

# The Impact of COVID-19 Proactive Outreach With Somali Seniors

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## THE INNOVATION

Despite Somali patients in Minnesota testing at a positivity rate of 23% for coronavirus disease 2019 (COVID-19), there is underutilization of testing and virtual health care technologies, creating disparities. Drawing on our knowledge of Somali patients' preferences for verbal communication, we developed a proactive outreach telephone-based intervention where calls were made to Somali senior patients (aged  $\geq 65$  years) by a bilingual volunteer to provide education about COVID-19 and ensure continued care for non-COVID conditions.

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## WHO & WHERE

This innovation was focused on Somali senior patients from Smiley's Family Medicine Clinic patient panel in South Minneapolis. The project was designed by the clinic Medical Director, and staffed by bilingual volunteers from the University of Minnesota Medical Reserve Corps, with support from clinic staff. The project was conducted with support from a group of community stakeholders working together to address disparities in care, and included local organizations, faith leaders, public housing, local public health, and other health care systems.

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## HOW

The team created a patient panel to identify Somali patients aged  $\geq 65$  years, which was considered high risk for COVID-19. We created a workflow for volunteers to use when conducting

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outreach calls. Training was provided to volunteers along with an electronic worksheet for the content of the calls, including checking on general health needs, inquiring into knowledge about COVID-19, and providing patient education on COVID-19 (Supplemental Table 1). Responses were recorded electronically. Volunteers were also given information on local community organizations and connection with a faith leader for patients seeking spiritual support. The clinic staff followed-up with patients if needed. The clinic staff provided support to volunteers, including addressing issues with technology and patient concerns.

The team also asked volunteers to collect data on the value of the call to the patients and the common concerns discussed, in order to assess the impact of the calls (Supplemental Table 2). Proactive outreach calls were valued by the patients ( $n = 101$ ) as a way to connect with the clinic and receive helpful information about COVID-19 (58.4% supportive). Twenty-three percent of patients did not know the clinic was open before the call and had unaddressed routine care needs, such as prescription refills (17%). The calls were described as building trust and reestablishing communication to the clinic and their clinicians: "Receiving a call from Smiley's made me feel that they care enough to check on their patient."

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## LEARNING

Identifying and conducting verbal proactive outreach with Somali seniors made an important contribution to addressing the concerns of these high-risk patients, potentially helping to address the disparities experienced in relation to COVID-19. The COVID-19 pandemic has led to great innovations in delivering virtual and remote primary care, but these innovations may fail to address the needs of patients most at risk. Identifying such patient groups and conducting culturally concordant outreach is an important tool in supporting the health of vulnerable communities, delivering consistent primary care delivery, and building trust between patients most at risk and their primary care clinicians.

**For additional information, including references and supplemental tables, see <https://www.AnnFamMed.org/content/19/2/179/suppl/DC1/>.**

**Key words:** Somali; health disparities; health access; quality improvement; senior; outreach; COVID-19; primary care; native language outreach

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