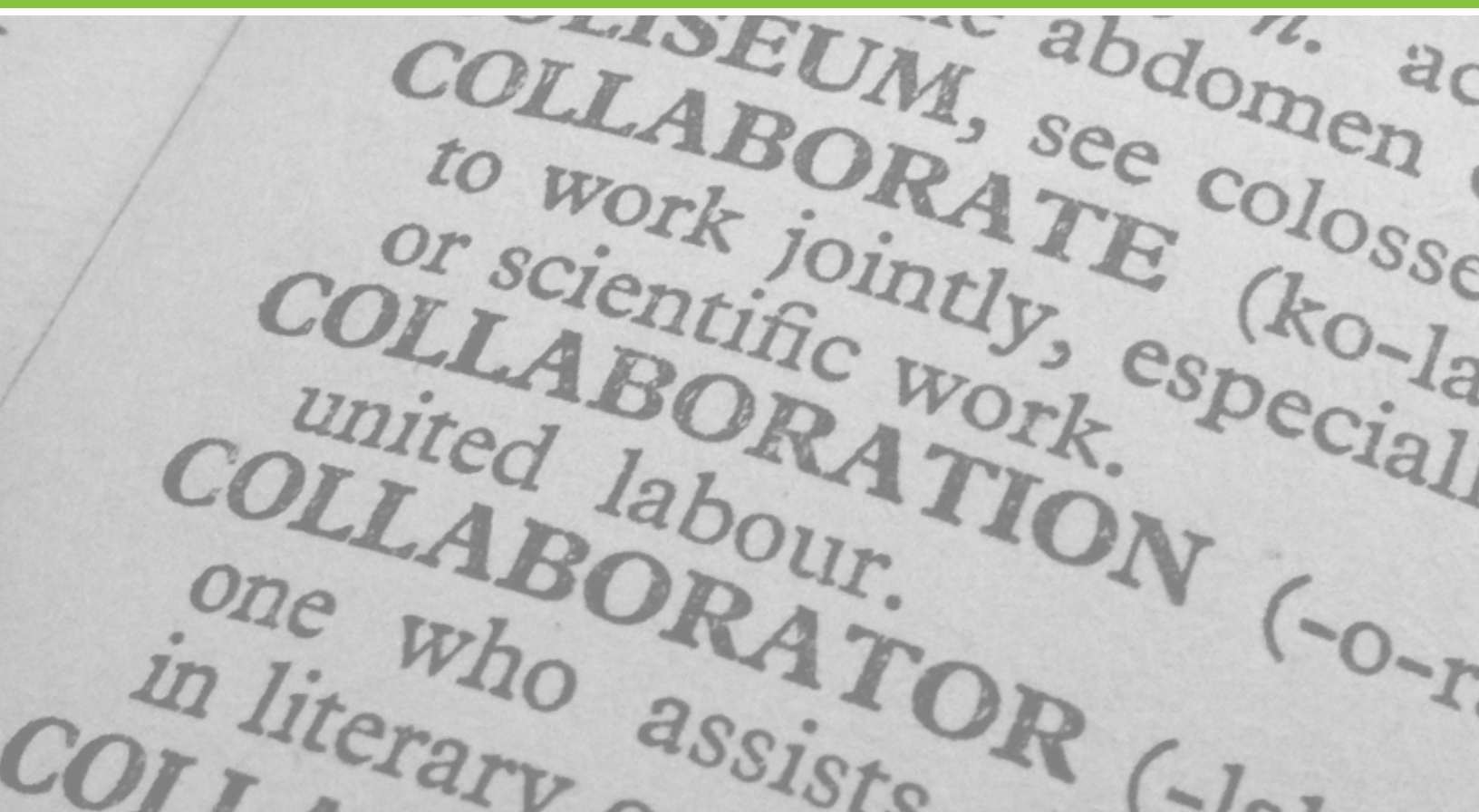


# Working Better Together

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## 2015 Assessment of Outreach Training & Technical Assistance Needs

ISSUED JUNE 2015



Health  
Outreach  
Partners

HEALTHY PEOPLE. EQUITABLE COMMUNITIES.

Health Outreach Partners (HOP) wishes to thank the following people and organizations for their contributions to this report:

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# Introduction

Over a three-year time period (2014-2017), Health Outreach Partners (HOP) will be assessing the outreach-related training and technical assistance (T/TA) needs of health centers<sup>1</sup> with regards to serving underserved populations. Underserved populations refer to those individuals that face social, economic, and cultural barriers to accessing health care services. Certain health centers receive additional federal funding to serve specific special populations.<sup>2</sup>

HOP intends to use the findings to increase the understanding of the needs of health centers serving special populations and encourage a stronger approach to meaningful outreach-related T/TA provision. Across all three years, HOP will be using the following research question to guide data collection:

*“How can HOP best support health centers to have responsive, effective, integrated, and sustainable outreach programs?”*

The following is a synopsis of the research methodology, key findings, and recommendations for responding to the specific needs identified.

## Methodology

HOP gathered national data through both quantitative and qualitative methods, which included: 1) an online survey and 2) online focus groups. Migrant Clinicians Network’s Institutional Review Board (IRB) approved the study design, the instruments, and the corresponding informed consent documents used. In February 2015, HOP compiled a list of approximately 100 representatives from State and Regional Primary Care Associations (PCAs) and announced the focus groups through email. Interested individuals registered through an online survey, and were selected to participate depending on their availability for the selected focus group dates and times.

- A total of 31 PCA representatives from 28 different states completed the **online survey**. The online survey topics included: 1) Your Role, 2) Health Center Engagement, and 3) Trends and Challenges.
- In March 2015, a total of 25 PCA representatives participated in three, 90-minute **online focus groups**. Two focus groups were conducted with Special Populations Points of Contact (SPPOC),<sup>3</sup> and one focus group was conducted with Outreach and Enrollment (O/E) Program Contacts. The focus group topics included: 1) Your Role; 2) Training and Technical Assistance Services (T/TA); (3) Challenges and Needs; (4) Health Center Engagement; and (5) Closing.

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<sup>1</sup> In this document, unless otherwise noted, the terms “health center” or “health center program grantee” are 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.

<sup>2</sup> Special populations are defined under section 330 subsection g,h,and i of the Public Health Services Act as migratory and seasonal agricultural workers and their families, individuals and families experiencing homelessness, and residents of public housing.

<sup>3</sup> Every PCA is expected to develop T/TA strategies for addressing the unique health needs and barriers to care for special populations in their state or region including identifying a Special Populations Point of Contact, as appropriate, whose role is to serve as a link to health centers, PCAs, NCAs, and the BPHC. Available at <http://www.hrsa.gov/grants/apply/assistance/pca/pcaguide2012-2013.pdf>.

# Findings

The findings below are organized into four themes. The first theme, “The Role of Special Populations Points of Contact,” includes data from the two focus groups held with SPPOC. The second theme, “The State of Outreach and Enrollment Efforts at PCAs,” includes data from the one focus group held with Outreach and Enrollment Program Managers or Coordinators. The third theme, “Understanding and Supporting Outreach Programs,” and fourth theme, “Working with Training and Technical Assistance Providers,” include data from all three focus groups.

## 1. The Role of Special Population Points of Contact

Special Populations Points of Contact (SPPOC) work with health centers to understand and respond to the needs of special populations. SPPOC have varying levels and years of experience, both in terms of their career as well as their role as SPPOC. All focus group participants had other roles and responsibilities outside of being the SPPOC at their organization. Their other roles vary and include Director of Clinical and Quality Programs, Director of Community Development and Financial Services, and Outreach and Enrollment Project Manager.

- **Focus group participants generally agreed that their role as SPPOC is to build an awareness and understanding of special populations within their PCA and their members through filtering and distributing relevant information.**



- **SPPOCs expressed feeling restricted to focusing their efforts on designated “special populations” as defined by the Public Health Services Act, even though there is a need to provide T/TA on all vulnerable populations served by health centers.**

*“..the way that we, at least many of us on staff, think about health centers serving special populations as these separate things... but that’s an artificial distinction created by the Public Health Act. But in reality, it looks different.”*

*“There’s so many other vulnerable populations that health centers serve that don’t necessarily fit into one of those categories. In many ways it’s challenging enough just to be able to know the different needs within those three populations and the resources that exist to better serve those populations... It can be somewhat challenging and feeling a little bit conflicted in terms of what exactly does it mean to be a SPPOC.”*

- **Focus group participants reported that special population grantees have similar T/TA needs to other health center program grantees.**

*“They’re not just special populations grantees, they are community health centers, a lot of the training and technical assistance we offer to health centers is uniform...it’s applicable to health centers across the board.”*

*“Mainly the special populations sites aren’t that different from others in terms of, they need recruitment, we help them with recruitment, they need help with their grants, so we help them find information for their grants.”*

- **Focusing on the needs of special populations is a challenge given that there are many competing priorities at health centers, such as achieving PCMH recognition, meaningful use, and the implications of the Affordable Care Act (ACA).**

- **PCAs frequently assess their health center members, but there is a varying degree of confidence regarding how effective these assessments are at capturing the needs of health centers and the populations they serve.**

*“I don’t totally trust that health centers say that they don’t need special pops training or cultural competency training. Most of the time they really do need it, it’s just not an internal priority.”*

*“...Health centers have ideas of things that they need, or ideas of things that they think PCAs should be doing, and I think sometimes it builds some frustration because the PCAs aren’t doing those things, but a lot of time we aren’t doing those things because we don’t know there is a need.”*

## 2. The State of Outreach & Enrollment Efforts at PCAs

Beginning in 2013, health centers and PCAs expanded their outreach and enrollment efforts. They experienced much uncertainty and expressed a need for T/TA around finding and enrolling consumers into the new health insurance marketplaces. After two cycles of open enrollment, health centers have fewer technical application assistance needs, and the landscape of outreach and enrollment T/TA has changed.

- **Outreach and enrollment T/TA in the current landscape is largely focused around (1) outreach and enrollment best practices; (2) immigration-related concerns; (3) tax-related questions; and (4) advocacy.**

*“We’re kinda in the midst of this shift...the whole air about O/E has changed completely. At this point, we are hearing what’s trickling up from the ground level but it’s going to require advocacy...and our T/TA delivery has actually ramped down quite a bit because our folks have so many support systems built in.”*

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*“[We are doing] anything we can do to help repurpose those CACs because they are such a critical resource and we would hate to see them not stay on board as staffers.”*

- **PCAs reported three ways that health centers use outreach and enrollment staff outside of open enrollment periods: (1) keeping them in their same role of providing enrollment and renewal assistance; (2) transitioning them into a different role, such as a Community Health Worker (CHW), front desk, or billing position; and (3) eliminating their positions.**
- **PCAs are encouraging health centers to retain outreach and enrollment staff in their current roles or transitioning them into a different role because losing knowledgeable and capacitated O/E staff is a major challenge to maintaining effective outreach and enrollment programs.**

*“...high turnover is a nightmare.”*

*“[We are doing] anything we can do to help repurpose those CACs because they are such a critical resource and we would hate to see them not stay on board as staffers.”*

### 3. Understanding & Supporting Outreach Programs

HOP defines outreach as the process of improving people’s quality of life by facilitating access to quality health care and social services, providing health education, bringing linguistically and culturally responsive health care directly to the community, helping people to become equal partners in their health care, and increasing the community’s awareness of the presence of underserved populations.

Health centers and PCAs across the country define and understand the role and the value of outreach differently. Sometimes outreach is understood narrowly and is not valued as a core health center service. Other times, “enabling services” is used as a catch-all term that includes outreach, but the definition and provision of enabling services varies considerably. While some PCAs are not providing outreach-related support to health centers, others are looking for avenues to promote and sustain outreach programs.

- **Since the national focus on enrolling people into health insurance started in 2013, the term outreach in the health center world has become synonymous with outreach and enrollment efforts.**



- **Outreach and enrollment efforts are usually seen as separate from, rather than integrated with, other outreach and enabling services offered at health centers.**

*“Until outreach and the enabling services more generally are seen as a ‘core’ service—similar to the clinical care, to behavioral health, to the vision screenings, the PCMH, all the requirements that health centers have—outreach and enabling services [will not be] featured as prominently.”*

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*“To outreach to more people when they don’t have the appointments available is an issue.”*

- **The common view of outreach as just a way to recruit new patients is problematic for health centers that are at capacity with limited or no appointments available.**

*“You are talking outreach to these populations, but community health centers are pretty much slammed all the time. So, for them, to outreach to more people when they don’t have the appointments available is an issue. If you outreach to all these populations, when are you going to find the time to see them all?”*

- **PCAs are looking to payment reform and reimbursement for services provided by Community Health Workers (CHWs) as ways to address the lack of sustainable funding for outreach programs at health centers.**

*“We are having to sell this model in clinics that are already strapped for money and time and staff, so it’s tough to try and get them to do this extra. But we are trying to figure out ways to get them to capture this data so that we can go to the [state] capital and lobby... The advocacy piece and payment reform are huge for us right now.”*

## 4. Working with Training & Technical Assistance Providers

PCAs acknowledged working with a wide variety of T/TA providers to understand and respond to the needs of health centers. During the focus groups, participants were provided a list of all HRSA-funded National Cooperative Agreements (NCAs) to reference for the discussion. Participants provided suggestions for how NCAs can work more effectively together, with PCAs, and with health centers.

- **Focus group participants varied in their awareness of the 16 NCAs and expressed a lack of understanding of how NCAs operate as well as what services NCAs offer.**

*“...[more clarity] would go a really long way for our health centers and for us as a PCA to really understand the resources that are out there, but also to understand what the cost is.”*

- **PCAs often act as a “clearinghouse” for health center members, but given the abundance of information from NCAs and other TA providers, filtering through and prioritizing this information is a major challenge.**

*“If each of these entities were reaching out to me as sort of the point of contact for the PCA, I’m just not going to be able to weed through all these and their offerings. So if there were one concise way for the information to be delivered to the PCAs.”*

*“Making heads or tails out of all the various stakeholders, resources, regulations. It has definitely been like drinking water out of a fire hose.”*

- **NCAs can maximize their individual expertise and better serve PCAs and health centers by increasing collaborative efforts such as joint webinars and trainings, or developing resources together.**





*"[NCAs working together jointly] mirrors the health centers. There are so few health centers that are stand-alone just a health care for the homeless clinic or just a migrant health clinic. They are community health centers and they might have homeless, migrant, and public housing funding. The extent to which you all are able to bring your areas of expertise together jointly is really terrific."*

*"A lot of people are covering the same topics. I know it's their own slant on things, but it seems like we get a lot of queries about information for certain webinars that are taking place that are covering the same things that are being covered by many other organizations... It's overwhelming for the PCA and for a lot of the CHCs."*

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- **When NCAs provide direct T/TA to health centers, the degree to which PCAs want to be involved as a partner varies.**

*"When it's appropriate, to be engaging the PCAs whether in a state or in a region you may be working in, because I know all of the NCAs will provide training or on-site TA to health centers as well. So exploring those opportunities where the PCAs might be appropriate to be involved as a partner as well."*

*"Knowing how to connect [health centers] so they can get those resources directly will also help. Because we want to provide technical assistance, but we also want to make sure they are getting it from the place we can help them the most specific to the populations they are trying to reach."*

## *PCA Staff Motivations & Rewards*

SPPOC and those working on outreach and enrollment efforts acknowledge the rewards of their roles in addition to the challenges. Many report feeling fulfilled knowing that they are able to have a profound impact on the lives of the populations receiving care at health centers. According to one participant, "Health care is a right, not a privilege, and contributing to making that statement a reality for all Americans has been really rewarding."

Moreover, sharing this passion and working with like-minded individuals within PCAs and at health centers was also identified as a reward. Participants reported knowing that their coworkers and other T/TA providers are working together towards a common goal gives them motivation to continue their work. One participant noted that "thinking about really innovative ways that health centers can address the barriers that they have in working with special populations" was extremely important.

# Recommendations

## *For NCAs, PCAs, and HRSA To Strengthen Outreach-Related T/TA to Health Centers*

As part of this needs assessment, HOP conducted focus groups with PCA representatives to understand the needs of health centers serving special populations in order to develop a stronger approach to providing meaningful outreach-related T/TA. The focus group findings provide valuable insights and actionable priorities for multiple constituencies, including NCAs, PCAs, BPHC, and other T/TA providers. The following recommendations are based on the findings.

- **Expand ways that NCAs can collaborate and coordinate T/TA such as sharing relevant data, co-presenting workshops or trainings, offering joint webinars, and collaborating on developing resources.** Although many NCAs already collaborate on services they offer health centers, PCAs reported receiving an overabundance of webinar announcements and resources created separately by T/TA providers. Joint activities can reduce duplication and maximize individual NCA expertise, and NCAs can take increased steps to streamline information to PCAs and health centers.
- **Improve communication about NCA offerings and resources to PCAs and health centers.** Focus group participants expressed a lack of understanding of how NCAs operate as well as what services NCAs offer. Regular and targeted communication to PCAs and health centers could include what it means to be an NCA, who each NCA is, how they can help PCAs, and what they can offer to health centers, including steps on how to access resources and services and the associated costs involved.
- **Promote a shared understanding of outreach and its value, with the aim of outreach being seen as a core service of health centers.** Outreach programs provide a host of enabling services including health education, case management, interpretation, and transportation. Despite this, the full function and financial impact of outreach services are not well documented or understood. Increased T/TA and advocacy across NCAs is needed to highlight the crucial role of outreach, in both meeting the needs of special and underserved populations and impacting health center revenues.
- **Identify and clarify the role that outreach and enrollment staff should play between open enrollment periods.** Health centers across the country are using outreach and enrollment staff and resources in different ways, including eliminating these positions once open enrollment ends. Health centers should be encouraged to retain outreach and enrollment staff who can focus on continued eligibility and enrollment efforts as well as on patient engagement, health care utilization, and community and staff trainings.



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