Outlook and RHO Report on Evaluation Activities in 2003

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PATH
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Contents

Acknowledgments

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Executive Summary

In 2003 the *Outlook* and Reproductive Health Outlook (RHO) website teams at PATH conducted a year-long evaluation involving surveys, focus group discussions, and key-informant interviews. *Outlook* is a quarterly publication that, for over 20 years, has provided comprehensive, timely, and accurate information on reproductive health matters to readers worldwide, covering key research findings, product developments, and policy decisions. RHO is PATH's reproductive health website designed for program managers and decision-makers working in developing countries and low-resource settings.

Following up on surveys of *Outlook* and RHO administered in 1997 and 1999, respectively, this evaluation investigated their reach, impact, and areas for improvement. The findings provide insight regarding how readers use *Outlook* and RHO and how well their information needs are met, and are now being used to inform content and changes in strategy and design.

Some of the major findings described in this report include:

- The impressive regional and professional diversity of *Outlook* and RHO's readership.
- The reach of each copy of *Outlook*: each copy is read by an average of five people; thus, the readership is effectively five times as large as the distribution list.
- The need to increase *Outlook*'s overall reach through both dissemination and translation activities.
- Confirmation of the important role *Outlook* plays in providing reliable and useful reproductive health information to audiences that would otherwise not have access to this information.
- The need for improvements in *Outlook*'s design and suggestions for what to change.
- Praise for *Outlook* and RHO's coverage of and clarity on a wide range of reproductive health issues.
- The need for more information on service delivery and program examples to accompany the issues covered by *Outlook*.
- The diverse uses of *Outlook's* material: readers are using *Outlook* and RHO in research and writing, as guidelines for family planning programs, to obtain reproductive health updates, and for training, among other uses.

These evaluation activities have helped the *Outlook* and RHO teams better understand their readership and point to clear areas for improvement and expansion.

Introduction

The evaluation of *Outlook*, PATH's quarterly reproductive health newsletter, involved three activities: a survey, focus group discussions, and key-informant interviews. The survey was administered by regular mail and online to more than 3,500 readers in the summer of 2003. Two focus group discussions about *Outlook* were held with fellows at the University of Washington's Population Leadership Program,[1] health professionals from developing countries. Twenty-two key-informant interviews were conducted in India, Kenya, Chile, and Russia between March and November 2003 with policymakers, program managers, and other members of the target audience.

These evaluation methods included similar questions about *Outlook* and complemented each other by providing qualitative and quantitative data. The strengths and limitations of each method also complement one another; for instance, while the survey respondents were a biased group because they are perhaps the most interested in *Outlook* and therefore most willing to complete the survey, the focus group discussions were held with health professionals who were not on the mailing list. Likewise, while surveys yielded feedback from a larger number of people, key-informant interviews yielded greater depth.

We offered an incentive for completing the *Outlook* or RHO surveys. All respondents were able to enter a lottery to win one of the following: hardbound medical dictionary (available in English, French, and Spanish), *Contraceptive Technology* (17th revised edition), or a one-year subscription to either *The Lancet* or *Reproductive Health Matters*.

The RHO evaluation involved an online survey posted for two months during the summer of 2003. The 245 RHO users who receive the RHO update emails and any visitors to RHO during that time were invited to complete the survey.

More detail on the methods of each evaluation activity is provided in each section.

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[1] The Population Leadership Program is funded by the Bill & Melinda Gates Foundation and the David and Lucile Packard Foundation.
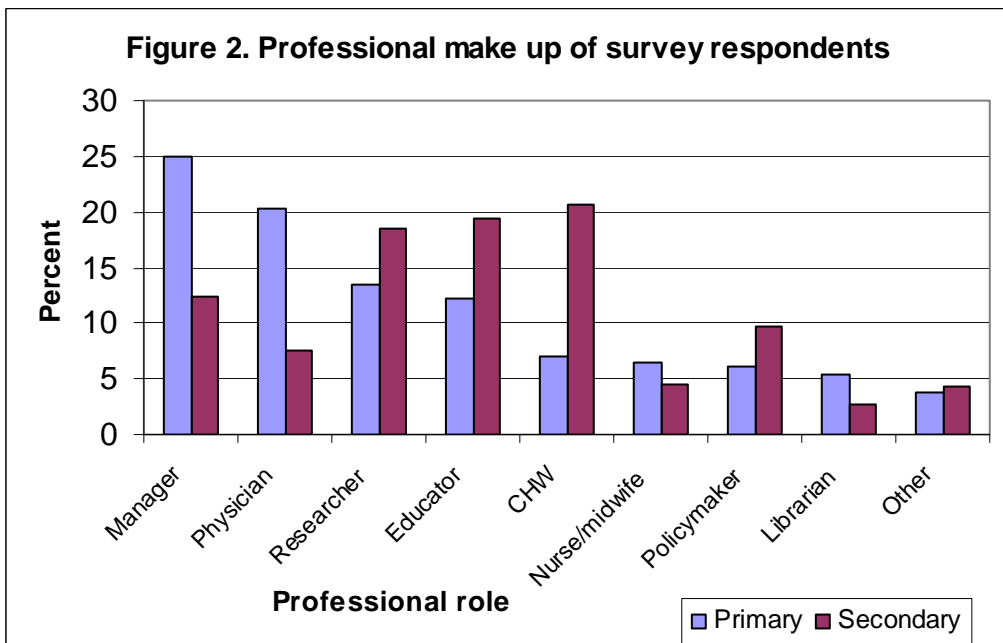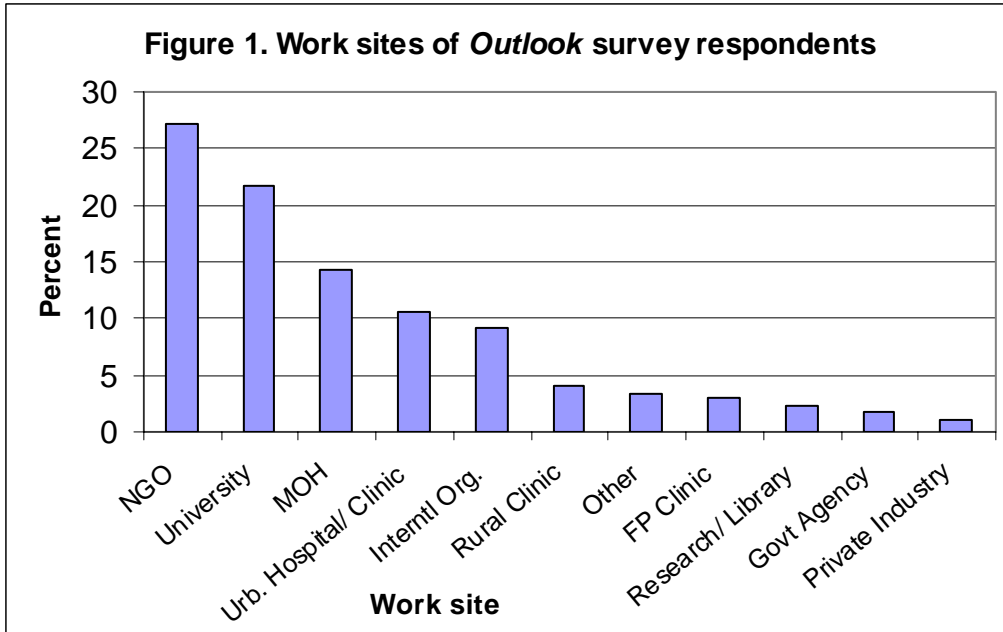
Outlook Evaluation

Survey methods

The *Outlook* survey was administered in the summer of 2003 by regular mail, email, and online to 3,558 *Outlook* readers from the mailing list and asked questions similar to the 1997 survey (see Appendix A). Readers were randomly selected from the mailing list of over 14,000, taking into account the geographic location of the readership with the intent to randomly select in proportion to regional spread. From this selection, 2,500 *Outlook* readers received the survey by mail and over 1,000 readers received an email about the survey online at www.rho.org. It was also distributed to about 50 participants in an STD/HIV course at the University of Washington because of this group's representation of *Outlook*'s target audience. Respondents had several options for submitting the survey: by regular mail, fax, email, or online at www.rho.org. Due to the variation in number of responses from different regions and audience segments, the response frequencies are presented as proportions in order to compare responses as needed. Likewise, due to the variation in how many respondents answered each question, the total number of responses for each group is provided in relevant graphs.

Survey findings

There were 304 surveys received by our deadline, yielding an 8.5 percent response rate.[2] The majority of respondents submitted the survey by regular mail (47%) or online (41%); 3 percent submitted by fax and less than 1 percent by email. The STD/HIV course participants made up 8 percent of the respondents. Responses came from a range of work places and professional fields and from more than 60 countries, indicating that *Outlook* is successfully reaching a diverse readership at the global level.

Figure 1 shows respondents' worksites; most work at nongovernmental organizations (NGOs), universities, ministries of health (MOH), and urban hospitals or clinics. Figure 2 shows respondents' primary and secondary professional roles; the largest number of responses came from managers/administrators, physicians, researchers, and educators. There was also a good portion of respondents, over 20%, who consider themselves community health workers (CHW) as a secondary role. The regional breakdown of respondents is shown in Figure 3; the largest number of responses came from Africa and Southeast Asia.

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[2] The response rate does not take into account that the online *Outlook* survey was available to anyone visiting RHO. Visitors were encouraged to complete the survey if they read *Outlook*. As the number of RHO site visitors is unknown, the response rate is based on the total number of *Outlook* readers directly contacted about the survey by mail and email.

Figure 1. Work sites of *Outlook* survey respondents

Percent

NGO, University, MOH, Urb. Hospital/ Clinic, Interntl Org., Rural Clinic, Other, FP Clinic, Research/ Library, Govt Agency, Private Industry

Work site

Figure 2. Professional make up of survey respondents

Percent

Manager, Physician, Researcher, Educator, CHW, Nurse/midwife, Policymaker, Librarian, Other

Professional role

Primary Secondary

Figure 3. *Outlook* survey respondents by region

Africa 35%
S.E. Asia 31%
Developed countries 11%
LAC 9%
Asia 5%
Middle East 4%
Eastern Europe 3%
Multiple responses 2%

A vast majority (93%) said the content and style of *Outlook* are appropriate. Ninety-one percent stated it is always or usually accurate (40% and 51%, respectively). The length of the articles was considered appropriate by 82 percent of readers, and 69 percent said the same was true for the number of graphics, although 29 percent would like to see more.

Dissemination and reach

Outlook's reach is clearly well beyond its distribution list: almost all respondents (90 percent) said at least two or three other people read their copy of *Outlook*. About a quarter said four or five people read their copy, and almost 30 percent said six or more people read their copy. That is, for each copy mailed to an individual, an additional four people—or 5 total—read the publication.

Most respondents reported filing *Outlook* for future reference (55%) or sharing issues with colleagues (41%), and many of these respondents said they both share and file it. Most respondents are not accessing *Outlook* online nor using the *Outlook* email address to request publications. Only 15 percent reported accessing *Outlook* issues on PATH's website and 18 percent have emailed outlook@path.org.

Outlook is one among a common set of publications upon which its readers rely for reproductive health information. In addition to reading *Outlook*, about a half of respondent's reported also reading *Population Reports*, about a third reported also reading *IPPF Medical Bulletin* and *Family Planning Perspective,* and about a quarter reported also reading *Network.*

Usefulness of *Outlook*

When asked how important *Outlook* is to their work as a source of reproductive health information, a large majority (86%) of readers declared it very important (47%) or important (39%). Respondents were asked which of four categories describes how they most frequently use *Outlook*, shown in Figure 4. The majority (56%) of respondents mostly frequently use *Outlook* for updates on

reproductive health (RH) information and 24 percent most frequently use it as a teaching or training aid. Fewer are using it for developing guidelines in family planning and reproductive health practice (9%) and for informing program or policy development (8%).

Figure 4. How readers most frequently use *Outlook*
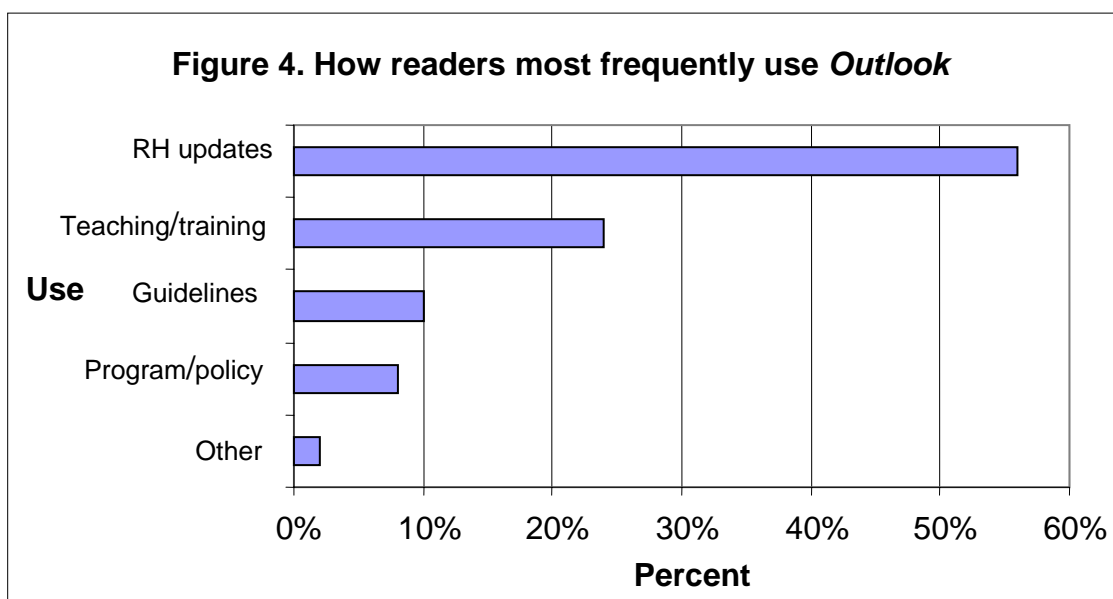
Figure 5 shows how these uses of *Outlook* breakdown differently by respondents' professional role. Managers most often reported using *Outlook* to inform program or policy development and to obtain reproductive health updates. Many of the physicians and nurse/midwives also most often read it to obtain reproductive health updates, but about half of nurse/midwives most frequently use *Outlook* to obtain guidelines in family planning and reproductive health practices. Like the managers, a good portion of the policymakers and researchers who responded to the survey reported most often reading *Outlook* to inform program or policy development. Educators reported most often using *Outlook* as an aid for teaching and training.

Figure 5. Uses of *Outlook* by professional role

Professional role (y-axis):
- Educator (n=36)
- Researcher (n=40)
- Librarian (n=16)
- Policymaker (n=18)
- CHW (n=21)
- Nurse/midwife (n=19)
- Physician (n=60)
- Manager (n=74)

x-axis: 0%, 20%, 40%, 60%, 80%, 100%

Legend: ☐ RH updates ■ Teaching/training ☐ Guidelines ☐ Program/policy
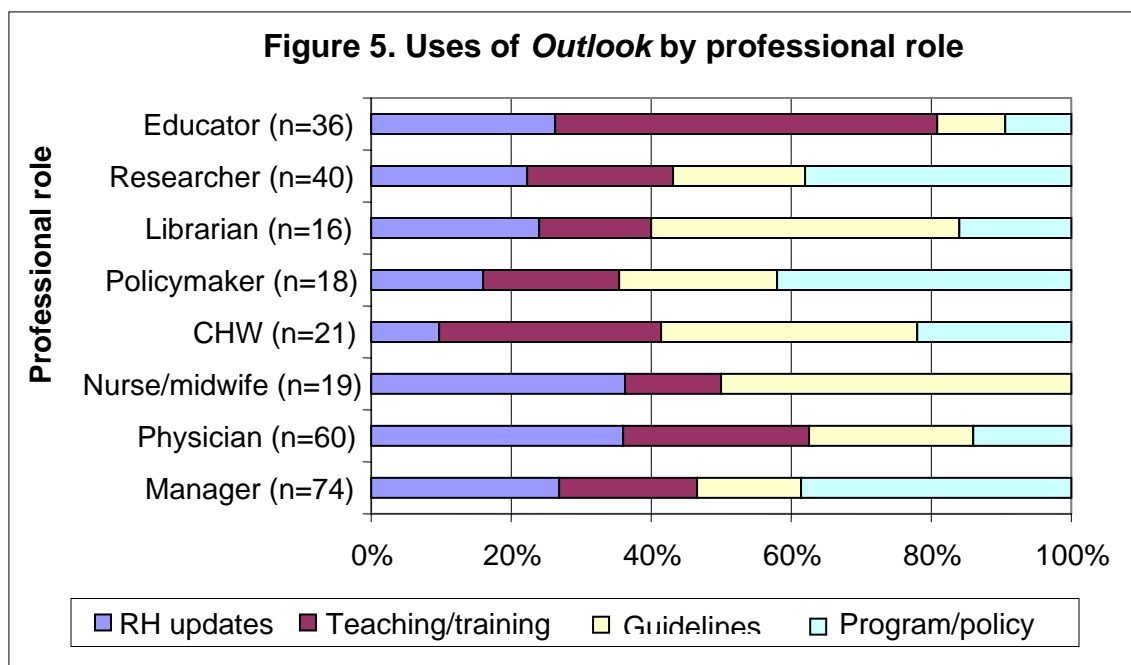
Respondents were also asked to rate the usefulness of different types of content. As shown in Figure 6, broad-scope overviews of health problems or interventions received the highest marks (73% rating them "very useful"), with syntheses of published research and profiles of current studies or programs following (59% and 57%, respectively). Reference lists and informal reports were more evenly split between "very useful" and "somewhat useful." While almost half (49%) of respondents did rate reference lists as "very useful," this category received the most "not very useful" ratings, at 17 percent. More respondents rated informal reports only "somewhat useful" (47%) than "very useful" (41%).

Figure 6. Usefulness of different content areas

Article type (y-axis):
- Overviews
- Research synthesis
- Study/program profile
- Reference list
- Informal report

x-axis: Percent — 0%, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%

Legend:
☐ Very useful
■ Somewhat useful
☐ Not very useful

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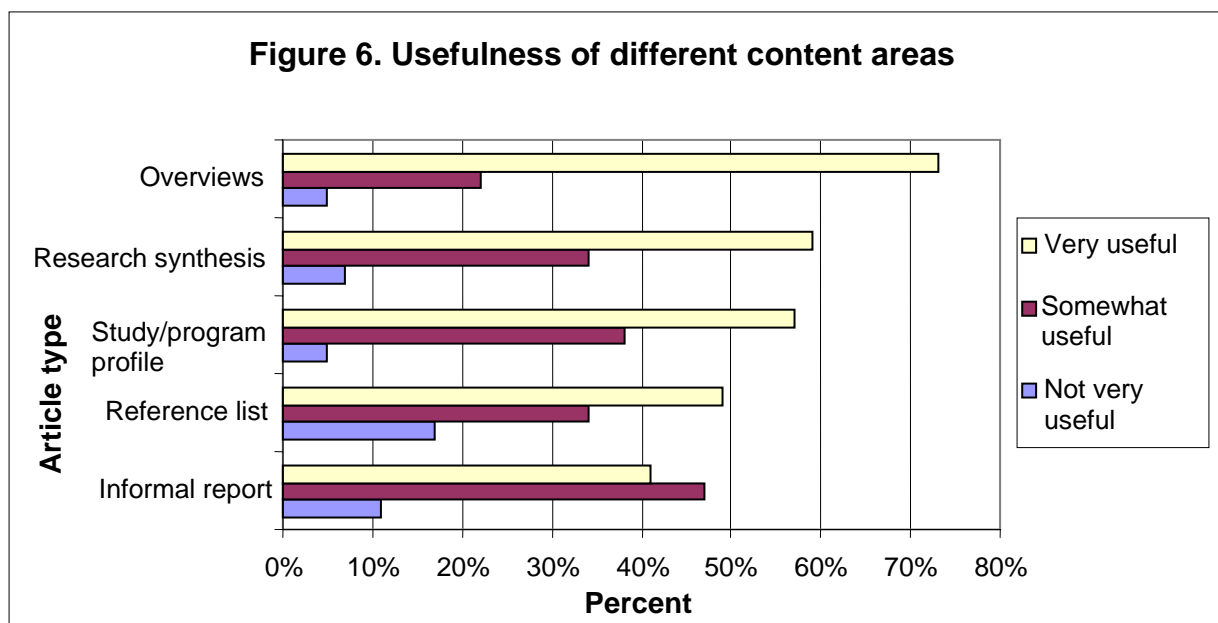
Figures 7 (a and b) and 8 (a and b) show how respondents' "very useful" ratings of content types break out by their professional role and region. Note that, as shown in Figures 2 and 3, some categories of respondents are much larger than others. For example, 70 managers responded to this question versus only 18 CHWs (Figure 7a), and there were 99 African respondents versus 15 from Asia (Figure 8a). As noted earlier, the data were standardized accordingly so that the groupings of responses can be compared to one another proportionally.

For the most part, viewing responses by professional role (Figures 7a and 7b) does not conflict with the overall findings, however, there are some differences. Overviews, study/program profiles, and research syntheses still emerge as the most useful types of content and informal reports got low ratings across most professional roles. Studies and program profiles were rated as "very useful" more frequently than research syntheses by community health workers, nurse/midwives, educators, and policymakers. It is interesting to note that while reference lists rank lower than most other categories in the overall responses shown in Figure 6, a different picture appears when responses are analyzed by professional groups; community health workers, nurse/midwives, and librarians rated reference lists more useful than most other types of content, shown in Figures 7 a and b..

Other results appear when looking at these responses by region (Figures 8a and 8b). As with earlier findings, African, Asian, and Southeast Asian respondents consistently gave overviews, study/program profiles, and research syntheses the most "very useful" ratings, and in this order with overviews getting the highest ratings. However, more respondents from developed countries and Eastern Europe rated research syntheses as "very useful" than overviews and study/program profiles (but it is noteworthy that there were only 8 Eastern Europeans who answered this question). The Latin American respondents gave lower ratings to study/program profiles compared to overviews and research syntheses. Unlike other groups, Latin American, Middle Eastern, and developed country respondents gave as many or more "very useful" ratings to reference lists as they did to study/program profiles. As shown earlier, informal reports got the least "very useful" ratings across all geographic regions.

Figure 7a. Content type rated as "very useful" by professional role

Figure 7b. Content type rated as "very useful" by professional role
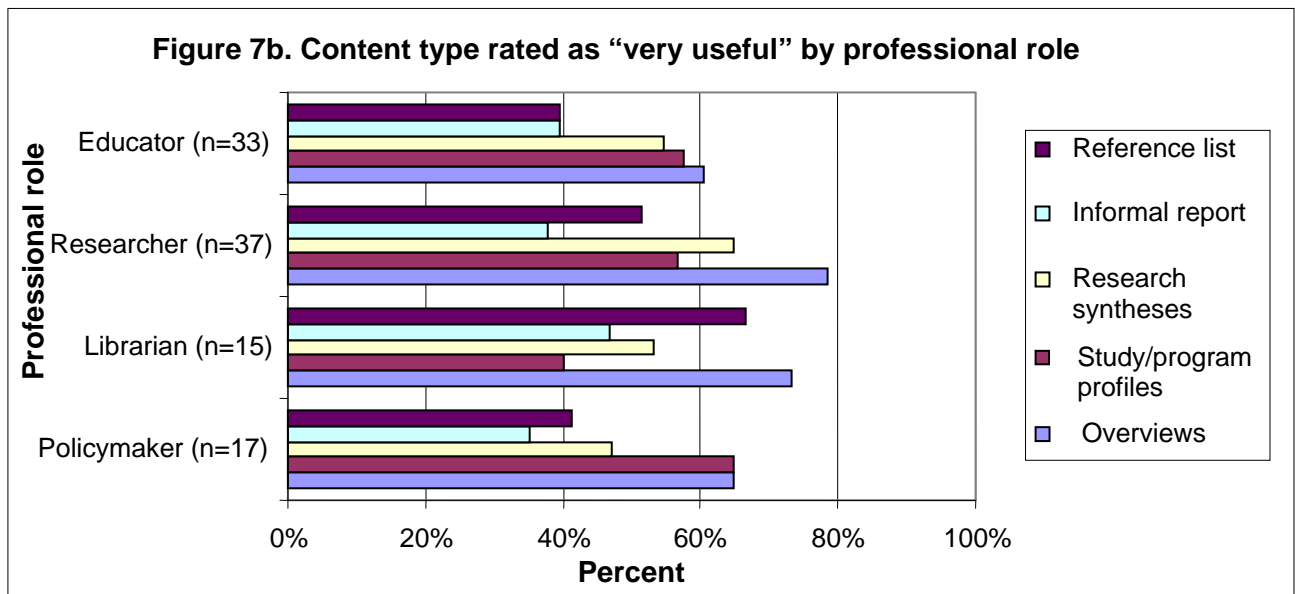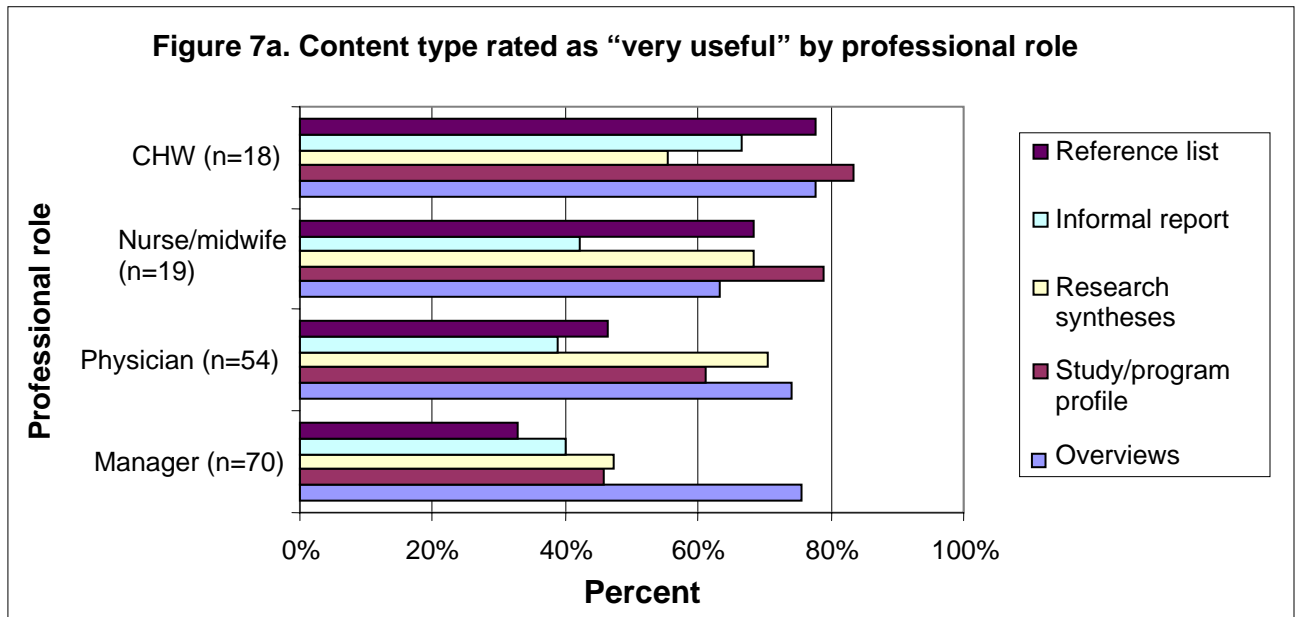
Figure 8a. Content type rated as "very useful" by region

Legend:
- Reference list
- Informal report
- Research
- Study/program profiles
- Overviews

Y-axis (Region): Latin America/Caribbean (N=27), SE Asia (N=90), Asia (N=15), Africa (N=99)
X-axis (Percent): 0%, 20%, 40%, 60%, 80%, 100%
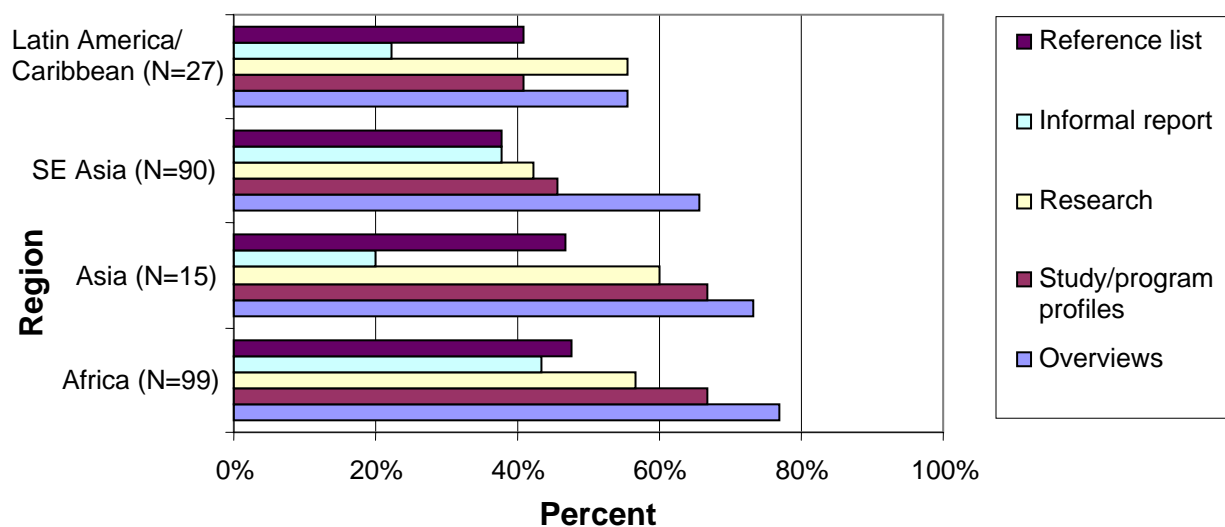
Figure 8b. Content type rated as "very useful" by region

Legend:
- Reference list
- Informal report
- Research
- Study/program profiles
- Overviews

Y-axis (Region): Developed countries (N=33), Middle East (N=12), E. Europe (N=8)
X-axis (Percent): 0%, 20%, 40%, 60%, 80%, 100%

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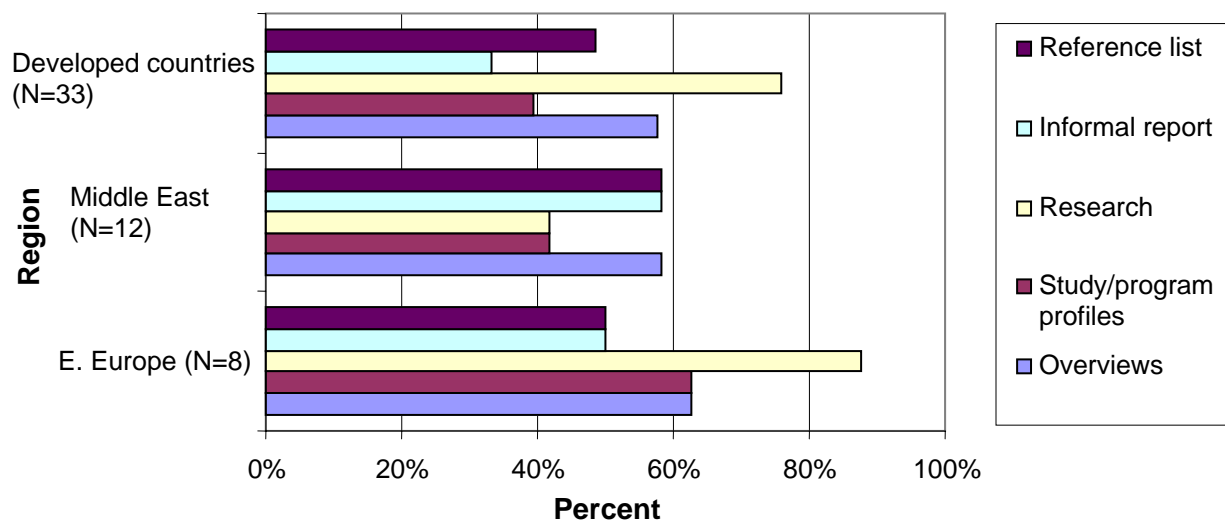
Suggestions for improving *Outlook*

When asked to make suggestions for improving *Outlook* and what they liked and disliked about its design, the most common suggestions were:

- Sending *Outlook* more frequently and regularly.
- Making *Outlook* longer.
- Including more of the latest research findings.
- Adding more reproductive health resources.
- Including more boxes and case studies.
- Putting *Outlook* on CD-ROM.
- Increasing coverage of regional issues.

Most readers gave favorable comments about the design of *Outlook*. Typical examples are: "the format and the layout are just as they should be," "simple and easy to read," and "the layout packs the most information without much wasted space." Nonetheless, the praise was not universal, and we did ask what readers liked most and least about the design. Their suggestions for improvement included:

- Adding more colors, photos, and graphics (by far the most common remark).
- Making the design less dense.
- Updating the design "to heighten interest."
- Using a font size and style that is easier to read.
- Punching holes for storage in a three-ring binder.

Coverage of reproductive health topics

Respondents rated the usefulness of a list of topics that *Outlook* has covered. Most were considered very or somewhat useful. The highest-rated subjects were HIV/AIDS (76% very useful), reproductive and sexual health (76%), sexually transmitted infections (STIs) (75%), adolescents (70%), and contraceptive methods (69%). Least support went to refugees and reproductive health (28%), female genital mutilation (35%), and contraceptive implants (35%), an indication at least in part of their relative regional importance. In addition to the 30 topics listed, readers named other issues they would like to see addressed in future *Outlook* articles. Among the many suggestions were voluntary counseling and testing, how to integrate reproductive health into mainline health services, successful health education interventions, religion and reproductive health, birth spacing technology, management of reproductive health programs, and nutrition issues.

Key-informant interviews

The second major component of the evaluation effort was key-informant interviews about both English and translated versions of *Outlook*. PATH staff conducted interviews in India and Kenya on the English edition, and PATH partner organizations in Chile (Instituto Chileno de Medicina Reproductiva) and Russia (MedTeknologia) questioned readers about their respective translated editions. A total of 21 interviews were held with members of the target audience: six in India, two in Kenya, seven in Chile, and six in Russia. *Outlook* readers were identified and contacted requesting

their participation in 30- to 45-minute interviews about their experience with the publication and reproductive health information in general. Appendix B provides the interview questionnaire.

In India, the participants found the updates on technical and reproductive health information helpful in their immediate work and useful for training. They said that they were more concerned about a topic after reading *Outlook*, and one person stated that there was "more information than expected." The readers stressed the importance of the availability and clarity of publications if they are to be of use. Concerning availability, they emphasized the importance of sharing the articles with colleagues and the need for more copies; they called for increasing dissemination efforts, perhaps through emailing issues, working with libraries, and making it better known that *Outlook* is available on the PATH website (one interviewee reported accessing issues there).

The Indian key-informants rated *Outlook* highly on clarity. A director of a national health institute asserted, "The level of writing and presentation of articles is quite professional. It is quite simple, and can be understood by anyone." Among the suggestions the participants had were making *Outlook* more interactive (perhaps with a readers' forum), publishing an annual version for libraries, and accepting contributions from readers—a comment that may speak to the need for including more references to research underway in developing countries.

In Kenya, *Outlook* articles on family planning are being used in training and teaching. One reader reported using information from *Outlook* in developing medical research institute policy regarding the development of diagnostic kits in low-resource settings. Another reader finds *Outlook* not only useful at work but also uses it to inform his work on a village clean health committee that he leads. Respondents said they like the tables and that the publication should not become any more technical than it already is. A suggestion was to translate the issues into Kiswahili or Hausa, each of which has a speaking/reading population in the millions. This comment speaks to the need to translate *Outlook* in order to expand its audience to include many people who would not otherwise receive this reproductive health information. Interviewees from all four countries stressed the vital importance of non-English editions of *Outlook*.

In Chile, readers found the Spanish versions of *Outlook* to be clear and informative. An obstetrician/gynecologist and professor said, "I am amazed by the translation. I like the language very much." The participants said *Outlook* keeps them up to date on reproductive health topics, is useful for training, and is an excellent source for references that they "would not otherwise have access to." They trust the information presented in *Outlook* in part because of the professionalism of the editorial committees who rigorously revise the information before publication. And they praise *Outlook* because "it gives a broad perspective, contains information about reproductive health status in the world, including experiences from other countries to address certain topics." Yet at the same time, the readers ask for more coverage of programs and research in Chile. This request for more information about their own countries is common in the feedback from all readers in the evaluation effort. Chilean readers also emphasized the need to distribute *Outlook* to university libraries and institutional documentation centers (not just to individuals) as well as to outlying hospitals and clinics, which, without print publications, lack information.

In Russia, informants stated that most people, including health professionals, speak and read only Russian and do not use the Internet. For example, one of those interviewed—a Moscow physician

who heads a district women's outpatient clinic—does not speak English or use the Internet. Due to a lack of funds, a significant proportion of medical doctors in Russia, especially in small cities and rural areas, have no access to medical literature, including information on the latest developments in the field, such as modern contraceptive techniques. *Outlook* helps fill this gap. They stated that it is the only international publication on family planning matters published in Russian. They use the information in *Outlook* in their work; refer to it in lectures, seminars, and publications; and use it as a source for references and illustrations. The Russian medical professionals all stress the importance of distributing *Outlook* in areas outside major cities to family planning centers, women outpatient clinics, centers for hygiene education, and all other institutions involved in reproductive health activities.

Focus group discussions

Two focus group discussions (seven participants per group) were held in May and October 2003 with Population Leadership Program Fellows at the University of Washington, health professionals from developing countries. While some of the fellows had not seen *Outlook* before being contacted to participate, their representation of the target readership offered a unique opportunity to gather input from a range of health professionals from different regions. The groups included participants from the following countries: Ethiopia, India, Mexico, Myanmar, Nicaragua, Nigeria, Pakistan, Peru, Sierra Leone, and Uganda. There were multiple participants from Nigeria (3), Ethiopia (2), and India (2). Keeping in mind that some of the fellows have multiple professional roles, the groups consisted of program managers (9), health educators (4), communications/advocacy professionals (3), health care providers (HCPs) (2), and policymakers (2). All participants received three recent issues of *Outlook* to review before the discussion and, as an incentive and token of appreciation for their participation, they were given a RHO CD-ROM and offered the opportunity to be put on the *Outlook* mailing list.

Overview
The focus groups yielded very useful feedback and suggestions for improving *Outlook*. The discussions demonstrated *Outlook*'s global reach, as many of these professionals from different countries who were not on the mailing list had nonetheless seen or were aware of *Outlook*. This generated ideas for expanding dissemination. The participants generally felt *Outlook*'s coverage of the most pressing reproductive health issues is solid; however, they emphasized the need for more information on service delivery approaches and program examples to accompany any topic. The discussions produced a number of specific suggestions for improving *Outlook*'s appearance, particularly the front page.

The following findings are consistent with and supplement the survey results:

- Participants suggested adding more colors, photos, and graphics to improve *Outlook*'s appearance. Participants especially had ideas to enhance the front page: add bulleted summary points to tell readers what is inside each issue and advertise that it is a free publication for developing-country audiences.
- *Outlook*'s program examples, references, and usefulness as a reference itself were the most common elements that focus group participants find most valuable.

- Just as the survey respondents gave high ratings to the list of 30 topics that *Outlook* has covered, the focus group participants found this list relatively exhaustive. Their main recommendations to improve *Outlook's* content were to accompany any given topic with more information on service delivery approaches, program examples, and the latest research findings. These recommendations parallel many of the survey respondents' suggestions for new topics and ways to improve *Outlook*.
- Focus group participants are frequently reading *Pop Reports, Family Planning Perspectives*, and *Reproductive Health Matters*, and *Health Management Sciences*. Additional common sources of reproductive health information among focus group participants included Demographic and Heath Surveys, the World Health Organization, national government data, and the United Nations. The Internet search engine Google is also frequently used to access reproductive health information.
- Other common suggestions from survey respondents and focus group participants included producing an annual *Outlook* issue compiling the year's issues, doing more regional coverage, and providing more translations.

Further input on *Outlook's* coverage of reproductive health issues

As discussed above, a noteworthy theme both groups mentioned is a desperate need in developing countries for more information on service delivery and *how* to apply the information provided in publications like *Outlook*. For instance, several participants expressed that they already have *too much* information on family planning methods but lack information on how to apply this information in a service delivery context; CHWs need tips for counseling clients about family planning options.

Participants were shown a list of all the topics *Outlook* has covered in recent years and most agreed that the list covered topics for which there continues to be information needs. Both groups identified the following topics that particularly need more attention: family planning and contraceptives updates (especially programmatic options for unmarried people), dispelling myths (noting that myths and misinformation vary regionally), emergency contraception, safe motherhood, men and reproductive health, sexuality education, and violence against women.

Dissemination and reach

Most of the focus group participants had seen *Outlook* in their home countries, however, the extent to which they had actually read it varied. Five of the seven in the first group had previously seen *Outlook*—in Pakistan, Ethiopia, India, Myanmar, and Nicaragua—as had five out of the seven in the second group—in India, Peru, Uganda, Nigeria, and Ethiopia. As one participant put it, this illustrates *Outlook*'s vast reach around the globe; however, the depth of its reach into countries, especially to HCPs in rural areas, is another question. For instance, several of those who had previously seen *Outlook* had not actually read it because the topic of the issue they saw was not relevant in their region.

In both focus groups, confusion about *Outlook*'s purpose and target audience came up quickly. One participant described *Outlook* as "neither technical nor lay" and both groups discussed the pros and cons of this characteristic for reaching multiple audiences. Many said the text is too dense and "reader un-friendly," especially for HCPs, and yet perhaps too simple for some doctors. They expressed concern that this middle ground risks not actually meeting any group's information needs. Both groups discussed the varying information needs of different groups; for example, HCPs versus

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program planners, and those in urban versus rural settings. They stressed great unmet information needs among journalists, HCPs, and doctors in rural areas. Several participants expressed that many HCPs and doctors are in a rut with "old information and old practices" and that many doctors are even resistant to new information and practices.

Participants suggested the following ways to improve dissemination in developing countries:

- Because government agencies and large NGOs with centralized offices sometimes lose publications and do not distribute them into the field, send issues directly to field offices and rural areas and not to central offices (avoid the top-down approach).
- People are less likely to share a publication if they have only one copy, so send more than one copy to everyone.
- Workshops, meetings, and trainings are common and popular places to get publications and therefore are good places to disseminate materials.
- Advertise that *Outlook* is free for developing-country audiences on the cover. They said this adds perceived value to the publication.

Internet access
The focus groups involved a brief discussion about Internet access, given that *Outlook* is accessible online and coordinates with the RHO website, part of this evaluation effort. They typically learn about websites through Google, advertisements in publications, listservs, and schools (such as a library's suggested references). Internet access is low in general in most of their countries, but is increasing substantially in some. Urban areas and some rural areas near universities have increasing access, but generally access is very low in most areas outside of major urban centers. Most of the fellows have Internet access through their jobs in their home countries, but this often means only occasional access when at a central office, or one email address that an entire office uses. Both groups discussed the isolation from new information that many doctors and HCPs experience. The first group even expressed a "lack of eagerness" among doctors to learn new information and use the Internet. This relates to many doctors being stuck using "old methods with old information," as mentioned above.

RHO Website Evaluation

Survey methods

The RHO evaluation involved posting an online survey on the RHO website for two months during the summer of 2003, and any visitor to RHO was invited to complete the survey while it was on the website. In addition, the 245 RHO users who receive the RHO update emails were contacted and asked to complete the online survey. Additionally, the participants of the *Outlook* focus groups described earlier were asked about their familiarity with RHO—most did not previously know about the website.

Survey findings

There were 125 responses, but an exact response rate cannot be computed, given that the survey was open to an unknown number of RHO visitors during the time it was online. As shown in Figure 9, responses came from all over the world, with the most responses from Africa, Asia, North America, and Southeast Asia. Figure 10 shows respondents' professional roles: most responses came from librarians, managers, health educators, professors, and physicians.
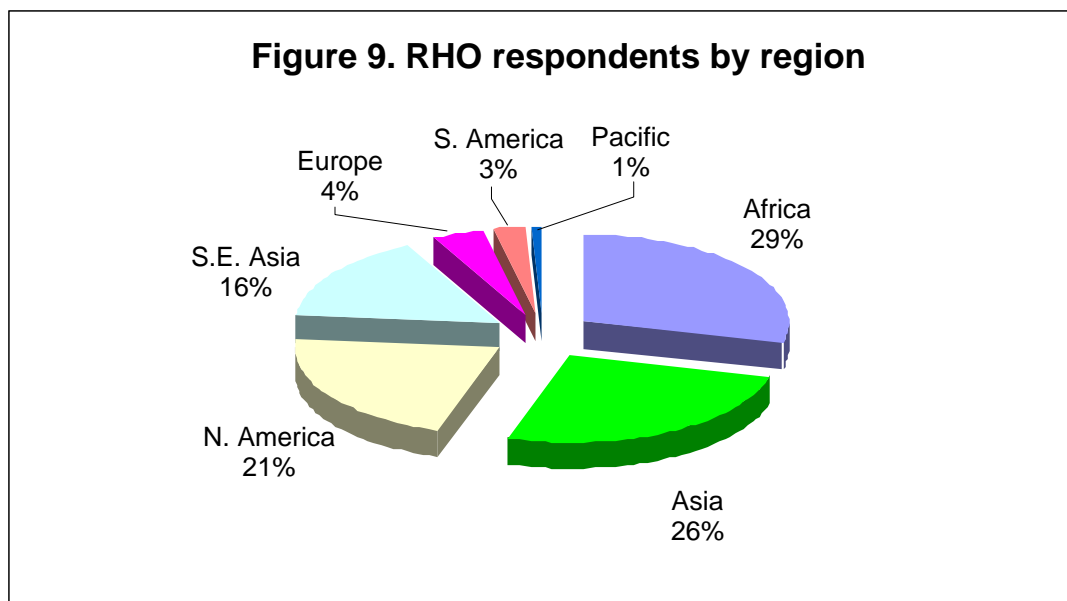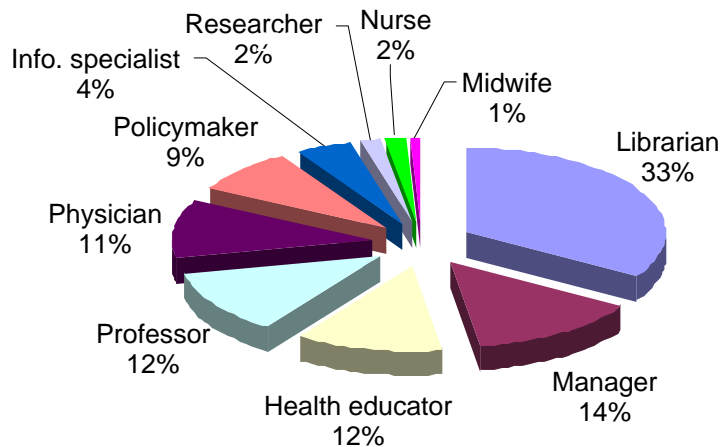
Figure 9. RHO respondents by region

Europe 4%
S. America 3%
Pacific 1%
S.E. Asia 16%
Africa 29%
N. America 21%
Asia 26%

Figure 10. RHO respondents by professional role

- Researcher 2%
- Nurse 2%
- Info. specialist 4%
- Midwife 1%
- Policymaker 9%
- Librarian 33%
- Physician 11%
- Professor 12%
- Health educator 12%
- Manager 14%

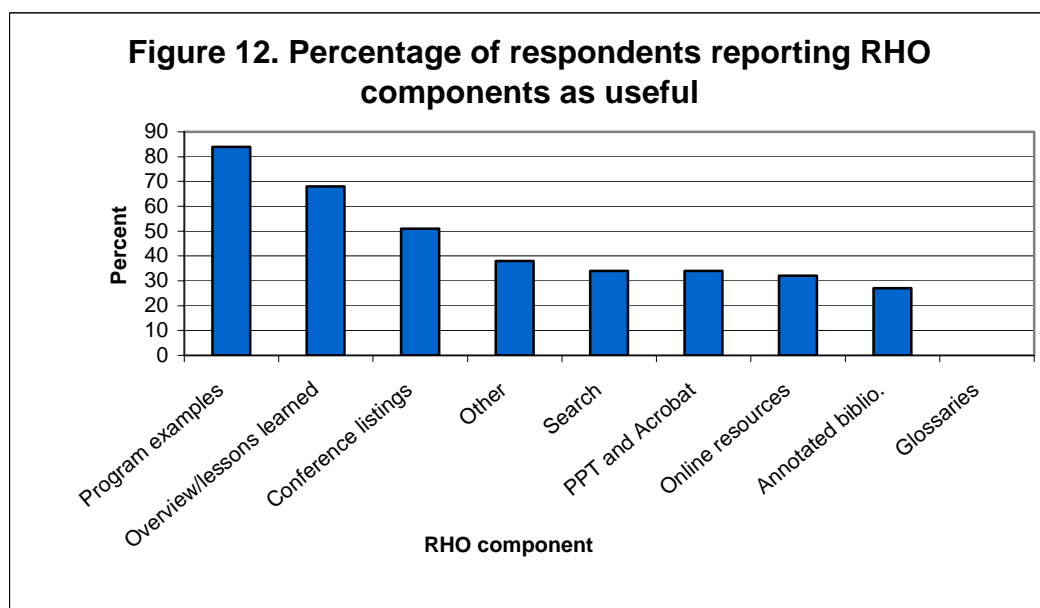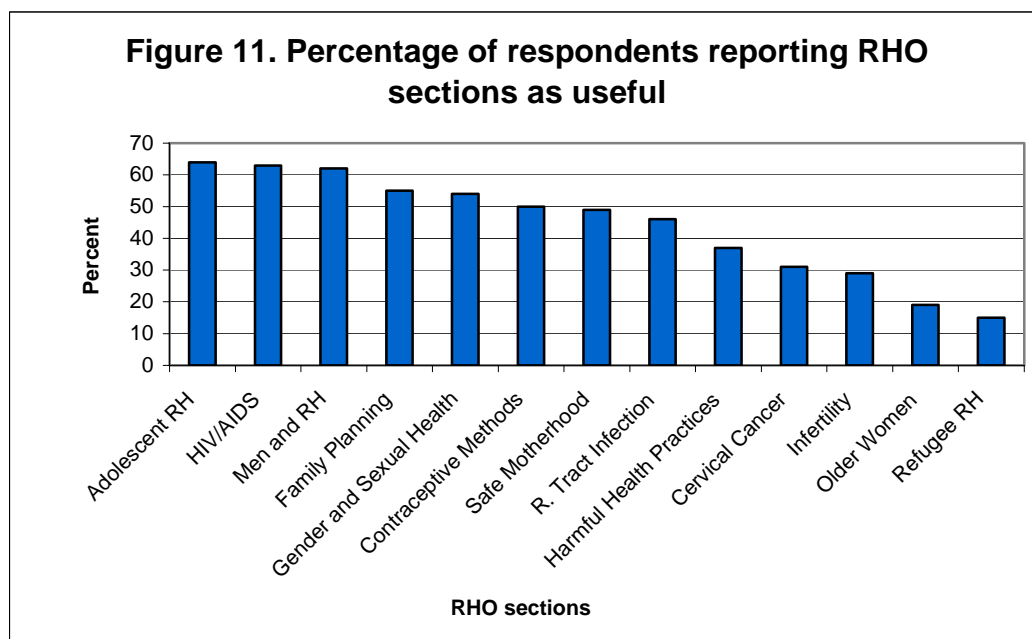## Frequency of use and rated web user-friendliness

Over half of respondents (58%) reported visiting the site up to four times in a three-month period, 25 percent reported visiting five to ten times, and 17 percent reported visiting RHO more than ten times over three months. Of our respondents, 46 percent spend 15 to 45 minutes on the site per visit, 29 percent spend less than 15 minutes, and 24 percent spend more than 45 minutes. RHO is successfully matching its users' reading level with appropriate content: 89 percent of respondents think RHO's content and readability is appropriate, 4 percent find it too technical, and 7 percent find it too simple.

Over half of respondents, 56 percent, said RHO is easier to navigate than most websites; the rest give it an average rating. About 50 percent said they almost always find the information they seek right away. Most of the rest report usually finding what they are looking for but sometimes having to visit several RHO pages first, and just 4 percent report having to use the search function in order to find what they are seeking. About half find RHO's search engine better than those of most websites, and about half rate it as average. Similarly, about half find RHO's load time faster than most websites, and half find it about the same as others. Less than 2 percent find it slower than others. Respondents' modem speed varies: notably, 43 percent do not know what they have, while 33 percent have 56K, 12 percent have DSL/cable, and the rest have 28.8K, T1/T2, or 14.4K.

Usefulness of RHO's content

The most common use of RHO's information is for study and research (66%), followed by use as a guideline for family planning and reproductive health programs (45%), writing reports or articles (38%), teaching and training (37%), and answering reproductive health questions (32%). Users are printing hard copies of RHO pages and saving them for future reference (53%), sharing these hard copies with colleagues (46%), forwarding RHO materials to others by email (34%), and using the RHO CD-ROMs to print out materials and share with colleagues (15%). Only 11 percent of respondents reported ever requesting a RHO CD-ROM. When asked if they would want CDs if more were available, 19 percent said "yes."

Figure 11 shows the percentage of respondents who reported each section as useful: adolescent reproductive health, HIV/AIDS, and men and reproductive health got the highest ratings. Family planning, gender and sexual health, contraceptive methods, and safe motherhood were also reported as useful by about half or more of respondents. When asked which components of RHO are useful, respondents most frequently said program examples (84%) and overviews and lessons learned (68%). As shown in Figure 12, half of respondents said conference listings are useful and only about a third of respondents found the rest of the categories useful.

Figure 11. Percentage of respondents reporting RHO sections as useful

Figure 12. Percentage of respondents reporting RHO components as useful

Comparison to 1997 and 1999 survey findings

The *Outlook* survey yielded several findings consistent with the 1997 reader survey. In both surveys, the vast majority—over 90 percent—said the content and style of *Outlook* are appropriate. Over 90 percent of respondents in 1997 and 2003 also stated that *Outlook* is always or usually accurate. Readers reported similar use of *Outlook* over the years: obtaining updates on reproductive health information and use as a teaching or training aid were consistently the most commonly sited uses.

Outlook's reach appears to be similar to that in 1997: most respondents consistently report that at least four additional people read their copy of the publication. For the most part, respondents' demographics were similar in 1997 and 2003. *Outlook* readers are also reading the same publications that they reported reading in 1997: *IPPF Medical Bulletin, Family Planning Perspective,* and *Network* were the most commonly sited publications in both surveys.

The RHO survey identified several areas of marked improvement since 1999. Over half of respondents said RHO is easier to navigate than most websites, up from 41 percent in 1999. About 50 percent said they almost always find the information they seek right away, compared to 22 percent in 1999. Other findings were consistent: RHO users reported similar activity in 2003 as in 1999 and the pool of respondents showed a very similar demographic to users in 1999.

Recommendations and outcomes

The evaluation team used these findings to produce concrete recommendations to the *Outlook* and RHO teams, which have resulted in several outcomes noted below. It is important to note limitations of this research; the number of responses from some categories of users (that is, from certain professions and regions) is very low, therefore some conclusions of the data cannot be generalized to the broader audience. Nonetheless, some solid recommendations for *Outlook* are clear:

- Increase *Outlook*'s reach through both dissemination and translation activities, as possible with funding.
- Improve *Outlook*'s design, especially the cover.
- Include more information on service-delivery tips and program examples to supplement the issues covered by *Outlook*.
- Discontinue informal reports as they were found to be the least useful of all the types of articles that *Outlook* produces.
- Consider producing issues of *Outlook* aimed at specific audiences, given some marked differences in interests and uses of *Outlook* by different segments of the newsletters large and varied audience, such as researchers versus community health workers.
- Consider producing an annual edition of *Outlook* with the year's issues, particularly targeting dissemination to libraries in developing countries.

Recommendations for RHO include:
- Increase awareness of RHO's availability and rich resources via strategic advertising to reach potential users in developing countries and by producing and disseminating more RHO CD-ROMs.

- If trying to consolidate the site and resources for maintaining it, consider dropping the sections that received the lowest scores in usefulness: refugee reproductive health, older women, and infertility.
- Likewise, consider dropping or reorganizing the components that received the lowest scores in usefulness: glossaries, annotated bibliographies, and online resources.
- Develop a marketing campaign to increase awareness of the RHO website. The people who do use RHO give it high ratings on most counts, but the website it not very well known by relevant audiences. Consider targeting the main users—the makeup of survey respondents suggests that the largest user groups are librarians, managers, health educators, and professors.

Conclusions and directions for the future of *Outlook*

Based on respondents' recommendations and comments (and the rebranding efforts at PATH), the *Outlook* team has implemented a new design (see Appendix E). Readers let us know that they want *Outlook* to be as legible and content-rich as possible. To those ends, the font is now changed and the text is laid out in a three-column format, which not only makes the text appear less crowded but also allows for a bit more text than before. The front page is newly designed to be aesthetically more inviting through art, color choice, and use of white space. Page 1 also features an "In This Issue" display, which was added in response to readers who asked that we make the content of each issue apparent at a glance.

The masthead on the last page of each issue of *Outlook* also has been redesigned. In response to the survey finding that only 18 percent of our respondents have used our email address to request publications or communicate with us, the masthead now includes the online location of back issues of *Outlook* and the RHO website address for gaining access to additional reproductive health information. This is in addition to highlighting our email address for feedback and subscription requests. By making *Outlook* and RHO sources known both through print and electronically, we can reach the greatest number of readers and users.

Particularly in the interviews, respondents expressed a wish that *Outlook* could be made more widely available in order to reach underserved audiences. Addressing this concern involves both dissemination to remote areas and translation activities to provide accessible reproductive health care information. In the next few years we intend to increase the number of languages into which *Outlook* is translated and the number of issues translated into each language. Since this evaluation, the *Outlook* team has produced an issue on vasectomy in Hindi, and Arabic is the next candidate for a new translation. Further language expansion efforts will depend in large part on funding, and we must advocate for the translation component to our donors since it is the best way to raise the circulation of *Outlook* by reaching thousands of new readers at a time. We can work with our current in-country translating partners to take fuller advantage of the distribution lists they maintain.

Outcomes and directions for the future of RHO

The RHO survey findings, like those from the *Outlook* survey, show that our work is successful in many respects, but that there is room for improvement, particularly in increasing awareness about RHO. Almost 90 percent of the users rate the content and readability as appropriate. The simple

design of RHO is appreciated by an increasing number of users who said that RHO is easier to navigate than most websites and that they almost always find the information they seek right away. Nonetheless, in any redesign of the site we should continue to improve the users' ability to efficiently find the information they are searching for. We should also continue to add content to suit the users' needs and to keep up with developments in reproductive health, as we have, for example, with the addition in 2004 of the Information and Communication Technologies section. While the feedback from users is very positive, it is clear from the focus group discussions that not enough people among the target audience know about RHO.

Increasing readership

The evaluation participants provided suggestions for how to increase readership of both *Outlook* and RHO and awareness of these great reproductive health information resources: mail *Outlook* to libraries and educational institutions; advertise both on relevant websites, at conferences and workshops, and even on bulletin boards in public health schools in developing countries; send publications directly to field offices and avoid top-down approaches via central offices; and send more than one copy of *Outlook* to each person, as they will then be more likely to share and pass along the extra copy.

Conclusion

Information from this evaluation has been used in the redesign and content enrichment of *Outlook* and RHO. Findings will and have been included in reports to present and future donors and used in preparing informational flyers on PATH's reproductive health activities that will be distributed at meetings and conferences. We also hope that this evaluation, with its multiple methods used and wide range of participants, will provide lessons learned and guidance to other publication and website teams as they develop their own materials and evaluations.

perm2005\abrp23845\O-RHOeval_report.doc

Appendix A. *Outlook* Survey With Responses

Outlook **Readers' Survey**

Outlook is a quarterly publication of the Program for Appropriate Technology in Health (PATH).
In *Outlook's* twentieth year of publication, we are seeking your feedback to ensure that *Outlook*
continues to provide the reproductive health information you want. Please help us by taking a few
minutes to complete this survey. **Please return the survey in the enclosed, preaddressed
envelope or fax it to 206-285-6619** <u>by September 30, 2003</u>**. You may alternatively complete the
survey online at** http://www.path.org/utilities/2003*Outlook*survey.php**.**

Please Note: Everyone who responds to the survey can enter to **win a free book or
journal subscription**. We will randomly select one name from the returned surveys.
See details at the end of the survey. **Thank you for your help!**

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1. Do you find the content and style of writing in *Outlook* to be:
    92.7% appropriate?   **4.7%** too technical?   **2.7%** too simple?

2. Do you find the length of *Outlook* articles to be:
    81.7% appropriate?   **5%** too long?   **13.3%** too short?

3. How would you rate the accuracy of information reported in *Outlook*?
    39.5% always accurate   **6.4%** often inaccurate
    50.8% usually accurate   **3.3%** unsure

4. Do you find the number of graphics (tables, figures, photos and illustrations) in *Outlook* to be:
    29.3% too few?   **1.3%** too many?   **69.4%** appropriate?

5. What do you like most/least about *Outlook's* design? (Please describe.)

    **Open-ended responses are too long to be viewed here; they are discussed in the report and can be
    accessed in the 2003 *Outlook* and RHO evaluation file.**

6. If *Outlook* could expand its coverage, would you prefer:
    40% longer quarterly issues   **60%** more frequent, separate issues

7. After reading an issue of *Outlook* do you usually:
    55% file it for future reference?   **41%** share it with colleagues?
    2.3% throw it away?   **1.7%** other (please describe):

8. How many people do you think usually read your copy of *Outlook*?
    13%   1   **22.7%**   4-5
    35.3% 2-3   **29%**   6 or more

9. How useful to you is information on these topics? Please rate each:
   1 = very useful, **2** = somewhat useful, or **3** = not very useful

   Results = % very useful/somewhat useful/not very useful

70/24/6 adolescents	**44/41/15** infertility
46/43/12 barrier methods	**42/41/17** intrauterine devices
49/35/15 breast cancer	**60/31/9** maternal and neonatal health
53/36/11 cervical cancer	**57/35/8** men and reproductive health
53/34/13 communication with clients	**39/42/19** older women and reproductive health
58/33/9 condoms (male and female)	**28/43/29** refugees and reproductive health
69/26/5 contraceptive methods	**36/42/22** regulatory updates
42/40/18 early abortion	**76/19/5** reproductive and sexual health
54/32/14 emergency contraception	**63/30/7** safe motherhood
35/34/31 female genital mutilation	**75/20/5** sexually transmitted infections (STIs)
50/36/13 gender issues	**43/30/16** spermicides and microbicides
76/19/5 HIV/AIDS	**42/38/20** sterilization
50/39/11 hormonal contraception, general	**47/32/20** tuberculosis
35/38/27 contraceptive implants	**49/36/15** violence against women
59/31/10 infection control	**62/16/22** other (please specify):

10. What reproductive health issues would you like to see addressed in *Outlook*? (Please list.)

    Open-ended responses are too long to be viewed here; they are discussed in the report and can be accessed in the 2003 *Outlook* and RHO evaluatsion file.

11. Do you most frequently use *Outlook* for (please check one):
    - **55.7%** updates on new reproductive health information?
    - **9.3%** guidelines in family planning/reproductive health practice?
    - **7.9%** to inform program or policy development?
    - **23.7%** as an aid in teaching or training?
    - **1.4%** other (please specify) _____

12. Which of the following are most useful to you? Please rate each:
    1 = very useful, **2** = somewhat useful, or **3** = not very useful
    Results = % very useful/somewhat useful/not very useful
    - **73/22/5** broad-scope overviews of health problems or interventions
    - **57/38/5** profiles of current studies or programs
    - **59/34/7** syntheses of published research
    - **41/47/11** informal reports on findings in the field
    - **49/34/17** detailed reference lists included with each article

13. How important is *Outlook* to your work as a source for reproductive health information?
    - **47.4%** very important   **12.6%** somewhat important
    - **38.6%** important   **1.4%** not very important

14. What other reproductive health publications do you regularly read (for example *Family Planning Perspectives, IPPF Medical Bulletin, Network, Population Reports, Progress*)? (Please list.)

TOP 8 responses (number of people listing these publications):

1. *Population Reports* (137)
2. *IPPF Medical Bulletin* (102)
3. *Family Planning Perspectives* (99)
4. *Network* (82)
5. *Progress* (46)
6. *Reproductive Health Matters* (23)
7. *Studies in Family Planning* (14)
8. *International Family Planning Perspectives* (8)

15. Have you accessed *Outlook* on PATH's website, www.path.org? **15%** yes **85%** no

16. Have you ever used the e-mail address, outlook@path.org, to request publications or communicate with *Outlook* staff? **18%** yes **82%** no

17. In which country do you work? _____**(Over 60 countries listed)**_____

   Africa 34%   **Asia 5%**
   SE Asia 31%   **Middle East 4%**
   Developed countries 11.3%   **Eastern Europe 3%**
   Latin American and the Caribbean 9.3% **Multiple responses 2.4%**

18. Which place best describes your work site? (Please check one.)

14%	ministry of health	**3%**	family planning clinic
22%	university	**27%**	nongovernmental organization
11%	urban hospital or clinic	**9%**	international organization
4%	rural clinic	**6%**	other (please describe): _____

19. Please check your primary duty—or put a "1" next to your primary duty and a "2" next to your secondary duty. (Please check no more than two.)

25%	manager or administrator	**5%**	librarian
20%	physician	**14%**	researcher
6%	nurse/midwife	**12%**	educator (professor, instructor, etc.)
7%	health educator	**4%**	other (please describe):
6%	public health official/policymaker		

20. What suggestions do you have for making *Outlook* more useful to you?

21. Is there another organization or person that you think should receive *Outlook*? Please attach a piece of paper with the person's name, title, and address, or the organization's name and address. Please also indicate how many copies of each issue you would like. You can instead email *Outlook*@path.org with this information to get on *Outlook's* mailing list.

Thank you for completing this survey!! Survey Respondents' Prize

To be eligible for the survey respondents' prize (one name will be selected), please print or type your name and contact information below, and indicate with a check mark which prize you would like if your name is chosen. **Your survey must be postmarked, faxed or submitted online by September 30, 2003 to be eligible**.

__ Hardbound medical dictionary (English, French, Spanish -- please circle preferred language)
__ *Contraceptive Technology* (17th revised edition 1998, hardbound, in English)
__ One-year subscription to *The Lancet*
__ One-year subscription to *Reproductive Health Matters* (published in English twice per year)

Name: _____
Email and/or mailing address (please print clearly):

Appendix B. *Outlook* Key-Informant Interview Questionnaire

Note: Interviewers were instructed to use this questionnaire as a guide but to allow interviews to flow naturally.

Interviewee:_____   Date/time:_____

Title/role[1]: _____   Location: _____

Organization/affiliation:_____

1. Have you read *Outlook*?

    ☐ Yes. About how many years/ issues have you received it? _____
    ☐ No. Why not? Have you seen it? _____

2. How have you used *Outlook*? *Check all that apply while prompting discussion, and check any responses that come up throughout the discussion.*

    ☐ In my immediate work. Describe: _____
    ☐ Passed on to colleagues
    ☐ Passed on to your organization's library or resource center
    ☐ Designing policy
    ☐ Designing programs
    ☐ As an aid in teaching or training
    ☐ To get updates on new reproductive health information
    ☐ To learn about new product development
    ☐ Referenced in a report or article
    ☐ Referenced in a speech, conference or meeting
    ☐ Have not read or used the information. *Why not?*
    ☐ Other: _____

3. How often do you refer to an *Outlook* issues(s) after reading it?

    ☐ Monthly
    ☐ A few times overall *(Ask how long they've had it if not clear from above.)*
    ☐ Generally do not use after reading it

---

[1] Database categories: community organizer, global decision maker, health professional, international donor, journalist/media, national policy/decision maker, program planner, researcher, teacher in academia, US donor/legislator/government

4. How relevant is *Outlook's* material to your everyday work?

    ☐ Very relevant
    ☐ Relevant
    ☐ Somewhat relevant
    ☐ Not relevant

5. What would you say are the most important, most pressing reproductive health issues in your region/country? Please explain.

6. Are there any reproductive health issues you would like to see more of in *Outlook* or issues you have not yet seen in *Outlook*? Why?

7. Does *Outlook* generally provide you with new reproductive health information?

8. How appropriate do you find the level of writing and presentation? What do you think of the clarity, tone, scope and intelligibility?

9. What do you like most/least about *Outlook's* appearance? Each issue usually has graphics. Do you think the number of tables/figures/illustrations/photos is to few, just right or too many?

10. What are your most common sources of information on reproductive health? What RH publications do you read frequently?

    ☐ Probe: why do you choose these materials?
       • Language
       • Organization of material – navigable layout?
       • Access
       • Other

POLICYMAKER QUESTIONS:

11. Have any issues of *Outlook* ever changed your level of concern for a specific reproductive health issue, or reproductive health in general? For example, did the information provided change your view of how reproductive health policies or programs should be prioritized? Please describe.

    ☐ Yes, I have become <u>much more</u> concerned about an issue because of *Outlook*.
    ☐ I have become <u>a little more</u> concerned about an issue.
    ☐ No, I have <u>not experienced a changed</u> level of concern for an issue.

12. Has information in *Outlook* ever prompted you to consider or implement a change in reproductive health policies?

    ☐ Yes: please describe: _____

         _____

    ☐ No: why not? _____

SERVICE PROVIDER QUESTION:

13. Has the information in *Outlook* ever influenced the way you or your organization conduct reproductive health programs or services? If so, how?

    ☐ Yes: please describe: _____

         _____

    ☐ No: why not? _____

DISSEMINATION QUESTIONS:

14. Do you typically share *Outlook* with colleagues?

    ☐ Yes. With how many? _____
    ☐ No

    14a. Where do the people with whom you've shared *Outlook* work?

        ☐   Inside your organization. Their roles?
        ☐   Outside your organization
        ☐   Within your geographic location *(District, Province – as applicable)*
        ☐   Outside your geographic location

15. When *Outlook* issues and other such publications reach your organization, what generally happens to them? *(Probe if needed, e.g., what is the typical circulation process?)*

    ☐ Publications are sent to and kept in the library
    ☐ Publications are passed around the organization via a distribution list
    ☐ Publications typically stay in the office of the person who received it
    ☐ Publications are often lost or misplaced
    ☐ Other: _____

16. Is there another organization or individual you think should receive *Outlook* who does not currently?

    ☐ Name and address: _____

17. Do you (or your organization) receive enough copies of each *Outlook* issue?

    ☐   Yes
    ☐   No. If not, how many more would you like: ___

18. What suggestions do you have for improving *Outlook* to make them more useful to you? *(Prompt them to think about content, use and dissemination issues).*

CONCLUSION:

19. Is there anything else you'd like to add to this discussion?

_____

_____

20. Would you like to be on our mailing list (if you are not already)?

    ☐   Yes
    ☐   No
    ☐   Already on mailing list

Thank you for your time. We greatly appreciate your input!

Appendix C. *Outlook* Focus Group Discussion Guide

Program for Appropriate Technology in Health (PATH)
Outlook Evaluation: Focus Group Discussion

FGD Introduction

Note to facilitator:

- *While participants are coming in and getting situated, <u>pass out the background information forms</u>. People can begin filling them out while the meeting is being set up.*
- *<u>Provide refreshments</u> while forms are being filled out and be available to give assistance to those who may have difficulties filling out the form.*
- *Next, <u>introduce yourself</u> and explain the use of recording equipment. If you are asked why you are recording the interview, indicate that sometimes it is difficult to capture everything that is said, and that the tape recorder helps to capture all the important information.*
- *<u>Ask participants to get comfortable</u> and be seated, then relay the following statement to them.*

Good afternoon. My name is <u>Anne Boyd</u> and this is <u>Kristin Dahlquist</u>, and we work in health communications. I want to thank you very much for coming here today. Before we officially begin, I'd like to tell you more about why we are here today.

We need your help to evaluate a health publication that PATH produces called *Outlook*. We're very interested in your ideas, comments, experiences, and suggestions about this publication and how to improve it. We are particularly interested in knowing if *Outlook* is meeting the reproductive health information needs of its target audience. I sent you all several issues of *Outlook* to have as samples before meeting today but our discussion will not necessarily focus on the specific topics of those issues.

Our talk today will last about an hour and a half. Your participation in this discussion is voluntary and confidential. This is not a test; there are no right or wrong answers. We are just interested in your personal experience and ideas. All comments are welcome, positive or negative. We would like to hear from everyone. I encourage you to talk to one another like any discussion, and not just to Kristin and me.

You may choose to leave the group at any time during the discussion. If you wish to say something without the tape recorder being on, let us know and we will shut it off. No names will be used in our report but we may refer to a health professional or program manager, etc., and name your country or region, unless you request otherwise. Feedback from this discussion will be used in our internal and donor reports. Because we value what you have to say, the discussion will be tape-recorded unless you request otherwise.

Do you have any questions before we begin?

Refreshments are available and we invite you to help yourselves.

Icebreaker exercise. Possibly ask each participant to describe their hometown or region in two words.

General familiarity and usefulness of *Outlook*

1. What do you know about *Outlook?*
   - On what occasion have you seen this publication?
   - What is your experience with it?
   - Had you seen *Outlook* before you came to Seattle?

2. How relevant is *Outlook's* material to your everyday work?
   - How do you use publications like *Outlook* in your work (if at all)?
   - If you have read *Outlook*, what have you learned from the publication?

Reproductive health issues and *Outlook's* coverage

3. In your country, what are people's most common questions and information needs regarding RH?
   - What are the most important audiences to reach with this information?

4. What are some of the most common misperceptions people have in the field of RH?
   - What types of rumors or misinformation are particularly important to address in publications on RH?

5. Are there any RH issues you would like to see more of in *Outlook* or RH issues you have not yet seen in *Outlook*?
   - What makes these issues most interesting to you?
   - What do you think are the most important and urgent reproductive health issues in your country/region? How about globally?

6. Looking at the following list *(to be provided)* of RH issues *Outlook* has covered over the years, how well are the issues that most concern you represented?

7. What do you consider credible sources of information on RH? What sources do you use most frequently?
   - What RH publications do you read?
   - What do you like about these materials?
   - How about the Internet? How often do you access RH information from the Internet?
   - How accessible is the Internet to health professionals in your country?
   - Are you familiar with RHO?

Presentation, style and layout

8. How appropriate do you find the level of writing?
   - What do you think of the text in regards to clarity, tone, scope and intelligibility?

9. What do you like most/least about *Outlook's* appearance?
   - Each issue usually has graphics. Do you think the number of tables/figures/illustrations/photos is too few, just right or too many?

10. What suggestions do you have for improving *Outlook* to make them more useful to you?
    - How would you suggest improving the text and articles in *Outlook*?
    - How would you suggest improving the images and graphic presentation in *Outlook*? What kinds of graphics would you want more of *(if they say they want more)*?

Distribution and circulation

11. When *Outlook* and other similar publications reach your organization, what generally happens to them?
    - For example, are they circulated throughout your office, are they stored in a library or central location, etc.?

12. Do you typically share *Outlook* (or other similar publications) with colleagues? If so, with whom do you share?
    - Are these colleagues within your organization or outside your organization?
    - Within your geographic region or outside?

Application of health information

13. Has the information in *Outlook* ever influenced the way you or your organization conducts RH programs or services? If so, how?

14. Have any issues of *Outlook* ever changed your level of concern for a specific RH issue, or RH in general?
    - For example, did the information provided change your view of how RH policies or programs should be prioritized? Please describe.

Conclusion:

15. Do you have any final thoughts or suggestions for improving *Outlook*?

Note to facilitator: Conclude with thank you's, presentation of RHO CD-ROM as a token of our appreciation, and ask those who would like to get on the Outlook mailing list to fill out the sign-up form.

Appendix D. RHO Survey With Responses

1. How many times have you accessed RHO in the past 3 months?
58%   0 to 4 times
25%   5 to 10 times
17%   More than 10 times

2. How much time do you usually spend at the RHO website?
29.3% 0 to 15 minutes
46.3% 15 to 45 minutes
24.4% More than 45 minutes

3. How did you learn about RHO?
25%   From another reproductive health or related website
43.6% From a web search
11.3%   From a listserv I receive
20.2%   From a colleague

4. How would you describe RHO's content and readability?
89.4% Appropriate
4.1%   Too technical
6.6%   Too simple

5. In comparison to other reproductive health websites, how would you describe RHO's site design?
56.1% Easier to navigate than most websites
43.1% Average
0.8%   More difficult to navigate than most websites

6. How do you rate RHO's search engine?
50.8% Better than most websites' search engines
47.5% Average
1.7%   Worse than most websites' search engines

7. How would you describe RHO's "load time"—that is, how long it takes to load a page into your browser? RHO's load time is:
52%   Faster than most websites
47.2% About the same as most websites
1.7%   Slower than most websites

8. Please indicate which of the following choices best describes your experience with looking for specific information on RHO. (Please check one.)

47.1% I almost always find the information I am looking for right away.

48.8% I usually find the information I am looking for, but sometimes have to visit several RHO pages.

4.1%   I am only able to find the information I am looking for by using the *Search* function.

0.0%   I often have difficulty finding the information I am seeking.

9. How do you use the information you obtain on RHO? (Check all that apply.)

56 respondents, or 45%, checked: As a guideline for family planning/reproductive health program(s)

46 respondents, or 37%, checked: For teaching or training

82 respondents, or 66%, checked: For study or research

48 respondents, or 38%, checked: To write reports or articles

40 respondents, or 32%, checked: To answer my questions about specific reproductive health issues

7 respondents, or 5%, described "Other" uses (see full report for their written responses).

10. Please indicate whether you use RHO material in any of the following ways. (Check all that apply.)

42 respondents, or 34%, checked: Forwarding RHO material to others by email

58 respondents, or 46%, checked: Printing hard copies of RHO pages and sharing them with others

66 respondents, or 53%, checked: Printing hard copies of RHO pages and saving them for future reference

19 respondents, or 15%, checked: Using a RHO CD-ROM to print out materials and sharing with colleagues

11. Please indicate which of the following sections are useful to you. (Check all that apply.)

80 respondents, or 64%, checked: Adolescent Reproductive Health

39 respondents, or 31%, checked: Cervical Cancer Prevention

63 respondents, or 50%, checked: Contraceptive Methods

69 respondents, or 55%, checked: Family Planning Program Issues

67 respondents, or 54%, checked: Gender and Sexual Health

46 respondents, or 37%, checked: Harmful Health Practices

79 respondents, or 63%, checked: HIV/AIDS

36 respondents, or 29%, checked: Infertility

77 respondents, or 62%, checked: Men and Reproductive Health

24 respondents, or 19%, checked: Older Women

19 respondents, or 15%, checked: Refugee Reproductive Health

58 respondents, or 46%, checked: Reproductive Tract Infection

61 respondents, or 49%, checked: Safe Motherhood

12. Please indicate which of the following components of the RHO site are useful to you. (Check all that apply.)

85 respondents, or 68%, checked: Overviews and Lessons Learned

105 respondents, or 84%, checked: Program Examples

None checked: Glossaries

34 respondents, or 27%, checked: Annotated Bibliographies

40 respondents, or 32%, checked: Online Resources and Links

64 respondents, or 51%, checked: Conference Listings

42 respondents, or 34%, checked: Search Function

43 respondents, or 34%, checked: PowerPoint presentations and Acrobat files

48 respondents, or 38%, checked: Other

13. We periodically create a small number of CD-ROMs of RHO's online content. Have you ever ordered a RHO CD-ROM?

11%   Yes: If so, was it useful? 13 respondents said: Yes   12 respondents said: No

83%   No

14. If more RHO CD-ROMs were available, would you want one?

19%   Yes

74%   No

15. Every time we update RHO we email interested readers to inform them of the new content on the site. Would you find these email updates useful?

18%   Yes (If you would like to receive RHO email updates, email rho@path.org)

80%   No

16. Please tell us what you like most about RHO

(Open-ended responses).

17. Please tell us what you would change about RHO

(Open-ended responses).

18. In what region do you work? (Please check one.)

29%   Africa

26%   Asia

16%   Southeast Asia

4%   Europe

21%   North America

3%   South America

1%   Pacific Ocean

19. What is your primary duty? (Please check one.)

14%   Manager or administrator
11%   Physician
2%   Nurse
1%   Midwife
12%   Health educator
9%   Public health official/policymaker
33%   Librarian
2%   Researcher
4%   Information specialist
12%   Professor

20. What is your modem speed/bandwidth?

2%   14.4K
6%   28.8K
33%   56K
12%   DSL/Cable
4%   T1/T3
43%   Don't know

Appendix E. *Outlook* Design, Pre- and Post-Evaluation

Cover and sample page of *Outlook* 20(4), the last issue with the old design.

Cover and sample page of *Outlook* 21(1), the first issue with the new design.