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Outreach programme – Key to success in health care access

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Abstract
Now a days, many measures are coming up to reduce the burden of ill health and disability. Among them the most common one is outreach programme. Outreach means accessing hard-to-reach populations. It uses a multidisciplinary approach to overcome challenges and barriers associated with health care services. Twist can be given to these programmes by using new strategies, technology and approaches. Our reach programme not just does uphold the integrity of profession, but also provides a basis for better health development in community. This paper reviews its approaches, strategies and new technologies used for the benefit for population who are in need.

Keywords: Camps, Mobile Unit, Outreach, Public health, Teledentistry, Telemedicine

1. Introduction
Public health is about the promotion of the health of the whole community and aims to reduce the burden of ill health and disability. Unless alternative methods of delivery are used, it is highly probable that the desired level of uptake will not be achieved. There are several challenges faced in the delivery of oral health care services to the rural population such as deficiency of manpower, poor accessibility, affordability, and availability. Adding to these barriers is the health professional's attitude and perceived comfort in treating the underserved. Outreach is the process of engagement with individuals and organizations by entities or individuals with the primary purpose of serving as a resource and connecting ideas or practices of two or more organizations, groups, specific audiences or the general public [1].

Billie E. J. Housego (1974) stated that "The term outreach, which applies to community outreach refers generally to 'efforts to increase the availability and utilization of services, especially through direct intervention and interaction with the target population' [2].

The term 'outreach' as it is used today covers a fairly wide range of strategies and approaches, some quite different from each other, but all aimed at providing services to those who otherwise would not come to the clinic. The idea therefore is to provide an easily accessible point of contact [3]. Outreach work [4] means of contacting a target group on its own territory or an important means of accessing hard-to-reach populations. Rather a specific intervention method to reach and to involve risk groups that are not in contact with services.

The main goals of such programmes are to provide an easily accessible point of contact, to reach, educate, screen, and counsel, on a voluntary basis and, to provide screening, treatment and referral services [4]. Such programmes would benefit the poor, rural residents, the disabled, frail elderly, at-risk pregnant women and their infants and children, the homeless, people with HIV and migrant and seasonal farm workers.

2. Models of Outreach
Some of the models of outreach are the satellite model, the detached outreach model, the domiciliary model and the peripatetic model. The first model that is satellite model is the establishment of centers for delivery of programmes in community locations outside main sites or campuses. The detached outreach model refers to contacting people outside organizational setting e.g. in streets, shopping centres, at school gates. The domiciliary model means visiting people or taking services to them in their homes. Lastly the peripatetic model involves working in organizational settings such as hostels [5].

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Table 1: Different forms of outreach programme

Out reach programme	Service provided	Strengths/benefits	Limitations
Treatment Camps	Screen and offer treatment on site to as many as possible	Often offered at low or no cost Quick and sometimes only way to offer treatment to many needy people.	Difficult to organize well. Big numbers may actually hide poor quality. Because of its free services, may further weaken an 'ailing' nearby unit, or delay the establishment of a permanent one in the region. Often dependent on donor or sponsor support.
Screening/surv eys: [12]	Identification of unrecognized disease or defect by the application of tests, examinations or other procedures which can be applied rapidly.	Opportunity to bring low/no cost basic care services to needy or underserved areas. Cheap and rapid as compared to clinical diagnosis. Quick way to increase uptake patients. Early detection possible.	Not 'sophisticated' enough to fully assess patients. Big numbers may actually hide poor quality
School dental health programs: [9]	Screening and treatment for school children.	Students are available for preventive or treatment procedures. Less threatening than private offices. Facilitate and increase the effectiveness of teaching health subjects Reduce the amount of classroom time lost in traveling to a treatment facility; due to pain and apprehension.	Children not attending school are not benefited. Require public funding. Should be cost effective in terms of staffing, money and material.
Mobile Unit	Mobile health unit functions as a satellite of the medical center. Among its many uses have been ophthalmologic screening, physical examination, dental care, and health education.	Quick way to bring basic health care services to needy communities at low/no cost.	Quite often too many patients seen too superficially. Quality of care not always guaranteed. When staff is limited, may negatively impact continuity of services at base unit.

3. Essential Elements of an Outreach Programme [3]

The elements essential for a successful outreach programme comprise of:

1. Careful planning: As thorough as possible, covering at the very least the following areas: a) The proposed intervention zone which includes its geographic and administrative boundaries, its target population, the other service providers within the catchment area and the specific or complementary roles they are likely to play, b) The nature and scope of the outreach programme involving the extension of base unit, a programme to screen and bring in more patients, c) The capacity of the base unit to initiate and sustain the outreach programme and absorb the expected increased workload. d) The capacity of the base unit, or its sponsoring institution, to secure or guarantee financial support. e) The capacity of the team to relate to, partner and work with the community.

2. Community involvement and ownership: The approval of the community and support of the programme with their full involvement at all stages of planning and implementation is required for a clear understanding of the roles and contribution of each party, and a common understanding of how success will be defined and appraised.

3. Government involvement and leadership: The involvement of the government is particularly crucial where national or district plans exist and have been officially approved by them.

4. A good monitoring and evaluation system: This is required for a clear indicators and targets for ongoing monitoring and programme improvement, and to measure success over time.

5. A structure and clear mechanisms for dialogue, problem-solving and co-ordination among all stakeholders: This is particularly critical where several partners are involved in the target area, or where those involved have limited experience of running outreach programmes.

4. Guidelines for Effective Outreach: [6]

- Meet people where they are,
- Build trust and relationships
- Be respectful,
- Listen to your community
- Get the word out in a non-stigmatizing manner
- Offer service and information in a variety of locations (including home visits) and at non-traditional times, especially after work hours
- Make written information friendly and easy to understand
- Provide information in the primary language of those who will use the service
- Follow-up, follow-up, follow-up!

5. Examples of Outreach Activities: [7-9]

- Public talks/lectures/discussions: Probably the oldest form of science outreach, dating back at least as far as 1820s.
- Visiting K-12 institutions: K-12 students and teachers are an important target group for outreach. Activities include visiting K-12 institutions giving talks for a larger or more restricted audience, discussions with students, or participations in events such as a school's fair.
- Workshops for teachers and/or students: Inviting them to an institution for a workshop is another form of outreach event. Formats range from a one-day visit to more involved week-long events
- Supporting educational fairs and similar events: Apart from organizing independent events, there is always the possibility to participate in existing projects that are aimed

at promoting awareness.

- Online outreach: The World Wide Web→ one of the most powerful outreach instruments. Many institutes have developed web-based outreach projects, providing general information and interactive features.

6. Role of Health Institutions: Health Institutions are integral part of health care system. Outreach teaching programmes can be organized in a variety of settings, be structured in different formats and can offer education and training to all members of the team. Outreach training in a primary care setting offers undergraduate dental students complementary educational exposure to a real-life working environment. Different modes of reaching disadvantaged population through [10]: a) Outreach b) Extramural c) Community centers. The activities that can be carried out in such institutions are: [11]: Service provision, Health promotion, education and research. Table1shows different forms of outreach programme

Service provision: [1, 8, 9] Conducting camps in rural areas and urban areas to reach the people lacking access to health care facilities. Organizing and managing camps are also part of the learning curve and a way to improve professional skills.

7. Evaluating Outreach Programs: [2, 7-9, 12]
Evaluation is often associated with a demand to justify funding. However, outreach projects should have an evaluation programme not simply to justify funding but more importantly to maintain or improve the service offered by that project.It is vital to incorporate evaluation mechanisms into the internal structures of outreach projects in order to ensure that the target group is benefiting from the intervention. The issues of funding justification, wider reputation and recognition will then naturally follow on from this.

Three types of evaluation methods are structural, process and outcome evaluations. Process evaluation appears to be the most frequently applied. Yet the evaluation of outreach projects is still in its infancy in many countries.

8. Factors affecting utilization are psychological barriers; lack of knowledge of how to use systems to one's advantage; limited resources that are available or accessible; using outdated delivery methods; and ineffective communication by educators, counselors, and administrators [2, 8, 9].

9. The various factors contributing to success are acceptance of the program by the community; easy access to the services, absence of cost to participants; identification and utilization of major local community organizations and communications networks for the involvement of citizen participation; prompt access to test results and counseling; and availability of the institutes for backup consultations and referrals [2, 8, 9].

10. Challenges Faced In Outreach Programmes: [15]
A) Patient base- Disease level would be high. Managing of patient's unawareness about the disease, prevention and treatment as well as cultural issues **B) Patient compliance-** Initial difficulties with patient reliability and compliance with instructions given will be encountered. **C) Clinical experience**- Range of treatment carried out would be relatively narrow. Cross infection control will be an issue in outreach setting.

11. Issues Involved In an Outreach Programme
Organizational issues: [16] including finance and admistration
Educational issues: [17] Need of training and monitoring the performance of teachers, students at outreach clinics.
The challenges of beginning and continuing of an outreach programme over long term are daunting. If there is a will to invest time and effort then success in the long term with a resultant significant positive impact on health care access crisis [17].

12. Telemedicine and Teledentistry: [24, 25]
It is the use of telecommunication technology to send data, graphics, audio and video images between participants who are physically separated (i.e., at a distance from one another) for the purpose of clinical care. The practice of using video conferencing technologies to diagnose and provide advice about treatment over a distance. Information technology allows expert clinicians to treat patients at a distance, via telecommunications links. These telemedicine services range from voice telephone communication to videoconferencing and image transmission requiring very high bandwidth connections. Telemedicine may significantly improve public health by allowing facilities in poor or rural areas to access clinical expertise. Teleradiology is the most common, where images are transferred for interpretation. Another ideal use is the treatment of rare diseases, where a remote expert doctor can prescribe treatment based on images. Telemedicine, the delivery of health care and the exchange of health care information across distance, is currently an accepted part of modern health care provision. It helps in linking patients and physicians via telecommunications technology and improving access to care, delivery of health care and lowering its costs. In terms of benefits, it reduces the need to transfer patients to a site of medical expertise, decrease the number of patient days in hospital, prevents deaths by increasing the levels of second opinion diagnosis between medical practitioners.

13. Conclusion
Improvements in the actual practice of outreach work can be achieved by formulating working standards and methods, creating training facilities, strengthening inter-organizational working relations, and by developing methods for the recruitment of peers and volunteers. A strategy of outreach is justified if we efficiently combine the projects seeking accessible services with those projects making services available. Outreach programme provide real life exposure which deepens a student's understanding of their patients. Not just does it upholds the integrity of profession but also provides basis for better health development in community.

"Do not follow where the path may lead, Go instead where there is no path and leave a trail"
- Harold R McAlindon

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