

Eastern Adirondack Health Care Network

Coalition of Health Care Providers in Clinton, Essex, and Franklin Counties

Written Testimony of The Eastern Adirondack Health Care Network

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

**Chairs:
Senator Kemp Hannon
Assemblyman Richard Gottfried**

**Submitted by:
Yvonne Lott, Network Director**

The Eastern Adirondack Health Care Network (EAHCN) is a Rural Health Network encompassing three rural counties in the Northeastern corner of NYS; Clinton, Essex, and Franklin. Our primary focus is on the health of our aging population. Our membership consists of 37 nonprofit entities to include acute care and long term care facilities, behavioral health services, elder care services, public health agencies, and other health and human service providers, consumer and citizen groups. The Eastern Adirondack Health Care Network coordinates health improvement initiatives among our memberships; working to ensure efficiencies while achieving common goals. We seek funding on behalf of our members; provide staff support and financial resources to start new health improvement initiatives, and develop plans for sustainability. The EAHCN also collaborates with other rural health networks and key community leaders within the region to ensure collaborative planning and to avoid duplication of effort.

The Governor's 2015-16 Executive Budget threatens rural health. The Governor's budget calls for a 15.1% across the board cut and/or contract cancellations for 8 programs critical to rural health. Among these are the Rural Health Network Development and Rural Health Access programs. These programs are essential to the health of New York's rural communities and should be restored to their 2014-15 budget amounts of \$6.4 million for Rural Health Network Development and \$9.8 million for Rural Health Care Access. The budget proposal also combines these two unique rural-health programs with seven unrelated Health Workforce Development initiatives. Bundling of the rural health programs with workforce development is strongly opposed and we respectfully ask that the Legislature return the rural health programs to their own line items.

In response to the changing demographics resulting from the aging baby boom generation, Rural Health Network Development program funds have allowed EAHCN to provide community outreach and training for our members, families, and provider advocates. Funding has helped our region facilitate local strategies/solutions in response to significant changes resulting from the transforming long term care delivery system. Provider training and regional forums have resulted in collaborative initiatives designed to prepare for mandates under the Affordable Care Act and NYS MRT long-term care transformation and managed care integration. This has resulted in the development of new care models to target high-need, vulnerable, homebound elderly utilizing volunteers and interns in an effort

to keep seniors safe at home, reduce hospitalization, decrease emergency room utilization, and delay/prevent high cost institutional care.

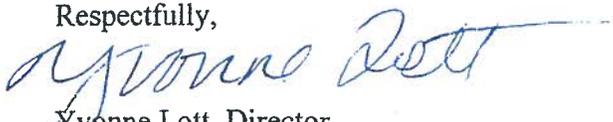
In response to the growth in chronic illness, Rural Health Network funding enables our partners to work together to develop solutions to become a more “age friendly” region where policies, services and structures related to the physical and social environment are designed to empower seniors to “age actively”. We administer activities that align with the NYS Health Improvement Plan’s focus on Preventing Chronic Disease and Promoting a Healthy and Safe Environment. EAHCN has established a sustainable network of clinical-community linkages that connect patients to self-management education. Rural health funds provide training for volunteers and providers to implement research based self management programs. More than 25 leaders are trained. During the 2013 – 2018 contract, through September of 2014; one-hundred five (105) individuals with a chronic condition have participated in the research based Chronic Disease Self Management Program. Many more have participated in prior years as a result of rural health funding.

EAHCN also addresses chronic disease prevention and obesity by targeting the social determinants of health. A primary focus is on community-led interventions. Rural Health funds have enabled our network to create social and physical environments that promote good health by targeting places where seniors gather, such as adult centers/congregate sites. These sites are located in remote locations throughout the region and provide access to education on healthy aging and geographically accessible/affordable options for our senior population to be physically active. Thus far, during the 2013 – 2018 contract period, through September of 2014; twenty-five (25) sites offer exercise programs for seniors and utilize research based exercise programs such as the Arthritis Foundation Exercise Program and the Strong Women Exercise Program, locally known as Growing Stronger. Thus far, three-hundred three (303) unduplicated senior citizens utilize these resources to participate in exercise on a regular basis. Furthermore, through coordination with the local public health system, rural health funds have supported built environment strategies specific to our aging population. During the 2013 – 2018 contract period thus far, through September of 2014; ten (10) built environment/complete streets projects were identified and completed.

We respectfully request you unbundle Rural Health Network Development and Rural Health Access programs from Health Workforce Development and restore level funding for these programs. These programs have a long standing history of success resulting from many years of relationship building and collaboration that cannot be easily replaced. Rural health networks have demonstrated their value over the years in enhancing rural health and wellness across New York.

Thank you for your consideration.

Respectfully,



Yvonne Lott, Director
Eastern Adirondack Health Care Network

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