

Linking Minorities to Health Services: Successful Strategies for Outreach Workers

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Accessing health care is a major challenge for minority and ethnic groups who may be unknowledgeable, fearful, or distrustful of 'mainstream' medical services. Community health workers, sometimes known as 'lay' health workers, are often the key to linking minority and other underserved communities to health care services.

Part of being a successful community health worker is being knowledgeable about the community you serve. "When you conduct outreach, you have to know the 'flavor' of the community—you have to be able to fit into and function within it," said Delores Burgess, coordinator for minority/community outreach and education program at the Mental Health Association of Allegheny County Pennsylvania (MHAACP). Burgess conducts outreach to unserved and underserved minority populations.

A large part of Burgess' job as a community outreach worker is to be able to gain the trust of those she tries to reach. "You can't walk into a community with a superior attitude. You have to be able to take information to individuals in the community and relate your life to theirs," said Burgess.

Under a grant from the National Mental Health Association's (NMHA) National Consumer Supporter Technical Assistance Center, MHAACP is working to create a manual on minority outreach programs that can be replicated by other consumer-supporter organizations.

Some other things to consider when conducting outreach to minority communities:

◆ **Conduct a community needs assessment.** The *Health Link* program in Rowan County, North Carolina, identifies community needs by holding focus groups and community meetings where resident needs are identified. The program seeks to make African American families aware of existing services for babies and young children through age 5. Community volunteers and outreach workers 'link' infants and children to existing services. The program also offers free transportation to health and social services throughout the county.

◆ **Bring services to the community.** Discomfort with western medical practices can make some minority groups, like American Indians and Alaska Natives reluctant to use 'mainstream' medical services. Terrence Shea, director of community health nursing at Denver Health, a community health service provider in Colorado worked with the director of a local Native American non-profit group, Native American Cancer Initiatives, Inc., to learn how to best reach women in the area. To make cancer screening more culturally appropriate, Shea set up screenings in the American Indian Community Center. The women are encouraged to come together and stay all day, where they could eat food, drink coffee or tea, and socialize.

◆ **Structure your program.** The National Asian Women's Health Organization's program, *Communicating Across Boundaries*, was designed to increase the responsiveness of health care providers to Asian American women through cultural competency training. The program—a four-year cooperative agreement with the Centers for Disease Control—clearly lays out its goals, audience, design, process, and expected outcomes. Now in its final year, the program has been successful in opening a dialog with the community and establishing a platform of resources to offer the community.

◆ **Link existing community services.** To keep herself and her community aware of other public services, Burgess meets every other month with other community-based organizations like the Urban League, health care organizations, and even congressional representatives. Not only does it help Burgess stay abreast of the services available, but it keeps the organizations aware of each other's services.

For more information on Health Link, contact Dr. Jim Cowan, program director, (704) 638-2907. For more information on Communicating Across Boundaries, contact Cindy Moon, program coordinator, (415) 989-9758. For more information on Denver Health, call (303) 436-6000. To contact MHAACP, call (412) 391-3820. ❖

