Summative Evaluation

City of Richmond
Digital Health Literacy Program

November 2016

Prepared for:
Digital Health Literacy Project
City of Richmond Library

Prepared by:
Communities in Collaboration | Comunidades en Colaboración
Digital Health Literacy Project Summative Evaluation

Executive Summary

This summative evaluation assesses the success of Richmond’s Digital Health Literacy Project in meeting program goals during the program’s initial pilot year (September 2015 – November 2016). Based on data from focus groups, program partner feedback, the LearnerWeb platform, and pre- and post-assessment surveys, this evaluation shows that the Richmond Digital Health Literacy Project was highly successful in meeting the three primary program objectives.

Objective 1. Improve digital literacy and use of online health information

All participants, regardless of skill level, reported learning more about how to use the computer. The curriculum was engaging and useful to learners from a wide range of baseline skill levels and participants praised the instructors for their warmth and helpfulness. Participants learned about health and accessing health information, even if that was not their initial goal or understanding of the course. As just one example, while 87% felt it was important to be able to access health resources on the Internet, prior to taking the class only 17% felt they were able to determine if health resources online were high quality. That number jumped to 78% after taking the course.

Lessons learned:
- Desire for computer skills to increase job-readiness is very high and was a more common motivator than desire for health information.
- Not all participants were aware of the health focus prior to beginning the course. Outreach materials could be more clear.

Objective 2. Provide access to high-speed wireless broadband

A higher than expected proportion of participants (61%) had access to wifi and the Internet at home before beginning the program. The roll out of the wireless hotspot to those who did not have home access to the Internet was slower and posed more technical challenges than expected. The laptop incentive, on the other hand, was very important to participants – not only as an incentive to take the course, but also as a tool for participants to continue using what they learned. The program team found that providing technical support to laptop and hotspot users required significantly more time than anticipated.
Lessons learned:

• Offering information on how to access free public wifi was a more successful strategy than offering hotspots, which can be difficult to use and maintain and, in the long run, can be expensive for participants.
• When offering equipment such as laptops or wireless hot spots, planning for technical support (in-house or with a partner) is critical to success.

Objective 3. Partner with community-based organizations to support and expand the programs goals

100% of participants said they would recommend the program to a friend and many had already. 76% of participants learned about additional local services and programs in the DHLP curriculum. In addition, program partners praised the curriculum for its flexible format and support of a wide variety of learners. Program partners reported that the curriculum supported their own program goals as well. Partners at housing sites also reported an increase in community cohesion as residents got to know one another through the class.

Lessons learned:

• The flexible format and support for a wide range of learners made the program accessible to many.
• Engaging public health and medical partners proved more challenging than expected.

Overall outcomes

The program has clearly identified a need and is successfully filling it. In the words of a typical participant:

“I think this program is one of the most useful programs I have ever seen. So much helpful information. The instructors were extremely knowledgeable and informative.”

Moreover, participants appear to be finding health benefits. The percentage of participants reporting very good or excellent health rose from 16% to 25% over the course of the program. Future challenges include finding funding to continue and grow the program, as well as diversifying the population the program reaches. Overall, this summative evaluation demonstrates that the program continues to meet or exceed its stated goals. The program is reaching Richmond residents in need of health and computer training, and they are finding value in the curriculum as well as utility in the computer.

Participant Demographics

• 86% Richmond residents
• 83% women
• 56% Latino/a and 30% African American
• 52% between ages of 35 and 54
Acknowledgements

This project would not have been possible without the efforts and engagement of many individuals and organizations, including the program’s hundreds of participants, and the project team:

- Katy Curl, Library and Cultural Services Director, City of Richmond
- Sherry Drobner, Literacy Program Manager, Literacy for Every Adult Program (LEAP)
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- Bay Area Rescue Mission
- Brighter Beginnings
- Building Blocks for Kids Richmond Collaborative
- California Emerging Technology Fund
- California Summer Meal Coalition
- California Library Association
- Catholic Charities of the East Bay
- City of Richmond City Manager’s Office
- City of Richmond Information Technology Department
- City of Richmond Police Department
- City of Richmond Department of Parks & Recreation (Nevin Community Center)
- Community Clinic Consortium
- Contra Costa County Public Health Nursing
- Contra Costa Family Justice Center
- Contra Costa Health Services Public Health Solutions Program
- EAH Housing (Crescent Park)
- LifeLong Medical Care
- Monterey Pines
- Native Wellness Center
- North Richmond Baptist Church
- North Richmond Economic Development Corporation (Barrett Terrace Plaza and Community Heritage Senior Apartments)
- Office of Congressman Mark DeSaulnier
- Office of Contra Costa County Supervisor John Gioia
- Reentry Success Center
- ReliaTech / Stride Center
- Richmond High School
- RichmondWORKS
- Rubicon Programs
- Serra Adult School
- Service Community Corporation of North Richmond
- The John Stewart Company (Pullman Point)
- The RYSE Center
- West Contra Costa County Adult Education
- YES Nature to Neighborhoods

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• Julia Tabbut and Jen Vanek, Minnesota Literacy Council
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• Stephen Reder, Portland State University

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The program evaluation was conducted by Communities in Collaboration | Comunidades en Colaboración, a women- and minority-owned community engagement consultancy committed to co-creating equity and access to opportunity for all. CIC | CEC specializes in designing participatory program evaluations, facilitating community engagement processes, and building community capacity through participatory research.
Digital Health Literacy Project
Summative Evaluation

About the Project

The goal of the Richmond Digital Health Literacy Project is to provide low-income Richmond residents with tools and skills needed to access online information to improve their health. Building upon the results of a 2014 report examining digital literacy needs and opportunities in central Richmond, the project developed customized online health curricula to train residents in digital health literacy. The pilot program, funded by a two year National Leadership Grant from the federal Institute for Museum and Library Services, has four primary aims:

- Train at least 180 low-income community members,
- Provide refurbished laptop computers to participants upon completion of the training,
- Provide free wireless to participant residences and public computer centers,
- Create partnerships to sustain and expand digital health literacy work in Richmond

These activities will enable participants to:

- Develop skills and habits of using online resources to meet health and other needs,
- Access online information relevant to their lives, and
- Make positive changes related to health.

Anticipated long-term outcomes include:

- Improving the health and well-being of Richmond residents and
- Improving their overall quality of life through access to digital content.

The Digital Health Literacy Project (DHLP) created a bilingual (Spanish and English) online curriculum that imparts computer, Internet, and health information. As a program of the Richmond Public Library, the DHLP team includes staff of Richmond’s Literacy for Every Adult Program (LEAP) as well as consultants hired specifically for the project. The Minnesota Literacy Council and the Literacy, Language, and Technology Group at Portland State University helped develop the curriculum on LearnerWeb, and online learning platform. Team members guided the curriculum development and included local resources when possible to connect the curriculum to the needs of

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Richmond residents. Team members conducted classes and also provided training for program partners to lead DHLP classes at their own sites.

**About the Evaluation**

Communities in Collaboration | Comunidades en Colaboración led a formative as well as this summative evaluation. The intent of this summative evaluation is to build on the learning from the program’s pilot phase to assess how well the program is meeting its program goals, as outlined above, and develop recommendations for continued improvement. The long-term outcomes are beyond the scope of the evaluation. The formative evaluation covered the pilot phase of the project, which began in September 2015 and concluded at the end of February 2016. This summative evaluation includes data from the program period of September 2015 through early November 2016.

The purpose of the summative evaluation was to assess whether and how the Richmond Digital Health Literacy Project met their three overall program objectives:

1. **Provide online digital tools and training** to low-income individuals and families in Richmond, with a focus on helping them improve their digital literacy and use of online health information
2. **Provide high-speed wireless broadband** signal and equipment for reception to individual residences and public facilities (community centers, public housing sites, etc.)
3. Partner with community-based organizations and existing health agencies to develop a strategy to continue to **support and expand digital health literacy** and broadband access in Richmond

This evaluation also aimed to help unearth project accomplishments, challenges, and needs or opportunities related to the curriculum and the three overall program objectives outlined above.

The evaluation has relied on multiple tools to assess the effectiveness of the program in reaching its goals. In addition to metrics such as participants reached, participants completing the program, and number of laptops distributed, the evaluation also relies on pre- and post-assessment data, focus groups, and feedback from community partners. Unlike the formative evaluation, this assessment does not include data from the LearnerWeb online learning system for reasons that will be explained further below.
Methodology

Multiple tools were developed, honed, and deployed to collect data for this evaluation. Information from each of these components was assembled and analyzed to create a holistic picture of the program’s outcomes, strengths, and challenges.

Pre- and post-assessment surveys

Paper assessments were available in English and Spanish and self-administered during the first and last classes for each cohort. The questions were created in collaboration with the community partners and the project team and include questions that align with the Richmond Community Survey as well as validated ehealth literacy surveys such as eHEALS. See Appendix 2 for a sample of these assessment tools in both Spanish and English. The assessments included both multiple choice and open-ended questions. These assessments provided demographic data about participants, information about their technology use before and after the program, as well as information about their health knowledge and status.

Participants were assigned identifying numbers, which were attached to the pre- and post-assessments. This analysis relies on data from 180 pre- and post-assessments that were matched using the identifying numbers. Additional assessments are available for the program team, but were beyond the scope of this evaluation. The sample accurately reflects the diversity of participants and their experience with the program.

Focus Groups

In addition to the data collected via the assessments, two focus groups were conducted to further illuminate the information from surveys. Focus group discussion followed a script that highlighted a few themes including:

- Learning and Integration
- Technology
- Wellness and Nutrition
- Overall Value

Focus groups were held in February 2016, as part of the formative evaluation, and again in September 2016, as part of this summative evaluation. This report includes data from both sets of focus groups. For all focus groups, participants were offered a $20 stipend, refreshments, and childcare if needed. In February, two focus groups – one in English and one in Spanish – were held at the Nevin Community Center with a total of eleven participants. Many of these early participants were also part of a Wellness Navigators program led by a local community-based organization, YES.

Nature to Neighborhoods. In September, two focus groups were scheduled, in which both English and Spanish speakers would participate. However, recruiting participants in September was a challenge despite efforts to accommodate participants by having both morning and evening schedule options at two different central Richmond locations. Of the 37 participants called, only eight attended the two focus groups – four Spanish speakers and four English speakers. Those that were not available mentioned having work during the hours the focus groups were offered.

The first September focus group was offered midmorning at Catholic Charities in Richmond. Three Spanish-speakers and one English-speaker participated. The second focus group was offered at the LEAP offices during evening hours with three English speakers and one Spanish speaker. The groups were divided by language for ease of discussion. Analysis was based on recordings of the focus groups as well as notes taken during the conversations. All participants signed a consent form with project information, evaluation purpose, recording consent, and more information intended to protect their privacy, which included the option of opting out of the focus group at any time.

**Partner Meetings and Feedback**

Through meetings with program partners, approximately quarterly,³ feedback on the programs successes and challenges was gathered. Assessment tools, methods, and preliminary findings were presented at these meetings and shared online for feedback and refinement. Partners reviewed and shared ideas about the evaluation plan, the evaluation tools, the initial findings of the formative assessment, as well as the programs successes and challenges. The goal of these collaborative sessions was to incorporate their input into the process and ensure that the program evaluation would serve their needs as well as those of the program team. In addition, team members solicited input and feedback from program partners at the end of the initial program year.

**LearnerWeb Data**

The digital health curriculum is hosted on the online learning platform LearnerWeb, and is publicly available at [www.richmondhealth.learnerweb.org](http://www.richmondhealth.learnerweb.org). The web-based curriculum includes a set of review questions on relevance and usability asked after each of the 8 main sections and a set of skills-based questions asked after each sub-section. During the formative assessment, it was determined that the usability data did little to add to the findings or their interpretation, and the many skills-based questions are beyond the scope of this evaluation. While LearnerWeb data is used by program instructors to track participant progress, the data is not included as part of this analysis.

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Program Data and Demographics

Program Sites
As of November 2016, the program has been offered at 14 sites across the City of Richmond. Program locations, listed in Table 1, included City agencies, nonprofit partner sites, and affordable housing developments. Sites were chosen to reach the program’s designated audience of low-income Richmond residents. Site requirements included regularly accessible times and a computer lab with online access. The course was most often led by a member of the DHLP team. In some cases, the program was led by a site-based service coordinator or even by a program graduate. The flexibility of the format allowed the program team to tailor schedules to meet the needs of participants and site staff. Appendix 1 includes a table of all course sites, the facilities available, course format, and instructors.

It is also possible for residents with access to a computer and the Internet to use the curriculum as a self-guided course. Data for any participants working independently is not included in this evaluation.

Program Participation
Since the beginning of the program’s pilot in September 2015 through early November 2016, 423 individuals started the DHLP curriculum. Of those, 306 completed the program. Another 36 were still in progress, while 81 had dropped out or seemed unlikely to complete the program. For this period, the program had completion rate of 79% (not including those who are still in progress). The program far exceeded its goal of 180 participants in its initial year. The program’s high rate of completion was likely helped by the incentive of a refurbished laptop. During the summative evaluation, focus group participants identified the incentive as a key driver for their enrollment in the program. The laptop was not available to participants who did not complete the curriculum.

Participant Demographics
The pre-assessment surveys provide a detailed picture of program participant background. Data here is based on pre-assessments collected in the first program year. For all charts in the

Table 1. Program Locations

<table>
<thead>
<tr>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barrett Terrace and Plaza</td>
</tr>
<tr>
<td>Catholic Charities</td>
</tr>
<tr>
<td>Community Heritage Senior Apartments</td>
</tr>
<tr>
<td>Crescent Park Apartments</td>
</tr>
<tr>
<td>LEAP (Literacy for Every Adult Program)</td>
</tr>
<tr>
<td>Monterey Pine Apartments</td>
</tr>
<tr>
<td>Nevin Community Center</td>
</tr>
<tr>
<td>North Richmond Baptist Church</td>
</tr>
<tr>
<td>Pullman Point Apartments</td>
</tr>
<tr>
<td>Reentry Success Center</td>
</tr>
<tr>
<td>Richmond High School Parents Group</td>
</tr>
<tr>
<td>Richmond Public Library</td>
</tr>
<tr>
<td>Serra Adult School</td>
</tr>
<tr>
<td>West Contra Costa Family Justice Center</td>
</tr>
</tbody>
</table>

Figure 1. Participants primarily self-identified as Latino/a

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latino/a</td>
<td>101</td>
</tr>
<tr>
<td>Black or African American</td>
<td>53</td>
</tr>
<tr>
<td>Asian, Asian Indian, or Pacific Islander</td>
<td>10</td>
</tr>
<tr>
<td>White/ Caucasian</td>
<td>9</td>
</tr>
<tr>
<td>Native American, American Indian, or Alaskan Native</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
</tr>
</tbody>
</table>

Number of participants (n=179)
Some key data about the participants:

- 86% of the participants reported living in Richmond. Though the goal of the project was to serve Richmond residents no one was turned away.
- 83% of participants identified themselves as female.
- More than half of program participants identified themselves as Latino/a. African Americans were the second largest participant group (Figure 1). Of participants who identified their race as “other” most self-identified as mixed race.
- Participants represented a wide range of age groups, with roughly half being between 35 and 54 (Figure 2).
- A little more than half (55%) have a school-aged child at home.
- 52% of participants elected to complete the pre-assessment in Spanish, and 53% reported speaking Spanish in the home. 39% reported speaking English in the home. However, 63% of program graduates elected to conduct the course in Spanish. Of participants who spoke other languages at home (8%), there were no more than two participants speaking any of the dozen additional languages mentioned.
- Participants reported a wide range of educational attainment, from no formal education to graduate level work (Figure 3).

*Note: A question regarding income was not included because the program sites already serve primarily low-income residents.*

The summative evaluation recommended broadening the sites.
and times of course offerings to draw in a more diverse representation of Richmond’s population. The representation of men remains low. Some program partners have suggested this may also be influenced by a perception the health and wellness are primarily concerns of a family’s traditional caregivers, who are often women. This is an area for the program to continue to explore. Additional thought could also be put into reaching more of Richmond’s low-income Asian and white populations.

**Participant Goals**

In their pre-assessments, many participants stated health-related goals, including

- Finding quality health care for themselves and their families
- Maintaining a healthy lifestyle
- Answering questions regarding health care coverage

However, most participants identified learning goals outside of the basic health information offered in the program, these included:

- Learning to use the computer, email, or the Internet
- Gaining skills and information to find employment
- Improving English language skills
- Identifying and avoiding online scams and other security risks

The desire for basic computing skills for improving work-related and other skills was a major driver for participation.

In their own words, some of the skills participants hoped to gain included:

<table>
<thead>
<tr>
<th>Basic computing skills</th>
<th>Health information</th>
<th>Job-related skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saber como usar la computadora con las tareas de la escuela</td>
<td>Look for health information online without going to the hospital</td>
<td>Be able to search for employment, more office skills (bookkeeping, etc)</td>
</tr>
<tr>
<td>Become more familiar with the computer</td>
<td>Know more about the healthy foods/nutrition</td>
<td>Make my own resume</td>
</tr>
<tr>
<td>Know more than just the basic searching</td>
<td>Aprender a entrar a las paginas de busqueda de web sobre salud</td>
<td>Learn how to type</td>
</tr>
</tbody>
</table>

**Insights and Learning**

The purpose of the summative evaluation was to assess whether and how the Richmond Digital Health Literacy Project met three overall program objectives:

1. Provide online digital tools and training to low-income individuals and families in Richmond, with a focus on helping them **improve their digital literacy and use of online health information**
2. Provide high-speed wireless broadband signal and equipment for reception to individual residences and public facilities (community centers, public housing sites, etc.)

3. Partner with community-based organizations and existing health agencies to develop a strategy to continue to support and expand digital health literacy and broadband access in Richmond

This evaluation also aimed to help unearth project accomplishments, challenges, and needs or opportunities related to the curriculum and the three overall program objectives outlined above.

**Objective 1. Improve digital literacy and use of online health information**

The pre- and post-assessment tools, as well as the focus group questions, were designed to assess the program’s impact on how participants use computers and the Internet before and after the course.

**Digital Literacy**

Although the curriculum focused on health literacy, the most frequent reasons that participants gave for enrolling in the course was to learn basic computer skills. Improving skills to improve employment opportunities and to access online resources were frequent goals. In addition, many enrolled for the free refurbished laptop – an incentive provided upon completion of the course.

Many did not realize that the course would be health-focused until they began. “I didn’t know it was going to be specifically medical,” said one participant. She, like many, believed they were signing up for a basic computer course. And, in fact, she was not disappointed. The program caters to participants at a wide variety of skill levels. Said one program partner:

“With me, for reals though, I wanted a laptop!”

“There were a handful of participants of the program who have never operated a computer, and let alone the Internet. By the end of the program, these participants were independently accessing the online Digital Health training without assistance, and were using the computer training and skills from the program to access the Internet for personal use, such as directions and maps, and information of any interests. “

And another:

“I still have seniors that completed the first class still talking about how they learned so much, and now they even come down to use the computer lab more too. . . . We had Seniors that were afraid to touch the keyboard and now typing on Facebook.”
One relatively skilled participant observed a classmate who had very few computer skills: “he didn’t know about computers, so he didn’t really know how to navigate... they showed him how to navigate first, then he did digital health.” All focus group participants reported finding adequate material to challenge them and add to their skills, regardless of their skill level at the program’s start. If anything, a few participants found the volume of material slightly overwhelming and wished they could go back to continue learning. Students did not seem aware that they could return to the curriculum on their own computers after the completion of the course.

In focus groups, participants attested to learning basic information about the Internet, such as how domain names and URLs can provide clues to the security and value of information on a website. For instance, “domain names like dot com, dot org, edu... I learned a bit more about that” – as an indicator of the quality of information on a website. Or, when using google, looking for sites with “the lock, the https... trying to protect, not just health, but also trying to... protect yourself while searching.” Google maps were mentioned frequently as a useful tool that many had not been familiar with prior to the course.

Although summative focus group participants described serious challenges with their Internet connections, they also reported using their laptops for a number of uses such as online coursework, reading news from their home countries, and finding directions. They also reported using the laptops for leisure activities, such as watching movies, listening to music, and checking Facebook. Formative focus group participants also reported finding the laptop useful for helping children with schoolwork and staying abreast of student’s grades. Others used the computers for their own online coursework, including practicing for programs offered by LEAP. Before and after the course, the top uses for the Internet were:

1. Email
2. Facebook and other social media apps
3. General web surfing and other searching
4. Watching videos
5. Listening to music
6. Reading news

At least one-third of participants reported using the internet for each of these activities both before and after completing the course.
Online health information

Using the 180 matched pre- and post-assessments, the data shows an increase in the use of the Internet to research a broad variety of health and wellness topics. For instance, prior to the course, 60% of participants reported using the Internet to find health information. **After completing the program 92% of participants said that they use the Internet for health information.** See Figure 4 for additional ways that use of the Internet to research a variety of health information increased after the program. Participant confidence in conducting that research also increased (Figure 5). Interestingly, most participants (87% pre; 92% post) agreed with the statement “It’s important for me to be able to access health resources on the Internet,” but only after completing the course did a majority (35% pre; 93% post) agree with statements such as “I know where to find helpful health resources on the Internet.”

In both rounds of focus groups – formative and summative – participants confirmed that they were using the skills and resources from the program to research a wide variety of health and wellness

**Figure 4. Use of the Internet to research health and wellness increased universally**

<table>
<thead>
<tr>
<th>Percentage of participants reporting use of Internet to research various health-related information</th>
</tr>
</thead>
<tbody>
<tr>
<td>A specific disease</td>
</tr>
<tr>
<td>24%</td>
</tr>
<tr>
<td>Pre</td>
</tr>
</tbody>
</table>

**Figure 5. Confidence in using the Internet to access health information grew dramatically as well**

<table>
<thead>
<tr>
<th>Percentage of participants agreeing with statements above before and after course</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Internet is useful for me to make decisions about my health</td>
</tr>
<tr>
<td>64%</td>
</tr>
<tr>
<td>Pre</td>
</tr>
</tbody>
</table>
information. Particularly in the first round focus groups, which included members of a cohort of Wellness Navigators led by a local non-profit, participants discussed learning how to:

- Research symptoms prior to meeting with a doctor to inform their conversation
- Research a diagnosis after a medical appointment to better understand their health and treatment options
- Determine what type of specialist to contact
- Research alternative and holistic treatments
- Locate doctors and specialists
- Research wellness information, particularly recipes
- Find resources about work-life balance
- Determine their eligibility for ObamaCare

One participant shared a typical story of how she used the information she gained to improve her health:

“I used to have heartburn real bad and I looked it up to see what can I take for it instead of just doing what I have been doing... I'm a little more healthier I think. I don't have heartburn as bad.”

Overall, the percentage of participants who said they found health and wellness information on the Internet more than doubled from 26% to 58% (Figure 6). In addition, they appeared to become more aware of health information from other sources as well. As one participant said, “It helped give a direct link to professional medical information instead of doing a search and hoping for the best.”

**Figure 6. Use of the Internet for health information more than doubled**

<table>
<thead>
<tr>
<th>Source</th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>A doctor or nurse</td>
<td>78%</td>
<td>84%</td>
</tr>
<tr>
<td>The hospital</td>
<td>32%</td>
<td>47%</td>
</tr>
<tr>
<td>A friend/relative/neighbor</td>
<td>19%</td>
<td>20%</td>
</tr>
<tr>
<td>Newspaper or magazines</td>
<td>13%</td>
<td>13%</td>
</tr>
<tr>
<td>Books</td>
<td>19%</td>
<td>19%</td>
</tr>
<tr>
<td>Internet</td>
<td>26%</td>
<td>58%</td>
</tr>
<tr>
<td>Television</td>
<td>16%</td>
<td>24%</td>
</tr>
<tr>
<td>Radio</td>
<td>7%</td>
<td>11%</td>
</tr>
<tr>
<td>Other</td>
<td>4%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Percentage of participants who use these sources for health information
In their own words, some of the health-related skills participants learned included:

<table>
<thead>
<tr>
<th>Locating services</th>
<th>Reliable health information</th>
<th>Using services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Como buscar un provedor de salud, clínicas/hospitales. Como hacer una cita, etc.</td>
<td>The most important thing I learn was how to tell the difference between a website that was more reliable than another</td>
<td>I learned that during a doctor’s appointment be prepared &amp; don’t be shy to ask questions.</td>
</tr>
<tr>
<td>I learned that there are many different hospitals and clinic around the county</td>
<td>Learn how to keep our body healthy and eat what is healthy for our body.</td>
<td>I also learned how to contact my doctor online</td>
</tr>
<tr>
<td>How to locate my personal doctor, dentist etc.</td>
<td>That there are numerous resources for all types of healthcare</td>
<td>Como buscar lugares de aseguranza medica</td>
</tr>
</tbody>
</table>

Indeed, self-reported health improved over the course of the program. The percentage of participants reporting very good or excellent health rose from 16% to 25% (Figure 7). Small factors, for instance: “I already google healthier eating,” as well as an increased sense of agency over their health and health decisions may contribute to an improved sense of health and well-being. Participants shared their sense of accomplishment when receiving the certificate at the course’s end:

“My progress was good. I felt like I was achieving something. I’m going to complete something.”

“Especially when we got the certificates.”

“Oh that was awesome. It was awesome.”

“Getting those certificates. That was a really good feeling.”
Objective 2. Provide access to high-speed wireless broadband

Prior to the course, many participants reported little access to computers and the Internet. Because the post-assessment was administered before the distribution of laptops or wireless hotspots, the percentage of participants with at-home access was essentially unchanged between pre- and post-assessments (Table 2). Despite this, the number of participants who reported going online “never” or “very rarely” before the course dropped significantly in the post-assessments (33% pre; 21% post), as shown in Figure 8.

As reported in the pre-assessments, of those who access the Internet at home (61%), most have access through either Comcast (48%) or AT&T (40%). The most common reason for not having Internet access at home was cost. Prior to the course, the second most common reason was “other.” When asked to explain the responses, most stated that they did not know how to use the Internet. After the course, while most still cited cost as the primary factor, those who checked “other” now explained that the reason was not yet having received their equipment from the program. (Note: equipment was distributed after the administration of the post-assessment survey.)

Although many participants did not have a home computer, they reported in pre-assessment surveys accessing the Internet and other electronic content through a number of other devices. More than 50% use a smart phone and, of those, more than 75% use their phone to access the Internet. Only approximately 30% use their smart phone as a hotspot, however. In addition to using the Internet at home, many reported going online at work, at libraries, and at computer labs (including LEAP’s and those in their residence complexes). Approximately one quarter of participants have access to a tablet (iPad, Kindle Fire) at home. This access did not shift between the pre- and post-assessments.

At the time of the focus groups, participants had possessed their program-provided refurbished laptops for weeks or even months. Summative focus group participants also received a free Internet hot spot and 3 month subscription. Formative focus group participants did not receive a wireless hot spot and relied on public Internet (such as at libraries, Starbucks, or housing complexes). Ironically, for participants in the summative focus group, challenges with the wireless hot spot seemed to discourage them and deter the use of the laptop. Earlier groups, who were taught how to find free wifi access points reported greater success with the laptop and with going online. Those who had technical difficulty with the wireless hotspot also had difficulty accessing technical support, as they were not contract holders with the wireless provider (the wireless hotspot and service was provided through LEAP, who contracted with Basic Internet). This, coupled with the expense of maintaining the hotspot after the initial complimentary period suggest that alternative

| Table 2. Access to technology at home – from surveys |
|-----------------------------|-----------------------------|
|                             | Pre | Post |
| Access to a computer at home| 28% | 28%  |
| Access to Internet at home  | 61% | 60%  |
methods for providing wireless access might be explored. Given that 60% of participants already had home access to Internet prior to the class, it may be that resources are better directed at other parts of the program, such as maintaining the laptop incentive.

The program team found that many participants required extra support with their laptops, sometimes because of problems with the refurbished laptops. Providing the support was a larger drain on the team’s resources than anticipated. The team has decided to provide new Chromebooks for future cohorts and to partner with an outside service provider to better manage internal resources.

**Objective 3. Partner with community-based organizations to support and expand the programs goals**

The final program goal focuses on building a strong network of partners on the ground in Richmond, and beyond, to sustain the work of the program. DHLP uses an innovative model to bring material to community members, “meeting them where they are.” By expanding the program across fourteen diverse program sites (Table 1), including community centers, housing developments, and resource centers, the DHLP was able to successfully reach a diverse cross-section of Richmond residents. The partnerships also served the interests of community partners, many of whom found alignment with the goals of the DHLP. In one of the quarterly partner meetings, program partners noted that the digital literacy skills gained through the DHLP could also help participants in the search for housing and jobs, endeavors that the partners also support. One gap that program partners identified was the absence of health care providers – from local clinics and the public health department – at the table. Finding ways to bring their voices, participation, and support to the program could further strengthen the program’s outcomes and reach.

The flexible format of the program also allowed the partner sites to tailor the schedule of the course to the needs of their participants. In addition, different sites used different models of instruction – some relied entirely on DHLP team members while others used the support of site partner staff. As partner staff become more familiar with the curriculum and program, it is possible for the site staff to continue or replicate instruction on their own. This flexibility and “train the trainer” model provide an opportunity for the program to continue to grow. In partner meetings, program partners and DHLP staff indicated that stipends for site staff and peer educators would support this growth.

Program partners also stated that one of the program’s strengths was in the localized content, which included information about other relevant community-based programs. Indeed 76% of program participants said that they had learned of other local services or programs through the DHLP course. Services that they learned about included additional educational opportunities such as computer and language classes, health resources such as Kaiser, First 5, and LifeLong Medical, as well as community resources such as YES, RYSE, and Centro Latino.
Another benefit identified by program partners was more cohesion within their own communities as program participants learned from and supported one another:

“The program also strengthened the Crescent Park community for students were able to assist one another through group feedback.”

This peer learning was also discussed by focus group members who were able to point one another to key resources both online and in the community.

**Key Findings**

Participants universally attested to the value they received in the course in the post assessments. They praised the curriculum as well as the instructors (Figure 9) and indicated that they planned to continue using the Internet to support their own health and that of their families. They were slightly less likely to agree that they would use the information they had learned to support health in their broader community.

100% of participants who responded to the question said they would recommend the program to a friend (n=164). Their reasons to recommend the program to friends followed a number of common themes. When asked what reasons they would give to recommend the program, they shared:

<table>
<thead>
<tr>
<th>Finding health information</th>
<th>Gaining computer skills</th>
<th>Quality curriculum and instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Que contiene amplia informacion para adquirir cobertura de salud y para buscar direcciones de medicos y demas servicios.</td>
<td>Antes de este programa no podia hacer nada ahora puedo hacer lo basico gracias al programa y me an ensenado lo basico para seguir mejorando</td>
<td>Les diria que es una fuente de informacion muy amplia y esta al alcance de todos.</td>
</tr>
</tbody>
</table>
It will teach you the difference between the health insurance and how to keep your body healthy

That you have offered this to us seniors. Before we had to rely on Human Resources Services, a nurse at the clinic, or someone who experienced a service

All your questions will be answered and they will be able to use a computer all on their own

Lo mejor es entender la importancia de la salud y utilizar y hacer los cambios necesarios para llevar una vida mas sana

This program helps those who are not comfortable with using the computer/internet and the instructors are very patient with you individually.

Everyone learns at their own pace which is not stressing so that's a big plus

Que es un programa donde aprendes mucho como encontrar sitios web seguros acerca de salud y cada vez aprendes mas

It has helped me become better acquainted with researching internet info and understanding the different programs and icons.

Que no hay edad para aprender

Two quotes sum up the experience shared by many, both in the assessments and focus groups:

“I think this program is one of the most useful programs I have ever seen. So much helpful information. The instructors were extremely knowledgeable and informative.”

“I’ve already started telling family & friends about this program.”

Several mentioned the free laptop, but in both the focus groups and assessments the laptop was not the only driver. Participants felt the program was worthwhile without the incentive, although they agreed that they were very happy to have it.

In addition, for each objective, there are a number of key learnings:

**Objective 1. Improve digital literacy and use of online health information**

- All participants, regardless of skill level, learned more about how to use the computer. The curriculum was engaging and useful to learners from a range of baseline skill levels.
- Participants also learned more about health and accessing health information, even if that was not their initial goal or understanding of the course.

**Objective 2. Provide access to high-speed wireless broadband**

- The laptop incentive is very important, not only a draw to the program, but also as a tool for participants to continue using what they have learned.
- Offering information on how to access free public wifi was a more successful strategy than offering hotspots, which can be difficult to use and maintain and, in the long run, can be expensive for participants.
Objective 3. Partner with community-based organizations to support and expand the programs goals

- All participants said they would recommend the program to a friend and many had already.
- Most participants identified additional local services and programs they had learned about in the DHLP curriculum.
- Engaging public health and medical partners proved challenging.

Many of the opportunities for improvement identified in the formative assessment remain. These themes indicate possible follow up, program refinements, and future opportunities for the program and the City of Richmond:

- **Clearer and more varied outreach.** Many participants were not aware of the health focus of the course before beginning. All were attracted by the opportunity to enhance their computer skills, however. An effort to reach and enroll men should continue to be strengthened.
- **Workforce development.** Many participants want to learn more advanced computer skills – like using excel and searching for jobs. All participants expressed a desire for more access to free or low-cost computer training programs.
- **Scaling and sustaining.** As the program proves its worth, additional efforts will be required to find ongoing support in Richmond and beyond. The effectiveness of the program and its easily transferable online curriculum suggest opportunities for growth to other communities.

Conclusion

This summative evaluation demonstrates that the program continues to meet or exceed its stated goals. The program is reaching Richmond residents in need of health and computer training, and they are finding value in the curriculum as well as utility in the computer. These findings also indicate a few opportunities for continued growth and enhancement of the program to ensure that the outcomes remain strong, that the program reaches the full diversity of Richmond’s residents, and beyond.

Program Achievements

- Expansion of program to reach nearly double the original goal for program participants
- Widely reported usefulness of curriculum for participants at all skill levels – who learned both about health and wellness and about basic computer skills
- Positive feedback and enthusiasm from diverse participants who would recommend the program to friends
- Successful computer distribution with participants reporting success in computer use at home as well as connecting to the Internet
Recognition as a model curriculum by Institute for Healthcare Advancement (IHA) Health Literacy Awards, who said: “By providing training in both accessing online health information and evaluating its quality, the DHLP is empowering community members to better manage their health and their use of community health resources.”

Opportunities for Growth

- Clear outreach materials that include more information about the direct health benefits that can be gained from participation.
- Targeted outreach plan to reach populations not fully represented in this pilot, such as men, men of color, participants from different age groups, and other ethnic groups, as the pilot group was largely Latina/o.
- Offering additional resources to ensure participants learn how to use laptops and other useful applications such as excel or word.
- Offering or connecting participants with resources for ongoing technical support.
- Rethinking the wifi service offered to participants to ensure they are receiving a useful and affordable service.
- Continuing to plan for sustainability, replicability, and opportunities for scale so that program can continue and grow beyond the initial grant period.
- Seeking partners or funding to fill the gap in continuing and more advanced computer skills classes – free classes are rare and in demand in West Contra Costa County.

Public health research has demonstrated that when individuals have a sense of control over their lives and develop a sense of agency, their overall health status improves, which in turn also improves the health of a community. Within this framework, the Digital Health Literacy Project has the potential to have a deep and lasting positive impact on individuals in Richmond and their community.

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Appendix 1. Summary of Richmond Digital Health Literacy Classes

*Counts as of November 8, 2016

<table>
<thead>
<tr>
<th>Site Name</th>
<th>Graduates*</th>
<th>Current Students*</th>
<th>Facility and Equipment</th>
<th>Course Structure and Recruitment</th>
<th>Instructor(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barrett Terrace and Plaza</td>
<td>15</td>
<td>0</td>
<td>Community Center with 5 desktops; a few students worked on refurbished laptops on password-protected facility wifi</td>
<td>Morning class twice a week for one hour for five weeks and drop-in make-up hours with site service coordinator; students were recruited by site service coordinator.</td>
<td>Site service coordinator with support from LEAP contractor</td>
</tr>
<tr>
<td>Catholic Charities</td>
<td>58</td>
<td>12</td>
<td>Very large computer lab with new touch screen desktops; no access to wifi network</td>
<td>Morning class once a week for two hours for six weeks. Students enrolled in a 4-day a week ESL class were given the option to come to Digital Health class on Friday mornings.</td>
<td>LEAP ESL instructor and administrative student intern</td>
</tr>
<tr>
<td>Community Heritage Senior Apartments</td>
<td>17</td>
<td>0</td>
<td>Computer lab with 4 old Windows XP desktops; most students preferred using LEAP’s Chromebooks accessed with a password-protected facility wifi</td>
<td>Afternoon class once a week for 1 hour for 10 weeks; students were recruited by site service coordinator.</td>
<td>LEAP contractor and LEAP administrative student intern with support from site service coordinator</td>
</tr>
<tr>
<td>Crescent Park Apartments</td>
<td>10</td>
<td>0</td>
<td>Computer lab with 4 new touchscreen desktops, 1 mac laptop, 1 ipad; public wifi network available</td>
<td>Morning class twice a week for 2 hours for 6 weeks; students were recruited by site service coordinator.</td>
<td>Site service coordinator with support from LEAP contractor</td>
</tr>
<tr>
<td>LEAP Computer Lab</td>
<td>103</td>
<td>1</td>
<td>Computer lab with 10 desktops; option to use chromebooks and COR public wifi network</td>
<td>The current model is afternoon classes 2 hours twice a week for 3 weeks. An evening class will be starting in November. Morning and afternoon drop-in computer lab hours were dropped because attendance was inconsistent and retention was poor.</td>
<td>LEAP administrative student intern; drop-in hours were supported by LEAP front desk senior volunteer who was program graduate</td>
</tr>
<tr>
<td>LEAP ESL Class</td>
<td>16</td>
<td>0</td>
<td>Used LEAP’s Chromebooks in a classroom and COR public wifi network</td>
<td>Morning and afternoon classes; a portion of weekly ESL class time was dedicated to completing the LearnerWeb curriculum. Upon completion, graduates would bring their laptops to class to use for other ESL focused activities.</td>
<td>LEAP ESL Instructor</td>
</tr>
<tr>
<td>Monterey Pines Apartments</td>
<td>5</td>
<td>0</td>
<td>Computer lab with 12 desktops with some technical problems; no wifi network available</td>
<td>Morning class once a week for one hour for 10 weeks; students recruited by site service coordinator. The service coordinator experienced health issues and the lab was not able to be open consistently, so we encouraged students to come to LEAP to complete their training.</td>
<td>LEAP contractor</td>
</tr>
<tr>
<td>Nevin Community Center</td>
<td>17</td>
<td>0</td>
<td>Community Center room with 5 desktops and used LEAP chromebooks with public COR wifi network</td>
<td>Morning class two hours a week for 6 weeks. Students were participants in a Wellness Navigators Program coordinated by a local community-based organization, YES Nature to Neighborhoods.</td>
<td>LEAP administrative student intern, LEAP contractor, and YES staff and volunteer</td>
</tr>
<tr>
<td>Site Name</td>
<td>Graduates*</td>
<td>Current Students*</td>
<td>Facility and Equipment</td>
<td>Course Structure and Recruitment</td>
<td>Instructor(s)</td>
</tr>
<tr>
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<td>-------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>North Richmond Baptist Church</td>
<td>0</td>
<td>6</td>
<td>Computer lab with 8 desktops</td>
<td>Evening class once a week for 2 hours; students recruited by Service Community Corporation of North Richmond</td>
<td>LEAP administrative student intern and LEAP contractor</td>
</tr>
<tr>
<td>Pullman Point Apartments</td>
<td>11</td>
<td>0</td>
<td>Computer lab with 10 desktop computers with some technical problems; password protected wifi available</td>
<td>Morning class once a week for 2 hours for 8 weeks; students were recruited by site service coordinator</td>
<td>LEAP contractor and LEAP administrative student intern with support from site service coordinator</td>
</tr>
<tr>
<td>Reentry Success Center</td>
<td>13</td>
<td>8</td>
<td>No computer lab; used a combination of RSC laptops and LEAP chromebooks on password-protected wifi</td>
<td>Morning class once a week for two hours for 6 weeks; students were recruited by site staff</td>
<td>LEAP administrative student intern and LEAP contractor with support from site staff</td>
</tr>
<tr>
<td>Richmond High School (Parents Group)</td>
<td>21</td>
<td>0</td>
<td>Large computer lab with new desktops</td>
<td>Morning class two hours a week for 8 weeks. Class was initiated by a program graduate who was a peer leader with the Latina Center and chose to incorporate the digital health curriculum into a basic digital literacy program she developed.</td>
<td>Program graduate with support from LEAP administrative student intern</td>
</tr>
<tr>
<td>Richmond Public Library Main Branch</td>
<td>8</td>
<td>0</td>
<td>Used refurbished laptops and library’s Chromebooks on COR public wifi network</td>
<td>Morning classes held before the library opened once a week for 2 hours for 5 weeks. Students were parents who brought their children to the Lunch in the Library and/or Reading Heroes summer programs. Parents brought their children to the class.</td>
<td>LEAP administrative student intern</td>
</tr>
<tr>
<td>Serra Adult School</td>
<td>0</td>
<td>11</td>
<td>Computer lab</td>
<td>Morning class once a week for 2 hours for 6 weeks; students recruited by adult school instructor</td>
<td>LEAP administrative student intern and LEAP contractor</td>
</tr>
<tr>
<td>West Contra Costa Family Justice Center</td>
<td>12</td>
<td>0</td>
<td>Meeting room with LEAP chromebooks on password-protected facility wifi</td>
<td>Morning class once a week for 2 hours for 5 weeks; students were part of a leadership development program led by the center.</td>
<td>LEAP administrative student intern and LEAP contractor</td>
</tr>
<tr>
<td>Total</td>
<td>306</td>
<td>38</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Thank you for agreeing to take this pre-assessment for the Digital Health Literacy Project in the City of Richmond.

Our organization, CIC | CEC, has been hired by the City of Richmond to evaluate the Digital Health Literacy Project. We will ask every participant to take this assessment before they start the program and then take it again after they are done. The hope is that we will be able to see how much people learned, see what worked well and what didn't, and most importantly see how we can improve the program for future participants. With that said, your answers are very important to us.

This project is intended to help community members learn how to use, understand, and find health information on the Internet and the same time learn how to use a computer. Participants who complete the project will receive a free laptop.

INFORMED CONSENT

This assessment will take approximately 15 to 20 minutes.

Do you agree to participate in this assessment?

☐ Yes
☐ No

Do you live in the City of Richmond?

☐ Yes
☐ No

If YES, what is your address: _______________________________

☐ No
Thank you for agreeing to complete this questionnaire for the City of Richmond’s Digital Health Literacy Project. Your answers will be kept confidential and will not affect your participation in this program in any way.

### Goals

Please tell us three things you hope to learn at the end of the program?

1.

2.

3.

### Part 1: Computer and internet use

1. Do you have a working computer (desktop or laptop) at home?
   - [x] Yes
   - [ ] No

2. Do you have Internet at home?
   - [x] Yes
   - [ ] No

   If YES, what Internet provider do you have: ________________

   - [ ] No

   If NO, why?
   - [ ] Too expensive
   - [ ] Don’t know how to get Internet
   - [ ] Don’t want Internet at home
   - [ ] Other: _____________________
3. Which of the following types of technologies do you currently use?  
(Check all that apply)
- □ Windows/PC computer
- □ Mac computer
- □ Tablet (examples: ipad, Galaxy, Kindle Fire, or other device with a touch screen)
- □ E-reader (examples: Nook, Kindle)
- □ Smart phone (big screen, connects to internet)
- □ Mobile phone (small screen, no internet)
- □ None
- □ Other: _______________________________

Do you use your smart phone as a hotspot?  
- □ Yes
- □ No

Do you use the Internet on your phone?  
- □ Yes
- □ No

4. How often do you use the Internet (including email)?
- □ Never (skip to page 6)
- □ Very rarely
- □ Monthly
- □ Weekly
- □ Daily

5. Where do you use the Internet?  
(Check all that apply)
- □ At home
- □ At work
- □ At a friend’s/relative’s house
At the library

Other: _____________________

6. When you are online, which of the following activities do you do? (Check as many as appropriate.)
- Email
- General web surfing/searching for information
- Shopping
- Playing games
- Downloading or listening to music
- Watching videos
- Uploading photos
- Paying bills
- Facebook, Instagram, Twitter, Snapchat or other social media
- Reading news
- Other: _____________________

7. Have you ever used the Internet to find health information?
- Yes
- No

If YES, what kind of information have you looked for (check all that apply)?
- A specific disease
- Medical problem
- Doctor information
- Information about other health providers such as psychologists or other specialists
- Prescription drugs
- Over the counter drugs
- How to get health insurance
☐ Wellness information, such as information about exercise or nutrition
☐ Other: _______________________

**Part 2: Health and the internet**

<table>
<thead>
<tr>
<th>Do you agree with these statements? (Circle your answer)</th>
<th>☑</th>
<th>☹</th>
<th>?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The Internet is useful for me to make decisions about my health</td>
<td>Yes</td>
<td>No</td>
<td>Not sure</td>
</tr>
<tr>
<td>2. It’s important for me to be able to access health resources on the Internet</td>
<td>Yes</td>
<td>No</td>
<td>Not sure</td>
</tr>
<tr>
<td>3. I know what health resources are available on the Internet</td>
<td>Yes</td>
<td>No</td>
<td>Not sure</td>
</tr>
<tr>
<td>4. I know where to find helpful health resources on the Internet</td>
<td>Yes</td>
<td>No</td>
<td>Not sure</td>
</tr>
<tr>
<td>5. I know how to use the Internet to answer my questions about health</td>
<td>Yes</td>
<td>No</td>
<td>Not sure</td>
</tr>
<tr>
<td>6. I know how to use the health information I find on the Internet to help me, a family member, a friend or a neighbor</td>
<td>Yes</td>
<td>No</td>
<td>Not sure</td>
</tr>
<tr>
<td>7. I have the skills I need to evaluate the health resources I find on the Internet</td>
<td>Yes</td>
<td>No</td>
<td>Not sure</td>
</tr>
<tr>
<td>8. I can tell high quality health resources from low quality health resources on the Internet</td>
<td>Yes</td>
<td>No</td>
<td>Not sure</td>
</tr>
<tr>
<td>9. I feel confident in using information from</td>
<td>Yes</td>
<td>No</td>
<td>Not</td>
</tr>
</tbody>
</table>
Part 3: About you

1. What is your age?
   - 13 - 17 years
   - 18 - 24 years
   - 25 - 34 years
   - 35 - 44 years
   - 45 - 54 years
   - 55 - 64 years
   - 65 - 74 years
   - 75 years or older

2. Which one (or more) of the following would you use to describe yourself?
   - Black or African American
   - Latino/a
   - Asian, Asian Indian, or Pacific Islander
   - White/Caucasian
   - Native American, American Indian, or Alaskan Native
   - Other: ________________________________________

3. Are you:
   - Male
   - Female
   - Other
4. What is the highest level of education you have completed?
   - No formal education
   - Elementary (grades 1-5)
   - Junior high
   - High school
   - Some college
   - College
   - Graduate school

5. What language do you speak at home? ________________________________

6. In general, how would you rate your health?
   - Poor
   - Fair
   - Good
   - Very good
   - Excellent

7. Where do you get your health information? (check all that apply)
   - A doctor or nurse
   - The hospital
   - A friend-relative/neighbor
   - Newspaper or magazines
   - Books
   - Internet
   - Television
   - Radio
   - Other: __________

8. Do you have any school-age children living in your home? (Children between the ages of 5-18 years-old)
   - Yes
   - No

9. Do you currently have health insurance?
   - Yes
☐ No
☐ Not sure

Thank you! Your responses are very important to us!
Congratulations on completing the Digital Health Literacy Program and thank you for agreeing to take this post-assessment for the Digital Health Literacy Project in the City of Richmond.

Our organization, CIC | CEC, was hired by the City of Richmond to evaluate the Digital Health Literacy Project. We have asked every participant to take this assessment before they started the program and now we are asking everyone to take it again now that they are done. The hope is that we will be able to see how much people learned, see what worked well and what didn't, and most importantly see how to improve the program for future participants. With that said, your answers are very important to us.

INFORMED CONSENT

This assessment will take approximately 15 to 20 minutes.

Do you agree to participate in this assessment?
☐ Yes
☐ No

Do you live in the City of Richmond?
☐ Yes
If YES, what is your address: _______________________________
☐ No
Thank you for agreeing to complete this questionnaire for the City of Richmond’s Digital Health Literacy Project. Your answers will be kept confidential and will not affect your involvement with the program in any way.

**Goals**

Please tell us three new things you learned during the program:

1. 
2. 
3. 

**Part 1: Computer and internet use**

1. Do you have a working computer (desktop or laptop) at home?
   - [ ] Yes
   - [ ] No

2. Do you have Internet at home?
   - [ ] Yes
   - [ ] No
   
   If YES, what Internet provider do you have: _________________
   - [ ] Too expensive
   - [ ] Don’t know how to get Internet
   - [ ] Don’t want Internet at home
   - [ ] Other: _____________________
3. Which of the following types of technologies do you currently use? (Check all that apply)
   - Windows/PC computer
   - Mac computer
   - Tablet (*examples: ipad, Galaxy, Kindle Fire, or other device with a touch screen*)
   - E-reader (*examples: Nook, Kindle*)
   - Smart phone (big screen, connects to internet)
     - Do you use your smart phone as a hotspot?
       - Yes
       - No
     - Do you use the Internet on your phone?
       - Yes
       - No
   - Mobile phone (small screen, no internet)
     - None
     - Other: _______________________________

4. How often do you use the Internet (including email)?
   - Never (*skip to page 6*)
   - Very rarely
   - Monthly
   - Weekly
   - Daily

5. Where do you use the Internet? (Check all that apply)
   - At home
   - At work
   - At a friend’s/relative’s house
   - At the library
   - Other: _______________________________
6. When you are online, which of the following activities do you do?  
(Check as many as appropriate.)

- ☐ Email
- ☐ General web surfing/searching for information
- ☐ Shopping
- ☐ Playing games
- ☐ Downloading or listening to music
- ☐ Watching videos
- ☐ Uploading photos
- ☐ Paying bills
- ☐ Facebook, Instagram, Twitter, Snapchat or other social media
- ☐ Reading news
- ☐ Other: ________________________________

7. Now that you have completed the program, do you use the Internet to find health information?

- ☐ Yes
- ☐ No

If YES, what kind of information have you looked for (check all that apply)?

- ☐ A specific disease
- ☐ Medical problem
- ☐ Doctor information
- ☐ Information about other health providers such as psychologists or other specialists
- ☐ Prescription drugs
- ☐ Over the counter drugs
- ☐ How to get health insurance
- ☐ Wellness information, such as information on exercise or nutrition
- ☐ Other: ________________________________
### Part 2: Health and the internet

<table>
<thead>
<tr>
<th>Do you agree with these statements? (Circle your answer)</th>
<th>🌸</th>
<th>🙁</th>
<th>?</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. The Internet is useful for me to make decisions about my health</td>
<td>Yes</td>
<td>No</td>
<td>Not sure</td>
</tr>
<tr>
<td>11. It’s important for me to be able to access health resources on the Internet</td>
<td>Yes</td>
<td>No</td>
<td>Not sure</td>
</tr>
<tr>
<td>12. I know <strong>what</strong> health resources are available on the Internet</td>
<td>Yes</td>
<td>No</td>
<td>Not sure</td>
</tr>
<tr>
<td>13. I know <strong>where</strong> to find helpful health resources on the Internet</td>
<td>Yes</td>
<td>No</td>
<td>Not sure</td>
</tr>
<tr>
<td>14. I know <strong>how</strong> to use the Internet to answer my questions about health</td>
<td>Yes</td>
<td>No</td>
<td>Not sure</td>
</tr>
<tr>
<td>15. I know how to <strong>use the health information</strong> I find on the Internet to help me, a family member, a friend or a neighbor</td>
<td>Yes</td>
<td>No</td>
<td>Not sure</td>
</tr>
<tr>
<td>16. I have the skills I need to <strong>evaluate</strong> the health resources I find on the Internet</td>
<td>Yes</td>
<td>No</td>
<td>Not sure</td>
</tr>
<tr>
<td>17. I can tell <strong>high quality</strong> health resources from <strong>low quality</strong> health resources on the Internet</td>
<td>Yes</td>
<td>No</td>
<td>Not sure</td>
</tr>
<tr>
<td>18. I feel <strong>confident</strong> in using information from the Internet to make health decisions</td>
<td>Yes</td>
<td>No</td>
<td>Not sure</td>
</tr>
</tbody>
</table>
## Part 3: Feedback about the Program

We would like to ask you some questions on your experience.

<table>
<thead>
<tr>
<th>Do you agree with these statements? (Circle your answer)</th>
<th>☑️</th>
<th>☐️</th>
<th>?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The information was easy to understand.</td>
<td>Yes</td>
<td>No</td>
<td>Not sure</td>
</tr>
<tr>
<td>2. The computer program was easy to use.</td>
<td>Yes</td>
<td>No</td>
<td>Not sure</td>
</tr>
<tr>
<td>3. The instructors were helpful.</td>
<td>Yes</td>
<td>No</td>
<td>Not sure</td>
</tr>
<tr>
<td>4. I learned something new every time.</td>
<td>Yes</td>
<td>No</td>
<td>Not sure</td>
</tr>
<tr>
<td>5. I plan to use the Internet to find health information for myself.</td>
<td>Yes</td>
<td>No</td>
<td>Not sure</td>
</tr>
<tr>
<td>6. I plan to use the Internet to find health information for my family.</td>
<td>Yes</td>
<td>No</td>
<td>Not sure</td>
</tr>
<tr>
<td>7. I plan to use the Internet to find health information to help members of my community (friends, neighbors).</td>
<td>Yes</td>
<td>No</td>
<td>Not sure</td>
</tr>
</tbody>
</table>

Would you recommend this program to your friends/relatives/neighbors?

☐ Yes

If YES, what would you say is good about the program:

__________________________________________________________________________

__________________________________________________________________________

☐ No

If NO, why not?

__________________________________________________________________________
Did you learn about other programs in Richmond?

☐ Yes

☐ No

If YES, can you name a few? ____________________________________________

Part 4: About you

1. In general, how would you rate your health?
   □ Poor
   □ Fair
   □ Good
   □ Very good
   □ Excellent

2. Where do you get your health information? (check all that apply)
   □ A doctor or nurse
   □ The hospital
   □ A friend/relative/neighbor
   □ Newspaper or magazines
   □ Books
   □ Internet
   □ Television
   □ Radio
   □ Other: __________

3. Do you currently have health insurance?
   □ Yes
   □ No
   □ Not sure

Thank you! Your responses are very important to us!