



## **American Indian and Alaska Native Outreach and Enrollment Efforts**

With many American Indians and Alaska Natives (AI/ANs) qualifying for special enrollment periods,<sup>1</sup> we wanted to highlight several key considerations for advocates conducting outreach, education and enrollment services in collaboration with and with the goal of benefiting AI/ANs. The following steps will help advocates use existing networks of trusted and valued AI/AN community leaders to support targeted outreach and enrollment strategies:

### **1) Identify American Indian and Alaska Native Community Based Organizations Engaged in this Work:**

Identify community based organizations (CBOs) within AI/AN communities leading outreach and enrollment work. Many AI/AN CBOs are already engaged in outreach, education, and enrollment efforts with community members, and consumer health advocates can support their initiatives. These CBOs have developed relationships with tribal leadership, and may likely be staffed by AI/AN community members who have a relationship that an outside organization would require time to build. Advocates should identify what outreach, education and enrollment efforts are already occurring.

### **2) Determine How Your Organization Can Support Ongoing Initiatives**

If you haven't worked with the CBO before, use the ongoing enrollment period for members of federally recognized tribes as an opportunity to reach out and offer any support they might need. Consider if the CBO is seeking additional materials or speakers about the ACA. Evaluate how your organization can support existing outreach and education efforts while respectfully leaving the more nuanced enrollment to the affiliated CBO. Also, consider if the CBO has specific policy issues you can advocate for as part of the larger consumer health advocacy coalition. Organizations conducting AI/AN outreach and enrollment work have expressed that it is most helpful to work with those already on the ground to determine where one's advocacy organization fits into what is already occurring.

### **3) Connect with Tribal Leadership**

After connecting with CBOs already engaged in this work, seek out connections they can facilitate with tribal leadership. If no AI/AN CBOs are already engaged in this outreach, education, and enrollment work, introduce yourself to tribal administration leaders prior to conducting any outreach and enrollment. Once a relationship has been built, inquire about the administration's health coverage needs. Talking with tribal officials about your organization and its goals keeps officials and health leaders up to date on your work and can help develop strong relationships and promote collaborations to help address the needs of local communities.

#### **4) Reach out to Existing Tribal Programs Not Yet Engaged in Outreach and Enrollment**

In addition to working closely with AI/AN CBOs already engaged in outreach, education, and enrollment work, consumer health advocates may consider contracting with AI/AN organizations not yet engaged in health access and coverage initiatives. This can grow language capabilities, instigate better trust, and promote enrollment opportunities in a culturally competent format. However, advocates should be aware that while it is important to include trusted individuals from the community to overcome cultural barriers, the tribal government needs to identify partners at the onset. When interacting with tribal communities, advocates should follow a top-down approach, connecting with leadership at the beginning.

#### **5) Develop Appropriate Outreach, Education and Enrollment Strategies**

Below are a few strategies tailored to promoting enrollment in AI/AN communities:

- Use in-person interactions, radio and television to deliver messages about enrollment opportunities.
- Conduct outreach and enrollment assistance at convenient times and locations in both rural and urban areas. Advocates have been extremely successful in high traffic areas such as shopping malls, city buses, Laundromats and going door-to-door in rural communities.
- Focus outreach efforts on connecting with women, who typically make the healthcare decisions in AI/AN families.
- Lay out the benefits of health coverage, explain the enrollment process clearly, and have culturally appropriate messaging. Also, make sure messages address key concerns tribal communities have, including explaining how having insurance coverage is important even when Indian Health Services (IHS) is available.
- Use culturally appropriate messaging and connect individuals to providers offering culturally appropriate care. For example, when working with AI/AN populations, it's best to say "no cost for coverage through the state" instead of Medicaid because of the stigma attached to the term "Medicaid" and to receiving help from the U.S. government. Tips on how to frame messages for health coverage can be found [here](#).<sup>2</sup>

#### **Challenges to Effective Outreach and Enrollment Strategies**

Enrollment is hindered by a number of elements, many of which are influenced by issues surrounding network adequacy. For example, individuals must often travel long distances from their homes to IHS sites when seeking care and public transportation is often severely limited. Likewise, cultural and linguistic barriers can hinder access, as does the burdensome documentation required for AI/AN consumers to prove eligibility for Medicaid, IHS or marketplace coverage. Enrollment can also be curtailed by insufficient technological resources, including limited internet access.

#### **What Can Ally Organizations Do?**

Allies should consider locating local reservations and urban AI/AN cultural/community centers and keeping AI/AN communities in mind when developing stakeholder groups to ensure AI/AN representation. Other examples include:

- Continue reaching out and contacting people more than once (you may need to make five “touches” to raise awareness on the benefits of marketplace enrollment), making sure to refer AI/AN consumers to local Native community enrollment specialists when available.<sup>3</sup>
- Don’t overwhelm community members with complex health information that could add to anxiety about the enrollment appointment process.
- Consider sending a letter to the tribe’s chairman introducing your organization, its work and goals, and requesting time to speak during the council’s next meeting.

### Cultural Competency Considerations

Advocates and enrollment specialists should consider cultural competency—or cultural humility—when engaging with AI/AN populations during outreach and enrollment efforts. Cultural competence is the ability to function effectively in the context of cultural differences, while cultural humility is the attitude displayed by allies and service providers acknowledging how the communities being served can be better appreciated and understood through listening and learning.<sup>4</sup> Elements of cultural competence and humility include:<sup>5</sup>

- Awareness, acceptance and valuing cultural differences
- Awareness of one’s own culture and values
- Understanding the range of dynamics resulting from interactions between people of different cultures
- Developing cultural knowledge of particular communities served or to access cultural brokers who may have that knowledge
- Having the ability to adapt individual intervention programs and policies to fit the cultural context of the individual, family or community

To emphasize tribal empowerment, advocates should:

- **Address tribe by its name:** Tribes and tribal members should always be referred to by their tribe’s name and not in general terms
- **Language Access:** Many tribal elders prefer communicating in their native language. By using trusted community representatives to communicate with elders, advocates can support outreach and enrollment in a sensitive manner
- **Use existing trusted community resources:** IHS, tribal governments, AI/AN CBOs, and elders are examples of trusted community resources that could support outreach and one-on-one assistance at convenient times and locations
- **Privacy concerns:** AI/AN community members may also decide to make an appointment with enrollers outside their communities to protect their privacy
- **Stigma:** The stigma attached to being newly eligible for Medicaid may lead AI/ANs to be reluctant to sign up for government programs. There’s tremendous mistrust of the U.S.

government and stigma around receiving government assistance. Tips for advocates/allies to consider when examining their own belief systems about AI/AN populations surrounding health and poverty can be found [here](#).<sup>6</sup>

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<sup>1</sup> <http://www.ihs.gov/aca/faq/>

<sup>2</sup> <http://store.samhsa.gov/shin/content/SMA08-4354/SMA08-4354.pdf>

<sup>3</sup> <http://www.diverseelders.org/2014/01/28/aca-enrollment-tips-for-american-indians/>

<sup>4</sup> <https://psych.ucsf.edu/sfgh/chtf/>

<sup>5</sup> <http://store.samhsa.gov/shin/content//SMA08-4354/SMA08-4354.pdf>

<sup>6</sup> <http://store.samhsa.gov/shin/content/SMA08-4354/SMA08-4354.pdf>