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The impact of outreach work, interventions and health outcomes in multicultural communities

Literature review

ABSTRACT

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The Impact of Outreach Work, Interventions and Health Outcomes in Multicultural Communities – A Literature Review
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The need to raise awareness of outreach services and understanding health disparities among immigrant populations have been revealed by Finland's fast growing cultural diversity. The trend has resulted in declining health outcomes in immigrant communities, despite some of them arriving in good health. Discrimination, poor health literacy, social isolation, language barriers and difficulties navigating the health and support services are major factors contributing to this decline. These barriers hinder effective outreach and limit access to a broad range of services, including outreach programs, social services, health education, peer support and cultural mediation.

This review explores the impact of outreach interventions in enhancing health outcomes in multicultural environments. Through qualitative literature review, thirteen peer-reviewed articles were selected from academic databases, assessed using JBI criteria appraisal checklist and analysed thematically. Four main themes were identified which include: barriers to care, trust and engagement, communication and cultural challenges, and health education strategies. The findings highlighted several strategies that will reduce health disparities, such as mobile health units, peer- led initiative, increasing health literacy, bilingual services and cultural mediators.

Although Havukoski, Vantaa is not used as a case study, it is cited as a diverse community facing urban health challenges. The information obtained from this study will support the Diaconia University of Applied Sciences (Diak) in planning and improving student-led learning activities, ensuring that future health professionals are equipped to meet the needs of diverse communities. The results also provide useful recommendations for non- governmental organizations such as church Diaconia, Finnish Red Cross, policy makers and public health organizations, who are trying to create effective outreach programs in Finland.

Keywords: multicultural communities, outreach work, interventions, outcomes

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List of Abbreviations

JBI Joanna Briggs Institute

THL Finnish Institute for Health and Welfare

WHO World Health Organization

1 INTRODUCTION

Multicultural communities are rapidly expanding due to international migration, which has led to health inequalities within diverse communities. According to Statista (2025) the number of people migrating in Finland every year has increased from 31,941 in 2013 to 73,236 in 2023. Due to the rapidly increase of immigrants, it has posed challenges like health disparities, which also limit access to health and support services, resulting in poor health outcomes, lower health literacy, and less access to preventive care (Krabbe et al., 2021).

Racism, language difficulty, low socioeconomic and cultural differences are contributing to health disparities (Subica & Link, 2022). However, it is essential to know that health disparities are not the same. For example, refugees' health needs are different from people who have integrated into the society. Understanding that health disparities are different from individual to another or from one community to another will help not to oversimplify the challenges faced by diverse communities (Krabbe et al., 2021). External interventions like outreach work needed in addressing these issues as they can increase community engagement and expand access to health and support services. These services do not mean only clinical care, but also outreach programs, social services, health education, peer support and cultural mediation.

There is a growing need to explore the impact of health interventions on addressing inequalities and achieving equitable health outcomes, with focus on the diversity of urban communities, including Havukoski (Marmot et al.,2020; Thl, n.d.). Havukoski, a district in Vantaa, southern Finland was chosen as a microcosm for this research because it exemplifies Finland’s major cultural challenges. According to the City of Vantaa (2022), 8,436 people are living in Havukoski. Much of the people who are living in Havukoski are immigrants and economically disadvantaged. Havukoski is an urban community in Finland that is experiencing rapid demography, cultural diversity, and social inequality. Factors including language barriers, unemployment, poor socioeconomic status, low

education and not having full access to health and support services highlight the challenges the region is going through just as other regions in Finland (Çilenti et al., 2021; Thl, n.d.).

Even though Havukoski has immigrants with low socioeconomic status, there are also immigrants with high status. These immigrants are known as healthy immigrants. Ichou & Wallace (2019) discussed healthy immigrants who have good educational backgrounds, incomes and other socio demographic factors and the effect, they added that some of the immigrants arrive with better health outcomes than native. However, their status may diminish over time without appropriate health outreach interventions, especially in diverse communities (Ichou & Wallace ,2019). Although Havukoski has its own profile, its large population, low socioeconomic status, unemployment, language barriers, and limited access to health and support services make it a suitable microcosm for studying the impact or effectiveness of outreach interventions in the region.

This study will explore the impact of effective outreach through a qualitative literature review and academic databases will be used to collect peer- reviewed articles, which will be analysed using thematic analysis. The result of the study will be used to provide practical recommendations for public health service providers, policymakers, Diakonia University of Applied Sciences, non-governmental organizations such as church diakonia work and Finnish Red Cross involved in outreach work in Finland. In particular, the study will inform the further implementations of target strategies in Havukoski and similar multicultural communities with the aims of reducing disparities. By identifying effective practice, this study aims to support these direct stakeholders in improving health equity and ensuring that vulnerable people receive adequate and appropriate services that meet their cultural and health related needs.

2 OUTREACH WORK AND HEALTH OUTCOMES IN MULTICULTURAL COMMUNITIES

2.1 Defining Multicultural Communities in Outreach and the Barriers

Societies composed of people from different ethnic, linguistic, and cultural backgrounds are referred to as multicultural communities. In healthcare, these communities include immigrants, refugees, and minority groups like the Roma community who may face health disparities due to cultural and structural barriers (Bailey et al., 2017; European Commission n.d.). According to Lekas, Pahl, and Lewis (2020), multicultural communities can vary in terms of language, cultural norms, and social expectations. For example, areas such as Havukoski in Vantaa, Finland, have a large immigrant population, each with their own unique perspectives and cultural needs (City of Vantaa, n.d.). The variety of health-related values, practices, and beliefs and environments have influence on how people seek health care and engage with health and support services. In this thesis the phrase multicultural community refers to vulnerable groups that have structural difficulties in obtaining and utilizing services that promote wellbeing.

The world has seen changes in international migration and demographic changes have made multicultural communities more visible, especially in urban areas like Havukoski. These trends have brought people or societies together and have improved cultural, ethnic, linguistic, and religious backgrounds, but they also pose difficulties for service delivery, health equity, and in community (Nair & Adetayo, 2019).

The World Health Organization (WHO) discusses structural inequalities, pointing out that multicultural communities, which include immigrants and ethnic groups, encounter poor health outcomes due to structural inequalities that limit their access to health services. Structural, cultural, financial and information barriers are the major challenges causing inequalities in health care despite efforts to develop the healthcare system (WHO, n.d.).

Cultural barriers are common, and they include differences in health beliefs, stigma around certain illnesses, mistrust of healthcare institutions leading to lack of access to health and support services (Bourgois et al., 2017). Language barriers make it difficult for health professionals, patients or clients and communities to communicate, often leading to misunderstandings, and deprive the diverse groups from getting information available for health services (Subica & Link, 2022). Ineffective communication, such as lack of multilingual or digital health information materials has prevented information from reaching diverse groups (Sarkar et al., 2022). Financial barriers are another barrier to community engagement, which include poverty, unemployment and housing insecurity. The World Health Organisation (WHO) discusses that high cost of living and inadequate coverage affect the diverse population, and it may prevent them from seeking care and support services. Marmot et al. (2020), highlight some barriers that hinder access to health and support services and mention that outreach strategies are needed in diverse populations.

2.2 Outreach Work in Diverse Communities

Working to help the most vulnerable groups is known as outreach work. Outreach work is defined also as initiative-taking, community-oriented attempts to engage marginalized groups or hard-to-reach populations. It entails delivering services and information outside of traditional institutional settings for example outside health centers, hospitals, government offices and clinics where people go and seek services, instead the services delivered directly into communities where barriers to access are high (Krabbe et al., 2021). Outreach can use many forms in addressing inequalities for example instead of waiting for the vulnerable group to seek services, outreach workers take the services to the community through mobile services, health education campaigns, screening programs, and support groups, all of these are designed to increase participation and empower communities to make more informed decisions (Krabbe et al., 2021). Awareness interventions are particularly important in multicultural settings, where traditional service systems may not meet diverse cultural and linguistic needs (Betsch et al., 2016). Betsch et al. (2016) demonstrated, for example, that vaccination campaigns uptake among immigrant groups is successful and enhances vaccine

acceptance when the campaign uses bilingual materials and respects local health beliefs. Similar to this Krabbe et al. (2021) mentioned how mobile health teams and bilingual staff successfully reached hidden populations who otherwise avoided regular health services due to language and cultural barriers. These examples show the importance of outreach work and how it can increase access to health and support services in diverse environments.

Page-Reeves, Moffett, and Steimel (2016) discuss that community or development health workers play an important part in addressing health inequalities and providing conducive environments for vulnerable populations. Vulnerable populations often face multiple disadvantages, such as immigration status, socioeconomic conditions, racial discrimination, and limited-service provision (Bailey et al., 2017). To address health inequalities, outreach programs must design appropriately to ensure that services are inclusive not only accessible in meeting the needs of diverse environments.

To have a successful outreach effort, outreach workers need skills such as establishing trust between care providers and the communities, effective communication, able to make decision, problem solving skill and able to work in teams (Krabbe et al., 2021; Stubbe, 2020). Page-Reeves et al. (2016) discuss that outreach workers needs to have advocating skills to enable them to advocate for the needs of the community, and knowledge of public health principles to guide them in outreach service delivery.

Outreach programs strengthen students's ability to work in multicultural environments, promote health equity and prepare them for future professional careers (Teixeira et al., 2024). Lekas et al. (2020) added that student who participate in outreach learning develop cultural competence, which will enable them to interact with diverse populations, build client care plans, adapt communication to different needs, and understand how cultural barriers affect health and support services. These will prepare them for the workforce.

2.3 Cultural Competence in Outreach Interventions

Cultural competence is described as a capacity which healthcare providers demonstrate when communicating with people from different ethnic backgrounds, understanding and respecting cultural differences in health-related attitudes. Beliefs, values and behaviour is part of cultural competence. Its aim is to improve diverse communities' outcomes and raise the standard of care provided, especially in minority settings. According to Teixeira et al. (2024), to provide appropriate care services, healthcare providers must create a pleasant working environment and cultural understanding which will help them to gather information of the specific needs of the vulnerable groups. Nair and Adetayo (2019) define cultural competence as a capacity to collaborate with individuals from diverse cultural backgrounds to improve health outcomes and lessen health disparities. Cultural competence is the capacity of healthcare providers to successfully provide services that satisfy the linguistic, social, and cultural needs of various populations.

When discussing cultural competence in health care it involves the ability of health care providers and systems to have ability in providing services that are in line with, cultural, linguistic and social needs of the diverse groups (Finnish Institute for Health and Welfare, n.d). Health care providers should consider the cultural background of communities or clients when planning and delivery services. The healthcare providers should understand the importance of avoiding racism in organizing, providing and delivering care services to ensure that the health service environment respects the dignity and values of individuals from culturally diverse communities (Finnish Institute for Health and Welfare, n.d).

Cultural awareness goes beyond educating communities, patients or clients, it involves the health care professionals to be ready to accept changes in services sometimes to ensure that those services are accessible, adaptable, and meet the standard of different groups (THL, n.d.). The healthcare providers or outreach workers need to consider how effective communication patterns, norms help in influencing communities or client’s experience and engage them in care. Integrating cultural awareness when healthcare providers or outreach workers

deliver health services is important to building trust between clients and outreach workers or healthcare providers, minimizing barriers, and improving health outcomes in multicultural communities (THL, n.d.).

Health outreach interventions involve changing or revising health services to accommodate the cultural needs and preferences of specific populations. This involves using bilinguals, integrating traditional health practices, and creating culturally appropriate health education materials. Culturally responsive interventions have been shown to have a positive impact on health outcomes in diverse communities (Joo & Liu, 2021). Effective interventions are extremely important when designing outreach programs for immigrants and minorities with diverse cultures and beliefs. Applying strategies will enable professionals to develop good relationships with target groups, overcome cultural communication challenges, and create collaborative solutions that meet the needs of the community. Attempting to convey a message without cultural context is ineffective or even counterproductive. The Finnish Institute of Health and Welfare (THL, n.d.) emphasizes that inclusive strategies that involve community voices are essential to building a culturally responsive service.

2.4 Measuring the Outreach`s Impact in Health Outcomes

Exploring the effects of outreach effort on health outcomes is essential to understanding its effect on managing health disparities and improving community well-being. In diverse environments, where the factors such as social and structural barriers are included in the causes of health inequities, the results of outreach work provide important evidence for developing actions and policies. (Bailey et al., 2017; Krabbe et al., 2021). Education, housing, employment, income, and social connections included in social determinants of health, play an essential role in shaping health outcomes. In diverse cultural societies, these determinants are influenced by structural inequalities, systemic discrimination, and less access to health and support services (Bailey et al., 2017). Outreach work that includes social determinants of health will produce positive health outcomes.

Assessable indicators of a person's or population's health status, such as morbidity rates, disease management, client or patient satisfaction, and quality of life, are referred to as health outcomes. A combination of biological, environmental, and social factors affects health outcomes such as culture, beliefs, socioeconomic and racism (Bailey et al., 2017). By using preventive measures, effective communication can impact health outcomes, relating to clinical metrics, community-reported outcomes such as perceived improvements in health, trust in healthcare providers, and increased health literacy are also included in the assessment of health outcomes in outreach work (Krabbe et al., 2021). In addition, outreach that fosters local leadership, enhances social networks, and encourages information transfer, promotes community resilience and collective health development (Lekas et al., 2020).

In outreach work, nurses involved in direct practice, understanding and monitoring indicators such as disease prevention rates, patient or community satisfaction, health literacy, and chronic disease management which are important (Krabbe et al., 2021). Nurses play a key role in assessing these outcomes by collecting community health data, conducting consultations, and assessing patient progress through follow-up visits and health education (Krabbe et al., 2021; Page-Reeves et al., 2016).

Furthermore, culturally appropriate communication strategies used by nurses have a significant impact on health outcomes. Improving cultural health can increase trust, encourage service utilization, and encourage communities to engage in health care programs (Teixeira et al., 2024). Nurses adopt centered care approaches, which is in line with cultural beliefs and health practices in designing outreach services to ensure care is consistent with community values (Stubbe, 2020).

Successful outreach work requires that nurses will go beyond clinical care and function as advocates and refer clients to support services like support programs and social services (Page-Reeves et al., 2016). Some of the interventions in outreach work like health promotion programs that are organized by nurses have been shown to reduce segregation by connecting vulnerable populations to

culturally appropriate services and removing barriers such as, discrimination, language and transportation (Joo & Liu, 2021).

It is a duty of nurses to collaborate with multiple organizations to design strategies to improve community health and support social intervention that go beyond traditional hospital care (Lekas et al., 2020). For instance, in Havukoski, Vantaa, nurses can organize community health workshops, peer support groups, or mobile screening services to reach underserved communities in the areas.

2.5 The Role of Nurses in Sustainable Health Improvements through Outreach

According to Krabbe et al. (2021), community nurses advocate and promote sustainable development by promoting health equity, empowering community members, and promoting long-term health behaviour change. Creating awareness of some of the supports available in the community, such as financial support. Nurses create awareness of diseases and prevention, support in informing the community of available resources, build trust through interpersonal relationships, and encourage self-care. These promote sustainable development in multicultural communities.

Care can be sustainable when outreach nurses will be able to identify health problems, implement interventions, provide standard treatments, and provide care. According to Krabbe et al. (2021), nurses can help provide treatment to underserved groups by creating awareness of digital resources such as telemedicine, mobile apps, or bilingual learning materials. According to Lekas et al. (2020), by supporting, advocating, or educating volunteers, nurses can increase community capacity and ensure that health services continue to reach vulnerable populations through outreach. This collaboration between nurses and communities and other healthcare providers promotes support, reduces health disparities and improves health outcomes.

3 AIM AND PURPOSE OF RESEARCH

The aim of the research is to explore the content and delivery strategies of outreach health interventions that promote health equity, health literacy, and community engagement in diverse populations. The purpose is to understand how outreach work can reduce health disparities among the diverse communities and offer practical recommendations for improving access to care and support services.

Based on the aim of this thesis, the research question guiding this study is:
What content and delivery strategies make outreach health interventions effective in improving health equity in multicultural environments?

4 METHODOLOGY

This study used a descriptive literature review joined with a thematic analysis to explore the effect of outreach intervention in health outcomes in diverse communities. This approach was chosen in this research for its ability to synthesize existing evidence studies, leading to deeper understanding of social and health issues (Snyder, 2019). Only peer-reviewed journal articles were selected for analysis to make sure that all the articles are reliable. Non-peer-reviewed articles were used to support the contexts in the theoretical framework and were not used in critical appraisal and analyses.

Thirteen peer-reviewed journal articles were chosen for analyses based on inclusion and exclusion criteria. All the chosen articles were examined separately using Joanna Brigges Institute (JBI) critical appraisal checklist to ensure the quality of the articles. Only quality standards articles were included.

In order to answer the research question: What content and delivery strategies make outreach health intervention effective in multicultural communities. To obtain answers to this research question, inductive thematic analysis was used, following the six steps of Braun and Clarke (2006). Using the six-step process allowed meaningful themes to emerge naturally from the data, making it possible to understand key strategies for addressing barriers and interventions for health equity. A qualitative method is ideal for this research because it enables an- in depth analysis of research, policies, and practices concerning outreach work and its success in addressing health inequalities. Artificial intelligence was used to polish grammar and clarity of language in certain parts of this thesis.

4.1 Data Collection

The databases used for literature search were Medline, Academic search premier, CINAHL and PubMed. Twenty-two publications were identified based on their relevance to the research topic. Out of the twenty-two publications, only thirteen Peer- reviewed articles were used primarily in the final analysis after screening and applying the inclusion and exclusion criteria. The descriptive

municipal report and organisation report used only to support theoretical framework contexts and were not used in analysis. The thirteen peer- reviewed articles selected provided the most relevant information directly addressing or answering the research question. The relevant articles were selected from the fields of public health, nursing, health sciences, and multicultural care disciplines.

To guide the literature search, the PICO framework which means population, intervention, comparison and outcomes was used. The PICO framework is commonly used in evidence-based research to guide search and to ensure that the data findings corresponded to the research aim (Methley et al., 2014). PICO helped in identifying relevant keywords, search terms, and strategies. The table one shows structure of PICO elements applied in this study.

Table 1. PICO Framework

Elements	**Keywords**	**Search terms**	**Search strategies**
P Population	Multicultural communities, ethnic minorities, nurses	Multicultural, minority group, migrant, refugee, nurse, healthcare provider, outreach target	Multicultural OR minority group OR migrant OR refugee AND Nurse OR healthcare provider
I Intervention	Cultural competence and nursing work environment	Cultural competence, culturally adapted intervention, culturally tailored care, community outreach	Cultural competence OR tailored OR culturally adapted AND outreach OR community program OR health intervention
C Comparison	Standard Care, no intervention	Usual care, standard intervention, control group	Standard care OR usual care OR control group
O Outcome	Health outcomes, engagement, equity, nurse confidence	Health disparities, care quality, communication, patient satisfaction, engagement, nurse experience	

The study used inclusions and exclusion criteria to ensure that articles used in analysing are relevant and superior. The inclusion criteria used includes published within the last ten years to ensure relevance, publications written in the English language, peer-reviewed articles, articles that are relevant to multicultural health outreach, interventions and articles addressing health disparities, communication barriers or cultural competence care. Exclusion criteria include, articles or publications not written in English language, articles published before 2015, articles that do not address outreach or multicultural health contexts and articles do not focus health disparities, communication barriers or cultural competence care. Table two shows clearly the inclusion and exclusion on how the articles were selected.

Table 2. Inclusion and Exclusion Criteria

Inclusion	**Exclusion**
Published from 2015 to 2025	Published before 2015
Peer reviewed journal articles	Non-peer reviewed articles
Relevant articles to multicultural health outreach, interventions	Articles do not address outreach or multicultural health contexts
Articles written in English	Not written in English
Addressing health disparities, communication barriers or cultural competence care	Not focusing on health disparities, communication barriers or cultural competence care

All relevant articles identified during the literature search were stored in a digital format for ease of retrieval. Each article was categorized based on its relevance to the research question, year of publication and thematic focus. All the database used in collection of data was selected based on its specific relevance to the research question. CINAHL has articles that focus on nursing and health care and cultural competence in nursing. PubMed used to collect evidence-based articles that discuss outreach interventions and health disparities. Medline was included for its comprehensive collection of evidence-based research related to community engagement, health disparities, and promoting health through cultural sensitivity. Academic Search Premier was included for its extensive collection of high-quality, interdisciplinary publications that explore health system structures,

inequities, and intervention strategies. Table three shows a summary of the database data collection process.

TABLE 3 Summary of Data Collection Search Process from Database

Database	Hits	Title Screened	Full Article Read	Articles Selected
Academic search premier	35	35	5	3
CINAHL	79	79	5	3
Medline	5	5	3	4
PubMed	6	6	3	3
Total	125	125	16	13

Complimentary searches were used to get more information about the research topic. They were used in theoretical framework to support the contexts. Google Scholar used to collect information that might not be indexed in traditional databases. Apart from Google Scholar, other publications were searched manually like organization reports and descriptive municipal report. Thesis supervisor recommended three publications and one of the publications recommended by the supervisor is a descriptive report and was included in the complimentary table under supervisor recommendation. The assistant of the university librarian helped identify relevant databases and refine search terms. Table four shows complimentary data collection process.

Table 4. Summary of Complimentary Data Collection Search Process

Complimentary search source	Articles read	Articles selected
Descriptive municipal report	4	2
Google Scholar	6	1
Organization reports	5	3
Supervisor recommended	5	3
Total	19	9

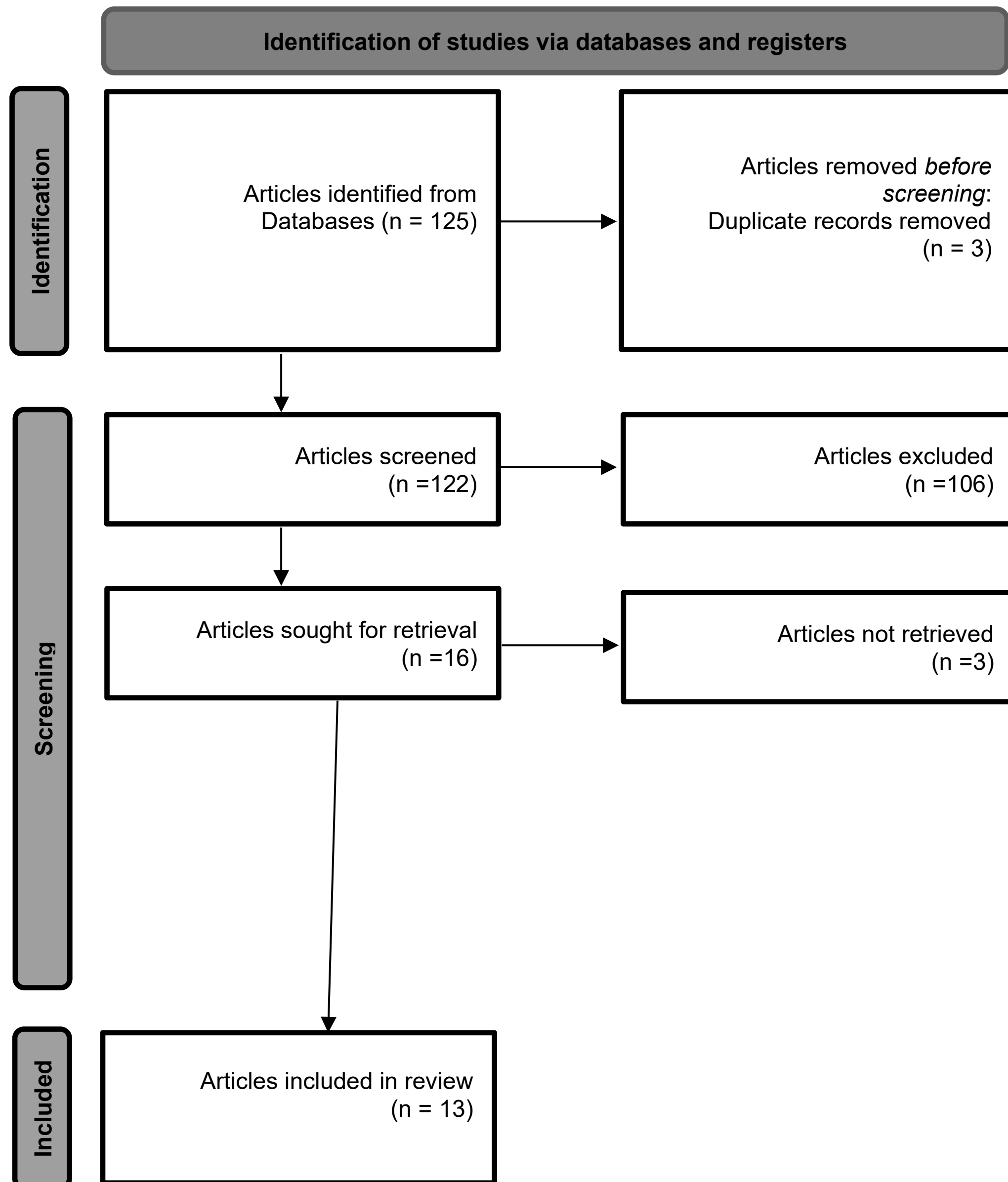

Figure 1. Flow chart for articles selection process (adapted from PRISMA 2020 flow diagram)

4.2 Critical Appraisal

To ensure the quality and accuracy of the literature, only thirteen peer-review articles were chosen for analysis by applying JBI critical appraisal checklist to get high quality and reliability of the literature. Critical appraisal checklist is well recognized worldwide for assessing the quality and reliability of research evidence (Munn et al., 2018). An assessment was made by examining each articles separately for its strengths, such as consistency between research

methods and research questions, ethical consideration, clarity of data collection and appropriate procedure for analysis. Articles that failed to meet quality criteria were excluded. To reduce bias and increase reliability, the assessment was conducted and reviewed carefully. Appendix two displays the critical appraisal checklist applied. Table 5 shows the peer- reviewed articles selected for analysis after JBI assessment.

Table 5. Literature Selected for Analysis

No.	Author(s)	Title
1	Bailey et al. (2017)	Structural racism and health inequities in the USA: Evidence and interventions
2	Betsch et al. (2016)	Improving medical decision-making and health promotion through culture-sensitive health communication: An agenda for science and practice
3	Bourgois et al. (2017)	Structural vulnerability: Operationalizing the concept to address health disparities in clinical care.
4	Çilenti et al. (2021)	Use of health services and unmet need among adults of Russian, Somali, and Kurdish origin in Finland.
5	Joo & Liu (2021)	Effectiveness of culturally tailored interventions for chronic illnesses among ethnic minorities.
6	Krabbe et al. (2021)	Exploring the operationalisation and implementation of outreach in community settings with hard-to-reach and hidden populations.
7	Lekas et al. (2020)	Rethinking cultural competence: Shifting to cultural humility
8	Marmot et al. (2020)	Health equity in England: The Marmot Review 10 years on.
9	Page-Reeves et al. (2016)	The evolution of an innovative community-engaged health navigator program to address social determinants of health.
10	Sarkar et al. (2022)	Impact of language preference and health literacy on health information–seeking experiences in a multilingual, low-income cohort.
11	Stubbe (2020)	Practicing cultural competence and cultural humility in the care of diverse patients
12	Subica & Link (2022)	Cultural trauma is a fundamental cause of health disparities.
13	Teixeira et al. (2024)	Cultural competence and nursing work environment: Impact on culturally congruent care in Portuguese multicultural healthcare units

4.3 Data Analysis

A thematic analysis approach was used in this review, and it followed six step process outlined by Braun and Clarke (2006). It used to explore the impact of self-efficacy on health outcomes in multicultural societies. It followed the rules that guided research when analysing thesis work. Nowell et al. (2017) discuss that the thematic analysis must maintains rigour and trustworthiness in qualitative research, to encircle transparency in coding, persistence in theme creation, and the incorporation of evidence from many sources. Kiger & Varpio (2020) discuss that thematic analysis is a well-established process used to identify, explore and analyse patterns and meaning within textual data. In this study, inducive thematic analyses approach was used which allowed themes to emerge naturally. The aim of analysis is to identify recurring themes that reflect the effect of outreach interventions on health outcomes in multicultural populations. The process was divided into six stages: data familiarization, initial or first coding development, finding topic, theme review, theme definition and naming, and final report preparation (Braun&Clark,2006). This iterative process focused on key issues such as access to care, cultural competence, community engagement, health literacy, and factors that ensure well-being. The figure two shows six thematic analysis process used in this study.

Figure 2. Six Phases of Thematic Analysis (Adapted from Braun & Clark 2006)

A literature review was conducted at the beginning of the analysis to gain an understanding of the data. During the analyses process, key findings and recurring themes, including language barriers and healthcare trust, were detected. These themes identified are important in planning for outreach interventions because they influence outreach delivery (Krabbe et al., 2021; Stubbe, 2020; Teixeira et al., 2024). A total of thirteen codes were found in the literature, which were used to categorize the groupings. These initial guidelines or code included "language barriers," "trust in community services," "health literacy programs," and "peer support." Coding was done manually by using a table as a support, each significant comment related to the research question was recorded by following direction of Braun and Clarke (2006) and assisted by the reliability of recommendation outlined by Nowell et al. (2017).

The next step was to categorize the resources into broad themes. Meaningful numbers and related meanings were combined to create patterns in the reviewed literature. With the help of these models, themes were developed that reflect the key aspects of the impact of multicultural societies (Kiger & Varpio, 2020). The following themes were identified:

- Cultural and communication barriers
- Trust and community engagement
- Outreach strategies and health literacy
- Access to care because of structural barriers

These themes are based on a comprehensive analysis of how communication, societal change, health education and systemic processes interact to influence the impact of outreach outcome and services delivery in care. Table six shows clearly theme, major categories, minor categories and units of analysis:

Table 6. Themes, Major Categories, and Minor Categories from Data Analysis

Themes	Major categories	Minor categories	Units of analysis
Communication and Cultural Barriers	Language and Interpretation	Language barriers, lack of multilingual resources, limited interpreter access	6,7,10,12
	Cultural misalignment	Misunderstood cultural beliefs, religious influences, lack of culturally competent staff	11,12,13
Community engagement and trust	Trust building practices	Peer support, lived experience, culturally rooted outreach	3,6,9,
	Long-Term Relationships	Consistent outreach, rapport-building, community presence	9
Outreach Strategies and Health Literacy	Health Education Approaches	Tailored materials, translated programs, visual and interactive tools	2,5,13
	Mobile and Peer-Led Outreach	Mobile clinics, peer educators, workshops	1,6
Structural Barriers to Accessing Care	Financial and Legal Barriers	Cost of care, undocumented status, insurance gaps	4,6,8
	Digital and Logistical Barriers	Digital exclusion, transportation issues, unstable housing	8,9

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5 RESULTS

The results of the study were presented through inductive thematic analysis of thirteen chosen articles, which were used to explore the content and delivery methods of outreach interventions aimed to improve health equity in diverse communities. The analysis identified four main themes which include communication and culture barriers, community engagement and trust, outreach

strategies and health literacy, and structural barriers to accessing care. These themes offer insights into how outreach can be advance health equity, particularly in diverse environments like Havukoski Vantaa, Finland. Each theme presentation from the literature reviewed and conclusion was drawn.

5.1 Barriers to Communication and Cultural

In diverse environments, communication and cultural barriers have been identified as issues that limit access to health and support services and directly reduce outreach work effectiveness. Krabbe et al. (2021) and Sarkar et al. (2022) found out that ineffective communication or language problem have limited diverse groups from accessing health and support services, particularly for hidden and hard-to-reach groups. Their study showed that mobile outreach teams with bilingual staff were effective in bridging this gap by providing communication in the language of the clients, which in turn increased trust and engagement. In many cases, limited language skills lead to misunderstanding, non-compliance, or complete disengagement from health and support services.

For example, almost all the health information in Finland is written or published in Swedish and Finnish, making it difficult or impossible for people who do not speak either of this language to read it. The problem is lack of bilingual health services and culturally sensitive communication. When interpreters are available, some communities still feel uncertain about confidentiality or cultural appropriateness, which limits open communication (Lekas et al., 2020).

Cultural misunderstandings between healthcare professionals and clients or patients often lead to frustration, distrust, and not complying. Traditional health beliefs, religious considerations, and cultural understandings of illness and treatment sometimes conflict with traditional medical practice, causing disengagement or discomfort. Healthcare professionals or outreachworkers who are unaware of these perceptions may intentionally misinterpret or ignore patients’ or client’s concerns, directly reducing their effectiveness of outreach work (Stubbe, 2020).

These communication barriers are also thought to be significantly exacerbated by lack of diversity among outreach workers. Meaningful engagement is diminished, and distance is created when outreach personnel do not represent the target population´s linguistic and cultural background. The respondents from two studies have reported being more willing to listen and engage with the outreach worker when the background, language, or life experience are comparable which can lead the participants to listen and engage (Teixeira et al., 2024; Subica & Link, 2022).

5.2 Community Engagement and Trust

A recurring theme in the literature is trust and the importance of building trust between communities and outreach workers. Researcher has shown that trust has a significant impact on cross-cultural interaction with health services, particularly in communities that are marginalization, discriminated against, or excluded from mainstream services (Bailey et al., 2017; Bourgois et al., 2017).

Studies demonstrated that culturally sensitive community services were more effective when the foundation is built with trust. These services involved interacting with people outside traditional settings like hospitals, health centres or clinics. The services are normally provided in communities or familiar settings taking into account cultural values. According to Page-Reeves et al. (2016), such approach can enhance mutual respect among community members, strengthen a sense of belonging, and increase their trust in care services.

Peer support models have been shown to be powerful in reducing stigma and promoting inclusion or encouraging participation. Whether they were immigrants, refugees or former patients, outreach participants were more likely to feel understanding and respect when it was led by people who had similar experiences. Additionally, peer-led groups also offer social support, which strengthened community cohesion and encouraged healthy habits (Krabbe et al., 2021).

Additionally, outreach that involves continuous engagement was more effective or successful in achieving long lasting outcomes rather than occasional visits or sporadic intervention. Long-term engagement allows for a better understanding of community needs, and more personalized service delivery. Additionally, outreach that was consistently addressed helped address issues of mistrust resulting from prior bad experiences with healthcare systems (Page-Reeves et al., 2016).

5.3 Outreach Strategies and Health Literacy

Successful outreach awareness or intervention uses culturally appropriate materials, such as videos in native language, visual aids, and storytelling, to convey important health messages. For instance, culturally appropriate and translated community health programs about diabetes, hypertension, or vaccines were more effective or successful in reaching their audiences. Small group discussion, culturally tailored interventions, appropriate education materials, interactive workshops in outreach programs found to provide a platform for involvement, questions responding, misunderstanding clarification, health education, and disease management in diverse environments (Joo & Liu., 2021; Teixeira et al., 2024).

Additionally, health education programs presented according to culture and spiritual values or believe of the societies such as nutrition, exercise, and mental well-being will be effective. For example, promoting healthy eating according to religious dietary laws made messages more approachable and practical. Outreach workers who upheld or respected these principles were viewed as supporters and not as strangers forcing foreign solutions (Betsch et al., 2016).

Outreach work such as mobile outreach units providing screenings, counselling, referrals, consultation and advice, have proven particularly effective in reaching people who are unable to access traditional health services. In addition to helping overcome barriers such as lack of awareness, transportation, cost, and mobile

health units have increased visibilities and access to health care in Havukoski community (Bailey et al., 2017).

5.4 Structural Barriers to Accessing Care

Even though communication and cultural barriers are overcome, structural barriers can still affect the effectiveness of outreach. The major barriers highlighted as financial constraints, inadequate services, legal status, transportation problems have been identified as major obstacles, particularly in areas with immigrant populations and low social resources (Çilenti et al., 2021; Marmot et al., 2020).

For example, research shows that many immigrants avoid seeking care or services because they fear costs. This supports Krabbe et al. (2021) who found out that people without legal residency faced challenges of being exclusion from public health insurance. They added that people who are not included in public health insurance need outreach efforts that will lead them to health and support services.

Housing and unemployment are the key issues that affect health outcomes and access to health services in place like Havukoski. Residents in unstable areas have fewer appointments and prioritized preventive treatments. Some studies recommend combining outreach effort with social services support like financial support, unemployment counselling, and economic assistance to create more comprehensive models of care (Page-Reeves et al., 2016).

Not having access to or having insufficiency access to digital found to be other obstacles that limit vulnerable group to access health information and services. As health systems become increasingly dependent on digital tools, people without internet access or digital literacy are falling behind. This gap has been reduced outreach initiatives that incorporate online resources and assistance with digital literacy training (Page-Reeves et al., 2016).

6 ETHICAL CONSIDERATIONS

The work of this thesis adhered to establish ethical guidelines for secondary research, focusing on quality of data, transparency, honest reporting and truthful references. Even though this study focused on a literature review and does not involve physical contact or interview, ethical standards were observed throughout the research stages to make sure of academic integrity, trustworthiness, and respect for scholarly works (Nowell et al., 2017). All information for this study endeavour was gathered from available and peer-reviewed sources, including descriptive municipal and organisation reports. These sources were rigorously examined to ensure that only high-quality, reliable evidence was used. To make sure that this study will not contain plagiarism, all copies information, concepts and quotations were appropriately cited according to rules abiding university.

This study strictly followed research ethical requirements by the Finnish National Board on research truthfulness (TENK, 2019), as per Diaconia University of Applied Sciences rules. The rules guided the study during the research process and helped in applying truthfulness, trustworthiness, and reliability, which ensured that the findings were reported correctly and without bias. In addition, neutrality also maintained during the theme analysis and did not modify or distort findings, in accordance with ethical norms for qualitative studies, conducted systematically in health (Nowell et al., 2017). These rules-abiding universities emphasise the importance of conduct throughout the research process, including literature-based studies, and encourage students to display critical thinking, respect for knowledge generation, and appropriate use of academic materials. Artificial intelligence was used to polish grammar in some part of this thesis. Artificial intelligence use aligned with academic integrity guidelines.

7 DISCUSSION

This research is to assess the impact of outreach work interventions on health outcomes among culturally diverse communities, which the study focuses on Havukoski in Vantaa, Finland. Thirteen articles were selected in analysis, and

four themes emerged which included communication and cultural barriers, integration and trust, outreach strategies and health education, and structural barriers to accessing care. These findings give important insights into the challenges and opportunities that outreach programs can give to handle health inequalities in diverse environments.

The results showed that communication gaps and cultural differences are the main challenges in accessing healthcare and it has proven to be correct. In thematic analysis, cultural differences and language barriers were frequently identified as challenges. Sarkar et al. (2022) and Krabbe et al. (2021) have supported these results by discussing that language barriers can lead to misunderstandings and disengagement from healthcare services. Likewise, Stubbe (2020) found that when healthcare professionals are not aware of cultural and religious traditions, patients may feel ignored or misunderstood, directly reducing the effectiveness of services.

Research has shown that having direct representatives who speak the language and have cultural knowledge in the community will increase trust and integration (Teixeira et al.,2024; Subica & Link, 2022). The results demonstrate the value of translation in self-effort and the effectiveness of cross-cultural integration and mediation. The results show that culturally sensitive contact, diversity of approach and qualified cultural mediators are essential for effective health interventions in outreach delivering. For instance, nursing students in Diaconia University of Applied Sciences can participate in a project that is going on presently at the Diakonia University of Applied Sciences and learn about cultural mediation, which equips them with knowledge and ability to overcome linguistic and cultural barriers in diverse environments. The real-world example emphasizes that interpretation should be included in outreach work plans to foster trust and grantee cultural competence care.

According to Page-Reeves et al. (2016) and Bourgois et al. (2017), trust is the cornerstone of effective outreach, and the results emphasized how essential trust is to achieve successful outreach. Long outstanding relationships between outreach workers and local aids reduce stigma, increase safety and give avenues

for open dialogue in varied communities in diverse communities, especially those with histories of marginalization.

Peer-led program found to be effective way in reducing barriers and increasing community cohesion. Krabbe et al. (2021) and Lekas et al. (2020) supported this by mentioning that communication methods that include people with lived experience increase participation and build trust in the community. Interpersonal communication methods, trust and cultural understanding increase when outreach workers share experiences or stories related to the community problem and work together with the communities Teixeira et al. (2024) claim that implementing communication strategies that are specifically directed by the context will increase engagement and reduce stigma.

Numerous studies have demonstrated the importance of outreach work in raising health literacy. Outreach initiatives that included visual education and translated materials were more successful in promoting preventative health measures, managing chronic diseases and encouraging clients or patients' participation in screenings, chronic disease management, and promoting well-being (Joo & Liu, 2021; Teixeira et al., 2024)).

In Havukoski Vantaa, and similar communities, health education programs that take into account cultural beliefs such as religious laws or community norms have improved trust and health outcomes (Teixeira et al., 2024; Joo & Liu, 2021). Betsch et al. (2016) and Krabbe et al. (2021), showed that aligning health communication with cultural values improves message delivery and increases public acceptance. The results strengthen the importance of paying attention to cultural changes in the content and delivery of health education, especially when the goal is to improve stable health outcomes and promote long lasting development.

Many studies have identified structural barriers like legal restrictions, cost of care, social isolation and digital exclusion as a major challenge to the health equity, even though culture, confidential communication and trust building are acknowledged as important components of effective outreach (Marmot et al.,

2020; Çilenti et al., 2021). These barriers affect immigrants and economically disadvantaged groups who live in places like Havukoski Vantaa.

In order to address disparities in health services, the interventions will not only focus on health education, but it must also health include the delivery of social services, digital literacy, and financial assistance (Marmot et al., 2020; Çilenti et al., 2021). According to Bourgois et al. (2017), barriers including housing insecurity, legal status, and financial difficulties have effect on health outcomes, particularly for people with low-income and also immigrant populations. Effective interventions in outreach work such as tackling communication, cultural barriers will facilitate the successful and long-term integration of marginalized communities into the health system (WHO, 2021).

Havukoski Vantaa has been a useful microcosm due to its large immigrant population and socio-economic diversity (City of Vantaa, 2023). The challenges it poses are comparable to those of other multicultural areas in Finland. The results of this thesis are therefore important for national-level outreach initiatives, especially for policymakers and healthcare professionals who aim to reduce health disparities between different Finnish populations (THL, n.d.).

8 CONCLUSION

The impact of outreach programs on health outcomes in culturally diverse settings was explored in this study, focusing on Havukoski Vantaa, Finland. The study findings demonstrate the importance of culturally sensitive methods to improve health education, community acceptability, and access to health and support services. The study findings demonstrate that culturally sensitive approaches are needed to increase community acceptability, health literacy and accessibility to health services. Access to healthcare is still severely hampered by major barriers such as language, cultural differences and structural inequalities, especially for immigrant group. Sharing only information is not enough for successful outreach delivery, inclusion, persistence, and awareness of the specific needs of diverse groups are essential. Outreach initiatives have

the potential to significantly improve health equity when cultural competence is applied, language barriers is considered, good relationships are established, and social determinants of health are tackled in diverse communities.

9 PROFESSIONAL DEVELOPMENT

Although writing a thesis was not an easy journey, it has helped me to improve both academically and professionally. The thesis work has strengthened my writing, research, and ethical thinking skills, which I believe that I will use in my future professional work. In the process, I have gained a greater understanding of how communication and cultural norm limit access to health services in diverse communities and how outreach work helps the vulnerable group to overcome the barriers.

Most importantly, I have gained knowledge about the importance of outreach work in multicultural communities. This thesis task prepared me on how to interact with people from different backgrounds in delivering health services, as I advance in clinical and educational settings, I will continue to utilize these skills, especially in roles that require cultural sensitivity and integration.

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APPENDIX 1. Summary Table of Literature

NO.	Author, journal year & country	Title	Focus	Method	Conclusions
1	Bailey et al. (2017) USA	Structural racism and health inequities in the USA: Evidence and interventions	Structural barriers and health disparities	Literature review	Racism and structural inequality limit healthcare access; need for systemic outreach.
2	Betsch et al. (2016) Germany	Improving medical decision-making and health promotion through culture-sensitive health communication: An agenda for science and practice	Health communication strategies	Agenda/review	Culture-sensitive communication increases trust and engagement.
3	Bourgois et al. (2017) USA	Structural vulnerability: Operationalizing the concept to address health	Structural vulnerability in marginalized populations	Conceptual discussion	Health outcomes affected by structural vulnerability; highlights

		disparities in clinical care.			clinician roles.
4	Çilenti et al. (2021) Finland	Use of health services and unmet need among adults of Russian, Somali, and Kurdish origin in Finland.	Immigrant healthcare access in Finland	Quantitative analysis	Ethnic minorities report unmet health needs and barriers to services.
5	Joo & Liu (2021) USA	Effectiveness of culturally tailored interventions for chronic illnesses among ethnic minorities.	Tailored health interventions	Systematic review	Culturally adapted programs improve self-care and outcomes in minorities.
6	Krabbe et al. (2021) Canada	Exploring the operationalisation and implementation of outreach in community settings with hard-to-reach and hidden populations.	Community-based outreach models	Scoping review	Outreach services improve access for hidden and underserved groups.
7	Lekas et al. (2020) USA	Rethinking cultural competence: Shifting to cultural humility	Cultural humility	Critical commentary	Argues for shift from competence to humility in

					multicultural care.
8	Marmot et al. (2020) UK	Health equity in England: The Marmot Review 10 years on.	Health inequality and policy	Review report	Calls for structural change to reduce inequality and improve public health
9	Page-Reeves et al. (2016) USA	The evolution of an innovative community-engaged health navigator program to address social determinants of health.	Community navigation and outreach	Case study	Community health workers help address social determinants of health.
10	Sarkar et al. (2022) USA	Impact of language preference and health literacy on health information–seeking experiences in a multilingual, low-income cohort.	Health literacy and language barriers	Quantitative study	Language preference affects access to health information and outcomes.
11	Stubbe (2020) USA	Practicing cultural competence	Culturally responsive strategies	Conceptual commentary	Cultural competence enhances

		and cultural humility in the care of diverse patients	relevant to nursing care in diverse communities		communication, build trust, and supports effective outreach in multicultural settings
12	Subica & Link (2022) USA	Cultural trauma is a fundamental cause of health disparities.	Causes of disparities	Theoretical analysis and literature review	Cultural trauma, particularly among marginalized
13	Teixeira et al. (2024) Portugal	Cultural competence and nursing work environment: Impact on culturally congruent care in Portuguese multicultural healthcare units	Cultural competence in healthcare settings	Cross-sectional study	Culturally competent environments improve care in diverse units.

APPENDIX 2. Critical Appraisal Checklist for Qualitative Research

JBI Critical Appraisal Checklist for Qualitative Research

Reviewer______________________________________Date______________________________

Author ______________________________________Year__________Record Number______

	Yes	No	Unclear	Not applicable
1. Is there congruity between the stated philosophical perspective and the research methodology?	☐	☐	☐	☐
2. Is there congruity between the research methodology and the research question or objectives?	☐	☐	☐	☐
3. Is there congruity between the research methodology and the methods used to collect data?	☐	☐	☐	☐
4. Is there congruity between the research methodology and the representation and analysis of data?	☐	☐	☐	☐
5. Is there congruity between the research methodology and the interpretation of results?	☐	☐	☐	☐
6. Is there a statement locating the researcher culturally or theoretically?	☐	☐	☐	☐
7. Is the influence of the researcher on the research, and vice- versa, addressed?	☐	☐	☐	☐
8. Are participants, and their voices, adequately represented?	☐	☐	☐	☐
9. Is the research ethical according to current criteria or, for recent studies, and is there evidence of ethical approval by an appropriate body?	☐	☐	☐	☐
10. Do the conclusions drawn in the research report flow from the analysis, or interpretation, of the data?	☐	☐	☐	☐

Overall appraisal: Include ☐ Exclude ☐ Seek further info ☐

Comments (Including reason for exclusion)

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