



Olean General Hospital Cattaraugus County Health Department

2016 Community Service Plan,
Community Health Assessment and
Community Health Improvement Plan

Executive Summary





EXECUTIVE SUMMARY

The 2016 Olean General Hospital and Cattaraugus County Community Service Plan (CSP) and Community Health Assessment and Community Health Improvement Plan (CHA-CHIP) were conducted to identify significant health issues and needs as outlined in New York State Department of Health's Prevention Agenda. The CHA-CHIP provides critical information to Olean General Hospital (OGH), a member of Upper Allegheny Health System (UAHS), Cattaraugus County Health Department (CCHD), and others in a position to make a positive impact on the health of the region's residents. The results enable the hospital, health department, and other community partners to more strategically establish priorities, develop interventions and direct resources to improve the health of people living in the service area. The New York State Department of Health requires hospitals and county health departments to submit joint Community Health Assessments and Community Health Implementation Plans every three years. The full CHA/CHIP must be submitted no later than December 30, 2016 and updated annually through 2018.

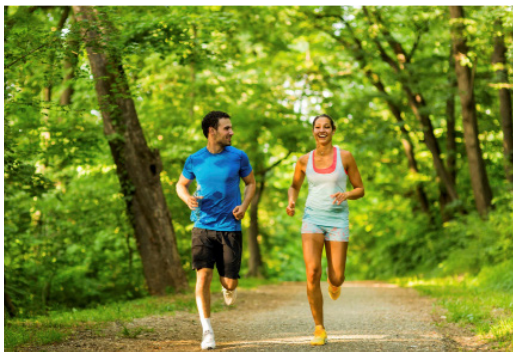
To assist with the CSP/CHA-CHIP process, OGH and CCHD retained Strategy Solutions, Inc. (SSI), Erie, PA, a planning and research firm whose mission is to create healthy communities, to conduct the collaborative study. The assessment followed best practices as outlined by the Association of Community Health Improvement.

IRS REQUIREMENTS

The assessment was designed to ensure OGH Community Health Needs Assessment compliance with current Internal Revenue Service (IRS) guidelines for charitable 501(c)(3) tax-exempt hospitals as well as to meet the requirements of the New York State Department of Health's Prevention Agenda. The 2016-2018 Community Service Plan, also known as the Community Health Needs Assessment (CHNA), requires approval by the Olean General Hospital Board of Directors no later than December 31, 2016. The Community Health Improvement Plan must be submitted to the IRS no later than May 15, 2017. Both documents will be made widely available to the public through the OGH website. Printed copies will be available by request.

PREVENTION AGENDA

The Prevention Agenda is a six year effort to make by the New York State Department of Health to make New York the healthiest state. Developed in collaboration with 140 organizations, the plan identifies New York's most urgent health concerns, and suggests ways local health departments, hospitals, and partners from health, business, education, and community organizations can work together to solve them. The five priority areas of the Prevention Agenda defined the New York State Department of health are: 1) prevent chronic



diseases, 2) promote a healthy and safe environment, 3) promote the health of women, infants and children, 4) promote mental health and prevent substance abuse, and 5) prevent HIV, sexually transmitted diseases, vaccine-preventable diseases and healthcare-associated infections. The CSP/CHA-CHIP and its supplemental resource include a detailed examination of the five New York State Prevention Agenda goals.

PRIMARY AND SECONDARY DATA COLLECTION

Other areas included in the full Community Health Assessment that meet the December 2014 IRS requirements for Olean General Hospital include: evaluation of the 2013 CSP/CHA-CHIP, demographics and socio-economic indicators, prioritization of needs, and CHIP/implementation strategy for next three years.

Primary data is information collected by the hospital, health department or Strategy Solutions for the purposes of this report. Secondary data is information collected from third party sources. Secondary public health data on disease incidence and mortality, as well as behavioral risk factors, were gathered from numerous sources including the New York State Department of Health, Prevention Agenda Dashboard, Centers for Disease Control, Healthy People 2020, and County Health Rankings, as well as a number of other reports and publications. Primary qualitative data collected specifically for the assessment included 14 in-depth interviews with individuals from different agencies and interest groups representing the needs of the service area, as well as five focus groups that included 73 participants. Two community surveys were conducted during this process: (i) a Cattaraugus County CHA-CHIP community survey 2016 Olean General Hospital/Cattaraugus County Health Department CSP/CHA-CHIP with 744 responses; and (ii) a Cattaraugus County CSP/CHA-CHIP community survey with 525 responses. In addition to gathering input from stakeholder interviews, input and guidance also came from 33 community representatives who served on the CSP/CHA-CHIP Steering Committee.

CONCLUSION

After all primary (community surveys, stakeholder interviews and focus groups) and secondary data were reviewed and analyzed by the Steering Committee, the data suggested a total of 41 distinct issues, needs and possible priority areas for potential intervention by the CSP/CHA-CHIP. Members of the CSP/CHA-CHIP project coordination team met on October 27, 2016 to review the final priorities selected by the Steering Committee. The methodology used for looking at the four prioritization criteria was: (i) accountable role of the hospital, (ii) magnitude of the problem, (iii) impact on other health outcomes and (iv) capacity (systems and resources). Based on this prioritization and looking at evidenced-based solutions, the following top two priorities as aligned with the Prevention Agenda, are the areas that OGH and CCHD will be working on for 2016-2018: (i) **prevent chronic disease**; and (ii) **promote mental health and prevent substance abuse**.

When compared to the 2013 CSP/CHA-CHIP, prevent chronic disease still remains a main focus of the CSP/CHA-CHIP for 2016-2018, **promoting a healthy and safe environment** has been replaced with **promote mental health and prevent substance abuse** as the other top priority area, due to feedback received from the primary data sources listed above.

FOLLOW UP

To evaluate the impact, the 2016 CSP/CHA-CHIP progress and improvement will be tracked jointly by OGH and CCHD through yearly evaluation of the following data sources: NYSDOH Prevention Agenda dashboard data, County Health Rankings, and OGH hospital utilization data, along with other local data sources.



SERVICE AREA

The primary service area for OGH is defined as those zip codes for which OGH has the largest number of inpatient discharges among all hospitals. The hospital's secondary service area is defined as those zip codes where OGH has either second or third largest number of zip codes among hospitals.

Primary Service Area

City/State Zip Code

Allegany	14706
Blackcreek	14714
Caneadea	14717
Ceres	14721
Cuba	14727
Delevan	14042
Ellicottville	14731
Farmersville	14060
Franklinville	14737
Friendship	14739
Great Valley	14741
Hinsdale	14743
Houghton	14744
Kill Buck	14748
Limestone	14743
Little Genesee	14754
Little Valley	14755
Machias	14101
Olean	14760

Primary Service Area

City/State Zip Code

Portville	14770
Rushford	14777
Salamanca	14779
Shinglehouse, PA	16748

Secondary Service Area

City/State Zip Code

Angelica	14709
Belfast	14711
Belmont	14813
Bolivar	14715
Cattaraugus	14719
Duke Center, PA	16729
Eldred, PA	16731
Fillmore	14735
Freedom	14065
Randolph	14772
Rixford, PA	16745
Scio	14880
Turtlepoint, PA	16750

PROJECT COORDINATION

Dennis McCarthy	UAHS/OGH	Debra Thompson	Strategy Solutions, Inc.
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Debra J. Nichols	CCHD	Kathy Roach	Strategy Solutions, Inc.
		Robin McAleer	Strategy Solutions, Inc.

STEERING COMMITTEE

William Aiello	City of Olean	Mohammed Javed, MD	Nephrology Services Medical Group
Basil Ariglio	UAHS	Donna Kahm	Southern Tier Health Care System, Inc.
Gail Bagazzoli	UAHS/OGH	Lenny Liguori	Directions in Independent Living
Sandi Brundage	Salamanca Youth Bureau	Salwat Malik, MD	OGH
Karen Buchheit	Cattaraugus Region Community Foundation	Sharon Mathe	Western NY Public Health Alliance
Suzann Cushman	Cornell Cooperative Extension	Gail Mayeaux	University Primary Care
Betty D'Arcy	Health Care Access Coalition	Sue McAuley	United Way of Cattaraugus County
Pierre Dionne, MD	UAHS/OGH	Mary O'Leary	Cattaraugus County Department of Community Services
Kate Ebersole	KEE Concepts and Consulting	Lynn Ouellette	Medicor Associates/Amish Outreach
Mary Fay	UAHS/OGH	Gina Parks	CCHD
Timothy Finan	UAHS/OGH	Mike Prutsman	CAReS
Sondra Fox	Cattaraugus Co. Board of Health	Bonnie Saunders	NY Connects, Department of Aging
Jodi Fuller	Cattaraugus Community Action	Lisa Szucs	Olean Family YMCA
Sue Hannon	Directions in Independent Living	Kevin Watt	CCHD
Barb Hastings	Western NY Public Health Alliance	Tina Zerbian	Cattaraugus County Action
Kimberly Hintz	Homecare and Hospice	Jeff Zewe	UAHS/OGH


GENERAL FINDINGS

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

Identified Need	CCHD Community Survey	CSP/CHA-CHIP Community Survey	Stakeholder Interviews	Focus Groups
Substance Abuse	X	X	X	
Overweight/Obesity Issues	X	X	X	X
Mental Health	X	X	X	X
Cancer	X	X		
Lack of Medical Providers/Specialists	X	X		
Tobacco Use	X	X	X	
Aging/Elderly Issues	X			X
Alcohol Problems	X			
Diabetes	X	X	X	
Heart Disease	X	X	X	
COPD		X		
Cost of Care		X	X	X
Access to Healthcare			X	
Transportation Issues			X	X
Health Literacy			X	
Poverty			X	X
Patient Advocate				X
Lack of Jobs				X

2016-2019 PRIORITY AREAS

Per the NYSDOH Prevention Agenda, the two priority areas that OGH and CCHD will be focusing on over the next three years are:



Prevent Chronic Disease



Promote Mental Health and Prevent Substance Abuse

The data collection and analysis process revealed 41 distinct community needs and issues. The CSP/CHA-CHIP Steering Committee rated each of the issues based on four criteria: Accountable role (should the hospital or a community take the lead on this?), Magnitude of the problem, Impact on other health outcomes and Capacity to implement solutions, identifying the top 10 regional and local priorities. The table below shows how the top 10 priority needs align with the New York State Department of Health’s Prevention Agenda and focus areas.

NYS DOH Prevention Agenda Action Plan	NYS DOH Prevention Agenda Focus Area	Identified Need	Rank
Prevent Chronic Disease	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community and Community Settings	Heart Disease	1
Prevent Chronic Disease	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community and Community Settings	Cancer	2
Prevent Chronic Disease	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community and Community Settings	Shortage of primary and secondary care	3
Prevent Chronic Disease	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community and Community Settings	Hypertension/ high blood pressure	4
Prevent Chronic Disease	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community and Community Settings	Diabetes	5
Prevent Chronic Disease	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community and Community Settings	Chronic Disease	6
Prevent Chronic Disease	Reduce Obesity in Children and Adults	Obesity	7
Prevent Chronic Disease	Reduce Illness, Disability and Death Related to Tobacco Use and Secondhand Smoke Exposure	Tobacco use	8
Promote Mental Health & Prevent Substance Abuse	Promote Mental, Emotional and Behavioral (MEB) Well-Being in Communities	Mental health	9
Promote Mental Health & Prevent Substance Abuse	Prevent Substance Abuse and other Mental, Emotional, Behavioral Disorders	Drug abuse	10

2016-2018 IMPLEMENTATION STRATEGY/CHIP

The development of OGH Implementation Plan and the CCHD's Community Health Improvement Plan (CHIP) is based on guidance provided by the NYSDOH and the New York State Prevention Agenda. The purpose is to develop an approach to address priority areas identified in the Cattaraugus County Community Health Assessment. The CHIP has been developed through the collaborative efforts of Olean General Hospital, the Cattaraugus County Health Department, and its various community partners.

The CHIP will provide OGH and the CCHD with a framework to identify goals, objectives, improvement strategies and performance measures with measurable and time-framed targets that address the following priority areas:

Priority 1: Prevent chronic diseases

Priority 2: Promote mental health and prevent substance abuse

To evaluate impact, progress and improvement will be tracked (using the process measures bulleted below) through quarterly meetings with the Steering Committees

Prevention Agenda Priority/ Disparity	Partners	Partner Roles in the Assessment/ Implementation Process	Interventions/Strategies/Activities and Process Measures
Prevent chronic disease Disparity: Poverty	Rehab Center/ YMCA Olean, Salamanca Youth Center/ Seneca Strong, Cornell Cooperative Extension, Tobacco Free WNY, OGH – Nutrition and Diabetes Education, Cattaraugus Community Action, Healthy Community Alliance, Seneca Nation Health, WNY Public Health Alliance, OGH Cardiac Services, Cattaraugus County Health Department, United Way Cattaraugus County, University Primary Care	Community outreach, education and collaboration on programs and services	<ol style="list-style-type: none"> Create community environments that promote and support healthy food and beverage choices and physical activity through: vending assessments/ healthy vending options, create shared use agreements between community, YMCA and organizations/institutions; policy suggestions <ul style="list-style-type: none"> number of municipalities, community-based organizations, worksites and hospitals that develop and adopt policies to implement nutrition standards (cafeterias, snack bars, vending) number of individuals (and their demographic data if available) potentially accessing settings that have adopted policies to implement nutrition standards for health food/ beverage procurement Prevent childhood obesity by increasing physical activity in early child care centers and elementary schools through: offer technical assistance to schools <ul style="list-style-type: none"> number of districts with local wellness policies that prohibit advertising and promotion of less nutritious foods and beverages, adopt and implement standards for competitive foods, and implement CSPAP Expand the role of health care and health services providers and insurers in obesity prevention through: increase percentage of children visiting PCP who receive BMI testing; increase awareness/education of breastfeeding benefits; monitor BMI's annually/record trends <ul style="list-style-type: none"> number and demographics of women reached by policies and practices to support breastfeeding Expand the role of public and private employers in obesity prevention through: wellness program for employees; facilities that offer programs to those with disabilities <ul style="list-style-type: none"> number of self-insured employers with NDPP as a covered benefit and number of employees with access to NDPP as a covered benefit through their self-insured employer
Promote mental health and prevent substance abuse Disparity: No disparity identified as mental health and substance abuse cross all disparities, which will be the focus for 2016-2018	Directions in Independent Living, STRAWW (Southern Tier Recovery Activities Without Walls), Seneca Nation Health, Catholic Charities WNY, CARES/ Healthy Cattaraugus County, Cattaraugus Community Action, Rehab Center, Cattaraugus County Veterans Services, Cattaraugus County Community Services (formerly Mental Health), Cattaraugus County Department of Aging/ NY Connects, UAHS/OGH Behavioral Health Services, Gowanda School District Principal/ Board of Health, Genesis House, Cattaraugus County Health Department	Community outreach, education and collaboration on programs and services	<ol style="list-style-type: none"> Prevent underage drinking, non-medical use of prescription pain relievers by youth, and excessive alcohol consumption by adults through: Project Lazarus <ul style="list-style-type: none"> percentage of providers participating in prescription opiate availability program percentage of participation in safe prescription opiate disposal programs, take back events, drop boxes, safe storage education and law enforcement diversion efforts number of professionals participating in Naloxone training number of public awareness/ outreach/education efforts to change attitudes number of new coalitions/ participation in meetings Prevent suicides among youth and adults <ul style="list-style-type: none"> percentage screened for suicide risk/mental health/ substance abuse problems
	OGH/CCHD will engage the broad community through: policies, holding public hearings, utilizing the Healthy Livable Community Consortium, community forums as needed.		