Evaluation of the National Library of Medicine–Historically Black Colleges and Universities (HBCU) ACCESS Project: A Proposed Evaluation Design

FINAL REPORT

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Acknowledgments

Contents

Introduction

This report concludes Phase 1 of a proposed two-phase evaluation of the ACCESS Project. Phase 1 was to produce, at a minimum, a proposed evaluation design and evaluation instruments. Phase 2 is to be the actual evaluation of the ACCESS Project.

This Phase 1 report presents a proposed evaluation design, newly agreed-on goals for the ACCESS Project, proposed evaluation instruments, and a proposed format for Historically Black Colleges and Universities (HBCUs) ACCESS final reports. The evaluation instruments include interview guides, survey questionnaires, and focus group guides. All of this is intended for future use by the National Library of Medicine (NLM), the United Negro College Fund Special Programs Corporation (UNCFSP), HBCUs, and a future evaluation contractor.

The ACCESS Project is funded by NLM through yearly awards to UNCFSP. For the past 7 years, UNCFSP has made four grant awards each year to HBCUs. UNCFSP also provides administrative oversight, training, and technical assistance to HBCUs with ACCESS grants.

A major goal of the ACCESS Project is to increase the availability and use of NLM health Web site information by HBCU students, faculty, and nearby communities. NLM hopes that, in the long run, the greater availability and use of NLM health information will contribute to improvements in health status and reductions in health disparities for these populations. However, the ACCESS Project concentrates primarily on the short-term goal of increasing the availability and use of NLM health information, and that too is the concentration of this proposed evaluation.

The evaluation design and instruments presented here, in Phase 1 of the evaluation, can be used to systematically gather and analyze information about the ACCESS Project's processes, outputs, and outcomes, in Phase 2 of the evaluation. It is proposed that the Phase 2 contract be for a 2½-year period. Such a 2½-year evaluation would allow for the evaluation of 2 years (or cohorts) of HBCU ACCESS awardees (that is, four awardees each year), plus a half-year to fully analyze the data and to prepare a final evaluation report. In later years, continuing evaluation processes and instruments could be implemented by NLM, UNCFSP, and HBCUs, but only after they have had the experience and training of doing such an evaluation during Phase 2 of this process. This later, self-administered evaluation process can be viewed as Phase 3 of an ongoing evaluation of the ACCESS Project, should NLM and UNCFSP decide to proceed in that fashion.

The major principles that have guided the work in Phase 1, and the major principles that are proposed as guides for the proposed evaluation in Phase 2, are the following:

Participatory. Phase 1 has been conducted in a highly participatory fashion, with extensive involvement of NLM staff, UNCFSP staff, and HBCU faculty. (See Sections 1 and 4.) It is recommended that Phase 2 be conducted in a similarly participatory fashion. Such a participatory approach will contribute to the formative goals of the evaluation, since all key actors will be engaged in the evaluation and thus will be more likely to understand and be motivated to contribute to changes to the ACCESS Project, even in the short term. A participatory approach will also facilitate the transition to a possible Phase 3 of the evaluation (that is, a continuing self-evaluation conducted without an outside contractor), should NLM decide to do so. Consideration

should be given to the creation of an ACCESS Evaluation Coordinating Committee, which could have as members NLM staff, UNCFSP staff, Advisory Board members, HBCU faculty, and (in Phase 2) evaluation contractor staff. If there were to be a Phase 3—that is, a self-evaluation phase—the Committee would not need to have evaluation contractor staff in that phase.

Goal oriented. The proposed evaluation would also focus strongly on new and more sharply focused goals for the project. (See Section 2.) During Phase 1, it was found that different participants in the project had somewhat different understandings of the goals of the project. To address this, DSG, NLM, and UNCFSP staff worked together to clarify and agree on the goals of the project. The evaluation design and instruments proposed here have been designed to focus sharply on those newly agreed-on goals.

Future oriented. The Phase 1 evaluation design work has focused on learning from past and current ACCESS Project experiences in order to design a Phase 2 evaluation that will focus on HBCU ACCESS awardees in future years. (See Sections 3 and 4.) This future orientation ensures that HBCU ACCESS awardees will be evaluated against the newly agreed-on goals and objectives that are explicitly included in future Requests for Proposals. They will also be able to benefit from improvements that can be made in the near-term, based on lessons so far learned from past HBCU ACCESS projects.

Formative. This future-oriented approach allows for improvements in the design, implementation, and evaluation of future HBCU ACCESS projects, based on what has been learned from past years of the ACCESS Project. To contribute to such learning, the design phase (Phase 1) of the evaluation process has already generated findings (see Section 5), recommendations (see Section 6), and hypotheses (see Section 7) that are helping to reshape the ACCESS Project in the short run. Similarly, Phase 2 of the evaluation is intended to be a formative evaluation, in which findings and related recommendations that may be identified during the evaluation process itself can be used to modify (and hopefully improve) the ACCESS Project, even before the evaluation has been completed.

Output and outcome oriented. The goals of the ACCESS Project include output goals (such as including NLM health information more extensively in HBCU classes and activities) and outcome goals (such as changing the awareness, knowledge, and use of NLM health information resources among target populations). The proposed evaluation will therefore gather information on both outputs and outcomes. (See Sections 8, 9, 10, and 11.)

Multitiered. Because the ACCESS Project is itself multitiered—with funding from NLM, administration by UNCFSP, implementation by HBCUs, involvement of an Advisory Board, and target populations that include HBCU faculty, students, and communities—the evaluation should also be multitiered, especially if it is to focus, at least in part, on processes and the outputs of those processes. Therefore, the evaluation instruments proposed here have been designed to collect information from all the key actors and target populations, through a variety of interviews, focus groups, and survey questionnaires. (See Sections 8, 9, 10, and 11.) In addition, a consistent format for HBCU final reports is proposed, so that the activities, outputs, and outcomes of the HBCU ACCESS projects can be more easily compiled into a single report. (See Section 12.)

Qualitative and quantitative. Phase 1 has involved primarily qualitative processes, in which DSG has reviewed ACCESS Project documents, attended conferences, convened focus groups, interviewed key participants, and proceeded in a highly collaborative fashion with NLM staff, UNCFSP staff, and HBCU faculty. Some quantitative information was compiled from the HBCU final reports, but the emphasis has not, in the design phase, been on the collection and analysis of quantitative data. However, Phase 2 should combine both quantitative and qualitative tools and approaches. The proposed evaluation design and instruments will ensure that both quantitative and qualitative data can be collected and analyzed in the Phase 2 evaluation. (See Sections 8, 9, 10, and 11.)

This report summarizes key steps that were taken and materials that were developed, to design an evaluation approach and instruments in Phase 1, consistent with the characteristics and principles noted above. In particular, the report briefly summarizes the following:

- The process that was followed in Phase 1
- The goals that were agreed on
- The review of documents
- The report of a focus group
- Preliminary findings
- Preliminary recommendations
- Preliminary hypotheses
- A proposed evaluation design for Phase 2
- Proposed interview guides for NLM staff, UNCFSP staff, Advisory Board members, HBCU faculty, HBCU students, and members of nearby communities
- Proposed focus group guides for HBCU ACCESS Project awardees and for HBCU Grants Training Workshop attendees
- Proposed survey questionnaires for students and community members who were participants in HBCU ACCESS project activities
- A proposed format for future HBCU ACCESS Project final reports

Phase 1

Working to Develop a Proposed Phase 2 Evaluation Design

1. Phase 1 Process Steps

This Phase 1 evaluation design project involved an extensive and highly collaborative process that produced the proposed evaluation design and evaluation instruments contained in this report. Briefly, this process involved the following:

- Extensive meetings, conversations, and exchange of written materials between DSG and NLM staff

- Extensive review and clarification of the goals of the ACCESS Project

- The compilation and sharing with DSG of key documents, including the UNCFSP Requests for Proposals, the HBCU applications, HBCU site visit reports, HBCU final reports, among others

- The systematic review and analysis of key documents for the funded HBCU ACCESS projects for the past 3 years

- Presentation of a status report to the Advisory Board by NLM staff

- Presentation of a status report to the UNCFSP Annual Conference on the ACCESS Project, by DSG and NLM staff

- Convening of and reporting on a focus group of past and current HBCU ACCESS award faculty

- Attendance at the UNCFSP Grants Training Workshop for potential ACCESS Project applicants

- Follow-up phone conversations with two focus group attendees

- Follow-up phone conversations with two Grants Training Workshop attendees

- Development of preliminary findings, recommendations, and hypotheses

- Development of a preliminary evaluation design

- Development of questions on the ACCESS Project, for each goal and for each target audience

- Re-sorting, revision, and amplification of those questions for the major hypotheses

- Development of interview guides for

  - NLM staff, UNCFSP staff, and Advisory Board members
  - HBCU faculty
  - HBCU students
  - HBCU community members

- Development of focus group guides for

  - HBCU ACCESS Project awardees

- HBCU Grants Training Workshop participants
- Development of survey questionnaires for
  - HBCU students
  - HBCU community members

In all of this, the process was highly collaborative, especially between DSG staff and NLM staff.

2. Clarifying the Goals of the ACCESS Project

After an extensive review and discussion of existing statements of the goals of the ACCESS Project, and after review and discussion of several new versions of those goal statements, the following statement of goals for the ACCESS Project was agreed upon, by NLM staff and UNCFSP staff.

ACCESS Program Goals

SHORT-TERM GOALS

UNCPSP Process Goals

- To administer the UNCFSP/NLM HBCU ACCESS Project (ACCESS Project) in a cost-effective manner

- To provide timely and appropriate information to HBCUs and their communities in support of capacity building, training and technical assistance, research capabilities and curriculum development towards enhancing access to and use of NLM health information technology. Such information pertains to the following:

  - ➢ Goals of the ACCESS Project

  - ➢ Applying for and administering Federal funds for health and health-related research and intervention projects

  - ➢ Cost-effective ACCESS Project activities development, implementation and management

  - ➢ Curriculum development and enhancements through the use of NLM online health resources

  - ➢ Evaluation of ACCESS Project activities

  - ➢ Sustaining and/or institutionalizing ACCESS Project activities

  - ➢ Establishment of working cross-sector partnerships

HBCU Process and Outcome Goals

- To incorporate NLM information resources into HBCU courses and other activities, for example through curriculum development and enhancements (a process goal for HBCUs)

- To increase awareness, knowledge, and use of NLM health information resources - (*an outcome goal for HBCU faculty, students, and communities*)

- To increase awareness and knowledge about health status and health disparities *(an outcome goal for HBCU faculty, students, and communities)*

- To increase the ability to apply for and obtain NLM and other Federal funding for health and health-related research and intervention projects *(an outcome goal for HBCU faculty)*

Long-Term Goals

- To increase the sustainability of ACCESS Project activities beyond the termination of UNCFSP/NLM HBCU ACCESS grants *(a long-term process goal for HBCUs)*

- To improve health status towards reducing health disparities that disproportionately impact minority populations *(a long-term outcome goal for HBCU faculty, students, and communities, which is not to be measured by the evaluation)*

In addition to the above statement of goals, it was agreed that future consideration should be given to the possible formulation of core goals (for example, that all HBCU ACCESS projects must focus on students) versus optional goals (for example, in addition to the core goals, HBCU ACCESS projects could also focus on optional goals that target faculty and community members. However, no final decision has been reached on that as yet.

3. Reviewing ACCESS Project Documents

DSG conducted an extensive review of documents for the past 3 years of HBCU ACCESS Project grant awardees. This section provides a summary of the methodology, findings, conclusions, and recommendations of that review. Findings are presented with respect to target populations, goals and objectives, activities, training, materials, evaluations, and sustainability.

Methodology

DSG obtained HBCU ACCESS proposals, site visit reports, and final reports from the program inception in 2002 through 2008–09. Because of the unavailability of some reports in the earlier years of the program, our analysis focused on HBCU grantee data for the past three complete years, 2005–07. Given four awards per year, the universe was expected to be 12 grantees. However, no final reports were available for two grantees—one in 2005 and one in 2006—so the report that follows is based on the 10 grantees with complete data, as follows:

2005–06:   Bethune–Cookman College
Johnson C. Smith University
Savannah State University

2006–07:   Langston University
Norfolk State University
Winston–Salem State University

2007–08:   Coppin State University
Delaware State University
Morehouse School of Medicine
North Carolina Central University

A 13-page instrument was developed to collect data in five areas:

1. Target population
2. Goals and objectives
3. Activities
4. Project evaluation
5. Sustainability

In general, data was collected by comparing the data specified in the proposal with the data that was reported in the final report. When there were discrepancies, or no data reported, this has been noted.

Findings

A. TARGET POPULATIONS

Types of Partners

Table 3.1 shows that the 10 grantees had proposed a total of 30 partners, most frequently public health/social services agencies (36.7 percent), churches and faith-based groups (16.7 percent), public schools (16.7 percent), and community centers (13.3 percent). The number of partners ranged from one to five, with an average of three partners per grantee.

Table 3. 1. Types of Partners (N=30)

	Number	Percent (%)
Public Health/Social Services	11	36.7
Church/ Faith Based Group	5	16.7
Public School	5	16.7
Community Center	4	13.3
Campus Partner	3	10.0
Senior Center	2	6.7
Total	**30**	**100.0**

Types of Participants

All of the grantees targeted their activities to students and at least one community partner (see Table 3.2). Eight out of 10 also targeted staff, and 7 out of 10 targeted faculty. Another 5 had other campus partners, such as libraries, university graduate programs, and university health centers.

Only a few grantees reported on the ethnic breakdown or age of the target population, so there is insufficient data to report. Of those that did report, the minority population was generally African-American.

Table 3.2. Participants (N=10)

	Number	Percent (%)
Community Partners	10	100.0
Students	10	100.0
Staff	8	80.0
Faculty	7	70.0
Campus Partners	5	50.0
Other	2	20.0

B. GOALS AND OBJECTIVES

Table 3.3 shows that grantees proposed an average of 1.5 goals per project and an average of three objectives. Typical goals proposed were

- To increase the awareness and utilization of the NLM online health and medical resources by students at the university.
- To increase the awareness and utilization of NLM online health and medical resources by residents in the community to promote health, wellness, and mental health, and to facilitate positive health outcomes and reduce health disparities.

Most of the objectives were in the education and training category (56 percent), followed by the outreach category (13.8 percent).

Typical objectives proposed were

Education and Training:

- By the conclusion of spring semester, 75 percent of nursing and social work students will be aware of the NLM online health and medical resources from pamphlets and training sessions.
- By the conclusion of the spring semester, 100 percent of the students would have used one NLM database to research a topic relative to health disparities.
- Senior citizens (of a senior center) will be able to describe three different resources for obtaining information on health and disease available through the NLM.

Materials Development:

- By Sept. 1, 2007, the project evaluator and project director will have finalized the pre–post questionnaire to be used as the IRB–approved assessment tool for the ehealth Education Project.
- By the conclusion of the NLM seminar, the project team will have acquired basic skills and knowledge to develop customized training materials on using NLM resources for students and lay audiences.

Materials Dissemination:

- At the onset of Project ehealth, 212 (100 percent) of the Capitol Park households will be informed of NLM's online health and medical resources through door-to-door visits during which pamphlets and flyers will be distributed.
- By the end of the project, 90 percent of students who visit the Student Health Services for counseling on personal health topics, especially reproductive health and the prevention of sexually transmitted diseases, will receive information about how to access and navigate NLM databases.

Outreach:

- By the conclusion of the program, 80 percent of the participants will express willingness to share information acquired through this program with friends and family as indicated by an exit survey.
- Introduce an ehealth information program into the targeted community.

- By April 2006, in collaboration with the Mecklenburg County Health Department Health Promotion Program, Peer Educators will give presentation on NLM online resources at 10 community health education events.

Capacity Building:

- Participants will be able to teach a fellow participant how to research a health condition, using the NLM online resources in 20 minutes or less.
- By the end of the 1st year, an interdisciplinary team of nursing, occupational therapy, physical therapy, and rehabilitation counseling students will have participated in train-the-trainer (TOT) programs.
- Participants will report that they provided NLM's online information competency trainings to at least 20 young African Americans in Hampton Roads, Virginia.

Other:

- By Sept. 28, 2008, the project evaluator will have conducted a pre assessment interview with all members of the TOT group.
- By Sept. 30, 2007, the TOT group will have completed a baseline assessment instrument to measure their awareness and current use of NLM databases.
- By June 1, 2008, the project director, project evaluator, and other project staff will prepare a report that captures the project's processes, outcomes, implications, and sustainability projections.

Out of the 86 objectives proposed by the 10 grantees, 71 percent were achieved, 20 percent were partially achieved, 3.5 percent were not achieved, and in nearly 6 percent of the cases, no information was provided by which achievement could be measured.

Table 3.3. Summary of Goals and Objectives' Achievement Level

Number of Goals (Mean = 1.5)	Number of Objectives (Mean = 2.9)	Number Objectives Achieved	Number Partially Achieved	Number Not Achieved	No Information Provided on Completion
4	24	17	5	2	0
1	7	5	2	0	0
1	6	4	2	0	0
1	7	7	0	0	0
1	3	2	1	0	0
2	4	2	1	0	1
4	18	14	0	0	4
2	6	4	2	0	0
3	7	3	3	1	0
1	4	3	1	0	0
20	**86**	**61**	**17**	**3**	**5**
	100%	**70.9%**	**19.8%**	**3.5%**	**5.8%**

C. ACTIVITIES

Participants in the grant activities were generally involved several times in the curriculum. Table 3.4 shows that 90 percent were involved several times and 10 percent were involved more than three times.

Table 3.4. Frequency of Activities (N=10)

	Number	**Percent (%)**
Several Times	9	90.0
More than Three times	1	10.0
One Time Only	0	0.0
Total	**10**	**100.0**

Seventy percent of the grantees developed a new training curriculum, while 20 percent adapted an existing curriculum (Table 3.5). Twenty existing courses were enhanced with NLM information and training materials, while one new course (HIV101) was created. HIV101 was created as an online course using 'Blackboard' and was available to all freshmen enrolled in UNI101 at Norfolk State University in 2006–2007.

Table 3.5. Curriculum (N=10)

	Number	**Percent (%)**
Developed	7	70.0
Adapted	2	20.0
Unknown	1	10.0
Total	**10**	**100.0**

Most grantees used multiple teaching methods. Most frequently, grantees used methods such as posters, PowerPoint, seminars, research projects, and online classes. Eighty percent of the time grantees used a lecture to convey the curriculum to the target population. Sixty percent also used small group interaction. Medline Plus was the most popular resource taught. Classes ranged in length from 30 minutes to 2 hours.

D. TRAINING

The 10 grantees conducted more than 199 trainings, with an average of about 20 per grantee. Most frequently, the trainings were targeted to community partners (30.8 percent), followed by students (26.9 percent), and mixed groups (23.1 percent).

Table 3.6. Target Audiences (N=52)

	Number	Percent (%)
Community partners	16	30.8
Students	14	26.9
Mixed	12	23.1
Faculty	4	7.7
Other: community members, area physical therapists	2	3.8
All	1	1.9
Campus partners	1	1.9
Staff	1	1.9
Unknown	1	1.9
Total	**52**	**100.0**

The most frequent formats for training were a workshop (44.2 percent), training of trainers (TOT) (19.2 percent), a class (13.5 percent), and "other," such as a one-on-one or Webinar (Table 3.7).

Table 3.7. Training Formats (N=52)

	Number	Percent (%)
Workshop	23	44.2
Training of trainer (TOT)	10	19.2
Class	7	13.5
Mixed	6	11.5
Other (one on one, Webinar, fair, presentation)	6	11.5
Total	**52**	**100.0**

The 10 grantees reported that they had trained a total of about 4,600 people. Because many of the grantees reported that "at least" a certain number attended, the exact number of trainees is presumed to be much higher than this. The average number of people trained per grantee was about 460, and the number of trainees for each grantee ranged from 124 to 1,231.

E. MATERIALS

More than 30 different materials were developed by grantees. Most often they developed curricula (70 percent), training of trainers programs (60 percent), PowerPoint presentations (40 percent), booklets (20 percent), and questionnaires (20 percent) (Table 3.8). Web sites were created by two grantees. In addition, 10 percent created a pre–post test; 10 percent, a quiz bowl; and 10 percent, certificates of completion. The number of materials developed per grantee ranged from one to seven, and grantees developed an average of about three types of materials each.

Most of the materials developed were created by program staff. Most materials were not pilot-tested. The most frequent methods of dissemination for materials were through workshops (54.5 percent), "other" (36.4 percent), and outreach (9.1 percent). Other means of dissemination were class assignments or research project requirements. One grantee used an online classroom format 'Blackboard' for their coursework requirement. In addition, materials were most frequently given to all participants of the project (32.4 percent), followed by students (29.7 percent) and community members and partners (16.2 percent).

Table 3.8. Types of Materials Developed[a]

Materials Developed	Number	Percent (%)
Curriculum	7	70.0
Pamphlets	6	60.0
TOT	6	60.0
PowerPoint presentation	4	40.0
Booklet	2	20.0
Questionnaire	2	20.0
Web site	2	20.0
Certificates of completion	1	10.0
Post training survey	1	10.0
Pre–Post test	1	10.0
Quiz bowl	1	10.0
Total	**33**	**100.0**

[a]One grantee did not mention creating any materials.

F. EVALUATIONS

Most evaluations were conducted by project staff. Table 3.9 shows that, most frequently, the evaluations covered attitudes, behavior, and knowledge (80 percent each), followed by satisfaction (60 percent) and other issues, such as future commitment/action and likelihood of future use.

Table 3.9. Evaluated Items (N=10)

	Number	Percent (%)
Attitudes	8	80.0
Behavior	8	80.0
Knowledge	8	80.0
Satisfaction	6	60.0
Other (Use of databases, libraries, skills, willingness to introduce others to databases, future commitment/actions, improvements, beliefs, awareness prior to use, ability to use and likelihood of future use)	6	60.0

Most grantees reported using a pretest–posttest design for their training curricula. Only one grantee mentioned using a control group. Most reported that they had developed their own evaluation instruments.

Several grantees reported the findings of their evaluations, although few grantees reported evaluation findings in a manner that allowed for more than the reporting of output measures. The types of findings reported included the following:

- The results of the analysis of covariance (ANCOVA) showed no statistically significant differences in knowledge, attitude, behavior, and belief scores between the experimental and control group from pretest to posttest. *(Norfolk State University, 2006–07)*

- Positive changes from pretest to posttest were observed in current online seeking behavior, attitude, and intentions to use NLM resources as a result of the workshops and trainings. Most students reported that they would be more likely to use Medline Plus because they found that using that NLM database was "easy, helpful, convenient, insightful, understandable, reliable." *(North Carolina Central University, 2007–08)*

- PubMed had the highest usage rates after the NLM sessions and was the most frequently cited for future school and personal use. Household Products, AIDSInfo, and Clinical Trials also were frequently noted for future school and personal use. Although students will not forgo the use of less authoritative health information databases, they tend to move slowly into the use of the NLM databases for school and personal information. *(Morehouse School of Medicine, 2007–08)*

- There was an increase of 39 percent correctly answered posttest questions by JCSU students. Eight of the 15 2010 Lay Health Advisors indicated sharing knowledge of Medline Plus with community members 3 months after the training. Three of the nine participants from the 3-month follow-up focus group for community health educators

acknowledged using the NLM resources in their professional or personal lives. *(Johnson C. Smith University, 2005–06)*

- Students who participated in the training-of-trainers session showed a 95 percent increase in their understating of health disparities and knowledge of the NLM databases. Ninety six percent of the students were committed to sharing information about health disparities and the NLM online resources with families and friends. *(Savannah State University, 2005–06)*

- Seventy seven percent (154 students) had never heard of the National Library of Medicine databases prior to taking the survey. Fifty three percent (104 students) identified Google as their main online source, twenty percent (40 students) identified WebMD as their main online source and eleven percent (21 students) identified Yahoo as their main online source (N=198). *(Coppin State University, 2007–08)*

- Only 24 students (13.8 percent) reported that they had previously heard of the NLM databases. In addition 6 of the undergraduate nursing students and 1 of the undergraduate social work students reported that they had used the NLM databases before the training. Forty four percent of the students reported that their first choice for accessing health information was through a doctor, while 23 percent listed the Internet as their first choice. The majority of students (52.6 percent) rated the databases as 'easy to use' while 29.0 percent rated the databases as 'very easy to use.' In regards to likelihood of using the databases to research their own or their family's health concerns, 54.8 percent reported that they were very likely to use the databases. When answering the question on the likelihood of using the NLM databases to research clients' or patients' health concerns, 51.6 percent reported that they were 'very likely' to use the databases. Seventy one percent of Capitol Park residents reported that the databases were 'very easy to use' and 24.4 percent said the databases were 'easy to use.' Male respondents were almost equally split on whether they would use the NLM databases to research health questions for themselves or their families, while the majority of females reported they were 'likely' to use the databases to research health conditions. *(Delaware State University, 2007–08)*

G. SUSTAINABILITY

One grantee reported securing additional funding from NIH as part of a larger grant for 2 more years. Several grantees mentioned creating links on their existing HBCU Web sites to NLM sites. Two grantees created separate project Web sites that are still in use today.

- Winston Salem State University (2006–07): http://www.ecarewecare.com/
- North Carolina Central University (2007–08): http://www.nccuslis.org/ehealth/

Two grantees reported publishing journal articles on the project. Several others reported that articles or manuscripts are in process.

- Disseminating National Library of Medicine Knowledge Into Communities: Fighting Health Disparities. Peterson et al. *(NCCU 2007–08)*

- Reducing the Knowledge Gap Using the NLM: Overview of the Eagles ehealth project. L. Romocki et al. *(NCCU 2007–08)*

- Approaches to the development of training materials for disseminating online information to community based audiences. Swain et al. *(NCCU 2007–08)*

- Evaluating the efficacy of using the NLM for disseminating information. Wordlaw–Stinson et al. *(NCCU 2007–08)*

- Assessing Health Information Literacy training underserved communities. Peterson et al. *(NCCU 2007–08)*

- Enhancing Educational Opportunities in HIV Prevention and Risk Reduction for African American College Students through Online Health Information and Community Service Learning. *(NSU 2006–07)*

Nine out of the ten grantees reported that the activities developed under the grant have continued beyond NLM funding. Most frequently, grantees reported the following types of ways in which grant activities have been integrated into their programs:

- NLM–based training was integrated into the Human Behavior and the Social Environment course syllabus where health and health disparities are studied.
- Trainings continue through the nursing department.
- An Annual Health Information Literacy Fair was hosted.
- The Eagles ehealth Web site continues and is maintained by the School of Library and Information Sciences.
- The project was adopted by the School of Health Science as one of the primary goals in the strategic plan for the yeas 2007–2008. As part of this, the eCare project will expand to 13 community centers and train 1000 community members per year.
- A partnership was established with the City of Winston–Salem Parks and Recreation Department to make the eCare we Care Web site accessible on the desktop of all computers in 16 community and recreational centers in the city.
- The HIV101 course is available to all freshman enrolled in UNI101. The NLM resources have been integrated into four courses for the spring 2008 semester.

Summary and Conclusions

The ACCESS grantees were highly productive—they held more than 199 training events and trained more than 4,600 people. They created a variety of materials and most reported integrating aspects of this training into ongoing curricula in their universities. They developed curricula and produced materials that were disseminated widely.

A number of issues, however, make it difficult to evaluate the activities of the ACCESS grantees based on the review of documents. These include the following:

- **Goals and objectives were often inconsistent, from proposals to final reports.** Grantees would often mention specific objectives and planned activities in their

proposals, but no mention was made of them in their final reports. Therefore, it was often difficult or impossible to determine whether these activities had taken place.

- **Computers and Internet access were often inadequate for the trainings.** This was especially true when trainings took place in partners' community centers or senior citizen centers. Grantees reported issues with lack of internet connections and intermittent internet connections, which made demonstrating the databases difficult.

- **Final reports were not presented in a consistent format**. Some of the grantees' final reports did not report their achievements objective by objective, so it was difficult or impossible to determine whether specific objectives had been achieved. There was no set report format, and some sections, such as the findings of the pre–post tests, could not be found.

- **Results were often vaguely reported and focused on outputs**. Though most grantees reported having pre–post tests and using an evaluator, many reported only training evaluations and satisfaction with the curriculum and databases. Also, there was often no way to determine the exact number of trainings held or the exact number of participants who attended the trainings.

- **Outcome results were not reported**. Most grantees reported their evaluation data in terms of immediate changes prior to taking the training curriculum and at the end of the session(s). Only one grantee developed a measure of assessing the longer-term outcome of the training, for example 3 months later. One other mentioned planning on doing this, but no data were presented.

- **Projects lacked research designs**. Although some emphasis has been placed on doing research, as a part of the HBCU ACCESS projects, HBCU projects lacked rigorous research designs.

- **Projects lacked outside evaluators.** Similarly, and probably related to the above finding, projects lacked outside evaluators. An outside evaluator is not necessary for the conduct of an evaluation, since many HBCU faculty and students have sufficient training to do evaluations. However, an outside evaluator might ensure greater independence and objectivity.

- **Grantees often set ambitious goals that seemed difficult to achieve.** The HBCUs seemed to have enthusiasm for the ACCESS Project, and set ambitious goals for their projects. But the goals, at times, seemed overly broad and ambitious.

Recommendations

1) **NLM should develop a final report format and require grantees to use it**. If the same report format is used by all grantees, an evaluation could assess the degree to which each grantee achieved its objectives and could assess the achievement level across projects. The report format should include tables for grantees to use to report on the number of people trained and their demographics (i.e., ethnic and gender breakdown).

2) **NLM should develop a uniform and core set of output and outcome measures that they want all grantees to report on**. NLM should develop a uniform core set of measures that can be reported to the Office of Management and Budget (OMB) for its annual Program Assessment and Rating Tool (PART) Review of the ACCESS program. Grantees could report on additional measures, but the core set would provide the structure and uniformity of reporting required for increased accountability.

3) **NLM should provide grantees with basic tools, such as sign-in sheets and pre–post surveys, to use in conducting training.** The pretest–posttests can be validated and used by grantees to assess their training. Results can then be reported across sites.

4. Report of the Focus Group

This is the report of a focus group that was held on June 16, 2009, during the NLM–UNCFSP Annual ACCESS Conference, in the Lister Hill Center on the NIH Campus in Bethesda, Maryland. The purpose of the focus group was to solicit insights and recommendations about the ACCESS Project from HBCU faculty who are past or current ACCESS awardees, or who are interested in applying for ACCESS grants. The time for the discussion was relatively short (about an hour). The discussion focused on areas that are of special importance for the design of an evaluation of future HBCU ACCESS projects. The discussion was extremely rich and productive, and there was general agreement that such focus groups would be a useful addition to future conferences as well.

In Attendance

Staff: *Tom Vischi, Marcia Cohen, Amanda Bobnis, and Prentice Johnson, DSG, Inc.; Alla Keselman, NLM*

Participants: *Lisa Barkley, Sheila Harvin, James Heimdal, Melissa Littlefield, Regina McCoy-Davis, Tariqah Nuriddin, LaHoma Smith Romocki, May Linda Samuel, Betsy Simon, HBCU faculty (current or past ACCESS grants, or with an interest in applying for future ACCESS grants)*

Summary of Major Points and Suggestions

The following is a list of major points and suggestions that were made and discussed in the focus group. These points and suggestions are organized into the major topics that were addressed.

CHALLENGES OF THE ACCESS PROJECTS

Focus group participants agreed that there are several major challenges with the ACCESS projects, primarily having to do with the timing of the awards, limitations on funding, and limitations on time available to do the projects. Key issues they noted were the following:

Timing of the Grant Award

- The timing of the ACCESS grants poses problems, since the grant schedule and academic schedules are not in line. The current start date of Oct. 1 is mid-semester, and from October to December many of the grantees are in the planning stage. Consideration should be given to adding 3 to 6 months to the start of the grant period, so that HBCUs can implement a full year's worth of coursework and evaluation instead of just the one semester they now have time to work with.

- Because of University rules, one grantee couldn't begin work until they received all the money. The grant was awarded in late August, but the money did not go out until October 1 and was not received until October 31.

Size of the Grant Award

- This is small money for senior faculty so it is more attractive for junior faculty members. However, an increase in funding, even by $5,000, would be helpful.

- HBCUs have heavy work loads and not a lot of release time to work on other projects. Consideration should be given to encouraging universities to provide release time for junior faculty, so that they can devote more time to the ACCESS projects.

- Most grantees have partners to work with, but no financial incentives to offer them to participate or continue on the project. It would be helpful to be able to offer financial incentives to partners, to keep them interested, motivated, and committed. Each ACCESS grant is currently so limited that it is difficult to share much of it with partners.

- Junior faculty members often do not have a lot of experience in grants or enough time. Grantees reported that the grants "are more work than you can imagine." It would be helpful to them if NLM progress reports could be sent by NLM every other month to the upper administrations of the HBCUs. This would give greater visibility, within the universities, to what the projects are doing.

MOTIVATION TO APPLY FOR ACCESS FUNDING

Participants expressed a high level of commitment to the ACCESS projects, since they saw the ACCESS projects as providing some important opportunities. They reported that:

- The ACCESS projects provide opportunities for faculty, students, and community to work together and to bond. The ACCESS projects help this to happen to a greater degree.

- They provide opportunities for junior faculty to be leaders in their universities and communities, to build on existing activities, to build a basis for follow-up activities, and to gain recognition.

GOALS OF THE ACCESS PROGRAM: CLARIFICATION IS NEEDED

Participants said, at first, that they clearly understood the goals of the ACCESS Program. However, as the conversation progressed, it became clear that there were different interpretations about what the goals are. The following were the key issues:

- Is the primary goal to reduce health disparities or to increase knowledge that might later lead to reductions in health disparities? Maybe it could be clarified that the primary goal is to increase knowledge about Web-based health information resources, especially those of NLM, but not to reduce health disparities, at least not in the short run.

- Is a major goal to market NLM and its Web-based health information resources?

- The goals could be made clearer.

- Another goal might be to increase awareness and knowledge about health disparities and to promote efforts to reduce them.

- Maybe the sequence of goals should be clarified. For example, first, to increase awareness, knowledge, and use of NLM health information resources; second, to increase awareness of health disparities and what can be done to reduce them; third, to increase efforts to reduce health disparities; and fourth, in the long run, to reduce health disparities.

- The group suggested that the RFPs should clearly state what the goals of the ACCESS Program are, and should clearly distinguish between short-term achievable goals (such as increasing awareness and use of NLM Web sites, increasing awareness and knowledge about health disparities), and long-term, less-easily-achievable goals (such as reducing or eliminating health disparities). HBCUs should not be held accountable for achieving the long-term goal of reducing health disparities with ACCESS Projects that are so modestly funded.

MEASURING THE IMPACTS OF THE ACCESS PROJECTS

Participants discussed steps that could be taken to measure whether any or all of the above goals had been achieved.

Measurement Strategies

- Grantees could ask the audiences, that is, the faculty, students, and communities. They could measure ways in which the community is being brought together to address health disparities.

- Grantees could measure levels of awareness, knowledge, and use of NLM Web sites.

- Grantees could try to measure hits on NLM Web sites (though there was some discussion that NLM reportedly said hits could not be used as a measure). Grantees felt that they probably cannot measure numbers of hits to NLM sites from particular universities or communities, but they might be able to measure hits to school Web sites that connect to NLM sites.

- Grantees could measure the use of other health information Web sites.

- Grantees could measure any of the above before an activity, immediately after the activity, and in the longer run as well (for example, 3, 6, and 12 months later).

- Timing is an issue. For example, in one year a grantee may be able to raise awareness, but may not be able to achieve much else. They certainly cannot change disparities in one year.

- It might be appropriate to focus more on increasing awareness rather than increasing knowledge.

- It would be helpful to collect baseline data at the start of an ACCESS project.

- Perhaps measures from *HealthyPeople2010* could be used, especially if a program wanted to measure impacts on health disparities.

Measurement Instruments

- Grantees could develop common instruments, which could be used by all HBCU ACCESS programs, or which could be modified by some of the programs.

- Different kinds of measurement instruments are likely to be needed for different kinds of activities.

- Grantees would need to modify the instruments to suit their own programs better. Some grantees reported that they had already asked for such instruments, and they were promised, but never received. If everyone has to create their own instruments, then it becomes too much.

- DSG suggested that it might make sense to collect the evaluation instruments used by the grantees each year, and then to compile them and make them available, as examples of different kinds of instruments that have been, and can be, used to evaluate and improve ACCESS projects. Participants agreed with this.

- One grantee asked whether evaluation measures should spill over to other Web sites? The sense of the group was, no, the focus should be on NLM Web sites. However, the training given by ORISE implied that other sites might also be used, although it is the grantees' responsibility to tell what's hokey and what's real among those other Web sites. The participants referred to a tool in the training about evaluating Web sites.

- NLM sites refer users to other places, as a "gateway." However, it might be hard to evaluate the use of Web sites other than NLM. The group briefly discussed access to and usability of the NLM sites, by various ethnic groups, noting that there are sites for African Americans, Hispanics, and Asians with specific medical issues geared to each group.

- Perhaps NLM should ask the question "What are you looking for?" and then provide additional help to users, so that they can more easily find exactly what they are looking for on the NLM sites.

IDENTIFYING ACCESS ACTIVITIES THAT ARE EFFECTIVE

Participants discussed whether they were given enough guidance as to which kinds of activities are likely to achieve the goals of their projects. In general, they said they had not been given enough guidance and information. Key issues discussed included the following:

Modifications to the RFP Process

- They suggested that the RFP could be framed better to provide more guidance. The RFPs could include information on the kinds of ACCESS activities that are likely to be effective in achieving the goals of the ACCESS program, and clearer guidance on how to evaluate whether the activities in an ACCESS project are working.

- They suggested that future projects should be able to build on what other (past) projects have done, especially with respect to what seems to have worked and what seems not to have worked. As it is now, each applicant has to come up with an approach on their own.

- Some grantees read strong recommendations in the RFP as "requirements" for a good proposal. But what works depends on each grantee's university and their community, and there is a need to tailor activities to fit the areas.

Strategies

- The addition of peer educators as a requirement is seen as a result of what works. But has this been rigorously demonstrated? UNCFSP has promoted peer-to-peer learning as the most effective way to spread the word, but this needs to be documented and then, if it is indeed a very effective approach, it should be promoted more widely.

- There was some discussion about mentoring and coaching approaches.

- At the end of each year, the group suggested that the four HBCUs could get together to document what they have done and what they have learned about the impacts of what they have done. They could produce a paper which could be distributed to future applicants, and which might even lead to a published article. The model of the NIH Consensus Development Conferences—with their limited participation, limited time, and forced agreement—might work well as a method for the ACCESS grantees to come together as well, as a way to achieve agreement on what is working and what needs to be improved.

- A booklet of 10–20 proven practices might be very helpful, even if it only points in the direction of resources that can be turned to and used.

- Guidance could give examples, but should not limit applicants to using just those examples.

- There should be a greater focus on learning from other past grantees, and then disseminating what has been learned, and identifying what might be considered best practices.

- The program should build on funded research, to identify what works, and not rely on word of mouth.

FUTURE INTERACTIONS

Participants agreed that there are opportunities for past and future (i.e., applicant) HBCUs to interact and learn more from one another. For example --

- Increased exchange of ideas and experiences could be promoted among peers—such as faculty to faculty, student to student, and community to community. They could have conference calls just among themselves (without NLM or UNCFSP).

- Mentoring and networking could be useful.

- It could be helpful to have a blog in which grantees can exchange information, opinions, suggestions, rigorous evaluation results, and the like, at any time.

- As mentioned earlier, at the end of each grant period all grantees could come together to produce a joint paper and talk about lessons learned. This should be face-to-face and arranged by UNCFSP. It could help HBCU faculty directors of ACCESS projects build on the small ACCESS grants, to seek and get other kinds of funding, and to publish.

- A questionnaire could be sent to those who applied for ACCESS grants, those who received ACCESS awards, those who were rejected, and those who didn't apply (either never or in the past few years).

- A regularly held focus group, but with different participants each year, might be a good addition to future UNCFSP conferences.

FOLLOW-UP TO THE FOCUS GROUP

At the end of the focus group, it was agreed that

- The discussion was a very useful beginning.

- Future focus groups could be productive for the ACCESS Program in general.

- Follow-up to this focus group could be helpful to DSG as it designs the evaluation.

- It could be helpful (to DSG, NLM, UNCFSP, and the HBCUs) to gather, compile, and distribute the evaluation instruments that have so far been used by the HBCUs for their ACCESS projects.

- It could be helpful to DSG and NLM staff to talk with some of the focus group participants (individually, in phone calls), to follow up on some of the ideas discussed in the focus group.

- It could be helpful to DSG and NLM staff to visit two or three HBCUs, to talk with faculty and students about the ACCESS projects and how they might best be evaluated.

DSG Project Director Tom Vischi ended the group by thanking the participants and promising to contact selected focus group members to schedule follow-up interviews and site visits over the summer.

5. Preliminary Findings

The following preliminary findings about the ACCESS Project are based on a variety of sources of information and input, including the following: the review of documents for the ACCESS Project, attendance at the annual conference in June 2009, convening of an in-person focus group of current and past HBCU ACCESS awardees, convening of a telephone discussion of participants in the grants training workshop, and numerous discussions with ACCESS Project administrators (including NLM staff, UNCFSP staff, and HBCU faculty).

These findings are not meant to be definitive. They are not, for example, based on systematic surveys of ACCESS Project participants or the systematic analysis of evaluation data from the HBCU ACCESS projects. They are definitely not meant as a substitute for a more systematic and longer-term evaluation of the ACCESS Project. That is the purpose of the Phase 2 evaluation. However, they have emerged from the various activities (noted above) that were directed primarily at designing a more systematic and comprehensive evaluation of the ACCESS Project, they have met with some agreement from the multiple participants in the ACESS Project, and they seem worthy of being shared at this point.

Top-Level Process

TIMING OF AWARDS

The awards to the HBCUs are often too late to allow the HBCUs to implement their programs during a full and contiguous academic year. Specifically, the awards are too late for the HBCUs to recruit student assistants.

STATEMENT OF GOALS

The goals of the program are not clearly stated or clearly and uniformly understood.

NLM/UNCFSP RELATIONSHIP

NLM and UNCFSP staff have not been working closely together at various important stages of the program—for example, in the preparation of the RFP, in the provision of technical assistance, in the identification of program models that are effective, and in the provision of guidance on evaluation.

SUSTAINABILITY

NLM and UNCFSP talk about sustainability at the annual conference, but they do not provide substantial technical assistance on how the HBCUs can achieve sustainability.

Request for Proposals

UNCFSP REQUEST FOR PROPOSALS

The UNCFSP RFP does not include in-depth information about the goals of the ACCESS Project, evaluation instruments and approaches, best practices, and an emphasis on sustainability.

PROJECT SCOPE

The scope of the project, as stated in the RFP, has increased in the past year, from allowing the HBCUs to address some of the stated goals, to requiring that the HBCUs address all of the stated goals. This broadening of the scope of the project may be unrealistically ambitious, in light of the limited resources available to the HBCUs for planning, implementing, and evaluating the projects.

ACCESS grants as planning grants. Some of the HBCU faculty speak about the ACCESS grants as starter grants, which can enable them to develop additional follow-up activities, including follow-up grant proposals. However, UNCFSP does not, in the RFP or in technical assistance, emphasize this as a major purpose of the program.

BEST PRACTICES

UNCFSP provides very little information—in the RFP or in the technical assistance—from the research literature and from the evaluations of other HBCU ACCESS projects, on practices that can be effective in achieving the various goals of the ACCESS Project.

Technical Support and Accountability

EVALUATION INSTRUMENTS

UNCFSP and the HBCUs have not shared the evaluation instruments that past HBCU ACCESS awardees have developed and used, especially instruments that have been tested and validated. UNCFSP does not ask for such instruments as part of the final reports.

MONTHLY MONITORING CALLS

UNCFSP staff have initiated monthly monitoring and technical assistance calls, but without the participation of NLM staff. These calls seem to have been very successful in allowing the awardees to share information to discuss problems and solutions. However, they have not, as yet, institutionalized the process as a broader national process that is trying to improve health and reduce health disparities on HBCU campuses and nearby communities, nationwide.

NLM LETTER TO HBCU PRESIDENTS

NLM does not send any formal acknowledgement to the higher administrative levels of the HBCUs, such as a letter to the Presidents, to emphasize the achievements of the projects, the

importance of the projects, and the hope that the HBCUs will find ways of extending project activities beyond the funding period, perhaps with funding from other sources.

Community Building

ACCESS PROJECT WEB SITE

The UNCFSP Web site on the ACCESS Project contains minimal information, and little if any information, or functionality, that would facilitate a broader vision of what the Project could achieve. It does not enable past, current, and prospective HBCU ACCESS Project grantees to share information, identify best practices, share evaluation instruments, share ideas about sustainability, and in general see themselves as part of a national movement to improve health and reduce health disparities on HBCU campuses and nearby communities.

COACHING, MENTORING, AND A NATIONAL LEARNING COMMUNITY

Many past ACCESS awardees have tremendous experience and a broad vision of what the ACCESS Project can achieve. They have invested substantial energy and work in the Project, and they have acted as coaches and mentors to new applicants, but only in an informal way.

Process Evaluation

ACCESS AWARDEE FOCUS GROUPS

Past annual conferences have not held focus groups of past and current awardees to discuss what has worked well and what could be improved. The focus group at the 2009 conference proved extremely productive, even in a short period of time.

ACCESS GRANT FUNDING TRAINEE FOCUS GROUPS

Past grant funding training workshop participants have not been asked to comment on the quality and usefulness of the workshop. The telephone discussion with two participants from the 2009 workshop proved very productive.

Outcomes

PUBLICATIONS

Very few publications in professional journals have emerged from the ACCESS Project.

END-OF-YEAR REPORTS

There is no single end-of-year report for the ACCESS Project, which conveys, in a single place, the goals, processes, problems, and achievements of each year's ACCESS projects. In addition, the final reports of the individual HBCU ACCESS Projects do not follow a consistent format, thus making it difficult to compare and compile the results of the projects each year.

Funding

FUNDING OF HBCUs

The funding of the HBCU ACCESS Project is modest, at $20,000 per HBCU. This level of funding makes it especially difficult for the HBCUs to engage community partners, many of which could benefit from incentive funds, even if only in small amounts.

FUNDING OF UNCFSP

The funding of UNCFSP for the administration of the ACCESS Project also seems somewhat limited, especially if UNCFSP were to increase its level of effort, consistent with the preliminary findings reported here and the preliminary recommendations that flow from these findings.

OVERALL FUNDING OF THE ACCESS PROJECT

The funding of the overall ACCESS Project appears to be limited, in light of the goals of the project, as currently stated, and the additional activities that could be initiated, to address some of the issues reported in these preliminary findings and especially to support a broader national learning community. Such additional funding is not now being sought from NLM, other NIH institutes, or foundations.

6. Preliminary Hypotheses

The following preliminary hypotheses about the ACCESS Project are based, primarily, on the preliminary findings. Some of these hypotheses can be tested by a full and systematic evaluation. However, some of these hypotheses may not be testable, for any of several reasons. For example, the hypotheses may not be quantifiable. The hypotheses may refer to circumstances that may, in the near future, be changed. Or the hypotheses may refer to changes that are not made. However, some of the hypotheses may indeed be quantifiable and may be able to be addressed by a future, more systematic evaluation. The various evaluation instruments that have been recommended for this more systematic evaluation have been designed to address at least some of these hypotheses, and can be amplified to address additional hypotheses.

TOP-LEVEL PROCESS

Timing of awards. That awards that reach the HBCUs earlier, for example in August, will enable them to start their projects at the beginning of the academic year, run them continuously through that academic year, and achieve greater impact on a cohort of students.

Statement of goals. That a clearer statement of goals will enable the HBCUs to focus more sharply in their applications on what they are trying to achieve, to implement their programs more effectively, and to evaluate their activities more clearly against the clearly stated goals, with the additional likelihood that the projects will be more successful in achieving their stated goals.

NLM/UNCFSP relationship. That a closer working relationship between NLM and UNCFSP staff will enable the project to function more smoothly, with a clearer shared understanding of what the project is trying to achieve, how the project can realistically go about trying to achieve its goals, and how the project can realistically be evaluated.

Sustainability. That additional emphasis on sustainability, backed up by practical technical assistance on how to achieve various kinds of sustainability, will lead to more sustainable ACCESS Project activities on HBCU campuses..

RFP

UNCFSP Request for Proposals. That the inclusion of more information in the RFPs—for example, about the goals of the ACCESS Project, evaluation instruments and approaches, best practices, and an emphasis on sustainability—will lead to more targeted, effective, and sustained ACCESS Project activities.

Project scope. That requiring, in the RFP, that all the HBCUs focus on a common core goal, while allowing them to select from additional optional goals, will enable the HBCUs to better achieve the core goal and the (probably more limited set of) optional goals. For example, the core goal could be to incorporate NLM ehealth resources into HBCU campuses, primarily for students. The optional goals could be (1) to increase the use of NLM ehealth resources in existing campus health outreach activities, (2) to increase the use of NLM ehealth resources by

faculty, as a part of their research and other academic work, and (3) to increase the use of NLM ehealth resources by community participants.

ACCESS grants as planning grants. That emphasizing, in the RFP and in technical assistance, the role of ACCESS Project grants as planning grants, which can lead to other kinds of more continuing funding, will increase the long-run effectiveness and sustainability of ACCESS Project activities and follow-up activities.

Best practices. That the provision, in the RFP and in technical assistance, of additional information—from the research literature and from the evaluations of other HBCU ACCESS projects—on practices that can be effective in helping the HBCU ACCESS Projects achieve their various goals.

TECHNICAL SUPPORT AND ACCOUNTABILITY

Evaluation instruments. That the sharing of evaluation instruments that have been used by the HBCUs in evaluating components of their ACCESS projects, especially instruments that have been tested and validated, will improve the evaluation and effectiveness of the ACCESS Projects.

Monthly monitoring calls. That the monthly monitoring calls can be the springboard for building a broader national learning community, and even a movement, that mobilizes HBCUs to use ehealth resources to, ultimately, improve health status and reduce health disparities.

NLM letter to HBCU presidents. That a letter from the NLM Director to the Presidents of the HBCUs that have ACCESS Project awards will build support for the programs on the HBCU campuses.

COMMUNITY BUILDING

ACCESS Project Web site. That a full-service ACCESS Project Web site can help the ACCESS Project become more effective and more ambitious.

Coaching, mentoring, and a national learning community. (1) That many HBCU ACCESS Project faculty would be willing to provide coaching and mentoring to other HBCU faculty, regarding the ACCESS Project and the uses of ehealth on HBCU campuses more generally. (2) That such coaching and mentoring will increase the effectiveness of the ACCESS Project and its growth and sustainability on HBCU campuses.

PROCESS EVALUATION

General focus groups. That a focus group at each annual conference can provide useful assessments and recommendations that can help continually improve the ACCESS Project.

Grant funding trainee focus groups. That a telephone focus group of grant training workshop participants can provide useful information for the continuing improvement of those workshops.

OUTCOMES

Publications. That additional publications in professional journals, on the ACCESS Project in particular and on ehealth more generally, can be stimulated and supported by additional technical assistance from NLM, UNCFSP, the Advisory Board, and outside consultants.

End-of-year reports. That a uniform format for final reports will facilitate the comparison and compilation of those reports, and will facilitate the preparation of a single, end-of-year report on the ACCESS Project.

FUNDING

Funding of HBCUs. That additional funding to HBCUs will facilitate community partnerships.

Funding of UNCFSP. That additional funding to UNCFSP will enable it to engage in the additional activities hypothesized above.

Overall funding of the ACCESS Project. That additional funding for the whole of the ACCESS Project, from public and private sources, can enable it to address the issues addressed in this report and, specifically, to become more effective and more sustainable.

ADDITIONAL HYPOTHESES
NOT BASED ON THE PRELIMINARY FINDINGS

The following additional hypotheses are not based on the preliminary findings. However, they seem reasonable, and they may be testable in a more systematic evaluation.

Branding. (1) That the branding of the ACCESS projects on HBCU campuses has not been very strong in most HBCUs. (2) That the impacts of the projects are greater and longer lasting where the branding is stronger.

Collaboration. (1) That collaboration among HBCUs has not been well-organized or effective. (2) That greater collaboration—among components of HBCUs, between HBCUs and community organizations, or among HBCUs—is associated with more effective ACCESS projects.

Community activities. (1) That the community activities supported by HBCU ACCESS projects have not, in general, been very extensive or very effective. (2) That more resources or a sharper focus on community activities is associated with more effective community activities.

Impacts on students. That the ACCESS projects have had an impact on some students, but only a relatively small proportion of all students on HBCU campuses.

Attenuation of outcomes. (1) That the impacts of the ACCESS projects, especially for students and communities, decrease over time. (2) That the impacts of the ACCESS projects will not decrease as much over time, if the use of NLM health information resources is reinforced in multiple settings and ways over time. (3) That the impacts of the ACCESS projects can increase over time and for larger proportions of the student bodies, if the use of NLM health information resources is reinforced in multiple settings and ways over time, if the resources devoted to the projects are increased, and if the branding of the projects is successful.

7. Preliminary Recommendations

The following preliminary recommendations for the ACCESS Project are based on the preliminary findings. These recommendations are not intended to be definitive, nor are they intended to be a substitute for a more systematic and longer-term evaluation. However, since NLM has asked for preliminary recommendations based on the preliminary findings—which themselves were based on an extensive review of documents and the extensive person-to-person processes that engaged ACCESS Project administrators at all levels—we feel comfortable sharing these recommendations at this time, as a way to advance the discussions about steps that NLM or UNCFSP might be interested in taking, even before a full evaluation is completed.

TOP-LEVEL PROCESS

Timing of awards
1) Consider making the awards 3–5 months earlier (for example, in June), so that HBCUs can plan for and implement their ACCESS grant projects during a full and contiguous academic year.

Statement of goals
2) Revise, and sharpen, the statement of goals for the ACCESS Project, so that NLM, UNCFSP, and the HBCUs have a clear and shared understanding about what the short-term goals of the project are and how the project should be evaluated against those goals.

NLM/UNCFSP relationship
3) Engage NLM in RFP development, to ensure that both organizations are clear on the year's requirements and expectations of the grantees, and can determine their match with the project's goals.

Sustainability
4) Increase the emphasis placed on, and the technical assistance provided about, sustaining ACCESS project activities in HBCUs after the termination of the NLM/UNCFSP ACCESS project funding for particular HBCUs.

RFP

UNCFSP Request for Proposals

5) Add more information to the UNCFSP RFP about the goals of the ACCESS Project, evaluation instruments and approaches, best practices, and an emphasis on sustainability.

Project scope
6) Consider returning to a more limited scope in the RFP, by asking participants to focus on a core goal (for example, to integrate NLM resources into campus curricula) and one or two optional goals (for example, to integrate NLM resources into existing campus health outreach programs, integrate NLM resources into faculty research, or integrate NLM resources into community outreach programs.)

ACCESS grants as planning grants

7) Emphasize, in the RFP and in technical assistance, the role that an ACCESS grant can play in enabling an HBCU (1) to build on and extend existing activities and (2) to use the ACCESS grant as a springboard for developing plans and proposals for securing additional resources for follow-up activities that can sustain and broaden what the ACCESS project began.

Best practices

8) Provide additional information (in the RFP and in technical assistance), from the research literature and from the evaluations of other HBCU ACCESS projects, on practices that can be effective in achieving the various goals of the ACCESS Project.

TECHNICAL SUPPORT AND ACCOUNTABILITY

Evaluation instruments

9) Collect and share the evaluation instruments that have been used by the HBCUs in evaluating components of their ACCESS projects, especially instruments that have been tested and validated. Ask for evaluation instruments to be submitted as part of the final report.

Monthly monitoring calls

10) Continue, and perhaps intensify, UNCFSP's monthly monitoring and technical assistance calls, with the participation of NLM staff as well, so that current HBCU ACCESS grantees can share ideas, report on problems, come up with solutions, and see themselves as part of a national process that is trying to improve health and reduce health disparities on HBCU campuses and nearby communities, nationwide.

NLM letter to HBCU presidents

11) Have the director of NLM write a personal and informative letter to the presidents of HBCUs that are awarded ACCESS grants, to emphasize the importance of the project and the hope that the HBCUs will find ways of extending project activities beyond the funding period, perhaps with funding from other sources.

COMMUNITY BUILDING

ACCESS Project Web site

12) Consider developing an enhanced Web site on the ACCESS Project, through which past, current, and prospective HBCU ACCESS Project grantees can share information, identify best practices, share evaluation instruments, share ideas about sustainability, and in general see themselves as part of a national movement to improve health and reduce health disparities on HBCU campuses and nearby communities.

Coaching, mentoring, and a national learning community

13) Facilitate coaching and mentoring among past, current, and prospective HBCU ACCESS grantee faculty, and form a national learning community, supported by the annual conference, the monthly monitoring and technical assistance calls, focus groups, and the enhanced Web site.

PROCESS EVALUATION

ACCESS awardee focus groups

14) At each annual meeting, convene an in-person focus group of 10–15 past, current, and prospective HBCU ACCESS grantee faculty members, to discuss what is working well and what could be improved.

ACCESS grant funding trainee focus groups

15) Each year after the conduct of the training on ACCESS grant funding, convene a conference-call focus group of some of the participants in the training session, to discuss what worked well and what could be improved.

OUTCOMES

Publications

16) Provide additional technical assistance to HBCU ACCESS grantee faculty members about how to write up and publish findings on their ACCESS projects, perhaps in collaborations that involve multiple HBCUs.

End-of-year reports

17) Facilitate the development, by the four funded HBCUs each year, of a report on what worked well and what could be improved in their own ACCESS projects and include this report in the UNCFSP annual report to NLM.

FUNDING

Funding of HBCUs

18) Consider adding $5,000 to each HBCU ACCESS grant—for a total of $25,000 for each HBCU—so that each HBCU will be able to share incentive funding with its community partnering organizations.

Funding of UNCFSP

19) Consider adding $20,000 to the funding for UNCFSP administration of the ACCESS Project, so that UNCFSP can support additional activities that may be required of it.

Diversified funding of the ACCESS Project

20) In addition to the expansion in support suggested above, consider encouraging UNCFSP to seek other sources of funding, for example from a foundation, to support the expansion of some activities recommended above, such as the creation of a national learning community.

ADDITIONAL RECOMMENDATIONS
BASED ON THE ADDITIONAL PRELIMINARY HYPOTHESES

The following additional recommendations are not based on the preliminary findings. However, they grew out of the additional hypotheses, which seem reasonable to test. In addition, it may be

that some of these steps could be taken, even in the absence of definitive findings from a systematic evaluation.

Branding

    21) Consider increasing the attention paid to the branding of the ACCESS Project.

Collaboration

    22) Consider increasing the collaboration among components of HBCUs, between HBCUs and community organizations, and among HBCUs.

Community activities

    23) Consider increasing the emphasis on incentive payments for, and a sharper focus on, community activities, for those HBCUs that choose to engage in such community activities in a substantial way.

Impacts on students

    24) Consider emphasizing the importance of "going to scale"—that is, of challenging the HBCU ACCESS projects to reach large proportions of their student bodies with ACCESS Project activities.

Attenuation of outcomes

    25) Consider emphasizing that the ACCESS projects on HBCU campuses may be able to achieve longer lasting impacts if they 1) reinforce the use of NLM health information resources in multiple settings, in different formats, over longer periods of time; 2) devote additional resources to the projects; and 3) brand the projects more effectively.

Phase 2

Proposed Phase 2 Evaluation Design,
Evaluation Instruments, and Reporting Format

8. Proposed Phase 2 Evaluation Design

The ACCESS Project is funded by NLM, administered by UNCFSP under an award from NLM, implemented by HBCUs under grant awards from UNCFSP, and overseen by an Advisory Board. All four of these participating organizations and groups of organizations therefore have responsibilities for the ACCESS Project and a legitimate interest in participating in and benefiting from an evaluation of the ACCESS Project. The proposed evaluation design is therefore multitiered and highly participatory. In addition, the proposed evaluation design is future-oriented and formative, and it uses both quantitative and qualitative approaches to measure outputs and outcomes.

Goals of the Evaluation

The purpose of this proposed Phase 2 evaluation design is to enable all interested parties to play appropriate roles in monitoring, evaluating, and improving the ACCESS Project, consistent with the goals of the Project.

More specifically, the goals of the evaluation are

- To conduct an outcome evaluation to assess the effectiveness of the ACCESS Project in increasing the awareness, knowledge, and use of NLM Web-based health information resources by HBCU faculty, students, and nearby communities.
- To conduct a process evaluation of the administration and operation of the ACCESS Project by the UNCFSP and HBCU grantees.
- To provide findings and recommendations that can be used to strengthen the ACCESS Project and its administration.
- To provide a longitudinal framework by which the ACCESS Project can be measured to assess the achievement of the long-term goal of improving health and reducing health disparities for significant numbers and proportions of HBCU faculty, students, and nearby residents, both in the year of the funded projects and in later years as well.
- To provide data for program growth and sustainability.

Principles That Have Guided the Design of the Proposed Evaluation

As stated in the Introduction, the major principles that have guided the work in Phase 1, and the major principles that are proposed as guides for the proposed evaluation in Phase 2, are the following:

Participatory. Phase 1 has been conducted in a highly participatory fashion, with extensive involvement of NLM staff, UNCFSP staff, and HBCU faculty. (See Sections 1 and 4.) It is recommended that Phase 2 be conducted in a similarly participatory fashion. Such a participatory approach will contribute to the formative goals of the evaluation, since all key actors will be engaged in the evaluation and thus will be more likely to understand and be motivated to contribute to changes to the ACCESS Project, even in the short term. A participatory approach will also facilitate the transition to a possible Phase 3 of the evaluation (that is, a continuing self-evaluation conducted without an outside contractor), should NLM decide to do so. Consideration should be given to the creation of an ACCESS Evaluation Coordinating Committee, which could

have as members NLM staff, UNCFSP staff, Advisory Board members, HBCU faculty, and (in phase 2) evaluation contractor staff. If there were to be a Phase 3—that is, a self-evaluation phase—the Committee would not need to have evaluation contractor staff in that phase.

Goal-oriented. The proposed evaluation would also focus strongly on new and more sharply focused goals for the project. (See Section 2.) During Phase 1, it was found that different participants in the Project had somewhat different understandings of the goals of the Project. To address this, DSG, NLM, and UNCFSP staff worked together to clarify and agree on the goals of the project. The evaluation design and instruments proposed here have been designed to focus sharply on those newly agreed-on goals.

Future-oriented. The Phase 1 evaluation design work has focused on learning from past and current ACCESS Project experiences in order to design a Phase 2 evaluation that will focus on HBCU ACCESS awardees in future years. (See Sections 3 and 4.) This future orientation ensures that HBCU ACCESS awardees will be evaluated against the newly agreed-on goals and objectives that are explicitly included in future Requests for Proposals. They will also be able to benefit from improvements that can be made in the near-term, based on lessons so far learned from past HBCU ACCESS projects.

Formative. This future-oriented approach allows for improvements in the design, implementation, and evaluation of future HBCU ACCESS projects, based on what has been learned from past years of the ACCESS Project. To contribute to such learning, the design phase (Phase 1) of the evaluation process has already generated findings (see Section 5), recommendations (see Section 6), and hypotheses (see Section 7) that are helping to reshape the ACCESS Project in the short run. Similarly, Phase 2 of the evaluation is intended to be a formative evaluation, in which findings and related recommendations that may be identified during the evaluation process itself can be used to modify (and hopefully improve) the ACCESS Project, even before the evaluation has been completed.

Output- and outcome-oriented. The goals of the ACCESS Project include output goals (such as including NLM health information more extensively in HBCU classes and activities) and outcome goals (such as changing the awareness, knowledge, and use of NLM health information resources among target populations). The proposed evaluation will therefore gather information on both outputs and outcomes. (See Sections 8, 9, 10, and 11.)

Multitiered. Because the ACCESS Project is itself multitiered—with funding from NLM, administration by UNCFSP, implementation by HBCUs, involvement of an Advisory Board, and target populations that include HBCU faculty, students, and communities—the evaluation should also be multitiered, especially if it is to focus, at least in part, on processes and the outputs of those processes. Therefore, the evaluation instruments proposed here have been designed to collect information from all the key actors and target populations, through a variety of interviews, focus groups, and survey questionnaires. (See Sections 8, 9, 10, and 11.) In addition, a consistent format for HBCU final reports is proposed, so that the activities, outputs, and outcomes of the HBCU ACCESS projects can be more easily compiled into a single report. (See Section 12.)

Qualitative and quantitative. Phase 1 has involved primarily qualitative processes, in which DSG has reviewed ACCESS Project documents, attended conferences, convened focus groups, interviewed key participants, and proceeded in a highly collaborative fashion with NLM staff, UNCFSP staff, and HBCU faculty. Some quantitative information was compiled from the HBCU final reports, but the emphasis has not, in the design phase, been on the collection and analysis of quantitative data. However, Phase 2 should combine both quantitative and qualitative tools and approaches. The proposed evaluation design and instruments will ensure that both quantitative and qualitative data can be collected and analyzed in the Phase 2 evaluation. (See Sections 8, 9, 10, and 11.)

Key Recommendations for the Proposed Evaluation

The following proposed design for an evaluation of the ACCESS Project is intended to guide the collection and analysis of process and outcome data, which can be used by NLM, UNCFSP, HBCUs, and the Advisory Board to monitor, evaluate, and improve the ACCESS Project, consistent with the goals of the Project. Proposed instruments for implementing this design are presented in Sections 9, 10, and 11, with a proposed format for the HBCU final reports presented in Section 12.

Use an outside contractor. It is recommended that, for maximum objectivity and credibility, the evaluation in Phase 2 should be conducted by an outside evaluator. An outside evaluator has helped to create the design for the evaluation, and that has brought outside perspective and objectivity to the process. Phase 2 would also benefit by such perspective and objectivity.

Involve major participants throughout all phases of the evaluation. Participation in a truly participatory evaluation typically takes place throughout all phases of the evaluation, including the following: planning and design; gathering and analyzing the data; identifying the evaluation findings, conclusions, and recommendations; disseminating results; and preparing an action plan to improve program performance. Using this framework in the ACCESS evaluation, the evaluation instruments presented in this report have already been developed with input and buy-in from NLM, and could be further reviewed and revised with input from other participants in the ACCESS Project, such as UNCFSP staff, HBCU faculty, and Advisory Board members.

Do a 2½-year evaluation. Given that the goals of the ACCESS Project are both short-term and long-term in nature, it is recommended that Phase 2 of the evaluation be for 2½-years. This would allow for the full study of two cohorts of HBCU ACCESS Project awardees, four in the 1st year and four in the 2nd year, for a total of eight awardees. It would also allow for longer-term follow-up of students and community members—for example, at 3- and 6-month intervals after they have participated in an ACCESS activity—to determine how lasting the outcomes of such participation has been. An even longer-term follow-up of participants in the 1st-year cohort would be feasible, such as a 12-month follow-up. The additional half-year, after the first 2 years of the study, would allow for in-depth analysis of the data collected; preparation of draft materials; NLM, UNCFSP, Advisory Board, and HBCU review; and preparation of the final report.

Use self-report surveys and interviews. The ACCESS Project is seeking primarily to improve the availability, knowledge, and use of NLM Web-based health information resources on HBCU

campuses and in nearby communities. With the ACCESS funding they have gotten, funded HBCUs have been able to support a wide variety of activities. However, the great variation in the kinds of activities that are supported, across the various funded HBCUs, means that many of those activities do not lend themselves to documentation by quantitative indicators that are independently available and that are comparable across HBCUs. Much of the information about ACCESS project activities, outputs, and outcomes must therefore be gathered through self-report surveys and interviews of those who participate in ACCESS project activities. The surveys and interviews can be done across all the funded HBCU ACCESS projects, using consistent instruments.

Do not try to measure population-wide impacts. Under the ACCESS Project, each successful applicant HBCU is given a relatively modest award of $20,000 for 1 year of effort. The activities can be as discrete as a 1-hour workshop for very specific and identifiable participants, or as diffuse as a Web site that is available to a wide range of difficult-to-identify participants. Given the size of the grants—that is, given that they are modest grants—it has often not been feasible for the funded HBCU ACCESS projects to try to reach 100 percent, or even a substantial percentage, of all students on an HBCU campus or all residents in a nearby community. It would be useful to get information from each HBCU about the number and proportion of a target population that they have tried to reach and that they have succeeded in reaching. However, the evaluation should not try to measure the impacts of ACCESS Project activities on the whole of a target population, unless an HBCU has specifically set that as a goal and has devised approaches that can enable it to do so.

Do not use control or comparison groups. While it would be possible to construct control or comparison groups, it is recommended that that not be done for this evaluation. The funding likely to be available for Phase 2 of this evaluation, the modest funding that goes into the ACCESS Project grants to begin with, and the multitiered nature of the qualitative and quantitative data that must be collected in multiple sites all argue for a more modest research design. It is therefore recommended that surveys be administered to the students and community members who participate in HBCU ACCESS project activities, and that those students and community members be used in a pre–post design. In such a design, survey responses would be gathered prior to participation in an activity and immediately after participation. In addition, the 2½-year design will allow for longer-term follow-up surveys, for example at 3- and 6-month intervals after participation in an activity has been completed.

Wherever feasible, use a 100 percent sample of participants. Because many ACCESS project activities are delivered to very finite groups of participants, it would seem feasible, in many cases, to do 100 percent samples of project participants. Where that is not feasible—for example, for a Web site that is available to the whole of a student population, which may number in the thousands—a feasible and affordable sample design (given the final budget for the Phase 2 evaluation) will have to be developed by the contractor, working closely with the HBCU faculty involved.

Interview responsible agents, in one-on-one interviews, at all levels of ACCESS Project administration. This means that structured and guided interviews should be given with involved NLM staff, UNCFSP staff, Advisory Board members, HBCU faculty, students (who are helping to design and administer the project), and community stakeholders (who also are helping to

design and administer the project). This will ensure that qualitative data are gathered for the multiple tiers of individuals involved in designing and implementing the ACCESS Project. Interview guides have been developed for all of these individuals and are presented in this report. (See Section 9.)

Bring HBCU faculty together for focus group discussions. Phase 1 of this project benefited from discussions with groups of HBCU faculty, who had already won ACCESS Project awards or who were seeking to win awards. The interaction of the participants in these group discussions was extremely energizing and productive. Focus group guides have been developed and are presented in this report. (See Section 10.)

Administer surveys only to students and community members who participate in ACCESS project activities, but not as leaders in those activities. Surveys could be administered to many hundreds of such participants, and would allow for quantitative analysis and comparisons. Since these surveys must be done when a project activity is being conducted, and since project activities will be conducted throughout the project year, it will not be possible for the evaluation contractor to administer all of the surveys in person. HBCU faculty will have to be trained and guided in the administration of at least some, and perhaps most, of the surveys. Survey forms for these target populations have been developed and are presented in this report. These two forms have questions that are the same, except for a few questions, where the wording between the two forms is slightly different, so that the wording is appropriate for students or community members. (See Section 11.)

Conduct at least one site visit per year to each funded HBCU. Such a site visit should not be at the very beginning of the project year nor at the very end. The exact timing of such a visit, however, should be guided by the timing of activities at each HBCU. It would be preferable for the visit to be timed to coincide with some ACCESS project activities, so that the site visitor could to observe the activities in person. In addition, the site visit would be an ideal time for the contractor to conduct interviews with HBCU faculty and students who have participated in the design and implementation of the project.

Provide training for NLM staff, UNCFSP staff, and HBCU faculty on how to self-administer evaluations in future years, without the assistance of a contractor. Future self-evaluation could be considered a Phase 3 of the evaluation, should NLM and UNCFSP decide to go forward with it. What would result is a three-phase model for NLM evaluations—with an outside contractor developing an evaluation design in Phase 1, to be implemented in Phase 2; an outside contractor implementing the evaluation in Phase 2, and providing training for self-evaluations in Phase 3; and NLM staff, UNCFSP staff, and HBCU faculty continuing to implement an ongoing self-evaluation in Phase 3. No training materials for this have been developed as a part of Phase 1 of this project. Such training materials should be developed, if at all, only after a decision has been made to do so, and probably in Phase 2 of the evaluation.

Implement the evaluation. In the 1st year of the evaluation, the evaluator would work closely with NLM to gather information on the first cohort of HBCU ACCESS Project awardees, through interviews, focus groups, surveys, the sharing of evaluation instruments that can be used by HBCUs, and the establishment and convening of an ACCESS Project Evaluation Coordinating Committee. Special attention would be given to the administration of the ACCESS

Project by UNCFSP, with special focus on cost, timeliness, and effectiveness. The evaluation contractor would interview key NLM staff, UNCFSP staff, Advisory Board members, HBCU faculty, HBCU students (who helped design and implement project activities), and community stakeholders (who helped design and implement project activities). The evaluation contractor, NLM staff, and UNCFSP would convene focus groups of HBCU faculty, to discuss what has gone well and what can be improved. One focus group could focus on past and present HBCU ACCESS grant recipients (to be held at the annual conference, in a face-to-face meeting), and another focus group could focus on the training provided to prospective HBCU applicants for ACCESS Project grant awards (to be held after the annual conference, by telephone). The evaluation contractor would also, as a major part of the evaluation, conduct general surveys of HBCU students and communities. In the 2nd year of the evaluation, the evaluation contractor would replicate these activities, but for the second cohort of HBCU ACCESS Project awardees.

Provide support to HBCU faculty. The evaluation contractor (working closely with NLM and UNCFSP) would provide guidance to the HBCUs on how to conduct some of the surveys of students and community residents who participated in ACCESS activities. The purpose of the surveys would be to gather qualitative and quantitative information about the processes and outcomes of the ACCESS activities. Qualitative information would include self-reports on experiences, outcomes, and suggestions for improving ACCESS activities. Quantitative information would include the numbers of faculty, students, and community residents that participated in ACCESS activities in the 1st year; the numbers of faculty, students, and community residents that are likely to participate in ACCESS activities in later years; the impacts of those activities on the awareness, knowledge, and use of NLM Web-based health information resources, on the part of the faculty, students, and community residents in the funded year of an HBCU project; the number of total faculty, students, and community residents who potentially could be affected by ACCESS activities, if the activities were to cover the whole of those populations; and the numbers who might be affected in future years, if ACCESS activities are institutionalized and sustained.

The ACCESS Project Evaluation Coordinating Committee could meet every 3 months, by conference calls. The Committee could be chaired by the NLM lead for evaluating the ACCESS Project. Members could include other NLM ACCESS Project lead staff, UNCFSP ACCESS Project lead staff, Advisory Board members, and HBCU faculty (for example, from all currently funded HBCUs and from a few formerly funded HBCUs). This Committee could review evaluation processes and instruments, data that are being collected, significant findings that are emerging from those data, and recommendations for actions that could be taken by NLM, UNCFSP, and the HBCUs to improve the Project.

Additional evaluation instruments that could be developed could include:

- A mission statement for the evaluation
- A mission statement for the Evaluation Coordinating Committee
- Data collection planning forms for the grantees
- Protocols and consent forms for the two focus groups

The evaluation contractor will prepare a final report. The final report will contain a cross-site evaluation of the results of all pre, post, and post–post survey data collected across grantees, as

well as the findings from the process evaluation. It will include recommendations for a longitudinal framework by which the ACCESS Project can be measured to assess the achievement of the longer-term goal of improving health and reducing health disparities for significant numbers and proportions of HBCU faculty, students, and nearby residents. It will also include data and recommendations for program growth and sustainability.

Suggested Time Line

A brief and very preliminary time line for the evaluation is presented below. Ideally, the project could begin shortly before the UNCFSP Annual Conference on the ACCESS Project. Then the evaluator could make a presentation at the conference on the evaluation, convene one or both focus groups at the conference, and announce the steps to be taken in the evaluation project.

Year 1

Month 1—Meet with NLM Project Officer and agree on workplan

Month 2—Make presentation at UNCFSP Annual Conference on the ACCESS Project
　　　　—Convene focus groups of HBCU faculty

Month 3—Distribute evaluation instruments

Month 4—Schedule site visits to HBCU campuses

Months 5–12—Administer surveys, conduct interviews, begin to analyze data
　　　　　—Provide training to HBCU faculty, lead students, and community stakeholders

Year 2

Repeat schedule of Year 1

Year 3 (6 months)

Months 1–6—Analyze data
　　　　—Write sections of draft final report
　　　　—Get review and comment from key agents in the ACCESS Project
　　　　—Prepare and submit final report

9. Proposed Interview Guides

This section presents the recommended interview guides for the following:

        A. NLM Staff, UNCFSP Staff, and Advisory Board Members
        B. HBCU Faculty
        C. HBCU Student Collaborators
        D. HBCU Community Stakeholders

A. Interview Guide: NLM Staff, UNCFSP Staff, and Advisory Board Members

NLM/UNCFSP PROCESS

Are you basically satisfied with the administration and oversight of the ACCESS Project by NLM, UNCFSP, and the Advisory Board?

Are there areas in which you believe NLM, UNCFSP, or the Advisory Board can improve their administration and oversight of the ACCESS Project? Can you name and discuss a few such areas? Can you discuss this for each organization?

Do you think the funding to UNCFSP for administering the ACCESS Project is sufficient for UNCFSP to achieve the currently stated goals of the Project?

If you could improve three aspects of the UNCFSP administration of the ACCESS Program, what would those improvements be?

1. Project Requirements and the RFP

1a. Clarity of goals

Do you believe that NLM has been clear in its statement of its goals for the ACCESS Program?

Do you believe UNCFSP, especially in its written guidance (such as the RFP) and its annual conferences, has been clear about the goals of the ACCESS Program?

What process would help UNCFS/NLM to decide on the requirements and to develop the written guidance that is distributed to potential applicants?

1b. Scope of the award

Do you think it is realistic to expect that these goals can be achieved within current funding ?

Do you think NLM should consider increasing the funding support for the ACCESS Project, or increasing the NLM staff support, so that the goals might be more fully achieved?

If a funding increase is not possible, what other support from NLM, UNCFSP, and the Advisory Board could facilitate the achievement of these goals?

1c. Best practices

Has NLM and UNCFSP provided sufficient information and guidance on the kinds of health informatics activities that have been demonstrated to be effective and cost-effective in other settings or that are likely to be effective and cost-effective in HBCUs, based on the research literature or based on the evaluations of ACCESS Project activities?

Do NLM and/or UNCFSP have the knowledge of the research literature that could provide this kind of information about best practices?

Is there documented evidence or institutional memory of some clearly outstanding ACCESS Projects? What were they? What made them unique and set them apart?

2. Timing of the Award

Do you think that ACCESS Project awards to HBCUs are made in a timely fashion that is convenient for the HBCUs?

Do you think that ACCESS Project awards should be made earlier, so that each HBCU can implement its ACCESS Project for a full and contiguous academic year?

What could be done to make this practically possible?

Is it possible to release the RFP at a time other than at the annual ehealth workshop, and still have the goals and requirements communicated clearly?

Is it possible to release the RFP at a time other than the annual ehealth workshop, and maintain the high level of interest in the workshop among potential attendees?

3. Faculty Development

3a. Grant-writing skills

Is it your impression that the UNCFSP training workshop on grants writing was done well?

In what ways could it be strengthened?

Is it your impression that participating in the ACCESS Project improves grantees' chances of obtaining future funding? By improving grant-writing skills? By providing pilot data for applying for further grants? By creating funding history?

Could you think of some ways in which the ACCESS Project could further assist the grantees in their ability to secure future funding?

3b. Mentoring

Do you think that HBCU faculty with ACCESS Project experience should mentor HBCU faculty who are just starting out with ACCESS awards?

Do you have any ideas about how this could be done?

Do Advisory Board members play a role in providing some mentoring within the program? Why or why not? Is this a feasible role for Advisory Board members? Why or why not?

Do you think the focus should be on faculty development? Student processes and outcomes? Community processes and outcomes? All of these?

3c. Community building

What kind of interactions are there among grantees working on different ACCESS projects? Past and current grantees? Past, current, and potential grantees?

What are some potential benefits of such interactions? Barriers to the interactions? Are there some realistic ways to support the interactions? Institutionalize them?

3d. Evaluation

Has NLM or UNCFSP provided sufficient information and guidance on how the HBCUs should go about evaluating their activities conducted under an ACCESS grant?

For example, has UNCFSP provided guidance about how evaluation instruments can be used, or adapted for use, in evaluating an HBCU's ACCESS project?

Or should it be assumed that HBCU faculty already have those capabilities?

What level of evaluation rigor is reasonable for the individual projects, given the funding level and the overall burden?

Can you think of some ways to support rigorous, systematic evaluations of individual projects without a significant burden on the PIs?

3d. Dissemination of findings

How can NLM and UNCFSP help HBCU faculty disseminate findings?

Should HBCU faculty be given additional assistance on how to report on evaluation projects?

Would a coaching–mentoring approach be helpful?

Would a multiproject publication be helpful? Possible? Realistic?

4. Other Technical Assistance During the Project Implementation

What other areas can you think of, in which HBCU faculty should be given assistance on these projects?

HBCU AND COMMUNITY ACTIVITIES

1. Student Activities (Immediate and Close Follow-Up)

Can you give examples of how students have contributed to HBCU faculty, student, and community activities?

Is it your impression that students are a vital part of the HBCU ACCESS projects?
Do you think HBCUs should be encouraged to make greater use of students?

Can you give some examples of student activities that should be encouraged?

2. Community Activities (Immediate and Close Follow-Up)

In what ways can HBCU faculty and students effectively work with community stakeholders and community members?

How can they best be supported in such work?

Can you give examples of community activities that seem to have been particularly effective?

Have these been effectively evaluated?

3. Institutionalizing Practices and Ensuring Sustainability of Outcomes (Long Term)

Can you give examples of HBCU ACCESS Projects that have been successfully institutionalized, with the prospect of sustainable outcomes?

HBCU AND COMMUNITY OUTCOMES

1. Student Outcomes (Immediate and Close Follow-Up)

Is it your impression that student outcomes in the ACCESS Projects have been positive?

Is it your impression that these outcomes have affected a significant portion of the student bodies of the HBCUs?

Are you convinced that the evaluations have been rigorous enough?

What three steps do you think HBCUs should take to improve the impact of ACCESS Project activities on student outcomes, and to increase the proportion of HBCU student populations that are affected?

2. Community Outcomes (Immediate and Close Follow-Up)

Is it your impression that community outcomes in the ACCESS Projects have been positive?

Is it your impression that these outcomes have affected a significant portion of the residents of the communities that are near to the HBCUs?

Are you convinced that the evaluations have been rigorous enough?

What three steps do you think HBCUs should take to improve the impact of ACCESS Project activities on community outcomes, and to increase the proportion of the total population of community residents that are affected?

3. Faculty Career Development

Do you think that HBCU ACCESS faculty have made effective use of NLM health information resources?

Do you think they have published very much?

Have HBCUs effectively increased the ability of faculty to apply for and obtain NLM and other Federal funding for health and health-related research and intervention projects?

What steps so you think UNCFSP and the HBCUs should take to further improve faculty use of NLM resources and the publication of scholarly and scientific papers using such resources?

4. Institutionalization of Practices and Sustainability of Outcomes (Long Term)

Is it your impression that HBCUs have, in general, been able to institutionalize their ACCESS activities and sustain the impacts of those activities?

Has NLM or UNCFSP provided sufficient information and guidance on how the HBCUs should go about sustaining their activities conducted under an ACCESS grant?

B. Interview Guide: HBCU Faculty

NLM/UNCFSP PROCESS

Introductory

Are you basically satisfied with the administration and oversight of the ACCESS Project by NLM, UNCFSP, and the Advisory Board?

Are there areas in which you believe NLM, UNCFSP, or the Advisory Board can improve their administration and oversight of the ACCESS Project?

Do you think the funding you have gotten for your ACCESS project is sufficient for you to meet your goals for the project?

1. Project Requirements and the RFP

1a. Clarity of goals

Do you believe that NLM has been clear in its statement of its goals for the ACCESS Program?

Do you believe UNCFSP, especially in its written guidance (such as the RFP) and its annual conferences, has been clear about the goals of the ACCESS Program?

Do you believe that HBCUs have been clear in their statements of goals for their ACCESS projects? Please discuss.

1b. Scope of the award

Do you think it is realistic to expect that these goals can be achieved within current funding limitations?

Do you think NLM should consider increasing the funding support for the ACCESS Project, or increasing the NLM staff support, so that the goals might be more fully achieved?

If you could increase the ACCESS budget, what would you suggest?

1c. Best practices

Has NLM and UNCFSP provided sufficient information and guidance on the kinds of health informatics activities that have been demonstrated to be effective and cost-effective in other settings or that are likely to be effective and cost-effective in HBCUs, based on the research literature or based on the evaluations of ACCESS Project activities?

2. Timing of the Award

When did you receive your award notification?

When did your university process the funding and make it available for you to spend?

Do you think that ACCESS Project awards to HBCUs are made in a timely fashion that is convenient for the HBCUs?

When would be the ideal time to have the funding available to spend?

Did the current timing present a barrier to any steps/activities in the project? Please explain.

Do you think that ACCESS Project awards should be made earlier, so that each HBCU can implement its ACCESS Project for a full and contiguous academic year?

3. Faculty Development

3a. Grant-writing skills

Do you feel that HBCU faculty and researchers are adequately trained and experienced to apply for and administer Federal funds?

How did this project contribute to your skills in applying for and administering Federal funds? To your chances of obtaining future funding?

Should UNCFSP provide additional training and technical assistance to HBCU faculty on how to apply for and administer Federal funds for research and intervention projects?

Do you think that the UNCFSP training workshop on grants writing was done well?

Did you find it helpful?

Would you recommend it to others?

In what ways could it be strengthened?

3b. Mentoring

Do you think that HBCU faculty with ACCESS Project experience should mentor HBCU faculty who are just starting out with ACCESS awards?

Do you have any ideas about how this could be done?

How satisfied were you with the role that the Advisory Board members played in your individual project?

What role would you like them to play?

3c. Community building

What interactions did you have with the other grantees during the time of the award?
Were you satisfied with the level of those interactions?

Did you have any interactions with past grantees? Would you be interested in those?

What ways of keeping in touch with the other grantees and past grantees would you prefer, if any?

Would you be interested in a joint publication effort? Is it realistic?

3d. Evaluation

Has NLM or UNCFSP provided sufficient information and guidance on how the HBCUs should go about evaluating their activities conducted under an ACCESS grant?

Or should it be assumed that HBCU faculty already have those capabilities?

For example, has UNCFSP provided guidance about how evaluation instruments can be used, or adapted for use, in evaluating an HBCU's ACCESS project.

Should UNCFSP provide additional training and technical assistance on how to do program evaluations of ACCESS Program activities?

3d. Dissemination of findings

How can NLM and UNCFSP help HBCU faculty disseminate findings?

Should HBCU faculty be given additional assistance on how to report on evaluation projects?

Do you think a coaching–mentoring approach might be helpful to HBCU faculty, drawing on other researchers, both within HBCUs and elsewhere, who have had substantial experience in publishing research and evaluation results?

4. Other Technical Assistance During the Project Implementation

Do you think the annual UNCFSP conferences have succeeded in providing information, training, and technical assistance? Can you discuss some of the strengths of the conferences? Some of the weaknesses?

Do you think the ORISE trainings have succeeded in providing information, training, and technical assistance? Can you discuss some of the strengths of the ORISE trainings? Some of the weaknesses?

Do you think the site visits have succeeded in providing information, training, and technical assistance? Can you discuss some of the strengths of the site visits? Some of the weaknesses?

What other areas can you think of, in which HBCU faculty should be given assistance on these projects?

HBCU AND COMMUNITY ACTIVITY—PROCESS

Overall

Do you believe that HBCUs have been clear in their statements of goals for their ACCESS projects? Please discuss.

1. Making Impact on Students (Immediate and Close Follow-Up)

What were some challenges to incorporating NLM online health resources into curricula and other activities on campus? Please discuss.

Can you give examples of how students have contributed to HBCU faculty, student, and community activities?

Are students a vital part of your ACCESS project?

Do you think HBCUs should be encouraged to make greater use of students in the implementation of ACCESS projects?

2. Making an Impact in the Community (Immediate and Close Follow-Up)

What were some of the challenges in working with community organization?

Have NLM, UNCPSP, and the Advisory Board provided adequate guidance on how the HBCUs can or should establish partnerships with organizations in nearby communities?

Have you established effective partnerships with organizations in nearby communities?

Is the funding of the HBCU ACCESS Projects adequate to support effective partnerships between the HBCUs and organizations in nearby communities?

HBCU AND COMMUNITY ACTIVITY—OUTCOMES

1. Student Activities (Immediate and Close Follow-Up)

Can you give some examples of student activities that should be encouraged?

In how many courses and other activities have you successfully incorporated NLM information resources? Please discuss.

How many students have been exposed to these NLM resources in the year of your ACCESS grant?

Do you feel that you have reached a substantial proportion of your student body with NLM online health resources?

How many students do you expect will be exposed to these NLM resources in future years?

2. Community Activities (Immediate and Close Follow-Up)

In how many community activities have you successfully incorporated NLM information resources? Please discuss.

Can you give examples of community activities that seem to have been particularly effective?

Have these been effectively evaluated?

3. Institutionalizing Practices and Ensuring Sustainability of Outcomes (Long Term)

Can you give examples of HBCU ACCESS Projects that have been successfully institutionalized, with the prospect of sustainable outcomes?

HBCU AND COMMUNITY OUTCOMES

1. Student Outcomes (Immediate and Close Follow-Up)

Have you measured (or are you planning to measure) changes in awareness, knowledge, and use of NLM health information resources on the part of students, after exposure to NLM information resources?

Have you measured (or are you planning to measure) the changes immediately after exposure to NLM information resources?

Have you measured (or are you planning to measure) the changes for longer intervals after exposure, such as 3, 6, and 12 months after?

Are you convinced that the evaluations have been (or will be) rigorous enough?

What three steps do you think HBCUs should take to improve the impact of ACCESS Project activities on student outcomes, and to increase the proportion of the HBCU student populations that are affected?

2. Community Outcomes (Immediate and Close Follow-Up)

Is it your impression that community outcomes in the ACCESS Projects have been positive?

Is it your impression that these outcomes have affected a significant portion of the residents of the communities that are near to the HBCUs?

Have you measured (or are you planning to measure) changes in awareness, knowledge, and use of NLM health information resources on the part of community members, after exposure to NLM information resources?

Are you convinced that the evaluations have been (or will be) rigorous enough?

What three steps do you think HBCUs should take to improve the impact of ACCESS Project activities on community outcomes, and to increase the proportion of the total population of community residents that are affected?

3. Faculty Career Development

What kind of impact has this project had on your career development?

Do you think working on this project has affected your ability to obtain grants in the future? How? Have you applied for any other grants since?

Do you feel that the project produced potentially publishable results? Have you presented or published them? Do you intend do?

What steps do you think UNCFSP and the HBCUs should take to further improve faculty use of NLM resources and the publication of scholarly and scientific papers using such resources?

4. Institutionalization of Practices and Sustainability of Outcomes (Long Term)

Has NLM or UNCFSP provided sufficient information and guidance on how the HBCUs should go about sustaining their activities conducted under an ACCESS grant?

Has your HBCU been able to (or do you expect it to be able to) institutionalize ACCESS activities and sustain the impacts of those activities?

What are some of the challenges to institutionalizing and sustaining your activities?

C. Interview Guide: HBCU Student Collaborators

HBCU PROCESS

How did you get involved in this project?

Did anything special motivate you to get involved?

Would you like to see more projects like this one on campus?

Are there more activities like this already available? If so, can you describe them?

Have you been working closely with the faculty on this project?

Do you feel that you are a full member of the team for this project?

Do you feel that this is something you would like to do for a longer period of time?

OUTCOMES: IMPACT ON STUDENTS

Awareness

Were you familiar with any health Web sites prior to participating in this project? If so, which ones?

Had you ever heard of the National Library of Medicine (NLM) prior to this project? What did you know about it?

Are you more aware of the National Library of Medicine now, ie since you have been involved in the project?

What NLM Web sites have you learned about in the course of this project? What other health Web sites?

What health issues have you become more aware of in the course of this project?

Prior to this project, did you ever talk with friends/classmates about health issues? If so, which ones? Health resources? Which ones? Health Web sites? Which ones?

What about now—that is, since you have been involved in this project?

Knowledge

What were the main things you learned while working for this project?

For example, have you learned specific things about NLM? About NLM Web sites? About other health Web sites? About health issues? About health resources?

Use

Did you ever use health Web sites prior to this project? If so, which sites? How often? For what purposes?

Has your use of health Web sites changed in the course of the project? NLM Web sites? Other Web sites?

Self-Efficacy

Did this project improve your ability to find health information that you need? How?

Did this project improve your ability to explain health-related things to others? Please, explain.

Perceived Value

Did you find participating in this project useful? In what ways?

Do you find health Web sites useful? What is your favorite health Web site?

Do you find NLM health Web sites useful? In what ways?

Is there anything special about the NLM health Web sites? Please, discuss.

In terms of ease of use, are NLM Web sites: Easier to use than average? About average; More difficult than average? No idea?

Sustainability

Did you participate in health outreach work prior to this project? Please explain.

Do you think you will participate in other health outreach activities in the future? In college? After college? Why or why not?

D. Interview Guide: HBCU Community Stakeholders

BACKGROUND

Please describe your organization and its functions.

What populations do you serve?

How many clients do you serve?

Overall, what impact did the activity you conducted with the (grantee) college or university have on your organization? On your community?

Was it worth it, participating in this activity?

Would you do it again?

Would you like the activity to continue?

HBCU PROCESS

How did this collaboration come about?

Have you collaborated with this university before?

What motivated you to participate in this collaboration?

How is this college/university perceived in your community?

What are some pluses and minuses of doing some joint work with the college/university?

Particularly, were there some pluses and minuses of doing joint work related to health information resources?

What do the college or university have to offer to you and your community?

What do you have to offer to them?

What influenced your decision to collaborate on this project?

What were the barriers?

What were the opportunities?

Are you planning future collaborations with this college/university team? Why or why not? What kind?

OUTCOMES: IMPACT ON COMMUNITY

Awareness (Organizational)

What role, if any, did your organization play in promoting the use of Web-based health information in your community prior to the collaboration? Please describe activities.

Prior to the collaboration, had you heard of the NLM? About its resources? Please discuss.

What have you learned about the NLM in the course of the collaboration? About its resources?

Use (Organizational)

Does your organization have computers that are available to clients? How many? In what settings? How do your members or clients use these computers?

Do your members or clients use your computers to look up health information? How often? How many clients?

If they do use your computers, what kind of assistance can they receive from your staff?

Did the activity sponsored by this project have any impact on this?

Do your members or clients use NLM resources from your computers? How often? How many clients? Have there been any changes in this since the events or activities of this project began?

Perceived Value (Organizational)

How did this project address the needs of your members or clients?

Were the activities useful? Please, discuss.

Where the instructors knowledgeable, experienced, and trained?

Where the instructors able to understand and address community issues and concerns?

What was the best thing about the events or activities you conducted under this project?

What would you do differently?

Sustainability (Organizational)

Did any of your staff receive training in the course of this collaboration? What kind of training?

What opportunities are they likely to have to use this knowledge and these skills in the future?

Did your organization receive any materials that were prepared for the activities? Do you intend to use them in the future?

Do you plan to continue to have any interactions with the college/university team in the future? Why or why not? If yes, what kind?

If we were to visit your community or community organization a year from now, what traces of the collaborative activity or activities would we be likely to find? Three years from now?

What are some barriers to institutionalizing the activity and sustaining the outcomes?

What are some opportunities for institutionalizing the activity and sustaining the outcomes?

10. Proposed Focus Group Guides

This section presents the recommended focus group guides for the following:

A. HBCU ACCESS Project Awardees
B. HBCU Grants Training Workshop Attendees

A. *Focus Group Guide: HBCU ACCESS Project Awardees*

This Guide will probably have to be revised, based on the issues that future HBCU ACCESS Project awardees face. The questions in this Guide were designed to address the issues faced by awardees in 2009. If NLM and UNCFSP change some of their approaches to the ACCESS Project—for example, if the awards are made earlier, if funding is increased, if more extensive technical assistance is provided, if a national learning community is supported, if the Web site is enhanced, and the like—then the questions relating to those approaches would have to be changed. However, many of the questions in this Guide are very general and will continue to apply to future HBCU ACCESS Project awardees.

CHALLENGES

Should ACCESS grants be awarded 3–6 months earlier, so that HBCUs can have a full school year for program implementation?

Would modest increases in funding for ACCESS grants be helpful, especially to allow for financial incentives for working with partners?

Should NLM/UNCFSP send progress reports, on the whole ACCESS program, to senior HBCU administrators, so that those administrators will be more informed about and perhaps more supportive of the ACCESS programs and their continuation?

UNCFSP PROPOSAL GUIDANCE

Should UNCFSP provide more extensive T&TA on the types of preexisting activities that HBCUs have built on, and could build on, with their ACCESS grants? How? Where? (for example, in ehealth conference, workshops, RFP, etc.)

Should UNCFSP provide more extensive T&TA on the types of follow-up activities that HBCUs have developed, and could develop, with their ACCESS grants?

MOTIVATION TO APPLY

What grant writing/management experience do you have?

Do you perceive your ACCESS grant as a stepping stone for obtaining more funding?

Did your ACCESS grant actually become a stepping stone for further funding?

Do you think that there is an expectation that the results of your ACCESS evaluation would be published? (from NLM? UNCFSP? Senior HBCU administrators? Yourself?)

Have you encountered difficulties or barriers to publishing the results? Can UNCFS/NLM help? How?

What are some factors for and against applying for this funding?

GRANT MANAGEMENT PROCESS

What challenges did you face in connecting with community partners?

What challenges did you face in recruiting students to work on the projects?

What challenges did you face in evaluating the project and maintaining the paper trail?

Do you have any comments on the budget process?

ACCESS PROGRAM GOALS

Short-Term Goals

Should NLM/UNCFSP clarify the short-term goals of the ACCESS Program a bit more? For example—

UNCFSP Process Goals

To administer the ACCESS Program in a cost-effective way

To provide clear information, training, and technical assistance to HBCUs about—

- The goals of the ACCESS Program

- Cost-effective ACCESS activities

- Evaluating ACCESS activities

- Sustaining ACCESS activities

- Applying for and administering Federal funds for research and intervention projects

HBCU Process and Outcome Goals

To incorporate NLM information resources into HBCU courses and other activities (a process goal for HBCUs)

To increase awareness, knowledge, and use of NLM health information resources (an outcome goal for HBCU faculty, students, and communities)

To increase awareness and knowledge about health status and health disparities (an outcome goal for HBCU faculty, students, and communities)

To increase the ability to apply for and obtain NLM and other Federal funding for health projects and research (an outcome goal for HBCU faculty)

Long-Term Goals

Should NLM/UNCFSP emphasize that all of the above can contribute to the achievement of long-term goals for the ACCESS Program? For example—

- To increase the sustainability of ACCESS-type activities even after the termination of ACCESS grants (a long-term process goal for HBCUs)

- To improve health status and reduce health disparities (a long-term outcome goal for HBCU faculty, students, and communities)

MEASURING AND REPORTING ON OUTPUTS AND OUTCOMES

Were the reporting requirements clear?

Should outputs and outcomes for each of the goals be measured?

Should NLM/UNCFSP develop and share measurement instruments?

Should NLM/UNCFSP provide extensive T&TA on how to use and, if appropriate, adapt measurement instruments?

What outcomes are being measured? Could be measured? Should be measured?

Should measurements be taken before, immediately after, or in the longer run as well (for example, 3, 6, and 12 months later)?

What were the barriers to collecting outcome data?

Did objectives change in the course of your project? Why?

Were the reporting requirements clear?

Did you encounter any challenges in preparing your reports? What were they?

Should NLM/UNCFSP identify, and provide T&TA on, activities that work, ie for achieving the short-term goals of the ACCESS Program? In what form?

Should HBCUs form a national learning community, to share lessons learned?

Should HBCUs work together each year on a paper, perhaps for publication?

Should NLM/UNCFSP host a consensus development conference with HBCU faculty and researchers, to agree on what works? If so, should it be once a year? Once every other year?

Should NLM/UNCFSP pull together a booklet or a Web site with information on best practices?

FUTURE INTERACTIONS

Should there be more mentoring and coaching, among the HBCUs? If so, in what form?

Should there be a blog? Is there time for this?

Should there be an end-of-the-grant-period meeting of the four currently funded HBCUs, perhaps at each annual conference, to discuss achievements and lessons learned?

Should there be a focus group—of past, current, and prospective ACCESS grantees—at each annual conference, to discuss what is working well and what can be improved?

B. Focus Group Guide: HBCU Grant Training Workshop Attendees

This Guide will have to be revised, based on what future Grant Training Workshops cover. These questions were designed to address what was covered in the June 18, 2009, Workshop.

Have you had prior experience with grant writing? Grant management?

What aspects of grant writing have you found the most challenging?

What aspects of grant management have you found the most challenging?

What were your expectations of the grant training workshop?

Did the grant training workshop meet your expectations? In what ways? Which expectations did it not meet?

Did the workshop provide information and guidance that you have found to be helpful as you write your proposal?

Did the workshop clarify for you what the goals of the ACCESS Program are?

How did you feel about the workshop placing so much emphasis on research as one of the goals of the ACCESS program?

How much experience do you have with developing project budgets?

What did you most like about the budget planning session? Dislike? (For example, too basic, too advanced, too much info, too little info, etc.)

What was the main message of the budget planning session?

How much experience do you have with evaluating interventions?

What did you most like about the evaluation session? Dislike? (For example…)

What was the main message of the evaluation session?

What was your favorite session? Why?

What was your least favorite session? Why?

Was the information in the workshop useful only for preparing this ACCESS proposal submission, or was it helpful also for applying for other grants in the future? Why?

Can you offer suggestions to UNCFSP about what it could do to improve the workshop?

Would you find it helpful to be given more information about the kinds of activities that are affordable and effective in ACCESS programs?

Would you find it helpful to be given more information about the kinds of measurement tools you can use in your evaluation?

11. Proposed Survey Questionnaires

This section presents the recommended survey questionnaires for the following:

      A. HBCU Student Participants
      B. HBCU Community Participants

A. Survey Questionnaire: HBCU Student Participants

HBCU PROCESS

Have you previously participated in any activity about Web-based health information?

If so, what was that activity?

Who put it on?

How did you learn about the current activity you are participating in?

What is the name of the current activity?

What motivated you to participate?

Did the teachers or students who are helping you seem to be well trained and experienced in the contents and use of NLM health information?

Did the teachers or students do a good job presenting the information?

If you wanted to contact them with a question, would you know how to do that?

Did you find the activity useful?

What are the three major things you learned?

Did you receive any handouts in the activity?

Would you like to see more activities like this one on your campus?

Are there more activities like this already available?

If so, please describe them.

OUTCOMES: IMPACT ON COMMUNITY

Awareness

Are you familiar with any health Web sites?

Can you name three?

Have you ever heard of the National Library of Medicine (NLM)?

Can you name two things it does?

Are you familiar with any NLM Web sites?

Can you name some?

Have you ever heard of MedlinePlus? [To customize this question, name Web sites that were taught in the activity.]

If yes, what is it?

Who created this site?

Do you ever talk with friends/classmates about health issues?

Which health issues do you talk about?

Do you ever talk about health Web sites?

Which health Web sites do you talk about?

Use

Have you ever used health Web sites for school work or homework?

If so, please explain.

Have you ever used health Web sites to find health information for yourself or others?

If so, please explain.

How did you find health Web sites to go to?

How often, if at all, have you gone to health Web sites?

Which health Web sites have you gone to?

Perceived Value

Did you find the current activity useful?

What are the three major things you learned?

Do you find health Web sites in general to be useful?

What is your favorite health Web site?

Do you find NLM health Web sites to be useful?

In what ways do you find them to be useful?

Is there anything special about the NLM health Web sites?

Please discuss anything you particularly like or dislike about NLM Web sites.

In terms of ease of use, are NLM Web sites: Easier to use than average? About average? More difficult than average? No idea?

B. Survey Questionnaire: HBCU Community Participants

HBCU PROCESS

Have you previously participated in any activity on health Web sites?

What was that activity?

Who put it on?

How did you learn about the current activity you are participating in?

What is the name of the current activity?

What motivated you to participate?

Do the teachers or students from your local college or university, who are helping you, seem to be well trained and experienced in the contents and use of NLM health information?

Did the teachers or students do a good job presenting the information?

If you wanted to contact them with a question, would you know how to do that?

Did you find the activity useful?

What are the three major things you learned?

Did you receive any handouts in the activity?

Would you like to see more activities like this one in your community?

Are there more activities like this already available? If so, please describe them.

OUTCOMES: IMPACT ON COMMUNITY

Awareness

Are you familiar with any health Web sites?

Can you name three?

Have you ever heard of the National Library of Medicine (NLM)?

Can you name two things it does?

Are you familiar with any NLM Web sites?

Can you name some?

Have you ever heard of MedlinePlus? [To customize this question, name Web sites taught in the activity.]

If yes, what is it?

Who created this site?

Do you ever talk with others in your community about health Web sites?

Which health issues do you talk about?

Do you ever talk about health Web sites?

Which health Web sites do you talk about?

Use

Have you ever used health Web sites for personal or family purposes?

If so, please explain.

Have you ever used health Web sites to find health information for yourself or others?

If so, please explain.

How did you find health Web sites to go to?

How often, if at all, have you gone to health Web sites?

Which health Web sites have you gone to?

Perceived Value

Did you find the current activity helpful?

What are the three major things you learned?

Do you find health Web sites in general to be useful?

What is your favorite health Web site?

Do you find NLM health Web sites to be useful?

In what ways do you find them to be useful?

Is there anything special about the NLM health Web sites?

Please discuss anything you particularly like or dislike about NLM Web sites.

In terms of ease of use, are NLM Web sites: Easier to use than average? About average? More difficult than average? No idea?

12. Proposed Format for HBCU Final Reports

The following is a recommended outline for the final reports that are to be prepared by future HBCU ACCESS grant awardees. The outline suggests sections that should be included in each report, topics that should be addressed in each section, and the number of pages (single-spaced) that could be appropriate for each section. Pages for each section could vary widely among HBCUs, but final reports need not be longer than 15-20 pages, plus appendices.

While not lengthy, it is important that they be consistently structured. If all the HBCU final reports follow a similar outline and cover the topics noted, it will then be easier for UNCFSP and NLM to describe and summarize the activities and outcomes of the ACCESS Project, across all the funded HBCUs. UNCFSP and NLM will then be able to tell the story about what the ACCESS Project as a whole has been doing, through the various funded HBCUs across the country, and about the impacts it has been having.

Executive Summary (2 pages)

This section should include a brief summary of the project. Special attention should be given to briefly noting the following: the target populations addressed by the HBCU in its ACCESS project (such as faculty, students, and community members), the goals and objectives (consistent with those specified in the RFP), major activities (including class activities, other activities, trainings, materials, evaluation, and outputs and outcomes), and major conclusions and recommendations.

1. Key Participants (1 page)

This section should include brief identifying information about the key participants in the project. Key participants include those who helped design and implement the project. The information could be as simple as the names and titles of the principal investigator and other faculty who were active in the project; the names and years in school of students who helped with the project; and the names and titles of community stakeholders or partners who participated in the project.

2. Introduction (1 page)

This section should briefly describe why the HBCU decided to apply for an ACCESS Project grant in the first place. It should briefly discuss the general purposes and major activities of the project, as well as any major barriers to and opportunities for the project.

3. Target Populations (1 page)

This section should discuss the principal target populations for the HBCUs' ACCESS project. These target populations should include students, for all projects. In addition, the target populations could include, as an option, faculty and/or community members as well. The discussion should address the total number of students in the HBCUs, and the number that participated in ACCESS project activities. If appropriate, it should address the total number of faculty in the HBCUs and the number that participated in project activities. It could also address the total number of residents served by the agency that collaborated with the HBCU (for example, clients in a social services agency, patients in a clinic, or students in a school) and the

number that participated in project activities. For all target populations, summary demographic information would also be important. This should include, as a minimum, age, sex, race and ethnicity. With this information for each HBCUs project, UNCFSP and NLM will be able to report on the totals for all HBCUs projects.

4. Goals and Objectives (up to 5 pages)

This section should discuss the goals and objectives that guided the project and their achievement level. The goals and objectives that were presented in the original proposal should be included here. In addition, any changes that were made to those goals and objectives as the project went along should also be discussed. The goals and objectives must be consistent with the goals and objectives set forth in the UNCFSP Request for Proposals. However, they may deviate from the specific language of those goals and objectives, to fit the specific interests, needs, and opportunities of each HBCU.

5. Activities (6 pages)

This section should describe and discuss the activities supported by the HBCU under its ACCESS award. The activities could be in the HBCU and they could be in the community. They could include orientations, courses, health fairs, Web sites, workshops, and the like. They could also include trainings and materials that were developed and presented, in support of other activities or as separate activities on their own. Finally, they should include the evaluations that were conducted, as well as the output and outcome results from the evaluations. Brief paragraph descriptions are sufficient. It would be helpful to include some discussion of the basis for originally believing the activities would be able to achieve the goals and objectives of the project. For example, was there research or evaluation data on similar activities, conducted elsewhere, that demonstrated that the activities did or could work? Each HBCU should include, in this section, a table that provides the following information for each activity: the name of each activity, a brief (one-sentence) description of each activity, the number of times each activity was conducted, the number that participated in the activity (each time and total), and any output or outcome results of each activity.

6. Sustainability (1 page)

This section should discuss what the HBCU has done to institutionalize the activities it began, or enhanced, under its ACCESS Project grant. The section should also discuss the likelihood that those activities, and the outputs and outcomes they contribute to, can be sustained.

7. Conclusions and Recommendations (2 pages)

This section should present and discuss major conclusions and recommendations that relate to the ACCESS project conducted in the HBCU. It could also present and discuss conclusions and recommendations that relate to the ACCESS Project in general.

Appendices

Appendices should include key materials that were used in the project. These could include the whole of the materials, extracts from the materials, abstracts of the materials, or references to the materials. It would be especially important to include evaluation instruments that were used.