

Chapter 8 – Outreach/Health Education

8.1. Outreach and Recruitment

BCCHP provides outreach and recruitment by contracting with community-based organizations that have experience working with BCCHP priority populations.

Outreach efforts will focus on women and men with lower screening or higher mortality rates. Priority populations include but are not limited to women and men aged 50-64, Lesbians, African Americans, East African communities, Asian/Pacific Islanders, American Indians/Native Alaskans, Latinas, and people living in rural communities. Because the ACA has provided many of our BCCHP clients' access to insurance, we can reach new communities we have not worked with in the past.

The goals of outreach and recruitment efforts are to:

1. Provide information about BCCHP to clients who may be for eligible for the program.
2. Recruit rarely or never screened women
3. Raise awareness about the importance of Breast, Cervical and Colon health and motivate them to get screened.
4. Increase the number of women receiving regular preventive health screenings, including colon cancer screening, Pap tests, and mammograms
5. Assist insured clients on how to use their insurance and establish a medical home.
6. Seek to understand and help reduce barriers that prevent women from receiving screening services.
7. Assist in helping clients apply for Medicaid/insurance when possible.

Keys for Successful Outreach:

- Hire staff with a strong personal commitment to be reaching underserved women and educating them about the importance of good health habits and appropriate cancer screening. Hire staff with a strong belief in preventative health and the BCCHP.
- 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 to refer clients appropriately.
- Work with low-wage employers and other community advocates to enhance outreach and education.

8.2. Outreach / Public Education Job Description

- Identify communication networks that reach women in priority populations.
- Use a combination of group, one-to-one outreach, and media to educate women about Breast and Cervical health and other women'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 or discussion groups with women 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.
- Refer clients to Community Health Access Program (CHAP) for referrals to clinics or other services when appropriate 1-800-756-5437.
- Participate in community events and festivals that may be effective places to reach target audiences. Talk to eligible women about BCCHP services. Consider activities that are appropriate for the target populations, i.e., mobile mammography clinics.
- 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 with monthly budget report.
- 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.

8.3. Routing Outreach Reporting Forms

There are two Outreach Reporting forms for the BCCHP.

1. **Monthly Activity** - Completed by Outreach Worker to track Outreach and Public Education activities. There is separate Narrative form and a quantitative form. Please submit completed form for prior month activities on the **15th of each month**.

8.4 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.

Please call Jodi @ 206-263-8200 for help in completing form.

Form A

Monthly description/Narrative report: Please provide a narrative highlighting the month of outreach. Please be as specific as possible. If your organization created flyers for events included in your narrative, please send with report.

Complete each section every month. There are new questions added to this year's report. Please complete all sections of the report. If you want to cut and paste information - make sure it contains the information required in the report.

Form B.

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. You may also engage with a contact by discussing insurance status or a conversation about general health and screening. For example, this might be someone you encounter at a food bank, health fair or cultural event. This person may be insured or uninsured.

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. The conversation may sound similar to the following: "the BCCHP is a cancer screening program for women 40 – 64 years of age and for men over 50. – do you meet that criteria?" You may discuss that the colon cancer screening is for people over 50 – or for people younger that have family history." You can engage them by talking about criteria and family history etc. or you might simply ask for birth date to establish the screenings that are appropriate for them. While we screen women for breast cancer over 40, CDC focuses on prioritizing breast cancer screening for women over 50. We will also start screening women younger than 40 who have increased risk for breast cancer starting in the 2018-19 contract year.

Outreach History

1.2 **BCCHP History**

Of the contacts reported in 1.1, (from subtotal) please include the following in this section:

- how many are new to BCCHP under 50 years of age
- how many are new to BCCHP over 50 years of age
- how many have not been screened in 5+ years
- how many know about BCCHP and are returning clients

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, or transsexual. (LGBT)

For both 1.5 and 1.6 - 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 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. Health Education

2.1 Prevention

- General prevention messages, healthy eating, regular exercise, screenings, immunizations, etc.
- How to prevent cancer - importance of regular screening, impact lifestyle has on cancer incidence, etc.

2.2 Tobacco Prevention

- Ask if they smoke and provide resources for quitting. State Line: 1-800-QUIT-NOW or refer to <http://www.doh.wa.gov/YouandYourFamily/Tobacco/HowtoQuit>

2.3 Insurance

○ Has Insurance

- Assist clients and offer basic support for how to use insurance
- Discuss prevention services included in their insurance. Help them understand that many prevention services are available at no charge to them. Help clients understand the difference between a prevention screening like a Pap test and a diagnostic screening like a colposcopy.
- How many have not received screening services in over five years (if you have a conversation about their screening history - note the number of people who have not been screened for over five years) Encourage regular screening
- Discuss medical home and finding a provider
- Assist them with resources for insurance enrollment if appropriate

3. Referrals (Indicate the number for each category)

3.1 **Referrals to Screening to BCHP**- 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.
- When you make a referral, you may want to send a *Fax Referral Form* on page **Error! Bookmark not defined.** 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 –Of the above number in **Referrals to Screening to BCHP** please note how many of those women are 50 and older.

High Deductible - indicate the number of women with high deductibles (over \$500) that you referred to BCHP for diagnostic breast or cervical services. Talk to Heather at 206-263-8176 regarding specifics.