

**CLINICIANS REACHING OUT** is a community level intervention which develops the capacity of and places HIV clinicians in the community as HIV health educators. The key characteristics of Clinicians Reaching Out are: the active participation of HIV specialists as community members; the demystification of the role of the clinician; the development of community partnerships with HIV clinical staff; and the outreach to organizations and institutions as partners in building a shared response to HIV.

## CURRENT ACTIVITY SETTING

Community Hospital. HIV Clinic.

- ✓ **Directly links the client to medical care**
- ✓ **Gets the client in a conversation about starting medical care**
- ✓ **Brings the agency closer to where HIV+ people are so that the conversation can begin**

## I. Description

### OBJECTIVES

- ▶ To achieve visibility for the clinicians within the general community
- ▶ To create a positive presence of clinicians within the general community
- ▶ To increase comfort levels of patients and potential patients with HIV doctors
- ▶ To demystify the persona of the doctor or clinician and help to humanize the clinical institutional setting
- ▶ To help educate HIV+ members of a community on HIV treatment
- ▶ To enable clinicians to participate fully in the health of a community

### TARGET AUDIENCE

- ▶ HIV+ clients of AIDS service organizations
- ▶ HIV+ patients in clinical care and HIV+ people not in care
- ▶ Health professionals
- ▶ The general public

### ACTIVITY DESCRIPTION

Clinicians reaching out seeks to place HIV clinical specialists within the community they serve as HIV educators and non-rigid health care professionals with a stake in the general health of the community.



QUICK NOTES:

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*“Not being in a white coat makes you more accessible and that establishes trust and familiarity that leads to long-term care with patients.”*

— HIV NUTRITIONIST, TUCSON, ARIZONA

A clinician should be able to see himself or herself as part of the community's health and be available to respond to different community needs. It is important that the members of the community feel that the clinician enjoys being a part of the community and believes in his or her role as a person interested in the true health needs of the people. The activity of “clinicians reaching out” begins with these primary assumptions.

#### **Assessment and targeting of outreach locations:**

- ▶▶ Before the clinical team begins “reaching out” with their educational presentations, they must be clear that the model of the clinician-patient relationship will permeate their interventions and interactions with the community at large. The philosophical framework for effective outreach to the HIV+ community is the “empowerment model,” which implies treating and respecting all clients as individuals, listening to their needs, and responding with flexibility and honesty.
- ▶▶ Identify and discuss with the full HIV clinical staff the primary reasons that HIV+ people who know their status do not get into care.
- ▶▶ Identify geographic HIV incidence in the community through zip code assessment.
- ▶▶ Identify with staff the different entities and agencies that could be targeted to do HIV education outreach; identify places to become more “visible” for “clinicians reaching out.”
- ▶▶ Contact organizations involved in HIV work, e.g. drug abuse clinics, mental health agencies, homeless agencies, women's groups, and churches. Offer the staff as a resource for education on HIV, staff development training, community event speakers, prevention initiatives, nutrition and HIV, antiretroviral treatment, conference speakers, roundtable participants, back-to-school event participant, etc.
- ▶▶ Become very familiar with the health resources of the greater community.
- ▶▶ Contact different media sources (local radio, local television, local newspapers, and newsletters) offering members of the staff as an HIV education and information resource.
- ▶▶ Accompany the case manager to client service meetings to inform the participants about the hospital's HIV clinical services.
- ▶▶ Accept invitations to address different groups in the community.

#### **Suggestions for clinicians implementing outreach in community settings:**

- ▶▶ Once at a particular setting in the community, (e.g. an AIDS service organization) give a presentation on the clinical management of HIV that speaks to the individuals in the audience. If the HIV+ person hears a “soft sell” for treatment, a respectful communication of the difficulties involved in antiretroviral treatment, or an explanation of the different options the hospital provides, he or she might make a new connection to care or reestablish a broken connection to HIV medical care.
- ▶▶ Offer HIV 101 educational sessions to different people and agencies in the community. Don't assume that people understand the basics of HIV. Be careful to use common language during all presentations. Don't be overly technical.
- ▶▶ Listen to what the people in the community are saying. Listen to the questions the public asks, hear their concerns.
- ▶▶ Communicate the philosophy that the clinical management of HIV is a personal issue that depends on the particular needs and circumstances of each individual.
- ▶▶ Ask for feedback at all community outreach events. Communicate the desire to learn from the community as well as educate.
- ▶▶ Take some time to talk to people after the presentation, let people know that you are more than a clinician in a white coat.

## **PROMOTION OF ACTIVITY**

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- ▶▶ The individual outreach events are promoted through community calendars, newsletters, organizational mailings to members, word of mouth, inter-agency meetings, flyers, Title II consortia meetings, etc.
- ▶▶ The health educator of the hospital or program can do active promotion in their public relations with other providers.

*“It’s the empowerment model versus the dictator model; you must treat clients as individuals.”*

— MEDICAL PROGRAM DIRECTOR, TUCSON, ARIZONA

## II. Logistics

### STAFF REQUIRED

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- ▶ One staff member from each discipline within the HIV clinical team who is willing to be a public speaker: health educator, pharmacist, dietitian, social service coordinator, HIV specialist, mental health services staff member, psychologist, nutritionist, health educator.
- ▶ Program coordinator

### TRAINING & SKILLS

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- ▶ The staff must communicate cultural sensitivity and understand different ways to effectively communicate with different populations.
- ▶ The staff must feel comfortable being in public without a “lab coat.”
- ▶ The staff needs to feel comfortable discussing HIV outside of a clinical setting.

### PLACE OF ACTIVITY

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- ▶ Off site, not at the hospital
- ▶ Community centers, health service organizations, population specific agencies, churches, public and private schools, community luncheons and dinners, cultural and community events

### FREQUENCY OF ACTIVITY

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One team member does community outreach once per week. Once a month, the whole team goes to an outreach event together.

### OUTSIDE CONSULTANTS

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None

### SUPPORT SERVICES

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Translation services from English to Spanish

### CONDITIONS NECESSARY FOR IMPLEMENTATION

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- ▶ The administrator of the hospital needs to be supportive of the outreach efforts.
- ▶ The city/community has to want this.
- ▶ The staff involved must want to work in HIV and must care about people living with HIV.
- ▶ The staff must be willing to do work outside of the hospital and be willing to use their own time after office hours.
- ▶ The staff must be open to learning.

## III. Strengths and Difficulties

### STRENGTHS

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- ▶ The diversity of personalities that make up the multidisciplinary staff of a hospital.
- ▶ The clinicians see themselves as part of community, as part of a community’s health.

*“It’s rewarding to see yourself, a clinician, as part of the community’s health.”*

— HIV SPECIALIST, TUCSON, ARIZONA

- ▶▶ The staff communicates a flexible attitude.
- ▶▶ The staff is available to clients all the time.
- ▶▶ The staff supports and learns from each other.
- ▶▶ The staff likes the populations they work with.
- ▶▶ The “doctor figure” is demystified and made more human.

## **WEAKNESSES**

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- ▶▶ The staff can become too available for clients and begin to lose sense of boundaries.
- ▶▶ Doing outreach in the community does not bring any revenue to the hospital. It can be hard to justify the expenditure of the hospital’s human resources.
- ▶▶ It is difficult to reach some populations: young people, and particularly young women, are among the most challenging to reach.
- ▶▶ Sometimes clients need too much from the clinician, and make too many demands.

## **DIFFICULTIES FOR CLIENTS**

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- ▶▶ The clinician must maintain the confidential nature of their client/clinician relationship when an encounter with a patient occurs at a public event.
- ▶▶ The client may need to have a one-to-one discussion with the clinician in a public setting, which is not usually possible.

## **DIFFICULTIES FOR STAFF**

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- ▶▶ Events outside the office can be very time consuming.
- ▶▶ Each staff member wears many hats. It is important to be able to switch roles in different settings. If the program has different funding sources, it can be confusing at times.
- ▶▶ Sometimes clients need too much from the staff.

## **OBSTACLES FOR IMPLEMENTATION**

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- ▶▶ Conveying to the hospital administration what the needs are in order to secure financial and institutional support
- ▶▶ Insufficient funds
- ▶▶ Limited time
- ▶▶ Competition between agencies
- ▶▶ Problems can occur if members of a particular community are not receptive to HIV education or/are hostile to HIV+ people.

## **NON-APPROPRIATE CLIENTS**

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None

## IV. Outcomes

### EVIDENCE OF SUCCESS

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- ▶ People come into care for HIV because they want to; this is directly related to the staff's visibility in the community and the philosophy the staff communicates such as respect toward the individual, flexible professional attitudes, non-rigid care models, and availability to the patient.
- ▶ At presentations, people generally stay afterwards to ask questions and converse with the staff.

### UNANTICIPATED BENEFITS

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- ▶ Contact with the community helps the clinicians feel grounded.
- ▶ Clinicians enjoy the presentations.
- ▶ Clinicians receive important feedback and new insights from patients.
- ▶ The staff feels strengthened and positively challenged by the patients in the community.
- ▶ The outreach events establish credibility for the clinicians among peers and other professionals.
- ▶ Clinicians learn from the community how to improve the way they do their job.

### “CONNECTING TO CARE” ELEMENTS OF ACTIVITY

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- ▶ Clinicians become more accessible to patients and to the community in general, since they are not in their “white coats.”
- ▶ The outreach establishes trust and familiarity in the HIV+ population that can lead to long-term care. The clients feel safer coming into care and staying in care.
- ▶ The road connecting to long term health care is for the individual patient to decide on. If people feel safe, respected and treated as individuals, they will come into care more easily and feel the freedom to stay there.

### EVALUATION

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- ▶ Patient satisfaction surveys lead to understanding community barriers.
- ▶ Through identification of new patients that have used the outreach as a point of decision making about their health care needs and verbally communicated this to staff members during the intake process.
- ▶ Through identification of “drop in” clients who made a connection during an outreach event.

### KEEP IN MIND...

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- ▶ Learn from mistakes and do not be afraid.
- ▶ Ask for pharmaceutical company support to provide food and beverages for some of the events.
- ▶ For Latino populations, it seems to work better to have more intimate meetings with about 10 to 15 people.
- ▶ Listen to clients and be open to their lessons.

