

Community Participation, Community Education, and Program Promotion (CPEP)

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September 2019

Agenda

- Welcome and Introductions
- Introduction to NYSDOH CPEP Expectations
- Needs Assessment and Evaluating CPEP Activities
- Outreach to Partners and/or Potential Clients
- In-reach/Patient Experience
- Wrap-up and Evaluation



Learning Objectives

By the end of today's workshop, participants will be able to:

- Define components of community participation, community education, and project promotion (CPEP);
- Describe NYSDOH CPEP expectations;
- Identify potential short-term, medium-term, and long-term benefits from CPEP activities; and
- Identify at least one CPEP activity and complete the Example CPEP Plan Template for that activity including goal, timeline, activity, and evaluation

NYSDOH Expectations

Questions

Please write down questions about NYSDOH expectations on one of the index cards at your table so we can address them later in the day

NYSDOH Expectations

- Have at least one trained Health Educator with dedicated time to family planning outreach and education
- Have process for ensuring competency of health education staff
- Have written CPEP Plan
- Describe process for creating CPEP Plan:
 - Needs assessment
 - Plan monitoring and evaluation
 - How input from members of priority populations are solicited and incorporated in to plan



NYSDOH Expectations

CPEP Plans should:

- Use Specific, Measurable, Achievable, Realistic, and Time-Oriented (SMART) framework
- Address both
 - Community Participation
 - Community Education/Program Promotion



NYSDOH Expectations

CPEP Plans should:

- Include activities/efforts to increase community awareness of and ability to access FP services
- Include specific emphasis on unique needs or priority populations
 - Racial/ethnic minorities
 - Adolescents and young adults
 - Individuals at or below 100% of the Federal Poverty Level
 - Males
 - Other populations not included above but identified through the community needs assessment



NYSDOH Expectations

CPEP Plans should:

- Describe
 - How community partnerships are identified and evaluated
 - Marketing and communication plan/activities
- Include measures
 - To demonstrate successful Community Participation
 - To demonstrate successful community education/program promotion
 - Of effectiveness of social media efforts such as impressions/clicks



NYSDOH Expectations for Health Educator Positions funded through Family Planning



CPEP Policy - Purpose

- Describe *(insert Agency Name)* process for ensuring opportunities for participation of individuals who represent significant elements of the population served by the family planning project, including participating in activities related to the development, implementation, and evaluation of the family planning project.

CPEP Policy

- *(insert Agency Name)* will establish community engagement plans that ensure individuals who are broadly representative of the population be served, and those who are knowledgeable about the community's needs for family planning services, will participate in developing, implementing, and evaluating the family planning project.



CPEP Procedure

Detail:

- Process by which diverse community members (identified through needs assessment) will be involved in efforts to develop, assess, and/or evaluate the family planning project.
- Process for documenting community engagement activities (e.g., reports, meeting minutes).
- How staff will be trained and updated on changes to this policy.
- How staff can access this policy (location of paper/electronic version(s)).

Defining Community

What does community mean to your team in the context of CPEP?

Needs Assessment and Evaluation



Needs Assessments

- Need and population served
- Uses mixed-methodologies
 - Quantitative data
 - Qualitative data
- Identifying research question(s)
 - Unserved populations
 - Unmet service needs
- Who to involve
- Interpreting and using results



Featured Provider: Needs Assessment



While the featured provider is presenting, consider these three questions for discussion:

- 1)What about this strategy do you think you might use or have used?
- 2)What about this strategy did you particularly like or find useful?
- 3)How might you modify this strategy for your agency?



Discussion



CPEP Plan Template

Template Community Participation and Community Education/Program Promotion (CPEP) Plan

The below template plan may be used to identify objectives and actions that a FPP agency will undertake to engage and educate the community. FPP agencies may adapt this template and add rows as needed.

Community Participation and Community Education/Program Promotion (CPEP) Plan				
Objective 1: Conduct a community needs assessment This objective relates to the New York State requirement for: [x] community participation [] community education/program promotion				
Timeline	Target Audience	Action Steps	Responsibility	Evaluation
By 6/30/2020	NYDSOH, Our Agency's Leadership Team, Family Planning Provider Leadership and Staff	<ul style="list-style-type: none"> Select methodology for conducting needs assessment Create timeline with final product finished by June 30, 2019 Assign tasks for completion of needs assessment Complete needs assessment Disseminate needs assessment to target audience 	Family planning program manager	Needs assessment completed on-time with input from special and hard to reach populations

CPEP Plan Template

Objective 2: Using results of needs assessment, present at five or more conferences or meetings per year to discuss family planning program and referral opportunities

This objective relates to the New York State requirement for: [] community participation [x] community education/program promotion

Timeline	Target Audience	Activity/Action Steps	Responsibility	Evaluation
7/1/2019 - 6/30/2021	Agencies and coalitions that provide services to or represent the special and hard to reach populations identified in Objective 1	<ul style="list-style-type: none"> Identify agencies, coalitions, conferences/meetings that work with special and hard to reach populations identified in the needs assessment. Provide information on Family Planning Program's services and resources that are sensitive to the needs of the special or hard to reach populations at conferences/meetings. Obtain feedback on the information provided via presentation or meeting evaluations. Utilize the results from feedback/evaluations to enhance future presentations/meetings. 	Family planning program manager and health educator	<ul style="list-style-type: none"> Agencies, collations, conferences/meetings were identified. Information was presented/provided at more than five meetings in the year. Feedback/evaluations used to enhance future presentations/meetings.

Discussion



Evaluation

“Effective program evaluation is a systemic way to improve and account for public health actions by involving procedures that are useful, feasible, ethical, and accurate” (CDC, 2017)

In other words ...

- Assess what worked or didn't work
- What to modify, keep, and/or discard

Source: <https://www.cdc.gov/eval/framework/index.htm>

Types of Evaluations

- **Formative Evaluation**
 - Ensures that a program or program activity is feasible, appropriate, and acceptable before it is fully implemented
- **Process Evaluation**
 - Determines whether program activities have been implemented as intended
- **Outcome Evaluation**
 - Measures program effects in the target population by assessing the progress in the outcomes or outcome objectives that the program is to achieve
- **Impact Evaluation**
 - Assesses program effectiveness in achieving its ultimate goals

Source: <https://www.cdc.gov/std/Program/pupestd/Types%20of%20Evaluation.pdf>



New York State
Family Planning
Training Center
nysfptraining.org

Process and Outcome Evaluations

Process

- Allows you to track information related to Who, What, Where, and When questions
 - Who did you engage and how many people? Who from your FPP was involved?
 - What CPEP activities did you do?
 - Where did activities take place?
 - When did activities happen?

Outcome

- Measures program effects in target population
- Assesses progress in outcomes the program seeks to address
 - Did the program have any unintended effects on the target population?
 - Do the benefits of CPEP activities justify a continued allocation of resources?



Evaluation Tips

- Evaluations can be big or small, simple or complex
- You don't have to evaluate everything
- Different stakeholders/staff can help with evaluation activities compared to implementing activities
- Data sources and data collection methods contribute to the strength/validity of evaluation
- Be objective
- All evaluations will have limitations
- Evaluations help tell your story, learn from, and act upon learnings

Source: <https://www.colorado.gov/pacific/cdphe-lpha/phase-vii-steps-implementing-promoting-and-monitoring-plan>



NYS Expectations

- Establish measurable goals using a SMART framework (Specific, Measurable, Achievable, Realistic, Time-Oriented)
- Evaluation plan reflects your stated CPEP goals and the progress towards achieving them
- Articulate the value of completed activities
- Results of patient satisfaction survey results are acceptable
- Process measures are acceptable; outcome measures are not expected



Sample Measures

Measures related to community participation

- Number of partners providing input on project plan
- Increased input from community into FP program
- Increase staff understanding of community
- Number of program/policy changes implemented based on participant input
- Demographic or volume changes in patient numbers
- Increased patient satisfaction

Measures related to community education/program promotion

- New referral partnerships developed
- Number of referrals made (by referral partner, by patient demographic)
- Demographic or volume changes in patient numbers
- Increased community understanding of program
- Increased support for FP program in the community
- Increased access to previously hard to reach populations (presence with faith based organizations, etc.)



Discussion



Break

Outreach to Partners

Goals of Outreach to Partners

- Build relationships and trust
- Ensure community is aware of family planning project and services
- Ensure family planning project is aware of resources in the community



Types of Outreach to Partners

- Presentations to inform community partners
- Meet with community partners and coalitions
- Distribute and post flyers
- Distribute program information at community events
- Texting programs
- Media buys
- Clinic tours
- Press releases



Effective Outreach Strategies from NYSDOH Annual Health Education and Outreach Reports



HE Reports:

Using Needs Assessment to Inform Outreach

- Identified and connected with other NYSDOH -funded programs, especially CAPP/PREP
- Obtained community participation/feedback
 - Held advisory committee meetings
 - Met with community partners
- Census, school district, and other community data
- Vital statistics data
 - [Community Perinatal Data Profiles](#)
 - [STD rates](#)
- Reviewed previous plan
- Distributed needs assessment surveys



HE Reports:

Avoiding Duplication of Efforts

- Coordination within CAPP, SBHC, and PREP programs housed within agencies
 - Regularly scheduled coordination meetings
 - Educators use a shared community outreach event calendar
- Targeting other community-based agencies that do not have these programs
- Coordination NYSDOH-funded programs outside your agency



HE Reports:

Examples of Outreach to Young Adults Outside of CAPP and PREP

- Working with agencies that serve at-risk or justice-involved youth
 - Partnering with foster care providers
 - Partnering with homeless youth shelters
- Attending and hosting adolescent health conferences
- Partnering with community colleges and universities
- Engaging social marketing experts



HE Report Examples

- Social media campaigns
- Co-sponsor Pride Day
- Newsletter to partners
- Outreach to migrant worker camp and local farms
- Drop-in community center
- Work with prison system
- Soup kitchens
- Agencies that serve victims of human trafficking
- Collaboration with church
- Radio interviews
- Using games to provide education
- Outreach to barber shops and beauty salons
- Outreach at Dominican Consulate
- Clinic tours
- Outreach to workers at race track
- Working with project funded by DA's office for justice involved youth
- Worked with Senator to form task force to promote reproductive health services
- Participate in local community task forces
- Work with behavioral health partners to address SUD

HE Reports:

Common or Noted Challenges

- Staffing
- Competition from other providers
- Potential clients fear due to immigration status
- Conservative views/political climate
- Accessing faith-based community
- “Unlearning” gender and cultural biases
- Youth afraid of parental notification
- Provider shortages
- Enrolling teens in FPBP
- Agency doesn’t allow hosting social media platforms
- Funding challenges/changing regulation
- Safety

Featured Provider: Outreach



While the featured provider is presenting, consider these three questions for discussion:

- 1) What about this strategy do you think you might use or have used?
- 2) What about this strategy did you particularly like or find useful?
- 3) How might you modify this strategy for your agency?



Working with People with Disabilities

Liam Doherty Community Outreach and Education Specialist
Planned Parenthood of Central and Western New York

The need

- People with intellectual & developmental disabilities (IDD) want to have romantic and sexual relationships.
- People often discount these feelings and ignore their need for education.
- This can lead to a sense of loneliness and depression.

My Background

- 8 years as a Residential Habilitation Trainer @ Heritage Centers
- 3 years as a Community Outreach and Education Specialist @ PPCWNY

Building relationships

- People who work in the IDD field care deeply for their clients.
- You must show them that you also care.
- Work with the service coordinators!

Step 1

- Professional development trainings.
 - Reach out to agencies in your area and offer trainings for staff.
 - I have done trainings with People Inc, Summit, ARC (formerly Heritage Centers), Aspire.
 - People often don't understand what it is you can offer.

Step 2

- Do a good job and network.
 - In this line of work a lot of the agencies are interwoven. A person might have a service coordinator from one agency, work in a workshop for another agency, then live in a home run by yet another agency.
 - Word of mouth is so important.

Step 3

- Be flexible.
 - Staff can be flaky.
 - Transportation is an issue.
 - The concern you are told about might not be the real issue.
 - Stay flexible stay positive.

Ashley 34 and Matt 42 (not their real names)

- I was called by a local agency because Ashley and Matt have been caught kissing while they should be working.
 - Staff needs this to stop.
 - Why are they kissing?
 - What do Matt and Ashley want?
 - What are the solutions?

Tony 16 (not their real name)

- Got in trouble for asking a neighbor girl to have sex.
 - What happened before?
 - What did you say?
 - What did you mean?
 - What did you want?

Trish 23 (not their real name)

- Born with cerebral palsy, has a boy friend, wants to have sex and get married. Failed her first sexual assessment.
 - Why does she need a sexual assessment?
 - What parts did she fail?
 - How can we help?

Questions?

Team Activity Using CPEP Plan Template

Community Participation and Community Education/Program Promotion (CPEP) Plan				
Objective 1: This objective relates to the Title X requirement for: <input type="checkbox"/> community participation <input type="checkbox"/> community education/program promotion				
Timeline	Target Audience	Action Steps	Responsibility	Evaluation

LUNCH



Report Out: Team Sharing



Teams to share one outreach activity that they have done or would like to do



While teams are presenting, consider these questions for discussion:

1. What about this strategy do you think you might use or have used?
2. What about this strategy did you particularly like or find useful?
3. How might you modify this strategy for your agency?



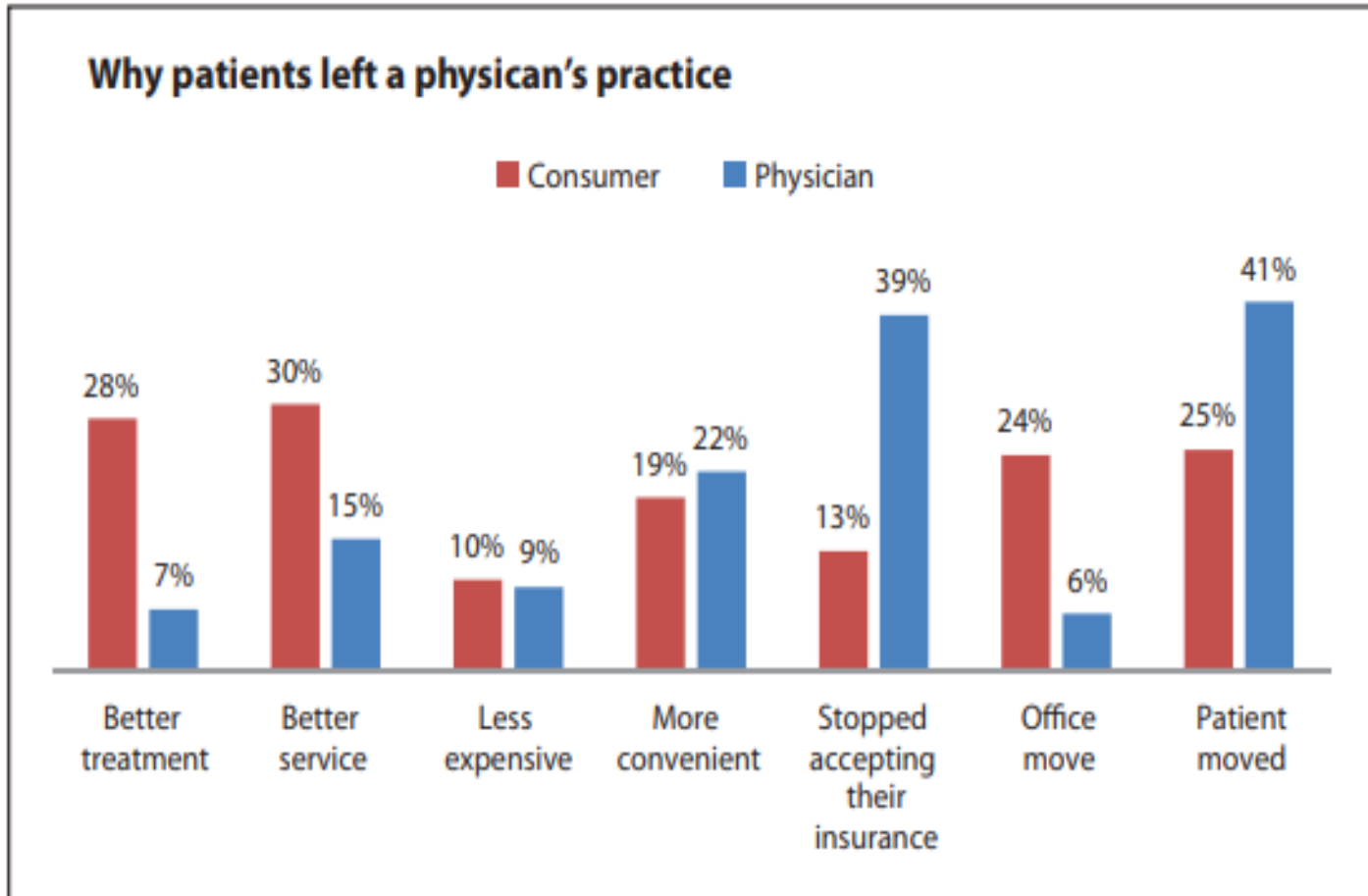
In-reach/patient experience



In-reach

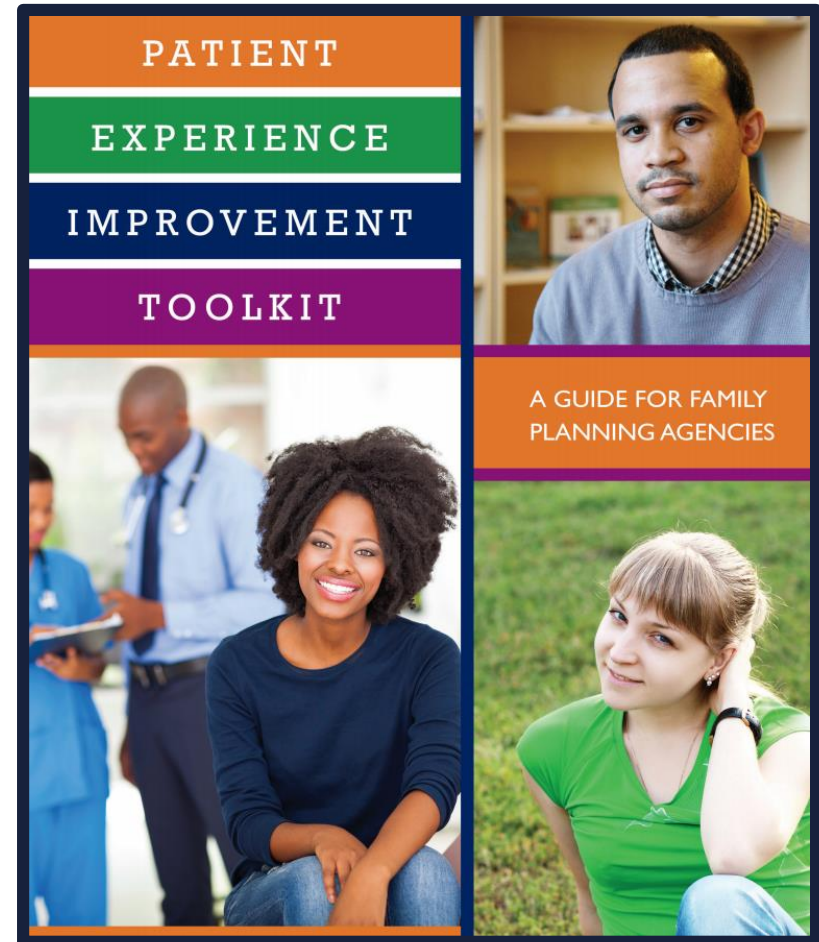
- Goal: retain current patients and attract new patients via word of mouth
- In-reach is directed towards clients that have had contact with your agency's services
- To achieve in-reach goals:
 - Ensure all patients have a positive experience
 - Engage current and former patients (e.g., through reminder systems)
 - Encourage patients to talk about their experience (e.g., be ambassadors for the project)

Why “In-reach”?



Patient Experience In-reach Strategies

- Strategies presented today are from the FPNTC's Patient Experience Improvement Toolkit
- Ideally, six month improvement program
- Includes step by step instructions and sample tools



Assessing patient experience from staff's perspective

- Asking staff to complete a Patient Experience Improvement Assessment can help you identify in-reach priorities

Patient Experience Improvement Assessment

Domain	Element	1= NEVER	2= RARELY	3= SOMETIMES	4= USUALLY	5= ALWAYS
Systems	Our patients can get an appointment to see a provider on the same or next day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Our patients do not have to wait more than 10 minutes before they are seen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Our patients get in and out of our clinic in 45 minutes or less.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Patients choose to come here even if they are insured.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Environment	Our clinic is well-maintained (equipment is in good shape, walls have clean coat of paint/paper, magazines in waiting room replaced regularly, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Our clinic is clean and uncluttered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Our patients are able to move around the clinic without asking staff for directions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Our clinic is handicap accessible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Interactions	Staff make a welcoming statement to patients upon arrival.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Staff use friendly words and tone of voice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Staff demonstrate empathy when a patient expresses difficult emotions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Staff use positive phrasing when communicating with patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Staff use terms that patients understand when explaining medical procedures or devices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Staff offer options when a patient is having a difficult time understanding/complying with the clinic protocols.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality Care	Patients come here because we provide excellent care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Assessing patient experience from clients' perspective

Client input can be obtained in a number of ways:

- Surveys (paper, online, mobile)
- Interviews
- Focus groups
- Observations
- Shadowing
- Phone audits

Mobile Survey Template

Text the number indicated to submit your response.

When I called, the telephone staff were WELCOMING.

(1=yes, 2=no)

When I arrived for my appointment, the staff were WELCOMING.

(1=yes, 2=no)

How would you rate STAFF COURTESY today?

(5=very good, 4=good, 3=average, 2=poor, 1=very poor)

Did you feel your PRIVACY WAS RESPECTED today?

(1=yes, 2=no)

From time of arrival, HOW LONG DID YOU WAIT to be seen?

(1-0 to 20 min, 2-21 to 40 min, 3-41 to 60 min, 4-1 to 2 hrs, 5-2 hrs +)

Considering your complete experience today would you RECOMMEND this clinic to a friend?

(1=yes 2=no)



Improving the visit

- Make a welcoming statement
- Use friendly words and tone of voice
- Demonstrate empathy
- Put language in the positive
- Offer options

How it feels to <i>receive</i> poor or excellent service	
Poor	Excellent
Disrespected	Felt important
Embarrassed	Validated
Lonely	Welcome. Understood.
Trapped	Had options
Helpless	Help is available

How it feels to <i>provide</i> poor or excellent service	
Poor	Excellent
Ashamed	Proud
Angry	Full of warmth
Disappointed	Energized
Frustrated	Happy
Helpless	Help is available

Improving the site's image

- Audit the facility
 - Building and parking
 - Grounds and entrance
 - Staff area
 - Waiting area
 - Signage
 - Exam rooms, etc.
- Audit the website
- Discuss the audit findings
- Mobilize the makeover

First, please circle how you are accessing the website (it is important to review the site in all browsers):

Internet Explorer Mozilla Firefox Google Chrome Safari Mobile Phone Tablet

WEBSITE AUDIT	Yes	No
Design		
The website design is aesthetically appealing.		
The colors on the site are related to the service site's logo.		
The fonts are easily readable.		
The structure of the navigation bar makes sense.		
Content		
The amount of text on each page can be read without having to scroll.		
The text contains no spelling or grammar errors.		
The information is jargon-free.		
All links on the website are active.		
There is adequate information about the services available.		
The website makes a convincing case for why patients should go there.		
At least one picture of the facility is shown on the website.		
Contact Information		
It is easy to find the facility's phone number.		
It is easy to find the facility's email address.		
It is easy to find the facility's address.		
The directions to the facility are clearly explained.		
The hours listed for the service site are accurate.		
There is direct contact information to make an appointment.		



Respecting Client Privacy

- Safeguarding what patients in the clinic can see
- Limiting what patients can hear
- Minimizing:
 - Amount of personal information the patient must disclose at the registration area
 - Number of people to whom personal information must be disclosed
- Protecting medical records from outside eyes



Respecting Client Privacy (continued)

PRIVACY AUDIT , PART I	✓
On the Phone	
Staff answering phones in the clinic do not discuss patients' names, reasons for calling, or histories in front of other patients.	<input type="checkbox"/>
Waiting Area and Front Desk	
People waiting cannot hear the names, reason for visit, or financial information of patients who are checking in.	<input type="checkbox"/>
People waiting cannot hear the names, reason for visit, or financial information of patients who are checking out.	<input type="checkbox"/>
Computer screens, paper charts, completed forms and any other sensitive information are not visible to clinic visitors.	<input type="checkbox"/>

Asking Clients to Spread the Word

- Agencies should ask clients tell their friends and family when they receive great services.
- Have signs in the exam rooms or palm card with the agency's information and why the experience was positive
 - Sample: If you were pleased with the services you received today, please tell your friends and family. I appreciated:
 - The health care provider valued me as a person
 - The staff were friendly and supportive
 - I was able to get confidential services

Effective In-Reach Strategies from NYSDOH Annual Reports

Examples of In-reach/Patient Experience

- Cultural competency trainings
- Video interpretation
- Patient satisfaction surveys
- Online scheduling and text message reminders
- Monitor time it takes to answer phone
- Evaluate facilities for individuals with disabilities
- In-reach within agency departments where patients receive other services
- Gave facility “face lift” including renovations to reception, registration, and waiting areas
- Reproductive justice approach
- Integrate more equitable language
- Call patients by chosen name and gender pronoun
- Ad hoc focus groups with patients

Break



Featured Provider: In-reach



While the featured provider is presenting, consider these three questions for discussion:

- 1)What about this strategy do you think you might use or have used?
- 2)What about this strategy did you particularly like or find useful?
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Community Health Center of Buffalo (CHCB)

In-reach – Call Center and Scheduling

- Last year, CHCB noticed relatively low patient satisfaction survey scores (on a scale of 1 to 5 with 5 being the most satisfied):
 - 3.8 (access to care) and 3.9 (having call answered and getting appointment)
- At the same time, CHCB was experiencing relatively high no-show rate of 33%
- Triage voice mails were going unanswered for up to 24 hours



Why was this happening?

- Calls were being missed
 - New staff didn't realize impact of not "logging out" of system when they left their desk
- Not enough staff were assigned to answering phones and responding to voice mails
- "Everyone" was responsible for checking voice mail at the end of the day



Changes Implemented to Improve Patient Experience

- Staff were trained on the importance of “logging out” of system when they leave their desk
- MA position was specifically assigned to phones and voice mails instead of it being “everyone’s” responsibility
- Cheektowaga Health Center doesn’t have a provider on Tuesdays (which is a peak call day) so staff from Cheektowaga answer calls (up to 60 on a typical Tuesday)
- Modified workflow so that calls not related to appointment scheduling are immediately transferred out so agents can take the next call.
- The call center manager watches the queue all day. If it backs up, the manager pitches in or adds staff to take calls



Evaluation/Results of Patient Experience Improvement Activities

- Routing the calls correctly eliminated 25 seconds off the wait time
- Triage call response time went from up to 24 hours to 5 minutes on average
- Patient satisfaction scores went from 3.8 to 4.6-4.8
- No show rate went from 33% to ~22-24%



Team Activity Using CPEP Plan Template

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In-reach Report Out



Team Sharing



Teams to share one outreach activity that they have done or would like to do



While teams are presenting, consider these questions for discussion:

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Wrap up and Evaluation



Resources

General CPEP:

- NYSDOH CPEP Expectations
- CPEP Plan Template
- FPNTC five-part e-Learning course on conducting [Quality Improvement](#)



Resources (continued)

Specific to Outreach:

- [Getting your Community Onboard with Sexual Health](#)
- [Engaging your Community: A Toolkit for Partnership, Collaboration, and Action](#)
- [Value Proposition template](#) from the Family Planning National Training Center



Resources (continued)

Specific to In-reach:

- [Using In-Reach and Outreach to Effectively Promote Male Services Podcast](#)
- [Patient Experience Improvement Toolkit](#)
- Archived NYSFPTC webinar, [Improving the Patient Experience in Family Planning Program Sites Webinar](#)



Questions?

