From Outreach to Relationship

10 Practices for Effectively Engaging African American Families

A training for outreach and community engagement workers

This training is not about fixing families. It is about examining how we show up — and how our behaviors influence trust.

SECTION 1

Welcome & Framing

This training begins with an honest look at the systems and behaviors that shape how African American families experience outreach services and what we can do differently.

Why This Training Matters

Research consistently shows that African American families navigate significant obstacles when interacting with institutions and service systems. These are not individual failures they are patterns rooted in history and structure.

Systemic Racism

Policies and practices that produce inequitable outcomes for Black families across healthcare, housing, and social services.

Medical Mistrust

Deeply rooted and historically justified skepticism toward institutions and providers.

Negative Institutional Interactions

Repeated experiences of dismissal, bias, and disrespect within service systems.

Structural Barriers

Transportation, childcare, work schedules, and housing instability that prevent consistent participation.

Source: Capstone synthesis of literature review findings.

Let's Start With a Reflection

> Think about the last family that stopped engaging. What was your first assumption?

A

They weren't interested

B

They weren't ready

C

Something got in the way

⚠ Notice your first instinct. Options A and B place the problem inside the family. Option C opens the door to curiosity and that shift in thinking is where this training begins.

SECTION 2

Understanding Anti-Blackness

Before we can change our practice, we must understand the broader system that shapes the experiences of the families we serve.

What Is Anti-Blackness?

Anti-Blackness goes far beyond individual prejudice or personal bias. It is a system embedded in institutions, policies, and everyday interactions that consistently positions Black people as less deserving of care, dignity, and trust.

> Anti-Blackness is a system of beliefs, practices, and assumptions that position Black people as less deserving, less capable, less trustworthy, or less valuable regardless of intent.

Individual Level

Bias in how we speak to, document, or assess Black families compared to others.

Structural Level

Policies and systems that produce inequitable outcomes — often without any one person intending harm.

Source: Structural racism framework — capstone literature review.

How Anti-Blackness Shows Up in Direct Service

Anti-Blackness does not always look like overt racism. It often shows up in small, repeated patterns of behavior that communicate to families that they are not trusted, believed, or valued.

Assuming Noncompliance

Interpreting missed appointments or unanswered calls as defiance rather than circumstance.

Assuming Neglect

Defaulting to the worst interpretation of a family's situation before gathering full context.

Over-Documenting Concerns

Applying heightened scrutiny to Black families that would not be applied to others.

Questioning Credibility

Dismissing or minimizing what families share about their own experiences and needs.

Source: Research on Black women's experiences of discrimination and dismissal in healthcare interactions.

Scenario Activity

Instructions (5 minutes): Read the family scenario provided by your facilitator. As a group, discuss the two questions below.

1

Question 1

What assumptions might a worker make about this family based on the information presented?

2

Question 2

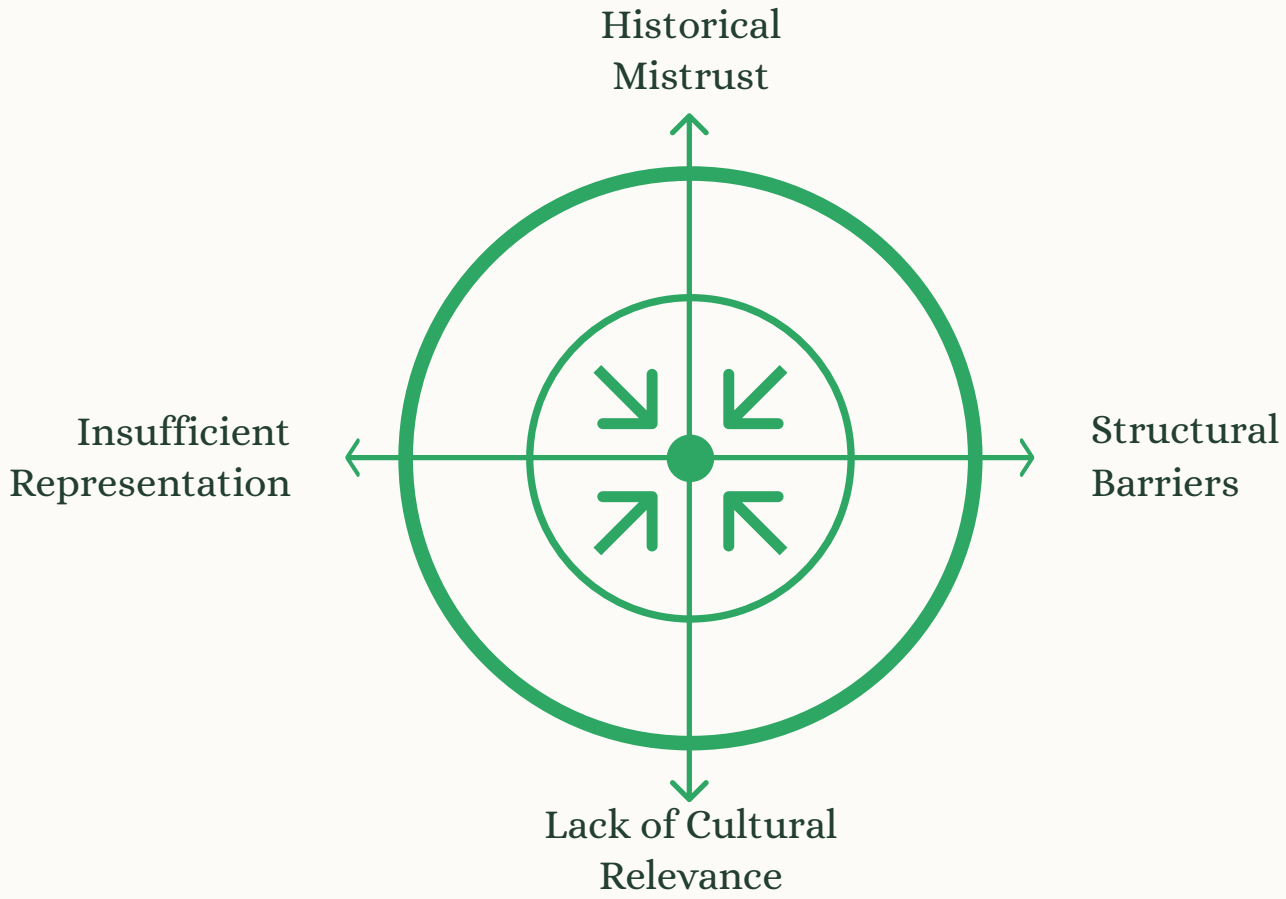
What strengths might we be missing if we stop at those assumptions?

The goal of this activity is not to judge — it is to practice noticing. Assumptions happen quickly and quietly. Naming them is the first step to changing them.

SECTION 3

Why Families Don't Engage

This section draws directly from the literature review. Disengagement is rarely about motivation it is almost always about context.



Understanding the root causes of disengagement allows workers to respond with curiosity and strategy rather than frustration or judgment.

BARRIER 1 OF 4

Historical and Current Mistrust

Many families entering services today are not doing so for the first time. They carry the weight of years — sometimes generations — of harmful interactions with systems that were supposed to help them.

Being Ignored

African Americans frequently report that their concerns are minimized or dismissed by providers and workers.

Being Treated Unfairly

Differential treatment based on race shapes how families perceive and engage with services.

Feeling Unheard

When families do not feel genuinely listened to, they stop reaching out.

Trust is not given automatically — it is earned through consistent, respectful interactions over time.

BARRIER 2 OF 4

Structural Barriers

Structural barriers are real, concrete obstacles that make participation in services difficult or impossible — regardless of a family's desire to engage. These barriers are not character flaws. They are the result of systemic inequity.

Transportation

No reliable access to a vehicle or public transit makes in-person appointments nearly impossible for many families.

Childcare

Attending appointments or programs without childcare support is a significant and often invisible barrier.

Work Schedules

Inflexible service hours that conflict with hourly or shift work create impossible choices for working families.

Housing Instability

Frequent moves, unstable living situations, and housing insecurity disrupt continuity with services.

Source: Structural barriers research involving African American women — capstone literature review.

BARRIER 3 OF 4

Lack of Cultural Relevance

What Families Are Looking For

Services that feel like they were designed with their community in mind — not adapted as an afterthought.

- Language and communication that feels familiar
- Values that align with their community
- Community voices included in program design

What the Research Shows

Families are significantly more likely to engage with services when those services reflect their cultural values, use familiar language, and were shaped by community input.

Cultural relevance is not a bonus feature. It is a fundamental requirement for equitable service delivery.

Source: Cultural competence literature review.

BARRIER 4 OF 4

Lack of Representation

Representation in the workforce matters deeply. Families are more likely to trust, open up to, and remain engaged with providers who understand their lived experience not just their diagnosis or case file.

Shared Lived Experience

Workers who have navigated similar systems carry a credibility that cannot be fully taught in a classroom.

Cultural Context

Understanding the cultural meaning behind family decisions reduces misinterpretation and builds connection.

Cultural Humility

A commitment to ongoing self-reflection and learning about communities we serve — even when we share their background.

Source: Cultural competence and representation literature — capstone review.

SECTION 4

The 10 Practices

The following practices are grounded in research and designed to help outreach workers shift from transactional service delivery to authentic, relationship-centered engagement. Spend approximately 3 minutes with each practice.

Build Cultural Connection

Leverage Trusted Community Relationships

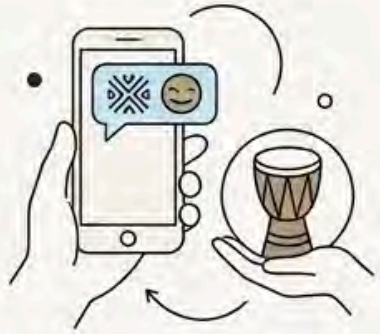
Honor Lived Experience

Meet Families Where They Are

Build Trust Through Consistency

Let Families Lead

Look Beyond Missed Appointments



Use Culturally Relevant Communication

Empower Families

Reflect On Your Practice

PRACTICE 1 OF 10

Build Cultural Connection

Cultural connection is not a technique — it is a disposition. When workers take genuine interest in the cultural context, values, and history of the families they serve, trust becomes possible.

What This Looks Like

- Learning about community history and culture
- Acknowledging cultural practices and family traditions
- Avoiding cultural assumptions or stereotypes
- Asking rather than assuming

Why It Works

Research shows that provider-patient relationships improve measurably when cultural differences are understood and respected — not minimized or ignored. Families who feel culturally seen are more likely to stay engaged and follow through.

Source: Betancourt et al. — Cultural Competence Framework.

PRACTICE 2 OF 10

Leverage Trusted Community Relationships

You do not have to be the only messenger. African American communities have long-standing networks of trusted institutions and leaders. Your effectiveness multiplies when you work alongside them.

Faith Communities

Black churches have historically been anchors of community trust, information, and mobilization. Partnership with faith leaders opens doors that formal institutions cannot.

Barbershops & Salons

These spaces are trusted, informal, and culturally grounded. They have been used effectively to deliver health information and connect families with services.

Community Leaders

Individuals with established credibility in the neighborhood carry influence that no flyer or cold call can replicate.

Source: Healthy Churches 2020; Reaching the Hard-to-Reach — Systematic Review of Engagement Strategies.

PRACTICE 3 OF 10

Honor Lived Experience

> "Families want providers who listen and understand who they are as people — not just as cases."

Lived experience is knowledge. When a family shares what they've been through — with systems, with providers, with their own health — that information is data. Honoring it means taking it seriously, not minimizing it or routing around it.

Listen Without Interrupting

Allow families to complete their story before offering solutions, referrals, or corrections.

Validate Before Advising

Acknowledge what the family has experienced before moving into problem-solving mode.

Treat Their Knowledge as Expertise

Families know their lives better than any file or intake form. Center that knowledge in your approach.

Source: When Is Health Care Going to Be Care? The Lived Experience of Young Black Women.

PRACTICE 4 OF 10

Meet Families Where They Are

"Where they are" is not just a physical location — it is an emotional, logistical, and cultural space. Effective outreach removes the burden of access from the family and places it on the worker and the system.

Physically

Go to homes, parks, community centers, and trusted gathering spaces rather than expecting families to come to an office.

Logistically

Offer flexible scheduling, mobile services, and options that fit around real-life constraints like work and childcare.

Emotionally

Acknowledge where families are in their readiness and capacity — and meet that honestly without judgment.

Source: Community-based outreach research — capstone literature review.

PRACTICE 5 OF 10

Build Trust Through Consistency

Trust is not built in a single encounter. It is built — and broken — through patterns of behavior over time. For families who have experienced institutional harm, one positive interaction is meaningful, but it is not enough.

1 **First Contact**

Show up on time. Follow through on what you say. Be present.

2 **Early Relationship**

Check in even when there is no agenda. Remember details the family has shared with you.

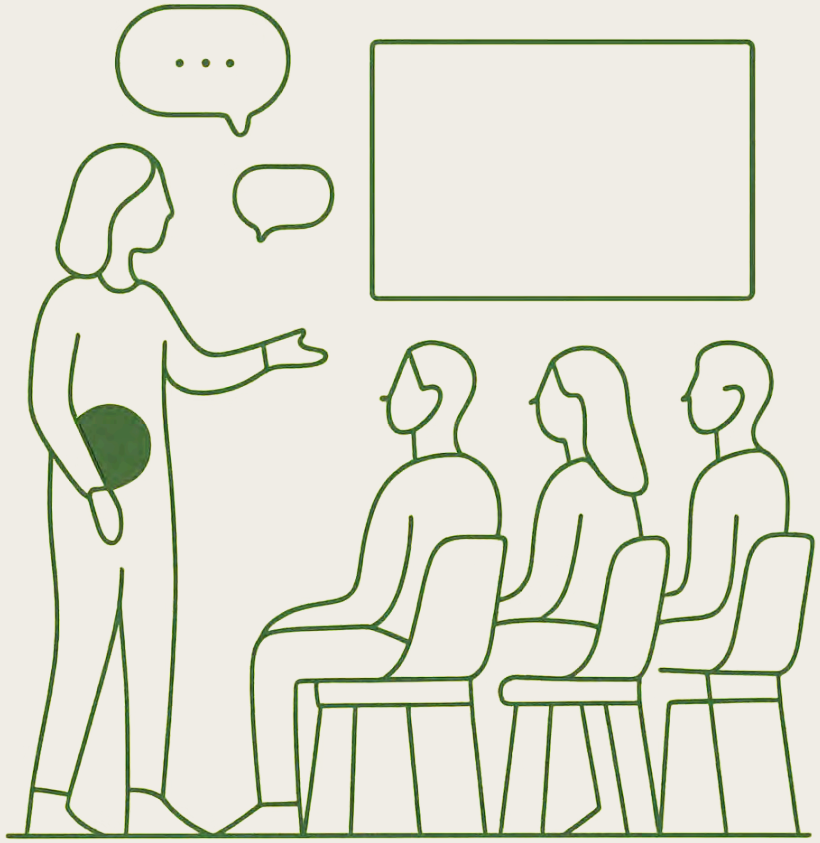
3 **Ongoing Engagement**

Be consistent across good and difficult moments. Do not disappear when cases get complicated.

4 **Long-Term Trust**

Earned through reliability, honesty, and genuine investment in the family's well-being over time.

Research shows trust develops through ongoing relationships — not one-time interactions. Consistency is your most powerful engagement tool.



PRACTICE 6 OF 10

Let Families Lead

When workers position themselves as the expert on a family's needs, they inadvertently reproduce the power imbalance that drives mistrust. Community-centered approaches — where families define priorities, shape goals, and drive decisions — consistently outperform expert-driven models.

Shift the Question

From: *"Here's what you need to do."*
To: *"What matters most to you right now?"*

What This Requires

- Setting aside your agenda to hear theirs
- Trusting families to know their own priorities
- Resisting the urge to redirect toward your program's goals
- Following through on what the family identifies as important

Source: Beyond Human-Centered Design: Anti-Racist Community-Centered Approaches.

PRACTICE 7 OF 10

Look Beyond Missed Appointments

A missed appointment is information — but it is rarely the whole story. Before drawing conclusions about motivation or commitment, ask what structural or situational factors may have made attendance impossible.

What We Assume

The family doesn't care. They aren't motivated. They aren't ready for services.

What to Investigate

Did transportation fall through? Did childcare fail? Was there a work conflict? A crisis at home?

What to Do Instead

Reach out with curiosity, not frustration. Problem-solve around barriers. Offer alternatives before closing a case.

Source: Racism and Health Service Utilization — Systematic Review and Meta-analysis.

PRACTICE 8 OF 10

Use Culturally Relevant Communication

How you say something matters as much as what you say. Language that feels clinical, bureaucratic, or disconnected from the family's cultural experience creates distance — even when the content is helpful.

Use Plain Language

Avoid jargon, acronyms, and clinical terminology that create unnecessary barriers to understanding.

Use Culturally Familiar Framing

Reference values, narratives, and language that resonate with African American cultural experience where appropriate and genuine.

Listen as Much as You Speak

Culturally relevant communication is bidirectional — it requires attentiveness to how families communicate, not just adjusting your own style.

Source: Understanding Multilevel Factors Related to Urban Community Trust in Healthcare and Research.

PRACTICE 9 OF 10

Empower Families

Empowerment is not something you give to families — it is something you support them in claiming for themselves. Services that create community ownership produce engagement that lasts long after the program ends.

Invite Families Into Decision-Making

Include community members in shaping programs, feedback processes, and service design.

Recognize and Build On Existing Strengths

Start every engagement by identifying what families are already doing well — not what they are lacking.

Connect Families to Each Other

Peer relationships within communities create accountability and support that professional services alone cannot replicate.

Source: Beyond Human-Centered Design: Anti-Racist Community-Centered Approaches.

PRACTICE 10 OF 10

Reflect On Your Practice

Self-reflection is not optional it is a professional responsibility. Provider bias, even when unintentional, affects communication, clinical decision-making, and the quality of care and engagement families receive.

01

Examine Your Assumptions

Regularly audit the assumptions you bring into interactions — especially with families whose backgrounds differ from your own.

02

Seek Feedback

Invite supervisors, colleagues, and families themselves to reflect back what they observe in your practice.

03

Stay in Learning Mode

Cultural humility is not a destination — it is a lifelong orientation toward growth, curiosity, and accountability.

04

Repair When You Get It Wrong

Acknowledge mistakes directly and honestly. Repair is one of the most powerful trust-building tools available to workers.

Source: Skin Tone Matters: Racial Microaggressions and Delayed Prenatal Care; African American Experiences in Healthcare.

SECTION 5

Case Study Application

Now we apply what we've learned. Read the following scenario and reflect on what assumptions, barriers, and engagement strategies come to mind.

Family Scenario: Antelope Valley

Meet the family: Janelle is a 24-year-old Black mother of two children, ages 2 and 4, living in the Antelope Valley. She has no reliable transportation, missed three scheduled appointments, and has not returned recent calls from her assigned outreach worker.

1

What Assumptions Might Workers Make?

Consider what a worker might assume about Janelle's motivation, priorities, or readiness based solely on this information.

2

What Alternative Explanations Exist?

What structural, situational, or relational factors could explain her disengagement — without placing blame on Janelle?

3

Which of the 10 Practices Would You Use?

Be specific. Which practices apply most directly, and what would they look like in action with this family?

Small Group Debrief

After discussing Janelle's scenario in your small group, connect your responses to the broader themes of this training.

Anti-Blackness

Where did deficit thinking show up in your group's initial assumptions? What would a strengths-based lens reveal instead?

Structural Barriers

Which specific barriers — transportation, childcare, schedule, housing — likely shaped Janelle's ability to engage? How does naming them change your response?

Trust-Building

What would it take to re-engage Janelle in a way that builds rather than damages trust? What is the first step a worker could take this week?

The goal is not to have the right answer — it is to practice thinking differently.

SECTION 6

Action Planning

What Will You Start Doing?

Real change happens through small, intentional shifts in daily practice. Use this time to identify one concrete commitment in each area before you leave today.

One Thing to Stop

Identify one assumption, behavior, or habit that may be creating distance between you and the families you serve.

One Thing to Start

Identify one new behavior or practice from the 10 Practices that you will commit to trying in your next family interaction.

One Relationship to Build

Identify one community resource, trusted messenger, or family relationship you will invest in over the next 30 days.

Key Takeaways

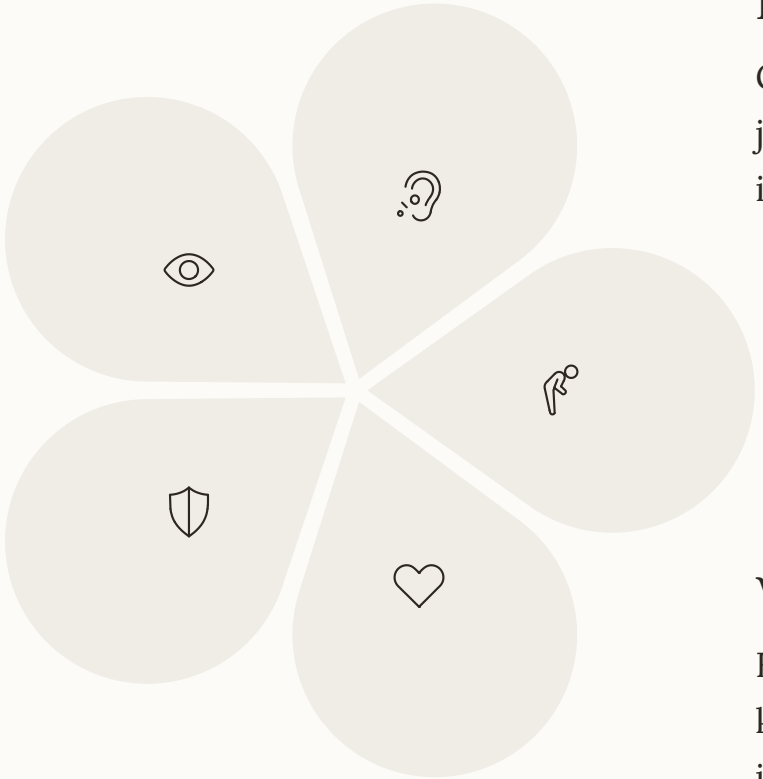
Engagement is not a program feature — it is a relational outcome. Families engage when the interaction feels safe, respectful, and real. That experience is created by you.

Seen

Families need to feel recognized as whole people, not as cases or demographics.

Safe

Safety — physical, emotional, and cultural — is the foundation on which all engagement is built.



Heard

Genuine listening — without interruption, judgment, or redirection — is itself an intervention.

Respected

Every interaction communicates whether or not you view the family as worthy of dignity and care.

Valued

Families who feel their contributions and knowledge are valued become partners, not just recipients.

The Most Important Outreach Tool Is You

> Families may forget the flyer. They may forget the program name. They may forget the referral. But they will never forget how you made them feel.

They Will Remember

Whether you showed up when you said you would. Whether you listened without judgment. Whether you treated them with dignity when no one else did.

Your Practice Is Your Policy

Every interaction you have is either building or eroding trust. You have the power to be the experience that changes how a family relates to services — now and in the future.

References

This training is grounded in graduate-level research. The following sources form the evidence base for the practices, barriers, and frameworks presented today.

Author(s)	Source Title
Betancourt et al.	Cultural Competence Framework
Healthy Churches 2020	Faith-based community engagement and health outreach
Multiple Authors	African American Experiences in Healthcare
Multiple Authors	Black Women's Perspectives on Structural Racism Across the Reproductive Lifespan
Systematic Review	Racism and Health Service Utilization: Systematic Review and Meta-analysis
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Full citations available in the capstone thesis and training supplement materials.