Health Outreach

Tim Berthold, Craig Wenzl, and Emily Thompson

This chapter includes four activities and one assessment for training community health workers (CHWs) to conduct health outreach. Outreach links vulnerable clients and communities to key resources and services in order to promote better health.

This guide corresponds to, and is meant to be used with, Chapter 19, “Health Outreach,” of Foundations for Community Health Workers, Second Edition.
CHAPTER AT A GLANCE

Health Outreach

Training CHWs to conduct health outreach typically unfolds over several months at City College of San Francisco (CCSF). We provide learners with multiple opportunities to practice key concepts and skills by participating in role plays and other learning activities. Over time, learners participate in short outreach zaps, which are quick, focused, one-time outreach efforts, on the CCSF campus in order to practice engaging outreach contacts in conversations about a selected health topic. With each outreach zap, students gain confidence and skills necessary for working in the field. The content in this chapter is designed to be covered in six to eight classes or training sessions, depending on your training schedule.

This guide is meant to be used along with Chapter 19 of Foundations for Community Health Workers, Second Edition. The guide includes a selection of step-by-step training activities from the CCSF CHW certificate program. It is not meant to be a comprehensive list of all training activities for addressing the topic of health outreach. We recommend reading Chapter 19 in Foundations, since the textbook provides more material about health outreach, as well as a deeper explanation of concepts related to activities in this guide.

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*Includes:*  
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Activity 19.1

Talking Wall, Outreach Experiences

This activity provides learners with the opportunity to discuss their experiences with outreach and share ideas about effective and less effective outreach approaches. We recommend completing this activity before moving on to the outreach zap activities (Activity 19.3).

1 Introduction

Frame this activity by explaining that this is an opportunity to share prior experiences with outreach, as well as ideas for effective and not so effective ways to conduct health outreach.

Draw learners’ attention to the four large pieces of paper posted throughout the room, each with a different question, and distribute markers to each learner. Explain that their task will be to carefully reflect upon each question and record their answers as clearly as possible.

Each piece of paper should have one of the following questions:

- What types of health outreach have you witnessed before? Which health issues were addressed?
- How do you not want to be approached by someone conducting outreach?
- What type of outreach approach works best for you?
- What encourages you to interact with a person who is conducting outreach?

2 Talking Wall Activity

Allow learners time to record and post their answers on each of the four posted pieces of paper. These papers with learners’ responses are called talking walls.

After they have posted their own responses, ask learners to review the ideas posted by their peers.
Talking Wall, Outreach Experiences (continued)

3 Small Group Discussion
Assign learners to small groups of three to five people, and ask them to discuss the answers they posted on the talking walls. Ask them to identify major themes and take-home messages for each question or topic. Ask each group to designate one learner to take notes and report back to the large group.

4 Small Group Report Back and Large Group Discussion
Ask for one representative from each small group to report back on the key themes and take-home messages identified in Step 3.
When all groups have presented, facilitate further discussion by posing questions such as these:

- In general, what types of outreach styles were least effective for this group? How can we use this information to inform our approach to conducting health outreach?
- What other CHW concepts and skills can be useful to guide your outreach efforts and to engage people in talking with you?
- How may the concept of cultural humility assist you in providing effective health outreach?
  
  For example, cultural humility can guide CHWs to work effectively with people who have different experiences, ideas, and values about outreach and who may respond better to different styles of outreach. Try not to impose your own assumptions and cultural values when providing outreach. Leave room for the people you are trying to reach to guide you in how to best interact with them.

- In what ways might client-centered practice inform your health outreach?
  
  For example, client-centered concepts and skills may be helpful here, including the idea of asking open-ended questions, and the concept of the CHW with Big Eyes, Big Ears, and a small mouth.

This is an opportunity for learners to begin to draw connections between other CHW core competencies, concepts, and skills, and the challenge of conducting health outreach.

5 Reinforcement
Reinforce key messages from the talking wall activity, from Chapter 19, and from other sources. Key messages may include these:

- Most people have had some exposure to outreach. This may include experience with people distributing flyers on the street for services or events, trying to get voters registered, canvassing for specific political issues, or conducting outreach about health issues affecting the local community.
Talking Wall, Outreach Experiences (continued)

- There are different styles and approaches to conducting outreach.
- We have different responses to outreach that may be influenced by our personalities and identities, cultures and prior experiences.
- We want to try to be aware of how our approaches to conducting health outreach are being perceived by the communities we hope to engage. When prospective outreach contacts let us know—through words and/or actions—that they are not interested in engaging with us, we need to respect their wishes and back off.
- Conducting health outreach can be meaningfully informed by other CHW concepts and skills including cultural humility and client-centered practice. Cultural humility, for example, helps us check out our own assumptions about others and reminds us that other people may have very different experiences, ideas, and beliefs about outreach. Client-centered practice guides us in eliciting the ideas, questions, and concerns of outreach contacts by asking open-ended questions and listening carefully to what clients tell us.
Health Outreach and Safety Issues

This activity provides learners with an opportunity to identify safety concerns when conducting health outreach and to discuss how to prepare for and respond to such challenges.

1 Introduction

This activity is an opportunity to reflect on the safety issues and challenges that learners may face when conducting health outreach. You will talk about how to prevent and respond to potential safety risks.

Often, we provide health outreach to communities that are highly underserved and facing significant health risks with the goal of connecting them to new services that will enhance their health status. These communities may live in neighborhoods that face significant safety concerns and risks.

2 Large Group Brainstorm

Facilitate discussion among learners by posing a question such as this one:

- Based on your reading and your own life and professional experience, what are some safety issues or concerns that CHWs may face when conducting health outreach?

Take clear notes on the board to document their responses. If necessary, add in additional examples of safety concerns that are not identified by learners. A list of these concerns is provided in Chapter 19.

Ask learners to identify the different parties who may be affected by these safety concerns by posing a question such as this:

- Who are the people who may be affected by these safety concerns?

This is an opportunity to engage learners in considering that safety concerns may affect a wide number of people including those who are directly involved, as well as those who witness the incident or dynamic. It may impact the safety of the CHWs themselves. And,
Health Outreach and Safety Issues  (continued)

depending upon how the CHW responds, it may impact the reputation of their program or agency, and their ability to work effectively in the community in the future.

### 3 Small Group Discussion: Responding to Safety Concerns

Assign learners to work in small groups of four to six people, and distribute the small group discussion questions (included at the end of this activity). Ask each group to select one member to take notes and share their ideas during the large group discussion. Ask groups to brainstorm their responses to each question. Circulate among small groups, offering guidance as necessary, and listen for ideas to share during the large group discussion.

### 4 Large Group Report Back

Facilitate a large group report back and discussion. Ask one group to share their response to the first safety scenario, and leave time for other learners or groups to ask questions or share alternative responses.

Note that there may be a range of appropriate responses to most safety risks. In general, you want to encourage learners to work together to consider their responsibilities to their outreach team and clients, and suggest ways to avoid or deescalate potential safety risks. Refer to guidelines provided in Chapter 19 as appropriate, including the following:

- Be aware of your environment and the dynamics and behaviors unfolding around you.
- Keep cultural humility in mind.
- Pay attention to your instincts.
- Keep your coworkers within view and/or hearing distance at all times.
- Agree to a safety signal or code in advance and use it if safety concerns arise.
- Communicate with your coworkers to discuss any potential safety concerns. Take action to avoid or deescalate this situation together!
- Don’t argue with an angry client. Use skills for deescalating anger and conflict. Remain patient and polite.
- If the safety risks remain, don’t hesitate to leave.

Note that not every outreach challenge or potential safety issue requires immediate action. For example, clients have a right to be angry, to disregard or avoid outreach workers, and to criticize outreach workers, programs, and agencies. Stay calm and respectful. Be patient to see if an opportunity arises then or in the future to turn this challenge into a dialogue. Remember that health outreach—like all of your work with clients—is about building and maintaining relationships.

Some clients may grab for the outreach materials that you have brought, such as socks or condoms or toothpaste. They may take what you consider to be “too many.” Try not to
judge this or to get into an argument. Keep control of your outreach bags and materials, and take initiative to distribute these resources according to your plan. But remember, you won’t always be able to control who gets what, or how many, or what they choose to do with them.

5 Small Group Case Study Discussion
Distribute the case study for developing an outreach safety plan (included at the end of this activity), and ask groups to review it and do their best to answer the questions that follow. Provide small groups with 10 to 15 minutes to complete this task. Ask each group to select someone to take notes and to summarize the group’s work during the large group report back. Circulate among groups, offering guidance as necessary, and noting questions and ideas for the large group discussion to follow.

6 Large Group Discussion
Ask the small groups to report back on their safety planning assignment and respond to one question at a time. Start by asking all groups to read their one-sentence safety plan goal. Next, ask each group to identify the four actions they will take before conducting outreach to prepare for safety risks. Write these down on the board. Place a checkmark next to ideas that are shared by more than one small group. Ask learners to share questions and comments and to share any significant ideas that were not yet represented.

Take time to facilitate discussion about how to work with local law enforcement. This is a nuanced issue and one that CHWs may have strong feelings about. On the one hand, it is important for CHWs who conduct health outreach to try to develop a cordial and professional relationship with law enforcement. Law enforcement may approach outreach workers to ask them who they are and what they are doing. Law enforcement may help to respond to a serious safety risk.

On the other hand, health outreach efforts can be undermined if the community thinks that outreach workers are working too closely with law enforcement. The community may be highly critical of law enforcement. They may be worried that outreach workers will collaborate with law enforcement, reporting drug use or other possible violations of the law.

Finally, ask each group to share an example of an action that they will take after they return to their agency. These actions should include the following:

- Documenting the outreach effort and what happened
- Notifying a supervisor about any notable safety risks to the outreach team or clients
- Analyzing how they responded to any safety risks
- Discussing what they might want to do differently next time
Health Outreach and Safety Issues  (continued)

7 Reinforcement
Take time to reinforce key messages about safety and health outreach, including concepts shared by learners, information from Foundations and other sources, and your own professional experience. Key messages to reinforce may include these:

- Make sure you research and get to know the communities where you will be providing outreach, including their local agencies, programs, and services. Take time to gradually build relationships with the community and to get to know local opinion leaders. Ask for their guidance, support, and suggestions for your health outreach effort, including where they think you should go, whom you should speak to, and what types of information and resources they have to share.

- Keep in mind that when you are conducting health outreach, you are often entering someone else’s space. It may be a place where people hang out, live, or worship, or where injection drug users buy and use drugs. Be as respectful of this space as you would be when conducting a home visit.

- Don’t push yourself or the services and resources you have to offer on someone who indicates that they are not interested.

- Make a plan for what type of materials and resources to bring with you and how you wish to distribute them. Come up with a reasonable and flexible policy (such as one pair of socks per night per client). Manage the distribution of these resources while you conduct outreach.

- Always let your supervisor know when and where you will be providing outreach.

- Be aware of your surroundings at all times. Watch and listen to what is happening around you.

- If you are working in a team, check in regularly—at least by sight—with your fellow outreach workers. Establish a code to use if a safety concern or risk arises.

- Be ready to think and act quickly if you encounter a safety issue. Don’t take any unnecessary risks.

- Listen to your instincts and pay attention to them if you feel particularly uncomfortable, anxious, or unsafe. If you are uncertain about what to do, check in with a colleague, or make your excuses and leave.

- Carefully consider your relationship with local law enforcement. Although your program and agency may work closely with law enforcement in some ways, be cautious about aligning yourself too closely with law enforcement when they do not have a good relationship or reputation with the community where you are conducting outreach. Your visible close collaboration or partnership with law enforcement may jeopardize your ability to form trusting relationships in the community. They may no longer see you as independent. It may be best for you to adopt a cordial, professional
but distant relationship with local law enforcement in order to fulfill your health outreach goals.

- If you find yourself in the middle of an unexpected conflict, be prepared to deescalate the situation and leave if necessary. Don’t argue with someone who is angry, frustrated, threatening, or high on drugs or alcohol. Stay calm, polite, and respectful. If no team members are there to support you, ask for assistance from anyone who is nearby and might be able to assist you.

- When necessary, leave. If you are working with others, leave as a team. Return to your agency or go to a safe place and talk about what just happened. Document the incident and share it with your program and supervisor.

- If there is an incident, consult with your supervisor when you have a chance, with the goal of understanding what happened, how you handled it, and how you can best protect your own safety, that of your team, and that of your clients in the future.
Activity 19.2  Learner Handout 19.2 A: Small Group Discussion Questions

Please discuss the following questions together, sharing and recording your ideas.

● When safety issues arise, what are your key goals?

● How might you respond if you face the following challenges?
  ○ You hear gunfire.
  ○ You lose sight of a fellow outreach worker.
  ○ You witness drug sales or use.
  ○ You witness an argument between two people who you do not know.
  ○ You face sexual harassment.
  ○ You encounter someone who is very angry and making threats toward you or your coworkers.
  ○ You witness someone standing very close to a coworker and yelling at them.
  ○ You witness someone taking outreach supplies out of a coworker's outreach bag.
  ○ Clients swear at you for not conducting outreach earlier (or on a different date).
  ○ Other:
Learner Handout 19.2 B: Case Study: Developing an Outreach Safety Plan

You work for an organization that provides comprehensive services to runaway and homeless youth. The organization conducts street outreach, provides case management services, and runs two temporary shelters. You work with clients over time to support them in setting and attaining goals and to connect them with opportunities for education, employment, and transitional and permanent housing.

You are preparing to conduct health outreach to an urban area where homeless and runaway youth hang out and sleep (in storefronts and alleyways). It is also an area where drug use and sex work take place and where the local police regularly patrol. It is near a shelter and several liquor stores and bars. Last year, two people standing outside of a local bar were wounded during an incident that ended in gun violence.

Please work together to develop an outreach safety plan.

1. Write a sentence that states the primary goals for your safety plan.
2. Identify at least four actions that your team will take in advance in order to prepare to address safety concerns.
3. How will you manage relationships with local law enforcement?
4. If safety concerns do arise, identify at least two actions that you will take when you return to your agency.
Part 1, Conducting Outreach Zaps

This three-part activity provides learners with an opportunity to practice and discuss how to conduct health outreach. By *zaps* we mean short, focused outreach practices that your learners can conduct and reflect on in order to gain insight into their experiences doing outreach and to build their outreach skills.

This is the first of three linked activities that are best facilitated on three different training days. The first of these activities requires substantial trainer preparation prior to the training session.

Prior to the training session, you will need to determine a location for the outreach zaps and a health topic for the outreach, in addition to gathering outreach materials.

**Determine where learners will conduct their short, timed, outreach zaps.** This will vary depending upon where you conduct your classes or training. At CCSF, we have conducted outreach zaps on campus and at a local community-based health fair. Criteria for selecting a site may include the following:

- **Safety.** Pick a site where learners can safely conduct outreach independently in small teams of two or three.
- **Population.** Look for a site where many people hang out and/or pass by.
- **Access.** When choosing a site, make sure the learners will have easy access to and from the training space/classroom.

**Select a health topic for this activity.** Learners will practice conducting outreach in short, timed zaps. These zaps will address a specific health topic in your campus or community where there are resources. For the best results, our suggestion is to select a health topic that is

- Relevant and of interest to the local community where the outreach zaps will take place.

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**Activity 19.3**

**90 MINUTES**

**MATERIALS NEEDED**

- Copies of "Learner Handout 19.3 A: Outreach Readiness Scale" (included at the end of this activity)
- Copies of "Learner Handout 19.3 B: Health Outreach Cards," cut up into individual cards (included at the end of this activity)

**TRAINER PREPARATION**

- Review Chapter 19.
- Review guidelines before Step 1 and determine where learners will conduct their zaps and what health topic they will use. Prepare outreach materials.
- At the end of the prior class or training session, provide learners with the questions in Step 3, and ask them to spend a few minutes reflecting on their answers. Note, this is not a homework assignment; learners don’t have to write up their responses.

**LEARNER PREPARATION**

- Ask learners to review Chapter 19 in advance for this activity.

**LEARNING OUTCOMES**

After this activity, learners will be able to:

- Identify and analyze benefits and challenges of different approaches to conducting health outreach.
- Prepare for conducting a first brief health outreach zap in a future training.
Part 1, Conducting Outreach Zaps (continued)

- One in which learners can offer some type of specific resource, such as health information, or referrals to local services. For example, when we did outreach zaps on the City College of San Francisco campus to address HIV prevention, students offered condoms, lubricant, and referrals to local HIV antibody test counseling sites.

  Sample health topics include these:
  - HIV prevention
  - Healthy eating
  - Active living
  - Hypertension

**Prepare outreach materials.** When conducting outreach, learners should be equipped with some sort of resources or materials to distribute. These could include, for example, flyers or brochures with health information, and referrals to health resources such as local free clinics, or HIV antibody test sites. Materials may include resources related to the health topic you select, such as the following:
  - Sunscreen
  - Pedometers
  - Condoms
  - Promotional materials with local agency information such as pens, whistles, buttons, Frisbees, and magnets

1 **Introduction**

Explain that this training activity is designed to prepare learners to conduct campus or community outreach. Today they will discuss and practice different ways to approach potential outreach contacts. By the end of the training, learners should be several steps closer to conducting their first outreach zap.

2 **Evaluate Readiness to Conduct Health Outreach (Pre-evaluation)**

Explain how the next training sessions will proceed and measure readiness of learners to conduct outreach.

*Our goal, over the course of three to four training sessions, is to help you to feel more prepared to conduct health outreach. Before we begin our training, we want to ask everyone to rate their current level of comfort in conducting health outreach based on a scale from 0−10, with 0 representing “I am not at all ready to do outreach!” and 10 representing “I am ready and prepared to conduct health outreach.”*
Part 1, Conducting Outreach Zaps (continued)

Pass out the outreach readiness scale (included at the end of this activity) to all learners. Gather their anonymous responses. Students will be asked to rate their readiness again after completing a series of short outreach zaps, and the results will be compared (using the pre- and post-activity evaluations).

3 Large Group Discussion: Prior Experience with Outreach

Facilitate a 10 to 15 minute discussion, based on the homework questions previously assigned, about learners’ prior experience with outreach. Questions may include these:

- What are some examples of how you have been contacted through outreach efforts?
- What do you dislike about how outreach workers have approached you?
- What kind of outreach style or approach is most likely to engage you?
- Have you ever conducted outreach? What did you learn from these experiences?

This is an opportunity to gather detailed information about the types of outreach strategies and approaches that learners like and don’t like. For example, do they like being followed and asked multiple times to engage with the outreach worker? Do they like outreach lines like “Do you have a minute for the environment?” Do they like a hard sell, or a softer approach?

4 Anticipating the First Outreach Zap

Provide learners with time to share their thoughts and feelings about being asked to conduct campus or community-based outreach. Although some learners will be excited to conduct outreach, others are likely to feel nervous or anxious. This may have to do with a lack of experience, prior bad experiences, or their own view of themselves. For example, some learners have expressed that they are less outgoing than their peers and are less comfortable approaching and engaging others in conversation. There may also be cultural and language considerations to discuss when anticipating the first outreach zap.

Questions to guide this discussion include the following:

- What is your hope for what will happen when you conduct outreach?
- What fears or concerns do you have?

  If it isn’t mentioned, ask learners what it might be like if nobody chooses to engage with them, or if the people they approach are rude.

This is also a time to normalize the process of learning to conduct outreach and a common learning arc that includes initial nervousness, anxiety, or self-doubt that gradually diminishes with each successive experience. Remind learners that the purpose of this activity, and of their CHW training overall, is to gradually enhance their knowledge, skills, and comfort with doing the work. Wherever learners begin their process is the right place to start!
Part 1, Conducting Outreach Zaps (continued)

5 Review of the Health Outreach Message and Materials

Provide learners with at least one outreach resource that you have selected or developed prior to this session (such as a flyer, brochure, healthy food, condoms) and one clear and concise outreach message. Keep it simple to ensure that learners are providing accurate information.

Remind learners that if they are asked questions when conducting outreach and they don’t know the answer, they should say “I don’t know,” and, if they can, direct the person to a program, service, or website where they can find an answer.

For example, at CCSF, we gave students condoms, lubricant, and flyers about free HIV antibody testing at local clinics on campus and throughout the city. Students were asked to promote HIV antibody test counseling (know your status) and condom use to prevent transmission of HIV and other sexually transmitted infections (protect yourself and your partners).

Facilitate discussion to review the key message and materials:

⦁ What is our key health message?
  Rehearse this several times until each learner is able to articulate the message clearly and concisely. Practice in pairs saying the key health message in your own words and get feedback from the other person. It is one thing to know the message, it is another to be able to convey it in your own words concisely and quickly while conducting outreach.

⦁ What resources do we have to share with interested outreach contacts?

6 Large Group Activity: Practicing Outreach Approaches

Ask learners to form a circle, and ask for a volunteer to step into the circle to play the role of CHW who is conducting health outreach. This volunteer will approach one of the learners standing in the circle as they would a prospective outreach contact. This is also a chance to practice sharing the outreach message and materials reviewed in Step 5.

Learners standing in the outer circle will respond as they would if they were being approached by an outreach worker.

After the first volunteer takes on the role of CHW and practices conducting health outreach to another learner, they will switch places. The CHW will return to the circle, and the learner who was the outreach contact will step into the circle to play the role of the CHW.

After four or five or more learners have practiced conducting outreach, stop the activity and debrief with the large group by posing questions such as these:

⦁ What was it like to take on the role of a CHW who is conducting health outreach?

⦁ What was it like to take on the role of the person who is being approached by an outreach worker?
Part 1, Conducting Outreach Zaps (continued)

- In general, what types of outreach approaches did you like, and why?
- What suggestions do you have for how to improve the effectiveness of our outreach approaches?

Take time to reinforce positive outreach approaches demonstrated in the role play and to share your critique, if necessary, about approaches that may be less effective.

7 Large Group Activity: Handling Different Responses to Health Outreach

Ask learners to remain in a large circle. Explain that they will continue to practice how to conduct health outreach, but this time, the learners in the circle will each have a card that will guide how they will respond to the outreach worker. Distribute the health outreach cards (included at the end of this activity), and give learners a minute or so to review them.

Ask the next learner who is taking on the role of CHW to approach a peer standing in the circle and to try to engage them in talking about the health outreach topic. The learner who is approached will respond with the information written on the health outreach card. When this brief interaction is over, ask the group the following questions:
- What happened in this interaction? How did the outreach contact respond?
- How well did the CHW handle this type of response?
- What else could you do as a CHW when faced with this type of response?

Ask learners to switch roles, with the person who played the role of the outreach contact stepping into the circle to play the CHW. They will approach a different learner in the circle, and try to engage this learner's interest in the health outreach topic or materials. The learner who is approached will respond based on the information written on their health outreach card.

Repeat this activity with several learners, debriefing the interaction each time with the large group. When you are done, you may ask learners to read aloud any health outreach cards that weren’t demonstrated, especially since learners might want guidance on how to respond to them. Together, talk about how an outreach worker could best respond to each situation.

8 Large Group Discussion: Handling Rejection

A key part of becoming an outreach worker is learning to anticipate rejection and to respond to it in a professional manner that does not undermine your goals.

Ask learners what percentage of the people approached during outreach will stop and engage with outreach workers. Before conducting outreach, learners tend to over-estimate the percent of people who will engage with them. Inform learners that a key aspect of
Part 1, Conducting Outreach Zaps (continued)

coloring health outreach is being prepared for rejection—not everyone will want to or be able to engage with them, and not everyone will express their disinterest politely. Ask learners to brainstorm a list of reasons why people don’t engage in conversation with outreach workers. These may include the following, for example:

⦁ They don’t have time or are busy at the moment (on their way to an appointment, on the phone, thinking about something else, listening to music, etc.).
⦁ They aren’t interested in the health information, topic, or resource provided.
⦁ They are already informed about the topic or resource.
⦁ They have had negative experiences with outreach workers in the past.
⦁ They are nervous, embarrassed, or scared about being approached by someone they don’t know.
⦁ They have prejudices or feelings about the health issue (stigma).
⦁ They are intoxicated or under the influence and disinterested.

Because of these reasons, and others, some people will simply ignore outreach workers. Others might signal that they are busy by putting up a hand or pointing to a phone. Others will say that they don’t have time. Some people will do this with the utmost politeness, but others will be rude. They may yell or say something rude, unkind, or disrespectful.

Finally, ask learners how they may feel when they experience rejection, how they want to respond, and why, using the following questions:

⦁ How might you feel?
⦁ How do you want to respond, and why?

Spend some time asking learners to share and rehearse what they will say when people are rude.

⦁ How does the manner of your response to rejection matter to your outreach goals?

Remind learners to stay focused on their goals for conducting outreach. For example, you might explain that the purpose of outreach is to promote community health and well-being. It often involves connecting people to key health services and resources including testing, treatment, and primary health care services. These goals are the most important priority. To be effective in this work, it is important for CHWs to be aware of and to manage their own feelings about people and their interactions with them. If CHWs respond to rudeness by also being rude, they can seriously undermine the health goals and the reputation of the program or agency they represent.

Ask learners to share how they would politely respond to someone who is being rude. What would they say? If it seems helpful, the trainer may also wish to demonstrate this.
Part 1, Conducting Outreach Zaps (continued)

Push aside any feelings of frustration or anger while conducting outreach. You can always make time to talk about these later, in a professional environment and away from the community in which you are conducting outreach. Talk about your experiences in a way that is designed to help you to become more resilient—more able to handle rejection or rudeness—in the future.

Reinforcement

Take a few minutes to review key lessons learned in the course of this training activity. These may include key messages about the following:

- Each CHW must develop their own style of conducting health outreach that is authentic to who they are.
- Be yourself and try to have fun conducting outreach. If you enjoy what you are doing, it just may rub off on the people you are trying to reach.
- Don’t follow or keep pushing information at a potential outreach contact after they have indicated—in words or otherwise—that they are not interested.
- Because not everyone you approach will be interested in talking with you or taking health outreach materials—for many reasons—learn to focus on the positive encounters you have.
- Stay patient and keep your cool.
- Practice the messages you will provide about the topic you are addressing when you provide health outreach. Then practice some more. Be sure that you understand the information, the materials, and referral resources you provide.
- If you are asked a question and you don’t know the answer, tell the person that you don’t know. If possible, direct them to a resource that you are confident will be able to answer their question (such as a colleague, a health organization, or a website).
- Anticipate rejection and rudeness from potential outreach contacts. This is just part of the process of providing outreach. It isn’t about you—so do your best not to take it personally.
- Learn how to respond to rejection and rudeness with professionalism and politeness. Keep in the mind that the community is always observing your work and listening to what you say. How you treat people determines your own reputation in the community, as well as their opinion about the program and agency you represent.
- If you have a hard time remaining calm or professional, step away. Consult a colleague and ask for support (but not in a place where prospective outreach contacts or clients can hear you). When you have time and perspective, reflect on why you felt as you did, and what you can do in the future to stay more grounded and calm in the face of a difficult situation. As appropriate, talk with more experienced CHWs and ask for their guidance.
Remind learners that in the next training session or class they will be asked to conduct their first outreach zap. Ask learners to carefully review the section on safety in Chapter 19. Ask them to come to class/training prepared to share specific ideas for how to promote safety while conducting their first outreach zap.
Learner Handout 19.3 A: Outreach Readiness Scale

Please do not put your name on this.

How ready do you feel to conduct health outreach?

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

Not ready at all! Well prepared

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| Take a resource from the outreach worker. | Ask the outreach worker one polite question about the health issue. |
| Ask the outreach worker if they have any free items that you can take. If they do, ask for more. | Ask the outreach worker if they have ever used the materials (e.g., condoms or pedometer or sunscreen). |
| Ask the outreach worker one rude question. | Ask for the outreach worker’s personal phone number or personal social media info. |
| Flirt with the outreach worker. Don’t be subtle about it! | Move in very close to the outreach worker. Talk with them, keeping your face very close (too close) to theirs. Ask them lots of questions about themselves such as “Why are doing this work? How did you get involved? Do you need other volunteers? Are you getting class credit for this?” |
| Say: “I don’t have time for this.” | Keep talking on your cell phone and completely ignore the outreach worker. |
| Say: “Get out of my way!” | Say: “I’m not interested.” |
Say: “Not you again. Don’t you have anything better to do with your time?”

Ask if you can borrow money for bus fare.

Ignore the outreach worker.

Avoid all contact with the outreach worker.

Appear intoxicated or high and uninterested in outreach messages.

Start to reveal highly personal and inappropriate information and just keep talking, and talking, and talking!
Part 2, Campus or Community Outreach

Part 2 of this three-part activity provides learners with an opportunity to practice and discuss how to conduct health outreach. Complete Part 1 prior to this activity.

1 Introduction and Review

Remind learners that today they will conduct their first brief campus/community outreach zap. Take a minute to ask them how they are feeling about making initial contacts.

Take 5 minutes or more, if necessary, to review key take-away messages from Activity 19.3 A of this training topic. As necessary, prompt learners by posing questions such as these:

- What did you learn about how and how not to approach a potential outreach contact?
- What did you learn about the possibility of being rejected when conducting outreach?
- How do you want to respond when you experience rejection or rudeness?
- What did you learn about how to work as a team when conducting outreach?

Also, be sure to review the following key information with learners:

- What health topic will we be addressing today?
- What are our key messages about this topic?
- What resources will we share with outreach contacts?

60 MINUTES

MATERIALS NEEDED

- Outreach materials (see Part 1 for guidelines on collecting outreach materials)

TRAINER PREPARATION

- See Part 1 of this activity for trainer preparation before outreach.

LEARNER PREPARATION

- Ask learners to reflect on key messages from Part 1 of this activity.
- Ask learners to review the section in Chapter 19 on safety planning. Ask them to come to class/training prepared to share specific ideas for how to be safe while conducting their first outreach zap.

LEARNING OUTCOMES

After this activity, learners will be able to:

- Conduct a first brief health outreach zap.
Large Group Discussion: Safety Planning

Learners were assigned to review the section from Chapter 19 on safety and to come to the training prepared to share their ideas. Ask them to share their ideas about safety planning by posing a question such as this one:

⦁ What are your recommendations for how to promote safety as you conduct your first outreach zap?

Record their answers on a black or white board or on flip-chart paper. As necessary, share the following information (if the learners don’t identify it themselves):

⦁ Keep within sight of your outreach teammates.

⦁ Be aware of your surrounding environment—watch out for dimly lit areas, mind personal belongings (don’t leave items unattended), and so on.

⦁ Check in and communicate with each other if you feel uncomfortable or concerned about safety.

⦁ Select a code phrase to use as a signal if you need to get the attention and support of your outreach teammates. Ask learners to share ideas for a simple, easy to remember, and easy to say safety code. Examples might include something like “Charise, did you bring a business card?”

⦁ If you are feeling uncomfortable and are unable to diffuse the situation, walk away together to a neutral or safe place (or return to the training room).

First Outreach Zap (Practice)

Assign learners to teams of two or three, and tell them that they will have 10 to 20 minutes (depending on how far they may have to travel to find contacts) to do their first outreach zap. Ask each team to select a safety code phrase to use if necessary.

Their goal is to do their best to approach someone—ideally someone they don’t already know—and try to engage them in outreach. Remind learners that a successful outreach contact can be someone taking a referral flyer, a brochure, or materials, even if they do not stop to talk, as well as someone who stops for a brief discussion about the identified health issue.

Provide learners with a specific time when they need to return to the training room/classroom. For example, you might say:

Okay, this is your first chance in this training to conduct outreach. Your task is to step outside of our training room (classroom) and do your best to approach one person you don’t know to see if you can engage them in talking with you about [our health topic]. This is a super quick outreach zap. Do your best, stay together, and please be back in the training room in just 10 minutes at 7:30 pm. Good luck!
Part 2, Campus or Community Outreach (continued)

In a community setting, such as a neighborhood event, the trainer would stay in place but observe their practice. On campus, the trainer may stay in the classroom for this first zap and greet them as they return.

“When I taught the Health HIV Outreach class at City College, I gave students just 10 minutes for their first outreach zap. A lot happened in those 10 minutes. Some students passed out dozens of condoms. Some made referrals to our free HIV antibody test site. Others engaged people in conversations about HIV prevention. Others tried, but did not succeed, to contact anyone due to issues such as shyness, nervousness, or location. Ten minutes was more than enough to generate a productive and dynamic conversation with learners.”

—Tim Berthold, CCSF Instructor

4 Large Group Debrief

Wait until everyone returns to the training space. When all learners are assembled, ask them to report back on their first outreach experience. Frame the discussion by posting a series of basic questions such as the following on the board (or on flip-chart paper):

- How did your outreach effort go?
- Were you successful in talking with someone?
  - How did they respond?
- Who was it easiest for you to approach, and why?
- Who were you more reluctant to approach, and why?
- Did any of the outreach workers go off on their own during the outreach zap?
- Did teammates keep each other in eyesight or earshot at all times?
- Did you experience any safety concerns?
  - What happened?
  - How did you respond?
  - What could you do differently next time?

**TIP** Make space for a wide range of experiences and reactions to be shared. It is particularly important for people who struggled or who didn't have a positive experience to be able to share their feedback.
5 Reinforcement

Make time, as necessary, to reinforce key messages about conducting outreach. For example, we recommend taking time to address the following topics:

1. **Learners who don’t contact anyone during the outreach zap.** Not every learner is successful in conducting outreach at first. It can be intimidating. When learners report that they tried but just weren’t able to contact anyone, we recommend normalizing this experience. Encourage learners to view their attempt as part of an incremental learning process in which they gradually gain comfort and skills.

   It can also be helpful to ask the learner to assess what got in the way of their ability to make a successful outreach contact, and what might help them to do so next time.

2. **Different outreach styles.** It is important to highlight and reinforce the value of different outreach styles. Learners who have not conducted outreach before sometimes assume that successful outreach workers should have a big personality and a loud style. The truth is that people respond differently to different types of outreach styles. So a diversity of styles or approaches is a benefit in reaching a larger group or community.

   Some people are loud and confident in engaging outreach contacts. Others rely on humor. Some use a quieter approach to establish contact. The key message is to encourage all learners to develop their own outreach style and approach that is authentic to their own identity and personality.

3. **Handling rejection.** Assess how learners handled rejection as they conducted outreach. Ask them the following questions:

   - How many of you experienced rejection? (Ask for a show of hands.)
   - Did you encounter anyone who was rude or disrespectful?
   - How did you handle this?

   Continue to reinforce the importance of responding to rejection and rudeness with politeness and professionalism. If necessary, model this by demonstrating how you would respond to a potential outreach contact who responded in a rude or disrespectful manner.

4. **Checking assumptions about who to engage in outreach.** Learners are likely to have preconceived notions about who (what type of person) will be most receptive to outreach and who will not. Some learners may state that certain groups of people are difficult to conduct outreach to, such as youth, seniors, men, women, people in suits, couples, large groups of friends, people with piercings, Asian Americans, Latinos, White people, and so on. This illustrates that everybody can be perceived as a difficult outreach contact at one time or another depending on the setting, the outreach worker, and the location.
To address this, you may consider posing the following questions to the class:

◦ Who did you find it easiest to engage (what demographics)?
◦ Who did you find it harder to approach (what demographics)?

Generally, when you pose these questions and facilitate discussion, the learners will begin to understand the risks of letting biases and assumptions guide their outreach efforts. For example, one learner may say, “I didn’t approach any of the older people I saw because they probably wouldn’t be interested.” Another may say something like, “That is so interesting, because the best discussion I had was with a much older woman with grey hair.”

The goal here is to twofold. We want to encourage learners to become more aware of their own assumptions and stereotypes and be able to evaluate how these stereotypes may guide or influence their interactions with potential clients. We also want to encourage the learners to enhance their comfort and confidence in approaching and working with everyone (people from all communities).

With each new outreach experience, challenge learners to continue to evaluate how assumptions may influence their work with clients. Encourage them to test their assumptions and their comfort zones by approaching someone who they don’t think will be interested.

5. **Team dynamics.** Outreach is often undertaken by teams of two or more CHWs (or other helping professionals). Learning how to work effectively in teams is essential not only to successful health outreach, but to success as a CHW in general.

Ask learners to reflect on how well they worked with their outreach teammates. Questions to pose may include these:

◦ How did you work with your teammates?
◦ How did you share responsibilities?
◦ How did you communicate with each other as you conducted outreach?
◦ How did your individual personalities and outreach styles fit together?

Use a plus/delta framework, noting ideas about what worked well under a plus sign (+) and about what could be improved next time under a delta or change symbol (Δ).

Although different styles of outreach may at first seem like a problem to some learners, help them to reframe this, if possible, as a strength. Having a diversity of personalities and outreach styles within a team can translate into greater success in reaching a larger number of people.

This is an opportunity to reinforce the value of teamwork. This means striving to get along with colleagues who think and feel differently about the work than you do.
Part 3 of this three-part activity provides learners with additional opportunities to practice conducting health outreach. This builds upon and is designed to follow Parts 1 and 2.

1. **Introduction and Reflection on the First Outreach Zap**

   Explain that today learners will conduct their second outreach zap. Before preparing to do outreach, ask learners to reflect upon their experience during the first outreach zap activity by posing questions such as these:
   - What was your overall experience or impression of the first outreach zap?
   - What worked well that you would like to build on this time?
   - What do want you to do differently this time?

2. **Conduct Health Outreach**

   For the second outreach zap, assign learners to new outreach teams of two or three. Remind them to reestablish a safety code or phrase and to keep their team members in sight at all times. Ask learners to stretch themselves by contacting people who they aren’t as comfortable approaching or those who they don’t think will be interested. Also, ask them to try to engage at least one contact in a longer conversation about the selected health topic.

   Provide learners with 30 minutes or so to conduct outreach on the same health topic and with the same outreach materials as in Activity 19.3 B.

3. **Debrief the Health Outreach Zap**

   Debrief the second outreach zap in much the same way as you did the first. Pose questions and facilitate dialogue, encouraging all learners to participate. Some learners may need to move back and make room for
Part 3, Additional Campus or Community Outreach (continued)

others to move up and share their experiences and ideas. Here are some suggested questions to guide discussion:

⦁ What worked well in conducting outreach this time?
⦁ What was the best aspect of your interaction with potential outreach contacts?
⦁ What could be improved for the next time you conduct outreach?
⦁ Did you encounter rejection? How did you handle it?
⦁ How did your team work together?
⦁ What would you like to build upon for the next time you conduct health outreach?

Make sure to affirm their successes and to address the inevitable challenges and concerns that may arise. For example, as learners switch to new outreach teams, they may find that they have an easier time working with some colleagues, and a more difficult time working with others. Encourage them to find the differences among them as assets when conducting outreach. Having a diverse team (in terms of gender, personality, and styles) can be helpful in reaching a more diverse audience. Remind learners that, in general, we don’t choose our own colleagues or clients, and learning how to develop and sustain a positive working relationship with everyone is a huge asset in the professional workplace.

4 Evaluate Readiness to Conduct Health Outreach (Post-evaluation)

Distribute the outreach readiness scale (included at the end of Part 1 of this activity) and ask all students to rate their current level of comfort in conducting health outreach based on a scale of 0 to 10. Gather their anonymous responses.

Compare their responses to those gathered before they completed their first outreach assignment. What do you notice? Do learners report feeling better prepared or ready to conduct health outreach?

5 Reinforcement

This is an opportunity to reinforce key messages about conducting health outreach that you identified in the process of conducting a series of brief outreach zaps. Draw upon the insights shared by learners. Affirm their positive efforts and results.
Part 1 of this two-part activity provides learners with an opportunity to discuss social marketing approaches to conducting health outreach and to analyze key elements of local social marketing campaigns to promote health. This two-part training activity is designed to take place on different days to permit learners to complete tasks in between.

1 Introduction

Explain that this activity is an opportunity for learners to review information about social marketing campaigns designed to promote health. Learners will examine a local campaign together and, finally, learners will be asked to research and identify an example of a local social marketing campaign and to analyze its key elements.

2 Review of Social Marketing

Take a moment to review the topic of social marketing outreach with learners, drawing upon the information provided in Chapter 19. Social marketing applies the same techniques used to market commercial products—food, technology or clothing, for example—to promote health outcomes.

Ask learners to identify examples of social marketing campaigns that they are aware of. These may be local, national, or international examples. For example, have they seen campaigns that address issues such as tobacco use, texting while driving, domestic violence, or vaccination for the flu or other illnesses? Brainstorm a list of campaigns and write them on the board or on flip-chart paper. If the learners get stuck, please share several of your own examples.
Part 1, Overview and Analysis of Outreach Campaigns (continued)

Continue to facilitate discussion by posing questions such as these:
- What type of health issues can be addressed in a social marketing campaign?
  A wide range of health issues have been addressed or could be addressed through social marketing including, for example, immunizations, good hygiene to prevent the transmission of the flu and colds, tobacco and drug use, healthy eating, domestic violence, texting while driving, and so on.
- What type of media may be used for a social marketing campaign to promote health?
  Any media used to promote commercial products (such as food, cars, or clothes) can be used to promote health, including television and radio, print media (posters and billboards), and every type of established and emerging social media.
Finally ask learners to identify social marketing campaigns that are designed to reach a community that they belong to or identify with.
- What are these campaigns?
- How effective do learners think these campaigns are?
- Are they promoting the right message?
- Are they using the most effective type of media to reach the priority community?
- What aspects of these campaigns do you think are well done, and which aspects are less effective?

3 Large Group Discussion: A Framework for Identifying Key Elements of Social Marketing Campaigns

Explain that you will use a simple framework for identifying key elements of social marketing campaigns. You may wish to emphasize that these same key elements apply to any type of health outreach efforts.

Write the following words/categories on the board or on flip-chart paper:
- Population
- Objective/Outcome
- Message
- Media/Technology

Take time to clearly define each of these categories in a conversation with learners. As always, start with what learners already know, and add additional information as necessary. For example:
- The population to be reached. Ask learners to share examples of the populations that may be the focus of social marketing campaigns.
These may include people who are eligible for the Affordable Care Act but have not yet registered, people who drive cars, people who use syringes to inject drugs, men who have sex with men (or Latino men who have sex with men), young women in high school or under the age of 21, veterans, people returning home from prison without a regular source of primary health care, and so on. Essentially, these are the same population types who may be the focus of almost any type of public health program or service.

- **The health objective or outcome** to be achieved. Ask learners to share examples of the possible goals or health outcomes for social marketing campaigns. These may include reducing tobacco use, increasing the use of condoms, getting a flu shot, eating a more nutritious diet, or reducing infant mortality.

- **The campaign message** to be promoted. Ask learners for examples of possible social marketing messages.

  The messages used for commercial marketing and for social marketing tend to be highly focused and uncomplicated. In other words, social marketing doesn’t, in general, try to convey multiple messages or highly nuanced or complex messages about a topic. Social marketing messages are designed to be conveyed simply in a few words or images. For example, social marketing campaigns include messages such as, “Know your HIV status, get tested,” “Texting while driving causes accidents,” “You are eligible for affordable health insurance,” “Flu shots can prevent pneumonia.”

- **The media or type of technology** to be used to send the message. Ask learners to share more ideas about the types of media or technology that can be used to promote health outcomes. What types of media do they use each day or each week?

  The media or technology used may include newspapers and magazines, television and radio, flyers, posters and billboards, e-mail, social networking sites, and other established and emerging social media.

Tell learners that this is the framework they will use to analyze an existing local health campaign.

**4 Large Group Discussion: Analyzing a Health Outreach Campaign**

This is an opportunity for learners to apply the key elements of social marketing to an actual health outreach campaign. For this activity, you can use the example of the Hep B Free campaign from San Francisco, CA (included at the end of Part 2 of this activity) or select a different example.

Distribute the social marketing worksheet (included at the end of Part 2 of this activity) and take time to review it with learners. This is the form that they will use to analyze sample social marketing campaigns.
Part 1, Overview and Analysis of Outreach Campaigns (continued)

Next, distribute the San Francisco Hep B Free campaign description (or other campaign you have chosen) and review it with learners. If possible, share samples of the campaign materials such as brochures, posters, radio public service announcements (PSAs), or social media posts or feeds.

Now, ask learners to use the social marketing worksheet to identify key elements of Hep B Free or other sample campaign.

- **Population.** Who is the intended audience or population for this campaign?
  
  Adult Asian Pacific Islander (API) immigrants living in San Francisco

- **Objective/Outcome.** What are the objective(s)/outcome(s) of this campaign?
  
  ◦ The campaign wants all API immigrants in SF to be screened for hepatitis B.
  ◦ For people who don’t have hepatitis B, they want them to get immunized to prevent the disease.
  ◦ For people who have hepatitis B, they want them to have access to treatment.

- **Message.** What is the primary message of this campaign?
  
  “Be a Hero! Save lives! Stop Hep B!”

- **Media/Technology:** What media or technologies are used by this campaign?
  
  The campaign uses several different types of media including social media, TV advertisements, and billboards posted around San Francisco in places where API immigrants live and work.

5 Reinforcement and Next Steps

Take a few minutes to reinforce key messages about social marketing from the training session, Foundations, and other sources.

Provide learners with clear instructions for the next training session scheduled for _______. Provide each learner with another blank copy of the social marketing worksheet. Their task will be to research and identify an existing local health campaign and evaluate the campaign’s outreach methods using the key elements outlined on the worksheet. They may select a campaign that is focused on a community they belong to, and they may find examples from local billboards, television and radio stations, or by doing Internet or social media searches. One place to search is the local city, county, or state department of public health.

Once they have selected a local social media/health outreach campaign, each learner will fill out a social marketing worksheet based on the local health campaign they discover. Tell learners they should bring the worksheet to the next meeting and be prepared to discuss the campaign they discovered and to clearly describe it to their peers.
Activity 19.4

Part 2, Research and Analysis of Local Outreach Campaigns

Part 2 of this two-part activity provides learners with an opportunity to discuss social marketing approaches to conducting health outreach and to analyze key elements of local social marketing campaigns to promote health. This activity is designed to follow Part 1.

1 Introduction

Remind learners that their key task for the day is to share their analysis of a local social marketing campaign. First, learners will meet in small groups and will take turns describing the social marketing campaign that they researched, identifying the key elements as listed on the social marketing worksheet (included at the end of this activity).

2 Small Group Discussion

Assign learners into small groups of three to four people and ask them to bring the social marketing worksheets that they completed. Each learner will have approximately 5 minutes to present information about the campaign they researched to their peers, identifying the key elements as listed on the worksheet. Circulate among small groups as they meet, providing guidance as necessary, and listening for information to share during the large group discussion.

3 Large Group Discussion

Facilitate discussion among the large group by posing questions such as these:
- What health concerns are being addressed by local social marketing campaigns?
- What types of media and technology are being used for these social marketing campaigns?
- What do you think about the potential of social marketing campaigns to reach diverse audiences and to promote improved health outcomes?
Part 2, Research and Analysis of Local Outreach Campaigns (continued)

- What elements of the campaigns that you researched do you think are strongest and may be most effective in reaching the desired population?
- What elements of the campaigns that you researched do you think could be improved?

At the end of the large group debrief, have each learner give you their completed social marketing campaign worksheet.

4 Reinforcement

Take a few minutes to reinforce key messages about social marketing for health promotion, such as these:

- As the use of technology and social media expands throughout the US and the world, so does the use of these technologies for marketing and social marketing.
- Social marketing is an increasingly common approach to promoting health outcomes for specific populations.
- As a CHW, you may participate in developing health outreach or social marketing campaigns to promote the health of the populations you work with. If you do, you will want to be sure to clearly define the population and the desired health outcome, and to make sure that the message and the media used resonate with the community you are trying to reach.
<table>
<thead>
<tr>
<th>MEDIA/ TECHNOLOGY</th>
</tr>
</thead>
<tbody>
<tr>
<td>MESSAGE</td>
</tr>
<tr>
<td>OBJECTIVE/ OUTCOME</td>
</tr>
<tr>
<td>POPULATION</td>
</tr>
<tr>
<td>NAME OF LOCAL HEALTH OUTREACH CAMPAIGN</td>
</tr>
</tbody>
</table>
Learner Handout 19.4 B: San Francisco Hep B Free Campaign

Activity 19.4

The San Francisco Hep B Free Campaign information can be found at www.sfhepbfree.org/. San Francisco Hep B Free (SFHBF) is a citywide campaign to turn San Francisco, CA, into the first hepatitis B free city in the nation. This campaign provides free and low-cost hepatitis B testing and vaccinations to Asian Pacific Islander (API) adults at locations throughout San Francisco.

These are the three objectives of the SF Hep B Free campaign:

1. To create public and healthcare provider awareness about the importance of testing and vaccinating APIs for hepatitis B.
2. To promote routine hepatitis B testing and vaccination within the primary care medical community.
3. To ensure access to treatment for chronically infected individuals.

SFHBF is a diverse public/private collaboration unifying the API community, the health care system, policymakers, businesses, and the general public in San Francisco. Mass media and grassroots messaging raised citywide awareness of hepatitis B and promoted the use of the existing health care system for hepatitis B screening and follow-up.

- Samples of the campaign materials are on the next two pages and can be found on the website (www.sfhepbfree.org/).
- Information about hepatitis B, screenings, treatment information, and a calendar of events is also available on this website.
- Under the “About Us” section of the main page, you can find the “Evaluation Resources” and “Publications” sublinks that provide more detailed information about the social marketing outreach strategies.
Learner Handout 19.4 B: San Francisco Hep B Free Campaign (continued)

SAMPLES OF SF HEP B FREE CAMPAIGN MATERIALS

- B a hero! Save lives! Stop hepatitis B!
- Which one deserves to die?
- Stop liver cancer. Get tested for hepatitis B.
- B-3 Super Heroes in the City (participants)

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Learner Handout 19.4 B: San Francisco Hep B Free Campaign (continued)
Activity 19.4

Learner Handout 19.4 C: Small Group Discussion Questions

1. What is the name of the campaign?
2. What audience or population is this campaign designed to reach?
3. What are the key health objectives or outcomes for this campaign?
4. What is the key message of this campaign?
5. What type or types of media or technology does the campaign use?
6. Which aspects of this social marketing campaign do you think are strongest?
7. What might you do differently if you were part of the team that is organizing this social marketing campaign?
We have included an assessment that covers important skills for this chapter. There is not an assessment for every activity or for every learning outcome in this chapter. We encourage you to adapt this or add any other assessments from your own resources.

**ASSESSMENT 19.1: Health Outreach Quiz**

- This ten-question quiz assesses knowledge about health outreach. Questions include true/false, multiple-choice, and short-answer formats.
Assessment 19.1  Health Outreach Quiz

Your name: ________________________________

Date: ________________________________

1. The types of concerns addressed through health outreach can include which of the following? (Choose all that apply.)
   A. Mental health
   B. Chronic diseases
   C. Community violence
   D. Environmental and occupational health situations
   E. Poverty

2. Community health outreach aims to identify, contact, and establish positive relationships with communities defined as “at risk” for specific health conditions in order to promote better health outcomes.
   A. True
   B. False

3. Briefly describe who key opinion leaders are and how they help to support or guide community health outreach efforts.

4. Review the health outreach campaign described in the following text and use the grid to identify key components of the campaign.

   **Know Your Status**  This poster campaign was developed by education students at City College of San Francisco, Project SAFE HIV, and in collaboration with the Graphics department. The posters were displayed around campus in locations focused on reaching San Francisco HIV-positive priority populations: men who have sex with men, transgender women who have sex with men, and injection drug users. Posters were also disseminated electronically via social media sites and on the school website.
### Health Outreach Quiz (continued)

<table>
<thead>
<tr>
<th>POPULATION (Audience for the campaign)</th>
<th>OBJECTIVE (What they hope to accomplish)</th>
<th>MESSAGE (Key message[s] of the campaign)</th>
<th>TECHNOLOGY (Types of technology/social media used)</th>
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<td>Answer:</td>
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5. Which of the following are qualities of successful outreach workers? (Choose all that apply.)
   A. Avoids seniors because they don’t respond to outreach
   B. Is extremely patient
   C. Does not give up until a potential outreach contact engages with them
   D. Is easygoing and approachable
   E. Is flexible in adapting to various settings

6. You are a CHW working for an agency that provides meals to the homeless and marginally housed. Tonight, you are providing health outreach to a group of homeless individuals who are camped out near railroad tracks in your suburban community.

   In two or three sentences, express what you would say as you approach this group of people, who you have not met before.

7. Which of the following are tips for successful health outreach teamwork? (Choose all that apply.)
   A. Is willing to compromise
   B. Addresses team conflict only with a supervisor present
   C. Waits to debrief outreach after reflecting for at least a week
   D. Develops a system for responding to safety concerns
   E. Meets with their team regularly to clarify goals
Health Outreach Quiz (continued)

8. Give an example of unethical behavior that a CHW could engage in while conducting health outreach. Explain why this behavior would be unethical and how it could result in their reputation (and their agency’s reputation) being compromised.

9. While conducting health outreach, you encounter someone who is very angry and who is making threats toward you and your coworkers.

A. How will you respond while this is happening and what action will you take?

B. Identify at least two actions that you will take when you return to your agency after this incident is resolved (this could be the same day or the next time you are at the agency).

10. You are conducting outreach to homeless youth, and a young woman asks you for information about a common health concern for which you have limited knowledge. You don’t want to lose a prospective outreach contact. How should you respond?
Health Outreach Quiz: Answer Key

Assessment 19.1

Determine how much this quiz will be worth and how many points you wish to assign to each question. For example, this quiz could be worth 100 points, with each question worth up to 10 points. A score of 7/10 for any question indicates a satisfactory answer, and a score of 9 or 10 indicates an outstanding answer.

Acceptable answers may vary from trainer to trainer. We are including our version of what the correct answer may be to these questions, but feel free to adjust this answer key to fit your unique situation.

1. The types of concerns addressed through health outreach can include which of the following? (Choose all that apply.)
   A. Mental health
   B. Chronic diseases
   C. Community violence
   D. Environmental and occupational health situations
   E. Poverty

   *Answers A, B, C, D, and E are all correct. Health outreach could address any of these concerns.*

2. Community health outreach aims to identify, contact, and establish positive relationships with communities defined as “at risk” for specific health conditions in order to promote better health outcomes.
   A. True
   B. False

   *Answer A is correct.*

3. Briefly describe who key opinion leaders are and how they help to support or guide community health outreach efforts.

   *Key opinion leaders are people the community respects and looks to for guidance. They are natural leaders and do not necessarily hold positions of formal authority, but they have earned the respect and trust of the community. They support health outreach efforts in various ways such as providing ideas for effective outreach and how to access the community, as well as culturally appropriate outreach strategies or interventions.*
Health Outreach Quiz: Answer Key (continued)

4. Review the health outreach campaign described in the following text, and use the grid to identify key components of the campaign.

Know Your Status This poster campaign was developed by education students at City College of San Francisco, Project SAFE HIV, and in collaboration with the Graphics department. The posters were displayed around campus in locations focused at reaching San Francisco HIV-positive priority populations: men who have sex with men, transgender women who have sex with men, and injection drug users. Posters were also disseminated electronically via social media sites and on the school website.

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<td>SF priority populations (men who have sex with men, transgender women who have sex with men, and injection drug users), students at City College of San Francisco</td>
<td>Get people in priority populations to get tested and get into HIV treatment. When people test positive, they can access treatment and prevent the spread of HIV in their communities.</td>
<td>Encourage students to “Know Your Status” (get tested for HIV), especially those who live in neighborhoods with high rates of HIV. Show that HIV testing, treatment, and prevention make for healthier communities!</td>
<td>Posters were hung on campus. Posters also were disseminated electronically via social media sites and on the school website.</td>
</tr>
</tbody>
</table>

5. Which of the following are qualities of successful outreach workers? (Choose all that apply.)

A. Avoids seniors because they don’t respond to outreach
B. Is extremely patient
C. Does not give up until a potential outreach contact engages with them
D. Is easygoing and approachable
E. Is flexible in adapting to various settings

All answers are correct except A and C. Outreach workers should not avoid any group or community of people and should respect the limits set by potential outreach contacts, including decisions not to engage with outreach workers.
Health Outreach Quiz: Answer Key (continued)

6. You are a CHW working for an agency that provides meals to the homeless and marginally housed. Tonight, you are providing health outreach to a group of homeless individuals who are camped out near railroad tracks in your suburban community.

In two or three sentences, express what you would say as you approach these folks, who you have not met before.

*Answers could include introductory and icebreaking messages that are professional, clear, and welcoming. Examples might also include introducing the agency, mission, or health issue, or distributing health materials using client-centered skills.*

7. Which of the following are tips for successful health outreach teamwork? (Choose all that apply.)

A. Is willing to compromise
B. Addresses team conflict only with a supervisor present
C. Waits to debrief outreach after reflecting for at least a week
D. Develops a system for responding to safety concerns
E. Meets with their team regularly to clarify goals

*All answers are correct except B and C. Team conflict can often be resolved without the need for direct supervisor support. Part of teamwork involves using conflict resolution skills within the team. Outreach should be debriefed as soon as possible, and on the same day if possible, when the details of what occurred can still be remembered.*

8. Give an example of unethical behavior that a CHW could engage in while conducting health outreach. Explain why this behavior would be unethical and how it could result in their reputation (and their agency's reputation) being compromised.

*Examples could include the following:*
- Agreeing to an inappropriate request for money or transportation
- Accepting offers of gifts, sex, or drugs
- Developing personal relationships with clients, and so on

*Choices that CHWs make that are unprofessional, illegal, and/or unethical could compromise their safety, their status with their agency or community, and their relationship with their clients. As a representative of the agency, the CHW can also impact the trust and respect the community has for the agency.*
Health Outreach Quiz: Answer Key (continued)

9. While conducting health outreach, you encounter someone who is very angry and who is making threats toward you and your coworkers.

   A. How will you respond while this is happening and what action will you take?

   Attempt to deescalate the situation as best as possible. Apologize. Speak in a calm tone of voice. Listen. Leave if the situation can’t be successfully deescalated or resolved.

   B. Identify at least two actions that you will take when you return to your agency after this incident is resolved (this could be the same day or the next time you are at the agency).

   Debrief with a coworker to process feelings surrounding the incident, notify your supervisor, and document all information thoroughly and in a timely manner.

10. You are conducting outreach to homeless youth, and a young woman asks you for information about a common health concern for which you have limited knowledge. You don’t want to lose a prospective outreach contact. How should you respond?

   Answers could include something like the following: “That’s a great question. I don’t have the answer for you right now, but I would be more than happy to find out.” Follow up is important, so the CHW should indicate to the client that they will find out the answer and ask her how she would like to be contacted. This could include at the next outreach in person, or at a face-to-face session, or by telephone, e-mail, or another form of communication if the contact is open to that.