

Rural Health and COVID-19 – 05/12/2020

Kristine Sande:

Good afternoon, everyone. I'm Kristine Sande, and I'm the Program Director of the Rural Health Information Hub, and I'd like to welcome you to today's webinar, Rural Health and COVID-19, featuring our special guests from the U.S. Department of Agriculture and the Department of Health and Human Services. Before we get to today's webinar content, I'd like to just take a minute and talk about our organization, the Rural Health Information Hub, for those of you on today's call who might not be familiar with what we do. RHIfhub is the nation's information center on rural health and it's funded by the Federal Office of Rural Health Policy within the Health Resources and Services Administration.

We are based at the Center for Rural Health at the University of North Dakota, and our website, Ruralhealthinfo.org, as well as our weekly email updates provide access to current and reliable resources, opportunities, tools and models from organizations all across the nation. And they are there to help you learn about rural health needs as well as work to address them. You can also email our team of information specialists for assistance with your rural health information needs. So we hope you'll take a minute this afternoon to explore our website and to sign up for RHIfhub This Week, our electronic newsletter.

Now, just a couple of housekeeping things before we kick off. RHIfhub is excited to be hosting this webinar with HHS and USDA speakers. Today's speakers will provide an update on the broad range of issues affecting rural communities including efforts related to the COVID-19 pandemic. This call is for rural stakeholders and is not a media call. Members of the media should contact us directly. We've provided a PDF copy of the presentation on the RHIfhub website, and that's accessible through the URL that's on your screen, and we've also shared that via the chat function. If you have technical issues with Zoom during the webinar, please visit the Zoom Help Center at support.zoom.us.

While we will not have time for formal questions today, at the bottom of your screen there's a Q&A function where you can post questions to be shared with USDA and HHS staff to inform their efforts. If you are joining us today via YouTube live, please send any questions you have to webinars@ruralhealthinfo.org. Now, it is my pleasure to introduce our guest moderator, the rural health liaison for the U.S. Department of Agriculture, Betty-Ann Bryce. Betty-Ann?

Betty-Ann Bryce:

Thank you. Good afternoon, and thank you all for joining us today for this really important discussion. My name is Betty-Ann Bryce, as Kristine mentioned, and I'll be moderating this discussion. We of course extend our heartfelt thanks to RHIfhub for hosting the webinar today and we appreciate your participation, and we definitely encourage you to connect with RHIfhub. They are an amazing resource of information on rural health and we definitely encourage you to become more familiar with what they have to offer.

Rural Americans, as you know, face greater socioeconomic barriers, greater than their average urban counterparts. In addition, rural communities have higher incidence of poor health outcomes. There are some clear natural synergies and opportunities that the Department of Health and Human Services and USDA share that make us good partners to work together on rural health issues. I'm very excited at the lineup today. I'm very excited to have everyone participating and I would like now to introduce our first panelist. Deputy Secretary Censky was sworn in on October 11, 2017 after being unanimously confirmed by the Senate. So Deputy Secretary, we are so thankful to you for joining us today and we appreciate your leadership on this issue. The floor is yours, sir.

Stephen Censky:

Well, thank you very much, Betty-Ann, and thank you to the Rural Health Information Hub for organizing this webinar today. I want to thank you for having me, and we're really pleased at USDA to be able to participate with all of you today. I know that the effects that this ongoing pandemic is having on rural health is vast. I want to thank you for taking the lead and tackling this issue head-on, and we really appreciate the dedicated individuals that are working day after day on the frontlines during this time of uncertainty. I'm glad to join on the conversation and to shed some light on some of USDA's actions to improve rural health.

With regard to rural health challenges, we know that there are significant differences in the health between rural and urban communities, and these were apparent even before COVID-19. Many individuals and families living in rural areas and communities experience disparities related to physical and behavioral health, safety and wellbeing. We also know that when rural hospitals close, there's ripple effects through the community. Patients have to travel a lot farther to get to the nearest hospital, which is a barrier not only to routine primary care but also to emergency room and inpatient care.

There's also an economic impact. Rural hospitals are often the biggest employers in their community or their county, and we have as the goal, along with all of you, that people living in rural America should be able to conveniently access services such as primary care, dental care, behavioral health, emergency care, and other public health services. However, they face far more gaps in health care compared with their urban counterparts. We know that with regard to COVID-19's impact on rural health that it has put immense pressure on rural communities. These hardships threaten to erode rural health even further, some of the economic infrastructure, and are straining local resources. While metro areas still have some fairly significant higher cases and deaths per capita, rural areas are experiencing faster growth rate signaling more challenges ahead. And many rural hospitals as you know are not equipped as larger hospitals to handle large numbers of serious COVID cases.

Also, at our small rural hospitals, high margin services such as elective surgeries keep them afloat and that the impact from the cancellation of these elective surgeries has been particularly acute for rural hospitals. At USDA, we know that when rural America suffers, all of America suffers and the department supports development throughout rural America through several of our programs that impact rural health. USDA's rural development mission area, in their mission is to support economic development and essential services such as housing, water, electric and broadband infrastructure.

A big one that we have really been focusing on that has a big impact on rural health of course is broadband. At the Department of Agriculture, we've invested over 752 million dollars thus far and we have more on the way in what we are calling our ReConnect Program. Which is to begin to close that digital divide and start bringing broadband to the 21 million Americans that lack high-speed broadband internet access and 80% of that 21 million are in rural areas and on tribal lands. Of course, as you know, access to high-speed broadband is not only nice to have; it's a necessity in this 21st century, especially in this time of social distancing.

For many Americans, access to high-speed broadband internet means they can continue their education through distance learning. They can continue to run a business. They can continue to access critical medical services remotely using telemedicine from their homes. Telehealth has been really indispensable during the COVID-19 pandemic and a number of measures were introduced through the CARES Act to increase the use of telehealth. We at USDA really applaud the changes that Health and Human Services has made that are helping to ensure more rural

residents can have access to care when and where they need it during this pandemic through telemedicine.

We've recently released a summary of the telehealth service changes that HHS has made to help our rural leaders and our partners in the rural health care system understand the changes that have been made and really the ways that they've expanded and explored new ways to support health care as they increase or transition virtual care services. I also wanted to say just a few words, of course we also are working on food and nutrition and how important that is to health as well during this time. And our food and nutrition service has been hard at work making sure we're helping Americans during these times of need. We have increased the purchasing power of SNAP households, those Americans that are participating in the Supplemental Nutrition Assistance Program, by 2 billion dollars a month, which is a 40% increase. We've also announced just recently a 3 billion dollars for an innovative Farmers to Families Food Box program that will be utilizing some of the local and regional food service suppliers that are out of work to purchase and deliver family-sized boxes of produce, meat and dairy products to food banks and other not-for-profits that are serving Americans in need.

We're also making sure during this time with school closures that we're making sure children across America are being fed by allowing states to serve free meals to children in all areas. Not just those that qualify for free and reduced price lunches, but all school children receiving free meals during this pandemic at nearly the 45 thousand feeding sites nationwide. We're also thinking outside of the box with regard to our rural school kids who may not be able to get to one of these 45 thousand feeding sites because they're living in a rural area and we have put together a very successful meals program that's serving over 5 million meals a week to the front doors of children in rural areas affected by school closures by delivering food boxes through the mail directly to their doorstep. This is really a prime example of leveraging some of the private sector ingenuity and public sector financing to have a great collaborative with Baylor University on their collaborative on hunger and poverty, McLane Global and PepsiCo.

In conclusion, I really look forward to what we are able to accomplish together as we collaborate to find solutions to the complex issues affecting rural health. The recent farm bill that passed a little over a year ago created and designated a rural health liaison role to help improve rural health care through coordination, collaboration and advocacy. We're very pleased to have Betty-Ann Bryce in this role, and I really encourage you to reach out to her to build upon those existing partnerships as well as to facilitate new ones. She's helping to coordinate our rural health efforts between different agencies and serve as a liaison here for rural communities not only at USDA, but back with HHS and other agencies and departments of the Federal Government. Thank you again, and Betty-Ann, back to you.

Betty-Ann Bryce:

Thank you, sir. Our next speaker is Deputy Secretary Hargan. He is the chief operating officer and is responsible for overseeing the day-to-day operations and management of the department at the Health and Human Services. In addition to leading policy and strategy development, he is just on top of all things related to health, and we are so excited to have him. Sir, thank you for joining us today. The floor is yours.

Eric Hargan:

Thank you, Betty-Ann. Hello everyone and thank you so much for joining our joint HHS USDA team for this call today, and thanks to the Rural Health Information Hub for hosting this webinar. I'm glad to connect with so many of you who care about rural America and are working hard on responding to the COVID-19 pandemic in our rural communities. And when it comes to working with rural communities, we could not ask for a better partner than USDA, so I'm glad that you just heard from Deputy Secretary Censky just now, especially with regard to some of those interesting initiatives that they're advancing like the ReConnect Program and others.

Both of our departments are investing heavily in rural communities and working closely together, and our collaboration ensures a coordinated approach to meeting the unique needs of rural areas. That's been true in regular times and we worked to strengthen this relationship under President Trump, and now it's even more important in the current reality of dealing with COVID-19. We work closely together because we both have a deep interest in health and vitality of rural communities. As some of you know, I grew up in a small town in southern Illinois where my mother worked in a rural hospital turned clinic for 58 years. And my family goes back five generations in health care in our county. So I maintain a special interest in ensuring accessibility of care for all Americans, including those in rural areas.

Improving rural health care, tackling what is really a crisis in rural health, has been a priority for the Trump Administration from the beginning and I want you to know that it remains the top of mine during this crisis. And that includes how we think through all aspects of our response from the public health work led by CDC and state and local health departments, to financing care for COVID-19 patients to ensuring access to treatments for the virus. We also realize the tremendous impact the pandemic has had on rural hospitals and clinics, many of which have lost significant revenue with the cancellation of services. And at the same time there are rural communities that have also had COVID-19 outbreaks.

To help address those challenges, last week the administration released 10 billion dollars for rural hospitals, rural health clinics, and rural community health centers. That's one of a number of actions we've taken and you're going to hear about more of those efforts in the course of this webinar. Both HHS and USDA are also working closely together on telehealth issues as outlined by Deputy Secretary Censky. Between our two departments, we've been investing in this technology for more than 25 years, and that investment has paid off in terms of building telehealth infrastructure in rural communities.

As the pandemic unfolded we saw hospitals, clinics, doctors, move very quickly to shift services from traditional face-to-face interactions to telehealth visits. To help move this along, as Deputy Secretary Censky had mentioned, HHS took historic steps to expand telehealth, reducing some of the barriers related to Medicare reimbursement, enabling the waiving of or reduction in cost sharing and allowing the use of everyday technologies like FaceTime and Skype in health care. Some states have also created new flexibilities on clinician licensure for telehealth and of course, we always encourage them to keep exploring that.

In just about a month and a half I think we've seen about seven or eight years' worth of progress on telehealth. Really, it's a revolution provoked by necessity. I'm excited to see what the future looks like based on getting patients and providers acclimated to the idea of telehealth in this way. What sound to many like dry, obscure flexibilities in regulations and reimbursement is translating into millions of Americans getting access to health care more safely and more conveniently and we want everyone to know that. That's part of the reason why HHS launched a new telehealth website, telehealth.hhs.gov managed by HRSA. The agency that's the home of our office of rural health, to serve as a resource for both providers and patients to maximize these telehealth opportunities.

As the President and Vice President said, "It's going to take a whole-of-government, all-of-America approach to defeat this virus." And that means close cooperation among every level of American government and society, which we hope to support through our strong HHS USDA partnership. This kind of cooperation is going to grow even more important as the situation evolves and as states move towards safely reopening. As Dr. Birx and all of our administration leaders have emphasized, that is going to look different for different states and for different communities within those states as well.

It will require religiously following the data to guide our policies. As American communities move towards reopening, the CDC has been working intensively with state and local governments. You'll hear shortly from Diane Hall of CDC who has been leading a team focused on rural issues as part of the CDC's broader response. You'll also hear from Tom Morris of HRSA talking about some of the key resources they've made available to rural communities. While responding to the global pandemic remains the key priority here at HHS, one reason we wanted to get together today was to also acknowledge that our regular work on behalf of rural communities is ongoing.

For the past 18 months, the HHS rural task force has been working to identify ways to enhance our work with rural communities and improve the health of rural America. We've taken a number of key steps already by addressing longstanding challenges in some of our Medicare policies that affect rural communities. We've also identified new ways to address the crisis of maternal mortality and access to obstetrical care in rural communities. We will soon be releasing the first-ever HHS Rural Action Plan which will lay out some of the key efforts underway as well as a range of new activities and investments planned for 2020. As we move forward with that action plan, we'll be doing so in close coordination with USDA. So thank you for joining us for this important joint gathering. I look forward to ongoing engagement with all of you through the pandemic and our broader efforts on rural health. Betty-Ann, back to you.

Betty-Ann Bryce:

Thank you, sir. Our next speaker is former Kansas governor, Jeff Colyer. He is the Chair of the National Advisory Committee on Rural Health and Human Services which advises the Secretary on access to delivery of and financing for health care and human services in rural areas. Governor Colyer is a surgeon by training and knows how important good medical care is to our rural community. Sir, the floor is yours.

Jeff Colyer:

Thank you very much, and I want to thank everyone from RHHub for putting this together, and the great information that is available through RHI. There's a National Advisory Commission on Rural Health that is in statute and has been around for a number of years. I was recently appointed the new Chairman of that commission and we met at the very beginning of March, of all places, at CDC. And what we looked at was a number of things that were going on at the time in rural health care, but really starting to have a discussion of, where are we going with rural health care? What does it look like in the future over the next four or five years? And in reality, rural health is very innovative and is essential for 60 million Americans.

And so we now are facing the COVID pandemic which has killed tens of thousands of Americans and wreaked havoc in large urban centers, but now what we're starting to see is ping-pong balls that kind of bounce through rural areas. We have a number of clusters in North Dakota, Iowa, California, Kansas, and they're going to continue to pop up over the next few months. And so in dealing with the transformation, we also need to deal with COVID, and at this point it is very clear that we now live in a COVID world and we're not going to return to January 2020 B.C., that's Before COVID.

What we're going to need to do is see our rural health care providers function in a world where they have to deal with regular patients as well as COVID patients. The data has been very clear that there are health disparities in rural America and that they had been getting worse for three decades. Many hospitals are challenged and more than 120 rural hospitals closed, and about a quarter of them have had financial difficulties over the last decade. Rural populations are older and in many states, counties may have 30% or more of their population over the age of 65. So not only do they have higher rates of heart disease and stroke, but it also makes them at much higher risk for the virus.

We also have a number of rural nursing homes and tribal facilities that are especially vulnerable. There are a number of rural hospitals, particularly the 1350 critical access hospitals that have had to deal with Corona patients as well as the effects of closing down much of their regular services. This forced hospitals and patients to cancel elective surgeries, therapies, and the worsening financial burden has threatened future closures and staff furloughs. So now we need to discuss how we're beginning to open up, and how rural communities are coping with COVID while bringing their health services back online quickly.

The Federal Government has mobilized some unprecedented resources. The Department of HHS last week disbursed 10 billion dollars to rural providers, and has also advanced Medicare payments to cash-squeezed budgets. We have also awarded about 1.3 billion to rural America to help diagnose and treat COVID-19. And there are additional resources available through HRSA. Many states are also innovating too, and we want to share that information and learn from it. For example, in Kansas, fourth-year medical students graduated early to volunteer in rural hospitals. Many of us have seen our telehealth expand significantly, and I can tell you from personal experience that we're never going back. I've seen the majority of my patients via telehealth and they like the convenience and the access that it gives them. And so we're going to see those changes continue on in the future.

We're also seeing lots of innovations such as rural communities that have designed their own tracing or organizations like the International Medical Corps who are providing doctors and nurses as well as tracing in rural communities. As a rural doctor, we know how to make do with what we have, and in dealing with COVID, rural doctors have made a number of great discoveries such as keeping their sickest patients prone on their stomachs which help the patient breathe a little bit easier, and to help them avoid intubating the patient. We're also seeing all sorts of new PPE equipment. Many local communities have produced their own plastic sheeting to produce their own gowns, for example. And now the nurses and home health workers who really know their patients and families are helping with tracing.

So rural providers have really made a big impact and they're going to have to continue to grow as we bring back regular health care. Many states are now going to have a large capacity to test 10 to 20 thousand patients a day, and the rural communities actually need to be a primary testing target. In places like nursing homes and in other areas, this can be an opportunity for rural communities to strengthen their community and to protect those that need protection. So, since COVID is going to be with us for a long time, innovative providers need to think about how we care for patients as well as those with the virus. And so we want to work with you and look for your ideas and share those ideas on things like PPE, or how to better access your patients, and how the Federal Government and others can be a better support and help with resources.

We're transforming rural health care right now, and many rural hospitals are reinventing themselves so that they can sustainably serve their communities better. We want to work with you. We want to hear your ideas, and the National Advisory Commission would like to take some of those ideas and share them with the communities around us. Thank you for all of your innovation, and we look forward to continuing this dialogue.

Betty-Ann Bryce:

Thank you, Governor. Our next speaker is from the Department of Agriculture. It is Bette Brand. She serves as the Deputy Under Secretary for Rural Development and before USDA spent 35 years with Farm Credit of the Virginias. Since her arrival she has prioritized increasing rural America's access to capital, invested in innovative technology and helping businesses create jobs. She is someone who cares deeply about rural America and the health of rural communities. The floor is yours, Bette. Thank you for joining us today.

Bette Brand:

Thank you so much, Betty-Ann, and thank you to the Rural Health Information Hub for hosting today's webinar. USDA and HHS have had an important partnership and I appreciate the opportunity to talk about what we do, especially at this time when health care needs are so critical. The more our partners and customers know about USDA, it does help rural communities, the more we can do to support the quality of life in rural America. I also want to thank everyone on the call. You are on the frontlines of helping rural Americans during this time of crisis, and your work is deeply appreciated. And like you, much of USDA's rural development team lives and works in the communities we serve. And I believe that shared experiences provides an important connection to each other, to our shared purpose, and to the people we serve. And I imagine that some of you didn't realize that USDA is in the rural health care space. So let me say simply that if it's rural, we are there, from infrastructure to economic development to housing to health care.

We've been by your side in tackling the opioid crisis with you, and today we're with you to fight back against the devastation of the Coronavirus. With our time together today, I'll give you a brief overview of our programs that impact health care as well as how we are providing extra support for the health care needs of rural communities during COVID-19. I'll point you to additional resources and information on our website, and of course encourage you to be in touch with the office of my colleague, Betty-Ann Bryce, USDA's rural health liaison, who is moderating today's webinar. Betty-Ann is your connection to USDA's health care resources.

When it comes to health care, our priorities for rural Americans are very clear. It's all about availability and accessibility. We administer a wide portfolio that impacts both availability and access. For example, we provide guaranteed and direct lending for rural hospitals. In the last three fiscal years we have invested over 2.4 billion dollars in 421 rural health care facilities through our community facilities programs. In addition, programs administered by rural business cooperative service can be used to support rural health care systems through its business and industry guaranteed loan program which is also used to support the financing needs for construction, upgrades, or expansion of hospitals or medical care facilities.

Our rural business cooperative service technical assistance programs can also be used to develop specialized education and training curriculum that supports workforce development in medical-related fields. One of the most important pieces of our tool kit to support rural health care is our significant investment in broadband infrastructure. Access to telehealth through the delivery of high-speed internet has been a focus on rural development for some time. And of course, the Coronavirus has made the need for telehealth even more urgent. Its lifesaving convenience is now underscored by its lifesaving ability to limit travel and unnecessary exposure.

Our loan and grant programs for the delivery of high-speed internet in rural areas have become a cornerstone of what we do, and that work is more important than ever. So that's a broad brush of what we are doing in the health care space, but to give you an idea of how much we are doing that you may not have known about, there are additional programs where we can be quite focused. For example, our Delta Healthcare Services grant program provides financial assistance specifically to address the continued unmet health needs in the Delta region. Grants are awarded to promote cooperation among health care professionals, institutions of higher education, research institutions, and other entities in that region.

And so what are we doing to help during this COVID-19 crisis? Our significant financial footprint in rural communities all over the country means that we have been able to help rural hospitals during the pandemic, primarily by providing loan forbearance flexibility. The business and industry guaranteed loan program that I mentioned a moment ago also received additional

funding through the CARES Act. CARES also appropriated 100 million dollars in set aside grants for our reconnect broadband program, and also 25 million dollars was from the CARES Act to support our distance learning and telemedicine grants.

Our website has all the details about what I have briefly mentioned here, but please go to rd.usda.gov and you will find a link right at the top of our homepage and it's to our COVID-19 response page. For those of you who want to go straight to the COVID page, that is rd.usda.gov/coronavirus. That's rd.usda.gov/coronavirus. On that page you'll find a fact sheet on everything that rural development is doing to help our lenders and our borrowers as well as the federal rural resource guide that provides information about everything that USDA and our federal family is doing to help rural America through this crisis. We've even created a special email mailing list for information about COVID-19 assistance, and you can sign up for it on that same page at rd.usda.gov/coronavirus.

And finally, if you follow us on Twitter, our handle is @usdard. You'll find helpful information as well as some inspiring stories coming from our rural communities. While I'm sorry it's under these circumstances, I hope this time together will help us work even more closely going forward. And as we work together, I hope you'll be inspired, as I am, by the way the businesses and institutions supported by rural development programs are also able to contribute to the health care needs of their own communities and to the nation. For example, at Somerset Community College in Kentucky they developed a new prototype and are now 3D printing more than 100 face shields per hour. Rural development has always been proud to support that college's 3D printing curriculum and it is just incredible to see that valuable equipment being put to this critically important use right now.

A business that rural development supported in Louisiana, Vidalia Mills, has gone from making denim for blue jeans to making surgical masks and gowns. The story of Vidalia Mills is one of partnership, entrepreneurship and help in a time of crisis. We helped Vidalia Mills transition from being a shuttered Fruit of the Loom plant to a denim manufacturer back in 2018, and that assistance helped create over 300 jobs in Vidalia. Imagine going through two major manufacturing transitions like that in just a few years, from Fruit of the Loom, to denim, to PPE. It's a story of partnership and innovation and how rural America can and will thrive. So thank you so much for having me today, and Betty-Ann, I'll turn it back over to you.

Betty-Ann Bryce:

Thank you so much, Deputy Under Secretary. Our next speaker is from the Department of Health and Human Services. I'm very pleased to introduce Dr. Diane Hall, who is a senior scientist for Policy and Strategy in the Office of the Associate Director for Policy and Strategy at the Centers for Disease Control and Prevention in Atlanta. She leads the office's work on translating science for policy use, policy analysis and developing policy relevant training. She also serves as the CDC's coordinator and point of contact for rural health work. In short, she is and wears many hats and we are so fortunate to have her leading the effort on rural health. Diane, the floor is yours.

Diane Hall:

Thank you, Betty-Ann. I appreciate that introduction. I would also like to thank the Rural Health Information Hub for hosting this webinar. As Betty-Ann mentioned, I am CDC's point of contact and lead for coordinating our rural health work, and as you see on the screen I am also currently leading a minority health and rural health team that is officially part of CDC's COVID-19 response and I'll talk about that a little bit more.

I'd like to start by covering a little bit of recent history before talking about where we are today, because I don't think we would be where we are today if we had not started out on a rural journey a few years ago. CDC has always done work in rural health, but we have many centers

and we're spread across many states and we are even in other countries. We typically receive our funding by health condition and so our rural health work is spread across the agency. We might have people in our cancer division working on something, or people working in our immunization group working on something. So it's always been spread out.

In 2017, we began speaking about the agency's portfolio of work versus these individual projects spread across multiple centers, and that work is coordinated out of my office. So at CDC we are a scientific agency and we start with the data. In 2017, you may recall that we published the first-ever MMWR Rural Health Series which consisted of 13 reports. The reports highlighted rural and non-rural health disparities across a variety of topics including the five leading causes of death, heart disease, cancer, unintentional injury, stroke, and chronic lower respiratory disease.

My office also wrote six accompanying policy briefs in conjunction with program offices to go with those MMWRs. Those were on cancer, suicide, diabetes, motor vehicle collisions, opioids, and children's mental health. Working on this series was a tremendous effort that spanned the agency. And one of the things it did was increased awareness within CDC about the helpfulness of our analyzing data by rurality. And what this did was catalyze additional data analyses and research projects. While we are not doing another 13-part series, we do continue to publish rural-focused MMWRs, approximately three to four per year. And in November 2019 we did an update on the leading causes of death. What we found in that report was that rural counties had higher percentages of potentially excess or preventable deaths compared to urban areas for all five causes of death. And this particular report included comparisons by different levels of rurality by region and by state.

And when we looked at the gap between the most rural and the most urban counties, we found that the gap increased for cancer, heart disease and chronic lower respiratory disease. It decreased for non-intentional injury which includes poisoning, falls, and motor vehicle traffic collisions, but that's not decreasing the gap in a good way. It's because nonrural areas were getting worse. And for stroke the gap remained relatively stable. In addition, our National Center for Health Statistics, NCHS, regularly publishes data briefs and data visualizations that are focused on rural areas.

From data, we move to research and programmatic work and these are conducted in different ways. We often work with state and local public health departments, but there are other options. For example, we often work with different centers which are housed at universities. This is a really good way to do projects that are locally relevant. So for example, our National Institute of Occupational Safety and Health, or NIOSH, funds 11 ag safety centers that are focused on safety. And each of those centers also works on mental health issues in rural areas. We work with the Land Grant Extension Service through our Division of Nutrition, Physical Activity and Obesity on the high obesity program. And this program has had some really wonderful successes in building capacity to help communities address obesity.

We also fund 25 prevention research centers and many of those conduct rural-focused projects. We also work with organizations that are engaged directly with the groups that we're interested in. So for example, we work with 4H, Future Farmers of America, in addition to working with USDA and the Council of State and Territorial Epidemiologists on a project we call Youth and Ag. This is focused on the prevention of flu as part of CDC's One Health Initiative. And the One Health Initiative focuses and recognizes the fact that the health of people is connected to the health of animals and the environment. This approach involves a collaborative multi-sectoral transdisciplinary approach working at all levels, locally, regionally, nationally and globally, with

the goal of achieving optimal health outcomes. I will add a link in the chat later so that you can see that.

And what's really relevant here is that COVID-19 is a zoonotic disease, so a One Health approach is really critical. We also do our work in collaboration with partners. Collaboration is very important in public health but it's really critical in rural public health. And I think this webinar is a nice demonstration of how collaborations can be so powerful. So we work with partners to help us get the information and resources where they're needed, but partners also provide us an opportunity to learn what is happening on the ground, so to speak.

One of our key partners is the Federal Office of Rural Health Policy, located within HRSA, and Tom Morris will be speaking after me. FORHP is our main partner on our work in rural health and what we found is that our partnership with FORHP has been productive, fun, and mutually beneficial. We are able to get science and data and research out through FORHP's networks and infrastructure and they are able to help us connect to groups and constituencies on the ground so that we can ensure that the work we're doing is rurally relevant.

We're also doing work with FORHP and the Sheps Center at UNC Chapel Hill on a project examining rural hospital closures. We're working with USDA and FORHP about putting together some resources addressing mental health issues in agricultural communities. And this is where Betty-Ann's role becomes so critical. USDA funded the Farm and Ranch Stress Assistance Network and Betty-Ann's role has been critical to bridging USDA to HHS, and this has been a wonderful partnership.

Another partnership is with HUD, CMS, the Center for Medicare and Medicaid Services, USDA, and other federal partners. Last year we released a joint informational bulletin on resources for older and disabled rural populations. So, that's work that we've done outside the agency. Within the agency we've also led work workshops and trainings for CDC staff starting in 2017 and we've continued to do that. In August 2019 we had our first rural health symposium which had several hundred people from CDC attend, and we kicked off a rural learning community. We have a Listserv with approximately 200 people. One of the things that I had been hearing after our trainings is that CDC staff were very eager to connect with other people working in rural areas, so that has been really helpful in creating connections and elevating our work.

So now rural America and COVID-19, the work of the past three years has been critical in elevating the importance of better understanding rural public health at CDC. And we've engaged in several activities. People may not realize, but when there's a public health emergency there's a whole infrastructure that is activated at CDC with task forces focusing on data, laboratory issues, global issues, providing support to health departments and health care facilities, and focusing on vulnerable populations. That said, this is very new and unlike previous responses. There's so much we are learning every day, and at last count we had nearly four thousand CDC staff officially working on the response. And that's not counting the subject matter experts that we reach out to across the agency.

A few weeks ago as part of the task force that focuses on at-risk populations, CDC created a team focusing on minority health and rural health as part of our formal response structure, and I'm currently leading that team. So we've engaged in several activities. The first was actually before this team was created and it was at the National Advisory Committee on Rural Health and Human Services meeting that Governor Colyer mentioned. That was in March in Atlanta at CDC, and we were able to bring somebody to provide a briefing on Coronavirus to that committee. We then decided to do some national rural briefings, so we did one at the end of

March with Dr. Jay Butler and we had approximately eight thousand live participants, and we've had over 70 thousand views on YouTube.

We've done subsequent briefings with Dr. Butler and we were very pleased that Deputy Secretary Hargan was able to join us for some brief remarks and an overview of some HHS activities. And that one had a little over two thousand live participants. These are also on YouTube and so we're continuing to get views. We did a third briefing a couple of weeks ago again with Dr. Butler and Deputy Secretary Hargan. We also did a briefing with the Extension Disaster Education Network, EDEN, for extension service agents, and Dr. Kathleen Ethier from CDC presented on that, and there were about 300 participants. And this was a way for us to talk to cooperative extension service and extension agents about information that they could share within their communities.

We've had partner calls with the Federal Office of Rural Health Policy, the National Rural Health Association, and we're in the process of scheduling more calls. We're providing technical assistance to CDC teams who are being deployed in response to outbreaks at meat and poultry plants, which you've probably seen in the news. Many of those plants are in rural areas and the workforce is often racially and ethnically diverse, so there are a lot of factors that need to be taken into consideration when providing technical assistance to the teams on the ground.

We're starting to schedule listening sessions and calls with coalitions and other partners about seasonal farm workers and concerns with people moving across state lines, and from community to community. We're also working within the response and across the task forces to highlight rural considerations in areas such as data and the support being provided to health care facilities and health departments. And CDC is now including county data, cases and deaths, on our webpage and I'll post that link in the chat also. There's a lot of work to do, and we cannot do it without our partners. At CDC we keep saying, "This is not a sprint, it's a marathon," and our team is definitely in it for the long haul. Now back to you, Betty-Ann.

Betty-Ann Bryce:

Thank you so much, Diane. Our next speaker is also from the Department of Health and Human Services, and it's Tom Morris. Tom also is a person that wears many hats. He is the Associate Administrator for Rural Health Policy in the Health Resources and Services Administration. In that role he oversees the work of the Federal Office of Rural Health Policy which is charged with advising the HHS Secretary on rural health issues. Tom, the floor is yours.

Tom Morris:

All right, thank you very much, Betty-Ann. It's great to have you in that role at USDA and thanks for the partnership. Also, just to echo everybody else and say thanks RHIhub for hosting. You really are the natural entity to do that, and so anyway, I'll echo what folks have said before. I think the most pressing issue for us now is COVID. But even while that's happening and we're quite busy with it, the regular work goes on too, and so what I'd like to do is just touch a little bit on where we are in both of those areas. Usually by this time of year there's been the spring spate of conferences and meetings where we do these sort of updates, and since we've all been working from home and been a little bit socially isolated, we haven't been able to get out and talk about the regular work as much. So this webinar really comes at an ideal time.

I'll start with our COVID work. The CARES Act included 180 million dollars that came through our office, 150 of that was to focus on helping rural hospitals prepare for any kind of surge they may face. And so working with our partners and state offices of rural health, we awarded them the money and they're in the process now of cutting checks to each of those hospitals and they can use that very flexibly. They can use it for training, they can use it for acquiring equipment, PPE, et cetera. So we're really appreciative of the opportunity to do that. We also received 15 million dollars in funding for our tribal program and we are turning that around to get money out to the

tribes and we had a great response. More than 180 applications came in. We're going to start reviewing those this week and quickly move to making up to 50 awards. We know some of the tribal areas have been hit so hard by this, and the 15 million is certainly not going to address that, but we're hoping that it will help because we're going to give them a great degree of flexibility with how to use this funding to address their unique needs.

And then there's been a lot of discussion obviously today about telehealth, and we were able to get 15 million dollars to our telehealth resource centers because you would not believe the volume increase that they've had. As the Deputy Secretary talked about, we've seen a rapid transformation of folks moving from face to face care to telehealth, and that made the telehealth resource centers a lot more popular. And so the increase in their volume was well more than 1000% from this time a year ago, and so the funding will help them better respond to that moving forward. We were also able to help out and work with the department leadership and Deputy Secretary Hargan in the direct relief fund, as you mentioned, the 10 million dollars that went out, and we were glad to be consulted on that and part of helping figure out how to target that to the most needy rural hospitals, rural clinics and rural health centers.

But even amidst all that, there's also the regular work that we have going on. And so I did want to touch a little bit on that. Just today we have released the grant guidance, our notice of funding opportunity for a new planning program for rural HIV care. As folks probably know, one of the administration's major new initiatives is around ending the HIV epidemic. And we wanted to do whatever we could to support that, and so we're going to make 10 planning grant awards in each of the seven states that are the focus of some of the more intense new cases and new outbreaks, and so that guidance is out there today and I would encourage folks to go to our website or to grants.gov if they have an interest, and learn more about that.

This is part of a larger co-award of planning grants that we make each year, and so we'll also be making those, a large number of awards for just general planning later in the year. The Congress gave us additional funding this year for expanding our rural residency planning grants and so we'll be awarding grants on that later this year. We know that if we can train more physicians in rural areas they're more likely to stay in rural areas. We have research documenting that. And so with these grants what we do is we help rural hospitals and other entities in rural communities start their own residency programs so that rather than training somebody in a big city or an academic health center, we train them in rural communities in rural hospitals and rural clinics, and we think that's part of a larger strategy to try to address some of the workforce challenges.

We also got an interesting item in our budget to create a new national telementoring program, the idea being that there's a lot of work that goes on in terms of supporting clinicians by providing continuing education. Everybody's familiar with the ECHO model, but there's a variety of ways to do this, and so we will be making that award before the end of this fiscal year and that'll be a national resource I think for people to really turn to, to find out how best to do this moving forward. We're also going to be making some awards around rural care coordination and again, Diane spoke to the disparities we see in terms of leading causes of death. I think part of that is addressing the risk factors on the front end, and part of that is better coordinating care in rural communities. So we're really hopeful that we can fund some innovative work through this rural care coordination program.

While all this is going on, we still have the ongoing challenge of the opioid crisis, and in many communities that opioid crisis has morphed into concern about other areas of abuse including for many folks, methamphetamine. And so our work on our rural community opioids response program is continuing and we've got some flexibility to help our grantees also address other substance abuse issues including meth. And so today, just about in the last hour or so, we

posted there's a funding opportunity for our core planning grants. We're going to make 50 awards at \$200,000 each, so if you're interested in that, you could pull down the guidance from grants.gov. And then hopefully in the next week or two we'll be releasing another set of funding under this program for addressing neonatal abstinence syndrome in rural areas. This is a new direction for us in this program, but we know that, we've learned from our past investments with our opioid program that it's a real challenge in many communities.

So we're hopeful with these 30 grants to provide some support for rural communities to try out some innovative ways to really address this moving forward. We're going to continue to make our regular rural service outreach awards later this year. All of this, I think the best way to stay on top of all of the funding is if you look at this slide you'll see a copy of our weekly newsletter, and so we do these announcements where we fill out not only our grant information in there, but what we try to do with this Listserv is really make sure that anything that would be of interest to a rural community, we try to include that in there. And even sometimes when there's a larger health care initiative, we'll try to tease out why there's a unique rural opportunity event.

So we really pay particular attention to try to make this a relevant source of information for rural communities each week, and you can sign up for that by just dropping an email to Michelle Daniels, and her email is on that slide. It is mdaniels@hrsa.gov. I guess the final thing I would say is that the University of North Dakota is home to RHlhub, but they're also home to the Rural Research Gateway, and for our Rural Health Research Center grant program. All of the findings from the Rural Research Centers are posted to the Rural Research Gateway and so I would encourage folks to sign up for their Listserv also because it's a great way to find out what new rural services research is out there. And our goal with that is really to inform policy at the national and state level through policy briefs that are very targeted towards issues that we see cropping up in rural health care every day.

So with that, just again thank you so much for the opportunity to be on the webinar, and thanks to Kris and Lexie for putting all this together, and for Betty-Ann for coming up with the idea to do it. So I'll turn it back to Betty-Ann.

Betty-Ann Bryce:

Thank you so much. As you can see, between Diane and Tom there's a wealth of information and an amazing amount of work being done on behalf of rural, so I do encourage you to follow up with them and to click on those links that they provide. I'm going to do a really quick overview of how USDA can complement some of the things that you've heard.

As you know, different factors influence rural health outcomes and what I tried to do in these few slides, really three, is give you a sense of the different programs across USDA that can help in different ways and impact rural health. So as you're thinking about healthy behavior choices, you can be aware of the Child and Family Development program that we have, the 4H program that we have that works with youth development, the Obesity Prevention Program, and the WIC Telehealth Innovations Project that is looking at ways to deliver nutrition education to pregnant moms in rural communities.

If you're thinking about access to health care, you heard about a number of our programs. This just puts them all in one place and once you get the slides you can email me for them. You click on the links to learn more, but again some of the programs you heard about earlier, Community Facilities, but also the Farm and Ranch Stress Assistance Network to help provide resources to folks who are challenged in these areas. And the other area that is equally important are those social and economic factors that impact health care. And I wanted to draw your attention to a few of those programs like the Homeownership Program, the different ways that you can access food programs through Child and Adult Care Food Programs, and Economic Impact Initiative

grant to help to really address communities with extreme unemployment and severe economic depression.

These are all programs that are within USDA and this is just a snapshot of a number of different programs that we have. So I encourage you to get these slides and click on the links to learn more. We also, as you heard, have a number of different COVID resources at your fingertips. A number of initiatives have already been introduced. Farmers to Families Food Box, Meals for Kids Site Finder, as well as the different resources. And here I call your attention to something Diane said, which is really, really interesting and important work of NIFA, which is the USDA National Institute for Food and Agriculture and their Extension Disaster Education Network which is EDEN that was mentioned earlier. And of course the USDA rural development COVID resource page.

The final slides are other resources. Of course, we can't mention them all, so I really encourage you if you look at one thing, really look at the major program summary which gives you a really, really good overview of all the programs at your fingertips and also when you get to the last two pages, the eligibility criteria which is of course very important to you. And also the programs that we have available to help tribes. We also don't want to forget the opioid epidemic, substance use disorder crisis in rural communities, and there are a number of USDA resources at your fingertips to help you think through how you are addressing that issue on the ground.

So these slides are really just for you. I encourage you to get them, click on the links and learn more about the resources. And if you have any questions, there is my email if you would like the slides. If you would like me to send you something, don't hesitate to get in touch with me. I'm very, very appreciative of everyone who joined the conversation today. As you see, we are trying to work closely together to build a strong partnership to serve rural America, and I hope you got this from this introductory webinar, and who knows, perhaps we'll do more. So with that, I want to turn it back over to Kristine Sande for the closing words.

Kristine Sande:

Thank you, Betty-Ann. On behalf of the Rural Health Information Hub I'd like to thank our speakers for the information and insights that they have shared with us today. Also thank you to all our participants for joining us. The slides that were used in today's webinar are currently available at www.ruralhealthinfo.org/webinar. In addition, a recording and a transcript of today's webinar will be made available on the RHHub website. And we'll also send that to you by email in the near future so that you can listen again or share the presentation. Thank you so much for joining us, and have a great day.