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New York State 2022-2024 Community Health Assessment/
Community Health Improvement Plan/Community Services Program

Allegany County 2022-2024

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Allegany County Community Wellness Committee

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B. Executive Summary-Allegany County

B.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 Cuba Memorial Hospital (CMH)} in 2022-2024 are:

Priority Area: Prevent Chronic Disease

Focus Area 1: Healthy eating and food security

Goal 1.1: Increase access to healthy and affordable foods and beverages

Objective: By December 2024, increase redemption percentage of farmers' market (FM) coupons in Allegany County.

Goal 1.2: Increase skills and knowledge to support healthy food and beverage choices

Objective 1.2: By December 2024, decrease the percentage of children with obesity (among public school students in NYS exclusive of New York City).

Focus Area 3: Tobacco Prevention

Goal 3.2: Promote tobacco use cessation

Objective 3.2.2: By December 2024, decrease the prevalence of cigarette smoking by adults' age 18 years and older (among all adults).

Focus Area 4: Preventative care and management

Goal 4.4: In the community setting, improve self-management skills for individuals with chronic diseases including asthma, arthritis, cardiovascular disease, diabetes and prediabetes and obesity

Objective: 4.4.1 By December 2024, increase the percentage of adults with chronic conditions (arthritis, asthma, CVD, diabetes, CKD, cancer) who have taken a course or class to learn how to manage their condition.

Priority Area: Promote Well-Being and Prevent Mental and Substance Use Disorders

Focus Area 2: Prevent mental and substance use disorders

Goal 2.5: Prevent suicide

Objective: 2.5.2 Reduce the age-adjusted suicide mortality rate by 10% by 2024.

Goal 2.3: Prevent and address adverse childhood experiences

Objective 2.3.1: Reduce the percentage of adults experiencing two or more adverse childhood experiences (ACE's) by 2024.

Disparity - Socioeconomic/Income

Strategies/activities for all priorities will be offered at low cost or no cost to the residents of Allegany County. Offering the evidence-based interventions/strategies/activities locally, virtually and by telephone reduces the financial burden to the residents of Allegany County by reducing the travel and time expense to county residents.

B.2. Since 2013, Chronic Disease and Mental Health remain our priorities; with changes to the selected focus areas in each for 2022-2024 (see B. 1.). The data that was reviewed by the core group and on November 18, 2022 by the community stakeholders included the community survey results; comparison of 2019 and 2022 community survey results; focus group results; leading causes of death; leading causes of premature death; and the community health indicators (**see section C. 3. for more details on data reviewed**). All of the data reviewed was organized and presented by Prevention Agenda 2019-2024 Priority Areas.

B.3. The core group of partners working in Allegany County consists of the Allegany County Department of Health, Jones Memorial Hospital, and Cuba Memorial Hospital. This core group works with the members of the Community Wellness Committee of Allegany County (CWC) to engage the broad community to complete the community survey and participate in the focus groups. The CWC identified the agency staff to attend the

key stakeholders meeting on November 18, 2022 and participate in the data review; prioritization exercise (vote) for priorities and disparity; and SWOT analysis for the top two priority areas. The core group met to assist with the content for the Community Health Assessment (CHA)/Community Service Plan (CSP)/Community Health Improvement Plan (CHIP). Twelve agencies (19 staff) participated in the key stakeholders meeting and include Ardent Solutions, Inc. (rural health network) (see section D. 1. for the complete agency list). Each partners' role in the implementation process will be outlined in the CHA (section D. 5.) work plan. ACDOH, CMH and JMH will work with key agencies for each focus area.

For Priority Area: Prevent Chronic Disease, Focus Area 1: Healthy eating and food security: WIC, OFA, Cornell Cooperative Extension, Farmers Market managers, local farmers, CWC members and agencies hosting community gardens will work to increase the farmers market coupon redemption rates. Within the same priority and focus area the CWC members will work with Cornell Cooperative Extension and local public schools to sign on one new school district each year to offer the Smart Lunchroom Program to their students.

For Priority Area: Prevent Chronic Disease, Focus Area 4: Preventative care and management: Ardent Solutions, Inc. (rural health network), agencies with staff trained to facilitate Chronic Disease/Diabetes Self-Management (CDSM) classes, CWC members, healthcare providers and their care managers will work to increase the number of adults with a chronic disease who take a course or class to learn how to manage their chronic disease. **Within the same priority and Focus Area 3: Tobacco Prevention** the CWC members will work with the Allegany Council on Substance Abuse and Prevention (ACASA); Tobacco Free CCA; and one local employer each year to establish smoke free grounds and vehicle polices for their business and offer smoking cessation classes to their employees.

For Priority Area: Promote Well-Being and Prevent Mental and Substance Use Disorders, Focus Area 2: Prevent mental and substance use disorders: Ardent Solutions, Clarity Wellness, Suicide Prevention Coalition members, and Community Wellness Committee (CWC) members will work to decrease the suicide rate by promoting and increase the number of suicide prevention trainings and activities. Within the same priority and focus area, the CWC members, healthcare providers, and hospitals will work to identify one

provider each year to use an ACE's screening tool with their patients during regular office visits, address-identified issues with patients, and make needed referrals. 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.

B.4. The evidence-based interventions/strategies/activities identified, to address the specific priorities and the health disparity, and implemented in 2023-2024:

- For Priority Area: Prevent Chronic Disease, Focus Area: Healthy Eating and Food Security
 - Interventions/strategies/activities will work toward increasing the redemption of farmers market coupons distributed through the Women, Infants, and Children Program (WIC) and the Office for the Aging (OFA). These will include but are not limited to developing a key stakeholders group; a work plan; increased access (day, time and location) to the farmers markets; increase knowledge of use, preparation and preservation of fruits and vegetables; and program review using guidance workbook to expand activities over year two and three.
 - Interventions/strategies/activities will work to offer the Smarter Lunchroom program in Allegany County schools. Helping students build healthy eating habits requires a whole-school approach that prioritizes nutrition education in the classroom, the cafeteria and the school community. The Smarter Lunchrooms Movement (SLM) encourages students to select and consume healthy options in the cafeteria. SLM started at Cornell University in 2009 and used to implement research-based strategies in the school cafeteria.
- For Priority Area: Prevent Chronic Disease, Focus Area: Preventative Care and Management
 - Interventions/strategies/activities will work toward increasing the number of adults with a chronic disease who have taken a course or class to learn how to manage their condition. Activities will include: identify additional agencies and their staff to be trained to facilitate the Stanford University Chronic Disease Self-Management course (CDSM); Ardent Solutions, Inc.

Master Trainer will offer trainings to increase the number of facilitators in Allegany County for CDSM; a minimum of two CDSM workshop series will be offered each year; and Ardent will collaborate with area health care providers/care managers to identifying patients with chronic diseases and make referrals to CDSM. The U of R Jones Memorial Hospital will be exploring the possibility of their healthcare provider offices using the electronic record system to make referrals to CDSM trainings for their patients with chronic health conditions including diabetes.

- For Priority Area: Prevent Chronic Disease, Focus Area: Tobacco Prevention
 - Interventions/strategies/activities will increase the number of worksites in Allegany County with smoke free ground and vehicle policies; to increase the number of individuals participating in smoking cessation programs; to increase the number of individuals connecting to the New York State Quitline; and to decrease the prevalence of cigarette smoking by adults age 18 and over. ACASA, Tobacco Free CCA and the members of the CWC will work to identify one worksite each year to establish worksite grounds and vehicle smoke free policies.
- For Priority Area: Promote Well-Being and Prevent Mental and Substance Use Disorders, Focus Area: Prevent Mental and Substance Use Disorders
 - Interventions/strategies/activities will work toward decreasing the age-adjusted suicide mortality rates by 10% by 2024. These will include but are not limited to supporting and promoting the suicide prevention coalition activities; offering programming to prevent suicides including ASIST, Mental Health First AID, Safe Talk and Talk Saves Lives, evaluating the suicide prevention program in Allegany County using RAND or a similar tool kit and developing an action plan for years two and three.
 - Interventions/strategies/activities to reduce the percentage of adults experiencing two or more adverse childhood experiences (ACEs) by 5% by 2024. The CWC members including the JMH, mental health providers, and other healthcare providers will work to identify at least one

healthcare provider each year to offer an ACE's screening to their patients during regular office visits. Healthcare provider will address identified issues with patients and make needed referrals.

- For the Disparity - Socio-Economic/Income, evidence-based interventions/
 - Interventions/strategies/activities for both priorities will be offered at low cost or no cost to the residents of Allegany County. Offering the evidence-based interventions/strategies/activities locally, virtually, and by telephone decreases 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.

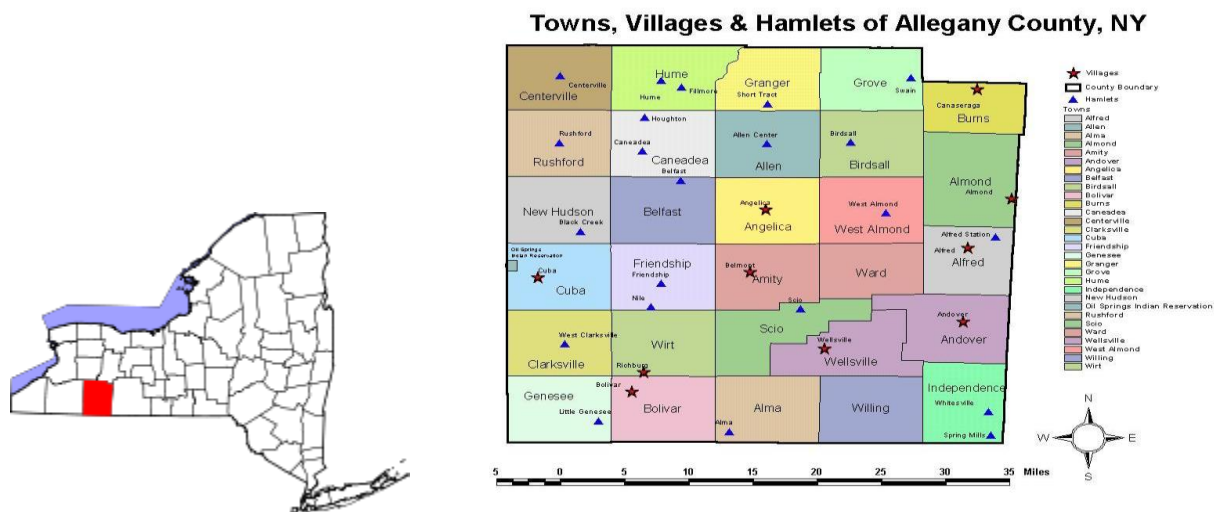
B.5. Progress measures and improvement will be tracked to evaluate impact through the Allegany County Community Wellness Committee (CWC) meetings. A representative from each focus area will report out at each CWC meeting, discussing programs completed, barriers to completing activities, new opportunities for expanding programming, etc. This will allow agencies to assist each other with awareness campaigns, referrals and to expand programming. The process measures will include: a review of data; number of trainings offered, number of individuals trained; knowledge demonstrated in program evaluations; referrals from healthcare providers/care managers into CDSM programming; number of farmers markets accepting farmer's market coupons; redemption rate of farmer's market coupons by WIC and OFA participants; participation by local school districts in the Smarter Lunchroom Movement; participation by local worksites in establishing smoke free grounds and vehicle policies; offering smoking cessation programs at local worksites; participation by healthcare providers in using an ACE's screening tool with their patients; and healthcare providers assisting patients with identified issues.

C. Community Health Assessment

C. 1. A description of the community being assessed.

This Community Health Assessment encompasses Allegany County as a whole, the service area of the Allegany County Department of Health and the following service areas for Cuba Memorial Hospital and Jones Memorial Hospitals:

Cuba Memorial Hospital				Jones Memorial Hospital			
Primary Service Area		Secondary Service Area		Primary Service Area		Secondary Service Area	
Town/Village	Zip Code	Town/Village	Zip Code	Town/Village	Zip Code	Town/Village	Zip Code
Friendship	14739	Olean	14760	Wellsville	14895	Cuba	14727
Wellsville	14895	Belmont	14813	Scio	14880	Fillmore	14735
Belfast	14711	Andover	14806	Belmont	14813	Houghton	14744
Bolivar	14715	Scio	14880	Andover	14806	Ceres	14721
Cuba	14727	Rushford	14711	Alfred	14802	Centerville	14029



C.1.a. Demographics of Allegany County

Geography

- 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 population density is 45 people per square mile on the 2020 Census. The county has 12 public school districts, 3 colleges, 29 townships and 10 villages. Allegany County has no cities, population concentrations are in Wellsville, Alfred, Cuba, Bolivar and Andover.

Population

- The population of Allegany County continues to decrease. The 2021-estimated population is 46,106 a decrease of .7% from 2018. The 2020 U.S. Census data shows Allegany County population at 46,456 and for 2010 48,946. From 2010 to 2021, Allegany County's population has decreased 5.8%.
- The average births from 2017 to 2019 for Allegany County was 487 per year.
- The average deaths from 2017-2019 for Allegany County was 496 per year.

Race and Ethnicity (July 1, 2021 estimates, Quick Facts-U.S. Census)

- Caucasians (white) comprise the vast majority of Allegany County residents, making up 95.6% of the population.
- African Americans (1.4%); American Native/Alaska Native (0.4%); Asians (1.2%); Hispanic or Latino (1.8%); 2 or more races (1.4%)

Age and Gender

- The 2021 estimates from the Quick Facts from the U.S. Census showed the median age of Allegany County residents to be 39.3 years, with 51.1% male to 48.9% female ratio, slightly less than 1:1. Census data also shows that 20.1 % of the population is 18 years of age or younger and 5.1% of the population is age 5 and younger. 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, in 2010 it increased to 7,443 (an increase of 6.3%) and in the 2013-2017 American Community Survey-U.S. Census it increased to 8,229 (a 10.56% increase from 2010). In 2021 the population age 65 and over had increased to 20%, 9,221, which is a 23.6% increase in the 65+ age group between 2010-2021.

Marital Status

Allegany County New York based on the 2021 American Community Survey 5-year Estimates shows total population 15 years and over 46.4% now married (not including separated); 6.5% widowed; 10.5% divorced; 2.2% separated and 34.4% never married. In comparison, males of the same age remain approximately the same except for 2% widowed and 18.6% never married and women are 4.5% widowed and 15.8% never married.

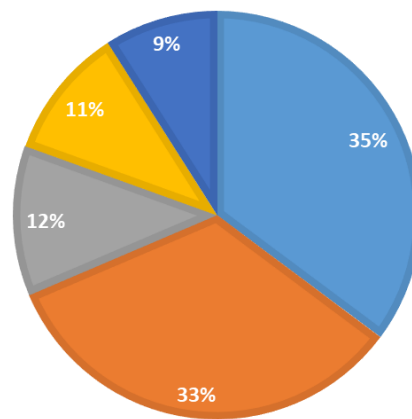
Education

2021 American Community Survey 5- year estimates U.S. Census
People age 25 and over who had ever been enrolled in school.

- 91% High School graduate or higher (New York State 87.4% and United States 88.9%)
- 22.4% Bachelor's degree or higher (New York State 38.1% and United States 33.7%)

PEOPLE AGE 25 AND OVER WHO HAD EVER BEEN ENROLLED IN SCHOOL

■ High School Graduate ■ Some College ■ Bachelor's Degree
■ Post-Graduate ■ No Degree



Income and Poverty

- Income levels in Allegany County are among the lowest in the state. Per capita income shows the county's standard of living, and with a decrease in per capita income and an increase in median income, it shows a larger gap between the county's population groups based on income.

	Allegany County	New York State	United States
Per capita income	\$26,030	\$43,208	\$37,638
Median income	\$51,227	\$71,117	\$64,994

*Population Estimates July 1, 2021-US Census

- The 2017-2021 American Community Survey percentage of residents' poverty status in the past 12 months.

	Poverty status in the past 12 months, under age 18 years	Poverty status in the past 12 months, total residents	Poverty status in the past 12 months of families	Poverty status in the past 12 months of families with female head of household with no spouse present
Allegany County	25.8%	16.3%	10.2%	32.9%
New York State	18.4%	13.5%	9.8%	23.1%

Employment

- Unemployment rates for Allegany County from January to September in 2022 (not seasonally adjusted) were between 4.2% and 3.2%.
- The 2020 U.S. Census/American Community Survey shows the unemployment rate for Allegany County as 8.1% , New York State is 10%, and Western New York 9.4%.
- The 2019-2020 civilian employed population ages 16 years and over breaks down into these occupation job groups: 10.9% education, instruction, and library occupations; 10.4% office and administration support occupations; 8.59% production occupations; 7.95% sales and related occupations; 7.8% management occupations; 6.61% food preparation and serving related occupations; 6.23% construction occupations; 3.95% transportation occupations; 3.79% building and grounds cleaning and maintenance occupations; 3.77% healthcare support occupations; 3.19% personal care and service occupations; and 3.09% installation maintenance and repair occupations.
- Dividing the employed population by industry looks like this: 19.2% educational services; 14.8% manufacturing; 14.1% health care and social assistance; 9.59% retail trade; 7.74% accommodation and food services; 7.58% construction; 5.38% public administration; 4.7% other services, except public administration; 2.72% transportation and warehousing; 2.47% administrative and support and waste management; 2.43% Agriculture, forestry, fishing and hunting; 2.16% finance and insurance; 2.01% professional scientific and technical services; 1.42% arts, entertainment and recreation; 1.13% information; 1.09% wholesale trade; and 0.838% utilities.
- Class of worker for Allegany County is broken down into 56.2% private company workers; 21.4% local, state and federal government workers; 13% private non-for-profit wage and salary workers; 6.9% self-employed in own not incorporated business workers and unpaid family workers; 2.5% self-employed in own incorporated business workers.

Disabilities for Allegany County from U. S. Census 2015-2019 American Community Survey

- 16.1% of total population with a disability
- 6.9% under 18 years of age with a disability
- 2017-2021 11.9% population under age 65 with a disability

Mobility for Allegany County from U.S. Census Quick Facts 2020

- 22 minutes is the mean travel time to work for workers age 16 years plus
- 3.96% of occupied housing units have no vehicles
- 16.7% of occupied housing units have one vehicle
- 46.4% of occupies housing units have two vehicles
- Ardent Solutions, Inc. offers Access Allegany a public transportation system with buses with six service areas.

Home Ownership and age of housing for Allegany County from U.S. Census 2017-2021

- 23, 505 housing units in Allegany County
- 81% owner occupied housing
- Median value of owner occupied housing -\$80,900
- Median gross rent-\$686
- 38.2% was built in 1939 or earlier
- 14.5% was built between 1940-1959
- 21.9% was built between 1960-1979

Health Insurance Status from U. S. Census 2020 American Community Survey

Uninsured	Employer Insurance	Medicaid	Medicare	Non-Group	Military/VA
6.1%	46.6%	18.7%	13%	14.1%	1.51%

- Insured persons were distributed between these age groups: 23.8% under 18 years of age; 21.9% between 18-34 years of age; 35.9% between 35-64 years of age; and 18.4% age 65 and over

Access to a regular source of care

- As our populations of dental, medical and mental health care providers leave the area or retire, attracting new providers to this rural area is difficult.
- Patient to Provider Ratios based on County Health Rankings for 2022
 - Primary care physicians-2,190:1
 - Dentists-3,040:1
 - Mental health provider-400:1

Immigrant/migrant status for Allegany County from U. S. Census 2020 American Community Survey

- U.S Citizenship status for foreign-born population
 - Foreign-born population for Allegany County 967, 2.09%
 - Foreign-born population for NYS-22.4%
 - Foreign-born population for U.S.-13.5%

Computer and internet usage 2017-2021

- 87.7% of households have computers
- 80.4% of households have broadband internet subscriptions

C.1.b. Health Status of the Allegany County population

Allegany County's population is not culturally diverse comprised of 95.6% white/Caucasian and health disparities broken down by racial or ethnic groups are very small numbers of population. Allegany County has a little over 1,400 Amish located mostly on the Western side of the county, with a small group on the Eastern side. The Amish population is worth mentioning since most do not participate in the census; do not have public or private health insurance and due to religious beliefs, is not immunized to New York State recommendations.

The Robert Wood Johnson foundation's County Health Rankings out of 62 counties (62nd being the worst ranking) placed Allegany County in 43 in 2022:

- **Health Outcomes-Allegany County ranks in the lower middle range of counties 25%-50%**
- **Health Factors-Allegany County ranks in the lower middle range of counties 25%-50%**
- Length of Life: Premature deaths <75 years of age and years of potential life lost.
 - AC-7,100; NYS-6,000; US-7,300
- Quality of Life; The factors contributing to quality of life include
 - poor or fair health (AC-18%; NYS-16%; US-17%)
 - poor physical health days (AC-4.3; NYS-3.6; US-3.9)
 - poor mental health days (AC-5.1; NYS-3.9; US-4.5)
 - low birthweight (AC-7%; NYS-8%; US-8%)
- Health Behaviors including:
 - Adult Smoking (AC-22%; NYS-13%; US-16%)
 - Adult Obesity (AC-32%; NYS-27%; US-32%)
 - Food Environment Index (AC-8; NYS-9; US-7.8)
 - Physical Inactivity (AC-29%; NYS-27%; US-26%)
 - Access to Exercise Opportunities (AC-41%; NYS-88%; US-80%)
 - Excessive Drinking (AC-23%; NYS-19%; US-20%)
 - Alcohol-Impaired Driving Deaths (AC-38%; NYS-20%; US-27%)
 - Sexually Transmitted Infection Rates(AC-297.2; NYS-640.6; US-551)
 - Teen Birth Rates (AC-13; NYS-13; US-19)
- Clinical Care
 - Uninsured (AC-6%; NYS-6%; US-11%)
 - Primary Care Physicians' Ratio to Patients (AC-2190:1; NYS-1180:1; US-1310:1)
 - Dentists' Ratio to Patients (AC-3040:1; NYS-1190:1; US-1400:1)
 - Mental Health Providers' Ratio to Patients (AC-400:1; NYS-310:1; US-350:1)
 - Preventable Hospital Stays (AC-3940; NYS-3717; US-3767)
 - Mammography Screening (AC-54%; NYS-43%; US-43%)
 - Flu Vaccinations (AC-47%; NYS-49%; US-48%)
- Social & Economic Factors
 - High School Graduation (AC-92%; NYS-87%; US-89%)
 - Some College (AC-65%; NYS-70%; US-67%)
 - Unemployment (AC-8.1%; NYS-10%; US-8.1%)
 - Children in Poverty (AC-21%; NYS-17%; US-16%)
 - Income Inequality Rates (AC-4.3; NYS-5.7; US-4.9)
 - Children in Single-Parent Households (AC-19%; NYS-26%; US-25%)
 - Social Association Rates (AC-15.6; NYS-8.1%; US-9.2%)
 - Violent Crime Rates (AC-195; NYS-379; US-386)
 - Injury Death Rates (AC-63; NYS-53; US-76)
- Physical Environment
 - Air Pollution-Particulate Matter Rates (AC-6.5; NYS-6.9; US-7.5)
 - Severe Housing Problems (AC-13%; NYS-23%; US-17%)

- Driving Alone to Work (AC-76%; NYS-52%; US-75%)
- Long Commute to Work (AC-31%; NYS-39%; US-37%)

Leading Causes of premature (<75) deaths, 2019

	Allegany County		New York State	
	# cases	Age adjusted rate per 100,000	# cases	Age adjusted rate per 100,000
Cancer	58	88.3	17,965	73.9
Heart Disease	28	50	13,675	56.2
Chronic Lower Respiratory Disease	13	18	2,516	10
Unintentional Injury	13	31.6	5,513	28.5

Source: NYSDOH

Leading Causes of death, 2019

	Allegany County		New York State	
	# cases	Age adjusted rate per 100,000	# cases	Age adjusted rate per 100,000
Cancer	103	156.5	43,472	167.1
Heart Disease	96	152.8	33,418	133.6
Chronic Lower Respiratory Disease	39	58	7,065	27.7
Diabetes	26	37.3	4,534	18.1

Source: NYSDOH

C.2. The Allegany County Community Wellness Committee invited Key Community Stakeholders to a meeting on Friday, November 18, 2022 to discuss the main health challenges facing Allegany County residents. Theresa Moore, Supervising Public Health Educator from the Allegany County Department of Health presented the following data at this meeting: Allegany County demographics (U.S. Census 2021 estimated population and 2017-2021 American Community Survey); Allegany County's community health survey and focus group results; leading causes of death and premature death data; and community health indicators (2018 BRFSS, SPARCS, 2010-2019 mortality, vital records, NYSDOH office of Quality and Patient Safety, Cancer Incidence and Mortality 2015-2019).

The demographics of those who completed the community health survey included 85% female; 27% age 55-65 and 22% age 45-54; 66% currently employed for wages; 25% household income between \$25,000-\$49,000 and 25% \$50,000-\$75,000; 97% Caucasian/white; 97% have health care coverage or health insurance; 69% have health insurance through their employer and highest represented zip codes were Wellsville, Belmont, Andover, Scio and Angelica. The survey demographics for gender, employment, household income and zip code are not representative of Allegany County demographics. Focus groups were selected to represent populations not well represented with completed surveys including low income and males. The data was sorted and presented by each of the five prevention agenda priorities. Data reviewed at key stakeholders meeting is included in section C. 3.

The main health challenges facing Allegany County residents are the leading causes of death: heart disease, cancer, chronic lower respiratory disease, and diabetes. Other health challenges include the leading causes of life lost by premature deaths from cancer, heart disease, chronic lower respiratory disease and unintentional injuries. The contributing causes to the health challenges can be summarized in each of the broad determinants of health:

- a. Behavioral risk factors for Allegany County include adult smoking, adult obesity, physical inactivity, excessive drinking, alcohol-impaired driving deaths, motor vehicle crash death rate, sexually transmitted infections and teen birth rates.
- b. Environmental risk factors for Allegany County's natural and built environment include air pollution from local industry, drinking water violations in public and private water supplies, severe housing problems from age of homes and lack of repairs, driving alone to work and long commutes to work. Population is spread out over county and not trusting of ride sharing, carpooling or public bus system.
- c. Socioeconomic factors for Allegany County include high school graduation rates, percentage of population with college degrees, unemployment rates, children living in poverty, children living in single-parent households and injury deaths.
- d. Policy environment factors for Allegany County include a population living in a very rural county with few walkable communities, few enforced smoke-free parks, few restaurants with healthy options labeling and a limited number of worksites with good employee health prevention programs.
- e. Allegany County is a very rural county with a large poor population that lives a multi-generational lifestyle of poor health and poor health habits. This population does not buy into the idea of prevention education to help our children live longer, healthier lives.

C. 3. Allegany County has assets and resources that can be mobilized and employed to address the health issues identified, prevention agenda priorities Chronic Disease and Mental Health, for the 2022-2024 focus areas of healthy eating and food security; preventative care and management; and prevent mental and substance use disorders.

- The Allegany County Department of Health oversees the Allegany County Women, Infants and Children Special Supplemental Nutrition Program (WIC). WIC offers: farmers market coupons to their participants each year; works with them on how to use produce that is in season; gives information about the farmers markets to their participants; can track redemption rates of WIC farmers market coupons; and has past connections with farmers that have been willing to set up at WIC sites. Allegany County WIC is a member of CWC and will be part of the group working on the work plan and activities to increase the redemption rates of the coupons. ACDOH employees including WIC staff are members of the CWC. The ACDOH Supervising Public Health Educator who is responsible to compile and compose the CHA/CHIP/CSP combined document; submit the documents, updates and changes to the CHIP annually to NYSDOH; and facilitates the CWC meetings. ACDOH will offer a site for key stakeholders meeting and CWC meetings, and work with other agencies to market and recruit residents to CHIP programs in Allegany County.
- Cuba Memorial Hospital (CMH) is a member of CWC; will have a staff person trained to offer CDSM classes; offer a site for classes; and work with their Urgent Care to use a mental health-screening tool with their patients.
- Jones Memorial Hospital (JMH) is a member of CWC. The JMH offers meeting space for CWC; is a member of the core group working on the CHA/CHIP/CSP; and offers a connection to their medical offices and care managers. JMH medical offices and care managers can make referrals to CDSM classes, referrals to smoking cessation programs, referrals to the NYS Quitline, and use an ACE's screening tool with patients. JMH will also offer a site for the classes; a connection to their care

managers who offer a blood pressure monitoring program; and the Emergency Department and Walk in Clinic offers mental health screening to their patients currently.

- Ardent Solutions, Inc. (rural health network) is a member of CWC. Ardent has a master trainer for CDSM that can train others in the county to facilitate CDSM. Ardent's other contributions include: facilitating the Growing Stronger programs at the OFA nutrition sites; making referrals to the CDSM; set up and taking reservations for CDSM programs; overseeing ACCESS Allegany the local bus transportation system; employs the coordinator for the suicide prevention coalition and oversees the training programs for suicide prevention (ASIST, Mental Health First AID, Safe Talk and Talk Saves Lives).
- Allegany County Office for the Aging (OFA) has committed to: working with the CWC subcommittee to increase redemption of the farmers market coupons; monitoring redemption rates for OFA farmers market coupons; working with their participants on produce preparation and usage; assisting with awareness and marketing of farmers markets; offering a site for CDSM classes; making referrals to CDSM classes through their nutrition sites and Growing Stronger programs; advertising programming in their newsletter "Silver Linings"; having a staff person trained to facilitate CDSM classes; and offering farmers market coupons to their low income participants.
- Cornell Cooperative Extension of Allegany County has committed to participating with the development of the work plan and activities to increase redemption of the farmers market coupons; has a SNAP Nutrition Educator who provides education to low income families on food preparation and budgeting; has a Farm to School educator who has conducted Farmers Market Nutrition Programming; has access to other extension offices that can offer food preservation workshops; has connections to volunteers interested in growing produce and food preservation; has staff that work with local farmers and farmers markets; can offer a site for CDSM classes; can make referrals to CDSM classes; and has staff to implement the Smarter Lunchroom Program.
- Allegany County Farmers Markets in Alfred, Angelica, Belmont and Wellsville can offer the needed produce for purchase using farmers market coupons; Alfred, Angelica, Belmont and Wellsville accept the WIC and OFA farmers market coupons; assist with education on how to use produce; and promote use of farmer's market coupons.
- Cuba Cultural Center offers a mobile food pantry 1-3 times per month; a food pantry with a monthly food box distribution once a month and emergency food boxes; back pack program in three school districts offering nutritious kid friendly food to hungry children for consumption over the weekend; community gardens; Salvation Army Service Extension Unit offering rent, utilities and emergency assistance; summer bike program for children and adults who cannot afford a bike; advocacy and justice work; educational programs; participate in activities to increase redemption of farmers market coupons; assistance with CDSM classes and referrals; and participation in the Suicide Prevention Coalition of Allegany County.
- Fassett Greenspace Project (Art for Rural American) offers a community garden and ADA compliant accessible outdoor public garden.
- Clarity Wellness Community (formerly ARA) offers counseling services; personalized recovery oriented services (PROS); clinic services; community based services; emergency help; is a member of CWC; and will assist with prevention of suicide projects and coalition.

The documentation of the process and methods used to conduct the assessment, the sources and time periods of data used, how the preliminary findings of the assessment were distributed to the community-at-large and how the community input was sought are described in this section and include the data that was reviewed at the key stakeholders meeting.

- In 2021, the core group {Allegany County Department of Health (ACDOH), Cuba Memorial Hospital (CMH) and Jones Memorial Hospital (JMH)} started to discuss the Community Health Assessment (CHA), Community Health Improvement Plan (CHIP), and hospital Community Service Plan (CSP). The vision of this group is to 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:
 - December 2021, Allegany County Community Wellness Committee (CWC) discussed using the same Community Health Survey as we used in 2019 so a comparison could be done of the data from 2019 and 2022
 - Survey monkey was put together and results of completed survey were compiled by Population Health Collaborative of Western New York
 - Community Health Survey was released May 5, 2022 and ended June 30, 2022 (570 Allegany County residents completed the survey)
 - Quantitative Data Gathering and Analysis-May through October 2022
 - 3 Focus Groups were conducted between September and October 2022
 - Identify Key Stakeholders-October 2022
 - Key Stakeholders met November 18, 2022 (see agencies in attendance in section D.1.). The agenda for the key stakeholders meeting was:
 - Data Presentation by prevention agenda priorities: survey and focus group results; leading causes of death and premature death; and community health indicators (Theresa Moore, Allegany County Department of Health)
 - Prioritization Exercise-Identifying our top 2 health priorities-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)- See below explanation of discussion groups and SWOT analysis

The power point presentation of data by prevention agenda priorities included the information below:

Prevent Chronic Disease

- **Community Health Survey**-review of the 2022 community health survey for Allegany County showed our population is: not getting enough physical activity or exercise; not eating enough fruits or vegetables each day; purchasing fast food or prepared foods too often each week; leaving the county for cancer screenings; have a diagnosis of heart related issues (high blood pressure, heart disease or stroke risk), high cholesterol, and/or extremely overweight; 14.22% adults using nicotine products; drinking water; need more affordable fresh fruits and vegetables; and need more healthy food choices at local convenience stores. The review of the 2019 community health survey for Allegany County showed similar results.
- **Focus Groups**-review of the top issues identified and discussed by the focus groups related to preventing chronic disease were transportation, access to medical providers/hospitals/mental health/dentists, lack of healthy food/poor nutrition and lack of physical activity/exercise.

- **Leading causes of deaths** for Allegany County residents for 2019 shows #1 cancer, #2 heart disease and #3 chronic lower respiratory diseases (CLRD). From 2010-2019, heart disease was #1 for 6 of the 10 years; cancer was #2 for 6 of the 10 years; and CLRD was #3 all 10 years. This is very similar for the leading causes of death for men and women over the same 10 years.
- **Leading causes of premature deaths (<75 years)** for Allegany County residents for 2010-2019 #1 for all 10 years is cancer, #2 for all 10 years is heart disease and #3 for 6 of the 10 years was CLRD.
- **Cancer incidence** for Allegany County from 2015-2019 showed #1 lung/bronchus, #2 colorectal and #3 colon excluding rectum. For the male only population #1 Prostate, #2 lung/bronchus and #3 colorectal. For the female only population #1 breast, #2 lung/bronchus and #3 colorectal.
- **Cancer mortality** for Allegany County from 2015-2019 showed #1 lung/bronchus, #2 colorectal, and #3 colon excluding rectum. For the male only population #1 prostate, #2 lung/bronchus and #3 colorectal. For the female only population #1 breast, #2 lung/bronchus, and #3 colorectal.

Prevent Chronic Disease				
Community Health Indicators	Data Years	Allegany County	New York State	Western New York
Age Adjusted percentage of Adults with obesity BMI of 30+	2018	35.4%	27.9%	31.6
Age Adjusted percentage of Adults who are current smokers	2018	16.8%	13.2%	20.7%
Age Adjusted percentage of Adults with current asthma	2018	12.8%	10.1%	11.5%
Age-Adjusted CLRD mortality rate per 100,000	2017-2019	63.1	28.3	43.4
Age-Adjusted CLRD hospitalization rate per 10,000	2017-2019	29.3	25.8	23.8
Age-Adjusted Diabetes mortality rate per 100,000	2017-2019	34.4	17.6	23.6
Adults who received a colorectal cancer screening based on the most recent guidelines aged 50-64 years	2018	62%	65.4%	
Age Adjusted percentage of Adults with cardiovascular disease (heart attack, coronary heart disease, stroke)	2018	9.4	7.0	9.43
Age Adjusted Diseases of the Heart mortality rate per 100,000	2017-2019	180.7	169.4	181.2
Age Adjusted Diseases of the Heart premature death (age 35-64) mortality rate per 100,000	2017-2019	111.8	83.9	108.5
Age Adjusted Heart Attack mortality rate per 100,000	2017-2019	47.3	22.8	38.4
Age Adjusted Cirrhosis mortality rate per 100,000	2017-2019	15.1	7.0	10.3
Age Adjusted All Cancer Incidence rate per 100,000	2016-2018	516.4	480.7	535.7

Promote a Healthy and Safe Environment

- Community Health Survey-review of the community health survey showed our population would exercise more if they had discounts to exercise programs or gym memberships; a friend to exercise with and a safe place to walk or exercise.
- Focus Groups- review of the top issues identified and discussed by the focus groups related to promote a healthy and safe environment were transportation, lack of healthy food/poor nutrition, jobs and lack of physical activity/exercise.

Promote a Healthy and Safe Environment				
Community Health Indicators	Data Years	Allegany County	New York State	Western New York
Percentage of people who commute to work using alternative modes of transportation (e.g. public transportation, car pool, bike/walk) or telecommute	2015-2019	23.3%	45.6%	16.9%
Work related hospitalizations per 100,000 employed aged 16 years and over	2017-2019	202.1	145.9	307.2
Unintentional injury hospitalizations rate per 10,000-aged <10 years	2017-2019	20.6	18.4	17.2
Fall hospitalization rate per 10,000 –aged <10 years	2017-2019	6.7	6.8	4.7
Indicated reports of abuse/maltreatment per 1,000 children-aged 0-17	2020	24.5	14.6	
Unintentional injury hospitalization rate per 10,000-aged 25-64 years	2017-2019	49.5	48.1	44.9

Promote Healthy Women, Infants and Children

- Community Health Survey-review of the community health survey showed 51.66% of our population knows where to find family planning services and reproductive health services; 9.93% leave the county for family planning or reproductive health services; the reasons they leave the county for services include better quality of care and there are no providers in Allegany County.
- Focus Groups- review of the top issues identified and discussed by the focus groups related to promote a healthy and safe environment were transportation, lack of healthy food/poor nutrition, access to medical providers/hospitals/mental health/dentists, jobs, lack of physical activity/exercise, and lack of available and affordable childcare.

Promote Healthy Women, Infants and Children				
Community Health Indicators	Data Years	Allegany County	New York State	Western New York
Percentage of births with late (3 rd trimester) or no prenatal care	2017-2019	9.9%	5.4%	5.0%
Percentage of premature births with 32<37 weeks gestation	2017-2019	8.2%	7.6%	8.1%
Percentage of births with <37 weeks gestation	2017-2019	9.5%	9.0%	9.7%
Percentage of births with a 5 minute APGAR<6	2017-2019	1.3%	0.7%	0.8%
Percentage of live births conceived within 18 months of a previous live birth	2017-2019	42.6%	30.4%	36.1%
Percentage of births to women aged 25 years and older without a high school education	2017-2019	16.5%	11.6%	8.7%
Percentage of births to teens aged 15-19 years	2017-2019	5.9%	3.1%	4.7%
Percentage of pregnant women in WIC who were pre-pregnancy obese (BMI 30+)	2015-2017	35.4%	26.6%	
Percentage of pregnant women in WIC with gestational diabetes	2015-2017	8.5%* Highest in WNY	6.6%	
Percentage of pregnant women in WIC with gestational weight gain greater than ideal	2015-2017	45.8%	41.0%	
Percentage of pregnant women in WIC with hypertension during pregnancy	2015-2017	11.9%	7.5%	
Percentage of WIC infants breastfeeding at least 6 months	2015-2017	21.4%	41.0%	
Percentage of infants fed any breast milk in delivery hospital	2017-2019	77.3%	88.5%	74.9%
Incidence of confirmed high Blood Lead Levels (10 micrograms or higher per deciliter) rate per 1,000 tested children aged <72 months	2017-2019	13.9	3.8	13.9

Promote Well-Being and Prevent Mental and Substance Use Disorders

- Community Health Survey-review of the community health survey showed 34.46% of our population has been told by a doctor or a nurse they have mental health disorder, depression or anxiety (*moving this response from #4 in 2019 to #1 in 2022); 60.17% have drunk alcohol (beer, wine, liquor) in the past 30 days; of those that drank 82.82% had 0-3 servings in a week and 13.43% have 4-7 servings in a week; 77.73% knows where to dispose of unused prescription drugs and 51.18% know where to find depression/mental health services; 13.32% leave the county for depression or mental health services; the reasons they leave the county for services include better quality of care and there are no providers in Allegany County.
- Focus Groups- review of the top issues identified and discussed by the focus groups related to promote well-being and prevent mental and substance use disorders were transportation, access to medical providers/hospitals/mental health/dentists, and mental health issues.

Promote Well-Being and Prevent Mental and Substance Use Disorders				
Community Health Indicators	Data Years	Allegany County	New York State	Western New York
Age adjusted suicide death rate per 100,000 population	2017-2019	17.5	11.8	11.8
Percentage of cigarette smoking among adults	2018	16.8	13.2	20.7
Alcohol related motor vehicle injuries and deaths per 100,000	2017-2019	33.0	28.9	38.2

Prevent Communicable Diseases

- Community Health Survey-review of the community health survey showed 41.47% of our population knows where to find HIV and sexually transmitted infection testing and treatment; 3.39% leave the county for HIV and Sexually transmitted testing and treatment; the reasons they leave the county for services include better quality of care and there are no providers in Allegany County.
- Focus Groups- review of the top issues identified and discussed by the focus groups related to prevent communicable diseases were transportation and access to medical providers/hospitals/mental health/dentists.

Prevent Communicable Diseases				
Community Health Indicators	Data Years	Allegany County	New York State	Western New York
Percentage of 13 year old adolescences with a complete HPV series	2020	34.2	39.8	44.3
Pneumonia/Flu hospitalization rate per 10,000-aged 65 years and older	2017-2019	152.5* Worst in WNY	85.5	81.9
Percentage of 24-35 month old children with the 4:3:1:3:3:1:4 immunization series	2020	68.1%	66.1%	76.2%
Percentage of adults age 65 years and over with a flu immunization in the past year	2018	38.1%	44.8%	41.5%

Socioeconomic/income Disparity

- Focus Groups- review of the top issues identified and discussed by the focus groups related to a socioeconomic disparity were jobs, transportation and access to medical providers/hospitals/mental health/dentists.

Socioeconomic/income Disparity				
Community Health Indicators	Data Years	Allegany County	New York State	Western New York
Percentage of labor force unemployed	2020	8.1%	10.0%	9.4%
Percentage of population in poverty	2019	17.9%* *Worst in WNY	13.1%	
Percentage of children aged <18 years below poverty	2019	26.8%* *Worst in WNY	18.2%	
Annual median Household income in US Dollars	2019	\$49,411	\$72,038	
Percentage of population with a disability	2015-2019	16.1%	11.5%	
Age-Adjusted Emergency Department visit rate per 10,000	2017-2019	5713.2	4247.6	4069.8

D. Community Health Improvement Plan/Community Services Plan

D.1. The Allegany County Prevention Agenda Priorities and the health disparity being addressed and chosen by community partners including the ACDOH, CMH and JMH are:

Priority Area: Prevent Chronic Disease

Focus Area 1: Healthy eating and food security

Focus Area 3: Tobacco prevention

Focus Area 4: Preventative care and management

Priority Area: Promote Well-Being and Prevent Mental and Substance Use Disorders

Focus Area 2: Prevent mental and substance abuse disorders

Disparity - Socio-Economic/Income

In 2022, the core group {Allegany County Department of Health (ACDOH), Cuba Memorial Hospital (CMH) 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). 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:

- December 2021, Allegany County Community Wellness Committee (CWC) discussed using the same Community Health Survey as we used in 2019 so a comparison could be done of the data from 2019 and 2022
- Survey monkey was put together and results of completed survey were compiled by Population Health Collaborative of Western New York
- Community Health Survey was released May 5, 2022 and ended June 30, 2022 (570 Allegany County residents completed the survey)
- Quantitative Data Gathering and Analysis-May through October 2022
- 3 Focus Groups were conducted between September and October 2022
- Identify Key Stakeholders-October 2022
- Key Stakeholders met November 18, 2022 (see agencies in attendance below). The agenda for the key stakeholders meeting was:
 - Data Presentation by prevention agenda priorities: survey and focus group results; leading causes of death and premature death; and community health indicators (Theresa Moore, Allegany County Department of Health)
 - Prioritization Exercise-Identifying our top 2 health priorities-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)- See below explanation of discussion groups and SWOT analysis

The Key Stakeholders in attendance on November 18, 2022 included:

Allegany County Department of Health-Theresa Moore, Supervising Public Health Educator; Robert Matasich, Public Health Educator; Jami D'Arcy, Deputy Public Health Director

Cuba Memorial Hospital-John Backhaus, Respiratory Therapist; Danielle Moran, RN

Jones Memorial Hospital-Brenda Szabo, Vice President of Diagnostics and Rehabilitation; Boyd Chappell, CFO; Sandra Watkins, Vice President of Patient Care Services; Carrie Walker, VP

Ardent Solutions, Inc. (rural Health network)-Carrie Whitwood, Executive Director

Other agencies: Anne Campbell, Genesee Valley Central School; Jon Chaffee, Tobacco Free CCA; Mary Pleakis, Bath VA Medical Center; Kelly Dickerson, Clarity; Leslie Gooch-Christman, ACCORD; Ashley Elias,

ACCORD; Nancy Kehl, Directions in Independent Living; Kristina Hawes, U of R Center for Community Health & Prevention; and Jackie Greene, SACC Cancer Services Program.

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

Priority Area: Prevent Chronic Disease -Total 52 points

(13 Yellow x 3 points = 39 points, 5 Pink x 2 points = 10 points, 3 Blue x 1 point = 3 points)

Priority Area: Promote Well-Being and Prevent Mental and Substance Use Disorder-Total 34 points

(5 Yellow x 3 points = 15 points, 8 Pink x 2 points = 16 points, 3 Blue x 1 point = 3 points)

Others priority areas receiving points include:

Priority Area: Promote Healthy Women, Infants and Children- total 9 points

Priority Area: Prevent Communicable Disease-total 9 points

Priority Area: Promote a Healthy and Safe Environment-total 3 points

Disparity

Socio-Economic/income/poverty/jobs-majority of votes

Other disparities voted for included:

Geography/rural isolation/accessibility; Disability; Age; and Religious beliefs/Religions

The key stakeholders were asked to work with one of four teams (2 teams for Prevent Chronic Disease and 2 teams for Promote Well-Being and Prevent Mental and Substance Use Disorders) to complete a brainstorm of strengths, weaknesses, opportunities and threats (SWOT analysis) for their priority area. After reviewing the SWOT analysis, the key stakeholders discussed “Where do we go from here”; the agenda for the next Community Wellness Committee meeting on November 21, 2022 where we decided on evidence based interventions, strategies and activities for the Community Health Improvement Plan (CHIP); and how preventing chronic disease in Allegany County and Western New York fits into the 3-4-50 Frame Work which says 3 behaviors (tobacco use, poor diet & sedentary lifestyle) contribute to 4 conditions (cancer, cardiovascular disease, chronic lower respiratory disease & diabetes) that cause 50% of deaths (55% in Allegany County in 2019). The discussion groups of stakeholders (CWC) 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.

D.2. The work plan below includes the goals, objectives, intervention strategies and activities that will be implemented for the 2 priority areas (covering 5 focus areas with 6 interventions) and the process measures that will be used to track progress over the 3-year period 2022-2024. In section C.3. the actions for JMH (hospital), CMH (hospital) and ACDOH (local health unit) are addressed in the summary of assets and resources that each can mobilize to address the health priorities identified. The roles and resources of other participants, stakeholders, local governmental agencies or community-based organizations is included in section C.3. and the summary of assets and resources is organized by partner agency name. The work plan below addresses the actions that will address the socioeconomic /income disparity for each of the 2 priority areas.

D.3. The process that will be used to maintain engagement with local partners over the next three years will include Allegany County Community Wellness Committee (CWC) meetings (at least 4 per year) to plan, execute, evaluate and make changes to the CHIP (Chart) for all the 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).

D.4. 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 CWC will announce at programs, health fairs and meetings that the new CHA-CHIP-CSP for Allegany County is available and give addresses of websites with this document. Copies of the document will be made available by email, upon request.

D.5. Work plan for Priority Area: Prevent Chronic Disease:

Focus Area	Goal	Objectives	Interventions/Strategies/Activities	Family of Measures	Partner Role	Partner Resources	Disparity
1: Healthy Eating and Food Security	1.1 Increase access to healthy and affordable foods and beverages.	By December 2024 increase redemption percentage of farmers' market (FM) coupons in Allegany County.	Intervention 1.0.5 Increase the availability fruit and vegetable incentive programs (Farmers' Market Coupons) Systematic evidence reviews find that financial incentive programs can increase affordability, access, purchases, and consumption of fruits and vegetables. Incentive programs for the purchase of fruits and vegetables have also been shown to increase sales and use of food assistance benefits.	# of Farmers Markets in Allegany County # coupons issued to and redeemed by WIC participants # coupons issued to and redeemed by OFA participants	ACDOH, CMH, JMH will work with key stakeholders to develop work plan activities.	ACDOH, CMH, JMH staff time and meeting locations Other agency staff time	Socioeconomic/Income-WIC and OFA participants are given the farmers market coupons at no cost. Work will include increasing the rate of redemption of the coupons with little or no cost to participants for transportation.
4: Preventive care and management	4.4 In the community setting, improve self-management skills for individuals with chronic diseases, including asthma, arthritis, cardiovascular	4.4.1 By December 2024, increase the percentage of adults with chronic conditions (arthritis, asthma, CVD, diabetes, CKD, cancer) who have taken a course or class to learn how to	4.4.2 Expand access to evidence-based self-management interventions for individuals with chronic disease (arthritis, asthma, cardiovascular disease, diabetes, prediabetes, and obesity) whose condition(s) is not well-controlled with guidelines-based medical management alone.	# of chronic disease self management courses # of diabetes chronic disease self management courses # participants # new trainers for self management courses	CWC agency staff to teach CDSM; JMH health care providers/ care managers will make referrals. JMH will explore electronic referrals for patients to classes	Ardent, Inc. employs a master training for the CDSM course; CWC agencies will have staff person trained to teach CDSM	Socioeconomic/Income- offer course and classes in multi locations; virtually; or by phone in Allegany County to reduce the cost of travel for participants and offer courses; classes at low

	ar disease, diabetes and prediabetes and obesity.	manage their condition					or no cost to participants
1: Healthy eating and food security	Goal 1.2 Increase skills and knowledge to support healthy food and beverage choices	Objective 1.2 Decrease the percentage of children with obesity (among public school students in NYS exclusive of New York City [NYC])	1.0.4 Multi-component school-based obesity prevention interventions Local health departments, hospitals, health centers, insurers, businesses, CBOs and other stakeholders can collaborate to work with local school districts and parent-teacher organizations (PTOs) to support policy, and environmental changes that target physical activity and nutrition before, during or after school. Recommended components will include: Using strategies to market healthier foods and beverages. Providing healthy eating learning opportunities.	# school districts in Allegany County participating in Smarter Lunchroom Program (SLP) # participating classrooms in SLP # participating students SLP	CWC agencies and CCE will work together to find schools interested in participating in the Smarter Lunchroom Program (SLP)	Cornell Cooperative Extension of Allegany County will expand their PSE Smarter Lunchroom into Allegany County schools. Sign on at least one school district in 2023 and one school in 2024.	Socioeconomic/Income-programming will take place in participating school districts at no cost to participating students and their families.
3: Tobacco Prevention	Goal 3.2 Promote tobacco use cessation	3.2.2 Decrease the prevalence of cigarette smoking by adults ages 18 years and older (among all adults)	3.2.2 Use health communications and media opportunities to promote the treatment of tobacco dependence by targeting smokers with emotionally evocative and graphic messages to encourage evidence-based quit attempts, to increase awareness of available cessation benefits (especially Medicaid), and to encourage health care provider involvement with additional assistance from the NYS Smokers' Quitline.	# of worksites adopting smoke free grounds and vehicle policies # of worksites offering smoking cessation programs # of smoking cessation programs offered by Allegany Council on Alcoholism and	The Allegany Council on Alcoholism and Substance Abuse (ACASA) will work with the agencies on the Allegany County Community Wellness Committee (CWC) to identify at least	Agencies of CWC and ACASA will work to promote smoking cessation programs; NYS Quitline and worksites adopting smoke free	Socioeconomic/Income-free smoking cessation programming will be offered in-person; virtually; and by phone to provide the most successful programs.

				<p>Substance Abuse (ACASA) # of smoking cessation participants # of calls to NYS Quitline # of referrals to Refer to Quit/Quit Coach (NYS Quitline) # of participants in Quit Center # of participants in Commit to Quit group # Quit Center participants that self-report no tobacco within the past 7 days.</p>	<p>one worksite in year 2 and one worksite in year 3 to adopt smoke free grounds and vehicle policies. Worksites will also be offered smoking cessation programming for their employees (Quit Center, Commit to Quit group program). Employees will also be offered community smoking cessation programming as well as information on the NYS Quitline.</p>	<p>grounds and vehicles.</p>	
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Work plan for Priority Area: Promote Well-Being and Prevent Mental and Substance Use Disorders

Focus Area:	Goal	Objectives	Interventions/Strategies/Activities	Family of Measures	Partner Role	Partner Resources	Disparity
2: Prevent Mental and Substance User Disorders	2.5 Prevent Suicide	2.5.2 Reduce the age-adjusted suicide mortality rate by 10% by December 2024	2.5.4 Identify and support people at risk: Gatekeeper Training, crisis intervention, treatment for people at risk of suicide, treatment to prevent re-attempts, post-	# of trainings # participants - Safe Talk, Mental Health First AID, ASIST, Safe Talk	ACDOH, CMH, JMH will have staff as members on Suicide	ACDOH, JMH, CMH-staff Ardent, Inc. has staff trained to	socio economic/income-keeping programming at free or low cost and offer throughout

			vention, safe reporting and messaging about suicides. Evaluate the link between providers who are screening patients with Mental Health disorders and mental health providers (FLPPS looking at providers and ER, Walk in clinic, and Urgent care completing mental health screens) Suicide coalition – using RAND to evaluate progress and development of action plan	Saves Lives- 1 hour intervention	Prevention Coalition. JMH providers, ER and Walk in clinic using mental health screening tool and CMH Urgent care using mental health screening tool	provide trainings or can bring in others to provide trainings	county to reduce travel cost.
2: Prevent Mental and Substance User Disorders	Goal 2.3 Prevent and address adverse childhood experiences	2.3.1 Reduce the percentage of adults experiencing two or more adverse childhood experiences (ACEs) by 5% by 2024	2.3.2 Address Adverse Childhood Experiences and other types of trauma in the primary care setting	# of provider offices using an ACEs screening tool # of provider referrals for patient support	The Allegany County Community Wellness Committee will work with JMH, Olean Medical Group, and/or Southern Tier UPC to identify providers willing to use ACEs screening	CWC and JMH, identify at least one practice willing to use ACEs screening in year 2 and one practice in year 3. Set each office up with needed tools for screening and referrals	socio economic/ income-provider offices using ACEs screening tool within regular office visits.

					tool with patients during regular office visits and address identified issues with patients		
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