

The Community Tool Box: Using the Internet to Support the Work of Community Health and Development

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SUMMARY. Despite limited preparation through formal and non-formal education, local people throughout the world are engaged in the common work of building healthier communities. Some core competencies—including community assessment, planning, mobilization, and evaluation—are needed to address the variety of issues that matter to local communities. This report describes an Internet-based support system for community work known as the Community Tool Box (CTB) [<http://ctb.lsi.ukans.edu/>]. We examine the idea and origins of the CTB and its core content, access features, and applications. We review evidence for its use, implementation and dissemination strategies, and discuss core values that guide this internet-based work. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: <getinfo@haworthpressinc.com> Website: <<http://www.haworthpressinc.com>>]

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Throughout the world, local people come together to address community concerns related to health, development, and their determinants (Fawcett, Francisco et al., in press; Green & Kreuter, 1999; Schorr, 1997). Thousands of partnerships, coalitions, and collaborators are attempting to improve community well-being and the conditions that affect it. These initiatives are formed based on fundamental commonalities, including the values of civic engagement, trusting relationships, problem-solving, empowerment, and social justice (Fawcett et al., 1996). They share a focus on environmental change, using an ecological perspective to guide local participation in identifying problems and assets, and developing, implementing and evaluating the effects of comprehensive efforts (Epp, 1986; Fawcett, Paine, Francisco, & Vliet, 1993; Fawcett, Paine-Andrews et al., in press; Green & Raeburn, 1988).

Community health and development initiatives exist to solve locally-determined problems, such as substance abuse or inadequate housing, and to enhance community assets, such as caring relationships with children or opportunities for economic well-being. Whether in urban or rural contexts, participants use an array of skills and competencies that are not usually part of formal or non-formal education, such as planning, advocacy, or securing resources. Personal factors of leaders and participants, such as lack of ability to analyze the causes of problems, or limited leadership skills, can impede the problem-solving

process. Group factors, such as the presence of strategic plans to reach goals or an inclusive organizational structure, may be important for success. Similarly, organizations with a clear theory of action, such as the Community Health Improvement Process (Durch, Bailey, & Stoto, 1997), may be better able to help guide community-based efforts for change and improvement (Fawcett et al., 1995; Goodman et al., 1998; Schorr, 1997).

Although local people often bring knowledge, experience, and passion to community work, they may lack the array of competencies needed for success. For example, although community members may be skilled in listening or other aspects of community assessment, they may not have experience in strategic planning, evaluation, or securing resources. Such core competencies reflect the common work of promoting community health and development—whether our local purpose is promoting child health or enhancing urban community development (Durch, Bailey, & Stoto, 1997).

As communities face persisting conditions that lead to acute problems, they turn to new resources such as the Internet and other information technology to assist in their problem solving efforts. Some online community support resources provide communication channels (e.g., forums, chat rooms, e-mail) to community members for networking. Most resources offer information for quite specific populations such as people with arthritis or those concerned with environmental issues. Many national websites provide information about the host organization, but offer little supportive material for community practitioners. The development of these resources may cost relatively little, perhaps less than \$20,000, or it may exceed a million dollars if extensive programming and content development are required. In most cases, developing these resources requires skilled computer programmers. As the Internet-based resource becomes more complex, the need for a strong development and support team increases (Milio, 1996).

This manuscript describes an Internet-based support system for community work known as the Community Tool Box (CTB) [<http://ctb.lsi.ukans.edu/>]. Its mission is to promote community health and development by connecting people, ideas, and resources. We examine the idea and origins of the CTB, its core content, access features, and application. Next we review evidence regarding its use, impact, implementation and dissemination. We conclude with some lessons learned, future plans, and core values that guide this work.

THE IDEA OF A COMMUNITY TOOL BOX

We envisioned a literal (or virtual) “community tool box”—a receptacle for practical information and resources—for those doing the work of promoting community health and development. The potential audiences or end users for this resource included community leaders and members (i.e., those doing the work), intermediary organizations (i.e., those supporting it), and grantmakers (i.e., those funding it). We and others engaged in providing technical assistance have difficulty obtaining readily available, easily accessible, and appropriate tools for communities engaged in community health and development. Obtaining such materials can take a significant amount of time. The CTB was developed to help address this problem. We included in the CTB material that we had already developed, with the bulk of material adapted (with crediting) from the work of others.

Origins and Background

With the emergence of the World Wide Web in the early 1990s, we saw possibilities for offering an online (or virtual) “community tool box” with attributes (Engst, 1995) that were responsive to our technical assistance challenge. In 1995, the Work Group on Health Promotion and Community Development at the University of Kansas (the KU Work Group) received a one-year grant from the Kansas Health Foundation to pilot the CTB. The KU Work Group approached AHEC Community Partners of Massachusetts to become a partner in development. The combined KU Work Group-AHEC team brought decades of professional training and experience in supporting a wide variety of community-based initiatives, expertise in behavioral instruction and skill training, and technical competence in building Internet-based resource sites.

The initial grant permitted us to try out and refine the idea, outline a preliminary table of contents for identified core competencies (e.g., community assessment, strategic planning), and generate a modest number of content sections based on a prototype. In 1996, following a brief hiatus in grant funding, we received a two-year demonstration and subsequent two-year development grant from the Robert Wood Johnson Foundation, the primary funding partner. Supplementary grant support from the John D. and Catherine T. MacArthur Foundation helped enhance production of new

content. Grantmaking partners appreciated the potential of the CTB for helping support community-based initiatives that were geographically dispersed and whose work unfolded over time with the efforts of multiple generations of leadership.

Some Attributes of a "Tool Box" for Community Work

To be useful, a support system for community work would need several attributes (Fawcett et al., 1995). First, its content had to be *comprehensive*. The breadth of topics should reflect the array of core competencies (e.g., community assessment, leadership development, advocacy, securing resources) associated with the work. Second, the information had to be *readily available*. Since community work is dynamic and unfolding, practitioners must have access to information on a topic (e.g., planning, social marketing) when they actually need it. Third, practitioners benefit from guidance in adjusting how to work in diverse contexts and situations. *Capacity to interact* with others, such as through online forums, could help support the application of a skill in a particular context (e.g., advocating for a policy change in public schools or in a Latino community). Fourth, a support system needs to address the high turnover with both community initiatives and leadership. Widespread availability of a *core curriculum* for the skills of community building would permit new generations of leadership to enhance their competence in promoting community health and development. Finally, a support system should help *reduce the inequities* in capacity for community change and improvement. By permitting free access for those not receiving special funding, a universally available support system could help reduce disparities in resources for community work (Osborne & Gaebler, 1992).

Conceptual Underpinnings for the Core Content

We wanted the core content of the Community Tool Box to reflect a model or framework to guide community practice (Schorr, 1997). The picture of community work that we present is a dynamic and interactive process with six common phases and related core competencies (Fawcett, Paine-Andrews et al., in press):

- Understanding community context (e.g., assessing community assets, conducting public forums);

- Strategic planning (e.g., developing a vision statement, action plan);
- Developing leadership and enhancing participation (e.g., building leadership capacity, organizational structure);
- Community action and intervention (e.g., analyzing problems, designing and choosing interventions);
- Evaluating community initiatives (e.g., documentation of community and systems change, behavioral measures, community-level indicators); and
- Promoting institutionalization of the initiative (e.g., maintaining quality performance, securing grants and other resources).

The choice of content reflects both science-based practice and experiential knowledge among those doing the work. Research with multiple case studies of community initiatives (Fawcett, Francisco, Hyra et al., in press; Fawcett, Francisco, Paine-Andrews, & Schultz, in press) suggested the importance of several key factors in community change (i.e., leadership, having a targeted mission, action planning, community mobilizers, technical assistance, documentation and feedback on community change, and making outcome matter). Similarly, research in behavioral instruction suggested the function (e.g., clear description of the skill, rationales, clear description of the behaviors that make up the skill, models and exemplars, prompts to remind us of key aspects of performance) of key elements of the sections or learning modules' content (Fawcett, Mathews, & Fletcher, 1980). This science base, the experiential knowledge of the team, and its sources of critical feedback (e.g., focus groups with the National Advisory Board and a wide range of community leaders and practitioners) guided content selection and development (Barrett, 1992; Brooks, 1997). An outline of content from a section on "Creating Objectives," an aspect of strategic planning, is offered to help illustrate these features (see Figure 1).

Further, to encourage generalization of the skills to new situations, the examples throughout the section must reflect a variety of issues and contexts for community work. The examples reflect diverse issues in: (a) public health (e.g., teen pregnancy, HIV/AIDS, cardiovascular diseases); (b) development of children, youth, and adults (e.g., substance abuse, violence, education); and (c) community development (e.g., building community organization, mutual aid; advocacy for housing or jobs). They also illustrate application in an array of con-

FIGURE 1. An Example Outline for a "How-To" Section on the Community Tool Box Section on "Creating Objectives"

1. What are objectives?
2. Why should you create objectives?
3. When should you create objectives?
 - Example: A faith community's food drive
4. How do you create objectives?
 - Example: The objectives of the Reducing the Risks coalition
 - Example: The objectives from an initiative to prevent adolescent substance abuse
5. Related topics
6. Resources
7. An illustrative story
8. Checklist
9. Tools
10. Overheads

texts including urban neighborhoods, rural communities, and international contexts; and with people with diverse experiences (e.g., people with disabilities, youth, older adults) and cultural backgrounds (e.g., Hispanic, African American). Although the examples reflect diverse issues, the core material in the CTB is not issue specific. Rather, the focus is on developing the core competencies necessary to address a variety of community concerns.

CORE CONTENT, ACCESS FEATURES, AND APPLICATIONS

The core content of the CTB is the "how-to" tools or sections. These learning modules use simple, friendly language to explain how to conduct activities related to the core competencies for building healthier communities (Fawcett, Francisco et al., in press). Development of new sections is an ongoing process, with the eventual goal of 400 or more discrete learning modules. Information on the CTB remains current through ongoing enhancements in breadth (i.e., new content) and depth (i.e., additional examples and tools). Practical information is readily available to the ever increasing global community with Internet access, and is offered without cost to anyone working to address the concerns that matter to them (Barrett, 1992).

The CTB has several other access features to enhance user ability to connect to people, ideas, and resources. The CTB links to (and describes) hundreds of other web pages and listservs of potential interest to those working to address local concerns. Related sites are searchable by specific category (i.e., community, funding, evaluation, health, education, government, search engines). A troubleshooting guide aids in addressing problems in doing the work. For each of the identified community dilemmas (e.g., not enough people participating) the guide provides clarifying questions and links to how-to information. Forums and chat rooms allow users a place to discuss current issues with which their communities are struggling. We also provide access to the how-to modules through several theories or models of change (e.g., our model—Building Capacity for Community and Systems Change, the Institute of Medicine's Community Health Improvement Process).

Additionally, the CTB assists users in developing useful products to support their work. For example, the online generic grant application allows users to develop a funding request that can be modified for future grant proposals. The grant proposal form offers users introductory information on the grantmaking and grant-seeking process, links users to relevant how-to modules of the CTB to assist with completion of a proposal, and provides links to foundations and other potential funders.

The CTB is also used to support grantmakers in their efforts. For example, in work with the Kansas Health Foundation, the CTB was used to help support a request for proposals (RFP) process and subsequent implementation of a multi-site initiative to prevent adolescent pregnancy. Participants were instructed to use how-to sections of the CTB to help them develop specific components of their proposals and action plans. Similarly, we used the CTB to help support an urban community development initiative funded by the John D. and Catherine T. MacArthur Foundation in mid-south Chicago, and a Turning Point initiative to enhance the public health infrastructure funded by the Robert Wood Johnson Foundation. In these applications, how-to sections of the CTB are linked to components of the initiative's logic model (e.g., for Turning Point, links to the Community Health Improvement Process).

The CTB also offers possibilities for distributed (or distance) learning. For example, we have used the web site as an online text for our undergraduate and graduate level course, Building Healthy Communities, taught from the University of Kansas. In past applications, the

course used the Internet and compressed, interactive video and was available to both students and practitioners throughout Kansas. Individuals and organizations at great distances from each other were able to be linked with resources and people from across the state, allowing them to learn from and with others working to address similar concerns. Teaching and public service organizations from other universities have also used readings from the CTB to support students' learning and work related to community health and development.

EVIDENCE OF USE AND IMPACT

Each year the CTB is being used more by a wider range of its potential audience—community leaders and members, intermediary and support organizations, and funders. It remains unclear how the use of the Internet influences the work of building community (Galston, no date). We are interested in understanding whether and how people use the CTB, and if it is meeting their needs.

We estimate use of the CTB by examining the number of "hits" the site received. A hit is an action on the web site such as when a user views a page or downloads a file. Our computer-generated data show sharp yearly increases in the number of hits on the CTB. During the last half of 1995, when the CTB team put online the first few prototype sections, we received only 3,322 hits. In 1996, still early in development and without active promotion of the site, the CTB had 53,469 hits. In 1997, the number of hits increased to 141,860; and in 1998, the number of hits increased to 530,742. By the end of 1999, we expect approximately one million hits.

In addition, the number of users has increased dramatically. The number of discrete user sessions each day rose from 47 in 1997 to over 222 in 1999 (see Table 1). A user session is a session of activity (all hits) for one visitor to the web site. It starts when a user first accesses a CTB page and ends when the user leaves the site. During the session, the user accesses one or more CTB web pages. Most users are from the United States, although a large percentage, nearly half, is from other countries, including Canada, Australia, the United Kingdom, Switzerland, and Germany. Within the United States, more users come from Virginia, Kansas, California, New York, and Texas. Only the top five states are listed in Table 1. Kansas is high on the list because of the extensive work the KU Work Group does with community groups

TABLE 1. Use of the Community Tool Box (1995-99)

Measures	Years				
	1995 (last 6 months)	1996	1997	1998	1999 (first 6 months)
Total Number of Hits	3,322	53,469	141,860	530,742	527,390
Total Number of User Sessions	304	6,495	17,187	33,789	39,733
Hits by States (U.S.)	California Ohio New Mexico Kansas	California Virginia* Ohio Mass. Texas	California Virginia* Kansas Texas Pennsylvania	Virginia* Kansas California New York Texas	Virginia* California Kansas Texas New York
Hits by Country	U.S. (45%) Canada	U.S. (51%) Canada Australia UK New Zealand	U.S. (49%) Canada Australia UK Germany	U.S. (54%) Canada Australia UK Germany	U.S. (67%) Canada UK Switzerland Australia

*Includes a gateway site for America On-Line (AOL).

there. The number of hits from other states may simply reflect their large population size or, in the case of Virginia, because it is the site of a gateway for a network such as America On-Line.

The value of the CTB to initiatives is an important question, but difficult to answer. The number of hits suggests that it is being used extensively. It is unclear whether that is translated into community action and improvement. Anecdotal reports from the CTB guest book [<http://ctb.lsi.ukans.edu/>] and discussions between our technical assistance staff and community practitioners suggest that CTB use leads to improved action, however. For example, our technical assistance staff for teen pregnancy prevention initiatives using the CTB heavily report community practitioners applying skills (e.g., focus groups, listening sessions) from the CTB in diverse contexts. Similarly, evaluation reports from community participants in our distance learning class using CTB sections to help prepare grant applications report success with