

Learning More about What Works:

Short-Term Client Outcomes of the Sustainable Broadband Adoption Pilot Program

An Interim Evaluation Report

Submitted to
Digital Impact Group
and the William Penn Foundation

By the OMG Center for Collaborative Learning
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Executive Summary

This report presents interim findings from a year-long evaluation of the Digital Impact Group's (DIG's) new pilot approach to sustainable broadband adoption. In 2007, DIG began a wireless program and achieved some success, but also experienced significant challenges when its Internet provider and primary funding source pulled out of the project. DIG regrouped based on an analysis by staff and board members; recommendations from Fairmount Ventures' strategic plan; and a rapid assessment conducted by OMG Center for Collaborative Learning (OMG). DIG disentangled itself from providing a wireless Internet infrastructure, and shifted its role to that of a citywide organization that supports broadband adoption and demand among vulnerable, underserved individuals and communities. Moving forward, DIG adjusted its initial program and redesigned a set of pilot programs in December 2008.

The successes, challenges, and outcomes presented in this interim report reflect data collected between December 2008 and July 2009. OMG employed three main methods to learn about the implementation and early outcomes of the pilot programs: 1) interviews with staff at each of the four pilot sites; 2) surveys of clients participating in the pilots; and 3) focus groups with clients.

Key findings of this report include:

- **Each pilot site targets a distinct, vulnerable population for its core programming.** In addition, each pilot appropriately developed its own selection criteria and application process. Both of these factors contributed to variations in client characteristics (age, education, length of involvement with organization, etc.). However, despite the variation, there were some patterns that were noted. Clients in the first cohort tended to be female (77 percent), African-American (77 percent), and high school graduates or GED earners (55 percent). Importantly, many clients (52 percent) already had some access to and experience with technology before the program.
- **The sites successfully implemented the pilot model according to plan.** Training topics varied, but three or more training sessions were developed and offered at each site. One site offered four distinct trainings. Accordingly, most clients attended three or more trainings. Not surprisingly, special topics developed for each site based on clients' unique needs were identified during focus groups as clients' favorite training topics.
- **Sites met the goal of delivering packages to at least 20 clients each during the first cohort, and two of these sites served more than 20 clients during the first cohort.** Four unique micro-sites were also developed by the College of Physicians for clients in the program.
- **Not surprisingly, clients had different reasons for participating in the program and their reasons varied by site, reflecting the different vulnerable**

- populations served by the four organizations participating in the pilots.** The most prevalent reasons overall were: to receive a free computer; to learn how to create a web page or website; and to learn to search for information online.
- **Most clients (between 70 percent and 92 percent) who participated in the program to learn a specific task actually did learn about that task during the trainings.** For example:
 - Ninety-two percent of those who wanted to learn how to sign up for public benefits online reported that they learned how during the training.
 - Eighty-eight percent of those who wanted to learn how to create written documents reported that they learned how through the training sessions.
 - Seventy percent of clients who wanted to learn how to use the computer to complete daily tasks (such as buying groceries or paying bills online) reported that they learned how.
 - **The data also suggest that the model is sustainable from the perspective of clients' ongoing use.** Data suggests that 44 percent to 81 percent of first cohort clients have continued to use program materials at least once a week since the trainings to do the things that they joined the program to do. For example, 81 percent of those who wanted to search for information online have used the materials at least once a week for this purpose since the trainings.
 - **Data from focus groups suggest that client training multiplies as it is shared and passed on to other underserved family members.** Program participants reported using their computers to help family members with homework, to find health information, and to just keep in touch. This shows the participation and perpetuation of a community of technology users. Additionally, one focus group participant reported assisting an extended family member who was a program participant at a different pilot site. This is one instance of the pilot being used to directly build the technical capacity of an extended family.
 - **Clients' access to a computer at home prior to the program was not related to learning as a result of training or their usage of the materials since training.** Both those who had access and those who did not previously have access reported learning as a result of the trainings and reported using the training materials.
 - **Clients' usage of the materials after training varied by age for some tasks.** Tasks for which this was especially true included: completing daily tasks such as buying groceries or paying bills online; creating written documents; finding and applying for jobs or internships; researching educational opportunities; and creating web pages or websites. In general, clients below age 38 had slightly higher levels of usage than did clients who were 38-year-old or older.
 - **Client satisfaction with DIG's services was high across all sites.** Clients were satisfied with the trainers, the computers, and the software provided. Most clients

would recommend the program to friends and family members, and said that as a result of the program they know more people to turn to for help when using their computers.

Given the strong success of this first cohort, OMG has a limited set of recommendations that are offered in order to help DIG continue to refine its model and also to advance the field by continuing to share effective practice. We offer these and understand that, of course, they are contingent on the availability of resources:

1. **Refining the financial model:** DIG has estimated client costs at about \$900 to \$1,200. While this is a good beginning, in order to truly understand how best to scale the work, DIG may need a more detailed financial analysis incorporating overhead and full staffing costs. Indeed, one would expect an efficiency of costs and operations with scaling and experience.
2. **Continue tailoring program training and support through long-term partnerships to meet unique client interests and needs.** We consider the partnership model highly effective. Using locally based, specifically focused partners to connect with and embed training and services is effective for initial client recruitment and retention, and increases the local partner capacity to do continue to do more of this work. Consider building on these successes, and continue to focus and refine the training to support specific client interests and needs.
3. **Identify resources for a larger, longer, quasi-scientific evaluation.** If possible, collect and analyze evaluation data on a larger, even more diverse group of vulnerable population participants and do this over a longer period of time to understand how well the skills are retained, built upon, and disseminated among family and friends. Also, try to conduct an evaluation with a control group.

1. Introduction

This report presents interim findings from a year-long evaluation of the Digital Impact Group's¹ (DIG's) new pilot program approach to sustainable broadband adoption. DIG began a wireless program in 2007 and achieved some successes, but also experienced significant challenges as its Internet provider and primary funding source pulled out of the project. As a result of DIG staff and board analysis, recommendations made from Fairmount Ventures' strategic plan, and the OMG Center for Collaborative Learning's (OMG's) rapid assessment, DIG disentangled itself from providing wireless Internet infrastructure, and shifted its role almost solely to that of a citywide organization supporting broad band adoption and demand within vulnerable, underserved populations and communities. To that end, DIG adjusted its initial program and redesigned a set of pilot programs in December 2008.²

The OMG Center is conducting an evaluation from December 2008 to December 2009 to assess the successes, challenges, and outcomes of the pilot programs. This interim report focuses on early outcomes for the target vulnerable client population of the pilot and includes data collected between December 2008 and July 2009.

1.1 The Refocused Sustainable Broadband Adoption Pilot Models

As noted, following the events of 2008 and the rapid assessment conducted in 2008, DIG made a strategic decision to scale back its plans to distribute large numbers of bundles, and to take a pilot approach to sustainable broadband adoption. This would allow DIG to hone its approach and to learn more about how to most effectively provide sustainable broadband access, hardware, support, and education and training to vulnerable, underserved populations and communities.

Clarifying the Pilot Model

Several aspects of the prior model were maintained when DIG's work was refocused:

- **DIG partners with community-based organizations currently working with vulnerable, underserved populations** whose personal work and/or goals with the organization would benefit from increased digital access and skill building;
- **DIG provides a bundle of services to each client** at approximately \$900 to \$1200 per client including:
 - **Hardware and applications:** An Acer Netbook PC with Open Office software suite, Mavis Beacon typing, QuickBooks™ and a webcam
 - **Three training sessions over six weeks** in how to access the Internet and use the applications. DIG contracted with VKG Associates, Inc., a

¹ In May 2009, Wireless Philadelphia (WP) began doing business as Digital Impact Group. DIG's website explained that the new name better reflects the organization's focus on bringing Internet access and all the opportunities Internet access affords to economically disadvantaged households across Philadelphia.

² OMG also conducted a three-month-long rapid assessment of DIG's original program, prior to its redesign. A report summarizing the progress and challenges of the program was submitted to the Digital Impact Group and the William Penn Foundation on December 1, 2008.

minority-owned training organization that specializes in standard computer applications training to develop and deliver the trainings to the pilot sites.

- **TA follow-up with and access** to VKG Associates, Inc.

DIG also made several adjustments to the original model based on the rapid assessment findings:

- **Distribution of laptops when client begins training.** Rather than give laptops to clients as a reward for completing the partner program and DIG training, laptops are given at the beginning of the DIG training so that clients can practice with the applications from the beginning while site and DIG assistance are available.
- **One year Internet access** is provided to clients if they do not already have it, but through DSL rather than wireless; although they can access wireless if available through DIG-provided routers.
- **Partners work with DIG staff and the College of Physicians to develop unique program and client-specific content through mini websites called micro-sites** to draw clients to the Internet as part of their program service goals and digital education.

Partner Characteristics

DIG selected four partner sites to implement the sustainable broadband adoption pilot. Each is summarized on the next page. The sites were selected for:

- **Greater computer and organizational capacity on site.** Partners with more technical and organizational capacity were selected to be more available for onsite client TA.
- **Serving vulnerable clients who are most likely to digitally adapt.** Clients were selected who were highly inclined to adopt digital technology. Partners were chosen who already served the special interests of the selected clients.
- **Various types of vulnerable client populations.** Nonetheless, a range of partners serving different kinds of vulnerable, digitally apt clients were selected, e.g., high-school-age youth, new mothers, entrepreneurs, and households with a disabled family member.
- **Growth potential.** DIG worked with sites that could use their increased digital education capacity to serve more clients in the future.

Client Cohort Approach

Each site is targeting four distinct vulnerable populations: single-parent households, entrepreneurs, households with disabled family members, and school-age youth. The initial client cohort started in the fall of 2008 and ended by spring 2009. DIG set a goal of serving at least 20 individuals at each site during the first program cycle.

1.2 Evaluating the Refocused Pilot Programs

Conducted from December 2008 to December 2009, OMG's evaluation aims to assess DIG's new pilot program approach to broadband adoption. The results of this assessment will be both formative and summative, providing information about the implementation of the pilot as well as early client outcomes.

Pilot Program Summaries

Collectively, the sustainable broadband adoption pilot sites provide direct or indirect service to over 14,000 clients through at least a dozen programs. Each site was selected for the pilot in part based on its potential to expand and reach many clients in each of their four distinct client groups. DIG and the pilots secured over \$250,000 to operate the four sites.

Maternal Child and Family Health

The City of Philadelphia's Office of Maternal Child and Family Health (MCFH), an office of the city's Department of Health, serves approximately 3,000 individuals across its five programs. The mission of MCFH is to provide supportive social services to women, children, and their families. Participants for the pilot were selected primarily from MCFH's Healthy Start program. Staff reported that the main barrier to technology access for their clients was both affordability and lack of education around how to use computing technology.

Vision for EQuality, Inc.

Serving as a political advocacy, education, and social support organization for individuals and families with disabilities, Vision for EQuality (VFEQ) operates state wide. VFEQ provides training to those providing direct services to disabled families, and maintains an organizing role through its listservs, which reach up to 5,000 families. Additionally, VFEQ provides various opportunities for families with disabilities to come together and support one another. The population that VFEQ serves finds cost to be the biggest barrier to computing technology. Staff reported in an interview that most of their families don't have a computer or Internet access.

Philadelphia Academies, Inc.

Working with students in several Philadelphia public high schools, Philadelphia Academies, Inc. is a career support program designed to help high school students succeed in their chosen career path. The primary objective of Philadelphia Academies, Inc. is to increase graduation outcomes. This population has inconsistent access to computers at home and school. Students in Jules E. Mastbaum Area Vocational High School's hospitality training program were identified to be a part of the first cohort for this pilot program.

American Cities Foundation's Project RISE

Founded with a belief in inclusion for all, the American Cities Foundation (ACF) seeks to revitalize communities by serving the under-served. As part of this overall mission, ACF started Project RISE, a program designed to support non-traditional small businesses by providing them with "bundles" of tailored services designed to take their small businesses to the next level. It was reported by program staff that the populations' biggest barrier to computing technology is their understanding of the value of technology.

Evaluation Core Questions

The evaluation takes into account the following core questions:

- What benefits and challenges did clients experience while in the pilot programs and shortly after completing the technology trainings and receiving the hardware packages? What was the immediate impact of the hardware package and training on client knowledge and ability to complete personal and program goals (e.g., creating a resume, searching for a job)? In the intermediate and long terms, what is the impact of completing or not completing these activities on their day to day lives (e.g., applying for school online)?
- What client impacts were achieved? What aspects of the program were most effective? Have clients built upon the skills they gained from the program? What additional skill, if any, have they developed? Have they shared any of these skills with others (e.g., family members, friends, networks)? Where can clients use more help? Are the new skills sustainable?
- Are certain types of vulnerable clients more predisposed to success? If so, which and why?
- To what extent does each partner exhibit the key characteristics outlined in the rapid assessment for implementation success? Does this change over time? What are the effects of the characteristics? Are there additional organizational characteristics related to successful program implementation?
- Is the overall model successful? Is this an effective program to deliver training, equipment, and relevant services to underserved, vulnerable populations with limited previous access, abilities, and resources to use this technology in their everyday lives? If so, how? If not, why?
- If the program is successful, what is necessary to bring the program to scale for more vulnerable clients? And, how can the work be sustained?

This report presents data on the effectiveness of implementation of the sustainable broadband adoption pilots and, to the extent that it is available, early client outcomes of the pilots. At the beginning of the evaluation, OMG facilitated a theory of change process with DIG to outline the goals, key activities, underlying assumptions, and expected outcomes of the pilots. Participants identified a set of short-term outcomes that they believed would be evident six months to one year after program implementation, if the programs were on course. Six months have passed since pilot implementation began; therefore, this report provides an initial look at progress toward the outcomes. OMG will submit a final report at the end of the evaluation period (December 2009). The final report will provide a more thorough discussion of the core questions and anticipated outcomes.

Summary Evaluation Methodology

OMG employed three main methods to learn about the implementation and early outcomes of the pilot programs: 1) interviews with staff at each of the four pilot sites; 2) surveys of clients participating in the program; and 3) focus groups with clients.

In-person interviews were conducted with a total of seven staff at the pilot sites in February 2008, approximately three to four months after partnerships between the sites and DIG first developed and a few weeks after the end of training and hardware distribution to clients. The purpose of the interviews was to learn more about the partnership, program implementation, and staff perceptions of short-term outcomes. The interviews were conducted in a group format at Maternal, Child and Family Health (MCFH) and Vision for EQuality. Two staff members participated in the group interview at MCFH, and three participated in the group interview at Vision for EQuality.

Short-Term Outcomes from the Theory of Change

Pilot Program Outcomes

1. Specialized local trainings are developed and delivered in line with the programs offered in the four pilot areas: education, health, small business, and disabilities.
2. Pilot programs are shaped and implemented according to plan, with relevant content and applications integrated by technology.
3. Pilot programs distribute hardware and create the ability for clients to reliably connect to the Internet at home.
4. Program representatives meet to share best practices.
5. The number of program participants increases to 50-100 per pilot project.
6. Micro-sites are developed to provide participants in each program access to relevant online information.

Client Outcomes

1. Clients learn PC Basics, Email and Internet, Productivity Software (i.e., MS Office) and Social Networking Safety and Privacy.
2. Clients accomplish program-related objectives with the technological skills they gained, including:
 - a. **Education:** College-bound clients used technology to apply for college, financial aid, jobs, and internships.
 - b. **Small Business:** Clients used internet to broaden client base, engage in direct commerce, move bookkeeping activities into QuickBooks, establish a web presence, and create PayPal accounts.
 - c. **Health:** Clients created resumes, applied for at least three jobs, identified at least three child-related websites, contacted three childcare centers, and created pre/post appointment logs for pre-natal and postpartum checkups.
 - d. **Disabilities:** Clients developed a better-informed family support system, learned to navigate the developmental disability system, developed and participated in an internet-based family support group, and created resumes.
3. Clients use the College of Physicians micro-sites to obtain relevant information.
4. Clients join online communities created using Google Groups to foster continued interaction online and in person.
5. Clients complete pre- and post-program skills assessment.

Surveys were conducted with clients who attended a pre-arranged event at each pilot site a few weeks following the conclusion of training. Survey response rates are summarized below.

Survey Response Rates by Site and Total

Pilot Site	Clients in Cohort	Number that Completed Surveys	Response Rate
Maternal, Child, and Family Health	26	20	77%
Philadelphia Academies	20	17	85%
Project RISE	20	14	70%
Vision for EQuality	50	41	82%
Total Clients, Total Surveys, and Average Response Rate	116	92	79%

The timing of survey administration varied from site to site but all surveys were completed between February and June 2009. OMG distributed surveys to all clients who were present at the events. The surveys collected information on client's access to services, resources, and hardware before and after the trainings; clients' skills and knowledge before and after the trainings; progress towards specific goals; and, early use of materials distributed at the final training. While administering the surveys, OMG collected names of clients who indicated they would be willing to be contacted for focus group participation.

Focus groups were conducted with clients at all pilot sites between February and July 2009. The focus groups provided an opportunity for OMG to collect more in-depth information on the issues covered by the survey. Focus groups were approximately one hour in length and meals were provided for participants during the focus group session. Attendance ranged from five participants at Philadelphia Academies and Vision for EQuality, to ten participants at MCFH. The focus group at Project RISE was attended by seven participants.

The qualitative data from the staff interviews and client focus groups were analyzed with an inductive analytical approach using Nvivo 8 qualitative analysis software. Predetermined themes were identified based on the rapid assessment completed in 2008. The focus was on determining to what extent positive program aspects had been maintained and if challenges of the previous program implementation have been addressed. Survey data were analyzed using SPSS analytical software.

2. Evaluation Findings

In this section, key findings are highlighted from interviews conducted with pilot program staff, and from surveys and focus groups conducted with clients participating at each site. The Program Outcomes section includes findings regarding the implementation of the program model and early successes and challenges. The Client Outcomes section includes findings regarding client motivations for participating in the pilots, client impacts, and client satisfaction with the program.

2.1 Program Outcomes

To reiterate, four programs sites participated in the pilot. The sites were selected based on their capacity to serve clients; their willingness to participate in key program components (training and micro-site development and use); and, their growth potential. Also, each site was selected to learn from a different target population: single parent households, entrepreneurs, disabled families, and school-age youth.

With a goal of serving at least 20 individuals at each site during the first program cycle, DIG contracted with VKG Associates, Inc., (VKG) a minority-owned training organization that specializes in standard computer applications training. VKG developed and delivered the training to the pilot sites. Finally, each pilot site contributed to the design of content for micro-sites, or web portals of relevant information that were developed for each site by the College of Physicians.

In summary, each program participant in the pilot was to receive:

- Three training sessions over six weeks
- An Acer Netbook PC with Open Office software suite, Mavis Beacon typing, QuickBooks™ and a webcam
- Access to a unique micro-site web portal with information pertinent to client needs
- Follow-up and access to VKG Associates, Inc.

About Pilot Program Implementation

Recruitment

Pilot sites recruited clients through a variety of methods. However, since the demand for the computers and training services exceeded the supply, each site developed a unique set of filtering selection criteria. Client selection from Maternal Child and Family Health (MCFH) and Philadelphia Academies required a deep commitment to the organization's core programs. Participants from Philadelphia Academies and Vision for Equality were required to write an essay before being admitted to the program: The topic of the essay was, "Why is a computer important to me and my family?" Project RISE did not have any application procedures as a requirement for receiving the bundle and training. Nonetheless, Project RISE required all active participants in their program to receive the technology services as part of their program.

Results from the client survey, which will be discussed fully in the Client Outcomes section, indicate that sites recruited many clients who already had a moderate level of access to and knowledge about computers and Internet. Results of the rapid assessment indicated that one of the keys to success for a program such as this is targeting populations that have some previous understanding or experience of computing and Internet technologies. Individuals for whom computing technology is new, approach the Internet with anxiety or trepidation and are less likely to adapt. For this reason, “late adopters” are not effective targets of a pilot initiative seeking lessons for scaling. Slightly more than half of the clients in this first pilot cohort had access to a computer and Internet at home prior to the program. More than half knew how to use a computer to do basic things such as create written documents.

Trainings

Training Topics Offered at Pilot Sites

	Project RISE	Maternal, Child and Family Health	Philadelphia Academies	Vision For Equality
Session 1	PC Basics/Hardware			
Session 2	MS Word Overview	Social Networking	Social Networking	Internet Basics
Session 3	Introduction to the Internet	Excel/PowerPoint	Excel/PowerPoint	Social Networking
Session 4	QuickBooks™	N/A		
Special Topic	News (CEO.com)	Childcare	FAFSA	Health Information

To make training more relevant to specific target clients, DIG had each of the four pilot programs contribute to the design of the training curriculum for their clients. This resulted in some variation in the trainings offered (see chart above), but effectively focused on unique client needs. Each pilot site established a series of three training sessions on computer hardware and software. Project RISE had additional training to cover QuickBooks™ accounting software for its clients, who are entrepreneurs.

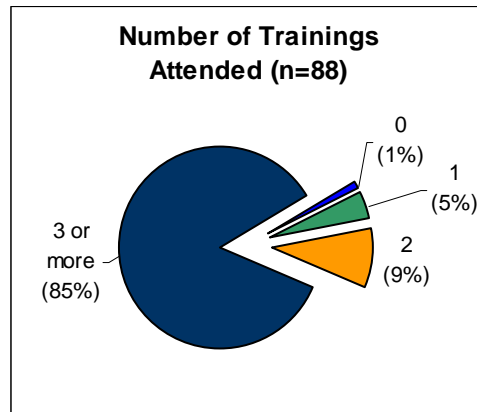
Along with more popular applications, as noted above, all pilot sites had a special training topic that was relevant to their target population (see final row in the table above). For example, the mothers in the MCFH pilot discussed and practiced using the Internet to find childcare as a theme throughout their training. The high school seniors in the Philadelphia Academies pilot discussed and practiced filling out the Free Application for Federal Student Aid (FAFSA) online.

The specialized, unique to target population training seems to have been an important element positively impacting participant satisfaction and the subsequent use of computers.

The specialized training seems to have been a positive aspect of the program, one which related strongly to participant satisfaction and the subsequent use of computers. Not surprisingly, during focus groups these special topics were the content area most often cited as the favorite by program participants.

Participants at the MCFH site reported using their computers to find play groups and childcare for their children. Vision for EQuality participants described using their computers to find health-related information on their family members’ disabilities, and Project RISE participants referenced using computers to research business opportunities and investigate their competition. Participants in Philadelphia Academies’ program reported using their computers for educational purposes including homework, applying for college, and researching financial aid opportunities.

Overall, a great majority of the clients participated in the required number of training programs, with 85 percent in this first cohort attending three or more training sessions. At Vision for EQuality, which is the largest of the sites, multiple sessions of each training topic were offered to accommodate the volume of participants. Similarly, multiple sessions of each scheduled training session were held for clients at MCFH to accommodate varying participant availability. Clients were not discouraged from attending the same training twice. In addition, as mentioned above, Project RISE offered four distinct training sessions. For all of these reasons, some individuals attended more than three trainings. Each site held its trainings in different locations and at varying times. Clients reported that the locations and times were convenient and fit their needs.



Number of Packages Delivered/Participation

As shown in the table below, each site delivered hardware packages to at least 20 clients. Two sites served more than 20 clients during the initial cohort and have served additional clients since the first cohort. It is expected that all sites will provide training and hardware to more clients throughout the remainder of 2009.

Pilot	Target Population	Number of Packages Delivered (Initial Cohort)	Number of Packages Delivered (to Date)
Maternal Child and Family Health	Single-Parent Households	26	40
Project RISE	Entrepreneurs	20	20
Vision for EQuality	Disabled Families	50	50
Philadelphia Academies	School-aged Youth	20	20
Totals		116	130

Micro-Sites

The following micro-site web portals were developed by the College of Physicians for clients in the sustainable broadband adoption pilot:

- **Philadelphia Family TIES** was designed for the pilot project with Vision for EQuality. The purpose of the site is to provide a place where program participants and others can learn about health events, resources, and online and in-person support groups.
- **Philly Moms & Dads** is a site designed to help mothers get access to information about pre-natal and postpartum childcare, daycare facilities, and employment resources. This site was designed for the Philadelphia Department of Health's Division of Maternal, Child and Family Health.
- **Youth Philly** was designed for the participants in the Philadelphia Academies, Inc. pilot. The site's content covers many areas including health and nutrition, employment, and financial resources.
- **Project RISE Cyber Village** was designed for participants in the American Cities Foundation sponsored pilot, Project RISE. This site is designed to be an online network of companies that have participated in the Project RISE program. The cyber village functions as a marketing and publicity outlet for each of the participants.

In addition, a fifth micro-site was developed independently of the four primary pilots:

- **Recovery Philadelphia** was designed to provide mental health recovery access information on a variety of topics. The content includes information for social, educational, and entertainment purposes.

Although we do not have enough data to effectively assess them, overall, the micro-sites have experienced moderate traffic since their launch. It is not possible to differentiate between program participant visits and other visits at this time. However, 847 visits have been made to 142 pages on the micro-sites from their launch in January through mid-July 2009. Program participants are likely to account for many of these visits, as they are the primary audience to whom these sites were marketed. The most often visited site was the Philadelphia Family Ties site, which has received 446 unique visits so far. Participants in the focus group held at Vision for EQuality noted their appreciation for and use of this micro-site.

Early Implementation Challenges and Successes

Based on attendance data and focus group interviews, as well as later outcomes, pilot site program implementation was largely a success. Nonetheless, several challenges were discussed.

Program staff at multiple sites mentioned that the speed and timing of start-up, which were aspects of the pilot dictated by DIG, were rushed and not in keeping with the way the program sites work. “It felt rushed...they don’t understand us and our clients” and “this all happened rather quickly” were sentiments echoed by multiple sites during program interviews. Program staff voiced a concern that start-up occurred on a short timeline and very close to the winter holidays, when clients were not able to respond quickly. This made it difficult to select participants for a January startup.

Additional challenges faced by the pilot sites included tracking down clients to schedule trainings and securing childcare so that clients could participate. These challenges are a reflection of the target population and the logistics of planning around the often-busy participants’ lives.

Of particular note was the need for childcare for the participants in the MCFH program. This challenge resulted in additional costs for the pilot; however, childcare was deemed necessary for the program to take place. Overall, none of the challenges reached a level that impeded the progress of the program or their partnerships.

“The trainers were very organized and professional. I was truly impressed.”

-- MCFH Participant

Across the sites, evidence suggests that sites that were more prepared to technically support the participants and trainings were more effective. During the earlier rapid assessment, clients at sites with low technical capacity found it challenging when they needed assistance with technical problems. During the current evaluation, neither clients nor pilot sites mentioned this challenge. This appears, in part, to be due to the selection of partners with greater technical capacity, and in part the result of the improved quality of the training. Overall, fewer technical questions reached non-technical program staff during the first program cycle.

Overall, the program and the training were very well received by the clients, who often noted during focus groups how much they appreciated the training content and the staff that delivered the training. Clients felt that the trainers were knowledgeable and prepared. “The trainers were very organized and professional. I was truly impressed,” said one focus group participant.

2.2 Client Outcomes

Data collected on the early outcomes of the pilot indicate that client satisfaction with the program is very high among the first cohort participants (clients). Most clients would recommend the program to others. They also indicate that they know more people who they can turn to and where to go for help as a result of the program. Most clients reported that the program enabled them to learn the tasks they wished to learn through the program (for example, wanting to look for jobs online). Many have used their program materials on a weekly basis since completing the training.

Before presenting client outcomes, we examine the key demographic and background characteristics of the first cohort. This information facilitates a greater understanding of the types of individuals that were served by the pilots.

Participant Demographics

As noted earlier, each site appropriately used unique criteria for selecting participants. These criteria help to account for some of the variation across sites in terms of the clients' demographic characteristics.

Gender

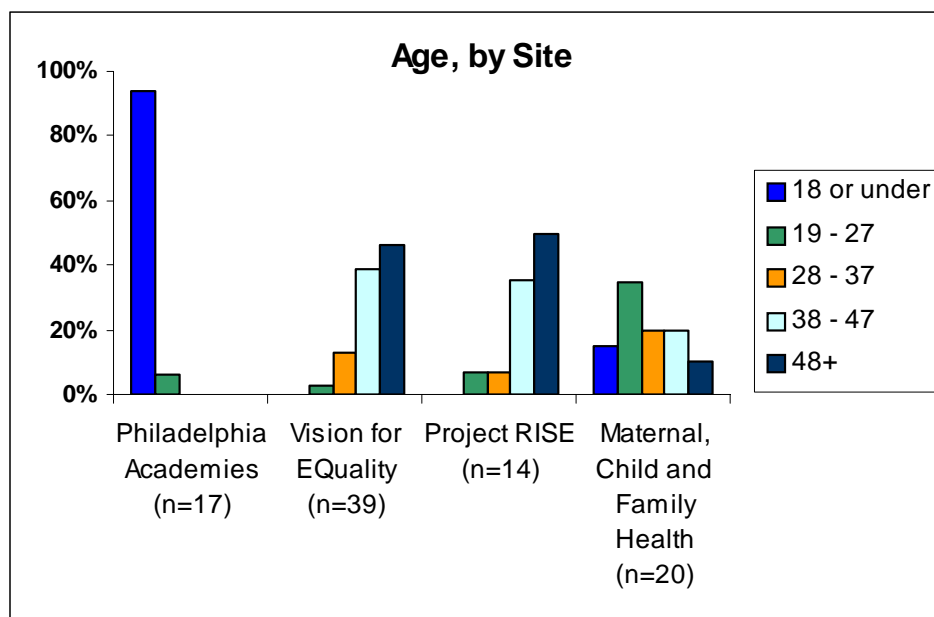
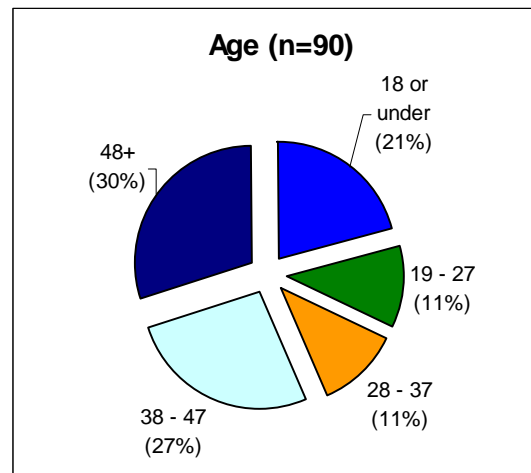
About three-quarters (77 percent) of first cohort participants were female. The only site with more males than females was Project RISE, which focuses on entrepreneurs.

Race

Most participants were African-American (77 percent), and the majority at every site was also African-American.

Age

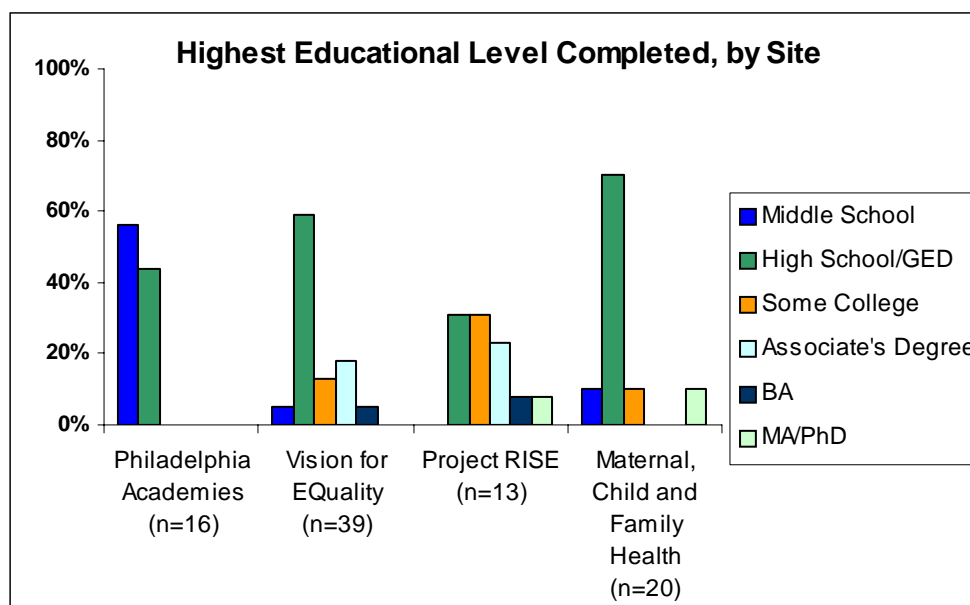
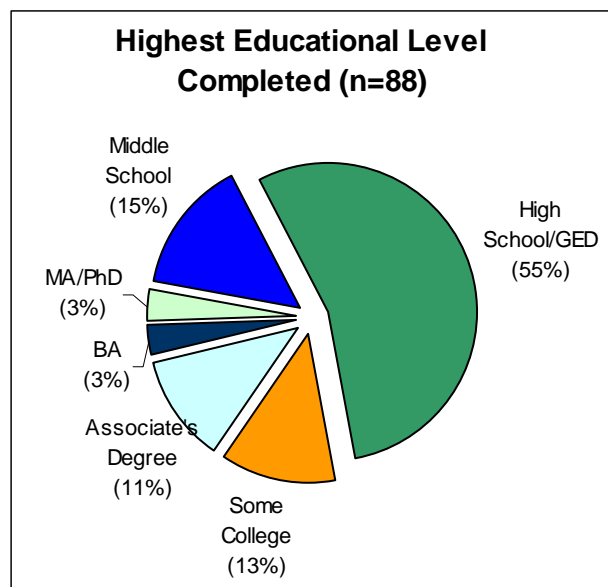
The age of participants varied. Thirty percent were 48 or older; approximately one-quarter were 38 - 47; one-tenth each were 28 - 37 and 19 - 27, and one-fifth were 18 or under. The Philadelphia Academies site accounted for almost all of the clients who were 18 or under, although MCFH also had a small percentage of clients in this age group.



Education

When asked about the highest level of education clients had completed to date, the most prevalent answer was high school or a GED (55 percent). Fifteen percent (15 percent) had completed middle school, with the Philadelphia Academies participants accounting for most of

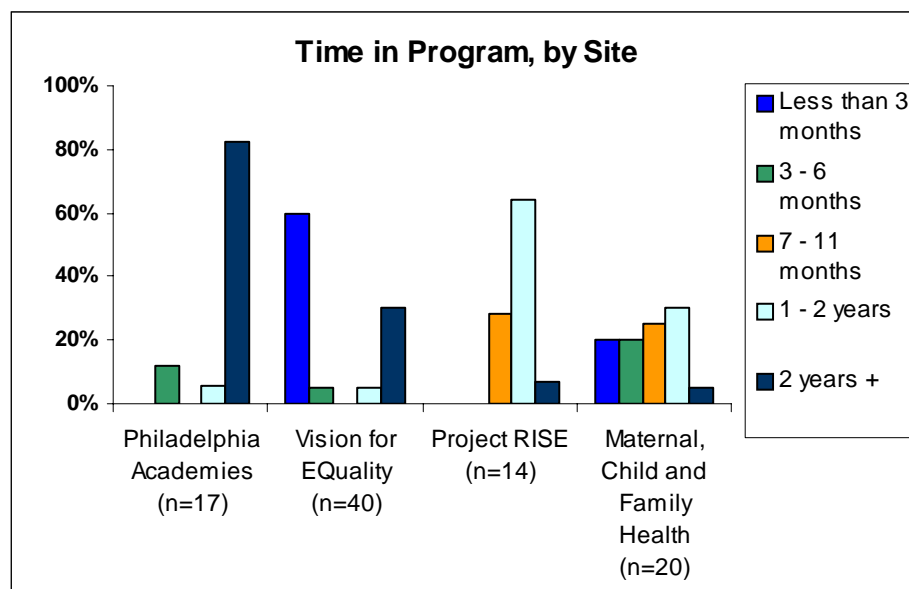
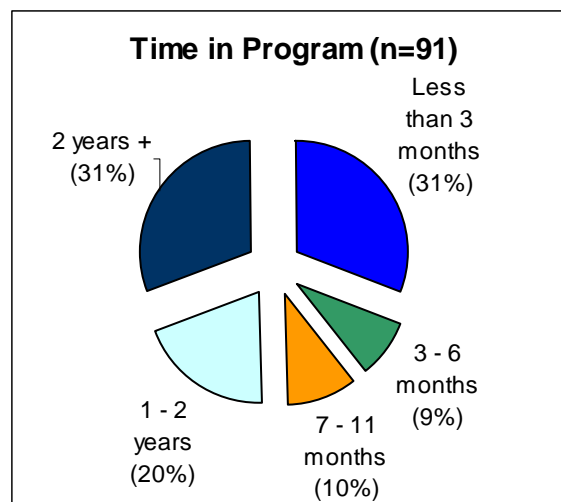
these responses (although Vision for EQuality and MCFH also had some clients who indicated middle school). While MCFH participants were required to have completed their high school diploma or GED to be in the program, the survey results indicate that this requirement was not completely restrictive. It is likely that other factors, taken in combination with educational attainment, were considered when making decisions about program participation. Smaller percentages of clients had completed some college, an Associates Degree, a Bachelors Degree, or an MA/Ph.D. Project RISE had the highest percentage of clients who had completed some college or higher.



Sponsoring Program Participation

There was a lot of variation in how long clients participated in programs at the pilot site (*not* the technology program). About one-third of clients (31 percent) had participated for less than three

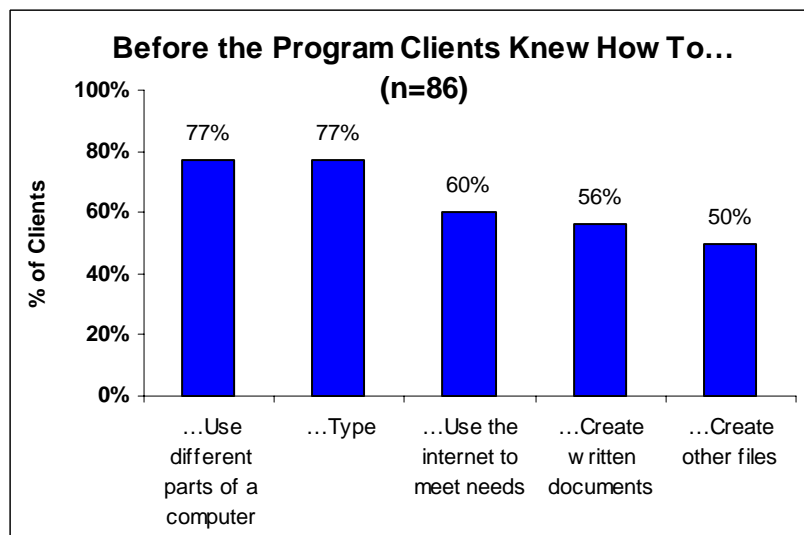
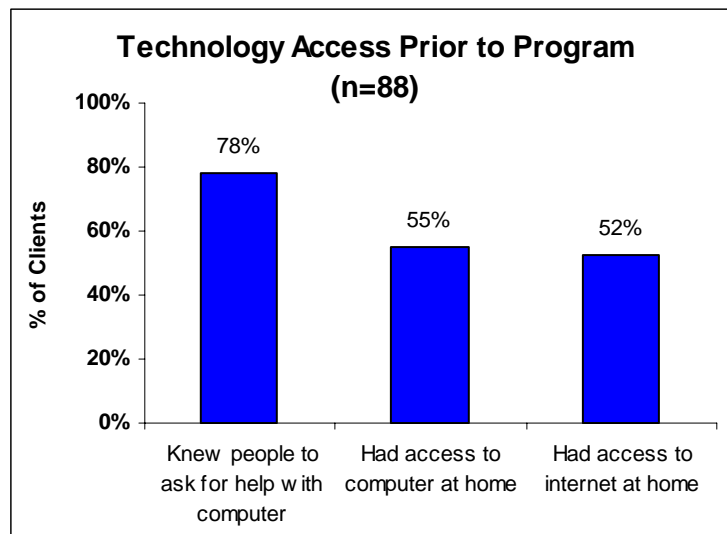
months, and one-third had participated for two years or more. Philadelphia Academies required participants to be high school seniors who had been program participants for a minimum of two years. This requirement was evidenced by survey results showing that most respondents from Philadelphia Academies had been in the program for a relatively long period of time (two years or more). At other sites, clients tended to have been involved in the program for varying lengths of time. Project RISE and Vision for EQuality are new initiatives of their lead agencies, and the shorter length of program engagement reported by clients from these sites is a reflection of this.



Prior Experience with Computers and Internet

As mentioned earlier in the report, many clients in the first cohort had a moderate level of access to and knowledge about computers and Internet prior to the program. Slightly more than one-half had access to a computer and/or the Internet at home, although focus group data suggest that the equipment may have been unreliable and that clients may have been sharing the resources with

others in their household. In terms of having had access to a computer and/or the Internet at home, participants from Philadelphia Academies and Project RISE were more likely to have had access to these resources than Vision for Equality or MCFH participants. More than half of the participants also indicated that they knew how to use the computer to do basic functions such as typing, using the Internet, and creating written documents.

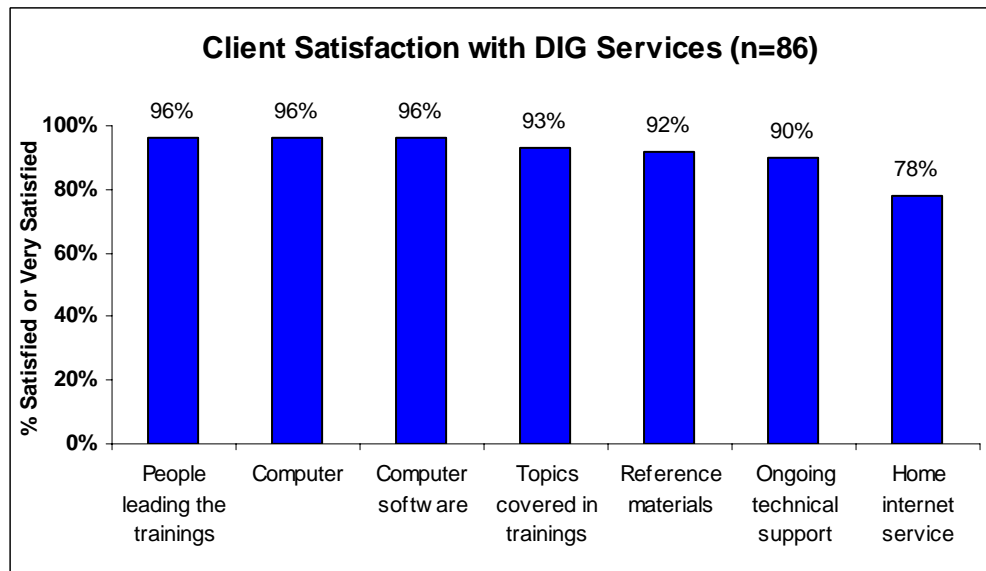


Client Outcomes

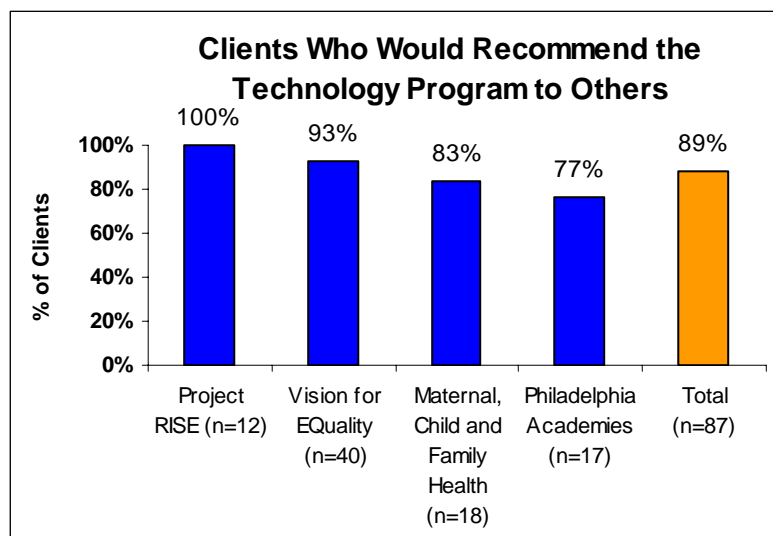
Client satisfaction with DIG services was high across all sites. Almost all clients (96 percent) reported being satisfied or very satisfied with the individuals who led the training sessions, and with the computers and software they received through the program.

- More than 90 percent were satisfied with the topics covered during training, the reference materials provided, and with ongoing technical support.
- In focus groups, program participants further reported that they were satisfied with the hardware for its size and portability.

- The only area where satisfaction had any room for improvement was that of home Internet service. However, even in this area, slightly more than three-quarters of the clients (78 percent) were satisfied or very satisfied with the service.



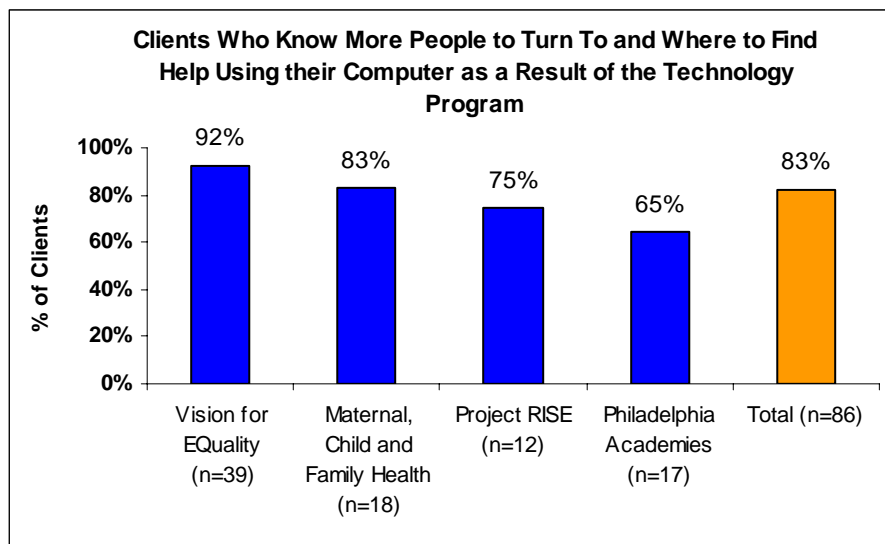
Most clients at all sites said that they would recommend the pilot program to others. This was particularly true of participants at Project RISE, where 100 percent agreed that they would recommend the program.



In addition, 83 percent of all clients reported that they knew more people they could turn to and where to find help with using their computer as a result of the pilot. Clients at Vision for EQuality were the most likely to agree with this statement (92 percent of participants agreed), and those at Philadelphia Academies were the least likely to agree (65 percent). Additionally, in focus groups, some program participants said, “I feel like I am a resource for my family.” These individuals noted that since participating in the program, family and friends contact them for tips on using computers, or to borrow their laptop for schoolwork.

“I feel like I am a resource for my family”

--- VFE Participant



Clients had a variety of reasons for participating in the sustainable broadband adoption pilot. When asked to select their motivations from a list of pre-defined options, the most often cited were: to receive a free computer, learn to create a web page or website, and learn to search for information online (see chart below).

Reasons for participation varied across sites, generally in ways that reflected their goals and target populations.

- The most prevalent motivations among Philadelphia Academies’ clients were to receive a free computer and to find and apply for jobs or internships online.
- The most prevalent reason among Vision for EQuality clients was to complete daily tasks -- such as buying groceries and paying bills -- online.
- Project RISE participants wanted to create web pages or websites.
- MCFH clients wanted to help their children with homework and create web pages or websites.

Motivations, Learning, and Post-Training Usage of Clients (N=92)

I Wanted (to learn how to)...	% citing as a reason for program participation	Out of those who cited this as a reason for participation...	
		<i>...% who reported learning something from the training about how to...</i>	<i>...% who have used the materials (at least once a week) for this purpose since the training</i>
Receive a free computer	78%	N/A	N/A
Create a web page or website	73%	75.4%	44.8%
Search for information online	70%	86.8%	80.7%
Stay in touch with professional contacts and network for work	65%	78.2%	65.5%
Complete daily tasks (buying groceries, paying bills, etc.)	64%	70%	57%
Create written documents	61%	87.8%	76.1%
Keep in touch with family and friends via the computer	61%	81.1%	73.5%
Receive low-cost Internet service	60%	N/A	N/A
Research educational opportunities	59%	82.4%	68.1%
Find and apply for jobs or internships	58%	86.3%	68.1%
Help my children or family members with homework	58%	83.3%	68.8%
Send/receive email	55%	87.5%	78.3%
Manage my business finances and track customers and inventory	51%	81.4%	50.0%
Manage my personal finances	51%	75.6%	52.5%
Find medical help or information	50%	81.0%	62.8%
Search for childcare services online	49%	81.0%	57.5%
Shop online for products or services	44%	73.7%	52.8%
Sign up for public benefits	44%	91.7%	44.1%
Play games	54%	74.4%	69.0%

Most clients who participated in the program to learn a specific task actually did learn about that task during the training (see middle column of above chart). For example, 75 percent of those who wanted to learn how to create a web page or website learned something about creating web pages or websites during the trainings, and 87 percent of those who wanted to search for information online learned how to do so during the trainings.

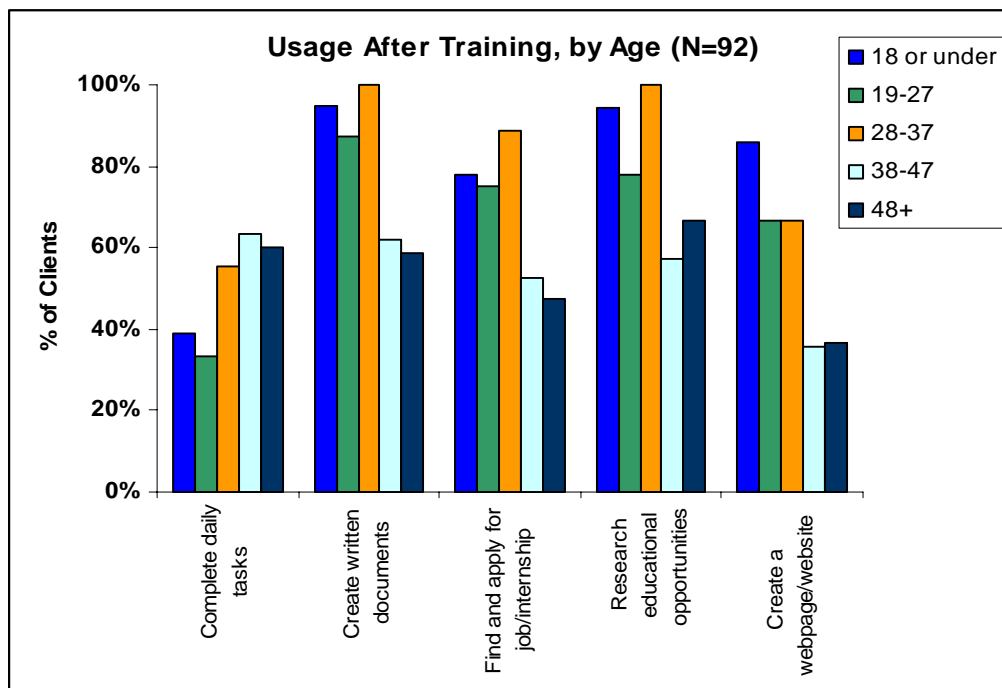
Clients who reported that they learned something as a result of the trainings were fairly split among those who *did* and *did not* have access to a computer at home prior to the trainings. Therefore, prior access did not seem to affect whether or not clients learned, although it is possible that it affected how much they learned.

Many clients have used the program materials at least once a week since the trainings to do the things that they joined the program in order to do (see right-hand column of chart).

For example, 81 percent of those who wanted to search for information online have done so on a weekly basis -- or more frequently -- since the program ended. It is important to note that some of the reasons for wanting to participate – for example, to create a web page or website and to sign up for public benefits – are not tasks that are generally completed on a weekly basis, and thus these percentages may not be an accurate reflection of success for these tasks.

Clients who reported using the materials since training were fairly evenly split among those who had and did not have access to a computer at home prior to the trainings. Here again, prior access did not seem to affect usage of the materials after training.

However, and not surprisingly, since some tasks are developmental and age oriented, ongoing usage did vary by age for some tasks. For example, less than half of clients below age 28 reported using program materials weekly -- or more often -- in order to complete daily tasks such as buying groceries or paying bills. However, more than half of clients age 28 and over used the materials for that purpose.



Tasks in which higher percentages of younger clients participated included: using the computer to create written documents, finding and applying for jobs or internships, researching educational opportunities, and creating web pages or websites.

In general, clients below age 38 had slightly higher levels of ongoing usage than did clients who were 38 or over. For example, for some tasks, virtually all clients (100 percent) in the younger age categories reported having used the materials. On the other hand, no more than 81 percent of clients in the older age brackets had used the materials for any task.

During the program focus groups, participants reported using the Internet often for communicating with family and friends via e-mail or Facebook™ and MySpace™. In all focus groups, participants reported a greater sense of connectivity through computer use, noting that they now connect more easily and regularly with business contacts, family overseas, etc. One mother from MCFH noted that she finds asking for help from family members easier now that she can maintain regular contact with them and send them pictures of her child.

“I’ve realized as I get older, you can’t always depend on others...with this computer I don’t have to be bothered with anybody when I want to learn something new or need to find how to get something.”

--MCFH Participant

In addition to a sense of connectedness, several focus group participants reported a newfound sense of independence and self-reliance made possible by the ability to find information for oneself. “I’ve realized as I get older, you can’t always depend on others...with this computer I don’t have to be bothered with anybody,” was a sentiment shared by many. One area where a few clients reported feeling some hesitance or outright fear was using web-services that involve the exchanges of private information (i.e., shopping online and using online banking). Fear of computer viruses or loss of personal information came up at least once during each focus group.

3. Summary Assessment

In summary, data from the evaluation strongly suggests that DIG's revised pilot program is highly successful and is also very promising as a model that could be scaled and sustained. Client data overwhelmingly indicates satisfaction with the program resulting in high levels of technology adaption and use. The underserved, vulnerable populations benefiting from the program reported very high rates of learning how to use computers and the Internet to meet their unique needs, which include searching for information and jobs, sending and receiving mail, and finding medical help online. Similar to the general population, vulnerable populations report that computers and the Internet reduce personal and social isolation by making it easier to stay connected to people. They also reported feeling empowered and less reliant on others while becoming more of a resource to their own families. Evidence of ongoing use after training also suggests that the learning is likely to be sustained in the future; and skill and use is likely to multiply as clients share computer and Internet access and their training to other family members.

All sites carried the model out with fidelity, and met or exceeded target numbers. The unique training foci provided at each site, along with the general training package, contributed significantly to success.

This interim report has presented data on the early challenges and successes of the pilot. Below, we summarize the findings and offer some recommendations for moving forward.

3.1 Summary of Findings

Key findings of this report include:

- **Each pilot site targets a distinct, vulnerable population for its core programming.** In addition, each site appropriately developed its own selection criteria and application process for the pilot. Both of these factors contributed to variations in client characteristics (age, education, length of involvement with organization, etc.). Some general patterns were noted, despite the variations. Clients in the first cohort tended to be female (77 percent), African-American (77 percent), and high school graduates or GED earners (55 percent). Importantly, many clients (52 percent) already had some access to and experience with complete technology before the program.
- **The sites successfully implemented the pilot model according to plan.** Training topics varied among sites with three or more unique training sessions developed and offered at each site. (One site offered four distinct training sessions.) Accordingly, most clients attended three or more training sessions on their own unique needs as identified during focus groups.

- **Each sites met the goal of delivering packages to at least 20 clients during the first cohort -- two sites served more than 20 clients during the first cohort.** Four unique micro-sites were also developed by the College of Physicians for clients in the program.
- **Not surprisingly, clients had different reasons for participating in the program. The reasons varied by site, reflecting the different vulnerable populations served by the four organizations.** The most prevalent reasons overall were: to receive a free computer, to learn how to create a web page or website, and to learn to search for information online.
- **Most clients (between 70 percent and 92 percent) who participated in the program to learn a specific task actually did learn about that task during the trainings.** For example:
 - Ninety-two percent of those who wanted to learn how to sign up for public benefits online reported that they learned about doing so during the trainings.
 - Eighty- percent of those who wanted to learn how to create written documents reported that they learned about doing so through the training sessions.
 - Seventy percent of clients who wanted to learn how to use the computer to complete daily tasks (such as buying groceries or paying bills online) reported that they learned about doing so.
- **The data also suggest that the model is sustainable from the perspective of clients' ongoing use.** Data suggests that 44 percent to 81 percent of first cohort clients have continued to use program materials at least once a week after they received training. For example, 81 percent of the clients who joined the program to learn how to search for information on line searched on line at least once a week after training.
- **Further, data from focus groups suggest that client training multiplies as it is shared and passed on to other underserved family members.** Program participants reported using their computers to help family members with homework, to find health information, and to simply keep in touch. This shows the participation and perpetuation of a community of technology users. Additionally, one focus group participant reported assisting an extended-family member who was a program participant at a different pilot site. This is one instance of the pilot being used to directly build the technical capacity of an extended family.
- **Clients' access to a computer at home prior to the program was not related to whether or not they learned anything as a result of training or their usage of the materials since training.** Both those who previously had access and those who did not reported skill-building as a result of the trainings and also reported using the training materials.
- **Client usage of the program materials after training for some tasks varied by age.** Tasks for which this was especially true included: completing daily tasks such as buying groceries or paying bills online, creating written documents, finding and applying for jobs or internships, researching educational opportunities, and creating web pages or websites.

In general, clients below age 38 had slightly higher levels of usage than did clients who were 38-years-old or older.

- **Client satisfaction with DIG's services was high across all sites.** Clients were particularly satisfied with the trainers, the computers, and the software provided. Most clients would recommend the program to friends and family members and, as a result of the program, said that they know more people to turn to for help using their computer.

3.2 Suggestions for Going Forward

Given the strong success of this first cohort, OMG has a limited set of recommendations to help DIG continue to refine its model and to advance the field by continuing to share effective practice. We offer these and understand that of course, they are contingent on the availability of resources:

1. **Refining financial model:** DIG has estimated client costs at about \$900 to \$1,200. While this is a good beginning, in order to truly understand how best to scale the work, DIG may need a more detailed financial analysis incorporating overhead and full staffing costs. Indeed, one would expect an efficiency of costs and operations with scaling and experience.
2. **Continue tailoring program training and support to the unique interests and needs of clients through long-term partnerships.** We consider the model highly effective. Using locally based, specifically focused partners to connect with and embed training and services is effective for initial client recruitment and retention, and it increases local partner capacity to do more of this work in the future. Consider building on these successes, as well as continually refining training uniquely focused on their specific client interests and needs.
3. **Identify resources for a larger, longer, quasi-scientific evaluation.** If possible, collect and analyze evaluation data of a larger, even more diverse group of participants representing vulnerable populations, and do this over a longer period of time to understand how well the skills are retained, built upon, and disseminated among family and friends. Also, try to conduct an evaluation with a control group.