doing that, begin with a community assessment to learn about a community’s health information needs as well as its resources that can support outreach efforts. This booklet is designed to help carry out that assessment.

¹ Bill Gates. BrainyQuote.com, Xplore Inc, 2012. [Internet][cited 7 August 2012] <<http://www.brainyquote.com/quotes/quotes/b/billgates385136.html>>.

Figure 1: Conducting a Community Assessment



Outreach and the Role of Community Assessment

The term “outreach” specifically refers to formal activities designed to reach populations (or communities) outside of one’s own institution [12]. As Dutcher and Hamasu noted, “community-based outreach requires that we rely on partners from the local community to serve as our guides through the process of developing relationships, identifying needs and becoming trusted associates.” [13].

In this booklet, we present a systematic approach to community assessment, which is outlined in Figure 1. Community assessment allows you to explore a potential outreach community and form alliances in the process. Your primary goal is to piece together a picture of a community so that you can effectively plan a project. However, the community assessment process also brings you into contact with community members and leaders, as well as those who serve the community in many capacities. The community assessment process is an important step in building relationships that will support a health information outreach project. Finally, the information you gain through community assessment, assuming your findings support

a need for health information outreach, will also help you advocate for support from others who can provide you with the resources you need for an effective project.

If you are new to community-based health information outreach, you may not be ready to actually plan a project. In fact, you may want to immerse yourself in a community of interest to you (often referred to as a target community). Dutcher and Hamasu [13] described a panel discussion among representatives of five different communities of the types often targeted in health information outreach efforts. The panelists suggested those who want to engage in health information outreach begin visiting and getting to know the target community before they have a well-developed plan. Get to know the leaders. Engage in community events. Begin to learn and build trust with community members. Figure 2, on page 3, gives some examples of how to start exploring a community that interests you. It is important to keep a record of the contacts you make and what you learn in this preliminary investigation. The Toolkit provides a worksheet for keeping track of community contacts.

Figure 2: Networking Opportunities

The National Network of Libraries of Medicine regional office for your area (also known as your Regional Medical Library) can be an excellent source of information about potential partners and ongoing outreach projects. Funding opportunities for health information outreach may even be available. Find information about your Regional Medical Library at <http://nmlm.gov/> or call 1-800-338-7657 from within the United States. Here are some other networking opportunities to consider:

If you represent a health sciences or hospital library

- Hold exhibits at local events, such as community festivals or health fairs. Take the opportunity to meet and greet other exhibitors from the community.
- Make an appointment to meet with school librarians to demonstrate MedlinePlus, especially at high schools with health careers programs. While you provide this service to the school, you can find out about its library and explore opportunities to work together.
- Make contact with staffs that provide health education at medical clinics and hospitals, especially those with medically underserved clients. You can help them with their education services and they may ask you to conduct demonstrations for health professionals or patients who would benefit from learning about health information resources.
- Get to know public librarians, who often make great community partners. Public libraries provide Internet access to individuals who may not have access at home, school, or work. They also can provide training space and have direct contact with members of diverse age, ethnic, income, and professional groups. They are often looking for affordable ways to expand the resources they can offer to their communities.
- Make appointments with community college faculty in health-related disciplines. They may have student internships and community service activities as part of their curricula. They can provide you with contact to professionals-in-training, while you can enhance their health curricula by providing skill-training to their students.
- Get to know people in state health departments who are engaged in public health promotion or health education. They often conduct educational programs and services, and can provide access to groups of consumers and patients. In turn, you can contribute to their educational mission by offering demonstrations and training on health information, both to staff and clients.
- Get to know people in city or county emergency services organizations. They may be interested in learning about online databases designed for first responders. Some city and county governments also have community outreach staff that teach emergency preparedness to residents and may welcome partnerships with libraries.

If you represent a community-based organization or public library

- Visit the library at your local medical school or academic health sciences center and see what types of services are provided to the community. Health sciences libraries may have outreach coordinators who would be interested in partnering with you.
- Visit libraries in area hospitals. You may find good resources and potential partners there. Libraries that have consumer health collections are listed on the National Library of Medicine's *MedlinePlus Find a Library* web page at <http://www.nlm.nih.gov/medlineplus/libraries.html>, and many of these are hospital libraries. You can find a listing of other health sciences libraries, including hospital libraries, at <http://nmlm.gov/members/>

On the other hand, you may have already connected with members of a certain community but want to explore ways to help them improve their health information use. If you would like ideas for effective community-based outreach strategies, a good source is the *Journal of the Medical Library Association* <<http://www.mlanet.org/publications/jmla/>>. You also can read about health outreach initiatives, which may help you understand how to reach your target community.

PubMed Central <<http://pubmedcentral.gov>> [14] is an excellent source of open-access journal articles about health outreach. You also could read brief descriptions about health information outreach projects funded by the National Library of Medicine by visiting the National Network of Libraries of Medicine Projects Database at <http://nmlm.gov/funding/database.html> [15].

Community Assessment Process Overview

Conducting a community assessment is a lot like completing a jigsaw puzzle: You have to locate pieces of information and put them together to form a picture of your target community. The goals of community assessment, adapted from Harris [16], are the following:

- Identifying the people or groups of people in your community who are most affected by or involved in problems related to health information use
- Assessing individual and community needs and aspirations
- Identifying the factors (individual, physical, socio-environmental) that create barriers to health information use
- Identifying the level of resources and the community readiness to address the needs
- Obtaining data that can support the need for your project and provide a baseline description of the community that will allow you to monitor your progress.

The community assessment process outlined in this booklet is modified from a three-step model of needs assessment described by Wilkins and Altschuld [17]:

- *Step 1 - Get organized:* In this phase, you identify the boundaries of your target community, find a team of advisors to guide the community assessment project, and determine the scope needed for a community assessment. With the help of your team of advisors, you take an inventory of what you already know, and identify the additional information needed, and put together a data collection plan.
- *Step 2 - Gather information:* Once organized, you collect data identified in Step 1 as necessary to gaining a full understanding of the community.
- *Step 3 – Assemble, interpret, and act:* At this stage, you compile your information and decide whether to move forward with health information outreach in your target community. If you believe you can effectively work with a community and have a positive impact on members' health information use, you will then build a project plan (described in *Booklet 2 Planning Outcomes-Based Outreach Projects* [18] of this series) using your community assessment findings as your foundation.

Step One – Get Organized

Community assessment begins by defining a community of interest. Possibly you have an idea of an outreach project and you want to see how well it will work in a given community. Maybe you recently learned of a group that would benefit by becoming more skilled users of health information resources. Or maybe you became aware of funding opportunities to reach specific groups. Then again, your idea may be rooted in a mandate from a higher authority, like your institution or a government entity, to provide service to a specific group.

Once you have identified your community of interest, called the “target community,” there are a number of steps to take to organize your community assessment project. Be sure to allow yourself sufficient time to get organized, which includes doing the following steps:

- *Identify a team of advisors.* Your advisors should come from representatives of stakeholder groups. Stakeholders are those who are invested in the success of your project [16].
- *Conduct a literature review.* There is a wealth of information in academic literature about effective practices for influencing positive changes in individuals and communities. Also, theoretical models of behavior change provide an organized description of how various psychological, social, and environmental factors influence behavior change
- *Take an inventory of what you already know.* Once you know what you know, you can focus on collecting what you need to find out to get an adequate picture of the community for project planning.
- *Develop evaluation questions.* These are questions directed toward what you need to learn to complete your picture of the target community, such as “What are the prevalent health care issues for my target community?” or “How many organizations in the community offer public access to computers and the Internet?” Evaluation questions frame your community assessment, both assuring that you gather all necessary information and preventing you from collecting unnecessary or unusable data.

Team of Advisors

Project stakeholders are those who have a “stake” in the success of your program. Different stakeholder groups may have very different interests and values. Your team of advisors should include representatives of all stakeholder groups, because you will need their ongoing support if you move forward with a project. To build their support, you need to create a picture of the community that answers stakeholders’ questions as well as your own. Stakeholder groups may include:

Figure 3: Stakeholders for a Health Information Training Project for Migrant Health Community Health Workers

Health information outreach project: a train-the-trainer project to teach community health workers (paraprofessionals) in a Migrant Health Clinic to provide health information to clinic patients.

Stakeholders

- Patients at a Migrant Health Worker clinic
 - The health educator who trains community health workers and bilingual volunteers
 - Clinical staff that provides health services to migrant patients
 - The funding agency for the health information outreach project
 - Health sciences library staff conducting health information outreach training for community health workers
 - Administrative staff at the Health sciences library who oversee personnel involved in the health information outreach project
-
- Community members who will participate in and benefit from your project
 - People who serve the community you are trying to reach, such as teachers, health care providers, or volunteers in health care organizations
 - Outreach project staff, who will want to be sure that investment of their time will be effective and worthwhile
 - Managers who oversee the staff who are directly involved with the project and want to use their human resources wisely
 - Leaders of partnering community-based organizations, who will want to make sure their participation or endorsement of your project reflects positively on the organization
 - Representatives of funding agencies, who will want to make sure the outcomes of your project are related to their mission
 - Members of a community who will not be directly involved in your activities but may be affected by outcomes (such as teachers in a high school where students are taught to use MedlinePlus).

For an example of potential stakeholders for a fictitious project, see Figure 3.

Figure 4: The Innovation-Decision Process

Representatives of stakeholder groups can help you identify the major issues facing your health information outreach project and determine the scope of the community assessment project. Those from the community can serve as “key informants,” who can help you understand the target community and help you gain access to community members. These stakeholder-advisors also may know of local databases that can help you or refer you to experts who have worked in their communities and can share effective strategies for outreach. Finally, representatives from each stakeholder group will ensure that you address the concerns and values of those who have a stake in the program.

Literature Searches

It also is a good idea to learn from others who have worked in similar target communities. You can find examples of health information outreach and health promotion projects conducted by others in the academic literature. As noted previously, PubMed Central is an excellent source for articles about health information outreach and health promotion projects.

Theoretical Models of Behavior Change

Most health information outreach projects have goals related to behavior change. For example, we often want people to start researching their own health issues or to become more critical in choosing online health information. Behavior change is complicated: There are a number of psychological, social, and environmental influences that can make or break behavior change. The goal of community assessment is to identify these influences.

Theoretical models of behavior change organize findings from individual studies into a cohesive theory of cause and effect. They can be invaluable guides in helping you understand the type of information you need to plan a community-based outreach project. Many public health initiatives are based on behavior change models, a number of which are described in *Measuring the Difference* [1].

Figure 5: Factors That Influence Innovation Adoption

- *Relative advantage*: The innovation is better (i.e., easier to use, more accessible, higher quality) than the product or resource that supersedes it.
- *Compatibility*: The innovation is compatible with existing values, past experiences, or current needs.
- *Complexity*: The resource or product is perceived as simple to use.
- *Trialability*: The user can easily experiment with the product before coming to adoption.
- *Observability*: The results of the innovation are visible to others. (If people can see the results of a peer’s use of an innovation, they will talk about it with others.)

For community-based outreach projects, we prefer the Diffusion of Innovation model [19]. This model incorporates not only the psychological influences over behavior change, but also the social, interpersonal, and environmental factors as well. This model specifically describes the process by which people adopt anything new: products, resources, habits, or policies. These new things are referred to as “innovations.”

The “newness” of a product or resource is relative to the individual. When individuals start using a new consumer health database or change how they use online health information, they are adopting an innovation. For example, if you introduce MedlinePlus to a group of parish nurses and they begin to use it to provide customized health information to their patients, they have “adopted” the innovation.

The process by which individuals adopt an innovation (called the innovation-decision process) is illustrated in Figure 4. In the Knowledge stage, individuals first become aware of an innovation. In the Persuasion stage, they seek more information to form a positive or negative attitude about the innovation. In the Decision stage, they decide whether to try it. If the experience is positive, they start using the innovation. However, they continue in the Confirmation stage to gather information about the new product and evaluate it, continuing to compare it against alternatives [20].

Figure 6: Identifying Innovators and Early Adopters

- When you demonstrate a website at a site or community event, which visitors seem most enthusiastic about your resource? Who is likely to sign up or request training?
- Who in the community needs better access to health information? For example, community health workers and community-based organization volunteers may often receive requests from community members for health information but may not have convenient access to the Internet or the search skills necessary for locating health information.
- Who currently has values, habits, experience, and needs that are consistent with use of online health information? For instance, you might find a group of clinic staff members who must do patient education. They may find the MedlinePlus tutorials an excellent, efficient way to make presentations to patient groups. Adult literacy educators may need to teach some basic computer skills and would integrate MedlinePlus training into a computer literacy session.
- Who in the community has some experience with the technology needed to access your resources? Experienced users will respond more quickly to your innovation. For instance, in many communities targeted by health information outreach, children and teens are often the most experienced with computers.
- Who in the community will experience and demonstrate tangible results if they use your health information resources? For example, if health professionals distribute handouts from your databases to patients, they are demonstrating use of your resources. Health information that is customized to the patient's needs is an observable outcome of using your resources.
- Who in the community has access to locations where they can practice using the innovation? One of the most troublesome areas of outreach is that many members of typical target communities do not have ready access to the Internet. If your health information outreach involves accessing online health resources, you will want to make sure those you train first will have convenient access to computers.

Five innovation traits affect individuals' adoption. [See Figure 5 on page 6 for descriptions.] For example, people will be more likely to adopt MedlinePlus if they perceive it is more convenient or yields better information compared with their alternative sources of health information (high relative advantage). If use of MedlinePlus is compatible with their computer use and their use of health information, it will be more likely integrated into the community (high compatibility). If community members find MedlinePlus easy to navigate (low complexity), they will be more inclined to adopt it. The fewer resources it takes to be able to try out MedlinePlus (trialability), the more likely they will be to try it. If they observe others using MedlinePlus and benefiting from its use (observability), they will be more compelled to use the website.

People gather information about an innovation through all stages of adoption, relying on media, and social channels of communication. Media and experts are useful in creating initial knowledge about an innovation, but social interactions with peers carry more influence over attitudes and ultimate decisions to adopt something new. Adoption of innovations is greatly influenced by positive reports from community "opinion leaders." These are members in the community whom others rely on for judgments and advice on innovations. Opinion leaders, if they like your product, provide very inexpensive promotion of innovations. They become role models and vocal advocates to the community, which will pay attention to what they say [20].

The spread of innovations within a community occurs in waves. Innovators, the first 2.5% of users, are the gatekeepers who introduce innovations to a community. An example might be a high school librarian who decides what health information sources to bookmark on the school's computers. Early adopters are the second wave of 13.5% of users. This early adopter group is often sought after in public health initiatives as "local missionaries" for an innovation because their opinions are respected by the larger community and they serve as role models. They are said to be more "integrated" into a social system, meaning they are closer to the "average" user than an innovator. The "train-the-trainer" strategy that is used in many health information outreach projects is based on the "early adopter" factor in Diffusion of Innovation: You train people who you believe can reach others.

Promoting health information resources is similar to lighting a fire. If you can get early adopters to use your product, its use will eventually spread spontaneously from them to the rest of the community with little effort on your part.

Diffusion of Innovation has been described here in detail because it gives you an idea of the type of information you need to gather about a community to plan an effective outreach project. Figure 6 presents some strategies for identifying innovators and early adopters. Figure 8 on page 9 provides evaluation questions that you might ask to understand how to introduce an innovation into a community.

Figure 7: SWOT (Strengths, Weaknesses, Opportunities, Threats) Analysis for Community Assessment Planning

<p style="text-align: center;">Team Strengths</p> <p>What are the strengths that the team possesses to conduct an outreach project with the target community?</p>	<p style="text-align: center;">Team Weaknesses</p> <p>What are the team's shortcomings for conducting health information outreach?</p>	<p style="text-align: center;">Team Unknowns</p> <p>What do we need to find out about the team before planning an outreach project?</p>
<p style="text-align: center;">Community Opportunities</p> <p>What community characteristics, resources, and assets of the community will support the team's project?</p>	<p style="text-align: center;">Community Threats</p> <p>What aspects of the community may create challenges or barriers to an outreach project?</p>	<p style="text-align: center;">Community Unknowns</p> <p>What do we need to find out about the community before planning an outreach project?</p>

Take an Inventory of What You Know

Once you have identified your team of advisors and brought yourself up to speed on relevant literature and theoretical models, it is time to take an inventory of what you and your team already know. If possible, you should convene an advisory group or task force meeting for a structured conversation about what is known and what needs to be known about your target community in relation to health information outreach.

To organize your discussion, you might take advantage of a strategic planning tool called a SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis. A SWOT analysis is typically used to assess an organization's internal strengths and weaknesses and the opportunities and threats to the organization in the external target community.

To apply this tool in health information outreach project planning, we suggest a slight variation on the typical SWOT tool. We suggest that you gather your team of advisors to identify what you know about the project team's internal strengths and weaknesses for working with a specific community and the strengths and barriers in the community to providing health information outreach. Throughout the discussion, take note of the information you need to gather for a more complete picture of strengths, weaknesses, opportunities and threats. Figure 7 shows a way to adapt the traditional SWOT tool for a planning discussion of a community assessment.

If organizing an advisory meeting is beyond the scope of your resources, you should then talk individually to your advisors. You might start by completing the SWOT template on your own or with your immediate project team. You then could share it one-to-one with your project advisors for their input.

Formulating Evaluation Questions

Your final task in Step One is to articulate evaluation questions. Evaluation questions help you plan a thorough community assessment while helping you avoid unnecessary data collection. Evaluation questions are guided by your theoretical model of choice and by advice from your team of advisors. Figure 8 on page 9 provides a list of potential evaluation questions.

Investigate Institutional Review Procedures

In the preparation stage, it is a good idea to find out if an office or board from your organization must review your community assessment plan before you actually start to collect data. Universities and academic medical centers require that some data collection procedures be reviewed by Institutional Review Boards. Other organizations, such as public schools or public health departments, may have procedures in place to review and authorize projects that include evaluation methods such as surveys. It is best to find out about all review requirements early in your community assessment planning, or you may find that your project will be significantly delayed.

Figure 8: Community Assessment Questions

Listed below are some typical community assessment questions that are based on the Diffusion of Innovation and the experience of the authors.

Key characteristics of the community

- Does the community have high percentages of people who belong to populations that are less likely to have access to health information or strong technology skills (e.g., senior citizens or low-income residents)?
- Do residents experience health disparities (e.g., are they medically underserved; do many lack health insurance)?
- What health problems are prevalent in this community?

Influential community members (authority figures, innovators and early adopters, opinion leaders)

- Who helps residents find and assess health information?
- Who do community members look to for advice on technology or health issues?
- What organizations provide information to community members?
- Who are the teachers (paid or informal) in the community?

Current status of health information access

- Where do community members get health information now?
- How satisfied are they with their current methods of getting health information?
- What advantages do your health information resources provide community members over the resources currently available to them?
- What are their opinions about online health information (is it usable, credible, helpful)?
- What good and bad experiences have community members had in trying to locate online health information?
- What type of experiences have community members had with those who provide health information (e.g., librarians; health care providers)?
- Are there individual-level or community-level problems that could be addressed through use of your online resources?

Current status of technology use and experience

- How technology-literate are members of the target community?
- Are community members currently using the technology (e.g., computers, mobile phones) needed to access your health resources?
- What type of Internet connectivity (e.g., dial-up, broadband) is most prevalent to the target community?
- Will they have to buy any special computer equipment to use your resources?
- What are some prevalent health concerns or health information needs within the community?
- What health information-related problems could your health resources solve for community members?

Community resources and assets

- What popular community events would provide good venues for exhibits and demonstrations?
- Are there community-based organizations that may invite you to demonstrate or provide training on your online resources?

Potential collaborators and partners

- Are there organizations that hold programs that could incorporate a demonstration, such as community computer classes or English literacy classes?
- What publicly accessible computer facilities are available for training sessions? Make sure the computer facilities are available at the times you will need them and have adequate parking.
- What media opportunities could be used to promote your resources and outreach activities?

Step Two – Gather Information

There are two basic approaches to attaining information about your community of interest. You can collect the primary data, which is information collected directly from the community members. Chances are you will have to collect some primary data for your health information project because it is “customized” to your specific target community. We recommend, however, that you start by looking for data collected by other groups or researchers (called secondary data) that may provide you with valuable information about your target community. Some secondary data sources include the following:

- Publicly accessible databases of statistical information, such as those collected through state or federal agencies. The website Partners in Information Access for the Public Health Workforce <<http://phpartners.org/>> [21] is a good starting point for finding databases related to health and demographic information.
- Local organizations, such as police departments and Chambers of Commerce, may have information that is publicly accessible or available upon request.
- Data collected by your organization or library for a different project or purpose that may provide information about doing health information outreach or working in a specific community.

Figure 9, on page 11, provides some examples of secondary data sources that may be useful when conducting community assessments. Although relatively convenient, secondary data sources have their limits. They were not designed to provide information about your specific project or community. They also may not have up-to-date information. You seldom can get adequate details about the actual lives of community members that you can glean with more customized data collection procedures.

Once you have exhausted the usefulness of secondary data sources, it is time to recheck your evaluation questions to see what you still need to answer and plan a strategy for filling the missing puzzle pieces of your community pictures. Listed below are some typical methods for collecting community assessment data. Some of the most popular methods for data collections are the following:

- *Interviews.* Interviews are conducted one-to-one with people who live or work in a community. You might talk to residents or those who serve them (such as community-based organization staff or health care providers) to collect information about their experiences, attitudes, and beliefs. We cover more details about interviewing in *Booklet 3 Collecting and Analyzing Evaluation Data* [22] of this series.

- *Focus group interviews.* These are focused discussions with 8-12 people with similar characteristics. Focus groups require additional planning compared with interviews, particularly in determining the optimal composition of your groups. We highly recommend that you research how to run focus groups if you want to use this method for community assessment. We recommend the guidebook by Krueger and Casey [23].
- *Questionnaires:* Questionnaires have the advantage over interviews and focus groups in that you can efficiently collect responses from larger groups of people. You can design questions that collect factual information (such as employment or health status), behavioral information (such as how often they use online health resources) or attitudinal information (such as the importance respondents place on researching information given to them by their physicians.) Most questionnaires collect data that can easily be summarized with statistics (e.g., frequency counts or averages). Booklet 3 in this series gives more details about designing questionnaires. You also might want to read *Conducting Concerns Surveys* at the Community Toolbox <http://ctb.ku.edu/en/tablecontents/sub_section_main_1045.aspx> [24].
- *Observations.* It can be helpful to see your health information resources through the eyes of community members. In participant observation, you enter into a setting and observe others’ responses. A good example is the event exhibit where you set up a computer and Internet connection to allow people to try out various online resources. You then take notes on how people respond to your resources to get a sense, for example, of their perceptions of a resource’s usefulness or ease of navigation. The key is to have some type of observation sheet to record your observations so that they are systematic and you do not forget what you saw.
- *Site visits.* A site visit is useful if you plan to provide outreach activities at a site in the community, such as a publicly accessible computer facility at a public library. You may investigate the layout of the physical space, condition of equipment, speed and ease of Internet connectivity, and the rhythms of the day-to-day operation (e.g., peak and slow periods of use). You also will want to pay attention to things like parking accessibility and ease of navigating a building. The key to a good site visit is to have an observation worksheet where you can record your observations. You also might want to talk with key people at the site. (Site visits tend to combine several evaluation methods, such as observations, interviews, and focus groups.) See the Toolkit for a worksheet for recording notes from site visits. You should notice questions on that worksheet that tie in with Diffusion of Innovations theory.)

- *Online discussions.* Social media tools allow people to participate in discussions on their own time (that is, asynchronous discussions). One technology for asynchronous discussions is Ideascale [25]. People contribute ideas related to a topic or question, then others both rate the ideas and add their own comments. There are downsides to Ideascale: Confidentiality and anonymity

appear to be difficult to protect; and there is a learning curve to using Ideascale and other tools (both for the person running the discussion and the participants). For some groups such as young adults, however, social media tools may be one of the best ways to get participation.

Figure 9: Secondary Data Sources

Note: You can access many of these sources through the Partners in Information Access for the Public Health Workforce (<http://phpartners.org/>)

Type of information	Sources
Demographic information (e.g., gender, age, income levels, ethnicity)	US Census data http://factfinder2.census.gov/ http://quickfacts.census.gov
Health information	County Health Rankings by the Robert Wood Johnson Foundation and the University of Wisconsin http://www.countyhealthrankings.org/ CDC Behavioral Risk Factor Surveillance System http://apps.nccd.cdc.gov/BRFSS-SMART/ HHS Community Health Status Indicators http://communityhealth.hhs.gov/homepage.aspx?j=1
Barriers to health care (e.g., health shortage areas; percent of uninsured residents)	HRSA Health Resources County Comparison Tool http://www.arf.hrsa.gov/arfwebtool/Counties_search.asp
Community workforce information (e.g. percent unemployed; job growth)	Local Chambers of Commerce
Information about children	Annie E. Casey Foundation Kids Count Data Center http://www.kidscount.org Also check state department of education websites
Listings of local community-based organizations	Local United Way sites, particularly the 2-1-1 United Way referral services. You can find services by using the 2-1-1 Information and Referral Search http://www.211.org/
Information and statistics about public libraries	State Library websites
Information about Healthy People 2020 goals and targets	http://healthypeople.gov

Figure 10: Developing a Data Collection Plan

Evaluation question	How will you collect the information and from whom?	What tools need to be secured or developed?	Who will be responsible for collecting this information?	What is the completion date for data collection?
What community-based organizations serve low-income members of the target community?	Review statewide 2-1-1 database	Locate URL for appropriate website	Team leader	2/29/2012
Where do community members go for health information?	Interview recreation center walking group	Focus group question guide	Program team member 1	3/29/2012

Also, see Appendices 2 and 3 in *Booklet 2* [18] for a list of data sources and methods. Another good source for designing community assessment methods is the website Community Toolbox. (See specifically the resources under Part B in the Table of Contents at <http://ctb.ku.edu/en/tablecontents/index.aspx> [26].)

Figure 10 provides a sample table that you could adapt for planning your data collection process. Before you begin data collection, be sure you do the following:

- Submit your evaluation plan for institutional review, if necessary.
- Find or develop data collection instruments, such as question guides, observation sheets, or surveys.

- Allow time to pilot test and revise your data collection forms.
- Provide training to those helping to collect the data. Those involved in the data collection phase need to know how to provide instructions to participants, how to follow the question guides and what to do with the data after they have collected it.

Once you have collected your data, it is time to move to Step Three.

Step Three – Assemble, Interpret and Act

Data analysis is a systematic process of summarizing data so that it can be interpreted and used for decision-making. *Booklet 3* [22] in this series explains in detail how to analyze data, specifically data collected through questionnaires and interviews. Readers are encouraged to review that booklet for a more detailed description of simple data analysis.

In this section, we will talk about interpreting and applying data after they have been summarized. We do not recommend that you wait until the end of your community assessment project to analyze data. As described in Step Two, we recommend that you collect secondary data first, interpret what you have learned and then move on to collect primary data. We also recommend that you do ongoing analysis with primary data. When you have a site visit, try to describe and interpret what you have learned. If you conduct a short questionnaire with some local groups, summarize the findings soon after you collect them. You also can share preliminary findings with team advisors to get their insights.

Once you have completed all data collection, you will want to put all the pieces together in a report that presents a cohesive picture of the community. Many people produce a formal written report of findings for a community assessment. If you were funded for your community assessment, your funder may require such a formal report. You probably will receive guidelines from funders about how to organize and present findings. You also may want to share your findings through a scholarly publication. A consultation of author guidelines and a review of a sample of the journal articles will give you an idea of how to use these formats.

It is important, however, that you use your data to make decisions about health information outreach and to guide your project planning. Succinct report formats that directly answer project staff and stakeholder questions are more likely to be read and used. You may decide to present key findings in a written executive summary or a PowerPoint presentation. To choose important findings, think about what different stakeholder groups will want to know:

- All stakeholders, including you, want to be certain that health information outreach can make a significant improvement in community members' ability to use health information.
- Your supervisor or library director will want to know that your efforts will be an effective use of staff and resources and that its outcomes will align with the organization's or library's mission.
- Your project team members who will help implement the project will want information that can help them work effectively in the community.
- Your community partners will want to know that you understand the target community thoroughly enough to provide services that are relevant and culturally sensitive.
- Your funders will want to see evidence that your health information outreach will lead to outcomes that support their organizational mission and goals, such as helping vulnerable populations.

Figure 11, on page 14, provides you with an outline of the types of information you might want to present to your stakeholders for discussion.

Once you have presented findings to your team of advisors, it is time to revisit your original SWOT analysis to see whether you have a more complete analysis of your target community and your team's ability to provide health information outreach. Figure 12, on page 15, presents a more traditional version of a SWOT analysis template, which might be more useful in Step 3 discussions with your team of advisors.

Figure 11: Interpreting Your Findings**Describe the target community:**

- Percentage of community members belonging to vulnerable populations or populations with special information needs
- Rates of chronic illness or health risk behavior in the community
- Potential for community partnerships that will provide you with access to high percentages of community residents (i.e., show the number of clients that you have the potential to reach through the partnership)

Describe the community characteristics that will help you promote health information resource use by describing values, beliefs, and habits of community residents:

- An expressed value of and need for health information
- Needs or desires to research specific health issues
- Community members' dissatisfaction with the current status of their health information access
- Dissatisfaction among local health care providers or community-based organization staff with their access to health information that they can use or provide to their patients or clients

Describe the opportunities available to you to communicate with, teach, and support members of your target community, including:

- Well-attended local events or educational programs where you can demonstrate or present your resources
- Opportunities to provide some training on online resources
- Partner organization that can work with you to reach and serve your target community
- Members of the community who may be willing to assist you with your efforts, such as volunteers, community-based organization staff or volunteers
- Local organizations willing to offer financial support for your project

Describe potential barriers or challenges that you will have to take into account when planning your outreach project:

- Physical barriers that may affect your health information outreach efforts
- Social or political barriers you may encounter
- Historical issues that may affect project success, such as community members' experiences with previous partnerships

Next Steps

Once you have completed the three steps of a community assessment, you and your project advisors should have an understanding of the feasibility and usefulness of conducting health information outreach in your community of interest. Your team should be able to articulate the changes you would like to see in how community members use online health information. The findings should help you design a project that leads to changes of importance to you, your stakeholders, community residents, and those who serve them. These changes, or “outcomes,” may include the following:

- Increased skills of community residents to find online health information to research illnesses and treatments

- Improved knowledge among health professionals in the community to locate health information in other languages or in easy-to-read formats
- Increased number of “trainers” in the community to help other community members search for health information.

Your community assessment should also provide you with good information to guide effective strategies for helping community residents achieve these outcomes. These strategies will be sensitive to the culture of the individuals and will target their needs. They will be designed to build on the current daily experiences and needs of the community. You may know, for example, that there are diabetes support groups in the area where you can teach about online resources. Or you may have discovered a group of volunteers who want to be able to help their neighbors or friends with health information needs.

At this point, it is time to develop a project plan. *Booklet 2* [18] in this series will help you develop a project plan customized to achieve the desired outcomes you can now articulate based on your community assessment.

Establishing Partnerships

As noted earlier in this booklet, the community assessment process may help you find community-based partners to help implement your health information outreach project.

This is an ideal situation. A community-based partner can provide you with access to residents, demonstrate your legitimacy to community members, share financial and human resources, and point you toward venues for teaching and demonstrating online resources. If you are fortunate enough to find a partner, it is important to define the roles and responsibilities of your organization and the partnering organizations. You should formalize an agreement with a written Memorandum of Agreement (MoA) that is signed by representatives of partnering organizations. For guidelines and a sample MoA, check out the Urban Indian Health Institute’s Resources for Partnership page at <http://www.uihi.org/projects/health-equity/partnership/> [27].

Figure 12: SWOT (Strengths, Weaknesses, Opportunities, Threats) Analysis for Doing Outreach

	Helpful	Harmful
INTERNAL	<p>Team Strengths</p> <p>What are the team’s strengths for conducting health information outreach in this community?</p>	<p>Team Weaknesses</p> <p>What are the team’s weaknesses that will have to be addressed to be effective in this community?</p>
EXTERNAL	<p>Community Opportunities</p> <p>What are the team’s weaknesses that will have to be addressed to be effective in this community?</p>	<p>Community Threats</p> <p>What are the potential threats for doing health information outreach in the community?</p>

Take-Home Messages

1. Prepare carefully for your community assessment. Identify a team of advisors, search the literature for health information outreach articles that include lessons learned and become familiar with a theoretical model of behavior change to help you plan your community assessment. Then take an inventory of what you know about your community of interest and develop evaluation questions to help you collect the information you need to develop a picture of your target community.
2. Put together a data collection plan. Seek information through secondary data sources, then implement primary data collection to fill in the information needed about your community.
3. Summarize the data and, with the help of your team of advisors, determine the likelihood that your health information outreach efforts will have a significant impact on your target community.
4. Use the community assessment data to decide whether it is feasible to conduct an effective health information outreach project in your target community. If you decide to conduct a project, develop an outcomes-based health information outreach project plan using the process described in Booklet 2 of this series.

References

1. Burroughs C. Measuring the difference: Guide to planning and evaluating health information outreach [Internet]. Seattle, WA: National Network of Libraries of Medicine, Pacific Northwest Region; 2000 [cited 9 May 2012]. <<http://nnlm.gov/evaluation/guides.html#A1>>
2. Yarbrough DB, Shulha LM, Hopson RK, Caruthers FA. The program evaluation standards: A guide for evaluators and evaluation users. 3rd ed. Thousand Oaks, CA: Sage; 2011.
3. Office of Disease Prevention and Health Promotion. Healthy People 2020 [Internet]. Washington, DC: US Department of Health and Human Services [rev. 22 Feb 2012; cited 9 May 2012]. <<http://www.healthypeople.gov/2020/>>
4. Fox S. Health topics [Internet]. Pew Internet & American Life Project; 2011 Feb 1 [cited 9 May 2012]. <<http://www.pewinternet.org/Reports/2011/HealthTopics.aspx>>
5. Fox S. Online health search 2006 [Internet]. Pew Internet & American Life Project; 2006 Oct 29 [cited 9 May 2012]. <<http://www.pewinternet.org/Reports/2006/Online-Health-Search-2006.aspx>>
6. National Research Council. Health literacy. A prescription to end confusion [Internet]. Washington, DC: The National Academies Press; 2004 Apr [cited 9 May 2012]. <http://www.nap.edu/openbook.php?record_id=10883&page=>>
7. Kutner M, Greenberg E, Jin Y, Paulsen C. (2006). The health literacy of America's adults: Results From the 2003 National Assessment of Adult Literacy (NCES 2006-483) [Internet]. Washington, DC: National Center for Education Statistics, US Department of Education; 2006 Sep [cited 9 May 2012]. <<http://nces.ed.gov/pubs2006/2006483.pdf>>
8. Fox S, Purcell K. Chronic disease and the Internet [Internet]. Pew Internet & American Life Project; 2010 Mar 24 [cited 28 Feb 2012]. <<http://www.pewinternet.org/Reports/2010/Chronic-Disease.aspx>>
9. Fox S, Jones S. The social life of health information [Internet]. Pew Internet & American Life Project; 2009 June 11 [cited 9 May 2012]. <<http://www.pewinternet.org/Reports/2009/8-The-Social-Life-of-Health-Information.aspx>>
10. US National Library of Medicine. MedlinePlus®: Trusted health information for you [Internet]. Bethesda, MD: NLM [cited 9 May 2012]. <<http://medlineplus.gov>>
11. Shipman JP, Kurtz-Rossi S, Funk CJ. The Health Information Literacy Research Project [Internet]. J Med Libr Assoc. 2009 Oct; 97(4):293-301 [cited 28 Feb 2012]. <<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2759165/>>
12. Bougard R. NN/LM outreach. Presentation to GMR outreach librarians; 2010 Jan 19.
13. Dutcher GA, Hamasu C. Community-based organizations' perspective on health information outreach: a panel discussion [Internet]. J Med Libr Assoc. 2005 October; 93(4 Suppl): S35-S42 [cited 8 May 2012]. <<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1255751/>>
14. National Center for Biotechnology Information. PubMed Central [Internet]. Bethesda, MD: US National Library of Medicine [cited 9 May 2012]. <<http://pubmedcentral.gov/>>
15. National Library of Medicine. National Network of Libraries of Medicine Projects Database [Internet]. Bethesda, MD: National Library of Medicine [cited 9 May 2012]. <<http://nnlm.gov/funding/database.html>>

16. Harris MJ. Evaluating public and community health programs. San Francisco, CA: Jossey-Bass; 2010.
17. Altschuld JW, Kumar DD. Needs assessment: An overview. Book 1. In: Altschuld JW, ed. Needs assessment kit. Los Angeles, CA: Jossey-Bass; 2010.
18. Olney CA, Barnes SJ. Planning and evaluating health information outreach projects Booklet 2: Planning outcomes-based outreach projects, 2nd edition. Seattle, WA: National Network of Libraries of Medicine Outreach Evaluation Resource Center; 2012.
19. Rogers EM. Diffusion of innovations. 5th ed. New York, NY: Free Press; 2003.
20. Rogers EM, Scott KL. The diffusion of innovations model and outreach from the National Network of Libraries of Medicine to Native American communities [Internet]. Seattle, WA: Draft paper prepared for the National Network of Libraries of Medicine, Pacific Northwest Region; 1997 Dec 10 [cited 9 May 2012]. <<http://nmlm.gov/archive/pnr/eval/rogers.html>>
21. Partners in Information Access for the Public Health Workforce [Internet]. Bethesda, MD: US National Library of Medicine [cited 9 May 2012]. <<http://phpartners.org/>>
22. Olney CA, Barnes SJ. Planning and evaluating health information outreach projects Booklet 3: Collecting and analyzing evaluation data, 2nd edition. Seattle, WA: National Network of Libraries of Medicine Outreach Evaluation Resource Center; 2013.
23. Krueger RA, Casey MA. Focus groups: A practical guide for applied research. 4th ed. Los Angeles, CA: Sage; 2009.
24. Hampton C. Conducting concerns surveys [Internet]. The Community Toolbox. Lawrence (KS): Work Group for Community Health and Development, University of Kansas; 2012 [cited 9 May 2012]. <http://ctb.ku.edu/en/tablecontents/sub_section_main_1045.aspx>
25. Ideascale [Internet]. Ideascale; 2010 [cited 9 May 2012]. <<http://ideascale.com/>>
26. Work Group for Community Health and Development. Community Toolbox. Chapter 3. Assessing community needs and resources [Internet]. Lawrence (KS): University of Kansas; 2012 [cited 9 May 2012]. <http://ctb.ku.edu/en/tablecontents/chapter_1003.aspx>
27. Urban Indian Health Institute. Resources for partnerships [Internet]. Seattle, WA: Urban Indian Health Institute [cited 9 May 2012]. <<http://www.uihi.org/projects/health-equity/partnership/>>
28. Warner DG, Olney CA, Wood FB, Hansen L, Bowden VS. High school peer tutors teach MedlinePlus: A model for Hispanic outreach [Internet]. J Med Libr Assoc. 2005 Apr; 93(2): 243-252 [cited 9 May 2012]. <<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1082942/>>

Toolkit: High School Peer Tutor Outreach Project

The following case is based on an actual outreach project conducted in Texas near the Mexican border [28]. Students, faculty, and staff at a health careers high school partnered with librarians from a health sciences library to train the school community on use of MedlinePlus. The National Library of Medicine provided funding to the health sciences library to develop outreach projects for the Hispanic communities in the Lower Rio Grande Valley.

We start the case example at an early stage in the project. In fact, we start with the pre-community assessment networking activities when the health science librarian, charged with developing outreach projects in the region, started to network and form partnerships in the community. This librarian had just moved to the area to manage a regional academic health center library and was looking for potential partners to conduct an outreach project. In the networking process, she met the high school librarians who eventually

entered into a partnership resulting in a high school peer tutor project in which students were taught to promote MedlinePlus to peers, educators, and community members.

This appendix provides two sample worksheets for recording observations. Worksheet 1 provides a method for recording contacts you make when you are first exploring a community (before you actually start a formal community assessment). Worksheet 2 demonstrates a method for recording important information gathered during one or multiple visits to an outreach site.

We provide two versions of each worksheet. First, we show these worksheets filled in with information related to our case example to give you an idea of how to use them. These completed worksheets are followed by template versions that you can easily adapt for your own projects.

Worksheet 1: Networking Worksheet, example

Networking activity and time/date/place	Summarize results of your networking event (ideas for partnerships, outreach sites, etc.)	Future contact (If yes, write time/ date/place)	Main contact (name, phone, email)
RVHS Clinic 9/18/2012	Visited with medical director and main administrator of the clinic. They seemed willing to allow us to demonstrate MedlinePlus to patients in their waiting room.	No date scheduled	Mr. Director 999-999-9999
South County Hospital 9/25/2012	Met with directors of public relations and patient education. They told us of various health fairs scheduled for the coming year where we can have a booth.	Contact organizers for St. Bernard Health Fair. Deadline to enter health fair: 9/30/2000	Ms. PR 333-333-3333
Health Careers High 10/4/2012	Met with head librarian for a school library serving a school district of career-oriented magnet schools, including two health careers high schools	Demonstration to library staff on [date TBA] at High School Library	Ms. Head Librarian 101-010-1010
County Health Department	Learned about this from colleague yesterday. Still seeking a contact for this agency		
Rio Grande Health Alliance	Will attend its November luncheon		

Worksheet 2: Site Visit Worksheet, example

Date of Visit:	November 11, 2012
Outreach Partners:	High School Library and Health Sciences Library
Target Community:	The target community consists of students and faculty at Health Careers High School. A secondary target community is composed of the family members of these students. We anticipate that students will access MedlinePlus material for their families.
Primary Contact(s):	Ms. Head Librarian; Ms. Administrative Assistant, 101-010-1010
Activities:	Demonstration and discussion with all three librarians. Three focus groups: one with juniors and seniors; one with freshmen and sophomores; one with faculty. Interview with school principal.

Who are the primary contacts for the project?

Who has the authority to make priorities and enforce plans?

The superintendent and principal are the administrators with the final authority to decide whether this outreach project can be conducted at the health careers high school. Both of them met with the health science and school librarians, attended a MedlinePlus demonstration to students, and expressed their enthusiasm to have Health Careers High be involved in a project with the health science library. The superintendent wants the head school librarian to present the project to the school board at its next meeting.

Who is the best day-to-day contact (the person who is there frequently and returns phone calls)?

The head librarian who is on our outreach team is very conscientious about returning phone calls.

Who seem to be the potential innovators and early adopters?

The school librarians have proven to be the innovators. They now use MedlinePlus when putting together class resource lists for health science teachers. We predict the students will be the early adopters. Computers and the Internet are their preferred method for seeking information; and they have the most to benefit from having access to good health information.

Who will be the opinion leaders for your resources?

The students will be the opinion leaders among their friends and family members. The health sciences technology teachers will probably promote the resources to other faculty members and administrators. The deputy superintendent is very enthusiastic about partnering with the Health Sciences Library because it provides an opportunity for him to promote use of information technology in the curriculum.

Resources and assets

How do different groups in the community respond to learning about your online resources?

The librarians are very enthusiastic about introducing the school community to MedlinePlus. They see it as far superior to the online consumer health resources they currently use. The students seemed enthusiastic. They find search engines like Google very frustrating to use because the bad or unrelated websites are not filtered out. Their teachers limit the number of citations to Internet resources permitted in student research papers because they do not have time to monitor the quality of all the materials that students cite.

Can you identify possible co-facilitators whom you will train to help you with outreach activities?

The school librarians will certainly be co-facilitators. The school, however, has had success with peer tutoring in the technology lab, where students teach other students. We are considering use of that model for the outreach project.

Worksheet 2: Site Visit Worksheet, example *continued*

Did the people you talked to seem to offer advice on how to involve the community? Did they have ideas of where your online resource could be taught?

We got a number of suggestions for training: freshman orientation, open house (parents will be exposed to MedlinePlus as well as faculty, staff, and students). The health science teachers seemed amenable to having training sessions in their classes as students prepare for research projects. Many of the students belong to Health Occupations Students of America and compete in HOSA events. MedlinePlus could be presented at HOSA meetings.

Current status of health information access

How are community members now getting health information?

The students use Google or other general search engines. One student mentioned WebMD. For papers, the teachers often have the librarians pull together print resources for the students to use.

How do they feel about the quality of the information they get?

Teachers are not impressed with the quality of the online materials in general for research purposes. They are very happy with the resources that the librarians gather for them. Students say the general search engines yield a lot of useless links that they have to “wade through.”

Will the resources you are introducing be better or more difficult to use compared with their different approaches?

We predict that every group will find MedlinePlus superior to current methods. We plan to do some training with teachers so they understand that all websites and materials at MedlinePlus go through expert review before they are made available to the public. We know the students will find it superior to the general search engines. The teachers probably will find that looking up health information on their own and allowing students to use MedlinePlus will be much more convenient than their current practices.

Current status of computer experience

What groups are experienced with computers and the Internet?

The students and school librarians are very experienced with using the Internet. The teachers use it as well but admit the students often teach them how to use technology.

What groups are learning to use the computer?

Students told us that some of their parents and grandparents are learning to use the computers. Their family members ask the students to help them navigate the Internet or find information for them.

What groups are likely to have a difficult time using the computer or the Internet? Are there other community members who can help them?

Some parents and many grandparents will probably struggle with the computer (or not use it at all). We expect the students to get information for these family members.

Worksheet 2: Site Visit Worksheet, example *continued***Level of computer access**

Where can community members get computer access?

The library has over 25 computer stations in the reference area and the library's technology lab. The school is open from 7:30 am to 7:00 pm. to students, faculty and staff. The library is also open all summer at the same hours with the exception of Fridays. The library is not open to the general public, but students may bring their family members to use the computers.

How many have access from home?

Most students in our focus groups had computers and Internet access at home. Our librarians estimated that 60% of all students have home computers.

Describe any technology centers available to the community.

The library's technology lab is available for training whenever the library is open. Usually training sessions are held immediately after school. The lab is very convenient to the school community, and the library has its own IT staff to deal with computer problems. Access to the Internet is very reliable, although the district will block popular sites used by teens, such as Facebook.

Is there any type of training or assistance to residents who want to use the computers?

All of the faculty and students have adequate computer skills to learn to use MedlinePlus. The school, however, does not provide training for family members like parents and grandparents.

Describe other aspects of the community that might affect the outreach project

What do both partners have to offer?

The school librarians have easy access to the school community. The teachers think highly of them and trust them, so if the school librarians endorse MedlinePlus for research purposes, the teachers are likely to accept it. The library has excellent IT support for the computer systems. The health science librarian on the team has a lot of experience with teaching online resources. She also has funding to purchase supplies for the project.

Is either partner in the collaboration attempting to secure funding?

The health science librarian currently has a contract from the National Library of Medicine to fund this project. No other funding is being sought for this outreach site.

What is needed for outreach to occur?

Most of the resources are available for the project. We need to gain teacher "buy-in" to our outreach efforts. We also must go through some school system procedures before the health science librarian can work directly with students.

Do you foresee any challenges to completing an outreach project here?

We believe our best strategy is to train students to tutor other people. Our biggest challenge will be to find the right students. First, we hope students will want to be involved. Second, we want students who can handle the extra responsibility of being a peer tutor without struggling in school. We plan to get recommendations from the principal and guidance counselor.

Blank Worksheet 1: Networking Worksheet

Networking activity and time/ date/place	Summarize results of your networking event (ideas for partnerships, outreach sites, etc.)	Future contact? (If yes, write time/ date/place)	Main contact (name, phone, email)

Blank Worksheet 2: Site Visit Worksheet

Date of Visit:
Outreach Partners:
Target Community:
Primary Contact(s):
Activities:
<p>Who are the primary contacts and key stakeholders for the project?</p> <p><i>Who has the authority to make priorities and enforce plans?</i></p> <p><i>Who is the best day-to-day contact (the person who is there frequently and returns phone calls)?</i></p> <p><i>Who seem to be the potential innovators and early adopters?</i></p> <p><i>Who will be the opinion leaders for your resources?</i></p> <p>Resources and assets</p> <p><i>How do different groups in the community respond to learning about your online resources?</i></p> <p><i>Can you identify possible co-facilitators whom you will train to help you with outreach activities?</i></p> <p><i>Did the people you talked to seem to offer advice on how to involve the community? Did they have ideas of where your online resource could be taught?</i></p> <p>Current status of health information access</p> <p><i>How are community members now getting health information?</i></p> <p><i>How do they feel about the quality of the information they get?</i></p> <p><i>Will the resources you are introducing be better or more difficult to use compared with their different approaches?</i></p>

Blank Worksheet 2: Site Visit Worksheet *continued*

Current status of computer experience

What groups are experienced with computers and the Internet?

What groups are learning to use the computer?

*What groups are likely to have a difficult time using the computer or the Internet?
Are there other community members who can help them?*

Level of computer access

Where can community members get computer access?

How many have access from home?

Describe any technology centers available to the community.

Is there any type of training or assistance to residents who want to use the computers?

Describe other aspects of the community that might affect the outreach project

What do both partners have to offer?

Is either partner in the collaboration attempting to secure funding?

What is needed for outreach to occur?

Do you foresee any challenges to completing an outreach project here?

Checklist for Booklet 1

Step 1 Get Organized

- Identify a team of advisors from stakeholder groups.
- Conduct a literature search for articles about outreach project with similar target groups.
- Consult a theoretical model of behavior change.
- Take an inventory of what you know.
- Formulate evaluation questions to focus your community assessment.
- Investigate institutional review procedures to determine whether your project will require review.

Step 2 Gather Information

- Develop a plan to collect data and submit the plan for institutional review if necessary.
- Consult secondary data to answer as many evaluation questions as possible.
- Gather primary data to complete the picture of your target community.

Step 3 Assemble, Interpret, and Act

- Summarize your data to identify trends and patterns.
- Use the summarized data to present a cohesive description of the community.
- Use formats that vary in content and level of detail when presenting to different stakeholder groups.
- Use your community assessment data to decide whether to move forward with health information outreach to the target community. If you do decide to plan a project, use your community assessment data as the foundation of your plan.

