

# Out on the Frontier—Relationships Are Key to Rural Enrollment

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*By Guest Blogger*

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With less than six people per square mile, our service area in Montana is very rural. Officially the government classifies us as a “Frontier Area”; not a “Rural” one. We have 30,000 people spread over 9,000 square miles with two tribal nations. Our largest town has 11,000 people, and only one other town has a population over 1,000.

As you may already know, rural areas provide unique challenges and opportunities when talking about outreach and enrollment.

***Here is our recipe for success:***

## **Cultural Challenges:**

Two challenges we face are: the independent spirit of the rural communities and the desire for self-determination among Native Americans. In rural areas, business is conducted with people you know, face to face, and the idea of calling a stranger on the phone to talk about an issue as personal and complex as insurance isn't appealing. People are used to taking care of themselves or turning to their neighbor for help, not calling an outside group. So invite them to come by and talk with a neighbor. People want the information and help from someone they trust.

As Tribal Nations move toward self-determination, what's perceived as “more government” is not well received. A recent survey on our reservation revealed that 69 percent of tribal members felt that dependence on government “handouts” is barrier to their sovereignty. If you are in a similar situation, here are some tips:

- Talk about the Affordable Care Act (ACA) as an empowerment tool for tribal members that will give them the power to choose the level of health coverage they receive and where they go for treatment.

- Be aware of tribal customs, especially regarding healthcare and health coverage.
- Follow the proper channels when working with tribal entities. An organization's director may need approval from tribal elders or leaders.
- Investigate the appropriate party to initiate contact with. To identify the cultural barriers in your communities and develop a strategy to overcome them, you have to talk with the people you are there to serve, and listen to what they are saying.

## **Community Partnerships**

Forging partnerships with over 25 organizations has been key to our success supplying half of our enrollments since open enrollment on October 1st. To build these relationships, we took the following four steps:

1. Met with key stakeholders
2. Presented information about the ACA
3. Explained the role of certified application counselors (CACs), and
4. Shared how we could help their clients.

**The result:** Individuals from these organizations became comfortable referring their clients to us and opened doors for us to use their facilities and attend their events. These relationships have also opened the door to solid data on the needs of our community and how to effectively reach them.

**Our partnerships include:** governmental, social, health, private, tribal, educational, law enforcement, and faith-based organizations.

Community pride and helping your neighbor are values that run deep in rural communities. Making it personal, not political, is important. Make direct connections between the problems communities struggle with and how the new health coverage options made available by the ACA can help. For example, Montana has substance/alcohol use rates higher than the national average and a suicide rate 2.5 times the national average. We explained how the marketplace plans must cover substance abuse and mental health counseling. We made our own message: ***“This isn’t about politics, the ACA, or Obama, this is about being good neighbors with the health of our communities at stake.”***