

Chapter 9 – Outreach/Public Education

9.1. Outreach and Recruitment

BCCHP provides outreach and recruitment by contracting with community based organizations that have experience working with BCCHP priority populations. Community partners in our four-county area also collaborate on projects with BCCHP to effectively reach potential clients.

Outreach efforts are geared toward our priority populations: women and men with lower screening or higher mortality rates. These include women and men aged 50-64, Lesbians, African-Americans, Asian/Pacific Islanders, American Indians/Native Alaskans, Latinas and people living in rural communities.

The objectives of outreach and recruitment efforts are to:

1. Increase the number of women and men receiving annual health screenings, including colon cancer screening, Pap tests, and mammograms through the BCCHP and other programs.
2. Raise community awareness about Breast, Cervical and Colon health.
3. Reach and educate men and women about the importance of breast, cervical and colon health screening, and motivate them to get screened.
4. Recruit rarely or never screened women and men.
5. Understand and help reduce barriers that prevent women and men from receiving screening services.
6. Assist in helping clients apply for Medicaid/insurance when possible.

Keys for Successful Outreach:

- Hire staff with a strong personal commitment to reaching men and women and educating them about the importance of good health habits and appropriate cancer screening. Hire staff with a strong belief in the BCCH program.
- Use proven and effective outreach methods that follow communication pathways of targeted populations (small groups, one-to-one, within families). Adapt both messaging and outreach techniques to culturally fit a community's background, personality, and situation.
- Work with BCCHP partner clinics to assure high quality care is provided.
- Develop a good rapport and reputation with contracted clinics and the community.

9.2. Outreach / Public Education Job Description

- Identify communication networks that reach women and men in priority populations.
- Use a combination of group, one-to-one outreach, and media to educate women about Breast, Cervical and Colon health and other women's health issues.
- Use a combination of group, one-to-one outreach and media to educate men about Colon health and other men's health issues.
- Educate men and women about how to use their health insurance benefits. Educate the community about all prevention screenings, including cancer screenings.
- Conduct focus groups with women and men to gather information about health beliefs to determine effective patient education strategies/materials and prevention messages.

- Use outreach and education techniques that were developed for priority populations with community input, (i.e., our video presentation, "Mammogram Screening-Taking Care of Ourselves and Each Other")
- Identify new clients eligible for BCCHP and refer for services. Motivate, assist, and follow-up with women who have rarely been screened or haven't seen a provider in years to help them obtain screening services. Consider working with BCCHP/Public Health to develop a local media plan.
- Work with clinic screening coordinators to schedule client appointments. Follow-up to check that clients receive services and return for their next scheduled exam. (You may want to use the BCCHP Fax referral form - section 9.4, pg.3.)
- Participate in community events and festivals that may be effective places to reach target audiences. Talk to eligible men and women about BCCHP services.
- During outreach activities, provide information to eligible people about health care insurance by enrolling in Apple Health. During open enrollment educate people about qualified health plans, through WAHealthplanfinder.
- Maintain confidentiality of outreach clients.
- Collect data about outreach activities and submit Outreach Monthly Activity Reports to Public Health by the 15th of each month.
- Assist Public Health in organizing community awareness activities that are appropriate for the target populations, i.e., mobile mammography clinics.
- Attend the BCCHP mandatory meeting each year and at least two other meetings and/or trainings scheduled by Public Health or Washington State Department of Health.

Performance Goal:

The program will use monthly outreach reports to monitor goals.

9.3. Routing Outreach Reporting Forms

There are two Outreach Reporting forms for the BCCHP.

1. **Fax / Referral** - Completed by Outreach Worker and faxed to the Clinic Screening Coordinator for client referral. (page 3)
2. **Monthly Activity** - Completed by Outreach Worker to track Outreach and Public Education activities. Please submit completed form for prior month activities on the **15th of each month**.

Instructions; see page 5 of this chapter

9.4. BCCHP FAX REFERRAL FORM

To

Name: _____

Clinic: _____

Fax: _____

Phone: _____

From

Name: _____

Agency: _____

Fax: _____

Phone: _____

I am referring the following client to your clinic for a BCCHP exam and mammogram. Please confirm her completed appointment. Thank you.

Client's name: _____

Phone: _____

Address: _____

Comments: _____

9.5. Breast, Cervical and Colon Health Program Referral Log

Agency: _____

reach Worker: _____

| | | |
|----------------------|----------------------------------|-----------------------------|
| Race/Ethnicity | | |
| 1 = White | 6 = Filipino | 11 = Other (Please specify) |
| 2 = African American | 7 = Vietnamese | _____ |
| 3 = Native American | 8 = Cambodian | _____ |
| 4 = Chinese | 9 = Other Asian/Pacific Islander | _____ |
| 5 = Korean | 10 = Hispanic | _____ |

| | |
|-------------------|--------------------------|
| Message Code | |
| LM = Left message | WN = Wrong number |
| B = Busy | CLD = Call back at later |
| NAR = Not able to | DC =Phone Disconnected |

Date : _____ Referral : Yes No Clinic: _____

First Name: _____ Last Name: _____

Address : _____ City,Zip : _____ Phone: _____

Age: _____ Race/Ethnicity : _____ Other : _____ Language (if non-English) : _____

Sexual Orientation: Heterosexual Lesbian Bisexual Transgendered/Transsexual

| |
|--|
| Follow-up: |
| Results: |
| <input type="checkbox"/> Screening Confirmed |

Date : _____ Referral : Yes No Clinic: _____

First Name: _____ Last Name: _____

Address : _____ City,Zip : _____ Phone: _____

Age: _____ Race/Ethnicity : _____ Other : _____ Language (if non-English) : _____

Sexual Orientation: Heterosexual Lesbian Bisexual Transgendered/Transsexual

| |
|--|
| Follow-up: |
| Results: |
| <input type="checkbox"/> Screening Confirmed |

Date : _____ Referral : Yes No Clinic: _____

First Name: _____ Last Name: _____

Address : _____ City,Zip : _____ Phone: _____

Age: _____ Race/Ethnicity : _____ Other : _____ Language (if non-English) : _____

Sexual Orientation: Heterosexual Lesbian Bisexual Transgendered/Transsexual

| |
|--|
| Follow-up: |
| Results: |
| <input type="checkbox"/> Screening Confirmed |

Date : _____ Referral : Yes No Clinic: _____

First Name: _____ Last Name: _____

Address : _____ City,Zip : _____ Phone: _____

Age: _____ Race/Ethnicity : _____ Other : _____ Language (if non-English) : _____

Sexual Orientation: Heterosexual Lesbian Bisexual Transgendered/Transsexual

| |
|--|
| Follow-up: |
| Results: |
| <input type="checkbox"/> Screening Confirmed |

9.6 Instructions for Completing Forms

BCCHP Outreach Form

Outreach Workers contracted with Public Health - Seattle & King County are responsible for tracking outreach activities, and should complete the *BCCHP Outreach Form* each month. Keeping a weekly tally of outreach activities to transfer to the monthly log may help you keep track. You may use any method that helps you track the number of contacts and referrals you make to BCCHP.

Send the BCCHP Outreach Form by the 15th of each month.

As of July 2012 – payment ties directly to the activities and outreach numbers recorded in the BCCHP outreach form, as outlined in the agency's Scope of Work (SOW). It's important that outreach workers understand their responsibilities and reporting obligations both to meet their goals and to receive reimbursement for outreach work.

How to complete the outreach form – complete each section and include written information or a value, even if it is zero. There is a portion of reimbursement tied to completing the entire form.

Agency - list the name of the agency employing this outreach worker.

Outreach Worker - list the name(s) of the person who conducted the outreach.

Month / Year – Make sure to use the correct report for the current year covered and to complete a report each month.

Before sending the report electronically, save the report and include the month within the file name. *examples: July12outreach or outreachJuly2012*

Reporting details

1. **Contacts (indicate the number for each category for the month.)**

A contact is a person you engage in a brief conversation about cancer screening and a summary of the BCCH program and its benefits. For example, this might be someone you encounter at a food bank, health fair, or cultural event.

1.1 Age - Estimate the number of clients in each age bracket for contacts and referrals. The form includes a subtotal category to reflect total number of contacts made. You may have your own approach to estimate age.; For example, when you discuss program criteria you might ask if they are over 40 or over 50 years of age.

1.2 BCCHP History - This is a new section in 2012. Of the contacts reported in 1.1, (from subtotal)

- how many are new to BCCHP under 50 years of age (reimbursable)
- how many are new to BCCHP over 50 years of age (reimbursable)
- how many reported are returning clients (reimbursable)

1.3 Gender

1.4 Race/Ethnicity - Determine the race/ethnicity of the people reported in 1.1

1.5 Sexual Orientation - Of the people you made contact with, estimate how many are heterosexual and how many are lesbian, gay, bisexual, transsexual. (LGBT)

For both 1.4 and 1.5 -People of color and sexual minorities are both priority populations the program is trying to reach. Sometimes this information may be difficult to obtain. Consider different strategies for collecting this information, i.e. short surveys, etc. This information may be easier to collect in a one-on-one conversation as compared to group discussion.

1.6 Place of contact - Please mark the place of contact and approximately how many of the contacts were seen at each place - Please note that Mobile Screening days were added to this list and a clinic option was removed. Clinic recruiting is still important but cannot be counted as outreach, and is considered in-reach. This is not part of the outreach contracted SOW.

Contact Mode –

Either **One-on-One** contacts or a **group setting** (anything larger than three) estimate how many groups you talked to and how many one on one conversations you had.

2. Referrals (Indicate the number for each category)

2.1 Referrals to Screening to BCCHP- indicate the number of referrals to a BCCHP screening clinic.

Examples:

- You may have given a person the CHAP number.
- You could have given the person the phone number of the clinic.
- You could have called the clinic for the person to make an appointment.
- A referral may also be counted if you leave materials at a library or community center and include your phone number with the materials and they call for more information and a referral is made.
- A referral may occur at the same time a contact takes place: you engage the client, talk about the program and refer them to a clinic or screening all in one visit.
(Reimbursable)
- When you make a referral, you may want to send a *Fax Referral Form* on page 3 to the clinic and record on the *BCCHP Referral Log* on page 4. This is not required, but may help you track a client who may need additional support.

Successful Referrals to Screening - indicate the number of referrals that you know actually resulted in a woman's health exam. Verify that she kept the appointment by calling the women or calling the clinic after the referral.

Women over 50 – this is a new section added. Of the above number in **Referrals to Screening to BCHP** please note how many of those women are 50 and older.
(Reimbursable and can be reimbursed for both the successful referral and if the client is over 50 years of age)

2.2 Referrals to Screening to CHP- indicate the number of referrals to a CHP screening clinic.
Example: You may have given a person the CHAP number. You could have given the client the phone number of the clinic. You could have called the clinic for the person to make an appointment.

Successful Referrals to Screening - indicate the number of referrals that you know actually resulted in a woman or man obtaining a colon health screening. Verify that they kept the appointment by calling the client or calling the clinic after the referral.

Men referred: *New section* - Of the number referred to CHP screening, please note how many referred are men. (reimbursable)

Tobacco Prevention Project: A brief intervention is identifying a client who is a current smoker. You may provide resources available through your own work place or refer to other organizations that provide smoking cessation support. If you make referrals to State Quit Line, please indicate that number.

3. Monthly description: In addition to the quantitative data, please provide a descriptive paragraph highlighting the month of outreach. Please be as specific as possible. Include name of events attended, what population was reached or attended and how many people were reached. If this included a mobile event, please include numbers of clients screened and what other services were included. (this section is required and is reimbursable)

Monthly Referral Log

Record information indicated for women you refer to screening on the [BCCHP Referral Log](#) on page 4. This is an optional form to use to assist you in follow-up calls and tracking.