Collaboration, Cultural Competence, and Communications

A "Culture Card" for Providers in Indian Country: Expanding on Success

ABSTRACT

With input from several Federal agencies, American Indian/Alaska Native (AI/AN) behavioral health professionals, and community members, SAMHSA developed a pocket card to enhance cultural competence among U.S. Public Health Service (USPHS) Commissioned Corps officers providing mental health services in Indian Country. The value of SAMHSA's *Culture Card: A Guide to Build Cultural Awareness: American Indian and Alaska Native* was so great that other Federal agencies, such as the Indian Health Service (IHS), the Centers for Medicare & Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) asked to distribute copies to their staff. The card's popularity beyond these internal audiences prompted SAMHSA to broaden distribution to nongovernment providers serving AI/AN communities in a variety of settings. Using multiple print- and Web-based channels, including those of collaborating Federal agencies, SAMHSA was able to distribute over 103,000 copies in 18 months. The Agency then leveraged its customer and distribution data, U.S. Census data, and business intelligence and geomapping software to learn the extent to which the *Culture Card* reached the organizations and geographic areas with the greatest need for the product. Review of State profiles and other data analytics reports suggested additional opportunities for outreach and distribution.

BACKGROUND

The USPHS Commissioned Corps deploys officers to American Indian reservations to respond to suicide clusters and other crisis events. Captain Andy Hunt was a USPHS Officer on such a deployment to respond to a mental health crisis on a reservation in the Midwest in 2005. While there, he observed that many of his fellow USPHS officers were unfamiliar with the complexities of AI/AN culture and were eager to seek assistance navigating the culture of AI/AN communities. Inspired by the compact format of the Marine Corps Intelligence Agency's Iraq Culture Smart Card, Captain Hunt set out to develop a cultural competence guide for USPHS officers to improve awareness, communication and the patient-provider relationship when deployed to AI/AN communities.

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COLLABORATIVE PRODUCT DEVELOPMENT

Hunt convened a voluntary work group of 12 people who represented multiple Federal agencies and AI/AN community representatives. This group would develop content for a cultural competency guide for USPHS Commissioned Corps officers deployed in AI/AN communities. The work group included:

1. Officers who could benefit from AI/AN cultural competence content, specifically non-Indians on deployment who needed to learn this information quickly and efficiently.
2. Officers familiar with USPHS deployments in Indian Country, who have collected their own cultural competence knowledge by working in the AI/AN communities.
3. Members of AI/AN communities and AI/AN behavioral health professionals.

Work group members collaborated in developing and drafting the content and circulated it for several rounds of feedback and edits. They were encouraged to solicit input and feedback from their peers, colleagues, and the communities they served. Once the final content was compiled, Hunt obtained permission to route it through SAMHSA's "Eliminating Mental Health Disparities" initiative in the Center for Mental Health Services (CMHS) to obtain funding and access to resources to have the product developed. After selecting the "Z-card" design for its ability to present a large amount of information in a small, portable format, prototypes of the *Culture Card* were shared with Tribal leaders at several SAMHSA Tribal Consultation Meetings, grantee meetings, and other government-sponsored events for additional feedback.

Indian Community Members

- Shannon Crossbear (Lake Superior Ojibwa)
- Carol Iron Rope Herrera (Oglala Lakota)
- Terry Cross (Seneca)
- Vicky Oana (Chamorro)
- Constance James (Turtle Mountain Chippewa)

Commissioned Corps

- CAPT Lemyra DeBruyn, Native Diabetes Wellness Program, CDC
- CAPT Andrew Hunt (Lumbee), Center for Mental Health Services, SAMHSA
- CDR Laura Grogan, Office of the Assistant Secretary of Health, HHS
- CDR Jean Plaschke (Lumbee), Center for Mental Health Services, SAMHSA
- CAPT Stacey Williams, Pediatric Behavioral Health Division, Walter Reed Military Medical Center
- CDR Betty Hastings, Emergency Service Officer, IHS Headquarters

There was an urgency to produce the card because of increased Commissioned Corps deployment to Indian Country due to suicide clusters, so the *Culture Card* was initially designated "for internal Federal use only" to pilot the product. Two-thousand copies were printed in January 2008 and distributed via word-of-mouth to SAMHSA, IHS, CDC, and other Federal agencies. The *Culture Card* proved to be very popular, and that initial inventory was depleted within two months. A second printing of 5000 copies was initiated in April 2008 with minor edits made after feedback from the Tribal Consultation Meetings, and those went quickly as well. Due to the high demand for the *Culture Card* and its broad application for both public and private health care providers, SAMHSA decided to obtain HHS clearance to expand awareness and distribution of the product.

STRATEGIC COMMUNICATIONS, MARKETING, AND DISTRIBUTION

After completing the HHS clearance process, SAMHSA reached out to its Federal partners for funding to print the *Culture Card* as SAMHSA did not have sufficient resources to print the card. CDC contributed funds to print more than 130,000 copies of the *Culture Card*. CDC reserved copies for their own use and copies were delivered to CMS and IHS to service their own distribution plans. SAMHSA's clearinghouse received 115,000 copies for public distribution in March 2009.

SAMHSA promoted the *Culture Card* through strategic use of its external communications channels.

Communications Channel	Marketing Effort
Email Marketing	SAMHSA sent a targeted eblast promoting the *Culture Card* to 21,000 email update subscribers who had elected to receive updates on disaster readiness and response, ethnic/minority populations, and mental health.
Conference Exhibits	SAMHSA's exhibits team endorsed and distributed the *Culture Card* at conferences related to AI/AN health, cultural competence, and disaster readiness and response.
SAMHSA News	SAMHSA published a full-page article about the *Culture Card* in the March/April 2009 issue of SAMHSA News.
SAMHSA's Web site	SAMHSA made the *Culture Card* available for order and download on its Web site.
Interagency Collaborations	CMS and IHS were given copies to distribute through their own channels. CMS was also given the native files for the *Culture Card* to adapt for their use, print additional copies, and distribute.

RESULTS

The *Culture Card* rapidly became one of the most requested products from SAMHSA, consistently ranking within the top ten ordered and downloaded CMHS publications. By the end of August 2010, 18 months after its public release, more than 103,000 copies of the *Culture Card* had been distributed, nearly depleting the entire stock. With just one month of projected stock remaining, SAMHSA and CDC funded the printing of an additional 400,000 copies.

In order to justify additional investment in printing, SAMHSA ordered an analysis of the product's distribution over its first 8 months to determine whether the product was reaching its targeted audience and to provide an estimate of future quantities needed. The analysis reviewed the types of customers requesting the publication and geographic distribution patterns. The analysis was limited solely to copies distributed by SAMHSA. The results of this analysis included:

- Fifty-eight percent of orders contained multiple copies, suggesting that the customer intended to share them with colleagues. The leading distributors were tribal organizations and Federal agencies, namely IHS, Department of Defense, Veteran's Administration, and Environmental Protection Agency. (Please see Exhibit **Distribution by Organization Type.**)
- While SAMHSA's core behavioral health audience received 61 percent of copies distributed to health care service providers, there was evidence of interest among other health care providers including hospitals, oncology centers, dialysis centers, and HIV/AIDS treatment facilities.
- States with the largest AI/AN populations had received the greatest number of copies; however, when volume was adjusted for AI/AN population, penetration was falling short of a targeted one copy per every 20 AI/AN individuals.

FUTURE COLLABORATION

Geographic analysis, leveraging customer and Census data, can be a valuable tool for targeting and prioritizing outreach to geographic regions for which there is the greatest benefit. This analysis underscores the importance of collaborations among Federal agencies and their partners such as State and local governments, community leaders, health care providers, etc.

- While penetration at the statewide level may be very high, an analysis at the county level may point to unmet needs based on population density. Collaborations with State and local partners who assist in distribution would inform whether certain gaps had been filled through other integrated efforts. For instance, in Minnesota, statewide penetration is strong, but there are counties with little or no penetration. (Please see Exhibit **Market Penetration in Counties with High AI/AN Population Density**.)
- Effective distribution strategies based on high-density population areas for AI/AN will need to take into account whether the area is rural or urban. For example, New York City has a large AI/AN population. However, reaching health care providers in those areas may require different approaches than, for example, eastern Oklahoma, where the AI/AN community comprises a much larger percentage of the total population. (Please see Exhibit **Market Penetration in Counties with High AI/AN Population Density**.)
- It is important not to overlook regions in which the AI/AN population, by comparison, is smaller. Less frequent interaction with these communities underscores the need for outreach and training regarding cultural differences for health care providers in regions such as the Southeastern United States. (Please see Exhibit **Market Penetration in Counties with Low AI/AN Population Density**.)

Distribution by Organization Type

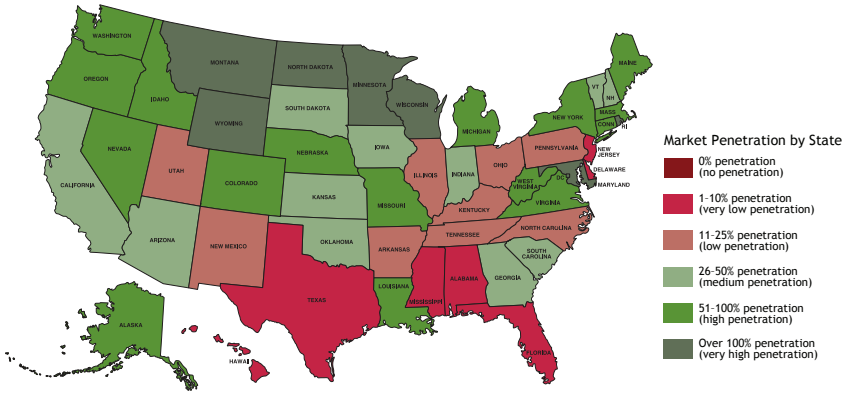
Organization Type	# Orders Shipped	# Copies Shipped	% of Total Copies	Median Copies per Order
Tribal Organization	187	9486	17%	50
Nonprofit Organization	246	9000	16%	6
Health care Provider/ Facility	514	7363	13%	3
Federal Agency	192	6430	12%	25
State Agency	189	5990	11%	5
Not Specified	602	5797	11%	1
City/County Agency	181	5389	10%	5
Academic Organization	325	5197	9%	2
Other	28	316	1%	1

Source: Pinnacle

There might be consideration given to expanding or creating new collaborations with agencies such as CMS and the Health Resources and Services Administration (HRSA) to reach providers beyond the behavioral health community that serve the AI/AN community. For example, we saw interest in the publication by dialysis centers. Knowing that the rates for end-stage renal disease (ESRD) are 1.8 times greater for AI/AN population than for Whites, according to the 2009 United States Renal Data System (USRDS) Annual Report, CMS could play a role in distributing or publicizing the Culture Card to providers since many with ESRD are Medicare beneficiaries.

AI/AN Market Penetration by State
(March 1, 2009 to August 31, 2010)

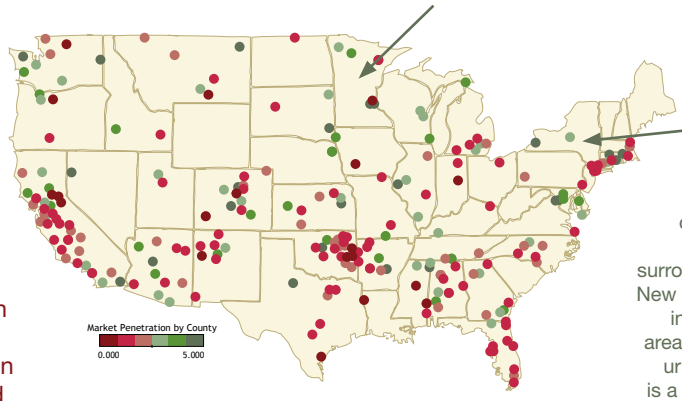
This map shows the market penetration of the AI/AN *Culture Card* by state. Target penetration was defined as one publication copy per 20 individuals of AI/AN descent. County population estimates are from the U.S. Census Population Estimates Program data, specifically "Table 1. Annual Estimates of the Population by Race Alone or in Combination and Hispanic or Latino Origin for the United States and States: July 1, 2004." The market penetration rate is the number of copies divided by the target penetration. To simplify the view, we grouped market penetration: 0=no penetration (0%), 1=very low penetration (1–10%), 2=low penetration (11–25%), 3=moderate penetration (26–50%), 4=high penetration (51–100%), and 5=very high penetration (100%+).



Market Penetration in Counties with High AI/AN Population Density
(March 1, 2009 to August 31, 2010)

This map shows the market penetration of the AI/AN *Culture Card* in counties with a population density higher than 3300 of AI/AN descent. Target penetration was defined as one publication copy per 20 individuals of AI/AN descent. County population estimates are from Census 2000, which provides the most recent population by race data at the county level. The market penetration rate is the number of copies shipped divided by the target penetration. To simplify the view, we grouped market penetration: 0=no penetration (0%), 1=very low penetration (1–10%), 2=low penetration (11–25%), 3=moderate penetration (26–50%), 4=high penetration (51–100%), and 5=very high penetration (100%+).

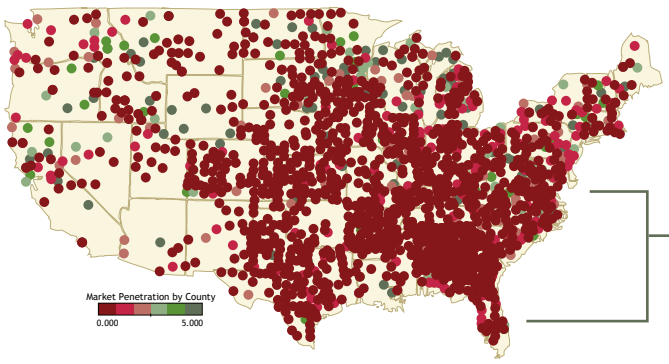
(Minnesota): On the state-level map, Minnesota is shown to have very high market penetration of the AI/AN *Culture Card*. However, an analysis at the county level reveals that there are counties with high AI/AN population density that have low to very low market penetration. This suggests an opportunity to collaborate with State and local governments and community-based organizations to ensure that the *Culture Card* is being distributed in those areas.



(New York): Statewide, New York is shown to have high market penetration of the AI/AN *Culture Card*. On a county level, there is a disparity between New York City and its surrounding counties and the rest of New York State. Market penetration in high-density AI/AN population areas is higher in rural areas than in urban areas. This suggests there is a need to customize promotional and distribution strategies for rural or urban populations.

Market Penetration in Counties with Low AI/AN Population Density
(March 1, 2009 to August 31, 2010)

This map shows the market penetration of the AI/AN *Culture Card* in counties with an AI/AN population density lower than 3300. Target penetration was defined as one publication copy per 20 individuals of AI/AN descent. County population estimates are from U. S. Census 2000. The market penetration rate is the number of copies divided by the target penetration. To simplify the view, we grouped market penetration: 0=no penetration (0%), 1=very low penetration (1–10%), 2=low penetration (11–25%), 3=moderate penetration (26–50%), 4=high penetration (51–100%), and 5=very high penetration (100%+).



(Southeastern U.S.): A large majority of counties in the southeastern region of the United States has low to very low market penetration of the AI/AN *Culture Card*. The southeastern region of the United States has a comparably more dispersed, low-density AI/AN population. In areas where there is less AI/AN population, the need for cultural competence information is more critical because providers experience less day-to-day interaction with AI/AN patients. This suggests there is a need to develop effective strategies for promotion and distribution in these lower AI/AN population density areas.