Office of Regional Operations Update

Presented at the
National Organization of State Offices of Rural Health
Region E Grantee Meeting
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Office of Regional Operations (ORO)

- **ORO Core Functions**
  - **External Affairs and Outreach**
    - Effectively serve as the Agency liaison and regional leader conducting outreach, with an emphasis on the Affordable Care Act, to increase knowledge about HRSA’s programs and priorities, and ultimately increase access to care.
  - **Strategic Stakeholder Partnerships**
    - Meaningfully engage partners at various levels (federal, state, and local), broker relationships, and connect with key contacts to advance HHS/HRSA priorities and provide targeted strategic action.
  - **Regional Surveillance**
    - Proactively identify and report critical ground-level communications and information about regional/state activities to inform HRSA’s operations, decision-making, and allocation of resources.
  - **Regional Management**
    - Ensure the efficacy of HRSA’s regional resources which include human capital, Continuity of Operations Plan (COOP), technology, and facilities.
### Key Facts Regarding Rural Coverage in the Health Insurance Marketplace

- Nearly 20% of Americans live in rural areas.
- Disproportionately older/larger Medicare population.
- More prevalence of chronic disease.
- More likely to be on food stamps.
- Greater proportion lack coverage than urban areas.*
- Lower income levels.*
- More likely to be on food stamps.
- In states that are expanding Medicaid, rural residents more likely to be eligible for the coverage expansion.
- By increasing competition, the Marketplace will lower costs in rural areas, where 1 of 5 farmers face medical debt, and on average families pay nearly half of their health care costs out-of-pocket.


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### Consumer Assistance Roles Established to Facilitate Marketplace Outreach, Education, and Enrollment

- Navigators
- Non-Navigator Assistance Personnel
- Certified Application Counselors
- Community Health Center Outreach & Enrollment Counselors
- Agents and Brokers

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### Recommendations from the National Advisory Committee on Rural Health and Human Services*

1. Build on Initial Lessons Learned to Target Subsequent Outreach & Enrollment Efforts
2. Clarify that O & E efforts qualify under the IRS Form 990 Community Benefit
3. Leverage Existing Community Infrastructure to Reach Rural Communities
4. Enhance the Ease of Use of the Health Insurance Marketplace Web Site

*National Advisory Committee on Rural Health and Human Services: Rural Implications of the Affordable Care Act: Outreach, Education, Enrollment: January 2014 Policy Brief
Open Enrollment in 2013-2014: Lessons Learned

1. Earned media is the best way to reach into rural communities, especially with limited media budgets.
2. Assistors and external partners must understand the unique challenges of reaching rural communities:
   • lack of accessibility to computers/internet;
   • not open to people from outside their communities;
   • difficulty engaging lots of people at one time because of population;
   • educate consumers ahead of time so they are prepared for enrollment;
3. Partnering with other agencies, who already reach the rural uninsured through their programming, is critical.
4. Relationships on the national-level don't necessarily translate to the local-level; develop state-level and local coalitions.

Ideal Ways to Target Rural America at the Local Level*

- Through Radio
- Through Local newspapers
- With flyers through bill statements (e.g. cable, electric, and water bills) and bank deposit slips
- By leveraging family members as messengers
- Visit town-hall meetings and community dinners
- Visit state fairs and rodeos
- Use school-based campaigns
- Coordinate with faith-based communities
- Training retirees as O & E volunteers
- Coordinate with Chambers of Commerce, Rotary Clubs, Lions Clubs, VFW’s, Girl Scouts, Boy Scouts, and other civic groups
- Work with the USDA Cooperative Extension Service

* National Advisory Committee on Rural Health and Human Services: Rural Implications of the Affordable Care Act: Outreach, Education, Enrollment; January 2014 Policy Brief

What has your experience been?

1. Has the framework of consumer assistance established in your State been effective in rural areas? (Navigators, Certified Application Counselors, Health Center outreach and enrollment staff)?
2. How active a role has the SORH been able to take?
3. Have you been able to coordinate with organizations providing consumer assistance in your State:
   • Ensure the interests of hospitals, clinics, and the rural underserved are appropriately addressed:
   • Have an active role in the development of consumer assistance policies and practices?
   • In ongoing changes to policies and practices?
Oral Health:
A Project to Facilitate Partnerships Between
State Oral Health Programs & State Offices of Rural Health

Goal: strengthen collaboration between SOHPs & SORHs
• sharing information and data;
• inclusion of each other’s programs in respective planning efforts;
• facilitation of partnerships at the local level between dentists, dental hygienists, rural health clinics, and critical access hospitals;
• coordinating activities to analyze, recruit, and retain the oral health workforce.

The Rural Oral Health Safety Net:
What are the challenges?
• Low provider-to-population ratios
• Inadequate number of dentists who accept Medicaid or CHIP or who have discounted fee schedules
• Insufficient or lack of dental insurance benefits
• Lack of transportation
• Insufficient levels or lack of access to water fluoridation
• Lack of awareness about oral health
• Geographic barriers to care

Project Design
• A series of 4-5 structured meetings utilizing a standardized set of informational resources and tools.
• An oral health consultant serves as Project Coach, advising the participants throughout the meetings.
• The meetings are intended to be results-oriented, identifying opportunities to collaborate based on each program’s existing capacities.
• Short-term outcome: development of a joint, 12-month Action Plan.
• Long-term objective: SOHPs & SORHs develop an ongoing, substantive working relationship.
What an Action Plan Might Include…

- Recruitment and retention:
  - include RHCs/CAHs in dental education experiences;
  - factor oral health into "recruitable" community efforts;
  - include SOHPs in SORH workforce planning;

- Implementing Community-based Prevention Programs:
  - pilot “Smiles for Life” programs at RHCs and CAHs;
  - develop linkages between medical and dental providers to broaden screening/referral networks;
  - add oral health topics to RHC/CAH professional education & quality improvement efforts.

- Support for New Workforce Models:
  - incorporate RHCs and CAHs into new workforce models, e.g., Community Dental Health Coordinator.

Thank You!

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