

 <p>The Community Foundation Serving Riverside and San Bernardino Counties</p>	<h2>S.L. Gimbel Foundation Fund</h2> <h3>Grant Evaluation Form</h3>
<b>Grant Period:</b>	<b>November 1, 2011 through October 31, 2012</b>

Organization: Planned Parenthood of Orange and San Bernardino Counties

Contact Name: Dana Ransons

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Phone Number: (714) 922-4173

Grant Period: 11/1/2011 – 10/31/2012

Award Amount: \$50,000.00

Grant Number: 2011738

***Describe the project's key outcomes and results based on your goals and objectives. Provide the number of clients served and other relevant statistics.***

1. Answer 25,000 inquiries across all three hotlines in 2011 – 2012.

Key Outcomes

We have answered 3,494 toll-free inquiries, 22,355 chat sessions, and 25,285 texts from 7,654 users. We have surpassed our goal of 25,000 inquiries by 34% with 33,603 encounters.

Results

Volume continues to increase the most among chatters, and texters reaching us via the Hotlines. Chatting is the most preferred mode of communication despite the lack of any official marketing efforts. Planned Parenthood staff and Peer Educators (students trained by us to provide accurate and age-appropriate health information to their peers) promote the hotlines at a health education workshops and while speaking to each other throughout the school day.

2. Offer appointments to 100% of local hotline participants and schedule a minimum of 4,500 appointments in 2011 – 2012.

Key Outcomes

While the primary goal of the Hotlines is to provide accurate and anonymous answers to reproductive health questions, we also link participants to the health centers so that they may make appointments. When this grant was funded, hotline educators could schedule routine appointments or transfer callers directly to a health center for more complicated cases. Since then, we have opened a centralized call center with eight dedicated operators who schedule appointments and answer questions about how to prepare and what to expect during the various exams and procedures we offer. Calls are now routed more efficiently; however hotline participants are still offered referrals when appropriate (if the educator determines follow-up care would be beneficial and the participant is receptive to the suggestion). Phone hotline participants are given the option to be directly transferred to the call center or a health center, chat participants are given a referral to the Planned Parenthood health center closest to them, and text participants are provided the general number 1-800-230-PLAN. Approximately 16,500 appointment referrals were made by hotline educators to the centralized call center throughout the grant year (49% of all

participants). An additional 29% of callers accepted health center information and stated intent to follow up on their own.

### Results

More than two-thirds (78%) of the information provided on all three hotlines is health center information. In the beginning of the grant year, hotline educators scheduled 500 appointments. However, the call center was successfully launched in March 2012 and educators now transfer callers for appointment-making. We were successful in providing referrals for nearly half of all hotline users and do not have a tracking mechanism in place to ascertain how many appointments were made by the call center from those referrals. This enables the hotlines to remain entirely anonymous.

3. We will record demographic information, when possible, and track the most popular/trending topics and make information on these available monthly on BTSE throughout 2011 – 2012.

### Key Outcomes

Demographic data is obtained from the phone and chat participants only, due to the brief nature of text encounters. Combined, we are able to discern age, gender, and ethnicity. The majority (87%) of phone and chat participants are female and the remaining 13% are male. Half of our participants are between 14-19 years of age, and the rest are older than 20. Participants' ethnicities reflect that of our communities; 33% are Latino, 27% are White, 8% are Asian, 8% African-American. Across the three hotlines the questions participants are asking center on five topics: 1) emergency contraception, 2) pregnancy, 3) female health, 4) birth control, and 5) menstruation.

In January of 2012, we decided to take BTSE offline for three months to refine and update the look and enhance the structure so that visitors have an easier time accessing information about our health education programming. The information on BTSE now includes announcements for peer trainings, notifications about community events, and articles on the popular trending topics from our hotlines.

Chatters are primarily English-speakers while phone participants are primarily Spanish-speakers. We can discern from these cultural and language preferences in chatting and calling, and based on general demographics collected, that it is the young, English speakers who prefer to chat. It is the Spanish speakers who prefer to call us and they tend to be in an older age group. We attribute this to promoting our services in our monolingual (Spanish-speaking) workshops for parents. Topics also vary; younger chatters inquire more about topics of puberty and menstruation, while older callers have questions about our services and how to talk to their teens about sex.

### Results

Since the re-launch of BTSE in April of 2012, participants have had access to more reproductive health and Planned Parenthood information. Visitors to the revamped website are staying for longer and clicking through to additional information. Articles draw the majority of site traffic, with the Hotlines link a close second. Information about our upcoming trainings is now the third most popular page on BTSE.

We have had 2,616 website hits, 79% of which were first-time visitors. At this time, we are developing a mechanism to track demographic data about the visitors (i.e., age and

zip code) and overcome pop-blockers often embedded in browsers that may prohibit users from answering our questions.

***What were the challenges and obstacles you encountered (if any) in attaining your goals & objectives? How did you overcome and/or address the challenges and obstacles? What were the lessons learned?***

Goal 1

Challenges/Obstacles: We did not experience any challenges or obstacles in obtaining the desired volume to our Hotlines.

Strategies to address: We will more accurately be able to predict call volume in future years by looking at trending and growth data from this and last year.

Lessons Learned: We continue to assess new social media outlooks and strategies to better serve our participants. With respect to the Hotlines, by far, texting continues to grow in popularity among youth the phone hotline is preferred by our older, Spanish-speaking parent demographic.

Goal 2

Challenges/Obstacles: The introduction of the centralized call center, while a necessary step in triaging callers, presented hotline staff with the challenge of tracking the number of appointments made by hotline participants. Moreover, it is not always relevant or possible to offer hotline users an appointment, or even a referral due to their intent when contacting the hotlines and the brevity of most interactions. Of note is that once the participant receives the answer to their initial question, they may quickly disconnect from the hotline educator.

Strategies to address: Instead of tracking appointments made, the hotline educators will continue to track referrals to the call center.

Lessons Learned: Operators have learned to be sensitive, particularly over chat and text when intonation is difficult to convey, when pinpointing an appropriate time to ask about referrals. This makes callers and chatters more willing to accept a health or call center referral.

Goal 3

Challenges/Obstacles: Because our BTSE focus was to re-launch by making the site more appealing to youth, the process for acquiring user demographic data will take time. For example, during our trial period, we instituted a short survey (i.e., age, gender, zip code), and we realized that many users have pop-blockers that may prohibit them from accessing the questions.

Strategies to address: We continue to revamp and add new articles and content, and are evaluating ways to best obtain demographic data from visitors in creative ways other than surveys.

Lessons Learned: More innovation is necessary to acquire demographic and other type of data from visitors. Google analytics and other methods only offer indicators, but other data requires additional methods that participants are comfortable with.

***Describe any unintended positive outcomes as a result of the efforts supported by this grant.***

The re-launch of BTSE saw more new viewers than when it originally launched. We expect that may be due to a more effective word-of-mouth campaign from peers and our Health Educators.

***Describe the overall effect this grant has had on your organization.***

Operation of our hotlines remains integral to our mission. Educators are becoming more adept at answering questions accurately and efficiently, particularly via chat and text. We continue to provide confidential and anonymous information for those who seek it in these three formats, day or night. A key component of the hotlines is turning participants into healthcare utilizers through the referral process with our new centralized call center. This grant funding reduces barriers not just to information, but also to health care among a young demographic; providing a familiar entry point into a confusing, and often times overwhelming, system of care. As we see the edicts of the Affordable Care Act begin to take effect, we are fortunate to have three hotlines equipped to answer questions about enrollment and benefits.

***Tell us a few success stories that made an impact on your organization and/or community as a result of this grant.***

Participants sometimes take a moment to let us know how they feel about our services. In addition to thanking hotline educators, vowing to call again if they have reproductive health questions, or recommending the resource to a friend, they have let us know that they think it is an invaluable resource. Below are excerpts from exchanges.

*"I LOVE THIS HOTLINE, ALWAYS THERE FOR ME... greatest invention ever."*

*"I feel like this site would help a lot of my friends out i'm glad I found it."*

*"Seriously you helped a lot! I appreciate it. This hotline is on top of its game for sure."*

*"Your services are awesome for people that need information and can't ask their parents."*

***Provide a financial report on the use of your grant funds (expenditures).***

<b>Line Item Description</b>	<b>Line Item Explanation</b> (Formula/equation used as applicable. Example: 40 books @ \$100 each = \$4000)	<b>Support From Your Agency</b>	<b>Support From Other Funders</b>	<b>TCF Funds applied</b>	<b>Line Item Total of Project</b>
Salaries/Benefits	3.5 FTE Hotline Health Educators salaries = \$111,483 .1 FTE Director of Community Education and Outreach salary = \$7,300 Benefits @ 25% = \$29,695.75 Independent Contractors = \$15,000	\$44,353.75	\$60,000	\$50,000	\$163,478.75
Direct costs	Online and text messaging host service = \$5,000 Phones/computer/software/ Usage = \$5,000 Materials (wallet cards with hotline information distributed throughout community) = \$5,000	\$15,000	-	-	\$15,000
Indirect	Finance, grants admin, general operating support from agency, and overhead (10%) = \$17,847.86	\$17,847.86	-	-	\$17,847.86
<b>TOTALS:</b>		\$77,201.61	\$60,000	\$50,000	\$196,326.61

- ❖ Please send copies of publicity and other promotional materials.
- ❖ All variances or time extensions must be approved by The Community Foundation's Grant Committee. Please contact us at 951-684-4194, ext. 114 immediately if a variance or extension becomes necessary.

**Please return the completed form to:**

Celia Cudiamat, Vice President of Grant Programs  
3700 Sixth St., Suite 200, Riverside, CA 92501 or fax to 951-684-1911  
Or email to: [ccudiamat@thecommunityfoundation.net](mailto:ccudiamat@thecommunityfoundation.net)