



RURAL HEALTH
NETWORK
Serving South Central New York



2018 IMPACT REPORT

Rural Health Network: The Voice of Rural Populations



Lenore Boris,
Board President

We understand the problems and tirelessly work toward viable solutions with a goal of ensuring people who live in rural areas have the best opportunity to thrive economically and be healthy.

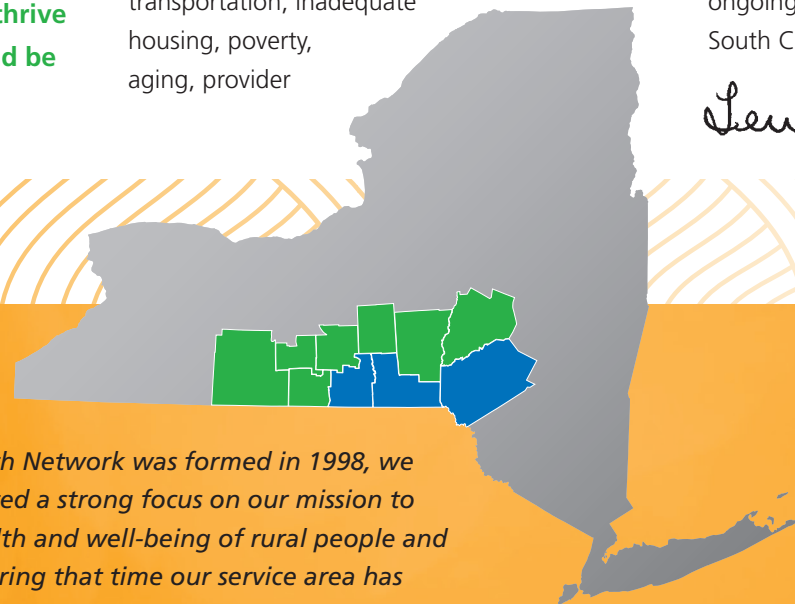
Our name, Rural Health Network of South Central New York, is descriptive of our mission **to advance the health and well-being of rural people and communities**. However, our name incorrectly suggests geographic limits of the organization's reach. The last several years we have seen an expansion of our work into counties historically not served by Rural Health Network. These include Chemung and Steuben to the west, Tompkins and Cortland to the north, and Otsego to the east. Additionally, a number of initiatives such as the project *Improving Measurement of Social Determinants of Health* can eventually assist community-based organizations across New York. This project is designed to define and quantify the work of organizations such as Rural Health Network to enable them to succeed in a value-based healthcare environment.

Our name also does not adequately describe the interrelationship of food insecurity, limited transportation, inadequate housing, poverty, aging, provider

shortages, isolation and other social factors that so significantly influence the health of people living in rural communities. The close link between the economies of the rural communities and healthcare as an economic driver is not present in our name. However, we know these relationships of rural economies, social determinants and health are complex and intricate, making it impossible to limit our activities to only matters of direct health interventions.

The work of each of the programs of Rural Health Network described in this publication does not fully do justice in informing you of the depth and breadth of each program and the organization as a whole. Rural Health Network is the voice of rural populations. We understand the problems and tirelessly work toward viable solutions with a goal of ensuring people who live in rural areas have the best opportunity to thrive economically and be healthy. Thank you for your ongoing support of Rural Health Network of South Central New York.

Lenore Boris



Since Rural Health Network was formed in 1998, we have demonstrated a strong focus on our mission to advance the health and well-being of rural people and communities. During that time our service area has expanded from three to ten counties including Broome, Chemung, Chenango, Cortland, Delaware, Otsego, Schuyler, Steuben, Tioga and Tompkins.

- Original service area
- Counties added since 1998 in which at least one service is provided.

FROM THE EXECUTIVE DIRECTOR

What is the Role of Healthcare in Supporting Rural Viability?

What will it take to sustain our rural communities in today's world? Strategic investments in broadband and other infrastructure necessary to support modern life and economic competitiveness are essential to rural viability. An enlightened immigration policy could help provide important contributions of both labor and civic participation to help revitalize our shrinking and aging rural communities. Incentives could help young people "return home" or re-inhabit rural places.

What is the role of healthcare in supporting rural viability? For the past year or so, I have been considering the role of healthcare, not in the context of providing essential healthcare services, but rather the role of healthcare in rural economies. With U.S. healthcare comprising an estimated 17.8% of GDP, clearly the workers, services and products supported by this sector are an essential part of the economy. In most rural areas, the loss of a healthcare provider can be devastating to the local economy.

While I was originally focused on the role of rural hospitals, a conversation with Deborah Blakeney, a Rural Health Network Board Member and Vice President Continuum of Care at Lourdes Hospital, sent me off in another direction in consideration of the role of healthcare in rural economies. Ms. Blakeney reminded me that it is not

just rural hospitals that are important to rural communities and economies, but also primary care. We discussed the challenges facing rural primary care practices.

In our work with Rural Broome Counts, a needs assessment conducted during 2015 and 2016, we recognized primary care as an important indicator of the viability of a rural community. Much like the local school, grocery, bank and library, the presence of a primary care clinic provides an important service and economic benefit to the community it is located in.

The Democracy Collaborative is a community wealth building organization that is working closely with healthcare systems as "anchor institutions" or drivers of positive change in communities. In this model, the role of healthcare as an anchor institution goes beyond traditional healthcare services with the institution working as a catalyst and partner in facilitating positive community and economic change. This approach aligns well with healthcare's recent interest in Social Determinants of Health and also the WealthWorks model of rural economic development.

Here are a few questions to consider: Could we apply a smaller scale anchor institution model with rural primary care practices? Why not consider how Rural Health Network and other organizations could better



John (Jack) C. Salo,
Executive Director

Why not consider how Rural Health Network and other organizations could better align and support rural primary care practices to increase the impact of the healthcare partner *and* to help ensure the viability of both the practice and the community through a more actively engaged patient and community relationship?

align and support rural primary care practices to increase the impact of the healthcare partner and to help ensure the viability of both the practice *and* the community through a more actively engaged patient and community relationship? Could this be the beginning of a new way of rural health work that skillfully and intentionally considers new health and wealth generating relationships between rural primary care and the local community?

Creating a New Center for Rural Health Service, Innovation, and Learning

After an extensive search process to find a new office location, Rural Health Network began leasing space at 455 Court Street in Binghamton, New York in late August 2018. The move made it possible for staff working from four different offices in Broome and Tioga Counties to work together from a single location. The new location provides quality work space for our growing staff and improves operating efficiencies. Rural Health Network continues to maintain work sites in the more remote parts of the region, including our office at Delaware Valley Hospital in Walton.

Commenting on the move, Executive Director Jack Salo said, "Since Rural Health Network was formed in 1998, we have demonstrated a strong focus on our mission to advance the health and well-being of rural people and communities. During that time we have impacted the lives of thousands of residents throughout South Central New York. As the organization has grown, the Board of Directors recognized the need to provide better working conditions for staff, room enough for expansion, and a facility from which the highest level of service can be



Lenore Boris, Board President, and Jack Salo, Executive Director, welcome Open House guests.

provided throughout the region. We are excited to be relocated to space from which we can continue and expand our work in support of rural health and the residents of South Central New York."

Rural Health Network plans to purchase the facility in February 2020 and is conducting a capital campaign in 2019 to assist in purchase and renovations.

STAFF PROFILE

Terri Tweedie – Community Health Worker

Terri Tweedie has extensive and varied history working with at risk youth, people with disabilities, and the elderly. She completed her Bachelor's degree at Utica College of Syracuse University, where she majored in Criminal Justice and minored in Psychology. After she completed her degree, she went on to work with Family Services in Utica. A few years later, Terri returned to her hometown in Delaware County where her career included work with the Office of Long-Term Care, Rehabilitation Support Services, and as Director of Social Work in a nursing home. In 2018,

she came across an opening as a Community Health Worker with Rural Health Network's Community Health Services Department where staff utilize many different evidence-based practices in order to improve health outcomes for their clients. She says this position makes "me realize my passion is people, and helping find tools to offer which may benefit the individual person."

Terri currently operates the Care Transitions program in Delaware County, which provides thirty days of support to people transitioning back into their homes from the hospital.

Transitioning back into the home environment can be a challenging experience that some individuals are not properly prepared for, especially if it was an extended hospital stay. This intervention enhances the self-management skills of recently discharged individuals to ensure all of their needs are met, including nutrition, prescription medication management, and attendance at follow-up appointments. Terri says she enjoys her work because it allows her to connect to people who are going through a difficult time, and help them through it. This can involve making

What is a Community Health Worker?

Rural Health Network's Community Health Workers (CHWs) are a highly trained, competent workforce who assist people with navigating complex healthcare and social service systems. Many obtain college degrees in health and human services or related fields. Rural Health Network currently has Community

Health Workers serving Broome, Tioga, and Delaware Counties.

CHWs use a wide variety of evidence-based tools to assess individual assets and identify barriers to accessing resources to improve their own health and well being or in a caregiving role for their family members.

CHWs work closely with clinical health care providers and community organizations to support the needs of those they assist. In addition to helping individuals navigate and utilize healthcare services, CHWs support those they serve with support for healthy lifestyles, recovery, self- management skills, financial assistance or to meet basic needs (food, clothing, shelter, utilities, transportation, medications).

CHWs work across the continuum of care to serve clients through office visits, home visits, phone calls and mailings. They conduct individual health coaching sessions via phone or in person, or within small group trainings in neighboring communities.

"Community Health Workers (CHWs) come from the communities they serve, building trust and vital relationships. This trusting relationship enables the CHWs to be effective links between their own communities and systems of care. This crucial relationship significantly lowers health disparities because CHWs: provide access to services, improve the quality and cultural competence of care, create an effective system of chronic disease management, and increase the health knowledge and self-sufficiency of underserved populations."

Definition adapted from the Minnesota CHW Alliance



Terri Tweedie, Community Health Worker II, Delaware County

In her free time, Terri enjoys visiting the log cabin she helped to build where she and her family can shut off their devices and enjoy nature. She also likes to practice karate, read, garden, and shares a love of musicals with her daughter.

referrals to Rural Health Network's Getthere program in order to ensure people have consistent and reliable transportation to attend their doctor's appointments and pick up prescription medication, or even assisting in getting medical equipment.

Terri is proud of her ability to complete home visits, a skill that was cultivated during her time as a social worker investigating child abuse. Some people are understandably reticent about letting her into their homes after they are discharged, but Terri's personability and qualifications alleviate any trepidation. This skill

also lends itself to her advocacy for other programs that would benefit her clients. In 2018, Terri was able to convince a local grocery store to accept Food and Health Network's Fruit & Vegetable Prescription program vouchers, thereby increasing the grocery shopping options for participants in the program. This agreement allows the recipient to use

their vouchers for fresh fruits and fresh vegetables throughout the year, not just during the short farmer's market growing and selling season.

For 2019, Terri hopes to continue to expand Care Transitions, encourage more people to participate, and to someday be able to offer it to people with an insurance other than Medicare.

Poverty Simulations Increase Awareness

"I can't believe you would do this to me!" a resident yells at two bank employees as they close up shop early on a cold January day. He stops for a second, puts his head down and demands "How will I pay my rent now?" You might be surprised to learn that this conversation did not take place at a real bank but was made in the middle of a poverty simulation hosted by Rural Health Network. The simulation was part of an annual collaboration between Hinman College at Binghamton University and Rural Health Network to host a poverty simulation as an MLK Day service project.

Currently there are nearly 100,000 residents living in poverty across our region. Our simulations, which use the Community Action Poverty Simulation toolkit developed by the Missouri Community Action Network are designed to give participants a chance to

understand what it might be like to be part of a typical low-income family trying to survive from month to month. Each simulation lasts about an hour, with each week taking 15 minutes, and they require around 25 volunteers to fill a variety of roles. Participants have to deal with real world issues that affect families like finding transportation, dealing with family illness, lacking an income that pays above a living wage, working with the Department of Social Services, and many more.

Before each of the poverty simulations that we host, participants hear from members of the Food Bank of the Southern Tier's Speakers Bureau. The Speakers Bureau was established by the Food Bank to "build the leadership and public speaking skills of people living in poverty so they can raise their voices in the work to end hunger." According to Julie Pitts, Director of Rural Health Service Corps, "the speakers' stories of lived experiences immediately brings the reality of poverty into focus."

We hosted two poverty simulations in collaboration with Binghamton University in April 2018 involving 159 students who were part of an interprofessional education (IPE) course "Introduction to Interprofessional Communication" that is taught through Binghamton University's School of Community and Public Affairs, Decker School of Nursing and the School of Pharmacy and Pharmaceutical Sciences. Nicole Rouhana, graduate program director and an assistant professor in the Decker School was quoted by *Binghamton University News* as saying, "I hope the lesson learned here stays with the student so in the future, when they are providing primary care to an individual living in poverty, they can be empathetic and really try to improve their patients' health outcomes in a nonjudgmental and achievable fashion that is sensitive to the patient's current situation."

"As a social worker, participating in the poverty simulation was impactful and truly opened my eyes to the reality of poverty and its tremendous impact on individuals and their families."



Binghamton University students participated in a Poverty Simulation as a component of the Introduction to Interprofessional Communication course which brings together students in the Social Work, Nursing, and Pharmaceutical Sciences programs to teach them how to communicate with and work effectively in healthcare teams.

Building Relationships among Organizations and Individuals

Since 2014, Rural Health Network has worked with Tioga Opportunities, Inc. to deliver the Chronic Disease Self-Management Program (CDSMP) at their Community Center on Sheldon Guile Boulevard in Owego. Over the course of 5 separate workshops, approximately 70 participants have graduated from the program and continued using the skills learned. Susan, a participant from the fall 2018 workshop, felt that she got so much more out of the class than she expected, and the sense of sharing that developed quickly among participants was very valuable. Also, she said "The class offered some new ideas for dealing with stress and also brought to mind techniques that I had used in the past and forgot about." Dick, a participant from 2014, had been hospitalized for stage 4 chronic kidney disease shortly before he began the program. After the program, he was able to stay off dialysis and his kidney function improved to stage 3. Marie, who took the workshop with Dick, has continued to advocate for the program among her own peers and helps with recruitment of participants when there is an upcoming workshop.

One of our favorite success stories from working with Tioga Opportunities to deliver the CDSMP is that participants from the two separate workshops that we held in the fall of 2014 have continued to meet on a monthly basis for lunch in Owego. We feel that this provides strong evidence for the bond that CDSMP creates among participants within a short time frame. The support of our peers is so important to recovery and the management of chronic symptoms, which is one thing the program focuses on. Peer Leaders often say that their favorite part of delivering the program is watching the bonds that form within the group. Very quickly, participants begin to support and check in with each other, offering encouragement in meeting goals and problem-solving challenging situations. Susan sums it up

nice when she says: "I think the group would have happily met for more than 6 weeks!"

Mary Maruscak, our Director of Community Health Education and a Peer Leader and Master Trainer for CDSMP, sees Tioga Opportunities as a valuable collaborator on the delivery of the program. "Community partners are really one of the key components of making Community Health Education work well. We're a team in

"The partnership between Tioga Opportunities, Inc. and Rural Health Network to provide the Chronic Disease Self-Management Program has allowed individuals to take charge of their health conditions and to learn important strategies to enhance their ability to advocate for themselves and to improve their overall quality of life."

—Christine Shaver, Director of Family Services at Tioga Opportunities, Inc.

the recruitment of participants and sharing the success of the program. Tioga Opportunities offers us a wonderful space and the support we need to fill a gap in Tioga County, and we couldn't be more pleased to continue this partnership."

Christine Shaver, Director of Family Services at Tioga Opportunities, had this to say about our work together: "The partnership between Tioga Opportunities, Inc. and Rural Health Network to provide CDSMP has allowed individuals to take charge of their health conditions and to learn important strategies to enhance their ability to advocate for themselves and to improve their overall quality of life." We have our 6th workshop at Tioga Opportunities scheduled to begin in the fall of 2019.

Six in ten adults in the US have a chronic disease, and four in ten have two or more. Although more than two-thirds of healthcare costs are spent on treating chronic disease, less than 1% of healthcare dollars are spent on preventive activities to improve overall well-being.

Rural Health Service Corps

The Rural Health Service Corps is an AmeriCorps National Service Program providing meaningful service and learning opportunities for people committed to improving the health and lives of those living in South Central New York. Rural Health Service Corps members address the broad community health needs with a focus on health access and education, creating systemic food security, and supporting independent living for the elderly, homebound and people with disabilities.

Members serve at over 20 partnering host sites across the region. Rural Health Service Corps started in 2008 and expanded to include a VISTA program in 2012. Since the Rural Health Service Corps program's inception, over 200 members have served with Rural Health Service Corps in communities throughout South Central New York. Rural Health Service Corps alumni have gone on to careers in medicine, public health and nonprofit management, among other fields.



AmeriCorps members have the opportunity to serve their communities as they develop professional skills, build teamwork and leadership abilities and learn more about the areas of nonprofit management and community health.

RURAL HEALTH SERVICE CORPS MEMBER PROFILE

Carol Youngs – Promoting Positive Youth Development

The Cortland Area Communities That Care Coalition (CACTC) was formed in 2001. A group of concerned community leaders representing the City of Cortland, Cortland County, and the general

community organized and created a coalition to address local alcohol and drug abuse among youth. AmeriCorps member Carol Youngs spent much of 2018 implementing various long-term strategies to mobilize the community to promote positive youth development. Unlike many AmeriCorps member who join Rural Health Service Corps immediately after a traditional college experience, Carol had over 20 years of business, project management, marketing, and freelance feature writing experience. She returned to college in her 40s and completed a BA in Human Services, and went on to get a MS degree in Higher Education: Student Affairs Administration. This gave her a skill set that Rural Health Service

Corps certainly made use of, to great effect!

At CACTC, Carol connects with the community to make speaking engagements, creates and delivers literature to schools for mailings, sets up logistics for upcoming events, and focuses on increasing marketing channels and outreach, especially in relation to Drug Take Back kiosks and drives. One particular event worthy of note was a November 2018 viewing of the award-winning documentary *SMACKED!*, which was followed by a panel of key players in Central New York rehabilitation, counseling, recovery and prevention circles. Over 70 people attended the event, and it was successful enough that the format will be repeated twice in 2019.



Carol Youngs,
Rural Health Service Corps
Member

AmeriCorps and VISTA Members who completed service in 2018–2019

Crystal Batista	Elizana-Marie Joseph
Jacqueline Bogart*	Thomas Lewis
Chelsea Cleary*	Amelia Martin
Elizabeth Dierenfield	Cindy McGinley
Erica Doyle	Cristina Quinn
Annabel Fair	Emily Thompson
Helen Frazer	Hope Townsend
Anna Grazioso	Carol Youngs*

*re-enrolled and currently serving

AmeriCorps and VISTA Members currently enrolled and/or expected to complete service in 2019

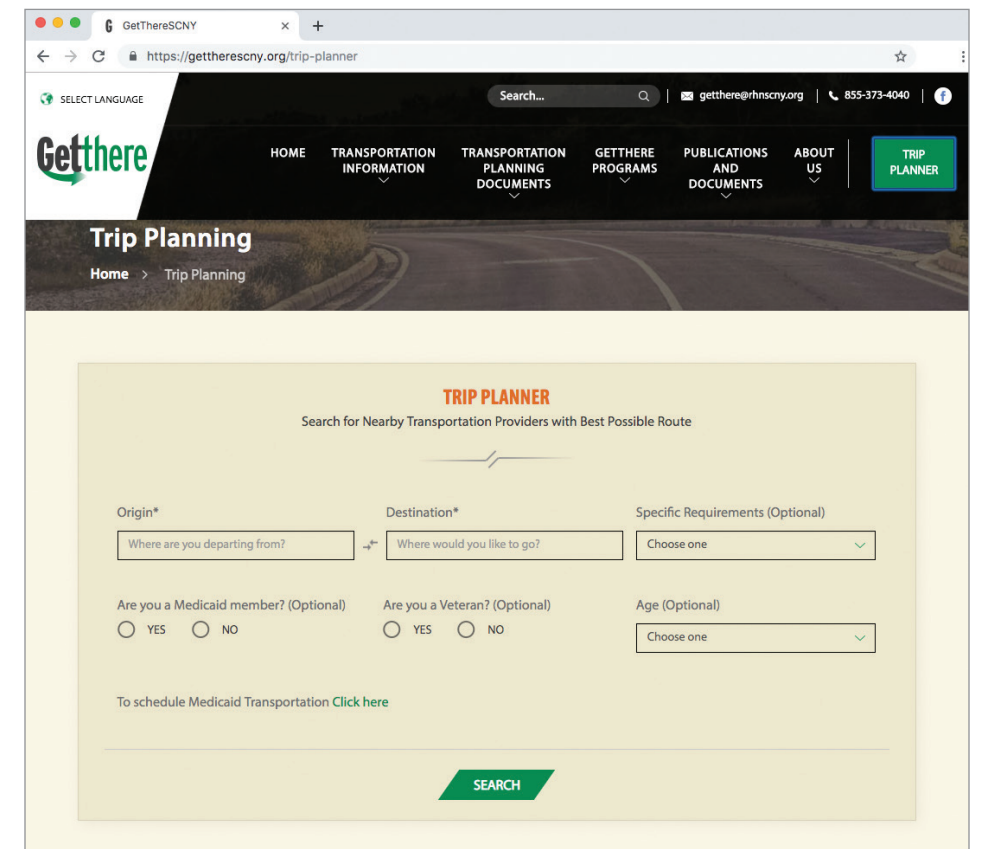
Kevin Brouillard	Tara Kenyon
Margaret Caroompas	Shahidah Mubarak-Hadi
Amber Colby	Dorothea Primavera
Christopher Guy	Emily Reed
Rosalie Hopko	Sameerah Shaik
Deanna Hutchison	Sophia Valente
Brianna Johnson	

2018 and 2019 AmeriCorps and VISTA Host Sites

Binghamton University Community Schools
BRiDGES – Madison County
Broome County Council of Churches
Broome County Office for Aging
CASA Trinity
Cortland Area Communities That Care Coalition
Family Counseling Services
Food Bank of the Southern Tier
Habitat for Humanity, Chemung County
Rural Health Network of South Central New York
Community Health Services
Food & Health Network of South Central New York
Schulyer County Health Department
Seven Valleys Health Coalition
Southern Tier AIDS Program
SUNY Upstate Medical University
Tioga County Health Department
Tioga Opportunities, Inc.
United Way of Broome County, Inc.
VINES – Volunteers Improving Neighborhood Environments

Getthere Online Tool Kit with Trip Planner

The Getthere website, www.gettherescny.org, launched in fall, 2018. It provides many helpful resources including a comprehensive listing of transportation providers, mobility managers, rideshare information, planning documents, and other information that may be of interest to the public and transportation professionals. The highlight of the website is an online tool kit for trip planning for a ten county region. Users in need of transportation information are able to enter addresses for both starting point and destination, along with options for individual needs to receive a list of transportation choices and contact information for transportation providers. Additionally, users enrolled in Medicaid are able to access the Medical Answering Services link for Medicaid transportation to set up rides online.



Development of the site was supported by Care Compass Network and Federal Transit Administration, Section 5311 Formula Grants for Rural Areas Program via Tioga County.

STAFF PROFILE

Kara Fisher – Increasing Access through Travel Training

Throughout high school and college, Kara volunteered with organizations that worked with and advocated for people with disabilities, which fostered her interest in increasing access to services for underserved populations. Kara began her post-secondary



*Kara Fisher,
Mobility & Transportation
Advocate*

As a travel trainer, Kara provides training to groups that work closely with those who have identified transportation availability as an issue.

education studying Health Science at Gannon University. After receiving her Bachelor's degree, she developed an interest in the administrative side of health services, which led her to Binghamton University's Master of Public Administration program. She obtained her MPA

with a specialization in Sustainable Communities, and a certificate in Local Government Management. Kara felt that a position with Rural Health Network's Getthere program aligned perfectly with her educational background in health services, her interest in collaborating with local government and nonprofits, and would allow her to create real change in rural communities. She says, "I was interested in an opportunity to work with a new population. I have experience working with seniors and individuals with disabilities but was not familiar with the specific challenges those individuals can face in rural communities. The opportunity to learn about a new population while enhancing my current skill set was exciting." Kara has worked with Rural Health Network as a Mobility and Transportation Advocate since September 2018.

As a travel trainer, Kara provides training to groups that work closely with those who have identified transportation availability as an issue. This can also involve providing direct travel training to individuals, in order to help familiarize them with public transportation routes and other mobility options. She became interested in travel training because accessing transportation services can pose unique challenges to people with disabilities. On the personal importance of travel

training, Kara says, "Travel training allows individuals to be independent and provides them with the freedom to travel when they choose.

As a sibling of someone with a disability, I have experienced the challenges of relying on a caretaker for transportation. Through travel training, I can help not only to ease the burden of a caretaker but also increase an individual's confidence, independence, and sense of belonging within the community."

Getthere mobility management has initiated a referral system for travel training with the Broome County Office for Aging. In adapting travel training to rural communities, Kara wants to help people become more open minded to the different transportation options available, especially when public transit alone is often not a feasible option for many rural areas.

Kara is currently working towards her Easterseals certification, the "gold standard" for travel training. After completion of a series of coursework and in-person trainings, totaling 60 hours of credits, Kara will complete her certification.

In 2019, Kara hopes to continue to expand travel training by increasing awareness and gaining more participants. She also hopes to develop a travel training curriculum specifically tailored to rural communities.

Developing Transportation to Employment Solutions

In a culture that relies heavily on personal cars, residents in Greater Binghamton who cannot afford to own, operate, and maintain a vehicle of their own often struggle to obtain secure, long-term employment. As a result, these residents find themselves either unemployed, or managing to scrape by with unreliable transportation to inadequate, temporary jobs, often bouncing from one to the next, never finding truly sustainable employment. The drive to find and maintain work is there, but the opportunity and ease of commuting to work is not.

Getthere had these shortcomings in mind when developing the Transportation to Employment Program (TEP), which launched in the summer of 2018. We designed TEP to set individuals up for successful employment when transportation is their greatest barrier. Giving consideration to the most cost effective and efficient commuting options, we have been working directly with individuals who are just beginning new jobs and need that initial boost to travel to and from work. From the outset, we determine and assist with early-stage interventions for each individual's unique transportation needs, and develop a sustainable transportation strategy, a long-term commuting solution for when the time comes that the individual transitions from our assistance to independently meeting his or her own transportation needs. As the time for this transition approaches, individuals are well on their way to maintaining employment, and have the means to cover their transportation to employment expenses.

Through TEP, Getthere is working to change perceptions of how we commute. Whereas now our roads are filled with single-occupancy vehicles, we are taking innovative approaches to provide TEP participants with alternative commuting options – registering each participant for 511NY Rideshare, the state's ride matching program; coaching participants through



In 2019, we will be launching our vanpool program – the Employee Delivery Service – to partner with area employers and facilitate transportation for their employees and potential employees who struggle to find and secure reliable, cost-effective transportation to work.

scenarios where they can utilize a matrix of options including public transit, biking, and carpooling; and looking ahead in 2019, we will be launching our vanpool program – the Employee Delivery Service – to partner with area employers and facilitate transportation for their employees and potential employees who struggle to find and secure reliable, cost-effective transportation to work. With these tools now at their disposal, Binghamton residents looking for work but lacking transportation have a resource that gets them to the jobs that they've been seeking.

The Transportation to Employment Program is funded by Governor Cuomo's Empire State Poverty Reduction Initiative (ESPRI), through the Binghamton-Broome Anti-Poverty Initiative (BBAPI), managed by United Way of Broome County.

Leveraging Local Food to Improve Patient Health

“Since being involved in the fruit & vegetable voucher program my thought process has changed, I’m cooking more and I am more health conscious. Part of being well means eating well for me. I am on a limited budget and so appreciate having the fresh fruit and vegetables. I really want you to know that I believe my life is better. Thank you.”
—Participant

The South Central New York Fruit & Vegetable Prescription Program (FVRx) is built on a simple idea: investment in prevention can have lasting impacts for years and generations to come. The program began as a pilot in 2017 for Medicaid members to prevent and manage chronic diet-related diseases, and allows clinicians or community health workers to write participants “prescriptions” for local fruits and vegetables. The prescriptions are accompanied by nutrition education, transportation assistance, and other support services, thereby enhancing the effectiveness of existing services to address social determinants of health.

Due to overwhelming demand from both patients and healthcare providers, the program expanded in 2018 from two primary care practices in Broome County to 12 primary care practices in Broome, Tioga, and Delaware Counties. 230 individuals across the region enrolled in the

COMMENTS FROM PROVIDERS

“Personally, I feel more engaged with patients from working with the fruit and vegetable voucher program. You get to know people on a different level separate from clinical practice. Making an impact right in the community, this program has given another voice to my position.”

—Rachel Mischler, RD, Lourdes

“I think one of the most important things that I learned from the patients was how the shopping made them feel. They felt good knowing that they were able to make healthy choices without having to worry about their SNAP benefits or if they would have enough food at the end of the month. So many patients also stated it put their mind at ease, particularly diabetics as they know they need to make healthy food choices.”

—Caren Bush, Wellness Coordinator, UHS

program this year and received vouchers to spend at local farmers’ markets, farm stands, VINES Farm Share, the CHOW Mobile Grocery Store, and rural grocery stores. Participants have experienced better management of cholesterol, diabetes, and weight loss, and made changes in where and how they shop and cook – with ripple effects for the entire family.

Looking ahead to 2019, Rural Health Network will continue to focus on program evaluation to determine the return on investment, provide technical assistance for regional expansion, and begin exploring other opportunities for food as medicine initiatives that improve patient health, support local food systems, and enhance the community.

Food and Health Network Members and Sponsors

Food and Health Network Members

Broome County Council of Churches
Broome-Tioga BOCES Food Service
Center for Agricultural Development and Entrepreneurship (CADE)
Chenango County Health Department
Cornell Cooperative Extension of Cortland County
Cornell Cooperative Extension of Schoharie and Otsego Counties
Cornell Cooperative Extension of Tioga County
Food Bank of the Southern Tier
Alison Handy-Twang
Otsego 2000 – Cooperstown Farmer’s Market
Seven Valleys Health Coalition
Tioga Opportunities, Inc.
Tioga United Way
UHS – United Health Services
Volunteers Improving Neighborhood Environments (VINES)

Food and Health Network Sponsors

Diane & Jerry Albrecht
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Richard Andrus
Apple Travel
Susan Beaudoin
Linda Biemer
Bohemian Moon
Mark Bordeau
Beth Bossong
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Care Manage for All, LLC
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Naomi Enzinna
Katelyn Gascon
Rebecca Gennett
Matthew Griffin
Dick & Nancy Kuehnemund
Leatherstocking Collaborative Health Partners
Suzanne Lewis
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Phil & Tamira Metzger
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Lary & Denise Moore
Glenda Neff
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Molly Nelson
Susan & Salvador Paradez
Janice Parker
Peaceful by Nature Farm
Jeffrey Piestrak
Tony Preus & Meredith Pell-Preus
Maggie Reeger
Jack Salo
Linda & Bob Seeger
Amy Shapiro
Shared Roots Farm
Sodexo
Stone Horse Farm
Doris Summerlee
Greg Summerlee
Paul & Marianne Taylor
The Owego Kitchen
Natalie Thompson
Lauren Tonti
Jennifer Wilkins
Susan Williams
Joseph & Maureen Wilson
Rose Zonetti



In 2018, schools participating in Farm to School spent \$179,045 on 230,545 lbs of food from 12 local producers. Visit www.foodandhealthnetwork.org to read the Food and Health Network 2018 Year in Review.



Fruit & Vegetable Prescription Program participants enjoyed a Holiday celebration that featured a recipe provided by a program participant looking to incorporate more vegetables in his family menu.



BOARD MEMBER PROFILE

Tamie MacDonald – It’s All about Building Community

Tamie MacDonald grew up in Delaware County, and earned her Bachelor’s at SUNY Cortland. She moved away for several years in order to earn her Master of Gerontological Studies at Miami University in Ohio, and then served as the Assistant Director for a local Community Action Agency in Nevada for 11 years. In 2014, she moved back to the area in order to be close to her parents as they aged. Tamie



Tamie MacDonald,
Rural Health Network Board
Member and Director of
Otsego County Office for
Aging

Tamie is proud of her role in bringing awareness to Rural Health Network’s mission, programs, and services in Delaware and Otsego Counties. She says great things are happening, and she’s excited for the future.

has been the Director of Otsego County Office for Aging since 2017. In her free time, she enjoys outdoor activities, spending time with family, reading, and volunteering with a caregiver respite program.

Tamie says she has always felt more comfortable being around older adults than people closer to her age, but an internship with the Area Agency on Aging in Cortland was when she began to seriously consider the aging services field as a career. “I remember meeting with a retired farming couple. This home and land had been where they raised their children, made their living, and where they hoped to spend the rest of their lives. Without the services of the local Area Agency on Aging, they would not have been able to do that. I knew then, I wanted to be a part of helping people stay in their homes... helping them keep that bit of pride and independence.” As someone who grew up on a farm, Tamie understood their connection to the land and the importance that had on their quality of life.

Now, as Director of Otsego County Office for the Aging, she is proud to work with a team that shares this same goal and is committed to developing and offering the services and supports that people really need to age in place. She hopes to build stronger relationships in the community, improving the agency’s communication and outreach,

partnerships, and community presence. “It’s all about building community. If we’re lucky enough, we’ll all get to an age when we may need a little help from someone else, and I’d like to hope that we have a community that’s able to support one another through those times.”

Otsego County Office for Aging is collaborating with Rural Health Network’s Getthere transportation service in order to build a volunteer transportation program in Otsego County. Tamie envisions that this partnership will increase the availability of transportation and reduce barriers to accessing services. By engaging volunteers, this partnership will also increase community ties by providing an opportunity for people to work together and help one another, and will allow formal dollars to be put towards service expansion.

Tamie has served on Rural Health Network’s Board of Directors since 2016, and has been Vice President since 2017. On what motivated her to lend her time to our organization, she said, “Rural Health Network has a wealth of experience, knowledge and passion on their staff and Board. As a result, they have been able to turn a small amount of funding into tangible services and outcomes that make a huge difference in our communities.”

Rural Health Network Donors and Funding Support

Individual Donors

- Jerry Albrecht
- Susan Beaudoin
- Raymond & Sandra Berchtold
- Lisanne Bobby
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Foundation, Private and Corporate Funding

- Amazon Smile Foundation
- Apalachin United Methodist Church, Brothers of the Cross
- Binghamton District United Methodist Men
- Care Compass Network
- Chenango United Way
- Community Foundation for South Central New York
- Community Transportation Association of America
- Leatherstocking Collaborative Health Partners
- New York State Health Foundation SEFCU
- State Employees Federated Appeal
- Tioga County Senior Citizen’s Foundation
- Unadilla United Methodist Church
- United Way of Broome County, Inc.
- United Way of Tompkins County
- Whittemore Hill United Methodist Church

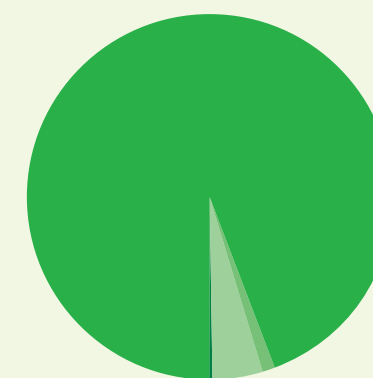
County, State and Federal Funding

- Corporation for National and Community Service: VISTA Grant
- Federal Transit Administration, Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities Program
- Federal Transit Administration, Section 5311 Formula Grants for Rural Areas Program via Tioga County
- New York State Department of Health – Office of Rural Health
- New York State Department of Transportation
- New York State Office of Alcoholism and Substance Abuse Services and NYS Assemblywoman Donna Lupardo, 123rd Assembly District: Funding for the AmeriCorps Opioid Project
- NYS Commission on National and Community Service – AmeriCorps and Volunteer Generation Fund Grants
- NYS Department of Agriculture & Markets: USDA Farm to School Grant

FY 2017–2018

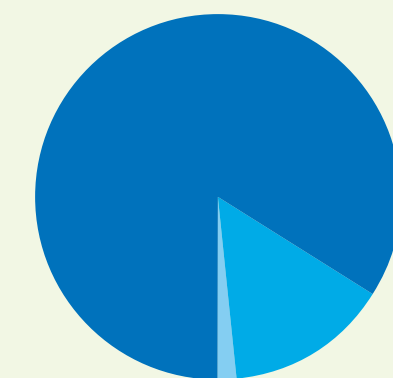
Revenue and Expense Profile

Total Revenue: \$1,763,847



- Fees/Grants from Government and Private Sources: \$1,663,073
- Donations: \$19,684
- Donated Services and Supplies: \$76,450
- Miscellaneous and Interest Income: \$4,640

Total Expenses: \$1,617,296



- Program Services: \$1,358,575
- Management and General: \$233,446
- Fundraising: \$25,275

Rural Health Network of South Central New York, Inc.’s most recent financial statement is available for review at www.CharitiesNYS.com

About Us

For 20 years, Rural Health Network of South Central New York has advanced the health and well-being of rural people and communities.

Community Health and Education Services

Ensuring access to affordable, quality healthcare and support services has been a priority for Rural Health Network since the beginning. Community Health Workers work closely with those who need help accessing and navigating the healthcare system. Services include case management, coaching, and facilitating chronic disease education classes.

Food & Health Network

The Food and Health Network of South Central New York is a program of Rural Health Network that works to increase the consumption of healthy, locally grown food throughout our region. Current collaborative projects include Farm to School, the Prescription Fruit & Vegetable Program, and a regional program supporting volunteerism to improve access to healthy, affordable food.

Getthere

Getthere operates a transportation information and assistance call center that works to help those with transportation needs to find workable, affordable solutions. Serving five counties, Getthere provides transportation information and case management services, financial assistance for eligible individuals who need transportation to healthcare appointments, transportation to employment services, and training on how to use public transportation.

Rural Health Planning & Technical Assistance

Rural Health Network works at the local and regional level to provide assistance with health related needs assessments, planning and project implementation. Rural Health Network is also a partner in a regional population health initiative that includes other rural health networks and HealthlinkNY (lead agency). This initiative is working to reduce health disparities and improve health outcomes across the region.

Rural Health Service Corps

Rural Health Network has been a regional provider of national service programming for over ten years. AmeriCorps and AmeriCorps VISTA National Service opportunities provide individuals with opportunities to serve their community for up to one year. Specific areas of service include improving nutrition and food security, working on community development projects and programs working to address the opioid epidemic.

Staff

John (Jack) C. Salo, *Executive Director*
Nicole Argro, *Community Health Worker I*
Jessica Barbini, *Farm to School Coordinator*
Susan Boldman, *Community Health Worker I*
Stephanie Button, *Mobility & Transportation Advocate*
Ashley Cambro, *Community Health Worker II, Broome County*
Nick Cecconi, *Getthere Assistant Director*
Haley Desilet, *Assistant Director, Rural Health Service Corps*
Kara Fisher, *Mobility & Transportation Advocate*
Pamela Guth, *Director, Community Health Services*
Evan Heaney, *Population Health Coordinator, Delaware County*
Thomas Lewis, *Community Food Coordinator*
Cindy Martin, *Director, Resource Development*
Mary Maruscak, *Director, Community Health Education*
Emma Nalin, *Social Determinants Project Coordinator*
Julie Pitts, *Director, Rural Health Service Corps*
Rachel Priest, *Administrative Services Coordinator*
Debora Rogers, *Community Health Worker I, Delaware County*
Anne Marie Sanford, *Mobility & Transportation Advocate*
Shane Solar-Doherty, *Transportation to Employment Coordinator*
Erin Summerlee, *Director, Food and Health Network*
Terri Tweedie, *Community Health Worker II, Delaware County*
William Wagner, *Director, Getthere*
Stephanie Wright, *Rural Health Development Associate*
Shelby Zimmer, *Administrative Assistant*

Board Members

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*Term ended 12/31/18

