MEETING SUMMARY REPORT

Opportunities for Innovation: Perspectives from Title X and TPP Tier 1 Grantees

AUGUST 29, 2022

PRESENTED TO:
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PRESENTED BY:
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Introduction

Meeting Background and Purpose

On behalf of the United States Department of Health and Human Services (HHS), Office of Population Affairs (OPA), NORC at the University of Chicago (NORC) hosted the "*Opportunities for Innovation: Perspectives from Title X and TPP Tier 1 Grantees*" panel to solicit ideas on focus areas, priority populations, and settings ripe for disruption in order to improve adolescent and sexual health outcomes.

The purpose of this meeting was for Title X and TPP Tier 1 grantees to:
- Develop a more complete understanding of the TPP Tier 2 Grant Program as well as how it relates to and adds to their grant programs;
- Provide input on gaps and opportunities for innovation to improve adolescent sexual and reproductive health outcomes; and
- Provide input on how OPA can more meaningfully increase awareness of and partnerships among Tier 2 Innovators and Title X and TPP Tier 1 grantees.

The virtual meeting took place on July 14, 2022, from 2:00-4:00pm ET via Zoom. The panel opened with a welcome and overview led by OPA, followed by a facilitated group discussion. A detailed agenda can be found on page 2.

This report summarizes key discussion themes and highlights from the panel and identifies gaps, opportunities, and recommendations.

Facilitator

Chandria Jones, PhD, MPH, a Senior Research Scientist in the Public Health Department at NORC, facilitated the panel discussion. Dr. Jones is a qualitative and mixed-methods researcher who focuses on leveraging youth and community voices for systems change, social justice, and health equity. She conducts research and evaluation in the areas of behavioral health, homelessness, obesity, health disparities, health communication, and evidence-based practices.

Expert Panelists

OPA identified the following panelists based on the innovative work they are conducting in their respective grant programs, as well as the diversity of their expertise, the populations they serve, and the geographic regions in which they work.

Panelist	Organization	Grant
April Anzaldua	Community Action Corporation of South Texas	TPP Tier 1
Frances Collazo	Profanities	Title X
Jessica Hamel	Michigan Department of Health	Title X
Marc Himes	South Carolina Center for Fathers and Families	TPP Tier 1
Nomsa Khalfan	Essential Access Health	Title X

Katie Miller	Hennepin County Public Health Department	TPP Tier 1
Eudora Redhouse	Capacity Builders	TPP Tier 1
Callie Wise	Colorado Department of Public Health and Environment	Title X

Agenda

2:00-2:10: Welcome, Introductions, and Housekeeping

2:10-2:20: OPA Welcome and Overview

- Overview of TPP and Title X
- Innovation at OPA

2:20-3:55: Group Discussion

- Introduction Activity
- Community Culture and Agreements
- Facilitated Discussion

3:55-4:00: Wrap-up & Next Steps

Summary of Key Themes and Highlights

In this section, we synthesize the overarching themes that arose during the discussion, organized by the topics outlined in the facilitator's guide. We also highlight gaps and opportunities identified during the discussion and provide recommendations based on these findings.

As part of the analysis of the qualitative data, NORC searched for differences by grant portfolio (i.e., Title X versus TPP Tier 1) in the types of responses or themes that emerged and found none.

Please also find attached to this Meeting Summary Report the following supplementary materials:
1. Facilitator's Guide
2. Introduction and Overview Slides
3. Meeting Notes
4. Meeting Recording and Chat Transcript

Part I. Exploring Innovation

- **To panelists, innovation means**:
    - Utilizing unique approaches and experimenting
    - Crossing barriers into unknown territory
    - Involving new and varied perspectives
    - Being brave

- **OPA's definition of innovation could be enhanced if it included**:
  - Acknowledgement of the need to involve community voices in innovation work
  - A more specific description of expected results, outcomes, and impact, including:
    - Outcomes that benefit the populations being served
    - Client-identified outcomes, which may not be the same as provider or OPA-identified outcomes
    - *Illustrative quote:* "Do [clients] feel like they are getting what they need?"

> **OPA's Definition of Innovation**
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> Innovation is the ability to generate and execute new ideas—incremental, evolutionary or revolutionary. For TPP and Title X, it represents the pursuit of novel or reimagined approaches, interventions, relationships, processes, products, programs, or services which will lead to substantial improvements in sexual and reproductive health outcomes.

- **Innovation's role in advancing OPA's three pillars of family planning (equity, access, and quality)**:
  - Utilizing a human-centered approach to center the involvement of those receiving services
    - *Illustrative quote:* "What we as grantees think can be very different than what the young people think is equitable, accessible, and of high quality."
    - For example, urban and rural populations may view access differently—and that means that innovation in improving access may also vary across populations (see box at right).
    - A human-centered approach can also help ensure that culturally appropriate services are provided to different populations. For example, providing materials in multiple languages for different populations.

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> *"Maybe something that's happening in an urban area to get those services out to rural communities could look extremely different, and maybe it's not innovative when you look at it from that lens. Maybe other people are already doing that, but for that particular community and where they're at, it is big and it does provide that equal opportunity to access and equity."*

Part II. Applying Innovation Concepts

During pre-meeting planning, OPA provided guidance on the priority order of the four sections of questions listed in the Facilitator's Guide (Attachment 1). Due to time constraints, the facilitator and OPA staff agreed in real-time during the meeting to skip Part II, given its lower priority for OPA.

Part III. Future Areas for Innovation

- **Issues preventing grantees from having the impact they want:**
  - Providers or partners may not have necessary training, comfort levels, or awareness of sexual and reproductive health issues, which can hinder organizational progress.
  - Organizations may be impacted by stigma associated with contraception and other sexual and reproductive health topics. For example, one grantee

discussed the challenges they face providing comprehensive sex education in schools where abstinence is typically emphasized.
- o The American health care system can be a barrier to providing care, and navigating it hinders grantees' productivity and ability to support populations.
  - ▪ ***Illustrative quote***: "I want to be able to give [subrecipient health facilities] money to provide sexual and reproductive health services that fit for that client and to work on them using best practices. [It] makes it really hard to be innovative about equity, access, and quality when it's […] always within the confines of all these rules…You can't be innovative without being more flexible."

    "You can't be innovative without being more flexible."

- o Underrepresented and/or marginalized populations face a general lack of attention and services, so organizations supporting these groups are less able to make their desired impact.
- **How innovative thinking and action may address these problems:**
  - o Having partnerships, relationships, and community collaboratives with other providers or organizations facilitates access to and awareness of services. It is crucial that groups are aware of the issues that other organizations are addressing to help populations access the services they provide.
    - ▪ Good channels of communication help facilitate these partnerships. For example, an organization that works in schools may organize a meeting at the beginning of a new school year to introduce the organization to new school staff.
  - o Working toward a common goal with other organizations facilitates innovation by bringing together more perspectives to have challenging conversations that produce ideas.
    - ▪ Community leaders or partners may change frequently, so it is important to continuously introduce the organizational mission and staff when new partners enter. Introducing partners is an opportunity to bring in new perspectives (see box above).

    "It's about how do we continue to challenge ourselves and ask different questions of each other. [It's] constantly reminding everyone that's coming to the table what's the north star […] with new eyes, with new ways of thinking, and new responses to the challenges that are in front of us."

- **How the COVID-19 pandemic and other complex issues (e.g., race and police violence) have impacted innovation work:**
  - o The COVID-19 pandemic has brought inequities and disparities to light, forcing organizations to provide care in new and innovative ways as well as respond to specific populations' needs. It is crucial to learn from this experience and continue innovating and providing increasingly equitable access and care.
  - o Flexibility was required to meet new and varied demands to continue providing services.

- The COVID-19 pandemic has exacerbated and altered the needs of different communities and made innovation work more challenging. Some organizations were unable to change their program activities and workplans to respond to these higher priority needs.
- The COVID-19 pandemic shut down or altered structures that organizations depended on for access to the populations they serve. For example, an organization that typically works in schools found the students largely did not attend virtual learning when schools shut down, so they had no way to access the population.

> **The COVID-19 Pandemic**
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> The COVID-19 pandemic has exacerbated and altered the needs of different communities and made innovation work more challenging.

- o Continuing services during the COVID-19 pandemic required strong existing relationships with partners and other organizations since it was challenging to build new partnerships. Strong relationships helped organizations address the new and changing needs of the populations they serve brought on by the COVID-19 pandemic.
- o The COVID-19 pandemic forced organizations to focus more broadly on overall health to address issues like isolation and well-being that impact adolescent sexual and reproductive health.
  - *Illustrative quote:* "I'm just connecting with my [client], and I can ask them, 'what have we got to deal with today and what do you need?' It's really embodying that [client]-centered care mentality of it being less about me as a provider hitting all my marks on my dashboard and it being more about: 'What do you as a human need from me today and how do we do that in creative ways?'"

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"'What do you as a human need from me today and how do we do that in creative ways?"

- o Some work and priorities had to be set aside or re-evaluated to address more immediate needs.
  - *Illustrative quote:* For example, when police violence affected the community, one grantee had to pivot to "making sure that those young people have relationships, a caring adult focusing on their need to feel safe wherever they are [...] We had to put the other work aside because you can't do that work if the person is constantly in […] a traumatic environment."
- **If grantees could choose how OPA invests its innovation funding, they would prioritize:**
  - o Removing barriers that prevent organizations from being able to apply for funding, such as lack of specific staff required by the grant in order to be eligible

- o Different service delivery models:
  - ▪ Identifying areas with health professional shortages and expanding access to rural areas and underserved populations (e.g., through mobile clinics)
  - ▪ Hybrid service models utilizing multiple modes of delivery (e.g., telehealth and mailing)
  - ▪ Pilot projects innovating new approaches to service delivery
  - o Developing new and unique curricula that represent different cultures and communities

Part IV. Innovation at OPA

- **Grantee familiarity with OPA's innovation efforts:**
  - o Two grantees (among the eight who participated in the meeting) were unfamiliar with innovation at OPA.
  - o Several grantees had some familiarity with innovation grants but little knowledge of the programs being developed.
- **Knowing more about what OPA innovation projects are learning and developing would be valuable to grantees. Panelists felt that with that knowledge, they could:**
  - o Identify new and better ways to address service gaps and implement them early on
  - o Learn about strategies that have been ineffective
  - o Identify strategies that facilitate long-term program sustainability
  - o Learn what OPA thinks are promising focus areas and where OPA sees opportunity to incorporate innovation into funding strategies
- **OPA may better integrate innovation with service delivery and program implementation so that all efforts work together by:**
  - o Facilitating interactions, connections, and dialogue among grantees as well as between grantees and groups working on innovation, rather than funneling information up to OPA. For example, one grantee suggested a coalition of partners that could meet regularly to discuss innovation.
    - ▪ Some felt that meeting people in person is especially helpful, while others appreciated the convenience of virtual opportunities.
  - o Identifying ways to bring different efforts together, perhaps regionally
  - o Building guiding principles into goals to help drive innovation efforts
- **OPA was interested to hear grantees' questions.** Although there was not enough time for OPA to respond to all of the grantees' questions, OPA addressed some during the wrap-up session, with plans to continue discussion on the remaining questions. Below is the full list of questions, with OPA's responses as applicable:
  - o Are or will there be new or additional funding opportunities? One grantee noted that another round of funding would support program sustainability of current grants.
    - ▪ OPA responded that future funding information will be in the grantee guide deck.

    o   Would OPA consider [funding] a grant that would be a crossover for the reproductive health care continuum?

    o   Will there be a shift in focus on TPP to overall adolescent health?

         ▪   OPA responded that there are ongoing conversations happening internally about the names and scopes of programs and services.

    o   One grantee commented that they would like to see innovation efforts in sexual and reproductive health that are as inclusive and broad as possible and less focused exclusively on contraception.

    o   Can external organizations attend Title X webinars or are they only for grantees?

    o   Can you provide more information on the networking and office hours?

Gaps and Opportunities

NORC compiled gaps and opportunities identified from the panel discussion. Gaps offer examples of key barriers or unsolved problems that grantees and their organizations face, while opportunities represent strategies that grantees identify as furthering their work or having the potential to do so. Taken together, these gaps and opportunities provide context and direction for the recommendations outlined in the next section.

Gaps	Opportunities
• Organizations face barriers to applying for funding, such as strict grant requirements that do not accommodate changes to workplans—even in extenuating circumstances such as the COVID-19 pandemic—or lack of specific staff required to be eligible. • The COVID-19 pandemic has exacerbated and altered the needs of different communities and made innovation work more challenging. Some organizations were unable to change their program activities and workplans to respond to these higher-priority needs. • Providers or partners may not have necessary training, comfort, or awareness of sexual and reproductive health issues, which can hinder progress. • Grantees generally lack familiarity with and knowledge of OPA's innovation efforts, underscoring the need for better coordination and knowledge-sharing between different types of grantees.	• Working with other organizations toward a common goal brings together new perspectives that lead to innovative solutions. • Partnerships, positive relationships in the community, and good channels of communication help organizations facilitate access to and awareness of services. • Grantees see value in learning about the activities and results from OPA's innovation projects to support their own work. • Strategies implemented during the COVID-19 pandemic may be continued or adapted to provide care in innovative ways. • Some grantees suggested prioritizing investments in exploring different service delivery models that address health workforce needs or unequal access to care, and that utilize multiple methods. • Some grantees suggested prioritizing investments in developing new and

• Grantees indicated that OPA's definition of innovation could benefit from the inclusion of community voices and active involvement, along with more specific descriptions of expected outcomes, specifically client-identified outcomes, which may not be the same as provider- or OPA-identified outcomes.	unique curricula that represent different cultures and communities.

Recommendations for OPA

Throughout the discussion, panelists raised important issues and shared innovative approaches for improving adolescent sexual and reproductive health outcomes, including ideas for facilitating knowledge-sharing and partnerships among grantees. Based on the discussion themes, gaps, and opportunities outlined in this summary report, NORC has identified several key recommendations for OPA:

- **Apply a human-centered approach throughout the innovation process**, from development of funding notices to workplan development, implementation, and monitoring and evaluation. By centering the perspectives of those receiving services in innovation work, services are more likely to be relevant, appropriate, and culturally responsive.
    - o Examples include providing culturally appropriate services (e.g., materials in different languages, training providers to ask for and use clients' preferred pronouns) and supporting comprehensive strategies that address adolescents' multiple and intersecting needs (e.g., transportation to access healthcare and educational services).
- **Facilitate interactions, dialogue, and partnerships between innovation-focused groups and implementation grantees**. OPA is in a position to foster and accelerate collaborations between groups that otherwise may not have occasion to connect.
    - o Consider creating or expanding existing networking and knowledge-sharing mechanisms and opportunities, such as conferences, newsletters, and communities of practice.
    - o Offer such opportunities throughout the grant lifecycle so that: grantees have time to cultivate partnerships; innovation is deliberately and thoughtfully integrated into programs; and emerging lessons and best practices can be incorporated as they are identified.
- **Identify which barriers to grantee impact and innovation that OPA can influence** (e.g., funding eligibility guidelines, scope of funding notices and types of activities that are funded, grant requirements that limit adaptation to changing needs or circumstances) and **develop and implement strategies to overcome those obstacles**.
- **Consider expanding OPA's definition of innovation**, as it applies to adolescent sexual and reproductive health, to reflect client- and community-driven needs.