

Evaluating Community Outreach Efforts: A Framework and Approach Based on a National Mental Health Demonstration Project

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Background: Community health efforts often include outreach activities designed to increase awareness and ensure uptake of services or programs. Yet, few comprehensive outreach evaluations exist, particularly those designed to improve access to and use of mental health services.

Purpose: This article summarizes the use of two established evaluation frameworks and details an approach to assessing outreach that may have broad appeal to administrators, social workers, health educators, community organizers, and others interested in exploring the results of their efforts.

Setting: Multi-site national study conducted in five states.

Intervention: Community outreach.

Research Design: Two existing published frameworks are applied to assess community outreach. The evaluation design included three components: 1) process, 2) outcomes and 3) context.

Data Collection and Analysis: Qualitative data were based on focus groups and key informant interviews. Quantitative data were gathered through evaluation surveys, tracking forms and other outreach protocols. The findings focus on lessons learned that may have applicability to others interested in evaluating community outreach efforts in areas beyond mental health.

Keywords: *Community outreach; evaluation; evaluation framework; mental health*

Community outreach is often defined as interactions between community members and individuals representing organizations within that community. Outreach is a common strategy for engaging participants in social service, public health and mental health efforts. Social workers, community organizers, and health educators are frequently involved in planning and implementing outreach activities in a variety of areas including cardiovascular disease prevention (Balcazar, Alvarado, Hollen, Gonzalez-Cruz, & Pedregon, 2005; Grigg-Saito, Och, Liang, Toof, & Silka, 2008), mental health treatment in the elderly (McGovern, Lee, Johnson, & Morton, 2008), HIV/AIDS prevention (Dorabjee et al., 2004), cancer and health disparities (Meade, Menard, Martinez, & Calva, 2007), childhood vaccination (Findley et al., 2008), breastfeeding (Mitra, Khoury, Carothers, & Foretich 2003), and asthma (Primomo, Johnston, DiBiase, Nodolf, & Noren, 2006), to name a few. Outreach activities are often used to increase awareness, provide access to services, and recruit individuals to participate in community activities, research projects or health promotion interventions. Outreach programs have also been used by non-traditional sectors to encourage community engagement (Vanclay, Lucas, Lane, & Wills, 2007). Federal demonstration projects have long acknowledged and incorporated outreach as an official project element dating back to the mid-1960s (Leviton, & Schuh, 1991). Yet, while the community outreach model is not a new approach, there appear to be few evaluations of outreach efforts. Despite outreach being a major strategy in many community-level interventions, there are few published evaluation frameworks in this area. Evaluation of

outreach, if undertaken at all, is often subsumed under broader program evaluation initiatives. Furthermore, there is relatively little research on the effects of outreach programs in improving access to and use of mental health services (Zin, Meng, Rajeev, Fones, & Pin, 2009). The purpose of this article is to provide a framework and approach for evaluating community outreach efforts based on a national demonstration project focused on early identification and treatment of serious mental health conditions. The article focuses on the evaluation design, questions and methods as well as the lessons learned during the planning and implementation phases. Results of the outreach efforts in achieving program goals are presented elsewhere.

Description of the Program

The Early Detection and Intervention for the Prevention of Psychosis Program (EDIPPP) is a national demonstration project funded by the Robert Wood Johnson Foundation that was designed to identify, intervene early, and provide treatment for young people between the ages of 12 and 25 who are at risk for a psychotic episode in order to prevent the development of a severe mental illness. In 2006, five sites across the country each received a two million dollar grant to participate in this four year research project. The grantees included:

- Maine Medical Center (also the National Program Office - NPO), Portland, Maine
- Mid-Valley Behavioral Care Network, Salem, Oregon
- University of California, Davis, Sacramento, California

- Washtenaw Community Health Organization, Ypsilanti, Michigan
- Zucker Hillside Hospital, Queens, New York

The program included a clinical component with a specialized team used to assess referrals and provide treatment including multi-family group therapy. Community outreach was the primary strategy to identify potential research participants and generate timely referrals into the treatment program. Outreach efforts targeted school personnel, social workers, doctors, nurses, students, parents, clergy, police officers, and others who interacted regularly with young people.

Brief Description of Outreach

A detailed description of the outreach model has been reported elsewhere (Ruff, McFarlane, Downing, Cook, & Woodberry, unpublished). In general, community outreach included: 1) formal training sessions for professionals (*e.g.*, school personnel, healthcare providers) and the public on the early warning signs of psychosis, the EDIPPP initiative and how to make a program referral, 2) informal communication about EDIPPP, 3) a mapping exercise designed to identify community partners, 4) the development of an Advisory Board, and 5) the dissemination of EDIPPP material.

Methods

Application of Existing Evaluation Frameworks

The framework for this evaluation was informed by Ottoson and Green (2005) who based their approach on the seminal

evaluation theory work of Shadish, Cook and Leviton (1991). This seminal work included four theoretical evaluation components: use, program, value and knowledge construction. Based on these theoretical constructs, Ottoson and Green (2005) develop a series of four questions to guide the evaluation of community-based outreach efforts.

1. How will evaluation findings be used and by whom?
2. What is outreach and what factors may affect influence outreach?
3. How will the success or failure of outreach be determined?
4. What methods will be used to assess the success of outreach?

In addition to this theoretical evaluation framework, we also incorporated the public health program evaluation framework developed by the Centers for Disease Control and Prevention (CDC, 1999). The CDC framework informs evaluation practice and is composed of six steps that should be taken in any public health program evaluation: 1) engage stakeholders, 2) describe the program, 3) focus the evaluation design, 4) gather credible evidence, 5) justify conclusions, and 6) ensure use and share lessons learned.

Our evaluation was informed by both frameworks. Table 1 provides a brief description of these approaches and examples of activities undertaken for each element within the frameworks. In the discussion below, we present several examples, organized by Ottoson and Green's (2005) translation of evaluation theory based on the four components for evaluating community outreach. In the narrative for each component, we also discuss key elements of the CDC

framework that were used in the evaluation.

Table 1
Application of Existing Evaluation Frameworks

Ottoson and Green Framework (2005)	CDC Framework (1999)	Example Evaluation Activities
<ul style="list-style-type: none"> • How will findings be used and by whom? 	<ul style="list-style-type: none"> • Engage stakeholders • Justify conclusions • Ensure use and share lessons learned 	<ul style="list-style-type: none"> • Determined priority audiences • Engaged in a participatory approach: <ul style="list-style-type: none"> - Solicited input from stakeholders - Established routine communication - Generated buy-in for data collection • Reached agreement on: <ul style="list-style-type: none"> - Purpose of evaluation - Elements to be evaluated • Used a mixed-methods design and triangulated data to develop conclusions and recommendations • Developed user-friendly reports: <ul style="list-style-type: none"> - Assured data would help fulfill reporting requirements of grantees
<ul style="list-style-type: none"> • What is outreach and what factors may influence outreach? 	<ul style="list-style-type: none"> • Describe program • Focus the evaluation design 	<ul style="list-style-type: none"> • Designed evaluation to focus on three components: <ul style="list-style-type: none"> - Process, context, outcome evaluation • Developed a logic model • Articulated the connection between outreach efforts and anticipated results
<ul style="list-style-type: none"> • How will the success or failure of outreach be determined? 	<ul style="list-style-type: none"> • Focus the evaluation design 	<ul style="list-style-type: none"> • Developed priority evaluation questions • Worked with the National Program Office to identify performance targets for community outreach at all sites
<ul style="list-style-type: none"> • What methods will be used to assess the success of outreach? 	<ul style="list-style-type: none"> • Gather credible evidence 	<ul style="list-style-type: none"> • Developed a series of evaluation protocols in collaboration with outreach staff and representatives from the National Program Office • Launched a web-based database to assure uniformity and ease of data collection

Evaluation Use. To maximize the usefulness of the evaluation, we determined the priority audiences using a participatory approach, soliciting input from stakeholders including the National Program Office (NPO) and staff from each site. Using a participatory process, we

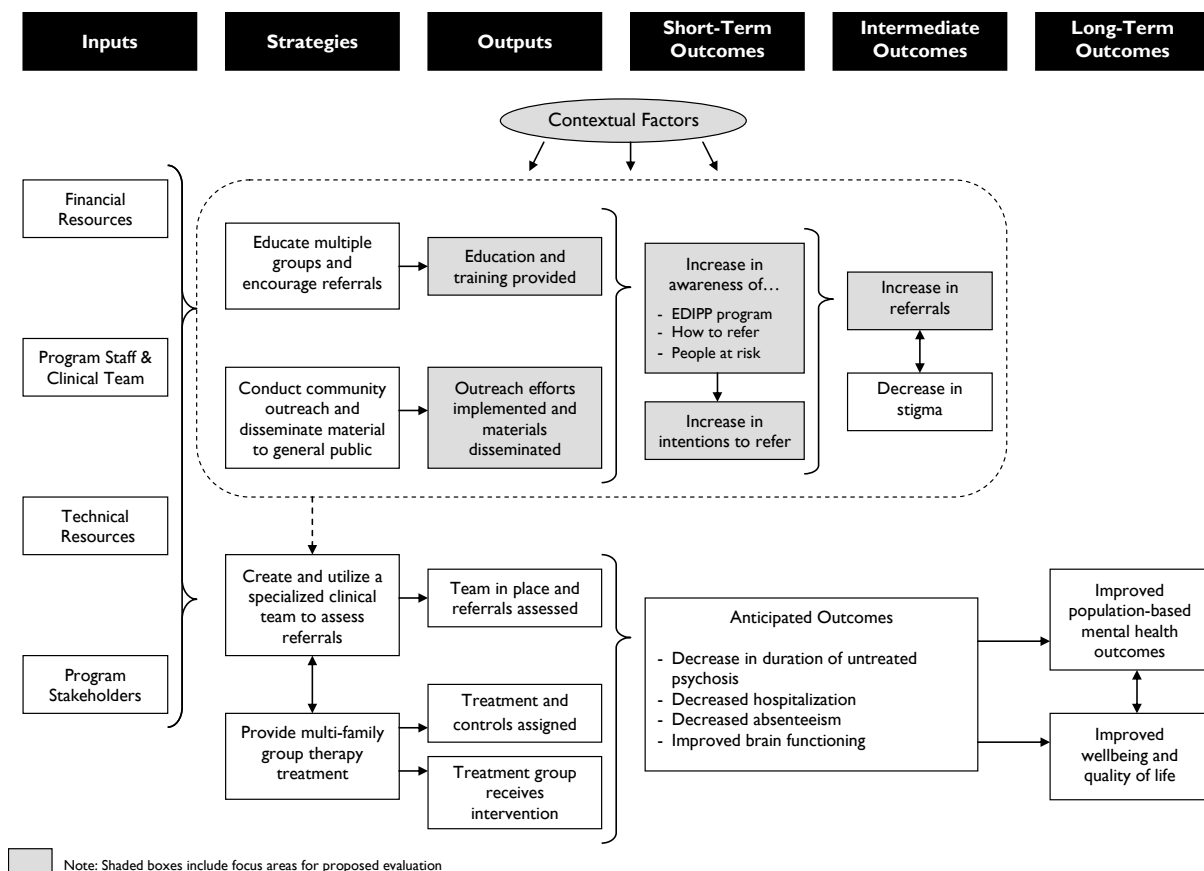
engaged stakeholders by establishing routine communication with the NPO and the outreach directors in all five programs. Through the use of monthly meetings, we were able to: reach agreement on the purpose of the evaluation, decide what components of

outreach would be evaluated, develop an understanding of the elements of the outreach model, achieve support for the data collection methods, and provide frequent updates of the evaluation activities and findings.

Community Outreach Program Definition and Influences. To address the questions, what is outreach, how is it supposed to be implemented and what factors influence it, we designed the evaluation to focus on three components: 1) processes, 2) outcomes and 3) context. Experts agree that if used together, evaluation feedback in these three areas can improve a program's effectiveness and

promote future sustainability (W.K. Kellogg Foundation, 2006). The design is reflected in the program logic model that depicts the major strategies, processes, and anticipated outcomes of community outreach within the overarching EDIPPP program. The logic model can be found below in Figure 1. This model depicts the outreach strategies and their linkages to outputs and anticipated results. The model also includes contextual factors that were likely to influence outreach (e.g., community characteristics, capacity of outreach staff). The areas shaded in gray were included in the evaluation of community outreach efforts.

Figure 1
EDIPPP Logic Model



The development of the logic model was also consistent with element two of the CDC framework. This step focuses on a description of the program, and a logic model is an important tool frequently developed to help describe the intervention and anticipated results. In addition, the development of a logic model provided stakeholders and evaluators with an opportunity to begin to identify the outreach processes and outcomes that would be included in the evaluation. For example, the outreach model clearly indicated that the evaluation was designed to describe connections between outreach activities and awareness of, and referrals to, EDIPPP. Yet, as depicted in the model, the evaluation did not include an assessment of stigma.

Determining Outreach Success or Failure. The next step in the refinement of the evaluation design was informed by both evaluation frameworks described above. Once the evaluation design had been determined, a set of priority evaluation questions was developed to assess the process, outcomes, and context of outreach efforts. The development of these questions provided an opportunity to articulate how success or failure of outreach would be determined and served to focus the evaluation. The evaluation questions are provided below. In addition to these questions, the evaluation sought to determine the performance expectations for community outreach developed by the NPO.

Process Evaluation

1. To what extent are the grantees implementing the community outreach strategies as planned?

2. To what extent have the outreach strategies reached the intended audiences?
3. What factors have impeded or facilitated the implementation of these strategies?
4. What lessons have been learned by grantees regarding the implementation of outreach strategies that can be used to inform future efforts?

Outcome Evaluation

5. What are the characteristics and backgrounds of referrers?
6. What are the characteristics of the training participants?
7. Did awareness and intentions to refer increase after participation in training?
8. What factors are positively associated with intentions to refer to EDIPPP?

Context Evaluation

9. What external factors have influenced the implementation and outcomes of the outreach efforts?
10. What are the core elements needed to effectively provide outreach?

Methods to Assess Success of Outreach. A fourth component of the theoretical framework developed by Shadish and colleagues (1991) and as applied by Ottoson and Green (2005) focused on knowledge construction and the use of specific methods to determine outreach success or failure. This element of the framework is closely aligned with the “gathering credible evidence” step in the CDC framework. As part of our

application of the frameworks, we created a series of evaluation protocols in collaboration with program stakeholders to ensure our processes and tools were relevant, realistic and appropriately focused to provide credible and meaningful information that could be used to inform the NPO and participating sites throughout the project. For example, we incorporated measures of outreach and referrals into the evaluation design and data collection instruments that sites were expected to track. In addition, to assure uniformity and ease of data collection and use, we launched a web-based outreach database. A summary of the evaluation protocols are provide below.

Data Collection

In order to address the evaluation questions, both qualitative and quantitative data were collected. The qualitative data collection efforts were designed to capture in-depth information from multiple sources. The quantitative efforts were intended to provide valuable, accurate and timely data regarding EDIPPP outreach efforts, pre-enrollment. The quantitative data collection forms were based on the five features of a simple outreach measurement system developed by Richard and colleagues (1996) including: 1) simplicity, 2) generality, 3) casual unobtrusiveness, 4) integration and 5) training. All protocols were reviewed and approved by the University of Southern Maine's Institutional Review Board. The evaluation activities and tools included the following:

EDIPPP Staff Focus Groups

Focus groups were held with all five sites to gather in-depth information about process and context evaluation questions regarding the implementation of the EDIPPP outreach model.

NPO Focus Group

The evaluation team held a focus group with the NPO to better understand their perspectives about their administrative role, outreach efforts and lessons learned.

Advisory Board Interviews

Telephone interviews were conducted with members of the EDIPPP Advisory Boards. The questions focused on the perspectives of key community members regarding the implementation of the EDIPPP outreach model.

Training Evaluation Form

In an effort to assess knowledge, attitudes and intentions regarding EDIPPP, training surveys were administered to all participants.

Instructor Surveys

This form was completed by training instructors and included information about the training event such as the size of the audience, the location, the number of EDIPPP materials disseminated, and the instructor's perspective on the adequacy of time to cover core topics such as risk factors for psychosis and EDIPPP services.

Information Request Forms

This form provided a mechanism for EDIPPP staff to log information requests. Identifiers were also captured on the requestor, to determine if this person had made or would make a referral to EDIPPP.

Referrer Forms

When EDIPPP received a referral, outreach staff was asked to complete the Referrer Form. This form collected information about the person *making* the referral including basic demographic information, the person's familiarity with EDIPPP, and his or her relationship to the person he or she referred. Identifiers were also collected on the person making the referral to determine if this person had ever participated in EDIPPP training, made a previous information request, or made a previous referral.

Web-Based Evaluation Database

A centralized online database was created to track and store information about the outreach efforts of each participating site. Members of the outreach staff in all sites were trained on data collection and data entry procedures as well as the database. This database included the following: community contacts, outreach activities conducted, participant training evaluation data, instructor training evaluation data, information requests received, and information about those making referrals to EDIPPP.

Lessons Learned

Several important lessons for evaluation practice based on the application of both

frameworks emerged during our evaluation. They are summarized below.

Applying Evaluation Frameworks Provides Focus

Since outreach is generally an aspect of a larger social program, generating support for outreach evaluation can be difficult. Several elements of the evaluation frameworks were particularly important to the evaluation design. For example, paying careful attention to how and by whom the evaluation would be used and using a participatory approach was particularly helpful in gaining the support for the outreach evaluation and assuring that evaluation data collection tools would be both used by the sites and useful in informing their outreach activities. Our experience revealed that both frameworks were instrumental in guiding the evaluation to assure utility.

Context Matters

By nature, outreach efforts are often implemented in an environment that is difficult to control. Given the diversity among sites in terms of their community, staffing mix, and organizational history, the exploration of facilitating factors and impediments to outreach was an essential component of this evaluation. If we had not included this component in the initial design, we would have likely missed opportunities to understand site differences and how these differences impacted their ability to conduct outreach. By including an analysis of contextual factors, we were able to identify several noteworthy areas that influenced outreach efforts including policy changes and existing relationships with the community. We found that the

Ottoson and Green (2005) framework led us to begin thinking about possible contextual factors early in the evaluation and we were able to build in mechanisms at the onset of our data collection efforts to help us understand the role of the internal (*e.g.*, outreach staff) and external (*e.g.*, statewide policies) environment in which outreach occurred.

Engagement is Important and Requires a Significant Investment

As Ottoson and Green (2005) suggest, evaluating community outreach efforts is a complex process and using a participatory approach may not make things easier. However, there is evidence that engaging stakeholders in a participatory evaluation design will likely lead to more buy-in and use of the findings (Saegert, Benitez, Eizenberg, Hsieh, & Lamb, 2004) and our experience was consistent with these noted benefits. However, while we value the participatory evaluation process, it required a significant up-front time investment, including a planning period of approximately six months. As a result, we experienced a delay in developing and finalizing the data collection tools and launching the online database.

Initial Resistance Can be Overcome

We experienced initial resistance from several sites regarding the collection of evaluation data, particularly among those who were concerned with the time commitment and not convinced of the value of the outreach evaluation. While neither evaluation framework explicitly addressed this barrier, we were able to minimize concerns and ensure participation through a number of

strategies that involved stakeholder engagement and careful consideration of the audience regarding our findings and the intended use of the results. First, we tried to assure that the data collection tools were relevant and that the information collected would be beneficial for the national evaluation and for individual sites. Second, we used techniques reported by other community outreach evaluators to create quantitative data collection instruments that were reliable, comprehensive and relatively unobtrusive (Richard, Bell, Elwood, & Dayton-Shotts, 1996). Third, we attempted to decrease the burden of data entry by establishing a process wherein a member of the evaluation team would enter participant training and instructor data into the web-based database. As an added benefit, this approach ensured consistency and provided a mechanism for verification. Finally, we generated site-specific monthly reports of outreach activities that could be used by each site for their own reporting requirements, thus providing a direct incentive for grantees to collect and update the data.

Developing Reliable and Realistic Methods is Critical

Given the challenges inherent in measuring and operationalizing outreach efforts, we quickly realized the need for a central, secure and quality database to ensure uniformity in data collection across all sites. As part of this process we: 1) worked with a vendor to create a simple and easy to navigate web-based interface and provided training on the database, 2) incorporated elements into the design of the database that were not critical to the evaluation, but directly benefited the grantees (*e.g.*, contact lists, grantee

progress reports), and 3) ensured that data were disseminated in a timely manner to all sites for verification and to assist with their planning, tracking and reporting efforts. While neither evaluation framework provided explicit guidance in this area, both emphasized the need to develop methods for collecting credible information. As a result, we understood the need to ensure our methods were appropriate and reliable and we sought additional funds to support a high quality database. We also recognized that using multiple methods is helpful. The two evaluation frameworks are well aligned with a mixed methods approach that supports the triangulating of data. In our case, this proved to be helpful in uncovering factors related to site differences.

Conclusions

By incorporating the key elements of two established evaluation frameworks, we were able to design a practical approach to assessing outreach that may have broad appeal to a range of individuals who work with communities, organizations and grant recipients interested in exploring the results of their efforts. Our evaluation findings successfully guided the programmatic decisions over the course of a multi-year, multi-site demonstration project and our approach may serve as a guide to others interested in determining the role of outreach in a given program. Through the use of a participatory and somewhat flexible approach, we were able to generate buy-in from the grantees by responding to their needs and concerns and creating incentives for participating in the evaluation. As a result, we were able to consistently meet the inherent challenges of evaluating five community

outreach programs dispersed across the country and report overall findings that informed the knowledge in an area where there has been little evaluation.

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