

**Written Testimony of
Adirondack Health Institute (AHI) on behalf of
Adirondack Rural Health Network (ARHN)**

**New York State Joint Legislative Public Hearing on
2015-16 Executive Health Budget
Monday, February 2nd, 2014
10:00 AM**

Chairs:
Senator Kemp Hannon
Assemblyman Richard Gottfried

Submitted by:
Lottie Jameson, Vice President, Regional Health Planning and Development

The AHI Adirondack Rural Health Network (ARHN) is a coalition of health care providers working together to identify community health needs and support local strategies to improve care. ARHN includes members from Clinton, Essex, Franklin, Fulton, Hamilton, Saratoga, Warren, and Washington counties. Since it began in 1992, this network has been a catalyst for improving primary care, behavioral health, oral health, and emergency medical/pre-hospital services as well as providing a neutral forum for regional health planning for hospitals and public health.

Proposals in the Governor's budget will inhibit health care transformation in rural areas

This year the Governor's Executive Budget calls for changes that threaten programs that are vital to rural health care providers. The Governor's budget would cut the Rural Health Network Development and Rural Health Access programs by 15.1%. These programs provide critical support that allows rural communities to participate in health reform initiatives including the State Health Innovation Plan (SHIP), the Delivery System Reform Incentive Payment (DSRIP) program, the Department of Health's Prevention Agenda and the Population Health Improvement Plan (PHIP).

The budget proposal also combines these two unique rural-health programs with seven unrelated Health Workforce Development initiatives. We strongly oppose bundling of the rural health programs with workforce development and respectfully ask that the Legislature return the rural health programs to their own line items and restore their 2014-15 budget amounts of \$6.4 million for Rural Health Network Development and \$9.8 million for Rural Health Care Access.

As a direct result of RHND funding, ARHN's Community Health Planning Committee has brought together local health departments and hospitals in eight rural counties to support Prevention Agenda initiatives. This has resulted in strong relationships and aligning efforts to improve health outcomes. ARHN has brought resources to the group such as comprehensive data sets and analysis at the heart of the required Community Health Assessment (CHA), the local health departments' Community Health Improvement Plan (CHIP), and the hospitals' Community Service Plan (CSP). This shared leveraging of resources has been so successful that the Committee has grown from six counties in 2009 to eight counties in 2013.

ARHN continues to update the CHA data and ARHN staff has kept members abreast of changing available data resources. ARHN provides members with training and assistance to enable them to continue using data as the basis for program planning and evaluation. ARHN is working toward making

more data available in a more public way to help a broader audience. The Prevention Agenda CHA work was the basis of the DSRIP Community Needs Assessment (CNA) and will also inform the PHIP.

Through ARHN, RHND funding has been used to support Prevention Agenda initiatives to address the health issues identified in the CHA. ARHN has supported opportunities for members to learn about best practices for implementing programs on the local level. This year ARHN is focusing on helping our partners with consumer engagement or how to start conversations in our communities about the most effective way for residents to use and benefit from the health care system.

There is still a lot of work to do, and this is not the time to pull back resources that have laid the foundation for transformation in our rural areas. We respectfully ask that you to unbundle Rural Health Network Development and Rural Health Access programs from Health Workforce Development and restore level funding for all programs. Each of these programs has a proven track record over the years and are vital to supporting the Triple Aim, the Prevention Agenda, PHIP and DSRIP as we work together to improve the health and wellness of all New Yorkers.

If you have questions or need more detailed information please feel free to contact Megan Murphy, Director of Community Health Services by phone at 518-480-0111 extension 32018 or by email at mmurphy@adkhi.org.

Thank you very much for your time and consideration.