

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

**Evaluation Report: Year Two**

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This report summarizes the second of three year-end evaluations for the Health Resources and Service Administration (HRSA) funded project, *Merging Medical Education and Community Health*. Evaluation of year two 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 overall project goal was to address community health needs through community-defined student projects and community-based mini-grant 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:

1. Collaboration among organizations that have not previously worked closely together;
2. Contribution to rural community efforts to deal with health problems;
3. Dissemination of information resulting from project activities; and
4. Sustainability of relationships and initiatives after grant support ends.

Specific second year project goals were identified in Section IV of the Continuation Grant Program Application (Plans for Remainder of Current Year and Projected Plans for Upcoming Budget Period). Second year goals were developed from PCC recommendations resulting from year one evaluation activities (See Evaluation Summary Report: Year One) and on-going PCC discussions. Second year goals included:

1. Continuation of Project Coordinating Committee (PCC) meetings;
2. Implementation of activities and distribution of resource book for medical students and community support agencies;

3. Continuation of mini-grant program to assist communities in impacting locally defined health care needs;
4. Formal evaluation and reporting of mini-grant results to-date;
5. Continued achievement of project goals through informal and formal evaluation and reporting of project processes and outcomes;
6. Development and use of a survey instrument to assess direct and indirect impact of RMED student COPC projects on rural communities;
7. Continued dissemination of project organization and results at state and national meetings as well as through publications;
8. Expansion of the number of communities participating in this project and as part of the PCC by at least two;
9. Implementation of a Web site monitoring system for evaluation purposes that counts the number of times the site is accessed; and
10. Continued exploration of partnerships and grant opportunities where activities and resources can be merged to impact the health care of rural residents and their communities.

## **2. Evaluation**

The Applied Social Research Unit led the Year Two evaluation process. Second year evaluation is focused on the attainment of overall project and specific second year goals. Second year evaluation activities differ from year one activities in the methods used for evaluation. Formal interviewing of project participants and measurement of county level, epidemiological, “measurable outcomes” were eliminated. Formal interviewing was eliminated due to the lack of usable information provided by year one interviews and the addition of participants and questions to existing RMED evaluation processes. This change in evaluation method provides a means to gather “longitudinal” information not only for grant funded sponsored projects but also yields comparison information to student projects not sponsored by grant funding. The measurement of county level, epidemiological, “measurable outcomes” is not possible given the time frame in which county level IPLAN data are measured.

Hence, evaluation activities are now based on an applied, action-based approach whereby appropriate methods are used to measure specific goals for continuous improvement of both processes and outcomes. Methods used include content analysis of documents and compilation of evaluation reports submitted by students and grantees. Presented below are evaluative discussion points of overall and year two project goals with recommendations for year three. Second year goals are matched with the overall project goals affected.

### **Overall project goal 1:**

*Collaboration among organizations that have not previously worked closely together*

### **Year two goals:**

*1: Continuation of Project Coordinating Committee (PCC) meetings*

*5: Continued achievement of project goals through informal and formal evaluation and reporting of project processes and outcomes*

*8: Expansion of the number of participating communities on this project and as part of the PCC by at least two*

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 led by the Southern Seven Health Department, Extension Services, 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 link with other rural health organizations throughout the state. The following general observations concern project planning, administration, and communication.

- Collaboration among organizations continued from year one. Project Coordinating Committee (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.
- Five Project Coordinating Committee Meetings were held between November 1999 and September 2000.
- PCC meetings consisted of an average of 13 representatives: one more, on average, than year one. Constituents from participating organizations were present at each meeting. Additionally, two new representatives from two different public health departments started regularly attending meetings.
- PCC members were involved in several student community projects. For example, an Extension Specialist that occasionally attends PCC meetings worked with a second year medical student to help with a mini-grant funded project that provides foot care to diabetics.
- Collaborative activities took place outside of PCC meetings. Some of these activities are highlighted below.
  - Completion, publication, and distribution of the Resource Guidebook started in year one.
  - Development, implementation, and review of mini-grant proposal processes. The expert knowledge of various representatives helps to evaluate the complex questions and issues involved in proposed projects. For example, a medical doctor on the PCC presented the latest knowledge of prostrate screening in review of a mini-grant. The committee declined funding since it was decided that the screening would not be of real value to community members. Public health representatives on the PCC helped other committee members understand the need to fund “incentive” and “give-aways” through mini-grants in rural areas through their knowledge of the barriers faced in small communities getting participants for health prevention and promotion programs.
    - Requests for 2001 mini-grant proposals will be sent before October 31, 2000.
  - Additions and changes were made to RMED program evaluations to measure and reflect community activities. (See Appendix A.)
  - Suggestions were made and implemented for changes in RMED curriculum to improve community impact including keeping scrapbooks, subscribing to local paper,

use of Resource Guidebook, and returning student projects for archive in the community.

- Developed acknowledgement for HRSA to be put on all literature used by mini-grantees, in conference presentations, etc.: "This project is sponsored in part by grant funding provided by the HRSA Rural Health Outreach Grant Program, a division of the U.S. Department Health and Human Services, grant number CR CSDR00060-02."

Additionally, activities were discussed collaboratively but carried out by individuals. These activities included:

- Review of articles submitted by individuals for conference presentation and publication;
- Search for funding resources resulting in potential sponsorship from Kellogg, MacArthur and the Rural Health Outreach Network program;
- Review of RMED brochure reflecting community orientation;
- Solicitation of potential future partners: University of Illinois, Mennonite College of Nursing at Illinois State University, Augustana College, Governors Council on Rural Affairs, Parishioners Program at Eastern Illinois; telemedicine grantee;
- Review and update of Internet site;
- Maintenance of community contact list;
- Presentation of a proposal to UICOM-R curriculum committee with PCC committee insights; and
- Start-up of "food and feedback" session to get RMED student feedback.

#### Evaluative points regarding collaboration

- Overall project and second year goals were met.
- PCC meetings continued, processes and outcomes were incrementally improved, and regular members were added to the PCC meetings.
- PCC representatives provided expert knowledge and contributed both individually and collaboratively to project efforts.
- Personal involvement of PCC representatives with student projects has increased slightly from year one.
- Changes in curriculum, administration, and evaluation processes have been made based on suggestions discussed by the PCC.

#### Overall project goal 2:

Contribution to rural community efforts to deal with health problems

#### Year two goals:

*2: Implementation of activities and distribution of resource book for medical students and community support agencies*

*3: Continuation of mini-grant program to assist communities in impacting locally defined health care needs*

*4: Formal evaluation and reporting of mini-grant results to-date*

*6: Development and use of a survey instrument to assess direct and indirect impact of RMED student COPC projects on rural communities*

Community-Oriented Primary Care (COPC) projects and mini-grant funded projects are the vehicles by which the *Merging Medical Education and Community Health* project was expected to contribute to rural communities. RMED students spend 16 weeks in rural communities where they combine clinical clerkship activities with work on COPC projects which are expected to address community health priorities. Mini-grant projects are those requested by communities and administered through the PCC. The following observations were made regarding COPC and mini-grant funded projects.

- The Community Project Resource Guidebook developed through collaborative PCC efforts is complete. The Guidebook is being printed for distribution to medical students and community agencies before the end of 2000. The Guidebook will be distributed to all Illinois Extension Services Offices and to requesting public health organizations. Medical students will use the Guidebook in their third year studies upon its approval by the College of Medicine Curriculum Committee.
- Formal advertisement in a newsletter distributed to rural communities throughout the state and a direct mailing to community health-related organizations improved the response for mini-grant requests. To date, 11 of the 13 applications submitted for mini-grant funds were reviewed and approved by the PCC using criteria in the Request for Proposals developed by the PCC. (See Appendix B.) Three of the ten awards were made for rural projects outside the original targeted counties in an effort to expand the number of communities involved. Representatives from two of the three mini-grant projects from the new areas joined the PCC meetings during the year. About three-quarters of mini-grant funds (\$18,240) were awarded.
- RMED evaluations from community representatives have yet to provide feedback since only recently implemented within the evaluation process.
- Insights provided by the PCC resulted in small actions being taken within the RMED program to improve COPC project effectiveness. They include subscribing to local newspapers for students prior to their arrival, engaging local media for promotion of projects, and taking COPC projects back to communities where they were completed for local library archiving.
- During the 2000-2001 academic year, 17 RMED COPC student projects were completed and 8 more are currently being completed. Two of the completed projects were specifically driven by community-based problems as was recommended in year one activities. For example, one student went to a community with a cancer proposal. The town requested an emphasis on a community-wide non-smoking campaign that the student completed with help from the community. (See Appendix C for a list of student COPC projects.)
- RMED evaluations indicate students are well-prepared, have adequate resources for projects and think COPC projects are useful. The one problem noted by students is the lack of time to complete both clinical and COPC project requirements. One student thoroughly explained the situation that other students voiced: "My only problem with this 16-week rotation is that it is very difficult to do neurology, enter patients, do COPC, do Community Structure and still get a good clinical experience. In reality, I needed 6 months to do all this. I realize we are supposed to make our preceptors aware of our commitments, but even doing this, it is hard to turn down opportunities. Rural MDs put in a lot of time and it's hard to get a real feel for their lifestyle if you have to take 2 days off

a week. In reality, this doesn't happen. Even being conscientious of my commitments, I did not complete my neuro cases within 16 weeks, nor enter all of my patients in the computer, nor complete my COPC/Community Structure to presentation status."

- Presentation of a curriculum committee proposal to UICOM-R to request that RMED students visit communities during the third year based on PCC suggestion was partly successful. The decision was negotiated since some departments could not agree to students missing one and one-half days of their clerkship to visit a community. As a result, one-half of the RMED students (those in Medicine, Surgery, and Psychiatry rotations) will have the option of directly learning about their preceptorship community in the third year.
- Three-quarters (13 of 17) of 2000-2001 students indicated they would consider returning to practice in the community where they completed their 16-week clinical and COPC rotation. Two students indicated they would "maybe" return and two indicated they would not consider returning. Students mentioned the "small town" atmosphere in relation to health care providers and other factors. One student who was obviously a one-time resident commented, "I enjoyed working with & working for people with whom I share history, culture, and in some cases, relation. I like living in a small town much more than a city. Everyone (nuns, administrators, doctors, office staff) asked me and encouraged me to return to a very welcoming, supportive, friendly community." One of the students who indicated they would not consider returning to practice in the town found the 16-week clinical/COPC project experience useful since she had "strongly considered joining this practice after graduation" but her perspective was changed by her experiences.
- One student project was also associated with a mini-grant funded project—a project with the Hygenic Institute providing foot care to low-income patients with diabetics.
- An RMED student who won both the 2000 Illinois Rural Health Association's Student of the Year and Student Research Awards.
- A "food and feedback" session was started within the RMED program to get student feedback from community projects. This program is currently being implemented and so results are not yet available.
- A "Mini-Grant Evaluation Reporting Check-List" provides a basis for mini-grant evaluations. (See Appendix D.) Year-end evaluations for three projects were submitted for year two evaluation: A Mental Health Public Awareness Campaign, Smoking Cessation Program, and a Hand-washing Program. Each of the projects focused on different target populations and had different purposes within their respective communities. Results of the mini-grant projects show that:
  - Goals for each of the three programs were met;
  - Programs were all "new" in their respective communities;
  - The three programs served at least 160 community members directly and 950 indirectly;
  - All three programs involved collaboration of organizations and resources from within their respective communities;
  - Two of the three programs have long-term goals that will be supported by the local communities in the future; and
  - Positive results are directly attributed to mini-grant projects including the distribution of about 1,000 brochures promoting care for mental illness, 6 people quitting

smoking, and reducing absenteeism and illness among elementary school students. One grantee made a point to recognize mini-grant funds as having saved the foot of an uninsured patient.

- See Appendix E for an outline of mini-grant programs.

*Evaluative points regarding community impact*

- Development, editing, publication, and curriculum committee approval of the Community Project Resource Guidebook took longer than project participants anticipated. Despite the length of the process, the Guidebook is viewed by project participants, students, and community organizations as a valuable tool.
- Student projects are moving toward addressing community-based rather than student interests.
- Unlike the first year, mini-grant requests are being received from organizations not only associated with PCC members but from many counties throughout the state due to formal advertisement.
- RMED program changes are difficult to implement given institutional processes within a College of Medicine.
- Mini-grant programs impact communities positively by providing funds for programs identified by communities as needed but that are not large enough to garner other types of support.
- Student COPC project activities benefit students and are supported by communities.
- Students need more time to complete their required activities in communities.

**Overall project goal 3:**

*Dissemination of information resulting from project activities*

**Year two goals:**

*7: Continued dissemination of project organization and results at state and national meetings as well as through publications*

*9: Implementation of a monitoring system of the Web site for evaluation purposes*

The *Merging Medical Education and Community Health* project is being communicated as a model to audiences through a variety of publications and presentations. Below is an outline of dissemination activities for the 2000 grant year.

- A counter to monitor Internet site activities shows the Website has been accessed almost 200 times since May 2000 <<http://pathsrvr.rockford.uic.edu/hrsa/ruralhp.html>>.
- Mini-grant activities were added to the Internet site.
- Project activities were presented in a panel discussion at the following conferences:
  - Illinois Rural Health Association in Effingham, IL on March 22-23, 2000. The discussion drew a “standing-room only” turn out. The *Merging Medical Education and Community Health* project was presented by members of the PCC in a “meeting” format. Attendees showed interest in mini-grant opportunities, student placements, the Resource Guide; and
  - Community Development Society in New Brunswick, Canada during July 23-26, 2000. The session had mediocre attendance due to miscommunication given in the session just prior to the panel discussion. For those who attended, the information

shared proved helpful in their respective programs. The Canadian Public Broadcasting System interviewed and aired the interview with a presentation panel discussant.

- The following list represents submissions for future presentation and publication of project activities:
  - Illinois Rural Health Association 2001 conference
  - *American Journal of Public Health Field Action Report: The Rural Health Outreach Mini-Grant Program: Helping Rural Communities Take Action to Improve Their Health*
  - Society for Teachers of Family Medicine, April 28 to May 2, 2001, Denver, CO
- Student activities were presented at UICOM-R Research Day in April 2000.
- PCC participants have discussed presenting the project at the National Rural Health Meetings, the National Rural Development Partnership conference, and Illinois Public Health Association meetings.
- PCC representatives will attend the Rural Health Outreach Grantee Meeting, Washington, DC, Oct. 23-25, 2000.

#### Evaluative points regarding dissemination

Dissemination activities are active. In 2000, the project was presented at one state-level and one international level conference. An interview regarding the project was aired on radio in Canada. Anticipated is the publication of at least one article and presentation of various project activities in grant year 2001.

#### Overall project goal 4:

*Sustainability of relationships and initiatives after grant support ends*

#### Year two goal:

*10: Continued exploration of partnerships and grant opportunities where activities and resources can be merged to impact the health care of rural residents and their communities.*

*Merging Medical Education and Community Health* will continue through the Center for Rural Health Professions, Education, Evaluation, and Research (RPEER). In an effort to sustain the collaboration established through the project, representatives from RMED developed a proposal and gained Illinois State Board of Education approval for an official Center for Rural Health Professions, Education, Evaluation, and Research (RPEER). RPEER is currently implementing specific objectives to serve its mission: The Center is an interdisciplinary, collaborative initiative to improve health and health care delivery, and related economic outcomes, of rural communities through education, evaluation, and research. Representatives from the Project Coordinating Committee are involved with RPEER through the advisory committee established for guiding Center activities. Four funding proposals have been submitted to support RPEER efforts to foundations including Helene Fuld Trust, Illinois Rural Health Association (2), and Robert Wood Johnson.

### **3. Recommendations for enhancement or improvement of the project**

Below is a list of suggested future activities based on year two evaluation.

- Become involved in political activity to influence support of professions, of community projects, and across disciplines.
- Get other disciplines involved in any continuation efforts such as pharmacy, chiropractic, nursing, herbal medicine, dentistry.
- Analyze RMED evaluations as a means to compare student project activities.
- Expand the project to all rural Illinois communities to improve response to PCC, COPC, and mini-grant funded activities.
- Get funding for future activities.
- Continue to make changes that improve the links between community health problems with student projects.
- Use food and feedback sessions to informally gather information about student projects for evaluation and improvement purposes.
- Get medical student on PCC committee.
- Assess community needs using a triangulated, qualitative approach to understand and match students with communities.
- Help students better organize their efforts during their time in the community.

# Appendix A

The University of Illinois College of Medicine

**APPRAISAL OF  
Public Health Department Representative and/or  
County Cooperative Extension Service Representative and/or  
“Other” Community Representative(s)  
COMMUNITY-ORIENTED PRIMARY CARE PROJECT  
RMED 16-Week Rural Community Preceptorship**

Goal: Evaluate and improve Community-Oriented Primary Care Projects completed by RMED Students

Please indicate your level of agreement with the following statements. (answers not provided here)

The RMED student was prepared to complete the COPC project prior to arriving in the community.

The RMED student devoted enough effort to the COPC project.

I devoted enough effort to the COPC project.

Other community members devoted enough effort to the COPC project.

The COPC project topic focused on a topic of community interest.

What was the focus of the student COPC topic?

### Level of Community Involvement

While it may be difficult to estimate exact figures, please approximate the number of community members affected, directly and indirectly, by the COPC project?

- |               |            |       |         |             |             |         |
|---------------|------------|-------|---------|-------------|-------------|---------|
| a. Directly   | Don't Know | 1-49  | 50-99   | 100-149     | 150-199     | 200+    |
| b. Indirectly | Don't Know | 1-499 | 500-999 | 1,000-1,499 | 1,500-1,999 | 2,000 + |

Please indicate the number of presentations given and publication written by you or other persons based on the COPC project. Presentations might have included those given to public or professional groups, on the radio, etc. Publications might have included those written in newsletters, newspapers, professional publications, etc.

- |                  |            |   |   |   |   |    |
|------------------|------------|---|---|---|---|----|
| a. Presentations | Don't Know | 0 | 1 | 2 | 3 | 4+ |
| b. Publications  | Don't Know | 0 | 1 | 2 | 3 | 4+ |

Were the results of the COPC project used to obtain resources such as grant funding, community support, or other resources? If they were, please describe the resources as best you can.

- Yes, COPC project used to obtain resources  
Description of Resources
- No, COPC project not used to obtain resources

Please indicate the organizations (including your own) with which the RMED student worked to complete the COPC project by marking an X beside each type of organization. (Persons within the community may be represented in more than one organization.)

- Church
- Community agency
- County Cooperative Extension Service
- I-Plan Committee
- Municipal/County governing group
- Public Health Department
- School
- Other, please describe \_\_\_\_\_

In your opinion, would your community support having the RMED student practice medicine in your community? Please answer yes or no.

- Yes, the community would support the RMED student's medical practice
- No, the community would not support the RMED student's medical practice

Did you know or work with the RMED student prior to their arriving in your community to complete the COPC project? Please mark yes or no.

- Yes, I knew or worked with the RMED student
- No, I did not know or work with the RMED student

Please mark with an (X) any behaviors that the RMED student needs to improve:

1. \_\_\_\_ Professional, business-like dress
2. \_\_\_\_ Punctuality and reliability
3. \_\_\_\_ Completion of assigned tasks
4. \_\_\_\_ Respectfulness and courteousness
6. \_\_\_\_ Follows policies and procedures
7. \_\_\_\_ Cooperativeness
8. \_\_\_\_ Accepts and uses constructive criticism
9. \_\_\_\_ Other, e.g., substance abuse, sexism, racism

Please explain:

If you could start over, what would you do differently regarding the COPC project?

What recommendations would you make to improve COPC projects?

## Appendix B

### RURAL HEALTH OUTREACH PROJECT MINI-GRANT REQUEST FOR PROPOSALS GUIDELINES

**Purpose:** A limited amount of funding is available to rural communities in Illinois for the purpose of helping to improve the health of the overall community or specific populations in the community. This funding mechanism, referred to as “Community Mini-Grant Program” is made available through the Rural Health Outreach Project, funded by the Health Resources and Services Administration. Funding decisions will be made by the Project Coordinating Committee of the Rural Health Outreach Project.

**Scope:** Grants up to a maximum of \$3,000 in one year are offered to rural communities with preference given to seven geographic regions of Illinois: Boone County; Cumberland County; Ford-Iroquois Counties; Lee County; McDonough County; Pike County; and the Southern Seven Counties—Alexander, Hardin, Johnson, Massac, Pope, Pulaski, and Union. Grant proposals must address community-defined health needs or health priorities (see below). Projects can address an aspect of an existing rural health program or may propose a new program or intervention.

**Eligibility:** Applications are sought from community groups, IPLAN committees, social community outreach agencies, and all organizations seeking funding for projects designed to directly impact the health and well-being of the community as a whole or specific populations within the community.

**Evaluation Criteria:** Proposals will be evaluated and decisions for funding will be based on the following criteria:

*Clarity of Proposal:* Proposals must clearly describe the health problem or priority to be addressed in a rural community, including relevant supporting data for the project. Program goals and objectives should be delineated in the first paragraph of the proposal.

*Community Impact:* The impact of the proposed project on the community or on a specific population in the community must be discussed in relation to organizations or clients affected by the proposal. Impact must also be discussed in terms of how the community problem or priority was determined (e.g., IPLAN, survey of community residents, vital statistics data, consensus of community leaders, etc.).

*Link Between Objectives and Outcomes:* There must be a clear relationship between project objectives and anticipated outcomes. Proposals must address how objectives will be accomplished. Explain project methods to be used and expected outcomes of these methods.

*Evaluation:* The proposal must explain how impact of the proposed project will be measured. Be as specific as possible in explaining how successful outcomes will be determined.

*Budget:* The budget must provide details on how funds will be spent. Funds can be requested for such items as purchase of materials, payment for services, consultation costs, etc. Use of funds for payment for the activities of existing staff are limited to 50% of the total requested budget (e.g., \$1,500 for a budget request of \$3,000). Specific items that will not be funded include equipment (e.g., computers, video technology) and materials and services already provided within the scope of an agency's services.

**Project Reports:** A final report is due within one year of project approval. Details are presented in the attached "Community Mini-Grant Evaluation Reporting Check-List" description.

**Project Submission Deadlines:** Grant proposal submissions will be considered during the 1999/2000 funding year. To assure consideration, applications must be received by December 1, 1999. The anticipated project start is February 1, 2000.

**Submissions:** Send project proposals to:

Michael Glasser, Ph.D.  
Rural Medical Education Program  
University of Illinois  
College of Medicine at Rockford  
1601 Parkview Avenue  
Rockford, Illinois 61107

For more information, contact:  
Ellen Smith  
Rural Medical Education Program  
815-395-5902

More information regarding the Rural Health Outreach Project can be found on the worldwide web at <http://pathsrvr.rockford.uic.edu/hrsa/ruralhp.html>.

## **Appendix C**

### **List of RMED Student COPC Projects**

1. Detecting Symptoms of Depression in Patients at a Rural Stephenson County Family Practice
2. Health Beliefs and Health Practitioner Utilization of an Illinois Amish Community
3. Diabetes Care in a Rural Area
4. Barriers to Diabetes Care in Metropolis, Illinois
5. A Multidisciplinary Approach to Smoking Cessation in Livingston County
6. Diabetic Foot Screening in Iroquois County, Illinois
7. Colorectal-Prostate Cancer Screening of Men in Crawford County Illinois
8. Diabetes in School
9. Pap Smears in Adolescents
10. Sexual Abstinence Education
11. Suicide in Montgomery County
12. Continuation of a Primary Care Implemented Longitudinal AIDS Awareness Education Program for Adolescents in Rural Communities
13. Use of Prostate Specific Antigen For Prostate Cancer Screening: A Practice Based Survey of Primary Care Physicians in Rural Northern Illinois
14. The Prevalence of Abuse Among Women Utilizing a Rural Family Practice Office and Physician Screening Efforts
15. Assessment of the Basic Beliefs in Organ Donation in Murphysboro, Illinois
16. Health Promotion in a Rural Community “Chipping” Away at Lifestyle Change
17. Diabetes Mellitus Education and Primary Care Management
18. Diabetes Medications: Educating a Community Diabetes Support Group
19. Needs Assessment and Pediatric Services in a Rural Community
20. ADHD, Lyme Disease, & Hepatitis Nurse Education Project
21. Self-esteem and Quality of Life of Rural Adolescents
22. Teenage Pregnancy Prevention
23. Assessment of Health Priorities in a Small Rural Community
24. Diabetes and Depression Management in a Public Health Population
25. Smoking Prevention and Cessation Program for High School Students

## Appendix D

### Rural Health Outreach Project Mini-Grant Evaluation Reporting Checklist

As a means to understand the outcomes of mini-grant projects, the Project Coordinating Committee requests grantees use the following check-list as a means for evaluating programs. Brief self-evaluation reports are due within one year of receipt of funding. Reports should address the following issues that relate to the goals of the *HRSA Merging Medical Education and Community Health* project.

#### I. General

1. Explain the extent to which the project met its original goals.
2. Indicate the original budget and actual project spending.

#### II. Community (Initiative)

1. Provide the approximate number of program clients served directly by project.
2. Provide the approximate number of community members served directly or indirectly by project.

#### III. Dissemination

1. Provide evidence that the community was made aware of the project (presentations, posters, newsletters, media coverage, advertising, brochures, etc.)
2. Describe any professional or academic publications or presentations that resulted from the project.

#### IV. Sustainability

1. Is the program a continuation of an existing program?
2. Will the program be continued? Why or why not?
3. Were there other resources (monetary or non-monetary) supporting the program in the past, and are there any resources anticipated for the future?

#### V. Collaboration

1. What other organizations were involved with the project? Please provide personal contact information for these organizations?
2. How did other organizations contribute to the success or create barriers to the project?

#### VI. Overall

1. What were the overall strengths and weaknesses of the project?
2. Can the project serve as a model in other communities? Why or why not?
3. What changes should be made to improve the project?



