

New York State 2016 Community Health Assessment/  
Community Health Improvement Plan/Community Services Program

Allegany County

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Allegany County Community Wellness Committee

## **Executive Summary-Allegany County**

1. The Prevention Agenda priorities and the disparity Allegany County has selected to work on with our community partners including our core group (the Allegany County Department of Health (ACDOH), Jones Memorial Hospital (JMH) and Ardent Solutions, Inc., our rural health network agency) are:

### **Priority Area: Mental Health and Prevent Substance Abuse**

Focus Area 1: Promote Mental, Emotional and Behavioral Well-being

### **Priority Area: Prevent Chronic Disease**

Focus Area 3: Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings

### **Disparity - Socio-Economic/Income**

2. Since 2013, Mental Health and Chronic Disease remain our priorities with changes to the selected focus areas in each for the 2016 document. For Mental Health the new focus area selected was Focus Area 1: Promote Mental, Emotional and Behavioral Well-being. For Chronic Disease the new focus area selected was Focus Area 3: Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings.

3. The data that was reviewed by the core group and on November 9, 2016 by the community stakeholders included leading causes of death; leading causes of premature death; and the community health indicators.

4. The core group working in Allegany County consists of the Allegany County Department of Health; Jones Memorial Hospital and Ardent Solutions, Inc. The key stakeholders assembled on November 9, 2016 to review the data; participate in the prioritization exercise to identify our top three health priorities and a disparity; and complete a SWOT analysis for each of the three

priorities selected included the core group, as well as, Allegany County Youth Bureau/STOP DWI program; Allegany County ARA; ACCORD Corporation Inc.; Tobacco Free Chautauqua, Cattaraugus, Allegany; Allegany County Sheriff's Office; Venture Forthe; Allegany County Community Services; and the Allegany County Department of Social Services. Each partners' role in the implementation process will be outlined in the work plan.

5. The broad community, which was engaged in these efforts in Allegany County, was our key stakeholders assembled on November 9, 2016 to review the data; participate in the prioritization exercise to identify our top three health priorities and a disparity; and complete a SWOT analysis for each of the three priorities selected. The key stakeholders with interest in the selected health priorities will make up the committees working on the Community Health Improvement Plan. The residents of Allegany County will be engaged in the interventions, strategies and activities outlined in the work plan and through community outreach and recruitment.

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

- For Priority Area#1: Mental Health and Prevent Substance Abuse, Focus Area 1: Promote Mental, Emotional and Behavioral Well-being are: support of the Allegany County Suicide Prevention Coalition; an awareness and acceptance multipronged anti-stigma campaign; promotion of World Suicide Prevention Day Awareness Walk; support of suicide survivors through distribution of postvention resource packets and through promotion of the suicide survivor's support group and International Survivors of Suicide Loss Day; distribution of SafeTALK training; Mental Health First Aid training; ASIST training; and support of the Allegany County ARA, JMH and local DSRIP (FLPPS) efforts to co-locate .

- For Priority Area: Prevent Chronic Disease, Focus Area 3: Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings are: to implement a Million Heart Initiative collaborative which will include Healthy Heart workshops; media campaign on tobacco risks; Tobacco Cessation; promote physical activity opportunities in the community; encourage municipalities with adopted Complete Streets policies to create walkable/bikable communities; promote a low trans-fat and sodium diet by increasing restaurants who offer and display low trans-fat and low sodium options on menus; public awareness campaign to improve early detection, effective treatment and management of risk factors for heart disease and stroke; community health screening fairs with free blood pressure and cholesterol screenings; promotion of JMH Stroke Designation Center; Stanford University Chronic Disease Self-Management Workshops; awareness to increase usage of the JMH cardiac rehabilitation services; increase awareness of locations in communities for blood pressure screening; home-based blood pressure monitor loaner program; American Safety and Health Institute CPR/AED/1<sup>st</sup> Aid trainings; public education campaign on bystander liability; and encourage worksites to adopt formal protocol for responding to a heart attack or stroke including a response team trained in CPR and AED as a bridge to emergency medical services (EMS) assistance.
- For the Disparity - Socio-Economic/Income, evidence-based interventions/ Strategies/activities for Priorities 1 and 2 will be offered at low cost or no cost to the residents of Allegany County. Offering the evidence-based interventions/ strategies/activities locally reduce the financial burden to the residents of Allegany County by reducing the travel and time expense to county residents.

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

7. Progress and improvement will be tracked to evaluate impact through the Allegany County Community Wellness Committee meetings. Agencies will report out on programs completed, barriers to completing activities, new opportunities for expanding programming, etc. This will allow agencies to assist each other with awareness campaigns, referrals and to expand programming. The process measures being used include review of data; number of trainings offered and number of individuals trained; knowledge demonstrated in program evaluations; calls to the NYS Quit Line; number of individuals who quit using tobacco, vaping or smoking; referrals from healthcare providers into programming; number of municipalities who create more walkable/bikable communities; number of restaurants who offer and display low trans-fat and low sodium options on menus; number and reach of Million Hearts newsletter; number of screening health fairs and number of individuals screened; and number of worksites with a formal protocol for responding to heart attack or stroke.

## **Report-Allegany County**

1. The service area for the Community Health Assessment, Community Health Improvement Plan and the Community Service Plan is Allegany County. Allegany County is a rural county located along the Southern Tier of Upstate New York, with an area of 1,030 square miles. It is bordered by Cattaraugus, Wyoming, Livingston, and Steuben Counties in New York State, and by McKean and Potter counties in Pennsylvania. The 2010 U.S. Census data shows Allegany County population at 48,949, a decrease of 1.96% from the 2000 U.S. Census. The average births from 2011-2014 for Allegany County was 497 per year. The average deaths from 2011-2014 for Allegany County was 469 per year. The population density is 47.6 people per square mile. The county has 12 public school districts, 3 colleges, 29 townships and 10 villages. Population concentrations are in Wellsville, Alfred, Cuba, Bolivar and Andover. The 2010 U.S. Census showed the median age of Allegany County residents to be 37.8 years, with 50.5% male to 49.5% female ratio, slightly less than 1:1. Caucasians comprise the vast majority of county residents, making up 96.2% of the population. African Americans, 1.1%; American Native/Alaska Native, 0.2%; Asians, 0.9% and 1.2% other racial groups total the remaining 3.8%. Census data also shows that 27.71% of the population is 19 years of age or younger. From 1970 to present, there has been little change in the composition of this age group. A little over 57.09% of the population is age 20-64 and 15.21% is age 65 or older. The data also indicates that the county's population is living longer. In 1970, the population age 65 and over totaled 5,113. By 1994, this number had increased 40%, to 7,159, in 2000 it increased to 7,000, and in 2010 it increased to 7,443 (an increase of 6.3%). Income levels in Allegany County are among the lowest in the state. The 2010 census shows the county's per capita income as \$26,953, with median household income at \$41,900. The New York State median household

income was \$56,951 in 2010, while the 2010 national figure was \$52,762. The 2010 percentage of residents living below 100% of poverty is 17.2%, up from 15.5% in the 2000 Census. A total of 15% of New Yorkers live at or below the poverty level while 15.3% nationally live at or below poverty level.

2.The core group started by reviewing the complete list of community health indicators; the leading causes of death; the leading causes of premature death; the Prevention Agenda Dashboard and the County Health Rankings. The core group determined the data review for agency key stakeholders would include only those indicators that ranked in the 4<sup>th</sup> quartile and showed a significant difference to the New York State and New York State without New York City data. The core group also chose the leading causes of death and leading causes of premature death to review at the key stakeholders' data review meeting. Please see attached power point of the data that was reviewed at the key stakeholders meeting on Wednesday November 9, 2016 at the Jones Memorial Hospital in Wellsville, New York. The data reviewed did not show a significant difference to the health indicators and leading causes of death that were reviewed in the last CHA-CHIP-CSP process in 2013.

Allegany County older residents continue to die from heart disease, cancer, stroke, chronic lower respiratory disease and diabetes. Premature deaths continue to be from cancer, heart disease, chronic lower respiratory disease, unintentional injury and suicide.

**In Prevention Agenda Priority Area Prevent Chronic Disease**, Allegany County residents continue to have a higher rate of cigarette smoking than the rest of the state; lower rate of adults living in homes where smoking is prohibited; higher rate of diabetes mortality, congestive heart

failure mortality, cerebrovascular disease (stroke) hospitalization rate, ovarian cancer, and chronic lower respiratory disease mortality.

**In Prevention Agenda Priority Area: Promote Healthy and Safe Environment** Allegany County residents have a higher rate of hospitalization due to Pneumoconiosis and Asbestosis and Alcohol related motor vehicle injuries and deaths.

**In Prevention Agenda Priority Area: Promote Healthy Women, Infants and Children,** Allegany County has a higher rate of births with late (3<sup>rd</sup> trimester) or no prenatal care; perinatal mortality (28 weeks gestation to less than 7 days of life); pneumonia hospitalization rate for ages 0-4 years; 3<sup>rd</sup> grade children with at least one dental visit (not preventative visit) in last year; cavities in outpatient visit for ages 3-5 years; births within 24 months of previous pregnancy; and births to teens aged 15-19 years. Allegany County has a lower rate of children with lead screening at ages 9-12 months; children with lead screening at ages 18-35 months; children with at least two lead screenings by 36 months; children with recommended number of well child visits in government sponsored insurance programs; children aged 3-6 years with recommended number of well child visits in government sponsored insurance programs; children ages 12-21 with recommended number of well child visits in government sponsored insurance programs; Medicaid enrollees with at least one preventative dental visit within the last year; and children age 2-21 with at least one dental visit in government sponsored insurance programs.

**In Prevention Agenda Priority Area: Promote Mental Health and Prevent Substance Abuse;** Allegany County residents had higher rates of suicide mortality and non-motor vehicle mortality.

**In Prevention Agenda Priority Area: Prevent HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases and Healthcare-Associated Infections,** Allegany County residents had lower rates of sexually active young women aged 16-24 with at least one Chlamydia test in Medicaid program.

Socio-Economic Status and General Health indicators show a higher age-adjusted total mortality rate per 100,000; a higher total emergency department visit rate per 10,000; and a higher age-adjusted total emergency department visit rate per 10,000.

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

**Priority Area: Mental Health and Prevent Substance Abuse**

Focus Area 1: Promote Mental, Emotional and Behavioral Well-being

**Priority Area: Prevent Chronic Disease**

Focus Area 3: Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings

**Disparity - Socio-Economic/Income**

In December 2015 the core group {Allegany County Department of Health (ACDOH), Ardent Solutions, Inc. and Jones Memorial Hospital (JMH)} started to meet to discuss the Community Health Assessment (CHA), Community Health Improvement Plan (CHIP), and hospital Community Service Plan (CSP). These meetings were organized around the dates for the New York State Department of Health (NYSDOH) webinars on CHA/CHIP/CSP. The vision of this group is to collaboratively build the infrastructure and capacity of our local healthcare delivery

system to make Allegany County the healthiest community in New York State. The Community engagement process that was used to select or confirm existing priorities followed these steps:

- Quantitative Data Gathering and Analysis-May through October 2016
- Identify Key Stakeholders-September 2016
- Key Stakeholders met November 9, 2016 (see agencies in attendance below). The agenda for the key stakeholders meeting was:
  - Data Presentation- Community Health Indicators (Theresa Moore, Allegany County Department of Health) see attached power point
  - Prioritization Exercise-Identifying our top 3 health priorities (Helen Evans, Ardent Solutions, Inc.) See below explanation of exercise and voting point results
  - Round Table Discussions-What is happening now to address the health indicators and discussion of next steps(SWOT analysis) (Brenda Szabo, Jones Memorial Hospital) See below explanation of discussion groups and SWOT analysis

The Key Stakeholders in attendance on November 9, 2016 included:

**Ardent Solutions, Inc.**

Carrie Whitwood, Executive Director; Helen Evans, Associate Director; Melissa Biddle, Community Health Program Manager

**Allegany County Department of Health**

Theresa Moore, Supervising Public Health Educator; Kristen Fuller, Clinic RN; Nancy Brinkwart, Clinic Nurse Practitioner; Chelsae Black, Public Health Educator

## **Jones Memorial Hospital**

Eva Benedict, Chief Executive Officer; Brenda Szabo, Vice President of Diagnostics and Rehab; Donna Bliven, Brenda Sobeck, Cheryl MacAfee, Joel Fox, Mona Carbone, Jim Helms

**Other agencies:** Linda Edwards AC youth bureau/STOP DWI; Kathryn Lewis, ARA; Kelly Dickerson, ARA; Lesley Gooch-Christman, ACCORD; Ken Dahlgren, Tobacco Free CCA; Rick Whitney, AC Sheriff's Office; Marty Harrison, Venture For the; Lindy White, AC Community Services; Mike Damiano, ARA; Vicky Grant, DSS

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

### **Priority Area #1: Mental Health and Prevent Substance Abuse**

Focus Area 1: Promote Mental, Emotional and Behavioral Well-being- Total 44 points

(9 Green x 3points = 27 points, 7 Pink x 2 points = 14 points, 3 Yellow x 1 point = 3points)

### **Priority Area #2: Prevent Chronic Disease**

Focus Area 3: Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings-29 points

(5 Green x 3points = 15points, 6 Pink x 2 points = 12 points, 2 Yellow x 1 point = 2points)

### **Others receiving points**

### **Priority Area #3: Promote Healthy Women, Infants and Children**

Focus Area 1: Maternal and Infant Health- 22 Points

Focus Area 2: Child Health-7 points

Focus Area 3: Reproductive, Preconception and Inter-Conception Health- 5 points

**Priority Area: Mental Health and Prevent Substance Abuse**

Focus Area 2: Prevent Substance Abuse and Other Mental Emotional Behavioral Disorders-12 points

Focus Area 3: Strengthen Infrastructure-5 points

**Priority Area: Prevent Chronic Disease**

Focus Area 1: Reduce Obesity in Children and Adults- 15 Points

Focus Area 2: Reduce Illness, Disability and Death Related to Tobacco Use and Second Hand  
Smoke Exposure- 3 Points

**Priority Area: Promote a Health and Safe Environment**

Focus Area 2: Water Quality-1 point

Focus Area 4: Injuries, Violence and Occupational Health-2 points

**Disparity**

#1 Socio-Economic/income- 13 votes

#2 Access to Care-8 votes

#3 Health Literacy-1 vote

\*All Priority Areas and Focus Areas that scored zero points are not listed in this report.

The Round Table Discussions-What is happening now to address the health indicators and discussion of next steps (SWOT analysis), at this point in the agenda the key stakeholders divided into the three selected priorities to complete a brainstorm of strengths, weaknesses, opportunities and threats (SWOT analysis) for each of the top three priorities. After reviewing the SWOT analysis the core group selected the two priorities that received the most points and had the strongest key stakeholder group, to be the priorities addressed in the Allegany County Community Health Improvement Plan (CHIP/Chart). The disparity selected is Socio-Economic/Income. The top two priorities and their focus areas are:

**Priority Area #1: Mental Health and Prevent Substance Abuse**

Focus Area 1: Promote Mental, Emotional and Behavioral Well-being

**Priority Area #2: Prevent Chronic Disease**

Focus Area 3: Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings

The discussion groups of stakeholders will continue to meet, expand membership and work on the goals, objectives and evidence based interventions/strategies/activities listed in the Community Health Improvement Plan (Chart) section of this report.

4. Community Health Improvement Plan (Chart) for Allegany County two Priority Areas selected and the disparity.

**Priority Area #1: Mental Health and Prevent Substance Abuse**

Focus Area 1: Promote Mental, Emotional and Behavioral Well-being

<b>Goal</b>	<b>Outcome Objectives</b>	<b>Interventions/ Strategies/ Activities</b>	<b>Process Measures</b>	<b>Partner Role</b>	<b>Partner Resources</b>	<b>By When</b>	<b>Will Action Address Disparity</b>
Identify and strengthen opportunities for implementing MEB health promotion and MEB disorder prevention with individuals to reduce suicide and suicide ideation.	1.a.Support the Allegany County Suicide Prevention Coalition in its efforts to improve mental health awareness and acceptance through a multipronged anti-stigma campaign; addressing institutional stigma, societal stigma and individual stigma.	1.a.Continue meetings of Allegany County Suicide Prevention Coalition every other month 1.a. Continue to increase membership of Allegany County Suicide Prevention Coalition 1.a. Develop a multi-pronged anti-stigma campaign 1.a. Promotion of the Allegany County Crisis Hotline 1.a. Promote the World Suicide Prevention Day Awareness Walk.	1.a.# coalition meetings and # of individuals/# agencies in attendance  1.a. monitor suicide and self-inflicted injury data to assess initiative performance  1.a. # of new members to coalition  1.a. # of calls to the Allegany County Crisis Hotline  1.a.# of participants in the walk	Ardent-Coordinator, collaborative members ACDOH-collaborative member JMH-collaborative member Allegany County Community Services (ACCS)-Facilitator, Mental Health Services Agencies-collaborative members	Ardent-staff, meeting space, printing copying Marketing Grant funds ACDOH-staff, marketing, referrals JMH-staff, referrals, contact to physicians, marketing ACCS-Staff, Mental Health Services, marketing Agencies-collaborative members, marketing, referrals	Continuing through 2016 annually 2017 and 2018	Yes
	1.b. Support the Allegany County Suicide Prevention Coalition in its efforts to support suicide survivors.	1.b. Distribution of postvention resource packets to law enforcement, EMS and faith leaders to give to suicide	1.b. # number of postvention resource packets distributed to law enforcement, EMS and faith leaders.	Ardent-Coordinator, collaborative members ACDOH-collaborative	Ardent-staff, meeting space, printing copying Marketing Grant funds ACDOH-staff,	Continuing through 2016 annually 2017 and 2018	

		<p>survivors.</p> <p>1.b. Promote the suicide survivor's support group.</p> <p>1.b.Promote the International Survivors of Suicide Loss Day.</p>	<p>1.b.# of individuals attending the suicide survivor's support group meetings monthly.</p> <p>1.b. # of individuals attending the International Survivors of Suicide Loss Day.</p>	<p>member JMH-collaborative member Allegany County Community Services (ACCS)-Facilitator, Mental Health Services Law enforcement, EMS and Faith based leaders-distribute resource packets Cuba Cultural Center-suicide survivor's support group</p> <p>Agencies-collaborative members</p>	<p>marketing, referrals JMH-staff, referrals, contact to physicians, marketing ACCS-Staff, Mental Health Services, marketing Law enforcement, EMS and Faith based leaders-staff and volunteers Cuba Cultural Center-staff and volunteers, space</p> <p>Agencies-collaborative members, marketing, referrals</p>		
	<p>1.c. Support the Allegany County Suicide Prevention Coalition in its efforts to increase the number of gatekeepers trained through the evidence-based curriculum SafeTALK (Talk, Ask, Listen and Keep Safe)</p>	<p>1.c. Minimum of 4 SafeTalk trainings with a minimum of 40 individuals trained.</p>	<p>1.c.# of SafeTALK trainings and # of individuals attending each training</p>	<p>Ardent-Coordinator, collaborative members and trainers ACDOH-collaborative member JMH-collaborative member Allegany County</p>	<p>Ardent-staff, class space, printing copying Marketing Grant funds ACDOH-staff, marketing, referrals JMH-staff, referrals, marketing ACCS-Staff, Mental Health Services,</p>	<p>Continuing through 2016 annually 2017 and 2018</p>	<p>Yes</p>

				Community Services (ACCS)-Facilitator, Mental Health Services Agencies-collaborative members	marketing Agencies-collaborative members, marketing, referrals		
	1.d. Support the Allegany County Suicide Prevention Coalition in its efforts to increase the number of gatekeepers trained through the evidence-based public education program Mental Health First Aid (how to respond to individuals who are experiencing one or more acute mental health crisis)	1.d A minimum of 1 Mental Health First Aid trainings will offered per year and a maximum of 30 individuals will be trained	1.d. # of Mental Health First Aid trainings and # of individuals attending each training	Ardent-Coordinator and trainers, collaborative members ACDOH-collaborative member JMH-collaborative member Allegany County Community Services (ACCS)-Facilitator, Mental Health Services Agencies-collaborative members	Ardent-staff, class space, printing copying Marketing Grant funds ACDOH-staff, marketing, referrals JMH-staff, referrals, marketing ACCS-Staff, Mental Health Services, marketing Agencies-collaborative members, marketing, referrals	Continuing through 2016 annually 2017 and 2018	Yes
	1.e. Support the Allegany County Suicide Prevention Coalition in its efforts to increase the number of professionals trained through the evidence-based	1.e. A minimum of 2 ASIST trainings will be offered in a year and minimum of 30 individuals will be trained.	1.e. # of ASIST trainings and # of individuals attending each training	Ardent-Coordinator, collaborative members and trainers ACDOH-collaborative member JMH-	Ardent-staff, class space, printing copying Marketing Grant funds ACDOH-staff, marketing, referrals JMH-staff, referrals,	Continuing through 2016 annually 2017 and 2018	Yes

	curriculum ASIST (Applied Suicide Intervention Skills Training).			collaborative member Allegany County Community Services (ACCS)-Facilitator, Mental Health Services Agencies-collaborative members	marketing ACCS-Staff, Mental Health Services, marketing Agencies-collaborative members, marketing, referrals		
	1.f. Support the Allegany County ARA, JMH and local DSRIP- (FLPPS) in its efforts to co- locate primary care and mental health providers.	1.f. # of FLPPS meetings focused on co-locating primary care and mental health. # individuals in attendance at subcommittee meeting.	1.f. Milestones of progress toward co-locating primary care and mental health, as reported through DSRIP (FLPPS).	Allegany County ARA-Coordination and Facilitation Private Physicians-Facilitation Ardent-collaborative members ACDOH-collaborative member JMH-collaborative member ACCS, Mental Health Services-collaborative member Agencies-collaborative members	Allegany County ARA-staff Ardent-staff ACDOH-staff JMH-staff ACCS-Staff Private Physicians Agencies-collaborative members	Continuing through 2016 annually 2017 and 2018	Yes

**Priority Area #2: Prevent Chronic Disease**

Focus Area 3: Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings

Goal	Outcome Objectives	Interventions/ Strategies/ Activities	Process Measures	Partner Role	Partner Resources	By When	Will Action Address Disparity
Decrease population risk factors through culturally appropriate support for healthy lifestyles.	1.Implement a Million Heart Initiative comprised of representatives from the Allegany County Community Wellness Committee with meetings convened at least four times per year.	1.a.Agencies will meet on a quarterly basis to share best practice strategies, create common messaging and monitor and evaluate implementation strategies to improve heart disease risk factors.	1.a. #of collaborative meetings # of agencies engaged Monitor heart disease related data to assess initiative performance	Ardent-Coordinator ACDOH-collaborative member, education, marketing JMH-collaborative member Agencies-collaborative members	Ardent-staff & meeting space ACDOH-staff JMH-staff & meeting space Agencies-staff	Continuing through 2016 annually 2017 and 2018	Yes
	2.Promote environments that support prevention of heart disease and stroke, healthy eating, daily physical activity, tobacco-free lifestyles and moderate alcohol use	2.a.Support a minimum of 2 Healthy Heart workshops in the community and minimum of 2 in worksite settings for a minimum of 40 attendees	2.a.Attendees will demonstrate an increase in knowledge as measured through participant evaluations on the following topics: -understanding diagnostic measures: i.e. blood pressure, cholesterol, etc. -recognition of early sign and symptoms of	Ardent-Coordinator/comm unity education ACDOH-community education staff JMH-community education staff Allegany Council on Alcoholism and Substance Abuse (ACASA)-community education	Ardent-staff, grant funds/ programming, referrals, program data ACDOH- staff, referrals JMH-community education staff, program staff, referrals Allegany Council on Alcoholism and Substance	Continuing through 2016 annually 2017 and 2018	Yes

		<p>2.b. Produce a media campaign on tobacco risks associated with heart disease and promote services to reduce and/or quit tobacco use through Tobacco Cessation, one-on-one or small group educational counseling.</p> <p>2.c. Promote physical activity opportunities in the community.</p>	<p>heart attack and stroke -learn the importance to seek immediate medical attention for heart attack and/or stroke through calling 9-1-1</p> <p>2.b.As a result of education and media campaign, determine: -#of individuals who call the NYS Quit Line -assess individuals current level of tobacco use -# of individuals who enroll into a Smoking Cessation Program -# of individuals who reduce and/or quit using smokeless tobacco, vaping and/or smoking</p> <p>2.c.Increase the # of healthcare practices who provide referrals into community-based physical activity programs: -Allegany County Growing Stronger -YMCA Physician Referral Program 2.c. Develop(first map of the Wellsville area) and</p>	<p>YMCA- community education</p>	<p>Abuse-staff, referrals, program data YMCA-staff</p>		
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		<p>2.d. Encourage municipalities with adopted Complete Streets Policies to create walkable/bikable communities whenever streets are built or modified.</p> <p>2. e. Promote a low trans-fat and sodium diet for better health.</p>	<p>distribute/post on websites the ACDOH physical activity opportunities map. Review distribution of the map.</p> <p>2.d. # of municipalities who have created more walkable/ bikable communities.</p> <p>2.e. Increase restaurants who offer and display low trans-fat and low sodium options on menus.</p>				
	<p>3.Improve early detection, effective treatment and management of risk factors for heart disease and stroke through public awareness campaign.</p>	<p>3.a.Develop materials for public awareness campaign to include, but not limited to:          -press release          -quarterly Million Hearts Newsletter          -signs and symptoms of stroke and heart attack posters          -AED community locations in response to 9-1-1 calls</p> <p>3.b. Conduct a minimum of 4</p>	<p>3.a.improve public awareness via:          -public awareness campaign developed          -#and reach of awareness campaign          media outlets          -#of community organizations, businesses and health care providers displaying public awareness campaign materials</p> <p>3.b.Evaluated through:</p>	<p>Ardent-Coordinator/          community education          ACDOH- community education / marketing          JMH-marketing          ACASA-marketing          YMCA- marketing</p>	<p>Ardent-staff, grant funds/          Campaign development/          website/ inclusion of campaign materials in programming          ACDOH- space for public awareness campaign/ website          JMH-space for public awareness campaign materials/          website</p>	<p>Continuing through 2016 annually          2017 and 2018</p>	<p>Yes</p>

		community health screening fairs where free blood pressure and cholesterol screenings are offered.  3.c.Promote the Jones Memorial Hospital Stroke Designation Center as a premier acute treatment facility for those experiencing stroke symptoms	-# of health screening fairs -# of attendees -# of BP screenings -# of Cholesterol screenings  3.c. Public awareness campaign developed		ACASA-space for public awareness campaign/ website YMCA-space for public awareness campaign materials/ website		
	4.Prevent secondary cardio and stroke events by promoting chronic disease self-management and improving post-acute care and rehabilitation	4.a. Implement a minimum of 2 Stanford University Chronic Disease Self-Management Workshop Series, one session/week for 2.5 hours, targeting a minimum of 20 individuals diagnosed with heart disease	4.a. Individuals will demonstrate an increase in knowledge as measured through pre-post assessments on the following topics: -techniques to deal with problems, frustration, fatigue, pain and isolation -appropriate exercise for maintaining and improving strength and stamina -communicating effectively with family, friends and health professionals -nutrition -decision making -how to evaluate new treatments	Ardent-Coordinator/comm unity education ACDOH-community education staff JMH-community education staff Allegany Council on Alcoholism and Substance Abuse (ACASA)-community education YMCA-community education Allegany County Office for Aging-Nutrition sites	Ardent-staff, grant funds/ programming, referrals, program data ACDOH- staff, referrals JMH-community education staff, program staff, referrals Allegany Council on Alcoholism and Substance Abuse-staff, referrals, program data YMCA-staff OFA-space	Continuing through 2016 annually 2017 and 2018	Yes

		<p>4.b.Increase the number of individuals who access JMH cardiac rehabilitation services through enhanced awareness</p> <p>4.c.Increase awareness about blood pressure screening/educational sessions at the Office for the Aging Nutrition sites and community blood pressure machines</p> <p>4.d. Initiate a home-based blood pressure monitor loaner program to allow for greater patient monitoring.</p>	<p>4.b.establish baseline data and track # of new patients</p> <p>4.c. establish baseline data and track # of BP screening participants</p> <p>4.d.track # of referrals from healthcare providers and # of BP monitors circulated</p>				
	<p>5.Increase the proportion of acute cardiac arrests in which appropriate CPR/AED/1<sup>st</sup> Aid is administered by bystanders</p>	<p>5.a.Conduct a minimum of 5 American Safety and Health Institute (ASHI) CPR/AED/1<sup>st</sup> Aid trainings for a minimum of 100 individuals</p> <p>5.b. Conduct a public education campaign related to bystander liability</p> <p>5.c. Encourage</p>	<p>5.a.# of participants who: -demonstrate an increased awareness about appropriate CSP/AED/1<sup>st</sup> Aid techniques through the ASHI testing process</p> <p>5.b.# of news outlets engaged for public education campaign</p> <p>5.c.Assess # of</p>	<p>Ardent-Coordinator/community education Cuba Memorial Hospital (CMH)-Community Education ACDOH-community education staff JMH-community education staff Allegany Council on Alcoholism and Substance Abuse (ACASA)-</p>	<p>Ardent-staff, grant funds/ programming, referrals, program data CMH-community education staff, referrals ACDOH- staff, referrals JMH-community education staff, program staff, referrals Allegany Council on Alcoholism</p>	<p>Continuing through 2016 annually 2017 and 2018</p>	<p>Yes</p>

		worksites to adopt a formal protocol for responding to a heart attack or stroke including a response team trained in CPR and AED as a bridge to emergency medical services (EMS) assistance	worksites with a formal protocol 5.c. Provide protocol template for worksites interested in incorporating a CPR and AED protocol 5.c. Provide onsite CPR/AED/1 <sup>st</sup> Aid training for worksites implementing a response team.	community education YMCA- community education	and Substance Abuse-staff, referrals, program data YMCA-staff		
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5. The process that will be used to maintain engagement with local partners over the next three years will include Allegany County Community Wellness Committee (ACCWC) meetings to plan, execute, evaluate and make changes to the CHIP (Chart) for both Priorities. Progress updates will be given at this meeting from members and minutes will record progress toward our goals and objectives. Committee member expansion will be an ongoing process. Member agencies will be recruiting additional interested agencies on an ongoing basis.

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

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