



DEPARTMENT OF HEALTH

County Office Building,
7 Court Street, Room #30
Belmont, New York 14813
Phone: (585) 268-9250
Fax: (585) 268-9264

Theresa Moore
Supervising PHE

Tyler Shaw
Env. Health Director

Lori Ballengee
Director

Brittney Schuld
DPS

David Rahr
Accountant

New York State 2019-2021 Community Health Assessment/
Community Health Improvement Plan/Community Services Program

Allegany County 2019-2021

Completed and submitted December 19, 2019

Loreen Ballengee, MS
Public Health Director

Allegany County Department of Health

Allegany County Department of Health

Theresa Moore, Supervising Public Health Educator
County Office Building, 7 Court Street
Belmont, New York 14813
585-268-9250
mooretk@alleganyco.com
www.alleganyco.com

URMC Jones Memorial Hospital

Brenda Szabo, Vice President of Diagnostics and Rehabilitation
191 North Main Street, PO Box 72
Wellsville, New York 14895
585-593-1100
szabob@jmhny.org
www.jmhny.org

Cuba Memorial Hospital

James Hanby, Respiratory Therapist
140 West Main Street
Cuba, New York 14727
585-968-2000
jhanby@cubamemorialhospital.org
www.cubamemorialhospital.com

Allegany County Community Wellness Committee

A. Executive Summary-Allegany County

1. The Prevention Agenda priorities and the disparity Allegany County has selected to work on with our community partners including our core group {the Allegany County Department of Health (ACDOH), Jones Memorial Hospital (JMH), and Cuba Memorial Hospital (CMH)} in 2019-2021 are:

Priority Area: Prevent Chronic Disease

Focus Area 1: Healthy eating and food security

Goal 1.1: Increase access to healthy and affordable foods and beverages

Objective: By December 2021 increase redemption percentage of farmers' market (FM) coupons in Allegany County.

Focus Area 4: Preventative care and management

Goal 4.4: In the community setting, improve self-management skills for individuals with chronic diseases including asthma, arthritis, cardiovascular disease, diabetes and prediabetes and obesity

Objective: 4.4.1 Increase the percentage of adults with chronic conditions (arthritis, asthma, CVD, diabetes, CKD, cancer) who have taken a course or class to learn how to manage their condition.

Priority Area: Promote Well-Being and Prevent Mental and Substance Use Disorders

Focus Area 2: Prevent mental and substance use disorders

Goal 2.5: Prevent suicide

Objective: 2.5.2 Reduce the age-adjusted suicide mortality rate by 10% to 11.43 (12.7 2014-2016) per 100,000 by 2021.

Disparity - Socioeconomic/Income

Strategies/activities for both priorities will be offered at low cost or no cost to the residents of Allegany County. Offering the evidence-based interventions/strategies/activities locally reduces the financial burden to the residents of Allegany County by reducing the travel and time expense to county residents.

2. Since 2013, Chronic Disease and Mental Health remain our priorities with changes to the selected focus areas in each for 2019-2021 (see Executive Summary part 1). The data that was reviewed by the core group and on

October 30, 2019 by the community stakeholders included the community survey results; focus group results; leading causes of death; leading causes of premature death; and the community health indicators (see section B. CHA.3 for more details on data reviewed). All of the data that was reviewed was organized and presented by Prevention Agenda 2019-2024 Priority Areas.

3. The core group of partners working in Allegany County consists of the Allegany County Department of Health, Jones Memorial Hospital, and Cuba Memorial Hospital. This core group works with the members of the Community Wellness Committee of Allegany County (CWC) to engage the broad community to complete the community survey and participate in the focus groups. The CWC identified the agency staff to attend the key stakeholders meeting on October 30, 2019 and participate in the data review; prioritization exercise (vote) for priorities and disparity; and SWOT analysis for the top two priorities. The core group met to assist with the content for the Community Health Assessment (CHA)/Community Service Plan (CSP)/Community Health Improvement Plan (CHIP). Thirteen agencies (30 staff) participated in the key stakeholders meeting and include Ardent Solutions, Inc. (rural health network) (see CHA section C. Community Health Improvement Plan/CHIP for the complete agency list). Each partners' role in the implementation process will be outlined in the CHA (section C. CHIP) work plan. ACDOH, CMH and JMH will work with key agencies for each focus area. For Priority Area: Prevent Chronic Disease, Focus Area 1: Healthy eating and food security: WIC, OFA, Cornell Cooperative Extension, Farmers Market managers, local farmers, CWC members and agencies hosting community gardens will work to increase the farmers market coupon redemption rates. For Priority Area: Prevent Chronic Disease, Focus Area 4: Preventative care and management: Ardent Solutions, Inc. (rural health network), agencies with staff trained to facilitate Chronic Disease Self-Management (CDSM) classes, CWC members, healthcare providers and their care managers will work to increase the number of adults with a chronic disease who take a course or class to learn how to manage their chronic disease. For Priority Area: Promote Well-Being and Prevent Mental and Substance Use Disorders, Focus Area 2: Prevent mental and substance use disorders: Ardent Solutions, Clarity Wellness Community, Suicide Prevention Coalition members, and CWC members will work to decrease the suicide rate by promoting and make successful suicide

prevention trainings and activities. The residents of Allegany County will be engaged in the interventions, strategies and activities outlined in the work plan and through community outreach and recruitment.

4. The evidence-based interventions/strategies/activities that will be implemented to address the specific priorities and the health disparity are:

- For Priority Area: Prevent Chronic Disease, Focus Area: Healthy Eating and Food Security
 - Interventions/strategies/activities will work toward increasing the redemption of farmers market coupons distributed through the Women, Infants, and Children Program (WIC) and the Office for the Aging (OFA). These will include but are not limited to developing a key stakeholders group; a work plan; increased access (day, time and location) to the farmers markets; increase knowledge of use, preparation and preservation of fruits and vegetables; and program review using guidance workbook to expand activities over year two and three.
- For Priority Area: Prevent Chronic Disease, Focus Area: Preventative Care and Management
 - Interventions/strategies/activities will work toward increasing the number of adults with a chronic disease who have taken a course or class to learn how to manage their condition. These will include but are not limited to identifying additional agencies and their staff to be trained to facilitate the Stanford University Chronic Disease Self-Management course (CDSM); Ardent Solutions, Inc. Master Trainer offering trainings to increase the number of facilitators in Allegany County for CDSM; offering a minimum of two CDSM workshop series each year and collaborating with area health care providers and their care managers to identifying their patients with chronic diseases and make referrals to CDSM.
- For Priority Area: Promote Well-Being and Prevent Mental and Substance Use Disorders, Focus Area: Prevent Mental and Substance Use Disorders
 - Interventions/strategies/activities will work toward decreasing the age-adjusted suicide mortality rates by 10% by 2021. These will include but are not limited to supporting and promoting the suicide prevention coalition activities; offering programming to prevent suicides including

ASIST, Mental Health First AID, Safe Talk and Talk Saves Lives, evaluating the suicide prevention program in Allegany County using RAND or a similar tool kit and developing an action plan for years two and three.

- For the Disparity - Socio-Economic/Income, evidence-based interventions/
 - Interventions/strategies/activities for both priorities will be offered at low cost or no cost to the residents of Allegany County. Offering the evidence-based interventions/strategies/activities locally decreases the financial burden to the residents of Allegany County by reducing the travel and time expense to county residents.

The evidence-based interventions/strategies/activities were selected through the SWOT analysis completed by the key stakeholders and through the Allegany County Community Wellness Committee discussions of needed programming. Some of the programs that were listed as strengths will be continued and expanded. Programs identified as weaknesses/opportunities because they are lacking in Allegany County will be implemented to help fill gaps in awareness, knowledge, and/or behavioral change.

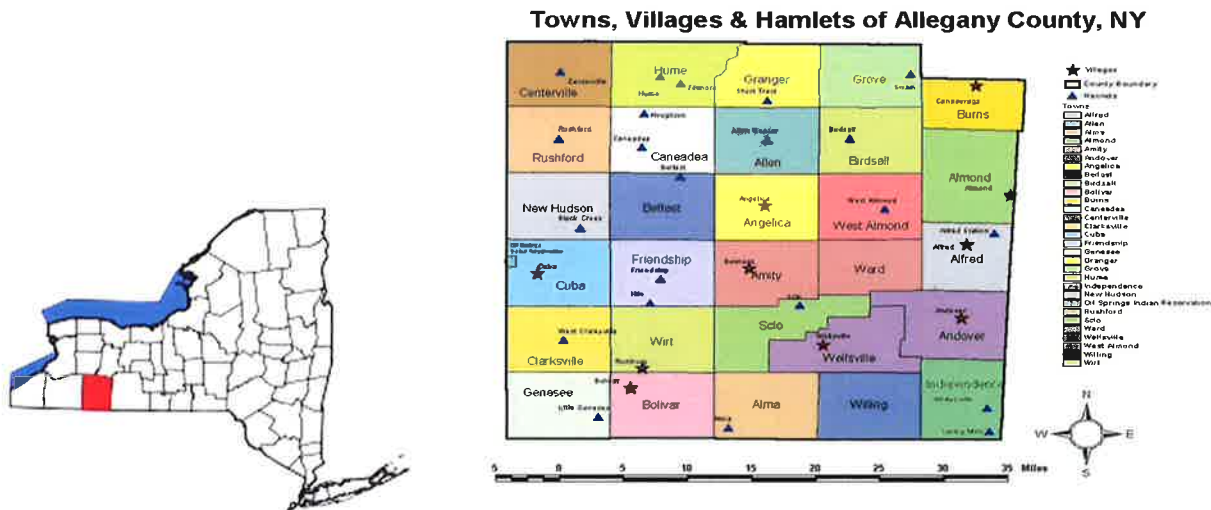
5. Progress and improvement will be tracked to evaluate impact through the Allegany County Community Wellness Committee (CWC) meetings. A representative from each focus area will report out at each CWC meeting, discussing programs completed, barriers to completing activities, new opportunities for expanding programming, etc. This will allow agencies to assist each other with awareness campaigns, referrals and to expand programming. The process measures being used include review of data; number of trainings offered, number of individuals trained; knowledge demonstrated in program evaluations; referrals from healthcare providers' care managers into CDSM programming; number of farmers markets accepting farmer's market coupons; and redemption rate of farmer's market coupons by WIC and OFA participants.

B. Community Health Assessment

1. A description of the community being assessed.

This Community Health Assessment encompasses Allegany County as a whole, the service area of the Allegany County Department of Health and the following service areas for Cuba Memorial Hospital and Jones Memorial Hospitals:

Cuba Memorial Hospital				Jones Memorial Hospital			
Primary Service Area		Secondary Service Area		Primary Service Area		Secondary Service Area	
Town/Village	Zip Code	Town/Village	Zip Code	Town/Village	Zip Code	Town/Village	Zip Code
Friendship	14739	Olean	14760	Wellsville	14895	Cuba	14727
Wellsville	14895	Belmont	14813	Scio	14880	Fillmore	14735
Belfast	14711	Andover	14806	Belmont	14813	Houghton	14744
Bolivar	14715	Scio	14880	Andover	14806	Ceres	14721
Cuba	14727	Rushford	14711	Alfred	14802	Centerville	14029



Demographics of Allegany County

Geography

- Allegany County is a rural county located along the Southern Tier of Upstate New York, with an area of 1,030 square miles. It is bordered by Cattaraugus, Wyoming, Livingston, and Steuben Counties in New York State, and by McKean and Potter counties in Pennsylvania.
- The population density is 47.6 people per square mile on the 2010 Census. The county has 12 public school districts, 3 colleges, 29 townships and 10 villages. Allegany County has no cities, population concentrations are in Wellsville, Alfred, Cuba, Bolivar and Andover.

Population

- The population of Allegany County continues to decrease. The 2018 estimated population is 46,430 a decrease of 5.1%. The 2010 U.S. Census data shows Allegany County population at 48,946, a decrease of 1.96% from the 2000 U.S. Census.
- The average births from 2014-2016 for Allegany County was 495 per year.
- The average deaths from 2008-2016 for Allegany County was 459 per year.

Race and Ethnicity (2013-2017 American Community Survey-U.S. Census)

- Caucasians (white) comprise the vast majority of Allegany County residents, making up 95.6% of the population.
- African Americans (1.4%); American Native/Alaska Native (0.3%); Asians (1.3%); Hispanic or Latino (1.7%); 2 or more races (1.4%)

Age and Gender

- The 2013-2017 American Community Survey from the U.S. Census showed the median age of Allegany County residents to be 38.6 years, with 50.7% male to 49.3% female ratio, slightly less than 1:1. Census data also shows that 26.8 % of the population is 19 years of age or younger. From 1970 to present, there has been little change in the composition of this age group. A little over 56% of the population is age 20-64 and 17.4% is age 65 or older. The data also indicates that the county's population is living longer. In 1970, the population age 65 and over totaled 5,113. By 1994, this number had increased 40%, to 7,159, in 2000 it increased to 7,000, in 2010 it increased to 7,443 (an increase of 6.3%) and in the 2013-2017 American Community Survey-U.S. Census it increased to 8,229 (a 10.56% increase from 2010).

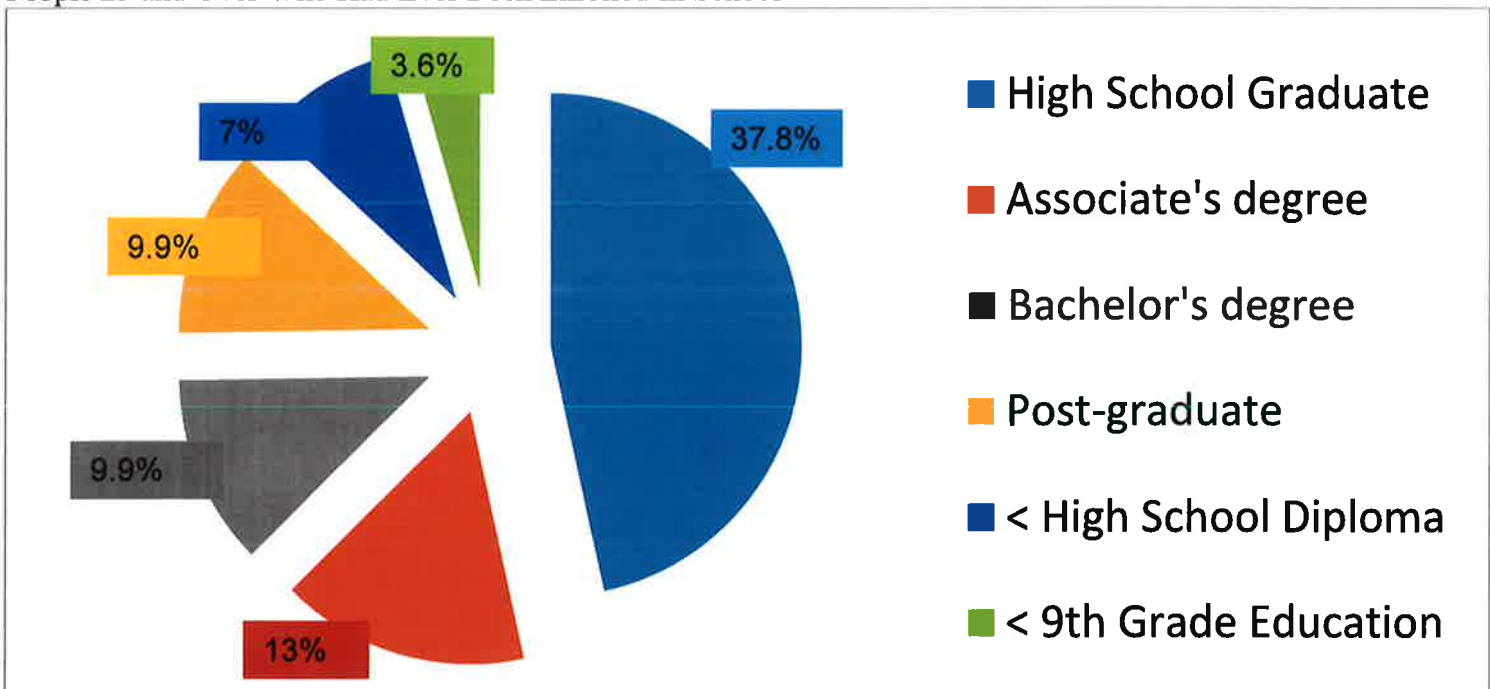
Marital Status

Allegany County New York based on the 2013-2017 American Community Survey 5-year Estimates shows total population 15 years and over 47.6% now married (not including separated); 6.8% widowed; 10.3% divorced; 2% separated and 33.2% never married. In comparison, males of the same age remain approximately the same except for 3.7% widowed and 37.2% never married and women are 9.9% widowed and 29.2% never married.

Education

2013-2017 American Community Survey 5- year estimates U.S. census.

People 25 and Over Who Had Ever Been Enrolled In School



Income and Poverty

- Income levels in Allegany County are among the lowest in the state. Per capita income shows the county's standard of living, and with a decrease in per capita income and an increase in median income, it shows a larger gap between the county's population groups based on income.

	Allegany County	New York State	United States
Per capita income	\$22,377	\$35,752	\$31,177
Median income	\$45,359	\$62,765	\$57,652
Mean income	\$56,806	\$93,443	\$82,283

*2013-2017 American Community Survey

- The 2013-2017 American Community Survey percentage of residents living below the federally determined guidelines for poverty in Allegany County is 16.5%, up from 15.5% in the 2000 Census. A total of 15.1% of New Yorkers live below the poverty level while 14.6% nationally live below poverty level.

	% children 5 & under living below poverty	% children ages 5-17 living below poverty	% of families living below poverty	% female householder, no husband present living below poverty
Allegany County	30%	23%	13.5%	30.7%
New York State	22.5%	19.5%	11.3%	26.9%

Employment

- Unemployment rates for Allegany County from January to September in 2019 (not seasonally adjusted) were between 6.7% and 4.6%.
- The 2013-2018 American Community Survey shows the unemployment rate for Allegany County as 7.3% and New York State is 6.8%
- The civilian employed population 16 years and over (20,132) breaks down into these occupations: 31.4% work in management, business, science and arts; 22.2% service occupations; 19.2% sales and office occupations; 16.6% production, transportation and material moving occupations and 10.5% natural resources, construction and maintenance occupations.
- Dividing the employed population by industry looks like this: 32.4% educational services and health care and social assistance; 15.6% manufacturing; 9% arts, entertainment and recreation and accommodation and food services; 8.6% retail trade; 6.4% construction; 5.5% other services, except public administration; 5.0% professional, scientific, and management and administrative and waste management services; 4.4% public administration; 4.3% transportation and warehousing and utilities; 3.7% agriculture, forestry, fishing and hunting and mining; 2.4% finance and insurance and real estate and rental and leasing; and 1.3% information.
- Class of worker for Allegany County is broken down into 73.6% private wage and salary workers; 19.3% government workers and 6.8% self-employed in own not incorporated business workers.

Disabilities for Allegany County from U. S. Census 2013-2017 American Community Survey

- 15.6% of total civilian non institutionalized population with a disability
- 6.1% under 18 years of age with a disability
- 12.3% 18 to 64 years of age with a disability
- 39.4% 65 years and over with a disability

Mobility for Allegany County from U.S. Census Quick Facts 2013-2017

- 21.4 minutes is the mean travel time to work for workers age 16 years plus
- 9.4% of occupied housing units have no vehicles
- 35.7% of occupied housing units have one vehicle
- 36.6% of occupies housing units have two vehicles
- Ardent Solutions, Inc. offers Access Allegany a public transportation system with buses with six service areas and a loop of the largest village, Wellsville.

Home Ownership and age of housing for Allegany County from U.S. Census 2013-2017

- 26,388 housing units in Allegany County
- 74.3% are owner occupied housing
- 38.2% was built in 1939 or earlier
- 14.5% was built between 1940-1959
- 21.9% was built between 1960-1979
- 98.4% of occupied housing units have plumbing facilities
- 97.8% of occupied housing units have kitchen facilities

Health Insurance Status from U. S. Census 2013-2017 American Community Survey

- 90.1% under age 19 years have health insurance
 - 86.5% under 6 years have health insurance
- 90.4% age 19 to 64 years have health insurance
 - 86.7% age 26 to 34 years have health insurance
 - 88.8% age 45 to 54 years have health insurance
- 99.7% age 65 and older have health insurance
- 78.3% Asian alone have health insurance
- 79.2% less than high school graduates have health insurance
- 81.5% of unemployed have health insurance
- 86.8% with household income under \$25,000 have health insurance
- 89.8% with household income between \$25,000 to \$49,999 have health insurance

Access to a regular source of care

- As our populations of dental, medical and mental health care providers leave the area or retire, attracting new providers to this rural area is difficult.
- Patient to Provider Ratios based on County Health Rankings for 2019
 - Primary care physicians-2,480:1
 - Dentists-3,350:1
 - Mental health provider-520:1

Immigrant/migrant status for Allegany County from U. S. Census 2013-2017 American Community Survey

- U.S Citizenship status for foreign-born population (total 1,154, 2.4% of total AC population)
 - Naturalized U.S. citizen 46.4% (536)
 - Not a U.S. citizen 53.6% (618)

Health Status of the Allegany County population

Allegany County's population is not culturally diverse comprised of 95.6% white/Caucasian and health disparities broken down by racial or ethnic groups are very small numbers of population. Allegany County has almost 1,400 Amish located mostly on the Western side of the county, with a small group on the Eastern side. The Amish population is worth mentioning since most do not participate in the census; do not have public or private health insurance and due to religious beliefs, is not immunized to New York State recommendations.

The Robert Wood Johnson foundation's County Health Rankings out of 62 counties (62nd being the worst ranking) placed Allegany County in 2019 for:

- **Health Outcomes-40**
- **Health Factors-49**
- **Length of Life-33**
 - Premature deaths <75 years of age and years of potential life lost.
- **Quality of Life-42**
 - The factors contributing to quality of life include poor or fair health, poor physical health days, poor mental health days, and low birthweight.
- **Health Behaviors-56**
 - Health behaviors including adult smoking, adult obesity, physical inactivity, excessive drinking, alcohol-impaired driving deaths, motor vehicle crash death rate, sexually transmitted infections and teen birth rates contribute to Allegany County's high number.
- **Clinical Care-29**
 - Clinical care includes uninsured adults, uninsured, primary care physicians' ratio to patients, dentists' ratio to patients, mental health providers' ratio to patients, preventable hospital stays, diabetic screening, mammography screening and flu vaccinations.
- **Social & Economic Factors-50**
 - Social and economic factors contributing to the high number for Allegany County include high school graduation, amount of college, unemployment, children in poverty, children in single-parent households, and injury deaths.
- **Physical Environment-36**
 - Physical environment includes air pollution, drinking water violations, severe housing problems, driving alone to work, and long commute to work.

Premature death sub-county data shows that the Hamlet of Black Creek, Village of Canaseraga, Scio, Rushford, and the Village of Bolivar have the highest years of potential life lost in Allegany County. Allegany County's overall years of potential life lost (5,964) exceeds the New York State (5,352) and the New York State (excluding NYC) (5,528).

Premature Death (death before age 75 years)/Years of Potential Life Lost, By Zip Code, 2009-2013

Sub-County data	Sub-County Data	Total Premature Deaths	Years of Potential Life Lost
Town/Village	ZIP code		
Farmersville Station	14060	13	4,552
Alma	14708	4	4,798*
Angelica	14709	28	6,206
Belfast	14711	41	5,712
Black Creek	14714	12	10,785
Bolivar	14715	60	7,310
Caneadea	14717	10	4,339
Cuba	14727	93	5,479

Fillmore	14735	40	5,631
Friendship	14739	64	6,864
Houghton	14744	15	2,614
Little Genesee	14754	10	6,801
Rushford	14777	11	8,651
Alfred	14802	6	1,362*
Alfred Station	14803	14	2,844
Almond	14804	17	2,895
Andover	14806	38	4,767
Belmont	14813	58	8,054
Canaseraga	14822	32	10,545
Scio	14880	44	9,910
Swain	14884	7	2,804*
Wellsville	14985	201	6,894
Whitesville	14897	19	7,533
Total			
Allegany County		847	5,964
Western New York		29,954	6,831
New York State (excluding NYC)		178,012	5,528
New York State		292,218	5,352

*less than 10 deaths, there rate may not be stable

s data does not meet reporting criteria

Data source: New York State Vital Records Table source: NYSACHO-sub county health data report for Allegany County

Leading Causes of premature (<75) deaths, 2016

	Allegany County		New York State	
	# cases	Aged adjusted rate per 100,000	# cases	Aged adjusted rate per 100,000
Cancer	62	100.9	12,076	83.6
Heart Disease	24	42.0	7,846	55.2
Chronic Lower Respiratory Disease	17	26.4	1,833	12.3
Unintentional Injury	12	26.6	3,684	34.8

Source: NYSDOH

Leading Causes of death, 2016

	Allegany County		New York State	
	# cases	Aged adjusted rate per 100,000	# cases	Aged adjusted rate per 100,000
Cancer	113	179.6	35,170	146.7
Heart Disease	92	149.1	43,869	177.0
Chronic Lower Respiratory Disease	47	47	6,808	28.2
Diabetes	22	22	4,006	16.8

Source: NYSDOH

2. The Allegany County Community Wellness Committee invited Key Community Stakeholders to a meeting on Wednesday, October 30, 2019 to discuss the main health challenges facing Allegany County residents. Theresa Moore, Supervising Public Health Educator from the Allegany County Department of Health presented the following data at this meeting: Allegany County demographics (U.S. Census 2018 estimated population and 2013-2017 American Community Survey); Allegany County's community health survey and focus group results; leading causes of death and premature death data; and community health indicators (2016 BRFSS, SPARCS, 2014-2016 mortality, vital records, NYSDOH office of Quality and Patient Safety, Cancer Incidence and Mortality 2012-2016).

The demographics of those who completed the community health survey included 85% female; 27% age 55-65 and 22% age 45-54; 66% currently employed for wages; 25% household income between \$25,000-\$49,000 and 25% \$50,000-\$75,000; 97% Caucasian/white; 97% have health care coverage or health insurance; 69% have health insurance through their employer and highest represented zip codes were Wellsville, Belmont, Andover, Scio and Angelica. The survey demographics for gender, employment, household income and zip code are not representative of Allegany County demographics. Focus groups were selected to represent populations not well represented with completed surveys including low income and males. The data was sorted and presented by each of the five prevention agenda priorities. Data reviewed at key stakeholders meeting is included in section B. CHA.3.

The main health challenges facing Allegany County residents are the leading causes of death: heart disease, cancer, chronic lower respiratory disease, and diabetes. Other health challenges include the leading causes of life lost by premature deaths from cancer, heart disease, chronic lower respiratory disease and unintentional injuries. The contributing causes to the health challenges can be summarized in each of the broad determinants of health:

- a. Behavioral risk factors for Allegany County include adult smoking, adult obesity, physical inactivity, excessive drinking, alcohol-impaired driving deaths, motor vehicle crash death rate, sexually transmitted infections and teen birth rates.
- b. Environmental risk factors for Allegany County's natural and built environment include air pollution from local industry, drinking water violations in public and private water supplies, severe housing problems from age of homes and lack of repairs, driving alone to work and long commutes to work. Population is spread out over county and not trusting of ride sharing, carpooling or public bus system.
- c. Socioeconomic factors for Allegany County include high school graduation rates, percentage of population with college degrees, unemployment rates, children living in poverty, children living in single-parent households and injury deaths.
- d. Policy environment factors for Allegany County include a population living in a very rural county with few walkable communities, few enforced smoke-free parks, few restaurants with healthy options labeling and a limited number of worksites with good employee health prevention programs.
- e. Allegany County is a very rural county with a large poor population that lives a multi-generational lifestyle of poor health and poor health habits. This population does not buy into the idea of prevention education to help our children live longer, healthier lives.

3. Allegany County has assets and resources that can be mobilized and employed to address the health issues identified, prevention agenda priorities Chronic Disease and Mental Health, for the 2019-2021 focus areas of healthy eating and food security; preventative care and management; and prevent suicide.

- The Allegany County Department of Health oversees the WIC program which offers farmers market coupons to their participants each year; works with them on how to use produce that is in season; gives information about the farmers markets to their participants; can track redemption rates of WIC farmers market coupons; has past connections with farmers that have been willing to set up at WIC sites; is a

member of CWC and will be part of the group working on the work plan and activities to increase the redemption rates of the coupons. ACDOH employees the Supervising Public Health Educator who is responsible to compile and compose the CHA/CHIP/CSP combined document; submit the documents, updates and changes to the CHIP annually to NYSDOH; and facilitates the CWC meetings. ACDOH will have an education staff person trained to facilitate the CDSM classes, will offer a site for meetings, and work with other agencies to offer classes in Allegany County.

- CMH is a member of CWC; will have a staff person trained to offer CDSM classes; offer a site for classes; and work with their Urgent Care to use a mental health screening tool with their patients.
- JMH is a member of CWC; offers meeting space for CWC; is a member of the core group working on the CHA/CHIP/CSP; gave space and refreshments for the key stakeholders meeting; offers a connection to their medical offices and care managers who can make referrals to CDSM classes; offer a site for the classes; a connection to their care managers who offer a blood pressure monitoring program; and the Emergency Department and Walk in Clinic offers mental health screening to their patients currently.
- Ardent Solutions, Inc. (rural health network) is a member of CWC; has a master trainer for CDSM that can train others in the county to facilitate CDSM; facilitates the growing stronger programs at the OFA nutrition sites; can make referrals to the CDSM; will set up and take reservations for CDSM programs; oversees ACCESS Allegany the local bus transportation system; employees the coordinator for the suicide prevention coalition and oversees the training programs for suicide prevention (ASIST, Mental Health First AID, Safe Talk and Talk Saves Lives).
- Allegany County Office for the Aging has committed to participating with the key stakeholders group working on the work plan and activities to increase redemption of the farmers market coupons; can provide redemption rates for OFA farmers market coupons; can work with their participants on produce preparation and usage; can assist with awareness and marketing of farmers markets; can offer a site for CDSM classes; can make referrals to CDSM classes through their nutrition sites and growing stronger programs; can advertise programming in their newsletter "Silver Linings"; has a staff person trained to facilitate CDSM classes; and offer farmers market coupons to their low income participants.
- Cornell Cooperative Extension of Allegany County has committed to participating with the key stakeholders group working on the work plan and activities to increase redemption of the farmers market coupons; has a SNAP Nutrition Educator who provides education to low income families on food preparation and budgeting; has a Farm to School educator who has conducted Farmers Market Nutrition Programming during the summers of 2017 and 2018; has access to other extension offices that can offer food preservation workshops; has connections to volunteers interested in growing produce and food preservation; has staff that works with local farmers and farmers markets; can offer a site for CDSM classes; and can make referrals to CDSM classes.
- Allegany County Farmers Markets in Alfred, Angelica, Belmont and Wellsville can offer the needed produce for purchase using farmers market coupons; Alfred, Angelica, Belmont and Wellsville accept the WIC and OFA farmers market coupons; assist with education on how to use produce; and promote use of farmer's market coupons.
- Cuba Cultural Center offers a community meal every Tuesday; mobile food pantry 1-3 times per month; a food pantry with a monthly food box distribution once a month and emergency food boxes; back pack program in three school districts offering nutritious kid friendly food to hungry children for consumption over the weekend; community gardens; Salvation Army Service Extension Unit offering rent, utilities and emergency assistance; summer bike program for children and adults who cannot afford a bike;

survivors of suicide loss support group; advocacy and justice work; educational programs; participate in the key stakeholders group working on the work plan and activities to increase redemption of farmers market coupons; assistance with CDSM classes and referrals; and participation in the Suicide Prevention Coalition of Allegany County.

- Fassett Greenspace Project (Art for Rural American) offers a community garden and ADA compliant accessible outdoor public garden.
- Clarity Wellness Community (formerly ARA) offers counseling services; personalized recovery oriented services (PROS); clinic services; community based services; emergency help; is a member of CWC; and will assist with prevention of suicide projects and coalition.

The documentation of the process and methods used to conduct the assessment, the sources and time periods of data used, how the preliminary findings of the assessment were distributed to the community-at-large and how the community input was sought are described in this section and include the data that was reviewed at the key stakeholders meeting.

- In 2018, the core group {Allegany County Department of Health (ACDOH), Cuba Memorial Hospital (CMH) and Jones Memorial Hospital (JMH)} started to meet to discuss the Community Health Assessment (CHA), Community Health Improvement Plan (CHIP), and hospital Community Service Plan (CSP). The vision of this group is to collaboratively build the infrastructure and capacity of our local healthcare delivery system to make Allegany County the healthiest community in New York State. The Community engagement process that was used to select or confirm existing priorities followed these steps:
 - Community Health Improvement Leadership Academy (CHILA) Trainings were held in 2018 and 2019 for the Western New York counties (members of CWC attended)
 - April 2019 the states of solutions meeting was held in Ellicottville to discuss how to build greater community wealth and resilience (members of CWC attended)
 - September 2018 Allegany County Community Wellness Committee (CWC) put together a subcommittee to work on the Community Health Survey
 - Survey monkey was put together and results of completed survey were compiled by Population Health Collaborative of Western New York
 - Community Health Survey was released in Mid-January and closed mid-April 2019 (516 Allegany County residents completed the survey)
 - Quantitative Data Gathering and Analysis-May through October 2019
 - 6 Focus Groups were conducted between June and October 2019 (106 total participants)
 - Identify Key Stakeholders-August 2019
 - Key Stakeholders met October 30, 2019 (see agencies in attendance in section C. CHIP.1). The agenda for the key stakeholders meeting was:
 - Data Presentation by prevention agenda priorities: survey and focus group results; leading causes of death and premature death; and community health indicators (Theresa Moore, Allegany County Department of Health)
 - Prioritization Exercise-Identifying our top 2 health priorities-See below explanation of exercise and voting point results

- Round Table Discussions-What is happening now to address the health indicators and discussion of next steps (SWOT analysis-Strengths, Weaknesses, Opportunities and Threats)

The power point presentation of data by prevention agenda priorities included the information below:

Prevent Chronic Disease

- **Community Health Survey**-review of the community health survey for Allegany County showed our population is not getting enough physical activity or exercise; not eating enough fruits or vegetables each day; purchasing fast food or prepared foods too often each week; leaving the county for cancer screenings; have a diagnosis of high cholesterol, heart related issues like high blood pressure, heart disease or stroke risk; 14.37% adults using nicotine products; drinking water and unsweetened beverages; need more affordable fresh fruits and vegetables; and need more healthy food choices at local convenience stores.
- **Focus Groups**-review of the top issues identified and discussed by the focus groups related to preventing chronic disease were transportation, access to medical providers/hospitals/mental health/dentists, lack of healthy food/poor nutrition and lack of physical activity/exercise.
- **Leading causes of deaths** for Allegany County residents for 2016 shows #1 cancer, #2 heart disease and #3 chronic lower respiratory diseases (CLRD). From 2008-2016 heart disease was #1 for 6 of the 9 years; cancer was #2 for 6 of the 9 years; and CLRD was #3 all 9 years. This is very similar for the leading causes of death for men and women over the same 9 years.
- **Leading causes of premature deaths (<75 years)** for Allegany County residents for 2008-2016 #1 for all 9 years is cancer, #2 for all 9 years is heart disease and #3 for 6 of the 9 years was CLRD.
- **Cancer incidence** for Allegany County from 2012-2018 showed #1 lung/bronchus, #2 colorectal and #3 colon excluding rectum. For the male only population #1 Prostate, #2 lung/bronchus and #3 colorectal. For the female only population #1 breast, #2 lung/bronchus and #3 colorectal.
- **Cancer mortality** for Allegany County from 2012-2018 showed #1 lung/bronchus, #2 colorectal, and #3 colon excluding rectum. For the male only population #1 lung/bronchus, #2 prostate and #3 colorectal. For the female only population #1 lung/bronchus, #2 breast and #3 colorectal.

Prevent Chronic Disease					
Community Health Indicators	Data Years	Allegany County	New York State	Western New York	Prevention Agenda 2018 goal
Adults who are obese	2016	35.5%	25.5%		23.2%
Cigarette smoking among adults	2016	23.5%	14.2%		16.7%
Age-adjusted CLRD mortality rate per 100,000	2014-2016	62.9	28.9	43.7	
Rate of hospitalizations for short-term complications of diabetes per 10,000 aged 6-17 years	2016	10.6	3.04	6.3	3.06
Age-adjusted diabetes mortality rate per 100,000	2014-2016	33.7	17	22	
Adults who received a colorectal cancer screening based on the most	2016	64.2%	68.5%		80%

recent guidelines aged 50-75 years					
Age-adjusted congestive heart failure mortality rate per 100,000	2014-2016	25.1	13	24.8	
Congestive heart failure premature death aged 35-64 years rate per 100,000	2014-2016	13.5	5.5	3.5	
Age-adjusted heart attack hospitalization rate per 10,000 population	2016	16.3	14		14

Promote a Healthy and Safe Environment

- Community Health Survey-review of the community health survey showed our population would exercise more if they had discounts to exercise programs or gym memberships; a friend to exercise with and a safe place to walk or exercise.
- Focus Groups- review of the top issues identified and discussed by the focus groups related to promote a healthy and safe environment were jobs, transportation, lack of healthy food/poor nutrition and lack of physical activity/exercise.

Promote a Healthy and Safe Environment					
Community Health Indicators	Data Years	Allegany County	New York State	Western New York	Prevention Agenda 2018 goal
Rate of emergency department visits due to falls per 10,000 –aged 1-4 years	2014	725.5	440.1		429.1
Percentage of employed civilian workers age 16 and over who use alternate modes of transportation to work or work from home	2012-2016	24%	45.7%		49.2%

Promote Healthy Women, Infants and Children

- Community Health Survey-review of the community health survey showed 58% of our population knows where to find family planning services and reproductive health services; 6.92% leave the county for family planning or reproductive health services; the reasons they leave the county for services include better quality of care and there are no providers in Allegany County.
- Focus Groups- review of the top issues identified and discussed by the focus groups related to promote a healthy and safe environment were jobs, transportation, and access to medical providers/hospitals/mental health/dentists.

Promote Healthy Women, Infants and Children					
Community Health Indicators	Data Years	Allegany County	New York State	Western New York	Prevention Agenda 2018 goal
Premature births; ratio of Medicaid births to non-Medicaid births	2014-2016	1.31	1.06		1.00

Percentage of children who have had recommended number of well child visits in government sponsored insurance programs	2016	61.4%	74%		76.9%
Percentage of live births that occur within 24 months of a previous pregnancy	2016	32.2%	19.8%		17%
Percentage of live births conceived within 18 months of a previous live birth	2014-2016	39.8%	31.2%	36.6%	
Percentage of births to women aged 25 years and older without a high school education	2014-2016	17.1%	12.8%	8.3%	
Percentage of births with late (3 rd trimester) or no prenatal care	2014-2016	10.2%	5.6%	5.4%	
Percentage of pregnant women in WIC who are pre-pregnancy underweight (BMI less than 18.5)	2010-2012	5.1%	4.7%	4.5%	
Mortality rate per 1,000 live births-fetal death (20 weeks gestation or more)	2014-2016	5.9	6.0	4.5	
Mortality rate per 1,000 live births-perinatal (28 weeks gestation -<28 days of life)	2014-2016	10.5	9.1	9.5	
Mortality rate per 1,000 live births-perinatal (28 weeks gestation -<7 days of life)	2014-2016	7.2	5.1	7.2	

Promote Well-Being and Prevent Mental and Substance Use Disorders

- Community Health Survey-review of the community health survey showed 24.36% of our population has been told by a doctor or a nurse they have mental health disorder, depression or anxiety; 57.36% have drank alcohol (beer, wine, liquor) in the past 30 days; of those that drank 72.7% had 0-3 servings in a week and 19.8% have 4-7 servings in a week; 81.28% knows where to dispose of unused prescription drugs and 54.32% know where to find depression/mental health services; 10.18% leave the county for depression or mental health services; the reasons they leave the county for services include better quality of care and there are no providers in Allegany County.
- Focus Groups- review of the top issues identified and discussed by the focus groups related to promote well-being and prevent mental and substance use disorders were transportation, access to medical providers/hospitals/mental health/dentists, mental health and recreational use of illegal drugs/prescriptions (not prescribed by a doctor).

Promote Well-Being and Prevent Mental and Substance Use Disorders					
Community Health Indicators	Data Years	Allegany County	New York State	Western New York	Prevention Agenda 2018 goal
Age adjusted percentage of adults with poor mental health for 14 or more days in the last month	2016	14.5%	10.7%		10.1%
Age adjusted suicide death rate per 100,000 population	2014-2016	12.7	8.0		5.9
Suicide mortality rate per 100,000	2014-2016	14.1	8.4	12.5	

Alcohol related motor vehicle injuries and deaths per 100,000	2014-2016	55.5	29.9	39.7	
Age adjusted percentage of adults binge drinking during the past month	2016	24.2	18.3	21.2	18.4
Percentage of cigarette smoking among adults	2016	23.5	14.2		12.3

Prevent Communicable Diseases

- Community Health Survey-review of the community health survey showed 46% of our population knows where to find HIV and sexually transmitted infection testing and treatment; 2.44% leave the county for HIV and Sexually transmitted testing and treatment; the reasons they leave the county for services include better quality of care and there are no providers in Allegany County.
- Focus Groups- review of the top issues identified and discussed by the focus groups related to prevent communicable diseases were transportation and access to medical providers/hospitals/mental health/dentists.

Prevent Communicable Diseases					
Community Health Indicators	Data Years	Allegany County	New York State	Western New York	Prevention Agenda 2018 goal
Percentage of adolescent females that received 3 or more doses of HPV vaccine-ages 13-17 years	2016	33.1			50
Percentage of sexually active young women (aged 16-24) with at least one chlamydia test in Medicaid program	2016	38.5	74.3	68.9	
Percentage of children aged <19 years with health insurance	2016	96.5%	97.4%		
Pneumonia/Flu hospitalization rate per 10,000-aged 65 years and older	2016	117.3	87.3	81.6	
Pertussis incidence per 100,000	2014-2016	10.5	5.1	7.0	
Salmonella incidence per 100,000	2014-2016	16.2	11.6	10.9	

Socioeconomic/income Disparity

- Focus Groups- review of the top issues identified and discussed by the focus groups related to a socioeconomic disparity were jobs, transportation and access to medical providers/hospitals/mental health/dentists.

Socioeconomic/income Disparity					
Community Health Indicators	Data Years	Allegany County	New York State	Western New York	Prevention Agenda 2018 goal
Percentage of labor force	2017	6.7%	4.7%	5.5%	

unemployed					
Percentage of population in poverty	2016	18.4%	14.8%		
Percentage of children aged <18 years below poverty	2016	25.8%	20.8%		
Annual median Household income in US Dollars	2016	\$45,226	\$62,700		
Percentage of population with a disability	2012-2016	15.5%	11.2%		
Age-Adjusted Emergency Department visit rate per 10,000	2016	5728.2	4133.4	4305.3	

C. Community Health Improvement Plan/Community Services Plan

1. The Allegany County Prevention Agenda Priorities and the health disparity being addressed and chosen by community partners including the ACDOH, CMH and JMH are:

Priority Area: Prevent Chronic Disease

Focus Area 1: Healthy eating and food security

Focus Area 4: Preventative care and management

Priority Area: Promote Well-Being and Prevent Mental and Substance Use Disorders

Focus Area 2: Prevent suicide

Disparity - Socio-Economic/Income

In 2018 the core group {Allegany County Department of Health (ACDOH), Cuba Memorial Hospital (CMH) and Jones Memorial Hospital (JMH)} started to meet to discuss the Community Health Assessment (CHA), Community Health Improvement Plan (CHIP), and hospital Community Service Plan (CSP). The vision of this group is to collaboratively build the infrastructure and capacity of our local healthcare delivery system to make Allegany County the healthiest community in New York State. The Community engagement process that was used to select or confirm existing priorities followed these steps:

- Community Health Improvement Leadership Academy (CHILA) Trainings were held in 2018 and 2019 for the Western New York counties (members of CWC attended)
- April 2019 the states of solutions meeting was held in Ellicottville to discuss how to build greater community wealth and resilience (members of CWC attended)
- September 2018 Allegany County Community Wellness Committee (CWC) put together a subcommittee to work on the Community Health Survey
- Survey monkey was put together and results of completed survey were compiled by Population Health Collaborative of Western New York
- Community Health Survey was released in Mid-January and closed mid-April 2019 (516 Allegany County residents completed the survey)
- Quantitative Data Gathering and Analysis-May through October 2019
- 6 Focus Groups were conducted between June and October 2019 (106 total participants)
- Identify Key Stakeholders-August 2019
- Key Stakeholders met October 30, 2019 (see agencies in attendance below). The agenda for the key stakeholders meeting was:

- Data Presentation by prevention agenda priorities: survey and focus group results; leading causes of death and premature death; and community health indicators (Theresa Moore, Allegany County Department of Health)
- Prioritization Exercise-Identifying our top 2 health priorities-See below explanation of exercise and voting point results
- Round Table Discussions-What is happening now to address the health indicators and discussion of next steps (SWOT analysis)- See below explanation of discussion groups and SWOT analysis

The Key Stakeholders in attendance on October 30, 2019 included:

Allegany County Department of Health-Theresa Moore, Supervising Public Health Educator; Lauri Smith, WIC Program Coordinator; Melissa Watson, WIC; Michelle Winicki, WIC; Brittney Schuld, Director of Patient Services; Megan Bianchi, WIC

Cuba Memorial Hospital-James Hanby, Respiratory Therapist; Amy Bump, Social Worker

Jones Memorial Hospital-Eva Benedict, President/Chief Executive Officer; Brenda Szabo, Vice President of Diagnostics and Rehabilitation; Donna Bliven, Vice President of Patient Care Services

Ardent Solutions, Inc. (rural Health network)-Jose Soto, Systems Transformation Manager

Operations Specialist, Cultural Competence and Health Literacy; Brent Tinchler, Community Health Education Specialist

Other agencies: Vicky Grant and Edna Kayes, AC Department of Social Services; Sherri Weirich, AC Employment and Training; Ink Young, Home Care and Hospice; Briana Skiver, Director of Child Care at YMCA; Kelly Dickerson, Clarity; Joann LaForge, ARC; Melissa Biddle, ACCORD; Belinda Knight, ACCORD; Derrick Ek, AIM; Kristina Hawes, Center for Community Health & Prevention; Casey & Anita Jones, Hope Center Wellsville; Joann McAndrew, Total Senior Care; Leilani Pelletier, UB Center of Excellence for Alzheimer's Disease; William Penman, Allegany Council on Alcoholism and Substance Abuse; Brent Raabe, YMCA of Twin Tiers

The Prioritization Exercise to identify our top two health priorities resulted in the scores listed below:

Priority Area: Prevent Chronic Disease -Total 71 points

(15 Yellow x 3 points = 45 points, 8 Pink x 2 points = 16 points, 10 Blue x 1 point = 10 points)

Priority Area: Promote Well-Being and Prevent Mental and Substance Use Disorder-Total 68 points

(12 Yellow x 3 points = 36 points, 12 Pink x 2 points = 24 points, 8 Blue x 1 point = 8 points)

Others priority areas receiving points include:

Priority Area: Promote Healthy Women, Infants and Children- total 24 points

Priority Area: Promote a Healthy and Safe Environment-total 15 points

Priority Area: Prevent Communicable Disease-total 6 points

Disparity

Socio-Economic/income/poverty/jobs- 16 votes

Geography/rural isolation/accessibility- 3 votes

Age; Religious beliefs (Amish) & Religions; and Holistic Health all tied with 2 votes each

The key stakeholders were asked to work with one of four teams (2 teams for Prevent Chronic Disease and 2 teams for Promote Well-Being and Prevent Mental and Substance Use Disorders) to complete a brainstorm of strengths, weaknesses, opportunities and threats (SWOT analysis) for their priority area. After reviewing the SWOT analysis, the key stakeholders discussed "Where do we go from here"; the agenda for the next Community Wellness Committee meeting on November 6, 2019 where we decided on evidence based interventions, strategies and activities for the Community Health Improvement Plan (CHIP); and how preventing chronic disease in Allegany County and Western New York fits into the 3-4-50 Frame Work which says 3 behaviors (tobacco use, poor diet & sedentary lifestyle) contribute to 4 conditions (cancer, cardiovascular

disease, chronic lower respiratory disease & diabetes) that cause 50% of deaths (63% in Allegany County in 2016). The discussion groups of stakeholders (CWC) will continue to meet, expand membership and work on the goals, objectives and evidence based interventions/strategies/activities listed in the Community Health Improvement Plan (Chart) section of this report.

2. The work plan below includes the goals, objectives, intervention strategies and activities that will be implemented for the 2 priority areas and the process measures that will be used to track progress over the 3-year period 2019-2021. In section 3 of the B. CHA the actions for JMH (hospital), CMH (hospital) and ACDOH (local health unit) are addressed in the summary of assets and resources that each can mobilize to address the health priorities identified. The roles and resources of other participants, stakeholders, local governmental agencies or community-based organizations is also discussed in section 3 of the B. CHA in the summary of assets and resources, which is organized by partner. The work plan below addresses the actions that will address the socioeconomic /income disparity for each of the 2 priority areas.

3. The process that will be used to maintain engagement with local partners over the next three years will include Allegany County Community Wellness Committee (CWC) meetings (at least 4 per year) to plan, execute, evaluate and make changes to the CHIP (Chart) for both Priorities. Progress updates will be given at this meeting from members and minutes will record progress toward our goals and objectives. Committee member expansion will be an ongoing process. Member agencies will be recruiting additional interested agencies on an ongoing basis.

The process that will be used to track progress and make mid-course corrections will include progress updates at each ACCWC meeting and minutes from each meeting to record the progress toward our goals and objectives. Mid-course corrections will be recorded in an updated CHIP (Chart).

4. The plans for dissemination of the executive summary and the whole CHA-CHIP-CSP to the public include posting and announcements of these documents being released on the websites and social media pages of ACDOH, JMH, CMH, Ardent, Inc. and any other agencies on the committee and/or key stakeholders group who would like to add this document. Staff from these agencies, as well as, the key stakeholder agencies and CWC will announce at programs, health fairs and meetings that the new CHA-CHIP-CSP for Allegany County is available and give addresses of websites with this document. Copies of the document will be made available by email or mail upon request.

Work plan for Priority Area: Prevent Chronic Disease: Focus Areas 1: Healthy eating and food security and 4: Preventative care and management

Goal	Objectives	Interventions/Strategies/Activities	Family of Measures	Partner Role	Partner Resources	Disparity
1.1 Increase access to affordable foods and beverages.	By December 2021 increase redemption percentage of farmers' market (FM) coupons in Allegany County.	Develop a key stakeholders meeting to include all area farmer's market (FM) managers, WIC staff, OFA staff, JMH staff, CMH staff, ACDOH staff, agencies with community gardens, and Cornell Cooperative Extension (CCE) staff. Group will meet a minimum of 4 times per year to plan activities to increase redemption of FM coupons. Will be using guidance materials on "how to grow nutrition incentive program" workbook to develop activities for 3 years.	# of Farmers' Markets accepting FM coupons # of FM coupons redeemed by WIC participants # of FM coupons redeemed by OFA program participants	ACDOH, CMH, JMH will work with key stakeholders to develop work plan activities.	ACDOH, CMH, JMH staff time and meeting locations Other agency staff time	Socioeconomic/Income-WIC and OFA participants are given the farmers market coupons at no cost. Work will include access to Farmers Markets and transportation.
4.4 In the community setting, improve self-management skills for individuals with chronic diseases, including asthma, arthritis, cardiovascular disease, diabetes and prediabetes and obesity.	4.4.1 Increase the percentage of adults with chronic conditions (arthritis, asthma, CVD, diabetes, CKD, cancer) who have taken a course or class to learn how to manage their condition.	4.4.2 Expand access to evidence-based self-management interventions for individuals with chronic disease (arthritis, asthma, cardiovascular disease, diabetes, prediabetes, and obesity) whose condition(s) is not well-controlled with guidelines-based medical management alone.	# of chronic disease self-management courses # participants # new trainers for self-management courses	ACDOH and CMH-1 staff person each to teach CDSM; JMH health care provider care managers will make referrals and provide blood pressure program to patients	Ardent, Inc. employees a master training for the CDSM course; ACDOH and CMH will have at least one education staff person trained to teach CDSM	Socioeconomic/Income- offer course and classes in multi locations in Allegany County to reduce the cost of travel for participants and offer courses; classes at low or no cost to participants

Work plan for Priority Area: Promote Well-Being and Prevent Mental and Substance Use Disorders: Focus Area 2:

Prevent suicide

Goal	Objectives	Interventions/Strategies/Activities	Family of Measures	Partner Role	Partner Resources	Disparity
2.5 Prevent Suicide	2.5.2 Reduce the age-adjusted suicide mortality rate by 10% to 11.43 (12.7 2014-2016) per 100,000 by 2021.	2.5.4 Identify and support people at risk: Gatekeeper Training, crisis intervention, treatment for people at risk of suicide, treatment to prevent re-attempts, post-vention, safe reporting and messaging about suicides. Evaluate the link between providers who are screening patients with Mental Health disorders and mental health providers (FLPPS looking at providers and ER, Walk in clinic, and Urgent care completing mental health screens) Suicide coalition –using RAND to evaluate progress and development of action plan	# of trainings # participants - Safe Talk, Mental Health First AID, ASIST, Talk Saves Lives	ACDOH, CMH, JMH will have staff as members on Suicide Prevention Coalition. JMH providers, ER and Walk in clinic using mental health screening tool and CMH Urgent care using mental health screening tool	ACDOH, JMH, CMH-staff Ardent, Inc. has staff trained to provide trainings or can bring in others to provide trainings	socio economic/ income- keeping programming at free or low cost and offer throughout county to reduce travel cost.