



Department  
of Health



# New York State Public Health Corps (NYSPHC) Fellowship Program

Mohawk Valley and Southern Tier Regional Consortium

June 16, 2023

**Welcome!**



# Agenda

- Welcome and Introductions
- Presentation from Jack Salo: “An Interdisciplinary Approach to Advancing the Health and Well-Being of Rural People and Communities”
- Breakout Room Activity: Social Determinants of Health
- Break
- Fellow Spotlights
- Program Updates and Reminders

# Who We Are

NYS Public Health Corps helps expand public health capacity to support COVID-19 vaccination operations, as well as increase preparedness to respond to future public health emergencies across the state.

The goals of the NYS Public Health Corps are to:

1. Bolster the state's public health infrastructure by mobilizing up to 1,000 Public Health Fellows across the State to provide critical support and services to local health departments
2. Effectively communicate with and educate New Yorkers about key strategies that address public health efforts
3. Facilitate connections among the community level public health stakeholders required to strengthen and sustain public health learning and action partnerships

# Who else is here?

- Current NYS Public Health Corps Fellows
- Local Coordinators
- Program Mentors
- Local Health Departments
- Local Public Health Partners
- Institutes of Higher Education (IHEs)

# Introduce Yourself

Please post in the chat:

- Name
- Pronouns
- Role with the Fellowship Program (Fellow, Local Coordinator, LHD staff, local partner, etc.)
- Which county or organization are you representing?

# An Interdisciplinary Approach to Advancing the Health and Well-being of Rural People and Communities



# An Interdisciplinary Approach to Advancing The Health and Well-being of Rural People and Communities

Friday, June 16, 2023

Presentation for NYS Public Health Fellows

Jack Salo



# Three Areas of Discussion and Related Learning Objectives

Following the Presentation, you will be able to...

- 1. Identify national and NYS health and wellness indicators** that reflect rural health disparities.
- 2. Identify key rural health organizations and resources**, including those that are involved with rural health policy development and advocacy.
- 3. Identify important community, institutional and economic partners** necessary to engage in successful interdisciplinary rural health and wellness initiatives. This will be achieved, in part, through a case study of the Getthere Mobility Management (transportation) Program operated by the Rural Health Network of SCNY.

# What is the Definition of Rural?

- **Rural is an inexact term** that can mean different things to different people, organizations, and governments. Trying to define “rural” is a challenging task in a nation with diverse geography and changing demographics. However, a precise definition of rural is important to those interested in rural issues. Federal and state policymakers, funders, service providers, and researchers need a clearly stated definition that is current in its interpretation.
- Numerous federal and state-level **definitions of rural** have been created over the years for various programs and regulatory needs. However, there are three federal government agencies whose definitions of what is rural are in widest use:
- **The U.S. Census Bureau: 2010 Census: 19.3% of the population (59.5 million people) and 97% of the land area** of the country. This method overcounts
- **The Office of Management and Budget (OMB): 46.2 million people, about 15% of the population and covered 72% of the land area** of the country. This method undercounts.
- **The Economic Research Service of the U.S. Department of Agriculture (USDA-ERS).** This agency uses a more complex process to determine rural.
- Sources: <https://www.ruralhealthinfo.org/topics/what-is-rural>; HRSA: Defining Rural Populations: <https://www.hrsa.gov/rural-health/about-us/what-is-rural>

# Rural Population Health Disparity

## “Rule of Thumb”

Rural populations are generally **older, poorer and, sicker** than their suburban and urban counterparts

# From the National Association For Rural Health:

A study of data that ranged from 1969-2009 found that **the average life expectancy of rural Americans was just 76.7, nearly 2.5 years below that of their urban counterparts** . However, in some rural regions, the difference between urban and rural life expectancies is as much as 20 years. Despite this clear need for increased healthcare access in rural areas, **only 9% of practitioners in the U.S. work in rural America**. Additionally, rural hospitals are facing closure crisis, with about 41 percent of Critical Access Hospitals (CAHs) facing negative operating margins, which further decreases possible points of care for people with a pronounced need.

Source: EMS Services in Rural America: Challenges & Opportunities,  
[https://www.ruralhealth.us/NRHA/media/Emerge\\_NRHA/Advocacy/Policy%20documents/05-11-18-NRHA-Policy-EMS.pdf](https://www.ruralhealth.us/NRHA/media/Emerge_NRHA/Advocacy/Policy%20documents/05-11-18-NRHA-Policy-EMS.pdf)

# Rural Healthcare Access Disparities in NYS

- **Access to Primary Care:** Where urban areas have 15 primary care providers per 10,000 residents, rural areas have only 3.4, according to the findings.
- Rural NYS has the **highest percent of adults living in poverty.**
- Rural NYS has the **highest percentages of PCPs accepting Medicaid and Medicare.**
- Rural NYS has **the highest rates of potentially preventable emergency department (ED) visits.**
- Source: Access to Primary Care in New York State: <https://www.pcdc.org/resources/rural-access-to-primary-care-in-new-york-state/>
- **Access to Specialty Care:** “Patients in rural areas experience higher preventable hospitalization and mortality rates than those in urban areas and new study suggests a lack of access to specialists could be the main culprit.”
- Source: <https://www.fiercehealthcare.com/hospitals-health-systems/access-to-specialty-care-associated-care-quality-for-rural-medicare>

# Rural Emergency Medical Service (EMS) Access

- **Average EMS Response Times (US) in Minutes:**
  - Urban: 62
  - Suburban: 66
  - **Rural: 80**
  - **Wilderness (remote): 96**

Source: National Rural Health Association: EMS Services in Rural America: Challenges and Opportunities, [https://www.ruralhealth.us/NRHA/media/Emerge\\_NRHA/Advocacy/Policy%20documents/05-11-18-NRHA-Policy-EMS.pdf](https://www.ruralhealth.us/NRHA/media/Emerge_NRHA/Advocacy/Policy%20documents/05-11-18-NRHA-Policy-EMS.pdf)

# Rural Maternal Health Access Disparities

- From 2015 to 2019, there were at least 89 obstetric unit closures in rural hospitals across the country. By 2020, [about half of rural community hospitals did not provide obstetrics care](#), according to the American Hospital Association.
- Women in rural areas face a higher risk of [pregnancy-related complications](#), according to a study by the Commonwealth Fund. [Those living in so-called maternity care deserts are three times as likely to die](#) during pregnancy and the critical year afterward as those who are closer to care, according to a study of mothers in Louisiana.
- **Fewer than half of women in rural areas** [can find perinatal care within 30 miles](#), according to the Centers for Medicare and Medicaid Services.
- The closure of an obstetrics unit often begins a downward health spiral in remote communities. Without ready access to obstetricians, prenatal care and critical postpartum checkups, risky complications become more likely.

Source: NY Times: Rural Hospitals are Shuttering Their Maternity Units,  
<https://www.nytimes.com/2023/02/26/health/rural-hospitals-pregnancy-childbirth.html>

# Rural Obesity & Obesity Related Disease

- Obesity remains an important clinical and public health issue given recent estimates that approximately 38 to 40 percent of adults and 19 percent of youth in the United States are obese. **The prevalence of obesity is particularly high in rural areas, and rural-urban disparities in obesity appear to be growing.**
- Obesity is an established risk factor for multiple adverse health outcomes including heart disease, stroke, diabetes, certain types of cancer, sleep apnea, and problems during pregnancy. **Higher prevalence of obesity among residents in rural areas is likely an important factor contributing to rural-urban health disparities. Research suggests that rural residents are at greater risk than urban residents for obesity-related conditions including coronary heart disease, diabetes, metabolic syndrome, and certain types of cancers.**
- Source: NRHA, Rural Obesity, [https://www.ruralhealth.us/NRHA/media/Emerge\\_NRHA/Advocacy/Policy%20documents/2020-NRHA-Policy-Document-Rural-Obesity.pdf](https://www.ruralhealth.us/NRHA/media/Emerge_NRHA/Advocacy/Policy%20documents/2020-NRHA-Policy-Document-Rural-Obesity.pdf)



# Summary of Rural Population Health Status

Rural Americans are more likely to die from **heart disease, cancer, unintentional injury, chronic lower respiratory disease, and stroke** than their urban counterparts.

**Unintentional injury deaths are approximately 50 percent higher in rural areas than in urban areas**, partly due to greater risk of death from motor vehicle crashes and opioid overdoses. In general, residents of rural areas in the United States tend to be older and sicker than their urban counterparts.

Source: CDC, About Rural Health: <https://www.cdc.gov/ruralhealth/about.html>

# Rural Health Organizations and Resources



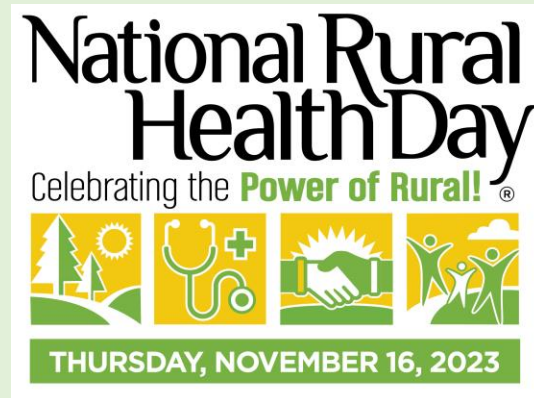
- NYSARH functions as the **“voice for rural health.”** It is a statewide organization advocating for the health of rural New Yorkers. NYSARH advocates at the national and state levels on behalf of its membership.
- NYSARH Advocacy: **Policy Committee**
- **Student Membership \$20 per year, Member benefits:**
  - **Networking** opportunities
  - **NYSARH Updates**
  - **Discounts** on the NYSARH conference and other events
  - **Legislative advocacy /awareness of state and federal rural health issues**
  - **Links** to rural resources

# Rural Health Organizations and Resources



Rural Health Information Hub (RHI Hub):

<https://www.ruralhealthinfo.org/> Weekly e-newsletter funded by the Federal Office of Rural Health Policy – **Excellent information source** through newsletter and website.



National Rural Health Day:

<https://nosorh.org/nrhd/>

Sponsored by The National Organization of The State Offices of Rural Health

# Rural Health Organizations and Resources



National Rural Health Association:

<https://www.ruralhealth.us/>

**Rural Healthy People 2030: Common Challenges, Rural Nuances**

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10060738/>

**NYS Legislative Commission on Rural Resources:**

<https://www.nysenate.gov/committees/legislative-commission-rural-resources>

**NYS Rural Health Council:** [https://www.health.ny.gov/professionals/rural\\_health\\_council/](https://www.health.ny.gov/professionals/rural_health_council/)

*The rural health council shall be responsible for advising the commissioner with respect to all aspects of rural health care and rural health care delivery including, but not limited to, the impact of proposed programs, statutes, regulations and health care reimbursement policies.*



**All is not Doom &  
Gloom in Rural  
NYS, People  
Choose to Live  
Here For Many  
Reasons**

**Top Three Strengths of Rural Broome County as  
Selected by Residents (Rural Broome Counts, 2015):**

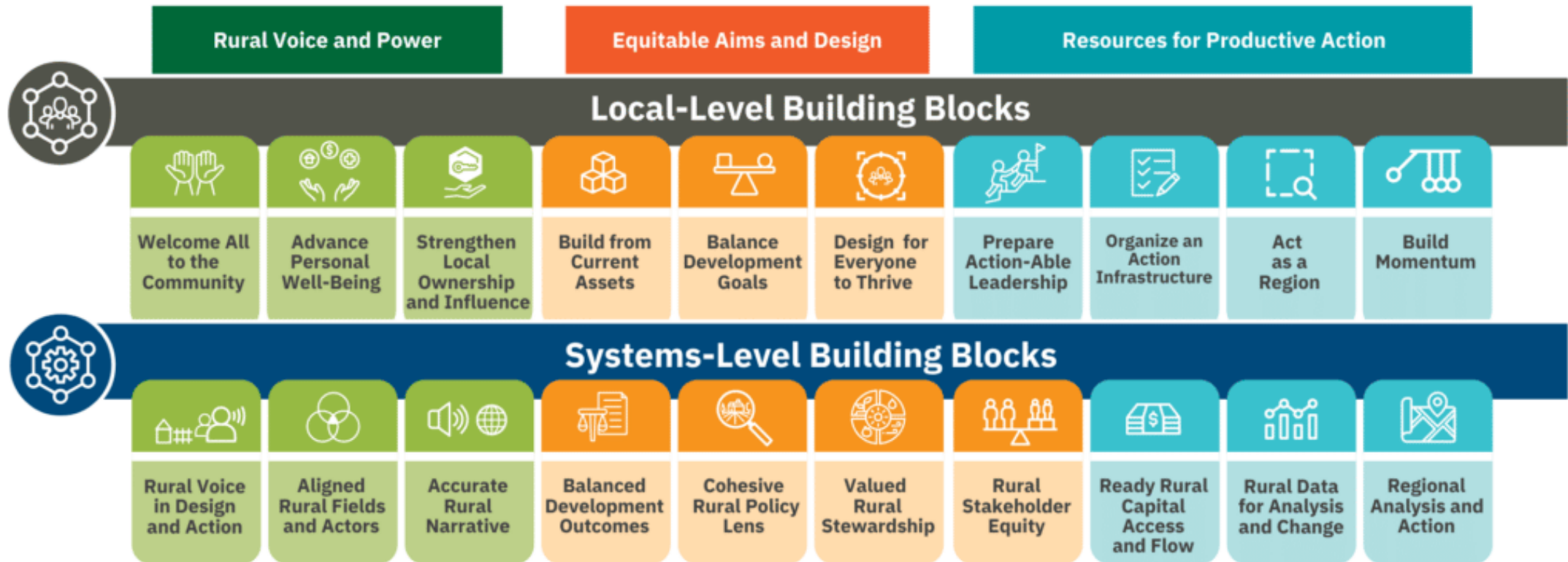
- Community Spirit
- Rural Schools
- Natural Resources

Source: <https://rhnscny.org/wp-content/uploads/2019/07/Rural-Broome-Counts-Assessment-Report-8-4.pdf>

# Interdisciplinary Approaches to Advancing the Health and Well-being of Rural People and Communities

- Asset Based
- Holistic
- Cross Sector
- Inclusive
- New and Non-traditional Public Health Partners
- Anchor Institutions
- “Grassroots” to “Grasstops”
- Non-traditional resource opportunities
- Acknowledgement of Social Determinants of Health


## THRIVE RURAL FRAMEWORK



The Foundational Element requires identifying and dismantling historical and ongoing discriminatory practices that disadvantage rural people and places based on place, race, & class.

# Rural Health Organizations and Resources

Community   
Strategies Group

 aspen institute

Thrive Rural Framework:

<https://www.aspeninc.org/thrive-rural/>

## *WHAT PARTNERS ARE SAYING*

*We were drawn to the Thrive Rural Framework because **public health is integral to each individual's and every community's ability to thrive.** We are dedicated to building partnerships in communities facing shale gas development in ways that support community strengths and use data to protect public health. The asset-based approach of the Thrive Rural Framework mirrors our own work in **engaging hyper-local groups** while simultaneously **working across local and system levels of change to understand and address the underlying factors that must be true to create prosperous rural communities.***

– Jacquelyn Omotalade, Public Policy Manager, [Environmental Health Project](#)





<https://www.wealthworks.org/>

## What is WealthWorks?

**WealthWorks** is a 21st-century approach to local and regional economic development that belongs in every community and economic development toolkit. WealthWorks brings together and connects a community's assets to meet market demand in ways that build livelihoods that last.

**WealthWorks** aims to advance a region's overall prosperity and self-reliance, strengthen existing and emerging sectors, and increase jobs and incomes for lower-income residents and firms — all at the same time. It can work for people, firms and places of all sizes, shapes and success levels.



## The eight capitals

Wealthworks simplifies things by organizing these local features into eight discrete **capitals**, which are defined in the table below and share the following characteristics: each capital is a collection of one category of related resources; every region has a stock of each type of capital—meaning the combined quantity and quality of the many components of that capital in the region; and taken together, the existing stocks of these capitals constitute a region's current wealth.

The capital	The definition
 <b>Individual</b>	The existing stock of skills, understanding, physical health and mental wellness in a region's people.
 <b>Intellectual</b>	The existing stock of knowledge, resourcefulness, creativity and innovation in a region's people, institutions, organizations and sectors.
 <b>Social</b>	The existing stock of trust, relationships and networks in a region's population.
 <b>Cultural</b>	The existing stock of traditions, customs, ways of doing, and world views in a region's population.
 <b>Natural</b>	The existing stock of natural resources—for example, water, land, air, plants and animals—in a region's places.
 <b>Built</b>	The existing stock of constructed infrastructure—for example, buildings, sewer systems, broadband, roads—in a region's places.
 <b>Political</b>	The existing stock of goodwill, influence and power that people, organizations and institutions in the region can exercise in decision-making.
 <b>Financial</b>	The existing stock of monetary resources available in the region for investment in the region.

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## Interdisciplinary Case Study

The Mobility Management (Transportation) Program of The Rural Health Network of SCNY:

- **Serving 5 Rural Counties** in SCNY
- **Twelve Funding Sources:** 4 Federal; 2 County; 3 United Ways; 1 Regional Foundation; 1 Regional Medicaid Reform; User & Other Donations



# Removing transportation as a barrier to health care, food, and employment

Getthere provides transportation assistance, support, and information to residents of Broome, Chenango, Delaware, Otsego, and Tioga counties.

Getthere's Call Center can be reached Mondays through Fridays from 7am until 7pm at (855) 373-4040.

Volunteer Driver Program (VTC)

Connection to Care (CTC)

Grocery Store & Food Delivery

Trip Planner

MAS Assistance

COVID-19 Vaccine

Transportation to Employment Program

Travel Training

Transportation to Employment Vanpool

Getthere Call Center





# Crossing Sectors – Adding Partners

Public Funders  
Private Funders  
Community Volunteers  
Civic Organizations  
Elected Officials  
Healthcare Providers  
Aging Services  
Disability Advocates  
Disability Services  
Food Security Orgs.

Workforce Orgs.  
Organizations  
Employers  
County Government  
Chambers of Com.  
NYS Dept. of  
Transportation  
Federal Transit Admin.  
MAS (Med. Ans. Ser.)



Thank You!

John (Jack) C. Salo

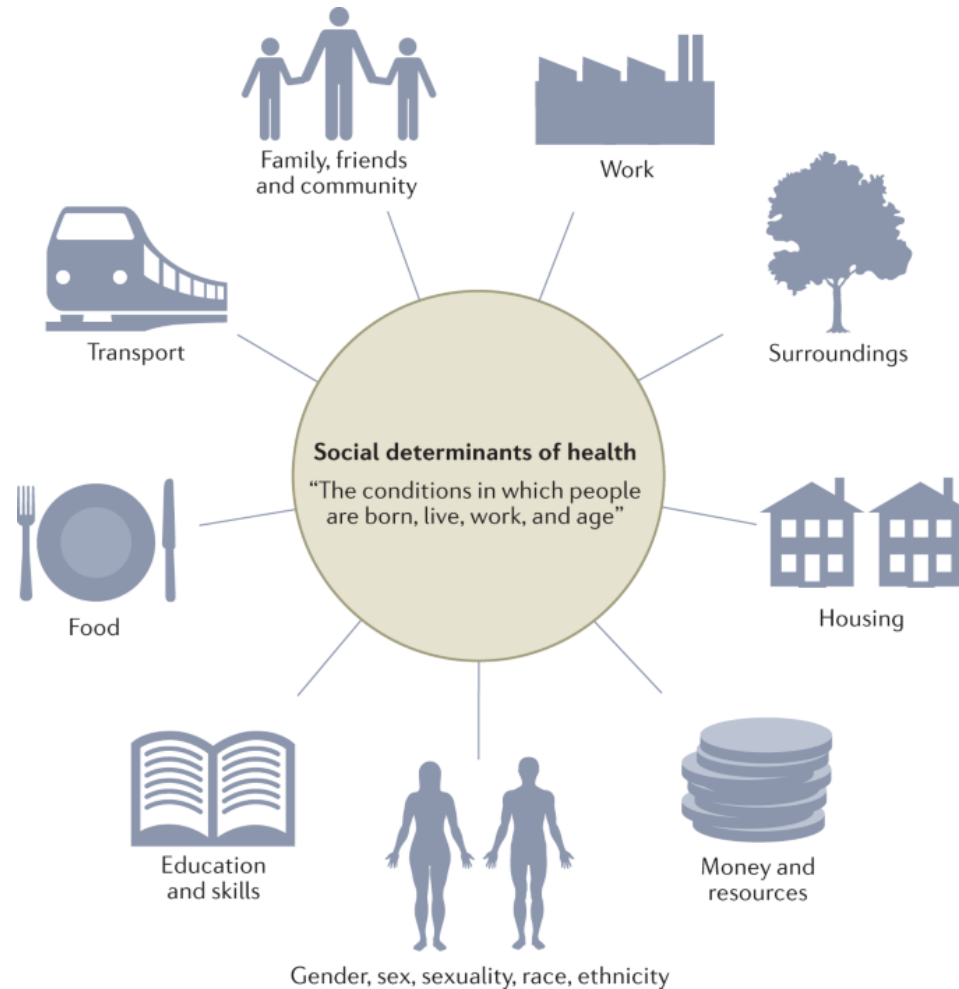
E-mail: [jsaloconsult@gmail.com](mailto:jsaloconsult@gmail.com)

Phone: 607-743-0120

# Breakout Room Activity



# WHO's Social Determinants of Health



World Health Organization's graphic of Social Determinants of Health: <https://www.nature.com/articles/s41582-022-00735-5>

Break





# Fellow Spotlights



**Fellow Spotlights:**  
Kaylee Mahoney,  
Schoharie County



# Fellow Spotlights:

Christina Finch, Chenango  
County



# Fellow Spotlights:

## Kali Delmar, Chenango County



# Program Updates and Reminders



## PROGRAMS

# New York State Public Health Corps

Seeking Fellows to serve in NYS communities

NEW YORK STATE PUBLIC HEALTH CORPS

## Apply

Learn more about the New York State Public Health Corps (NYSPHC) Fellowship Program, the positions available, and apply today to make a difference in your community.

APPLY TO THE NYSPHC

REGIONAL JOB OPENINGS

[www.ny.gov/publichealthcorps](http://www.ny.gov/publichealthcorps)

# NYSPHC Training and Resources Website

<https://nysphcresources.health.ny.gov/training-resource-center>

New York State Public Health Corps  
**Fellowship Program**



**Training Resource Center Home**



About the  
NYSPHC



Fellow Training  
Resources



Mentor Training  
Resources



Resources by  
Region



Workgroup  
Resources



NYSPHC Events  
Calendar

# Shout-Outs

Is a colleague or supervisor doing an AMAZING job and you just want to Shout Out to the NYSPHC team and other Fellows?

NEW  
NYS  
Public Health Corps  
SPOTLIGHT

Tell us about it on the [Training & Resources website!](#)

Type of Feedback \*  
 Comments  Report a Bug  Questions  Shout Out  Other...

Your Feedback \*

PUBLIC HEALTH CORPS  
NEW YORK STATE

CLICK HERE



# NYSPHC LinkedIn Group

If you want to continue the conversation, join the NYSPHC Fellowship Program LinkedIn Group to continue networking and professional development:  
<https://www.linkedin.com/groups/14059709>

Please post and share!



# Save the Date: NYSPHC Summit 2023



Tuesday, December 12th & Wednesday, December 13th



Albany Capital Center



"Building Partnerships that Strengthen Public Health:  
Systems, Infrastructure, Capacity, and Equity"

# Professional Development and Employment Resources



# New York State Department of Labor

- [Regional Career Center Locations](#)
- [Virtual Career Center](#)
- [New York State Career Center Events and Recruitments](#)
- [New York State Job Bank Online Posting Board](#)

# Public Health Career Websites

- [NYSACHO](#)
- [New York State Department of Health](#)
- [Health Research, Inc.](#)
- [IPRO](#)
- [NYSTEC](#)

# Public Health Career Websites Cont.

- [USA Jobs](#)
- [CDC Foundation](#)
- [Public Health Jobs](#)
- [PublicHealthCareers.org](#)
- [Public Health Employment Connection](#)

# Questions?



# Regional Consortium Evaluation

- Please complete a short evaluation following today's consortium
- Link is being shared in the chat and will be shared after the meeting



# Contact Us:

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