

Group-Based Education Webinar Series: Part 2

Grantee Presentations FAQ

Several questions were posed to the grantee presenters who participated in Part 2 of the GBE webinar series. Below are the questions asked during each of the four Healthy Start project presentations and replies from the presenters.

University of Arkansas for Medical Sciences

Presenters: Philmar Mendoz & Nicole Bedard

Q: Can you speak to the frequency and length of your classes? And do you provide any incentives?

A: The frequency and duration of our group education classes vary depending on the curriculum. Some are a single session lasting a minimum of 2 hours, while others are structured as multi-session series.

Examples:

- CenteringPregnancy: 10 session series, 2 hours per session
- 24/7 Dads: 12 session series, 2 hours per session
- Safe Start to Parenting: Single session, approximately 2.5 hours
- La Cuna: Single session, approximately 3 hours
- Breastfeeding 101: Single session, approximately 2.5 hours

Incentives are provided and intentionally selected to directly reinforce the education provided. For example, sleep sacs are available after completing the Safe Start to Parenting Education. Breastfeeding starter kits are available after completing the Breastfeeding 101 Education.

Q: How have you managed to meet unduplicated client goals for GBE?

A: Our team takes a proactive approach to outreach and registration for group-based education, collaborating closely with referral partners and the Community Consortium to support recruitment. Social media and word-of-mouth also play a key role. After a community group-based education, we collect participant feedback through surveys to continuously improve, ensuring our classes meet community needs.

Q: How do you all promote group education classes? Are they held on a routine basis, or does the date/time change from week to week or month? Any notices around participation and promotion?

A: Promotion for education is comprehensive with flyers, word-of-mouth, partner referrals, social media and community events. Our team creates a group-based education calendar for each quarter based on community interest and needs.

Q: Concerning rural communities, what challenges and lessons learned can you share regarding group education participation?

A: In rural areas, transportation and internet access are common barriers. We've found that offering hybrid options (virtual and in-person), partnering with trusted community sites for in-person classes, and aligning

sessions with existing community events or services improves participation. Consistency, relationships, and word-of-mouth have been key in building trust and turnout.

Q: How do the curricula you all use for group education support care coordination approaches?

A: The curricula used for group-based education supports care coordination by reinforcing the education provided on individual home visits. Group settings promote peer learning and support, helping participants connect with others, share experiences, and work toward shared health and parenting goals. This approach strengthens engagement and improves follow-through on care plans.

Fund for Public Health in New York, Inc.

Presenters: Afia Bediako

Q: You talked about how to recruit instructors. As a follow-up, are the instructors from the community, volunteers, or paid through the grant?

A: All instructors are paid, they are typically on contract with HSB. Some instructors are full time staff (none who were community members or clients though).

Q: Are there any overlaps in the courses offered, or are they provided in sequences so participants can attend multiple courses? Can you provide a high-level outline of what a typical week/month looks like for courses?

A: For the most part, classes and groups do not happen at the same times. The courses are offered at different days of the week to avoid overlap and facilitate people attending multiple of our offerings if they choose. Here is a breakdown:

- On the second Monday of each month from 1 to 2 PM we offer Before and After Birth: Protecting Your Emotional Health which is a class for pregnant and postpartum people.
- On Tuesdays we have one of our Childbirth Education classes from 12 to 2 PM.
- On Thursdays we have our R.O.S.E - Reach Out Stay Strong: Essentials sessions from 1 to 2 PM. This is a 4-week virtual group for pregnant and postpartum people. The Fatherhood classes are from 3 to 4:30 PM and from 5:30 to 7:30 PM we offer an evening Childbirth Education class.
- Every other Friday from 1 to 2:30 PM we offer Cultivating Grace, which is an in-person support group for pregnant and postpartum people.
- Childbirth Education classes are offered as an 8-session series, with one session each week. Newborn Care and Infant Safety and CPR Care are offered at the end of each Childbirth Education cycle during the two off weeks before the next 8-week series starts again, making it a 10-week series when including all 3 classes. Newborn Care is a 2-part class usually offered on Tuesdays and Thursdays 11PM-1PM during the same week. The Infant Safety and CPR class is offered on Tuesday at 12-1:30 PM and again at 5-6:30 PM.
- On Saturdays we have Family Foundations from 11AM-1PM. This is a 9-week series for pregnant and postpartum families.

Q: There was a question about whether the incentives are offered after they complete the required # of sessions, or are they offered throughout?

A: A two-trip MetroCard for transportation is available to all who attend an in-person class. Incentives like a sleep sack or birth ball are provided typically after having attended at least one other class. But sometimes where available they are offered at the 1st class. The incentives are available only to those who are attending classes in-person.

Q: How have any of you managed not to be able to count CM clients and GBEs and still meet the overall unduplicated client goals?

A: The populations are quite different; only about 25% of health education clients are also case management clients. We are activating some new strategies to increase the percentage of GBE participants who also enroll in case-management services.

Q: How do you all promote group education classes? Are they held on a routine basis, or does the date/time change from week to week or month to month? Any notices around participation and promotion?

A: They are offered routinely with the same classes on the same days of the week, and some, "pop up" one-time classes are held from time to time. See the breakdown above.

We promote the classes by sending out a monthly email to partners and community members. We also attend various community events such as baby showers and health fairs, where we distribute flyers promoting the various classes. We also attend internal meetings within the NYC DOHMH and advertise the classes to other programs who serve the same client population as we serve.

Laurens County Board of Health

Presenter: Latosha Elbert

Q: How do you maintain retention in your GBE programs? Could you please share the days and times for the classes?

A: We offer incentives to clients who participate. We have created kits for each class. If mom's participate in at least 80% of the classes they can receive all of the incentive items. If not, they will only receive diapers and wipes for their participation. We have a separate fatherhood grant and fathers receive gift card for participating in their workshops. Our classes are all offered in the afternoon and evening time. Some classes may start at 3pm, 5pm, or 6pm. Most classes will last up to an 1 hour to 2 hours.

Q: What communication strategies have you found effective for turning sign-ups into actual attendance? Some grantees are seeing high interest but lower attendance in classes?

A: When clients or potential clients register for classes, we make sure we send out regular reminders about the date and time of classes. We have discovered that reminding the clients on the day of will increase the likelihood of them participating. Social Media is a great tool as well.

Q: What is your triage process to decide who does class versus Case management?

A: When we receive a referral, the referral is given to the case management supervisor. She sets up a time for the referral team to meet. During the referral team meeting, referrals are discussed. The team looks at health risks, whether they are a first time mom, how far they are in their pregnancy, and other factors. Once the client has been assessed, the team makes a decision based on the assessment on whether a client is better suited for group or case management.

Q: How have any of you managed not being able to count CM clients and GBE and still meet the overall unduplicated client goals?

A: The great thing about our program is we have a fatherhood grant, and we are able to count fathers who participate in workshops and partners who allow us to teach and provide information to clients who meet our criteria for group. We also ask clients who participate in support groups and other classes to bring someone with them to the class. Remember, group based education was created because many grantees had other support people that participated in group activities that we couldn't count. Group based education was developed so that we could count those individuals, and get credit for the education and resources we provided them.

Q: How do you all promote group education classes? Are they held on a routine basis, or does the date/time change from week to week or month? Any notices around participation and promotion?

A: We promote our classes through our calendar sent out each month, through flyers, social media, and through our outreach efforts through our partner agencies. We have classes each month. Some classes are held every other month. Most classes are held on Tuesdays that's hour longer work day. We have found that keeping the same day of the week and time is effective for participants to ensure their participation.

Q: Concerning rural communities, what challenges and lessons learned can you share regarding group education participation? How do the curricula you all use for group education support care coordination approaches?

A: We are a rural project. Having hybrid classes has helped with participation. We serve 10 counties and most counties are at least 30 minutes away from each other. Many of our clients have transportation issues, by utilizing online platforms such as Zoom, Teams, and Webex our participation has increased. We utilize March of Dimes Becoming a Mom curriculum and Incredible Years curriculum. Our Care Coordinator, Nurse Practitioner, and Case Managers all are capable of providing extra support to those enrolled in Group Based Education. We have designated one of our case managers to provide most of our care coordination services for Group Based Education participants. Our Nurse Practitioner also offers clinical services to those enrolled in her group-based classes. Our RN Care Coordinator will conduct postpartum visits and assessments for those clients who were pregnant and delivered who are enrolled in GBE.

Global Communities

Presenters: Raven Yeargin & Ameenah Francois

Q: What tools are used for evaluation?

A: We use Microsoft Survey to design and distribute surveys, allowing us to collect feedback and data that inform improvements to our program.

Q: How have any of you managed not being able to count CM clients and GBE and still meet the overall unduplicated client goals? I was under the impression they could be counted for both but only count as one individual.

A: Our first NCC report in December 2024 was challenging because many group attendees were interested in enrolling in our program to receive direct services, therefore we couldn't count them at the time. We're grateful the rules have since changed, allowing enrolled attendees to be included. We've received feedback that combining group education with direct services offers comprehensive support to the families we serve.

Q: Do you serve many preconception participants?

A: Yes, despite not having any direct marketing in place. Our data showed that between 9/30/24-4/30/25, we had 24 total preconception group attendees (17 of which were unique). Generally, we find that group attendees enjoy their experience and attend future groups.

Q: How do you all promote group education classes? Are they held on a routine basis or does the date/time change from week to week month? Any noticings around participation and promotion?

A: We currently promote our program through social media platforms (Instagram and Facebook), word of mouth, and Constant Contact for email and text notifications and reminders. We've found that boosting social media posts has been the most effective strategy. Care Coordinators also share group flyers directly with participants via email or text, and promote monthly events through community partners at local events and regular networking gatherings.