



DEPARTMENT OF HEALTH

County Office Building,
7 Court Street, Room #30
Belmont, New York 14813
Phone: (585) 268-9250
Fax: (585) 268-9264

New York State 2025-2030 Community Health Assessment/
Community Health Improvement Plan/Community Services Program

Allegany County 2025-2030

Joint Plan
Completed and submitted December 30, 2025

Submitting Organization

Allegany County Department of Health
CHA/CHIP/CSP Liaison
Robert Matasich, Supervising Public Health Educator
Rob.Matasich@alleganyco.gov

Participating Organizations

URMC Jones Memorial Hospital
CHA/CHIP/CSP Liaison
Brenda Szabo, Vice President of Specialty Services
Brenda.mongszabo@urmc.rochester.edu

Cuba Memorial Hospital
CHA/CHIP/CSP Liaison
Brandon Schoonover, Clinical Services Director
Bschoonove@cubamemorialhospital.org

Participating Community Wellness Committee Members

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ACASA

Ann Weaver
Jonathan Chaffee

ACCORD

Lesley Christman
Ashley Elias
Belinda Knight

Allegany ARC

Kristen Babbitt

Allegany County Department of Health

Penny Chudy
Jami D'Arcy
Chelsea Miles
Tyler Shaw
Melissa Watson

Allegany County Department of Social Services

Jennifer Bigelow

Allegany County Office for the Aging

Anita Mattison

Allegany Hope

Anita Baird
Casey Jones

Ardent Solutions/Access Allegany

Gwendolyn Cooper
Jonah Crump
Helen Evans
Robin Fuller
Jose Soto

Catholic Charities of WNY

Danielle Kielar
Anne Miles

Clarity Wellness

Trinity Cowburn
Kate Lewis
Melissa Payne
Emma Timblin
Rachel Trudell

Cuba Memorial Hospital

Ruth Ireland

Friendship Free Library

Sarah Trumpp

Help Me Grow Western New York (HMGWNY)

Danielle Galenski
Kim Stewart

Southern Tier Health Care System

Donna Kahm

Universal Primary Care

Brett Lawton

UR Jones Memorial Hospital

Amanda Elliot
Kim Hannon
Jim Helms

Lauren Keim
Lyndsay Roberts
Sandra Watkins

URMC

Kristina Hawes
Wellsville Central School
Nikki Medler-Scholes
Wellsville YMCA
Tyler Green

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C. Executive Summary-Allegany County

C.1. Prevention Agenda Priorities

The prevention agenda priorities and the disparities Allegany County has selected to work on with our community partners, including our core group {the Allegany County Department of Health (ACDOH), Jones Memorial Hospital (JMH), and Cuba Memorial Hospital (CMH)} in 2025-2030 are:

Domain Area: Economic Stability

Priority Area 3: Nutrition Security

Domain Area: Social and Community Context

Priority Area 3: Depression

Domain Area: Healthcare Access & Quality

Priority Area 3: Preventative Services for Chronic Disease Prevention and Control

Priority Area 5: Preventative Services

Disparity – Socioeconomic, Income, Access to Regular Care, Geography

Strategies and activities for all priorities will be offered at low cost or no cost to the residents of Allegany County. Offering the evidence-based interventions and activities locally and/or virtually reduces the financial burden to the residents of Allegany County by reducing the travel and time expense to county residents; and increases access to healthcare, mental healthcare and food throughout rural Allegany County. ACDOH and our partners work directly with individuals and families experiencing geographic disparities, income-based disparities and healthcare disparities every day.

C.2. Data Review

The data that was reviewed by the core group and on September 9, 2025 by the key stakeholders included the 2025 community survey results; comparison of 2022 and 2025 community survey results; focus group results and summary; leading causes of death; the New York State Department of Health community health indicators, NYS Prevention Agenda Dashboard, county health rankings, NYSIIS data, Census.gov data for Allegany County. All of the data reviewed was organized and presented by Prevention Agenda 2025-2030 Domain Areas.

C.3. Partners and Roles

The core group of partners working in Allegany County consists of the Allegany County Department of Health, Jones Memorial Hospital, and Cuba Memorial Hospital. The core group met to assist with the content for the Community Health Assessment (CHA)/Community Service Plan (CSP)/Community Health Improvement Plan (CHIP). This core group works with the members of the Community Wellness Committee of Allegany County (CWC), including ACCORD, Ardent Solutions, and Universal Primary Care (UPC); to engage the broad community to complete the community survey and participate in the focus groups. Many other agencies, listed

below, participated in the assessment and implementation process, with eleven participating in the key stakeholders meeting on September 9, 2025 to participate in the data review; prioritization exercise (vote) for priority selection; and SWOT analysis for the domain areas. Each partners' role in the assessment and implementation process is briefly outlined below.

- ACCORD is a leading agency for participation in CHA outreach throughout Allegany County. Participated in Community Wellness Committee meetings, and will lead implementation of the Nutrition Security objective as described in the CHIP workplan.
- Allegany County Department of Health is the primary organization bringing together community agencies to participate in development and implementation of the CHA/CHIP. Coordinated all Community Wellness Committee and Stakeholder meetings, conducted CHA outreach, processed and presented CHA data, write and submit CHA and CHIP, including workplan.
- Allegany County Department of Social Services (ACDSS) participated in promoting the CHA survey and being a drop box location for the public to return paper surveys. ACDSS staff participates in CWC meetings and serves the public every day; they will have a role in helping to engage the broad community.
- Allegany County Employment and Training participated in CWC meetings, promoted the CHA survey, and helped promote focus groups. They will have a role in helping to engage the broad community.
- Allegany County Office for the Aging (OFA) is a participating agency in the CHA survey process. They hosted ACDOH at luncheon meal sites for outreach to seniors, shared paper surveys with seniors at meal sites, held a drop box for completed surveys and returned surveys to ACDOH. THE OFA has participated in CWC meetings and will support the ACDOH in reaching the senior population of Allegany County as it relates to the priority objectives.
- Ardent Solution's Inc. is a participating agency in the CHA survey process including promotion of the survey. Ardent hosted and led focus groups, and participates regularly in CWC meetings. Ardent will play an important role in reaching the target populations and will help implement multiple priority objectives as described in the CHIP workplan.
- Clarity Wellness is a participating agency in the CHA assessment process and their staff assisted ACDOH with implementation of multiple focus groups. Clarity has participated in CWC meetings regularly and will have an extensive role in the implementation of the Depression objective as described in the CHIP workplan.
- Cuba Memorial Hospital is a participating agency that assisted ACDOH in development of the CHA, and helped promote and collect surveys. Participates in most CWC meetings and will aid in the implementation of multiple objectives as described in the CHIP workplan.

- Jones Memorial Hospital is a leading partner that assisted ACDOH in development of the CHA; helped promote the survey to their employees, patients and the community; collected and returned surveys to ACDOH, and conducted focus groups. JMH participated in all CWC meetings with significant input. JMH will have an extensive role in the implementation of every objective as described in the CHIP workplan and will submit the joint plan as their CSP.
- Universal Primary Care is a leading partner in the development of the CHA survey and CHIP workplan. They are a FQHC and have multiple provider offices in Allegany County. Their offices promoted the CHA survey and they will play a significant role in multiple priority areas and interventions as described in the CHIP workplan.
- Help Me Grow Western New York is a participating agency in the CWC meetings and supports Allegany County organizations in addressing priorities that affect young children.
- Southern Tier Library System (17 Libraries across Allegany County)
 - Alfred Box of Books Library, Almond 20th Century Club, Andover Free Library, Angelica Free Library, Belfast Public Library, Belmont Literacy and Historical Library, Bolivar Free Library, Canaseraga, Essential Club Free Library, Cuba Circulating Library Association, Fillmore, Wide Awake Club Library, Friendship Free Library, Genesee Library, Richburg, Colonial Library, Rushford Free Library, Scio Memorial Library, Wellsville, David A. Howe Public Library, Whitesville Public Library. The role of the libraries included outreach for the CHA to help promote community participation in the survey, hold drop box location for community members to turn in the survey, host focus groups, and deliver completed surveys to ACDOH at end of survey period in May 2025. Libraries will be a hub for information in communities across Allegany County during the implementation of the CHIP workplan and help to engage the broader communities by sharing the CHA findings and objectives.
- Allegany Council on Alcoholism and Substance Abuse (ACASA) conducted outreach for the CHA to promote community participation in the survey through their PPAC website and extensive email lists, conducted a focus group, hosted ACDOH for Coalition Meetings to present CHA data findings to partner agencies and Allegany County politicians, and regularly participates in CWC meetings.
- U of R Center for Community Health & Prevention staff participated in Community Wellness Committee meetings.
- Allegany ARC (The ARC Allegany-Steuben) promoted the CHA survey to their employees and with assistance, allowed ACDOH staff to provide digital and paper surveys to the people they serve – people with intellectual and developmental disabilities. ARC staff participate in some CWC meetings.

- Southern Tier Health Care System (STHCS) participated in CWC meetings and will play a role in improving access to health care through rural telehealth services, and engaging the broader community in disseminating the CHA findings at telehealth locations within Allegany County libraries.
- Wellsville YMCA is a frontline agency that serves Allegany County residents. They attended some CWC meetings and promoted the CHA survey to their employees and members. JMH also has a blood pressure monitoring station on site at the Wellsville YMCA, and they will play a role in the Preventive Services for Chronic Disease Prevention and Control objective as described in the CHIP workplan.

Several other community-based churches, school districts, businesses, universities and individuals were engaged in the outreach process for the community survey. This unprecedented level of involvement from the community led to a record number of 2,226 survey responses being collected.

C.4. Interventions and Strategies

The evidence-based interventions/strategies/activities identified, to address the specific priorities and the health disparity, and implemented in 2025-2030:

Priority Area: Nutrition Security: Interventions/strategies/activities will work toward increasing food security in households with an annual total income of less than \$25,000 from 46% to 54% by expanding and creating access points at locations such as colleges, schools, emergency food programs, food pantries, community gardens, farmers markets and more - to get affordable, high quality, and nutritious food to families in Allegany County by December 2028. This addresses the socioeconomic/income disparity faced by Allegany County households earning less than \$25,000. This priority was selected as one of the required priorities that address a social determinant of health as decided by the Allegany County Community Wellness Committee (CWC); and focus groups revealed that prices for healthy food is a barrier to healthy eating, as well as limited access to farmers markets and food pantries. According to our CHA survey, 54% of Allegany County residents making \$24,999 or less said in the last year that the food they bought did not last, and they had trouble buying more – meaning that the remaining 46% of households making \$24,999 or less are food secure.

Priority Area: Depression: Interventions/strategies/activities will work toward reducing the percentage of adults with a major depressive episode during the past year by 1% in Allegany County by December 2028 through the development of a collaborative care model to ensure that individuals with depression receive treatment. This will address the disparities faced by Allegany County residents including access to regular care, geography/transportation, and stigma of mental health treatment. We will aim to establish the number of medical providers using a collaborative care model and increase that number of individuals receiving care through this model – ensuring patients are screened and referred to the proper level of care for depression/anxiety. This intervention was selected based on the following data points: 19% of survey

respondents experienced mental stress from lingering symptoms of COVID-19, 30.4% of survey respondents were told by a doctor or nurse they have mental health diagnosis; focus groups found that isolation is a trigger for depression and there is increased stigma for seeking care, and there is a lack of diverse and accessible support for mental health treatment in Allegany County. Additional activities to support this intervention and ensure that Allegany County residents are aware of the mental health services will include promoting the availability of community-based support programs, and encouraging individuals to seek mental health screening from their healthcare provider in Allegany County.

Priority Area: Preventative Services for Chronic Disease Prevention and Control:

Interventions/strategies/activities will focus on increasing the percentage of adult Medicaid members aged 18 years and older with hypertension who are currently taking medication to manage their high blood pressure from 79.5% to 80.7% by implementing community screenings to detect and address hypertension in adults who may not have regular access to care in Allegany County by December 2028. We will identify and target communities with limited access to transportation/healthcare providers, and/or households below the median income offering screenings for free to help find individuals with undiagnosed hypertension. This intervention was selected by the key stakeholders after voting on the Preventative Services for Chronic Disease Prevention and Control priority area. Supporting data from the CHA finds that 10.8% of survey respondents were told by a doctor or nurse they have diabetes, and 37.3% overweight/obesity; both risk factors in developing heart disease, (the leading cause of death in Allegany County in 2022).¹ When compared to the New York State CHIRS data for 2021, 78.8% of adults in Allegany County are estimated overweight/obese; while 13.6% of adults were estimated to be diagnosed with diabetes² – these percentages are higher than the most recent CHA results, suggesting that these health indicators have improved, or estimates could be based on an unrepresentative sample size. When more people are managing their hypertension, there will be an expected impact of a reduction in the number of deaths due to heart disease.

Priority Area: Preventative Services: Interventions/strategies/activities will focus on increasing the percentage of children in a single birth cohort tested at least twice for lead before 36 months of age from 52.57% to 60% in Allegany County by December 2030. The Allegany County Department of Health actively works to provide education and outreach about the dangers of lead poisoning for children, and our partners will conduct outreach in communities that have older, poorly maintained housing with high-risk for lead exposure, and provide education regarding lead exposure prevention to families. Based on our CHA survey, 8% of respondents had their home tested for Lead in the last two years. According to the American Community Survey, nearly 70% of the housing units in Allegany County were built before 1980 (lead paint in homes was banned in 1978) and 35% were built in 1939 or earlier.³ Additionally, ACDOH has received a HUD Grant to

provide free home repairs for lead abatement and removal to families with children under the age of 6 with an EBL of 5 ug/dl or higher. Families receiving assistance through this grant must have their children tested for lead. This will aid in increasing the lead testing rates, and addressing housing stability and affordability for lower income families who otherwise would not be able to afford the lead abatement and removal repairs.

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

C.5. Progress and Evaluation

Progress and improvement will be tracked to evaluate impact through the Allegany County Community Wellness Committee (CWC) meetings. A representative from each focus area will report out at each CWC meeting, discussing programs completed, barriers to completing activities, new opportunities for expanding programming, etc. This will allow agencies to assist each other with awareness campaigns, referrals and to expand activities/programming. The process measures will include: number of meetings held with partner agencies, a review of data for number of supermarkets, corner stores, and retail food stores in underserved communities, number of farm stands and farmers markets, number of emergency food programs, number of food cooperatives and community gardens; number of food pantries supported through monetary donations; number of individuals referred to food pantries through care management; number of grocery stores promoting and accepting WIC; number of families participating in nutrition education workshops; review of data for blood lead levels and testing rates, number of presentations made to professional or community groups about lead poisoning and the number of people at the presentations; percentage of patients seeing a reduction in blood pressure; number of blood pressure screening events offered and number of individuals screened; number of blood pressure machines given out; number of healthcare providers using a collaborative care model and number of individuals receiving care through Collaborative Care Model (CoCM); number of ASSIST trainings offered and number of people taking ASSIST trainings; number referrals from healthcare providers/care managers into mental health treatment.

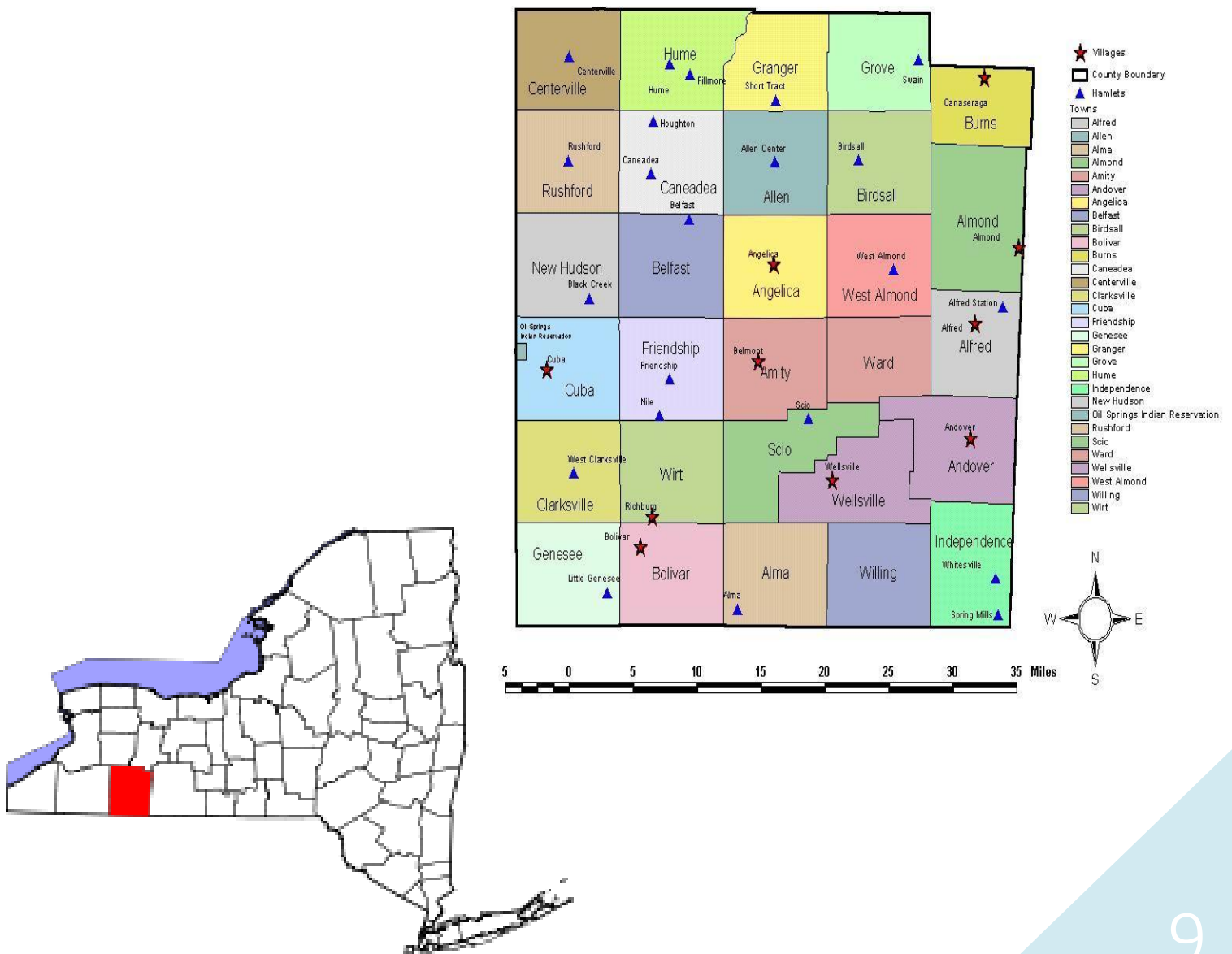
D. Community Health Assessment

D.1.A Service Area

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

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

Towns, Villages & Hamlets of Allegany County, NY



D.1.B. Demographics of Allegany County

Allegany County's population is not culturally diverse comprised of 93% white/Caucasian⁴ and health disparities broken down by racial or ethnic groups are very small numbers of population. Allegany County has an estimate 1,300 to 1,500 Amish located mostly in the towns of Angelica, Belfast, Fillmore and Willing.⁵ The Amish population is worth mentioning since most do not participate in the census; do not have public or private health insurance and due to religious beliefs, is not immunized to New York State recommendations.

The demographics of those who completed the community health survey included 71% female; 17% age 55-64 and 18% age 45-54; 23% household income between \$25,000-\$49,000 and 13% \$50,000-\$64,999; 89% Caucasian/white; 95% have health care coverage or health insurance; 90% have a primary care provider; and highest represented towns were Wellsville, Alfred, Belmont, Cuba, Caneadea, and Andover. The survey demographics are representative of Allegany County demographics, and we reached a 99% CI based on total population with 2,226 survey responses and a total population of 46,456.

Geography

- Allegany County is a rural county located along the Southern Tier of Upstate New York, with an area of 1,030 square miles. It is bordered by Cattaraugus, Wyoming, Livingston, and Steuben Counties in New York State, and by McKean and Potter counties in Pennsylvania.
- The population density is 45 people per square mile on the 2020 Census. The county has 12 public school districts, 3 colleges, 29 townships and 10 villages. Allegany County has no cities, and population concentrations are in Wellsville, Alfred, Cuba, Bolivar and Andover.

Population

- The population of Allegany County continues to decrease. The 2023-estimated population is 46,651 an increase of .4% from 2020.⁶ The 2020 U.S. Census data shows Allegany County population at 46,456 and for 2010 48,946. From 2010 to 2025, Allegany County's population has decreased 4.7%.
- The average births from 2020-2022 for Allegany County was 474 per year.⁶
- The average deaths from 2020-2022 for Allegany County was 556 per year.¹

Race and Ethnicity (2019-2023 estimates, American Community Survey)

- Caucasians (white) comprise the vast majority of Allegany County residents, making up 93% of the population. African Americans (1.5%); American Native/Alaska Native (0.1%); Asians (1.3%); Hispanic or Latino (2.1%); 2 or more races (1.7%)⁷

Age and Gender

The 2023 estimates from the American Community Survey from the U.S. Census showed the median age of Allegany County residents to be 38.9 years, with 51% male to 49% female ratio, slightly less than 1:1. Census data also shows that 19.9 % of the population is 18 years of age or younger and 5.1% of the population is age 5 and younger. The data also indicates that the county's population is living longer. In 1970, the population age 65 and over totaled 5,113. By 1994, this number had increased 40%, to 7,159, in 2010 it increased to 7,443, in the 2013-2017 American Community Survey-U.S. Census it increased to 8,229 (a 10.56% increase from 2010). In the 2019-2023 American Community Survey-U.S. Census, the population age 65 and over is 9,279 (increase of 12.76% from 2017). The total population aged 65 and over is at 19.7%, compared to 17.4% across New York and 16.8% in the United States.⁸

Marital Status

Allegany County New York based on the 2021 American Community Survey 5-year Estimates shows total population 15 years and over 48% now married (not including separated); women are 9% widowed; 10% divorced; and 33% never married. In comparison, males of the same age are 3% widowed; 38% never married and 11% divorced.⁹

Education

2021 American Community Survey 5- year estimates U.S. Census

People age 25 and over who had ever been enrolled in school.¹⁰

- 91.6% High School graduate or higher (New York State 87.9% and United States 89.4%)
- 24.6% Bachelor's degree or higher (New York State 39.6% and United States 35%)

Income and Poverty

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

	Allegany County	New York State	United States
Per capita income	\$30,016	\$49,520	\$43,289
Median income	\$61,233	\$84,578	\$78,538

Reference: [11](#)

The 2019-2023 American Community Survey percentage of residents' poverty status in the past 12 months. Children under age 18 live in poverty at a rate 25% higher than the rate in New York.

	Poverty status in the past 12 months, under age 18 years	Poverty status in the past 12 months, total residents	Poverty status in the past 12 months of seniors (65 and over)
Allegany County	23%	16.8 %	9%
New York State	18%	13.7%	13%

Reference: [12](#)

Employment

Unemployment population over 16 yrs. old: 2023 American Community Survey, 5-year estimates	
Allegany County	7.2%
New York State	6.2%
United States	5.2%

Reference: [13](#)

Employed Population over 16 yrs. old by Industry: 2023 American Community Survey, 5-year estimates	
Agriculture, forestry, fishing and hunting, and mining	2.7%
Construction	7.7%
Manufacturing	10.9%
Wholesale trade	0.8%
Retail trade	11.6%
Transportation and warehousing, and utilities	3.6%
Information	1.3%
Finance and insurance, and real estate and rental and leasing	2.7%
Professional, scientific, and management, and administrative and waste management services	5.2%
Educational services, and health care and social assistance	35.2%
Arts, entertainment, and recreation, and accommodation and food services	9.2%
Other services, except public administration	4.8%
Public administration	4.5%

Reference: [13](#)

Employed Occupation over 16 yrs. old by Industry: 2023 American Community Survey, 5-year estimates	
Management, business, science, and arts occupations	37.6%
Service occupations	18.7%
Sales and office occupations	17.3%
Natural resources, construction and maintenance occupations	11.2%
Production, transportation, and material moving occupations	15.2%

Reference: [13](#)

Class of Worker over 16 yrs. old: 2023 American Community Survey, 5-year estimates	
Private wage and salary workers	70.9%
Government workers	22.7%
Self-employed in own not incorporated business workers	5.9%
Unpaid family workers	0.4%

Reference: [13](#)

Disabilities for Allegany County

- 16.6% of total population with a disability, compared to 13.5% in New York State
- 1.3% under 5 years of age with a disability
- 7.9% from 5 to 17 years of age with a disability

Reference: [14](#)

Mobility for Allegany County

- 22.6 minutes is the mean travel time to work for workers age 16 years plus
- 75% drove alone to work compared to 49.7% across New York state.
- 3.7% of occupied housing units have no vehicles
- 16.9% of occupied housing units have one vehicle
- 46.1% of occupies housing units have two vehicles
- Ardent Solutions, Inc. offers Access Allegany a public transportation system with buses with six service areas.

Reference: [15](#)

Home Ownership and age of housing for Allegany County

- 23, 538 housing units in Allegany County
- 72.5% owner occupied housing
- Median value of owner-occupied housing -\$97,900
- Monthly Median Gross Rent - \$754
- 31.6% was built in 1939 or earlier
- 13.4% was built between 1940-1959
- 23.4% was built between 1960-1979

Reference: [16](#)

Percent Uninsured (Health Insurance): 2023 American Community Survey, 5-year estimates	
Uninsured total population	4.9%
Household income under \$25,000	7.8%
Under 6 years old	10.2%
26 to 34 years old	8.9%
White Alone	5.0%
Black or African American Alone	3.9%
Hispanic or Latino (of any race)	7.1%

Reference: [17](#)

Access to a regular source of care

- As our populations of dental, medical and mental health care providers leave the area or retire, attracting new providers to this rural area is difficult.
- Patient to Provider Ratios based on County Health Rankings for data from year in parentheses¹⁸
 - Primary care physicians-3,590:1 (2022)
 - Dentists-2,920:1 (2023)
 - Mental health provider-390:1 (2025)

Immigrant/migrant status for Allegany County from U. S. Census 2023 American Community Survey U.S Citizenship status for foreign-born population	
Foreign-born population for Allegany County	1.8%
Foreign-born population for New York State	23.3%
Foreign-born population for U.S.	13.9%
Computer and internet usage from U. S. Census 2023 American Community Survey	
Households with a Computer	90.9%
Households with broadband internet subscriptions	84.8%

Reference: [19](#)

D.2. Health Status of the Allegany County population

D.2.A Data Sources

The Allegany County Community Wellness Committee invited Key Community Stakeholders to a meeting on Tuesday, September 9, 2025 to discuss the main health challenges facing Allegany County residents. Robert Matasich, Supervising Public Health Educator from the Allegany County Department of Health, presented the following primary and secondary data at this meeting: Allegany County's community health survey and focus group results; Allegany County demographics (U.S. Census 2021 estimated population and 2019-2023 American Community Survey); leading causes of death. Additional data sources used in the CHA/CHIP/CSP include premature death data; and county health rankings (2025 County Health Rankings, New York Community Health Indicator Reports (2024 BRFSS, SPARCS, Cancer Incidence and Mortality in New York State, 2024 vital records, Cancer Incidence and Mortality 2018-2022).

D.2.B Data Collection Methods and Community Engagement

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

The Allegany County Department of Health, Jones Memorial Hospital and Cuba Memorial Hospital worked with the community wellness committee to plan and conduct the Allegany County community health assessment, and an outside agency was not contracted for assistance. Contributing partners and their roles are listed in section C.3 of the executive summary. Preliminary findings were shared with community stakeholders on May 28, 2025. These initial findings included quantitative data for survey responses. Preliminary findings with trend analysis was provided at the PPAC meeting on September 16th, 2025 with the following agencies/individuals represented:

Kim Burr, Halee Potter (Fidelis), Skylyn Coy (ACASA), Ann Weaver (ACASA). Casey Jones (Allegany Hope), Chris Cretelle (URMC), Chelsea Miles (ACDOH), Allison Stiles (URMC), Kenya Malcolm (URMC), Melissa Tice (Evergreen Health), Deanna Hallock (Ardent), Brian Perkins (Allegany County Youth Bureau), Nikki Medler (Wellsville Central School), Haley Glassman (UConnectCare), Christen Foley (UConnectCare), Kristen Babbitt (ARC), Ken Dahlgren (Roswell Park), Rob Matasich (ACDOH), Souly Sanasith (ACASA), Kim Strauser (ACASA), Melissa Heatley (URMC), Assemblyman Joe Sempolinski, John Eberth (NY Assembly), Julie Schmidt (Senator Borrello's Office), Chairman Brooke Harris, Legislator Janice Burdick, Jonah Crump (Ardent TICTAC), and Vickie Kenyon (Allegany County DSS).

The Allegany County Department of Health conducted a secondary data review at the close of the survey period to analyze service area, demographics, and relevant health indicators. We began collecting quantitative survey data on February 7, 2025 and ended collection on May 2, 2025. Surveys were first promoted with a press release and online through several methods: Allegany County website, Allegany County Department of Health website, Partners for Prevention in Allegany County (PPAC) website; social media platforms through a number of partners; via email directly to Allegany County employees, and our partners distributed the survey through email directly to their employees including JMH, CMH and several school districts. Schools also promoted the survey to their staff during staff development days – to increase survey uptake. ACDOH utilized free community radio announcements to promote the survey. In addition, we also compared our 2025 survey results to the 2022 survey results. To achieve optimal community input, and improve survey uptake from 2022 additional survey promotion methods were conducted, including:

- Flyers with QR codes distributed/posted at doctor's offices, pharmacies, libraries, grocery stores, post offices, town halls, laundromats, gas stations, banks, and local businesses.
- Tent cards distributed to restaurants, hospital/doctor office waiting rooms
- Drop boxes for paper surveys located in libraries, churches, hospitals, county social services lobby
- Pop-Up-Pantries: We provided paper surveys and offered QR codes for individuals attending the pantries to complete the survey on their phones while they waited in line at the drive thru food pantry.
- OFA Meal Sites: Office for the Aging offered online and paper surveys to individuals attending meal sites and returned the surveys sealed to ACDOH.
- Additional promotion methods included: Word of mouth, door to door, and phone calls (to businesses/locations in towns that were showing low survey participation)

Qualitative methods of data collection included focus groups on the following priority areas: Homelessness,

Food Insecurity, Mental Health/Depression, Healthcare access and preventive screening, overweight/obesity, and substance use. We were able to identify recurring themes and common barriers from focus groups and presented these at the September 9, 2025 Key Stakeholder meeting for review and consideration when selecting priority areas.

JUST A FEW MORE!

Calling all Allegany County Residents

Did you know...
When grants are written, the stats or data collected from the county health surveys are heavily relied upon to support grants?

Completing this quick survey helps increase the data & lets the county hear about your health needs. Click here!

form.jotform.com/250014735668155

Community Playgrounds funded by grants

Free School Lunches funded by grants

Creating New Trails for Hiking through grants

Logos: UR MEDICINE, JONES MEMORIAL HOSPITAL, Allegany County Department of Health, Public Health, Cuba Memorial HOSPITAL

YOUR OPINION Matters

This **QUICK** survey can help us understand your needs *and* strengthen the health of our community.

YOUR participation is crucial!

<https://form.jotform.com/250014735668155>

Logos: UR MEDICINE, JONES MEMORIAL HOSPITAL, Allegany County Department of Health, Public Health, Cuba Memorial HOSPITAL

Figure 1. Above: Flyer to promote Allegany County CHA Survey

Figure 2. Left: Social media post promoting survey. Data collected through the survey can support grant writers for local programs.



YOUR OPINION *Matters*

This **QUICK** survey can help us understand your needs and strengthen the health of our community.

1. Complete the survey online.
2. Complete a paper survey.
3. Complete the survey by phone: 585-268-9250, option 4



Figure 3. Above: ACDOH Facebook Cover Photo for the duration of survey collection period. Below: Flyers and posts to promote Focus Group registration.

WHAT IS A FOCUS GROUP?

Your chance to be heard and discuss needs in your community.



Happening in April and May at Community Centers across Allegany County - We are seeking your valuable feedback!

BE HEARD! RSVP BY VISITING:

[HTTPS://FORM.JOTFORM.COM/250786539884173](https://form.jotform.com/250786539884173)

OR CALL US AT 585-268-9250, OPTION 4.

WHAT IS A FOCUS GROUP?

Your chance to be heard and discuss needs in your community about ...

- Depression
- Food Insecurity
- Homelessness
- Substance Use
- Workforce Development



Happening in April and May at Community Centers across Allegany County - We are seeking your valuable feedback!



Be Heard! RSVP by visiting:

<https://form.jotform.com/250786539884173>

OR CALL US AT 585-268-9250, OPTION 4.

A brief timeline of the data collection and community engagement process is described below:

In 2024, the core group {Allegany County Department of Health (ACDOH), Cuba Memorial Hospital (CMH) and Jones Memorial Hospital (JMH)} started to meet to discuss the Community Health Assessment (CHA), Community Health Improvement Plan (CHIP), and hospital Community Service Plan (CSP). The vision of this group is to collaboratively build the infrastructure and capacity of our local healthcare delivery system to improve the overall health and wellbeing of Allegany County. The Allegany County Prevention Agenda domains and the priorities being addressed and chosen by community partners including the ACDOH, CMH and JMH are:

The Community engagement process that was used to select or confirm existing priorities followed these steps:

- Identify Key Stakeholders- December 2024
- December 2024, Allegany County Community Wellness Committee (CWC) discussed using the same Community Health Survey as we used in 2022, but with fewer questions (31 instead of 52) so that we could increase the total uptake of surveys. For questions that were the same in 2025 as in 2022, a comparison could be done of the data.
- January 10, 2025 Key Stakeholders Meeting. Agenda for this meeting:
 - Simplifying the Community Health Assessment
 - Selecting Survey Questions
- February 4, 2025 Community Wellness Committee Meeting. Agenda for this meeting:
 - Discuss possible incentives for survey completion
 - Discussion on focus groups, what the topics will be based on NYS Prevention Agenda Domain Areas and which organizations will host the focus groups.
 - Prepare press release to announce the Community Health Assessment Survey
 - Discuss plans to promote the survey throughout Allegany County
- Community Health Survey was released February 7, 2025 and ended May 2, 2025 (2,226 Allegany County residents completed the survey)
 - Jot Form was used to build the survey and collect responses in real time. A paper copy of the survey was also printed for distribution at locations throughout Allegany County, and collected by ACDOH. Paper survey responses were input by ACDOH Public Health Educator, Public Health Fellow and Supervising Public Health Educator. Data was stored securely after entries were made.
- February 19, 2025 Community Wellness Committee Meeting. Agenda for this meeting:
 - Update on surveys completed - 673
 - Where are surveys being distributed, both digital and paper copies

- Continue discussion of Focus Group schedule and topics
- March 20, 2025 Community Wellness Committee Meeting. Agenda for this meeting:
 - Update on surveys completed – 1,400
 - Finalize focus group schedules
 - Review focus group guidelines and implementation
 - Discuss focus group questions and evaluation forms
- 6 Focus Groups were conducted between April and May 2025. A brief summary of focus group findings is described in the tables below.

Priority Area Topic	Needs & Barriers	Solutions
Homelessness	Lack of stable, affordable housing & coordinated support services. Employment discrimination; Transportation access	Building a person-centered support system with housing, peer support and resource coordination across the county..
Food Insecurity	Price to healthy food is a barrier. Transportation to pantries; Negative stigma of accepting assistance;	Solution is gardening education and use of community gardens. Delivery services for food (including pantries). Increase utilization of Farmers Market Coupons.
Mental Health/Depression	Stigma of mental illness and being misunderstood; Isolation as a trigger of depression; physical & emotional affects.	Faith based support; structured social programs; diverse and accessible support; more options for creative outlets.
Priority Area Topic	Needs & Barriers	Possible Solutions
Healthcare Access/Preventive Screening	Low Health Literacy, Transportation to appointments, Healthy food is not affordable, Access to children's care (mental health)	Education programs for navigating and accessing healthcare, Community gardens , Increase Volunteerism
Overweight/Obesity	Cost of joining gym; Poverty; Limited facility options; Farmers Markets are expensive for vendors and limited access	Exchange program for kids sports equipment; exercise equipment; Community Pool; Increase access to healthy and nutritious foods (community garden)
Substance Use	Stigma for those in recovery; transportation; substance use treatment; greater law enforcement involvement	Incentives for employers hiring individuals in recovery (this was also a suggestion from Homelessness Focus Group); Increased community support; Harm Reduction

Figure 4. A description of our Focus Groups with a summary of needs, barriers, and possible solutions.

- Quantitative Data Gathering and Analysis-May through October 2025
- May 28, 2025 Key Stakeholders Meeting. The agenda for this meeting was:
 - Recap of the Community Health Assessment and brief review of goals, methodology and scope of survey
 - Initial Key Findings about community response to survey shared and discussed
 - Begin planning for In Person Key Stakeholders Meeting
- September 9, 2025 Key Stakeholders Meeting (agencies in attendance listed on page 2). The agenda for the key stakeholders meeting was:
 - Data Presentation by prevention agenda domain areas: survey and focus group results; leading causes of death and premature death; and community health indicators
 - Prioritization Exercise-Identifying our top health priorities.
 - SWOT analysis.
 - Round Table Discussions-What is happening now to address the health indicators and discussion of next steps.
- September 16, 2025 PPAC Coalition Meeting. The agenda for this meeting included a summary of the CHA findings.
 - Trend analysis of quantitative and qualitative data
 - Reviewing data and sharing key findings with community-based organizations/stakeholders

D.2.C Relevant Health Indicators

Domain	Priorities
Health Care Access & Quality	<p>Health Insurance Coverage & Access to Care</p> <ul style="list-style-type: none">• Access to & Use of Prenatal Care• Prevention of Infant & Maternal Mortality• Preventive Services for Chronic Disease Prevention & Control• Oral Health Care <p>Healthy Children</p> <ul style="list-style-type: none">• Preventive Services• Early Intervention• Childhood Behavioral Health

Community Health Survey-review of the 2025 community health survey for Allegany County showed for households earning less than \$25,000- 19.9% have a child living in the home with a suspected or diagnosed disability, 46% have visited a dentist in the last year, and 85.4% have a primary healthcare provider. For individuals aged 18-24 years old, 34% are using birth control or contraception and 13% report using barrier methods to protect themselves from sexually transmitted disease. 11% of all survey respondents chose ‘prefer not to answer’ the questions “How do you protect yourself from sexually transmitted infections?”.

Focus Groups-review of the top issues identified and discussed by the focus groups related to healthcare access and quality were transportation, access to medical providers/hospitals/mental health/dentists, lack of affordable healthy food and limited access to farmers markets, and low health literacy.

Leading causes of death for Allegany County residents for 2022 shows #1 heart disease, #2 cancer and #3 unintentional injury. From 2013-2022, heart disease was #1 for 5 of the 10 years; cancer was #2 for 5 of the 10 years; and unintentional injury was #3 once, and #5 for 4 of the 10 years.¹

Leading causes of premature deaths (<75 years) for Allegany County residents for 2013-2022 #1 for all 10 years is cancer, #2 for all 10 years is heart disease and #3 for 6 of the 10 years was CLRD with unintentional injury as #3 for 2022.²⁰

Cancer incidence for Allegany County from 2018-2022 showed #1 lung/bronchus, #2 colorectal and #3 bladder. For the male only population #1 Prostate, #2 lung/bronchus and #3 bladder. For the female only population #1 breast, #2 lung/bronchus and #3 uterine.²¹

Cancer mortality for Allegany County from 2018-2022 showed #1 lung/bronchus, #2 colorectal, and #3 pancreas. For the male only population #1 lung/bronchus, #2 prostate and #3 colorectal. For the female only population #1 lung/bronchus, #2 breast, and #3 colorectal.²¹

Health Care Access & Quality				
Community Health Indicators	Data Years	Allegany County	New York State	Western New York
Number of primary care physicians per 100,000 population	2020	35	80	-
Number of mental health providers per 100,000 population	2022	257	356	-
Number of dentists per 100,000 population	2021	32	83	-
Age Adjusted percentage of Adults with obesity BMI of 30+	2021	36.6%	29.1%	34.9
Age Adjusted percentage of Adults with current asthma	2021	10.1%	12.7%	14.8%
Age-Adjusted CLRD mortality rate per 100,000	2020-2022	51.6	23.7	36.6
Age-Adjusted Diabetes mortality rate per 100,000	2020-2022	31.4	19.5	26.6
Adults who received a colorectal cancer screening based on the most recent guidelines aged 50-64 years	2018	62%	65.4%	66.3%
Age Adjusted percentage of Adults with cardiovascular disease (heart attack, coronary heart disease, stroke)	2021	6.9	6.4	7.8
Age Adjusted Diseases of the Heart mortality rate per 100,000	2020-2022	173	170.6	179
Age Adjusted Diseases of the Heart premature death (age 35-64) mortality rate per 100,000	2020-2022	122.8	91.7	116
Age Adjusted Heart Attack mortality rate per 100,000	2020-2022	43.2	20.7	33.5
Age Adjusted Cirrhosis mortality rate per 100,000	2020-2022	11.4	8.1	12.4
Age Adjusted All Cancer Incidence rate per 100,000	2019-2021	442.5	458.2	511.9
Percentage of children born in 2019 with at least two lead screenings by 36 months	2019	56%	59.3%	64.6%
Incidence of confirmed high blood lead level (10 micrograms of higher per deciliter) – rate per 1,000 tested children <72 months	2022	23.3%	9.5%	22.3%

Reference: 2, 22

The image and figures below were presented to the Key Stakeholders on September 9th 2025 and to the organizations of the Allegany County Partners for Prevention (PPAC) meeting on September 16th, 2025.

Health Care Access & Quality



Cuba Memorial Hospital - Skilled Nursing Facility is a three-star rated facility in New York State.



Jones Memorial Hospital was honored with a CMS4-star quality rating as of July 31, 2024.

Health Care Access & Quality

Individuals who stated they have no Health Insurance: Percentage of respondents by town

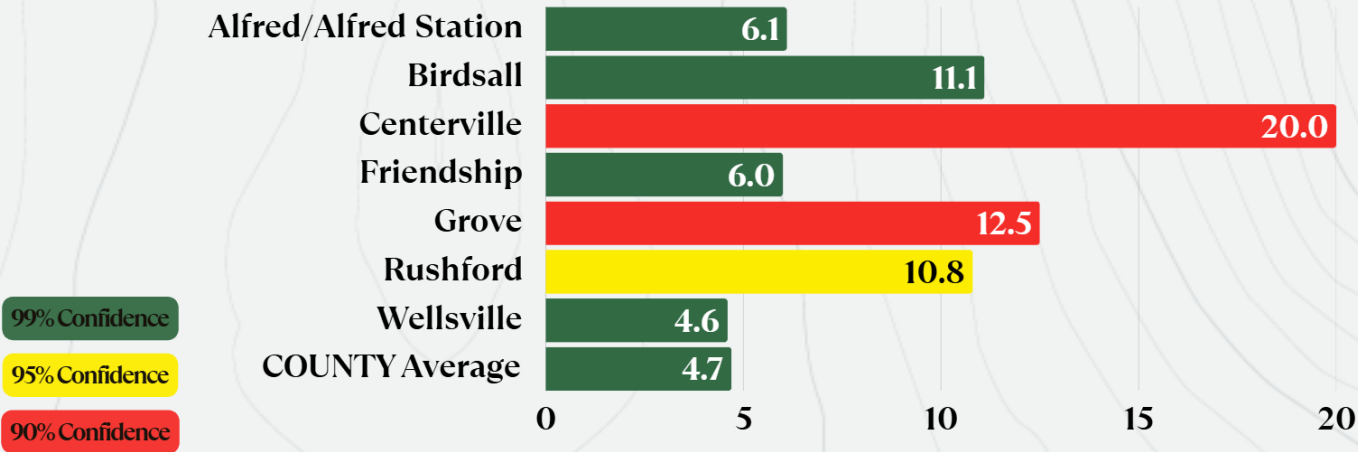


Figure 5. Although the average percentage of Allegany County population has health insurance, there are Towns in Allegany County that have a higher percentage of individuals reporting they have no health insurance.

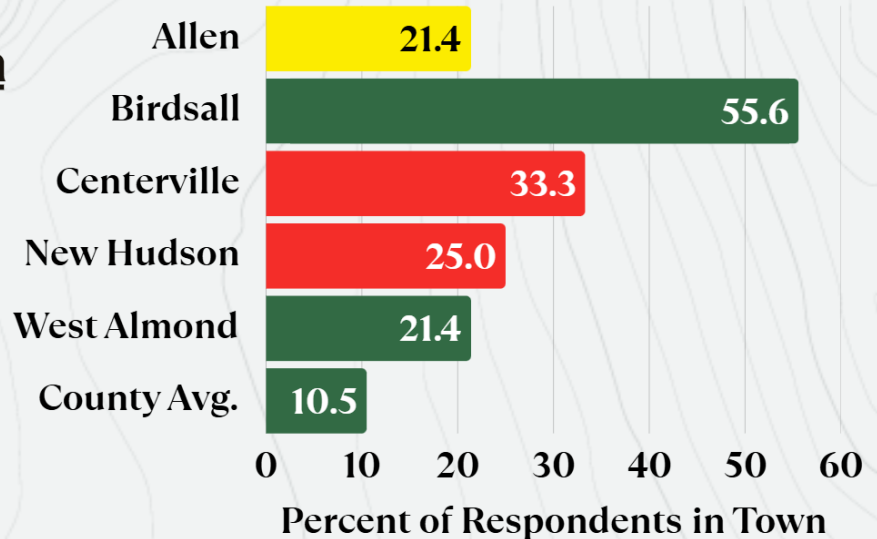
In the past 12 months, has lack of transportation kept you from getting to:

- Medications
- Medical Appointments
- Groceries
- School
- Work

57% said transportation was not an issue
(1,274)

35% said none of the above
(769, their choice was not present)

8% of Allegany County residents have experienced a lack of transportation (183 respondents)



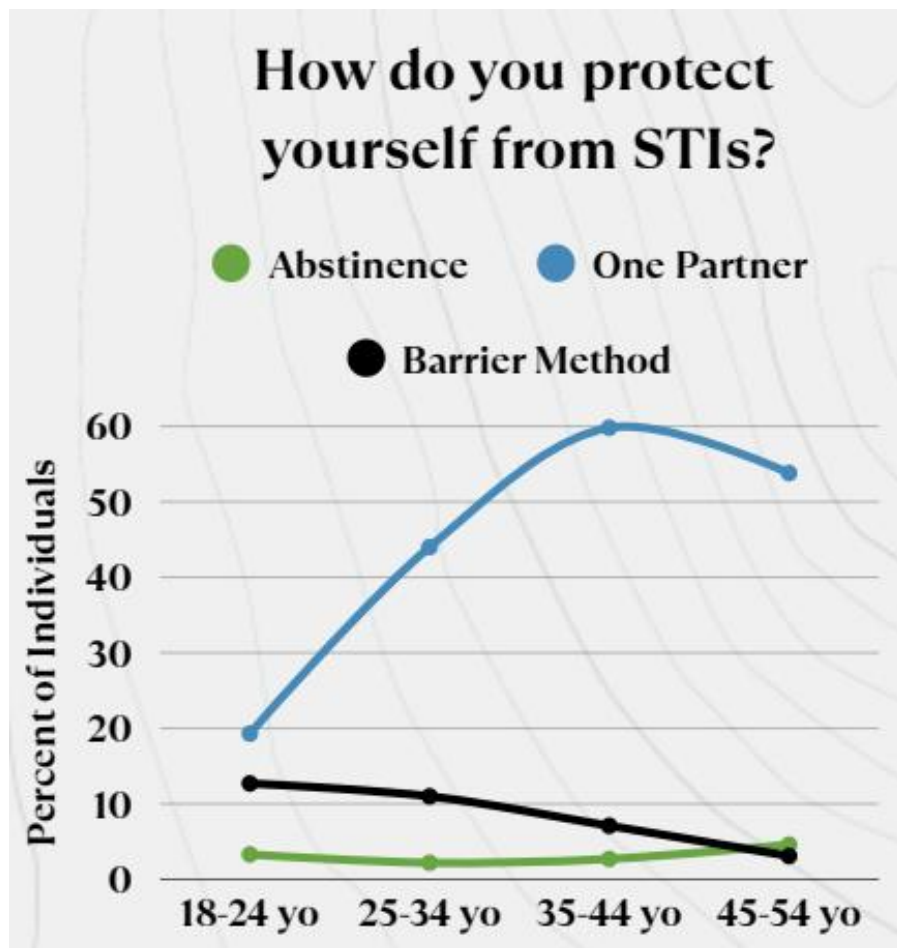
99% Confidence

95% Confidence

90% Confidence

Health Care Access & Quality

Figure 6. Percentage of individuals reporting a lack of transportation as a barrier to getting to medical appointments, medications and groceries. 5 Towns reporting the highest needs are shown above.



Domain	Priorities
Economic Stability	Economic Wellbeing <ul style="list-style-type: none"> • Poverty • Unemployment • Nutrition Security • Housing Stability and Affordability

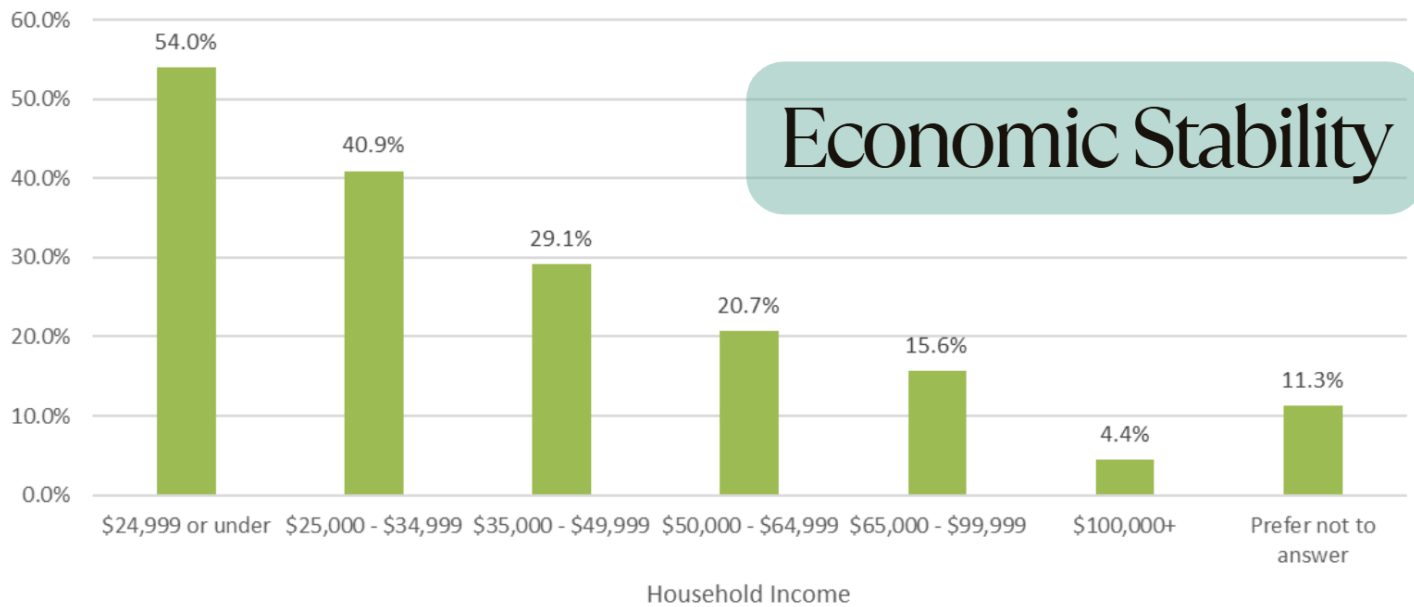
Community Health Survey-review of the community health survey showed 54% of our households earning less than \$25,000 experienced food insecurity in the last year, and 34% of our households earning less than \$25,000 experienced energy insecurity in the last year. 35% of our population would be more physically active if they had discounts to exercise programs or gym memberships. The median household income in Allegany County is \$61,233, compared to \$82,096 in New York State and \$77,719 in the United States.¹¹

Focus Groups- review of the top issues identified and discussed by the focus groups related to economic stability were transportation, lack of affordable housing, lack of coordination of support services, lack of affordable healthy food/poor nutrition, lack of jobs and employment discrimination, and negative stigma of accepting assistance.

Economic Stability				
Community Health Indicators	Data Years	Allegany County	New York State	Western New York
Percentage of population who did not have access to a reliable source of food during the past year (Food insecurity)	2022	14.3%	9.6%	-
Annual median household income in US dollars	2022	\$55,466	\$79,463	-
Percentage of population in poverty	2022	18.5%	14.2%	-
Overall full-value tax rates by county (all taxing purposes) ²³	2021	41.40 (second highest in NY state)	-	-

Reference: ²²

In the last year, did the food you bought not last, and you had a problem buying more?

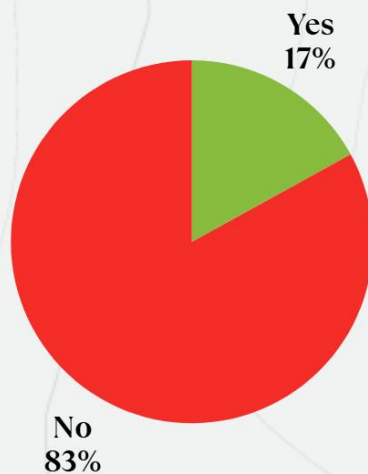


■ Percentage of individuals who answered YES

Figure 7 (Above and below). Presented to the Key Stakeholders on September 9th 2025 and to the organizations of the Allegany County Partners for Prevention (PPAC) meeting on September 16th, 2025.

Economic Stability

Energy Security



In the last year has the electric, gas, oil, or water company threatened to shut off services in your home?

Survey dates: 2-7 to 5-2-2025



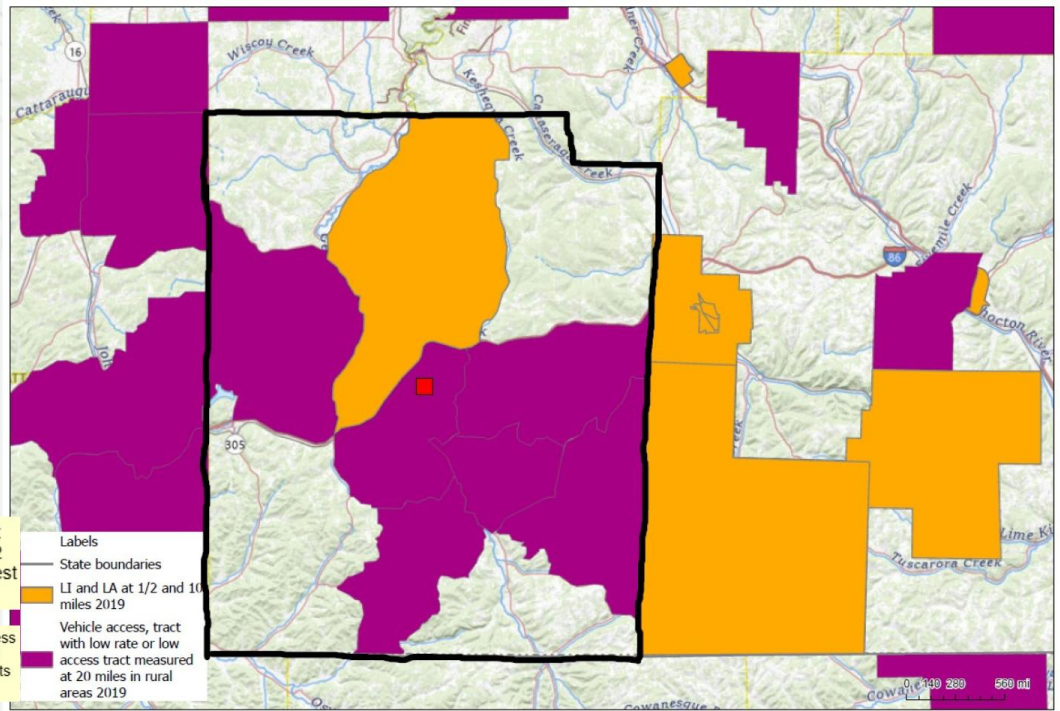
■ Percentage of individuals who answered YES

Food Deserts

Low-income census tracts where a significant number or share of residents is more than 1/2 mile (urban) or 10 miles (rural) from the nearest supermarket.

Tracts in which more than 100 households have no access to a vehicle and are more than 1/2 mile from the nearest supermarket, or a significant number or share of residents are more than 20 miles from the nearest supermarket.

Labels
State boundaries
LI and LA at 1/2 and 10 miles 2019
Vehicle access, tract with low rate or low access tract measured at 20 miles in rural areas 2019



Food and Transportation Access

<Allegany County Food and Transportation>

Date: 9/12/2025 Source: USDA Economic Research Service, ESRI. For more information: <https://www.ers.usda.gov/data-products/food-access-research-atlas/documentation>

This figure shows Allegany County outlined in black; the orange tracts in Allegany County are low income tracts where a significant number of residents is more than 10 miles from the nearest supermarket; and the purple tracts show where more than 100 households have no access to a vehicle and are more than 1/2 a mile from the nearest supermarket.²⁴

Domain	Priorities
Neighborhood & Built Environment	Safe & Healthy Communities <ul style="list-style-type: none"> • Opportunities for Active Transportation & Physical Activity • Access to Community Services & Support • Injuries & Violence

Community Health Survey-review of the community health survey showed 25% of our population put off getting medical attention for an accidental injury in the last 2 years. Their reasons cited for not getting medical attention were lack of time (226), lack of priority (212), lack of insurance (93), and lack of transportation (57). 22% of our population reported they are already physically active, while 30% said they would be more physically active if they had a safe place to walk or exercise; 28% would be more active if they had a friend to exercise with, and 7% would be more active if there was a facility with daycare available. 31% of people aged 75+ and 23% of people aged 65-74 years did not have any cancer screening in the last two years. In the last 12 months, 57% of Allegany County residents said that a lack of transportation has not kept them from getting to doctor appointments or the pharmacy, work or school, or groceries.

Focus Groups- review of the top issues identified and discussed by the focus groups related to neighborhood and built environment were transportation, lack of physical activity/exercise, lack of accessible and affordable opportunities for physical activity, and lack of unwalkable communities due to being rural/limited sidewalks.

Neighborhood and Built Environment

Community Health Indicators	Data Years	Allegany County	New York State	Western New York
Percentage of adults who participate in leisure-time physical activity ²⁵	2021	72.1%	74.2%	74.4%
Percentage of people who commute to work using alternative modes of transportation (e.g. public transportation, car pool, bike/walk) or telecommute	2018-2022	22.7%	47.7%	21.9%
Unintentional injury hospitalizations rate per 10,000-aged <10 years	2020-2022	24.4	18.3	15.7
Fall hospitalization rate per 10,000 –aged <10 years	2020-2022	4.7	6.1	3.6
Indicated reports of abuse/maltreatment per 1,000 children-aged 0-17 ²⁶	2022	20.1	12.4	
Unintentional injury hospitalization rate per 10,000-aged 25-64 years	2017-2019	49.5	48.1	44.9
Percentage of population living in a certified Climate Smart Community ²⁷	2024	0% (unstable estimate)	35.6%	61.8%

Reference: [2](#)

Safe & Healthy Communities

Have you had your home tested for Lead or Radon in the last two years?



8%

of individuals surveyed had their home tested for Lead or Radon in the last two years

RADON IS THE 2ND LEADING CAUSE OF LUNG CANCER, BEHIND SMOKING!

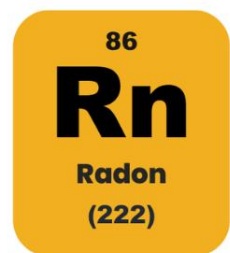
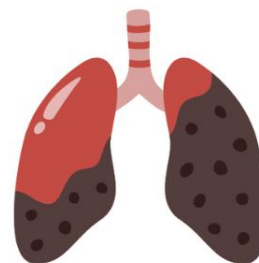


Figure 8 Presented to the Key Stakeholders on September 9th 2025 and to the organizations of the Allegany County Partners for Prevention (PPAC) meeting on September 16th, 2025.

Domain	Priorities
Social & Community Context	Mental Wellbeing & Substance Use <ul style="list-style-type: none"> • Anxiety & Stress; Suicide; Depression • Primary Prevention, Substance Misuse, and Overdose Prevention • Tobacco/E-cigarette use; Alcohol Use • Adverse Childhood Experiences; Healthy Eating

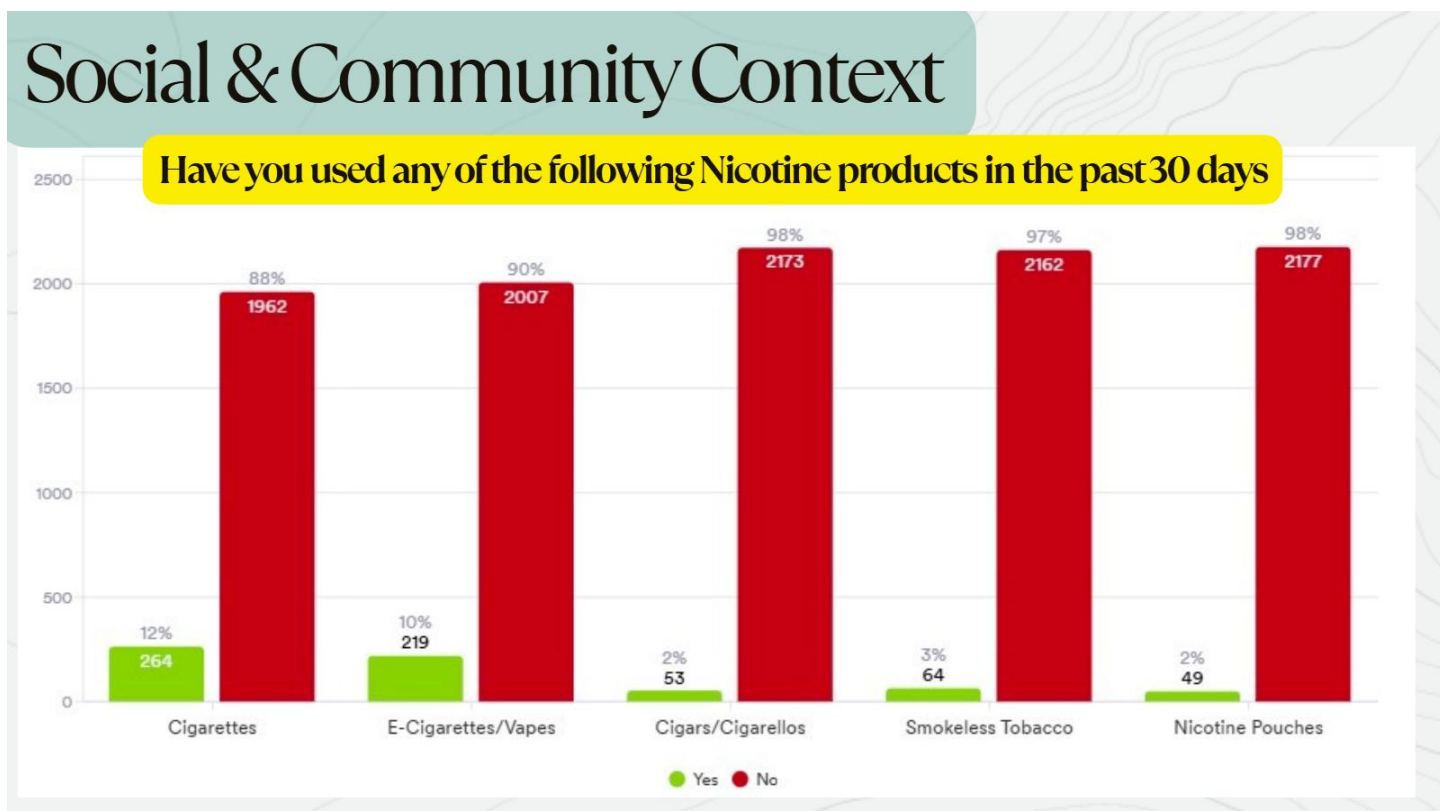
Community Health Survey-review of the community health survey showed 30.4% of our population has been told by a doctor or a nurse they have mental health disorder, depression or anxiety (down from 34.46% in 2022); 12% have used cigarettes and 10% have used e-cigarettes/vapes; 10% have used edibles (THC products) and 9% used joints in the past 30 days. 31.4% participated in gambling in the last year, of those that gambled 12.3% had a household income of \$24,999 or less, and 22.3% had a household income of \$100,000 or more. 430 individuals said they know someone that has experienced an overdose in the last 2 years while only 48 reported having an overdose in the last 2 years.

Focus Groups- review of the top issues identified and discussed by the focus groups related to social and community context were transportation, access to medical providers/hospitals/mental health, stigma of mental illness/receiving mental health treatment, physical and social isolation, and limited support options. Access to consistent and diverse support options was discussed as an important strategy for helping individuals to cope with their mental wellbeing and/or addictions.

Social & Community Context				
Community Health Indicators	Data Years	Allegany County	New York State	Western New York
Age adjusted suicide death rate per 100,000 population ²⁸	2020-2022	16.5%	8%	10.9%
Age adjusted percentage of adults who are current smokers	2021	27.9%	12.5%	17.9%
Age-adjusted percentage of adults binge drinking during the past month	2021	26.5%	16%	18.6%
Alcohol related motor vehicle injuries and deaths per 100,000	2020-2022	30%	25%	33.1%
Overdose deaths involving any opioids, age-adjusted rate per 1,000 population	2022	37.4	34.4	26.7
Percentage of Adults who have experienced two or more adverse childhood experiences (ACEs) ²⁸	2021	31.9%	41.9%	39.3%
Age adjusted percentage of adults who report consuming less than one fruit or vegetable daily (no fruits and vegetables) ²⁹	2021	28.9% (rate % unstable)	34.2%	34.4%

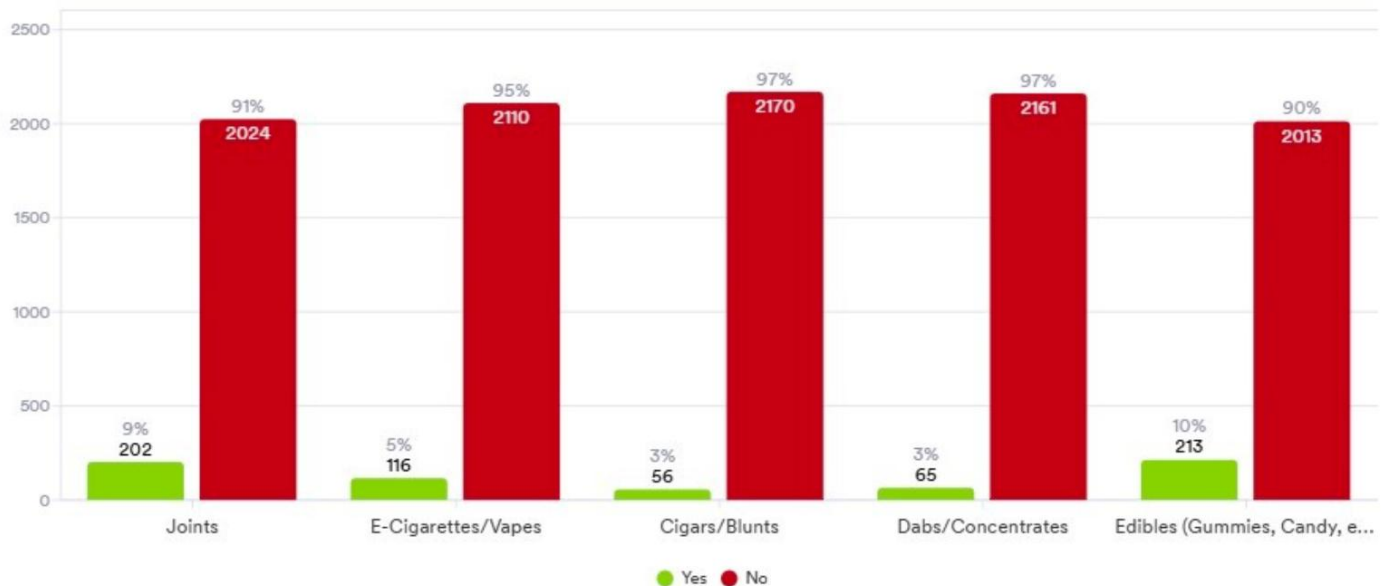
Reference: ²

The image and figures below were presented to the Key Stakeholders on September 9th 2025 and to the organizations of the Allegany County Partners for Prevention (PPAC) meeting on September 16th, 2025.



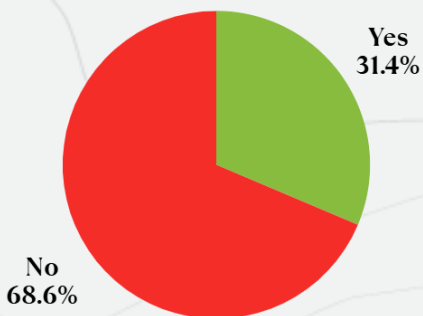
Social & Community Context

Have you used any of the following THC products in the past 30 days:

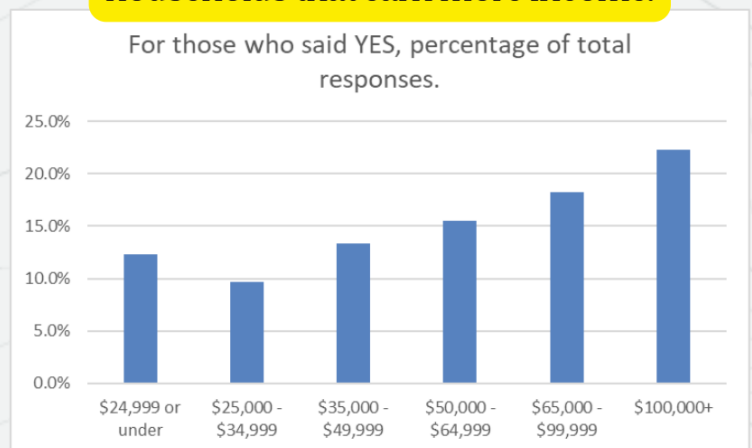


Social & Community Context

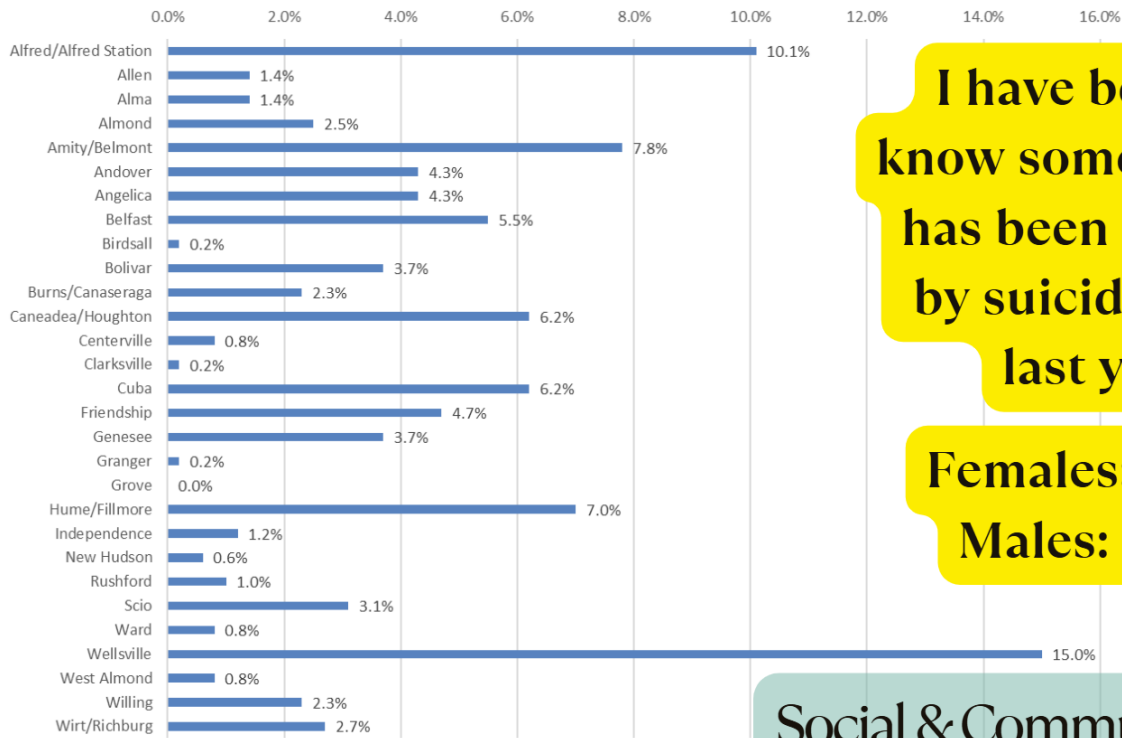
Have you participated in gambling of any kind in the last year?



Gambling participation increases in households that earn more income.



Percentage By Town from Total Responses



**I have been, or
know someone that
has been affected
by suicide in the
last year.**

**Females: 20.9%
Males: 23.7%**

Social & Community Context

D.2.D Health Challenges and Associated Risk Factors

Allegany County ranks 50th out of 62 counties in New York State in the 2025 Robert Wood Johnson Foundation County Health Rankings, a decline from 43rd in 2022. This drop highlights persistent and complex health challenges driven by several factors. Behavioral risks remain a major concern, including high rates of adult smoking, obesity, physical inactivity, excessive drinking, and alcohol-impaired driving deaths. Other indicators such as motor vehicle crash fatalities, sexually transmitted infections, and teen birth rates further underscore the need for targeted interventions.

Environmental and access factors also contribute significantly. Allegany County faces air pollution from local industry, drinking water violations in both public and private systems, and severe housing problems due to aging homes and inadequate repairs. Healthcare access is constrained by high provider-to-patient ratios (primary care 2,190:1 vs. 1,180:1 in NYS), as well as shortages of dentists and mental health professionals.¹⁸ Transportation patterns—such as driving alone and long commutes—reflect limited public transit options and low trust in ride-sharing or carpooling. The rural setting compounds these challenges, with few walkable communities and limited infrastructure for active living. Health outcomes illustrate these gaps. Allegany County reports higher premature death rates (7,100 years of potential life lost vs. 6,000 in NYS) and more adults in poor or fair health (18% vs. 16%). Residents experience more poor physical health days (4.3 vs. 3.6) and mental health days (5.1 vs. 3.9). While low birthweight rates are slightly better than the state average (7% vs. 8%), chronic disease risk factors—such as smoking (22% vs. 13%) and obesity (32% vs. 27%)—are significantly worse. Access to exercise opportunities is limited (41% vs. 88%), and alcohol-impaired driving deaths are nearly double the state rate (38% vs. 20%).

Socioeconomic conditions further shape health outcomes. Child poverty is higher (21% vs. 17%), income inequality persists, and educational attainment lags (65% with some college vs. 70%). Transportation barriers, severe housing problems (13%), and long commutes add stress, while unemployment (8.1%) and limited social support networks compound vulnerability. Together, these factors create a challenging health landscape for Allegany County, with disparities that exceed statewide benchmarks, and demand coordinated, community-driven solutions to improve health outcomes for Allegany County residents. The population groups at risk for health problems exacerbated by these disparities and health indicators in Allegany County include: Low-income individuals and families at risk for nutrition insecurity, chronic disease, and mental health challenges. They may also face challenges in affording safe and healthy homes, putting them at risk of lead poisoning and stress related to severe housing problems. Adults with behavioral risk factors that include smoking, obesity, and physical inactivity. These behaviors increase their risk for cardiovascular disease, cancer, hypertension, and diabetes. Rural residents, which encompasses the majority of Allegany County, face limited access to healthcare

(primary, dental, mental, and specialists). This challenge is greater due to transportation barriers – which also lead to longer commute times to work and grocery stores when compared to urban residents. The data represented in the table below is reflected in the description of health challenges above.

Category	Indicator	Allegany County	New York State	United States
Length of Life	Premature deaths (<75 years) and years of potential life lost	7,100	6,000	7,300
Quality of Life	Poor or fair health	18%	16%	17%
	Poor physical health days	4.3	3.6	3.9
	Poor mental health days	5.1	3.9	4.5
	Low birthweight	7%	8%	8%
Health Behaviors	Adult Smoking	22%	13%	16%
	Adult Obesity	32%	27%	32%
	Food Environment Index	8	9	7.8
	Physical Inactivity	24%	25%	29%
	Access to Exercise Opportunities	41%	88%	80%
	Excessive Drinking	23%	19%	20%
	Alcohol-Impaired Driving Deaths	38%	20%	27%
	STI Rates	297.2	640.6	551
	Teen Birth Rates	13	13	19
Clinical Care	Uninsured	6%	6%	11%
	Primary Care Physicians Ratio	2190:1	1180:1	1310:1
	Dentists Ratio	3040:1	1190:1	1400:1
	Mental Health Providers Ratio	400:1	310:1	350:1
	Preventable Hospital Stays	3940	3717	3767
	Mammography Screening	54%	43%	43%
	Flu Vaccinations	47%	49%	48%
Social & Economic Factors	High School Graduation	92%	87%	89%
	Some College	65%	70%	67%
	Unemployment	8.1%	10%	8.1%
	Children in Poverty	21%	17%	16%
	Income Inequality	4.3	5.7	4.9
	Children in Single-Parent Households	19%	26%	25%
	Social Association Rates	15.6	8.1	9.2
	Violent Crime Rates	195	379	386
	Injury Death Rates	63	53	76
Physical Environment	Air Pollution (PM)	6.5	6.9	7.5
	Severe Housing Problems	13%	23%	17%
	Driving Alone to Work	76%	52%	75%
	Long Commute to Work	31%	39%	37%

References: [30](#), [31](#)

D.3. Community Assets and Resources

Allegany County has assets and resources that can be mobilized and employed to address the health disparities identified in the Community Health Assessment and the priority areas that we plan to address in the Community Health Improvement Plan.

- The Allegany County Department of Health oversees the Allegany County Women, Infants and Children Special Supplemental Nutrition Program (WIC). Allegany County WIC is a member of CWC and will be part of the group working on the work plan and activities to improve nutrition security. ACDOH will offer a site for key stakeholders meeting and CWC meetings, and work with other agencies to market and recruit residents to CHIP programs in Allegany County. ACDOH will promote all CHIP program goals and facilitate outreach and education regarding food security, hypertension management, lead poisoning prevention education, and depression; and ensure the health disparities affecting these priority areas are addressed. The ACDOH Supervising Public Health Educator who is responsible to compile and compose the CHA/CHIP/CSP combined document; submit the documents, updates and changes to the CHIP annually to NYSDOH; and facilitates the CWC meetings. The ACDOH Public Health Educator is responsible for creating and distributing outreach materials, educating the public on CHIP programs and will participate in CWC meetings.
- Cuba Memorial Hospital (CMH) is a Critical Access Hospital and a member of CWC; will offer a site for CHIP program events and classes; and work with their Urgent Care to refer patients to their Primary Care Provider or other HCP for continual/chronic care management – helping to build a collaborative model within Allegany County. CMH will offer hypertension screenings at community events and provide education on hypertension for individuals screened.
- Jones Memorial Hospital (JMH) is a member of CWC. The JMH offers meeting space for CWC; is a member of the core group working on the CHA/CHIP/CSP; and offers a connection to their medical offices and care managers. JMH medical offices and care managers will participate in building a collaborative care model through health screenings and their social workers will engage with individuals to address barriers such as transportation. JMH Behavioral Health Officer assesses patients for mental health, making referrals to a higher level of care based on assessment. JMH will also offer a site for community health screenings; and provide a connection to patients care managers who offer a blood pressure monitoring program, provide funding for food pantries via donation; and the Emergency Department and Walk in Clinic offers mental health screening to their patients currently. This process ensures that patients are engaged in treatment.

- Ardent Solutions, Inc. (rural health network) is a member of CWC. Ardent employs the coordinator for the suicide prevention coalition and oversees the training programs for suicide prevention (ASSIST, Mental Health First AID, Safe Talk and Talk Saves Lives). Trainings address postvention care that increases people's knowledge, attitude and behavioral intent within themselves. Applied suicide intervention skills training (ASSIST model) for schools/providers helps identify and decrease risk for depression and suicide among people of all ages. Ardent coordinates the First Step Family Resource Center where they provide nutrition-focused educational workshops, and food demonstrations that promote healthy eating habits for families with young children, provides referrals to local food pantries, and supports access to small kitchen appliances that empower families to prepare nutritious meals at home, reinforcing the principles of Food as Medicine. Ardent's other contributions include: overseeing ACCESS Allegany, the local bus transportation system; provide a site for CWC meetings and other CHIP program activities.
- ACCORD Corporation (community action agency) is a member of the CWC and provides access to community resources, especially for low-income families and individuals. ACCORD operates a food pantry, hosts pop-up pantries monthly, and facilitates quarterly meetings of the Allegany County Food Coalition. They will help to identify food access points and expand food access points in Allegany County, as well as directly serve households earning less than \$25,000 annually to improve nutrition security. ACCORD oversees the Head Start program, supporting families with children ages 6 weeks to 5 years. They will help CWC partners to engage with families to provide lead poisoning prevention education as part of the CHIP program goal to increase percentage of children tested at least twice for lead before 36 months of age.
- Universal Primary Care (UPC) is a member of the CWC and a Federally Qualified Health Care Center serving Allegany County (Cattaraugus and McKean Counties also). UPC screens patients for depression and anxiety and refers them to their Behavioral Health Care Manager – who then provides necessary interventions or referrals. UPC will help implement a collaborative care model to ensure individuals with depression receive treatment. UPC also provides care to help reduce hypertension to patients in Allegany County, and will provide data regarding the rates of patients seeing a reduction in blood pressure. With multiple offices in Allegany County, UPC will be able to distribute education materials and resources regarding the CHIP program goals to residents.

- Allegany County Office for the Aging (OFA) works with the CWC to help partners engage older adults to provide education about food insecurity, and how to improve access to healthy foods. Assisting with awareness and marketing of CHIP programs in their newsletter “Silver Linings”; and offering farmers market coupons to their low-income participants to improve nutrition security.
- Allegany County Farmers Markets in Alfred, Angelica, Belmont and Wellsville can offer the needed produce for purchase using farmers market coupons; Alfred, Angelica, Belmont and Wellsville accept the WIC and OFA farmers market coupons; assist with education on how to use produce; and promote use of farmer’s market coupons to help improve nutrition security in Allegany County.
- Fassett Greenspace Project (Art for Rural American) offers a community garden and ADA compliant accessible outdoor public garden.
- Clarity Wellness Community (formerly ARA) offers counseling services; personalized recovery-oriented services (PROS); clinic services; community-based services; emergency help; is a member of CWC; and will assist with implementation of a collaborative care model that ensures individuals with depression receive treatment in Allegany County. They will address disparities such as limited access to mental health services and reducing stigma by improving awareness and access to comprehensive mental health services.
- Southern Tier Health Care System (STHCS) serves rural areas in Allegany County facing severe healthcare shortages and high poverty rates. STHCS partners with healthcare providers, educators, law enforcement, and other leaders to deliver holistic care, leveraging technology to improve access. Programs include EMS training, Narcan education, suicide prevention, and initiatives to eliminate barriers to healthcare including telehealth services in 5 libraries across Allegany County. Collaborating with 12 partners, STHCS aligns with health department priorities to enhance healthcare capacity and support underserved communities.

Allegany County benefits from a range of community assets that support health and wellness. In addition to the above stated organizations, other existing resources include the Southern Tier Library System (STLS), which provides educational and digital access, and local coalitions such as Partners for Prevention in Allegany County and Agency Exchange that foster collaboration among health and social service organizations. The county’s 165 miles of recreational trails and annual community events promote physical activity and social connectedness. Public facilities at schools, local parks, and faith-based organizations also serve as venues for health education and outreach.

E. Community Health Improvement Plan/Community Services Plan

E.1. Major Community Health Needs

Based on the Community Health Assessment and key stakeholder analysis and discussion, the major health needs identified by the Allegany County Community Wellness Committee to be addressed in the 2025-2030 CHA/CHIP/CSP include the following priorities:

Domain Area: Economic Stability

Economic Wellbeing

- Nutrition Security

Domain Area: Social & Community Context

Mental Wellbeing & Substance Use

- Depression

Domain Area: Health Care Access & Quality

Health Insurance Coverage and Access to Care

- Preventive Services for Chronic Disease and Prevention

Healthy Children

- Preventive Services

Allegany County CWC will work to commit resources to address gaps in nutrition security, mental health support, and healthcare access and quality. Possible interventions include expanded primary care and dental services, mobile health units for rural areas and community gardens, and more robust transportation options to reduce barriers to care. Community-based organizations will strengthen mutual aid networks and peer support groups, while partnerships with local businesses and academia could enhance workforce development and health literacy programs. Increasing farmers' markets and healthy food retail options will improve nutrition access, and leveraging local media outlets for public health campaigns will amplify our outreach efforts.

E.2. Prioritization Methods

E.2.A Description of the Prioritization Process

At the September 9th, 2025 key stakeholders meeting the data included in section D was presented and reviewed. After the data presentation, participants were asked to work with one of four teams (1 team for Economic Stability, 1 team for Social & Community Context, 1 team for Neighborhood & Built Environment and 1 team for Health Care Access and Quality) to complete a brainstorm of strengths, weaknesses, opportunities and threats (SWOT analysis) for their assigned domain area. Groups were split up by counting off from one to four. At the end of the exercise, each group was asked to share two strengths, weaknesses, opportunities, and threats with the entire group. A summary of all SWOT analysis notes is included in the figure below:

Domain: Economic Wellbeing

Priorities: Poverty, Nutrition Security, Unemployment, Housing Stability & Affordability

Strength	Weakness	Opportunity	Threat
<ul style="list-style-type: none"> • Very good high-speed internet • Ample food banks across county • Food pantries • ACCORD received a grant to hire a community food coordinator 	<ul style="list-style-type: none"> • Lack of grocery stores without transportation • Cornell Cooperative under resources for demand • Lack of young family or starter homes for young professionals • Lack of resources for special needs families- leads to unemployment • Lack of daycare leads to unemployment especially- newborns- this keeps young professionals from returning to work or accessing entry level jobs • Lack of true grocery stores without transportation (excludes Dollar General) 	<ul style="list-style-type: none"> • Education on food bank access • Leverage Cornell Cooperative more • Replicate EBT "food banks" where they stretch the dollar if used on healthy foods (double up food bucks) • Vacant school buildings offer great housing opportunities- Living Communities 	<ul style="list-style-type: none"> • Lack of funding & volunteers for food banks • Declining job rates with major employers • Unpredictable landscape of state fiscal condition can impact counties

Domain: Social & Community Context

Priorities: Anxiety & Stress; Suicide; Depression; Drug Misuse & Overdose Including Primary Prevention; Tobacco/E-Cigarette Use; Alcohol Use; ACEs; Healthy Eating

Strength	Weakness	Opportunity	Threat
<ul style="list-style-type: none">• Many organizations to support priorities (ACASA; Clarity; EPC; Uniper; Private Practices for Mental Health treatment)• Programs to support priority areas (Family Resource Center; Bridges to Belonging; URMCC Growing Resiliency; Celebrate Recovery; Suicide hotline)• Allegany County Suicide Prevention Coalition• Mental Health clinicians available in schools and jail	<ul style="list-style-type: none">• Access to territories (Seneca Nation – different laws than NYS for vapes/tobacco; and products are cheaper)• Food deserts• Homelessness• Dollar General (no or limited fresh produce)• Farmers Markets are expensive• Overcrowding• Lack of availability of services• Cornell Coop Extension loss of funds	<ul style="list-style-type: none">• Educational Opportunities• Education on gardening and teaching how to store fresh produce• Agriculture and Community• Amish Community• Drug take back program• Free Narcan	<ul style="list-style-type: none">• SNAP & Food pantries (seen as a threat due to uncertainty of funding and participants often purchase unhealthy foods because they are more affordable and stretch the SNAP dollars further)• Homelessness is becoming criminalized• No Psychiatric Crisis Services

Domain: Neighborhood & Built Environment

Priorities: Opportunities for active transportation and Physical activity; Injuries & violence; Access to Community Services & Support

Strength	Weakness	Opportunity	Threat
<ul style="list-style-type: none"> • Access Allegany • Trails • Population of town compared to village • Walkable community- Wellsville • Existing Domestic Violence programs • Medicaid transportation 	<ul style="list-style-type: none"> • Access to Faith groups has decreased-less spiritual connections • Transportation stops in Rural areas limited times • Only 1 walkable community • Communication about existing resources • Struggling to increase participation to resources, services and support groups • No UBER or LYFT 	<ul style="list-style-type: none"> • Educate about bus routes • Growth • Educate about Mental Health resources (quiet way to get help) • Social groups that provide support • Education on trails • Mental Health issues in relationships (what is driving violence & how to heal) 	<ul style="list-style-type: none"> • Appointments. canceled if no transportation • Communication to people on receiving end of violence in a safe manner • Fewer individuals to take over/lead social groups (change how we think of social groups) • Ticks/mosquitos diseases • Rabies • First aid limited

Domain: Health Care Quality & Access

Priorities: Access to & use of prenatal care; Prevention of Infant and Maternal Mortality; Preventive services for Chronic Disease Prevention and Control; Oral Health Care; Preventive Services; Early Intervention; Childhood behavioral health

Strength	Weakness	Opportunity	Threat
<ul style="list-style-type: none"> Strong OBGYN (UB Smiles; Headstart) Early Intervention (Waiting list, better access) Point of Care testing at Jones Memorial Hospital & Cuba Memorial Hospital Capacity in Houghton for Dental Care (accepting Medicaid sliding scale fee) Pediatrics- JMH/ 2 Cuba Pediatricians Wilmot Oncology at JMH/Olean Screens: Universal Primary care Epic Screens 	<ul style="list-style-type: none"> People have to travel to Northern areas (Buffalo/Rochester) Distance for travel mammogram/colonoscopy Long wait times to be seen or get appointment Lack of funding for mobile units Lack of Medicaid Southern AC for dental/lack of dentists Early Intervention (lack of skilled providers for PT/OT/Speech) Behavioral Health Children (lack of providers) 	<ul style="list-style-type: none"> WIC (Can provide education on pre-natal care and breastfeeding) Add satellite offices in communities for specialty healthcare services Mobile Unit for (mammograms, lung cancer screenings, dental) RAM (remote area medical clinic) Provide education about preventative resources and services for families (lead prevention, dental hygiene) Promote existing pediatric provider services 	<ul style="list-style-type: none"> Social media misinformation is a threat with low health literacy in Allegany County Reimbursement rates are low for primary care and dental care (difficult for new providers to come to the County and stay) Retaining and recruiting OB/GYN/midwife specialists People from regions outside or Allegany County travel here for access to care

After reviewing the SWOT analysis, the key stakeholders performed a prioritization exercise that included input data from the community as described in the next section.

E.2.B Community Engagement

The Prioritization Exercise to identify our top domain areas was based on data from CHA survey responses. On the CHA we asked the question: *How important are the following health priorities? Please rank each one as High Priority, Moderate Priority, Neutral, Some Priority, or Low Priority.* Resulting in the scores listed below as selected by community members when we added total responses for High Priority and Moderate Priority selections.

Domain Area	Community Priority Ranking
Economic Stability	1,689
Health Care Access & Quality	1,550
Neighborhood & Built Environment	1,484
Social & Community Context	1,481
Education Access & Quality	1,172

With this in mind, stakeholders then voted on New York State Prevention Agenda Priority Areas from within the top four domain areas as determined by the community. Priorities not listed received 0 votes from stakeholders. Please note that we did not vote for priorities within the Education Access and Quality domain area because it was the lowest priority among Allegany County community members. Results below:

Economic Stability

- Poverty: 2
- **Nutrition Security: 7**
- Housing Affordability & Stability: 6

Health Care Access & Quality

- Anxiety & Stress: 2
- **Depression: 6**
- Alcohol Use: 1
- Adverse Childhood Experiences: 2
- Healthy Eating: 1
- Drug Misuse and Overdose Including Primary Prevention: 4

Neighborhood & Built Environment

- Opportunities for Active Transportation and Physical Activity: 7
- Access to Community Services and Support: 10

Social & Community Context

- **Preventive Services for Chronic Disease Prevention & Control: 11**
- **Preventive Services (immunization, hearing screening and follow up, and lead screening: 11**
- Early Intervention: 1
- Child Behavioral Health: 6

E.2.C Justification for Unaddressed Health Needs

While Allegany County faces numerous health challenges, the Community Health Improvement Plan (CHIP) prioritizes areas where local resources and partnerships can have the greatest impact. Several health needs identified through the Community Health Assessment will not be directly addressed in this cycle, including:

Economic stability factors such as poverty, housing stability and affordability, and unemployment are critical determinants of health, but they require long-term systemic solutions involving housing authorities, economic development agencies, and policy changes. Our local health department lacks the capacity and jurisdiction to lead these efforts effectively. Instead, we will focus on nutrition security, which is closely linked to poverty and can be influenced through existing local programs and partnerships.

Education access and quality was identified in the CHA as the least prioritized domain area by Allegany County survey participants. While opportunities for continued education and health schools are essential for improving health outcomes, these issues primarily fall under the purview of schools, colleges, and economic development organizations. Data indicates that Allegany County has a high school graduation rate of (92%), higher than that of New York State (87%). The Allegany County Department of Health collaborates with other organizations providing education through promotion of training opportunities and direct education on various health topics in the classrooms.

Adverse Childhood Experiences (ACEs) were a priority in previous years, and while still important, significant progress has been made through trauma-informed care initiatives and school-based programs. Current resources are better allocated to emerging priorities such as building a collaborative care model to better address mental health. Oral health is being addressed through the Year 14 Local Health Department Performance Incentive Program, which supports dental access initiatives. Therefore, it is not included as a separate CHIP priority.

Although Neighborhood and Built Environment was the third ranked domain area, the stakeholders chose not to address these priorities this year. Improvements in walkability and housing quality require infrastructure investments and zoning changes, which are outside the scope of local health department authority. We will instead promote physical activity through community-based programs and local parks.

The decision to exclude these areas is based on resource limitations, jurisdictional boundaries, and the need to focus on achievable, high-impact strategies. By concentrating on nutrition security, chronic disease prevention (improving hypertension management), childhood lead poisoning and mental health, we can leverage existing partnerships and evidence-based interventions to make measurable progress.

E.3 Developing Objectives, Interventions, and an Action Plan

E.3.A. Alignment with Prevention Agenda

The work plan below includes the goals, objectives, intervention strategies and activities that will be implemented for the 3 domain areas (covering 3 priority areas with 4 interventions) and the process measures that will be used to track progress over the 6-year period 2025-2030.

E.3.B. Action Plan

Domain Area: Economic Stability

Priority Area 3: Nutrition Security

Goal: Improve consistent and equitable access to healthy, affordable, safe and culturally appropriate foods.

SMARTIE Objective 3.1: By December 2030, increase food security in households with an annual total income of less than \$25,000 from 46% to 54%.

The Allegany County Department of Health will improve nutrition security by establishing a baseline of healthy food access points in Allegany County, including food pantries, supermarkets, farmers markets, emergency food programs, and community gardens. The initiative aims to increase and expand these access points in USDA-designated food deserts and for households earning less than \$25,000 annually. Jones Memorial Hospital will contribute through monetary donations to food pantries and by referring patients to local food resources, while Cuba Memorial Hospital will provide patients with information on available food access points. These actions are anticipated to reduce food insecurity, improve dietary habits, and promote overall health equity across the county.

All participating organizations, including community partners, will dedicate staff time to research, implementation, and progress monitoring during quarterly Community Wellness Committee meetings. Resources will include financial contributions, staff engagement, and alignment with Prevention Agenda strategies addressing social determinants of health. Community-based organizations will assist with outreach and education, ensuring culturally appropriate and affordable food options are accessible to vulnerable populations. Collectively, this plan prioritizes health equity by targeting underserved areas and income-limited households, promoting education on healthy eating, and sharing information to help residents locate and access nutritious food.

Domain Area: Social and Community Context

Priority Area 3: Depression

Goal: Increase screening and treatment for depression in order to decrease prevalence.

SMART Objective 7.0: Reduce the percentage of adults with a major depressive episode during the past year by 1% in Allegany County by December 2030.

The Allegany County Department of Health will address depression by initiating the implementation of a Collaborative Care Model to ensure individuals receive timely and appropriate treatment, reducing the percentage of adults experiencing major depressive episodes annually. This effort will involve coordination with local partners, including Clarity, UPC, hospitals, and community-based organizations. Jones Memorial Hospital and Cuba Memorial Hospital will screen all patients for mental health concerns, including depression and anxiety, and provide treatment or referrals based on assessments by Behavioral Care Managers and healthcare providers. These actions aim to improve access to mental health services, enhance early intervention, and reduce the overall burden of depression across Allegany County.

Participating organizations will commit staff time, training, and resources to implement screening, referral, and treatment protocols. Clarity will lead efforts to increase awareness, improve access to care, and reduce stigma through community education, while Ardent will provide Applied Suicide Intervention Skills Training to schools and providers to identify and mitigate risks for depression and suicide. Other partners will assist with referrals and information sharing to strengthen the mental health network. This plan prioritizes health equity by ensuring culturally competent care, expanding access in underserved areas, and promoting education to reduce stigma and barriers to treatment.

Domain Area: Healthcare Access & Quality

Priority Area 3: Preventative Services for Chronic Disease Prevention and Control

Goal: Reduce disparities in access and quality of evidence-based preventive and diagnostic services for chronic diseases.

SMARTIE Objective 32.1: Increase the percentage of adult Medicaid members aged 18 years and older with hypertension who are currently taking medication to manage their high blood pressure from 66.9% to 75.5%.

The Allegany County Department of Health will address hypertension by promoting and supporting expanded community blood pressure screenings to identify adults who may be undiagnosed. Jones Memorial Hospital and Cuba Memorial Hospital will conduct these screenings and encourage follow-up care, aiming to increase the

percentage of adults—particularly those with Medicaid—who take medication to manage high blood pressure. UPC and Jones Memorial Hospital will monitor patient outcomes, including reductions in blood pressure, and provide home blood pressure monitors when available. These efforts will improve early detection and management of hypertension, reduce chronic disease risks, and expand access to care across Allegany County’s rural communities.

Participating organizations will commit staff time, equipment, and data tracking resources to support screenings and follow-up care. The Allegany County Department of Health will lead outreach efforts, promote screening events, and educate the public about hypertension and its associated health risks. Hospitals and healthcare partners will provide clinical expertise, referrals, and patient education, while community organizations will assist with outreach and resource distribution. This plan prioritizes health equity by targeting low-income populations and underserved areas, ensuring access to screenings, education, and tools for self-monitoring to reduce disparities in hypertension management.

Priority Area 5: Preventative Services

Goal: Increase utilization of evidence-based preventive services for children.

SMART Objective 38: Increase the percentage of children in a single birth cohort tested at least twice for lead before 36 months of age from 59.7% to 70% in Allegany County by December 2030.

The Allegany County Department of Health will increase the utilization of preventive services for children by focusing on blood lead testing and capillary blood lead screenings. Outreach efforts will target communities with older, poorly maintained housing at high risk for lead exposure, encouraging parents and guardians to have their children tested. Jones Memorial Hospital and the Department of Health will provide capillary screenings and refer children for venous blood draws if results exceed 5.0 µg/dL. These actions aim to improve early detection of lead exposure and reduce associated health risks among high-risk children in Allegany County.

Participating organizations will commit staff time, screening resources, and educational materials to support this initiative. ACDOH will lead community outreach and education for parents, while Ardent will provide education for professionals and providers working with children, as well as partner with the Department of Health as a host for screening events to reach low income families. JMH will conduct screenings and manage referrals, and other community organizations will assist with education and outreach to ensure Medicaid recipients and vulnerable families are reached. This plan prioritizes health equity by focusing on high-risk

housing areas and underserved populations, reducing barriers to testing and increasing awareness of lead exposure prevention.

E.4 Partner Engagement

The process that will be used to maintain engagement with local partners over through 2030 years will include Allegany County Community Wellness Committee (CWC) meetings (at least 4 per year) to plan, execute, evaluate and make changes to the CHIP (Chart) for all the priorities. Progress updates will be given at this meeting from members and minutes will record progress toward our goals and objectives. Committee member expansion will be an ongoing process. Member agencies will be recruiting additional interested agencies on an ongoing basis.

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

E.5 Sharing Findings with Community

The plans for dissemination of the executive summary and the whole CHA-CHIP-CSP to the public include posting and announcements of these documents being released on the websites and social media pages of ACDOH, JMH, CMH and any other agencies on the committee and/or key stakeholders' group who would like to add this document. Staff from these agencies, as well as the key stakeholder agencies and CWC, will announce at programs, health fairs and meetings that the new CHA-CHIP-CSP for Allegany County is available and give addresses of websites with this document. Digital copies of the document will be made available by email, upon request. Printed copies of these documents will also be provided at all 17 libraries in Allegany County for those who may not have access to a digital copy. Additional methods for sharing the findings may include: infographics, charts, tables, posters and summarized reports.

F. 2025-2030 Prevention Agenda Workplan

Domain: Economic Stability Priority: Nutrition Security	
Objective: By December 2028, increase food security in households with an annual total income of less than \$25,000 from 46% to 54%.	
Intervention: Expand or create access points to get affordable, high quality, nutritious food.	
Disparities Addressed: Income, Geography, Age, Mobility	
Timeframe: 1/1/2026 to 12/31/2028	
Measures:	Partner Roles and Resources:
# of households served through food access center earning less than \$25,000 annually	ACCORD currently operates a food pantry five days/week, 5.5 hours/day, hosts two monthly Pop Up Pantries, facilitates quarterly meetings of the Allegany County Food Coalition, and will launch a Unity in Nutrition Initiative on November 1, 2025, designed to expand food access and partnerships, among other goals. Head Start recently was awarded a Make America Healthy Again (MAHA) program grant to expand nutrition education and resources for Head Start and Early Head Start enrolled children and families. Resources include funding, staff time and partnerships, as well as Community Needs Assessment data. Will help to identify households with annual income of less than \$25,000 and help establish a baseline number of food access points in Allegany County.
# of food pantries expanding access	
# of food pantries supported through monetary donations	Jones Memorial Hospital supports Allegany County food pantries through monetary contributions (from their Ridge-walk Funds) to purchase more food and help more people. Track food pantry data, an estimate on how many families a meal was provided for based on how much money was given. Case managers make referrals and provide information on food pantries.
# of food access points in Allegany County. # of meetings held with partner organizations.	Allegany County Department of Health will collect data for the family of measures, coordinate and run CHA/CHIP meetings within Allegany County, connect local partners, and work to bring additional partners to the Community Wellness Committee who can contribute to this intervention. ACDOH will work with ACCORD to establish and maintain a count of the number of healthy food access points in Allegany County for the duration of the workplan.
# of community events providing nutrition education and promoting food access points	WIC, as a division of Allegany County Department of Health, will educate and promote access to healthy foods to WIC participants. WIC also participates in community events to provide nutrition education and referrals for community members to sign up for WIC services.

# of nutrition focused programs	Ardent Solutions (First Step Family Resource Center) coordinates nutrition-focused educational workshops and food demonstrations that promote healthy eating habits for families with young children, provides referrals to local food pantries, and supports access to small kitchen appliances that empower families to prepare nutritious meals at home, reinforcing the principles of Food as Medicine. Resources include staff time to run nutrition programs and provide small appliances.
# of families/individuals participating in nutrition programs	
# of small kitchen appliances distributed to families/individuals with unstable housing or limited access to food prep supplies	
# of farmers market coupons provided. # of individuals starting meals on wheels. # of individuals stopping meals on wheels. # of individuals re-starting meals on wheels.	The Allegany County OFA provides expert information and assistance to older individuals and their caregivers to maintain dignity, respect and independence. OFA will improve nutrition security by providing farmers market coupons, and meals on wheels services to older individuals. OFA publishes a newsletter for older adults with information about wellness initiatives, including nutrition programs in Allegany County.
# of individuals referred for nutrition services in Allegany County	Southern Tier Healthcare System serves as a referral and coordination partner, connecting eligible individuals to nutrition services through the 1115 Waiver Program. Staff time is dedicated to managing referrals and tracking data for CHIP reporting.

Objective: By December 2028, reduce the percentage of adults with a major depressive episode during the past year by 1%.

Intervention: Implement a collaborative care model to ensure that individuals with depression receive treatment.

Disparities Addressed: Access to Services, Geography, Reducing Stigma

Timeframe: 1/1/2026 to 12/31/2028

Measures:	Partner Roles and Resources:
# of Healthcare Providers using Collaborative Care Model (CoCM). #of people receiving care through CoCM.	UPC screens patients with a PHQ9 for depression, and a GAD-7 screening tool for anxiety. When someone screens high for depression or anxiety, UPC refers them internally to a Behavioral Health Care Manager (BHCM), who then follows up with the patient to provide interventions or referrals and follow up. If mild to moderate case, will keep internally, or if more severe case or at capacity - will refer to care beyond UPC.
# of people receiving screening for mental health	
# of Healthcare Providers using Collaborative Care Model (CoCM). #of people receiving care through CoCM. # of people receiving screening for mental health	JMH, every patient receives questions that screen for mental health - and based on score provider decides on referral for further treatment. State law, ED asks questions about depression and mental health through triage and on the medical floor - Behavioral Health Officer. Assess all patients for mental health. Telehealth psych assessment through URM, and can transfer individuals to a higher level of care based on assessment. (Olean, Jamestown, or as close as possible). PHQ-2 and 9 and GAD 7; referring to community organization (Clarity or other office). JMH has a safety plan to make sure individual gets to a place of care, can't discharge individual without the person getting referral to care. Agency and individual both have to agree to care. If patient does not engage with Clarity, clarity will engage for 90 days, and then lets hospital know individual did not engage. PCP has social workers that engage with individuals to ensure barriers are addressed such as transportation.
# of ASSIST trainings offered. # of people taking ASSIST trainings. # of events to promote mental health care	Ardent (TICTAC/Suicide Prevention Coalition) provide MHFA to address postvention care that increases people's knowledge, attitude and behavioral intent within themselves. Ardent provides applied suicide intervention skills training (ASSIST model) for schools/providers to help identify and decrease risk for depression and suicide among people of all ages.
# of individuals receiving treatment for anxiety # of individuals receiving treatment for depression	Clarity: Will improve awareness and access to comprehensive mental health treatment to address symptoms of Depression, Anxiety and Stress. Utilizing Cognitive Behavioral Therapy, Brief Solution Focused Therapy, trauma informed care, and medication intervention (if needed) to enhance and manage anxiety and stress effectively. Awareness will be provided through community education and distribution of rack cards with programmatic information.

# of community events promoting awareness and education on mental health, including the 211 & 988 helplines.	<p>The Allegany County Department of Health can promote the availability of Mental Health screening and care at local hospitals and healthcare providers, encouraging the public to seek care and educating the public on how to access mental health care services in Allegany County. ACDOH will promote public messaging that will reduce the negative stigma of seeking mental health care among at risk populations. ACDOH will work to establish a digital resource list accessible to all partner agencies in Allegany County to enhance awareness of county resources that will improve collaboration among agencies.</p>
# of people reached at events.	
# of people referred for mental health care (depression/anxiety)	<p>Cuba Memorial Hospital is a Critical Access Hospital that serves Allegany County and will refer patients that visit their Urgent Care Clinic to appropriate providers for mental health treatment if screening high for anxiety or depression. May also refer patients to a social worker that will address barriers to mental health treatment.</p>

Objective: By December 2028, increase the percentage of adult Medicaid members aged 18+ with hypertension who are currently taking medication to manage their high blood pressure from 66.9% to 75.5%.

Intervention: (High Blood Pressure) Implement community screenings to detect and address hypertension.

Disparities Addressed: Age, Access to Services/Regular Care, Geography, Income

Timeframe: 1/1/2026 to 12/31/2028

Measures:	Partner Roles and Resources:
# blood pressure machines given out; % of patients seeing a reduction in blood pressure	Jones Memorial Hospital will provide blood pressure cuffs to patients using funds raised from the annual Ridge-walk event, and hold wellness events to screen for hypertension among adults. Data from blood pressure cuffs is recorded by nurses in a tracking log, and individuals are counseled by RN on hypertension. JMH also has a blood pressure machine in their lab lobby and at the Wellsville YMCA. These machines provide additional screening opportunities (and individuals will be informed about what to do if they have a screening for hypertension), and community education will be provided through literature about hypertension at these screening locations.
# of health fairs or events with blood pressure screenings in Allegany County; # of people screened at events	
% of patients seeing a reduction in blood pressure.	UPC tracks the percentage of their patients in Allegany County seeing a reduction in blood pressure. UPC provides care to reduce the percentage of patients with systolic blood pressure <140 mmHg and diastolic blood pressure <90 mmHg, and has a system to track and report this information. With regular patient visits, UPC can distribute any available home blood pressure cuffs to help patients regularly read their blood pressure between healthcare provider visits.
# of public events providing education on hypertension risk factors. # of public messages providing education on hypertension risk factors.	Allegany County Department of Health will promote blood pressure screenings for the general population and encourage individuals to visit the Healthcare Providers regarding managing their hypertension. ACDOH will educate the general public on risk factors related to hypertension. We will use staff time at community events, and coordinate stakeholder meetings for regular progress updates.
# of events with blood pressure screenings in Allegany County; # of people screened at events	Cuba Memorial Hospital is a Critical Access Hospital, offering urgent care to patients with referral to the patient's PCP or other HCP for continual/chronic care management. CMH will offer hypertension screenings at community events and provide education on hypertension for individuals screened.
# of individuals referred for clinical services in Allegany County	STHCS dedicates staff time to support the referral process and is actively developing the Pathways to Care Program. This new initiative is designed to enhance access, education, and support for individuals, ensuring they are connected to appropriate clinical and community-based services. This program aims to streamline navigation of care systems, reduce barriers to treatment, and helps individuals connect to care that supports management of conditions like high blood pressure.

Domain: Healthcare Access & Quality Priority: Preventative Services	
Objective: By December 2028, increase the percentage of children in a single birth cohort tested at least twice for lead before 36 months of age from 59.7% to 70.0%.	
Intervention: Conduct outreach in communities that have older, poorly maintained housing with high-risk for lead exposure and provide education regarding lead exposure prevention to families.	
Disparities Addressed: Age, Access to Services/Regular Care, Geography, Income	
Timeframe: 1/1/2026 to 12/31/2028	
Measures:	Partner Roles and Resources:
% rate of children age 36 months or less receiving at least 2 blood lead tests across all Allegany County providers	Allegany County Department of Health will use a Lead Care 2.0 machine to provide finger screenings for lead to children in high risk areas for lead exposure across Allegany County. We conduct lead poisoning prevention outreach to pediatric provider practices; families, daycares, schools, businesses, and organizations; as well as provide education at community events for the general public and families with children under 6 years old. ACDOH will run aggregate clinical performance reports through NYSIIS each year to assess progress on blood lead testing rates for single birth cohorts receiving at least two blood lead tests by age 36 months.
# of school/community events providing lead exposure education; # of people reached at events.	
# of presentations made to professional or community groups. # of people reached at presentations	Ardent: Host the Health Department at the First Step Family Center for Capillary Lead Screenings, and provide education to professionals and community members working with children under age 8 years old, to inform them about lead exposure and how it affects children, as well as learn how to recognize symptoms of lead exposure and how to refer families to get their child(ren) tested for lead.
# of events partnering with ACDOH where lead screenings were provided	
# of daycare provider sites with education materials for lead exposure prevention for families	ACCORD is a non-profit community action agency that helps strengthen the economic stability of Allegany County residents with programs designed to create opportunity. Manages the Head Start and Early Head Start child care programs and serves as a childcare resource center for licensed/registered daycare providers in Allegany County. Participates in provider and family education for lead exposure prevention.
Intervention: Increase the use of initial and follow-up screening protocols for high-risk children and those with elevated finger sticks, while educating parents on lead exposure prevention, following Centers for Disease Control and Prevention (CDC)	

recommended actions for blood lead levels, and ensuring Medicaid recipients and high-risk children are tested per federal guidelines.

% rate of children age 36 months or less receiving at least 2 blood lead tests from JMH providers.

Capillary screening for lead poisoning is provided with a Lead Care 2.0 machine at pediatric offices, and if child screens high they are referred to the JMH lab for a venous draw to test for elevated blood lead levels (EBLL). JMH provides blood lead testing for pediatric patients through their lab. Provider offices educate parents on the dangers of lead poisoning and what their child's blood lead test results mean, and ACDOH RN visits/calls JMH pediatric provider offices with lowest testing rates to help increase testing rates.

Appendix A: References

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