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Serving Rural Broome, Delaware and Tioga counties

Written Testimony of
Rural Health Network of South Central New York

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:
John (Jack) C. Salo, Executive Director

Thank you for the opportunity to submit written testimony to the New York State Joint Legislative Public Hearing on the 2015-2016 Executive Health Budget. I am the Executive Director of the Rural Health Network of South Central New York (RHNSCNY) and provide this testimony on behalf of our Board of Directors, staff and most importantly the rural people and communities we serve. While our primary service area is rural Broome, Delaware and Tioga Counties, we also provide essential national service (AmeriCorps & VISTA), transportation (Mobility Management of S.C.N.Y.) and healthy food system services (Food & Health Network of S.C.N.Y.) in eight central New York counties (The additional counties served are: Chenango, Otsego, Tompkins, Chemung and Cortland). Our work is collaborative by design and involves many health, human service, business and community partners in our service area to realize our mission to advance the health and well-being of rural people and communities.

We have become aware that this year, the Governor's Executive Budget calls for a 15.1% across the board cut and/or contract cancelations for eight programs critical to rural health. Among these is the Rural Health Network Development Program. The proposed 15.1% cut is proposed in association with the "bundling" of multiple programs into a Health Workforce Budget category. Rural Health Networks provide a wide range of rural health services. Bundling Rural Health Networks within the Health Workforce category does not reflect the breadth and depth of services provided.

In a state with a large, dominant urban and suburban population and corresponding public resources, it is essential that critical health services for rural New Yorkers be maintained or expanded. We ask that rural health programs be un-bundled and maintained on their own budget lines and that funding be continued at least at current levels ($6.4 million for the Rural Health Network Development Program and $9.8 million for the Rural Access Program).

I would like to share three examples of how RHNSCNY is providing valuable service to rural New Yorkers in South Central New York:

1. **Participation in the Southern Tier Rural Integrated Performing Provider Systems (STRIPPS) and Population Health Improvement Programs (PHIP):** RHNSCNY has assigned Pamela Guth, Director of Community Health Services, to be part of the planning team for STRIPPS, our region's DSRIP initiative. Ms. Guth co-led the chronic disease work group for STRIPPS and has been asked to serve on the STRIPPS Executive Committee. Ms. Guth has consistently informed the planning process on the needs of the rural target population. Input has been provided on how to most effectively implement chronic disease prevention and education interventions. Ms. Guth has also advocated for critical access and transportation services, child care, and the use of community based health services to ensure that DSRIP goals are met and STRIPPS is successful.

   RHNSCNY along with three other Rural Health Networks in the Southern Tier PHIP will conduct county level assessments to establish baseline information on health disparities leading to a regional health disparities plan and implementation of interventions. The PHIP work will lead to deeper, regional implementation of The NYS Prevention Agenda, State Health Innovation Plan (SHIP), and help realize the goals of Triple AIM.

2. **Chronic Disease Self-Management Programs (CDSMP):** RHNSCNY is taking the lead to facilitate regional coordination of evidence based chronic disease education program training, staffing, scheduling and marketing. Coordination of CDSMP resources and class offerings across our rural region is essential to cost-effectively serving more rural residents in their communities. The CDSMP Coordination Plan will be completed in 2015 with implementation scheduled for 2016. Rural Health Networks, Public Health Departments, health systems, and other CDSMP providers are participating in this initiative.

3. **Improving Access to Health Services for Rural Residents:** RHNSCNY is the lead agency for Mobility Management of S.C.N.Y. (MMSCNY). MMSCNY operates GetThere, a transportation assistance call center (718 cases assisted in 2014) and Connection to Care, a non-emergency medical transportation program (41,773 miles of non-emergency medical transportation service provided from 7-1-13 – 6-30-14 at a cost of $.38 per mile).

Please note that these are not health workforce programs, but they do provide essential, critical planning, education and access services for the rural residents of South Central New York. Each service is supported, in part by the Rural Health Network Development Program grant. In conclusion, we respectfully ask that that rural health programs be un-bundled and maintained on their own budget lines and that funding be continued at least at current levels ($6.4 million for the Rural Health Network Development Program and $9.8 million for the Rural Access Program).

I welcome the opportunity to provide you with additional information on RHNSCNY and to answer any questions you may have. Thank you again for the opportunity to provide written testimony.

Sincerely,

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