CATTARAUGUS COUNTY BOARD OF HEALTH

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

Public Health
Prevent. Promote. Protect.
Cattaraugus County Health Department
Established 1923

MINUTES

September 7, 2016

The 849th meeting of the Cattaraugus County Board of Health was held at The Point Restaurant, 800 East State Street, Olean, New York on September 7, 2016.

The following members were present:

Dr. Joseph Bohan	Mr. Richard Haberer
Dr. Zahid Chohan	Ms. Theresa Raftis
Mrs. Sondra Fox	Mr. James Snyder

Also present were:
Kevin D. Watkins, MD, MPH, Public Health Director
Mark Howden, County Attorney
Dr. Christine Nelson-Tuttle, Guest Speaker
Richard Helmich Jr., County Legislator
Sue Labuhn, 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
Kathy Ellis, Administrative Officer
Raymond Jordan, Sr. Public Health Sanitarian
Debra Lacher, Secretary to Public Health Director
Patti Williams, Supervising Community Health Nurse
Eric Wohlers, Director of Environmental Health

The meeting was called to order by Dr. Bohan. The roll was called and a quorum declared.

Dr. Chohan made a motion to approve the minutes of the Board of Health (BOH) meeting held on August 3, 2016, it was seconded by Ms. Raftis, and unanimously approved.

DIRECTORS REPORT: Dr. Watkins reported that the 2016-2017 influenza season is upon us and the department will begin its influenza vaccine clinics. He informed the board that the components for the 2016-2017 trivalent influenza vaccine will contain (2) influenza A viruses and (1) influenza B virus. The health department will use the 2016-2017 quadravalent influenza vaccine which includes the components of the trivalent vaccine in addition to an extra influenza B virus component.

He stated that in the 2016-2017 influenza vaccine there was a change in the influenza A(H3N2) component and a change in the influenza B lineage included in the trivalent vaccine compared with the composition of the 2015–16 influenza vaccine. Handouts of the composition of the influenza vaccine were provided to those in attendance including a schedule of the upcoming influenza clinics. He added that the health department will administer influenza vaccines to county employees on October 12th in Little Valley, and October 26th in Olean as part of the employee wellness program.

Dr. Watkins went on to say that last year, during the 2015–16 influenza season the overall influenza activity was moderate; activity remained low from October 2015 until late December 2015 and peaked in mid-March 2016. He added that there was a lower percentage of outpatient visits for influenza-like illness, lower hospitalization rates, and a lower percentage of deaths attributed to pneumonia and influenza compared with the preceding three seasons. He stated that in 2015-2016, influenza A(H3N2) viruses were more commonly identified from October to early December, and influenza B viruses were more commonly identified from mid-April through mid-May, but Influenza A(H1N1) viruses predominated overall. He mentioned that everyone, 6 months and older should get an influenza vaccine every year by the end of October, if possible however, getting vaccinated later is fine. Vaccination should continue throughout the flu season, even in January or later.

Dr. Watkins informed the board of two recommendations that were made by the advisory committee on immunization practices for the Centers of Disease Control and Prevention (CDC) regarding this year's influenza vaccine. He stated that individuals who have experienced only hives after exposure to eggs can get any licensed influenza vaccine that is otherwise appropriate for their age and health. For those who have symptoms other than hives after exposure to eggs, such as angioedema, respiratory distress, lightheadedness, or recurrent emesis; or who have needed epinephrine or another emergency medical intervention, they can also be given a licensed influenza vaccine this year, but the vaccine should be given in a medical setting and be supervised by a health care provider who is able to recognize and manage severe allergic conditions. However, people with egg allergies no longer have to wait 30 minutes after receiving their vaccine. He reported that for safety reasons the department has chosen to order eggless vaccines to honor resident's requests.

He added that another recommendation made by this advisory committee was not to use the live attenuated intranasal influenza vaccine, often called FluMist, this year. He stated that research have shown that the nasal spray version of the influenza vaccine did not protect children against certain strains of the influenza virus that were among the most prominent strains during the past three flu seasons. Studies showed that, among children ages 2 to 17 who received the nasal spray version of the influenza vaccine, the vaccine was only 3 percent effective, whereas the injected vaccine was 63 percent effective during the 2015-2016 flu season. Therefore, the department is recommending that children get the injection versus the intranasal spray.

Dr. Watkins went on to say that human immune defenses become weaker with age, which places older individuals at greater risk of severe illness from influenza. Also, aging decreases the body's ability to have a good immune response after getting the influenza vaccine. He stated that Fluzone High-Dose is recommended for people age 65 years and older. The high-dose vaccine, contains four times as much flu virus antigen. A higher dose of antigen in the vaccine is supposed to give older individuals a better immune response, and therefore, better protection against the flu.

Dr. Watkins stated that yesterday Governor Cuomo signed legislation to test drinking water in New York schools for lead contamination. He informed the board that the regulations stated that all school buildings serving children in pre-kindergarten through grade five must collect a sample from each identified sampling location for testing by September 30, 2016. Any schools serving children in grades six through twelve that are not also serving children in younger grades must complete collection of samples by October 31, 2016. For new schools which begin operations after the effective date of this regulation, initial samples must be performed prior to occupancy.
He added that under the regulations, schools are required to report all lead test results to the state Department of Health via a designated statewide electronic reporting system. If lead levels are detected above 15 parts per billion at any potable water outlet, the school must discontinue use of that outlet, implement a lead remediation plan to mitigate the lead level, and provide building occupants with an adequate alternate supply of water for cooking and drinking.
He went on to say that schools must report the exceedance to the health department within one business day. Test results must also be provided in writing to all staff and parents no more than 10 business days after receiving the report. Schools must post the results of all lead testing and any remediation plans on its website as soon as possible but no more than six weeks after the school received the laboratory reports. Once test results indicate that lead levels are below the action level, schools may resume use of the water outlet.

Rick Miller asked if there was a protocol to drawing the water. Mr. Wohlers stated that there are specific Environmental Protection Agency (EPA) guidelines to follow which includes:
Collecting all water samples before the facility opens and before any water is used. Ideally, the water should sit in the pipes unused for at least 8 hours but not more than 18 hours before a sample is taken. However, water may be more than 18 hours old at some outlets that are infrequently used. If this is typical of normal use patterns, then those outlets should still be sampled.
He added that collectors should make sure that no water is withdrawn from the taps or fountains from which the samples are to be collected prior to their sampling. He went on to say that unless specifically directed to do so, samples should not be collected in the morning after vacations, weekends, or holidays because the water will have remained stagnant for too long and would not represent the water used for drinking during most of the days of the week.

Dr. Watkins informed the board that the Community Health Assessment (CHA) is due at the end of the year. He stated that the CHA is an analysis of key health needs and issues used to improve and promote a healthier community. He added that it is required that local health departments conduct a CHA every 3 years. For the 2017-2019 CHA, New York State Department of Health (NYSDOH) has asked all local health departments to work together with their local hospital(s) to address identified community health priorities tied to NYSDOH Prevention Agenda. In addition, local health departments and hospitals are encouraged to submit one plan per county that describes the efforts of all participants. He stated that the department and Olean General Hospital have begun this process, but due to time constraints, a consultant, "Strategy Solutions", was hired to put the document together for both facilities.

Dr. Watkins stated that prior to submission, this document will have to be approved by the BOH. The department is planning on having the consultant present the CHA to the Board at the November Board meeting.

Dr. Watkins informed the Board that the Public Health Accreditation Board (PHAB) has asked the department to complete a correction action plan for (4) different measures. After the PHAB receives the department's plan, they will make a recommendation about the department's accreditation status at their November board meeting.

Dr. Watkins reminded the board that on September 14th there will be a public hearing regarding the local law prohibiting the sale of tobacco products, electronic cigarettes products, and herbal cigarettes to those under the age of 21 in Cattaraugus County. He stated that letters of support have come in from the community and medical providers including one submitted by Bertrand Chaffee Hospital which was shared with the board. The letter reiterated that the hospital staff see the high rate of tobacco use in Cattaraugus County as a pressing public health issue and strongly support the passage of this regulation in order to protect the public and patients health interests.

Dr. Watkins stated that at our last meeting we learned of an 8 year old Amish resident who developed tetanus (6) days after stepping on a piece of wood and getting a splinter in his foot. The child experienced lockjaw, had to be placed on mechanical ventilation, he was given agents to control muscle spasms, tetanus immune globulin, antibiotics and underwent aggressive wound care.

Dr. Watkins informed the Board that Clostridium tetani spores usually enters the body through a wound or breach in the skin. In the presence of anaerobic (low oxygen) conditions, the spores germinate. Toxins are produced and disseminated via the blood stream and lymphatic system. He added that toxins act at several sites within the central nervous system, including peripheral motor end plates, spinal cord, and brain, and in the sympathetic nervous system. He went on to say that the typical clinical manifestations of tetanus are caused when tetanus toxin interferes with release of neurotransmitters, blocking inhibitor impulses. This leads to unopposed muscle contraction and spasm. Seizures may occur, and the autonomic nervous system may also be affected.

He stated that the incubation period ranges from 3 to 21 days, usually about 10 days. In general, the further the injury site is from the central nervous system, the longer the incubation period. A shorter incubation period is associated with more severe disease, complications, and a higher chance of death. He went on to say that being fully immunized is the best tool to prevent tetanus. Tetanus vaccines are recommended for people of all ages, with booster shots throughout life. Current immunization schedule is to give the tetanus vaccine at 2, 4, 6 months of age and between 4-6 years of age. Boosters every ten years.

Update on the eight year old Amish child is that he was discharged from the hospital, ambulating with slight unsteady gait, using a walker for assistance.

Dr. Bohan introduced Dr. Christine Nelson-Tuttle, associate professor at St. John Fisher Wegmans School of Nursing, and the undergraduate chair of that institution. Her topic was titled vaccination receptivity of the Amish population in Cattaraugus County.

Dr. Nelson-Tuttle in conjunction with her co-principle investigator Dr. Lynn Ouellete worked together on this project. She shared that in Cattaraugus County the Amish population is one of the oldest settlements in New York State and also one of the most conservative.

She stated that Conewango Valley is approximately 76% old order Amish, and there has been some immigration out of the area due to lack of farmland. The Amish have a pretty large commercial opportunity in Cattaraugus County especially in the Town of Leon, and they are interacting within the community. They are a vulnerable population and this interaction puts them at risk as they frequently come in contact with many people. She informed the board that in the Amish community the most common communicable outbreak is pertussis among the very young children. During a pertussis outbreak, she stated that studies have found that there are some Amish that will accept a pertussis vaccination, which demonstrates their receptivity. She added that the receptivity to this vaccine could be their interpretation of getting therapy for whooping cough spreading in the community.

Dr. Nelson-Tuttle stated that for several years Dr. Lynn Ouelette has held an Amish health fair every fall and therefore the community is already comfortable with her as a provider. She explained that they used a basic survey with no names or consent as the Amish tend to get very nervous when asked to sign any forms. She stated that they found that the surveys were best received when they filled out the paperwork for them, basically penning their answers as spoken. It was a small pilot sample with a goal of (30) households.

Incentive gifts were given which included their choice of a large canister of coffee or hot chocolate.

Results were 63% male and 37% female, 17% were ages 18-30, 70% 31-50, and 13% were over 65 years of age. The number of children in each household numbered from 3-14 with an average of 6. She stated that they asked the participates who made the health care decisions in their households and all of them noted that it was jointly made between the mother and the father except for one who said that only the father made the decisions.

The survey asked about their knowledge regarding specific vaccines. Dr. Nelson-Tuttle stated that their analysis of the survey showed that this population lacked knowledge on the adult vaccines but were very familiar with vaccines for children. She added that this population also did not know as much about the newer vaccines such a meningococcal or chicken pox vaccines. The Amish were also more knowledgeable about vaccines that were linked to specific diseases within their area. She stated that surprisingly, they learned that the Bishops do not make the healthcare decisions but they do have an influence on such decisions. Many of the participants in the survey had received a tetanus vaccination after the incident of the young child which was from their community. One resident had received a vaccination for Hepatitis B, and that was the local candy maker who had to prove verification of the vaccination for her licensure. Most of the participants had no knowledge of anyone having a bad reaction to a vaccine. Dr. Nelson-Tuttle stated that this community did not have a mindset of preventative health behaviors, she stated it is just not the same as what we have been taught. They believe hard work, rest, and good food boost their immune system. They also told the investigators about the use of "wonder oil" the "fountain of life" and the "super tonic" for illness. She stated that the participants were not sure of all the ingredients within these products but they strongly believe in them and stated "they will cure anything". Many participates noted that they would seek vaccinations for their children in a serious outbreak.

She concluded by stating important factors that were noted in the study included: there must be a reliable and accessible source of information before the Amish will accept information on disease incidence. The materials should be written on a 6th grade level, and one should consider the relative risks of an outbreak and have a point of contact within the Amish community.

She added that the next Amish health fair will be held October 21, 2016. At this event, the investigators will gather information on body mass index as the Amish eat lots of processed foods. She remarked that the rate of obesity is higher in females than males who are out working in the fields. Mr. Wohlers asked if another survey was completed would the investigators consider asking if they think proper sewage disposal has a role in prevention of disease transmission. Dr. Nelson-Tuttle said the question would need to be reworded since any mention about sewage disposal would put up a red flag that they were being monitored.

NURSING DIVISION REPORT: Mrs. Williams reported that the homecare census has (361) patients. The clinic staff is currently undergoing training for the new electronic medical records software from Athenahealth; with a go live date of September 19, 2016.
Mrs. Williams reported that shipments of the influenza vaccine have started to arrive for the influenza clinics that will start shortly.

She informed the board that the statistics on sexually transmitted diseases continue to rise, there were (47) new chlamydia cases, and (8) new gonorrhea cases.

She added that the Amish child that came home from the hospital and his entire family will be receiving the complete tetanus vaccine series. Seventeen children and (10) adults have been vaccinated due to this unfortunate incident. The nurse midwives have also been receptive to the pertussis vaccinations to help prevent pertussis transmission.

In August (12) people were administered the rabies post exposure prophylaxis, there were (10) bat exposures, and (2) raccoons. As of date, the department has had (35) rabies post exposure cases compared to 2015 which had a total of (25) cases.

Mr. Haberer asked what the Amish census was in our community. Dr. Watkins replied that it was difficult to say because the community do not participate in our census survey and they migrate to different communities, but a rough estimate would be slightly over 2,000 individuals amongst our Amish community.

ENVIRONMENTAL DIVISION REPORT: Mr. Wohlers reported that a new Water Resource Specialist has been hired who will start on September 27, 2016. His first (3) days will be spent attending a training in Batavia.

The last of the fall rabies clinics will be held tomorrow in the town of Allegany and the department will have the participation numbers at our next BOH meeting. Mr. Wohlers stated that just within the last week there was a bat exposure in the City of Olean, the bat tested positive for rabies. In addition, there was a positive raccoon from the Town of Hinsdale. To date, there have been (8) positive specimens; four were raccoons, (1) bat, (1) fox, (1) cow, and (1) fischer cat.

Mr. Wohlers remarked that previously state regulations required that lead and copper sampling should be completed only at schools which had their own individual well system. This new state law requires all schools to test for these elements regardless of their water source.

He added that the department is in the process of reapplying for the community development block grant to improve water supplies and failing septic systems for low to moderate income residents. In the past the department have received (3) very successful two year grants and we are hopeful we can continue this valuable program. The application deadline is September 28th.

Mr. Wohlers reported that the Village of Cattaraugus received an additional grant of $920,000 last month to help replace their hundred year old water transmission lines. An update on the West Valley water project, which is also over (100) years old as well, is that they applied and received a grant and are now constructing an entirely new system.

Mrs. Vickman raised the question what is the proper way to kill a bat for proper testing for rabies. Mr. Wohlers replied that when the bat lands on a flat surface (i.e. wall or bed), trap the bat by placing a plastic container (i.e. bowl or bucket) over it. Gently slide a piece of cardboard between the container and the surface to secure the bat inside the container, then release it outside if you are sure it did not come in contact with anyone within the house, otherwise bring it to the health department. Residents can bring in live specimens and the department will either freeze them or give the specimen a small amount of ether.
Dr. Watkins also responded that the Cattaraugus County website has instructions, and a video on how to capture a bat.

ENFORCEMENT REPORT: Mr. Porter reported on the following enforcement case from a hearing held on August 9, 2016.

DOCKET 16-017

Respondent: Sam Parise 1106 Sheridan Drive, Tonawanda, NY 14150 Violations: Sanitary Code of the Catt County Health Dist. Subpart 16.6.1 Discharge of inadequately treated waste water documented on subject property on 6-10-13. Violation was considered to be corrected following the vacating of the property in 2013. At some point prior to January 2016 the property became occupied again. On 6-27-16 a discharge of inadequately treated waste water was again documented.

Location of property: 3675 NYS RT98 South, Franklinville, NY 14737, Tax Map 48.004-1-6

Public Health Sanitarian: Ray Jordan appeared for CCHD and was sworn in.
Respondent: Sam Parise via phone conference.

Recommendation:
(1) That the respondent apply for a permit to construct a replacement sewage disposal system on subject property by September 16, 2016.
(2) The $75.00 civil compromised offered be changed to a $75.00 fine to be paid on or before September 16, 2016.
(3) After the permit is granted a construction schedule will be worked out with the respondent.

DOCKET 16-017 (continued)

(4) Failure to comply with the September 16, 2016 date for organizing the permit and paying the fine will result in a $10.00 per day per diem until compliance.

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

In addition Mr. Porter reported on the following enforcement case from a hearing held on August 16, 2016.

DOCKET #16-020

Respondent: Darel Tingue, Corner Sports Bar & Grill, Inc., 8383 Kingsbury Hill Rd., Franklinville, NY 14737 Location and name of establishment: The Stage Coach Inn, 3054 South SR98, Franklinville, NY 14737 Violation: The permit to operate is being revoked due to failure to comply with the Board of Health order issued on June 15, 2016 (docket 16-008)

Public Health Sanitarian: Ray Jordan appeared for CCHD and was sworn in.
Respondent: Darel Tingue did not appear but was properly served.

Recommendation:
(1) The permit to operate The Stage Coach Inn, 3054 South SR98, Franklinville, NY 14737 be revoked immediately.
(2) The respondent should be served the Board of Health Order via CCSD.
(3) The CCSD should placard each entrance to the establishment.
(4) Publish the Board of Health Order in newspaper that serves the area where the food service establishment in question is located.
(5) The respondent pay the $500.00 that was levied as requirement #5 on the 6-15-16 Board of Health Order for Docket 16-008 by September 30, 2016. A $10.00 per day per diem will be levied until compliance.

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

Dr. Watkins presented an appeal that was submitted by Mr. Mark Stavish regarding Docket #16-011 on September 24, 2016 asking the Board to rescind their previous order to have him pay a $500.00 fine in addition to the $10.00 per day per diem if not satisfied by September 26, 2016. A handout was distributed to those in attendance which included a quick summation of the last (2) inspection reports, and pictures of this facility which showed there were still repeat violations for this establishment. Although there has been some improvement not much has really changed over the past two inspections with this establishment. Therefore, it is the departments recommendation that the Board maintain their order as originally written with the exception that Mr. Stavish be allowed to pay the fine over a three month time period and waive the per day per diem penalty if he complies. In addition, it was recommended that Mr. Stavish be given a permit for just (3) months and be allowed to serve only bottled beverages and pre-packaged food until the inspection deficiencies have been satisfied. At that point the establishment will be re-inspected to determine if it should remain open.

A discussion was held amongst the Board after reviewing the materials and Mrs. Fox made a motion to reject the appeal, seconded by Mr. Haberer and unanimously approved.

Mrs. Fox made a motion to accept the payment plan as recommended in addition to the modified permit, seconded by Mr. Haberer, and unanimously approved.

Ms. Raftis asked if someone would follow up on the establishment to see if they are complying with the new permit structure. Mr. Wohlers stated that the department will following up on this case.

There being no further business to discuss, a motion to adjourn was made by Mr. Haberer, and seconded by Mrs. Fox and unanimously approved.

Respectfully submitted,

Kevin D. Watkins, M.D.

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

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Kevin D. Watkins, M.D., MPH, *Public Health Director*

Gilbert N. Witte, M.D.
Medical Director

Susan A. Andrews, RN, MSN, FNP
Patient Services Director

Certified and Long Term Home Health Agency
Professional Advisory Committee
July 20, 2016

Present:
Dr. Gilbert Witte, Medical Director, BOH
Dr. Kevin Watkins, Public Health Director, BOH
Susan Andrews, DPS, RN, FNP
Michele Phelps, NUTR
Tim Mager, OT
Elizabeth Bless, MSW
Sondra Fox, RN, BOH
Barb Parish, RN
Absent:
Dr. Giles Hamlin, BOH
Carrie Ruffner, PT
Carolyn Woodhead, SLP
Moira Khetry, Case Manager, OGH

The Professional Advisory Committee (PAC) meeting was held in the Cattaraugus County 2nd floor conference room on Wednesday July 20, 2016 at 12:30. Attendance was taken as recorded above.

I. Review of Tier 1 Potentially Avoidable Events(PAE): February 2016 – April 2016

a. Emergent Care for Injury Caused by Fall

There was a significant reduction in falls from our prior report and this report is better than the national reference.

There were 6 falls during this quarterly review-100% charts reviewed

- P11088 – Outcome may have been different if the interval between the first and second physical therapy (PT) visit was decreased – this person fell while reaching backwards to grab the arms on the chair.
- P9947 – identified as high risk for falls at start of care (SOC) but staff did not call Medical Doctor (MD) to obtain order for PT – documentation of patient/caregiver education regarding identified safety hazards in the home was lacking.

b. Emergent Care for Wound

As with falls, emergent care for wounds showed a significant reduction and was better than the national Average - 2 cases-100% reviewed

- P13715 – possibility - if there were more frequent skilled nursing (SN) visits for wound assessment this case may have an altered outcome.

II. Review of Tier 2 Potentially Avoidable Events: February 2016 – April 2016

a. Development of urinary tract infections (UTI) 5 cases-100% reviewed, no quality assurance concerns found

I. Review of Tier 2 Potentially Avoidable Events: February 2016 – April 2016

a. Development of urinary tract infections (UTI) 5 cases – 100% reviewed, no quality assurance concerns identified.

II. 30 Day Hospital Readmits (Current/Closed Chart Audits)

a. April -16 cases-100% review-15 had no quality assurance triggers
   - P15608-RN didn't verify orders that patient received from MD; the patient had a change in condition but registered nurse (RN) did not visit-

b. May -16 cases-100% review-13 no quality assurance triggers
   - P10829— lungs clear first 2 visits, patient to weigh self but RN didn't monitor weight, lung changes on 3rd visit - MD not notified, 4th visit was a prn or as needed visit– no lung auscultation, 5th visit revealed increased signs/symptoms (S/S) but not relayed to MD, 6th visit notified MD lung sounds, and following day with congestive heart failure (CHF)
   - P14999 – PT/RN on same day, patient had S/S that RN attributed to tiredness following PT visit; abnormalities on 5/10/16 no follow-up (F/U) until 5/13/16, was to go to emergency department (ED) but didn't – agreed could have done a better job with F/U
   - P15623 – MD notified of changes on 5/13/16, F/U could have been improved, hospitalized on 5/17/16.

c. June -23 cases-100% review-18 no quality triggers
   - P3053 – outcome may have been improved in this patient with chronic obstructive pulmonary disease (COPD) – educate to call the department first, increase provider visit frequency
   - P9008 –SOC-6/6/16 - patient had 1 SN visit then hospitalized on 6/8/16 with discharge (D/C) on 6/10/16, with another home care SOC on 6/11/16, may not have been appropriate for a one visit only (IVO)
   - P378 – possible medication interaction - not identified
   - P15253 – family delayed initial admit to home care, MD contacted at SOC, orders received and implemented but there was no F/U
   - P14775 –perhaps a visit instead of a telephone call (TC) would have been more appropriate

Patient Satisfaction

a. Home Health Consumer Assessment of Healthcare Providers and Systems (HH-CAHPS)-based on 56 patients - not as well as 1st quarter.
   - Home Safety= 85 % from previous of 82 %
   - All medication categories down, previous was 91%, now at 84%
   - Pain – similar at 85% compared to previous at 86 %

   HH-CAHPS-Comparison-based on what patients perceive
   - Changed reporting category on respectful to "always respectful", instead of also including "usually respectful", - even with this higher standard, Cattaraugus County Health Department (CCHD) achieved 93%
   - Responses scoring 9 and 10 of 10 cases were 84% this time compared to 83% at last review. Susan commented that it was odd that "Definitely Recommend" category during same time period went from 92 % to 74%, also noted that these 2 measures have been seemingly incongruent in the past. Dr. Witte commented on statistical methods used and effect.

b. Complaints-Patient
   1. 2 for second quarter (2Q) of 2016 (2Q2016)
      - Family member felt nurse was rude – investigation revealed mis-communication
      - Home Health Aid (HHA) entered home when patient didn't' answer door – Dr. Witte wondered what would happen if we didn't check on patient – discussion ensued and majority felt that it is appropriate to carefully enter home, while calling patient name to ensure that they are safe.

      Susan also commented that the HHA should call the office for direction while events such as these are occurring.

III. Agency Occurrences 2Q 2016
   a. Patient Harm/Injury (other than PAE) Actual-0
      - Potential-1- per patient request, a contracted licensed practical nurse (LPN) applied a wound vacuum assisted closure (VAC) that was no longer ordered– no harm to patient
   b. Medication Errors-1
      - Peripherally inserted central catheter (PICC) line not flushed x 2 – no harm
   c. Missed Visits
      - Contracted LPN x 2
      - Contracted HHA

      Susan commented that if patients calls on same day when visit doesn't occur as expected, the department can make arrangements to have visit covered.
   d. Staff Exposure/Injury
      - County employed nurse almost fell but grabbed railing with non-dominant arm
   e. Property Damage
      - County employed RN did not secure computer in bag – mouse pad and sound no longer work
   f. Motor Vehicle Crash (MVC) – 2 county employees using own vehicles – one minor and other hit by another car that didn't stop at stop sign – no injury reported

IV. New/Revised Policies
   a. None

V. Discussion/Recommendations

Delivery System Reform Incentive Program (DSRIP) update- purpose to reduce unnecessary hospital/ED use through using interventions to reduce acute care transfers (INTERACT) principles - currently being incorporated throughout agency processes, including electronic medical record (EMR) Susan reported that ~ 16 staff members attended INTERACT training regarding life plan/advance directives Ms. Fox suggested an education check off list that patient would sign as a way of making education more formal and memorable.

Direct observation of nebulizer and inhaler technique was discussed as a way to make sure agency is doing everything possible to prevent unnecessary hospital/ED use.

Susan commented on more appropriate wound care frequencies and Dr. Witte suggested on site LPN intro

See other recommendations throughout minutes.

VI. Adjournment

Next meeting Scheduled: October 19, 2016

3rd Wednesday 12:30-1:30-County Building-Olean 2nd Floor Conference Room

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Health Department

Cattaraugus County Health Department Influenza Clinics Fall 2016

Date		Time	Municipality	Location
Thursday	9/22	1-4 PM	Carrollton	Community Center 616 Main St.
Wednesday	9/28	2-6 PM	Randolph	Municipal Bldg
Thursday	9/29	11 AM - 4 PM	Olean	JCC Olean Campus Cutco Theater
Wednesday	10/5	2-6 PM	Salamanca	Health Dept, Iroquois Dr
Thursday	10/6	2-6 PM	Gowanda	Valley Pharmacy
Tuesday	10/11	9 AM - 1:30 PM	Allegany	Senior Center, Birch Run
Wednesday	10/12	2-6 PM	Allegany	St.Bonaventure Univ. Doyle Hall
Thursday	10/13	2-6 PM	Cattaraugus	Cattaraugus Area Ambulance211 S.Main St
Tuesday	10/18	2-6 PM	Little Valley	American Legion
Wednesday	10/19	2-6 PM	Franklinville	Fire Hall, Rt 16
Thursday	10/20	1-4 PM	South Dayton	Free Methodist Church
Thursday	10/27	2-6 PM	Ellicottville	St.Paul's Church
Wednesday	11/2	2-6 PM	Salamanca	Health Dept, Iroquois Dr

We accept the following: Medicare, Medicaid, Blue Cross/ Blue Shield, Independent Health, YourCare, Fidelis, and Medicare-type insurances.

Cash cost = $25

For more information, contact the Cattaraugus County Health Department

1-800-251-2584

Deaf, Hard of Hearing, and Speech Disabled: Call the NY Relay Service at 7-1-1 (Voice or TTY)

FREE

INFLUENZA VACCINE

FOR ALL CURRENT CATTARAUGUS COUNTY EMPLOYEES

Wednesday, October 12, 2016

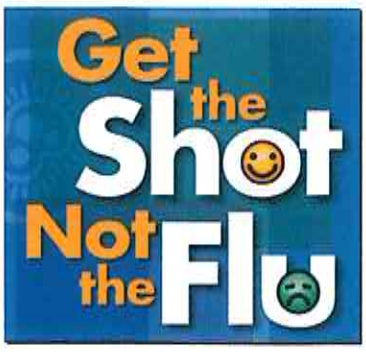
1:00 p.m. to 4:00 p.m.— Little Valley County Bldg Basement

Pre-Registration is *STRONGLY ENCOURAGED* by going to

www.health.ny.gov/go2clinic

Public Health
Prevent. Promote. Protect.
Cattaraugus County Health Department

Questions please call
Kevin Watt at x3419



FREE

INFLUENZA VACCINE

FOR ALL CURRENT CATTARAUGUS COUNTY EMPLOYEES

Wednesday, October 26, 2016

1:00 p.m. to 4:00 p.m.— Olean County Bldg
2nd Floor Breakroom

Pre-Registration is *STRONGLY ENCOURAGED* by going to

www.health.ny.gov/go2clinic

Public Health
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Cattaraugus County
Health Department

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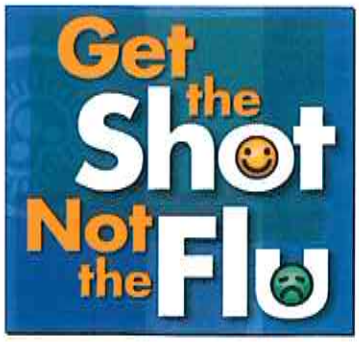

2015-2016 Influenza Vaccine Components

A/California/7/2009 (H1N1)pdm09-like virus
A/Switzerland/9715293/2013 (H3N2)-like virus
B/Phuket/3073/2013-like virus (B/Yamagata lineage virus)

B/Brisbane/60/2008-like virus (B/Victoria lineage).

2016-2017 Influenza Vaccine Components

A/California/7/2009 (H1N1)pdm09-like virus
A/Hong Kong/4801/2014 (H3N2)-like virus
B/Brisbane/60/2008-like virus (B/Victoria lineage)

B/Phuket/3073/2013-like virus (B/Yamagata lineage)

Assessing Vaccination Receptivity in the Old Order Amish in Cattaraugus County, New York

Christine Nelson-Tuttle DNS, APRN, PNP-BC, Evelyn Ouellette DNP, FNP-C

The Amish are a Christian, Anabaptist religious community that emigrated in 2 settlement waves from Western Europe to North American in the 1700's and 1800's in search of religious freedom after religious persecution. The Amish population doubles in size about every 20 years largely due to its high birth rate of an average of 7 children per family. Although not specifically prohibited by religious beliefs, the Amish have a much lower rate of vaccination compliance to recommended immunization guidelines. Only 15-20% of Amish children are fully immunized (Cleveland Clinic, 2012: Wenger et al., 2011) and these rates may differ greatly among individual communities. The high rate of under-vaccination means that vaccine-preventable diseases can persist in some Amish Communities, slowing progress to eliminate these diseases. Additionally, these communities are more vulnerable to vaccine-preventable diseases through exposure to others with disease. With the increased costs of farmland for this primarily agricultural based population, many Amish are turning to other proprietary opportunities. With this change, more Amish are potentially exposed to "non-vaccinators", those non-Amish who are refusing vaccinations for their children.

Common reasons given by the Amish for not vaccinating their children include concern over adverse effects of the vaccines and being personally opposed to the concept of vaccination. Because Amish religious beliefs do not specifically oppose vaccination, parents' decision making regarding whether or not to vaccinate their children may be influenced by information on vaccine safety provided by a trusted healthcare clinician (Medina-Marino et al., 2013; Yoder et al., 2006) or other influences.

Locally, the largest communities of Amish reside in Cattaraugus County New York in the Town of Leon. There are approximately 1380 residents in the Conewango Valley Settlement with 76% being Old Order Amish. The Amish are not unilaterally opposed to vaccination on religious reasons. In many

circumstances, the bishops of the specific communities may influence the health decisions of the constituents of their respective communities (Bradford Era, 2014).

Purpose: The purpose of this study is to explore attitudes influencing receptivity to immunizations among the Amish in Cattaraugus County, New York.

By gaining information on Amish views on immunization as well as where they seek health care information, efforts can be concentrated on providing the most factual information for vaccination decision-making to this population.

Methods:

This study was designed as a pilot project in conjunction with Cattaraugus County Health Department. The health department had been previously unsuccessful in gathering information on the views regarding vaccinations from this population. It was determined that use of 2 nurse practitioners who had worked with the population before at the annual Amish health fair may be a productive method of data collection. Additionally, one of the nurse practitioners was a resident in the community and had provided health care to this population for many years. This study received human subject approval through the IRB of St. John Fisher College in Rochester, NY (academic institution of one of the researchers).

The survey was constructed by the authors and revised with peer review suggestions for improved clarity. This qualitative based study was administered to Amish participants January and February 2016. Purposeful snowball sampling was used to obtain information from 30 households. Participants had the choice to fill out the survey and return it to the researchers via mail in provided stamped envelopes. It is not uncommon for Amish participating in studies to desire to take surveys home where they can reflect about and carefully construct their responses. For those participants desiring additional time, appointments were made for the researchers to pick up their surveys. All participants received their

choice of a canister of coffee or a canister of hot chocolate. These small gifts were acceptable to the Amish as they were items of common use and were not over extravagant that would be a conflict with their desired modest lifestyles.

Statistical Analysis

The data were analyzed by performing basic descriptive analysis using IBM SPSS Statistics 22. Some respondent did not select answers to all 25 questions and data was only analyzed with the information submitted. The researchers examined the answers and comments written by the respondents for themes to better substantiated the findings.

Demographics

The majority of the respondents were male (63%) compared to 37% female although this data may have been influenced by the means of securing the convenience sample. The Amish community midwife volunteered to distribute some surveys during her interactions with the pregnant women in her practice. She offered that many of the surveys she collected were completed by the males but the women of the household "told them what to write". The largest age group represented was those between 31-50 years of age (70%), this was the largest single age group for both the males and females. There were 5 households represented from survey respondents 18-30 years of age, one respondent aged 51-65 years and 3 households where the respondent was greater than 65 years of age.

The survey asked if there were children currently in the household. The 30 participating households had a combined total of 130 children. The households of respondents identified age 18-30 years averaged approximately 5 children per household (4.875) and the largest group of respondents' age 31-50 years of aged averaged nearly 6 children per household (5.866). There were 3 children total remaining in the households of the respondent age 51-65 years and no children living at home for the 3 participants that

were aged greater than 65 years. Four respondents did not note if there were children currently living in the household.

Results

Decision-making for vaccines

When asked who made the decisions for health care related to vaccine administration, 16 respondents noted it as a joint decision between the parents, one noted it was solely the father's decision, one noted it was solely the mother's decision.

Knowledge of Vaccines

In response to the query if they had knowledge of any vaccines, 77% (n=23) responded that they did have knowledge and 10% (n=3) responded that they did not have any knowledge of vaccines. Five participants did not respond to this question.

When asked about having heard or have any specific knowledge on specific vaccines, the results differed greatly between the vaccines. Table 1 below demonstrated the result to the question "Do you know of or have you heard of any of the following vaccines?"

Table 1

Knowledge of Specific Vaccinations by Percent

Vaccine Type	Yes (n)	No(n)
Flu (Influenza)	84 (21)	16 (5)
Pneumonia	40 (10)	60 (15)
Tetanus	84 (21)	16 (5)
Whooping Cough (Pertussis)	84 (21)	16 (5)
Meningitis	16 (5)	84 (21)
Chicken Pox (Varicella)	80 (20)	20 (5)
Measles/Mumps (MMR)	60 (15)	40 (10)
Shingles (Herpes Zoster)	17 (4)	83 (20)
Hepatitis B	44 (12)	56 (14)

*Total numbers of responses to specific questions varied with individual participants

Information seeking

When asked (open ended) where or whom would they go to for additional information on vaccines, 19 of the 30 respondents named a health care provider with most specifically noting the nurse practitioner or local physician who provide care to many of the households. One response just noted "family doctor". None responded friends, family or clerical (bishop) as a source for additional information.

Vaccine discussion with Health Care Provider

When asked if they had ever discussed their concerns or questions regarding vaccines with their health care provider, 22% responded that they had discussions with health care providers, 78% had not discussed their questions. When asked if they received what information they needed or desired to make their decision, 4 of 13 responding said Yes (31%) and 5 of 13 responded No (39%). Four respondents noted that they had already make up their minds at the time of the health care visit.

Personal experience with receiving vaccines

An open ended question format was used to query if anyone in the respondent's family had received a vaccination and what was the purpose of the vaccine administration. Fourteen of the 24 households responding to this question noted personal experience with someone getting a vaccine and of those, 7 of the respondents completing the questionnaire noted they personally had received a vaccination. While there were reasons that noted pertussis exposure with an immunocompromised family member in resident, hepatitis exposure and that required with a commercial food license, the most common response was affirming the administration of a tetanus vaccine. Most additionally noted that it was received after an injury or incident that could increase the chances of contracting the illness (as opposed

to preventative administration prophylactically). Some participants even noted not considering tetanus "a vaccine" like the others mentioned in the survey.

Feelings about vaccinations

Additional open ended questions were asked what "good" they had about vaccinations and additionally what "bad" they had heard about vaccinations. While many responded that they had not heard anything "good", some noted that they could be helpful in preventing illness or would be useful for sick or ailing family members depending on their age or specific circumstances. Two respondents answered the question with a potential positive effect of vaccination but countered with "Your people would say...", attributing the thought to be consistent with the "English" (non Amish) view of vaccine administration.

In response to what worries they had about vaccine administration, most were worried that the vaccines were not good for their immune system with multiple responses specifically worried about administration to infants that the child would become sick and die. A few worried about general side effects. Five responded that they had no worries and had no heard of specific negative ramifications of vaccines. One responded that with the great deal of research that had been done they thought they were probably safe for humans but he worried about vaccination safety more in his livestock.

Personal knowledge of specific negative consequences of vaccine administration

A question was included in attempt to determine if concerns were substantiated with personal experience with a negative reaction to vaccine administration. Only 2 of 19 respondents verified that they knew of a specific individual who had a negative outcome that was directly contributed (either perceived or actual) to vaccine administration. Most responded that they had no specific personal knowledge of a negative reaction, three respondents were unsure.

Alternatives to vaccinations

An open ended question was included to determine thoughts on perceived alternatives to vaccine administration. Responses were varied but all grounded in the naturalist and homeopathic preferences of the Amish. The most common recommendation was adherence to a healthy lifestyle in diet and activity with supplemental herbs. Specific recommendations mentioned use of garlic, a liniment recipe using turpentine, olive oil and ammonia, and specific Fountain of Youth products.

Discussion

This pilot study was done as an initial research initiative working with the Old Order Amish in Cattaraugus County NY on a topic that had been identified as a difficult subject to ascertain the receptivity of this group. The Old Order Amish in Cattaraugus County are descendants of Troyer Amish and are one of the most conservative groups in regards to use of technology (Johnson-Weiner, 2010). In regards to the specific methods of data collection, it was determined that while many completed the surveys, few would mail it, desiring it to be personally delivered to the researcher (rather than delivered through the US postal service). Many requested that the researchers come personally to retrieve the survey and some requested that the questions be discussed in person while the researchers acted as a scribe for data collection. As all the alternatives were amenable to the researchers and presented no human subject violations, the visits were arranged. Many participants either directly or indirectly noted their satisfaction with the personal encounter. It was also possible that the face to face visit time with their neighbor (one of the nurse practitioner research team resided in the community) was desired during the long winter absence of usual interactions. The visits also allowed the researchers to clarify responses and receive more complete data than the surveys that were dropped off at the researcher's home or those that were hand delivered through other Amish neighbor contacts. This experience provided important validation that researchers need to be accepted by this conservative community to

gather data on potentially sensitive or controversial topics. Most participants were happy to participate with many expressing appreciation that "English" health care providers would take the time to specifically ask their views on this topic.

The results of the knowledge on specific vaccinations demonstrated a lack of knowledge on the vaccines (other than tetanus and influenza) recommended for the adult population and much more familiarity with the vaccines initiated with pediatric patients. This is important knowledge for health care providers. Primary care providers caring for the Old Order Amish should include education on the vaccinations recommended for adults in visits. Because of the many changes in the both the pediatric and adult vaccine recommendations in recent years, it is important to reintroduce those opportunities to patients that would not otherwise have means to be exposed to that information (via television or social media).

One result was surprising to the researchers was the responses to the question asking where the families would turn to for additional information on vaccinations. While it was expected that this population would differ than typical English (non-Amish) responses of "internet". The Amish that participated in this study that responded to the question identified a health care provider with most identifying a specific health care provider that they had a trusting relationship with. No one responded as turning to friends, family or their bishop for assistance with questions. It was also apparent with responses to the question that asked of those who had received information from a health care provider, that many needed additional information or had additional questions even after receiving information. We did not query if they had received the information verbally, with written literature or both methods. The Amish tend to have a more passive relationship as health care consumers. It is possible that they would not have requested additional information unless the health care provider specifically asked them if they had questions or needed additional information. It is also possible that they needed additional time to read the literature in addition to the appointment interaction and refused vaccinations at the time of that visit.

It was evident that the participants in this study were not unilaterally against vaccinations. In fact, they routinely received tetanus vaccinations (noting that they did not think that "counted as a vaccine"). They also identified other circumstances with specific disease outbreaks or special illness circumstances that would encourage them to receive vaccinations for themselves or a family member. Most did not know of a specific circumstance of event of adverse reactions to a vaccinations. The two that noted they had, described adverse effects in infants who had received vaccinations and went on to develop illnesses.

In review of the wide variety of homeopathic treatments, it is important that health care providers include questions regarding the use of minerals, supplements or other treatments in the history taking of patients and their care providers. This is an opportunity to learn more of the acceptable health care practices as well as offer pertinent health education or safety concerns if applicable.

Implications for Practice and Need for Further Research

The Amish (like other cultural groups) are not restricted from considering vaccinations by their religious beliefs and many choose to do so. It is important for health care providers to recognize they make independent health care decisions but seek the information necessary to make those decisions from health care providers they know and trust.

It is also important for those making health policies to recognize that many Amish prefer to obtain health care services in acute needs rather than adhere to preventative practices. They will frequently refer to "God's will" in illness and health recovery. They also do not usually have customary health insurance and health behaviors based in preventative care would be costly. To improve vaccination rates among the Old Order Amish, it may be necessary to utilize alternative health care delivery systems (ex. offering more vaccinations in health fairs or mobile health services that they can access because of limitations of horse and buggy transportation) that they can easily access necessary information to make informed decisions and receive the services.

Further research is necessary to determine differences between different groups of Amish as they differ immensely in their receptivity to health care and technological practices. It is also necessary to determine barriers and facilitators for best health care practices for this conservative group interfacing with the non-Amish health care services and providers.

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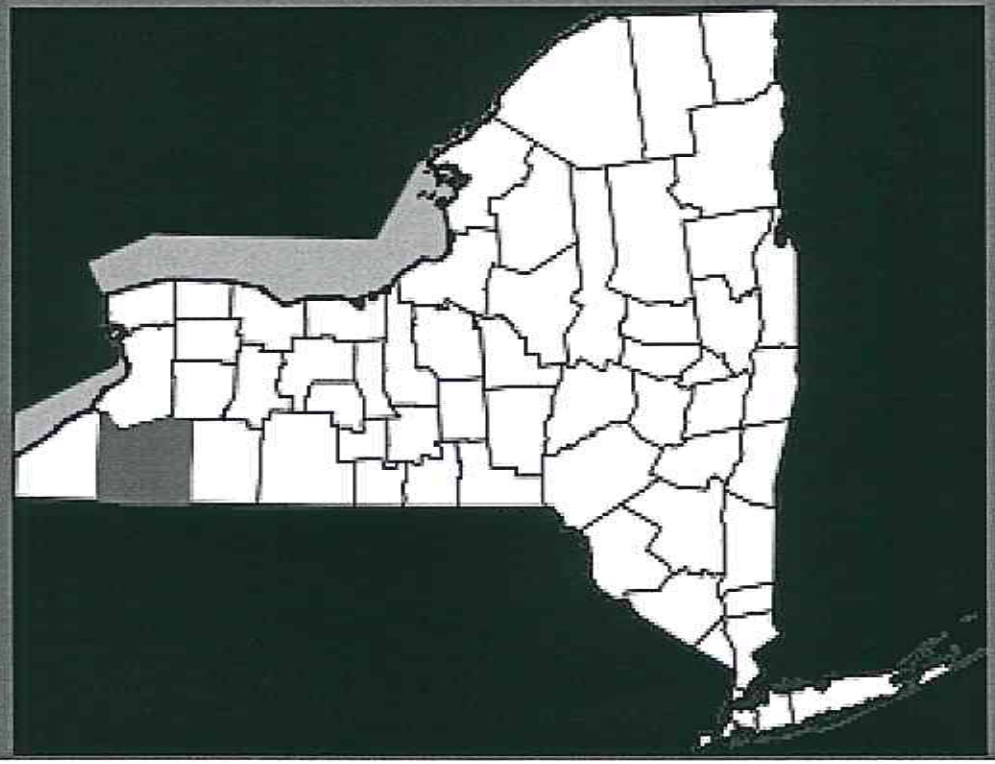
ASSESSING VACCINATION RECEPTIVITY IN THE OLD ORDER AMISH IN CATTARAUGUS COUNTY NY

Dr. Christine Nelson-Tuttle DNS, APRN, PNP-BC
Dr. Lynn Ouellette DNP, FNP-BC

Introduction

- Political pressure , economic factors and religious persecution precipitated an exodus of the Amish from Europe to the United States in the 1800's
- The first Amish family settled in New York in 1833(Johnson-Wiener, 2010).
- In 1949 an Amish settlement was started in Conewango Valley, NY – the largest and oldest extant settlement in New York State (Johnson-Wiener, 2010)

Cattaraugus County NY



Conewango Valley

- Approximately 1827 residents
- More than 76% are Old Order Amish
- Different groups of Old Order (originating as Stutzman and Troyer church), very conservative
- Mostly dairy, farming and small family owned businesses
- Some immigration due to growing lack of farm land
- Nine prominent surnames in Amish community (Raber, Miller, Yoder, Weingerd, Kurtz, Hershberger, Bylers, Gringerich, Hostetler)

Amish farm in Conewango Valley

Winter in Cattaraugus County
(not for the faint of heart!)

Amish commercial opportunities

- Over 40 shops in Town of Leon, part of the NY Amish Trail
- Valley View Cheese Company
- Rugs, Quilts and Rockers
- Many opportunities for cabinetry, other wood working, leather workers
- Health care implications-frequently come into contact with many people

Outbreaks of Preventable Diseases- Pertussis

- Most common-pertussis
- 1982: 216 cases pertussis (7 Amish came to Health Department initiative for immunizations)
- 1985: 6 cases pertussis
- 1988: 33 cases pertussis, 1 death

Outbreaks of Preventable Diseases- Others diseases

- 2008: 2 Amish children died of Hib (Haemophilus influenza type B).....implications of changes in trends of "Englisher" vaccination behaviors
- Isolated cases of Meningococcal meningitis deaths

Initiative for this study

- The Cattaraugus County Health Department attempted a small scale study last year that was not as successful as they hoped
- Dr. Ouellette lives in Conewango Valley and is a "neighbor" and also hosts an annual Amish Health Care Fair at her home (a very large farmhouse).
- Dr. Nelson-Tuttle participates in the Health Care Fair and was a Young Center visiting researcher.
- They were approached by the health department to do this pilot study.

About the researchers

- Dr. Christine Nelson-Tuttle is a board certified pediatric nurse practitioner who specializes in pediatric disabilities, especially those with a genetic basis. She is a doctorally trained academic researcher with an expertise in survey construction.
- Dr. Lynn Ouellette is a board certified family nurse practitioner with a doctorate in nursing practice. She has been a formal and informal health care provider for the area Amish for many years. Her neighbors are Amish.

Methods

- IRB approval from St. John Fisher College, Rochester NY
- Basic survey with no names or signed consents collected
- Dropped off survey and collected it or filled out the survey in person
- Snowball sampling

Methods (cont.)

- Made it clear that we were sharing information with the health department but we were not agents of the health department
- Small pilot sample, goal of 30 (met 15 within 2 weeks of data collection), was collected.
- Incentive gift-large can of coffee or large canister of hot chocolate

Results

- Males 63% Females 37% (Some participants werer mothers in labor at the Amish midwife dawdi house so the husbands filled them out)
- Ages 18-30 17% Ages 31-50 70% Over 65 13%
- Children in household 3-14, average 6
- Most made the health care decisions jointly between the couple, 1 noted the father made the decisions

Knowledge of specific vaccines

Name of vaccine	Yes	No
Flu	84%	16%
Pneumonia	40%	60%
Tetanus/Diptheria	84%	16%
Whooping cough	84%	16%
Meningitis	16%	84%
Chicken Pox	80%	20%
MMR	60%	40%
Shingles	17%	83%
Hepatitis B	44%	56%

Knowledge of Specific Vaccines

- Had knowledge of more common vaccines, less familiar with recent vaccines
- More knowledgeable about vaccines offered in the childhood vaccination plan, less knowledgeable about "adult" vaccines
- More knowledgeable about vaccines that were linked to diseases that had been prevalent in the area

Results

- Discussed it with your doctor or nurse practitioner? 22% had
- 5 participants noted that they would have needed additional information to make a decision but they did not request any additional information from their health care provider at that visit (and therefore did not receive any immunizations)

Results

- Vaccines that they (or a family member) had received:
  - Many tetanus
  - MMR during outbreak
  - Chicken pox (1)
  - Many noted whooping cough during an outbreak
  - Hepatitis B (candy maker)

Results

- Many listed a concern about a reaction to vaccines as a worry…
- "Has anyone in your family had a bad reaction to a vaccine?"
  - One had heard of a baby getting sick and dying after an immunization (he could not recall who had specifically told him that)
  - One heard of someone who got a bad case of chicken pox as an adult after having the vaccine (shingles?)
  - Most had no direct knowledge of anyone having a bad reaction to a vaccine

Results

- Things that work as well as vaccines to prevent disease?
  - Illness prevention, keep healthy
  - Boost Immune system
  - Wonder spray, "Fountain of Life"
  - Super Tonic, "Natural Health"

Results

- Garlic
- Healthy diet with vitamins and minerals (many said vitamins and minerals)
- Extract of horse chestnut
- First milk from a fresh heffer-tiny baby (high in colostrum) for whooping cough

Results

- We had one offer a recipe for a mixture that would cure all but we could not write it down…because it was not FDA approved
- Request for additional information: Tetanus, Meningitis, Hepatitis

Results

- Many do not think of Tetanus as a vaccine (and most are receptive to it)
- Many noted they might consider immunizing their children during an outbreak of a SERIOUS illness (whooping cough, Hepatitis)
- Many noted "good things" about vaccines but responded to it with "Your people would say……"
- Many identified Dr. Ouellette as a resource that they would seek out for information (whether they received their care from her or not)

Results

- **Current health care system offers most information on vaccines and preventable illness at well child check ups…and the Amish generally get episodic care**
- Decisions are left to individuals with noted autonomy from the community (or bishops)
- None noted that they would seek out their peers for information

Implications

- While most do not receive immunizations, it is an individual decision
- They make careful, deliberate decisions on these type of interventions
- They will seek out a reliable, trust worthy source for information…and that may not be their own health care provider or the health department
- Knowledge is varied on the different types of vaccines and they are more aware of them if there had been outbreaks of the illness in the community

Implications

- There must be a ***reliable*** and ***accessible*** source of information for the Amish to receive information on disease incidence
- Health care providers need to offer information as needed at point of access care
- Health care providers need to consider the level of education and the reading level of materials
- Health care providers need to carefully consider the relative risks and frequency of exposures and outbreaks

Implications

- Changes in health seeking behaviors-vaccinations by the non-Amish (non vaccinators)
- Changes in pediatric primary care practices of "grandfathering in" patients who are patients in the practice that are not immunized or selectively immunized and refusal to accept new primary care patients who refuse vaccinations
- Refusal to take "uninsured" or "private pay" patients
- Exposure of the Amish community by unvaccinated others who have a greater exposure risk

Lessons learned on research methods

- Much more successful to have a researcher that is known to the Amish community
- Duo of community clinician and academic researcher worked well
- Much more rich data collection when they were able to verbalize their answers and the researcher was the scribe

Lessons learned on research methods

- The incentive gifts worked well but many were willing to do the survey as a "favor" to their neighbor (we stressed that there was no pressure to do that because of the relationship)
- Snowball sampling was communicated through "word of mouth"
- Always had extra incentive gifts…and our stethoscopes

Lessons learned on research methods

- Be prepared for "sitting and talking a bit" and many cups of tea….which necessitated changes in our research route to return to Lynn's home..for the facilities
- Participants were very appreciative of someone taking the time to "ask them about their opinions"
- Data collection in the winter in Cattaraugus county is not for the "faint of heart"…bring your "winter buggy!"