Outreach and Enrollment Strategies to Reach Rural Communities

July 31, 2018
1:00 p.m. ET
Agenda

• Introduction and Overview
• Working to Achieve Health Equity in Rural Communities
• Overview of CMS’ Rural Health Strategy
• Engaging Rural Audiences and Leveraging Partner Relationships
• Ensuring Access to Education, Physical and Mental Health Services in Rural Communities
• Increasing Rural Health Well-Being Through Community Engagement and Targeted & Timely Resources
• Campaign Resources
• Questions and Answers
Working to Achieve Health Equity in Rural Communities

Dr. Cara James, PhD
Director
CMS’ Office of Minority Health (OMH)
Co-Chair, CMS Rural Health Council

InsureKidsNow.gov
Offices of Minority Health Within HHS
CMS OMH Health Equity Framework

1. Increasing understanding and awareness of disparities
2. Developing and disseminating solutions
3. Implementing sustainable actions
From Coverage to Care (C2C) Resources

- Roadmap to Better Care and a Healthier You
- 5 Ways to Make the Most of Your Coverage
- Managing Your Health Care Costs
- A Roadmap to Behavioral Health
- Videos
- Enrollment Toolkit
- Prevention Resources
- Partner Toolkit
- Community Presentation

Visit: http://go.cms.gov/c2c
Connected Care Resources

• Information for Health Care Professionals
  • Access resources and tools explaining the benefits of CCM and how to implement this service

• Information for Patients
  • Access easy-to-read information on the benefits of CCM for Medicare beneficiaries living with two or more chronic conditions

• Campaign Partnership Resources
  • Access information about partnering to bring awareness to CCM through the Connected Care campaign

Visit: [http://go.cms.gov/CCM](http://go.cms.gov/CCM)
Hispanic-White Disparities in Obesity Among Medicare FFS Beneficiaries, 2015

Percentage point difference between Hispanic and white beneficiaries

What is Rural?
## Examples of Rural Classification Systems

<table>
<thead>
<tr>
<th>Method</th>
<th>Unit of Measurement</th>
<th>Methodology</th>
<th>What is Included in “Rural”</th>
<th>U.S. Rural Population</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Core-Based Statistical Areas (CBSA)</strong></td>
<td>County: 1) Metropolitan; 2) Micropolitan; and 3) Non-CBSA</td>
<td>A CBSA is a geographic entity associated with at least one core of 10,000 or more population, plus adjacent territory with a high degree of social and economic integration with the core as measured by commuting ties.</td>
<td>All non-metropolitan areas (i.e. micropolitan and non-CBSA)</td>
<td>46,293,406 (15.0%)</td>
</tr>
<tr>
<td>Office of Management and Budget</td>
<td></td>
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<tr>
<td><strong>Urban and Rural Areas</strong></td>
<td>Census Blocks and Block Groups</td>
<td>Urbanized Areas (UAs) are geographic areas of 50,000 or more people. Urban Clusters (UCs) are geographic areas of 2,500 to 50,000 people. All populations, housing, and territories not included within an urban area. (Excludes P.R.)</td>
<td></td>
<td>59,492,267 (19.3%)</td>
</tr>
<tr>
<td>U.S. Census Bureau</td>
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<tr>
<td><strong>Rural-Urban Commuting Areas (RUCA)</strong></td>
<td>Census Tract: Whole numbers (1-8) delineate metropolitan &amp; micropolitan, (9) small town, and (10) rural commuting areas</td>
<td>Classify U.S. census tracts using measures of population density, urbanization, and daily commuting, based on the size and direction of the primary (largest) commuting flows.</td>
<td>Primary RUCA codes 4 through 10 (Micropolitan Area Core, population up to 49,999).</td>
<td>51,112,552 (16.6%)</td>
</tr>
<tr>
<td>U.S. Department of Agriculture</td>
<td></td>
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<tr>
<td><strong>Urban Influence Codes (UIC)</strong></td>
<td>County: Subdivided into 2 metro categories and 10 non-metro categories, resulting in a 12-part county classification</td>
<td>Distinguishes metropolitan counties by population size of their metro area, and nonmetropolitan counties by size of the largest city or town and proximity/adjacency to metro and micropolitan areas</td>
<td>All non-metropolitan areas</td>
<td>46,451,671 (15.0%)*</td>
</tr>
<tr>
<td>U.S. Department of Agriculture</td>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>
Metropolitan and Non-Metropolitan Population by Race and Ethnicity

NOTE: About 19.5 million Americans live outside of a Core Based Statistical Area (metropolitan and micropolitan statistical areas) as defined by OMB.
Improving Health Care in Rural Communities
Potentially Excess Deaths

Percentage of potentially excess deaths* among persons aged <80 years for five leading causes of death in nonmetropolitan and metropolitan areas
National Vital Statistics System, United States, 2014
Family and community factors among children aged 2-8 years with mental, behavioral, and developmental disorders in urban and rural areas

At least one parent with fair or poor mental health: 17.5% (urban) 27.6% (large, rural) 33.9% (small rural) 41.5% (isolated)

Financial difficulties: 41.7% (urban) 63% (large, rural) 32.2% (small rural) 42.4% (isolated)

Neighborhood with limited amenities: 24.1% (urban) 24.1% (large, rural) 15.7% (small rural) 13% (isolated)

Neighborhood in poor condition: 32.2% (urban) 42.4% (large, rural) 24.1% (small rural) 24.1% (isolated)

Neighborhood with little social support: 15.7% (urban) 13% (large, rural) 24.1% (small rural) 24.1% (isolated)

Neighborhood unsafe: 15.7% (urban) 13% (large, rural) 24.1% (small rural) 24.1% (isolated)

National Survey of Children’s Health, United States, 2011–2012
Fair or Poor Health Status Among Rural Adults by Race & Ethnicity, 2012-2015

Percent Reporting Fair or Poor Health

<table>
<thead>
<tr>
<th>Category</th>
<th>Fair or Poor Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Adults</td>
<td>20%</td>
</tr>
<tr>
<td>White</td>
<td>19%</td>
</tr>
<tr>
<td>Black</td>
<td>29%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>28%</td>
</tr>
<tr>
<td>Asian or NHOPi</td>
<td>10%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>29%</td>
</tr>
</tbody>
</table>

Age Distribution of Rural Adults by Race and Ethnicity, 2012-2015

Income Distribution of Rural Adults by Race and Ethnicity, 2012-2015

NOTE: * Estimates not reported because relative standard error was >30%.
Regional Distribution of Rural Adults by Race and Ethnicity, 2012-2015

<table>
<thead>
<tr>
<th>Regional Distribution</th>
<th>Northeast</th>
<th>Midwest</th>
<th>South</th>
<th>West</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL</strong></td>
<td>8%</td>
<td>10%</td>
<td>11%</td>
<td>32%</td>
</tr>
<tr>
<td><strong>WHITE</strong></td>
<td>9%</td>
<td>37%</td>
<td>49%</td>
<td>32%</td>
</tr>
<tr>
<td><strong>BLACK</strong></td>
<td>4%</td>
<td>43%</td>
<td>4%</td>
<td>32%</td>
</tr>
<tr>
<td><strong>HISPANIC</strong></td>
<td>15%</td>
<td>3%</td>
<td>23%</td>
<td>32%</td>
</tr>
<tr>
<td><strong>ASIAN OR NHOPI</strong></td>
<td>3%</td>
<td>9%</td>
<td>26%</td>
<td>32%</td>
</tr>
<tr>
<td><strong>AMERICAN INDIAN/ALASKA NATIVE</strong></td>
<td>4%</td>
<td>25%</td>
<td>33%</td>
<td>32%</td>
</tr>
</tbody>
</table>

NOTE: * Estimates not reported because relative standard error was >30%.

The CMS Rural Health Council focuses on embedding a rural lens in all of the agency’s work with an eye toward improving three dimensions in rural communities:

1. Ensuring access to high-quality health care for all Americans in rural settings.
2. Addressing the unique economics of providing health care in rural America.
3. Bringing the rural health care focus to CMS’ health care delivery and payment reform initiatives.
Learn More About CMS OMH

Thank You!

Dr. Cara James
Director, CMS OMH

Cara.James@cms.hhs.gov

www.cms.gov/About-CMS/Agency-Information/omh/
POLL QUESTION #1

Is your organization currently engaged in rural health outreach and enrollment activities?

a. Yes, we are currently conducting outreach and enrollment activities

b. No, but we are planning to begin activities

c. Not applicable to my organization
Overview of CMS’ Rural Health Strategy

John Hammarlund
Deputy Consortium Administrator of the Consortium for Medicaid & Children’s Health Operations
Regional Administrator, CMS – Region X
CMS’ Rural Health Strategy

May 2018 - CMS launches Agency’s first rural health strategy to improve access and quality of care for rural Americans.

To learn more, please visit: https://www.cms.gov/About-CMS/Agency-Information/OMH/equity-initiatives/rural-health/index.html.
CMS’ Rural Health Strategy Objectives

1. Apply a rural lens to CMS programs and policies
2. Improve access to care through provider engagement and support
3. Advance telehealth and telemedicine
4. Empower patients in rural communities to make decisions about their health care
5. Leverage partnerships to achieve the goals of the CMS Rural Health Strategy
CMS’ Rural Health Strategy Objectives

A closer look at:

Empowering patients in rural communities to make decisions about their health care
CMS’ Rural Health Strategy Objectives

A closer look at:

Leveraging partnerships to achieve the goals of the CMS Rural Health Strategy
Resources

For more information on the Rural Health Strategy, please visit:


Fact Sheet:

Rural Health Open Door Forum:
Thank You!

John Hammarlund

John.Hammarlund@cms.hhs.gov
POLL QUESTION #2

Which group does your organization hope to partner with on rural health outreach in the future?

a. Schools
b. Health providers
c. Faith organizations
d. Government agencies
e. Local media
Engaging Rural Audiences and Leveraging Partner Relationships

Renée Bouvion, MPH
Acting Regional Health Administrator – Region X
Office of the Assistant Secretary for Health (OASH)
U.S. Department of Health and Human Services (HHS)
Office of the Assistant Secretary for Health

Optimize the nation’s investment in health and science to advance health equity and improve the health of all people:

• 12 core public health offices
• 10 regional offices
• Presidential and Secretarial Advisory Committees
Regional Offices

To learn more, please visit: https://www.hhs.gov/ash/about-ash/regional-offices/index.html.
Role of Regional Offices

Conveners

Connectors

Communicators
Region 10: AK, ID, OR, WA

- Contains almost one-fourth (23%) of the land area and 30% of the total inland waters in the United States
- Has 4% (14,005,257) of the population of the U.S.
Region 10 Rural Population

Percent Population Rural in 2010

Source: US Census Bureau

<table>
<thead>
<tr>
<th>Region</th>
<th>Rural Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S.</td>
<td>18%</td>
</tr>
<tr>
<td>Alaska</td>
<td>34%</td>
</tr>
<tr>
<td>Idaho</td>
<td>28%</td>
</tr>
<tr>
<td>Oregon</td>
<td>19%</td>
</tr>
<tr>
<td>Washington</td>
<td>16%</td>
</tr>
</tbody>
</table>
Uninsured, 18 years and under in Metro & Non-Metro Counties, 2015

<table>
<thead>
<tr>
<th>Region</th>
<th>Metropolitan</th>
<th>Nonmetropolitan</th>
</tr>
</thead>
<tbody>
<tr>
<td>National</td>
<td>4.9%</td>
<td>6.3%</td>
</tr>
<tr>
<td>AK</td>
<td>9.4%</td>
<td>12.9%</td>
</tr>
<tr>
<td>ID</td>
<td>5.1%</td>
<td>7.6%</td>
</tr>
<tr>
<td>OR</td>
<td>3.8%</td>
<td>5.3%</td>
</tr>
<tr>
<td>WA</td>
<td>2.8%</td>
<td>4.2%</td>
</tr>
</tbody>
</table>

Source: US Census Small Area Insurance Estimates, 2008-2015, via Rural Health Information Hub

InsureKidsNow.gov
Working in Rural Communities

**Challenge:** Foster coordination and collaboration to advance public health in a vast region with staff located in Seattle.

**Solution:** Partnerships!
- State and local health departments
- Health systems
- Community-based organizations
Why Partnerships?

- Force multiplier
- Local expertise
- Capacity building
Cultivating Partnerships

- Make developing partners a priority
- Use your existing networks
- Identify areas of mutual interest
- Communication is key
Latina Health Symposium

• 2011
  • Seattle, WA
  • 40 participants

• 2012
  • Added event in Granger, WA
Expanding to Idaho and Oregon

- 2015 – 2017: Nampa and Boise, ID
- 2017 – 2018: Hillsboro, OR

After events are held in September 2018, more than 1,000 providers will have been reached since 2011.
Why Has It Worked?

Partnerships!
Tools to Support Engagement with Rural Communities

- [https://www.cdc.gov/ruralhealth/index.html](https://www.cdc.gov/ruralhealth/index.html)
  - Success stories of rural health interventions
  - CDC Morbidity and Mortality Weekly Report (MMWR) Rural Health Series
- [https://www.ruralhealthinfo.org/toolkits](https://www.ruralhealthinfo.org/toolkits): Evidence-Based Toolkits for Rural Community Health
- [https://www.hhs.gov/about/agencies/iea/partnerships/index.html](https://www.hhs.gov/about/agencies/iea/partnerships/index.html): Community resources, Opioid Epidemic Practical Toolkit
- [https://www.hhs.gov/ash/oah/resources-and-training/online-learning-modules/index.html](https://www.hhs.gov/ash/oah/resources-and-training/online-learning-modules/index.html): Online Learning Modules including Collaboration Toolkit and Strategic Communications Toolkit
Thank You!

Renée Bouvion, MPH
Acting Regional Health Administrator – Region X
reneebouvion@hhs.gov
POLL QUESTION #3

What type of outreach has your organization found successful when conducting rural health outreach?

a. School information nights
b. Mobile health clinics
c. Sharing information with faith organizations
d. Adding information to school registration forms
e. We have not conducted rural health outreach
Ensuring Access to Education, Physical and Mental Health Services in Rural Communities

Sonciray Bonnell,
Oregon Health Plan Manager
Rachael Hamilton,
Connecting Kids Outreach Lead
Native American Rehabilitation Association of the Northwest (NARA)
About NARA

- NARA’s mission statement is “Mission Driven, Spirit Lead”
- Since 1970, NARA has offered
  - Residential Drug and Alcohol Treatment
  - Outpatient Drug and Alcohol Treatment
  - Indian Health Clinic
  - Wellness Health Center
  - Dental Clinic
  - Youth Residential Treatment Center and Youth Programs
  - Totem Lodge
  - Transitional House
  - Administration Building
Overview of NARA

• Providing education, physical and mental health services and substance abuse treatment to American Indians, Alaska Natives, since 1970. We offer a range of integrated services to deliver hope and support to recovering persons. We also deliver a variety of healthcare services including family medicine, women’s exams, award winning diabetes program, and mental health services at most sites.
Oregon Tribes

- There are nine federally recognized Tribes in Oregon:
  - Burns Paiute Tribe
  - Confederated Tribes of Coos, Lower Umpqua, and Siuslaw
  - Confederated Tribes of Grand Ronde
  - Confederated Tribes of Siletz
  - Confederated Tribes of Umatilla Indians
  - Confederated Tribes of Warm Springs
  - Coquille Tribe of Indians
  - Cow Creek Tribe of Umpqua Indians
  - Klamath Tribe of Indians
Oregon Tribes
Glossary

• NARA: Native American Rehabilitation Association of the NW
• OHP: Oregon Health Plan – Oregon’s Medicaid program
• OHA: Oregon Health Authority
• Community Partner: Certified Application Assister
Rural Sketch

- Geographic isolation
- Fewer OHP assisters
- Healthcare facilities neglected due to lack of funding
- Health professionals are hard to hire and retain
- Limited Internet access
- Higher rates of uninsured
- Rural families are less likely than urban families to have access to health coverage through employer’s insurance
Challenges

Cautious of Outsiders

- Close knit community
- Reluctant to welcome outside help
- Suspicious

Solutions

- Clear message of what we offer
- Rely on our established relationships
- Educate ourselves on local values and customs

Solutions

- Engage their application assisters
- Listen and ask how we can help them
- Gain awareness to different tribal cultures
Challenges

**Distance**
- Travel time and travel costs
- Weather conditions
- CK kids OHP team members travel statewide

**Solution**
- Grant-funded
- Conduct our outreach events on location
- Remote help

**Solution**
- Events in summer/spring
- Weekend health fairs
- Plan efficiently
Challenges

Distrust
- Outsiders in general
- U.S. government
- U.S. history

Solution
- Meet where your customers are comfortable
- Get local buy-in
- Decades of experience working with Tribes

Solution
- Employ local agencies
- Understand generational trauma
Challenges

**Misconceptions of IHS**
- Many believe they’re insured by IHS
- IHS is not a health insurance company
- IHS provides healthcare to Native populations through federal appropriations

**Solution**
- Further knowledge of IHS limitations
- Explain the differences between private health insurance vs. tribal clinics

**Solution**
- Educate awareness of what OHP is and what it offers
- Encourage clients to sign up for OHP
Resources and Tools

- Website: http://www.naranorthwest.org/
- Phone: (503) 224-1044 Ext. 900
- NARA NW has a total of 7 Certified OHP Assisters
Thank You!

Sonciray Bonnell  
sbonnell@naranorthwest.org  
(503) 708-7153

Rachael Hamilton  
rhamilton@naranorthwest.org  
(503) 224-1044 Ext. 900

Floranda Berglund  
Connecting Kids Outreach Specialist  
fberglund@naranorthwest.org

Liz Stanphill  
Connecting Kids Outreach Specialist  
lstanphill@naranorthwest.org

Mission Driven, Spirit Led

For more information please visit: www.naranorthwest.org
POLL QUESTION #4

Which type of health provider partnership has been most successful in your rural health outreach?

a. Doctors and/or nurses
b. Dentists
c. Pharmacists
d. Local community health centers
e. We have not partnered with any health providers
Increasing Rural Health Well-Being Through Community Engagement and Targeted & Timely Resources

Kay Miller Temple, MD
Web Writer
Rural Health Information Hub (RHIhub)
RHIIhub is a Partnership of:

Center for Rural Health
University of North Dakota
School of Medicine & Health Sciences

The Walsh Center for Rural Health Analysis
NORC at the University of Chicago

RURAL POLICY RESEARCH INSTITUTE

Funded by the Federal Office of Rural Health Policy

InsureKidsNow.gov
Get Rural Updates & Alerts

Sign-up to receive our weekly newsletter:

email
Subscribe

Daily and weekly custom alerts also available

Find Rural Data

The Rural Data Explorer and Chart Gallery provide access to a wide range of data on rural health issues.

Learn how to locate and use data in the Finding Statistics and Data Related to Rural Health topic guide.

The Rural Monitor

Strengthening the Workforce to Improve Pregnancy Outcomes in Rural Areas

Obstetric services were available in 205 fewer rural hospitals in 2014 than in 2004. Realizing the importance of maternity and childbirth services, a CAH in Alaska works to keep its providers’ skills sharp and a rural OB-GYN residency program in Wisconsin is beginning to train a new generation of physicians.

Comprehensive Rural Population Health: Where is the General Surgeon?

Moving the conversation away from finances, advocates share why general surgery plays an important role in a comprehensive rural...
The Website

- Visit the website
  - Online library
  - Data Visualization: Chart gallery and data explorer with county-level data
  - 50+ topic guides on key rural health issues
  - State guides
  - *Rural Monitor:* online magazine
  - “Am I Rural” tool
  - Funding opportunities
  - AND more…
- Sign up for email updates and custom alerts
- Contact our Resource and Referral Service: 800.270.1898 or info@ruralhealthinfo.org
RHIhub’s Models and Innovations

Browse Rural Project Examples

Evidence Level
Browse evidence-based, effective, and promising projects, show to work in rural locations:

Browse by Level of Evidence

Source
See rural health projects funded by the Federal Office of Rural Health Policy and Health Resources and Services Administration, as well as those shared with us by key national and regional associations and foundations:

Browse by Source

Topic
Browse rural projects by the issue or topic addressed and population group served:

Browse by Topic

State
Look for projects that have been done in your area and around the country.

Browse by State
Individuals

ASPIN Network’s Community Health Worker Program

Noble County Outreach Project

Scenic Bluffs Community Health Center Insurance Help Team

Santa Cruz County Adolescent Wellness Network

InsureKidsNow.gov
Organizations

Innis Community Health Center
ACA Outreach and Education Project

Partners in Health and Wholeness

Nelson County School Nurse Program

School-Based Health Center Dental Outreach

Innis, Livonia, & Maringouin Community Health Centers
Caring for the Health Needs of the Community

Partners in Health and Wholeness

InsureKidsNow.gov
Other Efforts

• Lunch Express Summer Food Program
• Kid One Transport
• Texas C-STEP Project: Cancer Screening, Training, Education and Prevention Program
Rural Health Literacy: Who's Delivering Health Information?

From over-the-counter medication use, to decisions about personal or family disease treatments, health literacy impacts the most everyday of health decisions. But, distance and internet connectivity challenges make it difficult for rural residents to get health information. To navigate health information gaps, school nurses, newspapers, public libraries, churches, public health departments, and hub-and-spoke academic institutions are...

Social Media Savvy

By harnessing this impactful form of two-way communication, rural healthcare providers have the opportunity to reach their patients and community in quick, personal, and efficient ways.

Read More

InsureKidsNow.gov
Evidence-Based Toolkits

- Rural Community Health
- Community Health Workers
- Health Promotion and Disease Prevention
- Prevention and Treatment of Substance Abuse
- Aging in Place
- Diabetes Prevention and Management
- HIV/AIDS Prevention and Treatment
- Services Integration
- Access to Care for Rural People with Disabilities
- Food Access
- Obesity Prevention
- Tobacco Control and Prevention
- Care Coordination
- Health Networks and Coalitions
- Oral health
- Transportation
Welcome to the Rural Community Health Toolkit. This toolkit provides rural communities with the information, resources, and materials they need to develop a community health program in a rural community.

Each of the toolkit’s six modules contains information that communities can apply to develop a rural health program, regardless of the specific health topic the program addresses. The toolkit also links to issue-specific toolkits for more in-depth information.

**Module 1: Creating a Program: Where to Begin**
Learn the first steps to developing an evidence-based rural community health program.

**Module 2: Developing Your Program**
Learn how to develop your program based on an evidence-based model.

**Module 3: Implementing Your Program**
Find useful tips and guidelines for implementing your program.

**Module 4: Evaluating Rural Programs**
Learn how to assess program effectiveness and build the evidence base for what works in rural communities.

**Module 5: Planning for Sustainability**
Learn how to plan for the sustainability of your rural community health program.

**Module 6: Disseminating Best Practices**
Learn how to communicate your program’s results to project partners, funders, and the broader rural health community.
Outreach and Enrollment Agent Model

The outreach and enrollment agent model is similar to the health educator model with additional outreach and enrollment responsibilities. In this model, community health workers (CHWs) conduct intensive home visits to:

- Deliver psychosocial support
- Promote maternal and child health
- Conduct environmental health and home assessments
- Offer one-on-one advice
- Make referrals

Another important aspect of this model is the role of the CHW in helping to reduce social isolation among clients. Through outreach efforts, such as home visits, CHWs work with patients to identify issues such as social isolation. Other CHW models also contribute to reducing social isolation among patients.

As outreach and enrollment agents, CHWs also help individuals to enroll in government programs that provide social and health services. CHWs that serve in an outreach capacity typically receive specialized training.

The Community Preventive Services Task Force (CPSTF) finds sufficient evidence of effectiveness for interventions that:

Eligibility and Enrollment Model

The eligibility and enrollment model is designed to expand access to oral health services. In rural communities, the eligibility and enrollment model is often a component of a school-based model, dental clinic model, or dental home model.

Some programs provide insurance counseling and enrollment assistance. For example, one rural community works with Medicaid outreach workers to enroll eligible individuals into Medicaid. The Medicaid outreach worker also coordinates with local offices to secure applications and renewal forms ahead of dental visits.

Some programs offer referral services. Another rural oral health program, for example, works with the county health department to refer individuals to a dental home. This program has an arrangement with local dentists to provide dental services at a reduced cost. Programs may also provide information and referrals to help families access other social services that are available in the community as well as transportation assistance.

Implementation considerations

Eligibility and enrollment models require strong partnerships in the community where patients can be referred for dental or other services. Potential partners may include colleges, health and social service agencies, schools, dental societies, churches, Area Health Education Centers, and legal services organizations.
Thank You!

Kay Miller Temple, MD
kay@ruralhealthinfo.org

RHIhub Contact Info:
1-800-270-1898
info@ruralhealthinfo.org
POLL QUESTION #5

What type of local media engagement would best serve your outreach and enrollment efforts in reaching your rural community?

a. School or community newsletter
b. Op-Ed / Letter to the Editor
c. Radio Segment
d. TV Interview
e. Online Story / Blog post
Connecting Kids to Coverage
National Campaign Resources

Jason Werden
On Behalf of CMS and
The Connecting Kids to Coverage National Campaign

InsureKidsNow.gov
Rural Health Outreach Tip Sheet

• “5 Ways to Conduct Outreach in Rural Communities” Tip Sheet

• Tips for identifying eligible families where they work, play, and pray by partnering with local organizations and small businesses

• Strategies for tapping into media outlets to spread the word
Rural Health Outreach Video

Check out the video “Connecting Kids to Coverage: Kentucky” to see how Mountain Comprehensive Health Corporation (MCHC) is working within rural communities in Whitesburg, Kentucky to help families enroll in and access health care.
Additional Campaign Materials

- Outreach Materials—Customizable Posters/Palmcards, Videos, Tip Sheets
- Informational Webinars
- “Campaign Notes” eNewsletter
- Ready-Made Articles, Radio Scripts
- Digital Media Tools
- TV & Radio PSAs
Digital Media Tools

- Social Media Graphics & Guide
- Web Buttons & Banners
- Sample Posts
Examples of Material Topics

- Back-to-School
- Oral Health
- Vision
- Teens
- Sports
- Year-Round Enrollment
Customizable Materials

Posters, flyers, palmcards and tear pads

You may choose to insert your program name(s), your state’s annual income eligibility limit for a family of four, your website address and/or phone number, and up to two logos.

Please Note: You may request these changes on all customizable materials.

- Your program name(s)
- Your state’s annual income eligibility limit for a family/household of four
- Your website and/or phone number
- Up to two logos

Keeping them covered. Just one more way you look out for them.

- Medicaid and CHIP provide free or low-cost health insurance, and we’re covering more kids and teens than ever.
- Your kids may be covered for doctor and dentist visits, hospital care, prescriptions, and more.
- You need to renew his or her coverage every year—even if no personal information has changed.

Renew your kid’s coverage by: ______/____/____

Please contact us with any questions:

InsureKidsNow.gov
Outreach and Enrollment Best Practices

Outreach Video Library


Webinar Archive

- “Connecting Students to Coverage This Back-to-School Season” (June 6, 2018)
- “Reaching and Enrolling Families in Rural Communities Webinar” (October 30, 2014)
Keep in Touch With the Connecting Kids to Coverage National Campaign

- Follow us @IKNGov
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- Sign up for eNewsletters here:
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Questions?
Thank you!