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Disseminating Online Tools for Building Capacity Among Community Practitioners

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To prepare the workforce for building healthier communities, we need to assure capabilities of a diverse and geographically distributed community of practitioners. Although the Internet is used extensively to disseminate practice information, less is known about the relative impact of various strategies for promoting its use. This empirical case study examines implementation of dissemination strategies and their association with increased user sessions in

Continuous work on the Community Tool Box (from 1994 to present) has been sustained by funding and support from many dedicated groups and individuals, including initial funding from the Robert Wood Johnson Foundation and Kansas Health Foundation, and ongoing support from the KU Work Group. The Community Tool Box is a public service of the Work Group for Community Health and Development at the University of Kansas http://communityhealth.ku.edu/. The authors also acknowledge the contributions of our many partners and colleagues, including those at the KU Work Group and throughout the world, who have helped to build and sustain the Community Tool Box.

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the online Community Tool Box (CTB), a widely used resource for community building. Dissemination activities included social media efforts, eNewsletters, search engine optimization efforts, partnering with other Web sites, and implementing a global Out of the Box Prize. Results suggest that increased user sessions were associated with search optimization and “mashups” delivering CTB content through partners’ Web sites. The report concludes with a discussion of challenges and opportunities in promoting widespread use of capacity-building tools among those working to improve their communities.

KEYWORDS capacity-building tools, community practice, Community Tool Box, competencies for community work, dissemination strategies, Internet promotion strategies, online tools, social media, workforce development

People throughout the world—young and old, in urban centers and rural villages—are engaged in the work of community change and improvement. They operate in a variety of different sectors—including health, education, and nongovernmental organizations—and address an array of issues, such as disease prevention, child and youth development, and access to clean water, jobs, and health care. Their common purpose is to create conditions that assure better outcomes in health and human development for all those living in their communities.

Community work is not the province of any single discipline. It draws on the traditions and working knowledge of multiple sources—including community psychology, public health, behavioral science, social welfare, education, anthropology, public affairs, urban planning, communications, and other relevant disciplines. Nor is this work restricted to those with special credentials. Experiential knowledge—what local people know about how communities work—is as critical as technical knowledge about interventions in working effectively in local contexts.

This situation presents a critical challenge for preparing the “workforce” for community work, for assuring capabilities among a diverse and geographically distributed community of practice. Capacity-building refers to efforts to improve change efforts by enhancing the abilities and resources available to those doing the work (Eade & Williams, 1995). It aims to strengthen capabilities and supports for improving and sustaining efforts over time (Eade, 2003). For capacity-building to be effective, it must address key challenges (Fawcett et al., 2008). It requires clarity about what competencies and skills, such as community assessment and leadership development, are essential for change efforts. Training resources must fit the contexts of a variety of people with varying experience in community work who operate
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in multiple sectors and contexts to address an array of community problems and goals. Capacity-building approaches must also be practical and sustainable—by using Web-based and other approaches, for instance—to reach large numbers of people efficiently. The central research question addressed by this article is: “What approaches are associated with successful dissemination of online materials?” The answer to this question has relevance for the online dissemination of the Community Tool Box and other online resources.

This article reports on efforts to disseminate tools for capacity-building available through the online Community Tool Box (Fawcett et al., 2000). We describe the form and function of the Community Tool Box to provide context. We also describe the effects of particular dissemination strategies on the number of user sessions and related indicators. The report concludes with a discussion of future challenges and directions in promoting widespread use of capacity-building tools among those engaged in community work.

CONTEXT: COMMUNITY TOOL BOX

The vision behind the Community Tool Box (CTB) is that people—locally and globally—are better prepared to work together to change conditions that affect their lives. The mission of the CTB (http://ctb.ku.edu) is to promote community health and development by connecting people, ideas, and resources. Our aspiration is to make it easier and more likely that people bring about change and improvement and further social justice.

Created in 1994 by partners at the University of Kansas and collaborating organizations, the CTB is a free, online resource of more than 7,000 pages with a Creative Commons license to encourage widespread use (Work Group for Community Health and Development, 2012). Currently available in English and Spanish, and in Arabic by mid-2013, the CTB contains educational modules, toolkits, troubleshooting guides, and evidence-based practices for building healthy communities and creating social change. The CTB is widely accessed, with more than a million user sessions annually from 212 countries around the world. This capacity-building resource is used by a variety of people and organizations to enhance their skills in community assessment, planning, intervention, evaluation, advocacy, and other competencies.

CTB content is organized by five key functions:

1. “Table of Contents” presents the CTB as an online book with 46 chapters and over 300 sections or lessons containing practical, step-by-step guidance. Community-building skills covered relate to different competencies, including, among others, assessment (e.g., how to conduct a public forum), planning (e.g., develop vision and mission statements), leadership
(e.g., build commitment), advocacy (e.g., use personal testimony), and evaluation (e.g., use feedback to improve the initiative). Each section, following a consistent format, includes detailed “how-to” descriptions, examples, points to review, and training materials.

2. “Do the Work” contains toolkits with succinct how-to outlines for 16 core competencies, including creating and maintaining coalitions, assessing community needs and resources, developing a strategic plan, developing an intervention, enhancing cultural competence, evaluating the initiative, implementing social marketing, and planning for sustainability. Each toolkit contains a checklist with just-in-time reminders of what is involved in the task, as well as real-world examples, tips and tools, and links to additional resources.

3. “Solve a Problem” features 13 troubleshooting guides that address common dilemmas faced in community work, for example: “There is not enough community participation,” “We are facing opposition or conflict,” or “There is not enough improvement in outcomes.” Each troubleshooting guide includes questions for analyzing the situation; for community participation, “Have we made the participation and involvement more rewarding or attractive?” or, for facing opposition, “Do we know what tactics they are using to oppose us?” Each guide also includes links to relevant resources for solving identified issues, such as CTB sections on honoring community champions or learning about opposition tactics.

4. “Use Promising Approaches” provides links to databases of evidence-based practices for addressing specific community problems or goals. It links to both comprehensive databases (e.g., Centers for Disease Control’s Community Guide, Cochrane and Campbell Collaborations), as well as categorical databases for what works for addressing specific issues (e.g., child and youth development, education, health promotion, prevention of substance abuse). This resource also includes supports for implementing processes for community change and improvement.

5. “Connect with Others” provides ways to network with others involved in community work. It includes an “Ask an Advisor” service by which CTB users can ask specific questions of experienced community members and experts about issues relevant to their community work. It also includes “Links to Online Resources” by which users can browse hundreds of groups and supplemental resources related to community health and development.

CTB users represent diverse people, places and settings. As suggested by Table 1, these include people engaged with a variety of: (a) Sectors—for instance, public health, education, health care, government, faith-based, non-governmental and international organizations; (b) Settings—including urban neighborhoods and rural communities; and (c) Roles—including community members, professionals, teachers and trainers, volunteers, students, researchers, advocates, coalition leaders, and elected and appointed officials.
The CTB is part of a resource web for community builders; there are more than 12,000 links from other Web sites that connect to the CTB. These include collaboration or learning platforms initiated by programs, libraries, grantmakers, and academic institutions.

Because of the significant role of the CTB in supporting community practice, the CTB team has aspirations for further dissemination of the tools. Although the CTB enjoys more than 440,000 unique users annually, its potential is far from realized. Dissemination goals include growing the number of unique users who visit the CTB and enhancing worldwide reach.

**METHOD**

The aim of this study was to better understand dissemination approaches associated with increased use of online tools available through the CTB. We examined the impact of various dissemination interventions and associated increases in user sessions. This study used a simple interrupted time series
design (Cook & Campbell, 1979), a form of empirical case study design (Yin, 1994), to examine patterns of use over time.

Measurement

Since 2007, the CTB team has used Google Analytics to review patterns of traffic on the CTB. Google Analytics provides an archival record of different aspects of site usage, including number of unique site visitors, their countries of origin, site content viewed, traffic sources, and overall length of time spent on site. In addition, the CTB team documented activities intended to promote use of the CTB (e.g., eNewsletters, mashups with partners).

Intervention

The CTB team has implemented several approaches to enhance dissemination:

**eNewsletters.** These periodic communications are sent to those who have subscribed to the CTB mailing list. Topics include newly published online tools and resources, new frameworks for change, stories of community innovation, and other news from the field.

**Conferences and Presentations.** CTB team members present on the CTB; they share information about how and why to access this resource and distribute Web site addresses and brochures. Presentations about these capacity-building tools have been made at local, regional, national, and international conferences and meetings.

**Out of the Box Prize.** CTB established a 2010 global prize to honor innovative approaches to promoting community health and development worldwide. Information dissemination about the Prize and CTB occurred broadly, including from the CTB homepage, via social media, through key national and international partners, and by e-mail distribution lists. Applicants submitted a written report on how they took action, including what they did to assess, plan, act, evaluate, and sustain their community work. An international panel of more than 50 judges reviewed the 309 applications that came in from 42 countries around the world. Ten award finalists were selected and featured on the CTB as outstanding examples of “Taking Action in Your Community.” CTB visitors voted to select a Grand Prize Winner ($5,000 USD) and a Second Prize Winner ($2,000 USD).

**Social Media.** CTB established a presence on Facebook (beginning October 29, 2008), LinkedIn (October 29, 2008), and Twitter (February 13, 2009). Ongoing efforts include posting interesting and timely information, commenting on or re-tweeting others’ relevant Web posts, and making periodic updates at various times during the day and week.

**Search Engine Optimization (SEO).** Incremental improvements were taken to enhance the user experience and performance in organic search engine
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results through SEO. Changes to the CTB included updating HTML tags that label specific elements of the site’s content (e.g., title, header, and meta-description). The aim is to make it more likely that Web searches will identify CTB page content of interest to users (e.g., in assessment, planning, evaluation).

Mashups With Partners. This consisted of partnering with organizations with shared interests and widespread reach to assure that relevant CTB content is delivered through their Web sites. CTB team members provided guidance on which tools could be especially relevant for supporting their work. For example, in 2012, CTB staff partnered with the team for County Health Rankings’ “Health Action Center” (http://www.countyhealthrankings.org/roadmaps/action-center) to provide links to how-to information on community assessment, choosing effective policies and programs, taking action, and evaluating efforts.

In early 2011, Healthy People 2020—the U.S. Department of Health and Human Services’ initiative to support efforts to achieve health objectives for the nation—began using the CTB. Healthy People 2020’s “Implementation” tab features the CTB as the primary resource for using its MAP-IT framework (Mobilize-Assess-Plan-Implement-Track) to advance health objectives in communities (Healthy People 2020, 2012). Other illustrative mashup partners include Unnatural Causes’s “What You Can Do” Action Center (Unnatural Causes, 2012), Jana’s Campaign to Stop Domestic Violence, www.janasstory.com, and the Pan American Health Organization’s online curriculum for community health.

Development of Online Courses. Training content from the CTB was tailored for a guided online course format. For instance, we developed online courses, with links to the CTB, to prepare public health and hospital staff to engage in community health improvement efforts.

Blog. On February 10, 2010, the CTB team started a blog, where relevant and timely news is posted, including stories about social movements, advocacy efforts, and others’ efforts to promote community participation and change.

RESULTS

Figure 1 displays CTB unique visitor sessions between September 20, 2007 and March 12, 2012. In 2008, high-traffic days (typically, non-weekend days with peak days being Monday and Tuesday and decreasing over the workweek) brought more than 1,000 visitors to the CTB site. Beginning in October 2011, site traffic had increased to more than 2,000 visitors on high-traffic days. As of the writing of this article (April 2012), site traffic has increased to more than 3,000 visitors on high-traffic days, with an all-time site high of 4,027 unique visitors on March 27, 2012. This comprises a more than threefold increase in user sessions over a 4.5-year period (Google Analytics, 2012).
Although overall site traffic has increased, user engagement (time on site) has decreased. Between January 1, 2008 and March 12, 2008, average user time spent on the site was 3 minutes 26 seconds. Between January 1, 2012 and March 12, 2008, average user time on site was 1 minute 58 seconds. The overall results show more users accessing the site for shorter times.

Analysis of site content viewed shows user preference for specific content. The most popular content by competency (related CTB toolkit/chapter) were: assessing community needs and resources (10.4% of views), evaluation (3.8% of views), and analyzing community problems and goals (2.1% of views). The remaining views (83.7%) were distributed among the many other topic areas.

Along with unique visitor sessions over time, Figure 1 displays an overlay of key dissemination events (e.g., Out of the Box Prize information dissemination, Healthy People 2020 mashup, SEO: html cleaned) between September 25, 2009 and March 12, 2012 (Google Analytics, 2012). (Color figure available online.)

![Graph of unique visitor sessions per day over time, with an overlay of key dissemination activities (e.g., Out of the Box Prize information disseminated, Healthy People 2020 mashup, SEO: html cleaned) between September 25, 2009 and March 12, 2012 (Google Analytics, 2012). (Color figure available online.)](image-url)
individual social media posts (e.g., Facebook, Twitter posts) does not suggest a clear association, overall analysis of site traffic since initial use of social media is more supportive. Since the Community Tool Box Facebook page was established in September 2008, for example, it has sent 3,937 visits to the CTB. This is surpassed only by Healthy People (www.healthypeople.gov), CDC (www.cdc.gov), and referring search engines such as Google and Yahoo.

Several dissemination strategies showed more promising results. As displayed in Figure 1, eNewsletter publications resulted in some increase in traffic to the CTB, though typically they resulted in only several hundred more users than normal, and the user traffic was not noticeably sustained over time. For example, in August 2008, on the day an eNewsletter was distributed, the site received 813 site visits, which was an increase from 608 visits that day in the prior week.

The Out of the Box Prize (OOTBP) contributed to an increase in traffic to the CTB site, especially the CTB home page and the Out of the Box Prize page. The OOTB Prize also contributed to enhanced user engagement (time on site). For example, on June 22, 2010, shortly after announcing the Prize via a listserv, the average user time on site was 6 minutes, 11 seconds. Related dissemination efforts included the launch of the Prize online, various listserv and e-mail communications, online voting for OOTB Prize finalists, and publicity of the Community Tool Box by Prize applicants through e-mail, social media, Web sites, and other means.

The strategy of improving Search Engine Optimization (SEO) through site maintenance was associated with the largest increase in unique visitors to the CTB site. SEO ensures that HTML tags are clean and label specific elements of the site content so it can be identified in Web searchers. Although associated with increased user sessions, SEO efforts were also associated with decreased time spent on site by those accessing it.

Mashups with partners were associated with both increases in site traffic and lengthy site visits. For example, HealthyPeople.gov has been our top source of referral traffic to the site since the site was linked extensively to the CTB on December 2, 2010. As of March 12, 2012, HealthyPeople.gov had referred 16,258 visitors to the CTB. They stayed on the site an average of 5 minutes, 37 seconds (well above average time on site).

**DISCUSSION**

Findings suggest that different approaches, singly or in combination, may have contributed to a more than 300% increase in utilization of the CTB in the past 4.5 years. Technical SEO efforts, as well as partnerships with other initiatives to create “mashups” linking to CTB tools, were associated with increases in unique visitors. Social media and eNewsletters showed more modest effects in usage.
There are a number of potential limitations of this study. The interrupted time series design helped to identify associations with the onset of different dissemination activities. But, without adequate controls or systematic replication, this study does not rule out other variables that may have accounted for observed increases in user sessions. Other plausible explanations of increased usage include improved access through mobile devices, greater demand for these competencies (e.g., from grant makers, public health accreditation), or other factors.

Future directions for CTB dissemination include further study and implementation of more promising strategies. SEO and enhancing site navigation, design, and mobile accessibility seem particularly worthwhile. Future development of information communication technologies, such as mobile phones, hold great promise for assuring access to information even in poor countries of the global south (United Nations Development Programme, 2012). With that broader reach, information sources such as the CTB could have even greater impact on promoting effective community participation and empowerment.

We continue to establish mashups with partners, such as national organizations and international nongovernmental organizations, working to improve community health and development efforts. We will also continue to add content in competencies, such as community assessment and evaluation, frequently assessed by users. To assure access in different regions of the world, we aim to add language translation and cultural adaption beyond the existing English, Spanish (Americas), and Arabic (Middle East) versions. Priority additional languages and regions include Portuguese (Americas, Africa), French (Africa), and Mandarin Chinese (Asia).

The CTB team has found exceptional value in using data to inform our efforts. For others attempting to extend online reach, we recommend reviewing analytic data, plotting user sessions against dissemination interventions, and focusing efforts on those interventions that produce the highest yield.

We want to see our communities—our countries and our world—become healthier places to live, work, and play. Our belief is that people, as individuals or as members of small groups, can change their communities for the better. We believe that this work can be made easier and more effective through free access to tools for supporting local efforts.

The CTB was created to help community members bring about the changes they envision, and to equip them with tools needed to bring about those changes. Building capacity so that individuals have these capabilities is essential to successful community health and development efforts. With widespread adoption and effective use, these and other capacity-building resources can extend our collective ability to assure conditions for health and well-being for all of us.
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