Improving Healthy Start Participant Recruitment

Regional Meeting
September 1, 2015
Welcome and Overview

Kimberly Bradley, MPH, MNM
Technical Advisor – Community Engagement
Healthy Start EPIC Center
ZERO TO THREE
Today’s Agenda

I. Review objectives
II. Review HS participant recruitment strategies
III. Share grantee examples of effective recruitment
IV. Discuss successes and challenges with regard to participant recruitment
V. Wrap-Up
Slides adapted from Recruitment Webinar

Reesa Webb, MS
Senior Consultant, JSI
Healthy Start EPIC Center
Today’s Objectives

1. Share strategies that are effective when recruiting your priority population

2. Identify new strategies to explore further, that could potentially lead to earlier recruitment and enrollment.

3. Discuss the role that data, relationships, and systems play with regard to early recruitment and enrollment.
Group Discussion

Who is your priority population?

What is your most effective recruitment strategy to date?

What are your two biggest challenges with early recruitment and enrollment?

What is your ideal scenario with regard to participant recruitment and enrollment?
Before recruitment begins...

Understand how each segment can be reached

- Locations/places your priority population frequent
- Identify preferred communication modalities
- Identify other health care/social services they use
Summary of HS Grantee Profiles

Completed October 2014

78 of 100 grantees shared recruitment plans
Method: Built-in recruitment

- Automatically recruit priority population (for agencies that provide a continuum of services)
- Implement pregnancy testing in-house
- Implement centralized intake system with similar organizations or other service organizations used by priority population (other MCH programs)
  - Develop a joint recruitment plan and joint support for intake system (universal protocol; no wrong door)
HS Grantee Recruitment Strategies

Method: Indirect outreach (reach out to community)

- Community education about health indicators
- Community presentations; classes
- Health fairs
- Back-to-school rallies
- Brochures, flyers
  - Community locations (laundromats, grocery stores, pharmacies, salons)
- Traditional media (radio, print, TV)
- Social media
HS Grantee Recruitment Strategies

Method: Direct outreach (reach out to potential clients)

- Attend and present at community events frequented by the priority population
- Door-to-door canvassing in target neighborhoods
- Medical mobile unit
- Peer recruiting
- Word of mouth; past clients
- Employ outreach workers/case managers (station at strategic locations)
Method: Partner with organizations that your priority population utilizes

- Determine who your partners should be
- Determine how to find these partners in your service area
- Forge partnerships
Community Action Networks

Make up of CAN Members (% of CAN Members)

- Other CBO
- Other provider
- State government
- Local government
- Academic institution
- Tribal org
- Community member
- Healthy start participant
- Faith-based org
- Early childcare and ed provider
- Hospital
- Health Dept
- FQHC
Additional Referral Partners

- Title V Care Coordination Systems
- Home Visiting Programs
- Head Start/Early Head Start
- Child Care Centers and In-home Day Care
- Correctional System
- Faith-based Organizations
- Shelters
Additional Referral Partners

- Navigators for Marketplace Enrollment
- Insurance plans that cover your priority population (e.g. Medicaid managed care plans)
- State Medicaid innovation programs
- WIC
- Community Resource Centers
- School Systems
Lessons from ACA Enrollment

- Invest in outreach staff
- Make technology work for you
- Recognize everyone’s role in outreach
- Engage faith-based communities
- Create an earned media strategy
- Customize your message to targeted audiences
- Promote word-of-mouth recommendations from satisfied participants
- Offer enrollment through community events that are convenient to the client
Are there strategies that you use that were not mentioned?

Who is responsible for your recruitment efforts?

What skills do you find are most critical to these positions?
Grantee Examples

Moms First

Little Dixie Healthy Start
The CDPH serves as grantee for the MomsFirst Project and provides administrative oversight of the Project, including:

- Programmatic and Fiscal Accountability
- Technical Assistance
- Contract Monitoring/Quality Assurance
- Fulfilling Federal Reporting Requirements
- Grant Writing
MomsFirst targets African American women in Cleveland’s most impoverished communities, with special efforts to reach adolescents, and homeless, substance abusing or incarcerated women. To accomplish this, the grantee subcontracts with agencies which, by mission, mandate or practice, assist low income, minority populations. These include six neighborhood settlement houses, a community-based social service agency, and Northeast Ohio Neighborhood Health Services, Inc. (NEON), a Federally Qualified Health Center.
Participant Characteristics

- Age range of 13-42, 64% are 17-24 years
- 18, 19 and 20 year olds, 29%
- 87% African American
- 93% Non-Hispanic
- Beyond 9th grade education but 46% without a HS diploma
- At enrollment, not in school, 63% and not working, 76%
- Never married 90%
- Has a partner, 65%, biological father, 64%
- No Birth control choice, 53%
- 18% prior assault, sexual assault, domestic violence or child abuse
Service Providers

- 36 FTE Community Health Workers (23 funded through federal Healthy Start dollars, 7 funded through County dollars, and 6 funded through City dollars).

- 6 FTE Case Managers (3.5 funded through federal Healthy Start dollars, 1.5 funded through County dollars and 1 funded through City dollars).

- Staff range from Paraprofessionals to those with a Master’s Degree.
Community Setting

- The core services of outreach, case management, health education, interconceptional care and perinatal depression screening and referral are the primary strategies used to address the Project’s objectives.

School Setting

- Activities are pregnancy-prevention focused and include active Student Peer Advisory Groups.

High Risk Settings

- Populations served include those incarcerated, residing in shelters, or enrolled in an inpatient chemical dependency treatment program. Focus is on healthy behaviors, family reunification, parenting, and reintegration into the community.
The city of Cleveland is divided into service areas. Settlement House Recruitment efforts consist of:

- Door-to-door neighborhood canvassing
- Tapping into other site based programs
- Building relationships with medical and social service providers, city council reps and local merchants such as grocery stores, salons, daycare centers, etc.
- Literature drops at grass roots agencies, i.e. libraries
- Neighborhood Consortia Events
School Setting

- Operates out of a Community Based Social Service Agency to provide services in all Cleveland Municipal School District (CMSD) High Schools and non-traditional schools, i.e. Charter Schools.
- MOU in place with CMSD.
- Students are recruited in the schools and referrals are also received from faculty and school nurses.
- Active Student Peer Advisory Groups with pregnancy prevention focused activities.
High Risk Setting

- Operates out of Northeast Ohio Neighborhood Health Services, Inc. (NEON), a local FQHC.
- Twice weekly visits to the Cuyahoga County Corrections Center, regular visits to local shelters and inpatient chemical dependency treatment programs.
- Participants are followed as they transition and re-integrate into the community.
- Quarterly Sobriety Celebrations are held in place of neighborhood consortia meetings for those residing in inpatient chemical dependency treatment facilities.
LITTLE DIXIE HEALTHY START PROJECT

Mrs. Linda Byrd, Project Director
Little Dixie Healthy Start
Little Dixie Community and Outreach Strategies

**Action Plan Outreach Objective(s):**

- Partner with local organizations to outreach and recruit eligible pregnant and parenting women of child-bearing age 15-50 to receive Little Dixie HS services along with other resources and services provided by partners.
- Develop partnerships with local businesses and service organizations by disseminating information on Little Dixie’s services so they will endorse and promote the program to their clients, customers and consumers.
- Implement the outreach plan to recruit 500 clients annually (minimum 250 prenatal).
- Develop materials and resources for branding and promoting Little Dixie Healthy Start Program.
- Track enrollment statistics regarding how participants learned about Little Dixie HS.
- Modify Outreach Plan using feedback from clients, partners and tracking enrollment statistics.
- Provide ongoing professional development to staff to implement outreach efforts (PowerPoints, Elevator Pitch Training, Materials, Tracking forms).
# Annual Calendar of Events

<table>
<thead>
<tr>
<th>County</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
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<tbody>
<tr>
<td>Choctaw</td>
<td>Basketball Games</td>
<td>Live Stock Show</td>
<td>Baseball Games Dogwood Days - Idabel</td>
<td>Little League Baseball/Softball</td>
<td>Homecoming Parade &amp; Rodeo Hugo, Ft. Towson, Boswell, Antlers</td>
<td>Soper Homecoming Parade</td>
<td>Boswell FFA Rodeo</td>
<td>Soper FFA Rodeo Hugo FFA Rodeo Choctaw County Fair Football Games Choctaw Electric Annual Meeting</td>
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<td>Hugo Christmas Parade</td>
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<tr>
<td>McCurtain</td>
<td>Basketball Games</td>
<td>Live Stock Show</td>
<td>Baseball Games Dogwood Days - Idabel</td>
<td>Little League Baseball/Softball</td>
<td>Wright City Parade Watermelon Festival – Valliant McCurtain County Rodeo</td>
<td>McRcurn County Fair Football Games Choctaw Electric Annual Meeting</td>
<td>Lumberjack Festival- Wright City</td>
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<td>Idabel Christmas Parade Valliant Christmas Parade Broken Bow Christmas Parade</td>
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<tr>
<td>Pushmataha</td>
<td>Basketball Games</td>
<td>Live Stock Show</td>
<td>Baseball Games Dogwood Days - Idabel</td>
<td>Little League Baseball/Softball</td>
<td>Clayton Homecoming Parade</td>
<td>Pushmataha County Fair Football Games Choctaw Electric Annual Meeting</td>
<td>Deer Festival- Antlers</td>
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<td>Antlers Motionless Parade</td>
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How Will We Measure Success?

Baseline – Between December 2014 – May 31, 2015, the team outreached and enrolled 375 participants. The team will collect data on a weekly basis to track outreach efforts to support enrollment of a minimum of 500 clients between June 1, 2015 – May 31, 2016.

<table>
<thead>
<tr>
<th>Little Dixie Measurements</th>
<th>2015 PROJECTED</th>
<th>2015 ACTUAL</th>
<th>2016 PROJECTED</th>
<th>2016 ACTUAL</th>
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<tbody>
<tr>
<td>GOAL – Enroll 500 Participants</td>
<td>500</td>
<td>500</td>
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<tr>
<td># Candidates Identified</td>
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<tr>
<td># Candidates Recruited and Assessed</td>
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<tr>
<td># Participants Enrolled in Program</td>
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<td># Pregnant (50% required) 250</td>
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<td># Interconceptional</td>
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<tr>
<td># Fatherhood participants enrolled</td>
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<td># Dropped Out before Achieving Goals</td>
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<tr>
<td># Infants Served</td>
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<tr>
<td>% enrolled of recruited (Enrollment/Outreach Ratio)</td>
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<tr>
<td>PREGNANT CLIENTS ENROLLED</td>
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<tr>
<td>% Enrolled at 1st Trimester</td>
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<tr>
<td>% Enrolled at 2nd Trimester</td>
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<tr>
<td>% Enrolled at 3rd Trimester</td>
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<tr>
<td># of Community Participants</td>
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</table>
How Can We Partner with You?

Opportunities to Partner

- Co-hosting Events
- Established common goals and referral system to achieve Collective Impact
- Refer pregnant and parenting women, infants less than two years old and fathers and fathers to Little Dixie Healthy Start

Opportunities to Partner

- Participate in the CAN
- Donate in-kind services
- Volunteer
- Share program promotional opportunities
- Locations to disseminate information on Little Dixie and partner programs
Group Discussion

How do you use data to inform your recruitment and enrollment process?
• Intentional, strategic, and consistent
• Creating “win win” partnerships.
• Strong relationships at every level
• Building and maintaining trust
What strategies do you use with regard to relationship building that directly or indirectly impact recruitment and enrollment?
Systems Approach to Recruitment and Enrollment

- **Centralized Intake**
  - Pros
  - Challenges
  - Necessary elements

- **Coordinated Intake**
  - Pros
  - Challenges
  - Necessary elements

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*MECHV Issue Brief on Centralized Intake Systems*

Children's development is influenced by their early experiences. All too often, the achievement gap identified in the school-age years can be linked to an opportunity gap in the early years. In most communities, families with young children must navigate through and coordinate with myriad programs to patch together essential supports. At a minimum, this includes health care, child care, and early childhood education. But for families at risk, they may also need to navigate social services, food assistance programs, housing, mental health supports, alcohol and drug programs, early intervention, and others. Families often need help to identify, access, and coordinate the resources that will best meet their needs.

For many years, the Maternal and Child Health Bureau of the U.S. Department of Health and Human Services has called attention to the need to provide families access to the services they need in a coordinated, easy-to-access way. The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program provides just that opportunity through welcoming new parents and their very young children into a supportive community. With a focus on promotion, prevention, and early intervention, MIECHV opens the door to coordinating services and ensuring the well-being of very young children.

“Well before MIECHV, we worked on a framework that would create a universal community-level system to identify expecting parents and families with young children. We believed that the economic prosperity of a community was tied to the health of families, so we wanted to help create communities where every birth was welcomed and every family celebrated. It was clear to us that a centralized intake system would be key for ensuring all families received the services they needed. With MIECHV, we have been able to make this vision a reality.”

— Carol Wilson, Georgia MIECHV Program Coordinator

Like Georgia, many states are using MIECHV as an opportunity to create centralized intake systems. Centralized intake provides a welcoming entry point for families whose basic screening helps to identify family needs and referral is made to programs that are a good fit for the family. States find that centralized intake is an effective strategy for...
Do you use a centralized or coordinated intake approach to recruitment and enrollment? If so, please share more about your experience.
Recruitment and Enrollment Plan

- Strategies
- Targets
- Specific activities and persons responsible
- Indicators
- Short, Intermediate, and long term goal and vision
- Why, what, how, who, and when
Questions?