



Taking It To The Streets Outreaching to Hard To Reach Populations

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Street Works

Presentation Outline

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- Barriers to Prevention/Outreach
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Agency Mission

. . . to provide Education, Prevention and Care to address the health disparities and substance abuse in communities of color to include, but not limited to HIV/AIDS, Diabetes, Cancer and Hypertension.



Agency Overview

- Founded in 1997
- Originally only Street-based outreach
- Received IRS 501(c)3 status in April 2000
- Drop-in Center developed in 2000
- Conduct services during non-traditional hours



New CDC Prevention Initiative

- Counseling, testing and referral
- Prevention with (or risk reduction for) people with HIV



The Problem

Drug use is a complex health and social problem that affects all segments of American society. How to respond to this problem continues to be at the center of national and local debates. Further complicating the issue is the rapid rise in HIV infection reported over the past decade among drug users and their sex partners and children.



Who is the Hardest to Reach?

Populations who will not seek drug treatment, HIV/STD screening or information in a traditional settings

- Injection Drug Users
- Alcohol and Other Substance Users
- Sex Industry Workers
- High Risk Youth



Barriers to Prevention/Outreach

- Restricted hours
- Lack of Transportation
- Blood draw Logistics
- Insensitive providers
- HIV Stigma
- Fear of Positive Results
- Little Perceived Risk
- Competing Concerns



Strategies

- Harm Reduction
- Linkage to Substance Abuse Treatment
- Provide Street and Community Outreach
- Prevent Sexually Transmitted Diseases
- Counseling and Testing Services
- Services for People Living With HIV/AIDS
- Primary Drug Prevention



Street Outreach

Start where the client is – on the streets and in the
community

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Street Outreach Definition

Outreach can be defined as an activity conducted outside a mere traditional, institutional health care setting for the purpose of providing direct health education and risk reduction services or referrals.

“Guidelines For Health Education and Risk Reduction Activities”
Centers for Disease Control and Prevention, April 1995



Basic Street Contact

Interaction (usually 30 seconds or less) between outreach worker and target population in various locations

“Guidelines For Health Education and Risk Reduction Activities”
Centers for Disease Control and Prevention, April 1995



Elements of Street Contact

- Introduction
- Gather Information
- Give Agency Information
- Distribution of Materials

“Guidelines For Health Education and Risk Reduction Activities”
Centers for Disease Control and Prevention, April 1995



Effective Street Outreach Worker

- Know the language
- Have basic training/ experience in health education
- Culturally sensitive to population
- Shared identity with the population serviced
- Be a role model
- Can advocate for the populations served



Outreach Don'ts

- Don't wear "any jewelry"
- Don't wear expensive or "professional clothes"; however, look clean, casual, and ordinary
- Don't carry a phone or PDA where it is visible and place on vibrate
- Don't carry any weapons!
- Don't ever carry money
- Don't give or lend money to clients.
- Don't carry, handle, or sample any controlled substance.
- Don't pass on any information about drug spots, to clients or police.
- Don't get high, have sex, or engage in criminal activity.
- Don't buy anything street vendors are selling.
- Don't try to diagnose HIV infection or AIDS.
- Don't pressure clients to change or take materials.



Outreach Do's

- Do carry picture ID at all times
- Do canvass and evaluate areas of high drug trafficking and intense drug activity
- Do be flexible, try to conduct outreach at the times the population are available.
- Do maintain relations with police
- Keep supervisor or co-workers advised of your whereabouts
- Do work with a partner and be aware of your surroundings
- Consult supervisor about any difficult situation
- Be mindful of the media



Outreach Do's-Cont.

- Do have a contingency plans for emergencies and dangerous situations.
 - Leave the area immediately if tension or violence is observed or perceived
- Do accept offers of help from community residents.
- Develop a “hook” to approach people
- Do learn to recognize signs of an alcoholic or addict
 - clenched fists
 - smell of alcohol
 - heroin mask
 - swollen hands
 - track marks
 - nodding out



Outreach Do's-Cont.

- Do know “avoid and approach” techniques
- Avoid entering shooting galleries and other areas where people are getting high.
- Do know the prostitution areas and their hours of operation
- Do have good listening skills, hear people out.
- Maintain confidentiality



Outreach Do's-Cont.

- Do behave respectfully to addicts, dealers, and all other clients in order to win personal trust and confidence.
- Do dispel myths and misconceptions about AIDS and drug abuse.
- Do use your discretion in offering people condoms.
- Do distribute literature that is culturally appropriate.



Outreach Do's-Cont.

- Do suggest that clients pass along your literature and condoms to others.
- Do describe treatment options and make them available to addicts on the street.
- Do be ready to direct clients to other social services.
- Do assure clients that you will maintain their confidentiality at all times.
- Do tell clients when you will be back and where you can be reached.



Outreach Do's-Cont.

- Do concentrate on helping clients to survive by making whatever changes they can
- Do persist in the face of discouragement
- Always be yourself, don't "act like the crowd to fit in"



How Is It That This Work . . .

Is so exhilarating and so exhausting

Drives me up walls and Opens Doors I never imagined

Lays Open a wide range of emotions, yet leaves me feeling numb beyond belief

Provides tremendous satisfaction and leaves me feelings profoundly helpless

Evokes genuine empathy and provokes a powerful intolerance within me

Puts me in tough with deep suffering and points me toward greater wholeness

Brings me face to face with many poverties and enriches me encounter by encounter

Renews my hope and leaves me grasping

Allows me to envision a future yet with an utter inability to control it

Breaks me apart emotionally and breaks me open spiritually

Wounds That Heal Me

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Conclusion

As professionals serving individuals and families in doing this work, it is wise for outreach workers to regularly anticipate and identify ethical dilemmas that come up in their work and to discuss these issues with supervisors and peers. This presentation was intended to serve as a resource for promoting such discussions in hopes that greater clarity about practicing within proper boundaries will result.

At very least, outreach workers must do no harm. It is expected that workers will consistently treat others with an open, welcoming, and respectful attitude and will provide competent and compassionate care in whatever forms this care might take.

