

# **Annual Report**

## **Fiscal Year 2003-2004**



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[www.RuralHealthNetwork.org](http://www.RuralHealthNetwork.org)



*Board members at 2003 Annual Meeting  
(Left to right: Sandi Sanzo, Gail Rhodes, Sharon Chesna)*

## **Board of Directors**

Diane Albrecht .....	President
Natalie Thompson .....	Vice President
Kay Boland .....	Secretary
Sharon Chesna .....	Treasurer

Edna Boone	Hans Peeters
Thomas Briggs	Sarah Ransom*
Deborah Eisenberg*	Gail Rhodes
Pamela Stewart Fahs	Sandi Sanzo
Sandra McCoy-Cleveland	James Skiff, MD
Nancy McGraw	Phyllis Walsh*
Roger Masse*	Anne Wolanski
Wayne Mitteer	Shawn Yetter

## **Staff**

John C. Salo .....	Executive Director
Penny DeFavero .....	Office Manager
Joanne Murray .....	Administrative Assistant
Beverly McLain .....	Customer Service Representative
Lorelle Vanno .....	Outreach Coordinator for Delaware and Eastern Broome Counties
Joy Olson .....	Outreach Coordinator for Tioga and Northern Broome Counties

*\*Resigned*

## Mission Statement

The mission of the Rural Health Network of South Central New York, Inc. is to promote and improve the health of rural communities and strengthen each community’s capacity to respond to health needs by reducing barriers and improving access and use of health and human services through advocacy, communication and partnerships.

## Our Vision of Success

The Rural Health Network of South Central NY works toward optimal individual and community health and wellness, which are supported by:

- Individuals and families with adequate and affordable health insurance;
- Accessible, efficient and collaborative health and human service delivery systems driven by best practice models;
- Reduction in health disparities for the most vulnerable populations;
- Strong community norms for healthy lifestyle choices and optimal physical and mental health.

Our vision of success is predicated on the strength of the Rural Health Network of South Central NY, its commitment and participation of our stakeholders (Board, staff and community partners working together), and the availability of resources required to achieve desired results.

<i>New York State enacts Health Care Reform Act</i>	<i>Development of a Rural Health Network is proposed</i>	<i>Rural Health Network of SCNY is incorporated</i>	<i>CAP grant is awarded to Our Lady of Lourdes Memorial Hospital</i>	<i>Lourdes subcontracts CAP grant to Rural Health Network of SCNY</i>	<i>Rural Health Network of SCNY unveils a new Strategic Plan</i>
1996	July 1997	October 1998	March 2001	July 2001	June 2003

## President's Viewpoint



It is an outstanding honor to acknowledge the Rural Health Network's contributions in the communities we serve! The Network continues to be a catalyst for positive change at the individual, community and systems levels. Looking back over the past year and comparing outcomes with earlier years, we have much to celebrate.

*At the individual level*, the Family Health Link's Pharmacy Access Program helped more than 690 residents get free prescription medications. We helped 114 residents enroll in health insurance programs through the Healthcare Access Program, and over 100 people were served this year through free or low cost vision programs.

*At the community level*, we respect each rural area's assets and strengths and work with local organizations to strengthen each community's capacity to respond to their unique health needs.

*At the systems level*, in collaboration with regional hospital systems, 17 primary care offices are participating in our Patient Health Information Network, compared with an initial 2 pilot sites the previous year. The Rural Health Network serves as a resource for gathering, assessing and sharing knowledge. This improves understanding about health issues and access to care for the uninsured and underinsured, and benefits health and human service providers.

The Network is blessed with an excellent staff. Our Board of Directors and valued community partners are committed, respected and knowledgeable community leaders. I offer heartfelt thanks to everyone for their work in support of improved rural health.

The Rural Health Network strives to fulfill its mission and vision with sensitivity and adaptability to complex and related factors. We remain committed to building on agency strengths and opportunities, while mindful of challenges that could impede our success. Challenges include a dynamic health care environment, growing numbers of uninsured, and pressures on health and human services. We will also greatly miss the wisdom of several founding members whose tenure as Board members ends this year.

In the year ahead, we will *build on opportunities* afforded by collaboration on technological innovation, an increased public awareness of health problems and solutions, a strong well-run human service base in the region with a history of working together, the expertise and enthusiasm of new Board members, and last but not least, the assets of hard working, independent and resilient rural residents.

I am grateful for the privilege to serve as President. I encourage all interested stakeholders to become involved with one of the Network's many initiatives. *Together*, we can continue to add value in rural communities.

A handwritten signature in cursive script that reads "Diane C. Albrecht".

Diane C. Albrecht  
President, Board of Directors

## **Rural Health Network Welcomes a New Director Vice President's Viewpoint**



As you will see from reading this year's Annual Report, the Rural Health Network had an exciting year with many triumphs, challenges and changes.

One of our most significant changes in 2004 was the departure of our Executive Director, Pam Hildebrandt. In July, Pam accepted an offer to join the staff of the Delaware County Rural Healthcare Alliance, an arm of Cornell Cooperative Extension of Delaware County. Pam was a dynamic force with the Rural Health Network, bringing with her extensive knowledge of rural health and a strong passion for improving the lives of rural residents. We will miss

Pam and wish her great success in her new position.

Never fear, however! After an extensive candidate review process performed by the Board's Search Committee, the Rural Health Network will have a new leader with exemplary qualifications and experience. On October 4, 2004, John C. (Jack) Salo will take over the role of Executive Director.

Jack brings 30 years of human service staff and managerial experience to the Network. For the past eight years Jack has served as the Executive Director of The Place in Norwich, a faith and community based youth development organization. As well as being an Adjunct Faculty Member at SUNY Morrisville, Jack's former positions include Executive Director of Opportunities for Chenango and Program Director for the Day Treatment Program of the Broome Tioga ARC. He has served on the Board of Trustees of Chenango Memorial Hospital and serves as Treasurer and Board member of the NYS Corps Collaboration. Jack has a Masters of Science in Education and a BA in Geography, both from SUNY Oneonta.

In addition to his experience, the Search Committee believes Jack's personality and management style will be an excellent fit with the organization, our three-county region, and with the Rural Health Network's community partners. As he has stated, "I enjoy working collaboratively and cooperatively to help people and I see the Network as being an organization that has and will continue to produce tangible results through ongoing collaborative efforts. The Network Board of Directors and staff have an excellent reputation and I am anxious to work with professional people who embrace the mission of helping to improve the health and welfare of rural residents."



*Jack Salo*

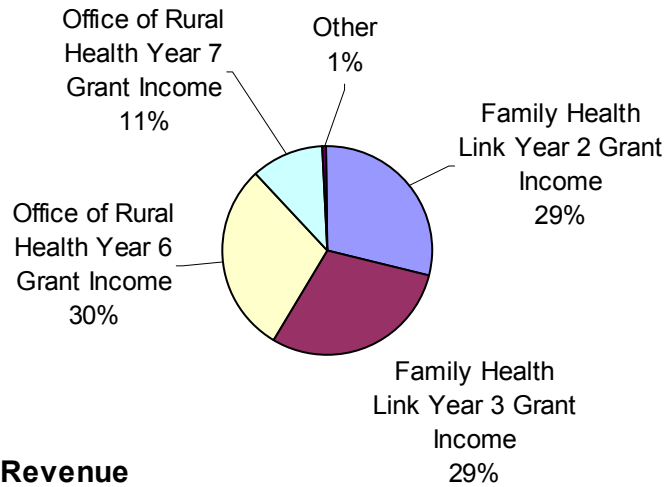
Jack lives with his wife Maria and his ten-year-old son Jonathan in Greene, NY. In addition to serving the community both professionally and as a volunteer, Jack finds time to raise Dorset Sheep. Please join me and the Rural Health Network Board of Directors and staff in welcoming Jack to the Network family.



Natalie M. Thompson, Vice President  
Chair, Executive Director Search Committee

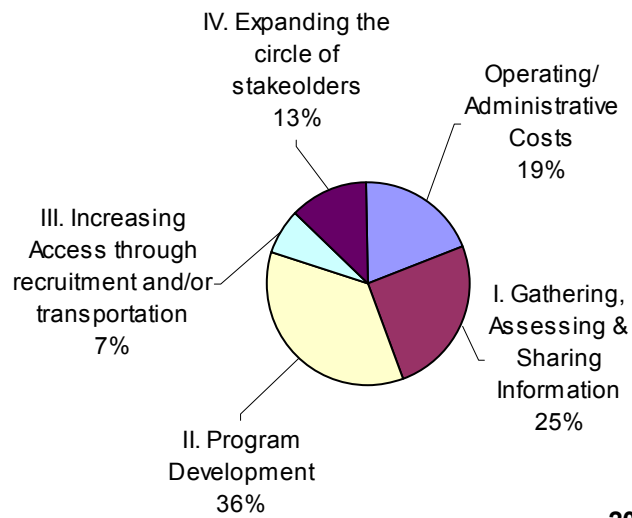
# Financial Review

## Revenue July 1, 2003 - June 20, 2004



**2003-2004 Revenue**  
**\$382,940**

## Expenses July 1, 2003 - June 30, 2004



**2003-2004 Expenses**  
**\$382,940**

## Effecting Change: Programs & Activities 2003-2004

The Rural Health Network's accomplishments during fiscal year 2003-2004 are highlighted in the context of our Strategic Plan's goals. The Plan was adopted by our Board of Directors last year and is a shared and evolving road map for the Board of Directors, committees of the Network, staff, and community partners, as we all work together for the benefit of residents in rural communities.

### GOAL I: THE RURAL HEALTH NETWORK WILL BE A LEADER IN COMMUNITY PLANNING THROUGH GATHERING, ASSESSING, AND SHARING KNOWLEDGE.

- We are excited about our new website, [www.RuralHealthNetwork.org](http://www.RuralHealthNetwork.org), which became a reality in 2004. The website will be a key resource of timely and accurate information for residents, health and human service organizations, businesses and other stakeholders.
- Our programs to help individuals and families find adequate and affordable health care continue to be a huge success. **Healthcare Access, Pharmacy Access and Vision Access Programs** offer information about free or low-cost health insurance options, prescription medications, and vision services. They are part of our **Family Health Link** initiative, made possible by a federal grant through Our Lady of Lourdes Memorial Hospital.
- To spread the word about these key programs, the Rural Health Network (RHN) created and distributed 140 Healthcare Access posters, 80 Pharmacy Access posters, 1375 Family Health Link brochures and 275 RHN brochures. Also distributed were 260 "Options for Pharmacy Access in the Southern Tier" (created June 2003).
- RHN staff gave presentations on programs and services to social workers, nurses, primary care staff, health and human service organizations, hospital discharge planners, school nurses, Rotary Clubs, healthy lifestyle support groups, and governmental agencies.

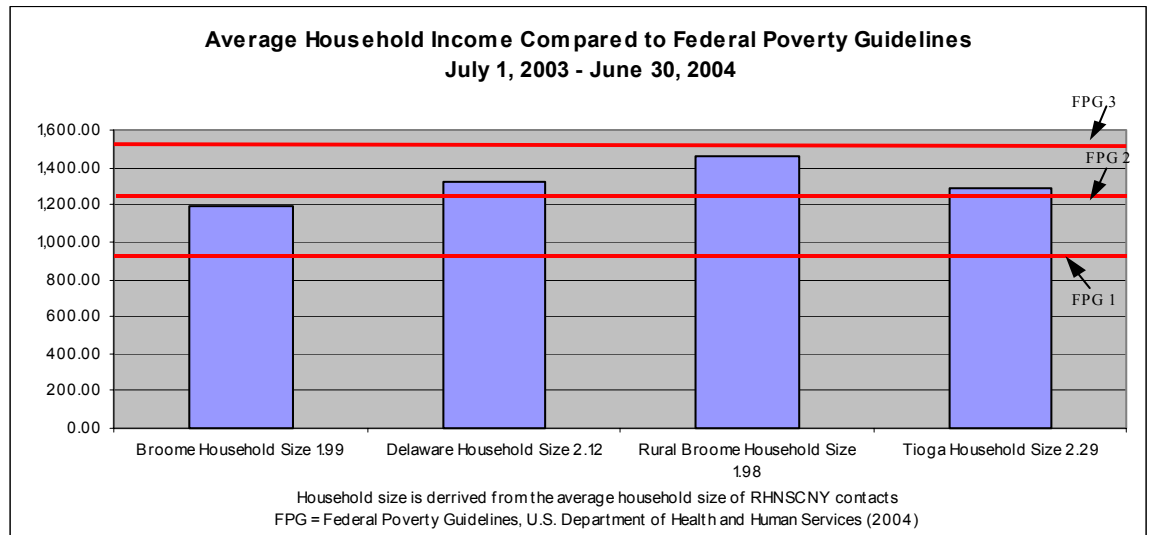
### GOAL II: THE RURAL HEALTH NETWORK WILL BE A LEADER IN PROGRAM DEVELOPMENT THROUGH COLLABORATION.

- The Rural Health Network, under the direction of the Program Committee, is working with public health and community-based organizations to identify best practice models for addressing preventable risk factors leading to chronic diseases and to foster replication of model programs. These risk factors, or root causes, relate to sedentary lifestyle/lack of exercise, nutrition/dietary habits, obesity, alcohol, tobacco and other drug use, and stress. They are factors leading to our area's major health problems: heart disease, diabetes, cancer, asthma, COPD, and hypertension.
- As a first step, the Network reached out to scores of health and human service organizations across the region and developed county-specific profiles to better understand current service needs and opportunities for prevention.
- Two focus groups were held in each of the three counties in the service area, involving 56 participants. As an outcome, focus group priorities will be a springboard for program development in the coming year, in partnership with community organizations.
- The Whitney Point Wellness Group was reconvened. Participants received pedometers and baseline blood pressures were taken. Community volunteers served in leadership roles for this group and worked with RHN staff to provide two class presentations. Cornell Cooperative Extension and United Health Services gave presentations.

*You were a huge help to us...I have already spread the word to a few people that I know need services like this. It took a big pressure off my chest...we were using our credit cards to get our medicine and it was getting very costly...*

37-yr-old  
Broome County woman

- The RHN assisted uninsured residents during Cover the Uninsured Week with activities at the Whitney Point Library, the Windsor Town Hall and the Broome County Library. An estimated 175 people attended the event at the Broome County library. The RHN was also featured during a 30-minute special for Cover the Uninsured Week produced by Time Warner Cable television.



- As implied in the bar chart showing annual household incomes just above federal poverty level, many uninsured rural residents may not qualify for insurance options under current national or state guidelines, nor can they afford to pay out of pocket for needed health care. The Network's challenge is to continue to add value to rural communities by matching residents needs with services, recognizing that we are constrained by lack of comprehensive health care reform.



*Pam Hildebrandt (Delaware Co. Rural Health Alliance) and DeeDee Camp (Broome Co. Office For Aging)*

Through a RHN community initiative, the Delaware County Youth Bureau targeted childhood obesity, sedentary lifestyle, and other behavioral risk factors to result in improved health status. Twenty-four children participated in the "I Feel Good About Me" class.

Through a RHN community initiative, The Family & Children's Society engaged at-risk adolescents at Harpursville School in a mentoring program to improve behavior and mental health status. In 75 percent of cases, parents reported improvements in their child's behavior, attendance and academics.

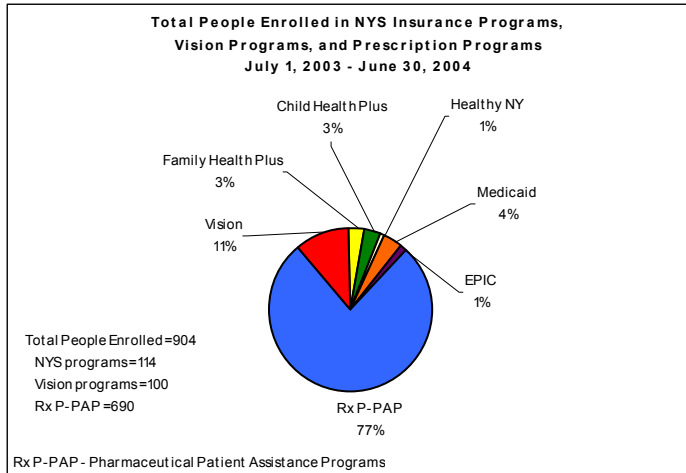
- Through a RHN community initiative, in collaboration with Tioga County Cornell Cooperative Extension, the Richford Summer Youth Program involved children and families in healthy lifestyle education targeting childhood obesity, nutrition and sedentary lifestyles. An unexpected outcome was the implementation of the summer feeding program for area youth. Tioga County Cornell Cooperative Extension was awarded a grant from General Mills for project sustainability and replication.
- Through a RHN community initiative, projection equipment was purchased for Tioga County Council on Alcoholism and Substance Abuse. The equipment will be used for substance abuse and mental health education, prevention, and early intervention programs for Tioga County schools.

*"Thanks again for the help with glasses for my son; it made a huge difference for him."*

47-year-old  
Broome County man



- Over 600 individuals contacted the Network seeking information and referral for healthcare assistance. 114 people enrolled in New York State offered health insurance programs. More than 690 people received over 4,200 monthly supplies of prescription medications worth over \$395,000 (this figure includes assistance provided by participating primary care sites and health and human service agencies). 100 people enrolled into vision programs covering eye exams, frames, and/or lenses, representing a cost savings of approximately \$17,500.



- In Broome County, with the help of a Dental Needs Assessment prepared by the Rural Health Network, a low-income dental Health Professional Shortage Area designation was obtained. All three counties in the RHN service area are now designated as dental Health Professional Shortage Areas. In addition, contact information provided by the RHN regarding the Broome County Dental Case Management program helped educate school personnel on dental options for low-income rural residents.
- In Delaware County, the Network is promoting creation of a greatly needed Dental Clinic. With funding through the Family Health Link initiative, RHN recently released a Request for Application, available to eligible health systems serving Delaware County residents.
- In Tioga County, during a ribbon-cutting ceremony for the Tioga Smiles mobile dental unit, the RHN received an award recognizing our efforts in the establishment of a Tioga County Dental Coalition and for help in the planning stages of the Tioga Smiles project.
- The Patient Health Information Network (PHIN) of the Family Health Link initiative coordinates and integrates medical information to promote improved efficiency and positive outcomes. Seventeen primary care sites serving residents in rural communities are participating in the Network's PHIN project. The result is better coordination of patient-centered communication among health care providers encompassing disease management and care coordination.
- RHN issued a Request for Proposal to expand the PHIN connectivity project. As a result \$70,000 was awarded to Our Lady of Lourdes Hospital and \$80,000 to United Health Services. United Health Services began system enhancements using the award and Our Lady of Lourdes Hospital has acquired a server to help maximize the efficiency of their patient information technology.
- The PHIN work group continues to explore new opportunities for connectivity. Public Health Directors and IT staff from Broome and Tioga Health Departments joined the PHIN work group and anticipate streamlined operations and improved collaboration with health systems in the region.
- PHIN work group members and other interested parties participated in several presentations to determine best options for addressing connectivity barriers, including information about Vertisoft's new software package and United Health Services' Health Vision system.



*Sister Marilyn Perkins  
 VP of Mission Integration  
 at Lourdes Hospital and  
 Family Health Link Project  
 Director*

- “Krames-on-Demand” patient education software is used at eight sites, including primary care offices and public schools, making health education information on 1600 topics readily available to providers, patients and school nurses.
- RHN is now able to facilitate Smoking Cessation classes, after staff completed a Smoking Cessation Counseling Training program sponsored by the UHS Center for Community Health. The presenter was the Director of the Tobacco Cessation Program at University of Pittsburgh School of Pharmacy.

**GOAL III: THE RURAL HEALTH NETWORK WILL BE A SUPPORTIVE PARTNER WITH COALITIONS AND OTHER AGENCIES, WHOSE PRIMARY ROLE PERTAINS TO INCREASING ACCESS THROUGH HEALTH PERSONNEL RECRUITMENT OR TRANSPORTATION.**

- RHN supported the Central New York Area Health Education Center (AHEC) in Regional Ovarian Cancer Provider Education. Teaching days were held throughout the region and materials were assembled into tool kits. RHN staff also distributed packets to guidance counselors of 14 Delaware County schools and 17 Tioga County schools in support of AHEC’s health careers exploration camp.
- Nursing students from Broome Community College visited RHN offices to learn more about agency services, then toured the Northern Broome Senior Center and conducted blood pressure screenings for the seniors.
- The RHN provided information to a 3<sup>rd</sup> year medical resident at Binghamton General Hospital, who is interested in practicing in an underserved community, particularly in the Whitney Point area.
- Partnerships were formed with the Interfaith Caregivers Program of Broome County and Community Care Network of Nichols to assist rural residents in northern Broome and western Tioga counties with transportation needs.
- Through a RHN Community Initiative, Delaware County Office for Aging developed a program to overcome transportation barriers faced by low-income cancer patients needing chemotherapy treatments.
- RHN participates as a member of the Tioga County Public Transit Advisory Council, which addresses concerns, analyzes data and offers information to provide route and service delivery enhancements.

*Uninsured patients were returning to our Emergency Department for the same illness. Clinicians assumed that prior treatments failed and more rigorous interventions were indicated. Through follow-ups, we discovered that patients couldn't afford to get their prescriptions filled, so they weren't following through on initial treatments. With Family Health Link assistance, under/uninsured patients are now able to get their medications and the number of uncompensated ED visits at our small rural hospital is dropping.*

—C.P., ED Nursing Supervisor

**GOAL IV: THE RURAL HEALTH NETWORK WILL EXPAND THE CIRCLE OF STAKEHOLDERS WORKING TO ACHIEVE THE 2006 GOALS.**

- Dr. Larry Gamm, lead author of *Rural Healthy People 2010* presented at the RHN’s Annual Meeting in 2003 and sparked interest in collaborative efforts among Network partners to achieve the goals presented in *Rural Healthy People 2010* and *Healthy People 2010*.
- Thirteen health and human service organizations, including the RHN, collaborated with Citizen Action to organize a Community Healthcare Forum to educate community members on health related programs and services.
- The agency networked with key stakeholders at national, state and regional levels to increase awareness of the Network’s programs and to gain insights into best practices for quality program planning and implementation. For example, RHN staff participated in the HRSA All-Grantee meeting, 340B Pharmacy Coalition Conference, Ascension Health Leadership Conference for the Healthy Communities Access Program (HCAP), and presented on evaluation strategies and effective reporting to other HCAP grantees.



Dr. Larry Gamm

## Looking Ahead

New data from the U.S. Census Bureau tells us there are now 45 million people in the United States without health insurance. This is partly due to a decrease in the number of people who have employer-based health insurance. From 2002 to 2003, 1.3 million people lost their employment-based health insurance coverage.

This trend is evident across the Southern Tier. As costs increase, many employers are forced to cut back on employee benefits, including health insurance. According to the NYS Department of Labor, the statewide unemployment rate dropped to 6.25% in April 2004, and the unemployment rate for New York (excluding New York City) was 5.5%. While more people may have jobs in the Southern Tier of New York, fewer have health insurance coverage. It is therefore imperative that we continue to work on finding opportunities for the uninsured and the underinsured to access the services they need, and to make them affordable.

We also recognize that while this is a concern for all residents, those living in rural areas face other barriers to improving their health. Long travel times, limited public transportation, low population density, an aging population, a shrinking economic base and relatively high poverty rates in rural areas create challenges for residents to access care and for providers to offer sustainable rural health services. We need to do more to address barriers and expand and replicate needed programs throughout our service area.

Analysis of the information gathered in focus groups earlier this year is helping to guide us in choosing program areas most closely linked with the needs of communities in each of the three counties we serve. Broome, Delaware and Tioga counties have rates of chronic obstructive pulmonary disease, coronary artery disease, diabetes and cancer that are higher than the national average. We are presently involved in initiatives that address the root causes of these diseases. We are eager to expand successful initiatives and replicate them in other communities where residents could benefit from them.

In the year ahead, we will be strengthening our role as a clearinghouse for information by expanding our website, creating list serves and faxes to disseminate timely information, and publishing a compendium of options for vision programs. We will also continue our key programs and explore new opportunities, such as improving oral health through use of fluoride supplements in areas without fluoridated water. By collaborating with our community partners on health improvement, we look forward to bringing better health to rural residents.



*Honorees at Rural Health Network's 2003 Annual Meeting*

