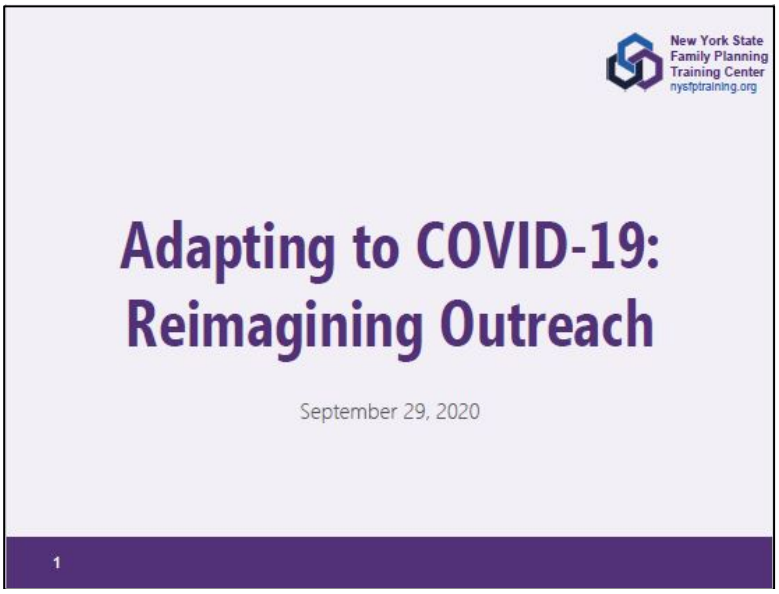
Transcript for Adapting to COVID-19: Reimagining Outreach

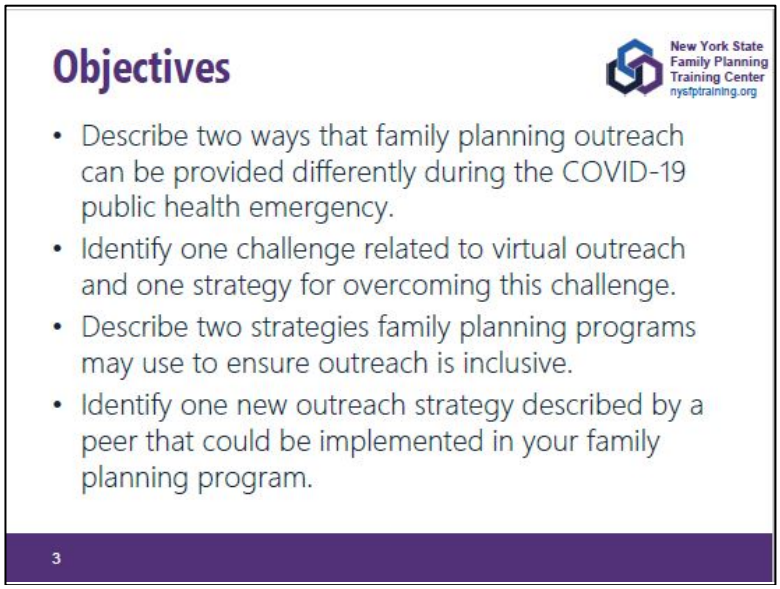
September 29, 2020



Katie Quimby: Welcome everyone. This is Katie Quimby. On behalf of the New York State Family Planning TrainingCenter, I'd like to welcome you all today to today's interactive webinar on Re-imagining Outreach Strategies. I'm joined today on video by my training center colleagues, Caitlin Hungate, Meg Sheahan, Lisa Schamus, Jennifer Kawatu and Rachel Turk. I love to see others joining by video as well. So if you are able to join by video, please turn on your video and join us. This webinar is part one of our four-part Adapting to COVID Webinars Series. Today, we'll hear from two family planning program providers, Finger Lakes Community Health and Planned Parenthood of Greater New York, who will share their experiences. And then we'll break into small groups to have more discussion about the strategies you are using and the questions you have for your peers. Before we begin, I have just a couple brief announcements. First, everyone is muted today to reduce background noise. When we break out into small groups, youcan unmute yourself by clicking the microphone button on the bottom left of your screen, but please remain on mute until we get to that point. We are recording today's webinar and the slides and recording will be posted to our website, nysfptraining.org within the next few days. We will have some time for questions today. So please feel free to chat in your questions at any time. You can find the chat pod by hovering over your webinar screen. A panel of options will come up at the bottom of the screen and from that panel you can click the chat bubble. If you don't see the chat bubble, click the three dots where it says more then you'll see the chat as an option where you can click. When you try to respond please be sure to click send to everyone before typing in your response.In addition to the questions you've sent us in today, we did receive a number of questions during the registration, and we will try to get to as many of those as possible. I would now like to turn it over to my training center colleague, Caitlin Hungate, who will be one of our moderators for today's webinar. She will introduce the topic and our panelists, Caitlin.

Caitlin Hungate: Thanks Katie. Hi everyone. This is our first virtual session in our series on Adapting to COVID-19 and today's session as Katie mentioned is focused on re-imagining outreach. As I said, my name is Caitlin Hungate. I am a training and technical assistance provider within New York State Family Planning Training Center as well as the Family Planning National Training Center. And I look forward to being with you all in community today and learning from our peers and everyone on this call today, and so grateful for your time. And I'd like to turn it over to Meg to introduce herself.

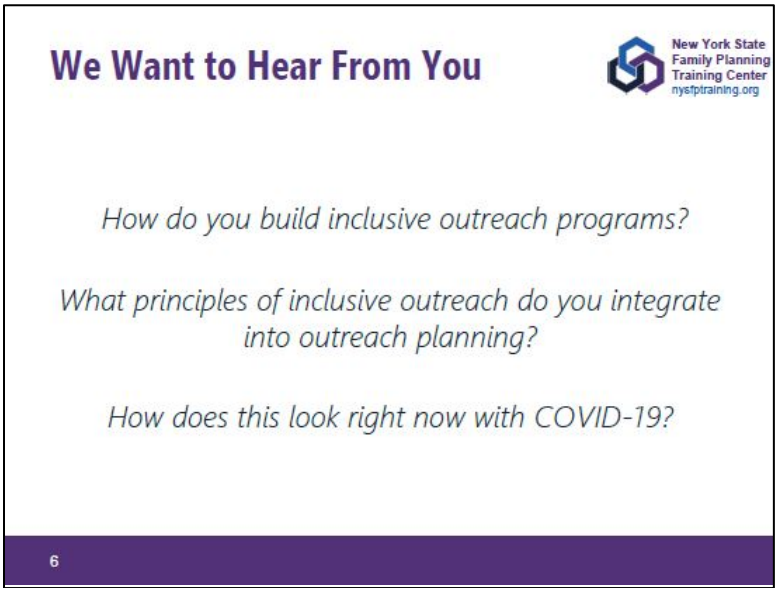
Meg Sheahan: Good afternoon, everybody. My name is Meg Sheahan and I am a certified nurse midwife. I've been providing clinical, sexual and reproductive health services and family planning services for over a decade. I also direct the Title X family planning program in the US Virgin Islands at our department of health. And I've also been a lead on our COVID response team down here in the Virgin Islands. So I've been very much involved in adapting all of our family planning activities and larger department activities to the COVID context. I work as a consultant and a technical advisor for JSI and I am working to support the family planning network throughout the United States. And I am very happy to be with you all today. Thank you for joining us.



Meg Sheahan: We hope at the end of our conversation today that you will be able to describe two ways that family planning outreach can be provided differently during the COVID-19 public health emergency. Identify one challenge related to virtual outreach and one strategy for overcoming this challenge, describe a few strategies that family planning programs can use to ensure that outreach is inclusive and also to identify one new outreach strategy described by a peer that could be implemented in New York Family Planning Program.

Caitlin Hungate: Thanks Meg. And so when we talk about re-imagining outreach COVID-19 is without a doubt a collective trauma and a challenge that we will give space to in our December session. New York and so many communities across this country are grappling with the health and economic impacts due to this pandemic. COVID-19 has forced family planning providers to adapt and we hear such phrases as the new normal. When thinking about conducting outreach for family planning services, this challenge presents an opportunity. One that's born out of necessity to think outside of the box and creatively find ways to support our community and clients. Re-imagining outreach includes finding new ways to connect with clients and partners such as participating in COVID response activities from mass collections to testing sites and to so much more. Family planning providers are stepping up and being present and offering support in ways that are big and small. We also think about physically distant activities, such as virtual events like Zoom events or resuming outreach via print, radio, and other avenues. Perhaps your agency is starting to consider what in-person events look like. Can you do a socially distance mask wearing meetup outside, will community members want to come, or will they fear coming? What are the implications of those in-person events? Another shift that many are thinking about is the quality of the outreach versus the quantity. In a virtual event if you have smaller number of people joining, but you are truly able to listen and respond and meet the needs of your community partners or potential clients, does that matter more? Is there a shift in thinking in your agency or in your team? And lastly, as a result of COVID-19, perhaps your organization are networking and collaborating with new partners as communities have mobilized and continue to mobilize to meet the needs of community. We're going to hear from two family planning providers agencies today and learn how they re-imagined and continue to reimagine their outreach programs. Meg, I'll turn it back to you.

Meg Sheahan: So we've done some brainstorming and we've talked with others and we have also drawn from our own experiences to come up with some ideas about what physically distance outreach activities could be or could look like. And some of our activities that we've come up with include things like establishing and maintaining an effective social media presence through things like Facebook ads and using Facebook live to have a conversation with an expert. Also using social media platforms that we're familiar with like Instagram, Twitter or TikTok. We can also add widgets to our partner websites. Now this one was new for me because I am not a tech person. So for any of you who may be as un-techie as I am, a widget is one of these small buttons that you often see on a partner website or a website that's outside of your own that does one specific discreet thing for example, advertise a calendar of events of your outreach of events. We can also offer things like virtual office hours with our clients. We can host webinars. We can use local radio, TV and print media, and we can use mobile devices or mHealth strategies, like sending text messages to remind clients of appointments or to provide information or update them on how your services are evolving. And so with all of this internetting going on, we would like to draw your attention to one resource. It's the website audit form at the bottom of this slide, and you can access it through the link when you get the slides. This forum can help you examine and possibly improve your own website with the patient's experience in mind.



Caitlin Hungate: Thanks Meg. We want to hear from you all in the chat. So one of the things that as Meg and I, and in talking with the Finger Lakes Community Health and Planned Parenthood of Greater New York is really considering building inclusive outreach and how do we do that amid a pandemic and COVID-19. And so we want to hear from you, how do you build inclusive outreach programs? What principles of inclusive outreach do you integrate into your planning and how does this look like right now with COVID-19? So please take a minute and weigh in on the chat. We'd love to hear from you and hear what you and your colleagues are doing and integrating and ensuring your outreach is inclusive.

Meg Sheahan: We'll move on as your ideas roll in, please feel free to chat them into the box, ways, ideas, thoughts that you have about how we can make our inclusive services more available.

Caitlin Hungate: Thanks Laura. Laura chatted in using videos to advertise telehealth services. Fantastic. And Laura, perhaps you can add more in the chat, if is it in multiple languages? How do you advertise, can you tell us a little bit more about that.

Meg Sheahan: We'd also be curious where these videos could be played.

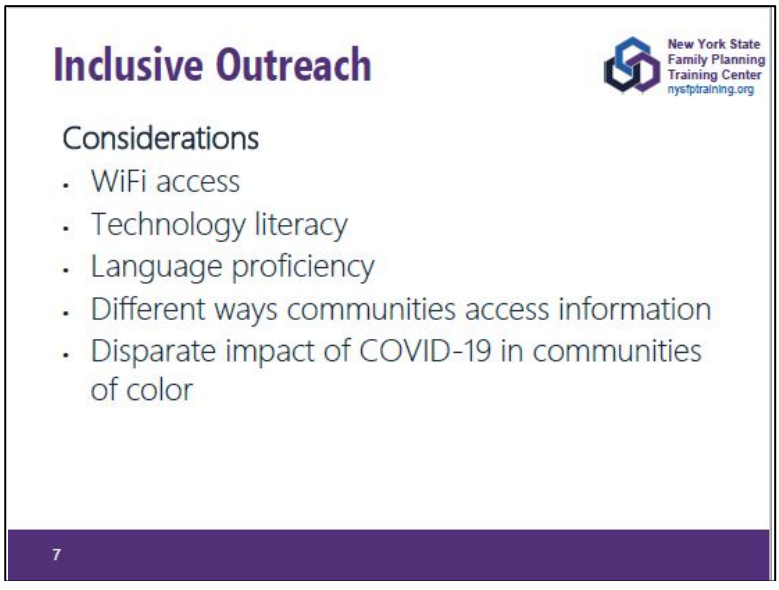
Caitlin Hungate: Absolutely. Thanks so much, Laura, for adding more context to what you and your colleagues are doing at Green County.

Meg Sheahan: Yep. We see that you're using your telehealth videos and about telehealth services, direct PV in English.

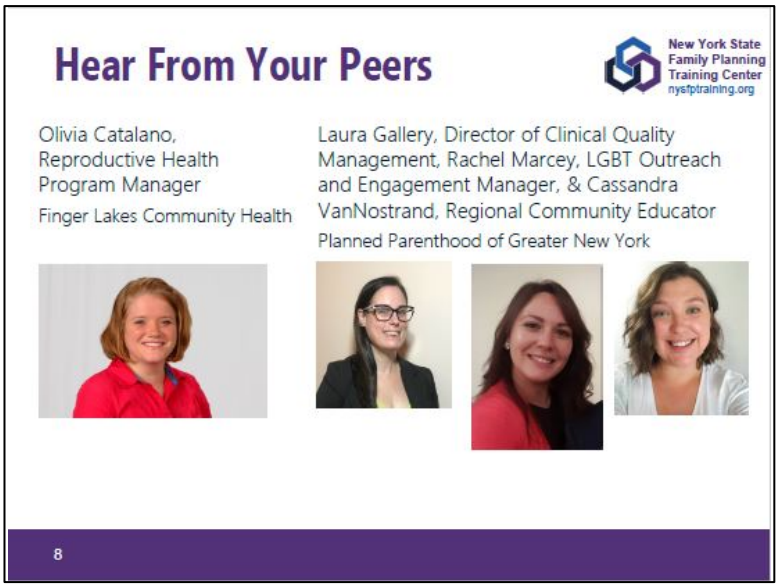
Caitlin Hungate: Caitlin, thank you. This is a wonderful point of listening and that the needs of communities are dynamically shifting and it is important to understand what community members would like to hear at this time. Absolutely. Thank you so much. That's an essential element of building an inclusive outreach program. Anyone else want to weigh in on the chat of how you and your colleagues... Radio PSA's fantastic. Thanks Ken.

Meg Sheahan: Yep. Here in the Virgin Islands, we have also kind of circled back to old school and we use radio and print in ways that in the age of the internet, we had sort of let go up for a little while. So that's great. Increase allyship to broaden the scope of community messaging across different organizations. So true. One thing that certainly we have learned in our work is that many of our partner organizations, we serve the same clients. And so if we can expand our message across those organizations, we can really reach a lot of people.

Caitlin Hungate: Absolutely. And it looks like Sherry also weighed in and Nicole, thank you so much and Meg perhaps you can dive into some more other considerations of inclusive outreach.



Meg Sheahan: Absolutely. So I think we're all really starting to learn more and more through the ongoing conversations that are unfolding in the United States and around the world right now that there are a lot of disparities that we need to tackle right now through our work. Disparities in internet access and technology literacy, what's becoming known as the digital divide, language proficiency and the different ways that communities access information. These considerations present challenges that affect how we deliver and how people access outreach. Systemic health and social inequities have put many people from underrepresented and historically marginalized communities at increased risk of getting sick and dying from COVID-19. These and other socioeconomic factors underscore the criticality of designing outreach programs that can reach members of our communities who may be at most risk for not being able to sufficiently access information and services. As our conversation unfolds today and in our upcoming sessions, we'd like to shine a light specifically on how we can proactively, strategically design and implement inclusive and equitable family planning services.



Caitlin Hungate: Wonderful. And thank you everyone so much for continuing. I put this in the chat, but thank you so much for continuing to share how you and your colleagues are ensuring your outreach programs are inclusive. And at this time we want to open it up to hear from your peers on the line. We are so grateful to be joined by Olivia Catalano, Reproductive Health Program Manager at Finger Lakes Community Health, and a group from Planned Parenthood of Greater New York, Laura Gallery, Rachel Mercey and Cassandra VanNostrand. So we're so grateful to hear from you all and to give you more time, we're just going to dive into some questions for you for both of your organizations, how you've reimagined outreach in this time of a collective trauma in pandemic. So we'll start with Olivia. Olivia, can you briefly describe what your activities pre COVID-19 looked like?

Olivia Catalano: Yeah. So pre COVID-19 we had our community engagement plan and we had all of these identified groups that we wanted to work with and how we were going to work with them. And luckily our program is about 47 years old. So we had a lot of really strong established partnerships in each one of these areas. We were doing some education that was in-person in our communities and after-school groups, in drug rehab groups, in our local jails, face to face. We were able to pass out materials, allow people to physically touch contraceptive methods or little STD plush dolls, and tabling. We did on campus outreach. We did a lot of media partnerships, so we already had a newsletter going and we've continued that. We also do social media channels. So we have a Twitter and a Facebook for our organization. We do radio interviews, newspaper articles, and public service announcements. And in addition to that, our team was also doing in-person education with patients that came into the health center when we weren't working on all that other stuff.

It's okay to use these platforms, but again, we want to really try to use as much security as we can, of course, to protect that confidential information. So what about HIPAA during this COVID emergency in regards to telehealth? The Office of Civil Rights, or OCR, at health and Human services is responsible for enforcing certain regulations issued under HIPAA to protect the privacy and security of protected health information.

Caitlin Hungate: A very busy plan.

Olivia Catalano: Yeah.

Caitlin Hungate: About the team at Planned Parenthood, what did your outreach activities look like pre COVID-19?

Cassandra Nostrand: Hi. So pre-COVID-19, we were all pretty busy. I personally was doing in-person education at a number of different community-based organizations. We were tabling at large inner agency events at college campuses, health fairs, community events, such as festivals or street fairs, really large getting our names out there and just able to reach a lot of people through that.

Meg Sheahan: Good doing. Thank you. Yeah, you all sound very busy. And so with all of this busy-ness I'm actually curious about how your activities were impacted by COVID 19, for example, were you diverted from the time that you were able to spend in your family planning activities into help with testing or other aspects of the response or were staff furloughed or maybe even laid off? Or for example, did you have staff who may have been at high risk for having poor outcomes if they did get COVID? So they had to pull back from in-person contacts and activities.

Olivia Catalano: So for Finger Lakes Community Health, unfortunately our education team was furloughed. So it was just me left. And that was a lot to take on as one person with nine locations and still wanted to try to make sure that we're meeting all of our goals. To that same piece, a lot of our programs that we had already set up really just said, we're on pause for an indefinite amount of time. So the programs didn't happen in person. So it was a lot easier to make them happen virtually for those who did keep them. We found that the ones that happened virtually, you got a lot more authentic engagement in and people who wanted to be there were the ones who were showing up. Our campus education, so we have a family planning health center on a college campus that is still closed at this time. Even though the campus is open, the campus has decided that they're not going to do that at this time period. We started providing some of our services virtually. So our education, we moved to a virtual platform professional for youth, for adults. We now mail condom packages or safe sex kits in the mail. We had a lot of our partners that shifted focus too. So people who we were already working with were saying we can't do that preventative stuff right now, we need to focus on this pandemic that we're in. And there's nothing else that we can do during this time period. So we started helping with testing events, our agency, because we're a federally qualified health center, very quickly had to modify and make sure that we could assist public health with their testing events. So our providers would do that and then our staff would help with registration or processing of labs or things like that. So any way that we could be utilized, we very often use in our agency other duties as defined in our job description and I can't wait to come back obviously.

Rachel Mercey: I would agree with Olivia, when COVID hit and things started to shut down, we are a very large organization with so many different departments and moving pieces, and we did suffer reduced hours and furloughs for some staff. And so while we are large, we were not excluded from this. And it was really difficult at first because it was almost like a stall. But we still have a responsibility to the community. So very quickly as Olivia had mentioned, we started thinking, okay, what else can we do instead? So the other problem we had was a lot of the organizations we partner with on a regular basis, they were closed. Some of their staff was reduced significantly. So it was all about trying to maintain those relationships in different ways than we were accustomed to before. No longer going out with the tabling because not only were obviously staff safety is a concern. So being careful about people going out but also those agencies were not having events and not having people in for education and training and outreach.

So really looking at what does this look like now? And we've done a lot of similar things that Olivia had mentioned, started doing different sort of partnering activities. And really during that time trying to stay in touch with those agencies and looking at it as a way of not what the community can do to help Planned Parenthood. We're not thinking that way anymore. We're thinking what can Planned Parenthood do to help the community and what are the needs here and how can we meet them that maybe is different than we have done before.

Caitlin Hungate: Thank you both so much. And we'll start maybe this time with the Planned Parenthood team on the next question. How does your outreach activity look different now? Like we're nearly at the end of September into October, how does it look differently now compared to March and what virtual or other re-imagined outreach activities have you done?

Cassandra Nostrand: So March was definitely an adjustment period for us. Outreach work really stalled for a bit. Obviously we were in shutdowns, couldn't really do typical outreach, but like Rachel had mentioned, we realized we still have a responsibility to our communities and making sure we're getting our information out there. So multiple teams within our organization came together. We began to bring online programming where needed, virtual trivia, such as Jeopardy's and even live panels and trainings that a bunch of people throughout our organization were able to facilitate. And it was for not only people within Planned Parenthood of Greater New York, but also our communities at large as well.

Caitlin Hungate: Great, thanks so much, Olivia.

Olivia Catalano: So I would echo a lot of what Cassandra just said in terms of similarities and how we're trying to reach out some examples of how we're trying to mix this like virtual/ in-person education while keeping staff safe is we've done some socially distance luncheon/table events recently. And our education team did go on campus to one of our colleges and did a socially distance bingo, where students were able to log into a virtual platform and we had a bingo game set up and then they could open their windows and they could hear the questions being asked. And then our education team was able to see the answers that all the students had for their bingo cards. So when they said, bingo, they just had to give them some information and we could go look at their card and say, yes, you have it, or no, you don't. So just trying to use any virtual platforms that are out there, figure out how we can serve the community just like Rachel said, what are the ways that we can help them give what they need? We've changed a lot of our education in some context. So one of the projects we worked on over this summer was around Human papillomavirus and we actually ended up recording videos, standardized videos in multiple languages and then writing them in a cultural competency, health literacy way so that we can give them to patients on site to talk about the increase of oral cancer related to HPV and how important that preventative health vaccine is. So we're just trying to keep our ear to the ground and listen as things come up and say, what can we do and how can we make sure that people are aware that this other thing is equally as important?

Meg Sheahan: That's incredible. It sounds like both agencies have done an amazing job at pivoting and standing up some really innovative activities with not a lot of time. That is good. Good. Well, another question that I have that I've been curious about is what strategies did or does your agency need to incorporate to ensure that your outreach activities are inclusive and equitable?

Laura Gallery: So one thing that we had converted to pretty quickly from a service perspective was telehealth and something that we didn't necessarily expect was in our outreach and getting our messaging out that people might not know what telehealth meant or how to access that. So we would have people showing up at the health center, thinking they were coming there for a virtual visit, not realizing it was from home. We also pretty quickly realized a lot of our clients health, especially since we serve such a huge area is not English speaking.

So not only did we have to figure out how to provide that service over telehealth in other languages, we could get a translation service, et cetera, but being able to get that messaging out to our clients and to other agencies in a way that they were able to understand what is telehealth and also just the fact that it even exists, that we're not closed. You could still get services through us. So trying to figure out ways to make that culturally appropriate and culturally understandable was something that we are still quite frankly within on.

Olivia Catalano: So I would echo that telehealth was such a big piece for us. We were doing this before, but I know that at least in our family planning reporting the number of telehealth visits really increased because patients were concerned about safety. We had to do some education with our patient population that it was still safe to continue your contraceptive method, that you should definitely be using that if you're sexually active. And in fact, we're starting to see a little bit of a rise in STDs in our areas because people stopped accessing them during the early days of the pandemic, I should say. We also for our education team do something called Adolescent Health Conference once a year. And we historically have this really great turnout and we do charge a fee for that. And this is a professional based conference, when we were planning that this year, we were trying to figure out how do we allow people whose budgets have been cut to come to this? How do we allow them to feel safe attending this? So we had to figure out pricing and safety online and engaging format and our education team when we're doing what we call pre-visit planning, which is where we basically look at patients who are coming in for certain services and talk to them before their appointment each day, we are seeing so many more things come up related to social determinants of health, transportation, lack of housing, lack of food, lost my job. Domestic violence is really high coercion we're having problems with in some of these areas. So just talking to our patients and letting them know that we're here for them, finding out if it's a safe place for them to even be talking in the first place, letting them know the importance of continuing things like their hormone therapy or their prep and trying to engage them when people are really still focused on this public health crisis.

Caitlin Hungate: Thank you both. And maybe we'll turn right back to Olivia this time for this question. Sorry, what is your current outreach message or messages and for clients and community partners, and how has this evolved since March or maybe even pre-COVID? Can you tell a little bit about your outreach messaging to potential clients and community partners?

Olivia Catalano: So often it's what services are we provided, how can you access services, ways that we provide care. So, like Laura just mentioned, you have in-person, you have telehealth and then we also can do phone visits. And we also do something called in camp where we take services directly to our clients in certain populations. And what are we able to provide during each one of those visits? Obviously, you couldn't do a physical assessment or per se a depo injection on a virtual or a phone visit, but maybe we can call that prescription into the pharmacy. So describing what that care looks like to a patient. And in terms of our education program and partnerships out in the community, it's really talking about our program is adapting. Our program is flexible as it always has been to meet your needs. And if you want in-person, we want to talk about your safety, our staff safety, as well as what the needs are for that group. And what is the topics that we're trying to cover, how can we tie these topics into what's relevant and going on so that it's not something people just glaze over.

Caitlin Hungate: Thanks Olivia. How about Rachel? I think you went to unmute your line, please.

Rachel Mercey: Yeah. So again, sort of echoing a lot of what Olivia said, our message at Planned Parenthood has always been care no matter what. So really sticking to that, it hasn't changed for us. It's really just saying that care no matter what means, no matter what, even despite COVID, we will adapt, we will be there. And really getting that message out. Talking about, as Laura had mentioned, getting our telehealth visits out there, telephonic options. We always offer options at Planned Parenthood regardless. So really just

educating the community as much as we can on that. That our services they might look a little different depending on what's going on with COVID, but they have not changed. And really, really communicating that to people as much as we can. Also being out in the community whenever we can and getting that message to our community partners, because we may not be in a position to reach that patient for some reason, but they may be going to one of our community partners for help. So really staying in touch with local agencies to let them know, hey, what's going on right now with our offices? What services are we providing? And we tried and true through entire COVID offering services and getting people the care that they needed again, no matter what.

Meg Sheahan: That's wonderful. I think what you're all describing ties in very well with our upcoming sessions on telehealth and providing in-person services. So it's really awesome to hear how you all have been navigating these shifting sands sort of in real time. Thank you. So along the way with all of this I'd like to hear more about the challenges that you've encountered, stumbling blocks, frustrations, realities and maybe about some lessons learned.

Laura Gallery: So I am going to, again, echo Olivia and Rachel, both what we said for the previous question, one hand getting the information out to patients and making sure that they know that we're still here, but also conveying how telehealth works. A lot of people don't realize they're like, although I need an annual exam, I can do that over telehealth, but realizing that we can meet their needs and what that might look like though, it's different than maybe what they would expect or what they're used to, that they can still access the care. So not just looking at the word out, but getting people to understand it.
We've learned along the way just using the terminology of telehealth confuse some people and virtual confuse people. So we kind of had to say like change it from like in-person versus phone or using an app. And that made a little more sense to some people. So they would have a better idea that you're not going to show up at the health center and use a computer here, you can use it right from your phone right at home. It's going to be the same provider. They'll see you. It's someone that you probably know that you've seen before. So being able to convey that just in general and then adding in all of the other stuff such as language barriers, such as access to even having a smartphone at home to use and navigating that and getting that message out that if you don't have this at home or you're not sure, you don't understand, you can still come here, but there's going to be things you need to take into consideration, could keep us safe what is it that you need? And just getting that comprehension or understanding through to patients more than beyond just like the words are out there and the information is out there, but bringing it to fruition, I guess.

Olivia Catalano: So in echoing the earlier piece that we brought up about staff furlough, it was not just my IT team that was furloughed. So there were other people within our support services department that were cut in trying to figure out how we were going to continue to provide the same level of services to patients, right? And figuring out what the focus was, right? Because earlier in COVID, it was just COVID and nobody wanted to talk about anything else. And I was just kind of over here like, "Hey, let's talk about STDs and birth control." And people were like, "No, COVID." And I'm like, "But STDs and birth control."
So making sure that you have equal time at the table, patient priorities, whether they didn't want to come in for the preventative health things, they were concerned about safety. They were concerned about housing. They didn't want to deal with those other pieces. One of the more challenging things that I personally experienced in addition to all of that, I did deal with the Zoom bomb really early on in all of this. And that was a really awful horrible experience that I hope no one else dealt with, but things that you're not prepared for, we were very familiar with using the Zoom platform. We were trying to make sure that everyone had equal access to this platform. And then some really horrible thing happened. So that's tough and you learn from it and you pivot, but it's tough.

Meg Sheahan: Yeah, absolutely. Yeah, absolutely. As everyone is going through so much stress and trauma and adaptation to have to deal with that new nefarious way of exploiting our vulnerabilities right now is incredible and horrible. Thank you for sharing that.

Caitlin Hungate: Absolutely. And maybe Olivia, we'll start with you again. Maybe we can think about some things that have gone really well. So can you talk about what outreach activities either virtually or in person, that bingo that you just described sounded like such a degree successful strategy. Can you talk about some things that worked well for you and your team?

Olivia Catalano: So we really had to, especially early on in April and May, adapt to creating an online program that didn't even exist in the first place. So we took a lot of our in-person education and we had to figure out how to make it interactive. And luckily we were able to get feedback and the groups that we work with multiple days, the students would come or the group would come and they would tell us, this is what we like, this is what we didn't like. So we were able to quickly build and adapt to this program to be really interactive. And now the people who are attending the programs love it. We get a lot of feedback. We've purchased some new platforms to really be able to engage at a higher level because as I'm sure everyone who has been in a Zoom meeting, reading 40 Zoom answers that come in and trying to figure out which one was the first one was really difficult, especially with limited staff being available. The social media presence that we've had, I've seen growing during this time period, we are an FQHC, so we are not all across New York city, we have just located in the Finger Lakes region, getting people to really engage with sexual health education. We did that by using messages that they appreciated. So we had a graphic that we designed that said STIs don't believe in social distancing. So make sure you can protect yourself. And that's how we advertise our safe sex kits. The word of mouth with our pre-visit education, that was going really well because we've been able to reach more patients. If we're not physically in the health center, we can reach anybody coming in that day. We can call them, we can make sure it's a safe place for them to talk. We also are able, like I mentioned, we find out that they have transportation issues that they just lost their insurance and they weren't going to come in anymore. And then we're able to tell them about all of the additional supportive things that our health center can offer them so that they can continue to access their care. And just listening to patients and the stress that's relieved from them during these conversations is so key. We've had conversations with patients across the board who are pregnancy planning, who are trying to figure out whether herpes is a keepable STD or something that you get rid of and doing partner education. And we're very glad that we didn't just say, "Hey, this isn't happening anymore." We were able to adapt and find ways that were relatively low cost in order to do that. And we continue to do that in our partnership with like the colleges, for example, because colleges is a really big target demographic for us. They want to have interactive programming. And most of them are doing online classes too. So they tell us something works with their population. So we'll look into it as well.

Caitlin Hungate: Thanks, Olivia, how about the team at Planned Parenthood?

Cassandra Nostrand: Right. So we definitely learned to be more flexible and we began offering programs at different times of the day. We also made safety kits for tabling events that we're at now. So they have masks, hand sanitizer, center information, information on our services, especially on our LGBTQ services and our insurance enrollment like the family planning benefit program. We make sure that our outreach is socially distanced and just make sure that we're able to see these people face to face, make sure that we're giving them the information that they need, but also for the virtual space, making sure it's interactive and fun. A lot of people I've found they don't want to log on to a Zoom meeting and just have somebody talk at them. It's not fun. It's not enjoyable. And it's happening for a lot of people, especially as they work from home. So by doing more interactive and fun things such as panels or trivias, we're able to get people talking. We're able to get them asking questions and really able to connect with them that way while making it seem like it doesn't feel like a typical learning space, but they are learning. So we just want to make sure that we're there and we're just meeting them where they're at.

Caitlin Hungate:
That's great. And maybe we'll go back to Planned Parenthood and perhaps if there's strategies you've abandoned because they weren't working well or some activity that wasn't working well.

Cassandra Nostrand: So for in-person definitely have abandoned, just laying things out on our table, like for tabling events. So making sure that things are packaged, spread apart that people can just grab. So that's been something that we've had to abandon because it's not working well, stereotypical education with just a PowerPoint, we will do, but not as often because I've personally found a lot of people just kind of check out and also abandoned this idea of it needs to reach a certain amount of time for workshops. So for me, typically workshops would be an hour, but in this new space, people aren't going to stay focused for an hour. So shortening, making sure we're getting the information out there, but not jeopardizing other people's time and making sure that it's concise enough where they can get the information and understand it.

Caitlin Hungate: Thanks so much. Olivia, how about you? Any thoughts on strategies maybe your team abandoned because they weren't working well?

Olivia Catalano: So pretty much I would echo what was just said. And additionally, it doesn't need to be a regular education. So at first we were like, how do we continue to provide this education out in the community? And we hosted a really successful weekly online series and then summer hit and people were like, "No bye. I'm going to go outside." So we stopped providing those educational services weekly online as attendance decreased, as participation decreased when the summer months started.

Meg Sheahan: That is great. It sounds to me like you all are touching on something that I was curious about too, which is how have your ideas about what makes outreach meaningful evolved? Like in the past maybe we said, wow, outreach was a success because I gave out a thousand condoms or because I spent an hour with these people, but now in the different environment, in this different context, success looks different. So I was wondering if you can speak to that a little bit

Rachel Mercey: Yes, absolutely. So as outreach staff, a lot of times you're driven by numbers, numbers, numbers, numbers but now we're in times when mass gatherings are not at all acceptable. So we're not necessarily going to those places where we'd get hundreds and hundreds of people. It's really moving more from a quality versus quantity situation. So now it's definitely more about the quality. What was that interaction? It's great to be able to be at a table in an event with hundreds of people but what about the quality of that, did you actually connect with anyone? Did you provide information that was actually going to help this person? So really looking at it as a way of almost storytelling rather than numbers has really been a big difference. And I just wanted to mention also that for the people listening today, you're hearing us a lot say that we're going to echo what each other are saying. And I just think that that is really important to bring up because while it might sound like, they're just going to say the same thing that someone else said, before this, we have not spoken to Olivia about their outreach and their adaptations to COVID and it's fascinating to me how, let's not forget we are all in the same circumstance. We are all dealing with COVID personally and professionally. We're all having the same obstacles. We're all having different successes. And it's very important for us all to remain connected. And we're going to share our contact information at the end so that we can all be in touch because it's just really important to remember that we're all going through this and that's why we keep echoing each other's sentiments. So let's not forget that we're all going through this together. And it's really important for us as people who all work with similar populations to kind of band together and be able to remember that we are still working, we are still here and we want to get that out to the community.

Olivia Catalano: I think that was really well said. We think about all of these things and ours was a lot focused on the numbers too, right? How many people did you work with? How many people did you take your information? And now we're finding being able to be removed from the physical in-person and talk to patients in a way that they're comfortable in their home, whether it's on a video visit or on the phone, they're longer visits, you're getting more information, you're getting better information. Clients take the

time to talk with you and you're not rushed, right? Because the provider might walk in at any point when we're in-person versus now I'm talking to them maybe an hour before their scheduled appointment, and we have more time to discuss what the patient needs to discuss. So it's a really nice piece to be able to have that and know that your client is benefiting or your potential client is getting better information because you're not rushed or you have multiple people waiting behind them at an event.

Caitlin Hungate: Thank you both. The other thing that kind of comes to mind for me is just the power in giving space to each other today. And through this virtual series, just Olivia in the same way you were talking about being able to hear from the clients and really understand their needs and give them time. And I think that time and space for each other today is so important amid all of the challenges Rachel, as you said, the personal and professional challenges with COVID-19. So I just want to honor that in this community, in this space today as well. So thank you everyone again for joining. I want to add to the concept of success and just wondering if either of you have any sort of experience or anecdote or story that really demonstrates the impact of your outreach activism ways that were meaningful or really touched you or touched your program, or just really made an impact in your community or with your potential clients. So how about we start with Olivia?

Olivia Catalano: I got on mute there. So it's funny. This is like a funny but sad story, shall we say. We have, as I mentioned, a college campus that we have a family planning health center on and pre COVID we were doing in-person services there. Luckily we have another location about five to 10 miles from that college campus and a bus that brings students directly to us. So services were uninterrupted, they could still access them. But one thing that we saw was we had this connections with the college students and we tell them about the importance of our services. And we had a college student early in the pandemic before graduation, so late April or early May that was diagnosed with HIV. And he said, "There's no way that I have HIV. That's not true." His rapid test came back positive and we were like, "Well, we're going to do the blood draw to confirm. And then we'll find out more information and come back and we'll discuss treatment options on what we find." And then he didn't show up for the appointment. And then our education team got involved again. And we reached out to him and he was like, "No, I don't have HIV. That's not a thing for me. I used to be a really high risk person, but now I'm not high risk and I've cleaned up my act. There's just no way." So a lot of that disbelief was going on. So we had some education with him and encouraged him to come back in and we were able to get him started on medication. And then it was kind of how can we transfer his care because he was moving back out of state after graduation. So we had to coordinate transfer care, then his insurance dropped in the middle of it. But I think about that and I'm like, if we didn't have that established partnership, if we didn't have the relationship with the campus, if he didn't know about our services off campus, so many things could have happened negatively. And if our medical team didn't work with our education team in that partnership, disruption occurred in so many ways for this patient. So I always go back to thinking about him and how glad that I am that we were here and able to work as a team to make sure he got what he needed in the end. I don't remember why I thought that was relevant, but that's what came up for me.

Caitlin Hungate: No, that's a beautiful anecdote and story of the impact of the work you and Planned Parenthood and every other family planning providing organization on this call does in the impact of your care. So thank you, Olivia. How about Planned Parenthood?

Cassandra Nostrand: So we've really been able to make new connections with both organizations and also our communities. We've been able to partner with organizations that we necessarily wouldn't have in the past, because like Rachel mentioned earlier, we stopped looking at it as what ways can the community help us, but how can we help the communities. Where we're located there's a lot of food insecurity here right now. And a really big thing that we've been doing are food drops. So food drops aren't typical set up a table and talk face to face, it's people driving through and you're packing their cars, but we're able to get our

information out there. We're able to say a quick hello and that's been really helpful. Another really meaningful thing we've done is one of our local police departments started a neighborhood engagement unit or the most marginalized and at risk communities within that city. And they did one last month and they're doing another one this month, where community based organizations are partnering. We had about, I think, 10 of them. And we basically just hit the streets. We saw people, we spoke to people, we met them where they were at. And a lot of people mentioned that they wouldn't have normally sought out our services. They wouldn't have sought out our tables, but because we were coming to them, they were able to get that information. They were able to find a way to get education, make an appointment. And so that's just been really meaningful to us to be able to meet people where they are, understand that this isn't necessarily the most important thing to them right now, it's not on the forefront of their minds right now. Everybody thinks COVID, COVID, COVID, but we also want people to make sure that they're taking their health as a priority away from COVID and making sure that they're getting those appointments and getting that help that they may need.

Meg Sheahan: Cassandra, did you read my mind about the next question that I wanted to ask you all? I did want to hear more about any new partnerships that you all may have established or are working on as a result of this new way of working.

Olivia Catalano: So we have a little bit of twofold answer for that, right? So we have some established partnerships of people who sat on committees and we worked with kind of in this distant way. And then like us, their programs moved online and we were able to increase the services that we offered. So March of Dimes has a pregnancy support group. We started working with them, talking about breastfeeding and contraception and doing education with that group and talking about relationships. We expanded our relationship with the American Cancer Society, building a HPV program to talk about that rise in oral cancer, but that's a dental focused program. So as an FQHC, we do dental services too. So this is a nice way for our education department and our dental department to work together. And then of course, loop in the medical piece as well. We have a lot of food pantries in the area. And as many people know food was a huge problem during the early days and still continues to be. So we had pop-up food pantries that started that we were able to partner with to get our information out there. And we built some brand new relationships that didn't exist before this with American Sign Language groups. And we were able to provide education virtually with their groups on a variety of topics for their young adult population. So it was really nice and even their adults were like, I didn't know some of this content. So that's kind of your added bonus on some of
these events.

Meg Sheahan: That is great. And as we work across different fields, like you mentioned dental, for example, it's actually really interesting how we see that our communities, that we all serve many of the same people. And so the messages overlap. That's wonderful. Thank you.

Cassandra Nostrand: I guess we kind of already covered ours for those connections. I will also say that we were able to make connections with organizations that we had connections with prior, but lost that connection either due to staff turnover or things just get busy. So that's also been a really good added benefit.

Meg Sheahan: Great. Thank you. Let's move on. We know that the group probably has some questions for you all. So to the larger group, what questions do you have for our peer presenters? Please use the chat to type in your questions for either or both of our presenting agencies and actually while I'm at it, speaking of the chat I wanted to call your attention to and also thank Ken for mentioning a couple of very good resources, Bingo Baker, and also the Adolescent Health Conference that's coming up. Information about both of those are in the chat. And then also Tara mentioned Spark, which I have not heard of. But it's free and apparently awesome. So it's definitely on my list to check out too for helping with some Facebook use. Thank you. Yeah. To the group, what questions do you have for our peer presenters? I think Obed I have seen your plan, your question to the group, can you send a link to the Spark thing? I think if you scroll up the link was included if I'm not mistaken. No, it's not okay. Yes. We will send a link to the Spark thing. And I see Ken too, that you also

mentioned a feature that you're using Kahoot, which I know a lot of college students are using these days too, and students in general. So that might be a method and an option for those demographics.

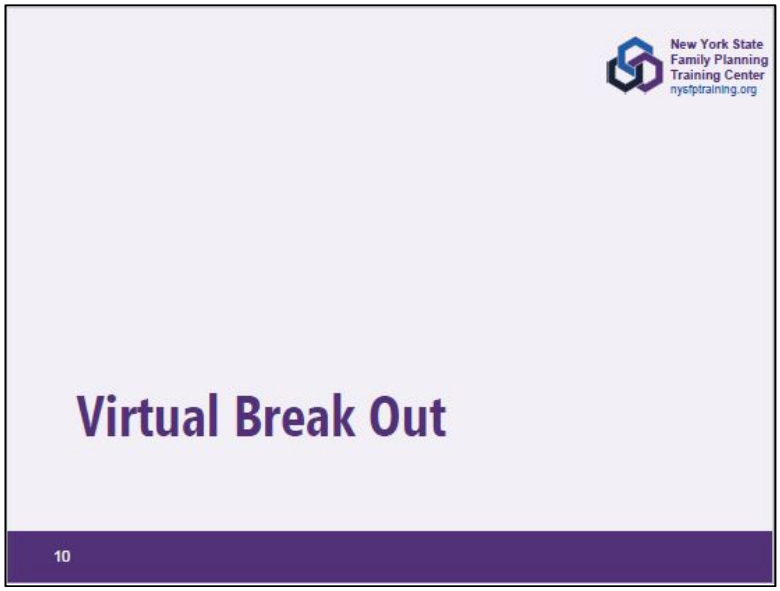
Olivia Catalano: So Ken is one of my educators. I'm so glad that he's been chiming in.

Meg Sheahan: He has been.

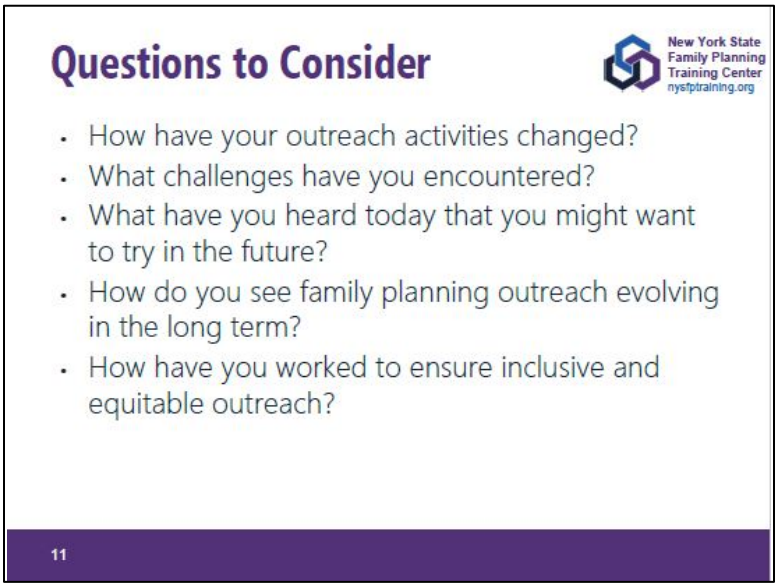
Olivia Catalano: Yes, but Kahoot actually, we use that with our college students and even professionals. People love it. It's so engaging. They get into like a healthy competition so far on everyone. You never know how that would go, but it is really great platform. The biggest issue that we find with it is, do people know how to use the technology?

Rachel Mercey: I did receive a question sent to me individually, just asking a little more about storytelling. So I just wanted to comment a little bit more on that. That's more of when you're maybe doing your reporting rather than showing that in those high numbers. It's more about creating that narrative, really giving solid examples of what maybe a particular situation that you had had again, not using any names or particular details. But just to give an overall idea rather than saying 300 people at tabling event something more like received phone call regarding a patient who had, as Olivia had mentioned maybe lost health insurance needed to have X amount of services, but couldn't afford them. A person was able to schedule appointment, was able to obtain insurance, was able to get appointments received, the services that they need came in uninsured, needing a service left with insurance and had service provided with medications they needed and things like that. Really just telling more of a story of a completed outreach occurrence that really came to fruition. And rather than just saying like X amount of people and thinking the numbers look great sometimes as it is really is just about really speaking to one person in particular.

Meg Sheahan: Yeah, absolutely. I think this is one of the many ways that COVID is actually going to adapt us for the better. We're going to adopt new technologies, new methods of doing things, telehealth, new ways of conversing, new ways of allowing our clients to manage their own care. And we're not going to go back from these evolutions, which I think is fantastic. Actually, it's one of the silver linings of this. All right.



Meg Sheahan: So now we're going to break out into smaller groups to continue the conversation. You don't have to click on anything or do anything in order to land in your breakout group. Our magical tech wizard is going to whisk us all into our groups where we will each have a facilitator that will kick off the discussion and we'll get to learn more from each other about the journey that we've all been on with re-imagining outreach during COVID. We have about 20 minutes in our breakout sessions after which our magical tech wizard will whiz us back to the larger group. And we'll get to share what we learned in the groups. So have fun. Let's go. See you soon.



Caitlin Hungate: Hi, everyone. Thanks so much for coming back and we hope your virtual breakout room was going well. And we want to take these next few minutes to hear from you and hear what you discussed and what maybe one new outreach strategy did your group think could be successfully implemented given COVID. So maybe I see Katie you're on video. Can maybe you queue up on reporter outer?

Katie Quimby: Sure. Well, I am our group's reporter outer, so that works out nicely. We had a great discussion kind of keeping on some themes around some virtual activities, talked about some virtual panels that were done kind of engaging youth, getting youth to participate in kind of developing social media. Some videos that could then kind of be re-purposed for a social media presence. Talked about some partnerships, so a partnership with the city-based adolescent health program called Catch that has developed into a longer term partnership. And it seems like it'll be sustainable. And then kind of reallocating resources to have previous health education staff be working to help patients be prepared for telehealth visits. So helping them download the app and get set up and create profiles for telehealth so that they were ready for the telehealth visit when it was scheduled. I'm sure they were a lot more, but I just want to be quick to give other folks the chance to share their strategies too.

Caitlin Hungate: Thanks, Katie. How about my colleague, Lisa, if you can queue up your reporter outer.

Lisa Schamus: Sure. Our reporter outer is going to be Rachel.

Rachel Mercey: Hi everybody again. So we talked about just like the basic concerns over COVID and how a lot of the focus is not looking necessarily for family planning programming and more COVID. How do we get back to work? How do we make things work out under the new circumstances? Several in our group were from Downstate, New York city area. So as we know the infection rate has been different in that area. So there was a lot of awaiting game to see what it's going to happen with the schools, what is happening with local agencies. So a little bit of a stall there in waiting to see not only what is happening with those places, but how can outreach work effectively in those spaces? Also talked about doing backyard programming, whereas before, you might go inside an agency and now it's just about adapting to your surroundings and maybe offering a program outdoors. Someone had also mentioned the use of QR codes which is something that I hadn't thought about. So I thought that that was pretty cool just using them as a means. A lot of people have smart phones and using that as a means for someone to automatically direct them to schedule an appointment with an agency. So that is pretty cool. As far as ideas go, we did talk a little bit about if money was no object, maybe doing some kind of skywriting or airplane with a banner on it as a means to get some information out there.

Caitlin Hungate: Thanks. How about Jennifer from your group, can you share who is your reporter outer?

Jennifer Kawatu: I think we're going to hear from Pascal.

Pascal: Hi everyone. And Jennifer, please jump in if I missing any ideas. Some of the things that we talked about is utilizing existing peer health education programs in order to increase online presence for youth engagement to give them updates about center hours or appointments and changes, and even telehealth, then also advertisements via dating apps and creating profiles on dating apps such as Grindr. And I feel like I'm missing something. Jennifer, I don't know if you want to chime in another thing that we had discussed in the chat.

Jennifer Kawatu: The Instagram, Ask the Expert.

Pascal: Yes. And Ask the Expert in which people would DM their questions and someone would answer accordingly.

Caitlin Hungate: Wonderful. Thanks so much Pascal and Ken, you're our reporter outer for our group. Last but not least Ken, can you talk about what we talked about?

Ken: Yeah. So some of the things that we really talked about was really that what we're going through right now is really how we kind of see family planning services and education being done futuristically anyways, we're just doing a fast forward due to COVID. So we kind of see that this is the future, right? We are moving into telehealth very quickly with healthcare in general, because it provides more access. It provides more choice for our patients. It also cuts down on a lot of the travel times, the barriers to care, et cetera. But I also want to point that a lot of what we're creating now digitally and this content that we're creating to be more engaging online, to be more relevant, to reaching a greater audience, it's not something that is just going to be done now and then put to the wayside. This is something that we're creating now and it's going to be continued and we're developing these habits and using these things. So yes, we are talking about digital bingo games and online quizzes and forums and things, but these are going to be the future anyways. While we'll still probably be doing community outreach in person we know that that's not always going to be successful, and we know that it's an uphill battle anyways to achieve great numbers in that realm anyways. So meshing together this digital format that we're forced to do right now is something that the direction is going in any ways. So it's just a matter of finding that right equation, finding the right combo and mix and mesh to reach that successful point.

Caitlin Hungate: Thanks so much, Ken. And Meg, how about your group last but not least?

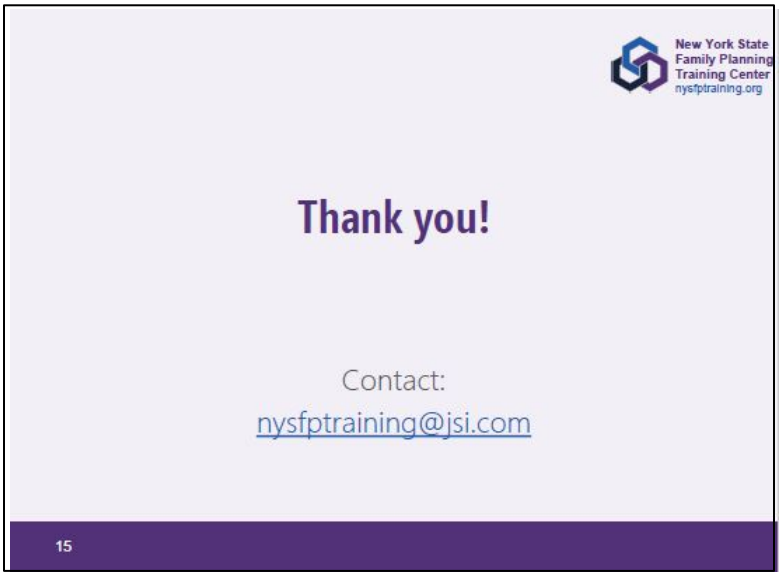
Meg Sheahan: So my group, our reporter outer is Vanessa, but before we do that, I want to just point out one thing. Shameeka Charles in the chat has asked, what advice would you give to organizations with small budgets and limited tech? And I actually think this is an extremely important point for us to address. If you are able and willing and have any easy, free, ways to work, please contribute your thoughts for Shameeka and others into the chat, because I know that that is something that we struggle with at my site. We have very limited human and financial resources, and we need these easy, free options too. So thanks for doing that chatting your ideas and our reporter outer is Vanessa.

Vanessa: Hi everyone. So I got some advice from my group because I let them know I've had tech issues in the past and I have an event coming up and I wouldn't like to have any tech issues at the end of the event in person. And their advice was to either try to download whatever I wanted straight to my computer so that way I wouldn't have to use the internet service around me. So I wouldn't have any trouble shooting my video. And I feel like the best advice I got was kind of to wing it and just let it flow as it goes. Like if I have any problems or whatever, I can just turn something bad into something good and just let the workshop just flow as is. And then Meg asked the question and she said, if we had no restrictions what would we do with our budget that we receive? And I said, I would create like a center that has all kinds of services in it, like where we can give hot meals, where people come and take showers, where somebody needed to see a psychiatrist or a psychologist or a doctor or anything like that, they can come and get those free services. Somebody said they would create a way for people to have transportation because they know that their clients have a lot of trouble coming and making it to appointments. And then I thought of childcare, like maybe having like a childcare center, because I know now schools are hectic the same way our companies are hectic and they're hybrid half learning and half in school. So I think childcare would be a good thing to kind of set up too~ for people.

Caitlin Hungate: Absolutely. Thank you so much. And I want to turn it over to Meg at this point to close this out into and share some resources and move us forward.

Meg Sheahan: Sure. So we could proceed to the next slide so that I can show you all some resources. These resources that we're going to share with you provide a lot of fantastic information, tips, best practices and tools. I think we actually went up a slide. We needed to go down a slide. There we go. Perfect. You can use these resources to improve the patient experience and improve your outreach, communicate about the availability of services and also to improve the services that you provide for your clients and to meet their needs.

Meg Sheahan: Okay. Next slide. Our next session, which focuses on scaling out telehealth services for family planning programs will be held on October 22nd from 10:30 AM until noon. In this session, we'll have a pure presentation from public health solutions that shares their experience with implementing telehealth. And the Northeast Telehealth Resource Center will discuss their services available to you. They will discuss various telehealth modalities and key telehealth policy considerations specific to New York. We'll have lots of time for Q&A of course, we look forward to connecting with you again.



Meg Sheahan: So please click on the link in the chat and in this slide when you receive them and you can register that way. We are in the process of finalizing the November and December session dates. We'll let you know with plenty of time to schedule these sessions in. The November session will focus on safely providing in-person services and December will focus on collective trauma and moral distress. Really, really interesting topics, so we hope that you'll join us. Finally, a big, huge thank you to our peer presenters, Olivia, Laura, Rachel and Cassandra for sharing your experiences with us and another big thank you to all of you for sharing your experiences and expertise in re-imagining outreach as well.

Meg Sheahan: Please reach out to us with any thoughts, ideas, or questions. Here's our email address on the slide. It's been an absolute pleasure to connect and we're looking forward to our next discussion on telehealth, October 22nd, 10:30 AM. Until then, thank you. Thank you for your truly important work and stay safe.

Caitlin Hungate: Thank you.