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**January 8, 2013**

**TTAG Outreach and Education Subcommittee Conference Call Action Items**

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| **Action Item** | **Timeline** | **Person Responsible** | **Status** | **Notes** |
| Include a request for agenda items in future reminders concerning O&E Subcommittee calls. | ASAP | Ms. Heintzman | Ongoing |  |
| Look into the use of RSS feeds by CMS and report back to the Subcommittee. | ASAP | Ms. Sparks | Ongoing |  |
| Contact Mr. Stiener concerning participating in a workshop during the NCUIH leadership conference. | ASAP | Subcommittee Members | Ongoing |  |
| Share copies of the newsletters that NIHB sent out via Constant Contact. | ASAP | Ms. Wittenborn | Ongoing |  |
| Follow up with HRSA to determine whether it might be possible to share information concerning its facility locator app with IHS. | ASAP | Mr. Stiener | Ongoing |  |
| Begin the process of booking another panel on the Native America Calling program to discuss the implementation of the ACA in Indian Country. | ASAP | Ms. Sparks | Ongoing |  |
| Share the CMS-related questions that are being asked at national and local events. | ASAP | Subcommittee Members | Ongoing |  |

**January 8, 2013**

**TTAG Outreach and Education Subcommittee Conference Call Minutes**

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| **Agenda Item** | **Discussion** | **Action** |
| **Documents Received** | * None |  |
| **Roll Call** | **Ms. Liz Heintzman**, Legislative Program Associate, National Indian Health Board (NIHB), took the roll. Participating in the conference call were:  TTAG:  Dee Sabattus  Jay Stiener  CMS:  Georgeline Sparks  IHS:  Raho Ortiz  NIHB:  Liz Heintzman  Tyra (Baer) Wittenborn  Other:  Tonya Bailey, TEOC |  |
| **Welcome and Call to Order** | **Ms. Heintzman** welcomed the call participants and informed them that **Dr. Alec Thundercloud**, Chair, Outreach and Education (O&E) Subcommittee and Executive Director of Health, Ho-Chunk Nation, would not be able to participate in the call. **Ms. Georgeline Sparks**, Tribal Affairs Group (TAG), Office of Public Engagement (OPE), Centers for Medicare & Medicaid Services (CMS) served as the discussion moderator in his absence. |  |
| **Discussion** | **Ms. Sparks** indicated that there was no official agenda for the call. She stressed the importance of developing an agenda prior to all future calls to guide the discussions and ensure that important topics are covered. She asked **Ms. Heintzman** to include a request for agenda items in all future reminders concerning O&E Subcommittee calls.  **Ms. Sparks** reported that several issues of interest to the Subcommittee are moving forward within CMS but are not yet ready for release to the public. In support of these internal CMS conversations, **Ms. Kitty Marx**, Director, TAG, OPE, CMS, asked **Ms. Sparks** to collect the call participants’ input on the types of venues and channels on which CMS should focus its attention for outreach purposes. She specifically asked whether CMS should emphasize the use of social media to reach out to Indian consumers and community members.  **Ms. Tyra (Baer) Wittenborn**, Tribal Health Care Reform Project Coordinator, NIHB, stated that NIHB is looking into the use of social media as part of its Tribal Health Care Reform Project. She asked whether CMS will use a Really Simple Syndication (RSS) article feed that other groups such as NIHB could link to their websites. She indicated that Kaiser News provides an RSS feed that allows its recently posted content to be posted immediately on linked websites. **Ms. Sparks** replied that there is currently no CMS O&E information available for public release. She believed that the Office of Communications would be responsible for developing and updating information that could be disseminated this way. She promised to look into the possible use of RSS feeds by CMS and report back to the Subcommittee.  **Mr. Jay Stiener**, Policy Analyst, National Council of Urban Indian Health (NCUIH), reported that NCUIH has just entered into a contract with the Web designer who designed the [www.tribalhealthcare.org](http://www.tribalhealthcare.org) website. The website under development, [www.urbanindianhealth.org](http://www.urbanindianhealth.org), will go live on February 1. It will serve as the Web portal for urban Indian health programs and urban Indian patients and communities. NCUIH is excited about the opportunities that the site will provide for sharing news and talking points as well as providing links to partners. He indicated that NCUIH would be interested in linking this website to those maintained by TAG and CMS, especially those concerning O&E efforts. He also anticipated that the NCUIH site would link to those of the NIHB, the Indian Health Service (IHS), and other partners. The new website will include a drop-down list of partners that are involved in the effort to bring the benefits of the Patient Protection and Affordable Care Act (ACA) to American Indians/Alaska Natives (AI/ANs).  **Mr. Stiener** also reported that NCUIH is planning its annual leadership conference, which will take place May 7-9 in Arlington, Va. He indicated that NCUIH would be willing to host an O&E workshop or provide a display table in the main area of the conference. Ideally, NCUIH would like to have an hour-long session that brings together national organizations, tribal organizations, CMS staff, and IHS representatives to discuss the various O&E activities that they are planning. He asked the call participants to contact him if they or their organizations would like to participate in a workshop during the conference.  **Ms. Sparks** noted that the NCUIH conference would dovetail nicely with the schedule for the O&E Subcommittee meetings, which are scheduled for the first Tuesday of each month. She anticipated that CMS would be able to commit to being a vendor at the conference. She suggested that the Subcommittee work on developing a panel discussion for the conference. **Mr. Stiener** responded that NCUIH would welcome the addition of a panel developed by the Subcommittee. **Ms. Wittenborn** added that NIHB would also be willing to help with the development of the panel session. **Mr. Stiener** welcomed all of the offers of assistance and promised to keep the call participants informed about the development of the conference agenda.  **Ms. Sparks** noted the importance of raising awareness about the single, streamlined application that will be used for Medicaid and the health insurance exchanges. She stressed the need to inform stakeholders about the application prior to its release in October. She hoped that there would be information about the application available for sharing in time for the NCUIH conference. **Mr. Stiener** agreed that it would be very helpful to have the application available for presentation and discussion at the conference in May. If it is not available at that time, he indicated that time could be devoted to a discussion of the comments that have been submitted.  **Ms. Sparks** asked **Ms. Wittenborn** to provide more information on NIHB’s plans to use social media as part of its outreach efforts. **Ms. Wittenborn** replied that NIHB is working with Constant Contact to reach out to the National Indian Health Outreach and Education (NIHOE) representatives. NIHB plans to use its website to maintain a blog or blogs. The organization will also use Constant Contact to reach out to individual consumers, particularly those who attend the NIHB national conference. This effort will focus on disseminating information on upcoming events and breaking health care news. She promised to share copies of the newsletters that have already been sent out via Constant Contact.  **Ms. Sparks** stated that there had been some conversation within CMS earlier in the day about the effectiveness of Facebook as an outreach tool. She noted that as more parents begin using Facebook, their children will find new ways of communicating, which means that outreach via social media needs to adapt over time to include new channels.  **Mr. Stiener** stated that he had been browsing the Apple apps store for health-related apps and found a Health Resources and Services Administration (HRSA) app that allows users to search for federally qualified health centers within a specified geographic radius. He thought that it would be very helpful, especially in terms of sustainability, for urban Indian health programs to have an app that would help users locate the nearest Indian health care provider. He was concerned that the cost to develop such an app would be prohibitive.  **Mr. Raho Ortiz**, Director, Division of Regulatory Affairs, IHS, pointed out that there is an IHS facility locator tool on the front page of the IHS website. Users input their address or ZIP code, and the tool will provide the location of the nearest IHS, tribal, or urban health facility. **Ms. Sparks** asked whether **Mr. Ortiz** thought that IHS might develop an app similar to that available through HRSA. **Mr. Ortiz** responded that he did not know whether IHS had plans to do so. **Mr. Stiener** recommended that the Subcommittee work to encourage HRSA to share the knowledge gained by developing its app with IHS and CMS. He thought that the basic framework would be very similar for any facility locator app developed by IHS. He volunteered to follow up with HRSA to determine whether it might be possible to share information concerning the app with other federal agencies. He believed that a locator app would be very helpful for young people who might not have a computer but do have a smart phone. **Ms. Sparks** agreed that smart phones are a more promising avenue for outreach as individuals in Indian Country are accessing the Web through their phones instead of computers. **Ms. Tonya Bailey,** Tribal Education and Outreach Consortium (TEOC), also agreed that smart phone apps would be a very effective way to conduct outreach.  **Ms. Sparks** asked the participants whether any of the organizations they represent are considering developing content specifically for posting on You Tube or whether they plan to post any of the videos that are in development to the service. **Ms. Wittenborn** stated that NIHB plans to release a video public service announcement (PSA) in February. This video will be posted on You Tube. She added that she has been conducting research on ways to make websites more effective and consumer-friendly. **Ms. Bailey** reported that **Dr. Mim Dixon**, Tribal Technical Advisory Group (TTAG) Technical Advisor, Mim Dixon & Associates, has been working with the TTAG to produce a couple of You Tube videos concerning the ACA. **Mr. Steiner** stated that NCUIH’s urban Indian health website ([www.urbanindianhealth.org](http://www.urbanindianhealth.org)) will have the capability to host You Tube videos on its front page. While NCUIH does not have the funds to produce You Tube videos, it will be happy to host videos on its website. It is also willing to share any PSAs it develops.  **Ms. Sparks** asked whether any of the represented organizations have plans to reach out to the traditional media or to Indian radio stations and press. **Ms. Bailey** thought that this would be a good strategy as there are many outlets that reach into Indian communities. **Ms. Wittenborn** stated that NIHB is getting ready to meet with its O&E contractors to lay out the schedule of activities for the year. One of the first areas that will host training is the Aberdeen Area. She anticipated that there would be outreach to the various media outlets in Aberdeen as well as the other areas as their training sessions occur. **Mr. Stiener** reported that he was interviewed about the ACA by a tribal radio station in Phoenix, Ariz. last fall (the interview aired in November 2012). NCUIH is also looking into working with a tribal radio station in Montana in the coming months.  **Ms. Sparks** added that CMS was able to book a panel discussion about the Children’s Health Insurance Program (CHIP) on the Native America Calling radio show about one year ago. She asked whether the Subcommittee members thought this would be an effective way to reach AI/ANs in their homes. The group generally agreed that it would. **Ms. Wittenborn** indicated that NIHB would be interested in participating in a discussion on the show if CMS could arrange it. **Ms. Sparks** briefly described the process she went through to book the CHIP panel and noted that panelists do not need to travel to Albuquerque to participate. She stated that she would begin the process of booking another panel on the program to discuss the implementation of the ACA in Indian Country. She asked **Mr. Stiener** and **Ms. Wittenborn** to be prepared to participate in a call on fairly short notice.  **Ms. Bailey** asked **Ms. Sparks** whether the Subcommittee conference call is scheduled for the first or second Tuesday of each month. **Ms. Sparks** responded that the call is scheduled for the first Tuesday of each month. The January call was scheduled for the second Tuesday because the first Tuesday, January 1, was a national holiday.  **Ms. Bailey** stated that there were many questions concerning CMS-related issues during the November 2012 Direct Service Tribes Advisory Committee meeting. She asked whether TAG could coordinate the participation of a CMS representative at future training sessions. **Ms. Sparks** thought it might be possible, although the representative might have to participate by video or teleconference. She added that it is very helpful for CMS to know about the questions that are being raised at meetings and conferences. She asked the call participants to share the questions that are being asked at the events they attend.  **Ms. Sparks** asked whether any of the Subcommittee members had information about upcoming events that they could share. **Mr. Stiener** noted that the United South and Eastern Tribes meeting will take place on February 4-7 in Arlington, Va., and that NCUIH has been invited to send a speaker. **Ms. Wittenborn** reported that NIHOE is working on finalizing its calendar of events for 2013. **Ms. Bailey** stated that TEOC is planning to present a training session concerning the ACA in Indian Country in Anchorage, Alaska, during the last week of January in coordination with **Dr. Dixon**. The training will be attended by approximately 20 individuals. She anticipated that this would be followed by a train-the-trainer session to prepare individuals to train tribes in the Bemidji Area (Michigan, Minnesota, and Wisconsin). The target audience of the trainings within the areas is tribal leaders, directors, frontline staff, and individuals identified by their respective tribes. These trainings will focus on the use of the single application and how to sign people up for benefits. **Ms. Bailey** anticipated that the training effort would be quite extensive.  **Ms. Sparks** asked the participants how often they use the [www.healthcare.gov](http://www.healthcare.gov) website. The site is the main place where CMS posts information, and the agency is working to guide people to it. **Ms. Wittenborn** stated that she uses it everyday as part of her efforts to import current information onto the NIHB website. As part of its training curriculum development effort, NIHB plans to do some assessment testing in the various IHS areas to determine the interests and needs of individuals within the areas. She anticipated that the assessment would occur later in the month.  **Ms. Sparks** announced that **Mr. Rodger Goodacre**, TAG, OPE, CMS, retired from CMS effective January 3 after 39 years of federal service. | **Ms. Heintzman** will include a request for agenda items in future reminders concerning O&E Subcommittee calls.  **Ms. Sparks** will look into the possible use of RSS feeds by CMS and report back to the Subcommittee.  Subcommittee members will contact **Mr. Stiener** if they are interested in participating in a workshop during the NCUIH leadership conference.  **Ms. Wittenborn** will share copies of the newsletters that NIHB sent out via Constant Contact.  **Mr. Stiener** will follow up with HRSA to determine whether it might be possible to share information concerning its facility locator app with IHS.  **Ms. Sparks** will begin the process of booking another panel on the program to discuss the implementation of the ACA in Indian Country.  Subcommittee members will share the CMS-related questions that are being asked at local and national events they attend. |
| **Schedule Next Call** | The next conference call will take place on February 5 at 3:00 p.m. EDT. |  |
| **Adjourn** | With no other business to discuss, the Subcommittee adjourned. |  |