

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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ACKNOWLEDGEMENTS

The 2016-2018 Cattaraugus County Community Service Plan (CSP) and Community Health Assessment and Improvement Plan (CHA-CHIP) were developed in partnership between Olean General Hospital (OGH), part of Upper Allegheny Health System (UAHS) and the Cattaraugus County Health Department (CCHD). Strategy Solutions, Inc. (SSI) is the consulting group engaged by CCHD and OGH to assist with the assessment. Representatives from OGH and CCHD worked collaboratively to guide and conduct the assessment. A steering committee made up of senior leaders of UAHS, OGH, CCHD, and representatives from the Cattaraugus County Healthy Livable Communities Consortium, which includes leading health and social service organizations and municipalities, provided additional input. The combined expertise, input and knowledge of the members of the Steering Committee was vital to the project. This group deserves special recognition for their tireless oversight and support of the CSP/CHA-CHIP process.



During the CSP/CHA-CHIP project, fourteen individuals were interviewed by Strategy Solutions, Inc. (SSI). Stakeholders included clinical staff and health navigators from OGH, representatives from health and social service agencies, medical provider of the Amish population, youth, clinicians, school district personnel, and public and elected officials. SSI conducted a community survey with 525 surveys completed, and CCHD conducted a community survey with 744 surveys completed.

Finally, information was gathered by the project team through a series of five focus groups. Information-gathering efforts allowed the project team and Steering Committee to gain a better understanding of the health status, health care needs, service gaps, and barriers to care of those living in Cattaraugus County. The administration of UAHS/OGH and CCHD would like to thank all of those who were involved in this project, particularly those who participated in interviews, survey efforts, focus groups and information gathering.

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

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

TABLE OF CONTENTS

MESSAGE TO THE COMMUNITY	1
EXECUTIVE SUMMARY	3
Table 1. CCHD and OGH Priority Areas, 2016-2018*	6
METHODOLOGY	7
Service Area Definition	7
Figure 1: Overall Service Area	8
Asset Inventory	8
Figure 2: Cattaraugus County Community Asset Resources Map	11
Figure 3: Olean General Hospital Asset Resources Map	12
Table 2. Stakeholder Interviews	15
Table 3. Focus Groups Conducted	15
Needs Assessment Prioritization Process	16
Figure 4. Community Health Assessment Process.....	16
Review and Approval	17
DEMOGRAPHICS	19
Demographic, Population and Socioeconomic Data	20
Health Indicators.....	22
Infant Mortality.....	22
Table 4. County/Zip Code Perinatal Data Profile 2012-2014.....	23
Table 5. New York State Regional Perinatal Data Profile - 2012-2014	23
Table 6. Infant Deaths, Neonatal Deaths, Post Neonatal Deaths and Perinatal Mortality By Resident County New York State - 2014	24
Maternal Child Health	24
County Health Rankings – Health Outcomes.....	25
Table 7. Leading Causes of Death by County.....	25
Premature Mortality	25
Table 8. Leading Causes of Premature Death (Death before Age 75).....	26

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

Table 9. Premature Death (Death Before Age 75) and Years of Potential Life Lost,
By Zip Code 27

Table 10. County Health Rankings – Health Outcomes 28

Communicable Disease in Cattaraugus County 35

Table 11. Communicable Disease in Cattaraugus County 36

Key Findings –eBRFSS & Public Health Data 37

Improve Health Status and Reduce Health Disparities..... 38

Table 12. eBRFSS - Improve Health Status and Reduce Health Disparities 38

Table 13. NYSDOH Prevention Agenda Dashboard - Improve Health Status and
Reduce Health Disparities 39

Table 14. Health / Access to Health Services - Improve Health Status and Reduce
Health Disparities..... 39

Prevent Chronic Disease 40

Table 15. eBRFSS – Prevent Chronic Disease 40

Table 16. NYSDOH Prevention Agenda Dashboard – Prevent Chronic Disease 41

Promote a Health and Safe Environment 42

Table 17. eBRFSS – Promote a Health and Safe Environment 42

Table 18. NYSDOH Prevention Agenda Dashboard Promote a Healthy and Safe
Environment..... 42

Promote Healthy Women, Infants, and Children 43

Table 19. eBRFSS Promote Healthy Women, Infants and Children 43

Table 20. NYSDOH Prevention Agenda Dashboard - Promote Healthy Women,
Infants and Children 44

Prevent HIV/STDs, Vaccine Preventable Diseases and Healthcare-
Associated Infections 45

Table 21. eBRFSS – Prevent HIV/STDs, Vaccine Preventable Diseases and
Healthcare-Associated Infections 45

Table 22. NYSDOH Prevention Agenda Dashboard – Prevent HIV/STDs, Vaccine
Preventable Diseases and Healthcare-Associated Infections 46

Promote Mental Health and Prevention Substance Abuse 47

Table 23. eBRFSS – Promote Mental Health and Prevent Substance Abuse 47

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

Table 24. NYSDOH Prevention Agenda Dashboard – Promote Mental Health and Prevent Substance Abuse	47
Hospital Utilization Rates.....	48
Table 25. Ambulatory Care Sensitive Conditions – ER Only	49
Table 26. Mental Health ICD-9 Codes.....	50
Table 27. Diagnosis Related Groups	51
Primary Research Results.....	51
Overall Community Health Status	52
Figure 5. CCHD Community Health Assessment Survey: How Would You Rate the Health of Cattaraugus County? (N=744).....	52
Figure 6. CCHD Community Health Assessment Survey: What can the community do to address/correct the needs?	53
Figure 7. CSP/CHA-CHIP Community Survey: Health Status of the Community (N=525)	54
Figure 8. Focus Groups: Health Status of the Community	55
Figure 9. Focus Group Potential Solutions, Chart 1 of 2.....	58
Figure 10. Focus Group Potential Solutions, Chart 2 of 2.....	59
Initiatives Currently Underway	60
Additional Suggestions.....	61
GENERAL FINDINGS.....	63
Evaluation of the 2013-2016(7) Cattaraugus County CSP/CHA-CHIP Implementation Strategies	63
Figure 11. Percentage of Adults Who are Obese.....	66
Figure 12 Percentage of Children and Adolescents Who are Obese.....	67
Figure 13. Rate of Hospitalizations for Short-Term Complications of Diabetes per 10,000, aged 6-18 Years.....	68
Figure 14. Rate of Hospitalizations for Short-Term Complications of Diabetes per 10,000, Aged 18+ Years.....	69
Figure 15. Hospitalization Rates Due to Falls per 10,000, Age 65 and Older	72
Figure 16. Cattaraugus County - Rate of Emergency Department Visits Due to Falls per 10,000 - Aged 1-4 Years.....	73

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

Priorities.....	75
Figure 17. CCHD Community Survey Health Needs.....	75
Figure 18. Cattaraugus County CSP/CHA-CHIP Community Survey Health Needs..	76
Figure 19. Stakeholder Interview Top Priorities	77
Figure 20. Top 10 Focus Groups Top Priorities.....	78
Table 28. Comparison of Top 10 Community Health Needs by Primary Sources ...	79
Table 29. Prioritization Criteria.....	80
PREVENTION AGENDA PRIORITIES.....	83
Prevent Chronic Disease	83
Reduce Obesity in Children and Adults	84
Reduce the Incidence of Diabetes	86
Promote Mental Health and Prevent Substance Abuse	88
Promote Mental, Emotional and Behavioral (MEB) Well-Being in Communities.....	88
Prevent Substance Abuse and Other Mental, Emotional and Behavioral (MEB) Disorders	90
OTHER TOPIC AREAS.....	93
Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings.....	93
Figure 21. CCHD Community Survey: Barriers to Health Care.....	97
Promote a Healthy and Safe Environment	101
Built Environment	101
Promote Health Women, Infants and Children	107
Maternal and Infant Health	108
Table 30. Children Eligible for Free or Reduced Lunch.....	109
Reduce Illness, Disability and Death Related to Tobacco Use and Secondhand Smoke Exposure.....	109
Injury, Violence and Occupational Health	111
Prevent HIV/STDs, Vaccine-Preventable Disease and Healthcare-Associated Infections	114

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

Prioritization and Significant Health Needs 116

 Table 31. Cattaraugus County CSP/CHA-CHIP Prioritization Exercise Results..... 117

 Table 32: Top Ten Priorities 125

2016-2018 Implementation Strategy/Community Health Improvement Plan 126

 Table 33. Prevent Chronic Disease: Reduce Obesity Rates Among Children and
 Adults 128

 Table 34. Prevent Chronic Disease: Increase Access to High Quality Chronic Disease
 Preventive Care and Management in Both Clinical and Community Settings 130

 Table 35. Promote Mental Health and Prevent Substance Abuse 132

Review and Approval 138

Appendix A: Community and Hospital Resource Directory 139

Appendix B: Cattaraugus County Health Department Community Health
Survey..... 163

Appendix C: Cattaraugus County CSP/CHA/CHIP Survey..... 167

Appendix: Stakeholder Interview Guide..... 181

Appendix E: Focus Group Topic Guide..... 185

Appendix F: Focus Group Intercept Survey 191

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



Olean General Hospital (OGH) and Cattaraugus County Health Department (CCHD) are proud to jointly present their 2016-2018 Community Service Plan (CSP) / Community Health Assessment and Community Health Improvement Plan (CHA-CHIP). OGH is a member hospital of the Upper Allegheny Health System (UAHS), which includes OGH and Bradford Regional Medical Center in Bradford, PA. This report summarizes a comprehensive review and analysis of health status indicators, public health, socioeconomic, demographic and other qualitative and quantitative data from the primary and secondary service areas of Cattaraugus County, NY in alignment with the New York State Department of Health's Prevention Agenda. This report also includes primary (surveys, interviews and focus groups) and secondary (data from third party sources, i.e., US Census Bureau) disease incidence and prevalence data from Cattaraugus County. The data was reviewed and analyzed to determine the priority health needs facing the region.

The CSP/CHA-CHIP is offered as a resource to health care providers, policy makers, social service agencies, community groups, community organizations, religious institutions, businesses, and consumers who are interested in improving the health status of the region.

The results enable the health department and hospital, as well as other community providers, to strategically identify community health priorities, develop interventions, and commit resources to improve the health status of the region.

Improving the health of the region is a priority of OGH and CCHD. Beyond the education, patient care, and program interventions provided by the hospital and health department, it is the intent of both organizations that the

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

information presented is not only a useful community resource, but also encourages additional activities and collaborative efforts.



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



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

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

departments, hospitals, and partners from health, business, education, and community organizations can work together to solve them.

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 project

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

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 and 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 4. Expand the role of public and private employers in obesity prevention through: <i>wellness program for employees; facilities that offer programs to those with disabilities</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
	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.		
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, UAHS/OGH Behavioral Health Services, Gowanda School District Principal/ 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: <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
	OGH/CCHD will engage the broad community through: policies, holding public forums, utilizing the Healthy Livable Community Consortium, community forums as needed.		

*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



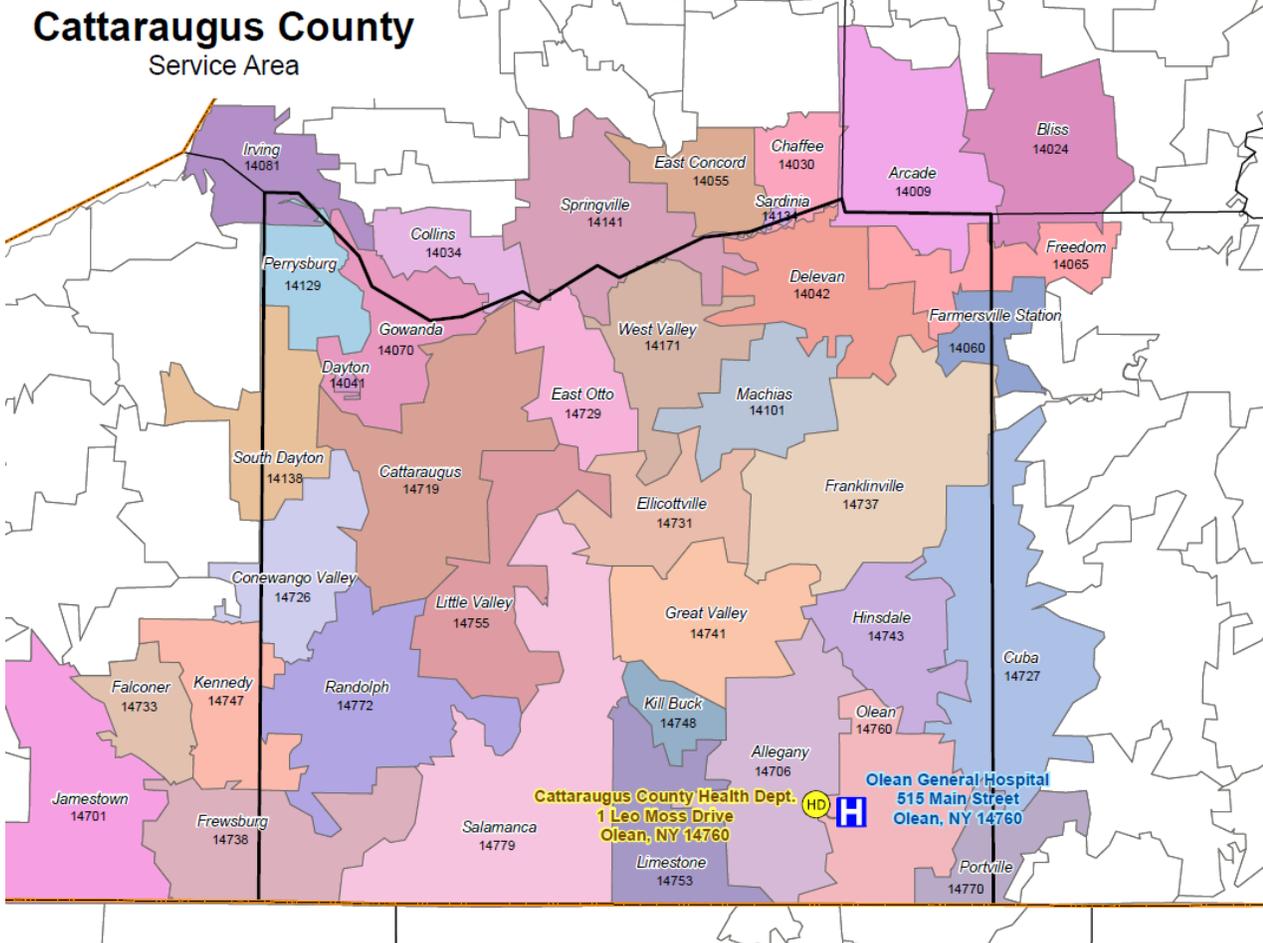
To guide this assessment, OGH and CCHD formed a Steering Committee that consisted of hospital, health department and community leaders who represented the broad interests of the region. The Steering Committee was comprised of individuals with expertise in public health, internal program managers, and representatives who understood the needs and issues related to various underrepresented groups including medically underserved populations, low-income persons, minority groups, and those with chronic disease needs. The Cattaraugus County CSP/CHA-CHIP Steering Committee met three times between August and October 2016 to provide guidance on the various components of the assessment.

Service Area Definition

Consistent with IRS and New York State Department of Health guidelines at the time of data collection, the project partners defined the community by geographic location based on the service area of Cattaraugus County. The CCHD service area is Cattaraugus County, NY. The OGH service area includes primary and secondary zip codes in Cattaraugus County, NY and McKean County, PA. The geography of the Cattaraugus County is illustrated in **Figure 1.**

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

Figure 1: Overall Service Area



Asset Inventory

The hospital staff identified existing health care facilities and resources within their primary service area and the region overall available to respond to the significant health needs of the community. Resource directories currently utilized by the hospital’s case management and social service departments were compiled.

A list of community assets and resources that are available in the community to support residents was compiled and listed in Appendix A (pages 139-162). The assets identified are broken down into the following sections:

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

Community Resources:

Abuse/Victim's Services
Adult Education and Training
Alcohol and Substance Abuse
Resources
Assistance Programs
Assisted Living
Blind and Visually Impaired
Services
Case Management
Children, Youth and Family
Services
Counseling
Dental Care
Disabled Individual Services
Disaster and Emergency Relief
Resources
Emergencies and Urgent Care
Services
Emergency Assistance Programs
Food Pantries and Soup Kitchens
Health Insurance Resources

Health Services and Resources
Home Care
Homeless Shelters
Hospice
Hospitals
Hotline Number
Housing Assistance
Legal Aid
Medical Clinics and Urgent Care
Non-Emergency Medical
Transportation Services
Nursing Homes
Respite Care
Senior Services
Senior Congregate and Home
Delivered Meal Sites
Services for the Seneca Nation
Transportation
Veteran's Services
Women's Health



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

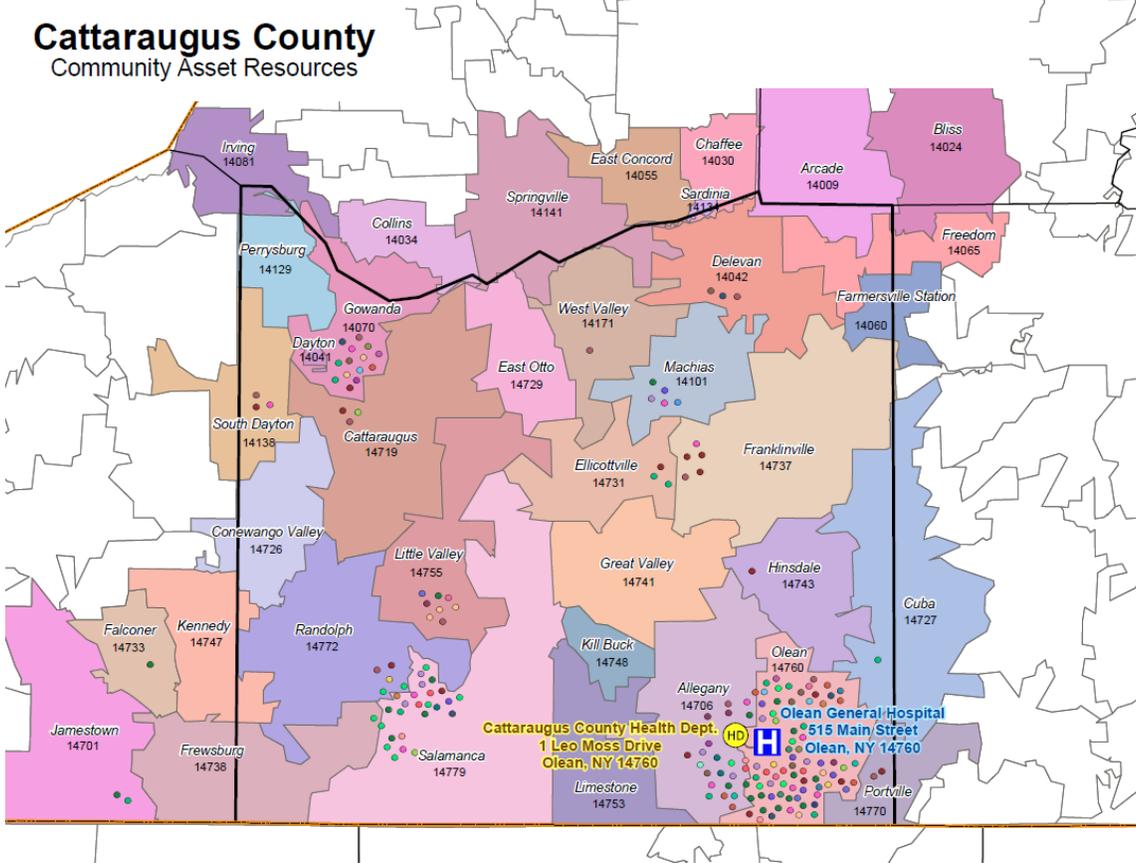
Hospital Resources:

Behavioral Health
Cancer Center
Cardiac Rehabilitation
Cardiopulmonary Department
Dental Services
Diabetes Education
Diagnostic Imaging
Dialysis
Digestive Disease Center
Emergency Medicine
The Heart Program
Holiday Park Health Center
Hyperbaric Oxygen Therapy
Intensive Care Unit
Laboratory
Nutrition
Obstetrics and Gynecology
Department
Occupational Wellness Center
Orthopedic Surgery and Sports
Medicine
Outpatient Surgery Center
Pain Medicine Center
Pastoral Care
Pediatrics
Rehabilitation
Salamanca Health Center
Sleep Disorders Center
Surgical Services
Wound Care



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

Figure 2: Cattaraugus County Community Asset Resources Map

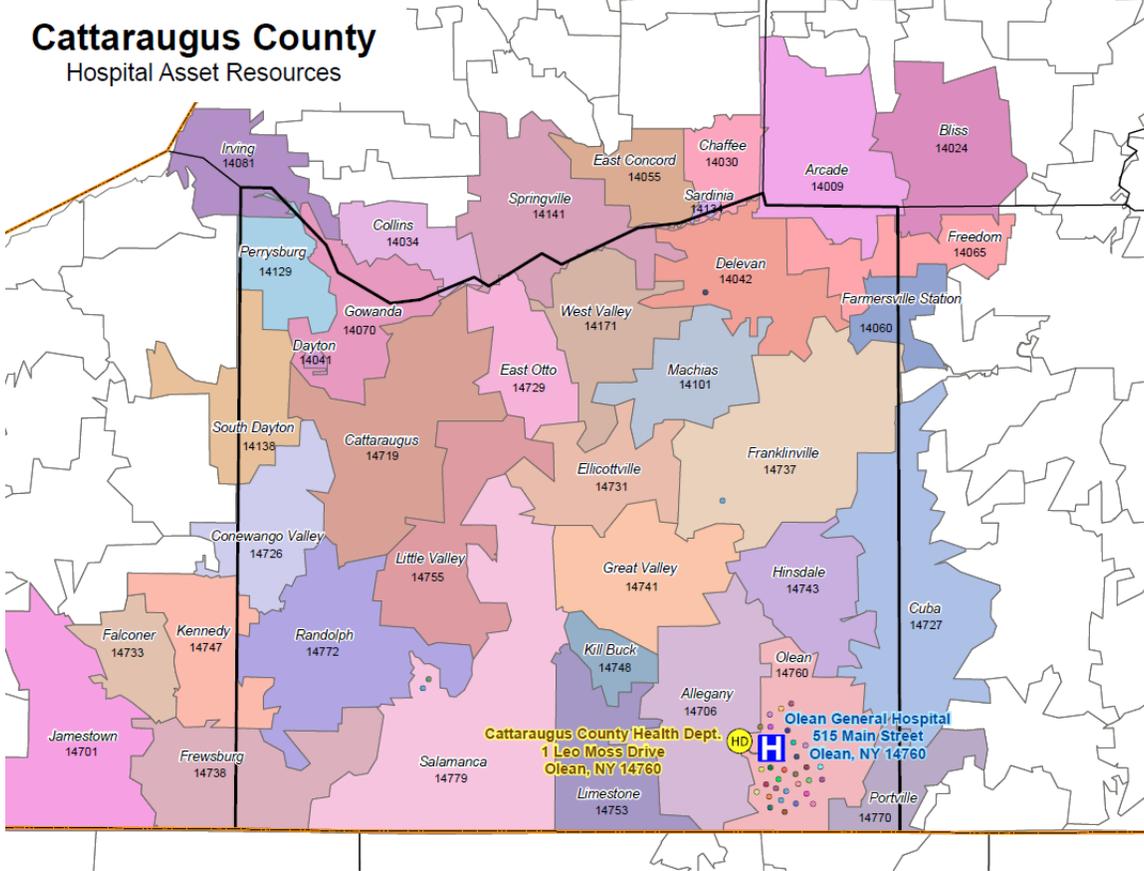


Cattaraugus County - Community Asset Resources

- Abuse/Victim's Services
- Adult Education and Training
- Alcohol and Substance Abuse Resources
- Assistance Programs
- Assisted Living
- Blind and Visually Impaired Services
- Case Management
- Children, Youth and Family Services
- Counseling
- Dental Care
- Disabled Individual Services
- Disaster and Emergency Relief Resources
- Emergencies and Urgent Care Services
- Emergency Assistance Programs
- Food Pantries and Soup Kitchens
- Health Insurance Resources
- Health Services and Resources
- Home Care
- Homeless Shelters
- Hospice
- Housing Assistance
- Legal Aid
- Medical Clinics and Urgent Care
- Non-Emergency Medical Transportation Services
- Nursing Homes
- Respite Care
- Senior Congregate and Home Delivered Meal Sites
- Senior Services
- Services for the Seneca Nation
- Transportation
- Veteran's Services
- Women's Health

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

Figure 3: Olean General Hospital Asset Resources Map



Cattaraugus County - Hospital Asset Resources

- Behavioral Health
- Cancer Center
- Cardiac Rehabilitation
- Cardiopulmonary Department
- Dental Services
- Diabetes Education
- Diagnostic Imaging
- Dialysis
- Digestive Disease Center
- Emergency Medicine
- Holiday Park Health Center
- Hyperbaric Oxygen Therapy
- Intensive Care Unit
- Laboratory
- Nutrition
- Obstetrics and Gynecology Department
- Occupational Wellness Center
- Orthopedic Surgery and Sports Medicine
- Outpatient Surgery Center
- Pain Medicine Center
- Pastoral Care
- Pediatrics
- Rehabilitation
- Salamanca Health Center
- Sleep Disorder Center
- Surgical Services
- The Heart Program
- Wound Care

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

Qualitative and Quantitative Data Collection

In an effort to examine the health needs of the residents in the service areas to meet current IRS guidelines and requirements, the methodology employed both qualitative and quantitative data collection and analysis. OGH, CCHD, Steering Committee members and the consulting team made significant efforts to ensure that the entire primary service territory, all socio-demographic groups and all potential needs, issues and underrepresented populations were considered in the assessment to the extent possible given the resource constraints of the project. This was accomplished by identifying focus groups and key stakeholders who represented various subgroups within the community. In addition, the process to collect both the qualitative and quantitative data included extensive use of New York State Department of Health's Prevention Agenda Dashboard, Centers for Disease Control and Prevention data, as well as OGH and CCHD's participation on the Steering Committee.



The secondary quantitative data collection process included demographic and socio-economic data obtained from the U.S Census Bureau – American FactFinder demographic database. Disease incidence and prevalence data was obtained from the New York State Department of Health's Prevention Agenda Dashboard expanded Behavioral Risk Factor Surveillance Survey (eBRFSS), the Centers for Disease Control and Prevention; American Community Survey and the Healthy People 2020 goals from HealthyPeople.gov. In addition, various health and health related data from the following sources were also utilized for the assessment: the US Department of Agriculture, the New York Department of Education, and the County Health Rankings. Selected data was also included from the New York Prevention Needs Assessment Survey, 2015, Monitoring the Data, 2014, Bach Harrison Norm, 2015. CDC. Selected Emergency Department and inpatient utilization data from the hospital was also included. Economic data was obtained through the U.S. Census Bureau, Small Area Income and Poverty Estimates Data presented are the most recent published at the time of the data collection.

The primary data collection process included conducting two community surveys, utilizing a mixed-methodology convenience sample, with data collection completed via paper and the Internet. OGH and CCHD put a link to the survey on their websites, distributed the survey link via email to local

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

residents on their mailing list, ran ads in the paper, and distributed paper surveys in selected locations throughout the county.

The CCHD Community Health Survey was launched on August 9, 2016 and closed on September 19, 2016. A total of 744 surveys were received on health status, community health needs, barriers to health care, and strategies or suggestions to address the community health needs. Refer to Appendix B (pages 163-166) for a copy of the CCHD Community Health Survey.

An additional comprehensive Cattaraugus County CSP/CHA/CHIP survey was conducted beginning on September 19, 2016 and ending on October 7, 2016. A total of 525 surveys were completed by residents of the service area. Refer to Appendix C (pages 167-180) for a copy of the Cattaraugus County CSP/CHA/CHIP Survey.

The primary data collection process also included qualitative data from 14 stakeholder interviews, as seen in **Table 2**, conducted during August and September 2016 by staff members of SSI. Refer to Appendix D (pages 181-184) for a copy of the interview guide. Stakeholders interviewed included individuals with expertise in the following disciplines and/or organizational affiliations:

- 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



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

Table 2. Stakeholder Interviews

Date Conducted	Name	Organization	Title
09/26/16	Candace Plants	United Way	Executive Director
09/20/16	Megan Taylor	Interfaith Caregivers	Director
09/20/16	Lynn Ouellette	Amish Outreach	Nurse Practitioner
09/20/16	Dave Smith	Gowanda School District	Principal
09/21/16	Kate O'Stricker	Cattaraugus County Department of Economic Development/Planning	Development Specialist
09/21/16	Mike Prutsman	Council on Addiction Recovery Services (CAREs)	Executive Director
09/21/16	William Aiello	City of Olean	Mayor
09/21/16	Mary Fay	Olean General Hospital	Chronic Disease
09/21/16	Ann Feightner-Battaglia	Healthy Community Alliance	Executive Director
09/22/16	Libby Smith	Salamanca Health Center	Nurse Practitioner
09/23/16	Betty D'Arcy	Health Care Access Coalition	Member
09/23/16	Lenny Liguori	Direction in Independent Living	Director
09/26/16	Renee McPherson	Olean Family Health Center & Medical Clinic	FQHC Intake
09/26/16	Becky Henretta Laurie LaBlanc	Olean General Hospital	ER Patients

Five focus groups were conducted in September and October 2016 as seen in **Table 3**. Interviews and focus groups captured personal perspectives from community members, providers, and leaders. They shared their insight and expertise regarding the health of a specific population, a specific community, or the county overall. Refer to Appendices E (pages 185-190) and F (pages 191-193) for copies of the focus group questions used.

Table 3. Focus Groups Conducted

Date Conducted	Organization	Representing	Number of Participants
09/29/16	Cattaraugus County Healthy Livable Communities Consortium	Community Agencies	52
09/29/16	Salamanca Youth	Native American Population	4
10/06/16	Healthy Community Alliance	Rural Health	4
10/07/16	Olean Food Pantry	Low Income Residents	7
10/07/16	EMS Workers	High Utilizers	6
		Total Participants	73

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

Needs Assessment Prioritization Process

On September 26, 2016, the CSP/CHA-CHIP Steering Committee met to review the primary and secondary data collected through the needs assessment process, which assessment process steps are shown in **Figure 4**.



Figure 4. Community Health Assessment Process



Source: Health Research and Education Trust

The team from SSI, presented the data to the CSP/CHA-CHIP Steering Committee. Needs, potential needs, and assets were discussed. A total of 41 possible needs were identified based on disparities in the data. Four criteria, including accountable role, magnitude of the problem, impact on other health outcomes, and capacity, were identified to evaluate identified needs.

On October 12, 2016, the CSP/CHA-CHIP Steering Committee members participated in a prioritization exercise. Each of the needs were rated on a

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

one to ten scale using the selected criteria. Twenty-eight Steering Committee members participated in this exercise.

The consulting team analyzed the data from the exercise and ranked the results by overall composite score for the service area.

On October 27, 2016, the CSP/CHA-CHIP project coordination team met to discuss the prioritization results and to review the CSP/CHA-CHIP report.



Review and Approval

The Cattaraugus County CSP/CHA-CHIP report was approved by the OGH Board of Directors and the CCHD Board of Health on December 7, 2016. Approval of both boards included not only the CSP/CHA but also the implementation strategy action plan and the CHIP.



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



For purposes of this assessment, the service area geography defined as: (1) the service area for CCHD is Cattaraugus County. (2) The primary and secondary service areas: for OGH, the primary service area is those zip codes for which OGH has the largest number of inpatient discharges among all hospitals. The secondary service area are those zip codes where OGH has either second or third largest number of zip codes among hospitals. These zip codes include:

Primary Service Area		Secondary Service Area	
City/State	Zip Code	City/State	Zip Code
Allegany	14706	Angelica	14709
Blackcreek	14714	Belfast	14711
Caneadea	14717	Belmont	14813
Ceres	14721	Bolivar	14715
Cuba	14727	Cattaraugus	14719
Delevan	14042	Duke Center, PA	16729
Ellicottville	14731	Eldred, PA	16731
Farmersville	14060	Fillmore	14735
Franklinville	14737	Freedom	14065
Friendship	14739	Randolph	14772
Great Valley	14741	Rixford, PA	16745
Hinsdale	14743	Scio	14880
Houghton	14744	Turtlepoint, PA	16750
Kill Buck	14748		
Limestone	14743		
Little Genesee	14754		
Little Valley	14755		
Machias	14101		
Olean	14760		
Portville	14770		
Rushford	14777		
Salamanca	14779		
Shinglehouse, PA	16748		

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

The above listed primary and secondary service area zip codes were used to pull Demographic data from U.S. Census Bureau – American FactFinder in order to report on the areas of: population, sex, race, age, marital status, educational status, household income, employment, poverty status, and travel time to work. Below are the Demographic conclusions from this data.

Demographic, Population and Socioeconomic Data

- The population for Cattaraugus County has been steadily declining, in 2010 US Census reported the population at 80,317, the 2015 population is estimated at 77,922; this is a 3.0% decrease and is projected to continue to decline to 76,004 in 2020. If this projection holds up, this will be a 5.4% population decrease from 2010 to 2020.¹



Race and Hispanic Origin

- Cattaraugus County’s population is comprised of the following racial groups: White (92.2%) followed by American Indian (3.4%), and African American (1.6%).²

Unique Population

- 1,827 Amish residents, of those 76% are “Old Order Amish”.

Age and Sex Distribution

- The majority of the population are between the ages of 25 and 64, with approximately one third between the ages of 45-64 (29.2%)³.
- There are slightly more females (50.4%) than males (49.6%) in Cattaraugus County.²

¹ <http://www.census.gov/quickfacts/table/PST045215/36009,00>

² Ibid.

³ <http://www.usa.com/cattaraugus-county-ny-population-and-races.htm>

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

Marital Status

- 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%)⁴.

Education

- 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.
- 29.1% of the population age 25 years and older have an associate degree or higher, 10.23% have a Bachelor Degree, 7.74% have received a Master, Doctorate, or Professional Degree⁵.



Income and Poverty

- Median household income \$43,503⁶ compared to NYS which is \$58,687.⁷
- 16.2% of adults 18 and over live below the federally determined guidelines for poverty compared to NYS, which is 15.4%.⁸
- 23.4% of children aged less than 18 years live below the federally determined guidelines for poverty, compared to NYS, which is 22.9%.

Employment⁹

- 44% of the population (34,199)¹⁰ is currently employed in Cattaraugus County. Very few residents (1,922)¹¹ are unemployed. Current unemployment rate is (5.3%)¹², compared to NYS which is 5.0.

⁴ Ibid.

⁵ Ibid.

⁶ <http://www.census.gov/quickfacts/table/PST045215/36009,00>

⁷ US Census Bureau [health.ny.gov/statistics/chac/chai](http://www.health.ny.gov/statistics/chac/chai)

http://www.health.ny.gov/statistics/chac/chai/docs/ses_4.htm

⁸ Ibid.

⁹ Ibid.

¹⁰ https://ycharts.com/indicators/cattaraugus_county_ny_employment

¹¹ Assessing Vaccination Receptivity in the Old Order Amish in Cattaraugus County. Lynn Ouellette, DNP, FNP-BC

¹² https://ycharts.com/indicators/cattaraugus_county_ny_employment

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

- Mean travel time to work (minutes), workers age 16 years+ (21.6 minutes).¹³

Health Indicators

Infant Mortality

Infant mortality is the death of an infant prior to his or her first birthday. **Table 4** displays sub-county data for infant mortality in Cattaraugus County, and it shows that during 2012-2014, the overall infant mortality rate was highest in the town of Machias, NY with a rate of 46.5. The town of Great Valley, NY the town of Little Valley, NY and the city of Olean follows with infant mortality rates of 22.2, 10.8 and 10.6 respectively.¹⁴ The overall 2012-2014 infant mortality rate in Cattaraugus County, which is 5.3 per 1,000 live births, is significantly higher than that of NYS, which is 4.8 (see **Table 5**).¹⁵ Reviewing the latest 2014 infant mortality rate for Cattaraugus County (see **Table 6**), which is 4.3, shows that it is slightly lower than NYS, which is 4.5.¹⁶

Neonatal mortality is the death of a live-born infant during the first 28 days after birth. **Table 4** also displays sub-county data for neonatal mortality in Cattaraugus County, and it shows that the areas with the highest neonatal mortality rate mirrors the towns and cities with the highest infant mortality rate. The highest neonatal mortality rate was in the town of Machias, NY with a rate of 46.5 followed by the town of Great Valley, NY the town of Little Valley, NY and the city of Olean which had neonatal mortality rates of 22.2, 10.8 and 6.1 respectively.¹⁷ The overall 2012-2014 neonatal mortality rate for Cattaraugus County, which is 3.4 per 1,000 live births, is slightly higher than that of NYS, which is 3.3 (see **Table 5**).¹⁸ Reviewing the latest 2014 neonatal mortality rate for Cattaraugus County (see **Table 6**), which is 3.2, shows that it nearly equals NYS, which is 3.1.¹⁹



¹³ <http://www.census.gov/quickfacts/table/PST045215/36009,00>

¹⁴ <https://www.health.ny.gov/statistics/chac/perinatal/county/2012-2014/cattaraugus.htm>

¹⁵ <http://www.health.ny.gov/statistics/chac/perinatal/county/2012-2014/regions.htm>

¹⁶ https://www.health.ny.gov/statistics/vital_statistics/2014/table45.htm

¹⁷ <https://www.health.ny.gov/statistics/chac/perinatal/county/2012-2014/cattaraugus.htm>

¹⁸ <http://www.health.ny.gov/statistics/chac/perinatal/county/2012-2014/regions.htm>

¹⁹ https://www.health.ny.gov/statistics/vital_statistics/2014/table45.htm

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

Table 4. County/Zip Code Perinatal Data Profile 2012-2014

ZIP Code	Total Births 2012-2014	Percent of Births					Infant and Neonatal Deaths, rate per 1,000 live births				Teen Rates per 1,000	
		Premature Birth	Low Birth Weight	Out of Wedlock	Medicaid or Self-pay	Late or No Prenatal Care	Infant Deaths 2012-2014	Infant Deaths Rate	Neonatal Deaths 2012-2014	Neonatal Deaths Rate	Teen Birth Rate	Teen Pregnancy Rate
14042	179	12.9	10.1	45.8	48.0	5.2	0	0.0	0	0.0	18.1	24.9
14065	91	11.4	8.8	33.0	61.1	15.1	0	0.0	0	0.0	27.3	32.8
14101	43	18.6	20.9	55.8	48.8	2.5	2	46.5	2	46.5	19.2	32.1
14129	62	6.5	0.0	54.8	19.4	3.4	0	0.0	0	0.0	41.7	50.0
14138	101	9.9	8.9	38.6	34.3	16.9	0	0.0	0	0.0	34.6	51.9
14171	50	18.0	16.0	40.0	32.0	0.0	0	0.0	0	0.0	21.5	26.9
14706	161	11.8	7.5	36.1	41.0	1.3	0	0.0	0	0.0	4.7	7.4
14719	119	11.5	2.5	29.1	32.7	12.2	0	0.0	0	0.0	18.5	23.8
14726	163	17.9	3.7	9.2	14.7	28.2	0	0.0	0	0.0	16.7	25.0
14729	25	13.6	12.0	36.0	32.0	14.3	0	0.0	0	0.0	*	*
14731	25	4.0	4.0	40.0	40.0	12.0	0	0.0	0	0.0	16.3	24.4
14737	137	9.8	8.0	44.5	60.3	9.8	1	7.3	0	0.0	15.7	23.6
14741	45	13.3	4.4	47.7	42.2	8.9	1	22.2	1	22.2	24.7	30.9
14743	39	20.5	2.6	51.3	56.4	0.0	0	0.0	0	0.0	26.1	26.1
14748	38	13.2	2.6	67.6	52.6	5.3	0	0.0	0	0.0	*	*
14753	32	6.3	9.4	55.6	34.4	9.7	0	0.0	0	0.0	0.0	7.6
14755	93	13.8	9.7	45.1	40.7	7.8	1	10.8	1	10.8	35.7	35.7
14760	661	11.3	7.6	55.5	57.1	3.5	7	10.6	4	6.1	34.5	48.2
14770	92	14.1	10.9	51.1	46.7	2.2	0	0.0	0	0.0	24.8	31.9
14772	185	19.6	10.3	27.1	26.3	4.3	1	5.4	1	5.4	26.3	41.7
14779	317	10.4	11.7	71.9	57.1	5.1	1	3.2	0	0.0	65.8	82.3
Total	2,658	12.2	8.3	46.5	46.0	5.9	14	5.3	9	3.4	26.8	36.2

Source: 2012-2014 New York State Vital Statistics Data as of June 2015

Table 5. New York State Regional Perinatal Data Profile - 2012-2014

Region	Total Births 2012-2014	Percent of Births					Infant and Neonatal Deaths, rate per 1,000 live births				Teen Rates per 1,000	
		Premature Birth	Low Birth Weight	Out of Wedlock	Medicaid or Self-pay	Late or No Prenatal Care	Infant Deaths 2012-2014	Infant Deaths Rate	Neonatal Deaths 2012-2014	Neonatal Deaths Rate	Teen Birth Rate	Teen Pregnancy Rate
New York City	351,889	10.8	8.2	41.8	59.4	7.2	1,491	4.2	975	2.8	20.1	52.3
New York State excluding New York City	360,536	10.9	7.6	39.6	42.2	4.1	1,928	5.3	1,385	3.8	15.5	25.9
New York State	712,425	10.8	7.9	40.7	50.7	5.6	3,419	4.8	2,360	3.3	17.3	36.0

Source: 2012-2014 New York State Vital Statistics Data as of June, 2015

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

Table 6. Infant Deaths, Neonatal Deaths, Post Neonatal Deaths and Perinatal Mortality By Resident County New York State - 2014

County/State	# Infant Deaths	Infant Death Rate	# Neonatal Deaths	Neonatal Death Rate	# Post Neonatal Deaths	Post Neonatal Death Rate	Perinatal Mortality	Perinatal Death Rate
Cattaraugus	4	4.3	3	3.2	1	1.1	7	7.5
NYS	1,068	4.5	737	3.1	331	1.4	2,211	9.2

Source: https://www.health.ny.gov/statistics/vital_statistics/2014/table45.htm

Maternal Child Health

Low birth weight (LBW) is a birth weight of a live born infant that is less than 2,500 g (5 pounds 5 ounces) regardless of gestational age. **Table 4** displays sub-county data for low birth weight in Cattaraugus County, and it shows that the percentage of resident live births classified as low birth weight is highest in the town of Machias, NY, which is 20.9%. The towns of West Valley, NY, East Otto, NY and Salamanca, NY, followed with a percentage of low birth weight of 16.0%, 12.0% and 11.7% respectively.²⁰ The overall 2012-2014 low birth weight for Cattaraugus County is 8.3%, this percentage is significantly higher than that of NYS which is 7.9% (see **Table 5**).²¹ Reviewing the latest 2014 low birth weight for Cattaraugus County, which is 9.8%, reveals that it is significantly higher than NYS, which is 7.8% (see **Table 6**).²² This low birth weight trend appears to be worsening in Cattaraugus County compared to NYS and access to prenatal care, age of mother and smoking appear to be contributing factors leading to this incidence.



Table 4 also displays sub-county data for teen pregnancies in Cattaraugus County, and it shows that teen pregnancy rate is the highest in the city of Salamanca, NY, which is 82.3. The towns of South Dayton, NY and Perrysburg, NY, follows with a teen pregnancy rate of 51.9 and 50.0 respectively.²³ The overall 2012-2014 teen pregnancy rate in Cattaraugus County is 36.2, which is nearly equal to that of NYS, which is 36.0 (see **Table 5**).²⁴ The sub-county data will assist OGH and CCHD to identify health disparities within certain communities and target these communities with improvement planning.

²⁰ <https://www.health.ny.gov/statistics/chac/perinatal/county/2012-2014/cattaraugus.htm>
²¹ http://www.health.ny.gov/statistics/vital_statistics/2014/table11a.htm
²² https://www.health.ny.gov/statistics/vital_statistics/2014/table45.htm
²³ <https://www.health.ny.gov/statistics/chac/perinatal/county/2012-2014/cattaraugus.htm>
²⁴ <https://www.health.ny.gov/statistics/chac/perinatal/county/2012-2014/regions.htm>

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

Planning health interventions specifically associated with the State’s Prevention Agenda within these communities is a priority of OGH and CCHD.

County Health Rankings – Health Outcomes

Leading Cause of Death

A comparison of the top five leading causes of deaths in 2014 for all ages in Cattaraugus County and NYS is depicted in the chart below. Cattaraugus County mirrors NYS in the top four leading causes of deaths (heart disease, cancer, chronic lower respiratory disease, and stroke, respectively); however, the fifth leading cause of death in Cattaraugus County is diabetes, compared to that of NYS which is unintentional injury (see **Table 7**). The age adjusted rates for the top four leading causes of death in Cattaraugus County (heart disease, cancer, chronic lower respiratory disease, and stroke) significantly exceed the age adjusted rates for the same four leading causes of death in NYS.



Table 7. Leading Causes of Death by County

	Cattaraugus County		New York State (minus NYC)	
	# Cases	Age adjusted rate per 100,000	# Cases	Age adjusted rate per 100,000
Heart Disease	260	247	26,097	173
Cancer	184	176	22,237	155
Chronic Lower Resp Diseases	39	37	4,868	33
Stroke	36	34	4,228	28
Diabetes	33	31	No data	No data

Source: www.health.ny.gov/statistics/leadingcauses_death/deaths_by_county.htm

Premature Mortality

Measuring premature mortality, rather than overall mortality, focuses attention on deaths that could have been prevented. Premature death is the years of potential life lost before age 75 (YPLL-75). The concept of YPLL involves estimating the average time a person would have lived had he or

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

she not died prematurely. This measure is used to help quantify social and economic loss owing to premature death, and it emphasizes specific causes of death affecting the younger age groups.

By examining premature mortality rates and investigating the underlying causes of high rates of premature death, resources can be targeted toward strategies that will extend years of life in Cattaraugus County.

A review of the top five leading causes of premature deaths in 2014 for all ages in Cattaraugus County (see **Table 8**) includes Cancer, Heart Disease, Chronic Lower Respiratory, Unintentional Injury and Diabetes, respectively; NYS includes Cancer, Heart Disease, Unintentional Injury, Chronic Lower Respiratory Disease, and Diabetes, respectively which is very similar except for a reversal of the third and fourth leading causes of premature deaths.



Comparing the age adjusted rates of the top leading causes of premature deaths in Cattaraugus County with that of NYS reveals that Cattaraugus County premature death rates significantly exceeds the same causes of premature deaths in NYS.

Table 8. Leading Causes of Premature Death (Death before Age 75)

	Cattaraugus County		New York State (minus NYC)	
	# Cases	Age adjusted rate per 100,000	# Cases	Age adjusted rate per 100,000
Cancer	684	419	36,139	297
Heart Disease	226	371	21,700	179
Chronic Lower Resp Diseases	58	77	5,163	40
Unintentional Injury	53	76	7,829	77
Diabetes	51	71	No data	No data

Source: www.health.ny.gov/statistics/leadingcauses_death/pm_deaths_by_county.htm

In Cattaraugus County the town of Hinsdale, NY has the highest YPLL, (11,965), followed by Salamanca, NY, (11,260), Machias, NY (8,508), Limestone, NY (8,105) and Little Valley, NY (7,841). Overall Cattaraugus

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

County YPLL, which is (7,157), significantly exceeds that of NYS, which is (5,352) (see **Table 9** below).

Table 9. Premature Death (Death Before Age 75) and Years of Potential Life Lost, By Zip Code

County Sub-Population	Total Premature Deaths*	Years of Potential Life Lost*
ZIP code		
14041	s	s
14042	90	6,665
14065	28	4,670
14101	46	8,508
14129	37	7,718
14138	37	6,655
14171	31	5,327
14706	112	5,733
14719	60	7,362
14726	23	4,494
14729	23	6,705
14731	21	2,200
14737	99	7,210
14741	37	4,326
14743	62	11,965
14748	s	s
14753	29	8,105
14755	68	7,841
14760	385	6,861
14770	23	2,224
14772	64	5,394
14779	212	11,260
TOTAL		
Cattaraugus County	1,719	7,157
Western NY	29,954	6,831
NY State (excluding NYC)	178,012	5,528
NY State	292,218	5,352

*S= Data do not meet reporting criteria.

Source: <http://www.nysachoinfo.org/Sub-County-Health-Data-Report/Albany.pdf>



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

Partly due to the significant exceedance of YPLL in Cattaraugus County (7,157) compared to NYS (5,352), Cattaraugus County has ranked in the lower quartile of NYS counties in Health Outcome. The 2016 County Health Rankings ranks Cattaraugus County 60 out of 62 counties in Health outcomes in NYS (see **Table 10** below).

Table 10. County Health Rankings – Health Outcomes

	Cattaraugus County	New York State	County Rank (of 62)
Health Outcome			60
Length of Life			60
-Premature Death ²⁵	7,400	5,400	60
Quality of Life			51
-Poor or Fair Health ²⁶	14%	17%	
-Poor Physical Health Days ²⁷	3.7	3.6	
-Poor Mental Health Days ²⁸	3.8	3.7	
-Low Birth Weight ²⁹	7%	8%	



Source: <http://www.countyhealthrankings.org/app/new-york/2016/rankings/cattaraugus/county/outcomes/overall/snapshot>

²⁵ Premature Death is the years of potential life lost before age 75 (YPLL-75). Every death occurring before the age of 75 contributes to the total number of years of potential life lost. For example, a person dying at age 25 contributes 50 years of life lost, whereas a person who dies at age 65 contributes 10 years of life lost to a county's YPLL. The YPLL measure is presented as a rate per 100,000 population and is age-adjusted to the 2000 US population.

²⁶ Self-reported health status is a general measure of health-related quality of life (HRQoL) in a population. This measure is based on survey responses to the question: "In general, would you say that your health is excellent, very good, good, fair, or poor?" The value reported in the County Health Rankings is the percentage of adult respondents who rate their health "fair" or "poor." The measure is modeled and age-adjusted to the 2000 US population

²⁷ This measure is based on survey responses to the question: "Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?" The value reported in the County Health Rankings is the average number of days a county's adult respondents report that their physical health was not good. The measure is age-adjusted to the 2000 US population.

²⁸ This measure is based on survey responses to the question: "Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" The value reported in the County Health Rankings is the average number of days a county's adult respondents report that their mental health was not good. The measure is age-adjusted to the 2000 US population.

²⁹ Low Birthweight is the percentage of live births where the infant weighed less than 2,500 grams (approximately 5 lbs., 8 oz.).

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

Tobacco use, poor diet, and physical inactivity resulted in more preventable deaths than alcohol consumption, microbial agents, toxic agents, motor vehicle crashes, incidents involving firearms, and unsafe sexual behaviors combined.

By investigating the underlying causes of high rates of premature death, resources can be targeted toward strategies that will extend years of life in Cattaraugus County.

Tobacco Use

Tobacco use is a leading cause of preventable death. Cigarette smoking harms nearly every organ of the body, causes many diseases, and reduces the health of smokers in general.

The prevalence of smoking in Cattaraugus County significantly exceeds that of NYS. According to the results of the 2013-2014 eBRFSS report, 28.4% of the adult survey participants indicated that they smoked compared to NYS, which reported only 15.6%. Adjusting for age, the percentage worsens, in Cattaraugus County 31.5% of the adult survey participants are smokers compared to NYS, which was 15.9%.



Poor Diet

Poor nutrition has a significant number of dangerous effects on health. One major issue with the ongoing rise of obesity is poor nutrition and a general lack of health consciousness. Consistently making poor choices when it comes to food can lead to several unhealthy outcomes. Some of these effects of poor nutrition include Cardiovascular Disease, Hypertension, Diabetes, Cancer, Osteoporosis, Overweight/Obesity, and Mental Disorders.³⁰

According to the results of the 2013-2014 eBRFSS report, 7.8% of the adult survey participants in Cattaraugus County indicated that they consume fast-food three or more times per week, which is significantly higher than that of NYS, which is 5.8%. Adjusting for age, the percentage is nearly unchanged in Cattaraugus County, 7.6% of adult survey participants indicated that they consume fast-food three or more times per week compared to 5.9% in NYS.

³⁰ <http://www.foodpyramid.com/healthy-eating/the-effects-of-poor-nutrition-on-your-health-10409/>

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

Obesity and Physical Activity

Due to the increasing prevalence and associated diseases, obesity has become a contributing health problem in Cattaraugus County. According to the 2013-2014 eBRFSS report, the percentage of obese adults in Cattaraugus County is 33.6%, which is significantly higher than that of NYS, which is 24.9%. (Obesity is defined as a Body Mass Index (BMI) ≥ 30)

In addition, the number of adults living with a disability who are obese is significantly higher in Cattaraugus County compared to NYS. According to the 2013-2014 eBRFSS report, 47.2% of adults in Cattaraugus County living with a disability are obese compared to NYS at 36.9%. (Disability - Limited activities (physical, mental, or emotional problems); need of special equipment (e.g. cane, wheel chair).

Physical activity is also directly related to the prevalence of obesity, diabetes, and heart disease. According to the 2013-2014 eBRFSS report, the percentage of adults that participated in leisure time physical activity in the past 30 days was better in Cattaraugus County than NYS. The percentage who report physical activity in Cattaraugus County is 76%, compared to NYS, which is 72.8%.

However, according to the County Health Ratings and Roadmaps (2016), 63% of Cattaraugus County residents have access to exercise opportunities compared to NYS, which is 91%. Access to exercise opportunities describes the proportion of individuals in Cattaraugus County who live reasonably close to a location of physical activity. These locations are defined as parks, recreational facilities, the local YMCA, community centers, and walking trails.

Cancer

As seen in **Table 8** above, cancer is the leading cause of premature death in Cattaraugus County with 419 age adjusted deaths per 100,000, compared to 297 per 100,000 for NYS. Cancer is the second leading cause of death in Cattaraugus County, with 176 age adjusted deaths per 100,000 for Cattaraugus County, compared to 155 age adjusted deaths per 100,000 for NYS.

When looking at cancer deaths overall in Cattaraugus County, lung cancer is the leading cause of cancer deaths in both men and women. Breast cancer is the second leading cause of cancer deaths in women followed by colorectal



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

cancer. In men, colorectal cancer is the second leading cause of cancer deaths followed by pancreatic cancer.

The incidence rate of lung and bronchus cancer for Cattaraugus County has slightly increased from 75.1 for 2004-2008 to 75.8 for 2009-2013, but is significantly higher than NYS, which is (61.8).³¹

According to the 2013-2014 eBRFSS report, the percentage of adults with an annual household income of less than \$25,000 who are current smokers is 51.6% which is significantly higher than that of NYS, which is 23.6%. When age adjustment is taken into account, the percentage worsens; the percentage of adults with an annual household income of less than \$25,000 who are current smokers in Cattaraugus County is 56.8% compared to NYS which is 24.2%.³²



The mortality rate of lung and bronchus cancer in Cattaraugus County has slightly increased from 50.5 in 2004-2008 to 50.9 for 2009-2013, but is significantly higher than NYS, which is (41.2).³³

The incidence rate of female breast cancer for Cattaraugus County has increased, from 118.74 for 2004-2008 to 144.09 for 2009-2014 and is significantly higher than NYS (128.54).^{34,35} According to the 2013-2014 eBRFSS report, the percentage of women aged 50-74 years of age receiving breast cancer screening based on recent guidelines in Cattaraugus County is 69.1%, which is significantly lower than that of NYS, which is 80.9%.³⁶ The mortality rate of female breast cancer in Cattaraugus County has decreased significantly from 24.3 in 2004-2008 to 18.1 for 2009-2013 and is significantly lower than NYS, which is 20.9.^{37,38}

³¹

<http://www.k2hwny.org/index.php?module=indicators&controller=index&action=view&indicatorId=111&localeId=1884>

³² <https://www.health.ny.gov/statistics/brfss/expanded/2013/county/docs/cattaraugus.pdf>

³³

<http://www.k2hwny.org/index.php?module=indicators&controller=index&action=view&indicatorId=111&localeId=1884>

³⁴ <http://www.health.ny.gov/statistics/cancer/registry/vol3/v3cattaraugus.htm>

³⁵ <http://www.health.ny.gov/statistics/cancer/registry/vol3/v3nys.htm>

³⁶ <https://www.health.ny.gov/statistics/brfss/expanded/2013/county/docs/cattaraugus.pdf>

³⁷ <http://www.health.ny.gov/statistics/cancer/registry/vol3/v3cattaraugus.htm>

³⁸ <http://www.health.ny.gov/statistics/cancer/registry/vol3/v3nys.htm>

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

The incidence rate of colorectal cancer for Cattaraugus County has decreased from 56.8 for 2004-2008 to 49.4 for 2009-2013, but is significantly higher than NYS (41.5)^{39,40} According to the 2013-2014 eBRFSS report, the percentage of adults aged 50-75 years of age receiving colorectal cancer screening based on recent guidelines in Cattaraugus County is 61.6% which is significantly lower than that of NYS, which is 69.3%.⁴¹ The mortality rate of colorectal cancer for Cattaraugus County has increased slightly from 15.8 in 2004-2008 to 16.3 for 2009-2013 and is significantly higher than NYS, which is (14.6).^{42,43}

Heart Disease

As seen in **Table 7** above, heart disease is the leading cause of deaths in Cattaraugus County with 247 age-adjusted deaths per 100,000 for the county, compared to only 173 age adjusted deaths per 100,000 for New York State. Table 8 shows that heart disease is second leading cause of death when looking at leading causes of premature deaths, with 371 age adjusted deaths per 100,000 for Cattaraugus County, compared to 179 age adjusted deaths per 100,000 for NYS.⁴⁴



Even though the mortality rate per 100,000 for coronary heart disease in Cattaraugus County has decreased over a six-year period (from 233.8 in 2008-2010 to 178.0 in 2012-2014), the mortality rate for coronary heart disease is significantly higher than NYS (129.7).⁴⁵

Chronic Lower Respiratory Disease (CLRD)

CLRD comprises three major diseases: chronic bronchitis, emphysema, and asthma. As seen in both **Tables 7 and 8** above, CLRD is the third leading

³⁹ <http://www.health.ny.gov/statistics/cancer/registry/vol3/v3cattaraugus.htm>

⁴⁰ <http://www.health.ny.gov/statistics/cancer/registry/vol3/v3nys.htm>

⁴¹ <https://www.health.ny.gov/statistics/brfss/expanded/2013/county/docs/cattaraugus.pdf>

⁴² <http://www.health.ny.gov/statistics/cancer/registry/vol3/v3cattaraugus.htm>

⁴³ <http://www.health.ny.gov/statistics/cancer/registry/vol3/v3nys.htm>

⁴⁴

<http://www.k2hwny.org/index.php?module=indicators&controller=index&action=view&indicatorId=98&localeId=1884>

⁴⁵

<http://www.k2hwny.org/index.php?module=indicators&controller=index&action=view&indicatorId=99&localeId=1884>

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

cause of death and premature death in Cattaraugus County. When looking at age-adjusted deaths due to CLRD in Cattaraugus County, which is 37, this death rate is higher than that of NYS, which is (33). Comparing CLRD premature deaths in Cattaraugus County, which is 77 this death rate is significantly higher than that of NYS, which is (40).

The mortality rate per 100,000 for CLRD in Cattaraugus County has significantly decreased from 56.5 in 2008-2010 to 47.5 in 2012-2014, but it is significantly higher than that of NYS, which is (30.3).⁴⁶

Diabetes

In both **Tables 7 and 8** above, diabetes is the fifth leading cause of death and premature death in Cattaraugus County. When looking at the 2013-2014 eBRFSS report, it indicates that there has been a slight decrease in the percentage of adults that have been diagnosed with diabetes in Cattaraugus County. In 2009, diabetes were prevalent in 10.9% of the residents but in 2014 the percentage decrease to 9.0%, which is equal to NYS, which is (8.9%).⁴⁷



When reviewing the 2012-2014 New York Statewide Planning and Research Cooperative System (SPARCS) report, the ER admission rate for Diabetes in Cattaraugus County has significantly decreased over the last three years. The age-adjusted ER admission rate due to diabetes was 9.9 in 2011-2013 and decreased to 4.3 in 2012-2014, this is significantly lower than NYS, which is (23.4).⁴⁸

When looking at the 2013-2014 eBRFSS report for mortality rate due to diabetes in Cattaraugus County, the report indicates that the mortality rate for diabetes has significantly increased over the last six years. The age-adjusted mortality rate in Cattaraugus County for diabetes in 2008-2010 was

⁴⁶

<http://www.k2hwny.org/index.php?module=indicators&controller=index&action=view&indicatorId=97&localeId=1884>

⁴⁷

<http://www.k2hwny.org/index.php?module=indicators&controller=index&action=view&indicatorId=81&localeTypeid=2&localeId=1884>

⁴⁸

<http://www.k2hwny.org/index.php?module=indicators&controller=index&action=view&indicatorId=133&localeTypeid=2&localeId=1884>

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

19.1 but significantly increased to 30.7 in 2012-2014 and is significantly higher than that of NYS, which is (17.6).⁴⁹

Mental Health/Suicide

Mental health issues continue to be a community concern ranging from substance abuse, poverty, homelessness and unemployment. However, the ability to report mental health statistics is limited.

When reviewing the 2012-2014 SPARCS report, the ER admission rate for mental health admissions for Cattaraugus County had significantly decreased over the last three years. The age-adjusting ER admission rate due to mental health was 49.3 in 2011-2013 and decreased to 25.6 in 2012-2014, and this is significantly lower than NYS, which is (107.1).⁵⁰

When reviewing the 2012-2014 SPARCS report for ER admission rate for suicides and self-inflicted injuries for Cattaraugus County, the rate of admission has also significantly decreased over the last three years. The age-adjusting ER admission rate for suicides and self-inflicted injuries was 6.7 in 2011-2013 and decreased to 4.3 in 2012-2014, and this is significantly lower than NYS, which is (12.1).⁵¹

The age adjusted suicide death rate per 100,000 for Cattaraugus County has worsened since 2008-2010, as reported in the Center for Disease Control and Prevention report. The suicide death rate for the Cattaraugus County in 2008-2010 was 10.4 and in 2012-2014, the rate was 14.8, which is significantly higher than the rate for NYS, which is 8.2.⁵²



49

<http://www.k2hwny.org/index.php?module=indicators&controller=index&action=view&indicatorId=100&localeTypeId=2&localeId=1884>

50

<http://www.k2hwny.org/index.php?module=indicators&controller=index&action=view&indicatorId=2849&localeId=1884>

51

<http://www.k2hwny.org/index.php?module=indicators&controller=index&action=view&indicatorId=2854&localeId=1884>

52

<http://www.k2hwny.org/index.php?module=indicators&controller=index&action=view&indicatorId=120&localeId=1884>

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

Communicable Disease in Cattaraugus County

Table 11 shows the 2015 frequency and the average 2012-2014 frequency for communicable diseases in Cattaraugus County. Chlamydia is the most prevalent communicable disease in Cattaraugus County. The average number of Chlamydia cases reported between 2012-2014 was 203, in 2015 the number of cases increased to 280. Chlamydia is known as a "silent" disease because nearly three-quarters of infected women and about half of infected men have no symptoms; therefore, Chlamydia frequently goes unrecognized and undiagnosed. When symptoms appear they do so weeks after exposure.



In 2015, Hepatitis C Virus (HCV) was the second most common communicable disease in Cattaraugus County which was 66 cases (see **Table 11** below). Today, most people become infected with HCV by sharing needles or other equipment to inject drugs. Before widespread screening of the blood supply in 1992, Hepatitis C was spread through blood transfusions and organ transplants. Many people with Hepatitis C do not have symptoms and do not know they are infected. CCHD provides HCV rapid testing to anyone with risk factors. All cases of communicable disease receive follow-up from a communicable disease nurse to ensure that every possible measure is taken to prevent, detect, treat and contain the spread of the disease.

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

Table 11. Communicable Disease in Cattaraugus County

	Freq 2015	Average Freq (2012-14)
AMEBIASIS	1	0
CAMPYLOBACTERIOSIS	16	9
CHLAMYDIA	280	203
CRYPTOSPORIDIOSIS	3	1
EHEC, NOT SEROGROUPED	1	0
GIARDIASIS	4	5
GONORRHEA TOTAL	21	16
HAEMOPHILUS INFLUENZAE, NOT TYPE B	2	1
HEPATITIS B, CHRONIC	2	2
HEPATITIS C, CHRONIC	66	63
LEGIONELLOSIS	3	4
LYME DISEASE	12	4
MALARIA	1	0
MENINGITIS, ASEPTIC	21	0
PERTUSSIS	2	5
SALMONELLOSIS	7	10
STREP, GROUP A INVASIVE	7	2
STREP, GROUP B INVASIVE	5	4
STREP PNEUMONIAE, INVASIVE	8	5
SYPHILIS TOTAL	3	1
VIBRIO – NON 01 CHOLERA	1	0

Source: 2012-2014, New York State Vital Statistics as of June 2015



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

Key Findings –eBRFSS & Public Health Data

This assessment reviewed a number of indicators at the county level from the statewide Expanded Behavioral Risk Factor Survey (eBRFSS), as well as disease incidence and mortality indicators from the NYSDOH Prevention Agenda.

The New York State Expanded Behavioral Risk Factor Surveillance System 2013-2014 (2014 eBRFSS) was designed to supplement the Center for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), which is conducted annually in New York State. The purpose of the 2014 eBRFSS was to produce local information on key public health issues. Data for the project were collected from April 15, 2013 to May 10, 2014. The 2014 eBRFSS reached both households with landline telephones and households that only had cell phones.

For this analysis, the service area data was compared to New York State, New York State Prevention Agenda, Prevention Agenda Dashboard, national data, County Health Rankings and Healthy People 2020 where possible. The disparities are broken out by the five Prevention Agenda priority areas of: (i) prevent chronic diseases, (ii) promote a healthy and safe environment, (iii) promote healthy women, infants and children, (iv) promote mental health and prevent substance abuse, and (v) prevent HIV/STDs, vaccine-preventable disease and healthcare associated infections.

The Prevention Agenda 2013-2018 is New York State's health improvement plan for 2013 through 2018, developed by the New York State Public Health and Health Planning Council (PHHPC) at the request of the Department of Health, in partnership with more than 140 organizations across the state. This plan involves a unique mix of organizations including local health departments, health care providers, health plans, community based organizations, advocacy groups, academia, employers as well as state agencies, schools, and businesses whose activities can influence the health of individuals and communities and address health disparities.

The following tables show the disparities for each of the five Prevention Agenda priorities for Cattaraugus County compared to Western New York and New York State.



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

Improve Health Status and Reduce Health Disparities

Table 12. eBRFSS - Improve Health Status and Reduce Health Disparities

Expanded Behavioral Risk Factor Survey (eBRFSS)			
<i>Improve Health Status and Reduce Health Disparities</i>	Catt. Co.	WNY	NYS
Percentage of adults who did not receive medical care because of cost	16.3%	9.2%	13.1%
Percentage of adults who had a dentist visit within the past year	62.8%	72.0%	69.5%
Percentage of adults living with a disability	30.8%	25.0%	20.8%
Percentage of adults aged 18-64 years with healthcare coverage	80.2%	87.2%	85.2%
Percentage of adults aged 18-64 years who saw a doctor for a routine checkup within the last year	64.9%	75.2%	70.9%
Percentage of adults with poor self-reported health	6.9%	4.9%	4.5%
Percentage of adults who report 14 or more days of poor physical health	13.2%	13.5%	11.8%



Source: <http://www.health.ny.gov/statistics/brfss/expanded/2013/county/docs/cattaraugus.pdf>
http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/summary.htm

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

Table 13. NYSDOH Prevention Agenda Dashboard - Improve Health Status and Reduce Health Disparities

NYSDOH Prevention Agenda Dashboard		
<i>Improve Health Status and Reduce Health Disparities</i>	Catt. Co.	NYS
Percentage of premature deaths (before age 65 years)	22.0%	23.7%
Premature deaths: Ratio of Black non-Hispanics to White non-Hispanics	3.30	1.98
Premature deaths: Ratio of Hispanics to White non-Hispanics	3.05	1.92
Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years	105.8	119
Preventable hospitalizations: Ratio of Black non-Hispanics to White non-Hispanics	1.12	2.11
Preventable hospitalizations: Ratio of Hispanics to White non-Hispanics	0.99	1.52

Source: <http://www.health.ny.gov/statistics/brfss/expanded/2013/county/docs/cattaraugus.pdf>
http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/summary.htm



Table 14. Health / Access to Health Services - Improve Health Status and Reduce Health Disparities

Health / Access to Health Services		
<i>Improve Health Status and Reduce Health Disparities</i>	Catt. Co.	NYS
Non-Physician Provider rate per 100,000 population	71	86
Physician Provider rate per 100,000 population	48	83
Mental Health Provider rate per 100,000 population	98	238
Dentist Provider rate per 100,000 population	45	78

Source: <http://www.k2hwny.org/>

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

Prevent Chronic Disease

Table 15. eBRFSS – Prevent Chronic Disease

Expanded Behavioral Risk Factor Survey (eBRFSS)			
<i>Prevent Chronic Disease</i>	Catt. Co	WNY	NYS
Percentage of adults who are obese	33.6%	30.2%	24.9%
Percentage of adults with an annual household income less than \$25,000 who are obese	39.9%	35.5%	28.7%
Percentage of adults living with a disability who are obese	47.2%	44.6%	36.9%
Percentage of adults overweight or obese	68.2%	63.3%	60.9%
Percentage of adults who consume one or more sugary drinks daily	31.3%	26.2%	23.8%
Percentage of adults who consume fast-food three or more times per week	7.8%	6.7%	5.8%
Percentage of adults with physician diagnosed diabetes	11.1%	9.7%	9.5%
Percentage of adults who are current smokers	28.4%	20.8%	15.6%
Percentage of adults with annual household income less than \$25,000 who are current smokers	51.6%	31.1%	23.6%
Percentage of women aged 50-74 years receiving breast cancer screening based on recent guidelines	69.1%	83.1%	80.9%
Percentage of adults aged 50-75 years receiving colorectal cancer screening based on recent guidelines	61.6%	69.7%	69.3%
Percentage of adults aged 50-75 years with annual household income less than \$25,000 receiving colorectal cancer screening based on recent guidelines	59.8%	57%	61.4%
Percentage of adults who had a test for high blood sugar or diabetes within the past three years	49.5%	58.8%	58.7%
Percentage of adults with physician-diagnosed prediabetes	5.4%	4.9%	5.8%
Percentage of adults with physician-diagnosed high blood pressure	39.3%	34.2%	28.3%
Percentage of adults with diagnosed high blood pressure taking high blood pressure medication	72.4%	77.2%	75.2%
Percentage of adults with current asthma	12.3%	11.4%	10.0%
Percent of adults with cholesterol checked	75.2%	84.1%	84.2%
Percentage of adults 18 years and older with elevated cholesterol	44.9%	40.4%	37.7%
Percentage of adults who have taken a course or class to learn how to manage their chronic disease or condition	7.1%	10.3%	10.2%
Percentage of adults with arthritis	28.3%	26.4%	22.9%



Source: <http://www.health.ny.gov/statistics/brfss/expanded/2013/county/docs/cattaraugus.pdf>
http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/summary.htm

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

Table 16. NYSDOH Prevention Agenda Dashboard – Prevent Chronic Disease



NYSDOH Prevention Agenda Dashboard		
<i>Prevent Chronic Diseases</i>	Catt. Co.	NYS
Percentage of adults who are obese	33.6	24.9
Percentage of children and adolescents who are obese	19.6	17.3
Percentage of cigarette smoking among adults	28.4	15.6
Percentage of adults who received a colorectal cancer screening based on the most recent guidelines - Aged 50-75 years	61.6	69.3
Asthma emergency department visit rate per 10,000 population	46.9	85.4
Asthma emergency department visit rate per 10,000 - Aged 0-4 years	98.0	205.6
Age-adjusted heart attack hospitalization rate per 10,000	20.1	13.8
Rate of hospitalizations for short-term complications of diabetes per 10,000 - Aged 6-17 years	4.59	3.04
Rate of hospitalizations for short-term complications of diabetes per 10,000 - Aged 18+ years	6.07	6.47

Source: <http://www.health.ny.gov/statistics/brfss/expanded/2013/county/docs/cattaraugus.pdf>
http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/summary.htm

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

Promote a Health and Safe Environment

Table 17. eBRFSS – Promote a Health and Safe Environment

Expanded Behavioral Risk Factor Survey (eBRFSS)			
Promote a Healthy and Safe Environment	Catt. Co.	WNY	NYS
Percentage of adults who consider their neighborhood suitable for walking and physical activity	91.7%	92.7%	91.3%
Percentage of adults aged 65+ years with at least one fall in the past 12 months	33.9%	25.3%	30.8%
Among adults aged 65+ years with at least one fall in the past 12 months, percent that resulted in injury	38.9%	40.9%	38.3%



Source: <http://www.health.ny.gov/statistics/brfss/expanded/2013/county/docs/cattaraugus.pdf>
http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/summary.htm

Table 18. NYSDOH Prevention Agenda Dashboard Promote a Healthy and Safe Environment

NYSDOH Prevention Agenda Dashboard		
Promote a Healthy and Safe Environment	Catt. Co.	NYS
Rate of hospitalizations due to falls per 10,000 - Aged 65+ years	141.5	183.6
Rate of emergency department visits due to falls per 10,000 - Aged 1-4 years	541.6	440.1

Source: <http://www.health.ny.gov/statistics/brfss/expanded/2013/county/docs/cattaraugus.pdf>
http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/summary.htm

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

Promote Healthy Women, Infants, and Children

Table 19. eBRFSS Promote Healthy Women, Infants and Children
Expanded Behavioral Risk Factor Survey (eBRFSS)

<i>Promote Healthy Women, Infants, and Children</i>	Catt. Co.	WNY	NYS
Percentage of women aged 18-64 years with health care coverage	85.4%	89.6%	87.2%
Percentage of women aged 18-44 years whose health care provider discussed planning a healthy pregnancy		52.1%	39.3%
Women aged 18-44 years who saw a doctor for a routine checkup within the last year		74.7%	72.5%
Percentage of women aged 18-44 years who had dental visit within the last year		71.3%	70.7%

Source: <http://www.health.ny.gov/statistics/brfss/expanded/2013/county/docs/cattaraugus.pdf>
http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/summary.htm



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

Table 20. NYSDOH Prevention Agenda Dashboard - Promote Healthy Women, Infants and Children



NYSDOH Prevention Agenda Dashboard		
<i>Promote Healthy Women, Infants, and Children</i>	Catt. Co.	NYS
Percentage of preterm births	13.2	10.8
Premature births: Ratio of Medicaid births to non-Medicaid births	0.37	1.25
Percentage of infants exclusively breastfed in the hospital	55.0	43.1
Maternal mortality rate per 100,000 births	36.4	18.7
Percentage of children who have had the recommended number of well child visits in government sponsored insurance programs	66.7	72.4
Percentage of children aged 12-21 years who have had the recommended number of well child visits in government sponsored insurance programs (QARR: MA)	55.7	64.9
Percentage of children (aged under 19 years) with health insurance	95.7	96.6
Adolescent pregnancy rate per 1,000 females - Aged 15-17 years	18.1	17.0
Percentage of unintended pregnancy among live births	37.9	24.5
Percentage of women (aged 18-64) with health insurance	90.1	89.7

Source: <http://www.health.ny.gov/statistics/brfss/expanded/2013/county/docs/cattaraugus.pdf>
http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/summary.htm

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

Prevent HIV/STDs, Vaccine Preventable Diseases and Healthcare-Associated Infections

Table 21. eBRFSS – Prevent HIV/STDs, Vaccine Preventable Diseases and Healthcare-Associated Infections



Expanded Behavioral Risk Factor Survey (eBRFSS)			
<i>Prevent HIV/STDs, Vaccine Preventable Diseases and Healthcare-Associated Infections</i>	Catt. Co.	WNY	NYS
Percentage of adults aged 47-68 years reporting ever tested for Hepatitis C (HCV)	29.0	35.7%	37.3%
Percentage of adults aged 18+ years with flu immunization in the past year	39.0%	48.4%	46.7%
Percentage of adults aged 65+ years with flu immunization in the past year	66.0%	76.4%	72.1%
Percentage of adults aged 65+ years with pneumococcal immunization	62.5%	76.2%	65.1%

Source: <http://www.health.ny.gov/statistics/brfss/expanded/2013/county/docs/cattaraugus.pdf>
http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/summary.htm

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

**Table 22. NYSDOH Prevention Agenda Dashboard – Prevent HIV/STDs,
 Vaccine Preventable Diseases and Healthcare-Associated Infections**



NYSDOH Prevention Agenda Dashboard		
<i>Prevent HIV/STDs, Vaccine Preventable Diseases and Healthcare-Associated Infections</i>	Catt. Co.	NYS
Percentage of children with 4:3:1:3:3:1:4* immunization series - Aged 19-35 months	73.9	PA = 80.0
Percentage of adolescent females with 3 or more doses of HPV immunization - Aged 13-17 years	34.7	PA = 50.0
Percentage of adults with flu immunization - Aged 65+ years	66.0	72.4
Newly diagnosed HIV case rate per 100,000	2.1	17.9
Chlamydia case rate per 100,000 women - Aged 15-44 years	1133.2	1536.4
Primary and secondary syphilis case rate per 100,000 men	5.1	17.3

*4:3:1:3:3:1:4 immunization series includes: 4 DTaP, 3 polio, 1 MMR, 3 hep B, 3 Hib, 1 varicella, 4 PCV13

Source: <http://www.health.ny.gov/statistics/brfss/expanded/2013/county/docs/cattaraugus.pdf>
http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/summary.htm

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

Promote Mental Health and Prevention Substance Abuse

Table 23. eBRFSS – Promote Mental Health and Prevent Substance Abuse
Expanded Behavioral Risk Factor Survey (eBRFSS)

<i>Promote Mental Health and Prevent Substance Abuse</i>	Catt. Co.	WNY	NYS
Percentage of adults with poor mental health for 14 or more days in the last month	9.8%	11.0%	11.3%
Percentage of adult binge drinking during the past month	20.4%	17.6%	16.9%
Percentage of cigarette smoking among adults who report poor mental health		38.3%	31.8%



Source: <http://www.health.ny.gov/statistics/brfss/expanded/2013/county/docs/cattaraugus.pdf>
http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/summary.htm

Table 24. NYSDOH Prevention Agenda Dashboard – Promote Mental Health and Prevent Substance Abuse

NYSDOH Prevention Agenda Dashboard		
<i>Promote Mental Health and Prevent Substance Abuse</i>	Catt. Co.	NYS
Age-adjusted suicide death rate per 100,000	15.2	7.9

Source: <http://www.health.ny.gov/statistics/brfss/expanded/2013/county/docs/cattaraugus.pdf>
http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/summary.htm

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

Hospital Utilization Rates

As seen in **Table 25**, from 2013 through 2015, hospital inpatient discharges for ambulatory care sensitive conditions for Cattaraugus County increased for: iron deficiency anemia, failure to thrive, cellulitis, hypoglycemia, bacterial pneumonia, asthma, hypertension, diabetes without other conditions, grand mal and other epileptic, angina, diabetes with other conditions, Chronic Obstructive Pulmonary Disease (COPD), and Congestive Heart Failure (CHF).

For the same time period, hospital ER and inpatient discharges for mental health for Cattaraugus County, as seen in **Table 26**, increased for: drug related, bi-polar, personality disorder, alcohol related, schizophrenia, other chronic organic psychosis, adjustment related, paranoia psychosis, mental retardation, conduct/social disturbances, eating disorders, dementia, transient organic psychotic, sleep disorders, emotional-youth, and psychogenic disorders.

Table 27 shows that from 2013 to 2015, hospital Diagnosis-Related Group (DRG) conditions for Cattaraugus County increased for: alcohol/drug abuse, COPD, pneumonia, cancer, CHF, bronchitis/asthma <18, fracture and hypertension.



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

Table 25. Ambulatory Care Sensitive Conditions – ER Only

Ambulatory Care Sensitive Conditions- ER Only			
Preventable Conditions	2013	2014	2015
Dental Conditions	732	723	730
Vaccine Preventable Conditions	347	344	320
Iron Deficiency Anemia	7	6	8
Failure to Thrive	3	5	4
Acute Conditions	2013	2014	2015
Kidney/Urinary Infections	623	545	500
Severe ENT Infections	676	654	635
Gastroenteritis	425	342	300
Cellulitis	624	694	675
Convulsions	580	753	825
Hypoglycemia	20	21	23
Pelvic Inflammatory Dis	36	23	25
Dehydration	618	507	480
Bacterial Pneumonia	26	31	30
Chronic Conditions	2013	2014	2015
Asthma	1,748	2,010	2,305
Hypertension	4,113	4,325	4,582
Diabetes without other conditions	1,943	2,202	2,425
Grand Mal and other Epileptic	80	85	83
Angina	74	65	75
Diabetes with other conditions	145	150	157
COPD	730	750	780
CHF	471	500	535
Diabetes with Ketoacidosis	5	3	4

Source: OGH, 2016

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

Table 26. Mental Health ICD-9 Codes

Mental Health ICD-9 File						
Code	2013 ER	2013 IN	2014 ER	2014 IN	2015 ER	2015 IN
Drug Related	46	42	50	71	65	95
Bi Polar	726	319	800	309	795	290
Personality Disorder	33	148	35	153	47	156
Alcohol Related	12	46	25	55	37	50
Anxiety	1,217	890	1,001	848	985	750
Depressions	1,251	1,057	1,100	923	1,150	767
Stress Related	134	63	125	46	115	36
Schizophrenia	181	199	200	227	225	240
Other Chronic Organic Psych	33	14	17	38	16	40
Adjustment Related	278	92	300	77	311	119
Paranoia Psychosis	3	50	7	65	10	72
Mental Retardation	97	53	105	38	115	40
Conduct/Social Disturbances	1	0	1	2	0	1
Eating Disorders	9	25	35	9	32	7
Phobias	1	2	0	4	1	2
Dementia	214	468	225	498	230	495
Transient Organic Psychotic	0	3	0	6	0	8
Sexual Deviations	0	1	0	1	0	1
Sleep Disorders	210	200	220	204	245	202
Emotional- Youth	64	2	81	1	100	1
Psychogenic Disorders	42	14	74	12	90	11
Manic Disorder	0	0	1	0	0	0

Source: OGH, 2016

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

Table 27. Diagnosis Related Groups

DRG File			
DRG File	2013	2014	2015
Alcohol/ Drug Abuse	289	300	325
COPD	337	345	378
Pneumonia	301	335	357
Cancer	152	200	220
CHF	224	235	246
Bronchitis/Asthma>18	12	11	12
Breast Cancer	1	2	1
Bronchitis/Asthma<18	21	23	22
Fracture	23	25	29
Hypertension	10	10	13
Complications Baby	92	90	85

Source: OGH 2016

Primary Research Results

Fourteen stakeholder interviews were conducted throughout the region. Two community surveys were conducted through Internet and paper survey distribution. The CCHD Community Health Assessment survey received 744 responses, while the Cattaraugus County CSP/CHA-CHIP Community Survey received 525 completed surveys. Stakeholders were identified as experts in a particular field related to their background, experience or professional position, and/or someone who understood the needs of a particular underrepresented group or constituency. Five focus groups were conducted in the region.



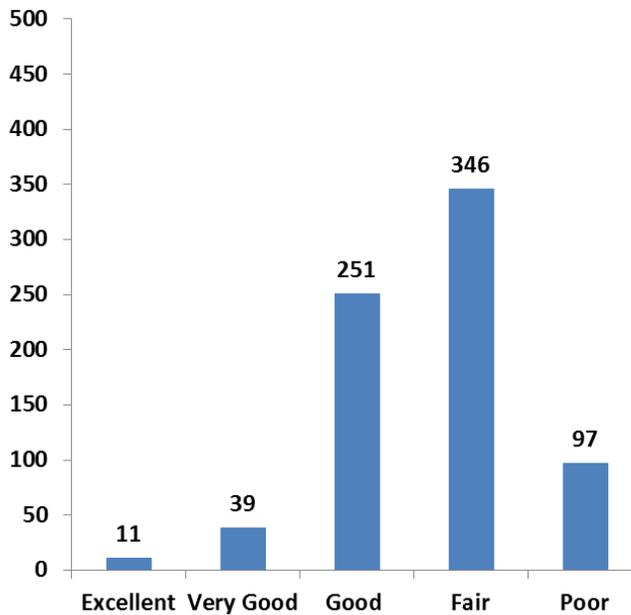
While the interviews, focus groups, and surveys were conducted with various community constituencies, they were conducted using a convenience sample and thus are not necessarily representative of the entire population. The results reported herein are qualitative in nature and reflect the perceptions and experiences of interview and focus group participants.

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

Overall Community Health Status

CCHD Community Health Assessment Survey respondents were asked to rate the health status of the community. **Figure 5** illustrates that 663 survey respondents rated their health as Excellent, Very Good or Good, while 81 respondents said their health was Fair or Poor.

Figure 5. CCHD Community Health Assessment Survey: How Would You Rate the Health of Cattaraugus County? (N=744)

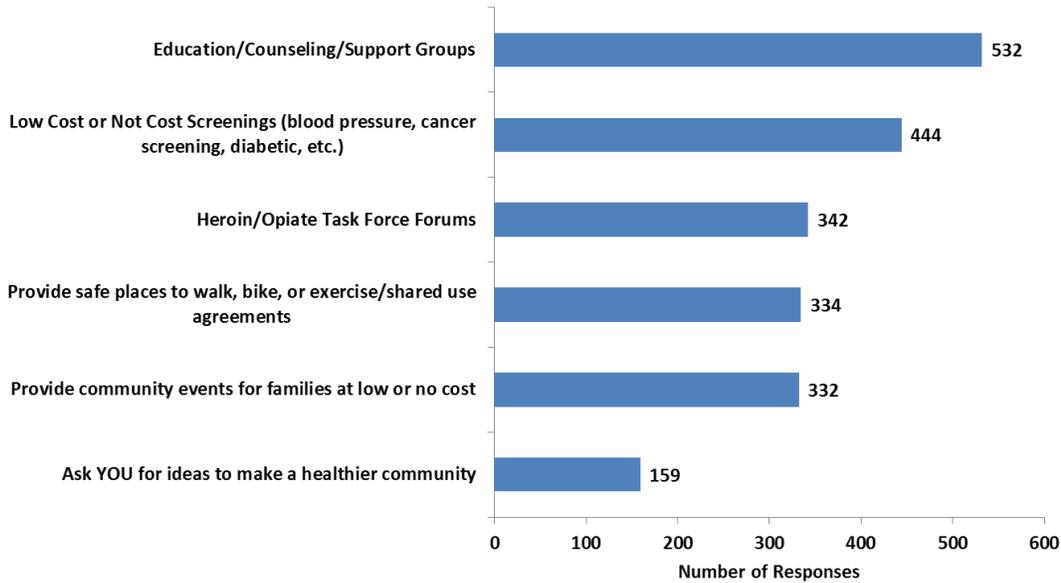


Source: 2016 CCHD Community Health Assessment Survey, N=744

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

The survey respondents were then asked what they could do to change the health of their community. **Figure 6** shows their responses.

Figure 6. CCHD Community Health Assessment Survey: What can the community do to address/correct the needs?

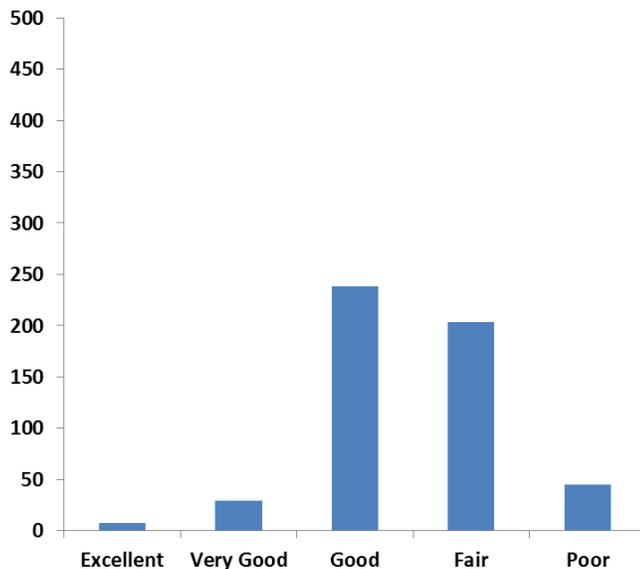


Source: 2016 CCHD Community Health Assessment Survey, N=744

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

Cattaraugus County CSP/CHA-CHIP community survey respondents were asked to rate the health status of the community. **Figure 7** shows that 248 survey respondents rated the health of the community as Fair or Poor, while 274 respondents said the health of the community was Excellent, Very Good or Good. Survey respondents tend to rate their personal health higher than the health status of the community in which they live due to the individual's perception. Respondents may know a person who has cancer, can't afford insurance, or has other health conditions. The perception that respondents have is to think that the health of their community must be worse off than their own personal health due to the problems they hear about from their neighbors.

Figure 7. CSP/CHA-CHIP Community Survey: Health Status of the Community (N=525)

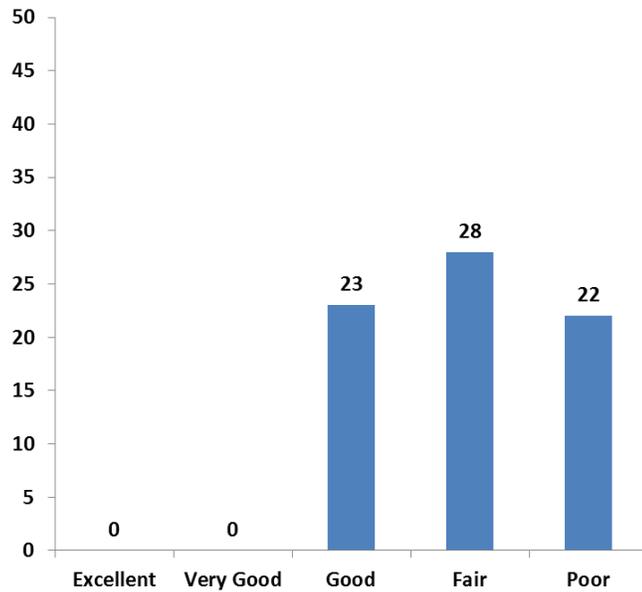


Source: 2016 Cattaraugus County Survey, N=525, Strategy Solutions

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

As seen in **Figure 8**, Focus Group participants were asked to rate the health of the community. Participants rated the health of their community Good, Fair or Poor, with no participants rating the health of the community as Excellent or Very Good.

Figure 8. Focus Groups: Health Status of the Community



Source: 2016 Cattaraugus County Focus Groups, Strategy Solutions

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

Focus Group participants mentioned the following reasons for rating the health of the community as they did:

- Poverty (3)
- Some people more active than others (2)
- Inactivity (2)
- Drug use/opioid abuse (2)
- Transportation (2)
- Very rural area (2)
- Cancer is high
- Social determinants of health
- Age
- Health literacy
- Premature deaths
- Geographic isolation
- Tobacco use
- 6 months of winter – seasonal disorders
- No one pays attention to their health
- Mental health problems
- People are afraid to apply for aid – fear they will lose their house
- Lack of patient advocates
- No emergency care/need an ER in Gowanda
- Active youth (40 students trying out for basketball team)
- Know a lot of people struggling with small illnesses all the time
- Adults have diabetes and high blood pressure



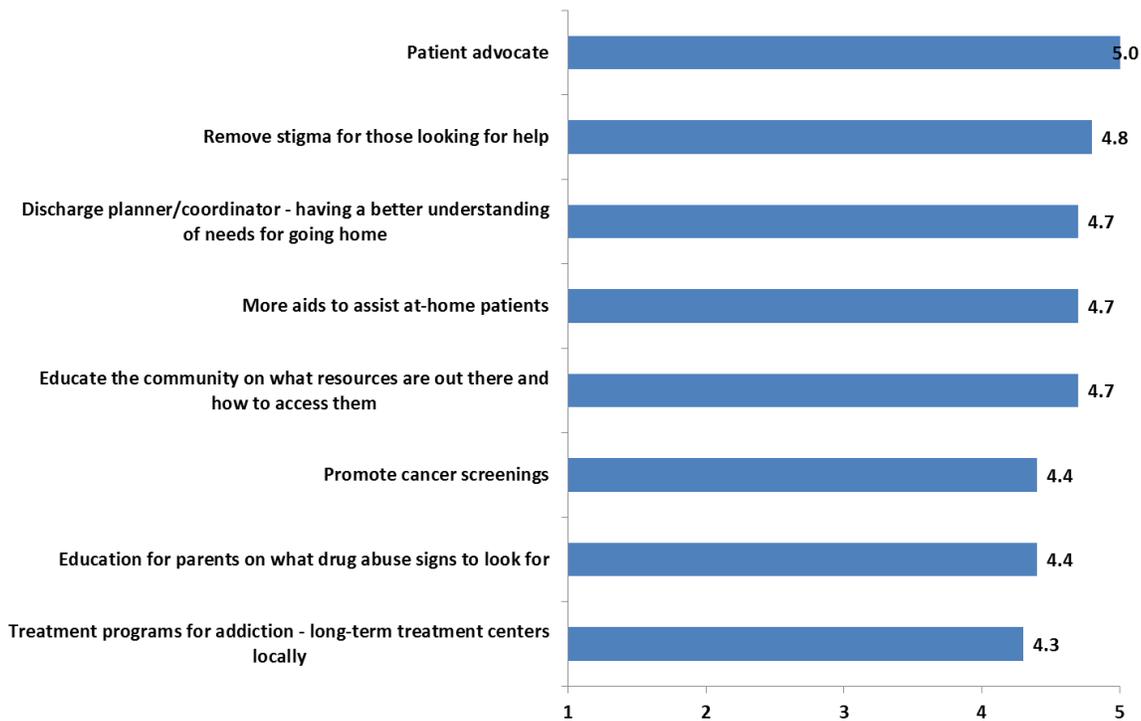
Focus group participants were asked if they think that a person's individual health affects the health of the community. Responses included:

- Think you look up to older people and see things either you do or do not want to do
- Teachers are supposed to be teaching proper health
- Concerned about the health in the community so follow good practices
- Increase awareness
- Take care of others
- If healthy, can provide for others
- Lead by example

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

Figures 9 and 10 show potential solutions that the focus group participants listed are below. These solutions were ranked on a 5-point scale with 5=Very Important, 3=Somewhat Important and 1=Not Important.

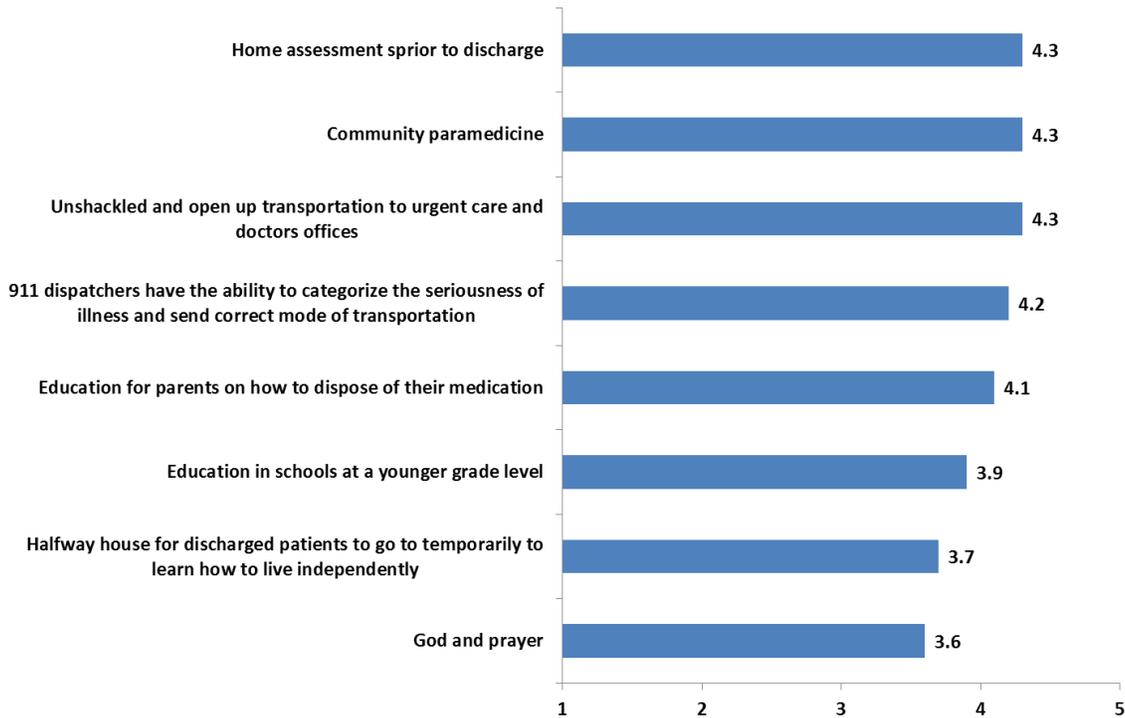
Figure 9. Focus Group Potential Solutions, Chart 1 of 2
5=Very Important, 3=Somewhat Important, 1=Not Important



Source: 2016 Cattaraugus County Focus Groups, Strategy Solutions

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

Figure 10. Focus Group Potential Solutions, Chart 2 of 2
5=Very Important, 3=Somewhat Important, 1=Not Important



Source: 2016 Cattaraugus County Focus Groups, Strategy Solutions

Other ideas/solutions mentioned by the focus group participants included:

- More programs for kids that offer supervision and some incentive
- More activities
- When we were kids, we had a program done through the Seneca Nation that kids wore pedometers and earned points for every mile that they could then exchange for prizes
- Need fresh fruits/vegetables – maybe a community garden
- More things like the Falling Leaves Festival
- More playgrounds
- Used to have Tuesdays in the Park
- Public speeches on drug use – have people share their stories and how they were able to overcome drug problem
- Organized sports at the youth center and other places
- 24 hour indoor basketball/football courts
- Comedy center that does free events
- More restaurants

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

- Something that offered jobs to youth – this would give them something to do and keep them off drugs
- Walmart
- Water Park
- Better coordination of EMS at the hospital, especially the ED
- Police interacting with students more to dispel fear of law enforcement
- Counseling for suicide prevention – have a “suicide sponsor” so the person knows they are not alone
- Need utilities in the rural areas, i.e., natural gas and cable
- Create a better volunteer system for transportation – neighbors helping neighbors
- Need a resource/system to educate the community on the available services
- Create a better support system for cancer and mental health



Initiatives Currently Underway

Stakeholders who were interviewed were asked to identify initiatives that are already underway that can address the health needs of the community. The initiatives included:

- Transportation (2)
- Healthy Livable Communities Consortium (2)
- Tobacco control programs (2)
- Marketing of SNAP and farmers’ markets
- Availability of walking trails and bike paths
- Hiring of an endocrinologist
- More referrals for nutrition and diabetes education
- Various food pantries throughout the county
- Diabetic training and education
- Veggie mobile
- Nutritional cooking classes
- Drug and alcohol program in Gowanda
- Walk and bike to school days in Gowanda
- Healthy Community Alliance
- Mental health clinic in Gowanda

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

- Working on complete streets and solving walkability issues for the disabled residents
- Seneca Nation has drug and alcohol abuse programs
- Annual Amish Health Fair
- Recent vaccine receptivity and awareness study was completed
- City of Olean Recreation Department is promoting more activities
- Access to health care with specialists
- Cattaraugus County Opiate Task Force

Additional Suggestions

Stakeholders also provided additional ideas and suggestions regarding how to improve the health of the community. Responses included:

- Transportation (5)
- Need to make community aware of services that are available to them (4)
- More programs to tackle obesity (3)
- More collaboration between medical community and community services (2)
- Poverty and advocacy to change policies (2)
- Concentrate on the drug problem (2)
- More tobacco cessation programs (2)
- Concentrate on pre-diabetic population
- More opportunities to leverage funding for programs and services
- Telemedicine/telehealth
- Mental health/substance abuse liaison
- Stronger connections between healthcare workers
- Neighbors helping neighbors
- Assisted living facilities
- Faith-based healthcare
- Share what programs work and spread to other communities
- More nutrition education
- More psychologists, especially child psychologists
- Cut down on drug shopping of narcotics
- More programs targeting childhood obesity



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

- Develop indicators of health specific to the Amish community
- Carry out a CHA within the OOA community to be incorporated into the general CHA for Cattaraugus County
- Discussions with Amish leaders to see what they feel the health care needs are in their community
- Creative strategies to offer health care services free or at a reduced cost to this community
- Development of literature on common public health issues designed to be understood at an 8th Grade level
- Development of an Ombudsman position within local hospitals / healthcare facilities to act as cultural interpreters between mainstream medicine and the Amish community
- Parenting classes



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



Evaluation of the 2013-2016(7) Cattaraugus County CSP/CHA-CHIP Implementation Strategies

OGH and CCHD conducted an evaluation of the implementation strategies undertaken since the completion of the 2013–2016(7) CSP/CHA-CHIP. Although the status for most county level indicators did not move substantially, it is clear that OGH and CCHD are working to improve the health of the community.

Priority Area #1: Prevent Chronic Disease
Focus Area: Reduce Obesity in Children and Adults
Disparity: Individuals/Families in Poverty

Goal #1.1: Create community environments that promote and support healthy food and beverage choices and physical activity. CCHD reported the following regarding creating community environments that promote and support healthy food and beverage choices and increasing physical activity:

- Seven schools and organizations have adopted a healthy vending policy to reduce the availability of sugary sweetened beverages. Policy changes affected approximately 15,000 residents.
- Provided 20 no-cost toolkits for schools, agencies, organizations, churches, and community groups to educate children and adults on the adverse effects of consuming sugary sweetened beverages.
- Television and radio media campaigns were conducted over a six-month period focusing on reducing intake of sugary-sweetened beverages reaching the entire catchment area.

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

- Increased participation of 23 daycare centers and homes in the child and adult care food program affecting 952 children.
- Increased consolidation of food procurement purchases locally/regionally in three high needs school districts.
- Thirteen schools, churches, and community centers adopted shared use agreements to increase the percentage of adults ages 18 and older who participate in physical activity.
- Six municipalities have passed Complete Streets policies affecting approximately 19,000 residents.
- Since 2015, CCHD collaborated with Canticle Farms, a locally certified naturally grown vegetable farm, located in Allegany, NY to provide a large variety of freshly grown produce to residents in the Olean Housing Authority Developments who have limited access to fresh food. There is no cost for the vegetables that are delivered to residents of the housing developments, who are also offered free materials for container gardens, cooking education classes, and recipes.



Goal #1.2: Prevent childhood obesity through early childcare and schools.

CCHD worked to increase the number of school buildings that met or exceeded New York State regulations for physical education (120 minutes per week of quality physical education in elementary grades K-6 and daily physical education for children in grades K-3).

A physical activity specialist trained childcare providers at 23 centers, homes, and preschools regarding benefits of adult-led physical activity and reducing screen time. The specialist demonstrated and offered activity incentives, including simple tools and equipment that promoted activity. The specialist also encouraged childcare centers and homes to participate in the Child and Adult Care Food Program. This initiative affected 952 children.

Healthy Schools New York staff offered Train the Trainer programs for curriculum specialists and educators to integrate physical activity into the classroom in Olean, Salamanca, Gowanda, and Delevan. School Districts were encouraged to add or enhance wellness policies. These policies may have included activities such as, increased access to water, decreased sale of unhealthy food as fundraisers, decreased food rewards for children, and offering opportunities for physical activity. In addition, educational materials were distributed to parents and teachers about providing healthier options

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

for the holidays and birthdays. These policy changes affected approximately 3,000 students.

Goal #1.3: Expand the role of health care and health service providers and insurers in obesity prevention. CCHD’s Community Health Nurses and WIC staff continues to educate and encourage the importance of breastfeeding. CCHD also engaged providers from the Healthy Livable Communities Consortium who work closely with pregnant mothers and their partners on the importance of breastfeeding. Universal Primary Care (Federally Qualified Health Center) began monitoring BMI’s and educating clients on obesity prevention (increase exercise and healthy eating).

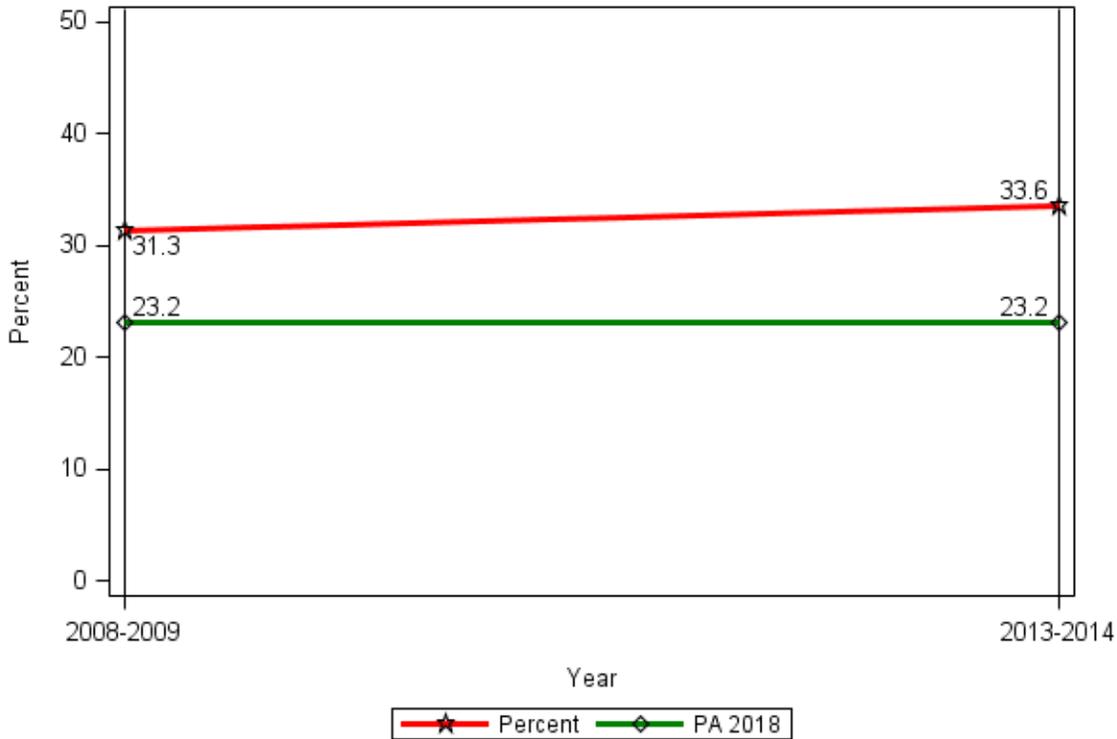
Goal #1.4: Expand the role of public and private employers in obesity prevention. CCHD offered technical assistance to six employers to enhance their employee wellness program. The CCHD is also working with community employers to make sure that the programs are fully accessible to those with disabilities. CCHD is working with Directions in Independent Living, a family and social service agency for the disabled, staff to determine what local facilities offer a wellness program for those with disabilities. These activities are being funded through the Reaching People with Disabilities through Healthier Communities grant awarded by the National Association of Chronic Disease Directors.



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

When looking at the data reported by the New York State Prevention Agenda Dashboard, there was an increase in the percentage of adults who are obese as seen in **Figure 11** below for the years 2013-2014.

Figure 11. Percentage of Adults Who are Obese

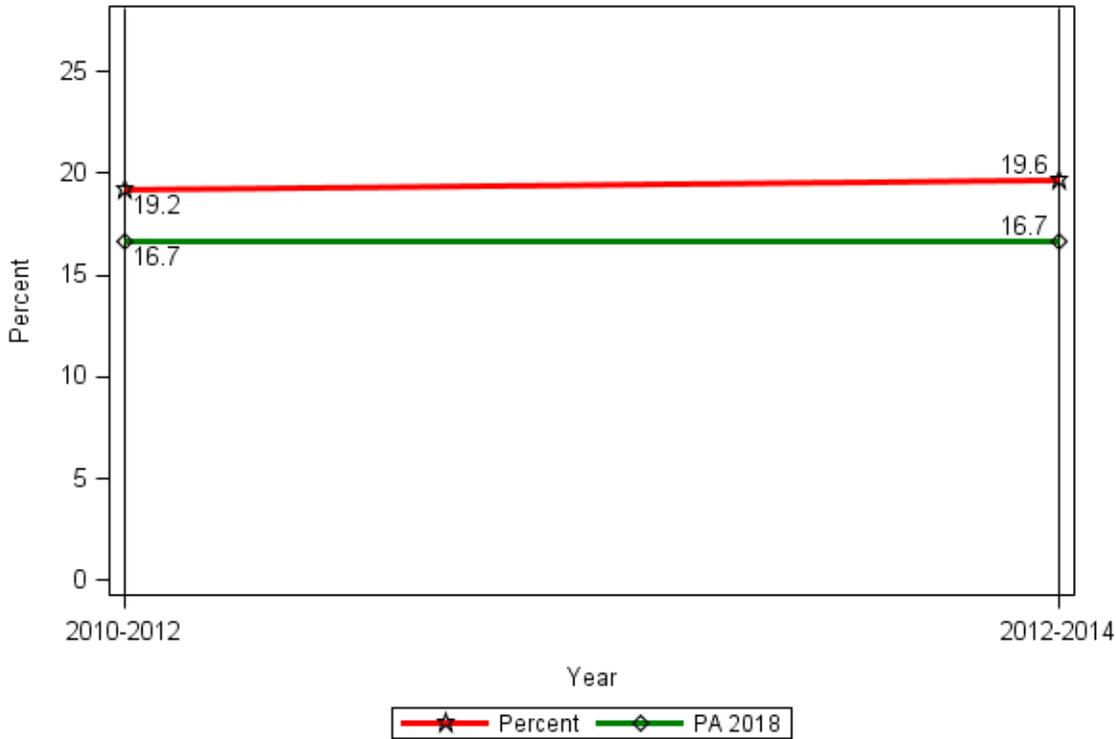


Source: 2013-2014 NYS Expanded Behavioral Risk Factor Surveillance System (NYS Counties outside NYC); 2012 NYC Community Health Survey (NYC counties), data as of September 2014

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

Figure 12 illustrates that the percentage of children and adolescents who are obese has also increased for the years 2012 – 2014.

Figure 12 Percentage of Children and Adolescents Who are Obese



Source: Counties outside NYC: Student Weight Status Category Reporting System (SWSCRS) data as of July 2015; NYC: NYC Fitnessgram data as of November 2015

Goal #3.2: Promote use of evidence-based care to manage chronic diseases.

OGH increased participation of adults with arthritis, asthma, cardiovascular disease, or diabetes in a course or class to learn how to manage their condition.

- OGH identified the burden/problem to be addressed regarding chronic disease.
- Educated the community regarding the burden/problem.
- Defined target populations and established clear goals.

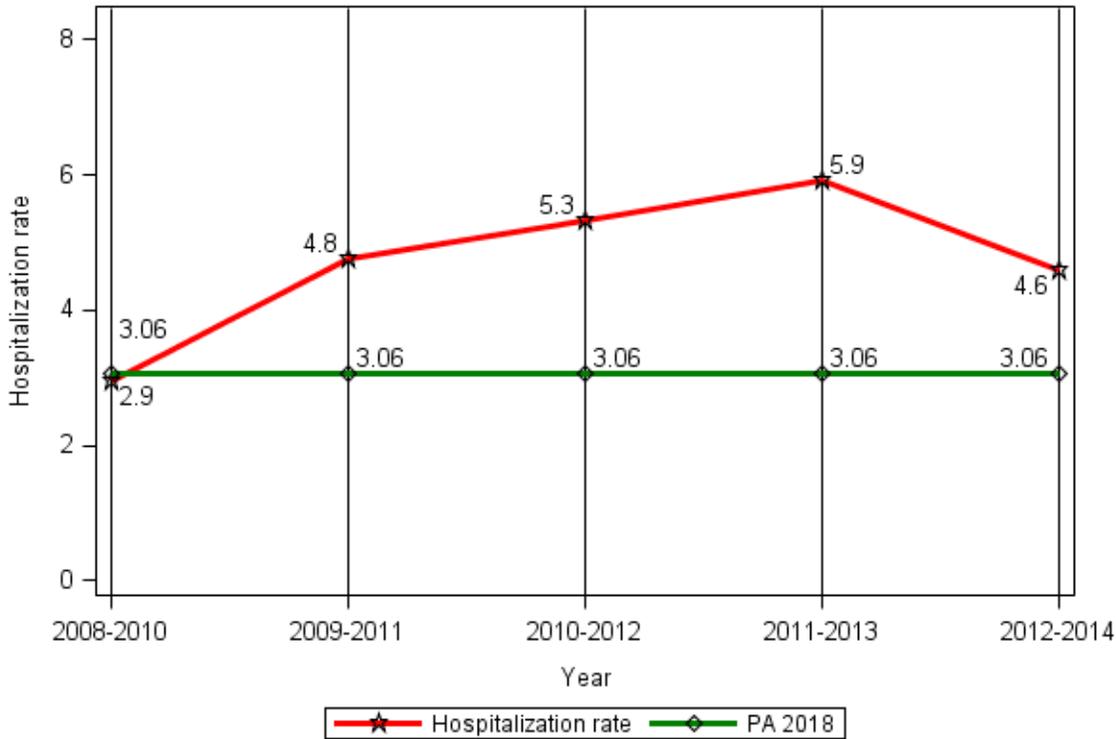
The major barrier to success in Diabetes education was the lack of interest, referrals and participation by primary care physicians. By and large, the

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

physicians demonstrate a lack of interest in referring patients to educational workshops for diabetic patients, which is a serious barrier to success.

Figure 13 shows the rate of hospitalizations for short-term complications of diabetes per 10,000 for children aged 6-17. For the years 2008-2014, the Cattaraugus County rate of hospitalizations for short-term complications of diabetes is higher than the Prevention Agenda 2018 rate. The trend line shows that although the rate for the county has been increasing from 2008-2013, the rate has been decreasing for 2014.

Figure 13. Rate of Hospitalizations for Short-Term Complications of Diabetes per 10,000, aged 6-18 Years

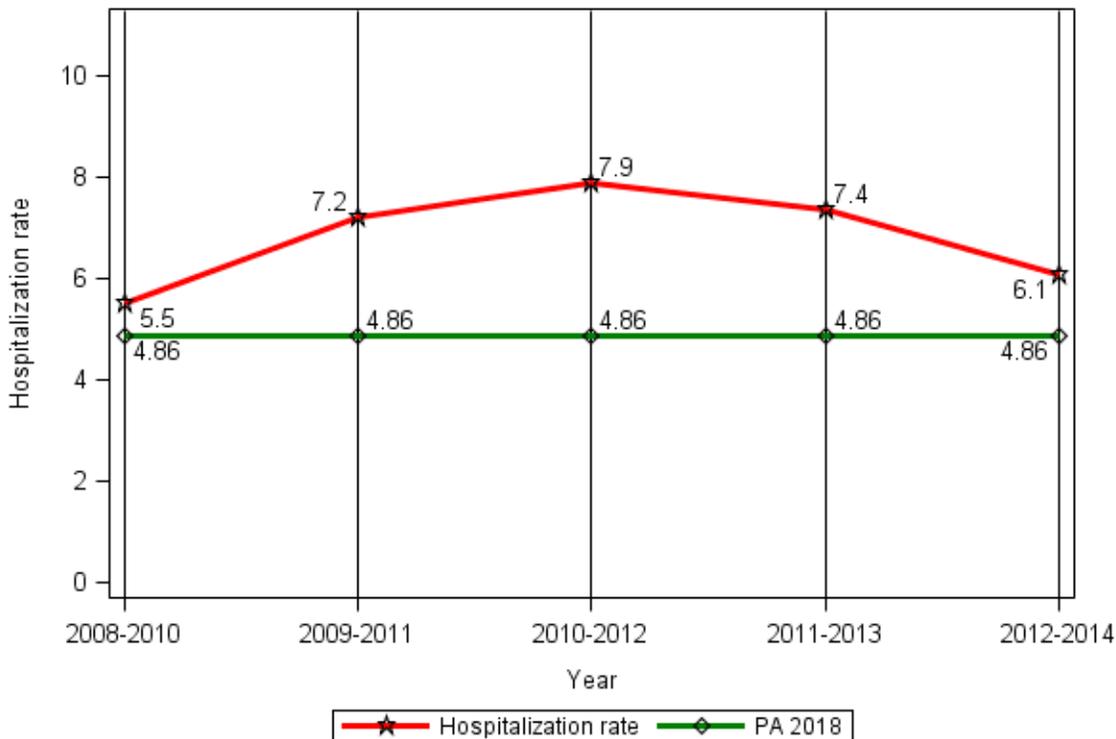


Source: SPARCS data as of February 2016

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

Figure 14 shows the rate of hospitalizations for short-term complications of diabetes per 10,000 for those adults aged 18+ years. For the years 2008-2014, the Cattaraugus County rate of hospitalizations for short-term complications of diabetes is higher than the Prevention Agenda 2018 rate. The trend line shows that for the last six years, the rate for Cattaraugus County has been increasing. The rate in 2008-2010 which was 5.5 increased to 6.1 in 2012-2014, which is lower than the NYS rate of 6.47.

Figure 14. Rate of Hospitalizations for Short-Term Complications of Diabetes per 10,000, Aged 18+ Years



Source: SPARCS data as of February 2016

Priority Area #2: Promote a Healthy and Safe Environment

Focus Area: Injuries, Violence and Occupational Health

Disparity: Individuals/Families in Poverty

Goal #1: Reduce fall risks among the most vulnerable populations.

The Falls Prevention Coalition, which included: OGH, CCHD, Healthy Community Alliance, Cattaraugus County Department of Aging and Total

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

Senior Care, increased education and awareness for those residents 65 and older and their family members to help decrease potential falls.

- CCHD Certified Home Health Agency (CHHA) staff assessed fall risk in over 1,400 homes. CHHA staff coordinated falls risk assessments with the Falls Prevention Coalition and created a referral program to the County Department of Aging case managers for follow-up. Additionally, all home care patients were provided with a covered falls risk assessment upon intake by the admitting Community Health Nurse through CCHD.
- The Falls Prevention Coalition began monitoring “frequent fallers” through a collaboration with Southern Tier Health Care System, a rural health network, and Cattaraugus County’s Emergency Services Department.
- Day programs, such as Total Senior Care, offered strength-training programs, along with the Department of Aging Nutrition Sites.
- The Falls Prevention Coalition offered Tai Chi, a Matter of Balance and other strength programs.
- OGH physical therapists were trained to train other physical therapists and medical offices to integrate falls prevention into their services.



Through this collaboration, the following has been completed:

The Department of Aging caseworker completed 71 assessments using the Home Safety Self-Assessment Tool (HSSAT). Caseworkers identified 176 home safety hazards of which, 137 safety hazards were marked for change. 102 or 74% of the home safety hazards have been changed. 1,700 residents were reached, along with 20 family caregivers.

- Six hundred Home Delivered Meal recipients received home safety information.
- Falls Prevention Coalition partners conducted 13 Six Steps to Better Balance programs at 9 sites and 2 Tai Chi programs at 2 sites reaching 250 older adults.
- Presentations on Falls Prevention were given to 366 medical professionals including physicians, nurses, nurse practitioners, physician assistants, occupational therapists, physical therapists, and emergency medical technicians reaching more than 2,455 older adults.

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

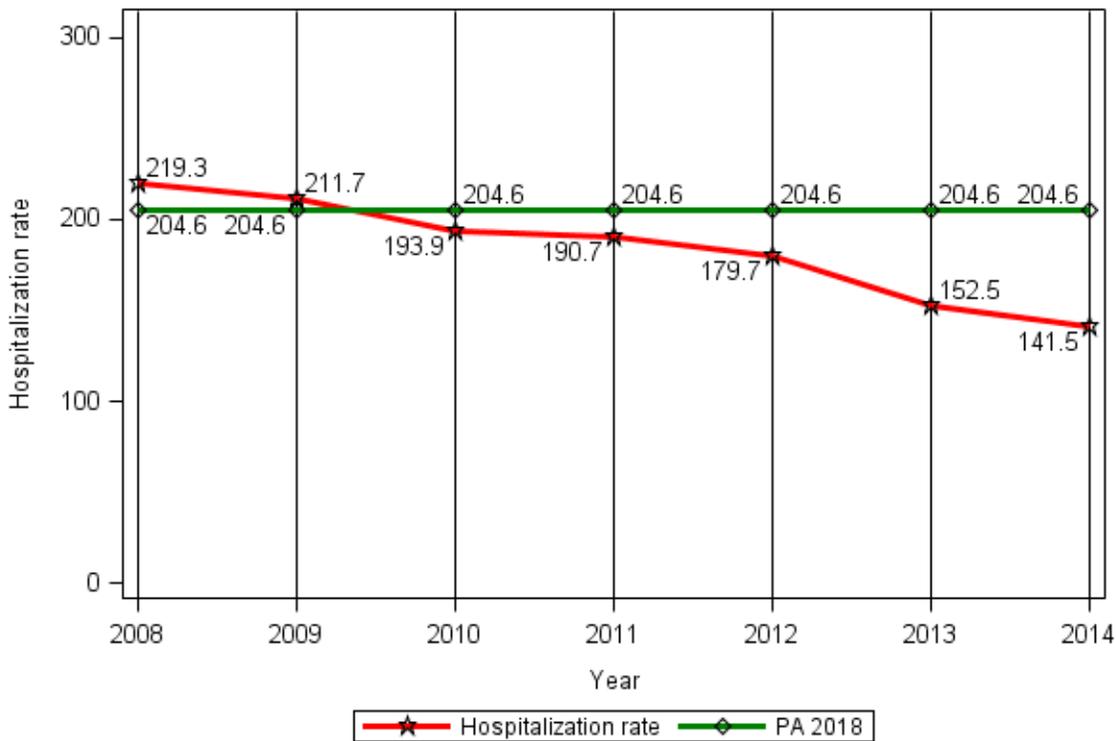
To reduce the hospitalization rates due to falls among children under one year of age, CCHD will provide awareness and education to parents and guardians at family-focused events. These events will occur at Women, Infants and Children (WIC) Clinics, community and school wellness days, at the annual County Fair, and other events throughout the community.

Research and development is currently underway for educational materials to be distributed by WIC and Early Intervention staff.

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

Figure 15 shows the hospitalization in Cattaraugus County rates due to falls per 10,000 for those age 65 and older from 2008-2014. Even though the NYS Prevention Agenda Dashboard indicates that there was no significant change, the trend graph shows that the hospitalization rates due to falls per 10,000 for those age 65 and older has been decreasing, which is lower than the NYS rate of 183.6.⁵³

Figure 15. Hospitalization Rates Due to Falls per 10,000, Age 65 and Older



Source: SPARCS data as of January 2016

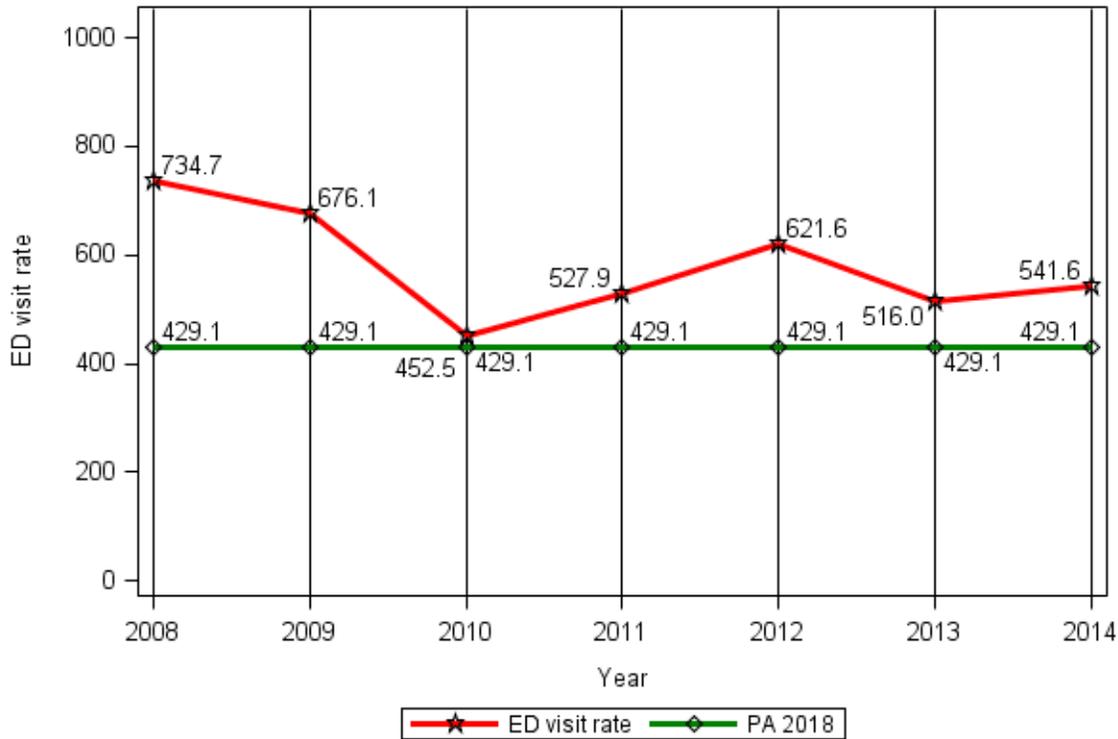
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2016-2018 Olean General Hospital and
 Cattaraugus County Health Department CSP/CHA-CHIP

Figure 16 shows the rate of emergency department visits due to falls per 10,000 for children ages 1 through 4 from 2008 to 2014. Even though the NYS Prevention Agenda Dashboard indicates that there was no significant change, the trend graph shows that the rate of emergency department visits due to falls per 10,000 for those children aged 1-4 years has significantly decreased from 2008-2014 from 734.7 to 541.6, which is significantly higher than the NYS rate, which is 440.1.

Figure 16. Cattaraugus County - Rate of Emergency Department Visits Due to Falls per 10,000 - Aged 1-4 Years



Source: SPARCS data as of January 2016

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

Evaluation Conclusions:

Although the NYS Prevention agenda dashboard demonstrates that there has not been any significant change in the percentage of adults who are obese; however, the rate continues to increase. The percentage of children and adolescents who are obese has also increased. OGH and CCHD will continue to encourage:

- Adoption of policies and implementation of practices to reduce overconsumption of sugary beverages
- Adoption of policies and implementation of practices to increase access to affordable healthy foods for individuals living in group homes or adult homes for people with disabilities.
- Establishment of joint use agreements to open public areas and facilities for safe physical activity for all, including people with disabilities.
- Educate primary care physicians on the importance of diabetic referrals to educational workshops.
- Adoption, strengthening and implementation of local policies and guidelines that facilitate increased physical activity for residents of all ages and abilities.
- Adoption of regulations and policies to implement standards supporting, quality nutrition, increased physical activity and reduced screen time in early childcare settings. Increase community support and reinforcement of these regulations and policies.
- Incorporation of time into the school day so that students have adequate time to eat a nutritious lunch/snacks and engage in physical activity.
- Establishment of strong nutritional standards for all foods and beverages sold and provided through schools.
- Although the NYS Prevention Agenda Dashboard indicates that there was no significant change in Cattaraugus County rates due to falls per 10,000 for those age 65 and older, The Falls Prevention Coalition will continue to work to:
 - Conduct in-home assessments and interventions to reduce slips and falls among all populations
 - Reduce slip and fall hazards in common areas of residences and public buildings.
 - Assess and change building codes to include elimination of fall risks.
 - Promote community-based programs for fall prevention.

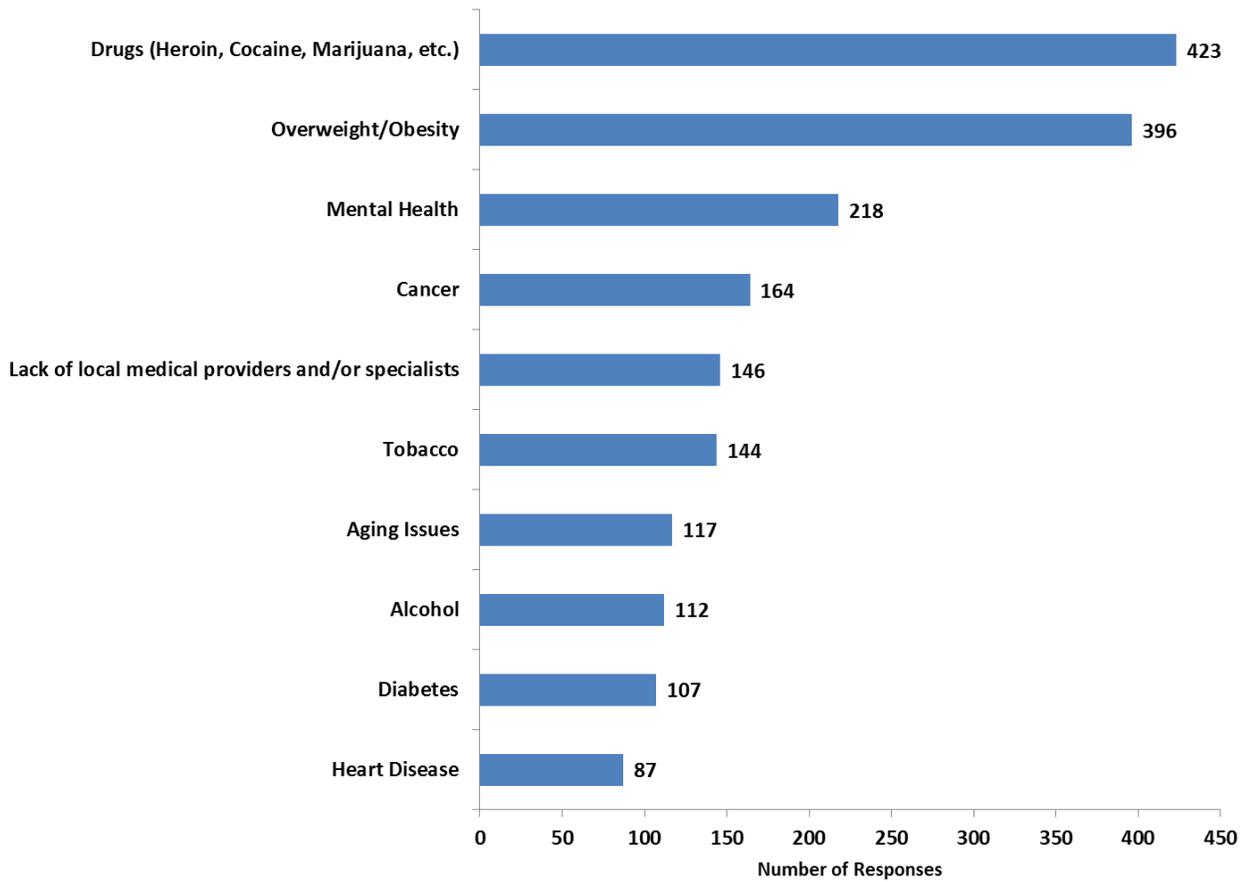


2016-2018 Olean General Hospital and
 Cattaraugus County Health Department CSP/CHA-CHIP

Priorities

Figure 17 illustrates the top 10 community health needs identified in the CCHD Community Survey.

Figure 17. CCHD Community Survey Health Needs

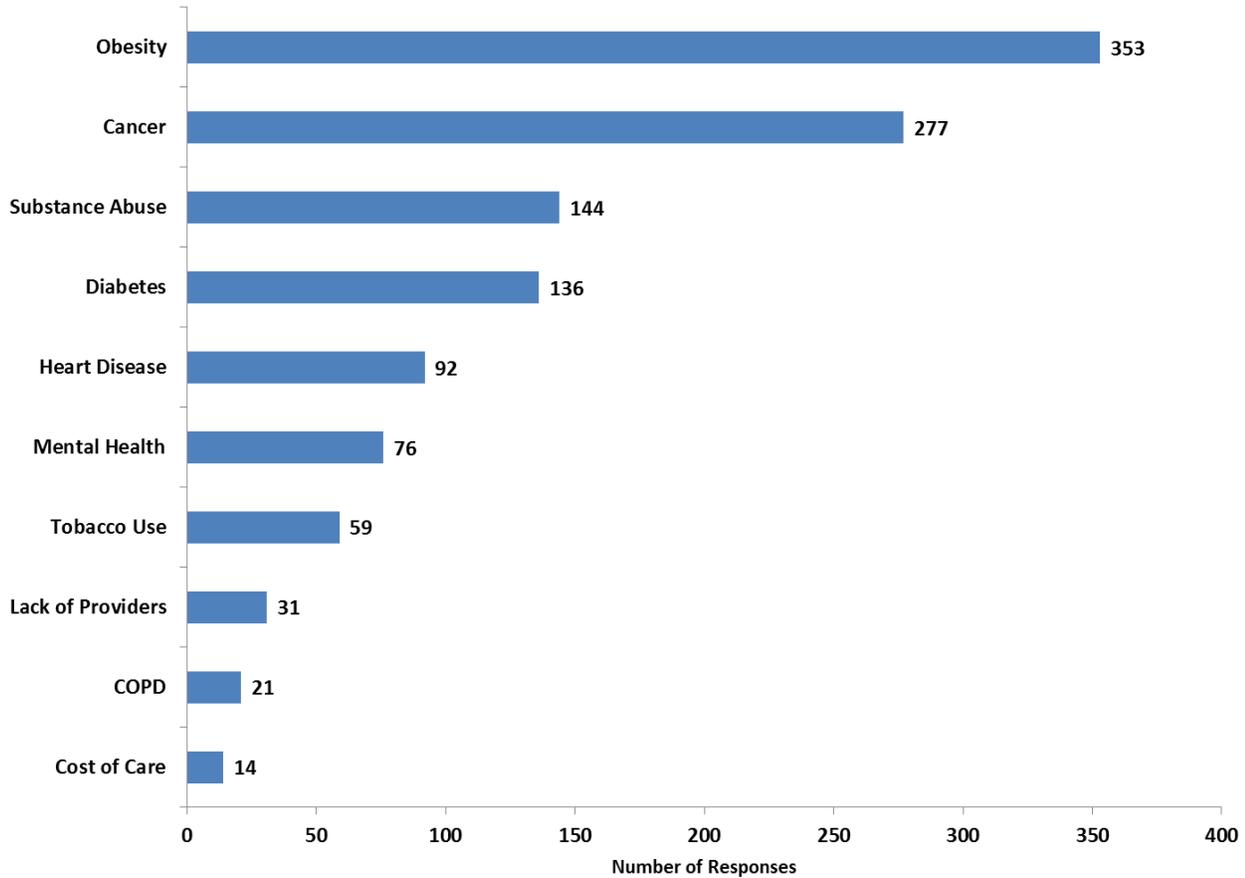


Source: CCHD Community Survey, 2016

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

Figure 18 illustrates the top 10 community health needs identified in the
Cattaraugus County CSP/CHA-CHIP Community Survey.

**Figure 18. Cattaraugus County CSP/CHA-CHIP Community Survey Health
Needs**

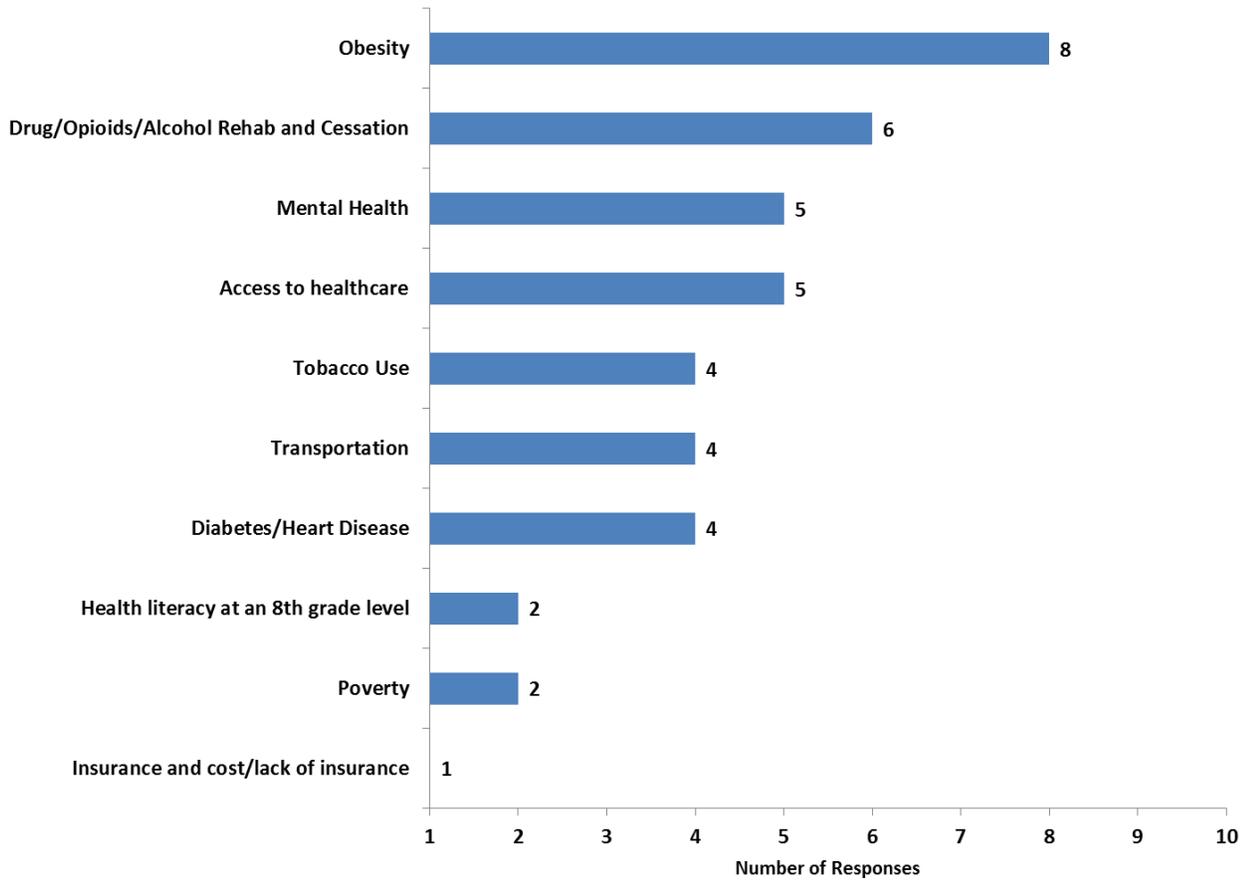


Source: Cattaraugus County CSP/CHA-CHIP Community Survey, 2016

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

Figure 19 outlines the top priority community needs identified by the stakeholders who were interviewed.

Figure 19. Stakeholder Interview Top Priorities



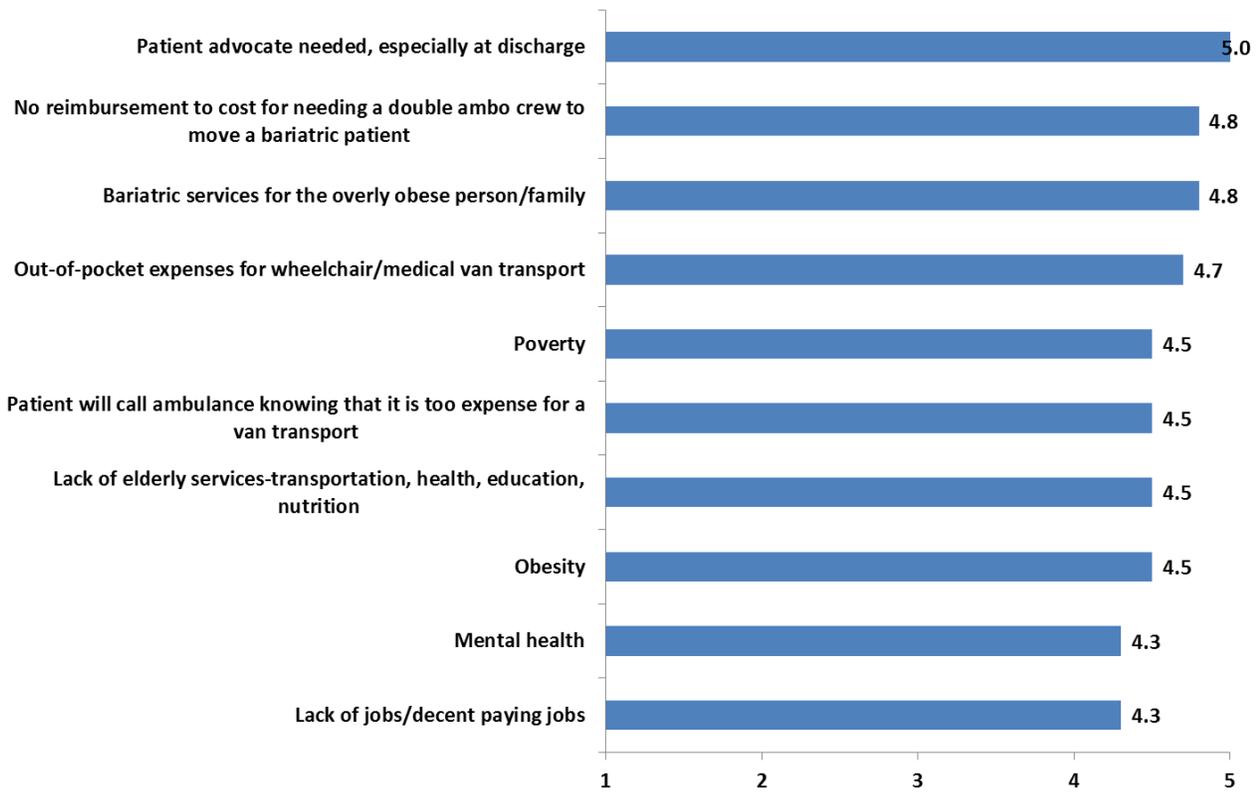
Source: CSP/CHA-CHIP Stakeholder Interviews, 2016

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

Focus group participants were asked to create a list of community needs and rank order them on a five point scale with 5=Very Serious Problem, 4=Serious Problem, 3=Somewhat of a Problem, 2=Small Problem, 1=Not a Problem, 0= Don't Know. **Figure 20** shows the results of this ranking for the top 10 priority community health needs identified by Focus Group participants.

Figure 20. Top 10 Focus Groups Top Priorities

**5=Very Serious Problem, 4=Serious Problem, 3=Somewhat of a Problem,
 2=Small Problem, 1=Not a Problem, 0= Don't Know**



Source: CSP/CHA-CHIP Focus Groups, 2015

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

Table 28 shows the comparison of the top 10 needs between the CCHD Community Survey, Cattaraugus County CSP/CHA-CHIP Community Survey, Stakeholder Interviews and Focus Groups. The “X” marks within the table depict similarities of responses between the primary data sources.

Table 28. Comparison of Top 10 Community Health Needs by Primary 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

As a result of the primary and secondary data analysis, the consulting team identified 41 distinct community needs that demonstrated disparity, negative trend or gap between the local/ regional data and the state, and/or qualitative information suggested that it was a growing need in the community. At their meeting on October 12, 2016, the Cattaraugus County Steering Committee agreed with the list of potential needs and participated in prioritizing the needs based on the selected criteria, and in alignment with

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

the New York State Department of Health’s Prevention Agenda Action Plan and Focus Areas. **Table 29** details the prioritization criteria used.

Table 29. Prioritization Criteria

Item	Definition	Scoring		
		Low (1)	Medium (5)	High (10)
Accountable Role	The extent to which the issue is an important priority to address in this action planning effort for either the health system or the community	This is an important priority as a collaboration for the health system, health department, and/or community to address	This is an important priority for the health department	This is an important priority for the health system(s)
Magnitude of the Problem	The degree to which the problem leads to death, disability or impaired quality of life and/or could be an epidemic based on the rate or % of population that is impacted by the issue	Low numbers of people affected; no risk for epidemic	Moderate numbers/% of people affected and/or moderate risk	High numbers/% of people affected and/or risk for epidemic
Impact on other health outcomes	The extent to which the issue impacts health outcomes and/or is a driver of other conditions	Little impact on health outcomes or other conditions	Some impact on health outcomes or other conditions	Great impact on health outcomes and other conditions
Capacity (systems and resources) to implement evidence based solutions	This would include the capacity to and ease of implementing evidence based solutions	There is little or no capacity (systems and resources) to implement evidence based solutions	Some capacity (system and resources) exist to implement evidence based solutions	There is solid capacity (system and resources) to implement evidence based solutions in this area

The listing below illustrates the overall priorities, based on input from the Cattaraugus County 2016 Community Survey, Stakeholder Interviews and Focus Groups. These needs were lined up with the corresponding New York State Department of Health Prevention Agenda’s five action plan areas to show where the identified needs for the region fall within the five areas. There were a total of 41 identified needs.

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

Prevent Chronic Disease:

- Bariatric services for the overly obese person/ family
- Obesity
- Access to nutritious food
- Access to healthy foods in schools
- Tobacco use
- Patient Advocate/Navigator
- Transportation services/cost of medical van transportation
- Lack of elderly services – transportation/health/ education/nutrition
- Cost of insurance/lack of insurance
- Shortage of primary and secondary care
- Lack of access to dental care
- People are resistant to seeking change
- Access to healthcare
- Health in the Seneca Nation
- Lack of emergency facilities-Gowanda
- Disability access issues (are we being inclusive)
- Need to publicize United Way 211 so community knows about services available

- Access to naturopathic doctors
- Lack of relevant health indicators/ health liaison for Old Order Amish Community
- Diabetes
- Chronic disease
- Renal failure
- Cancer
- Heart disease
- Hypertension/high blood pressure
- Health literacy
- COPD
- Kidney Issues
- Lack of recreational opportunities

Promote a Healthy and Safe Environment:

- Hard to remove seniors from home for transportation services (no ramp)
- Healthy and safe environments

Promote Healthy Women, Infants and Children:

- Support and services for healthy women, infants and children



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

**Promote Mental Health and
Substance Abuse:**

- Mental health
- Drug abuse
- More support programs for teens/young adults dealing with mental health and substance abuse issues
- Access to substance abuse services
- Teenage counseling for mental health and substance abuse

- Alcohol abuse
- Dementia

**Prevent HIV/STDs, Vaccine-
Preventable Disease and
Healthcare-Associated Infections:**

- Sexually transmitted diseases
- HIV



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



OGH and CCHD are vested in the NYSDOH Prevention Agenda and its five priority areas. The state has instructed the hospital and health department to review the primary and secondary data and choose two of five priority areas. After careful consideration, OGH and CCHD will be concentrating their efforts on the NYSDOH Prevention Agenda areas of **prevent chronic disease and promote mental health and prevent substance abuse.**

Prevent Chronic Disease

Chronic diseases such as cancer, diabetes, heart disease, stroke and asthma are conditions of long duration and generally slow progression. Chronic diseases are among the leading causes of death, disability and rising health care costs in New York State (NYS). Specifically, they account for approximately 70 percent of all deaths in NYS and affect the quality of life for millions of New Yorkers, causing major limitations in daily living for about one in ten residents⁵⁴. Eighty six percent of all health care spending in 2010 was for individuals with one or more chronic conditions.⁵⁵

⁵⁴ http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/index.htm

⁵⁵ Gerteis J, Izrael D, Deitz D, LeRoy L, Ricciardi R, Miller T, Basu J. Multiple Chronic Conditions Chartbook (PDF-10.62 MB) AHRQ Publications No, Q14-0038. Rockville, MD: Agency for Healthcare Research and Quality; 2014. Accessed November 18, 2014.

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

Reduce Obesity in Children and Adults

Obesity is a significant risk factor for many chronic diseases and conditions, which reduce the quality of life, including type-2 diabetes, asthma, high blood pressure and high cholesterol. Increasingly, these conditions are being seen in children and adolescents.⁵⁶

Obesity and being overweight for children and adults have reached epidemic proportions in New York State and across the nation. Nationally, 17 percent of American children and adolescents ages 2-19 are obese, in NYS, the percentage is 17.3%, and in Cattaraugus County, the percentage is significantly higher at 19.3%. Nationally, the obesity prevalence among adults is 29.6 percent. In NYS, 24.6 percent of adults are obese and in Cattaraugus County, the percentage, is 33.5%, which exceeds both NYS and the national percentage.⁵⁷



When Cattaraugus County obesity rates in children are broken down by school age, the data shows that the children continue to become overweight or obese as they move through school. Thirty five percent of elementary school students are obese or overweight, this is higher than NYS percentage which is 33.1%. The percentage of middle and high school students in Cattaraugus County who are obese or overweight is 38.6%, which is significantly higher than NYS percentage which is 35.2%.

There are several factors that contribute to the high rate of obesity in Cattaraugus County: poverty, food insecurity, physical inactivity, and access to exercise activities are among a few reasons the rate continues to climb.

In Cattaraugus County, the trend for children (ages 0-18), families, and people living below the poverty level are all trending upward – 2006-2010 the percentage of children living in poverty was 25.2% and increased to 26.9% in 2010-2014. In 2006-2010, the percentage of families living in poverty was 10.8% and increased to 12.0% in 2010-2014. In 2006-2010, the percentage of people living in poverty was 16.0% and increased to 17.7% in

⁵⁶ NYSDOH Obesity Prevention Program website:
<http://www.health.ny.gov/prevention/obesity/>

⁵⁷ http://www.k2hwny.org/index.php?module=indicators&controller=index&action=indicators_earch&doSearch=1&showComparisons=1&l=1884

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

2010-2014. In 2010-2014, children (26.9%), families (12.0%) and people (17.7%) living below the poverty level in Cattaraugus County for 2010-2014 are above the state (22.1%) and nation (21.9%). The high rate of poverty can be linked to food insecurity.

The U.S. Department of Agriculture (USDA) defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially acceptable ways. According to the Healthy Communities Institute, the food insecurity rate among children in Cattaraugus County is 25.4%, which is significantly higher than the NYS rate of 20.9%.⁵⁸ The food insecurity rate among adults in Cattaraugus County is 13.1%, which is slightly lower than the NYS rate of 13.5%.⁵⁹ According to a study conducted by the Harvard School of Public Health, a healthy diet costs approximately \$550.00 more annually than an unhealthy diet. “The researchers found that healthier diet patterns—for example, diets rich in fruits, vegetables, fish, and nuts—cost significantly more than unhealthy diets (for example, those rich in processed foods, meats, and refined grains). On average, a day’s worth of the most healthy diet patterns cost about \$1.50 more per day than the least healthy ones”.⁶⁰ Not only are the food insecurity rates higher in Cattaraugus County, but the data shows that people are not as physically active in the county, as they are in the rest of the state.

According to the County Health Rankings, 28% of adults aged 20 and over report no leisure-time physical activity. The NYS rate of physically inactive adults is 24%. In addition, 63% of the population in Cattaraugus County reports that they have access to exercise opportunities, this is significantly lower than the NYS rate which is 91%.



The causes of obesity in the US and NYS are complex, occurring at social, economic, environmental and individual levels. There is no single solution sufficient to turn the tide on this epidemic. Successful prevention efforts will

⁵⁸

<http://www.k2hwny.org/index.php?module=indicators&controller=index&action=view&indicatorId=2108&localeId=1884>

⁵⁹

<http://www.k2hwny.org/index.php?module=indicators&controller=index&action=view&indicatorId=2107&localeId=1884>

⁶⁰ <https://www.hsph.harvard.edu/news/press-releases/healthy-vs-unhealthy-diet-costs-1-50-more/>

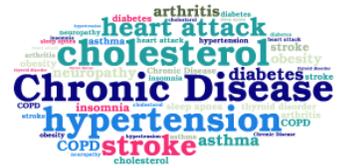
2016-2018 Olean General Hospital and Cattaraugus County Health Department CSP/CHA-CHIP

require multiple strategies, such as national, state and local policies and environmental changes that promote and support more healthful eating and active living and that reach large numbers of children and adults. These strategies must be supported and implemented in multiple sectors, including government agencies, businesses, communities, schools, child care, health care and worksites, to make healthy choice the easy choice.⁶¹

Stakeholders and Focus Group participants identified obesity as one of the leading community concerns.

There are a number of observations and conclusions can be derived from the data related to Reducing Obesity in Children and Adults. They include:

- CSP/CHA-CHIP community survey respondents mentioned the following related to obesity, physical activity and nutrition:
 - 40.8% of respondents are obese
 - 32.9% are overweight
 - 87.5% have participated in some type of physical activity during the past month
 - 56.1% exercise regularly, of those who exercise regularly, most do so a minimum of once per day – with most exercising 3 or more days per week
 - 70.5% exercise for less than 1 hour
 - 7.8% of respondents report eating 5 or more servings of fruit per day
 - 8.4% of respondents report eating 5 or more servings of vegetables per day.
- Both Stakeholders and Focus Group participants identified obesity as one of the biggest needs in the community.



Reduce the Incidence of Diabetes

Diabetes has become an epidemic that affects one out of every 10 adult New Yorkers. Since 1994, the number of people in the state who have diabetes has more than doubled, and it is likely that number will double again by the year 2050.⁶²

⁶¹ https://www.health.ny.gov/prevention/obesity/prevention_agenda_13-17.htm

⁶² <https://www.health.ny.gov/diseases/conditions/diabetes/>.

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

More than one and a half million New Yorkers have been diagnosed with diabetes. It is estimated that another 430,000 people have diabetes and don't know it, because the symptoms may be overlooked or misunderstood.⁶³ The Centers for Disease Control and Prevention (CDC) has recently predicted that one out of every three children born in the United States will develop diabetes in their lifetime. For Hispanic/Latinos, the forecast is even more alarming: one in every two. Diabetes is not only common and serious; it is also a very costly disease. The cost of treating diabetes is staggering. According to the American Diabetes Association, the annual cost of diabetes in medical expenses and lost productivity rose from \$98 billion in 1997 to \$245 billion in 2012. One out of every five U.S. federal health care dollars is spent treating people with diabetes. The average yearly health care cost for a person with diabetes is \$13,700, a cost that is 2.3 times higher than a person without diabetes. Much of the human and financial costs can be avoided with proven diabetes prevention and management steps.⁶⁴



There are a number of observations and conclusions that can be derived from the data related to hospitalizations for short-term complications of diabetes. They include:

- The percentage of adults with physician-diagnosed prediabetes in Cattaraugus County is 5.4%, as compared to New York State 5.8%. The age adjusted percentage of adults with physician-diagnosed prediabetes for Cattaraugus County and NYS is the same at 5.9%.
- The percentage of adults with physician diagnosed diabetes in Cattaraugus County 11.1%, as compared to New York State, which is 9.5%. The age adjusted percentage of adults with physician diagnosed diabetes in Cattaraugus County at 9.0% is nearly equal to that of NYS which is 8.9%.
- The percentage of adults who had a test for high blood sugar or diabetes within the past three years in Cattaraugus County is 49.5%, as compared to New York State which is 58.7%.⁶⁵ The age adjusted percentage of adults who had a test for high blood sugar or diabetes

⁶³ Ibid.

⁶⁴ Ibid.

⁶⁵ <http://www.health.ny.gov/statistics/brfss/expanded/2013/county/docs/cattaraugus.pdf>

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

within the past three years in Cattaraugus County is 49.7%, which is significantly lower than the NYS which is 59.1%.

Promote Mental Health and Prevent Substance Abuse

Mental and emotional well-being is essential to overall health.⁶⁶ At any given time, almost one in five young people nationally are affected by mental, emotional and behavioral (MEB) disorders, including conduct disorders, depression and substance abuse. About three-fourths of all MEB disorders are diagnosed between the ages of 14-24 years.

Promote Mental, Emotional and Behavioral (MEB) Well-Being in Communities

Increasing evidence indicates that promotion of positive aspects of mental health is an important approach to reducing MEB disorders and related problems.⁶⁷ Back in 2009, the Institute of Medicine (IOM) report concluded that mental health promotion should be recognized as an important component of the mental health spectrum, rather than be merged with prevention. MEB health serves as a foundation for prevention and treatment of MEB disorders.⁶⁸

The 2015 IOM report recommends that the U.S. Department of Health and Human Services (HHS) should designate an entity responsible for the development of quality measures to assess the structure, process and outcomes related to mental health and substance use disorders.



⁶⁶ Office of the Surgeon General. National Prevention Strategy. America's Plan for Better Health and Wellness, p. 48-50. 2011.

<http://www.surgeongeneral.gov/priorities/prevention/strategy/report.pdf>

⁶⁷ National Research Council and Institute of Medicine (2002). Community Programs to Promote Youth Development. J. Eccles & JA Gootman (Eds) Committee on Community-Level Programs for Youth, Board on Children, Youth and Families. Washington DC. National Academy Press.

⁶⁸ Shea P, Shern D. Primary Prevention in Behavioral Health: Investing in our Nation's Future. National Association of State Mental Health Program Directors (NASMHPD), 2011. Available at:

http://www.hhs.gov/ash/oah/news/assets/sts_primary_prevention_behavioral_health.pdf

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

Additionally, a comprehensive quality framework should also consider the context in which interventions are delivered, including the characteristics of the consumer, qualifications of the provider, the clinic or setting in which care is delivered, the characteristics of the health system, and the regulatory and financial conditions that apply to the system, the report noted. Purchasers, plans and providers should design, evaluate and adopt strategies that are aligned across multiple levels to continuously improve the quality of psychosocial interventions.⁶⁹

A developmental, interdisciplinary approach to MEB health promotion will affect homes, schools, workplaces and communities. Child and youth development research should be synthesized from a State MEB health well-being perspective, and assessed to identify opportunities for action. Research indicates that focusing on positive child and youth development policies has the potential for the greatest return on investment.

Stakeholders and Focus Group participants identified mental health as a community health concern.

There are a number of observations and conclusions that can be derived from the data related to Mental, Emotional and Behavioral Well-Being in Cattaraugus County. They include:

- CSP/CHA-CHIP community survey respondents mentioned the following related to mental health well-being:
 - 26.0% of respondents have been bothered by little interest or pleasure in doing things over the past two weeks
 - 26.0% of respondents have been bothered by feeling down, depressed or hopeless in the past two weeks
 - 50.8% have had trouble falling asleep, staying asleep or sleeping too much in the past two weeks.
- According to 2013-2014 eBRFSS data, those adults in Cattaraugus County who said that their mental health was not good at least 14 days during the past month is trending upward, from 10.6% in 2008-



⁶⁹ <http://www.mentalhealthweeklynews.com/Article-Detail/iom-report-proposes-psychosocial-interventions-for-mental-substance-use-disorders.aspx>

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

2009 to 11.7% in 2013-2014, which is higher than that of NYS which is 10.0%.⁷⁰

- Suicide mortality rate for Cattaraugus County is showing an increasing trend, from 10.4 in 2008-2010 to 14.8 in 2012-2014 and is also above NYS which is 8.2.
- Stakeholders and Focus Group participants both identified mental health as a top community health need.

Prevent Substance Abuse and Other Mental, Emotional and Behavioral (MEB) Disorders

Substance abuse and addiction negatively impact the health, public safety, welfare and education of NYS residents. Early alcohol use is an important risk factor for many chronic diseases, involvement in violent behaviors, suicide attempts among youth, and other emotional/behavioral problems, including bulimia, borderline personality disorder, obsessive-compulsive disorder and anxiety disorders. Substance-using youth are more likely to have academic problems in middle and high school. One longitudinal study found that early alcohol users had significantly higher absenteeism and poorer grades. In seventh grade, 39 percent drinkers vs. 24 percent non-drinkers had poor academic grades. As high school seniors, 32 percent of drinkers vs. 21 percent of non-drinkers had poor academic grades.⁷¹



Poor mental health is associated with lower life expectancy, decrease work productivity, and serious mental health disorders such as depression, and substance abuse disorders. Mental, emotional and behavioral disorders are developmental and their severity is likely to worsen without treatment. A developmental perspective is key (vital) to successful prevention.

Every suicide is preventable. Suicide and suicide attempts are associated with depression, bipolar disorder, schizophrenia, post-traumatic stress disorder,

70

<http://www.k2hwny.org/index.php?module=indicators&controller=index&action=view&indicatorId=245&localeId=1884>

⁷¹ Phyllis L. Ellickson, PhD; Joan S. Tucker, PhD; and David J. Klein, MS, Ten-Year Prospective Study of Public Health Problems Associated With Early Drinking, PEDIATRICS Vol. 111 No. 5 May 2003.

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

- 2013-2014 eBRFSS data shows the age-adjusted percentage of adults binge drinking during the past month in Cattaraugus County (5 drinks for men and 4 for women) was 4.5 in 2008-2009 and has decreased to 20.8 in 2013-2014, which is significantly higher than that of NYS which is 17.8.⁷⁷
- According to the 2015 New York Youth Risk Behavior Survey, youth alcohol, marijuana, and narcotic prescription drug use increases with age throughout high school. Youth using alcohol increased 92.6% from 9th grade (31.1%) to 12th grade (59.9%) for 2015. In 2015, marijuana usage among high school students increased 89.0% from those students in 9th grade (16.3%) to 12th grade (30.8%). Youth using narcotics in 2015 increased 213.3% from 1.5% for 9th grade students to 4.7% for 12th grade students.⁷⁸
- For 12th grade students, youth driving after drinking has increased slightly over the past few years, going from 5.9% in 2011 to 7.2% in 2015, but is still lower than NYS which is 11.8%.⁷⁹
- In Cattaraugus County, the emergency department admission rate due to opioids is trending upward. In 2011, there were 71 admissions per 100,000 increasing to 87.2 admission rate per 100,000 in 2014, which is lower than that of NYS which is 194.8.⁸⁰



77

https://apps.health.ny.gov/doh2/applinks/ebi/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fdashboard%2Fpa_dashboard&p=ch&cos=4

⁷⁸ New York Prevention Needs Assessment Survey, 2015, Monitoring The Data, 2014, Bach Harrison Norm, 2015. CDC

⁷⁹ Ibid

⁸⁰

<http://www.k2hwny.org/index.php?module=indicators&controller=index&action=view&indicatorId=5159&localeId=1884>

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



To meet the federal IRS regulations for OGH, this section of the report examines conclusions from other priority areas including access to health care, healthy and safe environment, healthy women, infants and children, tobacco use, infectious diseases and injury.

Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings

Delivery of high-quality chronic disease preventive care and management can prevent much of the burden of chronic disease or avoid many related complications.^{81,82} Many of these services have been shown to be cost-effective or even cost-saving.⁸³ However, many New Yorkers do not receive the recommended preventive care and management that include screening tests, counseling, immunizations or medications used to prevent disease, detect health problems early, and prevent disease progression and complications.^{84,85,86}

⁸¹ McGlynn EA, Asch SM, Adams J, et al. The quality of health care delivered to adults in the United States. *N Engl J Med* 2003; 348:2635–45.

⁸² Maciosek MV, Coffield AB, Edwards NM, Flottemesch TJ, Goodman MJ, Solberg LI. Priorities among effective clinical preventive services: results of a systematic review and analysis. *Am J Prev Med* 2006;31:52–61.

⁸³ Maciosek MV, Coffield AB, Flattermesch TJ, Edwards NM, Solberg LI. Greater use of preventive services in U.S. health care could save lives at little or no cost. *Health Affairs* 2010;29:1656–60.

⁸⁴ McGlynn EA, Asch SM, Adams J, et al. The quality of health care delivered to adults in the United States. *N Engl J Med* 2003; 348:2635–45.

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

For example, cancer screening rates in New York State should increase. The NYS Behavioral Risk Factor Surveillance System indicates that breast cancer screening has remained stable between 2000 and 2010. In 2010, 80.6 percent of women 50 years and older reported having a mammogram in the past two years. Cervical cancer screening rates have also remained stable between 2000 and 2010. In 2010, 88.6 percent of women 21-65 years of age reported having a Pap test in the past three years. In contrast, although colorectal cancer screening rates have increased during the past decade, in 2010 only 69.2 percent of adults 50-75 years old reported having a blood stool test in the last year or lower endoscopy in the past ten years. There are some subpopulations that are less likely to be screened for breast, cervical or colorectal cancer, including individuals with disabilities, lower incomes and those without health insurance.⁸⁷

New York State data also show that individuals with diabetes are not receiving recommended preventive care services. Despite quality improvement efforts, in 2007 only half of Medicaid managed care enrollees with diabetes (49%) received all four recommended clinical preventive care services (HbA1c test, lipid profile, nephropathy screening and eye exam) based on national guidelines for diabetes management.⁸⁸



Finally, many New York State adults have more than one chronic disease. The number of Americans living with two or more chronic conditions increased from 24 percent in 2001 to 28 percent in 2006.⁸⁹ In 2009, 58 percent of adult

⁸⁵ Maciosek MV, Coffield AB, Edwards NM, Flottemesch TJ, Goodman MJ, Solberg LI. Priorities among effective clinical preventive services: results of a systematic review and analysis. *Am J Prev Med* 2006;31:52-61.

⁸⁶ Maciosek MV, Coffield AB, Flattermesch TJ, Edwards NM, Solberg LI. Greater use of preventive services in U.S. health care could save lives at little or no cost. *Health Affairs* 2010;29:1656-60.

⁸⁷ Data summary reports for colorectal cancer, breast cancer and cervical cancer, 2010, New York State Behavioral Risk Factor Surveillance System. Available at: <http://www.health.ny.gov/statistics/brfss/reports/>

⁸⁸ NYS Managed Care Plan Performance Reports (QARR): 2007. Available at http://www.health.ny.gov/health_care/managed_care/reports/quality_performance_improvement.htm#link2

⁸⁹ Anderson, G. (2010). Chronic care: making the case for ongoing care. Robert Wood Johnson Foundation. Accessed from: <http://www.rwjf.org/files/research/50968chronic.care.chartbook.pdf>

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

New Yorkers reported having one or more chronic conditions.⁹⁰ Individuals with multiple chronic conditions require a coordinated, comprehensive approach to their care.

A combination of clinical and community preventive services (i.e., policies, laws, programs and initiatives, education programs and health system interventions) are needed to promote healthy behaviors, increase use of clinical preventive services and to help individuals with one or more chronic diseases manage their chronic conditions and improve their quality of life.⁹¹ Logistical, financial, cultural and health literacy barriers to care need to be removed. Information and clinical supports need to be made available to clinicians. Patients need to be supported by a multidisciplinary team of lifestyle, clinical and behavioral experts to optimally manage their disease/condition(s).

Stakeholders identified the following community needs as they relate to access and chronic disease:

- Access to healthcare
- Diabetes/Heart Disease
- Insurance and cost/lack of insurance
- People are resistant to getting healthcare
- Development of CHA rubric that has indicators of health pertinent to Old Order Amish community
- Hypertension
- Chronic Disease
- Shortage of Primary and Specialty Care
- Access to Naturopathic doctors for Amish community
- Access to healthy foods
- Need more connectivity among community health workers



⁹⁰ New York State Department of Health, Bureau of Epidemiology and Surveillance:
<https://email.health.ny.gov/go/www.health.ny.gov/statistics/>

⁹¹ Centers for Disease Control and Prevention. Use of selected clinical preventive services among adults – United States, 2007-2010. MMWR 2012;61 (Suppl; June 15, 2012): 1-10.

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

Focus group participants were asked what they thought the community needs were as they relate to access and chronic disease. Their responses included:

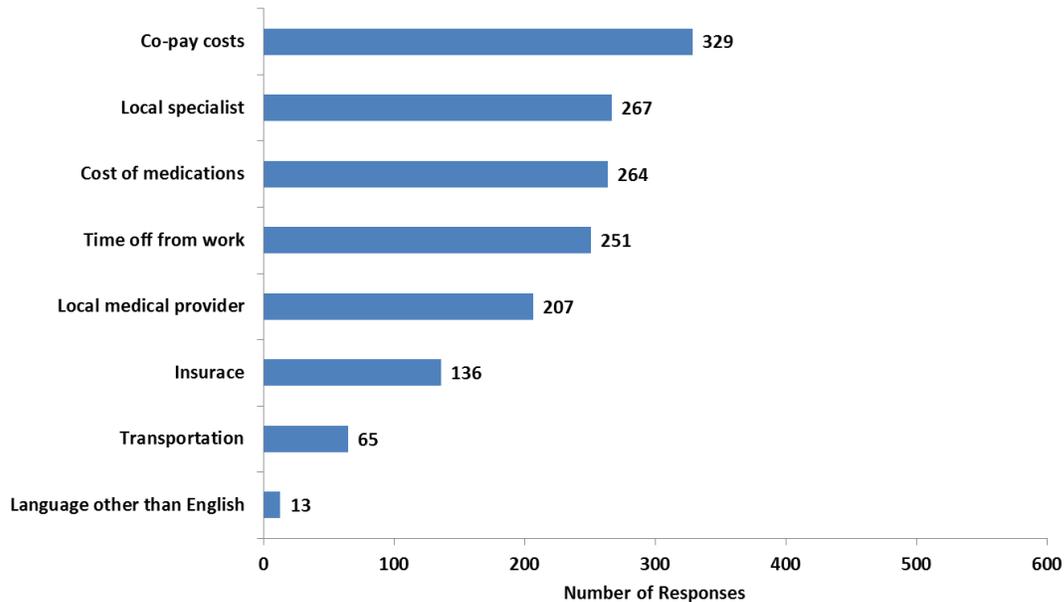
- Patient advocate/navigator
- Transportation services/cost of medical van transportation
- Lack of elderly services (i.e., transportation, health, education, nutrition)
- Shortage of primary and secondary specialists
- Cost of insurance/lack of insurance
- Lack of jobs/decent paying jobs – poverty
- Chronic disease
- Diabetes
- Cancer
- Kidney disease
- Health literacy
- Heart disease
- Access to healthcare
- People are resistant to seeking change
- Hypertension/high blood pressure
- Access to nutritious foods
- Access to dental care
- Lack of emergency services in Gowanda
- Health in the Seneca Nation
- Disability access issues (are we being inclusive)
- Access to healthy foods in schools
- Publicizing 211 so community knows about services available
- Access to naturopathic doctors
- Health liaison for the Old Order Amish Community



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

Figure 21 shows responses to the CCHD Community Health Assessment Survey question of what are the barriers to health care.

Figure 21. CCHD Community Survey: Barriers to Health Care



Source: 2016 CCHD Community Health Assessment Survey, N=744

Focus Group participants talked about the following barriers they encounter related to health care:

- Dental costs are too high; can't afford to visit the dentist
- Copays/cost of insurance – these costs make it hard to get healthy
- No help for patients with macular degeneration – only help comes when you are declared legally blind
- Vision costs are too high; can't afford a new pair of glasses
- Expensive to go out of the area for services
- Income bracket doesn't qualify me for certain services



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

Respondents of the CCHD Community Health Assessment Survey also mentioned services that are needed but not available in the community, including:

- Specialists (i.e., Dermatologist, Endocrinologist, Pulmonologist, Urologist, Cardiologist, Neurologist)
- More Providers
- Mental Health Services
- Drug and Alcohol Services
- Clinic/Urgent Care
- Pediatric Services
- Transportation
- Recreation Opportunities
- Dental Services
- Senior Services
- Free/low Cost Care
- Cancer Center
- Preventative Services
- Bariatric/Diet/Nutrition Programs
- Holistic Care
- Birthing Center
- Lab for Blood
- Faster ER
- Parenting Class
- Veterans Services



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

- The breast cancer rate in Cattaraugus County is on an upward trend – 117.4 in 2004-2008 to 143.9 in 2009-2013 and is above NY (128.4), the US (123.3), and HP 2020 Goal (41.0).
- The rate for bronchus and lung cancer for 2009-2013 (75.8) is higher than the state (68.5) and the nation (73.0). The rate for bronchus and lung cancer mortality for the same period (50.9) is also higher than NY (41.2), the US (46.0), HP 2020 goal (45.5) and the NY PA (46.0).
- The rate for colorectal cancer for 2009-2013 (49.4) is higher than NY (41.5), the US (40.6) and HP 2020 goal (39.9). The rate for colorectal cancer mortality (16.3) is also higher for the state (14.6), the nation (15.1), HP 2020 goal (14.5) and NY PA (13.7) for the same period.
- The 2009-2013 prostate cancer rate (140.7) is higher than the nation (128.3).
- The chronic lower respiratory disease (COPD) rate for 2012-2014 (47.5) is higher than the state rate (30.3), the nation (41.4) and is below the HP 2020 goal (102.6).
- The trend for the cerebrovascular mortality rate is increasing, from 33.8 in 2008-2010 to 35.8 in 2012-2014. The rate is also above the state rate of 26.3 and the NY PA rate of 24.0.
- The 2012-2014 kidney disease mortality rate for Cattaraugus County (14.8) is above NY (9.6) and the US (13.2).
- Stakeholders identified the following community needs as they relate to access and chronic disease: access to healthcare, diabetes/heart disease, insurance and cost/lack of insurance, people are resistant to getting healthcare, development of CHA rubric that has indicators of health pertinent to Old Order Amish community, hypertension, chronic disease, and a shortage of primary and specialty care



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

Promote a Healthy and Safe Environment

Built Environment

The 2013-2018 State Health Improvement Plan to "Promote a Healthy and Safe Environment" in New York State focuses on four core areas that impact health. These are: the quality of the water we drink, the air we breathe, and the built environments where we live, work, learn and play; and injuries and occupational health. 'Environment,' as used here, incorporates all dimensions of the physical environment that impact health and safety. In addition to addressing the six cross-cutting issues identified by ad hoc Committee (access to quality health services and early identification of health problems; life course perspective; health disparities; social determinants of health; a gender perspective; and oral health), the healthy and safe environment committee proposed the impact of and adaptation to climate change as another cross-cutting issue within this action plan.

The 'built environment' includes homes, schools, workplaces, public and commercial buildings, transit systems, multi-use trails, roadways, streetscapes and parks.⁹² How the built environment is designed and maintained can affect human health through the products and materials used and through land use, zoning, economic development and infrastructure decisions that affect access to nutritious food and opportunities for physical activity.^{93,94}

At the neighborhood level, sidewalks, cross-walks, multi-use trails, safe streets, "complete streets," inter-connected streets and trails and public transportation are associated with physical activity,⁹⁵ energy usage⁹⁶ and

⁹² County Health Rankings and Roadmaps, Built Environment available at: <http://www.countyhealthrankings.org/health-factors/built-environment>

⁹³ Lee SM. School Health Guidelines to Promote Healthy Eating and Physical Activity. MMWR 2011; 60 (5): 1-78.

⁹⁴ Younger M, Morrow-Almeida HR, Vindigni SM and Dannenberg, AL. The Built Environment, Climate Change, and Health Opportunities for Co-Benefits. American Journal of Preventive Medicine 2008; 35(5): 517-526.

⁹⁵ Hankey S, Marshall JD and Brauer M. Health Impacts of the Built Environment: Within-Urban Variability in Physical Inactivity, Air Pollution, and Ischemic Heart Disease Mortality. Environ Health Perspect 2012; 120:247-253.



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

the risk of being overweight or obese, especially among children, adolescents and the elderly.^{98,99} These factors are also associated with decreased risks of heart disease, hypertension, stroke, Type-2 diabetes, colon and breast cancer, falls, metabolic syndrome¹⁰⁰. Many low-income communities and communities of color have disproportionately less access to public transportation, green and open space, recreational facilities, safe streets and healthy foods. These communities also experience elevated rates of obesity, diabetes, cardiovascular disease and mortality.^{101,102,103} Additionally, many neighborhoods and buildings aren't designed to accommodate the needs of the elderly and disabled.

The way we arrange the different land uses listed above - in relation to transportation systems, the natural environment, and one another – also determines the degree to which residents can engage in physical activity. Thus, safe and comfortable streets must be matched with proper land use, zoning and development that bolsters and complements active living. In this regard, 'smart growth' planning offers several planning and design principles that support this goal – including, strategically-targeted density; mixed land



⁹⁶ Tucker-Seeley RD, Subramanian SV, Li Y and Sorensen G. Neighborhood Safety, Socioeconomic Status, and Physical Activity in Older Adults. *Am J Prev Med* 2009; 37(3): 209-213.

⁹⁷ Morabia A, Mirer FE, Amstislavski T, Holger MA, Eisl M, Werbe-Fuentes J, Gorczynski J, Goranson C, Wolff MS, and Markowitz SB. Potential Health Impact of Switching From Car to Public Transportation When Commuting to Work. *Am J Public Health* 2010; 100: 2388–2391.

⁹⁸ Duncan DT, Johnson RM, Molnar BE and Azrael D. Association between neighborhood safety and overweight status among urban adolescents. *BMC Public Health* 2009; 9: 289-300.

⁹⁹ Bacha JM, Appugliese D, Coleman S, Kaciroti N, Bradley RH, Corwyn RF and Lumeng JC. Maternal perception of neighborhood safety as a predictor of child weight status: The moderating effect of gender and assessment of potential mediators. *International Journal of Pediatric Obesity* 2010; 5: 72-79.

¹⁰⁰ Lee IM, Shiroma EJ, Lobelo F, Puska P, Blair SN, and Katzmarzyk PT. Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy. *Lancet* 2012; 380: 219–29.

¹⁰¹ Walker RE, Keane CR and Burke JG. Disparities and access to healthy food in the United States: A review of food deserts literature. *Health & Place* 2010; 16: 876–884.

¹⁰² Clark CR, Kawachi I, Ryan L, Ertel K, Fay ME and Berkman LF. Perceived neighborhood safety and incident mobility disability among elders: the hazards of poverty. *BMC Public Health* 2009; 9: 1-15.

¹⁰³ Bove, CF and Olson, CM. Obesity in Low-Income Rural Women: Qualitative Insights about Physical Activity and Eating Patterns. *Women & Health* 2006; 44(1): 57-78.

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

uses; inter-connected street and trail networks; and safe, accessible and well-maintained public spaces.

At the building level, the use of toxic products, structural issues, inadequate ventilation, heating and cooling systems, and deferred maintenance can create health and safety hazards. Many housing-related issues can pose a threat to human health, including carbon monoxide, peeling and chipping lead-based paint, fire and electrical hazards, mold, radon, poor indoor air quality, pests and pesticides.¹⁰⁴ These hazards can result in health effects including poisoning, fall and fire related injury and death, and lung diseases such as asthma and cancer.¹⁰⁵ Housing is an especially important part of the built environment because some of the most vulnerable populations (e.g. children, elderly, and infirmed) spend the most time in their homes. Four key housing-related health issues are asthma, childhood lead exposure, fire-related injuries and carbon monoxide poisoning.

A number of housing-related hazards, such as mold, cockroaches and environmental tobacco smoke can trigger asthma. Asthma affects an estimated one in eleven New Yorkers (1.3 million adults and 475,000 children). Asthma prevalence among adults increased from 6.3 percent in 1999 to 8.7 percent in 2008. Asthma prevalence, ED visits and hospitalization rates are higher in New York State than nationally. Children in NYS miss more than 1.9 million days of daycare, pre-school or school due to asthma each year. In 2008, adults with asthma reported approximately 7.6 million days when they were unable to work or carry out usual activities because of asthma.¹⁰⁶ Although not all asthma is housing-related, asthma control programs focused on improving the home environment (e.g., environmental assessment; education; use of mattress and pillow covers; use of HEPA



¹⁰⁴ National Center for Healthy Housing, Housing Interventions and Health: A Review of the Evidence, 2009, available at:
<http://www.nchh.org/Research/Archived-Research-Projects/Housing-Interventions-and-Health-Outcomes.aspx>

¹⁰⁵ Jacobs DE, Matte TD, Moos L, Nilles B, Rodman J. Eliminating Childhood Lead Poisoning: A Federal Strategy Targeting Lead Paint Hazards. President's Task Force on Environmental Health Risks and Safety Risks to Children. 2000; Washington, DC: U.S. Department of Housing and Urban Development/U.S. Environmental Protection Agency

¹⁰⁶ New York State Department of Health. New York State Asthma Surveillance Summary Report. 2009; available at:
http://www.health.ny.gov/statistics/ny_asthma/

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

vacuums and HEPA air filters; smoking cessation and reduction in environmental tobacco smoke; cockroach and rodent management; minor repairs, and intensive household cleaning) have been shown to have health and financial benefits.^{107,108,109}

Childhood lead poisoning is another preventable housing-related condition. New York consistently ranks high on key risk factors associated with lead poisoning, including childhood poverty, a large immigrant population, and an older, deteriorated housing stock. Although the overall incidence of newly diagnosed cases of lead poisoning among NYS children under age six has steadily declined over the past four decades, thousands of children are still at risk. In 2008, over 3,000 children under age six were newly identified with blood lead levels (BLLs) 10 micrograms per deciliter ($\mu\text{g}/\text{dL}$) and above; 80 percent resided in just 13 of the States' poorest counties with the oldest housing stock.¹¹⁰



Residential fires are among the leading causes of injury and death among children and the elderly.¹¹¹ A primary risk factor in residential fire injuries and deaths is the absence of a working smoke alarm. Residential smoke alarm legislation has been shown to be effective in increasing the prevalence of working smoke detectors in a home.¹¹² When a fire occurs in a residential setting, a working smoke alarm can reduce fatal injuries by 40 to 50

¹⁰⁷ Krieger JW, Takaro TK, Song L, Weaver M. The Seattle-King County Healthy Homes Project: a randomized, controlled trial of a community health worker intervention to decrease exposure to indoor asthma triggers. *Am J Public Health* 2005; 95(4):652-659.

¹⁰⁸ Lin S, Gomez MI, Hwang S, Franko EM, Bobier JK. An evaluation of the asthma intervention of the New York State Healthy Neighborhoods Program. *J Asthma*. 2004; 41(5):583-595.

¹⁰⁹ Krieger J, Jacobs DE, Ashley PJ, et al. Housing interventions and control of asthma-related indoor biologic agents: a review of the evidence. *J Public Health Manag Pract*. 2010; 16(5 Suppl):S11-20.

¹¹⁰ New York State Department of Health, Reducing Lead Exposure in Children, Lead Testing and Lead Poisoning Among New York State Children, 2008 report, available at: http://www.health.ny.gov/environmental/lead/exposure/childhood/surveillance_report/docs/2008_reducing_lead_exposure_children.pdf

¹¹¹ New York State Department of Health, Deaths Due to Injury Leading Causes by Age Group New York State Residents, 2004-2006, available at: http://www.health.ny.gov/statistics/prevention/injury_prevention/all_injury.htm

¹¹² McLoughlin E et al. Smoke Detector Legislation: Its Effect on Owner-Occupied Homes. *AJPH*. 1985; 75: 858-862.

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

percent.¹¹³ Carbon monoxide (CO) poisoning is another potential housing-related health problem, especially following severe weather events that result in power outages and can lead to improper use of portable generators.^{114,115} As an example, one early-season storm in 2006 resulted in 14 percent of the emergency department visits for non-fire-related CO poisoning in NYS for that year.¹¹⁶ Each year, approximately 200 people in New York are hospitalized due to accidental CO poisoning. About one-third of poisonings result from fires and two-thirds result from fuel-burning equipment and appliances.¹¹⁷ CO poisoning is preventable with safe use of generators, boiler maintenance, and installation and maintenance of CO alarms; and prompt treatment if overexposure occurs. Delayed treatment can result in neurological problems.¹¹⁸



Climate change (e.g., extreme weather episodes, increased coastal flooding and storms) contributes to adverse health impacts of the built environment. For example, storms and subsequent power outages increase the risk of CO poisoning¹¹⁹; and extreme heat episodes disproportionately impact the poor and elderly population, who may be unable to afford the additional cost of air conditioning.¹²⁰

¹¹³ Ahrens, M. Smoke Alarm Presence and Performance in U.S. Home Fires. *Fire Technology*. 2011; 47(3): 699-720.

¹¹⁴ Wilburn, RE, Welles, WL, Horton, DK, Berkowitz, Z, and Kaye, WE. Carbon monoxide poisonings attributed to underground utility cable fires - New York, January 2000-June 2004. *MMWR* 2004; 53 (39): 920-922

¹¹⁵ Iqbal S, Clower JH, Hernandez SA, Damon SA and FY Yip. A review of disaster-related carbon monoxide poisoning: surveillance, epidemiology, and opportunities for prevention. *Amer. J. Public Health* 2012; 102 (10): 1957-1963.

¹¹⁶ Muscatiello N, Jones R, Laselva G, Horn E and Hwang S. Hospital emergency department visits for carbon monoxide poisoning following an October 2006 snowstorm in Western New York. *J. Environ. Health* 2010; 72:43-48.

¹¹⁷ NYSDOH, What you need to know about carbon monoxide, available at: http://www.health.ny.gov/environmental/indoors/air/carbon_monoxide_need_to_know.htm

¹¹⁸ Raub JA, Mathieu-Nolf M, Hampson NB and SR Thom. Carbon monoxide poisoning – a public health perspective. *Toxicol.* 2000; 145: 1-14.

¹¹⁹ New York State Department of Health, Detection of Carbon Monoxide Poisoning in Chief Complaint Data 2007; available at: www.syndromic.org/conference/2007/powerpoint/CO_study...

¹²⁰ NYSERDA. Responding to Climate Change in New York State 2011; Available at:

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

Built environments that discourage physical activity can also increase energy consumption, and thus contribute to adverse climate impacts and decreased air quality. For example, lack of access to public transit and lack of safe, well-lit streets promotes driving over more sustainable forms of transportation. Children who live in neighborhoods without safe access to spaces for recreation spend more time in front of the television (TV) and computer (PC).¹²¹ TV and PC use are significant sources of increased home energy consumption.¹²²

Finally, half of the top ten risk factors for chronic disease in high income countries (including the US) are influenced by the built environment: overweight and obesity, ranks third; physical inactivity, ranks fourth; low fruit and vegetable intake, ranks seventh; exposure to urban air pollutants, ranks eighth; and occupational risks, ranks tenth.¹²³ The priority areas for intervention are improving the design and maintenance of home environments and improving the transportation infrastructure.



Stakeholders mentioned homelessness, poverty, and health literacy as identified needs. Focus Group participants identified that it is hard to remove seniors from their home for transportation services (i.e., no ramps, hallways too small) as one of the community health.

There are a number of observations and conclusions that can be derived from the data related to Built Environment. They include:

<http://www.nyserda.ny.gov/Publications/Research-and-Development/Environmental/EMEP-Publications/~//media/Files/Publications/Research/Environmental/EMEP/climaid/responding-to-climate-change-synthesis.ashx>

¹²¹ Kimbro RT, Brooks-Gunn J, McLanahan S. Young children in urban areas: Links among neighborhood characteristics, weight status, outdoor play, and television watching. *Soc Sci Med.* 2011; 72: 668-676.

¹²² Sanquist TF, Orr T, Shui B, and Alvah C. Lifestyle factors in U.S. residential electricity consumption. *Energy Policy* 2012; Vol. 42, p354-364.

¹²³ World Health Organization, Global Health Risks: Mortality and burden of disease attributable to selected major risks available at:

http://www.who.int/healthinfo/global_burden_disease/GlobalHealthRisks_report_full.pdf

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

- According to eBRFSS data for 2013-2014, adults who have ever been told they have asthma (12.4%) is above the state (10.1%) and below the nation (13.8%).
- Regarding poverty, the trend for children (ages 0-18), families and people living below the poverty are all trending upward – children from 25.2% in 2006-2010 to 26.9% in 2010-2014, families from 10.8% to 12.0% for the same time periods, and people from 16.0% in 2006-2010 to 17.7% in 2010-2014.
- Children (26.9%) and people (17.7%) living below the poverty level for 2010-2014 are above the state and nation.
- Unemployment rate for Cattaraugus County for 2016 (6.9%) is slightly higher than the state (6.3%) and below the nation (8.9%).
- High school graduation rates for the county (80.0%) is below the HP 2020 goal (82.4%) and above the state (77.0%).
- Stakeholders mentioned homelessness, poverty, and health literacy as identified needs.
- Focus Group participants identified that it is hard to remove seniors from their home for transportation services (i.e., no ramps, hallways too small) as one of the community health.



Promote Health Women, Infants and Children

"Improving the well-being of mothers, infants, and children is an important public health goal for the United States. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system." - Healthy People 2020

The health and well-being of mothers and children are fundamental to overall population health. Improving health outcomes for women, infants and children is a priority for the New York State Prevention Agenda, aligning with goals of the State's Medicaid program and Title V/Maternal Child Health Services Block Grant. Of great concern, New York's key population indicators of maternal and child health have been stagnant or worsened during the last decade. Even for measures with improving trends, there are striking racial, ethnic and economic disparities.

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

Maternal and Infant Health

Improving the health of mothers and babies is an important public health priority for NYS. Key population indicators of maternal and infant health, including low birth weight, prematurity and maternal mortality, have not improved significantly over the last decade in New York, and in some instances have worsened. Even in measures where trends are improving, such as reductions in adolescent pregnancy rates and infant mortality rates, there are significant and persistent racial, ethnic and economic disparities.

Three priority maternal and infant health outcomes were established for the 2013-2018 a Prevention Agenda/State Health Improvement Plan: preterm birth, breastfeeding and maternal mortality. These outcomes complement other sections of the State Plan that influence maternal and infant health, including: injury and violence prevention, prevention and management of chronic diseases, prevention and cessation of tobacco use, HIV/STI prevention, preconception/reproductive health, promotion of mental health and prevention of substance abuse.



While this topic wasn't mentioned by Stakeholders, Focus Group participants said that support and services for healthy women, infants and children was a community need.

There are a number of observations and conclusions that can be derived from the data related to Maternal and Infant Health. They include:

- The trend for low birth-weight babies born is trending upward, from 7.0% in 2008-2010 to 8.2% in 2011-2013 and is above the NY PA (5.0%).
- The percentage of teen live birth outcomes, ages 15-19 for 2011-2013 (31.0%) is above the state (19.5%), the nation (29.1%) and the NY PA (23.8%).
- Children eligible for free lunch in Cattaraugus County for 2016 (17.0%) is above the state rate of 14.0% and HP 2020 goal of 12.0%.
- For those children eligible for free or reduced lunch, Cattaraugus County is below the state for the three years 2013-2015 as seen in the **Table 30** below, although the trend for the county has been increasing, from 49% in 2013 to 55% in 2015.

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

Table 30. Children Eligible for Free or Reduced Lunch

Year	Cattaraugus County	New York State
2015	55%	58%
2014	51%	56%
2013	49%	54%

Source: Hunger Solutions of New York, 2013-2015

- While this topic was not mentioned by Stakeholders, Focus Group participants said that support and services for healthy women, infants and children was a community need.



Reduce Illness, Disability and Death Related to Tobacco Use and Secondhand Smoke Exposure

Tobacco addiction is the leading preventable cause of morbidity and mortality in New York State (NYS) and in the United States.¹²⁴ Cigarette use, alone, results in an estimated 440,000 deaths each year in the United States, and 25,000 deaths in NYS.¹²⁵ There are estimated to be 570,000 New Yorkers afflicted with serious disease directly attributable to their smoking. The list of illnesses caused by tobacco use is long and contains many of the most common causes of death. These include many forms of cancer, including lung and oral; heart disease; stroke; chronic obstructive pulmonary disease and other lung diseases.¹²⁶

The economic costs of tobacco use in NYS are staggering. Smoking-attributable health care costs are \$8.2 billion annually, including \$3.3 billion in annual Medicaid expenditures. In addition, smoking-related illnesses result

¹²⁴ U.S. Department of Health and Human Services. Reducing the Health Consequences of Smoking: 25 Years of Progress. A report of the Surgeon General. U.S Department of Health and Human Services, Public Health Service. 1989.

¹²⁵ Center for Disease Control, State-specific smoking-attributable mortality and years of potential life lost – United States, 2000-2004, MMWR Weekly, Jan. 23, 2009. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5802a2.htm>

¹²⁶ U.S. Department of Health and Human Services. How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A report of the Surgeon General. U.S Department of Health and Human Services, Public Health Service. 2010.

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

in \$6 billion in lost productivity.¹²⁷ Reducing tobacco use has the potential to save NYS taxpayers billions of dollars every year.

Although there have been substantial reductions in adult smoking in NYS, some tobacco use disparities have become more pronounced over the past decade. Smoking rates did not decline among low-socioeconomic status adults and adults with poor mental health.¹²⁸

Both Stakeholders and Focus Group participants mentioned tobacco use as a problem in the community.

There are a number of observations and conclusions that can be derived from the data related to Reducing Illness, Disability and Death Related to Tobacco Use and Secondhand Smoke Exposure. They include:

- CSP/CHA-CHIP community survey respondents mentioned the following related to tobacco use: 10.2% report currently smoking and 3.3% report using chewing tobacco, snuff or snus.
- According to the Cattaraugus County EBRFSS data, adults who reported being a current smoker has been increasing from 24.4% in 2008-2009 to 28.4% in 2013-2014, and is higher than the state (15.6%), the nation (18.1%), HP 2020 goal (12.0%) and the NY PA (12.3%).
- County Health Rankings for the county shows that for adults who smoke, the county percentage (17.0%) is higher than the state (14.0%) and HP 2020 goal (12.0%).
- Both Stakeholders and Focus Group participants mentioned tobacco use as a problem in the community.



¹²⁷ Centers for Disease Control and Prevention. State Tobacco Activities Tracking and Evaluation (STATE) System. Available at: <http://www.cdc.gov/tobacco/statesystem>.

¹²⁸ RTI, International. 2011 Independent Evaluation Report of the New York Tobacco Control Program. Research Triangle Park, NC: RTI International; 2011

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

Injury, Violence and Occupational Health

Injuries are a leading cause of death and disability in NYS and are the leading cause of death between ages one and 44.¹²⁹ Almost 7,500 (21 daily) New Yorkers die every year, as a result of an injury.¹³⁰ Non-fatal injuries also result in adverse health outcomes ranging from temporary pain to long-term disability, chronic pain, and diminished quality of life. Hospitalization and rehabilitation services are also often needed. Injuries are consistently among the leading cause of hospitalization for New Yorkers of all ages. About 160,000 individuals annually (440 daily) are injured severely enough to require hospitalization.¹³¹ Another 1.6 million injured New Yorkers each year (4,374 daily) are treated and released from an emergency department.⁵⁹



In NYS, falls are the leading cause of unintentional injury and deaths, among people ages 65 and over, and the leading cause of nonfatal injuries, in this age group and among children up to age four.⁵⁷ Among young children, the primary location where falls occur is the home, primarily due to falls from beds or slips or trips.⁵⁹ More than one in three people over 65 years of age fall each year.¹³² These falls account for \$2 billion in annual hospitalization charges and \$624.4 million in annual outpatient emergency department charges.⁵⁹ Approximately 95% of the hospitalization charges for older adults are billed to publicly funded programs, such as Medicaid and Medicare.⁵⁹ In addition, half of adults 65 and older who are hospitalized due to a fall, end up in a nursing home or rehabilitation center.⁵⁹ The US Preventive Services Task Force recommends that addressing muscle weakness and gait and

¹²⁹ Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005) [cited 2012 Sept. 2012]. Available from URL: www.cdc.gov/ncipc/wisqars

¹³⁰ New York State Department of Health, Bureau of Occupational Health and Injury Prevention. Vital Statistics Death Files, July 2011.

¹³¹ New York State Department of Health, Bureau of Occupational Health and Injury Prevention. SPARCS, March 2011.

¹³² Hausdorff JM, Rios DA, Edelber HK. Gait variability and fall risk in community-living older adults: a 1-year prospective study. *Archives of Physical Medicine and Rehabilitation* 2001;82(8):1050-6.

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

balance problems are the best prevention approaches. Recommended treatments include Vitamin D supplements, exercise and physical therapy.¹³³

The way we arrange the different land uses listed above – in relation to transportation systems, the natural environment, and one another – also determines the degree to which residents can engage in physical activity. Thus, safe and comfortable streets must be matched with proper land use, zoning and development that bolsters and complements active living. In this regard, 'smart growth' planning offers several planning and design principles that support this goal - including, strategically-targeted density; mixed land uses; inter-connected street and trail networks; and safe, accessible and well-maintained public spaces.

Between 2007 and 2009, homicides and assaults accounted for 832 deaths 9,273 hospitalizations, and 85,337 emergency department visits in New York State.⁵⁹ Those at highest risk are males between the ages of 15 and 24 years of age (SPARCS 2007-2009).⁵⁹ These hospitalizations cost almost \$240 million and the emergency department visits cost approximately \$134 million, annually, all outdoor worksites.⁵⁹ This does not include societal costs, such as potential life lost, emergency and protective services

Each year in the United States, more than 4,000 occupational fatalities, three million occupational injuries, and 160,000 cases of occupational illnesses occur.¹³⁴ Efforts to incorporate patients' occupational information into electronic health records would lead to more informed clinical diagnosis and treatment plans, as well as more effective policies, intervention, and prevention strategies to improve the overall health of the working population. It would also reduce the reporting burden for hospitals and health care providers associated with Part 22 of the State Sanitary Code. Research also has shown associations between many chronic diseases and occupation. Electronic health records also will facilitate the exploration of these data for research purposes to identify appropriate interventions.



¹³³ Moyer VA. Prevention of Falls in Community-Dwelling Older Adults: U.S. Preventive Services Task Force Recommendation Statement. *Annals of Internal Medicine*. 2012 Aug;157(3):197-204.

¹³⁴ United States Department of Labor, Bureau of Labor Statistics. Injuries, Illnesses and Fatalities Program [online]. (2010) [cited 2012 Sept. 2012]. Available from URL: <http://www.bls.gov/iif/home.htm>

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

Workers experiencing symptoms from influenza-like illness increase the risk of spreading disease to vulnerable populations such as students, patients and elderly, and their families. Their high absenteeism rates also reduce the capability of the healthcare workforce and may have an economic impact. Research needs to be conducted to identify methods to reduce transmission within a built environment. Healthcare workers face a high risk of infection because of contact with patients, and could potentially put other patients at risk; likewise, school personnel also face a high risk of infection from children spreading infections from themselves or family members. Recent research has shown that health care workers and other hospital employees may unnecessarily be exposed to influenza and other infectious diseases due to unawareness and shortfalls of respiratory protection policies, practices, as well as inadequacies in education and training.¹³⁵ Influenza vaccination, the most effective way to prevent influenza among health-care providers according to the Advisory Committee on Immunization Practices,¹³⁶ continues to fall far short of the Health People 2020 goal of 90 percent coverage.

While this topic was not discussed by Stakeholders, Focus Group participants mentioned that a healthy and safe environment was a need in the community.

There are a number of observations and conclusions that can be derived from the data related to Injury, Violence and Occupational Health. They include:

- Although Auto accident mortality has decreased in Cattaraugus County to 11.9 in 2011-2013, it remains above the state (6.3) and nation (10.7).
- While this topic was not discussed by Stakeholders, Focus Group participants mentioned that a healthy and safe environment was a need in the community.



¹³⁵ New York State Department of Health. Public Health Practice Evaluation of Respirator Usage among Healthcare Workers Exposed to Influenza in the Northeast Region. Unpublished Report. 2012.

¹³⁶ Centers for Disease Control and Prevention. Prevention and control of influenza with vaccine

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

Prevent HIV/STDs, Vaccine-Preventable Disease and Healthcare-Associated Infections

Prevent HIV and STDs

HIV/AIDS, sexually transmitted diseases (STDs) and hepatitis C (HCV) are significant public health concerns. NYS remains at the epicenter of the HIV epidemic in the country, ranking first in the number of persons living with HIV/AIDS. By the end of 2010, approximately 129,000 New Yorkers were living with HIV or AIDS, with nearly 3,950 new diagnoses of HIV infection in 2010.¹³⁷ Furthermore, 123,122 New Yorkers had STDs, representing 70 percent of all communicable diseases reported Statewide in 2010.¹³⁸ The number of people with chronic or resolved cases of HCV in NYS exceeded 175,000 between 2001 and 2009. However, many of those with chronic HCV do not know they are infected, and recently it has been noted that more New Yorkers are dying from HCV than from HIV. The same behaviors and community characteristics associated with HIV also place individuals and communities at risk for STDs and viral hepatitis. STDs increase the likelihood of HIV transmission and acquisition. Epidemiological data increasingly point to HIV, STDs and HCV as “syndemics,” or infections which occur in similar groups of people with the same behavioral risk factors. Notably, in the United States in 2010, the leading cause of death among people with HIV was liver disease from co-infection with HCV.¹³⁹



The impact of HIV, STDs and HCV is greater in some population groups. For instance, non-Whites have rates of infection that are several times higher than Whites. Prevention interventions, including those that affect underlying factors such as stigma and discrimination, are needed to address these historical inequities. People of color account for more than 75 percent of new HIV diagnoses and, for persons living with HIV, the racial/ethnic

¹³⁷ Unless otherwise noted, all NYS HIV/AIDS Surveillance data are from the NYSDOH AIDS Institute Bureau of HIV/AIDS Epidemiology.

¹³⁸ Unless otherwise noted, all NYS STD Surveillance Data are from the NYSDOH AIDS Institute Bureau of Sexually Transmitted Diseases Prevention and Epidemiology.

¹³⁹ Ly KN, Xing J, Klevens RM, Jiles RB, Ward JW, Holmberg SD. (2012) The increasing burden of mortality from viral hepatitis in the United States between 1999 and 2007. *Ann Intern Med* 156: 271-278.

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

distribution is 21 percent White, 43 percent Black, 32 percent Hispanic, 1.2 percent Asian/Pacific Islander, 0.1 percent Native American and 2.8 percent more than one racial group. Data on race and ethnicity of people with STDs and HCV suggest significant disparities exist as well. Men who have sex with men, transgender persons and women of color continue to have much higher rates of these diseases than the general population. Though HIV among injection drug users has decreased steadily (due in large part to expanded access to sterile syringes), HCV among drug injectors is prevalent.

Multiple drug regimens exist for HIV, STDs and HCV, although some are more effective than others. A key approach to preventing more infections is to identify infected people as soon as possible and link them to care. The health of infected people will improve, and the likelihood they will transmit the infection to others will be reduced. Early initiation of antiretroviral medication is recommended for HIV and reduces through viral suppression the chances that HIV-positive persons will infect others. For bacterial STDs such as Syphilis, Gonorrhea and Chlamydia, infections can be cured, though Cephalosporin-resistant Gonorrhea is a growing concern. Many barriers prevent people from getting into care, as well as remaining compliant to a prescribed regimen. More than half of all HCV infections are undiagnosed, mainly because the level of testing is low. After 30 years of awareness campaigns, 20 percent of HIV-infected people nationally are still undiagnosed and one-third of diagnoses are made so late that people are diagnosed with AIDS concurrently or within one year.

In addition to the lack of better testing strategies, other barriers to care exist, including those with deep societal and historical roots such as poverty, lack of translation services, homelessness, and inadequate educational opportunities. These factors often result in people being at high risk for infection and unable to get appropriate preventive treatment and care. Minimal public transportation in many parts of the State and other obstacles faced by people with disabilities also present significant challenges. Widely available screening for all these diseases and improved access to care are major goals.

Focus Group participants noted sexually transmitted diseases were a community health need.



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

There are a number of observations and conclusions that can be derived from the data related to HIV and STD, although the topic was not discussed in stakeholder interviews. These include:

- According to eBRFSS data, adults who had a pneumonia vaccine, age 65 and older is trending downward in the county – from 68.8% in 2008-2009 to 62.5% in 2013-2014. The 2013-2014 percentage is below NY (65.1%), the US (69.5%), HP 2020 goal (90.0%) and NY PA (90.0%).
- The influenza and pneumonia mortality rate for Cattaraugus County is trending upward from 11.4 in 2008-2010 to 14.4 in 2012-2014
- The chlamydia and gonorrhea rates are also trending upward, from 197.8 in 2008-2010 to 266.2 in 2012-2014 for chlamydia and 12.1 to 15.1 for the same time period for gonorrhea.
- Focus Group participants noted sexually transmitted diseases were a community health need.



Prioritization and Significant Health Needs

Table 31 illustrates the ranking of identified needs of the service area by the Steering Committee, based on the total of the four prioritization criteria outlined above. The table also shows how the 41 identified needs align with the New York State Department of Health’s Prevention Agenda and focus areas.

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

Table 31. Cattaraugus County CSP/CHA-CHIP Prioritization Exercise Results

NYS DOH Prevention Agenda Action Plan	NYS DOH Prevention Agenda Focus Area	Identified Need	Accountability	Magnitude	Impact	Capacity	Total	Ranking
Prevent Chronic Disease	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community and Community Settings	Heart Disease	3.8	8.4	8.8	7.0	28.0	1
Prevent Chronic Disease	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community and Community Settings	Cancer	4.0	7.4	8.3	6.8	26.5	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	6.4	7.3	7.4	5.3	26.4	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	3.4	7.8	8.1	7.0	26.3	4

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

NYS DOH Prevention Agenda Action Plan	NYS DOH Prevention Agenda Focus Area	Identified Need	Accountability	Magnitude	Impact	Capacity	Total	Ranking
Prevent Chronic Disease	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community and Community Settings	Diabetes	2.8	7.6	8.9	6.7	26.0	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	2.2	8.2	8.8	6.6	25.8	6
Prevent Chronic Disease	Reduce Obesity in Children and Adults	Obesity	2.0	8.4	8.3	6.2	24.9	7
Prevent Chronic Disease	Reduce Illness, Disability and Death Related to Tobacco Use and Secondhand Smoke Exposure	Tobacco use	2.1	7.6	8.6	5.6	23.9	8
Promote Mental Health and Prevent Substance Abuse	Promote Mental, Emotional and Behavioral (MEB) Well-Being in Communities	Mental health	2.1	7.8	8.0	5.4	23.3	9
Promote Mental Health and Prevent Substance Abuse	Prevent Substance Abuse and other Mental, Emotional, Behavioral Disorders	Drug abuse	2.3	7.1	7.5	5.8	22.7	10

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

NYS DOH Prevention Agenda Action Plan	NYS DOH Prevention Agenda Focus Area	Identified Need	Accountability	Magnitude	Impact	Capacity	Total	Ranking
Prevent Chronic Disease	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community and Community Settings	Lack of access to dental care	4.7	5.9	6.4	5.6	22.6	11
Promote Mental Health and Prevent Substance Abuse	Prevent Substance Abuse and other Mental, Emotional, Behavioral Disorders	Access to substance abuse services	3.3	6.8	7.0	5.5	22.6	12
Prevent Chronic Disease	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community and Community Settings	Access to healthcare	2.6	5.9	8.0	6.1	22.6	13
Prevent Chronic Disease	Reduce Obesity in Children and Adults	Access to nutritious food	3.2	6.3	6.7	6.2	22.4	14
Promote Mental Health and Prevent Substance Abuse	Prevent Substance Abuse and other Mental, Emotional, Behavioral Disorders	Alcohol abuse	2.0	7.0	7.7	5.7	22.4	15
Prevent Chronic Disease	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community	Kidney issues	6.1	4.3	5.6	5.9	21.9	16

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

NYS DOH Prevention Agenda Action Plan	NYS DOH Prevention Agenda Focus Area	Identified Need	Accountability	Magnitude	Impact	Capacity	Total	Ranking
	and Community Settings							
Prevent Chronic Disease	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community and Community Settings	COPD	3.6	5.6	6.7	5.9	21.8	17
Prevent Chronic Disease	Reduce Obesity in Children and Adults	Access to healthy foods in schools	3.3	5.1	6.5	6.0	20.9	18
Prevent Chronic Disease	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community and Community Settings	Renal failure	5.8	4.1	5.4	5.5	20.8	19
Prevent Chronic Disease	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community and Community Settings	Patient Advocate/Navigator	4.9	5.1	5.5	5.1	20.6	20
Promote Healthy Women, Infants and Children	Maternal and Infant Health	Support and services for healthy women, infants and children	2.1	5.4	6.5	6.6	20.6	21

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

NYS DOH Prevention Agenda Action Plan	NYS DOH Prevention Agenda Focus Area	Identified Need	Accountability	Magnitude	Impact	Capacity	Total	Ranking
Promote Mental Health and Prevent Substance Abuse	Prevent Substance Abuse and other Mental, Emotional, Behavioral Disorders	More support programs for teens/young adults dealing with mental health and substance abuse issues	1.9	7.1	6.3	5.0	20.3	22
Prevent Chronic Disease	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community and Community Settings	Health literacy	2.4	5.9	7.0	4.9	20.2	23
Prevent Chronic Disease	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community and Community Settings	Lack of recreation opportunities	2.9	5.4	5.8	5.8	19.9	24
Prevent Chronic Disease	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community and Community Settings	People are resistant to seeking change	2.2	6.7	7.4	3.6	19.9	25
Promote Mental Health and Prevent Substance Abuse	Prevent Substance Abuse and other Mental, Emotional, Behavioral Disorders	Teenage counseling for mental health and substance abuse	2.7	6.3	6.3	4.5	19.8	26

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

NYS DOH Prevention Agenda Action Plan	NYS DOH Prevention Agenda Focus Area	Identified Need	Accountability	Magnitude	Impact	Capacity	Total	Ranking
Prevent Chronic Disease	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community and Community Settings	Lack of elderly services - transportation/health/education/nutrition	2.6	5.5	6.0	5.6	19.7	27
Prevent Chronic Disease	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community and Community Settings	Cost of insurance/lack of insurance	2.4	6.1	6.4	4.7	19.6	28
Prevent Chronic Disease	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community and Community Settings	Lack of emergency facilities-Gowanda	6.4	3.8	4.6	4.4	19.2	29
Prevent HIV/STDs, Vaccine-Preventable Disease and Healthcare-Associated Infections	Prevent HIV and STDs	STDs	3.9	4.6	4.6	6.1	19.2	30
Promote a Healthy and Safe Environment	Injury, Violence and Occupational Health	Healthy and safe environments	1.8	5.0	6.5	5.6	18.9	31
Prevent Chronic Disease	Reduce Obesity in Children and Adults	Bariatric services for the overly obese person/family	5.2	5.2	4.5	3.9	18.8	32

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

NYS DOH Prevention Agenda Action Plan	NYS DOH Prevention Agenda Focus Area	Identified Need	Accountability	Magnitude	Impact	Capacity	Total	Ranking
Promote Mental Health and Prevent Substance Abuse	Prevent Substance Abuse and other Mental, Emotional, Behavioral Disorders	Dementia	3.4	4.7	6.1	4.4	18.6	33
Prevent HIV/STDs, Vaccine-Preventable Disease and Healthcare-Associated Infections	Prevent HIV and STDs	HIV	4.2	2.9	4.5	6.1	17.7	34
Prevent Chronic Disease	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community and Community Settings	Disability access issues (are we being inclusive)	2.3	4.8	5.0	5.6	17.7	35
Prevent Chronic Disease	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community and Community Settings	Transportation issues/cost of medical van transportation	1.5	6.5	5.7	3.9	17.6	36
Prevent Chronic Disease	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community and Community Settings	Health in the Seneca Nation	3.0	4.8	4.6	4.9	17.3	37

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

NYS DOH Prevention Agenda Action Plan	NYS DOH Prevention Agenda Focus Area	Identified Need	Accountability	Magnitude	Impact	Capacity	Total	Ranking
Promote a Healthy and Safe Environment	Built Environment	Hard to remove seniors from home for transportation services (no ramp)	2.9	4.7	4.5	4.7	16.8	38
Prevent Chronic Disease	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community and Community Settings	Access to naturopathic doctors	6.4	2.5	3.4	3.9	16.2	39
Prevent Chronic Disease	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community and Community Settings	Need to publicize United Way 211 so community knows about services available	2.6	4.1	3.6	5.1	15.4	40
Prevent Chronic Disease	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community and Community Settings	Lack of relevant health indicators/ health liaison for Old Order Amish Community	3.5	3.6	3.5	3.7	14.3	41

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

Members of CCHD and OGH met on October 27, 2016 to review the final priorities selected by the Cattaraugus County Steering Committee. The group used the methodology of looking at the four prioritization criteria of (i) accountable role of the hospital, (ii) magnitude of the problem, (iii) impact on other health outcomes and (iv) capacity (systems and resources) to implement evidence-based solutions, along with the rank order of the final priorities selected by the Steering Committee. It was determined that the following top ten priorities are considered the most significant:

Table 32: Top Ten 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

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

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	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

At the October 27, 2016 meeting, the following New York State Department of Health Priority Areas that OGH and CCHD will concentrate their efforts over the next three years are:

1. Prevent Chronic Disease
2. Promote Mental Health and Prevent Substance Abuse

The above significant needs will be addressed in the next section – Implementation Strategy/CHIP.

2016-2018 Implementation Strategy/Community Health Improvement Plan

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

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

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 33. 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	Coordinator	Aggregating/Analyzing Data	December 31, 2018
				Erie 1 BOCES	Facilitator	Sharing Staff & Data through Creating Healthy Schools and Communities Grant.	
				OGH	Facilitator/Educator	Sharing Staff & Data through policy changes throughout their organization.	
Create community environments that promote and support healthy food and beverage choices and	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	Number of municipalities where new or enhanced policies, plans and practices that promote	CCHD	Coordinator	Aggregating/Analyzing Data Education	December 31, 2018
				Cattaraugus	Facilitator/Educator	Sharing Staff & Data,	

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

<i>Goal</i>	<i>Outcome Objectives</i>	<i>Interventions/ Strategies/ Activities</i>	<i>Process Measures</i>	<i>Partner</i>	<i>Partner Role</i>	<i>Partner Resources</i>	<i>By When</i>
physical activity.		educating and persuading policy makers. (National Complete Streets Coalition: Elements of a Comprehensive Complete Streets Policy)	Complete Streets are proposed.	County Economic Development Local Municipalities	Mentor	Grant Writing Assistance, Sample 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 34. Prevent Chronic Disease: Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings

<i>Goal</i>	<i>Outcome Objectives</i>	<i>Interventions/ Strategies/ Activities</i>	<i>Process Measures</i>	<i>Partner</i>	<i>Partner Role</i>	<i>Partner Resources</i>	<i>By When</i>
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%	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	Coordinator/Facilitator/Educator	Analyze and collect data	December 31, 2018
	Increase colorectal screening from 62%-65%			Olean Medical Group	Facilitator/Educator	Sharing Staff & Data	
	Increase the percentage of adults who are screened for diabetes with hA1C testing from 49.5% to 55%.			UPC	Facilitator/Educator	Sharing Staff & Data	

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
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
Cattaraugus County Health Department CSP/CHA-CHIP

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 35. Promote Mental Health and Prevent Substance Abuse

<i>Goal</i>	<i>Outcome Objectives</i>	<i>Interventions/ Strategies/ Activities</i>	<i>Process Measures</i>	<i>Partner</i>	<i>Partner Role</i>	<i>Partner Resources</i>	<i>By When</i>
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	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 Facilitator/Educator	Aggregating/Analyzing Data Education Sharing Staff & Data	December 31, 2018

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

<i>Goal</i>	<i>Outcome Objectives</i>	<i>Interventions/ Strategies/ Activities</i>	<i>Process Measures</i>	<i>Partner</i>	<i>Partner Role</i>	<i>Partner Resources</i>	<i>By When</i>
		regular users. (National Research 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;	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 Facilitator/Educator Facilitator	Aggregating/Analyzing Data Education Sharing Staff & Data Sharing Staff & Data	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
		4) pain patient services and drug safety; 5) drug treatment and demand reduction; 6) harm reduction including Naloxone training; 7) community-based prevention education 8) evaluation of project components.					
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;	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 CAREs Heroin/Opioid Task Force Municipal Law Enforcement	Coordinator/Educator Educator Educator Educator	Aggregating/Analyzing Data Education Sharing Staff & Data Sharing Data Sharing Data	December 31, 2018

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

<i>Goal</i>	<i>Outcome Objectives</i>	<i>Interventions/ Strategies/ Activities</i>	<i>Process Measures</i>	<i>Partner</i>	<i>Partner Role</i>	<i>Partner Resources</i>	<i>By When</i>
		3) supply reduction and diversion control; 4) pain patient services and drug safety; 5) drug treatment and demand reduction; 6) harm reduction including Naloxone training; 7) community-based prevention education 8) evaluation of project components.					
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	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

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

<i>Goal</i>	<i>Outcome Objectives</i>	<i>Interventions/ Strategies/ Activities</i>	<i>Process Measures</i>	<i>Partner</i>	<i>Partner Role</i>	<i>Partner Resources</i>	<i>By When</i>
		Fact Sheet is a tip sheet that has the rationale, measures and practices.)					
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.html) 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
Cattaraugus County Health Department CSP/CHA-CHIP

<i>Goal</i>	<i>Outcome Objectives</i>	<i>Interventions/ Strategies/ Activities</i>	<i>Process Measures</i>	<i>Partner</i>	<i>Partner Role</i>	<i>Partner Resources</i>	<i>By When</i>
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

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

Review and Approval

The 2016-2018 Community Service Plan, Community Health Assessment and Community Health Improvement Plan were presented and approved as follows:

- Olean General Hospital's Board of Directors approved the plans on December 7, 2016
- Cattaraugus County Board of Health approved the plans on December 7, 2016

The Cattaraugus County 2016-2018 Community Service Plan, Community Health Assessment and Community Health Improvement Plan are posted on the following websites:

- Olean General Hospital: <https://www.ogh.org/>, click on Community Service Plan on the left-hand side.
- Cattaraugus County Health Department: <http://www.cattco.org/downloads/health/community-health-assessment>

Printed copies are available by contacting:

Marketing and Communications
Olean General Hospital
515 Main Street
Olean, New York 14760
Phone: (716) 375-7487

Kevin D. Watkins, M.D., M.P.H.
Public Health Director
Debra J. Nichols,
Public Health Educator
Cattaraugus County Health
Department
1 Leo Moss Drive, Suite 4010
Olean, NY 14760
Phone: 716-701-3382

Appendix A

Community and Hospital Resource Directory

2016-2018 Olean General Hospital and Appendix A-Community and Hospital Resource Directory

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2016-2018 Olean General Hospital and
Appendix A-Community and Hospital Resource Directory

Community Resource Listing

Abuse/Victim's Services

Catholic Charities
Domestic Violence Program for Men
2636 West State Street, Suite 301
Olean, NY 14760
(716) 372-0101

Cattaraugus Community Action, Inc.
Domestic Violence Program
25 Jefferson Street
Salamanca, NY 14779
(888) 945-3970

Cattaraugus County Social Services
Adult Protection
1 Leo Moss Drive
Olean, NY 14760
(716) 373-8070

Cattaraugus County Social Services
Child Protective Services
1 Leo Moss Drive
Olean, NY 14760
(716) 373-8010

Rape Crisis/Sexual Assault Program
25 Jefferson Street
Salamanca, NY 14779
(888) 945-3970

Southern Tier Child Advocacy Center
Southern Tier Health Care System, Inc.
772 Main Street
Olean, NY 14760
(716) 372-8532

Adult Education and Training

BOCES of Cattaraugus-Allegany Counties
1825 Windfall Road
Olean, NY 14760
(716) 376-8293

Cattaraugus- Allegany Workforce Investment Board
(WIB)
1 Blue Bird Square
Olean, NY 14760
(716) 806-0060

Jamestown Community College
Cattaraugus County Campus
260 North Union Street
Olean, NY 14760
(716) 376-7500
(800) 388-8557

Literacy Volunteers of Cattaraugus County
Olean Public Library
134 North 2nd Street
Olean, NY 14760
(716) 372-8627

Olean City School District
Adult Education Program
410 West Sullivan Street
Olean, NY 14760
(716) 375-8031

St. Bonaventure University
3261 West State Road
St. Bonaventure, NY 14778
(716) 375-2000
(800) 462-5050

2016-2018 Olean General Hospital and
Appendix A-Community and Hospital Resource Directory

Alcohol and Substance Abuse Resources

Al Anon/Alateen Family Groups
(self-apply by phone)
(716) 856-2520

Council on Addiction Recovery Services, Inc.
201 South Union Street
Olean, NY 14760
(716) 373-4303 x509

Council on Addiction Recovery Services, Inc.
Machias Outpatient Clinic
9824 Route 16
Room 305
Machias, NY 14101
(716) 353-8018

Council on Addiction Recovery Services, Inc.
Salamanca Outpatient Clinic
100 Main Street
Suite 6
Salamanca, NY 14779
(716) 945-1928

Council on Addiction Recovery Services, Inc.
Weston Manor
Route 417
Weston Mills, NY 14788
(716) 373-0057 x205

First Baptist Church of Olean
Alcoholics Anonymous
133 South Union Street
Olean, NY 14760
(716) 372-5151

First Baptist Church of Olean
Narcotic Anonymous
133 South Union Street
Olean, NY 14760
(716) 372-5151

HOPEline
New York State Office of Alcohol and Substance
Abuse
(877) 846-7369

St. Stephens Episcopal Church
AA meetings and Pastoral Counseling
109 South Barry Street
Olean, NY 14760
(716) 372-5628

United Pentecostal Church of Olean
Christian Intervention Program
(alternative to AA/NA)
1100 Homer Street
Olean, NY 14760
(716) 373-7456

Assistance Programs

Cattaraugus Community Action, Inc.
25 Jefferson Street
Salamanca, NY 14779
(716) 945-1041

Cattaraugus County Department of Social Services
1 Leo Moss Drive
Olean, NY 14760
(716) 373-8060

2016-2018 Olean General Hospital and
Appendix A-Community and Hospital Resource Directory

Women, Infants and Children (WIC)

1 Leo Moss Drive
Olean, NY 14760
(716) 373-8057

Assisted Living

Cattaraugus County Group Home
1359 NY-417
Westons Mills, NY 14788
(716) 372-1175

Eden Heights of Olean Assisted Living & Memory
Care
161 South 25th Street
Olean, NY, 14760
(716) 372-4466

Randolph Manor
40 East Main Street
Randolph, NY 14772
(716) 358-4041

Blind and Visually Impaired Services

Interfaith Caregivers Inc.
34 North 4th Street
Allegany, NY 14706
(716) 372-6283

Case Management

ACCORD Corporation/Cattaraugus County
TASA (Teenage Services Act) Program
25 Jefferson Street
Salamanca, NY 14779
(716) 945-0467

Catholic Charities

2636 West State Street
Suite 301
Olean, NY 14760
(716) 372-0101

Cattaraugus County Department of Community
Services
Case Management for Children and Youth
1 Leo Moss Drive
Suite 4308
Olean, NY 14760
(716) 373-8040

Cattaraugus County Department of Community
Services
North County Counseling Center
9824 Route 16
Machias, NY 14101
(716) 353-8241

Cattaraugus County Department of Community
Services
Olean Counseling Center
1 Leo Moss Drive
Suite 4308
Olean, NY 14760
(716) 373-8040

Cattaraugus County Department of Community
Services
Salamanca Counseling Center
117 1/2 Main Street
Salamanca, NY 14779
(716) 945-5211

2016-2018 Olean General Hospital and Appendix A-Community and Hospital Resource Directory

Cattaraugus County Office for the Aging
1 Leo Moss Drive
Suite 7610
Olean, New York 14760
(716) 373-8032
1-800-462-2901 (if calling from outside the Olean
and Salamanca calling areas)

Council on Addiction Recovery Services
Shelter Plus Care
201 South Union Street
Olean, NY 14760
(716) 373-4303

Epilepsy Association of WNY
Individual and Family Support
25 Jefferson Street
Salamanca, NY 14779
(716) 498-4396

The ReHAbilitation Center
3799 South Nine Mile Road
Allegany, NY 14706
Services: (716) 701-1135
Main Office: (716) 375-4747

Children, Youth and Family Services

Boy Scouts of America
Allegheny Highlands Council
50 Hough Hill Road
Falconer, NY 14733
(716) 665-BOYS (2697)

Cattaraugus County Department of Community
Services
North County Counseling Center
9824 Route 16
Machias, NY 14101
(716) 353-8241

Cattaraugus County Department of Community
Services
Olean Counseling Center
1 Leo Moss Drive
Suite 4308
Olean, NY 14760
(716) 373-8040

Cattaraugus County Department of Community
Services
Salamanca Counseling Center
117 1/2 Main Street
Salamanca, NY 14779.
(716) 945-5211

Cattaraugus County Department of Social Services
Child Protective Services
1 Leo Moss Drive
Olean, NY 14760
(716) 373-8010

Cattaraugus County Health Department
1 Leo Moss Drive
Olean, NY 14760
(800) 251-2584

Girl Scouts of America of Western New York
Jamestown Service Center
2661 Horton Road
Jamestown, NY 14701
(716) 935-6040

2016-2018 Olean General Hospital and
Appendix A-Community and Hospital Resource Directory

Cattaraugus County Youth Bureau

207 Rock City Street
Little Valley, NY 14755

Main: (716) 938-2601

Hotline for Runaway & Homeless Youth:
(716) 375-0340

Children with Special Needs-Preschool Program:
(716) 938-2618

Youth Court: (716) 938-2617

Center for Family Unity

4039 Route 219

Suite 205

Salamanca, NY 14779

(716) 945-6401

City of Olean Youth Bureau

Division of Youth & Recreation

101 East State Street

Olean, NY 14760

(716) 376-5698

Head Start and Early Head Start Administrative
Offices

101 South 19th Street

Olean, NY 14760

(716) 373-2447

Olean General Hospital

Childbirth Education Classes

515 Main Street

Olean, NY 14760

(716) 375-6330

Olean Head Start & Olean School District

Collaboration Centers – Even Start & UPK

East View Elementary School

690 East Spring Street

Olean, New York 14760-3541

(716)375-8920

Olean Head Start & Olean School District

Collaboration Centers – Even Start & UPK

Washington West Elementary School

1626 Washington Street

Olean, NY 14760-1935

(716) 375-8960

Olean Head Start Center

Olean UPK & Hinsdale UPK

210 East Elm Street

Olean, NY 14760-1325

(716) 372-5959

Olean Medical Group

535 Main Street

Suite 1

Olean, NY 14760

(716) 372-0141

Olean YMCA

1101 Wayne Street

Olean, NY 14760

(716) 373-2400

Parent Education Program

234 North Union Street

Olean, NY 14760

(716) 372-8624

Salamanca Head Start Center

79 River Street

Salamanca, NY 14779-1137

(716) 945-5281

Salamanca Youth Bureau

36 South Avenue

Salamanca, NY 14779

(716) 945-1311

2016-2018 Olean General Hospital and
Appendix A-Community and Hospital Resource Directory

United Way of Cattaraugus County
807 West State Street
Olean, NY 14760
(716) 372-3620

Women, Infants and Children (WIC)
1 Leo Moss Drive
Olean, NY 14760
(716) 373-8057

Counseling

AVOW - Aid To Victims or Witnesses Program
25 Jefferson Street
Salamanca, NY 14779
(888) 945-3970

Catholic Charities
2636 West State Street
Suite 301
Olean, NY 14760
(716) 372-0101

Catholic Charities of Buffalo
Franklinville Site
Olean Hospital Medical Building
86 Main Street
Franklinville, NY 14737
(585) 492-0407

Cattaraugus County Department of Community
Services
Foundations for Change
Personalized Recovery Oriented Services
203 Laurens Street
Olean, NY 14760
(716) 373-8080

Cattaraugus County Department of Community
Services
North County Counseling Center
9824 Route 16
Machias, NY 14101
(716) 353-8241

Cattaraugus County Department of Community
Services
Olean Counseling Center
1 Leo Moss Drive
Suite 4308
Olean, NY 14760
(716) 373-8040

Cattaraugus County Department of Community
Services
Salamanca Counseling Center
117 1/2 Main Street
Salamanca, NY 14779.
(716) 945-5211

Council on Addiction Recovery Services, Inc.
201 South Union Street
Olean, NY 14760
(716) 373-4303 x509

Directions In Independent Living
Mental Health Peer Mentoring
512 West State Street
Olean, NY 14760
(716) 373-4602

Families First Counseling Services
Parent Education Program
234 North Union Street
Olean, NY 14760
(716) 372-8624

2016-2018 Olean General Hospital and Appendix A-Community and Hospital Resource Directory

Free Methodist Church of South Dayton
327 Pine Street
South Dayton, NY 14138
(716) 988-3232

Healthy Community Alliance
Rural Youth Counseling
1 School Street
Suite 100
Gowanda, NY 14070
(716) 532-1010

Universal Primary Care
135 North Union Street
Olean, NY 14760
(716) 375-7500

Dental Care

Aspen Dental
3018 NY-417
Olean, NY 14760
(585) 376-7331

Family Dental Wellness
2108 West State Street
Olean, NY 14760
(716) 373-1210

Olean General Hospital
Gundlah Dental Center
623 Main Street
Olean, NY 14760
(716) 375-7300

Olean General Hospital
Delevan Health and Dental Center
38 North Main Street
Delevan, NY 14042
(716) 707-7040

Robert Dowrey, DDS
40 West Main Street
Gowanda, NY 14070
(716) 532-4341

Valley View Dental
3065 Buffalo Road
Allegany, NY 14706
(716) 372-8400

Disabled Individual Services

Cattaraugus County Youth Bureau
Children with Special Needs-Preschool Program
200 Erie Street
Little Valley, NY 14755
(716) 938-2618

Directions in Independent Living
Mental Health Peer Mentoring
512 West State Street
Olean, NY 14760
(716) 373-4602

Interfaith Caregivers Inc.
34 North 4th Street
Allegany, NY 14706
(716) 372-6283

The ReHAbilitation Center
3799 South Nine Mile Road
Allegany, NY 14706
Services: (716) 701-1135
Main Office: (716) 375-4747

2016-2018 Olean General Hospital and Appendix A-Community and Hospital Resource Directory

Disaster and Emergency Relief Resources

American Red Cross, Olean Chapter
425 North Barry Street
Olean, NY
(716) 372-5800

American Red Cross, Western New York Chapter
786 Delaware Avenue
Buffalo, NY 14209
(716) 886-7500

Emergencies and Urgent Care Services

Cattaraugus County Department of Emergency
Services
303 Court Street
Little Valley, NY 14755
(716) 938-9111

Cattaraugus County 9-1-1
301 Court Street
Little Valley, NY 14755
911

Cattaraugus County Sheriff's Department
301 Court Street
Little Valley, NY 14755
(716) 938-9111

Gowanda Ambulance Service
10 Mill Street
Gowanda, New York
(716) 532-4884

TLC Health Network
Gowanda Urgent Care & Medical Center
334 Commercial Street
Gowanda, NY 14070
(716) 532-8100

Trans Am Ambulance Services
Headquarters
1658 Olean Portville Road
Olean, NY 14760
Dispatch: (716) 372-5871
Park Operations: (716) 372-6642
Billing: (716) 373-5007

Trans Am Ambulance Services
Operations
305 North 8th Street
Olean, NY 14760
Dispatch: (716) 372-5871
Park Operations: (716) 372-6642
Billing: (716) 373-5007

Emergency Assistance Programs

Gowanda Love, INC
26 West Main Street
Gowanda, NY 14070
(716) 532-3541

Salvation Army of Olean
502 North Union Street
Olean, NY 14760
(716) 373-5957

St. Vincent De Paul Society Store
441 North Union Street
Olean, NY 14760
(716) 373-0815

2016-2018 Olean General Hospital and
Appendix A-Community and Hospital Resource Directory

Food Pantries and Soup Kitchens

Catholic Charities of Buffalo
Franklinville Site
Olean Hospital Medical Building
86 Main Street
Franklinville, NY 14737
(585) 492-0407

Cattaraugus Community Action, Inc.
Nutrition Services
25 Jefferson Street
Salamanca, NY 14779
(716) 945-1041 x138
Creekside Chapel
2523 Five Mile Road
Allegany, NY 14706
(716) 372-0388

First Baptist Church of Franklinville
27 South Main Street
Franklinville, NY 14737
(716) 676-5262

Franklinville Food Pantry & Outreach
28 Park Square
Franklinville, NY 14737
(716) 676-3215

Free Methodist Church of South Dayton
327 Pine Street
South Dayton, NY 14138
(716) 988-3232

Gowanda Ministerial Association Food Pantry
64 East Main Street
Gowanda, NY 14070
(716) 532-6130

Hinsdale Ischua Food Pantry
3678 Main Street
Hinsdale, NY 14743
(716) 557-2449

Loaves and Fishes Southern Tier Food Pantry
753 Prospect Avenue
Olean, NY 14760
(716) 373-6800

Olean Food Pantry Inc.
8 Leo Moss Drive
Olean, NY 14760
(716) 372-4989

Portville Community Food Pantry
19 North Main Street
Portville, NY 14770
(716) 933-6426

Randolph Community Cupboard
Randolph Historical Building
28 Jamestown Street
Randolph, NY 14772
(716) 358-4848

Salvation Army of Olean
502 North Union Street
Olean, NY 14760
(716) 373-5957

Saving Grace Outreach
11 Washington Street
Cattaraugus, NY 14719
(716) 257-3077

2016-2018 Olean General Hospital and
Appendix A-Community and Hospital Resource Directory

St. Bonaventure Outreach Corp
95 East Main Street
Allegany, NY 14706
(716) 373-1330 x16

St. Bonaventure University Ministries
Warming House
164 North Union Street
Olean, NY 14760
(716) 372-2805

St. Vincent De Paul Society Store
441 North Union Street
Olean, NY 14760
(716) 373-0815

United Church of Ellicottville
53 Elizabeth Street
Ellicottville, NY 14731
(716) 699-4003

Health Insurance Resources

Healthy Community Alliance, Inc.
1 School Street
Suite 100
Gowanda, NY 14070
(716) 532-1010

NY State of Health - The Official Health Plan
Marketplace
(855) 355-5777

Southern Tier Health Care System Inc.
1 Blue Bird Square
Olean, NY 14760
(716) 372-0614

Health Services and Resources

AIDS Community Services of WNY
206 South Elmwood Avenue
Buffalo, NY 14201
(716) 847-2441

AIDS Community Services of WNY/Southern Tier
Services
111 West 2nd Street
3rd Floor
Jamestown, NY 14701
(716) 664-7855

AIDS Network of WNY
40 Gates Circle
Suite 100
Buffalo, NY 14209
(716) 882-7840

Alzheimer's Association Western New York
2805 Wehrle Drive
Suite 6
Williamsville, NY 14221
(800) 272-3900

American Cancer Society
101 John James Audubon Parkway
Amherst, NY 14228
(800) 227-2345

American Diabetes Association
Buffalo Office
4955 North Bailey Avenue
Suite 217
Amherst, NY 14226
(716) 835-0274

2016-2018 Olean General Hospital and
Appendix A-Community and Hospital Resource Directory

American Heart Association
20 Northpointe
Suite 130
Amherst, NY 14228
(716) 564-1100

American Lung Association
1595 Elmwood Avenue
Rochester, NY 14620
(585) 442-4260

Asthma Coalition of WNY
28 Parkside Drive
Ellicottville, NY 14731
(716) 699-2377

Cancer Services Program (CSP) of Allegany &
Cattaraugus Counties
24 Water Street
Room 201
Cuba, New York
(585) 593-4839
(800) 797-0581

Cattaraugus County Health Department
1 Leo Moss Drive
Olean, NY 14760
(716) 373-8050

Cornell Cooperative Extension
Cattaraugus County
28 Parkside Drive
Ellicottville, New York 14731
(716) 699-2377

Diabetes Self-Management Education
Olean General Hospital
515 Main Street
Olean, NY 14760
(716) 375-4127

Epilepsy Association of WNY
Individual and Family Support
25 Jefferson Street
Salamanca, NY 14779
(716) 498-4396

Healthy Community Alliance
1 School Street
Suite 100
Gowanda, NY 14070
(716) 532-1010

National Cancer Institute
Cancer Information Services
(800) 422-6237

Olean Medical Group
535 Main Street
Suite 1
Olean, NY 14760
(716) 372-0141

Southern Tier Cancer Care
328 West Delaware Avenue
Olean, New York
(716) 372-1046

Tri-County Crisis Pregnancy Center
17 South Water Street
Gowanda, New York
(716) 532-9738

Universal Primary Care
135 North Union Street
Olean, NY 14760
(716) 375-7500

2016-2018 Olean General Hospital and Appendix A-Community and Hospital Resource Directory

Women's Health of Western NY
130 South Union Street
Suite 7
Olean, NY 14760
(716) 372-2229

Women, Infants and Children (WIC)
1 Leo Moss Drive
Olean, NY 14760
(716) 373-8057

Home Care

Cattaraugus County Certified Home Health Agency
Cattaraugus County Health Department
1 Leo Moss Drive
Olean, NY 14760
69 Iroquois Drive
Salamanca, NY 14779
9824 Route 16
Machias, NY 14101
(716) 701-3613

HomeCare & Hospice
Administrative Headquarters
1225 West State Street
Olean, NY 14760
(716) 372-2106
(800) 719-7129

HomeCare & Hospice
Little Valley
211 Erie Street
Little Valley, NY 14755
(716) 938-6097
(800) 339-7014

HomeCare & Hospice
at Total Senior Care
519 North Union Street
Olean, NY 14760
(716) 379-8474
(866) 939-8613
Visiting Nurses Association of Western New York,
Inc.
2100 Wehrle Drive
Williamsville, NY 14221
(716) VNA-HOME
(716) 630-8000

Homeless Shelters

Cattaraugus Community Action, Inc.
Transitional Services
25 Jefferson Street
Salamanca, NY 14779
(716) 945-1041 x137

Genesis House of Olean Inc.
107 South Barry Street
P.O. Box 139
Olean, NY 14760
(716) 373-3354

Genesis House II
107 South Barry Street
PO Box 139
Olean, NY 14760
(716) 373-3354

Saving Grace Outreach
11 Washington Street
Cattaraugus, NY 14719
(716) 257-3077

2016-2018 Olean General Hospital and
Appendix A-Community and Hospital Resource Directory

Hospice

HomeCare & Hospice
Administrative Headquarters
1225 West State Street
Olean, NY 14760
(716) 372-2106
(800) 719-7129

HomeCare & Hospice
Little Valley
211 Erie Street
Little Valley, NY 14755
(716) 938-6097
(800) 339-7014

HomeCare & Hospice at Total Senior Care
519 North Union Street
Olean, NY 14760
(716) 379-8474
(866) 939-8613

Hospitals

Olean General Hospital
515 Main Street
Olean, New York 14760
(716) 373-2600

Hotline Numbers

AIDS Hotline for New York State
(800) 541-2437
Al-Anon Family Group Headquarters, Inc.
(757) 563-1600

Alcohol and Drug Abuse Hotline Cattaraugus
County Alcoholics Anonymous
(716) 372-4800

Alzheimer's Association
(800) 272-3900

American Cancer Society
800) 227-2345

American Lung Association
(800) 548-8252

Autism Society
(800) 328.8476

Child Abuse Hotline in NYS
(800) 342-3720
TDD/TTY (800-638-5163)

Child Abuse Hotline Nationwide
(800) 422-4453

Cocaine Helpline
(800) 262-2463

National Alcoholism and Substance Abuse
Information Center
(800) 784-6776

National Domestic Violence Hotline
(800) 799-7233
TTY: (800)787-3224

National Runaway Safeline
(800) 786-2929

National Suicide Prevention Hotline
(800) 273-8255

National Teen Dating Abuse Hotline
(866) 331-9474

2016-2018 Olean General Hospital and Appendix A-Community and Hospital Resource Directory

National Poison Control
(800) 222-1222

Poison Control (Local)
(716) 878-7654

Rape, Abuse & Incest National Network
(800) 656-4673

Rape Crisis and Domestic Violence 24-Hour Hotline
(888) 945-3970

Substance Abuse and Mental Health Services
Administration National Helpline
(800) 662-4357
Vet2Vet Veteran's Crisis Line
(877) 838-2838

Veterans Crisis Line
(800) 273-8255 and Press 1

Housing Assistance

Cattaraugus Community Action, Inc.
25 Jefferson Street
Salamanca, New York 14779
(716) 945-1041

Olean Housing Authority
132 North Union Street
Suite 118
Olean, NY 14760
(716) 372-8262

Legal Aid

Cattaraugus County Department of the Aging
1 Leo Moss Drive
Suite 7610
Olean, NY 14760
(716) 373-8032

LawNY-Legal Assistance of Western New York, Inc.
103 South Barry Street
Olean, NY 14760
(716) 373-4701

Medical Clinics and Urgent Care

Olean General Hospital
Delevan Health and Dental Center
38 North Main Street
Delevan, NY 14042
(716) 707-7040

Olean General Hospital
Holiday Park Health Center
2626 West State Street
Suite 2666
Olean, NY 14760
For Appointments (716) 701-1700
For ENT and Allergy Appointments (716) 373-6757

Olean General Hospital
Salamanca Health Center
4039 Route 219
Suite 101
Salamanca, N.Y. 14779
(716) 945-0361

2016-2018 Olean General Hospital and Appendix A-Community and Hospital Resource Directory

TLC Health Network
Gowanda Urgent Care & Medical Center
334 Commercial Street
Gowanda, NY 14070
(716) 532-8100

Universal Primary Care
135 North Union Street
Olean, NY 14760
(716) 375-7500

Non-Emergency Medical Transportation Services

Interfaith Caregivers Inc.
34 North 4th Street
Allegany, NY 14706
(716) 372-6283

Gowanda Love, INC
26 West Main Street
Gowanda, NY 14070
(716) 532-3541

Cattaraugus County Department of Social Services
Medical Answering Service
Medicaid Transportation
(866) 371-4751

Nursing Homes

The Pines-Machias Campus
9822 Route 16
Machias, NY 14101
(716) 353-8516

The Pines – Olean Campus
2245 W. State Street
Olean, NY 14760
(716) 373-1910

Respite Care

Interfaith Caregivers Inc.
34 North 4th Street
Allegany, NY 14706
(716) 372-6283

The Rehabilitation Center
Residential Services Program
1439 Buffalo Street
Olean, NY 14760
(716) 701-1135

Senior Services

Academy Place Apartments
Cattaraugus Community Action, Inc.
1 School Street
Gowanda, NY 14070
(716) 945-1041 x129

Cattaraugus County Office for the Aging
1 Leo Moss Drive
Suite 7610
Olean, New York 14760
(716) 373-8032
1-800-462-2901 (if calling from outside the Olean
and Salamanca calling areas)

Interfaith Caregivers Inc.
34 North 4th Street
Allegany, NY 14706
(716) 372-6283

2016-2018 Olean General Hospital and Appendix A-Community and Hospital Resource Directory

John J. Ash Community Center
112 North Barry Street
Olean, NY 14760
(716) 376-5670

Linwood Adult Day Care Center
80 North 4th Street
Allegany, NY 14706
(716) 372-8287

United Church Homes Inc.
301 West Henley Street
Olean, NY 14760
(716) 373-9200

Senior Congregate and Home Delivered Meal Sites

Allegany-Limestone Nutrition Site
80 North 4th Street
1st Floor
Allegany, New York 14706
(716) 373-6376

Cattaraugus Nutrition Site
Senior Citizen Center
South Street
Cattaraugus, NY 14719
(716) 257-3035

Delevan Nutrition Site
78 South Main Street
Delevan, NY 14042
(716) 492-2543

Franklin Nutrition Site
The Presbyterian Church of Franklinville
25 South Main Street
Franklinville, New York 14737
(716) 676-3993

Gowanda Nutrition Site
Academy Place
1 School Street
Gowanda, New York 14070
(716) 532-5598

Little Valley Nutrition Site
Municipal Building
103 Rock City Street
Little Valley, New York 14755
(716) 938-6066

Olean Nutrition Site
John J. Ash Community Center
112 North Barry Street
Olean, New York 14760
(716) 372-3602

Portville Nutrition Site
Masonic Temple
14 Temple Drive
Portville, NY 14770
(716) 933-7080

Randolph Nutrition Site
Municipal Building
72 Main Street
Randolph, New York 14772
(716) 358-5656

South Dayton Nutrition Site
Free Methodist Church
327 Pine Street
South Dayton, New York 14138
(716) 988-5037

2016-2018 Olean General Hospital and Appendix A-Community and Hospital Resource Directory

West Valley Nutrition Site
St. Paul's United Methodist Church
9370 Route 240
West Valley, New York 14171
(716) 942-6695

Services for the Seneca Nation

Allegheny Regional Development Corporation
100 Main Street
Suite 11
Salamanca, NY 14779
(716) 945-4100

SNI Allegheny Community Center
3677 Administration Drive
Salamanca, NY 14779
(716) 945-8119

Allegheny Tribal Advocate
262 Broad Street
Salamanca, NY 14779
(716) 945-2655 x7901

Seneca Nation Health System
Lionel R. John Health Center
987 R.C. Hoag Drive
Salamanca, NY 14779
(716) 945-5894

SNI Area Office for the Aging
44 Seneca Street
Salamanca, NY 14779
(716) 945-1790

SNI Clerk's Office
Allegheny
90 Ohiyo Way
Salamanca, NY 14779
(716) 945-1790

SNI Department of Education
Allegheny
90 Ohiyo Way
Salamanca, NY 14779
(716) 945-1790

SNI Disability Services
Allegheny
90 Ohiyo Way
Salamanca, NY 14779
(716) 945-1790, ext. 5151

Seneca Strong
(716) 945-1790

Seneca Nation Library
Allegheny Branch
830 Broad Street Extension
Salamanca, NY 14779
(716) 945-3157

Transportation

Gowanda Love, INC
26 West Main Street
Gowanda, NY 14070
(716) 532-3541

Olean Area Transit System (OATS)
101 East State Street
Olean, NY 14760
(716) 373-2223

2016-2018 Olean General Hospital and
Appendix A-Community and Hospital Resource Directory

Veteran's Services

Cattaraugus County Veterans' Service Agency
1 Leo Moss Drive
Suite 6510
Olean, NY 14760
(716) 701-3298

Suicide Prevention Lifeline
(800) 273-8255
Press 1 for Veterans

VA Outpatient Clinic
465 North Union Street
Olean, NY 14760
(716) 373-7709

Women's Health

Cattaraugus County Health Department
Reproductive Health Clinic
1 Leo Moss Drive
Olean, NY 14760
(716) 701-3439
69 Iroquois Drive
Salamanca, NY 14779
(716)945-1246
9824 Route 16
Machias, NY 14101
(716)353-8525

Olean General Hospital
Salamanca Health Center
4039 Route 219
Suite 101
Salamanca, N.Y. 14779
(716) 945-0361

Olean Medical Group
535 Main Street
Suite 1
Olean, NY 14760
(716) 372-0141

Universal Primary Care
135 North Union Street
Olean, NY 14760
(716) 375-7500

Women's Health of Western NY
130 South Union Street
Suite 7
Olean, NY 14760
(716) 372-2229

2016-2018 Olean General Hospital and
Appendix A-Community and Hospital Resource Directory

Hospital Resource Listing

Behavioral Health

Olean General Hospital
515 Main Street
Olean, NY 14760
(716) 373-2600

Cancer Center

Medical Oncology and Hematology
Barry Street Health Center
528 North Barry Street
Olean, NY 14760
(716) 543-3255

Cardiac Rehabilitation

Ann Cheladyn Boser Cardiac Rehabilitation Center
Olean General Hospital
515 Main Street
Olean, NY 14760
(716) 375-6224

Cardiopulmonary Department

Olean General Hospital
515 Main Street
Olean, New York 14760
(716) 373-2600

Dental Services

Delevan Dental Center
38 North Main Street
Delevan, NY 14042
(716) 707-7040

Gundlah Dental Center
623 Main Street
Olean, NY 14760
(716) 375-7300

Diabetes Education

Olean General Hospital
515 Main Street
Olean, NY 14760
(716) 375-4127

Diagnostic Imaging

Olean General Hospital
515 Main Street
Olean, NY 14760
(716) 373-2600

Dialysis

Marie Lorenz Dialysis Center
Olean General Hospital
515 Main Street
Olean, NY 14760
(716) 373-2600

2016-2018 Olean General Hospital and
Appendix A-Community and Hospital Resource Directory

Digestive Disease Center

Olean General Hospital
515 Main Street
Olean, NY 14760
(716) 373-2600

Emergency Medicine

Emergency Department
Olean General Hospital
515 Main Street
Olean, NY 14760
(716) 373-2600

Chest Pain Center
Olean General Hospital
515 Main Street
Olean, NY 14760
(716) 375-7035

The Heart Program

Interventional Cardiac Catheterization
Olean General Hospital
515 Main Street
Olean, NY 14760
(716) 375-6200

Holiday Park Health Center

2626 West State Street
Suite 2666
Olean, NY 14760
For Appointments (716) 701-1700
For ENT and Allergy Appointments (716) 373-6757

Hyperbaric Oxygen Therapy

Center for Wound Healing and Hyperbaric
Medicine
623 Main Street
Olean, NY 14760
(716) 375-7577

Intensive Care Unit

Olean General Hospital
515 Main Street
Olean, NY 14760
(716) 375-6200

Laboratory

Olean General Hospital
OGH Main Laboratory
Located within OGH on the 1st floor
515 Main Street
Olean, NY 14760
(716) 375-6046

OGH Laboratory West-End
Located within the Medical Arts Building
2223 West State Street
Suite 105
Olean, NY 14760
(716) 372-2678

Salamanca Health Center
Southern Tier West Center for Regional Excellence
4039 Route 219
Salamanca, NY 14779
(716) 945-0989

2016-2018 Olean General Hospital and Appendix A-Community and Hospital Resource Directory

Olean General Hospital Patient Service Center
Franklinville
86 South Main Street
Franklinville, NY 14737
(716) 676-5080

Nutrition

Olean General Hospital
515 Main Street
Olean, NY 14760
(716) 375-6297

Obstetrics and Gynecology Department

Olean General Hospital
515 Main Street
Olean, NY 14760
(716) 375-6200

Occupational Wellness Center

901 Wayne Street
Olean, NY 14760
(716) 375-7495

Orthopedic Surgery and Sports Medicine

Olean General Hospital
515 Main Street
Olean, NY 14760
(716) 701-1510

Outpatient Surgery Center

Mildred Milliman Outpatient Surgery Center
500 Main Street
Olean, NY 14760
(716) 701-1530

Pain Medicine Center

Pain Medicine Center
Located inside the Mildred Milliman Outpatient
Surgery Center
500 Main Street
Olean, NY 14760
(716) 701-1530

Pastoral Care

Olean General Hospital
515 Main Street
Olean, NY 14760
(716) 373-2600

Pediatrics

Olean General Hospital
515 Main Street
Olean, NY 14760
(716) 373-2600

Rehabilitation

Outpatient Rehabilitation
Olean General Hospital
515 Main Street
Olean, NY 14760
(716) 375-7485.

Sub-Acute Inpatient Rehabilitation
Olean General Hospital
515 Main Street
Olean, NY 14760
(716) 375-4126

2016-2018 Olean General Hospital and
Appendix A-Community and Hospital Resource Directory

Salamanca Health Center

4039 Route 219
Suite 101
Salamanca, NY 14779
Appointments: (716) 945-0361
Laboratory or X-ray: (716) 945-0989

Sleep Disorders Center

Olean General Hospital
500 Main Street
Olean, NY 14760
(716) 373-9300

Surgical Services

Olean General Hospital
515 Main Street
Olean, NY 14760
For questions about an upcoming surgery call the
OGH Patient Educator: (716) 375-6134

Wound Care

Center for Wound Healing and Hyperbaric
Medicine
623 Main Street
Olean, NY 14760
(716) 375-7577

Appendix B

Cattaraugus County Health Department Community Health Survey

2016-2018 Olean General Hospital and Appendix B-Cattaraugus County Health Department Community Health Survey

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2016-2018 Olean General Hospital and
Appendix B-Cattaraugus County Health Department Community Health Survey

How do you pay for your Health Care? (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> No insurance | <input type="checkbox"/> Medicaid and/or Medicare | <input type="checkbox"/> Indian Health Services |
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Vets | <input type="checkbox"/> Other |

How would you rate your Personal Health?

- | | | | | |
|------------------------------------|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
|------------------------------------|------------------------------------|-------------------------------|-------------------------------|-------------------------------|

How would you rate the Health of Cattaraugus County?

- | | | | | |
|------------------------------------|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
|------------------------------------|------------------------------------|-------------------------------|-------------------------------|-------------------------------|

What do you think are the Top 3 Health Needs in Cattaraugus County?

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Access to fresh fruits and vegetables | <input type="checkbox"/> (Hepatitis, TB, etc.) | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Tobacco | <input type="checkbox"/> Dental | <input type="checkbox"/> Respiratory/Lung Disease | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Other Drugs (Heroin, Marijuana, Cocaine, prescription, etc.) | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Teen Pregnancy | <input type="checkbox"/> Firearm-related injuries |
| <input type="checkbox"/> Aging Issues | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> STIs (Sexually transmitted infections) | <input type="checkbox"/> Lack of local medical providers and/or specialists |
| <input type="checkbox"/> Overweight/Obesity | <input type="checkbox"/> Stroke | <input type="checkbox"/> HIV/ AIDS | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cancer | <input type="checkbox"/> Mental Health | |
| | <input type="checkbox"/> Infectious Diseases | | |

What can the community do to address or correct these needs? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Education/ Counseling/ Support Groups | <input type="checkbox"/> Provide safe places to walk, bike, or exercise/ shared use agreements |
| <input type="checkbox"/> Low Cost or No Cost Screenings (Blood Pressure, Cancer, Diabetic, etc.) | <input type="checkbox"/> Ask YOU for ideas to make a healthier community |
| <input type="checkbox"/> Provide community events for families at low or no cost | <input type="checkbox"/> Heroin/ Opiate Task Force Forums |

What barriers are you or your family facing related to health care? (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Time off from work | <input type="checkbox"/> Local specialist | <input type="checkbox"/> Cost of medications |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Insurance | <input type="checkbox"/> Language other than English |
| <input type="checkbox"/> Local medical provider | <input type="checkbox"/> Co-pay costs | |

❖ Please see Back Side of page for Demographic Questions

2016-2018 Olean General Hospital and Appendix B-Cattaraugus County Health Department Community Health Survey

- Male Other
- Female

_____ Home Zip Code

Age:

- 25 or less
- 26-39
- 40-54
- 55-64
- 65 or over

Education:

- Less than High School
- High School Diploma or GED
- College Degree

Ethnic Group:

- White/Caucasian
- Native American
- Hispanic/ Latino
- Asian/ Pacific Islander
- African American/ Black

Household Income:

- Less than \$20,000
- \$20,000 – \$29,999
- \$30,000 - \$49,999
- Over \$50,000

Marital Status:

- Not married/ single
- Widow/ Widower
- Divorced
- Married or co-habiting

The Cattaraugus County Health Department thanks you for your assistance as we gather information from residents that will assist in completion of our Community Health Assessment!

Appendix C

Cattaraugus County CSP/CHA/CHIP Survey

2016-2018 Olean General Hospital and
Appendix C-Cattaraugus County CPS/CHA/CHIP Survey

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2016-2018 Olean General Hospital and
Appendix C-Cattaraugus County CPS/CHA/CHIP Survey

Community Health Needs Assessment 2016

Olean General Hospital and the Cattaraugus County Health Department are interested in learning about the health of the residents in Cattaraugus Counties. Your input in this process is very important. We are asking that you complete this survey that will help us to identify the needs of our community so that we can work together to address those needs. The survey should take approximately 5-10 minutes to complete, and we ask that you please complete by Friday, October 7, 2016.

Your responses are important and will provide us with information that will allow us to identify the most pressing needs of our community so that we might all work together to address those needs. Please note that your responses are completely anonymous. If you have questions regarding the survey, or need assistance completing this survey please contact Jacqui or Kathy at 1-866-480-8003.

To thank you for your participation you will be entered into a drawing for a chance to win one of two \$50 Chamber Gift Cards. Upon completion of the survey, you will be directed to a separate page to input your contact information for a chance to win one of these prizes.

Thank you for your participation!

1. How would you rate your (personal) overall health?
 - Excellent
 - Very Good
 - Good
 - Fair
 - Poor

2. Overall, how would you rate the health status of your community?
 - Excellent
 - Very Good
 - Good
 - Fair
 - Poor

3. What is your gender?
 - Male
 - Female

4. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, aerobics, golf, gardening, or walking for exercise?
 - Yes
 - No
 - Don't Know

5. Do you exercise regularly?
 - Yes
 - No (skip to question 8)

2016-2018 Olean General Hospital and
Appendix C-Cattaraugus County CPS/CHA/CHIP Survey

6. How often do you exercise?
Times Per Week _____
Time Per Month _____
7. How long do you typically exercise for?
 1 to 59 minutes
 60 to 90 minutes
 More than 90 minutes
 Don't Know
8. Do you have a regular health care provider?
 Yes (Skip to question 10)
 No
 Don't Know (Skip to question 10)
9. If you do not have or use a regular health care provider, please tell us why:

10. Do you have any kind of medical insurance coverage, including health insurance, prepaid plans such as HMO's or government plans such as Medicare?
 Yes
 No
 Don't Know
11. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?
 Yes
 No
 Don't Know
12. Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? (Note: snus [Swedish for snuff] is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum)
 Every day
 Some days
 Not at all
13. Do you currently smoke?
 Yes
 No (Skip to question 15)
14. Please enter the number of cigarettes smoked per day: _____

2016-2018 Olean General Hospital and
Appendix C-Cattaraugus County CPS/CHA/CHIP Survey

15. Have you ever been told by a doctor, nurse, or other health care professional that you have high blood pressure?

- Yes
- Yes, but only during pregnancy
- No
- Told borderline or pre-hypersensitive
- Don't Know

16. Have you ever been told by a doctor that you have diabetes?

- Yes
- Yes, but only during pregnancy
- No
- No, pre-diabetes or borderline diabetes
- Don't Know

17. About how long has it been since you last had your blood pressure checked by a doctor, nurse, or other health care provider?

- Less than 6 months
- 6 months to less than 12 months
- 12 months to less than 2 years
- 2 years to less than 5 years
- 5 years or more
- Never

18. About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a physical exam, not an exam for a specific injury, illness, or condition.

- Less than 6 months
- 6 months to less than 12 months
- 12 months to less than 2 years
- 2 years to less than 5 years
- 5 years or more
- Never

19. About how long has it been since you last visited a dentist or dental clinic for any reason? (Include visits to specialists, such as orthodontists)

- Less than 6 months
- 6 months to less than 12 months
- 12 months to less than 2 years
- 2 years to less than 5 years
- 5 years or more
- Never

2016-2018 Olean General Hospital and
Appendix C-Cattaraugus County CPS/CHA/CHIP Survey

20. About how long has it been since you last had your cholesterol checked?
- Less than 6 months
 - 6 months to less than 12 months
 - 12 months to less than 2 years
 - 2 years to less than 5 years
 - 5 years or more
 - Never
21. **FEMALES ONLY:** How long has it been since your last Pap test?
- Less than 6 months
 - 6 to less than 12 months
 - 12 months to less than 2 years
 - 2 years to less than 5 years
 - 5 years or more
 - Never had one
22. **FEMALES ONLY:** How long has it been since your last mammogram?
- Less than 6 months
 - 6 to less than 12 months
 - 12 months to less than 2 years
 - 2 years to less than 5 years
 - 5 years or more
 - Never had one
23. **MALES ONLY:** A prostate-specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. How long has it been since your last PSA test?
- Less than 6 months
 - 6 to less than 12 months
 - 12 months to less than 2 years
 - 2 years to less than 5 years
 - 5 years or more
 - Never had one
24. During the past month, not counting juice, how many times per day, week, or month did you eat fruit? (Count fresh, frozen or canned fruit)
- Day _____
Week _____
Month _____
25. During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or leafy greens including romaine, chard, collard greens, or spinach?
- Day _____
Week _____
Month _____

2016-2018 Olean General Hospital and
 Appendix C-Cattaraugus County CPS/CHA/CHIP Survey

26. **FEMALES ONLY:** Considering all types of alcoholic beverages, how many times in the last 30 days have you had 4 or more drinks on the same occasion (at the same time or within a couple of hours of each other)? _____
27. **MALES ONLY:** Considering all types of alcoholic beverages, how many times in the last 30 days have you had 5 or more on the same occasion (at the same time or within a couple of hours of each other)? _____
28. In the last 30 days, what is the largest number of drinks that you have had on any one occasion?

29. Over the past two weeks, how often have you been bothered by little interest or pleasure in doing things?
- Not at all
 - Several days
 - More than half the days
 - Nearly every day
30. Over the past two weeks, how often have you been bothered by feeling down, depressed, or hopeless?
- Not at all
 - Several days
 - More than half the days
 - Nearly every day
31. Over the past two weeks, how often have you had trouble falling asleep or staying asleep or sleeping too much?
- Not at all
 - Several days
 - More than half the days
 - Nearly every day
32. About how much do you weigh without shoes? _____
33. About how tall are you without shoes?
 Feet _____
 Inches _____

Social and Environmental Issues

34. Have the following directly affected you or your family in the last 24 months?

	Very Serious Affect	Serious Affect	Somewhat of an Affect	Small Affect	No Affect
Affordable and Adequate Housing	<input type="checkbox"/>				
Homelessness	<input type="checkbox"/>				
Employment Opportunities/ Lack of Jobs	<input type="checkbox"/>				

2016-2018 Olean General Hospital and
 Appendix C-Cattaraugus County CPS/CHA/CHIP Survey

Poverty	<input type="checkbox"/>				
Lack of Recreational Opportunities	<input type="checkbox"/>				
Lack of Safe Roads and Sidewalks	<input type="checkbox"/>				
Lack of Early Childhood Development/Child Care	<input type="checkbox"/>				
Access to High Quality Affordable Healthy Foods	<input type="checkbox"/>				

Behaviors

35. Have the following directly affected you or your family in the last 24 months?

	Very Serious Affect	Serious Affect	Somewhat of an Affect	Small Affect	No Affect
Alcohol Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription Drug Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illegal Drug Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delinquency/Youth Crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Physical Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Emotional Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gun Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of Exercise/Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Behaviors (unprotected, irresponsible/risky)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teenage Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco Use in Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving Under the Influence of Drugs or Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Texting and Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle Crash Deaths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2016-2018 Olean General Hospital and
 Appendix C-Cattaraugus County CPS/CHA/CHIP Survey

Access

36. Have the following directly affected you or your family in the last 24 months? (Consider things like coverage under your health benefit plan, cost of service, location, transportation, knowledge of providers, etc...)

	Very Serious Affect	Serious Affect	Somewhat of an Affect	Small Affect	No Affect
Access to Insurance Coverage	<input type="checkbox"/>				
Access to Adult Immunizations	<input type="checkbox"/>				
Access to Childhood Immunizations	<input type="checkbox"/>				
Access to General Health Screenings (including blood pressure, cholesterol, colorectal cancer and diabetes)	<input type="checkbox"/>				
Access to Mental Health Care Services	<input type="checkbox"/>				
Access to Prenatal Care	<input type="checkbox"/>				
Access to Transportation to Medical Care Providers and Services	<input type="checkbox"/>				
Access to Women's Health Services	<input type="checkbox"/>				
Access to Primary Medical Care Providers	<input type="checkbox"/>				
Availability of Specialists/Specialty Medical Care	<input type="checkbox"/>				
Access to Affordable Health Care (related to copays and deductibles)	<input type="checkbox"/>				
Access to Dementia Care Services	<input type="checkbox"/>				
Access to Dental Care	<input type="checkbox"/>				
Access to Men's Shelter in the Area	<input type="checkbox"/>				

37. Was there a time in the past 12 months when you experienced any of the following:

	Yes	No	Don't Know
Could not fill a prescription due to cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Could not seek medical treatment because of cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Could not get health care services because of lack of transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. What other things kept you from receiving the health care you needed in the past 12 months?

2016-2018 Olean General Hospital and
Appendix C-Cattaraugus County CPS/CHA/CHIP Survey

Health Problems

39. Have the following directly affected you or your family in the last 24 months?

	Very Serious Affect	Serious Affect	Somewhat of an Affect	Small Affect	No Affect
Asthma/COPD related issues	<input type="checkbox"/>				
Cancer	<input type="checkbox"/>				
Diabetes	<input type="checkbox"/>				
Influenza and Pneumonia	<input type="checkbox"/>				
Heart Disease	<input type="checkbox"/>				
Obesity and Overweight	<input type="checkbox"/>				
Childhood Obesity	<input type="checkbox"/>				
Cardiovascular Disease and Stroke	<input type="checkbox"/>				
High Cholesterol	<input type="checkbox"/>				
Hypertension/High Blood Pressure	<input type="checkbox"/>				
Dental Hygiene/Dental Problems	<input type="checkbox"/>				
Allergies	<input type="checkbox"/>				
Chronic Depression	<input type="checkbox"/>				

40. What do you feel are the top three health problems in the county you live in? (For Example: Cancer, Diabetes, Obesity, Etc...) Your response does not need to be limited to the topics previously listed.

Problem 1 _____

Problem 2 _____

Problem 3 _____

41. What do you feel are the top three social or environmental problems in the county you live in? (For Example: High Rates of Drug Use, Poor Weather Conditions, Lack of Jobs, Etc...) Your response does not need to be limited to the topics previously listed.

Problem 1 _____

Problem 2 _____

Problem 3 _____

2016-2018 Olean General Hospital and
Appendix C-Cattaraugus County CPS/CHA/CHIP Survey

42. What additional health care services would you like in the area?

The following are for statistical purposes only:

43. What is the zip code where you currently live?

- | | |
|--|--|
| <input type="checkbox"/> 14706, Allegany | <input type="checkbox"/> 14743, Ischua |
| <input type="checkbox"/> 14719, Cattaraugus | <input type="checkbox"/> 14760, Knapp Creek |
| <input type="checkbox"/> 14726, Conewango Valley | <input type="checkbox"/> 14753, Limestone |
| <input type="checkbox"/> 14041, Dayton | <input type="checkbox"/> 14755, Little Valley |
| <input type="checkbox"/> 14042, Delevan | <input type="checkbox"/> 14760, Olean |
| <input type="checkbox"/> 14729, East Otto | <input type="checkbox"/> 14766, Otto |
| <input type="checkbox"/> 14731, Ellicottville | <input type="checkbox"/> 14770, Portville |
| <input type="checkbox"/> 14060, Farmersville | <input type="checkbox"/> 14772, Randolph |
| <input type="checkbox"/> 14737, Franklinville | <input type="checkbox"/> 14778 St. Bonaventure |
| <input type="checkbox"/> 14065, Freedom | <input type="checkbox"/> 14779, Salamanca |
| <input type="checkbox"/> 14070, Gowanda | <input type="checkbox"/> 14138, South Dayton |
| <input type="checkbox"/> 14741, Great Valley | <input type="checkbox"/> 14783, Steamburg |
| <input type="checkbox"/> 14743, Hinsdale | <input type="checkbox"/> 14171, West Valley |
| <input type="checkbox"/> 14741, Humphrey | <input type="checkbox"/> 14173, Yorkshire |
| <input type="checkbox"/> Other, Please Specify _____ | |

44. How many children under the age of 18 live in your household? _____

45. Which one or more of the following would you say is your race? CHECK ALL THAT APPLY

- Caucasian/White
- Black or African American
- Asian
- Native Hawaiian or other Pacific Islander
- Native American
- Alaska Native
- Other
- Don't Know

46. Are you Hispanic or Latino?

- Yes
- No
- Don't Know

2016-2018 Olean General Hospital and
Appendix C-Cattaraugus County CPS/CHA/CHIP Survey

47. What is the highest grade or year of school you completed?
- Less than 9th Grade
 - Some High School, No Diploma
 - High School Graduate (or GED)
 - Some College, No Degree
 - Associate Degree
 - Bachelor's Degree
 - Master's Degree
 - Professional School Degree
 - Doctorate Degree
48. What is your annual household income?
- Less than \$15,000
 - \$15,000 to less than \$25,000
 - \$25,000 to less than \$50,000
 - \$50,000 to less than \$75,000
 - \$75,000 or more
49. What is your marital status?
- Single, Never Married
 - Married
 - Divorced
 - Widowed
 - Separated
 - Member of an unmarried couple
50. What is your employment status?
- Currently employed for wages
 - Self-employed
 - Out of work for less than one year
 - Out of work for more than one year
 - Homemaker
 - Student
 - Retired
 - Unable to work
 - Other, Please Specify _____
51. If you are currently employed how many minutes do you travel for work one way?
- Less than 15 minutes
 - 15 to 29 minutes
 - 30 to 44 minutes
 - 45 to 59 minutes
 - 1 to 2 hours
 - 2 hours or more

2016-2018 Olean General Hospital and
Appendix C-Cattaraugus County CPS/CHA/CHIP Survey

52. What is your age?
- 18-24
 - 25-34
 - 35-44
 - 45-54
 - 55-64
 - 65-74
 - 75 and older

Thank you very much for your time and input!

2016-2018 Olean General Hospital and Appendix D-Stakeholder Interview Guide

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Appendix D

Stakeholder Interview Guide

2016-2018 Olean General Hospital and Appendix D-Stakeholder Interview Guide

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Stakeholder Interview Guide

Thank you for taking the time to talk with us to support the Cattaraugus County Community Health Needs Assessment Process.

1. First of all, could you tell me a little bit about yourself and your background/ experience with community health related issues.

2. What, in your opinion, are the top 3 community health needs for Cattaraugus County?	3. What, in your opinion are the issues and the environmental factors that are driving these community health needs?
1.	
2.	
3.	
Others mentioned:	

4. Check to see if the area they were selected to represent is one of the top priorities identified above. If not mentioned, say....

Our records indicate that you were selected to participate in these individual interviews because you have specific background/experience/ knowledge regarding _____ . What do you feel are the key issues related to this topic area?

What, in your opinion are the issues and the environmental factors that are driving the needs in this topic area?

2016-2018 Olean General Hospital and
Appendix D-Stakeholder Interview Guide

5. **What activities/initiatives are currently underway in the community to address the needs within this topic area?**
6. **What more, in your opinion, still needs to be done in order to address this community health topic area.**
7. **What advice do you have for the project steering committee who is implementing this community health assessment process?**

Appendix E

Focus Group Topic Guide

2016-2018 Olean General Hospital and Appendix E-Focus Group Topic Guide

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Community Health Assessment



Focus Group Topic Guide

2016-2018 Olean General Hospital and Appendix E-Focus Group Topic Guide

Introduction

Hello, my name is _____ and we're going to be talking about community health. We are attempting to conduct a community health assessment by asking diverse members of the community to come together and talk to us about community health problems, services that are available in the community, barriers to people using those services, and what kinds of things that could or should be done to improve the health of the community.

Does anyone have any initial questions?

Let's get started with the discussion. As I stated earlier, we will be discussing different aspects of community health. First, I have a couple of requests. One is that you speak up and only one person speaks at a time.

The other thing is, please say exactly what you think. There are no right or wrong answers in this. We're just as interested in your concerns as well as your support for any of the ideas that are brought up, so feel free to express your true opinions, even if you disagree with an idea that is being discussed.

I would also ask that you do some self-monitoring. If you have a tendency to be quiet, force yourself to speak and participate. If you like to talk, please offer everyone a chance to participate. Also, please don't be offended if I think you are going on too long about a topic and ask to keep the discussion moving. At the end, we will vote on each of the topic areas brought up and rank them according to how important they are to the health status of the community.

Also, we have an outline of the topics that we would like to discuss before the end of our meeting. If someone brings up an idea or topic that is part of our later questions, I may ask you to "hold that thought" until we get to that part of our discussion.

Now, to get started, perhaps it would be best to introduce ourselves. Let's go around the table one at a time and I'll start. Please tell your name, a current community initiative or project that you are currently involved in (or a community health issue that is important to you) and your favorite flavor of ice cream.

2016-2018 Olean General Hospital and
Appendix E-Focus Group Topic Guide

Overall Community Health Status

- A. Overall, how would you rate the health status of your community? Would you say, in general, that your community's health status is Excellent, Very Good, Good, Fair or Poor.

NOTE: If someone asks how we define community, ask, "How would you define it?"

- B. Why do you say that?
- C. Overall, how would you rate your personal health status? Would you say, in general, that your community's health status is Excellent, Very Good, Good, Fair or Poor.
- D. What are the things that you think are impacting the health of the community?
- E. Why do you say that?
- F. How do you think a person's individual health affects the health of the community? Do you think there's a link between individual health and the health of the community?
- G. Why do you say that?

Community Health Needs

- A. Based on your experience in your neighborhood and community, what do you think the single biggest community health need is?
- B. Why do you say that?
- C. What are some of the other problems that are impacting the health of the community?
- D. How much of a problem do you think each is in this community?

2016-2018 Olean General Hospital and Appendix E-Focus Group Topic Guide

Access to Services

- A. What solutions to these problems are currently available in the community? What are you aware of? Are you aware of community agencies and organizations who are working on these?
- B. To what extent do people use these services/solutions?
Why?
- C. What are the things/barriers that prevent people from using these services?
- D. Why do you say that?

Potential Solutions

- A. What should the community be doing to improve community health?
- B. How important is each of these to focus on over the next 3 years?
- C. Who do you think should take the lead on each?
- D. What advice would you give those of us who are working on this community assessment?

Appendix F

Focus Group Intercept Survey

2016-2018 Olean General Hospital and Appendix F-Focus Group Intercept Survey

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Focus Group Intercept Survey

1. **How would you rate the health of the community? Would you say it is Excellent, Very Good, Good, Fair or Poor?**
 - a. **Why do you say that?**

2. **How would you rate your personal health? Would you say it is Excellent, Very Good, Good, Fair or Poor?**
 - a. **Why do you say that?**

3. **What would you say are the top 3 health needs of the community? Why do you say that?**

4. **Based on the 3 needs you just listed, what, if anything, is the hospital/community doing to correct these needs?**

5. **What additional services are needed in the community that you feel are missing?**

6. **What, if any, barriers are you or your family experiencing related to health care?**