

Global Health Education Consortium (GHEC) Evaluation

**Report to the GHEC Executive Director and Board of
Directors**

January 2010

Audrey Blasig, MD MHSc

Resident, Community Medicine Program
School of Population and Public Health
James Mather Building
5804 Fairview Avenue
Vancouver, BC V6T 1Z3
Canada
campbeac@interchange.ubc.ca

Audrey Blasig wishes to acknowledge Dr. Erica Frank for her supervision and expert advice throughout this evaluation:

Erica Frank, MD MPH

Professor and Canada Research Chair, University of British Columbia
School of Population and Public Health, and Department of Family Practice
Founder and Executive Director, Health Sciences Online, www.hso.info
Founder and Principal Investigator, Healthy Doc = Healthy Patient
Immediate Past President, Physicians for Social Responsibility
Research Director, Annenberg Physician Training Program in Addiction Medicine
Professor and Senior Advisor, Preventive Medicine Residency Program
Department of Family and Preventive Medicine, Emory Univ. School of Medicine
erica.frank@ubc.ca or efrank@emory.edu

Table of Contents

<u>EXECUTIVE SUMMARY</u>	3-4
<u>BACKGROUND</u>	5
<u>METHODS</u>	5-6
<u>SURVEY RESULTS</u>	
CHARACTERISTICS	7
GHEC – GENERAL	7-8
WEBSITE	8-9
ELEARNING TEACHING MODULES	9-10
ANNUAL CONFERENCE	10-11
CURRENT OFFERINGS	11-12
FUTURE OFFERINGS	12
ADDITIONAL ACTIVITIES	12-13
STUDENT INVOLVEMENT	13-14
<u>ANALYTICS</u>	14
<u>CONCLUSIONS</u>	15
<u>SUGGESTIONS FOR CONSIDERATION</u>	15-16
<u>REFERENCES</u>	17
<u>APPENDIX A – TABLES AND FIGURES</u>	18-27
<u>APPENDIX B – GENERAL AND SAC SURVEY QUESTIONS, RESPONSES</u>	28-30

Executive Summary

An evaluation was undertaken to explore the views of individuals involved with GHEC regarding their use of the products, services and activities, perceived benefits, and the organization's priorities and future directions.

One hundred and thirty-four individuals completed an online survey (general survey 128, and Student Advisory Council [SAC] survey 6), for an estimated response rate of 22-27%, assuming 500-600 active members and affiliates. Website analytics, intended to assess website access and usage, were found to be inconsistent and therefore were not included in the evaluation.

GHEC - General

A number of respondents expressed their appreciation for GHEC and the work of Dr. Tom Hall. GHEC is recognized as promoting global health (GH) and providing a place to network, and acknowledged for doing a lot with the resources it has. Respondents were divided in their view of whether GHEC should prioritize and focus on a selection of current offerings, or offer a variety of new products and services. It was suggested that GHEC should publicize its offerings more widely. Some questioned overlap with other global health organizations, particularly the Consortium of Universities for Global Health (CUGH), and suggested a partnership.

Website

Eighty-two percent reported accessing the website one or more times since September 2009, and of these 1/3 had accessed the site ≥ 10 times. The most common reason for visiting the site was to access information about GHEC, followed by accessing the eLearning modules. The website was recognized as containing very useful information. Some reported challenges with finding information and suggested greater organization.

eLearning teaching modules

The modules received positive feedback as being an open, accessible educational resource with strong content and educational utility. Forty percent had used or assigned the modules. The most common context of module use was review for personal interest (60%), followed by an instructor assigning modules to student (41%). Forty-one respondents identified between 1 and 3 module topic(s) that they found most useful; the most common selections were *GH and Development the Basics* [8], *Malaria* [6] and *Global Burden of Disease* [4]. Suggestions included making the modules more interactive, increasing standardization, grouping the modules into themes to facilitate searching, and adding a more prominent and direct link for access on the homepage.

Personal experience with current offerings

The annual conference received a rating of high personal benefit by the greatest proportion of general survey respondents (32%) followed by the eLearning modules (29%). In the SAC survey, the annual conference was felt to be of high benefit by 50%, followed by participation on collaborative projects (33%).

Offerings in existence or advanced development, priority for broader benefit
eLearning modules received a rating of high priority by 61.4%, followed by the annual conference (50%) in the general survey. In the SAC survey, 83% of respondents rated participation on collaborative projects as a high priority, followed by the eLearning modules, residency and curriculum guidebooks (67%).

Future offerings for broader benefit

In the general survey, collaboration with overseas partner institutions received a rating of high priority by 49%, followed by faculty GH workshops (45%). In the SAC survey, both faculty GH workshops and a workbook of case studies relevant to low resource areas were rated as high priority by 67%. The student scorecard rating was a topic of controversy, with some feeling that the rating of short-term GH experiences should not be initiated.

Activities to add

A wide range of new activities were suggested in the areas of interdisciplinary collaboration, partnerships, and teaching/learning resources. A common suggestion was to establish searchable inventories for GH student electives, residency programs and faculty projects.

Roles for Students

The most frequent comment was that students should have more of a role with GHEC, from formation of the vision to development of the products and activities. There was support for the creation of a special student section on the website. Two students in developing countries expressed particular difficulty in determining how they could be involved with GHEC, and described financial and institutional challenges related to conference attendance.

Suggestions for consideration:

1. Determine whether GHEC should focus on priority existing offerings, or offer various new products and services.
2. Explore strategies to publicize GHEC's products and services more widely.
3. Create a student section on the website describing roles for students with GHEC, discussing student activities, and identifying student support and services where available. This should include a sub-section for students outside of North America, particularly in low-resource areas.
4. Website organization, including creating prominent, direct links on the homepage to commonly used offerings such as the eLearning modules, and grouping the modules into themes.
5. Make the eLearning modules more interactive, and increase standardization.
6. Pursue greater inter-disciplinary collaboration with health and non-health groups.
7. Partnership with another GH organization with similar goals (e.g., CUGH)
8. Collaboration with overseas partner institutions.
9. Explore alternative website analytics programs.

Background

GHEC is a consortium of health professionals, educators, students and institutions across the globe. It is a non-profit organization committed to improving the health and human rights of underserved populations worldwide and the ability of the global workforce to meet their needs through improved education and training. GHEC provides a number of online learning/teaching modules, as well as various services and activities including conferences, advocacy, resources for education and career planning, global health bibliography and annotated websites, etc.¹

The evaluation will seek the views of the membership, and others involved with the organization, and the information provided will be used by GHEC in setting priorities and determining future directions.

Audrey Blasig, a resident in the Community Medicine Program at the University of British Columbia, under the supervision of Professor Erica Frank, undertook this evaluation.

Purpose statement: To determine the views of individuals involved with GHEC about their use of the products, services and activities, perceived benefit, and the organization's priorities and future directions. Thus the evaluation seeks to identify strengths and areas for improvement, explore experiences, improve implementation, and provide information that will be used to make decisions for the future.

Methods

Evaluation Framework and Tools

The Centers for Disease Control and Prevention's (CDC) Framework for Program Evaluation in Public Health,² and the Public Health Agency of Canada's (PHAC) program evaluation tool-kit.³

Evaluation topics

The evaluation sought to gather information on the following topics:

Website:

- Website utilization
- Reasons for accessing website
- Ease of navigating website

eLearning teaching modules:

- Use of eLearning teaching modules
- Context using modules
- Topics felt to be most useful
- Suggestions for making modules more useful

Conference:

- Suggestions related to GHEC's annual conference

GHEC – General:

- Other feedback and suggestions related to GHEC’s direction and priorities as an organization.

Products, activities and services: now and in the future

- Personal experience with GHEC’s current offerings
- Priority of current and upcoming offerings for broader benefit
- Priority of possible future offerings for broader benefit
- Suggestions of activities to add

Students

- Roles for students with GHEC

The general and SAC survey questions are presented in Appendix B.

Stakeholders

- 1) GHEC Executive Director Dr. Tom Hall
- 2) GHEC Board of Directors
- 4) GHEC Student Advisory Council (SAC)
- 5) GHEC Members
- 6) Others involved with GHEC

Evaluation tools and distribution

Two surveys were developed on SurveyMonkey: a general survey, and a survey for members of the SAC. The main distinction between the two surveys was that the SAC survey included a specific question about roles for students with GHEC. An email notice was sent by the GHEC Executive Director to various listservs, providing directions to access the survey. In order to encourage current SAC members to complete the SAC survey, an email was sent with the direct survey link and a request to complete the SAC survey. All potential general and SAC survey respondents were sent 2 reminder notices by email. Respondents were encouraged to contact the evaluator if they had any additional feedback or questions.

In order to assess website use, an analysis of website analytics was proposed. A convenience sample of Google analytics reports was reviewed.

Quantitative data analysis

The analysis tools in SurveyMonkey and Microsoft Excel 2008 for Mac version 12.1.5, were used for the analysis of quantitative survey data.

Qualitative data analysis

A number of survey questions encouraged respondents to express their views, opinions and suggestions in the comment boxes, and thus provided a rich source of qualitative data. The data were analyzed using content analysis. The text of each survey response was reviewed in its entirety and divided into *content units* (words, sentences or paragraphs containing aspects related to each other through their content and context) that were *condensed* (shortening the text while still preserving the core) and organized into *theme(s)*.

Survey Results

One hundred and thirty-four individuals completed the general and SAC surveys (128 and 6, respectively), for an estimated response rate of 22-27%, assuming 500-600 active members and affiliates. The surveys were completed online between December 5 and December 20, 2009. In addition, 2 SAC respondents provided supplemental feedback directly to the evaluator. All respondents completed the survey, however there were skipped responses for questions that were not marked as required. The most frequently skipped questions were those that likely did not apply to the respondents, or that asked for feedback and suggestions for improvement of products and services. Appendix B indicates the number of respondents that answered, and skipped, each survey question.

Nine of the general survey questions, and 10 SAC questions, accepted comments either as an addition to a multiple-choice question, or as a discrete question (this does not include questions where respondents have the option of indicating 'other' and explaining a relationship or affiliation). Appendix B indicates the number of comments given for each such question. The total number of general and SAC survey comments were 159 and 22 respectively, indicating that comments formed a valuable data source.

Characteristics

Tables 1-4, Appendix A presents the characteristics of general survey respondents, and Figures 1-4 depict these characteristics in chart form. Of 128 respondents, 72 (56.3%) were members as part of a school or university membership, while 18 (14.1%) paid individually. Seventy (54.7%) were faculty, and 28 (21.9%) were students. Ninety-five (74.2%) were affiliated with a medical school.

Six respondents completed the SAC survey. Additionally, 9 individuals who completed the general survey identified that they were, or had been, a member of the SAC since January 2007. It is likely that some current SAC members completed the general survey.

GHEC - General

A number of respondents expressed their appreciation for GHEC, and the work of Dr. Tom Hall. GHEC was described as being a place to network and share ideas. One respondent stated, "Given the resources that GHEC has, I am amazed at what the organization does".

Respondents were divided between urging caution regarding taking on more activities, and suggesting new activities to undertake. The former position was that GHEC is currently offering a wide range of products and services, and there is a "risk of overload" if more is added. Suggestions were made to prioritize activities and focus on providing these. For example, "We cover a lot of breadth and it is fantastic. In order to add the most value, however, I think we need to be very good at a few of

the things we do. The most important would be the conference and eLearning”. Another respondent suggested, “Focus on what GHEC can do best as a consortium with limited resources – develop curricula, faculty and guidelines”. Yet many other respondents offered suggestions for new activities that GHEC should consider undertaking in the future (see sections below).

A number of respondents were unaware of the wide range of products and services GHEC offers (with some only gaining this awareness through completing the survey), and suggested that the products need to be publicized more widely.

Two individuals who did not indicate being part of the Board of Directors, suggested that GHEC and CUGH have similar goals, and asked about collaboration or merger with CUGH. Others suggested partnerships with other global health organization(s) generally.

Website

Tables 5-7, Appendix A display website access, reasons for searching the website, and success in searching. The majority of general and SAC survey respondents (82.1%) had accessed the website at least once over the past 4 months, and of these 30.9% had accessed the site ≥ 10 times. Sixty-four percent indicated that they had searched the website to access information about GHEC, and 58% to access the eLearning modules.

Eighty-four percent indicated that they had ever searched for something specific on GHEC’s website, and 75.6% were always, usually or generally successful in finding what they were looking for. Fourteen percent had difficulty or no success. A greater proportion of the SAC survey respondents reported having difficulty than did the general survey respondents (67% vs. 7%).

Table 8 outlines comments and suggestions that were offered related to the website. Positive comments were made about the valuable products and services. The main suggestion was to improve the website organization. There were also discrete suggestions about items that particular respondents wished to see added to the website. Note that suggestions related to the eLearning teaching modules are discussed in this section below.

Table 8: Comments related to the website

Themes	Comments
Useful content	<ul style="list-style-type: none"> • A lot of useful information is posted.
Organization	<ul style="list-style-type: none"> • It is difficult to find information or requires multiple steps. Suggestion: greater organization (e.g., prominent, direct links to commonly used products; consolidate the descriptive text; clearer process to find out if home institution is a member).
Additions	<ul style="list-style-type: none"> • Suggestions of website additions: <ul style="list-style-type: none"> ○ Suggestion box

	<ul style="list-style-type: none"> ○ Student section/information on how students can get involved, including outside of the SAC ○ List of GHEC’s current committees and projects ○ Contacts for committee chairs ○ List of lecturers in infectious disease [and this can extend to other global health topics as well] ○ Expand the "tour the website" module on the homepage to more fully describe the range of website offerings.
--	---

eLearning teaching modules

Forty percent (53/133) of combined general and SAC survey respondents had used or assigned the eLearning modules, while 60% (80/133) had not. Table 9, Appendix A presents the context that the modules are used. Reviewing modules out of personal interest was reported by the largest proportion of respondents (55.9%), followed by use as an instructor assigning modules to student (40.7%). Nineteen percent indicated that they reviewed assigned modules as a student or resident.

Table 10, Appendix A presents the 1-3 module topics that 41 general and SAC survey respondents identified as being most useful. Short, approximate titles were given, and not all mapped to a posted module title. Similar responses were grouped together and the most likely title was determined; misclassification is possible. There were 45 distinct topics identified, 37 which mapped to a likely module topic. The most common selections were *Global Health and Development the Basics* [8], *Malaria* [6] and *Global Burden of Disease* [4]. Malaria was an unexpected choice, as the module has not yet been posted online. It may be that respondents saw a similar module elsewhere, that they were members of this module review team, or that similar elements were found in another module.

Table 11 summarizes the comments and suggestions related to the modules. The modules were clearly appreciated: “An open, accessible education resource is an honorable and important endeavor”, and “the modules that I have viewed are all of very high quality in terms of their content, appearance and educational utility”.

A common suggestion was to make the modules more interactive. Another recurring comment was that the quality varied, and there should be more standardization. Additional suggestions included grouping the modules into themes, adding a more prominent and direct link to access the modules on the website homepage, removing the time-out feature, and publicizing the modules widely.

Table 11: Comments related to the eLearning modules

Themes	Comments
Valuable resource	<ul style="list-style-type: none"> ● Positive comments about module content and educational utility.
More interactive	<ul style="list-style-type: none"> ● Suggestion: make the modules more interactive. Examples: <ul style="list-style-type: none"> ○ Incorporate audio and video, including video conferencing and voice-overs. ○ Hypertext links to expand or define words or topics ○ Numerous questions with feedback

Varying quality	<ul style="list-style-type: none"> ○ More photos and illustrations to break up the text ○ Lists of further reading resources ● Quality of modules vary. Suggestions: more quality control, standardize modules so comprehensive in each topic area.
Organization	<ul style="list-style-type: none"> ● Currently difficult to search the list of modules on the website. Suggestion: Group modules into themes.
Limitations in low-resource areas	<ul style="list-style-type: none"> ● Limited personal computers in low-resource areas hinder the use of and exposure to eLearning. Suggestion: offer workshops in developing countries on the use of the internet in eLearning.
Process	<ul style="list-style-type: none"> ● Concern that modules “don’t carry the ‘authority’ of an established set of teaching items. Suggestion: “modules written by recognized ‘experts’ then vetted by instructors and students.
Content	<ul style="list-style-type: none"> ● Suggestion: Continue to add more titles, there is large selection now but key topics are missing or under-represented. ● Suggestion: Continually update and modify each module as necessary to add new information. ● Suggestions: more information on the impact of culture/concept of culture/idea that Western medicine has a culture; and how to avoid having a pre-colonialist view of individuals and culture when working in other locations.
Other suggestions	<ul style="list-style-type: none"> ● Modules in a format that allows for modification by instructors ● Provide CME for completion ● One page summary for each module ● pdf as well as standard format ● Eliminate the ‘time out’ function for each slide, facilitating ease of revisiting.

Annual conference

The quality of the annual conference was applauded, and the ease of accessing conference information on the website was recognized. There were two engaged and enthusiastic students from developing countries who expressed a desire to attend the conference, but were limited for financial reasons. In addition, one student commented that it was difficult to get time off from their institution to attend; this may be due to a lack of institutional familiarity with GHEC in some regions. Respondents varied in their opinions about conference location; some suggested holding the conference in a range of locations outside of North America, while another respondent felt that attendance was difficult when outside of the U.S. A variety of discrete suggestions were made regarding conference content. Table 12 summarizes the comments and suggestions related to the conference.

Table 12: Comments regarding annual conference

Themes	Comments
Conference quality	<ul style="list-style-type: none"> • “Very high quality” conferences.
Information	<ul style="list-style-type: none"> • Conference information is easily accessible on GHEC website.
Students from developing countries: financial and institutional support	<ul style="list-style-type: none"> • Concern about financial limitations for students from developing countries to fund attendance. Suggestion to offer essay-based scholarship, and to billet with local students. • Challenge for students to be granted time off to attend the conference by institutions that are not familiar with GHEC.
Other conferences	<ul style="list-style-type: none"> • Question overlapping content with other conferences. • Suggestion: Link GHEC conference to another conference.
Conference content, presenters	<ul style="list-style-type: none"> • Suggestions: <ul style="list-style-type: none"> ○ more workshops, roundtable discussions, mentoring opportunities. ○ increased presentation of projects that are part of global initiatives. ○ involve more “big name” faculty in GH.
Location	<ul style="list-style-type: none"> • Differing opinions on conference location: extend conference to Asia and Africa vs. challenge to attend if outside of U.S.

Personal experience with current offerings

See Appendix A, Figure 5 for the general survey, and Figure 6 for the SAC survey. Respondents replied regarding their personal experience with a range of current offerings. In the general survey, a rating of high personal benefit was most frequently given to the annual conference (39/124, 31.5%), followed by the eLearning teaching modules (37/127, 29.1%). These were also the offerings that the fewest respondents indicated they were unaware of (11.3% and 7.9% respectively). For all current offerings, at least 25% of respondents indicated that they were aware of the product or activity but had not yet used it (range 25.0 – 37.6%); resources about Pursuing a GH Career was most frequent in this category (37.6%). The GH Program Director’s Network was most frequently indicated as an activity respondents were unaware of (50/125, 40%), although this may be due to the specific nature of the activity.

The low numbers of respondents in the SAC survey limited analysis. However, 3/6 (50%) rated the annual conference as being of high personal benefit, followed by participation on collaborative projects (2/6, 33,3%).

Priority of current/advanced development offerings for benefit of the GH education community

See Appendix A, Figure 7 for the general survey, and Figure 8 for the SAC survey. In the general survey, a rating of high priority was most frequently given to the eLearning teaching modules (78/127, 61.4%) followed by the annual conference (62/124, 50.5%), and the GH-101 modular course (61/126, 48.4%). For all offerings, less than 7% of respondents felt that they should be discontinued or not initiated (0-7.4%), with the website GH Wiki & Forum at 9/122 (7.4%).

In the SAC survey, participation on collaborative projects was rated as a high priority by 5/6 (83.3%) respondents, with the eLearning modules, and residency and curriculum guidebooks each rated as high priority by 4/6 (66.7%). No offerings were recommended to discontinue or not initiate.

Priority of possible future offerings for benefit of the global health education community

See Appendix A, Figure 9 for the general survey, and Figure 10 for the SAC survey. In the general survey, collaborations with overseas partner institutions was rated as high priority by 62/124 (49.6%), followed by Faculty GH workshops (56/125, 44.8%), and inventory of residencies with a GH-track (50/124, 40.3%). Less than 3.2% felt that any offering should be discontinued.

In the SAC survey, 4/6 (66.7%) rated the workbook of teaching community case studies relevant to low resource areas, and the Faculty GH workshops, as high priority. Of note, 2/6 (33.3%) felt that the student scorecard rating should not be initiated.

The scorecard system was an option that elicited strong responses. One respondent described extremely short-term opportunities as “morally controversial” and felt that GHEC should not be involved in an activity that rates such experiences. Another respondent felt that the scorecard would put GHEC in a difficult position of “implicitly recommending some programs and devaluing others”, and felt that a period of one trip was not adequate exposure to evaluate an experience.

Respondents differed on their views of GHEC’s involvement with advocacy. One respondent suggested that advocacy efforts are best left to “already established groups like the Global Health Council, perhaps ask them if/how we could assist”, and another echoed the comment that the priority should be on GHEC’s existing products (further development and increased availability) before moving towards advocacy.

Additional activities

Twenty-six percent (29/112) wished to see an addition or increased emphasis of particular services or activities, while 74% (83/112) did not. Table 13 summarizes suggestions of activities in the areas of interdisciplinary collaboration, partnerships, teaching, learning and curriculum resources, etc. Some of the requested activities were already identified as possible future offerings (e.g., searchable inventory of residencies with a GH track).

Table 13: Comments regarding additional activities

Themes	Comments
Needs Assessment	<ul style="list-style-type: none"> • Generally important to determine if there is need/interest, and likelihood of use before introducing anything new.
Languages	<ul style="list-style-type: none"> • More Spanish and other languages interfaces
Searchable inventories	<ul style="list-style-type: none"> • Up to date, easily searchable, and accurate: <ul style="list-style-type: none"> ○ Residencies with a global health track ○ Database of International student electives ○ List of volunteer experiences for new graduates ○ Listing of projects for faculty for short-term/sabbatical or ongoing collaboration ○ (Suggestion: list global health experiences by country and specialty).
Inter-disciplinary collaboration	<ul style="list-style-type: none"> • A 'kick off' conference that is deliberately inter-disciplinary (i.e., schools of medicine, nursing, PA, NP, anthropology and cultural studies, engineering, computer science, business, economics, etc.).
Code of conduct	<ul style="list-style-type: none"> • Establish a global health code of conduct for academic institutions.
Partnerships	<ul style="list-style-type: none"> • More input from other countries • Professional exchange programs among students members • Resources for initiating a partnership (north-south or south-south), guidelines for equitable and ethical partnership, and models of existing partnership
Other	<ul style="list-style-type: none"> • When new names are first added to the GHEC listserv, send an email explaining what GHEC does and the various resources. • Transferable university credits granted for GHEC modules or courses (at low cost for individuals in low-resource areas) • Opportunity to contribute or review textbooks. • GH track curriculum development guidelines for different disciplines. • A separate listserv (or other medium) for those placing students or residents in overseas sites. • Legislative advocacy

Roles for students

All 6 SAC survey respondents, and a number of general survey respondents, offered suggestions for student roles with GHEC. Table 14 summarizes these comments. The most frequent suggestion from the SAC members was that students should have more of a role with GHEC, from formation of the vision to development of the products and activities. A common suggestion was to create a special student

section on the website that is easily identified, accessed by a direct link and equipped with information about roles for students with GHEC, accounts of student activities, sources of support for students, etc. Two student respondents in developing countries expressed particular challenge in determining how they could be involved with GHEC, thus indicating that specifically addressing students in developing countries is important.

Table 14: Comments related to student roles

Themes	Comments
<p>Student involvement in general</p> <p>SAC</p> <p>Specific roles for students</p> <p>Student information on website</p> <p>Continuity</p>	<ul style="list-style-type: none"> • GHEC is dedicated to education, therefore the input of students is important. • Larger role for students in the formation of the vision and activities (including eLearning materials, guidebooks, collaborative projects, etc.). Facilitate incorporating their knowledge about learning topics and strategies. • The importance of involving students in the SAC based on: 1) their general interest in and background in GH, and, 2) their desire to contribute substantively to a particular effort GHEC is involved in. • The selection of SAC members should be more open with the current SAC members. • Suggestions: <ul style="list-style-type: none"> ○ Working with their institutions to promote national and international partnerships. ○ Working with their institutions to promote GH education ○ Organizing events to gather other students ○ As active members of all of the various committees • Student information on the website should include: activities student are doing, even if not with the SAC; what GHEC has to offer students; what students can get involved with; more student involvement beyond the SAC for unsuccessful applicants. • Explore how to keep students involved after they graduate.

Analytics Results

After reviewing a convenience sample of analytics reports from 2009, it was felt that they did not provide a consistent or accurate picture of website usage. Thus the analytics were not utilized in this evaluation.

Conclusions

GHEC is recognized as promoting global health, providing a valuable venue for networking and collaboration, and offering open, accessible global health education resources.

GHEC does a tremendous amount with the resources it has. A key question as the organization looks to the future is whether to prioritize and focus on the continued development and wider use of existing resources, or to add new resources.

Over 80% of respondents had accessed GHEC's website since September. A range of useful products and services are posted.

The eLearning teaching modules and the annual conference are rated highly by survey respondents, both for their own personal benefit as well as the broader benefit of the global health education community.

Students desire information about how they can be involved, and opportunities for engagement.

There are questions about overlapping with other global health organizations and establishing partnerships.

Other key areas of consideration include: publicizing GHEC's offerings; website organization; inter-disciplinary collaboration; conference content; and eLearning modules organization and content.

Suggestions for consideration:

1. Determine whether GHEC should focus on priority existing offerings, or offer a variety of new products and services. This decision is of primary importance, as it will determine whether the future offerings and additional activities discussed in this survey are options for GHEC.
2. Explore strategies to publicize GHEC's products and services more widely.
3. Create a student section on the website describing roles for students with GHEC, discussing student activities, and identifying student support and services where available. This should include a sub-section for students outside of North America, particularly in low-resource areas.

4. Website organization, including creating prominent, direct links on the homepage to commonly used offerings such as the eLearning modules, and grouping the modules into themes.
5. Explore ways to make the eLearning modules more interactive, and increase standardization to address respondent concerns about varying levels of module quality.
6. Pursue greater inter-disciplinary collaboration with health and non-health groups. This may include consideration of an explicitly multi-disciplinary global health conference.
7. Partnership with another GH organization with similar goals (e.g., CUGH).
8. Collaboration with overseas partner institutions.
9. Identify and utilize alternative analytic programs to determine whether they provide consistent results. Refine the reporting program so that key parameters are better displayed, and provide more useful guidance regarding utilization.

References

1. Global Health Education Consortium (GHEC) website. Available Accessed October 16, 2009. <http://globalhealthedu.org/pages/default.aspx>
2. Centers for Disease Control and Prevention (CDC). Framework for Program Evaluation in Public Health. MMWR 1999;48(No. RR-11). Available <http://www.cdc.gov/eval/framework.htm> Accessed October 16, 2009.
3. Public Health Agency of Canada (PHAC). Program evaluation tool-kit. Available <http://www.phac-aspc.gc.ca/php-ppsp/toolkit-eng.php> Accessed October 16, 2009.
4. Graneheim UH, Lundman B. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. Nurse Education Today 2004; 24: 105-12.

Appendix A – Tables and Figures

Tables 1-4, Figures 1-4: General Survey Characteristics

Figure 1: Relationship to GHEC

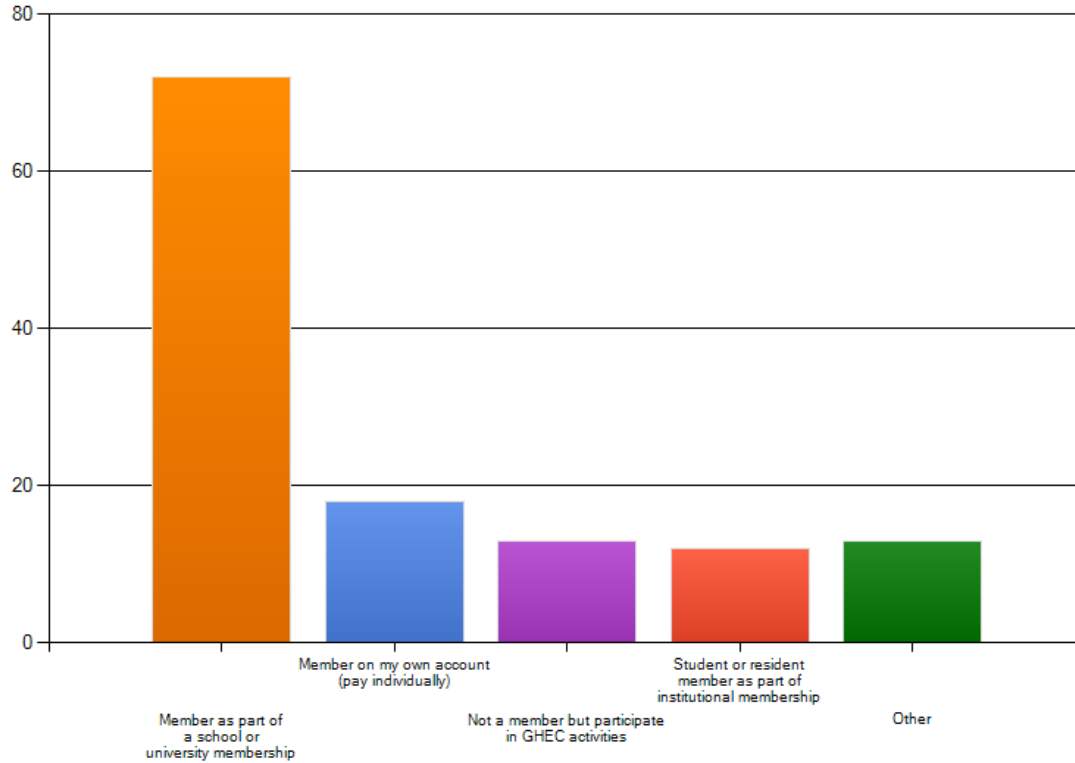


Table 1a: Relationship to GHEC, n = 128

Relationship	n (%)
Member as part of school or university membership	72 (56.3%)
Member on my own account (pay individually)	18 (14.1%)
Not a member but participate in GHEC activities	13 (10.2%)
Student or resident member as part of institutional membership	12 (9.4%)
Other	13 (10.2%)

14 respondents were unsure or indicated 'other'; see Table 1b.

Table 1b: Relationship to GHEC (Other), n = 14

Relationship	n (%)
Non-profit organization	2 (14.3%)
Unsure of membership status	4 (28.6%)
Misclassification or uncertain*	7 (%)

*SAC member [2], GHEC workgroup [1], created GHEC resources [2], student involved in e-consultations [1], Professor & GH Director [1].

Figure 2: Current status

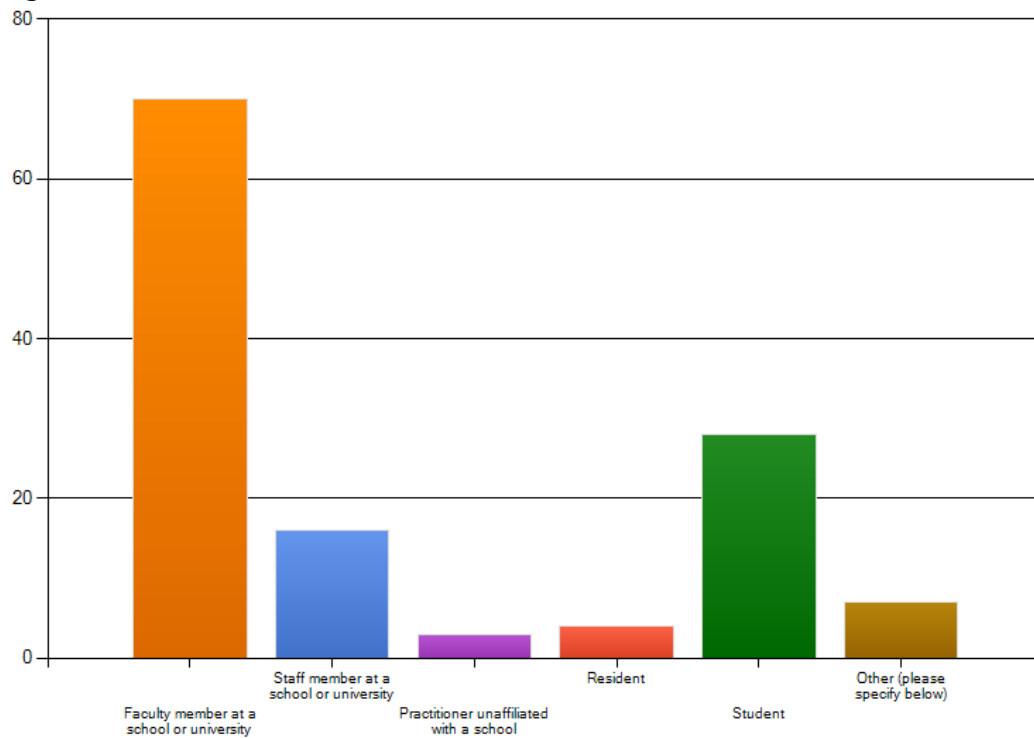


Table 2a: Current status, n = 128

Status	n (%)
Faculty member at school or university	70 (54.7%)
Student	28 (21.9%)
Staff member at school or university	16 (12.5%)
Resident	4 (3.1%)
Practitioner unaffiliated with a school	3 (2.3%)
Other	7 (5.5%)
7 respondents indicated 'other'; see Table 2b.	

Table 2b: Current status (Other), n = 7

Status	n (%)
Director, NGO	1 (14.3%)
Staff of university faculty member	1 (14.3%)
Research official/funder	1 (14.3%)
Faculty, social model education provider	1 (14.3%)
Health department and university clinical faculty	1 (14.3%)
Community based program	1 (14.3%)
Misclassification/uncertain*	1 (14.3%)

*Respondent indicated that s/he developed an online module.

Figure 3: Institutional affiliation

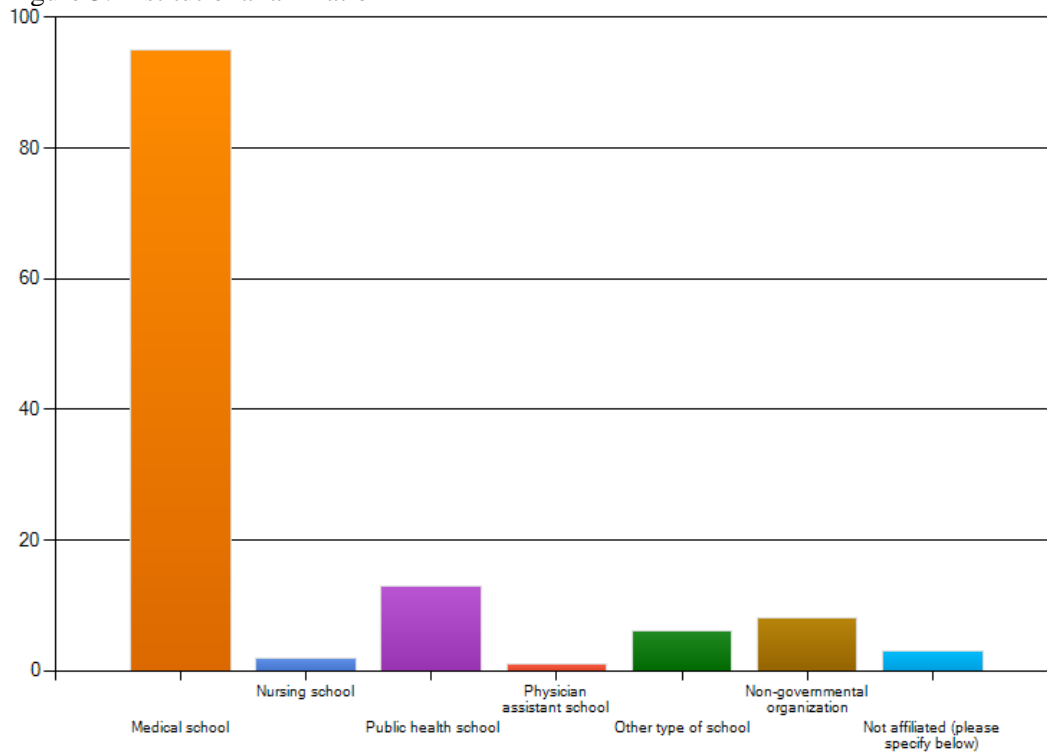


Table 3a. Primary institutional affiliation, n = 128

Institution	n (%)
Medical school	95 (74.2%)
Public Health school	13 (10.2%)
NGO	8 (6.3%)
Not affiliated	3 (2.3%)
Nursing school	2 (1.6%)
Physician Assistant school	1 (0.8%)
Other school	6 (4.7%)
14 respondents indicated 'other'; see Table 3b	

Table 3b. Primary institutional affiliation (Other), n = 14

Institution	n (%)
Pharmacy	1 (%)
Government	1 (%)
Hospital	4 (%)
Public health research institution	1 (%)
Global education organization	1 (%)
Non-profit health care organization	1 (%)
University specialty institute	1 (%)
Community based residency program	1 (%)
Misclassification/uncertain*	3 (%)

*International medical, nursing and health sciences schools [1], affiliated with public health school [1], Faculty UK University school not specified [1].

Figure 4: Roles/relationships with GHEC

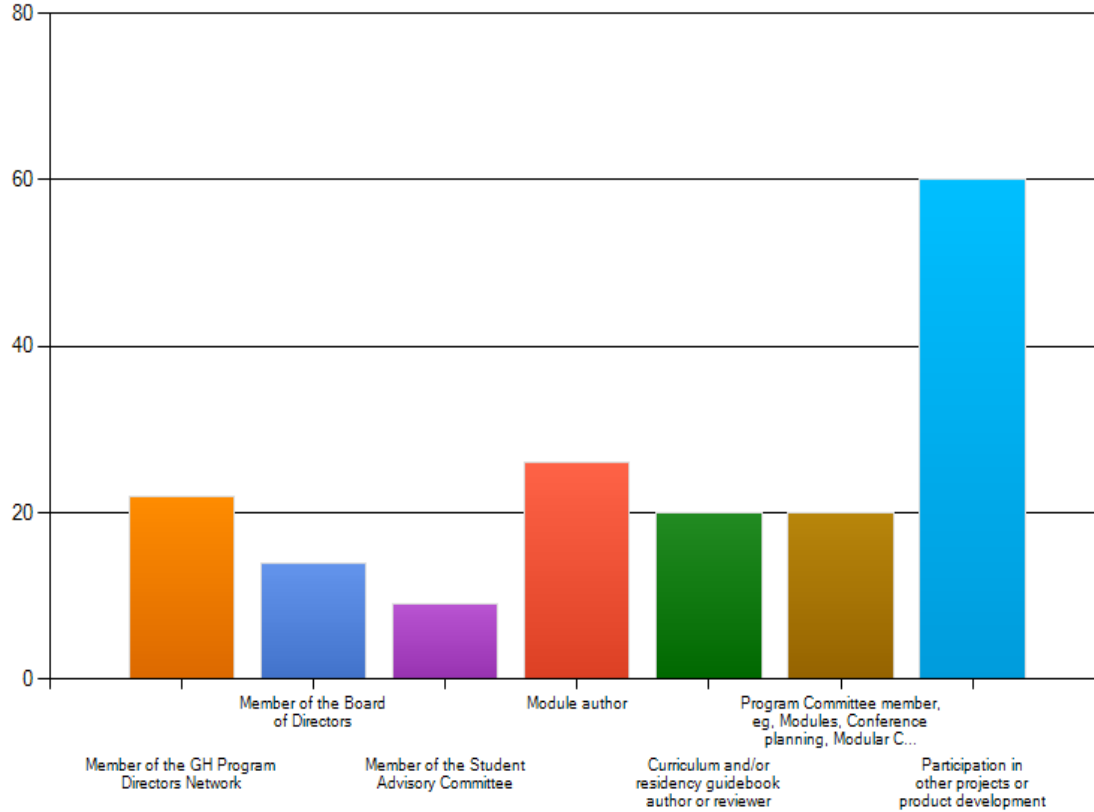


Table 4. Roles or relationships with GHEC since January 2007, n = 128*

Role/Relationship	n (%)
Participation in other projects or product development	60 (46.9%)**
Module author	26 (20.3%)
Member of GH Program Directors Network	22 (17.2%)
Curriculum and/or residency guidebook author or reviewer	20 (15.6%)
Program committee member	20 (15.6%)
Member of Board of Directors	14 (10.9%)
Member of SAC	9 (7.0%)

*Respondents were asked to select all that apply

**This question required an answer, and some respondents who had not had any of these roles or relationships, indicated this category. Therefore this is an overestimate of the actual proportion of respondents who have participated in other projects or product development.

Tables 5-7: GHEC Website

Table 5: Website access since September 1, 2009, n = 134.

Visited website	Yes n (%)			No n (%)
	110 (82.1%)			24 (17.9%)
Frequency*	1-4 times	5-9 times	≥ 10 times	n/a
	49 (44.5%)	27 (24.5%)	34 (30.9%)	n/a

*This refers to the respondents who answered 'yes' only.

Table 6a: Reason(s) access GHEC website, n = 128*

Reasons	n (%)
Access information about GHEC	82 (64.1%)
Access eLearning modules	74 (57.8%)
Conference and abstract submission information	58 (45.3%)
Access other educational and career planning resources	55 (43.0%)
Other	9 (7.0%)

*Respondents may have indicated more than 1 reason.

Table 6b: Reason(s) access GHEC website (Other) n = 10

Reasons	n (%)**
Directing students to look for resources	1 (%)
Award information	1 (%)
Curiosity	1 (%)
Questionnaire	1 (%)
Misclassification/uncertain*	6 (12.5%)

*Seeking resources to plan international elective [1], incorporating eLearning modules into own activities [1], module author seeking examples and reviewing own module [1], GHEC information and conference abstract submission [1], access resources and keep up-to-date[1], review GHEC's format [1].

Table 7: Website search and success

Search for something specific on website	Yes n (%)					No n (%)
	111 (84.1%)					21 (15.9%)
Outcome*	Usually or always successful	Generally successful	Difficulty	No success	Don't remember	n/a
	25 (22.5%)	59 (53.1%)	13 (11.7%)	3 (2.7%)	11 (9.9%)	n/a

*This refers to the respondents who answered 'yes' only.

Tables 9-10: eLearning teaching modules

Table 9: Context using eLearning modules, n = 59*

Context	n (%)
Reviewing out of personal interest	33 (55.9%)
Instructor assigning to students	24 (40.7%)
Peer reviewer	16 (27.1%)
Student/resident reviewing assigned modules	11 (18.6%)
Student/resident reviewing on own account	5 (8.5%)

*Respondents were asked to select all that apply

Table 10: eLearning module topics. Topics n = 45^a

Topic: short title listed by survey respondents (likely module title where short title does not match a known title) ^a	n
Introduction to Global Health [3], Global Health Basics [2], GH Overview [2], Global health and development [1] (Global Health and Development: The Basics) ^b	8
Malaria ^c	6
Global burden of disease	4
TB HIV Primary health care Water & Sanitation Planning your Global Health elective [1], Pre-departure [1], Preparing for overseas [1] (Planning your Global Health elective) ^c	3
Gender and health Child health Why is third world the third world?*	2
Health and wealth Malnutrition Cardiovascular disease Global health history Reproductive health Chronic diseases (Chronic renal disease) ^d Emerging infectious disease [1], Infectious disease [1] (Emerging and Re-emerging Viral Infectious Diseases) ^f Social and cultural aspects of health [1], Sociopolitical context of GH [1] (Social and Cultural Factors Related to Health)	2
Medical informatics (Use of ICT as support for healthcare in low-resource regions) Disability and rehabilitation in developing countries Physician Assistants in GH Influenza (Emerging infectious disease: Influenza A spotlight) Population/family planning Maternal mortality Workforce ^g Antibiotic resistance Vaccines (Vaccine Preventable Diseases and Immunization Programs) Cuban primary health care Teaching modules* Globalization effects on health Why are the poor poor?*	1

Trauma Occupational health Health economics Is population a problem? Surgery Dysentery* Pneumonia Tobacco* Millennium villages Tropical medicine* Careers (Establishing a Career in Global Health Research) Cross-cultural skills* Partnerships*	
--	--

^aThe survey asked for short, approximate module title, and in some cases it was not clear which module the short title referred to. Where different short titles appeared to be referring to the same module, these were grouped together and counted as 1. The likely title is provided in brackets, and where more than 1 title is possible, the options are discussed.

^bThese titles are assumed to refer to Global health & Development: The Basics. However these titles may refer to Introduction to Comparative Health Systems, or the Tour Around GlobalHealthEdu.org.

^cThe module on ‘malaria’ has not yet been posted, it is in the final stages of development. Therefore, these responses may be of the editorial board members, or respondents may have seen a module on malaria elsewhere. Malaria may also be the component of another module.

^dThe title ‘chronic diseases’ is listed by 2 respondents; this exact title does not exist. This may refer to Chronic Renal Disease, although it might also refer to the Cardiovascular Disease or Cancer Control modules.

^eThese titles are assumed to refer to the module Preparing for Your Global Health Elective, although they might also refer to How to Find, Plan and Fund Your GH Opportunity.

^fThese titles are assumed to refer to the module Emerging and Re-emerging Viral Infectious Diseases, although the title Infectious Diseases may refer to another module dealing with particular classes of infectious disease.

^gThis title may refer to Human Resources for Health or Workforce: training Community Health Workers.

*Short titles do not map to any module title currently posted online.

Figures 5-6: Personal experience with current GHEC offerings

Figure 5: Personal experience, general survey

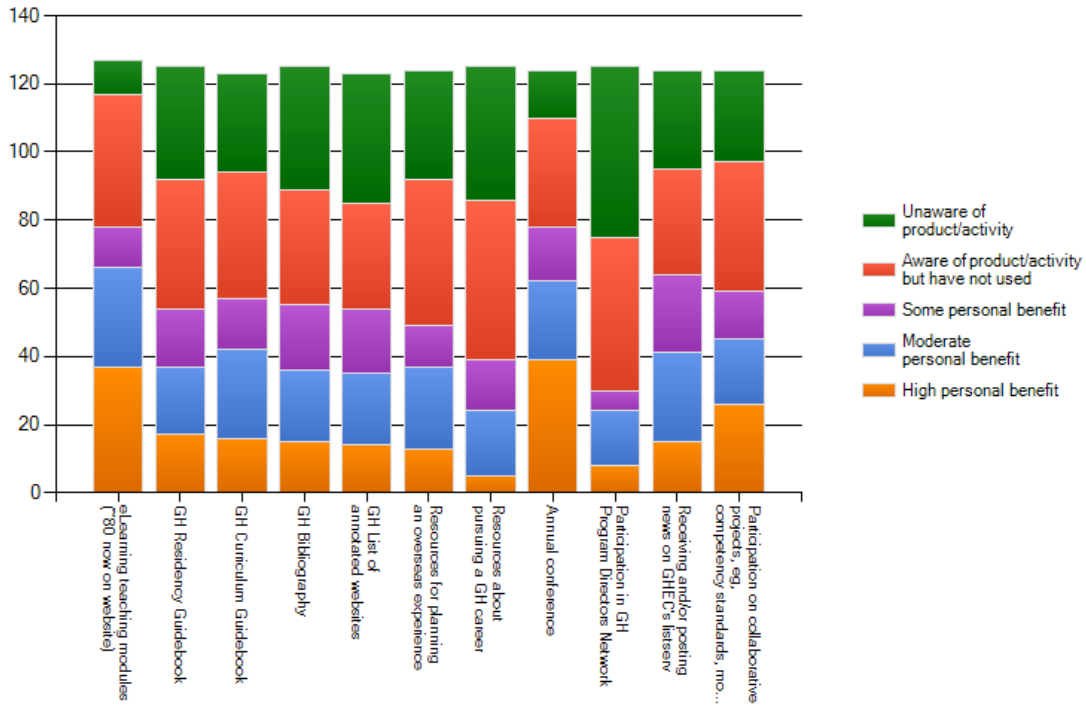


Figure 6: Personal experience, SAC survey

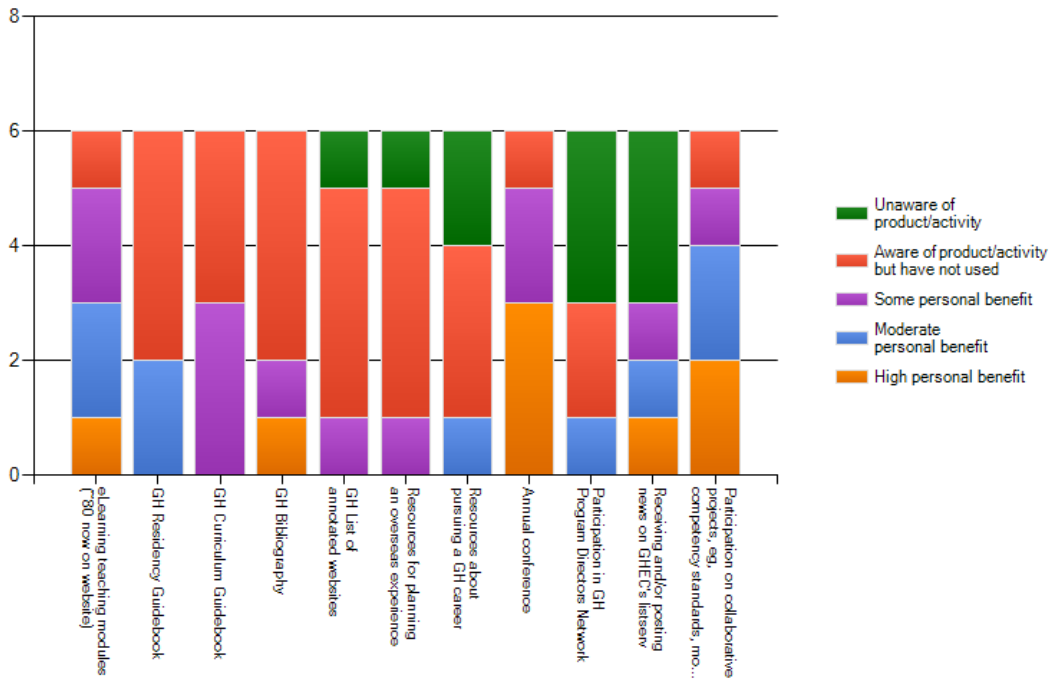


Figure 7-8: Priority of existing offerings, or offerings in advanced development, for broader benefit

Figure 7: Priority, general survey

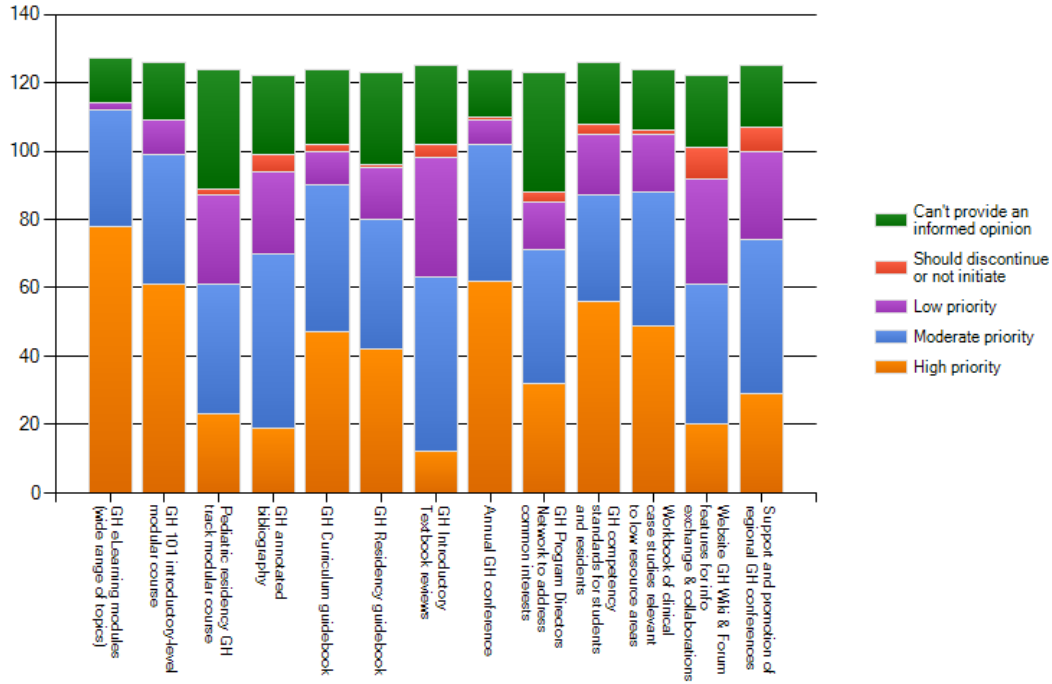


Figure 8: Priority SAC survey

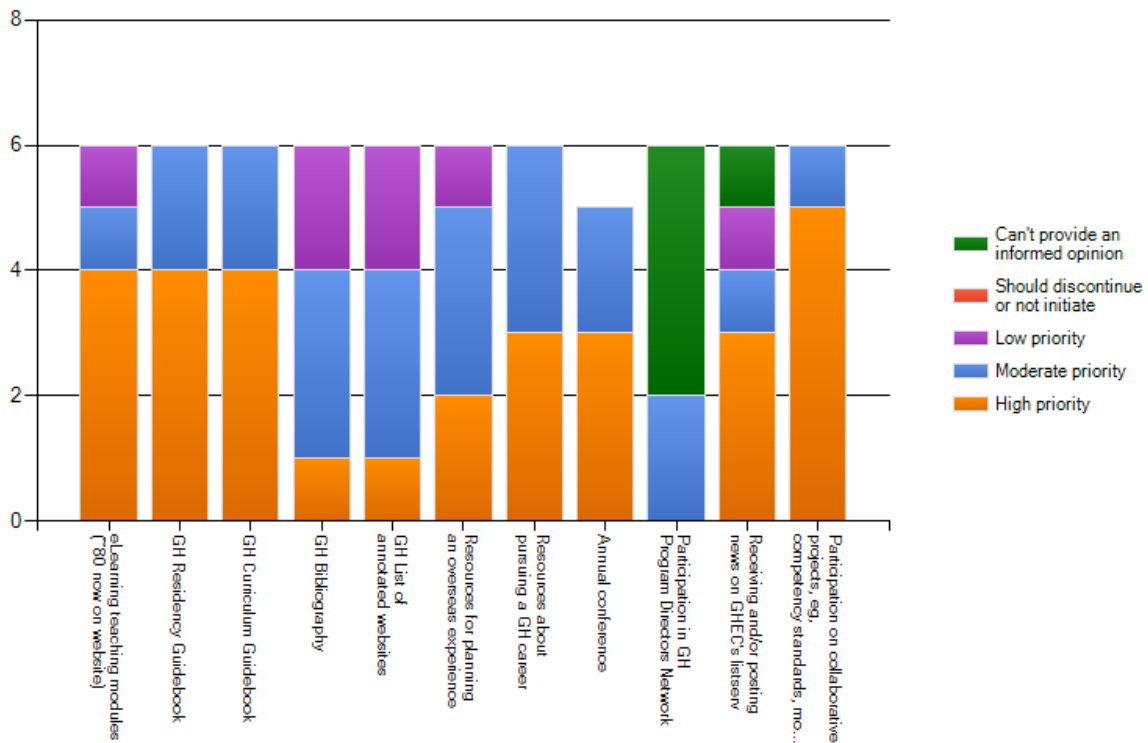


Figure 9-10: Priority of future offerings for broader benefit

Figure 9: Priority, general survey

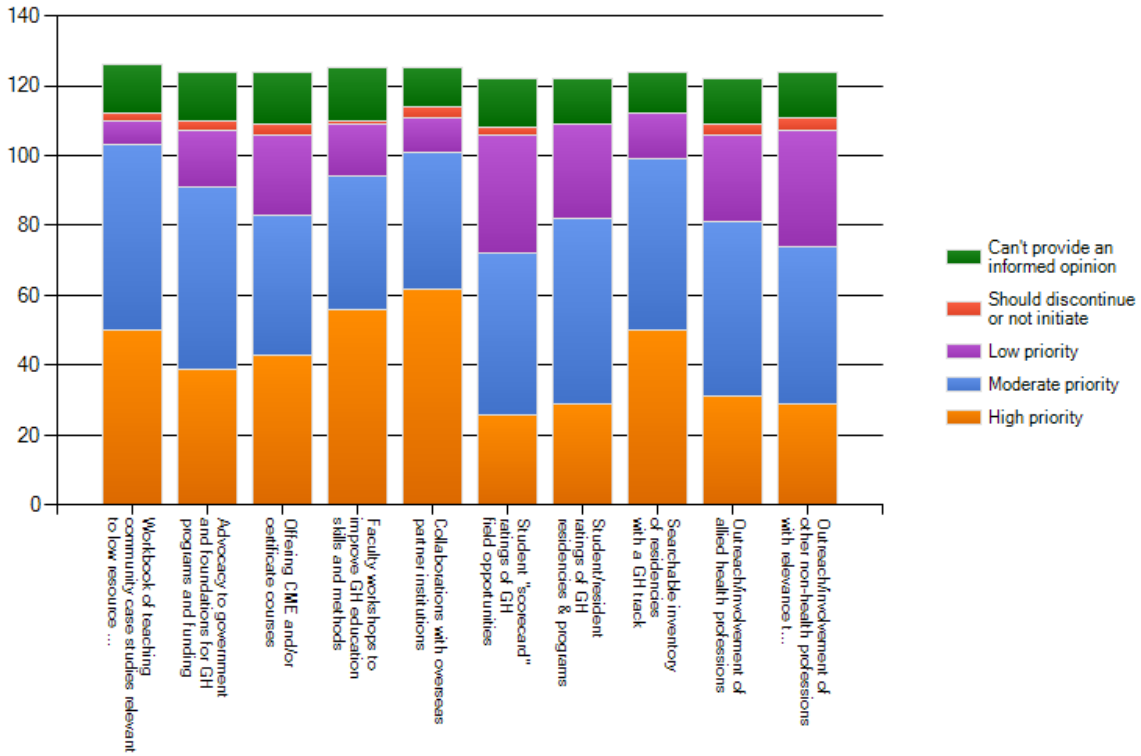
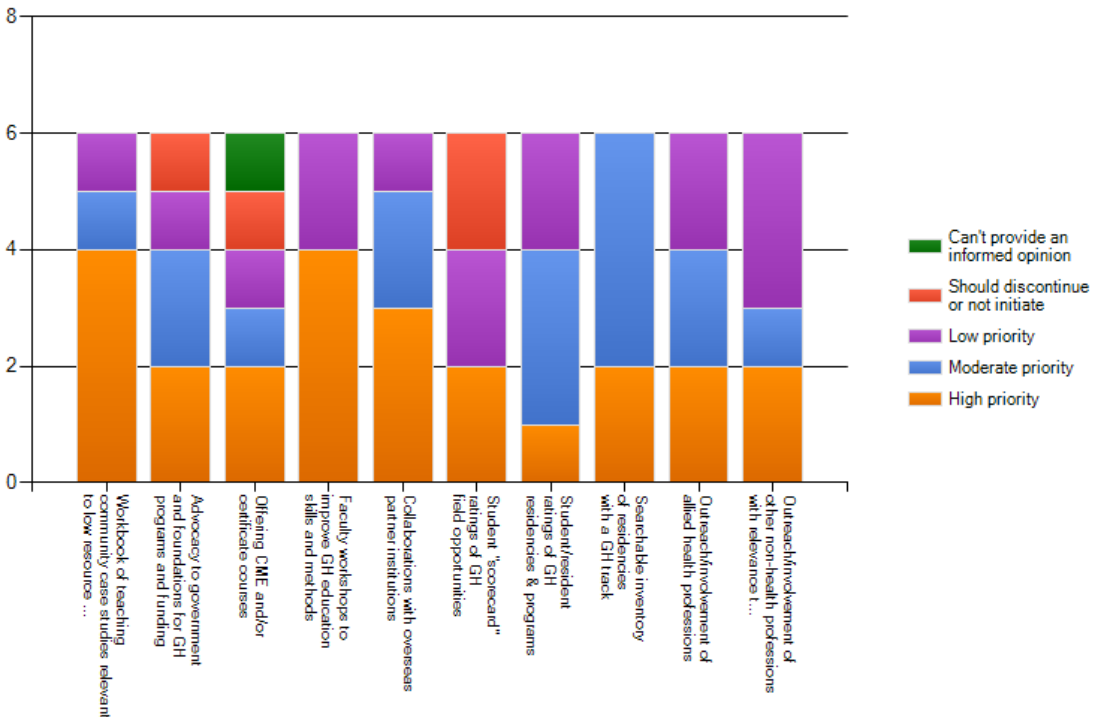


Figure 10: Priority, SAC survey



Appendix B – General and SAC survey questions, and response counts

General survey, n = 128

Question	Answered question n (%)	Skipped question n (%)	Comments n
1) What is your relationship to GHEC?*	128 (100%)	0 (0%)	N/A**
2) What term best describes your current status?*	128 (100%)	0 (0%)	N/A**
3) What type of institution are you primarily affiliated with?*	128 (100%)	0 (0%)	N/A**
4) Have you visited GHEC's website (http://globalhealthedu.org/) since September 1, 2009?*	128 (100%)	0 (0%)	N/A
5) If you have ever used the GHEC website, what were your main reasons for accessing the site?	121 (94.5%)	7 (5.5%)	10
6) Have you ever looked for something specific on the GHEC website?	126	2	11
7) GHEC offers a variety of products, services and project collaborations. Please reply regarding your own personal experience with these offerings.*	128 (100%)	0 (0%)	13
8) Have you used or assigned any eLearning modules?	127 (99.2%)	1 (0.8%)	N/A
9) In what context have or are you using the eLearning modules?	55 (43.0%)	73 (57.0%)	15
10) Which (up to) three module topics have you found most useful?	40 (31.3%)	88 (68.8%)	N/A
11) How could the eLearning modules be made more useful / interesting?	24 (18.75%)	104 (81.25%)	24 (question exclusively asked for comments)
12) Listed below are GHEC products and services that either exist or are in advanced development. Please indicate the priority GHEC should give to maintaining and updating each option for the overall benefit of those involved in global health education.*	128 (100%)	0 (0%)	13
13) Listed below are products and services that GHEC could offer in coming years. Please indicate the priority GHEC should give to initiating each option for the overall benefit of those involved in global health education.*	128 (100%)	0 (0%)	14
14) Are there specific services or activities that you would like to see added or given more	106 (82.8%)	22 (17.2%)	29

emphasis?			
15. Are there any services or products that need improvement and/or expansion? Are there ways to improve GHEC's annual conference? Do you have any further comments or suggestions that could help GHEC improve?	30 (23.4%)	98 (76.6%)	30 (question exclusively asked for comments)
16. Since Jan. 2007 have you had any of these roles or relationships with GHEC?*	128 (100%)	0 (0%)	N/A**

*Required question

**These questions provided opportunity to indicate 'other' relationships or affiliations, or provide clarifications if uncertain, but did not ask for comments.

SAC survey, n = 6

Question	Answered question n (%)	Skipped question n (%)	Comments n
1) What type of institution are you primarily affiliated with?*	6 (100%)	0 (0%)	NA**
2) Have you visited GHEC's website (http://globalhealthedu.org/) since September 1, 2009?*	6 (100%)	0 (0%)	N/A
3) If you have ever used the GHEC website, what were your main reasons for accessing the site?	6 (100%)	0 (0%)	0
4) Have you ever looked for something specific on the GHEC website?	6 (100%)	0 (0%)	3
5) GHEC offers a variety of products, services and project collaborations. Please reply regarding your own personal experience with these offerings. A later question asks for your views regarding their potential value, even if not directly relevant to your own situation.*	6 (100%)	0 (%)	1
6) Have you used or been assigned to review any eLearning modules?	6 (100%)	0 (100%)	N/A
7. In what context have or are you using the eLearning modules?	4 (66.7%)	2 (33.3%)	1
8) Which (up to) three module topics have you found most useful?	1 (16.7%)	5 (83.3%)	N/A
9) How could the eLearning modules be made more useful / interesting?	3 (50.0%)	3 (50.0%)	3
10) Listed below are GHEC products and services that either exist or are in advanced development. Please indicate the priority GHEC should give to maintaining and updating each option for the overall benefit of all those involved in global health education.*	6 (100%)	0 (0%)	2

11) Listed below are products and services that GHEC could offer in coming years. Please indicate the priority GHEC should give to initiating each option for the overall benefit of those involved in global health education.*	6 (100%)	0 (0%)	4
12) Are there specific services or activities that you would like to see added or given more emphasis?	6 (100%)	0 (0%)	2
13) Are there any services or products that need improvement and/or expansion? Do you have any further comments or suggestions that could help GHEC improve?	0 (0%)	6 (100%)	0
14) As a current or recent member of the Student Advisory Committee, in what ways do you think students can best contribute to GHEC's activities and programs?*	6 (100%)	0 (0%)	6

*Required question

**These questions provided opportunity to indicate 'other' relationships or affiliations, or provide clarifications if uncertain, but did not ask for comments.

Mstr GHEC Program Evaluation Jan 2010