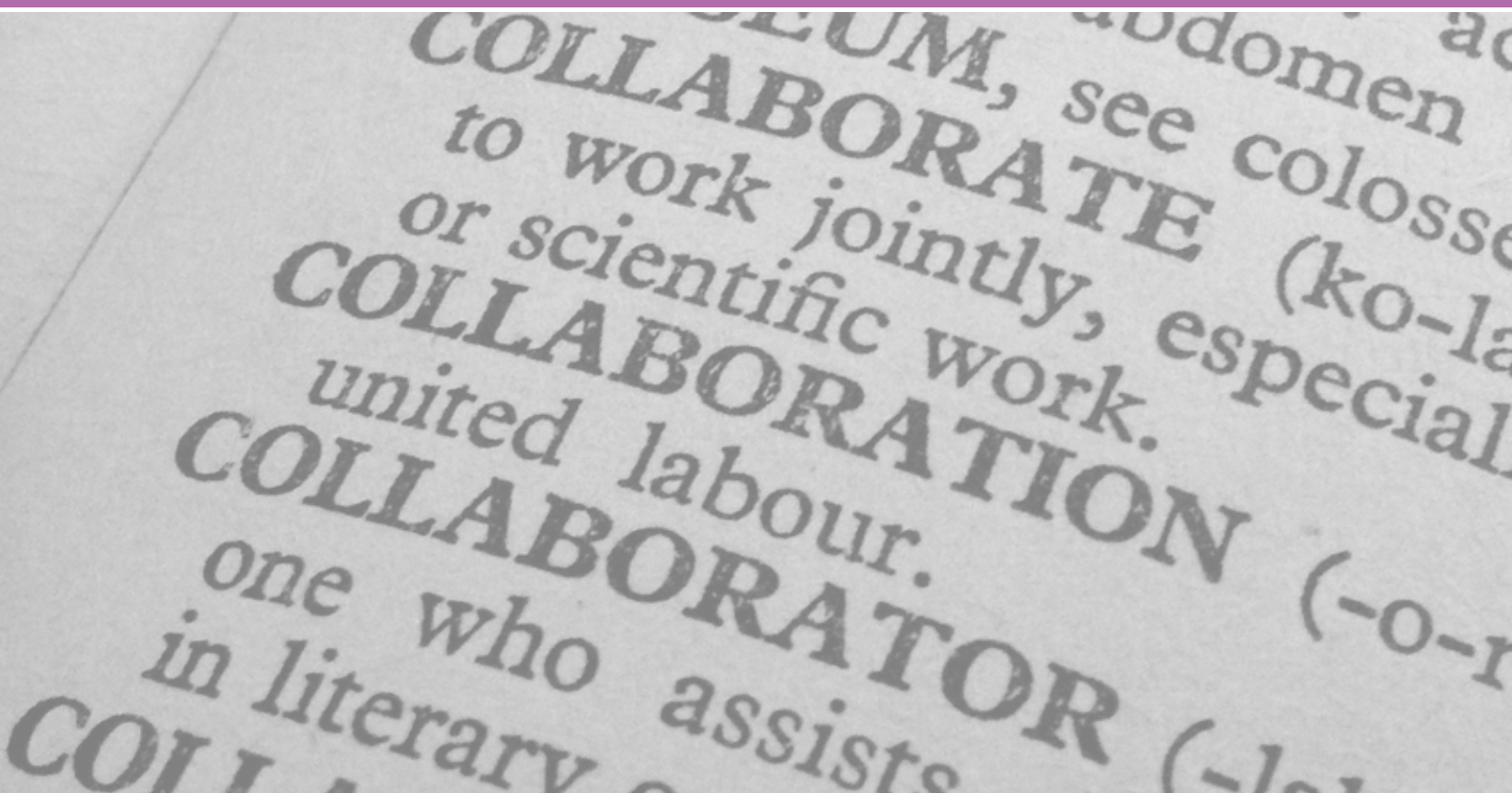


# Working Better Together

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## Year Two Assessment of Health Outreach Programs

ISSUED FEBURARY 2016



HEALTHY PEOPLE. EQUITABLE COMMUNITIES.

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

Institutional Review Board at Migrant Clinicians Network;  
All individuals with whom we piloted the data collection tools;  
Staff at Federally Qualified Health Centers who participated in the online focus groups.

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# Introduction

Over a three-year period (2014-2017), Health Outreach Partners (HOP) is assessing the outreach-related training and technical assistance (T/TA)<sup>1</sup> needs of health centers<sup>2</sup> with regards to serving underserved and special 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>3</sup>

HOP intends to use the project findings to better understand the present context of outreach staff and health centers in addition to their persisting needs in order to encourage an effective approach to meaningful outreach-related T/TA provision. Across all three years, HOP is 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 lessons learned and next steps for responding to the specific needs identified in year two. This report builds on the findings of HOP’s year one report, “Working Better Together: 2015 Assessment of Outreach Training and Technical Assistance Needs.”<sup>4</sup>

# Methodology

HOP gathered national data through both quantitative and qualitative methods, including 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 September 2015, HOP compiled a list of outreach and enabling services staff<sup>5</sup> at health centers that receive funding to serve special populations and announced the focus groups through email.

Interested individuals registered through an online survey, and HOP used the following criteria to select and include eligible individuals in the focus groups. Selected individuals 1) work for a health center, 2) either provide outreach services or supervise those who do, and 3) provide outreach services to farmworkers, people experiencing homelessness, or people living in public housing. Representatives from health centers that receive funding to serve special populations were prioritized for participation (see Appendix 3 on page 19 for information on health center funding sources for focus group participants).

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1 Training and Technical Assistance (T/TA) refers to education and support that address specific questions or challenges experienced by an individual or organization.

2 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.

3 Special populations are defined under section 330 subsections 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.

4 Data for the 2015 report were gathered through a series of online focus groups with both Outreach and Enrollment and Special Populations Point of Contact representatives at Primary Care Associations (PCAs). The report is available online at <http://outreach-partners.org/2015/06/30/national-needs-assessment/>.

5 Throughout the rest of this document, outreach and enabling services staff are referred to as “outreach staff.”

- In September 2015, a total of 64 outreach staff completed the online survey. For survey questions, see Appendix 1 on pages 14-16. For detailed information about survey respondents, see Appendix 2 on pages 17-18.
- In October 2015, a total of 33 outreach staff from 20 different states participated in four, 90-minute online focus groups. For an overview of the geographic dispersal of health centers represented by state in the focus groups, see Appendix 4 on page 20. The focus group topics included: 1) Your Role, 2) The Impacts of the Affordable Care Act, 3) Patient and Community Needs, 4) The Impacts of Outreach and Enabling Services, 5) Outreach Program Support, and 6) Rewards and Challenges. For focus groups questions, see Appendix 5 on pages 21-22.

## *Data Preparation and Analysis*

Data from the online survey were analyzed in SurveyMonkey. The HOP project team reviewed and analyzed the data from the focus groups to identify core themes and recurring topics. All data were considered when determining the findings as well as lessons learned and next steps presented in this summary report.

## *Findings*

The findings below are organized into four themes: 1) the importance of outreach and enabling services, 2) The Affordable Care Act (ACA) impacts and changes to health outreach programs, 3) understanding and responding to patient and community needs, and 4) opportunities for additional T/TA. Throughout the report, data and findings stem from both the online survey and the focus groups. Direct quotes from the focus groups are shown in italics.

### The Importance of Outreach and Enabling Services<sup>6</sup>

All health center program grantees are required to provide “enabling health services”<sup>7</sup> to address barriers to care. In the online survey, respondents indicated that the four most common challenges to accessing care at their organizations are 1) lack of transportation, 2) lack of knowledge about available services, 3) lack of insurance, and 4) cost of health services. HOP’s online survey data also illustrates how outreach staff help patients and community members access health care services. According to survey respondents, the four most frequently provided outreach services include 1) community-based outreach, 2) collaborations with other groups or organizations, 3) advocacy, and 4) eligibility assistance or enrollment into health insurance. There was consensus among focus group participants that these outreach and enabling services are invaluable to their communities, and that many people would be left with limited or no access to the healthcare system without them.

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<sup>6</sup> 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.” Throughout this document, the terms “outreach” and “outreach and enabling services” refer to this definition.

<sup>7</sup> HRSA Health Center Program Requirements. Available at <http://bphc.hrsa.gov/programrequirements/index.html>.

- **Outreach and enabling services 1) remove barriers to accessing care for underserved and marginalized populations, 2) increase awareness and use of preventive care services, and 3) help establish trust in the community.**

*“[Without outreach] the health center would soldier on, but with a different client base.”*

*“I don’t want to think about us not being here since we have become such an integral part—really expanding what the health center has always done as a part of our mission. Essentially, particularly going into year three with the Affordable Care Act...many individuals—and this is really something—have never consistently gone to the doctor at all. So helping them come to a mindset that is that preventive health is important and you have the option now through the Affordable Care Act of getting that is very, very important.”*

*“The outreach workers speak Spanish, Creole, English, and Patois. Recently a new group of farmworkers arrived from Jamaica. The group was unfamiliar with [our health center], but when the outreach worker spoke in their language [Patois], they lit up and began to trust the organization.”*

*“Our outreach has definitely been a benefit. I do know that with a hospital in one of our counties...I think that Medicaid expansion in the state has been a big factor, but their ER has seen a little over a five percent decrease in cases that really shouldn’t have been handled in the ER. Folks are going now through doctor’s offices, and so on and so forth. And they seem to be very pleased with that.”*

**Rewards of Providing Outreach and Enabling Services:**

- Hearing success stories
- Having personal connections with patients
- Getting people insured and into care
- Working with colleagues, including providers and other health center staff
- Feeling of doing something important

- **Outreach staff empower patients and community members who are unfamiliar with the healthcare system to better understand and navigate it.**

*“A lot of our patients would be lost [without our services].”*

*“[Without outreach] our patients would really be alone...we are not just a regular doctor’s office, we do a lot that doctors offices cannot do. [We offer] case management and it makes a difference in care continuity.”*

*“Sometimes people underestimate the impact of outreach. Outreach is so important, much more than people think...People that provide outreach have a passion for the people they serve, they think outside of the box and make things come together for the patient.”*

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*“People underestimate the impact of outreach. Outreach is so important... People that provide outreach have a passion for the people they serve, they think outside of the box and make things come together for the patient.”*

- **Eligibility and enrollment services help patients and community members who may not be able to complete an application on their own to obtain health insurance and get connected to other needed services.**

*“Without the center a lot of people who qualify for insurance would not enroll or even attempt to enroll because they would not be receiving the help they need to sign up.”*

## The ACA: Impacts and Changes to Health Outreach Programs

The ACA has brought significant changes for health centers and the populations they serve. The expansion of Medicaid in more than half of the states across the country, for example, has contributed to new patients accessing care at health centers for the first time. In addition, health centers are expanding their outreach programs to include health insurance enrollment. Focus group participants shared their perspectives on how the ACA and expanded health insurance options impact outreach efforts and activities at their health centers.

- **The ACA has had a positive impact on health centers including 1) the overall growth of outreach programs as a result of hiring new outreach and enrollment workers, 2) a diversification of health center patients in terms of payment sources, and 3) an increase in patient load.**

*“So not only did our number of patients grow but [also] our staff has, especially my enabling services staff, the size of that staff has exploded due to just increased demand...And we’ve actually had quite a few patients convert to our center just because they’ve had a pretty good experience with our outreach workers.”*

*“...we’ve been able to really significantly also increase the number of patients, [and] we’ve been able to increase or improve the payer mix so it’s impact is really very, very good for our clinics.”*

*“...in general, how it’s affected us is just bringing more patients in and having that revenue come into our health center versus having to use federal funds to pay for some of these visits.”*

*“The impact of the ACA at our health center has definitely increased our patient population. But at the same time we provide assistance, enrollment assistance to the general population. And when the general population comes in who are not our patients it makes them aware of what a community health center is. Some of them, you know, have elected to become patients, others we’re still extending to them that we have a number of different services that they are able to access.”*

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*“...we’ve been able to really significantly also increase the number of patients, [and] we’ve been able to increase or improve the payer mix so it’s impact is really very, very good for our clinics.”*



A school-based health center in Atlanta, Georgia provides primary care, behavioral health services, and health insurance enrollment assistance to parents.

- **Health centers in states that have not expanded Medicaid have experienced tremendous difficulty in engaging consumers and enrolling them into health insurance options. This is especially true for consumers falling into the Medicaid gap.**

*“Working around [the] Medicaid gap [is the most challenging part of the job, to] have consumers that walk in your office that really need health insurance and having to say this is what is going on, it’s really challenging and sometimes discouraging.”*

*“Before the implementation of the Affordable Care Act, we only had an outreach team of two and since then we’ve grown to a team of seven. So, but as far as our center goes, we have been able to enroll people in a Marketplace plan; however, we’re a non-Medicaid expansion state as well so there’s about a million people in the state who are left without coverage because they fall into that gap.”*

*“I’ve been with our organization for five years so I was there prior to the ACA, and we’ve seen a little bit of change, not really a whole lot. Like I said, we [are] a non-Medicaid expansion state and our FQHCs are primarily located in public housing developments, so a lot of our patients are very low-income and they fall in the Medicaid gap. So while we have seen quite a few other people in the community that are able to get insurance and now come and see us, we haven’t seen a huge surge like we had hoped of people getting covered.”*

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*“Working around [the] Medicaid gap [is the most challenging part of the job, to] have consumers that walk in your office that really need health insurance and having to say this is what is going on, it’s really challenging and sometimes discouraging.”*

*“...we’re still seeing quite a few people that don’t qualify for the health insurance offered through the ACA and aren’t covered by Medicaid because [our state has] chosen not to expand. So I would have to say that that’s the hardest part of our jobs is telling, you know, those people that kind of fall into that coverage gap, ‘I’m sorry but you don’t qualify for health insurance’.”*

- **Many outreach staff who only worked with farmworkers or people experiencing homelessness prior to the ACA are now seeing how other populations, like poor and rural families, and even the broader community benefit from outreach and enabling services.**

*“...historically our health center was a migrant outreach program so at the same time the Affordable Care Act came along we had started realizing that our other patients sometimes needed just as much help as our migrant patients, so we started opening up the department to help everybody.”*

*“...we find that [for] the rural poor and even the rural not-poor, the health care system is confusing so trying to get from a piece of paper with a referral to an appointment with a specialist in the city is sometimes daunting for the elderly as well. So we take them under our wing and we kind of teach them how to fend for themselves in the wild health care system.”*

- **When health centers retain outreach and enrollment staff between open enrollment periods, they 1) keep them in the same role of providing enrollment and renewal assistance, 2) increase their involvement with providing health insurance education and community awareness, and/or 3) transition them into a role of providing other outreach and enabling services such as interpretation, health education, and case management. However, some participants reported that their health centers eliminate these staff positions once open enrollment ends.**

*“And so during our slower periods, like after Open Enrollment is closed, we’ve been able to do outreach for the clinics in other ways by reaching patients who...haven’t been into the clinic for a while, or who have missed flu shots, or mammograms or things like that.”*

*“So because of the Affordable Care Act, we obviously were able to hire more staff to do just enrollment; however, when it’s not [open] enrollment—we did expand Medicaid in [my state] so we do enrollments whenever—but otherwise, when it’s not open enrollment, those staff, we use some of their time to go out and educate people about the health care law...So through that effort we obviously speak about the health center and the services that we offer, and raise awareness about who we are and what we do.”*

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*“During our slower periods, like after Open Enrollment is closed, we’ve been able to do outreach for the clinics in other ways by reaching patients who...haven’t been into the clinic for a while, or who have missed flu shots, or mammograms or things like that.”*



*“Our program has had a big focus on the concept of health insurance literacy, so part of our outreach has not only included helping people become oriented to the law and what they’re eligible for as far as coverage, but also for those who are enrolled, to really help them understand what health insurance means and how to use it effectively. What we see very often is that just because you’re insured doesn’t mean that that creates better access to health care if you don’t know how to use your coverage. So we’ve tried to [put] a big emphasis on helping people understand the terminology and the process to the health insurance.”*

*“In terms of staff utilization, I also have CACs at a few of our sites as well as the in-person counselors...But all of us are very well utilized throughout the year...We do ACA presentations, visibility events, education events, general outreach, and we also educate our employee population and re-educate them about the ACA.”*

## Understanding and Responding to Patient and Community Needs

In addition to providing outreach and enabling services, a health center program grantee is required to “demonstrate and document the needs of its target population.”<sup>8</sup> There are a myriad of ways outreach staff understand patient and community needs. Most respondents reported collecting some form of information about patients and community members, but not necessarily through a “formal” needs assessment of a specific target population.<sup>9</sup> In the online survey, 70 percent of respondents indicated that their approach to understanding the needs of the populations they serve through outreach is “effective” or “very effective,” while 30 percent of respondents indicated that their approach is “somewhat effective.” Focus group participants elaborated on what is effective about their approach as well as the challenges they face.

- **Central to understanding patient and community needs are collaboration and coordination activities, such as: conducting joint needs assessments, holding interagency meetings, working with front desk staff and providers to facilitate referrals, and participating with providers in a daily huddle.**

*“One effective technique that helps to understand community needs is that many providers travel between 13 clinic [sites]. These providers keep everyone in the loop on patient themes...so they can understand the community picture.”*

*“There are weekly huddles within the center...to talk about chronic disease patients coming in, no-shows that needed to come in and other concerns. The outreach team will then contact those individuals to see what’s going on and will follow up with providers to share that information.”*

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<sup>8</sup> HRSA Health Center Program Requirements. Available at <http://bphc.hrsa.gov/programrequirements/index.html>.

<sup>9</sup> HOP defines a formal needs assessment as a planned process of collecting, analyzing, and utilizing relevant information about the health needs, risk factors, and barriers to care of communities or specific subgroups.

- **Health centers and outreach programs effectively use a variety of data collection tools, including patient surveys, focus groups, and follow up calls with patients, to understand needs.**

*"[My clinic] conducts surveys with our patient base. To reduce biased reporting, we employ additional staff who are bilingual in the correct language of the targeted population to collect responses. This way the patients feel they can report honestly."*

*"We take a sampling of our patients who have recently been seen in our system...[we] contact them 72 hours later to see if [their] health is improving, if there are any additional needs...[staff] communicate with patients to see if they got their referral appointment. For patients who visit the clinic to address a medical need, we take the opportunity to ask if they need vision, dental, or other services. Thirty percent of the time [patients] weren't aware of the additional services that we have."*

- **A primary challenge for health centers is effectively using financial and staff resources to 1) assess needs and 2) prioritize and respond to the identified needs.**

*"We are trying to improve on making sure that the services we offer are beneficial to the majority of the population we serve and delivered in the best way possible."*

*"We often hear that there are underserved patients in need of care; however, it may be that there are only five families in an area that are all accessing different social service agencies who then report there is a need...Is it enough of a need for the organization to go provide services if it is just five families? When is it justified and when do you cut the cord?"*

## Supporting Outreach Programs: Opportunities for Additional T/TA

In the online survey approximately 77 percent of respondents indicated that they either 'agree' or 'strongly agree' with the statement: "When I have challenges at work, I have the resources and support to overcome them." It is important to note, however, that 93 percent of respondents also indicated that they either 'agree' or 'strongly agree' that they would like more training and professional development opportunities.

There are many different local, state-wide, and national organizations that provide training and technical assistance (T/TA) to health centers. T/TA activities can include trainings, webinars, conferences, consultation services, resources, reports, newsletters, and toolkits. In both the online survey and focus groups, participants were asked about what T/TA or other support they receive, and what else would be useful to improve and sustain their outreach efforts.

- **Outreach staff report receiving a variety of program support primarily from 1) local, regional, or national organizations, 2) webinars, and 3) internally from their health center.**



Participants of HOP's Planning Integrated Community Health Outreach Programs Training in Oakland, California.

*“One of the support systems that we have here [is our state PCA]. And we utilize them as much as we can to bring all of our resources together statewide... [We] also utilize them as far as helping to build partnerships with different hospitals and really being able to get our foot in in areas that we haven't been able to before...And I think that they really just bring everybody to the table and I find that to be an absolute benefit for us.”*

*“[My center director and managers have] all come together to provide support necessary to do [my] position well.”*

- **There is a strong desire to connect with peers and share experiences, exchange advice, and learn about each other's work, preferably through in-person gatherings such as local or regional conferences or in-person staff trainings.**

*“Scholarships to the National Forums... the Stream Forum is always helpful. We're fairly isolated around here, sometimes you feel like, you know, it's the 12 of us against the world, and to get to go to a national conference and see that there's, you know, other people—it really rejuvenates you.”*

*“...experiences like this [focus group], where we can talk to other health center staff who are doing similar work is the most valuable. If [T/TA providers] can help us connect around special pops regionally or nationally that would be useful...Webinars are great but not the best.”*

*“Connecting to other FQHCs in your area doing the same kind of thing you're doing to measure and compare yourself to make sure what you are doing is [helpful].”*

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*“Scholarships to the National Forums...the Stream Forum is always helpful. We're fairly isolated around here, sometimes you feel like, you know, it's the 12 of us against the world, and to get to go to a national conference and see that there's, you know, other people—it really rejuvenates you.”*

- **Outreach staff expressed interest in additional T/TA and support primarily around 1) analyzing data, 2) using data for advocacy purposes, and 3) strengthening marketing and consumer engagement skills in order to increase health insurance enrollment and utilization of health center services.**

*“We definitely collect the data, the tricky part is analyzing...a lot of that data has gone unanalyzed.”*

*“...some national data or some national statistics to kind of aid us in our fight for funding and for recognition and for existence, for lack of a better word. Just something like published that says, you know, outreach is valuable.”*

*“When we started our program, we really put the emphasis on hiring individuals that were familiar with sales and marketing in the private sector and those were the ones that we hired to do outreach. What I have found is a real lack... of solid training around marketing and sales—getting past the word no and closing the deal. Those are skill sets that are relatively new for nonprofits, social service agencies, but I think they are skills that are necessary for this environment.”*

# Lessons Learned and Next Steps

*For National Cooperative Agreements (NCAs), Primary Care Associations (PCAs), and HRSA to Strengthen Outreach-Related T/TA to Health Centers*

The findings from HOP's online survey and focus groups serve several purposes. First, the findings provide a more comprehensive understanding of the present context of health centers and outreach staff, in addition to their persisting needs. Second, they support HOP in developing a stronger approach to providing outreach-related T/TA. Finally, the findings provide valuable insights and actionable priorities for multiple constituencies, including NCAs, PCAs, HRSA, and other T/TA providers. The following lessons learned and next steps are based on the findings.

- **Create more in-person opportunities to promote sharing and learning among health center outreach staff.** Although webinars, phone calls, and online resources can be helpful at minimizing costs and ensuring access to important information, respondents reported preferring in-person conferences and trainings. While many PCAs and T/TA providers are already offering staff trainings and conferences, more events geared toward fostering connections and learning opportunities among health center peers would be beneficial to support the work of outreach staff.
- **Provide T/TA on how to analyze and meaningfully use data.** While many focus group participants reported collecting data through patient surveys and other collection tools, some reported never analyzing it. Others expressed a need for support in utilizing the data they collect. To address this gap, T/TA providers can provide training and support on quantitative and qualitative data analysis techniques and methods, as well as how to use data to inform outreach program development and advocacy efforts. These T/TA services should be specifically designed for and marketed to outreach staff.
- **Support health centers in identifying and prioritizing outreach services that have the most impact.** Focus group participants agreed that outreach and enabling services are extremely valuable. Resources like the Association of Asian Pacific Community Health Organizations' Enabling Services Data Collection Protocol and HOP's Outreach Business Value Toolkit provide opportunities to measure the impacts of outreach and enabling services. However, these tools are not being used to their full potential. In addition to encouraging the use of these resources, T/TA providers can provide additional tools to help health centers prioritize and design effective services, and to continually improve their impact.
- **Continue to advocate for and support health centers to retain outreach and enrollment staff in between open enrollment periods.** Consistent with HOP's 2015 findings, health centers across the country use outreach and enrollment staff and resources in different ways, including eliminating these positions once open enrollment ends. T/TA providers should continue to encourage health centers to retain outreach and enrollment staff by focusing T/TA efforts on the role that these staff can play in patient engagement efforts, health care utilization, health insurance literacy, and community and staff trainings.

## Appendix 1: Online Survey Questions

**1. Which of the following describes your role at your health center?**

- I provide outreach and enabling services.
- I supervise outreach and enabling staff.
- None of the above.

**2. Which of the following populations do you provide outreach and enabling services to?**

- Farmworkers
- People experiencing homelessness
- People living in subsidized or public housing
- None of the above

**3. How do you identify your gender?**

- Female
- Male
- Decline to State
- Other (please specify)

**4. How do you identify your race/ethnicity? [Please select all that apply.]**

- African-American/Black
- American Indian/Alaskan Native
- Asian
- Caucasian/White
- Hispanic/Latino
- Pacific Islander
- Decline to State
- Other (please specify)

**5. What is your age?**

- 50 years or older
- 45-49
- 40-44
- 35-39
- 30-34
- 25-29
- 20-24
- Under 20
- Decline to State

**6. What is your highest education level attained, if any?**

- High school or equivalent
- Some college/Associates degree
- College graduate
- Vocational or technical school
- Masters degree
- Doctoral or professional degree
- None of the above

**7. How many years have you worked at your health center?**

- 0-1 years
- 1-3 years
- 3-5 years
- 5-10 years
- 10+ years

**8. Which activities do you currently do in your role? [Please select all that apply.]**

- Advocacy
- Care coordination
- Case management
- Clinical services
- Collaborating with other groups or organizations in your community
- Community-based outreach
- Eligibility assistance or enrollment into health insurance (including Medicaid, CHIP, and the health insurance marketplace)
- Eligibility assistance or enrollment into public benefits (other than health insurance)
- Health education (group)
- Health education (individual)
- Interpretation
- Mental health support
- Provide transportation
- Supervising staff
- Supportive counseling
- Other (please specify)

**9. Which of the following groups of people are in the greatest need of outreach and enabling services in your community. [Check up to three answers only.] Please indicate in the “other” response any other group(s) that are in the greatest need of outreach and enabling services in your community.**

- Elderly individuals
- Farmworkers and their families
- Homeless individuals
- Incarcerated individuals or ex-offenders
- Lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals
- People living in inadequate or substandard housing
- People living with HIV/AIDS
- Refugees and/or asylees
- Rural populations
- Veterans
- Other (please specify)

**10. What do you consider to be the three most common challenges that individuals faces when accessing care at your organization? [Check three answers only.]**

- Cost of health care services
- Cultural differences
- Lack of comfort with health care services / facilities
- Lack of insurance
- Lack of knowledge about available services
- Lack of legal documentation
- Lack of transportation
- Language / lack of interpretation services
- Limited hours of operation for health care services
- Other (please specify)

**11. In your opinion, how effective is your current approach to understanding the needs of the populations your serve through outreach?**

- Very effective
- Effective
- Somewhat effective
- Not effective at all

**12. Please rate the degree to which you agree with the following statements.**

- I would like more training and professional development opportunities.
- Getting CEU's (Continuing Education Units) would better enable me to attend a training or webinar.
- When I have challenges at work, I have the resources and support to overcome them.
- Senior leadership at my health center is knowledgeable about the outreach and enabling services we provide.
- Senior leadership at my health center is supportive of our outreach program.

**13. Please select which training or technical assistance services would be most useful for you. [Check three answers only.]**

- Conference calls with peers and a facilitator
- Electronic publications and reference materials
- Electronic resources (website with resources, listservs, etc.)
- In-person staff trainings
- Local or regional conferences
- National conferences
- On-site support
- Off-site support (through calls, emails, etc.)
- Print publications and reference materials
- Webinars
- Other (please specify)

**14. Please rate your interest in the following outreach-related training topics.**

- Advocacy
- Behavioral health support
- Care coordination
- Cultural competency/Cultural humility
- Customer service
- Health education
- Outreach-centered case management
- Outreach and enrollment into health insurance
- Patient-Centered Medical Home
- Self-care skills/Burnout Prevention
- Social Determinants of Health
- Trauma-Informed Care
- Other (please specify)



## Appendix 2: Online Survey Results

TABLE 1: Respondent Demographics

<b>Characteristic (N<sup>1</sup>=64)</b>	<b>n<sup>2</sup></b>	<b>%<sup>3</sup></b>
<b>Gender</b>		
Female	49	84
Male	8	14
Other	1	2
Total <sup>4</sup>	58	100%
<b>Age</b>		
50 years or older	27	46
45-49 years	7	12
40-44 years	5	9
35-39 years	6	10
30-34 years	5	9
25-29 years	8	14
20-24 years	0	0
Under 20 years	0	0
Total	58	100%
<b>Race/Ethnicity</b>		
African-American/Black	15	24
American Indian/Alaskan Native	0	0
Asian	1	2
Caucasian/White	25	41
Hispanic/Latino	16	26
Pacific Islander	0	0
Other	3	5
Declined to state	1	2
Total	61	100%
<b>Education</b>		
Doctoral or professional degree	1	2
Masters degree	12	21
Vocational or technical school	2	3
College graduate	25	43
Some college/Associates degree	14	24
High school degree or equivalent	4	7
None of the above	0	0
Total	58	100%

1 N represents the total number of participants who participated in the online survey. Based off IRB recommendations, in order to maintain anonymity of focus group participants, demographic information entered into the online survey was de-linked from participant names, so this information is not available for focus group participants.

2 n represents the total number of respondents who provided an answer to a particular question.

3 Presented as valid percentages retrieved from SurveyMonkey.

4 Total is presented as the number of survey respondents that answered the given question.

TABLE 1 continued: Respondent Demographics

Characteristic (N=64)	n	%
<b>Years working at Health Center</b>		
10 or more years	14	24
5-10 years	14	24
3-5 years	8	14
1-3 years	17	29
0-1 years	5	9
Total	58	100%

## Appendix 3: Health Center Characteristics of Focus Group Participants

TABLE 2: Health Center Funding Sources

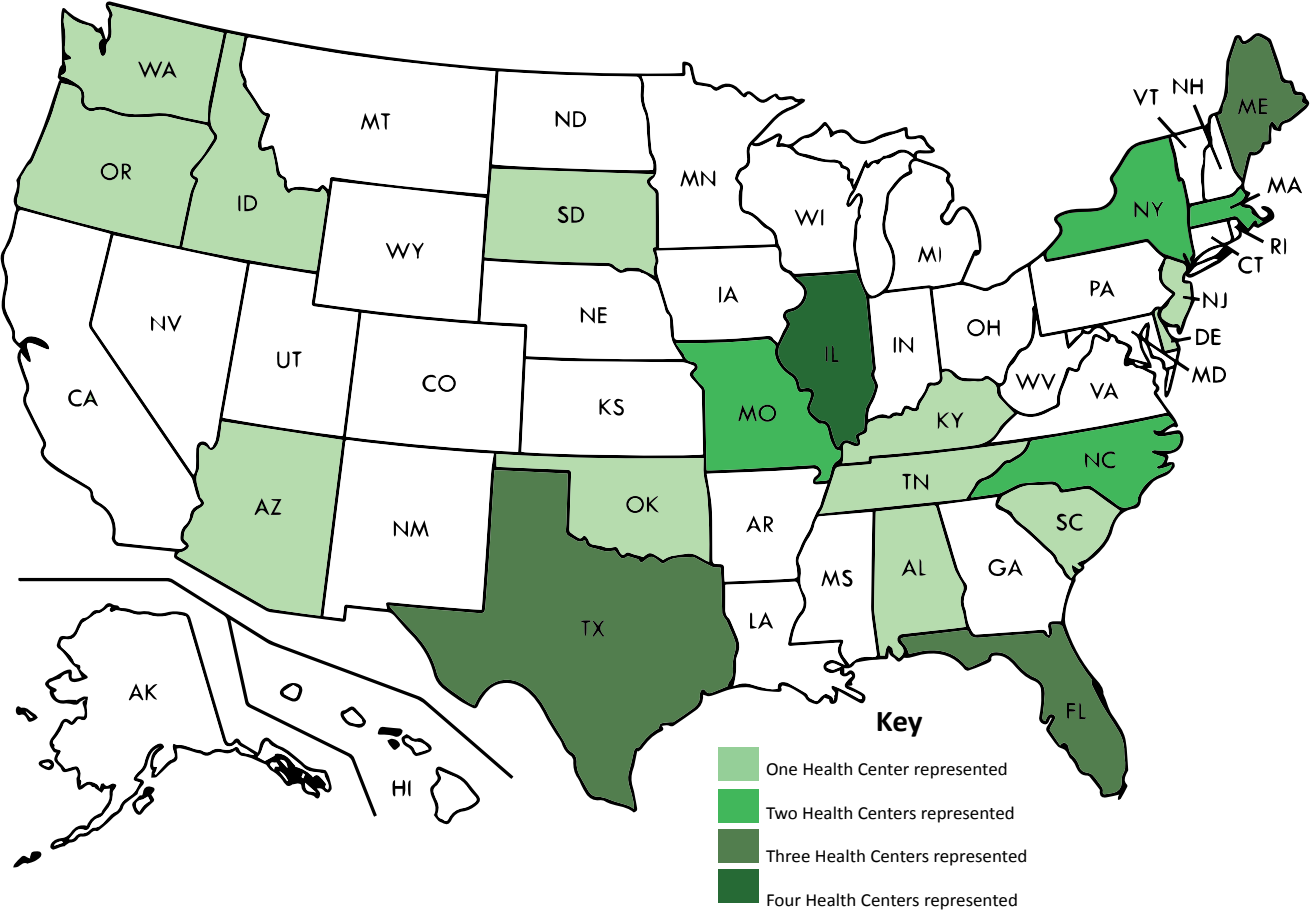
<b>Health Center Funding Source (N<sup>1</sup>=33)</b>	<b>n<sup>2</sup></b>	<b>%<sup>3</sup></b>
<b>Community Health Center Program</b> 330(e) Funding	29	88
<b>Migrant Health Program</b> 330(g) Funding	15	45
<b>Health Care for the Homeless Program</b> 330(h) Funding	10	30
<b>Public Housing Primary Care Program</b> 330(i) Funding	3	9

1 N represents the total number of participants from Federally Qualified Health Centers that participated in the Needs Assessment focus groups.

2 n represents the total number of Federally Qualified Health Centers that receive grant funding from HRSA under Section 330 of the Public Health Service Act.

3 Presented as valid percentages retrieved from SurveyMonkey.

# Appendix 4: Geographic Dispersal of Health Centers Represented in the Focus Groups



## Appendix 5: Focus Group Questions

**#1 YOUR ROLE:** Learn about the current role of outreach staff at their health center.

**Main Question:**

- What a typical day is like for you?

**Follow-up Question(s):**

- What are the most common challenges that you encounter when providing outreach and enabling services at your health center?

**#2 IMPACTS OF THE AFFORDABLE CARE ACT:** Learn about the impacts of the Affordable Care Act, including health insurance outreach and enrollment efforts, on outreach programs at health centers.

**Main Questions:**

- How has the Affordable Care Act affected your outreach program at your health center?
- How, if at all, have your outreach activities changed since the first open enrollment period in 2013?

**Follow-up Question(s):**

- How is your health center using your Outreach and Enrollment (O/E) staff outside of open enrollment periods?
- What do you think should be the role of Outreach and Enrollment staff outside of open enrollment periods?
- How are you helping patients understand how to use their health insurance?

**#3 PATIENT AND COMMUNITY NEEDS:** Learn about how outreach staff learn about the needs of patients and community members.

**Main Question:**

- How do you learn about the needs of patients and community members?

**Follow-up Question(s):**

- In the past year, did your organization conduct a formal needs assessment? [Have participants answer 'yes', 'no', and 'I don't know' via chat]
- What was your outreach program's role in the needs assessment?
- In the registration survey, X% of participants indicated that their current approach to understanding the needs of patients and community members is either 'effective' or 'very effective'. Tell us about what about your approach is effective, and what could be improved.

**#4 IMPACT OF OUTREACH AND ENABLING SERVICES:** Learn about the impact that outreach and enabling services have on health center, patients, and community members, and how outreach staff learn about the impact.

**Main Questions:**

- What do you think is the impact of the outreach and enabling services you provide?
- What would happen to your health center, patients, and community members if your outreach program ended?

**Follow-up Question(s):**

- What do you do to learn about the impact that outreach and enabling services have had on your health center, patients, and community members?
- Do you collect and analyze data on the impact? What kind of data do you collect?
- What stories have you heard from patients and community members about the impact that outreach and enabling services have had on their lives?

**#5 OUTREACH PROGRAM SUPPORT:** Learn about the outreach program support, including training and technical assistance (T/TA) services, that outreach workers at health centers have utilized in the past, including what is useful and what is challenging.

**Main Question:**

- What kinds of outreach program support have you received in the past?

**Follow-up Question(s):**

- There are many different organizations, including the 16 National Cooperative Agreements (NCA's) funded by HRSA that provide T/TA to health centers. Tell us more about how you've worked with any of these organizations or utilized their resources.
- What are some challenges you've faced accessing and utilizing resources or services to support your outreach program?

**#6 CLOSING:** Learn about the most challenging and the most rewarding part of being an outreach and enabling service provider at a health center.

**Main Question:**

- What is the most challenging and the most rewarding part of your role?



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