# Outreach Across Populations

## 2013 National Needs Assessment of Health Outreach Programs

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Health Outreach Partners
ADVANCING GRASSROOTS COMMUNITY HEALTH MODELS | WWW.OUTREACH-PARTNERS.ORG

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*Cover image taken by Diana Lieu, Health Outreach Partners*

# Introduction

In late 2012 and early 2013, Health Outreach Partners (HOP) conducted its fifth national needs assessment. Previously, the purpose of HOP's needs assessments had been to fulfill the need in the migrant health community for high-quality, national data on farmworker health outreach programs. Recognizing that migrant health grantees[1] also serve a variety of other populations, HOP expanded the scope of this needs assessment and gathered data on all underserved populations served by health outreach programs at Community Health Centers and other Health Center Program grantees[2] across the United States. HOP intends to increase the understanding about how underserved populations are currently being reached, as well as what more can be accomplished to improve health access and decrease health disparities.

Underserved populations refer to those individuals that face social, economic and cultural barriers to accessing health care services. For the purposes of this report, they include, but are not limited to, low-income populations, the uninsured, immigrants, those with limited English proficiency (LEP), migrant and seasonal farmworkers (MSFW), people experiencing homelessness, the lesbian, gay, bisexual, transgender and queer (LGBTQ) community, public housing residents, Native Hawaiians, Asian & Pacific Islanders (API), veterans, the elderly, children in schools, and people with disabilities.

The following is a synopsis of the national needs assessment, including a description of the research methodology, key findings, and HOP's next steps for responding to the specific needs identified.

[1] In this document, unless otherwise noted, the term "grantee" is used to refer to organizations that receive 330(g) grants to serve migrant and seasonal farmworkers under the Health Center Program as authorized under section 330 of the Public Health Service Act, as amended.

[2] In this document, unless otherwise noted, the term "health center" is used to refer to organizations that receive grants under the Health Center Program as authorized under section 330 of the Public Health Service Act, as amended. It does not refer to FQHC Look-Alikes or clinics that are sponsored by tribal or Urban Indian Health Organizations, except for those that receive Health Center Program grants.

# Methodology

HOP gathered national data about communiy health outreach programs through both quantitative and qualitative methods, which included: 1) an online survey; 2) telephone interviews; 3) online focus groups; and 4) a review of secondary data.

- An **online survey** was administered to 157 health center grantees; 104 health outreach professionals (one per organization) participated in the survey, achieving an overall response rate of 66%. The core themes of the online survey included: 1) organizational information; 2) patient populations served; 3) the structure of outreach programs; 4) organizational integration; 5) barriers to accessing services; 6) fear and discrimination; 7) transportation; 8) health education; 9) outreach and enrollment; and 10) challenges and needs.

- **Telephone interviews** were conducted with 12 individuals from a cross section of health centers and organizations serving various underserved populations. All participants were members of HOP's National Outreach Guidelines (NOG) Advisory Panel.[3] The core themes included: 1) the role of outreach; 2) effective outreach strategies; 3) enrollment and eligibility; 4) health care reform; and 5) program needs.

- Three online **focus groups** were conducted with a total of 19 representatives from State and Regional Primary Care Associations (S/RPCAs) throughout the country. The core themes included: 1) the role of outreach; 2) HRSA-designated Special Populations[4]; 3) Patient-Centered Medical Homes (PCMH); and 4) challenges and needs of PCAs and health centers.

- A review was conducted of **secondary data** on certain Special Populations, specifically migrant and seasonal farmworkers, people experiencing homelessness, and public housing residents. The purpose of the review was to understand the socioeconomic context and health concerns and needs of these three populations, as well as to identify barriers to health care services. In addition, secondary data was used to understand the experiences of immigrants in obtaining public health insurance benefits.

Migrant Clinicians Network's Institutional Review Board (IRB) approved the study design, the instruments, and the corresponding informed consent documents used with each data collection method. Qualitative data from focus groups and telephone interviews were entered and analyzed in ATLAS.ti version 5.5, a qualitative data analysis software package. Quantitative data from the online survey were analyzed in SurveyMonkey and MS Office Excel 2007.

[3] In 2012, HOP collaborated with four national partner organizations and an Advisory Panel that represented a cross-section of community health centers and community-based organizations to develop the current National Outreach Guidelines for Underserved Populations.

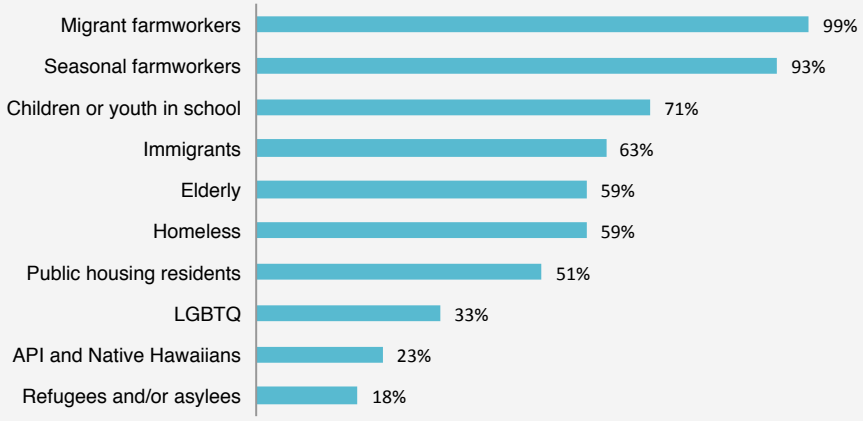
[4] Certain community health centers receive additional federal funding to serve specific special populations, prescribed under section 330 subsection g,h,and e of the Public Health Services Act as migrant and seasonal farmworkers and their families, individuals and families experiencing homelessness, and residents in public housing.

# *Findings*

## Part I. Underserved Populations

All respondents to the online survey were from organizations that receive specific funding to serve migrant and seasonal farmworkers. Through the needs assessment, HOP found that these programs also serve a variety of other underserved populations, including children or youth in schools (71%), immigrants (63%), people experiencing homelessness (59%), the elderly (59%), public housing residents (52%), LGBTQ populations (33%), Native Hawaiians, and/or Pacific Islanders (23%) and to refugees and/or asylees (18%).

**To which population(s) does your organization provide outreach services? (n=88)**

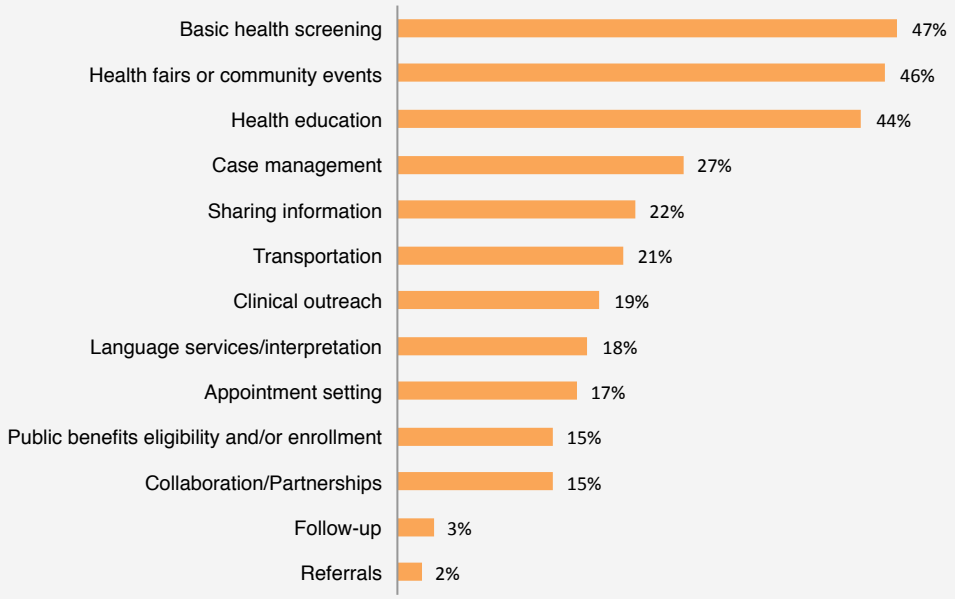



Underserved populations are at a high risk for poor health and show significantly worse health outcomes than the general population. At the same time, they face enormous barriers to accessing health care and social services. For underserved populations served by grantees, the top barriers to accessing health care services include the cost of health services (57%), lack of transportation (52%), lack of knowledge about available services (47%), and lack of insurance (44%). Fear and discrimination also impact farmworkers and immigrants seeking access to health care services.

# Part II: The State Of Outreach Programs

HOP's needs assessment illustrates the key activities of migrant health outreach programs across the country. The majority of grantees provide both health education (92%) and case management (79%) through outreach. Overall, the most frequently provided outreach services include basic health screenings (47%), participating in health fairs or community events (46%), and health education (44%). Grantees learn about the health needs of patients through general communication (64%), patient data (49%), communication with other service providers (35%), and observations (35%). The most frequently collected data includes demographic information (84%), clinical data (64%) and health care needs (55%). Patients' satisfaction with outreach services (33%), the effectiveness of outreach services (29%), and health beliefs (18%) were the least frequently collected data.

**We recognize that there are a variety of outreach services that organizations provide. Please select your organization's three most frequently provided outreach services. (n=89)**

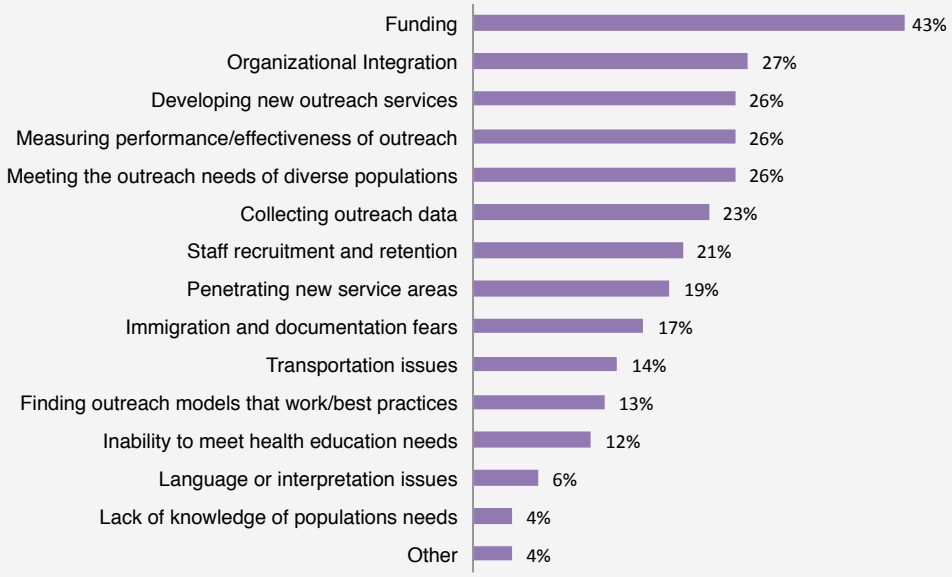



The needs assessment also illustrates strategies for consideration when designing, strengthening, and implementing effective outreach programs that serve underserved populations. S/RPCAs identified four main roles of outreach, including 1) creating linkages between the health center and the community; 2) increasing awareness about available services; 3) connecting with mobile populations; and 4) managing needs and addressing barriers to care. NOG Advisory Panel members

highlighted effective outreach practices across populations. They noted that each group has specific characteristics and needs that are unique to them, and that outreach practices need to be designed around the context and needs of specific groups. A one-size-fits-all approach will not likely be effective across underserved populations. S/RPCAs also identified trends for serving underserved populations, including the changing characteristics and definitions of populations and emerging areas of interest among health centers, such as workforce development and integrating trauma-informed care into primary care services.

Many challenges still exist for outreach programs, including securing funding (43%) and achieving organizational integration (27%). One-fourth of grantees also experience challenges developing new outreach services, measuring the effectiveness of outreach, and meeting the outreach needs of diverse populations. S/RPCAs shared challenges that health centers in their regions encounter. Four common themes emerged, including how to: 1) increase the support for outreach services from health center decision-makers; 2) demonstrate the financial value of outreach activities; 3) integrate different initiatives into the overall health center operations; and 4) achieve Patient-Centered Medical Home (PCMH) recognition while serving mobile populations.

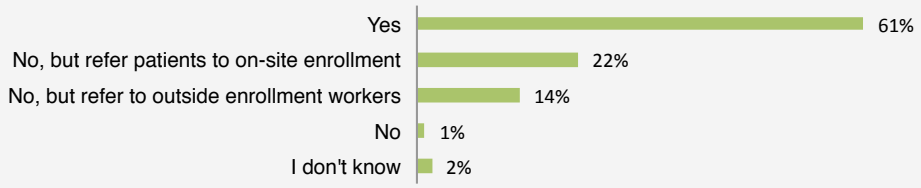
**Please select the three top challenges your organization faces in providing outreach services (n=77)**



# Part III: Outreach, Enrollment and the Affordable Care Act (ACA)

Many eligible individuals and families face challenges enrolling in public health insurance due to immigration-related fears, complicated application processes, language and literacy needs, stigma, misconceptions about eligibility, belonging to a mobile population, and staff knowledge and competency. Sixty-seven percent of grantees surveyed provide outreach and education about public health insurance programs. Sixty-one percent provide application assistance through their outreach program, while another 22% refer patients to enrollment workers at their organization, and 14% refer patients to enrollment workers outside of the organization.

**Does your outreach program provide public health insurance (Medicaid, CHIP, etc) eligibility and/or enrollment assistance? (n=87)**




The Patient Protection and Affordable Care Act (ACA) will likely bring significant changes to health centers and other CBOs doing outreach and enrollment work, as well as to the populations they serve. Respondents reported they expect most of the homeless population will be eligible for public health insurance, although many migrant and seasonal farmworkers will remain ineligible. As the rollout of health insurance marketplaces and Medicaid expansion approaches, respondents expressed the need to strengthen outreach and enrollment programs, as well as gain a better understanding of how the changes will affect their particular states.

Many health centers are still uncertain of the full impact the ACA will have on their work, but recognize that outreach programs will be important in enrolling and retaining eligible populations. Outreach programs will also remain critical in supporting populations who remain ineligible for public health insurance coverage.

# Recommendations and Next Steps

HOP conducted this needs assessment to understand how outreach programs across the country are currently working to facilitate meaningful health care access for underserved populations and how programs can best be supported in these efforts. These data can provide valuable insights and actionable priorities for multiple constituencies, including health center administrators, staff, and outreach programs.

## Recommendations for Community and Migrant Health Centers:

- **Expand non-traditional partnerships that specifically address the complex nature of the social determinants of health:** Health center program grantees serve a patient population with multiple, complex needs. The economic and social realities of health center patients – the "social determinants of health" – often require that health centers collaborate with traditional and non-traditional community partners to truly engage individuals in improving their own health and quality of life. For example, collaborating with reduced-cost school lunch programs to enhance affordable health insurance outreach and enrollment efforts among school-based children, or collaborating with trusted legal aid organizations to address fear and discrimination among farmworkers and immigrant populations could produce very real results for patients. These collaborations can lead to increased access to underserved populations, shared resources, and promotion to a broader audience, while addressing important social issues that impact health outcomes.
- **Restructure data collection methods to track both the short-term and long-term impact of outreach services:** Many outreach programs already collect patient data, but as evidenced through HOP's needs assessment, they least frequently collect data related to the effectiveness and impact of outreach services. Health centers can prioritize collecting and analyzing the amount of time all staff spend providing outreach and enabling services in order to capture both the short term impact as well as long term trends. At the same time, they can also gather a body of evidence regarding the health outcomes of patients receiving outreach services in order to show the effectiveness of these services.
- **Engage in health care reform workgroups at the local, state and national level in order to understand and respond to new trends among underserved populations:** Outreach programs can join or create workgroups to educate and learn from others regarding changes to the health care system and the ramifications for their communities. A workgroup can serve as a forum to establish an ongoing discussion about the challenges and needs of the newly eligible and enrolled population, support the development of new health messages, and share strategies for serving those remaining uninsured populations. Health centers have the opportunity to share important lessons learned by conveying information about the local impacts of health care reform to others in their states and across the country.
- **Increase leadership commitment to outreach and enabling services:** HOP's needs assessment demonstrated that a lack of support from health center leaders was one of the biggest challenges facing outreach programs. In order to be successful and financially sustainable, outreach programs need support, buy-in and commitment from health center leaders. Health center leaders can provide support and generate maximum impact from outreach programs by prioritizing the full integration of outreach into the health centers' goals and priorities, including outreach directors in the leadership or senior managerial team, and using outreach data in decision-making processes.

## Next Steps for Health Outreach Partners:

- **Disseminate relevant findings to key stakeholders:** HOP will share key findings and suggested recommendations at community and public health conferences, with relevant national advisory and policy councils, through issue briefs disseminated through HOP's publications and/or electronic portals, and partner websites and publications.
- **Broaden dissemination of effective outreach practices for underserved populations:** The majority of respondents reported providing outreach services to an array of underserved populations. Moreover, respondents emphasized that a one-size-fits-all approach to outreach is not effective. HOP will continue its two- tiered approach of developing and providing broader and overarching outreach models, methodologies, and curricula, while ensuring that its training and technical assistance service are focused and customized to effectively respond to the underserved populations specific to each health center outreach program.
- **Facilitate discussions across the community health sector about how to strengthen outreach for underserved populations:** The rapidly changing healthcare landscape highlights the value of and need for outreach more than ever. Training for the outreach workforce is necessary, but not sufficient. HOP will also engage health center administrators, Primary Care Associations, funders, policy makers, and others in order to promote effective community health outreach models.
- **Provide training and technical assistance on developing and monitoring business and return on investment outreach metrics for health centers:** Needs assessment respondents emphasized the need for upper management support of outreach. HOP has developed a strategic framework and toolkit that focuses on the financial and other benefits of outreach to health centers. In the coming year, HOP will provide training and technical assistance to help health centers on how to apply the framework to their own programs.
- **Expand training and technical assistance to include a focus on both effective enrollment strategies into affordable health insurance and outreach strategies to ensure access to care for those newly insured and those that will remain uninsured:** There is a pressing need to expand outreach, education, and enrollment assistance activities that address the unique needs, barriers, and fears of newly eligible populations in local communities. At the same time, there is a need to develop outreach strategies focusing on increasing access to health care services for those ineligible for coverage. HOP has expanded its outreach and enrollment training and technical assistance to include providing Training of Trainer opportunities on affordable health insurance outreach. HOP will also develop content and resources to support outreach programs in their current and future work to increase access to health care services to underserved populations.

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