Welcome!

We are so glad you are here!

We will get started shortly.
In the meantime, we invite you to intentionally enter this space.

Silence your cell phone

Close the door

Close browser windows

Check your audio and video

Stretch

Take a few deep breaths

Emotionally release your to-do list

Take a bio break

Strengthening Participation and Retention in Group-based Education
Wednesday, September 17 from 11:00 am-12:00 pm ET

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HEALTHY start
TA & SUPPORT CENTER

Strengthening Participation and Retention in Group-based Education

Wednesday, September 17, 2025

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📹 This session is being recorded.

🎤 All participants are muted upon entry. We ask that you remain muted to limit background noise.

💬 Participants are encouraged to share comments and ask questions using the chat box.

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Strengthening Participation and Retention in Group-based Education

Agenda

Housekeeping	Belicia Badibanga Healthy Start TASC
Welcome & Introductions	Toncé Jackson Healthy Start TASC
Strengthening Participation and Retention in GBE	Dr. Ebony Carter Cheron Phillips
Q & A	Toncé Jackson
Closing	Belicia Badibanga

Strengthening Participation and Retention in Group-based Education
Hosted by the Healthy Start TA & Support Center at NICHQ

Welcome & Introduction

Toncé Jackson

Healthy Start TA & Support Center

Strengthening Participation and Retention in Group-based Education
Hosted by the Healthy Start TA & Support Center at NICHQ

Strengthening Participation and Retention in Group-based Education

Ebony Carter, MD, MPH

Cheron Phillips, CHW

Shared Work

Community Collaborators:
- Jessica Belton
- Joie Cruesoe
- Jenella Norman
- Cheron Phillips
- Teneisha Parks
- Richelle Smith
- Destiny Pearson
- Joi McKelvey

Program Coordinator:
- Nia Plump

St. Louis Integrated Health Network

Agenda

- What is group base education?

- Discuss recruitment (before group), engagement (during group) and retention (after group)

- Why does group-based education work? Review implementation impacts

What is Group Based Education?

- Group-based education is a model of health, wellness care or support group

- Multiple patients with similar experience, condition or health goal receive care and education together in a group setting

- Participants sometimes receive both clinical care and peer support

- Used in health care, mental health, and community-based services

What is Group-based Education?

- 8-10 patients in a group

- Meeting for 60-120 minutes

- Single facilitator or co-facilitator model

- Can be billed for mental health, prenatal care services etc.

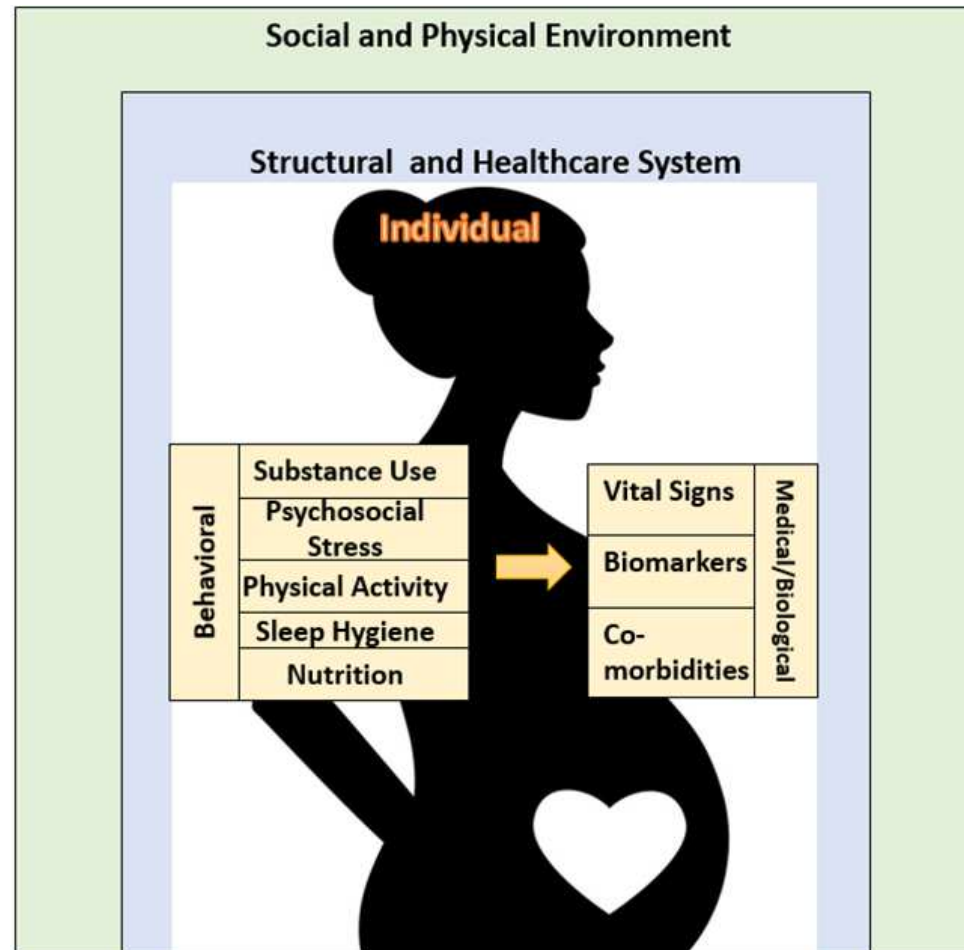- Typically follows a curriculum or facilitator guide

What is Group Based Education?

- **Chronic disease management**: Patients with conditions like diabetes, hypertension, or asthma often see better control due to consistent education and peer support

- **Prenatal care**: Group prenatal models have been shown to reduce preterm births and improve birth outcomes

- **Mental health:** Patients have shown a decrease in depression, anxiety and improved interpersonal relationships and coping skills

- **Peer Support:** Patients feel less isolated by sharing experiences with others facing similar challenges and builds a sense of community
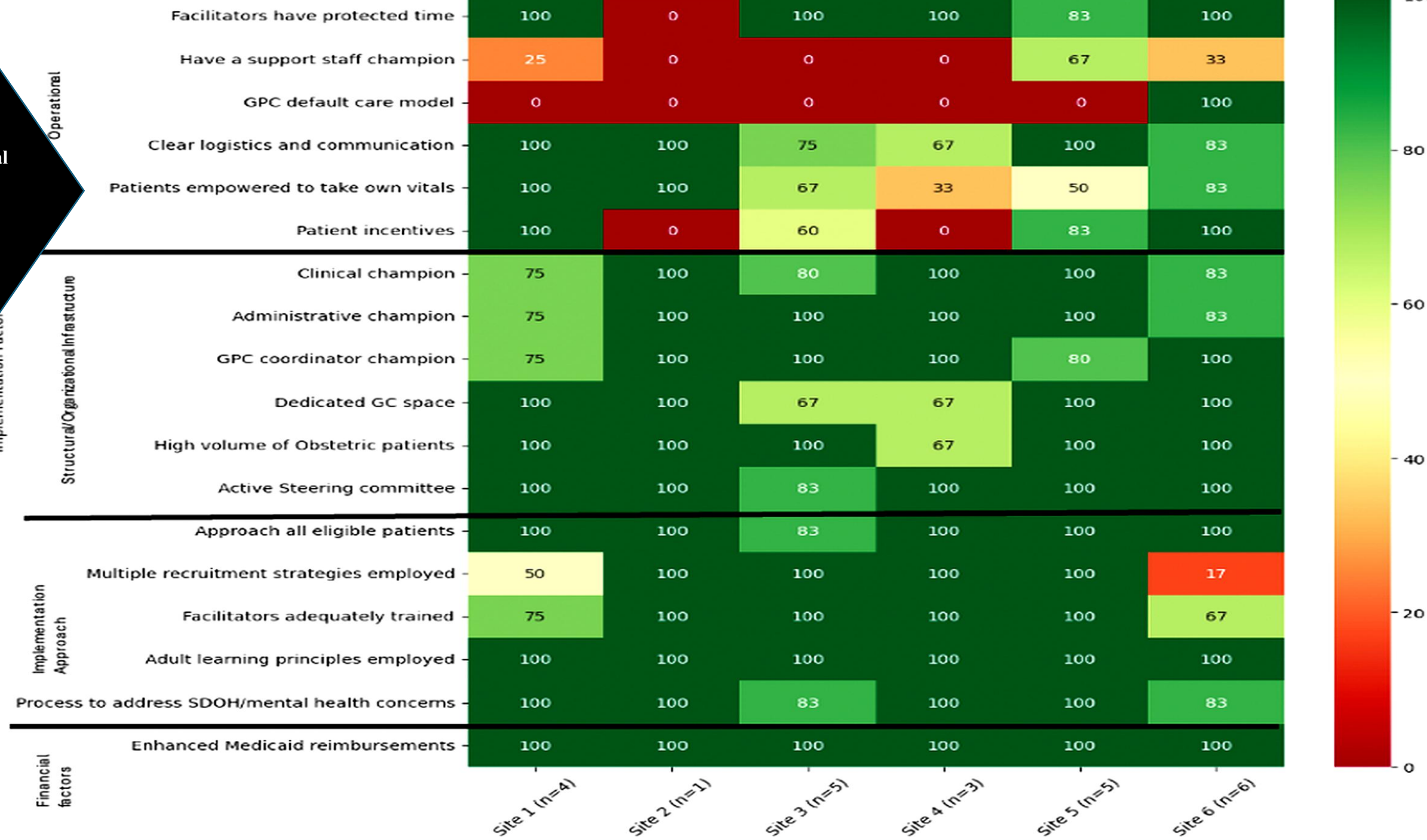
What is Group Based Education?

Recruitment: Before Group

		Site 1 (n=4)	Site 2 (n=1)	Site 3 (n=5)	Site 4 (n=3)	Site 5 (n=5)	Site 6 (n=6)
Operational	Facilitators have protected time	100	0	100	100	83	100
	Have a support staff champion	25	0	0	0	67	33
	GPC default care model	0	0	0	0	0	100
	Clear logistics and communication	100	100	75	67	100	83
	Patients empowered to take own vitals	100	100	67	33	50	83
	Patient incentives	100	0	60	0	83	100
Structural/Organizational Infrastructure	Clinical champion	75	100	80	100	100	83
	Administrative champion	75	100	100	100	100	83
	GPC coordinator champion	75	100	100	100	80	100
	Dedicated GC space	100	100	67	67	100	100
	High volume of Obstetric patients	100	100	100	67	100	100
	Active Steering committee	100	100	83	100	100	100
Implementation Approach	Approach all eligible patients	100	100	83	100	100	100
	Multiple recruitment strategies employed	50	100	100	100	100	17
	Facilitators adequately trained	75	100	100	100	100	67
	Adult learning principles employed	100	100	100	100	100	100
	Process to address SDOH/mental health concerns	100	100	83	100	100	83
Financial factors	Enhanced Medicaid reimbursements	100	100	100	100	100	100

Operational Factors Greatest Predictors

Implementation Factors

Recruitment: Patients

- **Patient Volume:** Does your site have enough patient volume to form a group of 6-10 people?

- **Secure Supplies and Space:** Is your site willing to provide designated space and funding for supplies?

- **Recruitment Strategy:** Who/how will patients be recruited? How often will groups take place? What incentive will you provide to attend?

Recruitment: Staff

- **Elevator pitch to Staff:** What is your engagement of all-staff? How can they help you recruit?

- **Staff Training:** Who will attend training?

- **Staffing Roles:** Who is responsible for coordinating the logistics of the group, group schedules, reminder phone calls and facilitating the groups?

- **Staff Time:** Is there dedicated staff to prepare for group/facilitate group?

- **Buy-in from staff, leadership and patients**: Who are your internal champions? Who are your administrative champion?

Which recruitment strategies for staff and patients do you believe will be feasible at your site?

Engagement: During group

Engagement: Adult Learning Principles

Engagement: Process vs. Content

- Process fidelity vs. Content fidelity

- What is most important?
  - Adherence: Content, frequency, duration, dose
  - Moderating factors: Intervention complexity, facilitation strategies, quality of delivery, participant responsiveness

Participatory

Democratic Leader
- Gets Input from Others
- Institutes Voting
- Delegates Occasionally
- Debate

Facilitative Leader
- Serves Others
- Offers Guidance
- Appreciative Inquiry
- Dialog

Focused on Power

Focused on Others

Dictatorial Leader
- Rarely Seeks Input
- Makes All Decisions
- Authoritative Viewpoint

Utopian Benevolent Dictatorial Leader
- Rarely Seeks Input
- Makes All Decisions
- Authoritative Viewpoint

Directing

Carroll, C., Patterson, M., Wood, S., Booth, A., Rick, J., & Balain, S. (2007). *A conceptual framework for implementation fidelity*. Implementation Science, **2**, Article 40. https://doi.org/10.1186/1748-5908-2-40

Engagement: Process vs. Content

- Facilitation style

- Participant involvement

- Process fidelity was measured using items:
  - To what extent was the group session didactic vs facilitative?
  - How much were group members involved and connected?"
  - Response options ranged from 1-10 (didactic to facilitative, and not at all to very much, respectively).

Novick, G., Reid, A. E., Lewis, J., Kershaw, T. S., Rising, S. S., & Ickovics, J. R. (2013). Group prenatal care: Model fidelity and outcomes. *American Journal of Obstetrics & Gynecology, 209*(2), 112.e1-112.e6. https://doi.org/10.1016/j.ajog.2013.03.026

Engagement: Process Tips

- All the chairs are in a circle when the patients arrive, snacks out and music playing in the background

- Incentive for attending the first session

- If support people and children are included in the group, welcome them!

- Activities based on adult learning principles

Engagement: Process Tips

Address Power Dynamics

Establish Common Language

Create Opportunities and Space

Engagement: Process Tips

- **Affirmations:** Recognize strengths and positive attributes
- **Self-disclosure:** When is it helpful, when is it not helpful
- **Querying extremes:** Include asking the worst and best consequences of a decision
- **The power of humor**
- **Open Ended Questions:**
  - Turn questions back to the group: Patients that they are experts of their experience.
  - Tell me more…

Engagement: Process Tips

- **Using Encouragers:** Brief verbal or non-verbal behaviors that extend the conversation

- **Asking Permission:** A sign of respect to introduce a different perspective or to give more direct advice

- **Eliciting Change Talk:** Asking non-judgmental questions to introduce possibility of different way to behave or change behavior

What facilitative strategies do you believe can be effectively implemented at your site?

Retention: After Group

Case Study: EleVATE Group Prenatal Care

EleVATE Overview

- **Patients:** Reduce adverse perinatal outcomes through group prenatal care

- **Health Care Teams:** Provide intensive trainings for health care teams and communities to support patients who are experiencing trauma, depression and psychosocial stress

- **Health Care System:** Increase shared accountability between communities and health care teams through the development of innovative solutions, policies and new approaches to care delivery

Recruitment, Engagement, Retention

<u>Recruitment</u>
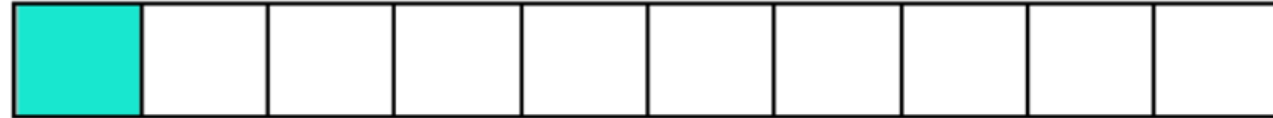
<u>Engagement</u>

<u>Retention</u>

Recruitment, Engagement, Retention

Recruitment

% Randomized

Engagement

% Attending
1/10 EleVATE Visits

Retention

% Attending
5/10 EleVATE Visits

How many group visits are needed to see an improvement in pregnancy outcomes?

$$\frac{5}{10}$$
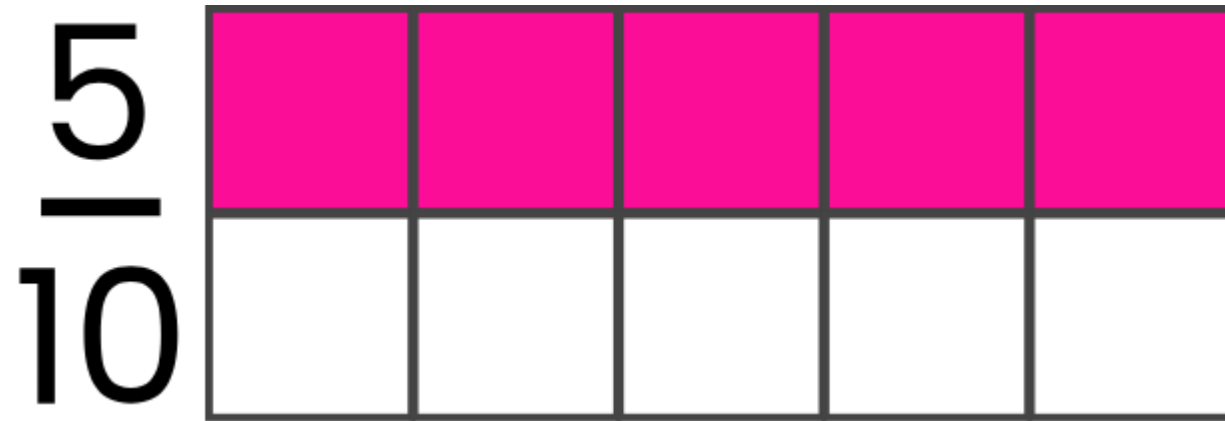
Those who came to the first session were more likely to keep coming
FOCUS: finding ways to help patients get started and stay involved, especially coming to the first visit

Top Predictors of Success

- Dedicated facilitator time to prepare, facilitate and build relationships with patients (strongest predictor)

- Patient incentives

- Staff champions

Retention

- Patient and Staff Satisfaction Scores

- Group Enrollment Rates
  - % of eligible people compared to who attended
  - % of eligible patients who attended the first session compared to signed up
  - % of eligible patients who attended at least five sessions

Summary

- Staff and administration champions are needed!

- Focus on engagement efforts for the first session. Attending the first session, patients are most likely to come back!

- Group based education –It's not a class! It's an activity and discussion-based group that utilizing the wisdom of patients and facilitators. Use your facilitative style!

- Attending at least 5 visits has the potential for impact!

THANK YOU!

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Cheron Phillips: cheronphillips@gmail.com

EleVATE Website

EleVATE YouTube

Q&A

Toncé Jackson
Healthy Start TA & Support Center

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Upcoming:

2025 Healthy Start Annual Grantee Meeting

If you are attending the 2025 Healthy Start Annual Meeting, please feel free to join the GBE sessions listed below!

Group-Based Education Sessions:

(Concurrent Break-out Sessions)

Day 1: Wednesday, September 24, 2025 -

*Session A7 - **Improving Maternal Health Outcomes through Group-Based Education***

Day 2: Thursday, September 25, 2025 -

*Session B7 – **Strengthening Group-Based Education with Outreach, Collaboration, and Data***

Strengthening Participation and Retention in Group-based Education Hosted by the Healthy Start TA & Support Center at NICHQ

Join the *Group-Based Health and Parenting Education* Group in the Healthy Start TASC Hub!

The Group-Based Health and Parenting Education group empowers Healthy Start staff with the knowledge, skills, and confidence to positively impact the health and wellness of their participants by sharing relevant curriculums that include effective parenting strategies.

Group-Based Health and Parenting Education

👥 Public · Active a week ago

The Group-Based Health and Parenting Education group empowers Healthy Start staff with the... View more

Resource & Networking Group

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Seeking Additional Support?

Visit the Healthy Start TASC website or scan the QR code below to submit a TA request.

Your input is important to us!

Please take a moment to complete the satisfaction survey.

Thank you!

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