NATIONAL OUTREACH GUIDELINES FOR UNDERSERVED POPULATIONS
Executive Summary

Introduction

Outreach is a critical function of health centers serving people who are low-income, uninsured, and/or members of underserved populations such as migrant and seasonal farmworkers, people experiencing homelessness, racial and ethnic minorities, the elderly, and people living with HIV/AIDS. A strong outreach program offers the best opportunity for the most vulnerable populations to be connected to and engaged with true medical homes.

In 2000, Health Outreach Partners (HOP) developed its Farmworker Outreach Program Guidelines based on 30 years of experience providing direct outreach services to migrant and seasonal farmworkers. In 2012, HOP collaborated with four national partner organizations and an Advisory Panel to develop the current National Outreach Guidelines for Underserved Populations.

The ten Guidelines presented here are grouped into three broad categories: Person-Focused Guidelines, Community-Focused Guidelines, and Program-Focused Guidelines. Under each Guideline, several possible strategies for implementation are suggested. The Guidelines and accompanying strategies are intended to provide direction for how to most effectively use outreach to increase access to and utilization of comprehensive primary health care services in underserved communities.

PERSON-FOCUSED GUIDELINES:

These guidelines focus on what Outreach Programs can do to ensure that individuals, families, and small groups found within underserved populations are fully supported in accessing and utilizing quality, culturally competent health care.

- **Access to Care:** The Outreach Program will connect underserved populations to the local health and social service delivery systems.
Health Education: The Outreach Program will provide health education in outreach settings using effective teaching methods that respond to the cultural, educational, linguistic, literacy, health and educational needs of underserved populations.

Outreach-Centered Case Management: The Outreach Program will conduct basic case management activities in outreach settings.

Behavioral Health Support: The Outreach Program will have a key role in coordinating access to behavioral health services and providing basic mental health support for underserved populations.

Clinical Outreach: The Outreach Program will coordinate and participate in clinical outreach to meet the basic health needs of underserved populations.

Eligibility Assistance: The Outreach Program will assist members of underserved populations to enroll and maintain participation in health and social service safety net programs.

COMMUNITY-FOCUSED GUIDELINES:

These guidelines focus on what Outreach Programs can do to promote healthy, supportive communities. They highlight the importance of having a visible outreach presence in the community, increasing awareness of the needs of underserved populations, advocating with and on behalf of underserved populations and building strong partnerships to strengthen services.

Community-Based Outreach: The Outreach Program will establish a visible presence in the community, providing information, education, services and support where members of underserved populations live, work, spend time, and access services.

Advocacy: The Outreach Program will advocate on behalf of underserved populations to ensure cultural competent, quality health care.

Community Collaboration: The Outreach Program will work to build strong partnerships with and among health and social service organizations frequently accessed by underserved populations.

PROGRAM-FOCUSED GUIDELINE:

This guideline concentrates on what Outreach Programs can do to ensure outreach efforts are efficient and effective. Outreach Programs can maximize their resources and their impact by integrating outreach efforts with the administrative and clinical priorities of the health center, conducting comprehensive planning processes, and documenting and evaluating outreach activities.

Program Planning and Evaluation: The Outreach Program will consistently participate in outreach planning, document its activities and measure the outcomes of services provided.
NATIONAL OUTREACH GUIDELINES
FOR UNDERSERVED POPULATIONS

Introduction

Outreach is a critical function of health centers serving people who are low-income, uninsured, and/or members of underserved populations such as migrant and seasonal farmworkers, people experiencing homelessness, racial and ethnic minorities, the elderly, and people living with HIV/AIDS. A strong outreach program offers the best opportunity for the most vulnerable populations to be connected to and engaged with true medical homes.

In 2000, Health Outreach Partners (HOP) developed its Farmworker Outreach Program Guidelines based on 30 years of experience providing direct outreach services to migrant and seasonal farmworkers. In 2012, HOP collaborated with four national partner organizations and an Advisory Panel to develop the current National Outreach Guidelines for Underserved Populations.

The ten Guidelines presented here are grouped into three broad categories: Person-Focused Guidelines, Community-Focused Guidelines, and Program-Focused Guidelines. Under each Guideline, several possible strategies for implementation are suggested. The Guidelines and accompanying strategies are intended to provide direction for how to most effectively use outreach to increase access to and utilization of comprehensive primary health care services in underserved communities.

A. PERSON-FOCUSED GUIDELINES

These guidelines focus on what Outreach Programs can do to ensure that individuals, families, and small groups found within underserved populations are fully supported in accessing and utilizing quality, culturally competent health care.
A1. **Access to Care:** The Outreach Program will connect underserved populations to the local health and social service delivery systems.

**Strategies:**

✓ Identify barriers to health and social services for underserved populations.

✓ Build and maintain trusting relationships with underserved communities by providing frequent face-to-face opportunities to meet where community members live, work and spend time. Follow up on all commitments and promises.

✓ Educate community members about available health and social services and how to access them.

✓ Use social media, listservs, and newsletters to communicate with a wide audience.

✓ Assist members of underserved populations in communicating with and accessing local health and social service agencies.

✓ Ensure that any relevant information about individuals obtained through outreach is recorded and shared with providers and other staff.

✓ Train staff and other community-based organizations on an ongoing basis to ensure that underserved individuals and families receive courteous, competent, and culturally as well as linguistically appropriate care.

✓ Assist in ensuring continuity of care for migrant populations. For example, ensure that migrant populations have easy access to their medical records, allowing for easier transfer between health service providers. Assist patient in connecting to health centers in their new communities.

A2. **Health Education:** The Outreach Program will provide health education in outreach settings using effective teaching methods that respond to the cultural, educational, linguistic, literacy, health and educational needs of underserved populations.

**Strategies:**

✓ Identify risk factors for communicable and environmental diseases, occupational illnesses and injuries among underserved populations.

✓ Identify health education needs through community members themselves. Offer health education that addresses these self-identified needs.

✓ Partner with neighboring community health centers and other community-based organizations that have expertise in serving specific special populations.

✓ Collaborate with clinical staff to determine appropriate health education content and messages.

✓ Test messages and health education materials with members of the underserved population before use with a wider audience. Adjust messages and materials as needed based on feedback.

✓ Provide health education in outreach settings to individuals, small groups, and/or large groups to promote healthy behaviors, the prevention of illness, and the early detection of acute illnesses.

✓ Use popular education techniques and adult education principles with health education to engage and empower underserved populations.

✓ Play a key role in helping individuals manage chronic illnesses and be active partners in their care.
Referral information and next steps should follow health education activities in order to connect individuals to appropriate services. Disseminate health information that is appropriate to the culture, language, and literacy level of the underserved population.

A3. Outreach-Centered Case Management: The Outreach Program will conduct basic case management activities in outreach settings.

Strategies:

- Routinely research community agencies and document the services they offer. Establish relationships with agency staff to facilitate referrals for underserved community members.
- Educate individuals and families on navigating the health and social service delivery systems. Explain the process and what to expect. Offer options and choices.
- Empower individuals and families by helping them determine and prioritize their needs. Assist them in accessing the services and/or support they need.
- Make referrals to appropriate health and social services. When possible, personally introduce individuals to health and social service providers so as to build relationships.
- Track the outcomes of interagency referrals and conduct ongoing follow-up. Monitor client status, provide support, and ensure continuity of care.

A4. Behavioral Health Support: The Outreach Program will have a key role in coordinating access to behavioral health services and providing basic mental health support for underserved populations.

Strategies:

- Attend trainings to learn how to identify common behavioral health needs (ex: domestic violence and substance abuse) of underserved populations. Make referrals to appropriate providers or services.
- Encourage members of underserved populations to practice self-care and positive coping skills.
- Facilitate the development of peer support groups that promote general well-being and decrease social isolation.
- Help de-stigmatize mental health issues within underserved populations. For example, promote awareness of the connection between mental and physical health. Normalize seeking behavioral health support by promoting it as a regular part of taking care of one’s health and wellness.
- Educate members of underserved populations to recognize symptoms of mental health conditions.
- Educate individuals and families about behavioral health services. Describe available services, their benefits, and what to expect. Seek to understand the cultural practices and beliefs about mental health among underserved populations. Encourage the incorporation of alternative and traditional healing when appropriate.
- Promote individual and family efforts to initiate and maintain behavioral health support. Whenever possible, work with people to overcome barriers and set mutually agreed upon – and realistic – goals around seeking behavioral health treatment.
✓ Make personal introductions to behavioral health staff and providers when possible.
✓ Educate providers on the barriers underserved populations face when seeking and accessing behavioral health services.

A5. **Clinical Outreach:** The Outreach Program will coordinate and participate in clinical outreach to meet the basic health needs of underserved populations.

**Strategies:**

✓ Gather relevant health information to appropriately target clinical outreach. Such information might include cultural aspects, occupation, environment, living conditions, behaviors, migration, etc.
✓ Coordinate clinical outreach with nurses, mid-level providers, physicians, dentists, and dental hygienists.
✓ Organize outreach activities where clinical services can be provided, such as health fairs, schools, daycare facilities, Head Start programs, migrant camps, homeless shelters, and mobile health units.
✓ After proper training, assist clinicians in providing basic health screenings and preventative care.
✓ Help coordinate follow-up care as needed.

A6. **Eligibility Assistance:** The Outreach Program will assist members of underserved populations in enrolling and maintaining participation in health and social service safety net programs.

**Strategies:**

✓ Participate in trainings on how to effectively assist underserved individuals in enrolling and maintaining enrollment in health and social service safety net programs (ex: WIC, TANF, Medicaid, or Medicare).
✓ Proactively seek information about changes to safety net programs. Ensure all messages shared with underserved populations are timely and accurate.
✓ Educate underserved populations about available health and social service safety net programs, including state and local eligibility requirements.
✓ Identify and address specific concerns members of underserved populations may have when applying for health and social service safety net programs, such as immigration status or lack of a permanent address.
✓ Develop resources, such as fact sheets or checklists, to assist members of underserved populations accessing health and social service safety net programs, including health insurance programs.
✓ Facilitate referrals to eligibility assistance staff.
✓ Assist in gathering and collecting key documents required for enrollment and benefits renewal.
✓ Assist in submitting applications or renewals for public health insurance programs to prevent lapses in coverage.
✓ Provide application assistance in the language members of underserved populations prefer.
B. COMMUNITY-FOCUSED GUIDELINES

The next three guidelines focus on what Outreach Programs can do to promote healthy, supportive communities. They highlight the importance of having a visible outreach presence in the community, increasing awareness of the needs of underserved populations, advocating with and on behalf of underserved populations and building strong partnerships that strengthen services.

B1. Community-Based Outreach: The Outreach Program will establish a visible presence in the community, providing information, education, services and support where members of underserved populations live, work, spend time, and access services.

Strategies:

✓ Conduct outreach in locations where underserved populations access health services, such as community health centers, health departments, or free clinics.

✓ Conduct outreach in locations where underserved populations access social services, such as WIC offices.

✓ Conduct outreach in locations where underserved populations spend time, such as laundromats, recreation centers, work sites, grocery stores, food pantries, soup kitchens, or libraries.

✓ Conduct outreach in locations where underserved populations live, such as migrant camps, public housing, Single Room Occupancy (SRO) hotels, shelters, or under bridges.

✓ Conduct outreach at times convenient for underserved populations, such as evenings or weekends.

✓ Plan outreach activities in conjunction with property owners, growers, crew leaders, or housing managers when possible.

✓ Develop and observe protocols regarding safety while conducting outreach, such as conducting outreach in pairs.

✓ While performing outreach activities, respect people’s personal boundaries and space. Keep in mind that what is technically considered public space is personal space to some individuals.

B2. Advocacy: The Outreach Program will advocate on behalf of underserved populations to ensure culturally competent, quality health care.

Strategies:

✓ Document the unique health conditions, beliefs, practices, behaviors, and other factors impacting the health and well-being of underserved populations. Communicate these issues within the organization and at the local, state and national levels.

✓ Help build internal capacity to address the needs of underserved populations. For example, host internal trainings, brown bag lunches, or write articles for an internal newsletter.

✓ Evaluate current health and social service delivery systems. Make suggestions to improve access among underserved populations.

✓ Assist with the development and improvement of information systems that document experiences, health outcomes, and continuity of care issues for underserved populations.

✓ Identify new population trends and specific interventions to address them.
✓ Educate the community at large about the challenges, needs, and unique contributions made by marginalized communities.

✓ Talk to members and leaders of underserved communities to learn important health needs and issues. Actively engage underserved communities in developing and carrying out advocacy efforts.

✓ Develop leadership among underserved populations. Educate underserved populations about the importance of advocacy and encourage participation in advocacy efforts.

✓ Lead or participate in coalitions or other community initiatives to advocate for policies, systems, and environmental changes that will positively impact underserved populations.

B3. Community Collaboration: The Outreach Program will work to build strong partnerships with and among health and social service organizations frequently accessed by underserved populations.

Strategies:

✓ Educate other health and social service agencies about services available to underserved populations.

✓ Foster positive relationships between the health delivery system, other social service organizations, and underserved populations.

✓ Initiate and engage in joint outreach activities with other health and social service providers.

✓ Promote and/or coordinate large-scale community events such as health fairs.

✓ Create community awareness about the lifestyles, contributions, and needs of underserved populations. Offer presentations and other learning opportunities to other community organizations that interact with these populations, such as local businesses, faith-based organizations, etc.

✓ Build strong relationships with leaders among underserved populations. Broker relationships between these leaders and the health and social service delivery system.

✓ Host or attend relevant conferences. Conduct workshops or trainings for other health and social service providers on effective approaches to providing services to underserved populations.

C. PROGRAM-FOCUSED GUIDELINES

This guideline concentrates on what Outreach Programs can do to ensure outreach efforts are efficient and effective. Outreach Programs can maximize their resources and their impact by integrating outreach efforts with the administrative and clinical priorities of the health center, conducting comprehensive planning processes, and documenting and evaluating outreach activities.

Program Planning and Evaluation: The Outreach Program will consistently participate in outreach planning, document its activities and measure the outcomes of services provided.

Strategies:

✓ Create an outreach program plan that outlines goals, objectives, activities, responsible parties, timelines, expected outcomes, and data collection methods. Use the plan to guide and drive the outreach program.

✓ Link outreach program plan goals and objectives to organizational goals and objectives. Be sure any outreach activities support the overall goals of the organization.
✓ Include all outreach program staff in the outreach planning process to ensure adequate buy-in and support.

✓ Share the outreach program plan with administrators to ensure transparency and garner support.

✓ Participate in trainings on documenting and evaluating outreach activities.

✓ Based on the outreach program plan, clearly identify what information is needed to adequately evaluate outreach activities.

✓ Collect data using methods that are appropriate to the population and feasible given staff time, resources, and expertise.

✓ Use or adapt pre-existing data collection tools whenever possible, such as encounter forms and patient satisfaction surveys.

✓ Include a timeline in the outreach program plan for processing and sharing the data collected.

✓ Share results with the community to demonstrate success and raise awareness of relevant needs and issues.

✓ Use results of data collection efforts to make improvements and updates to existing practices and programs. Incorporate results into the outreach program planning process.

✓ When appropriate, document outreach activities and information gathered during outreach in electronic medical records.
ACKNOWLEDGEMENTS

National Partners

Health Outreach Partners is grateful for the close collaboration of its National Cooperative Agreement Partners. The following individuals provided invaluable input and vision to the Guidelines project. They recruited colleagues representing diverse underserved populations to serve as Advisory Panel members. They reviewed and provided thoughtful feedback into multiple drafts of the Guidelines. And they supported and continue to support the promotion of strong, sustainable outreach programs in community health organizations across the country.

► Joe D. Gallegos, MBA
Senior Vice President for Western Operations
National Association of Community Health Centers
www.nachc.com

► Colleen Reinert, MPH
Senior Managing Director
Migrant Health Promotion
www.migranthealth.org

► June Kim, MPH
Program Director of Technical Assistance
Association of Asian Pacific Community Health Organizations
www.aapcho.org

► Katy Valesky, MSSW
Consumer Advocate
National Health Care for the Homeless Council
www.nhchc.org

► Yvette Ramirez Ammerman
Associate Director, Western Operations
National Association of Community Health Centers
www.nachc.com
Advisory Panel Members

A key feature of the National Outreach Guidelines is that they reflect the first-hand perspectives of professionals from community health centers and other organizations across the country that work tirelessly on behalf of underserved populations. The following individuals contributed their time, talents and invaluable perspectives to this project. Thanks to their contributions, the National Outreach Guidelines are grounded in true community needs and real-world service delivery opportunities and challenges. Health Outreach Partners and its national partners extend our deep appreciation to:

Pamela Aguilar
National CHR PCC
Training Coordinator
Data Network Corporation/Indian Health Service
Reston, VA

Leo Gaeta
Program Director
Columbia Basin Health Association
Othello, WA

Sarah Noonan
Deputy Director
Westside Family Healthcare
Wilmington, DE

David S. Buck
President
Healthcare for the Homeless-Houston
Houston, TX

Randle Loeb
Board Member
Metro Denver Homeless Initiative
Denver, CO

Jim O’Connell
President
Boston Health Care for the Homeless Program
Boston, MA

Michael Byun
Executive Director
Asian Services In Action
Cleveland, OH

Harvey Makadon
Director
National LGBT Health Education Center
Boston, MA

Merina Sapolu
Health Educator
Kokua Kalihi Valley
Honolulu, HI

Elizabeth Charles
Enabling Services Coordinator
Maine Migrant Health Program
Augusta, ME

Michael McKee
Clinic Operations & Health Services Director
International Community Health Services
Seattle, WA

Lynn D Sherman
Chief Financial Officer
Charles B. Wang Community Health Center
New York, NY

Kamahanahokulani Farrar
Board Member
Waianae Coast Comprehensive Health Center
Waianae, HI

René Meave
Outreach Educator
InterCare
Bangor, MI

Mary Stewart
Community Health Outreach Coordinator
Health Care for the Homeless, Inc. Baltimore
Baltimore, MD

Maria Lourdes Fernandez
Program Coordinator/ Promotora
Arizona Prevention Resource Center
University of Arizona
Tucson, AZ

Julie Nelson
Associate Director of Outreach, Benefits, and Entitlements
Heartland Health Outreach
Chicago, IL

Astril Webb
Director, Health & Family Services
North American Management
Alexandria, VA