Leadership Message

Executive Director, Jack Salo

Over the past year, Rural Health Network has continued working to identify and address health needs and opportunities. Sometimes that means initiating a regional service, like the Getthere Call Center which provides transportation information, assistance and services across five counties. Or, it can mean focusing resources on specific counties or communities, like in our partnership with Care Compass Network that provides outreach and support to rural residents enrolled in Medicaid. Through programs like Rural Broome Counts and the upcoming Tioga County Quality of Life Assessment, we aim to more accurately assess county needs.

Rural Health Network deliberately works to connect and improve health through investment in the local economy. During the past year we have collaborated with our partners to help procure over $100,000 of fresh fruit, vegetables and other New York foods from 20 farm businesses and nonprofit organizations. This healthy food has been purchased to support New York State sources. Supporting local farms while helping to improve the quality and availability of fresh, nutrient rich food to improve health is the kind of dual benefit we get excited about.

Rural Health Network is working to better understand how we can increase our effectiveness in improving both health outcomes and local economies. After all, it is only through shared and sufficient economic prosperity that a healthy community can be sustained. Whether it is through the purchase of transportation services to help rural seniors access healthcare, fresh fruits and vegetables from local farmers, or copy paper from AVRE a local nonprofit, Rural Health Network is committed to improving both the health and economy of our region.

Sincerely,
John (Jack) C. Salo

Board President, Lenore Boris

Rural Health Network is immersed in the work of healthcare change, and numerous initiatives are underway to improve the quality and accessibility of healthcare. Our goals include improvements in health outcomes, the patient experience and the health of populations while reducing costs. These efforts intersect with the mission of Rural Health Network to advance the health and well-being of rural people and communities.

Rural Health Network is taking the lead in addressing food insecurity, transportation and chronic disease management as major issues impacting health and wellness. Expansion of the Getthere Call Center, initiation of a Fruit and Vegetable Prescription program and expansion of the Community Health Services program are examples of recent growth in services to address these topics.

As the healthcare system changes, we are mindful of our role in advocating for the rural population. The availability of healthcare impacts the individual living in a rural area as they wrestle with the lack of providers, transportation issues, support for dealing with their medical condition and related issues. Additionally, the economic viability of a region is, in part, dependent on workers ability to access healthcare. Rural Health Network is committed to being at the forefront of addressing these changes and their effect on the rural population.

Investment in our work is making a real difference. Our partnerships with other organizations are growing and getting stronger. Working with other healthcare organizations, farms, schools and employers, we see the positive benefits of collaboration on improving rural economies. New sources of revenue to fund the increase in services position Rural Health Network for future growth and financial sustainability. Most importantly, we are making a difference in the lives and well-being of people who use our services.

Thank you for your ongoing support.
Sincerely,
Lenore Boris
After working in direct care and case management with individuals with developmental disabilities and mental health diagnoses, Mary joined Rural Health Network of South Central New York's staff in 2013 and has served as Population Health Coordinator for Tioga County since 2015.

Q: What is population health?
Population health is interesting because it can be defined differently depending on who answers that question. But at its core, it’s about the health of any defined population. For example, it could be an entire region, a small community, or simply the people we serve. And once that is defined, population health refers to the distribution of health outcomes of that group of people, whether they’re very healthy, very unhealthy or somewhere in between. An additional component of population health is the examination of circumstances, or what are referred to as the “social determinants of health,” which are leading to those outcomes.

Q: How did you become interested in working in this field?
I didn’t know I had this interest until we started doing this work. I don’t believe I could have truly understood population health and how circumstances impact health outcomes until I began looking at the existing data, reports, assessments, and started collecting my own data from people facing those circumstances. In doing this work, I actually have a better understanding of the places and people where I personally grew up: a rural, socioeconomically depressed community, which I think impacts my work.

Q: Why does rural matter?
I’m really proud to be a part of the collective growth that has occurred over the past few years within Rural Health Network. This is in part because of our relationship with Care Compass Network, but it is also the culmination of several years of work. Listening to our staff share information on the work they’re doing is very impressive to me. In the four and a half years I’ve been with the organization, our staff size has more than doubled. And I think we have an amazing team of people that really respect each other and cheer each other on – that’s something to be proud of.

Q: Why is advocacy important to you?
Advocacy gives us the opportunity to speak for people who aren’t able to speak for themselves, and I think in the long term, it also gives us the opportunity to teach people how to be advocates for themselves. I also think it’s important because elected officials need to hear from people like us. They’re at a level, I think, they can’t possibly grasp the full scope of what people are dealing with in their day-to-day lives…so they need us to tell them.

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A Good Idea Takes Off

In April 2017 Getthere initiated a new program that provided a higher level of transportation support to vulnerable Medicaid patients in Broome, Chenango, Delaware and Tioga Counties, made possible through an Innovation Grant from Care Compass Network. The basic idea was to target those recently discharged from the hospital, and other individuals with serious health conditions who needed access to essential goods and services to prevent hospital readmissions and/or maintain their health. The Transportation Voucher Program makes it possible for these individuals to access their prescription medication, healthy food, health education programs, support services and transportation to other critical needs not covered by Medicaid (Medicaid essentially only covers transportation expenses to healthcare appointments). Preliminary data indicates that the program is having a positive impact on reducing hospital readmissions. Following the initial success of Getthere’s Voucher Program, a group of Mobility Managers in the Southern Tier were funded to replicate the Getthere Program in the five Care Compass Network counties not served by Getthere (Chenung, Cortland, Schuyler, Steuben and Tompkins counties). A similar program was recently initiated in the Finger Lakes Performing Provider System by United Way of Greater Rochester. The Finger Lakes program focuses on using transportation to improve access to support services and address low income and other barriers to improved health. What began as recognition that improving the health of vulnerable populations requires access to prescription medication, healthy food, health education and support services has grown from one to four projects serving fifteen counties in central and western New York State. Continuation of these transportation services after the Medicaid reform resources are no longer available will require either policy changes and/or new resources.

*Getthere recently expanded the Voucher Program to Otsego and additional Delaware County communities through additional support from the Leatherstocking Collaborative Health Partners.

CLIENT PROFILE:

How Edna Became Her Own Health Advocate

In 2002, Edna made a selfless career change: she retired from an IBM manufacturing position to work as a professional caregiver of adults with developmental disabilities. Drawing from her personal experience of caring for her own adult son with Down syndrome, Edna’s concern for his future inspired her to help others. But when she came to our Northern Broome office in December of 2016, the 64-year-old knew it was time to help herself.

Edna is a rural Broome County resident. She is also retired, uninsured and the head of household, which leaves her with limited access to care and financial resources. Edna utilized our services and those of our community partners to improve her overall health and quality of life. She was able to not only reduce her health problems, but also learn practices to prevent them in the future. During one of her office visits, Edna met with an enroller from Family Enrichment Network to get financial support through SNAP benefits (Food Stamps) and HEAP (heating assistance). These resources were essential to helping Edna start and continue on a healthy path.

We give our clients unique attention that caters to their specific needs. We don’t want to simply have one visit, and send them on their way, rather, we maintain a reliable relationship free of patronization.

“I like that you are local so I can stop in and someone will see me right away. Your people are at my fingertips,” Edna said. “It is more personal for me to see you face-to-face. I like to read expressions on people’s faces when I am discussing things with them.”

We knew we needed to connect Edna with healthcare providers that were accessible to her and provided a realistic long-term solution. We informed her of the SUNY Upstate Free Clinic at the Broome County Health Department where she was able to get access to medications for high blood pressure and cholesterol. Through our referral to primary care providers in her rural community, Edna was able to find a doctor that was a good fit for her, and with whom she still has regular visits.

She also met with our staff to complete the Patient Activation Measure survey to establish a baseline measure of her health knowledge and help her gain the confidence to be her own health advocate.

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“When I heard my blood pressure at home and it is spot on. If it is high, I tell myself calm down, sit still for a few minutes and see if anything is making me nervous.”

Today, Edna takes steps to address her family history of diabetes. At her follow up appointments, she orders blood work. The health education she received through the Rural Health Network gave her the motivation to maintain a healthy diet and find fun new ways to exercise.

“Thetool was very helpful in getting me to think more about taking care of my health concerns,” she said.

Her scores improved drastically, from a “Level 1 Score 50” in January of 2017, to “Level 4 Score 79.20” in April of 2018. In fact, she is no longer on cholesterol medication. And while we guided Edna to places where she could address these health issues, much of the positive change came from her own initiative.

“I made changes in my diet,” she said. “I take my blood pressure at home and it is spot on. If it is high, I tell myself calm down, sit still for a few minutes and see if anything is making me nervous.”

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NY Thursday Lunch program was introduced to 6 school districts in 2017
NY Thursday Lunch will expand to 26 school districts in the 2018-2019 school year

Strong Networks Lead to Long-Term Change

As we grow, we keep asking questions. Questions like, “What does it look like when healthcare invests in food security and nutrition?” and “How can healthcare and local food systems work together to improve health?” Then we push to find answers and introduce new communication flows into communities.

The Teamwork Behind the Fruit & Vegetable Prescription Program (FVRx)

The Fruit & Vegetable Prescription Program (FVRx) represents a milestone in linking Rural Health Network’s food, community health, and transportation work, and is an innovative first step for health care in the region to address food as a social determinant of health. We believe that having reliable access to safe, healthy food shouldn’t be a daily struggle. FVRx not only leverages resources within RHN to better support participants, but also builds upon the strengths and resources of a large number of organizations to offer a comprehensive program that removes siloes between the clinic and community.

The program’s impact has been widespread, in clinical workflows, patient health, and in the community. Staff have experienced increased collaboration. A team of providers is working with each patient and are consistently making referrals to outside resources to help each patient achieve better health outcomes. Participants have lost weight, reduced blood pressure, improved blood sugar, reduced their stress, and reported cooking more and having more autonomy in making healthy choices. Local farms, farmers’ markets, and rural grocery stores are seeing new customers and increasing sales of fresh fruits and vegetables.

Southern Tier Farm to School Initiative

In 2017, the collaborative Southern Tier farm to School initiative connected more local food to schools than ever before, and introduced the successful NY Thursday Lunch program. 2017’s success is the direct result of the last five years spent building a large network of partners across the region, NY state and the Northeast to share resources, coordinate programming, build capacity and offer technical assistance. In 2018, the program is poised to expand from six school districts in two counties to 20 school districts in five counties.

The NY Thursday Lunch program is a once a month menu featuring all NYS food from local farms, food hubs, and processors. Recipes featured on NY Thursday have been taste tested by students before making it onto the menu.

Our new NY Thursday Lunch program bridges the gap between the classroom, the cafeteria and the community to help students connect with their food. This symbiotic relationship grows the scope of education and sets both families and farmers up for success.

Visit www.foodandhealthnetwork.org to read the Food and Health Network 2017 Year in Review.
Committed to Serve
Rural Health Service Corps is an AmeriCorps National Service Program providing meaningful service and learning opportunities for people committed to improving the health of those living in South Central New York.

Rural Health Service Corps members address the broad community health needs of South Central New York, with a focus on health access and education, increasing food security, community development projects and addressing the opioid epidemic.

Board Member Spotlight
Delana Spaulding's experience in the Rural Health Service Corps shaped her view on advocacy and community outreach, and inspired her to continue this work in her professional career. Delana served two terms as an AmeriCorps member and has continued to support the work of Rural Health Network by serving as a member of the Board of Directors.

“The Healthcare Access Associate position at Rural Health Network immersed me in the complex healthcare issues of our local population. I learned about the challenges of healthcare access, and the benefits of reliable healthcare. I quickly aspired to take a more active role in individuals’ healthcare. At a tabling event promoting Rural Health Service Corps, the AmeriCorps program offered by the Rural Health Network, I met the experienced nurse educators from the Decker School of Nursing at Binghamton University. I was inspired by the various opportunities that pursuing a degree in nursing could offer. When I finished my AmeriCorps service term at Rural Health Network, I took a job as a hospital aide to gain direct patient care experience and worked on my nursing school application. I was accepted into the Baccalaureate Accelerated Track program for nursing at Binghamton University and finished my second bachelor's degree a year later. I had my first nursing experience at Cayuga Medical Center in Ithaca, where again I was inspired by talented nurses. I decided to continue my education and obtained a master's degree in nursing. I have been practicing as a Family Nurse Practitioner now for nearly four years.

My time at Rural Health Network opened my eyes to community resources, and I was happy to learn that the case managers and social workers helped providers in the hospital to utilize these community resources (i.e. transportation services, education services) for our patients on a regular basis.”

Delana Spaulding, Rural Health Service Corps Alumni

“Rural Health Service Corps Highlights (2007–2017)• 46 host sites• 291 members completing terms• 368,650 hours served, which is equivalent to 200 full-time employee years!• Since 2008, members have received over $1 million in education awards.

AmeriCorps and VISTA Members who completed service in 2017

AmeriCorps and VISTA Members currently enrolled and/or expected to complete service in 2018
Crystal Batista Jacki Bogart Chelsea Cleary Elizabeth Dierenfield Annabel Fair Helen Frazer Anna Grazioso Elizana-Marie Joseph Thomas Lewis Amelia Martin

AmeriCorps and VISTA Host Sites
2017 and 2018
Bridges Madison County
Broome County Council of Churches
CHOW
Faith in Action
Broome County Office for Aging
Broome County Promise Zone
CASA Trinity
Chemung County Habitat for Humanity
Cornell Cooperative Extension - Tompkins County
Cortland Area Communities that Care Coalition
Cortland Area Communities that Care Coalition
Family Counseling Services
Food & Health Network of South Central New York
Food Bank of the Southern Tier
Habitat for Humanity, Chemung County
Mothers & Babies Perinatal Network
Rural Health Network of South Central New York
Community Health Services
Food & Health Network of South Central New York
Getthere mobility management programs
SUNY Upstate Medical University
Southern Tier AIDS Program, Inc.
Tioga County Health Department
Tioga Opportunities, Inc.
United Way of Broome County, Inc.
Healthy Lifestyles Coalition
VINES
Access Requires Transportation

We work to maximize the transportation resources that exist and to improve mobility and affordable transportation service across South Central New York. One of our most important mobility-related initiatives is the Getthere Call Center. The Getthere Call Center serves as a starting point for many who have few transportation options including seniors, persons with disabilities, and those who are geographically isolated.

Our staff members guide callers through case management services to fully understand and meet each individual’s unique needs.

It’s about Access

Most rural people, most of the time, must travel long distances to access essential goods, services and employment. Living rural should not equate to being disadvantaged because of a lack of access to essential services and opportunities.

Compassion: The Backbone of Rural Communities

Dale Prentice and his wife, Patti, are residents of Unadilla in Otsego County. Patti had reason to call the Getthere Call Center when Dale was re-diagnosed with cancer after 30 years in remission. Dale and Patti were unaware of the Getthere Call Center until a nurse navigator at Lourdes told them about it and gave them some information. “It was a godsend,” Patti said.

Patti needed assistance getting Dale to and from his treatments. He faced ten radiation treatments in Broome County and additional trips for chemotherapy, making each round trip over 90 miles. Patti was uncertain about using their vehicle for fear of it breaking down. They could not afford private transportation and had no family, friend or neighbor to turn to. To emphasize on the urgency of Dale’s situation, a nurse from Lourdes Hospital called the director of Getthere and advocated on his behalf.

With limited Connection to Care resources available to Otsego County at that time, the Getthere Call Center staff had to explore every creative solution possible to find a way to help. Through conversations between the Getthere Call Center Director and Otsego County’s Office for Aging Director, they determined that Getthere could offer fuel cards to any volunteers who drove Dale to and from his appointments. The total value of the cards was less than what one trip with a private cab service would have cost, and by the day’s end, transportation had been arranged for all ten of Dale’s upcoming treatments.

This was truly a team effort, from the hospital staff members who personally advocated on Dale’s behalf, to the Office for Aging director’s compassionate and committed hands-on approach of reaching out to community members, many of whom gladly stepped up when asked. This case fell into the hands of so many dedicated individuals, and every single staff member in the Call Center worked on it in some capacity. It is no surprise that many of those who volunteered to drive Dale already knew him and Patti from church. With a little bit of outside help, this rural community came together to support one of its own.

“I want to say thanks to Connection to Care and to the volunteers who drove me,” Dale said. “The gas cards were a big help. Of course they didn’t fill up the tank, but they helped, and every bit helps.”

Compassion illustrates that someone cares. A compassionate community is a caring community. This is the strength that makes up the backbone of rural communities, and contributes to the joy that rural life is for so many.

This past year, 83% of Getthere cases were health related.
Investments and Relationships Make the Difference

2017 has been a year of innovation and growth for Rural Health Network. Our Board of Directors and staff are deeply appreciative of the investment and generous support of our donors, private and governmental funders. We also appreciate and recognize the important contributions of our volunteers, organizational, and governmental partners who are essential to our work.

Food and Health Network Members

Individuals

Susan Adair
Diane Albrecht
Richard Andrus
Donna Bates
Mark Bordeaux
Jeanne M. Darling
Ann Denniston
Nancy Eckstrom
Matthew Griffin
Kathleen Homer
Kevin Millar
Diane O’Hora
Jeffrey Piestrak
Tony Preus
Amy Shapiro
Lauren Tonti
Rose Zonetti

Organizations

Broome County Council of Churches
Broome County Health Department
Broome-Tioga BOCES Food Service
Cayuga Lake Food Buyers
Center for Agricultural Development and Entrepreneurship (CADE)
Chenango County Health Department
Chenango County United Way, Inc.
Cornell Cooperative Extension of Tioga County
Delaware Opportunities, Inc.
Family Enrichment Network
Food Bank of the Southern Tier
Hatherleigh Foundation
Healthy Lifestyles Coalition, United Way of Broome County
Seven Valleys Health Coalition
Tioga County Hunger Coalition
Tioga Opportunities
Tompkins County Food Distribution Network
United Health Services (UHS)
Volunteers Improving Neighborhood Environments (VINES)

Food and Health Network Sponsors

Individuals

Diane & Jerry Albrecht
Giselle B. & Mark Rose
Greg Albrecht & Victoria Zappalin
Connie Barnes
Susan Beaudoin
Mark Bordeaux
Elizabeth Bossong
Christina Boyd
Diane Creevy
Kay & Ann Denniston
Nancy Eckstrom
Matthew Griffin
Johan Jelsma
Kate Miller-Corcoran
Glenda Neff
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Shawn Yetter

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Fidelis Care
Galaxy Brewing Company
Larry & Denise Moore
Lourdes Hospital
Peaceful by Nature Farm
Regional Access
Shared Roots Farm
Slope Farms
Stone Horse Farm
The Kitchen Store
The Owego Kitchen
United Health Services (UHS)

Rural Health Network Donors and Funding Support

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Lenore Boris
Staris Knapp
Chenango United Way

Community Transportation Association of America

Community Foundation for South Central New York

Chenango United Way

Care Compass Network

Foundation, Private and Corporate Funding

United Health Services (UHS)

Food and Health Network Sponsors

The Owego Kitchen

The Kitchen Store

Stone Horse Farm

Shared Roots Farm

Slope Farms

The Owego Kitchen

The Kitchen Store

United Health Services (UHS)

United Way of Delaware & Otsego Counties, Inc.

United Health Services (UHS)

Food and Health Network Members

Individuals

Susan Adair
Diane Albrecht
Richard Andrus
Donna Bates
Mark Bordeaux
Jeanne M. Darling
Ann Denniston
Nancy Eckstrom
Matthew Griffin
Kathleen Homer
Kevin Millar
Diane O’Hora
Jeffrey Piestrak
Tony Preus
Amy Shapiro
Lauren Tonti
Rose Zonetti

Organizations

Broome County Council of Churches
Broome County Health Department
Broome-Tioga BOCES Food Service
Cayuga Lake Food Buyers
Center for Agricultural Development and Entrepreneurship (CADE)
Chenango County Health Department
Chenango County United Way, Inc.
Cornell Cooperative Extension of Tioga County
Delaware Opportunities, Inc.
Family Enrichment Network
Food Bank of the Southern Tier
Hatherleigh Foundation
Healthy Lifestyles Coalition, United Way of Broome County
Seven Valleys Health Coalition
Tioga County Hunger Coalition
Tioga Opportunities
Tompkins County Food Distribution Network
United Health Services (UHS)
Volunteers Improving Neighborhood Environments (VINES)

Food and Health Network Sponsors

Individuals

Diane & Jerry Albrecht
Giselle B. & Mark Rose
Greg Albrecht & Victoria Zappalin
Connie Barnes
Susan Beaudoin
Mark Bordeaux
Elizabeth Bossong
Christina Boyd
Diane Creevy
Kay & Ann Denniston
Nancy Eckstrom
Matthew Griffin
Johan Jelsma
Kate Miller-Corcoran
Glenda Neff
Janice Parker
Jeffrey Piestrak
Charles & Mary Place
Maggie Reeger
Jeffrey Piestrak
Jack Salo
Bob & Linda Saeger
Doris Summervill
Lauren Tonti
Shawn Yetter

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Blackbird Bakery
Chobani, LLC
Closer to the Heart Farms
Creekside Acres Farm/The Creekside Cook
Dutch Hill Creamery
Engelbert Farms, LLC
Excelius BlueCross BlueShield
FarmHouse Brewery
Fidelis Care
Galaxy Brewing Company
Larry & Denise Moore
Lourdes Hospital
Peaceful by Nature Farm
Regional Access
Shared Roots Farm
Slope Farms
Stone Horse Farm
The Kitchen Store
The Owego Kitchen
United Health Services (UHS)
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 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
Jessica Barbini, Farm to School Coordinator
Susan Boldman, Community Health Worker I
Stephanie Button, Mobility & Transportation Advocate
Nick Cecconi, Assistant Director, Getthere
Haley Desilet, Assistant Director, Rural Health Service Corps
Kara Fisher, Mobility & Transportation Advocate
Pamela Guth, Director, Community Health Services
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Thomas Lewis, Community Food Coordinator
Cindy Martin, Director, Resource Development
Mary Marusak, Population Health Coordinator, Tioga County
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Erin Summerlee, Director, Food and Health Network
Terri Tweedie, Community Health Worker II, Delaware County
William Wagner, Director, Getthere

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*Rterm ended 12/31/17