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Megan: Hello, everyone, and welcome to the Healthy Start "Hear from Your Peer" webinar on recruitment and retention. I'm Megan Hiltner. I'm with the training team with the Healthy Start EPIC Center. And with me to present today are many stellar individuals who I will be introducing in a moment. And they're going to share their recruitment and retention stories with you. And along with those folks are our Division of Healthy Start and Perinatal Services staff here in support of this presentation.

We have approximately 90 minutes set aside for the webinar. The webinar is being recorded. And the recording, along with the transcript and slides, will be posted to the Healthy Start EPIC Center's website following the webinar. One more thing before I introduce your speakers. I wanted to let you know that we do want your participation today on the webinar. So if at any point you have a question or a comment, please chat them into the chat box at the lower left corner of your screen. We will only be taking questions through the chat box today, and we'll get to those after the presentation.

So now, let me introduce your great speakers for today. And I'm just going to be doing short snippets of their bio. They're really wonderful people with a lot of successes, but I'm just going to give you a snippet of their accolades here. First is Dr. Kimberly Leslie-Patton. She's owner of Leslie Patton Associates Management Consulting Firm and is a dynamic trainer and TA consultant, technical assistant consultant, with over 20 years of experience supporting rural, urban, and island (?) Healthy Start workforce and re-entry programs in the areas of organizational development and crisis management. She's known for her motivational style for delivering customized professional management coaching and consulting to support sustained organizational change for performance activity and productivity improvement. She understands clients' needs and expectations and then sets course for a journey to achieve success despite challenges and limitations of time, budget, and resources.

The next presenter is Ms. April Scott. She's currently the Project Director for Centerstone Healthy Start in Tennessee. She's worked with the maternal and child health population since 2005 and developed an accredited Healthy Families America program at Centerstone before beginning as project director for the newly funded HRSA Healthy Start grant in September of 2014.

Then you have three members of the Family Road Healthy Start program. First is Ms. Karla Sayer Wilburn. She's a licensed clinical social worker that has worked for more than 20 years to improve the

lives of children and families. Karla started her career as maternity case worker providing crisis pregnancy counseling, placing babies with their forever families through open adoption and opened a maternity home for homeless pregnant women. In 2002, Karla continued her career in working with children and families with the Family Road Healthy Start program. Karla has been with Family Road Healthy Start for 14 years as case manager, as the clinical case management supervisor, and as the project director for the last 10 years.

Then Ms. Levyette Matthews. She is the community developer and Community Action Network, the CAN coordinator, for the Family Road Healthy Start program. Ms. Matthews has been with Family Road Healthy Start program for 10 years. And Ms. Matthews has a background in early childhood development, family services, and has experience in both the for-profit and nonprofit arenas.

And Ms. Latondra Creer [SP] currently serves as the case management supervisor for Family Road Healthy Start. She is a licensed social worker and has worked in the field of social work for the past 12 years. She is a graduate of the University of Louisiana-Monroe, where she received a BS degree in psychology and she later pursued and obtained her master's degree in social work from Louisiana State University in Baton Rouge.

So that's a little bit about your great speakers for the day. I'm now going to turn it over to Dr. Leslie-Patton to begin the presentation, "Creative Tools for Recruitment and Retention: A Tale of Two Programs." Dr. Leslie-Patton, over to you.

Dr. Leslie-Patton: Thank you. Good afternoon. Welcome. Our learning objectives today are to identify the planning activities for recruitment and retention planning, describe the importance of staff engagement in our recruitment and retention, and to list some different strategies for engaging our community partners. Next slide, please.

Our presentation roadmap. The new Healthy Start Recruitment and Retention Toolkit will be coming out after January 1, so we're looking forward to everyone being able to use that toolkit to enhance their recruitment and retention strategies to achieve our goals. Next slide, please.

Recruitment and retention. We know both are fundamental to our program's success. Recruitment, just to make sure we're all singing from

the same page, is the process of attracting, screening, identifying, and selecting appropriate participants for your projects. We know not every participant is appropriate for who and what you can do in your service delivery model. So it's important to make sure we are recruiting appropriate participants.

And then after we recruit them, we have to think about the retention of those clients. So retention refers to the efforts used to keep participants in our projects until their needs are met or their infants age out at 2. Poor recruitment and retention can weaken the success of a program. So it's very important that we have active strategies that work. And when we identify things that no longer work, we have to modify and adjust what we do to get those numbers into the program and get them served effectively. Programs cannot achieve their desired impact if the priority population does not participate. So that's key to our success. Next slide, please.

How do we overcome recruitment challenges? Well, one of the ways that we can do this is making sure that we're integrating our Community Action Network, our CAN. And it's important that we mobilize healthcare organizations, and social service providers, and other providers to help coordinate services so that we're looking for that win-win for the community partners. We're all looking to have success. And we have to bring that energy to that CAN to make sure they know how we can work together. Also, we want to steer local action to address social determinants of health related to poor birth outcomes. Other external community partners should also always be looked for and invited into our CANs to make sure that we're giving them good orientation so that they understand what we're doing, how we do it, and how we can work together to win in our services. Next slide, please.

So what's a solution for recruitment and retention for our Healthy Start program? Well, one, we want to start with sound training for our staff and training with our partners. It's important that people know what we're expected to do and how we plan to do it. We have to have strategies that work. And oftentimes, that requires us to have outreach or recruitment plans and having ways for our partners to easily work together. We know everyone is busy, so it's important that we make it simple for them to participate with us. We need policies and procedures that make it easy to have the infrastructure and the capacity to do the work that we need to do, and then identifying those resources to not only provide the services but to sustain them after our funding has ended. Next slide, please.

Utilizing our toolkit to enhance recruitment and retention. We're excited to have this toolkit for you because it will assist you with assessing your program's cultural competence. That's important because a guiding principle of recruitment and retention is to make sure that the staff who serve your clients are culturally relevant and ready to serve. We'll also assist with conducting a SWOT analysis, develop you an outreach plan, develop a retention plan and strategy, and to utilize the principles of continuous, quality improvement. Those are areas that will help us be successful in our recruitment and retention. Next slide, please.

The cultural competence is a guiding principle to recruitment and retention. Successful recruitment and retention strategies rest on our staff being qualified and capable. They know how to show respect and serve the community with passion and compassion. That's very important. Also, our staff must be flexible and focus on relationship management. And that's prior to the first time we get to meet people, as well as throughout our time with them. Whether they stay with us for a year or two years, we want to make sure we're managing that relationship. Knowing, respecting, and appreciating the community in which our program participants work, the assets, and the challenges, it's important that we know these things, because it'll help us be able to create plans and work with our partners and clients to provide a better-quality service. And cultural sensitivity is important to navigate the complex and diverse nature of communities and engage the community. So we must provide ways to not only plan together but maintain ongoing communication and respect for our clients and communities. Next slide, please.

To successfully engage our communities, programs, and organizations, programs must understand their own organizational culture and cultures of their personnel and how it fits with the people that we're trying to serve. If we have clients who are giving us feedback that we're having some problems with them being able to effectively work with our staff, that's one of our first cues we've got to do some more trying. We have to make it clear for staff to succeed by making sure they have their toolbox packed with skills to serve. The diverse cultures represented within the communities they serve must also be understood. We must understand the social, political, and economic climate of our communities within a cultural context to be able to strategize and develop services that work for that community.

And finally, the inherent ability of communities to recognize their own

problems, including the health of its members and support residents to intervene appropriately on their own behalf. So it's important that we're encouraging and preparing our participants and the community to serve them to meet their needs. Next slide, please.

It's so important that we identify the lay of the land with community assessment, and we can do that in multiple ways. But whatever we do, we need to start out with seeing the end at the beginning. And that includes engaging our partners for win-win opportunities. We always have to be looking for ways that, whatever we're doing, how does it help the other partners that we're working with? And we must be able to communicate that. A community assessment is considered more comprehensive than the more traditional needs assessment because it assesses not only the challenges and needs of our communities but also the resources and strengths of the community. We must take a balanced approach in how we're doing our community assessment. Next slide, please.

Knowing your program's place. SWOT analysis. It's very important that we understand our own program needs, as well as our strengths and weaknesses. So there are internal factors that are impacting our recruitment and retention activities. It's very important that, when we look at that, how are we investing in our human resources? What are we doing about our physical plan? What are we doing about the financial resources? We have to deploy them in ways that work. We know we can't spend the same dollar twice. So it's very important that we deploy those resources effectively. Making sure we're looking at our activities and processes. Make sure they work for the clients that we're looking to serve. And using our past experiences, lessons learned. That should be a routine part of what we're doing when we start to assess where we are and where we want to be.

We also have to look at our external factors like the future trends, what's going on in the economy, the funding sources that are available. Things are changing, very fluid. We've got to stay on top of those things. The demographic shifts and changes and our physical environment. It must be inviting for our participants to take advantage of the programs and services that we offer. Next slide, please.

Increasing our awareness. Making sure that your staff have their elevator speeches or pitches ready to introduce themselves and our program. They must be flexible, energetic, and passionate. One of the things that I talk to a lot of the clients about is, if we have staff that's

knocking on doors and meeting people in the community, if they're saying, "You don't want to buy any Girl Scout cookies today, do you?" "Well, no, I don't. Thanks."

So we've got to make sure that people are still passionate and energetic about doing this work. Because when they are no longer able to do that, it's going to impact on our ability to recruit and retain participants. That's very important. We want to listen for the needs that our program can meet for individuals or their families and friends. And then we don't want to oversell and under-deliver. So as they're listening for needs, they need to be able to customize their feedback in a manner that the potential client can understand how we can help them improve their life, their baby's life, and their family's life.

Consider your audience and any special attributes which you may want to connect in your pitch. So we don't want them being robotic but to really be able to listen and engage and think through, based on what their needs are, how we can meet them.

What do you hope to gain at the end of your speech? Is it awareness of a new program, building a referral relationship, or actually recruiting a new participant and their family members into our program? Remember, keep your audience in mind. Is there any particular aspect of your program which might be more interesting or attractive to the audience that you're speaking to? So customize what you're talking about so that it's not rote, robotic, and people can feel that you're excited about this program, so maybe they can be also.

Discuss what your community needs your program works to address. And if possible, include a very brief but memorable example of your program meeting one of these needs that they've identified. So you want to make sure your staff has stories to tell. They don't need to share names but they definitely need to have success stories that they can share in different genres in what's going on with our potential participants to meet their needs. Next slide, please.

We want to make it easy for partners to actually work with us. And that's important to know because everybody is busy. So it's important that we develop recruitment and promotional materials specific to our partners' audiences. So you may end up having multiple types of materials that you're using with different partners. Well, eliminating the redundancies and paperwork because we've got to keep it simple for people to actually make that referral, get it to us so that we give them some

feedback.

Also, there are simple things that can make a difference in how people want to work with us. So even attending occasional staff meetings or other gatherings to personally thank partner staff as well as your own staff for the support that they are helping us with getting clients into the system and served. We also want to offer coaching to other support to help referrals from our partners. Very important that you're tracking where you're getting the most referrals from, the least. Are there things you can do to improve what they need from you to get those referrals to you? So you want to continuously check out what's going on, what's working, and what's not.

Also, track and share the number of clients referred from the partners, and the numbers enrolled as a result of those referrals. Because when people get feedback then and you're making a big deal out of, "Hey, you were the agency that provided us the most referrals last month." Maybe you put them in your newsletter or you put them in your Facebook posts. Do simple things to help people feel good about their contributions to your success in recruiting and retaining clients. Routinely recite those materials and referral information and client location to ensure referrals are coming on a routine basis. And we know that staff change at different sites. So you're going to have to continuously make presentations to their staff and making sure that, when you celebrate success, you're making sure that those partners who help us have success are also thought about and awarded. Next slide, please.

Enrollment. Effective client identification in enrollment is key to our program's success. Staff must clearly translate program enrollment criteria into effective outreach, recruitment, enrollment, and service strategy. I cannot state that enough. We must deliver services that not only meet our grant requirements but that are also customized and meet our client needs. Ensure we seek enrollment of the right clients for the Healthy Start program fit.

One of the ways to build good camaraderie with partners is, if we have potential clients that don't fit us, it doesn't make sense for us to enroll them. Find the right program and make referrals to those programs. It's a great way to build support for each other's programs. Clearly communicate the benefits of the program and how the program works to identify and meet client needs. We must be able to sell what we do, how we do it, who we do it for and to, and the partners that help make that happen. Work together to achieve your individual goals, either through

the program or with your partners. You must stay focused with a laser review of how well you're doing. And when we're off-track, we need to immediately talk about those things and work towards getting back on track. When staff identify persons who do not fit the program criteria, make sure we're finding ways to determine which programs those individuals would best fit, and get that information to them. It builds goodwill. Next slide, please.

[inaudible 00:21:30] retention actually began at enrollment. From the very first encounter with the new participant or potential participation, we need to make sure that we're thinking about meeting their needs and getting them through the program or until their baby reaches two years old. We want to provide the opportunity for each person to feel empowered to determine their own path through Healthy Start and their own path through life. So that life planning is a wonderful resource that we're offering. Make sure that we're letting them know how we can help them identify their goals, get them [inaudible 00:22:11], and then celebrate milestones along the way.

Be continuous when you're contacting, visiting with a client. Make sure you talk about what progress they've made from last visit to this one. What barriers did they need to overcome? And then, celebrate successes along the way. Healthy Start staff must demonstrate a commitment to participants and their wellbeing. They have to know that you care about what's going on with them and they're just not a number for us to enroll and check our box. Next slide, please.

Retention strategies. Open enrollment. Staff should collect multiple modes of contact to reach the participant. So we know that oftentimes, our clients are transient. So you need to have at least three different ways to contact them. Their mobile phone, their email, their Facebook. And I also encourage my projects that I work with to also get contacts for people in their support system. Whether it's their significant other, spouse, mother, father, sister, brother, friend. Too often, these numbers change, and you need to be able to contact them using multiple methods so that the participant can be reached at whichever method that works. And so often now, many clients want to be texted, not called. So it's important that as you're establishing rapport with them, you know how they want to be contacted. Next slide, please.

The goal-setting. We want to complete our assessments and goal-setting exercises where staff have routine conversations about participants' short and long-term goals. If you want to increase your

retention, help those clients achieve their goals, they're going to tell their story to other people, and then you'll have a continuous cycle of people knocking on your door because their family and friends have shared with them how well you helped them to achieve their goals.

Make sure that we're individualizing plans to meet individual goals. There's no one-size-fit-all. So make sure that our programs are developed so that we can customize what we're doing. Identifying goals and timelines, the participant will have a roadmap to follow. And then during each encounter, as you check in the status of the goals and you make it part of what they're expecting, then they'll be prepared to tell you what's working and what's not. By revisiting and updating goals on a regular basis, participants will be able to celebrate milestones towards their journey of success. And if you start with success being the outcome in that first conversation in every time you're meeting with them, they will help you recruit other people. It works 100% of the time. But we have to make sure we're doing quality service delivery. Next slide.

Personal feedback. Over time, give the participant an opportunity to tell their story and share as part of our outreach efforts. So you may have them speaking at CAN meetings, or they may tell their story at different community events, health fairs. You want to find ways for the participant to also feel a part of the success of the program and give them an opportunity to share how Healthy Start has improved their lives. Encourage satisfied participants to refer their families and friends. Make sure that you have an infrastructure to support peer referrals.

Questions that you may want to be set up to get feedback include "Has your experience in our Healthy Start program been different than you thought it would be. Would you recommend our program to your family and friends? If yes, do you know someone who could benefit from our program? May I get their name and number?" And I, oftentimes, will say...also ask them, "Will you let that person know I'm going to be calling so they'll be looking for me?" "And what is your overall level of satisfaction with the support that Healthy Start has provided?" When you get satisfied customers who can tell you good feedback, I assure you they will help you get new staff referrals for enrollment. Next slide, please.

Staff retention. Our program's most valuable asset is its staff. And so, we have to treat our staff as though they are priceless, valuable, and valued. Very important. An organization holds a great deal of

responsibility in ensuring the most appropriate, qualified staff are both hired and retained to provide participants the most authentic experience possible while engaging in our program. Oftentimes, participants will continue to come back based on the attention that our staff have given them in that relationship development.

Long retaining is important for the staff/participant relationship because you build trust and familiarity, and those participants will sustain themselves to come back. Oftentimes, you're going to find participants don't want to disappoint you as a staff member. So set high goals with them and then work with them to achieve those goals. Next slide.

Quality improvement. It is critical within the Healthy Start place and space that our programs invest in quality improvement more than ever. The healthcare system is focusing funding on program performance and outcomes. We must remain competitive to stay viable. The decreases in federal and state funding, and the changing healthcare environment have put increased pressure on Healthy Start programs. To evaluate our programs, we must measure our impact and gather evidence regarding the true effectiveness of the program. We can't remind ourselves enough of that. And improving our data monitoring and performance will help our Healthy Start programs better respond to the participant needs and to improve their outcomes. Next slide, please.

Quality improvement continues. The most commonly used QI approach in healthcare is the model for improvement. The model for improvement uses a rapid cycle process called "Plan, Do, Study, Act" to test the effects of small changes, implement effective changes, and ultimately spread these changes throughout the organization. A lot of the programs have gone through the training for Plan, Do, Study, Act. It really is a great tool to help you get to where you need to be with your recruitment and retention. It also begins by asking three simple questions: "What are we trying to accomplish?" "How we will know a change is an improvement?" "And what changes can we make that we will result in the improvement?" To answer these questions, programs need to know how they are performing currently. So that's a routine process that you must include in your staffing. Next slide, please.

If strategies within this toolkit that we'll be releasing after January 1 are executed well and you use continuous quality improvement principles as well as programs...having the confidence that we're making the progress towards our enrollment and retention goals by delivering services that fit our client needs, we will succeed and be able to retain our program and

sustain ourselves after the federal funding. And by engaging our community partners and building and sustaining relationships, empowering these partners to support the program and finding ways that we are having win/win for their programs, educating our partners and potential participants with the most effective, tailored messaging, offering programs that better reach our women, children, and families in the community most in need of our support, we will be able to succeed as a Healthy Start national program. We want to remind you, recruit the right people at the right places, be there at the right time to enroll the new participants, and to retain them until their needs are met.

Thank you, and now, I'll turn it over to April from Centerstone.

Megan: April, any chance you have us on mute right now?

April: Yes, ma'am. I sure did have you on mute.

Megan: Great, thanks.

April: Thank you, Dr. Kimberly Leslie-Patton. We have really enjoyed working with you on technical assistance to our Centerstone Early Childhood Services. It's been a lot of fun and we've learned a lot and have come a long way. We are a brand-new Level 1 site. We just got funded in September of 2014. And we focus on prenatal children zero to 24 months, fathers, incarcerated women, women that are having substance abuse issues or may be in treatment programs, and pregnant women who smoke.

And as you can see here, this is our one-sheet flyer that we use to tell about our services and this will be available after the presentation if you would like a copy of it. But it just covers everything that we provide, our care coordination and specialized services, our fatherhood engagement, our Baby and Me Tobacco-Free, postpartum depression therapy, preconception care. And then it talks about the parent coaching curriculum that we use, the Growing Great Kids, and stress management. And then a lot about education linkage and support. And something that's been really helpful to us was the development of the map that shows what is available in each of the counties that we serve. So if you're interested in looking at that, it'll be available after the presentation.

As I said, we are a Level 1. And since the cuts, we have to serve 453 participants every fiscal year with the expectation that 50% of those will

be prenatal enrollments. These are some of our in-home specialized services, which I already gave you a brief overview of when I was talking about the one-sheet flyer. But we have in-home therapy models that we use in conjunction with our care coordination. One of them is Moving Beyond Depression. Some of you may have heard about these at your regional meetings. We use the in-home cognitive behavioral therapy in the home and partner with the care coordinators to provide this to women who score positive on the Edinburgh...or some use the PH-9 I believe it's called. And it's a 15-week program that they go through in their home. And it can also be provided in the community if, for some reason, they're not able to meet in their home.

We are really excited about this model because one of the biggest barriers to being able to reach these mothers in their homes or getting them to appointments is depression. Because as we all know, when they're depressed, they don't want to go anywhere, they don't feel like doing anything. They're not engaging with us or possibly even their baby. So we're really excited to be able to bring this to our community. We also have Circle of Security that focuses more on bonding and attachment, and the relationship between the parent and child. It's a 12-week series. And then we have our Theraplay, which is a child and family therapy that really focuses on building and enhancing attachment, self-esteem, trust. And we usually that for those children who are maybe 18 to 24 months.

Our Baby and Me Tobacco-Free services are provided also in the home. We enroll prenatal women at four different times during their pregnancy. We take a machine in their measures their CO2 levels, and then if they are decreasing when they had the baby, they get free diapers for 12 months. So this has been pretty successful in recruiting participants. We haven't been providing it the entire time since we've been funded, so we're still working on getting the word out and figuring out how we can use that to draw in the prenatal population.

We also have infant massage, which is a class that our staff are certified in. And we can do it in the homes with families, or we can do it onsite. And it's wonderful for bonding and attachment. We have breastfeeding support. Our staff are either breastfeeding specialists or lactation counselors. We have staff trained who train families and other staff in infant CPR and first aid. We have bilingual staff. And here, really, the main languages are English and Spanish. We have our Parenting Inside Out for incarcerated women, our fatherhood engagement, which has the community groups, the groups for incarcerated fathers, and then some

local library partnerships.

Some of our challenges in recruiting the prenatal population is that our OB-GYN clinics are so busy that they barely have enough time to see all their patients and get their work done with them to think about filling out a referral form, or having to take extra time to go send a fax, or even make a phone call. So we are currently working with our largest OB-GYN group, the Middle Tennessee Women's Health Group, to try to streamline those referrals. And we have the option for them to have daily or weekly pickup, where we actually go and just pick up...it could just be sheets of paper in a tray with a name and a phone number, and we take it from there for them.

We've also had a lot of turnover with our partners at the Department of Health. We had our regional wellness director from maternal child health, our healthcare coordinators who provide some maternal child health education, children's special services...a complete turnover in those staff who we have had relationships for over 12 years. So they have these replacements there, and we're working on re-engaging with them so that we can continue work on our decision tree that has been a big focus of our Community Action Network.

And the idea was that we had a decision tree that everyone at the table agreed upon that we would use. So no matter which agency or program received a referral, we would each follow this decision tree to determine what the most appropriate service was, and to provide them with three choices. To prevent people from possibly just having one choice, and then, say, maybe it wasn't a good fit for them, and then they just don't get services. By providing the three choices then, if the first one doesn't work out, they can move on to the next one, and they have some more resources available to them.

Also, we are the largest nonprofit behavioral healthcare provider in the nation. And we are moving towards integrated health. But we are still dealing with a lot of stigma around being a behavioral health organization. Because I'm sure you all know the stigma that surrounds mental health, and we are working tirelessly to try to alleviate that. But that is still a struggle for us.

And our faith-based organizations...we are in the Bible Belt, and we have some other faith-based groups also. And they are very active in the community. But we are working to try to connect these faith-based groups and our nonprofit programs and services so that we can

coordinate things for our community and just work together better to make the most out of the resources that we have.

Another challenge for us has been social media. We have gone to a lot of the grantee meetings and talked with others and heard about how successful they have been with using social media, whether it be Facebook or Twitter. And our organization, because of HIPAA, there are a lot of limitations on what we can put up on Facebook, or Twitter, or other social media accounts. Because if they are to respond with any protected health information, then we could be in violation of HIPAA. So the best that we have worked out so far is that our organization has a Facebook page. And as we have special events or recognition of partners or staff, that they will post it there on that page for us.

We have had some success in reaching the prenatal population through our OB-GYN groups. At one point, they were about 86% of our referrals. But we have seen a decline in that. So as I told you previously, we are working on a plan to make it easier for them to refer those families.

We have worked with pregnancy centers, pharmacies where people might be picking up prenatal vitamins, health departments, WIC, daycare centers. And we recently have started focusing on reaching the faith-based population. We had the director of faith-based initiatives for the Office of Minority Health and Disparities Elimination come down. And we also invited faith-based leaders from our community. So we had him share about different opportunities and funding that may be available to them and some social determinants of health. And then we had Craft Memorial Methodist leaders share about how we are partnering with them to provide Parenting Inside Out for incarcerated women here in Maury County.

And then we provided lunch. We didn't have as big a turnout as I would have hoped for, but we did get consensus that we want to do that again and make it bigger. And the following day after this faith-based luncheon, Pastor Jeffrey Crane came...connected us with the resources for housing that we were not even aware of. Housing is one of the biggest barriers to a lot of the families we serve, and our care coordinators spend a lot of time trying to locate resources. And so, next day, we had a list of resources and even were able to get a family placed in a home who was going to be sleeping in their car that night. We will continue working with the faith-based population.

We also are working on bulletin inserts about our services so that

churches can have those available. And putting diaper drive collection boxes in the churches. Over here to the right, you can see that there is a diaper drive flyer which Centerstone of Tennessee posted on their Facebook page. And it's helped bring a lot of attention not only to the need, but also it's a good conversation starter to go out and outreach to these possible referral sources.

Our successes have been shifting staff to focus on prenatal recruitment. For a while there, we talked a lot about numbers served, and quality of service and retention, but not so much about really focusing on trying to get these participants in prenatally. We've been providing feedback for them at the staff meetings and via email on how they're doing on their prenatal goals. We've been recognizing individual staff who have excelled in enrolling prenatal participants.

And now, it's gotten to the point that they are thinking about it so much that, almost every time they enroll a prenatal participant, they are texting me, or calling me, or emailing me to share. So that's kind of exciting and I'm glad to see that they're really passionate about this. And that was one of the things that definitely came from working with Dr. Kimberly Leslie-Patton was that recognition of staff.

We've also been partnering with Healthy Families America programs. We have some Healthy Families America programs here at Centerstone, and we also have programs in other counties that we serve that are managed by different organizations. But they are a part of our Community Action Network. And we have a great partnership with these programs. Also, the Department of Children's Services, which is child welfare in our state, has been an excellent partner. Their Child Protective Services is wonderful at getting those pregnant women referred to us and getting families referred to us at birth where there's a need.

And another thing that has been very successful, which was also something that came out of our technical assistance, is the recognition of referral sources. We have started having plaques made if we have a referral source that is just really being a champion for us in their agency or in the community. We have these plaques made. And they cost about \$6. It's not a lot, but we go to them and present them with it. We try to get a photo and at least have it put on our Facebook page or possibly even the local newspaper. And that has been a big hit with the referral sources.

You can see here, this is in recognition of the Middle Tennessee Women's Health Group. And they brought a plaque to the OB-GYN group and took a group photo, which was put out on our Facebook page and also the OB-GYN group's Facebook page.

Here, we see celebrations of successes with our fatherhood engagement. We have some Facebook posts here. There's a dad in our 24/7 Dad program who's proud to show us his certificate. And then, here's one of our graduate classes for our Inside Out Fatherhood engagement program. And we also have promotion of our Dads Matter Reading Day that we partner with local libraries and authors to bring to the community.

We also have provided baby showers, not just for the Hispanic community but for all of our communities. But this is just one example of how we've kind of tried to tailor it in a county where the Hispanic population is higher than most of our other service areas. So we had a baby shower with a little flyer that was in Spanish where they could come and get information, free materials, maternal child health items. And there was a really good turnout for that, and we plan on doing that again.

And here's my contact information. It's got my email here and my phone number. If you want to check out our Facebook page that I was telling you about, you can just click on the link here, and it'll take you straight to our page. And again, I just wanted to share that the flyer will be available after the presentation. Thank you so much. Following me is Karla Wilburn and Latondra Creer from Family Road Healthy Start.

Karla: Thank you, April. I enjoyed your presentation. Although you're a rural project, it sounds like we have a lot of the same issues with recruitment and retention. So I'll go ahead with my presentation and start with a little history on Family Road Healthy Start. We're a Healthy Start grantee, we've been for 14 years. And we're a Level 1 urban project, and we're located in Baton Rouge, Louisiana.

I wanted to tell you about the reasoning of why we are receiving TA for recruitment and retention. We were one of the grantees that at the end of 2014, there was a time period that there was no determination of who would be refunded. And so, during that time, we shut our program down, we lost staff. And then shortly following, we found out we were refunded. So we basically started from ground zero.

And so, that leads us to beginning to implement a newer version of Healthy Start. Within our community, there were also other changes. And so I'm going to go through a little bit that leads into what some of the challenges were and the reasons for us receiving TA.

Within our communities and our program as well, we had an increase in our service area. In our new grant, we went from serving 127 square miles to serving 471 square miles, and only increasing our staff by one case manager. Also, let's see...we lost six staff members, and we currently still have two vacancies. So we have been working with maybe a little more than half staff. We also, like April mentioned, our OB-GYN private practice individuals just do not seem to have staff or time to help us with recruiting. And as far as the hospitals, as clinics that are within the hospitals, they see it as violations to allow other programs to come in. So we've been working on those and trying to establish relationships, again, with them. Another challenge for recruitment and retention for us as well is that our main birthing hospital moved only five miles down the road but in the opposite direction of where the majority of our program participants actually live. And there was no bus line to that hospital at that time. And so, that really was a deterrent for many of the individuals that possibly would have been a participant in our program.

Another issue within our community was due to budget cuts, a lot of our health units were closed, and the WIC clinics were spread out in the community in little individual locations that people may or may not be able to get to. And so, they were each managed by a different administrator. And so, we didn't have permission to go to each WIC site. So then we had to start trying to obtain permission. And some administrators would allow us to come in and do recruitment, and some would not.

So we really struggled with these things. But within those struggles, we received a great blessing. Her name is Dr. Kimberly Leslie-Patton, and the TA that is offered through the EPIC Center. As I said initially, we've been doing this for a lot of years, and we were able to...we never had a problem with retention and recruitment before. So this was all very new to us. And so, Dr. Leslie-Patton has been able to really help us in a way that was very pleasant, but also in a very kind way. That made us be able to move forward in what seemed effortless.

I could go on and on about Dr. Leslie-Patton. So I'd like to let Ms. Levyette Matthews speak to you a little bit about some of our efforts.

Levyette: Good afternoon. As Karla stated, one of the biggest things that we wanted to accomplish with this new Healthy Start vision is that we look at how we approach the outreach and recruitment, and program recruitment. So one of the main goals that we started to focus on was to create a marketing tool with a concise message that will appeal to potential participants, consumers, stakeholders, and community partners.

Upon reviewing our old promotional materials, we realized A) that what we use the most was our flyer, and that that flyer did not give a clear overview of Healthy Start as it is now. B) the flyer was dated and it did not draw you in. It was not as attractive. But I will say that, when we came up with that flyer years ago, that flyer was a great flyer.

So we wanted to come up with something that would appeal to everyone. So we enlisted T&A, that's the second bullet, with Healthy Start EPIC to develop a new flyer, if you will. We use our flyer a great deal in our community, and we actually...at one point, we saw a lot of good results from the flyer we were using. As the years went on, we did not see that flyer being utilized because we did not see as many people picking that flyer up, leaving them in offices and places that we went to. So we realized we needed to make a change.

So upon enlisting in EPIC, which was a very easy program, easy piece to do with EPIC, we decided to request EPIC's T&A. And through many phone conversations and emailing our vision as to what we'd like our new piece of promotional material to look like, we actually had a great transition into the new flyer, as we will see in a few minutes.

We were able to look at our vision. I was able to communicate with the TA person with EPIC. And one of the visions for our flyer was to be appealing to the eye, eye-catching. We wanted it to have easy messaging, and that it would explain the Healthy Start program. So that if anyone picked up the flyer, we would all understand...or they would all understand what the Healthy Start story really was.

So one of the main points of that was, when we saw an infographic that Healthy Start EPIC had created, we liked the information that was on there. It gave us all the phases, our components of Healthy Start. And we kind of thought that's what we wanted to do. It was eye-catching and made us look at that. So we pursued using some of their materials but making it our own for our own community.

Third bullet says "To use the new flyer in developing our elevator speech that will easily tell the Family Road Healthy Start story." Well, upon having our TAs with Dr. Leslie-Patton, we realized that our flyer, as we developed our flyer, we needed to tie that flyer into our elevator pitch. So the information that both had, we really needed to use that information to make sure that we're connecting the dots from the paper of the flyer to that of what our Healthy Start staff and our community partners were able to relay if they saw the flyer. And we had to speak to them in the public, which we do a lot, and make sure our CHWs and our community outreach people, everybody on staff would be able to have their own elevator pitch. Not verbatim, but it would correlate with the flyer, and they would be able to utilize the information from the flyer to create that elevator pitch.

Bullet 4, "To assist staff with developing a consistent message. Elevator pitch of the Healthy Start program services to various audience types." Well, this was very easy. We actually looked at our flyer, and our Healthy Start staff had an in-house staff meeting and staff training, and we decided to incorporate reviewing our flyer with our staff, and to then come up with a discussion of what we actually want a layperson or a community person, or a potential client to get from us if we spoke with them.

So we created scenarios and challenged our staff to come up with an elevator pitch on the spot. It was a little fun because it made us think off the cuff of we only have a certain amount of time to actually relay a message, to who Healthy Start really is and to tell our story. So we created the scenarios to involve different types of persons that we meet in the community, different stakeholders, moms who are very busy and we're trying to stop them as we're out in the community. And it told a lot to us as to how we actually needed to either improve, or how well we actually understood our own program.

And the final piece bullet is, "To engage and to educate the overall community on Healthy Start services and resources offered to women, children, and their families." Well, one of the things...that was our overall goal. And I think we accomplished that, basically. When we look at the numbers...and Latondra will talk a little bit about that. When we look at what we were actually experiencing with our older flyer...and you can see that on the slide now, they're side by side. When you look at what we actually now have increased to by placing this new flyer in the community, we can tell that the changes were necessary, much needed, and the feedback has been tremendous on designing something that

people could pick up, read, and first of all, be attracted to pick it up. And I think that was the overall goal.

One last thing that I would like to point out is that we did get feedback from the community. I've had several partners say, "We saw your flyer. It looks really good." And we also presented this flyer at our Community Action Network meetings to get direct feedback from the partners who allow us to place the flyers in their agencies. This has been a win-win. I want you to look at the flyer, 2015. We had used that flyer probably eight years. Eight years, if not more. And it just did not do what Healthy...the justice for what we do in Healthy Start.

So this was an easy process. EPIC helped out a great deal. We enjoyed the T&A that we experienced with Dr. Leslie-Patton as well as with the EPIC staff. So look at the flyer. We can share more information if you'd like. My contact information is at the end. I now will turn over to Latondra Creer, who will look at the retention and recruitment piece as well for participants.

Latondra: Thank you, Levyette. So once we determined what our program recruitment objectives would be, which is what Levy just finished discussing, we turned our focus to what our strategies would be to increase recruitment and retention. So we took a look at three areas. We looked at program referrals, program incentives, and the collection of emergency contact information.

So when we looked at our program referrals, we looked at our policy and how we handled incoming referrals. So it is our policy to do immediate follow-up with our incoming referrals within 48 hours. But because we were working with a limited staff, we had to rethink that and determine if we needed to adjust that policy.

So during one of our team meetings, one of our staff members suggested possibly creating an intake team to complete the intake and assessments. And the idea there was to have a member of the outreach team make the initial contact with the program's participants, schedule that initial visit, complete the intake, and then forward that file to an assigned case manager to open the file and proceed with case management and care coordination.

And I'm happy to say that it worked really well for us. Because we went from having about 10 to 15 enrollments to month, to having about doubling that, to about 30 to 35 participants. So creating that outreach

team, initial assessment team really helped us to increase our numbers.

So another strategy that we looked at in retaining our program participation was how we were using our incentives. In the past, program participants were given small incentives depending on what visit was being conducted with their case manager. So they were receiving small incentives no matter what. And what we wanted to do is make the incentives represent more than that. So we started implementing the idea of earned incentives. And what the idea behind that is we would work with clients to accomplish certain program goals. Program participants could earn a bigger incentive if they completed certain goals and benchmarks. For example, a participant could earn, say, a Pack 'n Play if they attended their postpartum visit, or a stroller if they took their baby to a well-baby visit. Or if they breastfed for about three months or so.

So we wanted them to have something offered to them that they wanted and needed, and at the same time, encourage them to meet certain program goals. And then, they would come to realize that the program was more than about receiving incentives, but about gaining more information about their pregnancy and having a healthy baby.

And we use other incentives. Some of the other incentives that we use are car seats and car seat safety training. Our program participants have the opportunity to participate in prenatal classes and a car seat safety training course, so they would have the opportunity to receive education and car seat safety, and earn a free car seat.

One of the things that we also do with our clients is offer them what we call Family Road Bucks. And this is another incentive where the case manager meets with the client each visit and they give them play money. And with that play money, they can come to our store and shop for little baby items that they need. And with this incentive, they're able to obtain those items and they don't have to buy it, because a lot of our clients are on limited incomes, and they seem to really like that.

We're also fortunate to have great collaboration with one of our local community college's ultrasound program. They agreed to partner with us, to offer free ultrasounds to our program participants. And it provides an opportunity for their students to gain educational experience, and for us to be able to offer free service to our clients, and that's another incentive that they really love. So it's a win-win for both of us.

And the last incentive...or one of the last incentives that we offer to our clients is a calm pregnancy group. And that's a collaboration with one of our other community partners, which is also a part of our local birthing hospital. And with this incentive, participants attend a six-week course on prenatal education, and they're able to receive two free \$50 gift cards for participating, just participating in a course and attending a course, and learning more about prenatal education. And so, one of the other incentives they offer with this particular group is transportation and bus passes, if that is an issue. Those are just some of the incentives that we do offer to our clients.

Another strategy that we looked at as it relates to the retention of participants was making sure that we collected detailed emergency data and information for our participants. What we were finding was that, during the course of the two years, which is the length that we follow our participants, they moved, they changed their numbers numerous times, and it's kind of difficult for the case managers to maintain contact with them. So we made it a point to start collecting this detailed information so we're able to reach our clients more efficiently and hold on to them in the program.

Other challenges that we looked at was the recruitment and retention of staff, and the turnover that we were dealing with. The Healthy Start staff normally consists of 11 staff members, which includes our outreach, our case management, and our administrative staff. And as Karla stated, we lost quite a few staff members during that period of time. And it made it pretty difficult for us to reach some of our program goals. So if you think about it, we lost about a third of our staff during that same project period, and we had to work really hard, especially with our outreach staff, and increasing their outreach to community partners. But you would be surprised that even with our limited staff of outreach, that we still are doing pretty well in receiving the referrals that we've been given, and to increase our enrollment.

And as all of you know, the idea of investment and buy-in with staff is one of the cornerstones of any program. It goes without saying that, if your staff is not invested in your program, then the program's participants won't be, either. And there are many reasons that your staff may not be invested, and some of those things could include salary, feeling overwhelmed about the changes in your program objectives, not feeling prepared or confident in their roles, among other things.

So then, we turned our focus to staff training, which included working

with the staff to streamline their elevator pitch so that, when they met with potential participants, they would be able to express to them the value and the benefits of the Healthy Start program in a clear and concise manner. That way, the staff member feels confident in their delivery, and hopefully, the potential program participant picks up on that confidence and will want to participate in our program.

So in keeping in line with the focus on training, we started looking at different training opportunities for our staff. And you see those listed there. They attended a premature prevention conference. They attended the trauma-informed care workshop. And also in addition, our program evaluators spent a few hours with our case management staff about a month ago to review the data dictionary to give them a sense of what changes would be coming and what would be expected of them.

So...and that really turned out to be a really good meeting because they were meeting with him alone, so they were able to speak freely about some of their issues and concerns. And so, when we talked with our program evaluator, it turned out that they were feeling a little overwhelmed about the changes and feeling the need for more training with the changes that are coming. So as a result, another training opportunity was scheduled for them, and it's actually going to be taking place next week, where our staff will be attending a case management staff boot camp in New Orleans with our Healthy Start counterpart. And from the looks of the agenda, it appears to be really informative and really interactive. So I'm really feeling that this is going to serve as a really good opportunity for them to gain some insight into their role as healthy case case managers, and an opportunity to network with other case managers and ask questions. And just feel more comfortable that it's not just them or that it's just too much to handle. So you have a chance to just network.

And the last thing we looked at was outreach. We wanted to make outreach become a major focus for our case management staff because it would serve as an opportunity for our staff to practice the elevator speech with potential clients in the community events. And also, it serves as an opportunity for our new staff to share our seasoned case community help worker, and learn and listen and how to recruit. So we're continuing to brainstorm and look for opportunities to support our staff with training. And hopefully, we'll come up with more ideas for them.

So I'm going to go ahead and turn it back over to Karla to wrap up.

Karla: Thank you. As you can see, we've been working very hard since the beginning of this new grant cycle. I wanted to point out, with the assistance of Dr. Leslie-Patton, some of the strategies that we've been able to implement, some that we're working to still incorporate, and then those that are going to require a little additional work with the help of community partners and others.

So the first bullet point are the services and strategies that we've already implemented into the program as a result of TA. And I got ahead of myself. I was so proud, that I put the accomplishments first. So in red, I wanted to point out that we had achieved 100% of our program's goals by enrolling 300 prenatal program participants as of 10/31/16. And I say I got ahead of myself because that's only a calendar year total, that's not from the November date that we're supposed to be reporting on. So the second part is that we've already served 553 program participants as of 10/31/16.

Now I'll go back to the services and strategies that we've actually implemented. We have a lot of participants that go through our GED program, which is one of the services offered here at Family Road of Greater Baton Rouge, our umbrella organization. And oftentimes, our participants do not have the money to pay for the testing...I mean actually take the test itself. And so we have board members that are now willing to pay for those individuals to take that test so that they can go ahead and actually take the test and get their GED to move forward. So that's been a great accomplishment because that's \$150 that, most often, our clients do not have.

The second thing that we've implemented is, really, the recognition of our community partners that help us with referrals. As Latondra was speaking of earlier, we went from having, some months, only 10 referrals, to this one community partner working so diligently, that we went to 40 referrals a month. We jumped 30 referrals in a month. So it was really incredible.

So we really wanted to reward them and thank them for their hard work in trying to help us and be of support to our program. And we also, as Levyette mentioned, in doing the little scenarios with the staff, we wanted to reward them for doing a good job. So we just tried to implement some ways that we can acknowledge the work that other people are doing on our behalf, and to make the work that we're doing for our community worth the effort in, but to really be able to thank them.

The second bullet point is program services and strategies that we are hoping to incorporate and that we're currently working to incorporate. Increase social media, increase competency in breastfeeding. Work on our male involvement piece. Working with our community partners. And then what's still left to be implemented we're working extremely hard on, but don't have a lot of resources yet for job training and education.

And so, with that, our community partners...we're working to develop plans with our CAN members for outreach and recruitment to have additional people on board with doing referrals. I know we're having to wrap this part up, so I'd like to say our monthly calls to Dr. Leslie-Patton have been a great support and encouragement, renewed our energy, gave us new ideas. A fantastic opportunity. I would encourage everyone to do TA for the great benefit that it is. And it's just been a blessing for us and we just really want everyone to know that, as the statement says here, it's worth the investment. And Dr. Leslie-Patton has really made us feel that way. So thank you very much.

Megan: Thank you so much, Family Road team, for that informative presentation. As you can see, the slide up here shows their contact information, their team's contact information. Also, thank you so much to April Scott at Centerstone and Dr. Leslie-Patton for sharing your insights as well.

We have about 10 more minutes for questions, everyone. So please go ahead and chat those into the chat box in the lower left corner of your screen, and we can get some discussion going. I did get...there is one question here, and it's around staffing. The person asked, "What is the average case load for care coordinators/case managers/community health workers in HRSA Healthy Start program?"

And the division has weighed in on this, but I'm curious, too, what other folks have found in their work. But it really does depend...it sounds like it really does depend on the participant's level of risk. But estimates are saying between 30 and 50, on average. I would be curious from the programs on the line, as well as you, Dr. Leslie-Patton, in your wealth of experience. Do you have a sense of this?

Dr. Leslie-Patton: That sounds about right.

April: And this is April Scott with Centerstone. We don't enroll any more than 30 with one care coordinator.

Karla: Family Road Healthy Start, we probably average about 50. But ours are based on risk level, so that depends on how often they're seen.

Megan: Great. Well, hopefully, that helps, folks. Another question, and it's for you folks in the Family Road program. This person wants to know a little bit more about the use of incentives in your program and accomplishing your program goals. How are you purchasing those incentives for your program? Because it was their understanding that client items could only be given out based on need, but with non-federal funds.

Karla: You know, Megan, I really would not be adept at answering that question based on funds. We've always been able to provide an incentive, a token for their accomplishment at two months, or for attending their postpartum, things like that. So I don't know. We've always been allowed to do that. So I'm not certain...they probably would need to follow up with their project officer.

Megan: I think that's really good guidance. And I don't know, Joanne [SP], if you're still on the line, if you want to give any more guidance around incentives and purchasing incentives for recruitment and retention.

Joanne: Yes. The best thing around incentives, really, is to talk with both your project officer, as well as your grants management specialist. We do have quite a few grantees that do provide incentives. But grants management can give you a little more guidance around what's acceptable and allowable under the grant so that the programs understand that incentives are allowed, but there are, of course, limits within those incentives.

A lot of the limits deal with...what we look at as programmers, how many women are being served, and amounts of, let's say, the gift card or a bus token or whatever. We usually look at those to make sure they are acceptable based on the amount of women being served. So if you're a Level 1, we wouldn't expect that you would necessarily need 20,000 bus tokens.

So those are the types of things that we look at when we look at incentives for programs. But I would talk to both your project officer as well as your grants management specialist so that they can give you more specific guidance on the types of incentives you're looking for and

also the amounts that are acceptable.

Megan: Great. Thank you both for responding to that question. Here's another question about incentives. And Karla, I'm going to direct it to your program again, since you talked about this. But April, feel free to share if you have some thoughts on this, too. But do you provide a specific incentive for well-woman visits?

Karla: Yes, we do.

Megan: What about you, April? Anything on incentives? Could you give any more clarification on what that incentive is, Karla?

Karla: Maybe Latondra can help me.

Latondra: It depends...

Karla: I think it's a little pocket calendar, maybe, that we provide.

Megan: Nice.

April: At the Centerstone Healthy Start, we have an incentive point sheet. And different things count for different points. So on there is a completed well care visit, children's immunizations, completion of a therapy appointment, referring another family. There's a list. And our main incentives are diapers and blankets, like, those maternal child health items, which we usually get through donations.

Megan: Great. Here's another question. It's more general about programs that are operating in more rural settings. Can you share...I know that...Family Road, you may have insights into this. But you also, too, Dr. Leslie-Patton, around how to overcome some of the common barriers for recruitment and retention in rural settings, in rural programs?

Maybe, Dr. Leslie-Patton, you can start, and then Karla, you can chime in if you guys have some ideas as well?

Dr. Leslie-Patton: Yeah. So a lot of times, the programs that are in rural communities have to really develop great relationships with everybody, from the local supermarkets, definitely wherever people get their hair done. Events, sporting events are used a lot in the rural communities. Sometimes, the cultural events.

The programs that we've worked with, sometimes, we actually had to do outreach logs where we actually identified the gas stations and different community providers, and what they would provide, and how frequently we go there to either update information or pick up referrals. Everything is very much relational in those smaller communities. And then oftentimes, there are long distances between where they have to drive to actually reach potential clients and to serve clients. So you have to deal with barriers like the transportation, the isolation, the distance.

Karla: And I would add to that, partnering with the FQHC, anywhere people get any kind of medical attention, dental. Also, the little magazines that offer classified advertising-type things. The grocery stores...things like that where people convene.

Dr. Leslie-Patton: The hospitals, which are...

April: We are so rural here at Centerstone Healthy Start, that the biggest thing to us, to outreach, is when you're recruiting staff, to get folks that live in those communities. Because if someone comes in from the outside, they are not trusting them and not sure what to think about anything that they have to say. So that's been huge for us. And then utilizing our care coordinators who live in the counties to carry out specific outreach in those areas.

Megan: Thanks, April. Really good point. Another question here. This person has been taxed with leading their organization's CAN. And this person is serious about how many participants are involved in your CAN. And have you used local media to help promote your activities and help recruit?

I think there's two questions there. First, let's start with if you could share how many...this person says "members," but I think their question is more about how many participants are part of your CAN?

Levyette: This is Levyette: Our CAN, we actually...per meeting, we have about 50 participants for our meetings. But our umbrella organization, Family Road, also has an advisory, and all of those members are linked into our CAN. So we're looking at about 108 community agencies that Family Road, in general, partners with. Which allows us to have other members come into our CAN from that 108. So I'd say we average anywhere between 50 to 60.

Megan: That's great. Thank you so much, Levyette. How about you,

April? Do you mind sharing how many participants are part of your CAN?

April: Yeah, we have about 30 to 35 members. And about four of them are participants. But I would like to point out that they're not always to come to every meeting. So that we would love to have more because things come up and they're not always able to come.

Megan: Great. And so the last question...and I'd love for maybe all three of you to chime in on this, about how you use local media to help recruit or promote your activities. Both your services for your program and maybe even involvement in your CAN.

Dr. Leslie-Patton: So you can definitely use PSAs, they work. Make sure that you're giving information on a routine basis. So if you do a newsletter, make sure they have your newsletter. If you do electronic messaging for things, make sure you have key contacts at the different radio and TV stations. Newspapers, submit articles. And oftentimes, you want to try to get on the shows where you can bring a client to give their success story, their testimony, if you will. That seems to really work.

Levyette: This is Levyette. We actually promote and connect with our CAN through our website, as well as through email. That works well with us. We also...we are on morning programs. And any other community groups that actually are agencies that have their advisories and Community Action Networks, we're a part of.

So we all kind of interlink to find out what's going on with one another, and many of us sit on several different advisories in CAN. So it's a lot of word of mouth, and through sharing it.

Megan: Great, thank you, Levyette. April, anything you want to share on this using local media piece?

April: No. As I told you, we're just now getting started on using local media. We've mainly been starting at...just focusing on our social media as far as recruiting CAN participants.

Megan: Super. Thanks. All right, folks. I'm just going to give you a couple of wrap-up reminders about some upcoming webinars, and I'm going to ask the presenters to maybe give one final closing remark or advice that they may have for recruitment and retention.

So a couple of EPIC Center webinars coming up. On December the 5th, that's Monday, there's going to be a webinar introducing one option for implementing the Healthy Start screening tools. And this is the EPIC Center data collection tool. That's from 2:00 to 3:00, Eastern.

Then on December the 13th from 3:00 to 4:00 Eastern time, there's going to be a webinar on "Preeclampsia Impacting Mothers, Infants, and Families: Strategies for Improving Pregnancy Outcomes." You can register for those webinars on healthystartepic.org's website. And you can also, if you get the training announcements, all of the registration information is included there.

There's also another webinar I want to bring to your attention. It's not put on through the EPIC Center, but it is something that you may find important to your work. It's called the "Healthy Start Data Evaluation Webinar." That is on December 8th from 2:00 to 3:30, Eastern time. And it is really going to focus on an overview of the national Healthy Start Evaluation program, and an update on the Healthy Start Monitoring and Evaluation System and Data Reporting. And that registration information was included in that training announcement.

So with that, with those announcements, I'm going to turn it back over to one tidbit or closing piece of advice from each of our presenting groups today. Dr. Leslie-Patton, why don't I start with you?

Dr. Leslie-Patton: Sure, thank you. Keep your staff engaged, excited, and passionate about serving our clients. Otherwise, the clients aren't going to come and retain themselves throughout the process to get what they need, when staff is not engaging and inviting to serve.

Megan: Great. How about you, April?

April: I think the biggest thing for us is not being afraid to ask for help, and not feeling like a failure when we have to reach out. Because the technical assistance is there. It's provided to us and available to us. And I think a lot of times...I know myself, personally, have hesitated to use it. Because I like to think that I can figure it all out on my own.

But working with Dr. Kimberly Leslie-Patton and Dr. Kim Walsh [SP] on our technical assistance has been a big help to us and really helped us think outside of the box.

Megan: Great. Thanks. And from the Family Road team?

Karla: This is Karla. Kind of along the lines of what April said, don't be shy about taking advantage of the technical assistance. Because your Healthy Start program is worth the investment.

Megan: Great. Well, thank you all to you presenters for your expertise, sharing your expertise, and to the division for joining, as well as all of you for taking time out of your busy schedules to join this webinar. This concludes the webinar. Enjoy the rest of your day.