

Consumer Involvement in Affordable Care Act Education and Outreach

POLICY BRIEF

August 2013

Overview

The Affordable Care Act (ACA) has the potential to improve the health and financial security of millions of Americans who are currently uninsured and underinsured, including those experiencing homelessness. Nearly two-thirds (62%) of Health Care for the Homeless (HCH) consumers nationally were uninsured even though 90% had incomes under the Federal Poverty Level (FPL) in 2011.¹ Increased health care access has the potential to improve the health and stability of this vulnerable population, particularly in those states that choose to expand Medicaid. The success of the ACA reforms, however, is not guaranteed and will depend largely on outreach and educational efforts.

There are numerous challenges to providing adequate education and outreach regarding the ACA, including lack of awareness, poor health literacy, and limited resources for the effort. In meeting these challenges, HCH projects must use all available resources to ensure these reforms serve the most vulnerable. One creative approach is to use consumer advisory boards (CABs) who already have connections and shared experiences with other HCH consumers to provide education and outreach about the changes and opportunities ahead. With training and support, CAB members can complement and expand upon other outreach and education efforts as communities prepare for ACA implementation.

The ACA Expands Health Coverage Options

The ACA seeks to expand access to health insurance through two primary means: the opportunity for States to expand Medicaid to non-pregnant adults with incomes at or below 138% of FPL and the establishment of Marketplaces (Health Benefits Exchanges) for purchase of private insurance and provision of financial help for households earning 100-400% FPL. The option to expand Medicaid is most relevant to HCH consumers, as few people without homes earn above 138% FPL; at this time, roughly half of the states have indicated that they will implement the Medicaid expansion for 2014. In contrast, every state will have a Marketplace that offers financial assistance to qualified applicants. Open enrollment for both the Marketplaces and Medicaid expansion starts October 1, 2013 with coverage beginning as soon as January 1, 2014. In states that choose not to expand Medicaid, persons below 100% of FPL will not be eligible for either Medicaid *or* subsidies on the exchanges.

**FOR MORE INFORMATION
ABOUT ACA ENROLLMENT
POLICY PLEASE VISIT:**
http://www.nhchc.org/wp-content/uploads/2013/05/Policy-Brief-Medicaid-Enrollment_05_15_2013.pdf

The ACA Simplifies Enrollment in Health Coverage

While the Medicaid expansion is optional, the ACA includes many other reforms to insurance enrollment that are *mandatory for all states*:

- Use of a single application for all health benefits programs, including Medicaid and financial assistance to purchase a plan through the Marketplace
- Elimination of the asset tests when determining Medicaid eligibility
- Not require a home address
- Allow 12-month continuous eligibility

- Rely less on paper documentation, requiring electronic verification of identity, citizenship, and income.

These changes will remove barriers to enrollment that many *currently eligible but unenrolled individuals* experiencing homelessness may face and should expand access to health coverage regardless of a state's initial choice regarding Medicaid expansion.²

To facilitate enrollment of individuals into these new insurance options, several entities and funding streams have been created, including Navigators, In-Person Assistants, and Certified Application Counselors. These are paid, formal positions that require specific training and the passing of a certification exam.³ HCH staff, other partners and/or consumers may be interested in applying for these positions, but can also be very helpful in planning and conducting education and outreach along more informal channels.

*HCH projects in all states should conduct education and outreach regarding the Affordable Care Act, even if their state is not expanding Medicaid. **Over 4 million adults are currently eligible but unenrolled in Medicaid, with 289,000 in Texas, 257,000 in Florida, and 159,000 in Georgia according to Urban Institute projections. States that do not expand Medicaid will still have improved enrollment systems that can help these individuals.***

Education and Outreach Challenges

The success of the ACA will depend in large part on efforts to reach out to different segments of the population about the opportunities the ACA affords. Participation rates for government programs vary, but are often in the range of 50-75% for programs that do not automatically enroll beneficiaries. There are varying estimates about the expected participation rate for the Medicaid expansion, but lower than average participation rates could result because of political controversy and historically low rates of participation for adults without dependent children.⁴ In addition, polls show little awareness of the law by the general public. The April Kaiser Health Tracking Poll found that half of households do not feel they have enough information to know how the ACA will impact them and 42% of those surveyed were not even sure if the ACA was still law.⁵ According to another study, 83% of those potentially eligible for the Medicaid expansion were unaware of the new health insurance options in the ACA.⁶ With open enrollment only weeks away, significant education and outreach is still needed.

For individuals experiencing homelessness, more intense and specialized education and outreach is likely warranted. Being homeless often leads to the experience of trauma and is seen as a traumatic experience in and of itself.⁷ Trauma can cause or worsen feelings of isolation, anxiety, and distrust, all of which can complicate ACA education and outreach efforts.⁸ This trauma is on top of the historical skepticism that many experiencing homelessness have towards promises of public assistance. Poor ability to understand and follow health-related communications, known as health literacy, may also complicate educational efforts aimed at individuals experiencing homelessness. Poor health literacy is correlated with poverty, low educational attainment, poor health status, and lack of health insurance; homelessness is also correlated with these demographics.⁹ Individuals experiencing homelessness also may have other basic needs that take priority over obtaining health insurance, such as finding food and shelter.

A variety of approaches are needed to address these education and outreach challenges, but CABs could be an effective part of the HCH community's efforts. CABs are autonomous advisory groups, made up primarily of current or former consumers of services at an HCH project. They meet regularly to provide feedback to the HCH project on operational issues, plan events, obtain feedback from other consumers, and disseminate information to the community, among other duties.^{10, 11} Providing education and outreach regarding the ACA could be a natural additional activity for many CABs. Research has shown that social networks and connections can promote a wide range of behaviors, from political choices to positive health behaviors.^{12,13,14} Research specific to the ACA has shown that people trust and attend to information

provided by ‘people like me’ more often than they do from other sources.¹⁵ CAB members often satisfy both of these conditions, not only sharing experiences with others experiencing homelessness but also sharing social connections. Therefore CAB members may be able to connect and communicate with the HCH community in ways that formal HCH staff may not. They may also be able to educate others about the ACA in language that is more understandable and straightforward.

Training Consumer Advisory Boards

Significant training will be needed to effectively educate others about the opportunities and implications of the ACA. The first step in training CABs to provide education and outreach will be training staff. Like many others, HCH staff may be unaware of the ACA’s provisions. HCH projects should be providing information about the ACA to all of their staff, particularly front line and case management staff who may be responsible for health insurance enrollment. The information should include the basic tenets of the law, but also expected state-specific and project-specific changes. The specific web portal where one can enroll in Medicaid (healthcare.gov), phone numbers where you can call with questions, job responsibilities for new Medicaid enrollment, changes in billing, and changes to work flow are all important considerations. Educating staff on these upcoming changes should be a priority. If a project has not yet determined how these changes to operations will be structured, the planning process should be a priority.

For national information about the ACA, please visit <http://www.nhchc.org/policy-advocacy/reform/>

For state specific information, please contact your state Primary Care Association

Training and technical assistance are available as well through both your Primary Care Association and the National HCH Council

As staff members are being trained and processes are being put into place, training for CABs can also be developed. This training will need to be provided by HCH staff, preferably ones who already have an existing relationship with the members of the CAB. If there is a primary support staff for the CAB and s/he has the requisite knowledge of the ACA to provide the training, then s/he would be the ideal trainer. The training for the CAB need not be complex and instead can focus on these suggested questions:

- **What new insurance options are available in your state?** Know whether your state has opted to expand Medicaid and what (if any) other options exist in non-expansion states.
- **Who is eligible for the new insurance options?** This will depend on whether your state chooses to expand Medicaid. If it is expanding Medicaid, the central message should be that most individuals experiencing homelessness are likely eligible. For more detail, use specific dollar amounts when describing eligibility and provide examples in terms of monthly income. For instance, if your state is expanding Medicaid, then a single adult must make less than \$1,337/month to qualify; a family of four must make less than \$2,741/month.

Medicaid eligibility levels in Expansion states:

Family Size	Total yearly household income must be below	Total monthly household income must be below
1	\$16,046	\$1,337
2	\$21,660	\$1,805
3	\$27,274	\$2,273
4	\$32,888	\$2,741

If your state is not expanding Medicaid in 2014, explain that only individuals who make more than \$957/month will be eligible for financial assistance on the Exchange and that few new insurance options will be available for individuals experiencing homelessness unless the state decides to participate in Medicaid expansion. However, some people are already eligible (for example, poor pregnant women and children) and can enroll more easily, even without a home address.

- **Why should you want health insurance?** Medicaid coverage will be free or very low-cost. It covers all basic health needs, including doctors' visits, hospitalization, prescription drugs, mental health services, substance abuse services, and emergency room visits. It provides financial protection if you get sick or suffer an injury, preventing big medical bills and debt. It allows you to get a wider range of health services such as specialty care. Use examples of services that are difficult to obtain at your project, such as surgery, foot care, x-rays, mammograms, or whatever services are hard to access in your community.
- **How do you enroll?** Emphasize that written documentation will *not* be needed to enroll in Medicaid and that the process should be easier than applying for other types of benefits. Provide the website (www.healthcare.gov) and phone information (1-800-318-2596), but encourage consumers to obtain assistance at a homeless service site. The best place to obtain assistance will vary by HCH project and community, but CAB members should know where to refer other interested consumers for enrollment assistance. That may be coming into the health center, meeting an outreach worker, working with shelter staff, or another method. No one who has not been formally certified by the state should be expected to enroll others in health coverage without assistance.
- **How do you find out more information?** CABs should not be expected to have all the answers, so they should know where to refer individuals with further questions. This could be a trained Navigator, In-Person Assister, Certified Application Counselor, call center, the HCH project, or another community based organization.

These five questions provide a solid basis of familiarity with the ACA. While there is certainly a great deal more that could be said about the changes related to the ACA, being able to answer these questions should allow CAB members to provide valuable outreach and education to other consumers. Provide ample time for training and educating CAB members and allow for many questions. It is essential that the CAB members engaging in education and outreach be comfortable with the information and be able to communicate confidently with others. The ACA is misunderstood or viewed skeptically by many people, so credibility of the messenger is of central importance. Health Centers should ensure that consumers, staff and volunteers are prepared with accurate information, including good written materials.

Messaging and Health Literacy

Conducting effective education and outreach regarding the ACA will require using messages that are both motivating and easily understood. This is true whether the outreach is being conducted by consumers or other stakeholders. The research into ACA messaging to date has shown that messages about affordability and financial security are among the most important and motivating across many groups. For the Medicaid expansion population, emphasizing that coverage is free or very low-cost was the most important message.¹⁶

In addition to including these central messages, it is essential to ensure communications are at the proper health literacy level. Low health literacy is found across the socioeconomic spectrum but is more common for those with public health insurance or who are uninsured. Over 50% of those who are uninsured demonstrate basic or below basic health literacy.¹⁷ This fact should be taken into account when

communicating with individuals experiencing homelessness regarding the ACA. The use of CAB members in education and outreach efforts should help in communicating at a health literacy appropriate level, but emphasis should still be placed on using clear language.

Plain language communication tips:¹⁸

- Avoid medical jargon. Instead of ‘premiums’ talk about ‘cost’. Instead of ‘outpatient visits’ talk about ‘doctors visits’.
- Focus on no more than three key messages.
- Elicit questions. Ask ‘what questions do you have?’ rather than ‘do you have any questions?’
- Ensure your audience understood you. Use the ‘teach back’ method and ask your audience to explain what you have presented in their own words.

Written Materials

Written materials are also essential for education and outreach, both to market the new changes and to provide consumers with materials they can reference later. There are many flyers, posters, and brochures that have already been created, but many are focused more on the Exchange than on Medicaid expansion. If possible it is better to design your own with the assistance of the CAB. That way you can describe the specific information, language and examples most relevant to individuals experiencing homelessness.

When considering the specific language to use in your materials, make sure to use plain language as described above. Also use a friendly, inviting tone that does not sound legalistic or austere. Make sure to use active voice in your communications and keep sentences short.

Beyond the specific language used in the communications, certain design considerations are also important.¹⁹

- Organize information into chunks. Use one or two different font sizes, colors, headings, and bullets to signify different sections. Keep section headings consistent and do not use too many different colors or fonts.
- Make sure to include plenty of white space for margins, in between sections, and for spacing between text.
- Keep text either flush left or flush right – do not use centered or justified alignment.
- Use pictures and diagrams when possible. Avoid long blocks of text.

These guidelines will serve you well in designing flyers for outreach, posters to display in a waiting room, or any other form of written materials. CAB members and other consumers should also assist in developing the materials and ensuring they are clear.

Outreach, In-Reach, and Other Activities

While a mass media campaign and a web address may be effective outreach for some segments of the population, those experiencing homelessness are likely to require different outreach methods. Individuals experiencing homelessness may need communications to come from a more familiar source, more time to develop a relationship, different educational materials, or more in-person assistance. Different approaches will be needed for different segments of consumers, and CABs can be a part of the effort to tailor such approaches.

In-Reach:

The easiest place to start communicating with consumers about the ACA is with current patients. Start by putting up posters and making written materials available in the lobby. CAB members can also spend time in the lobby speaking to other consumers about the ACA, or they could present at treatment or support groups or other consumer gatherings. A specific educational session (or series of sessions) could also be scheduled with CAB members and/or HCH staff presenting on the opportunities provided by the ACA. You can also use existing HCH records to better target outreach to consumers you know to be uninsured but likely eligible.

Other Homeless Service Sites:

Other homeless service sites like shelters, soup kitchens and drop-in centers are also great places for CABs to conduct outreach. Members of CABs are probably familiar with these sites and consumers there are just as likely to be eligible as those at the HCH project. Make sure the CAB members heading out to these sites have written materials like a flyer or brochure so that consumers can reference later. The staff at these sites can also be helpful, potentially allowing materials to be posted or even conducting education about the ACA themselves. Collaborations between HCH projects, consumers, and other community-based homeless service programs could be very effective.

Street Outreach:

The hardest to reach and most vulnerable individuals experiencing homelessness may not be accessible at homeless service sites. Members of the National Consumer Advisory Board conducted a survey in 2012 attempting to reach this sub-population of consumers and determine the best ways to provide outreach and enrollment assistance. While it was difficult to target this subset of consumers, the results showed that being respected and listened to were the most important aspects of outreach. Having a similar background to the respondent was also important²⁰ so any CAB members with the experience of street homelessness could be effective messengers. Safety is always a primary concern in outreach, and should be thoughtfully addressed as consumers and staff are deployed to the streets.²¹

Community Events:

Many CABs are already involved in the planning and carrying out of community events such as health fairs or HCH Day.²² Education and enrollment assistance can and should be integrated into these community events and CAB members can play an active role. Setting up and staffing an informational booth at a health fair or canvassing attendees at an HCH Day event can be a very effective way to educate other consumers about the ACA opportunities on the horizon. After October 1, 2013, staff can also provide enrollment assistance to attendees at these events. Also, consider having an event to signify the new health insurance options (or easier enrollment procedures in non-expansion states) either on October 1, 2013 or January 1, 2014. The publicity that could be garnered by such an event can be an effective method of outreach in its own right.

Three Case Studies

Alameda County Health Care for the Homeless Program, Oakland, CA

The California Bridge to Reform program has allowed residents of certain counties, including Alameda County, to enroll in health coverage prior to October 1, 2013. Alameda County Health Care for the Homeless Program (ACHCHP) has been active in providing enrollment assistance, and to date 49,000 county residents have been enrolled (not all by ACHCHP of course). Consumer education and outreach has played a major role in this effort. Consumers from ACHCHP participated in a September 2012 training by the National HCH Council providing information and support to educate others about the ACA. Since participating in the training, consumers have presented to the ACHCHP Board, ACHCHP staff, local senior services coalitions, and the local shelter. The presentation included basic information about the ACA, information about how to enroll in the county low-income health plan, and opportunities to be involved in county decisions regarding how to implement the ACA further. ACHCHP staff have provided some support to the consumers' efforts, but these presentations have been primarily led by consumer volunteers. ACHCHP consumers also recently recorded a video interview with ACHCHP staff and its Executive Director discussing the opportunities the ACA provides to low-income county residents, with plans to show the video regularly in the shelter lobby. One consumer in particular has been further trained and has been giving training on both health education and enrollment procedures at the local shelter. This consumer has testified frequently in the State capitol and in several press Conferences as well.

Key Actions:

- Provide formal training to consumers
- Conduct presentations at local service sites
- Use video and other media

Health Care for the Homeless, Inc., Baltimore, MD

Each summer, Health Care for the Homeless has devoted staff and volunteer time to conducting a consumer survey around some key topic important to its advocacy agenda. In 2013 the survey will include several questions related to awareness of the reforms and insurance options made available through the ACA. Usually over 500 consumers are able to be surveyed at various homeless service sites, as well as street locations and encampments. Surveyors will also be distributing informational flyers about Medicaid expansion, with directions on how to enroll and obtain assistance. Additional outreach and education is planned through the local street newspaper, *Word on the Street*, which is consumer-led with staff logistical support. Vendors will have the Medicaid flyers to distribute and full-page advertisements featuring the new health insurance options are planned for the summer and the fall.

Key Actions:

- Use existing projects as opportunities for education and outreach
- Develop written materials advertising health insurance options
- Partner with street newspapers

Harlem United, New York, NY

Harlem United has a well-developed infrastructure for obtaining consumer input and using consumer connections to advertise their services because there is a different CAB for each of its programs, with a larger, agency-wide CAB consisting of members of each individual CAB. Additionally, Harlem United provides formal training and stipends to consumers to work on average ten hours a week providing presentations to local community organizations about their services. Harlem United uses a Social Networking Strategy, engaging existing social networks such as faith groups, small businesses, and other community leaders to disseminate information about the services they provide. Harlem United houses a Policy Department which oversees an agency-wide mobilization initiative called “Harlem United ACTS!” (Action. Community. Transformation. Success.). Core members of HU ACTS! are CAB leadership and staff liaisons. HU ACTS! is involved in a range of advocacy activities, and provides a space to discuss the changes Harlem United consumers can expect from the ACA. HU ACTS! will also inform the ongoing work of the policy staff to ensure the ACA is implemented in ways that are sensitive to the unique needs of homeless persons. Presentations at other CABs, community institutions, and service providers are planned for this summer, using the same networking strategy that has worked well for providing information about available services.

Key Actions:

- Provide staff support to CABs
- Use CAB feedback to guide project level ACA decisions
- Partner with other stakeholders important to the community

Conclusion

To fully realize the opportunities presented by the ACA, HCH projects will have to marshal all available resources to educate and ultimately enroll HCH consumers into new health insurance options. Consumers and CABs can play an integral role in this effort, but support and planning must start now. In fact, consumers with connections and shared experiences with other consumers may be among the best messengers to provide information about the ACA. The opportunities of the ACA are significant, and with proper planning and support, the expansions of health coverage can aid in the fight to improve health, increase financial security, and ultimately reduce the incidence and burden of homelessness.

ADDITIONAL ACA EDUCATION AND OUTREACH RESOURCES

- **Department of Health and Human Services:** Central website with federal information related to health reform materials covering a wide selection of issues: <http://www.healthcare.gov/>
- **Agency for Healthcare Research and Quality:** Health literacy tool-kit available at <http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthliteracytoolkit.pdf>
- **Kaiser Family Foundation:** Health policy website providing both introductory and more advanced information about the ACA and other health topics: www.kff.org and <http://kff.org/health-reform/>
- **Enroll America:** National nonprofit with a variety of resources related to education, outreach, and enrollment assistance: <http://www.enrollamerica.org/categories/outreachconsumer-assistance>
- **The National HCH Council:** Outreach resources: <http://www.nhchc.org/resources/clinical/tools-and-support/outreach/> and health reform information: <http://www.nhchc.org/policy-advocacy/reform/>

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Health Policy Organizer.) Available at: <http://www.nhchc.org/policy-advocacy/reform/nhchc-health-reform-materials/>.

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NOTES:

¹ Health Resources and Services Administration (HRSA) Uniform Data System (UDS), 2011. *National data for homeless: selected patient characteristics*. Available at:

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¹⁵ Enroll America, January 2013.

¹⁶ Ibid.

¹⁷ NCES, 2006.

¹⁸ U.S. Department of Health and Human Services: Agency for Health Care Research and Quality. *Health Literacy Universal Precautions Tool-kit*, AHRQ Pub. No. 10-0046-EF. Available at: <http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthliteracytoolkit.pdf>.

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Director of Research and Evaluation; Daniel Rabbitt, Health Policy Organizer; Molly Meinbresse, Program and Research Specialist; Patrina Tilley, Research Assistant and Sarah Knopf, Research Assistant, and Barbara DiPietro, Director of Policy.) Nashville, TN: Available at: <http://www.nhchc.org/wp-content/uploads/2011/10/Consumer-Participation-Outreach-6.pdf>.

²¹ See, for example, the National Outreach Guidelines prepared by the National HCH Council and other organizations, at <http://www.nhchc.org/resources/clinical/tools-and-support/outreach/>.

²² See, for example, the National HCH Council HCH Day site at <https://www.nhchc.org/hch-day/>.