

Title: Enhanced Outreach Worker Training in New York State

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Topical Issues of Focus: Community outreach, provider training

Background/Objectives

The Community Action for Prenatal Care (CAPC) Initiative is a program of the AIDS Institute, New York State Department of Health. CAPC involves the development of community coalitions dedicated to the reduction of adverse birth outcomes, including perinatal HIV transmission, through the recruitment of high-risk pregnant women into prenatal care. CAPC targets zip codes in the Bronx, Brooklyn, Manhattan, and Buffalo where the percentage of women delivering babies with no prenatal care, and the newborn HIV seroprevalence rates, are both high. Lead agencies identified in each area are charged with coordinating the activities of the local coalition including implementation of a comprehensive model of service delivery.

New York State Department of Health data indicate that women at highest risk are likely to be found among the following groups: adolescents, immigrants, substance users, and women experiencing homelessness, mental illness, developmental disabilities, or domestic violence. The results of ten geographically diverse focus groups, convened at the beginning of this initiative, indicated that high-risk women have many barriers to health care. For example, a woman may fear losing custody of a child, deportation if she is undocumented, or judgment by health providers due to her lifestyle. The traditional model of outreach, which often involves a one-time contact to impart information about services, was inadequate to overcome these barriers. A different, more intensive model was needed.

In conjunction with our training contractor, Cikatelli Associates, Inc., we developed enhanced training opportunities for outreach workers and supervisors from maternal-child health, HIV, and substance use agencies. The training objective is to enhance the knowledge, skills, and self-efficacy of outreach workers and their supervisors.

Training is designed to equip the outreach worker to find pregnant women unconnected to prenatal care services to form a trusting relationship over the course of multiple encounters, and to transition her to prenatal care. Outreach workers may accompany the woman to her initial prenatal care or case management appointment.

Methods

Several levels of training were developed: Core Training, Focused Training, and Advanced Training. All curricula focus on processes and skills needed by the outreach

worker in interactions with potential clients. All are grounded in behavioral science, in particular, the trans-theoretical model of behavior change and motivational interviewing. All training experiences include didactic and experiential instruction through role plays, group exercises, and other interactive methods.

Core training teaches the outreach workers basic information about HIV and the lack of prenatal care in their communities. They learn about focus groups; strategies to use when approaching potential clients; and the psychological, social, and logistical barriers faced by women who are unconnected with the health care system. Male involvement, immigration, legal, and child protective issues are also addressed. Core training includes a visit to a prenatal care site.

Focused training builds on the skills from the core training and explores topics such as mental health, domestic violence, and developmental disabilities in depth.

Through advanced training, the outreach worker learns to assess the client's barriers, to understand her ambivalence about seeking prenatal care, to elicit strategies from the client for moving toward care, and to negotiate a plan for her entry into prenatal care.

The intake form tracks how the client entered the CAPC program (routine outreach, social marketing campaign, agency referral, etc.)

Pre- and post-tests are administered to training participants to measure changes in knowledge and attitudes relative to the concepts of the training. We made changes in the curriculum based on a statistical analysis of the results.

Results

Thus far, 426 outreach workers and supervisors have completed core training. One hundred outreach workers and supervisors have attended focused training and 164 have participated in advanced training. The training has a direct impact on the project.

More than 1,282 high-risk women have enrolled in CAPC, with the majority of the clients entering the program due to training efforts. Thirty-seven percent were escorted into care by a specially trained outreach worker.

An evaluation of one of the New York City core trainings found that readiness to discuss strategies for establishing a trusting and supportive relationship with pregnant women not in prenatal care by supervisors with their outreach workers increased over 50% from pretraining to posttraining. In a knowledge-based question about training material, 28.6% of participants in Buffalo believed at pretest that pregnant women addicted to heroin should immediately stop taking the drug to protect their unborn baby, while at posttest 80% correctly identified this as a false statement.

The CAPC training model was replicated and found to be successful in three other communities with high-risk populations: Monroe, Suffolk and Westchester counties.

Conclusions

This initiative has met and exceeded its objectives, and we believe the success is due to the skills developed by the outreach workers during the trainings, the networking that has occurred among community agencies, and the site visits to prenatal care programs by outreach workers.

Challenges include the significant turnover of outreach staff and the reluctance of agencies to commit staff time to such a lengthy training period. We have worked to overcome this by scheduling frequent trainings to recruit new outreach staff. We are currently evaluating the length of the core training to determine if it can be shortened.