

6 Outreach / Public Education

6.1. Outreach and Recruitment

BCCHP provides outreach and recruitment through contracts with community based organizations that work with priority populations. Over 150 community partners also collaborate on projects with BCCHP.

Outreach efforts should be 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 women living in rural communities.

The objectives of outreach and recruitment efforts are:

1. To increase the number of women and men receiving annual health screenings, colon cancer screening, Pap tests, and mammograms through the BCCHP and other programs.
2. Recruit rarely or never screened women and men.
3. Reach out and educate men and women about the importance of breast, cervical and colon health screening and motivate them to be screened.
4. Alleviate barriers that prohibit women and men from receiving screening services.
5. Raise community awareness about Breast, Cervical and Colon health.
6. Assist women to apply for Medicaid.

Keys for Successful Outreach:

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

6.2. Outreach / Public Education Job Description

1. Identify communication networks for women and men in priority populations.
2. Use a combination of small group, one-to-one outreach and media to educate women regarding Breast, Cervical and Colon health and other women's health issues.
3. Use a combination of small group, one-to-one outreach and media to educate men regarding Colon health and other men's health issues.

4. Conduct focus groups of women and men to gather information on effective patient education strategies and materials.
5. Use outreach and education techniques that are developed with community input appropriate for priority populations, (i.e., our video presentation, "Mammogram Screening-Taking Care of Ourselves and Each Other")
6. Identify new clients eligible for BCCHP and refer for services. Motivate, assist and follow-up with women who are rarely screened or haven't seen a provider in years to help them obtain screening services. Work with Public Health to develop a local media plan.
7. Work with clinic screening coordinators to schedule appointments for women and assure they obtain exam, mammogram, and return for their next scheduled exam. (you may want to use the BCCHP Fax referral form on page 83)
8. Participate in community events and festivals that provide effective avenues to communicate with eligible women about BCCHP services.
9. Provide information and referral about health care coverage such as Medicaid and the Basic Health Plan to women encountered during outreach activities who might be eligible for those programs.
10. Maintain confidentiality concerning outreach clients.
11. Collect data about outreach activities and submit Outreach Monthly Activity Reports to Public Health by the 15th of the following month.
12. Assist Public Health in designing community awareness activities that are appropriate for the target populations, i.e., Mobile mammography clinics.
13. Attend two mandatory meetings per year and a minimum of two regular monthly meetings and trainings scheduled by Public Health or Washington State Department of Health.

Performance Goal:

Contracted program goals will be monitored through monthly outreach reports.

6.3. 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 83)
2. **Monthly Activity** - Completed by Outreach Worker to indicate Outreach and Public Education activities. (page 85)

Instructions - See: Page 89.

Please submit all completed forms each month

6.4. BCCHP FAX REFERRAL FORM

To	From
Name: _____	Name: _____
Clinic: _____	Agency: _____
Fax: _____	Fax: _____
Phone: _____	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: _____

6.5. BCCHP Outreach Form

Outreach worker/Agency:													
Year:	Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Contacts													
1.1. Age													
<40													
40-49													
50-64													
65+													
1.2. Gender													
Women													
Men (CHP)													
1.3. Race/Ethnicity													
Caucasian													
African American													
Asian/Pacific Islander													
Native Am./Alaskan Native													
Hispanic/Latina													
1.4. Sexual Orientation													
Heterosexual													
Lesbian/Gay													
Bisexual													
Transsexual													
1.5. Place of contact													
Clinic													
Health fairs/festivals/ comm. fairs													
Grocery/convenience stores/malls													
Food bank/Thrift stores													
Places of worship													
Private home													
Library/Post Office/ Comm. Center													
Job fair/Employment office													
Barber shop/Beauty salon													
Bars/Clubs/Entertainment													
Other (Write in)													
2. Contact Mode													
Face-to-face													
Small groups													
Large groups													
3. Referrals													
3.1. To BCHP													
Referrals to Screening													
Successful Referrals													
3.2. To CHP													
Referrals to Screening													
Successful referrals													
4. Tobacco Prevention Project													
Brief Intervention													
Referrals to State Quit Line													

6.6. Breast, Cervical and Colon Health Program Referral Log

Outreach Worker: _____ Agency: _____

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 date
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

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

6.7. Instructions for Completing Forms

BCCHP Outreach Form

General

The *BCCHP Outreach Form* on page 85 is to be completed by Outreach Workers on contract with Public Health - Seattle & King County. Keep a weekly tally of your outreach activities. Then add up your total for the month. Record information for women referred on the *BCCHP Referral Log* on page 87. (optional)
Send BCCHP Outreach Form by the 15th of each month.

Identifying Information

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

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

Month / Year - list the month and the year covered by the report.

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

1.1 Age Estimate the number of clients in each age bracket in which you bring up the subject of women's health, Breast, Cervical and Colon health, and from which you might yield a referral to a screening clinic.

1.2 Gender Of the people you talked to estimate how many were women and how many were men.

1.3 Race/Ethnicity Of the people you talked to estimate their race/ethnicity

1.4 Sexual Orientation Of the people you talked to estimate how many are heterosexual, gay/lesbian, bisexual, transsexual.

For both 1.3 and 1.4 -People of color and sexual minorities are both priority populations we are trying to reach in our program. We know that sometimes this information may be difficult to obtain. Consider different strategies for collecting this information, i.e. short surveys, raffles etc. You may find this information easier to collect in a one-on-one conversation as compared to group discussion.

1.5 Place of contact Please mark the place of contact and approximately how many of the contacts were seen at each place

2. Contact Mode – Face-to-Face or One-on-One contacts. These are direct conversations with individuals. These conversations could occur singly, or in a very small group. They typically would not occur during a large group presentation, but may occur afterwards. They could occur at a festival, health fair, or resource fair. You could have a direct conversation with a potentially eligible woman/man, her/his spouse, relative or partner.

Small Groups - indicate the total number of people seen in the small groups (10 or fewer people) conducted for that month.

Large Groups - indicate the number of people reached in large groups (10 or more people) for that month.

3. Referrals (Indicate the number for each category for the month.)

3.1 Referrals to Screening to BCCHP- indicate the number of referrals to a BCCHP screening clinic. 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. When you make a referral, you may want to send a Fax Referral Form on page 83 to the clinic and record on the BCCHP Referral Log on page 87.

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.

3.2 Referrals to Screening to CHP- indicate the number of referrals to a CHP screening clinic. 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. When you make a referral, you may want to send a Fax Referral Form on page 83 to the clinic and record on the BCCHP Referral Log on page 87.

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.

4. 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.

Monthly Referral Log

Record information indicated for women you refer to screening on the BCCHP Referral Log on page 87. Use this form to assist you in follow-up calls and tracking.