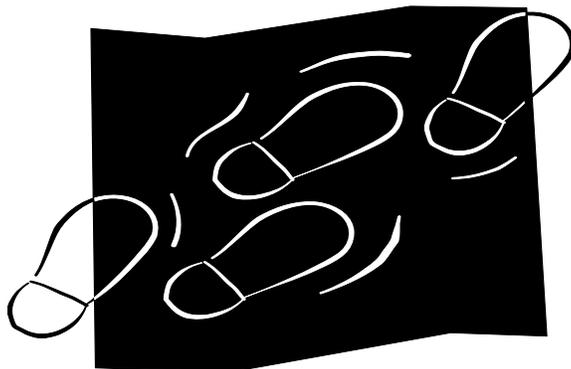


Making Outreach Work



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Making outreach work

Outreach is an essential and powerful component of any effort to expand health care coverage and increase access to health care. While governmental agencies, both state and federal, can create policies that provide opportunities for broader eligibility and administer the programs overall, engaging people and helping them to enroll depends on effective outreach and enrollment assistance at the community level. Frontline workers in a variety of community settings – hospitals, community health centers, anti-poverty agencies, and cultural or religious organizations – are key to helping people understand their options and encouraging them to enroll in health coverage programs.

Outreach in communities is not new and certainly doesn't need to be complicated. Effective outreach requires knowing the community, and being reliable, trusted, creative and very determined. Outreach is based on knowing where to go and how best to communicate a message so that it is heard and understood. It also means being an accessible and reliable source of information and support once people are ready to enroll, serving as a guide to systems that are often complex and remote.

Massachusetts has a strong history of innovation and leadership regarding outreach. The MassHealth expansions of the late 1990's that resulted from federal SCHIP legislation were very successful in enrolling many residents into publicly funded coverage. Massachusetts was cited nationally as a model for creative outreach practices and high levels of enrollment. The health care reforms initiated in Spring 2006 provide Massachusetts with a new opportunity to reaffirm this expertise. For the state to succeed in reaching near universal coverage, it must re-invigorate and re-invest in community outreach, promoting effective strategies to reach newly eligible residents.

The "Best Practices" identified in this booklet are grouped into four categories: General Approaches to Outreach, Finding Good Partners to Work With, Distinctive Outreach Strategies, and Improving Mobility. These have been garnered from community groups throughout Massachusetts (and elsewhere) that successfully work on issues of health care access. No single practice or approach can work for all communities; the broader the repertoire of options, the greater the chance for success.

General approaches to outreach

- ◆ Meet people “where they are at.”
- ◆ Be respectful.
- ◆ Listen to your community.
- ◆ Build trust and consistency in your relationships.
- ◆ Get the word out in a non-stigmatized manner.
- ◆ Offer services and information in varied locations (including home visits) and at non-traditional times, especially after work hours or on weekends.
- ◆ Create a consistent presence in off-site locations that people begin to count on as a place to find assistance.
- ◆ Make written information friendly and easy to understand.
- ◆ Provide information in the primary language of those you are serving.
- ◆ Follow-up, follow-up, follow-up!



Finding good partners to work with

It is critical that you find people and organizations that are motivated to be your allies. Identify their motivations (how they will “profit”) and work for win-win partnerships.

- ◆ Community leaders – both those with formal roles (i.e., school principal or religious leader) and those informally in positions of influence due to their standing in the community (such as a neighborhood person everyone seems to go to for advice)
- ◆ Hospitals (including intake staff at emergency rooms)
- ◆ Health centers (especially office staff such as medical receptionists and office managers)
- ◆ Doctors’ offices (especially office staff and billing or office managers)
- ◆ Billing agencies that serve medical providers
- ◆ Health-promotion clinics (such as immunization/blood pressure/smoking cessation)
- ◆ Visiting Nurse Associations



- ◆ Schools (school nurses, counselors, and health coordinators). This often requires the initial support of the superintendent, principal, or PTA
- ◆ “Satisfied customers” of your services. Word-of-mouth is the best source of referrals
- ◆ Churches, synagogues, mosques, temples and other places of worship
- ◆ Child-care centers and home day-cares (including “unofficial care providers”)
- ◆ Senior Centers
- ◆ Housing authorities
- ◆ Food pantries and meal sites
- ◆ Courts, police and public safety departments
- ◆ Public locations such as libraries
- ◆ Pharmacies
- ◆ Local businesses and employers (especially small businesses, retail chains, restaurants and “temp” agencies that often offer limited or no health benefits)
- ◆ Human resource professionals
- ◆ Local human service agencies with programs for those in need: soup kitchens, shelters, job training programs, literacy programs
- ◆ Local agencies that assist with enrollment in non-health related benefits, such as such as fuel assistance or WIC
- ◆ Local offices of state agencies or local government that provide services to people and have an interest in seeing people get health coverage (such as local boards of health)
- ◆ Institutions or businesses with access to many people because of “high traffic” (fast food restaurants, supermarkets)
- ◆ Institutions or businesses with capacity for broad distribution of information (utility company, cable company)
- ◆ Local media (print, radio and TV, billboards) – ads, stories, public service announcements



Distinctive outreach strategies

Every community is different. What works well in one community may not in another. Factors that seem to impact success include timing, consistency, credibility and sensitivity of outreach staff, how the outreach effort is organized and publicized, and the local culture and community attitudes.

People need to hear about your program and efforts from several different sources before they will contact you. In the marketing industry, between three and seven varied contacts are considered necessary for effective penetration of a message.

◆ **Use Word of Mouth**

The best source of a referral is from someone who was helped and thought the service you offered was good. People trust those closest to them for advice on where to go. Getting “word of mouth” referrals is a true indication of a program’s penetration into a community. Encourage your “satisfied customers” to tell their friends and relatives.

◆ **Use a “loss leader”** (offer a service, an item or information which will attract people to contact you and that provides an opportunity to talk to them about health coverage).

◆ **Provide a non-stigmatized medical or health-related service for people in the community**, such as preventive health screenings, prescription assistance or low-cost doctors’ visits as a way of bringing you in contact with people who would otherwise stay away. Once a relationship is developed, screening for enrollment is possible.

◆ **Identify any “gatekeepers” who affect recipients’ abilities to enroll/gain services and target them.**

In some communities, for example, fathers are seen as gatekeepers for the entire family. If they say “no,” no one gets health coverage. Several programs direct outreach to fathers, mothers, grandparents or teens – all of whom have been identified as gatekeepers/decision-makers.

◆ **Hold raffles at community events**

Raffle off a desirable item as a way to collect names of people interested in getting more information about health access or simply to engage people in discussion/ information. Anyone is eligible to participate in the raffle if they fill out a short questionnaire that asks if they have health insurance and if they want to be contacted with more information. Items that have been raffled



include a fully stocked toolbox and a color television. Raffles have been set up at community fairs, Little League games, etc.

- ◆ **Post flyers with tear sheets everywhere possible around town**
Flyers are a mainstay of outreach. Providing “tear-offs” (tabs on the bottom of the sheet that people can tear off and take with them) is most effective. Post flyers everywhere including: laundromats, bus stations, grocery stores, libraries, thrift shops, diners, post offices, campgrounds, playgrounds, town halls and other public gathering sites.
- ◆ **Hit the streets, talk with people one-on-one**
Go to where people live, congregate and shop; engage them one-on-one. Establishing this contact is hard, but it works. There is no substitute for being out in the community and meeting people. Possible places to go include: supermarkets, laundromats, libraries, parks, sports and community events.
- ◆ **Hold off-hour/weekend coffees**
Create a low-key gathering by offering informational coffees in towns and neighborhoods. These are best held on weekends and evenings. They can be held in town halls, places of worship or other natural gathering places. This works well for programs with small budgets and/or large service areas.
- ◆ **Work with local agencies; let them know you can help**
Many community social service agencies are overwhelmed and understaffed. Contact these allies and let them know that you can help their clients and patients with enrollment and access to health care. Emphasize that you are there to help rather than make more work. Post your flyers at their sites for their consumers and staff to see. If you have the time, do a training for their staff and leave behind informational materials. If you have time, try to arrange regular weekly hours at the agency’s location to provide information and assistance to their clients.
- ◆ **Encourage agency staff to incorporate health care information and enrollment as part of their other daily work**
Find and promote allies in your agency or other agencies who do not work on health care access but who regularly deal with people who might be eligible for health coverage. Consider creative ways to motivate these staff to incorporate health-care information or enrollment in their daily work.
- ◆ **Provide trainings and information within the court system, especially divorce court and victim assistance programs**
People – primarily women – participating in divorce court proceedings are concerned about health insurance coverage for themselves and their children, either because of an anticipated drop in income or because insurance was available through their spouse. Making information available to divorce-court



clerks is an important link. Similarly, information about affordable health care options is often a high priority for those seeking help from victim assistance program, especially women with children who are considering leaving abusive relationships.

◆ **Provide referral information to local police**

Local police come in contact with many people who may need health insurance. When responding to domestic violence scenes, for example, many police are required to leave information with the victims regarding service options. Victims of domestic violence (mostly women) are known to stay in these situations because of financial dependence, including the need for health coverage for themselves or their children.

◆ **Offer trainings for doctors and their office staff**

Put together a pleasant experience such as a luncheon or coffee for local providers – or, more importantly, their office managers/medical secretaries – to alert them to your program and to inform them about eligibility issues/enrollment procedures.

◆ **Use pharmacists as allies**

Pharmacists are often on the front line for knowing who has health care needs and who can afford them. Encourage pharmacists to post flyers/information on their counters or distribute them to those they serve and/or set up an informational table at a local pharmacy.

◆ **Send mailings to audiences who are likely to be eligible for health insurance**

Find those with a high likelihood of being eligible for health coverage due to their specific characteristics or participation in other programs, and contact them through mailings, door knocking or phone calls. These people may include self-pay individuals at a hospital, households using fuel assistance or receiving subsidized child care, employees at companies with low-paying jobs (e.g. day-care providers and nurses' aides) or large companies that offer less-than-full-time jobs with few or no benefits.

For groups whose identities must remain confidential and therefore are not directly accessible to you, be creative within the necessary limitations. With children in school lunch programs, for example, provide the staff overseeing the program with prepared information on health coverage and ask them to distribute as they see fit.

◆ **Remember, uninsured youths ages 19 and older may now be eligible for coverage**

Take information about Commonwealth Care programs to high school guidance counselors; buy an ad in the yearbook; make flyers for this group and distribute them at graduation and sports events that attract recent alumni; put them in



video stores, internet cafes or other places that young adults congregate. Mention it to your own friends and family; this is a brand-new eligibility group.

◆ **Use commercial mailing services to reach a majority of households in the community**

Val-Pak coupon mailings reach thousands of households at a reasonable cost. Company staff members often assist with details like layout of your insert.

◆ **Work with medical billing services**

Get inserts/flyers to billing services that collect for doctors' offices or hospitals. They can insert these in mailings to families known to be without insurance. This can be very powerful, since it is in the billing company's interest to see that bills are paid.

◆ **Place inserts in local/regional newspapers**

Distribution of inserts/flyers in local papers is cost effective and allows for broad distribution. It reaches many people who would not otherwise see your material, and does so in a non-stigmatized manner – everyone gets this in their paper. This is especially effective when you use the “free papers” that exist in many communities.

◆ **Place inserts into utility bills**

Use the distribution capacity of gas, electric, phone or other utility companies by having flyers inserted in their bills. This gets the word out to many households. This is a non-stigmatized communication and can be low-cost or free.

◆ **Be creative and interactive when participating in health fairs/community events**

Health fairs and community events are common places for outreach efforts, but they have mixed results. To increase effectiveness, provide incentives for people to take information, fill out a questionnaire or complete an application. This may include raffles, small gifts for children/adults or children's activities (parents usually follow their children to the table). Have unusual, attention-getting table displays, or have staff wear costumes or eye-catching attire, such as T-shirts saying, “Need free or affordable health care? Talk to me.”

◆ **Staff tables at job/employment fairs (as opposed to health fairs or civic events)**

Unlike health or community fairs, job fairs are oriented toward people looking for work. This different focus tends to draw people who may not attend other types of fairs, and who may be eligible for health coverage. Job fairs also offer a setting not directly associated with one's neighbors, so those people you engage feel more free to seek information and/or speak with you.



- ◆ **Sponsor everyday activities in the community**
Some activities or functions that are so commonplace that they are often overlooked, yet they reach many people in your target group. Sponsor “snow day” announcements on the radio or television during winter months, for example – every parent listens/watches these on winter storm days.
- ◆ **Sponsor local sports activities**
Community sports involve many people. Sponsoring advertisements through Little League or the local bowling alley will reach many families and youth.
- ◆ **Use existing community programs to expand your capacity**
One group doing outreach asked local businesses or institutions providing children’s programming, like ballet and karate schools, to put a sticky label on all their registration forms that children or parents had to fill out. The labels encouraged parents to call for more information about health coverage. Activities for all age groups can work – other examples include bowling clubs and social/cultural organizations. Pre-printed labels are easy to supply and a minimal hassle for those agreeing to use them on their materials.
- ◆ **Use children’s or local artwork in your promotional materials**
Often fun and eye catching, this uses unconventional language and has community appeal.
- ◆ **Create display windows in prominent areas**
Get a display window on a well-traveled street, at a popular gathering area, or in a bus depot and put your information there to be seen.
- ◆ **Advertise on local billboards**
Billboards showing local people and/or local phone numbers located in high traffic areas can dramatically increase awareness.
- ◆ **Advertise on small “everyday” items**
Many small items we see every day can hold a promotional message. These include the sides of milk cartons, ATM or store receipts or store shopping bags. Most of these options are affordable and high volume.
- ◆ **Place flyers or stickers on beginning-of-the-school-year registration materials**
At the beginning of the school year, parents receive information and fill out emergency contact cards. Attaching stickers with your program’s contact information to key informational material or emergency cards or sending home a flyer as part of the official school packet provides an excellent opportunity for broad distribution.



This is also a good time because many schools ask for health insurance or medical emergency information, and parents are already thinking about insurance. (As above, this requires preparatory work with schools, beginning in the summer.) Ideally, convince the school to add a line to their registration forms asking, “Do you have health insurance?” Follow-up can be done directly by school nurses. Your program’s information or a referral can then be made to each family as appropriate.

◆ **Attend kindergarten sign-ups in spring/summer**

All kindergarten children need to sign up prior to attending school. There is often a set period for this in each town/city. Being available at these sessions with information about your program is a good way to meet with parents. (In some instances, they may even be there without their children, perhaps providing a rare opportunity to talk without distractions.)

◆ **Attend immunization days**

Do outreach when school children receive their immunizations or when adults seek annual flu shots. Often those who come in to get required immunizations are the same people or families who lack coverage.

◆ **Contact child care providers**

Child-care providers would prefer to have children in their care with health coverage in case of medical emergencies. Contact providers and give them enrollment information for the children they serve. As with other low-paying, benefit-poor jobs, child-care providers may not have insurance for themselves or their children. Ask about their own families once you’ve established contact.

◆ **Provide trainings in “temp” or day-labor agencies**

Frequently people working for “temp” or day-labor agencies are hourly employees with no benefits. Providing information to the agency may help them retain employees.

◆ **Outreach to the prison population**

Outreach to pre-release inmates in correctional institutions requires special permission, but it can be effective. Those individuals scheduled for release are often in need of many things such as jobs, housing and health insurance. For certain programs, especially those with in-roads to a correctional institution, this can be a very good form of outreach.

◆ **Distribute or conduct a health care survey**

Surveys regarding health needs or insurance coverage provide a vehicle for communicating with individuals or households. You can distribute the surveys in schools, at community events or one-to-one on the street. Keep questions simple and request contact information for follow-up.



◆ **Offer a toll-free phone number**

Especially in rural and/or large service areas, 800 # service increases an individual's ability to call without long-distance phone costs. This can also be helpful in bringing awareness to your program: "For health coverage assistance, call 800-XXX-XXXX."

◆ **Advertise on radio and cable TV stations used by your target community**

If an outreach program knows its target community, it will know where they seek entertainment and news. Many communities or ethnic/cultural groups may have preferred radio and TV stations that can provide a credible and concentrated venue for your message.

◆ **Provide info in welcome packets to new residents or new parents**

Utilize the idea of the community "Welcome Wagon." Make contact with new residents in the community and provide them with your information. Try this with new parents who may need health coverage for their child and/or themselves.

◆ **Utilize businesses that distribute products in the community**

Put flyers/inserts in supermarket shopping bags or in take-out food containers, such as pizza boxes, or into every rental video/DVD container. These get to many people throughout the community in a non-stigmatizing manner, at low cost to you.

◆ **Place your program's message on food tray liners at fast-food restaurants or paper placemats at restaurants**

This provides a non-traditional context for getting the message to many people on an individual basis. For a minimal cost, many people can learn about your program or their eligibility in a non-stigmatizing and potentially fun setting.



Improving Mobility

A key strategy for successful outreach is to improve mobility in order to bring your services out to the community. This not only makes your work more efficient by cutting down on time and resources spent, but can be a successful way of reaching out to more people who don't or can't come to you. There are several ways to improve mobility and accessibility, including incorporating the use of laptops and other portable technology into your work. Below are some tips gathered from outreach workers who have been using such tools to improve their mobility in their everyday work.



- ◆ **Use laptop for public benefits screenings in highly visible locations**
Using a laptop for public benefits screenings in a highly visible location such as a health/job fair, at a library, or other public places can attract questions and curiosity. Spur-of-the-moment applicants more likely to inquire and/or apply when the tools are present and they do not have to go out of their way to seek help. It also can help them overcome any fears about actively seeking out help.
- **Make use of online benefit screening tools and online research**
In addition to the Virtual Gateway and Real Benefits, there are a number of other online tools such as Prescription Assistance Programs that you can access from anywhere you have a connection to the internet. This allows you to screen people for programs from a variety of locations, not just in your office. You can also research other information and services without having to do this follow-up research later at the office.
- ◆ **Facilitate the enrollment process with a laptop computer and the Internet**
The Virtual Gateway and other web-based enrollment portals (web sites) can be accessed from a laptop computer anywhere that is connected to the Internet. Connections can be made through a simple Ethernet cable, wireless signals increasingly found in public locations such as libraries and even fast-food chains, or cell cards inserted into the laptop (monthly fees involved) that work wherever a cell phone signal is found. Once you're connected to the appropriate web-site enrollment, it's just like being at your desk.
- ◆ **Portable digital duplication**
Most people are understandably unwilling to give up their original documents (birth certificates, pay stubs etc.) for the enrollment process. Portable scanners or digital cameras are increasingly affordable ways of capturing this information during an outreach visit or presentation. Once a document is saved on your



computer as a file, it can easily be retrieved and printed out again if you need to produce a duplicate copy for the enrollment process or follow-up.

◆ **Get a portable printer**

Being able to print in the field cuts down on a lot of time, follow-up, and mailing resources. It also can allow you to get a wet signature from clients at the point of service. With cheap, mostly plastic Inkjet printers readily available, even a printer that needs to be plugged into the wall can be easily transported in the field.

◆ **Take advantage of online banking**

Most banks now have online banking services. This makes it easier for many clients to access income verification information wherever you are accessing the internet. And if you have a portable printer, it's possible to print statements immediately.

◆ **Save resources for distribution on your laptop**

Saving commonly used informational flyers on your laptop will cut down on time and resources needed to send information to clients later. You can pull up fact sheets, "next steps" documents, or other flyers to print off and hand to the patient *where they are*. This is also helpful for those people assisting clients in multiple sites or on multiple levels of a hospital which would otherwise require keeping paperwork or other information at each location.

◆ **Cell phone**

You can bring a cellular phone with you to provide immediate access to enrollment systems, to get information or trouble-shoot a situation, to track down a contact or to make an appointment.

Share your best practices

email us at access@comparters.org. Include "best practice" in subject line.
Or send us snail mail with your ideas.

Community Partners, Inc.

is a non-profit organization based in Amherst, Massachusetts.

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