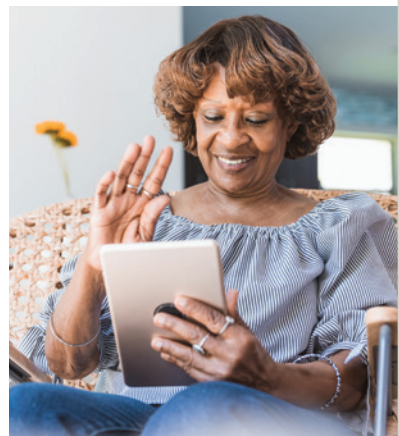


# IMPACT



# 2020

# REPORT



## ABOUT US

**For more than 22 years, Rural Health Network of South Central New York has advanced the health and well-being of rural people and communities.**

### Community Health Services and Education

Ensuring access to affordable, quality healthcare and support services has always been a priority for Rural Health Network. Community Health Workers support clients with case management and evidence-based tools as they navigate complex health and social service systems. Educational programs include chronic disease management classes and rural cultural competence training.

### Food and Health Network

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

### Getthere

Getthere connects those in need of transportation to healthcare, food, and employment to workable, sustainable solutions across five counties. Mobility management strategies improve access, independence, and service coordination through transportation case management, education, and support.

### Northern Broome CARES

Northern Broome CARES serves older adults in northern Broome County to support healthy aging through health services, case management, minor home repairs, transportation, and social activities to grow and maintain friendships.

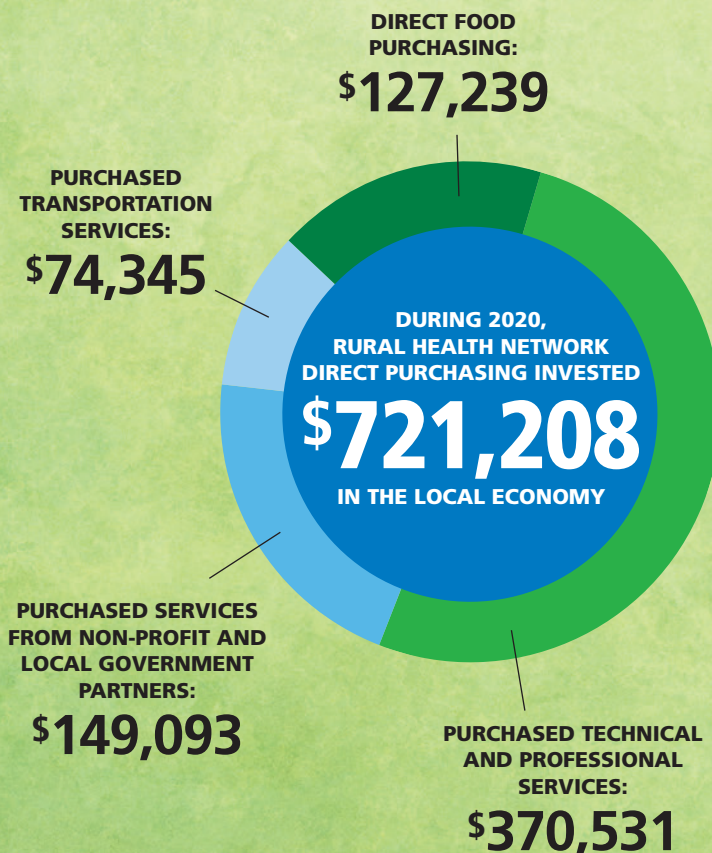
### Rural Health Planning & Technical Assistance

Rural Health Network works at the local and regional level to provide assistance with health-related needs assessments, planning, and project implementation. In 2020, projects included the Social Determinants of Health Measurement project, Rural Broome Counts Data updates, and a variety of COVID-19 resources.

### Rural Health Service Corps (RHSC)

Rural Health Network has been a regional provider of national service programming for thirteen years. AmeriCorps and AmeriCorps VISTA National Service positions 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, education, and addressing the opioid epidemic.

**During 2020, Rural Health Network invested a total of \$721,208 in the local economy through direct purchasing—a 47% increase from last year. By measuring our economic impact, we can deliberately contribute to the sectors of the local economy that align with our mission. Strengthening rural economies improves rural health.**



## RURAL HEALTH NETWORK PRESIDENT'S MESSAGE

# A Bright Future



**Lenore Boris,**  
BOARD PRESIDENT

Rural Health Network has experienced tremendous growth the past five years. Growth occurred in the development of new competencies, new or expanded services, additional partnerships, research capabilities, data management enhancements and, yes, an expanded budget to support these activities. Changes are too numerous to summarize in these comments beyond providing a few examples.

Understanding of opportunities to engage in value-based payment arrangements are emerging. The addition of the Fruit & Vegetable Prescription program addresses both food deserts and healthful eating. Research on the value to improved health and lower costs by addressing social determinants (food, housing, transportation, etc.) was undertaken. A Community Health Worker model to facilitate healthcare was implemented. Lasting partnerships with Care Compass Network and other organizations were established and serve as a multiplier of the work of Rural Health Network. Diversification of revenue streams underpins

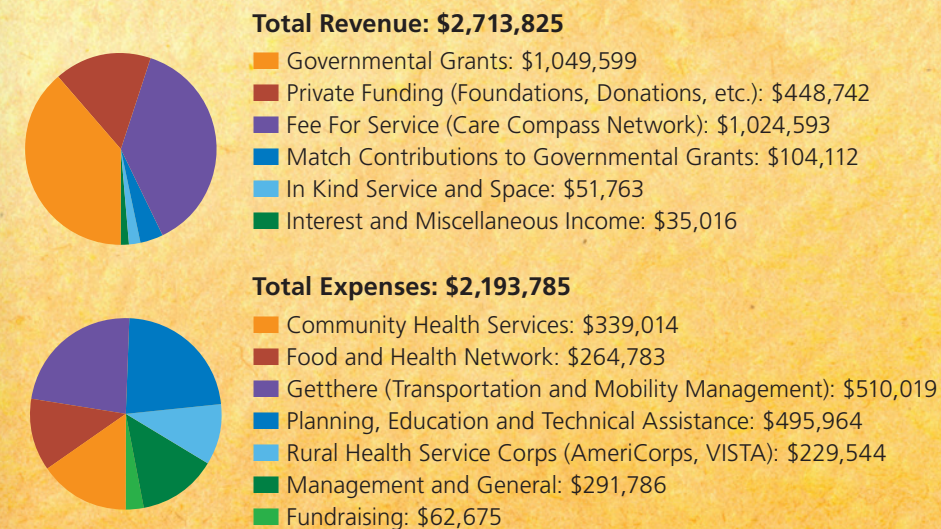
financing of all activities.

The changes have occurred in a time of significant transformation and refocusing within the healthcare system. Social determinants have risen to the forefront of efforts to improve healthcare while reducing costs. Organizations like Rural Health Network have always known this but are now positioned to expand their services and potentially receive reimbursement from payers of healthcare. Adding to the complexity of the external environment, the emergence of COVID-19 demanded a rethinking of essential needs and priorities while making modifications to the delivery of services and put financial pressures on both clients and the organization.

Rural Health Network has proven its flexibility, adaptability, resilience, and strength in the face of external pressures and changing client needs. Rural Health Network capitalized on new opportunities while maintaining focus on its mission **to advance the health and well-being of rural people and communities**. Building on the growth of the past five years, the future of Rural Health Network and its ability to serve the needs of the rural population has never looked brighter. Thank you for your support and help in this important work.

FY 2019–2020

## Revenue and Expense Profile



The graphs represent Rural Health Network's financial activity for the period of July 1, 2019–June 30, 2020. \$265,178 of the \$520,040 in Net Income reflects capitalization resulting from the purchase of the 455 Court Street facility. The remaining \$254,862 primarily reflects higher than projected DSRIP (Medicaid reform) revenue resulting in part from fee for service and performance based incentives that were budgeted conservatively. The surplus will be used to sustain the organization over the next two to three years as NYS funding is reduced due to COVID-19, and DSRIP funding is reduced/discontinued. Expenses are shown by program area to provide a sense of financial activity and scale of different activities.

More specific information on the Rural Health Network 2019–2020 Fiscal Year is available on Guidestar [www.guidestar.org](http://www.guidestar.org) and the NYS Charities Bureau [www.charitiesnys.com/RegistrySearch/search\\_charities.jsp](http://www.charitiesnys.com/RegistrySearch/search_charities.jsp) websites.



FROM THE EXECUTIVE DIRECTOR

# Plans and Reality



**Jack Salo,**  
EXECUTIVE DIRECTOR

We do a good job in our sector of planning and implementing projects and programs. We do a good job of planning strategy and moving forward over time to create something that didn't exist before coming to life in the service of helping others. We are not emergency responders or elite disaster recovery experts, but in 2020 our organization and our sector was called into service in very much the same way as emergency and disaster response services. We needed to move beyond our experience and expertise into a new realm, a new way of working together to help others, and to do it quickly, without the luxury of extended planning. Early in 2020, reality imposed itself on society, on families and on our organization in a way that has not occurred in our lifetimes. The response of Rural Health Network to COVID-19 is documented in this Impact Report, and frankly is one of many impressive stories describing how community organizations moved from routine business, into life supporting action for the people and communities in our region. The compelling needs and uncertainties of that time brought out the best in who we are as an organization and as a community. I am writing this almost a year from the beginning of the COVID-19 crisis and reflecting on what it has meant for Rural Health Network. Many of our staff continue to work remotely. We have "Zoom fatigue". Even in-person work feels remote and is constrained by masks and distance. Many of us have not felt truly, deeply relaxed in the past twelve months. We worry about our families, friends, ourselves, and yet the work and service continue. From our experience with

COVID-19, Rural Health Network has adjusted existing services to meet COVID-19 related needs, and established new services and pilot projects. The Agency Huddle Initiative began in January 2021. This interdisciplinary case conferencing and problem solving forum meets every two weeks to consider how through working across programs, Rural Health Network can better support those we serve. A Telehealth Work Group was established, met throughout the second half of the year and developed a two-year work plan to ensure that Rural Health Network, in partnership with healthcare providers and others, can help address the barriers that prevent rural, low-income and older residents from utilizing telehealth as an option for appropriate health services. Thank you to everyone who has continued working and serving others during 2020, in spite of the many challenges. Rural Health Network is proud to be part of such a strong and resilient region.

## Rural Health Network Donors and Funding Support

**Individual**

Maureen Abbott  
Jerry and Diane Albrecht  
Jessica Barbini  
Shelly Bartow  
Susan Beaudoin  
Raymond and Sandra Berchtold  
Danielle Berchtold  
Lisanne Bobby  
Mark Bordeau  
Lenore Boris  
Christina Boyd  
Katherine Buchta  
Kathleen Bunnell  
Sharon Chesna  
Diane Crews  
Haley Desilet  
Ronald Dougherty  
Daniel Driscoll  
Nancy Eckstrom  
David and Mary El Emerson  
Pam Hawes in memory of Barbara Schmutzler  
Kathleen (Cookie) Henehan  
Kevin Hodne  
George Homsy  
Heidi Kaufmann  
Luann Kida  
Heather Kirkland  
Melissa Klinko  
Dotti Kruppo  
Thomas Lewis  
Victoria Lococo  
Amelia LoDolce  
Edward Machak

Cynthia Martin  
Mary Maruscak  
Mary McFadden  
Valerie McLain  
Wayne Mitteer  
Evelyn A. Moore  
Diane and Jim O'Hora  
Beth Paro  
John Perticone  
Judith Quaranta  
Tamie Reed  
Greg Rittenhouse  
Josephine Robles  
John C. Salo  
John E. and Rita Salo  
Sandra Sanzo  
Betty Short  
James Skiff  
Delana Spaulding  
Jack Sperling  
Erin Summerlee  
Natalie Thompson  
William Wagner  
Sharon Weed in memory of Richy L. Canfield, Sr.  
Angela Wiesemann  
Shawn Yetter  
Katherine Young

**Foundations, Private and Corporate Funding**  
Ascension Health  
Binghamton University Research Foundation, Philanthropy Incubator  
Broome-Tioga BOCES

Care Compass Network  
Chenango United Way  
Chobani Community Impact Fund of the Community Foundation for South Central New York  
Community Foundation for South Central New York  
Community Foundation of Otsego County  
Coughlin & Gerhart LLP  
Countryside Christian Chapel  
Dr G. Clifford & Florence B. Decker Foundation  
George A. and Margaret Mee Charitable Foundation  
Jack Sherman Toyota  
Mildred Faulkner Truman Foundation  
Mother Cabrini Health Foundation  
NBT Bank  
New York State Association for Rural Health  
New York State Health Foundation  
NYCON–New York Council of Nonprofits  
Sidney Central School District  
State Employees Federated Appeal  
The Stewart W. and Willma C. Hoyt Foundation  
United Way of Broome County, Inc.  
Vestal Rotary Foundation Inc.  
Visions Federal Credit Union, Visions CARES Grant  
Wal-Mart Foundation  
Wilson's BBQ  
WSKG

**County, State and Federal Funding**  
Chenango County Planning Department Corporation for National and Community Service: VISTA Grant  
Federal Transit Administration, Section 5310 Enhanced Mobility of Senior and Individuals with Disabilities Program  
Federal Transit Administration, Section 5311 Formula Grants for Rural Areas Program via Tioga County  
New York State Commission on National and Community Service–AmeriCorps and Volunteer Generation Fund Grants  
New York State Department of Health–Office of Rural Health  
New York State Department of Transportation  
New York State Office of Aging–Naturally Occurring Retirement Communities Program

## Celebrating A Successful Capital Campaign

We are excited to announce that Rural Health Network's Capital Campaign surpassed our goal to raise funds for the purchase and renovation of 455 Court Street in Binghamton. Our original campaign goal was \$525,000. Revised estimates for renovation costs resulted in an increased goal of \$552,389. With the help of local foundations, business and individual contributors, we have received \$557,182 in gifts and pledges for the campaign. The building was purchased in February 2020. Renovations to create a learning center, accessible restroom, and additional private office space began in the fall of 2020 and are now complete.

The interior renovations included establishment of a large training/conference room; handicapped accessible bathroom; two private offices/meeting rooms and installation of high efficiency, safe, Heating, Ventilation and Air Conditioning (HVAC) that supports both the renovated space and the Getthere Call Center space. The interior renovations make it possible to accommodate current and projected growth of Network services and programs. We anticipate in-person use of the training/conference room beginning this summer. We will continue planning and considering how the training room and technology can be used to improve the health of those living in South Central New York State.





# Responding to Urgent Needs in Rural Communities

Rural Health Network’s COVID-19 response focused on collaborating with existing partners to meet the emerging needs of rural people. Mary Maruscak, Director of Community Health Education, was the designated COVID-19 Services Coordinator. Mary represented Rural Health Network at community, county, and regional COVID-19 response planning meetings and coordinated services within and outside the organization. Rural Health Network quickly transitioned to remote operations, and followed with a plan to safely reopen our offices. Providing direct assistance to rural clients soon became the most urgent priority. Rural communities

are particularly vulnerable to the pandemic because their populations are older and have higher rates of chronic disease—both risk factors for serious COVID-19 infections. It was vitally important to support rural people in avoiding infection while making sure they could still access essential goods and services. In response, Rural Health Network

adapted services and redirected our workforce toward these priorities, including staff and national service members whose pre-COVID-19 responsibilities were put on hold. Redirected personnel worked with the Food Bank of the Southern Tier, CHOW, and Broome County Office for Aging to meet emergency food needs, registering individuals and families for food distribution, preparing food boxes, and delivering via Meals on Wheels and community food distribution sites.

Our strong relationships with partner organizations enabled us to build a comprehensive response to the crisis. Moving forward, we will continue to strengthen these partnerships and sustain adaptations that make our services more accessible to rural people, including phone-based health classes, medication delivery, and engaging rural seniors through telehealth.



Getthere delivered food  
**908.9 miles to 98 families**  
through the expanded  
Connection to Care program,  
passenger van delivery service,  
and a collaboration with VINES

Community Health Workers  
distributed  
**300 PPE kits**  
with masks, hand sanitizer, and  
dental care items to clients during  
doorstep visits



Rural Health Network  
staff spent  
**over 350 hours**  
contributing to local  
planning efforts



The Farm to School  
team distributed  
**1,120 grow kits**

**21 Rural Health Service Corps members**  
were redirected to COVID-19  
response efforts

Food and Health Network staff  
distributed  
**14,240 masks, 33 boxes of gloves, 24 bottles of hand sanitizer**  
to 15 community food assistance partners

Northern Broome CARES  
provided  
consistent information  
and reassurance to  
**114 isolated seniors**



For many clients, especially those living alone, social isolation during the pandemic increased feelings of loneliness and impacted mental health. The porch or doorstep drop-offs and a friendly wave were appreciated by clients. Coordinating PPE purchasing for food service partners helped meet rapidly increasing service demands.

## Personal Protective Equipment Grants

During the early stages of the pandemic, Rural Health Network secured funds to purchase Personal Protective Equipment (PPE) for our clients and food security partner organizations in Broome, Tioga, Delaware, Otsego, and Chenango Counties. Food and Health Network staff along with Community Health Workers in Broome, Tioga, and Delaware Counties distributed face masks, gloves, and hand sanitizer to fifteen food security organizations across four Southern Tier counties, as well as PPE kits to 300 clients with chronic health conditions. PPE kit delivery provided a chance for clients to obtain necessary supplies while reconnecting with our Community Health Worker team. One client expressed, “We are really glad to see you after all this time.” A Community Health Worker shared that clients’ smiles could be seen beyond the boundaries of masks, in their eyes and their thank-yous. Funding for PPE was provided by the United Way of Broome County COVID-19 Community Response Fund and the Community Foundation for South Central New York COVID-19 Fund, with additional dental care items provided by Wilson Dental. Resource Development Director Cindy Martin and Stephanie Woolever, along with volunteers from the group Masking Broome County, provided additional cloth masks to share with Network staff and clients.



STAFF PROFILE: DIRECTOR, COMMUNITY HEALTH SERVICES

Pamela Guth

How has Community Health Services evolved?

I joined Rural Health Network as the agency was completing a nearly 8-year project, Renew Health, funded by Excellus Blue Cross/Blue Shield. The Renew Health Program was a catalyst for expanding our Healthcare Access information and referral services into a more robust care and disease management function



**Pamela Guth, Director, Community Health Services, leads the Rural Health Network of South Central New York team of Community Health Workers assigned to Broome, Tioga and Delaware Counties. Pamela's work experience covers more than 40 years in the public health, human service and education**

**fields. Pamela was part of the original DSRIP planning grant team and has served as Rural Health Network's primary lead for our work with Care Compass Network. Pamela holds a Bachelor's degree in Psychology/Child Life and Associates in Early Childhood Education. She and her husband raised their family in Hillcrest, NY.**

including health education. In addition to staff, we expanded the training and improved the skills of our Rural Health Service Corps members and MSW interns to enhance workforce capacity and competencies.

Later, we joined the NYS Medicaid Redesign (DSRIP) initiative with the goal of reducing potentially preventable emergency room visits and hospital admissions for Medicaid Members by 25% over a 5-year period. During DSRIP, our Community Health Workers (CHW) were critical members of clinical care collaboratives addressing hospital discharges, chronic upper respiratory conditions, diabetes, substance use disorders, mental health challenges or comorbid health issues. DSRIP has not only transformed the health and well-being of our communities, it has been a impetus for Community Health Workers to be respected as professionals.

**You have spent considerable time developing the skills of Community Health Workers and have advocated for consistent workforce development. What are some of the key skills you believe are essential for Community Health Workers?**

Our CHWs are hired to serve in the communities where they live. This is vital to building trust, rapport and credibility with their clients and care partners. Through their work, CHWs gain knowledge and skills in areas such as human development across the lifespan, systems of social and clinical care, local community resources, person-centered planning, rural cultural

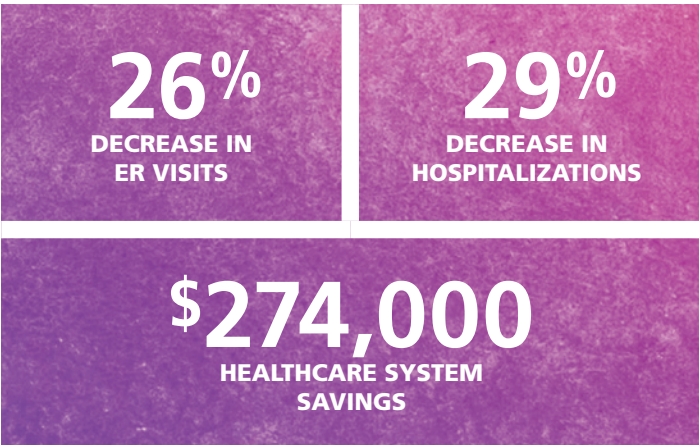
competence, health/digital literacy, objective observation and documentation, and medical terminology. We have tiered our CHW model to include individuals with college coursework, health/human service degrees, and professional or lived experience.

**Nearly your entire career has been in the human services and non-profit field. What drew you to this career path?**

My family and educational background (Early Childhood, and Psychology/Child Life) led to my philosophy of service to individuals, families and communities that is foundationally humanistic and holistic. I was very fortunate to have diverse experiences in my student teaching and clinical internships ranging from the rolling hills of Schoharie County to the bustling city core of Boston. During my professional career, I have been blessed with talented mentors and teams in systems including: public health, Head Start, community college, and now regional hospitals and NYS Rural Health Networks. My passion has always been in impacting people, programs, policies and places.

**What are you most proud of having accomplished in 2020?**

In 2020, the Lourdes 303 Main Street Binghamton CHW cohort program was a huge success. For 18 months, our CHW was located in the Lourdes primary care clinic to address social determinants of health. The goal was to decrease avoidable emergency room (ER)



visits and hospitalizations for the chosen population by 10%. We exceeded that target, decreasing ER visits by 26% and hospitalizations by 29%. The cost savings to the healthcare system was almost \$274,000. It truly was a collaborative effort working with Lourdes, county government, Care Compass Network, and two other community based organizations: American Civic Association and YWCA of Broome County.

**What is your vision for Community Health Services over the next 3-5 years?**

My vision is sustainability and visibility. Our CHW team will be a crucial rural voice representing the people we serve. Due to COVID-19, it is challenging to forecast a financial future when managed care organizations and hospital systems are communicating their lack of human and fiscal resources. We will diversify our funding base, build our CHW workforce, and use telehealth to improve clients' engagement with us and their clinical care teams.

NATIONAL RURAL HEALTH DAY: NOVEMBER 2020  
First Annual Rural Health Awards Announced



**Dr. James Skiff, 2020 Rural Health Practitioner**  
Dr. James Skiff has been a rural primary care physician for the past 32 years, currently providing care for patients at UHS Newark Valley Primary Care. He has served on the Rural Health Network Board of Directors through multiple terms over the past twenty years.

**Diane Albrecht, 2020 Rural Health Leader**  
Diane Albrecht is a founding Board Member of the Network, serving on the Board of Directors from the



Network's start in 1998 through 2006, including serving as Board President for two years.

Since that time, Diane has continued to provide extraordinary leadership to improve the health and well-being of rural people and communities.

**Kathryn Connerton, 2020 Rural Health Partner**  
Since returning to Binghamton to serve as CEO of Ascension, Lourdes in 2014, Kathryn (Kathy) Connerton has been a tireless advocate for integrating the work of community



organizations with healthcare providers to address the full range of health and health-related needs of our most vulnerable residents. In both her capacity as CEO of Lourdes Hospital and Chair of the Care Compass Network Board of Directors, Kathy has consistently delivered the message that improved health outcomes cannot be achieved without partnership with community organizations to ensure that educational and

economic opportunity, safe-affordable housing, access to nutritious food, transportation and other essential services are available to those in need. **Community Foundation for South Central New York, 2020 Rural Health Champion** Exemplary philanthropic vision and practice is a deserving description of the Community Foundation for South Central New York. The foundation staff includes Diane Brown, Executive Director; Tina Barber, Program Officer; Darlene M. Cempa, Finance Director; and Stacy

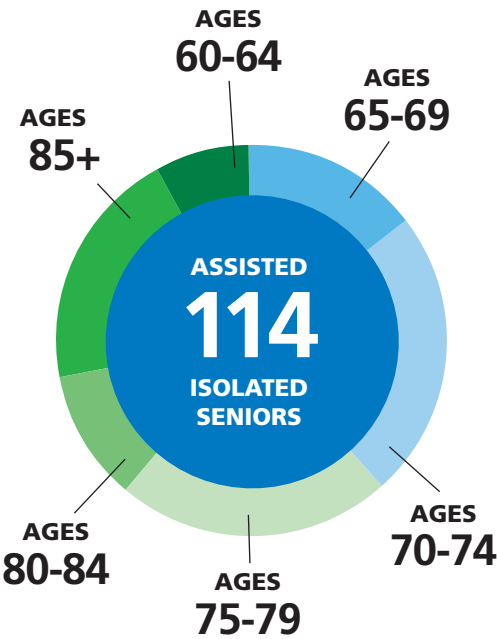
Mastrogiacono, Administrative Assistant. Constantly working to understand the unique needs of both rural and urban communities in their service area and responding with relevant and appropriate philanthropic support are trademarks of the Community Foundation for South Central New York.





# Connecting Aging Seniors in Northern Broome

Northern Broome CARES (Care for Aging in Rural Environments) is a program of Rural Health Network located in Whitney Point, NY. It is a NORC (Naturally Occurring Retirement Community) operating in the townships of Lisle and Triangle, serving residents 60 years of age and older.



Typical NORC's are primarily located in larger cities and housing developments, but Northern Broome CARES took a new path and is now one of two rural NORC's in New York State. When the pandemic hit in early 2020, it left Northern Broome CARES clients lacking the face-to-face interaction that the elder community desperately needs. While the more urban areas seemed to quickly navigate telehealth opportunities, rural Broome County faced many barriers to make that smooth transition. Internet connectivity is not always easily accessible in areas such as Lisle and Triangle. For much of the area, even if you're fortunate enough to have internet accessibility, it may come with weak signals, or a high price tag that many cannot afford. Additionally, for the aging seniors that Northern Broome CARES serves, this technology can be difficult to navigate even when it is available.

In early May, Care Compass Network announced that Rural

Health Network was one of 14 partners across the Southern Tier to receive their COVID-19 Telehealth Assistance Grant Program. With that, we were able to purchase 10 tablets, and 10 internet Jetpacks for the Northern Broome CARES program to use and lend to clients who used them for telehealth connectivity. In 2020, Northern Broome CARES served 114 clients, 67% of whom live alone. During July–December, 13 clients used a

The Care Compass Network COVID-19 Telehealth Assistance Grant Program also provided the technology needed to allow Getthere Call Center staff and Community Health Workers to work remotely and continue serving clients. From March to December of 2020, Getthere handled calls from 1,299 clients.

**"There is nothing like waking up, picking up the tablet to see a photo of my grandchildren from sledding the day before—it warms my heart to see those photos and to be able to comment below, telling them how much I enjoy seeing those little smiles. I couldn't do that before and I missed out on a lot, so I'm very grateful to have this technology."**

—Northern Broome Resident

tablet to connect virtually with a healthcare provider and 9 clients used a tablet for a wellness check with a Northern Broome CARES staff member. This technology has provided an effective approach for communication and an efficient way for providers to monitor their patients, especially those with the most chronic conditions.

What Northern Broome CARES also learned while navigating through the uncharted waters of the pandemic, was that getting this technology into the hands of seniors who are the highest risk of facing isolation would be one of the most important parts of getting them through the dark days. Many live alone, some became widowed in the last year, and go many days without human interaction. Through the use of apps such as

Zoom, Google Meet, Facebook, and email, they're able to see their family through the screen, which is a safer option. Northern Broome CARES clients attended family birthday and graduation parties, and many watched their grandchildren open up Christmas gifts live on Zoom. Some ate Thanksgiving dinner virtually with their families hoping to do their part in slowing the spread of COVID-19. One senior, Beverly Lee, attends virtual chair exercise and yoga classes through Zoom from the comfort of her living room. It's a way for her to get exercise, see familiar faces and chat with friends, safely. This class is hosted from the local senior center, where many of the Northern Broome CARES clients would typically attend daily pre-pandemic.

While there are technological hurdles to jump sometimes, Northern Broome CARES is grateful to have the opportunity to offer this technology to its clients and hopes to continue offering innovative solutions to assist their clients in the future.

In 2021, the program will expand to include Barker and Nanticoke.

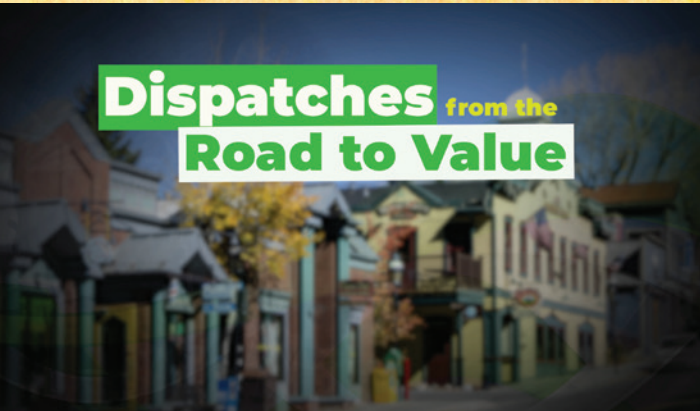


▲ Beverly Lee attends virtual chair exercise and yoga classes through Zoom from the comfort of her living room.

## Online Interview Series Released

This year, Rural Health Network ventured into a new form of media—YouTube videos! With filming completed pre-pandemic and editing taking place in early 2020, Rural Health Network released a series of six video interviews titled *Dispatches from the Road to Value*. In the series, community leaders reflect on their work in the state Medicaid Redesign initiative (DSRIP) and offer advice for harnessing new funding opportunities without losing sight of one's mission. Since launching on Rural Health Network's YouTube Channel in October, the series has received strong positive feedback.

Episode 4: *Networking for Collective Impact* features Derrik Chrisler, former Vice President of Administration at Human Service Development and founding member of the Finger Lakes Independent Provider Association. Derrik said of the experience: "Filming the series was an amazing experience, and allowed us to share lessons learned from a small community based organization on value-based care. There is still a long road ahead of the healthcare field in relation to value-based care, but having the opportunity to share what we have learned with others, as well as learn collaboratively, is instrumental to our success."



Funding for the series was provided by the New York State Health Foundation and Care Compass Network as part of Rural Health Network's Social Determinants Measurement Project. The series was filmed and edited by local documentarian Brian Frey of Brian Frey Productions. You can find the series by searching Dispatches from the Road to Value on YouTube or through Rural Health Network's website, YouTube Channel, and social media.



# Rural Broome Still Counts

In 2015, AmeriCorps VISTA members led the Rural Broome Counts assessment project to describe demographic trends and quality of life in Broome County's eleven rural municipalities. In addition to data from the U.S. Census, the team gathered interviews and surveys with residents and community leaders living and working in rural Broome County. The project identified key assets—community spirit, rural schools, natural resources—and challenges—poverty, rural health services, and transportation—present in rural Broome. Supplemental materials on housing and rural household budgets were developed in 2016.

The original project team recommended periodic review of the Rural Broome Counts information. In keeping with that recommendation, Rural Health Network interns Cindy Courtney and Max Goldfarb conducted a limited update of the report in Fall 2020 to accommodate new data from the American Community Survey 2014–2018. Due to constraints imposed by the COVID-19 pandemic, community input was not sought for this update.

Future plans for the Rural Broome Counts initiative include adding data from the 2020 Census, documenting the full impact of the pandemic, exploring other measures of community life such as civic participation and tourism, and updating the supplemental materials on housing, household budgets, and transportation.

### Since the 2015 report:

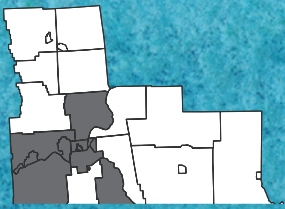
- Rural Broome continues to age, with the population age 65 and older growing from about 16% to 19%.
- Uninsured rates under age 65 dropped from 14% to just 4%.
- The number of facilities providing primary care, mental healthcare, and dental care all decreased—a worrying trend for rural healthcare access.
- While unemployment in Rural Broome decreased between 2015 and 2018, we know that there has been record unemployment across America in 2020. Data on COVID-19's economic impact on Rural Broome is not yet available.

### Changes documented during COVID-19 include:

- Senior Centers closed their facilities and pivoted to a meals-to-go model.
- Local restaurants provided free meals to school-aged children.
- Healthcare facilities increased their remote and telehealth services.
- Community organizations such as libraries adopted new measures to continue operations, including the quarantine of borrowed materials.

Broome County is the largest county by population in South Central New York with 193,188 residents.\* Using the New York State Office of Rural Health's definition of rural, 11 of 16 Broome County townships are considered rural which corresponds to 44,943 (23.3%) Broome County residents.

\*American Community Survey 2019 5-year estimate



## RHSC ALUMNI

### Where are They Now?



#### Rebecca Chandler

*Years of Service: 2014–2015*

**Current Job: Resident Physician in Psychiatry at University of Maryland**

"Working on Rural Broome Counts taught me much about the interrelationship between medicine and public health. I learned

that a shortage of needed resources has a major impact on overall well-being. For example, due to inadequate public transportation and lack of the financial means to own a car, many rural residents do not receive preventative healthcare. This underscored to me how critical it is for physicians to step outside their offices to gain insight into the challenges faced by their patients."



#### Brooke Ann Coco

*Years of Service: 2015–2016*

**Current Job: Data analyst for a branding strategist in Brisbane, Australia, with plans to move back to the east coast of the United States**

"My service with Rural Health Network galvanized my passion to build and support the capacity of vulnerable and marginalized populations to break the barriers that stifle their potential to thrive. After completing my VISTA service,

I attended a Master's program in Cultural Anthropology as well as a data science bootcamp. With these skills that I've learned along the way, my career goal is to leverage machine learning and lived experiences to redefine data science's values not only to businesses, but primarily to people."



#### Caroline Russo

*Years of Service: August 2016–August 2017*

**Current Job: Working on a Medicare Accountable Care Organization at Mass General Brigham, a healthcare system in Boston, Massachusetts**

"My work on Rural Broome Counts taught me the critical importance of data for advocacy. It was key to grounding the discussion, giving structure to the needs, and overall telling a story in a way that others could understand and appreciate. From my placement at Rural Health Network, I learned the magnitude of the collective impact that a network of organizations within a community can have. My position afforded me insight into the people, projects, and groups that were working tirelessly together to improve the health and well-being of their community. I have carried an appreciation of that impact with me ever since my VISTA experience."

## 2020–2021

### Rural Health Service Corps

#### AmeriCorps and VISTA Members

Jacqueline Allen	Atiyana Ivy
Erika Allen	Samantha Jackson
Cara Blatt	Nicole Kaczmarczyk
Jacqueline Bogart*	Molly Kildow
Mitchell Brooks*	Kyra Lowie
Amber Brown	Tristan Mace
Lily Coots	Chelsea Macmillan
Emily End	Bella Nelkin-Paperno
Peter Farquharson*	Jabari Randolph*
Catherine Faruolo	Theresa Rodabaugh
Christina Fuller	MacKenna Ryan*
Emily Fusco*	Mary Anna Sedlacek
Inda Gillett	Nicole Shefler
Grace Gugerty	Bianca Summerville
Jackson Hawk	Hannah Taggart
Jamie Henry	

\*Completed 2020 term and re-enrolled



**AmeriCorps**

#### 2020 and 2021 AmeriCorps and VISTA Host Sites

Binghamton University Community Schools  
Broome County Council of Churches  
Cornell Cooperative Extension–Cortland  
Cortland Area Communities that Care Coalition  
Food Bank of the Southern Tier  
Rural Health Network of SCNY  
Community Health Education  
Community Health Services  
Development & Communications  
Food & Health Network  
Schulyer County Public Health Department  
Seven Valleys Health Coalition  
Southern Tier AIDS Program  
Steuben County Public Defender  
Tioga Opportunities, Inc.  
VINES–Volunteers Improving Neighborhood Environments



# Getthere: More than a Ride

**Connection to Care (CTC)  
provided 4,543 trips to  
vital healthcare appointments**

**Call Center staff  
helped 93 individuals  
become self-sufficient  
in using the Medical Answering Services  
(MAS) system**

**Transportation to Employment Program (TEP)  
assisted 64 individuals with  
transportation to a job**

**With the help of TEP,  
UMH employees traveled  
5,914 miles and worked 2,152 hours  
across 269 days**

**F**or people without a vehicle, access to a bus line, or money for costly private rides, getting to work, appointments, or the grocery store can seem impossible. For the past 11 years, Getthere has improved transportation access and independence for older adults, people with disabilities, and low income individuals. Call Center staff offer a friendly ear and help clients find creative solutions to complex and changing transportation needs.

In 2020, Getthere's Connection to Care (CTC) program, which provides non-emergency, non-Medicaid transportation assistance, was able to provide 4,543 trips to vital healthcare appointments. As an example, CTC provided assistance to an individual who had previously postponed healthcare appointments due to the cost of transportation. Delayed care resulted in a visit to the emergency room—not only a dangerous experience for the individual, but also an avoidable cost to the healthcare system. In circumstances such as these, CTC is both



**In addition to providing transportation to employment for the United Methodist Homes pilot project, a Getthere van logged over 900 miles delivering food to 98 families during the COVID-19 pandemic.**

a lifeline for clients and a valuable resource for the healthcare system.

Getthere Staff strive to provide exceptional transportation case management assistance to each and every caller. While CTC supports individuals without Medicaid, Getthere helps Medicaid recipients navigate the Medical Answering Services (MAS) system, Medicaid's non-emergency transportation broker, which some find difficult

to utilize. In 2020, Call Center staff helped 93 individuals become self-sufficient in using MAS.

Getthere's Transportation to Employment Program (TEP) recognizes and removes transportation as a barrier to employment for low-wage employees. TEP's voucher component, which expanded from one to four counties in 2020, provides short-term assistance backed by a sustainable transportation

strategy. The short-term assistance enables individuals to start or maintain a job, building financial stability so they can eventually pay for the cost of their own transportation. This past year, TEP assisted 64 individuals with transportation to a job, and 42% of those receiving assistance have been employed for 90-plus days (please note: not all who received transportation assistance in 2020 have had the opportunity to reach 90 days of employment yet). In early 2020, TEP also partnered with United Methodist Homes (UMH) Hilltop Campus to launch its employee vanpool service. With the help of TEP, UMH employees traveled 5,914 miles and worked 2,152 hours across 269 days.

Getthere is more than a ride. By connecting our clients to vital services and developing workable, sustainable solutions to their long-term transportation needs, we are transforming the transportation landscape.

## School Garden Grants

**T**he Food and Health Network Program awarded \$3,250 in school garden grants to six school districts over the last year. The garden grants were used to start or expand new gardens and included funding for fencing, garden beds, seeds, soils, and other materials. School gardens are an important resource for children to provide experiential education about nature and growing food.

◀ **Jabari Randolph, Farm to School AmeriCorps member and Binghamton University student, provided assistance at BU Acres, a two-acre farm that grows local and natural food for students on campus.**



## Food and Health Network Members and Sponsors

Diane and Jerry Albrect  
Susan Beaudoin  
Mark Bordeau  
Beth Bossong  
Broome County Council of Churches  
Diane and Paul Campbell  
Center for Agricultural Development and Entrepreneurship  
Allison Chang on behalf of Rachel Mischler, RD, for the Fruit & Vegetable Prescription Program Study  
Chenango United Way, Inc.  
Tom and Nikki Corgel  
Cornell Cooperative Extension of Cortland County

Cornell Cooperative Extension of Schoharie and Otsego Counties  
Cornell Cooperative Extension of Tioga County  
Gordon Thompson, Coughlin & Gerhart  
Christian DiRado-Owens  
Nancy Eckstrom  
Matthew Griffin  
Kevin Hodne  
Mary McFadden  
Kate Miller-Corcoran in memory of Bill Miller  
Glenda Neff  
Otsego 2000/Cooperstown Farmers' Market

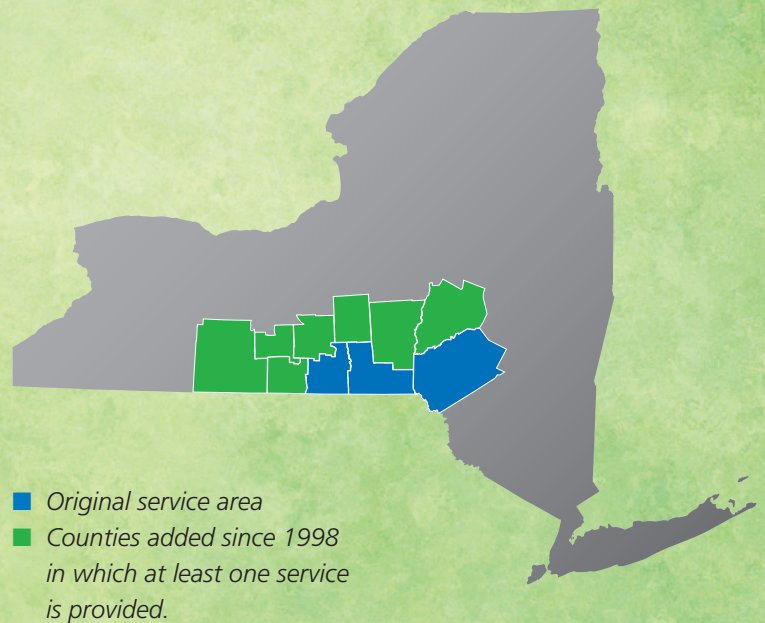
Tony Preus and Meredith Pell-Preus  
Linda and Bob Seeger  
Amy Shapiro  
Doris Summerlee  
Greg Summerlee  
VINES-Volunteers Improving Neighborhood Environments  
Jennifer Wilkins  
Joseph and Maureen Wilson



# RURAL HEALTH NETWORK

*Serving South Central New York*

Rural Health Network was founded in 1998, initially serving Broome, Delaware, and Tioga counties. Since then we have demonstrated a strong focus on our mission to advance the health and well-being of rural people and communities, expanding our service area from three to ten counties. Currently one or more services are provided in Broome, Chenango, Chemung, Cortland, Delaware, Otsego, Schuyler, Steuben, Tioga, and Tompkins counties.



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‡ term ended 12/31/2020

## Staff\*

John (Jack) C. Salo, *Executive Director*  
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Terri Tweedie, *Community Health Worker II, Delaware County*  
William Wagner, *Director, Getthere*

\*As of April 1, 2021