

Information and Education Materials Review for Title X

April 27, 2021

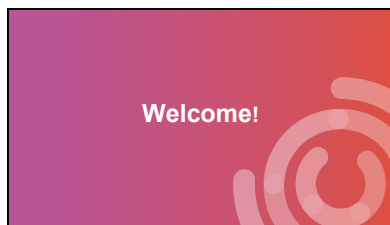
Transcript

Slide 1



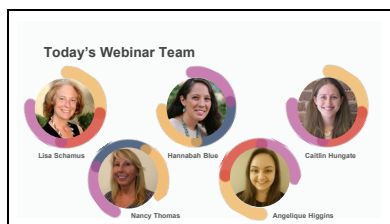
Caitlin Hungate: Hi everyone. My name is Caitlin Hungate, pronouns she and her, and I'm from the Reproductive Health National Training Center Title X team. I'm honored to welcome you all to today's webinar about Information and Education Materials Review.

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Before we get started, I have a few announcements today. First, everyone on the webinar is muted given the large number of participants. Secondly, we plan to have some time for questions at the end of the webinar, and you can ask your questions at any time using the chat function in Zoom. Due to Zoom webinar settings, chat is only visible to the panelists today. We encourage you to participate as you are able to do so. There will be opportunities through the Zoom chat and Mentimeter today. We welcome your input, your questions, and your participation. A recording of today's webinar, the slide deck, and transcript will be available on RHNTC.org within the next few days. This presentation is being supported by the Office of Population Affairs, OPA. Its contents are solely the responsibility of the authors and do not represent the official views of OPA or HHS.

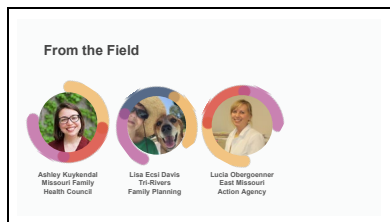
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I'd like to briefly introduce today's webinar team from the Reproductive Health National Training Center team. First and foremost is Lisa Shamus, pronouns she, her and she currently serves as the Title X lead for the RHNTC team. Lisa comes to this position with two decades of Title X experience. During Lisa's tenure as the director of program and evaluation for the Arizona Title X grantee, she had the opportunity to both carry out I&E material review and work with subrecipients on their I&E materials

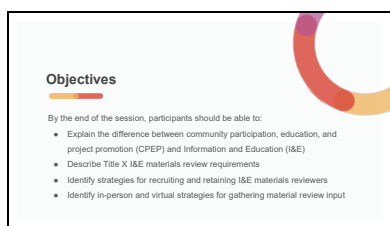
review processes. Lisa is one of two RHNTC co-presenters on our webinar. Hannabah Blue, pronouns she, her, our other co-presenter is a training and technical assistance provider with our RHNTC team. Hannabah is Dene or Navajo from New Mexico. She has been working on sexual and reproductive health for the past 10 years, and her expertise includes equity-centered approaches, working with diverse communities, youth, LGBTQ plus individuals, and tribal communities. Nancy Thomas, pronouns she and her, is also another member of our team and has been working behind the scenes to make sure today's webinar runs smoothly and that participants and presenters have the resources they need. Nancy has over 10 years of Title X experience and last, but certainly not least is Angelique Higgins, pronouns she, her and Angelique is new to our Title X team and comes to the RHNTC from a behavioral health background and has been part of the process in the development of this webinar, and will be facilitating the more interactive aspects of today's session.

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This webinar also features I&E experiences of one grantee, the Missouri family health council and two of their subrecipient agencies. The team includes Ashley Kuykendal who is a program manager at Missouri Family Health Council, and has been part of the Title X network in various ways since 2016. She's excited about ensuring our family planning services grow in service of the queer and trans community, and in alignment with the reproductive justice movement. Lucia Obergoenner is the program director and nurse practitioner at East Missouri Action Agency Women's Wellness Center. She has served at the Title X program provider since 2010 and is most passionate about providing quality one-on-one reproductive health care, that is all inclusive and client centered. Lisa Ecsi Davis is the director of operations at Tri-Rivers Family Planning. She has been part of the network for 30 years and is most passionate about helping human beings be sexually healthy. Ashley will be presenting on behalf of all three agencies. With that, I'd like to turn it over to Lisa to get us started.

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Lisa Schamus: Thank you very much for letting me know. I'll start again. I really want to thank Caitlin and thank all of you for joining us today. During my time as director of program and evaluation in Arizona, information and education materials review, or I&E as it's commonly referred to in the Title X community, was one of the Title X requirements that while seemingly simple in theory was often really hard to operationalize. During my time at the RHNTC and the FPNTC before it, I've had the opportunity to speak with many grantees and subrecipients about their I&E experiences. These conversations as well as conversations with OPA have helped informed this session. It's my hope that the information that we share with you today will help clear up any potential confusion regarding the I&E process, and provides


you with suggestions and strategies and tools that you can use to operationalize I&E in ways that solicit meaningful feedback from clients and potential clients for whom the materials are intended. To meet those goals, by the end of today's session, participants should be able to explain the difference between community participation, education, and project promotion or CPEP and I&E, describe the Title X I&E material review requirements, identify strategies for recruiting and retaining I&E materials reviewers, and identify in-person and virtual strategies for meaningfully gathering material review input.

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CPEP	I&E
<p>Purpose: Achieve community understanding of the objectives of the program, inform the community of the availability of services, and promote continued participation in the project.</p> <p>Who to engage? Persons broadly representative of all significant elements of the population to be served, and by others in the community knowledgeable about the community's needs for family planning services.</p> <p>For example: Youth and client advisory committees, social service agencies, primary care agencies, faith-based community organizations, school personnel, etc.</p>	<p>Purpose: Review and approval of informational and educational materials developed or made available under the project to assure that the materials are suitable for the population or community to which they are to be made available.</p> <p>Who to engage? Include individuals broadly representative (in terms of demographic factors such as race, color, national origin, handicapped condition, sex, and age) of the population or community for which the materials are intended.</p> <p>For example: Clients and potential clients.</p>

Before we take a deep dive into I&E, I wanted to start off by making sure that we all have an understanding of I&E and the difference between I&E and community participation, education, and project promotion or CPEP as I often hear about this confusion between the difference between these two Title X requirements. The chart on this slide provides a quick synopsis of the purpose and audiences for both CPEP and I&E. In looking at this, we can see that the purpose of CPEP is to achieve community understanding of the objectives of your Title X program, inform the community of availability of services and to promote continued participation in Title X. CPEP has a very broad purpose, or I would even say purposes. Comparatively speaking, the focus of I&E is much more narrowly defined. The purpose of I&E is to ensure that information and educational materials developed or made available under the project are suitable for the population or community to which they're made available. While it's true that Title X projects need to engage community members to address both CPEP and I&E, the makeup of the people that you're engaging while potentially having some overlap is different. For CPEP, Title X agencies should be engaging a wide range of individuals and groups who are broadly representative of all significant elements of the population to be served. This is where the distinction is and by others in the community knowledgeable about the community's need for family planning services. Some examples include social service agencies, primary care agencies, faith-based agencies, school personnel, youth and client advisory committees and the like. The potential overlap is that you may have clients and potential clients involved in both CPEP and I&E, but you'll be engaging much broader audience for the CPEP activities. Put simply CPEP is about the whole program, while I&E is about the materials. What is also true of both is that when done in the spirit of the Title X CFR, these two parts of your Title X program can be instrumental in guiding your Title X project's equity, diversity, and inclusion work. In terms of what materials should be included in your Title X I&E material review, you'll want to make sure that you include any family planning and reproductive health materials, regardless of whether it was designed in-house by the CDC or by company that creates health education materials.

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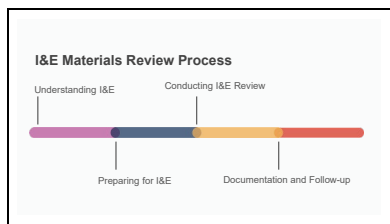
Poll

In your Title X network, does the grantee conduct the I&E materials review, or is it delegated to subrecipients?

- The grantee conducts the materials review
- The subrecipient(s) conducts the materials review
- Both the grantee and subrecipient(s) conduct the materials review
- I don't know

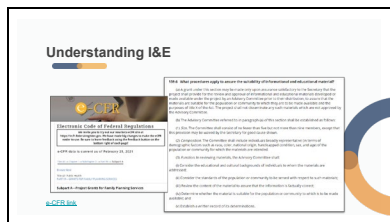
Let's take a quick poll because we know that I&E is done differently in different grantee networks. We're wondering in your Title X network, is it the grantee that conducts I&E materials review, the subrecipient or both? As a quick reminder for those who may be a little bit unfamiliar with that terminology, the grantee is the agency that gets money directly from OPA, whereas a subrecipient would be an agency that gets money from another agency, not the federal government directly. I'm just going to put on my glasses to take a look at those results. We still have some coming in. I'm just going to give it another couple of seconds. It looks like we have about a little bit over half the people voting here, and it looks like we have a really big mix, not quite evenly divided, but pretty much for just over a third, it's the subrecipient that conducts the materials review, and almost a third the grantee conducts the material review, and in a quarter of the participants are saying that it's a combination of both the grantee and the subrecipient agency, which is the case of the presenter today, Missouri Family Health Council. That's the way that they conduct it as is the way that Arizona where I previously were conducted, is that the grantee takes responsibility for a portion of it and the subrecipients have responsibility for a different portion of it. Thank you very much all for participating in the poll. All right, and I don't know if you can see the poll results. All right and with that, I'm going to pass it over to my colleague Hannabah to walk us through the review process.

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Hannabah Blue: Wonderful. Thanks Lisa and good afternoon everyone. For our time together today, we will be walking through the four stages of the I&E materials review process. First, we will review the foundations of I&E and its importance. We will discuss how to prepare for the I&E review, including recruiting for reviewers. We will share strategies and hear from Ashley with the Missouri Family Health Council about their process and finally, we will share information about documenting and integrating the feedback from the I&E committee reviewers, as well as how the grantee can plan for the INU program review with OPA and how subrecipients and service sites can plan for site visits from the grantee.

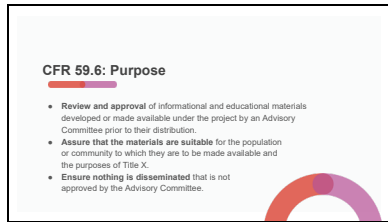
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The I&E process is mandated through the code of federal regulations or the CFR as part of the program guidance for family planning services. The specific requirements for the I&E review are included in section 59.6, which is shown here on the screen. You can review it by going to the link on the slide, but we are going to go ahead and summarize it for you here.

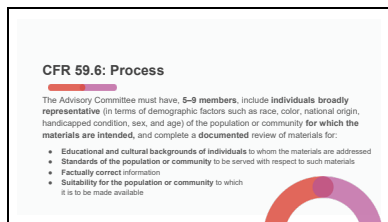
Resource:

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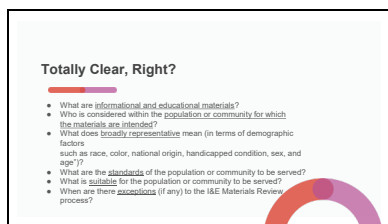
The purpose of the I&E review is to ensure that the materials go through a review and approval process in order to ensure that they are suitable for the community, or population that they will be made available for, and that nothing is disseminated without going through this process.

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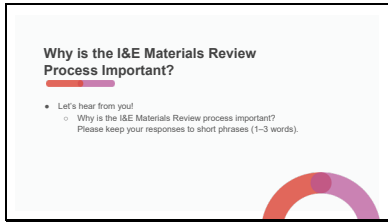
What does the CFR say about how this will be done? This includes through the recruitment of five to nine individuals who broadly represent the population, or community for which the materials are intended, who will complete a review that is documented. They will review to ensure that the materials are not just factually accurate, but also take into account their educational and cultural background and standards, so that they are suitable for the community or population who will receive them.

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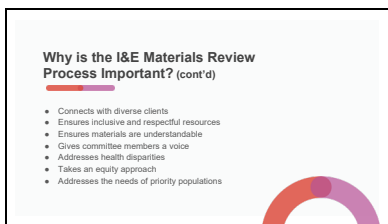
That sounds totally good, right? Totally clear. Well, from talking to grantees, we know that there are still questions about what this all means in actuality when you are looking to conduct the I&E process with your organization. Here on this slide are some questions that we've heard from grantees about the process. The language that is underlined is taken directly from the CFR. What are I&E materials? Who is considered part of the population or community for which the materials are intended? What does broadly representative mean in terms of demographic factors? What are the standards, and what is suitable for the community, or population to be served, and when are there exceptions if any to the I&E review process? We will come back to these throughout the presentation to try to provide some clarity on them. Now we want to hear from you.

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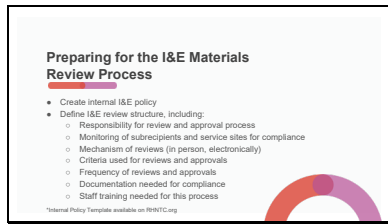
What have you seen that shows why the I&E materials review process is important and because we'll be using an interactive platform, we ask that when you click on Mentimeter and put in the code, when you type in your responses, please try to keep it to one to three words or 25 characters or less. It's not a lot of characters, but try to distill what you're trying to communicate into a few words. We advise you to maybe go to this website on your phone, so that this will help display everyone's input in a word cloud, and you can still take a look at the screen. If you're unable to go to the Mentimeter, you can chat into the Zoom chat box your responses, and Caitlin on our team will add them to a Mentimeter. Go ahead and head over to the Mentimeter, and just go ahead and please keep the Mentimeter up on your device, because we will refresh it with new questions when we get to that point in the presentation. Awesome. Thank you Jamie. Again, if you need to chat into the chat box, please do, but we're seeing some great things coming in on the screen. Equity, I mean equity is at the center it looks like of what a lot of folks are saying is important for the I&E review. I'm seeing preventing misinformation, it's inclusive, through understanding, inclusivity, knowledge, accurate. Also, seen a few things coming in the chat box. Thank you everyone. This is great. Quality, accurate, absolutely. Collaborative process, acceptance, up-to-date, factual, evidence-based. Wonderful. Non-biased, great. Relatable, oh that's when that's coming up, that's great too. Well, thank you so much. We'll keep going and we have a few other Mentimeter polls to come up, so we want to keep on hearing from you and getting your input on this. Thank you.

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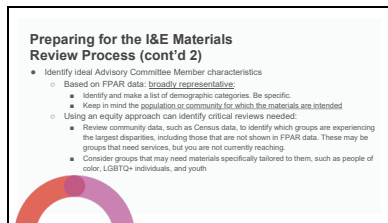
These are some of the things that we came up with. Just as many of you have indicated, there are many reasons that the I&E materials review process is important and many of these align with what you shared. The process provides the opportunity for Title X programs to be inclusive and engage diverse audiences in an equitable fashion. We want to also acknowledge that many Title X programs are often trying to balance all of the work of their programs, and we know that grantees are all in different stages in conducting I&E and do it in different ways. We hope that you can take some information, strategies and tools from this webinar to help with your efforts to ensure that you meet the requirements from the CFR. Now, let's move from understanding I&E to preparing for it. Here are a few steps in order to do that. You can start by creating an internal I&E policy or insuring the one that you have in place meets the requirement.

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This includes several elements that can help to organize the work, including who is responsible for the review and approval process, monitoring for compliance, how material reviews will be conducted, including the mechanism, criteria used, frequency, as well as how they will be documented. They can also include the staff orientation and training for the process, and just want to put a plug in here, the RHNTC has a handy dandy resource on the website that provides a template for this policy.

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All right, we want to hear from you again. How are you currently recruiting I&E reviewers? Again, please fill out the information on the Mentimeter. Try to keep your answers to one to 3 words or less than 25 characters, and then we'll keep the Mentimeter up right after this because we'll be going into the next question after this. Looking forward to seeing your responses to this one: clinic visit, client, staff recruitment, ask for results, yes. Advocacy groups, patients, asking current members, waiting room. Clinic visits, clinic clientele, use our statewide board, teen clinic patients, through our technical college, prior to subrecipients, nursing students, youth leadership groups, community outreach, stakeholders, volunteers, appointments. Awesome. Great. We'll give it just a couple more seconds, but this is great. It's exciting to see how you all conduct this work in your communities and so great. Wonderful. Okay. Wonderful. Thank you so much for your input and let's go ahead and stay in Mentimeter, and we'll go on to the next question. The next question is, how do you retain members or keep them engaged? Now that we've recruited members and reviewers, how do you continue to keep them engaged? Again, this may not be a steady group of people that meets regularly over time, but we know some programs do have that model. We've also heard that programs sometimes have a hard time retaining people to serve as reviewers. What have you found be helpful in continuing to engage or review, or in continuing to engage your reviewers? I see several things come in. Incentives, email, youth, community centered info, virtual meetings, limit materials, phone, not overwhelming, prayers, face-to-face visits. Oh, someone says they struggle with this. Visit classrooms, back in the meetings, effective communication, intentional gratitude, right, asynchronous process. Okay. Sounds good. Thank you so much. Great. Great. Thank you so much. Okay. When preparing for the I&E materials review process, this also includes recruiting individuals who will review the materials. Please note that while this slide and the CFR says advisory committee, it is not required to actually have a committee in the sense that we often think about committees.

It can be a group of folks that are asked to review materials, but they don't have to meet as a formal group of people regularly. They can, but there are also other ways of engaging the reviewers, which

we'll get into later. When identifying characteristics of reviewers that you would like to recruit and engage for the I&E materials review process, it's important to come back to that language in the CFR to identify those characteristics that are broadly representative of who the materials are intended for. You can identify those demographic characteristics by reviewing your FPAR data, which several people indicated. This will identify those who you are already reaching. When identifying these characteristics, it's important to be specific. Think about the materials that you are developing and who they are intended for, but you also want to seek reviewers that are representative of groups that you are currently not reaching. My co-presenter Lisa shared a story with me about when she was the program director of a Title X program, where they looked at census data to identify groups that they are not currently reaching. I&E reviewers from these groups can help to identify how to develop materials for groups that you may need to have information specifically tailored to them. This includes groups such as LGBTQ plus individuals, people of color, and youth. This strategy as Lisa mentioned is also in line with taking an equity approach, where you can identify groups that are experiencing disparities in your community and tailor messages that speak to them. When taking this approach, it is important to consider how to respectfully engage individuals from these groups. Consider the time and effort it may take to build relationships with individuals from these communities, especially if you are not currently engaging them in your services. When you are planning your review process, think about how to structure your materials reviews to best meet the needs of the members of these groups. When thinking for instance about youth, consider the time of day that you are asking them to meet or conduct reviews, and consider what compensation would be most appropriate in any of the other processes. All right.

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A slide with a white background and a decorative circular graphic on the right side composed of overlapping red, orange, and yellow segments. The text is as follows:

How are you currently recruiting Advisory Committee members?

- Let's hear from you!
Please keep your answers to short phrases (1-3 words).

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A slide with a white background and a decorative circular graphic on the right side composed of overlapping red, orange, and yellow segments. The text is as follows:

How do you retain members or keep them engaged?

- Let's hear from you!
Please keep your answers to short phrases (1-3 words).

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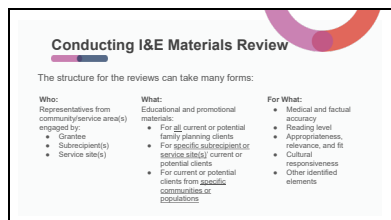
A slide with a white background and a decorative circular graphic on the right side composed of overlapping red, orange, and yellow segments. The text is as follows:

Preparing for the I&E Materials Review Process (cont'd 3)

- Recruit or re-engage Advisory Committee members
 - Ask clients to review materials while they are waiting for their appointment
 - Engage youth advisory groups
 - Ask for assistance with recruitment from partners, such as social service and primary care provider agencies
 - Recruit through social media, labeling or other CPEP activities
- **Reminder:** It may not meet your I&E purposes to rely on your CPEP Community Advisory Committee solely.

Aligned with many of the strategies she shared in terms of retention, here are some ways that we've seen to be effective. You can ask clients to review materials while they're waiting for their appointments. You can engage reviewers from a youth advisory group or ask your partners or community partners to recommend reviewers or help to recruit for them. You can also recruit through social media or other CPEP activities, but keep in mind that your CPEP advisory committee will probably not meet your I&E review purposes, because CPEP advisory members may not be clients and/or potential clients, but rather are folks that are more broadly representative of your community, who are familiar with the family planning needs of the community. Okay. Now that we've talked about preparing for the I&E process, I'm going to pass it back over to my co-presenter Lisa to talk about strategies and tools for actually conducting the process.

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Lisa Schamus: Great. Thanks Hannabah. First, I'd like to start off by now acknowledging that there is not a [single/best] way to conduct I&E materials reviews. There are requirements, but there are many, many ways to meet those requirements and later in this webinar, we'll hear about a couple of different approaches from MFHC's network. Having said that, these are just the tip of the iceberg when thinking of the many different ways that Title X agencies can approach information and education materials review. Reviews as we noticed by the results of the poll can be conducted by the grantee, by subrecipient agencies, by service sites, or any combination thereof. Having said that, what the reviews should all have in common is that all families planning educational and promotional materials regardless of who develops them that are for current or potential family planning clients must be reviewed before they are made available. We did have a question come in I noticed into the chat about in situations where either OPA or the CDC might be the agency that had created the materials, if the committee has input or had suggestions for how to change those materials, what then should the agency that review the materials be doing? One thing is that I think it's pretty rare that OPA has client-facing materials.

If you did have client-facing materials from OPA when we spoke with them and putting together this webinar, they were very clear that any materials need to go through the I&E material review process. I would say probably touch face with your project officer if that's the case. In terms of someone like the CDC or one of the big publishing companies, the distributors of education materials, we actually had a really interesting anecdotal experience, where one grantee that got feedback on something that was published by a big name publisher found something that they needed to have modified. When they went back to the distributor, the distributor actually made the change. That's one possibility. That's not always going to be the case, but I would emphasize that it's really important to be intentional about making sure that no matter who creates the materials, it go through the review process because the intent of the review process is to ensure that the materials are appropriate for your audience, right? If for some reason the CDC created something that doesn't resonate with your audience or audiences, then maybe that's not the right material to be distributing in your network. With that, the materials must be reviewed to ensure that they are medically and factually accurate, that they're at an appropriate reading level for the intended audience, that they are relevant, and that they're a good fit for the intended audience.

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Conducting I&E Materials Review (cont'd)

- The structure for the reviews can take many forms
- How do you conduct I&E Materials Reviews? (Chat into the chatbox.)
- How:
 - In-person
 - In the waiting room
 - At reviews/pizza parties
 - At client appreciation parties
 - At tabling events
 - Virtual
 - Through email
 - Through Zoom or phone conferences
 - Structured survey and/or open-ended responses

The structure of the reviews can take many forms. We've listed some of the methods used to conduct reviews here, but again, this is by no means an exhaustive list. We'd love for you to check into the chat box other ways to conduct reviews, while we go over some of the ones that are listed on this slide. While each of the methods outlined in this list have some benefits, it can also come with challenges. For example, while asking clients in the waiting room to review materials might be extremely convenient for the Title X grantee or the Title X agency conducting the reviews and ensures that the feedback is from your client population, the client in the waiting room might be feeling stressed about their visit and might not be able to give as thoughtful a review as they could in a setting that is designed specifically for giving the feedback. For obvious reasons during the pandemic, getting input at pizza parties and client appreciation parties is problematic and even before the pandemic, we often heard that bringing groups of reviewers together can be challenging due to scheduling, transportation, and other concerns. A benefit however is that when doing the reviews and groups, reviewers are often able to be more thoughtful about their feedback by listening and responding to other reviewers' considerations.

In terms of virtual reviews, these have the benefit of not requiring people to travel and of course during the pandemic, the benefit of ensuring that reviewers and staff that conduct reviews, as well as everyone at the meetings are not put in harm's way and are staying safe. Having said that, not everyone has access to devices or Wi-Fi and there can often be challenges with sharing files. Electronic and virtual reviews are not always possible. Email reviews have the benefit that reviewers can provide the feedback at a time that works for them. Again, there's that potential that the feedback might not be as rich as feedback provided during a Zoom meeting or phone conference, where again reviewers can hear from each other what they're thinking and those conversations can spark some richer reviews. I have not been looking at the chat box, but I'm just going to open it up right now. All right. Enlist the help of Hannabah maybe to tell me what some of the other ideas were that were chatted in.

Hannabah Blue: Macy Ellie said after visits and we just have a few other questions that we definitely will get to. Danny Lambert said, "Previously face to face at table with refreshments, but now through Zoom or email," and then Sonia Gabrielle said, "In waiting room, in-person meetings, online meetings and email." A lot of great things coming through.

Lisa Schamus: Great, and I think that probably right now, people might be doing a combination of some of those things because again, some of the benefits and job active each sometimes require that in different circumstances, you might use one method versus the other.

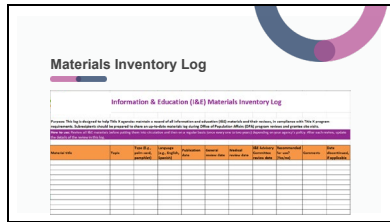
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I&E Materials Review Tools

- Materials Review documents (I&E Materials Templates available on RHNTC.org)
 - Materials Inventory Log
 - I&E General Staff Review Form
 - I&E Medical Staff Review Form
 - I&E Advisory Committee Review Form
- The RHNTC tools are not required! They provide one of many ways to document your process.
- These tools have been developed for you to modify to meet your agency's needs.

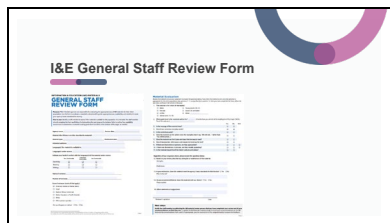
To assist with the review process, regardless of whether you conduct the reviews through pizza parties, Zoom meetings or any other method, the RHNTC has a number of tools that Title X agencies can modify to meet their unique needs. I want to make sure that I'm really clear here that none of these tools are by any means required. They're provided as one of many ways to document your process.

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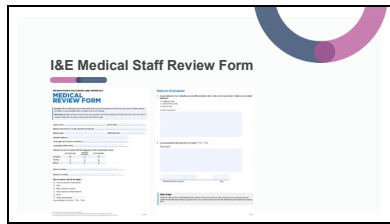
One way to approach any materials review is to start with a materials inventory log to track the family planning and reproductive health materials used in your Title X program, such as materials in your writing room, materials that staff provide to clients, and materials that you use at community events to promote your Title X program. When considering what materials to add to your I&E tracking system and materials review process, whether that be through a log such as this or another mechanism, again you'll want to include any family planning and reproductive health related materials regardless of whether it was designed in-house, by the CDC, or a company that creates health education materials. The materials inventory log is designed to include a documentation of a general staff review, a medical person staff review, and the I&E committee member review. If that's not how your process works, then the law can be modified to mirror your I&E policies and procedures. When I worked at the Title X grantee level, we often suggested that new subrecipients start the process by taking an inventory of all of their relevant materials and adding them to this log, and have that be the jumping off point for where they start with their process.

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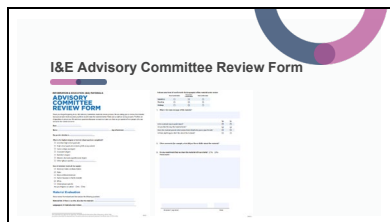
After making sure that all the materials were on the inventory log, we recommended that the next step be a general staff review. Again, this is simply a recommendation. This tool that the Title X agencies can modify to meet their needs can be used by staff to ensure that the material aligns with the backgrounds and needs of the client population. Some of the questions that this part of the review considers include the materials intended for, what grade level material is written for, whether or not the message is clear, accurate, and uses common words, whether or not the material is visually appropriate and appealing, and if the material is respectful of the client's cultures and values. While a staff person might be best suited to ask some of these questions initially, it's important to also get input on many of these questions from the I&E committee members. When we look at the sample committee member review form, you'll see a lot of these questions will be listed out again. It's also important to note that any staff members that review materials cannot be counted towards the five to nine committee member requirement.

Slide 25

The image shows a screenshot of a form titled "I&E Medical Staff Review Form". The form is divided into several sections, including a header with the title, a "MEDICAL REVIEW FORM" section, and a "REVIEWER INFORMATION" section. The form is presented in a clean, professional layout with a white background and blue accents.

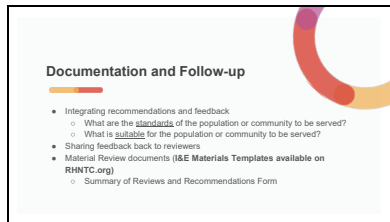
In addition to the general staff review form, the RHNTC has a medical staff review form that once again, you can modify to meet the needs of your Title X agency. This form can be used to document that in materials have been evaluated by a medical reviewer for factual, technical, and clinical accuracy. This part of the free review is fairly simple. It's really one main question about the accuracy of the material. Many agencies may want to combine this review with the general staff review and have the medical reviewer do two pieces, so that you can cut those two steps into one step, but by taking these two steps, whether it be in one or two of conducting the general and medical staff reviews before bringing the materials to your advisory committee, you can really reduce the burden on the committee members by ensuring that some of the requirements are met before the committee review. For example, the I&E process might stop after a general staff or medical staff review. If the general staff review reveals that the reading level is at a higher reading level than desire, or that the material does not use everyday words, or if the medical review reveals that the information isn't medically accurate, in such cases using the process outlined in the RHNTC toolkit, the process would be documented in the materials log. If already in circulation, those materials would be pulled and discontinued.

Slide 26

The image shows a screenshot of a form titled "I&E Advisory Committee Review Form". The form is divided into several sections, including a header with the title, a "COMMITTEE REVIEW FORM" section, and a "REVIEWER INFORMATION" section. The form is presented in a clean, professional layout with a white background and blue accents.

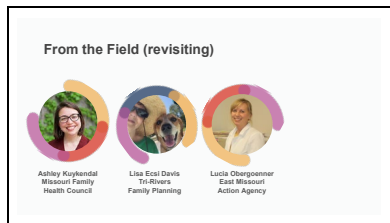
The next step in the process outlined in the toolkit is the actual I&E committee review form, a review. Earlier in this webinar, we talked about the various configurations of the committee and regardless of how you solicit the feedback, the feedback does need to be documented. Again, the I&E advisory committee review form itself is not required and can be modified to meet the needs of Title X agencies for those documentation purposes. In addition to collecting feedback from committee members, this form also collects some basic demographic information from committee members, so that you can assess if you're collecting input from all those in need of services in your service area. This form asks just a few questions to make sure that the main message of the material is understood by committee members, to ensure that committee members like the look of the material, and ensure that committee members think that the material provides useful information, excuse me. Finally, committee members are asked if they would recommend that the material be shared with clients, and it also has space for them to elaborate on their responses.

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Although not shown here, the toolkit also has other forums that you guessed it, you can modify to meet your needs to summarize the findings of the review process and a checklist to ensure that you have everything that you'll need in place for your program review, or site visit. The summary of reviews and recommendations form pulls all of the information together, and it can help with integrating recommendations and findings. The information gathered from this process will give you an indication of whether or not the materials are suitable for your intended audience or audiences. Again, the more representative the members of the I&E reviewers are of the intended audience, the more reflective the feedback will be of those standards. Though not necessarily a common practice, one suggestion that I heard from a grantee as we were putting this webinar together is to share the summarized feedback and the actions that you took as a result with reviewers. In addition to any stipends or thank-yous, providing this information back to our viewers really goes a long way in demonstrating that their time, knowledge and input is valued.

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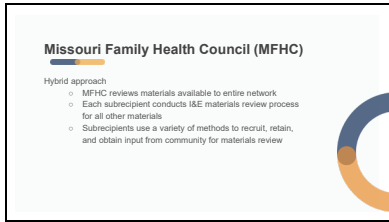
Now that we've talked theoretically about some of the different ways that you can approach the I&E process and shown some concrete examples of tools that can be modified no matter how you approach getting the input, I'd like to introduce you to Ashley from the Missouri Family Health Council or MFHC. Ashley will be presenting on behalf of the MFHC to describe their I&E process, and will also share information from two of MFHC's subrecipient agencies regarding their processes to give us a flavor of how even within one network, the I&E process might look different while still accomplishing the goals. Ashley.

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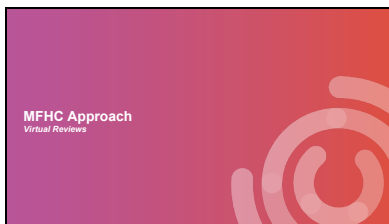
Ashley Kuykendal: Thanks Lisa. As she said, my name's Ashley and I'm excited to chat with you all today about the ways that we conduct our I&E reviews here in Missouri.

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As she mentioned before within our network, we use two different strategies. For I&E materials that are relevant to all of our sub recipients, MFHC's I&E committee reviews those, but we also know that our subrecipients and their subcontractors have some clinic and community-specific materials that are really best suited for their audiences. For those materials, individual subrecipients have I&E committees that are reflective of their own communities to review materials. Today, I'm going to walk you through both the MFHC process and the processes of two of our subrecipients to use, one of which is entirely virtual. The other really rests on in-person interaction, which we know is challenging right now because of COVID, but within our network, each subrecipient does things a little bit differently. These two really represent two ends of the spectrum of the most commonly used approaches within our network.

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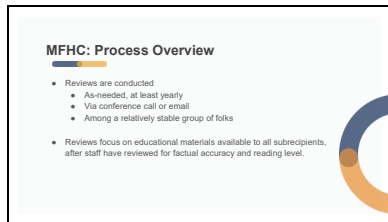
First, we'll start with ours.

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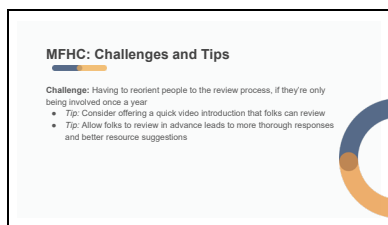
MFHC recruits our I&E committee members from a variety of different places, like our stakeholder network, our advisory boards for other programs, our providers, activist networks, advocacy partners and more, keeping a particular eye on being representative of our Missouri community statewide in terms of race, ethnicity, sexual orientation, gender identity, age, and geographic location. This group of folks reviews materials virtually, either by email or conference calls at least once per year. This review focuses on educational materials available to all of our subrecipients. Those are things like our safer sex educational brochures and our pregnancy options cards.

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Internally, our staff reviews the materials first for our medical accuracy and reading level, and then passes along those drafts to our committee. After we receive their feedback, we make any changes that they suggest and then distribute those materials out to the network, so that they don't have to have those same materials reviewed by their individual I&E committees.

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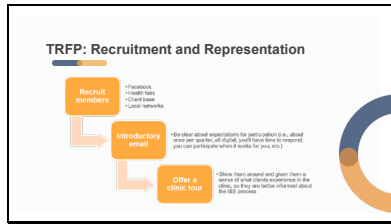
The biggest challenge of operating this way, having just one large review session annually is that there's a period of time spent reorienting members to the review process and absent more frequent check-ins, sometimes we have a lower response rate. One way to get around this is to offer opportunities for asynchronous review. Our agency does this by sending materials to our committee members and asking them to respond when they have time within a specific timeframe. While the idea of like a first reaction can be helpful, community members might feel intimidated by the process of being asked to give their feedback on the spot, especially if they haven't seen the materials before, or feel like they don't have quite enough time to get through them. Another benefit to offering folks the opportunity to review and respond is that sometimes you get more thoughtful feedback, or connections to resources that you might not otherwise get. One example is that we once had a committee member pass along a tool that allows you to compare the color contrast of a document to make sure that it's accessible enough for folks to have visual impairments relating to be able to perceive differences in color. Because she has the time to sit with the material and offer feedback after really thorough consideration, our agency and our entire network learned about a new resource that we didn't know about before. One other tip for getting around that kind of reorientation process is to record a quick video like Zoom (I know we're all getting used to that) explaining the process in lieu of a longer email or a document with the requirements. It might resonate better with the committee.

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Now, I'm going to talk to you about two different examples that we have within our subrecipient network. The first subrecipient example we'll showcase comes from Lisa, the I&E champion at the Tri-Rivers Family Planning Center in Southwest Missouri. Tri-Rivers staff have exclusively conducted their I&E committee meetings virtually and had some great tips to share about being as welcoming and positive as possible for their community members. In case you don't know Lisa, she's an exceptional member of the Title X network and has been for over two decades, and is always ready to start the day with a positive attitude, a joke to make you laugh, or her famous cartoons in her email correspondence.

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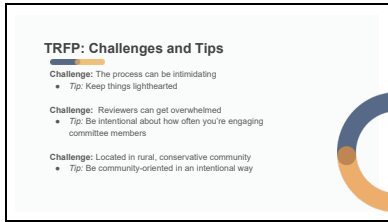
Here's a little bit more about how Lisa works with her I&E committee. Aside from Lisa, all of the Tri-Rivers Family Planning staff are keeping the I&E committee in the back of their minds when they're interacting with patients, community members, prospective clients at project promotion events, and within their local network of advocates. When they identify someone who they think might be a good fit for the community, they reach out to them and tell them a little bit about the committee. If that person agrees to join, Lisa who again is their I&E champion, sends a lighthearted introductory email to break the tension of the sometimes overly formal nature of committees like these to ensure that the community members feel comfortable and valued. She sets expectations that she'll reach out them digitally about once per quarter, asking for feedback about various materials. She encourages them to participate actively, but also acknowledges that sometimes they're busier than others, and they may not always have time to respond. She encourages them to take their time, reviewing the materials and to offer any feedback at all that they have about them. Then she'll invite new members to attend a clinic tour, so they can better ground themselves in the understanding of what it's like to be a patient at the clinic, especially if they haven't been one before.

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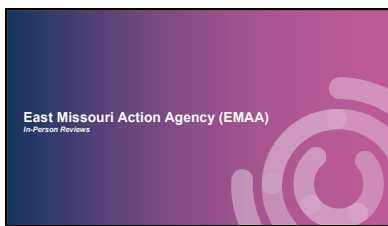
For most of their materials, their staff including MAs, NPs, front desk staff, and other frontline workers review them first for medical accuracy, completeness, and cultural appropriateness, while Lisa corresponds to their medical director for feedback if necessary and does all of the preliminary literacy level checks herself. Then the committee reviews on all of these factors in addition to the general relevance of the material for their community. In order to best keep people engaged, she sends them a large variety of materials on a regular basis, everything from brochures to fact sheets to their website. She really emphasized, when we were talking with her about her process, that she never wants them to feel like they're checking a box, but rather that everyone is benefiting from their participation, and that their opinions are really truly valued.

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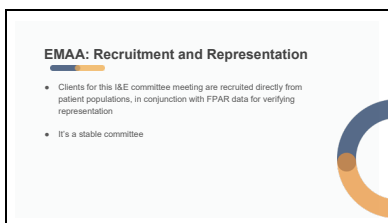
When we chatted with Lisa, she also emphasized the importance of her lighthearted approach. She always sends memes along with her emails and offers chocolate with the clinic tour. She views the community members really as humans first, who might be somewhat intimidated about participating in a committee like this, at a clinic that they go to or might go to, especially if they're told that they have approval power over the materials. It can be a delicate situation. She really tries to remove the overly formal tone to get more honest feedback from her participants, both about the resources themselves, but also about people's realistic capacity to participate, so that she knows if she's going to have to find additional folks to offer feedback beyond her typical committee. Based on the previous feedback that she's gathered from committee members and her own experience doing this at Tri-Rivers, she's come to learn that sending materials for review about once per quarter is usually enough to keep that balance between ensuring that people are familiar with the process and engaged, but not overwhelming them with too many asks in an already busy time. The last thing that Lisa really wanted us to share is that she advised that when choosing committee members, you're mindful of incorporating a myriad of perspectives among those who support the foundational mission of your organization. This is especially important in her rural area of Missouri, where it would be easy to find folks who don't believe, for example, that birth control access is important. It might be self-defeating to have someone with a perspective like that on your committee. Being sure that you're representing your client base without undermining the integrity of the committee is really important to keep your client's best interests.

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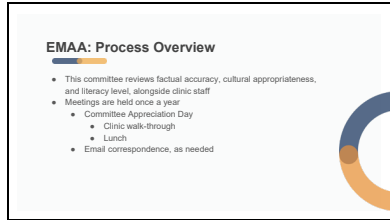
Next, we'll review the East Missouri Action Agency or EMAA's plan for an in-person committee appreciation day as their strategy for gaining meaningful feedback. This process is led by their phenomenal patient-centered nurse practitioner Lucia, who consistently goes above and beyond when meeting the needs of her rural clients day in and day out, and always with a smile on her face.

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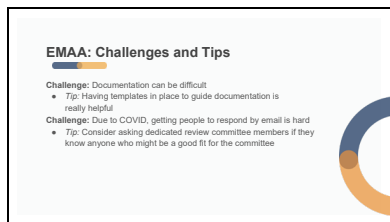
Lucia at EMAA recruits for their I&E committee directly from the patient population, making sure that the representation on the committee very closely matches their FPAR data for all of their clients. Once folks join their committee, EMAA strives to maintain their participation over a longer period of time for more consistent feedback.

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This committee would be asked to review material for factual accuracy, cultural appropriateness, and literacy level. In addition, EMAA has a relatively small family planning staff. The entire group will usually review the materials as well before passing them along to the committee. While they followed virtual meetings in the past, mostly via email, their model for a committee appreciation day involves having everyone join together at a clinic for a meal in the lobby, followed by a clinic walkthrough so that all aspects of the clinical environment can be reviewed along with hard copies of the educational and informational materials that are present in the space. After that tour, the group would come back together to fill out those review forms, similar to what Lisa was talking about before and any additional client education materials would be covered through the material review templates as well. When needed, Lucia still emails the committee for approval of all other materials in the times in between these gatherings.

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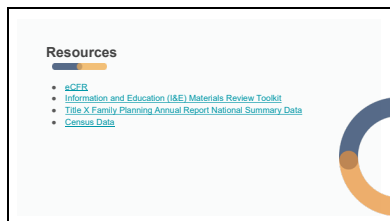


Lucia noted during our interview that having templates in place to guide documentation has been super useful. My organization MFHC as the main grantee offers meeting minute templates and material review forms for our subrecipients. Our meeting minute templates include key questions that have to be answered about the committee and checkboxes for all of the I&E committee requirements enumerated in the regulations to better assist subrecipients in ensuring that they have functionally met all of their requirements for the meeting each time. It also prompts them to think a little bit more concretely about questions, like how did we ensure that our committee really broadly represented our patient population. In order to use these network-wide templates, you have to have a group of people willing to participate in the process. Lucia offered some advice about gathering more robust feedback and reaching more people. We know especially during COVID that even the most dedicated I&E committee members may have had too much on their plates to respond to requests for review, and certainly coming in person was not an option for many. While it's important to maintain that broad representation on your committee, asking a dedicated I&E committee member to make a referral of someone that they know who could offer valuable feedback to the committee could be a helpful strategy, like snowballing, asking people who are already committed to participate if they can help bring

one more committed person to the committee. It can help to build buy-in among the people who are already in your group and connect you to community members who may not already be connected to your clinic, but who would be potential patients.

One suggestion that Lucia made was recruiting partners with participants to join the committee as well. This has two benefits. One, you gain additional perspective in general, but two, it gives you insight on how the educational materials or informational materials that you have might be perceived by partners of your patients. Lastly, family members friends and colleagues can also be great for existing committee members to ask to join the committee. We've reviewed several different models within the MFHC network and with great thanks to Lisa at Tri-Rivers and Lucia from EMEA, we can say that the best advice that we've heard from anyone in our network is to conduct the I&E committee meetings by really meeting your committee members where they are and making sure that they know that whatever kind of feedback they have is the right kind of feedback. Their perspective is really what we need to know to ensure that we're doing our part to make the materials as relevant as possible for our community members. We can also keep it light and relatable to make sure that we're getting honest feedback, and that our participants are willing to continue to offer us feedback over time to best meet the needs of our community. We hope that sharing some of these tips and tricks we've gathered over the years will help her to you and if you have any questions or want more information about any of the things that we've talked about today, we are happy to chat with you more. Thank you so much for your time today everyone.

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Caitlin Hungate: Thank you so much Ashley. It was great hearing about what Missouri Family Health Council and your two subrecipient agencies do in their respective processes. As we all can see from these examples, there is more than one way to obtain meaningful input to inform your materials review processes. As you develop or refine your systems, we want to remind you to make sure that the process conforms with the CFR with which you can find through the links on the slide. The second link takes you to the I&E materials review toolkit that has suggestions for processes that can be carried out in sample tools that you can download for modification and use. The last two resources the link to the FPAR summary report and census data are to help ensure that you have the data you need to determine the demographic makeup of your ideal I&E committee members.

Resources:

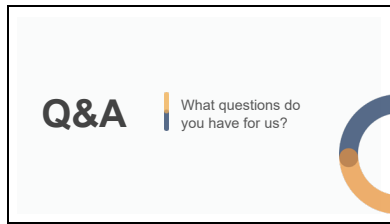
[eCFR](https://www.ecfr.gov/cgi-bin/text-idx?node=se42.1.59_16&rgn=div8) (https://www.ecfr.gov/cgi-bin/text-idx?node=se42.1.59_16&rgn=div8)

[Information and Education \(I&E\) Materials Review Toolkit](https://rhntc.org/resources/information-and-education-ie-materials-review-toolkit) (https://rhntc.org/resources/information-and-education-ie-materials-review-toolkit)

[Title X Family Planning Annual Report National Summary Data](https://opa.hhs.gov/sites/default/files/2020-09/title-x-fpar-2019-national-summary.pdf)
(https://opa.hhs.gov/sites/default/files/2020-09/title-x-fpar-2019-national-summary.pdf)

[Census Data](https://data.census.gov/cedsci/) (https://data.census.gov/cedsci/)

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We have a few minutes, so we want to jump right into the great questions that you've been submitting in the chat. We do want to let you know that the Reproductive Health National Training Center we'll be combining all of the questions that we didn't get to and put forth in an FAQ, or some sort of follow-up so everyone can hear these questions and answers. Lisa, I'm wondering if this first question can come to you or Hannabah. Does the review process need to be conversational?

Lisa Schamus: The review process can benefit from being conversational since it can allow for reviewers to completely share their thoughts and feedback, but it's absolutely not required. It is important to document the process, but it does not need to be conversational.

Caitlin Hungate: Great, thanks. Another question that came in through the chat was asking about specifically the review form, but maybe broadly being available in Spanish.

Lisa Schamus: Yes, we're very excited that we have plans in place to be translating that into Spanish. Once that is completed, we will be sending it out in one of our e-news announcements, so look forward to that coming your way.

Caitlin Hungate: Great. Another question for you or Hannabah, someone was wondering about tools that can help subrecipients or service sites or grantees and help in determining the appropriate reading level. Can you or Hannabah weigh in on that one?

Lisa Schamus: Sure. I can keep going if you wanted, or Hannabah do you want to take it?

Hannabah Blue: Go for it, go for it Lisa.

Lisa Schamus: Some of the things that are helpful, which you can find online and which we can also point to when we put together the information that we'll share, are the Fry or the SMOG tools that you can literally type the text into the tool, and it will give you back what the reading level is. But in addition to doing that, you'll also want to take some cues from your reviewers and ask them to note any words that are unclear or confusing in addition to doing that.

Caitlin Hungate: Great. Thanks so much Lisa. Another question that came in was, can the clinical director or staff do the I&E material review for the I&E review process, or must it be an outside source?

Lisa Schamus: That's a great question. I would say that I have always seen it, and that doesn't mean that it has to be that way, done with the staff that you have, whether you're contracting with a clinical person for your clinical piece of your project--usually, that's the person doing the clinical review. A lot of agencies have a clinical person on their staff that does that clinical review. It can definitely be your staff. I have not heard of people having outside agencies do that, but I feel like I'm getting into a gray area here in terms of would you need to check with your project officer to do that or not, but again, any staff that you have that are reviewing for either medical accuracy and factual information and/or that general overview don't count for the five to nine committee members.

Caitlin Hungate: Got it. Thanks so much. I think we have time for maybe one or two more questions that came in through the chat and once again, we will work on compiling an FAQ or post follow-up document. Rest assured if we don't get to your question, the dedicated team on this call will follow up with you all. If we determine that we should no longer use certain materials, is it acceptable to continue using these materials until new acceptable materials are identified?

Lisa Schamus: I would say that it depends on why you determined that the material is no longer acceptable. If it's due to critical information that's no longer correct, then it would be important to not provide those types of materials, but you can also take materials that have outdated information and adapt them by including the correct information, instead of waiting until a new resource is available. I think that those are true, and I do want to address one other question really quickly that I think is very important on the top of people's minds, and that one is that I did see a question come in that someone said that they saw that they were doing gift cards, and that the participants did not know if that was allowed.

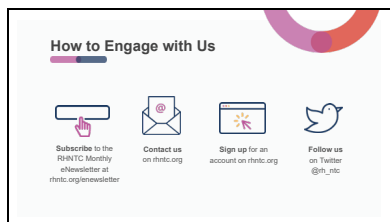
Lisa Schamus: I would say that the message that we are getting from OPA right now is that yes, gift cards and incentives are allowed. Having said that, if you have heard otherwise from your project officer or from someone else, please reach out to your project officer for clarification because a really important piece of this process is making sure that the committee members are feeling valued.

Caitlin Hungate: Great. Thank you. The incentives gift card piece is always a confusion. I think we have time for one question more. I'm going to squeeze it in. I'm going to ask this for Hannabah. Currently, especially among our younger clients our younger patients, they don't like paper and they would rather have a website. Any ideas about that? You talk about community and knowing your community, so I was hoping you could weigh in on that.

Hannabah Blue: Yes. You can do ways that are more virtual and not necessarily paper based. One way you can do that is to create an online survey using different platforms with Alchemer, Survey Gizmo or other things, and you can ask reviewers to provide feedback through that way. You can also send out questions via email, and then ask reviewers to reply back with their responses. There's a myriad of ways that you can do it virtually, but again, it's just important to make sure that you document your review process and the feedback that you get.


Caitlin Hungate: Thanks so much and once again, thank you all for contributing to your questions in this topic. We will be compiling this into some FAQ or post document. If we didn't get to your question today, know we will address it in the future.

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Caitlin Hungate: If you want to engage with the RHNTC, there are a few ways that you can continue to do so. You can subscribe to our monthly e-newsletter. You can contact us at RHNTC.org. You can sign up for an account and you can follow us on Twitter. Thank you all for joining today, and I hope you'll join me in thanking our speakers in immense gratitude to you all. As a reminder, we will have the materials from today's session available within the next few days.

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Please fill out the evaluation form after the webinar!

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