



Rural Health Network of Oswego County
Annual Report of Value
for the period
April 1, 2014 – March 31, 2015

Authored by RHNOF Funding & Policy Committee
Last Updated: Final Edition

Table of Contents

Section		Page Number
I.	Executive Summary	3
II.	Introduction	4
III.	RHNOC Members	6
IV.	Value Proposition	7
V.	Methodology	8
VI.	Organizational Impact and Leveraging	9
VII.	Work Plan Objectives and Outcomes	9
VIII.	Value Summary	10
IX.	Conclusion	20
X.	References	22
XI.	Attachments	24

I. Executive Summary

The mission of the Rural Health Network of Oswego County (RHNOG) is to improve the quality, affordability and availability of health care services in Oswego County by focusing key and disparate resources to address specific health care priorities and strengthen the local health care system. Each year RHNOG member organizations collaborate on a detailed work plan based on New York state health goals, county health indicators, Community Health Assessment (CHA) and the Community Service Plan (CSP).

The Oswego County Health Department in its 2014-2017 CHA summarized key health challenges in Oswego County as the overweight and obesity rate, smoking rates, alcohol and drug abuse, disease burden, rate of unintentional pregnancy, suicide rate, increased incidence of sexually transmitted disease (STDs), the constant threat of mosquito-borne and tick-borne diseases along with health disparities associated with socioeconomic conditions. The report also remarked on unfunded or underfunded federal and state mandates which have negatively impacted the County's resources for community health improvement activities. These findings were largely supported by Oswego Health's 2014-2016 CSP, which identified heart disease, cancer, COPD, stroke and unintentional injury among the top five (5) leading causes of death in the county, and which established prevention of chronic disease, promotion of mental health, and prevention of substance abuse as its top public health priorities.

As a result of broad community input relative to community health needs as described above, the RHNOG successfully executed a number of key work plan initiatives for the contract period 4/1/14 through 3/31/15. These include:

- **Conducting** the evidence based Chronic Disease Self-Management Program (CDSMP) in locations across the county.
- **Increasing** the number of tobacco free parks, playgrounds and municipalities.
- **Increasing** the number of tobacco free work sites.
- **Facilitating** continuity of care for our most fragile residents during the implementation of Medicaid Health Homes.
- **Facilitating** implementation of the 'Front Door' initiative for people with developmental disabilities.
- **Identifying**, endorsing and providing training on a web based application providing free interoperable access to map-able geographic information systems
- **Executing** a significant affiliation of five (5) local primary care practices in order to enhance access to health care in the community and significantly improve health care workforce recruitment outcomes.
- **Informing** local organizations of regional, state and national policy debates and issues, including opportunities for advocacy through affiliations with organizations such as the New York State Association of Rural Health (NYSARH) and the Northern New York Rural Health Network Workgroup.

The ability to collaborate has become even more important as the health care environment has increased in complexity and traditional sources of funding continue to be challenged. The good news is that the county has seen a second straight year of improvement in terms of the Robert Wood Johnson Foundation County Health Rankings which measures health outcomes such as length of life and quality of life. But there is still work to do, with the county ranking 62nd out of 62 counties when it comes to health factors such as tobacco use, obesity and excessive alcohol use.

The services, data and information provided or coordinated by the RHNOG ripple throughout Oswego County's health care sector, social services sector, and private businesses. This report details the major areas of the RHNOG initiatives and the resulting health related and economic impact that effectively illustrates its true value to the residents of Oswego County.

II. Introduction

The RHNOG operates under the umbrella of Oswego County Opportunities (OCO), a community action organization providing services that include transportation, nutrition, Head Start, referral services and more. The mission of RHNOG is to improve the quality, affordability and availability of health care services in Oswego County by focusing key yet disparate resources to address specific health care priorities and strengthen our local health care system.

The RHNOG operates with an annual budget of \$135,000, with 1.25 full time employees, and serves as the collaborative hub for a number of health and human service agencies across Oswego County including the local health department, department of social services, Oswego Health (sole area hospital), payers and providers.

Oswego County is located in upstate New York, approximately one (1) hour north of Syracuse and northwest of Utica on the eastern shore of Lake Ontario. Part of the Tug Hill Plateau is in the eastern part of the county and at 1,550' is the highest point. The county is subject to heavy winter lake effect snowfalls which are usually measured in feet rather than inches, and to the threat of mosquito-borne diseases from swamps near Oneida Lake in the summer.

The City of Oswego serves as the county seat. According to the U.S. Census Bureau, the county has a total area of 1,312 square miles of which 953 square miles is land and 359 square miles (27.35%) is water. There are two (2) harbors in the county, Oswego Harbor at the mouth of the Oswego River and Port Ontario on the Salmon River. The first major port of call on the Great Lakes is the Port of Oswego Authority dock. Oswego County is part of the Syracuse, New York Metropolitan Statistical Area.

As of the 2012 Census, the estimated population was 121,165, a reduction of -0.8% over 2010 numbers. The population is 49.9% male and 50.1% female, and reports 21.9% as age 18 and under, 14% as age 65 and over. The population is predominantly white (96.5%), followed by 1% black or African American, 1% American Indian and Alaskan Native, .7% Asian and .8% 'other or multiple races. The high school graduation rate for individuals aged 25 or higher is reported as 86.7%. For the same population, the census notes that 16% have a bachelor's degree or higher. Socioeconomically, Oswego County experiences difficulties such as a high unemployment, high poverty, and low education attaining rates. It is generally agreed that economic hardships hit the rural population more than urban areas and that socioeconomic disadvantages can be linked to poor health outcomes.

In terms of population health, the Oswego County Health Department's CHA reports the county has high death rates from lung cancer, cardiovascular diseases, and respiratory diseases. It has the highest adult smoking rate and obesity rate among all its neighboring counties. Obesity and smoking are associated with lung cancer, cardiovascular diseases, respiratory diseases, and diabetes.

From a healthy food access perspective, the Census Bureau provides the following statistics. There are 18.84 grocery stores per 100,000 population, which is significantly below that of 49.33 per 100,000 for New York State as a whole, resulting in 8.18% of the county with low food access. Additionally, 74.20% of adults aged 18 and older self-report consuming less than five (5) servings of fruits and vegetables each day. The percentage of adults aged 18 and older who self-report heavy alcohol consumption is 23.90%, compared to the New York state measure of 15.70%. The percentage of adults aged 18 and over who self-report currently smoking cigarettes some days or every day is 31.5% which is slightly down from the prior report but remains significantly greater than all of New York state, which is reported at 17.50%.¹

The above detail level statistics are available for communities across the state. They are telling, and do a good job of drilling into the state of health and specific health care needs within the county. Another good resource for comparative data is the Robert Wood Johnson Foundation County Health Rankings and Roadmaps program. Disturbingly the rankings have consistently placed Oswego at the bottom or near the bottom on a number of health factors (62nd), and in the middle of the pack (31st) on health outcomes when compared to 62 other counties in the state. As compelling, although not as frequently discussed, is a particularly grave trend which points to a divergence in urban versus rural mortality rates. A 2014 study published by the American Journal of Preventive Medicine reports that life expectancy was inversely related to the rural nature of the study population. While life expectancies have generally increased during the past several decades, the study reported that between 1969 and 2009, residents in metropolitan areas showed larger gains in life expectancy than those in rural areas, contributing to a widening gap. The causes of death

contributing most to the increasing disparity and lower life expectancy in rural areas were reported as some of the same diagnoses which are problematic across Oswego County, including heart disease, COPD, tobacco use, stroke, suicide, and diabetes. The study also noted contributing factors such as unfavorable built environments, lack of access to fresh foods and inadequate public transportation.²

Closer to home, the Oswego County Health Department in its 2014-2017 CHA summarized the key health challenges in Oswego County as the overweight and obesity rate, high smoking rate, high rate of alcohol and drug abuse, high disease burden, high unintentional pregnancy rate, high suicide death rate, increased incidence of sexually transmitted disease (STDs), the constant threat of mosquito borne and tick-borne disease and health disparities associated with socio economic differences. The report also remarks on unfunded or underfunded federal and state mandates which reduce this rural county's state resources for improvement of community health.

III. Rural Health Network Members

By definition, Rural Health Networks are collaborations of key community-based organizations that come together to marshal resources and help turn plans into actions to address compelling and defined community needs. The RHNOC does not accept, nor should our community accept the notion that a zip code can negatively impact quality of life or longevity. To that end, the RHNOC has successfully developed a county-wide collaboration of key public and private community-based organizations including the local health department, the county's only hospital (Oswego Health), the largest provider of primary care services (Northern Oswego County Health Services Inc), the local Community Action Agency (Oswego County Opportunities), the area's largest non-profit health insurer (Excellus BlueCross BlueShield) and more. A full listing of RHNOC core and member organizations is included as Attachment 1.

As an example of the degree to which RHNOC members work together, they have collectively realized the value of collaboration to draw grant dollars into the community. Rather than compete for grant dollars, member organizations have endorsed an 'All Call' process which has proven itself through the development of collaborative and comprehensive grant applications (and awards) designed to draw on member strengths and resources, while maximizing impact on health and health outcomes in the county. Additionally, the RHN solicited and established a pool of volunteer All Call facilitators, developing and delivering training for the volunteers.

The RHNOC maintains a current and relevant strategic plan which is reviewed and updated regularly at its annual meeting. All meeting materials and minutes are availability publically via the network's website, <http://www.rhnoc.org/health-services/rural-health-network>.

IV. Value Proposition

Given the rural nature of Oswego County, the health indicators noted in Section I and the conclusions drawn by the health department's CHA and the hospital's CSP, just how important is the RHNOC to the county? Beyond the good work it does, how does it really impact individuals, businesses, community-based organizations and the local economy? This report aims to answer those questions and to demonstrate the critical role and impact of the rural health network on the overall health of Oswego County and its residents.

It is important to understand why health care challenges are different in rural areas versus urban areas. Health care providers face obstacles including economic factors, cultural and social differences which are often exacerbated by vast geographies and the isolation of living in rural areas and in sometimes extreme weather conditions. It is well reported that rural populations tend to be older and that residents often show health disadvantages for a number of measures including smoking and alcohol consumption, as well as overall higher mortality rates.

Since its inception in the late 1990's, the RHNOC has focused on assembling a collaborative of key community health and human service organizations to deliver innovative solutions to health care challenges facing this segment of rural, upstate New York. Each year the RHNOC collaborates with its advisory committee to develop a detailed and targeted work plan based on New York state health related goals, county health indicators and input from community organizations across the county. Much of what the RHNOC delivers is through a coordinated system of community agencies which support the collaborative structure through participation at an advisory board level and/or on a number of functional and highly-productive sub-committees including the Technology Committee, the Health Workforce Committee, the Funding and Policy Ad-Hoc Committee, the County Health Issues Committee, the Co-Morbid Conditions Focus Group and the Compliance Focus Group.

Intuitively we know that access to health care is critical to an individual's physical and mental well-being. But less obvious to many is that the availability of a sound health care system is also critical to a rural community's economic well-being. As in a number of rural areas, health care providers in Oswego County are a vital source of employment and economic stability. An August 2014 study by the National Center for Rural Health Works reported a key finding that a rural nurse practitioner or physician assistant can create between 4.4 and 18.5 local jobs and roughly between \$300,000 and \$950,000 in wages, salaries and benefits. If local health care were to shrink or even disappear, a significant segment of the local economy would be impacted.³

The services provided or coordinated by the RHNOC ripple throughout the health care sector, the social services sector and private businesses. This report represents the following major areas of the RHNOC's impact that effectively illustrate its true value.

- **Preventing Chronic Diseases**, including focused efforts around tobacco cessation, diabetes prevention, targeting of readmissions for congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), diabetes and pneumonia, implementation of the Chronic Disease Self-Management Program (CDSMP) in partnership with the county health department, community-based organizations and payers and securing a community grant for improving access to healthy foods and nutrition education for a county food-desert area
- **Promoting a Healthy and Safe Environment**, with particular focus on collaborations with school districts and recreation programs to host activity sessions, promote family friendly activities throughout the county, host a triathlon and wellness expo and create community gardens, securing a grant in support of an effort to prevent falls among older adults, and securing funding to provide infant safe sleep education for low-income mothers.
- **Promote Healthy Women, Infants and Children**, by setting a goal of reducing the number of adults and pregnant mothers who smoke by 3%, by increasing the number of tobacco free parks and playgrounds, by encouraging development of residential smoking policies and smoke-free housing, by working with legislative bodies to pass tobacco free policies throughout the county, by working with behavioral health providers to implement or refer patients to smoking cessation programs and through securing grant funds for referral of pregnant women to smoking cessation programs and resources.
- **Promoting mental health and prevention of substance abuse** through fostering knowledge of the impact that co-morbid conditions (mental health, addictions and developmental disability diagnoses) have on successful engagement and follow through across all systems of care.
- **Preventable diseases** with a focus on supporting increased access by residents to various services throughout the county such as the Prescription Assistance Program Advocate program and support of access to health insurance coverage for low income and/or uninsured residents.

V. Methodology

The RHNOC, along with other organizations of its type, achieves its success in a significant way through collaboration with numerous on-the-ground community organizations that are diverse in terms of mission, vision, size, and geography served. The impact of the RHNOC on ultimate consumers is most appropriately credited to these direct care providers and community-based organizations. With that in mind,

most activities undertaken by the RHNOC collaborative lend themselves to qualitative versus quantitative measures of success.

The public health issues facing Oswego County are not unique to the upstate New York geography. While this is not good news on the surface, it does translate to the RHNOC having access to numerous local, national and regional sources of evidence based data, program experience and outcomes information. This report makes use of various proxy resources in assessing and illustrating the value of its leadership, programs, activities and outcomes.

The challenges with producing quantitative outcomes should in no way be interpreted as a reflection of the RHNOC or its effectiveness. The most important role this analysis assumes is to provide insight into how the RHNOC is integral to the health and well-being of residents of Oswego County.

VI. Organizational Impact and Leveraging

Aside from the good work that is orchestrated by the RHNOC, the organization's existence impacts the area just as any other business entity that employs people and purchases goods and services. Each dollar paid in earnings to RHNOC employees or contractors is spent for living expenses, rent, food, etc., at businesses which also have employees who then spend their earnings on other goods and services, and so on. Consequently, the total administrative expenditures of the RHNOC itself can be used to estimate only a portion of its economic impact.

Beyond the flow of administrative dollars is the value of the RHNOC's leadership to its broad network of private and public member organizations and the trickle down to their respective resource expenditures. For example, the RHNOC played a role in coordinating consideration of a number of grant applications that resulted in minimizing duplication and production of strong grant applications as evidenced by grant awards documented herein. Awarded dollars were in turn spread across a number of collaborating organizations. Supported by development of a policy and procedure on advocacy, the RHNOC also informed member organizations of opportunities for advocacy. A number of policy issues being debated on a state, national or local level were shared during the report period. While the RHNOC deliberately avoided taking a position on policy issues, the sharing of information allowed participating organizations to take action as deemed necessary and appropriate to their individual missions and strategic plans.

VII. Work Plan Objectives and Outcomes

In the fall of 2011, the RHNOC completed a strategic planning exercise in collaboration with RHNOC member organizations. The exercise considered key county health measures, the New York state Health Improvement Plan, Triple Aim

and the Medicaid Redesign Waiver. Each subsequent contract year, the RHNOC revisits the plan and modifies it as needed to accommodate the priorities of the community so that the leadership and sub-committee structure can best impact the work plan. Attachment 2 reflects the most current work plan objectives that were the result of strategic and collaborative priority setting. Attachment 3 illustrates the relevance of the work plan objectives to NYS health improvement goals. At the time of this report, the RHNOC is schedule to reconvene its stakeholders to update the strategic report in May of 2015.

VIII. Value Summary

The various collaborative projects and programs of the RHNOC have had considerable positive impact on Oswego County. The following is a narrative of projects undertaken by RHNOC for the grant period April 1, 2014 through March 31, 2015, including notations where benefit assumptions, proxy national or regional data, or other extrapolations were necessary in lieu of short term, quantitative outcomes data.

A. Reduction of the impact of chronic disease

It is well documented that rural populations show higher incidence of disease in a number of areas including heart disease, respiratory disease and disability associated with chronic health conditions and obesity. The RHNOC undertook three (3) significant efforts designed to address the issue of chronic disease for individuals diagnosed with COPD, CHF, Diabetes and/or Pneumonia and it successfully secured a \$500 challenge award to help fund additional Chronic Disease Self-Management (CDSMP) classes.

Accomplishments	Estimated Impact
-Coordinated the evidence based CDSMP, including conducting at least one (1) class per quarter with a target of at least 50 residents taking the classes. <u>Lead Partners:</u> Health Department and Oswego Health	-Trained 2 additional staff from Oswego Health and 1 peer in the Spring of 2015. -Five (5) classes were held and 40 people participated. See Note 1
-Established enhanced discharge planning with a goal of reducing readmissions by 1.5% for COPD, CHF, Diabetes and Pneumonia <u>Lead Partner:</u> Oswego Hospital	-Oswego Hospital implemented the Re-engineering Discharge Tool from Boston University and reported they reduced readmission rates by 3%from April 1, 2014 – March 31, 2015.
-Maintain and disseminate the Nutrition Resource Guide by promoting it in local media and distributing to local businesses and organizations	-Oswego County residents have access to information on community resources on how to obtain healthy food and information on various nutrition programs.

Note 1: According to the Centers for Disease Control (CDC), major studies of health care utilization provide strong evidence that the CDSMP has a positive impact on physical and emotional outcomes of participants as well as improved health status. Additionally, there is evidence to suggest that the CDSMP results in moderate reductions in health care costs as well as results in care delivery at more appropriate settings. Also noted is that the amount saved in health care expenditures more than compensates for the cost of the program. These findings were demonstrated consistently across chronic diseases and across socioeconomic and educational levels.⁴

B. Increased physical activity of Oswego County residents

According to the New York State Department of Health (NYSDOH), the rates of obesity and overweight adults in Oswego are significantly above that of the state as a whole. In an effort to increase the physical activity of county residents, the RHNOG set as a goal promotion of family friendly physical fitness activities.

Accomplishments	Estimated Impact
-Assembled a falls prevention coalition to develop a grant application to the Health Foundation of WNY and CNY.	-Successfully applied for, received and achieved goals under a three (3) year grant to address falls prevention
-Falls prevention train the trainer sessions were hosted <u>Lead Partner:</u> OCO	-Ongoing falls prevention education is offered by RHNOG partners and has been expanded into additional geographic areas within the county. See Note 2
Provided support to Healthy Highway which provides education in nutrition and physical activity. <u>Lead Partner:</u> County Health Department	-Two (2) Oswego City Elementary Schools received support to further Healthy Highway initiatives of nutrition and physical activity in their buildings. 861 Students are enrolled in the participating school buildings.
Trained new peer educators and maintained certification for current educators to offer Active Living Every Day (ALED) and/or the Walking With Ease (WWE) curriculum at various sites in the county	-Four classes were held with 30 Oswego County residents taking the ALED or WWE classes.

Note 2: An estimated one (1) in three (3) U.S. adults age 65 and older falls each year with adults in this age group hospitalized five (5) times more frequently for falls than for other causes.⁵ In 2010, U.S. emergency departments treated about 2.3 million nonfatal fall injuries. About 662,000 of these emergency department visits resulted in hospital admissions and in 2009, about 20,400 U.S. residents ages 65 and older died from unintentional fall-related injuries.⁶ Because Americans are

living longer, the oldest segment of the population is becoming frailer, and fall death rates have risen even faster than fall injury rates.⁷ In New York state, the fall-related hospitalization rate among residents 65 and older rose 19% between 1999 and 2008.⁸ A study by the Cochrane Collaboration concluded that overall, exercise is an effective intervention to reduce the risk and rate of falls.⁹ The RHNOC expects that their falls prevention interventions, coupled with the train the trainer efforts at sustainability, have had an impactful result on area community members deemed at risk for falls, which in turn will have a positive impact on health care costs.

C. Positively impacted nutrition, wellness and hunger in Oswego County by securing additional funding to improve health outcome indicators, improved nutrition and self-reported nutrition habits for a target population

The NYS Prevention Agenda set a goal of having 33% of adults eating five (5) or more fruits or vegetables per day. As of 2010 data, just 25.8% of Oswego County residents were consuming the suggested quantity. Recognizing the presence of various barriers to achieving the nutritional goals, the RHNOC coordinated a number of community-based activities in an effort to expand access to nutrition information and nutrition related services.

Accomplishments	Estimated Impact
<p>-Developed a collaborative to develop and implement a ‘Healthy Cooking Connection’ initiative and successfully secured grant funds to provide access to fresh foods and nutrition education residents of Oswego County who were diagnosed with a chronic disease.</p>	<p>-Successfully achieved year one (1) targets under a three (3) year grant from Excellus BlueCross BlueShield to implement ‘Healthy Cooking Connection.’ 3 cohorts participated during this time frame. 1 cohort completed. -The first Healthy Cooking Connection cohort consisted of thirty-three (33) participants. Of those reporting clinical data, 65lbs were lost in the aggregate, nine (9) demonstrated improved or stable BMI and 30% showed improved blood pressure readings.</p>
<p>-The 24 garden beds at Fulton Mills were claimed and planted for the Spring and volunteer groups have been secured for preparation for spring planting and ongoing maintenance.</p>	<p>-All of the beds were claimed by low income residents and planted for the 2014/2015 planting season. A waiting list was established and maintained due to high demand.</p>
<p>Provide support and promotion of existing nutrition programs such as farmers’ markets.</p>	<p>Successfully introduced a farmers’ market tour to the Healthy Cooking Connection grant program.</p>

D. Reduction in the numbers of adults and pregnant mothers who smoke in Oswego County

Oswego County falls short in each of the prevention agenda goals related to tobacco use including smoking rates, incidence of lung cancer and smoking related hospitalizations. The RHNOG recognized the significant health impact of tobacco use and the positive outcomes associated with public health smoking prevention activities, and identified work plan activities intended to increase the number of tobacco free parks, playgrounds, municipalities and worksites.

Accomplishments	Estimated Impact
-Assisted with Integrated Community Planning's (ICP) project 'Aligning Tobacco Cessation Resources' and 'Services for Pregnant Women and Mothers of Young Children in Oswego County.'	- Successfully partnered with the Smoke Free for My Baby and Me project. This project enrolled 20 mothers who committed to quitting smoking.

E. Improved access to health and human services for Oswego County residents

Lack of access to health insurance coverage can leave community members at risk for significant health related issues as well as increase financial exposure for the patient and the provider. Additionally, the complexity of the enrollment process can discourage even individuals who might otherwise be eligible for government funded coverage to fail to apply to assistance. The RHNOG identified lack of insurance as significant barrier to health care and has partnered to target the issue as noted below.

Accomplishments	Estimated Impact
-Supported retention of the Prescription Assistance Program Advocate in northeast Oswego County <u>Lead Partner:</u> Rural and Migrant Ministries of Oswego County (RMMOC)	More than: - 200 patients served -68 prescriptions ordered or re-ordered -32 labs -2 dental referrals -10 Flu shots
-Participated in a senior health fair to facilitate improved knowledge and access to local resources for area seniors	-Improved knowledge of and access to local resources available to approximately 500 seniors.
-Coordinated support for the health home network including facilitation of information sharing and education <u>Lead Partners:</u> Catholic Charities, Oswego Cty Dept. of Mental Hygiene, Onondaga Case Management Services	- Prevented loss of continuity of care for the some of the county's most fragile residents -Facilitated education of local providers on developments with local Medicaid Health Home lead agencies and case management services providers. See Note 5

-Oswego County Opportunities was awarded the IPA Navigator award.	Coordinated RHNOG members in the provision of information about the New York State of Health insurance exchange and impacts of the Affordable Health Care Act.
-Partnered with the Oswego County Cancer Services Program to raise awareness and increase cancer screening rates in the county	-Promotion of free cancer screening events for the uninsured and medically underserve. -Partnership with area Navigators to disseminate screening information -91 new clients admitted to the program in October, Four (4) diagnosed with breast cancer, 5 people with pre cancerous colon polyps removed -297 Community members received screening during this time frame -126 Colon-fit kits distributed
Encourage county residents to take advantage of health and wellness programming	Developed and maintained a community events calendar on the RHNOG website to promote free, family friendly physical activities throughout Oswego County

Note 5: The NYS Medicaid Redesign Team recommendation of health homes for Medicaid enrollees with chronic conditions was adopted into law in April 2011 with the intent of replacing Targeted Case Management (TCM) activities. Studies have shown that high provider continuity is associated with lower emergency department use among Medicaid patients.¹⁴ Given that evidence, the RHNOG took the lead in facilitating dialogue between current TCM providers and the proposed health home structure in order to assure continuity of care for affected county residents.

F. Expanded grant writing resources and drove sharing of grant submissions in order to maximize grant dollars flowing into Oswego County

Community-based organizations (CBOs) are often the life-blood of small communities and serve a critical role in connecting individuals to services at a grass roots level. Unfortunately, as non-traditional health care providers, CBOs are rarely reimbursed through traditional funding streams and are largely reliant on grant dollars and/or fundraising activities. The RHNOG identified a need for a collaborative approach to enhancing the ability of CBOs to secure grant dollars, as well as build relationships between potential grantees, in order to minimize duplication and maximize the impact of the grant requests.

Accomplishments	Estimated Impact
-Established and maintained an updated procedure for hosting 'All Calls' for announced grant	- Twenty-five grant opportunities were disseminated and four (6) all calls were hosted which resulted in three (3) grant

<p>opportunities <u>Lead Partners:</u> OCO</p>	<p>submissions in this period.</p> <ul style="list-style-type: none"> ○ HRSA Rural Health Care Services Outreach Program ○ HFWCNY Maternal Child Program ○ HRSA Rural Health Network Development ○ Creating Healthy Schools and Communities ○ Rural Health Care Coordination Network Partnership ○ SCALE Initiative
<p>-Improved data collection/data sharing among local providers by identifying a central data point, endorsing use of Community Commons.org, conducting a survey to determine training needs and developing training on its use and access</p>	<p>- Use of Community Commons avoided annual consultant cost for the Oswego DOH for creation of the CHA -Oswego Hospital utilized the site in support of their CSP. -RHNOC member organizations utilized the source to establish strategic priorities, while avoiding extensive searches for relevant information (e.g. Farnham) - See Note 6</p>
<p>-Conducted a survey of RHNOC member organizations to determine organizational needs relative to grant writing/training capacity, developed a white paper capturing the results and recommended adoption of a shared community training resource. Lead Agency: OCO</p>	

Note 6: In addition to the RHNOC revitalizing a community-wide All Call process for consideration of grant opportunities, the organization took the initiative to support member organizations in their search for data and information. As the effort moved forward, it was the consensus of the RHNOC to develop the data capability so that a central repository of information could be used not only for grant applications, but also to inform and establish community health priorities. Since its endorsement by the RHNOC, the site www.CommunityCommons.org, has been accessed by various RHNOC members for purposes such as crafting a NYS required CHA, monitoring of region wide health statistics to inform strategic direction, and for successful grant filings. While difficult to quantify avoided costs and efficiencies, the RHNOC is confident that the work effort to discover, vet, endorse and train will continue to provide both financial and resource returns to the community at large. An additional

benefit to the organized All Call process is the ability to avoid potential intra-county competition for limited grant dollars. By introducing a forum where interested parties come together to discuss use of grant dollars in the community, resulting grant applications have been stronger and participating organizations have been able to pool resources for greater reward.

G. Inform RHNOC members of environmental and legislative developments in order to develop timely and appropriate advocacy on behalf of rural health

As this report demonstrates, rural areas across the country experience unique challenges and Oswego County is no different. While the RHNOC refrains from direct advocacy on behalf of its members, it acknowledges that advocacy is an important tool for CBOs to compete for resources and ensure community needs are considered as legislative and funding decisions are made. To that end, the RHNOC developed a one-stop tool for its members to identify policy making bodies, open policy discussions and opportunities for advocacy.

Accomplishments	Estimated Impact
<p>-Posted a resource list of policy making organizations and subscription mail lists and provided a policy update at each meeting of the RHNOC Advisory Committee</p>	<p>- RHN members have a one-stop resource for identifying policy making organizations, minimizing resource time and enhancing communication and outreach potential -Member organizations have a collaborative vehicle through which to monitor policy impacts and take steps to advocate and/or preclude community impact - See Note 7</p>

Note 7: With its extensive and collaborative network, the RHNOC has taken on the role of seeking out and sharing information related to policy development, legislative activity and/or calls for advocacy. This process often serves to alert RHNOC members of up and coming legislation, providing an opportunity to gather information and inform legislative debates. In one example, RHNOC members were able to learn about potential impacts of sequestration on their organizations and on current community services, and stood ready to facilitate dialogue among affected organizations in order to prevent significant impact and/or loss of any given service. It should be noted that while individual members are free to act in accordance with their organizations' procedures relative to advocacy, the RHNOC works hard to maintain its position as a neutral, information sharing party.

H. Facilitated partnerships with area organizations in order to promote health career awareness programs and support the educational pipeline in Oswego County

The Department of Health and Human Services (HHS) has designated Oswego County as a health professional shortage area (HPSA). The RHNOC has served as

facilitator for a number of organizations working in the area of health workforce development.

Accomplishments	Estimated Impact
<p>-Partnered with CNY AHEC in support of Medical Academy of Science and Health (MASH) camp held in August at Oswego Hospital and on development of the first Health Information Technology camp in NYS. <u>Lead Partners:</u> CNYAHEC, Oswego Health, Excellus BCBS, SUNY Oswego</p>	<p>-Since 2006, Oswego Health has hosted 160 MASH students. Based on a NYSAHEC study, an estimated 65.4% (92) of pipeline program students responding to a survey have or will pursue a medical career See Note 8 -19 Oswego County students successfully completed the Oswego Health MASH camp. - -</p>
<p>-Collaborated with the SUNY Upstate Rural Medical Student Program (RMED) to place three (3) students in the county <u>Lead Partners:</u> Oswego Health and NOCHSI.</p>	<p>-NOCHSI partnered with the LeMoyne College PA program, the Samaritan Hospital FP residency and the St. Josephs Health Services FP program to place students in Oswego County. See Note 9</p>
<p>-Supported scholarships for area youth pursuing a health care major.</p>	<p>-Funded five (5) \$500 scholarships for area youth pursuing a health care major</p>
<p>-Supported the RN program at Cayuga Community College through the purchase of equipment for their nursing lab.</p>	<p>-Purchased one (1) Hill-Rom bed to be used in the Nursing Lab in order to simulate the hospital environment.</p>
<p>Facilitated establishment of a rural immersion program in Oswego County <u>Lead Partners:</u> CNYAHEC, Oswego Health, NOCHSI, CCC, OCO</p>	<p>-The first rural immersion program in Oswego County is targeted for Summer 2015.</p>
<p>-Worked with the Oswego County Youth Bureau and the SUNY Oswego Office of Business and Community Relations to plan and participate in the Youth Summit.</p>	<p>-400 students from Oswego County attended the Health Care Careers session at the Summit and receive helpful tools, information and resources on careers in the health care field.</p>
<p>Populated the RHN website with valuable health career information</p>	<p>-Added resources such as CNY AHEC</p>
<p>Developed a Healthcare Employment section on the RHN page for health related employment in Oswego County</p>	<p>Links are available to the employment pages of RHN partners in order to facilitate locating health related jobs in Oswego County.</p>

Note 8: A January 2009 study by the NYS Area Health Education Center (NYSAHEC) of students that had completed a pipeline program indicated that

65.4% planned to pursue a health career and of that percentage, 82% indicated that participation in a pipeline program had influenced their decision.¹⁵

Note 9: In 2005, the Department of Family Medicine at Upstate Medical University conducted a study to determine whether the 36-week RMED program was achieving its goal of attracting physicians to rural areas. They found that a greater percentage of former RMED students chose to practice in rural areas (26%) than did non-RMED students (7%).¹⁶

I. Defined key practices to enhance funding and communication for comprehensive health care retention and recruitment

Physician shortages threaten a number of rural communities across the country. The issue tends to be twofold; lack of resources for recruitment and difficulty retaining providers in rural communities. Provider workforce shortages put pressure on existing rural providers who tend to work longer hours than their urban counterparts, see a greater number of patients and may be required to perform a broader variety of procedures due to lack of specialty providers.¹⁷ With an increasing emphasis on primary care management of chronic disease and the increase in Americans seeking access to care as a result of coverage under the Affordable Care Act, the demand for primary care will only increase. The RHNOC recognizes that in addition to their medical contribution, primary care providers also contribute in a significant way to the economic vitality of the community as a whole. Thus, a shortage of primary care providers is not just an issue for the local hospital or provider groups, but has broad community implications. The Health Workforce Sub-Committee of the RHNOC is keenly aware of the impact of its work and focuses its efforts on addressing recruitment and retention in a collaborative manner.

Accomplishments	Estimated Impact
<p>-Expanded the health care workforce through successfully continuing the Oswego County Nursing Shortage program despite expiration of a long term program grant. <u>Lead Partner:</u> OCO, Cayuga Community College</p>	<p>-Since the program’s inception, more than 68nurses have graduated and approximately 75% sought employment within the county.</p>
<p>Facilitated increased support from area provider and business community to create a sense of home and increased opportunity for new providers to the region. <u>Lead Partners:</u> OCO, Oswego Health, NOCHSI, <u>Sponsored by:</u> HealtheConnections,</p>	<p>-Hosted the fifth annual physician and provider reception to welcome new providers to the community, and to celebrate providers who have lived in and served the residents of Oswego County for a number of years. Recognized 3 non-physician providers, and 2 physician practitioners. Selected a Physician practitioner of the year,</p>

Oswego County Workforce Development Board	and non-Physician provider of the year. See Note 10
---	--

Note 10: Approximately 20% of the U.S. population lives in a rural area, while just 9% of the nation’s physicians practice in rural communities.¹⁸ Closer to home, Oswego County has been designated as a Health Professional Shortage Area (HPSA), a New York state designation which is based on the physician-to-population ratio within a specific health service area. There is good news, however. Studies have shown that students with rural origins, or who have trained in rural areas, are more likely to return to rural area to practice.¹⁹ By providing scholarships to local students, the RHNOC is shoring up its supply of a rural health care workforce, and by regularly celebrating existing and new providers, it has helped to create a connected and collaborative health care workforce.

J. Identified, prioritized and addressed issues of changing health care environment in Oswego County and across the region

On a broad scale, the health care environment is changing. Changes are driven by changing demographic, health behaviors and health outcomes, but also due to changing policy and regulatory fronts.

Health Information Technology (HIT) developments have become an important component tool for providers who are seeing an increasing movement toward pay for performance and the need for population management tools. Incentive and disincentives in the form of payment modifications to providers have the potential for significant impact on our community’s health care delivery system and will largely be driven by the degree to which providers are connected to technology and are utilizing it in a meaningful way. The RHNOC had the foresight to understand that area physicians and providers would need assistance in preparing their HIT roadmaps and that the degree of adoption success could be directly tied to the level of knowledge and support available to the provider community.

Additionally, from a regulatory perspective changes at both state and federal levels can be cumbersome and difficult for community-based agencies to stay abreast of and comply with.

Accomplishments	Estimated Impact
- Conducted health information technology readiness assessment in order to determine the HIT needs of area providers and assisted in implementing key components of the Affordable Care Act <u>Lead Partners:</u> HealtheConnections, Oswego County OB/GYN, Oswego County Department of Mental Hygiene, OCO	- Facilitated significant technology guidance, education and coordination - Leveraged the support and educational resources of HealtheConnections to facilitate connection to the local RHIO for eligible providers - Provided technical support and guidance for producing a revised RHNOC

	website designed to house numerous data and information resources for use by RHNOC and community members
-Acknowledging the importance of understanding and complying with changing regulations, the RHNOC convened a new sub-committee of privacy and compliance staff from various organizations to serve as a forum for discussing regulatory issues and assessing and sharing impacts and requirements across the RHNOC	-The new sub-committee shared information on avoidance of potential compliance violations. -Facilitated sharing of information on Medicaid regulation updates. -Shared procedures with member organizations on disaster recovery as it pertained to compliance. -35 member organizations received compliance information via the RHN website.
-In partnership with HealtheConnections (the local regional health information organization), the technology sub-committee promoted the importance of electronic medical records (EMR) to local practices not yet connected to an EMR.	-15 HIT training programs or opportunities were shared with member organizations. -54 providers utilized the Direct Secure Messaging or My Results applications.
-Establish and promote on-line access to HIT business and regulatory information.	-20 local health care practices received promotional information regarding the RHN website and LinkedIn groups, with 10 providers joining the groups.
-Collaborate with the NYS Department of Transportation 'Intelligent Transportation' project.	-Participated in meetings, provided county transportation resource schedules, reported on barriers, and shared information on project implementation to key county stakeholders.

IX. Conclusion

As you have likely concluded from this report, the RHNOC takes seriously its mission to improve the quality, affordability and availability of health and human services in Oswego County. But we did not do it alone. Oswego County is blessed with an abundance of large and small, community-based organizations which are dedicated to the wellbeing of our residents and which join in the philosophy that our collective wisdom far exceeds the wisdom of our individual parts.

The ability to collaborate and bring disparate organizations together has become even more important as the health care environment increases in complexity and traditional sources of funding are challenged. The RHNOC umbrella has served to build a collaborative knowledge base and has provided the vehicle through which we

are communicating and addressing rural upstate New York's most persistent health and health care problems, while retaining and utilizing local knowledge and local control.

Although difficult to quantify against specific programming, the latest county health rankings data released by the Robert Wood Johnson Foundation reflected improved rankings, some significantly. Whether through its successful efforts to prevent chronic disease, promote a healthy and safe environment, promote healthy woman, infants and children, promote mental health and prevention of substance abuse, or prepare our health care delivery system for the future, the RHNOC's leadership and vision has been vital to our community's quality of life and its successful navigation of the changing landscape of health and human services.

X. References

- 1 Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2005-2011.
- 2 Gopal Singh Ph.D, Mohammad Siagpush Ph.D, Widening Rural-Urban Disparities in Life Expectancy, US., 1969-2009, American Journal of Preventive Medicine Volume 46, Issue 2, Pages e19–e29, February 2014
Switch to Standard ViewSwitch to Enhanced View
- 3 Minnesota Department of Health, <http://www.health.state.mn.us/divs/orhpc/flex/rhw.html>, December 2011
- 4 Centers for Disease Control and Prevention, Review of Findings on Chronic Disease Self-Management Program (CDSMP) Outcomes: Physical, Emotional & Health-Related Quality of Life, Health Care Utilization and Costs. <http://patienteducation.stanford.edu/research/ReviewFindingsCDSMPOutcomes1%208%2008.pdf>.
Not dated
- 5 Centers for Disease Control and Prevention. 9/17/12. “Costs of Falls Among Older Adults.”
www.cdc.gov/homeandrecreationalafety/falls/fallcost.html
- 6 *Centers for Disease Control and Prevention. 9/20/12. Home & Recreational Safety. Falls Among Older Adults: An Overview*” www.cdc.gov/homeandrecreationalafety/falls/adultfalls.
- 7 Roudsari, BS, et.al. 11/05 The Acute Medical Care Costs of Fall-Related Injuries Among the U.S. Older Adults. <http://www.ncbi.nlm.nih.gov/pubmed/16214476>
- 8 New York state Department of Health. Not dated. Falls in Older Adults, New York state.
www.health.ny.gov/prevention/injury.../falls_in_older_adults_nys.pdf
- 9 Gillespie LD, Robertson MC, Gillespie WJ, Sherrington C, Gates S, Clemson LM, et al. Interventions for preventing falls in older people living in the community. *Cochrane Database of Systematic Reviews* 2012 Sep 12;9:CD007146. DOI:10.1002/14651858.CD007146.pub3.
- 10 Gael I. Orsmond, Paul T. Shattuck, Benjamin P. Cooper, Paul R. Sterzing, Kristy A. Anderson. Social Participation Among Young Adults with an Autism Spectrum Disorder. *Journal of Autism and Developmental Disorders*, 2013; DOI: [10.1007/s10803-013-1833-8](https://doi.org/10.1007/s10803-013-1833-8)
- 11 Pcori, HIS Workgroup on Integrating Mental Health and Primary Care, Topic Brief, December 2013
- 12 Barbara Starfield, Klaus W. Lemke, Terence Bernhardt, Steven S. Foldes, “Comorbidity: Implications for the Importance of Primary Care in ‘Case’ Management,” *Ann Fam Med.* 2003 May; 1(1): 8–14.
doi: 10.1370/afm.1
- 13 Lesley Russell, Visiting Fellow, “Mental Health Care Services In Primary Care; Tackling the Issues in the Context of Health Care Reform, Center for American Progress, October 2010
- 14 Gill JM, Mainous AG III, Nsereko M. 2000. The effect of continuity of care on emergency department use. *Arch Fam Med*;9:333-8. [PubMed]

- 15 Second Annual Survey of Intermediate Outcomes of Student Pipeline Programs. 7/23/09. NYSAHEC System Statewide Office
- 16 Smucny J, Beatty P, Grant W, Dennison T, Wolff LT. An evaluation of the Rural Medical Education Program of the State University Of New York Upstate Medical University, 1990-2003. www.ncbi.nlm.nih.gov/pubmed/16043527
- 17 Elizabeth Burrows, Ryung Suh and Danielle Hamann, National Rural Health Association Policy Brief “Healthcare Workforce Distribution and and Shortage Issues in Rural America” January 2012
- 18 Bureau of Health Professions. Rural Health Professions Facts: Supply and Distribution of Health Professions in Rural America. Rockville, MD: Health Resources and Services Administration; 1992.
- 19 Talley RC. Graduate medical education and rural health care. Acad Med 1990;65: 522-525.

ATTACHMENTS

Attachment 1 Rural Health Network of Oswego County Membership Roster

Attachment 2 2014/2015 Workplan