New York State Association for Rural Health
Strategic Plan
2018-2020

Approved by the Board of Directors on December 21, 2017

Section 1: Strategic Planning Meeting Summary

Report of the activities and consensus agreements from the Strategic Planning process leading up to, including and following the facilitated session on June 29, 2017.

Section 2: Strategic Goals Document

Work plan tying our mission to priority goals and outlining our objectives and tactics to achieve these goals. The Association has three outward facing functions: advocacy, communications and networking and three inward facing functions: membership, finances and capacity building. Partnerships with other constituent groups and stakeholders are required across all goal areas. This document is organized around these six functional areas. The seventh goal area is a NRHA priority for all state associations. Each section is further divided according to short-term and long-term priorities.

Section 1: Strategic Planning Process Summary

Introduction

The NYSARH Board of Directors used 2017 as a year for introspection and revitalization. We recognized that our members were getting less engaged. Some were not renewing their membership, which jeopardized our financial security. Others were asking for a more creative and responsive relationship with the organization. We questioned the efficacy of our Association when the NYS Budget included significant budget cuts despite an Albany Advocacy Day event that we thought had been a success. We struggled to effectively communicate with members due to limitations in technology, content and personal relationships. We realized that the primary work of the Board needed to be done by committees, which required their purpose to be clarified and strengthened. Their existence, tasks, opportunities and recommendations needed to be better communicated with all members.

This Strategic Planning process was developed to address the myriad issues of declining value of NYSARH for its members. The Board of Directors is committed to offering an improved Rural Health Association that will engage more effectively with current members and successfully recruit new members. This document outlines our plans.

Process and Participants

SWOT Analysis

In the spring of 2017 the Executive Committee reviewed materials from a previous Strategic Planning process conducted by NYSARH in 2013.

A *Survey Monkey* was distributed to all board members to update the SWOT Analysis. There were 13 respondents. The SWOT Analysis identified a few things members feel strongly about: a) continuing the annual conference b) sharing best practices c) expanding membership d) increasing state-level advocacy. There seemed to be a sense that NYSARH should improve visibility/marketing and partnerships with other organizations. There are some concerns that our resources/staffing are insufficient to support our goals.

Stakeholder Survey

A second *Survey Monkey* was emailed to all members, who were then asked to share with colleagues, so we could obtain input from non-members as well. There were 61 respondents. Most input was favorable. For example, the annual conference is well-regarded. Several comments indicate that advocacy strategy could be improved. Topics for further discussion included a) our role relative to other associations b) regional/geographic meetings c) utilization of webinars and video conferencing throughout the year.

Retreat

On June 29, 2017 a Strategic Planning Retreat was held in Rochester facilitated by Broch Slabach from the National Rural Health Association (NRHA).

Brock Slabach is Senior Vice President for member services. He joined NRHA in 2008. He has administrative responsibility for all areas of member services, including membership, communications and meetings/exhibitions.

Mr. Slabach was a rural hospital administrator for more than 21 years. He has been on the board of the National Rural Health Association and the regional policy board of the American Hospital Association, as well as many regional and state boards involving rural health.

Attendees included:
Sara Wall Bollinger, President
Richard Kazel, Treasurer, Chair of Finance Committee
Jack Salo, Secretary, Chair of Membership Committee
Claire Parde, Chair of the Governance Committee
Helen Evans, Chair of Conference Technical Committee
Jackie Leaf, long-term board member
Ann Battaglia, new board member
Kathy Carpenter, Executive Director

Unable to Attend were:
Richard Merchant, Vice-President
Rob Wingate, Chair of the Conference Committee
Derrik Chrisler
Carrie Roseamelia
Charlotte Crawford
Gertrude O'Sullivan
Mary Zelazny
Karen Madden

Report

After the Planning Session, Mr. Slabach took the notes and compiled them into a template used by several NRHA affiliates. The NYSARH Board of Directors did not receive these notes until September 2017. The conclusions were preliminary, so we did not announce conclusions except for the new Mission Statement at the annual conference.

The first draft was minimally revised by Sara Wall Bollinger and version 2 was distributed to all board members. Telephone calls were conducted to gather input for version 3 and version 4.

The following board members contributed to versions 3 and 4.
Ann Battaglia
Kathy Carpenter
Derrik Chrisler
Charlotte Crawford
Jackie Leaf
Karen Madden
Richard Merchant
Gertrude O'Sullivan
Claire Parde
Carrie Roseamelia
Jack Salo
Sara Wall Bollinger
Robert Wingate
Mary Zelazny

After the November board meeting, input was gathered from the board members who joined NYSARH in September:
Barry Brogan
Sylvia Getman
Anne Jasmin
Jennifer Leszyk

Thanks to Carrie Roseamelia for editing.

Mission Statement

- Discussion Topics
    - Advocacy
    - Member relationships
    - Concept of rural communities/economic development
    - Healthy rural communities – wellness not healthcare
    - Health in all policies – not just the Health Department
    - Prevention and Access
    - Social Determinants of Health

Previous Mission Statement:

> *The mission of the New York State Association of Rural Health is to lead and collaborate on issues affecting the health and well-being of New York's rural residents. NYSARH functions as the "voice for rural health." It is a statewide organization advocating for the health of rural New Yorkers.*

Revised Mission Statement:

> **The mission of NYSARH is to improve the health and well-being of rural New Yorkers and their communities.**

At the September board of directors meeting, there was discussion regarding the revised mission. As an Association, NYSARH has the mission to support our members to improve the health and well-being of rural New Yorkers and their communities. We, as the Association, do not provide any direct services. It was decided to let the revised mission statement stand, with the shared understanding that how we achieve this mission is through our members.

History:

The New York State Association for Rural Health (NYSARH) is a not-for-profit, non-partisan, grassroots organization working to preserve and improve the health of the citizens in rural New York State. NYSARH was founded in July 2001. The organization is affiliated with the National Rural Health Association.

Organization:

New York State defines a county as being rural if it has a population of less than 200,000. The scope of NYSARH includes the all rural counties in New York State.

- Fewer than 50,000 residents: Allegany, Cortland, Delaware, Essex, Greene, Hamilton, Lewis, Orleans, Schoharie, Schuyler, Seneca, Wyoming, Yates
- 50,000 – 100,000 residents: Cattaraugus, Cayuga, Chemung, Chenango, Clinton, Columbia, Franklin, Fulton, Genesee, Herkimer, Livingston, Madison, Montgomery, Otsego, Putnam, Steuben, Sullivan, Tioga, Warren, Washington, Wayne
- 100,000 – 200,000 residents: Chautauqua, Jefferson, Ontario, Oswego, Rensselaer, St. Lawrence, Schenectady, Tompkins, Ulster

Some of our members are based in counties other than those above, but also serve rural communities.

NYSARH is a membership organization. NYSARH membership includes representatives of all facets of the rural health care industry, as well as individuals and students. NYSARH serves individuals, consumers, non-profit organizations, government agencies and officials, health care facilities, emergency medical service providers, long-term care organizations, businesses, universities, foundations, associations, and other stakeholders in rural health.

Finances:

The annual NRHA grant covers day-to-day non-personnel expenses of the Association.

Membership dues are currently not sufficient to cover the expense associated with the part-time Executive Director. Conference revenue is required to cover current obligations.

Travel to Washington D.C. and other cities for conferences and advocacy has been covered by a variety of sources including board member agencies, supplemental grants from NRHA and other foundations, for example, NYS Health Foundation in 2017.

Stakeholder Survey Results:

- Results – top three reasons to join an association
  - Advocacy
  - Communications
  - Networking

- Other outcomes from survey
  - Value attached to the role of NYSARH
  - Rural voice – no one in this space
  - Convening of rural stakeholders
  - Rural perspective – rural proofing
  - Capacity Building
  - ROI / Dues / Time
  - Value-Based
  - Lack of Clarity of role of NYSARH
  - Build annual conference themes into year-round activities
  - What is NYSARH doing about major cuts?
  - Absence from action on advocacy (perception)
  - Geographic/telephone effort
  - Leverage resources with member organizations

Research Findings

A. Survey findings are limited due to small sample size.
B. Health disparities and socio-economic challenges are linked. Health disparities will not be reduced without addressing their social determinants. Key factors include: high rates of poverty, lower education, out migration of young/educated and concentration of those aging and with chronic disease.
C. Economic development and health care are inseparable. Rural areas lend themselves to "place-based" solutions. The community needs to "own" its future. There are significant system and capacity deficits throughout the rural communities represented by NYSARH.

D. Small communities cannot "go it alone". There is increasing emphasis on regionalization, collaboration and interdependence.
E. Measurability of outcomes is challenging. It is hard to prove prevention, and changes in population health status take years to demonstrate.

Source: Informing the Development of a Rural Investment Strategy: K. Rogers, P. FitzPartick, K. Oakley A. Coburn, June 2009 Health Foundation of Western & Central New York

F. Americans living in rural areas are more likely to die from five leading causes than their urban counterparts. In 2014, many deaths among rural Americans were potentially preventable, including 25,000 from heart disease, 19,000 from cancer, 12,000 from unintentional injuries, 11,000 from chronic lower respiratory disease, and 4,000 from stroke. The percentages of deaths that were potentially preventable were higher in rural areas than in urban areas.

Source: The report and a companion commentary are part of a new rural health series in CDC's Morbidity and Mortality Weekly Report.

F. Gap in Life Expectancy Between Rural and Urban Residents Is Growing
    a. Over a 40-year period, urban residents have had more growth in life expectancy than rural residents.
    b. 70% of the gap in life expectancy can be attributed to higher rates of accidents, cardiovascular disease, COPD and lung cancer in rural residents.

Source: Stephanie Stephens, HBNS Contributing Writer. Research Source: American Journal of Preventive Medicine

SWOT Analysis

The Board developed an analysis of Strengths, Weaknesses, Opportunities and Threats at the Strategic Planning Meeting held on June 29, 2017.

Strengths	**Weaknesses**

• Annual conference
• Continuity in institutional memory
• Board attracts rural health leaders
• Good name recognition
• Good relationship with other associations
• Relationship with SORH/strengthened
• Passionate Board / Leaders / Volunteer
• Niche that no one else occupies
	• Poor technology
	  ○ Website (also content)
	  ○ Webinar
	  ○ Go to Meeting / video
	  ○ App
	• Lack of staff time to propel mission
	  ○ Too much reliance on the board
	  ○ Staff mix / skill development (leader)
	  ○ Limited bandwidth
	• Lack of face to face time / interaction
	• Marketing and public relations

Opportunities	**Threats**

• Clearinghouse for information
• Curate information for members
• Social media
• Affiliate NRHA Membership
• Tag on to national webinars
• Partner organizations and their needs (survey)
• Philanthropic sources of funding
• Capacity reassignment
• Recruit mid-level managers
• Student involvement
• Video technology to assist Board / leverage to members
• Rural proofing of policy legislation at the state level
  ○ Transportation
  ○ Smoking
• Talent at board level to uncover issues
• Scan of issues on the horizon
• Peaking of rural on forefront
• What is Rural?
• Who we serve? Expand…
• Shared service model – staff
• Other revenue generation activity beyond membership dues
  ○ Web ads
  ○ Sponsorships, etc.
• Regional rural focal point
• Visibility Guide – Generate the relationships document – get example from Brock
• Joint conference option
	• Regional focus – lack of commitment to rural
	• Feds – Healthcare Reform – Trump Budget
	• Decrease of funding / limited resources of members /impact will cascade to effect
	• Rural Health Network grant funding / if eliminated NYSARH could not continue
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