Strengthening Our Approach to Community Education, Participation, and Engagement (CEPE)

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JSI
New York State Family Planning Training Center
nysfptraining.org

Introductions

Share in the chat:

- Name
- Role
- Agency
- Location
- One thing you appreciate or love about the communities your agency serves

Objectives

- List at least 1 way CEPE supports the work of the FPP
- Describe the spectrum of community engagement
- Identify at least 1 strategy for strengthening CEPE activities

Session Agenda

Agenda
Welcome + Objectives
Community Education, Participation, and Engagement (CEPE) in the NYSFPP
Breaking Down CEPE
Spectrum of CE
Promising CEPE Strategies for the Moment
Next Steps & Closing

Community Education, Participation, and Engagement (CEPE) in the NYSFPP

CEPE in the NYSFPP: Why It Matters

- Understand the communities we serve

- Ensure community voices inform our work

- Make services accessible

- Strengthen equitable, affordable, client centered, high quality family planning services

- increase patient volume

We cannot effectively serve communities if we do not understand them. CEPE helps providers:

- Identify community needs and barriers to care (data may identify gaps but community voice helps us understand the gap)
- Reach people who may benefit from FP services
- Build awareness of services
- Incorporate diverse perspectives into planning
- Build relationships and trust in the community
- Improve relevance and responsiveness of services

CEPE is a core part of the NYSFPP and Title X

- Subrecipients must provide education, participation, and engagement to:
  - Achieve community understanding of program objectives
  - Inform the community about the availability of services
- Subrecipients must provide opportunities for people broadly representative of the population served participation in:
  - Development
  - Implementation
  - Evaluation

Title X: 42 CFR 59.5(b)(3) and 42 CFR 59.5(b)(10)
NYSFPP Policy 9.5

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Family Planning and Reproductive Health Program

Policy and Procedures

9.1 Outreach and Education Efforts

Outreach and education efforts should be designed to increase community understanding of the Family Planning Program, the agency, and available services, and to provide key information about family planning options and sexual and reproductive health. This is best accomplished through educational and engagement activities conducted at both the individual and community level.

Effective Date	1/1/22
Revision Date	4/1/25
References	NYSFPP RFA (under FPP General Program tab); 2024 Title X Program Handbook; 42 CFR 59.5(b)(3); Education and Outreach Guidance (under Implementation Tools tab)

Procedure:

- Ensure outreach and education opportunities (Policies 9.1-9.6) are accessible regardless of language spoken and ability. See Policies 1.10 Accessibility of Services and 1.12 Language.
- Subrecipients should base their outreach and education strategy on community needs and zip code data.
- Outreach and education efforts should concentrate on reaching priority populations and those with desperate health outcomes. Priority populations may include but are not limited to:
  - Racial and ethnic minorities
  - Low-income and uninsured people
  - Adolescents, youth in foster care, college students
  - Lesbian, gay, bisexual, transgender, and questioning (LGBTQ) populations
  - Undocumented immigrants and other immigrant populations
  - Homeless populations
  - People with disabilities
  - Clients with any other specific access needs
  - Clients with substance use and mental health needs
- Wherever possible, evidence-based and best practices should be used to develop and implement initiatives and ongoing continuous quality improvement to evaluate these efforts.

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9.2 Community Outreach

Subrecipients must provide their community with information about the availability of services to potential clients and encourage continued participation by persons to whom family planning services may be beneficial (42 CFR 59.5(b)(3)).

Effective Date	1/1/22
Revision Date	4/1/25
References	42 CFR 59.5(b)(3) ; Education and Outreach Guidance (under Implementation Tools tab)

Procedure:

- Outreach should be based on an assessment of the needs of the community and should contain an implementation and evaluation strategy. Activities should be reviewed annually and be responsive to the changing needs of the community served.
- Efforts should be made to make outreach engagements accessible to community members who speak languages other than English and regardless of ability.
- Outreach strategies may include, but are not limited to:
  - Marketing: emphasizing the comprehensive services offered in the family planning setting, not just contraceptive services. Can be done through social media.
  - One-on-one, individually focused outreach
    - Street outreach and individual interactions
    - Outreach over the phone or via personalized electronic communication
  - Community engagement
    - Working with other agencies and community-based organizations to better understand their client bases, where and how these populations can be reached
    - Partnering with community-based organizations (CBO) and having staff persons offering to serve as members for CBOs and community coalitions' boards of directors or steering committees
    - Engaging decision makers at every level on both the scope of services offered by the program and its role in meeting the reproductive health services needs of the community
    - Providing information and materials to organizations serving the priority population(s)
    - Assisting or advising community groups in the development of reproductive health- related curricula
    - Promotion of the agency, services, and mission through meetings, health, and community fairs, and coalition and alliance building, as well as using social media

9.3 Community Education

Subrecipients must provide community education. Community education should serve to achieve community understanding of the objectives of the project, make known the availability of services to potential clients and encourage continued participation by persons to whom family planning services may be beneficial. (42 CFR 59.5(b)(3)).

Effective Date	1/1/22
Revision Date	N/A
References	42 CFR 59.5(b)(3) ; Education and Outreach Guidance (under Implementation Tools tab)

Procedure:

- The community education program(s) should be based on an assessment of the needs of the community and should contain an implementation and evaluation strategy.
- Health educators should tailor the "what" and "how" of health education to their audience. Health educators may be work both in community settings, as well as within the health clinic.
- Health education outside of the clinic may include, but is not limited to:
  - Providing knowledge about services provided by the clinic, what to expect during a visit, and the importance of accessing health care services.
  - Providing health education sessions for community groups when appropriate and in collaboration with community partners to ensure continuity of care and avoid duplication of services.
  - Conducting group health education sessions that take place at the health center site, when attendees are not there for a visit or appointments.
- Clinic-based Education:
  - Health education provided to a client during a clinic visit, includes individual and group sessions between the client and a health educator, as well as information and counseling provided to a client by a clinician or counselor.
- The role of the Health Educator does not include provision of school-based services/education in areas already served by existing Comprehensive Adolescent Pregnancy Prevention (CAPP) and/or Personal Responsibility Education Program (PREP).
- Education plans should contain an implementation and evaluation plan to assess effectiveness.

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9.5 Community Education, Participation and Engagement (CEPE) Plan **Subrecipients must develop an outreach and education plan that includes a detailed strategy for community participation, including opportunities for community involvement in the development, implementation, and evaluation of the project.**	
Effective Date	1/1/22
Revision Date	5/1/26
References	NYSFPP RFA (under FPP General Program tab); Education and Outreach Guidance (under Implementation Tools tab); Community, Education, Participation and Engagement Plan Template; Title X Program Handbook

Note: CEPE (formerly CPEP) differs from the Informational and Education (I&E) advisory committee – see *Policy 9.6 Information and Education Advisory Committee* below and *Comparing CEPE and I&E Materials Review Job Aid* linked in the Resources section at the end of the policy for information about the I&E advisory committee and materials review.

The expectations for CEPE are that subrecipients:

1. Inform the community about their family planning program's objectives and services and promote participation from people who may benefit most from family planning services.
2. Create opportunities for people who represent the community and understand its needs to participate in planning, implementing, and evaluating their family planning program.

Procedure

- **CEPE Policy**
  - Subrecipients should have a CEPE policy to provide consistency, structure, and commitment to the annual CEPE planning and implementation process.
  - The CEPE policy should include all Title X requirements (see *Title X Handbook* linked in References section above).
  - CEPE policies should include how community members are involved in the planning, implementation, and evaluation of the family planning program.
  - See also the *CEPE Policy Template* linked in Resources section below.
- **Data-Informed CEPE Planning and Evaluation**
  - Subrecipients must create an annual CEPE plan that includes goals, objectives, activities, and evaluation plan of community education, participation, and engagement for their program.
  - CEPE plans must include opportunities for people who represent the community and understand its needs to participate in planning, implementation, and evaluating their family planning program.
  - CEPE plans must be updated each year based on data assessing the needs of the communities the agency serves, patient feedback, trends in agency, community, regional and state-level data, gaps in service, and other identified CEPE needs. Some examples of data to analyze as part of the community needs assessment are:

    - Client data in Ahlers (demographics, clinical outcomes, and other trends)
    - Client satisfaction and experience data
    - County-level data for areas served by health centers on sexually transmitted infections, pregnancies, vaccines, and other key health indicators.
    - Survey of local access to family planning services
    - Survey of current and potential partnerships with local groups and organizations
    - Program evaluation data from community-based health education activities
    - Other data that help to develop a plan that enhances community education and outreach strategy
  - CEPE plans should use the frameworks outlined in policies 2.7 and 2.8. This includes planning, implementing, and evaluating outreach CEPE efforts to increase community awareness of and access to family planning services for key priority populations.
  - CEPE plans should include a description of how community partnerships are identified and evaluated.
  - CEPE plans should include a marketing and communication plan, including the use of social media as one method to support CEPE.
  - CEPE activities can be both in person and virtual/remote. See *Using Virtual and Remote Outreach to Meet CEPE Requirements Job Aid* in Resources section below.
  - CEPE plans must include an evaluation process.
    - For example, establishing measurable goals using a SMART (Specific, Measurable, Achievable, Realistic, and Time-Oriented) framework and including an evaluation plan focused on ensuring SMART goals are achieved.
    - Evaluations must include measures of impact on key priority populations.
  - Subrecipients can utilize the *CEPE Plan Template* linked in References section above.

- **CEPE Reporting Requirements**
  - CEPE plans must be made available to the NYS Department of Health Family Planning Program when requested
  - Subrecipients must submit annual CEPE reports
  - CEPE updates, activities and outputs must be included on quarterly reports

Resources

Comparing CPEP and I&E Materials Review Job Aid
Community Partners Job Aid
CEPE Activity Examples
CEPE Policy Template
Using Virtual and Remote Outreach to Meet CEPE Requirements Job Aid

Additional Related Policies

- I&E Committee Policies 9.6 & 9.7
- General Planning and Evaluation Policy 9.1

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The NYSFPP policy provides the "what" and the "why". Providers determine "how".

The policy asks providers to:

1. Create Structure
- Maintain a CEPE policy
- Establish consistency and accountability in the planning and implementation process

2. Understand the Community
- Use available data to identify needs, trends, gaps and barriers

3. Engage Community Voices
- Involve people who represent the communities served
- Build and evaluate community partnerships

4. Take Action
- Develop education, outreach, communication and engagement activities based on identified needs

5. Evaluate and Improve
- Set goals and objectives
- Measure progress and impact
- Use evaluation findings to inform future planning

NYSFPP Policy Provides a Framework, Not a Prescribed Formula

There is no single right way to do CEPE.

- Communities are different
- Provides have different strengths and resources
- The most meaningful community voice will look different in different settings
- Data availability varies

The goal is not for every provider to do the same thing. The goal is for every provider to have a thoughtful, data informed, community responsive approach to CEPE.

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What does this look like?

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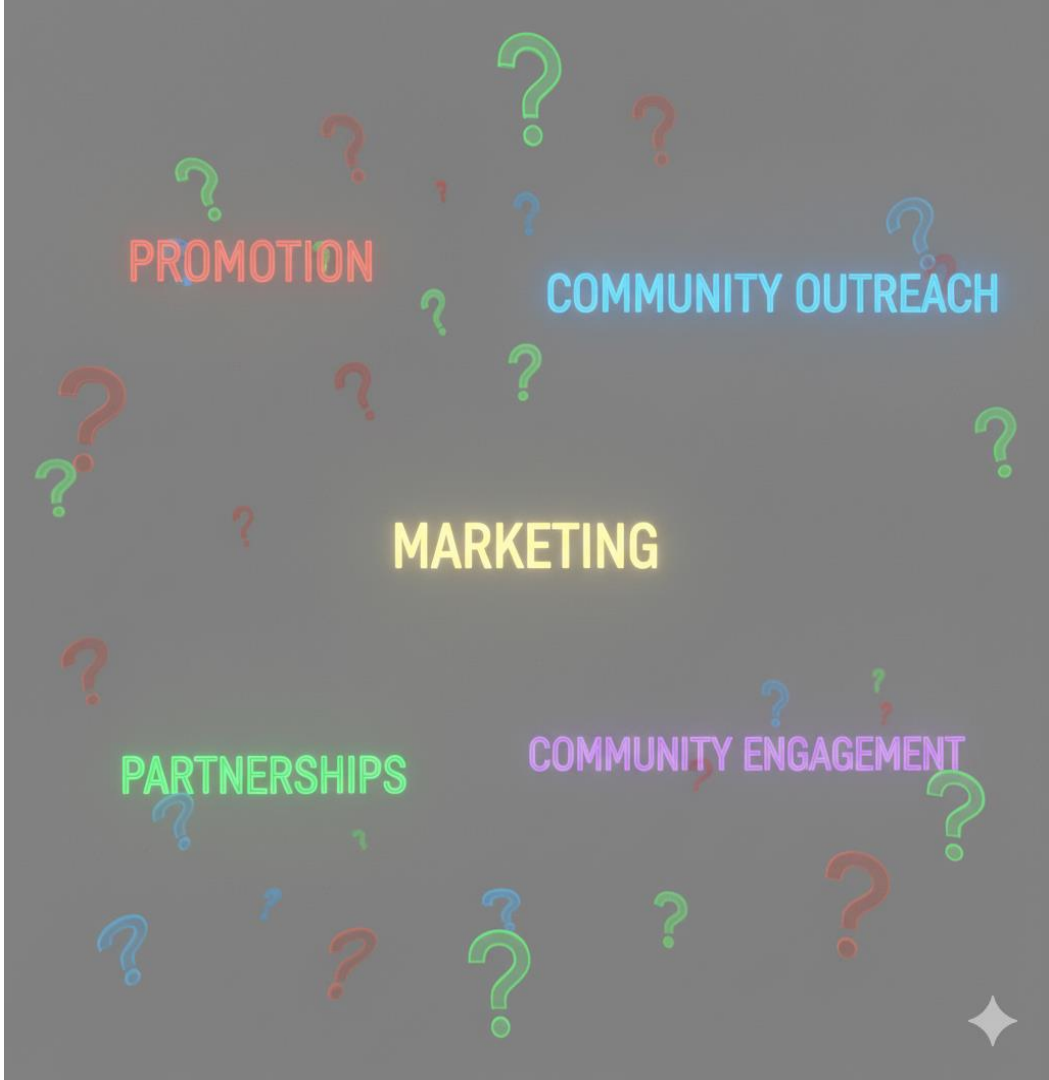
Breaking Down Community Education, Participation, and Engagement (CEPE)

Where do all these things fit in?



CEPE

Community Education	Increasing knowledge, awareness, confidence, and informed decision-making (e.g., educational workshops with CBOs, schools)
Community Outreach	Meeting people where they are to increase awareness, access, and connection to care (e.g., events, online and offline marketing)
Community Inreach	Making every visit an opportunity for education, engagement, navigation and connection to services (e.g., waiting room display to promote services)
Community Participation	Gathering community voice and involving people in shaping program evaluation and design (e.g., patient experience surveys, advisory boards)
Community Engagement	Building ongoing partnerships and shared ownership to improve health and strengthen communities (e.g., establishing a bidirectional referral partner)

Examples of Community Education

- Facilitating workshops in a variety of settings:
  - After school programs
  - Shelters or foster care agencies
  - GED or workforce development programs
  - Jail facilities or reentry programs
  - Churches
- Hosting clinic tours for community-based orgs (CBOs)
- Pop-up education event at a neighborhood festival
- Virtual sex ed trivia with a CBO
- Monthly SRH mythbusters or weekly "Did You Know?" social media campaigns

Examples of Community Outreach

- Flyering at local grocery stores
- Monthly email newsletter to community partners
- Table at a food festival or soup kitchen
- Passing out safer sex kits outside a concert venue
- Conducting a vaccine clinic at a back to school event
- Tabling at freshmen orientation events for parents and students at colleges
- Providing menstrual kits to CBOs
- Integrating safer sex kits into harm reduction vending machines

Examples of Community Inreach

- Tabling inside your health center to promote FP services
- Conducting waiting room presentations/workshops
- Directing all new teen patients to meet with a health educator to connect and discuss minors' rights and confidentiality
- Promoting FP services in patient portal to existing patients
- Promoting services on a flyer at the front desk
- Working with agency school-based health centers to build awareness of community services among high school seniors for post-graduation care
- Scripting to ensure consistent messaging across staff

Examples of Community Participation

- Partner with a CBO to host a focus group or listening session
- Disseminating patient experience surveys via QR code
- Co-designing contraceptive care workflow with youth advisors
- Developing a community advisory board
- Recruiting patients to join a quality improvement committee
- Collaborating with a youth-serving program to design artwork to enhance clinic youth-friendliness
- Eliciting feedback on patient education materials at a health fair/community event table

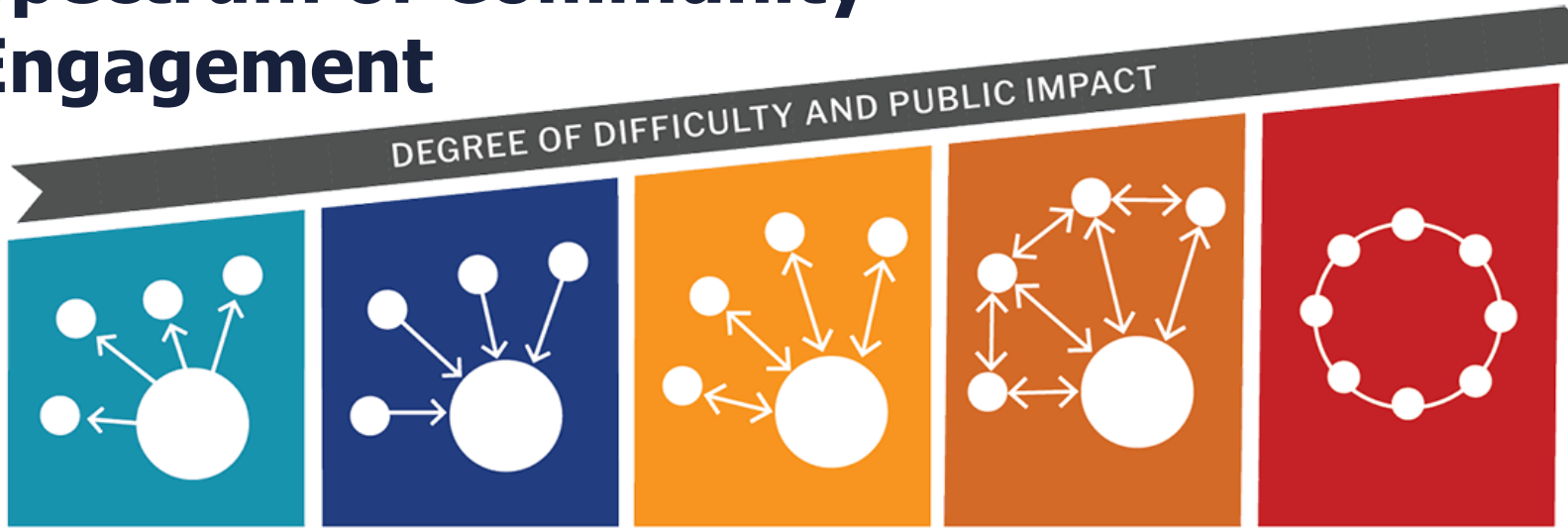
Examples of Community Engagement

Partnerships and Coalitions

- Participation in a countywide coalition focused on adolescent mental health
- Establishing a Memorandum of Agreement/Understanding (MOU/MOA) with a food bank to provide bidirectional referrals
- Hosting a regular pop-up clinic at a substance use treatment facility or church
- Hosting bi-annual co-education sessions as part of a MOA/MOU with a bidirectional referral partner
- Host an annual meeting with community partners to reflect on trends and shifts in community needs

Spectrum of Community Engagement

Spectrum of Community Engagement



INFORM
provide balanced, objective info that the public should know and act on

CONSULT
obtain and consider feedback or input on issues, ideas, and decisions

INVOLVE
work with the public to understand the issues and problems and include in identifying options for moving forward

COLLABORATE
partner with the public, seeking advice and innovations that become embedded as much as possible in decisions made

EMPOWER
final decisions are made by the public and are one of the players implementing them

Harvard Catalyst Community Engagement Program

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	Inform	Consult	Involve	Collaborate	Empower
Impact on Community	*Aware*	*Limited Voice*	*Voice*	*Partnership*	*Ownership*
Aim of the Approach	Help community stay informed and understand issues	Input is gathered from community	Concerns and needs continuously considered along the way	Involved in decision making as much as possible	Community has full decision making control
Examples	Newsletters and press releases	Focus groups and surveys	Youth advisory board	Co-designing workflow or patient has a board position	Participatory budgeting

Let's Consider These 5 Activities

Share in the chat: Where might they fall on the spectrum of community engagement? *(Inform, Consult, Involve, Collaborate, Empower)*

- Conducting a survey
- Hiring community health workers
- Holding a listening session
- Co-designing clinic flow
- Posting info on Facebook

Spectrum of CE Chat Poll

Share in the chat:

At what level do most of your CEPE activities fall on the spectrum of CE?

(Inform, Consult, Involve, Collaborate, Empower)

Moving Through Levels of CE

Example - Partnership with a Youth-Serving Organization (YSO)

- Flyering or providing info to YSO staff about services (*Inform)*
- Providing sexual health education workshops at the YSO (*Inform)*
- Offering virtual or in-person clinic tours (*Inform)*
- Conducting a focus group with the agency's youth *(Consult)*
- Developing a youth advisory council in partnership with the YSO and other YSOs *(Involve or Collaborate)*
- Hosting quarterly pop-up clinics to provide EC, birth control, pregnancy tests, and STI testing on-site at the YSO via an MOU/MOA (*Collaborate)*
- Establishing a satellite clinic location on the grounds of the YSO where the agency youth have primary decision-making power (*Empower)*

Not every activity can move to **Empower.**

Strengthening our CEPE approach doesn't have to mean **doing more events.**

Are we investing our limited time and resources where it **has greatest impact?**

How can we **increase our impact?**

Promising CEPE Strategies for the Moment

Measuring Impact Chat Poll

Share over the mic/chat:

What have been some of your most impactful CEPE activities in terms of translating to people receiving services?

How have you measured this?

6 Strategies to Consider

01 Right-size

Being more strategic and right-sizing our activities

02 Deepen relationships

Consider ways to deepen relationships (vs. expanding)

03 Leverage existing networks

Tap into existing networks, groups, and communities

6 Strategies to Consider

04 Holistic needs as a bridge

Invest in partnerships addressing holistic needs as a bridge to FP

05 Focus on inreach

Leverage inreach opportunities

06 Fill gaps created by insurance changes

Support people impacted by a shifting insurance landscape

Right-Sizing

Taking a SMART(IE) and Data-Driven Approach to CEPE

SMART(IE) Objectives

- **S**pecific: What exactly are we doing?
- **M**easurable: How will we track progress (e.g., number of surveys, events, referrals)?
- **A**mbitious & **A**chievable: Does this stretch us without breaking us?
- **R**ealistic: Do we have the staff bandwidth and funding to execute this right now?
- **T**ime-bound: When will this be completed (e.g., by Q3)?
- **I**nclusive: Does this invite the priority population to the table?
- **E**quitable: Does this address systemic barriers (e.g., language, transportation)?

A (Achievable)

- Specific and measurable vs. broad objectives
- Consider staggered roll outs and site-specific pilots rather than launching initiatives at all sites simultaneously
- Target specific zip codes or areas based on your assessment of needs

Examples of SMART Objectives

Objective

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ups

Establish Authentic Community Partnerships

Over next 6 months, establish active partnerships with **two local CBOs** serving undocumented immigrants and non-English speaking populations, measured by holding **at least one joint needs assessment focus group** and co-hosting **one health promotion event.**

Objective

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Launch Data-Driven Social Media Promotion

Within the next 90 days, launch a targeted social media marketing campaign on platforms utilized by youth demographics to promote telehealth & family planning, achieving a **15% increase** in online scheduling.

Objective

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Conduct Patient Feedback Collection for CEPE

By the end of Month 4, collect and analyze satisfaction data from **at least 80 current patients** (including patients with Limited English Proficiency) to directly inform and update our 2026 CEPE plan.

Other Ways to Right-Size

- Translate education, outreach and inreach directly into appointments (e.g., online scheduling, calling or text to schedule

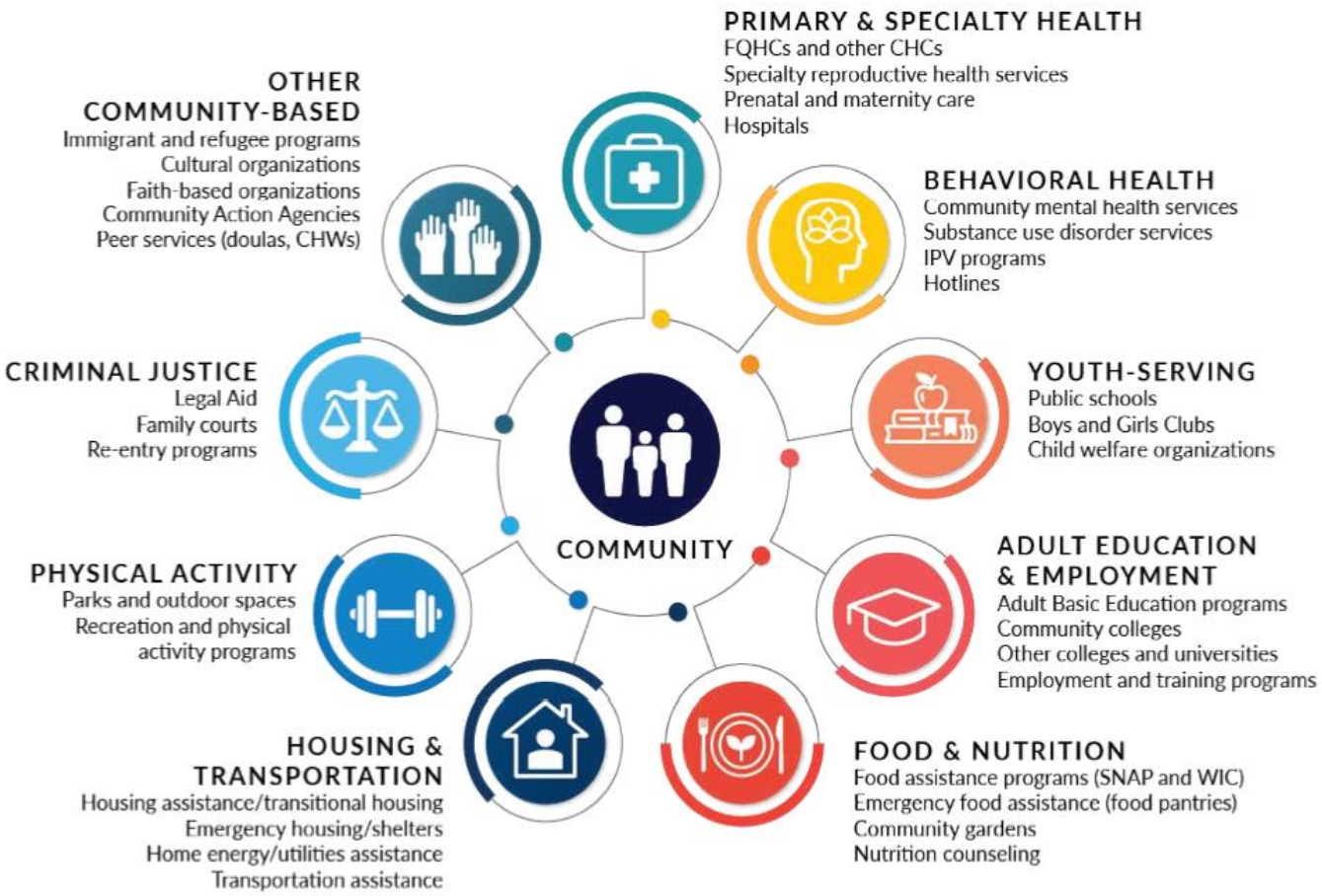
Deepening Relationships

Less Can Be More

- Sometimes the greatest returns come from deeper, not a greater number of relationships
- Enhancing relationships can create more opportunities for measuring impact (e.g., warm handoffs) and fostering greater trust
- Make sure we have a clearer way to measure

EXPAND YOUR COMMUNITY NETWORK

[RHNTC - Engaging Community Partners Job Aid]



Tips for Effective Partnerships

- Participate in formal reciprocal referral relationships
- Regularly notify partners of each other's services, program hours, special events, and any changes to these
- Offer opportunities for co-education and joint learning sessions
- Consider opportunities to share resources (e.g., space, materials)
- Publicize each other's services to the community at large, and to the diverse populations within it
- Support each other's research activities by serving as key informants and participating in community needs assessments

Key Things to Remember

- Marathon not a race – relationship building takes time
- Build relationships before you need them
- Being "of" community vs. "in" community can also mean just showing up as someone invested in the broader well-being of the community
- May involve trust-building
- Cultural humility is key in successful partnership building with marginalized communities
- Think expansively – even people outside the age range of target clients can promote and build community trust in your program

Assessing and Maintaining Partnerships

- Regularly evaluate the success of the partnership
  - Number and ease of referrals
  - Clients' experiences
  - Effective communication
  - Adherence to agreements
  - Opportunities for shifts and improvements

- Regular, intentional times to share and solicit feedback are key to building trust and ensuring mutually beneficial partnerships

- Get to know multiple points of contact for sustainable and long-lasting relationships

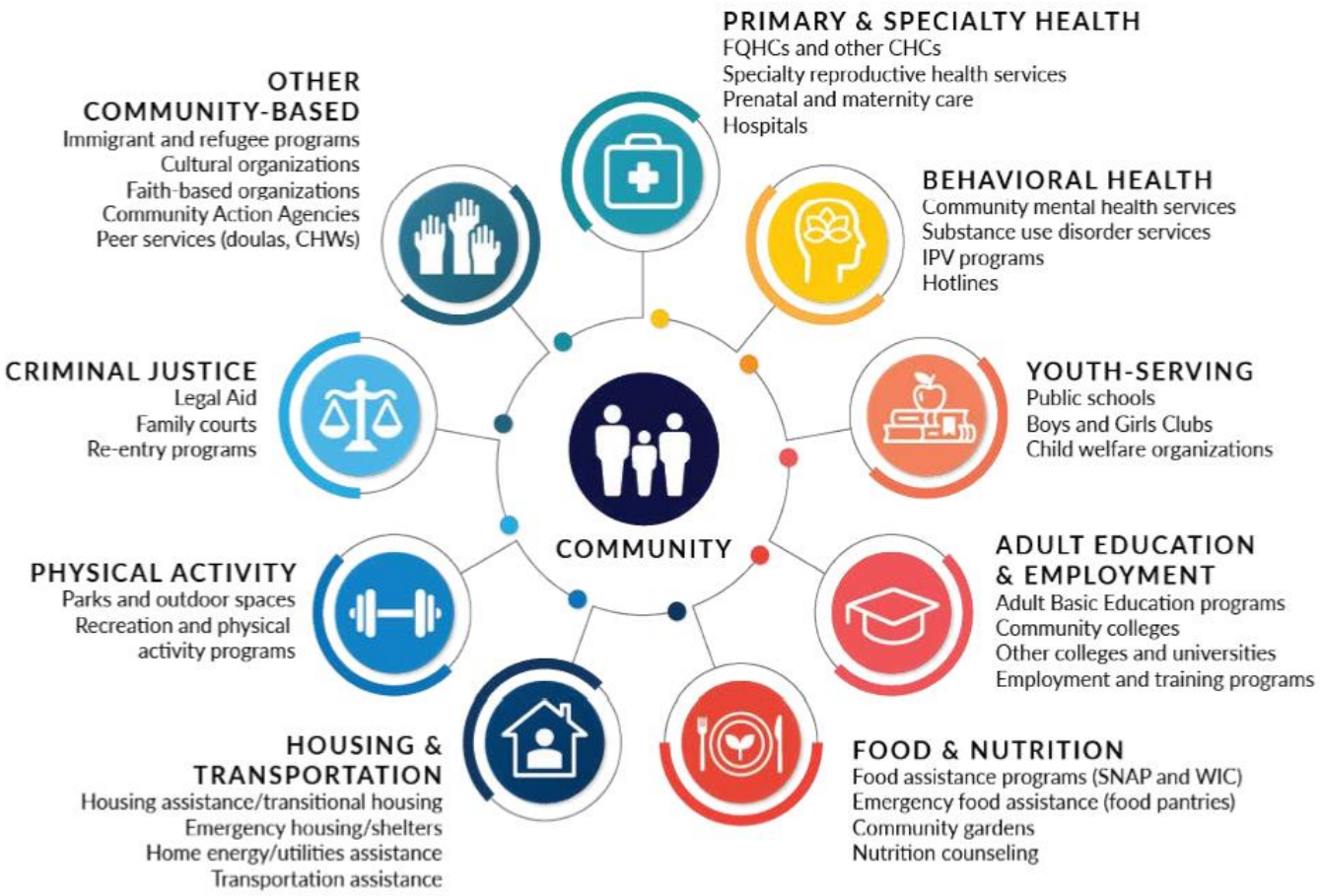
Leveraging Existing Networks

Focus on Inreach

Holistic Needs as a Bridge

EXPAND YOUR COMMUNITY NETWORK

[RHNTC - Engaging Community Partners Job Aid]



Fill Insurance Coverage Gaps

Essential Plan Changes

Policy Change

Federal Funding Cuts Impact the Essential Plan

Due to federal funding cuts in H.R. 1, New York State can no longer extend Essential Plan eligibility to people earning between 200% and 250% of the Federal Poverty Level.

Timeline

June 30, 2026

Effective date of plan changes

Total Impact

450,000

New Yorkers have been impacted

Essential Plan Change Impacts

Long Island
Districts 1-4

Counties: Nassau, Suffolk.
84,639 people affected

New York City
Districts 5-15

Counties: Bronx, Kings, New York, Queens, Richmond.
245,102 people affected

Hudson Valley
Districts 16-19

Counties: Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester.
62,507 people affected

Capital & North Country
Districts 19-21

Counties: Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington.
46,366 people affected

Central New York
Districts 22-24

Counties: Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins.
56,883 people affected

Western NY
Districts 23-26

Counties: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming, Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates.
58,881 people affected

Opportunities to Support

- As safety net providers, you can help fill in the gaps by offering low cost or no cost care
- Some people impacted may still be eligible for the Family Planning Benefit Program
- Opportunities for messaging through social media, events, outreach materials, navigators, etc.

Next Steps & Closing

Moving Forward Chat Poll

Share in the chat:

One CEPE strategy we will try over the next three months is…

What questions do you have?

Upcoming Events

Register today at:
https://nysfptraining.org/training-calendar/

Wednesday, August 12, 2026 | 12:00-1:15 pm

Maximizing Family Planning Coding and the Family Planning Benefit Program (FPBP)

Who: Revenue cycle managers, finance directors, clinic managers, and/or program administrators

Session 2 of Strengthening Family Planning Program Financial Operations Webinar Series.

Every eligible client who leaves a visit without being enrolled in FPBP represents a direct loss of earned revenue to family planning agencies. This session focuses on the strategic importance of FPBP as a dedicated revenue stream, as well as accurate coding to ensure optimal reimbursement for services provided.

Affinity Groups

Register today at:
https://nysfptraining.org/training-calendar/

Opportunity to connect with colleagues who understand your context and role and to learn from each other.

- **Clinic Administrators/Managers** - Aug 20
- **Staff working in FQHC settings** - Sept 15
- **Health Educators** - Oct 15

Participant-driven agendas. *All are welcome!*

Resources

- RHNTC - Engaging Community Partners Job Aid
- RHNTC - Community Participation, Education, and Project Promotion Plan: Objectives, Activities, and Worksheet
- RHNTC - Using Virtual and Remote Outreach to Meet CPEP Requirements Job Aid
- RHNTC - Title X Project Promotion Toolkit
- NFPRHA - Improving Access and Quality for All Resource Guide and Assessment Tool
- NY State of Health - Impact of Essential Plan Changes
- NY State of Health - Changes to Medicaid Coverage

Thank you!

Contact | nysfptraining.org/
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