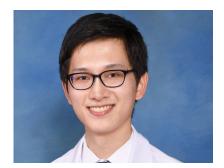
Starting a Virtual Community Outreach Program: a hands-on seminar

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Disclosures

Presenters have no commercial interests to disclose.



Timeline

- Learning objectives
- Introduction
- Case studies
- FAQ
- Wrap-up



Learning Objectives

- List 5 tips to build a sustainable community outreach project
- Explain at least two benefits for family physicians from virtual patient outreach program
- Identify three potential barriers to face when they introduce a new patient outreach program



Introduction



Event in 2003

- Death of Japanese scholar (50 years old chemistry professor)
 Did not seek care of DM despite of a year long stay in Pittsburgh
- Japanese Community Outreach project (2008-)
 Support of Shadyside Hospital Foundation

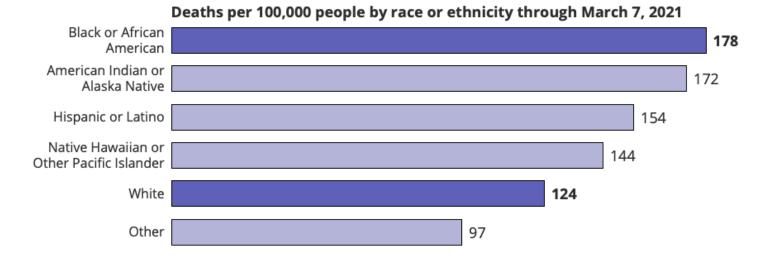


Japanese Community Outreach Program

- Aims: Health promotion & Networking
- Monthly Saturday 10 am 12 pm
- Virtual since March 2020
- Over 1,000 total participants since 2008
 - Lectures of health care topics
 - Networking in "Japanese Pittsburghers"



Racial/Ethnic Disparities & COVID-19





The COVID Racial Data Tracker. Accessed on March 12, 2021. https://covidtracking.com/race 2021 STFM Annual Spring Conference

Benefits: Community Outreach Project

Patient:

- Reduce healthcare disparities
- Networking

Healthcare:

- Public speaking skill
- Patient recruitment
- Awareness of diversity and inclusion at the institution



Starting a Community Outreach Program

- Why? Aims (Target Community)
- What? Problems
- When? Timing, Frequency
- Who? Presenter
- Where? Place



Five Tips to start a sustainable project

- 1. Feedback
- 2. Support
- 3. Access
- 4. Presentation
- 5. Barrier



Case Studies



Case 1

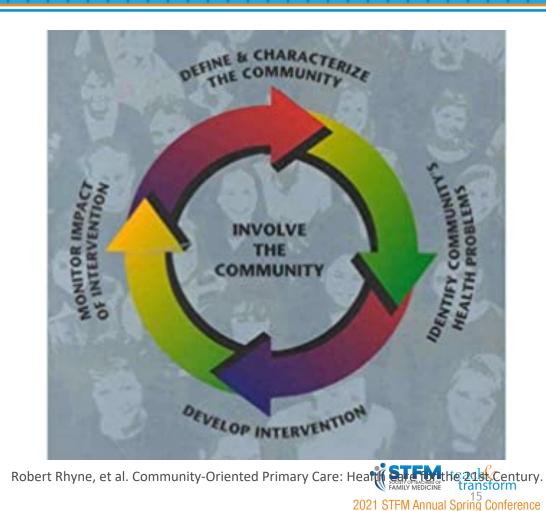
"Medical talk community forum"

- Meeting has been taken place bi-monthly bases.
 Maybe too frequent
- Presenters have chosen their presenting topics from their specialties. ex: biochemistry, medical informatics, etc.
 - People were not actually interested in biochemistry, medical informatics, etc.
- Zoom appeared to be convenient platform and deemed no access issue
 - Older generation did not appear to be familiar with Zoom



Tip #1 -Feedback

- Topic selection
- Needs assessment
- Population, participant
- Quality improvement



Case 2

"Diabetes group class session"

- Zoom platform is subscribed monthly.
 - Subscription fee incurred
- Staff started to be absent from the meeting without notification.
 Incentives should be considered for staff participation
- Outside guest speaker was considered.

-Honorarium should be considered for presenter



Tip #2 -Support

- Grant
- Facilitator
- Presenter
- Virtual meeting monitoring (chat, image quality, voice quality)
- Staff members



Case 3

There have been only few participants for the past several months.

- Virtual meeting has been taken place on bi-monthly bases.
 Too frequent
- Zoom appeared to be convenient platform and deemed no access issue
 Older generation were not familiar with Zoom
- Event Flyers have been posted at a clinic.
 Announcements have not reached out to target community



Tip #3 - Access

- Appropriate frequency
 - Considering participants' and staff' perspectives
- Virtual platform
 - Participation through phone and zoom platform
- Annoucement
 - Email & Website



Case 4

The number of participants has been declining.

- A presenter talked to participants during ice break time.
 Didn't realize that he asked participants about personal questions
- A presenter has been providing a lecture as he does in person.
 Can easily become on-way lecture
- A presenter included many questions to make a lecture interactive.
 - Some participants felt uncomfortable.



Tip #4 - Presentation

- Skills
 - ice breaking, interactive session, small group session
 - balance: interactive vs one-way
 - Avoid asking personal questions
- Community building
 - small group session
 - icebreak
 - break time



Case 5

The number of participants has been declining.

- Announcement was sent to mailing list in English.
 People disregarded emails because it was written in English.
- Meeting has been scheduled on Sunday.
 Other events overlapped for target community.
- Main participants are mainly older generation.
 Child-care can be a potential barrier for participation.



Tip #5 - Barrier

- Language
- Other activities/events
- Phone access
- Website set-up
- Child-care







What do you need to prepare for the meeting?

Virtual meeting

- PC
- Online meeting platform account (Zoom, TEAMS, etc)
- Presenter
- Facilitator
- Recording
- Chat box monitoring

On-site meeting

- Lap top PC, Projector, Screen, Extension cords
- Microphone/speakers
- Handouts, Name labels
- Refreshments, Paper plates, Cups
- Coffee maker, trash bags
- Clip boards, Pens, Hand sanitizer
- Toys, coloring books, DVD player, Video screen



What are the examples of the location where you hold the meeting?

- Clinic waiting room
- School
- Church
- Apartment community room
- Park



How to gauge the usefulness of the meeting?

- Trend in the numbers of participants
- Survey inputs, feedback
- New patients at the health center
- Utilization rate of the health center



What are popular topics of the meeting?

- Prenatal care in the US
- Health insurance
- Over the counter medication
- Child immunizations
- COVID-19
- Mental health, stress management
- Hay fever
- How to make an appointment
- Differences in health care system between the US and your country



What are the roles of the staff and how to assign these roles?

On site meeting:

- Facilitator
- Setting up and cleaning
- Photographer
- Childcare
- Presenter

Virtual meeting:

- Chat monitor
- Quality monitor (sounds, images)
- Facilitator
- Breakout room facilitator
- Presenter
- Website designer



What do we need to pay attention for refreshments?

- Choking hazard
- Allergies
- Hygiene
- Portion
- Spill



References

- Webb Hooper M, Nápoles AM, Pérez-Stable EJ. COVID-19 and Racial/Ethnic Disparities [published online ahead of print, 2020 May 11]. JAMA. 2020;10.1001/jama.2020.8598.
- Ferdinand KC, Patterson KP, Taylor C, Fergus IV, Nasser SA, Ferdinand DP. Community-based approaches to prevention and management of hypertension and cardiovascular disease. *J Clin Hypertens (Greenwich)*. 2012;14(5):336-343.
- Kamaraju S, Olson J, DeNomie M, et al. Community Breast Health Education for Immigrants and Refugees: Lessons Learned in Outreach Efforts to Reduce Cancer Disparities. *J Cancer Educ.* 2019;34(6):1092-1096.
- Gany FM, Shah SM, Changrani J. New York City's immigrant minorities. Reducing cancer health disparities. *Cancer*. 2006;107(8 Suppl):2071-2081.
- Webb Hooper M, Nápoles AM, Pérez-Stable EJ. COVID-19 and Racial/Ethnic Disparities. JAMA. 2020;323(24):2466-2467.
- Bambra C, Riordan R, Ford J, Matthews F. The COVID-19 pandemic and health inequalities. *J Epidemiol Community Health*. 2020;74(11):964-968.
- Dorn AV, Cooney RE, Sabin ML. COVID-19 exacerbating inequalities in the US. Lancet. 2020;395(10232):1243-1244.
- Chung RY, Dong D, Li MM. Socioeconomic gradient in health and the covid-19 outbreak. BMJ. 2020;369:m1329.
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