

Invest in rural communities. Fund rural futures.

# Transform Rural Health



## The Voices of Rural Communities

**At the heart of the Transform Rural Health campaign is the belief that every person, regardless of where they live, deserves access to the resources and support necessary to achieve good health.**



A long history of economic disinvestment, under-resourcing, and other systemic factors have led to poor health outcomes in many rural communities across New York State.

People in rural areas face limited or unaffordable health care coverage, closure of health care facilities and a lack of physicians and other health care workers, inadequate transportation, limited food access, few career pathways, and housing shortages, among other barriers.

To help raise awareness of these issues and influence systemic change, the Health Foundation for Western & Central New York has launched this campaign to **uplift the voices and stories** of the people who live in, work in, and serve the rural communities of western and central New York.

### **We believe:**

- People in rural communities deserve investments, resources, and support to achieve good health.
- Rural health disparities are driven by the social determinants of health like health care coverage, transportation, food access, job opportunities, and housing. Socioeconomic health and community health are inseparable issues.
- Rural health networks play a vital role in comprehensive care provision and community health. Rural health networks are collaboratives that address the challenges faced by rural areas.

Unfortunately, these networks – even as they achieve significant results for their community – have faced a significant reduction in state funding over the last several years. Since 2016, New York State funding for rural health networks has been slashed by almost 50 percent.

These cuts hinder the ability of rural health networks to improve the lives of the people they serve and meet community-wide health equity goals.

We are stronger together, and health inequity crosses geographic and cultural lines. Disparities in rural health often mirror the systemic barriers that lead to poor outcomes in urban areas.

By addressing these issues head-on, we can create a ripple effect that improves health equity for all.

### **You can be a catalyst for change in rural health advocacy and awareness.**

Share the stories of people in rural communities and the impact of disparities on their health on social media. Use the hashtag **#TransformRuralHealth**.

Visit **hfwcny.org** to download our social toolkit for graphics, wording, and more, and to learn how to contact your elected officials to let them know that rural health needs to be a priority.

# Funding cuts are straining New York's rural health networks and the communities they serve

You may not know what a rural health network is, but if you live in a rural county, the chances are good that you or someone you know has been helped by one.

Rural health networks come in many sizes and shapes but share a common goal: collaborating and building on regional assets to deliver targeted, comprehensive community social and health care services.

“Rural health networks build partnerships to fill in the gaps in social or health care services that exist in the community,” said Ann Battaglia, Chief Executive Officer of Healthy Community Alliance. “If you think of the rural health networks as the roots and trunk of a tree, programs and services for the community are the branches of that tree. And in regions where there is no rural health network, many people go unserved.”

New York State is home to 31 rural health networks. Most of the networks provide or coordinate services closely related to tenets of the state's Prevention Agenda, including prevention of chronic disease, mental health initiatives, and treatment for substance use disorders. They work together with other community-based organizations or public agencies to overcome rural health care challenges like lack of transportation and a scarcity of health care providers.

That's why leaders in rural health across New York have been shocked to see state funding for these networks decline drastically. **Since 2016, New York has cut funding for rural health networks significantly—from \$16.2 million to \$9.4 million.**

“The state and counties have identified these priority areas, and rural health networks can coordinate and deliver those services,” said Battaglia. “But you have to fund it in a meaningful manner.”

**“Healthy people come from healthy communities, and rural health networks build the capacity of their community to be healthy,”** said Sara Wall-Bollinger, Director for Strategic Development at New York State Association for Rural Health, who noted that public funding streams have often prioritized hospitals or health systems rather than organizations like rural health networks that address social health factors like transportation, housing, food, and economic security.

“Hospitals are important, but prevention doesn't happen at hospitals. We need to have funding for the services that prevent chronic health issues. If the state is serious about taking on the social determinants of health, the rural health networks should be at the table and bringing their partners to the table.”

In the face of public funding shortfalls, rural health networks across the state are continuing to meet community needs with creativity and hard work—often relying on private grant funding or other sources to make programming happen. But this kind of funding is typically temporary and project-based, meaning networks are losing ground on strategic work that can make the community healthier in the long run.

“Since the cuts happened, I've seen much less capacity for rural health networks to build community health task forces and other kinds of collaboration,” said Wall-Bollinger. “That work took a lot of resources and time before the pandemic, and now it is even harder.”

“People are struggling with very basic needs—housing, food, mental health, clothing,” said Shari Weiss, Executive Director of Cayuga Community Health Network. “Every single one of our programs comes full circle because those struggles are all aligned with each other. These are the services that are in demand, but we only have so much to give.”



# “Some people’s only option is to pitch a tent while they wait for services”



When you think of the housing crisis, you may be inclined to think first of big cities. But more and more people who live in rural areas—especially communities with high rates of poverty and rapidly climbing housing costs—are struggling to find stable housing as well.

The staff at Cayuga Community Health Network in Auburn, NY, are no strangers to this issue. Their Street Outreach & Advocacy program works to connect people to housing solutions, emergency rental assistance, behavioral and mental health resources, and other services that can help them navigate those difficult periods.

“We do outreach in the area, at places like local churches, to get the word out that help and services are available,” said Shari Weiss, Executive Director of CCHN. “So many people just don’t know what’s available to them.”

Nicole Gee, CCHN’s Street Outreach Advocacy Coordinator, knows the importance of meeting people where they are—literally.

“Someone will call me or get referred to me, and I’ll go out to them, help them get enrolled in Medicaid or other services, and let them know when they’re enrolled,” said Nicole. “I’m seeing a lot of people needing these services. **I worked with 128 individuals and 12 families just in July [2023].**”

“People do not associate rural areas with the same level of poverty and homelessness as cities,” said Shari. “We’re constantly having to take evidence-based strategies that were developed with cities in mind, and adapt them to work for a rural area. **The rural voice needs to be heard.**”

Doing this critically important work requires a level of trust with the community that takes time, effort, and compassion.

“My very first client—I was three days in to this job—was a person living in their truck in Auburn,” shared Nicole. “I went and found him, and he said, ‘I don’t want help, go away.’ I said OK, but I kept visiting him religiously. I brought him socks and coffee, just to develop that relationship. Finally, it’s November, and he says, can I come visit your office just to warm up? He came in and we talked, and he decided **that was the moment he was ready for some help.**”

Nicole walked the man down the hall to the Department of Social Services and helped him apply for housing—leading him to finding an affordable apartment complex for those over age 55.

“It’s an apartment of his own. He can paint it however he wants, and he can receive supports and services right there. He’s been there for four months now, and he’s loving it.”

Challenges for these important programs always loom. Rural health funding has been slashed across the state in recent years, leaving networks wondering about the future of their programs.

In addition to funding, policy and regulatory changes would go far to helping people avoid housing crises, say Shari and Nicole, who point to a punitive system they say often dehumanizes people and lacks nuance for these complex situations.

“People are constantly being retraumatized by this system,” said Shari. “We need to stop punishing people for not having enough to get by with their families.”

# "I hear, 'Should I quit my job so I can afford health insurance?'"



As a health insurance navigator with rural health network Healthy Community Alliance, Rachel Povhe helps people in her community understand their public health insurance options and sign up for coverage.

In our complex and sometimes daunting health care system, the assistance provided by Rachel and her fellow navigators at HCA can often be the difference between someone accessing the health care they deserve or not.

Rachel's work is more essential than ever because pandemic-era automatic renewals for public health coverage recently ended across the U.S. Many people in the region served by Healthy Community Alliance have to manually renew their health coverage for the first time in years.

Once people renew, other challenges to access remain. She sees families, even those who are making good wages, fall off the '**affordability cliff**,' a common challenge where people who make too much money to be eligible for Medicaid struggle to afford the costs of coverage through the Health Care Marketplace.

"Health insurance is kind of a joke to some people because of the costs," said Rachel. "If they're faced with having to pay \$600 or \$700 a month in premiums, plus thousands of dollars toward a deductible, they're thinking – can I go without insurance? But what if I get really sick? What if my kids get sick?"

Often, Rachel goes beyond the scope of her navigator role when she witnesses other disparities faced by rural residents.

"I had a client who would frequently stop into our offices to ask for help with transportation to medical visits," she said. "He had to travel from Gowanda to Buffalo three times a week [approximately 40 miles] for dialysis treatments. Transportation and the lack of medical services is a huge challenge around here."

Ann Battaglia, Chief Executive Officer of Healthy Community Alliance, says that considering the important role rural health networks play in connecting people to health coverage options, nutrition programs like WIC, and other critical services, New York State should invest more in rural programs.

"Over the last several years, the annual funding rural health networks receive from the state has **nearly been cut in half**," said Ann. "The staff at these networks are used to being creative and developing solutions with other partners to help deliver services, but our budgets are limited. There are still a lot of people in these communities who aren't getting the services they need."

Rachel sees many examples of how access and affordability—or the lack thereof—can change people's lives.

"I spoke to a person who was so excited that he could finally see a therapist because his Essential Plan benefits would cover it. He ended up getting a good job—which is a great thing, right?—and he no longer qualified for the Essential Plan and will have to stop going to counseling," she shared. "**The American Dream is to work hard and better yourself, but then when you do it, you find out you can't afford your health care.**"

# “We need to make sure youth have hope in themselves”



Alix Sandberg found a life-changing role serving his community simply because he wanted to help. Alix, a peer health educator with YWCA of Jamestown, first became connected with the organization at a community event, where he saw they needed more volunteers and offered to pitch in.

“After volunteering for about five months, they asked me to stay on as a peer educator. I really love the atmosphere and the people there,” he said. Alix, who is also a student at Jamestown Community College, works with the YWCA’s Community Health Awareness Team, or CHAT. CHAT empowers young people to make healthy decisions for their reproductive health.

“CHAT provides a comprehensive sexual and reproductive health curriculum, which is not something that is always found in rural areas,” said Kristi Ternullo, who directs the program for the YWCA of Jamestown. “Our peer health educators play such an important role. We knew we didn’t want this to be a top-down program, telling young people what we think they need. We are building trust by having the teens become actively involved.”

As a young trans person in Jamestown, Alix has seen firsthand how community resources and support are needed in this small city within a rural county. LGBTQ+ youth often face unique challenges in social determinants of health like housing, transportation, health care access, and more, in both rural and urban settings.

An unsafe home environment led Alix to seek shelter at age 16 in Chautauqua Opportunities’ Transitional Independent Living Program (TILP).

TILP is an apartment-style living program for displaced youth between the ages of 16 and 21 that provides stability and resources while youth work toward independent living.

“A lot of queer youth become homeless because their home life isn’t great. TILP helps kids get on their feet again,” said Alix. “They’ll arrange transportation so you can still get to school or help you get on SNAP.”

Overall, Alix has witnessed the health disparities that face people in rural counties. “We could always use more resources. We need more support groups, more shelters. Transportation is a big issue —getting to appointments is hard. Health insurance too. Sometimes your prescription won’t be covered, or it will only cover half,” he said.

“And the wait is too long for a lot of appointments. **People will give up and never get help, and sometimes then they pass as a result. Care should be way more accessible.**”

Still, that commitment to hope drives Alix forward as he seeks his degree in human services and social work so he can help other youth in need.

“A lot of people have struggles,” he said. “There’s a lot of poverty, homelessness, and addiction. I was a homeless youth. But there really is hope. We need to make sure youth can have hope in themselves. There are resources out there to help you.”



# "Transportation is becoming a nightmare"



The congregants of Assembly of Christian Churches in Dunkirk, NY, don't just attend weekly services together. They are a community. Members know each other's families and understand their aspirations and challenges. They share rides, meals, and advice.

Recently, several members came together, thanks to Pastor Rosa Estevez-Rosario, to discuss the barriers to good health they witness in their small community in Chautauqua County.

One of their most prevalent issues is one faced by many rural areas: a lack of transportation options.

Their medical transportation is hard to access, unreliable, and at times requires complex insurance approval. Related issues like a shrinking number of primary and specialty care doctors and an insufficient direct care workforce compound transportation woes.

Their group agrees: people in Dunkirk need broad change and investment in their community in order to achieve better health.

"Medical transportation is really becoming a nightmare," said Ivette Quiñones. "People need treatment for a medical condition, but **their condition gets deteriorated** because they miss so many appointments. Not because they choose to, but because they can't get there."

In a town like Dunkirk where the poverty rate is nearly **27 percent**, many residents rely on Medicaid-covered transportation services or public programs like the Chautauqua Area Regional Transit System (CARTS.)

Ivette cares for her sister who has complex medical issues. Recently, her sister had an 11:30 am doctor's appointment – but because of a scarcity of transportation options, the only available ride picked her up at 7:30 am and couldn't bring her back home until several hours after the appointment ended.

"This is a person who uses a walker. It's difficult for her to get around, and having to travel for so many hours is very uncomfortable," said Ivette.

Blanca Rivera, another congregant, has faced similar issues. Blanca suffers from asthma, and has had her asthma triggered by having to share Medicaid transportation with other patients or drivers who smell of cigarette smoke. But she does not have many other choices to get to her doctor's appointments.

Mary Adorno shared that at times, transportation companies will cancel right before an appointment without notification. She only finds out about the cancellation when she calls to ask why they aren't there. Her friend and fellow congregant Debbie Ocasio sometimes takes days off work to help Mary get to the doctor.

A greater availability of home health aides would help with these issues by allowing people to receive some care at home, said Debbie, but there aren't enough aides in the local workforce to meet those needs.

**"Our senior citizens need programs. They need help."**

**"These disparities have been well-researched and discussed for years. Now we need solutions."**



Barbara Hastings understands rural health inside and out. Barb was the public health director at the Cattaraugus County Health Department from 2002 to 2009. She also served as assistant medical director of the Cattaraugus County Department of Social Services, and as a county legislator. But it's her personal experiences in this rural community that have made its health care challenges clearer to her than ever.

"I've been a family caregiver for a long time," said Barb. "I cared for my uncle, my father-in-law, and now my mom." Barb's mother came to stay with her after a hospital stay for sepsis. Even with lots of help and personal support—Barb has nine siblings, who all took turns caring for her mother after she left the hospital—the responsibilities of caregiving became overwhelming.

Family caregiving in rural areas presents unique challenges—health care workforce shortages mean direct care workers are hard to find, and location-based respite programs are rare.

"There aren't enough nurses and home health aides. The pay is too low, the work is hard and the hours are long, so it's hard to recruit new staff. When you can find aides, the finances of in-home care are a burden to most families, too," said Barb.

Barb reached out to Healthy Community Alliance, a local rural health network. HCA's Caregiver Tech Solutions program provided Barb with not only functional support—a smart watch and video monitor that helped her stay on top of her mom's needs—but the support she found through the program helped her mentally process her role as caregiver.

"My coach, Ashley, helped me at every step, including going through training and filling out surveys to assess my situation and needs. It gave me the time and space to pause and say, 'am I OK?'" shared Barb.

The compassion and innovation provided by Healthy Community Alliance to Barb's family is no rarity. Rural health networks bring that collaborative approach to meeting community needs every day. That's why the leaders of rural health networks have been shocked to see New York State cut funding for their programs drastically since 2016.

"Rural health networks are creative in the way we do things," said Ann Battaglia, Chief Executive Officer of Healthy Community Alliance. "We co-partner on events, we leverage each other's strengths. Our budgets might be limited, but we find the gaps and fill them. **Without a strong network of rural health programs we wouldn't be able to bring these services to the community.**"

"Our county has been near the bottom when it comes to health outcomes for a long time, because of the same problems—like lack of transportation, the health care workforce shortage, and high rates of obesity and smoking," said Barb. "These disparities have been well-researched and discussed for years. Now we need solutions."



“So many patients have to be transferred, and sometimes they don’t make it”



Kaitlynn Ensell lives right up the road from the Hinsdale Fire Department, where she volunteers as an Emergency Medical Technician.

“I’ve lived here my whole life,” said Kaitlynn. “My dad was an EMT and he volunteered at the same fire department. My fiancé is an EMT too.”

Kaitlynn was in nursing school when she saw an opportunity through the local rural health network, Southern Tier Health Care System (STHCS) to follow in her dad’s footsteps and gain some hands-on health care experience. STHCS’ EMT-B Academy helps train new EMS personnel at no cost to the student, helping to address rural workforce issues while also providing promising career paths in health care.

“It makes me feel really good to serve my hometown,” said Kaitlynn, who recently passed her nursing boards and now works as a registered nurse at Olean General Hospital while still volunteering as an EMT for Hinsdale.

In areas where hospitals may be a long drive away, EMTs perform critical triage and community health services.

“Last night I responded to a mental health situation and was able to help the person,” Kaitlynn said. “Today, I ran into him in town. It was nice to know I made an impact on him.”

Maryam Mirza and Jillian Stevens are graduates of the EMT-B Academy as well. Like Kaitlynn, they both are pursuing careers in medicine.

Kaitlynn, Maryam, and Jillian all note that their experience as EMTs has shown them a close-up look at the health care challenges of rural communities.

Most of their patients need help because of the common issues that plague rural areas: obesity, substance use disorders, diabetes, and other problems, and the strain of an over-extended health care workforce is evident every day.

Rural health networks like STHCS are innovating every day to address workforce challenges, but recent funding cuts are making it harder to deliver services--even in the face of ongoing community health needs.

“There’s still a big shortage of EMTs, and a longer response time for most calls,” said Maryam. “Most of us have to pick up extra shifts. The whole nature of the job is stressful.”

“The hospitals are overloaded,” said Jillian. “I see it all the time at work.”

“Not enough workers means, I feel, **the patients don’t always get the well-rounded care they deserve,**” said Kaitlynn. “Patients have to get transferred to Buffalo all the time, and in emergency situations, that extra time can have an impact.”

“So many patients have to be transferred,” said Maryam. “It’s not a ‘once in a while’ thing. It’s a very regular thing. And sometimes they don’t make it.”

**“It’s not just about care.  
It’s the health of the  
community.”**



One word rises to the surface over and over in conversations around health care: workforce. New York State, and the United States as a whole, continue to face challenges in delivering health care because there are not enough workers at every level of service.

In fact, every rural county served by the Health Foundation for Western & Central New York contains at least one Health Professional Shortage Area – a federal designation for when there aren’t enough health care providers relative to the general population.

The answers to workforce challenges are not easy or straightforward. Low pay, stressful environments, and long shifts are just some of the reasons why workers have left this sector.

Inadequate reimbursements rates for some medical services mean health care providers are facing financial strain, making it even harder to invest in their staffing.

“If you don’t have the reimbursement rates and you don’t have the workers, that’s already a crisis,” said Richard Merchant, Chief Executive Officer of Health Workforce New York.

Workforce shortages can have a long-term impact on rural health outcomes. For example, many rural regions in New York have recently seen maternal care services reduce or close altogether, forcing pregnant patients to drive further for care.

For Richard, a key piece of solving the workforce crisis is encouraging elected officials to recognize how economic health and community health are intertwined—and how funding for health care programs has an economic impact as well.

“How can we help people make the connection between investing in health care and the local economy and jobs? It’s not only about delivering care; it’s about the health of the community,” he said.

Richard points to a [2018 study](#) by the New York State Association for Rural Health that showed the local economic impact of funding for health care programs.

Using Rural Health Networks and Area Health Education Centers in two rural New York State Senate Districts as a sample, Richard and his team found that there is a multiplied economic impact of between forty-seven (\$0.47) and fifty (\$0.50) cents for every dollar invested or lost in rural health care programs. The sample study demonstrated that a 20 percent cut or gain in these two programs equates to a multiplied effect of **\$700,000 and 10 jobs annually** in the region.

“And that was just two districts using only two health care programs,” said Richard. “Across the state, you’re talking about millions of dollars and hundreds of jobs cumulatively.”

“Health care is a cornerstone of rural economies. When health care program funding is either bolstered or reduced, the social determinants of health are affected. Local businesses are affected,” he continued. “It’s not just about health and education, and it’s been a mistake to isolate them for so long. **This is a wraparound community issue.**”

# “Trust is so important in a small town”



In rural areas, getting to your primary care doctor can be hard. Seeing a medical specialist can be even harder. Federally Qualified Health Centers like The Chautauqua Center (TCC) are working to address those issues.

“The purpose of community health centers is to take all patients, regardless of income, but there are a lot of misconceptions about what we do,” said Michael Pease, Executive Director of TCC. “The whole point of FQHCs is to deliver health care in ways that are innovative and efficient. We’re doing things that address a lot of the social determinants of health.”

The data shows that continuity of care—seeing the same providers long-term—leads to better health outcomes. Patients can come to community health centers like TCC for services that are consistent, thorough, and focused on the whole person.

Still, the communities served by TCC continue to face serious health challenges because of overarching systemic issues.

“I see a lot of poverty in the patients I serve. I have patients that would not be dying of their diabetes if they didn’t live in poverty, and that’s unconscionable,” said Matthew Rivera, MD, a physician with TCC. “They lack the social supports they need. These patients deserve to receive quality health care, but these significant issues like transportation mean they can’t always access it.”

James Wild, MD, is a physician who has been caring for people in Gowanda and the surrounding communities for 37 years.

“There were more doctors working in Gowanda when I first started than there are now. This is a significant shortage area,” said Dr. Wild. “Being part of TCC helps ensure there will continue to be a presence here, serving our patients.”

Dr. Wild agrees that social determinants of health are a major factor for the people he serves.

“Transportation, technology, housing, and food access—these are some of the big issues I see,” he said. “You can ask your patient to eat more fruits and vegetables, but what happens when they tell you they can’t afford to eat any healthier than they are now?”

“Many people here are uninsured or underinsured,” Dr. Wild continued. “They can’t afford their co-pays. Lowering the threshold for who can receive benefits may help.”

“Everyone at TCC is really mission-driven,” said Michael. “But we can’t afford to compete with the big health systems that can pay more. Reimbursements at their current level don’t cover our costs. If those rates were improved, we could re-invest that money back into our programs and people.”

“People pay lip service to rural areas, but they don’t build policies that support that,” said Dr. Rivera.

While Dr. Wild says he continues to see the same rural health issues he witnessed as a new doctor 37 years ago, he still believes positive change can happen.

“It doesn’t mean there’s nothing that can be done or that we should lose hope. We have the ability to make changes that help people.”