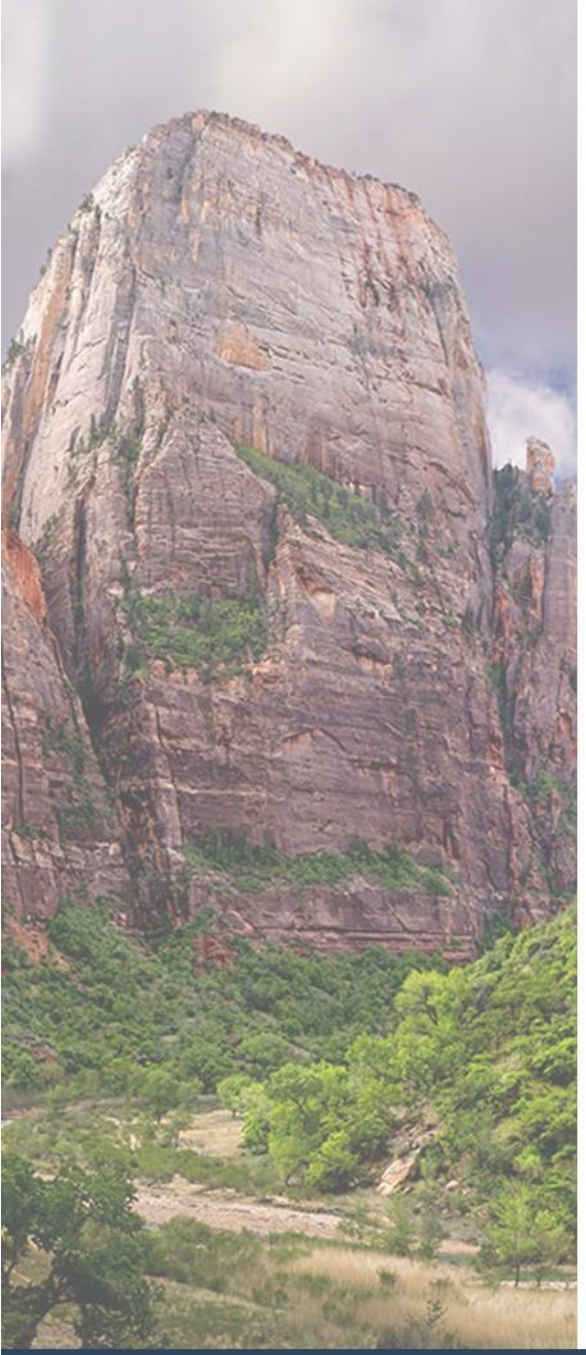
WELCOME!

July 2, 2026



July 2026 Agenda

12:00 p.m.	Welcome & House Keeping
12:05 p.m.	**Tenovi** • Presented by Jackson Williams
12:25 p.m.	Tevoni Q&A
12:30 p.m.	**Restoring Ancestral Winds** • Presented by Alexandra Ray
12:50 p.m.	Restoring Ancestral Winds Q&A
12:55 p.m.	Closing


— RHAU RURAL RESOURCE WEBINAR SERIES
Operationalizing Remote Care
Standing up a remote care program is the easy part. Sustaining it is where the work begins.
JACKSON WILLIAMS · VP OF MARKETS,
ENTERPRISE / GROWTH · TENOVI ·
THURSDAY, JULY 2, 2026 · 12:00–1:00 PM MT
tenovi

— SETTING THE TABLE

What We'll Cover Today

01 **Why Remote Care for Rural**
The case for meeting patients where they are.

02 **Components of Remote Care**
The three legs every program stands on.

03 **Types of Remote Care Programs**
Different models for different teams and goals.

04 **Challenges in Successful Remote Care**
What it really takes to scale and sustain.

05 **Who Tenovi Is**
The connective layer behind every model.

06 **Q&A**
Your questions, your programs.

— WHY RPM

Why RPM Matters in Rural Care

The distance between a patient and their care team is the problem RPM is built to solve.

DISTANCE IS A BARRIER

Patients Live Far from the Clinic

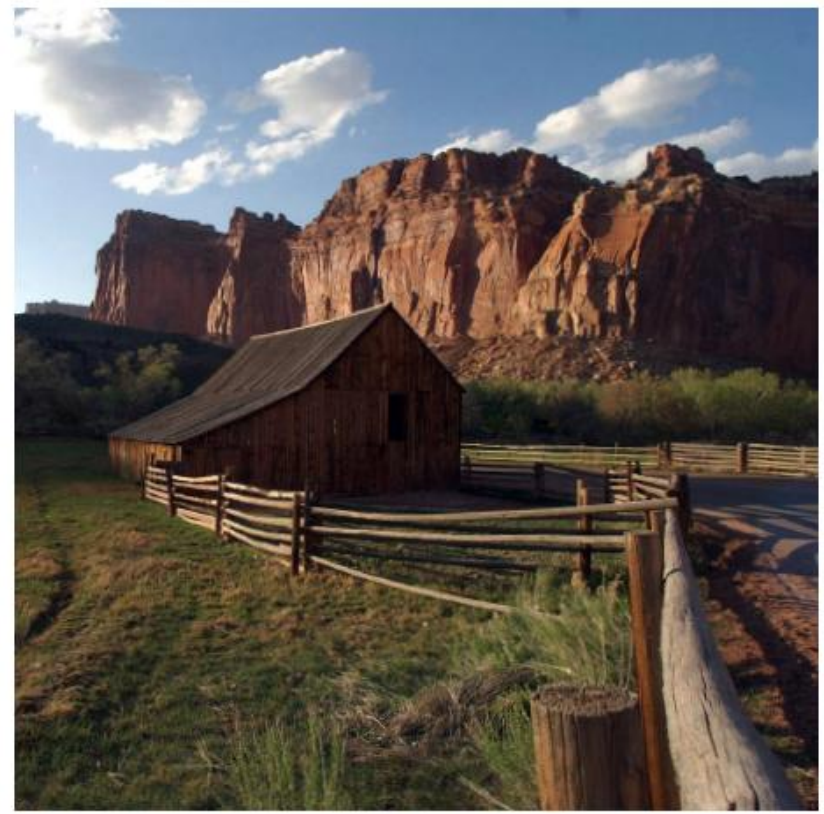
Gas, travel time, and time off work are real costs — and they hit chronic-disease patients hardest, the people who need the most frequent contact.

OUTCOMES COME FROM PROACTIVE CARE

Put the Care Team Ahead of the Problem

Real outcomes come from day-to-day management — not the reactive, wait-until-something-breaks care the U.S. system has defaulted to.

For many rural residents, seeing a doctor regularly isn't just inconvenient, it's out of reach entirely, creating a growing disparity in health outcomes between rural and urban populations.



— WHAT IT TAKES

Every RPM Program Stands on Three Legs

Take one away and the program doesn't hold.

LEG 1

Devices

Real-time data on the patient's biomarkers, so you actually know where they are in their health — not where they were at their last visit.

LEG 2

A Platform

The way to organize that data, track trends, and engage patients on their progress over time.

LEG 3

Care Teams

Nurses, dietitians, pharmacists, community workers, paramedics — the people who design the program, act on the data, and create real behavior change.

Devices. Platform. People. All three.

— PROGRAM DESIGN

There's No Single Way to Run a Program

The right model depends on who's driving it and the behavior you're trying to change.

MODEL 1

Nurse-Driven Chronic Disease Management

Red/yellow/green flags biometrics. Nurses call on alerts and build care plans from the data.

MODEL 2

Nutrition-Led Programs

Diet and lifestyle medicine guide the program. Track food and targeted biomarkers, then adjust the plan as the numbers move.

MODEL 3

Pharmacist-Led Programs

Built on tight pharmacist relationships, focused on medication management alongside the biomarker data.

MODEL 4

Paramedicine-Led, In-Home

Hands-on management in the home. Strong at driving behavior change and compliance for the most complex patients.

— CONDITIONS MANAGED

What Remote Care Programs Manage

The Remote monitoring model adapts to the population and the goal.

CORE

Traditional Chronic Disease

Diabetes, hypertension, heart failure, CKD, and obesity — the core of most monitoring programs.

MATERNAL

Maternal Health

High-risk pregnancies and postpartum monitoring to catch complications early.

MEDICATION

Medication MGMT

Tracking adherence and response alongside the biomarker data.

POST-ACUTE

Hospital-at-Home & Post-Acute

Higher-acuity monitoring in the home, including post-discharge and post-acute recovery programs.

Two challenges decide whether a program lasts: patient buy-in and synchronization.

STANDING ONE UP IS EASY. SUSTAINING IT IS HARD.

— CHALLENGE 1: PATIENT BUY-IN

Behavior Change Starts with 'What's in It for Me?'

A device on a doorstep doesn't change anything. The patient has to want to.

THE TRAP

Sending Devices to a List

Shipping hardware to a patient roster without a reason the patient cares about leads to unopened boxes, abandoned devices, and a program that stalls in month two.

THE APPROACH

Map the 'Why' with the Patient

Start with what the patient actually wants out of their health. Meet them where they are, tie the program to their goals, and enroll them into something they've bought into.

Buy-in is the difference between a device and an outcome.

— CHALLENGE 2: SYNCHRONIZATION

Every Component Has to Work Together

The three legs only deliver outcomes when they're aligned — not just present.

DEVICES

Simple & Reliably Connected

Especially in rural areas where Wi-Fi and smartphones can't be assumed. Cellular matters here.

PLATFORM

Built for the Program

Easy to use and interoperable with the EHR so data-sharing, billing, and intervention are seamless.

CARE TEAMS

Drive Buy-In, Turn Data into Change

Care teams turn the data into real behavior change — which is what produces outcomes.

Devices, platform, and people — in sync — make programs sustainable.

— WHERE TENOVI FITS

The Connective Layer for Any Care Model

Tenovi connects medical devices to software, care teams, and specialized solutions — for every model we've talked about.

DEVICES

70+ FDA-Cleared Devices

Cellular and Bluetooth, built to stay connected in rural homes without a smartphone or Wi-Fi.

PLATFORM

Open Platform & APIs

Plug device data into your platform or ours, and into the EHR, so billing and intervention are clean.

FULFILLMENT

Drop-Ship Fulfillment

Devices shipped direct to the patient, kitted and ready, with logistics and support handled.

SOLUTIONS

Solutions for Every Model

Software and care-team partners across nurse, nutrition, pharmacist, and paramedicine-led programs.

One partner. Every model.

— LET'S TALK

Operationalizing Remote Care in Your Community

Connect with Jackson to talk about what it takes to launch, scale, and sustain a program that delivers.

Connect with Jackson Williams — VP of Markets, Enterprise / Growth · www.tenovi.com

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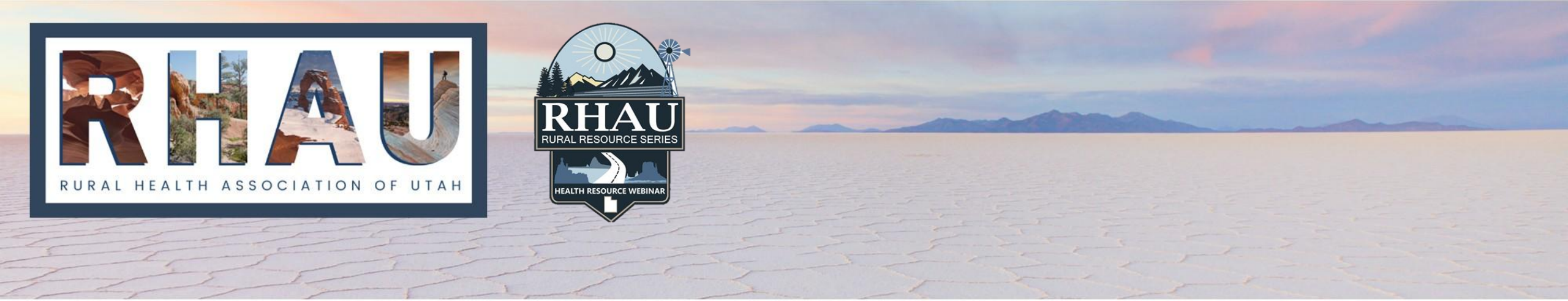
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RURAL RESOURCE SERIES
HEALTH RESOURCE WEBINAR

Tenovi

Q&A

NICOLETTA BROWN, MLS | NORTHERN ARAPAHO
COMMUNITY TRAINING & EDUCATION SPECIALIST

WINTER REX | BLACKFEET
PREVENTION EDUCATION COORDINATOR

ROOTS OF SAFETY:
RESTORING ANCESTRAL WINDS' WORK IN DV/SA RESPONSE

ADRIAN ROMERO | MESTIZO, NO TRIBAL AFFILIATION
HELPLINE COORDINATOR

AMANDA MILLER | TULE RIVER YOKUTS
EXECUTIVE DIRECTOR

Tribal SA/DV Helpline **1-833-NTV-HEA**L (688-4325)

RAW is a nonprofit organization 501(c)(3) funded by the Office of Violence Against Women, U.S. Department of Justice in support of Tribal Domestic Violence and Sexual Assault Coalitions. This project was supported by Grant No. 15JOVW-24-GG-01613-MUMU awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the US Department of Justice.

CONTENT

- RAW Mission Statement
- Training and Eduaction
- Policy/Advocacy
- Technical Assistance
- Helpline
- Current Trends
- Why Partner with RAW?

OUR STAFF

Executive Director	Amanda Miller
Financial Manager	Leeta Baker
Programs Manager	Vard McGuire
Prevention Education Coordinator	Winter Rex
Tribal Sexual Assault Reaponse Team Coordinator	Alexandra Ray
Helpline Coordinator	Adrian Romero
Office Coordinator	Tasha Stanley
Community Training & Education Specialist	Nicoletta Brown
Sexual Assault Tribal Advocacy & Outreach Specialist	Savanna Silversmith
Domestic Violence Tribal Advocacy & Outreach Specialist	Morgon Blackhair

MISSION STATEMENT

Restoring Ancestral Winds, Inc.'s purpose is to end violence in Native communities. We support healing. We will advocate for healthy relationships; educate our communities on issues surrounding stalking, domestic, sexual, dating and family violence; collaborate with Great Basin community members; honor and strengthen traditional values of all our relations.

TRAINING & EDUCATION

RAW provides trainings to Tribal agencies, victim advocates, Tribal healthcare providers, state service providers, 8 federally recognized tribes & law enforcement in the Great Basin Region.

Restoring Our Communities Annual Conference

Annual Youth Conference

Restoring Our Communities (ROC) Club

40-hour Native Victim Advocacy Training

POLICY/ADVOCACY

Member of the National Alliance of Coalitions to End Violence .

Partnerships with state agencies to advocate for SA & DV victim services, including UCASA and UDVC.

Policy recommendations to address SA & DV in Tribal communities.

Advocate for victim services in Tribal Nations.

TECHNICAL ASSISTANCE

RAW provides policy research and technical expertise for tribes on IPV, MMIR, violence, and tribal jurisdiction.

Assist the 8 Federally recognized tribes in Utah, including the urban Native populations.

Previously collaborated with the Navajo Nation, Paiute, Ute Mountain Ute and Shoshone on federal policy and tribal code on DV.

Provide culturally specific training and support to urban and rural community partners.

DV/SA NATIVE HELPLINE

Non-clinical, culturally-grounded emotional support.

Personalized mental health and violence prevention safety planning.

Referrals to a variety of resources.

Culturally-informed risk assessments.

Basic psychoeducation. (non-clinical)

DV education and legal information.

After-hours support from StrongHearts Native Helpline.

CULTURAL FOUNDATIONS OF THE HELPLINE

Awareness of the effects of historical and intergenerational trauma.

Native sovereignty and self-determination.

Respect for all living beings and the sacredness of the balance of life.

Community and interconnectedness.

Recognition and sacredness of women, LGBTQ and two-spirit people.

Equal respect for all genders regardless of roles and expectations.

Empowering women, nonbinary*, and two-spirit people.

Encouraging traditional indigenous healing practices and restorative justice.

*In this context, "nonbinary" includes anyone who does not consider themselves to be exclusively a man or a woman.

WHAT CAN CALLERS EXPECT FROM THE HELPLINE?

Commitment to Confidentiality.

Culturally-Informed Support from Trained Advocates.

Practical, Survivor-Driven Safety Planning

Connection to a variety of resources.

Empathy and understanding without judgment.

Education, information and insights.

Empowerment.

WHY PARTNER WITH RAW?

Native-Led Coalition: RAW brings together multiple Indigenous voices and organizations, ensuring programs are guided by community knowledge and leadership.

Training & Technical Assistance: Culturally grounded training and support to strengthen services for Indigenous communities.

Education & Prevention Programs: Culturally-grounded prevention presentations and community events for adults and youth.

Outreach and Community Organizing: RAW connects with Native communities to address DV/SA throughout the state; and supports survivor-led initiatives.

Helpline: Access to culturally informed, confidential support and resources for both community members and professionals working with the indigenous population.

Survivor-Driven Advocacy: RAW honors Indigenous cultural practices and prioritizes survivor safety in every initiative.

Resources

RESTORING ANCESTRAL WINDS

Restoring Ancestral Winds, Inc.
restoringawcoalition.org
Tribal SA/DV Helpline:
1-833-NTV-HEAL (688-4325)

Utah Domestic Violence Coalition
UDVC.org
Helpline: 800-897-LINK

New Hope Crisis Center
24-hour Crisis Hotline
(435) 723-5600

StrongHearts Native Helpline:
strongheartshelpline.org
1-844-7NATIVE (762-8483)

Utah Coalition Against Sexual Assault
UCASA.org
Helpline: 801-736-4356

Sacred Circle Health Care
801-359-2256

National Indigenous Womens Resource Center
NIWRC.org

National Sexual Assault Hotline
TheHotline.org
1-800-656-4673

Utah Navajo Health Systems
435-651-3700

National Domestic Violence Hotline
TheHotline.org
1-800-799-7233

National Human Trafficking Resource Center
HumanTraffickingHotline.org
1-888-373-7888

Indian Residential School Survivors Society:
1-800-721-0066

CONNECT WITH US

RESTORING ANCESTRAL WINDS

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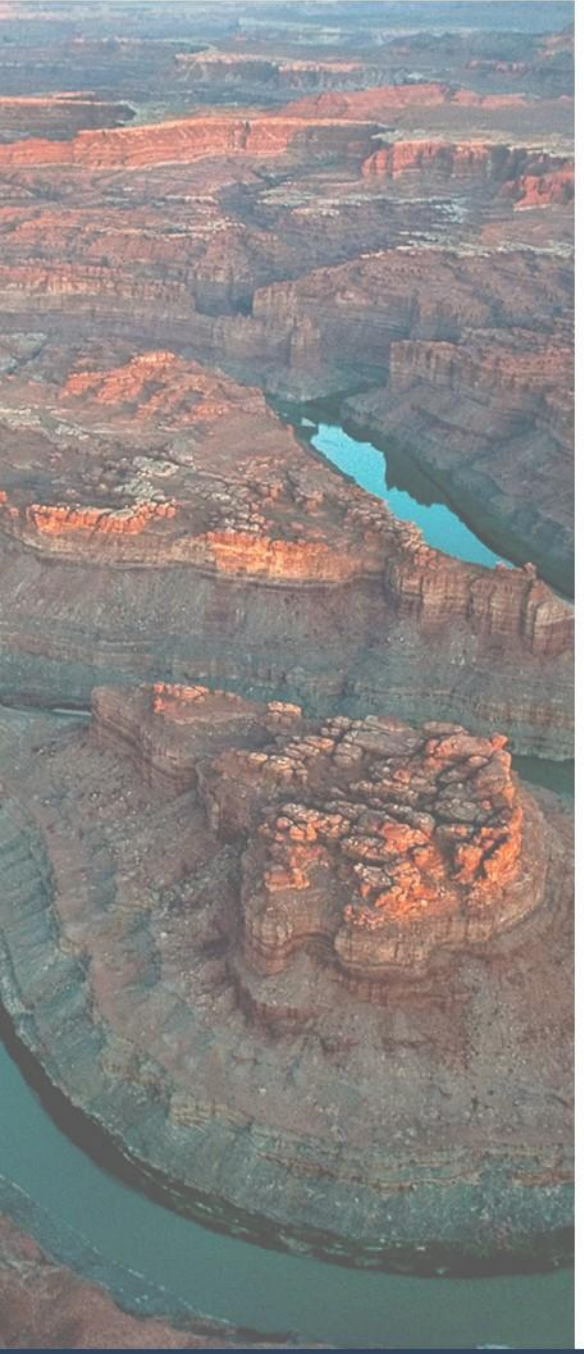
Restoring Ancestral Winds

Q&A

Early Bird Registration is now open!!!

Learn more at https://www.rhau.org/conference



CLOSING

- Next Session is August 6, 2026 at 12:00 p.m.
  - Topics:
    - Gibson Insurance
    - Utah Commission on Aging
- The recordings from today will be available at: https://www.rhau.org/rhau-webinar-series
- The application to request to present can also be found on the RHAU website, we encourage you to apply to present!
- THANK YOU FOR ATTENDING!!!

August 2026 RSVP