

## ***Merging Medical Education and Community Health***

### **Evaluation Report Summary: Year One**

**Prepared by Kelly Hall, Applied Social Research Unit, Illinois State University  
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This report summarizes the first of three year-end evaluations for the Health Resources and Service Administration (HRSA) funded project, *Merging Medical Education and Community Health*. Evaluation of Year One activities includes analyses of project processes, outcomes, and the extent to which project goals were addressed and attained.

#### **1. Introduction**

The *Merging Medical Education and Community Health* project funded by HRSA involves a collaboration of organizations to address community-defined health care and service delivery needs in five targeted rural areas throughout the State of Illinois. The over-all project goal was to address community health needs through community-defined student projects and community-based mini-grants projects. Projects were to be coordinated by the Rural Medical Education (RMED) program at the University of Illinois College of Medicine at Rockford (UICOM-R). Projects were to be supervised and supported in rural communities by public health department and Cooperative Extension Service (CES) personnel. Projects were to be administered and continued from year to year by RMED project staff with direction from a Project Coordinating Committee (PCC) of representatives from targeted rural areas, the Center for Rural Health of the Illinois Department of Public Health, and the Applied Social Research Unit of Illinois State University. Additionally, project activities were to be evaluated and enhanced or altered according to evaluation findings. Specific goals of the three-year project include:

- collaboration among organizations that have not previously worked closely together;
- contribution to rural community efforts to deal with health problems;
- dissemination of information resulting from project activities; and,
- sustainability of relationships and initiatives after grant support ends.

#### **2. Evaluation**

The Applied Social Research Unit led the Year One evaluation process. Evaluation activities included monitoring PCC meeting minutes (n=6) and project activity records, interviewing community-based project participants (n=3), and surveying RMED students (n=4).

- Evaluators reviewed Project Coordinating Committee meeting minutes to compare the scheduled timeline with the occurrence of events; note participation of individuals and organizations in the planning and implementation processes; identify discussion content areas; note issues requiring action; recognize emergence of ideas and suggestions; and identify accomplishments of the project.
- Telephone interviews conducted with community-based project participants identified ways to improve the management and processes of clerkship (internship) Community-Oriented Primary Care (COPC) projects and clients served by these projects.

- Questionnaires completed *via* email by RMED students and periodic RMED reports monitoring clerkship activities were used to explore student experiences and collect information about project processes and outcomes.

### **3. How well did the project work for students?**

RMED students spend six weeks in rural communities where they combine clinical clerkship activities with work on COPC projects, which are expected to address community health priorities. Projects for Year One were outlined in the proposal for each targeted geographical area. The following general observations emerge from information provided by students:

- COPC projects benefited students by providing both research experience and the "real-life" career experience of being involved in communities.
- Students should start and end projects earlier.
- To improve their effectiveness within communities, students would benefit from clarification of support resources available for COPC projects.

One student commented, "My experience on this rotation was invaluable to me in the regards that it was the only opportunity I would ever have to see what practicing in that particular geographic area is like. And, since I had always considered practicing there in the future, it further solidified my choice to return to the area." Another reported that her experience and effectiveness would have been improved by availability of a small amount of money to disseminate COPC project results.

### **4. How well did the project work for communities?**

Community-Oriented Primary Care (COPC) projects and mini-grant funded projects are the vehicles by which contributions were expected to rural communities through the Rural Health Outreach project. Mini-grant funded projects have not yet been completed. Thus, community representatives were able to comment only on COPC projects. The following general observations emerge from telephone interviews with community representatives whose names were provided by RMED students.

- While the number of rural community residents directly impacted by COPC projects is unknown, there is evidence that suggests positive changes, that potentially effect thousands of rural residents, are being made as a direct result of projects.
- Community representatives working with RMED students both support and value student projects.
- Generally speaking, COPC projects did not match community health priorities as defined by the 1998 and 1999 grant proposal.

Four communities have now applied for mini-grant funding. Currently, the mini-grant program is not directly tied to COPC project planning and implementation.

### **5. How well does project planning, administration, communication, etc., work?**

The goal of collaboration between organizations was to be achieved through the participation on a Project Coordinating Committee (PCC) of representatives from organizations including county health departments, Cooperative Extension Service (CES), Rural Medical Education (RMED) program, and the Applied Social Research Unit. Additionally, a staff person of the Center for Rural Health, Illinois Department of Public Health, was to participate to facilitate the exchange of information and links with other rural health organizations throughout the state. The following general observations concern project planning, administration, and communication:

- PCC meetings consisted of an average of 12 representatives. Constituents from participating organizations were present at each meeting.
- PCC meetings provided an effective forum for exchanging information, developing procedures and initiatives to further project goals, suggesting improvements in project processes, and identifying barriers to project implementation.
- Changes in curriculum, administration, and evaluation processes have been made based on suggestions discussed by the PCC.
- All mini-grant proposals received thus far have been generated directly or indirectly by PCC members.
- PCC members serve as an effective communication channel to rural communities.

## **6. Is the project meeting goals stated in the HRSA proposal?**

Specific goals of the three-year project include collaboration among organizations that have not previously worked closely together, contribution to rural community efforts to deal with health problems, dissemination of information resulting from project activities, and sustainability of relationships and initiatives after grant support ends. The following observations relate to the attainment of project goals.

- Collaboration among organizations worked.
- While COPC projects were, generally speaking, not community-driven, COPC project activities had positive impacts on communities where they were conducted.
- Results of student projects were disseminated in a variety of ways to fellow students, RMED faculty members, and residents of communities where COPC projects were conducted. The model represented by the *Merging Medical Education and Community Health* project is being communicated to a wider audience through publications and conference presentations.
- To date, financial sustainability is dependent on HRSA Rural Health Outreach Project funding.

## **7. Recommendations for enhancement and/or improvement of the project**

1. Revise 3<sup>rd</sup> year project goals to reflect the changing needs and priorities of communities and students—eliminate "measurable outcomes" criteria from the proposal.
2. Use mini-grant process as vehicle to link community priorities with development of plans for student projects.
3. Realize the value of information shared through both formal and informal channels of interaction, both at PCC meetings and outside of meetings.
4. Continue to improve processes of communication and evaluation between persons and organizations involved directly or indirectly with the project.
5. Expand student involvement to seven or eight clerkships in 1999-2000 as indicated in the 1998 and 1999 proposals.
6. Expand representation on PCC to communities not currently involved as indicated in the 1998 and 1999 proposals.
7. Enhance physician association with community-based projects for sustainability and overall project improvement by including physician perceptions of COPC projects in current evaluation activities.