



REACHING OUT FOR SUCCESS: Family PACT Provider Guide to Effective Outreach

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Introduction

Nationwide, fifty-one percent (51%) of births are the result of unintended pregnancies.¹ Recognizing the personal, social, and economic toll these pregnancies take, California has chosen to play a major role in helping women avoid unintended pregnancies by providing public funding for contraceptive services through the Family PACT (Planning, Access, Care and Treatment) Program.

Finding and recruiting clients eligible for Family PACT services is not always an easy matter. The following guide summarizes some of the creative and effective strategies in use by Family PACT providers for reaching potential clients – female, male, adult or teen. Based on telephone interviews with seventy-five Family PACT providers and twenty-one TeenSMART Outreach (TSO) providers² – it highlights a variety of ideas that may inspire Family PACT providers to try their own approaches or further develop existing ones. This guide provides suggestions for:

- ⇒ How to use the media to get the word out about family planning services
- ⇒ How to make the clinic more accessible to clients
- ⇒ How to overcome geographic barriers and community resistance
- ⇒ How to recruit clients through direct outreach and referrals from other organizations

This guide may not answer all your questions. For additional resources, go to the Family PACT website at www.familypact.org.



Using Media to Promote Family Planning Services at Your Clinic

The most common ways of advertising the Family PACT Program are flyers, handouts, websites, and establishing a presence at community events. Although deemed expensive by some providers, it is generally recognized that advertising is a very effective method for bringing in new Family PACT clients.



Successful advertising includes writing periodic articles in the community sections of local or ethnic newspapers, putting ads in the Penny Saver or other local ad papers, putting ads in church bulletins and placing low-cost advertising in high school and college newspapers. Television and radio media can also be used to get the word out about services, and to provide reproductive health education.

Printed Materials

Many providers we interviewed use Family PACT literature but others create their own flyers, handouts and advertisements with the name of their clinics. The following are suggestions for different types of promotional materials and places to use them.

- ◆ Family PACT brochures and flyers. To order these materials, fill out the Education and Counseling Fax Order Form from the Family PACT website (www.familypact.org) and fax it at (888) 723-3667.
- ◆ Yellow Pages. Run a large ad in the Yellow Pages of the phone book – this can be expensive, but one clinic discontinued its ad and, after doing so, noticed a decline in new clients.

◆ **Flyers.** Place flyers in the following locations:

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| ⇒ Apartment complexes | ⇒ Markets and grocery stores |
| ⇒ Bath houses | ⇒ Shopping centers and stores |
| ⇒ Beauty salons, nail shops | ⇒ Parks |
| ⇒ Community colleges | ⇒ Schools |
| ⇒ ESL classes | ⇒ Substance abuse treatment centers |
| ⇒ Friday night concerts | ⇒ Social Service offices – TANF, WIC |
| ⇒ Halfway houses | ⇒ Swap meets |
| ⇒ Health fairs | ⇒ Youth activity centers |
| ⇒ Homeless shelters | |
| ⇒ Laundromats | |

- ◆ “Survival Guide” for teens and college students. Create a local resource directory with the names of clinicians, after-school programs, jobs, social services, clinic information and access to family planning.
- ◆ Door hangers. Hang flyers on the bottom of the doors of low-income apartment complexes or dorm rooms at local universities.

Things to consider:

- ✓ Some providers felt that newspaper, television, radio, movie theater and sports poster advertising did not bring in enough clients to justify their expense.
- ✓ One clinic abandoned passing out flyers at colleges because they noticed that flyers just ended up on the ground or in the trash.

Promotional Items

Where there is unfamiliarity with the clinic or the distance is great, the use of promotional items can increase the chance of a potential client coming for a visit. Promotional items are usually given out at health fairs and can be used to track outreach efforts. Some clinics offer promotional items to existing clients to pass on to their friends. Others go to low-income apartment complexes and hand out promotional items as a way of increasing awareness of their clinics. Most clinics that use promotional items have grants that cover the cost of the giveaway items or they solicit donations.

Backpack giveaway to high school freshmen. JWCH Women’s Health Center in Los Angeles buys a large quantity of backpacks in bulk, fills them with school supplies and gives them out at school health fairs and other community events during the summer before school starts. When a student gets a backpack, they can fill it with literature on family planning clinic locations, HIV/STI prevention, and other reproductive health information offered at the table. A more cost-effective way to do this would be to solicit donations of backpacks or other school materials.

Creative Promotional Items:

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| ⇒ Posters | ⇒ T-shirts | ⇒ Pens |
| ⇒ Stickers | ⇒ Cups | ⇒ CD cleaners |
| ⇒ Towels | ⇒ Gas cards | |

Children’s items. Coloring books, rulers, crayons, pens, pencils for kids, magnet calendars, Band-aids (all with clinic info and services on it). These are given out by door-to-door outreach workers at low-income apartments and community health events. The kid-friendly items entertain the children, allowing the parents more time to hear about the clinic services. (Salud Para La Gente, Inc., Watsonville).

Radio

Radio can reach a large and often diverse cross-section of people. To cut costs of traditional radio advertising, run free Public Service Announcements on a regular basis. Spots can also be run on Asian and Spanish language stations or during programs with specific audiences, such as Armenians or Russians. Another option is for a provider to run its own radio program.

Television

Radio Bilingue - Since 1998, young people from throughout California have been tuning in to Rockin' da House to find out more about birth control, sexually transmitted infections (STIs) and other reproductive health-related issues. The show's hosts are joined by Planned Parenthood Health Educators, who answer questions and listen to comments. The show airs the first and third Friday of each month, from 6:00 to 9:00 p.m. Listeners can find Rockin' da House on the Radio Bilingue network: KHDC 90.9 FM in Salinas, KMPO 88.7 FM in Modesto, KSJV 91.5 FM in Fresno, KTQX 90.1 in Bakersfield, and KUBO 88.7 in El Centro. The program can also be heard live from anywhere in the world at www.radiobilingue.org. Rockin' da House is funded by the David and Lucile Packard Foundation and the California State Office of Family Planning.

Although regular television commercials can be prohibitive in cost, providers have found that targeting ethnic-specific stations can be cost-effective and successful in attracting new clients.

- ◆ In one Central Valley community, the Hmong population has its own cable channel that runs Family PACT and reproductive health programs on a loop every month. (Planned Parenthood Mar Monte)
- ◆ The Kamila Comprehensive Clinic serves a mix of Russian, Armenian, Hispanic and Black clients. Their street outreach (markets and churches) focuses on Hispanics and Blacks, while their TV ads are on Russian and Armenian TV. Two physicians speak Russian and Armenian and two speak Spanish. They offer free STI and HIV testing to everyone and have been successful in getting clients from all ethnic groups to come in for testing. They have two hourly-paid outreach workers (a married Hispanic couple) and they track their success by asking patients where they heard about the clinic. The couple has been successful in bringing in Blacks and Hispanics. This combination of TV and street outreach targeting different communities is their most effective and innovative strategy. Word of mouth increases the numbers.
- ◆ Six Rivers Planned Parenthood in rural Northern California runs spots with a focus on teen outreach on the Inter-tribal Hupa Tribal Reservation channel.

Websites

Websites may be a very useful way to attract teens and other computer-literate groups. Some clinics have interactive fun sites geared towards teens; others target specific ethnic populations with information provided in relevant languages. Some examples of websites include:

- ◆ Planned Parenthood Mar Monte www.plannedparenthood.org/pp2/mmnte/
- ◆ Mobile Medical Office www.mobilemed.org/
- ◆ Feminist Women's Health Center www.womenshealthspecialists.org
- ◆ Huckleberry Youth Programs www.huckleberryyouth.org

Things to consider:

- ✓ Many providers said their websites had not been updated or they do not have adequate technical support to create a web site.
- ✓ Low income populations may not have access to computers or familiarity with the Internet.

Making the Clinic More Accessible and Client-Friendly

A number of providers said their increase in Family PACT client enrollment was not the result of outreach methods, but of improved organizational practices designed to make the clinic more appealing to potential clients. The following suggestions may be easy to implement and cost-effective.



- ◆ Walk-in hours. Offer drop-in pregnancy testing and Emergency Contraception hours without an appointment. Provide walk-in hours to the homeless and clients with an urgent need for care.
- ◆ Waiting time. Utilize a flow coordinator to help the clinic run smoothly while minimizing client wait time. Implement a team system, where each clinician has his/her own nurse and front staff person.
- ◆ Assistance with paperwork. Have someone available to help teens fill out the Client Eligibility Certification Form. Provide translators on-site to help clients with paperwork and health care visits.
- ◆ "In-reach". Keep front staff and clinicians well informed about the different programs for which clients qualify. Provide updates on Family PACT at weekly staff meetings.

Long Beach Department of Health and Human Services. In addition to other outreach methods, this agency's family planning department does "in-reach" to clients being served in other agency programs, including the prenatal and TB clinics, STI and HIV clinics, and field Public Health Nursing clients. In this way, they bring in post-partum clients and often their male partners, and other men and women at high risk of unintended pregnancies and sexually transmitted infections.

- ◆ Hotlines. Institute information hotlines. Print the 1-800 phone number on all handouts affiliated with the clinic, and train volunteer staff to answer questions about reproductive health.
- ◆ Follow-up. Send out reminders to existing patients to come in for a check-up.
- ◆ Staff training. Sensitize staff to the needs, rights, and confidential treatment of teens.
- ◆ Teen oriented space. Create a youth centered atmosphere by providing a comfortable and fun space for teens to hang out and get information. This may entail a separate entrance or waiting room to preserve the confidentiality of the visit. Ask teens how to make the clinic teen-friendly.
- ◆ Peers and young clinicians. Utilize younger clinicians and peer educators, if available. Teens may be more comfortable during their clinic visit if they are checked in and "roomed" by a teen.
- ◆ Diverse staff. Have medical assistants, nurses, clinicians, health educators, office assistants, and outreach workers that are the same ethnicity or speak the same language of the population being served to increase the comfort level of foreign born clients. If that is not possible, provide interpreters during client visits. Have male staff as well to make the clinic more inviting to male clients.

- ◆ Extra hours. Offer Saturday and/or evening hours for clients who cannot take time off during regular business hours.
- ◆ Male enrollment. Encourage females to inform their partners about services for men.
- ◆ Education. Conduct health education in the waiting room. For males, include male-specific educational materials, such as pamphlets on STIs, testicular cancer, information on taking responsibility for birth control, and how to help a female partner. Mention services available for men on posters, flyers, and brochures.
- ◆ Male-oriented decorations, materials and activities. Offer popular mail magazines, such as those devoted to sports, cars, or music. Posters, television programs, movies, music, computers, pool tables or video games, tutoring services and a job board are also avenues which can be utilized to appeal to males. Some clinics hold “guys’ night out” events, for which the male teens choose the activities, such as poetry slams or chess tournaments.
- ◆ Offer services designed specifically for males, including a male health exam, STI screening, and/or condom counseling to dispel the perception that reproductive health clinics are centered on female-only care.

Things to consider:

- ✓ With walk-in hours, the number of clients per day can be unpredictable and the wait time can be long.
- ✓ While some providers offer teen clinics or teen-only hours, others have abandoned that approach due to low attendance or a tendency on the part of teens to come at other times.
- ✓ There may be fewer public transportation options at night, presenting safety concerns. Encourage clients to bring someone with them to their evening visits.

Overcoming Community Resistance and Geographic Barriers

Common barriers to increasing access to family planning include opposing attitudes within the community, fear of a lack of confidentiality among potential clients, transportation problems and scheduling conflicts with work or school. The following sections address ways to reduce these barriers.



Community support

Gaining support from schools and community groups increases the ability of clinics to do outreach and thus achieve the desired outcome of fewer unintended pregnancies. This is particularly true for outreach to adolescents. In working with schools, it is important to determine the appropriate person who can authorize the clinic’s presence and obtain the required approval. Some school districts control the curriculum, so agencies should adapt to the restrictions. In some communities, rather than focusing exclusively on family planning, it works better to take a more comprehensive approach, including such health issues as immunizations, prenatal care, and cancer screening, when participating in community events.

Overcoming the resistance of teens to visit the clinic can be accomplished by raising their awareness about their need for services and their right to receive confidential services. Even a teen’s reluctance to approach an outreach booth at a fair can be overcome by walking around handing out flyers rather than only maintaining a stationary booth. While providers should be sensitive to individual and community concerns, these concerns need not become insurmountable barriers.

In regards to parents and school boards, one provider recommends:

"To overcome resistance, be patient and persistent. With longevity and good relationships, clinics can get the schools on their side. Re-emphasize that the clinics are not taking away parental rights."

"Youth groups, pastors, parents need the information, whether they agree about everything or not (and there are certain things they will never agree on). The kids will either hear about it correctly from [clinics] or get bad information from their friends. Also, the scare of Chlamydia leading to infertility is a good way to sell it to parents. Don't start with pregnancy prevention – talk about STIs. I go to meetings, which can be difficult, but well worth the effort."

(Samantha Philips, Stanislaus County Health)

Transportation

Potential clients may experience transportation difficulties due to long distances, lack of public transportation, or the inability to get enough time off work or school to make a clinic visit. The following suggestions have been used by providers to overcome these difficulties.

- ◆ Transportation vouchers. Contract with local taxi companies, give out bus vouchers, and provide vouchers for the rural transit system.
- ◆ Mobile clinics. If considering using a mobile van, check with Medi-Cal Provider Enrollment about the Licensing and Certification requirements. Park at the same location on the same days each week, so that clients and potential clients know when and where to find the van.



Mobile Medical Office (MMO). The MMO in Humboldt County began in 1990 with an old pickup and remodeled trailer as the creative private practice of a local physician. It eventually became a Federally Qualified Health Center (FQHC) in 2002. The clinic currently has 14 staff members, ten of whom provide direct patient services, as well as many volunteers from pre-med and nursing programs. The MMO provides confidential reproductive health care to hard-to-reach populations - - homeless, economically disadvantaged, at-risk teens, substance abusers, and migrant workers in rural areas. It is funded by the federal government as part of its FQHC designation, and by private donations. Sites include: St. Vincent de Paul centers, churches, community adult schools, an old motel owned by an alcohol and substance-abuse service agency and a homeless shelter. For more information, visit <http://www.mobilemed.org/>.

Gardner Family Health, Inc., Healthcare for the Homeless Project (HHP), Santa Clara County. This agency has two mobile clinics with a full medical and nursing staff that provides general medical service for 11 intermittent clinic sites within Santa Clara County. Services are provided at two to four sites daily and include chronic illness management, STI / HIV testing, pregnancy testing, Hepatitis screening, routine mammograms, Pap smear testing, TB screening and routine vaccinations; no prenatal or obstetric care is given. HHP also collaborates with the local medical center to refer clients to specialty clinics. Clients fill out paperwork on-site and then information is transferred via a secure and confidential transport system to the main clinic where it is stored in the medical records department. Sites include a drop-in center, migrant camps, Salvation Army and Red Cross centers, and a day workers' center. Funding comes from state and federal grants.

- ◆ Satellite clinics. These sites are small “branch” offices that provide minimal services, usually staffed by one Nurse Practitioner and one medical assistant. As with mobile vans, providers should check with Medi-Cal Provider Enrollment about the Licensing and Certification requirements for establishing one. Some sites have an exam room but others do not. Services offered include birth control (without an exam), pregnancy testing, emergency contraception, and STI testing. These sites often fill a gap in access to family planning by being located in areas that are convenient without requiring the space that a full clinic needs. These “mini-sites” are set up in areas without access to family planning services. Although they require an initial investment, they can be cost-effective once they have been established and the client volume is consistent. Some examples of where satellite clinics are located include:

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| ⇒ Adult schools | ⇒ Homeless shelters |
| ⇒ Community centers | ⇒ Social service agencies |
| ⇒ Community colleges | ⇒ Substance-abuse treatment programs |
| ⇒ Court schools | |

Planned Parenthood, Modesto. This clinic increased the number of clients served by 43% in the past two fiscal years. One way they have increased enrollment is by partnering with the California Conservation Corps, whose workers are primarily 18-25 years of age, to set up off-site Chlamydia screening clinics for youth. These have been very successful, especially with the ease of urine tests. They are set up in community colleges and community centers.

Things to consider when setting up a mobile clinic or satellite site:

- ✓ Obtain proper licensing and certification from Medi-Cal Provider Enrollment.
- ✓ Plan on maintaining detailed coordination between the satellite site and main clinic to keep track of client medical records.
- ✓ Decide if your satellite site will require appointments or be “drop-in” only.
- ✓ You can use a trial-and-error approach to find a site with sufficient clients. However, one provider pointed out that, “It is important to stay (at the new site) for a while, even if no one comes, because over time word of mouth gets out. Consistency and an on-going presence in the community are key to successful off-site clinics.”

Finding Potential Clients through Outreach and Referrals from Other Organizations

Conducting Direct Outreach

Direct outreach involves face-to-face contact with staff from the clinic either through presentations or on a one-on-one basis. Where staff cannot reach as many people as desired, peer counselors or health promoters may increase the clinic’s ability to reach potential clients.

Outreach to General Population

According to Family PACT providers, effective outreach to the general population can be conducted at fairs and community events. These activities can be held in a range of locations including schools, on the street, at churches or at the clinic sites themselves. Health educators or outreach workers may staff tables, conduct presentations, hand out flyers, increase clinic exposure and recruit potential clients by offering education and information.

Creative health fair activities:

- ⇒ Client surveys. Have potential clients complete a “safe sex” survey to increase their interest in the clinic. Another version of this activity is to have them take the survey with them and bring it into the clinic.
- ⇒ Parent surveys. Have parents complete “parent surveys” about their reproductive health knowledge and how comfortable they are talking to their teen about sex, STIs, and other reproductive health issues.
- ⇒ Local events. Set up tables at local events, such as the LA Korean Festival, Chinatown street fairs, and Cambodian New Year celebrations, to reach different communities.

North East Medical Services in San Francisco mans table at the street fair in Chinatown twice a year, enabling them to reach over 100,000 people. Using multilingual staff (Chinese, Spanish, Vietnamese), they distribute brochures and answer questions. At a “Member Services” station potential clients can enroll in Family PACT and schedule an appointment.

Things to consider:

- ✓ Health fairs may reach people outside the clinic target population. Finding ways to carefully target potential clients is essential.
- ✓ To decrease staffing costs, providers can utilize interns, volunteers, or peer educators to staff these events.

Outreach to Adolescents

Schools serve as an important point of intervention when attempting to reach adolescents and alternative as well as public schools can be used to host outreach activities. Presentations are the primary form of outreach at schools. At the elementary and middle school level these presentations establish the early groundwork for interventions in later years and encourage youth to make responsible decisions regarding their health. Presentations at the high school or college level can focus on changing personal behaviors and/or harmful community norms in order to reduce unintended pregnancies. Most programs consist of a reproductive health curriculum that addresses sexuality, family life, and responsible decision-making. It is important to review the curriculum with school administrators to ensure that there is adequate support for the topics being addressed. Be sure that appropriate permission has been obtained from parents and/or the school board before conducting presentations in schools. Health educators build trust by visiting the same schools repeatedly. Below are ideas related to presentations or in addition to them.

⇒ Elementary and Middle School Youth Development

- Elementary Schools. Have college students go into elementary schools to discuss peer pressure, self-esteem, and media messages.
- Middle-School Sexuality Program. Provide factual information about STIs and contraception and help young teens develop assertive communication skills and understand the pressures that can lead to premature sexual activity.

⇒ High School Outreach

- Health education classes, independent studies and internships. Offer students valuable experience and class credit for volunteering in a clinical environment.

For its "School-to-Career Internship" Planned Parenthood, Golden Gate in San Rafael coordinates with the local high schools' career counselors to be included on the list of organizations from which students can choose to shadow. For three months, high school students shadow someone in the clinic one to two days per week. Students become informal advocates of the clinic at their schools, and, for their final project, make suggestions about how the clinic could be more productive or teen-friendly.

- Teen theater. Spread reproductive health information using drama. Recruit and train students in theater techniques and sexual health topics to write and perform skits at middle and high schools. Raise awareness of HIV and STIs using humor and teen lingo.
- Pregnant and parenting teens. Attend support groups for pregnant and parenting teen mothers to provide strategies for maintaining current family size, setting goals, increasing self-esteem, and completing high school. Train girls in public speaking so they can tell their stories to other students.
- School nurses. Collaborate with the high school nurses for referrals, informing them of clinic hours, the services offered and the confidentiality policy. Leave handouts about Family PACT services.
- Sports physicals. Integrate family planning messages into local high school sports physicals. The physical exam serves as an important point of entry for intervention.
- After-school programs. Inform teens about clinic services at after school programs.



"After-school activities with students allow clinics to develop relationships with kids and establish a high level of trust." (Andrew Ma, Associate Director of Marketing and Outreach Services, at Asian Pacific Health Care Venture, Los Angeles)

- Parent Teacher Association (PTA) meetings. Talk informally with parents about how to talk to teens about sex. Offer follow-up workshops for interested parents. Inform them about Family PACT.

⇒ **Peer-based Outreach**

Many providers felt that involving peers to engage adolescents in decisions about their reproductive health has been successful in increasing teen participation in the Family PACT Program. The peer-based approaches differed by provider, but the basic tenet remained the same: some teens feel more comfortable talking to their peers about reproductive health issues than they do with adults, and their knowledge and behavior is more likely to change when they receive information from a peer rather than from an adult. Teens may conduct outreach activities, provide services in the clinic or office, or both. The specific responsibilities of peer providers depend on the providers' needs, as well as the age, skills and training of the peers.

The process for setting up a peer-based model varies but can be summarized in the following steps:

- Recruitment. Recruit peer providers (PPs) from high schools, pregnancy prevention programs, or by placing ads around the community. Barriers to

recruiting male PPs can be lowered by having a male write the job listing and using word of mouth referrals and informal peer networks.

- **Training.** Provide training on topics such as birth control methods, STIs, cancer screening, clinic operations, skills for client intake and counseling. The specific topics covered should be determined by what the responsibilities of the PPs will be.
- **Implementation.** Implement the program depending on the needs of the providers and the skills of the PPs. Some PPs go out into the community in the mornings and work in the clinic in the afternoon, making it possible for them to enroll the teens they met earlier and “room them” (take weight, blood pressure, urine tests) before they see the clinician. Some PPs may become official employees of the clinic; others receive a stipend or academic credit for their work.

Come into the SHADE (Safe Health Awareness Done Easy!) is the maxim of Stanislaus County Health Department’s peer based model. Teen Peer Educators (PEs) ages 16-20 years are recruited from high schools and through local advertising. PEs are interviewed and when chosen must volunteer for three months of training based on the California Family Health Council’s reproductive health curriculum. At the end of the training the PEs undergo two days of testing (one written, one oral). Having passed the training, the teens are fingerprinted, drug-tested and become county employees. They are paid an hourly wage, given an ID badge, which in turn entitles them to free bus rides, and are sent into the field and clinic. Typically about ten trained teens implement the program at three clinics. PEs do not do pregnancy testing but are trained to enroll clients into the Family PACT Program, take blood pressures and “room” clients for the clinician. They also go out into the community as educated representatives of the clinic. Using their own business cards with the clinic information and services on the back, they say “Come to the clinic – I’ll be there.” After each teen shift, the teen supervisor (who is about 24 years old), debriefs the teens about how the day went. They review the charts and talk about what could have been done differently. According to County Director of Family Planning Samantha Bland-Phillips, “The SHADE teens feel ownership of this program, and with this confidence, they spread the word quickly.” Stanislaus County Health Department received a grant from the California Wellness Foundation for two clinics to implement the model.

Things to consider when implementing a peer-based model:

- ✓ Adult family planning staff may feel threatened by peer models. The key to success is to emphasize the effectiveness of the model and to encourage adult staff to serve as mentors to the PPs.
- ✓ Some teens may need more supervision in the field than others. Making sure a strong training and supervision program is put into place is essential to the success of a peer provider program.
- ✓ Program implementation can be costly. It may be possible to allow PPs to obtain course credit for some of their work.
- ✓ Turnover among peers can be high, requiring continual recruitment and training. Peers may leave when they finish school, may not be available during school breaks, or may have scheduling conflicts due to classes.

One high school has a class that trains students to be health educators. The students go through their curriculum and then come to the clinic to put their knowledge into practice. After their clinic experience, the students do presentations on sex education, birth control and a wide variety of topics, at the participating high schools and other schools. They always talk about the clinic and the Family PACT Program during these presentations. This program is beneficial for all parties; the clinic benefits by increasing awareness among the participating students, and the students receive class credits for completing the program. (Logan Health Center)

⇒ **Other Outreach Ideas for Teens:**

- Teen centers and sponsored events. Collaborate with teen activity centers or agencies that sponsor teen events. For example, one youth center in Northern California hosts concerts, art shows, video game nights, bands and other events, and is open to youth-based organizations. At each event a peer educator is available to talk about clinic services and the Family PACT Program.

Annual Urban Youth Summits include three hours of workshops followed by entertainment related to reproductive health, for example a play on HIV/AIDS. Teens learn about peer mentoring and how to become more active in spreading the word about reproductive health. These summits require sponsorship but they are a fun way to reach a large teen audience (T.H.E. Clinic, Inc.)

- Contests. Hold a rap contest to spread the word about HIV and other STIs on National HIV-Testing Day – offer either anonymous or confidential testing.
- Sports teams. Bring teens together for fun and create an opportunity to discuss reproductive health issues by organizing sports teams. Conduct outreach to teens at sports games.

Family Planning, Inc. of Shasta County (FPI) created a baseball team, the Redding White Sox, and a city-league basketball team, the Trojans, for young men ages 18 to 21. The young men on the team make referrals to their friends and community members and serve as informal advocates for the clinic. To be on the team, the guys have to receive professional counseling from an FPI staff member, free of charge, to ensure that they are safe, healthy, and can make educated decisions about reproductive health. This clinic has consistently increased its male participation in the Family PACT Program over the past two years.

- Group Homes. Hold clinic tours for potential clients.
- Juvenile Hall, Detention Camps. Develop linkages with juvenile probation and juvenile hall. Hold tours for potential clients, making it more likely they will use the clinic once they are released.

Outreach to Adults

While many direct outreach efforts focus on adolescents, adults should not be overlooked. The following suggestions are particularly applicable to adults.

- ⇒ Adult Schools
 - English as a Second Language (ESL) classes. Reach recent immigrants through ESL classes. Have ESL teachers bring their classes to the clinic, show the students all the services and ask them to share the information with their families. Leave flyers in the ESL classrooms.
 - Community colleges. Conduct presentations at community college orientation sessions.
- ⇒ Community Outreach. Involve adult outreach workers and “promotoras” similarly to peer educators and pay them a stipend.

Apartment Building Complex Tenant Meetings. Salud Para La Gente, Inc. in Santa Cruz County collaborates with the South County Housing Property Management Company, which manages apartment buildings in Gilroy, San Benito and Monterey. The management company invites the agency to talk at meetings with tenants once a month. Outreach workers do presentations to promote healthy lifestyles or just set up a table to make their presence known.

Planned Parenthood in Merced sends health educators to nearby migrant camps. Outreach workers go in pairs to the parks and bars where the men gather in the evenings and set up a table with information on clinic services. They increase the men’s awareness of STIs and the possibility of transmitting them to their wives. The men are encouraged to receive Hepatitis B vaccines, STI screenings and condoms. People are not enrolled into Family PACT in the field; they must go to the clinic to receive services. To track the effectiveness of this method, the men are given a card and asked to bring it to the clinic when they come. Out of 75 cards passed out one Tuesday night, 15-20 men come into the clinic over the next couple days.

- ⇒ Workplace Outreach. Conduct outreach presentations at workplaces, such as agricultural fields.

One company invites one clinic to the strawberry fields to meet with the agricultural field crews at lunch. They educate potential clients and talk about the services offered. (Salud Para La Gente, Watsonville)

- ⇒ Community Organizations
 - Migrant Head Start. Attend monthly meetings and conduct presentations for the parents of children.
 - Bi-national Health Week Committee. Participate in this collaborative that meets year round to brainstorm ways to reach people, discuss current issues, and set healthcare standards for Mexican Immigrants. The agencies involved represent 18,000 people, including policy-makers, health professionals, researchers and community-based organizations from Mexico and the U.S.
 - Community Based Organizations. Collaborate with organizations such as Black Infant Health Project, Lao Community Association, Cambodian

Resource Center, Asian American Recovery Program, the Resource Center for Refugees, and the Vietnamese American Cancer Foundation.

- Women, Infants, and Children (WIC) Clinics. Conduct presentations at WIC clinics and encourage women to enroll in Family PACT.

WIC Site Visits. JWCH Women's Health Center in Lynwood has been visiting three WIC sites for over 10 years. Health educators help local WIC staff conduct breastfeeding classes. They also conduct on-site classes on STI prevention and birth control methods and encourage women to enroll in Family PACT. They can see 80-100 WIC clients in one day. This clinic increased the overall number of Family PACT clients enrolled in FY 2003/04 by 50%. They also see a large proportion of African Americans and increased participation among this group by 48% in FY 0203/04.

- ⇒ District Attorney's (DA's) Office. Collaborate with the DA's Office. Give out referrals for free or low-cost vasectomies for men who are followed by the county's family support division. Providers report that these men are often highly receptive to the idea.
- ⇒ Adult Education. Leave flyers or coupons in Community Adult Education classrooms. Conduct presentations at community college orientation sessions. Connect with the local CalWorks (Welfare-to-Work) program at the community college. Find out if there are any students in the education classes with an interest in the health field, and provide an opportunity for them to work or volunteer at the clinic.
- ⇒ Women in Custody. Develop linkages with adult probation. Expedite visits for female clients escorted to the clinic to avoid scrutiny and embarrassment. These visits are not charged to Family PACT, but when the women are released they are more likely to come to the clinic for follow-up and can be enrolled in Family PACT.
- ⇒ Prison-release adults from the California Board of Parole. Conduct outreach at orientations (in Spanish and English) to newly released prisoners.
- ⇒ Homeless shelters, substance-abuse treatment programs, and drug rehabilitation centers. Develop relationships with these social service agencies. Offer drop-in hours or take mobile vans or staff to shelters. Offer STI testing and physical exams.
- ⇒ Drug court. Develop partnerships with drug courts, which require drug offenders to have a physical exam to move on to the next step of their program. Uninsured offenders are referred to the clinic for an exam. Conduct presentations to groups of offenders. Expedite their visits and give information on Family PACT.
- ⇒ Domestic Violence Shelters. Develop linkages with domestic violence shelters. Leave outreach cards for potential clients or take services to the shelter.

Things to Consider:

- ✓ For safety, outreach workers can go in pairs or teams at night and in crowded places. Have a supervisor on call during all shifts.
- ✓ Drug offenders often break appointments. Transportation for incarcerated women depends on the institution and the clinic may not always know when they are going to show up, making it difficult to maintain a smooth clinic flow.

Promoting Referrals from Other Organizations

Most providers who have been in their communities for a long time stressed the importance of networking with other agencies and community-based organizations. Some of the collaborative partnerships are informal; for example, the clinic may refer clients to the local domestic violence program for counseling. Other relationships are formalized with a Memorandum of Understanding (MOU), such as with the drug court. The following is a list of groups with which Family PACT providers have partnered, either informally or formally:

- | | | |
|------------------------------|-------------------------------|---|
| ⇒ Boys and Girls Clubs | ⇒ Girl Scouts/ Boy Scouts | ⇒ Independent living programs |
| ⇒ Domestic violence shelters | ⇒ Hispanic/ Latino Coalitions | ⇒ Job training agencies |
| ⇒ Faith-based organizations | ⇒ HIV testing sites | ⇒ Public Health Departments |
| ⇒ Foster care agencies | ⇒ Homeless shelters | ⇒ Teen Pregnancy Prevention Collaborative |

Reaching out to providers who may not routinely offer family planning and reproductive health services, such as pediatricians, internists, general practice, and mental health providers, can result in incoming Family PACT referrals. Providers report this is especially true for specialized services such as colposcopy, diaphragm fitting, Depo Provera injections, vasectomy, IUC insertion and contraceptive implants.

Participating in a Community Clinic Consortium can benefit all parties, by linking clients to services that they do not provide themselves, such as primary care, dental, optical, and prenatal care. Such consortiums meet to discuss current issues faced in health care and to ensure high quality services. Some TeenSMART Outreach agencies report finding common ground with faith-based or abstinence only groups, thus increasing their participation in the community.

Conclusion

While 'word of mouth' is a common response to the question of how potential clients find out about a clinic, the interviews with providers have shown that clinics can promote their services in ways that may increase 'word of mouth.' Several common themes regarding successful outreach emerged from those who participated in the interviews. Many mentioned that a strong presence in the community is key to developing trust and ultimately promoting reproductive health services. Building and maintaining good relationships with schools was considered essential. Changes in clinic flow and in-reach were found to be cost-effective ways to increase enrollment of eligible populations. A central location near public transportation and schools was touted as conducive to high numbers of client visits. A friendly, non-judgmental approach to offering services and hiring people who represent the populations of their communities were helpful. Finally, providers urged that outreach workers be thoroughly trained and well compensated for successful outcomes. All or a combination of strategies will likely result in more awareness of the benefits of family planning, more knowledge of where to find services, increased use of clinics and thus a reduction in the incidence of unintended pregnancy.

¹Preventing Unintended Pregnancy in the US. Guttmacher Institute, www.guttmacher.org/pubs/ib2004no3.html. Last accessed March 2006.

²TeenSmart Outreach providers are Family PACT agencies that receive additional outreach funding to encourage teens to use their clinics.