

WEBINAR VIDEO TRANSCRIPT

DHHS / Health Resources and Services Administration (HRSA)

The Road to Dissemination (Session 1): Documenting the Journey from Planned Approach to Intervention Implementation 28 February 2023

SHELLY KOWALCZYK: All right, well, welcome, everyone. My name is Shelly Kowalczyk with the MayaTech Corporation. And I am the Project Director for Integrating HIV Innovative Practices. And we are happy to be sponsoring this webinar series, the first session today on the Road to Dissemination to help providers document their intervention implementation process and resulting in a resource that you can use at the end.

Just quickly, for those of you who may not be familiar with integrating HIV innovative practices or IHIP, the purpose of this project really is to support coordination, dissemination, and replication of innovative HIV care strategies. And we do this through the development and dissemination of tools and resources, as well as providing technical assistance. You can find the tools and resources for featured interventions at targethiv.org/ihip. We also, as well as recordings from any of the webinars that we conduct, you can find them there as well.

Today's webinar is part of the support we provide in developing and disseminating implementation tools and resources. So again, this is part one of a four-part series. For those of you who might be interested in some additional, maybe one-on-one technical assistance outside of this webinar, you can feel free to email us at ihiphelpdesk@mayatech.com or if you have any other questions about IHIP and the assistance and support that we offer. OK, so I am going to quickly get to introduce our presenters today, again, from Acoja Consulting.

So today, we have Jacqueline Cruzado, who is a public health professional with over 30 years of direct service, supervisory, and management experience in correctional public health, health education, and disease prevention, curricula development, program management, and team building across systems. Jackie successfully managed several large scale federally-funded programs implementing, evaluating, and adapting interventions that impact primary care, housing, employment, mental health, and substance use treatment services. She developed a health liaison to the court approach with law enforcement, corrections, parole, and probation agencies in New York City and adapted them in other jurisdictions. So welcome, Jackie.

And then Alison Jordan is a licensed social worker and a national public health leader with over 25 years of senior government and system management experience, from procurement and grants to reentry and continuity of program implementation and evaluation. This work extended to New York City jail visitors, where she helped create, implement, and evaluate a successful overdose prevention program, distributing intranasal naloxone.

Jackie and Ali were instrumental to the design, development, implementation, evaluation, enhancement, and adaptation of several past SPNS projects, including Transitional Care Coordination

NYC, a nationally-recognized, evidence-informed structural intervention in Camden, New Jersey, Raleigh, North Carolina, Las Vegas, Nevada, and across the islands of Puerto Rico. So welcome, everyone.

I know Ali and Jackie wanted to see some faces once they get started, though. Well, if you want them to go off camera, but as we're interacting and doing the Q&A, you can pop back on the video if you'd like. Ali and Jackie, I'll turn it over to you.

ALISON JORDAN: Hey, so great to see so many fun faces and shout-out to Hofstra students and others who are joining us from everywhere from New York to Puerto Rico and parts in between. Someone from Bangladesh popped a note to me this morning. So we'll see how late it is by them. What we wanted you to do now is just to introduce yourself, your name, your pronouns. Where do you work? What's your role? Are you an evaluator?

Are you an interventionist? Are you overseeing projects? And then just a little bit about what interested you in this webinar series. And if you want to just pop that information in the chat, we'll give a couple of shout-outs as we go. But Jackie and I have been working together since-- I don't know. One day, I wound up at the health department. And they said, we'd like you to replicate the Hampton County model of correctional health and public health in New York City jails.

And so I wound up meeting Jackie. And I said, do you think we can do this? And she said yes. And I said, how do you know that? And she said, because we're already doing it. And here's how we're going to show everybody what to do next. And I think we spent Saturday-- what was it, Saturday morning, writing up all of how she would go about doing the Hampton County model in New York City jails on big, huge poster board-sized post-it notes all over our office.

I think we went three times around the room. And that very much formed the basis of what's next. So just know that this is decades of experience and knowledge and lived experience as well. So we just wanted you to know a little bit about us. I'm a social worker-- went to Hunter at night while walking the streets of Brooklyn and making home visits.

So this is a four-part series. If you're here today, please come back. We're on fourth Tuesdays from noon to 1:30. We'll stay till 1:00 until we can figure that out. But the extra half hour is for us to really hear from you. What do you need from us? And then so today, throughout the series, we're going to be making analogies to traveling because you may or may not have had an implementation manual. I see some folks are new to HIV.

And they haven't actually done an implementation manual before. But I'm hoping that each of us has had a chance to travel. And so what we're going to talk about is mapping a route to your planned destination in the same way that you would if you're going on probably a big trip, maybe one of those group tour kinds that I try to avoid, but the large type trip, not maybe your weekend jaunt.

And then just know that along the way, there will be detours. And that will be session three. And then finally, you'll have your travel log. And according to IHIP, you will be a dissemination pro by the time we get through all four. But we do not make that commitment unless you make it through all four sessions. So that's what's next for us.

JACQUELINE CRUZADO: And if possible, have other people join us.

ALISON JORDAN: Yeah, this will be available. And folks will be able to I'm sure catch up. And we'll provide some continuity. But we do encourage you to, if you like this, pass it on. So we're asking you now if you have any current projects-- and I see Jordan, you're from Wisconsin. And her team are working on some many large, complex, and multifaceted projects. And they require intentional strategic communication.

So this is ideal for you Jordan because that's the type of project that we're really gearing this to. For those who are working on other implementation projects that are going to be developing implementation guides for a HRSA project, just know that the guide that comes along with this series is actually developed by HRSA and all of the slide are using the language that's required and with the goals of each of the steps for what you would fill in, in each of the blanks.

So we're going to take you through exactly the steps that you will need and from exactly the funder that you're seeking here. The folks on the Shore project, very, very much looking forward to checking in with you and CSH. Patricia Hernandez and I have been co-conspirators on many past projects, including Justice Involved Supportive Housing. And Sarah O is an MPH student in my class, in the interest of disclosure, for grant writing and is also a patient navigator in the Mount Sinai network.

So she's currently learning how to write a proposal. So this is getting her a little bit of extra information about what's next in terms of once you get the proposal, what's next? And so you can see, Jackie and I-- oh Jackie, we've been through a few HRSA SPNS projects in our time. the Part A Program started with transitional care coordination. But you were doing something before that. What was that?

JACQUELINE CRUZADO: Correction-based prevention program. We were doing CDC grants in their facilities, educating on HIV-- 1985.

ALISON JORDAN: Just the incarcerated folks, you--

JACQUELINE CRUZADO: No, all correction, anybody that worked in corrections, including correctional officers, wardens, captains, yes.

ALISON JORDAN: And the health staff too because it was all new. And what was going to be next was the problem-- kind of challenging times. So let's see. So these are the projects and the locations. So when you're in a SPNS project, if you're fortunate enough to be in the room where that happens, very often, you're one of several demonstration sites.

And historically, we were able to collaborate with not just the lead of the demonstration project, which is usually a national think tank kind of organization coupled with a national evaluation center, but with the other demonstration sites, such as those who would be responsible for doing the implementation manuals. And we've had anywhere from eight to 14 different sites that were part of the demonstrations that we were with. And so we wound up more and more having partners across the country. And we welcome all of that new sharing.

So what level of experience, I think we're getting a good amount of that in terms of implementation manuals. Miriam Hospital has been a great past collaborator. What past experience have you had as you rate for yourself-- none, little, some, varied, or do you feel like you're an expert? And then you can submit that. I'm hoping I'm an expert. You'll all judge that when we're done.

At this point, if we're not, we've got a problem. So yeah, so work on that poll for a second. And just know that there's a variety of ways that you can prepare an implementation manual in the same way that you could plan for a trip. And I actually know folks who just-- I'm not one of them. But they pack real light. They might have a backpack and maybe a little book, like a little notebook so they can record where they went. And that's it.

They didn't make reservations. They didn't find a hotel. They don't really know necessarily where they're going-- so, great. So we have-- what a beautiful, bell-shaped curve. Could you imagine? And so thank you. So those folks would not necessarily need an implementation manual. And they may or may not even have photos when they're done. But those of us who might be taking a larger trip with a bunch of people-- we once went to Disney World with 10 folks, my husband's family.

And so if you're going to do that, I strongly suggest that you make a plan and figure out when all the different things are and activities that are happening. Who's going to want to do what? And then what's the plan going to look like? And then follow the plan or don't. But know that if you don't, there's some things that if you don't do them today, then you're not going to get a chance for them to happen. And I think that happened a few times in Disney World and will definitely happen in your implementation manual.

So if you miss a key step, it can have very, very much downstream consequences. I love all these introductions. So Jackie, in terms of the part-- we have basically, in the introduction section, now, we're going to talk about writing the actual manual. The introduction section has three topic areas. One is purpose, kind of like, why are you making this plan? Why are you going to this place? What's the purpose of sharing this information? And then--

JACQUELINE CRUZADO: Who are you sharing it with is important.

ALISON JORDAN: Right, who are you sharing it? Who's going with you on the journey? And then who's the intended audience, right? So Jackie said who are you sharing it with. Who may benefit from it? So this could be other people who you traveled with. It could be people that are planning to go. If you run a travel agency, it could be a lot of people. And then the overview, the overview is kind of the big picture idea of what you're doing.

And it could be like, a one-page itinerary or an executive summary, for those of you in class. But the idea is to just give a thumbnail view of what you're going to talk about next so that you interest people in what's next.

JACQUELINE CRUZADO: And it also supports the work that you do.

ALISON JORDAN: There you go. And so what do you put in the background, Jackie?

JACQUELINE CRUZADO: So you have to make sure that you demonstrate everything that you've put, how you do it. Document every single little thing that you do, who you speak to, who you don't speak to. Who's your collaborators? You have to document everything that you do from step one.

ALISON JORDAN: And part of that is really having a map, you know? So who are going to be the partners? How are you going to map that out? Who's going to be addressing which needs? Do you have need for housing and employment services? Are you going to be linking people to care and treatment as well as social services and supports? What's going to happen along the way if someone is arrested?

What's going to happen if someone gets sick and they're in the hospital? What happens if they move? What do you do along the way? And then looking at the priority populations, you want to make sure that you're addressing everyone that could be in your qualification requirements and then really also talking about who may not be in your qualification requirements and why. It could be set by the funder. Or it could be some other logistical challenges.

And then if you were traveling, it's like, why are you going to this place? What are you hoping to learn? Who's going to be with you and so on. And why this place? Why this destination?

JACQUELINE CRUZADO: Your goals and objectives, yes.

ALISON JORDAN: Yeah, so before you even start, Jackie, is there work to do before you start? I keep going back into that day when we're writing on the walls.

JACQUELINE CRUZADO: Yeah, yeah, so you want to see who's going to buy in. Who are you going to be selling this to? Who's going to go on this trip with you, right? And then you start thinking, OK, if I want to do this kind of work, who do I hire? Who can do the work that I need them to do? And then you want to make sure that you get the right partners to help you get to the goal that you already created from the beginning of the program that you want to create.

ALISON JORDAN: And I remember when we were looking to hire and build teams, we were thinking about-- it was kind of a yours, mine, and ours approach where we said, well, there are some existing staff that are on board in one program. And then there was another program that was merging in. So we didn't want to keep them in their silos. And then we were going to hire, too.

So we were trying to always have this collaboration of someone who knew the past, someone who knew a different part of the elephant, as it were, and then someone who was completely coming with fresh eyes-- and try to think about that along the way. And then the partners and collaborators, if any of you have actually even gone into one of these projects, you know that collaborators are key on so many levels.

And getting those MOUs, Jackie was so persuasive that we wound up with so many MOUs, we couldn't attach them all. And we wound up with a list of MOUs on a page and then attached a few key ones and then said the others were available on request. So I wouldn't let page limitations limit the number of partners that you include. And be strategic about that. So gaining buy-in-- who's going to be paying? What kinds of resources are you going to be able to leverage from your collaborators?

How are you going to sustain? All of these things go into what to know before you go in a similar way as the travel. And so that's the first part of the implementation activities. And then it goes on to another section that we couldn't fit on a slide set. It's all on one page in the guidebook. But really, a second kind of section is, OK, now that you booked the travel, what do you do next? So you want to document before, during, and after.

You want to keep the memories alive of taking pictures. Or is there going to be a video? Are you going to do a travel blog? Is the people booking the trip going to keep track of that for you-- and then keeping maybe a journal, or track somehow the highlights and lessons learned as you go because you will forget.

Well, we tend to particularly forget the hard parts. And so we try to remember all the fun we had and try to put aside all the challenges because you don't want to live through that again. But you do want to document it so other people don't have to live through it again.

JACQUELINE CRUZADO: And you should document it also early on because you can tend to forget, as everything changes every day. So you want to document everything day by day so that when you do the implement of the annual, then you have all of it in one place. And it's easier to-- we learned the hard way. So that's why we know that doing with this work after-- have somebody download your-- do something that you could document everything that you've done day by day, who you spoke to, everything day by day.

ALISON JORDAN: And that's the science part of implementation science. It's what allows you to be able to say, we had a method. It was based in theory. We implemented it in this way. We realized that had its own challenges. And we weren't including a whole cohort of people because of it. One time, we lost a number of people that were eligible to enroll because they had been readmitted to jail.

But they weren't recorded because they weren't newly-admitted. Sometimes, people are on their way out. And then the police have a different idea. And then they just stay inside. But on the sheet, it shows like you're leaving. So I think they call it turnarounds. Anyway, sometimes, there's groups of folks that are left out of your project. And so you want to go back and say, this cohort was omitted for these reasons.

If you were going to do this again, make sure you keep this in your protocols. And don't let it drop out of your data collection. And so that's always going to-- that's always going to happen in terms of planning. The leverage resources is really an art form today. I think what people think of is money. And it's not necessarily money. It could be staff, time, and effort. It could be conference room space.

It could be a van that someone has. And you need transportation. It could be, someone's got an Uber account. And you're the sender. But the receiver will pay for the person to get to the clinic by giving you an account, a card for Uber. There's a lot of options in terms of leveraged resources. And know that partners really should be expected to be fully bought in to the process, to provide in-kind.

And in the same way, you're looking at best value. When you're making a trip, you might not pick the cheapest one or the most expensive, but somewhere in between. And so you want to do that with your planning because you want a good value, not necessarily a low cost I feel like-- are there any questions about it? So hey, Lisa, we have been working with Yale on a project in Puerto Rico. And Jackie is there now.

We're going to share with you some of the tools that we've put together on that in terms of documenting the process. Now, this is what's in the manual, the document the process, learn from the journey, foster dissemination and replication, and support sustainability. And when we look at that, sometimes, we're not exactly sure what all that means in terms of dissemination and replication and future.

So you want to document the process, but not just what happened, but in ways that people can learn from it. You want to be able to pivot, adjust, adapt. And then figure out how to create additional opportunities that improve project outcomes.

And the example, there's a paper, Teixeira et. al 2015 on health outcomes. And there were a lot of data elements in the jail languages initiative, a lot, pages and pages covering it. And it was a robust evaluation. But there were a few key findings that really led us to looking at project outcomes that were not on the individual level but that were making improvements on a systems level.

And that's what we pulled out in particular to highlight from this initiative. So it was reduced emergency department visits, reduced homeless shelter stays. People feel less hungry, by the way, if they have a place to live. If you have a kitchen, it makes all the difference. And then the fourth was feeling better. So there was a health and wellness scale. We use the SF-12 version where we ask about health and wellness pushing a broom and pulling a cart.

Don't do the bowling and golf one. And so we learned from that process. And then we were able to document outcomes that led to a quadrupling of the budget for this service coming from city sources, not just Ryan White ones. So know that the manuals and the outcomes and the dissemination of them can actually build, not just build, but also sustain your initiative.

SHELLY KOWALCZYK: Ali and Jackie-- sorry, this is Shelly. I do have a quick question for you all. So when you know the pieces and the type of information that you need to document, are there multiple people that are assigned to document different areas? Or is it important for one person to have that overarching understanding? What's the best?

ALISON JORDAN: So we have an approach because of our learning styles where we would meet every month with our community partners through the Transitional Care Coordination Consortium. We would be in touch with the staff through various supervisions. And then we would, I called it downloading, Jackie. And then we would document, what was she up to as the project director?

And then we would reverse that process. And she would ask me, what was I doing as the principal investigator? We've done this also with the Puerto Rico team on the Yale project, where we sit with the interventionists, with the project director and the principal investigator and then ask them every so often, do you plan to do this? What happened? Oh, that didn't happen. Well, why didn't it happen? And this is why.

So it's a matter of being very strategic about touching all parts of the elephant and making sure that you're documenting all parts of the process, which it does require, I think, thoughtful dedication. We have a slide on this in a second. And we're just talking about auditory operational and visual learning styles.

If you pop that in, we'll get to that slide sooner rather than later on the implementation. So just pop it in or just know for yourself, would you rather listen to music or watch a movie? Would you rather go for a walk or-- so think about the types of ways that you process information.

JACQUELINE CRUZADO: I process it through hearing, auditory.

ALISON JORDAN: Jackie is primarily auditory. What's your secondary, Jackie?

JACQUELINE CRUZADO: Operational.

ALISON JORDAN: Right. And so my--

JACQUELINE CRUZADO: And visual would be my third.

ALISON JORDAN: Right, so it's not that you don't learn in those ways. It's just which ones are your go-to. I find I am primarily visual and then secondarily operational. So we come together in that operational land. But just know that each of us-- and we'll see the results, I guess, in the second. But think about not only your learning style, the learning style of the people in your team, but also the learning style of the people who are reading your manual.

So you don't actually know who's going to be reading it, who may be playing it on-- you can actually have your books read to you now, or who may be one of the folks who goes to the back first and then looks up the pages that they want to see and goes back and forth among and between them. And so look at that, 62% secondary, operational and 62% visual, so yes, so Jackie, more Ali's than Jackie's in the audience today.

It's like 60/20 with operational first and auditory first tied-- so interesting. Know this about yourself. Know this about your teams. And know that all of these learning styles will be tied to your team, to the people looking at your manual and the people using it for the next steps.

So the other thing we play around with is-- and this is kind of pseudoscience. There are many types of tools out there. We use the True Blue Color Personalities. It's just a fun breakout activity. And the intent is for you to think about, who's on your team? And what's your personality? So think about-- we're going to do another poll. And think about, are you primarily a strategic person?

Are you someone who works-- you have to have people who care first. It's always about the person. Are you an analytical type who's just got to read everything first? If you're asked a question, you don't even know how to answer it because you have to read everything about it before you can answer. Or are you adventurous? Are you zip-lining and skydiving and just say, I don't know, let's figure it out kind of person. And we'll ask. So I am this first.

And yeah, so we had a problem I'll share with you. We had an interview tool. And on it, the second question was, is this a person who cares? And we were rating people who were interviewing as to whether or not they cared because we thought, if you're working in a correctional facility with people with issues of incarceration, it was important that you had people who could be empathetic to that condition.

So guess what happens when you hire everyone based on whether or not they're caring? You wind up with data in the drawer but not entered into the computer. You do need-- yeah, drawers full of it, locked doors, but nevertheless not entered.

We have very low risk-taker folks in the room. That is a trend we see in our work as well. It is fun to have the musicians around, I got to say. So you might want to consider that you are in a field where the adventurous risk-taker folks are probably not necessarily applying or being interviewed or hired. But there are advantages to having some creative folks out there.

And just know-- now, we're going to, I think, break into a small group, groups of three, and get you to talk about this. What are the different personality types? Are all four in your team? Or if you haven't worked in a team, you traveled with groups of folks. And how does it impact what you're going to do and how you're going to do it?

If you don't have any adventurous people, maybe you're not zip-lining. If you don't have any folks who are analytical, you may miss stuff because it was yesterday. So think about what that looks like. And we'll catch up with you in your groups momentarily. I think we're in three groups, Shelly, yeah?

SHELLY KOWALCZYK: Thank you.

ALISON JORDAN: See you in a second.

JACQUELINE CRUZADO: We're back! We were having so much fun in our group.

ALISON JORDAN: They're welcome to join us! You're welcome to join us. At the end, we can continue the conversations and add more as we move into the office hour section. I'd love to talk more about learning styles and how we're building teams. And then really, know that the manual-- so how was that? How was that experience with your different-- did you have different personality types in your group? Did we mix you up well?

JACQUELINE CRUZADO: You sure did.

ALISON JORDAN: Yeah, so when you're writing your manuals, you're got to remember, you're not only writing with people who have different learning styles. Your audience will also have learning styles. And who knows who's going to read them? So this is why little graphics-- I always like to have moving parts. Then the tech people are like, ugh, moving parts-- so yeah, something to keep it going.

And then just remember, when you get to the manual directions, it's going to have these four things in terms of the purpose of the implementation manual and to document the actions you took to report to the funder, to share with leadership the work that you did and to document the final outcomes. And then most often, though we don't encourage, it ends up in a file drawer. And so what could we do instead of that-- is to really document the initial actions taken, the interim measures taken to adjust.

I love when, at so many of our project meetings, people would be like, so what did you do? And it was like, what was in our proposal? Well, how did you do? Just the way we said in our proposal. And then the implementation plan looks like the proposal. But nobody's journey looks like the proposal. And I think sometimes, they think that the funder thinks that it needs to look like what was in the proposal.

But the reality is, the expectation is that that's the best you knew at the time and that not only is what you write about but the intervention is going to grow. And so Jackie, had so many changes. I don't know if you have any one in mind in particular of the ways that things change. And I mean, we changed a whole partner once. We had a partner that changed hands in terms of organizational structure.

So the people that we had the MOU with were no longer running the jail in the Bronx. And so we could have given back half the money and lost a whole opportunity. But we were able to negotiate that actually, we were finding-- and this was a Latino initiative, that there were people going to Puerto Rico. And we didn't know where to refer them. And so we were in a Latino initiative with a population of people of Puerto Rican ancestry origin.

And if they were to go to Puerto Rico, we had no resources to refer them to, to document continuity of care. And we were able to amend and enhance and actually create a whole new intervention because our funder, HRSA, was so open to taking them with us along the journey and to make sure that the

needs that were available were met. So this is something that we crafted for a number of projects. We shared it.

And Lisa will find it familiar looking in terms of implementation tracking. This is a streamlined version. In fact, I think this one page would be for a particular-- so if you have a goal and then say, three objectives and maybe sub-objectives, this might be one of the sub-objectives that would take up this space.

And we have an example for you that we can't review with you because we're running out of time. So if you want to talk in office hours, we can discuss how to put this together and to actually develop your implementation plan. But both in Puerto Rico and in the New York project, Jackie, how did we fill this out?

JACQUELINE CRUZADO: Day by day. We had to do it day by day.

ALISON JORDAN: So we would sit together. We would sit with the team. We would talk to the partners. And then I called it downloading-- Jackie, because she's the auditory learner. So she would speak. And I would write. And then we'd read it back together and make sure that we weren't missing anything. And then the strategic person would say, well, how did you get from here to there?

You must be missing some step. That might have been our project officer or their boss saying, well, how did you know that you needed that? And so I think it's all teamwork and team building. But documenting as you go is really critical because I promise you, you will forget the bad stuff, which is really where the learning comes from, right? If everything goes exactly the way you wrote it, you don't have that desire.

The one I think of in terms of that, we just had so many-- we had so many things that didn't go the way that we expected, particularly in Puerto Rico because we jumped into the deep end without a life preserver. And just every single morning, Jackie was-- it downloaded Jackie every morning when we did that initiative.

And then she would go about her day. And it was also cathartic in a way to say, OK, that was yesterday. We put it on paper. You told me what it is. Now what's next-- and then help to focus next steps, rather than belaboring all of what you couldn't do and what didn't work. Do you want to talk about that experience from your end?

JACQUELINE CRUZADO: It was a tough experience. But I did learn something, that being able to document from the beginning to the end helped us a lot. So I'm glad that we did that, that we documented it. Even if it was just a phone call, you need somebody to tell, to talk, to let them know, this happened. That was not only bad things. There were also good things, right? So being able to go inside a different facility that I've never been to, that was a good thing. Now, getting there and getting stuck there for three hours was a bad thing.

ALISON JORDAN: Right, I mean, I remember, even on a day by day with one of the staff, we were doing nursing home placements for people who were incarcerated. So that was challenging. And so I'd check in in the morning with Brendan. And I'd say, OK, so what's the plan? Yeah, we're going to get her out today. And this is where we're going to go.

And we got this place to go. And does she have a coat? Because if you get arrested in the summer-- and so all the things that needed to be on our checklist. She says, yeah, the plan is in place. And that would have been at 10:00 in the morning when I showed up. She was working from 7:30. And then at 4:00, the

plan would be executed. And I'd say, so how did it go? Did all this happen? She goes, oh, none of that happened.

Everything that was in her plan at the beginning of the day had to be rewritten, revised, and restructured in order for the person to get to whichever place it was because it was not what was originally planned. It was very rarely what was originally planned. And so keep in mind that some systems can be very fluid. But with these collaborations and adaptations, the intervention can evolve and then endure because you're actually sharing not just what worked but also what didn't and the problem solving approaches that you took in order to do that.

So we want you to remember to gain buy-in from your staff, from your partners, to welcome the reader, as well as the people that you're working with and to keep that continuously alive in terms of providing relatable information, things that people want to read. And we've got tons of references. We're going to be back with you all. We hope you stay for our office hours. But we also will be back in the next fourth Tuesday, March 28, where we're going to be talking about actually mapping a route to your plan destination as you start the journey.

So all of this was pre-implementation activities. We're going to review all of those sections in the manual, the activities, before implementation and evaluation sections. And we have tons of resources. And if there's something here that we talked about that you'd like, just email us. And we'll be happy to do that. And we have office hours. Questions-- any questions?

SHELLY KOWALCZYK: Feel free to enter a question in the chat. Or you can also raise your hand. And we can call on you.

ALISON JORDAN: So this is one of my learning styles, is I have no sense of time. But I have good timing. And Jackie has very good timing. And so maybe I'm only on time ever because Jackie makes sure that we're not late. She has an operational way of doing that, which I think is the, come on, Ali, it's time to go. And then there'll be a tapping.

SHELLY KOWALCZYK: So Ali and Jackie, do you have I guess a recommendation? I love the idea, too, of working together to document this. But however often you recommend it, whether it's daily, weekly, I can see after a while, people saying, oh, I don't have time for that right now. I'm too busy, you know? How do you avoid that? And I assume there's definite benefits in terms of efficiency later on that that accounts for.

ALISON JORDAN: Yeah, well, definitely. I mean, so it could be a quick check in, depending on what that is. And it doesn't have to be one person who's doing it. It just has to be documented in one place. And so particularly if you have Google Drive sharing, whatever, you can do that. Many of our notes are not pretty, as illustrated earlier. But then at least quarterly, we'll sit down and go through together as a team, this is what was supposed to happen. I have notes here that you said such and such. So it doesn't have to be an arduous thing to do in real life.

It's just being aware that you're going to have a quarterly meeting. And somebody is going to ask you what happened. And so you're going to make three bullets on your calendar or whatever your process is, a mental reminder, a tape record note. And whatever your style, whatever your learning style is, just make a mental note, if you're good at keeping things in your head-- whatever place card holders that you want to-- sometimes, I just text myself a message-- whatever is easy and handy to make that little note-- I have post-it's all over my desktop.

And so when I meet with Jackie, I'll know, oh, I got to tell her about this person. So whatever your way of setting up reminders for yourself, do that in real life, in real time. And then when you come down to having the quarterly, there'll be additional things that your team members will pull up.

We've done this with the folks at Puerto Rico in terms of documenting what we planned and what the actuals were. It's always nice to have a column planned, an actual, so that you give yourself permission to not actually do what the plan said because life is-- what is it? John Lennon-- life is what happens when you're busy making other plans. We all know that. So to say we did everything in our manual and move on is dissatisfying on a lot of levels.

SHELLY KOWALCZYK: Questions? Yeah, I saw a hand up at one point. But it seemed to have gone back down. So if someone has a question they want to ask out loud, feel free to raise your hand.

ALISON JORDAN: And I lost my chat box.

SHELLY KOWALCZYK: I don't see any questions in the chat right now.

ALISON JORDAN: Oh, there we go. Thank you so much. [INAUDIBLE] going to come back. And somebody has to join another meeting. So next time when you see the 12:00 to 1:00, make sure you make it 12:00 to 1:30 so that you'll have time for the office hours, so we can get more dialogue going on and really adjust your specific things that you need. Thank you so much for the comments. The strategy of working together, the document, is really so important because otherwise, you just know from that one person.

You'll know from either the visual or strategic person. But you won't know what the auditory person thinks if you do it the traditional way, yeah. And frankly, no one's hearing from the creative folks, which is tragic because when it comes time to review your proposal, you're going to want some iconography or some ways of getting people engaged in thinking or-- yeah, thank you, Lisa for popping in. And I'm hoping you like the tool we can share with others.

And kudos to the Yale folks for all of what they're doing to hepatitis C data-to-care. Thank you, Adan. Yeah, so we have finished our first session. And we will stay for office hours. Thank you. And look forward to March 28th, where we'll hopefully see the whole group. Bring your friends!