THE EFFECT OF OUTREACH WORKERS' SERVICES ON THE MEDICAL CARE UTILIZATION OF A DISADVANTAGED POPULATION.

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ABSTRACT: An original goal of the Kaiser-Permanente Neighborhood Health Center Project was to organize the project so that a medically indigent population would be able to utilize fully and appropriately the services of a complex medical care program. A special program of outreach services was designed as the principal means to achieve this goal.

This study was made to determine the effects of these outreach services on (1) the use or nonuse of ambulatory care services; (2) the volume and type of services used; (3) the patterns of use; and (4) the appointment-keeping behavior of the project population for a 12-month period. Outreach and medical care services were provided to an average of 7,000 persons in 1,500 low-income families who were enrolled as health plan members in the Kaiser-Permanente Medical Care Program. Project participants were randomly divided into two groups, one with and one without outreach services, and utilization data were collected from their medical and administrative records.

The findings suggest that outreach intervention had a positive effect on access to care. Persons who received outreach services were more likely to contact the medical care system; these persons also showed a substantial difference in the volume of services they used, when compared to those without outreach services.

Outreach workers were less successful in changing utilization patterns, although slight differences were found in the direction of more appropriate use. Persons with outreach services were more likely to have made contacts with their regular physician, to have made a smaller proportion of walk-in contacts, to have had a higher proportion of regularly scheduled contacts, and to have made a higher proportion of continuing visits. Outreach workers also had little or no effect on appointment-keeping behavior.

Outreach services were considered an important part of many health and social programs sponsored by the Economic Opportunity Act of 1964 (the War on Poverty). In 1968, the guidelines established by the Office of Economic Opportunity’s (OEO) Health Services Program specified that projects funded by the OEO provide outreach services and follow-up for all persons enrolled in the program. The guidelines for 314(e) Comprehensive Health Services Projects

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also required outreach services. It was only after the War on Poverty had been in operation for some time that questions were asked about the effectiveness of these outreach services: a major question being: Does outreach make a difference in poor people's use of health services?

Because of the large-scale implementation of outreach services and because of the relevance of outreach services for national health policy, a growing recognition of the need to evaluate these programs developed. In spite of that recognition, however, very few controlled studies have examined the effect of outreach services. An exception is a study in which Diehr and her associates randomly assigned low-income families to two groups, one with outreach services and one without. Both groups received their medical care free of charge. Although the families who received outreach services made a greater use of the medical services, the differences were small. A number of other descriptive studies report the successful use of outreach services, but the study designs did not permit for any control of the other factors that could have affected the results. Thus, the question of the effect of outreach programs has remained largely unanswered.

This study sought to determine what effect outreach services may have had in terms of the ambulatory medical care used by participants in the Kaiser-Permanente Neighborhood Health Center Project, a program initially funded by OEO and later by HEW.

**STUDY SETTING**

The Kaiser-Permanente Neighborhood Health Center Project in Portland, Oregon, was started in 1967. Outreach and medical care services were provided to an average of 7,000 persons in 1,500 low-income families who were enrolled as health plan members in the Kaiser-Permanente Medical Care Program, Oregon Region.

The Kaiser-Permanente program and this Neighborhood Health Center have been described elsewhere. The program serves a cross-section of the population in metropolitan Portland. Health plan membership now numbers approximately 200,000 persons, or about 15% of the Standard Metropolitan Statistical Area (SMSA) population. Those enrolled in the Neighborhood Health Center Project from 1967 through 1975 represented 4%, or less, of the total membership. Kaiser-Permanente is a prepaid, group practice form of health care organization and has applied for HMO status. Medical and dental services are provided by full-time practitioners in a fully integrated, hospital-based delivery system. Ambulatory clinics are located in population centers throughout the community, including the areas where most of the poor live.

One of the original goals of the Neighborhood Health Center Project was to organize it in such a way that a medically indigent population would be able to use fully and appropriately the services of a complex medical care program. The