



CATTARAUGUS COUNTY BOARD OF HEALTH

1 Leo Moss Drive, Olean, NY 14760, Tel. (716)373-8050, Fax (716) 701-3737



Joseph Bohan, MD, President

Giles Hamlin, MD, Vice-President

*Zahid Chohan, MD
Sondra Fox, RN
Richard Haberer
Theresa Raftis
David L. Smith
James Snyder*

MEMORANDUM

TO: Board of Health Members
FROM: Kevin D. Watkins, MD, MPH
RE: *February 7, 2017*
DATE: January 20, 2017

KDW

The next meeting of the Cattaraugus County Board of Health has been scheduled for **Tuesday, February 7, 2017 at 12:00 noon**. The meeting will be held at The Point Restaurant, (located at Good Times), 800R East State Street, Olean, New York. Please make every effort to attend.

Enclosed please find the following:

- ~ Agenda
- ~ Board of Health Minutes, December 7, 2016
- ~ Enforcement List, December 13, 2016
- ~ Enforcement List, January 17, 2017

PLEASE CALL 701-3398 or email: dllacher@cattco.org by February 3, 2017, if you plan to attend.

Thank you.

KDW/dl
Enc.



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AGENDA

February 7, 2017

CALL TO ORDER
Dr. Joseph Bohan

ROLL CALL

APPROVAL OF MEETING MINUTES
December 7, 2016

NOMINATING COMMITTEE REPORT
Sondra Fox/Theresa Raftis

DIRECTOR'S REPORT
Dr. Kevin Watkins

NURSING DIVISION REPORT
Susan Andrews

ENVIRONMENTAL HEALTH REPORT
Eric Wohlers

ENFORCEMENT REPORTS
Dave Porter

OLD/NEW BUSINESS

ADJOURNMENT

"Public Health for Healthy Communities"



CATTARAUGUS COUNTY BOARD OF HEALTH



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Cattaraugus County
Health Department
Established 1923

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MINUTES

December 7, 2016

The 852nd meeting of the Cattaraugus County Board of Health was held at The Point Restaurant, 800 East State Street, Olean, New York on December 7, 2016.

The following members were present:

Dr. Joseph Bohan
Dr. Zahid Chohan
Dr. Giles Hamlin
Ms. Julie Hamacher
Mrs. Sondra Fox, RN

Mr. Richard Haberer
Ms. Theresa Raftis
Mr. David Smith
Mr. James Snyder

Also present were:

Kevin D. Watkins, MD, MPH, Public Health Director
Thomas Brady, Assistant County Attorney
Kathy Roach, Guest Speaker
Debra Nichols, Health Educator
Kevin Watt, PH Emergency Preparedness Coordinator
Richard Helmich Jr., County Legislator
Robert Neal, County Legislator
Donna Vickman, County Legislator
Paul Schwach MD, Clinic Physician
Gilbert Witte, MD, Medical Director
Dave Porter, Hearing Officer
Rick Miller, Olean Times Herald
Susan Andrews, Director of Nursing
Kathy Ellis, Administrative Officer
Raymond Jordan, Sr. Public Health Sanitarian
Debra Lacher, Secretary to Public Health Director
Eric Wohlers, Director of Environmental Health

The meeting was called to order by Dr. Bohan. The roll was called and a quorum declared. Dr. Hamlin made a motion to approve the minutes of the Board of Health (BOH) meeting held on October 5, 2016, it was seconded by Mr. Smith and the motion was unanimously approved.

Sondra Fox made a motion to approve the minutes of the Professional Advisory meeting held on October 19th it was seconded by Dr. Hamlin and the motion was unanimously approved.

"Public Health for Healthy Communities"

DIRECTORS REPORT: Dr. Watkins reported that the influenza activity level is categorized as geographically sporadic for the eighth consecutive week. There has been (175) laboratory confirmed influenza reports in New York State which is approximately a 54% increase over last week. Of the (14) specimens that were tested at Wadsworth there were (3) positive for influenza A. The number of patients hospitalized with laboratory confirmed influenza was (68) which is a 6% increase over last week. Cattaraugus County has reported (1) laboratory confirmed case of influenza B, since October. There has been no influenza pediatric deaths reported in New York State this season.

At the last board of Health meeting the Board was informed of a child who presented to the emergency room with a possible diagnosis of measles. As a follow up to that report, all test results were negative for measles but positive for enterovirus and the child seems to be recovering well.

Dr. Watkins informed the Board that there has been (4) confirmed mumps cases in Livingston County at the SUNY College of Geneseo. He stated that once a person is exposed to mumps, symptoms appear between 16-18 days but it can take anywhere between 12-25 days after exposure before someone may exhibit symptoms. He added that students who were not vaccinated had to stay away from campus for up to 26 days. Vaccination is the best way to prevent this virus. According to the Centers for Disease Control and Prevention (CDC), the recommended 2 doses of mumps vaccine has been shown to be only 88% effective in preventing the illness itself and 1 dose only provides 78% effectiveness. That means if 100 people were to get a single mumps vaccine that 22 of them could still become infected with mumps. After 10 years from vaccination, the vaccine begins to wane and even becomes less protective. Comparatively, 2 doses of the measles vaccine is 97% effective, and 1 dose is 93% effective. CDC still recommends that children get 2 doses of the Measles, Mumps, and Rubella (MMR) vaccine starting at age 12-15 months of age, and the second dose at 4-6 years of age. Teens and adults should also be updated with their MMR vaccine. Especially those who are involved in the healthcare profession, college students, and international travelers.

This month, New York State Department of Health regional office made friendly tours of all the Western New York local health departments (LHD's) to see if there was any way they could assist the LHD's. The visit to Cattaraugus County lead to a discussion regarding the high rate of gonorrhea, with 60 or more cases this year, Cattaraugus County has the highest Gonorrhea rate in WNY. Dr. Watkins explained that the department is not sure why these numbers are so high, as there are no clusters of this disease in any particular area and that the department continues to treat for this disease without placing any barriers for residents to pay.

He stated that the department's community health nurses will work with NYSDOH to be more aggressive in the treatment of partners in order to try and taper the number of gonorrhea cases seen in Cattaraugus County. He added that one positive thing about the increase number of gonorrhea cases seen in Cattaraugus County is that the department is not seeing coexisting infections such as syphilis, or HIV. He suggested that the department may have to do more advertising, and increase education about this communicable disease as well. Dr. Chohan inquired if there was a specific age group affected, Mrs. Andrews stated that there is a higher incident rate in the late adolescent and early adult age groups but patients treated in the department for this disease has also included someone in their 70's. Dr. Bohan asked if these higher rates are also being seen in Erie County. Dr. Watkins stated that Cattaraugus and Livingston Counties have the highest rates so far in 2016. The department's care plan is to distribute condoms at no cost, and to aggressively treat partners.

The second topic that was discussed was the high rate of suicides in this area. Dr. Watkins informed the board that last year Cattaraugus County reported (15) deaths due to suicide and this year the department has recorded (7) suicide cases with (2) additional cases still pending. He remarked that this is an alarming public health issue. After depression and mood disorders, alcohol and drugs are the most frequent factors for suicide. Suicide remains to be a heavily male gendered problem, as men make up 80% of the nation's suicides. He added that the department will continue to work with Community Services and our local providers to meet the needs of this health crisis.

A new 2016-2018 Community Health Assessment (CHA) and the Community Health Improvement Plan (CHIP) has been completed. It describes the department's efforts to implement interventions and strategies in order to address the community's health problems. As was the case three years ago New York State has asked each county to choose 2 of 5 priority areas from the New York State Prevention Agenda. Based on the surveys, community forums, and focus group conversations, the steering committee chose 1) prevent chronic disease, 2) promote mental health and prevent substance abuse as Cattaraugus County priority areas. This plan was completed in conjunction with Olean General Hospital late last month but the department needs approval by the Board to submit this plan to NYSDOH by December 31, 2016. This 200 page document was placed on a flash drive for all board members to review at their convenience. Dr. Watkins stated that a representative from Strategy Solutions, Kathy Roach, will present the CHA/CHIP to the Board for their assessment. Dr. Watkins recognized Debra Nichols, Kevin Watt and Gina Parks, all Health Department staff, who assisted in putting this document together.

Dr. Bohan introduced Kathy Roach, project manager and research analyst for Strategy Solutions, an Erie, Pennsylvania based company. Her task is to analyze, visualize, and help implement various processes to achieve desired goals. Ms. Roach provided two handouts to all those in attendance. They included an executive summary of the 2016-2018 Olean General Hospital and Cattaraugus County Health Department Community Service Plan, Community Health Assessment and Community Health Improvement Plan (CSP/CHA-CHIP), in addition to a 2016-2018 CSP/CHA-CHIP summary slide presentation.

Ms. Roach informed the board that Olean General Hospital was having their CSP approved by their Board today as well. Once each Board has approved this document, then the document will be uploaded onto NYSDOH database prior to the end of December. Ms. Roach stated that the Health Department did a fantastic job getting participants to complete the community health survey at the county fair, and by email. The department received and analyzed 744 surveys on several health questions. In addition, another more detail survey was distributed and completed by 525 Cattaraugus County residents that include a selected population group. She stated that one of the things required when completing a CHA is that one needs to make sure that there is representation from the underrepresented population. In addition to gathering input from stakeholder interviews, input and guidance also came from 33 community representatives who served on the CSP/CHA-CHIP steering committee. Five focus groups were tapped and a total of 73 people that made up those focus groups were able to contribute to the CHA. She informed the board that the timeline of this process was started in August, and it had to be completed prior to the end of the year.

Demographic highlights within Cattaraugus County were covered, showing that the population is decreasing. Forty four percent of residents are currently employed within Cattaraugus County, just over half of the population is married and half has never been married, the median income is \$43,500 compared to the rest of the State which is \$58,000, just under half of the population 25 years of age and older has a high school diploma or a GED, and 11.8% do not have a high school diploma. What this means is our education materials need to be at an 8th grade level as almost 12% of the population does not have a high school diploma. After looking at and analyzing all of the primary data collected, preventing chronic disease was still a priority area the steering committee thought the county should work on to improve the health of the community. However, instead of working on promoting a healthy and safe environment, focusing on falls prevention, as was the case in the previous 2013-2017 CHA/CHIP, this time the steering committee chose, promote mental health and prevent substance abuse as the second priority area for the county to work on to improve the health of the community.

Ms. Roach summarized her presentation by stating it was very refreshing to see that Cattaraugus County has a great commitment within the health department and its affiliated consortium to improve the health of this community.

Dr. Watkins thanked Sondra Fox who participated as one of the members of the steering committee and being part of the focus group. He added that she played a significant role to helping the steering committee choose the two priority areas for the county.

A motion was made by Sondra Fox to approve and submit the Community Health Assessment and the Community Health Improvement Plan, it was seconded by Mr. Richard Haberer, and the motion was unanimously approved.

NURSING DIVISION REPORT: Mrs. Andrews informed the board that mumps were spreading throughout the state on various college campuses and that about (50) cases were currently being investigated. She added that there were (31) Chlamydia cases which is higher than the average monthly cases, (1) gonorrhea case this month but (63) to date, (6) new chronic hepatitis C cases all of these individuals were born in the 1980's and 1990's some on them are currently in jail. There was (1) group B strep invasive individual who died but the person had many other comorbidities. There was (1) secondary syphilis case who had (2) contacts. These three individuals were seen immediately and treated. There were (4) suspect Lyme cases for November which brings the total confirmed cases for 2016 to (22). One suspected legionella case turned out to be Pontiac Fever as there was no abnormal chest x-ray.

There was another incidence with an Amish child and possible tetanus exposure. The parents wanted the department to come and give the child a tetanus vaccine but what the child really needed was the tetanus immunoglobulin. The department made the contacts and directed the family where the child could receive the immunoglobulin treatment. Our hopes were that the rest of the family would choose to get vaccinated but they refused.

Mrs. Andrews stated that all of the department's influenza vaccine has been given out, and small amounts are ordered based on need. She added that the Advisory Committee on Immunization Practices (ACIP) has voted to recommend changing the dosing schedule for the Human Papillomavirus (HPV) vaccine which is a vaccine associated with preventing several different types of cancers. ACIP is now recommending a 2-dose schedule for girls and boys who initiate the vaccination series at ages 9 through 14 years of age and the three dose series remains the recommendation for persons who initiate the vaccination series at ages 15 through 26 years of age and for immunocompromised persons.

There was (1) rabies post-exposure prophylaxis given in November to a girl bitten by a dog at Case Lake since the dog could not be found.

Family planning clinic which has been using its new electronic medical record (EMR) since October 3rd is unfortunately struggling to get things to run as desired and have received very poor customer support service.

There were (2) new elevated blood lead level cases, a brother and sister, both with levels of 10 ug/dl (normal is < 9 ug/dl). The department is also following (23) other children in various stages of elevated blood lead levels.

Mrs. Andrews reported that the homecare census was (340), and the November admits were (102). Linda Bishop, Community Health Nurse, has announced her retirement in January 2017. She started working for the Health Department in 1986 in preventative health prior to transferring over to homecare. In 2006 the department went to EMR, since that time she has made more than 13,000 homecare visits. Mrs. Bishop will be hard to replace.

Mrs. Andrews stated that the department had (1) individual tested for Zika virus in November which turned out to be negative.

Mrs. Andrews informed the Board that she had an answer to the question Dr. Bohan asked last month, regarding the immunization rate in schools of Cattaraugus County, she stated that the rate is 98.1%-100%. Daycares immunization rates are only at 68.3%-100%.

Dr. Bohan asked if the problems with the EMR were that employees did not want to use it or if there were IT problems. Mrs. Andrews replied that a Physician signature is required on everything and this process is quite time consuming. Dr. Chohan asked if this was the same company used by the hospital, Mrs. Andrews replied no. Mrs. Vickman asked if this could be used in conjunction with Point Click Care EMR at the nursing homes. Ms. Ellis stated that the department did look at that option but Point Click Care EMR did not have a homecare option available.

ENVIRONMENTAL DIVISION REPORT: Mr. Wohlers reported that the department has scheduled its annual winter rabies clinic for January 7, 2017 in Little Valley, at the Department of Public Works (DPW) barn site.

He stated that the department participated in several more conference calls and webinars with NYSDOH, following up on the new law that requires schools to test all their plumbing outlets and drinking water for lead.

He added that the deadline was last month, when all schools were to have completed their testing and reported their results in the NYSDOH data base. An initial list revealed that only two or three school districts within Cattaraugus County required a follow-up. Some areas of the state had dozens of school districts that required follow-up because they failed to comply with the regulations. As of this week, all of Cattaraugus County schools have complied with the regulations.

The department is waiting to hear back from NYS Homes and Community Renewals regarding the Community Development Block Grant (CDBG) application submitted several months ago. This funding will help low income families replace failed septic systems and drinking water wells.

There were (3) big water projects that were under construction this summer. The Village of Cattaraugus has completed all the work to their springs and have received additional funding for 2017 to replace their over 100 year old water transmission lines. Randolph has completed a \$3.7 million dollar project, they completed all the water main line work, rebuilt their water storage tank, and they are still working on the new well at the Church Street site. West Valley has completed all the water main line work, the new tank is up and they are working on the treatment equipment prior to switching over to the new wells off the springs, which will finally bring them into compliance with the safe drinking water act.

Mr. Wohlers reported that he had attended a meeting last month for the Lime Lake sewer district project and he believes that they are finally ready to go to bid this winter and will start a 2 year construction project next year. Mr. Neal asked if the issues raised by Delevan about the Machias project were ever solved. Mr. Wohlers responded that the issues that the town and villages were concerned about were resolved when the officials from Delevan, Yorkshire, and Machias came together with the engineers. Mr. Neal asked if the solution changed from the original plan. Mr. Wohlers stated that the alignment changed slightly regarding where the sewer lines were being run.

ENFORCEMENT REPORT: Mr. Porter reported on the enforcement case held November 8, 2016.

DOCKET #16-031

Respondent: Kenneth Kibler, 1462 Genesee Rd., Arcade, NY 14009 Violation: Chapter 11 Section 16.6.1 of the Sanitary Code of the Cattaraugus County Health District a sewage discharge was documented by CCHD. A violation letter was sent to the respondent with a compliance date of October 11, 2016. The violation was not corrected the discharge was a rental property owned by the respondent at 12 Delevan Ave., Delevan, NY

Public Health Sanitarian: Rhonda Kelley appeared for CCHD and was sworn in.

Respondent: Kenneth Kibler, respondent appeared.

Recommendation: If the respondent meets the conditions and dates of the timeline then the case would be closed due to full compliance. The respondent failing to meet the conditions and dates of the timeline be fined \$150.00 to be paid on or before December 31, 2016 with a \$10.00 per day per diem for every day late and not in compliance with the timeline conditions and dates.

A motion to approve this recommendation was made by Mr. Haberer and seconded by Mr. Smith and unanimously approved.

DOCKET #16-035

Respondent: Robert A. Reed, 4033 Newton Street, Salamanca, NY 14779. Violation: Sanitary code of the CCHD Section 8.4 Respondent failed to submit proof of the required workman's compensation and NYS disability insurance information by October 3, 2016 which was condition #2 on the permit to operate issued September 24, 2016.

Public Health Sanitarian: Ray Jordan appeared for CCHD and was sworn in.

Respondent: Respondent was properly served but did not appear.

- Recommendations:
- 1.) The Respondent pay a fine of \$100.00 to the CCHD by December 31, 2016. Failure to pay will result in a \$10.00 per day per diem for every day late.
 - 2.) The Respondent not be issued a permit to operate a temporary food operation unless the fine is paid, a late fee paid if applicable and workers comp and disability ins. or exemption is in effect and valid when applying.

A motion to approve this recommendation by Mrs. Fox, seconded by Ms. Hamacher, and unanimously approved.

Docket #16-032

Respondent: Hermelando Feria-Bautista, 305 N. Union St., Olean, NY 14760. Violation: Sanitary code of the CCHD Sec. 8.4 respondent failed to meet condition #2 on the permit to operate issued 10/11/16. (Failure to provide current proof of NYS workman's Compensation and NYS Disability Ins.)

Sr. Public Health Sanitarian: Ray Jordan appeared for CCHD and was sworn in.

Respondent: Hermelando Feria Bautista, respondent did not appear even though properly served.

Recommendation: Effective at the close of business tomorrow 12/8/16 to placard the business to suspend the restaurants operations if documented proof of workman's compensation insurance is not received. If proof of insurance is received they will be given a one month permit to ensure that insurance coverage is kept in effect.

A motion was made to approve this recommendation by Mr. Haberer, seconded by Mrs. Fox, and unanimously approved.

Dr. Watkins reported on **Docket #16-045 Mr. Mark A. Stavish, Don's Tavern of Olean, LLC 659 E. State Street, Olean, NY 14760.** Stipulations were put on Mr. Stavish's permit regarding the fact that he could only serve pre-packaged food and bottled drinks, and he was ordered to pay a \$500.00 fine. He paid the fine but upon re-inspection of his restaurant the violations that had been previously identified at his establishment, was unchanged from the previous inspection report. The inspection also showed fully stocked coolers, several boxes of raw chicken wings in the freezers, dirty dishes, dirty equipment in the kitchen, and food waste from the previous weekend found in the garbage cans and on the floors.

Docket #16-045 (continued):

When asked if he was still serving food at the establishment Mr. Stavish freely admitted to doing so but indicated that it was mostly on Wednesday for wing night. After the sanitarian explained that he had a condition on his permit to not serve food cooked at his establishment, Mr. Stavish claimed he thought he could continue to serve food as long as he had paid his fine. The sanitarian explained that his interpretation was wrong. A letter was sent on November 28th telling him to cease and desist serving food and to comply with the Board of Health Order in addition, he was issued an administrative hearing notice which he must attend on December 13, 2016.

Dr. Watkins reported that Mr. Stavish has paid hundreds of dollars to comply with the financial penalties assessed by the Board, but he refuses to clean up the facility as indicated on the inspection report.

Recommendation: Since there will not be a Board meeting in January, and Mr. Stavish's hearing is set for December 13, 2016, the Board could approve that Dr. Watkins make the determination as to whether to suspend the permit of the establishment or to allow Mr. Stavish's restaurant to remain open after the December 13, 2016 hearing, depending on the evidence presented at the hearing. Dr. Watkins would confer with the County Attorney after the hearing and make a decision regarding Mr. Stavish's establishment. This decision will be brought back to the Board in February. County Attorney Tom Brady, stated that the authority will give Dr. Watkins the ability to review, and suspend operations if necessary.

A motion was made to approve this recommendation by Mrs. Fox, it was seconded by Dr. Hamlin and the motion was unanimously approved.

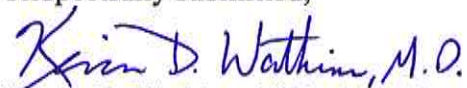
Dr. Bohan publicly thanked County Attorney, Mark Howden for his service to the Board and extended congratulations to him on his new position as the Cattaraugus County Family Court Judge.

On a personal note Dr. Bohan extended his sympathies and those of the Boards to the Watkins family after the loss of Dr. Watkins mother-in-law to an extended illness.

Dr. Watkins recognized Kevin Watt, a valuable asset to the department who will be leaving the department at the end of this month. Mr. Watt is moving on to Tennessee for new employment where his family has already relocated. He also wanted to recognize Deb Nichols who has been a big advocate for maintaining a collaborative consortium. Despite what she has been through she continues to remain in the trenches for Public Health.

There being no further business to discuss, a motion to adjourn was made by Mr. Snyder, and seconded by Ms. Hamacher and unanimously approved.

Respectfully submitted,



Kevin D. Watkins, M.D., M.P.H.
Secretary to the Board of Health



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COUNTY OF CATTARAUGUS STATE OF NEW YORK

ENFORCEMENT LIST

Hearing Officer: David Porter

Administrative Hearing 12-13-2016

DOCKET #16-045

Respondent: Mr. Mark A Stavish, Don's Tavern of Olean, LLC 659 E. State Street, Olean, NY 14760. Stavish's Parkwood Tavern 659 E. State Street, Olean, NY 14760. Violation: Sanitary code of the Cattaraugus County Health District Sec. 8.4 the facility has been preparing and serving food which is in violation of condition #3 on the current permit to operate which was issued on 9/8/16. Administrative Hearing: 12-13-16

Sr. Public Health Sanitarian: Ray Jordan and Richard Dayton, Public Health Sanitarian appeared for CCHD and were sworn in.

Respondent: Mark Stavish appeared.

The following outline is a brief explanation of the facts of docket #16-045 presented at the hearing 12-13-16 the hearing was recorded.

Testimony:

- a.) Enf.-1 read and affirmed to be true identified as Peoples Exhibit #1. Violation of condition 3 permit to operate.
- b.) Permit to operate expires 11-30-2016- Three conditions (#2 pay of \$500.00 before 11-30-2016 and the kitchen cannot be used to prepare and serve food condition #3) I.D. as P.E. #2.
- c.) BOH Order dated 8-3-2016 covering dockets 16-011, 16-004, 14-608 I.D. as P.E. #3.
- d.) Certificate of service of Board order 10-11-2016 by CCHD I.D. as P.E. #4a
- e.) Receipt for \$500.00 dated 11-16-2016 I.D. as P.E. #4b
- f.) Food service inspection of respondent's restaurant 11-29-2016 inspector noted food being prepared and served. Informed respondent that this was against existing BOH order and permit to operate I.D. as P.E. #5.
- g.) Letter to respondent from Dr. Watkins informing respondent to appear as at an administrative hearing on 12-13-2016 dated 11-28-2016 I.D. as P.E. #6. New permit to operate was granted same conditions, expires 12-31-2016.
- h.) Proof of service dated 11-30-2016. Mr. Mark Stavish was served Dr. Watkins letter on 11-28-16 I.D. as P.E. #6 above. ID. as P.E. #7 Notice of hearing.
- i.) At 12-13-2016 hearing, respondent requested re-inspection and this was granted and took place on 12-13-2016 at 3:30 PM I.D. as P.E. #8.

(Continued) Docket #16-045:

- j.) The results of the re-inspection on 12-13-16 at 3:30 PM of the respondent's restaurant was reported to Dr. Watkins. After review Dr. Watkins issued a permit to operate I.D. as P. E. #9 to expire 3-31-2017 providing the conditions of the restaurant remain satisfactory. Renewal/amendment of the permit beyond 3-31-2017 will be based on the results of an unannounced inspection prior to this date.

Hearing Officer Finding: a.) The Respondent is in Board of Health Order which resulted in condition #3 permit to operate dated September 1, 2016. (Serve only bottled beverages and pre-packaged foods) in respondent's restaurant.
b.) \$500.00 was paid on 11-16-2016
c.) Respondent adhered to permit to operate conditions after 11-28-2016.
Respondent claimed he did not understand condition #3 on permit to operate until explained by CCHD personnel.

Recommendation: Consider docket #16-045 closed for the following reasons:
1.) Fine of \$500.00 paid 11-16-2016.
2.) Respondent lost revenue of approximately \$1,000.00 (11-28-2016 thru 12-13-2016) serving bottled and pre-packaged food only.) Employees lost income.
3.) Current permit to operate expires 3-31-2017, pending unannounced re-inspections.
4.) Appears as if fines levied against the respondent do not have the desired effect of compliance but the loss of permit to operate does at the present time the respondents restaurant Stavish's Parkwood Tavern is in substantial compliance of CCHD sanitary codes and allowed to operate.



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ENFORCEMENT LIST

Hearing Officer: David Porter

Administrative Hearing 1-17-2017

DOCKET #16-048

Respondent: Victoria Young, 119 N. Clinton St. Olean, NY. Violation: Respondent failed to submit the required rabies vaccination certificate for her dog Zeppelin by the prescribed date following a human/animal exposure on October 21, 2016. Sanitary code of the CCHD Part 24.2.5.

Public Health Sanitarian: Richard Dayton, Public Health Sanitarian appeared for CCHD and was sworn in.

Respondent: Ms. Victoria Young, respondent, appeared.

Mr. Dayton's Testimony:

- a.) Enf.-1 read and affirmed to be true and correct identified as Peoples Exhibit #1
- b.) Animal bite form from OGH dated 10-21-16 I.D. as P.E. #2.
- c.) Letter dated 10-26-2016 sent to respondent explaining animal confinement policy with confinement form to be filled out by the respondent and returned to CCHD. The letter also informs the respondent of the need for proof of rabies vaccination to CCHD by 11-10-16 I.D. as P.E. #3.
- d.) Animal confinement verification form dated 11-2-16. No symptoms reported I.D. as P. E. #4.
- e.) Rabies vaccination form-Date respondent's dog vaccinated was 1-17-17 I.D. as P.E. #5.

Hearing Officer Findings: a.) The Respondent is in violation of sanitary code of CCHD Part 24.2.5 failure to submit the required rabies vaccination after dog bite on 10-21-16.

Recommendation: 1.) The respondent was unable to provide proof of vaccination due to domestic separation. Respondent took advantage of CCHD rabies clinic and had her dog vaccinated. Respondent is in compliance and the recommendation is for case closure.

DOCKET #16-038

Respondent: The Birdwalk, Inc. 5816 Rt. 242E, Ellicottville, NY 14731, Ms. Laurie Barett, Owner.
Violation: 10NYCRR Sec. 5-1.72 (c) (1) respondent failed to submit complete daily records for the operation of the non-community public water supply for the month of October 2016, to this office by the 10th day of the following month.

Public Health Sanitarian: Chris Covert, Public Health Sanitarian appeared for CCHD and was sworn in.

Respondent: Ms. Laurie Barrett, respondent, appeared.

Ms. Covert's Testimony:

- a.) Enf.-1 was read and affirmed to be true and correct identified as Peoples Exhibit #1
- b.) Letter to the respondent dated 3-20-09 stating reports were due on the 10th day of the month subsequent to the recording period and that the County will no longer call operators that are late I.D. as P.E. #2.

General discussion between Ms. Covert and respondent:

- a.) How to send reports to the CCHD and have proof of delivery.
- b.) Where to buy supplies for test equipment.
- c.) Where to test.
- d.) Criteria for testing.
- e.) Analysis of results and consequences of testing not reported or failure of equipment at the respondent's restaurant.

Hearing officer findings: The respondent is in violation of 10NYCRR Sec. 5-1.72 (c) (1) failure to submit daily records of the non-community water supply for October 2016 by November 10, 2016 to the Health Dept.

Recommendation: That the respondent pay:
1.) \$200.00 fine on or before 2-18-17.
2.) \$10.00 per day per diem will be levied for every day not paid by 2-18-17.



Cattaraugus County Health Department

2016-2018 Community Health Assessment and Community Health Improvement Plan

Summary Presentation

December 7, 2016

Strategy Solutions, Inc.

Kathleen Roach, Project Manager/Analyst



1

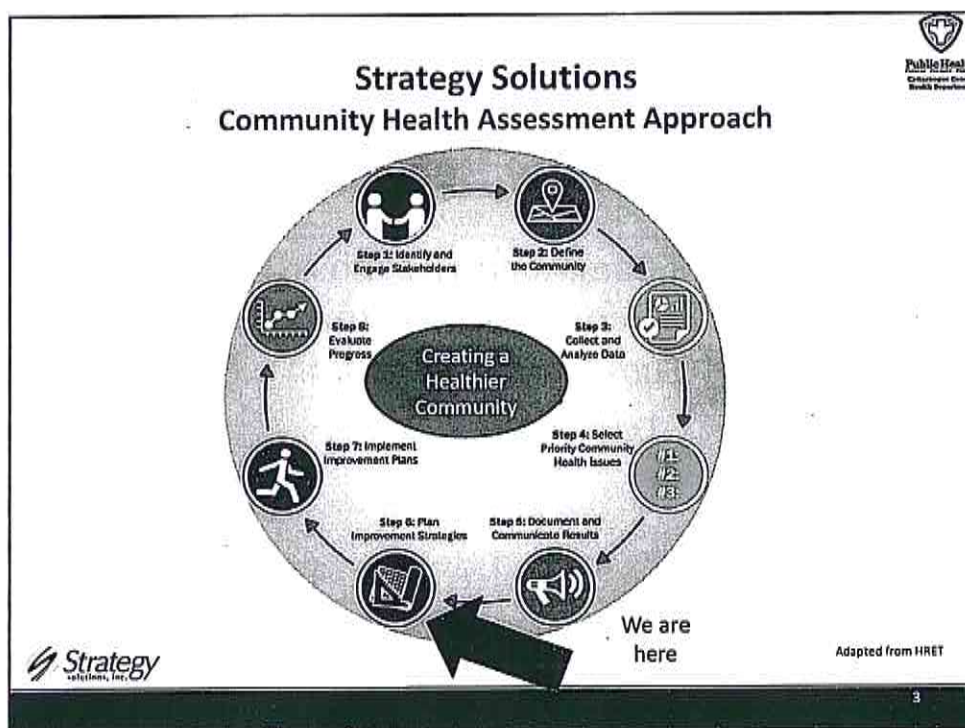


Agenda for Today

- Process Review
- Data Highlights
- Conclusions/Priority Areas
- Next Steps
 - Cattaraugus County Health Department Board of Health Approval CHA-CHIP Report (today)
 - Olean General Hospital Board of Director Approval of CSP/CHIP Report (today)
 - Online Submission of CHA-CHIP by December 31, 2016



2



New York State Department of Health
Prevention Agenda Assessment

- Collaborate with local hospital and community partners to review community health data from recently completed health assessments, including updated data on the priority health issues;
- Identify two Prevention Agenda priorities and one health disparity in the community based on the data;
- Develop and submit an implementation plan that describes the evidence based interventions being implemented and the process measures being used to track progress toward these priorities; and
- Demonstrate evidence of collaboration among LHDs, hospitals and community organizations in selecting new or confirming existing priorities and addressing them.

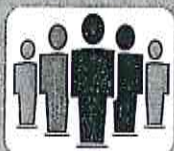
Strategy solutions, inc.



Community Engagement



33 Steering Committee members including individuals representing health and social services, education, government, Amish population, youth, and senior population



14 stakeholder interviews with individuals representing: Amish population, school districts, United Way, interfaith caregivers, economic development/planning, Council on Addiction Recovery Services (CARES), local government, Olean General Hospital, Healthy Community Alliance, health center/medical clinic, Health Care Access Coalition, Directions in Independent Living



5



Community Engagement



2 community surveys conducted: CCHD Community Survey with 744 responses and a Cattaraugus County CSP/CHA-CHIP community survey with 525 responses



5 focus groups were conducted with 73 participants representing: community agencies, Seneca Nation, rural health, low income population, and ED high utilizers



6

Community Health Assessment Timeline



Project Start: Initial Steering Committee Meeting 03-19-16

- Finalize project plan for entire needs assessment and identify other project partners that should be included.
- Discuss community forums and key stakeholder interviews
- Conduct Evaluation of Past Activities and Interventions

Phase 1: Secondary Research

- Demographic Analysis
- Review Existing Needs Assessment(s)
- Community Asset Mapping

Journal of Family Research

- Key Person/Stakeholder Interviews – up to 15
- Community/Stakeholder Forums – as many forums as can fit in 3 days

Freedom Committee Meeting – 5:15 PM MSB/26TH

- To review primary and secondary data and identify key issues and priorities
- Prioritize needs through Survey Monkey by COB October 5th
- Steering Committee Meeting 10/12 to prioritize results
- Finalize report for Draft due October 14th to OGH/CHD for review

Board Approval – DECEMBER 7TH

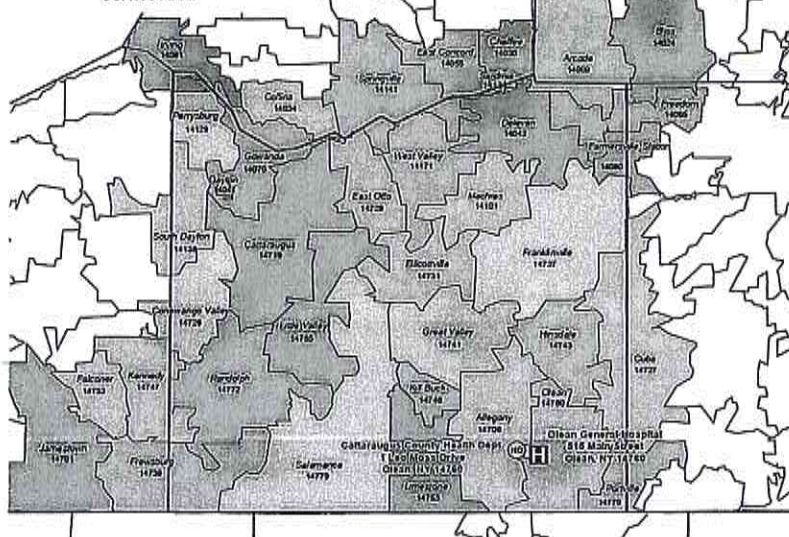
- Review and report final CSP/CHA-CHIP
- Upload CHA-CHIP on NYS DOH Website by December 31, 2016

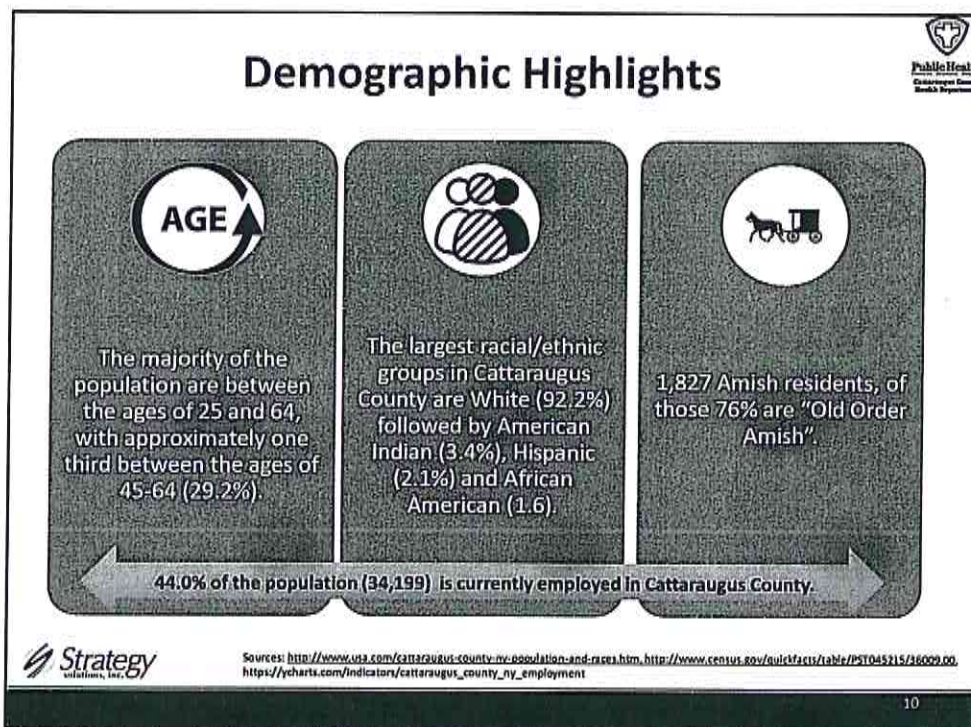
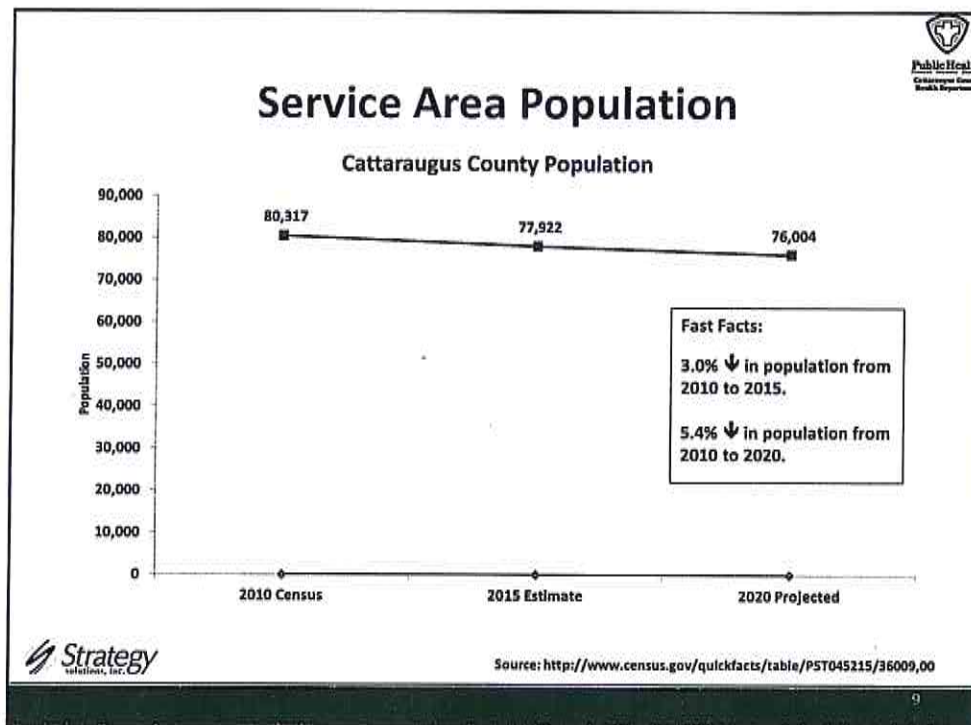
OGH Implementation Strategy – January-May 2017

- Implementation Strategy Kick-off Meeting in January
- Work with OGH/CCHD Staff to develop Implementation strategy and action plan for early March



Cattaraugus County
Service Area





Demographic Highlights



Just over half (51.6%) of the population households in Cattaraugus County are married, while slightly less than one third have never been married (29.7%).



Median household income is \$43,503 compared to NYS which is \$58,687.



Just under half (41.2%) of the population age 25 years and older have received a high school diploma or GED as their highest level of education in the county, 11.8% do not have a high school diploma.

47.0% of the population in Cattaraugus County have an Associate Degree or higher.



Sources: <http://www.usa.com/cattaraugus-county-ny-population-and-races.htm>,
<http://www.census.gov/quickfacts/table/P5045215/1600900>, US Census Bureau,
<http://www.health.ny.gov/statistics/chac/chal>, http://www.health.ny.gov/statistics/chac/chal/docs/ses_4.htm

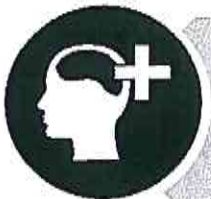
11

2016-2018 CHA Executive Summary Highlights



PREVENTION AGENDA PRIORITIES AND IDENTIFIED DISPARITY

1. Prevent Chronic Disease
 2. Promote Mental Health and Prevent Substance Abuse
- Identified Disparity: Poverty



PREVENTION AGENDA PRIORITY CHANGES FROM 2013-2016(7) CHA-CHIP

- * Prevent Chronic Disease remains the same
- * Promote Healthy and Safe Environment has been replaced with Promote Mental Health and Prevent Substance Abuse due to feedback received from the primary data sources (surveys, stakeholder interviews and focus groups)



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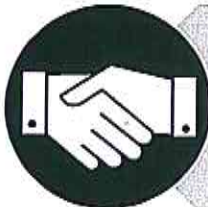


2016 CHA Executive Summary Highlights



DATA SOURCES REVIEWED

Primary Data Sources: community surveys, stakeholder interviews and focus groups
 Secondary Data Sources: New York State Department of Health's Prevention Agenda Dashboard, Centers for Disease Control and Prevention Healthy People 2020, County Health Rankings, and a number of other reports and publications



PARTNERS AND THEIR ROLES IN CHA AND CHIP

- * Over 15 community agencies will be partnering with the CCHD over the next three years
- * Partner roles include community outreach, education and collaboration on programs and services



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Evaluation Highlights from 2013 CHA



ENGAGEMENT OF THE BROAD COMMUNITY

- * Policies, holding public hearings forums, utilizing the Healthy Livable Community Consortium, conducting two community forums per year to discuss the CSP/CHA-CHIP



SPECIFIC EVIDENCE-BASED INTERVENTIONS/STRATEGIES/ACTIVITIES AND PROCESS MEASURES

- * The table on the next slide depicts the CCHD's priority areas listing out the specific evidence-based interventions/strategies/activities and process measures that will be used



14

CCHD Priority Areas

Public Health
Cattaraugus County
Health Department

To evaluate impact, progress and improvement will be tracked (using the process measures bulleted below) through quarterly meetings with the Steering Committee

Prevention Agenda Priority/Disparity	Partners	Partner Role in the Assessment/Implementation Process	Interventions/Strategies/Activities and Process Measures
Prevent chronic disease	Rehab Center/ YMCA Olean, Salamanca Youth Center/ Seneca Strong, Cornell Cooperative Extension, Tobacco Free WNY, OGH – Nutrition and Diabetes Education, Cattaraugus Community Action, Healthy Community Alliance, Seneca Nation Health, WNY Public Health Alliance, OGH Cardiac Services, Cattaraugus County Health Department, United Way Cattaraugus County, University Primary Care	Community outreach, education and collaboration on programs and services	<ol style="list-style-type: none"> 1. Create community environments that promote and support healthy food and beverage choices and physical activity through: vending assessments/healthy vending options, create shared use agreements between community, YMCA and organizations/institutions; policy suggestions <ul style="list-style-type: none"> • Number of municipalities, community-based organizations, workplaces and hospitals that develop and adopt policies to implement nutrition standards (snack sales, snack bars, vending) • Number of individuals (and their demographic data if available) potentially accessing settings that have adopted policies to implement nutrition standards for healthy food/beverage procurement 2. Prevent childhood obesity by increasing physical activity in early child care centers and elementary schools through: offer technical assistance to schools <ul style="list-style-type: none"> • Number of districts with local wellness policies that prohibit advertising and promotion of less nutritious foods and beverages, adopt and implement standards for competitive foods, and implement CSP/CHA 3. Expand the role of health care and health services providers and insurers in obesity prevention through: <ul style="list-style-type: none"> • Increase percent of children visiting PCP who receive BMI testing; increase awareness/education of breastfeeding benefits; monitor BMI's annually/review trends • number and demographics of women reached by policies and practices to support breastfeeding 4. Expand the role of public and private employers in obesity prevention through: wellness program for employees; facilities that offer programs to those with disabilities <ul style="list-style-type: none"> • number of self-insured employers with NDEP as a covered benefit and # of employees with access to NDEP as a covered benefit through their self-insured employer
Disparity: Poverty			
Promote mental health and prevent substance abuse	Directions in Independent Living, STRAWW (Southern Tier Recovery Activities Without Walls), Seneca Nation Health, Catholic Charities WNY, CAAHS/ Healthy Cattaraugus County, Cattaraugus Community Action, Rehab Center, Cattaraugus County Veterans Services, Cattaraugus County Community Services (formerly Mental Health), Cattaraugus County Department of Aging/ NY Connects, UNIS/OGH Behavioral Health Services, Gowanda School District, Prindoff Board of Health, Genesis House, Cattaraugus County Health Department	Community outreach, education and collaboration on programs and services	<ol style="list-style-type: none"> 1. Prevent underage drinking, non-medical use of prescription pain relievers by youth, and excessive alcohol consumption by adults through: Project Latent <ul style="list-style-type: none"> • percent/number of providers participating in prescription update availability program • percent participation in safe prescription update disposal programs, take back events, drop boxes, safe storage education and law enforcement diversion efforts • percent/number of professionals participating in Malware training • number of public awareness/outreach/education efforts to change attitudes • number of new coalitions/ participation in meetings 2. Prevent suicides among youth and adults <ul style="list-style-type: none"> • percent screened for suicide risk/mental health/ substance abuse problems
Disparity: No disparity identified as mental health and substance abuse cross all disparities, which will be the focus for 2016-2018	OGH/CCHD will engage the broad community through: policies, holding public forums, utilizing the Healthy Livable Community Consortium, conducting two community forums per year to discuss the CSP/CHA CHIP.		

OGH/CCHD will engage the broad community through: policies, holding public forums, utilizing the Healthy Livable Community Consortium, conducting two community forums per year to discuss the CSP/CHA CHIP.

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Comparison of Top 10 Community Health Needs by Primary Sources

Public Health
Cattaraugus County
Health Department

The "X" marks within the table depict similarities of responses between the primary data sources

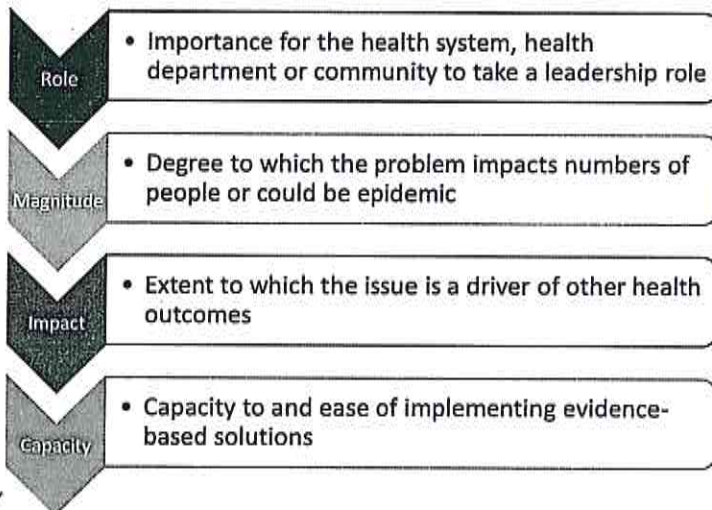
Identified Need	CCHD Community Survey	CSP/CHA-CHIP Community Survey	Stakeholder Interviews	Focus Groups
Substance Abuse	X	X	X	
Overweight/Obesity Issues	X	X	X	X
Mental Health	X	X	X	X
Cancer	X	X		
Lack of Medical Providers/Specialists	X	X		
Tobacco Use	X	X	X	
Aging/Elderly Issues	X			X
Alcohol Problems	X			
Diabetes	X	X	X	
Heart Disease	X	X	X	
COPD		X		
Cost of Care		X	X	X
Access to Healthcare			X	
Transportation Issues			X	X
Health Literacy			X	
Poverty			X	X
Patient Advocate				X
Lack of Jobs				X

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Prioritization Criteria

41 distinct needs, disparities and opportunity areas were identified



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Top Priorities

NYS DOH Prevention Agenda Action Plan	NYS DOH Prevention Agenda Focus Area	Identified Need	Rank
Prevent Chronic Disease	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community and Community Settings	Heart Disease	1
Prevent Chronic Disease	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community and Community Settings	Cancer	2
Prevent Chronic Disease	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community and Community Settings	Shortage of primary and secondary care	3
Prevent Chronic Disease	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community and Community Settings	Hypertension/high blood pressure	4
Prevent Chronic Disease	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community and Community Settings	Diabetes	5
Prevent Chronic Disease	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community and Community Settings	Chronic Disease	6
Prevent Chronic Disease	Reduce Obesity in Children and Adults	Obesity	7
Prevent Chronic Disease	Reduce Illness, Disability and Death Related to Tobacco Use and Secondhand Smoke Exposure	Tobacco use	8
Promote Mental Health and Prevent Substance Abuse	Promote Mental, Emotional and Behavioral (MEB) Well-Being in Communities	Mental health	9
Promote Mental Health and Prevent Substance Abuse	Prevent Substance Abuse and other Mental, Emotional, Behavioral Disorders	Drug abuse	10


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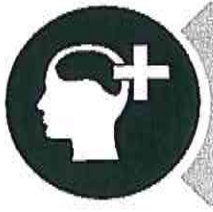
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Public Health
Cherokee County
Health Department


2016 CHA-CHIP Focus Areas



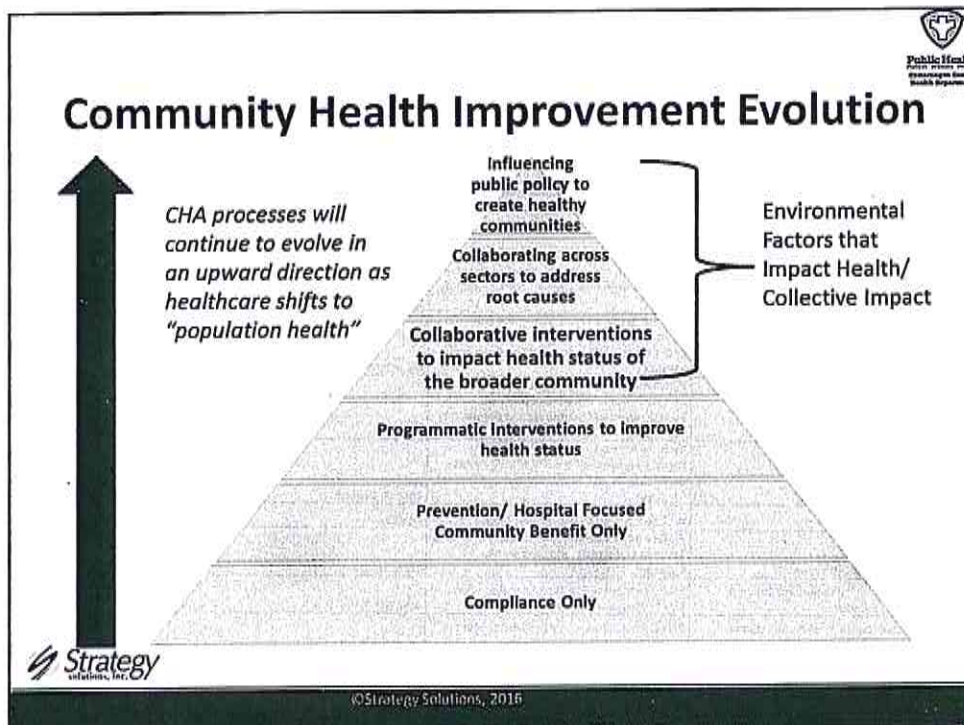
Prevent Chronic Disease



Promote Mental Health and Prevent Substance Abuse

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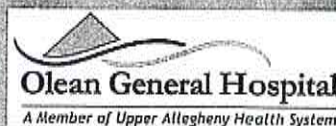
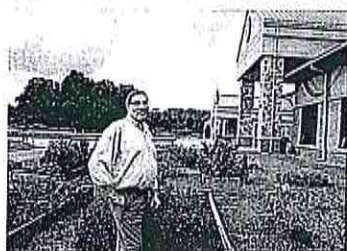
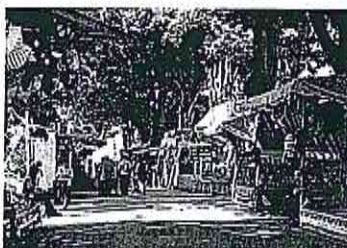
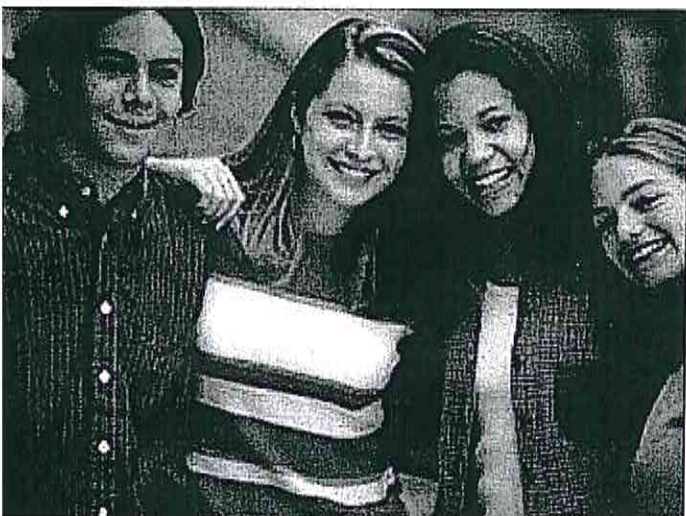


Next Steps

- Beyond Today
 - Encourage community leaders to address “factors that impact health” outside of the health department
 - Measure Outcomes/Evaluate Progress (annually)
 - Replicate CHA (in 3 years)

2016-2018

Olean General Hospital and Cattaraugus County Health Department Community Service Plan, Community Health Assessment and Community Health Improvement Plan



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**2016-2018 Olean General Hospital and
Cattaraugus County Health Department CSP/CHA-CHIP**

EXECUTIVE SUMMARY

The 2016-2018 Olean General Hospital Community Service Plan (CSP) and the Cattaraugus County Health Department's Community Health Assessment and Community Health Improvement Plan (CHA-CHIP) were conducted to identify significant health needs as outlined by New York State Department of Health's Prevention Agenda. It also provides critical information to Olean General Hospital (OGH), Cattaraugus County Health Department (CCHD), and others in a position to make a positive impact on the health of the region's residents. OGH is a member hospital of Upper Allegheny Health System (UAHS). The results enable the health department, hospital and other community partners to strategically establish priorities, develop interventions and direct resources to improve the health of residents living in the service area.

To conduct the collaborative study, OGH and CCHD retained Strategy Solutions, Inc. (SSI), Erie, PA, a planning and research firm whose mission is to create healthy communities. The assessment followed best practices as outlined by the Association of Community Health Improvement. The assessment was also designed to ensure OGH compliance with current Internal Revenue Service (IRS) guidelines for charitable 501(c)(3) tax-exempt hospitals that was published in December 2014.

The Prevention Agenda is a six year effort to make New York the healthiest state. Developed in collaboration with 140 organizations, the plan identifies New York's most urgent health concerns, and suggests ways local health departments, hospitals, and partners from health, business, education, and community organizations can work together to solve them.

2016-2018 Olean General Hospital and Cattaraugus County Health Department CSP/CHA-CHIP

The CSP/CHA-CHIP includes a detailed examination of priority areas identified in the NYS Prevention Agenda: (1) prevent chronic diseases; (2) promote a healthy and safe environment; (3) promote the health of women, infants and children; (4) promote mental health and prevent substance abuse; and (5) prevent HIV, sexually transmitted diseases, vaccine-preventable diseases and healthcare-associated infections. Other areas included in this CSP/CHA-CHIP that meet the December 2014 IRS requirements include: evaluation of the 2013-2016(7) CSP/CHA-CHIP, demographics and socio-economic indicators, prioritization of needs, and CHIP/implementation strategy for next three years.

Primary and Secondary Data Reviewed: Secondary public health data on disease incidence and mortality and behavioral risk factors, were gathered from numerous sources including the New York State Department of Health's Prevention Agenda Dashboard, Centers for Disease Control and Prevention, Healthy People 2020, County Health Rankings, and a number of other reports and publications. Primary qualitative data collected specifically for this assessment included 14 in-depth interviews with stakeholders representing the needs of the service area, as well as five focus groups that included 73 participants. Two community surveys were conducted during this process: (i) a Cattaraugus County Health Department's Community Survey with 744 responses and (ii) a Cattaraugus County CSP/CHA-CHIP community survey with 525 responses. In addition to gathering input from stakeholder interviews, input and guidance also came from 33 community representatives who served on the CSP/CHA-CHIP Steering Committee with most members coming from the Healthy Livable Communities Consortium of Cattaraugus County.

2016-2018 Prevention Agenda Priorities and Disparities: After all primary and secondary data were reviewed and analyzed by the Steering Committee, the data suggested a total of 41 distinct issues, needs, and possible priority areas for potential intervention to be considered for the CSP/CHA-CHIP. Members of the CSP/CHA-CHIP

2016-2018 Olean General Hospital and Cattaraugus County Health Department CSP/CHA-CHIP

project coordination team met on October 27, 2016 to review the final priorities selected by the Steering Committee. The methodology used for looking at the four prioritization criteria was: (i) accountable role of the hospital, (ii) magnitude of the problem, (iii) impact on other health outcomes and (iv) capacity (systems and resources). Based on this prioritization and looking at evidenced-based solutions, the following top two priorities, as aligned with the NYS Prevention Agenda, are the areas that OGH and CCHD will be working on for 2016-2018: (i) ***prevent chronic disease with a disparity concentration on poverty***; and (ii) ***promote mental health and prevent substance abuse with no disparity identified as mental health and substance abuse cross all disparities, which will be the focus for 2016-2018.***

Priority Changes Since 2013: When compared to the 2013 – 2016(7) CSP/CHA-CHIP, prevent chronic disease remains a focus of the CSP/CHA-CHIP for 2016-2018. Promote a healthy and safe environment has been replaced with promote mental health and prevent substance abuse as the other priority area, due to feedback received from the primary data sources listed above. Please refer to the Evaluation of the 2013 Cattaraugus County CSP/CHA-CHIP (pages 63-73) for all the programs, services and education accomplished for a healthy and safe environment.

Evaluation of Progress and Improvement Impact: To evaluate the impact, the 2016 – 2018 CSP/CHA-CHIP progress and improvement will be tracked through annual evaluation of the following data sources: NYSDOH Prevention Agenda dashboard data, County Health Rankings, and OGH hospital utilization data, along with other local data sources.

2016-2018 CSP/CHA-CHIP Partners/Engagement of the Community/Evidenced-Based Interventions/Strategies/Activities: The 2016-2018 CSP/CHA-CHIP partners, community engagement and evidenced-based interventions/strategies/activities are addressed in **Table 1** below as seen in columns 2, 3 and 4, respectively.

2016-2018 Olean General Hospital and Cattaraugus County Health Department CSP/CHA-CHIP

Table 1. CCHD and OGH Priority Areas, 2016-2018*

To evaluate impact, progress and improvement will be tracked (using the process measures bulleted below) through quarterly meetings with the Steering Committees			
Prevention Agenda Priority/Disparity	Partners	Partner Roles in the Assessment/ Implementation Process	Interventions/Strategies/Activities and Process Measures
Prevent chronic disease Disparity: Poverty	Rehab Center/ YMCA Olean, Salamanca Youth Center/ Seneca Strong, Cornell Cooperative Extension, Tobacco Free WNY, OGH – Nutrition and Diabetes Education, Cattaraugus Community Action, Healthy Community Alliance, Seneca Nation Health, WNY Public Health Alliance, OGH Cardiac Services, Cattaraugus County Health Department, United Way Cattaraugus County, University Primary Care	Community outreach, education and collaboration on programs and services	<ol style="list-style-type: none"> 1. Create community environments that promote and support healthy food and beverage choices and physical activity through: <i>vending assessments/ healthy vending options, create shared use agreements between community, YMCA and organizations/institutions; policy suggestions</i> <ul style="list-style-type: none"> • Number of municipalities, community-based organizations, worksites and hospitals that develop and adopt policies to implement nutrition standards (cafeterias, snack bars, vending) • Number of individuals (and their demographic data if available) potentially accessing settings that have adopted policies to implement nutrition standards for health food/beverage procurement 2. Prevent childhood obesity by increasing physical activity in early child care centers and elementary schools through: <i>offer technical assistance to schools</i> <ul style="list-style-type: none"> • Number of districts with local wellness policies that prohibit advertising and promotion of less nutritious foods and beverages, adopt and implement standards for competitive foods, and implement CSPAP 3. Expand the role of health care and health services providers and insurers in obesity prevention through: <ul style="list-style-type: none"> • <i>Increase percent of children visiting PCP who receive BMI testing; increase awareness/education of breastfeeding benefits; monitor BMI's annually/record trends</i> • Number and demographics of women reached by policies and practices to support breastfeeding employees; <i>facilities that offer programs to those with disabilities</i> • Number of self-insured employers with NDPP as a covered benefit and # of employees with access to NDPP as a covered benefit through their self-insured employer 4. Expand the role of public and private employers in obesity prevention through: <i>wellness program for employees</i> <ul style="list-style-type: none"> • Number of self-insured employers with NDPP as a covered benefit and # of employees with access to NDPP as a covered benefit through their self-insured employer
Promote mental health and prevent substance abuse Disparity: No disparity identified as mental health and substance abuse cross all disparities, which will be the focus for 2016-2018	Directions in Independent Living, STRAWW (Southern Tier Recovery Activities Without Walls), Seneca Nation Health, Catholic Charities WNY, CARES/ Healthy Cattaraugus County, Cattaraugus Community Action, Rehab Center, Cattaraugus County Veterans Services, Cattaraugus County Community Services (formerly Mental Health), Cattaraugus County Department of Aging/ NY Connects, UAH/OGH Behavioral Health Services, Gowanda School District Principal/ Board of Health, Genesis House, Cattaraugus County Health Department OGH/CCHD will engage the broad community through: policies, holding public forums, utilizing the Healthy Livable Community Consortium, community forums as needed.	Community outreach, education and collaboration on programs and services	<ol style="list-style-type: none"> 1. Prevent underage drinking, non-medical use of prescription pain relievers by youth, and excessive alcohol consumption by adults through: <i>Project Lazarus</i> <ul style="list-style-type: none"> • Percent/number of providers participating in prescription opiate availability program • Percent participation in safe prescription opiate disposal programs, take back events, drop boxes, safe storage education and law enforcement diversion efforts • Percent/number of professionals participating in Naloxone training • Number of public awareness/ outreach/education efforts to change attitudes • Number of new coalitions/ participation in meetings 2. Prevent suicides among youth and adults <ul style="list-style-type: none"> • Percent screened for suicide risk/mental health/ substance abuse problems

*Please see the CHIP plan on pages 126-137 for a more in-depth description of the two priority areas being focus on by OGH and CCHD.

2016-2018 Olean General Hospital and Cattaraugus County Health Department CSP/CHA-CHIP

2016-2018 Implementation Strategy/CHIP

Community health improvement is a systematic effort that must be sustained over time. The process involves an ongoing collaborative, community-wide effort to assess applicable data to identify, analyze, and address health problems; inventory community assets and resources; identify community perceptions; develop and implement coordinated strategies; develop measurable health objectives and indicators; identify accountable entities; and cultivate community ownership of the process.

The development of Olean General Hospital and the Cattaraugus Health Department's Community Health Improvement Plan (CHIP) is based on guidance provided by the New York State Department of Health and the New York State Prevention Agenda. The purpose is to develop an approach to address priority areas identified in the Cattaraugus County Community Health Assessment. The CHIP has been developed through the collaborative efforts of Olean General Hospital, the Cattaraugus County Health Department, and its various community partners.

The CHIP will provide Olean General Hospital and the Cattaraugus County Health Department with a framework to identify goals, objectives, improvement strategies and performance measures with measurable and time-framed targets that address the following priority areas:

Priority 1: Prevent chronic diseases

Priority 2: Promote mental health and prevent substance abuse

This will serve as a guidance document for Olean General Hospital and the Cattaraugus County Health Department and should be considered a "dynamic" document. The goal is to improve the health status of the residents within the service area and to reduce the health disparities through increased emphasis on prevention.

**2016-2018 Olean General Hospital and
Cattaraugus County Health Department CSP/CHA-CHIP**

Priority Area: Prevent Chronic Disease

Focus Area: Reduce obesity rates among children and adults

Disparity: Individuals and families in poverty

Lead Agency: Cattaraugus County Health Department

Table 32. Prevent Chronic Disease: Reduce Obesity Rates Among Children and Adults

Goal	Outcome Objectives	Interventions/ Strategies/ Activities	Process Measures	Partner	Partner Role	Partner Resources	By When
Create community environments that promote and support healthy food and beverage choices and physical activity.	Decrease by 5% the percentage of adults ages 18 and older who consume one or more sugary beverages per day. (NYS eBRFSS and Health Disparities Indicator)	Increase the number of institutions with nutrition standards for healthy food and beverage procurement. This will be accomplished by educating and persuading policy makers. (NYS Prevention Agenda. Promoting the Adoption and Use of Nutrition Standards)	Number of municipalities, community based organizations, and hospitals that develop and adopt policies to implement nutrition standards (cafeterias, snack bars, vending).	CCHD Erie 1 BOCES OGH	Coordinator Facilitator Facilitator/Educator	Aggregating/Analyzing Data Sharing Staff & Data through Creating Healthy Schools and Communities Grant. Sharing Staff & Data through policy changes throughout their organization.	December 31, 2018
Create community environments that promote and support healthy food and beverage choices and physical activity.	Increase the number of municipalities by 5 that have passed or enhanced Complete Streets policy.	Increase the number of municipalities that have Complete Streets policies. This will be accomplished by educating and persuading policy	Number of municipalities where new or enhanced policies, plans and practices that promote Complete Streets are proposed.	CCHD Cattaraugus County Economic	Coordinator Facilitator/Educator	Aggregating/Analyzing Data Education Sharing Staff & Data, Grant Writing Assistance, Sample	December 31, 2018

**2016-2018 Olean General Hospital and
Cattaraugus County Health Department CSP/CHA-CHIP**

Goal	Outcome Objectives	Interventions/ Strategies/ Activities	Process Measures	Partner	Partner Role	Partner Resources	By When
		makers. (National Complete Streets Coalition: Elements of a Comprehensive Complete Streets Policy)		Development Local Municipalities	Mentor	Policies Local municipalities with successful Complete Streets policies.	
Create community environments that promote and support healthy food and beverage choices and physical activity.	Increase the number of municipalities by 5 that have passed or enhanced a Complete Streets policy.	Increase the number of municipalities that have Complete Streets policies. This will be accomplished by educating and persuading policy makers. (NYS Prevention Agenda Fact Sheet: Promoting Complete Streets)	Number and percent of residents that reside in a jurisdiction with Complete Streets policies, plans and practices	CCHD Cattaraugus County Economic Development Local Municipalities	Coordinator Facilitator/Educator Mentor	Aggregating/Analyzing Data Education Sharing Staff & Data, Grant Writing Assistance, Sample Policies Local municipalities with successful Complete Streets policies.	December 31, 2018

**2016-2018 Olean General Hospital and
Cattaraugus County Health Department CSP/CHA-CHIP**

Priority Area: Prevent Chronic Disease

Focus Area: Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings

Disparity: Individuals and families in poverty

Lead Agency: Olean General Hospital

Table 33. Prevent Chronic Disease: Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings

Goal	Outcome Objectives	Interventions/ Strategies/ Activities	Process Measures	Partner	Partner Role	Partner Resources	By When
Increase screening rates for cardiovascular diseases, diabetes and breast, cervical and colorectal cancers, especially among disparate populations.	Increase breast cancer screening from 69.1% to 75% Increase colorectal screening from 62%-65% Increase the percentage of adults who are screened for diabetes with hA1C testing from 49.5% to 55%.	Promote provider practice implementation of evidence-based interventions to increase evidence based cancer screening including the recommendation that patients be offered options for colorectal cancer screening. Offer Continuing Medical Education Credits on evidence based practices for chronic diseases. (The Guide to Community Preventive Services)	Number of providers that deliver evidence-based interventions	OGH Olean Medical Group UPC	Coordinator/Facilitator/Educator Facilitator/Educator Facilitator/Educator	Analyze and collect data Sharing Staff & Data Sharing Staff & Data	December 31, 2018

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Goal	Outcome Objectives	Interventions/ Strategies/ Activities	Process Measures	Partner	Partner Role	Partner Resources	By When
Promote evidence-based care to manage chronic diseases.	Obtain 100% compliance among providers using evidence-based interventions for patients hospitalized for Diabetes, Chronic Obstructive Pulmonary Disease or Asthma.	Promote the use of evidence-based interventions to prevent or manage chronic diseases. Offer Continuing Medical Education Credits on evidence based practices for chronic diseases. (NYS Prevention Agenda: Community Wide Systems to Deliver Evidence-Based Interventions to Address Chronic Diseases)	Number and type of evidence-based self-management programs (also called evidence-based intervention, or EBIs) offered by partners	OGH Olean Medical Group UPC	Coordinator/Facilitator/Educator Facilitator/Educator Facilitator/Educator	Analyze and collect data Sharing Staff & Data Sharing Staff & Data	December 31, 2018
Promote culturally relevant chronic disease self-management education.	Obtain 100% compliance among providers using culturally relevant disease self-management education for patients hospitalized for Diabetes, Chronic Obstructive Pulmonary Disease or Asthma.	Promote the use of evidence-based interventions to prevent or manage chronic diseases. Staff development will be provided for staff involved in a patient's discharge.	Number of referrals to EBIs from health care professionals	OGH Olean Medical Group UPC	Coordinator/Facilitator/Educator Facilitator/Educator Facilitator/Educator	Analyze and collect data Sharing Staff & Data Sharing Staff & Data	December 31, 2018

2016-2018 Olean General Hospital and
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Priority Area: Promote Mental Health and Prevent Substance Abuse
Focus Area: Prevent Substance Abuse and other Mental/Emotional/Behavioral Disorders
Disparity: Individuals and families in poverty
Lead Agencies: Olean General Hospital and Cattaraugus County Health Department

Table 34. Promote Mental Health and Prevent Substance Abuse

Goal	Outcome Objectives	Interventions/ Strategies/ Activities	Process Measures	Partner	Partner Role	Partner Resources	By When
Prevent underage drinking, non-medical use of prescription pain relievers by youth, and excessive alcohol consumption by adults.	Reverse the trend of Age of onset for Alcohol Use in children from age 12.9 to 13.9. (Council on Addiction Recovery Services (CAREs)-Prevention Needs Assessment Survey)	School based programs: Project towards No Drug Abuse and Project ALERT which is a school-based prevention program for middle or junior high school students that focuses on alcohol, tobacco, marijuana, and inhalant use. The main goals of the program are to prevent adolescent non-users from experimenting with drugs and to prevent youths who are already experimenting from becoming more regular users. (National Research	Onset of Alcohol use in children Percent of youth below age 21 who report drinking alcohol in the last 30 days.	CCHD CAREs	Coordinator/Educator or Facilitator/Educator	Aggregating/Analyzing Data Education Sharing Staff & Data	December 31, 2018

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Goal	Outcome Objectives	Interventions/ Strategies/ Activities	Process Measures	Partner	Partner Role	Partner Resources	By When
		Council and Institute of Medicine. Preventing MEB Disorders Among Young People: Progress and Possibilities, 2009.)					
Prevent underage drinking, non-medical use of prescription pain relievers by youth, and excessive alcohol consumption by adults.	Reduce the number of drug related hospitalization rate from 22.8 to 20.0 per 10,000 (NYSDOH SPARCS data)	Overdose prevention – Project Lazarus is a public health model that asserts drug overdose deaths are preventable and communities are ultimately responsible for their own health. The model components include: 1) community activation and coalition building; 2) prescriber education and behavior; 3) supply reduction and diversion control; 4) pain patient services and drug safety; 5) drug treatment and	Percent participation in safe prescription opiate disposal programs, take-back events, drop boxes, safe storage education, and law enforcement diversion efforts	CCHD and OGH CAREs Cattaraugus County Sheriff & Municipal Law Enforcement	Coordinator/Educator or Facilitator/Educator Facilitator	Aggregating/Analyzing Data Education Sharing Staff & Data Sharing Staff & Data	December 31, 2018

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Goal		Outcome Objectives	Interventions/ Strategies/ Activities	Process Measures	Partner	Partner Role	Partner Resources	By When
Prevent underage drinking, non-medical use of prescription pain relievers by youth, and excessive alcohol consumption by adults.	Reduce the number of drug related hospitalization rate from 22.8 to 20.0 per 10,000 (NYSDOH SPARCS data)	Overdose prevention – Project Lazarus is a public health model that asserts drug overdose deaths are preventable and communities are ultimately responsible for their own health. The model components include: 1) community activation and coalition building; 2) prescriber education and behavior; 3) supply reduction and diversion control; 4) pain patient services and drug safety;	demand reduction; 6) harm reduction including Naloxone training; 7) community-based prevention education 8) evaluation of project components.	Number of public awareness, outreach, and educational efforts to change attitudes, beliefs, and norms towards underage and excessive adult alcohol use, prescription opiates.	CCHD and OGH	Coordinator/Educator	Aggregating/Analyzing Data Education	December 31, 2018
					CAREs	Educator	Sharing Staff & Data	
					Heroin/Opioid Task Force	Educator	Sharing Data	
					Municipal Law Enforcement	Educator	Sharing Data	

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Goal		Outcome Objectives	Interventions/ Strategies/ Activities	Process Measures	Partner	Partner Role	Partner Resources	By When
Prevent underage drinking, non-medical use of prescription pain relievers by youth, and excessive alcohol consumption by adults.	Increase the number of professionals by 10% annually that have been trained in Naloxone administration.	Provide Southern Tier Overdose Prevention Program (STOPP) training to healthcare professionals and members of the community. (A Prevention Spectrum Approach to Opioid Use and Overdose Prevention Fact Sheet is a tip sheet that has the rationale, measures and practices.)	5) drug treatment and demand reduction; 6) harm reduction including Naloxone training; 7) community-based prevention education 8) evaluation of project components.					
				Percent and/or number of professionals participating in Naloxone trainings	Southern Tier Health Care System (STHCS) – Southern Tier Overdose Prevention Program (STOPP)	Facilitator	Sharing Staff & Data	December 31, 2018

Goal	Outcome Objectives	Interventions/ Strategies/ Activities	Process Measures	Partner	Partner Role	Partner Resources	By When
Prevent suicides among youth and adults	Reduce the age adjusted suicide death rate of 15.2 to 14.2 per 100,000 (NYSDOH Prevention Agenda Dashboard)	Offer gatekeeper training. (Suicide Prevention Center of New York State www.preventsuicideny.org) (Rand Suicide Prevention Evaluation Toolkit. http://www.rand.org/pubs/tools/TL111.htm) Provides a comprehensive explanation for evaluating suicide prevention efforts.)	Percent of county residents who have completed gatekeeper training.	CCHD Cattaraugus Community Services OGH Suicide Prevention Coalition	Coordinator Facilitator/Educator Educator Educator	Aggregating/Analyzing Data, Education Sharing Staff & Data Sharing Data Sharing Data	December 31, 2018

**2016-2018 Olean General Hospital and
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Goal	Outcome Objectives	Interventions/ Strategies/ Activities	Process Measures	Partner	Partner Role	Partner Resources	By When
Prevent suicides among youth and adults	Reduce the age adjusted suicide death rate of 15.2 to 14.2 per 100,000 (NYSDOH Prevention Agenda Dashboard)	Screen for suicide risk in primary care or substance abuse programs. (Suicide Prevention Center of New York State www.preventsuicideny.org) (ZEROSuicide has resources for preventing suicides in health and behavioral health care systems.)	Percent of people screened for mental health and substance abuse problems.	CCHD Cattaraugus Community Services OGH Suicide Prevention Coalition	Coordinator Facilitator/Educator Educator Educator	Aggregating/Analyzing Data, Education Sharing Staff & Data Sharing Data Sharing Data	December 31, 2018