


A network diagram composed of interconnected circles in red, purple, blue, and orange, set against a green background with a sunburst effect in the top left. Four larger circles are highlighted with white outlines and contain icons: a red circle with a white knife and fork, a purple circle with a white location pin and dashed line, a blue circle with a white stethoscope, and an orange circle with a white scales of justice.

RURAL HEALTH
NETWORK
Serving South Central New York

WHAT MATTERS

2017 IMPACT REPORT

RURAL MATTERS



In 2017, Rural Health Network of South Central New York expanded our advocacy for rural community members to ensure that hundreds of individuals and families got the help they needed to live healthier lives.

While it's easy to look at numbers and broad statistics to track our growth, the real spectrum of impact reveals itself through the individual lives we change. Each impacted individual carries these stories in his or her own way, and we think those stories are worth sharing. Through our valuable partnerships

and steadfast outreach efforts, we show the community what matters: equal access to care regardless of where you live or your economic status. We sustain healthy communities, affect long-term change through strong networks, and increase access to care. Because here in South Central New York, rural matters.

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 the new program NY Thursdays across 16 school districts (16,725 students) and to support improved health outcomes for individuals working to manage chronic health conditions (80 participants). We also worked with a total of 26 school

districts to prepare for Farm to School procurement beginning in September for the 2018-19 school year.

The food procurement, either directly from Rural Health Network or through Broome-Tioga BOCES and local school districts, is made possible with funding, primarily from federal and 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.

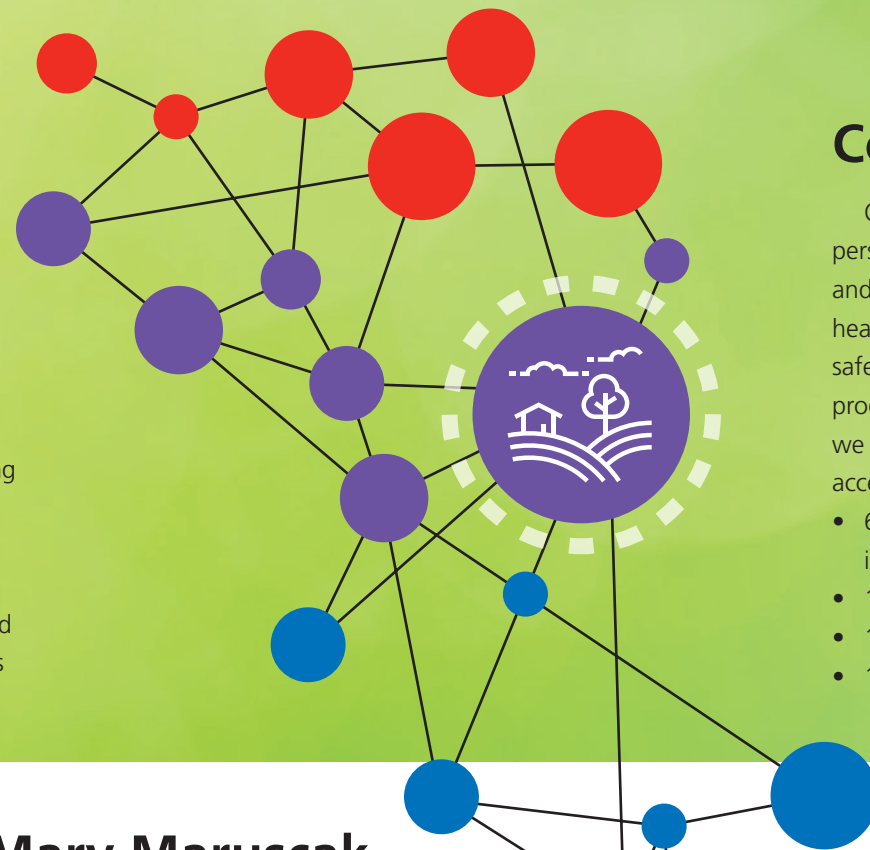
Thank you for your ongoing support.

Sincerely,

Lenore Boris

Rural Health Network Helps Build Healthy Communities

- **By supporting, teaching and coaching individuals** on their journey to better health
- **By facilitating or supporting community initiatives** like Rural Broome Counts and Tioga Tells needs assessments
- **By changing systems to improve health** across communities and populations. Examples include our work with Medicaid reform, improving regional transportation services through Getthere and supporting the local farm economy while improving health through Farm to School partnerships and the Prescription Fruit & Vegetable Program.
- **By advocating for public policies** that support healthy individuals and communities and recognize the unique challenges of our rural residents and communities.



Community Health Services

Our Community Health Workers engage people to identify personal successes and challenges in being their own health advocate and navigating systems of care. Focus is on social determinants of health including basic needs (transportation, healthy food, clothing, safe affordable housing, health insurance), financial assistance programs, and access to comprehensive preventative care. In 2017, we assisted 683 unique individuals for a total of 2,078 healthcare access cases. Of the unique cases:

- 60% sought healthcare insurance, assistance understanding insurance benefits, or financial assistance to pay for healthcare bills
- 19% sought food access (122 SNAP & WIC only)
- 16% sought transportation (106 referred to Getthere Call Center)
- 12% DSS financial assistance programs



Population Health Coordinator Mary Maruscak on the Nuances of Population Health

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



Mary Maruscak, Population Health Coordinator, Tioga County

Mary hails from the rural Finger Lakes of New York, and holds a bachelor's degree in Psychology with a special focus on children and families from Keuka College. She received her Masters of Public Administration from Binghamton University in 2011, with a concentration in nonprofit administration, and also holds a certificate in Public Health from SUNY Albany. Mary's professional interests include health education, epidemiology, and social determinants of health and their relationship to health outcomes and quality of life, particularly in rural communities. Mary serves as co-chair of the Southern Tier Regional Planning Consortium (RPC) and board president of Truth Pharm. Mary lives in Apalachin, NY with her husband, and enjoys traveling, cooking, and outdoor activities in her free time.

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: Talk about rural cultural competency and why you've been working on a training module to assist other health and community based organization professionals.

There are a lot of misunderstandings out there among providers about why people may not access services, or why they may not show up at appointments. People in rural areas can be dealing with so many circumstances that really push that one medical appointment down far on the list of priorities. If the end result of our training module is that providers serving rural people have a better grasp and more sensitivity to the differences in the populations, resulting in more equitable access and services for individuals in rural areas, then I think we have done our job.

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.

Q: What are you most proud of having accomplished in 2017?

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 does rural matter?

I think it's important to remember that there are different definitions of "rural". It can mean more than geography, especially to those who live there – it is a way of life, of communicating, of understanding information. So the reasons it matters can differ. From the perspective of a rural services program, I think it matters because there is something really valuable there that is worth preserving: the people, the culture and the communities.

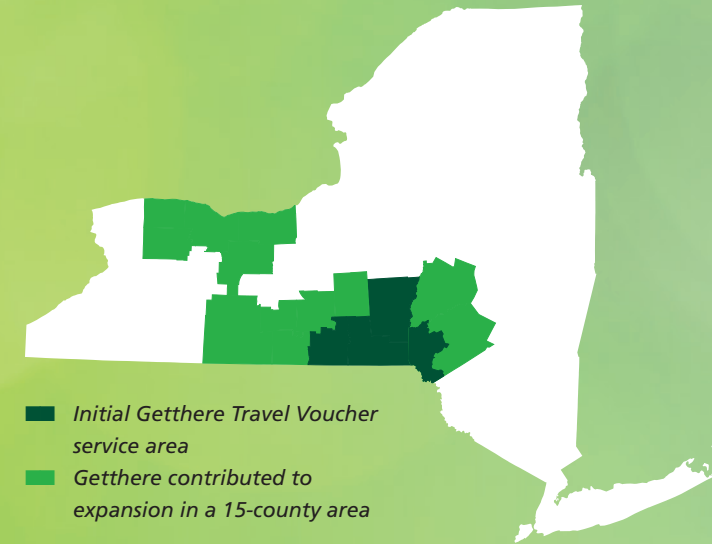
A Good Idea Takes Off

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 (Chemung, 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.

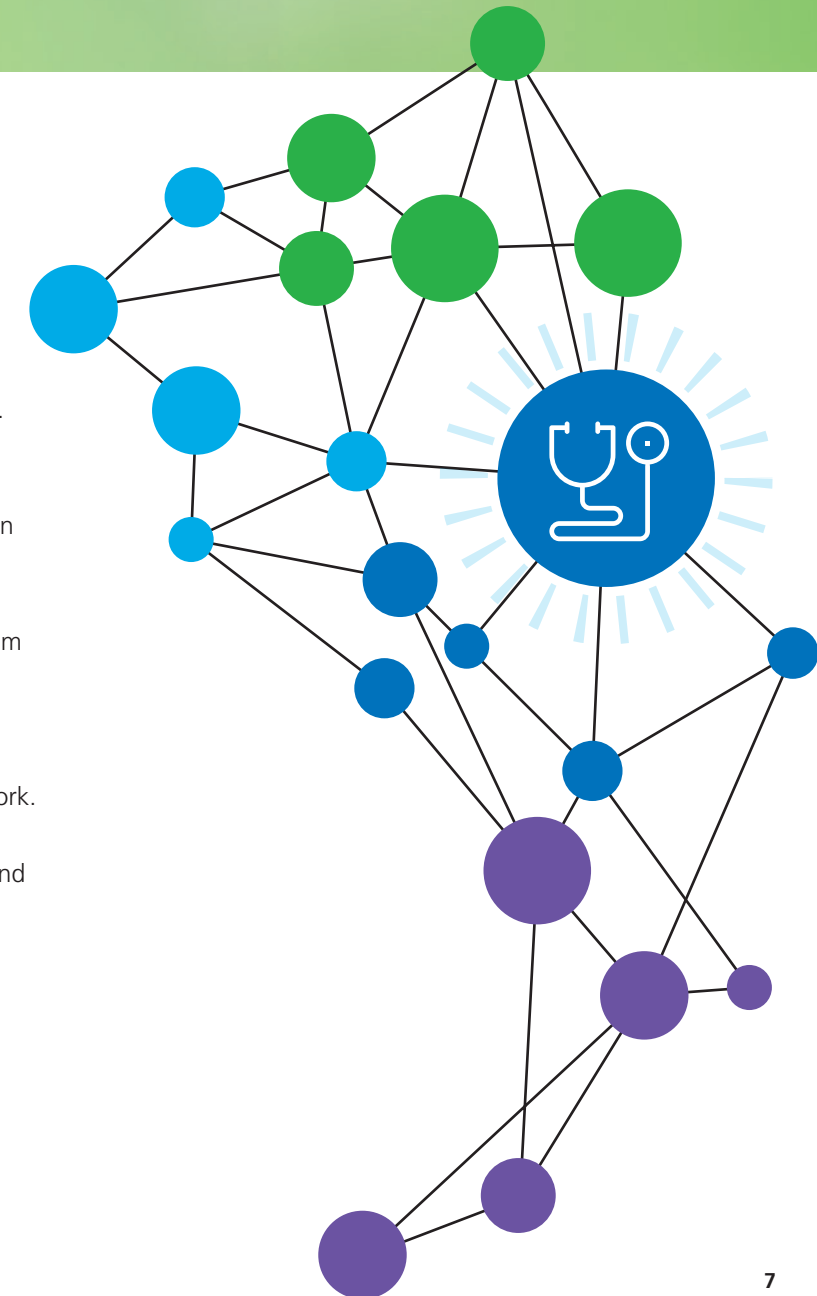
She also met with our staff to complete the Patient Activation Measure survey to establish a baseline measure of her health knowledge and help her gain the confidence to be her own health advocate.

"That tool 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."

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.



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.

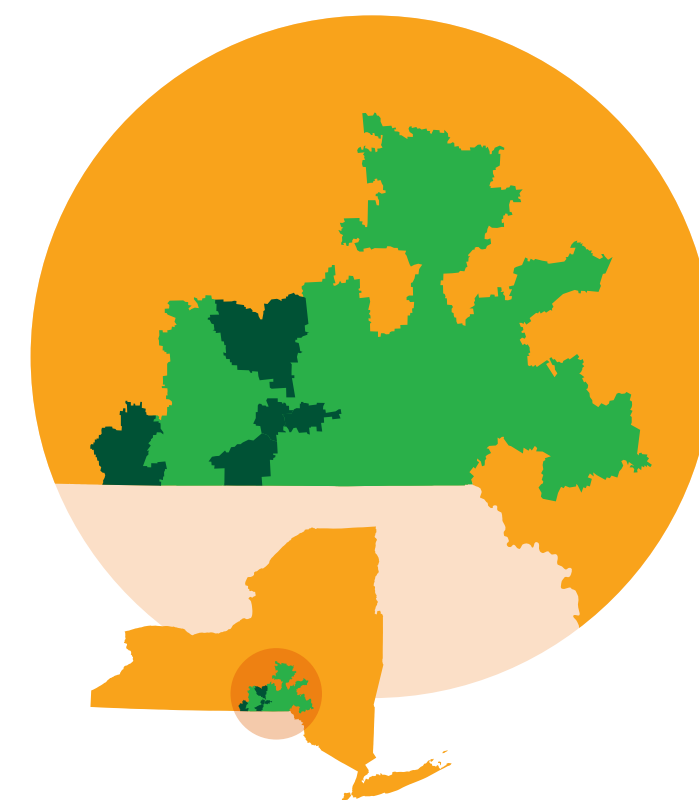
The NY Thursday Lunch program is a once a month menu featuring all NYS food from local farms, food hubs, and

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.



- 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



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.



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.

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.



Alana Davis Photography

*Delana Spaulding,
Rural Health Service
Corps Alumni*

"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."

AmeriCorps and VISTA Members who completed service in 2017

- | | |
|---------------------|-------------------------|
| Amber Brown | Thomas Lewis |
| Eric Bull | Anastasia Reznikovskaya |
| Ruslyn Case-Compton | Kyley Romanofski |
| Dawn Chenier | Caroline Russo |
| Aleta Coggin | Isaac Smith |
| Caleb Craig | Kristen Stanton |
| Amanda David | Giavanna Townsend |
| Marsha Dixon | Emily Wilson |
| Christine Ector | Rachel Yull |
| Caitlin Goldwater | |
| Kayla Jack | |
| Joseph Kaplan | |
| Kaley Kuntz | |
| Jenna Layton | |

AmeriCorps and VISTA Members currently enrolled and/or expected to complete service in 2018

- | | |
|-----------------------|----------------|
| Crystal Batista | Cindy McGinley |
| Jackie Bogart | Cristina Quinn |
| Chelsea Cleary | Emily Thompson |
| Elizabeth Dierenfield | Hope Townsend |
| Annabel Fair | Carol Youngs |
| Helen Frazer | |
| Anna Grazioso | |
| Elizana-Marie Joseph | |
| Thomas Lewis | |
| Amelia Martin | |

2017 and 2018 AmeriCorps and VISTA Host Sites

- 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
- Family Counseling Services
- 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

It's about Access

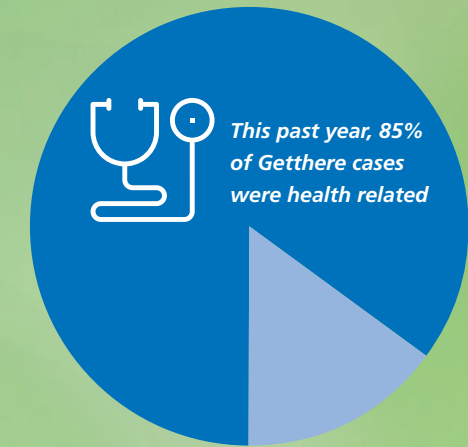
Most rural people, most of the time, must travel long distances to access essential goods, services and employment. Living rural should not equate to being disadvantaged because of a lack of access to essential services and opportunities.



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.



Visit www.GetThereSCNY.org to read the 2017 Progress Reports.

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.

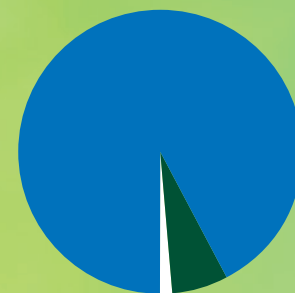
"This was a perfect example of how the strong community partnerships established through the Getthere Call Center can leverage limited resources and provide efficient, cost-effective services to fulfill the need of our residents. Transportation is a challenge in every rural community, but through the leadership of the Getthere Call Center and their ability to convene community partners, we have a network to ensure that people have the resources to meet their transportation needs. We are grateful for the expertise and commitment to serve that the Getthere Call Center provides. And, we are grateful that Dale got the Connection to Care that he needed."

Tamie McDonald,
Rural Health Network Board Member and
Director Otsego County Office for Aging



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.



Revenues FY 2016-2017

Fees/Grants from Government and Private Sources	\$1,365,298
Donated Services and Supplies	\$93,358
Donation	\$19,813
Total	\$1,478,469



Expenses FY 2016-2017

Program Services	\$1,197,000
Management and General	\$198,374
Fundraising	\$29,645
Total	\$1,425,019

Rural Health Network of South Central New York Inc's most recent financial statement is available for review at www.CharitiesNYS.com

Rural Health Network Donors and Funding Support

Individual Donors

Maureen Abbott	Shelbi DuBord	Cynthia Martin
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 New York State Health Foundation
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 State Employees Federated Appeal
 United Way of Broome County Inc.
 United Way of Delaware & Otsego Counties, Inc.

County, State and Federal Funding

Broome County Health Department: Creating Healthy Schools and Communities Grant
 Broome-Tioga BOCES: NYS Farm to School Grant
 Corporation for National & Community Service: VISTA Grant
 Federal Transit Administration, Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities Program
 Federal Transit Administration, Section 5311 Formula Grants for Rural Areas Program via Tioga County.
 New York State Department of Transportation
 New York State Health Department: Office of Rural Health
 NYS Commission on National and Community Service: AmeriCorps and Volunteer Generation Fund Grants.
 NYS Office of Alcoholism & Substance Abuse Services and NYS Assemblywoman Donna Lupardo, 123RD Assembly District: Funding for the AmeriCorps Opioid Project
 NYS Department of Agriculture & Markets: USDA Farm to School Grant

Food and Health Network Members

Individuals

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 Ray Denniston
 Nancy Eckstrom
 Matthew Griffin
 Kathleen Horner
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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

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 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*
Evan Heaney, *Population Health Coordinator, Delaware County*
Thomas Lewis, *Community Food Coordinator*
Cindy Martin, *Director, Resource Development*
Mary Maruscak, *Population Health Coordinator, Tioga County*
Emma Nalin, *Community Health Worker I*
Janice Parker, *Special Projects Advisor*
Julie Pitts, *Director, Rural Health Service Corps*
Rachel Priest, *Administrative Services Coordinator*
Debora Rogers, *Community Health Worker I, Delaware County*
Anne Marie Sanford, *Mobility & Transportation Advocate*
Shane Solar-Doherty, *Transportation to Employment Coordinator*
Erin Summerlee, *Director, Food and Health Network*
Terri Tweedie, *Community Health Worker II, Delaware County*
William Wagner, *Director, Getthere*

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*Term ended 12/31/17

**RURAL HEALTH
NETWORK**
Serving South Central New York