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Purple Paper

Outreach with Vulnerable Populations

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What is Outreach?

Outreach is well established as a general population health approach in maternal & child health, nutrition and infectious disease control, but it is less established as an intervention for reaching vulnerable populations^a. Depending on the target audience and the purpose of a program, outreach can be understood in a variety of ways ranging from broader public education campaigns to programs focused on delivering a service to a well-defined client population. Having a clear definition of what outreach means in your particular situation is the first step to effective outreach programming.

Outreach, using different approaches, can be a valuable strategy to prevent sexually transmitted and bloodborne infections (STBBI) including HIV in vulnerable populations. Mobile outreach teams can deliver services to members of the target population in their own settings or provide the information and support necessary to mobilize and empower individuals and groups to access existing fixed-site services. At a broader level outreach can also promote positive change, not only in individual behaviours but also of the wider community norms which inform these behaviours. Balancing these aspects allows a program the opportunity to reduce immediate risks and promote longer-term wellness by addressing some of the factors contributing to vulnerability.

Key Points

- Outreach can be a valuable strategy at the individual level, for preventing sexually transmitted and bloodborne infectious (STBBI) including HIV in vulnerable populations. This is because outreach can deliver services and information to populations that normally would not be aware of or be able to access services due to their life circumstances.
- At a broader level, outreach can promote positive changes in individual behaviours and also in the wider community by shifting “norms” that inform these behaviours.
- The purpose of NCCID’s Outreach Planning Guide was to address gaps in existing knowledge about how to best plan programs and services for outreach. The Guide provides a high level theoretical and operational framework based on the best available evidence, and consultation with outreach workers and program planners.
- The framework for program planning presented in the Guide is grounded in the principles of harm reduction, and the theories of behaviour change, and social determinants of health; all of which contribute to individual health-related behaviours.
- There are 4 steps in the Guide’s outreach program planning framework: 1) assessment, 2) planning, 3) implementation, and 4) evaluation. The model is centred upon the context within which the services are delivered and highlights the importance of constantly adapting programming to suit the changing needs of clients. Outreach programming is iterative.
- The final version of the Guide was introduced at a series of workshops, which were attended by 94 individuals representing every province and territory. The purpose of the workshops was to demonstrate how the Guide could be used in practice, and to obtain feedback on needs for outreach services that were still outstanding. These needs are in the process of being addressed by NCCID.

^a Gilligan, Brian (2009). Outreach Scoping Review. NCCID, unpublished.

NCCID Outreach Planning Guide Project

In 2008, the National Collaborating Centre for Infectious Diseases (NCCID) hosted a forum in Montreal, *Building and Exchanging Knowledge for Reaching Vulnerable Populations*, which focused on obtaining a more informed perspective on the realities facing outreach workers whose daily work involves attempting to reach vulnerable populations for the prevention of STBBIs including HIV. These discussions highlighted the need for a national perspective on outreach, which would outline the components of a 'good' outreach program while allowing the flexibility to adapt a specific program to a local context and target population. In response to these outcomes of the forum, NCCID commissioned a scoping review of evidence related to planning an outreach program.

The development of an Outreach Planning Guide was undertaken by a consultant with experience in outreach in both the Canadian and international context. It was also informed by an advisory group comprised of individuals currently working in the field (including outreach workers and management)^b. Initial discussions and review of available literature and program documentation highlighted the literature's lack of focus on some of the fundamental questions regarding outreach programming. These questions included: why and when to use outreach programming, what is the role of outreach in the broader context of public health programs or services offered by an organization, as well as issues concerning engagement with vulnerable populations, partnerships, selection of methods and tools, and performance measurement. The purpose of the outreach guide was to address this knowledge gap in a high-level theoretical and operational framework with the best available evidence.

The initial scoping review involved a comprehensive look at outreach programming in the Canadian context, both from the published literature as well as discussions with practitioners and resulted in the first draft of the outreach planning model as well as

^b Many thanks to Brian Gilligan as consultant, and the advisory group of Chris Buchner, Francisco Ibanez-Carasco, Pascale Robitaille, Margaret Ormond and later Barbara Anderson. A later version of the Guide was developed by Alexandra Henteleff and Helena Wall for Innovative Health Solutions plus.

a written report. Although considered a rich source of information, the length of the initial report was a barrier to uptake by the target audience. The Outreach Planning Guide (Guide) was developed by consultants to be a 'bare-bones' version of the review. It describes the planning model and presents key points to further explain the different steps in the process. The remainder of the very valuable, detailed information from the scoping review, which included tools, illustrations of key points using existing programs as examples and excerpts from other documents would be added to the Guide as addendum pieces or as components of a more comprehensive toolkit for outreach planning.

The outreach planning model as well as the first version of the streamlined Guide was first presented to members of the target audiences at a consultation in March 2010. This successful and productive two and-a-half day consultation provided NCCID with useful feedback on the model and the Guide. Significant changes were made to the model following the consultation, partly based on participants' feedback that the linear configuration of the model did not adequately reflect the dynamic and iterative nature of planning outreach programs. Participants pointed to changes in risk behaviours and epidemics over time and highlighted the need for outreach programs to be responsive to these changes in the environment.

The resultant model (Figure 1) is an amalgamation of the best available evidence from the research literature, program documentation and consultation with individuals working in outreach, and was presented for the first time at the National Collaborating Centres for Public Health's Summer Institute in Winnipeg, in June 2010.

The English and French versions of the Outreach Planning Guide are available on the NCCID website (www.nccid.ca).

Hardcopies are currently only available in English. They can be ordered from the CATIE ordering centre (<http://orders.catie.ca/>) at no charge.

Outreach Planning Model

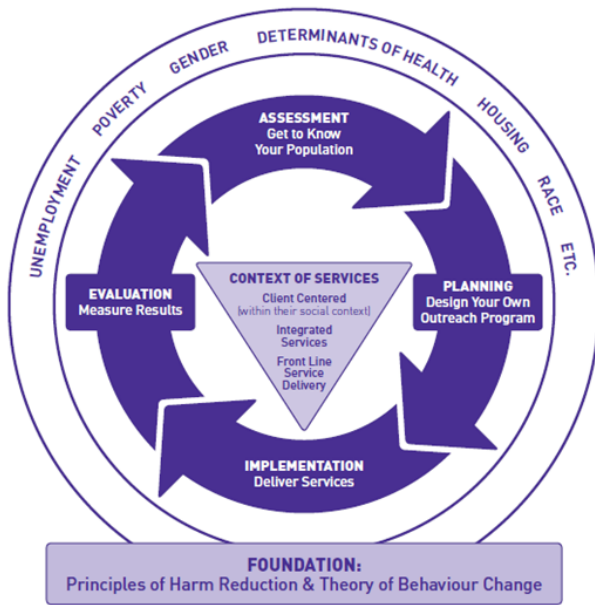


Figure 1: Outreach Planning Model

The planning model comprises 4 steps:

1) assessment, 2) planning, 3) implementation and 4) evaluation.

As mentioned, the circular nature of the model is a response to feedback from participants at the Toronto forum. Other improvements included situating the model within the concept of social determinants of health to highlight their importance, grounding the model in the principles of harm reduction and theories of behaviour change and placing the clients and their needs at the centre of the model. The following three components are central to outreach delivery, and need to be considered in every step of the process:

- Client-centered focus with an understanding that broad social relationships and community contextual factors play an important role in shaping an individual's health;
- Integrated services;
- The realities of front-line service delivery and recognition of the importance of front-line workers and the services they provide.

The model was influenced by existing paradigms of program planning – most notably from nursing literature – and as a result certain aspects of it may seem familiar to some of our audience. In public health many of those planning and delivering

outreach services are from a nursing background but outreach is not a field limited to nursing. Outreach teams not only have to contend with diverse backgrounds within their own team, but also with the backgrounds and disciplines of partners they need to work with. At its core, outreach is not only multi-disciplinary but also needs to consider the perspectives of workers who may not have been formally educated and, more importantly, members of the populations themselves. One of the key purposes of the model is, therefore, to recognize this confluence of perspectives and to serve as the foundation and starting point for planning by outreach teams and their partners.

Workshops

The final Outreach Planning Guide was introduced to members of the target audience during a series of six workshops held across Canada. The objectives of the workshops were to

1. Introduce the *Outreach Planning Model and Guide*
2. Work through draft tools to facilitate use of the model
3. Provide a venue for the exchange of local and national expertise
4. Identify gaps and needs that have not yet been addressed.

Ninety-four individuals, representing every province and territory, participated in the workshops. The participants included individuals involved in planning and managing outreach programs; managers in local/regional public health units as well as managers from community-based groups and frontline workers.

All workshops were designed to follow the same agenda and format. This included short presentations which highlighted each of the 4 steps within the Outreach Planning Guide and showcased four potential tools to support implementation. These tools were drafted by consultants as examples to stimulate discussion. They included an evaluation framework and tools for situational assessment, developing policies and procedures, and developing successful partnerships. After each presentation, participants were given the opportunity to apply the model by working through table-top exercises and sharing experiences.

The fact that the response to the workshops was overwhelmingly positive is encouraging. However, determining if the Guide, and the process of developing the Guide, are of enduring benefit to public health practice and policy in Canada is an ongoing process.

The last session of the workshop asked participants to brainstorm and prioritize additional tools to support the implementation of the Guide and outreach work in general. The feedback received was analyzed and themed into the following six categories (listed in no particular order).

1. Online Community of Practice/
Resource Centre
2. Templates and Tools
3. Research & Evaluation Resources
4. Companion Documents/Enhancements to the
Guide
5. Networking Opportunities
6. Professional Development/Training

During small group work, participants also shared many great lessons learned, initiatives that have worked or are successful in their area and examples of great outreach programs. These shared experiences are critically important evidence for outreach programming and NCCID is committed to making this available in the future.

Conclusion

The outreach project has come a long way since its inception at the forum in Montreal but several steps still remain. The French version of the Guide has just been completed and this will allow for wider distribution of the Outreach Planning Guide. Both the English and French versions are available on the NCCID website. Hardcopies of the English version are also available from NCCID by request and can be ordered from the Canadian AIDS Treatment Information Exchange (CATIE) ordering centre (<http://orders.catie.ca/>) at no charge.

NCCID is currently working through all suggestions from the most recent workshops in order to prioritize work for the upcoming year. Specifically, the suggestions for tools to support outreach workers have been 1) sorted into those which fall within, and outside, of NCCID's mandate to provide, 2) located from other sources (e.g. generic templates and/or tools which have been created for use in another sector but that have the potential to be adapted to outreach). In the short-term, our goal is to create, test, and distribute needed tools for use by front-line workers and program planners in providing HIV/STBBI outreach services. In the long-term, we hoped that NCCID's Outreach Planning Guide will serve as a national standard for outreach programming in Canada. The Guide is a living document. Continual effort will be made to ensure the Guide is relevant and appropriate to the local Canadian context in which outreach programs are implemented and to reflect evolving changes and advancement in outreach over time.