



Video Transcript: Teen Pregnancy Prevention Program: Materials Review Process Webinar

Annie (00:00): Hello and welcome to the Teen Pregnancy Prevention Program: Materials Review Webinar. My name is Annie Kim with the RHNTC, or the Reproductive Health National Training Center. We know that your time is valuable and limited, and we want to thank you for joining us today. Our hope is that you gain insight from your fellow grantees about the TPP materials review process. We also hope that after this webinar, you get up from your desk knowing a little bit more about the materials review expectation from the Office of Population Affairs, or OPA, and you feel a little bit more confident about meeting this expectation. By the end of this session, you should be able to: describe the TPP review expectations and where to find resources related to this expectation, describe at least two ways that other TPP program grantees have implemented the TPP materials review, and identify at least two strategies or resources to support developing a materials review process. Just a disclaimer that the contents of this webinar don't represent the official views of OPA. I'd like to briefly introduce our facilitator for today. Angie Fellers LeMire is a Senior Consultant Training and Technical Assistance Provider and Grantee Liaison with JSI. She has 25 years of public health and sexual and reproductive health experience. She previously practiced as a nurse practitioner. Before joining JSI, Angie was a program manager and a nurse consultant for Colorado's Title X Family Planning program. Her passions and expertise are focused on sexual and reproductive health equity, increased contraceptive access, scopes of practice, public health workforce and public health nursing leadership. Angie will be joined later by two TPP Grantees: Jen Todd is Director of UT Teen Health and Latrece McDaniel is Project Director at Bethany Christian Services of Michigan. Both Jen and Latrece will share their experience in developing their materials review process. I'll pass it off to Angie.

Angie (02:04): Thanks, Annie. Let's begin by briefly reviewing the materials review expectation. Materials and information disseminated through TPP projects must be responsive to the needs of and appropriate for the community and population of focus. TPP grantees are required to review and update all materials and information associated with their programs at least once a year. You can find the full guidance in the following documents: OPA's materials review guidance for TPP Tier 1 Grantees, and OPA's materials review guidance for TPP Program Tier 2, Rigorous Impact Evaluation Grantees. You can also find additional materials review guidance intended to provide information about the OPA expectation on connect.gov. These guidance documents were published in September and November, respectively, and are intended to provide information about the Office of Population Affairs, or OPA, materials review expectation, why it is important, and how to demonstrate to the OPA that the expectation is being met. It also walks grantee recipients through how to conduct these reviews, gives recommendations, exhibits a sample materials review form, and includes helpful resources. Hopefully, this webinar provides an additional way for grantees to learn about this specific expectation. Materials and information covered by this expectation include, but are not limited to materials associated with evidence based programs or innovative and promising interventions. For example, facilitator manuals, scripts, participant booklets, and videos, as well as supplemental materials and information, such as pamphlets, handouts, facilitators, and answers to participant questions. That was a mouthful. Materials and information used, shared, and disseminated with participants and or the community, such as web content, social media posts, podcasts, presentations, newsletters, and posters should also undergo the review process. Tier 1 Grantees, Tier 2 Grantees, and any of their partners must ensure all materials used and information disseminated within the funded project are age appropriate and medically accurate. OPA also expects recipients to make materials and information culturally and linguistically appropriate, trauma-informed.

Angie (04:40): Not only does conducting a materials review help ensure that the programs and interventions we deliver are accurate, appropriate, relevant, and a good fit for the community and population of focus; it also serves as a foundation for the credibility and reputation of an organization and the community. It is also what youth deserve. Young people must be able to trust the adults sharing information and resources. False and or misleading information can spread, leading to known and unknown harms in the context of public health and health equity. Harm can include reinforcing stigma and fear, promoting negative behavior, and or diminishing the importance of making informed, healthy decisions. Before the materials review, you'll want to take time to select qualified and reputable reviewers who collectively can review for all OPA criteria. Set up a review process and timeline that work for your agency and reviewers. You'll also want to become familiar with OPA's guidance and share this guidance with reviewers. Ask them to read it closely. Ensure all reviewers understand OPA's criteria and definitions for materials being age appropriate, medically accurate, culturally and linguistically appropriate, trauma-informed. During the review, you'll want to select or create a review tool that all reviewers will use. This ensures that all reviewers use the same criteria for assessing materials. Make sure the reviewers review all materials and information associated with the project. This includes intervention materials. So again, facilitator manuals, student handbooks, evaluation surveys, handouts and pamphlets, recruitment materials and social media posts. After the review, acknowledge reviewers contributions. Check in with reviewers regularly every 6 to 12 months—the OPA requirement is at a minimum annually—and remember to share your review process, the progress of the materials review process, and the results of the materials review process with OPA, if applicable. Next, let's review some of the documentation recommendations. All grantees should document the following review information: review completed date; review coordinator, so this is the person assigning reviews and collecting review results. You'll want to include their name and role and title on the grant. Name of all reviewers, include their discipline and or their area of expertise—for each of the reviewers, description of the review process. So is this the reviewer? So, for example, is this reviewer focusing on one particular area such as age appropriateness? Are they reviewing multiple items? Are they a sole reviewer or are they reviewing alongside others? You may be wondering why should you document this information? OPA does not require it. However, you will need to report the findings and how the findings were addressed as part of your SAPR, and the process should be reflected in your work plan. Documenting this review information could also help you track your materials review more easily or more frequently and may allow you to use a continuous quality improvement, or CQI process, to update the structure and the reviewers. Reviews should be done on all project related materials, not only [inaudible], or innovative and promising interventions. This may include but is not limited to, public service announcements, supplemental materials, awareness campaign materials, pamphlets, presentations, etc.. Document whether the materials meet OPA's criteria. Document issues and recommended changes to each material, including the original language, the modified language, and where the edit was made. So, for example, the page number or the location of the change, if it's a video. For documentation suggestions, see the sample materials review form in OPA's materials review guidance. And it might be helpful to think about the following questions: What topic does this cover? What are the issue areas? Is the issue area medical accuracy, or is it age appropriateness? What are the details of the issue? What are your recommendations to address the issue? If reviewing a video, include the title of the video that you're reviewing. For each of the suggestions or issues noted, document the following: the minute number, the description of the scene, what topic does this cover, what issue areas, what are the details of the issue, and what is your recommendation to address the issue? Ask members of the intended population to review the changes. This helps ensure the changes to each material reflect and resonate with the priority audience. We're excited to have Jen Todd with us from the UT Health Teen Health today. Welcome, Jen. Thank you for joining us today to chat about your program's experience and building out your materials review process, particularly ensuring the medical accuracy of your materials.

Jen (10:16): Thank you for having me.

Angie (10:19): Jen is a San Benito, Texas native that has called San Antonio home for the last 18 years. She's a Registered Nurse and Attorney who has worked on positive youth development for over 25 years.

Angie (10:31): Her nursing background focused on neuroscience. Jen is the Director of UT Teen Health and has provided oversight for more than \$35 million in federal and state grants to focus on teen pregnancy prevention, youth mental health and youth development in school districts, youth-serving organizations including foster care and juvenile justice. She served as the Bexar County... She has served the Bexar County community as a primary link between program components, community partners and schools and clinics, promotes community mobilization, and educates the program stakeholders in non-legislative policy. Through federal and state funding, UT Teen Health has been able to provide \$6.5 million back to community partners in sub awards. Jen has created various training programs for parents, teachers, coaches, and caregivers on how to better communicate with teens about teen relevant topics such as the benefits of delaying sexual activity, the risks of sexually transmitted diseases, utilizing trauma-informed approaches, and is co-author of a curricula designed for teens, as well as co-author of several published articles. Jennifer enjoys working to build staff capacity, mentoring teens, and utilizing best practices, especially when she is not traveling or outdoors hiking and backpacking. Okay, Jen, let's dig into some of the tips and tricks you've learned while developing your programs materials review processes. We've included some of the tips and tricks you've mentioned over the past couple of months, but we'd love to hear more specifically how these came about during the initial development. Can you tell us how you determined who to recruit for the materials review team?

Jen (12:25): Absolutely. So first, we looked at the type of curriculums that we were offering, and we considered the gaps that we have on our... materials review team. So for example, I'm a registered nurse, our director is a practicing OB-GYN, so we knew we had medical accuracy covered for a bit, but we knew that we did not have a teacher to tell us, is this age appropriate? We also needed an expert in the field of, in regards to cultural appropriateness, because we were focused on our San Antonio area. I'm not native to San Antonio, even though I've been here for quite some time. But we wanted someone who resonated with our target population. And then we also considered students. So we have a youth leadership council, and we wanted—they are the end users—we wanted to ensure that our medical accuracy and materials review team included all these. So we brainstormed the names of who we knew that would fit into that area of expertise. We emailed them and called them, and set up a time to explain what the process was and if they were interested.

Angie (13:50): That's great. How did you determine which types of experts to include?

Jen (13:56): So we looked at the curriculum and then we considered the population that was going to be implementing the curriculum. So, for example, we had one curriculum that was going to be used primarily by our juvenile justice population. And so we knew immediately we needed to have an expert in the field, like a Probation Officer or Detention Officer, an Advocate or someone who has worked in the juvenile justice population, or if the curriculum was focused primarily on foster care youth, then we knew that we needed to have someone that had that experience. So we just looked at the curriculum and then identified the target population for that curricula and then pulled in those experts and considered that.

Angie (14:49): That's great. And what about community members, Jen? How did you go about recruiting community members and community leaders to participate?

Jen (14:59): So we first reached out to our stakeholder leadership team and our community partners that we had established relationships with. We let them know the purpose of the medical review team, the time commitment, and why it was so important for them to be a part of this team. We identified those specific partners, we asked them to participate, and then we also made sure that they understood the time commitment and the findings would be. Can we start all over? Sorry. So we reached out to our stakeholder leadership team and community partners that we had established relationships with, and we let them know what the medical review team was the time commitment, and why it was so important. We also had identified those specific partners and called them to participate. We wanted to let them know that we would be working on a collaborative document, because some people prefer to work individually. And we also wanted to ensure that they felt comfortable giving feedback and knew the end user would be our young people.

Angie (16:19): What about your tips for formalizing the review process? Or for learning the process? Or maybe for having a more efficient process?

Jen (16:30): So we ensure our partners know from the beginning that every curricula and every materials that we are sending out into our communities or that are utilized by our partners will need to undergo an annual, at least annual, medical accuracy, linguistically appropriate and trauma-informed review process. And so we may be calling them to participate. And what this means is when we formalize our scope of works or milestones with all of our sub grantees, we let them know about this and we ask them, is this something you might be interested in participating in? And so we have an initial yes or no from them. And then from there we, as I mentioned before, we identify our gaps, and then we let them know what the average time for the review process is. For us, it's three weeks to a month per curricula. We introduce our template, and then we also let them know that in addition to the template, we will be providing our facilitators with the supplemental findings template, which you'll see in a couple of slides. What resources to use, so we want to make sure that they utilize primary sources and the materials that will be reviewed. So they know ahead of time what we're asking of them. We do a check-in at about six months to see if once they have completed a review, if they're still interested in being part of this team, or if their time commitments have changed. And so... Then what we do is figure out, okay, so we're going to have a gap in this area. Who is somebody else that we might be able to reach out to?

Angie (18:19): I love that. I love how you have described just how much you help prepare the review team members, and then also how you go back at the end and just check-in with them and make sure that they have what they need and that all their questions are answered. That's really good. One of the tips, Jen, that you've shared that's worked for your program was to use a hard copy or a physical copy of the documents or the materials. Can you share more about how you did this?

Jen (18:50): Absolutely. So we, for the curricula that does have physical copies, we label it for medical accuracy review. And we go through this curriculum, we have a red flag, which means that it needs medical accuracy, attention, a yellow flag for any cultural or trauma-informed approaches that need to be reviewed. And then, we also mark it up with either a pencil or highlighter. And, it looks a little scary when you're done with it. But what we also do is at the front of the curricula, we have a sticky with all of the reviewers' initials. And so once it's checked off, we know it's been reviewed. And this helps us identify who still needs to review the curricula. Each person has a physical curricula for two days to a week, depending on the urgency to review. And then we have a shared folder that we have put together for the medical accuracy findings document and our references. And then we ask for feedback on that.

Angie (20:06): I love that. I mean, sometimes the low tech is the way to go, right? And so this is just an example of that.

Jen (20:12): Yes.

Angie (20:15): I loved it when you shared that a couple months ago. I'm glad... I'm glad you're sharing it here today. So, when it comes to ensuring the medical accuracy portion of the review, what tips and tricks do you have for programs that may just be getting started with this?

Jen (20:33): So, I highly encourage our grantees to start with templates. Or, if you have access to Title X clinics around, utilize the templates, merge them together, make it work for your organization. And start with the curricula that's going to be most utilized first, so that way you can identify those gaps in reviewers and find your low hanging fruit. So community advocates, and maybe a parent from your youth leadership team that is a physician or a nurse, to help develop that medical review part. Also, if you are connected or have nursing schools or medical schools in the same city, utilize their public boards asking for medical reviewers of sexuality education curriculum. I cannot stress how quickly you will get these responses. They're looking to develop their CV, and this is part of helping them do that. We also encourage primary resources like contraceptive technology, so that reviewers have the latest efficacy of contraceptives, both human-use and laboratory rates. And then I also want to stress, please don't be afraid to ask other grantees for their medical accuracy review of the curricula that you're conducting your review on.

Jen (22:07): This will help you get started, kind of help you launch and figure out, okay, what exactly do I need to focus my attention on, and do we want to ensure this is going to meet the needs of our end user, our youth? Utilize your community members in your youth leadership council to review for that cultural appropriateness and then I also want to stress—understanding your state laws with regards to teaching human sexuality. For example, in Texas, we need to teach... When we teach about this in public schools, we need to teach the human-use reality rates versus laboratory rates. And then last but not least, if you are a [inaudible] prep grantee, review their tool and use them as well. Use your resources, I cannot stress that enough.

Angie (23:02): Jen, can you walk us through the medical accuracy supplement we're sharing on the screen and the specific example, Reducing the Risk: Building Skills to Prevent Pregnancy, STI & HIV that's being reviewed here.

Jen (23:15): Absolutely. So, after we complete our medical accuracy review utilizing the template, we put together this Medical Accuracy Supplement that you see on the screen. And this is what we utilize at all of our trainings for that specific curriculum. So you're looking at Reducing the Risk, or RTR. And we asked facilitators to take the time to make the changes in their curriculum and then staple the supplement to the front to the inside front of their books. So our introduction on this supplement, you'll see in the Introduction, and it always states our purpose, the addition of the curricula that was reviewed and the publication date. And then you'll see... At the very top, it says Activity Modification Details. On one side you'll have Activity, and then on the other side, the Modification that was done. So for example, you'll see for Activity, for Class 2: Abstinence: Not Having Sex. What needed modification was page 46, the highlighted box on Facts About Abstinence. And that was updated to reflect the latest YRBS data. And then the reference is also listed there. And the other example I'd like to share is on Class 7; it contains updated discussions about parental consent for IUDs and implant insertions for young people under the age of 18. And so that was based on the Texas law and came from the experts that we used in our medical accuracy review team.

Angie (24:53): Grantees often say that hearing from other grantees about the challenges and successes helps them better understand an expectation or new guidance. Would you be willing to share a few challenges to implementing the materials review process your team has experienced?

Jen (25:12): Yes. So one challenge that we encountered was we'd get started on the review, we were probably within maybe two reviewers being done with the curricula, and then our team member would say, "This isn't the latest curricula," and all of us would throw our hands up, like, "What do you mean it's not the latest curricula!?" So we learned very quickly to reach out to developers to find out when they plan to update their curricula, so that way we are able to utilize the most current curricula that if they are making updates in about six months, then what we usually do is hold off till we have that new one, and just kind of push some of our deadlines or adjust our deadlines and timelines for that review. The other challenge we had was reviewer fatigue. And so, this is why we typically have about two to three members who are the lead, and it really is based on their experience and background. So if we have— I mentioned a curricula for juvenile justice. On our team, we have... a staff member that worked in the juvenile justice system. And so she typically leads the curricula that's focused on that. But often times, she'll be like, "I've already reviewed three curricula," and so we'll shift our leads. And that is also why we ask at about the six-month mark if people are still interested and have that time. So that way we can rotate about every six months or annually as needed.

Angie (26:54): How about some of your successes, Jen? Would you like to share some of your successes too?

Jen (26:59): Yes. So, as part of this review process, we understood how important trauma-informed approaches and trauma-informed care experts were needed. Because we've been doing this work for quite some time, we ended up getting licensed as a Level One Trauma-Informed team and organization. And so it's exciting because you do one thing which you think is minute in the sense of, we're establishing a medical review team for our end users, however, it's stemmed...

Jen (27:36): It kind of launched into a larger thing of our organization getting a Level One Trauma-Informed. The other success was that our youth leadership alumni; so our council... consists of high school students, and after they're launched into college, oftentimes they come back as interns, and really wanted to participate as they were familiar with the curricula and they wanted to have that experience and have a say. And so we love that we were able to incorporate them in the last few years as part of our review team. And gave us amazing feedback on what worked, what language maybe needed to be changed that didn't resonate, or that was old language. And so, this really helped our team be a little bit more robust. We also know that incentives help, and so we wouldn't necessarily give them a stipend, however, we would give them swag, UT Teen Health swag, and a thank you note for helping with our review team. And that actually was enough for them. I know other grantees will utilize paid stipends, which is great. So just use what you can within your resources.

Angie (29:05): That's great. Well, thank you so much, Jen, for joining us on this panel. We really appreciate your expertise and willingness to share your program's experiences with the materials review team, and your development of the processes, so thank you so much.

Jen (29:23): You're very welcome. Thank you for having me.

Angie (29:26): Now I'd like to introduce our next Grantee guest, Latrece McDaniel. Welcome, Latrece!

Latrece (29:31): Hi, Angie.

Angie (29:33): Thank you for joining us today to chat about your program's experience in getting started on the materials review journey and ensuring the medical accuracy of your materials and in ensuring materials are trauma-informed. Latrece McDaniel is a licensed Clinical Social Worker, Certified Advanced Alcohol and Drug Counselor, and an experienced nonprofit leader with a passion for making a positive impact in people's lives. During her 15 years of experience, she has dedicated her career to helping individuals overcome challenges and unlock new paths. Latrece's journey has been filled with countless inspiring stories of resilience and growth, fueling her commitment to empower others to reach their full potential. Latrece works at Bethany Christian Service and is the Director of Programs for the Youth Services at the Grand Rapids Center for Community Transformation in Michigan. Welcome, Latrece, and thanks for joining us today.

Latrece (30:31): Pleasure to be here.

Angie (30:33): So Latrece, let's dig into some of your tips for getting started with the materials review. You want to share a little bit more about each of these tips?

Latrece (30:43): Absolutely. So one of the things that we do in our program at the Center for Community Transformation is we try to use our existing partners to make sure that we're establishing ways, not only to get through our curriculum review, but make sure that they're a part of the whole process, because that's really important to us. So, our existing partners, our existing councils, our leadership advisory board, and then different events that we are part of, we include those folks there. A few other things we do is we really think about not getting bogged down with what curriculum we're going to use, but we really say, let's start sooner with the material review, because that will show us kind of what curriculum is going to be the best choice. I think a lot of times we spend times like teasing through what curriculum is going to be best, but we found if we identify those that are most appropriate for our particular demographic, using the review process to tease out those things early and ongoing has been really beneficial for us. So don't overthink the curriculum. A lot of the essence of curriculum are the same, but if you can find that there's one that fits kind of the model of your program, I again, would say start off the curriculum review earlier, because a lot of times through that process, things will emerge that you didn't think about from your reviewers, and you won't have enough time if you need to start back with another curriculum to explore. The other thing that is really wonderful about our particular project is that we have existing system tables that we have committed to being a part of, and so a lot of it at the forefront are our parent and our youth system tables.

Latrece (32:21): And so we again try to make them apart ongoing of the process of reviewing curriculum even once we're like, "Okay, we know this curriculum. We've got it," we try to stay really on top of what's changing and what's current, even through our cohorts of classes, to get feedback on how the curriculum is going for our young people. And the other thing that we really would encourage people to think about is utilizing incentives. And so, like it was shared earlier, sometimes stipends are not always available, but we definitely, particularly for our young people who are giving feedback on our curriculum, want to incentivize them, not only because we appreciate the work they do, but we want to teach them the value of their time. And a lot of times we're serving young people and getting feedback from them, but we really want to honor, even as a part of our curriculum, their whole person. And so we utilize incentives with them and their families and caregivers to be a part of the curricula review. As I mentioned before, and I will probably continue to mention through this portion, like our young people, our students, are the heartbeat of what we do. And so we want to be very careful not to choose for them but allow them to be able to be a part of the process for the curricula that is chosen for their particular program. And so we have set up a system where our leadership advisory board can talk with our program leadership and communicate with our continuous quality improvement, our CQI team, so that they've continued conversation about what's working and what's not working for the curriculum, as well as the program. And then the other thing that I cannot stress enough is being realistic about the amount of time that this takes for [inaudible] to review it, as well as their availability. Like it was mentioned before, which I think is a lovely idea, having a rotation of folks who are reviewing, but also just making sure that we're responsible in giving information in a timely fashion, giving it in the way that the reviewer prefers it so that they have the time that they need to get through the curricula.

Angie (34:28): That's great. I really like how one of your tips is to use the materials review process to your advantage when choosing a curriculum, and you did explain that, but I'm wondering, is there anything more you want to share about how that worked for you all?

Latrece (34:45): Yeah, it is one of the pieces where we started to get a little bit bogged down with. Oh right, there are so many wonderful curriculum, and this feels cool and this feels like it's missing from our last curricula. And so what we did is we kind of had a tiered process where the program leadership really looked at what's the design of the program, what's our availability, what are the technology we have available, and just really thinking about our population so we could pare down from that group what was really feasible before we shared curriculum with reviewers that we knew would not fit with our program implementation. And then from there, we had our staff vetted, one, from their own space of their facilitation, but also because our facilitators have really close relationships with our youth. It's a part of our program design. And so we said, what students do you know [that] would be willing to review this even outside of our leadership advisory board. And so they would have run through with them pieces of the curriculum or all the curriculum. And so we're really getting feedback from different places, even if it's not a part of the official reviewer, because we really want that to be a part of how we're informed and so then from there, we send to different folks, we have our CQI team, we have our... Within our larger organization, we have a trauma-informed foster care department, and so we have folks there. We have connections with our school juvenile justice partnership, and so we have folks from schools and from family [inaudible] from different entities, and so we really try to kind of, at each level, pare down the amount of review that's happening so we can really target and have a successful kind of filtering out process.

Angie (36:27): We also hear from grantees that ensuring medical accuracy can be really challenging or somewhat challenging, as well as ensuring materials are using trauma-informed language. So you've talked a little bit about that, but I'm wondering if you can tell us a little bit more about your program's experiences with ensuring the medical accuracy and trauma-informed pieces?

Latrece (36:51): And so one of the things that's really important for us is being able to utilize partners who understand their population. And so while we're not exactly connected to like a medical facility, as part of our partnerships, we are connected to a medical entity that services the demographic that we service.

Latrece (37:14): And so we were wanting to be intentional about not only so that our program participants can have access to that particular facility, but also that those individuals who work there have awareness of the demographic we serve. And so we wanted to be intentional about picking that partner, so that they can have really a good culture of these are the folks we're servicing, can you think about it through that lens? One of the things that is definitely a benefit for our organization is having those internal partners for the trauma-informed delivery of curriculum. And so we have a variety of staff throughout our organization who have been trauma-informed and have trauma-informed certification. And actually, our whole agency [is] moving to a trauma-informed lens, not just for those that we serve, but also for the service providers because of vicarious trauma. And so that was something that was a little bit easier for us. So thinking about kind of who are those folks that touch those places and have that training, to be able to do that review? I think another thing that is really helpful in those particular things is that it can be overwhelming, especially when folks are in entities where they're really passionate, right? In your field of work, you really are protective of the medical field or the social work field or trauma-informed. And so we really wanted to give a clear definition of what does it mean to be a part of this review process. We're not asking you to do like a peer review or to check it for, you know, if it is the best out there. But we really want you to look through this lens of who we're desiring to achieve this particular goal, and so with the curricula, can you take a look at it and let us know if it's going to service the need that we're hoping it will. And so that I think was a big thing for us, particularly with medical accuracy, because there was kind of an expectation a little bit that folks needed to kind of comb through the curricula and... give lots of feedback and be very critical of it, but we really framed that lens for them. And then we really wanted to frame kind of expert versus... This concept of expert and expert review. And so I think a lot of times, particularly in the medical field, we saw it more with the medical review is like, well, kind of we want to look to talk to this specialist or this specialist.

Angie (39:34): That's great. On this slide, one of the things that pops out to me, and I know we've talked about this over the last couple months, is that like disclaimer that with medical experts at ease. And I think it's something that many grantees haven't thought about and that is unique to your organization, and part of your processes. So can you share a little bit more about that disclaimer that you use?

Latrece (39:57): Yeah. So we utilize [inaudible] that's provided, but what we talk to our medical providers about is, again, that we're not asking you to peer review this, what we're saying is that you have reviewed this and based on, you know, your knowledge of our program and your knowledge in the medical field that you would say and give us this review. And so we add a very specific and detailed disclaimer at the bottom of the review so that when folks sign off, they are at ease in regards to what they're signing off, because that can be pretty significant to be signing off on something and you're not always sure of the implications. And so we try to be intentional about that, and we are also willing to edit that so that that is at the comfort level of the reviewer.

Angie (40:44): Great. So let's talk a little bit about some of the challenges you've experienced with the materials review process, Latrece.

Latrece (40:52): Yeah. You might be able to tell, but I talk a lot about medical accuracy because we're not directly connected to a medical provider like some grantees are. And so it can be a really big lift; we're, you know, a social service agency. And so, saying "Hey, it's that time again. Can you review the curriculum?" And especially when you have medical providers who may be shifting or shifting in their priorities, and so that can be a challenge. And so the other piece of it is, is that sometimes our medical reviewers are just kind of volunteering because they really believe either in our program, in the work we're doing, or they have some type of personal connection to the folks that we work with or our particular agency. And so sometimes that can get put on the back burner because it's not priority, it's not seeing patients or clients or those things that are at the forefront. And so lots of reminders often have to be given for a medical review. And again, getting down into the weeds of the review is like, no, this is not like a class project or, you know, this is not going into a peer-reviewed journal, but these are the things that we're hoping for this review. The other piece of it [that] is a challenge is like really getting into the cultural and linguistical appropriate review. We have students from a multitude of backgrounds.

Latrece (42:14): Obviously, there's kind of a theme, but again, very, very different backgrounds, different spaces and places. And so, we're really intentional, particularly about the cultural appropriateness of it, and so lots of representation from a large range of historically marginalized and currently marginalized groups. And so we really are all about inclusivity and language and even the reflection of pictures in our curriculum, because our curriculum has slides. And so we've worked with our... the company that provides the curriculum, we're saying "Hey, can you give us some feedback on how we might be able to do this," to stay with [inaudible], but we really want to make things that are appropriate and representative of our students because there can be... create a disconnect when we're not thinking about kind of those nuanced things of being able to reflect that person in the curriculum that you're presenting.

Angie (43:18): Latrece, let's talk a little bit about some of the successes or the improvements that you've made specifically around how to compensate reviewers and how and where you recruit reviewers, and you have talked a lot about how and where you recruit reviewers. So you may, you know, not be able to touch on that anymore. But what about compensation?

Latrece (43:42): Yeah. So we're big into really finding what works and putting this review within our systems that are already at play versus trying to make more work. And so, as I mentioned, as it relates to us being a social services agency and us having departments that are heavily trained in trauma-informed care, we partner with those different departments and they're able to build their hours to our department for their term that they're doing the review. And so, that's really helpful because that's just a very easy internal systems tweak. And so we have conversations about how long they think that will take, but it allows for them to build directly to our program. In regards to the student that I mentioned, compensation for students who engage, but also with our student leadership advisory board, they receive a [inaudible] for being a part of that, because again, we try to honor their time and what they give. And so we weave in that review as a part of that ongoing, as well as other parts of our program so that they can be giving feedback on it. And also those who are part of our leadership advisory board have been through curriculum before. And so they're able to kind of compare and contrast and also have a good connection to kind of what, if you will, kind of hip and new that maybe we're a little further separated from to give us feedback. And so they're compensated as a part of their stipend for that. And then in regards to caregiver engagement, because we believe that's a part of this as well. We have parent focus groups, and so we're very thoughtful about, you know, how do we give gift cards and even gas cards and make sure we have dinner when they're after-hour things, because we really honor the work that people are doing around looking at this review and giving us feedback for our program, and then honoring their time or what they may have given up to be a part of the process.

Angie (45:40): Love that. Latrece, I really want to thank you for joining us today and for sharing your experiences and expertise with the materials review process, I think it'll be really helpful to grantees who are finding it challenging to get started with the process. So thanks for sharing some of your tips and challenges and successes of course, too.

Latrece (46:02): Thanks, Angie.

Angie (46:04): I really want to thank our guest speakers today. Thank you, Jen and Latrece. We appreciate the time and the effort that you put into being available during the planning phases of this webinar and also for your time and effort today. So thanks again, Jen and Latrece. This webinar has been full of real life experiences developing and implementing a TPP programs material review process. So we hope you all have enjoyed learning and listening as much as we have. We also want to share a few additional resources you'll likely find helpful while developing your own processes and practices for this tip expectation. So you can find the materials review guidance on both RHNTC.org and connect.gov. The RHNTC also has a tool with resources organized by expectations. So for Tier 1 Grantees and then there's one for Tier 2, Rigorous Impact Grantees. And then also one for Tier 2, Innovation Bubs. The Expectations Tool, or wheel, as we like to call it, provides a clear blueprint to support recipients in achieving their TPP goals by providing resources related to each of the expectations.

Angie (47:22): So not just the materials review expectation, but each and every one of the expectations. I'm going to hand it over to Annie to close this out.

Annie (47:32): Great. Thank you so much, Angie. That is everything for us today. There are lots of really great ways to engage with the RHNTC and to stay up to date on our resources. You can just subscribe to our RHNTC monthly eNewsletter, you can contact us on RHNTC.org, you can sign up for an account on RHNTC.org, you can also follow us on LinkedIn, or subscribe to the RHNTC podcast, or all of the above. So thank you so much for joining us. We hope to see you all soon.