

Allegany County Department of Health 2005-2010 Community Health Assessment Executive Summary

After extensive research, focus-group discussion and administration of a county-wide survey, the Allegany County Department of Health has identified the following as issues/concerns regarding the health of county residents:

County Population

- * Our residents are living longer. In 1970 there were 5,113 people age 65 or over. 1994 showed an increase of 40% to 7,159 and this remains constant in 2000 at 7,000.
- * 97% of the population is Caucasian. Blacks and Asians comprise 1.4% of the population and 1.6% are categorized as Native American or "other", allowing for little cultural diversity.

Income Status

- * We had 2.2% more people living below the poverty level in 2000 (15.5%) than in 1990 (13.3%).
- * Our median household income in 2000 was \$32,106, while the median income for NYS was \$41,763, and the national median income was \$41,990.
- * In 2002, we ranked 62nd of 62 counties in NY for average per capita income at \$19,925. This is only 56% of the state APCI of \$35,805, and 64% of the national APCI of \$30,906.
- * The average annual growth rate of total personal income in Allegany County was 3.2% from 1992-2002. The state growth rate was 4.2% and the national rate was 5.2%.
- * In 2002, our Medicaid/Self-Pay Labor and Delivery rate of 43.8% was more than double the state rate of 21.2%.
- * In August of 2004, our unemployment rate was 7.1% while the state rate was 5.9% and the national rate was 5.4%. Our rates are consistently higher than NYS and national rates.
- * The Retirement Living Information Center ranks New York State at #1 for tax burden (state and local tax burden as a percentage of income) in the country for 2004, at 12.9%.

Education

- * Of people 25 and over who had ever been enrolled in school, 16.8% have less than a high school diploma or equivalency, and 4.8% have less than a 9th grade education. 10.2% have Associate's Degrees, 8.7% have Bachelor's Degrees and 8.5% hold a Graduate or Professional Degree.
- * Of the 12 school districts in the county, 11 are Category 4 schools, which indicates they are rural schools with high student needs in relation to district capacity. Only 1 school, Alfred-Almond, is a Category 5 school, which denotes average student needs in relation to district resource capacity.

Housing

- * Over 50% of county housing was built before 1940. Only around 50% of the county's population obtains water from a public water supply. The remainder utilize private wells and springs. About 30% of the population is connected to a public sewer system, with the remaining 70% use private septic systems, cesspools, etc.

Mortality (Death) Rates

- * 2000 New York State Vital Statistics data show the eight leading causes of death in Allegany County, and New York State, by rank and total number of deaths, as follows:

<u>Allegany County</u>	<u>New York State</u>
1. Diseases of the Heart – 159	1. Diseases of the Heart – 57,921
2. Malignant Neoplasms – 135	2. Malignant Neoplasms – 37,227
3. Cerebrovascular Disease – 37	3. Cerebrovascular Disease – 7,935
4. Chronic Lower Respiratory Disease (CLRD) – 26	4. CLRD – 6,838
5. Total Accidents – 16	5. Pneumonia – 5,128
6. Diabetes Mellitus – 13	6. Diabetes Mellitus – 3,980
7. Cirrhosis of the Liver – 5	7. Total Accidents – 3,955
7. Pneumonia – 5	8. AIDS – 2,299

Dental Health

- * A 2003 study of 3rd graders in 6 county schools reported that 64.9% of them had dental caries. Of those, 44.2% had untreated caries. Only 34.7% had received sealants while 44.5% received fluoride supplements. 62.9% reported having dental insurance and 76.8% reported visiting a dentist in the past year.
- * In this study, there was an interesting correlation between children receiving the Free/Reduced Lunch program and increased caries, untreated caries, lack of sealants on permanent molars, lack of fluoride supplement use, and lack of a dental visit in the last year compared to children not receiving Free/Reduced lunches.

Maternal and Child Health

- * Our low birth weight (<2,500 grams) births increased from the 1994-1996 rate of 5.2% to 6.5% in 2000-2002. This rate is still lower than the Western New York rate of 7.7%. The Communities Working Together 2006 objective is a rate of no more than 5.5%.
- * Our very low birth weight (<1,500 grams) births increased slightly from 2000-2002 to 1.4% from the 1994-1996 rate of 1.2%. The Western New York rate in 2000-2002 was 1.6%. The Communities Working Together 2006 objective is a rate of no more than 1.0%.
- * The short gestation birth (<37 weeks) rate per 100 live births increased between 2000-2002 to 11.7% from the 1994-1996 rate of 10.6%. The Western New York rate in 2000-2002 was 11.2%.
- * Our SIDS mortality rate per 1,000 births in 2000-2002 was 1.24 while the state rate was 0.39.
- * The teen birth rate, per 1,000 females age 15-19 in Allegany County, was 24.4 in 2000-2002, while the Western New York rate was 32.2.
- * Our sexually transmitted infections rates all remain below the state rates but chlamydia and pelvic inflammatory disease (PID) continue to be frequent occurrences in our county.

Chronic Disease

- * The four leading causes of cancer incidence in males (per 100,000) in our county from 1997-2001 were prostate (133), lung (109.5), colorectal (77.2) and colon, excluding rectum (55.4). The four leading causes of cancer deaths for males were lung (92.7), prostate (35.4), colorectal (34.3) and colon, excluding rectum (29). The four leading causes of cancer incidence in females were breast (117), lung (69.9), colorectal (64.7) and colon, excluding rectum (50.9). The four leading causes of cancer deaths for females were lung (44.9), breast (28.8), colorectal

(22.7) and colon, excluding rectum (22.7).

- * Between 2000-2002, our cardiovascular disease death rates were lower than the NYS rates (330.7/100,000 vs. 361.2/100,000), but are still high compared to our cancer statistics. Our "Diseases of the Heart" death rates are lower still at 248.9/100,000, while the NYS rate was 282.1/100,000. Our cerebrovascular disease death rates were higher in 2000-2002 than the NYS rate, 61.7/100,000 vs. 56.5/100,000.
- * The 2001 cirrhosis mortality rates for Allegany County were 11.9/100,000, while the rate for NYS (excluding NYC) rates was 8.1/100,000.

Injury Control

- * Our unintentional injury hospital discharge rates in 2000-2002 were much higher in all age groups, except those age 15-24 years, than the NYS rates. Our unintentional injury death rate was 39.9/100,000, compared to the NYS rate of 23.1/100,000. Our motor vehicle accident death rate, at 18.3/100,000, was almost double the NYS rate of 9.8/100,000.
- * From 1999-2001, Allegany County had the highest alcohol related motor vehicle death rate in Western New York, at 131.6/100,000. The rate for all of WNY was 79.8/100,000. Our DWI related motor vehicle crash rates for 1999 for those age 16-20 years, 19.6/10,000, was more than double the NYS rate of 8.3/10,000. This county rate reflected a significant increase from the 1993 rate of 12.0/10,000, and the 1995 rate of only 7.0/10,000. In 1999, the county's DWI rate/10,000 youths was 44.1, while the NYS rate was 29.9.
- * In 2000-2002, the county's age-adjusted suicide death rate was 15.7/100,000, while the WNY rate was only one-half that, at half at 8.0/100,000. Our age 15-19 years teenage age-adjusted suicide death rate was 6.1/100,000, while the rate for WNY was 7.3/100,000.

Communicable Disease

- * All of our communicable disease rates showed either zero (0) incidence or were lower than the NYS rates except for the following: (county) vs (NYS)
 - pneumonia/flu hospitalizations/10,000 in people age ≥ 65: 1901.8 vs. 1836.2
 - haemophilus B influenzae (Hib)/100,000): 4.0 vs. 1.4
 - Hepatitis A rates/100,000 for 2002: 2.0 vs. 1.7; for 2003: 2.0 vs. 1.3
 - Hepatitis B rates for 2002: 4.0 vs. 1.3.

County Report Card

The following system was used to create a report card for the Allegany County Department of Health. Each indicator, and subcategory, if applicable, was graded based upon provider to population ratio, comparison of mortality and morbidity rates to NYS rates, and what ranking it was assigned in our Community Health Assessment. An "A" is equivalent to excellent, a "C" is equivalent to adequate or standard, and an "F" is equivalent to poor or sub-standard. A minus grade was assigned if the indicator fell exactly between two letter grades.

Diabetes = F	Coronary Heart Disease = C	Cerebrovascular Disease = F
Cardiovascular Disease = C	Chronic Lower Resp Disease = F	Asthma = C-
Lung Cancer = F	Colorectal Cancer = F	Oral Cancer = F
Breast Cancer = C	Cervical Cancer = F	Children Underweight = C
Children Overweight = F	E. coli = C	Salmonella = C
Shigella = C	Hepatitis A = C	Hepatitis B = C
Hepatitis C = C	Teen Suicide = C	Unintentional Injury = F
Self-Inflicted Injury = C	Measles = C	Rubella = C
Pertussis = C	HIB = F	Syphilis = C

Gonorrhea = C	Chlamydia = C	PID = C
Teen Pregnancy = C	AIDS = A-	Low Birth Weight = C
Very Low Birth Weight = C	Spontaneous Fetal Death = A	Perinatal Mortality = F
Infant Mortality = C	Maternal Mortality = A	Cirrhosis of the Liver = C

Conclusions

Based on the health-related rates presented in the body of this summary, the County Report Card, and the Community Health Assessment Survey completed by more than 200 Allegany County residents in 2004, the Allegany County Department of Health has chosen the following as focus areas for 2005-2010:

1. **Cancer** – Expand awareness/education and promote more screenings to aid in early diagnosis efforts.
2. **Lifestyle choices** – Increase emphasis on encouraging routine exercise, proper nutrition and a healthier lifestyle.
3. **Sexual Activity** – Work to decrease/postpone sexual activity among teens and young adults.
4. **Injury Control** – Increase education to reduce the incidence of unintentional and self-inflicted injury and death.
5. **Emerging pathogens/diseases** – Identify and track emerging pathogens/infectious diseases (SARS, HPV, Hepatitis A, Influenza, etc.) to improve prevention and control efforts.
6. **Dental Health** – Improve access to care and education services, particularly for youth.
7. **Professional Recruitment** - Emphasize recruitment and retention of health professionals across all health disciplines.

**Allegheny County Department of Health
Community Health Assessment
2005-2010**

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GENERAL COUNTY INFORMATION

Health Department Type (please check one):

Full Service Less than Full Service

Organization Type (please check one):

Single Agency Multiple Agency,
(Health Only) please list: _____

LIST OF COMMUNITY PARTNERS/COLLABORATIONS

Please list below (using additional sheets, as necessary) those entities or individuals with whom you partner and briefly describe the nature of your work together (i.e., health assessment, health planning, health education, etc.).

LIST OF COMMUNITY PARTNERS/COLLABORATORS

The Allegheny County Department of Health wishes to thank the following agencies and individuals for their invaluable assistance with the 2005-2010 Community Health Assessment and the teamwork to move Allegheny County forward that occurs on a daily basis.

- ACCORD Corporation** – health assessment, planning, education and mutual referrals
- Alfred State College of Technology** – health assessment, education and referrals
- Alfred University** – health assessment, planning, education and referrals
- Allegheny ARC** – health assessment, education and mutual referrals
- Allegheny Council on Alcoholism and Substance Abuse, Inc.** – health assessment, education and mutual referrals
- Allegheny County Blind Association** – health assessment, education and mutual referrals
- Allegheny County Board of Health** – health assessment, planning and education
- Allegheny County Board of Legislators** – health assessment and planning
- Allegheny County Committee on Special Education** – health assessment

Allegany County Consortium on Domestic Violence - Elder Abuse Subcommittee – health assessment and mutual referrals
Allegany County Department of Social Services and Child and Family Services – health assessment, education and mutual referrals
Allegany County District Attorney’s Office – health assessment
Allegany County Emergency Services Council – health assessment and education
Allegany County Employment and Training Center and their students - health assessment
Allegany County Historian – health assessment
Allegany County Home Health Care Association – health assessment and mutual referrals
Allegany County Integrated County Planning (ICP) Team – health assessment and referrals
Allegany County Office for the Aging – health assessment, education and mutual referrals
Allegany County Mental Health Services and Community Services Program – health assessment, planning, education and mutual referrals
Allegany County Private and Public School Districts – health assessment, planning, education and referrals
Allegany County Probation Department - health assessment and education
Allegany County Public Health Advisory Board - health assessment, planning and education
Allegany County Sheriff’s Department - health assessment, education, medical services provided
Allegany County STOP DWI Program and Youth Bureau - health assessment and education
Allegany County United Way - health assessment, planning and education
Allegany County Veteran’s Association - health assessment, education and mutual referrals
American Water Works Association - planning and education
Belfast Ministerial Association - health assessment and education
Community Health Network of Western New York - planning and education
Coordinated Children’s Services Initiative Partners - planning and education
Cornell Cooperative Extension of Allegany County - health assessment, education and mutual referrals
Council of Agencies - health assessment and education
Cuba Memorial Hospital - health assessment, planning, education and mutual referrals
Cuba Patriot Newspaper - health assessment and education
Dr. David Daugherty - health assessment, planning, education and referrals
Dr. Joseph Felsen - health assessment, planning, education and referrals
Dr. Robert Gilfert - health assessment, planning, education and referrals
Dr. Zahi Kassas - health assessment, planning, education and referrals
Dr. Pamela Saha - health assessment, planning, education and referrals
Dr. Stephen Spink - health assessment, planning, education and referrals
Erie County Medical Center - education and referrals
Friendship Empire Zone - health assessment and education
Hillside Children’s Center - health assessment and education
Houghton College - health assessment and education
Immunization Action Plan - planning and education
Immunization Information Systems Advisory Committee - education
Jan & Bev’s Home Care, Inc. - health assessment, education and referrals
Jones Memorial Hospital - health assessment, planning, education and mutual referrals
Local Early Intervention Coordinating Council - education
Maternal and Child Health Network, Inc. - health assessment and education
National Association of County and City Health Officers - planning and education
New York State Association of County Health Officers - planning and education
New York State Department of Environmental Conservation - health assessment, planning and education
New York State Police and local municipal police departments - health assessment, and education
New York State Public Health Association - planning and education

New York State Rural Water Association -planning and education
Olean General Hospital - health assessment, planning, education and mutual referrals
Salvation Army Divisional Headquarters - health assessment, education and mutual referrals
Southern Tier Home Health Service - health assessment, education and referrals
Southern Tier Regional Planning and Development Board - planning
Southern Tier Tobacco Awareness Coalition and Allegany County Sub-Unit - health assessment and education
St. James Mercy Hospital - health assessment, planning, education and mutual referrals
Wellsville Area Chamber of Commerce - health assessment and education
Wellsville Daily Reporter - health assessment and education
Wellsville Ministerial Association - health assessment and education
Wellsville Manor Care Center - health assessment, education and referrals
Western New York Community Health Nursing Association - planning and education
Western New York Health Care Association - planning and education
Western New York Managed Care Coalition and WNY Public Health Sub-Unit - planning
Western New York Public Health Alliance - planning and education
Western New York Rural Area Health Education Center (R-AHEC) - health assessment, planning and education
Western New York Zone of the Federal Bureau of Investigation (FBI) - health assessment
Western New York Regional Physically Handicapped Children's Program - planning and education
WLSV Radio - health assessment and education

Rural Health Network Affiliations - health assessment, planning, education and mutual referrals

Allegany/Western Steuben Health Network	Community Health Alliance
Southern Tier Health Care System	SSAY Network
	Rural/Davenport/Noyes Network

SECTION ONE - POPULATIONS AT RISK

A. Demographic and Health Status Information

Sources of Data Information on the demographic and population characteristics of Allegany County were obtained from the following:

- U.S. Department of Commerce, "Persons by Age for Counties: 1990, 1980, 1970". Table 46. Pp.616-620

- 1998 Western New York (WNY) Adult Health Risk Assessment Survey
- New York State Touchstones 1998 Data Book
- Allegany County Department of Social Services (DSS)
- 2000 U.S. Census Data

General Description of 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 county’s enumerated 2000 U.S. Census population, 49,927, remained essentially unchanged from the early 1970’s. The Bureau of Economic Analysis shows our 2002 county population of 50,418 and ranks us 49th out of 62 counties for population. The population density is 48.47 persons per square mile. The county has 12 school districts, 29 townships and 10 villages. Population concentrations are in the villages of Wellsville, Alfred, Cuba, and Belmont.

Age, Sex, and Racial Distribution

The 2000 U.S. Census showed the median age of Allegany County residents to be 35.0 years, with the male to female ratio at slightly less than 1:1. Whites comprise the vast majority of county residents, making up 97% of the population. Blacks and Asians each comprise 0.7 % of county residents. The remaining population consists of Native Americans or “other” racial groups.

Census data also shows that 30.3% 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 fifty-five percent (55.6%) of the population is age 20-64 and 14.1% is age 65 or older. The data also indicate 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, and stayed close to that rate in 2000 with 7,000. (See Table 1)

Income Levels Income levels in Allegany County are among the lowest in the state. The 2000 Census showed the county’s per capita income as \$14,975, with median household income at \$32,106. The New York State median household income was \$41,763 in 2000, while the national figure was \$41,990. The Bureau of Economic Analysis shows a per capita income in Allegany County for 2002 of \$19,925 which ranks us 62nd of the 62 counties and is only 56% of the state average per capita income of \$35,805 and 64% of the national average income of \$30,906. The Bureau also reported that the 1992-2002 average annual growth rate of total personal income was 3.2% for Allegany County, 4.2% for New York State and 5.2% nationally. This slowed growth rate contributes to our last place state ranking of per capita income in 2002.

Table 1

Age Distribution, by Race, of Residents of Allegany County, New York: 2000 U.S.Census

<u>Age Group</u>	<u>Number of Persons</u>	<u>Percent of Population</u>
< 5 Years	2,798	5.6%
5-9 Years	3,267	6.5%

10-14 Years	3,866	7.7%
15-19 Years	5,250	10.5%
20-24 Years	4,737	9.5%
25-34 Years	5,040	10.1%
35-44 Years	6,902	13.8%
45-54 Years	6,505	13.0%
55-59 Years	2,431	4.9%
60-64 Years	2,131	4.3%
65-74 Years	3,748	7.5%
75-84 Years	2,328	4.7%
> 85 Years	<u>924</u>	<u>1.9%</u>
Totals	49,927	100%

The percentage of residents living below 100% of poverty is 15.5%, up from 13.3% in the 1990 Census. A total of 13.2% of New Yorkers live at or below the poverty level while 11.3% nationally live at or below poverty level. The percentage of families with children under 5 years living in poverty is 23%, while the number of families with a female householder and no male present, and related children under 5 years, living under poverty is 59.8%. The total number of children living in poverty in Allegany County is 20.9% while the New York State rate is 19.1%, and the national rate is 16.2%. Refer to **Table 2** for more statistics on poverty in Allegany County.

According to the New York State Department of Health 2002 Community Health Data Set, our Medicaid and Self-pay Delivery rate is 43.8% while the Western New York State rate is less than half that rate at 21.2%.

Table 2

Number and Percentage of Allegany County Residents Below Federal Poverty Level Standards: 2000 U.S. Census

<u>Population Group</u>	<u>Number Below Poverty Level</u>	<u>Percent Below Poverty Level</u>
All Persons	7,066	15.5
Persons 18 Years and over	4,679	13.9
Persons 65 Years and over	504	7.5

All Families	1,287	10.5
Female Head of Household Families	497	31.4

The 1998 WNY Adult Health Risk Assessment Survey and 2000 Census Data provided the following income data for Allegany County:

- In 1998, 17.2% of county households had incomes of less than \$10,000, while in 2000, 12.1% had incomes less than \$10,000.
- In 1998, 13.7% of county households had incomes of \$50,000+, compared to 27.1% in 2000.
- In 1998, 10.2% of county households had someone who received public assistance, while 4.4% received public assistance in 2000.

Employment According to the 1990 U.S. Census, Allegany County's labor force population (individuals \geq age 16) was 38,889. The 2000 US Census shows a slight increase to 39,335. In 2000, 23,621 (60.1%) represented the civilian labor force, of which 21,494 were employed. By worker class, 72.9% were private wage and salary workers, 18.4% were local, state, or federal government workers, and 8.1% were self-employed. By occupational category, most employees worked in professional specialty occupations, administrative support occupations, service occupations, or sales and office occupations. By specific industrial category, educational, health and social service workers comprised the largest group, followed by those manufacturing durable goods, retail trade, arts, entertainment, recreation, accommodation and food services and construction. The county has few industrial employers of any size. Dresser-Rand, Alstom Power ABB Preheater, L.C. Whitford Construction, and Friendship Dairies in Friendship, all in Wellsville, employ approximately 700, 620, 400, and 300 people, respectively. Northern Lights in Wellsville employs about 200 and Tracewell Electronics in Cuba employs around 85. Remaining industries within the county generally employ less than 20 people.

According to the United States Bureau of Labor, the August 2004 unemployment rate for in Allegany County was 7.1, while New York State's rate was 5.9 and the national rate was 5.4. The 2000 US Census shows an unemployment rate of 5.4% for Allegany County. The NYSDOH County Health Indicator Profile (1997-2001) showed an unemployment rate of 5.6% for Allegany County in 2001, while the state rate (excluding New York City) was 4.0. Allegany County consistently has one of the highest unemployment rates in the state. **Tables 3 and 4** depict the above demographic data for Allegany County.

Table 3

Occupational Status of Labor Force, by Percent, Allegany County, New York: 2000 U.S. Census

<u>Occupational Category</u>	<u>Percent of Labor Force</u>
Management, professional, and related Occupations	31.3
Service Occupations	17.6
Sales and Office Occupations	21.4
Farming, Forestry, and Fishing Occupations	1.9

Construction, extraction and maintenance Occupations	9.8
Production, transportation and material moving Occupations	18.0

Table 4

Industrial Occupational Status of Labor Force, by Percent, Allegany County, New York: 2000 U.S. Census

<u>Industrial Category</u>	<u>Percent of Labor Force</u>
Educational, health and social services	32.4
Manufacturing,	16.7
Retail Trade	10.1
Construction	6.3
Agriculture, Forestry, and Fisheries	3.8
Transportation and warehousing, and utilities	4.0
Information	2.1
Finance, insurance, real estate and rental/leasing	2.3
Professional, scientific, management, administrative, & waste management services	3.8
Arts, entertainment, recreation, accommodation and food services	7.4
Public Administration	3.6
Other Services (except public administration)	5.0

Education

The 2000 U.S. Census showed that 16,263 persons age three years or over were enrolled in school. Among these, 3.8% were in preschool, 59.2% were in Kindergarten through 12th grade, and 37% were in college. Educational attainment status was available on 30,010 people, 25 years and over, who had ever been enrolled in school. Of these, 16.8% have less than a high school diploma or equivalency degree, with 4.8% having less than a 9th grade education. Of those ever-enrolled in school, 27.4% have an advanced degree with the following breakdown, 10.2% have an Associate's Degree, 8.7% have a Bachelor's Degree and 8.5% hold a Graduate or Professional Degree. The high school dropout rate or school attendance rate for Allegany County is 16.8%, while the New York State rate is 20.9%.

Housing

The 2000 Census identified 24,505 total housing units within the county. Over 50% of these were built before 1940, of which 0.9% lacked complete plumbing facilities, and 1% lacked complete kitchen facilities. According to

Allegany County Environmental Health statistics for 2004, approximately 50% obtained their water from a public water supply, while the remaining 50% had private water sources such as wells and springs, while 30% were connected to a public sewer, with 70% having individual sewage disposal systems, such as septic systems, cesspools, etc. Median monthly mortgage payments for owner-occupied housing units were \$734, with 49.4% of these homes valued at less than \$50,000. Another 42.6% of these homes are valued at \$50,000 to \$99,000, for a total of 92% of the homes in Allegany County valued at less than \$100,000. The median monthly rent for leased occupied units was \$423. Of the total housing units within the county, 18,009, or 73.8%, were identified as occupied dwellings. Of these, 53.6% moved into their housing unit in 1990 or later, 19% moved into their housing unit between 1980-1989, 12.5% had moved between 1970-1979, and 14.9% had moved in during 1969 or earlier. The average household size is 2.53 and the average family size is 3.04. The majority of households in Allegany County (67.7%) are family households, while 11.3% are householder 65 years and over. Additional data showed that 3% of the occupied units had no telephone, 8.5% had no vehicle, and 91.5% had one or more vehicles.

Other Relevant Characteristics

According to 2000 New York State Vital Statistics Data, there were a total of 319 marriages in Allegany County, which outweighed the 201 divorces and 1 annulment.

Data collected for 2000 by the FBI as part of the Uniform Crime Reporting Program illustrates offenses reported to and arrests made by State and Local law enforcement that report data to the FBI. These data do not include Federal law enforcement activity.

<u>Crime</u>	<u>Number (Estimate)</u>
Total	977
Murder	3
Rape	9
Robbery	1
Aggravated Assault	138
Burglary	264
Larceny – theft	537
Motor vehicle thefts	16

Data indicates that 54.96% of the reported crimes committed were larceny – thefts, while 27% were burglaries and 14% were aggravated assaults.

According to 2002 Kid’s Well-Being Indicators Clearinghouse (KWIC) data for 2002, the rate of Persons in Need of Supervision (PINS) cases opened in Allegany County was 32.6 per 1,000 10-15 year olds. The New York State rate was less than half at 14.7.

Nativity

According to 2000-2002 New York State Vital Statistics, the pregnancies for Allegany County females age 15-44 for 2000 was 588, while there were 543 births. In 2001 the pregnancies totaled 604 with 526 births and in 2002 there were 613 pregnancies with 541 births. A cumulative rate of pregnancies per 1,000 females age 15-44 for 2000-2002 for Allegany County is 55 while the Western New York Region rate is 75.2. The cumulative birth rate per 1,000 females age 15-44 for Allegany County from 2000-2002 is 49.1 while the Western New York region birth rate is 55.2.

Morbidity

According to the New York State Cancer Registry for 1997-2001, the following are morbidity rates (per 100,000 population) for Allegany County and New York State respectively:

<u>Cancer</u>	<u>Allegany County Rate</u>	<u>New York State Rate</u>
Lung	179.4	140.3
Breast	117.0	131.4
Cervical	11.4	10.1
Colorectal	141.9	128.0
Oral	24.6	21.8
Early Stage Diagnosis (per 100,000)		
Lung	34.1	26.9
Breast	62.5	68.0
Cervical	Unstable rate >3 cases per year	58.0
Colorectal	44.5	43.3
Oral	57.9	44.5

The data illustrates that our lung cancer morbidity rates are much higher than the state rate, and our early stage diagnosis rates correlate as well. Our oral, colorectal and cervical rates are slightly elevated in both categories as well. The colorectal and cervical rates might be attributed to the increased activity of our Screen for Health Program; more people are being screened now because of the education and screenings provided by this program. Our breast cancer morbidity rates and early stage diagnosis are lower than the state rates.

Our AIDS case rate, per 100,000 population, for 2002 is 2.7 and the New York State rate is 6.3, according to the Bureau of HIV/AIDS Epidemiology data.

According to the New York State Department of Health statistics for 2003, most of the communicable disease morbidity rates for Allegany County are either non-existent, less than, or consistent with New York (excluding New York City) rates per 100,000 population, as follows:

<u>Disease</u>	<u>Allegany County Rate</u>	<u>New York (excluding NYC) Rate</u>
Measles	0	0.02
Pertussis	0	9.6
HIB	4.0	1.4
Hepatitis A	2.0	1.3
Hepatitis B Acute	0	1.0
Hepatitis C Acute	0	0.2
Tuberculosis	0	3.1
Lyme Disease	4.0	46.8
Campylobacteriosis	8.0	13
Chlamydia	121.6	197.4
E. Coli	2.0	1.0
Giardiasis	19.9	11.6
Gonorrhea	6.0	76.6
Meningitis Aseptic	0	5.9
Salmonellosis	0	11.6
Shigellosis	0	5.8
Strep Group A Invasive	4.0	3.3

Strep Group B Invasive	8.0	5.3
Strep Pneumonia Invasive	17.9	9.8
Syphilis Early	0	1.0
Syphilis Late	2.0	3.7
PID Discharge Rate	45.7	46.3

The morbidity rates above that are high for Allegany County compared to New York State are the HIB, Giardiasis, Strep B and Strep Pneumonia rates. However, when looking at actual cases instead of rates for 2003, Allegany County had 2 cases of HIB, 10 cases of Giardiasis, 4 cases of Strep B Invasive and 9 cases of Strep Pneumonia.

Mortality

According to 2000 New York State Vital Statistics, the leading causes of death in Allegany County, and New York State, by rank and total number of deaths, were as follows:

<u>Allegany County</u>	<u>New York State</u>
1. Diseases of the Heart – 159	1. Diseases of the Heart – 57,921
2. Malignant Neoplasms – 135	2. Malignant Neoplasms – 37,227
3. Cerebrovascular Disease – 37	3. Cerebrovascular Disease – 7,935
4. Chronic Lower Respiratory Disease (CLRD) – 26	4. CLRD – 6,838
5. Total Accidents – 16	5. Pneumonia – 5,128
6. Diabetes Mellitus – 13	6. Diabetes Mellitus – 3,980
7. Cirrhosis of the Liver – 5	7. Total Accidents – 3,955
7. Pneumonia – 5	8. AIDS – 2,299

For 2000, the Vital Statistics also revealed the following mortality data, by age group, for Allegany County:

<u>Age</u>	<u>Number of Deaths in 2000</u>
0-9	7
10-19	4
20-24	3
25-34	2
35-44	18
45-54	26
55-64	49
65-74	108
75-84	136
85+	134

Ranking these deaths by age group for Allegany County and New York State, provided the following results:

<u>Allegany County</u>	<u>New York State</u>
1. 75-84	1. 85+

2.	85+	2.	75-84
3.	65-74	3.	65-74
4.	55-64	4.	55-64
5.	45-54	5.	45-54
6.	35-44	6.	35-44
7.	0-9	7.	25-34
8.	10-19	8.	0-9
9.	20-24	9.	20-24
10.	25-34	10.	10-19

As is seen from the data, the leading age group for death in Allegany County in 2000 was among those age 75-84, as opposed to those age 85+ for the State. More interestingly were the variations seen among the four youngest age groupings, those between ages 0-34 years. Within these groups, each ranking was different, with the exception of those aged 20-24. Although this information pertains to only one year, it highlights an area where the need for further exploration of these data may be warranted.

According to the New York State 2000 Vital Statistics, the first and second leading causes of death for Caucasians in each age group in New York State are as follows:

<u>Age Group</u>	<u>Number 1 Cause of Death</u>	<u>Number 2 Causes of Death</u>
<1	Conditions Originating in the Perinatal Period	Congenital Anomalies
1-9	Accidents	Malignant Neoplasms
10-19	Accidents	Suicide
20-24	Accidents	Suicide
25-44	Malignant Neoplasms	Accidents
45-64	Malignant Neoplasms	Diseases of the Heart
65+	Diseases of the Heart	Malignant Neoplasms

Other Relevant Demographic Data

There are 12 School Districts in Allegany County. According to the New York State District Report Card Comprehensive Information Report, 11 of the 12 districts are Category 4 schools, which means they are rural schools with high student needs in relation to district resource capacity. Only Alfred-Almond School District is a Category 5, which denotes average student needs in relation to district resource capacity. Alfred-Almond also had the least number of children eligible for the Free Lunch Program in 2002-2003 with 11.7%, and 8.3% of their population received free lunches. Friendship School had the most students eligible for Free lunches at 44.9% of their population, while only 15.1% of their students actually receive them. Please see **Table 5** below for a complete listing of eligibility and usage by school district.

Table 5

<u>School District</u>	<u>% Eligible for Free Lunch Program in 2002-2003</u>	<u>% Receiving Free/Reduce Lunch Program in 2002-2003</u>
Alfred-Almond School	11.7%	8.3%
Andover School	22.0%	8.2%
Belfast School	28.4%	14.0%
Bolivar-Richburg School	36.8%	13.0%
Canaseraga School	23.9%	13.4%
Cuba-Rushford School	28.4%	14.1%

Fillmore School	32.3%	12.1%
Friendship School	44.9%	15.1%
Genesee Valley School	29.4%	12.9%
Scio School	41.1%	14.6%
Wellsville School	35.9%	10.0%
Whitesville School	41.6%	16.9%

According to 1998-2000 New York State Vital Statistics Perinatal Data Profile, the following villages/towns have the highest morbidity for the following indicators (these data do not include the village of Alfred, but the town of Alfred Station):

Total Births: (1998-2000)	1) Wellsville = 388	2) Cuba = 184	3) Bolivar = 143	4) Friendship = 127
	5) Fillmore = 109	6) Belmont = 106	7) Andover = 80	8) Belfast = 61
	9) Angelica = 55	10) Scio = 49	11) Almond = 41	12) Houghton = 40
	13) Alf Station = 34	14) Canaseraga = 34	15) Whitesville = 32	16) Little Genesee=28
	17) Rushford = 25	18) Black Creek = 22	19) Caneadea = 14	20) Ceres = 10

Percent of Total Births

Low birth Weight	1) Rushford = 12%	2) Scio = 10.2 %	3) Wellsville = 9.0%
Out of Wedlock	1) Little Genesee = 50%	2) Friendship = 44.1%	2) Canaseraga = 44.1%
Medicaid or Self-Pay	1) Belfast = 73.3%	2) Friendship = 63.8%	3) Black Creek = 57.1%
Late or No Prenatal Care	1) Black Creek = 27.8%	2) Belfast = 17.2%	3) Caneadea = 16.7%

Although several towns/villages show up frequently in this data, none are number one in more than one category. According to New York State Department of Health Community Health Indicator Profile Data for 2001, the overall adolescent pregnancy rate for Allegany County is 30.1 per 1,000 females age 15-19, and the Western New York regional rate is 47.5. Our adolescent pregnancy rates continue to be among the lowest in the region, as they have been for more than two years.

Allegany County is an extremely poor county that is extremely rural. The county has a large geographic area, but public transportation is limited, which can make it difficult to access services. The county is one and a half to two and a half hours from a large, metropolitan area. We have an extremely high unemployment and Medicaid/Self-pay delivery rate compared to the rest of the state. All of these factors contribute to the poor health of Allegany County, and public health services are an important part of the health of the county.

Basic Service Area: Family Health

Dental Health Education

This is a Focus Area for the Local Health Unit for 2005-2010: Improve access to and education of dental services, especially for younger residents.

Licensed dental hygienists from the Cuba Dental Clinic provide dental education, such as proper brushing technique and importance of regular dental exams, to pre-kindergarten through elementary age school children upon request of the school. They also provide education at health fairs and other community events.

The Allegany County Department of Health Public Health Educator also has several programs to provide dental health education to county residents. She incorporates the Gerry the Giraffe program for pre-kindergarten and elementary students on proper brushing technique and frequency. She has also used Dudley the Dinosaur from the American Dental Association, for brushing technique in conjunction with the dye tablets to older elementary and middle school children. She provides toothbrushes and dental education literature at several events including school and community health fairs, festivals and wellness days for children, teens and adults. Each year, approximately 700 youth toothbrushes and educational literature are given away at the county fair. The Women's, Infants and Children's (WIC) Program also provides toothbrushes and dental information to children under the age of 5. The WIC Program also counsels pregnant women on the importance of dental care during and after pregnancy, and postpartum women on the importance of early dental care and prevention for infants and children.

Statistics

A survey of third grade children in 6 schools in the county, conducted in 2003 and reported by the New York State Department of Health, reported that 64.9% of county third graders studied, had caries experience. The Healthy People 2010 objective for this indicator is 42%. Of those, 44.2% had untreated caries while the Healthy People 2010 objective is 21%. Only 34.7% had received dental sealants, compared to the Healthy People 2010 objective of 50%. An impressive 76.8% had a dental visit within the last 12 months, while 62.9% are covered by dental insurance. Additionally, 44.5% of Allegany County third graders received fluoride supplements. Only 14% of the Allegany County population on public water systems (approximately 50% of the homes are on a public water supply) receives fluoridated water.

An interesting indicator of dental health is its possible correlation, as seen in past studies, to the number of school children enrolled in a free school lunch program. These studies showed that the higher the enrollment, the higher the prevalence of dental caries. In the above-mentioned survey, 82% of children enrolled in the Free/Reduced Lunch program had caries experience, while only 54% of the "Other" group did. The Free/Reduced Lunch children with untreated caries was 59% compared to 35% of "Others." Only 29% of the Free/Reduced Lunch children received one or more sealants on permanent molars, compared to 38% of the "Others". The Free/Reduced Lunch children who had had a dental visit within the last 12 months was 69% compared to 82% of "Others". An interesting statistic is that 75% of Free/Reduced Lunch children have dental insurance coverage while 56% of the "Others" have dental coverage. Only 36% of Free/Reduced Lunch children use a fluoride supplement, while 50% in the "Other" do, also.

Providers and Services

According to the 2003 survey, there are 10 licensed dentists and 12 licensed hygienists in Allegany County. The ratio of population to dental establishment is 4,161:1. Cuba Dental Clinic is an Article 28 clinic that has just purchased another Article 28 clinic in Andover. No dentist outside of the Article 28 clinics accepts Medicaid on a regular basis, even though the majority of our population's only dental insurance is through the Medicaid program. We currently have no specialists or school-based clinics. A long-range plan for the Article 28 clinics is to implement school-based programs with a hygienist. There is a dental van from Monroe County that is available to Allegany County. ACDOH is a member of the Southern Tier Dental Health Committee, which addresses dental health concerns with a multi-county approach.

Priorities

- Develop and maintain an up-to-date data base on dental health information and statistics pertaining to

county residents, particularly the childhood population. Such action would allow assessments by which to evaluate and focus on the dental health needs of county residents.

- Work with county dentists to establish a larger base of those who will accept Medicaid patients, or who accept spread/time-based payment schedules. This would help assure that this segment of the county's population was able to obtain needed dental care.
- Work with the Rural Area Health Education Center (R-AHEC) to increase the number of dental hygienists in Allegany County.
- Work with area health care agencies to establish dental care facilities that provide services to disadvantaged county residents, including those on Medicaid, or who are under/uninsured.
- Maintain our Health Professional Shortage Area (HPSA) status.

Opportunities for Action

Areas of opportunity through which dental health within Allegany County may be improved are as follows:

- Collection of dental health related data to assess the nature and extent of dental problems within the county. Focus would be on the children within the county, with attempts at data retrieval through preschool programs, county school districts, and dental offices.
- Work with each school district within the county to establish or maintain school based dental hygiene programs.
- Work with each school district within the county to establish, maintain and expand the fluoride mouth rinse program.
- Work with dentists practicing within the county to encourage more of them to consider accepting Medicaid and other low income patients.
- Expand efforts by the health department to establish or increase dental health education offerings to preschool, nursery schools, day care centers, and school districts within the county.

Primary and Preventative Health Care Services

Lead Poisoning

Statistics

According to the 1997 Kid's Well-Being Indicators Clearinghouse (KWIC) data, 37.1% of children in Allegany County are screened for lead by age 2. The rest of New York State (excluding New York City) shows 61.5% are screened by age 2.

According to 1999 KWIC data, 2.5% of Allegany County children ages 1-6 have a blood lead level ≥ 10 g.dl, while 1.9% of children in the rest of New York State (excluding New York City) have that level. However, it should be noted that this is not a stable rate for Allegany County since the number of cases that contribute to this rate is less than 20.

Priorities

- The health department's Pediatric Lead Poisoning Prevention Program is designed to identify children less than six years of age with elevated blood lead levels (≥ 20 ug/dl), so that intervention measures can be taken to reduce the health risks associated with lead exposure. In the targeted population, the main objective is to reduce to zero the prevalence of blood lead levels ≥ 20 ug/dl, and significantly reduce the prevalence of those ≥ 10 ug/dl.
- Educate the professional community of the importance of early lead poisoning screening.
- Educate prenatal women and parents of infants and young children of the importance of early lead poisoning screening.

Opportunities for Action

- The Allegany County Department of Health Public Health Nurses will conduct lead poisoning screenings at Women's, Infants and Children's (WIC) clinics throughout the county.
- The Health Department will use events such as the Physician's Breakfast to educate health professionals on the importance of early lead poisoning screenings.

Prenatal Care and Infant Mortality

Healthy Births is a Communities Working Together Priority Area. The objective is by the year 2006, reduce the percent of all births that are low birth weight (<2,500 grams) to no more than 5.5 percent and very low birth weight (<1,500 grams) to no more than 1.0 percent (baseline: 7.7% <2,500 grams, 1.5% <1,500 grams, VS, 1994)

Statistics

According to 2000-2002 New York State Vital Statistics, the pregnancies for Allegany County females age 15-44 for 2000 was 588, while there were 543 births. In 2001 the pregnancies totaled 604 with 526 births and in 2002 there were 613 pregnancies with 541 births. A cumulative rate of pregnancies per 1,000 females age 15-44 for 2000-2002 for Allegany County is 55 while the Western New York Region rate is 75.2. The cumulative birth rate per 1,000 females age 15-44 for Allegany County from 2000-2002 is 49.1 while the Western New York region birth rate is 55.2. Our out-of-wedlock birth rate per 1,000 live births is 29.4 while the Western New York rate is 34.1.

Induced Abortions: Induced Abortions/1,000 Live Births Induced abortion rates may be associated with many factors, including those which are cultural, social, or religious in nature. Thus, differences in these rates among separate populations may not be of direct public health concern. With that in mind, 2000-2002 Vital Statistics data showed Allegany County with an induced abortion rate of 116.8 /1,000. This was much lower than the rates for WNY (354.2/1,000).

Spontaneous Fetal Deaths: Fetal Deaths of 20+ Weeks Gestation/1,000 Live Births Vital Statistics data for 2000-2002 showed Allegany County with a higher early prenatal care rate (81.8%), than WNY, (74.9%), a lower rate for late or no prenatal care (4.2%) than WNY (7.0%) and a lower spontaneous fetal death rate (4.3 versus 6.3 for Western New York). It should be noted that the Allegany County rate is based on fewer than 10 cases.

Infant Mortality: Deaths <1 Year of Age/1,000 Live Births Between 2000-2002, the infant mortality rate in

Allegany County was 7.5/1,000. This was consistent with the rate for WNY of 7.6/1,000.

Neonatal Mortality: Deaths <28 Days of Age/1,000 Live Births From 1991-1995, the county's neonatal mortality rate was 3.5/1,000. By 1994-1996, the county's neonatal mortality rate had dropped to 2.2/1,000. However, 2000-2002 Vital Statistics showed the rate had increased to 3.7/1,000. To lend some objectivity to this rate, note that it is based on 6 neonatal deaths among the 1,610 live births recorded in the county over that time period.

Post-Neonatal Mortality: Deaths >28 Days - <1 Year of Age/1,000 Live Births Vital Statistics data show the post-neonatal mortality rate for Allegany County is 3.7/1,000 live births from 2000-2002. This rate was 3.5/1,000 from 1991-1995 and 1.1/1,000 from 1994-1996. The Western New York rate for 2000-2002 is 2.3/1,000 live births.

Maternal Mortality: Maternal Deaths/100,000 Live Births There were no maternal deaths in Allegany County from 1994-1996 or from 2000-2002 according to Vital Statistics data.

Medicaid/Self-Pay Births/ 100 Live Births From 1994-1996, 51.3% of live births in Allegany County were Medicaid/Self Pay births. In 2002, 43.8% of live births were Medicaid/Self-Pay in Allegany County while less than half of Western New York deliveries (21.2%) were Medicaid/Self-Pay. This data was retrieved from the New York State Department of Health Community Health Data Set.

Adolescent Births (Mother's Age 10-17)/100 Live Births A review of adolescent live births for 1994-1996 showed Allegany County's rate of 5.1% to be higher than that for WNY and the Finger Lakes (both 4.3%), and Upstate New York (3.8%). From 2000-2002, Allegany County's Adolescent Birth rate dramatically declined to 3.0% while the Western New York rate decreased slightly to 3.3%. (2000-2002 Vital Statistics Data)

Low Birth Weight Births: Births <2,500 Grams/100 Live Births From 1994-1996, 5.2% of live births in Allegany County were of low birth weight. According to Vital Statistics data for 2000-2002, 6.5% of births were low birth weight. Although this rate is slightly higher than the 94-96 data, our rate is still lower in 2000-02 than the rest of Western New York, which is 7.7%.

Very Low Birth Weight Births: Births <1,500Grams/100 Live Births From 1994-1996, the rate of very low birth weight births in Allegany County was 1.2%. This rate increased slightly in 2000-2002 to 1.4%, yet is still lower than the Western New York rate of 1.6%. (2000-2002 Vital Statistics Data)

Short Gestation Births: Births <37 Weeks/100 Live Births From 1994-1996, Allegany County's the rate of short gestation births was 10.6%. This was comparable to the rates throughout the 57 upstate New York counties, despite the fact that it was the fourth highest rate among those counties. According to 2000-2002 Vital Statistics Data, Allegany County's rate had increased to 11.7%, comparable to the rate of 11.2% for all of Western New York.

Other Relevant Data

- According to the New York State Department of Health, the SIDS mortality rate in Allegany County for 2000-2002 was 1.24 per 1,000 births while the New York State rate is .39 per 1,000 births.
- The 2003 SPARCS data show that Allegany County had no spina bifida or other Neural Tube Disorders cases recorded or diagnosed in that year.

- The 2000-2002 SPARCS data reveals that Allegany County's newborn drug-related discharges (per 10,000 newborn discharges) is 20.0 while the New York State rate is 87.0 per 10,000 births.
- Allegany County has more than doubled the number of physicians that deliver babies. There are two new physicians of Obstetrics and Gynecology; one of them specializes in infertility. There is a new facility through Jones Memorial Hospital, (which houses the only Labor and Delivery Suite in the county), that is a Women's Health Care Center that staffs an Obstetrics and Gynecology physician, a new Family Practice physician that delivers babies and a Certified Nurse Midwife. There is also a Family Practice physician in Wellsville that delivers babies. There are also clinics from Southern Tier Community Health Center Network, Inc. and Cuba Memorial Hospital with Family Practice physicians and a Certified Nurse Midwife that deliver babies at Olean General Hospital. Cuba Memorial Hospital does not have a Labor and Delivery Suite. There are two Pediatricians in Allegany County. One practices in the Cuba area and the other in Wellsville.

Priorities

Natality/reproductive health statistics appear to indicate that Allegany County has few significant problems in the areas considered when compared to WNY. However, the following problems were identified which should be acted upon:

- Reduce the low and very low birth weight births to meet the Communities Working Together objectives.
- Reduce the number of pregnancies and births in adolescents and teenagers.
- Reduce the number of spontaneous fetal deaths and short gestation pregnancies.
- Reduce the number of Medicaid/self pay births.

Opportunities for Action

The following opportunities are available to address the priority areas concerning maternal and perinatal health in Allegany County:

- Strengthen community outreach efforts to raise public awareness on the programs and services available to increase the number of residents who utilize these services as a means to increase the county's prenatal care rate.
- Increase efforts with the local school districts to expand the educational awareness of students regarding reproductive health, sexual activity, family planning, and related issues.
- Continuing evaluation of clinic utilization to identify and delineate transportation problems affecting access to the reproductive health and WIC clinics, so that corrective steps can be identified and implemented, such as possible clinic relocation, increases in the number of clinics, development of auxiliary transportation services, etc.
- Continue data reviews of natality/reproductive health outcomes in order to identify problem areas so that

timely and appropriate intervention measures can be initiated.

- Increase the number of private practice physicians providing family planning education and services to their patients, including HIV pre and post counseling and testing.

Family Planning: Postponing/decreasing sexual activity among young adults is a LHU **Focus Area**.

Communities Working Together Objective: By 2006, reduce the adolescent pregnancy rate to no more than 2/1,000 girls aged 10-14 and to no more than 50/1,000 girls aged 15-17 (baseline: 3.2 pregnancies/1,000 girls aged 10-14; 65.6 pregnancies/1,000 girls aged 15-17, V.S. 1993)

By the year 2006, reduce unsafe sexual practices so that the percentage of adults 18 years of age and older who have had to be treated for a sexually transmitted disease in the previous five years is decreased by at least 20 percent (baseline: BRFSS information in the 1996 questionnaire).

According to New York State Vital Statistics data for 2000-2002, the births to teen mothers (<18 years) per 1,000 live births are 3.0 for Allegany County while the Western New York rate is 3.3.

The teen birth rate (15-19 years) per 1,000 females age 15-19 is 24.4 in Allegany County and 32.2 in Western New York, according to 2000-2002 Vital Statistics data.

According to 2000-2002 Vital Statistics data and New York State Department of Health Community Health Indicator Profile data for 2001, the following table illustrates the pregnancy rates for Allegany County and Western New York by age, per 1,000 females of that age group:

<u>Age</u>	<u>Allegany County Pregnancy Rate</u>	<u>Western New York Pregnancy Rate</u>
15-44	55	75.2
10-14	0	.90
15-17	23.4	38.5
15-19	30.1	47.5

The induced abortion to pregnancy ratio (per 1,000 live births) for Allegany County is 116.8 compared to the Western New York rate of 354.2 (2000-2002 Vital Statistics).

The following table illustrates morbidity rates (per 100,00 population) for diseases that can be contracted through sexual activity for Allegany County and New York State (excluding New York City) from 2003 New York State Department of Health data and 2000-2002 SPARCS data:

<u>Disease</u>	<u>Allegany County Rate</u>	<u>New York (excluding NYC) Rate</u>
Hepatitis B Acute	0	1.0
Hepatitis C Acute	0	0.2
Chlamydia	121.6	197.4
Gonorrhea	6.0	76.6
Syphilis Early	0	1.0
Syphilis Late	2.0	3.7
PID Discharge Rate	45.7	46.3

Priorities

The data on sexual activity in Allegany County depict the following areas as requiring priority action:

- Identify and focus intervention strategies on adolescents and teenagers most likely to conceive and deliver a child. Of concern are those from economically challenged families, dysfunctional families, those with a prior history of pregnancy or who come from a family with previous teenage pregnancies, those with drug, alcohol, or behavioral problems, and those doing poorly in school who have low aspirations for their future.
- Provide comprehensive reproductive health care services to low income adolescents and adults in compliance with New York State Family Planning standards and Title X guidelines including: medical history, physical assessment, laboratory testing, pregnancy testing, breast examinations, and cervical cancer screening.
- Conduct activities designed to engage historically underserved populations, including adolescents, substance abusers in and out of treatment facilities, the homeless, migrants, individuals engaged in the criminal justice system, minorities, persons with disabilities and males in services.
- Provide client education for providing education and counseling services that enable clients to make informed decisions regarding their reproductive futures and that promote healthy lifestyles.

Opportunities for Action

The following opportunities are available to address concerns regarding sexual activity in Allegany County:

- Aggressively promote the health department's family planning clinic and program activities to ensure that all who could benefit from these services are aware of their availability.
- Coordinate and increase efforts with local schools through their health curricula to promote abstinence from sexual activity and safer sex, and to increase student awareness of the severe long term social and economic problems associated with teenage pregnancy, and the dangers associated with STD's.
- Enhanced communication with private health care providers and agencies on the incidence of teenage pregnancy in Allegany County, in order to develop, promote, and implement strategies designed to reduce their occurrence.
- Work with local health care providers and other local or regional agencies with services available to pregnant teenagers or those who have given birth, (e.g. prenatal care, post-natal care, parenting skills, etc.) to enhance the likelihood of positive outcomes and reduce the usual negative consequences associated with teenage pregnancy and birth.

Sexually Transmitted Diseases (STD's)

- Use data obtained from the Electronic Clinical Laboratory Systems (ECLRS), to identify problem areas and high-risk individuals in the incidence of these diseases.
- Develop and implement appropriate intervention strategies to address problems identified in the incidence of STD's in the county.
- Continue educational programs aimed at raising the public's awareness on the prevention of, and hazards associated with, STD infections.
- Maintain currently recommended policies and procedures in the identification, reporting, care, and

treatment of STD's. This is particularly true for those of increasing public health significance, such as chlamydia trachomatis infection, the leading cause of pelvic inflammatory disease in women.

Nutrition: LHU Focus Area for 2005-2010

The Communities Working Together Objective is that by the year 2006, reduce the prevalence of overweight to no more than:

***20 percent among adults 18 years of age and older (baseline: 27%, BRFSS, 1994)**

***15 percent of second and fifth grade school children (baseline: 34.5% NYC, 27.9% Rest of State; NYSDOH Nutrition Survey, 1990)**

Statistics

According to 2000-2002 Division of Nutrition data, of 100 children tested, age 0-4, 2.9% in Allegany County were underweight while 7.1% in New York State were underweight. Allegany County also showed an 11.8 percentage of children overweight (2-4 year olds) while 13.3% of New York State children are overweight.

The 2003 Behavioral Risk Factor Surveillance System (BRFSS) demonstrates that 56.2% of New York State adults are overweight and/or obese, while only 25.8% of adults eat 5 or more servings of fruit or vegetables per day. This data also shows that 25.3% of New York adults have high blood pressure and the 2001 BRFSS data illustrates that 28% of adults in New York have high cholesterol. 2003 BRFSS data says that 76.5% of New Yorkers have had their cholesterol checked in the last five years and 99 BRFSS data shows that 93.6% of New Yorkers have had their blood pressure checked in the last two years.

There is little nutritional data concerning Allegany County residents. This is an important issue, as diet is a major factor in human health. Proper nutrition can dramatically reduce health problems associated with poor or inadequate diets, such as cardiovascular disease, cancer, cirrhosis of the liver, and diabetes. In the past several years, studies have shown that a diet high in fiber, fruit, and vegetables, moderate in carbohydrate and protein, and low in fat can serve to reduce or alleviate the onset of these and other diseases.

Maternal, reproductive, and childhood health are each heavily influenced by diet and nutrition.

Previously presented data on maternal and reproductive health showed high rates for spontaneous fetal deaths and short gestation pregnancies, to which poor nutrition could be a contributing factor. County rates for Medicaid/self pay births are also elevated. Poor maternal nutrition likely occurs in these situations, leading to adverse reproductive outcomes.

A diet high in fat is a prime contributor to cardiovascular disease, long the leading cause of death in the United States. Data presented earlier showed that diseases of the heart are the leading cause of death in Allegany County and New York State.

Cancer incidence and mortality within the county is consistent with that seen throughout the state. Interestingly, a major site of cancer associated with dietary factors, colorectal cancer, has higher incidence rates in Allegany County (141.9/100,000) as compared to state figures (128.0/100,000). Data used is from the New York State Cancer Registry, 1997-2001.

Cirrhosis of the liver is often associated with poor nutrition with long-term alcohol consumption. These factors are common among people of lower socioeconomic status, who comprise a significant proportion of the population of

Allegany County. CHIPS data (2001) show that county mortality rates from cirrhosis are higher (11.9/100,000) than those for New York State (excluding New York City) at 8.1/100,000.

Diabetes is one of the worst diseases of modern times. According to 1999 Vital Statistics data, Allegany County has a significantly higher hospitalization rate/1,000 diabetics at 595.8 than the rest of New York State at 420.5/1,000 diabetics. As expected, Allegany County's diabetes mortality adjusted rate/100,000 population for 2000-2002 is 26.0 while the Western New York adjusted rate is 21.0 and the total state adjusted rate is 19.7. (Data is Vital Statistics data for 2000-2002). However, proper diet and nutrition, along with exercise and weight loss, can help to control this disease and its serious complications, particularly in those with insulin dependent diabetes.

Priorities

The statistics on nutritional issues affecting Allegany County residents point to the following areas as those in need of priority action:

- Coordinate efforts among local agencies in data collection and analysis so that more precise assessments of the needs of county residents can be determined. This should aid in developing a clearer picture of the nutritional needs of county residents, allowing efforts to be focused on those areas in order to lessen their impact.
- Work to reduce county rates for spontaneous fetal deaths, short gestation pregnancies, and Medicaid/self pay births, by focusing on the nutritional needs of pregnant women.
- Work to reduce the Allegany County mortality rate for diabetes, which is among the highest in the state. Since nutrition plays a key role in the management of this disease and its complications, increased outreach efforts to improve public knowledge of diabetes, and identify patients who do not understand or abide by their dietary needs, may be needed.
- Reduce the number of WIC Program enrollees who suffer from ailments or conditions that can be caused, affected, or exacerbated by poor nutrition. Efforts should focus on identifying these individuals as early as possible to help ensure their nutritional needs are adequately met.

Opportunities for Action

The following opportunities present themselves for consideration relative to nutritional issues affecting the health of the Allegany County residents.

- A coordinated effort between the health department and area agencies to develop and maintain data bases and information on nutritional issues so that shortcomings identified can be addressed through the development and implementation of appropriate intervention strategies.
- Continuation of health department efforts, and community partners having related responsibilities and concerns, to promote the NYSDOH sponsored Healthy Heart and Five-A-Day programs. This could be accomplished through health fairs, media promotions, educational courses, or other means that would expand public awareness of the relationship between proper nutrition and good health.
- Work to decrease the number of spontaneous fetal deaths and pregnancies of short gestation through increased outreach efforts on the awareness, accessibility, and utilization of the various programs in the county (WIC, health department or private practice provided prenatal care, postnatal home care, etc.), that

offer nutritional advice and can monitor the health of those who utilize these services.

- Work to decrease complications and deaths from diabetes through increased patient contact, especially the newly diagnosed, to improve understanding and compliance with their specialized dietary needs and restrictions.
- Coordinate efforts with the local school districts to expand and focus on nutritional components of health education classes, to increase student awareness on the role of good nutrition in their lives.
- Work to ensure that all WIC Program eligible residents are identified and enrolled in this program.
- Work to ensure that all county children eligible for food stamps, and the free school lunch program are enrolled and receiving these services.
- Work with the Allegany County Office for the Aging to insure that eligible elderly residents are receiving nutrition at the county feeding sites and through the Meals on Wheels Program.
- Work to increase the use of the county's 12 food pantries. As of March 2004, there were food pantries in Alfred Station, Almond, Angelica, Belfast, Belmont, Bolivar, Cuba, Fillmore/Hume, Friendship, Houghton, Rushford and Wellsville. A resident can receive a food pantry service once every ninety days and they must participate at the food pantry closest to them geographically.

Injury Prevention and Control: LHU Focus Area

Communities Working Together objective: by 2006, reduce unintentional injury among children, young adults, adults and seniors, so that the rate of hospitalizations due to unintentional injuries is no more than:

- **385/100,000 children age 0-14 years** (baseline: 487 per 100,000, SPARCS, 1990-93)
- **475/100,000 young adults, aged 15-24 years** (baseline: 597 per 100,000, SPARCS, 1990-93)
- **420/100,000 adults aged 25-64 years** (baseline: 527 per 100,000, SPARCS, 1990-93)
- **1,615/100,000 seniors aged 65 years and older** (baseline: 2,024 per 100,000, SPARCS, 1990-93)

Statistics

Unintentional Injury Hospital Discharge Rates/100,000 Population SPARCS data showed Allegany County's and Western New York's 2000-2002 hospital discharge rate for unintentional injury as:

<u>Age</u>	<u>Allegany County Rate/100,000</u>	<u>WNY Rate/100,000</u>
<10	731	661.9
10-14	361.6	267.3
15-24	325.4	344.9
25-64	513.5	398.6
65+	2559	2306.3

Unintentional Injury Mortality Rates/100,000 Population Vital statistics for 1994-1996 showed Allegany County's age-adjusted unintentional injury mortality rate to be of 32.4/100,000. The 2000-2002 Vital Statistics show an increase to 39.9 for Allegany County while the Western New York rate is 23.1.

Hospitalization Rates for Traumatic Brain Injuries/100,000 Population The 2000-2002 SPARCS data shows Allegany County's hospitalization rate for TBI injuries, per 100,000 population is 76.2 while the Western New York

rate is 71.8.

Motor Vehicle Accident Mortality Rates/100,000 Population County profile data for 1991-1995 showed the county with a motor vehicle accident mortality rate of 16.5/100,000. The 2000-2002 Vital Statistics data contains an increased rate of 18.3/100,00 for Allegany County and a rate of almost half for Western New York of 9.8.

Alcohol Related Motor Vehicle Deaths and Injuries/100,000 population According to 1999-2001 NYS Department of Motor Vehicles data, Allegany County had a rate of 131.6 per 100,000 deaths and injuries while Western New York had a rate of 79.8 per 100,000. Allegany County had the highest rate in the region with Genesee close behind at 128.2 per 100,000.

DWI Related Auto Accidents/10,000 Youths Age 16-20 In 1993, Allegany County's rate for those age 16-20 who were DWI and involved in auto accidents was 12/10,000. In 1995, the county's DWI auto accident rate had fallen to 7/10,000. However, according to 1999 KWIC data, the rate for 16-20 year olds is up to 19.6 for Allegany County and 8.3 for New York State.

Suicide Mortality/100,000 population The 2000-2002 Vital Statistics data shows that Allegany County's suicide adjusted rate/100,000 is 15.7 while Western New York's adjusted rate is almost half at 8.0. The rate for 15-19 year olds in Allegany County is 6.1 per 100,000 while the Western New York rate is 7.3 per 100,000.

Self-Inflicted Injury Hospitalizations/100,000 population The 2000-2002 SPARCS data shows a rate of 49/100,000 self-inflicted hospitalizations in Allegany County while Western New York had a rate of 48.4/100,000.

Priorities

- Decrease the number of teenagers and young adults who drink and drive, or who ride with someone who has been drinking.
- Increase the number of teenagers and young adults who wear seatbelts when driving or riding in a motor vehicle.
- Eliminate underage drinking and the use of drugs among the youth of Allegany County.
- Increase the number of teenagers and young adults who wear a safety helmet when operating or riding on a motorcycle or similar vehicle.
- Decrease the number of teenagers and young adults who speed while operating a motor vehicle.
- Continue monitoring the suicide rate in Allegany County and work with mental health agencies to try to reduce the number of suicides in the county.
- Address unintentional injury hospitalizations for children under 14 years of age, and adults 25 and over.

Opportunities for Action

- Continue and expand educational efforts toward teenagers and young adults and the elderly on accident and injury prevention, particularly regarding drinking and driving and falls.
- Propose the advent of alcohol compliance checks on the sale of alcohol to minors, similar to what is already done in regards to the sale of tobacco products.
- Continue the promotion of STOP DWI, MADD, and SADD programs within the county.

Violent and Abusive Behavior

The Communities Working Together objective is by the year 2006, reduce the age-adjusted homicide mortality rate to no more than 10 per 100,000 people and reduce the rate of hospitalizations due to assaults to no more than 65 per 100,000 people (baseline: homicide mortality rate: 13.9 per 100,000, VS, 1993; and assault-related hospitalization rate: 94.7 per 100,000, SPARCS, 1990-93)

By the year 2006, reduce domestic violence, abuse and neglect so that:

- The number of indicated abuse or neglect cases in children under 18 years of age is no more than 4 cases per 1,000 children age 0-17 years of age (baseline: 7.8 per 1,000, DSS Bureau of Child Protective Services, 1993-95)
- The number of women reported being a victim of a physically violent act by an intimate partner during the previous year is no more than 3 per 100 couples (baseline: 5.6 per 100 couples, BRFSS, 1994)
- The rate of abuse or neglect of seniors is reduced by at least half (baseline: not available; data system to be developed)

Statistics

The following statistics on hospital discharges related to assault cases came from the 1994-1996 and 2000-2002 SPARCS data:

Assault: Discharge Rates/100,000 Population From 1994-1996, Allegany County's rate of hospital discharges for unintentional injuries arising from assaults was 19.7/100,000. In 2000-2002 Allegany County's rate was 16.6/100,000 while the Western New York rate was 27.9/100,000.

New York State Vital Statistics for 1994-1996 and 2000-2002 provided the following data on homicide mortality:

Homicide: Mortality Rates/100,000 Population Allegany County's age-adjusted homicide rate for 1994-1996 was 1.5/100,000. This was less than the aggregate rate for all 57 counties comprising upstate New York (3.7/100,000), an area in which only 17 other counties had lower individual homicide rates compared to this county. The adjusted rate for 2000-2002 was 0.6/100,000 for Allegany County and 4.3/100,000 for Western New York.

Child Abuse and Maltreatment/1,000 Families According to KWIC data, in 1996, there were 173 indicated reports of child abuse and maltreatment in Allegany County, for a rate of 32/1,000 children. In 2003, there were 134 reports with a rate of 26.1/1,000 children while the New York State rate for 2003 was 30.5/1,000.

Crimes Known to Police – Violent Index/1,000 population The 2002 KWIC data shows 116 violent crimes occurred for a rate of 2.3/1,000 while the New York State rate was 4.9/1,000.

Drug-Related Discharges/10,000 population According to 2000-2002 SPARCS data, Allegany County had a rate of 7.4/10,000 drug-related discharges, the second lowest rate among Western New York counties, after Wyoming County's rate of 4.8/10,000. The rate for all of Western New York over the same period was 15.7/10,000.

According to the 2003 Allegany County Data Book, the following are statistics for Allegany County:
Domestic Violence Hotline Calls = 1,069 in 2000, 696 in 2001 and 769 in 2002.

Family Offense Petitions Prepared by ACCORD'S Domestic Violence Services Program = 116 in 2000, 94 in 2001 and 102 in 2002.

Domestic Violence Shelter	2000	2001	2002
# of Bed Nights	740	606	423
# of Women	32	32	28
# of Children	45	48	37
Recidivism Rate*	0%	17%	0%

*Recidivism rate is the percentage of women who return to the Domestic Violence Shelter

Referrals to Protective Services for Adults	2000	2001	2002
# of Referrals for People Age 60 and Over	20	16	47

Of these, types of abuse reported)

Self-Neglect	8	4	9
Active Neglect by Others	1	0	0
Passive Neglect	2	4	3
Financial Abuse	4	4	19
Physical Abuse	2	4	4
Sexual Abuse	0	0	0
Verbal Abuse	2	2	0

Of referrals for those 60+, perpetrator relationship*

Son, Son-in-Law, Daughter	1	3	13
Husband	1	2	3
Wife	1	0	0
Grandson	1	0	0
Granddaughter	0	0	1
Niece	0	0	0
Nephew	0	0	0
Unrelated Caregiver	0	1	0
Girlfriend	0	0	0
Other	14	11	11

*Reporter did not specify certain characteristics in all cases.

Priorities

- Bring the child abuse and neglect reports (134/1,000 children) in line with the Communities Working Together target of 4.0/1,000 children.
- Work with Protective Services for Adults and Office for the Aging to decrease the abuse and neglect of the elderly in Allegany County.

Opportunities for Action

- Work to ensure that abusers are held accountable for their actions through punishment that is appropriate to the nature of their activity, and that will serve as a deterrent to future abuse.

Tuberculosis (TB) Though the incidence of tuberculosis in the county has been low, (0 cases in 2003 according to New York State Department of Health data), the following are priority areas in maintaining control over this serious disease:

- Retain and expand, as necessary, programs already in place which allow for screening and detection of those with tuberculosis.
- Maintain the knowledge base, resources and ability to handle cases of tuberculosis as they are diagnosed.
- Ensure the health department's capability, with cooperation from local health care providers, of investigating and managing several cases of TB at once, and in controlling an outbreak should one occur.
- Provide local health care providers with updated, current information on care and treatment regimens as recommended by the state health department or higher authority.
- Establish a health department based outreach program to identify and offer testing to those individuals not routinely tested, but who due to their occupation, lifestyle, etc., are at risk of TB infection.
- Strengthen and maintain affiliations with private and other local health providers to ensure current screening, diagnostic, and treatment recommendations are recognized, understood, and followed.

Communicable Disease

Statistics

Pneumonia/Flu The New York State Department of Health illustrates a slightly higher rate of 1901.8/10,000 population, for pneumonia/flu hospitalizations for people 65 years and older in Allegany County from 2000-2002 than the Western New York State rate of 1836.2/10,000 population.

Measles The incidence rate of measles in Allegany County for 2003 was 0.0 per 100,000 population, while the Western New York rate per 100,000 was 0.2, according to New York State Department of Health data.

Rubella The incidence rate of rubella in Allegany County from 2000-2002 was 0.0 per 100,000 population, while the Western New York rate per 100,000 was also 0.0, according to The Bureau of Communicable Disease data.

Pertussis The incidence rate of pertussis in Allegany County for 2003 was 0.0 per 100,000 population, while the Western New York rate per 100,000 was 9.6, according to New York State Department of Health data.

Haemophilus B Influenzae (HIB) The incidence rate of HIB in Allegany County for 2003 was higher at 4.0 per 100,000 population, than the Western New York rate of 1.4/100,000, according to New York State Department of Health data.

Lyme Disease The incidence rate of lyme disease in Allegany County from 1998-2000 was 4.0 per 100,000 population, while the Western New York rate per 100,000 was also 46.8, according to The Bureau of Communicable

Disease data.

Hepatitis The New York State Department of Health illustrates the following data, at a rate per 100,000 population, for Hepatitis A, B and C in Allegany County:

	<u>Hepatitis A</u>	<u>Hepatitis B</u>	<u>Hepatitis C</u>
<u>2002 Allegany County Rate</u>	2.0	4.0	0.0
<u>2002 NYS (Excl NYC) Rate</u>	1.7	1.3	0.5
<u>2003 Allegany County Rate</u>	2.0	0.0	0.0
<u>2003 NYS (Excl NYC) Rate</u>	1.3	1.0	0.2

Priorities:

- Develop and maintain a communicable disease data base by which to track cases, so that trends in the incidence of these diseases can be readily identified and addressed.
- Educate the general public on the types and modes of communicable disease transmission, as a primary means of reducing disease incidence and potential consequences.
- Educate food service managers and their employees within this industry on steps to prevent the transmission of food-borne illness, including hepatitis A.

Opportunities for Action

- Maximize efforts to immunize individuals against communicable diseases and identify and consider for immunization those individuals who are at high risk for infection.
- Education of the public as to the types of communicable diseases and their means of transmission, in order to promote activity likely to reduce the incidence of these diseases.
- Education of food service managers and employees within the county on the means of transmission of food-borne communicable disease within this industry, in order to prevent the likelihood of a food-borne outbreak of disease.
- Education of the public on communicable disease transmission acquired through foreign travel, and on the steps to take to diminish this possibility.

Immunizations

Statistics

Influenza According to the BRFSS for 2002, the percentage of New Yorkers age 65 and over that received a flu vaccination was 64.6% while in 2003 the percentage was slightly higher at 68.0%.

Pneumonia According to the BRFSS for 2002, the percentage of New Yorkers age 65 and over that received a pneumonia vaccination was 62.4% while in 2003 the percentage was slightly lower at 61.7%.

% of Children Immunized The National Immunization Survey illustrates that for children age 19-35 months in

New York, 75% were fully immunized in 2000-2001 and 75% were fully immunized from 2001-2002, while 79% were fully immunized from 2002-2003.

General Immunization Administration

Due to the high immunization rates, vaccine preventable diseases in Allegany County are seldom seen. Children also routinely receive hepatitis B and chicken pox immunizations. The widespread use of these vaccines is fairly new, so their impact will be unknown for several years.

Priorities

- Maintain or expand efforts to maximize immunization levels in county children.
- Increase the number of susceptible individuals in the county receiving influenza and pneumococcal vaccine, either through the health department, private health care provider or clinic, etc.
- Maximize the opportunity to immunize children in need of vaccination during their visits to health department and WIC clinics, as opposed to referring them their physician for this service.

Opportunities for Action

- Maintain or expand media coverage and other means to educate the public on the importance of childhood immunizations, and the availability of clinics for receiving immunizations, including the health department's annual influenza and pneumococcal vaccine clinics.
- Educate the public on immunization awareness, recommendations, and requirements in regard to foreign travel, possible work place exposures, etc.

Rabies Control

The Rabies Control Program has been an active and efficient program in terms of preventing the spread of this disease outside of its normal species vectors. Despite this, the following areas have been identified that could benefit this program and the department in maintaining the efficiency of the program and lowering costs to the taxpaying public.

Priorities

- Reduce the number of exposures to bats, which in Allegany County has become the leading cause of post-exposure rabies treatment for humans.
- Clarify with local health care providers and facilities their requirement to contact the health department before any post-exposure treatment is initiated.
- Clarify with local health care providers and facilities the proper procedures for billing for post-exposure treatment, emphasizing that third party payers must be pursued as the primary source for these payments, not the health department.
- Clarify with local health care providers and facilities that the health department will provide the last four

doses of rabies vaccine for an individual receiving the series.

- Continue public education efforts, through news articles, public service announcements, health fairs, etc., on steps to avoid possible exposure to themselves or their domestic animals from known and potential rabies vector species.
- Maximize the opportunity to immunize children in need of vaccination during their visits to health department clinics, as opposed to referring them their physician for this service.

Opportunities for Action

- Maintain or expand media coverage and other means to educate the public on the importance of childhood immunizations, and the availability of clinics for receiving immunizations, including the health department's annual influenza and pneumococcal vaccine clinics.
- Educate the public on immunization awareness, recommendations, and requirements in regard to foreign travel, possible work place exposures, etc.

Chronic Disease Morbidity and Mortality

Cancer Incidence and Mortality: Expanding prevention and early diagnosis and providing more general screenings for cancer are LHU priorities for 2005-2010.

Statistics

Data from the New York State Cancer Registry was used to assess cancer incidence and mortality in Allegany County. The sources for this information included *Cancer Incidence and Mortality in New York, Trends in Cancer Incidence and Mortality by County, 1976-1995 and 1997-2001*, and *New York State Vital Statistics: 1992-1996*.

<u>Early Stage Diagnosis</u> (per 100,000)	<u>Allegany County Rate</u>	<u>New York State Rate</u>
Lung	34.1	26.9
Breast	62.5	68
Cervical	Unstable rate >3 cases per year	58
Colorectal	44.5	43.3
Oral	57.9	44.5

According to the BRFSS for 2002, 79.3% of women in New York State age 40 and over had a mammogram in the past two years and 84.8% of women had a PAP in the last 2-3 years.

The data show our lung, oral, and colorectal rates as slightly elevated compared to New York State. The colorectal rates might be attributed to the increased activity of our Screen for Health Program, where more people are being screened and educated about cancer awareness through this program. Our breast cancer early stage diagnosis rates are lower than the state rates.

Males From 1976-1995, the incidence rate for "all invasive malignant cancers" in Allegany County males, 378.8/100,000, was much lower than the WNY rate (411.0/100,000). From 1997-2001, the county rate increased considerably, to 564.9/100,000. 1997-2001 site-specific cancer incidence and mortality rates/100,000 males in Allegany County and New York State, are provided below:

<u>Site of Cancer</u>	<u>Incidence/Allegany</u>	<u>Mortality/Allegany</u>	<u>Incidence/NYS</u>	<u>Mortality/NYS</u>
Prostate	133.0	35.4	163.6	30.5
Lung/Bronchus	109.5	92.7	86.3	67.5
Colorectal	77.2	34.3	73.9	27.3
Colon excl rectum	55.4	29.0	52.6	23.2
Rectum & rectosigmoid	21.8	5.2	21.3	4.1
Urinary Bladder	47.4	15.4	41.1	8.7
Melanoma of the skins	26.1	6.9	13.3	3.4
Non-Hodgkin Lymph	22.2	15.7	23.5	9.9
Oral Cavity/Pharynx	16.4	5.0	15.4	4.1
Leukemias	13.2	7.2	15.7	9.6
Stomach	12.4	1.8	14.9	8.0
Brain/Other Nerv Sys	11.7	4.7	8.2	4.7
Larynx	11.2	2.4	8.2	2.8
Kidney/Renal Pelvis	9.9	2.4	17.7	5.3
Multiple myeloma	9.4	7.4	7.1	4.3
Pancreas	9.3	13.6	14.3	12.9
Esophagus	8.4	12.0	8.5	7.7
Testis	5.7	0.9	5.0	0.2
Liver/intrahepatic duct	4.2	3.8	9.8	7.0
Thyroid	2.5	0.0	4.2	0.4
Hodgkin lymphoma	1.1	1.8	3.6	0.6

Females Between 1976-1995, the incidence rate for "all invasive malignant cancers" in Allegany County females, 310.7/100,000 females, was less than the WNY rate (318.3/100,000). From 1997-2001, the county rate rose to 434.1/100,000, as compared to 449.6/100,000 for New York State. 1997-2001 site-specific cancer incidence and mortality rates/100,000 females in Allegany County and New York State, are provided below:

<u>Site of Cancer</u>	<u>Incidence/Allegany</u>	<u>Mortality/Allegany</u>	<u>Incidence/NYS</u>	<u>Mortality/NYS</u>
Female Breast	117.0	28.8	131.4	28.9
Cervix uteri	11.4	5.6	10.1	3.0
Corpus uteris & NOS	34.7	1.5	27.2	4.8
Ovary	22.7	13.2	15.6	9.1
Lung/Bronchus	69.9	44.9	54.0	38.3
Colorectal	64.7	22.7	54.1	27.3
Colon excl rectum	50.9	22.7	40.9	16.5
Rectum & rectosigmoid	13.8	0.0	13.2	2.4
Urinary Bladder	10.4	4.1	11.4	2.6
Melanoma of the skins	10.3	1.7	8.3	1.5
Non-Hodgkin Lymph	14.3	6.4	16.6	6.6
Oral Cavity/Pharynx	8.2	0.7	6.4	1.5
Leukemias	12.4	7.9	9.7	5.6
Stomach	2.6	1.8	7.1	4.2
Brain/Other Nerv Sys	6.3	3.4	6.1	3.3
Larynx	4.6	1.7	1.9	0.6
Kidney/Renal Pelvis	13.4	2.0	8.7	2.4
Multiple myeloma	2.8	4.3	5.0	3.0
Pancreas	6.6	7.0	11.7	10.0

Esophagus	0.0	0.0	2.6	2.0
Liver/intrahepatic duct	1.7	2.1	3.6	2.9
Thyroid	9.6	0.0	11.3	0.5
Hodgkin lymphoma	1.9	0.0	2.8	0.5

Comparison of Four Leading Male/Female Cancer Incidence and Mortality/100,000

<u>Cancer Site</u>	<u>Incidence</u>		<u>Mortality</u>	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
Breast	--	117.0	--	28.8
Prostate	133.0	--	35.4	--
Lung	109.5	69.9	92.7	44.9
Colorectal	77.2	64.7	34.3	22.7
Colon excluding rectum	55.4	50.9	29.0	22.7

The data shows that the majority of incidences of cancer in both males and females are gender-related. For women, breast cancer incidence is almost double that of the next frequently occurring, lung. For men, prostate cancer incidence is slightly higher than lung cancer and almost double the third leading cancer incidence, colorectal. For mortality, men and women are both dying predominantly of lung cancer, with breast a distant second for women and prostate a far distant second for men.

Other Relevant Data

According to the 2003 BRFSS, 21.6% of adults in New York smoke cigarettes while 23% of youth smoke. Cigarettes contain carcinogens, which cause cancer.

Priorities

As the cancer data presented covers a period of some 20-odd years, its reliability is probably not an issue, and the statistics can be trusted to reflect the normal cancer incidence and mortality rates in these areas. The findings show that cancer incidence and mortality in Allegany County is on the rise. Overall cancer rates appear to be lower in Allegany County than in the rest of New York State. However, there are several areas identified that need to be addressed as causes of concern. These are as follows:

- Reduce incidence and mortality from lung cancer in county males and females and increase available support services. Lung cancer is the number two incidences for males in Allegany County but clearly number one for mortality. In females, lung cancer is number two for incidence and clearly number one for mortality. Allegany County rates for both mortality and morbidity are also higher than the state rates.
- Reduce incidence and mortality from breast cancer in county females and increase available support services. While rates were reported as lower than in the other regions, mortality from this disease is the second leading cause of cancer death for women of Allegany County.
- Reduce incidence and mortality from cervical cancer in county females and increase available support services. Females in the county experienced slightly higher rates of cervical cancer incidence but almost a triple rate of mortality than women in New York State.
- Reduce incidence and mortality from prostate cancer in county males and increase available support services. Prostate cancer is the number one incidence for males in Allegany County and second for mortality.

- Reduce cancer incidence and mortality in Allegany County from colorectal cancer for men and women and increase available support services. It is the third leading cancer incidence rate for both men and women and the third leading cause of death for men and it is tied for third with Colon, excluding rectum, in women. Both mortality and morbidity rates are elevated compared to state data.

Opportunities for Action The primary observation to be gleaned from the above is that each site of cancer identified for priority action is either easily detectable through screening tests, or preventable through changes in personal behavior. More favorable statistics should be attainable for these specific types of cancer through education and earlier detection, which the present statistics indicate are lacking. The following opportunities to address these concerns present themselves:

- Better outreach efforts to increase the number of women who receive mammograms and PAP testing to detect breast cancer and cervical cancer at stages when they are more amenable to treatment.
- Increase the number of women doing breast self-examinations through outreach and educational efforts indicating how and when they should be done.
- Increase the number of women who seek early medical care after detecting a breast lump or change in a breasts appearance through outreach and educational efforts, which highlight the benefit of early detection in the treatment of this disease.
- Conduct educational campaigns to encourage anyone who notices difficulty in swallowing, or an unhealing sore on their lips or anywhere within their mouth to seek immediate medical care for definitive diagnosis and treatment.
- Promote bi-annual dental examinations, which serve as an opportunity to receive an assessment of the oral cavity and pharynx for signs of cancer or pre-cancerous conditions.
- Through outreach and educational efforts, increase the number of men receiving digital exams and blood testing for early detection of prostate cancer, when more conservative/less radical treatment options may be available.
- Conduct educational programs in area schools, and for receipt by the general public, that focus on the dangers of tobacco use and its association with cancers of the lung, larynx, and oral cavity.
- Work to promote the range and type of services available through the American Cancer Society, and conduct outreach efforts to identify more volunteers to work within these programs.
- Ensure that cancer patients who do not have the means or ability to transport themselves have transportation available to take them to receive their treatments.
- Encourage the use of county support groups by cancer patients as a means to help them and their families cope and come to terms with their disease.

Other Chronic Diseases

Increased emphasis on encouraging routine exercise, proper nutrition and healthier lifestyles is a local health unit priority for 2005-2010.

Statistics

Data on chronic disease morbidity and mortality in Allegany County came from the 1992, 1995, 1994-1996, and 2000-2002 Vital Statistics reports for New York State, 2001 CHIPS and 2000-2002 SPARCS data.

Diabetes rates of hospitalizations/1,000 diabetics and Mortality Rates/100,000 population

According to 1999 Vital Statistics data, Allegany County has a significantly higher hospitalization rate/1,000 diabetics at 595.8 than the rest of New York State at 420.5/1,000 diabetics. As expected, Allegany County's diabetes mortality adjusted rate/100,000 population for 2000-2002 is 26.0 while the Western New York adjusted rate is 21.0 and the total state adjusted rate is 19.7. (Data is Vital Statistics data for 2000-2002).

Cirrhosis of the Liver Mortality Rates/100,000

Data (CHIPS, 2001) shows that county mortality rates from cirrhosis are higher (11.9/100,000) than those for New York State (excluding New York City) at 8.1/100,000.

Chronic Lower Respiratory Disease (CLRD) Mortality Rates/100,000 Population

Data from 2000-2002 Vital Statistics shows that the adjusted mortality rate for CLRD in Allegany County was 61.8/100,000 while the New York State rate was lower at 44.6/100,000.

Chronic Obstructive Pulmonary Disease (COPD) Hospitalizations

According to 2003 SPARCS data, there were 201 hospitalizations for COPD in Allegany County in 2003.

Cardiovascular Disease Mortality Rates/100,000 Population

Known factors for cardiovascular disease, such as sedentary lifestyle, high fat diet, high blood pressure, smoking, and family history, are often seen in those of lower socioeconomic status. Thus, one might expect cardiovascular disease mortality rates in Allegany County to be high when compared to other areas of the state. However, the 1994-1996 vital statistics show Allegany County with a surprisingly low mortality rate for cardiovascular disease. During that period, the county's age adjusted mortality rate from cardiovascular disease was 341.3/100,000. This was lower than the WNY rate (413.7/100,000). According to 2000-2002 Vital Statistics, the rate was even lower at 330.7/100,000 while the Western New York rate was 361.2/100,000.

Diseases of the Heart Mortality Rates/100,000 Population

From 1994-1996, Allegany County's age-adjusted mortality rate for diseases of the heart was 264.6/100,000. This rate was lower than all counties in WNY (330.3/100,000). The 2000-2002 Vital Statistics data shows the rate for Allegany County is lower still at 248.9/100,000 while the Western New York rate is higher than Allegany County, but lower than the 94-96 rate at 282.1/100,000.

Cerebrovascular Disease Mortality Rates/100,000 Population

The 1994-1996 age-adjusted cerebrovascular mortality rate in Allegany County was 47.9/100,000. This was well below the WNY rate (59.0/100,000). The 2000-2002 Vital Statistics data shows an increased rate for Allegany County of 61.7/100,000, which is higher than the Western New York rate of 56.5/100,000.

Asthma Mortality Rates/100,000 Population

According to 2000-2002 Vital Statistics data, the mortality rate for Allegany County was 0.0/100,000 while the Western New York rate was 1.0/100,000.

Asthma Discharge Rates/100,000 Children Age 0-4

Between 1994-1996, Allegany County's hospital discharge rate for asthma in children age 0-4 years was 698.9/100,000. This rate was very high as compared to WNY's (578.5/100,000). According to 2000-2002 SPARCS data, the discharge rate was 365.2/100,000 which is

dramatically down from the 94-96 rate, but still higher than the Western New York rate of 315.4/100,000.

Asthma Discharge Rates/100,000 Children Age 5-14 Compared to the discharge rate for children age 0-4, the county's 1994-1996 asthma discharge rate for that age 5-14 ranked was much lower. The county's rate, 109.5/100,000, was well below the rates for WNY's (188.4/100,000). The 2000-2002 rate was almost half at 58.8/100,000 while the Western New York rate was 101.8/100,000.

Asthma Discharge Rates/100,000 Age 15-24 The 2000-2002 SPARCS data shows a rate of 21.9/100,000 for Allegany County while the Western New York rate was more than double at 45.7/100,000.

Asthma Discharge Rates/100,000 Age 25-44 The 2000-2002 SPARCS data shows a rate of 129.5/100,000 for Allegany County while the Western New York rate was much lower at 72.2/100,000.

Asthma Discharge Rates/100,000 Age 45-64 The 2000-2002 SPARCS data shows a rate of 149.9/100,000 for Allegany County while the Western New York rate was significantly lower at 98.3/100,000.

Asthma Discharge Rates/100,000 Age 65+ The 2000-2002 SPARCS data shows a rate of 113.9/100,000 for Allegany County while the Western New York rate was higher at 139.6/100,000.

Total Asthma Hospitalization Discharge Rate/100,000 Population According to 2000-2002 SPARCS data, the rate of total hospitalization discharges for Allegany County was 112.0/100,000 while the Western New York rate was comparable at 103.3/100,000.

According to the 2002 BRFSS, 7.9% of New York State's population has ever had asthma while 7.3% of the United States population has ever had asthma.

Other Relevant Data

The 2003 BRFSS data also shows that 16.9% of Upstate New York adults binge drink while 30% of Upstate teens binge drink. Excessive drinking can contribute to the development of cirrhosis of the liver.

The 2003 Allegany County Data Book discusses the following 2002 statistics for The Allegany Council on Alcoholism and Substance Abuse, Inc. (ACASA) located in Wellsville, New York:

- ACASA served 233 clients.
- The average age of alcoholic clientele was 35.5 years.
- The average age of substance abuse clientele was 34 years.
- 44% of clients were Medicaid payment, 21% were private insurance and 35% were private pay.
- Referrals came from the following sources:

34% Probation	9% Alcohol related incidents (DMV/Drinking Driver Program)
14% DSS categories	11% Family Court/Probation
4% Self-referral, family, friends	2% Mental Health/Crisis
7% Inpatient rehabilitation	4% Other criminal justice referrals
10% Drug-free residential programs	1% Schools
4% Other	

The 2003 Allegany County Data Book also shows the 2000 arrest rate/10,000 youths for drug possession, sale or DUI, ages 10-20 years at 166/10,000 for New York State and 102/10,000 for Allegany County.

The Data Book also lists the 1999 DWI rates/10,000 youths at 29.9/10,000 for New York State and 44.1/10,000 for Allegany County.

Priorities

- Reduce mortality and hospitalizations from diabetes, which in Allegany County are among the highest in the entire state.
- Reduce mortality from COPD, because our rates are the highest in the Western New York region and among the highest in the state.
- Reduce mortality from cirrhosis by continuing to work with ACASA to educate the public on hazards of high-risk alcohol use.

Opportunities for Action

- Promote educational campaigns that focus on good nutrition, exercise, and weight reduction as means in which to reduce the incidence of diabetes, and reduce the risk of acquiring the serious complications and health conditions associated with this disease.
- Work to ensure that all county residents receive annual physical exams, which would provide an opportunity to advance preventive measures aimed at reducing the incidence of this disease, and identify those at high risk who would benefit from early intervention.
- Heighten awareness of the role that smoking plays in the development of COPD. Focus educational efforts at children and youth adults that will lead to a reduction in the number of them who take up smoking.
- Determine if occupational exposures in workers within the county account for the increase in the number of cases of COPD, so that preventive steps can be taken to protect these workers from such exposures.

HIV Infection/Acquired Immunodeficiency Syndrome (AIDS)

Statistics

AIDS Cases/Rate per 100,000 Population Allegany County's AIDS case rate, per 100,000 population, for 2000-2002 is 2.7 and the New York State rate is 6.3, according to the Bureau of HIV/AIDS data.

AIDS Mortality Rates/100,000 Population Vital statistics for 1995 showed AIDS to be the third leading cause of death in New York State (44.6/100,000). It was the leading cause of death in those 25-44 years of age. As of 1995, AIDS cases had been reported from every county in the state. The majority of these were among residents of New York City. The 1991-1995 county profile data showed Allegany County with four AIDS deaths in that time period, for a rate of 1.6/100,000. This was the lowest rate of any county in the state, and was almost seven times less than the rate for Upstate New York (10.7/100,000) over that same period. According to 2000-2002 Vital Statistics data, the AIDS mortality rate is down to 0.8/100,000 while the Western New York rate was 2.6/100,000.

HIV Positive Newborns – Rate per 1,000 Newborns Tested According to data from the 1999-2001 Bureau of HIV/AIDS, Allegany County had no newborns that were HIV Positive while the Western New York rate was 1.3/1,000.

Priorities

Current data show that HIV infection/AIDS in Allegany County is not a significant problem. Despite this, continued efforts should be made to provide adequate services to county residents afflicted with these conditions, as reflected in the following priorities:

- Increase the number of county residents voluntarily tested for HIV infection.
- Continue educational efforts aimed at increasing HIV infection/AIDS awareness among county residents.
- Identify county residents at high risk of HIV infection, so that intervention strategies can be focused toward them in order to reduce their likelihood of contracting this virus.

Opportunities for Action

- Promote HIV/AIDS testing through the various health department clinics available to county residents.
- Work with private health care providers to encourage them to increase the number of their patients offered HIV testing and its accompanying pre test and post-test counseling.
- The health department and county school districts should continue to work together to provide HIV/AIDS awareness training to school students.
- Utilization of the media and other outlets to disseminate HIV and AIDS information to the general public, to ensure their awareness of modes of transmission and hazards associated with these conditions.
- Continue participation in activities of the Allegany County AIDS Awareness Task Force, and the AIDS Network of Western New York.

Optional Service Areas

Home Health Services

Nursing Services Division

The Nursing Services Division is the largest division within the Department of Health. Staffing within this division consists of one (1) Quality Assurance Coordinator with a Master's Degree, two (2) Supervising Public Health Nurses, two (2) Nurse Practitioners, twelve (12) full time Public Health Nurses, two (2) part time Public Health Nurses, one (1) part time weekend Public Health Nurse, four (4) full time Registered Nurses, one (1) part time Registered Nurse, and three (3) part time weekend Registered Nurses.

The Nursing Services Division is comprised of:

Home Health Care: The Department of Health has both a Traditional Certified Home Health Care Agency and a Certified Long Term Home Health Care Program. Allegany County residents may receive Home Health Care Services in their homes on a part time, intermittent basis. Care is available 24 hours a day, seven days a week. A patient must be under the care and direction of a licensed physician. The services are provided in accordance with New York and Federal guidelines as well as based on the physician's plan of care and nursing assessment.

Community Health: The Department of Health also has responsibility for the provision of traditional Community Health Services to the Allegany County residents. The services provided are inclusive of but certainly not limited to the prevention of and follow up of communicable disease. We owe many of our successes in the prevention of and follow up of communicable disease to the fine working relationship we enjoy with our community partners.

Direct clinic services are also provided under community Health. A sample of the clinic services provided to the community is Reproductive Health, Immunization and Blood Pressure Screening.

Optional Other Service Areas/Programs

Medical Examiner

The local health unit contracts our Medical Examiner services to Monroe County Medical Examiner's Office. The contract is for Monroe County to provide 60 autopsies to Allegany County residents per year. If more than 60 are required in a year, the services are paid for on a per case basis. The local health unit receives quarterly reports and an annual report from Monroe County Medical Examiner's Office.

B. Access to Care – general discussion of health resources

Access to Care

1. Availability of Health Resources

As with many small rural counties in New York State, health resources and access to care in Allegany County is often inadequate or lacking, particularly in the areas of dental care and specialty medical services. Part of this stems from the fact that Allegany County has such a large proportion of its population enrolled in Medicaid, or who are under insured or have no health insurance at all. Few dentists in the county accept Medicaid patients due to the low reimbursement rates they receive for services rendered. Specialty medical providers are impacted by this same problem. Neither group recovers basic expenditures for the services they provide to Medicaid patients, and are therefore reluctant to care for these people.

The last few years has seen the loss of general hospital services at Cuba Memorial Hospital, which has been converted to a combined urgent care, rehabilitation and long-term care facility. This leaves Jones Memorial Hospital, in Wellsville, as the only general hospital within the county's borders. Jones Memorial has a clinic centrally located in Belvidere and a Women's Health Center in Wellsville. Among the counties, which flank Allegany County, are several hospitals available to county residents. These include Olean General Hospital (Cattaraugus County), St. James Hospital in Hornell, and Ira Davenport Memorial Hospital in Bath (both in Steuben County), Noyes Memorial Hospital in Dansville (Livingston County), Wyoming County Community Hospital in Warsaw (Wyoming County), and Charles Cole Memorial Hospital in Coudersport, Pennsylvania (Potter County). Specialty hospitalization or tertiary care is available through hospitals in Buffalo (e.g., Buffalo General Hospital;

Erie County Medical Center; Roswell Park Cancer Institute), Rochester (Strong Memorial Hospital), and Sayre, Pennsylvania (Guthrie Clinic/Robert Packer Memorial Hospital).

There has been little infiltration of Managed Care Organizations (MCO's) into the county. Primarily, this appears due to profitability concerns. This helped lead to the development of the Physician Case Management Program (PCMP), which is comprised of a group of physicians with offices within the county and administered by the Department of Child and Family Services. The PCMP provides a partial capitation plan for patient care by contracting with primary care physicians within the program, utilizing SSI rates. While this was first seen as a stopgap measure until more MCOs established operations within the county, since this did not occur it is now seen as a long-term program. To date, administrative costs have been greatly reduced as a result of this program, and money saved is kept locally for other uses.

2. Primary and Specialty Health Services

Currently, there are approximately 20 primary care physicians providing adult and pediatric services (general/family practice), and 16 specialty care physicians, with private practices in Allegany County. Specialty physicians include three obstetrician/gynecologists, two internal medicine physicians, two general surgeons, three pediatricians, one adult and pediatric urologist, two ophthalmologists, and one podiatrist. Access to these physicians is limited to a degree for the following two reasons. First, the majority of them are located in Alfred, Cuba, Houghton, and Wellsville. This leaves them geographically removed from large segments of the county population. Also, many of these physicians only practice in the county on a part-time basis, as they have their primary practices located in adjacent counties. This further limits access to these individuals for county residents in need of medical care.

Aside from private practice physicians, there are also several clinics available to county residents for receiving primary, specialty, or preventive health care. Jones Memorial Hospital operates three satellite clinics in the county, with locations in Belvidere, a Veteran's Health Care Center in Wellsville and a Women's Health Care Center in Wellsville. In Cuba, the West Main Medical Center provides family practice, obstetrical and gynecology, and primary care services to its clientele. Also in Cuba, the Southern Tier Primary Care Center is a Federally Qualified Health Care Center and provides obstetrical and gynecological services. The widest array of clinical services within the county, providing both child and adult health care services, is offered by the Allegany County Department of Health. These clinics are held at numerous sites on several occasions each month. However, despite this fact, the extreme rural nature of the county, particularly in the northeastern, northwestern, and south central portions of the county restricts easy access for a substantial proportion of the county's population.

Dental Health Care Presently, approximately 10 dentists are practicing full-time in Allegany County. Only the Article 28 clinics accept Medicaid for all their patients. One dentist and one hygienist work at an Article 28 clinic in Andover, New York, which accepts Medicaid for all its eligible patients, and one full time dentist and one half time dentist and one hygienist work at the Article 28 clinic in Cuba. Of the full-time dentists, seven practice in Wellsville, one in Cuba, and two in Houghton. This leaves a large area of the county with inadequate dental coverage, requiring many county residents to travel significant distances for these services.

Cancer Treatment Regional cancer treatment is available to patients through St. James Mercy Hospital in Hornell, Strong Memorial Hospital in Rochester, and the Roswell Park Memorial Cancer Institute in Buffalo, which was recently identified as one of the top 10 cancer centers in the United States. Patients may also receive care in the forms of surgery, radiation therapy, and chemotherapy through local physicians and area health care centers, including "Radiation Therapy of Olean", in Olean, New York, and the "St. James Mercy Health/St. James Hospital Cancer Treatment Center", in Hornell and Wellsville, New York.

Rehabilitation Services

County residents have access to rehabilitation services through a variety of sources including private contractors, therapist groups, clinics, and the health department. Individual therapists or therapy groups often contract with the health department to provide services to patients identified through the Children's Services programs. These include such specialty providers as physical therapists, occupational therapists, speech therapists, and audiologists.

Nursing Homes, Geriatric Care Facilities, and Rest Homes

There are several nursing home, geriatric care facilities, and rest homes within the county including the following:

Belmont - Brown's Rest Home; **Bolivar** - Bolivar Manor;

Cuba - Cuba Memorial Skilled Nursing Facility and Szarafin Family Home Care; **Houghton** - College Park Health Care Center; **Little Genesee** - Tripp Proprietary Home; **Scio** - Mater Dei Home for Adults; **Wellsville** - Highland Health Care Center, Manor Hills, and the Wellsville Manor.

Availability of rooms at these locations is at a premium. The result is that many patients often end up in facilities well away from their families, such as in Olean, New York, Hornell, New York, and Coudersport, Pennsylvania, until a bed in a county home is available.

Helping to alleviate this problem, the health department and the county DSS offer long-term health care to county residents in their homes ("nursing home without walls"), as an alternative to nursing home placement. To be considered for this program, a patient must be under the direct care of a licensed physician, qualify for nursing home placement, and have only an informal support system at home.

3. Barriers Affecting Access to Care

Several problems in Allegany County impact negatively on the health of county residents by serving as barriers to timely and affective health care. These barriers are primarily financial, educational, transportation, and logistical in nature.

Families living at or below standardized poverty levels (23% of Allegany County), tend to neglect or ignore health care because they lack the ability to pay for these services, or because they do not recognize or understand the seriousness of problems for which they should seek timely medical care for themselves or family members. In Allegany County, this problem is compounded by the fact that a majority of dentists and some medical specialists in the county will not accept Medicaid patients or allow patients to have time-based payment plans. In 2002, the Medicaid or Self-Pay delivery rate was more than double the rate in Allegany County than the New York State rate. Almost half (43.8%) of deliveries were Medicaid/Self-Pay. This tells us that almost half of county residents use Medicaid or have no health insurance and must self-pay. Yet, with limited Medicaid providers, this becomes a major barrier to access to care.

From a transportation standpoint, many low-income people cannot afford or do not have access to a vehicle in which they could travel to receive needed medical care. The fact that the county has a limited public transportation services greatly exacerbates this problem. County logistics makes this problem even worse. The majority of health care providers and facilities are located in the villages of Alfred, Cuba, or Wellsville, the three largest communities in the county. However, a substantial number of residents are located across large sections of the county, and accessing these areas for medical care can be extremely difficult as a result. An unfortunate consequence of these factors is that by the time many county residents seek out and access health care, it is often late in the course of their disease, when outcomes are less favorable and longer, more costly care may be necessary.

Since more than 98% of Allegany County residents are white, English-speaking, there are few cultural and/or linguistic barriers to health care. The small non-English speaking populations exist primarily in the college/university areas. The county does have an Amish population, but there is a physician in their area that they utilize.

C. Behavioral Risk Factors

People of diminished means, particularly those living below established poverty levels, or of low socioeconomic status, are more prone to engage in unhealthful habits such as excessive tobacco and alcohol use. The county's increased mortality rates for lung cancer and cirrhosis compared to state rates is evidence of this. Their lack of resources also makes it difficult for them to purchase and prepare nutritionally sound meals that help to promote overall health and well being, as our higher rates of diabetes mortality and hospitalizations show. Information obtained from the 2000 and 2003 Behavioral Risk Factor Surveillance Surveys (BRFSS) showed that those people also typically lead sedentary lifestyles in which they participate in little or no beneficial physical activity. As mentioned previously, they also tend to neglect health care due to their inability to access and pay for these services. As such, they are impacted to a greater degree than people of greater economic means from the effects of acute and chronic disease conditions. Another key risk factor is the choice not to access care for a variety of reasons including the belief that health care is not important and/or will not affect significant change.

Because the county is so large geographically and public transportation is limited, residents must travel, sometimes great distances, for services that urban areas take for granted. This fact contributes to our increased motor vehicle accident and unintentional injury morbidity and mortality rates. The 1999 KWIC data also shows the county's rate/10,000 youths 16-20 years old that are involved in intoxicated auto accidents is more than double the state rate (8.3/10,000) at 19.6/10,000. The Department of Motor Vehicles shows the rates per 100,000 population for 1999-2001 for alcohol-related motor vehicle injuries and deaths are again almost double the state rate (79.8/100,000) at 131.6/100,000.

The above knowledge is important in an area such as Allegany County, which is one of the poorest counties in the state, generally ranking somewhere in the top three. In 2000, slightly more than 20% of the county's families were living below the federal poverty level. This signifies that approximately 10,000 county residents are at high risk to poor health and the diminished quality of life that often coincides with it.

There are several common areas of concern from the Communities Working Together for a Healthier New York and Allegany County's priorities. Both focus on Nutrition, Access to Delivery of Health Care, Physical Activity, Unintentional Injuries, Sexual Activity and Alcohol and Tobacco Use as it related to Chronic Disease. These areas and goals and objectives have been discussed in the Basic Service Areas of this document.

D. The Local Health Care Environment

Allegany County has long had the designation as a Health Professional Shortage Area (HPSA) for Dental, Mental Health and Primary Care. The extreme rural nature and poverty of the county make it difficult to recruit and retain physicians and other health professionals. This contributes to an inconsistency in health care as professionals' come and go. Allegany County has an increasingly aged population, as do most areas of the nation, yet there are no geriatric specialists in Allegany County.

The geographic vastness of the county also makes health care difficult. The county is 1,030 square miles; it takes well over an hour to travel from one end of the county to the other by car. With a population of 49,927 in 2000, there are 48.5 people per square mile in the county. There are several villages that have no physicians or health care

facilities and there are portions of the Northern Central County (Fillmore, Hume) that have a half-hour drive time to an Emergency facility. Larger villages contain Ambulance Corps and/or Fire Departments that rely largely on volunteers; the county is covered by a comprehensive 911 Emergency system located in the County Office Building in Belmont.

The largest legal health related concern has been the enactment of the Clean Indoor Air Act passed on July 24, 2003 in New York State. Although there was some protest, there have been no waivers issued for Allegany County.

The social environment in Allegany County tends to be one of close-knit extended families that typically stay within close proximity of the county. Residents, especially the elderly, are slow to change, which makes the frequent change in health professionals, especially specialists, difficult. Residents typically rely on family and close friends for medical and health care advice. This stems from a lack of access to providers as well as the inability to afford health care.

Allegany County consistently ranks in the top three poorest counties in New York State with more than double the Medicaid and Self-Pay delivery rates of New York State. It is a one and a half to two hour drive to the nearest Medical Centers and certain types of specialists. Even if residents could afford the care, many are unable to access it due to the distance and/or inability to travel, either locally or regionally. Another economic concern is the lack of providers (especially specialists, such as dentists) that accept Medicaid. Medicaid is traditionally a cumbersome system that offers substandard reimbursements for physicians.

There are 12 school districts in Allegany County and two private schools, a Catholic School that educates students through 8th grade and a school through Houghton College in Houghton. The schools are mandated to provide health education and the health department is a part of that education, to some degree, in most districts. The Health Department also attends annual health fairs and wellness days that are sponsored by the schools for students, staff and faculty.

A unique situation in Friendship is a community-based program called the Friendship House that has partnered Friendship School with local health and human service provider services. The House is easily accessible from the school and students are given time within their day to attend appointments and services when needed. Friendship is a very poor village with many needs. The Friendship House has been received with overwhelming enthusiasm and is constantly increasing its services to address needs of the community.

Several work sites invite the health department to attend their health and safety fairs and events. Friendship Dairies has had a Health and Safety fair for several years that provides screenings such as audiology, physical therapy, blood pressure, vision screenings, etc., along with health related information to their employees. The Allegany ARC holds a similar event annually.

ACDOH is involved in health-related events and fairs at both Alfred State College and Alfred University. Health education is provided to these institutions upon request for special populations and topics. The Environmental Division of the Health Department addresses the physical environment and issues that deal with indoor air, food, water and septic/sewer system safety, inspection and installation. They are the regulatory agency for enforcement of public health laws and regulations. The county has little or no incidence of food-borne diseases and very infrequent outbreaks.

The following are media sources used by the Allegany County Department of Health for public service announcements, clinic schedules, emergency notification to the public and advertisements.

Media Outlet	How Outlet is Contacted	Deadline	Type of Media
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Wellsville Daily Reporter	editor@wellsvilledaily.com fax (585)593-5303	1 Week before event (11 am)	Daily NP M-F
Spectator	Fax –(607) 324-2317	Thurs by3pm	Sunday newspaper
WLSV/WJQZ	Fax- (585) 593-6212		Radio AM/FM Wellsville
WPIG/WHDL	Fax –(716) 372-0164		Radio FM/AM Olean
Adelphia	Fax – (585) 593-2486		Cable TV Wellsville
WZKZ 101.9	Fax –(585) 593-9554		Radio Alfred
WDNY	Fax –(585) 335-9677		Radio Dansville
Patriot	mail@cubapatriot.com copy and paste	Thursday 4pm	Weekly NP Wednesday Allegany County
Alfred Sun	alfredsun@infoblvd.net	News/Mon. Noon Ad/Mon. 5pm	Weekly NPAlfred area
Media Outlet	How Outlet is Contacted	Deadline	Type of Media
Hornell Tribune	eveningtribune@infoblvd.net	2 days prior to event	Daily Newspaper
Olean Times Herald	news@oleantimesherald.com	1 week prior to event	Daily NP Sun.– Sat.
Alfred Cable	Alfred Cable 4 Reynolds Street Alfred, NY 14802 (607) 587-9313		Alfred area cable TV station
WKPQWHHO	Fax- (607) 324-2001		Radio Hornell FM
Angelica Booster News	c/o David Haggstrom P O Box 8 Angelica, NY 14709-0008	15 th of month	Monthly Newspaper Angelica
Angelica Cable	Norine Ryan GV Central School 1 Jaguar Drive Belmont, NY 14813		Cable Station Words only
Tor Echo	torecho@alfredstate.edu Alfred State College Public Relations Office Alfred, NY 14802	Approx 2x's per month *set dates	Weekly paper College
Fiat Lux	Alfred University Alfred, NY 14802	?	Weekly paper College

Section Two - Local Health Unit Capacity Profile

Health Department Staffing

The Allegany County Department of Health has been in operation since the early 1920's, when home care services, well baby visits, and tuberculosis care were first provided. Since that time, services were increased and expanded so that by 1975, the department functioned as a full service health department, providing both public health nursing and environmental health programs. The health department has approximately 50 people in its employ including administrative staff, public health nurses and registered nurses providing community health, traditional home health

care, or long-term health care, and public health sanitarians. There are also two full-time nurse practitioners, three health educators, a speech pathologist, and clerical support staff employed within the department.

A Board of Health that meets on a monthly basis governs the Health Department. There are six Management level employees, listed below, that provide oversight of staff and programs. There are several Mid-Management level employees that provide direct supervision and program management.

Administration and Management

Six employees of the health department serve in administrative or managerial capacities. This includes the Public Health Director that holds a medical license, the Deputy Public Health Director who holds a Master's Degree in Epidemiology, the Director of Patient Services who holds a Master's Degree in Nursing, the Accountant who holds a Bachelor's Degree in Accounting, the Office Manager, and the Secretary to the Director.

Nursing Services Division

The Nursing Services Division is the largest division within the Department of Health. Staffing within this division consists of one (1) Quality Assurance Coordinator with a Master's Degree, two (2) Supervising Public Health Nurses, two (2) Nurse Practitioners, twelve (12) full time Public Health Nurses, two (2) part time Public Health Nurses, one (1) part time weekend Public Health Nurse, four (4) full time Registered Nurses, one (1) part time Registered Nurse, and three (3) part time weekend Registered Nurses.

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Direct clinic services are also provided under community Health. A sample of the clinic services provided to the community is Reproductive Health, Immunization and Blood Pressure Screening.

Children's Services Division

This division oversees the administration of the Outreach Early Intervention Program (EIP), the Child Find Program, the Physically Handicapped Children's Program (PHCP), Preschool Special Education Program and the Children with Special Health Care Needs Program. Staff includes a Speech Language Pathologist, who holds a Bachelor's in Speech Language Pathology and performs patient evaluations. The Early Intervention Service Coordinator who holds two Associate's Degrees conducts Day to day activity within the EIP and Child Find. The PHCP and Children with Special Health Care Needs Program operate under the direction of the Physically Handicapped Children's Program Coordinator who also holds a Bachelor's Degree.

The budget for the Children's Services Division is adequate to meet its needs. Funds are available as needed for any specialized care, medical supplies, or equipment a child may require. The program coordinators have adequate clerical and billing support, and each has their own computer.

Child Find

Children between 0-3 years who are or may be at risk for developmental problems are monitored at periodic intervals by the health department so that timely intervention strategies, where needed, can be implemented. Over 75 children were provided monitoring services through this program in 2003.

Early Intervention Program (EIP)

A child between the ages of 0-3 diagnosed with a developmental disorder or delay may be placed into the EIP, where they are referred out for care that is appropriate to their condition. During 2003, 95 county children received services through the EIP.

Preschool Special Education Program (PSEP)

Children age 3-5 with disabilities may receive special education services through the PSEP. In 2004, over 170, children were enrolled in this program.

Physically Handicapped Children's Program (PHCP)

The PHCP provides high quality care to children between the ages of 0-21 with handicapping conditions that would otherwise be unable to afford such care. This program has a medical treatment component, and an orthodontia component. As of December 2004 there are 12 children currently receiving PHCP services and over 100 receiving orthodontia services.

Screen for Health

The Screen for Health Program provides comprehensive screening, case management, and follow-up services with respect to colorectal, breast and cervical cancers. Prostate cancer services are educational only. The Medicaid Treatment Act provides Medicaid for breast and cervical cancer patients receiving treatment for cancer, once eligibility is determined. There are two sub-contracted staff that work solely within this program, a Case Management/Outreach Coordinator who is a licensed practical nurse and an Administrative Assistant who holds an Associate's Degree and is responsible for medical records and data management for the program. Two public health educators provide the Healthy Women's Partnership Coordinator and the Colorectal Prostate Initiative Coordinator positions for the program. The projected number for breast screenings is 110; colorectal screening is 150 for 2004-2005.

Environmental Health Division

The Environmental Health Division (EHD) provides a full range of services aimed at preventing and correcting public health hazards. The division is composed of the Deputy Public Health Director/Director for Environmental Health, and four full-time public health sanitarians, with shared clerical support.

Each full-time sanitarian is provided with a county vehicle to use on the job. These vehicles are the oldest in the health department, being handed down from the nursing staff when new vehicles are purchased. While these vehicles are well maintained and in generally good condition, they are all old, with all having close to

or in excess of 100,000 miles.

The EHD budget has been sufficient to meet its needs, including the completion of routine work, special or emergency studies (e.g., food or water testing in cases of possible contamination or illness), vehicle maintenance, office and field supplies, conferences, training, and environmental health related publications, subscriptions and memberships. Computer support to the division to monitor program activity, track data, and generate reports, etc., has been adequate. There is no supplemental funding for CIAA activities or enforcement.

Health Education Division

The department has one full-time health educator who provides general public health education program activities, and who is responsible for managing grant-driven programs. There is also a second full-time health educator who provides support to the department's Family Planning Program. Both educators hold Bachelor's Degrees.

The third educator holds a Master's Degree and supervises the operation of the WIC Program and coordinates the Maternal and Child Health Network, Inc. As WIC Program Director, she supervises two full-time registered nurses and one part-time registered nurse and three full-time clerical and program support staff that are sub-contracted and provide nutritional screening and education to pregnant, breastfeeding and postpartum women, infants and children up to age five. She manages a client-driven budget that is currently inadequate for client participation; the WIC Program has been operating at 100% or more of targeted caseload for almost a year and over 110% for the last few months.

As Maternal and Child Health Network, Inc. Coordinator, she oversees a program that has been in existence since 1993 and has expanded from the original three to eleven Western New York counties. The Network's mission is to mobilize all community resources in a holistic effort to empower the people of this community to ensure wellness. Pregnant women and their families will find services available and accessible, creating seamless care for persons of all race, creed and income.

With so many of the major programs having grant funds or Article 6 reimbursement, funding for the health education programs is adequate.

Clerical Support

There are 12 staff members providing clerical support within the health department. This includes the Secretary to the Public Health Director, two Senior Typists, one Senior Account Clerk/Typist, three Account Clerk/Typists, and three Medical Records Computer Operators, one clinical secretary and a receptionist.

The number of clerical staff, when all positions are filled, is sufficient to meet departmental needs. Cross training is conducted to allow continuation of support to all program areas when clerical staff is deficient. Also, many perform the same general job duties despite supporting separate areas of the department, so moving individuals as needed to cover personnel shortfalls has generally not been a problem. Each clerical staff member has their own computer and receives training on the software used in their primary program support areas.

Miscellaneous Staffing and Services

Office of Emergency Services (OES)

The OES offers emergency services in the event of natural disaster or other catastrophic events that impact on the

general health and well being of county residents.

Personnel within this office include the Director of Emergency Services, an Emergency Services Assistant, and a secretary.

A major role of the OES includes its involvement in ensuring the availability of pre-hospital care from 17 countywide ambulance services. Ambulance squads, usually under contract to county municipalities, consist of roughly 400 trained personnel, the majority being volunteers trained in First Aid, Cardiopulmonary Resuscitation (CPR), Certified First Responders, Emergency Medical Technician (EMT), EMT-Intermediate, EMT-Defibrillation, and Federal Occupational Safety and Health Association (OSHA) hazardous material safety and infection control. Equipment and supplies used in this training is county owned, sufficient to meet all requirements, and is often loaned to outside agencies for use.

In 1997, the county implemented an E-911 dispatch system for ambulance, fire, and sheriff's department personnel. The dispatch center is centrally located in the County Office Building in Belmont. The OES and the county Fire Service Office, located within the OES also have comprehensive mutual aid and countywide disaster plans, which are tested and updated annually to ensure they meet all requirements. More recently, the OES has worked closely with the local health department in the development of the county's Emergency Preparedness and Response Plan, including bio-terrorism and other health-related disasters.

County Coroners

The county has four coroners who fall under the organizational umbrella of the health department. These individuals are salaried through health department funds, which provides them with administrative support, along with needed supplies, reimbursement for travel, transportation, and telephone use, other related expenses, etc. The coroners are now included in the county's Comprehensive Emergency Preparedness and Response Plan.

Each coroner covers a specific area of the county. As needed, they help one another to ensure countywide coroner services are available at all times. The coroners are assisted in simple cases by doctors who act as "Coroner's Physicians," and by area funeral directors who provide transportation services. The county does not have a medical examiner for postmortem examinations in coroner case deaths. These services are obtained through contractual agreement with the Monroe County Medical Examiner's Office in Rochester.

Several staff have the expertise to perform a community health assessment. The Health Director is a physician with over 20 years of practice largely performed in Allegany County. The Deputy Health Director holds a Master's Degree in Epidemiology, the Director of Patient Services holds a Master's Degree in Nursing, the Supervising Public Health Educator holds a Master's Degree in Public Health and Physical Education and one of the Health Educators holds a Bachelor of Science Degree in Professional Community and School Health Education. The Supervising Public Health Educator updated and compiled the data, performed the activities for the community assessment and wrote the narrative section of the assessment. The above-mentioned people and the other Health Educator contributed to the many processes involved in completing the Community Health Assessment.

Section Three: Problems and Issues in the Community

A. Profile of Community Resources

A tremendous variety of community agencies serve as resources contributing to the social, mental, and physical well being of Allegany County residents. While the following list of these agencies is quite comprehensive, it does not necessarily reflect all organizations that provide services aimed at protecting and promoting health in Allegany County.

**Alcohol Treatment Center
Buffalo, New York**

The Alcohol Treatment Center provides regional coverage in offering care for individuals and their families who are experiencing problems related to alcohol consumption and alcoholism. The Center has a 24-hour help line available for use in crisis situations for those needing immediate intervention and treatment.

Allegany County School Districts

The school districts within Allegany County, including the Allegany County BOCES, offer their students a vast array of health related programs, over and above the required school health curriculum. Often, these subjects are provided, upon request, by health department staff, or other individuals within the community. Topics presented include dental health, human sexuality, contraception, family planning, parenting skills, "Baby Think it Over", prenatal care, nutrition, sexually transmitted disease, HIV/AIDS, alcohol and substance abuse, tobacco use, motor vehicle safety, etc.

Another program available to the schools, that serves to promote child health include "Project KNOW", a program designed to help prevent unplanned or unwanted teenage pregnancies, targeting grades five through twelve.

School districts employ psychologists to work with children experiencing difficulties related to school, over concern for the mental health of the individual. Teachers and school nurses are trained to notice behaviors indicative of a child in need of help. As necessary, parents are advised of any problems, and referrals made to outside agencies or health care providers for more definitive care.

School districts foster participation in physical activity programs at each grade level. Health classes and gym classes promote physical fitness in students. Extracurricular activities such as interscholastic and intramural sports also provide students the opportunity to participate in organized physical activities.

All schools within the county call for their students to be up-to-date on required immunizations. Students are not allowed into school if they are not fully immunized. Students in need of immunizations are referred to the health department, local health care providers, or their personal physicians. County schools send letters home to parents when students are due for immunizations.

**Alzheimer's Support Group of Allegany County
Wellsville Community Center
194 North Main Street
Wellsville, New York 14895
Tel: 585-593-14895**

This group provides counseling and support to Alzheimer's patient and their families, to help them cope with the difficulties encountered when affected by this disease.

**American Lung Association
210 John Glenn Drive, Suite #3
Buffalo, New York 14228**

The American Lung Association provides services for persons suffering from asthma and other lung diseases, smoking cessation programs, and smoking prevention courses aimed at school children.

Andover Historic Preservation Corporation
4 Main Street/Box 713
Andover, New York 14806
Tel: 607-478-8009

The Andover Historic Preservation Corporation provides affordable housing to low-income county residents.

Children's Camps

Each year, there are several children's camps in the county that provide participants the opportunity to engage in various levels and types of physical activities. The Kruson Camp for Boy Scouts, several private camps, and camps sponsored by local colleges and universities are also available.

Child Health Plus

Child Health Plus, offered by Community Blue, is aimed at freeing children from common childhood diseases and protecting them from serious health threats posed by untreated illnesses. The program protects children with no health insurance or who are underinsured, through reduced rate or free medical care, by covering primary, outpatient, and preventive health services for all children meeting income guidelines.

College Park Health Care Center
9876 Luckey Drive
Houghton, New York 14744
Tel: 585-567-2207

The College Park Health Center is part of the Park Rehabilitation Network. The goal of this facility is to treat its patients with a focus on facilitating their return to home. Services include a planned recovery program that may consist of physical therapy, speech therapy, occupational therapy, nutrition, respiratory therapy, restorative nursing, case management, and outcome measurement.

Colleges and Universities

Alfred State College
Alfred, NY 14802
Tel: 607-587-4111

Alfred University
Alfred, NY 14802
Tel: 607-871-2111

Houghton College
Houghton, NY 14744
Tel: 585-567-9200

Colleges and universities located within the county provide health related services to their students. Depending on the program, faculty members and the general public may also make use of these offerings.

Various programs and services provided include treatment and counseling for sexually transmitted disease, contraception, psychological counseling, and counseling and referral for students experiencing problems related to drug and alcohol use. Facilities are set up to handle minor health care problems on an outpatient basis (colds, flu, minor injuries, etc.), followed by appropriate referral to higher-level care when warranted.

To help control communicable disease, each facility requires entering students to be screened for tuberculosis and be up-to-date on all required immunizations before they can start classes. Students in need of these services can receive them from their personal health care provider, the school health center,

or they may be referred to a local health care provider or the health department. Problems with drug and alcohol abuse at universities around the country, some of which were highly publicized, has led these facilities to develop harder stances on the use of drugs and alcohol by students, whether on or off-campus. These efforts include notification of parents when an underage student is caught drinking or drunk on campus, eliminating hazing activities

involving fraternities and sororities, suspending students who are repeat offenders, and offering alcohol and drug-free social activities to their students. Alfred University has eliminated the Greek organizations altogether.

Students, faculty, and members of the community can take part in exercise and physical activity through these schools. Houghton College, Alfred State College, and Alfred University hold summer camps for children from throughout the area in sports such as swimming, basketball, football, baseball, soccer, tennis, and horseback riding. Each facility also offers a wide range of interscholastic and intramural sports their students can participate in, and fitness centers and swimming pools for student, faculty, and community use.

Community Groups/Volunteers

Community groups and individuals who volunteer their time and effort as officials, coaches, etc., help promote physical fitness through a wide variety of organized team sports. These include participation in Little League baseball, tackle and flag football, golf, basketball, softball, and soccer, etc.

Developmental Disabilities Prevention Program

**1219 North Forest Road
P.O. Box 9033
Williamsville, New York 14231**

This program provides services to individuals with developmental disabilities designed to promote health practices and strategies that reduce the occurrence of mental retardation and developmental disabilities.

Dog Control Officers

Most townships in the county have Dog Control Officers (DCO) who are responsible for ensuring that the dogs within their township are licensed and properly immunized against rabies. The DCOs assist the health department in locating and confining stray dogs involved in bite incidents so the animals can be observed for signs/symptoms of rabies. They may also seize and destroy, if necessary, dogs with multiple bite histories or those whose owners refuse to have them vaccinated against rabies.

**Family Court
7 Court Street
Belmont, New York 14813
Tel: 585-268-5816**

Family court handles domestic violence and abuse petitions filed by or on behalf of victims. The Court adjudicates these cases to determine the appropriate course of action to take in resolving each case.

Food Security Coalition of Allegany County

The Food Coalition of Allegany County uses several means by which to secure food for county residents in need this support, through its mission of providing "access by all people at all times to ensure enough food for an active, healthy life." The coalition's activities in pursuit of these goals include increasing knowledge of food related issues and problems, developing solutions to acquire food at reasonable cost, locating, obtaining, and serving food to the hungry of Allegany County, networking with Allegany County Food Pantries, sharing coalition resources, and educating people about the selection, preparation, and preservation of food, nutrition, food safety, food budgeting,

and gardening.

Many agencies work with the Food Coalition to address the nutritional needs of county residents, including the Allegany County DOH and its WIC Program, Allegany County DSS, Allegany County Community Opportunities and Rural Development (ACCORD), Head Start Program, FOODLINK, Allegany County Office for the Aging, the Rural Enterprises Association of Proprietors (REAP), the West Clarksville Giant Cellar (WGC), the Allegany County Cooperative Extension Service, and county food pantries.

**Hillside Children's Center
Western Region Office
5 West Buffalo Street
Warsaw, New York 14569**

**Cuba, New York Office
Tel: 585-968-8600**

The Hillside Children's Center provides foster care for emotionally disturbed children in a home environment, as opposed to an institution or group home. Children receive treatment primarily within the foster home through social workers, sociotherapists, and education specialists. The primary focus of this program, whenever possible, is to reunite the child with his or her natural family.

Immunization Action Plan Consortium (IAPC)

IPAC coordinates immunization activities throughout New York State. Its membership includes the New York State Association of County Health Officials (NYSACHO), NYSDOH, and six of the eight counties of WNY, those being Allegany, Cattaraugus, Chautauqua, Genesee, Niagara, and Orleans.

Law Enforcement Agencies

Allegany County Sheriff's Department	New York State Police	Local Town and Village Police
7 Court Street	Amity Barracks	
Belmont, New York 14813	Tel: 585-268-1000	
Tel: 585-268-9200		

Law enforcement agencies provide training on highway traffic safety. Presentations are available to all county residents, with focus on teenage drivers. The New York State Police are involved in the Child Safety Seat Program. These agencies also respond to calls of domestic violence and abuse, and alcohol and drug abuse, arresting and charging offenders while referring victims to the appropriate care and support facilities.

**Maternal and Child Health Network, Inc.
3460 Riverside Drive, Unit 1
Wellsville, New York 14895
Tel: 585-593-2533**

This network, comprised of consumers, educators, health services organizations, human service providers, and businesses from Allegany, Cattaraugus, Chautauqua, Chemung, Ontario, Seneca, Steuben, Schuyler, Wayne, Wyoming and Yates Counties, promotes healthy pregnancy and birth outcomes through the development,

implementation, and utilization of prenatal, perinatal, and postnatal services.

Randolph Children's Home, Inc.
State Route 305
Black Creek, New York 14714
Tel: 585-968-9716

The Randolph Children's Homes in Cattaraugus and Allegany Counties provide supervision and confinement to children with behavioral or other problems. Children live within the homes and participate in supervised activities. Individual foster homes are also available for the placement of these children.

Southern Tier Health Care System, Inc.
One Blue Bird Square
Olean, New York 14760
Tel: 716-372-0614

This agency seeks to identify unmet health needs, develop and organize rural health delivery systems, provide shared services and resources, developed wellness programs, identify financial resources to support health services, identify strategies that focus on consumer health needs.

University Primary Care Center
132 West Main Street
Cuba, New York 14727
Tel: 585-968-2121

University Primary Care Center
9864 Luckey Drive
Houghton, New York 14744
Tel: 585-567-4248

The State University of New York at Buffalo, in affiliation with Olean General Hospital, operates University Primary Care Centers in Cuba, and Houghton. These facilities offer medical care with specialization in family practice, obstetrics, and gynecology.

West Main Medical Center
138 West Main Street
Cuba, New York 14727
Tel: 585-968-2190

In association with Cuba Memorial Hospital, the West Main Medical Center offers family focused medical services including pediatrics, adolescent health, internal medicine, obstetrics, and gynecology. Urgent care is available 24 hours a day through the hospital's Urgent Care Center.

WNY Regional Office of Mental Health

This office provides assistance to those in need of mental health services through counseling, referral, and patient care through contact and affiliation with regional health care providers.

Western New York Emergency Medical System (WNY-EMS)

The WNY Emergency Medical System consists of 286 EMS agencies and 31 hospital-based emergency medicine departments. The Allegany County Office of Emergency Services is part of this system. The WNY-EMS is coordinated through the Western Region Emergency Medical System (WREMS), which is responsible for the development of the EMS System, medical control, quality improvement, education, and establishing regional communications. Services to the community include the development and advancement of a Regional EMS System

that provides the emergency patient a continuum of care from an accident or injury scene, through transport and treatment at a hospital emergency medicine department or trauma center.

Western New York Regional Trauma System (WNY-RTS)

The WNY-RTS is composed of two regional and one area trauma center. The Erie County Medical Center (ECMC), Buffalo Children's Hospital, and the Women's Christian Association Hospital provide regional trauma services to WNY, including helicopter support. WNY has approximately 28 referring hospitals that provide specialty services that support trauma patients. The activities of these facilities are as follows:

Regional Adult Trauma Center About 60% of trauma injuries in WNY are triaged to the regional adult center. This center provides all patients with immediate intervention, evaluation and care from pre-admission through home health and rehabilitation. The Trauma Center accepts any patient with a traumatic injury, and has a policy of accepting all referred patients. Patient care is provided by a multidisciplinary Trauma Team, assisted as necessary by consulting specialty medical and support services.

Regional Pediatric Trauma Center The Pediatric Trauma Center provides services similar to the Adult Trauma Center. Cases are accepted by the Center, including those referred from other facilities. A trauma team provides all patient care, with assistance from specialty medical and support services as needed.

Area Adult Trauma Center This center provides trauma care similar to that of the regional and pediatric trauma centers, with services managed by a Trauma Team, with assistance as needed from specialty medical and support services.

WNY Community Hospitals All community hospitals within WNY have the capacity to administer emergency and life saving procedures in the event of a trauma admission. Major trauma patients that these hospitals cannot provide definitive care to are sent to a regional trauma center for treatment.

Zafron Home for Parenting Teens

The Zafron Home for Parenting Teens serves pregnant and parenting teenage mothers from Western and Central New York State. Residents are placed through their county's DSS, or the State Office of Children and Family Services, and must be in the custody of one of those agencies. The home provides a supportive living arrangement for teenage mothers and their children, and offers support and assistance designed to develop and improve independent living skills. Residents may also receive WIC program services. Eligibility requirements must be met in order to be placed in this facility.

Additional agency listing from the Institute for Human Services, Inc. 2204-2005 Allegany County Human Services Directory are included at the end of this document as **Attachment 2**. This directory is available free of charge and can be viewed at www.ihonet.org.

Collaborative Efforts

No collaboration from the health department is requested for the development of the hospitals' community service plans. They are completed in-house. The health department does not collaborate on any assessments, but does assist in the planning processes for the Allegany County Department of Social Services and the Rural Health Networks that include Allegany County in their catchment's area. The Health Department is very involved in providing statistics and data to the Allegany Data Reserve, set up through the Rural Criminal Justice Institute at Alfred University. This reserve is a clearinghouse for data relevant to Allegany County and is available for public

access.

Outreach and Public Health Education

Outreach and Public Health Education efforts are targeted toward specific groups in the following areas:

- Injury Control is targeted to parents of infants and young children for child safety seat information and young adults and older for seat belt information and alcohol and substance abuse driving offenses.
- Flu clinic schedules are targeted, especially in 2004, to high-risk populations. In previous years, information was provided to the general public regarding clinic schedules and education. Prevention and education regarding flu is still targeted toward the general population.
- The Screen for Health Program targets those that fall in the American Cancer Society's Guidelines for screenings, prevention and education.
- WIC and Family Planning services and education are targeted primarily to men and women of childbearing age. However, sexually transmitted infection services, prevention and education are targeted toward the general population.

The following Outreach and Public Health Education efforts are targeted toward the general population:

- Immunization, Pap and Blood Pressure clinics are open to the general public but are also targeted toward young children for the immunizations and the elderly for pap and blood pressure clinics.
- Bio-terrorism efforts are also targeted toward the general population for educational and prevention purposes.
- Dental and Chronic Disease prevention and education are also targeted toward the general population.

Clinic Facilities

The following clinics are available through the Allegany County Department of Health, either free, on a sliding fee scale or at a minimal charge. These free and reduced services afford the working poor and Medicaid population health-related services they may otherwise neglect to get. There are Family Planning Clinics available in Wellsville (with evening hours once a month), Alfred, Friendship and Belmont. The Belmont clinic also offers evening hours for participant convenience. These services are offered by appointment on a sliding-fee scale basis, are well utilized and have a high participant satisfaction rate.

There are free blood pressure clinics open to the public held monthly in Alfred, Belmont, Fillmore, Whitesville, Cuba, Wellsville, Canaseraga, Bolivar and Friendship.

Immunization clinics are free and open to the public monthly in Belmont, Cuba, and Wellsville. There is a nominal charge for the flu, meningitis and tetanus/diphtheria vaccines. These clinics are very busy, especially before the start of the school and college year.

A Pap clinic is offered free of charge and is open to the public in Belmont.

Free rabies clinics are held at the County Office Building at least twice a year for a full day on a Saturday and the health department also provides free rabies vaccine for local townships that sponsor their own clinics for a total of 4-5 per year. These clinics are always very busy and feedback from the public is positive.

The WIC Program offers free services in Alfred Station, Angelica, Belfast, Bolivar, Canaseraga, Cuba, Fillmore, Friendship and Wellsville for eligible residents. Several office clinics are also held monthly for those who miss their appointments, are coming new as pregnant and for recently delivered babies. These office clinics mean that participants do not wait for services. New participants typically receive an appointment within 5-7 working days to insure timely use of services. The WIC Program also has a free Electric Breast Pump Loaner Program for participants that wish to continue breastfeeding upon returning to work/school or for those who have high-risk babies. Pedal pumps are also available upon request. The WIC Program is at 110% of their new targeted caseload already and participants report staff to be extremely friendly and helpful.

The Public Health Clinic services are also offered, free of charge, at two WIC clinics per month. Services such as immunizations and lead screenings for children and blood pressure, blood glucose, cholesterol and adult immunizations are offered to clinic participants. These services rotate through the WIC clinics every three months in a continuous rotation. This is a fairly new service that needs extensive marketing to become more successful.

The following physicians accept Medicaid patients and provide primary care, obstetrical/gynecological, pediatric, ophthalmic and other services in Allegany County.

Dr. Kurt Benham, ophthalmic, Wellsville
Dr. David Brubaker, family medicine, Houghton
Dr. Gary Cook, optometry, Wellsville
Dr. Andrew Call, family practice, Alfred
Dr. William Coch, family medicine, Andover
Dr. Richard Cudahy, internal medicine, Bolivar
Dr. Leo Cusumano, pediatrics, Cuba
Dr. Depner, family medicine, Wellsville
Dr. Joseph Felsen, internal medicine, Wellsville
Dr. David Graham, family medicine, Wellsville
Dr. Zahi Kassas, pediatrics, Wellsville
Dr. Roger Klein, obstetrics/gynecology, reproductive endocrinology and infertility, Wellsville
Dr. Sushama Kotmire, family medicine, Cuba
Dr. Vikram Kumar, internal medicine, Cuba
Dr. Robert Maiden, psychology, Wellsville
Dr. F. Clifton Miller, obstetrics/gynecology and pediatrics, Wellsville
Dr. Joseph Poon, internal medicine, Alfred
Dr. M. Raqib Raja, psychiatry, Wellsville
Dr. Dara Rock, internal medicine in Wellsville
Dr. Pamela Saha, behavioral health, Wellsville
Dr. Calvin Schierer, family medicine, Houghton
Dr. Lu-Ann Sortore, family medicine with obstetrics in Wellsville
Dr. Kenneth VanDine, ophthalmic, Wellsville
Dr. Alexander Vigh, obstetrics/gynecology, Wellsville

The Southern Tier Community Health Center Network, Inc., formerly University Primary Care, in Cuba, also offers family and women's health services and accepts Medicaid patients. The Urgent Care Center at Cuba Memorial Hospital and Jones Memorial Hospital Emergency Room in Wellsville also accept Medicaid patients.

B. Profile of Unmet Needs for Services

A major change in services has occurred in the WIC Program, whose participants are at risk nutritionally. The WIC Program has offered evening appointments for years. However, the state now mandates that the program offer not only evening hours, but also early morning, lunchtime and Saturday hours as needed. The WIC Program offers a clinic once a week where appointments are available from 7:30am straight through to 7:00pm. To date, only two of these clinics a month utilize the evening and early morning appointments and staff has been able to accommodate participants during the week so Saturday hours have not been needed. With caseload at 110%, their efforts have been extremely successful. The WIC Program has also trained four new staff as Certified Lactation Consultants and the Breastfeeding Coordinator has become an International Board Certified Lactation Consultant. These five staff are now able to provide comprehensive breastfeeding education and support for WIC clients and the general population.

The Information Technology Department is working to attach health department forms, especially environmental health application forms, and communicable disease reports on the county's web site for easier public access.

Family planning, WIC and public health clinic services are now being offered at the Friendship House. Friendship is a high risk, high need population that frequently has transportation problems. By providing services within their geographic area, residents are now able to access services that had been difficult to access.

A WIC clinic has been re-instated in the village of Belfast. Participants from this area were traveling to Fillmore or Angelica to receive services. WIC is utilizing the Methodist Church in the center of town to provide services for easier access to Belfast residents.

The primary change to public health code has been in the Post-Exposure Rabies vaccine dissemination. The Health Department now provides health care facilities with the last four doses of vaccine for those receiving the series.

Section Four: Local Health Priorities

A Community Needs Assessment was conducted by the Supervising Health Educator from May to August of 2003. Twenty-three focus groups, which comprised a total of 320 Allegany County residents, were asked to brainstorm the question, "What are the health needs in Allegany County?" These groups were developed to encompass every possible demographic population in Allegany County, including geographic, age, sex, educational level, socioeconomic status, racial and ethnic, faith-based, legal, legislative and professional. Over 500 statements were gleaned from these groups as to the health needs in Allegany County. The statements from each group were sent to Dr. Kenneth Oakley, Chief Executive Officer of the Rural Area Health Education Center (R-AHEC). He grouped like statements together to narrow the listings to around 200.

Dr. Oakley believed the work done by the local health department was so statistically comprehensive and captured such an accurate account of public perception that he asked if other county health departments could buy into the process. Several counties were offered the option and Cattaraugus and Genesee counties chose to join in the process with us.

A group of various individuals within each county then met to pare the list down based upon the appropriateness of the statement to the mission of public health agencies and the feasibility of the public health agencies to address the

statement topic. A final meeting of health department personnel was convened to finalize the survey based upon perceived importance.

From these meetings, 48 statements were incorporated into a Community Health Assessment Survey. This survey listed the 48 statements and asked respondents to rate each statement, 1-5, based upon their perception of the need for development/improvement of that statement. A rating of 1 indicated the statement had low priority for development/improvement, while a rating of 5 indicated that the statement had a high priority for development/improvement. The survey was mailed to 1,000 randomly picked Allegany County residents. (A copy of the survey is **Attachment 5**) A second mailing was done to insure maximum return.

Over 21% of Allegany County's surveys were returned and Dr. Oakley prioritized them in several ways. Returned survey data was put into a Concept Mapping System and clustered and pattern-matched in a variety of categories (participant by county, consumer, health provider, human service representatives, male/female, overall concerned citizen, concerned citizen by county, business representatives, educators, political representatives, age and by age and county).

Statistical sources as indicated previously in this document served to provide demographic and health indicator data for Allegany County. Data came from a number of different sources including state reports, county reports, and various surveys conducted over the past several years. Comparison of the data related to Allegany County residents was made with the Western New York, New York State, and Communities Working Together Goals and Objectives. These comparisons of data, along with the Community Health Assessment survey results, were the basis for identifying the top priority areas the community should focus on for improvement. The assessment phase demonstrates that the public is an integral player in the entire process of providing and promoting for the health and social well being of county residents.

The following seven areas have been identified as top priority for the years 2005-2010, as to the discussion, development, and implementation of programs and strategies meant to resolve these issues as health concerns within the county.

1. Emerging Pathogens/Diseases Over the past few decades, concern has been raised over several "newly emerging diseases" occurring throughout the world. In most instances, these diseases have resulted in significant morbidity and mortality. Among these are Ebola fever, Creutzfeldt-Jakob Disease, Acquired Immunodeficiency Syndrome (AIDS), hantavirus infection, Lyme Disease, West Nile Virus, SARS and cryptosporidiosis. In addition, there is growing concern over diseases resulting from antibiotic resistant strains of microorganisms. Of the above, Lyme Disease, cryptosporidiosis, and drug resistant microorganisms are of major concern in the United States. To date, Lyme Disease and cryptosporidiosis have been diagnosed in residents of Allegany County, although all of these represent imported cases. The health department works with area hospitals in identifying and tracking communicable diseases. The environmental health division of the department also works with contractors, food establishments and the public in an effort to reduce/prevent the occurrence of disease. The local media will continue to be an avenue to disseminate health information to the public.

2. Dental Health Dental health care availability for the low-income population and those with special needs is and has been a significant problem in Allegany County. This segment of the population is seriously underserved in regard to receiving even basic dental care. Allegany County is a designated Health Professional Shortage Area (HPSA) for dental health; the population to provider ratio in Allegany County is approximately 4,161:1. Only dentists in the two Article 28 clinics in the county accept Medicaid patients on a regular basis, and as statistics show that 25.7% of children in 1998 lived below established poverty levels, a substantial segment of county residents have limited if any access to dental care. The health department is a member of the Southern Tier Dental Health

Committee. This committee works diligently to provide dental health education, primarily through the schools, to children, with analysis on the importance of routine dental check-ups and find grant monies to support efforts. Jamestown Community College will soon be offering a dental hygienist program and BOCES will be offering a dental assistant program with the aim of increasing dental health services to the Southern Tier area.

3. Unintentional Injuries Statistics for this assessment showed that Allegany County had excessive rates for hospital discharges and mortality due to unintentional injuries, hospitalizations due to non-fatal head injuries, and mortality from motor vehicle accidents in comparison with Western New York. As every unintentional injury is potentially avoidable, investigation should be made as to the actions or activities leading up to these injuries, to allow necessary intervention strategies to be identified, developed, and put into use in order to reduce the occurrence of these events. The Health Department's WIC Program works closely with the Traffic Safety Board's ABC Coalition (Allegany Buckles up Children), to insure infants and children are properly secured in vehicles.

4. Adolescent and Young Adult Sexual Activity Continued and expanded educational efforts that increase the awareness of the problems and serious life impacts associated with early sexual activity, sexually transmitted infections and adolescent and teenage pregnancy. Strategies must be developed and rigorously followed in order to reduce morbidity rates and eliminate the socioeconomic problems early sexual activity can cause. Continued work with the schools, colleges and universities is needed to increase awareness and services will continue to be publicized through the local media.

5. Professional Recruitment and Retention It is difficult for very rural areas to recruit and retain health care professionals for a variety of reasons. The population base is small in comparison with urban centers which reduces their availability of consistent patients. Transportation issues, poverty and a large Medicaid population also make scheduling difficult as this population has a higher no-show, no-call rate. Several agencies have resorted to calling patients a day or two before their appointment to remind them. This system is effective for residents with a telephone, but not for those without a telephone. There are fewer "attractions" such as cultural events, sporting events, convenient shopping, etc. to entice prospective professionals. Another obstacle is the lack of employment for spouses of professionals; Allegany County has one of the highest unemployment rates in the state. With this said, the Rural Area Health Education Center (R-AHEC) is working diligently to attract health professionals to rural areas. The local health department, along with other health related facilities, will continue to support the efforts of the R-AHEC.

6. Cancer Screening and Behavior Modification Education Outreach efforts should be developed and expanded upon to increase the number of people getting screened or examined for colorectal cancer, and cancers of the breast and cervix, all of which are able to be diagnosed in their early stages. Prostate cancer should also be included in this list. Data showed the incidence rate for this disease among Allegany County males to be relatively low as compared to the state rate, while mortality rates were higher than the state rate. Prostate cancer is also the number one cancer site for males in Allegany County and the second highest site for mortality.

Educational efforts should also be taken to reduce the increased incidence of and mortality from lung cancer by highlighting the indisputable role that smoking has in the development of this cancer. It is, significantly, the leading cancer for mortality in both males and females in the county. As lung cancer is often the result of continuous tobacco use over many years, educational focus on the dangers of these products should be directed toward children and young adults, in order to affect attitudinal and behavioral changes at an early age. Smoking cessation programs need to be heavily promoted as well.

7. Healthy Lifestyle Allegany County possesses some of the highest chronic disease mortality and morbidity rates in the state; most chronic diseases have a behavioral lifestyle component. Proper nutrition, routine physical exercise and on-going preventative measures such as educational sessions with routine screenings are an identified health

priority. Continuing public health educational efforts will be emphasized through the Screen for Health program, the WIC program, Family Planning and Reproductive health and other public health clinics and community education sessions.

Attachment 1
Community Report Card

The following system was used to grade the report card for the Allegany County Department of Health. Each indicator, and subcategory, if applicable, was graded based upon provider to population ratio, comparison of mortality and morbidity rates to state rates and what ranking it was assigned in our Community Health Assessment. Every criteria that fell within the "A" range was given a numerical value of 3 points, a "C" received 2 points and an "F" received one point. The points were then totaled and divided by the number of categories, to the nearest tenth of a point, and whichever grade the number was closest to in value was assigned. A minus grade was assigned if the indicator fell exactly between two letter grades. An "A" is equivalent to excellent, a "C" is equivalent to adequate or standard and an "F" is equivalent to poor or sub-standard.

Three Points

- A = 1. Over-served population to provider ratio _____
2. Mortality rates lower than state/national data _____
3. Morbidity rates lower than state/national data _____
4. Not identified as need on county needs assessment YES NO

Two Points

- C = 1. Adequate population to provider ratio _____
2. Mortality rates are in line with state/national data _____
3. Morbidity rates are in line with state/national data _____
4. Identified as 11-48 rank of importance on county needs assessment Rank # _____

One Point

- F = 1. Underserved population to provider ratio _____
2. Mortality rates are higher than state/national data _____
3. Morbidity rates are higher than state/national data _____
4. Identified as 1-10 rank of importance on county needs assessment Rank # _____

Indicator _____

Sub-Category of Indicator (if applicable) _____

Score _____ **Grade** _____

Report Card for Allegany County, 2005-2010

Diabetes = 1.3 = F	Measles = 2.0 = C
Coronary Heart Disease = 2.3 = C	Rubella = 2.0 = C
Cerebrovascular Disease = 1.3 = F	Pertussis = 2.0 = C
Cardiovascular Disease = 2.3 = C	HIB = 1.3 = F
Chronic Lower Respiratory Disease = 1.3 = F	Syphilis = 2.0 = C
Asthma = 1.5 = C-	Gonorrhea = 2.3 = C
Lung Cancer = 1 = F	Chlamydia = 2.0 = C
Colorectal Cancer = 1 = F	PID = 2.0 = C
Oral Cancer = 1.3 = F	Teen Pregnancy = 1.7 = C
Breast Cancer = 2 = C	AIDS = 2.5 = A-
Cervical Cancer = 1 = F	Low Birth Weight = 2.3 = C
Children Underweight = 1.7 = C	Very Low Birth Weight = 2.0 = C
Children Overweight = 1.3 = F	Spontaneous Fetal Death = 2.7 = A
E. coli = 2.0 = C	Perinatal Mortality = 1.3 = F
Salmonella = 2.0 = C	Infant Mortality = 2.0 = C
Shigella = 2.0 = C	Maternal Mortality = 2.7 = A
Hepatitis A = 2.0 = C	Cirrhosis of the Liver = 2.0 = C
Hepatitis B = 2.3 = C	Hepatitis C = 1.7 = C
Unintentional Injuries = 1.3 = F	Teen Suicide = 1.7 = C
Self-Inflicted Injuries = 2.3 = C	

B. Explanation of Document Distribution

The report card will be distributed to all participants of the survey process, with the explanation of grading criteria, along with priority areas identified. The report card may also be issued as requested with the permission of the Health Director and/or Deputy Health Director.