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The RHNOC is involved with numerous activities, each of which plays a role in improving the health and well-being of the residents of Oswego County. The RHNOC is involved in initiatives such as DSRIP and PHIP, both of which seek to reduce costs and improve care. Below are some of the recent key accomplishments:

- 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 and securing a grant in support of an effort to prevent falls among older adults.
- Promoting 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.

While understanding that budgets are tight, we ask that you maintain the current levels of funding at \$6.4 million for Rural Health Network Development programs, and \$9.8 million for Rural Access programs. These programs play a vital role in providing quality care and improved outcomes in rural communities. We cannot continue to sustain cuts and maintain operations. We also ask that you keep Rural Health Network Development and Rural Access programs on their own budget lines. Combining these programs with workforce development would have a negative impact on all parties involved. Rural programs are successful because they are based on collaboration to resolve mutual issues. Forcing Rural Health programs and Health Workforce Development programs to compete for funds would be detrimental to those collaborative efforts and ultimately the care that is provided within our communities.

Thank you for your consideration of this request.

Brian Coleman

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HEALTH  
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