**Member Survey responses relative to Policy Committee**

Survey link sent to 92 email addresses; 40 respondents; 42% response rate

8. The following Policy Initiatives were identified from an in-depth survey of NYSARH members conducting during the autumn of 2018. Please select High Priority, Priority or Lesser Priority for each to be Policy Initiatives for NYSARH during 2019-20.

Highest Priority Selections:

90% Preserve existing funding & infrastructure that support rural healthcare, disease prevention, health education and health workforce programs.

68% Implement strategies to increase the rural healthcare workforce. Shortages are experienced in all levels and disciplines.

66% Build capacity to provide more comprehensive, timely, affordable and effective behavioral health care.

46% Rethink current approaches to non-emergency medical transportation.

46% Continue authorization and funding for Population Health Improvement Program

1. What is new/different this year that should be added to this list?
	* + That is a very large list, is it possible to narrow it down to more bite size pieces, without losing the strength and ideas?
		+ Building Trauma-Informed Systems of Care Public Policy
		+ Integration of EMS into health care systems ... and EMS legislative changes in NYS to make community paramedicine and the CMS initiative ET3 legal.
		+ Substance Use
		+ Community Health Worker service codes/billing codes
		+ Getting health profession students to serve in a medically underserved area, connecting them to job opportunities, living and working in these rural areas.
		+ Capacity building for rural communities Addressing aging in place and social isolation for our aging populations
		+ It would be interesting to have population health data on the website to demonstrate some of the disparities in rural communities.
		+ Change ambulance payment so that EMS can get paid for treating at the scene without transport. This will reduce unnecessary ED visits.
		+ Policy statements on Medicare for All proposals and other new policy proposals vs. the current insurance structure and its role in rural hospital funding
		+ Funding opportunities for communities to support the housing issues. We need homes repaired to be livable. We need more training for housing inspectors We need more housing inspectors
		+ Creating on license at the state level to incorporate current Art 28, 31 and 32 requirements.
		+ The Upstate CBO Consortium - sustaining this initiative.
		+ Funding for 2-1-1 Information and Referral systems- many counties struggle with funding. 2-1-1 has great potential to help increase access to services if it had a stable funding structure statewide.
2. NYSARH provides several Advocacy Tools for members to utilize. Please select how likely you/your organization are to utilize/participate with these tools.

Most “Very Likely”

63% Advocacy Alerts emailed directly to you/your organization

45% Legislative Packets including Advocacy Priorities, Talking Points, NYSARH One-Page, Member Map etc.

42% Advocacy Priorities developed by the Policy Committee

42% Advocacy information in the Winter NYSARH e-newsletter

1. NYSARH presented Testimony to the NYS Assembly Health Committee on May 31st.

52.5% knew about testimony; 30% did not know; 20% read or watched; 12.5% contributed ideas; 2.5% do not think NYSARH should have testified