



Geneva General Hospital Community Service Plan September 2009 for 2010-2012

I. MISSION STATEMENT

Our Mission

Finger Lakes Health is a community owned, not-for-profit organization dedicated to maintaining and improving the health of all people in the central Finger Lakes region.

We are committed to high quality, compassionate services that are convenient, accessible and at reasonable cost, through the efforts of our employees, medical staff and volunteers.

We are a center for health education that lives its leadership commitments through participation in and sponsorship of professional, allied health and community health education programs.

Our Vision

Finger Lakes Health will deliver uncompromising quality, exceptional safety, and outstanding customer service in a culture of caring that is defined by:

- Our team of highly skilled people.
- Our rewarding work environment.
- Our innovation and advanced technologies.
- Our commitment to education.
- Our fiscal responsibility.

Our Values

To achieve our mission, we are guided by a common set of values that direct us in everything we do:

Service: To deliver service that exemplifies a system-wide philosophy of continuous quality improvement.

Teamwork: To blend our skills in a unity of purpose.

Dignity: To act with compassion, sensitivity and courtesy.

Respect: To treat each other with fairness, honesty and trust.

Responsibility: To use our financial and human resources in a way that will ensure the continuation of our mission.

Vision: To build on the past and anticipate the future to realize our mission.

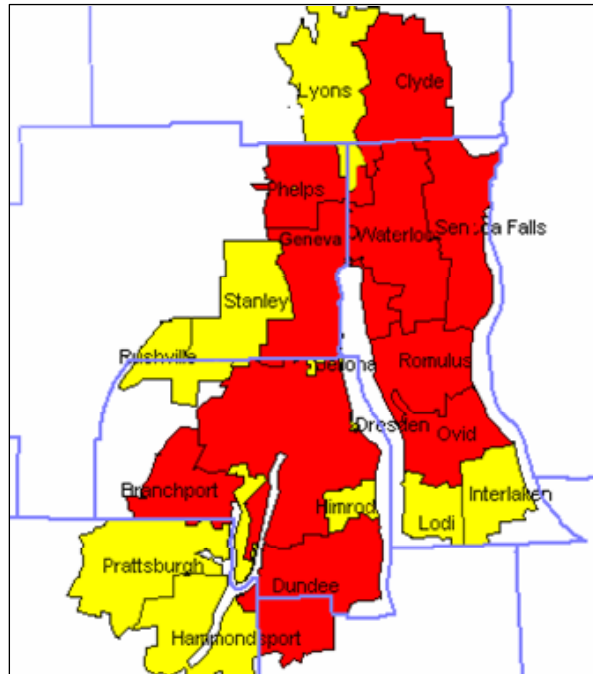
II. SERVICE AREA

A. Finger Lakes Health (health system) Service Area

1. Finger Lakes Health – Service Area Zip Codes

Primary Service Area		Secondary Service Area	
Zip Code	City	Zip Code	City
14418	Branchport	14415	Bellona
14433	Clyde	14441	Dresden
14837	Dundee	14840	Hammondsport
14456	Geneva	14842	Himrod
14521	Ovid	14847	Interlaken
14527	Penn Yan	14478	Keuka Park
14532	Phelps	14860	Lodi
14541	Romulus	14489	Lyons
13148	Seneca Falls	14873	Prattsburgh
13165	Waterloo	14544	Rushville
		14561	Stanley

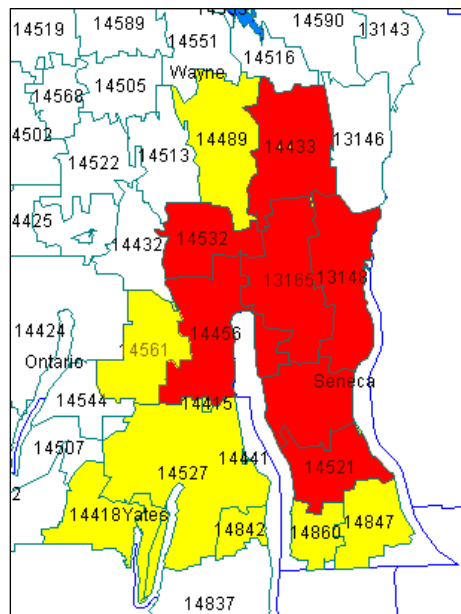
2. Finger Lakes Health – Service Area Map



B. Hospital Service Area

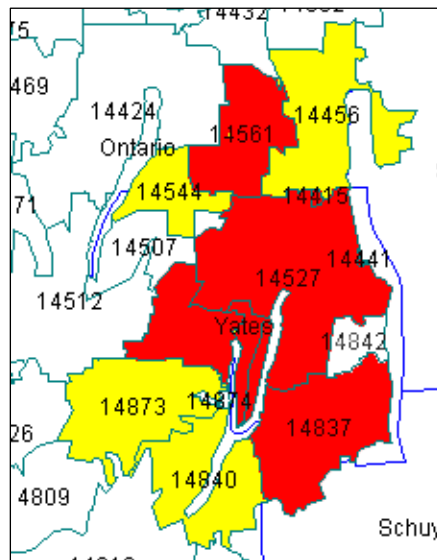
1. Geneva General Hospital

Primary Service Area		Secondary Service Area	
Zip Code	City	Zip Code	City
14433	Clyde	14415	Bellona
14456	Geneva	14418	Branchport
14521	Ovid	14441	Dresden
14532	Phelps	14842	Himrod
14541	Romulus	14847	Interlaken
13148	Seneca Falls	14478	Keuka Park
13165	Waterloo	14860	Lodi
		14489	Lyons
		14527	Penn Yan
		14561	Stanley



2. Soldiers & Sailors Memorial Hospital

Primary Service Area		Secondary Service Area	
Zip Code	City	Zip Code	City
14415	Bellona	14456	Geneva
14418	Branchport	14840	Hammondsport
14441	Dresden	14873	Prattsburgh
14837	Dundee	14544	Rushville
14842	Himrod		
14478	Keuka Park		
14527	Penn Yan		
14561	Stanley		



3. Demographic Snapshot of Health System Service Area

Finger Lakes Health is located in a rural section of upstate New York within an hours drive east of Rochester and an hour drive west of Syracuse. Finger Lakes Health serves Ontario, Yates and Seneca counties. The total service population based on 2008 data is 101,771 people with an average household income of \$54,094 and an unemployment rate of 5.9%. The economy of the region is largely based on agricultural, tourism, education, health services and manufacturing. 17.8% of the population has earned a bachelor's degree or higher¹. Geneva (in Ontario County) has one of the highest per capita concentrations of Ph.D.s in the country. One of every 62 persons age 25 or older holds a doctorate degree². Finger Lakes Health service area includes the following racial ethnic composition: Caucasian 90.1%, African-American 3.9%, Hispanic 3.4% and all others 2.6%³. Yates and Seneca counties include a large Mennonite population.

¹ U.S. Census 2008 via MedStat Market Expert

² http://www.genevadevelopment.govoffice2.com/index.asp?Type=B_BASIC&SEC={4B79BECA-ED10-4311-AE65-1FBFFB76025F}

³ U.S. Census 2008 via MedStat Market Expert

III. PUBLIC PARTICIPATION

A. Public Information

B. Participants

C. Outcomes

As Finger Lakes Health is a 660-bed health system comprised of two hospitals and four long term care facilities that serve three counties in the Finger Lakes region, we participated in several collaborative processes to identify community health needs and assess health planning priorities. Through this community service planning process, we deemed it best to approach this process as a multi-county health system in order to leverage our strengths. As part of our governance structure, Finger Lakes Health has a Community Advisory Committee (CAC) which is a sub-committee of the board of directors. (See attachment of Community Advisory Committee Membership List). As the requirements for the Community Service Plan were evolving, the members of the CAC discussed the way that Finger Lakes Health could participate and fully leverage this opportunity to increase collaboration and cooperation, enhance efficiency and knowledge, share resources and expertise and to best serve our communities. We identified that having Finger Lakes Health representatives participate with the three local health departments in three counties within our service area would be of value. All three county public health directors also serve as members of our CAC.

The initial plan was to identify if there were commonalities to any of the priorities in the counties as the needs assessments were completed. We recognized that while if all three counties had different priorities we wouldn't be able to be all things on all projects, however we committed that the role for Finger Lakes Health was likely to be at the nexus of where the issues intersected for our counties and or areas that we felt we had resources or special expertise that could be leveraged.

We also committed we would do our own primary research to gain insight from those we served about the prevention agenda. Therefore, before the health departments processes began, we first developed a survey instrument to be completed by members of our direct service population. The simple tool which listed the 10 areas of the prevention agenda and requested survey respondents to rank order these needs based on the personal or family needs and also their assessment of the larger community priorities. This tool was distributed to members of the community who attended our public events such as the two annual healthfairs and our Dine and Discuss lecture series. Using this basic tool, we provided those we serve and attendees at these events the opportunity to rank order items from the Department of Health's Prevention related to their personal or their families health needs, and also that they rank order the list based on their assessment of the larger communities priorities. Those who shared the feedback at our event were entered into a drawing for a gift card. We collected completed surveys from 178 people at our spring healthfair and 342 at spring "Dine and Discuss" lecture series representing the following zip codes.

13021- Auburn; 13034 -Cayuga; 13143-Red Creek; 13146-Savannah; 13148-Seneca Falls;
13165-Waterloo; 14415-Bellona; 14424-Canandaigua; 14425-Farmington; 14432-Clifton Springs;
14441-Dresden; 14456-Geneva; 14463-Hall; 14478-Keuka Park; 14489-Lyons; 14507-Middlesex;
14513- Newark; 14521-Ovid; 14527-Penn Yan; 14532-Phelps; 14541-Romulus; 14547-North Rose;
14561-Stanley; 14568-Walworth; 14609-Rochester; 14837-Dundee; 14840-Hammondsport;
14847-Interlaken

From these surveys, we identified that **Access to Care** and **Chronic Disease Management** were the top community concerns.

Next we began our collaborative work with the three area health departments. We partnered formally with three area Public Health Departments, (Ontario, Seneca and Yates) on the needs assessments completed by S²AY Rural Health Network. For this portion of work, the MAPP (Mobilizing for Action through Planning and Partnership) process was used to conduct a comparable Community Health Assessment in six of the seven counties included in the S²AY Rural Health Network (Seneca, Schuyler, Steuben, Ontario, Wayne and Yates) in order to compare data between Network Counties and develop common objectives.

The first assessment examined the Community Health Status Indicators. Two methods were used to examine indicators. The first was to collect relevant statistical data using the HIN and a variety of other secondary sources. This was completed by the S²AY Network contract staff, a student intern from SUNY Albany, and data collected and analyzed by the Finger Lakes Health Systems Agency. The second method was to collect primary data by conducting a comprehensive survey among a random sample of community residents to determine their opinions, health-related behaviors and health needs. This public participation component included a Needs Assessment Survey that was developed in coordination with county agencies and experts.

ONTARIO COUNTY

In Ontario County, the Ontario County Partners for Community Solutions Committee, a broad-based group of community agencies, developed a primary objective of determining the needs of the county, addressing the most significant unmet needs, and laying the groundwork for formulating an overall county plan. The purpose of the assessment was to provide a wide array of data about conditions in Ontario County that impact the well-being of residents from which community partners could meet their agency needs for data, secure additional funding, or to make decisions about existing funding.

Starting with 115 basic categories developed by the Center for Governmental Research where census data was collected and for which supplemental information was available, the Committee determined the most appropriate set of potential needs for residents of the county. Input was invited from county agencies and experts, with over 50 organizations reviewing and contributing to the composition of the survey form. The final document was a balance between obtaining as much information as possible in one survey process, and keeping the form short and simple enough for residents to understand and use. The final document, presenting 64 needs for residents to rate, was designed in multiple formats:

- Electronic version for websites (English)
- Electronic version for websites (Spanish)
- Hard copy version for distribution to public sites (English)
- Hard copy version for distribution to public sites (Spanish)
- Large print version

The availability of the survey was published on the Finger Lakes Health website, Ontario County website, multiple other public and agency sites, in addition to being advertised in community newspapers and newsletters. Distribution, with the assistance of college interns, was made to over 50 public sites, agencies, governmental offices, health offices, housing complexes, and commercial locations. In some instances, special facilitation enabled contributors to better understand the language and intent of the survey. Websites and all forms of the survey were available throughout the months of February and March 2009. Every attempt was made to include as full of a range of demographic representation as practically possible. A total of 1,539 completed surveys were returned in Ontario County. While the survey in Ontario County was different than that used in the other five S²AY counties that followed a common process, much of the data collected was similar.

Results of the Needs Assessment Survey and report were then combined with additional statistical data and information regarding community resources to develop the Community Health Assessment.

The second assessment evaluated the effectiveness of the Public Health System and the role of the Public Health Department within that system. This was done using a modification of the Local Public Health System Assessment tool, developed by the CDC and NACCHO. This was also conducted via Survey Monkey. A diverse group of key informants were chosen to complete the survey, including community leaders who are familiar in some way with the local public health system. The assessment was completed through the use of a more user-friendly version of the CDC and NACCHO tool, Local Public Health System Assessment (LPHSA). Each of the ten essential public health services was ranked by the group by ranking the series of indicators within each Essential Service to determine areas of strength and areas needing improvement within the Local Public Health System.

The third assessment was the Community Themes and Strengths Assessment that was conducted through Focus Group meetings throughout the County. This assessment looked at the issues that affect the quality of life among community residents and the assets the County has available to address health needs. The assessment was conducted at a Geneva Head Start Parent Advisory group (all parents in the group were invited to attend), senior meal site (regular attendance- advance notice of focus group provided), Rotary meeting at Clifton Springs Hospital (regular attendance- advance notice of focus group provided), at a meeting of health and human service organizations (By invitation to all health and human service groups), and at Finger Lakes Health's Community Advisory Committee (regular attendance- advance notice of focus group provided). Well over 150 people attended these meetings in total. Dates of the meetings were: April 28, 2009; May 8, 2009; May 12, 2009; June 4, 2009; June 8, 2009

The fourth assessment was also conducted through Focus Group meetings and looked at the "Forces of Change" that are at work locally, statewide and nationally, and what types of threats and/or opportunities are created by these changes. This assessment was conducted among the same groups as the assessment above, and at the same time.

In these two assessments, focus group participants were presented with data from the previously described assessment components, and asked three questions:

1. What's missing? What are the gaps in services?
2. What factors or forces exist at the state, local and national levels that affect the health of County residents?
3. What unique strengths does the community have that can be used to improve health, work to address these factors.

When the assessment process was completed, the Network Consultants combined and analyzed the results of the assessments, and prepared a list of the issues that had either been identified through more than one assessment as a top issue OR that were identified in one of the assessments as a major issue.

SENECA COUNTY

The first step of the collaborative assessment process in Seneca County utilized the Community Health Status Indicators. Two methods were used to examine indicators. The first was to collect relevant statistical data using the HIN and a variety of other secondary sources. This was completed by the S²AY Network Contract staff, a student intern from SUNY Albany, and data collected and analyzed by the Finger Lakes Health Systems Agency. The second method was to collect primary data by conducting a comprehensive survey among a random sample of community residents to determine their opinions, health-related behaviors and health needs. A total of 291 completed surveys were returned in Seneca County.

Surveys were conducted electronically through a Survey Monkey link, along with paper copies which were distributed to the public through employers, health, educational and human services agencies and through other community groups. The survey was designed to encompass questions in the ten Prevention Agenda areas that the New York State Department of Health (NYSDOH) has identified as high priority issues on a statewide basis. Results of the Health Priorities Survey and report were then combined with additional statistical data and information regarding community resources to develop the Community Health Assessment.

The second assessment in Seneca County evaluated the effectiveness of the Public Health System and the role of the Public Health Department within that system. This was done using a modification of the Local Public Health System Assessment tool developed by the CDC and NACCHO. This was also conducted via Survey Monkey. A diverse group of key informants were chosen to complete the survey, including community leaders who are familiar in some way with the local public health system. The assessment was completed through the use of a more user-friendly version of the CDC and NACCHO tool, Local Public Health System Assessment (LPHSA). Each of the ten essential public health services was ranked by the group by ranking the series of indicators within each Essential Service to determine areas of strength and areas needing improvement within the Local Public Health System.

The third assessment was the Community Themes and Strengths Assessment that was conducted through Focus Group meetings throughout the County. This assessment looked at the issues that affect the quality of life among community residents and the assets the County has available to address health needs.

The fourth assessment was also conducted through Focus Group meetings and looked at the “Forces of Change” that are at work locally, statewide and nationally, and what types of threats and/or opportunities are created by these changes. The Focus Groups conducted in Seneca County included a group of Seneca County Head Start parents, a group of human service organization representatives, a youth group, and a Kiwanis group.

When the assessment process was completed, the Network Consultants combined and analyzed the results of the assessments, and prepared a list of the issues that had either been identified through more than one assessment as a top issue OR that were identified in one of the assessments as a major issue.

YATES COUNTY

In Yates County, the first formal collaborative assessment examined the Community Health Status Indicators. Two methods were used to examine indicators. The first was to collect relevant statistical data using the HIN and a variety of other secondary sources. This was completed by the S²AY Network Contract staff, a student intern from SUNY Albany, and data collected and analyzed by the Finger Lakes Health Systems Agency. The second method was to collect primary data by conducting a comprehensive survey among a random sample of community residents to determine their opinions, health-related behaviors and health needs. A total of 424 completed surveys were returned in Yates County. Surveys were conducted electronically through a Survey Monkey link, along with paper copies which were distributed to the public through employers, health, educational and human services agencies and through other community groups. The survey was designed to encompass questions in the ten Prevention Agenda areas that the New York State Department of Health (NYSDOH) has identified as high priority issues on a statewide basis. Results of the Health Priorities Survey and report were then combined with additional statistical data and information regarding community resources to develop the Community Health Assessment.

The second assessment evaluated the effectiveness of the Public Health System and the role of the Public Health Department within that system. This was done using a modification of the Local Public Health System Assessment tool developed by the CDC and NACCHO. This was also conducted via Survey Monkey. A diverse group of key informants were chosen to complete the survey, including community leaders who are familiar in some way with the local public health system. The assessment was completed through the use of a more user-friendly version of the CDC and NACCHO tool, Local Public Health System Assessment (LPHSA). Each of the ten essential public health services was ranked by the group by ranking the series of indicators within each Essential Service to determine areas of strength and areas needing improvement within the Local Public Health System.

The third assessment was the Community Themes and Strengths Assessment that was conducted through Focus Group meetings throughout the County. This assessment looked at the issues that affect the quality of life among community residents and the assets the County has available to address health needs.

The fourth assessment was also conducted through Focus Group meetings and looked at the “Forces of Change” that are at work locally, statewide and nationally, and what types of threats and/or opportunities are created by these changes. The Focus Groups conducted in Yates County included a low income group at a food distribution site and the Yates Community Health Planning Council.

When the assessment process was completed, the Network Consultants combined and analyzed the results of the assessments, and prepared a list of the issues that had either been identified through more than one assessment as a top issue OR that were identified in one of the assessments as a major issue.

IV. ASSESSMENT of PUBLIC HEALTH PRIORITIES

- a. Criteria of Public Health Priorities
- b. Selected Prevention Agenda Priorities
- c. Status of Priorities
- d. Priorities Considered in Assessment Process

ONTARIO COUNTY:

Once the results from the surveys and focus groups were tallied, a finalized list of the top issues from all components of the assessment process was compiled by the S2AY Network Consultants. The data was then presented at a meeting that included representatives from the three local hospitals (Geneva General Hospital, FF Thompson Hospital and Clifton Springs Hospital), along with representatives of the Public Health Department. The group was charged with ranking the priorities based on their knowledge of health needs and available services, along with the data presented from all of the above, to select two to three priorities. While all types of data were presented, participants ranked the 10 Prevention Agenda categories, based upon their perception of the needs within each of the categories. It had previously been decided by the Management Team for the S²AY Rural Health Network to use a ranking system that focused most heavily on how effective any interventions might be, and therefore chose the Hanlon Method, which uses the following formula to rank priorities:

$$(A \ \& \ 2B) \ X \ C$$

A= the size of the problem,

B= the severity of the problem and

C=the effectiveness of the solution.

The effectiveness of the solution obviously is given a lot more weight than the size or seriousness of the problem, with the hope of making wise use of limited resources by targeting solutions that are known to be effective.

In the Hanlon Method, numbers are assigned through which to measure size, severity and effectiveness, and the numbers were then plugged into the formula as the focus group ranked each relative factor. It is important to note that while the Hanlon Method offers a numerical and systematic method of ranking public health priorities, it is still a method that is largely subjective, but which represents a quantitative way to rank qualitative and non-comparable quantitative information. Since respondents ranked each component (size, seriousness and effectiveness of the solution) individually using a paper ranking form, the rankings were not heavily influenced by group dynamics. Measures of effectiveness in the public health area are not absolute, and questions arise as to the application of the measurement, which make measurement more than a little “fuzzy,” and include assumptions about human behavior. For example, when addressing the issue of unintended pregnancy, the rating group might note that birth control methods would mostly have a ranking of “highly effective” as an intervention based on the relative effectiveness of each method of birth control at achieving the desired goal of preventing pregnancy. However, birth control methods are not necessarily consistently used, or are applied inconsistently, resulting in a much lower measure of effectiveness than the intervention actually achieves. So the measures of effectiveness often included consideration of a variety of factors that influence effectiveness and may reduce the effectiveness measure since, for whatever reason, the intervention may not be uniformly applied. Based upon the ranking through the Hanlon Method, Ontario County determined the following priorities, listed in priority order of ranking:

- 1. Access to Care**
- 2. Chronic Disease**

The ranking group met again following the initial meeting in an attempt to narrow down the focus within these two priority areas based upon the data obtained in all the assessments described above. Ultimately, they decided to focus on the following objectives within these priorities:

1. Access to Care

- A. Analyze existing best practice models (including Chemung County’s) that focus on how to encourage patients, especially low-income patients, to find and keep a medical home by focusing on prevention and education, especially related to compliance issues.
- B. Based on the above research, implement a strategy or strategies (such as an awareness campaign, increasing the number of providers who accept Medicaid/Medicare, expanded transportation or expanded provider hours) to help Ontario County residents find and keep a medical home.
- C. Consider work with the “Kids in Crisis” group and “Success for Geneva’s Young Children,” along with school nurses, Ontario County Mental Health and other resources to determine how to best address behavioral health issues and access in the County.

2. Chronic Disease

- A. Research best practices related to heart disease prevention and treatment.
- B. Based on the above research, select one or more strategies related to prevention and one or more strategies related to treatment, and implement said strategies.
- C. At a minimum, focus on reducing the number and percentage of people in the County who are overweight (BMI 25-29.9) or obese (BMI 30 or more) as a long term strategy to reduce heart disease by implementing best practice nutrition and physical activity initiatives in the schools, community and worksites, as well as through providers and the hospitals.

All of the above represent new strategies, although some will build upon efforts of existing groups as can be seen in the attached draft work plan that begins to spell out the details of the how the objectives will be accomplished and measured.

SENECA COUNTY:

Once the results from the Seneca County surveys and focus groups were tallied, a finalized list of the top issues from all components of the assessment process was compiled, and the data was presented at a meeting of community leaders. A representative from Finger Lakes Health participated. (While there are no hospitals in Seneca County, Geneva General Hospital serves much of Seneca County and has other services within the county.) The group was charged with ranking the priorities based on their knowledge of health needs and available services, along with the data presented, to select two to three priorities. It had previously been decided by the Management Team for the S²AY Rural Health Network to use a ranking system that focused most heavily on how effective any interventions might be, and chose the Hanlon Method to rank priorities as was used in Ontario and Yates Counties (See Ontario County section for details about the Hanlon method).

Based upon the ranking through the Hanlon Method, Seneca County determined the following priorities, listed in priority order of ranking:

- 1. Access to Care**
- 2. Chronic Disease**
- 3. Physical Activity and Nutrition**

The ranking group met again following the initial meeting in an attempt to narrow down the focus of the priorities. Ultimately, they decided on the following objectives within these priorities:

1. Access to Care

- A. Analyze best practice models to enhance access to care for Seneca County residents
- B. Based on the above research, implement strategies to help Seneca County residents identify and regularly access medical and preventive health care services
- C. Conduct outreach to make cancer screening services more available to low-income, uninsured women, especially mammograms
- D. Continue and accelerate strategies designed to increase access to health care by increasing access to health insurance
- E. Implement strategies to help Seneca County residents identify and regularly access dental health care services for the low-income/Medicaid population

2. Chronic Disease

- A. Research best practices related to heart disease prevention and treatment
- B. Based on the above research, select and implement strategies related to prevention and treatment
- C. Focus on reducing the number of people with indicators for heart disease by implementing best practice nutrition and physical activity initiatives in the schools, community and worksites as well as through providers and the hospitals

3. Physical Activity and Nutrition

- A. Research best practices related to decreasing obesity and increasing physical activity and healthier eating
- B. Based on the above research, select and implement strategies related to prevention and treatment

- C. Based on the above research, select and implement strategies related to prevention and treatment
- D. Implement alternative activities to reduce obesity and overweight, including support of The Child and Adult Care Food Program (CACFP), Eat Well Play Hard program.
- E. Implement alternative activities to reduce obesity and overweight, including support of Cornell Cooperative Extension's Eat Smart New York program and support of S2AY Worksite Wellness program
- F. Work together to increase breastfeeding in Seneca County

In subsequent weeks and months, Finger Lakes Health will continue to meet and work with representatives from Seneca County will continue to make progress in addressing the priorities identified above.

YATES COUNTY:

In Yates Counties once the survey results and focus group findings were tallied, a finalized list of the top issues from all components of the assessment process was compiled. The data was presented at a meeting of community representatives including representatives from Finger Lakes Health (Soldiers & Sailors Memorial Hospital). They were charged with ranking the priorities based on their knowledge of health needs and available services, along with the data presented, to select two to three priorities. It had previously been decided by the Management Team for the S²AY Rural Health Network to use a ranking system that focused most heavily on how effective any interventions might be, and also like Ontario and Seneca Counties chose the Hanlon Method, to rank priorities (See Ontario County Section for details about the Hanlon Method).

Based upon the ranking through the Hanlon Method, Yates County determined the following priorities, listed in priority order of ranking:

- 1. Access to Care**
- 2. Chronic Disease**
- 3. Healthy Mothers/Healthy Babies/Healthy Children**
- 4. Physical Activity and Nutrition**
- 5. Mental Health/Substance Abuse**

The ranking group met again following the initial meeting in an attempt to narrow down the list to 2-3 key areas. Ultimately, they decided to keep three priorities, with the following objectives:

1. Access to Care

- A. Analyze best practice models to enhance access to care for Yates County residents
- B. Based on the above research, implement strategies to help Yates County residents identify and regularly access medical and preventive health care services
- C. Conduct outreach to make cancer screening services more available to low-income, uninsured women, especially mammograms
- D. Improve access to care by working with local organizations to treat more patients with behavioral health issues
- E. Continue and accelerate strategies designed to increase access to health care by increasing access to health insurance
- F. Implement strategies to help Yates County residents identify and regularly access dental health care services for the low-income/Medicaid population

G. Increase public awareness of health services available in the county and surrounding areas and provide links to such services, i.e. transportation.

2. **Chronic Disease**

A. Research best practices related to heart disease prevention and treatment

B. Based on the above research, select and implement strategies related to prevention and treatment.

3. **Physical Activity and Nutrition**

A. Research best practices related to decreasing obesity and increasing physical activity and healthier eating

B. Based on the above research, select and implement strategies related to prevention and treatment

C. Implement alternative activities to reduce obesity and overweight, including support of The Child and Adult Care Food Program (CACFP), Eat Well Play Hard program.

D. Work together to increase breastfeeding in Yates County

Next steps will center upon the completion of a work plan that defines timeframes, activities and responsible parties for the development of a Community Health Improvement Plan that outlines steps and actions to accomplish objectives related to identified priorities. In subsequent weeks and months, Finger Lakes Health will continue to meet with Yates County and the Yates Community Health Planning Council to begin to make progress in addressing the priorities identified above.

Multi-County Conclusions

Some interesting conclusions can be made regarding the findings in all three counties served by Finger Lakes Health:

1. The **definition and scope of issues** that should be addressed by public health agencies has **broadened considerably** in recent years. While communicable diseases, chronic disease, injury prevention, dental health and maternal and child health are still important areas to address, other issues so strongly affect health outcomes that they must increasingly be included in the public health agenda. This requires intensifying efforts that focus on creating behavioral change within both the general and targeted populations. These include health issues such as behavioral health, health insurance, nutrition and physical activity, and substance/alcohol abuse.
2. These “newer” public health issues **require more intense and coordinated efforts** since changing human behavior is very difficult. Substance abuse, behavioral health obesity and similar problems require **long term, comprehensive interventions**. Additionally, many of the ultimate positive results of these preventive efforts may not be seen for decades.
3. Additionally, these problems can only be successfully addressed in conjunction with other community partners. **Collaborative efforts** are required to deal with more complex public health issues and collectively used. This includes partnerships among local health departments and all the local hospitals together along with other types of health care providers as well as community partners with expertise in other disciplines.
4. These problems require **several levels of intervention** including **education, prevention and treatment**. Alternative approaches that **require changes in environment, policies and regulations, and access to care** must all be considered, and are often proving to be the most successful methods of accomplishing needed behavioral changes.

5. The **media** is increasingly a **much-needed partner** in all efforts, including the use of the rapidly expanding electronic media.
6. This Community Health Assessment points out that there are also issues that are similar in each county in our region, which **can best be addressed at a multi-county level**, as well as health problems unique to each county. The combined assessment offers an improved strategy for cost effectively addressing a variety of public health problems. Based upon the assessments completed in each county, the S²AY Network has chosen Physical Activity and Nutrition as a means to prevent Chronic Disease along with Access to Care as the priority issues to be addressed through a regional approach in our seven county Network area in the coming months and years.

V. **THREE-YEAR PLAN OF ACTION**

Strategies for Selected Priorities

Given that our service area covers a significant amount of geographic area including three counties, we deemed that the role of the health system would be to develop our action plan based on the overlap and common priorities for all three counties as well as areas of need that we had particular strengths and resources. The assessments ultimately identified clear priorities related to the service area needs across county lines. This enables Finger Lakes Health to focus and be strategic in our application of resources and in support of the identified strategies. It is clear that access to care and chronic disease, with special emphasis on cardiovascular disease, including ways to increase physical fitness and nutrition are top priorities for our region in all three counties. Finger Lakes Health is uniquely positioned to be able to contribute toward several of these priorities with our own initiatives and through supporting each of the counties plans as developed and attached below.

ACCESS TO CARE

Access to Physicians, Specialty Care

Related to access to care our health system has had astounding success with recruitment of specialist to our region. Over the past few years physician recruitment has been a top priority and more than 40 new physicians have joined our medical staffs enhancing access to general surgery, vascular and thoracic surgery, cardiology, dermatology, nephrology, internal medicine, family medicine, psychiatry and pulmonology specialists. We have also expanded services and these specialists are serving patients in Ontario, Seneca and Yates counties with offices in Geneva and Penn Yan and referral relationships in Seneca County. Moving forward in 2010-2013, the health system remains committed to ensuring patients have access to providers despite the challenges in recruiting physicians to a rural area, through innovative models of employment and private practice. Finger Lakes Health will continue to expand access to care through increased presence of physicians and the breadth and depth of our primary care and specialty physicians.

Services for all – Ensuring Access for Medicaid, Child and Family Health Plus and Self-paying patients

Our health system also through our acute and long term care services serves as a critical safety net in the community. As a not-for-profit community health system Finger Lakes Health serves a vital role in caring for the uninsured and underinsured. As the ranks of uninsured or underinsured patients have grown due to economic conditions, we continue to meet this growing need. Our health system also provides primary care through three article 28 family health centers where patients are accepted with all types of insurance coverage and self-pay. These practices have expanded hours over time to meet the needs of the patient base. These practices are comprised of a large number of Medicaid and Medicaid Managed Care as well as Child and Family Health Plus insurances to ensure access to care for populations traditionally underserved in our community and those who may be in particular need for increased preventative care.

CHRONIC DISEASE

Enhanced Cardiology Access – Until 2008, our community’s access to cardiology service was limited without enough capacity to serve the needs. In August 2008, the health system invested in recruiting two-full-time community based cardiologists to serve the community in the emergency room, hospital, and office based settings. This is a critical need as evidenced by the disease prevalence data for our service area. The goal of the providers is also to provide community education and prevention related to risk factors, and education aimed at modifiable risk factors and prevention. Our hospital-employed, board-certified cardiologists are committed to and will provide continued clinical support and community outreach in the coming years. The cardiologists have offices in Geneva and Penn Yan.

Stroke Center Designation and Joint Commission Stroke Accreditation

As a NYS designated Stroke Center, Geneva General Hospital, was designated as a NY Stroke Center. The GGH Emergency Department has also been accredited for Stroke by the Joint Commission. We also are certified and the acute physical rehabilitation center which is CARF accredited also recently earned Stroke Rehabilitation certification. As part of all these programs we continue to provide education, outreach and focus on stroke prevention and early identification to ensure the best outcomes. Outreach will include blood pressure screenings, stroke support groups, and educational programs addressing cerebral vascular health, signs and symptoms of stroke, and risk factor modification.

Community Outreach

We will continue several long standing community outreach activities as well as identifying new ones based on the priorities established with the three counties in response to community need.

Stroke Support Group – We will continue to offer monthly stroke education and stroke support group meetings as part of our award-winning Acute Physical Rehabilitation Center

Expanded Diabetes Education Offerings – We have expanded the locations, times and content of our “Living with Diabetes Classes”, Diabetes Support Group, and Diabetes management services.

Nutrition Education and Healthy recipes – Through our registered dietitians we will continue to provide healthy recipes in our direct mail publications and on our website to increase access to healthy

Community Health Fairs – We will provide annually large scale community health fairs including health screenings, health information, and featuring celebrity chefs and cooking demonstrations

Child Care Center- Our hospital-based child care center that serves 160 families including employee and community children (ages 6 weeks thorough 12 years) will continue their focus on integrating movement curriculum and nutrition education into their practices with all ages.

Continued Health Screenings – Our health system will provide regular, free blood pressure screenings and bi-annual cholesterol screenings.

Hypertrophic Cardiomyopathy Screening – Through a continued relationship with the Anthony Bates Foundation, our health system will provide education to our communities and screen for HCM, the most common congenital heart abnormality which can lead to sudden cardiac death. Our focus will be on young students ages 12 and older.

Dine & Discuss Lecture Series – Our health system will maintain our commitment to our Dine & Discuss lecture series which provides support for physicians and other health professionals to speak over dinner at local community restaurants on key health topics. Our topics will focus on prevention agenda priorities. Our health system subsidizes the cost of the meals to enable the public to access a healthy meal and health information at a significantly reduced rate. We have found significant success with this format for the past 15 years. As an example, in 2008 we held 21 Dine & Discuss events with physicians presenting health information to 1469 community attendees.

See Objectives Tables (Pages 17 – 24)

Ontario County Objectives: 2010-2013 CHA

Prevention Agenda Area	Objective	Activities	Leader (Agency)- primary responsibility	Involved (additional groups/agencies involved)	Timeframe	Measurement/ Evaluation
Access to Care	Analyze best practice models to enhance access to care for Ontario County residents	Collect and summarize best practice data. Review data to identify best practices for Ontario County.	S2AY Rural Health Network, Public Health & Geneva General, FF Thompson, Clifton Springs Hospitals	NYSDOH, FLHSA, Chemung County Public Health, MVP, Excellus, Monroe Plan	Third quarter 2009 First quarter 2010	Strategies chosen
	Based on the above research, implement strategies to help Ontario County residents identify and regularly access medical and preventive health care services	Determine necessary resources and activities based on strategies chosen.	Public Health & Geneva General, FF Thompson, Clifton Springs Hospitals	As determined by chosen strategies	TBD	Percentage of adults with regular health care provider, percentage of adults who have seen a dentist in the past year, percentage of adults with health care coverage
Chronic Disease	Research best practices related to heart disease prevention and treatment	Collect and summarize best practice data. Review data to identify best practices for Ontario County.	S2AY Rural Health Network, Public Health & Geneva General, FF Thompson, Clifton Springs Hospitals	NYSDOH, FLHSA, MVP, Excellus, Monroe Plan	Third quarter 2009 First quarter 2010	Strategies chosen
	Based on the above research, select and implement strategies related to prevention and treatment	Determine necessary resources and activities based on strategies chosen	Public Health & Geneva General, FF Thompson, Clifton Springs Hospitals	As determined by chosen strategies	TBD	Percentage of coronary heart disease hospitalizations (per 10,000), Percentage of congestive heart failure hospitalization rate per 10,000 (ages 18+ years)
	Focus on reducing the number of people with indicators for heart disease by implementing best practice nutrition and physical activity initiatives in the schools, community and worksites as well as through providers and the hospitals.	Determine necessary resources and activities based on strategies chosen	Public Health & Geneva General, FF Thompson, Clifton Springs Hospitals	As determined by chosen strategies	TBD	Percentage of obese children, Percentage of obese adults, % of adults engaged in some type of leisure time physical activity, % of adults eating 5 or more fruits or vegetables per day, % of WIC mothers breastfeeding at 6 months

Seneca County Objectives: 2010-2013 CHA

Prevention Agenda Area	Objective	Activities	Leader (Agency)- primary responsibility	Involved (additional groups/agencies involved)	Timeframe	Measurement/ Evaluation
Access to Care	Analyze best practice models to enhance access to care for Seneca County residents	Collect and summarize best practice data. Review data to identify best practices for Seneca County.	S2AY Rural Health Network, Public Health & Finger Lakes Health	NYSDOH, FLHSA, Chemung Cty Public Health (coming from Joyce Hyatt), MVP, Excellus, Monroe Plan, FLH	Third quarter 2009 First quarter 2010	Strategies chosen
	Based on the above research, implement strategies to help Seneca County residents identify and regularly access medical and preventive health care services	Determine necessary resources and activities based on strategies chosen.	Seneca County Public Health & Finger Lakes Health	As determined by chosen strategies•	TBD	Percentage of adults with regular health care provider
	Conduct outreach to make cancer screening services more available to low-income, uninsured women, especially mammograms		S2AY Rural Health Network, Seneca County , Public Health & Finger Lakes Health	As determined by chosen strategies		Increase early stage cancer diagnosis for breast, cervical, colorectal percentages
	Continue and accelerate strategies designed to increase access to health care by increasing access to health insurance	-Increase partnerships with local providers to enroll uninsured in health insurance -Increase partnerships with schools to enroll uninsured in health insurance -Continue to support Facilitated Enrollment at multiple sites in the county	S2AY, Seneca County Public Health	Facilitated Enrollment steering committee, Finger Lakes Health, All Seneca County School Districts, Others as determined	9/1/09-12/31/11	Percentage of adults with health care coverage
	Implement strategies to help Seneca County residents identify and regularly access dental health care services for the low-income/Medicaid population		S2AY, Seneca County Public Health	S2AY, Seneca County Public Health, as determined by strategies		Increase percentage of adults who have seen a dentist in the past year
Chronic Disease	Research best practices related to heart disease prevention and treatment	Collect and summarize best practice data. Review data to identify best practices for Seneca County.	S2AY Rural Health Network, Public Health & Finger Lakes Health	NYSDOH, FLHSA, MVP, Excellus, Monroe Plan, FLH	Third quarter 2009 First quarter 2010	Strategies chosen

Prevention Agenda Area	Objective	Activities	Leader (Agency)- primary responsibility	Involved (additional groups/agencies involved)	Timeframe	Measurement/ Evaluation
	Based on the above research, select and implement strategies related to prevention and treatment	Determine necessary resources and activities based on strategies chosen	Seneca County Public Health, S2AY Rural Health Network & Finger Lakes Health	As determined by chosen strategies	TBD	Percentage of coronary heart disease hospitalizations (per 10,000), Percentage of congestive heart failure hospitalization rate per 10,000 (ages 18+ years)
	Focus on reducing the number of people with indicators for heart disease by implementing best practice nutrition and physical activity initiatives in the schools, community and worksites as well as through providers and the hospitals.	Determine necessary resources and activities based on strategies chosen	Seneca County Public Health, S2AY Rural Health Network & Finger Lakes Health	As determined by chosen strategies	TBD	Percentage of obese children, Percentage of obese adults, % of adults engaged in some type of leisure time physical activity, % of adults eating 5 or more fruits or vegetables per day,
Physical Activity and Nutrition	Research best practices related to decreasing obesity and increasing physical activity and healthier eating	Collect and summarize best practice data. Review data to identify best practices for Seneca County.	Seneca County Public Health S2AY Rural Health Network, & Finger Lakes Health	NYSDOH, FLHSA, MVP, Excellus, Monroe Plan, FLH	Third quarter 2009 First quarter 2010	Percentage of obese children and adults, % of adults engaged in some type of leisure time physical activity, % of adults eating 5 or more fruits or vegetables per day
	Based on the above research, select and implement strategies related to prevention and treatment	Determine necessary resources and activities based on strategies chosen	Seneca County Public Health S2AY Rural Health Network, & Finger Lakes Health	As determined by chosen strategies	TBD	Percentage of obese children and adults, % of adults engaged in some type of leisure time physical activity, % of adults eating 5 or more fruits or vegetables per day
	Implement alternative activities to reduce obesity and overweight, including support of The Child and Adult Care Food Program (CACFP), Eat Well Play Hard program.	Refer all children with elevated BMI's to the Eat Well Play Hard (EWPH) programs and continue to support the Eat Well Play Hard program	Seneca County Public Health, S2AY RHN & Finger Lakes Health, The Child and Adult Care Food Program	As determined by chosen strategies Food LINK regional food bank	ongoing	Percentage of obese children and adults, % of adults engaged in some type of leisure time physical activity, % of adults eating 5 or more fruits or vegetables per day
	Implement alternative activities to reduce obesity and	Refer all clients associated with SCPH to CCE's Eat Smart NY	Seneca County Public Health,	As determined by chosen strategies	ongoing	Percentage of obese children and adults, % of

Prevention Agenda Area	Objective	Activities	Leader (Agency)-primary responsibility	Involved (additional groups/agencies involved)	Timeframe	Measurement/Evaluation
	overweight, including support of Cornell Cooperative Extension's Eat Smart New York program and support of S2AY Worksite Wellness program	program	S2AY RHN & Finger Lakes Health, Cornell Cooperative Extension			adults engaged in some type of leisure time physical activity, % of adults eating 5 or more fruits or vegetables per day, track S2AY RHN WW numbers
	Work together to increase breastfeeding in Seneca County	All MOMS clients will receive breastfeeding education during presumptive Medicaid and home visits and refer clients to breastfeeding specialist	Seneca County Public Health, Finger Lakes Health	As determined by chosen strategies Lifetime	implement in year one and then ongoing	Document all contacts with clients where education was distributed, document # of all referrals made to breast feeding specialist, .% of WIC mothers breastfeeding at 6 months

Yates County Objectives: 2010-2013 CHA

Prevention Agenda Area	Objective	Activities	Leader (Agency)-primary responsibility	Involved (additional groups/agencies involved)	Timeframe	Measurement/Evaluation
Access to Care	Analyze best practice models to enhance access to care for Yates County residents	Collect and summarize best practice data. Review data to identify best practices for Yates County.	S2AY Rural Health Network, Public Health & Finger Lakes Health	NYSDOH, FLHSA, Chemung County Public Health(info from Joyce Hyatt coming), MVP, Excellus, Monroe Plan, FLH (Soldiers & Sailors, John D. Kelly Behavioral health Center, The Homestead, Dundee Family Health Center, Geneva General)	Third quarter 2009 First quarter 2010	Strategies chosen
	Based on the above research, implement strategies to help Yates County residents identify and regularly access medical and preventive health care services	Determine necessary resources and activities based on strategies chosen.	Yates Community Health Planning Council, Public Health & Finger Lakes Health	As determined by chosen strategies•	TBD	Percentage of adults with regular health care provider
	Conduct outreach to make cancer screening services more available to low-income, uninsured women, especially mammograms		S2AY Rural Health Network, Yates Community Health Planning Council, Public Health & Finger Lakes Health	As determined by chosen strategies		Increase early stage cancer diagnosis for breast, cervical, colorectal percentages
Access to Care	Improve access to care by working with local organizations to treat more patients with behavioral health issues	Review data to identify best practices for Yates County	Finger Lakes Health - John D. Kelly Behavioral health Center	As determined by chosen strategies, Finger Lakes Addictions Counseling and Referral Agency, Lakeview Mental Health		Percentage of adults reporting 14 or more days of mental health in the last month

Prevention Agenda Area	Objective	Activities	Leader (Agency)- primary responsibility	Involved (additional groups/agencies involved)	Timeframe	Measurement/ Evaluation
	Continue and accelerate strategies designed to increase access to health care by increasing access to health insurance	-Increase partnerships with hospitals to enroll uninsured in health insurance -Increase partnerships with schools to enroll uninsured in health insurance -Continue to support Facilitated Enrollment at multiple sites in the county	Yates County Public Health, S2AY Rural Health Network	Facilitated Enrollment steering committee Finger Lakes Health All Yates County School Districts Others as determined	9/1/09-12/31/11	Percentage of adults with health care coverage
	Implement strategies to help Yates County residents identify and regularly access dental health care services for the low-income/Medicaid population	-Review data to identify best practices for Yates County -Work with S2AY RHN dental health steering committee to implement strategies	S2AY, Yates County Public Health	S2AY, Yates County Public Health, as determined by strategies		Percentage of adults who have seen a dentist in the past year,
	Increase public awareness of health services available in the county and surrounding areas and provide links to such services, ie. transportation	Conduct a survey of Medical Providers and Transportation services as to hours of availability of services and insurances accepted	Yates County Public Health	Yates County OFA, Yates ARC, Yates DSS, Veterans Service Agency, Finger Lakes Addictions Counseling and Referral Agency, Lakeview Mental Health, Keuka College, Penn Yan Manor, Adult Day Care	Year one for the survey and update on an ongoing basis	Provide information to 211, share info with other health services agency and post of the Yates County Public Health website.
Chronic Disease	Research best practices related to heart disease prevention and treatment	Collect and summarize best practice data. Review data to identify best practices for Yates County.	S2AY Rural Health Network, Public Health & Finger Lakes Health	NYSDOH, FLHSA, MVP, Excellus, Monroe Plan, FLH (Soldiers & Sailors, John D. Kelly Behavioral health Center, The Homestead, Dundee Family Health Center, Geneva General)	Third quarter 2009 First quarter 2010	Strategies chosen

Prevention Agenda Area	Objective	Activities	Leader (Agency)- primary responsibility	Involved (additional groups/agencies involved)	Timeframe	Measurement/ Evaluation
	Based on the above research, select and implement strategies related to prevention and treatment	Determine necessary resources and activities based on strategies chosen	Yates Community Health Planning Council, Public Health & Finger Lakes Health	As determined by chosen strategies	TBD	Percentage of coronary heart disease hospitalizations (per 10,000), Percentage of congestive heart failure hospitalization rate per 10,000 (ages 18+ years)
	Focus on reducing the number of people with indicators for heart disease by implementing best practice nutrition and physical activity initiatives in the schools, community and worksites as well as through providers and the hospitals.	Determine necessary resources and activities based on strategies chosen	Yates Community Health Planning Council, Public Health, S2AY Rural Health Network & Finger Lakes Health	As determined by chosen strategies	TBD	Percentage of obese children, Percentage of obese adults, % of adults engaged in some type of leisure time physical activity, % of adults eating 5 or more fruits or vegetables per day, % of WIC mothers breastfeeding at 6 months
Physical Activity and Nutrition	Research best practices related to decreasing obesity and increasing physical activity and healthier eating	Collect and summarize best practice data. Review data to identify best practices for Yates County.	S2AY Rural Health Network, Public Health & Finger Lakes Health	NYSDOH, FLHSA, MVP, Excellus, Monroe Plan, FLH (Soldiers & Sailors, John D. Kelly Behavioral health Center, The Homestead, Dundee Family Health Center, Geneva General)	Third quarter 2009 First quarter 2010	Strategies chosen
	Based on the above research, select and implement strategies related to prevention and treatment	Determine necessary resources and activities based on strategies chosen	Yates Community Health Planning Council, Public Health & Finger Lakes Health	As determined by chosen strategies	TBD	Reduce the percentage of children and adults who are obese
	Implement alternative activities to reduce obesity and overweight, including support of The Child and Adult Care Food Program (CACFP), Eat Well Play Hard program.	Refer all children with elevated BMI's to the Eat Well Play Hard (EWPH) programs and continue to support the Eat Well Play Hard program	Yates Community Health Planning Council, Public Health & Finger Lakes Health, The Child and	As determined by chosen strategies Food LINK regional food bank	ongoing	Reduce the percentage of children and adults who are obese, increase percentage of adults who are engaging in leisure time physical activity and eating 5 or more fruits or vegetables per

Prevention Agenda Area	Objective	Activities	Leader (Agency)- primary responsibility	Involved (additional groups/agencies involved)	Timeframe	Measurement/ Evaluation
			Adult Care Food Program			day
	Implement alternative activities to reduce obesity and overweight, including support of Cornell Cooperative Extension's Eat Smart New York and Healthy Living programs and support of S2AY Worksite Wellness program	Refer all clients associated with YCPH to CCE's Eat Smart NY and Healthy Living programs	Yates Community Health Planning Council, S2AY Rural Health Network, Public Health & Finger Lakes Health, Cornell Cooperative Extension	As determined by chosen strategies Child & Family Resources	ongoing	Reduce the percentage of children and adults who are obese, increase percentage of adults who are engaging in leisure time physical activity and eating 5 or more fruits or vegetables per day, track S2AY RHN WW numbers
	Work together to increase breastfeeding in Yates County	All MOMS clients will receive breastfeeding education during presumptive Medicaid and home visits and refer clients to breastfeeding specialist	YCPH & FLH	As determined by chosen strategies Family Planning Center	Implement in year one and then ongoing	Increase percentage of WIC mothers breastfeeding at 6 months. Document all contacts with clients where education was distributed, document # of all referrals made to breast feeding specialist.

VI. FINANCIAL AID PROGRAM

Geneva General Hospital

Successes:

- Geneva General Hospital's Financial Aid policy and procedures are extended to areas outside of its' primary service area. We have approved 40 applications from counties outside our primary service area, which otherwise would not have been considered. This represents 9% of all approved applications for 2008.
- Our medical detox patients have historically proven to be at higher risk for bad debt. We have streamlined application procedures for this targeted population, which has resulted in higher participation in our financial aid program and fewer bad debts.
- We have received positive patient feedback about our program. Financially responsible patients that are uninsured or underinsured have the ability to seek medically necessary services based on their awareness of the availability of financial assistance.

Challenges:

- A considerable challenge is getting financially irresponsible patients with a demonstrated inability to pay to submit documentation necessary to qualify for financial aid. Despite repeated contact at the time of service and throughout the billing and collection process this continues to be our primary challenge.
- The emergency room is our most significant area of bad debts. The limitations imposed by the Emergency Medical Treatment & Labor Act (EMTALA) regulations greatly limit our ability to counsel a patient regarding financial aid at the point of service.

VII. CHANGES IMPACTING COMMUNITY HEALTH /PROVISION OF CHARITY CARE/ACCESS TO SERVICES

a. Potential Impacts

In the next three year cycle we will anticipate several impacts. First and perhaps foremost is the current and future economic climate and its effect upon our health system. The state and federal budget cuts will negatively affect our reimbursement structure and have an exponential effect on our health system due to impacts also reducing payments to our long term care facilities. In addition, we are experiencing the effects of competition from our physicians for testing services and the clash of philosophies between some private practitioners profit motives and the health system's not-for profit community-owned mission. We have developed several strategies to address these challenges and hope to afford patients more choices for care through the development and growth of a health system affiliated physician private corporation and will also continue to educate the community about what is at stake.

Despite these economic challenges, we anticipate moving forward with the Geneva General Hospital Modernization and Expansion Project to update our emergency department, radiology department, build new operating room suits, and a new medical surgical unit allowing for all private rooms maintaining the same number of licensed medical surgical beds.

Finally, our board has been engaged in a 24-month long succession planning process anticipating the retirement plans of our 32 year tenured CEO. We expect that within the next 3 year cycle of this report 2010-2013, we will see transitions in upper level management.

VII. DISSEMINATION OF THE REPORT TO THE PUBLIC

Finger Lakes Health will utilize this report in continued communication with the public. We will post the CSP on our website www.flhealth.org on 9/15/09. In addition, we plan to utilize the content along with several other key elements of information relevant to our community to develop our “2009 Report to the Community”. In this report we will include key elements of the Community Service Plan, data from our federal community benefit report, photos and narrative about our community outreach programs, our financial aid program policy and procedures, and information related to the economic impact on the region. We will distribute the “2009 Report to the Community” either through a direct mail format or insertion in the local newspapers, as well as at community presentations for service clubs, elderly housing meetings, and our outreach activities including health fairs, lecture series, events, etc..

VIII. FINANCIAL REPORT – Please see institutional cost report (ICR).

2009-2010 Community Advisory Committee
(Effective April 2009)

Ms. Rebecca Ahouse W-FL BOCES	Mayor Andrew Howell Village of Dundee	Ms. Connie Richardson United Way of Seneca County
Ms. Donna Auria Ontario County ARC	Ms. Nancy Jamieson Penn Yan Central Schools	Ms. Barbara Roszak Ontario County Public Health
Mr. Ave Bauder Hobart & William Smith Colleges	Kimberly Kelsey Manager, Marketing & Planning Finger Lakes Health	Ms. Suzanne Sinclair Seneca County Manager FLH Board Member
Mr. Phil Beckley, Vice Chair FLH Board Member	Mr. Frank Korich Vice President, Administration Finger Lakes Health	Mayor Diane Smith Village of Seneca Falls
Ms. Mary Beer Director, Ontario County Public Health	Ms. Brenda Lucey Director of Clinical/Risk Management Finger Lakes Migrant Health	Ms. Lauren Snyder Dundee Community Health Project FLH Board Member
Dr. Bruce Birchenough, DMD Area Dentist	Dr. Joseph Lorenzetti Family Physician Geneva General Hospital	Ms. Vicki Swinehart Director, Seneca County, DOH
Ms. Marie Bruno Senior Citizens Representative	Mr. Terry MacNabb Superintendent, Waterloo CSD	Ms. Barbara Taney Community Services, FL Health
Prof. Mary Capozzi Finger Lakes Community College	Ms. Lucile Mallard Geneva Branch – NAACP	Ms. Virginia Torruella Safe Harbors
Mr. James J. Dooley President & CEO Finger Lakes Health	Mr. Doug Marchionda, Jr Mayor, Penn Yan	Ms. Lara Chatel Turbide V. P., Community Services Finger Lakes Health
Mayor Stu Einstein City of Geneva	Mr. Keith McCafferty Legal Assistance of the Finger Lakes	Mrs. Joanne Wisor FLH Board Member
Ms. Karen FitzGerald Geneva Recreation Department	Mr. Robert McKeveny Superintendent, Seneca Falls CSD	Dr. Robert Young Superintendent, Geneva City School District
Mrs. Eileen Gage VP, Nursing, Finger Lakes Health	Mr. Bill Namestnik Rushville Health Center	Mayor Ted Young Village of Waterloo
Ms. Andrea Haradon S2 AY Network (2009 Guest Member)	Ms. Janie Nusser Superintendent South Seneca School District	Ms. Mary Ann Zelazny Finance/IT Finger Lakes Migrant Health
Mr. John Hicks FLH Board Member	Ms. Ann Orman, Chairperson Superintendent, Penn Yan School District FLH Board Member	9/28/2009
Mr. Michael Hoose Superintendent, Romulus City School District		