



# COVERAGE TO CARE & NATIONAL ORGANIZATION OF STATE OFFICES OF RURAL HEALTH RURAL WEBINAR

THURSDAY, AUGUST 8, 2024



Hello, everybody. Thank you all for joining us today for the Centers for Medicare & Medicaid Services Office of Minority Health, or CMS OMH, Coverage to Care Rural Webinar. My name is Jordan Romero, and I work with Ketchum, CMS OMH's communications contractor. I'm a Native American woman with brown hair, wearing a green sweater and glasses. Next slide, please.

Before we get started, we just wanted to provide a few accessibility features for this webinar. First, closed captions are available. To access this feature, go to the menu at the bottom of the screen and click on Captions, which will display another menu where you can select Show Captions. Selecting Show Captions will allow closed captioning to appear at the bottom of the screen. We also have ASL interpreters joining us for today's webinar. To access ASL interpretation, go to the menu at the bottom of the screen and click on the Interpretation icon. Under Watch, choose American Sign Language, and a video of the interpreter that you've chosen will appear on your screen. Next slide, please.

On this slide is the agenda for today's webinar. We'll begin with a quick overview of CMS OMH, our framework for advancing health care in rural, Tribal, and geographically isolated communities, and some of our rural health resources. Next, we will turn the presentation over to the National Organization of State Offices of Rural Health, also known as NOSORH, to discuss the role that NOSORH plays to improve access and the quality of health care for rural Americans. Following that, we'll give an overview of our Coverage to Care, also known as C2C Initiative. This will include an introduction to the program to those who are unfamiliar with its offerings and an overview of some of the initiative's resources. We'll then provide detailed instructions on using C2C resources and partnering with C2C, including the information about our C2C Community Connections Tour. From there, we will hear from one of our organizations that participated in the tour before concluding today's webinar with a Q&A session. That way we can answer any questions that you-all might have. I will now turn it over to Iris Allen from the CMS Office of Minority Health. Next slide, please.

Thank you, Jordan. My name is Iris Allen. I'm an African-American woman. I'm wearing my hair in a bun. I'm dressed in a blue top with some white beading. I'll begin today with a quick overview of CMS OMH. Next slide, please.

On this slide, we give an overview of the Centers for Medicare & Medicaid Services, or CMS, which is the largest provider of health insurance in the United States. We are responsible for ensuring that more than 160 million individuals supported by CMS programs like Medicare, Medicaid, Children's Health Insurance Program, and Health Insurance Marketplaces, can get the health care and health coverage they need to live a healthy life.

Our Office of Minority Health is one of eight minority health offices within the larger Department of Health and Human Services. We advise the entire agency on the needs of minority and medically underserved populations, including racial and ethnic minority communities, people with limited English proficiency, lesbian, gay, bisexual, transgender, queer, and intersex persons, persons with disabilities, persons who live in rural and frontier communities, Tribal nations, and geographically isolated areas, and persons otherwise adversely affected by persistent poverty or inequality.

On this slide, we list our mission and vision statement. Our mission is to lead the advancement and integration of health equity in the development, evaluation, and implementation of CMS's policies, programs, and partnerships. Our vision is to see all those served by CMS achieve their highest level of health and well-being, and to have eliminated disparities in health care quality and access. Next slide, please.

On this slide, we've included the CMS Framework for Advancing Health Care in Rural, Tribal, and Geographically Isolated Communities, which is a sister document to the Health Equity Framework. In alignment with the Framework for Health Equity, this framework supports CMS's overall efforts to



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advance health equity, expand access to quality, affordable health coverage, and improve health outcomes for all Americans. CMS's approach to operationalizing this framework over the next five years will be informed by ongoing public engagement as appropriate, and CMS will continue to monitor trends in health and health care that uniquely impact rural, Tribal, and geographically isolated areas.

Listed on this slide are the six priorities of the CMS geographic framework. The first priority area is applying a community-informed geographic lens to CMS programs and policies. The second area is increasing collection and use of standardized data to improve health care for rural, Tribal, and geographically isolated communities. The third area is strengthening and supporting health care professionals in rural, Tribal, and geographically isolated communities. The fourth area is optimizing medical and communication technology for rural, Tribal, and geographically isolated communities. The fifth area is expanding access to comprehensive health care coverage, benefits, and services, and supports for individuals in rural, Tribal, and geographically isolated communities. And lastly, the sixth area is driving innovation and value-based care in rural, Tribal, and geographically isolated communities. Next slide, please.

On this slide, we have some of the CMS OMH Rural Health resources and reports. On the left, we have Rural Health Disparities in Health Care and Medicaid -- and Medicare, I'm sorry, which was published this past November. This report provides a summary of the quality of care received by Medicare beneficiaries across the country. It highlights rural-urban differences in health care experiences and clinical care, how rural-urban differences in quality of care vary by race and ethnicity, and how racial and ethnic differences in quality of care vary between rural and urban areas.

In the middle, we have the rural, Tribal, and geographically isolated communities one pager that highlights the framework from the previous slide, specific CMS OMH rural health resources, various reports and publications aimed at rural, Tribal, and geographically isolated communities, and ways for individuals to receive the most recent information and address health disparities.

Lastly, we have the Advancing Health Equity in Rural, Tribal, and Geographically Isolated Communities, Fiscal Year 2023, Year in Review Report, which highlights how we are meeting our six priorities. Over the next five years, using reports like these we will continue to expand and adjust our data collection to improve health care in rural, Tribal, and geographically isolated communities. Next slide, please.

I'll now turn it over to Caroline Wroczynski from the National Organization of State Offices of Rural Health.

Thank you, Iris. Hello, everyone. Thank you for joining us today. I am Caroline Wroczynski, the Education Manager for the National Organization of State Offices of Rural Health, or NOSORH. Sorry. My camera did not go on. Apologies. I am a white female with long brown hair and pink hair, half braided, half down, and wearing a white and light blue button-up shirt.

NOSORH plays a crucial role in fostering leadership, education, advocacy, and networking opportunities for the 50 State Offices of Rural Health, or SORHs, and their stakeholders, all dedicated to enhancing health and wellness in rural communities. NOSORH enhances the capacity of SORHs to do this by supporting the development of state and community rural health leaders, creating and facilitating state, regional, and national partnerships that foster information sharing and spur rural health-related programs and activities, and enhancing access to quality health care services in rural areas.

At NOSORH, we recognize the value and value the power of collaboration. We encourage you to work with your SORH in your state, with NOSORH, and with each other to create meaningful changes and improve the lives of rural Americans. You can visit [nosorh.org](https://nosorh.org) for more information and for resources. Next slide, please.



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On November 21st of this year, we invite you to celebrate National Rural Health Day. Since 2011, NOSORH has set aside the third Thursday of November to celebrate the power of rural on National Rural Health Day. The National Rural Health Day is an opportunity to bring attention to the honor and incredible efforts of rural health care providers, communities, organizations, state offices of rural health, and other stakeholders dedicated to addressing the unique health care needs of rural America. You can find social media templates, webinars, logos, swag, community celebration ideas, and more at [thepowerofrural.org](http://thepowerofrural.org). You can also see past Community STARS from your state, and in November, you'll be able to see the Community STARS for 2024.

Thank you, and I'll turn it back to Ashley.

Hello, everyone. Thank you. Thank you, Caroline. So, I am Ashley Peddicord-Austin, and I'm with the CMS Office of Minority Health. And I have terrible timing to come off of mute. Excuse me for a cough. I am a white woman. I have my hair -- brown hair pulled back today and I'm wearing a pink blazer. And my pronouns are she/her. So, I'm sorry, would you please go back one slide, please, if you don't mind.

So, I wanted to give you an overview today of what Coverage to Care, is just for a little kind of general information. But we're going to talk through a few of our resources in particular to give you an idea if you don't already know C2C, what it is, what it has to offer, and then hopefully that gives you a better idea about what you can do within your own community.

So, Coverage to Care is meant for anybody, any type of consumer, any type of health coverage, any location. We try and keep things generic so that it can apply to anybody, but we also think a lot of people can use it and can identify themselves within the resources. In general, we try to focus on the primary care-preventative care, but that's really because we just want to make sure that people know how to access care, know where to go, and can stay connected for just regular ongoing services to stay healthy and get what they need. So, let's go ahead to the next slide, and then we'll start talking through a few.

So, this is the Roadmap to Better Care. You'll see the front cover picture here. There's kind of some mountains and city and different types of people and locations pictured in blue and green. And we see this as kind of our signature piece. It's the biggest, the longest, but it's also basically the soup to nuts of what is health coverage and what in the world do I do with it? So, we start with, "Why is this important in the first place?" There are eight steps to the whole thing.

Why is this important in the first place? Why do I -- why do I need to use health coverage, in talking about preventative care and trying to stay healthy, and then we get into key terms like what's a copay? What's a deductible? And knowing how to find those terms, but we also have the definitions for all of them and help give examples. And then we start getting into beginning care.

So, what is primary care versus emergency care, and where does urgent care fit into this? And we have a chart to help explain the differences and kind of a quick view. And then finding a provider who takes your coverage, making the appointment, and being prepared for the appointment. So, there's a reason that you're reaching out. Maybe it's truly just a preventative care because you haven't been in, in a while or you've moved or whatever the case is. But a lot of times there's something driving us to go see a provider. So, what is that?

Maybe you want to make notes about how you're feeling or thinking, and then making sure that you have everything else you need, the copay, the insurance card, any paperwork. But past that, what else do you need to do to get to the doctor? I know I need to take leave from work. I try and find a time that is going to work. So, I don't pick my busiest day, necessarily. And try and schedule when you can. A lot of times we don't have a choice. You get the first appointment is in four months and you take what you can. But if you



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can, plan ahead. Do you need to take leave? Do you need to arrange for a sitter? Do you need transportation? Making sure that you do whatever you can in that beginning to get you to the appointment. And that would help encourage people to really actively do it and be a part of their health care.

And then we walk them through knowing what to say, questions to ask, and following it up at the end. And this particular resource is available in 10 languages, and we also have a Braille version if needed. Let's go ahead to our next slide.

All right, very similar. But this is a Tribal version. So, we take that Roadmap to Better care and all those eight steps that I just walked through, add in the nuances that are specific to American-Indian, Alaska Native populations and those in Tribal communities. A lot of times people are working with Indian Health Service, so there's some differences, right? And there's some specifics. So, this one is written particularly for that population. And we're excited to say we actually just updated it.

We worked with some of our colleagues in the Division of Tribal Affairs, but also with their advisory committees and some of their outreach folks to make sure that we are doing what was needed and making updates not just to update links or anything of that nature, but to make sure it was resonating and being useful, and so that people felt like they were really included. So, you'll see that throughout this document now. Let's go on to the next slide.

All right, this is our other one that is very new. So, it has a very long name, but I've been calling it the Roadmap to Reentry; Returning to the Community: Health Care After Incarceration. So, for those who are leaving a jail or a prison, think about how difficult it is for any of us to get health insurance and figure out how to use it and go somewhere. As you can imagine, for this population, that's not exactly top of the list. So, it hasn't been a focus for a lot of grants and community workers, but it's definitely a need, and it's something that people have seen. So, we worked with our colleagues in the Department of Justice, Office of Justice Programs, to come up with this resource. And they had some grantees and some peer specialists and folks who had been through this, who helped and went through some focus groups and things, and they gave us ideas of what they would want to see, what should be included. We took all of that information to create this resource.

So, it's a similar idea to the Roadmap to Better Care in that it's: what is this? What do I do? What does this mean? How do -- where do I go from here? But it's particular to people who are leaving incarceration. So, thinking about those who are getting ready to leave or have already or just left, they're talking about a new health coverage, finding care. And a lot of times there is a, maybe physical, but also maybe a behavioral health concern that they want to keep continuing care. They might've had care for something in prison or jail, and then they want to keep that going. So, we do have this -- actually it says available in English and Spanish, but we actually have all the languages up now, so we're very excited for that. We had a whole webinar on this one yesterday, so if this is piquing your interest, we'll have that up on our website in the coming weeks. Let's go to our next slide.

All right, so we have prescription and telehealth resources as well. We have a lot of care management stuff, but we wanted to think more broadly about care management. So, this is where these two pieces kind of come in. So, prescriptions, we understand from a lot of people this is the number one thing you need the fastest, right? It's the thing that on, you know, it's always a Friday afternoon, right? And you look at the pill bottle and it's almost empty. So now what do you do? So we walk through how to help people understand the prescription part of their health coverage, listing out what are tiers, what are formularies, what does all of this mean, where does my prescription fit in here, how to read the label, and then just also talking about some of the other abilities that are offered to folks when they're filling prescriptions. That is available in nine languages. And it kind of just in general is helping people think through the coverage as well as the cost, making sure that people can afford their prescriptions.





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The piece on the right is telehealth, what's new for you and your family. We actually have two telehealth resources. This is the one that is for consumers, but we also have one that's for providers. Telehealth is super new, especially during the early COVID. So, we created these resources to help people understand the best things that it could be used for, all of the new eligibility and payments that were out there. So, there's two different ones with this, but there's one for families and one for providers. And people have been pretty excited about telehealth, both video and audio only. So, this is kind of a step-by-step of what is this and how do I use it. Let's go ahead to our next slide.

And these are our other, or some of our other, Chronic Care Management Resources. So, in the beginning of this overview, I was telling you that C2C, Coverage to Care, is meant for anyone, any type of health coverage. Okay, except for these resources. These are just Medicare. A few years ago, Medicare started paying for Chronic Care Management, and so these are written particular to those billing codes. So, they are for Medicare patients. A lot of dually eligible Medicare-Medicaid patients will also be able to use these and see the services. But, you know, just wanted to clarify, this isn't, like, general chronic care. The concepts, however, could be super useful if you're looking for something in that -- in those lines. But we talked through how a person with two or more chronic conditions can get out-of-the-office assistance from their health care provider. So, this is kind of some of that extra time that a provider might or their staff might spend coordinating care between different providers. This is actually paying for that service, so it helps the provider to get a little extra reimbursement for their time, but it also helps a patient who maybe has something complicated or needs to have different interactions between different providers and considering different prescriptions and who's prescribing different things.

So, these Chronic Care Management resources are available to help people understand what this is and how do I get started, and how do I talk to my doctor about it? Or if you're a provider, how do I talk to my staff about this and help explain what it is. All right, so let's go ahead to the next slide.

So, we have all of these resources. Now, what do we at CMS do with them? Well, we rely on you all, our trusted community partners. We remain a grassroots organization. So, I don't go direct to consumers. I go to partners, and I do webinars like this and find people who are out there needing resources and share what we have. So, we are here, hopefully, with the tools to assist you to make that a little bit easier. So, let's go ahead to our next slide and we'll show a little bit of that.

So, what in the world do we do if you want to start health coverage literacy with patients? A lot of times they bring it up, they're going to be confused about how to find their copay or how to read an insurance card or an EOB. And so, we have direct in the Roadmap things that you can hand to people to help explain exactly what that is. A lot of times the Roadmap is going to be a great starting place, whether they're asking questions like that or you maybe see a little bit of a confused face, you might be able to suggest "hey, here's a roadmap that can help you understand this health coverage and maybe it might be a good resource for you."

Usually, it's a good place because you can start wherever the person is in their health care journey. If they need to start right in the beginning of why do I need to bother with this, or they're at the end of what is an EOB, wherever they are, you can kind of use the Roadmap to jump in with them. But personalizing it, that's our last bullet on this slide, that really helps a lot. And that's why we want community partners to use Coverage to Care, because that can go and tell those consumers and it's government, big government, whatever. But if a person in their library or their health center or their church is telling them this information, they usually are going to pay a little bit more attention to it. So, that's why we want people to be able to personalize it. You might even know the person or you at least know the community. So, you can add in something there that will resonate a little bit better. So, let's go ahead to the next slide.



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We do have a few things to help. There's slides that walk through all of those eight steps of the Roadmap. We have partner toolkits, and this includes language that you can just copy and paste and put into an email or a listserv, print things out, whatever you like. We have some stuff available to order to print, not as much as we'd like but we're working on that. And anything that is out there from C2C is yours to use. You can copy and paste, you can plagiarize all you want. It is there for your use. And if you're not sure or you need some more tips, you can always send us an email or check out the Partner Toolkit to get a little bit of guidance.

And I should say we do have a Community Connections Tour, which is kind of our own work that we've been doing with our team to try and reach out to people directly to local organizations who maybe there wasn't C2C happening in their area or people who reached out to us with a little bit of interest and questions. And we've been able to work directly with people in communities in the last couple of years to help them host events, or for us to go ourselves to events. And so that work is always ongoing. And if you're interested and you want to hear a little more, you can send us an email at [coveragetocare@cms.hhs.gov](mailto:coveragetocare@cms.hhs.gov). And let's look at the next slide, just to get -- put a visual with this.

So, this will probably look familiar in some ways through the events, the tables, talking with people. You've probably done these yourself a million times. And then you'll see these are actual ones that we've done, because you'll see the roadmap is pictured in most of them. To date, we've been to 72 events in 14 states, and that's most of spread out across the country. Which is not bad, but it's been over 8,000 materials. So, you know, there's more to go. We go to the ones that we can, we try and connect with people, but as we do it, we want to make sure that you're learning about Coverage to Care and that you know how to talk about Coverage to Care and answer questions as well. So that's part of our goal for this program.

So recently we've been to Taos, New Mexico. We've been to Virginia for a Community Health Wellness Festival, a Black Maternal Health Expo in Huntsville, Alabama. And in Georgia, we got to go to the -- their Coalition for 100 Black women for their annual health fair. Those are some of the more recent ones. Summer is always busy of course, as you all know, with festivals and things. And then we look forward to picking up some more as the year goes and into next year. All right, so let's go to our next slide.

You can hear me talk about it, but sometimes it's a little easier to see it in action. So, this next part we're going to just share a pretty short video with you. And this talks about some of this exact Community Tour work that's been going on and how the organizations are actually using Coverage to Care. So, I'm going to go on mute so we can play the video.

Audio from Video Playing:

Amanda Woolley: Coverage to Care, or C2C, is an initiative developed by the Centers for Medicare & Medicaid Services to help people understand their health care coverage and connect to primary care and the preventative services that are right for them so they can live a long and healthy life.

Rudy Gonzales: We need to educate our rural areas around health care, around health insurance, around how to access their health care once they get it, how to seek out that care.

Tracy Naylor: The Coverage to Care program reaches out to many local community organizations to educate and help share health care information with their respective communities and within their states.

Odalys Avila: We use the different pamphlets and resources to explain to clients how their health insurance works.

Ever Hernandez: So, one of the biggest adversities we see is dealing with the language barrier that we have here in the community when we're helping our consumers trying to get into plans and Medicaid and



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CHP. Using our Coverage to Care resources and tools have helped us out a lot in trying to, you know, decide how we can explain it directly to them as we're translating to them.

Jehimy Proano: Being part of the Coverage to Care Tour has been amazing because we've been able to hand out these materials to people who have never had health coverage, who have never -- don't know what a co-payment is or a co-insurance or a deductible.

Ever Hernandez: We're explaining to them what premiums consist of, what the co-insurance is, as well as just what a--you know, an explanation of a benefit is once they actually select a plan. So these resources that were given to us by C2C has been really beneficial in this case.

Odalys Avila: When people are taking care of their health, making it a priority, the whole community is a healthy community.

Angela Brown Wilson: Coverage to Care really helps us to give them an advantage, which in the end gives our community an advantage.

Ashley Peddicord-Austin: Thank you. Thank you for playing that. And I'm always excited when the videos play on the first try.

All right. So, at this point, we are going to transition and turn it over to Paula Tsoodle from the Taos Pueblo Health and Community Services. And you've probably heard me list this as one of the groups who's participated in our Community Connections Tour, and can give us a little bit of the actual on-the-ground experience. Paula?

Hi. Go ahead and turn the slide. My name is Paula Tsoodle. I'm from the Taos Pueblo, which is a Tiwa-speaking Pueblo. In the furthest, it's the furthest Pueblo tribe nestled in the Sangre de Cristo Mountains. And it is close to the town of Taos, which is a multicultural rural community. There are 19 Pueblo tribes in New Mexico, but Taos Pueblo is unique for its architectural and multi-story buildings, as you can see. It is also a recognized UNESCO site because people are still living in our traditional homes that have no water or running electricity. And in this beautiful picture of my home, you can see the Pueblo hornos, you can see the drying racks here, our Sangre de Cristo mountains, which we love so much, and we treasure them.

I am from the Taos Pueblo Health & Community Services Division, and it is part of one of 15 Tribal programs under the Taos Pueblo administration. Health & Community Services Division oversees 12 other health-related Tribal programs such as community health, behavioral health, social services, special diabetes program, which is my program, transportation, victims advocacy, youth prevention, and youth services. The SDPI program, which is Special Diabetes Program Initiative, includes nutrition and fitness programs. We do fitness counseling, nutrition counseling. We set up programs, fun runs throughout the year. We have various amounts of different kinds of fitness classes. I have senior fitness classes three times a week, yoga classes, core classes, spin classes, a little bit of everything I believe in holistic health. And so that also includes working with the community to improve their diets. And our nutrition program does cooking classes with the local day school, the Bureau of Indian Education Day School Run. And they also do summer programs with the tribe. Next slide.

So as you can see, these are some of the runs that we've had, Run for Change. These are some of our youth workers and some of my co-workers that helped me because I'm a pretty small program. Nutrition has one staff member. Fitness has one staff member. And we serve our entire community and we serve all the age groups of adults, children, seniors. So it's a big -- we have to call upon other programs to assist.



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And the health issues that we face in Taos Pueblo are related to malnutrition. And the first time I looked at that, I thought malnutrition, we're not under nutritioned, but that is the actual terminology that refers to any form of poor nutrition. And it means that there are deficiencies that can lead to overweight and obesity as a result of negative social factors. And as a result of malnutrition, there's diabetes, heart disease, obesity, cancer, and there's also alcohol and substance use disorder as a result of generational trauma that has -- that is becoming more apparent or that we've started to understand more.

Because at one time in our native communities, we were forbidden by the federal government to speak our language, practice our traditions, and we were punitively punished if we did so to the point of lives were taken, arms and limbs were taken off. We were punished in schools for speaking our language, and many of the things that we treasure, like our hair, was cut off as well. And so, this resulted in a distrust of the federal government and of religious entities, and as a result, there was a lot of dysfunction in our communities as people and families attempt to deal with the trauma of eradication and complete change of lifestyle, diet and recognition issues. Native Americans moved from a sustainable lifestyle, hunting, gathering and growing their own foods from the earth to a radical change in lifestyle imposed by the US government, which led to dependency. Foods that were given to Native Americans were systematically used to destroy the people and culture.

For hundreds of years, we have been exposed to dependence on processed foods like flours, sugars, processed meats, along with other -- excuse me, along with other dangerous complex carbohydrates as we purchase in society now. So, we have become totally dependent on the supermarkets and getting our food in that way. And this has led to an unhealthy diet and has resulted in the issues listed in the presentation. Also, as a fitness specialist, the perception of modern exercise doesn't fit into our historical life cycle -- lifestyle, and it has been challenging to get community members to buy into the modern fitness. They view fitness as sustainable work, but the majority of community members do not practice sustainable living like hunting, gathering, and growing your own foods anymore. So, they understand that exercise is important, but it's hard for them to get into the gym and get on a treadmill, or go to a spin class, because it's something's foreign. And so, we have a challenge there. Next slide.

So, our C2C collaboration took place in 2023 and the Taos Pueblo SDPI Program worked with the CMS OMH promoting coverage to care, C2C resources, specifically the Roadmap to Better Care. The Tribal version that was helpful -- was a helpful resource manual for our Tribal members. There were three events in which we promoted the roadmap and other C2C resources.

The first one was in a picture on the bottom right, with the man with braids, and that was at the People of Substance Recovery Summit. And it was a collaborative event with the Taos Substance Abuse Agencies in Northern New Mexico where we handed out C2C resources to attendees. The second was for the Health of It Walk, which is this picture on top of that one. And it was to raise money for cancer support services hosted by the Taos -- by the Holy Cross Hospital. Taos Pueblo set up an informational booth to hand out C2C resources. Taos Pueblo Tribal members also participated in the walk itself, and we do this every year, where Health and Community Services helped to sponsor a group to walk. And then the additional event was at the CMS Health Summit, and that's the picture on the top left with the elderly couple, and then the man holding up, in the blue shirt, holding up the two papers. And this was at that CMS Health Summit where Tribal members could see the different health resources available in the community. We were able to interact with community members and help explain the benefits of the C2C resources.

The takeaway from this is the C2C resource books and materials are useful tools to navigate the complex health care system. The book helps community members become their own advocates for better health, if they take the time to study and use the manuals. I would like to see just like what we did today, presentations on hands-on sessions, how to understand and how to use the resources on an individual basis. We hand out the materials, but like you said, we don't know if people actually look at them. I look





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through them and I find them very interesting and helpful, but after that, what do people do with them?  
So, I feel like we need to do some follow-up.

And a lot of our community members pay for insurance but never use the PPWOs, and the C2C booklet could help them receive the services they need as it is quite a daunting task to understand and follow. And that's the end of our presentation working with the C2C booklet. Are there any questions?

Sorry, I'll go ahead and jump in there, Paula. Thank you so much for that presentation, and also a big thank you to Caroline, Ashley, and Iris as well. We really appreciate your insights. And now we are excited to open up the floor to your questions.

So, please utilize the Q&A feature. It's at the bottom of your screens. You just have to click on the Q&A button. It will make the Q&A box appear, and you can type in your questions, which will be visible to the host and panelists. And we'll select questions verbally during this portion of the webinar. So, I'm just going to go ahead and open that up as well, see if there's any questions. But while you-all type that in, I do want to -- I came up with -- I thought up a couple of questions as I was listening to the webinar. This one is directed more at NOSORH.

Caroline, what innovative strategies has NOSORH seen from different states that could be scaled up or adapted to other rural communities?

Caroline Wroczynski: Put me on the spot, because I know there's so many of what they're doing. I know -- I'm trying to think of one specific, and I know there's some SORH on here, and I don't want to call on any of you to do it. But I know they've worked on different ways of getting together with their communities and making sure that information gets out there, different ways of connecting with the people in their communities, which is also a really big issue of, as you know, to get that information out there and what information you can share and how they have scaled that out. There's different programs they've worked at with some oral health, working with different communities on that and building their way into different schools and working with those and getting that throughout there. And they've been able to build that out throughout their state.

Our community health workers, that is another issue that a lot of them have worked on, making sure they've worked with that because different states have different requirements, licenses for that, and how they have built upon that, getting that information out to folks, helping them figure out how to do trainings, getting the information out and educating legislators and other providers on what community health workers are and what they can do for that community. I just spent three months with all of our source, so I've got so many thoughts in my head. But they do a lot of different scaling abilities, or they're really good also at getting you in touch with different agencies that can help move you along, too. They're really good at getting that information out to you if you need to know how to access something or how to build it. And they also can help you build something out as well. A lot of them have had communities reach out to them, and they've been able to build off of from there.

Jordan Romero: Awesome. Thank you so much, Caroline. That was really helpful. Paula, you kind of touched on this a little bit in your presentation, but I was wondering if you could kind of go into a little bit more detail about a recent project or program that has had a significant impact on your community's health, and then kind of just explain a little bit on what made it successful and what made it resonate with the Tribal members in your community?

Paula Tsoodle: I do a running program with the Wings of America, which is out of Santa Fe, New Mexico, and I work with youth every year to -- because running is something traditional to Native people. And so you have to start with younger people, a new generation, to promote fitness and healthy physical activity. And so I feel like having this relationship, it's a running camp, two-day running camp, and they talk about

the history of Native runners, which we don't hear very often. And the Pueblo Revolt was so much a part of our history that I feel that this is a good way for our community members to remember the past and continue to work towards better health by walking. And they may not all be runners, but walking and running, because at one time our people didn't have transportation and they walked to town, which is a good two and a half to three miles. And so, this is one of the healthier initiatives. I have at least three to four fun runs a year. But one of the other things that kind of blossomed out of that was our Pueblo Crossroads Series. And this -- every summer, spring to summer, we would go to different Pueblos to participate and run and walk. And I felt like this had a very good impact in our Indian communities because we got to see other people moving and walking or running, and it was a very positive environment. And not only that, to go see Pueblo friends, neighbors and see what they're doing in their communities. So that would be my answer to that.

Jordan Romero: Thank you, Paula. That was really interesting to hear. Caroline, back to you.

What kind of things does NOSORH address, or how does NOSORH address the different -- the diverse needs of different rural populations, such as, you know, aging populations, indigenous communities, migrant workers. You did kind of touch on it a little bit, but wondering if you could explain -- expand on it a little.

Caroline Wroczynski: So, as you can imagine, each state has different needs with the rural communities of the makeup of who is in there. So, a lot of them, we will make contact with a lot of the departments in those areas to make sure they've got that communication. They share a lot of resources with each other of how they have been able to reach those populations and what they've done, so they can fold it into what they're doing in their state. So, like with North Dakota, with their work with the Tribal in their area, it's not going to be the same as in Oklahoma and how they work with their Tribal agencies, but they have a little bit of idea of how they were able to build that community and build that relationship with them, and then kind of implement it there. So that's one way that they've been able to address those different communities is by collaborating with each other and sharing. We have a lot of ways -- opportunities for them.

We try to provide as many as we can where they are able to share what they're working on and make sure we know what projects they are so they can make sure they're asking those questions to make sure we are hitting those communities. Because there's -- you've seen one rural community, you've seen one rural community. And so, it's just a matter of making sure they have the resources that they can use to -- utilize within their own state and make their own.

Jordan Romero: Yeah, that's definitely true. No two communities are alike, although I definitely see, like, where you can implement different things, you know, to kind of fit your own individual communities.

Caroline Wroczynski: Yeah. I was going to say, like, with South Carolina, they started a program a few years ago with -- it was just with community health workers, and it was towards maternity care in their community, and it was in the area where it had a high death rate. And through that system, it's very -- I won't take the whole 20 minutes to describe it but through their system they built on it. The community kind of is actually the -- a lot of the volunteers and a lot of the workers there now and their mortality rate went from really high to zero So, it's just a matter of just making -- seeing where they're at in that community and building upon that.

Jordan Romero: Yeah, exactly. Thank you, Caroline. That actually kind of made me think about something. So, what are some of the emerging trends in rural health that you're that you're seeing or focusing on for future initiatives? And this can be for both you and Paula, you know, any trends that you guys are seeing in health -- and future stuff.



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Caroline Wroczynski: I know right now, NOSORH, we are focusing on our maternal health, behavioral health. Those are two of the big ones that we're working on, and also health equity and making sure those go out. Those are kind of our focuses currently at this time. I mean, there's lots of focuses, like transportation and everything else, and veterans' health, but those are some of the top three that have really grabbed focus, especially with the maternity deserts that we're finding and the closed OB departments in a lot of our rural hospitals.

Jordan Romero: Yeah, gotcha. Thank you. Paula, anything to add there? Any emerging trends you're seeing within Taos Pueblo or New Mexico, or anything that you guys are focusing on for your future initiatives?

Paula Tsoodle: Emerging trends in Native American communities, we're moving towards pushing a more indigenous diet, living off the land, eating less processed foods, learning to cook in more traditional ways, stay out of, what do they call it, a 10-day series? We're hoping to launch a 10-day series on eating indigenous or eating at home rather than fast food, which has no nutritional value. So the trend in Indian country is to go Indigenous. Eat Indigenous is I think the program that I've heard about.

Jordan Romero: Okay, awesome. Thank you, Paula. Can I just see if we have -- oh, it went away. Oh, it was answered. There was a question in the chat asking, you know, about how long it takes to order resources and how long it takes to get approval for an account and product ordering. And that was answered by saying you'll get a notice of an email within three days once approved, you can order resources.

Ashley Peddicord-Austin: Jordan, I saw there were a few questions about ordering resources, so I feel like I'll just speak to that for a little bit. So, I think you had already put in the chat some, like the basic steps and the link.

So, if you order other CMS products like the Medicare & You book or smart face materials, that sort of thing, it's on the same website. Now, I will tell you, we don't print all of the resources, for various reasons. But the Roadmap to Better Care, which is the biggest, like, signature piece, sure, but also literally the biggest piece, is the one that we focus on printing and doing that in all of the languages. So, we try and make sure that that one stays in stock at least. There are some other ones as well, but they're a little bit random at this point of what's left in stock. So, I'm telling you that up front.

When you go to the website, if you want to create an account, if you haven't done this before, anyone can do that. If Jordan and Dante put in the chat, they say three days, but it's usually, like, three hours. It's usually pretty quick. And then -- but it is not automatic. So, if you didn't get it, like, immediately, it's not, like, one of those automated things. It's an actual person approving your account. So, you know, be a little bit patient with it. And then it's pretty much just like online shopping, except there's no credit card because you don't have to pay for anything. It gets shipped directly to you.

So, if you're looking to order the Roadmap in particular, that one hopefully you can find because we just did a big print order, so hopefully it's still stocked. But past that, if you're looking for a resource that is not offered in the product or website, you are welcome to print or download or email using our website, whatever you like and can afford to do. We recognize printing -- printed products are the hot commodity, so trust me, I know we're working on a longer term solution that will help hopefully to get more printed stuff out there. So, hopefully that helps. If you have any questions or for some reason the order is giving you difficulties, there is an email for the POW, but you can always email Coverage to Care, too, as we talk with them all the time. Thanks, Jordan.



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Yeah, thank you, Ashley, for going into a little bit more detail about that. I'll give you just a little bit more seconds to type in any other questions that you guys might have. So, but be it none, we can go ahead and go to the next slide. And if I see one pop up, we'll go ahead and answer it. Thank you.

So, on this slide we've included the various ways that you can stay in touch with us. If you'd like to learn more about C2C, please visit [go.cms.gov/C2C](https://go.cms.gov/C2C). You can also reach out to us directly at [coverage2care@cms.hhs.gov](mailto:coverage2care@cms.hhs.gov). And we also have a C2C listserv, which you can subscribe to for the latest news and updates. So, go ahead and go to the next slide.

All right, well, thank you guys all for joining us. Now that I see that there's no other questions in the chat, I do want to let you know that a recording of this webinar along with the slides and the transcript will be made available in the coming weeks, and we would like to thank you all for joining us. Thank you all so much. Have a good rest of your afternoon.