Engaging American Indian and Alaska Native Medicare Beneficiaries: Senior Medicare Patrol Toolkit

Prepared by International Association for Indigenous Aging

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Chapter 4: Conducting Outreach with AI/AN communities

Challenges and Barriers

Working with AI/AN communities to address Medicare fraud must be done with cultural sensitivity and collaboratively with the community. Challenges face organizations wishing to work with AI/AN communities in preventing Medicare fraud. These challenges are grouped into three areas:

1. Lack of understanding about Medicare within the communities,
2. Historical underpinnings of working with AI/AN communities, and
3. Cultural competency and health literacy.

It is important to note that great diversity exists in AI/AN cultures. Within communities, differences often exist between those who are more or less traditional in their approach to their Native American identity.

Despite the challenges they face, Native communities usually offer great strength and resiliency. Furthermore, family and community factors—including spirituality, traditional practices, and other cultural strengths—can and do offer opportunities to maximize the health and well-being of AI/ANs. Incorporating these factors will make programs and interventions more culturally relevant and successful.

Historical Underpinnings of Working with AI/AN Communities

Historical events with lasting repercussions create complex issues that must be acknowledged and understood when working with AI/AN communities. Historical relationships with the federal government and with the U.S. health care system have engendered a large degree of mistrust. Key themes of these historical underpinnings include the trust responsibility of the federal government toward AI/ANs.

The federal trust responsibility stems from sovereign tribes ceding lands to the U.S. government in exchange for certain protections for individuals, including health care, which constitute the trust. This is the basis for federal funding of health care and education programs for Indian Country. Many breaches of this trust responsibility have occurred throughout history, and there are still unresolved issues about tribal sovereignty.

It is a challenge to overcome the historical underpinnings of AI/AN communities. However, some strategies are available to help support the successful implementation of a Medicare fraud prevention program. A key component is seeking to develop a collaborative, trusting, long-term relationship—not
simply to conduct a project that will end in a few years. Experience has shown that interventions, when introduced effectively, tend to continue in the community long after funding and technical assistance ceases.

**Cultural Competency and Health Literacy**

Cultural competency based on key audience insights is essential to an effective outreach plan, including its execution and evaluation. Effective delivery of health communications to elders depends on understanding the audience, earning trust, building effective partnerships, and identifying the most effective communications strategies and channels. Strong consideration should be given to:

- Understanding how community members view the world—especially regarding health—from a cultural perspective;
- Considering culture early on and at every subsequent step of outreach and education;
- Seeking guidance and participation from people and experts who share the culture of the target population; and
- Partnering with trusted organizations and individuals who can help positively impact the outreach messages and materials.

**Most racial and ethnic groups face issues of health literacy. It is a major public health factor in eliminating disparities among minority populations, including AI/ANs.** As defined in Healthy People 2020, health literacy is the degree to which individuals have the capacity to obtain, process, and understand the basic health information and services needed to make appropriate health decisions.

Studies show that low health literacy is disproportionately burdensome on AI/AN people and also adversely affects the health care system. These factors make it critical for outreach messaging to remain simple, clear, and culturally relevant. During the message development phase, careful considerations should be given to readability, culture, and patient interaction with U.S. health care systems.

**Tips and Recommendations for Working with AI/AN Communities**

While the challenges in addressing Medicare fraud prevention may be complex, some strategies can work well, even in resource-constrained situations. As noted above, building trust and establishing rapport with the tribe’s leadership and elders sometimes remains a slow and time-consuming process. Knowing the local history of the community, its experiences with neighboring non-Native communities, and the tribe’s experience with both federal and state governments is important. Local variations and unique relationships exist, which are difficult to generalize.

**Confidentiality:** Native Americans, as a whole, have serious concerns about breaches of confidentiality within their communities. In general, many do not trust IHS to protect their confidentiality. In addition,
because communities can be very small, many people have relatives, friends, or acquaintances working in a clinic, which leads to the fear that those people will have access to confidential information and will breach that confidentiality.

Following, are a few important tips for working with Native American communities:

- Establish trust with and support from tribal leaders;
- Identify or recruit a community member to serve as the project’s advocate within the community and tribe;
- Conduct a needs assessment;
- Meet communities where they are;
- Fund or support agencies or community-based organizations with a proven track record in the community, and ensure that people from the community can provide services;
- Form collaborations with tribal departments and non-tribal agencies working on other health and social issues;
- Address confidentiality;
- Challenge assumptions about the cultural values of the community; and
- Address the concerns around misclassifying data.

The following table compares key difference in communication patterns between Natives and non-Natives:

### Table 2: Key Differences in Communication Patterns between Non-Natives and Natives

<table>
<thead>
<tr>
<th>Non-Natives</th>
<th>Natives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Demonstrating learning early; seeking to please</strong></td>
<td>Gaining respect through silence and observation at an early age</td>
</tr>
<tr>
<td><strong>Speaking to many people who give perspective to life; not needing to talk to those whom one is close to; companionship</strong></td>
<td>Conversing at length with those whom one is close to; watching and giving respect to those whom one does not know well</td>
</tr>
<tr>
<td><strong>Valuing conversation as a way to get to know others</strong></td>
<td>Valuing observation as a way of getting to know others</td>
</tr>
<tr>
<td><strong>Learning through trial and error</strong></td>
<td>Children listening and learning; not answering questions or demonstrating skills unless they know the answer or are adept at the skill</td>
</tr>
</tbody>
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Collaboration and community engagement compose the basis for conducting outreach in tribal communities. Community-wide participation fosters greater collaboration and coordination of services, engages partners in both the identification of and solutions to important community health concerns, and builds community capacity to improve health outcomes. Consider the tribal public health system, which includes all organizations, stakeholders, and partners responsible for assuring the health of a community. Each tribal public health system is different in terms of partners, their roles, and their levels of engagement. For tribes, Medicare education should not only be collaborative, but tribally driven. Tribal leaders, health professionals, and community members are concerned about particular health conditions, and the availability of resources and services to address them.

Partner engagement will focus on identifying and building mutually rewarding relationships with public and private partners who can help extend the outreach plan and mobilize stakeholders to learn more about Medicare and issues related to fraud and abuse.

The partnership strategy involves connecting with select regional and local organizations, such as nonprofit organizations, urban Indian centers, health care systems, public programs, tribal senior programs, and other community-based organizations. Partnerships that might also include local media outlets, radio stations, and other communication groups that reach the AI/AN community are encouraged.

<table>
<thead>
<tr>
<th>Non-Natives</th>
<th>Natives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Expecting to demonstrate knowledge</strong></td>
<td>Difficult meeting expectations of non-Natives due to their way of learning</td>
</tr>
<tr>
<td><strong>“Putting your best foot forward.” Presenting positive self-image and high hopes for the future</strong></td>
<td>Not accepting boasts, nor speaking of the future (which makes job interviews difficult)</td>
</tr>
<tr>
<td><strong>Interpreting Natives who are not boasting or speaking of the future as lacking self-confidence.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Communicating rapidly</strong></td>
<td>Thinking before answering, leading to longer pauses</td>
</tr>
<tr>
<td><strong>Requiring closure for courtesy</strong></td>
<td>Not requiring closure (e.g. may hang up at the end of a telephone conversation without saying good-bye)</td>
</tr>
<tr>
<td><strong>Preferring direct messages</strong></td>
<td>Preferring indirect messages</td>
</tr>
</tbody>
</table>
Grassroots engagement will encourage person-to-person contact at the community level. Research shows that family, friends, community leaders, and providers are trusted messengers who can positively influence audience participation. Grassroots engagement involves working directly with tribes to get the message out through a variety of communication channels and venues, including tribal websites, newspapers, tribal radio stations, newsletters, special events, churches, community health workers, private businesses, employment offices, tribal colleges and universities, and food distribution centers. Where possible, partners may play a role in supporting facilitated education, awareness, and outreach, which has proven to be effective in helping individuals learn more about health care services.
Chapter 5: Outreach Strategies and Tools

This chapter discusses outreach strategies and tools that can be used when working with AI/AN communities. A vital component of an outreach effort includes a plan that utilizes the current communications environment in a community, profiles the audience, understands the unique health system, and provides strategies, tactics, messages, channels, and evaluation.

The primary goal of the outreach strategy is to form the foundation for a multifaceted, culturally competent education campaign that resonates with AI/AN audiences who vitally need information on Medicare. Successful outreach implementation will help:

- Increase awareness and understanding about Medicare and services;
- Influence individuals to take action in learning more about available Medicare fraud and abuse issues;
- Address barriers to action;
- Forge public and private partners that extend message reach; and
- Measure outreach effectiveness.

Developing an Outreach Plan

Since every state and tribal community is different, it would be a great start to develop your own outreach plan for working with tribes in your area.

Remember: Keep it simple. You don’t want to derail your project plans by being overly ambitious. Forging new relationships with AI/AN communities takes time and a hands-on effort.

Step 1: Develop a Purpose

This is integral to establishing a basis for how your organization will address working with tribes and what is to be implemented through this plan. An example of a purpose is as follows:

“The purpose of this outreach plan is to identify communications strategies to effectively engage and inform tribal leaders, tribal health directors, and those involved with Medicare around the topic of Medicare fraud and best practices in preventing fraud.”

Step 2: Conduct a Quick Assessment

Take the time to get to a general understanding of the AI/AN population in your state. This will help pinpoint potential priority areas based upon population estimates, tribes, or communities. Utilize the “SMP Native American Project Outreach Assessment Form” in the Appendix to start your research. Conduct an internet search and identify a list of organizations in your state that are well established and that may have common interests or needs. You might start the assessment before identifying your
audience, and then continue after you’ve identified your audience. This assessment and research is a great task for a volunteer to undertake.

**Step 3: Identify an Audience**

Below, is a list of audiences who have been identified as being a part of the Medicare spectrum; however, this list may grow as you reach out to specific communities and find that they have others who may assist in efforts to educate the AI/AN community.

- Beneficiaries who receive MSN (i.e., those who use some tribal facilities or non-ITU providers)
- Beneficiaries who don’t receive MSN (i.e., those who use IHS facilities)
- Family
- Tribal Leaders
- Tribal Community
- Community Health Representatives
- Area Indian Health Boards
- National Indian Health Board
- Title VI Directors (ACL grantees working with elders in tribal communities)
- Tribal Health Billing Coordinators
- Tribal Health clinics
- Tribal Senior Care specialists
- Urban Indian health programs

Family and community play larger roles in most tribal communities and should be considered as primary audiences for SMP activities.

**Step 4: Customize the SMP Message**

The SMP message and materials utilized when working with AI/AN elders and their communities may need to vary somewhat from traditional messaging. The degree to which this is necessary will vary from one community to the next.

The majority of SMPs and those in the aging community believe the typical Medicare fraud awareness and prevention message will fail to resonate with most elders. Help elders make the connection between Medicare and the ITU system, and help them understand how Medicare losses directly and indirectly impact their local tribal health providers in incredibly complex ways. Further, be aware that the elders may feel antipathy towards Medicare as a Federal government program, given the history of unmet health care trust responsibilities.
Outreach strategies must take into consideration the general lack of understanding and awareness within AI/AN communities about health insurance, as well as Medicare. SMPs who don’t have significant knowledge or access to resources about Medicare benefits may want to consider partnering with an entity that can fulfill this function.

Other points to keep in mind when considering the SMP Messaging include:

- Emphasizing Medicare as insurance and the direct connection to the benefits to them individually as well as to their tribe;
- Personalize the implications of fraud and scams to them individually;
- Simplify the message and use plain language;
- Consider minimizing references to federal government programs in some communities, because of their lack of trust or other negative perceptions; and
- Consider methods that are typically less formal (talking circles vs. PowerPoint presentations).

For specific talking points, please refer to the accompanying SMP Brochure.

Be sure to invite your new community partners to review materials and invite their feedback before distributing them within the community or conducting presentations to ensure your message is on-target and will resonate.

Step 5: Utilize Information from Current SMP Outreach Practices

A number of SMPs have a successful track record of conducting outreach and partnering with tribes in their state. Examples of strategies that have been successfully employed follow.

North Dakota SMP

The North Dakota SMP has conducted outreach to tribal communities regarding Medicare fraud in various ways. Some of their methods include: hosting an exhibit booth or presenting at a tribal health fair, presentations to Tribal leaders, and attending powwows. These methods have been met with varying degrees of support and interest from the tribe.

Results

The health fair was the most favorable event to conduct outreach activities. This was most likely due to the audience’s willingness to hear health messages. Also, presenting to the elders was a success. Most outreach events will need to be planned in coordination with the community contact. North Dakota mentioned that conducting outreach at a powwow was not the best venue for educating elders, since most were not willing to participate in the activities. Most powwow events are celebrations related to traditional dances and ceremonies. To plan an outreach event at such an event, you would need the full support and direction of the tribal health care staff. Be sure to have the full support and buy-in from the tribal health staff before thinking of conducting an outreach event at any tribally affiliated event.
Future Plans
The North Dakota SMP has decided to move forward in creating a video on the importance of protecting your Medicare number. This video will be aired on GoodHealth TV in waiting rooms of medical facilities in all North Dakota tribal communities. This video, and the use of GoodHealth TV network in all Indian Health Service facilities, is a great way to reach the AI/AN community in your region.

North Carolina SMP
The North Carolina SMP has been able to conduct outreach to tribes in various ways. Some of their methods include: trainings for tribal health clinic or elderly care staff in Seniors’ Health Insurance Information Program and SMP materials; having “How to read your MSN” events; utilizing Senior expos for AAA region on the reservation; contracting with regional AAA staff to work with local tribal populations.

Results
The most successful method for the North Carolina SMP outreach occurred at the senior expo which had a large turnout of elders from the Eastern Band of Cherokee Nation. The senior expo was coordinated in conjunction with the states’ AAA region. They have also built a relationship with the tribe and the AAA to ensure that SMP materials will be promoted at all the events held on the reservation.

Future Plans
The North Carolina SMP recognizes the need for educating tribal health staff, community health representatives, elder care staff, and other advocates about Medicare and Medicare fraud. Educating tribal staff about Medicare and fraud issues will assist the tribe in saving money through reimbursements, as well as help prevent any fraud issues.

Alaska SMP
The Alaska SMP has used many different methods to conduct outreach to elders regarding Medicare fraud. They have met with Alaska Natives in Native communities at health fairs, employee health fairs, and military retiree health fairs. They partner with the Alaska Native Tribal Health Consortium to host Native elder talking circles about health topics including Medicare fraud. Depending on the varying degree of health knowledge, they tailor their efforts to meet each tribal community member on site.

Results
Depending on the community, each method was met with different levels of participation and acceptance. For their communities, many of the methods are dependent on the season and weather, due to the extreme winters and summers filled with subsistence activities. They have discovered that their outreach is seasonal (April, May, and September), and this should also be considered for other communities in the Lower 48, as well. Many Native communities have certain ceremonies throughout
the year that inhibit any outreach activities or events. It is advisable to contact each tribal community to make sure you are not overlapping any traditional holidays or events.

Future Plans
The Alaska SMP will continue many of their current outreach activities. They rely heavily on relationships with partners on the reservation or Native village. The messaging for Alaska Medicare issues is similar to other ethnic communities in Alaska (include non-natives, Koreans, Filipinos, Hmong, etc.). The Alaska SMP will continue targeting the best months of the year to conduct outreach to Native elders and other Medicare advocates. Since they continue to struggle with educating rural communities, The Alaska SMP will utilize Native community health advocates to bring the messages to the individual elders.

Step 6: Consider Outreach Methods
Below is a collection of outreach methods developed in consultation with SMPs who have attempted outreach to tribal communities. Your program might consider one or more of these approaches when developing an outreach plan.

Media only
Media-only methods are appropriate for states with SMPs who do not have a track record of tribal relationships (which are more cost-effective) or where tribal relationships are already effective to support efforts. Examples of media-only approaches include:

Information Dissemination
Use a variety of media channels to disseminate information and materials about tribal Medicare fraud issues. For example:

- Mail or deliver fact sheets and brochures on Medicare fraud to key tribal contacts;
- Create a culturally appropriate video with the SMP message and broadcast it in clinic waiting rooms;
- Post new materials online and publicize their availability to media outlets and social media channels, especially those connected to tribes in your region.

Earned Media and Social Media
- Earned media (in contrast to paid advertising) is outreach to reporters, producers, and bloggers that generates publicity, which advances the goals and objectives of a communications campaign. There is an opportunity to use social media channels such as Facebook, Twitter, and YouTube to publicize Medicare fraud trainings and webinars and draw attention to these issues.
- Assist tribal health departments in writing posts and tweets that can be shared by local tribal organizations.
Grassroots Outreach Efforts
Identify workshop and presentation opportunities at conferences and events for SMPs and other Medicare advocates to take SMP messaging directly to tribal leaders and other key stakeholders. Some possible venues include:

- Area Indian Health Board conferences,
- Other regional tribal health- or non-health-related conferences,
- Tribal health fairs or local events,
- Title VI Elder Nutrition program events, and
- Tribal senior and elder center events.

Tribal-specific direct approach
This method encourages a connection with health advocates within the tribe. First, connect with a tribal health advocate. For many tribes, this will include the tribal health care director, community health representative, elder care director, Title VI director, or other health advocates. These contacts will not only be helpful in setting up any outreach events or activities, they will be helpful in connecting you to other tribal leaders who many serve on health committees. Typically, when connecting with a tribal leader who advocates for health issues on the reservation or Native Village, you will have the opportunity to send a “Dear Tribal Leader” letter to address any activities you wish to coordinate with the tribe or tribal health center. This method may be more time intensive and will require a substantial long-term commitment towards building and sustaining relationships within the tribe.

Regional Area Indian Health Board approach
This method involves connecting with the IHS regional contacts or Area Indian Health boards (nonprofits), which serve that IHS regions tribes. These contacts could be valuable in reaching multiple tribes within your area. You may be able to use these entities as a vehicle to organize webinars or provide in-person training if the location allows.

Urban Indian Health Center approach
Consider this approach if your state or region has either an Urban Indian Health Center (see the maps) or a large urban Indian population that may be served by cultural, or other types, of urban Indian organizations. Many health centers provide services to people from different tribes around the country. Some cities may have community groups or other entities designed to focus on one tribal population that has relocated in large numbers to the area. Many of these organizations have large populations of elders or sponsor elder-specific activities. Working with urban Indian health organizations or centers will provide an opportunity to have elders or health advocates bring Medicare messaging back to the tribal members on the reservations or Native villages. Refer to the previous urban Indian section in Chapter 1 for background. Because there is not a single tribal entity or issue gaining access to reservations, this option may present a more stream-lined alternative.
Combination of media and direct approach
This method is appropriate for states where tribal approaches exist, although they may not be effectively established.

Conference approach
Depending upon the number of tribal communities in your state, you may consider convening a conference specifically for AI/AN advocates in your state. If you already sponsor an annual conference, you might consider extending an invitation to tribal health or elder advocates in your state. If the number of participants warrants, create a conference session or sessions, or invite participants to a working session geared specifically towards AI/AN populations.

Other large structured entities
Each tribe has multiple departments or agencies that work with elders and disabled tribal members. Be sure to connect with your tribal contacts to identify which agencies might be available to assist in providing outreach and education to Native elders. Some of the agencies that have been instrumental in providing various services to elder populations include title VI: Elder nutrition programs, the tribal housing authority, tribal health consortiums, non-tribal health clinics near reservations, AAA organizations, Human Services Departments, Tribal IHS Billing and Coding agencies, Tribal health organizations, etc. Many Senior Health Insurance Information Program (SHIIP) programs have established relationships within communities and may be able to provide an entrance for your SMP outreach efforts.

SMP Lessons Learned
Those SMPs who have conducted outreach to AI/ANs offered the following lessons learned on their experiences in forging relationships and attempting to create new partnerships:

- Connection with tribal elders can be challenging as an outsider.
- Building relationships with beneficiaries takes time and consistency.
- Eighteen months of integration grant funding is not enough to get established.
- Elders can be slow to comprehend anti-fraud messages due to complexity.
- It can be difficult to recruit volunteers because of tribal commitments.
- There may be a limited need to translate materials: elders rely on oral, not written, messages. (Check with the community.)
- Developing stand-alone media can be expensive.
- Turnover in tribal staff is frequent and can cause project restarts.
- Tribal events tend to be more informal than regular presentations, and have shorter planning cycles.
- Elders have many Medicare questions.
• Before conducting a presentation, understand tribal billing and health benefits, and be able to differentiate between people who receive MSNs and those who don’t.

**Step 7: Select and Implement Outreach Strategies**

If outreach to AI/ANs is new to your organization, you might consider testing the implementations of multiple strategies to determine which one is most effective within your state and within different tribes or communities.

There is a broad group of agencies and organizations that share the goal of improving Medicare in Indian Country who can advocate with tribal leadership (see Step 3: Identify and Audience for a list of partners). Utilize this list to connect with tribes or urban Indian programs. It is important to involve the tribe early in any plans. You may have to conduct outreach at the Tribe or urban program.

**Step 8: Consider Emerging Trends in Native American Media**

The media today are more fragmented than ever, and people consume media and messages when and where they want. People get their news and information from a variety of sources. There is less control over the message and there is more dialogue. These trends are also true for Native American audiences. Several other significant media trends will impact campaign effectiveness in Indian Country.

**Mobile Indian Country**

Many tribal lands, often located in rural and isolated areas, still lag behind in Internet broadband access, although efforts continue to help increase connectivity. Broadband adoption among AI/ANs is lower than other demographic groups at 43%, according to the National Broadband Plan and Telecommunications and Information Administration. Despite this, studies suggest that AI/ANs are adopting social media and other forms of new media at some of the fastest rates of any group. In 2009, Native Public Media and the New America Foundation completed a study on *New Media, Technology, and Internet Use in Indian Country* that found that AI/ANs are not only tech savvy, especially among younger age groups, but utilize digital multi-media and communication technologies at higher rates than normal groups. The study found that:

- 94% of tribes had their own website
- 84% of AI/AN respondents used the Internet several times a day
- 44% have used a social networking site
- 92% owned a cell phone
- 40% had a smart phone

The lack of broadband access has expedited the use of cell phones by Native people. Many Native people have moved straight to mobile Internet, accessing digital content through cell phones that do not require broadband connections (2012 Pew Research Study). While cell phone usage has increased significantly among AI/AN people, outreach strategies focused on engaging text messaging campaigns...
is still evolving, as issues of government intrusion and costs (mobile packages often include associated
text messaging costs) must be carefully considered. Native American news organizations are
increasingly responding to this media trend by concentrating on more mobile applications and digital
content, including storytelling.

News organizations in Indian Country are attempting to become more multimedia focused. Several
Native American outlets, according to the 2012 Pew Research Study, are building resources and
extending audience reach through partnerships, particularly with public television and public radio
organizations. This media trend reflects the need to deliver messaging across diverse platforms,
including online and through social media to forge partnerships with influential communications
partners and broadcast networks in Indian Country.

Health Center Communication Link
Another potential means of distributing health information exists in IHS or tribal health clinic waiting
rooms, where both patients and their families may spend significant amounts of time waiting for
appointments. Many clinics now cycle a variety of short, health-related videos on a continual basis,
resulting in good saturation among Native viewers. Wide-ranging networks featuring Native health
videos already exist, although costs for distribution remain high. Locally, it might be possible to create
a low-budget video for use at a single tribal health clinic.

Radio’s Effectiveness
Radio remains a strong medium for reaching Native American audiences, especially elderly populations
that reside in AI/AN communities. According to Native Public Media, there were 48 Native radio
stations in late 2011, a 45% increase from 22 in 2009. Television, although still popular with AI/AN
audiences, can be expensive. Newspapers still have significant influence with AI/AN audiences and
several regional and national print and online publications, including Indian Country Today, are widely
read in AI/AN communities. Outdoor advertising, including billboards, transit, street furniture, and
cinema, offers proven channels for effective message dissemination in Indian Country, too.

The current communications environment in Indian Country, similar to national trends, is evolving in
our increasingly mobile society. While traditional forms of media—including radio, print, and
television—remain influential mediums for reaching AI/AN audiences, digital media forms, including
multimedia and social media, present new opportunities to connect with AI/AN audiences.

Even so, AI/AN elders remain, perhaps, the least wired of all AI/AN age groups. Many still depend on
local or national Native radio broadcasts and television news for information. They are more likely to
access and pay attention to their monthly tribal newspaper than an Internet report.

Partnerships at local and national levels can help extend campaign messages and influence the
audience at the grassroots level where word-of-mouth plays an important role spreading the
messaging. Clearly, messages received from family, friends, health care providers, and the tribal community are the most credible and trusted sources of information.
7 Senator Ben Nighthorse Campbell, chair, and Senator Daniel K. Inouye, vice chair, Senate Committee on Indian Affairs, letter to the Senate Committee on the Budget, Feb. 29, 2000, as reported in Concurrent Resolution on the Budget, FY 2001, Report of the Committee on the Budget, United States Senate, Mar. 31, 2000, p. 188 (hereafter cited as Senators Campbell and Inouye, letter to the Senate Committee on the Budget, Feb. 29, 2000).
10 Ibid. p.4. The states with the largest Native American populations, in descending order, are California, Oklahoma, Arizona, Texas, New Mexico, New York, Washington, North Carolina, Michigan, Alaska, and Florida. The census identifies the four geographical regions as Northeast, Midwest, South, and West. Ibid.
11 In 1997, the Office of Management and Budget definition of American Indian or Alaska Native included the original peoples of North and South America, including Central America. Census Bureau, AI/AN Population: 2000, p. 8.
15 Urban Indian Health Institute 2004
20 Ibid


42 USCCR, A Quiet Crisis, Tables 2 and 3 of Chapter 3 (citing the Budget of the United States Government, Fiscal Year 2004, Historical Tables, Table 5.4, pp. 103–04).

43 Ibid

44 Ibid., p. IHS–27.