

REACHING  
AMERICAN INDIAN  
& ALASKA NATIVE  
FAMILIES



covering kids<sup>™</sup>  
& families  
TOOLKIT



## Toolkit

### *Reaching American Indian and Alaska Native Families*

The *Covering Kids & Families* Reaching American Indian and Alaska Native Families toolkit is made possible by the Robert Wood Johnson Foundation. It is the result of a collaboration between *Covering Kids & Families* grantees, other health care professionals, and American Indian and Alaska Native families. The ideas and experiences of these groups were compiled by Kauffman and Associates, Pyramid Communications and the *Covering Kids & Families* Communications Team at GMMB.

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This toolkit is designed to assist you in conducting outreach to AI/AN families and enrolling them in Medicaid and SCHIP. A list of terms used throughout this toolkit and within the AI/AN community is provided in the [Introduction](#) section.

This toolkit offers a starting point and should not replace your own learning experiences. You will need to modify these tips to be tribally and geographically relevant to your local community. The electronic format of the toolkit also allows for easy reproduction. Please take the initiative to make copies of the entire toolkit or sections of it for your colleagues, volunteers and community leaders—anyone you think would be interested. As you read through it, think about ways to share the information with those conducting outreach. For example, you could use this toolkit:

- As a training manual
- In refresher courses
- By selecting pages for display, as handouts or as e-mail messages
- By selecting topics to cover in staff or volunteer meetings

This toolkit also contains template fliers, letters and other materials that you can customize to fit your outreach needs. You can access these templates by downloading the full toolkit or from the *Covering Kids & Families* Web site at [www.coveringkidsandfamilies.org](http://www.coveringkidsandfamilies.org).

Remember to fill in the pertinent information in brackets [XX] within the templates so they are specific to the AI/AN community and your state. Feel free to adapt this toolkit as you see fit and add to or edit the text for staff or volunteers.

We hope you will find this toolkit helpful in planning and conducting your outreach efforts! Please contact the *Covering Kids & Families* Communications Team at (202) 338-7227 or via e-mail at [coveringkidsandfamilies@gmmb.com](mailto:coveringkidsandfamilies@gmmb.com) if you have questions about this toolkit, how to access and customize the templates, or for additional tips on AI/AN outreach.

## Toolkit Overview

The *Covering Kids & Families* Reaching American Indian and Alaska Native (AI/AN) Families toolkit provides strategies and tools to assist you in reaching out to AI/AN families and informing them about the availability of low-cost and free health care coverage. This section provides an overview of AI/AN outreach, tips on how to use the toolkit, resources for AI/AN-specific health care information, a fact sheet, frequently asked questions, and other information about outreach in AI/AN communities.

Introduction to AI/AN Outreach – A brief overview of AI/AN outreach and how Medicaid and SCHIP work with both the tribal programs that operate their own health care services and urban Indian health clinics, known together as the I/T/U system.

Turning Obstacles into Outreach Opportunities – Includes an overview of obstacles to AI/AN outreach and how they can be turned into opportunities for outreach and enrollment.

How to Use the *Covering Kids & Families* Reaching American Indian and Alaska Native Families Toolkit – Tips on how to use the information and templates within this toolkit to assist you in conducting outreach.

Commonly Used Terms – Terms that relate to the AI/AN culture and health care system.

Fact Sheet: The Need for AI/AN Outreach – Outlines the leading causes of death among AI/AN populations, the number and percentage of uninsured AI/AN children, and characteristics of AI/AN populations, including the poverty rate.

Frequently Asked Questions – Answers common concerns and issues that may come up when conducting outreach with AI/AN families.

Medicaid and SCHIP Funding Streams – Chart demonstrates how Medicaid and SCHIP funding works with the I/T/U system.

AI/AN Health-Related Resources – Includes contacts for Centers for Medicare & Medicaid Services Native American offices, Indian Health Service regional offices, and other AI/AN health-related resources to assist in conducting outreach and learning about AI/AN health care issues.

Support Available from the *Covering Kids & Families* Communications Team – Outlines the additional tools available from the *Covering Kids & Families* Communications Team to support your outreach efforts.



## Introduction to AI/AN Outreach

There are more than 4 million American Indians and Alaska Natives (AI/ANs) in more than 560 federally recognized tribes and Native villages in the United States. These tribes and villages have many different cultures, languages, histories and lifestyles. Throughout this toolkit, the abbreviation AI/AN is used to refer to American Indian and Alaska Native people collectively, as are the terms “Natives,” “Indians” and “Native Americans.”

While we have provided an overview of AI/AN populations in this toolkit, it is important not to generalize too broadly and to understand the cultural differences in AI/AN communities. You should also understand local AI/AN people’s values and attitudes toward traditional Indian medicine.

### Indian Health Care Systems

The federal government has a unique, historical and government-to-government relationship with Indian tribes. This relationship is often referred to as a “trust responsibility” based on signed treaties with Native nations that, among other things, promised health services in exchange for millions of acres of land. The federal responsibility to provide health services to AI/ANs has been administered primarily through the Indian Health Service (IHS), an agency of the U.S. Department of Health and Human Services, since 1955. It is important to note that IHS is not classified as “insurance” by federal agencies, and it does not provide comprehensive health care services to AI/ANs.

In addition to the IHS, there are two other components to the AI/AN health care system: the tribal programs that operate their own health care services and urban Indian health clinics. Together the three are known as the I/T/U (Indian Health Service/Tribal Health Programs/Urban Indian Health Programs) system. The I/T/U system provides a range of services, including limited outpatient and inpatient care. (See Frequently Asked Questions in the [Introduction](#) for a full explanation of the I/T/U system.)

### The Need for Outreach

Nearly a quarter (23%) of AI/AN children are uninsured. Many may be eligible for low-cost or free health care coverage through Medicaid or the State Children’s Health Insurance Program (SCHIP). Unfortunately, many parents do not know that their children are eligible, do not realize the value of the programs, or have misperceptions about the impact that enrolling would have on the other health care services they receive through the I/T/U system.

Misperceptions about how Medicaid and SCHIP work with the I/T/U system reinforce the need for conducting outreach. When talking to parents about Medicaid and SCHIP, you should emphasize that these programs cover some health care services that I/T/U clinics may not cover. In addition, patients covered by Medicaid and SCHIP may be *helping* their local I/T/U clinics, because these clinics are reimbursed by the federal government for services provided to patients enrolled in Medicaid and SCHIP as part of the trust responsibility.

## **Traditional Medicine, Values and Attitudes about Health**

For most traditional AI/AN cultures, the notion of “health” is understood as being balanced spiritually, mentally, physically and socially. Ill health occurs as a result of being out of balance. The fact sheet in the [Introduction](#) section shows that several of the major health problems facing AI/AN populations today are considered lifestyle related and could be viewed as “being out of balance.”

For many communities, the practice of traditional tribal medicine and spiritual ceremonies may be an important component of the overall approach to achieving good health and eliminating disease. On average, about half of all AI/ANs, regardless of whether they live on reservations, in villages or in urban areas, actively use some form of spiritual or traditional Indian medicine.

However, some individuals may not know where to locate traditional practitioners. Others may have access to traditional healing practices but feel it is inappropriate to incorporate this knowledge with contemporary treatments and/or organized religious beliefs. It is important to understand and respect the different approaches to health care among AI/AN cultures when conducting health care outreach. The best way to learn this is to develop long-term trusting relationships with tribal elders and others who work on AI/AN children’s health care issues.

## **Turning Obstacles into Outreach Opportunities**

The need for special outreach to AI/AN families was recognized during the enactment of SCHIP with a special provision that requires states to describe the procedures used to ensure health care coverage for targeted low-income children in AI/AN families. Still, far more AI/AN children are eligible than are enrolled. It is important to understand the obstacles to outreach and enrollment. Throughout this toolkit, we have outlined strategies for turning these obstacles into opportunities. Some obstacles include:

- **Health Care as a Federal Trust Responsibility:** AI/AN parents are sometimes reluctant to enroll their children in Medicaid or SCHIP because they do not want to free the federal government from fulfilling this obligation. However, the IHS is considered the “payer of last resort.” This means that government programs such as Medicaid and SCHIP pay first. The federal government reimburses states 100 percent of what it costs them for Medicaid services provided to AI/AN people. This reimbursement is part of Congress’s commitment to fulfill its trust responsibility to those AI/ANs who are eligible for Medicaid or SCHIP. As a result, patients who are enrolled in Medicaid or SCHIP benefit I/T/U sites because they can generate additional revenue, which allows these sites to provide supplemental services such as dental care, eye care and specialty referrals.
- **The I/T/U System:** Some AI/AN parents do not believe that they need Medicaid or SCHIP because they have access to health care through the I/T/U system. However, services provided through the I/T/U system are not comprehensive. In addition, some parents may be misinformed by their local I/T/U clinic that if they access Medicaid or SCHIP services, they are no longer eligible for I/T/U services. By enrolling in Medicaid or SCHIP, AI/AN families may be able to seek additional services that the I/T/U system does not provide.
- **State-Tribal Relations:** State-tribal relationships vary from region to region. Most federally recognized tribes are sovereign nations with a direct federal government-to-government relationship, not political subdivisions of states. Because Medicaid and SCHIP are administered through the states, a functional working agreement between states and tribes is required in order to provide Medicaid and SCHIP benefits to tribes effectively.



- **Co-payments for SCHIP:** The implementation of SCHIP by state and federal governments was initially less effective in AI/AN communities for several reasons, although many of those barriers have now been addressed. Co-payments were eliminated when the Centers for Medicare & Medicaid Services (CMS) granted an SCHIP co-payment requirement waiver to AI/AN children. However, some states still charge co-payments for SCHIP services. Before you begin your outreach efforts, visit the CMS Web site at [www.cms.hhs.gov](http://www.cms.hhs.gov) to find out if your state still requires co-payments for certain services provided through SCHIP.
- **Distinct Cultural Differences:** Many AI/AN families and their children reside in culturally distinct communities. Unless targeted and culturally sensitive outreach is conducted, AI/AN parents will not have the opportunity to hear about and consider the benefits of Medicaid and SCHIP enrollment. For some tribal members, English may be their second, third or fourth language.
- **Geographic Isolation:** Many AI/AN families reside in isolated areas of rural and frontier America. This is particularly true for those residing on large, rural reservations or in Alaska Native villages. The likelihood that mainstream outreach efforts will reach these families is slim.

## Commonly Used Terms

The following are terms used throughout this toolkit to describe AI/AN populations and components of AI/AN health services. They will also help you introduce AI/AN cultures and how the I/T/U system works with Medicaid and SCHIP.

**100% Federal Medical Assistance Percentage (FMAP):** This is the percentage paid to states for amounts expended as medical assistance (Medicaid) for services that are received through an Indian Health Service facility, whether operated by the IHS or by an Indian tribe or tribal organization.

**American Indians and Alaska Natives (AI/AN):** There are many different terms used to describe American Indians and Alaska Natives, such as “Indians,” “Natives” and “Native Americans.” The term “American Indian” is acceptable for AI/AN people living in the continental United States. The term “Alaska Native” is appropriate for Native people in Alaska and refers to the Indian, Aleut and Eskimo populations.

**Bureau of Indian Affairs (BIA):** The BIA is a federal agency within the Department of the Interior. It has primary responsibility for the federal government’s overall trust responsibilities, excluding health care coverage. The BIA administers Indian child welfare and social services and works with tribes to provide social service programs on reservations and in villages.

**Case Manager:** A case manager is a nurse, doctor or social worker who works with patients, providers and insurers to coordinate all services deemed necessary to provide the patient with a plan of medically necessary and appropriate health care.

**Centers for Medicare & Medicaid Services (CMS):** CMS is an agency of the Department of Health and Human Services that oversees Medicaid, Medicare and SCHIP. In addition to the CMS headquarters, there are 10 regional CMS offices located throughout the United States.

**Community Health Aide/Practitioner (CHA/P):** CHA/P was developed to meet the health care needs of Alaska Natives in remote villages. The CHA/P is the patient’s first contact within the network of health professionals in the Alaska Native Health Care System. Today, 500 CHA/Ps in 178 rural communities provide emergency and primary health care services in their villages.

**Community Health Representative (CHR):** A CHR is an employee of a tribe responsible for providing outreach and coordination between the Indian patient and the IHS (the Federal system). The CHR is usually an indigenous person from within the community with a vast knowledge and understanding of tribal culture, history, families and language.

**Contracting/Compacting:** These terms refer to the ways in which tribes and Alaskan villages and corporations exercise their authority under the Indian Self-Determination Act (P.L. 93-638) to take over and manage aspects of the IHS, BIA or other federal programs. The Indian Self-Determination Act was passed in 1975 and provides for federally recognized tribes to administer federal programs that serve them. Today, close to half of the

IHS system is operated through these types of contracts or compacts. They provide greater local control, and many tribes have found that their services expand and improve through more aggressive management and fundraising. It is important to understand that while the IHS is a federal system, many tribes administer their own health systems.

**Contract Health Service (CHS):** CHS is a program designed to offer primary and specialty health care services that are not available from IHS or tribal health programs. These services may be purchased from private sector health care providers. This includes hospital care, physician services, outpatient care, laboratory, dental, radiology, pharmacy and transportation services.

**Co-payment:** A co-payment is a cost-sharing arrangement in which a member pays a specified charge for a specified service (e.g., \$10 for an office visit). The member is usually responsible for payment at the time the service is rendered.

**Cost-sharing:** Cost-sharing is a general set of financial arrangements in which a covered member must pay a portion of the costs associated with receiving care (see “Co-payment”).

**Federally Recognized Tribe:** A federally recognized tribe is any tribe, band, nation, rancheria, pueblo, colony or community that is recognized by the U.S. government as eligible for programs and services provided by the Secretary of Interior to AI/ANs because of their status. There are more than 560 federally recognized tribes in 35 U.S. states.

**Head Start and Early Head Start:** Administered by the Head Start Bureau, Administration on Children, Youth and Families (ACYF), Administration for Children and Families (ACF), and U.S. Department of Health and Human Services (HHS), Head Start and Early Head Start are comprehensive child development programs that serve children from birth to age 5, pregnant women and their families. They are child-focused programs that have the overall goal of increasing the school readiness of young children in low-income families.

**Income Support Division (ISD):** The ISD administers state programs designed to benefit people with a very low income. Assistance with food, utility payments and other emergency payments for families are administered through federal programs like the Community Services Block Grant (CSBG) program, the Low-Income Home Energy Assistance Program (LIHEAP) and The Emergency Food Assistance Program (TEFAP).

**Indian Health Service (IHS):** IHS is the agency under the U.S. Department of Health and Human Services with the responsibility for administering the federal government’s trust responsibility to provide health care to AI/AN people.

**IHS, Tribal, Urban (I/T/U) System:** The I/T/U system includes all health care coverage delivery systems administered and funded under the umbrella of the IHS, including those services administered directly by IHS (I), tribally-operated health programs (T) and those contracted to urban Indian health programs (U).

**Managed Care Organization (MCO):** An MCO is an insurance organization paid by employers or patients to organize doctors, hospitals and other providers into groups and provide cost-effective health care by purchasing it in large quantities.

**P.L. 93-638 - Indian Self-Determination and Education Assistance Act (ISDEA):** In 1975, President Gerald Ford signed into law the Indian Self-Determination and Education Assistance Act (P.L. 93-638). This landmark legislation recognized the primacy of the government-to-government relationship between the United States and sovereign tribal nations. The act, as amended, provides that tribes can redesign their health programs if they choose to compact and/or contract under provisions of the act. This authority provides that IHS will transfer its resources to tribes so that they can administer their own health programs if they decide to do so.

**Primary Care Case Management (PCCM):** A PCCM program is an option available to states under the authority of section 1915(b) of the Social Security Act. It allows states to contract directly with primary care providers, including tribal and urban Indian clinics, which agree to be responsible for the provision and/or coordination of medical services to Medicaid and SCHIP recipients under their care.

**Reservation:** In federal Indian law, an Indian reservation refers to any federally recognized tribe's reservation, pueblo or colony, including former reservations in Oklahoma, Alaska Native regions established pursuant to the Alaska Native Claims Settlement Act, and Indian allotments (although there are no actual reservations in Alaska except for Southeast Alaska's Annette Island). This definition is a means to reference Indian lands covered by certain federal laws. In addition, many reservations include multiple tribal nations and several tribal nations live on lands that are not considered reservations (e.g., Cherokee Nation of Oklahoma, Choctaw Nation of Oklahoma and Kaw Nation of Oklahoma).

**Service Unit:** A service unit is a health care facility of the IHS that has administrative responsibilities to provide health services to one or more tribes.

**Sovereign Nation:** A sovereign nation is a tribe that exercises powers of government. They form their own governing systems, determine who belongs to the tribe and elect their own leaders.

**Tribal Health Programs:** The "T" of the I/T/U system, these are tribally-operated services that represent nearly half of the IHS budget.

**Urban Indian Health Programs:** The "U" of the I/T/U system, these are Indian health programs that operate in 34 cities throughout the U.S. Urban Indian primary care centers and outreach programs, also referred to as Urban Indian Health Organizations (UIHO) or Urban Indian systems, provide culturally acceptable, accessible and affordable health services to the urban Indian population. More than half (about 2.3 million) of the 4.1 million AI/ANs live in urban areas. UIHOs are independently operated, but receive Title V funds, grants and contracts from the IHS. Most urban Indian programs obtain supplemental resources from private and other local government sources. About 1 percent of the IHS budget goes towards urban Indian health programs.

## Fact Sheet

### The Need for AI/AN Outreach

According to the U.S. Census, nearly a quarter (23%) of American Indian and Alaska Native (AI/AN) children are uninsured, compared to 11.2 percent for all uninsured children in the United States.<sup>1</sup> Among the general AI/AN population, the uninsured rate is 29 percent, 13.5 percent higher than the U.S. all races uninsured rate.<sup>2</sup> AI/AN people also have higher mortality rates than whites at each stage of the life span and their population is disproportionately younger because of this. Some chronic conditions are also particularly high among AI/ANs and their poor health indicators are related, in part, to their high poverty rates. Limited access to health care is also a contributing factor.<sup>3</sup>

#### Health Status Indicators

AI/AN children are more likely to be uninsured than Blacks, Asian or Pacific Islanders and non-Hispanic White children. They are also more likely than any other race to have public health care coverage (39.9%) such as Medicaid and the State Children’s Health Insurance Program (SCHIP)<sup>4</sup>. Less than half (49%) of AI/AN people have job-based or other private health care coverage, compared to 83 percent of whites.<sup>5</sup>

Race	Rate of Uninsured Children Under Age 18 <sup>6</sup>
All Children Under Age 18	11.2%
American Indian and/or Alaska Native	23.8% <sup>7</sup>
Hispanic origin (any race)	21.1%
Black/African-American	13.0%
Asian/Pacific Islander	9.4%
White non-Hispanic	7.6%

According to the National Center for Health Statistics, 13 percent of AI/ANs are in fair or poor health and approximately 17 percent have an activity limitation due to one or more chronic health condition.<sup>8</sup> They are also more likely to go without a medical (26%) or dental (36%) visit for one year and are more likely to be dissatisfied with their care (16%). Additionally, 26 percent of AI/ANs also said they had poor provider communication.<sup>9</sup>

<sup>1</sup> U.S. Census, “Children With Health Insurance: 2001,” (August 2003). <http://www.census.gov/prod/2003pubs/p60-224.pdf>

<sup>2</sup> 2004 U.S. Census. Current Population Reports. [www.census.gov/prod/2005pubs/p60-229.pdf](http://www.census.gov/prod/2005pubs/p60-229.pdf)

<sup>3</sup> Kaiser Family Foundation, “American Indians and Alaska Natives: Health Coverage and Access to Care.” (February 2004). [www.kff.org/minorityhealth/upload/American-Indians-and-Alaska-Natives-Health-Coverage-Access-to-Care.pdf](http://www.kff.org/minorityhealth/upload/American-Indians-and-Alaska-Natives-Health-Coverage-Access-to-Care.pdf)

<sup>4</sup> U.S. Census, “Children With Health Insurance: 2001,” (August 2003). <http://www.census.gov/prod/2003pubs/p60-224.pdf>

<sup>5</sup> Kaiser Family Foundation, “American Indians and Alaska Natives: Health Coverage and Access to Care.” (February 2004). [www.kff.org/minorityhealth/upload/American-Indians-and-Alaska-Natives-Health-Coverage-Access-to-Care.pdf](http://www.kff.org/minorityhealth/upload/American-Indians-and-Alaska-Natives-Health-Coverage-Access-to-Care.pdf)

<sup>6</sup> 2004 U.S. Census. Current Population Reports. Page 27. [www.census.gov/prod/2005pubs/p60-229.pdf](http://www.census.gov/prod/2005pubs/p60-229.pdf)

<sup>7</sup> The uninsured rate for AI/AN children was not included in the 2004 U.S. Census Current Population Report. The most current statistic for uninsured AI/AN children is from the 2001 U.S. Census Bureau Current Population Report.

<sup>8</sup> National Center for Health Statistics, “Health of American Indian or Alaska Native Population.” (April 2005). <http://www.cdc.gov/nchs/fastats/indfacts.htm>

<sup>9</sup> Kaiser Family Foundation, “American Indians and Alaska Natives: Health Coverage and Access to Care.” (February 2004). [www.kff.org/minorityhealth/upload/American-Indians-and-Alaska-Natives-Health-Coverage-Access-to-Care.pdf](http://www.kff.org/minorityhealth/upload/American-Indians-and-Alaska-Natives-Health-Coverage-Access-to-Care.pdf)

## Mortality Rate Comparison

American Indians and Alaska Natives have a life expectancy that is nearly four years shorter than the U.S. all races population (72.9 years to 76.5 years, respectively; 1996-98 rates), and AI/AN infants die at a rate of 8.8 per every 1,000 live births, as compared to 6.9 per 1,000 for the U.S. all races population (1999-2001 rates). AI/ANs also die at higher rates than the U.S. all races population from alcoholism, tuberculosis, motor vehicle crashes, diabetes, unintentional injuries, homicide, and suicide (rates adjusted for misreporting of Indian race on state death certificates; 1999-2001 rates.)<sup>10</sup>

Cause of Death	AI/AN Rate compared to U.S. Rate <sup>11</sup>
Alcoholism	517% greater
Tuberculosis	533% greater
Motor Vehicle Crashes	203% greater
Diabetes	210% greater
Unintentional Injuries	150% greater
Suicide	60% greater
Homicide	87% greater

## Distinct Population Characteristic Differences

The AI/AN population has several different characteristics from the U.S. all races population that affects the cost for providing similar health services enjoyed by most Americans. In the 2000 U.S. Census, 4.1 million people (about 1.5% of the U.S. population) identified themselves as of American Indian or Alaska Native (AI/AN) ancestry.<sup>12</sup> The AI/AN population is also younger than other U.S. races because of higher mortality. Approximately one-third (33%) of the population is under 18 years of age. Additionally, more than half (about 2.3 million) of AI/ANs live in urban areas.

Characteristic	AI/AN Population	United States (all races)
Population <sup>13</sup>	4.1 million	281.4 million
Percentage under 18 years <sup>14</sup>	33.9%	25.7%
Median age <sup>15</sup>	28.7 years	35.3 years
Median household income <sup>16</sup>	\$30,599	\$41,994
Percentage below federal poverty level <sup>17</sup>	24.3%	12.4%

**Note:** These figures are current as of March 2006. This fact sheet will be updated accordingly as new statistics become available.

<sup>10</sup> Indian Health Service, "Facts on Indian Health Disparities," (January 2005). [http://info.ihs.gov/Health/Health\\_INDEX.asp](http://info.ihs.gov/Health/Health_INDEX.asp)

<sup>11</sup> Ibid.

<sup>12</sup> U.S. Census, "The American Indian and Alaska Native Population: 2000." (February 2002). [www.census.gov/prod/2002pubs/c2kbr01-15.pdf](http://www.census.gov/prod/2002pubs/c2kbr01-15.pdf)

<sup>13</sup> 2000 U.S. Census. "The American Indian and Alaska Native Population." [www.census.gov/prod/2002pubs/c2kbr01-15.pdf](http://www.census.gov/prod/2002pubs/c2kbr01-15.pdf)

<sup>14</sup> 2000 U.S. Census. "Age: 2000." [www.census.gov/prod/2001pubs/c2kbr01-12.pdf](http://www.census.gov/prod/2001pubs/c2kbr01-12.pdf)

<sup>15</sup> Ibid.

<sup>16</sup> U.S. Census. "Household Income: 1999." [www.census.gov/prod/2005pubs/c2kbr-36.pdf](http://www.census.gov/prod/2005pubs/c2kbr-36.pdf)

<sup>17</sup> 2004 U.S. Census. Current Population Reports. [www.census.gov/prod/2005pubs/p60-229.pdf](http://www.census.gov/prod/2005pubs/p60-229.pdf)



## Frequently Asked Questions

**1. Why is there a special health system for American Indians and Alaska Natives?**

The federal government signed treaties with Native nations that, among other things, promised health services in exchange for millions of acres of land. Today, the federal agency with the primary responsibility for providing health services is the Indian Health Service (IHS).

**2. How does the Indian Health Service (IHS) operate?**

The Indian Health Service is an agency within the U.S. Department of Health and Human Services. The IHS operates through 12 area offices and provides direct services through 33 hospitals, 59 health centers and 50 health stations. In addition, 34 urban Indian health projects provide a variety of health and referral services.

**3. What is the I/T/U system?**

Federally recognized tribes access AI/AN-specific health services through the IHS (I), through tribal programs (T) that operate their own health care services and/or through urban Indian health clinics (U). The combination of the IHS, tribal health programs and urban Indian health programs is often referred to as the I/T/U system. Funding for the I/T/U system is provided through annual congressional appropriations. However, due to under-funding, a patient may not be referred for care unless the tribe has prioritized the patient's condition with in the top five to 10 priorities.

**4. Why is the I/T/U system striving to improve their relationships with Medicaid and SCHIP?**

The I/T/U system continues to experience major budget cuts from Congress which results in fewer AI/ANs being able to access direct and Contract Health Services needed by community members. For this reason, most I/T/U programs bill Medicaid, SCHIP and other insurers for the services provided to eligible beneficiaries. This is referred to as third party payments. For those I/T/U programs that have successfully implemented third party payment, these new revenues represent up to 40 percent of the annual budgets for many I/T/U clinics and hospitals. This allows the I/T/U system to provide additional services to other tribal members who, prior to third party billing, were forced to go without referrals to care.

**5. Why should American Indians and Alaska Natives enroll their children in Medicaid or SCHIP if they already receive care from the I/T/U system?**

Due to limited funding, the I/T/U system depends on their ability to generate funds from Medicaid, SCHIP and the private insurance of the patients they see. Families with children who are eligible for Medicaid or SCHIP can help expand services at their Indian health clinic. As a result of billing Medicaid and SCHIP, many Indian clinics have been able to provide supplemental services, such as dental care, eye care and specialty referrals, that were not possible before SCHIP and other revenues became available.

**6. Do all American Indians and Alaska Natives get free, comprehensive health care coverage from the government?**

No. The federal government provides limited health care services through IHS as a part of the federal government's trust responsibility to tribes. IHS is not considered a health insurance program and is often under-funded. The budget to provide these services is limited and only those who are members or descendants of members of federally recognized tribes and located in areas where services are accessible receive this care. These services also vary among tribal nations.

**7. Who can get health services from the I/T/U system?**

An individual who is enrolled in or is a descendent of an enrolled member of a federally recognized tribe can receive care at an I/T/U health facility. Eligibility for tribal enrollment is specific to each tribal nation. State recognized tribal members are not eligible for most I/T/U programs. Likewise, even though they may be enrolled in a tribe, their children's blood quantum may be insufficient for them to receive services from the I/T/U system.

**8. Are American Indians and Alaska Natives eligible for other health care programs?**

Yes. Many AI/AN families may be eligible for several programs. Participation in the I/T/U system does not disqualify AI/AN families from enrolling in other federal programs for which they are eligible, such as Medicare, Medicaid and SCHIP.

**9. Can American Indian and Alaska Native families enrolled in Medicaid or SCHIP choose a provider other than the IHS?**

Yes. Families can select any health care provider that participates in their state's Medicaid program or CHIP. If you choose to support local I/T/U programs, it may help build a better health care system for all AI/AN people. This in turn increases the likelihood that you will receive culturally relevant services as well as help future patients receive more appropriate health care. By enrolling in Medicaid or SCHIP, families will also have the flexibility to seek services that I/T/U programs may not provide. Some states may assign a provider if the family does not choose one.

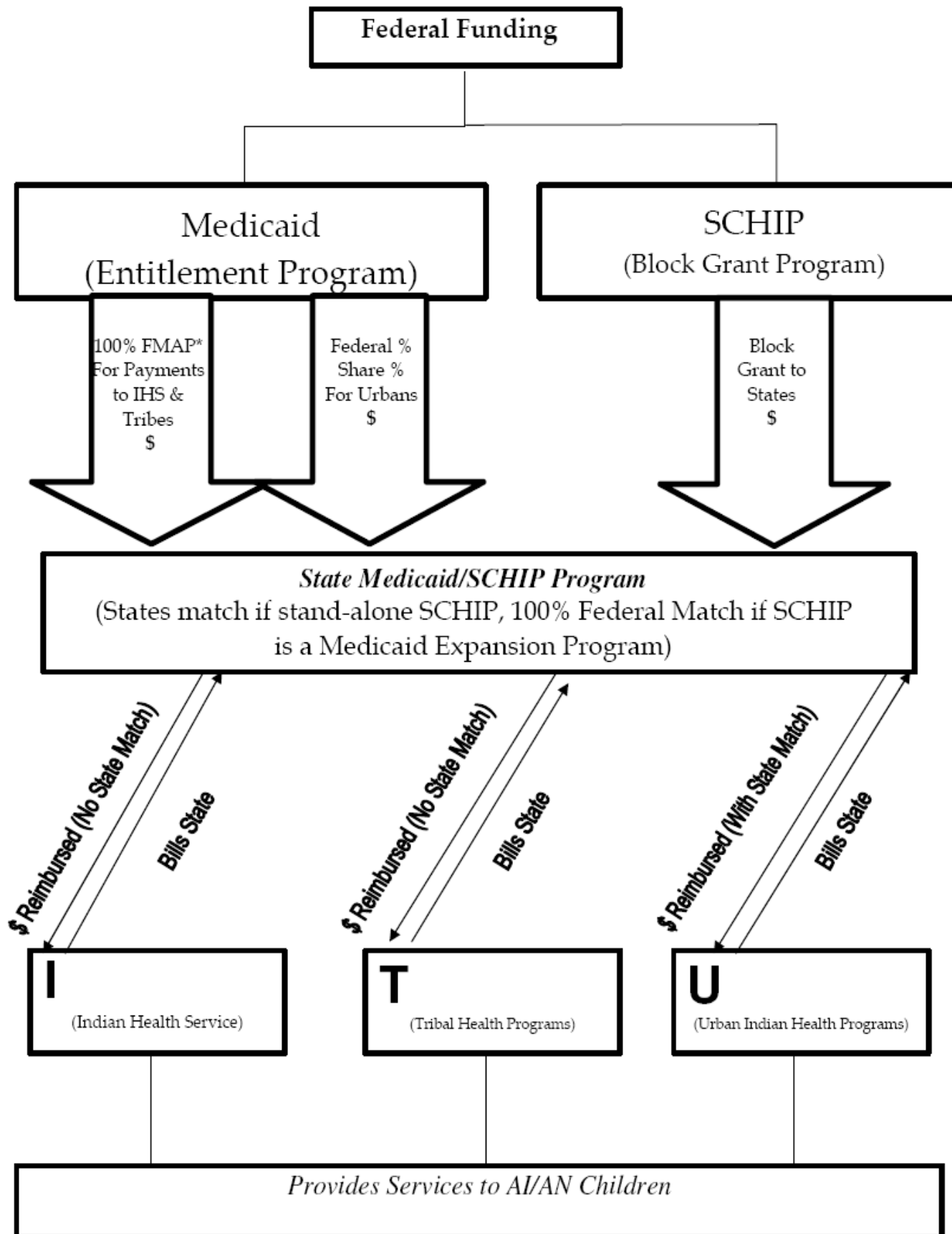
**10. Are Indian health clinics as good as regular clinics?**

Yes. As of 1999, all IHS and tribally operated hospitals and outpatient clinics had received accreditation from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), one of the nation's most respected organizations setting standards for quality health care. As is true for all health care systems, some clinics are better than others, but this condition is not limited to AI/AN systems.

**11. What if an American Indian or Alaska Native child needs treatment beyond what the I/T/U clinic provides?**

A child covered by Medicaid or SCHIP can seek treatment from another participating provider. However, they will need a referral from their primary care provider. In some cases, a primary care provider will not be part of the I/T/U system, so the parent will need to call or see that provider to obtain a referral. However, if the clinic is a Primary Care Case Manager for children enrolled in Medicaid and SCHIP, the parent can get the referral from their clinic.

# Medicaid and SCHIP Funding Streams



\*FMAP = Federal Medical Assistance Percentage

## AI/AN Health-Related Resources

There are many resources available to you pertaining to AI/AN health care. Listed below are contacts for CMS Native American offices, IHS regional offices, and other AI/AN health-related agencies and associations that can assist you in conducting outreach and learning about AI/AN health care issues. For general outreach and health care coverage resources, visit the *Covering Kids & Families* Web site at [www.coveringkidsandfamilies.org](http://www.coveringkidsandfamilies.org).

### Regional/Area Office Contacts

*Centers for Medicare & Medicaid Services (CMS) Native American Contacts*

[new.cms.hhs.gov/AIAN/Downloads/NAContactlist2005.pdf](http://new.cms.hhs.gov/AIAN/Downloads/NAContactlist2005.pdf)

CMS has 12 regional offices that can help answer your questions about Medicaid, SCHIP, and regional health and funding policies. These contacts are a good start to finding the answers to your policy questions.

*Indian Health Service (IHS) Area Offices*

[www.ihs.gov/FacilitiesServices/AreaOffices/AreaOffices\\_index.asp](http://www.ihs.gov/FacilitiesServices/AreaOffices/AreaOffices_index.asp)

IHS has 12 area office contacts that can answer questions about AI/AN health care and I/T/U funding and policy in the region. As with the CMS, these contacts may not be able to answer all your questions about local programs, but they can help you find answers.

### AI/AN Health-Related Agencies and Associations

*American Indian Higher Education Consortium (AIHEC)*

[www.aihec.org](http://www.aihec.org)

The American Indian Higher Education Consortium supports the work of tribal colleges and universities (TCUs) that serve AI/AN populations.

*Association of American Indian Physicians*

[www.aaip.org](http://www.aaip.org)

The Association of American Indian Physicians promotes education in the medical disciplines, honoring traditional healing practices and restoring the balance of mind, body and spirit.

*Centers for Medicare & Medicaid Services Information on American Indian and Alaska Native Medicaid Beneficiaries*

[www.cms.hhs.gov/AIAN/](http://www.cms.hhs.gov/AIAN/)

This section of the CMS Web site provides information about the administration of CMS's programs on behalf of AI/AN people.

*Index of Native American Health Resources on the Internet*

[www.hanksville.org/NAresources/indices/NAhealth.html](http://www.hanksville.org/NAresources/indices/NAhealth.html)

This is an extensive listing of Internet resources, including general health care Web sites, information useful to teachers, Web sites dealing with specific Indian health issues, Indian health boards and centers, and additional health care-related organizations and Web sites.

*Indian Health Service (IHS)*

[www.ihs.gov](http://www.ihs.gov)

The IHS Web site provides answers to your questions about Indian health policy and health care. It offers information about area offices, medical programs, customer service, jobs, scholarships and press relations.

*National Congress of American Indians (NCAI)*

[www.ncai.org](http://www.ncai.org)

The NCAI works to inform the public and Congress on the governmental rights of American Indians and Alaska Natives.

*National Council of Urban Indian Health (NCUIH)*

[www.ncuih.org](http://www.ncuih.org)

The NCUIH supports and develops quality, accessible health care programs for all American Indians and Alaska Natives living in urban communities.

*National Indian Child Welfare Association (NICWA)*

[www.nicwa.org](http://www.nicwa.org)

NICWA is a national voice for American Indian children and families. Its Web site has research, policy archives, outreach resources and technical assistance for Indian child advocacy.

*National Indian Health Board (NIHB)*

[www.nihb.org](http://www.nihb.org)

NIHB advocates on behalf of the more than 560 federally recognized tribes in the development of national Indian health policy.

*National Indian Women's Health Resource Center (NIWHRC)*

[www.niwhrc.org](http://www.niwhrc.org)

NIWHRC assists American Indian and Alaska Native women in achieving optimal health and well-being for themselves, their families and their communities.

*National Library of Medicine (NLM) - Native American Health*

[www.nlm.nih.gov/medlineplus/nativeamericanhealth.html](http://www.nlm.nih.gov/medlineplus/nativeamericanhealth.html)

NLM is the world's largest medical library that collects materials and provides information and research services in all areas of biomedicine and health care, including Native health.

*Native American Health Center*

[www.Nativehealth.org](http://www.Nativehealth.org)

The Native American Health Center helps tribes and AI/AN communities identify their social health needs and helps connect them to resources addressing their needs.

*Native American Cancer Research (NACR)*

[www.natamcancer.org](http://www.natamcancer.org)

NACR is a Native-owned, community-based, nonprofit corporation that works to reduce Native American cancer incidence and mortality and increase survival from cancer among Native Americans. They also provide resources for families with children who are diagnosed with cancer and how they can access SCHIP.

*Native CIRCLE*

[www.mayoclinic.org/nativeprograms/](http://www.mayoclinic.org/nativeprograms/)

The Native CIRCLE is a resource center providing cancer-related materials to health care professionals and lay people involved in the education, care and treatment of American Indians and Alaska Natives.

*Native American Research and Training Center (NARTC) - University of Arizona Health Sciences Center*

[www.fcm.arizona.edu/research/nartc/](http://www.fcm.arizona.edu/research/nartc/)

The Native American Research and Training Center was established in 1983 by the University of Arizona Board of Regents and serves as a national resource for Native American communities and for persons working with Native American populations, specifically those with chronic diseases or disabilities

*Native Health Database – University of New Mexico Health Sciences Center*

<http://hsc.unm.edu/library/nhd/>

The Native Health Database provides complete bibliographic information and abstracts on historical AI/AN medical and health research reports.

*Native Research Network (NRN)*

[www.aaip.com/nrnet/nrn.html](http://www.aaip.com/nrnet/nrn.html)

The NRN is a proactive network of American Indian, Alaska Native, Kanaka Maoli and Canadian Aboriginal people providing networking and mentoring opportunities, research expertise, sponsorship of research events, assistance to communities and tribes, and enhanced research communication.

*Tribal Connections*

[www.tribalconnections.org](http://www.tribalconnections.org)

Tribal Connections is a database of health-related resources for Native Americans and Alaska Natives.



## **Support Available from the *Covering Kids & Families* Communications Team**

This toolkit is only one part of the *Covering Kids & Families* Campaign to connect uninsured families to low-cost and free health care coverage programs. A wide array of communications resources and materials are available to order or download on the *Covering Kids & Families* Web site at [www.coveringkidsandfamilies.org](http://www.coveringkidsandfamilies.org), such as:

### ***Covering Kids & Families* Toolkits and Guides**

- Back-to-School Campaign Action Kit
- Engaging the Business Community Toolkit
- Evaluating Communications and Outreach
- Guide to Placing Public Service Announcements
- Guide to Working with the Faith Community
- Interfaith Toolkit
- Meeting the Match: A Guide to Fundraising
- Message Strategy Toolkit
- Reaching Latino Families Toolkit
- *Cover the Uninsured Week* Health and Enrollment Fair Planning Guide
- *Cover the Uninsured Week* State Guides to Finding Health Insurance Coverage

### ***Free Covering Kids & Families* Outreach Materials (English and Spanish)**

- Children's Health Coverage Bookmark
- Children's Health Coverage Flier
- Children's Health Coverage Lapel Sticker
- Children's Health Coverage Poster
- Online Photo Library

### ***Covering Kids & Families* Videos and Public Service Announcements**

- Public Service Announcements (available in English and Spanish)
- Back-to-School Campaign Spanish-Language Music Video
- Outreach Videos (available in English and Spanish)
- Accomplishments Video

### **Reports**

- Communications Strategies for SCHIP and Medicaid Retention
- Reaching Uninsured Parents: Insights About Enrolling Uninsured, Low-Income Parents in Medicaid and SCHIP
- Addressing the Barriers to *Covering Kids & Families*: A Values-Based Strategic Framework Research Report
- Retention Literature Review: Retaining Eligible Children in SCHIP and Medicaid

For more information about this toolkit or for more tips on conducting AI/AN outreach, contact the *Covering Kids & Families* Communications Team at (202) 338-7227 or via e-mail at [coveringkidsandfamilies@gmmb.com](mailto:coveringkidsandfamilies@gmmb.com).

## Overview of Outreach

This section provides essential information about outreach in AI/AN communities. It includes tips on how to conduct outreach by identifying and building partnerships, reaching out to the media, and working with tribes. It also provides an overview of key messages that resonate within AI/AN communities and a comprehensive checklist to assist you in conducting and evaluating your outreach efforts.

Understanding Outreach – Provides an introduction to conducting outreach in AI/AN communities, including the need for working knowledge of Medicaid and SCHIP in your area and an understanding of the local AI/AN culture.

Identifying and Working with Community Leaders – Helps you to identify and work with a well-known and respected elder, tribal chief, teacher, grandparent or other trusted member of the community.

Building Corporate and Organizational Partnerships – Outlines ways to build and engage your partners in your outreach efforts to reach families of uninsured children.

Identifying Outreach Opportunities – Helps you identify opportunities for reaching families through existing events.

Key Messages from AI/AN Research – Outlines the key research findings on perceptions of Medicaid and SCHIP among AI/AN families.

Tactics for Reaching Parents in AI/AN Communities – Helpful tactics for tailoring your outreach messages so they resonate with your target audience.

Protocol for Working with Tribes – Outlines protocol for working with tribes to ensure that you are respecting their traditions and conducting yourself appropriately.

Media Outreach and Promotional Materials – Tips on how to reach out to the media and create promotional materials from the templates provided to increase awareness of the issue and promote the availability of low-cost and free health care coverage within AI/AN communities.

Outreach Checklist – Provides a step-by-step checklist to help you plan outreach efforts in AI/AN communities.

## Understanding the Basics

Because many misperceptions about Medicaid and SCHIP exist, it is important that you are knowledgeable about health care coverage options in the AI/AN community, that you are familiar with the local entities that deliver health care services and that you have a general knowledge of the community and its history. If families try to enroll in a program based on inaccurate information, frustration levels could rise, the enrollment process might be abandoned and the children who need health care coverage might not get the health care they need.

The steps below will help you reach your goal of enrolling families and children in low-cost or free health care coverage programs.

### **Step One: Know Your State's Medicaid Program and SCHIP**

Each state administers its Medicaid program and SCHIP differently, so it is important to understand the application process and basic eligibility requirements for your state. For information on your state's Medicaid and SCHIP, visit the Centers for Medicare & Medicaid Services Web site at [www.cms.hhs.gov](http://www.cms.hhs.gov). Following are questions you should be able to answer about your state's Medicaid and SCHIP program before you begin outreach activities:

- What is the name of your state Medicaid program and SCHIP?
- What is the phone number that parents call when they need additional information?
- What is the application process?
- Is there a waiting list for the SCHIP program?
- What benefits are provided by the program?
- What providers are accepting new Medicaid and SCHIP enrollees?
- Do AI/AN families have to pay co-payments or premiums for the program?

A common occurrence within the AI/AN community is that adults “adopt” their grandchildren, nieces, nephews, cousins or neighbors and consider them spiritually part of their family. However, oftentimes the child is not legally adopted. According to SCHIP eligibility requirements as of March 2006, the adult enrolling a child into the program must be the child's legally adoptive parent or have legal guardianship over the child. However, this policy does not apply to Medicaid enrollment. It is important to understand this when informing people that they may be eligible for these programs.

### **Step Two: Learn about the AI/AN Community and Its History**

To better understand the uniqueness of the AI/AN community, first locate the community's children's health leaders. Introduce yourself and listen to what they tell you. You may encounter a sense of mistrust of outsiders. This mistrust is based on historical events. Be aware of the tensions that remain and stay abreast of current controversies. While these controversies may not be relevant to health care, they may still affect a family's desire to participate in a government program. Bringing cultural sensitivity to your work is critical to conducting successful outreach and building trust with AI/AN families.

### **Step Three: Prepare the Players and Communicate with Colleagues**

Inform state agencies and providers that might be affected by your outreach work. Will your local eligibility determination office be prepared for the influx of applications that may result from your outreach efforts? Have you been in contact with the administrators of the IHS, Medicaid program and SCHIP in your state? Never assume that your colleagues know about, or can handle, families wanting to enroll. Make sure they know what you are doing and can handle additional applicants.

A common experience when AI/AN parents apply for Medicaid or SCHIP is that the agency assumes they have full health care coverage through the I/T/U system. The agency might then incorrectly deny the family's application, which affects the trust level between the tribal community and the agency. It is important to make sure state agencies know that you are beginning this outreach campaign to AI/AN communities. You must also make sure that they inform state eligibility workers that AI/AN families are in fact eligible, even if they receive services through the I/T/U programs.

### **Step Four: Stay Connected**

It is important that everyone involved in distributing information about Medicaid and SCHIP remain informed and educated about changes in coverage and program guidelines. Keep up to date on policy changes by staying in touch with the office that administers the Medicaid and SCHIP programs in your state.

## Identifying and Working with Community Leaders

One helpful way to earn the trust of a community and learn the protocols within a tribe is to identify and work with a community leader who has a specific stake in children's health care coverage and is familiar with AI/AN communities. Your leader should be a well-known and respected elder, tribal chief, teacher, grandparent or other trusted member of the community. Because people will already respect your leader, their support will carry great weight in the community and they will be able to open doors. If possible, work with more than one leader. The more diverse your team is, the more people you will reach. If you decide to approach members of a tribe, refer to Protocol for Working with Tribes in the [Outreach](#) section.

Following is a step-by-step approach for identifying and reaching out to one or more community leaders.

### Step One: Talk to the Community

To identify a leader, ask community members for the names of individuals who are community leaders with an interest in child health issues. Typically, there will be some commonality among the names provided. Following are suggestions on how to identify who the leaders in the community are:

- Ask the tribal health council who they would recommend as local AI/AN leaders for children's health care issues
- Attend an elders meeting and ask for their input
- Go to a local market or the waiting rooms of Head Start and Healthy Start programs and ask mothers who they feel are leaders on children's health issues

### Step Two: Reach out to the Leader

Once you have identified a leader within the community, invite them to participate in your outreach efforts using the template letters in the [Outreach Templates](#) section, or use the messages from the letters to help you prepare for a phone call to the leader.

The goal of the initial contact is to arrange a face-to-face meeting, whenever possible. Meetings are much more effective than phone calls or letters. AI/AN people value personal contact and are much less likely to respond to outreach by phone or written correspondence. Meet with the tribal leader in their community; it will help demonstrate your commitment and interest in their lives.

### Step Three: Prepare Your Ask

Once the leader has agreed to meet with you, prepare for the meeting. Their name carries a significant amount of weight within the community, and they can help open doors to others. It's important to make sure your ask is appropriate. Examples of ways they can help are:

- Inform you about events or meetings that parents will attend, giving you a chance to meet and greet or make a brief presentation, if appropriate
- Post information about health care coverage or keep it on hand, and let parents know whom to contact for more information

- Co-sign and/or distribute letters informing prospective parents that they may be eligible for Medicaid or SCHIP (See the template letters and event posters in the [Outreach Templates](#) section.)
- Introduce you to other leaders or potential corporate partners
- Review outreach materials and provide insight into the messages

#### **Step Four: Hold the Meeting**

During the meeting, you will want to build a rapport, explain why enrolling in Medicaid or SCHIP is beneficial to families and the AI/AN community, and outline how they can help. Following are tips for the meeting:

- **Dress casually and encourage your partners to do the same.** This will make you more approachable at an event and more comfortable in someone's home.
- **Listen carefully to the stories community leaders share with you.** When community members tell their stories, you are being honored with their "truths," so you should listen quietly and carefully. Do not interrupt to ask questions or talk over them. The latter is a contemporary communication pattern. If you are working with traditional AI/AN people (i.e., rural, reservation or urban), you should wait until they are finished before you respond to their story.
- **Respect their recommendations on how to move forward.** The leader may agree to introduce you to others or ask to do the meeting without your involvement. If your leader prefers to conduct discussions alone, be sure to prepare them for their meetings.

#### **Step Five: Follow up**

The leader has used their valuable time to speak with you. Show your respect by following up on the leads they give you, providing them with the information they requested, and helping prepare them for any calls or meetings they agreed to conduct. In addition, as you make progress with your outreach efforts, update them on new developments (e.g., corporate partnerships, increased enrollment, success stories, etc.).

#### **Step Six: Recognize and Thank the Leaders**

Thanking your partners can be as simple as writing individual thank you notes or giving them a certificate of appreciation. This recognition serves as a tangible and memorable way to acknowledge their efforts and lets them know that they are participating in an important cause. (See the template Certificate of Appreciation in the [Outreach Templates](#) section.)



## Building Corporate and Organizational Partnerships

Once you have identified children's health care leaders, you should consider reaching out to corporations and local organizational partners and asking them to participate in your efforts by making families aware of the availability of Medicaid and SCHIP. Partnerships allow you to reach more potential beneficiaries, and allow partners to provide useful information to their members, customers and employees. Additional benefits include:

- Raising community awareness about the issue of uninsured children
- Providing new communications channels and resources to reach eligible families with an important health care coverage message
- Gaining the trust of AI/AN families because they are hearing about the information from respected entities within their community

Every outreach opportunity is unique, and we encourage you to tailor your outreach efforts to fit your coalition's needs. Building successful relationships requires time, persistence, creativity and enthusiasm. Here are the first steps in the relationship-building process:

### Step One: Set clear goals

Make sure that your goals fit with the aims of your coalition and the participating company. Encourage involvement in a way that makes sense in your community—a way that will spark interest, fulfill needs and match your coalition's goals.

### Step Two: Research and target the most suitable organizations and companies

Based on your outreach goals, determine which companies or organizations you should approach. You should tailor the template letters in the [Outreach Templates](#) section to approach the organizations/companies. Following are examples of organizations and businesses that have access to large numbers of families and may be willing to use their communications and marketing channels to reach families with important information about Medicaid and SCHIP:

- **Local IHS Clinics and Providers:** Talk to providers about the importance of accepting Medicaid and SCHIP patients and explain how increased enrollment can help expand services and resources for their communities. Ask if you can leave applications and informational packets at the clinic. You should plan to work with the I/T/U programs to provide training about SCHIP.
- **Local Businesses:** Local businesses are ideal partners because they interact with potentially eligible families within the community on a day-to-day basis.
- **Powwow Announcers:** Ask powwow announcers to disseminate information. They can distribute fliers or read public service announcements (PSAs) throughout an event.
- **Tribal Councils:** Ask to attend a tribal council meeting to discuss Medicaid and SCHIP enrollment with the leadership. Stress how Medicaid and SCHIP enrollment can improve IHS services and benefit the tribal community.
- **Tribal Health Boards/Committees:** Most tribal nations, health clinics, urban programs and organizations have a health board of some sort. Include them as partners in your outreach efforts.

- **Schools:** Teachers, parent associations and groups affiliated with schools that serve Indian children are a great way to reach parents of eligible, uninsured children.
- **Tribal Colleges and Universities:** Tribal colleges and universities are an excellent source of volunteers, expert advice and graphics/photos. In addition, many students and children of employees are potential enrollees.
- **Tribal Elders:** Tribal elders play an important role in AI/AN communities and enlisting their support will demonstrate to the community that Medicaid and SCHIP are trusted programs that benefit everyone.

### **Step Three: Prepare your Approach**

Remember you are working to better the lives of people in the community, which means everyone in the community should share an interest and want to be a part of your effort. Asking community businesses to use their marketing channels or donate materials for events offers them the opportunity to get involved and show the community they care.

Before meeting with business or organizational leaders, determine how they could get involved. Ideas include:

- Hanging fliers on community bulletin boards in stores
- Distributing fliers about Medicaid and SCHIP at check-out counters
- Including information in e-mails and newsletters to their members or customers
- Hosting an enrollment booth so customers can apply for Medicaid or SCHIP
- Providing in-kind donations such as paper from the local office supply store, free printing from the local print shop to copy fliers, or soda and cookies from the supermarket for an upcoming informational meeting

See Identifying and Working with Community Leaders in the Outreach section for tips on how to prepare for a meeting.

For more strategies on conducting business outreach, download the *Covering Kids & Families* Engaging the Business Community toolkit at [www.coveringkidsandfamilies.org](http://www.coveringkidsandfamilies.org).

### **Step Four: Recognize Your Partners**

All partners, whether they are paid staff, volunteers, corporate partners or community leaders, need to be acknowledged and heard. Meet with your partners individually and as a group. Group meetings can stimulate creativity and promote camaraderie, while individual meetings give people a chance to voice personal concerns. Be respectful of their insight—it is an invaluable contribution to your efforts. Look for ways to thank them. In addition to sending a thank you letter and the certificate of appreciation, make sure to give them public acknowledgement for their participation. This could include recognition at a public event or an advertisement in a newspaper.

## Identifying Outreach Opportunities

While corporate and organizational partnerships provide opportunities for outreach, you can also be successful at reaching families by distributing materials at community events with large number of eligible families.

Attending both traditional and non-traditional community events that attract parents, grandparents and other guardians who make health care decisions is an effective, low-cost way of getting the message out.

Examples of community events to attend include powwows, tribal council meetings, tribal community college events, parent nights and other school-related events, job fairs, health fairs, sporting events, high school basketball and football games, and camps. Following are suggestions for identifying and attending community events where you can reach out to potential community partners and conduct outreach:

- **Make sure it is appropriate to attend the event.** Check with event organizers to make sure it is appropriate to attend the event. Events with a more ceremonial focus may not be the best place to speak to people about health care coverage. Typically, any event that includes “intertribal” in the title or description means that it is open to the public.
- **Be clear about the purpose of the events and meetings you organize.** If you are planning your own event, be upfront about the nature of the meeting. Do not bill the event as having a traditional Native focus when you will actually be discussing health care for children. Some non-Native people mistakenly use the term "powwow" to describe any type of gathering. Powwows are distinct Native celebrations, and the term powwow should never be co-opted to encourage turnout at an event. “Talking Circles” also have ceremonial protocols, and are therefore not likely to be an appropriate place for you to introduce your issue.
- **Publicize your event in many locations.** Publicize your event through newspapers, radio stations, schools, school bus stops, day care centers, libraries, grocery stores, general stores, gas stations, post offices and fast-food restaurants. Use the template fliers in the [Outreach Templates](#) section to advertise events and provide contact information for the local Medicaid or SCHIP office.
- **Be prepared for atypical events.** Native events are often atypical and draw large crowds. In many AI/AN communities, crowds gather to cut huge trees when they fall, people congregate to get hunting and fishing licenses, and day laborers assemble at “pick up” sites.
- **Sponsor an aspect of an event.** If possible, offer to sponsor a specific aspect of an event, such as providing food, transportation or entertainment. This will demonstrate a dedication to the community and show that you are willing to contribute. Typically, these types of sponsors are expected to disseminate information about their programs.

## Key Messages from AI/AN Research

Effective messages motivate people to act in a specific way. These messages can capture the interest of parents and serve as a gateway to enrollment.

The following studies provide insights on the perceptions of Medicaid and SCHIP among AI/AN families<sup>1</sup>. Please note that this research is designed to provide a starting point for developing messages for AI/AN families. However, it should be supplemented with your own knowledge and localized for the tribe with which you are working.

- A national sample of 2,888 parents with a child under the age of 19 in the house—including a sub-sample of 126 respondents in New Mexico who identified themselves as Native American
- A qualitative study of 114 two-hour, one-on-one interviews, 26 of which were conducted among AI/AN parents living in New Mexico, which is part of a larger study that is the basis for all *Covering Kids & Families* promotional messages, advertisements and communications

Following are a few key findings from the studies:

- Most AI/AN parents interviewed did not think that their children would be eligible for Medicaid or SCHIP.
- Most AI/AN parents did not want to enroll for several reasons:
  - Belief that enrollment is unnecessary because they can receive care from IHS or elsewhere
  - Concern that they will not receive quality care
  - Concern that enrollment requires too much time and paperwork
- When compared to the national sample, AI/AN parents were more likely to report:
  - Greater stigma attached to doctor treatment and social pressure
  - Higher reliance on clinics and emergency room care
  - “Cold” or “negative” feelings about Medicaid or SCHIP
  - Hesitancy to enroll their children in Medicaid or SCHIP
- Forty-four percent of AI/AN parents of uninsured children said they would be extremely or very likely to enroll in SCHIP if they knew they were eligible. This percentage is much lower than the percentage for Caucasians (60%), African Americans (80%) and Latinos (81%).
- Sixty-two percent of AI/AN parents of uninsured children said they would be extremely or very likely to enroll in Medicaid if they knew they were eligible. While this percentage

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<sup>1</sup> 2000 Research for *Covering Kids & Families* by Wirthlin Worldwide. [www.coveringkidsandfamilies.org](http://www.coveringkidsandfamilies.org).

is higher than the percentage for Caucasian parents (57%), it is considerably lower than the percentage for African Americans (84%) and Latinos (76%).

- AI/AN parents are less certain about whether or not they would enroll their children in Medicaid or SCHIP. This, in part, follows the higher level of confusion over government programs and IHS among these parents. It also connects with the greater concerns reported about treatment and stigma.
- AI/AN parents of uninsured children are more likely to enroll their children in Medicaid or SCHIP if they believe that the programs cover prescriptions and immunizations (83%), provide help for low-income families (75%), and offer an insurance card (68%). Less than half of AI/AN parents of uninsured children (46%) said they would be more likely to enroll if they knew they could apply for coverage over the telephone.
- In-depth interviews with AI/AN parents revealed their concern that Medicaid and SCHIP coverage might not give them access to quality health care.
- Consistent with the interviews of most parents, AI/AN parents have the desire to be a good parent and reduce the worry and stress caused by finances and children's health so they can be happy and experience peace of mind. However, these feelings of parental pride are more prevalent among AI/AN parents than those of other ethnicities.

In summary, these surveys and interviews with AI/AN parents indicate the following actions may increase the effectiveness of communications:

- Reinforce the importance of feeling a sense of pride and responsibility in caring for one's family.
- Discuss benefits, like prescriptions, insurance cards and how the program can help low-income families.
- Appeal to the strong desire to be a good parent and make thoughtful, informed decisions about their children's health care.
- Emphasize that enrolling a child in the program will give the family a sense of relief, and the child's health care will be one less thing to worry about.

As the research suggests, when formulating messages that will resonate with Native communities, it is important to understand that AI/AN parents have many of the same concerns other Americans have about raising their children. They want to provide their children with a loving and safe home, a good education, a safe environment and a good doctor. Addressing these concerns appeals to parents and serves as a good starting point for how to conduct outreach.

## Tactics for Reaching Parents in AI/AN Communities

While each community is distinct, *Covering Kids & Families* grantees conducting outreach in AI/AN communities have shared several messaging tactics they found to be widely effective. These include:

- **Focus on the tradition of healthy children.** Messages should reflect a rich sense of AI/AN traditions and strong, healthy families. It is important to invoke feelings of hope, rather than generating feelings of anger toward government or other institutions, or about tribal poverty. Messages that focus on the individual rather than the family are significantly less effective.
- **Emphasize respect for the wisdom of elders.** Trust in and respect for elders are universally shared values in AI/AN communities across the continent. By using multigenerational approaches (e.g., photos of grandparents caring for grandchildren, tribal elders as spokespersons, etc.), you can make tremendous gains building community interest and trust in your work.
- **Localize messages to create a strong connection.** Because vast differences exist among AI/AN communities across the country, it is important to tailor messages to address the specific concerns of each community. For example, if many children in a tribal community suffer from poor eyesight, messages on outreach materials might emphasize new eyeglasses as a benefit of enrolling in Medicaid or SCHIP. Localizing messages shows communities that they can trust you to understand their needs and demonstrates how this program directly affects the health of children.
- **Demonstrate how enrollment benefits everyone.** By showing how enrollment in these programs can directly benefit the health of the entire community, you can tap into parents' desire to better their community. Emphasize that enrollment in Medicaid or SCHIP offers supplemental coverage for services provided by I/T/U facilities and increases the funding that these clinics receive from the federal government. Try to get concrete examples from the clinics themselves. What will the Medicaid and SCHIP reimbursements for a baby's first two years of well-child visits pay for? Could the purchase of new equipment or delivery of additional services be attributed to these reimbursements?
- **Meet confusion head-on.** Another common misperception is that using Medicaid and SCHIP services absolves the federal government of its trust responsibility to provide health care to AI/AN communities. Make it clear that by enrolling children in Medicaid or SCHIP, parents do not absolve the federal government of its obligation. The services provided to the community may be expanded through these additional funds.
- **Calm concerns regarding health care provider choices.** Many parents do not realize that they can select their own health care provider as a Medicaid or SCHIP enrollee. Effective messages might appeal to a sense of parental pride and power by emphasizing that families can choose their own provider, including their current doctor at I/T/U



clinics. Find out which health care providers in your area accept Medicaid and SCHIP. Do not over-promote this option if there are few convenient providers.

- **Stress that working families and teenagers are eligible.** Many working parents mistakenly think that these programs are strictly for the unemployed. However, a family of four earning up to \$40,000 a year may be likely eligible. Also emphasize that Medicaid and SCHIP coverage is available to children of all ages, including teenagers. This addresses the misperception that the program is only for young children. For eligibility requirements for Medicaid and SCHIP in your state, visit the Centers for Medicare & Medicaid Services at [www.cms.hhs.gov](http://www.cms.hhs.gov).
- **Promote success stories.** Whether it is the ease of the application process, the efforts of a dedicated provider, or a child's health problems (and a family's financial crisis) averted through routine preventive care, sharing experiences is a wonderful way to add a human face to the issue of health care coverage. A success story is a valuable outreach tool. It can be used as the focus of a newsletter article, a way to expand a story or a method for gaining media attention. Download the *Covering Kids & Families* Back-to-School Action Kit at [www.coveringkidsandfamilies.org](http://www.coveringkidsandfamilies.org) for more tips on working with and selecting families to tell their stories.
- **Emphasize the urgent need for coverage.** Emphasize the urgent need for these programs in the community by using national and local statistics on uninsured children (see the fact sheet in the Introduction section.) Numbers often speak volumes and can motivate people to action. Explain the need and availability of preventive care. If families understand that Medicaid and SCHIP provide access to annual checkups, and that these checkups can greatly reduce the risk of serious illness, the likelihood that they will enroll their children in Medicaid or SCHIP increases.

## Protocol for Working with Tribes

It is important to understand the aspects of working with tribes in order to conduct AI/AN outreach. Tribal leaders rightfully feel you should understand their culture and traditions and respect the leadership within their community. Following is a suggested protocol for working with tribes compiled by the North Dakota Indian Affairs Commission (2005):

- Understand the unique relationship between American Indians, Alaska Natives and the United States government. It is a political relationship that is not based on race. The history of this relationship is relevant and important to understand.
- There are more than 560 federally recognized tribes, each with its own history, culture and language.
- Do not assume one tribe or one leader speaks for all. Take the time to find the key players in each community.
- Those you consult with might not be able to answer questions immediately. They may need to think about it and consult with others.
- American Indians object to being “consulted” or “studied” by people who have little intention of doing anything in response to their concerns. Be prepared to negotiate and to find ways to accommodate the tribe’s concerns. Be prepared to respond with reasons why their advice may or may not be followed.
- Meetings with tribal councils and tribal elders should, if possible, be conducted with officials at those same levels.
- Most tribal governments are not wealthy, and it may be difficult for tribal officials to attend meetings or exchange correspondence. In addition, tribal governments in general do not have a large support staff to handle meetings or follow-up.
- Formal notices or invitations should be addressed to the tribal chairperson and/or the appropriate council representative or committee, with a copy to the tribal program director.
- Do not rely on written communications. Follow up on written correspondence with telephone calls, or in-person meetings.
- Traditional authorities often prefer face-to-face consultation to written communication. During negotiations, prepare to discuss all aspects of an issue simultaneously rather than sequentially.
- Respect tribal chairpersons and tribal council representatives as elected officials of a government, and refer to them by their appropriate title.
- Like all business relationships, honesty and integrity are highly valued. While a sense of humor is appreciated, serious, business-like behavior is appropriate.
- Shake hands when being introduced, meeting a person or departing. Be sure to shake hands with everyone in the room.
- If possible, provide refreshments and/or a meal during meetings. Doing this is important and appreciated.

## Media Outreach and Promotional Materials

To successfully increase enrollment in Medicaid and SCHIP, you should reach out to the media and create promotional materials to distribute to the community. There are templates for you to use in the [Outreach Templates](#) section. Tailoring and using these templates is an effective way to increase awareness of Medicaid and SCHIP.

You should incorporate Native languages and graphics whenever appropriate. This helps AI/AN families identify with the program and understand that it is a resource meant for them. Be sure to use simple language on promotional materials that will be understood by individuals with different educational backgrounds and reading levels.

### Reach Out to Newspapers, Radio Stations and Television Stations

You will want to conduct outreach to outlets that reach the AI/AN community so you can inform them about your efforts. Approach popular AI/AN media outlets such as newspapers, radio stations and television stations to inform them about the issue and ask them to promote outreach events in the community.

For a listing of AI/AN-specific media outlets, visit the Native Culture Web site at [www.nativeculturelinks.com/media.html](http://www.nativeculturelinks.com/media.html). To learn about other media outreach strategies and access other media templates such as press releases and drop-in articles, download the *Covering Kids & Families* Back-to-School Campaign Action Kit at [www.coveringkidsandfamilies.org](http://www.coveringkidsandfamilies.org).

### Promote Radio Public Service Announcements (PSA)

Radio PSAs are typically 30- or 60-second clips aired on a radio station. They are formatted like commercials—partly because they must compete with commercials for the public’s attention—but radio stations donate the airtime for PSAs. The PSA script in this toolkit is “evergreen,” meaning that you can place it anytime during the year. If possible, tie the airing to an outreach drive or a community event.

A template PSA and cover memo are provided in the [Outreach Templates](#) section. You are encouraged to customize these templates to include the name of a specific clinic, important benefits to the community, and other pieces of information that will gain the attention of the listening audience. For more information on placing PSAs, download the *Covering Kids & Families* Guide to Placing Public Service Announcements from the *Covering Kids & Families* Web site at [www.coveringkidsandfamilies.org](http://www.coveringkidsandfamilies.org).

### Write Newsletter Articles

You can work with organizations that have strong connections with families in the community to include articles about Medicaid and SCHIP in their newsletters. A template newsletter article is in the [Outreach Templates](#) section of this toolkit. These articles can explain Medicaid and SCHIP, discuss why it is important for families to enroll, and present real-life stories of people who have had a positive experience with these programs. If the resources are available, you can also create your own newsletter to send to community partners which will increase the program’s visibility.

## **Design Newspaper Advertisements**

While they can be expensive, print ads in popular AI/AN newspapers can be an effective way to increase name recognition and public awareness of Medicaid and SCHIP. It may be possible to get newspaper space donated. Some of the larger AI/AN newspapers offer special health supplements once or twice a year and these are particularly appropriate times to purchase advertisements in those supplements.

## **Customize Fliers**

Sample fliers can be found in the [Outreach Templates](#) section. There is a simple, 8.5" x 11" flier that can be used to advertise a program or event and can be displayed or mailed. The templates can be printed in either color or black and white. No matter what flier you use, here are a couple of things to keep in mind:

- Be specific and include all pertinent information about your event, such as location, date, time and purpose. Be clear and concise. If a flier has too much text or is difficult to read, people will ignore it.
- Display fliers in locations frequented by families and caretakers of children, such as schools, doctor's offices, supermarkets, tribal offices and Laundromats.
- Customize the flier based on messages that are known to work.

## **Provide Giveaways**

Promotional items can be a useful way to grab people's attention at various events and leave them with a reminder to apply for Medicaid or SCHIP. Each item should have the name of the program on it and a contact number or address where families can get more information about enrollment. Ideas for promotional items include pocket brochures, Frisbees, key chains, water bottles, T-shirts, magnets, small toys, toothbrushes, hairbrushes, towels and coloring books (see the coloring page in the [Outreach Templates](#) section).

## Outreach Checklist

These questions outline the many components of outreach and can help you plan and evaluate your outreach efforts in AI/AN communities. The goal is to be able to answer “YES” to the following questions:

- Do you know the history and culture of the AI/AN community?**  
You don't need a degree in AI/AN studies, but an understanding of the federal government's relationship with AI/AN people is essential. You will also want to know about a few of the high and low points in the community's history. A familiarity with the community's customs and approaches to health care, whether traditional or conventional, will also prove helpful.
- Do you know your state's Medicaid program and SCHIP?**  
You don't want to over promote or undersell the importance of this program to the community. To set realistic expectations, gain an understanding of the following:
  - What is the application process?
  - Is there a waiting list?
  - What benefits appeal to the community?
  - Understand Medicaid and SCHIP matches. How could the I/T/U system benefit from Medicaid and SCHIP matches? Determine some concrete examples and show how Medicaid and SCHIP reimbursements benefit the entire community.
  - Are patients satisfied with the delivery of care from the I/T/U system?
  - Has the local clinic measurably improved care in recent years? Is wait time shorter? Are there more doctors?
  - Are there additional health care providers in the area that accept Medicaid and SCHIP?  
This knowledge can also be used to inform others.
- Have you developed background materials?**  
Once you have familiarized yourself with your state's program, create a fact sheet or reference guide that you can use when you meet with potential leaders and partners. The fact sheet should explain why health insurance is necessary, how it benefits families, who is eligible, that families are still eligible for services from the I/T/U system even if they enroll in Medicaid/SCHIP, and how to enroll children. In addition to developing a fact sheet, tailor the fliers and other materials that are provided in this toolkit so that they are ready for distribution.
- Have you established a relationship of trust?**  
Establishing trust is absolutely essential, but it takes time. Observe the community and listen to its members. Be sensitive to the protocols of working with tribes. Determine the most trusted advocates who will support your cause. Share your commitment to improving children's health with these members. Ask them to help you connect children to better health care coverage.
- Are you sensitive to personal information?**  
Health care is a very personal and emotional issue. Be supportive, and ask only for the information needed on the application. Make sure that applicants understand that you will keep this information confidential, and provide them with a copy of their application upon

completion. Make sure outreach workers and others are trained and understand that they must also keep the information confidential.

- **Have you localized your outreach efforts?**  
Talk with parents of AI/AN children. Find out what they want from health care coverage or what they appreciate about the program. Then determine what is applicable to your program and promote it! Take the tips and messaging from this toolkit and localize them. Observe what strikes a chord with community members and keep refining your approach.
- **Are you prepared for home visits?**  
Be courteous and respectful. Dress casually, as your audience will be dressed for home. Call ahead to confirm that it is still appropriate to meet with them. Some families prefer to meet you at another location such as an inexpensive coffee shop or local restaurant.
- **Are you following up with families?**  
Follow up with families to find out how they fared in the enrollment process. Satisfied customers will refer others. Here are a few things to keep track of:
  - Was their application approved? Are the children actually enrolled in the program?
  - Are they happy with the care their children are receiving?
  - Would family members be willing to share their story? Word-of-mouth testimonials work wonders.
- **Have you evaluated your outreach efforts?**  
Establish an anecdotal or database evaluation method. This information will help you promote your program to families, the media, potential funders and anyone who will listen. For more information on evaluating your efforts, download the *Covering Kids & Families* Evaluating Communications and Outreach guide at [www.coveringkidsandfamilies.org](http://www.coveringkidsandfamilies.org).
- **Have you said thank you to everyone involved and recognized their contributions?**  
Customize the Certificate of Appreciation in the Outreach Templates section for anyone who participated in your outreach efforts, including local businesses, schools, tribal leaders and any media outlets that were particularly generous in their coverage of your outreach efforts.



## Overview of Outreach Templates

This section contains templates that will save time and ensure that materials are on message. You are encouraged to make these templates fit your needs by adding information about your organization and your state's Medicaid program and SCHIP, including the hotline number, adjusting the content to the reading level of your audience and localizing it. Remember to fill in all brackets [XX] with your local information. The following are included in this section:

PSA Cover Memo – Introduces *Covering Kids & Families* and your efforts on behalf of AI/AN people to public affairs directors at radio stations.

Radio: 30-Second Script – Designed to be read in states with high numbers of AI/AN listeners to inform listeners about Medicaid and SCHIP.

Newsletter Article – Designed to be placed in newspapers that reach AI/AN families.

Cover Letters – Letters that will help open doors for meetings, presentations and other outreach opportunities. Adapt them to fit your needs and remember to print them on your organization's letterhead. Sample letters to the following audiences are provided:

- Tribal leader
- Parent
- Prospective business partner
- School principal, teacher or administrator
- Event coordinator
- Camp director

Certificate of Appreciation – An easy way to thank volunteers, partners and community leaders who help your efforts.

Template Flier – Designed to educate AI/AN families about low-cost and free health care coverage.

Template Event Flier – Use this flier to publicize enrollment events. If you do not have access to a computer, simply write in your information and photocopy it.

Template Business Card-Size Flier – An easy way for parents to keep your contact information handy. Put your information on the back and make two-sided copies, or have your volunteers write in their own contact information. After copying the template, use the dotted lines as a guide to cut out the cards and fold them along the edge of the picture.

Coloring Book Pages – Photocopy these pages and give them to kids with crayons to occupy their time while you discuss the program with parents.

**PSA COVER MEMO**

**[NOTE: REMEMBER TO PUT YOUR LETTER ON YOUR ORGANIZATION'S LETTERHEAD]**

**TO:** [PUBLIC AFFAIRS DIRECTOR, ORGANIZATION]  
**FROM:** [NAME, ORGANIZATION]  
**RE:** [CITY/STATE AMERICAN INDIAN/ALASKA NATIVE] Enrollment Drive for Children's Health Care Coverage  
**DATE:** [DATE]

Many [AMERICAN INDIAN/ALASKA NATIVE] children need health care services beyond what the [I/T/U] can provide and beyond what their parents can afford. Many of these children can get these services through [MEDICAID/SCHIP PROGRAM], but their parents don't realize their children may be eligible.

*Covering Kids & Families* is encouraging [STATE/CITY/COUNTY] parents of [AMERICAN INDIAN/ALASKA NATIVE] children to enroll in [MEDICAID/SCHIP PROGRAM]. [MEDICAID/SCHIP PROGRAM] provides [LOW-COST OR FREE] health care coverage to eligible children. By enrolling in [MEDICAID/SCHIP PROGRAM], [AMERICAN INDIAN/ALASKA NATIVE] children can get expanded health care coverage, and clinics can receive extra funding—money that can be used to provide better health care to families.

*Covering Kids & Families* is a national campaign to inform families whose children are uninsured that they may qualify for [LOW-COST OR FREE] state health care coverage programs. Please help us inform [AMERICAN INDIAN/ALASKA NATIVE] families about this important opportunity to improve the health care of their children [AND THEIR COMMUNITY] by reading the enclosed public service announcement. I will call you the week of [DATE] to schedule a meeting to discuss your interest in this effort and answer any questions you may have.

Thank you in advance for helping connect eligible, uninsured [AMERICAN INDIAN/ALASKA NATIVE] children to the health care coverage they need!

Sincerely,

[NAME]  
[TITLE]  
[ORGANIZATION]

Enclosure

## RADIO: 30-SECOND SCRIPT

Does your child need health care services beyond what the [I/T/U] provides? [MEDICAID/SCHIP PROGRAM] provides [LOW-COST OR FREE] children's health care coverage that includes [LIST BENEFITS AVAILABLE].

And through [MEDICAID/SCHIP PROGRAM], your clinic can receive extra government funding—money to help it provide better health care to families.

Many children covered by the [I/T/U] may be eligible—even those with two parents working full time.

To find out if your child is eligible, call toll-free 1(877) KIDS-NOW or [STATE/LOCAL HOTLINE NUMBER].

**Health Care Program Helps [AI/AN] Families Meet All Your Child's Health Care Needs  
Expands Services Offered Through [I/T/U]**

We all strive to be the most responsible, caring parents we can be. But barriers such as costly or inadequate health care coverage often block our path. While the [I/T/U] provides basic services to all families, many [AI/AN] children need health care services beyond what the [I/T/U] can provide and beyond what their parents can afford.

Now, there is help. Many AI/AN children can get services through [*MEDICAID/SCHIP PROGRAM*], but their parents may not be aware they are likely eligible. Medicaid, [*MEDICAID/SCHIP PROGRAM*] and the State Children's Health Insurance Program (SCHIP) work in partnership with the Indian Health Service (IHS), tribally-operated health programs and urban Indian health programs (I/T/U) to offer parents the coverage they need for their families. The I/T/U programs receive reimbursements from the federal government for each family that enrolls. This does not affect your ability to continue using your I/T/U programs.

By signing up for this [LOW-COST OR FREE] program, you are helping to create better services for the entire community.

Whether it's making sure that Jaylene has eyeglasses or that George can get a physical exam when it's time to try out for basketball, [*MEDICAID/SCHIP PROGRAM*] works in our community to ensure that we have the healthy, strong kids that are so much a part of the [COMMUNITY/TRIBE] tradition.

[IF YOU HAVE ACCESS TO A REAL FAMILY STORY FROM THIS COMMUNITY,  
INSERT HERE.]

Medicaid and SCHIP can help fill the gaps where IHS coverage ends. From eye exams to emergency surgery, [*MEDICAID/SCHIP PROGRAM*] may be the added protection your family needs. With such busy lives, it is great to know that we have ways to reduce the stress on our families and continue to help our community grow.

- [INSERT BRIEF INFORMATION ABOUT LOCAL INCOME ELIGIBILITY AND APPLICATION, INCLUDE LOCAL NUMBER AND ADDRESS].

## LETTER TO TRIBAL LEADER

**[NOTE: REMEMBER TO PUT YOUR LETTER ON YOUR ORGANIZATION'S LETTERHEAD]**

[DATE]

[FIRST NAME] [LAST NAME]  
[TITLE]  
[TRIBE]  
[ADDRESS]  
[CITY], [STATE] [ZIP]

Dear [TRIBAL LEADER],

We know that [COMMUNITY/TRIBE]'s greatest asset is our children. However, most of our children are not receiving the health care coverage they need. There are programs available to ensure that we have the healthiest children possible. But it can be difficult to get important information about these programs to every household. As a result, too many children remain vulnerable—without enough health care coverage.

Thanks to [*MEDICAID/SCHIP PROGRAM*], many families may be eligible for low-cost or free health care coverage. Unfortunately, many eligible families, both working and non-working, do not know that this type of coverage is available to them and do not know that these programs can benefit their local I/T/U clinic. This coverage is available in addition to coverage offered by [I/T/U, APPLICABLE PROGRAM]. Patients who access services covered by [*MEDICAID/SCHIP PROGRAM*] actually increase the range of resources offered by local clinics because those clinics are reimbursed by the U.S. government.

You are a respected leader within the [TRIBE] community. With your leadership, you can provide parents with information about these health care coverage programs and play a crucial role in helping to enroll more children in [*MEDICAID/SCHIP PROGRAM*]. I would appreciate the chance to meet with you to answer any questions and to discuss how we might work together on this important endeavor.

I will call you within the next week to follow up. In the meantime, I have enclosed a flier about these programs that you can distribute to your community. Please feel free to contact me at [PHONE NUMBER AND *E-MAIL ADDRESS*] with questions. Thank you in advance for your consideration.

Sincerely,

[NAME]  
[TITLE]

Enclosure

## LETTER TO PARENT OF ELIGIBLE CHILD/CHILDREN

**[NOTE: REMEMBER TO PUT YOUR LETTER ON YOUR ORGANIZATION'S LETTERHEAD]**

[DATE]

[FIRST NAME] [LAST NAME]

[ADDRESS]

[CITY], [STATE] [ZIP]

Dear [PROSPECTIVE APPLICANT],

Did you know your children may be eligible for low-cost or free health care coverage? We are missing out on an important service that could help our health clinics and give parents options for health services that we have not had before. Even if your family uses Indian Health Service programs, tribally-operated health programs or urban Indian health programs (I/T/U), your [CHILD/CHILDREN] might be eligible for [*MEDICAID/SCHIP PROGRAM*]. In fact, you can better protect your [CHILD/CHILDREN] by giving them this added new coverage.

Even if you are employed, your [CHILD/CHILDREN] may be able to get coverage that meets *more* of their health care needs. [*MEDICAID/SCHIP PROGRAM*] is provided through [APPROPRIATE OFFICE] to help families give their children the health care coverage they need.

To find out more about [*MEDICAID/SCHIP PROGRAM*], visit or call [APPROPRIATE CONTACT PERSON] in our offices at [ADDRESS AND TELEPHONE NUMBER]. We will help you learn about this health care coverage program and determine if your [CHILD/CHILDREN] are eligible. We can also help you complete the forms needed to apply.

There is nothing more important than the health and well-being of our children.

Sincerely,

[NAME]

[TITLE]



## LETTER TO PROSPECTIVE BUSINESS PARTNER

**[NOTE: REMEMBER TO PUT YOUR LETTER ON YOUR ORGANIZATION'S LETTERHEAD]**

[DATE]

[FIRST NAME] [LAST NAME]

[TITLE]

[NAME OF BUSINESS]

[ADDRESS]

[CITY], [STATE] [ZIP]

Dear [NAME OF BUSINESS OWNER OR CONTACT],

You want your employees and their families to have the best health care coverage possible. Healthy families make for active citizens and productive employees—all of which make for a thriving community.

Thanks to [*MEDICAID/SCHIP PROGRAM*], many of your employees may be eligible for low-cost or free health care coverage for their children. This coverage is available in addition to coverage offered by [*I/T/U, APPLICABLE PROGRAM*]. Medicaid and the State Children's Health Insurance Program (SCHIP) can increase the range of resources offered by local clinics by providing them with reimbursements. Unfortunately, many working parents do not know that this type of coverage is available to them.

By providing your employees with information about these health care coverage programs, businesses like yours can play a crucial role in helping to enroll more children in [*MEDICAID/SCHIP PROGRAM*]. I would like to set up a meeting to discuss how we might work with you on this important endeavor. I would also like to set up a time to meet with your employees, perhaps during lunch or another convenient time, to let them know what health care coverage programs they may be eligible for and answer any questions about [*MEDICAID/SCHIP PROGRAM*].

Should you wish to talk immediately, please contact me at [*PHONE NUMBER AND E-MAIL ADDRESS*]. Otherwise, I will contact you next week to schedule a time to visit with you. Thank you in advance for your consideration.

Sincerely,

[NAME]

[TITLE]

Visit the *Covering Kids & Families* Web site at [www.coveringkidsandfamilies.org](http://www.coveringkidsandfamilies.org) to access the Engaging the Business Community Toolkit for other business outreach tips.

## LETTER TO SCHOOL PRINCIPAL, TEACHER OR ADMINISTRATOR

**[NOTE: REMEMBER TO PUT YOUR LETTER ON YOUR ORGANIZATION'S LETTERHEAD]**

[DATE]

[FIRST NAME] [LAST NAME]

[TITLE]

[NAME OF SCHOOL]

[ADDRESS]

[CITY], [STATE] [ZIP]

Dear [PRINCIPAL, TEACHER OR ADMINISTRATOR],

We know that [COMMUNITY/TRIBAL NAME]'s greatest asset is our children. However, most of our children are not receiving the health care coverage they need. There are programs available to ensure that we have the healthiest children possible. But it can be difficult to get important information about these programs to every household. As a result, too many children remain vulnerable—without enough health care coverage.

Thanks to [*MEDICAID/SCHIP PROGRAM*], many families may be eligible for low-cost or free health care coverage. This coverage is available in addition to coverage offered by [I/T/U OR OTHER APPLICABLE PROGRAM]. Medicaid and the State Children's Health Insurance Program (SCHIP) can actually increase the range of resources offered by local clinics by providing them with reimbursements. Unfortunately, many eligible families, both working and non-working, do not know that this type of coverage is available to them.

By providing parents with information about these health care coverage programs, [NAME OF SCHOOL] can play a crucial role in helping to enroll more children in [*MEDICAID/SCHIP PROGRAM*]. I would appreciate the chance to meet with you to discuss how we might work together on this important endeavor. I would also like to attend a parents' night or other school event to meet with parents and let them know what opportunities are available and answer any questions regarding [*MEDICAID/SCHIP PROGRAM*].

I will call you within the next week to follow up. In the meantime, I have enclosed a flier about these programs that you can distribute to your community. Please feel free to contact me at [PHONE NUMBER AND *E-MAIL ADDRESS*] with questions. Thank you in advance for your consideration.

Sincerely,

[NAME]

[TITLE]

Enclosure

**Note: Remember to include a flier with information about Medicaid or SCHIP programs.**

## LETTER TO EVENT COORDINATOR

**[NOTE: REMEMBER TO PUT YOUR LETTER ON YOUR ORGANIZATION'S LETTERHEAD]**

[DATE]

[FIRST NAME] [LAST NAME]

[TITLE]

[NAME OF ORGANIZATION]

[ADDRESS]

[CITY], [STATE] [ZIP]

Dear [EVENT COORDINATOR],

[NAME OF EVENT] promises to attract a large portion of [COMMUNITY OR TRIBAL NAME] families. This event is a great venue to reach large groups of families with important information regarding their children's health.

A main concern for many parents is securing the health care their children need. Thanks to [*MEDICAID/SCHIP PROGRAM*], many families may be eligible for low-cost or free health care coverage for their children. This coverage is available in addition to coverage offered by [I/T/U, APPLICABLE PROGRAM]. Medicaid and the State Children's Health Insurance Program (SCHIP) can increase the range of resources offered by local clinics by providing them with reimbursements. Unfortunately, many families, both working and non-working, do not know that this type of supplemental coverage is available to them.

By providing families with information about these health care coverage programs, [ORGANIZATION] can play a critical role in helping to enroll more children in [*MEDICAID/SCHIP PROGRAM*]. I would like to set up a meeting to discuss how we might work together on this important endeavor. Perhaps our agency could set up an information table or speak briefly at the event in order to let the attendees know what opportunities are available and answer any questions regarding [*MEDICAID/SCHIP PROGRAM*].

I will call you within the next week to follow up. In the meantime, I have enclosed a flier about these programs that you can distribute to your community. Please feel free to contact me at [PHONE NUMBER AND *E-MAIL ADDRESS*] with questions. Thank you in advance for your consideration.

Sincerely,

[NAME]

[TITLE]

## LETTER TO CAMP DIRECTOR

**[NOTE: REMEMBER TO PUT YOUR LETTER ON YOUR ORGANIZATION'S LETTERHEAD]**

[DATE]

[FIRST NAME] [LAST NAME]

[TITLE]

[NAME OF ORGANIZATION]

[ADDRESS]

[CITY], [STATE] [ZIP]

Dear [NAME OF DIRECTOR],

This summer, [CAMP NAME] will be filled with children of all ages. While the children enjoy the [NAME ACTIVITIES ASSOCIATED WITH CAMP, SUCH AS SPORTS, THEATER, NATIVE ARTS/CULTURE], their parents' concern is that they remain healthy while taking part in all the activities you offer. Many children in our community do not have the health care coverage they need to participate in [CAMP NAME].

Thanks to [*MEDICAID/SCHIP PROGRAM*], many families may be eligible for low-cost or free health care coverage. This coverage is available in addition to coverage offered by [I/T/U, APPLICABLE PROGRAM]. Medicaid and the State Children's Health Insurance Program (SCHIP) can increase the range of resources offered by local clinics by providing them with reimbursements. Unfortunately, many families do not know that this type of coverage is available to them.

By providing families with information about these health care coverage programs, [CAMP NAME] can play a critical role in helping to enroll more children in [*MEDICAID/SCHIP PROGRAM*]. I would like to meet with you to discuss posting information about these programs in the camp office, attaching information to camp application packets or whatever you think is the best way to provide parents with information about enrolling in [*MEDICAID/SCHIP PROGRAM*].

I will call you within the next week to follow up. In the meantime, I have enclosed a flier about these programs that you can distribute to your community. Please feel free to contact me at [PHONE NUMBER AND *E-MAIL ADDRESS*] with questions. Thank you in advance for your consideration.

Sincerely,

[NAME]

[TITLE]



**[INSERT ORGANIZATION LOGO]**

**[INSERT ORGANIZATION NAME]**

RECOGNIZES

**[INSERT RECIPIENT NAME]**

THANK YOU FOR YOUR COMMITMENT  
TO THE HEALTH OF AMERICA'S CHILDREN



## Low-Cost or Free Health Care Coverage for Kids



# Cover Your Kids for *All* Their Health Needs.

Even if you can take your children to a clinic to see a doctor, extra services like eyeglasses or counseling can strain the family budget.

But now there's help. You can enroll your children in health care coverage programs that have more benefits and are low-cost or free for American Indian and Alaska Native families. These programs are for babies, children and teenagers. And if you enroll now, your clinic can get extra government funding—money to provide better health care to families.

Your children can also get care from other participating health care providers. Children covered through the Indian Health Service may qualify—even those with two parents working full time.

Call toll-free 1(877) KIDS-NOW to find out if your family is eligible for low-cost or free health care coverage.

**Call toll-free 1(877) KIDS-NOW**





## Cover Your Kids for *All* Their Health Needs.

DATE:

Type Date Here

TIME:

Type Time Here

PLACE:

Type Place Here

## Low-Cost or Free Health Care Coverage for Children

Learn about [*MEDICAID/SCHIP PROGRAM*], a [*LOW-COST OR FREE*] health care coverage program that can provide babies, children and teens with additional health benefits. And if you enroll now, your [*I/T/U*] health clinic can receive extra funding from the federal government—money to provide more health care services to families. If your children are not enrolled, they could be missing out.

With [*MEDICAID/SCHIP PROGRAM*], your children can be covered for:

[*LIST BENEFITS*]

[*X*]

[*X*]

[*X*]

A family of four earning up to [*INSERT INCOME LIMIT FOR SCHIP IN YOUR STATE*] a year or more may qualify.

To sign up, please bring the following items:

[*LIST ITEMS*]

[*X*]

[*X*]

[*X*]

Call [*STATE HOTLINE NUMBER*] or  
1(877) KIDS-NOW to find out more!



**Cover Your Kids**  
for *All* Their Health Needs.

Call now.  
1(877)KIDS-NOW. Toll-free.



**Cover Your Kids**  
for *All* Their Health Needs.

Call now.  
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**Cover Your Kids**  
for *All* Their Health Needs.

Call now.  
1(877)KIDS-NOW. Toll-free.

BUSINESS CARD-SIZE FLIER: The back of these cards can be modified with local contact information distributed to families. Print out this sheet, and put your contact information on the back. Make two sided photocopies, cut along the dotted lines and fold. Or, just simply write your contact information on the back before you distribute them.

Cover Your Kids for All Their Health Needs.



Call toll-free 1(877) KIDS-NOW

Cover Your Kids for All Their Health Needs.



Call toll-free 1(877) KIDS-NOW

## **Overview of Lessons Learned and Promising Practices**

One of the most important ways to learn how to conduct successful outreach is to learn from the experts. This section shares important lessons learned from outreach workers who have conducted outreach in the past. We hope these case studies help you avoid potential barriers to your success.

Lessons Learned – Compilation of lessons learned from health care professionals with expertise in AI/AN outreach since the inception of SCHIP in 1997.

Promising Practices – Highlights successful activities that outreach workers have planned in AI/AN communities that can assist you in planning your outreach activities.

## Lessons Learned

Outreach workers have learned a tremendous amount about what works and what does not work in conducting outreach within AI/AN communities. Following is a compilation of lessons learned from health care professionals with expertise in AI/AN outreach who spoke at the 2005 National Institutes of Health conference titled, “Taking Action: Health Promotion and Outreach with American Indians and Alaska Natives.”

### Qualities Needed for Working with Native Communities

*Cynthia Lindquist Win – Spirit Lake Dakota Nation*

- Cultural competence is best understood by direct interaction.
- Outreach workers should:
  - Be open minded
  - Have a sense of humor
  - Listen and be patient
  - Be flexible
  - Have good communication skills

### Outreach Approaches That Work

*Madeline R. La Porta – National Cancer Institute (NCI)*

*Rosemary Janiszewski, M.S., C.H.E.S. – National Eye Institute*

- Establish trust—listen more than talk.
- Start early and involve tribal representatives before planning, implementing or evaluating programs.
- Honor traditions about time and feelings about research versus tacit knowledge.
- Use a story-telling approach when delivering content—achieve balance.
- Be flexible and willing to assume tasks and roles that may not be completely in line with your expectations or experiences on similar efforts.
- Encourage the entire health team.
- Respect the community.
- Make a long-term commitment.
- Ideal areas/locations for outreach include reservation health clinics, schools, social gatherings, local radio stations and health fairs.
- Prevention and education are essential.
- Conduct outreach with an encouraging and positive tone.
- Implement a straightforward approach.

## **Understanding AI/AN Culture and Tradition**

*Rachael L Trach, M.P.H., C.H.E.S. – National Institutes of Health (NIH)*

- A sense of trust needs to be established and maintained.
- Assess the readiness of communities—capacity and infrastructure vary between communities.
- Consult and collaborate with a multidisciplinary team that can serve as a guide, resource and liaison from the beginning of the project through the end of the project.
- In order to do effective implementation, you have to have science-based, culturally appropriate tools.
- Technical assistance is essential in order to maintain the momentum of the project within the community.

## **Communicating with Natives**

*Jane DeMouy, Ph.D. – National Institute of Diabetes and Digestive and Kidney Diseases*

- Identify and use Native health care providers and spokespersons to convey messages. American Indians—like everyone else—want to hear health messages from people who know and understand their culture and ways of thinking.
- Learn Native values and respect them.
- Assume nothing. You may know science and medicine, but understanding how another culture thinks must be learned time and time again.
- Each tribe is different, so get to know the ones you are working with.
- Be a partner and a friend.
- Listen to what people say they want and feel they need.
- Empower people to help themselves—they want to contribute to their community's well-being.



## Promising Practices

These profiles highlight successful activities that outreach workers have planned in AI/AN communities and can assist you in planning your outreach activities.

### **Approaches to Urban and Rural Outreach – Washington Health Foundation**

For Emma Medicine White Crow, health and education outreach to Native communities was a life's work. Growing up in a small, rural community, Emma dedicated herself to improving her community's welfare, a commitment that she continued to fulfill in her adopted home of Seattle. Regardless of the setting, Emma emphasized the power of one-on-one outreach. The trust that an outreach worker builds with a family is invaluable. Even if enrollment in Medicaid or SCHIP is not successful, a parent will tell other family members and friends of your help and guidance. That "trickle-down" effect is the goal of all outreach and must be carefully cultivated.

To build relationships with families and communities, Emma looked for outreach workers who firmly believe everyone is entitled to good health and who want to help people achieve this goal. In rural communities, she looked for outreach workers with strong community ties.

In many cities, there are several "pockets" of Native people. These pockets can be just as close-knit and hard to penetrate as they are in rural settings. But there are many good channels to reach families that are potentially eligible for Medicaid or SCHIP. Emma found the following to be the most effective:

- **Gathering spots** – Gathering spots could include a community center, the IHS, a powwow or a potlatch. (Potlatches are held in the Pacific Northwest, Canada and Alaska. Both powwows and potlatches are celebrations with regalia, drumming, dancing and singing. Both are cultural celebrations, and sometimes religious.) Get to know the people who are in charge of these locations or events and tell them about your commitment to health care coverage for children. Ask if you can set up an information table or booth at the location or event. Once your participation is secured, recruit someone who the community trusts to help you staff the table or booth. When doing outreach at an event, staying afterwards to talk is important.
- **Indian education programs** – In addition to tutoring children, Indian education programs help connect families to important social programs. Determine who directs the program in your area by asking your school district. Get a copy of the program's calendar of events and agree upon when and where you can share information.
- **Major colleges and universities** – You can reach eligible teens, parents and family members through Native clubs and unions at major colleges and universities. Colleges are also a great source for recruiting volunteers.
- **Temporary labor agencies and food banks** – Through organizations like these, you can meet people in need of assistance. Many people turn to a temp agency first when looking for work.

*For more information about the Washington Health Foundation, visit its Web site at [www.whf.org](http://www.whf.org).*

### **An Emphasis on Training – Cherokee Nation of Oklahoma**

One example of how workers are prepared for office and field work to engage potential Medicaid and SCHIP enrollees is the Public Benefit Advocates (PBA) training program conducted at the Cherokee Nation of Oklahoma. The program informs trainees about all health care resources in the area, including specific Medicare, Medicaid and SCHIP requirements, as well as local health resources at churches and crisis centers. The PBAs leave the training prepared to answer any question a family might have, which cultivates trust between the advocates and prospective enrollees.

These trainings are designed to build the confidence of PBAs, making them more effective in the field. Sessions on multitasking, communications, personal safety, working with families and dealing with difficult clients prepare the PBAs for unexpected situations and, more importantly, help them prevent these situations altogether.

*For more information about the Cherokee Nation of Oklahoma, visit its Web site at [www.cherokee.org](http://www.cherokee.org).*

### **Giving the Message Away – Denali KidCare Project**

To promote *Covering Kids & Families*, Charlene Galang of the Denali KidCare Project in Anchorage, Alaska, started a Frisbee-throwing contest during the halftime period at a local basketball game. The Frisbees were labeled with both the *Covering Kids & Families* logo and Charlene's agency logo. The game's announcer emceed the "Frisbee Toss," providing information about the program and agency. The event increased local familiarity with the program and presented it as something positive, rather than just another insurance hassle.

*For more information about the Alaska Native Tribal Health Consortium, visit its Web site at [www.anthc.org](http://www.anthc.org).*

## Evaluating Your Outreach Efforts

It is critical that you evaluate your efforts to determine whether your outreach strategies and messages were effective in reaching American Indian and Alaska Native families. Then you can make adjustments to your outreach efforts depending on how successful they were and share lessons learned with other outreach workers.

For more tips and tools on evaluating your outreach efforts, download the *Covering Kids & Families* Evaluating Communications and Outreach guide at [www.coveringkidsandfamilies.org](http://www.coveringkidsandfamilies.org).

In addition to following the instructions in the evaluation guide, you should also:

- **Stay in touch with outreach workers and ask them for information on what is and is not working as they conduct outreach within Native communities.** As discussed earlier, one of the most effective ways to learn how to conduct outreach is to learn from the experts. Encourage your outreach workers to share the lessons they have learned and what outreach practices work best so you can implement them as part of your overall outreach strategy. Encourage them to fill out an evaluation form (see below) and use this information to enhance your outreach efforts.
- **Stay in touch with I/T/U and other health systems.** Ask if they can report the number of new patients enrolled in Medicaid and SCHIP or if they can report an increase in matching funds. Ask them to report the number of materials distributed or inquiries from parents. By working as a team with those most interested in seeing an increase in AI/AN enrollment, you may find new opportunities to recruit families into Medicaid and SCHIP.
- **Be observant and ask for feedback.** Look around the community. Are posters still up? Do brochures need to be restocked? Monitor how your time and materials are distributed. Does it indicate any success or the need for improvement? The community can also let you know if your materials are being circulated. Just ask. Again, the key advocates already working in the communities, like I/T/U clinics, tribal Head Start programs and schools, can be allies to help you track information.

## Outreach Evaluation Form

**Reporting Period:** \_\_\_\_\_ to \_\_\_\_\_

**Outreach Worker Name:** \_\_\_\_\_

**Location:** \_\_\_\_\_

Number	Outreach Activities to Track
	Number of one-on-one contacts/visits with potential applicants
	Number of Medicaid/SCHIP applications submitted
	Number of applications approved
	Number of referrals from families
	Number of families assisted in selecting a health care provider
	Number of families assisted with recertification

<b>Your Input and Ideas on Outreach</b>
Do families have easy access to our materials and activities?  
How can we increase this reach?  
Do people report seeing our messages? Are these people part of the target audience?  
Are there new ways to increase the presence of our messages?  
What works? What should we do more of? What is not effective?  

Thank you for taking the time to fill out this evaluation form. By answering these questions, you will help us improve our outreach efforts and improve the health care coverage of our community's children.

covering kids<sup>™</sup>  
& families

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