
COMMUNITY OUTREACH

Background

The word "outreach" is used to describe a wide variety of activities, ranging from the actual delivery of services to the dissemination of health and social service information. Outreach is particularly useful in the programs for pregnant women and their children because it "meets the clients where they are" – in their communities and neighborhoods.

As a tool to help expand access to health services or social service programs, outreach is most often designed to accomplish one of the following (or some in combination):

- Directly deliver direct health or social services
- Educate or inform the target population, increasing their knowledge and/or skills
- Educate or inform people who interact with the target population (often called community health advisors)
- Establish beneficial connections between people and/or organizations

Outreach work is essential to the success of maternal and child health initiatives, and should be integrated into comprehensive care plans that are tailored to the individual or community one is aiming to affect. This method works hand in hand with the case management and social support strategies that MCH initiatives are currently utilizing to improve outcomes.

Key Principles

In certain hard to reach populations such as homeless women, recent immigrants, minorities, or women affected by drug addiction, outreach is a primary method of service.

Decisions in this case focus more on which type of outreach is most effective. In a study of reproductive health outreach programs for young adults, for example, Judith Senderowitz compares efforts that are designed to reach young people by attracting them to centers with those that reach out to them where they already gather for social, vocational, and recreational activities (see Internet Resources below).

Outreach can also be one component of a program or a support structure in meeting the programs goals and objectives. If you are not sure whether or not outreach will help achieve your objectives, it is probably appropriate to analyze your target population again. Before reaching out, take a step back and consider:

1. Have you determined who your users are (or should be)?
2. Do you know what the best ways are to reach and serve your users?
3. Have you identified any gaps in use of your program or service?

Many health programs in the U.S. are designed for seemingly homogeneous populations. But what if the people who need your services represent a different group, in terms of culture, language, race, values, education, economics, or some other trait? You need to know whom you are trying to

reach, in order to know how to reach them. You can gather information about your constituents and their environments in numerous ways, including conducting surveys, focus groups, and interviews. In turn, this information will help you determine if the essentials for program success are in place. In order for any program to accomplish its purpose, it's users or participants must:

1. Know that the program, service or product exists
2. Be willing to use it (cultural norms, for example, sometimes impose stigma)
3. Be capable of using it (have access)

If you determine that one or more of those pieces is missing or flawed, outreach in some form can help you bridge the gap by focusing on one of these goals:

Outreach to increase access for users (enhance a person's ability to use, acquire or employ your healthy service, product, or practice)

Some access problems can be fixed through programmatic changes. In the case of the health care clinic mentioned above, limited clinic hours contributed to low utilization. Therefore, the clinic created more evening and weekend hours for clients. If lack of transportation is keeping your users away, find alternatives to help them get to your site, or work with a local taxi company to provide reduced fare rides. Similarly, if lack of childcare is keeping users at home, provide on-site childcare during visits. Making sure you have a translator on-site and that your brochures are printed in the language of your users-might be another way of improving access. And in all of these cases, of course,

you'll need to let your users know the services are available.

Outreach to expand peoples' willingness to use your service or product

Is a personal or cultural stigma attached to using your service or product? Do potential users fully understand the benefits?

If your program utilization is low because of user attitudes or values, you might need to focus on a social marketing campaign to explain the benefits of your service or initiative. Marketing is a form of outreach because it requires you-to find out whom your users are, where to reach them, and how to communicate with them. After reaching out with surveys, interviews, and/or focus groups, you can reach out again with a marketing campaign that helps shape attitudes and correct misperceptions. (Of course, you might also revise parts of your program based on the information you gather.)

Some marketing-type outreach takes the form of incentives. If you distribute coupons for condoms at the local teen hangout, you are not only reducing the cost, but you're also increasing awareness of a product or service, while providing an incentive to behave differently.

Outreach to increase awareness of your service or product among potential users or those who will refer them

Let's consider the case of the under-utilized free clinic again. Access, in the form of limited clinic hours, was one problem. The clinic needs to reach further to inform and attract

those who would benefit from their service. How could this be done? Once again, social marketing and outreach are likely partners for improving the situation. If the clinic's services cannot be delivered in a different way, such as taking the services to the users, the word about services must be spread more effectively, both to potential users and to those who can guide them to the clinic. There are many vehicles for informational outreach (beyond paid advertising) that can help you spread your word more widely, or to target certain populations.

Involving Community Members Affected By the Issues

Community members who directly experience a problem have a much different outlook on their needs than a politician who may only be familiar with it through the newspaper or a published paper. There are two important ways to involve people affected by a problem in helping solve the problem. First, you can listen to them so that you have a better understanding of the causes of the problem, the barriers they have to managing or preventing the problem, and their ideas for potential solutions. Second, you can empower them to tackle the problems they confront. It's better when people become involved, but if those affected by the problem do not wish to, listening is a good way to start building rapport with them.

Steps to Conducting Outreach

Planning

Identification of participants

Identification of community members to work with in resolving health disparities is of little value if there is not a plan to create action that address the issues at hand. Also, knowing your target population or audience is important in how the outreach worker develops the approach and educational materials. As soon as a target population has been identified, the next step is to develop culturally and linguistically competent strategies and techniques of reaching out to potential members. To identify a target population, the outreach worker must know the different sectors of the community and create a list of key potential members within each sector. Different sectors may include:

- Hospitals, Clinics, other health entities
- Community based organizations
- Schools, especially public schools, local colleges and universities, and possibly private/parochial schools
- Churches, which may also include organizations and groups within the churches -- and across all churches, as in interfaith or ecumenical groups
- Businesses, particularly large employers, and/or profitable businesses, acting singly or through collective groups such as the chamber of commerce
- Media, including local newspapers, local radio and TV stations, local cable television, and other community-wide print publications

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- Government-town or city government, in some cases, county government as well

Making contact with potential members is not a casual affair. Such contact is a form of **courtship**. Like most successful courtships, it requires thought, planning and an open line of communication. Outreach can be conducted at the following types of establishments:

- Clinics
- Day care centers
- Ethnic clubs, social service, or veterans associations
- Hobby groups
- Hospitals
- Housing authorities and housing groups
- Libraries
- Neighborhood, recreational, religious, hobby, or professional groups
- Parent-teacher organizations

Methods for conducting outreach

Below are some methods of outreach a worker can implement.

- 1) Face-to-face
- 2) Telephone
- 3) Write a letter
- 4) Informational listserv
- 5) Website
- 6) Fact sheet, flyer or brochure
- 7) Neighborhood meeting
- 8) In-reach within an establishment
- 9) Models of outreach, such as a Promotoras model

Guidelines for effective outreach

- Meet people where they are

- Be respectful
- Listen to your community
- Build trust and relationships
- Get the word out in a non-stigmatizing manner
- Offer service and information in a variety of locations (including home visits) and at non-traditional times, especially after work hours
- Make written information friendly and easy to understand
- Provide information in the primary language of those you who will use the service
- Follow-up, follow-up, follow-up!

Depending on the nature of your initiative and the type of outreach you think is needed, consider the following steps as you begin or expand your outreach.

1. **Determine the purpose and methods of outreach for your initiative**
2. **Determine staffing needs** - If you use trained outreach workers, it is helpful if they come from the community they work in and are familiar with its characteristics. Outreach workers can play a vital role in developing community trust and a good reputation "on the street." Workers who live in the community they serve understand the needs, concerns, and questions the people may have,, as well as the barriers they face. They are better equipped to develop strategies designed to address the specific needs of your population, especially in minority communities. Whether your staff is

paid or volunteer, they must be well trained and knowledgeable.

3. Choose physical space carefully -

The location and feel of an outreach office sets a tone. Consider the barriers a member must face when participating in outreach efforts, i.e. transportation, childcare, exclusionary environment. Before you try to involve people, consider the barriers that could possibly inhibit the participation of those affected by the problem. Other non-physical barriers should be considered as well; for example, preconceptions and attitudes, history of being ignored, sense of powerlessness and inadequate community communication. Examine barriers with an open mind and think of creative ways to overcome them.

4. Plan your services or activities --

Develop strategies and action plans using principles for effective program design. For an outreach plan, organizational preparation should include:

- Developing systems and making information available in manuals or other formats
- Establishing protocols
- Integrating services with other organizations or agencies to increase effectiveness. This can be accomplished through formal collaboration and partnerships.

5. Expand your outreach gradually --

There are many possible avenues for outreach, so new outreach programs are wise to develop a prioritized strategy for raising awareness. A

gradual expansion of outreach is recommended by moving through "zones." Start with activities that are easier and most comfortable and move toward those that are less familiar and more challenging.

6. Make the most of your outreach -

Even if you have great sums of money for outreach, it is possible for outreach to fail if you do not understand the issues of access and barriers to access facing your population. Also, remember that people need to hear about something three to seven times before they act, so outreach needs to be varied and constant. The keywords for an effective outreach program are, "Repeat, repeat, repeat!"

Implementation Activities

Implementation activities should occur in several phases with certain components to ensure success. Overall, these components should:

- Build a community support network that includes key community stakeholders. This network should be significant to program acceptance, building community trust and buy-in, and program implementation and sustainability.
- Utilize a collaborative approach that incorporates a team model of service delivery. The role of the team leader is essential to determine the appropriateness of the referral and provide technical consultation to the outreach worker.
- Engage community members as active participants in outreach activities.
- Develop memoranda of understanding (MOU) agreements between agencies to ensure that each partner has a clear understanding of the program vision,

expectations, role, and responsibility to ensure program success.

- Develop data collection and an evaluation framework to document processes and outcomes of the program.

Phase One

Phase one involves building a community support network. This happens at many levels (public agencies, CBOs, clinics, hospitals, schools, churches, etc.) and in all phases of program development, implementation & evaluation. It is pivotal to the success of the program. A collaborative approach that incorporates a team model of service delivery will help to maximize funding, staff, and the quality of services delivered to the client. Core partnerships established between the lead outreach agency and trusted health care/clinical/social support organizations within the community. Provide support services that will fund in-kind resources of critical team members, e.g. PHN, health educator, social worker. Strategic program planning that includes key community stakeholders is significant to program acceptance, building community trust and buy-in, and program implementation and sustainability. Members of the Healthy Births Learning Collaboratives (HBLCs) who have expertise in the areas of perinatal health, child health, education, social support and related fields should guide the process. A memorandum of understanding (MOU) agreement between agencies could be utilized to ensure that each partner has a clear understanding of the program vision, expectations, role, and responsibility to ensure program success. Also, early recognition and development will ensure that key stakeholders are cognizant of the outreach program's purpose, mission and vision.

Phase Two

Phase two is the program implementation phase. Consideration should be given to the program approach, type of outreach services to be provided, referral and follow-up activities, data collection program evaluation, etc. Outreach workers should team with other resources in each SPA and particularly with public health nurses (PHNs). The PHN role of team leader is essential for determining the appropriateness of the referral and providing technical consultation to the outreach worker. One-on-one individualized assessments, referral and follow-up is the role of the outreach worker.

Phase Three

Phase three involves program evaluation. There should be a feedback loop and measurement to capture client, program staff and community collaborators comments and input, as well as overall program effectiveness.

Phase Four

Phase four involves achieving sustainable outreach efforts. Including participants in the planning, implementation and evaluation phases is key to maintaining project maintenance in the community and will lend itself to community growth. Leveraging community capacity involves knowing the community and being actively involved in its activities. Issues to keep in mind while conducting and maintaining these phases are as follows:

1. Know your audience.
2. Recognize strengths.
3. Recognize needs.
4. Support other interests of these groups.
5. Recognize that groups are made up of individuals.
6. Ask people individually for their participation.
7. Match individual talents, skills,

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- knowledge, and experience with the group's needs.
8. Make participants feel welcome by listening to them and taking them seriously.
 9. Show appreciation for each person's contributions.
 10. Know yourself, and your values and beliefs.
 11. Remain organized.
 12. Define and clarify the plans, goals, and purposes of the group early on.
 13. Establish good communication within the group and among different groups.
 14. Use meeting time wisely.
 15. Above all, keep a positive attitude and remain flexible.

Good community work means being prepared to work with every opportunity presented whether by chance or by design. Sustaining community participation involves addressing a community's knowledge, attitudes and beliefs, and creating a forum that encourages ownership over the process. As funds deplete, it is important to engage and empower the community and individuals, while encouraging their leadership

Source Materials & Resources

Source Materials

Full text of this document can be found at <http://ctb.ku.edu>

Useful Resources

Outreach Works: Strategies for Expanding Health Access in Communities. Michael DeChiara, Ellen Unruh, Tom Wolff, Anne Rosen. AHEC/Community Partners, 24 South Prospect St., Amherst MA 01002, 2001.

Outreach Kit. Center on Budget and Policy Priorities, 820 First Street, NE, Suite 510, Washington D.C. 20002. A guide to outreach strategies for health care access filled with examples. (202-408-1080, <http://www.cbpp.org/shsh/kit.htm>)

<http://www.ahecpartners.org/resources/hca>
AHEC/Community Partners provides other resources on health care access in addition to the publication *Outreach Works*.

<http://www.pathfind.org/pf/pubs/focus/RPPS-Papers/outreach.pdf>

"Reproductive Health Outreach Programs for Young Adults."

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