2019-2021
Olean General Hospital and Cattaraugus County Health Department Community Service Plan, Community Needs Assessment and Community Health Improvement Plan

Research support provided by:

Strategy solutions, inc.






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ACKNOWLEDGEMENTS

The 2019-2021 Cattaraugus County Community Service Plan (CSP) and Community Health Assessment and Community Health Improvement Plan (CHA-CHIP) were developed in partnership between Olean General Hospital (OGH), which is part of Upper Allegheny Health System (UAHS) and the Cattaraugus County Health Department (CCHD). Strategy Solutions, Inc. (SSI) was 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, ten (10) stakeholders were interviewed by Strategy Solutions, Inc. (SSI). SSI conducted a Community Health Survey with 669 surveys completed, and CCHD conducted a Community Health Survey with 227 surveys completed. Finally, information was gathered by the project team through a series of ten (10) focus groups with a total of 56 participants, including a cross sector of community 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 for those living in Cattaraugus County.

Following the consolidation of data for the Community Health Assessment (CHA), a planning process was initiated to create a 2019-2021 Community Health Improvement Plan (CHIP). A total of 28 participants designated as the CHIP Partnership Committee focused on the two health priorities, which were identified through a rigorous community data assessment study and developed a guide for implementing an action plan. A discussion of evidenced-based health related programs and initiatives that are currently offered or are planned for the future was facilitated by Strategy Solutions. Based on this discussion, a plan to meet the community health needs was developed.

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 and planning groups and information gathering.

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Message to the Community

Message to the Community

Olean General Hospital (OGH) and Cattaraugus County Health Department (CCHD) are proud to jointly present their 2019-2021 Community Service Plan (CSP)/Community Health Assessment and Community Health Improvement Plan (CHA-CHIP). OGH, which now includes Bradford Regional Medical Center in Bradford, PA, is a member hospital of Upper Allegheny Health System (UAHS) and an affiliate of Kaleida Health, Buffalo, NY. 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 for 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 information presented is not only a useful community resource, but also encourages additional activities and collaborative efforts.

Executive Summary

Executive Summary

The 2019-2021 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 2019-2024 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, which now includes Bradford Regional Medical Center in Bradford, PA, is a member hospital of Upper Allegheny Health System and an affiliate of Kaleida Health, Buffalo, NY. 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), an Erie, PA 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 (ACHI). The assessment was also designed to ensure OGH compliance with current Internal Revenue Service (IRS) guidelines for charitable 501(c)(3) tax-exempt hospitals that was published in December 2014. The Prevention Agenda is a six-year effort to make New York the healthiest state. Developed in collaboration with 140 organizations, the plan identifies New York's most urgent health concerns, and suggests ways local health departments, hospitals, and partners from health, business, education, and community organizations can work together to solve them.

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 healthy women, infants and children; (4) promote well-being and prevent mental health and substance use disorders; and (5) prevent communicable diseases. Other areas included in this CSP/CHA-CHIP that meet the December 2014 IRS requirements include: evaluation of the 2016-2018(9) 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 10 in-depth interviews with stakeholders representing the needs of the service area, as well as 10 focus groups that included 56 participants. Two Community Health Surveys were conducted during this process: (i) a Cattaraugus County CSP/CHA-CHIP Community Health Survey with 669 responses and (ii) a Cattaraugus County Health Department's community intercept survey with 227 responses. In addition to gathering input from stakeholder interviews, input and guidance also came from 43 community representatives who served on the CSP/CHA-CHIP Steering Committee with most members coming from the Healthy Livable Communities Consortium of Cattaraugus County.

2019-2024 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 35 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 coordination team met on March 20, 2019 to review the final priorities selected by the Steering Committee. The methodology used included rating each issue/need by three different criteria: (i) magnitude of the problem, (ii) impact on other health outcomes and (iii) capacity (systems and resources) to address the issue/need. Based on this prioritization and looking at evidenced-based solutions, the following top two priorities, as aligned with the NYS Prevention Agenda (NYS PA), are the areas that OGH and CCHD will be working on for 2019-2021: (i) ***prevent chronic diseases with a disparity concentration on poverty***; and (ii) ***promote well-being and prevent mental health and substance use disorders with a disparity concentration on poverty.***

Evaluation of Progress and Improvement Impact: To evaluate the impact, the 2019-2021 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.

2019-2021 CSP/CHA-CHIP Partners, Engagement of the Community and Evidenced-Based Interventions/Strategies/

Activities: The 2019-2021 CSP/CHA-CHIP partners, community engagement and evidenced-based interventions/ strategies/activities are outlined in **Table 1** below and are described in columns 2, 3 and 4, respectively.

Table 1: CCHD and OGH Priority Areas, 2019-2021

To evaluate impact, progress and improvement will be tracked using the process measures bulleted below through quarterly meetings with the CHIP Steering Committee.			
Prevention Agenda Priority/Disparity	**Partners**	**Partner Roles in the Assessment/ Implementation Process**	**Interventions/Strategies/Activities and Process Measures**
Prevent Chronic Disease **Disparity: Poverty**	Council on Addiction Recovery Services (CAReS), Cattaraugus Community Action, Cattaraugus County Health Department, Cattaraugus County Schools, Cornell Cooperative Extension, Department of Aging, Department of Social Services, Foothills Medical Group-Omega, Genesis House, Health Community Alliance, Olean General Hospital, Olean Medical Group, Reality Check, Universal Primary Care **CCHD/OGH will engage the broad community through:** policies, referrals, holding public forums, utilizing the Healthy Livable Community Consortium, conducting community forums each year to discuss the CSP/CHA-CHIP, outreach and education, and screenings	Community outreach, education and collaboration on programs and services	Screen for food insecurity, facilitate and actively support referral • # or % of partners that screen for food insecurity and facilitate referrals to supportive agencies • # or % of people screened for food security • # or % of referrals to supportive services Use media and health communications to highlight the dangers of tobacco, promote effective tobacco control policies and reshape social norms. Use evidence based programming (Catch my Breath) specific to tobacco use and vaping targeting middle and high school students. Use health communications targeting health care providers to encourage their involvement in their patients' quit attempts encouraging use of evidence-based quitting, increasing awareness of available cessation benefits (especially Medicaid), and removing barriers to treatment • # or % of partners that support effective tobacco control measures to reduce youth initiation • # or % of schools receiving dangers of tobacco presentations • # or % of students receiving dangers of tobacco presentations • # or % of media (regular and social) outlets promoting anti-tobacco campaigns • # or % of providers referring patients to the Quitline or other resources • # or % of individuals referred Work with health care providers/clinics to put systems in place for patient and provider screening reminders (e.g., letter, postcards, emails, recorded phone messages, electronic health records [HER] alerts). • # or % of health systems that implement or improve provide and patient reminder systems • # or % of patients reached through patient reminder systems • # or % of patients screened among provider networks

To evaluate impact, progress and improvement will be tracked using the process measures bulleted below through quarterly meetings with the CHIP Steering Committee.			
Prevention Agenda Priority/Disparity	**Partners**	**Partner Roles in the Assessment/ Implementation Process**	**Interventions/Strategies/Activities and Process Measures**
Promote Well-Being and Prevent Mental Health and Substance Abuse Disorders **Disparity: Poverty**	CAReS, Cattaraugus County Health Department, Cattaraugus County Schools, Cattaraugus County Suicide Prevention Coalition, Department of Community Services, Directions in Independent Living, Foothills Medical Group-Omega, Healthy Livable Communities Coalition of Cattaraugus County, Olean General Hospital, Olean Medical Group, Southern Tier Health Care Systems, Suicide Hotline, and Universal Primary Care	Community outreach, education and collaboration on programs and services	Implement school-based prevention using evidence based programming provided by the Council on Addiction Recovery Services (CAReS). • # or % of students participating and completing evidence based programming • # or % of schools participating in the evidence based programming Implement Screening, Brief Intervention, and Referral to Treatment (SBIRT) using electronic screening and brief interventions (e-SBI) with electronic devices (e.g., computers, telephones, or mobile devices) to facilitate delivery of key elements of traditional SBI. • # or % of persons offered SBIRT , completed prescreen and full screen • # or % positive and followed up with Treatment Integrate trauma-informed approaches into prevention programs by training staff, developing protocols and engaging in cross-system collaboration. • # or % completing training; # or % with change in policies and/or implementation of policies • # or % staff trained in trauma informed approach Increase availability of/access to overdose reversal (Naloxone) trainings to prescribers, pharmacists and consumers. • # or % of professionals who completed naloxone training • # or % of county residents who completed naloxone training Identify and support people at risk: Gatekeeper training, crisis intervention, treatment for people at risk of suicide, treatment to prevent re-attempts, postvention, safe reporting and messaging about suicides. • # or % of Gatekeeper trainings provided • # or % of people who completed Gatekeeper trainings • # or % of people trained who were knowledgeable about the signs and symptoms of suicide • # or % of people who felt comfortable applying suicide prevention skills to identify and refer individuals at risk for suicide to appropriate care • # or % of patients screened with the PHQ-9 tool and referred for treatment.

*Please see the CHIP plan on pages 189-195 for a more in-depth description of the two priority areas being focused on by OGH and CCHD.

Methodology

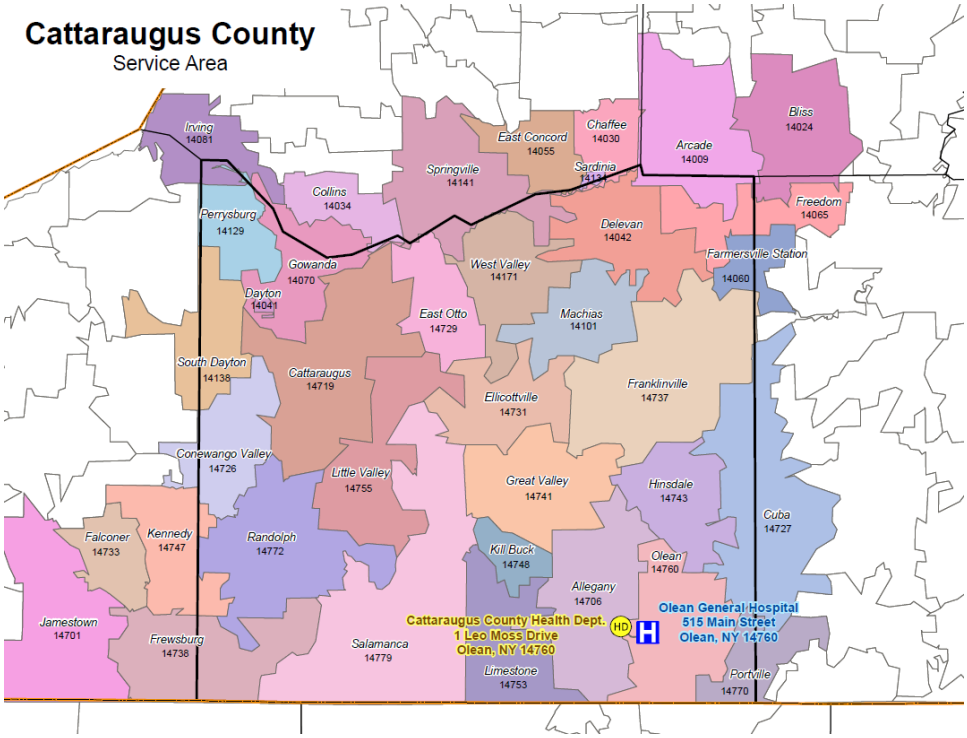
Methodology

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 two times between September 2018 and February 2019 to provide guidance on the various components of the assessment. See pages iii-iv for a listing of Steering Committee members and the organizations they represent.

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, NYS and McKean County, PA. The geography of Cattaraugus County is illustrated in **Figure 1.**

Figure 1: Overall Service Area



Source: 2018 Strategy Solutions, Inc.

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. Please note, NYS PA and Healthy People 2020 (HP2020) numbers or data are objectives provided as a blueprint/standard for the county to improve the health and well-being of its residents. These numbers where indicated, were included primarily as a comparative to county data to show where the county is in relation to the proposed standard.

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 (CDC); American Community Health 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, 2018; Monitoring the Data, 2017; Bach Harrison Norm, 2018, 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 a Community Health Survey, 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 residents on their mailing list, ran ads in the paper, and distributed paper surveys in selected locations throughout the county.

A Cattaraugus County Health Department community intercept survey was conducted beginning on April 2, 2018 and ending on September 14, 2018. A total of 227 surveys were completed by residents of the service area. The CSP/CHA/CHIP Community Health Survey was launched on October 4, 2018 and closed on November 9, 2018. A total of 669 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 A (pages 198-213) for a copy of the CCHD Community Health Survey. Refer to Appendices A and B for the intercept and the CSP/CHA/CHIP Survey.

The primary data collection process also included qualitative data from 10 stakeholder interviews, as seen in **Table 2**, conducted during November and December 2018 as well as January 2019 by staff members of SSI. Stakeholders interviewed included individuals with expertise in a variety of disciplines and/or organizational affiliations. Refer to Appendix C for a copy of the interview guide.

Table 2: Stakeholder Interviews

Date Conducted	Name	Title	Organization
November 21, 2018	Lynn Ouellette	Nurse Practitioner	Amish Outreach
November 27, 2018	Ann Feightner-Battaglia	Executive Director	Healthy Community Alliance
November 27, 2018	Sue McAuley	Executive Director	United Way
December 12, 2018	William (Bill) Aiello	Mayor	City of Olean
December 15, 2018	Carol Sheibley	Deputy Mayor	Town of Gowanda
December 17, 2018	Vi-Anne Antrum	Nursing	Olean General Hospital
December 19, 2018	Jene Gardner	Director of Treatment Services	CAReS
December 20, 2018	Dr. AnnMarie Zimmermann	FQHC Medical Director	Universal Primary Care
December 26, 2018	Mike Prutsman	Executive Director	CAReS
January 17, 2019	Gerald Zimmerman	Director	Cattaraugus County Probation

Source: Strategy Solutions, Inc. 2019

Ten focus groups were conducted in October 2018 and January 2019 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 Appendix D (pages 233-236) for a copy of the focus group topic guide used.

Table 3: Focus Groups Conducted

Date Scheduled	Group Name	Representing	# in Focus Group
October 19, 2018	Early Head Start	Children, Low-Income	4
November 1, 2018	Diabetes Education Group	Chronic Disease	6
November 9, 2018	JC Penney's Salon	Cattaraugus County Community	5
January 7, 2019	Directions in Independent Living	Disabled Population	6
January 7, 2019	Community Services	Mental Health	7
January 7, 2019	Southern Tier Health Care Systems	EMS	5
January 8, 2019	Community Action	Low Income, Homeless, Victims of Domestic Violence, etc.	7
January 8, 2019	Greater Olean Association of Churches	Faith-Based	6
January 9, 2019	Healthy Community Alliance	Seniors	4
January 9, 2019	Village of Gowanda	Community Providers	6
	Total Participants		**56**

Source: Strategy Solutions, Inc. 2019

Needs Assessment Prioritization Process

On February 1, 2019, the CSP/CHA-CHIP Steering Committee met to review the primary and secondary data collected through the needs assessment process, which process steps are shown in **Figure 2**.

Figure 2: 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 35 possible needs were identified based on disparities in the data. Three criteria, including magnitude of the problem, impact on other health outcomes, and capacity to implement evidence-based solutions, were used to evaluate identified needs.

On February 1, 2019, the CSP/CHA-CHIP Steering Committee members participated in a prioritization exercise. Each of the needs were rated on a one to ten scale using the selected criteria. Forty-three 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.

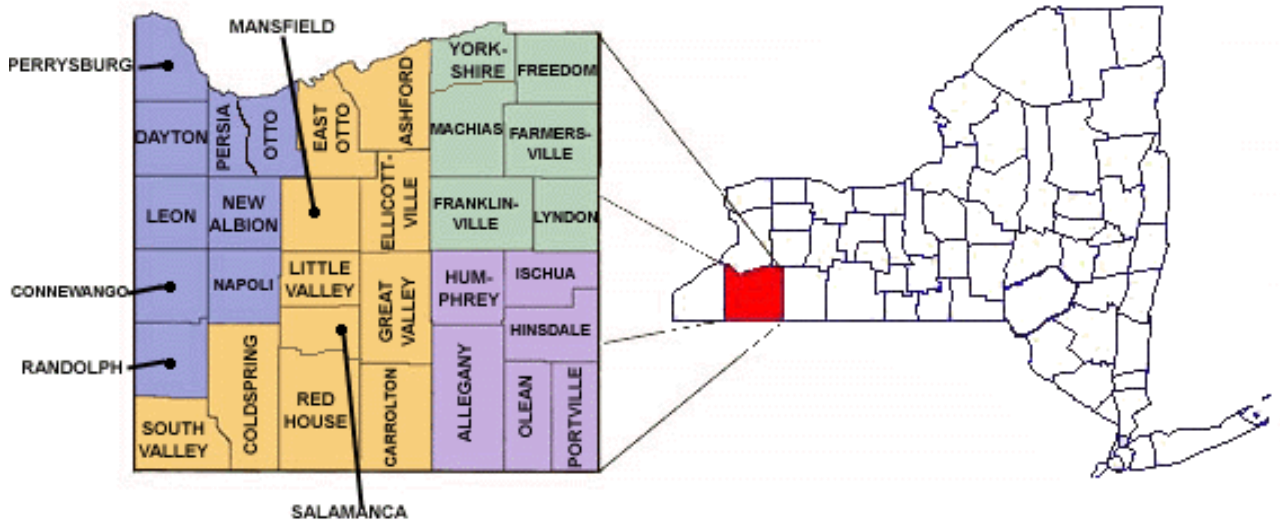
On February 20, 2019, the CSP/CHA-CHIP project coordination team met to discuss the prioritization results and to review the CSP/CHA-CHIP report.

Demographics

Demographics

For purposes of this assessment, the service area geography is defined as the service area for CCHD which is Cattaraugus County. **Figure 3** illustrates the overall geography.

Figure 3: Overall Service Area Geography



Source: Cattaraugus County, NYS http://nycattar.org

The primary service area (PSA) for OGH are 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 inpatient discharges 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		

The above listed primary and secondary service area zip codes were used to pull Demographic data from Claritas - Pop-Facts Premier 2018, Environics Analytics 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

Geography

- Cattaraugus County is a large (1309 sq. mi.), primarily rural county situated in Southwestern New York, along the Pennsylvania border. There are two cities, Olean and Salamanca, with populations of approximately 13,711 and 5,532 respectively (2017 estimates), in addition to 9 villages and 32 towns located in Cattaraugus County.[1]

Population

- The population of Cattaraugus County has been steadily declining. The 2010 Census reported the population at 80,317, the 2018 estimated total population of Cattaraugus County was 77,076, a 4.3% decrease which is markedly higher than the population decline of 0.8% in New York State (NYS) overall.

[1] https://www.census.gov/programs-surveys/popest.html?intcmp=serp

Race and Ethnicity

- Cattaraugus County's population is comprised of the following racial groups: White (91.3%) followed by American Indian (3.4%), Hispanic/Latino (2.4%) and African American (1.6%)[2].

Age and Sex Distribution

- The median age of the population is 41.8, which is slightly higher than the state overall (38.9)[3].
- There are slightly more females (50.4%) than males (49.6%) in Cattaraugus County.[4]

Marital Status

- Just under half (45.3%) of the population in Cattaraugus County is married, while slightly less than one third have never been married (30.7%)[5].

Education

- 88.4% of persons age 25 years and older have received a high school diploma or higher.[6]
- 12.7% do not have a high school diploma.[7]
- 17.5% of the population age 25 years and older have a Bachelor's degree or higher, 10.5% have a Bachelor's Degree, 7.0% have an advanced degree[8].

Income and Poverty

- Median household income $43,525[9] compared to NYS which is $65,700.[10]
- According to the American Community Survey, it is estimated that between 2013 – 2017 the following groups lived below the federally determined guidelines for poverty in Cattaraugus County compared to NYS:
    - 16.9% of adults 18; NYS, 14.6%;
    - 27.1% of children aged 5 and under; NYS - 22.5%;
    - 22.7% of children ages 5 – 17; NYS – 19.5%
    - 11.1% of families; NYS – 11.3%
    - 28.4% of female householder, no husband present; NYS – 26.9%[11]

[2] Claritas – Pop-Facts Premier 2018, Environics Analytics.
[3] Ibid.
[4] Ibid.
[5] Ibid.
[6] https://www.census.gov/quickfacts/fact/table/cattarauguscountynewyork/PST045218.
[7] Claritas – Pop-Facts Premier 2018, Environics Analytics.
[8] Ibid.
[9] Ibid.
[10] Ibid.
[11] https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_S1701&prodType=table and https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF

Employment[12]

- 53.5% of the population age 16 and over (33,259)[13] is currently employed in Cattaraugus County. The current unemployment rate is (4.2%)[14], compared to NYS which is 4.4%.
- Average travel time to work (minutes), workers age 16 years+ (24.0 minutes).[15]

Table 4 compares the demographics of the primary service area with the state of New York and the United States.

Table 4: Demographics, Cattaraugus County

	Primary Service Area	NY	US
Gender	M – 49.6% F – 50.4%	M – 48.6% F – 51.4%	M – 49.2% F – 50.8%
Ethnicity			
White	91.3%	62.9%	70.0%
American Indian/Alaska Native	3.4%	0.6%	1.0%
Hispanic/Latino	2.4%	19.4%	18.3%
African American/Black	1.6%	15.9%	12.8%
Age			
Median Age (2018)	41.8	38.9	38.4
Median Age (2023)	41.8	40.0	39.3
Marital Status			
Married	45.3%	40.4%	44.9%
Separated	4.2%	6.2%	4.8%
Divorced	13.3%	8.8%	11.0%
Widowed	6.5%	5.9%	5.8%
Never Married	30.7%	38.7%	33.4%
Education			
Did Not Complete High School	12.7%	14.1%	13.0%
High School Graduate/GED	41.1%	26.6%	27.6%
Bachelor's Degree	10.5%	19.8%	18.9%
Advanced Degree	7.0%	15.0%	11.5%
Income			
Average Household Income	$56,724	$97,619	$86,278
Median Household Income	$43,525	$65,700	$60,133
Families Living in Poverty	12.0%	11.8%	11.0%

[12] Claritas – Pop-Facts Premier 2018, Environics Analytics.
[13] Ibid.
[14] Ibid
[15] Ibid.

	Primary Service Area	NY	US
Employment			
Labor Force Employed	92.8%	93.0%	93.2%
Age 16+ are Employed	53.5%	58.7%	58.5%
Age 16+ are Unemployed	4.2%	4.4%	4.3%
Hold White Collar Occupations	52.2%	63.1%	60.7%

Source: Claritas - Pop-Facts Premier 2018, Environics Analytics

Health Status of the Population

Cattaraugus County's population is fairly homogeneous, when examining health disparities, it is difficult to point to any one racial or ethnic group. Cattaraugus County has a large Amish population located in the western part of the county; with an estimated 2,500 residents, they constitute slightly under 3% of the county's population.[16] However, the vast majority of the Amish Community do not participate in the census, nor do they participate in public or private health insurance programs. In addition, due to religious beliefs, this population is not receptive to the standard immunization practice.

Cattaraugus County also has a sizable Native American population. The Seneca Nation of Indians' territory borders both banks of the Allegheny River and is partially within several of the Towns in the south part of the county (South Valley, Cold Spring, Salamanca, Great Valley, Red House and Carrollton, with a very small portion in the town of Allegany). The City of Salamanca, with the exception of a northern spur along U.S. Route 219, is also located within the territory.

For the purposes of this assessment, populations in zip codes with high incidence of Years of Potential Life Lost (YPLL-75), and populations in poverty will be the focus.

The Robert Wood Johnson Foundation and the University of Wisconsin's Population Health Institute County Health Rankings, ranks Cattaraugus County's Health Outcome (Length of Life and Quality of Life) at 60 of 62 counties. This ranking indicates that Cattaraugus County is one of the unhealthiest counties in New York State. The percentage of premature deaths weighs heavily on this poor county health ranking. Measuring premature death, rather than overall mortality, focuses attention on deaths that could have been prevented. Premature death is defined as death before age 75. The measure calculates the years of potential life lost (YPLL-75). The concept of YPLL-75 involves estimating the average time a person would have lived had he or 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.

Sub-county data shows that the Town of South Valley (50%), City of Salamanca (48%), and Town of East Otto (41.4%) and Town of Ashford (40.6%), lead the county in years of potential life lost. Cattaraugus County's overall YPLL-65 is 23.5% which is marginally better than the NYS YPPL-65 which is 23.6%. **Table 5** illustrates the percentage of YPLL-65 by zip code.

[16] http://www.oleantimesherald.com/olean/health-officials-worry-about-cattaraugus-county-s-amish-amidst-u/article_ff2d5d95-b875-5c95-bcf3-b156b70c522a.html

Table 5: Premature Death (Death Before Age 65) /Years of Potential Life Lost, By Zip Code, 2018

Zip Code	Municipality Name	Municipality Type	Deaths (before age 65 years)	Percentage
14706	Allegany	Town	52	19.8
14783	Allegany	Reservation	3	13.6*
14731	Ashford	Town	28	40.6
14748	Carrollton	Town	11	22
14783	Coldspring	Town	4	14.3*
14726	Conewango	Town	11	31.4
14041	Dayton	Town	17	26.6
14729	East Otto	Town	12	41.4
14731	Ellicottville	Town	12	24
14737	Farmersville	Town	4	16.0*
14737	Franklinville	Town	28	29.5
14009	Freedom	Town	20	33.3
14741	Great Valley	Town	20	23
14743	Hinsdale	Town	24	27.6
14741	Humphrey	Town	3	17.6*
14743	Ischua	Town	4	16.7*
14751	Leon	Town	7	26.9*
14755	Little Valley	Town	20	32.3
14737	Lyndon	Town	7	35.0*
14101	Machias	Town	17	10.3
14729	Mansfield	Town	5	23.8*
14755	Napoli	Town	6	35.3*
14719	New Albion	Town	20	21.1
14760	Olean	City	154	22.3
14760	Olean	Town	19	21.1
14719	Otto	Town	6	18.2*
14070	Perrysburg	Town	19	25.7
14070	Persia	Town	37	19.5
14770	Portville	Town	19	17.9
14772	Randolph	Town	14	14
14779	Red House	Town	0	0.0*
14779	Salamanca	City	80	27.5
14779	Salamanca	Town	12	48
14764	South Valley	Town	2	50.0*
14030	Yorkshire	Town	31	27

* Fewer than 10 events in the numerator, therefore the rate is unstable.

Source:https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=/EBI/PHIG/apps/dashboard/pa_dashboard&p=mp&ind_id=pa1_0%20&cos=4

Table 6 outlines the income and poverty demographics for the service area. Salamanca (18.0%), South Dayton (15.4%), Olean (13.9%) and Lime Lake-Machias (12.6%) have higher rates of families living in poverty than the state overall (9.2%) or the US (11.8%). Salamanca (10.8%) and Olean (11.4%) also have higher unemployment rates while Ellicottville (2.2%) has a lower unemployment rate than that state overall (6.8%) or the nation (6.6%).

Table 6: Income and Poverty Demographics, Cattaraugus County

Town	Families Living in Poverty (2017)	Unempl Rate (2017)	PSA Families Living in Poverty	PSA Unempl Rate	NY		US	
					Families Living in Poverty	Unempl Rate	Families Living in Poverty	Unempl Rate
Salamanca	18.0%	10.8%	12.0%	7.0%	9.2%	6.8%	11.8%	6.6%
South Dayton	15.4%	9.0%	12.0%	7.0%	9.2%	6.8%	11.8%	6.6%
Olean	13.9%	11.4%	12.0%	7.0%	9.2%	6.8%	11.8%	6.6%
Lime Lake-Machias	12.6%	Data Not Available	12.0%	7.0%	9.2%	6.8%	11.8%	6.6%
Gowanda	11.4%	5.7%	12.0%	7.0%	9.2%	6.8%	11.8%	6.6%
Delevan	11.2%	9.5%	12.0%	7.0%	9.2%	6.8%	11.8%	6.6%
Little Valley	11.2%	Data Not Available	12.0%	7.0%	9.2%	6.8%	11.8%	6.6%
Portville	11.1%	5.7%	12.0%	7.0%	9.2%	6.8%	11.8%	6.6%
Ellicottville	10.1%	2.2%	12.0%	7.0%	9.2%	6.8%	11.8%	6.6%
Yorkshire	9.1%	9.0%	12.0%	7.0%	9.2%	6.8%	11.8%	6.6%
Perrysburg	7.9%	8.0%	12.0%	7.0%	9.2%	6.8%	11.8%	6.6%
Franklinville	7.7%	6.9%	12.0%	7.0%	9.2%	6.8%	11.8%	6.6%
Cattaraugus	7.4%	4.7%	12.0%	7.0%	9.2%	6.8%	11.8%	6.6%
E. Randolph	6.3%	5.0%	12.0%	7.0%	9.2%	6.8%	11.8%	6.6%
Allegany	6.0%	5.9%	12.0%	7.0%	9.2%	6.8%	11.8%	6.6%
Limestone	5.0%	Data Not Available	12.0%	7.0%	9.2%	6.8%	11.8%	6.6%
St. Bonaventure	4.8%	5.6%	12.0%	7.0%	9.2%	6.8%	11.8%	6.6%
Weston Mills	4.2%	10.8%	12.0%	7.0%	9.2%	6.8%	11.8%	6.6%
Randolph	3.7%	Data Not Available	12.0%	7.0%	9.2%	6.8%	11.8%	6.6%

Source: Towns: US Census Bureau 2017 American Community Health Survey; NY/US Claritas - Pop-Facts Premier 2018, Claritas

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. In 2016, the five leading causes of premature death in Cattaraugus County (see **Table 7**) include Cancer, Heart Disease, Unintentional Injury, Chronic Lower Respiratory Diseases, and Stroke respectively. In NYS, the first four leading causes of premature death mirror Cattaraugus County. The fifth leading cause of death in NYS is diabetes.

Several factors can be attributed to the leading causes of premature death but health behaviors such as obesity, tobacco use, physical inactivity, illicit drug use and excessive drinking have a direct association to preventable premature deaths. When examining primary data, several health behaviors were identified as areas of concern either in the community survey, focus groups or stakeholder interviews. Secondary data confirms that most of these health behaviors were worse for residents of Cattaraugus County than the state averages. These health behaviors are explored in detail in several sections of this assessment.

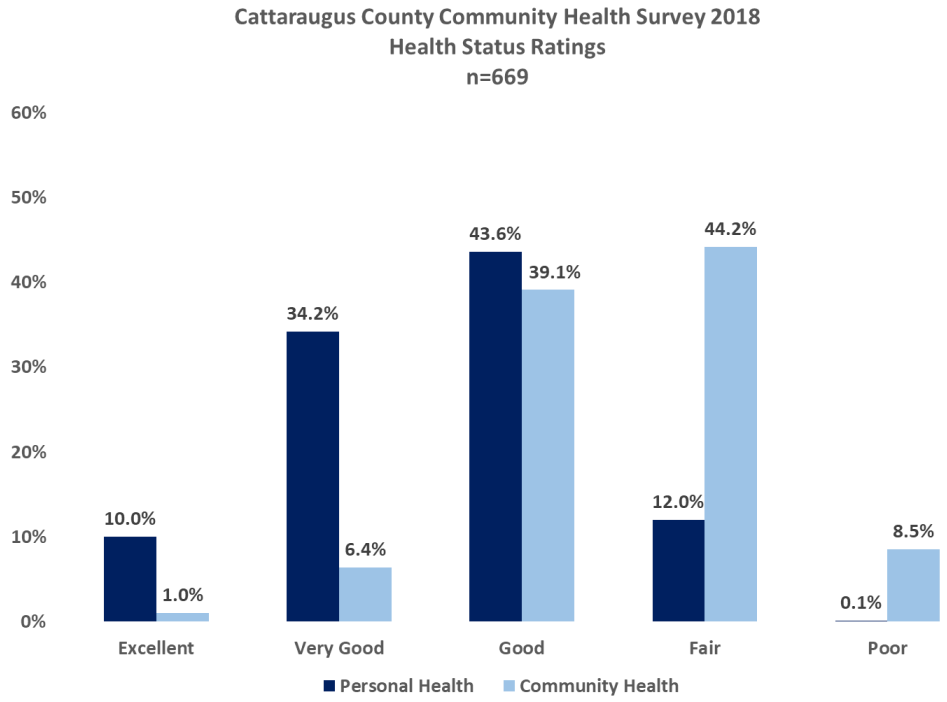
Table 7: Leading Causes of Premature Death (Death before Age 75), 2016

	Cattaraugus County		New York State (excluding NYC)	
Causes of Death	# Cases	Age adjusted rate per 100,000	# Cases	Age adjusted rate per 100,000
Cancer	86	80.5	19,264	81.2
Heart Disease	63	58.6	13,567	57.4
Unintentional Injury	34	48.9	5,596	28.7
Chronic Lower Respiratory Disease	29	25.7	2,477	10.2
Stroke	13	13.7	NA	NA

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

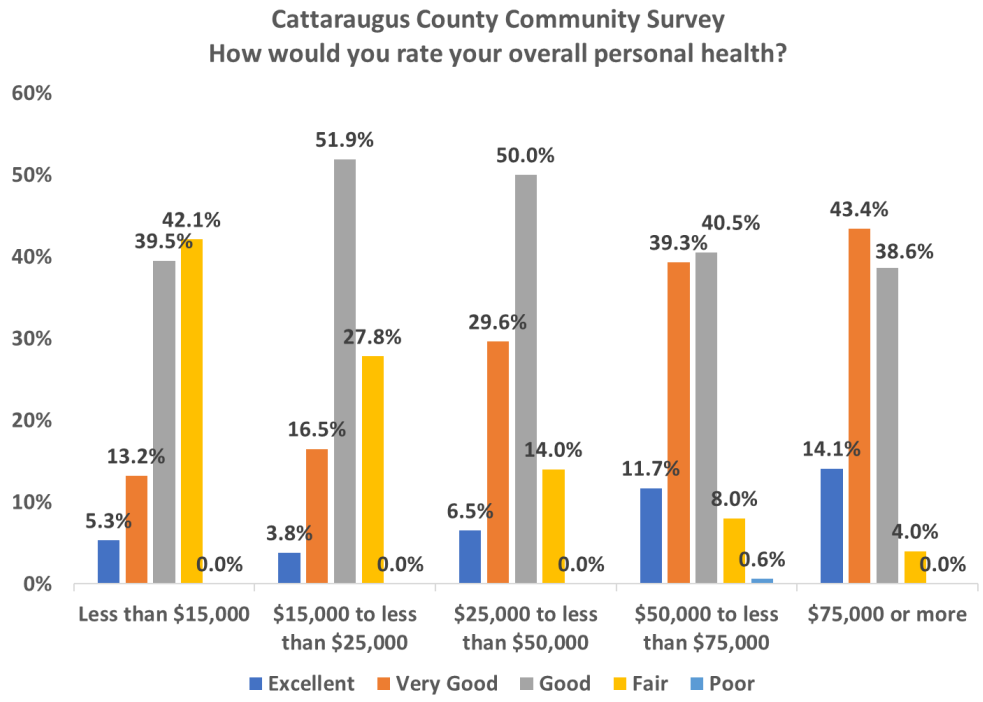
As illustrated in **Figure 4**, respondents to the 2018 Community Health Survey rated their personal health status higher than the health status of the community. The majority of respondents rated their personal health Excellent, Very Good or Good, while the majority also rated the community health status Good, Fair or Poor. **Figure 5** illustrates that income also impacts personal health status ratings. Respondents whose incomes are over $50,000 were more likely to rate their health status as Excellent or Very Good.

Figure 4: Community Health Survey Personal and Community Health Status



Source: Cattaraugus County Community Health Survey 2018

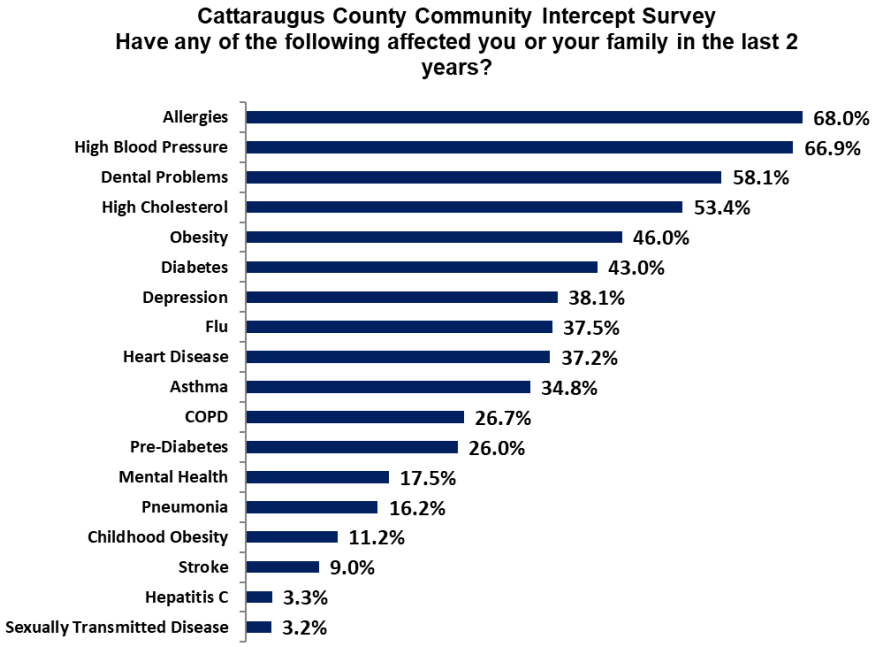
Figure 5: Personal Health Status Rating by Income



Source: Cattaraugus County Community Health Survey 2018

Figure 6 illustrates that more than half of the Community Intercept Survey respondents have either themselves or have had a family member affected by the following health conditions: Allergies (68.0%), High Blood Pressure (66.9%), Dental Problems (58.1%) and High Cholesterol (53.4%).

Figure 6: County Community Intercept Survey, Health Effects



Source: Cattaraugus County Community Intercept Survey, 2018 (N=197)

General Findings: Health Areas and Challenges

General Findings: Health Areas

The health indicators for this assessment are organized based on the Prevention Agenda 2019-2024. This initiative is New York State's health improvement plan, the blueprint for state and local action to improve the health and well-being of all New Yorkers and promote health equity across populations who experience disparities.

The 2019-2024 Prevention Agenda includes five priorities with specific focus areas:

Prevent Chronic Diseases
- Focus Area 1: Healthy Eating and Food Security
- Focus Area 2: Physical Activity
- Focus Area 3: Tobacco
- Focus Area 4: Chronic Disease Preventive Care/Management

Promote a Healthy and Safe Environment
- Focus Area 1: Injuries, Violence and Occupational Health
- Focus Area 2: Outdoor Air Quality
- Focus Area 3: Built and Indoor Environments
- Focus Area 4: Water Quality
- Focus Area 5: Food and Consumer Products

Healthy Women, Infants and Children
- Focus Area 1: Maternal & Women's Health
- Focus Area 2: Perinatal & Infant Health
- Focus Area 3: Child & Adolescent Health
- Focus Area 4: Cross Cutting Healthy Women, Infants & Children

Promote Well-Being and Prevent Mental and Substance Use Disorders
- Focus Area 1: Promote Well-Being
- Focus Area 2: Mental and Substance Use Disorders Prevention

Prevent Communicable Diseases
- Focus Area 1: Vaccine Preventable Diseases
- Focus Area 2: Human Immunodeficiency Virus (HIV)
- Focus Area 3: Sexually Transmitted Infections (STIs)
- Focus Area 4: Hepatitis C Virus (HCV)
- Focus Area 5: Antibiotic Resistance and Healthcare-Associated Infections

General Findings: Health Challenges

A combination of primary (community health survey, intercept survey, stakeholder interviews and focus groups) and secondary [(*2008-2016 NYSDOH data (eBRFSS), 2011-2018 CDC data (BRFSS), 2011-2017 NYS prevention needs assessment, 2017 CAReS Needs Assessment, NYS County Opioid Quarterly Report and Healthy People 2020)] data were summarized as shown in Tables 8-12 and presented to the steering committee (see pages iii and iv for participants) for discussion. This data provides a snapshot into the key health challenges in Cattaraugus County across the five priority areas highlighted in the NYS PA. Based on the data, the steering committee chose two priority areas and selected a disparity population, details are discussed in the sections below. Please note, NYS PA and Healthy People 2020 (HP2020) numbers, where indicated, were included primarily as a comparative to county data to show where the county is in relation to the proposed standard.

Chronic Disease Burden: Chronic diseases are preventable conditions that are long-lasting and leading causes of death and disability. Several factors contribute to the development of chronic diseases within a community and for Cattaraugus County primary and secondary data support the involvement of many of these factors (**Table 8**).

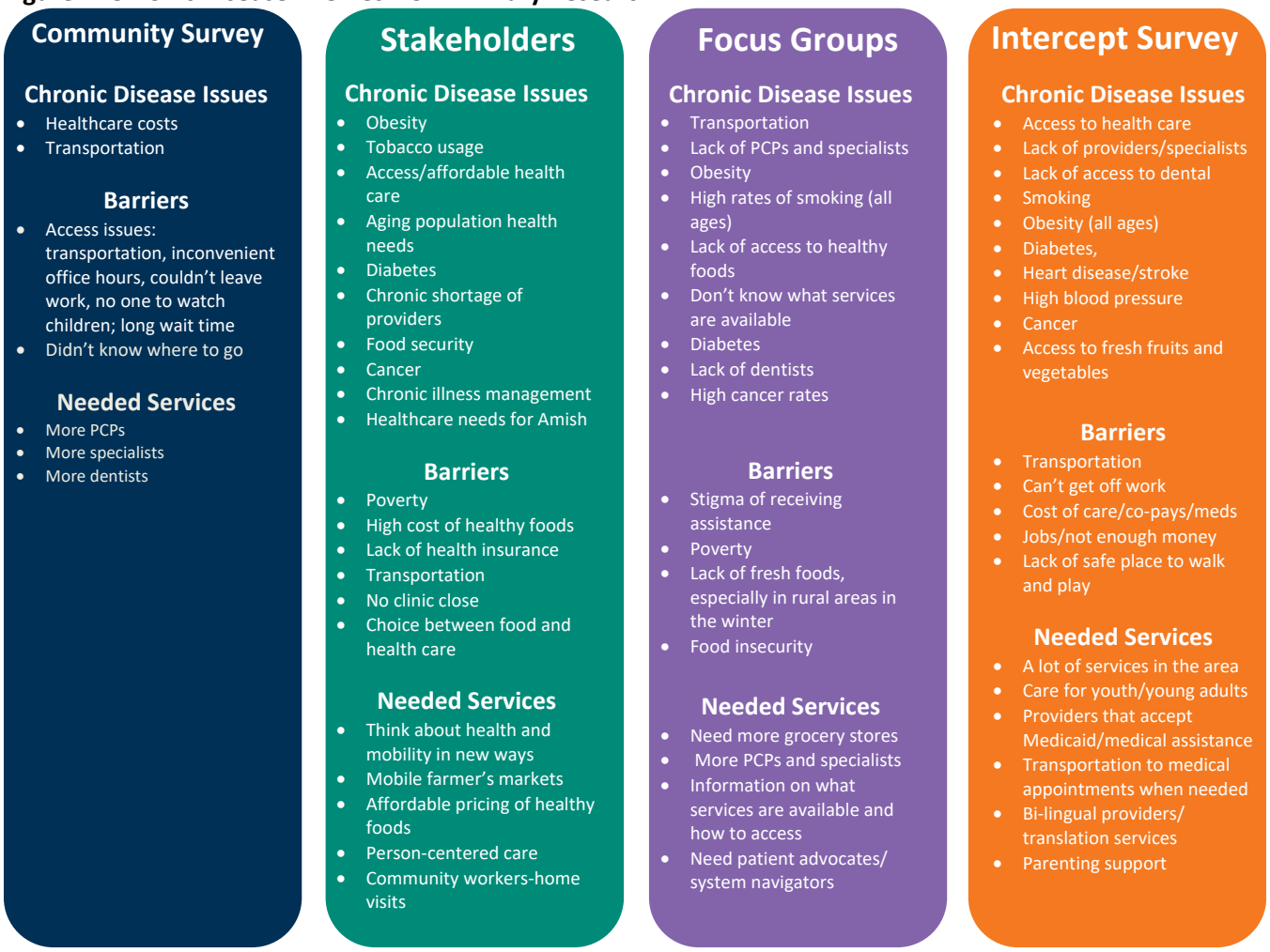
Table 8: Community Needs and Issues Related to Chronic Disease Prevention

Identified Need	Secondary Data*	Community Health Survey	Stakeholder Interviews	Focus Groups	Intercept Surveys
PREVENT CHRONIC DISEASES					
Food Insecurity/Access to Healthy Foods	X	X	X	X	
Physical Inactivity/Lack of Recreational Opportunities	X	X	X		
Cigarette Smoking Among Adults	X	X	X	X	X
Cardiovascular Disease/Heart Attack	X	X			X
Obesity (all ages)	X	X	X	X	X
Diabetes		X	X	X	X
Cancer (including all screenings)	X	X	X		X
High Blood Pressure		X			X
Access to Health Care (copays/ deductibles/affordability)	X	X	X		X
Lack of Transportation		X	X	X	
Aging Population Health Needs			X	X	
Lack of PCPs/Specialists		X	X		X
Frequent Physical Distress	X				
Free or Reduced Lunch	X				
Lack of Education/Health Literacy				X	

*For secondary data, only those indicators showing a need (negative trend, discrepancy vs. WNY, NYS, NYS PA, US or HP 2020) received an X.
Source: Strategy Solutions, Inc., 2019

Figure 7 outlines the themes heard in the primary research regarding Chronic Disease. Issues include lack of transportation, lack of Primary Care Physicians (PCP) and specialists, obesity/diabetes, tobacco use, and food insecurity.

Figure 7: Chronic Disease Themes from Primary Research



Source: Cattaraugus County Community Health Survey, Stakeholder Interviews, Focus Groups, and Intercept Survey; Strategy Solutions, Inc., 2019

Healthy Environment. The distributions of various unintentional and intentional injuries vary within age groups but certain injuries remain common, whatever the age bracket. **Table 9** lists primary and secondary data supporting key factors that could impact the establishment of a healthy and safe environment in Cattaraugus County.

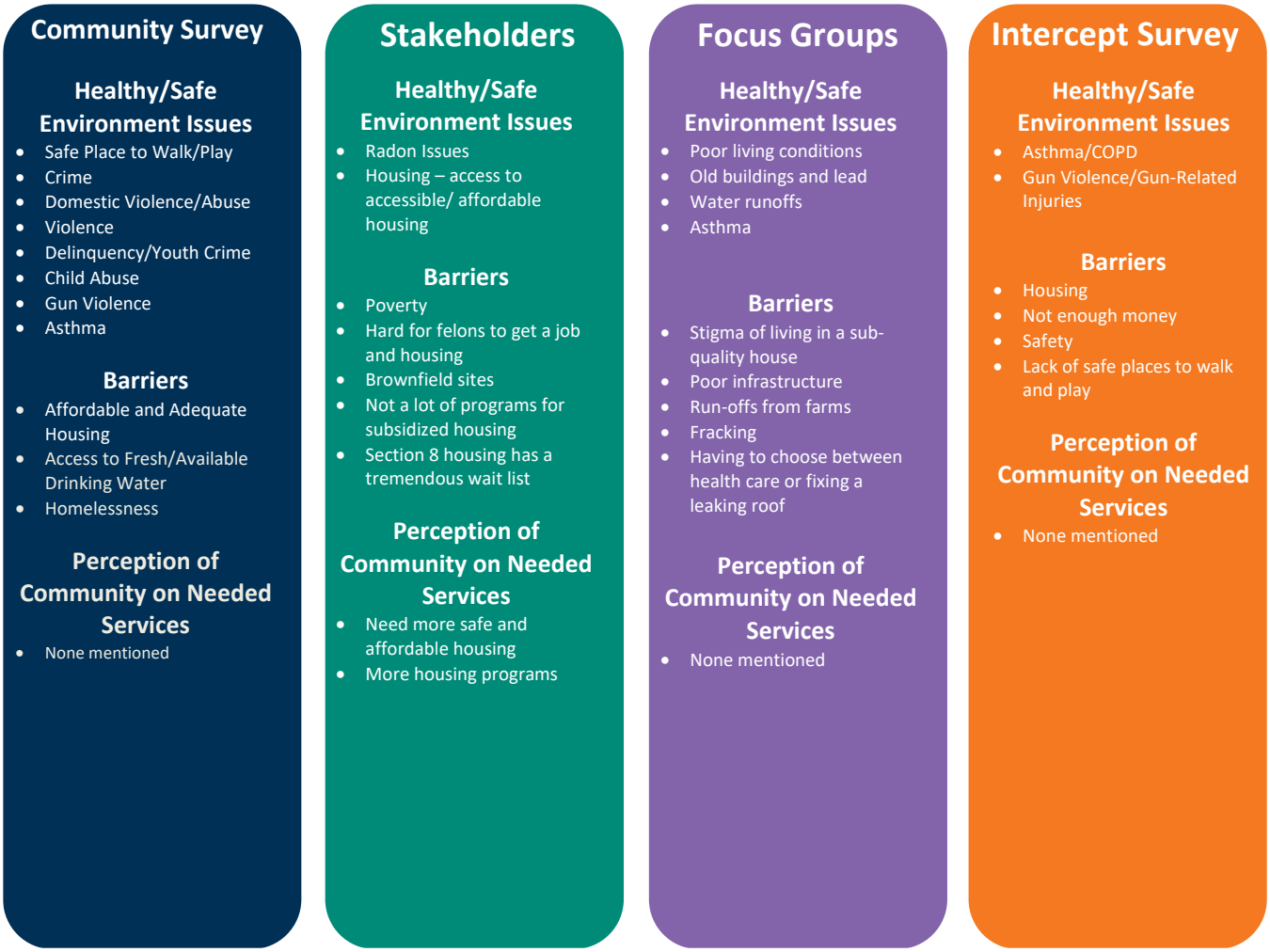
Table 9: Community Needs and Issues related to Promoting a Healthy and Safe Environment

Identified Need	Secondary Data*	Community Health Survey	Stakeholder Interviews	Focus Groups	Intercept Surveys
PROMOTE A HEALTHY AND SAFE ENVIRONMENT					
Lack of Community Fluoridated Water/Fresh, Available Drinking Water	X	X		X	
Lack of Safe Roads and Sidewalks		X			X
Affordable and Adequate Housing		X	X	X	
Poverty		X	X		
Asthma		X		X	X
ED Visits Due to Falls (age 1-4 years)	X				
ED Visits due to Occupational Injuries (aged 15-19 years)	X				
Climate Smart Communities Pledge	X				
Disconnected Youth	X				
Homelessness		X			
Texting and Driving		X			
Domestic Violence/Abuse		X			

*For secondary data, only those indicators showing a need (negative trend, discrepancy vs. WNY, NYS, NYS PA, US or HP 2020) received an X.
Source: Strategy Solutions, Inc., 2019

Figure 8 outlines the themes heard in the primary research regarding Healthy and Safe Environments. Issues include safe places to walk and play, housing, asthma, and violence (domestic, child, gun and abuse).

Figure 8: Themes Heard Related to Healthy and Safe Environment from Primary Research



Source: Cattaraugus County Community Health Survey, Stakeholder Interviews, Focus Groups, and Intercept Survey; Strategy Solutions, Inc., 2019

Maternal and Perinatal Health. Limited information is available on the needs associated with healthy women, infants and children within Cattaraugus County (**Table 10**).

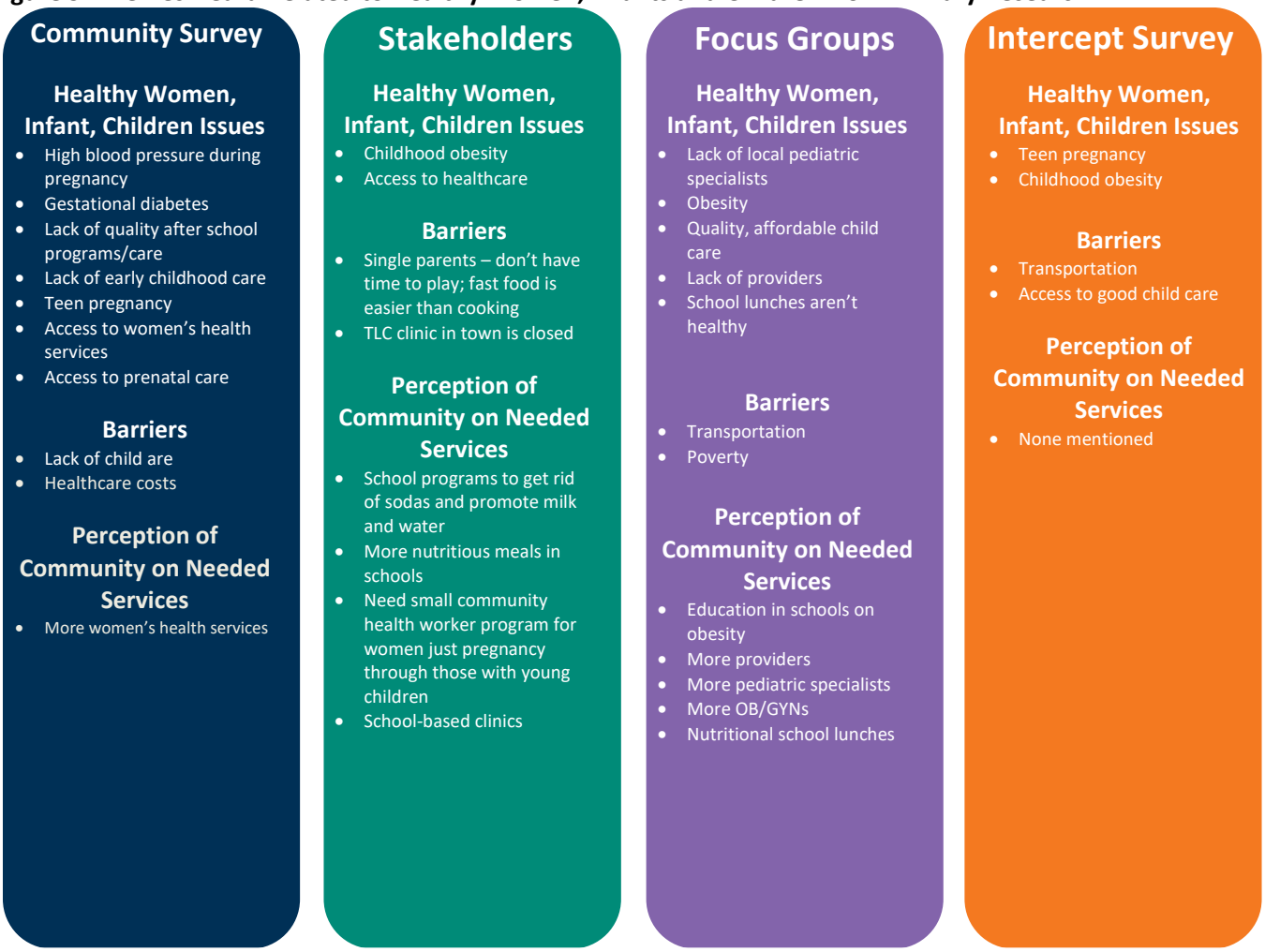
Table 10: Community Needs and Issues related to Healthy Women, Infants and Children

Identified Need	Secondary Data*	Community Health Survey	Stakeholder Interviews	Focus Groups	Intercept Surveys
HEALTHY WOMEN, INFANTS AND CHILDREN					
Teen Pregnancy	X				X
Affordable/Access to Early Childhood Care and Quality After School Programs		X		X	X
Childhood Obesity		X	X	X	X
Well-Child Visits in Government Sponsored Insurance Programs	X				
Children with Health Insurance	X				
Unintended Pregnancy among Live Births	X				
Women with Health Insurance	X				
Lack of Pediatric Specialists				X	

*For secondary data, only those indicators showing a need (negative trend, discrepancy vs. WNY, NYS, NYS PA, US or HP 2020) received an X.
Source: Strategy Solutions, Inc., 2019

Figure 9 outlines the themes heard in the primary research regarding Healthy Women, Infants and Children. Issues include childhood obesity, access to quality, affordable childcare, and lack of women's health services.

Figure 9: Themes Heard Related to Healthy Women, Infants and Children from Primary Research



Source: Cattaraugus County Community Health Survey, Stakeholder Interviews, Focus Groups, and Intercept Survey; Strategy Solutions, Inc., 2019

Community Well-Being and Substance Use Issues. Mental health and substance abuse are key factors identified by primary and secondary data in Cattaraugus County (**Table 11**).

Table 11: Community Needs and Issues related to Promoting Well-Being and Preventing Mental Health and Substance Use Disorders

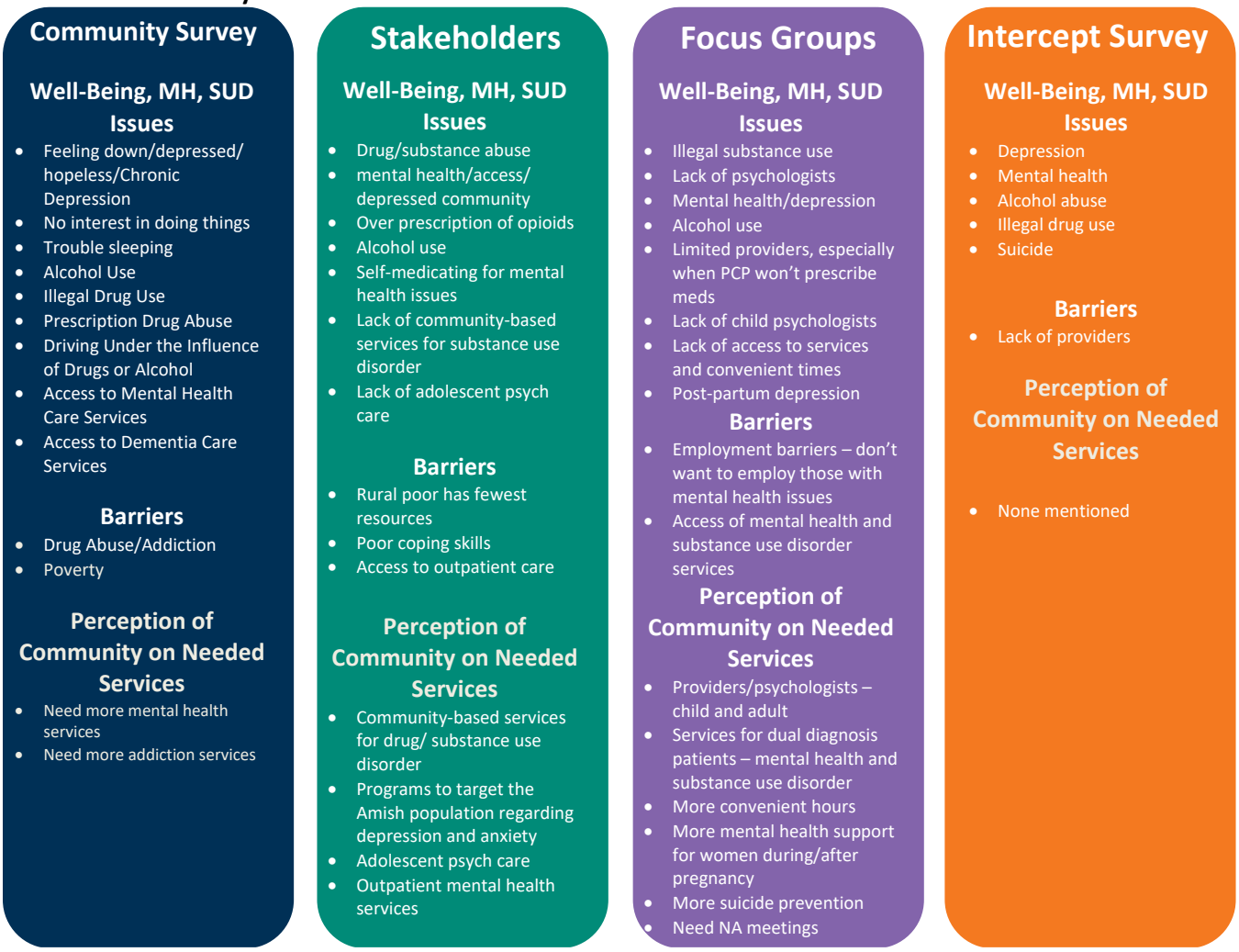
Identified Need	Secondary Data*	Community Health Survey	Stakeholder Interviews	Focus Groups	Intercept Surveys
PROMOTE WELL-BEING AND PREVENT MENTAL HEALTH AND SUBSTANCE USE DISORDERS					
Poor Mental Health/Depression	X	X	X	X	X
Alcohol Abuse- Adults	X	X	X	X	X
Suicide	X			X	X
Insufficient Sleep	X	X			
Lack of Mental Health Providers	X	X	X	X	X
Alcohol Impaired Driving Deaths	X	X			
High Risk Youth (6th Grade)	X	X			
Illegal Drug/Prescription Drug Abuse/ Addiction		X	X	X	X
Lack of Addiction Services		X	X		
Unique Clients Admitted for any Opioid to an OASAS-Certified Chemical Dependence Treatment Programs	X				
Mental Distress	X				
Alcohol Use – Students (Grades 6/7)	X				
Marijuana Use – Students (7th Grade)	X				
Antisocial Behavior – School Suspension (Grades 7/8)	X				
Antisocial Behavior – Carried Gun (Grades 7/11)	X				

Identified Need	Secondary Data*	Community Health Survey	Stakeholder Interviews	Focus Groups	Intercept Surveys
PROMOTE WELL-BEING AND PREVENT MENTAL HEALTH AND SUBSTANCE USE DISORDERS					
Student Reported Depression (Grades 8/10/11/12)	X				
Student Reported Poor Family Management/Conflict (Grades 6/7/8/10/11/12)	X				
Gambling		X			

*For secondary data, only those indicators showing a need (negative trend, discrepancy vs. WNY, NYS, NYS PA, US or HP 2020) received an X.
Source: Strategy Solutions, Inc., 2019

Figure 10 outlines the themes heard in the primary research regarding Promote Well-Being and Prevent Mental Health and Substance Use Disorders. Issues include mental health, illegal drug use, depression, alcohol use and lack of services.

Figure 10: Themes Heard Related to Promote Well-Being and Preventing Mental Health and Substance Use Disorders from Primary Research



Source: Cattaraugus County Community Health Survey, Stakeholder Interviews, Focus Groups, and Intercept Survey; Strategy Solutions, Inc., 2019

Communicable Disease Prevalence. The prevention and control of communicable or infectious disease is essential to public health. In Cattaraugus County, some communicable diseases, including sexually transmitted disease (STDs), have a markedly higher incidence rate in the selected communities, enforcing the established health disparities (**Table 12**).

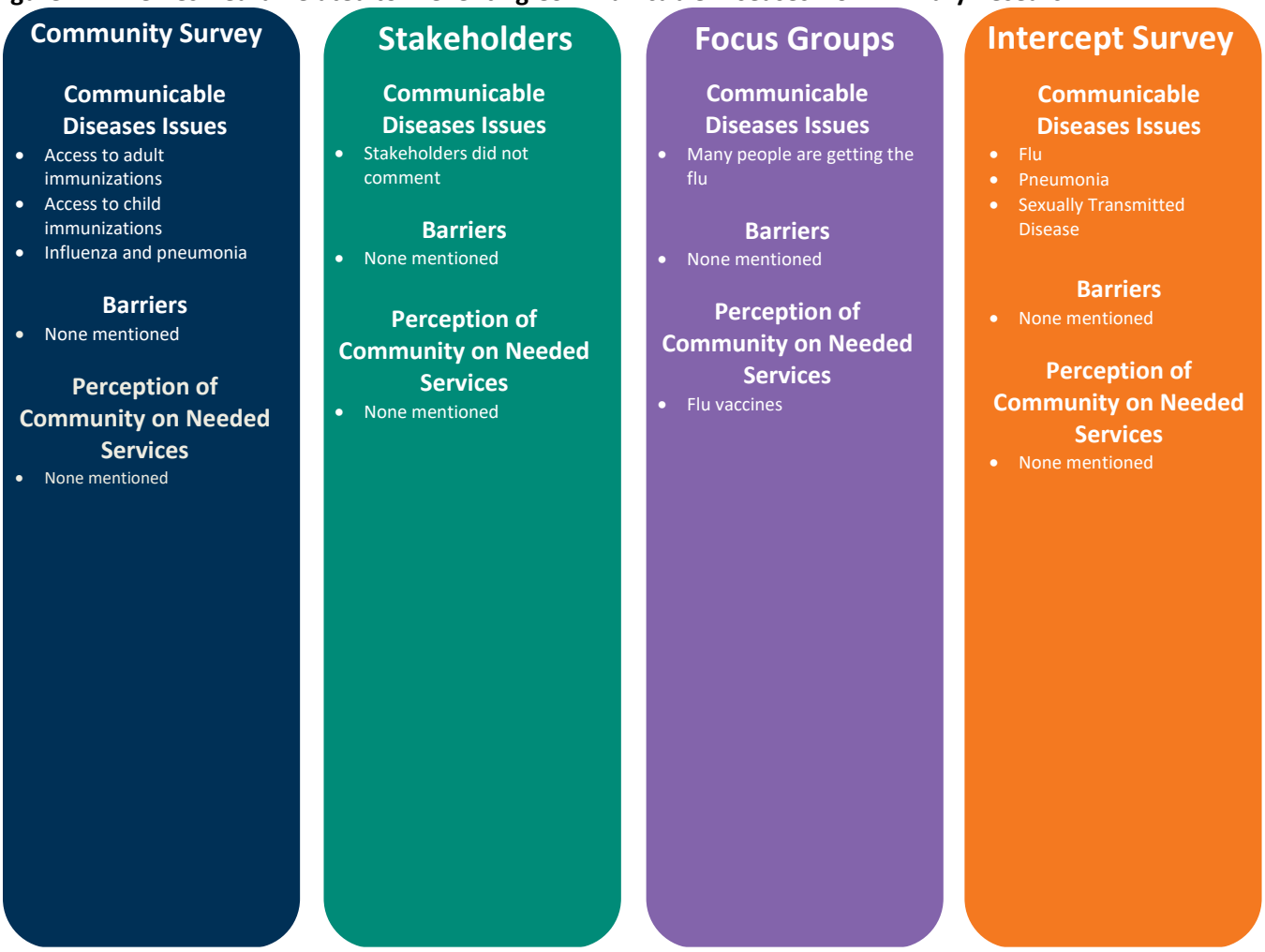
Table 12: Community Needs and Issues related to Communicable Disease Prevention

Identified Need	Secondary Data*	Community Health Survey	Stakeholder Interviews	Focus Groups	Intercept Surveys
PREVENT COMMUNICABLE DISEASES					
Child Immunizations	X	X			
Influenza/Pneumonia	X			X	X
HPV Vaccinations (Females)	X				
Gonorrhea (Males/Females)	X				
Chlamydia (Females)	X				
Syphilis (Males)	X				
Adult Immunizations		X			

*For secondary data, only those indicators showing a need (negative trend, discrepancy vs. WNY, NYS, NYS PA, US or HP 2020) received an X.
Source: Strategy Solutions, Inc., 2019

Figure 11 outlines the themes heard in the primary research regarding Preventing Communicable Diseases. Issues include access to immunizations, influenza, pneumonia and flu.

Figure 11: Themes Heard Related to Preventing Communicable Diseases from Primary Research



Source: Cattaraugus County Community Health Survey, Stakeholder Interviews, Focus Groups, and Intercept Survey; Strategy Solutions, Inc., 2019

During focus group and stakeholder interviews, participants were asked to identify potential solutions to the issues identified keeping the five NYSDOH Prevention Agenda Priorities in mind. Focus groups were asked to determine who should take the lead on the potential solutions. It is interesting to note that the focus groups indicated that Olean General Hospital and the Cattaraugus County Health Department should collaborate together with other agencies to work on potential solutions.

Table 13 lists who should take the lead on the potential solutions indicated by the focus group participants.

Table 13: Focus Group Identified Potential Solutions

		Lead Organization			
Focus Group Identified Potential Solutions	**Importance**	**OGH**	**HD**	**Collab**	**Agency**
Increased collaboration and communication between agencies	4.70	0.0%	0.0%	70.0%	30.0%
Recruit more health care/ems professionals	4.63	14.7%	2.9%	64.7%	17.6%
Transportation	4.58	0.0%	26.3%	47.4%	26.3%
Housing options	4.54	0.0%	9.1%	18.2%	72.7%
Educate people on wellness-related topics	4.52	4.3%	34.8%	52.2%	8.7%
Support for job placement/employment	4.29	0.0%	4.3%	52.2%	43.5%
Expand programs and services in the community	4.25	10.2%	16.9%	55.9%	16.9%
Educate people on services available in the community	4.08	12.5%	19.6%	51.8%	16.1%
Access to healthy/affordable food	3.92	0.0%	19.4%	47.2%	33.3%
Opportunities for people to get involved in the community	3.75	0.0%	25.0%	43.8%	31.3%

Source: Strategy Solutions, Inc. 2018 Focus Groups

Focus Groups were asked to identify what more could be done in the community to address the top priority health needs. Responses included:

- More mental health services for children, especially those under the age of 13
- Find a way to create a volunteer system that people would want to donate their time too, i.e., volunteer fire companies
- Expand programs to temporarily assist patients who need insurance coverage or assistance with medication
- Better post-vention services for the family, friends and survivors of suicide
- Multi-bedded pediatric and adult psychiatric care with rehab/detox capabilities and lots of beds locally
- Mobile health clinic to go out into the rural areas that can offer preventative services and education (i.e., flu shots); have the mobile clinic offer different services on different days - heart on one day, diabetes another day (both at the schools, hospitals, community gatherings)
- Mobile dentists that can go around the county, i.e., schools, or mobile clinic
- Substance use treatment centers in the area
- Bring back the program for co-occurring issues - physical and mental health issues - PCPs working with mental health agencies - an incentive program for the providers
- Offering scholarships to go the Y for exercise and activities

Stakeholders were asked to identify what more could be done in the community to address the top priority health needs. Responses included:

- Health plans should be working together with health systems and community partners
- Not much exists to address the needs of the Amish Population
- Transportation (Uber or Lyft)
- Safe/affordable housing
- More community health workers
- More food outreach in different places
- Diabetes education
- A free dental clinic
- Affordable medication
- Improve health literacy
- Better address mental health and stress
- Get information out about the 211 system
- Expanding walkable communities
- Move forward with obesity programs
- More grocery store options/mobile farmers market
- More collaboration
- Wellness programs in schools
- Health plan incentives for wellness participation
- More support for behavioral health

Hospital Utilization Data

Hospital Utilization Rates

As seen in **Table 14**, from 2015 through 2017, the most frequent hospital emergency room discharges for ambulatory care sensitive conditions in Cattaraugus County included:

a. Preventable Conditions: dental conditions, iron deficiency anemia, vaccine preventable conditions;
b. Acute Conditions: severe ENT infections, kidney/urinary infections, gastroenteritis;
c. Chronic Conditions: hypertension, diabetes without other conditions; asthma, COPD.

Table 14: Ambulatory Care Sensitive Conditions – ER Only

Ambulatory Care Sensitive Conditions- ER Only				
Preventable Conditions	**ICD- 9 2015**	**ICD-10 2015**	**2016**	**2017**
Congenital Syphilis	0	0	0	0
Failure to Thrive	0	1	0	1
Dental Conditions	558	138	520	499
Vaccine Preventable Conditions	10	1	12	5
Hemophilus Menginitis ages 1-5	0	0	0	0
Iron Deficiency Anemia	3	5	7	6
Nutritional Deficiencies	1	1	0	0
Acute Conditions	**ICD- 9 2015**	**ICD-10 2015**	**2016**	**2017**
Bacterial Pneumonia	19	9	23	21
Cervical Cancer	4	0	3	1
Cellulitis	580	59	326	249
Convulsions	423	75	300	126
Dehydration	0	1	1	0
Gastroenteritis	353	99	433	479
Hypoglycemia	51	22	96	75
Kidney/Urinary Infections	660	193	908	933
Pelvic Inflammatory Dis	26	21	39	20
Severe ENT Infections	1389	514	1,497	1,088
Skin Grafts with Cellulitis- DRG	1	1	0	0
Chronic Conditions	**ICD- 9 2015**	**ICD-10 2015**	**2016**	**2017**
Angina	73	39	24	19
Asthma	1,885	1,140	4,721	2,367
COPD	1,690	622	2,323	1,562
CHF	412	121	423	256
Diabetes with Ketoacidosis	6	1	15	12
Diabetes with other conditions	23	20	89	53
Diabetes without other conditions	2,115	697	3,020	2,752
Grand Mal and other Epileptic	252	132	153	74
Hypertension	4,656	1,492	6,974	6,261
Tuberculosis- Non Pulmonary	0	0	0	0
Pulmoary Tuberculosis	0	0	0	0

Source: OGH, 2018

For the same time period, the most frequent mental health related hospital ER and inpatient discharges in Cattaraugus County, as seen in **Table 15**, included: anxiety, depression, dementia, alcohol related.

Table 15: Mental Health Discharges: Emergency Department and Inpatient

Mental Health ICD-9 and ICD-10 File								
Code	ICD-9 2015 ER	ICD-9 2015 IN	ICD-10 2015 ER	ICD-10 2015 IN	2016 ER	2016 IN	2017 ER	2017 IN
Dementia	0	9	67	61	183	318	155	374
Alcohol Related		277	295	110	1266	327	151	331
Drug Related	176	136	36	24	204	92	39	62
Nondependent Drug Abuse	5801	1020	134	103	259	227	167	213
Transient Organic Psychosis	0		0	10	5	55	1	63
Other Chronic Organic Psychosis	16	133	7	42	89	157	100	159
Schizophrenia	244	163	70	46	390	147	269	186
Manic Disorder	0	0	0	0	0	0	2	1
Depressions	1753	938	617	118	4471	704	5226	1432
Bipolar	700	219	282	55	1618	260	1587	255
Paranoia Psychosis	121	112	56	13	162	93	113	128
Anxiety	1617	796	606	224	4729	982	4979	1462
Phobias	2	4	1	0	1	3	2	2
Personality Disorders	6	17	14	20	22	62	6	48
Other Personality Disorders	10	75	12	18	26	60	5	61
Sexual Deviations	1	0	0	0	0	0	0	0
Psychosexual Disorders NEC	0	1	0	0	0	0	0	0
Psychogenic Disorders	8	0	2	1	11	2	15	2
Sleep Disorders	1	1	0	0	1	1	0	1
Eating Disorders	3	10	1	2	2	9	4	12
Stress Related	18	22	7	0	31	12	52	32
Adjustment Related	35	27	16	13	40	83	16	81
Adjustment Reaction/Other Emotion	96	41	30	35	118	50	251	144
Other Adjustment Reaction	143	53	68	17	308	95	33	59
Conduct/Social Disturbances	10	6	2	4	37	30	44	56
Other Conduct Disturb NEC	17	0	1	1	10	4	20	1
Sensitivity & Withdrawal-Youth	0	0	1	0	0	0	0	0
Other Emotional Disorder-Youth	34	0	9	0	49	0	35	0
Mental Retardation	50	58	5	13	16	94	10	62

Source: OGH, 2018

Table 16 shows that from 2015 to 2017, hospital inpatient Diagnosis-Related Group (DRG) conditions for Cattaraugus County increased for: COPD, cancer, CHF.

Table 16: OGH Inpatient Diagnosis-Related Group (DRG) Conditions

DRG File	2015	2016	2017
Alcohol/ Drug Abuse	39	45	33
COPD	321	318	388
Pneumonia	177	188	145
Cancer	63	108	151
CHF	202	166	203
Bronchitis/Asthma>18	25	3	4
Breast Cancer	6	2	2
Bronchitis/Asthma<18	15	5	3
Fracture	19	6	9
Hypertension	9	2	3
Complications Baby	14	13	12
Behavioral Health	251	181	207
Reproductive Disorder	4	1	2

Source: OGH 2018

The hospital utilization data indicates: 1) Chronic diseases such as heart disease, hypertension, cancer, lung disease, asthma, and diabetes are recognized problems affecting the community. 2) Mental health issues such as depression, anxiety, dementia, addictive behaviors (e.g., smoking and excessive alcohol use) and substance abuse disorders are largely prevalent in the county.

Prevent Chronic Diseases

Prevent Chronic Diseases

When looking at chronic diseases from the 2016 CHA to the 2019 CHA, several indicators have either increased within Cattaraugus County or have a higher rate/percent when compared to New York State. These chronic diseases include:

- Obesity rates are higher than NYS[17]
- Leisure time physical activity has decreased in recent years[18]
- Percent of women receiving mammograms is lower than NYS[19]
- Lung cancer is the leading cause of cancer deaths in men and women[20]
- Percent of adult smokers is almost twice as higher as NYS[21]
- Age-adjusted rate per 100,000 population leading causes of death that are higher than NYS are heart disease, cancer, chronic lower respiratory diseases and stroke[22]
- Hospital ER discharges with a primary diagnosis of asthma, diabetes and hypertension have increased[23]
- Hospital inpatient discharges with a primary diagnosis of COPD and cancer have increased[24]

Chronic diseases such as cancer, diabetes, heart disease, stroke, asthma and arthritis are among the leading causes of death, disability and rising health care costs in New York State (NYS). However, chronic diseases are also among the most preventable. Three modifiable risk behaviors - unhealthy eating, lack of physical activity, and tobacco use - are largely responsible for the incidence, severity and adverse outcomes of chronic disease. As such, improving nutrition and food security, increasing physical activity, and preventing tobacco use form the core of the Preventing Chronic Diseases Action Plan. The plan also emphasizes the importance of preventive care and management for chronic diseases, such as screening for cancer, diabetes, and high blood pressure; promoting evidence-based chronic disease management; and improving self-management skills for individuals with chronic diseases.[25]

[17] Source: NYS State Department of Health eBRFSS, 2016
[18] Ibid.
[19] County Health Rankings, 2019
[20] Source: NYS Department of Health Cancer Registry
[21] Source: NYS State Department of Health eBRFSS, 2016
[22] Source: www.health.ny.gov/statistics/leadingcauses_death/pm_deaths_by_county.htm
[23] OGH, 2018
[24] Ibid.
[25] https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/chr.htm

Healthy Eating and Food Security

According to the results of the 2014 eBRFSS report that is outlined in **Table 17**, 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%. The percentage of adults consuming sugar-sweetened beverages declined slightly in Cattaraugus County in 2016 to 31.1%: however, this is still significantly higher than both the remainder of the state not including NYC (23.3%) as well as the state overall (23.2 %). Almost a third of the adult population in the county (32.2%) indicated that they eat no fruits or vegetables. This is higher than the remainder of the state excluding NYC (28.7%) as well as the state overall (31.2%).

Table 17: Eating Behaviors

	Cattaraugus		NYS (<NYC)		NYS	
	2014	2016	2014	2016	2014	2016
Sugar-Sweetened Beverages	31.3%	31.1%	23.3%	23.3%	23.8%	23.2%
Fast Food Consumption	7.8%	NA	6.3%	NA	5.8%	NA
No Fruits or Vegetables	NA	32.2%	NA	28.7%	NA	31.2%

Source: NYS State Department of Health eBRFSS, 2016

Table 18 highlights responses to the 2018 Community Health Survey question, "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)?" Less than one in ten survey respondents ate the recommended amount of fruit.

Table 18: Number of Times per Month Ate Fruit, N=391

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)?		
	Number	Percent
0 Days	29	7.4%
1 Time a Day, Week or Month	159	40.7%
2 Times a Day, Week or Month	111	28.4%
3 Times a Day, Week or Month	46	11.8%
4 Times a Day, Week or Month	15	3.8%
5 or More Times a Day, Week or Month	31	7.9%

Source: 2018 Cattaraugus County Community Health Survey; due to rounding, may not equal 100%

Table 19 highlights responses to the 2018 Community Health Survey question, "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)?" Less than one in ten survey respondents ate the recommended amount of green vegetables.

Table 19: Number of Times per Month Ate Green Vegetables, N=351

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)?		
	Number	Percent
0 Days	26	7.4%
1 Times a Day, Week or Month	162	46.2%
2 Times a Day, Week or Month	86	24.5%
3 Times a Day, Week or Month	35	10.0%
4 Times a Day, Week or Month	12	3.4%
5 or More Times a Day, Week or Month	30	8.6%

Source: 2018 Cattaraugus County Community Health Survey; due to rounding, may not equal 100%

Due to the increasing prevalence and associated diseases, obesity has become a contributing health problem in Cattaraugus County. According to the 2016 eBRFSS report, and outlined in **Table 20**, the percentage of obese adults in Cattaraugus County is 38.6%, which is significantly higher than that of NYS, which is 25.5%. (Obesity is defined as a Body Mass Index (BMI) ≥30). The percentage has increased since 2014 (33.6%). 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 2016 eBRFSS report, 45.3% of adults in Cattaraugus County living with a disability are obese compared to NYS at 38.1%. Disability - Limited activities (physical, mental, or emotional problems); need of special equipment (e.g. cane, wheelchair).

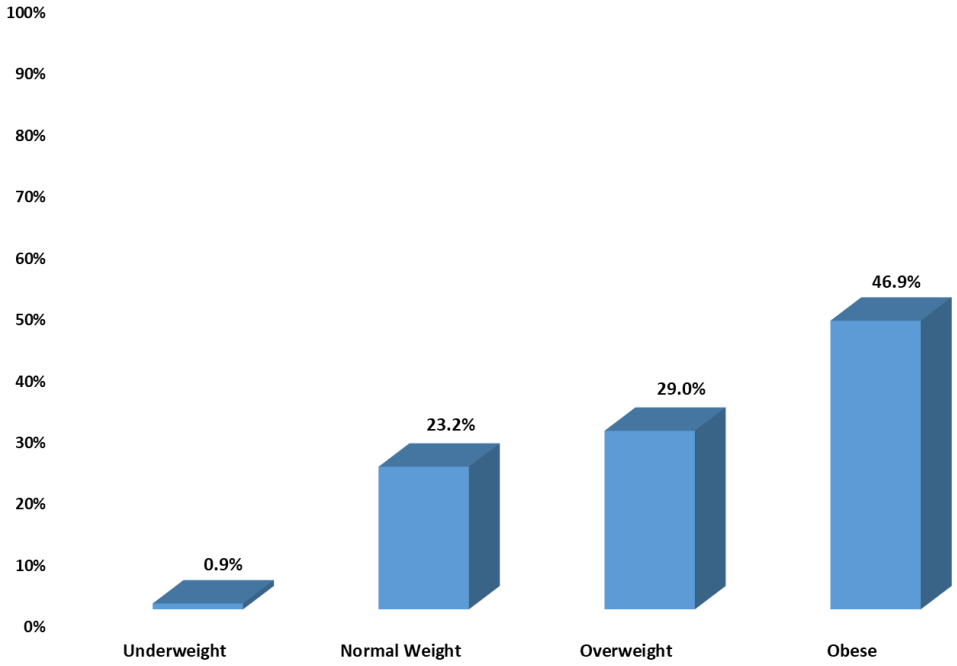
Table 20: Obesity and Physical Activity Behavioral Risk Factors

	Cattaraugus		NYS (<NYC)		NYS	
	2014	2016	2014	2016	2014	2016
Obesity	33.6%	38.6%	27.0%	27.4%	24.9%	25.5%
Obesity Low Income	39.9%	44.7%	27.0%	32.9%	24.9%	30.5%
Obesity Disability/Limited Activities	47.2%	45.3%	37.7%	39.6%	36.9%	38.1%
Leisure Time Physical Activity	76.0%	74.4%	73.7%	74.6%	72.8%	73.7%

Source: NYS State Department of Health eBRFSS, 2016

Figure 12 below shows the breakdown of underweight, overweight and obese based on the Community Health Survey questions of “About how much do you weight without shoes?” and “About how tall you are without shoes?” Almost half of the survey respondents are obese, based on weight and height.

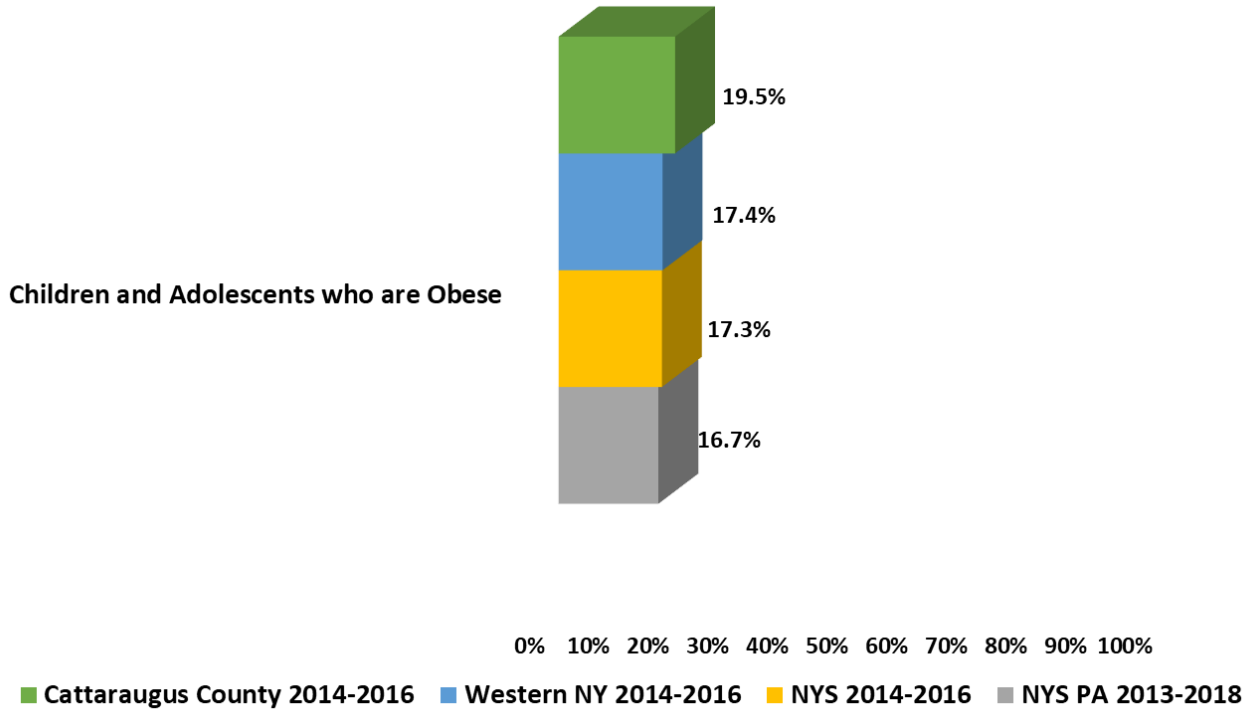
Figure 12: Community Health Survey Respondent Weight, N=669



Source: 2018 Cattaraugus County Community Health Survey; due to rounding, may not equal 100%

Figure 13 illustrates that the percentage of children that are obese in the county (19.5%) is higher than the Western NYS rate (17.4%), the overall NYS rate (17.3%) and the NYS PA rate (16.7%).

Figure 13: Obese Children and Adolescents



Source: NYS Department of Health Prevention Agenda (NYS PA)

Assets and resources that can be mobilized to address healthy eating and food security are listed below. These assets and resources target vulnerable populations and the services they would receive include those provided by the local health department; hospitals; health care providers; community-based organizations; businesses; academia; the media; and resources available through other sectors of government. For example, local farmers' markets can emphasize healthy food options and a school district can provide health education.

Table 21 below is a listing of community resources (other than the hospital) available in Cattaraugus County for residents to access regarding healthy eating and food security.

Table 21: Healthy Eating and Food Security: Community Resources Listing for Cattaraugus County

Agency	Address	City	St	Zip	Phone Number	Website
Basic Needs-Food						
Allegany Free Methodist Church Food Pantry	2523 Five Mile Road	Allegany	NY	14706	716-372-0388	http://www.creeksidechapel.org/
Bridge - St Bonaventure Outreach Corp	95 East Main Street	Allegany	NY	14706	716-373-1330 x16	
Cattaraugus Food Pantry	11 Washington St	Cattaraugus	NY	14719	716-257-3077	
Cornell Cooperative Extension - Cattaraugus County	28 Parkside Drive	Ellicottville	NY	14731	716-699-2377	http://cattaraugus.cce.cornell.edu/
Community Action Food Pantry	25 Jefferson St	Salamanca	NY	14779	716-945-1041	
Creekside Chapel Food Pantry	2523 Five Mile Rd	Allegany	NY	14706	716-372-0388	
Delevan Food Pantry	Church & Delevan Ave	Delevan	NY	14042	716-492-3231	
Eat Smart New York-Cattaraugus County CCE	28 Parkside Drive	Ellicottville	NY	14731	716-699-2377 x111	http://cattaraugus.cce.cornell.edu/
Expanded Food and Nutrition Education Program – Cattaraugus CCE	28 Parkside Drive	Ellicottville	NY	14731	716-699-2377	http://cattaraugus.cce.cornell.edu/
Franklinville Food Pantry - Catholic Charities	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 Area Love in the Name of Christ	64 East Main Street	Gowanda	NY	14070	716-532-6130	http://www.gowandaloveinc.org/
Harvest Field Outreach	408 W State	Olean	NY	14760	716-372-	

Agency	Address	City	St	Zip	Phone Number	Website
	St				3711	
Hinsdale Ischua Food Pantry	3678 Main Street	Hinsdale	NY	14743	716-557-2449	
Lighthouse Community Kitchen	25 Jefferson St	Salamanca	NY	14779	716-945-1041	
Limestone Food Pantry	941 N Main St	Limestone	NY	14753	716-925-8748	
Loaves 'N Fishes Hillside Wesleyan Church	753 Prospect Ave	Olean	NY	14760	716-373-6800	
Olean Food Pantry	8 Leo Moss Dr	Olean	NY	14760	716-372-4989	
Mobile Food Pantry at Dayton Food Pantry	9586 Railroad Avenue	Dayton	NY	14041	716-725-9229	https://www.foodbankwny.org/about-us/how-the-food-bank-works/programs/mobile-food-pantry/
Mobile Food Pantry at Trading Post South Food Pantry	11 Washington Street	Cattaraugus	NY	14719	716-257-3077	https://www.foodbankwny.org/about-us/how-the-food-bank-works/programs/mobile-food-pantry/
Portville Community Food Pantry	19 North Main Street	Portville	NY	14770	716-933-6426	
Randolph Community Cupboard	28 Jamestown Street Randolph Historical Building	Randolph	NY	14772	716-358-4848	
Seneca Nation Food Pantry	262 Broad St	Salamanca	NY	14779	716-945-2655	
St. Vincent De Paul	441 N Union St	Olean	NY	14760	716-373-0815	
Trading Post South	11 Washington Street	Cattaraugus	NY	14719	716-257-3077	www.savinggraceoutreach.org
United Church of Ellicottville	53 Elizabeth Street	Ellicottville	NY	14731	716-699-4003	
Valley View Baptist Church Food Pantry	33055 Route 353	Little Valley	NY	14755	716-938-9797	
Warming House - St Bonaventure University Ministries	164 North Union Street	Olean	NY	14760	716-372-2805	http://www.sbu.edu
Basic Needs-Material Goods						

Agency	Address	City	St	Zip	Phone Number	Website
Allegany Free Methodist Church Food Pantry	2523 Five Mile Road	Allegany	NY	14706	716-372-0388	http://www.creeksidechapel.org/
Bridge - St. Bonaventure Outreach Corp	95 East Main Street	Allegany	NY	14706	716-373-1330 x16	
Ellicottville Memorial Library	6499 Maples Road	Ellicottville	NY	14731	716-699-2842	http://www.evml.org
Gowanda Area Love in the Name of Christ	64 East Main Street	Gowanda	NY	14070	716-532-6130	www.gowandaloveinc.org
Healthy Community Alliance, Inc.	1 School Street Suite 100	Gowanda	NY	14070	716-532-1010	http://www.communityalliance.org
Hinsdale Ischua Food Pantry	3678 Main Street	Hinsdale	NY	14743	716-557-2449	
Little Valley Holiday Cheer	618 Erie Street	Little Valley	NY	14755	716-938-6332	
Little Valley United Methodist Church Clothes Closet	109 Court Street	Little Valley	NY	14755	716-938-6150	http://www.littlevalleyumc.org
Randolph Community Cupboard	28 Jamestown Street	Randolph	NY	14772	716-358-4848	
Roberts Memorial Free Methodist Church	111 South Street	Cattaraugus	NY	14719	716-257-3326	robertsfmc.org
Trading Post South	11 Washington Street	Cattaraugus	NY	14719	716-257-3077	www.savinggraceoutreach.org
Your Father's Attic	17 Washington Street	Cattaraugus	NY	14719	716-257-3077	http://www.savinggraceoutreach.org/trading-post.html

Table 22 below is a listing of hospital resources available in Cattaraugus County for residents to access regarding healthy eating and food security.

Table 22: Healthy Eating and Food Security: Olean General Hospital Resources Listing for Cattaraugus County

Olean General Hospital Programs and Services	Address	City	State	Zip	Phone Number
Nutritional Services					
Olean General Hospital	515 Main Street	Olean	NY	14760	(716) 375-6297

Physical Activity

Physical activity is directly related to the prevalence of obesity, diabetes, and heart disease. According to the 2016 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 74.4%, compared to NYS, which is 73.7% (See **Table 20** on page 49).

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. According to the County Health Ratings and Roadmaps (2018), only 64.7% of Cattaraugus County residents have access to exercise opportunities, this is significantly lower than NYS, which is 93.3%. Nevertheless, this is up from 49.9% in 2014, as outlined in **Table 23**. Despite the gap in exercise opportunities between Cattaraugus County and NYS overall, Cattaraugus County is nearly equal to NYS when it comes to the percentage of residents who are physically inactive, (26.0%) to (25.0%) respectively.

Table 23: County Health Rankings Physical Activity Indicators

County Health Rankings	Cattaraugus County									Trend	NYS 2018	NYS 2019
	2011	2012	2013	2014	2015	2016	2017	2018	2019	+/-	Rate	Rate
Access to Exercise				49.9%	63.6%	62.5%	62.5%	64.7%	63.0%	+	93.3%	93.0%
Physical Inactivity	25.8%	26.9%	26.9%	28.3%	28.9%	27.9%	26.3%	28.8%	26.0%	+	25.4%	25.0%

Source: County Health Rankings

Table 24 shows the responses to the 2018 Community Health Survey question, "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?" Over three-fourths of respondents answered that they did participate in physical activity or exercise.

Table 24: Physical Activity Other Than Regular Job, Past Month, N=666

During the past month, other than your regular job, did you participate in any physical activities or exercises?		
	Number	Percent
Yes	517	77.6%
No	148	22.2%
Don't Know	1	0.2%

Source: 2018 Cattaraugus County Community Health Survey; due to rounding, may not equal 100%

Table 25 illustrates the responses to the 2018 Community Health Survey question, "How often do you participate in physical activity or exercise?" A little over one in three respondents said that they exercise 2-4 times per week for at least 30 minutes per day.

Table 25: Frequency Participating in Physical Activity, N=666

How often do you participate in physical activity or exercise?		
	Number	Percent
5-7 times per week for at least 30 minutes each time	130	19.5%
2-4 times per week for at least 30 minutes each time	249	37.4%
0-1 times per week for at least 30 minutes each time	51	7.7%
I don't exercise regularly, but try to add physical activity when possible	186	27.9%
No physical activity or exercise beyond regular daily activities	50	7.5%

Source: 2018 Cattaraugus County Community Health Survey; due to rounding, may not equal 100%

Table 26 shows the responses to the 2018 Community Health Survey question, "Which, if any, of the following would help you become more active?" A little over half of the respondents said that discounts for exercise programs or gym memberships would help them become more physically active.

Table 26: Help to Become More Physically Active, N=660

What would help you become more physically active?	
	Percent
Discounts for exercise programs or gym memberships	53.0%
A friend to exercise with	33.8%
Individual instruction/personal trainer	30.6%
Safe place to walk or exercise	29.1%
Activities you can do with your children	22.6%
Groups to participate	22.1%
Improved health	17.7%
Information about exercise programs or gym memberships	14.8%
Workshops for classes about exercise	11.7%
Transportation to a park	2.1%

Source: 2018 Cattaraugus County Community Health Survey; due to rounding, may not equal 100%

Assets and resources that can be mobilized to address physical activity are listed below. These assets and resources target vulnerable populations and the services they would receive include those provided by the local health department; hospitals; health care providers; community-based organizations; businesses; academia; the media; and resources available through other sectors of government. For example, a local park can offer opportunities for physical activity and a school district can provide health education.

Table 27 below is a listing of community resources (other than the hospital) available in Cattaraugus County for residents to access regarding physical activity.

Table 27: Physical Activity: Community Resources Listing for Cattaraugus County

Agency	Address	City	St	Zip	Phone Number	Website
Individual and Family Life-Leisure Activities/Recreation						
Fitness Centers that Participate in Employee Wellness Program						
Droney Fit & Wellness	3134 NYS Route 417	Olean	NY	14760	716-372-3488	http://www.droneyfit.com/
YMCA of Twin Tiers	1001 Wayne Street	Olean	NY	14760	716-373-2400	https://www.twintiersymca.org/locations/olean-ymca
Groove Health and Fitness	6696 US-219	Ellicottville	NY	14760	716-435-9591	http://www.groovehealthandfitness.com/
Olean Meditation Center	2274 Dugan Road	Olean		14759	716-375-5549	https://oleanmeditation.org/
Fitness Centers						
AKT Combatives Academy	705 N. Union St.	Olean	NY	14760	716-373-1050	https://aktcombatives.com
Dance Arts	132 N. Union St.	Olean	NY	14760	716-372-5048	http://danceartsolean.com/
Eades 24-7	502 N. Union St.	Olean	NY	14760	716-372-9444	https://www.eadefitness.com/
Elite Athletics	9111 Otto-E.Otto Rd	Otto	NY	14766	716-450-2151	https://www.eliteathleticsallstar.com/
Hometown Fitness	28 W. Main St.	Cuba	NY	14727	585-209-4041	https://cubahometownfitness.weebly.com/
Neighborhood School of Dance	609 S. Union St.	Olean	NY	14760	716-373-3330	http://nsdolean.com/
Peakside Health & Fitness	6129 US-219	Ellicottville	NY	14731	716-699-5588	
Randolph Brick Fitness	129 Main Street	Randolph	NY	14772		https://www.facebook.com/pg/randolphbrickfitness/about/?ref=page_internal
Public Parks						
Allegany River Park	W. Union Street	Allegany	NY	14706	716-373-1540	http://www.allegany.org/index.php?River%20park
Allegany State Park	2373 ASP Route 1	Salamanca	NY	14779	716-354-9101	https://parks.ny.gov/parks/1/hunting.aspx
Boardman Park	N. Union Street	Olean	NY	14760		https://www.cityofolean.org/youth/parks.html

Agency	Address	City	St	Zip	Phone Number	Website
Ellicotville Village Park	11 Parkside Drive	Ellicottville	NY	14731		
Elmer's Dog Park	28 Parkside Drive	Ellicottville	NY	14731		
Forness Park	740 Hoop Street	Olean	NY	14760		https://www.cityofolean.org/youth/parks.html
Francot Park	201R W. Green St.	Olean	NY	14760	716-376-5666	https://www.cityofolean.org/youth/parks.html
Franklin-Hysol Park	Franklin Ave.	Olean	NY	14760		https://www.cityofolean.org/youth/parks.html
Gargoyle Park	101 Gargoyle Road	Olean	NY	14760	716-376-5663	https://www.cityofolean.org/youth/parks.html
Griffis Sculpture Park	6902 Rohr Rd.	East Otto	NY	14729	716-667-2808	http://griffispark.org/griffis-sculpture-park/
Homer Street Park	Homer Street	Olean	NY	14760		https://www.cityofolean.org/youth/parks.html
Irving Park	Irving St. & S. 11th St.	Olean	NY	14760		https://www.cityofolean.org/youth/parks.html
King Street Park	King St. & Seneca St.	Olean	NY	14760		https://www.cityofolean.org/youth/parks.html
Lincoln Park	State St. & Union St.	Olean	NY	14760		https://www.cityofolean.org/youth/parks.html
Little Rock City and McCarty Hill State Forest		Little Valley	NY	14741	716-372-0645	www.dec.ny.gov/lands/77184.html
Magnano Park	York St.	Olean	NY	14760		https://www.cityofolean.org/youth/parks.html
Marcus Park	N. 15th St. & Sullivan St.	Olean	NY	14760		https://www.cityofolean.org/youth/parks.html
Nannen Arboretum	28 Parkside Drive	Ellicottville	NY	14731	716-699-2100	https://enchantedmountains.com/place/nannen-arboretum
Oakhill Park	Washington and N. 4th St.	Olean	NY	14760	716-316-5698	https://www.cityofolean.org/youth/parks.html
Onoville Marina Park		Steamburg	NY	14783	716-354-2615	https://onoville.com/
Pfeiffer Nature Center	14 S. Main Street	Portville	NY	14770	716-933-0187	https://pfeiffernaturecenter.org/nature-blog/
Rock City Park	505 NY-16	Olean	NY	14760	716-372-7790	http://www.rockcitypark.com/
Town Hall Park	4th St. & Main St.	Allegany	NY	14706		http://www.allegany.org/index.php?River%20park
War Veterans Park	551 E. State Street	Olean	NY	14760		https://www.cityofolean.org/youth/parks.html
Recreation Centers						

Agency	Address	City	St	Zip	Phone Number	Website
Olean Recreation Center	551 E. State Street	Olean	NY	14760	716-373-7465	https://www.cityofolean.org/youth/facilities.html
Allegany Recreation Center	Maple Ave. & N. 4th Street	Allegany	NY	14706	716-307-2940	https://www.allegany.org/index.php?PROGRAMS
Allegany Community Center	3677 Administration Dr	Salamanca	NY	14779	716-945-8119	https://sni.org/departments/allegany-community-center/
Shared Use Agreements						
Cattaraugus-Little Valley CSD	25 N. Franklin St.	Cattaraugus	NY	14719	716-257-3483	opens exercise facilities for public use
Olean City School District	410 W. Sullivan St.	Olean	NY	14760	716-375-8028	Opens gym for adults basketball
Portville Central School	500 Elm Street	Portville	NY	14770	716-933-6000	opens exercise facilities for public use
Salamanca City School District	50 Iroquois Dr.	Salamanca	NY	14779	716-945-5140	Allows use of public use of pool
Town of Allegany	52 W. Main St.	Allegany	NY	14706	716-373-4522	afterschool progam/adult basketball
Town of Coldspring	2604 Lebanon Rd	Steamburg	NY	14738	716-354-5752	Fire Company allows property to be use for tee-ball and little league baseball
Individual and Family Life-Mutual Support						
Gowanda Area Love in the Name of Christ	64 East Main Street	Gowanda	NY	14070	716-532-6130	http://www.gowandaloveinc.org/
Multiple Sclerosis Self Help Support Group		Ellicottville	NY	14731	Judy Brown 716-699-4618	
Parent Support Group of Cattaraugus-Randolph-Parent Network of WNY	26 Jamestown Street Randolph Public Library	Randolph	NY	14772	Jean Knapp, Family Peer Advocate 716-790-9277	https://parentnetworkwny.org/events
Post-Polio Survivors of the Southern Tier	986 Fairmount Avenue Alfie's Restaurant	Jamestown	NY	14701	716-358-3481	

Agency	Address	City	St	Zip	Phone Number	Website
Zoar Valley Recovery and Treatment Center	49 South Water Street	Gowanda	NY	14070	Main Phone 716-532-2231 Central Intake 716-816-2218	http://www.omh.ny.gov/omhweb/facilities/bupc

Table 28 below is a listing of hospital resources available in Cattaraugus County for residents to access regarding physical activity.

Table 28: Physical Activity: Olean General Hospital Resources Listing for Cattaraugus County

Olean General Hospital Programs and Services	Address	City	State	Zip	Phone Number
Occupational Wellness Center					
Olean General Hospital	901 Wayne Street	Olean	NY	14760	(716) 375-7495
Bradford Regional Medical Center	116 Interstate Parkway	Bradford	PA	16701	(814) 368-4143
Orthopedic, Spine Surgery and Sports Medicine					
Olean General Hospital	515 Main Street	Olean	NY	14760	(716) 701-1510 (716) 375-6993
Rehabilitation					
Sub-acute Inpatient Rehabilitation Olean General Hospital	515 Main Street	Olean	NY	14760	(716) 375-4126
Outpatient Rehabilitation Olean General Hospital	515 Main Street	Olean	NY	14760	(716) 375-7485

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.

Table 29 outlines the prevalence of smoking in Cattaraugus County which significantly exceeds that of NYS. According to the results of the 2016 eBRFSS, 26.7% of the adult survey participants indicated that they smoked cigarettes compared to 14.2% of adults in NYS. Cattaraugus County smoking rate declined slightly since 2014, which was reported at 28.4%. Low income respondents had an even higher smoking rate (37.4%) as did those with a disability (39.4%). The significant gap between the adult smoking rate in Cattaraugus County compared to NYS is directly contributed to the ability of NYS, and NYS counties imposing an excise tax on tobacco products which significantly raises the price on tobacco products and hence a decrease in sales of these products. However, in Cattaraugus County inexpensive cigarettes are readily available at Native American retail tobacco outlets on the Allegany and Cattaraugus Territories and are sold three times below current retail cost in other NYS counties. This is a direct correlation between the gap in adult smoking rates seen in Cattaraugus County and NYS overall.

Table 29: Smoking Prevalence

	Cattaraugus		NYS (<NYC)		NYS	
	2014	2016	2014	2016	2014	2016
Current Smoking	28.4%	26.7%	17.3%	16.2%	15.6%	14.2%
Current Smoking Low Income	51.6%	37.4%	27.9%	25.3%	23.6%	19.8%
Current Smoking Disability	N/A	39.4%	N/A	23.4%	N/A	20.1%

Source: NYS State Department of Health eBRFSS, 2016

Table 30 highlights responses to the 2018 Community Health Survey question, “Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?” Almost all of the respondents said that they do not currently use tobacco, snuff, or snus.

Table 30: Currently Chew Tobacco, Snuff or Snus, N=667

Do you currently use Chew, Tobacco, Snuff, Snus?		
	Number	Percent
Every day	15	2.2%
Some days	6	0.9%
Not at all	646	96.9%

Source: 2018 Cattaraugus County Community Health Survey; due to rounding, may not equal 100%

Table 31 highlights responses to the 2018 Community Health Survey question, "Do you currently smoke?" More than 8 out of 10 respondents said that they do not currently smoke.

Table 31: Currently Smoke, N=669

Do you currently smoke?		
	Number	Percent
Yes	96	14.3%
No	573	85.7%

Source: 2018 Cattaraugus County Community Health Survey; due to rounding, may not equal 100%

Table 32 oulines that female (98.5%) respondents to the Community Health Survey are signficantly more likely than males (90.7%) not to smoke at all. Females (15.7%) are also more likely to have ever been told that they have high blood pressure, while males (18.0%) are more likely to have been told that they have diabetes.

Table 32: Behavioral Risks by Gender

Behavior Risks by Gender		
Answer Yes:	Male	Female
Smoke Every Day	6.7%	1.2%
Smoke Not at All	90.7%	98.5%
High Blood Pressure	8.7%	15.7%
Diabetes	18.0%	9.0%

Source: Cattaraugus County Community Health Survey 2018

The apparent disparity in the data generated from the community health survey (14.3%) compared to NYS BRFSS (27%) could be attributed to the demographics of the population who responded to the survey. The community health survey was primarily completed by persons in a higher income bracket and belonging to older age groups (50+ years) who represent a sub-population of Cattaraugus County.

Assets and resources that can be mobilized to address tobacco use are listed below. These assets and resources target vulnerable populations and the services they would receive include those provided by the local health department; hospitals; health care providers; community-based organizations; businesses; academia; the media; and resources available through other sectors of government. For example, a smoking cessation program or support group could offer opportunities to quit smoking and a school district can provide health education.

Table 33 below is a listing of community resources (other than the hospital) available in Cattaraugus County for residents to access regarding tobacco use.

Table 33: Tobacco Use: Community Resources Listing for Cattaraugus County

Agency	Address	City	State	Zip	Phone Number	Website
Tobacco Use						
NYS Smokers Quitline					866-697-8487	
Tobacco-Free Western New York	Roswell Park Comprehensive Cancer Center	Buffalo	NY	14263	716-548-0555; 716-489-1114	Tobaccofreewny.com
Foothills Medical Group	515 Main St	Olean	NY	14760	716-701-1510	Myfmg.org
Olean Medical Group	535 Main St	Olean	NY	14760	716-372-0141	Oleanmedicalgroup.com
Universal Primary Care - Olean	135 N Union St	Olean	NY	14760	716-375-7500	www.upchealthy.net
Universal Primary Care - Salamanca	445 Broad St	Salamanca	NY	14779	716-375-7500	www.upchealthy.net

Table 34 below is a listing of hospital resources available in Cattaraugus County for residents to access regarding tobacco use.

Table 34: Tobacco Use: Olean General Hospital Resources Listing for Cattaraugus County

Olean General Hospital Programs and Services	Address	City	State	Zip	Phone Number
Cardiopulmonary Department					
Olean General Hospital	515 Main Street	Olean	NY	14760	(716) 375-6220

Tobacco use is a risk factor for cancer, heart disease, chronic lower respiratory disease and stroke. The high rate of adult smokers in Cattaraugus County can be associated with the aforementioned chronic diseases:

Cancer

As seen in **Table 35** below, cancer is the second leading cause of death in Cattaraugus County with 139.3 age adjusted deaths per 100,000, compared to 152.4 per 100,000 for NYS. This is down from 170.1 age-adjusted deaths per 100,000 from the previous period.[26]

Table 35: Leading Causes of Death 2016

	Cattaraugus County		New York State (excluding NYC)	
Leading Cause of Death	# Cases	Age adjusted rate per 100,000	# Cases	Age adjusted rate per 100,000
Heart Disease	251	236.8	26,569	172.7
Cancer	149	139.3	22,422	152.4
Chronic Lower Respiratory Diseases	68	62.4	5,137	34.4
Unintentional Injury	46	58.6	5,041	41.7
Stroke	41	39.3	4,290	28.1

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

When looking at cancer deaths overall in Cattaraugus County, as outlined in **Table 36**, 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 cancer. In men, colorectal cancer is the second leading cause of cancer deaths followed by pancreatic cancer. CDC reports that smoking is one of the leading risk factors for acquiring lung cancer and has been associated as a risk factor for breast, colorectal and pancreatic cancers as well [27]. Based on this information and the previous reports, Cattaraugus County's high rate of cancer deaths can be correlated to the county's high rate of adult smokers reported in Cattaraugus County.

[26] https://apps.health.ny.gov/public/tabvis/PHIG_Public/lcd/reports/#county
[27] https://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm

Table 36: Cancer Incidence and Prevalence 2012-2016 Cattaraugus

Site of Cancer	Incidence						Mortality					
	Males and Females		Males		Females		Males and Females		Males		Females	
	Average Annual Cases	Rate per 100,000 Population	Average Annual Cases	Rate per 100,000 Males	Average Annual Cases	Rate per 100,000 Females	Average Annual Deaths	Rate per 100,000 Population	Average Annual Deaths	Rate per 100,000 Males	Average Annual Deaths	Rate per 100,000 Females
All Invasive Malignant Tumors	529.4	519.0	270.0	554.0	259.4	494.6	163.2	155.2	83.6	173.1	79.6	140.6
Female breast					70.6	136.7					9.2	17.5
Lung and bronchus	73.0	67.5	38.6	76.0	34.4	60.6	52.0	49.5	27.0	55.0	25.0	44.5
Colorectal	44.6	45.1	20.8	44.2	23.8	46.1	14.0	14.1	6.4	13.3	7.6	14.6
Colon excluding rectum	31.4	31.7	13.2	28.5	18.2	34.4	11.6	11.8	5.0	10.7	6.6	12.8
Urinary bladder (incl. in situ)	31.0	28.7	23.4	48.3	7.6	12.2	5.0	4.6	3.0	6.2	2.0	3.2
Non-Hodgkin lymphomas	23.4	23.5	11.6	26.0	11.8	20.7	6.8	6.3	4.2	8.3	2.6	4.4
Melanoma of the skin	22.4	22.9	15.0	32.0	7.4	16.3	1.6	1.3	1.4	2.6	0.2	0.3
Kidney and renal pelvis	17.8	17.5	10.4	22.0	7.4	14.0	3.8	3.4	2.4	4.8	1.4	2.6
Thyroid	13.4	15.9	1.8	4.2	11.6	27.3	0.2	0.2	0.0	0.0	0.2	0.4
Leukemias	15.0	14.4	8.4	18.3	6.6	11.6	3.8	3.7	2.4	5.6	1.4	2.5
Oral cavity and pharynx	16.0	15.3	11.4	23.2	4.6	7.5	3.0	2.8	2.4	4.8	0.6	1.1
Rectum & rectosigmoid	13.2	13.4	7.6	15.7	5.6	11.8	2.4	2.2	1.4	2.6	1.0	1.8
Pancreas	9.2	9.2	5.2	11.4	4.0	7.2	9.8	9.6	5.4	12.0	4.4	7.5
Prostate			68.4	127.6					4.2	9.3		

Source: NYS Department of Health Cancer Registry

Assets and resources that can be mobilized to address cancer are listed below. These assets and resources target vulnerable populations and the services they would receive include those provided by the local health department; hospitals; health care providers; community-based organizations; businesses; academia; the media; and resources available through other sectors of government. For example, cancer programs could offer opportunities for health education and support.

Table 37 below is a listing of community resources (other than the hospital) available in Cattaraugus County for residents to access regarding cancer.

Table 37: Cancer: Community Resources Listing for Cattaraugus County

Agency	Address	City	State	Zip	Phone Number	Website
Cancer Services Program – Chautauqua, Cattaraugus and Allegany	24 Water St	Cuba	NY	14727	585-209-4010	
Foothills Medical Group	515 Main St	Olean	NY	14760	716-701-1510	Myfmg.org

Agency	Address	City	State	Zip	Phone Number	Website
Olean Medical Group	535 Main St	Olean	NY	14760	716-372-0141	Oleanmedicalgroup.com
Universal Primary Care - Olean	135 N Union St	Olean	NY	14760	716-375-7500	www.upchealthy.net
Universal Primary Care - Salamanca	445 Broad St	Salamanca	NY	14779	716-375-7500	www.upchealthy.net

Table 38 below is a listing of hospital resources available in Cattaraugus County for residents to access regarding cancer.

Table 38: Cancer: Olean General Hospital Resources Listing for Cattaraugus County

Olean General Hospital Programs and Services	Address	City	State	Zip	Phone Number
Cancer Center					
Medical Oncology and Hematology Barry Street Health Center	528 North Barry Street	Olean	NY	14760	(716) 543-3255

Heart Disease

As seen in **Table 35**, heart disease is the leading cause of death in Cattaraugus County with 236.8 age-adjusted deaths per 100,000. This is down from 271.8 age-adjusted deaths per 100,000 from the previous period.[28] Even though the mortality rate per 100,000 for coronary heart disease in Cattaraugus County has decreased over a ten-year period (from 233.8 in 2008-2010 to 166.5 in 2015-2017), the mortality rate for coronary heart disease is significantly higher than NYS (120.4).[29] The sub-county data for age adjusted heart attack hospitalizations per 10,000 population indicated that Ischua/Hinsdale (49.1%), Killbuck (38.2%), East Otto (33.5%) and Machias (24.9%) were the leading municipalities showing the highest percentage of people hospitalized for heart attacks. Overall, Cattaraugus County (20.4) had a significantly higher rate of heart attack related hospitalizations compared to NYS (14.9)[30]. CDC reports that hypertension, high cholesterol and smoking are key risk factors for heart disease. Other medical conditions and lifestyle choices that can lead to heart disease include diabetes, overweight/obesity, poor diet, physical inactivity, excessive alcohol use.[31] Based on this information and previous data reported, Cattaraugus County's high rate of heart disease deaths can be correlated with the county's high rates of poor health behaviors (i.e. smoking, obesity, physical inactivity, and excessive alcohol use).

Assets and resources that can be mobilized to address heart disease are listed below. These assets and resources target vulnerable populations and the services they would receive include those provided by the local health department;

[28] https://apps.health.ny.gov/public/tabvis/PHIG_Public/lcd/reports/#county
[29] http://www.k2hwny.org/index.php?module=indicators&controller=index&action=view&indicatorId=99&localeId=1884
[30] https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=/EBI/PHIG/apps/dashboard/pa_dashboard&p=mp&ind_id=pa27_0%20&cos=4
[31] https://www.cdc.gov/heartdisease/behavior.htm

hospitals; health care providers; community-based organizations; businesses; academia; the media; and resources available through other sectors of government. For example, heart health programs could offer opportunities for health education and support.

Table 39 below is a listing of community resources (other than the hospital) available in Cattaraugus County for residents to access regarding heart disease.

Table 39: Heart Disease: Community Resources Listing for Cattaraugus County

Agency	Address	City	State	Zip	Phone Number	Website
Foothills Medical Group	515 Main St	Olean	NY	14760	716-701-1510	Myfmg.org
Olean Medical Group	535 Main St	Olean	NY	14760	716-372-0141	Oleanmedicalgroup.com
Universal Primary Care - Olean	135 N Union St	Olean	NY	14760	716-375-7500	www.upchealthy.net
Universal Primary Care - Salamanca	445 Broad St	Salamanca	NY	14779	716-375-7500	www.upchealthy.net

Table 40 below is a listing of hospital resources available in Cattaraugus County for residents to access regarding heart disease.

Table 40: Heart Disease: Olean General Hospital Resources Listing for Cattaraugus County

Olean General Hospital Programs and Services	Address	City	State	Zip	Phone Number
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	NY	14760	(716) 375-6220
The Heart Program					
The Chest Pain Center The Cardiac Clinic at Olean General Hospital	515 Main Street	Olean	NY	14760	(716) 375-7035
Interventional Cardiac Catheterization Olean General Hospital	515 Main Street	Olean	NY	14760	Cardiac Clinic (716) 375-7035 Cardiac Cath Lab Scheduling (716) 375-6163 Admissions/Transfer Line (716) 375-6200

Refer to pages 51-53 and pages 56-59 above for resources related to healthy eating and physical activity (chronic disease prevention).

Chronic Lower Respiratory Disease (CLRD)

CLRD comprises three major diseases: chronic bronchitis, emphysema, and asthma. As seen in **Table 35** above, CLRD is the third leading cause of death in Cattaraugus County. Comparatively, CLRD age-adjusted deaths in Cattaraugus County, which is (62.4), is significantly higher than that of NYS, which is (34.4).[32] CDC reports that tobacco smoke is a key factor in the development and progression of chronic respiratory diseases, including COPD. Exposure to air pollutants in the home and workplace, genetic factors, and respiratory infections also play a role. Based on this information and previous data reported, Cattaraugus County high rate of CLRD deaths can be correlated with the county's high rate of tobacco use.

Assets and resources that can be mobilized to address CLRD are listed below. These assets and resources target vulnerable populations and the services they would receive include those provided by the local health department; hospitals; health care providers; community-based organizations; businesses; academia; the media; and resources available through other sectors of government. For example, a smoking cessation program or support group could offer opportunities to quit smoking

Table 41 below is a listing of community resources (other than the hospital) available in Cattaraugus County for residents to access regarding CRLD.

Table 41: CRLD: Community Resources Listing for Cattaraugus County

Agency	Address	City	State	Zip	Phone Number	Website
Foothills Medical Group	515 Main St	Olean	NY	14760	716-701-1510	Myfmg.org
Olean Medical Group	535 Main St	Olean	NY	14760	716-372-0141	Oleanmedicalgroup.com
Universal Primary Care - Olean	135 N Union St	Olean	NY	14760	716-375-7500	www.upchealthy.net
Universal Primary Care - Salamanca	445 Broad St	Salamanca	NY	14779	716-375-7500	www.upchealthy.net

[32] https://apps.health.ny.gov/public/tabvis/PHIG_Public/lcd/reports/#county

Table 42 below is a listing of hospital resources available in Cattaraugus County for residents to access regarding CRLD.

Table 42: CRLD: Olean General Hospital Resources Listing for Cattaraugus County

Olean General Hospital Programs and Services	Address	City	State	Zip	Phone Number
Cardiopulmonary Department					
Olean General Hospital	515 Main Street	Olean	NY	14760	(716) 375-6220

Stroke

As seen in **Table 35**, stroke is the fifth leading cause of death in Cattaraugus County with an annual age-adjusted death rate in 2016 of 39.3 per 100,000, which is higher than NYS (excluding NYC) (28.1).[33] While the individual rates have fluctuated over the past ten years, since 2010, the three-year average rate has decreased from 36.2 (2013 to 2015 to 34.9 (2015-2017).[29,34] CDC reports that several medical conditions (hypertension, high cholesterol, heart disease, diabetes, etc.) and lifestyles choices (unhealthy diet, physical inactivity, obesity, excessive alcohol use, tobacco use etc.) are causes associated with strokes. Based on this information and previous data reported, Cattaraugus County high death rates due to strokes can be correlated to the county's poor health behavior (unhealthy diet, physical inactivity, obesity, excessive alcohol use, and tobacco use).

Assets and resources that can be mobilized to address stroke are listed below. These assets and resources target vulnerable populations and the services they would receive include those provided by the local health department; hospitals; health care providers; community-based organizations; businesses; academia; the media; and resources available through other sectors of government. For example, a stroke program could offer opportunities to provide stroke education and warning signs.

Table 43 below is a listing of community resources (other than the hospital) available in Cattaraugus County for residents to access regarding Stroke.

Table 43: Stroke: Community Resources Listing for Cattaraugus County

Agency	Address	City	State	Zip	Phone Number	Website
Foothills Medical Group	515 Main St	Olean	NY	14760	716-701-1510	Myfmg.org
Olean Medical Group	535 Main St	Olean	NY	14760	716-372-0141	Oleanmedicalgroup.com
Universal Primary Care - Olean	135 N Union St	Olean	NY	14760	716-375-7500	www.upchealthy.net
Universal Primary Care - Salamanca	445 Broad St	Salamanca	NY	14779	716-375-7500	www.upchealthy.net

[33] http://www.k2hwny.org/indicators/index/view?indicatorId=9&localeId=133963&periodId=1077
[34] https://www.health.ny.gov/statistics/chac/mortality/d13_4.htm

Table 44 below is a listing of hospital resources available in Cattaraugus County for residents to access regarding stroke.

Table 44: Stroke: Olean General Hospital Resources Listing for Cattaraugus County

Olean General Hospital Programs and Services	Address	City	State	Zip	Phone Number
Emergency Department					
Olean General Hospital	515 Main Street	Olean	NY	14760	(716) 375-6220

Chronic Disease Preventive Care/Management

In an effort to reduce the burden of chronic disease in Cattaraugus County, the CCHD together with OGH proactively collaborated to track interventions implemented to meet the needs of the county's population. Screening for cancer and diabetes and improving standards for better nutritional choices were some of the problems identified in the 2016 CHA. Multi-component efforts included implementation of healthy meeting and/or vending policies, promoting cancer (breast and colorectal) screening, increasing diabetes screening, providing education on healthy behavior changes and providing incentives for providers to participate in Continuing Medical Education (CME) on evidence-based practices for chronic diseases. Efforts were continued to educate and persuade policy makers on the importance of adopting and implementing a Complete Streets Policy, which would provide a safe place for residents to walk and ride.

Table 45 illustrates indicator measurements collected from the three provider partners – Foothills Medical Group, Olean Medical Group and Universal Primary Care.

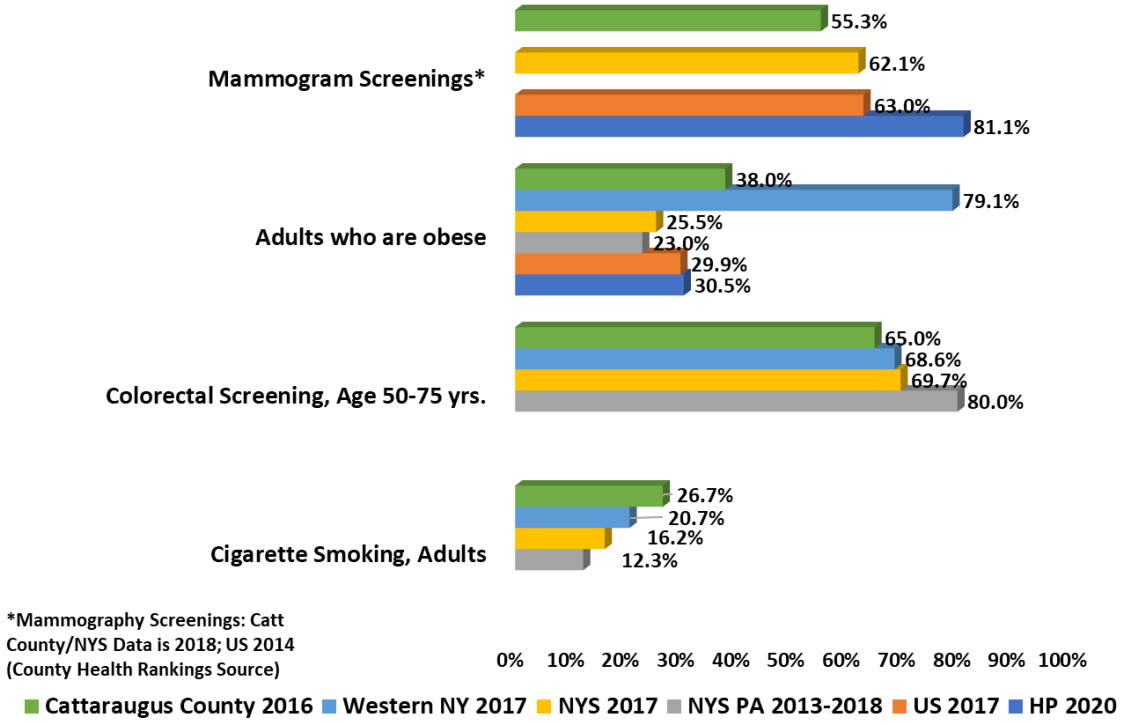
Table 45. Cattaraugus County 2016-2018 CHIP Chronic Disease Prevention Tracker

Cattaraugus County 2016 - 2018: CHIP Indicator Tracker 2018 Update					
+ Improvement **Decline** **No change** **New measure (baseline and progress not available)**					
Partners: FMG= Foothills Medical Group, UPC=Universal Primary Care, OMG=Olean Medical Group					
Progress	**Health Focus Area and Goals**	**Baseline (Year)**	**2017 (Year)**	**2018 (Year)**	**Target**
Prevent Chronic Diseases: Reduce Obesity in children and adults					
+	Number of agencies/organizations that have passed Healthy Meeting and/or Healthy Vending Policies	8 (2016)	4 (2017)	10 (2018)	5/year
✸	Number of municipalities that have passed Complete Street Policies	0 (2016)	6 (2017)	0 (2018)	5/year
Prevent Chronic Diseases: Increase access to high quality chronic disease preventive care and management in both clinical and community settings					
FMG + UPC ✸ OMG +	Percentage of breast cancer screening rates	FMG: 29% UPC: 56% OMG: 64% (2016)	FMG: 32% UPC: 60% OMG: 61% (2017)	FMG: 60% UPC: 60% OMG: 80% (2018)	Increase by 5%
FMG ↓ UPC + OMG +	Percentage of colorectal cancer screening rates	FMG: 23.7% UPC: 48% OMG: 37% (2016)	FMG: 56% UPC: 51% OMG: 38% (2017)	FMG: 40% UPC: 53% OMG: 71% (2018)	Increase by 3%
FMG ✸ UPC ↓ OMG +	Percentage of diabetes screening rates	FMG: 69% UPC: 43% OMG: none (2016)	FMG: 94% UPC: 43% OMG: none (2017)	FMG: 94% UPC: 40% OMG: 94% (2018)	Increase by 5%

Source: Cattaraugus County Health Department2016-2018 CHIP Progress Report, FMG, OMG and UPC, 2018

Figure 14 illustrates several indicators related to chronic disease prevention. Only a little over half (55.3%) of those eligible receive mammograms. The percentage of adults who are obese (38.0%) is higher than the state overall (25.5%) and NYS PA (23.0%). The percentage of adults who smoke (26.7%) is also higher than NYS (16.2%) and NYS PA (12.3%). Colorectal screening rates in the county (65.0%) are also lower than all the comparable rates.

Figure 14: Chronic Disease Prevention Indicators



Source: County Health Rankings

Table 46 describes that male (40.0%) respondents to the Community Health Survey are significantly more likely than females (32.3%) to see their primary care provider/doctor several times a year.

Table 46: Frequency of Primary Care Provider/Doctor Visits

How often do you see your primary care provider (doctor)?		
	Male	Female
Several times a year	40.0%	32.3%
For a yearly check-up	38.0%	51.3%
Only when I'm sick	16.7%	12.5%
I don't go see my primary care provider	4.0%	1.8%
I don't have a primary care provider	1.3%	2.0%

Source: Cattaraugus County Community Health Survey 2018

Table 47 highlights responses to the 2018 Community Health Survey question, "In the past year, was there any time that you need medical care but could not – or did not – get it?" Eight out of ten survey respondents said that there was not a time that they could not get needed medical care.

Table 47: Needed Medical Care Past Year But Did Not Receive It, N=666

In the past year, was there any time that you needed medical care but could not – or did not – get it?		
	Number	Percent
Yes	100	15.0%
No	566	85.0%

Source: 2018 Cattaraugus County Community Health Survey; due to rounding, may not equal 100%

Table 48 highlights responses to the 2018 Community Health Survey question, "What were the main reasons you did not get the medical care you needed?" Eight out of ten survey respondents said that there was not a time that they could not get needed medical care. Respondents could select all that apply.

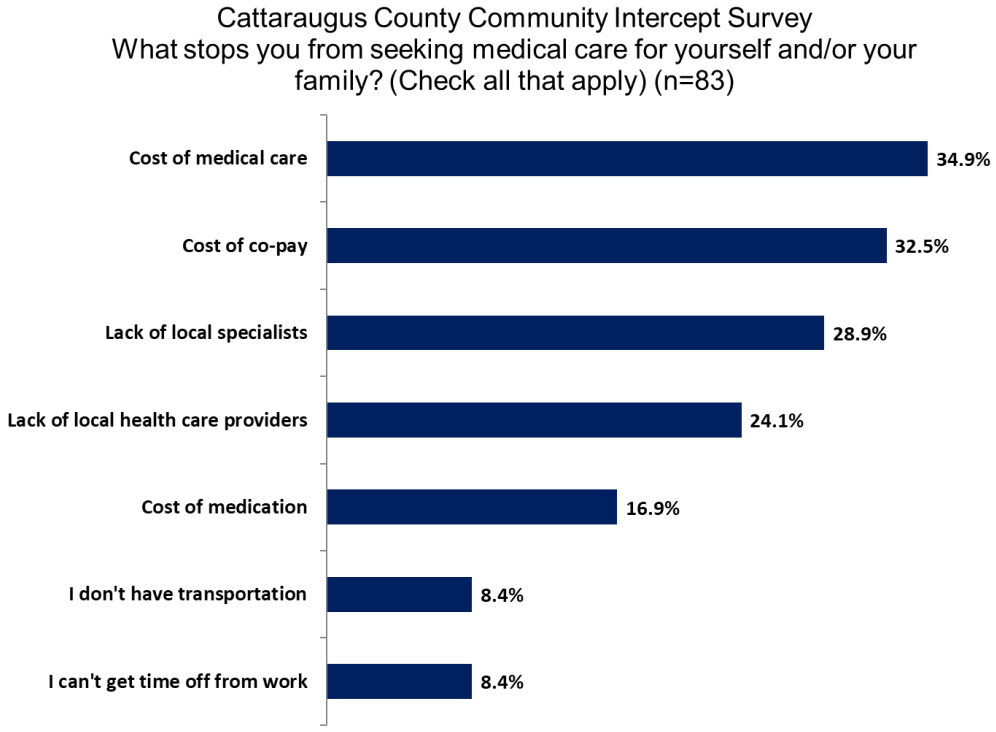
Table 48: Needed Medical Care Past Year But Did Not Receive It, N=569

What were the main reasons you did not get the medical care you needed?	
	Percent
I couldn't get an appointment for a long time	44.0%
Cost– Even with insurance, it was too expensive	40.0%
Hours – They weren't open when I could get there	28.0%
I couldn't get time off from work	26.0%
Some other reason • Knew prescriptions would be too expensive • Chronic Lyme Disease is not treated in the area • Not covered by insurance • Have anxiety and takes too long to get an appointment • Providers are not accepting new patients • Do not feel like doctor listens to me • No specialists in the area	21.0%
Cost – Without insurance, it was too expensive	14.0%
Transportation – It was too hard to get there	10.0%
I didn't know where to get the care I needed	7.0%
I had no one to watch my children	6.0%
I couldn't get a referral to see a specialist	6.0%
The medical staff didn't speak my language	2.0%
I decided not to go because I don't like going to doctors	2.0%

Source: 2018 Cattaraugus County Community Health Survey; due to rounding, may not equal 100%

Figure 15 illustrates that about a third of the respondents to the Community Intercept Survey struggle with the cost associated with medical care and co-pays. A substantial percentage also noted that there is a lack of local specialists (28.9%) and health care providers (24.1%) in the community. While a smaller percentage (8.4% each) indicated that they don't have transportation or have trouble getting off work to go to a medical appointment.

Figure 15: Community Intercept Survey: Barriers to Medical Care, N=83



Source: Cattaraugus County Community Intercept Survey, 2018

Table 49 highlights responses to the 2018 Community Health Survey question, "About how long has it been since you last visited a doctor for a routine checkup?" A little over half of the respondents said they had visited their doctor for a routine checkup within six months or less.

Table 49: Time Since Last Checkup, N=665

About how long has it been since you last visited a doctor for a routine checkup?		
	Number	Percent
Less than 6 months	347	52.2%
6 months to less than 12 months	203	30.5%
12 months to less than 2 years	74	11.1%
2 years to less than 5 years	27	4.1%
5 years or more	13	2.0%
Never	1	0.2%

Source: 2018 Cattaraugus County Community Health Survey; due to rounding, may not equal 100%

Table 50 highlights responses to the 2018 Community Health Survey question, "About how long has it been since you last visited a dentist or dental clinic for any reason?" A little over half of the respondents said they had visited a dentist or dental clinic within six months or less.

Table 50: Time Since Last Dental Checkup, N=666

About how long has it been since you last visited a dentist or dental clinic for any reason?		
	Number	Percent
Less than 6 months	352	52.9%
6 months to less than 12 months	101	15.2%
12 months to less than 2 years	81	12.2%
2 years to less than 5 years	72	10.8%
5 years or more	59	8.9%
Never	1	0.2%

Source: 2018 Cattaraugus County Community Health Survey; due to rounding, may not equal 100%

Table 51 highlights responses to the 2018 Community Health Survey question, "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?" About half of the survey respondents were split and said that Yes (50.7%) they did have a sigmoidoscopy or colonoscopy, while 49.0% said No, they never had that test.

Table 51: Received a Sigmoidoscopy or Colonoscopy, N=667

Have you ever had a sigmoidoscopy or colonoscopy?		
	Number	Percent
Yes	338	50.7%
No	327	49.0%
Don't Know	2	0.3%

Source: 2018 Cattaraugus County Community Health Survey; due to rounding, may not equal 100%

Table 52 highlights responses to the 2018 Community Health Survey question, "About how long has it been since you last had your blood pressure checked by a doctor, nurse, or other health care provider?" Eight out of ten respondents said they had their blood pressure checked within six months or less.

Table 52: Length of Time Since Last Blood Pressure Check, N=666

About how long has it been since you last had your blood pressure checked by a doctor, nurse, or other health care provider?		
	Number	Percent
Less than 6 months	539	80.9%
6 months to less than 12 months	83	12.5%
12 months to less than 2 years	32	4.8%
2 years to less than 5 years	9	1.4%
5 years or more	3	0.5%

Source: 2018 Cattaraugus County Community Health Survey; due to rounding, may not equal 100%

Table 53 highlights responses to the 2018 Community Health Survey question, "Have you ever been told by a doctor that you have diabetes?" Eight out of ten respondents said No, they have never been told they had diabetes.

Table 53: Ever Told Had Diabetes, N=668

Have you ever been told by a doctor that you have diabetes?		
	Number	Percent
Yes	72	10.8%
Yes, but only during pregnancy	9	1.3%
No	541	80.9%
No, pre-diabetes or borderline diabetes	46	6.9%

Source: 2018 Cattaraugus County Community Health Survey; due to rounding, may not equal 100%

Table 54 highlights responses to the 2018 Community Health Survey question, "About how long has it been since you last had your cholesterol checked?" Almost half of the respondents said they had their cholesterol checked within six months or less.

Table 54: Length of Time Since Cholesterol Check, N=668

About how long has it been since you last had your cholesterol checked?		
	Number	Percent
Less than 6 months	323	48.4%
6 months to less than 12 months	189	28.3%
12 months to less than 2 years	71	10.6%
2 years to less than 5 years	32	4.8%
5 years or more	9	1.3%
Never	44	6.6%

Source: 2018 Cattaraugus County Community Health Survey; due to rounding, may not equal 100%

Assets and resources that can be mobilized to address prevention of chronic diseases are listed below. These assets and resources target vulnerable populations and the services they would receive include those provided by the local health department; hospitals; health care providers; community-based organizations; businesses; academia; the media; and resources available through other sectors of government.

Table 55 below is a listing of community resources (other than the hospital) available in Cattaraugus County for residents to access regarding prevention of chronic diseases.

Table 55: Prevention of Chronic Diseases: Community Resources Listing for Cattaraugus County

Agency	Address	City	St	Zip	Phone Number	Website
Health Care-General Medical Care						
Gowanda Urgent Care & Medical Center - TLC Health Network	34 Commercial Street	Gowanda	NY	14070	716-532-8100	http://www.tlchealth.org/
Foothills Medical Group	515 Main St	Olean	NY	14760	716-701-1510	Myfmg.org
Olean Medical Group	535 Main St	Olean	NY	14760	716-372-0141	Oleanmedicalgroup.com
Universal Primary Care - Olean	135 N Union St	Olean	NY	14760	716-375-7500	www.upchealthy.net
Universal Primary Care - Salamanca	445 Broad St	Salamanca	NY	14779	716-375-7500	www.upchealthy.net
Health Care-Health Screening/Diagnostic Services						
Community Clinic – Olean - Cattaraugus County Health Department	1 Leo Moss Dr, Suite 4010	Olean	NY	14760	716-701-3439	http://www.cattco.org/
Gowanda Urgent Care & Medical Center - TLC Health Network	34 Commercial Street	Gowanda	NY	14070	716-532-8100	http://www.tlchealth.org/
Foothills Medical Group	515 Main St	Olean	NY	14760	716-701-1510	Myfmg.org
Olean Medical Group	535 Main St	Olean	NY	14760	716-372-0141	Oleanmedicalgroup.com
Universal Primary Care - Olean	135 N Union St	Olean	NY	14760	716-375-7500	www.upchealthy.net
Universal Primary Care - Salamanca	445 Broad St	Salamanca	NY	14779	716-375-7500	www.upchealthy.net
Health Care-Rehabilitation/Habilitation Services						
Continuing Day Treatment-Rehabilitation Center/In Tandem	3799 South Nine Mile Road	Allegany	NY	14706	716-701-1135	http://www.rehabcenter.org/
Lifeskills- Rehabilitation Center/In Tandem	3799 South Nine Mile Road	Allegany	NY	14706	716-701-1135	http://www.rehabcenter.org/

Agency	Address	City	St	Zip	Phone Number	Website
Health Care-Specialized Treatment and Prevention						
Total Senior Care	519 N Union St	Olean	NY	14760	716-379-8474	www.totalseniorcare.org
HomeCare & Hospice Little Valley Site	1225 W State St	Olean	NY	14760	716-372-5735	http://www.homecare-hospice.org/
Health Care-Specialty Medicine						
Gowanda Urgent Care & Medical Center - TLC Health Network	34 Commercial Street	Gowanda	NY	14070	716-532-8100	http://www.tlchealth.org/
Tobacco Use						
New York State Smokers Quitline					866-697-8487	
Tobacco-Free Western New York	Roswell Park Comprehensive Cancer Center	Buffalo	NY	14263		Tobaccofreewny.com
Dental Services						
John C. Gengo, DDS	120 N 2nd St	Olean	NY	14760	716-372-8970	
Family Dental Wellness	2108 W State St	Olean	NY	14760	716-373-1210	
Aspen Dental	3018 NY Route 417	Olean	NY	14760	716-379-6279	
Portville Dental	149 S Main St	Portville	NY	14770	716-933-6787	
Valley View Dental	3065 Buffalo Rd	Allegany	NY	14706	716-372-8400	
J G Stein, General Dentistry	1715 W State St	Olean	NY	14760	716-351-3566	
Barkley B. Daugherty, Jr. DMD	2210 W State St	Olean	NY	14760	716-372-4722	
Orthodontists Associates of WNY	2660 Rt 16 N	Olean	NY	14760	716-379-3107	
Ellicottville Dental Group	6133 Rt 219 S, Suite 1003	Ellicottville	NY	14731	716-699-2354	
Oromaxillofacial Surgery	2206 W State St	Olean	NY	14760	716-372-9044	

Table 56 below is a listing of hospital resources available in Cattaraugus County for residents to access regarding prevention of chronic diseases.

Table 56: Prevention of Chronic Diseases: Olean General Hospital Resources Listing for Cattaraugus County

Olean General Hospital Programs and Services	Address	City	State	Zip	Phone Number
Cancer Center					
Medical Oncology and Hematology Barry Street Health Center	528 North Barry Street	Olean	NY	14760	(716) 543-3255
Community Outreach					
Friends and Family CPR Training Olean General Hospital	515 Main Street	Olean	NY	14760	(716) 375-6217
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	NY	14760	(716) 375-6220
Dental Services					
Delevan Dental Center Delevan Plaza	38 North Main Street	Delevan	NY	14042	(716) 707-7042
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	Central scheduling (716) 375-6400 Radiology (716) 375-6254
Dialysis					
Marie Lorenz Dialysis Center	623 Main Street	Olean	NY	14760	(716) 375-6901
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) 375-6275
Chest Pain Center The Cardiac Clinic @ Olean General Hospital	515 Main Street	Olean	NY	14760	(716) 375-7035
SAFE (Sexual Assault Forensic Examiner) Center	515 Main Street	Olean	NY	14760	(716) 373-2600

Olean General Hospital Programs and Services	Address	City	State	Zip	Phone Number
Olean General Hospital					
The Heart Program					
Chest Pain Center The Cardiac Clinic @ Olean General Hospital	515 Main Street	Olean	NY	14760	(716) 375-7035
Interventional Cardiac Catheterization Olean General Hospital	515 Main Street	Olean	NY	14760	Cardiac Clinic (716) 375-7035 Cardiac Cath Lab Scheduling (716) 375-6163 Admissions/Transfer Line (716) 375-6200
Holiday Park Health Center					
Holiday Park Health Center	2666 West State Street	Olean	NY	14760	(716) 701-1700
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 Services					
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
Laboratory Service Center	403 North 8th Street	Olean	NY	14760	(716) 375-7039
Salamanca Health Center Southern Tier West Center for Regional Excellence	4039 Route 219	Salamanca	NY	14779	(716) 945-0989
Patient Service Center Franklinville	86 South Main Street	Franklinville	NY	14737	(716) 676-5080
Delevan Health and Dental Center	38 North Main Street	Delevan	NY	14042	(716) 707-7049
Patient Service Center Cuba Memorial Hospital	140 West Main Street	Cuba	NY	14727	(585) 209-4318
Neurology					
Mildred Milliman Outpatient Surgery Center	500 Main Street	Olean	NY	14760	(716) 375-6993
Nutrition					
Olean General Hospital	515 Main Street	Olean	NY	14760	(716) 375-6297

Olean General Hospital Programs and Services	Address	City	State	Zip	Phone Number
Outpatient Surgery Center					
Mildred Milliman Outpatient Surgery Center	500 Main Street	Olean	NY	14760	(716) 375-7433
Pediatrics					
Olean General Hospital	515 Main Street	Olean	NY	14760	(716) 373-2600
Salamanca Health Center					
Salamanca Health Center	4039 Route 219 Suite 101	Salamanca	NY	14779	For More Information or to Schedule an Appointment: (716) 945-0361 For Laboratory or X-Ray, Please Call: (716) 945-0989
Sleep Disorders Center					
Olean General Hospital	500 Main Street	Olean	NY	14760	(716) 701-1541
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
Vascular Surgery					
Buffalo Endovascular and Vascular Surgical Associates sees patients at Olean General Hospital	515 Main Street	Olean	NY	14760	(716) 375-7035
Wound Care					
Center for Wound Healing and Hyperbaric Medicine	623 Main Street	Olean	NY	14760	(716) 375-7577

Promote Well-Being and Prevent Mental Health and Substance Use Disorders

Promote Well-Being and Prevent Mental Health and Substance Use Disorders

When examining mental health and substance abuse data from the 2016 CHA to the 2019 CHA, several indicators have changed within Cattaraugus County compared to New York State.

- The percentage of adults with poor mental health 14+ days in the past month in Cattaraugus County is higher than WNY, NYS and NYS PA objective.[35]
- One-third of adult community survey respondents said they had been bothered by little interest or pleasure in doing things or felt down, depressed, or hopeless.[36]
- The age adjusted suicide death rate per 100,00 in Cattaraugus County is higher than WNY and NYS and more than double the NYS PA objective rate.[37]
- The percentage of Cattaraugus County residents reporting alcohol impaired driving deaths, excessive drinking, insufficient sleep and frequent mental distress is higher than NYS.[38]
- Unique clients admitted for any opioid (including heroin) for Cattaraugus County has increased slightly from 2016 to 2017.[39]
- Student's binge drinking in grades 10 and 12 in 2017 was higher than the Monitoring the Future (MTF) study.[40]
- The percentages are increasing for 6th grade students using alcohol and 7th grade students using marijuana.[41]
- Almost one in four students in Cattaraugus County report depressive symptoms and the rates are higher for students in 11th and 12th grades.[42]
- Overdoses from any opioid drug were at its highest rate in 2015.[43]

Mental and emotional well-being is essential to overall health. Mental and physical health problems are interwoven. Improvements in mental health help improve individuals and populations' physical health. The best opportunities to improve the public's mental health are interventions delivered before a disorder manifests itself, to prevent its development. These interventions can be integrated with routine health care and wellness promotion in health care settings, as well as in schools and community settings.[44]

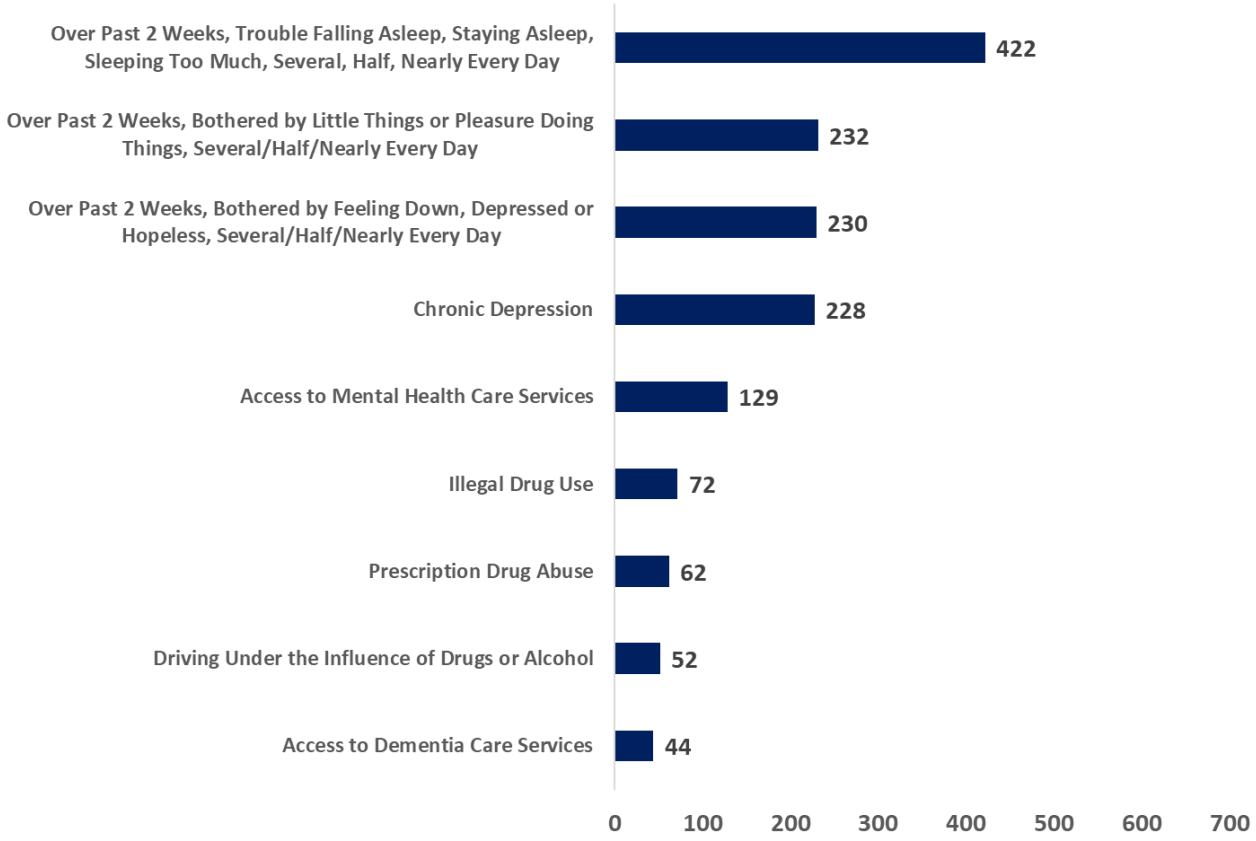
[35] NYSDOH Prevention Agenda Dashboard for Cattaraugus County – Promote Mental Health and Substance Abuse
[36] 2018 Cattaraugus County Community Health Survey
[37] https://www.health.ny.gov/statistics/chac/mortality/d24_4.htm
[38] County Health Rankings, NYS Department of Health
[39] NYS County Opioid Quarterly Report 2017
[40] CAReS Cattaraugus County Profile, 2017; Alcohol, Tobacco and Other Drug (ATOD)
[41] Ibid.
[42] Ibid.
[43] https://www.health.ny.gov/statistics/opioid/data/pdf/nys_apr17.pdf
[44] https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/wb.htm

Promote Well-Being

Well-being is a positive outcome that is meaningful for people and for many sectors of society, because it tells us that people perceive that their lives are going well. Well-being generally includes global judgments of life satisfaction and feelings ranging from depression to joy. Well-being integrates mental health (mind) and physical health (body) resulting in more holistic approaches to disease prevention and health promotion.[45]

Figure 16 illustrates the number of Community Health Survey respondents who indicated that they experienced various behavioral risk factors. Over half (422) of the respondents indicated that they had difficulty sleeping, about a third indicated that they were bothered by little things (232) or were feeling down or depressed the past two weeks (230) or had chronic depression (228).

Figure 16: Mental Health Substance Abuse Behavioral Risk Factors, Community Health Survey, N=669

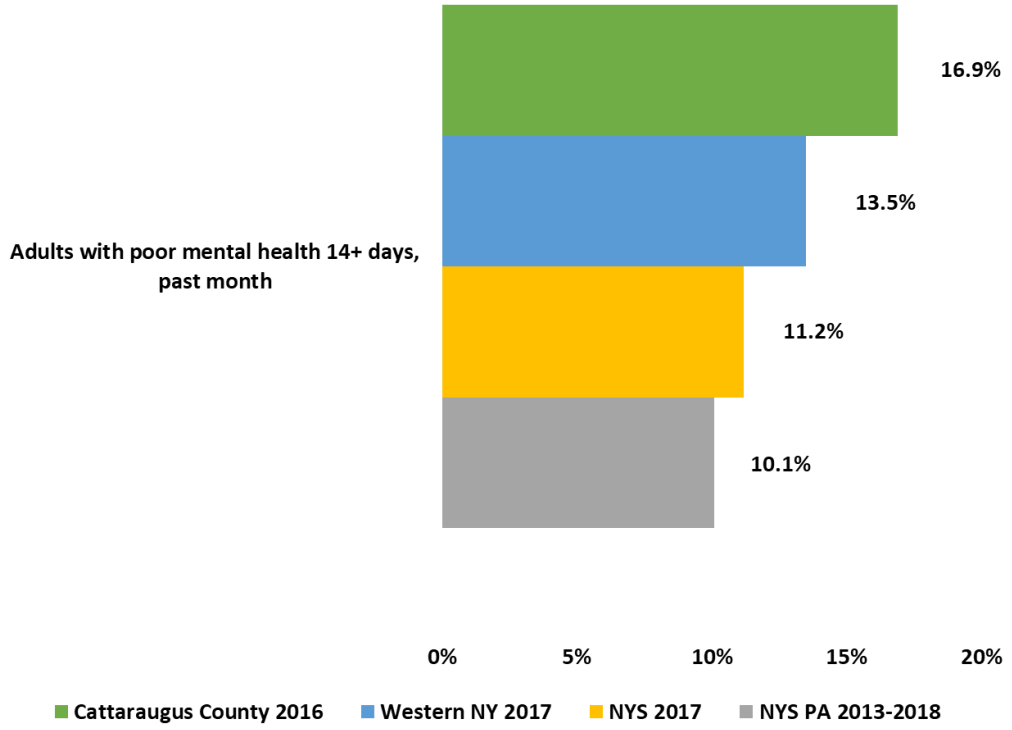


Source: 2018 Cattaraugus County Community Health Survey

[45] https://www.cdc.gov/hrqol/wellbeing.htm

Figure 17 illustrates that the percentage of Adults with Poor Mental Health 14+ Days in Past Month for Cattaraugus County (16.9%) is higher than WNYS (13.5%), and NYS (11.2%) and is higher than NYS PA (10.1%).

Figure 17: Adults with Poor Mental Health 14+ Days In Past Month



Source: NYSDOH Prevention Agenda Dashboard for Cattaraugus County – Promote Mental Health and Substance Abuse

Table 57 highlights responses to the 2018 Community Health Survey question, "In the past two weeks, how often have you been bothered by little interest or pleasure in doing things?" Over two-thirds of those surveyed responded that they did not have little interest or pleasure in doing things.

Table 57: Little Interest or Pleasure in Doing Things, Past Two Weeks, N=661

Over the past two weeks, how often have you been bothered by little interest or pleasure in doing things?		
	Number	Percent
Not at all	432	65.4%
Several days	153	23.1%
More than half the days	46	7.0%
Nearly every day	30	4.5%

Source: 2018 Cattaraugus County Community Health Survey; due to rounding, may not equal 100%

Table 58 highlights responses to the 2018 Community Health Survey question, "In the past two weeks, how often have you been bothered by feeling down, depressed, or hopeless?" Over two-thirds of those surveyed responded that they did not feel down, depressed or hopeless in the past two weeks.

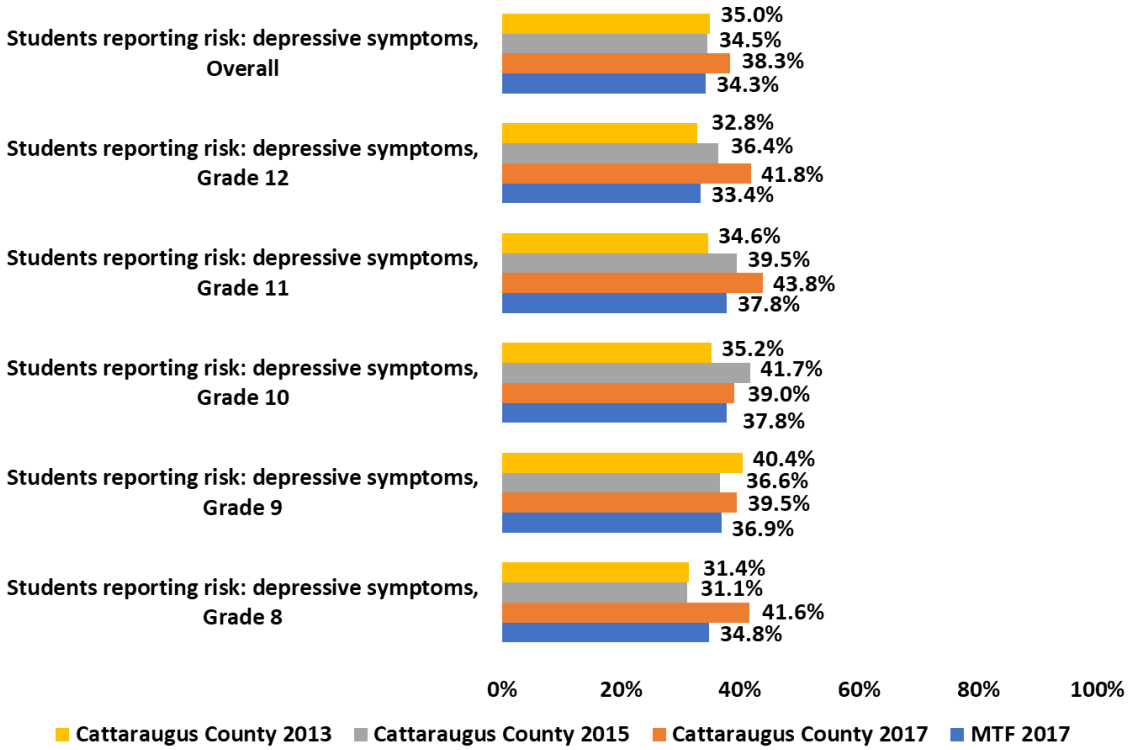
Table 58: Feeling Down, Depressed or Hopeless, Past Two Weeks, N=666

Over the past two weeks, how often have you been bothered by feeling down, depressed, or hopeless?		
	Number	Percent
Not at all	437	65.6%
Several days	168	25.2%
More than half the days	28	4.2%
Nearly every day	33	5.0%

Source: 2018 Cattaraugus County Community Health Survey; due to rounding, may not equal 100%

Figure 18 highlights students in various grades that report depressive symptoms over the past three survey periods. Overall, almost one in four students in Cattaraugus County (38.3%) report depressive symptoms. This is slightly higher than the MTF rate (34.3%). The rates are highest for students in 11th grade (43.8%) and 12th grade (41.8%)

Figure 18: Students Reporting Depressive Symptoms



Source: CAReS Cattaraugus County Profile, 2017

Table 59 highlights responses to the 2018 Community Health Survey question, "In the past two weeks, how often have you had trouble falling asleep or staying asleep or sleeping too much?" Four in ten survey respondents mentioned that there were several days in the past two weeks that they had trouble falling asleep or staying asleep or sleeping too much.

Table 59: Trouble Falling Asleep, Past Two Weeks, N=663

Over the past two weeks, how often have you had trouble falling asleep or staying asleep or sleeping too much?		
	Number	Percent
Not at all	245	37.0%
Several days	267	40.3%
More than half the days	84	12.7%
Nearly every day	67	10.1%

Source: 2018 Cattaraugus County Community Health Survey; due to rounding, may not equal 100%

Mental health issues such as depression, anxiety, dementia, addictive behaviors (e.g., smoking and excessive alcohol use) and substance abuse disorders are largely prevalent in the county as shown in the hospital utilization data on page 42.

Mental and Substance Use Disorders

In the 2016-2018 CHIP, a selected priority area was to promote mental health and prevent substance abuse. **Table 60** below provides a snapshot of the activities that were performed by CCHD together with OGH and other community partners to meet the objectives of the chosen priority area.

Table 60: Cattaraugus County 2016-2018 CHIP Mental Health and Substance Abuse Prevention Tracker

Cattaraugus County 2016 - 2018: CHIP Indicator Tracker – 2018 Update					
+ Improvement Decline No change New measure (baseline and progress not available)					
Partners: FMG= Foothills Medical Group, UPC=Universal Primary Care, OMG=Olean Medical Group					
Progress	**Health Focus Area and Goals**	**Baseline (Year)**	**2017 (Year)**	**2018 (Year)**	**Target**
Promote Mental Health and Prevent Substance Abuse: Prevent substance abuse and other mental, emotional, and behavioral disorders					
+	Number of schools where evidence-based training programs were implemented	0 (2016)	5 (2017)	6 (2018)	-
↓	Number of drugs collected through drop boxes	430 pounds (2016)	1761 pounds (2017)	1136 pounds (2018)	-
+	Number of people trained to administer Narcan.	253 (2016)	272 (2017)	455 (2018)	-
+	Number of individuals trained in suicide prevention.	-	45 (2017)	379 (2018)	-

Source: Cattaraugus County Health Department 2016-2018 CHIP Progress Report, CAReS, STHCS, Suicide Prevention Coalition, US-DEA 2018

Mental Disorders

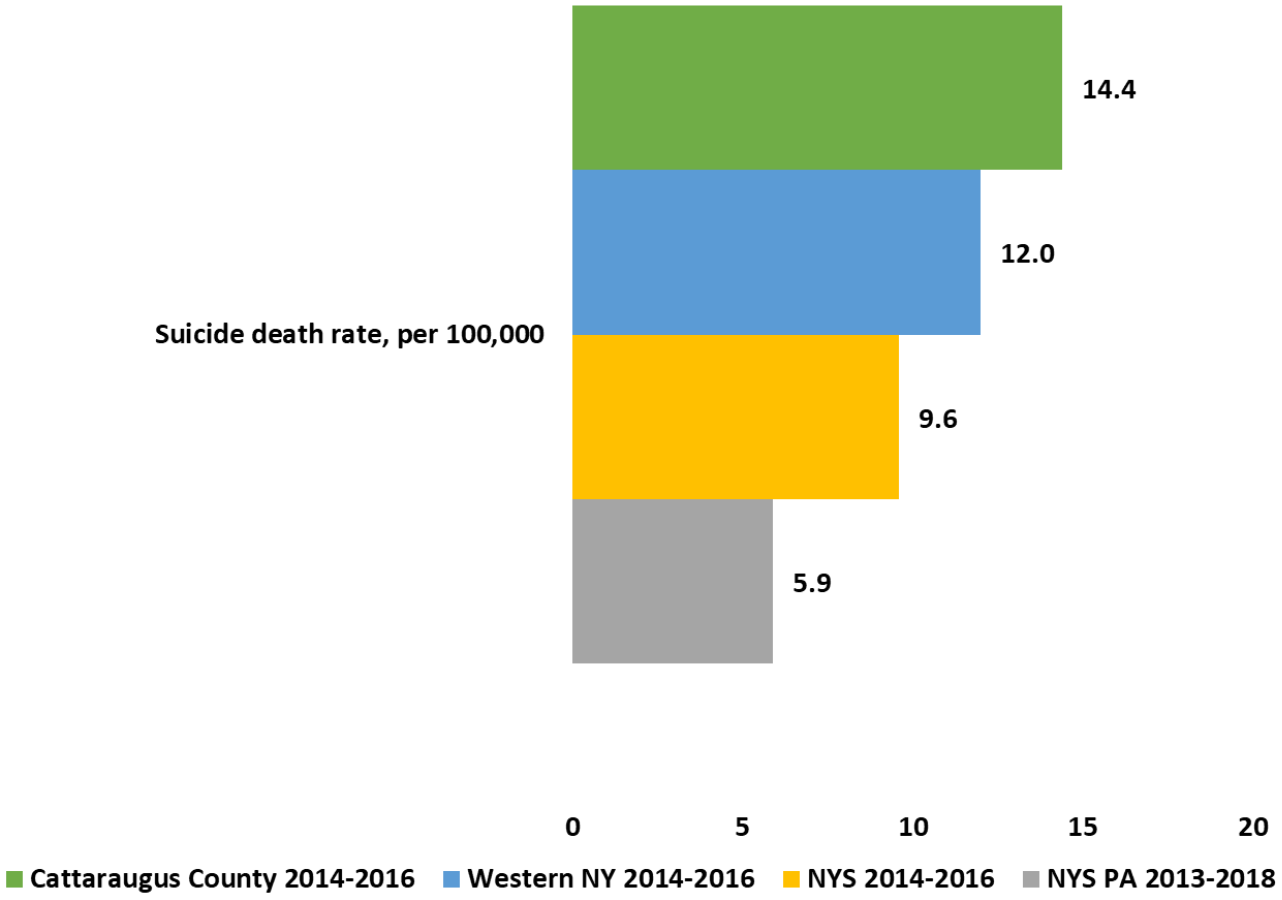
Mental health issues continue to be a community concern ranging from substance abuse, poverty, homelessness and unemployment. However, the ability to report mental health statistics is limited. In 2015, suicide was the fifth leading cause of premature death in Cattaraugus County with a rate of 41.0 per 100,000, significantly higher than the NYS rate (excluding NYC rate) of 9.6.[46]

The age adjusted suicide death rate per 100,000 for Cattaraugus County has worsened since 2007 (10.7). In 2012 the rate was 14.2 and in 2014, 15.1.[47]

Figure 19 compares the suicide death rate for Cattaraugus County (14.4), which is higher than WNY (12.0) and NYS (9.6). The Cattaraugus County suicide death rate is more than double the NYS PA objective (5.9).

[46] https://www.health.ny.gov/statistics/chac/mortality/d24_4.htm
[47] https://www.health.ny.gov/statistics/chac/mortality/d24_4.htm

Figure 19: Suicide Death Rate



Source: NYSDOH Prevention Agenda; NYS Department of Health

A report, released by the Centers for Disease Control and Prevention (CDC) showed that rates of death by suicide in the United States have risen by roughly 25 percent in the last couple decades[43].

The reasons for the rise in suicide increases are not completely clear, in past research, experts have pointed to an increased sense of isolation among Americans, as well as economic factors and a rise in mental illness.

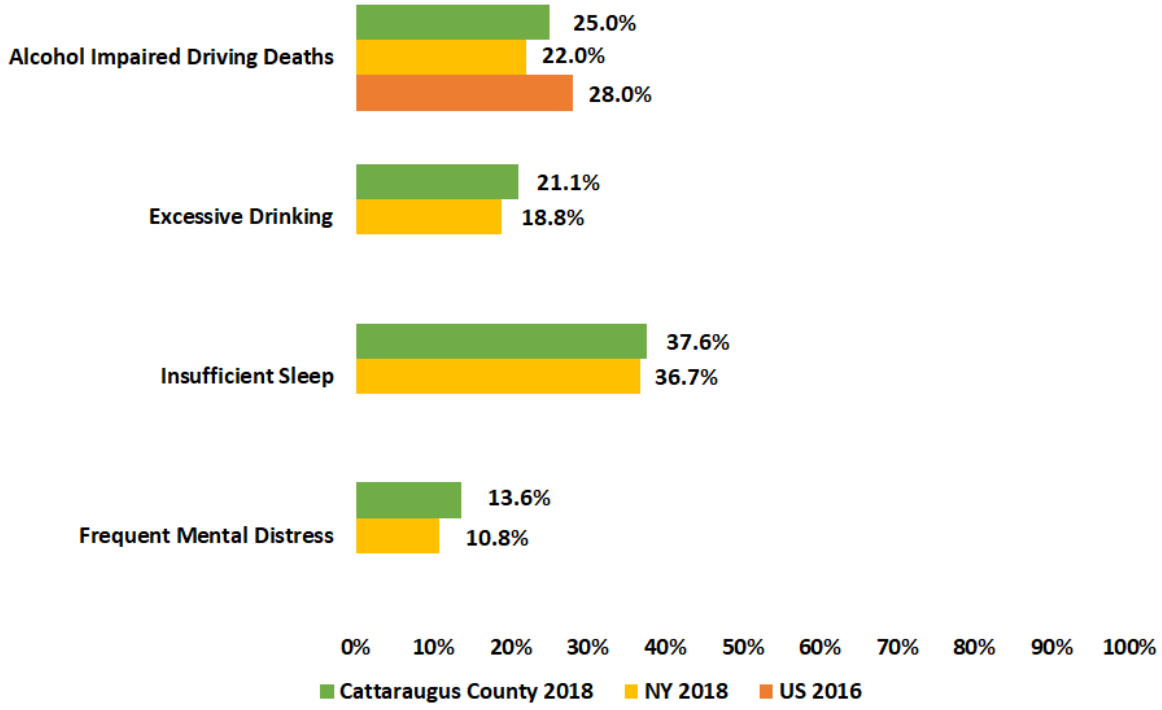
One finding in the CDC report is that more than half of the deaths happened among people who had not been diagnosed with mental illness. Men may be especially affected by this problem. Often the manifestation of depression is different in men than in women.

Firearms continue to be the most common method of suicide. Stopping individual suicides is difficult. Asking patients to remove firearms from their homes might be a temporary solution; however, because it is so easy to acquire a firearm, even with a mental health diagnosis, suicide by firearms remains a significant problem.[48]

Substance Use Disorders

Figure 20 illustrates that the percentage of Cattaraugus County residents reporting Alcohol Impaired Driving Deaths, Excessive Drinking, Insufficient Sleep and Frequent Mental Distress is higher than NY.

Figure 20: Mental Health and Substance Use Disorders



Source: County Health Rankings, 2018

[48] https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf

Table 61 highlights responses to the 2018 Community Health Survey question, "Considering all types of alcoholic beverages, how many times in the last 30 days have you had four or more drinks on the same occasion (females) or five or more drinks on the same occasion (males) (at the same time or within a couple of hours of each other)?" The largest percentage of females (71.1%) and males (65.9%) said that there were zero days when they drank four or more drinks for females and five or more drinks for males.

Table 61: Number of Times in Last 30 Days You had 4 or more Drinks if Female or 5 or More Drinks if Male, N=525 (Females) and N=132 (Males)

Considering all types of alcoholic beverages, how many times in the last 30 days have you had four or more drinks on the same occasion (females) or five or more drinks on the same occasion (males) (at the same time or within a couple of hours of each other)?				
	Females		Males	
	Number	Percent	Number	Percent
0 Times in Last 30 Days/No	373	71.1%	87	65.9%
1 Time in Last 30 Days	60	11.4%	12	9.1%
2 Times in Last 30 Days	36	6.9%	7	5.3%
3 Times in Last 30 Days	11	2.1%	5	3.8%
4 Times in Last 30 Days	14	2.7%	1	0.8%
5 Times in Last 30 Days	8	1.5%	6	4.6%
6 Times in Last 30 Days	4	0.8%	2	1.5%
7 Times in Last 30 Days	2	0.4%	N/A	N/A
8 Times in Last 30 Days	N/A	N/A	3	2.3%
10 Times in Last 30 Days	7	1.3%	4	3.0%
15 Times in Last 30 Days	4	0.8%	1	0.8%
18 Times in Last 30 Days	N/A	N/A	1	0.8%
20 Times in Last 30 Days	4	0.8%	1	0.8%
22 Times in Last 30 Days	N/A	N/A	1	0.8%
25 Times in Last 30 Days	1	0.2%	N/A	N/A
30 Days in Last 30 Days	N/A	N/A	1	0.8%
Other	1	0.2%	1	0.8%

Source: 2018 Cattaraugus County Community Health Survey; due to rounding, may not equal 100%

Table 62 highlights responses to the 2018 Community Health Survey question, "In the last 30 days, what is the largest number of drinks that you have had on any one occasion?" Four in ten survey respondents mentioned that they consumed 1-3 drinks in the last 30 days.

Table 62: Largest Number of Drinks at One Occasion, N=651

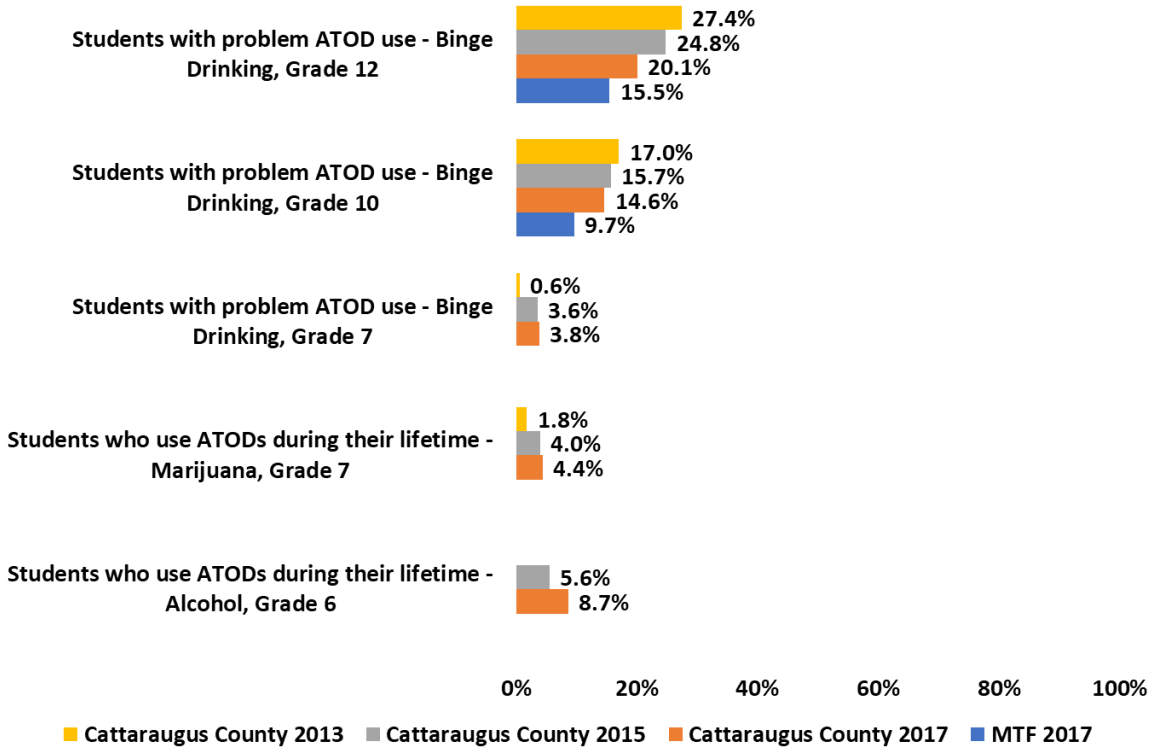
In the last 30 days, what is the largest number of drinks that you have had on any one occasion?		
	Number	Percent
0 Drinks	212	32.6%
1-3 Drinks	262	40.3%
4-6 Drinks	123	18.9%
7-10 Drinks	28	4.3%
More than 10 Drinks	26	4.0%

Source: 2018 Cattaraugus County Community Health Survey; due to rounding, may not equal 100%

The Community Health Survey appears to be consistent with the County Health Rankings data when comparing the number of drinks that residents have on any one occasion, the community survey shows 19.0% versus the County Health Rankings showing 21.0%.

As illustrated in **Figure 21,** the percentage of Students Binge Drinking in grades 10 and 12 in 2017 is higher than the MTF. The percentages are increasing for 6th Grade Students Using Alcohol and 7th Grade Students Using Marijuana.

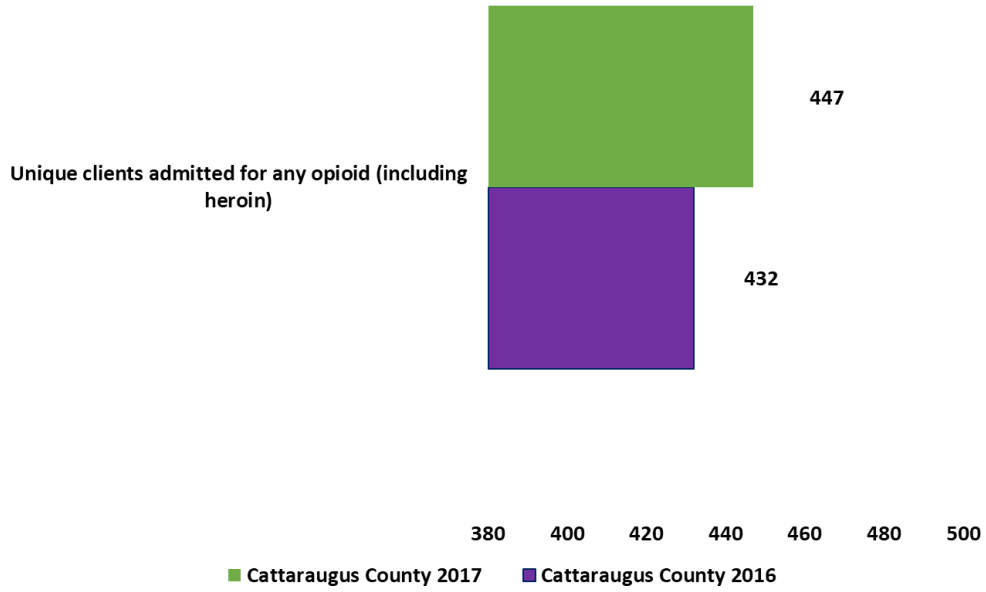
Figure 21: CAReS Cattaraugus County Profile



Source: CAReS Cattaraugus County Profile, 2017; Alcohol, Tobacco and Other Drug (ATOD)

Figure 22 illustrates that the number of Unique Clients Admitted for any Opioid (including Heroin) for Cattaraugus County has increased slightly from 2016 (432) to 2017 (447).

Figure 22: Unique Clients Admitted for any Opioid



Source: NYS County Opioid Quarterly Report 2017

Table 63 shows that the number of overdoses from any drug has increased significantly over the past three years, from 4 in 2013 to 17 in 2015. The rate, at 11.9 is lower than the WNYS Region.

Table 63: Overdose Deaths Involving any Drug, Rate per 100,000 Population

	Deaths				Average Population	Crude	Adjusted
Region/County	2013	2014	2015	Total	2013-2015	Rate	Rate
Cattaraugus	4	5	17	26	78,471	11.0	11.9
Western New York Region	203	211	388	802	1,535,808	17.4	18.0
New York State	2,186	2,256	2,726	7,168	19,731,048	12.1	11.7

Source: https://www.health.ny.gov/statistics/opioid/

Table 64 outlines 2017-2018 opioid death rates and hospital utilization for Cattaraugus County and NYS (excluding NYC).

Table 64: Overdose deaths involving any opioid, rate per 100,000 population, 2017-2018

		Apr-Jun, 2017		Jul-Sep, 2017		Oct-Dec, 2017		2017 Total		Jan-Mar, 2018		Apr-Jun, 2018	
Indicator	Location	#	Crude Rate	#	Crude Rate	#	Crude Rate	#	Crude Rate	#	Crude Rate	#	Crude Rate
All opioid overdose deaths and rates per 100,000 population	Cattaraugus	6	7.7	2	2.6	0	0	8	10.3	1	1.3	0	0.0
	NYS (excluding NYC)	604	5.4	533	4.8	430	3.8	2,137	19.1	429	3.8	336	3.0

		Apr-Jun, 2017		Jul-Sep, 2017		Oct-Dec, 2017		2017 Total		Jan-Mar, 2018		Apr-Jun, 2018	
Indicator	Location	#	Crude Rate	#	Crude Rate	#	Crude Rate	#	Crude Rate	#	Crude Rate	#	Crude Rate
Heroin overdose deaths and rates per 100,000 population	Cattaraugus	3	3.9	2	2.6	0	0	5	6.4	0	0	0	0.0
	NYS (excluding NYC)	210	1.9	207	1.8	150	1.3	780	7	152	1.4	122	1.1
Overdose deaths and rates per 100,000 population involving opioid pain relievers (incl. illicitly produced opioids such as fentanyl)	Cattaraugus	5	6.4	1	1.3	0	0	6	7.7	1	1.3	0	0.0
	NYS (excluding NYC)	526	4.7	466	4.2	389	3.5	1,873	16.7	389	3.5	312	2.8
All opioid overdose ED visits and rates per 100,000 population	Cattaraugus	16	20.6	12	15.4	s	s	42	54.1	s	s	6	7.7
	NYS (excluding NYC)	2,027	18.1	1,905	17	1,419	12.7	7,096	63.3	1,278	11.4	1,350	12
Heroin overdose ED visits and rates per 100,000 population	Cattaraugus	10	12.9	8	10.3	s	s	29	37.3	s	s	s	s
	NYS (excluding NYC)	1,500	13.4	1,371	12.2	1,040	9.3	5,137	45.8	927	8.3	989	8.8
Opioid overdose excluding heroin (incl. illicitly produced opioids such as fentanyl) ED visits and rates per 100,000 population	Cattaraugus	6	7.7	s	s	s	s	13	16.7	s	s	s	s
	NYS (excluding NYC)	527	4.7	534	4.8	379	3.4	1,959	17.5	351	3.1	361	3.2
All opioid overdose hospitalizations and rates per 100,000 population	Cattaraugus	s	s	s	s	s	s	9	11.6	s	s	s	s
	NYS (excluding NYC)	532	4.7	508	4.5	385	3.4	1,914	17.1	379	3.4	361	3.2
Heroin overdose hospitalizations and rates per 100,000 population	Cattaraugus	0	0	0	0	0	0	s	s	0	0	0	0
	NYS (excluding NYC)	213	1.9	221	2	151	1.3	766	6.8	154	1.4	137	1.2
Opioid overdose excluding heroin (incl. illicitly produced opioids such as fentanyl) hospitalizations and rates per 100,000 population	Cattaraugus	s	s	s	s	s	s	6	7.7	s	s	s	s
	NYS (excluding NYC)	319	2.8	287	2.6	234	2.1	1,148	10.2	225	2	224	2

Source: https://www.health.ny.gov/statistics/opioid/

Table 65 outlines 2016-2018 opioid treatment statistics for Cattaraugus County and NYS (excluding NYC).

Table 65: Opioid Treatment 2016--2018

		Jul-Sep, 2016	Oct-Dec, 2016	2016 Total	Jan-Mar, 2017	Apr-Jun, 2017	Jul-Sep, 2017	Oct-Dec, 2017	2017 Total	Jan-Mar, 2018	Apr-Jun, 2018
Indicator	Location	Number	Number	Number	Number	Number	Number	Number	Number	Number	Number
Unique clients admitted to OASAS-certified chemical dependence treatment programs for heroin	Cattaraugus	82	68	236	75	72	53	52	217	45	45
Unique clients admitted to OASAS-certified chemical dependence treatment programs for any opioid	Cattaraugus	161	134	432	130	146	120	131	447	124	121
	NYS (exc. NYC)	2,050	7,761	2,060	2,248	2,090	1,659	8,057	1,453	1,746	1,704
Naloxone administration report by law enforcement	Cattaraugus	1	10	3	3	1	1	8	0	1	2
	NYS (exc. NYC)	346	1545	337	445	368	321	1471	333	334	327
Registered Community Opioid Overdose Prevention (COOP) program naloxone administration reports	Cattaraugus	2	3	0	1	1	3	5	0	0	0
	NYS (exc. NYC)	210	954	329	438	347	412	1526	262	374	497

Source: https://www.health.ny.gov/statistics/opioid/data/pdf/nys_jan19.pdf

Assets and resources that can be mobilized to address substance use disorder are listed below. These assets and resources target vulnerable populations and the services they would receive include those provided by the local health department; hospitals; health care providers; community-based organizations; businesses; academia; the media; and resources available through other sectors of government.

Table 66 below is a listing of community resources (other than the hospital) available in Cattaraugus County for residents to access regarding promoting well-being and preventing mental health and substance use disorders.

Table 66: Promote Well-Being and Prevent Mental Health and Substance Use Disorders: Community Resources Listing for Cattaraugus County

Agency	Address	City	St	Zip	Phone Number	Website
Clinic Services						
Allegany Council on Alcoholism	140 W. Main Street	Cuba	NY	14727	(585) 968-1482	http://www.alleganycouncil.org/
The Chautauqua Center	319 Central Avenue	Dunkirk	NY	14048	(716) 363-6050	https://www.thechautauquacenter.org/
Chautauqua County Chemical Dependency Clinic	73 Forest Avenue	Jamestown	NY	14701	(716) 483-6996	
Council on Addiction Recovery Services (CAReS)	201 South Union Street	Olean	NY	14760	(716) 373-4303	http://councilonaddiction.org/
Counseling Services						
Lake Shore Behavioral Health, Inc. - Abbot Corners Addiction Services OP1	2107 Spruce Street	North Collins	NY	14111	(716) 822-7117, ext. 232	
Lake Shore Behavioral Health, Inc. – Abbott Corners Addition Services OP1	3176 Abbott Road, Suite 500	Orchard Park	NY	14127	(716) 822-2117	
Chautauqua County Chemical Dependency Clinic	73 Forest Avenue	Jamestown	NY	14701	(716) 483-6996	

Agency	Address	City	St	Zip	Phone Number	Website
Council on Addiction Recovery Services (CAReS)	201 South Union Street	Olean	NY	14760	(716) 373-4303	http://councilonaddiction.org/
Cattaraugus County Community Services	1 Leo Moss Dr	Olean	NY	14760	716-373-8040	www.cattco.org/community-services
PROS Cattaraugus (Personalized Recovery Oriented Services)	203 Laurens St	Olean	NY	14760	(716)-373-8080	www.cattco.org/community-services/personalized-recovery-oriented-services
PROS Dunkirk (Personalized Recovery Oriented Services)	51 East Third Street	Dunkirk	NY	14701	(716) 366-7660	
PROS Jamestown (Personalized Recovery Oriented Services)	800 East Second Street	Jamestown	NY	14701	(716) 661-1510	
The Resource Center	200 Dunham Avenue	Jamestown	NY	14701	(716) 483-2344	http://resourcecenter.org/
Save the Michaels of the World, Inc. – Peer Recovery Coaches	P. O. Box 55	Buffalo	NY	14207	(716) 984-8375	https://savethemichaels.org/
Seneca Strong – Peer Recovery Coaches	983 R C Hoag Drive	Salamanca	NY	14779	(716) 945-8413	https://www.senecahealth.org/seneca-strong
Drop Box Services						
Drug Drop Box Franklinville Police Department	101 N. Main Street	Franklinville	NY	14737		http://www.recoveryincattco.org/safe-medication-disposal.html
Drug Drop Box Gowanda Police Department	27 E. Main Street	Gowanda	NY	14070		http://www.recoveryincattco.org/safe-medication-disposal.html

Agency	Address	City	St	Zip	Phone Number	Website
Drug Drop Box Cattaraugus County Building	303 Court Street	Little Valley	NY	14755		http://www.recoveryincattco.org/safe-medication-disposal.html
Drug Drop Box Olean City Building	101 East State Street	Olean	NY	14760		http://www.recoveryincattco.org/safe-medication-disposal.html
Drug Drop Box Cattaraugus County Building	1 Leo Moss Drive, Suite 4010	Olean	NY	14760		http://www.recoveryincattco.org/safe-medication-disposal.html
Drug Drop Box Salamanca Police Department	1 Barrett Drive	Salamanca	NY	14779		http://www.recoveryincattco.org/safe-medication-disposal.html
Hotline Services						
A AAA 1 Abuse & Addiction Helpline	708 Foote Avenue, Suite 114	Jamestown	NY	14701	(716) 980-1418	
Crisis Hotline 8:00am-5:00pm M/W/TH/F 10:00am-7:00pm T	201 South Union Street	Olean	NY	14760	1-866-851-5033	
Crisis Hotline After Hours (24 hours a day)	515 Main Street	Olean	NY	14760	1-800-339-5209	
Save the Michaels of the World, Inc. Placement Services	P. O. Box 55	Buffalo	NY	14207	(716) 984-8375	https://savethemichaels.org/
Individual and Family Life-Individual and Family Support Services						
Bona Buddies - St Bonaventure University Ministries	McGinley-Carney Center for Franciscan Ministry St. Bonaventure University	Saint Bonaventure	NY	14778	716-375-7813	http://www.sbu.edu/campus-life

Agency	Address	City	St	Zip	Phone Number	Website
Center for Positive Solutions - Yorkshire Pioneer CSD	Pioneer Senior High School 12125 County Line Road	Yorkshire	NY	14173	Social Worker 716-492-9485 Main Phone 716-492-9300	http://www.pioneerschools.org/
DayBreak in Gowanda	1 School Street	Gowanda	NY	14070	866-939-8613	http://www.totalseniorcare.org/
Franklinville Site - Catholic Charities of Buffalo	86 South Main Street	Franklinville	NY	14737	716-372-0101	http://www.ccwny.org/
Free Methodist Church of South Dayton	327 Pine Street	South Dayton	NY	14138	716-988-3232	
Housing Options Made Easy Inc	75 Jamestown Street	Gowanda	NY	14070	Toll Free 800-421-1114 (877) IAMHERE Friendship Line 877-426-4373 Main Phone 716-532-5508	http://www.housingoptions.org/
Life Connections-Rehabilitation Center	3799 South Nine Mile Road	Allegany	NY	14706	716-701-1135	http://www.rehabcenter.org/
Little Valley Holiday Cheer	618 Erie Street	Little Valley	NY	14755	716-938-6332	
Medicaid Service Coordination - Rehabilitation Center	3799 South Nine Mile Road	Allegany	NY	14706	716-701-1135	http://www.rehabcenter.org/
Mental Health Services - Rehabilitation Center	3799 South Nine Mile Road	Allegany	NY	14706	716-701-1135	http://www.rehabcenter.org/

Agency	Address	City	St	Zip	Phone Number	Website
New Directions Youth & Family Services Foster Care - Randolph	356 Main Street ER	Randolph	NY	14772	Intake 716-358-3636 x232 Intake 716-358-3636 x202	https://fosteringgood.org/
North County Counseling Center	9824 Route 16 Stone House, 3rd Floor	Machias	NY	14101	Main Phone 716-353-8241 Intake 716-701-3335	http://www.cattco.org/community-services
Randolph Community Cupboard	28 Jamestown Street Randolph Historical Building	Randolph	NY	14772	Main Phone 716-358-4848 Alternative Number 716-358-6811	
TRZ Cardinal Care After School Program	22 Main Street	Randolph	NY	14772	716-922-4059	http://www.thereliefzone.org/
Westons Mills Agency Operated Boarding Home - NDYFS	1359 Olean-Portville Road	Westons Mills	NY	14788	716-372-1175	https://fosteringgood.org/
Zoar Valley Recovery and Treatment Center	49 South Water Street	Gowanda	NY	14070	Main Phone 716-532-2231 Central Intake 716-816-2218	http://www.omh.ny.gov/omhweb/facilities/bupc
Inpatient Services						
Bradford Regional Medical Center – Recovery	116 Interstate Parkway	Bradford	PA	16701	1-800-466-2583 (814) 362-8319	https://www.brmc.com/programs-services/behavioral-health-services-bradford-pa.php

Agency	Address	City	St	Zip	Phone Number	Website
Systems (need to have dual diagnosis)						
Horizon Village Terrace House (Detox and Inpatient Services)	291 Elm Street	Buffalo	NY	14203	(716) 854-2444	https://www.horizon-health.org/services/detox/
TLC Health at Lake Shore Health Care Center – Inpatient Chemical Dependency Treatment Program	845 Route 5 & 20	Irving	NY	14081	(716) 951-7948	http://tlchealth.org/
UPMC Chautauqua (WCA Hospital) – Inpatient Chemical Dependency Program	207 Foote Avenue	Jamestown	NY	14701	(716) 664-8620	https://www.wcahospital.org/services/mental-health-and-chemical-dependency-programs.html
Mental Health and Substance Use Disorder Services-Counseling Approaches						
Free Methodist Church of South Dayton	327 Pine Street	South Dayton	NY	14138	716-988-3232	
St. Paul's Lutheran Church	6360 Route 242 East	Ellicottville	NY	14731	716-699-4106	http://www.stpaulsellicottville.com/
Mental Health and Substance Use Disorder Services-Counseling Settings						
Franklinville Site - Catholic Charities of Buffalo	86 South Main Street	Franklinville	NY	14737	716-372-0101	http://www.ccwny.org/
Free Methodist Church of South Dayton	327 Pine Street	South Dayton	NY	14138	716-988-3232	
Machias Outpatient Clinic-Council on Addiction Recovery	9824 Route 16	Machias	NY	14101	716-353-8018	http://www.councilonaddiction.org/

Agency	Address	City	St	Zip	Phone Number	Website
Services						
North County Counseling Center	9824 Route 16	Machias	NY	14101	716-701-3335	http://www.cattco.org/community-services
Narcan Training Services						
Southern Tier Overdose Prevention Program (STOPP)	150 North Union Street	Olean	NY	14760	(716) 372-0614	http://www.sthcs.org/stopp.html
CVS Pharmacy Dispense Naloxone with Standing Order	415 North Union Street	Olean	NY	14760	(716) 372-5889	https://www.cvs.com/store-locator/cvs-pharmacy-address/415+North+Union+Street-Olean-NY-14760/storeid=539
Rite Aid Pharmacy Dispense Naloxone with Standing Order	81 West Main Street	Gowanda	NY	14070	(716) 532-4114	https://locations.riteaid.com/locations/ny/gowanda/81-west-main-street.html
Rite Aid Pharmacy Dispense Naloxone with Standing Order	265 North Union Street	Olean	NY	14760	(716) 373-2716	https://locations.riteaid.com/locations/ny/olean/265-north-union-street.html
Rite Aid Pharmacy Dispense Naloxone with Standing Order	9 Broad Street	Salamanca	NY	14779	(716) 945-1095	https://locations.riteaid.com/locations/ny/salamanca/9-broad-street.html
Rite Aid Pharmacy Dispense Naloxone with Standing Order	12208 State Route 16	Yorkshire	NY	14173	(716) 492-2511	https://locations.riteaid.com/locations/ny/yorkshire/12208-route-16.html
Outpatient Services						
Allegany Council on Alcoholism and Substance Abuse Outpatient	2956 Airway Road	Wellsville	NY	14859	(585) 593-1920, ext. 722	http://www.alleganycouncil.org/
Behavioral Health Therapy – Universal	135 N. Union Street	Olean	NY	14760	(716) 375-7500	https://www.upchealth.net/behavioral-health-counseling

Agency	Address	City	St	Zip	Phone Number	Website
Primary Care						
Chautauqua County Alcohol and Substance Abuse Services OP	501 West Third Street	Jamestown	NY	14701	(716) 664-3608	https://www.casacweb.org/
Chautauqua County Alcohol and Substance Abuse Services OP1	324 Central Avenue	Dunkirk	NY	14048	(716) 366-4623	https://www.casacweb.org/
Council on Addiction Recovery Services (CAReS) Outpatient	1 School Street	Gowanda	NY	14070	(716) 373-4303, ext. 509	http://councilonaddiction.org/
Council on Addiction Recovery Services (CAReS) Outpatient	9824 Route 16	Machais	NY	14101	(716) 373-4303, ext. 509	http://councilonaddiction.org/
Council on Addiction Recovery Services (CAReS) Outpatient	201 South Union Street	Olean	NY	14760	(716) 373-4303, ext. 509	http://councilonaddiction.org/
Council on Addiction Recovery Services (CAReS) Outpatient	100 Main Street	Salamanca	NY	14779	(716) 373-4303, ext. 509	http://councilonaddiction.org/
Council on Addiction Recovery Services (CAReS) Outpatient	356 Main Street	Randolph	NY	14772	(716) 373-4303, ext. 509	http://councilonaddiction.org/
Family Health Medical Services	320 Prather Avenue	Jamestown	NY	14701	(716) 338-0022	http://fhms.lbcbuffalo.com/
Horizon Boulevard Addiction Outpatient	1370 Niagara Falls Boulevard	Tonawanda	NY	14150	(716) 833-3708	https://www.horizon-health.org/about/overview/
Horizon Union Losson Addiction	2563 Union Road, Suite	Cheektowaga	NY	14227	(716) 668-7622	https://www.horizon-health.org/about/overview/

Agency	Address	City	St	Zip	Phone Number	Website
Outpatient	800					
Seneca Strong	983 R C Hoag Drive	Salamanca	NY	14779	(716) 945-8413	https://www.senecahealth.org/seneca-strong
Spectrum Human Services South Town Counseling Center Outpatient	27 Franklin Street	Springville	NY	14141	(716) 662-2040	https://shswny.org/
Spectrum Human Services Wyoming Outpatient	34 N. Main Street	Warsaw	NY	14569	(716) 662-2040	https://shswny.org/
TLC Health Network – Gowanda Urgent Care and Medical Center	34 Commercial Street	Gowanda	NY	14070	(716) 532-8100	http://tlchealth.org/
TLC Health Network – Cassadaga Chemical Dependency Clinic	33 North Main Street	Cassadaga	NY	14718	(716) 595-3355	http://tlchealth.org/
TLC Health Network – Derby Chemical Dependency Clinic	7020 Erie Road	Derby	NY	14047	(716) 947-0316	http://tlchealth.org/
UPMC Chautauqua (WCA Hospital) – Jamestown Outpatient	51 Glasgow Avenue	Jamestown	NY	14701	(716) 664-8620	https://www.wcahospital.org/services/mental-health-and-chemical-dependency-programs.html
UPMC Chautauqua (WCA Hospital) – Dunkirk Outpatient	338 Central Avenue	Dunkirk	NY	14048	(716) 363-0018	https://www.wcahospital.org/services/mental-health-and-chemical-dependency-programs.html
Police Assisted Addiction Recovery Initiative (PAARI) Services						
Police Assisted Addiction Recovery Initiative (PARRI)	27 East Main Street	Gowanda	NY	14070	(716) 532-2020	https://villageofgowanda.com/police-department/

Agency	Address	City	St	Zip	Phone Number	Website
Recovery Services						
Alcohol and Drug Abuse Services – Port Allegany	120 Chestnut Street	Port Allegany	PA	16743	(814) 642-9541	http://www.adasonline.org
Alcohol and Drug Abuse Services – Residential Short-Term	118 Chestnut Street	Port Allegany	PA	16743	(814) 642-9522	http://www.adasonline.org
Alcohol and Drug Abuse Services, Inc.	2 Main Street, Suite 605	Bradford	PA	16701	(814) 362-6517	http://www.adasonline.org
Alcohol and Drug Abuse Services, Inc.	9 Field Street	Kane	PA	16735	(814) 837-7691	http://www.adasonline.org
Council on Addiction Recovery Services (CAReS) – Community Residential	1351 Olean Portville Road	Weston Mills	NY	14788	(716) 373-0057, ext. 205	http://councilonaddiction.org/
Horizon Health Services - Delta Village Treatment Center (ages 18-28 years old)	6301 Inducon Drive	E. Sanborn	NY	14132	(716) 731-2030	https://www.horizon-health.org/services/residential-treatment/horizon-village/
Horizon Health Services - Freedom Village (Veterans)	6301 Inducon Drive	E. Sanborn	NY	14132	(716) 731-2030	https://www.horizon-health.org/services/residential-treatment/horizon-village/
Horizon Health Services – Horizon Village (Adults)	6301 Inducon Drive	E. Sanborn	NY	14132	(716) 731-2030	https://www.horizon-health.org/services/residential-treatment/horizon-village/
Kids Escaping Drugs (Renaissance Addiction Services RRSY)	920 Harlem Road	Buffalo	NY	14224	(716) 827-9462	https://ked.org/
Oxford House Bishop One for Men	121 N. 10th Street	Olean	NY	14760	(716) 801-1242	https://www.transitionalhousing.org/li/ny_14760_oxford-house-bishop-one
Margaret A. Stutzman	360 Forest Avenue	Buffalo	NY	14213	(716) 882-4900	https://www.oasas.ny.gov/atc/stutzman/services.cfm

Agency	Address	City	St	Zip	Phone Number	Website
Addiction Center						
Trapping Brook (Supportive Living)	3084 Trapping Brook Road	Wellsville	NY	14895	(585) 593-1920, ext. 701	https://www.rehab.com/acasa-trapping-brook-house/6496051-r
Turning Point House – Cazenovia Recovery (Intensive Residential)	9136 Sandrock Road	Eden	NY	14057	(716) 992-4972	https://www.cazenoviarecovery.org/program/turning-point-house/
Respite House Services						
Eagle's Nest		Jamestown	NY		House 844-421-1114 Warmline 877-426-4373 Text Warmline 716-392-0252	http://www.wnyhousingoptions.org/OurServices/RespiteServices/tabid/430/Default.aspx
Support Group Services						
Addiction Response Ministry (Faith-Based Service)	1006 W. Third Street	Jamestown	NY	14701	(716) 222-0299	https://www.addictionresponseministry.com/
Al-Anon/Alateen	511 E. Second Street	Jamestown	NY	14701	(716) 484-1544	https://www.nyconnects.ny.gov/providers/al-anon-alateen-sofa-ag-381472
Council on Addiction Recovery Services (CAReS) – Olean	201 South Union Street	Olean	NY	14760	(716) 373-4303	http://councilonaddiction.org/
Chautauqua Area Service Committee of Narco (CASCNA)	103 Hunter Street P. O. Box 2026	Jamestown	NY	14701	(716) 488-2281	https://nyconnects.ny.gov/providers/cascna-chautauqua-area-service-committee-of-narco-sofa-ag-381490
Council on Addiction Recovery Services (CAReS) – Supportive Living	201 South Union Street	Olean	NY	14760	(716) 373-4303, ext. 509	http://councilonaddiction.org/

Agency	Address	City	St	Zip	Phone Number	Website
Seneca Strong Ongoing Support Outreach Program	983 R C Hoag Drive	Salamanca	NY	14779	(716) 945-8413	https://www.senecahealth.org/seneca-strong
Substance Abuse Intervention (Faith-Based Service with Pastor Steven) Tuesdays 5:30pm-6:45pm	201 S. Union Street	Olean	NY	14760	(716) 307-7926	http://councilonaddiction.org/
Substance Abuse Intervention (Faith-Based Service at The Pentecostals of Olean) Wednesdays 5:45pm-7:00pm	1100 Homer Street	Olean	NY	14760	(716) 373-7456	http://councilonaddiction.org/

Table 67 below is a listing of hospital resources available in Cattaraugus County for residents to access regarding promoting well-being and preventing mental health and substance use disorders.

Table 67: Promote Well-Being and Prevent Mental Health and Substance Use Disorders: Olean General Hospital Resources Listing for Cattaraugus County

Olean General Hospital Programs and Services	Address	City	State	Zip	Phone Number
Behavioral Health Services					
Bradford Regional Medical Center Behavioral Health Services	116 Interstate Parkway	Bradford	PA	16701	(814) 362-8319
Olean General Hospital – Behavioral Health	515 Main Street	Olean	NY	14760	(716) 373-2600

Promote a Healthy and Safe Environment

Promote a Healthy and Safe Environment

When looking at changes in promoting a healthy and safe environment from the 2016 CHA to the 2019 CHA, several indicators have either increased within Cattaraugus County or have a higher rate/percent when compared to New York State.

- Unintentional injury is the fourth leading cause of all deaths in Cattaraugus County.
- Occupational injuries and emergency department visits due to falls is higher in Cattaraugus County when compared to WNY, NYS and NYS PA. (NYSDOH Prevention Agenda Dashboard for Cattaraugus County)
- The motor vehicle mortality, firearm fatalities and injury death rates for Cattaraugus County are higher than NYS. (County Health Rankings)

The 2019-2024 State Health Improvement Plan to "Promote a Healthy and Safe Environment" in New York State focuses on five core areas that impact health. These are: the quality of the water we drink and enjoy for recreation; the air we breathe; the food and products we ingest and use; the built environments where we live, work, learn and play; as well as injuries, violence and occupational health. "Environment," as used here, incorporates all dimensions of the physical environment that impact health and safety. [49]

Injuries, Violence and Occupational Health

According to the CDC, injury is the leading cause of death for children and adults between the ages of 1 and 45 nationwide. Injuries and violence affect everyone—regardless of age, race, or economic status. Unintentional injuries may be caused by motor vehicle crashes, older adult falls, drowning, poisoning, opioid overdoses, and traumatic brain injury.[50]

Unintentional injury is the fourth leading cause of death in Cattaraugus County with a 2016 age-adjusted rate of 58.6per 100,000. This is higher than the NYS excluding NYC rate of 34.2. As demonstrated in **Figure 23** over the past ten years, both the single year and three-year average rates have fluctuated, although the single year rate is the highest it has been throughout this time period.[51]

[49] https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/env.htm#FA1
[50] https://www.cdc.gov/injury/about/index.html
[51]https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=/EBI/PHIG/apps/chir_dashboard/chir_dashboard&p=ctr&ind_id=Hh18a%20&cos=4

Figure 23: Cattaraugus County - Age-adjusted unintentional injury mortality rate per 100,000

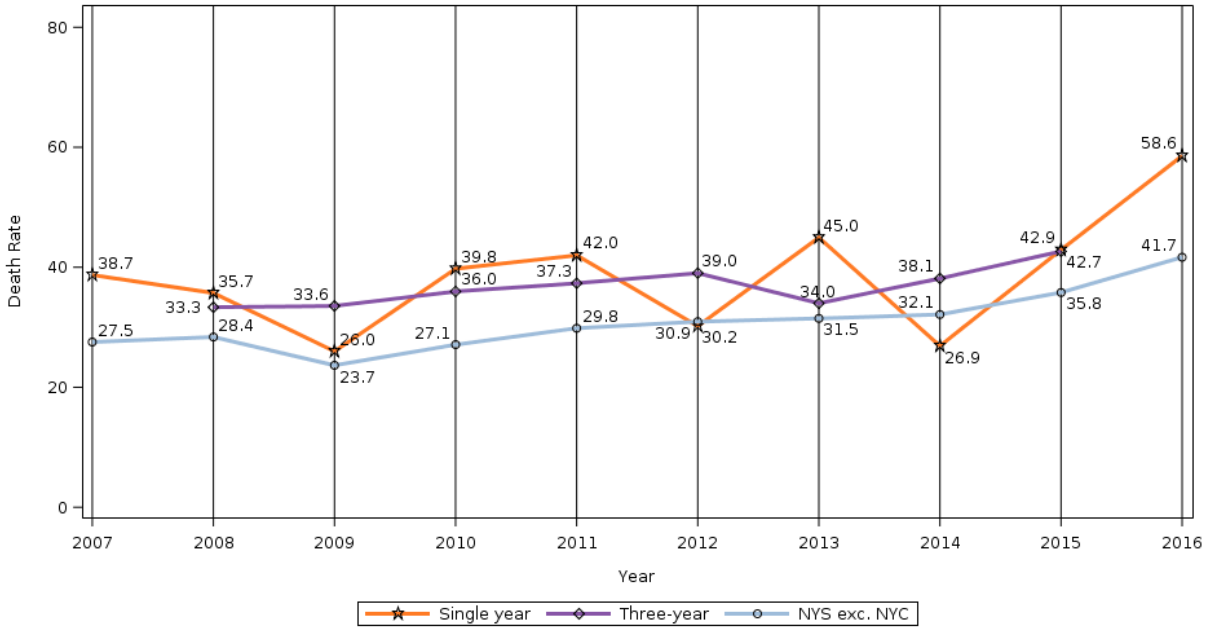


Figure 24 illustrates the rate of violent crime in Cattaraugus County which was 177.7 in 2016. This is much lower that the NYS rate of 222.3. Of the eight WNY counties, Cattaraugus has the third lowest violent crime rate in WNY.

Figure 24: Cattaraugus County - Violent crime case rate per 100,000

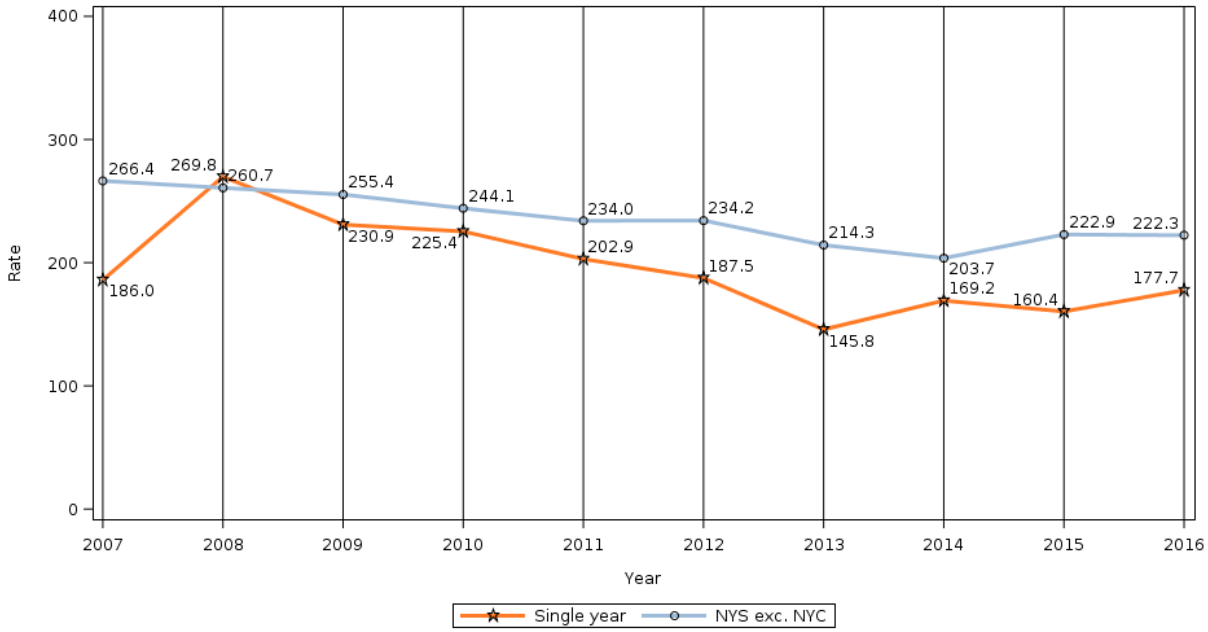
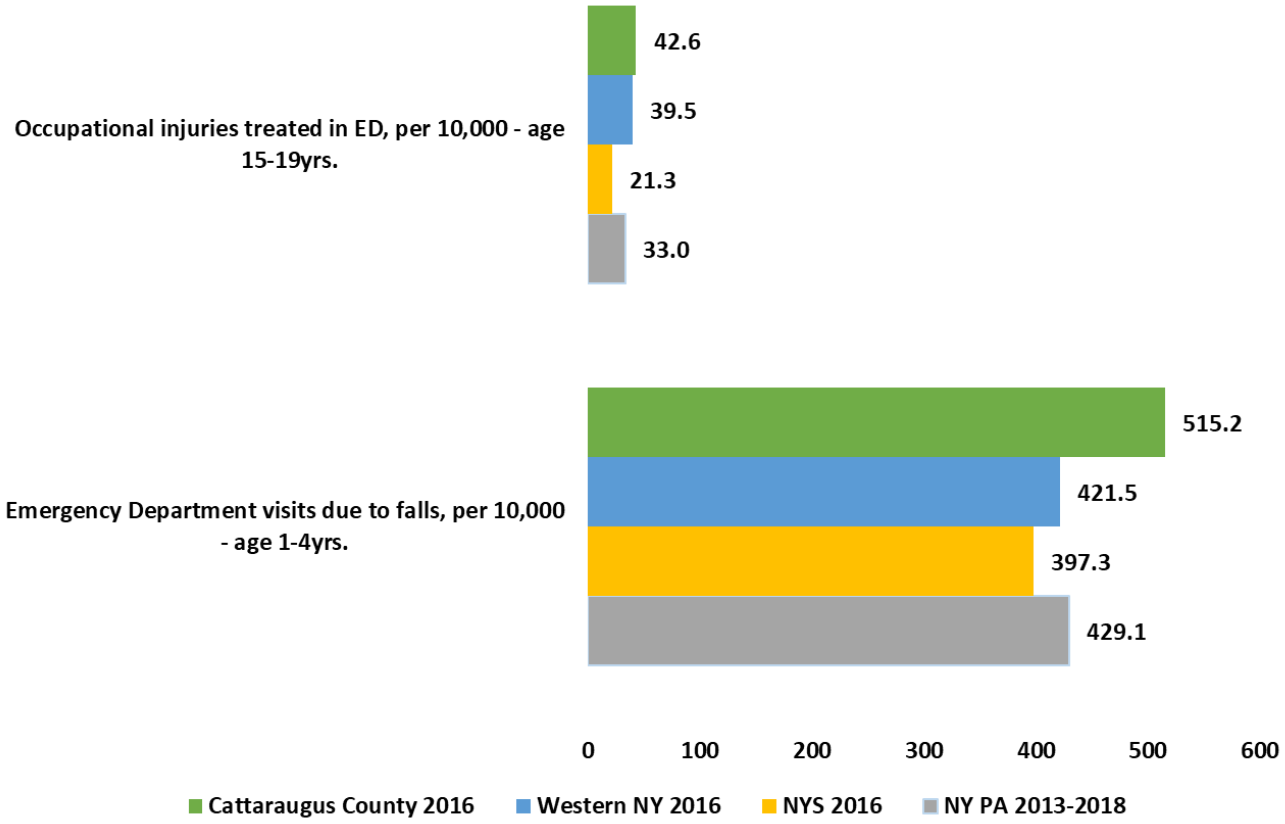


Figure 25 illustrates that the number of Occupational Injuries Treated in ED (age 15-19) and ED Visits Due to Falls (age 1-4) is higher in Cattaraugus County compared to WNY, NYS and NYS PA.

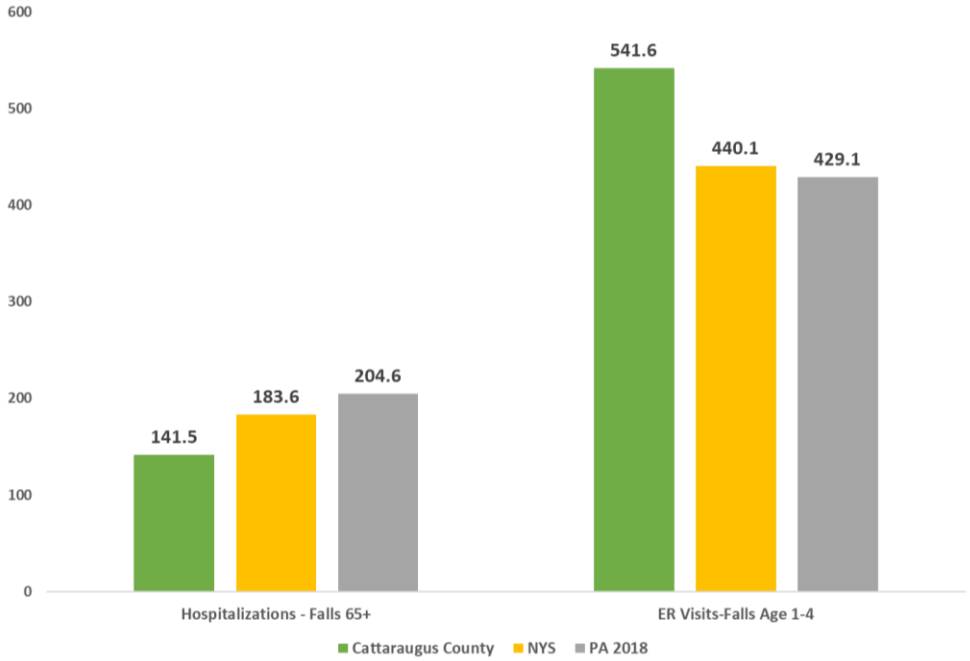
Figure 25: Occupational Injuries and ED Visits Due to Falls



Source: NYSDOH Prevention Agenda Dashboard for Cattaraugus County – Promote a Healthy and Safe Environment

Figure 26 illustrates that the rate of hospitalizations due to falls per 100,000 for those residents of the county aged 65+ years has seen no significant change, and both the county and state rates are below the Prevention Agenda objective. Regarding ER visits due to falls for those ages 1-4, even though the county is reporting no significant change, both the county and state are above the Prevention Agenda objective.

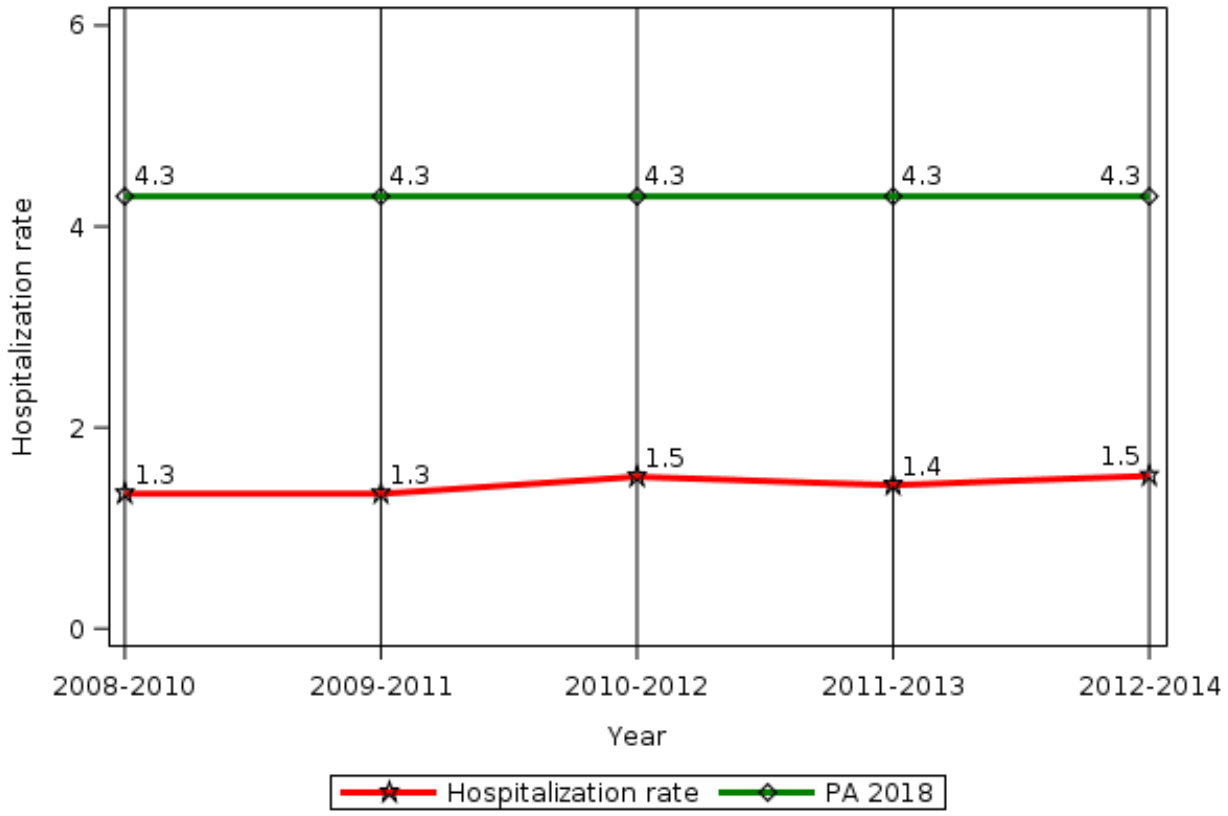
Figure 26: Hospitalizations Due to Falls (Age 65+) and ER Visits Due to Falls (Ages 1-4), per 10,000



Source: NYSDOH Prevention Agenda Dashboard for Cattaraugus County

According to the CDC, violence includes adverse childhood experiences, intimate partner or domestic violence, sexual violence, suicide, and youth violence[52]. **Figure 27** illustrates the rate of assault related hospitalization per 100,000 in Cattaraugus County[53]. This rate has worsened slightly and is currently at 1.5 for Cattaraugus County; however, this rate is significantly lower than the NYS rate which is 3.9, and the Prevention Agenda objective rate which is 4.3.

Figure 27: Cattaraugus County - Assault-related hospitalization rate per 10,000 population



Source:
https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=/EBI/PHIG/apps/dashboard/pa_dashboard&p=ctr&ind_id=pa7_0%20&cos=4

[52] https://www.cdc.gov/injury/about/index.html
[53]https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=/EBI/PHIG/apps/dashboard/pa_dashboard&p=ctr&ind_id=pa7_0%20&cos=4

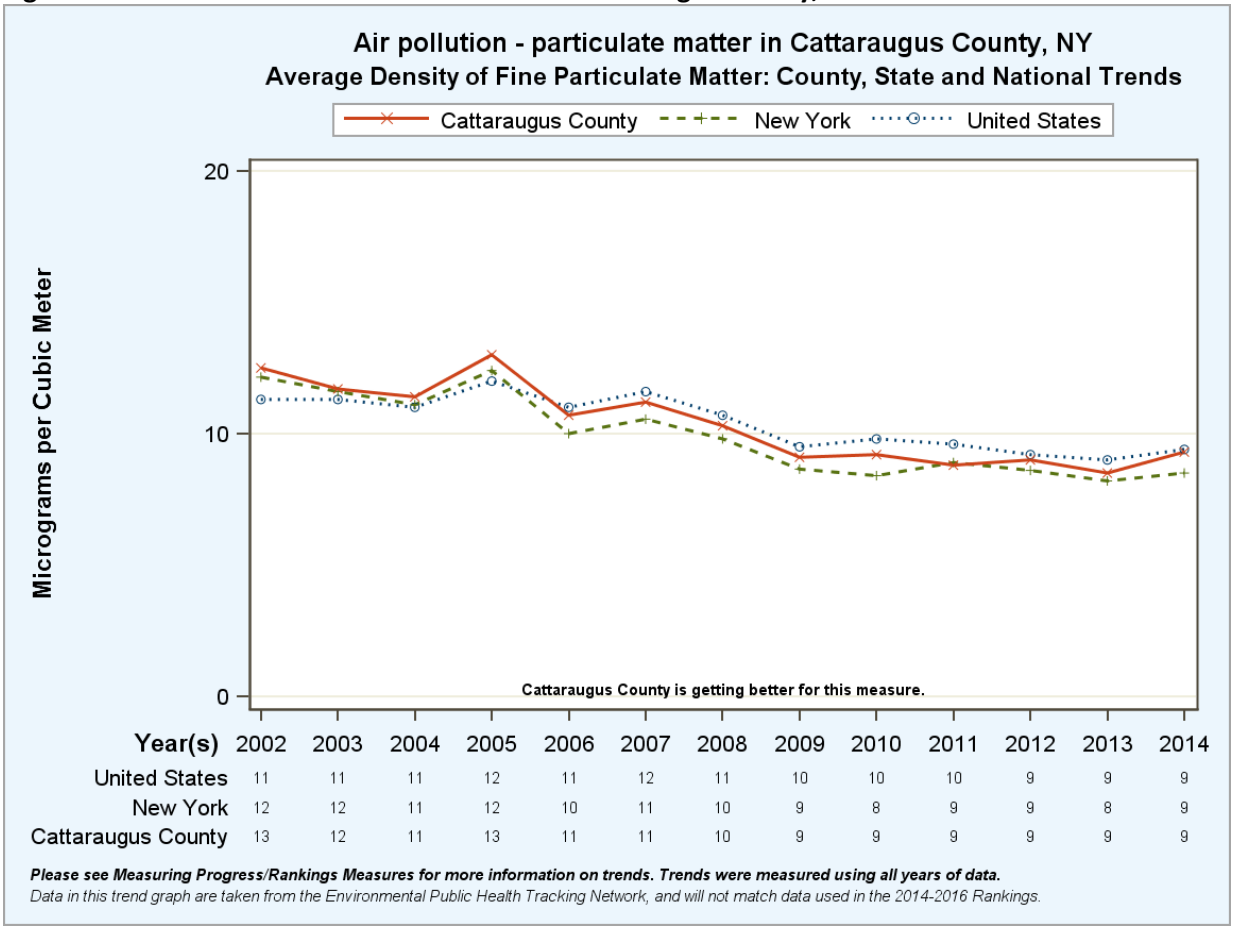
Outdoor Air Quality

CDC reports that outdoor air quality has improved since the 1990s, but many challenges remain in protecting Americans from air quality problems. Ground-level ozone, the main part of smog, and particle pollution are just two of the many threats to air quality and public health in the United States[54].

EPA reports that particulate matter contains microscopic solids or liquid droplets that are so small that they can be inhaled and cause serious health problems. Some particles less than 10 micrometers in diameter can get deep into the lungs and some may even get into the bloodstream. Of these, particles less than 2.5 micrometers in diameter, also known as fine particles or PM2.5, pose the greatest risk to health[55].

Figure 28 compares Cattaraugus County particle pollution against NYS and the US.

Figure 28: Air Pollution – Particulate Matter in Cattaraugus County, NY



Source: https://www.countyhealthrankings.org/app/new-york/2019/rankings/cattaraugus/county/outcomes/overall/snapshot

[54] https://www.cdc.gov/air/default.htm
[55] https://www.epa.gov/pm-pollution/particulate-matter-pm-basics#PM

Table 68 shows Asthma emergency department visit crude rates per 10,000. Those with Asthma emergency department visits all ages and those age 0-4 for Cattaraugus County have crude rates below Western New York, NYS and the Prevention Agenda objective.

Table 68: Asthma Emergency Department Visit Rates per 10,000 – All Ages and Age 0-4

Indicator	Cattaraugus County	WNY	NYS	Prevention Agenda
Asthma emergency department visit rate per 10,000 population	35.5	44.1	77.1	75.1
Asthma emergency department visit rate per 10,000 - Aged 0-4 years	55.2	112.1	186.4	196.5

Source:
https://www.health.ny.gov/statistics/ny_asthma/data/2016eh/a20.htm;
https://www.health.ny.gov/statistics/ny_asthma/data/2016eh/a11.htm
SPARCS 2016 data as of December 2017

The sub-county data for asthma hospitalizations per 10,000 population indicated that Killbuck (93.1%), Olean (81.4%), Salamanca (73.1%) and Franklinville (72.8%) were the leading municipalities showing the highest percentage of ER visits for asthma. Overall, Cattaraugus County (51.9) had a significantly lower rate of asthma related ER visits compared to NYS (86.3)[56].

Built and Indoor Environment

Good health depends on having homes that are safe and free from physical hazards. When adequate housing protects individuals and families from harmful exposures and provides them with a sense of privacy, security, stability and control, it can make important contributions to health. In contrast, poor quality and inadequate housing contributes to health problems such as infectious and chronic diseases, injuries, and poor childhood development.

Severe Housing Problems is the percentage of households with one or more of the following housing problems: Housing unit lacks complete kitchen facilities; Housing unit lacks complete plumbing facilities; Household is overcrowded; or Household is severely cost burdened.

Based on the 2019 County Health rankings 15% of Cattaraugus County housing stock has severe housing problems.

Climate Smart Communities is a New York State program that helps local governments take action to reduce greenhouse gas emissions and adapt to a changing climate. [57] **Table 69** shows the percentage of population that lives in a jurisdiction that adopted the Climate Smart Communities pledge. There is no significant change for Cattaraugus County and the county remains seven times lower than the state and Prevention Agenda Objectives.

56
https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=/EBI/PHIG/apps/dashboard/pa_dashboard&p=mp&ind_id=pa23_0%20&cos=4
57 https://climatesmart.ny.gov/

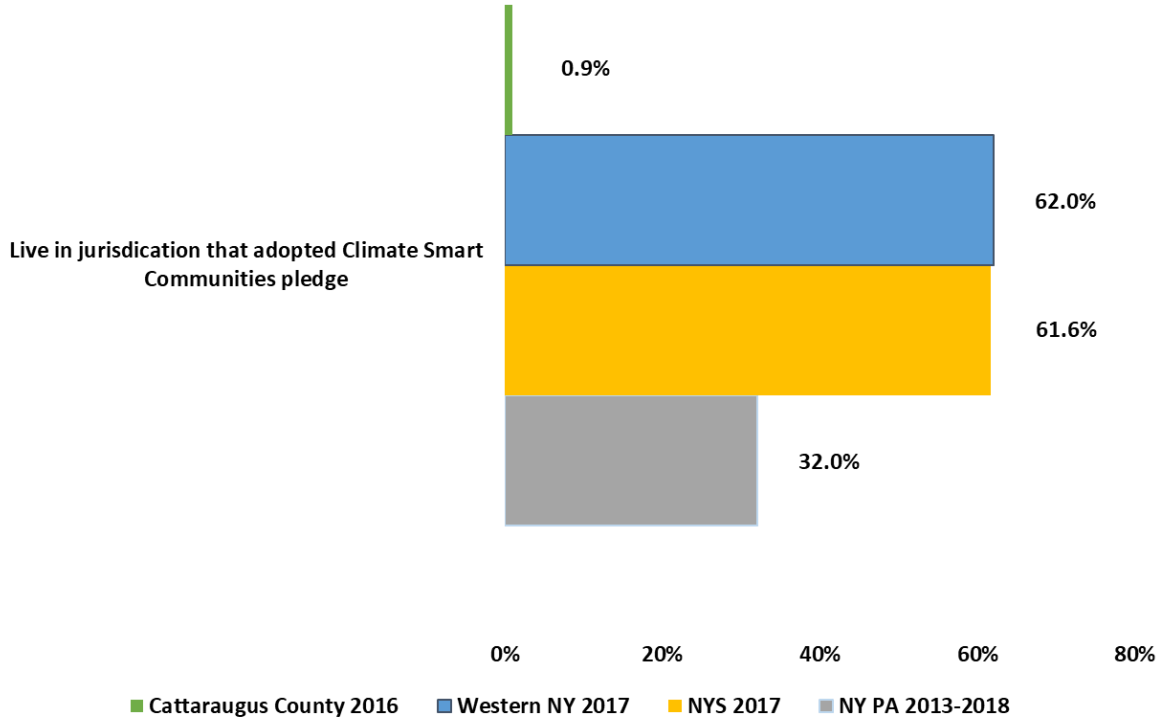
Table 69: Adoption of Climate Smart Communities

Indicator	Cattaraugus County	NYS	Prevention Agenda
% of Population that Lives in a Jurisdiction that Adopted the Climate Smart Communities Pledge	0.9	61.6	32.0

Source: https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fdashboard%2Fpa_dashboard&p=ch&cos=4

Figure 29 Cattaraugus County residents are 68 times less likely to live in a jurisdiction that adopted the Climate Smart Community Pledge.

Figure 29: Climate Environmental Indicators NYS Department of Health



Source: NYSDOH Prevention Agenda Dashboard for Cattaraugus County – A Healthy and Safe Environment

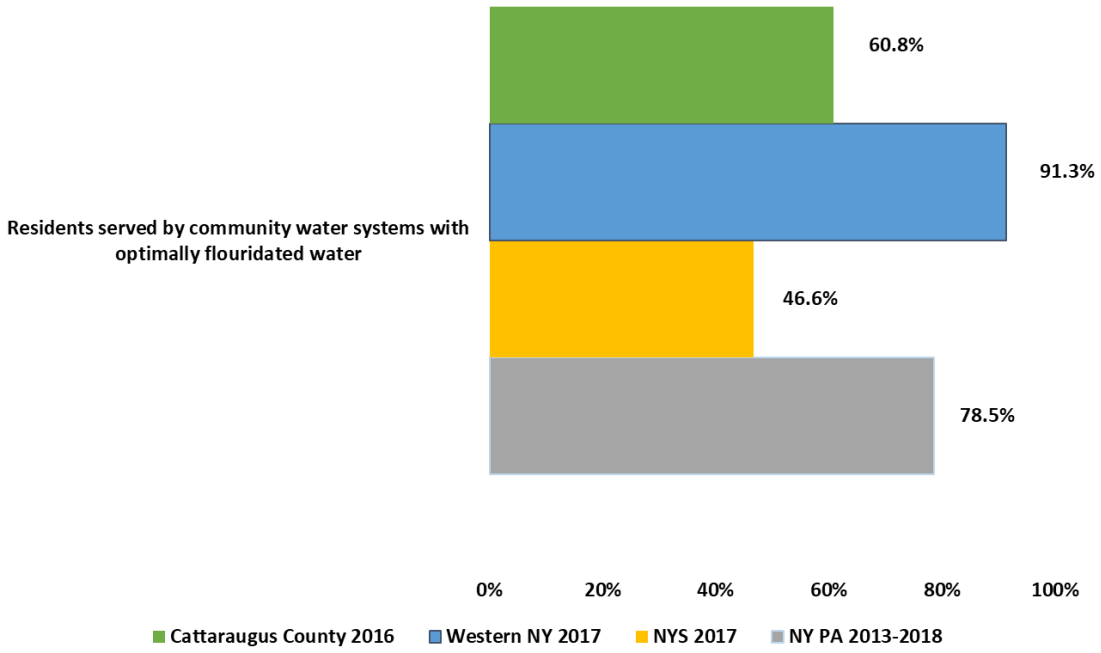
Water Quality

Ensuring the safety of drinking water is important to prevent illness, birth defects, and death.[58] Other health problems have been associated with contaminated water, including nausea, lung and skin irritation, cancer, kidney, liver, and nervous system damage.[59] [60]

Based on the 2019 County Health Rankings Cattaraugus County had no drinking water violations Drinking Water Violations has only two values: Yes and No. A "Yes" indicates that at least one community water system in the county received at least one health-based violation during the specified time frame. A "No" indicates that there were no health-based drinking water violations in any community drinking water system in the county [61].

According to the CDC, many research studies have proven the safety and benefits of fluoridated water. For nearly 75 years, people in the United States have been drinking water with added fluoride and enjoying the benefits of better dental health. Drinking fluoridated water keeps teeth strong and reduces cavities. By preventing cavities, community water fluoridation has been shown to save money both for families and for the US health care system[62]. **Figure 30** illustrates that less than two-thirds of Cattaraugus County residents are served by a Water System with Fluoridated Water.

Figure 30: Water Indicators NYS Department of Health



Source: NYSDOH Prevention Agenda Dashboard for Cattaraugus County – A Healthy and Safe Environment

[58] Gunther CF, Brunkard JM, Yoder JS, Roberts VA, Capenter J, et al. Causes of Outbreaks Associated with Drinking Water in the United States from 1971 to 2006. Clinical Microbiology Reviews July 7, 2010. https://cmr.asm.org/content/23/3/507
[59] Safe Drinking Water. Centers for Disease Control. https://www.cdc.gov/safewater/disease.html
[60] Hunter PR, MacDonald AM, and Carter RC. Water Supply and Health. PLoS Med; 7 (11). Nov 9, 2010
[61] https://www.countyhealthrankings.org/app/new-york/2019/measure/factors/124/description
[62] https://www.cdc.gov/fluoridation/index.html

Food and Consumer Products

The goals of this focus area are to raise awareness of the potential presence of chemical contaminants and promote strategies to reduce exposure and improve food safety management. Under this focus area, objectives cover: gardening practices, fish and game consumption, awareness of chemicals and contaminants in consumer products, uniform food safety regulation at state and local jurisdictions and identifying contributing factors to foodborne outbreaks.

No indicators or data are available at the State level or were collected at the local level for this focus area.

Table 70 outlines the County Health Rankings Environment Indicators for Cattaraugus County and the State of New York. The county has a higher Motor Vehicle Mortality Rate (11) than NYS (6), a higher Residential Segregation-Non-white/White (62) than NYS (54), a higher Firearm Fatalities Rate (11) than NYS (4), and a higher Injury Death Rate (68) than the state (47).

Table 70: County Health Rankings Environment Indicators

Cattaraugus County Ranks 60 out of 62 for Health Outcomes Cattaraugus County Ranks 61 out of 62 for Health Factors		New York	Cattaraugus County
Frequent physical distress	% Frequent Physical Distress	11.0%	13.0%
Motor vehicle crash deaths	MV Mortality Rate	6	11
Injury deaths	Injury Death Rate	47	68
Homicides	Homicide Rate	3	NA
Firearm fatalities	Firearm Fatalities Rate	4	11
Violent crime	Violent Crime Rate	379	197
Residential segregation – black/white	Segregation index	74	76
Residential segregation – non-white/white	Segregation Index	54	62
Social associations	Association Rate	8.0	15.1
Air pollution - particulate matter	Average Daily PM2.5	8.5	9.3
Drinking water violations	Presence of violation		No
Severe housing problems	% Severe Housing Problems	20.0%	12.0%
Driving alone to work	% Drive Alone	82.0%	53.0%
Long commute – driving alone	% Long Commute - Drives Alone	37.0%	38.0%

Source: County Health Rankings, 2019

Table 71 highlights responses to the 2018 Community Health Survey question, "Have the following social and environmental issues directly affected you or your family in the last two years?" The top three social and environmental issues as seen by Community Health Survey respondents were: lack of safe roads and sidewalks (34.9%), lack of recreational opportunities (34.6%), and access to affordable healthy foods (32.0%).

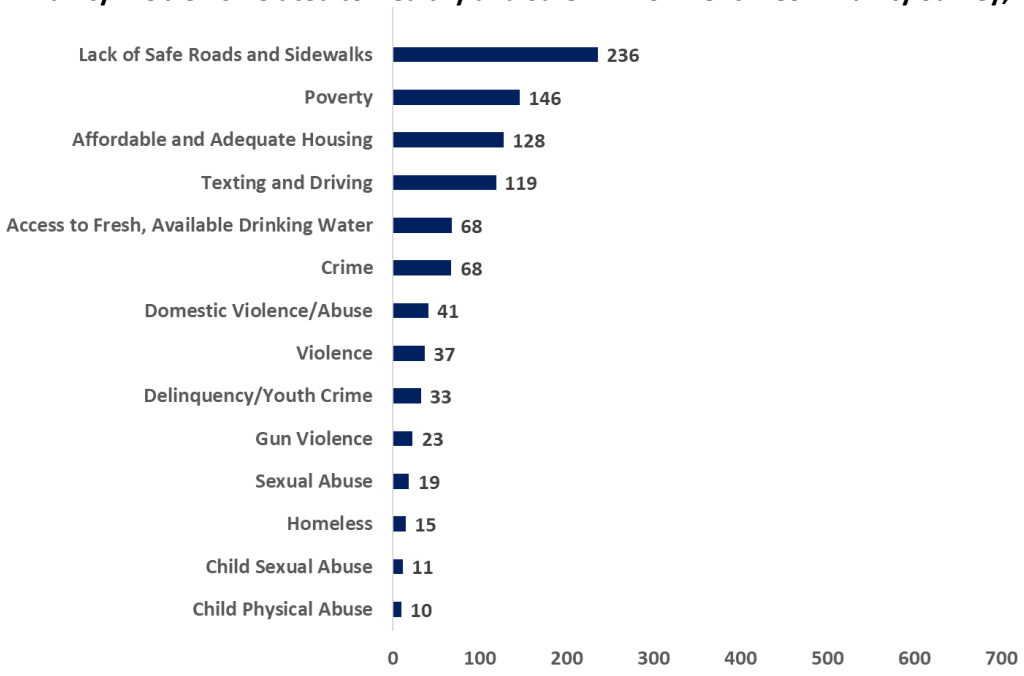
Table 71: Social and Environmental Issues, N=669

Social and Environmental Issues	
	% Affected
Lack of Safe Roads and Sidewalks	34.9%
Lack of Recreational Opportunities	34.6%
Access to Affordable Healthy Foods	32.0%
Poverty	21.5%
Employment Opportunities/Lack of Jobs	21.2%
Affordable and Adequate Housing	19.0%
Access to Fresh, Available Drinking Water	10.0%
Lack of Quality After School Programs/Care	9.7%
Lack of Early Childhood Care	8.8%
Homelessness	2.1%

Source: 2018 Cattaraugus County Community Health Survey; due to rounding, may not equal 100%

Figure 31 outlines the number of people who identified each of the following as problems in the Cattaraugus County Community Health Survey. Lack of safe roads and sidewalks (236), Poverty (146), Affordable and adequate housing (128) and Texting and driving (119) were the most frequently identified community problems related to a healthy and safe environment.

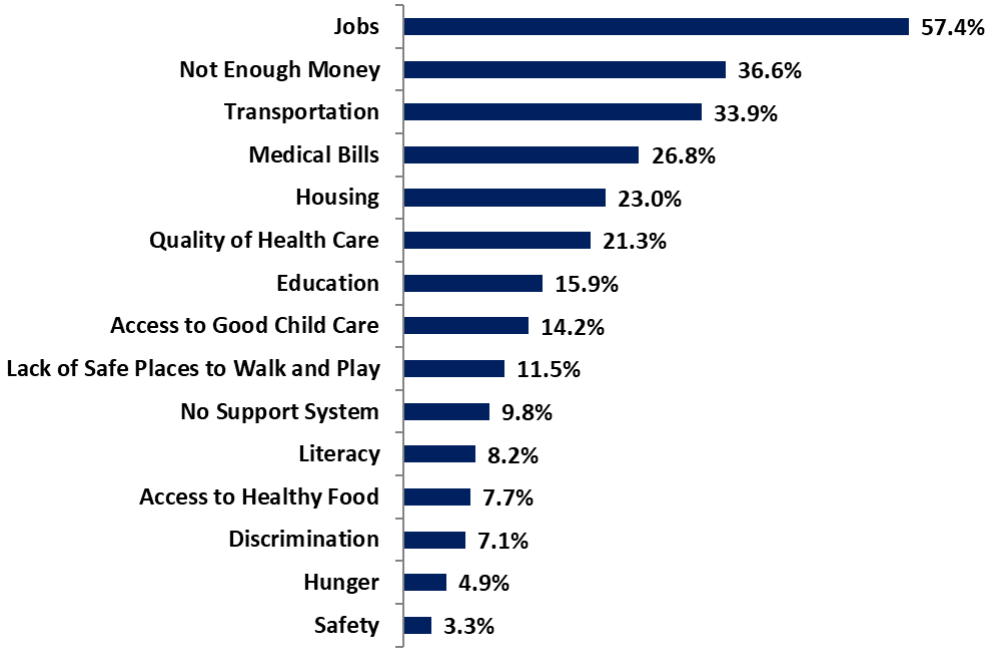
Figure 31: Community Problems Related to Healthy and Safe Environment – Community Survey, N=669



Source: Cattaraugus County Community Health Survey 2018

The Cattaraugus County Community Intercept Survey asked respondents to identify community problems that were unrelated to health. **Figure 32** illustrates that more than half of the respondents (57.4%) indicated that (lack of) Jobs was a community problem. About a third of the respondents indicated that Not Enough Money (36.6%) and Transportation (33.9%) were also problems unrelated to health.

Figure 32: Community Problems Unrelated to Health, Community Intercept Survey, N=183



Source: Cattaraugus County Community Intercept Survey 2018

Assets and resources that can be mobilized to address a healthy and safe environment are listed below. These assets and resources target vulnerable populations and the services they would receive include those provided by the local health department; hospitals; health care providers; community-based organizations; businesses; academia; the media; and resources available through other sectors of government. For example, safe and affordable housing can emphasize healthy living.

Table 72 below is a listing of community resources (other than the hospital) available in Cattaraugus County for residents to access regarding promoting a health and safe environment.

Table 72: Promote a Healthy and Safe Environment: Community Resources Listing for Cattaraugus County

Agency	Address	City	St	Zip	Phone Number	Website
Basic Needs-Housing/Shelter						
Saving Grace Outreach	11 Washington Street	Cattaraugus	NY	14719	716-257-3077	www.savinggraceoutreach.org
Christmas in April-Olean, Inc., Allegany	95 East Main Street	Allegany	NY	14706	716-373-1330 x16	
Trading Post South	11 Washington Street	Cattaraugus	NY	14719	716-257-3077	www.savinggraceoutreach.org
Underwood Manor	4460 Union Hill Road	Hinsdale	NY	14743	716-557-2322	
USDA Rural Development	8 Martha Street	Ellicottville	NY	14731	716-699-2375 x4	http://www.rurdev.usda.gov

Agency	Address	City	St	Zip	Phone Number	Website
Criminal Justice and Legal Services-Courts						
Cattaraugus County-Supreme Court	303 Court Street	Little Valley	NY	14755	716-938-9111 x2378	http://www.nycourts.gov
Youth Court-Cattaraugus Youth Bureau	207 Rock City Street Suite 200	Little Valley	NY	14755	716-938-2617	
Criminal Justice and Legal Services-Law Enforcement Agencies						
Allegany Village-Police Department	106 East Main Street	Allegany	NY	14706	716-938-9191	http://www.allegany.org/
Cattaraugus County - Sheriff's Office	301 Court Street	Little Valley	NY	14755	716-938-9191	http://www.cattco.org/sheriffs-office
Franklinville Village - Police Department	101 North Main Street	Franklinville	NY	14737	716-676-5697	http://www.franklinvilleny.org/
Gowanda Village - Police Department	27 East Main Street	Gowanda	NY	14070	716-532-2020	http://www.villageofgowanda.com
New York State - Police - Ellicottville Station	1 West Washington Street	Ellicottville	NY	14731	585-344-6200	http://www.troopers.ny.gov/
New York State - Police - Machias Station	9761 Route 16	Machias	NY	14101	585-344-6200	http://www.troopers.ny.gov/
Portville Village - Police Department	1 South Main Street	Portville	NY	14770	716-933-8773	
Criminal Justice and Legal Services-Law Enforcement Services						
Southern Tier AmeriCorps Resource Team	200 Erie Street	Little Valley	NY	14755	716-938-2624	
Criminal Justice and Legal Services-Legal Services						
Cattaraugus County-Bar Association		Ellicottville	NY	14731	716-584-1254	http://www.cattaraguscountybarassociation.com/
Environment and Public Health/Safety-Public Safety						
Southern Tier Child Advocacy Center	772 Main St	Olean	NY	14760	716-372-8532	
Healthy Community Alliance, Inc.	1 School Street Suite 100	Gowanda	NY	14070	716-532-1010	http://www.communityalliance.org
Saving Grace Outreach	11 Washington Street	Cattaraugus	NY	14719	716-257-3077	www.savinggraceoutreach.org
Trading Post South	11 Washington Street	Cattaraugus	NY	14719	716-257-3077	www.savinggraceoutreach.org

Promote Healthy Women, Infants and Children

Promote Healthy Women, Infants and Children

When looking at changes in promoting healthy women, infants and children from the 2016 CHA to the 2019 CHA, several indicators have either increased within Cattaraugus County or have a higher rate or percent when compared to New York State.

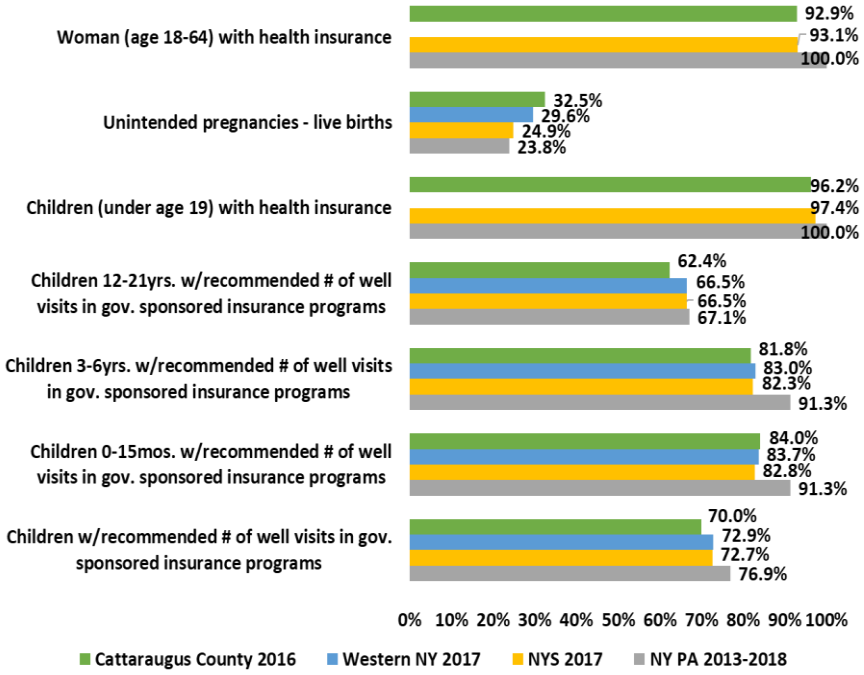
- The percentage of women and children with health insurance in Cattaraugus County is slightly lower than WNY, NYS and NYS PA Objective.
- The teen birth rate in Cattaraugus County is higher than WNY and NYS.

The health of women, infants, children, and their families is fundamental to population health. Promoting healthy development, behaviors, and relationships early in life and during critical periods lays the groundwork for health promotion and disease prevention throughout the lifespan. Supporting the health and wellness of all women is essential to their current and lifelong well-being, regardless of their age, sexual or gender identity, pregnancy history, or future reproductive plans. Moreover, it requires a deep commitment to promoting health equity and eliminating racial, ethnic, economic, and other disparities. [63]

Maternal & Women's Health

Figure 33 illustrates selected Prevention Agenda indicators. The percentage of Women and Children with Health Insurance (92.9%) and Well Visits (81.8%) for those in Cattaraugus County are slightly lower than WNY, NYS and the Prevention Agenda Objective.

Figure 33: Women, Infants and Children Prevention Agenda Indicators



Source: NYS Department of Health, Prevention Agenda Indicators

[63] https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/hwic.htm

Table 73 highlights responses to the 2018 Community Health Survey question for females only, "How long has it been since your last Pap test?" Over half of female respondents said they had their last Pap test between six months and two years.

Table 73: Length of Time Since Last Pap Test, N=526

How long has it been since your last Pap test?		
	Number	Percent
Less than 6 months	94	17.9%
6 months to less than 12 months	149	28.3%
12 months to less than 2 years	136	25.9%
2 years to less than 5 years	65	12.4%
5 years or more	70	13.3%
Never had one	12	2.3%

Source: 2018 Cattaraugus County Community Health Survey; due to rounding, may not equal 100%

Table 74 highlights responses to the 2018 Community Health Survey question for females only, "How long has it been since your last Mammogram?" Four out of ten female survey respondents indicated that they had a mammogram within the last year. It is important to address that even though the largest percentage of respondents (28.0%) said that they never had a mammogram, 134 out of 147 female respondents (91.2%) were below the age of 44 who answered this question and below the recommended age to receive a mammogram.

Table 74: Length of Time Since Last Mammogram, N=525

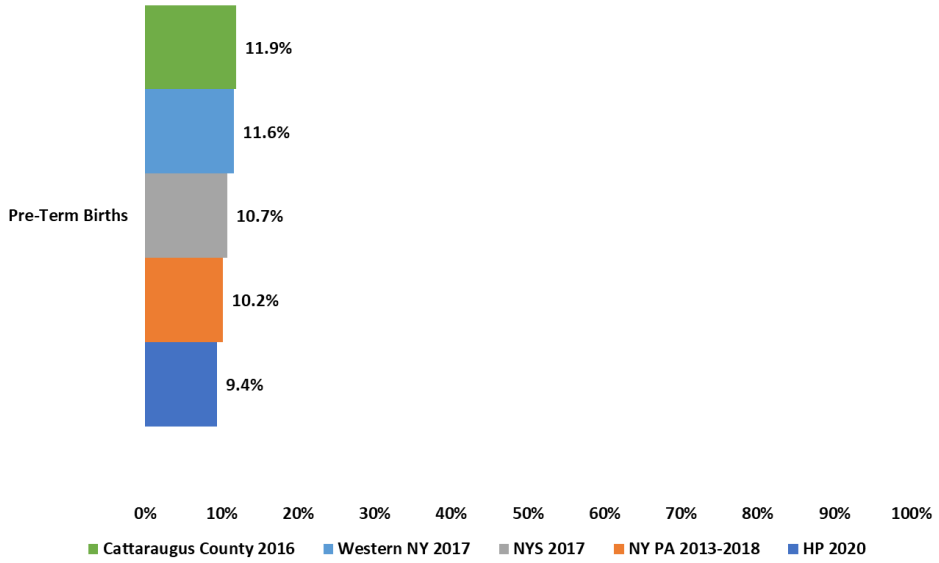
How long has it been since your last Mammogram?		
	Number	Percent
Less than 6 months	117	22.3%
6 months to less than 12 months	119	22.7%
12 months to less than 2 years	78	14.9%
2 years to less than 5 years	45	8.6%
5 years or more	19	3.6%
Never had one	147	28.0%

Source: 2018 Cattaraugus County Community Health Survey; due to rounding, may not equal 100%

Perinatal and Infant Health

Figure 34 shows the pre-term birth weight for Cattaraugus County overall (11.9%) compared to the NYS (10.7%) and the Prevention Agenda 2013-2018 Goal (10.2%).

Figure 34: Pre-term Births



Source: Keys to Health, http://www.k2hwny.org/indicators/index/view?indicatorId=380&localeId=1884

Infant mortality is the death of an infant prior to his or her first birthday. **Table 75** displays sub-county data for infant deaths in Cattaraugus County, and it shows that during 2014-2016, the overall infant death rate was highest in the town of Ashford Hollow/West Valley, with a rate of 21.7. The town of Great Valley, with a rate of 21.3, the town of Cattaraugus, and Conewango Valley follow with infant death rates of 11.2 and 5.4 respectively.[64] The overall 2014-2016 infant death rate in Cattaraugus County, which is 3.5 per 1,000 live births, is lower than that of NYS, which is 4.6 (see **Table 76**).[65] Reviewing the latest 2015 infant death rate for Cattaraugus County (see **Table 77**), which is 2.3, shows that it is slightly lower than NYS, which is 4.6.[66]

Neonatal mortality is the death of a live-born infant during the first 28 days after birth. **Table 75** also displays sub-county data for neonatal mortality in Cattaraugus County, and it shows that the areas with the highest neonatal mortality rate is similar to the towns and cities with the highest infant mortality rate. The highest neonatal mortality rate was in the town of Great Valley with a rate of 21.3 followed by the town of Cattaraugus, NY with a rate of 14.9; the town of Little Valley, NY and Conewango Valley had neonatal mortality rates of 11.2 and 5.4 respectively.[67] The overall 2014-2016 neonatal mortality rate for Cattaraugus County, which is 2.7 per 1,000 live births, is slightly lower than that of NYS, which is 3.1 (see **Table 76)**.[68] Reviewing the latest 2015 neonatal mortality rate for Cattaraugus County, which is 1.1, shows

[64] https://www.health.ny.gov/statistics/chac/perinatal/county/2014-2016/cattaraugus.htm
[65] http://www.health.ny.gov/statistics/chac/perinatal/county/2014-2016/regions.htm
[66] https://www.health.ny.gov/statistics/vital_statistics/2015/table45.htm
[67] https://www.health.ny.gov/statistics/chac/perinatal/county/2014-2016/cattaraugus.htm
[68] http://www.health.ny.gov/statistics/chac/perinatal/county/2014-2016/regions.htm

that it is much lower than NYS, which is 3.1(see **Table 77**).[69]

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 75** also displays sub-county data for low birth weight in Cattaraugus County. The highest percentage of resident live births classified as low birth weight is in the town of Little Valley, NY, which is 14.6%. The towns of Hinsdale, NY, West Valley, NY and Machias, NY, followed with a percentage of low birth weight of 12.5%, 10.9% and 10.5% respectively.[70] The low birth weight percentage for Cattaraugus County overall is 7.4%, this is lower than the NYS rate which is 7.8% (see **Table 76**).[71]

Table 75: County/Zip Code Perinatal Data Profile 2014-2016

Zip Codes	Town Name	Total Births 2014-2016	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 2014-2016	Infant Deaths Rate	Neonatal Deaths 2014-2016	Neonatal Deaths Rate	Teen Birth Rate	Teen Pregnancy Rate
14042	Delevan/Lime Lake/ Yorkshire	137	6.9	8	36.5	44.5	4.5	0	0	0	0	7.1	16.7
14065	Centerville/Sandusky	88	7.5	8	40.9	59.1	14	0	0	0	0	31.3	52.1
14101	Lime Lake/Machias	38	8.6	10.5	65.8	63.2	2.6	0	0	0	0	18.5	37
14129	Versailles/Perrysburg	59	8.5	5.1	47.5	49.2	1.7	0	0	0	0	36.2	43.5
14138	South Dayton	104	12.1	5.8	31.7	32.7	5.6	0	0	0	0	22.2	22.2
14171	Ashford Hollow/West Valley	46	16.7	10.9	28.3	34.8	0	1	21.7	0	0	5.5	10.9
14706	St. Bonaventure/Allegany	168	12.3	6.5	39.3	41.7	1.8	0	0	0	0	9.1	13.4
14719	Cattaraugus/Otto/New Albion	134	14.9	4.5	27.6	30.6	9.8	2	14.9	2	14.9	10.6	10.6
14726	Conewango Valley/Leon/Axeville	184	21.1	4.3	9.8	15.8	28.6	1	5.4	1	5.4	26.8	26.8
14729	East Otto	26	14.3	3.8	30.8	23.1	4.5	0	0	0	0	*	*
14731	Ellicottville/Ashford	23	4.3	4.3	34.8	21.7	13.6	0	0	0	0	0	0
14737	Franklinville/Lyndon/Farmersville	131	12.8	8.4	40.5	61.1	10.9	0	0	0	0	14	19.6
14741	Great Valley/Humphrey	47	19.5	6.4	55.3	46.8	2.1	1	21.3	1	21.3	12.1	18.2
14743	Ischua/Hinsdale	48	16.7	12.5	68.8	68.8	4.2	0	0	0	0	27.2	27.2
14748	Kill Buck/Carrolton	30	21.4	6.7	53.3	46.7	0	0	0	0	0	*	*
14753	Limestone	33	6.9	6.1	54.5	45.5	12.1	0	0	0	0	7.9	15.9
14755	Little Valley/Napoli	89	17.8	14.6	52.8	56.2	3.8	1	11.2	1	11.2	32.1	36.1
14760	Olean/St. Bonaventure/Weston Mills/Knapp Creek	665	12.4	7.7	55.8	59.6	2.9	3	4.5	2	3	31.8	44.9
14770	Portville/Carroll	89	8.8	7.9	56.2	48.3	3.4	0	0	0	0	33.7	37.5
14772	Randolph/East Randolph	157	11	7	26.3	36.5	2.6	0	0	0	0	21.6	30.3
14779	Salamanca/Red House	282	8.1	7.8	77	56	3.6	0	0	0	0	64	78.9
Total		2,585	11.7	7.4	46.4	48	4.8	9	3.5	7	2.7	24.3	32.7

Source: 2014-2016 New York State Vital Statistics Data as of June 2018

[69] https://www.health.ny.gov/statistics/vital_statistics/2015/table45.htm
[70] https://www.health.ny.gov/statistics/chac/perinatal/county/2014-2016/cattaraugus.htm
[71] http://www.health.ny.gov/statistics/vital_statistics/2015/table11a.htm

Table 76: New York State Regional Perinatal Data Profile – 2014-2016

Region	Total Births 2014-2016	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 2014-2016	Infant Deaths Rate	Neonatal Deaths 2014-2016	Neonatal Deaths Rate	Teen Birth Rate	Teen Pregnancy Rate
New York City	347,540	10.4	8.1	40.0	60.4	6.7	1,391	4.0	891	2.6	16.0	42.0
New York State excluding New York City	358,176	10.6	7.6	39.0	45.0	4.0	1,814	5.1	1,287	3.6	12.7	22.3
New York State	705,716	10.5	7.8	39.5	52.7	5.4	3,214	4.6	2,185	3.1	13.9	29.8

Source: 2014-2016 New York State Vital Statistics Data as of June 2018

Table 77: Infant Deaths, Neonatal Deaths, Post Neonatal Deaths and Perinatal Mortality by Resident County New York State - 2015

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	2	2.3	1	1.1	1	1.1	10	11.2
NYS	1,079	4.6	728	3.1	351	1.5	2,117	8.9

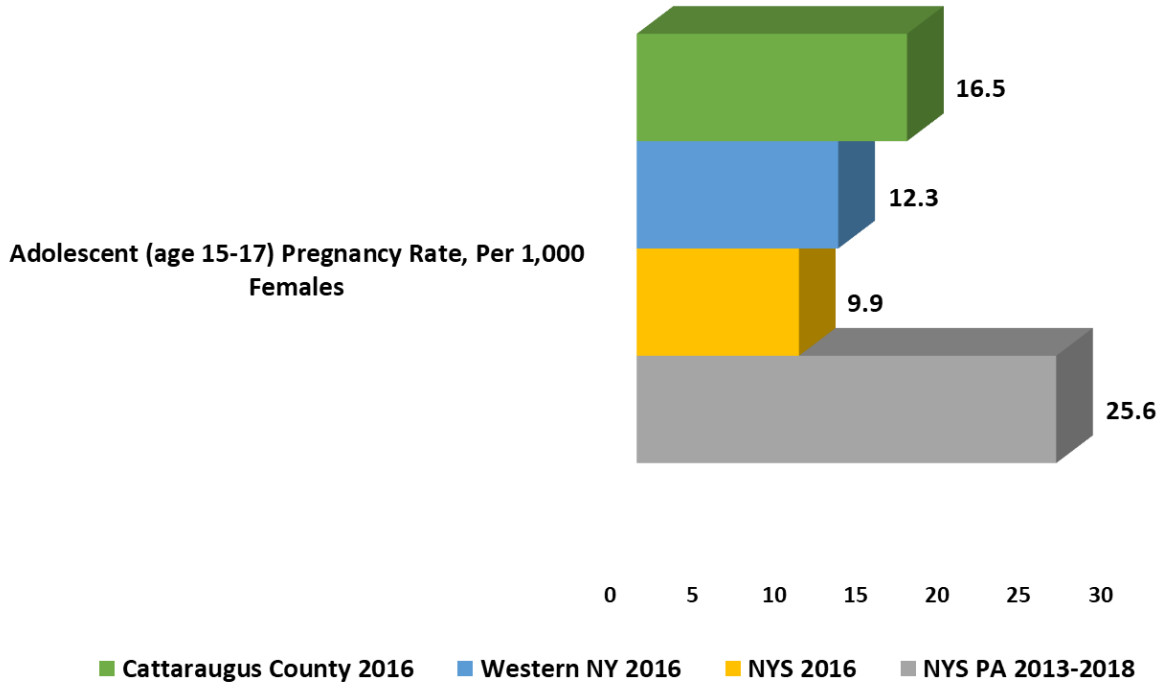
Source: https://www.health.ny.gov/statistics/vital_statistics/2015/table45.htm

Table 75 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 78.9. The towns of Centerville/Sandusky, NY and the City of Olean, NY, follow with teen pregnancy rates of 52.1 and 44.9 respectively.[72] The teen pregnancy rate in Cattaraugus County overall is 32.7, which is higher than NYS, which is 29.8 (see **Table 76**).[73]

Figure 35 illustrates the percent of Teen Births in Cattaraugus County (16.5) is higher than Western NYS (12.3) and almost twice the NYS rate (9.9). The county rate is lower, however, than the Prevention Agenda objective (25.6).

[72] https://www.health.ny.gov/statistics/chac/perinatal/county/2014-2016/cattaraugus.htm
[73] https://www.health.ny.gov/statistics/chac/perinatal/county/2014-2016/regions.htm

Figure 35: Adolescent pregnancy rate per 1,000 females - Aged 15-17 years



Source: NYS Department of Health, Prevention Agenda Indicators

Child and Adolescent Health
Healthy Women, Infants and Children

The goals of this focus area are to support and enhance children and adolescents' social-emotional development and relationships. Under this focus area, objectives cover increasing the number of children who receive a developmental screening; increasing the percent of children who are treated for a mental/behavioral health condition; decreasing the number of children who felt sad and hopeless for more than two weeks in a row; and decreasing the suicide mortality rate for youth ages 15 -19. Other interventions in this focus area related to children with special health care needs and reducing dental carries among children.

No indicators or data are available at the State level or were collected at the local level.

Assets and resources that can be mobilized to address healthy women, infants and children are listed below. These assets and resources target vulnerable populations and the services they would receive include those provided by the local health department; hospitals; health care providers; community-based organizations; businesses; academia; the media; and resources available through other sectors of government.

Table 78 below is a listing of community resources available in Cattaraugus County for residents to access regarding promoting healthy women, infants and children.

Table 78: Healthy Women, Infants and Children: Community Resources Listing for Cattaraugus County

	Address	City	State	Zip	Phone Number	Website
Education-Educational Institutions/Schools						
Allegany-Limestone School District	3131 Five Mile Rd	Allegany	NY	14706	716-375-6000	http://www.alli.wnyric.org/
Cattaraugus-Allegany BOCES	1825 Westfall Rd	Olean	NY	14760	716-376-8255	https://caboces.org/
Cattaraugus - Little Valley Central School District	25 North Franklin St.	Cattaraugus	NY	14719	716-257-3483	http://www.cattlv.wnyric.org
Ellicottville Central School	5873 Route 219 South	Ellicottville	NY	14731	716-699-2368	http://www.ellicottvillecentral.com
Franklinville Central School	31 North Main St.	Franklinville	NY	14737	716-676-8000	www.tbafcs.org
Gowanda Central School District	10674 Prospect St.	Gowanda	NY	14070	716-532-3325	www.gowcsd.org
Hinsdale Central School	3701 Main St.	Hinsdale	NY	14743	716-557-2227	http://www.hinsdalebobcats.org
Olean City School District	410 W. Sullivan St.	Olean	NY	14760	716-375-8010	https://www.oleanschools.org/
Pine Valley Central School	7755 NY Route 83	South Dayton	NY	14138	716-988-3291	http://www.pval.org/
Portville Central School District	500 Elm St.	Portville	NY	14770	High School 716-933-6005 Elementary School 716-933-6045	http://www.portvillewnyric.org/
Randolph Academy	336 Main St.	Randolph	NY	14772	716-358-6866	http://randolphacademy.org/

	Address	City	State	Zip	Phone Number	Website
Randolph Central School District	18 Main St.	Randolph	NY	14772	716-358-6161	http://www.randolphcsd.org/
Salamanca City School District	50 Iroquois Dr.	Salamanca	NY	14779	716-945-2400	https://www.salamancany.org/Domain/1
West Valley Central School	5359 School St.	West Valley	NY	14171	716-942-3100	https://www.wvalley.wnyric.org/
Yorkshire- Pioneer Central Schools	12125 County Line Rd.	Yorkshire	NY	14173	716-492-9300	http://www.pioneerschools.org/
Education-Educational Programs						
Adult Services – Cattaraugus Allegany BOCES	1825 Windfall Rd.	Olean	NY	14760	716-376-8293	http://caboces.org/education/workforce-development-community-learning/
4-H Youth Development - CCE Cattaraugus County	28 Parkside Dr.	Ellicottville	NY	14731	716-699-2377	http://cattaraugus.cce.cornell.edu/
Cornell Cooperative Extension - Cattaraugus County	28 Parkside Dr.	Ellicottville	NY	14731	716-699-2377	http://cattaraugus.cce.cornell.edu/
Randolph Residential Program - NDYFS	356 Main Street	East Randolph	NY	14772	716-358-3636	https://fosteringgood.org/
Education-Educational Support Services						
Allegany-Limestone Committee on Preschool Education	3131 Five Mile Rd.	Allegany	NY	14760	716-375-6600 ext. 4160	https://www.alcsny.org/Page/3241
Cattaraugus County Preschool Program	200 Erie Street	Little Valley	NY	14755	716-938-2618	https://www.cattco.org/youth/overview
Cattaraugus-Little Valley Committee on Preschool Education	25 N. Franklin St.	Cattaraugus	NY	14719	716-257-5943	https://www.cattlv.wnyric.org/domain/11
Cuba-Rushford Committee on Preschool Education	15 Elm St.	Cuba	NY	14737	585-968-1760 ext. 3123	https://www.crcs.wnyric.org/domain/72
Early Childhood and School-age Family and Community Engagement (FACE) Centers	818 Ellicott St.	Buffalo	NY	14203	716-323-2000	https://www.ochbuffalo.org/care-treatment/early-childhood-direction-center
Ellicottville Committee on Preschool Education	Route 219 S	Ellicottville	NY	14731	716-699-2316 ext.	https://www.ellicottvillecentral.co

	Address	City	State	Zip	Phone Number	Website
					410	m/domain/10
Franklinville Committee on Preschool Education	32 N. Main St.	Franklinville	NY	14737	716-676-8000 ext. 8001	https://www.tbafcs.org/page/88
Gowanda Committee on Preschool Education	10674 Prospect Street	Gowanda	NY	14070	716-532-3325 x4122	http://www.gowcsd.org/special-education/
Hinsdale Committee on Preschool Education	3701 Main St.	Hinsdale	NY	14743	716-557-2227 ext. 417	https://www.hinsdalebobcats.org/Page/17
Olean Committee on Preschool Education	410 W. Sullivan St.	Olean	NY	14760	716-375-8989	https://www.oleanschools.org/Page/297
Parent to Parent of NYS	1200 East & West Rd.	West Seneca	NY	14227	1-800-971-1588	http://parenttoparentnys.org/offices/western/
Pine Valley Committee on Preschool Education	7755 NY-83	South Dayton	NY	14138	716-988-3291 ext. 3356	https://www.pval.org/domain/18
Pioneer Committee on Preschool Education	PO Box 9	Arcade	NY	14009	716-492-9300	https://www.pioneerschools.org/o/pioneer-csd/page/committee-on-pre-school-special-education
Portville Committee on Preschool Education	PO Box 700	Portville	NY	14770	716-933-6036	https://www.portvillecsd.org/o/portville-central-school/page/cse-cpse
Randolph Committee on Preschool Education	22 Main St.	Randolph	NY	14772	716-358-7030 ext. 7033	https://www.randolphcsd.org/
Salamanca Committee on Preschool Education	50 Iroquois Dr.	Salamanca	NY	14779	716-945-5142 ext. 4049	https://www.salamancany.org/domain/41
Springville Committee on Preschool Education	307 Newman St.	Springville	NY	14141	716-592-3256	https://www.springvillegi.org/special-education/
West Valley Committee on Preschool Education	45 School St.	West Valley	NY	14171	716-942-3293 ext. 404	https://www.wvalley.wnyric.org/
Health Care-Human Reproduction						

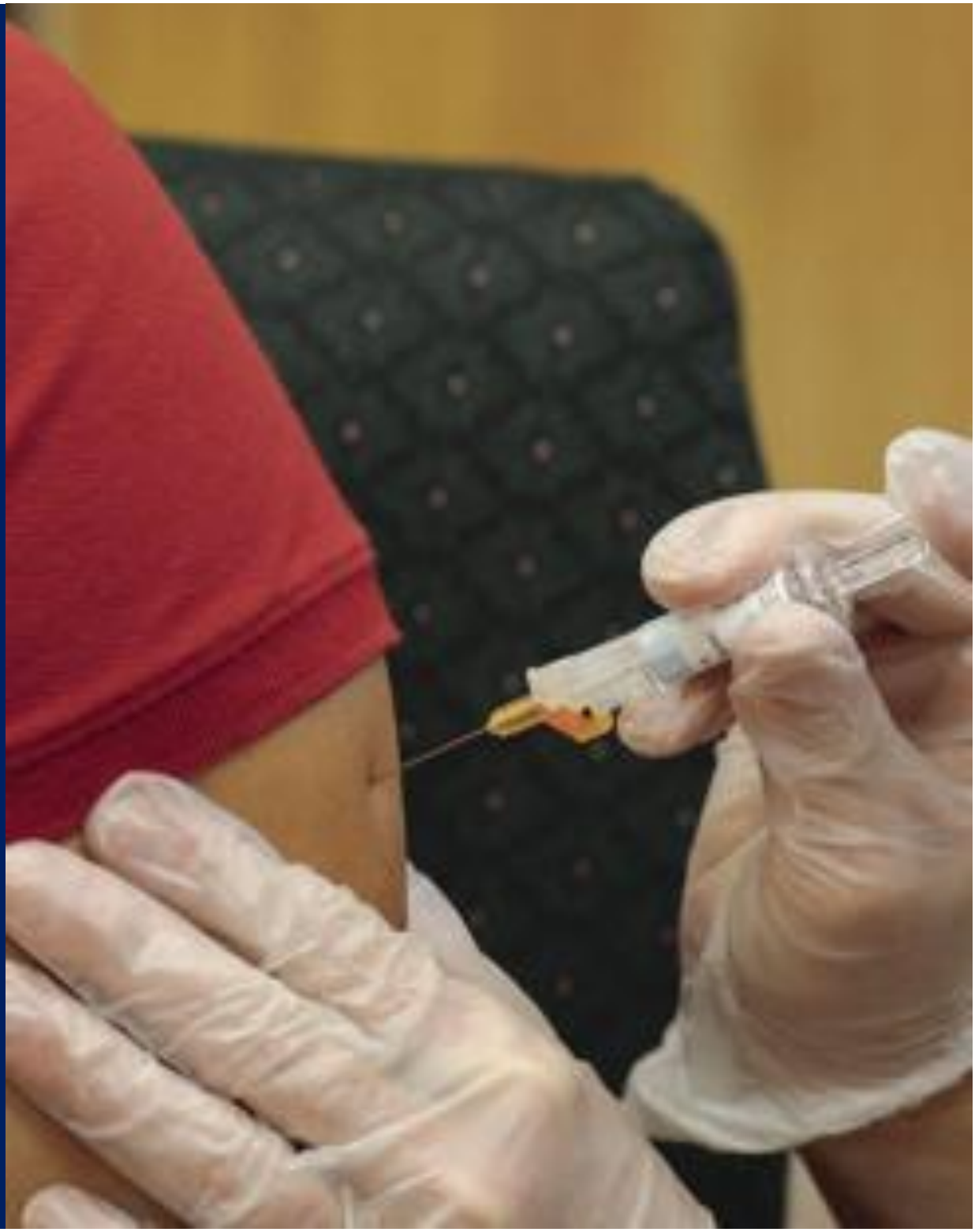
	Address	City	State	Zip	Phone Number	Website
Community Clinic - Olean - Cattaraugus County Health Department	1 Leo Moss Dr, Suite 4010	Olean	NY	14760	716-701-3416	http://www.cattco.org/
Universal Primary Care-Olean	135 N Union St	Olean	NY	14760	716-375-7500	www.upchealth.net

Table 79 below is a listing of hospital resources available in Cattaraugus County for residents to access regarding healthy women, infants and children

Table 79: Healthy Women, Infants and Children: Olean General Hospital Resources Listing for Cattaraugus County

Olean General Hospital Programs and Services	Address	City	State	Zip	Phone Number
Obstetrics and Gynecology (OB/GYN) Department					
Olean General Hospital	515 Main Street	Olean	NY	14760	(716) 375-6200

Prevent Communicable Diseases



Prevent Communicable Diseases

When looking at changes in preventing communicable disease from the 2016 CHA to the 2019 CHA, several indicators have either changed within Cattaraugus County or have a higher rate/percent when compared to New York State.

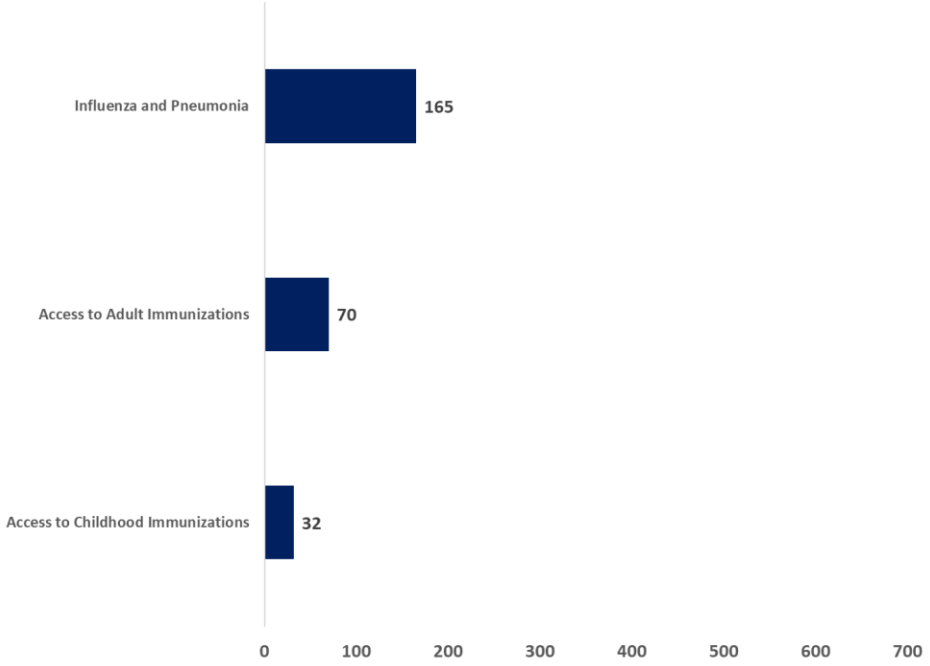
- The percent of children aged 19 to 35 months with the recommended immunization series has decrease and is lower than the NYS rate and the Prevention Agenda Objective.
- The percent of adolescents with 3 or more does of the HPV vaccine increased but is still lower than the NYS rate and the Prevention Agenda Objective.
- The rates of both chlamydia and gonorrhea in both men and women aged 15-44 have increased and are higher than the NYS rate and the Prevention Agenda Objective.

A communicable disease is an illness or infection that can be spread from person to person, animal to person, animal to animal or person to animal. Communicable diseases contribute to sickness and death in New York State and are preventable.

Vaccine Preventable Diseases

Figure 36 below reports the number of respondents from the Community Health Survey that indicated that communicable diseases (e.g., influenza and pneumonia) were experienced by themselves or a family member in the past two years.

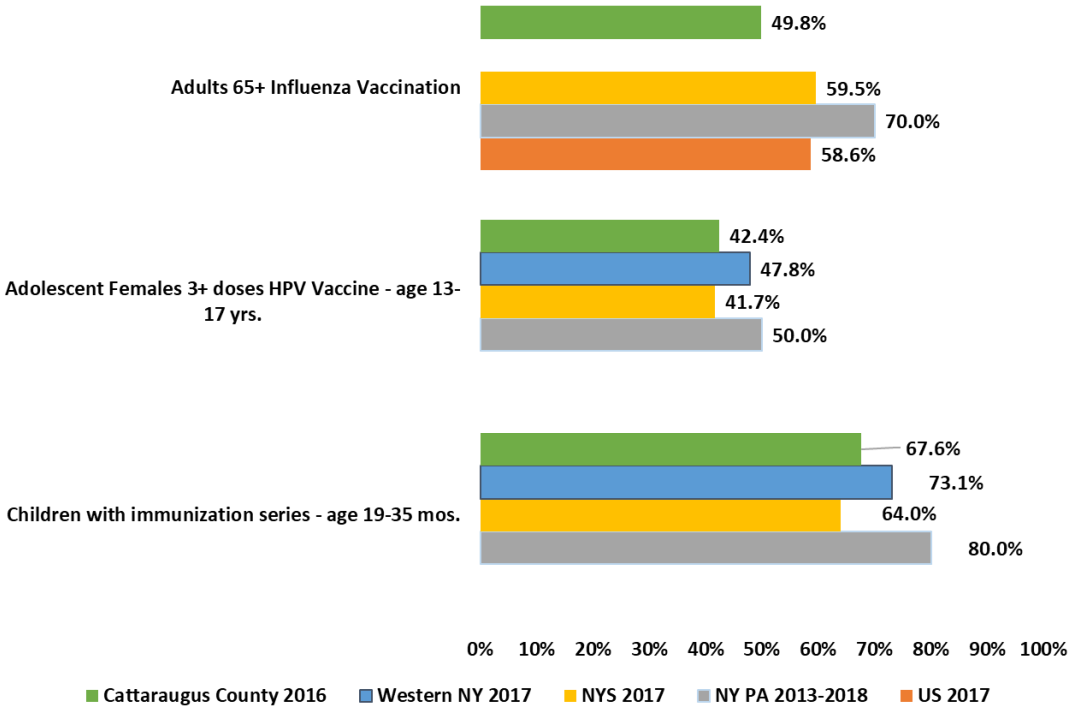
Figure 36: Communicable Diseases Cattaraugus County Community Health Survey, N=669



Source: Cattaraugus County Community Health Survey, 2018

As illustrated in **Figure 37,** the percentage of Adults aged 65 and older receiving influenza vaccination (49.8%) is lower than NYS (59.5%) and is lower the NYS PA Objective (70%) as well as the US (58.6%). The percentage of adolescent females with 3 or more doses of the HPV vaccine (42.4%) is lower than WNY (47.8%), as well as the NYS PA Objective (50%), but higher than NYS percentage which is 41.7%. The percentage of Children (age 19-35 months) receiving Immunizations (67.6%) in the county is lower than WNY (73.1%) as well as the NYS PA Objective (80.0%), but higher than the NYS percentage which is 64%.

Figure 37: Communicable Diseases: Immunization Rates



Source: NYS Department of Health, NYSDOH Prevention Agenda

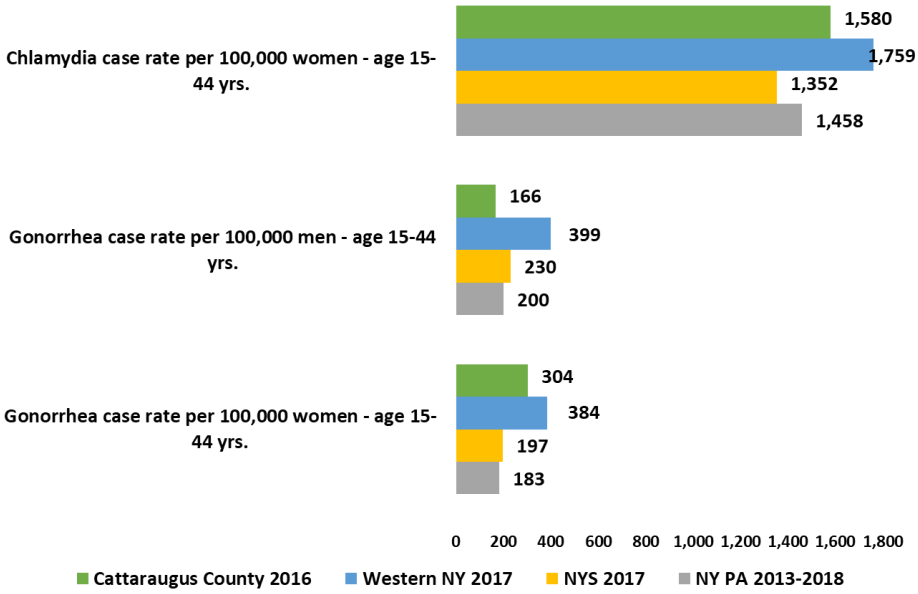
Human Immunodeficiency Virus (HIV)

No data or indicators are available for this focus area as the data is suppressed for Cattaraugus County from New York State's Prevention Agenda Dashboard.

Sexually Transmitted Infections (STIs)

As shown in **Figure 38,** the Chlamydia Case Rate (1,580) and the Gonorrhea Case Rate for Females (304) in Cattaraugus County is higher than NYS (1,352/197 respectively) as well as the NYS PA Objectives which is 1,458 and 183 respectively.

Figure 38: Communicable Diseases: Sexually Transmitted Diseases



Source: NYSDOH Prevention Agenda; NYS Department of Health

Table 80 shows the 2016 frequency and the average 2014-2016 frequency per 100,000 for communicable diseases in Cattaraugus County. Chlamydia rate for females is the most prevelant communicable disease in Cattaraugus County. The average number of Chlamydia cases reported for females aged 15-44 between 2014-2016 was 574. In comparison, the Chlamydia rate for males aged 15-44 for the same time period was 172. 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 2014-2016, 28 cases of Gonorrhea were reported for all persons aged 15-19. (see **Table 80**). The average number of Gonorrhea cases reported for females aged 15-44 between 2014-2016 was 61. In comparison, the Gonorrhea rate for males aged 15-44 for the same time period was 39.

Table 80. Sexually Transmitted Infections in Cattaraugus County, 2014-2016

		Cattaraugus		NYS excluding NYC		New York State	
Indicators	Data Years	Total 3 Years Cases	Percentage (or) Rate (or) Ratio	Percentage (or) Rate (or) Ratio	Significant Different	Percentage (or) Rate (or) Ratio	Significant Different
Early syphilis case rate per 100,000	2014-2016	6	2.6*	7.9	Yes	25.1	Yes
Gonorrhea case rate per 100,000 males - Aged 15-44 years	2014-2016	39	93.2	189	Yes	377.5	Yes
Gonorrhea case rate per 100,000 females - Aged 15-44 years	2014-2016	61	148.9	173.1	No	191	No
Gonorrhea case rate per 100,000 - Aged 15-19 years	2014-2016	28	171.5	209.6	No	305.8	Yes
Chlamydia case rate per 100,000 males - Aged 15-44 years	2014-2016	172	410.8	569.3	Yes	875.7	Yes
Chlamydia case rate per 100,000 males - Aged 15-19 years	2014-2016	43	509.8	607.5	No	922.5	Yes
Chlamydia case rate per 100,000 males - Aged 20-24 years	2014-2016	70	891.8	1,199.10	Yes	1,638.00	Yes
Chlamydia case rate per 100,000 females - Aged 15-44 years	2014-2016	574	1,401.20	1,300.10	No	1,577.40	Yes
Chlamydia case rate per 100,000 females - Aged 15-19 years	2014-2016	221	2,798.90	2,299.90	Yes	3,147.60	No
Chlamydia case rate per 100,000 females - Aged 20-24 years	2014-2016	216	2,926.80	2,833.40	No	3,424.60	Yes
Percentage of sexually active young women (aged 16-24) with at least one chlamydia test in Medicaid program	2016	259	51.1	67.7	Yes	74.3	Yes
Pelvic inflammatory disease (PID) hospitalization rate per 10,000 females - Aged 15-44 years	2016		s	1.9		2.5	

*Fewer than 10 events in the numerator, therefore the rate is unstable
Source: https://www.health.ny.gov/statistics/chac/chai/docs/com_4.htm

Hepatitis C Virus (HCV)

According to the 2017 Communicable Disease Case Report for New York State, Cattaraugus County reported no cases of Acute Hepatitis C versus 94 cases of Chronic Hepatitis C, see **Table 81.**

Table 81: Hepatitis C Virus

Indicator	Cattaraugus County	New York
Hepatitis C Acute	0	202
Hepatitis C Chronic	94	7,172

Source: https://www.health.ny.gov/statistics/diseases/communicable/2017/docs/cases.pdf

Antibiotic Resistance and Healthcare-Associated Infections

No data or indicators were collected for this focus area.

Assets and resources that can be mobilized to address preventable communicable diseases are listed below. These assets and resources target vulnerable populations and the services they would receive include those provided by the local health department; hospitals; health care providers; community-based organizations; businesses; academia; the media; and resources available through other sectors of government. For example, a local pharmacy offering vaccinations or education on prevention.

Table 82 below is a listing of community resources (other than the hospital) available in Cattaraugus County for residents to access resources and services to reduce or prevent communicable diseases.

Table 82: Prevent Communicable Diseases: Community Resources Listing for Cattaraugus County

Programs and Services	Address	City	State	Zip	Phone Number	Website
Communicable Disease Surveillance and Treatment						
County Health Department	1 Leo Moss Dr, Suite 4010	Olean	NY	14760	716-373-8050	
Universal Primary Care – Olean	135 N Union St	Olean	NY	14760	716-375-7500	www.upchealth.net
Olean Medical Group	535 Main St	Olean	NY	14760	716-372-0141	
Immunization Services						
Dan Horn Pharmacy	111 East Green St	Olean	NY	14760	716-376-6337	
Bartholomew's Pharmacy	2 Elm St	Franklinville	NY	14737	716-676-3350	
Corner Drug Store	1 Washington St	Cattaraugus	NY	14719	716-257-3741	

Programs and Services	Address	City	State	Zip	Phone Number	Website
Inkley Pharmacy	113 Main St	Randolph	NY	14772	716-358-3201	
Prizel's Pharmacy	353 Main St	Olean	NY	14760	716-373-8383	
Rite Aid	12208 NY 16	Yorkshire	NY	14173	716-492-2511	
Rite Aid	9 Broad St	Salamanca	NY	14779	716-945-1095	
Rite Aid	81 W Main St	Gowanda	NY	14070	716-532-4114	
Rite Aid	265 N Union St	Olean	NY	14760	716-373-2716	
South Dayton Supermarket Pharmacy	303 Pine St	South Dayton	NY	14138	716-988-3410	www.southdaytonsupermarket.com/pharmacy-jsp
Tops Pharmacy	2401 W. State St	Olean	NY	14760	716-373-1105	
Cottrill's Pharmacy	255 Main St	Arcade	NY	14009	585-492-2310	
Ellicottville Pharmacy	6133 US 219	Ellicottville	NY	14731	716-699-2385	
Vic Vena Pharmacy	1322 W State St	Olean	NY	14760	716-372-7761	www.vicvenapharmacy.com
Valley Pharmacy	31 W Main St	Gowanda	NY	14070	716-532-1700	
CVS	415 N Union St	Olean	NY	14760	716-372-5881	
Walmart Pharmacy	1869 Plaza Dr.	Olean	NY	14760	716-373-2781	
Pediatricians (Childhood Immunization Services)						
Dr. Pamela Salzmann	535 Main St	Olean	NY	14760	716-376-2390	
Dr. Ricardo Illustre	535 Main St	Olean	NY	14760	716-376-2778	
Dr. Srinivas Thandla	2636 W State St	Olean	NY	14760	716-373-8181	
Leo Cusumano	38 Water St	Cuba	NY	14727	585-968-4137	
Universal Primary Care	135 N Union St	Olean	NY	14760	716-375-7500	

Table 83 below is a listing of hospital resources available in Cattaraugus County for residents to access resources and services to reduce or prevent communicable diseases.

Table 83: Prevent Communicable Diseases: Olean General Hospital Resources Listing for Cattaraugus County

Olean General Hospital Programs and Services	Address	City	State	Zip	Phone Number	Website
Communicable Disease Response and Treatment						
Emergency Department	515 Main St	Olean	NY	14760	716-373-2600	

Other Primary Research Results

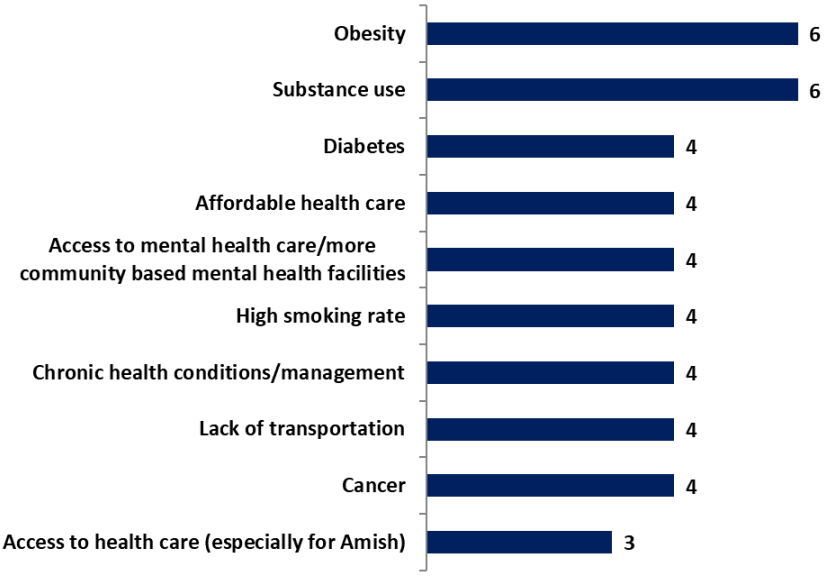
Other Primary Research Results

Ten stakeholder interviews were conducted throughout the region. 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. Two Community Health Surveys were conducted through Internet and paper survey distribution. The Cattaraugus County CSP/CHA-CHIP Community Health Survey received 669 responses while the CCHD Community Intercept Survey received 227 completed surveys. A total of 10 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 the interview and focus group participants.

Figure 39 illustrates the top community health needs identified by stakeholders. Obesity and substance use were identified by the majority of stakeholders interviewed as a top need.

Figure 39: Top Community Health Needs Identified by Stakeholders, N=10



Source: Strategy Solutions Primary Research, 2018

Other needs identified by stakeholders included:

- Food security
- Issues related to age/senior population
- Shortage of healthcare providers
- Poor health behaviors/lack of health education
- Need for integrative healthcare
- High rate of poverty
- Ombudsman (that can help be a translator for Amish and other cultures)
- No eye or dental coverage for Amish
- Depression
- Housing

There is also a need to determine how to create health status indicators for the Amish population for the topics below:

- Teen pregnancy – in the Amish population is rare
- High school graduation rate – 8th grade education
- Motor vehicle accidents – Amish do not drive motor vehicles – how to find out how many accidents they were involved in
- Cancer rates by incidence – not always tracked in the Amish population – they sometimes do a census and sometimes not
- Lack of physical activity – in the Amish population – there is daily physical activity, but they don't call it exercise – they call it work
- Free or reduced lunches – no free lunch program for the Amish
- Unemployment rate – everyone works
- Gaps in care or needs – if they are not on the census or is not accurate – this sub-population is not being incorporated into the CHNA effectively across the state
- The Old Order Amish is a different community from PA Amish
- Depression and Anxiety are rampant in the Amish
    - Financial strain and hospital visits

Stakeholders were asked to identify initiatives that are already underway in the community. Responses included:

- Tobacco 21
- Creating healthy schools grant
- Expansion of the FQHC
- CAReS telemedicine initiative
- Healthy Living Consortium
- Food security/food banks
- Reality Check program
- Walkable Olean program
- Opiate Task Force
- Project HeadStart
- Obesity initiative
- Success by 6
- Healthy eating initiatives at the Y
- PROSE program
- STELL program

Stakeholders were asked to identify what more could be done in the community to address the top priority health needs. Responses included:

- Health plans should be working together with health systems and community partners
- Not much exists to address the needs of the Amish Population
- Transportation (Uber or Lyft)
- Safe/affordable housing
- More community health workers
- More food outreach in different places
- Diabetes education
- A free dental clinic
- Affordable medication
- Improve health literacy
- Better address mental health and stress
- Get information out about the 211 system
- Expanding walkable communities
- Move forward with obesity programs
- More grocery store options/mobile farmers market
- More collaboration
- Wellness programs in schools
- Health plan incentives for wellness participation
- More support for behavioral health

The following advice was offered by stakeholders to enhance the process:

- Healthy Livable Communities Consortium is great; need to strengthen it to address policy change
- Need an initiative in northern Cattaraugus County
- Need to get out of offices and listen to the community
- Mechanism to fund person-centered planning
- Home care
- Report the issues like last time
- Think outside the box to reach people
- Develop indicators for the Amish and have the CHNA morph into something more inclusive of sub-populations
- Include consumers in plans to address needs
- Create a comprehensive community response
- Be aware of needs throughout the county
- Look at Cattaraugus and Little Valley
- Talk to Community Action/Genesis House
- Incorporate the hospital and all case management services
- Can’t give more advice; like the process

Community Health Survey Results

Table 84 highlights responses to the 2018 Community Health Survey question, "Do you have any kind of health care coverage or health insurance?" Almost all of the respondents said Yes, they do have health insurance.

Table 84: Have Health Insurance, N=665

Do you have any kind of health care coverage or health insurance?		
	Number	Percent
Yes	647	97.3%
No	9	1.4%
Used to, but don't have any now	9	1.4%

Source: 2018 Cattaraugus County Community Health Survey; due to rounding, may not equal 100%

Table 85 highlights responses to the 2018 Community Health Survey question, "How do you pay for your Health Care?" Almost three-fourths of respondents said that they pay for health care through their employer. Respondents could select all that apply.

Table 85: Pay for Health Care, N=664

How do you pay for your health care?	
	Percent
Through employer	73.5%
Medicare	14.2%
Medicaid	8.3%
Pay Cash	6.3%
NYS of Health/Marketplace Exchange	5.3%
Tribal Health	1.7%
VA	1.5%

Source: 2018 Cattaraugus County Community Health Survey; due to rounding, may not equal 100%

Table 86 highlights responses to the 2018 Community Health Survey question, "Have the following risky behaviors directly affected you or your family in the last two years?" The top three risky behaviors as seen by Community Health Survey respondents were: lack of exercise/physical activity (46.3%), tobacco use (19.2%) and alcohol abuse (18.6%).

Table 86: Risk Behaviors, N=669

Behavioral Risk Factors	
	% Affected
Lack of Exercise/Physical Activity	46.3%
Tobacco Use	19.2%
Alcohol Abuse	18.6%
Texting and Driving	17.5%
Illegal Drug Use	10.6%
Crime	9.7%
Prescription Drug Abuse	9.1%
Driving Under the Influence of Drugs or Alcohol	7.3%
Gambling	7.0%
Domestic Violence/Abuse	5.9%
Violence	5.3%
Sexual Behaviors (unprotected, irresponsible/risky)	5.3%
Delinquency/Youth Crime	4.7%
Child Emotional Abuse	3.7%
Gun Violence	3.1%
Sexual Abuse	2.6%
Motor Vehicle Crash Deaths	2.6%
Child Neglect	2.1%
Teenage Pregnancy	1.8%
Child Sexual Abuse	1.6%
Tobacco Use in Pregnancy	1.5%
Child Physical Abuse	1.3%

Source: 2018 Cattaraugus County Community Health Survey; due to rounding, may not equal 100%

Table 87 highlights responses to the 2018 Community Health Survey question, "Have the following directly affected you or your family in the last two years? (Consider things like coverage under your health benefit plan, cost of service, location, transportation, knowledge of providers, etc.)" The top four access related issues as seen by Community Health Survey respondents were: access to affordable health care (related to copays and deductibles) (28.0%), access to dental care (25.6%), availability of specialists/ specialty medical care (25.5%) and access to insurance coverage (25.1%).

Table 87: Access Related Issues, N=66

Have the following directly affected you or your family in the last two years? (Consider things like coverage under your health benefit plan, cost of service, location, transportation, knowledge of providers, etc.)	
	% Affected
Access to Affordable Health Care (related to copays and deductibles)	28.0%
Access to Dental Care	25.6%
Availability of Specialists/Specialty Medical Care	25.5%
Access to Insurance Coverage	25.1%
Access to Mental Health Care Services	19.0%
Access to Primary Medical Care Providers	18.7%
Access to Women's Health Services	12.6%
Access to General Health Screenings (blood pressure, cholesterol, colorectal cancer and diabetes)	11.4%
Access to Adult Immunizations	10.1%
Access to Transportation to Medical Care Providers and Services	7.5%
Access to Dementia Care Services	6.2%
Access to Childhood Immunizations	4.6%
Access to Emergency Shelter in the Area	3.3%
Access to Prenatal Care	2.4%

Source: 2018 Cattaraugus County Community Health Survey; due to rounding, may not equal 100%

Table 88 highlights responses to the 2018 Community Health Survey question, "Was there a time in the past 12 months when you experienced any of the following access issues?" The majority of survey respondents indicated that they were not directly affected by the below issues.

Table 88: Access Related Issues, N=669

Have the following directly affected you or your family in the last two years? (Consider things like coverage under your health benefit plan, cost of service, location, transportation, knowledge of providers, etc.)			
	% Yes	% No	% Don't Know
Could not fill a prescription due to cost	13.9%	84.2%	0.4%
Could not seek medical treatment because of cost	13.6%	83.7%	0.4%
Could not get health care services because of lack of transportation	3.1%	91.9%	1.0%

Source: 2018 Cattaraugus County Community Health Survey; due to rounding, may not equal 100%

Community Health Survey respondents had the opportunity to list other things keeping them from receiving the care they need over the past 12 months. Below are comments received:

- Cost of copay
- Cost of deductible
- Can't get an appointment when needed
- Anxiety
- Cost in general
- Time off work
- Lack of childcare
- Distance
- Did not comply with doctor's orders
- Doctors not accepting insurance
- Doctors not accepting new patients

Table 89 highlights responses to the 2018 Community Health Survey question, "Have the following health problems directly affected you or your family in the last two years?" The majority of survey respondents indicated that they were not directly affected by the below issue. The top three health problems as reported by the survey respondents include obesity and overweight (55.0%), hypertension/high blood pressure (49.0%) and allergies (48.9%).

Table 89: Health Problems, N=669

Have the following health problems directly affected you or your family in the last two years?	
	% Affected
Obesity and Overweight	55.0%
Hypertension/High Blood Pressure	49.0%
Allergies	48.9%
High Cholesterol	41.5%
Dental Hygiene/Dental Problems	40.2%
Chronic Depression	33.1%
Diabetes	32.6%
Asthma/COPD related issues	45.8%
Cancer	29.6%
Heart Disease	26.3%
Influenza and Pneumonia	23.7%
Cardiovascular Disease and Stroke	18.7%
Childhood Obesity	7.4%

Source: 2018 Cattaraugus County Community Health Survey; due to rounding, may not equal 100%

Community Health Survey respondents were asked to list the top three health problems in their community. The top five identified health problems by respondents include:

- Cancer
- Obesity
- Drug Abuse/Addiction
- Diabetes
- Mental Health

Community Health Survey respondents were then asked to list the top three social and environmental issues in their community. The top three identified social and environmental problems by respondents include:

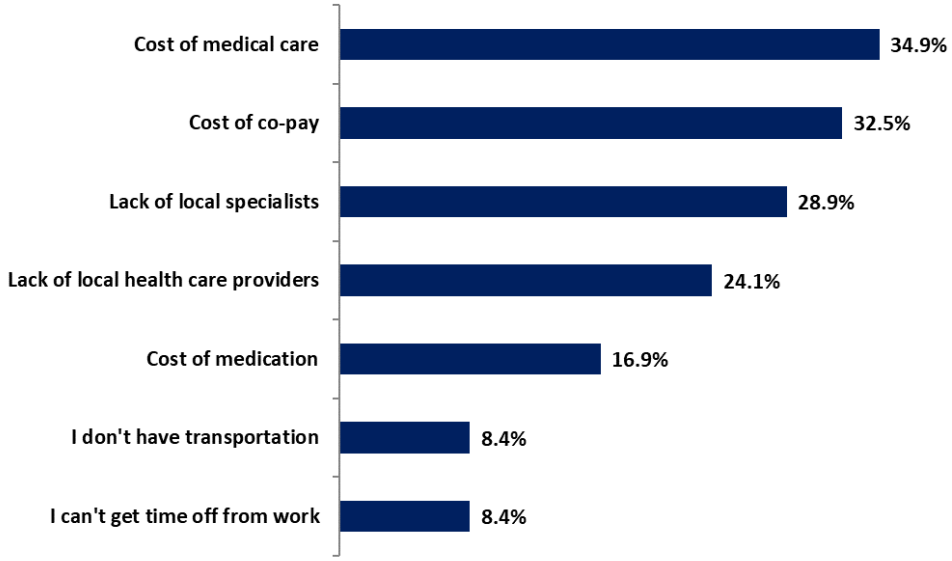
- Drug Abuse/Addiction
- Poverty
- Lack of Jobs

Finally, Community Health Survey respondents were asked to list any health care services they would like in their area. Below are comments received:

- More doctors
- More specialists
- More mental health services
- More dentists
- More addiction services
- More women's health

Community Intercept Survey Results

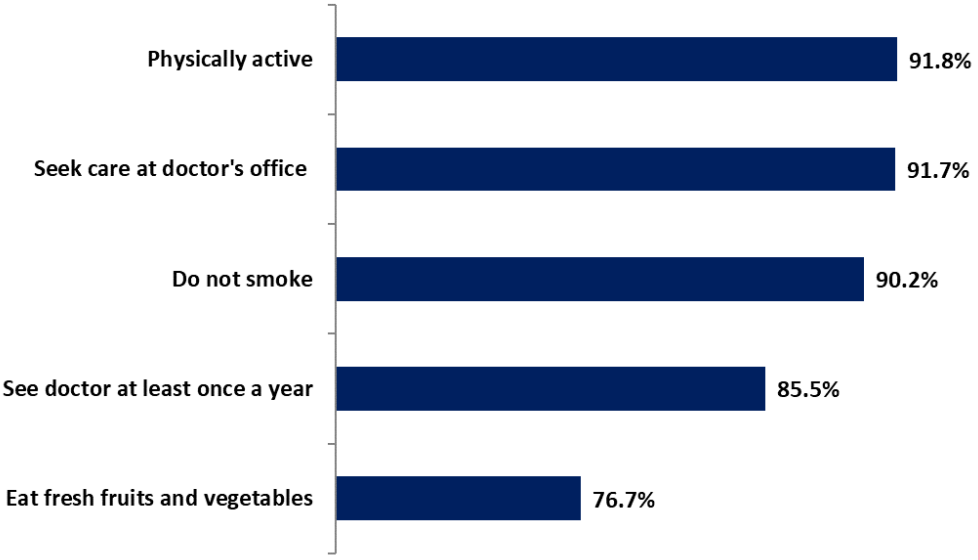
Figure 40 depicts the top issues stopping intercept survey respondents from seeking medical care. A third of respondents said that the cost of medical care (34.9%) and cost of co-pays (32.5%) are the top two reasons stopping them from seeking medical care for themselves or family members.**Figure 40: Community Intercept Survey Barriers to Medical Care, N=83**



Source: 2018 Community Intercept Survey, Strategy Solutions, Inc.

Figure 41 lists the healthy behaviors from the community intercept survey. Nine out of ten respondents said that they are physically active, seek care at a doctor's office and do not smoke.

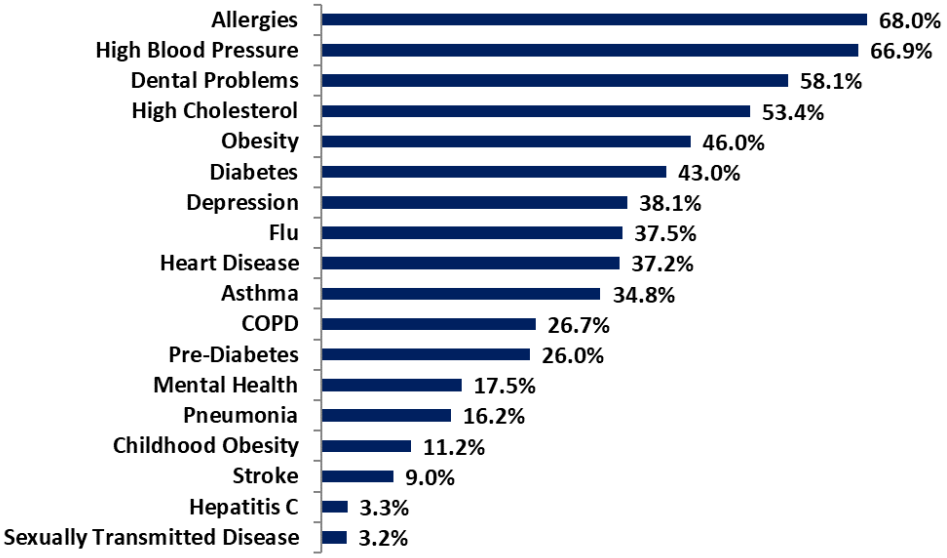
Figure 41: Community Intercept Survey Healthy Behaviors, N=83



Source: 2018 Community Intercept Survey, Strategy Solutions, Inc.

Figure 42 shows the responses to the question of "Have any of the following affected you or your family in the last two years?" More than have of the survey respondents said that they or a family member were affected by allergies (68.0%), high blood pressure (66.9%), dental problems (58.1%) and high cholesterol (53.4%) in the last two years.

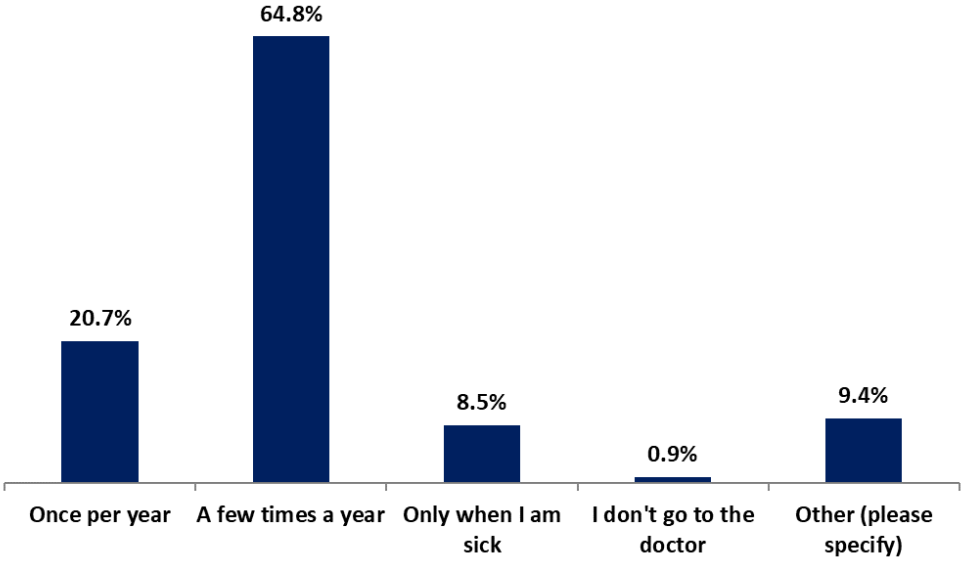
Figure 42: Community Intercept Survey Problems Affecting Self or Family, N=83



Source: 2018 Community Intercept Survey, Strategy Solutions, Inc.

Figure 43 shows the responses to the question of "How often do you see a doctor or other health care provider?" Over two-thirds of respondents said they see a doctor or health care provider a few times per year.

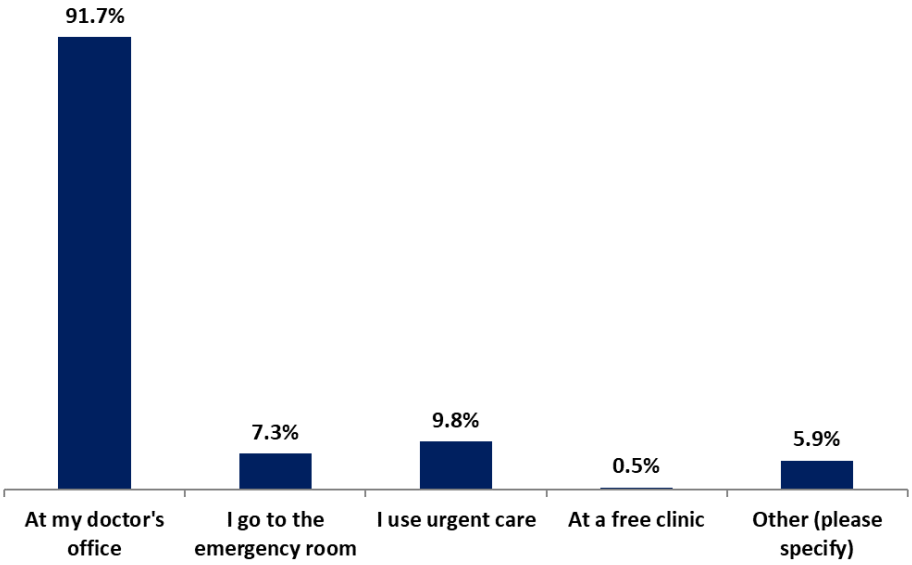
Figure 43: Community Intercept Survey Frequency of Seeing Doctor or Other Provider, N=83



Source: 2018 Community Intercept Survey, Strategy Solutions, Inc.

Figure 44 shows the responses to the question of "Where do you usually seek medical care?" Almost all of the respondents said they seek medical care at their doctor's office.

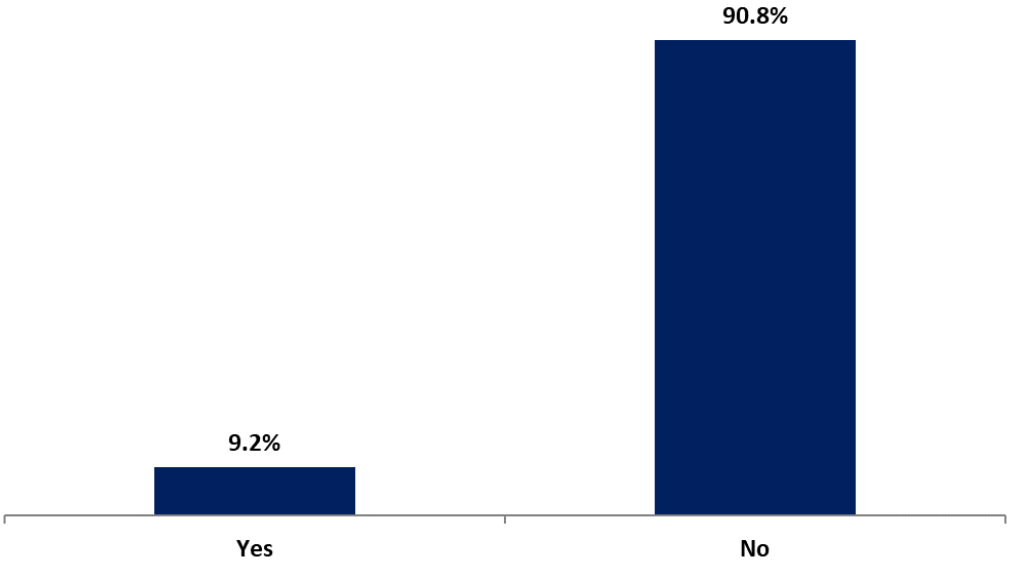
Figure 44: Community Intercept Survey Source of Medical Care, N=83



Source: 2018 Community Intercept Survey, Strategy Solutions, Inc.

Figure 45 shows the responses to the question of "Do you smoke?" Almost all of the respondents said they do not smoke.

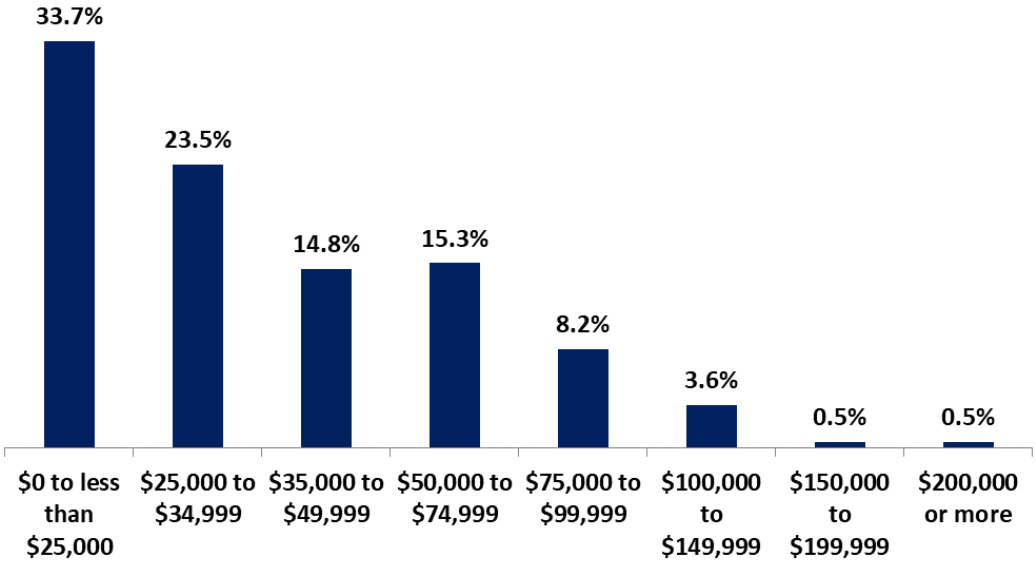
Figure 45: Community Intercept Survey Current Smoker, N=83



Source: 2018 Community Intercept Survey, Strategy Solutions, Inc.

Figure 46 shows the responses to the question of "What is your household income?" One third of intercept survey respondents indicated that they make $25,000 or less.

Figure 46: Community Intercept Survey Respondent Income, N=83



Source: 2018 Community Intercept Survey, Strategy Solutions, Inc.

Evaluation of 2016 Community Health Improvement Plan

Evaluation of the 2016-2018 Cattaraugus County CSP/CHA-CHIP Implementation Strategies

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 90: Prevent Chronic Disease: Reduce Obesity Rates Among Children and Adults

Goal	Objectives	Interventions/ Strategies/Activities	Family of Measures	2018 Progress to Date	Strengths	Challenges? How will they be addressed?
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).	With the help of the Healthy Community Alliance, ten Healthy Meeting Policies were passed in 2018 by various agencies. These agencies either passed a policy, revised an old policy, or they adopted a broader wellness policy that addressed sugary beverages. Please see Healthy Meeting tab for an updated list. **2016 Healthy Meeting Policies: 8** **2017 Healthy Meeting Policies: 4** **2018 Healthy Meeting Policies: 10**	The CCHD has a strong relationship with the Healthy Community Alliance, which spearheaded this initiative in 2018. While several policies have been passed, several others are pending. The Healthy Community Alliance is encouraging the adoption of Wellness Policies. Wellness Policies are unique to each organization's needs, and address healthy meetings, healthy food and beverage options, and physical activity.	Measurable data continues to be a challenge for this activity. Lack of buy-in from policy makers at the agencies or organizations that have been targeted. Some agencies do not provide food at meetings, and feel a policy is necessary.

Goal	Objectives	Interventions/ Strategies/Activities	Family of Measures	2018 Progress to Date	Strengths	Challenges? How will they be addressed?
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).	Olean General Hospital (OGH) has implemented a healthy beverage approach and limits the sugary beverages provided at hospital meetings or public forums hosted at the hospital. In addition cafeteria coolers have been re-arranged. Sugary beverages are now located on lower shelves and healthy drinks such as water and juices are now located on the higher, more reachable shelves. The hospital reports a substantial increase in sales of those healthier beverages	OGH continues to implement policies to increase the availability of healthier beverages and food choices.	Measurable data continues to be a challenge for this activity.
Create community environments that promote and support healthy food and beverage choices and physical activity.	Increase the number of municipalities by 5 that have passed or enhanced Complete Streets policy.	Increase the number of municipalities that have Complete Streets policies. This will be accomplished by educating and persuading policy makers. (National Complete Streets Coalition: Elements of a Comprehensive Complete Streets Policy)	Number of municipalities where new or enhanced policies, plans and practices that promote Complete Streets are proposed.	Progress for this intervention has stalled. The timeframe has been extended six months and is expected to be completed by June 2019. **2016 Complete Streets Policies: 0** **2017 Complete Streets Policies: 6** **2018 Complete Streets Policies: 0**	Several municipalities have already passed Complete Streets (CS) Policies. Please see the tab titled Complete Streets for a listing of current CS policies.	Changes in leadership, time commitments, and funding are challenges faced for implementing Complete Streets Policies. The Health Department will continue to identify possible grant funding opportunities for complete streets projects that include walkability assessments and include progress toward achieving zero serious injuries.

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: Cattaraugus County Health Department

Table 91: Prevent Chronic Disease: Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings

Goal	Objectives	Interventions/ Strategies/Activities	Family of Measures	2018 Progress to Date	Strengths	Challenges? How will they be addressed?
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	The Foothills Medical Group (FMG) New York division is owned and managed by Olean General Hospital, a Kaleida Health facility and member hospital of the Upper Allegheny Health System. Currently, FMG has 7 Primary Care Practices throughout Cattaraugus County. **2016 Breast Cancer Screening Rate: 29%** **2017 Breast Cancer Screening Rate: 32%** **2018 Breast Cancer Screening Rate: 59.9%**	Local provider that has flexible hours for patients who require cancer screening. FMG offers comprehensive care designed specifically for women's health.	Each FMG Provider is referring patients for cancer screening. FMG's percentage has significantly increased, but the challenge still faced by FMG is patient follow through with the identified screening.

Goal	Objectives	Interventions/ Strategies/Activities	Family of Measures	2018 Progress to Date	Strengths	Challenges? How will they be addressed?
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	Universal Primary Care (UPC) breast cancer screening rates for Medicare/Medicaid Patients ages 50-74: **2016 Breast Cancer Screening Rate: 56%** **2017 Breast Cancer Screening Rate: 60%** **2018 Breast Cancer Screening Rate: 60%**	The Heath Resources and Services Administration, (HRSA), an agency of the US Department of Health and Human Services, mandate cancer screenings for patients attending the FQHC. Providers are offered annual incentives for participation in their wellness program. Additionally, for patients who have inadequate insurance coverage, UPC has partnered with the Cancer Services Program. The Cancer Services Program provides free cancer screenings for people who have no insurance coverage or inadequate insurance coverage.	Each UPC Provider is referring patients for cancer screening. The challenge faced by UPC is patient follow through with the identified screening.

Goal	Objectives	Interventions/ Strategies/Activities	Family of Measures	2018 Progress to Date	Strengths	Challenges? How will they be addressed?
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	Olean Medical Group (OMG) breast cancer screening rates for Medicare/Medicaid Patients ages 50-74: **2016 Breast Cancer Screening Rate: 64%** **2017 Breast Cancer Screening Rate: 61%** **2018 Breast Cancer Screening Rate: 80%**	OMG aggressively follows through with patients to ensure that preventative cancer screenings are performed.	Each OMG Provider is referring patients for cancer screening. The challenge faced by OMG is patient follow through with the identified screening.

Goal	Objectives	Interventions/ Strategies/Activities	Family of Measures	2018 Progress to Date	Strengths	Challenges? How will they be addressed?
Increase screening rates for cardiovascular diseases, diabetes and breast, cervical and colorectal cancers, especially among disparate populations.	Increase colorectal screening from 62%-65%	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	The Foothills Medical Group (FMG) New York division is owned and managed by Olean General Hospital, a Kaleida Health facility and member hospital of the Upper Allegheny Health System. Currently, FMG has 7 Primary Care Practices throughout Cattaraugus County. **2016 Colorectal Cancer Screening Rate: 23.7%** **2017 Colorectal Cancer Screening Rate: 56%** **2018 Colorectal Cancer Screening Rate: 39.8%**	FMG aggressively follows through with patients to ensure that preventative cancer screenings are performed.	Each FMG Provider is referring patients for cancer screening. The challenge faced by FMG is patient follow through with the identified screening.

Goal	Objectives	Interventions/ Strategies/Activities	Family of Measures	2018 Progress to Date	Strengths	Challenges? How will they be addressed?
Increase screening rates for cardiovascular diseases, diabetes and breast, cervical and colorectal cancers, especially among disparate populations.	Increase colorectal screening from 62%-65%	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	Universal Primary Care (UPC) colorectal cancer screening rates for Medicare/Medicaid Patients ages 50-74: **2016 Colorectal Cancer Screening Rate: 48%** **2017 Colorectal Cancer Screening Rate: 51%** **2018 Colorectal Cancer Screening Rate: 53%**	The Heath Resources and Services Administration, (HRSA), an agency of the US Department of Health and Human Services, mandate cancer screenings for patients attending the FQHC. Providers are offered annual incentives for their wellness program. Additionally, for patients who have inadequate insurance coverage, UPC has partnered with the Cancer Services Program. The Cancer Services Program provides free cancer screenings for people who have no insurance coverage or inadequate insurance coverage.	Each UPC Provider is referring patients for cancer screening. The challenge faced by UPC is patient follow through with the identified screening.

Goal	Objectives	Interventions/ Strategies/Activities	Family of Measures	2018 Progress to Date	Strengths	Challenges? How will they be addressed?
Increase screening rates for cardiovascular diseases, diabetes and breast, cervical and colorectal cancers, especially among disparate populations.	Increase colorectal screening from 62%-65%	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	Olean Medical Group (OMG) colorectal cancer screening rates for Medicare/Medicaid Patients ages 50-74: **2016 Colorectal Cancer Screening Rate: 37%** **2017 Colorectal Cancer Screening Rate: 38%** **2018 Colorectal Cancer Screening Rate: 71%**	OMG aggressively follows through with patients to ensure that preventative cancer screenings are conducted. Rates have gone up significantly in 2018 and exceeded the targeted percentage.	Each OMG Provider is referring patients for cancer screening. The challenge faced by OMG is patient follow through with the identified screening.

Goal	Objectives	Interventions/ Strategies/Activities	Family of Measures	2018 Progress to Date	Strengths	Challenges? How will they be addressed?
Increase screening rates for cardiovascular diseases, diabetes and breast, cervical and colorectal cancers, especially among disparate populations.	Increase the percentage of adults who are screened for diabetes with hA1C testing from 49.5% to 55%.	Promote provider practice implementation of evidence –based interventions to increase evidence based cancer screening including the recommendation that patients be offered options for colorectal cancer screening. Offer Continuing Medical Education Credits on evidence based practices for chronic diseases. (The Guide to Community Preventive Services)	Number of providers that deliver evidence-based interventions	Currently, FMG has 7 Primary Care Practices their diabetes screening rates are as follows: **2016 Diabetes Screening Rate: 69%.** **2017 Diabetes Screening Rate: 94%** **2018 Diabetes Screening Rate: 94%**	The FMG diabetes screening rate has remained steady over the past year and is significantly higher than the identified goal.	n/a

Goal	Objectives	Interventions/ Strategies/Activities	Family of Measures	2018 Progress to Date	Strengths	Challenges? How will they be addressed?
Increase screening rates for cardiovascular diseases, diabetes and breast, cervical and colorectal cancers, especially among disparate populations.	Increase the percentage of adults who are screened for diabetes with hA1C testing from 49.5% to 55%.	Promote provider practice implementation of evidence –based interventions to increase evidence based cancer screening including the recommendation that patients be offered options for colorectal cancer screening. Offer Continuing Medical Education Credits on evidence based practices for chronic diseases. (The Guide to Community Preventive Services)	Number of providers that deliver evidence-based interventions	Universal Primary Care (UPC) diabetes screening rates for Patients ages 18+: **2016 Diabetes Screening Rate 43%** **2017 Diabetes Screening Rate: 43%** **2018 Diabetes Screening Rate: 40%**	Universal Primary Care providers conduct diabetes screenings as part of a routine physical.	Patient follow through with blood work orders remains a challenge for UPC.

Goal	Objectives	Interventions/ Strategies/Activities	Family of Measures	2018 Progress to Date	Strengths	Challenges? How will they be addressed?
Increase screening rates for cardiovascular diseases, diabetes and breast, cervical and colorectal cancers, especially among disparate populations.	Increase the percentage of adults who are screened for diabetes with hA1C testing from 49.5% to 55%.	Promote provider practice implementation of evidence –based interventions to increase evidence based cancer screening including the recommendation that patients be offered options for colorectal cancer screening. Offer Continuing Medical Education Credits on evidence based practices for chronic diseases. (The Guide to Community Preventive Services)	Number of providers that deliver evidence-based interventions	Olean Medical Group (OMG) began screening all patients 18+ for diabetes in 2018. The diabetes screening rates for Patients ages 18+: **2018 Diabetes Screening Rate: 94%**	Olean Medical Group providers conduct diabetes screenings as part of a routine physical.	n/a
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	Number and type of evidence-based self-management programs (also called evidence-based intervention, or EBIs) offered by partners	Foothills Medical Group (FMG) offers stipends for providers to complete required CMEs.	FMG supports and encourages providers to broaden their knowledge base by offering a stipend for earning CMEs.	Although providers are given a stipend to complete required CMEs to maintain licensure, FMG only tracks the amount spent by each provider. FMG does not track the type of CME completed. Lack of buy-in from providers to track types of CMEs.

Goal	Objectives	Interventions/ Strategies/Activities	Family of Measures	2018 Progress to Date	Strengths	Challenges? How will they be addressed?
		Chronic Diseases)				
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	Universal Primary Care (UPC) offers stipends for providers to complete required CMEs.	UPC supports and encourages providers to broaden their knowledge base by offering a stipend for earning CMEs.	Although providers are given a stipend to complete required CMEs to maintain licensure, UPC only tracks the amount spent by each provider. UPC does not track the type of CME completed. Lack of buy-in from providers to track types of CMEs.

Goal	Objectives	Interventions/ Strategies/Activities	Family of Measures	2018 Progress to Date	Strengths	Challenges? How will they be addressed?
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	Olean Medical Group (OMG) offers stipends for providers to complete required CMEs.	Providers are encouraged to earn CMEs, and are given time to attended classes outside of the practice.	While providers are encouraged to complete CMEs, OMG does not track the type of CME earned. Providers keep their own records.

Goal	Objectives	Interventions/ Strategies/Activities	Family of Measures	2018 Progress to Date	Strengths	Challenges? How will they be addressed?
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. **Establish clinical-community linkages that connect FMG, UPC, and OMG staff and patients to self-management education and community resources. The Health Department will gather information about evidence-based self-management education opportunities. The provider (FMG, OMG, UPC) will be responsible for ensuring that staff are trained, the training is tracked, and the information given to patients is tracked.**	Number of referrals to EBIs from health care professionals	Olean General Hospital (OGH) Diabetes educators provide inpatient teaching programs to patients with diabetes. **2017 diabetes inpatient rate of compliance: 87%.** **2018 diabetes inpatient rate of compliance: 90%.** In April 2017, OGH initiated a COPD educational and clinical process improvement program, which included comprehensive patient education and multiple follow up phone calls over a 30 day period. The program was designed to decrease re-admissions utilizing evidence-based practices for the treatment of COPD. **2017 COPD readmission rate: 15.3%** **2018 COPD readmission rate: 12.5%**	There are clear methods that OGH has in place for addressing patient education with hospitalized patients. Once the patient is discharged there is also a clear plan for follow up with the patient and the patient's primary care physician.	The challenge is identifying if the evidence based practiced is culturally relevant. Culturally relevant issues include: low health literacy, language barriers specifically Spanish and Chinese, and special populations, i.e.: Native Americans and Amish. This will be addressed by Olean General Hospital assessing and modifying current educational material for content pertinent to culturally relevant issues indicated above.

Goal	Objectives	Interventions/ Strategies/Activities	Family of Measures	2018 Progress to Date	Strengths	Challenges? How will they be addressed?
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. **Establish clinical-community linkages that connect FMG, UPC, and OMG staff and patients to self-management education and community resources. The Health Department will gather information about evidence-based self-management education opportunities. The provider (FMG, OMG, UPC) will be responsible for ensuring that staff are trained, the training is tracked, and the information given to patients is tracked.**	Number of referrals to EBIs from health care professionals	UPC provides diabetes education for patients. UPC also has a diabetes prevention program that meets weekly over the course of several weeks for patients at increased risk of diabetes. UPC does not provide evidence based educational material to patients with COPD or asthma.	UPC employs a diabetes educator RN who provides diabetes education. The Diabetes Prevention Program has been shown to delay the onset of diabetes and promote weight loss.	UPC does not have quantitative data relative to the number of patients receiving diabetes education. This will be addressed, by requesting that UPC track the number of patients receiving diabetes education. The Health Department and Olean General Hospital provided UPC with culturally relevant educational materials for patients with asthma or COPD. UPC does not track patient education within its EMR system and has no quantitative data to show with how many PAtients this information was shared.

Goal	Objectives	Interventions/ Strategies/Activities	Family of Measures	2018 Progress to Date	Strengths	Challenges? How will they be addressed?
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. **Establish clinical-community linkages that connect FMG, UPC, and OMG staff and patients to self-management education and community resources. The Health Department will gather information about evidence-based self-management education opportunities. The provider (FMG, OMG, UPC) will be responsible for ensuring that staff are trained, the training is tracked, and the information given to patients is tracked.**	Number of referrals to EBIs from health care professionals	Olean Medical Group (OMG) does not have a diabetes educator but refers patients to Olean General Hospital's Diabetes Workshop. OMG provides educational material to patients with COPD or asthma. **2017 patient education percentage: 18%** **2018 patient education percentage: 26%**	OMG offers appropriate patient education to patients with chronic diseases.	OMG's EMR system does not track the distribution of hard-copy educational material, it only tracks the electronic distribution or printing of patient education material. The EMR used by OMG does not have a way to distinguish the subject of the educational material provided. Based on this information, the percentage of patient education may be higher, but again the tracking of distribution is limited to the capabilities of the EMR system.

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 92: Promote Mental Health and Prevent Substance Abuse

Goal	Objectives	Interventions/ Strategies/Activities	Family of Measures	2018 Progress to Date	Strengths	Challenges? How will they be addressed?
Prevent underage drinking, non-medical use of prescription pain relievers by youth, and excessive alcohol consumption by adults.	Reverse the trend of Age of onset for Alcohol Use in children from age 12.9 to 13.9. (Council on Addiction Recovery Services (CAReS)- Prevention Needs Assessment Survey)	School based programs: Project towards No Drug Abuse and Project ALERT which is a school-based prevention program for middle or junior high school students that focuses on alcohol, tobacco, marijuana, and inhalant use. The main goals of the program are to prevent adolescent non-users from experimenting with drugs and to prevent youths who are already experimenting from becoming more regular users. (National Research Council and Institute of Medicine. Preventing MEB Disorders Among Young People: Progress and Possibilities, 2009.)	Onset of Alcohol use in children	The Health Department and Olean General Hospital are partnering with the Council on Addiction and Recovery (CAReS) to implement this strategy. CAReS is conducting two evidence based training programs "Too Good for Violence and Drugs "and "Project Alert", with students in several school districts in the county. Please see the tab titled School Based Programs for a listing for participating school districts. **2015 early onset of alcohol use: 12.9 years** **2017 early onset of alcohol use: 13.2 years**	CAReS is focused on being proactive and reaching the younger student population. They are making gains in increasing the age of onset for alcohol use in children.	CAReS is reaching the most populous areas of the county. The programs offered by CAReS require a commitment of 45 minutes/week for 10 weeks. Many schools have a difficult time fitting the programs into the school day; additionally, middle and high school administrators feel that students are getting what they need in health class and find it redundant to offer CAReS programming. CAReS has looked into other evidence based programming to address the time commitment barrier. They have not found any that are shorter.

Goal	Objectives	Interventions/ Strategies/Activities	Family of Measures	2018 Progress to Date	Strengths	Challenges? How will they be addressed?
Prevent underage drinking, non-medical use of prescription pain relievers by youth, and excessive alcohol consumption by adults.	Reverse the percent of youth below age 21 who report drinking alcohol in the last 30 days from 18% to 15%. (Council on Addiction Recovery Services (CAReS)- Prevention Needs Assessment Survey)	School based programs: Project towards No Drug Abuse and Project ALERT which is a school-based prevention program for middle or junior high school students that focuses on alcohol, tobacco, marijuana, and inhalant use. The main goals of the program are to prevent adolescent non-users from experimenting with drugs and to prevent youths who are already experimenting from becoming more regular users. (National Research Council and Institute of Medicine. Preventing MEB Disorders Among Young People: Progress and Possibilities, 2009.)	Percent of youth below age 21 who report drinking alcohol in the last 30 days.	The Health Department and Olean General Hospital are partnering with the Council on Addiction and Recovery (CAReS) to implement this strategy. CAReS is conducting two evidence based training programs "Too Good for Violence and Drugs "and "Project Alert", with students in several school districts in the county. Please see the tab titled School Based Programs for a listing for participating school districts. **2015 early onset of alcohol use: 12.9 years** **2018 early onset of alcohol use: 13.2 years**	CAReS is focused on being proactive and reaching the younger student population. They are making gains in increasing the age of onset for alcohol use in children.	CAReS is reaching the most populous areas of the county. The programs offered by CAReS require a commitment of 45 minutes per week for 10 weeks. Many schools have a difficult time fitting the programs into the school day; additionally, middle and high school administrators feel that students are getting what they need in health class and find it redundant to offer CAReS programming. CAReS has looked into other evidence based programming to address the time commitment barrier. They have not found any that are shorter in duration.

Goal	Objectives	Interventions/ Strategies/Activities	Family of Measures	2018 Progress to Date	Strengths	Challenges? How will they be addressed?
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)	**In 2016, Cattaraugus County formed a Heroin- Opioid Task Force to address the lack of resources for residents seeking services for addiction recovery within Cattaraugus County. The Heroin-Opioid Taskforce uses the Project Lazarus public health model**. Overdose prevention – Project Lazarus is a public health model that asserts drug overdose deaths are preventable and communities are ultimately responsible for their own health. The model components include: 1) community activation and coalition building; 2) prescriber education and behavior; 3) supply reduction and diversion control; 4) pain patient services and drug safety; 5) drug treatment and demand reduction; 6) harm reduction including Naloxone training; 7) community-based prevention education 8) evaluation of project components.	Percent participation in safe prescription opiate disposal programs, take-back events, drop boxes, safe storage education, and law enforcement diversion efforts	Cattaraugus County has drug drop boxes placed throughout the county. The following are the collection rates for 2016 and 2017. Please see the tab titled Drug Drop Boxes for more details. **2016 Collection rate: 430 pounds** **2017 Collection rate: 1761 pounds** **2018 Collection rate: 1136 pounds** Local Pharmacies provide patient education for the safe storage of opiates. Each pharmacy has a unique way of providing patient education.	The drop boxes are placed in all corners of the county and are widely used by residents. In one year, there was a threefold increase in the number of prescription drugs returned. Most pharmacies offer education for safe disposal of medication. Each does in it's own unique way.	While there are several drug drop boxes within the community, drugs that are returned are not sorted. We don't know what percent of medications are opiates. There is not a standardized patient education protocol for safe storage that pharmacies within Cattaraugus County follow.

Goal	Objectives	Interventions/ Strategies/Activities	Family of Measures	2018 Progress to Date	Strengths	Challenges? How will they be addressed?
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), a community-based opioid overdose prevention program and Narcan distribution program supported by the New York State Department of Health and amFAR, that provides training to healthcare professionals and members of the community. (A Prevention Spectrum Approach to Opioid Use and Overdose Prevention Fact Sheet is a tip sheet that has the rationale, measures and practices.)	Percent and/or number of professionals participating in Naloxone trainings	The Southern Tier Overdose Prevention Program (STOPP) conducted Narcan training throughout Cattaraugus County. The number of trainings provided to administer intranasal narcan and the number of professionals trained are as follows: **2015: 445 Professionals Trained** **2016: 253 Professionals Trained** **2017: 272 Professionals Trained** **2018: 391 Professionals Trained**	The Cattaraugus County Heroin Opioid Task Force was formed in 2015. The Southern Tier Overdose Prevention Program (STOPP) is part of that taskforce and has trained 1,361 professionals and 328 community residents to administer Narcan since 2015. STOPP was able to train 142 school staff in 2018.	n/a

Goal	Objectives	Interventions/ Strategies/Activities	Family of Measures	2018 Progress to Date	Strengths	Challenges? How will they be addressed?
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.	In partnership with the Suicide Prevention Coalition, six different evidence based suicide prevention trainings were offered throughout the community in 2018. Each training served a different population, Talk Saves Lives a one-hour basic training was offered to community members. Suicide Safety for Teacher, a one hour in-person training was offered to teachers and school faculty. SafeTALK and Question, Persuade, Refer, both three hour trainings were offered to employees of community based agencies, It's Real, a one hour training for college students was offered at two local colleges, Assist, a two day training was offered to local university staff and first responders. Seventeen trainings in total were offered in 2018. **2018 # of people trained in Suicide Prevention gatekeeper training: 282**	As a result of this initiative, the Cattaraugus County Suicide Prevention Coalition formed and education sub-committee. The sub-committee organized several trainings and has been able to track others that have been offered throughout the county. All trainings offered are free. Staff at the Health Department and in Community Services (Mental Health) have been trained by the American Foundation for Suicide Prevention (AFSP) to give two of the identified trainings: Talk Save Lived and safeTALK.	While several residents have shown interest in completing the training, many who sign up don't attend.

Goal	Objectives	Interventions/ Strategies/Activities	Family of Measures	2018 Progress to Date	Strengths	Challenges? How will they be addressed?
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 and refer patients for the appropriate treatment if necessary. (Suicide Prevention Center of New York State www.preventsuiciden y.org) (ZERO Suicide has resources for preventing suicides in health and behavioral health care systems.)	Percent of people screened for mental health and substance abuse problems.	Foothills Medical Group (FMG) screens patients for suicide risk factors using the Patient Health Questionnaire-2 (PHQ-2) and Patient Health Questionnaire-9 (PHQ-9) screening tools. **2018 Depression Screening and Follow-up: 73%** **2018 SBIRT screening: 20%**	FMG screens patients using 2 standardized screening tools. If the PHQ-2 screening tools shows patient at risk, the patient is asked to complete the PHQ-9 screening tool. If the results of PHQ-9 shows patient at risk, the patient referred to the appropriate behavioral health provider. FMG follows up with the patient to ensure that they followed through with the referral to the behavior specialist. In 2018, FMG primary care providers began using the Screening, Brief Intervention, and Referral to Treatment (SBIRT) screening tool.	n/a

Goal	Objectives	Interventions/ Strategies/Activities	Family of Measures	2018 Progress to Date	Strengths	Challenges? How will they be addressed?
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 and refer patients for the appropriate treatment if necessary. (Suicide Prevention Center of New York State www.preventsuiciden y.org) (ZERO Suicide has resources for preventing suicides in health and behavioral health care systems.)	Percent of people screened for mental health and substance abuse problems.	Universal Primary Care screens their patients for suicide risk factors using the PHQ-9 screening tool. Screening rates are as follows: **2016 Depression Screening and Follow-Up: 67%** **2017 Depression Screening and Follow-Up: 61%** **2018 Depression Screening and Follow-Up: 69%** **2018 SBIRT Screening: 18%**	UPC has integrated system for providing mental health services, employing a licensed social worker and a full time psychologist. If the patient seen as high risk based on result of screening tool, the patient seen by member of UPC's staff. In 2018, UPC also implemented SBIRT.	n/a
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 and refer patients for the appropriate treatment if necessary. (Suicide Prevention Center of New York State www.preventsuiciden y.org) (ZERO Suicide has resources for preventing suicides in health and behavioral health care systems.)	Percent of people screened for mental health and substance abuse problems.	Olean Medical Group (OMG) screens their patients for suicide risk factors using the PHQ-9 screening tool. OMG has implemented the SBIRT in the last quarter of 2018, no data is available at this time. Depression Screening rates are as follows: **2018 Depression Screening and Follow-Up: 65%**	OMG screens patients using standardized screening tool. If PHQ-9 tool shows patient is at risk referral made to behavioral specialist. OMG follows up with patient to ensure patient followed through with referral. OMG implemented SBIRT screening tool during the last quarter of 2018.	n/a

Summary of the Community Health Assessment:

The Prevention Agenda 2019-2024 has five priorities with priority-specific action plans developed collaboratively with input from community stakeholders. These include:

A. Prevent Chronic Disease
B. Promote a Healthy and Safe Environment
C. Promote Healthy Women, Infants and Children
D. Promote Well Being and Prevent Mental Health and Substance Use Disorders
E. Prevent Communicable Diseases

After the data was analyzed, the following two priority areas were identified as key areas for the 2019-2024 Cattaraugus County Community Health Improvement Plan:

A. Prevent Chronic Disease
B. Promote Well Being and Prevent Mental Health and Substance Use Disorders.

Although the priority areas of healthy and safe environment, healthy women, infants and children, and communicable diseases are important needs in Cattaraugus County, they did not reach a significant common theme in the primary research and did not rise to the level of perception by the community as a high need for services nor as a high priority.

Poverty status is a foundational factor, exacerbated by lack of higher education. Figure 7 on page 28 outlines the themes that were heard from the various forms of primary quantitative and qualitative data collection which were: A lack of access to affordable healthy food options, physical inactivity, affordable health care, affordable/safe housing, lack of transportation, and lack of primary health and mental health providers. Since poverty was an issue brought up during primary data collection and was ranked seventh during the prioritization exercise conducted by the CHA Steering Committee, the disparity that will be the focus of programs and services over the next three years is poverty.

2019 Community Health Improvement Plan Prioritization Results

2019 Community Health Improvement Plan Prioritization Results

Table 93 shows the comparison of the top 10 needs between the Community Health Survey, Cattaraugus County Community Intercept Survey, Stakeholder Interviews and Focus Groups. The "X" marks within the table depict similarities of responses between the primary data sources.

Table 93: Top 10 Identified Needs by Primary Data Collection Source

Identified Need	Community Health Survey	Community Intercept Survey	Stakeholder Interviews	Focus Groups
Overweight/Obesity Issues	X	X	X	
Allergies	X			
Hypertension/High Blood Pressure	X	X		
High Cholesterol	X			
Dental Hygiene/Dental Problems	X			
Chronic Depression/Mental Health	X	X	X	X
Diabetes	X	X	X	
Asthma/COPD Issues	X			
Cancer	X	X	X	
Heart Disease	X			
Substance Use Disorder		X	X	X
Alcohol Abuse		X		
Tobacco Use		X	X	
Lack of Medical/Dental Providers		X	X	X
Affordable Health Care/Access to Care			X	X
Transportation			X	X
Lack of Mental Health Professionals				X
Lack of Substance Abuse Facilities				
Lack of Education/Information				X
Access to Healthy Food				X
Housing				X

Source: Strategy Solutions, Inc. 2018 Focus Groups

As a result of the primary and secondary data analysis, Olean General Hospital, Cattaraugus County Health Department and the consulting team identified 35 distinct community needs that demonstrated either disparity, a negative trend or gap between the local, regional, or state data, and/or qualitative information which suggested that there was a growing need in the community. **Table 94** details the prioritization criteria used by the Cattaraugus County Steering Committee which represented the vulnerable populations within the community. At a meeting held on February 1, 2019, the Steering Committee , agreed with the list of potential needs and participated in prioritizing the needs based on the selected criteria.

Table 94: Prioritization Criteria

		Scoring		
Item	Definition	Low (1)	Medium (5)	High (10)
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 an 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

Source: Strategy Solutions, Inc. 2019

Prioritization and Significant Health Needs

Table 95 illustrates the ranking of identified needs of the service area by the Steering Committee, based on the total of the three prioritization criteria outlined above. The table also shows how the 35 identified needs align with the New York State Department of Health's Prevention Agenda and focus areas.

Table 95: Cattaraugus County CSP/CHA-CHIP Prioritization Exercise Results

Rank	Prevention Agenda Action Plan	Focus Area	Identified Need	Magnitude	Impact	Capacity	Total M+I+C
1	Prevent Chronic Diseases	Tobacco	CD: Cigarette Smoking Among Adults	4.7	4.8	3.4	12.9
2	Prevent Chronic Diseases	Chronic Disease Preventative Care/ Management	CD: Cancer (including all screenings)	4.2	4.4	3.5	12.1
3	Prevent Chronic Diseases	Healthy Eating and Food Security	CD: Obesity (all ages)	4.6	4.8	2.7	12.1
4	Promote Mental Health and Prevent Substance Use Disorders	Mental and Substance Use Disorders Prevention	MH/SUD: Illegal Drug/Prescription Drug Abuse/Addiction	4.4	4.8	2.8	12.0
5	Prevent Chronic Diseases	Chronic Disease Preventative Care/ Management	CD: Diabetes	4.0	4.5	3.4	11.9
6	Prevent Chronic Diseases	Chronic Disease Preventative Care/ Management	CD: Cardiovascular Disease/Heart Attack	4.3	4.4	3.0	11.7
7	Promote a Healthy and Safe Environment	Built and Indoor Environments	HSE: Poverty	4.5	4.7	2.3	11.5
8	Prevent Chronic Diseases	Chronic Disease Preventative Care/ Management	CD: High Blood Pressure	3.9	4.2	3.3	11.4
9	Prevent Communicable Diseases	Vaccine Preventable Diseases	COD: Influenza/Pneumonia	3.4	3.9	4.0	11.3
10	Promote Mental Health and Prevent Substance Use Disorders	Promote well-being	MH/SUD: Poor Mental Health/Depression	4.3	4.6	2.3	11.2

Rank	Prevention Agenda Action Plan	Focus Area	Identified Need	Magnitude	Impact	Capacity	Total M+I+C
11	Prevent Chronic Diseases	Chronic Disease Preventative Care/ Management	CD: Lack of Education/Health Literacy	4.1	4.2	2.7	11.0
12	Promote Mental Health and Prevent Substance Use Disorders	Mental and Substance Use Disorders Prevention	MH/SUD: Alcohol Abuse - Adults	3.9	4.5	2.6	11.0
13	Prevent Chronic Diseases	Chronic Disease Preventative Care/ Management	CD: Access to Health Care (copays/deductibles/affordability)	4.0	4.3	2.5	10.8
14	Promote Mental Health and Prevent Substance Use Disorders	Mental and Substance Use Disorders Prevention	MH/SUD: Lack of Mental Health Providers	4.5	4.5	1.8	10.8
15	Prevent Communicable Diseases	Child and Adolescent Health	COD: Child Immunizations	2.6	4.2	3.9	10.7
16	Promote Mental Health and Prevent Substance Use Disorders	Mental and Substance Use Disorders Prevention	MH/SUD: Lack of Addiction Services	3.8	4.3	2.5	10.6
17	Prevent Chronic Diseases	Chronic Disease Preventative Care/ Management	CD: Lack of Transportation	4.2	4.1	2.2	10.5
18	Promote Healthy Women, Infants and Children	Healthy Eating and Food Security	WIC: Childhood Obesity	4.0	4.4	2.1	10.5
19	Prevent Chronic Diseases	Chronic Disease Preventative Care/ Management	CD: Lack of PCPs/Specialists	4.0	4.2	2.2	10.4
20	Prevent Chronic Diseases	Healthy Eating and Food Security	CD: Food Insecurity/Access to Healthy Foods	3.6	4.0	2.6	10.2
21	Promote a Healthy and Safe Environment	Built and Indoor Environments	HSE: Affordable and Adequate Housing	3.7	3.8	2.7	10.2
22	Prevent Communicable Diseases	Vaccine Preventable Diseases	COD: Adult Immunizations	3.0	3.4	3.8	10.2
23	Prevent Chronic Diseases	Physical Activity	CD: Physical Inactivity/Access to Recreational Opportunities	2.8	3.8	3.1	9.7

Rank	Prevention Agenda Action Plan	Focus Area	Identified Need	Magnitude	Impact	Capacity	Total M+I+C
24	Prevent Chronic Diseases	Chronic Disease Preventative Care/ Management	CD: Aging Population Health Needs	3.4	3.4	2.7	9.5
25	Promote Mental Health and Prevent Substance Abuse	Promote well-being	MH/SUD: Suicide	3.6	3.5	2.4	9.5
26	Promote Healthy Women, Infants and Children	Child and Adolescent Health	WIC: Affordable/Access to Early Childhood Care and Quality After School Programs	3.3	3.1	2.7	9.1
27	Promote Mental Health and Prevent Substance Use Disorders	Mental and Substance Use Disorders Prevention	MH/SUD: Alcohol Impaired Driving Deaths	2.8	3.7	2.5	9.0
28	Promote a Healthy and Safe Environment	Outdoor Air Quality	HSE: Asthma	2.8	2.8	2.8	8.4
29	Promote a Healthy and Safe Environment	Built and Indoor Environments	HSE: Lack of Safe Roads and Sidewalks	3.2	2.5	2.4	8.1
30	Promote a Healthy and Safe Environment	Injuries, Violence and Occupational Health	HSE: Disconnected Youth	3.2	3.0	1.8	8.0
31	Promote Healthy Women, Infants and Children	Child and Adolescent Health	WIC: Teen Pregnancy	2.6	2.9	2.5	8.0
32	Promote Mental Health and Prevent Substance Abuse	Promote well-being	MH/SUD: Trauma Informed Care and ACES	3.1	3.2	1.5	7.8
33	Promote Mental Health and Prevent Substance Use Disorders	Promote well-being	MH/SUD: Insufficient Sleep	2.6	3.2	1.5	7.3
34	Promote Mental Health and Prevent Substance Use Disorders	Mental and Substance Use Disorders Prevention	MH/SUD: High Risk Youth (6th Grade)	2.3	2.8	1.9	7.0
35	Promote a Healthy and Safe Environment	Water Quality	HSE: Lack of Community Fluoridated Water/Fresh, Available Drinking Water	2.1	2.3	2.2	6.6

Table 96 below compares the 2019-2021 priorities to the 2016-2018 priorities.

Table 96: 2019 Ranking versus 2016 Priority Ranking

NYS DOH Prevention Agenda Action Plan	Identified Need	2019 Rank	2016 Rank
Prevent Chronic Disease	Cigarette Smoking Among Adults	1	7
Prevent Chronic Disease	Cancer (including all screenings)	2	6
Prevent Chronic Disease	Obesity (all ages)	3	4
Promote Well-Being and Prevent Mental Health and Substance Use Disorders	Illegal Drug/Prescription Drug Abuse/Addiction	4	9
Prevent Chronic Disease	Diabetes	5	3
Prevent Chronic Disease	Cardiovascular Disease/Heart Attack	6	1
Promote Healthy and Safe Environment	Poverty	7	
Prevent Chronic Disease	High Blood Pressure	8	5
Prevent Communicable Diseases	Influenza/Pneumonia	9	
Promote Well-Being and Prevent Mental Health and Substance Use Disorders	Poor Mental Health/Depression	10	8
Prevent Chronic Disease	Lack of Education/Health Literacy	11	19
Promote Well-Being and Prevent Mental Health and Substance Use Disorders	Alcohol Abuse - Adults	12	10
Prevent Chronic Disease	Access to Health Care (copays/deductibles/affordability)	13	12
Promote Well-Being and Prevent Mental Health and Substance Use Disorders	Lack of Mental Health Providers	14	
Prevent Communicable Diseases	Child Immunizations	15	
Promote Well-Being and Prevent Mental Health and Substance Use Disorders	Lack of Addiction Services	16	13
Prevent Chronic Disease	Lack of Transportation	17	27
Promote Women, Infants and Children	Childhood Obesity	18	
Prevent Chronic Disease	Lack of PCPs/Specialists	19	11
Prevent Chronic Disease	Food Insecurity/Access to Healthy Foods	20	14
Promote Healthy and Safe Environment	Affordable and Adequate Housing	21	
Prevent Communicable Diseases	Adult Immunizations	22	
Prevent Chronic Disease	Physical Inactivity/Access to Recreational Opportunities	23	26
Prevent Chronic Disease	Aging Population Health Needs	24	24
Promote Well-Being and Prevent Mental Health and Substance Use Disorders	Suicide	25	
Promote Women, Infants and Children	Affordable/Access to Early Childhood Care and Quality After School Programs	26	
Promote Well-Being and Prevent Mental Health and Substance Use Disorders	Alcohol Impaired Driving Deaths	27	
Promote Healthy and Safe Environment	Asthma	28	

NYS DOH Prevention Agenda Action Plan	Identified Need	2019 Rank	2016 Rank
Promote Healthy and Safe Environment	Lack of Safe Roads and Sidewalks	29	
Promote Healthy and Safe Environment	Disconnected Youth	30	
Promote Women, Infants and Children	Teen Pregnancy	31	
Promote Well-Being and Prevent Mental Health and Substance Use Disorders	Trauma Informed Care and ACES	32	
Promote Well-Being and Prevent Mental Health and Substance Use Disorders	Insufficient Sleep	33	
Promote Well-Being and Prevent Mental Health and Substance Use Disorders	High Risk Youth (6th Grade)	34	
Promote Healthy and Safe Environment	Lack of Community Fluoridated Water/Fresh, Available Drinking Water	35	

Source: 2019 Strategy Solutions, Inc. Prioritization Exercise

Members of CCHD and OGH met on February 20, 2019 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:

At the February 20, 2019 meeting, the following are the New York State Department of Health Priority Areas that OGH and CCHD will concentrate their efforts on over the next three years are:

1. Prevent Chronic Disease
2. Promote Well-Being and Prevent Mental Health and Substance Use Disorders

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

2019-2021 Community Health Improvement Plan

2019-2021 Implementation Strategy/CHIP

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

The development of OGH and the CCHD'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 OGH and the CCHD 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 well-being and prevent mental health and substance use disorders

This will serve as a guidance document for OGH and the CCHD 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.

Note: The table below shows selective content from the Cattaraugus County CHIP workplan submitted as a separate spreadsheet to the NYSDOH.

Priority Area: Prevent Chronic Disease
Focus Area: Food insecurity
Disparity: Individuals and families in poverty
Lead Agency: Cattaraugus County Health Department

Table 97: Prevent Chronic Disease: Food Insecurity

Goal Focus Area	*Objectives*	*Interventions*	*Family of Measures*	*Implementation Partner*	*Partner Role(s) and Resources*	*By When*
Increase food security	Increase the percentage of adults with perceived food security: • By 5% from 87.5% (2017) to 91.9% among all adults (2021) (Keys to Health Cattaraugus County data; Feeding America)	Screen for food insecurity, facilitate and actively support referral (NYS Prevention Agenda)	• # or % of partners that screen for food insecurity and facilitate referrals to supportive agencies • # or % of people screened for food security • # or % of referrals to supportive services These measures will be obtained on a quarterly basis from the partners included in this family of measures using a standard spreadsheet shared with partners and/or a standardized online software for consolidating the data tracked.	Local health department Hospital Office for the Aging Social Services	Coordinator; aggregating/ analyzing data Facilitator/Educator; sharing staff and/or data Facilitator/Educator; sharing staff and/or data Facilitator/Educator; sharing staff and/or data	December 31, 2021

Priority Area: Prevent Chronic Disease
Focus Area: Tobacco
Disparity: Youth and Young Adults; Individuals and families in poverty
Lead Agency: Cattaraugus County Health Department

Table 98. Prevent Chronic Disease: Tobacco

Goal Focus Area	*Objectives*	*Interventions*	*Family of Measures*	*Implementation Partner*	*Partner Role(s) and Resources*	*By When*
Prevent initiation of tobacco use, including combustible tobacco and vaping products (defined as e-cigarettes and similar devices) by New York youth and young adults	• Decrease the prevalence of any tobacco use by high school students by 20% from 58.4% (2017) to 42.7% • Decrease the prevalence of vaping product use by high school students by 20% from 23.4% (2017) to 18.7% • Decrease the prevalence of any tobacco use by middle school students by 20% from 17.4% (2017) to 13.9% • Decrease the prevalence of vaping product use by middle school students by 20% from 7.2% (2017) to 5.8% (CAReS Cattaraugus County Profile Report)	Use media and health communications to highlight the dangers of tobacco, promote effective tobacco control policies and reshape social norms.	• # or % of partners that support effective tobacco control measures to reduce youth initiation • # or % of schools receiving dangers of tobacco presentations • # or % of students receiving dangers of tobacco presentations • # or % of media (regular and social) outlets promoting anti-tobacco campaigns These measures will be obtained on a quarterly basis from the partners included in this family of measures using a standard spreadsheet shared with partners and/or a standardized online software for consolidating the data tracked.	Local health department Community-based organizations Federally qualified health care center Medical group	Coordinator; Aggregating/Analyzing data Facilitator/Educator; Sharing staff and data Facilitator/Educator; Sharing staff and data Facilitator/Educator; Sharing staff and data	December 31, 2021

Goal	Outcome Objectives	Interventions	Family of Measures	Implementation Partner	Partner Role and Resources	By When
Prevent initiation of tobacco use, including combustible tobacco and vaping products (defined as e-cigarettes and similar devices) by New York youth and young adults	• Decrease the prevalence of any tobacco use by high school students by 20% from 58.4% (2017) to 42.7% • Decrease the prevalence of vaping product use by high school students by 20% from 23.4% (2017) to 18.7% • Decrease the prevalence of any tobacco use by middle school students by 20% from 17.4% (2017) to 13.9% • Decrease the prevalence of vaping product use by middle school students by 20% from 7.2% (2017) to 5.8% (CAReS Cattaraugus County Profile Report)	Use evidence based programming (Catch my Breath) specific to tobacco use and vaping targeting middle and high school students.	• # or % of partners that support effective tobacco control measures to reduce youth initiation • # or % of schools receiving dangers of tobacco presentations • # or % of students receiving dangers of tobacco presentations • # or % of media (regular and social) outlets promoting anti-tobacco campaigns These measures will be obtained on a quarterly basis from the partners included in this family of measures using a standard spreadsheet shared with partners and/or a standardized online software for consolidating the data tracked.	Local health department Community-based organizations Federally qualified health care center Medical group	Coordinator; Aggregating/Analyzing data Facilitator/Educator; Sharing staff and data Facilitator/Educator; Sharing staff and data Facilitator/Educator; Sharing staff and data	December 31, 2021

Goal	Outcome Objectives	Interventions	Family of Measures	Implementation Partner	Partner Role and Resources	By When
Prevent initiation of tobacco use, including combustible tobacco and vaping products (defined as e-cigarettes and similar devices) by New York youth and young adults	• Decrease the prevalence of combustible cigarette use by young adults age 18-24 by 22.2% from 11.7% (2016) to 9.1% • Decrease the prevalence of vaping product use by young adults age 18-24 years by 23.1% from 9.1% (2016) to 70% (NYS BRFSS)	Use health communications targeting health care providers to encourage their involvement in their patients' quit attempts encouraging use of evidence-based quitting, increasing awareness of available cessation benefits (especially Medicaid), and removing barriers to treatment	• # or % of providers referring patients to the Quitline or other resources • # or % of individuals referred These measures will be obtained on a quarterly basis from the partners included in this family of measures using a standard spreadsheet shared with partners and/or a standardized online software for consolidating the data tracked.	Hospital Local health department Federally qualified health care center Medical group	Coordinator; Aggregating/Analyzing data Facilitator/Educator; Sharing staff and data Facilitator/Educator; Sharing staff and data Facilitator/Educator; Sharing staff and data	December 31, 2021

Priority Area: Prevent Chronic Disease
Focus Area: Chronic Disease Preventive Care and Management
Disparity: Individuals and families in poverty
Lead Agency: Cattaraugus County Health Department

Table 99: Prevent Chronic Disease: Chronic Disease Preventive Care and Management

Goal Focus Area	*Objectives*	*Interventions*	*Family of Measures*	*Implementation Partner*	*Partner Role and Resources*	*By When*
Increase cancer screening rates for breast, cervical, and colorectal cancer screening	• Increase % of women aged 50-74 who receive a breast cancer screening with an annual household income <$25,000 by 5.0% to 79.7% (baseline: 75.9% (2016) • Increase % of women aged 21-65 who receive a cervical cancer screening with an annual household income <$25,000 from 5.0% to 80.0% (baseline: 76.1% (2016) • Increase % of adults aged 50-75 who receive a colorectal cancer screening by 5.0% from 60.7% (2016) to 63.7% for adults with annual household income <$25,000 (NYS BRFSS)	Work with health care providers/clinics to put systems in place for patient and provider screening reminders (e.g., letter, postcards, emails, recorded phone messages, electronic health records [HER] alerts).	• # or % of health systems that implement or improve provide and patient reminder systems • # or % of patients reached through patient reminder systems • # or % of patients screened among provider networks These measures will be obtained on a quarterly basis from the partners included in this family of measures using a standard spreadsheet shared with partners and/or a standardized online software for consolidating the data tracked.	Hospital Local health department Federally qualified health care center Medical group	Coordinator; Aggregating/Analyzing data Facilitator/Educator; Sharing staff and data Facilitator/Educator; Sharing staff and data Facilitator/Educator; Sharing staff and data	December 31, 2021

Priority Area: Promote Well-Being and Prevent Mental and Substance Use Disorders Action Plan
Focus Area: Mental and Substance Use Disorders Prevention
Disparity: Youth and Young Adults; Individuals and families in poverty
Lead Agency: Cattaraugus County Health Department

Table 100: Promote Well-Being and Prevent Mental and Substance Use Disorders: Mental and Substance Use Disorders Prevention

Goal Focus Area	*Objectives*	*Interventions*	*Family of Measures*	*Implementation Partner*	*Partner Role and Resources*	*By When*
Prevent underage drinking and excessive alcohol consumption by adults	• Reduce % of youth in grades 6-12 reporting the use of alcohol on at least one day for the past 30 days by 20% from 17.7% in 2017 to 14.2% (CAReS Cattaraugus County profile report)	Implement school-based prevention using evidence based programming provided by the Council on Addiction Recovery Services (CAReS)	• # or % of students participating and completing evidence based programming • # or % of schools participating in the evidence based programming	Local health department Community-based organizations	Coordinator; Aggregating/Analyzing data Facilitator/Educator; Sharing staff & data	December 31, 2021
Prevent underage drinking and excessive alcohol consumption by adults	• Reduce the age-adjusted % of adults (age 18 and older) binge drinking during the past month by 10% from 18.5% to no more than 16.7% (NYS BRFSS and YRBS)	Implement Screening, Brief Intervention, and Referral to Treatment (SBIRT) using electronic screening and brief interventions (e-SBI) with electronic devices (e.g., computers, telephones, or mobile devices) to facilitate delivery of key elements of traditional SBI	• # or % of persons offered SBIRT , completed prescreen and full screen • # or % positive and followed up with treatment	Local health department Hospital Federally qualified health care center Medical group	Coordinator; Aggregating/Analyzing data Facilitator/Educator; Sharing staff & data Facilitator/Educator; Sharing staff & data Facilitator/Educator; Sharing staff & data	December 31, 2021
Prevent underage drinking and excessive alcohol consumption by adults	• Reduce the age-adjusted % of adults (age 18 and older) binge drinking during the past month by 10% from 18.5% to no more than 16.7% (NYS BRFSS and YRBS)	Integrate trauma-informed approaches into prevention programs by training staff, developing protocols and engaging in cross-system collaboration	• # or % completing training; # or % with change in policies and/or implementation of policies • # or % staff trained in trauma informed approach	Local health department Community-based organizations	Coordinator; Aggregating/Analyzing data Facilitator/Educator; Sharing staff & data	December 31, 2021

Goal Focus Area	Objectives	Interventions	Family of Measures	Implementation Partner	Partner Role and Resources	By When
Prevent opioid overdose deaths	• Reduce the age-adjusted overdose deaths involving any opioids by 7% to 14.0 per 100,000 population (baseline: 15.1 per 100,000 population) (CDC WONDER, PMP Registry, SPARCS)	Increase availability of/access to overdose reversal (Naloxone) trainings to prescribers, pharmacists and consumers	• # or % of professionals who completed naloxone training • # or % of county residents who completed naloxone training	Local health department Community-based organizations	Coordinator; Aggregating/Analyzing data Facilitator/Educator; Sharing staff & data	December 31, 2021
Prevent suicides	• Reduce the age-adjusted suicide mortality rate by 10% to 7 per 100,000 (baseline (7.8 per 100,000 population) (YRBS, Bureau of Biometrics)	Identify and support people at risk: Gatekeeper training, crisis intervention, treatment for people at risk of suicide, treatment to prevent re-attempts, postvention, safe reporting and messaging about suicides.	• # or % of Gatekeeper trainings provided • # or % of people who completed Gatekeeper trainings • # or % of people trained who were knowledgeable about the signs and symptoms of suicide • # or % of people who felt comfortable applying suicide prevention skills to identify and refer individuals at risk for suicide to appropriate care • # or % of patients screened with the PHQ-9 tool and referred for treatment	Local health department Hospital Community-based organizations Federally qualified health care center Department of Community Services (Mental Health) Medical group	Coordinator; Aggregating/Analyzing data Facilitator/Educator; Sharing staff & data Facilitator/Educator; Sharing staff & data Facilitator/Educator; Sharing staff & data Facilitator/Educator; Sharing staff & data Facilitator/Educator; Sharing staff and data	December 31, 2021

Review and Approval

Review and Approval

The 2019-2021 Community Health Needs Assessment and Implementation Strategy were presented and approved as follows:

- Olean General Hospital's Board of Directors approved the plans on August 28, 2019.
- Cattaraugus County Board of Health approved the plans on October 2, 2019.

The Cattaraugus County 2019-2021 Community Health Needs Assessment and Implementation Strategy 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:

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Appendix A
Cattaraugus County Health Department Community Health Survey

Appendix A: Cattaraugus County Health Department 2018-2019 Community Intercept Survey

Q1 What is your Zip Code?

Answered: 225 Skipped: 2

# of Responses	Zip Code	# of Responses	Zip Code
46	14760	3	14731
21	14070	3	14741
21	14171	3	14779
19	14772	2	14111
14	14706	2	14138
13	14042	2	14168
13	14737	2	14753
12	14719	1	14010
9	14101	1	14034
6	14009	1	14041
5	14727	1	14060
5	14770	1	14065
4	14129	1	14080
4	14729	1	14141
4	14743	1	14173
4	14755		

Q2 Sex:

Answered: 221 Skipped: 6

ANSWER CHOICES	RESPONSES	
Male	36.20%	80
Female	63.80%	141
TOTAL		221

Q3 Gender:

Answered: 202 Skipped: 25

ANSWER CHOICES	RESPONSES	
Male	35.64%	72
Female	63.86%	129
Transgender	0.00%	0
Do not identify	0.50%	1
TOTAL		202

Q4 Age:

Answered: 225 Skipped: 2

ANSWER CHOICES	RESPONSES	
Under 18	0.00%	0
18-29	3.56%	8
30-39	5.33%	12
40-49	7.11%	16
50-59	10.67%	24
60-69	32.89%	74
70 and over	40.44%	91
TOTAL		225

Q5 Ethnicity: Hispanic?

Answered: 190 Skipped: 37

ANSWER CHOICES	RESPONSES	
Yes	0.53%	1
No	99.47%	189
TOTAL		190

Q6 Race:

Answered: 222 Skipped: 5

ANSWER CHOICES	RESPONSES	
White	95.95%	213
Black	0.90%	2
Native American	1.35%	3
Asian or Pacific Islander	0.45%	1
Choose not to answer	1.35%	3
Other (please specify)	0.00%	0
TOTAL		222

Q7 Income:

Answered: 204 Skipped: 23

ANSWER CHOICES	RESPONSES	
$0 to less than $25,000	34.31%	70
$25,000 to $34,999	23.53%	48
$35,000 to $49,999	14.22%	29
$50,000 to $74,999	15.69%	32
$75,000 to $99,999	7.84%	16
$100,000 to $149,999	3.43%	7
$150,000 to $199,999	0.49%	1
$200,000 or more	0.49%	1
TOTAL		204

Q8 How do you pay for your Health Care? (Check all that apply)

Answered: 224 Skipped: 3

ANSWER CHOICES	RESPONSES	
I have Health Insurance through my employer	41.07%	92
I have Medicare	56.25%	126
I use Medicaid	11.61%	26
I am covered by the VA	6.70%	15
I purchased Health Insurance through NYS of Health	10.71%	24
I use Seneca Nation Health Services	0.45%	1
I pay cash	9.38%	21
Total Respondents: 224		

Q9 What stops you from seeking medical care for yourself and/oryour family? (Check all that apply)

Answered: 85 Skipped: 142

ANSWER CHOICES		RESPONSES
I can't get time off from work I don't have transportation Cost	8.24%	7
of medical care	8.24%	7
Cost of co-pay Cost of medication	36.47%	31
Lack of local health care providers Lack of local specialists	34.12%	29
	16.47%	14
Total Respondents: 85	23.53%	20
	28.24%	24

Q10 How often do you see a doctor or other healthcare provider?

Answered: 223 Skipped: 4

ANSWER CHOICES	RESPONSES	
Once per year	20.63%	46
A few times a year	65.02%	145
Only when I am sick	8.52%	19
I don't go to the doctor	0.90%	2
Other (please specify)	8.97%	20
Total Respondents: 223		

#	OTHER (PLEASE SPECIFY)	DATE
1	monthly	10/2/2018 8:07 AM
2	at least 4 times per year	10/2/2018 7:59 AM
3	twice a year	10/2/2018 7:14 AM
4	monthly	10/2/2018 6:11 AM
5	3 x year	10/2/2018 5:34 AM
6	Every month	10/1/2018 10:12 AM
7	as ordered by physician	10/1/2018 9:31 AM
8	4 x yr. + sickness	10/1/2018 8:22 AM
9	1 time a month	10/1/2018 8:10 AM
10	twice a year	10/1/2018 6:52 AM
11	2 times a year	9/26/2018 7:10 AM
12	6-months	9/26/2018 6:59 AM
13	yes	9/26/2018 6:38 AM
14	6-months	9/26/2018 6:34 AM
15	when Drs available	9/26/2018 5:51 AM
16	twice per month or more	9/25/2018 10:55 AM
17	Doctors appointments	9/25/2018 10:41 AM
18	3 mo.	9/25/2018 9:36 AM
19	twice a year	9/25/2018 8:59 AM
20	physical	9/25/2018 8:55 AM

Q11 Where do you usually seek medical care?

Answered: 215 Skipped: 12

ANSWER CHOICES	RESPONSES	
At my doctor's office	91.63%	197
I go to the emergency room	6.98%	15
I use urgent care	9.30%	20
At a free clinic	0.47%	1
Other (please specify)	6.05%	13
Total Respondents: 215		

#	OTHER (PLEASE SPECIFY)	DATE
1	VA Hospital	11/7/2018 12:33 PM
2	Roswell	10/2/2018 8:07 AM
3	when needed	10/2/2018 7:08 AM
4	Homeopathic 1st before Dr. Dr. is last resort	10/2/2018 7:01 AM
5	VA.	10/1/2018 10:16 AM
6	Web MD	10/1/2018 9:21 AM
7	VA Bflo	10/1/2018 8:28 AM
8	I go to VA	10/1/2018 8:05 AM
9	yes	9/26/2018 6:38 AM
10	out of area	9/26/2018 5:51 AM
11	specialists	9/25/2018 10:55 AM
12	VA.	9/25/2018 9:36 AM
13	VA	9/25/2018 9:20 AM

Q12 How would you rate your personal health?

Answered: 214 Skipped: 13

ANSWER CHOICES	RESPONSES	
Excellent	5.61%	12
Very Good	35.98%	77
Good	42.99%	92
Fair	14.02%	30
Poor	1.40%	3
TOTAL		214

Q13 Do you smoke?

Answered: 216 Skipped: 11

ANSWER CHOICES	RESPONSES	
Yes	9.26%	20
No	90.74%	196
TOTAL		216

Q14 Have you smoked 100 cigarettes in your lifetime?

Answered: 212 Skipped: 15

ANSWER CHOICES	RESPONSES	
Yes	44.34%	94
No	38.68%	82
I don't smoke	16.98%	36
TOTAL		212

Q15 Have any of the following affected you or your family in the last2 years?

Answered: 204 Skipped: 23

	YES	NO	TOTAL
Allergies	67.53% 104	32.47% 50	154
Asthma	34.43% 42	65.57% 80	122
Childhood Obesity	10.48% 11	89.52% 94	105
Obesity	45.00% 54	55.00% 66	120
COPD	27.64% 34	72.36% 89	123
Dental Problems	56.62% 77	43.38% 59	136
Depression	37.50% 42	62.50% 70	112
Pre-Diabetes	25.23% 28	74.77% 83	111
Diabetes	41.41% 53	58.59% 75	128
Flu	35.14% 39	64.86% 72	111
Heart Disease	35.94% 46	64.06% 82	128
Hepatitis C	3.03% 3	96.97% 96	99
High Blood Pressure	66.47% 115	33.53% 58	173
High Cholesterol	52.14% 73	47.86% 67	140
Mental Health	18.27% 19	81.73% 85	104
Pneumonia	15.09% 16	84.91% 90	106
Sexually Transmitted Disease	2.97% 3	97.03% 98	101
Stoke	8.41% 9	91.59% 98	107

Q16 How often are you physically active for 30 minutes or more?

Answered: 201 Skipped: 26

ANSWER CHOICES	RESPONSES	
1-2 times per week	24.88%	50
3-5 times per week	32.34%	65
6-7 times per week	18.41%	37
I try to add physical activity when possible (taking the stairs, parking farther away, etc.)	19.40%	39
None beyond regular daily activity	12.94%	26

Total Respondents: 201

Q17 Which, if any, of the following would help you become moreactive? (Select all that apply)

Answered: 182 Skipped: 45

ANSWER CHOICES	RESPONSES	
Transportation	6.59%	12
Walking or Exercise Group	25.82%	47
Workshops or Classes	13.74%	25
Safe Place to Walk or Exercise	24.73%	45
Information about Programs in your Community	10.99%	20
Discounts for Exercise Programs	18.68%	34
Low Cost Sneakers, Sweat Suits, or other Equipment	10.99%	20
A Friend to Exercise with	27.47%	50
Not applicable. I am physically active!!	34.62%	63
Total Respondents: 182		

Q18 What keeps you from eating fresh fruits and vegetables every day?

Answered: 205 Skipped: 22

ANSWER CHOICES	RESPONSES	
Time it takes to prepare	9.27%	19
Cost	14.15%	29
The stores near me don't sell fresh fruits and vegetables	0.98%	2
I don't like to eat healthy food	2.93%	6
My family does not like to eat healthy	1.46%	3
I am not sure how to cook/prepare fresh fruits and vegetables	1.46%	3
I DO eat fresh fruits and vegetables!	76.59%	157
Other (please specify)	6.34%	13
Total Respondents: 205		

#	OTHER (PLEASE SPECIFY)	DATE
1	probably not every day	10/2/2018 7:22 AM
2	n/a	10/2/2018 6:54 AM
3	I have a veg garden + freeze	10/2/2018 6:23 AM
4	Nothing eat it a lot	10/2/2018 5:47 AM
5	However - Seasonal, local eating limits fresh foods	10/2/2018 5:38 AM
6	I hate to shop	10/1/2018 9:52 AM
7	Nothing	10/1/2018 9:38 AM
8	None	10/1/2018 9:11 AM
9	other family member is very picky about what fruits and vegetables she will eat.	10/1/2018 8:35 AM
10	have 10 mi to shop	9/26/2018 7:14 AM
11	eat one to two times a week	9/26/2018 6:14 AM
12	X X X	9/25/2018 10:22 AM
13	I don;t like many veg.	9/25/2018 10:02 AM

Q19 What do you drink most often? (Check three)

Answered: 218 Skipped: 9

ANSWER CHOICES	RESPONSES	
Water	88.07%	192
Milk	31.19%	68
Pop or Soda	10.09%	22
Diet Pop or Soda	12.84%	28
Coffee (hot or iced)	51.83%	113
Tea (hot or iced)	32.57%	71
100% Juice	11.47%	25
Juice Drinks	6.42%	14
Energy Drinks (Monster, Amp, Red Bull)	0.92%	2
Sports Drinks (Gatorade, Powerade)	4.13%	9
Kool-Aid, Crystal Light, Other drink mixes	4.59%	10
Beer, Wine, Liquor	9.63%	21
Other (please specify)	1.38%	3
Total Respondents: 218		

#	OTHER (PLEASE SPECIFY)	DATE
1	Tie Chain Tea	11/7/2018 12:34 PM
2	Almond milk	10/1/2018 10:24 AM
3	tonic water	9/26/2018 5:53 AM

Q20 How would you rate the health of Cattaraugus County?

Answered: 198 Skipped: 29

ANSWER CHOICES	RESPONSES	
Excellent	3.54%	7
Very Good	9.60%	19
Good	42.93%	85
Fair	38.38%	76
Poor	5.56%	11
TOTAL		198

Q21 What do you think are the Top 3 Health Concerns inCattaraugus County?

Answered: 210 Skipped: 17

ANSWER CHOICES	RESPONSES	
Alcohol Abuse	35.24%	74
Tobacco	28.10%	59
Illegal Drug Abuse	61.90%	130
Healthy Aging	7.62%	16
Overweight	24.76%	52
Obesity	28.57%	60
Diabetes	12.86%	27
Access to Fresh Fruits and Vegetables	3.33%	7
Dental Care	7.62%	16
High Blood Pressure	10.48%	22
Heart Disease	6.67%	14
Stroke	4.29%	9
Cancer	26.19%	55
Infectious Disease	1.90%	4
Asthma/COPD	3.33%	7
Teen Pregnancy	5.71%	12
Sexually Transmitted Infections	0.48%	1
HIV/AIDS	0.48%	1

Hepatitis C	0.48%	1
Mental Health	18.10%	38
Depression	10.00%	21
Suicide	6.19%	13
Gun Violence	3.33%	7
Gun Related Injuries	0.95%	2
Lack of Medical Providers	12.38%	26
Total Respondents: 210		

Q22 Community problems, unrelated to health are listed below. Choose3 issues you face or consider a problem.

Answered: 189 Skipped: 38

ANSWER CHOICES	RESPONSES	
Transportation	33.86%	64
Jobs	57.67%	109
Education	16.40%	31
Housing	24.34%	46
No Support System	9.52%	18
Not Enough Money	36.51%	69
Access to Good Child Care	14.81%	28
Medical Bills	26.46%	50
Safety	3.17%	6
Lack of Safe Places to Walk and Play	11.11%	21
Literacy	7.94%	15
Hunger	5.29%	10
Access to Healthy Food	7.41%	14
Discrimination	6.88%	13
Quality of Health Care	20.63%	39
Total Respondents: 189		

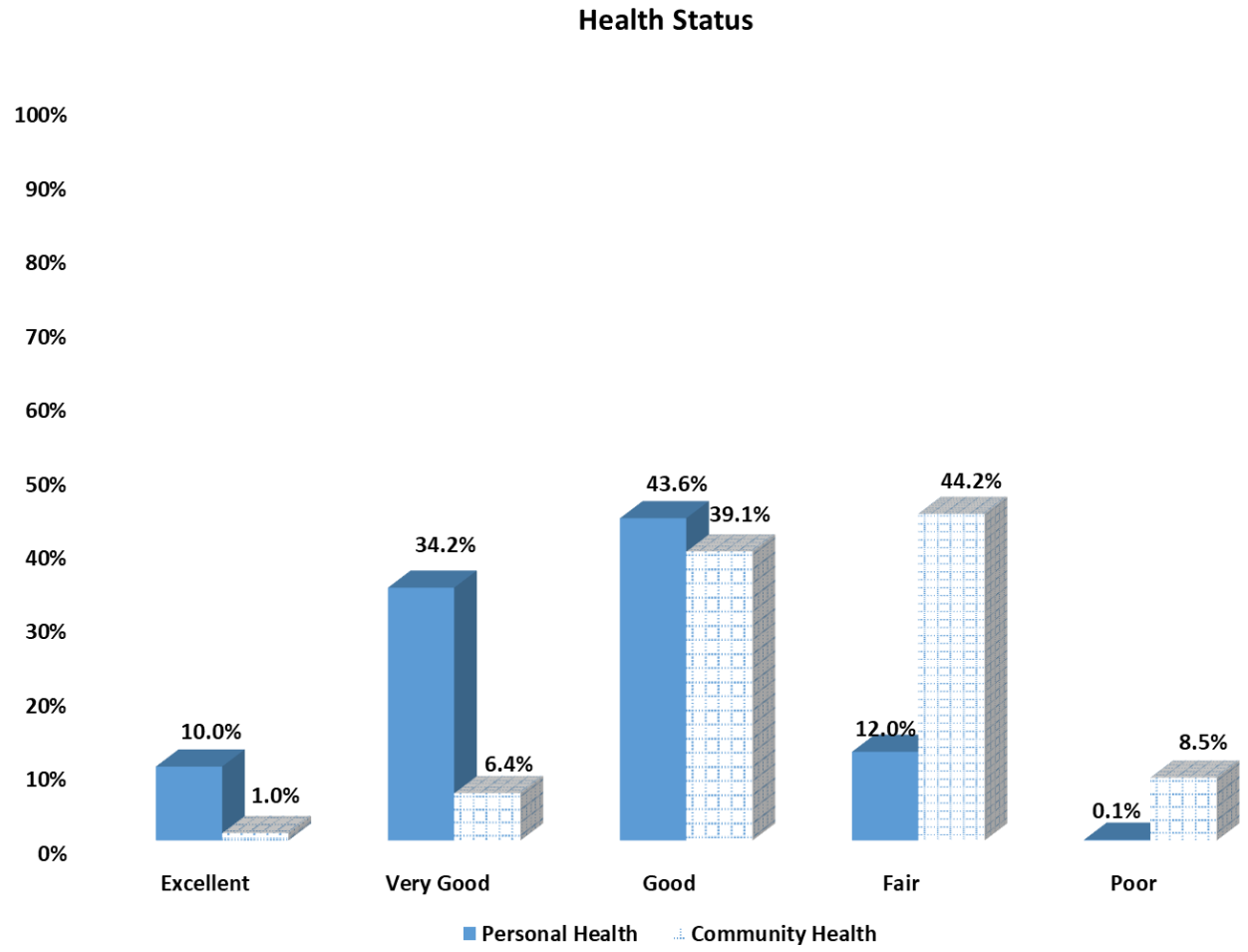
Appendix B
Cattaraugus County CSP/CHA/CHIP
Community Health Survey

Appendix B: Community Health Needs Assessment 2018 Community Health Survey

A total of 669 surveys were completed for a zip code within the identified service area.

Q1. How would you rate your (personal) overall health?

Q2. Overall, how would you rate the health status of your community?



Q3. What is your gender?

Gender		
	Number	Percent
Male	135	20.2%
Female	530	79.3%
Transgender	1	0.1%
Do not identify	2	0.3%

Q4. 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?

Physical Activity, Other Than Regular Job, Past Month		
	Number	Percent
Yes	517	77.6%
No	148	22.2%
Don't Know	1	0.2%

Q5. How often do you participate in physical activity or exercise?

Frequency Participate in Physical Activity		
	Number	Percent
5-7 times per week for at least 30 minutes each time	130	19.5%
2-4 times per week for at least 30 minutes each time	249	37.4%
0-1 times per week for at least 30 minutes each time	51	7.7%
I don't exercise regularly, but try to add physical activity when possible	186	27.9%
No physical activity or exercise beyond regular daily activities	50	7.5%

Q6. Which, if any, of the following would help you become more active?

What would help you become more physically active?	
	Percent
Discounts for exercise programs or gym memberships	53.0%
A friend to exercise with	33.8%
Individual instruction/personal trainer	30.6%
Safe place to walk or exercise	29.1%
Activities you can do with your children	22.6%
Groups to participate	22.1%
Improved health	17.7%
Information about exercise programs or gym memberships	14.8%
Workshops for classes about exercise	11.7%
Transportation to a park	2.1%

Q7. Do you have any kind of health care coverage or health insurance?

Have Health Insurance		
	Number	Percent
Yes	647	97.3%
No	9	1.4%
Used to, but don't have any now	9	1.4%

Q8. How do you pay for your Health Care?

Pay for Health Insurance:

- Through employer 73.5%
- Medicare 14.2%
- Medicaid 8.3%
- VA 1.5%
- NYS of Health/Marketplace Exchange 5.3%
- Tribal Health 1.7%
- Pay Cash 6.3%

Q9. Where do you get most of your health information?

Get Health Information:

- Doctor/Medical Provider/Primary Care Provider 80.5%
- Library 2.1%
- Newspaper/Magazine 14.2%
- School Nurse/School Health Educator/Teacher 1.6%
- Computer/Internet 59.7%
- Social Media 9.9%
- TV/Radio 7.8%
- Friends and Family 22.6%
- Health Insurance Company 16.3%
- Social Services 0.4%
- HeadStart 0.6%
- WIC 1.0%
- Workplace 20.7%
- Community Health Worker/Peer Navigator 2.1%

Q10. How often do you see your primary care provider (doctor)?

How often do you see your primary care doctor?		
	Number	Percent
For a yearly check-up	328	49.0%

Several times a year	223	33.3%
Only when I'm sick	89	13.3%
I don't go see my primary care provider	16	2.4%
I don't have a primary care provider	13	1.9%

Q11. In the past year, was there any time that you needed medical care but could not – or did not – get it?

Needed Medical Care But Could Not or Did Not Receive It, Past Year		
	Number	Percent
Yes	100	15.0%
No	566	85.0%

Q12. What were the main reasons you did not get the medical care you needed?

Reasons did not get needed medical care:

- Cost – Without insurance, it was too expensive 14.0%
- Cost – Even with insurance, it was too expensive 40.0%
- Transportation – It was too hard to get there 10.0%
- Hours – They weren't open when I could get there 28.0%
- I couldn't get time off from work 26.0%
- I had no one to watch my children 6.0%
- I couldn't get an appointment for a long time 44.0%
- The medical staff didn't speak my language 2.0%
- I couldn't get a referral to see a specialist 6.0%
- I didn't know where to get the care I needed 7.0%
- I decided not to go because I don't like going to doctors 2.0%
- Some other reason 21.0%
    - Knew prescriptions would be too expensive
    - Chronic Lyme Disease is not treated in the area
    - Not covered by insurance
    - Have anxiety and takes too long to get an appointment
    - Providers are not accepting new patients
    - Do not feel like doctor listens to me
    - No specialists in the area

Q13. 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?

Have you ever had a sigmoidoscopy or colonoscopy?		
	Number	**Percent**
Yes	338	50.7%
No	327	49.0%
Don't Know	2	0.3%

Q14. Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

Currently Chew, Snuff, Snus		
	Number	Percent
Every day	15	2.2%
Some days	6	0.9%
Not at all	646	96.9%

Q15. Do you currently smoke?

Q16. Please enter the number of cigarettes smoked per day:

Currently Smoke		
	Number	Percent
Yes	96	14.3%
No	573	85.7%

Q17. Have you ever been told by a doctor, nurse, or other health care professional that you have high blood pressure?

Ever Told Had High Blood Pressure		
	Number	Percent
Yes	210	31.4%
Yes, but only during pregnancy	16	2.4%
No	377	56.4%
Told borderline or pre-hypersensitive	61	9.1%
Don't Know	4	0.6%

Q18. Have you ever been told by a doctor that you have diabetes?

Ever Told Had Diabetes		
	Number	Percent
Yes	72	10.8%
Yes, but only during pregnancy	9	1.3%
No	541	80.9%
No, pre-diabetes or borderline diabetes	46	6.9%

Q19. About how long has it been since you last had your blood pressure checked by a doctor, nurse, or other health care provider?

Length of Time Since Last Had Blood Pressure Checked		
	Number	Percent
Less than 6 months	539	80.9%
6 months to less than 12 months	83	12.5%
12 months to less than 2 years	32	4.8%
2 years to less than 5 years	9	1.4%
5 years or more	3	0.5%

Q20. About how long has it been since you last visited a doctor for a routine checkup?

Time Since Last Visited Doctor for Routine Checkup		
	Number	Percent
Less than 6 months	347	52.2%
6 months to less than 12 months	203	30.5%
12 months to less than 2 years	74	11.1%
2 years to less than 5 years	27	4.1%
5 years or more	13	2.0%
Never	1	0.2%

Q21. About how long has it been since you last visited a dentist or dental clinic for any reason?

Time Since Last Visited Dentist for Routine Checkup		
	Number	Percent
Less than 6 months	352	52.9%
6 months to less than 12 months	101	15.2%

12 months to less than 2 years	81	12.2%
2 years to less than 5 years	72	10.8%
5 years or more	59	8.9%
Never	1	0.2%

Q22. About how long has it been since you last had your cholesterol checked?

Length of Time Since Last Had Blood Cholesterol Checked		
	Number	Percent
Less than 6 months	323	48.4%%
6 months to less than 12 months	189	28.3%
12 months to less than 2 years	71	10.6%
2 years to less than 5 years	32	4.8%
5 years or more	9	1.3%
Never	44	6.6%

Q23. FEMALES ONLY: How long has it been since your last Pap test?

How long has it been since your last Pap test?		
	Number	**Percent**
Less than 6 months	94	17.9%
6 months to less than 12 months	149	28.3%
12 months to less than 2 years	136	25.9%
2 years to less than 5 years	65	12.4%
5 years or more	70	13.3%
Never had one	12	2.3%

Q24. FEMALES ONLY: How long has it been since your last mammogram?

How long has it been since your last Mammogram?		
	Number	**Percent**
Less than 6 months	117	22.3%
6 months to less than 12 months	119	22.7%
12 months to less than 2 years	78	14.9%
2 years to less than 5 years	45	8.6%
5 years or more	19	3.6%
Never had one	147	28.0%

Q25. 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?

Length of Time Since Last Had PSA Test		
	Number	Percent
Less than 6 months	33	24.8%
6 months to less than 12 months	24	18.0%
12 months to less than 2 years	11	8.3%
2 years to less than 5 years	4	3.0%
5 years or more	3	2.3%
Never had one	58	43.6%

Q26. During the past month, not counting juice, how many times per day, week, or month did you eat fruit?

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)?		
	Number	**Percent**
0 Days	29	7.4%
1 Time a Day, Week or Month	159	40.7%
2 Times a Day, Week or Month	111	28.4%
3 Times a Day, Week or Month	46	11.8%
4 Times a Day, Week or Month	15	3.8%
5 or More Times a Day, Week or Month	31	7.9%

Q27. 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?

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)?		
	Number	**Percent**
0 Days	26	7.4%
1 Times a Day, Week or Month	162	46.2%
2 Times a Day, Week or Month	86	24.5%
3 Times a Day, Week or Month	35	10.0%
4 Times a Day, Week or Month	12	3.4%
5 or More Times a Day, Week or Month	30	8.6%

Q28. 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)?

Q29. 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)?

Considering all types of alcoholic beverages, how many times in the last 30 days have you had four or more drinks on the same occasion (females) or five or more drinks on the same occasion (males) (at the same time or within a couple of hours of each other)?				
	Females		Males	
	Number	Percent	Number	Percent
0 Times in Last 30 Days/No	373	71.1%	87	65.9%
1 Time in Last 30 Days	60	11.4%	12	9.1%
2 Times in Last 30 Days	36	6.9%	7	5.3%
3 Times in Last 30 Days	11	2.1%	5	3.8%
4 Times in Last 30 Days	14	2.7%	1	0.8%
5 Times in Last 30 Days	8	1.5%	6	4.6%
6 Times in Last 30 Days	4	0.8%	2	1.5%
7 Times in Last 30 Days	2	0.4%	N/A	N/A
8 Times in Last 30 Days	N/A	N/A	3	2.3%
10 Times in Last 30 Days	7	1.3%	4	3.0%
15 Times in Last 30 Days	4	0.8%	1	0.8%
18 Times in Last 30 Days	N/A	N/A	1	0.8%
20 Times in Last 30 Days	4	0.8%	1	0.8%
22 Times in Last 30 Days	N/A	N/A	1	0.8%
25 Times in Last 30 Days	1	0.2%	N/A	N/A
30 Days in Last 30 Days	N/A	N/A	1	0.8%
Other	1	0.2%	1	0.8%

Q30. In the last 30 days, what is the largest number of drinks that you have had on any one occasion?

In the last 30 days, what is the largest number of drinks that you have had on any one occasion?		
	Number	Percent
0 Drinks	212	32.6%
1-3 Drinks	262	40.3%
4-6 Drinks	123	18.9%
7-10 Drinks	28	4.3%
More than 10 Drinks	26	4.0%

Q31. Over the past two weeks, how often have you been bothered by little interest or pleasure in doing things?

Over the past two weeks, how often have you been bothered by little interest or pleasure in doing things?		
	Number	Percent
Not at all	432	65.4%
Several days	153	23.1%
More than half the days	46	7.0%
Nearly every day	30	4.5%

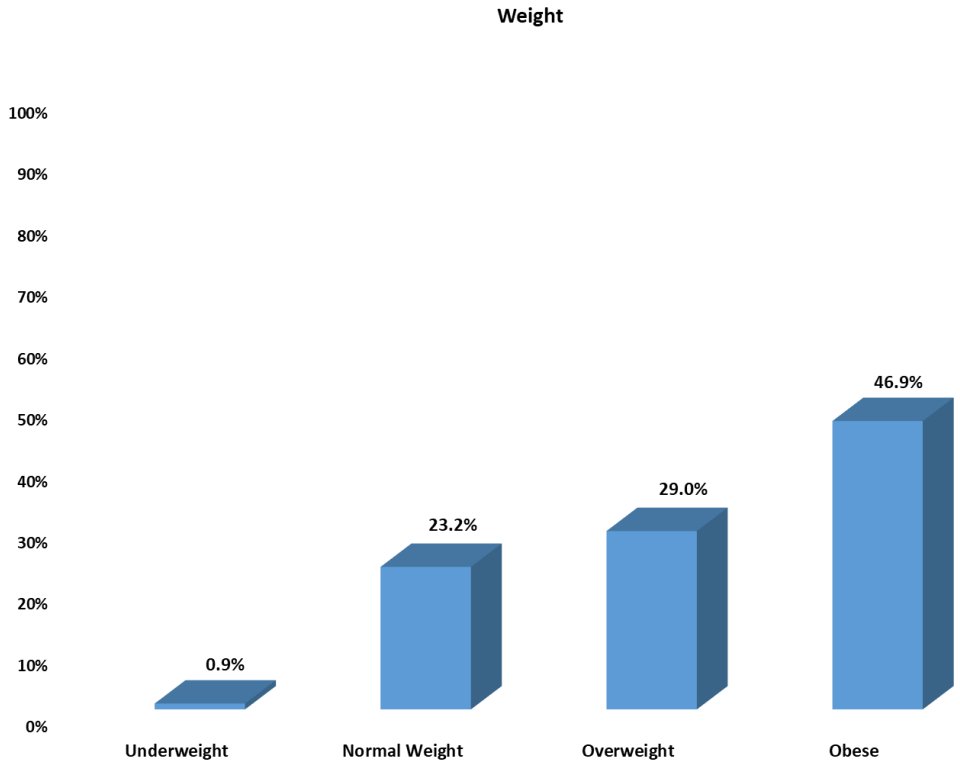
Q32. Over the past two weeks, how often have you been bothered by feeling down, depressed, or hopeless?

Over the past two weeks, how often have you been bothered by feeling down, depressed, or hopeless?		
	Number	Percent
Not at all	437	65.6%
Several days	168	25.2%
More than half the days	28	4.2%
Nearly every day	33	5.0%

Q33. Over the past two weeks, how often have you had trouble falling asleep or staying asleep or sleeping too much?

Over the past two weeks, how often have you had trouble falling asleep or staying asleep or sleeping too much?		
	Number	Percent
Not at all	245	37.0%
Several days	267	40.3%
More than half the days	84	12.7%
Nearly every day	67	10.1%

Q34. About how much do you weigh without shoes?



Q35. About how tall are you without shoes?

Height		
Feet	Inches	Number
4	5	1
4	9	1
4	10.5	1
4	11	5
4	11.5	1
5	0	19
5	0.25	1
5	1	25
5	2	54
5	2.5	1
5	3	63
5	3.5	4
5	4	90

Height		
Feet	Inches	Number
5	5	65
5	5.5	2
5	6	69
5	6.5	1
5	7	74
5	7.5	2
5	8	43
5	9	44
5	9.5	1
5	10	29
5	10.5	1
5	11	20
5	11.5	1
6	0	20
6	1	14
6	2	7
6	3	4
6	4	3
8	9	1

Q36. Have the following directly affected you or your family in the last 2 years?

Social and Environmental Issues	
	% Affected
Lack of Recreational Opportunities	35.2%
Lack of Safe Roads and Sidewalks	35.2%
Access to Affordable Healthy Foods	32.4%
Poverty	21.8%
Employment Opportunities/Lack of Jobs	21.5%
Affordable and Adequate Housing	19.1%
Access to Fresh, Available Drinking Water	10.2%
Lack of Quality After School Programs/Care	10.0%
Lack of Early Childhood Care	8.9%
Homelessness	2.3%

Q37. Have the following directly affected you or your family in the last 2 years?

Behaviors	
	% Affected
Lack of Exercise/Physical Activity	47.1%
Tobacco Use	19.7%

Alcohol Abuse	18.8%
Texting and Driving	17.8%
Illegal Drug Use	10.8%
Crime	10.1%
Prescription Drug Abuse	9.3%
Driving Under the Influence of Drugs or Alcohol	7.7%
Gambling	7.2%
Domestic Violence/Abuse	6.1%
Violence	5.5%
Sexual Behaviors (unprotected, irresponsible/risky)	5.5%
Delinquency/Youth Crime	4.9%
Child Emotional Abuse	3.8%
Gun Violence	3.4%
Sexual Abuse	2.8%
Motor Vehicle Crash Deaths	2.7%
Child Neglect	2.3%
Teenage Pregnancy	2.0%
Child Sexual Abuse	1.7%
Tobacco Use in Pregnancy	1.7%
Child Physical Abuse	1.5%

Q38. Have the following directly affected you or your family in the last 2 years?

Access	
	% Affected
Access to Affordable Health Care (related to copays and deductibles)	28.8%
Access to Dental Care	26.4%
Availability of Specialists/Specialty Medical Care	26.3%
Access to Insurance Coverage	25.6%
Access to Mental Health Care Services	19.3%
Access to Primary Medical Care Providers	19.2%
Access to Women's Health Services	13.1%
Access to General Health Screenings (including blood pressure, cholesterol, colorectal cancer and diabetes)	11.8%
Access to Adult Immunizations	10.5%
Access to Transportation to Medical Care Providers and Services	7.8%
Access to Dementia Care Services	6.5%
Access to Childhood Immunizations	4.8%
Access to Emergency Shelter in the Area	3.4%
Access to Prenatal Care	2.6%

Q39. Was there a time in the past 12 months when you experienced any of the following?

- Could not fill a prescription due to cost 14.1%

- Could not seek medical treatment because of cost 13.9%
- Could not get health care services because of lack of transportation 3.3%

Q40. What other things kept you from receiving the health care you needed in the past 12 months?

- Cost of copay
- Cost of deductible
- Can't get an appointment when needed
- Anxiety
- Cost in general
- Time off work
- Lack of childcare
- Distance
- Did not comply with doctor's orders
- Doctors not accepting insurance
- Doctors not accepting new patients

Q41. Have the following directly affected you or your family in the last 2 years?

	% Affected
Obesity and Overweight	56.1%
Hypertension/High Blood Pressure	50.2%
Allergies	50.2%
High Cholesterol	42.4%
Dental Hygiene/Dental Problems	41.0%
Chronic Depression	34.0%
Diabetes	33.3%
Asthma/COPD related issues	32.6%
Cancer	30.3%
Heart Disease	26.9%
Influenza and Pneumonia	24.6%
Cardiovascular Disease and Stroke	19.3%
Childhood Obesity	7.7%

Q42. What do you feel are the top three health problems in the community you live in?

Top 5 Identified Health Problems:

- Cancer
- Obesity
- Drug Abuse/Addiction
- Diabetes
- Mental Health

Q43. What do you feel are the top three social or environmental problems in the community you live in?

Top 3 Identified Social/Environmental Problems:

- Drug Abuse/Addiction
- Poverty
- Lack of Jobs

Q44. What additional health care services would you like in the area?

Other Services Needed:

- More doctors
- More specialists
- More mental health services
- More dentists
- More addiction services
- More women's health

Q45. What is the zip code where you currently live?

Zip Code		
	Number	Percent
14706, Allegany	107	16.0%
14719, Cattaraugus	15	2.2%
14726, Conewango Valley	1	0.1%
14041, Dayton	1	0.1%
14042, Delevan	7	1.0%
14729, East Otto	2	0.3%
14731, Ellicottville	8	1.2%
14060, Farmersville	2	0.3%
14737, Franklinville	25	3.7%
14065, Freedom	1	0.1%
14070, Gowanda	22	3.3%
14741, Great Valley	9	1.3%
14743, Hinsdale	13	1.9%
14741, Humphrey	1	0.1%
14743, Ischua	3	0.4%
14760, Knapp Creek	5	0.7%
14753, Limestone	3	0.4%
14755, Little Valley	15	2.2%
14760, Olean	329	49.2%

Zip Code		
	Number	Percent
14766, Otto	4	0.6%
14770, Portville	37	5.5%
14772, Randolph	8	1.2%
14778, St. Bonaventure	2	0.3%
14779, Salamanca	39	5.8%
14138, South Dayton	3	0.4%
14783, Steamburg	1	0.1%
14171, West Valley	6	0.9%

Q46. How many children under the age of 18 live in your household?

Kids in Household Under Age 18		
	Number	Percent
0	424	64.2%
1	93	14.1%
2	91	13.8%
3	37	5.6%
4	11	1.7%
5	2	0.3%
7	1	0.2%
9	1	0.2%

Q47. Which one or more of the following would you say is your race?

Q48. Are you Hispanic or Latino?

Race (Check all that apply)		
	Number	Percent
Caucasian/White	624	95.1%
Black or African American	4	0.6%
Asian	5	0.8%
Native American	24	3.7%
Other	7	1.1%
Don't Know	2	0.3%
Hispanic	9	1.4%

Q49. What is the highest grade or year of school you completed?

Highest Level of Education Completed		
	Number	Percent
Some High School, No Diploma	4	0.6%
High School Graduate (or GED)	101	15.2%
Some College, No Degree	106	16.0%
Associate Degree	135	20.4%
Bachelor's Degree	160	24.1%
Master's Degree	117	17.6%
Professional School Degree	29	4.4%
Doctorate Degree	11	1.7%

Q50. What is your annual household income?

Household Income		
	Number	Percent
Less than $15,000	35	5.5%
$15,000 to less than $25,000	76	11.8%
$25,000 to less than $50,000	162	25.2%
$50,000 to less than $75,000	149	23.2%
$75,000 or more	220	34.3%

Q51. What is your marital status?

Marital Status		
	Number	Percent
Single, Never Married	98	14.9%
Married	403	61.2%
Divorced	81	12.3%
Widowed	29	4.4%
Separated	12	1.8%
Member of an unmarried couple	35	5.3%

Q52. What is your employment status?

Employment Status		
	Number	Percent
Currently employed for wages	506	75.9%

Self-employed	29	4.3%
Out of work for less than one year	10	1.5%
Out of work for more than one year	4	0.6%
Homemaker	10	1.5%
Student	10	1.5%
Retired	70	10.5%
Unable to work	15	2.2%
Other	13	1.9%

Q53. If you are currently employed how many minutes do you travel for work one way?

Travel Time to Work		
	Number	Percent
Less than 15 minutes	350	62.1%
15 to 29 minutes	136	24.1%
30 to 44 minutes	43	7.6%
45 to 59 minutes	25	4.4%
1 to 2 hours	9	1.6%
2 hours or more	1	0.2%

Q54. What is your age?

Age		
	Number	Percent
18-24	22	3.3%
25-34	108	16.2%
35-44	128	19.2%
45-54	138	20.7%
55-64	182	27.3%
65-74	69	10.4%
75 and older	19	2.9%

Appendix C
Stakeholder Interview Guide

Appendix C: Stakeholder Interview Guide

Thank you for taking the time to talk with us to support the Cattaraugus County Community Health Needs Assessment Process.

What, in your opinion, are the top 3 community health needs for Cattaraugus County?

High rate of poverty	
Chronic health conditions/management	3
Obesity	5
Cancer	3
Lack of transportation	3
Shortage of healthcare providers	
Poor health behaviors/lack of health education	
High smoking rate	3
Substance use	5
Food security	
Issues related to age/senior population	
Diabetes	3
Access to health care (especially for Amish)	2
Access to mental health care/more community based mental health facilities	3
Affordable health care	3
Need for integrative healthcare	
Ombudsman (that can help be a translator for Amish and other cultures)	
No eye or dental coverage for Amish	
Depression	
Housing	

What activities/initiatives are currently underway in the community to address the needs within this topic area?

Tobacco 21	
Creating healthy schools grant	
Expansion of the FQHC	2
CAREeS telemedicine initiative	
Healthy Living Consortium	
Food security/food banks	
Reality Check program	
Walkable Olean program	
Not much to address the needs of the Amish Population	
Opiate Task Force	
Project HeadStart	
Obesity initiative	
Success by 6	
Healthy eating initiatives at the Y	
PROSE program	
STELL program	

What more, in your opinion, still needs to be done in order to address this community health topic area.

Health plans should be working together with health systems and community partners	
Transportation (Uber or Lyft)	5
Safe/affordable housing	2
More community health workers	
More food outreach in different places	
Diabetes education	
A free dental clinic	
Affordable medication	
Improve health literacy	
Better address mental health and stress	
Get information out about the 211 system	
Expanding walkable communities	
Move forward with obesity programs	
More grocery store options /mobile farmers market	
More collaboration	
Wellness programs in schools	
Health plan incentives for wellness participation	
More support for behavioral health	

What advice do you have for the project steering committee who is implementing this community health assessment process?

Healthy Livable Communities Consortium is great; need to strengthen it to address policy change	
Need an initiative in northern Catt County	
Need to get out of offices and listen to the community	
Mechanism to fund person centered planning	
Home care	
Report the issues like last time	
Think outside the box to reach people	
Develop indicators for the Amish and have the CHNA morph into something more inclusive of sub-populations	
Include consumers in plans to address needs	
Create a comprehensive community response	
Be aware of needs throughout the county	
Look at Cattaraugus and Little Valley	
Talk to Community Action/Genesis House	
Incorporate the hospital and all case management services	
Can't give more advice; like the process	
Use the HONEY health home model	
Balance different initiatives/all providers on the same page	

Appendix D
Focus Group Topic Guide

Appendix D: Focus Group Topic Guide

Community Health Assessment

CATTARAUGUS COUNTY
Focus Group Topic Guide Draft

I. 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.

II. 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. OPTIONFINDER

NOTE: If someone asks how we define community, ask, "How would you define it?"

B. Why do you say that?

III. Community Health Needs

A. Based on your experience in your community, what do you think the single biggest community health need is? (BUILD LIST INTO OPTIONFINDER).

B. Why do you say that?

C. How much of a problem do you think each is in this community? OPTIONFINDER

D. What is your level of awareness of the Social Determinants of Health (SDOH)? (OPTIONFINDER).

1. I have no idea what those are
2. I have an understanding of what those are but we are not doing anything to screen or address
3. I have an understanding of what those are and we are working to identify how to screen and/or address
4. We are screening our clients but not addressing any SDOH
5. We are screening our clients and working to address any SDOH they are experiencing
6. Something else

E. What Social Determinants of Health are people in this community experiencing? BUILD LIST INTO OPTIONFINDER

F. How much of a problem do you think each is in this community? OPTIONFINDER

IV. Access to Services

A. What are the most needed programs/services in the community? BUILD INTO OPTIONFINDER

B. To what extent are these programs/services available in the community? OPTIONFINDER

1. This program/service is not available in the community
2. This program/service is available in the community but is not adequately addressing the need (i.e. not enough providers, missing program components, limited acceptance of insurance, not available to all populations, etc..)
3. This program/service is available in the community and is adequately addressing the need

V. Potential Solutions

A. What suggestions do you have to help improve the health of the community? BUILD INTO OPTIONFINDER

B. How important is each of these to focus on over the next 3 years? OPTIONFINDER

1. Not Important
2. …
3. Somewhat Important
4. …
5. Extremely Important

C. Who do you think should take the lead on each? OPTIONFINDER

1. The Tower Health System should take the lead on this
2. The hospital should take the lead on this
3. The hospital should collaborate with another community agency and co-lead this
4. A community agency should take the lead on this

D. What potential barriers do you envision when implementing the solutions, we have been discussing?

E. What are the reasons current or past solutions have not worked in the community?

F. What suggestions do you have to scale solutions to reach more than a few people at a time?

What advice would you give those of us who are working on this community assessment?