2013-2017

Allegany County Integrated Health Plan

Consumers

Caregivers

Physicians

Long-Term Care

Preventative Services

Pharmacist

Hospitals

Dentist

EMS

Integrated Health Plan Team
Allegany County Department of Health
Allegany/Western Steuben Rural Health Network, Inc.
Cuba Memorial Hospital
Jones Memorial Hospital
2013-2017
Community Assessment Planning - Introduction

In 2009, the New York State Department of Health awarded 18 grants entitled Heal NY Phase 9 to support collaborative local health planning efforts, with the goal of developing an accessible, affordable, high-quality and cost-effective health care delivery system. Eighteen (18) awardees were engaged in innovative approaches to health planning that identified and prioritized community health needs, resulting in recommendations to align the health care delivery system with those needs. Allegany County, New York participated in HEAL NY Phase 9 and heralded great health outcomes as a result. This report is the follow-up 2013-2017 Allegany County Integrated Health Plan that will serve as the local Community Health Assessment; to be adopted by the Allegany County Board of Legislature as part of the Allegany County Comprehensive Plan.

The Integrated Health Plan is a partnership between the Allegany County Department of Health, Allegany/Western Steuben Rural Health Network, Inc., and two local hospitals; Cuba Memorial Hospital and Jones Memorial Hospital. The document fulfills each entity’s NYSDOH requirements; specifically the Allegany County Department of Health’s Community Health Assessment and the hospitals’ Community Services’ Plan. In addition, the Integrated Health Plan is a roadmap for the Community Health Assessment Team to reach its shared vision to collaboratively build the infrastructure and capacity of our local healthcare delivery system to make Allegany County the healthiest community in New York State.

Allegany County followed the guiding framework of the MAPP (Mobilizing for Action through Planning and Partnerships) process. Developed by NACCHO in cooperation with the Public Health Practice Program Office and Centers for Disease Control and Prevention (CDC); the vision for implementing MAPP is defined as “Communities achieving improved health and quality of life by mobilizing partnerships and taking strategic action.”

The Community Health Assessment Team valued local planning through MAPP as a vehicle for stakeholders in our community to examine the health status of the population and make recommendations to match health care resources to community needs. Members recognized that a high performing health care delivery system not only works to improve individual health outcomes, but also collaborates with the local public health system to improve the health of the community as a whole. In essence, community stakeholders joined together to examine:

- community health needs and priorities;
- barriers to appropriate care;
- health care trends that impact the availability, affordability, and/or quality of care; and
- strengths and weaknesses in the public health and health care delivery system.

This final report will describe Allegany County’s process, analysis, findings, outputs and recommendations. It will also provide a summary of current achievements and future implementation activities that will be a priority as a result of the findings.
Planning Process

Allegany County chose to utilize the MAPP process to achieve the following:
1) Community Collaboration
2) Community Health Assessment
3) Identification of Priorities and Recommendations
4) Self-Evaluation

In reviewing community health assessment strategies, the Allegany County Community Health Assessment Team selected Mobilizing for Action through Planning and Partnerships (MAPP) to better contrast and comparison with the 2011-2013 Integrated Health Plan. MAPP is an evidence-based, community-driven strategic planning tool for improving community health. The framework helps communities apply strategic thinking to prioritize health issues and identify resources to address them. MAPP is not an agency-focused assessment tool; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of public health systems. MAPP recognizes that no single entity provides public health services in a community, and all entities make important contributions to the local public health system.

The Community Health Assessment Team embraced the seven principles of MAPP:
1. Systems thinking — to promote an appreciation for the dynamic interrelationship of all components of the local public health system required to develop a vision of a healthy community.
2. Dialogue — to ensure respect for diverse voices and perspectives during the collaborative process.
3. Shared vision — to form the foundation for building a healthy future.
4. Data — to inform each step of the process.
5. Partnerships and collaboration — to optimize performance through shared resources and responsibility.
6. Strategic thinking — to foster a proactive response to the issues and opportunities facing the system.
7. Celebration of successes — to ensure that contributions are recognized and to sustain excitement for the process.
In the **MAPP model**, the "phases" of the MAPP process are shown in the center of the model, while the four MAPP Assessments—the key content areas that drive the process—are shown in four outer arrows. MAPP is viewed as a continuous process.

![MAPP Model Diagram]

**Step I- Organize for Success**

The MAPP framework allowed for a truly community-driven approach to health planning, while building on previous health assessment information and documentation. The Community Health Assessment Team was re-established with representatives from the Allegany/Western Steuben Rural Health Network, Inc., Allegany County Department of Health, Cuba Memorial Hospital and Jones Memorial Hospital. Each entity had vast experience working collaboratively on specialized projects and independently composing community health assessments. Previously in 2003, three members of the Steering Committee attended training on the MAPP process through the New York State Department of Health; laying the foundation for a strong leadership team to facilitate a successful process.

The Community Health Assessment Team adopted the following core values:

1.) to engage all sectors of the Public Health System,
2.) to provide a forum for consumers and caregivers to equally have a voice,
3.) to integrate existing community health assessments into one united, multi-dimensional product,
4.) to create a living, evolving and sustainable community health assessment accessible to all.

**Step II- Visioning**

A shared vision statement was crafted as a vivid idealized description of the Community Health Assessment Team’s desired outcome; helping to inspire, energize and create a target for Allegany County’s future.

*To collaboratively build the infrastructure and capacity of our local healthcare delivery system to make Allegany County the healthiest community in New York State*
Step III- Partnership Development- Defining the Local Public Health System

The public health systems are defined by MAPP as the "human, informational, financial, and organizational resources, including public, private, and voluntary organizations and individuals; that contribute to the public's health." This focus is important because "the public's health depends on the interaction of many factors; thus, the health of a community is a shared responsibility of many entities, organizations, and interests in the community" (Institute of Medicine, Improving Health in the Community). In order to define all sectors of the local public health system, the Community Health Assessment Team reflected back to the 2011-2013 definition.

Through the preceding Integrated Health Plan, the local public health system was defined in the following categories:

- **Preventative Care** - Community based education and services, chronic disease self-management, secondary prevention services
- **Emergency Medical Services** - Private and public EMS services
- **School-Based Health Care** - Monitoring and treatment of health, health education services
- **Emergency Room Services and/or Urgent Care Services** - Acute medical care with rapid treatment
- **Ambulatory Care Services** - Out-Patient medical care including diagnostics, laboratory services, observational care, rehabilitation services
- **Financial Screening and Resources** - Facilitated enrollment, insurance payers
- **In-Patient Services** - Medical treatment occurring with at least one overnight stay
- **Primary Care** - Principal point of care
- **Low-Cost or Free Clinics** - Local health unit services or private clinic services
- **Specialty Care** - Specialized medical care including but not limited to pediatrics, cardiology, dermatology, oncology
- **Discharge Planning and/or Case Management** - Ensuring continuity of care between healthcare settings
- **Dentistry** - Study, diagnosis, prevention, and treatment of diseases, disorders and conditions of the oral cavity
- **Home-Based Medical Care** - Health care or supportive care provided in the patient's home by healthcare professionals including but not limited to Certified Home Health Services and Licensed Home Health Agencies
- **Pharmaceutical Care** - Provision of drug therapy for the purpose of achieving definite outcomes that improve a patient's quality of life
- **Behavioral Health Care** - Clinically effective treatment and care for people with mental health diagnosis, developmental disabilities and substance abuse issues
- **Information and Referral Services** - Integrated information that brings people and services together to meet vital needs
- **Long Term Care** - A variety of services which help meet both the medical and non-medical need of people with a chronic illness or disability who cannot care for themselves for long periods of time
Step IV- Four MAPP Assessments
The Community Health Assessment Team in collaboration with traditional and non-traditional stakeholders conducted the four MAPP Assessments;
(A) Community Themes and Strengths Assessment
(B) Local Public Health System Assessment
(C) Forces of Change Assessment
(D) Community Health Status Assessment

A. Community Themes and Strengths Assessment provides a deep understanding of the issues that residents feel are important by answering the questions: "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health?"

To identify community themes and strengths, a community-wide survey was distributed through local worksites, through the internet, healthcare settings, human service organizations, and mass marketing; press release, paid newspaper advertising, website advertising and social media. A total of four hundred (408) community members contributed to the survey providing a community perspective about the local public health system; i.e. community needs and personal priorities. Community member could participate in the survey through an on-line tool, paper version, by telephone interviews, or face-to-face interviews.

SUMMARY
Survey participants indicated the following opportunities for health care system advancements and personal health improvements:

1) Healthy Weight through Healthy Nutrition and Physical Activity- Respondents indicated that the number one priority for personal wellness was obesity prevention services. Participants stated that health education strategies and motivational counseling could yield positive results to reduce the incidence of obesity. Nutritional counseling and education, physical activity opportunities and healthcare system monitoring were key strategies to help individuals’ improve eating habits, increase levels of exercise, and reduce weight. Topics for health education included enhanced label reading skills, calorie counting at fast food restaurants, physical activity opportunities, and motivational counseling. Participants stated that the major barriers for physical activity included time and motivation, while opportunities included personal accountability, experiencing positive outcome, access to nutritious foods, and utilization of the community resources at low or no cost exercise facilities/environments. Improved knowledge of local assets for physical activity opportunities were desired and viewed as a major gap in services.

2) Chronic Disease Self-Management Programs- personal health accountability was a key strategy to improving the health and wellness of those living with a chronic illness. Individuals living with chronic illness stated that the desire for self-empowerment is essential for improved health. Partnerships with an individual’s health care professional were viewed as positive and a person’s medical home should be viewed as a major referral source for CDSM programs.

3) Access to Services- Improved access to services is necessary for individuals seeking healthcare. Although the majority of survey respondents indicated that they have a primary care provider, health insurance for primary and acute care, and prescription medication; high co-pays and high deductibles were seen as a barrier to receiving needed care. In addition, transportation to specialty services in our urban centers, lack of mental health and oral health providers, and reliance on the limited primary care settings were viewed as major obstacles for health and wellness. ER utilization for non-emergent health issues was highlighted as a concern.
A total of four hundred (408) community members contributed to the survey providing a community perspective about the local public health system; i.e. community needs and personal priorities. Of the 346 who shared their gender; 79% (268) were female and 21% (72) were male. 100% of respondents described their race as Caucasian (69 skipped) and were from a wide-geographic sampling according to zip code data (62 skipped).
Age

What is your age?

- 18-24: 1.5% (5)
- 25-34: 16.1% (65)
- 35-44: 18.5% (63)
- 45-54: 22.0% (75)
- 55-64: 23.5% (81)
- 65-74: 13.2% (45)
- 75+: 1.5% (5)
- 76 and older: 3.5% (12)
**Income Status** - According to PROGRAM AND POLICY IMPLICATIONS Issue 11, June 2008; research has shown that individuals with lower incomes or less education are more likely to be physically impaired, to suffer from diseases, and to experience a greater loss of functioning than those who are financially better-off or who have more education. Socio-Economic Status (SES) affects health indirectly through various life experiences, opportunities, or choices. For example, adults with higher SES may have easier and more reliable access to health services. Adults with higher levels of education benefit, not only from having greater access to information about health but also from healthier attitudes and behaviors such as eating well, not smoking, and getting exercise. People with higher and more-stable incomes have fewer stressful life events and can more often get help in dealing with stress when stressful events occur. Finally, adults with higher SES tend to develop stronger psychological resources (including self-confidence, self-control, and a willingness to delay gratification) and lower levels of hostility, all of which improve both physical and mental health.

![Bar chart showing income status](chart.png)
**Employment Status** - Employment status has been linked with health status. According to a Robert Wood Johnson Foundation Health Policy Snapshot published March 2013, “On average, American adults spend more than half of their waking hours at work. For millions of Americans, a steady job in safe working conditions means more than simply a paycheck—employment can also provide numerous benefits critical to maintaining proper health. On the flip side, job loss and unemployment are associated with a variety of negative health effects.”

Of the 341 respondents who reported their employment status, the majority reported being employed full-time (69.8%). 10.6% (36) cited they were employed “part-time”, 1.8% (6) were self-employed, while 17.9% (61) reported being “unemployed.”
The following represents key findings from the Community Health Assessment survey:

**SELF ASSESSED HEALTH STATUS:** Self assessed health status is defined as a person’s general assessment of their own health providing an indicator of overall health based on an individual’s perception of his or her own health. Health status can be used to analyze differentials within and between populations, to monitor trends over time and to assess changes in response to health policy and practice. Since health is recognized as having physical, mental, social and spiritual components, the measurement of health must go beyond such objective measures such as morbidity and mortality. Part of this broader approach to measuring health is to ask people to assess the state of their own health.

Self assessed health status is dependent on an individual’s awareness and expectations regarding their health. Self assessed health status may be influenced by a range of factors; including access to health services and health information and the extent to which health conditions have been diagnosed. Social constructs of health also influence this assessment, for example definitions of health and the existing level of health within the community, judgments that one’s own health is about the same, better or worse compared to others in this community.

To measure the respondents’ self assessed health status, participants were asked “would say that your health is excellent, very good, good, fair or poor?” The majority of respondents cited their health as “Good” (249). Of those who described their health as “Fair” or “Poor” (55 and 8 respectively), 20.4% were male and 79.6% were female.
CHRONIC ILLNESS

According to The Center for Managing Chronic Disease, Chronic Disease is a long-lasting condition that can be controlled but not cured. Chronic illness affects the population worldwide. As described by the Centers for Disease Control, chronic disease is the leading cause of death and disability in the United States. It accounts for 70% of all deaths in the U.S., which is 1.7 million each year. Data from the World Health Organization show that chronic disease is also the major cause of premature death around the world even in places where infectious disease are rampant. Although chronic diseases are among the most common and costly health problems, they are also among the most preventable and most can be effectively controlled.

According to the Center for Disease Control, family members share genes, behaviors, lifestyles, and environments that together may influence their health and their risk of chronic disease. Most people have a family health history of some chronic diseases (e.g., cancer, coronary heart disease, and diabetes) and health conditions (e.g., high blood pressure and hypercholesterolemia). People who have a close family member with a chronic disease may have a higher risk of developing that disease than those without such a family member.

Survey participants were asked a series of questions regarding family history in relation to chronic illnesses. The following questions demonstrate participants’ knowledge and awareness regarding their Family Health Portrait:

Is there a history of diabetes in your immediate family (mother, father, brother, sister)?

- Yes: 40.4% (159)
- No: 55.6% (219)
- Don’t Know: 4.1% (19)
Is there a history of heart problems in your immediate family (mother, father, brother, sister)?

- Yes: 55.7% (221)
- No: 38.3% (152)
- Don't Know: 6.0% (24)

Have you or anyone in your immediate family (mother, father, brother, sister) been diagnosed with a mental health illness?

- Yes: 17.0% (67)
- No: 77.9% (307)
- Don't Know: 5.1% (20)
Have you or anyone in your immediate family (mother, father, brother, sister) been diagnosed with a alcohol and/or other drug addiction?

- Yes: 19.2% (76)
- No: 76.6% (305)
- Don't Know: 4.3% (17)
Chronic Disease Treatment is a combination of proper self-management and medical management strategies. Of those surveyed the following represents individuals self-reported chronic illness diagnoses:

- **Diabetes** - 11% of respondents reported living with Diabetes

  "When was the last time you saw any health care provider for diabetes related care?"

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the past 2 months</td>
<td>12.8%</td>
<td>48</td>
</tr>
<tr>
<td>In the past 6 months</td>
<td>7.7%</td>
<td>29</td>
</tr>
<tr>
<td>In the past year</td>
<td>5.9%</td>
<td>22</td>
</tr>
<tr>
<td>Two or more years ago</td>
<td>4.8%</td>
<td>18</td>
</tr>
<tr>
<td>Never</td>
<td>68.8%</td>
<td>258</td>
</tr>
</tbody>
</table>

- **COPD** - 14.8% of respondents reported living with COPD

  "When was the last time you saw any health care provider for respiratory related care?"

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the past 2 months</td>
<td>6.9%</td>
<td>26</td>
</tr>
<tr>
<td>In the past 6 months</td>
<td>8.2%</td>
<td>31</td>
</tr>
<tr>
<td>In the past year</td>
<td>10.1%</td>
<td>38</td>
</tr>
<tr>
<td>Two or more years ago</td>
<td>14.6%</td>
<td>55</td>
</tr>
<tr>
<td>Never</td>
<td>60.3%</td>
<td>228</td>
</tr>
</tbody>
</table>
Heart Disease - 12.7% of respondents reported living with Heart Disease

“When was the last time you saw any health care provider for heart related care?”

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the past year</td>
<td>25.2%</td>
<td>93</td>
</tr>
<tr>
<td>In the past 2 years</td>
<td>4.3%</td>
<td>16</td>
</tr>
<tr>
<td>In the past 5 years</td>
<td>1.6%</td>
<td>6</td>
</tr>
<tr>
<td>Five or more years ago</td>
<td>3.0%</td>
<td>11</td>
</tr>
<tr>
<td>Never</td>
<td>65.9%</td>
<td>243</td>
</tr>
</tbody>
</table>

Self-management is what the person with a chronic disease does to manage their own illness, not what the health clinician does. It includes healthy lifestyle choices, informed decisions regarding ongoing treatment options that fit within the person’s broader social context, actively monitoring and managing symptoms and impacts of chronic health conditions and working in partnership with a team of health care workers. It also requires lifelong choices, skills and strategies on the part of the individual for optimal management of their health condition in the long term. Survey participants were asked the following question regarding his/her self-management strategies:

*If you are living with a chronic illness, what do you do to manage your disease? (Mark all that apply)*
Due to the reliance on medication management for chronic disease management, a follow-up question asked about access to prescription medication. When asked “Have you or a family member ever gone without prescription medications?” 20.1% (78) stated that he/she had gone without prescription medications and 17.3% (61) family members had.
INFECTIOUS DISEASE

Influenza is a respiratory infection that can cause serious complications, particularly to young children and to older adults. Flu shots are the most effective way to prevent influenza and its complications. The Centers for Disease Control and Prevention (CDC) recommends that everyone 6 months of age or older be vaccinated annually against influenza.

Survey participants were asked whether he/she had received a flu shot within the past year. 66.8% of respondents affirmed that he/she had received a flu shot. The majority (36.0% or 118) of the respondents had received his/her flu vaccine at their Health Care Provider’s Office.
SEXUAL HEALTH

Questions regarding sexual health were asked regarding testing for Sexually Transmitted Infections and HIV. Respondents indicated that STI and HIV testing was not sought.
As follow-up, respondents who stated that they had received testing were asked where testing had occurred. The majority (92.9% or 26 for STI testing and 78.6% or 22 for HIV testing) cited “Doctor’s office” demonstrating confidence in confidentiality and access.
Of those who declined STI and HIV testing, respondents were asked “If no, what was the main reason for not getting tested?” The majority cited “I do not think that I am at-risk” and “Not sexually active” as causes.
To determine health care engagement, respondents were asked “In the past 12 months, did you go for?” 71.4% (270) of the respondents had received Blood Pressure Testing, 67.7% (211) had received Cholesterol Testing, and 42.4% (148) had received Diabetes Testing. Testing and programs typically outside of primary care services were less frequently sought; i.e. nutrition education, weight loss programs, mental health services, and sexual health services and testing.
Health Behaviors: Health behavior is an action taken by a person to maintain, attain, or regain good health and to prevent illness. Health behavior reflects a person’s health beliefs. Some common health behaviors are exercising regularly, nutrition and healthy eating, sexual health, tobacco use, stress management consumer health and obtaining necessary inoculations.

Tobacco Use: According to the New York State Department of Health smoking kills 25,500 people every year in New York State. Secondhand smoke kills 2,500 New Yorkers every year. At any one time, there are estimated to be 570,000 New Yorkers afflicted with serious disease directly attributable to their smoking. It is projected that 389,000 New York State youth age 0-17 will die from smoking. The health effects of tobacco are the circumstances, mechanisms, and factors of tobacco consumption on human health. Tobacco is the single greatest cause of preventable death globally. Tobacco use leads most commonly to diseases affecting the heart, liver and lungs, with smoking being a major risk factor for heart attacks, strokes, chronic obstructive pulmonary disease (COPD) (including emphysema and chronic bronchitis), and cancer (particularly lung cancer, cancers of the larynx and mouth, and pancreatic cancer). It also causes peripheral vascular disease and hypertension. The effects depend on the number of years that a person smokes and on how much the person smokes. Starting smoking earlier in life and smoking cigarettes higher in tar increases the risk of these diseases. Also, environmental tobacco smoke, or secondhand smoke, has been shown to cause adverse health effects in people of all ages.

Of the 399 respondents, 8.0% (32) answered “Yes” to the question “Do you smoke?”
Of the 29 individuals who answered yes, 61.8% (21) would like to quit smoking, 8.8% (3) would like to reduce the amount that he/she smokes and 29.4% (10) stated that they do not want to quit smoking.
**Healthy Weight:** A healthy weight is balancing food intake with physical activity. Participants were asked a series of questions regarding their perception of his/her own weight and whether his/her health care provider addresses their weight as a health concern.

When asked “How would you describe your weight?” half of all respondents stated “Overweight” (50.1% or 201), followed by “Normal weight” (32.9% or 132), and “Obese” (15.2% or 61).
Research indicates that among patients who were overweight or obese, patient reports of being told by a physician that they were overweight were associated with more realistic perceptions of the patients' own weight, desire to lose weight, and recent attempts to lose weight (The influence of physician acknowledgment of patients' weight status on patient perceptions of overweight and obesity in the United States; 2011 Feb 28;171(4):316-21. doi: 10.1001/archinternmed.2010.549).

Therefore, as follow-up respondents were asked “In the past year, have you been advised to lose weight by your health care provider?” Where 65.3% self-reported being “Over Weight” or “Obese,” only 30.1% (120) were advised to lose weight by his/her health care provider.
When asked, “Would you like to lose weight?” the majority of respondents stated “Yes” (79.9% or 318). As follow up respondent were asked, “What are your barriers to weight loss?” the majority of respondents cited “Lack of motivation” (95.3% or 205). Additional barriers cited included physical ailments and/or pain preventing physical activity, costs of health foods, depression, medication weight gain, and time restraints.
Physical Activity: Regular physical activity helps improve one’s overall health and fitness, and reduces the risk for many chronic diseases. According to Healthy People 2020, more than 80 percent of adults do not meet the guidelines for both aerobic and muscle-strengthening activities. Similarly, more than 80 percent of adolescents do not do enough aerobic physical activity to meet the guidelines for youth. Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability.

Among adults and older adults, physical activity can lower the risk of:
- Early death
- Coronary heart disease
- Stroke
- High blood pressure
- Type 2 diabetes
- Breast and colon cancer
- Falls
- Depression

Among children and adolescents, physical activity can:
- Improve bone health.
- Improve cardio respiratory and muscular fitness.
- Decrease levels of body fat.
- Reduce symptoms of depression.
- For people who are inactive, even small increases in physical activity are associated with health benefits.

Of the 383 survey respondents who answered questions related to physical activity, 70.8% (271) indicated that they exercise.
To measure the level of physical activity, respondents were asked, “In the past week, how many days were you physically active (such as running, calisthenics, golf, gardening, or walking for exercise)?” 39.0% (149) stated that they were physically active 1-3 days per week, 20.7% (79) exercise 4-6 days/week, and 13.9% (53) exercise every day. 26.4% (101) reported no exercise and 26 skipped the question.

In addition, to measure the intensity of physical activity, respondents were asked, “How long do you typically exercise on average.” Of the 275 respondents; 59.6% (164) stated that they exercise less than 30 minutes a day, 37.8% (104) exercise 1-2 hours/day, and 2.5 (7) exercise more than 2 hours/day. This indicates that the majority respondents, the reported quantity of exercise may not meet the Department of Health and Human Services exercise guidelines:

- **Aerobic activity.** Get at least 150 minutes a week of moderate aerobic activity or 75 minutes a week of vigorous aerobic activity. You also can do a combination of moderate and vigorous activity. The guidelines suggest that you spread out this exercise during the course of a week.
- **Strength training.** Do strength training exercises at least twice a week. No specific amount of time for each strength training session is included in the guidelines.

Participants were asked about motivation for physical activity. When asked if they would like to exercise, 303 individuals provided the following responses: 93.4% (283) responded “yes” and 6.6% (20) answered “no.” 105 individuals skipped the question. Participants indicated various reasons that exercise could benefit them; including but not limited to:

- Increase energy
- Increase Muscle Tone
- Improve Overall Health
- Feel Better
- Feel Motivated
Barriers to physical activity varied; including time, money, fatigue, lack of child care, health related problems and pain, weather, lack of equipment and lack of motivation. The highest cited reasons for not exercising were as follows:

**What are your barriers to exercise?**

- Time: 57.2% (178)
- Money: 15.8% (42)
- Lack equipment: 21.5% (57)
- Lack motivation: 58.5% (155)
With 58.5% (155) individuals citing “Lack of Motivation” as a barrier to physical activity, a follow-up question, “What would you consider to be motivators to a healthy lifestyle?” provided all respondents an opportunity to elaborate on potential motivation tools. When asked, “What would you consider to be motivators to a healthy lifestyle?” respondents cited the follow:

- I need to see results: 72.1% (248)
- I would like to have a “buddy” to workout with: 34.9% (119)
- I would like to receive education about health and wellness: 5.6% (19)
- I would participate in a workplace “competition” (i.e., Biggest Loser): 12.9% (44)
- I would like to be monitored by someone else (i.e., Health Professional): 12.6% (43)
- Other: 13.2% (45)
To address cited barriers for physical activity; such as lack of equipment and money, a second follow-up question was asked to determine where physical activity is currently being performed. The majority of respondents, 69.3% (203) indicated that they are physically active at “home”, 42.0% (123) stated “outside,” and 34.5% (101) reported at “work” illustrating creative solutions to overcome obstacles.

**If you were physically active, where were you physically active? (check all that apply)**

![Bar chart showing the distribution of physical activity locations](chart.png)
Nutrition:
According to the United States Dietary Guidelines published by the USDA, eating and physical activity patterns that are focused on consuming fewer calories, making informed food choices, in addition to being physically active can help people attain and maintain a healthy weight, reduce their risk of chronic disease, and promote overall health. To measure dietary intake, survey respondents were asked about eating patterns and access to healthy foods.

Purchasing power is significant when determining the number of fruits and vegetables available in a household. To determine a family’s access to healthy foods, participants were asked, “When grocery shopping, how often do you or does someone else in your household buy fresh fruit and/or vegetables. The greatest number of respondents (57.2% or 211) state “Always” and 28.7% (106) reported “Frequently,” indicating that access does not appear to be a barrier for fresh fruit and vegetable consumption.
To determine the frequency of fresh fruits and vegetables consumption, participants were asked, “On average, how many servings of fresh fruits and vegetables do you eat in a day?” Only 37.5% (141) of the respondents meet the dietary guidelines established by the USDA, with the majority of respondents eating 1-2 servings/day (57.5% or 211)
Cost of fresh fruit and/or vegetables was overwhelmingly the highest response (70.1% or 150 respondents) when participants were asked the main reasons that they do not purchase products. As well, shorter growing periods and poor quality of products was cited as a major contributing factor (57.5% or 123 respondents).
Respondents’ understanding of label reading and concern over sodium content was measured by asking “When you shop, how often do you look at the sodium or salt content of items before buying?” The majority of respondents stated that they “Sometimes” examine sodium content when shopping (27.2% or 100).
Additionally, to determine packaging practices in relation to purchasing power, respondents were asked “When you shop, how likely are you to buy items that are labeled “no salt added” or “low sodium?” The majority of respondents (39.0% or 143) stated “Sometimes.”

**When you shop, how likely are you to buy items that are labeled “no salt added” or “low sodium”?**

- **Always**: 7.9% (29)
- **Frequently**: 20.7% (76)
- **Sometimes**: 38.0% (143)
- **Rarely**: 17.7% (65)
- **Never**: 12.8% (47)
- **I don’t shop**: 0.5% (2)
- **I don’t know**: 1.4% (5)
Research indicates that individuals who eat at fast food establishments are more likely to consume higher calorie counts resulting in greater weight gain. As well, consumers tend to under-estimate the number of calories when dining in fast food restaurants resulting in higher calorie consumption.

When examining the frequency of respondents eating in fast food or chain restaurants, half of all respondents (50.8% or 185) stated “No days” and 46.7% (170) respondents stated 1-3 days.
To measure the impact of informed decision making by consumers on healthy eating, overwhelmingly, respondents supported posting the number of calories in food and drinks served in restaurants (86.8% or 317).

**Do you support posting number of calories in food and drinks served in restaurants?**
As a follow-up question, consumers were asked whether calorie posting would affect their purchase at restaurants. 69.0% (252) respondents stated that “Yes” calorie posting would affect their purchase implying that healthier eating may be obtainable through informed decision making.

Yet, research indicates that this alone does not demonstrate a reduction in calories consumed, but that consumer education is instrumental to help purchasers understand calorie information in order to make informed decisions.
An additional question measured respondents’ awareness of current calorie postings in local restaurants. Approximately half of all respondents, 52.9% (191) reported that they had not seen calorie postings in local restaurants.
For those who had viewed calorie postings, almost half (47.5 or 104) respondents stated that they purchased a lower calorie item as a result.

To correlate the previous information to potential behavior change, improved healthy eating habits, and future community health improvement strategies, researchers from John Hopkins University state that ‘In jurisdictions that mandated menu labeling in restaurants before the passage of the ACA, calorie information is usually presented in terms of absolute calories (e.g., a hamburger has 250 calories). If customers don’t understand what 250 calories means or how those calories fit into their overall daily dietary requirements, posting that information on a menu may not be very useful. That difficulty may apply particularly to minority populations and those with low socioeconomic status, who are at highest risk for obesity and tend to have lower-than-average levels of nutritional literacy and numeracy, which may make it difficult for them to translate the information into interpretable equivalents.’ (Fast-Food Diners Underestimate Number of Calories Consumed, Study Says | TIME.com.) This demonstrates that calorie posting alone may not be a viable solution to healthier eating, but only one component.
HEALTH EDUCATION

To measure the effectiveness of public health awareness campaigns and community knowledge regarding access to services, respondents were asked “Do you know where to go in the county for...” The following table demonstrates opportunities to improve access through raising consumer awareness on important health screening services and intervention strategies.

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes (%)</th>
<th>No (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes Testing</td>
<td>81.3% (287)</td>
<td>18.7% (64)</td>
</tr>
<tr>
<td>Blood Pressure Testing</td>
<td>84.9% (289)</td>
<td>15.1% (53)</td>
</tr>
<tr>
<td>Cholesterol Testing</td>
<td>83.6% (290)</td>
<td>16.4% (57)</td>
</tr>
<tr>
<td>Cancer Screening</td>
<td>82.8% (283)</td>
<td>17.2% (50)</td>
</tr>
<tr>
<td>Nutrition Education</td>
<td>70.4% (240)</td>
<td>29.6% (101)</td>
</tr>
<tr>
<td>Weight Loss Programs</td>
<td>65.5% (224)</td>
<td>34.5% (118)</td>
</tr>
<tr>
<td>Mental Health</td>
<td>77.3% (262)</td>
<td>22.7% (77)</td>
</tr>
<tr>
<td>Family Planning Services</td>
<td>81.3% (289)</td>
<td>18.7% (62)</td>
</tr>
<tr>
<td>HIV Testing</td>
<td>78.6% (261)</td>
<td>21.4% (71)</td>
</tr>
<tr>
<td>STD Testing</td>
<td>79.0% (264)</td>
<td>21.0% (70)</td>
</tr>
<tr>
<td>Prescription Assistance</td>
<td>61.8% (207)</td>
<td>38.2% (125)</td>
</tr>
<tr>
<td>Fall Prevention Services</td>
<td>61.5% (203)</td>
<td>38.5% (130)</td>
</tr>
</tbody>
</table>
According to The Henry Kaiser Family Foundation, “people without insurance coverage have worse access to care than people who are insured. Studies repeatedly demonstrate that the uninsured are less likely than those with insurance to receive preventive care and services for major health conditions and chronic diseases.”

As well, insurance is expensive, and few people can afford to buy it on their own. Most Americans obtain health insurance coverage through an employer, but not all workers are offered employer-sponsored coverage. Also, not all who are offered coverage by an employer can afford their share of the premiums. Medicaid and the Children’s Health Insurance Program (CHIP) cover many low-income children, but eligibility for parents and adults without dependent children is limited, leaving many without affordable coverage. When asked if participants were aware of no or low-cost health insurance programs for children, 75.8% (247) reported “Yes.”
As a priority in the 2011-2013 Community Health Assessment, respondents were asked about their knowledge and awareness of services targeting falls prevention. 40.8% of respondents were aware of fall prevention services. This demonstrates an increase in overall awareness with opportunity for greater outreach and community education.
A follow-up question, “What do you do to prevent injuries from falls?” provided insight for the Allegany County Fall Prevention Coalition on the current effectiveness of its multi-pronged approach to fall prevention services and information on future targeted efforts. Overwhelmingly, 54% or 183 respondents stated that they “Do not do anything specific to prevent falls.” This may reflect the participants’ demographics and lack of understanding about Aging in Place concepts. Yet, 19.2% (76) respondents indicated that they had fallen within the last year.
When measuring the community perspective on needs and strategic marketing opportunities, respondents were asked “are you interested in services in your community that promote the following:”

Overwhelmingly, 78.6% (147) stated that they would like “Weight Loss” services, followed by “Cancer Screening” (52.9% or 99) and “Heart Disease Prevention” (42.2% or 79) and “Diabetes Screening” (40.6% or 76).
To gauge community education interest levels, respondents were asked “Would you be interested in the following workshops?” The majority of respondents indicated an interest in “Exercise” programs (58.6% or 173), “Weight Loss” (53.1% or 154), and “Healthy Nutrition and Eating” (47.7% or 137). This information confirms respondents’ interest in improving healthy eating and physical activity as a strategy to living a healthy lifestyle.
ACCESS TO HEALTHCARE

According to Healthy People 2020, access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. Respondents were asked a series of questions that focus on four components of access to care: coverage, services, timeliness, and workforce.

Furthermore, Healthy People 2020 states disparities in access to health services affect individuals and society. Limited access to health care impacts people’s ability to reach their full potential, negatively affecting their quality of life. Barriers to services include:

- Lack of availability
- High cost
- Lack of insurance coverage

To measure respondents’ access in relation to insurance coverage, participants were asked “Do you have insurance coverage for… Dental Health, Health, Prescription Drugs, Mental Health and Cancer Screening.” The majority of respondents stated that they have insurance coverage for “health” and “prescription drugs” (98.3% or 339 and 96.8% or 331 respectively). Those with “dental” insurance dropped drastically to 67.5% (224). “Mental health” coverage was 74.6% (241) and “Cancer Screening” was 81.4% (267).
Healthy People 2020 reports that “lack of adequate coverage makes it difficult for people to get the health care they need and, when they do get care, burdens them with large medical bills. Current policy efforts focus on the provision of insurance coverage as the principal means of ensuring access to health care among the general population.” When asked to indicate the barrier(s) for lack of insurance, “Employer does not offer” was cited as the main reason for lack of dental insurance (58.8% or 47).

If no, what is your main reason you do not have insurance?

- **Health**: 33.3% (3)
- **Dental**: 58.8% (47), 17.5% (14), 23.8% (19)
- **Prescription Drugs**: 63.5% (7), 30.8% (4)
- **Mental Health**: 45.5% (10), 22.7% (5), 31.5% (7)
- **Cancer Screening**: 40.0% (8), 25.0% (6)
Additional questions related to insurance programs and access are as follows:

If you had Medicare health insurance plan, have you had problems meeting your annual deductible and medigap payments?

- Yes: 3.8% (10)
- No: 27.2% (72)
- Don't Know: 29% (7)
- I do not have Medicare: 65.4% (176)
Furthermore, Healthy People 202 states “Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs.

Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

In relation to access to care, follow-up questions were asked regarding the following set of questions focuses on access to care through provider/patient relationships. Overwhelmingly, 97.4% (335) of respondents stated that they have a regular health care provider.

![Bar chart showing 97.4% (335) of respondents stating they have a regular health care provider.](image)
Patient definition of “regular health care provider” was correlated with the follow-up question, “How long has it been since you visited the doctor for a routine physical exam or check-up?” 85.8% of respondents stated that they had seen their healthcare provider within the past year.

**How long has it been since you visited the doctor for a routine physical exam or check-up?**

- In the past year: 85.8% (296)
- In the past 2 years: 9.0% (31)
- In the past 5 years: 2.9% (10)
- Five or more years ago: 1.4% (5)
- Never: 0.3% (1)
- Don't Know: 0.6% (2)
For those who reported not visiting their health care provider in the previous two years or longer, the majority (45% or 9) indicated that the barrier was “Do not like going/afraid to go” follow by “Did not have time (30.0% or 6).
Although the majority of respondents stated that they do not have dental insurance, 71.3% (244) stated that they have had a routine dental check-up in the past 12 months.

In the past 12 months, did you have a routine dental check-up?
For those who reported not receiving a routine dental check-up, the majority cited costs as the major barrier; combined results for “Cannot afford,” “Co-pay or deductible too high,” and “Insurance does not cover.” “Time” and “Do not like going/afraid to go” were also cited as barriers.

If no, what is the main reason you did not have a routine dental check-up? (check all that apply)
When evaluating access to prescription medication, respondents stated that the combination of “Insurance plus co-pay” and “Insurance” (74.3% or 254 and 21.3% or 73 respectively) are the main sources of payment for prescription medication.

In the past 12 months, how did you pay for medicine prescribed by your doctor? (check all that apply)

- Did not have prescriptions to fill: 6.7% (23)
- Insurance: 21.3% (73)
- Insurance plus co-pay: 74.3% (254)
- Out of pocket (paid on my own): 11.1% (38)
- Prescription drug programs, i.e. drug company discounts: 1.5% (5)
- Could not afford to fill the prescription: 2.0% (7)
To gauge the responsiveness of the health care system in relation to community needs, respondents were asked, “In the past 12 months, have you or any member of your family, traveled outside your county to get health care service?” 47.6% (151) of respondents stated that they had traveled outside the county for healthcare services, followed by 33.6% (95) of spouses and 27.1% of children.

Leaving the local health care system for services can have a dramatic financial impact on the local delivery system; i.e. decreasing revenues and profit margins.
Respondents were asked to indicate what services they traveled outside the county to receive. The majority of respondents stated they traveled outside Allegany County for “Specialty Care” and “Dental” (46.7% or 91 and 41.0% or 80 respectively). This information is important for strategic planning for the local health care delivery system and reviewing future expansion of services, potential collaborative relationships with larger health care systems, and technical advancements for medical diagnosis and treatment.

Greater concern is the number of participants who travel outside of Allegany County for Primary Care services (27.2% or 53), Hospital Care (20.5% or 40) and OB/GYN services (19.0% or 37), where major recruitment and QI efforts have been established.
The majority of respondents (63.9% or 115) indicated the main reason for traveling outside of Allegany County for services was to seek better quality of care.
The care destinations varied from urban centers to neighboring counties as demonstrated below:

Where did you go to get your health care services? (check all that apply)

- Rochester: 37.9% (80)
- Buffalo: 24.7% (58)
- Cattaraugus County: 34.9% (82)
- Steuben County: 26.0% (61)
- Another County/City located in New York State: 16.2% (38)
A low frequency of individuals cited that they had experienced inequality or disrespect at the hands of their health care provider or staff members. Tops reasons cited were “The treatment you needed that day,” Whether or not you were overweight,” and “the type of insurance you had” (5.2% or 17, 4.3% or 14 and 4.3% or 14 respectively).

Health People 2020 indicate that perceived timeliness is critical for patient satisfaction. Timeliness is the health care system’s ability to provide health care quickly after a need is recognized. Measures of timeliness include:

- Time spent waiting in doctors’ offices and emergency departments (EDs)
- Time between identifying a need for specific tests and treatments and actually receiving those services

Actual and perceived difficulties or delays in getting care when patients are ill or injured likely reflect significant barriers to care.18 Prolonged ED wait time:

- Decreases patient satisfaction.
- Increases the number of patients who leave before being seen.
- Is associated with clinically significant delays in care.
Follow-up questions regarding patient/provider relationship factors were asked, including “Are you treated with respect by your health care provider?” 89.1% (301) of the respondents stated that they are “Always” treated with respect.
When asked, "If you are sometimes or never treated with respect by your health care provider, why do you think this is the case?" respondents clarified his/her perception of disrespect as "Provider does not understand my health needs" and "He/she does not take the time to talk to me" (6.5% or 12 each).
Emergency Room utilization is an important factor to consider in the health care delivery system; i.e. non-emergency ED utilization. Respondents were asked “Have you visited the Emergency Room in the past 12 months for your healthcare?” 28.4% (96) of the participants indicated that they had been to the ER.

Have you visited the Emergency Room in the past 12 months for your healthcare?

- Yes: 28.4% (96)
- No: 72.2% (244)
As follow-up, respondents were asked “If yes, why did you seek treatment at the Emergency Room?” The greatest cause of ED utilization was “Illness” (60.2% or 59), “Injury” (31.6% or 31) and “Physician’s Office Not Available” (20.4% or 20). This suggests that ED utilization for non-emergent issues may be decreased with better access to primary care services; i.e. extended primary care office hours, or through health education efforts to assist consumers to better understand when to seek primary care services versus ED services.
MATERNAL CHILD HEALTH

Maternal health refers to the health of women during pregnancy, childbirth and the postpartum period. When asked, “Are you or your partner currently pregnant or have been pregnant in the past 5 years?: 13.9% of the respondents answered “Yes.”

To determine the age of the mother at time of birth, respondents were asked, “What was the mother’s age at the birth of her first child?”

![Bar Chart](chart_image)

- Less than 15 years old: 0.9% (3)
- 16-20: 26.3% (88)
- 21-30: 63.6% (208)
- More than 30 years old: 9.2% (30)
B. The Local Public Health System Assessment (LPHSA) focuses on all of the organizations and entities that contribute to the public's health. The LPHSA answers the questions: "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?"

Based on the Public Health Care System Categories defined in Step III, Focus Groups and Asset Mapping were facilitated by the Community Health Assessment Team.

The Focus Groups utilized the following questioning route:

1. Please tell us your name, where you currently work and what past and present roles you have had in our local healthcare system; including caregiver and/or consumer.

2. How would you describe the current healthcare system in Allegany County (SWOT Analysis)?

3. Do you feel confident that the healthcare system is meeting the needs of the community members you work with? Why or why not?

4. On this index card, please list at least five community healthcare needs that you feel are most urgent to improve our community’s health and wellness.

5. From the list you’ve generated, what are the top three priorities that you feel need to be addressed immediately to make your constituents healthier? Please give examples.

6. Which do you feel are not currently being addressed in the healthcare system that you would like to see made a priority issue?

7. In closing, depict one change in the healthcare environment that has occurred or is impending at the local, state or federal level; either positive or negative, that you feel has or will directly impact the health of our community or the healthcare delivery system? Please provide examples and a timeframe.

The following audiences were included in eight (8) targeted Focus Groups with 101 participants:
- March 25, 2013- 19 Teens
- April 10, 2013- 9 Faith Leaders
- April 10, 2013- 7 Physicians
- April 15, 2013- 7 Community Nurses
- April 22, 2013- 11 Community Health Educators
- April 25, 2013- 23 Jones Memorial Hospital Leadership Team
- May 22, 2013- 10 Business Leaders
- June 25, 2013- 15 Aging Service Providers
The SWOT (Strengths, Weakness, Opportunities, Threats) Analysis from the Focus Groups demonstrated the following themes:

Identified Strengths:
- Rural lends to increased opportunities for cooperation and collaborations
- Dedication of workforce to community; including mutual aid services, free or low-cost services
- Increased number and access to Pediatrician and OB/GYN Services
- Leadership embraces collaborative strategies; including shared visioning, cost-sharing methods, shared resources, etc.
- Two (2) Article 28 Dentist Clinics and one (1) Dentist Office accepting Medicaid
- Current level of collaborations/partnerships

Weaknesses:
- Widespread lack of confidence in the local healthcare system
- Unequal Treatment for Low Socio-Economic Families
- Physicians Must Juggle Too Many Patients Causing Frustration and Burn-Out with Low Reimbursement
- Hospitalists are Perceived to Challenge Continuity of Care
- Transportation System is Improving, but Still Sited as a Major Barrier to Services
- Lack of Communication Between Healthcare Silos; i.e. Behavioral Health, Primary Care, Pharmacy, etc.
- Low Health Literacy... Patients are not Empowered and/or Don’t Take Responsibility for Care
  - “Patients See Admittance as a Vacation”
- Unacceptable Emergency Room Utilization-lack of insurance and/or large Medicaid population, limited access to primary care, quicker medical response without extended wait time for appointments, patients “fired” by provider for non-compliance
- Healthcare shortage area-primary care, specialty care, psychology, psychiatry, direct care workforce, volunteer EMS/EMT, RNs
- State and federal regulations too demanding; paperwork, documentation, training hours, etc.
- Funding for start-up programs without sustainability monies
- Lack of local specialists- transportation barrier to access urban providers
- Preventative care and services are not billable services
- Healthcare system is too complex
- Dental health services accessible for Medicaid consumers, but oral health is not a priority for high-risk populations
- Medicare and insurance companies, not healthcare professionals, dictate health care; i.e. level of care, service provision, hospital care, etc.
- High ER and inpatient re-admission rates

Opportunities:
- Recruitment and retention opportunities; including “grow your own” activities, medical student connection, succession planning
- Expand service delivery system to include non-traditional providers; i.e. school nurses, pharmacists, dentists
- Improve consistent health messaging between all healthcare sectors, across a lifetime
- Technological advancements including electronic medical records, telemedicine, telepsychiatry
- Block grant methodology to enhance collaboration could help rural communities create targeted system changes
- Public transportation system shifting to improved services and access to healthcare
- Primary care-mental health integration model
- Transitions in care coaching and/or health coaching for consumer empowerment
- Increased Chronic Disease Self-Management strategies could improve patient outcomes
- Health Home implementation
Allegany County Integrated Health Plan

- Technology Advancements
- Strengthened Relationships with Universities and Medical Schools
- Greater Collaboration Amongst Providers/Agencies for Accountable Care
- One-Stop Information and Referral Services; i.e. NY CONNECTS
- More Emphasis on Patient Education
- Continue to Recruit and/or “Grow Our Own” Health Care Professionals
- Support Family Caregiver Roles and Responsibilities
- Support Health Life Styles

Threats:
- Growing number of uninsured- unemployed, part-time workers, self-employed, recent graduates
- Confusion about OBAMA Care
- Negative “word of mouth” marketing for local system and providers
- Cultural/social norms prohibit positive lifestyle change, healthy behaviors
- Lack of chronic disease self-management; consumers focus only on acute conditions
- Healthcare system is fluid and dependent upon grant funding changes, cuts at state level, reimbursement changes
- Demographic shift; aging service system may not be prepared for “baby boomers”
- Professional burn-out; case managers, physicians, discharge planners, etc.
- Lack of caregiver services, supports and dispersed extended families
- Too much time between discharge from hospital to homecare services with limited services approved-families left to provide high level of care for complex medical conditions without proper education
- Medical malpractice insurance and practice overhead too costly for rural-based providers with high Medicaid and self-pay consumer-base
- Lack of psychiatric services for all demographics; especially youth and adolescents

Key Focus Group Findings/Themes:
- Need for Behavioral Health Service coordination and integration with Primary Care Services
- Recruitment of Child/Youth Psychiatrist is Essential for all Healthcare Sectors
- Long Distance for In-Patient Services with No Communication back to PCP
- Primary Care Feels Responsible for Prescribing Psychiatric Medications
- Major Health Issues Noted Across All Sectors:
  - Obesity
  - Emotional Health and Wellbeing
  - Drug Use/Abuse
  - Families are Struggling Financially Impacting Preventative Care
  - Need for Financial Health Education
  - Non-Emergent Emergency Room Utilization
  - Fragmented/contradictory Health Education Strategies and Messaging
  - Seriousness of Drug Abuse/Drug Seeking Behaviors
  - Lifestyle Change for Improved Health Indicators-Tobacco, Nutrition, Physical Activity, Sexual Health, etc.
  - Concern with Healthcare Professional Shortages including succession planning, direct care workforce, volunteer EMS/EMT shortage, overall recruitment and retention
  - Child and Adult Dentistry; including access to specialty care and consumer buy-in to oral health
  - Chronic Disease Self-Management
  - Medication reconciliation between transitions of care and services
  - Transportation barriers to needed health and wellness programs and services
• Needs of Aging Population including Nursing Home Diversion, social adult day care, caregiver services, and environmental safety for independent living
• Organization capacity thresholds; funding reduction and workforce
• Although the majority of healthcare professionals agreed that the primary care system is stabilizing, community members overwhelmingly noted the following:
  • New Patients in Primary Care Setting Must Wait Extended Period of Time for an Initial Appointment; “People are waiting 6-8 months for a new patient appointment”
  • Our Healthcare System is 8:00a.m.-4:00p.m. leaving few options other than the ER or Urgent Care for the working community
  • In Many Cases, Community Members Must Travel Great Distances for Care
  • Primary Care Physicians Set Up Practice for Limited Timeframes; 2-5 Years, then move on.

C. The Forces of Change Assessment focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. This answers the questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?"

The top concern for all sectors of the healthcare system; including but not limited to healthcare organizations, facilities, consumers and caregivers, is the current fiscal crisis and its impact on Allegany County’s health status. Organizational downsizing and restructuring due to budget cuts is wreaking havoc on the healthcare system. Programs focusing on prevention are often dependent upon grant funds that provide start-up costs for new or expansion projects without monies for on-going sustainment.

Healthcare facilities and providers dependent upon patient revenue struggle with Allegany County’s high Medicaid/Medicare patient volume and significantly low reimbursement rates. As a health professional shortage area (HPSA), designated in primary care, dental and mental health, access to healthcare services continues to be a concern. Healthcare recruitment and retention strategies are vital for Allegany County’s future. Yet, healthcare providers report feeling burdened with impending healthcare reform; including electronic medical records, pay for performance standards, and the emphasis on administrative tasks. Patients and providers alike sighted dissatisfaction with the amount of time available for actual patient care. Rather, providers felt the majority of their time was spent advocating for patients with insurance carriers and managed care programs. As one local physician stated, “I spend the majority of my day fighting the denials from insurance companies (tests, prescriptions, procedures, etc.) rather than caring for my patients. I’m now an administrator, not a doctor.” According to the Agency for Healthcare Research and Quality, provider satisfaction has been linked to quality of care and patient outcomes. The local healthcare system must find a way to support providers or risk losing the limited resources that currently exist. Reaching out to non-traditional partners, such as Chambers of Commerce and higher education institutions; may be a mechanism to support physician practices and the healthcare system.

Worksite wellness programs are instrumental in engaging consumers of healthcare. Lower health care costs, reduced absenteeism, higher productivity, reduced use of health care benefits, reduced worker’s comp/disability, reduced injuries, and increased morale and loyalty are essential in Allegany County’s economic development and health prosperity. In return, a strong healthcare system influences industrial growth. Collaborating with the business sector is vital to improving future health outcomes and impacting quality of life.

With community resources limited, the family caregivers’ role has become more extensive and consuming. Case workers and home care agencies site major obstacles in helping patients stay independent in their homes. The decreasing number of allowable homecare visits places more pressure on the consumer and caregivers. As one local Care Coordinator stated during a Focus Group, “…this is a disaster; especially in a time when patients are discharged quicker and sicker than ever before.” Patient and caregiver education is essential for the future of our
healthcare system. Health education must be deemed a vital, reimbursable element of the healthcare system. Consistent messaging across all aspects of the healthcare system is important. Communication strategies must be clear and provided in a health literacy appropriate fashion.

Medical errors; especially medication errors, were found to be major contributors to hospital re-admissions and emergency department visits. In addition, transitions between healthcare settings are challenging with limited communication between providers. Electronic Medical Records within isolated facilities may help overcome this problem within single institutions, but will not improve communication across all the healthcare sectors. Some healthcare personnel displayed discomfort with electronic medical records due to lack of computer skills and knowledge. In recent studies, Personal Health Records have been shown to be a person-centered strategy to improve communication between all providers, caregivers and consumers.

Consumer engagement and self-management is critical for combating chronic illnesses that plague our community. Evidence-based chronic disease self-management programs should be embraced to provide consumers living with a chronic disease the skills and tools needed to maintain their personal health and wellness. As self-managers, patients can better manage their symptoms, adhere to medication regimens, and maintain functional ability. Self-management allows consumers to:

- Know their condition and various treatment options
- Negotiate a plan of care
- Engage in activities that protect and promote health
- Monitor and manage the symptoms and signs of the condition
- Manage the impact of the condition on physical functioning, emotions and interpersonal relationships
- Have confidence in their ability to use support services and communicate with providers

Building and sustaining a healthy living environment is imperative for our communities as local governments, community leaders and land owners look to invest in our villages and townships. It must involve the home, the community, the worksite and the schools. Legislation for Complete Streets is one step closer to improving our roadways for pedestrians, bikes and all modes of transportation. Walking audits have been conducted in five Allegany County communities; Alfred, Angelica, Cuba, Independence, and Wellsville, resulting in greater awareness, improved walkways and safer streets. Funding to continue these efforts is essential. In addition to moving toward walkable communities; food security, positive health promotions, violence prevention and a greener environment can encourage healthier lifestyles; i.e. greater physical activity, improved nutrition, etc.

As executives and providers in our health care system approach retirement age, many view succession planning as a key predictor of our future health status. Local dentists, physicians, nurses, etc. fear that the professional healthcare shortage will become more pronounced as they grow closer to retirement. Health professional recruitment and retention must be a priority. Career ladder exploration and “grow your own” have both been shown to be effective in Allegany County. As well, introducing healthcare professional students to our picturesque community through rural rotations may be a link to future providers. Student housing and preceptor sites are essential in recruiting students to our community.

Non-traditional funding resources must be solicited to help support local healthcare initiatives and programs. Research into best-practice and/or evidence-based models with collaborative support for funding proposals is vital to our community’s health and wellbeing. Local, regional, state and national funds should be monitored and solicited when funders’ goals and local needs align.