



2025-2030

**2025-2027
Community Health
Needs Assessment
and Community Service Plan**

**2025-2030 Community Health
Assessment and Community
Health Improvement Plan**

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Acknowledgments

The McKean County and Cattaraugus County 2025-2027 Community Health Needs Assessment and Community Service Plan (CHNA-CSP), 2025-2030 Community Health Assessment and Community Health Improvement Plan (CHA-CHIP) were developed by Bertrand Chaffee Hospital (BCH), Upper Allegheny Health System (UAHS) d/b/a Olean General¹/Bradford Regional Medical Center (OGH/BRMC) and the Cattaraugus County Health Department (CCHD). Strategy Solutions, Inc. (SSI) was engaged by the CCHD, OGH/BRMC, and BCH to assist with the CHNA-CSP and CHA-CHIP and the CHA-CHIP. Representatives from BCH, OGH/BRMC and the CCHD worked collaboratively to guide and conduct completion of the CHNA-CSP and the CHA-CHIP. A steering committee made up of senior leaders of OGH/BRMC, BCH and the CCHD, as well as representatives from community organizations, which includes leading health and social service organizations and municipalities, provided additional input. The combined expertise, input and knowledge of the members of the Steering Committee was vital to the project. This group deserves special recognition for their tireless oversight and support of the CHNA-CSP/CHA-CHIP process. During the CHNA-CSP/CHA-CHIP project, 24 stakeholders were interviewed by Strategy Solutions, Inc. (SSI). SSI conducted a Community Health Survey with 1,485 surveys completed. The CCHD conducted a Community Health Survey with 291 surveys completed. Finally, information was gathered by the project team through a series of 16 focus groups, including a cross section of community groups. Information-gathering efforts allowed the project team and Steering Committee to gain a better understanding of the health status, health care needs, service gaps, and barriers to care for those living in McKean and Cattaraugus counties.

Bertrand Chaffee Hospital is located in Erie County, New York, near the border with Cattaraugus County. While the hospital is physically situated in Erie County, nearly half (47%) of its inpatient admissions come from Cattaraugus County, reflecting its role as a key provider for residents in both counties. The hospital also participated in the Erie County Community Health Needs Assessment (CHNA), contributing data to support a more comprehensive understanding of regional health needs.

Upon completion of 2025-2027 Community Health Needs Assessment (CHNA)/2025-2030 Community Health Assessment (CHA), a planning process was initiated to create the 2025-2027 Community Service Plan (CSP)/ 2025-2030 Community Health Improvement Plan (CHIP).

The Steering Committee convened on September 5, 2025, to review data collected during the Community Health Assessment (CHA) and identify key areas of need. During the meeting, members generated, reviewed, and refined a list of potential priorities. Following the meeting, committee members were invited to complete a SurveyMonkey survey to help prioritize these needs by selecting their top five.

The Planning Committee then reviewed the survey results, and leadership from the partner organizations agreed to focus on the top three priorities: Mental Health, Substance Use, and Access to Care. These priorities were aligned with the New York State Department of Health (NYSDOH) Prevention Agenda priorities, and the Community Health Improvement Plan (CSP/CHIP) was developed collaboratively among the partners.

The administration of OGH/BRMC, BCH and the CCHD would like to thank all of those who were involved in this project, particularly those who participated in interviews, survey efforts, focus and planning groups, and information gathering.

¹Which are members of Kaleida Health part of Upper Allegheny Health System (UAHS).



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Abbreviations and Acronyms

BCH	Bertrand Chaffee Hospital
BRMC	Bradford Regional Medical Center
BRFSS	Behavioral Risk Factor Surveillance System
CBO	Community Base Organizations
CDC	Center for Disease Control
CCHD	The Cattaraugus County Health Department
CHA	Community Health Assessment
CHIP	Community Health Improvement Plan
CSP	Community Service Plan
DSS	Department of Social Services
FMG	Foothills Medical Group
HP2030	Healthy People 2030
IRS	Internal Revenue Service
NY	New York
NYC	New York City
NYS	New York State
NYSDOH	New York State Department of Health
OGH	Olean General Hospital
OMG	Olean Medical Group
PA 2025	New York State Prevention Agenda 2025-2030
SSI	Strategy Solutions, Inc.
UAHS	Upper Allegheny Health System
UPC	Universal Primary Care
U.S.	United States
YPLL	Years of Potential Life Lost



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Message to the Community

OGH/BRMC², BCH and the CCHD are proud to present the 2025-2027 Community Health Needs Assessment and Service Plan (CHNA-CSP)/2025-2030 Community Health Assessment and Community Health Improvement Plan (CHA-CHIP). This report summarizes a comprehensive review and analysis of health status indicators, public health, socioeconomic, demographic and other qualitative and quantitative data from the primary and secondary service areas of McKean County, Pennsylvania and Cattaraugus County, New York in alignment with the New York State Department of Health's Prevention Agenda. This report also includes primary (surveys, interviews and focus groups) and secondary (data from third party sources, i.e., U.S. Census Bureau) disease incidence and prevalence data for McKean and Cattaraugus counties. The data was reviewed and analyzed to determine the priority health needs facing the region.

The CHNA-CSP/CHA-CHIP is offered as a resource to health care providers, policy makers, social service agencies, community groups, community organizations, religious institutions, businesses, and consumers who are interested in improving the health status of the region.

The results enable the health department and hospital, as well as other community providers, to strategically identify community health priorities, develop interventions, and commit resources to improve the health status of the region.

Improving the health of the region is a priority of OGH/BRMC, BCH and the CCHD. Beyond the education, patient care, and program interventions provided by the hospitals and health department, it is the intent of these organizations that the information presented is not only a useful community resource but also encourages additional activities and collaborative efforts.

New York State Department of Health (NYSDOH) 2025-2030 Prevention Agenda guidance now allows New York State local health departments to prepare and submit their Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) on a six-year cycle (2025–2030). However, due to Internal Revenue Service (IRS) requirements, hospitals must continue to complete and submit their Community Health Needs Assessment (CHNA) and Community Service Plan (CSP) on a three-year cycle (2025–2027; 2028-2030).

As a result, this document is titled: 2025–2027 Community Health Needs Assessment/Community Service Plan / 2025–2030 Community Health Assessment/Community Health Improvement Plan to reflect both timelines. While NYSDOH allows local health departments to submit the CHIP as late as June 30, 2026, hospitals must submit their CSP by December 31, 2025, to comply with IRS regulations.

In the spirit of collaboration and alignment with Prevention Agenda goals, the Cattaraugus County Health Department has chosen to work alongside the local hospitals to submit the health department's CHIP concurrently with the hospitals CSP by December 31, 2025, ensuring coordinated planning and implementation to best serve the health priorities of the community.

² Olean General Hospital (OGH), which now includes the Bradford Regional Medical Center (BRMC) in Bradford, PA, is a member hospital of Upper Allegheny Health System (UAHS) and an affiliate of Kaleida Health, Buffalo, NY

EXECUTIVE SUMMARY

The 2025–2027 Community Health Needs Assessment and Community Service Plan (CHNA-CSP) and the 2025–2030 Community Health Assessment and Community Health Improvement Plan (CHA-CHIP) were developed collaboratively to identify the most significant health needs across the service area, in alignment with the New York State Department of Health’s 2025–2030 Prevention Agenda. This comprehensive assessment provides critical data and insights to guide Olean General Hospital/Bradford Regional Medical Center (OGH/BRMC), Bertrand Chaffee Hospital (BCH), the Cattaraugus County Health Department (CCHD), and other community partners in strategically establishing health priorities, developing evidence-based interventions, and directing resources to improve the health and well-being of residents throughout the region.

To conduct this collaborative study, OGH/BRMC, BCH, and the CCHD retained Strategy Solutions, Inc. (SSI), a planning and research firm based in Erie, Pennsylvania, whose mission is to create healthy communities. The process followed best practices outlined by the Association for Community Health Improvement (ACHI)³ and was designed to ensure compliance with the Internal Revenue Service (IRS) guidelines for charitable 501(c)(3) hospitals established in December 2014.

The CHNA-CSP/CHA-CHIP examines five key domains identified in the NYS Prevention Agenda:

1. Economic Stability
2. Social and Community Context
3. Neighborhood and Built Environment
4. Health Care Access and Quality
5. Education Access and Quality

The Prevention Agenda represents a six-year statewide effort to make New York the healthiest state in the nation. Developed with input from over 140 organizations, it identifies the state’s most pressing health concerns and offers a framework for local health departments, hospitals, and community partners across sectors to collaboratively address them.

To meet state and federal requirements, the 2025–2027 CHNA-CSP/2025-2030 CHA-CHIP includes:

- An evaluation of progress made under the 2022–2024 CHNA-CSP/CHA-CHIP,
- A review of demographic and socioeconomic indicators,
- A prioritization of community health needs, and
- The development of a Community Health Improvement Plan (CHIP) outlining implementation strategies for the next three years.

Both primary and secondary data were analyzed. Secondary data sources included the Pennsylvania Department of Health⁴, New York State Department of Health’s Prevention Agenda Dashboard⁵, Community Health

³ <https://www.healthycommunities.org/resources/community-health-assessment-toolkit>

⁴ <https://www.phaim1.health.pa.gov/EDD/>

⁵ https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=/EBI/PHIG/apps/dashboard/pa_dashboard&p=sh

Indicators Reports⁶, the Centers for Disease Control and Prevention (CDC)⁷, Healthy People 2030⁸, County Health Rankings⁹, and other national and state-level datasets.

Primary qualitative data were collected through:

- 24 stakeholder interviews (10 in Cattaraugus County, 14 in McKean County),
- 16 focus groups (11 in Cattaraugus County, 5 in McKean County), and
- Two community health surveys:
 - The CHNA-CSP/CHA-CHIP Community Health Survey with 1,485 responses (788 Cattaraugus County, 506 McKean County, 108 Erie County, 12 other PA counties, 71 other NY counties), and
 - The Cattaraugus County Health Department's community intercept survey with 291 responses.

Additionally, input and guidance were provided by 73 community representatives (44 from Cattaraugus County and 29 from McKean County) who served on the CHNA-CSP/CHA-CHIP Steering Committee. Several members represented both counties.

Regulatory Context: Under New York State Public Health Law (10 NYCRR 40-2.40), all local health departments are required to conduct a Community Health Assessment at regular intervals, consistent with Public Health Accreditation Board (PHAB) standards. Cattaraugus County's PHAB accreditation reinforces its commitment to evidence-based planning and community engagement.

In Pennsylvania, while state law authorizes local health departments, only a limited number exist, and the Pennsylvania Department of Health's regional offices serve most municipalities. Pennsylvania does not mandate local CHA development; however, the state supports these efforts through its State Health Assessment (SHA) and related public health data resources.

At the federal level, IRS regulation 26 CFR §1.501(r)-3 requires all tax-exempt hospitals—such as OGH, BRMC, and BCH—to complete a Community Health Needs Assessment (CHNA) every three years. Thus, this CHNA-CSP/CHA-CHIP was designed to fully satisfy both state and federal requirements, while aligning with PHAB and ACHI standards.

Priority Setting and Evaluation: Following the analysis of primary and secondary data, the Steering Committee identified 44 potential priorities for Cattaraugus County and 35 for McKean County. On September 5, 2025, the Committee met to review and rank these potential priorities using a structured methodology that aligned with the NYS Prevention Agenda framework. Through this process, members identified the top health priorities for 2025-2030, which will guide collaborative action across the region.

To measure progress, annual evaluations will be conducted using data from the NYSDOH Prevention Agenda Dashboard, County Health Rankings, hospital utilization data, and other local sources. These evaluations will assess the impact of interventions and guide adjustments to ensure continuous improvement.

Community Engagement and Next Steps: The 2025-2027 CHNA-CSP/ 2025-2030 CHA-CHIP outlines specific partners, evidence-based strategies, and activities designed to address the selected priorities (see Table 1). This plan builds upon a long-standing tradition of collaboration between hospitals, the health department, and

⁶ https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/

⁷ <https://www.cdc.gov/datastatistics/index.html>

⁸ <https://health.gov/healthypeople/objectives-and-data>

⁹ <https://www.countyhealthrankings.org/>

community organizations—mobilizing collective resources to make measurable improvements in population health outcomes and advance health equity across the service area.

Evaluation of Progress and Improvement Impact: To evaluate the impact, the 2025-2027 CHNA-CSP/2025-2030 CHA-CHIP progress and improvement will be tracked through annual evaluation of the following data sources: NYSDOH Prevention Agenda dashboard data, County Health Rankings, BCH and OGH/BRMC hospital utilization data, along with other local data sources. These data sources will be used to identify changes related to the interventions noted in **Table 1**, below.

2025-2027 CHNA-CSP/2025-2030 CHA-CHIP Partners, Engagement of the Community and Evidenced-Based Interventions/Strategies/ Activities: The 2025-2027CHNA-CSP/ 2025-2030 CHA-CHIP partners, community engagement and evidenced-based interventions/ strategies/activities are outlined in **Table 1** below and are described in columns 2, 3 and 4, respectively.

Table 1: CCHD, BCH, OGH/BRMC Priority Areas, 2025-2027/2025-2030

To evaluate impact, progress and improvement will be tracked using the process measures bulleted below through quarterly meetings with the CHIP Steering Committee.			
Prevention Agenda Priority/Disparity	Partners	Partner Roles in the Assessment/ Implementation Process	Interventions/Strategies/Activities and Process Measures
Anxiety and Stress – Decrease percentage of adults who experience frequent mental distress. Individuals and families in poverty	CCHD, BCH, OGH/BRMC Community Partners: Community Service Mental Health	Outreach, promote programs, track data, deliver programs	Implement and promote Mental Health First Aid course training # trainings delivered # people trained
Primary Prevention, Substance Misuse and Overdose Prevention – Increase rate of patients receiving at least one buprenorphine prescription for opioid use disorder Individuals and families in poverty	CCHD, BCH, OGH/BRMC Community Partners: Community Service Mental Health, CASA Trinity, Cattaraugus County Jail	Track and report data, prescribe as appropriate	Increase use of buprenorphine/suboxone # prescriptions
Primary Prevention, Substance Misuse and Overdose Prevention – Increase number of Naloxone kits distributed	CCHD, BCH, OGH/BRMC Community Partners: Community Service Mental Health, Southern Tier Health	Kits available for distribution, track and report data	Increase availability of Naloxone kits to the community # of Naloxone kits distributed # of distribution events #vending machines #community agencies distributing kits

To evaluate impact, progress and improvement will be tracked using the process measures bulleted below through quarterly meetings with the CHIP Steering Committee.			
Prevention Agenda Priority/Disparity	Partners	Partner Roles in the Assessment/ Implementation Process	Interventions/Strategies/Activities and Process Measures
Individuals and families in poverty	Care System, Cattaraugus County Jail		
Preventative Services for Chronic Disease Prevention and Control – Increase percentage of adults up to date on colorectal screenings Individuals and families in poverty	CCHD, BCH, OGH/BRMC Community Partners: Foothills Medical Group, Universal Primary Care, Olean Medical Group, Bertrand Chaffee Primary Care Providers	Provide screenings, where appropriate, promote screenings, track and report data	Partner with community based organizations to promote access to prevention and screening services # screenings in areas that are underserved # of screenings
Nutrition Security - Increase consistent household food security Rural and remote areas	CCHD	Conduct standardized screening for unmet nutrition security needs and provide referrals to state, local, and federal benefit programs, as well as community-based providers addressing health-related social needs	# of health practices and facilities that screen for food insecurity and facilitate referrals to supportive services
Nutrition Security - Increase consistent household food security Rural and remote areas	CCHD	Conduct standardized screening for unmet nutrition security needs and provide referrals to state, local, and federal benefit programs, as well as community-based providers addressing health-related social needs	# of health practices and facilities that screen for food insecurity and facilitate referrals to supportive services

*Please see Appendix F for the CSP/CHIP plan for a more in-depth description of the priority areas being focused on by BCH, OGH/BRMC and the CCHD.



Methodology



METHODOLOGY

To guide the development of the CHNA-CSP/CHA-CHIP, Bertrand Chaffee Hospital (BCH), Olean General Hospital/Bradford Regional Medical Center (OGH/BRMC), and the Cattaraugus County Health Department (CCHD) convened a Steering Committee composed of hospital representatives, public health professionals, and community leaders reflecting the broad interests of the region. The committee included individuals with expertise in public health, internal program management, and community engagement, as well as representatives who understood the needs and challenges of underrepresented groups—including medically underserved populations, low-income residents, minority communities, and individuals with chronic health conditions.

The McKean County and Cattaraugus County CHNA-CSP/CHA-CHIP Steering Committees met twice between March and September 2025 to provide strategic guidance and input throughout the assessment process. A full listing of Steering Committee members and their affiliated organizations can be found on pages 2 and 3.

Service Area Definition

In alignment with IRS and New York State Department of Health (NYSDOH) guidelines in effect at the time of data collection, the project partners defined the community geographically based on the combined service areas of McKean County, Pennsylvania, and Cattaraugus County, New York.

The Cattaraugus County Health Department (CCHD) and Bertrand Chaffee Hospital (BCH) identified Cattaraugus County as their primary service area. The majority of BCH patients reside in Cattaraugus County, accounting for 47% of the hospital's patient base, followed by Erie County (39%), Wyoming County (9%), Allegany County (0.5%), Chautauqua County (0.12%), and Wayne County (0.12%). Accordingly, Cattaraugus County was used to define the hospital's primary community service area.

The Olean General Hospital/Bradford Regional Medical Center (OGH/BRMC) service area encompasses primary and secondary ZIP codes across both Cattaraugus County, New York, and McKean County, Pennsylvania.

The primary service area (PSA) for OGH are those zip codes for which OGH has the largest number of inpatient discharges among all hospitals. The secondary service area are those zip codes where OGH has either second or third largest number of inpatient discharges among hospitals. These zip codes include:

Primary Service Area		Secondary Service Area	
City/State	Zip Code	City/State	Zip Code
Allegany	14706	Angelica	14709
Blackcreek	14714	Belfast	14711
Caneadea	14717	Belmont	14813
Ceres	14721	Bolivar	14715
Cuba	14727	Cattaraugus	14719
Delevan	14042	Duke Center, Pennsylvania	16729
Ellicottville	14731	Eldred, Pennsylvania	16731
Farmersville	14060	Fillmore	14735
Franklinville	14737	Freedom	14065
Friendship	14739	Randolph	14772
Great Valley	14741	Rixford, Pennsylvania	16745
Hinsdale	14743	Scio	14880

Houghton	14744	Turtlepoint, Pennsylvania	16750
Kill Buck	14748		
Limestone	14743		
Little Genesee	14754		
Little Valley	14755		
Machias	14101		
Olean	14760		
Portville	14770		
Rushford	14777		
Salamanca	14779		
Shinglehouse, Pennsylvania	16748		

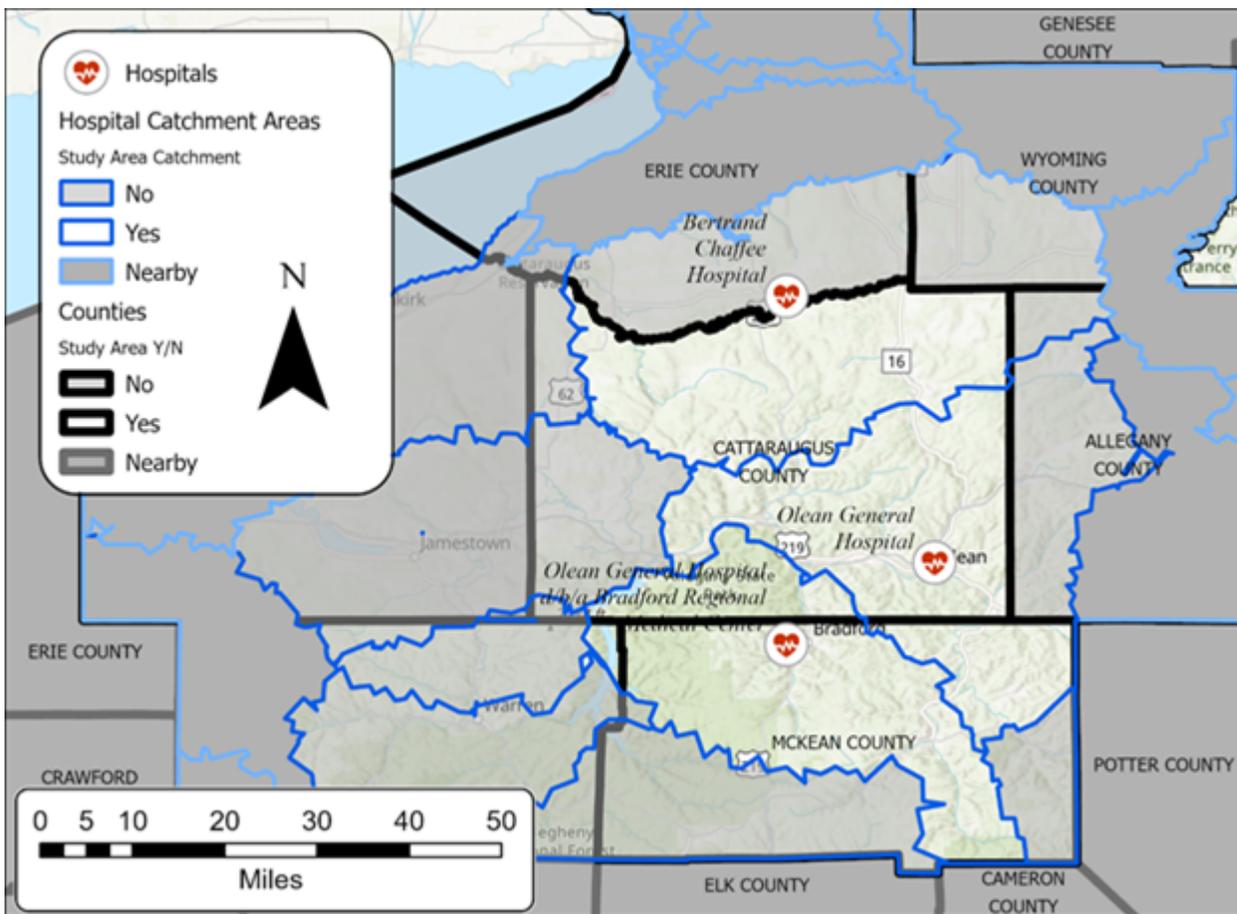
The **primary service area** for OGH/BRMC include:

Ludlow	16333	Hazel Hurst	16733
Bradford	16701	Kane	16735
Crosby	16724	Lewis Run	16738
Custer City	16725	Mount Jewett	16740
Cyclone	16726	Port Allegany	16743
Derrick City	16727	Rew	16744
Duke Center	16729	Rixford	16745
East Smethport	16730	Smethport	16749
Eldred	16731	Turtlepoint	16750
Gifford	16732		

Catchment Area Description and Trends

As shown in **Figure 1**, a catchment area for each of the three hospital/medical facilities was developed based on the drive time to the nearest facility for hospitals in Western New York and Northwestern Pennsylvania. This section briefly describes the three catchment areas using data from the 2020 Decennial Census by aggregating census block data for those blocks with their center in the individual catchments. It then presents trendlines of similar variables to those from the previous section, by aggregating data collected in the American Community Survey for block groups with their centers in each individual catchment. It should be noted that because data is aggregated from units smaller than the catchment areas themselves, i.e. block and block groups, the data shown are only estimates. However, the data are generally reported percentages and given relative homogeneity of the areas being studied, these percentages provide a reasonable estimate.

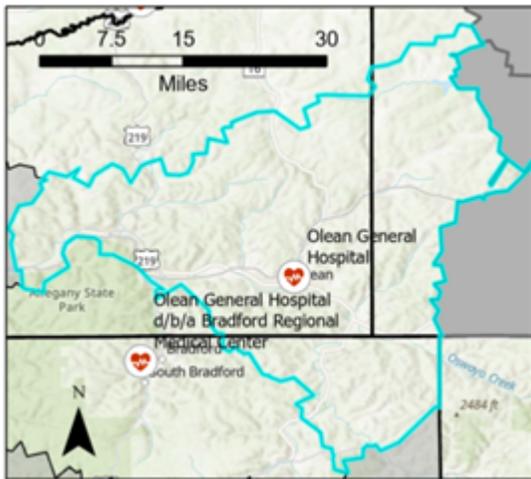
Figure 1: Catchment Area BCH, OGH, BRMC



Olean General Hospital Catchment Area

The 2020 census population of all census blocks having their center within the Olean General Hospital catchment area is 56,173. The catchment area is ~881 sq. mi. Additionally, according to the 2020 Decennial Survey, ~87.7% of those living in block groups with their center in the Olean General Catchment Area self-identify as 'White Only' and ~97.8% identify as being of non-Hispanic origin. This is the most 'diverse' of all three catchment areas.

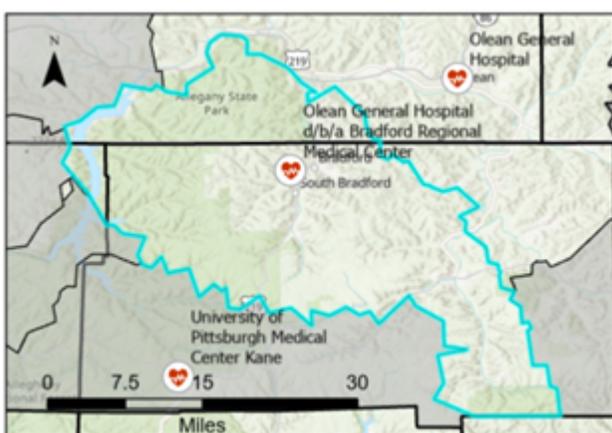
Figure 2: OGH Catchment Area



Bradford Regional Catchment Area

The 2020 census population of all census blocks having their center within the Bradford Regional Medical Center catchment area is 25,974. The catchment area is ~588 sq. mi. Additionally, according to the 2020 Decennial Survey, ~90.6% of those living in block groups with their center in the Bradford Regional Catchment Area self-identify as 'White Only' and ~98.0% identify as being of non-Hispanic origin.

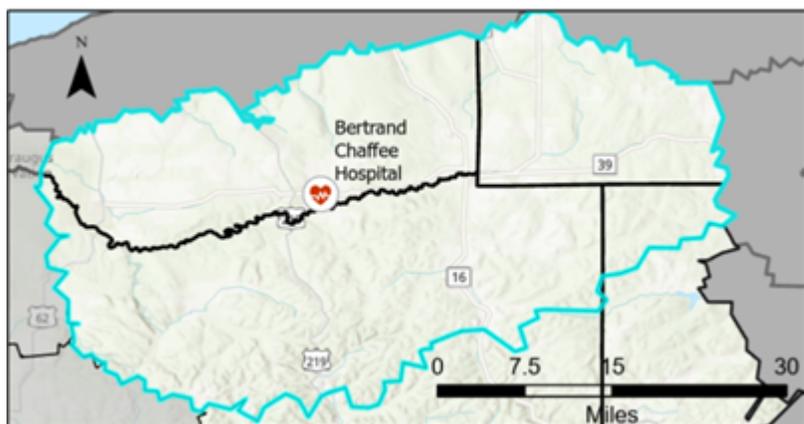
Figure 3: BRMC Catchment Area



Bertrand Chaffee Catchment Area

The 2020 census population of all census blocks having their center within the Bertrand Chaffee Hospital catchment area is 60,479. The catchment area is ~1010 sq. mi. Additionally, according to the 2020 Decennial Survey, ~90.6% of those living in block groups with their center in the Bertrand Chaffee Catchment Area self-identify as 'White Only' and ~98.0% identify as being of non-Hispanic origin.

Figure 4: BCH Catchment Area



Qualitative and Quantitative Data Collection

To assess the health needs of residents within the defined service areas and ensure compliance with current IRS requirements, a comprehensive mixed-methods approach was employed that integrated both qualitative and quantitative data collection and analysis. Olean General Hospital/Bradford Regional Medical Center (OGH/BRMC), Bertrand Chaffee Hospital (BCH), the Cattaraugus County Health Department (CCHD), members of the Steering Committee, and the consulting team worked collaboratively to ensure that all socio-demographic groups, geographic areas, and underrepresented populations were meaningfully represented in the assessment, within the practical resource constraints of the project.

This inclusive approach was achieved through the identification of key stakeholders and focus groups representing diverse subpopulations across the community. Data collection incorporated extensive use of secondary data sources from the Pennsylvania Department of Health, the New York State Department of Health's Prevention Agenda Dashboard, and the Centers for Disease Control and Prevention (CDC), as well as insights from OGH/BRMC, BCH, and CCHD representatives serving on the Steering Committee.

Secondary quantitative data included demographic and socio-economic information obtained from the U.S. Census Bureau's American FactFinder¹⁰. Disease incidence, prevalence, and behavioral risk factor data were drawn from the New York State Department of Health's Prevention Agenda Dashboard¹¹, the Behavioral Risk Factor Surveillance System (BRFSS)¹², the Pennsylvania Department of Health¹³, the Centers for Disease Control

¹⁰ <https://data.census.gov/cedsci/>

¹¹ https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=/EBI/PHIG/apps/dashboard/pa_dashboard&p=sh

¹² <https://www.phaim1.health.pa.gov/EDD/>

¹³ <https://www.health.pa.gov/Pages/default.aspx>

and Prevention (CDC)¹⁴, the American Community Health Survey¹⁵, County Health Rankings and Roadmaps¹⁶, and Healthy People 2030¹⁷.

Additionally, selected emergency department and inpatient utilization data from OGH/BRMC and BCH were analyzed to better understand health service use within the region.

Primary data collection included several complementary methods designed to capture community perspectives on health status, needs, and barriers to care.

A Community Health Survey was distributed using a mixed-methods convenience sampling approach, with both online and paper versions available between March and June 2025. OGH/BRMC, BCH, and CCHD shared survey links on their websites, distributed them via email, published notices in local newspapers, and made paper copies available at key community locations. In total, 1,485 surveys were completed—788 from Cattaraugus County, 506 from McKean County, 108 from Erie County, 12 from other Pennsylvania counties, and 71 from other New York counties. The survey examined health status, community needs, barriers to care, and community-identified strategies for improvement.

As part of the 2024 Community Health Assessment, the Cattaraugus County Health Department conducted an intercept survey to collect public input on community health needs, priorities, and perceptions. The survey was conducted during the Cattaraugus County Fair (July 27–August 3, 2024).

CCHD hosted an informational booth and invited fair attendees to complete a 22-question survey. Participation was voluntary, and to thank respondents for their time, each received a complimentary bottle of cold water. Of all completed surveys, only responses from participants with Cattaraugus County ZIP codes were analyzed, resulting in 291 valid surveys used for analysis.

This intercept survey method provided an accessible and informal way to engage a broad cross-section of residents. By collecting feedback in a high-traffic community setting, the department was able to reach individuals who might not typically participate in formal surveys. The resulting data provided valuable insights into residents' health concerns, helping to inform local health priorities and guide planning efforts.

Additional primary qualitative data were collected through 24 stakeholder interviews—10 in Cattaraugus County and 14 in McKean County—conducted by Strategy Solutions, Inc. (SSI) staff between May and July 2025. Interview participants included individuals with expertise across a range of disciplines and organizations relevant to community health.

SSI staff also facilitated 16 focus groups—11 in Cattaraugus County and 5 in McKean County—between May and June 2025. These sessions engaged community members and representatives from key sectors to explore health needs, barriers, and opportunities for improvement in greater depth.

A summary of stakeholder participants is presented in **Table 2** and focus group participants are listed in **Table 3**. Copies of the Intercept Survey, Community Health Survey, Stakeholder Interview Guide, and Focus Group Topic Guide are provided in Appendices.

¹⁴ <https://www.cdc.gov/datastatistics/index.html>

¹⁵ <https://www.census.gov/programs-surveys/acs/data.html>

¹⁶ <https://www.countyhealthrankings.org/>

¹⁷ <https://health.gov/healthypeople/objectives-and-data>

Table 2: Stakeholder Interviews

Date Conducted	Name	Title	Organization	County Representing
5-12-25	Chief Mike Ward	Chief	Bradford PD	McKean
5-20-25	Mariann Kahle	Worksite Wellness Coordinator	UPMC	McKean
5-22-25	Katlyn Salerno	Branch Manager	Branch Manager VNA NWPA	McKean
5-27-25	Steve Morgan	President/CEO	Futures Rehabilitation Center	McKean
5-27-25	Tom Riel	Mayor	City of Bradford	McKean
5-28-25	Angie Eckstrom	Executive Director	Alcohol & Drug Abuse Services	McKean
5-29-25	Tina Martin	Executive Director	CARE for Children	McKean
5-30-35	Mo. Stacey Fussell	Rector, President of Ministerium	Church of the Ascension	McKean
6-3-25	Claudette Johnson	RN, Director of Wellness	The Guidance Center	McKean
6-4-25	Julie Anthony	Options Program Manager	Office of Human Services	McKean
6-6-25	Barb Thrush	RN	BRMC Oncology	McKean
6-12-25	Katharine Pude	Superintendent	Bradford Area School District	McKean
7-2-25	Karen Sleeman	Nurse Practitioner, Medical Oncology	BRMC	McKean
7-14-25	Angela Erway	Executive Director	YWCA	McKean
5-7-25	Ann Battaglia	Executive Director	Healthy Community Alliance	Cattaraugus
5-8-25	Bonnie Saunders	Director	Department of Aging	Cattaraugus
5-13-25	Brett Lawton	CEO	Universal Primary Care	Cattaraugus
5-15-25	Ann Domingos Tatiana Zentz	CEO Associate CEO	CASA Trinity	Cattaraugus
5-21-25	Lynn Ouellette	Amish Outreach	Olean General Hospital	Cattaraugus
5-21-25	Sean Smith	AIRS Program Director	CASA-Trinity	Cattaraugus
5-29-25	Tonya Kilby	Director	Cattaraugus Probation	Cattaraugus
6-25-25	Dr. Genelle Morris	Superintendent	Olean City SD	Cattaraugus
7-24-25	Roberta Truman	Department Manager/Lead Radiation Therapist Mildred Milliman Radiation Medicine Center	Olean General Hospital	Cattaraugus
7-18-25	Teresa Redeye	Board of Directors, Chair	Seneca Nation Health System	Cattaraugus

Source: Strategy Solutions, Inc. 2025

Table 3: Focus Groups Conducted

Date Conducted	Group Name	Representing	County Representing
6-2-25	Directions Independent Living	Persons with Disabilities	Cattaraugus
6-4-25	CASA Trinity	Recovery Community	Cattaraugus
6-10-25	Adult Single Point of Access	Provider Community	Cattaraugus
6-10-25	Universal Primary Care	Healthcare	Cattaraugus
6-11-25	Community Action Food Pantry Staff	Food Insecurity	Cattaraugus
6-11-25	Foundations of Change	Consumers	Cattaraugus
6-11-25	Genesis House - Staff	Housing/Homeless	Cattaraugus
6-11-25	Genesis House - Residents	Housing/Homeless	Cattaraugus
6-18-25	Cattaraugus County Housing Coalition	Housing/Homeless	Cattaraugus
6-26-25	WIC Families	Children and Families	Cattaraugus
6-27-25	WIC Staff	Children and Families	Cattaraugus
5-7-25	McKean Collaborative	Provider Community	McKean
6-4-25	STEPS	Mental Health	McKean
6-9-25	YWCA	Community	McKean
6-18-25	Rays of Hope	Behavioral Health	McKean
6-19-25	Business and Industry Leaders	Workforce	McKean

Source: Strategy Solutions, Inc. 2025

Data Limitations

The secondary data presented in this assessment is based on information publicly available at the time of compilation. It is important to note that the surveys conducted for this assessment utilized a convenience sample and, therefore, are not statistically representative of the broader community.

In some instances, results from the primary survey data differ from the trends observed in secondary data sources. This variation is primarily due to the non-representative nature of the primary survey sample. Data from both the Community Survey and the Intercept Survey are included throughout this report to highlight community perspectives gathered during the primary data collection phase. However, these findings should not be directly compared with secondary data sources, as the survey results are not generalizable to the entire population.

Additionally, it should be noted that due to the reporting structure of County Health Rankings and Roadmaps, data reported in 2025 reflects data collected in 2022, although the specific reference year may vary by indicator¹⁸.

Furthermore, individuals who participated in focus groups and stakeholder interviews were identified by the work group to ensure a diversity of stakeholder perspectives. As such, the insights presented reflect the experiences and viewpoints of those individuals and should not be interpreted as fully representative of all community members.

¹⁸ <https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-measures>

Needs Assessment Prioritization Process

On September 5, 2025, the CHNA-CSP/CHA-CHIP Steering Committee convened to review the primary and secondary data collected through the Community Health Assessment process. The overall assessment process is illustrated in **Figure 5**. The consulting team from SSI presented the findings to the Steering Committee, facilitating a discussion around identified needs, potential needs, and existing community assets.

Figure 5: Community Health Assessment Process



Source: Health Research and Educational Trust

Based on data disparities, 44 potential needs were identified for Cattaraugus County and 35 for McKean County. Steering Committee members representing each county refined these lists, which were then used to create a prioritization survey administered via SurveyMonkey.

Following the meeting, Steering Committee members participated in the prioritization exercise online, identifying what they considered the top five priorities for the county they represent. A total of 43 members participated: 25 from Cattaraugus County and 18 from McKean County.

The consulting team analyzed the survey responses and ranked the results based on a composite score for the entire service area.

On October 16, 2025, the CHNA-CSP/CHA-CHIP project coordination team met to review and discuss the prioritization outcomes.



Demographics

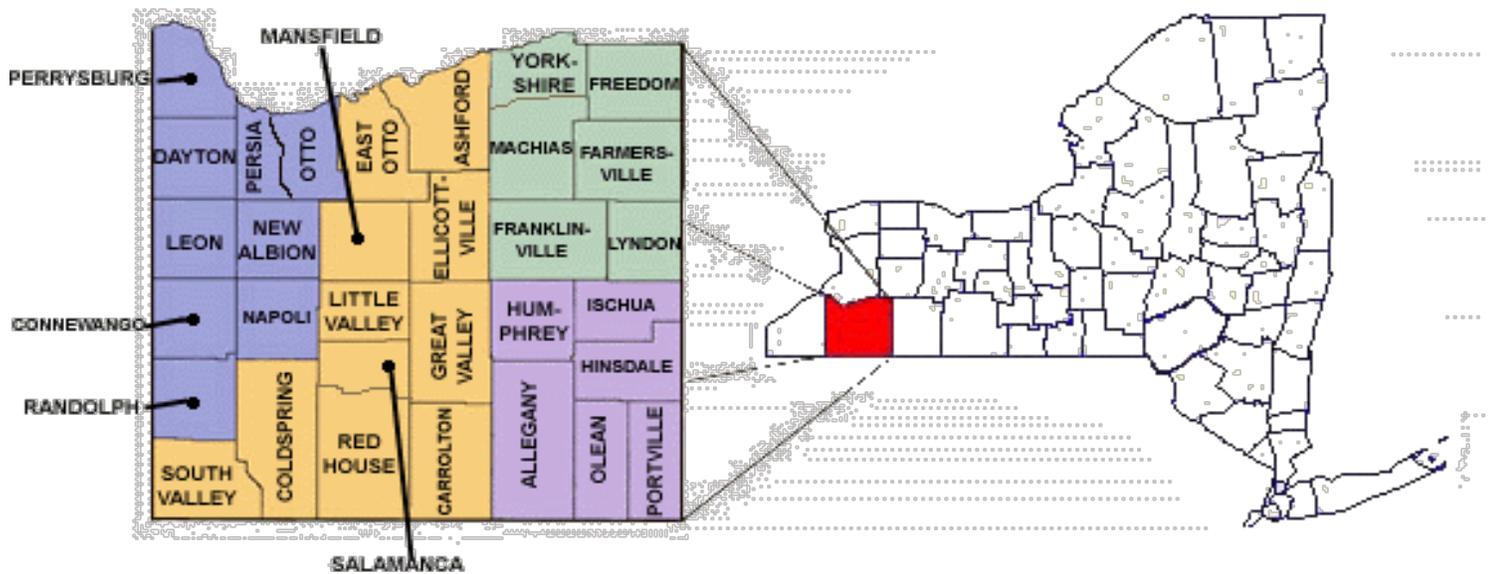


DEMOGRAPHICS

For the purposes of this CHNA-CSP/CHA-CHIP, the service area includes the geographic regions served by the Cattaraugus County Health Department (CCHD), Bertrand Chaffee Hospital (BCH), and Olean General Hospital (OGH)—primarily Cattaraugus County—as well as McKean County, which is served by Bradford Regional Medical Center (BRMC).

Figure 6 presents the towns within Cattaraugus County. Specific zip codes served by OGH/BRMC are noted above.

Figure 6: Overall Service Area Geography, Cattaraugus County



Source: Cattaraugus County, NYS <http://nycattar.org>

Demographic data were compiled at the county level using Claritas Pop-Facts Premier 2025 and Environics Analytics¹⁹. Data were analyzed across multiple categories, including population size, sex, race, age, marital status, educational attainment, household income, employment, poverty status, and average travel time to work.

The following section summarizes key demographic findings derived from this data.

Demographic, Population and Socioeconomic Data

Cattaraugus County

Cattaraugus County is a large (1,322 sq. mi.), primarily rural county located in southwestern New York along the Pennsylvania border. The county includes two cities—Olean (population 13,190) and Salamanca (population 5,929), according to the 2020 U.S. Census—along with 9 villages and 32 towns.²⁰

¹⁹ This is a subscription service used by Strategy Solutions, Inc. to obtain demographic data

²⁰ https://en.wikipedia.org/wiki/Cattaraugus_County,_New_York#

The population of Cattaraugus County has been steadily declining over the past decade. The 2020 Census reported a total population of 77,042, and the 2025 estimate projects a decrease to 75,066, representing a 2.6% decline. During this same period, the population of New York State overall is projected to decline by 4.0%.

The county's population is predominantly White (87.1%) and continues to age. The median age in 2025 is 42.8 years, projected to increase slightly to 43.1 years within five years. This is higher than the New York State median age of 40.6 years. The gender distribution in Cattaraugus County is relatively balanced, with 50.2% male and 49.8% female. Fewer than half (44.8%) of residents aged 15 and older are currently married.

In terms of educational attainment, 40.4% of residents hold a high school diploma or equivalent, and 32.7% possess a college or advanced degree. Based on 2025 estimates, the median household income is \$53,599, significantly lower than the New York State median of \$82,147. Approximately 13.4% of families live below the federal poverty level, which is higher than the state rate of 10.1%. Among residents aged 16 and older, 54.3% are civilian employed, 2.0% are unemployed, and 43.6% are not in the workforce.²¹

Table 4 compares the demographic characteristics of the primary service area with those of New York State and the United States.

Table 4: Demographics, Cattaraugus County

	Cattaraugus County	New York	US
Gender	M – 50.2% F – 49.8%	M – 48.9% F – 51.1%	M – 49.6% F – 50.4%
*Race/Ethnicity			
White	87.1%	53.9%	59.6%
African American/Black	1.6%	14.5%	12.5%
American Indian/Alaska Native	3.6%	0.8%	1.2%
Asian	0.8%	10.2%	6.4%
Hispanic/Latino	9.8%	20.4%	20.3%
Other Race	0.9%	11.2%	9.0%
Two or More Races	6.0%	9.4%	11.2%
Age			
Median Age (2025)	42.8	40.6	39.6
Median Age (2030)	43.1	41.8	40.9
Marital Status (Population Age 15+)			
Married	44.8%	41.2%	45.4%
Separated	3.5%	5.6%	4.3%
Divorced	12.7%	9.0%	10.6%
Widowed	7.0%	5.5%	5.5%
Never Married	32.0%	38.7%	34.2%
Education (Population Age 25+)			
Did Not Complete High School	11.0%	12.1%	10.6%
High School Graduate/GED	40.4%	24.7%	26.3%

²¹ Environics Analytics Claritas - Pop-Facts Premier, 2025

	Cattaraugus County	New York	US
Some College, No Degree	15.9%	14.7%	19.3%
Associate's Degree	11.4%	8.8%	8.8%
Bachelor's Degree	12.3%	22.1%	21.3%
Master's Degree	7.5%	12.6%	9.9%
Professional Degree	0.9%	3.1%	2.3%
Doctorate Degree	0.7%	1.8%	1.6%
Income			
Average Household Income	\$72,570	\$124,206	\$113,181
Median Household Income	\$53,599	\$82,147	\$78,426
Families Living in Poverty	13.4%	10.1%	8.9%
Families Living in Poverty w/ Children	9.1%	6.7%	6.2%
Employment*			
Labor Force Employed	96.4%	94.4%	95.4%
Age 16+ are Employed	54.3%	59.2%	60.0%
Age 16+ are Unemployed	2.0%	3.5%	2.9%
Hold White Collar Occupations	51.8%	64.7%	62.0%

Source: Environics Analytics Claritas - Pop-Facts Premier, 2025

*Data from this section came from different data sets within the source, which is why it totals greater than 100%

NOTE: Due to rounding some sections may total more than 100%

McKean County

McKean County is a medium-sized (979 sq. mi.), primarily rural county located in northwestern Pennsylvania along the New York border. The county lies within the sparsely populated Pennsylvania Wilds region, which includes the Allegheny National Forest. McKean County was originally established due to its abundant natural resources—particularly oil and timber—which continue to contribute to its economy. Today, a mix of industries including education, healthcare, corrections, and manufacturing help sustain the local economy.²²

Like many rural areas, McKean County has experienced a gradual population decline. The 2020 Census recorded 40,432 residents, while the 2025 estimate projects 39,108, representing a 3.3% decrease. In contrast, Pennsylvania's overall population declined by only 0.3% during the same period.

The county's population is predominantly White (89.9%), with a median age of 43.5 years, compared to 41.5 years statewide. The median age is projected to rise slightly to 44.1 years within five years. Males make up 51.9% of the population, while females comprise 48.1%. Approximately 46.0% of residents aged 15 and older are married.

Educational attainment is relatively high in McKean County: 47.3% of residents aged 25 and older hold a high school diploma or equivalent, and 30.1% have a college or advanced degree. The median household income is \$63,608, lower than the Pennsylvania median of \$74,839. An estimated 10.8% of families live below the federal poverty level, which is higher than the statewide rate of 8.0%. Among residents aged 16 and older, 52.3% are civilian employed, 2.9% are unemployed, and 44.7% are not participating in the labor force.²³

²² <https://geographic.org/streetview/usa/pa/mckean/index.html>; https://en.wikipedia.org/wiki/McKean_County,_Pennsylvania

²³ Claritas - Pop-Facts Premier 2025, Environics Analytics

Table 5 compares the demographic characteristics of the primary service area with those of Pennsylvania and the United States.

Table 5: Demographics, McKean County

	McKean County	Pennsylvania	US
Gender	M – 51.9% F – 48.1%	M – 49.4% F – 50.6%	M – 49.6% F – 50.4%
Race/Ethnicity*			
White	89.9%	73.0%	59.6%
African American/Black	3.2%	10.9%	12.5%
American Indian/Alaska Native	0.3%	0.3%	1.2%
Asian	0.6%	4.4%	6.4%
Hispanic/Latino	2.1%	9.5%	20.3%
Other Race	0.5%	4.5%	9.0%
Two or More Races	5.6%	6.9%	11.2%
Age			
Median Age (2025)	43.5	41.5	39.6
Median Age (2030)	44.1	42.5	40.9
Marital Status (Population Age 15+)			
Married	46.0%	46.1%	45.4%
Separated	4.8%	3.6%	4.3%
Divorced	11.3%	9.7%	10.6%
Widowed	7.2%	6.3%	5.5%
Never Married	30.7%	34.4%	34.2%
Education (Population Age 25+)			
Did Not Complete High School	7.2%	8.2%	10.6%
High School Graduate/GED	47.3%	33.3%	26.3%
Some College, No Degree	15.5%	15.3%	19.3%
Associate's Degree	10.5%	8.8%	8.8%
Bachelor's Degree	12.0%	20.5%	21.3%
Master's Degree	5.7%	10.0%	9.9%
Professional Degree	0.8%	2.2%	2.3%
Doctorate Degree	1.1%	1.7%	1.6%
Income			
Average Household Income	\$81,862	\$106,737	\$113,181
Median Household Income	\$63,608	\$74,839	\$78,426
Families Living in Poverty	10.8%	8.0%	8.9%
Families Living in Poverty w/ Children	7.0%	5.4%	6.2%
Employment*			
Labor Force Employed	94.8%	95.3%	95.4%
Age 16+ are Employed	52.3%	59.8%	60.0%
Age 16+ are Unemployed	2.9%	2.9%	2.9%

	McKean County	Pennsylvania	US
Hold White Collar Occupations	50.2%	61.9%	62.0%

Source: Environics Analytics Claritas - Pop-Facts Premier, 2025

*Data from this section came from different data sets within the source, which is why it totals greater than 100%

NOTE: Due to rounding some sections may total more than 100%



Health Status of the Population



Health Status of the Population

The populations of both Cattaraugus and McKean Counties are relatively homogeneous, making it difficult to identify health disparities tied to any single racial or ethnic group. Cattaraugus County has a significant Amish community concentrated in the western part of the county. With an estimated 3,185 residents, they represent just under 4% of the county's total population. In recent years, McKean County has also seen an influx of Amish families, now estimated at around 300 residents.²⁴ However, it is important to note that the Amish population is typically underrepresented in census data and largely abstains from participation in public or private health insurance programs. Due to religious beliefs, many within this community also decline standard immunizations, which presents unique challenges for public health engagement.

Cattaraugus County is also home to a substantial Native American population. The Seneca Nation of Indians' territory extends along both banks of the Allegheny River, bordering the towns of South Valley, Cold Spring, Salamanca, Great Valley, Red House, Carrollton, and Allegany. The City of Salamanca—except for a northern spur along U.S. Route 219—is also located within this territory.

According to the *County Health Rankings* from the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, Cattaraugus County's overall population health and well-being rank below the average for New York State and are comparable to national averages. The county's community conditions also score lower than both the state and national averages.²⁵ In comparison, McKean County's population health and well-being are slightly worse than the Pennsylvania average and align closely with national averages, while its community conditions are roughly equivalent to both state and national levels.²⁶

One factor contributing significantly to these lower rankings is the high percentage of premature deaths. This measure emphasizes deaths that could have been prevented and highlights the social and economic costs associated with early mortality. Premature death is defined as death occurring before age 75 and is expressed through the metric "Years of Potential Life Lost before age 75" (YPLL-75). This indicator estimates the average years of life a person would have lived had they not died prematurely, helping to focus attention on causes of death that disproportionately affect younger age groups.

The years of life lost to deaths of people under the age of 75, per 100,000 population has been increasing in Cattaraugus County, New York and the nation (see **Table 6**). In 2020-2022, Cattaraugus County had a higher number of years lost due to premature death (10,700) in comparison to the state (6,600) and nation (8,400). According to County Health Rankings and Roadmaps, years of life lost in Cattaraugus County more than doubled for those who are Non-Hispanic American Indian or Alaska Native (24,700).²⁷

²⁴ https://groups.etown.edu/amishstudies/files/2025/06/Amish-Pop-2025_by-state-and-county.pdf

²⁵ <https://www.countyhealthrankings.org/health-data/new-york/cattaraugus?year=2025>

²⁶ <https://www.countyhealthrankings.org/health-data/pennsylvania/mckean?year=2025>

²⁷ <https://www.countyhealthrankings.org/health-data/new-york/cattaraugus?year=2025>

Table 6: Premature Death (Death Before Age 75) /Years of Potential Life Lost per 100,000 Population, Cattaraugus County, 2018-2022

Year	Cattaraugus County	New York	United States
2018-2020	8,200	6,000	7,300
2019-2021	9,600	6,400	8,000
2020-2022	10,700	6,600	8,400

Source: County Health Rankings and Roadmaps

As seen in **Table 7**, the years of life lost to deaths of people under the age of 75, per 100,000 population has been increasing in McKean County, Pennsylvania and the nation. In 2020-2022, McKean County had a higher number of years lost due to premature death (9,800) in comparison to the state (8,300) and nation (8,400).

Table 7: Premature Death (Death Before Age 75) /Years of Potential Life Lost per 100,000 Population, McKean County, 2018-2022

Year	McKean County	Pennsylvania	United States
2018-2020	7,500	7,600	7,300
2019-2021	8,800	8,000	8,000
2020-2022	9,800	8,300	8,400

Source: County Health Rankings and Roadmaps

By examining premature mortality rates and investigating the underlying causes of high rates of premature death, resources can be targeted toward strategies that will extend years of life in Cattaraugus and McKean Counties. In 2018-2023, the five leading causes of premature death in both Cattaraugus and McKean Counties (see **Tables 8 and 9**) include Cancer, Diseases of the Heart, COVID-19, Accidents and Chronic Lower Respiratory Diseases, respectively.

Several factors can be attributed to the leading causes of premature death but health behaviors such as obesity, tobacco use, physical inactivity, illicit drug use and excessive drinking have a direct association to preventable premature deaths²⁸. When examining primary data, several health behaviors were identified as areas of concern either in the community survey, focus groups or stakeholder interviews. Secondary data confirms that most of these health behaviors were worse for residents of Cattaraugus and McKean counties than the state averages. These health behaviors are explored in detail in several sections of this CHA.

As seen in **Tables 8 and 9** the leading cause of premature death on both Cattaraugus and McKean Counties was Cancer.

²⁸ <https://www.americashealthrankings.org/explore/annual/measure/YPLL/state/ALL>

Table 8: Leading Causes of Premature Death, Cattaraugus County (Death before Age 75), 2018-2023

Causes of Death	Cattaraugus County	
	Deaths	Age adjusted rate per 100,000
Cancer	303	144.2
Diseases of Heart	299	142.3
COVID-19	140	66.6
Accidents	123	58.6
Chronic Lower Respiratory Diseases	79	37.6

Source: County Health Rankings and Roadmaps

Table 9: Leading Causes of Premature Death, McKean County (Death before Age 75), 2018-2023

Causes of Death	McKean County	
	Deaths	Age adjusted rate per 100,000
Cancer	156	141.9
Diseases of Heart	146	132.8
COVID-19	81	73.7
Accidents	65	59.1
Chronic Lower Respiratory Diseases	50	45.5

Source: County Health Rankings and Roadmaps

Health status is a broad measure of an individual's or population's overall well-being, encompassing physical, mental, and social dimensions. It is shaped by a wide range of factors, including genetics, lifestyle behaviors (such as diet, physical activity, and tobacco use), access to healthcare, socioeconomic conditions, and the built and natural environment. Understanding and tracking health status is essential because it provides insight into community health needs, identifies disparities, and informs policies and interventions designed to improve quality of life and reduce preventable illness and death. According to the Centers for Disease Control and Prevention (CDC), assessing health status is vital for monitoring progress toward health goals and addressing the underlying determinants that influence outcomes across communities.²⁹

The *County Health Rankings and Roadmaps* program reports the percentage of residents who consider their personal health status to be “fair” or “poor.” As shown in **Figure 7** for Cattaraugus County and **Figure 8** for McKean County, both counties reported higher percentages—17.4% in Cattaraugus County and 17.3% in McKean County—compared to their respective state averages (16.1% in New York and 17.0% in Pennsylvania) and the national average (17.0%).

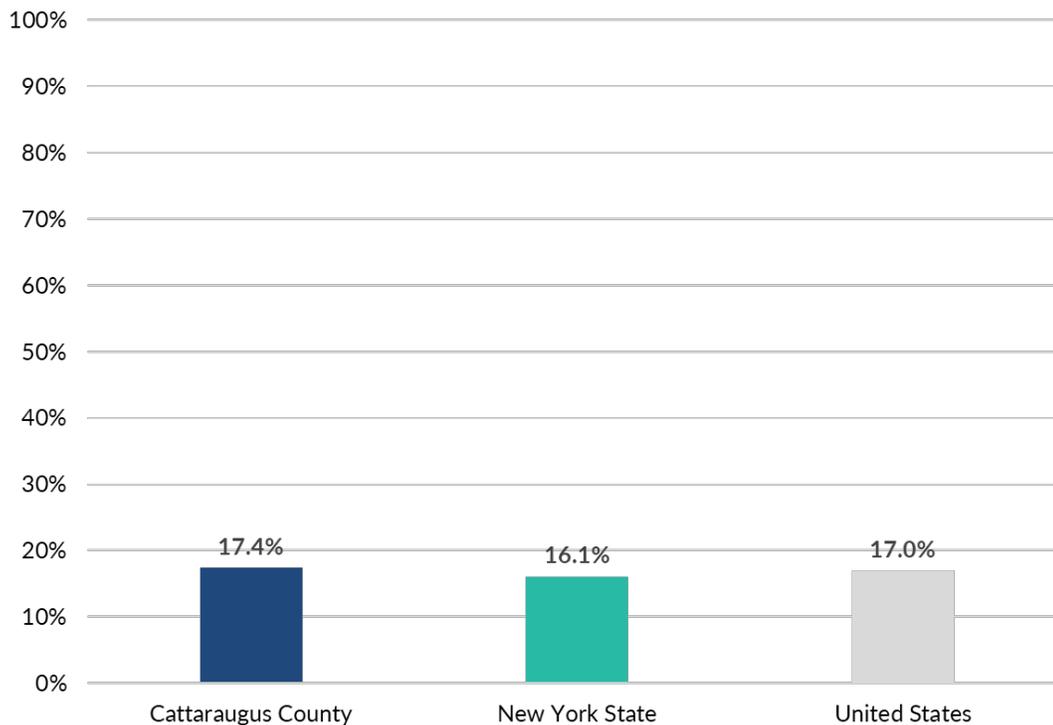
As illustrated in **Figure 9**, 71.3% of respondents from Cattaraugus County rated their personal health as “Excellent” or “Good,” while 77.3% of respondents from McKean County reported the same. **Figures 10 and 11** further demonstrate that income levels have a significant impact on how residents perceive their health—higher income levels are associated with fewer individuals rating their health as “Fair” or “Poor.” **Figure 12** shows that respondents to the Cattaraugus County intercept survey rated their personal health (41.8%) lower than their perception of the overall health of the community (47.2%).

²⁹ <https://www.cdc.gov/nchs/hus/topics/health-status.htm>

According to *Healthy People 2030*³⁰, residents of impoverished communities often face reduced access to essential resources that support a healthy quality of life, including stable housing, nutritious foods, and safe neighborhoods. Poverty can also limit access to education and employment opportunities, reinforcing income inequality and perpetuating cycles of disadvantage. Unmet social needs, environmental stressors, and barriers to healthcare access contribute to poorer health outcomes among people with lower incomes. Individuals with limited financial means may struggle to obtain health insurance or afford necessary treatments and medications. Additionally, neighborhood factors—such as limited access to healthy foods or exposure to violence—can influence health behaviors and stress levels. Across the lifespan, residents of impoverished communities face increased risks of mental illness, chronic disease, premature mortality, and reduced life expectancy.

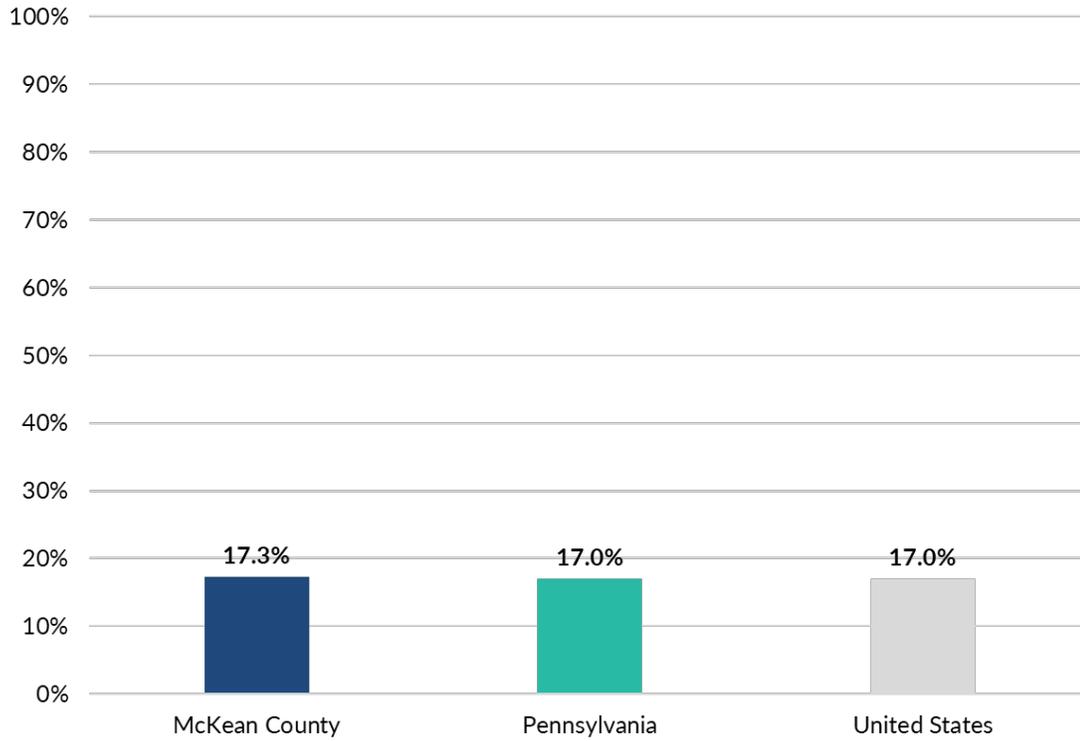
There is a meaningful opportunity for Olean General Hospital/Bradford Regional Medical Center (OGH/BRMC), Bertrand Chaffee Hospital (BCH), and the Cattaraugus County Health Department (CCHD) to expand outreach and develop targeted programs for low-income populations. Such efforts can help improve access to care, promote healthier lifestyles, and advance overall health outcomes within the region.

Figure 7: Fair or Poor Health, Cattaraugus County, New York and United States, 2025



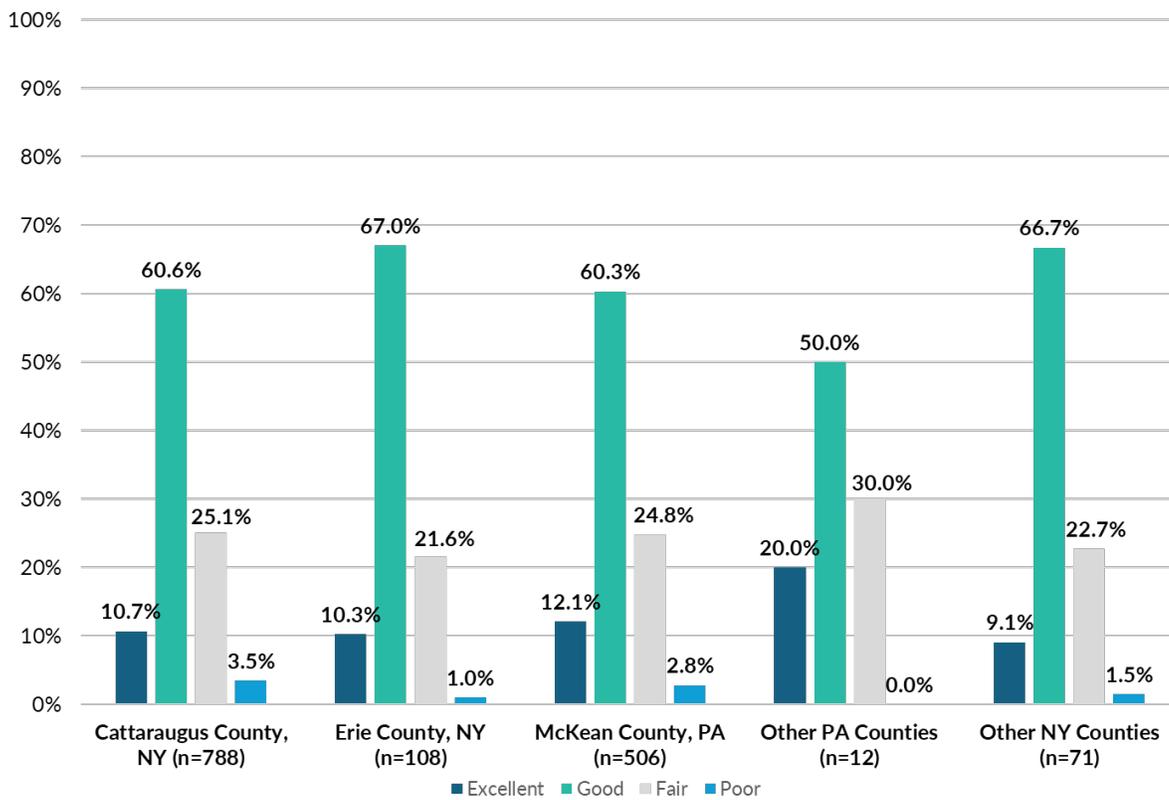
Source: County Health Rankings and Roadmaps

³⁰ <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/poverty>

Figure 8: Fair or Poor Health, McKean County, Pennsylvania and United States, 2025

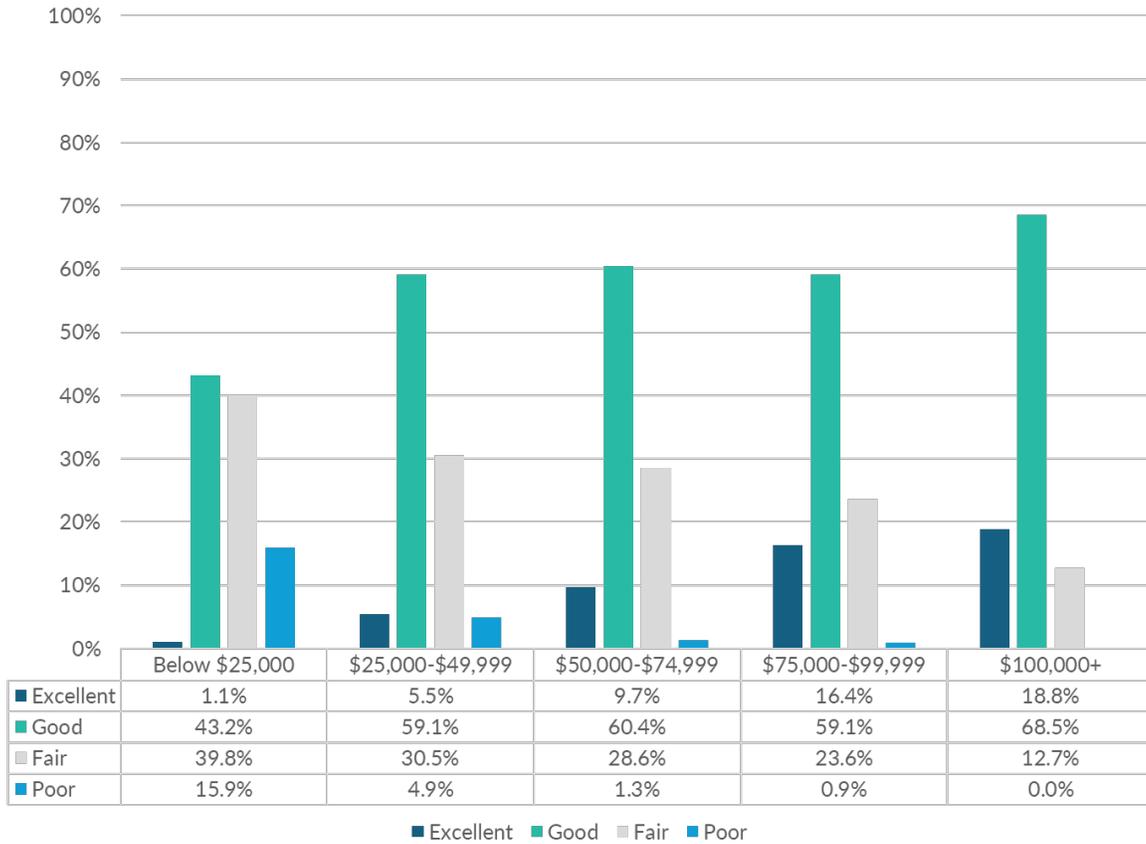
Source: County Health Rankings and Roadmaps

Figure 9: Community Health Survey Personal Health Status



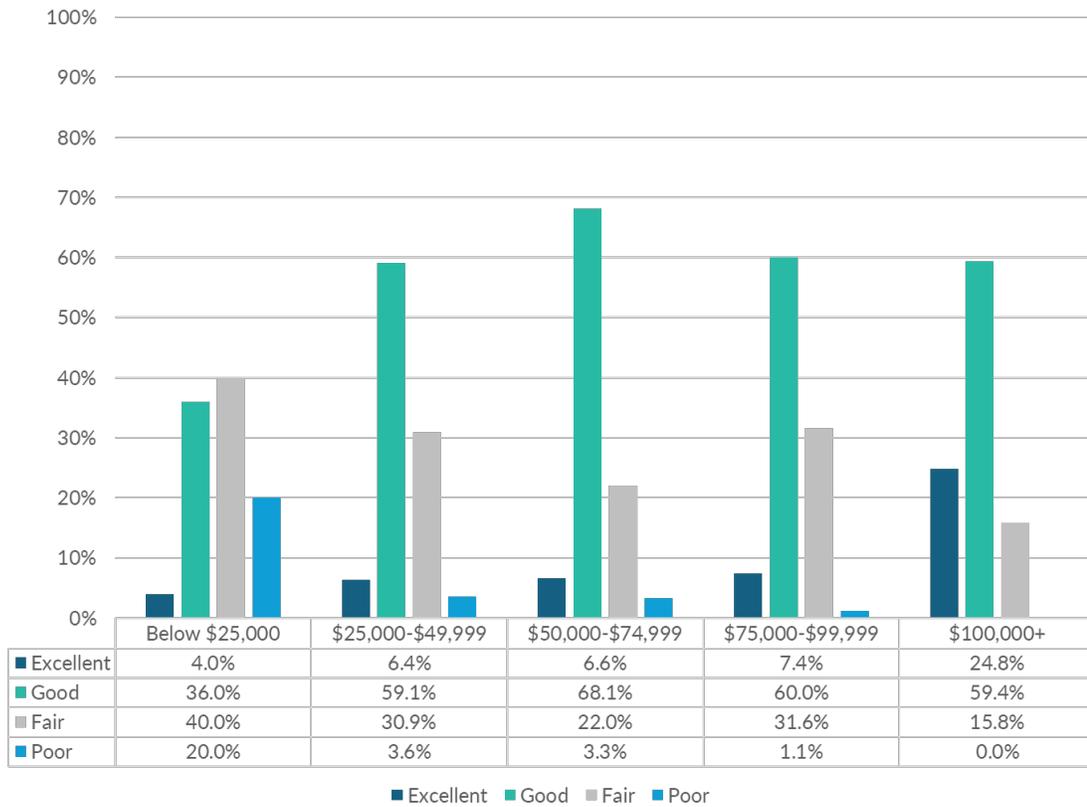
Source: Cattaraugus and McKean County Community Health Survey, 2025

Figure 10: Community Health Survey Personal Health Status Rating by Income, Cattaraugus County



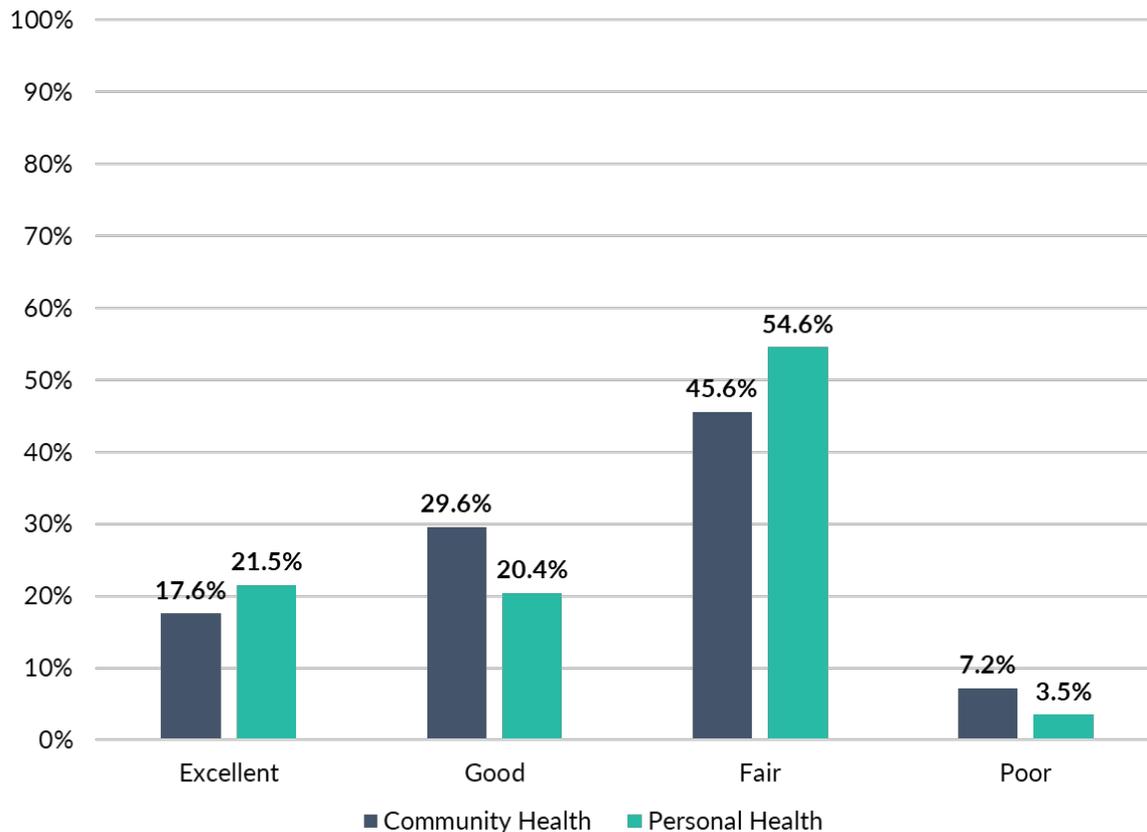
Source: Cattaraugus and McKean County Community Health Survey, 2025

Figure 11: Community Health Survey Personal Health Status Rating by Income, McKean County



Source: Cattaraugus and McKean County Community Health Survey, 2025

Figure 12: Intercept Survey Community and Personal Health Status, Cattaraugus County



Source: Cattaraugus County Intercept Survey, 2024

Focus Group Participant Feedback

Cattaraugus County

Most focus group participants rated the community's overall health as *poor to fair*, citing multiple barriers to care. Common concerns included long wait times for primary care appointments, limited availability of specialists, inconsistent insurance acceptance, and negative experiences at Olean General Hospital. Mental health services were described as especially inadequate, with participants noting long waits, staffing shortages, and insufficient follow-up care.

Broader social and environmental factors also shaped perceptions of poor community health. Participants frequently mentioned substance use, high smoking rates, limited access to affordable and nutritious food, transportation challenges, and pharmacy closures as contributing factors. Those who rated community health as *fair* acknowledged that services are available but often difficult to navigate, inconsistent in quality, or insufficient to meet local needs. A few participants noted modest improvements, such as more community-based activities and wellness initiatives, but these were not seen as widespread.

A small minority viewed community health more positively, emphasizing motivated individuals, access to basic supports such as food and shelter, and a growing sense of local engagement. However, even these participants acknowledged that specialty and higher-quality care often require traveling outside the county. Overall, while pockets of resilience and community commitment exist, participants agreed that significant gaps in access, quality, and equity continue to shape health outcomes in Cattaraugus County.

McKean County

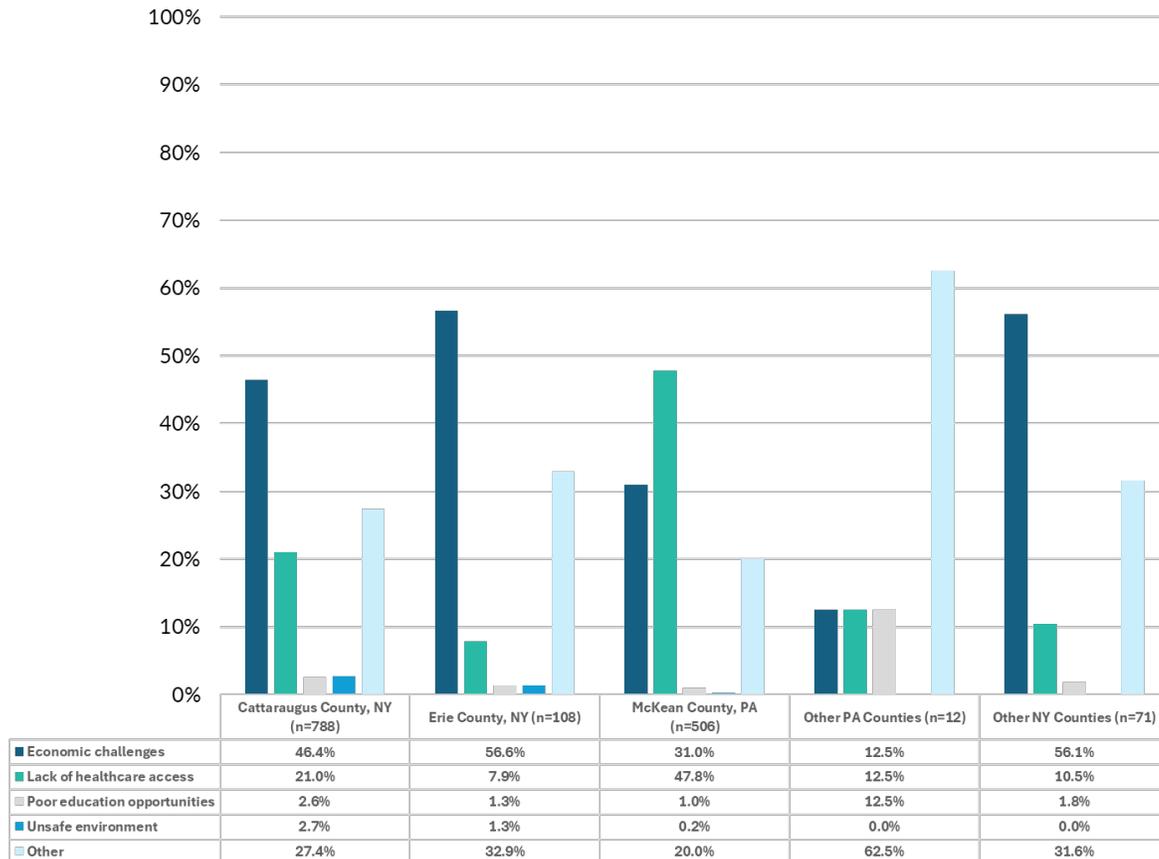
Participants in McKean County focus groups also rated the community's health as *fair to poor*, attributing this to a combination of social, economic, and structural barriers. Limited access to healthcare, transportation challenges, financial constraints, and persistent stigma—particularly surrounding domestic violence and substance use—were frequently cited as factors that discourage residents from seeking care. Rural pharmacy shortages, high medication costs, and insurance barriers further complicate access, while homelessness, poverty, and addiction were identified as overlapping issues that exacerbate poor health outcomes.

Mental health access emerged as a major concern. The closure of psychiatric rehabilitation units and the shortage of local providers require residents to travel long distances to Dubois, Olean, or Warren for care—trips many are unable or unwilling to make. Coordinating therapy and medication appointments, along with managing associated costs, poses additional challenges. Participants also noted shortages in pediatric, maternity, and behavioral health services, as well as limited ambulance and transport availability. Cross-state insurance barriers further complicate referrals and continuity of care.

Overall, participants emphasized that McKean County's rural geography, provider shortages, transportation and financial barriers, and persistent stigma collectively undermine access to timely, comprehensive, and equitable healthcare services.

As shown in **Figure 13**, the most frequently cited factors influencing health and well-being were *economic challenges* in Cattaraugus County (46.4%) and *lack of healthcare access* in McKean County (47.8%), as reported by community survey respondents.

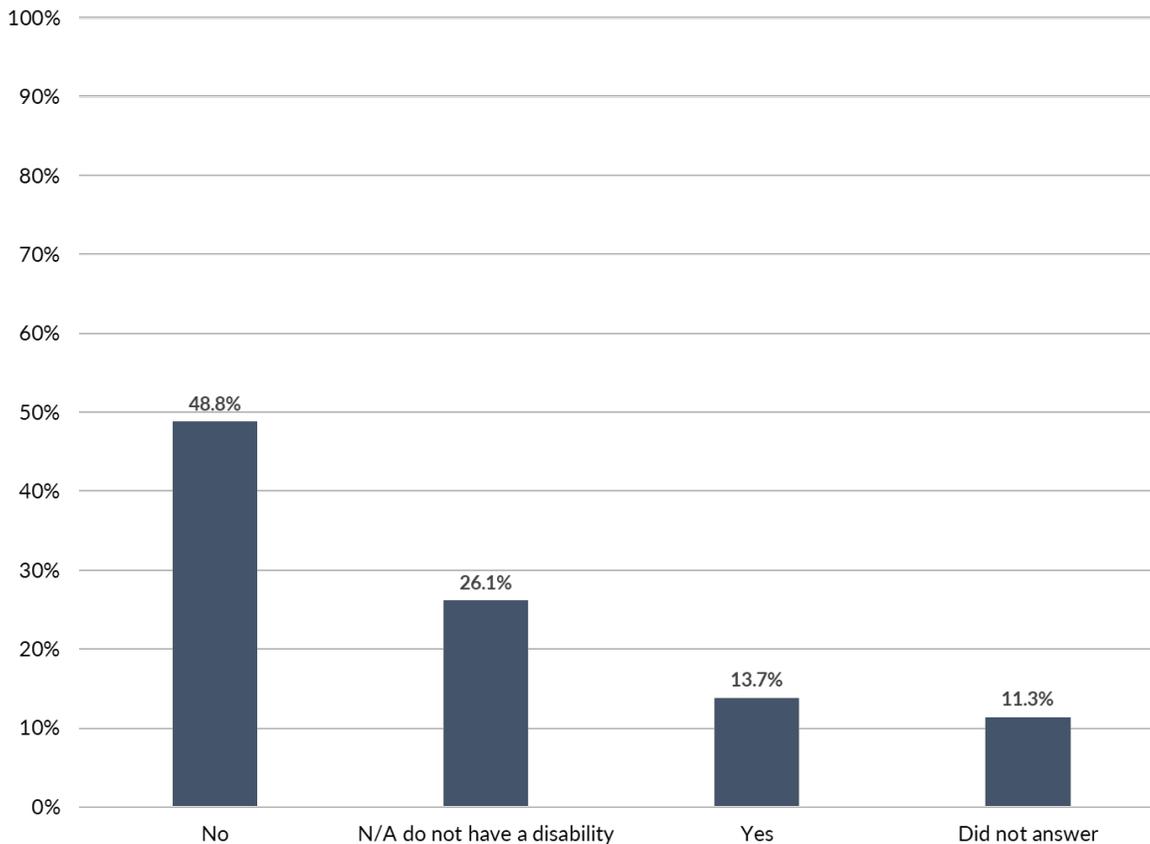
Figure 13: Significant Social Factors Influencing Health and Well-being



Source Cattaraugus and McKean County Community Survey 2025

As seen in **Figure 14**, 13.7% of Cattaraugus County intercept survey respondents had difficulty completing necessary functions due to physical or mental disability.

Figure 14: Cattaraugus County Intercept Survey Respondents Due to a Physical or Mental Disability, Have Issues Completing Necessary Functions Such As: Going to Work, Managing Personal Care, or Performing Household Tasks



Source: Cattaraugus County Intercept Survey, 2024



Hospital Utilization Rates



HOSPITAL UTILIZATION RATES

Cattaraugus County

As seen in **Table 10**, from 2022 through 2024, the most frequently utilized service line at Olean General Hospital was General Medicine, which increased each year and accounted for 28.1% of the hospitals' utilization in 2024. Most service lines saw an increase in utilization between 2022 and 2024, with the exception of Gynecology, Ophthalmology, Breast Health and Normal Newborn.

For Bertrand Chaffee Hospital when looking at preventable conditions, there was an increase in dental conditions, between 2022 and 2024, while all other preventable conditions saw a decrease, as seen in **Table 11**. In 2024, dental conditions accounted for 80.3% of all preventable conditions.

Table 12 shows volume for acute conditions for Bertrand Chaffee Hospital, with bacterial pneumonia, cellulitis, dehydration, gastroenteritis, kidney/urinary infections, pelvic inflammatory disorder, and severe ENT infections increasing between 2022 and 2024. In 2024, kidney/urinary infections accounted for 35.4% of all acute conditions.

The hospital saw decrease in admissions related to chronic conditions, with hypertension being the most frequent, accounting for 50.0% of all chronic conditions in 2024, as seen in **Table 13**.

Table 14 shows mental health related service utilization for Bertrand Chaffee Hospital, with an increase for alcohol related, bipolar, conduct/social disturbances, depression, drug related, eating disorders, nondependent drug abuse, phobias, and schizophrenia between 2022 and 2024. Conduct/social disturbances account for the majority of mental health related visits over the 3 years and specifically 44.1% in 2024.

When looking at 2022 to 2024, utilization for select DRGs at Bertrand Chaffee Hospital increased for alcohol/drug related, behavioral health, CHF, fractures, and pneumonia as reported in **Table 15**. Fractures account for the largest percentage of DRG related conditions served, representing 42.0% of cases in 2024.

Table 10: Utilization by Service Line – Olean General Hospital, 2022-2024

Utilization by Service Line	FY2022	FY2023	FY2024
General Medicine	41,597	42,453	53,529
Orthopedics	13,752	14,871	22,930
Endocrine	9,919	9,903	10,991
Cardiology	8,645	8,684	9,998
Cancer	6,576	6,791	9,464
Neurosciences	5,140	5,553	8,311
Infectious Disease	5,721	4,728	6,621
Hematology	3,738	4,637	5,800
Urology	4,803	4,603	8,349
Gynecology	7,368	7,400	4,115
Spine	3,980	4,604	6,288
Gastroenterology	5,077	5,435	5,269
Behavioral Health	3,498	3,734	4,103
Pulmonology	2,889	3,072	4,391

Utilization by Service Line	FY2022	FY2023	FY2024
Obstetrics	3,920	3,678	3,924
Dermatology	3,165	3,934	3,977
General Surgery	2,793	3,175	4,086
Nephrology	2,798	2,961	4,136
ENT	2,360	2,361	2,443
Vascular	2,068	2,202	2,955
Burns and Wounds	1,685	1,647	1,960
Rheumatology	1,765	1,723	2,165
Hepatology	1,123	1,169	1,463
Ophthalmology	1,243	1,319	1,098
Breast Health	446	407	425
Genetics	609	642	733
Allergy and Immunology	514	569	741
Neonatology	350	326	420
Normal Newborn	60	41	44
Total	147,602	156,622	190,729

Source: Olean General Hospital, 2025

Table 11: Preventable Conditions - Bertrand Chaffee Hospital, 2022-2024

Preventable Conditions				
	2022	2023	2024	Total
Dental Conditions	110	199	183	492
Failure to Thrive	12	7	4	23
Iron Deficiency Anemia	70	62	41	173
Nutritional deficiencies	2	1	0	3
Total	194	269	228	691

Source: Bertrand Chaffee Hospital, 2025

Table 12: Acute Conditions - Bertrand Chaffee Hospital, 2022-2024

Acute Conditions				
	2022	2023	2024	Total
Bacterial Pneumonia	17	7	42	66
Cellulitis	296	407	438	1,141
Cervical Cancer	0	1	0	1
Convulsions	16	4	0	20
Dehydration	217	241	303	761
Gastroenteritis	20	18	38	76
Hypoglycemia	22	28	21	71
Kidney/Urinary Infections	613	658	676	1,947
Pelvic Inflammatory Dis	2	2	3	7
Severe ENT Infections	337	432	385	1,154

Acute Conditions				
	2022	2023	2024	Total
Skin Grafts with Cellulitis - DRG	3	1	2	6
Total	1,543	1,799	1,908	5,250

Source: Bertrand Chaffee Hospital, 2025

Table 13: Chronic Conditions - Bertrand Chaffee Hospital, 2022-2024

Chronic Conditions				
	2022	2023	2024	Total
Angina	0	2	0	2
Asthma	53	30	30	113
COPD	223	173	162	558
Diabetes with other	277	261	224	762
Diabetes without other	306	270	233	809
Hypertension	716	706	650	2,072
Tuberculosis-Non Pulmonary	1	0	0	1
Total	1,576	1,442	1,299	4,317

Source: Bertrand Chaffee Hospital, 2025

Table 14: Mental Health Conditions - Bertrand Chaffee Hospital, 2022-2024

Mental Health				
	2022	2023	2024	Total
Adjustment Related	16	22	16	54
Alcohol Related	131	154	132	417
BiPolar	33	27	35	95
Conduct/Social Dist	360	402	407	1,169
Dementia	24	15	18	57
Depressions	137	153	164	454
Drug Related	45	64	72	181
Eating Disorders	0	1	3	4
Manic Disorder	1	0	1	2
Mental Retardation	31	24	23	78
Nondependent Drug Abuse	6	11	20	37
Paranoia Psychosis	3	6	3	12
Phobias	0	0	1	1
Schizophrenia	13	21	15	49
Sensitivity Withdrawal - youth	18	12	13	43
Sleep Disorders	0	1	0	1
Transient Organic Psychotic	2	3	0	5
Total	820	916	923	2,659

Source: Bertrand Chaffee Hospital, 2025

Table 15: DRG Conditions - Bertrand Chaffee Hospital, 2022-2024

DRG file	2022	2023	2024	Total
Alcohol/Drug Abuse	406	537	490	1,433
Behavioral Health	748	793	814	2,355
Breast Cancer	5	6	4	15
Cancer	187	123	96	406
CHF	188	207	194	589
COPD	223	173	162	558
Fracture	2,946	3,430	3,246	9,622
Hypertension	716	706	650	2,072
Pneumonia	376	311	409	1,096
Reproductive Disorder	1,682	1,758	1,660	5,100
Total	7,477	8,044	7,725	23,246

Source: Bertrand Chaffee Hospital, 2025

McKean County

As seen in **Table 16**, General Medicine makes up the largest utilization for Bradford Regional Medical Center by service line. Between 2022 and 2024, most service lines saw an increase in utilization with the exception of Orthopedics, Cardiology, Infectious Disease, Behavioral Health, Obstetrics, Hepatology, Ophthalmology, and Breast Health.

Table 16: Utilization by Service Line – Bradford Regional Medical Center, 2022-2024

Utilization by Service Line	FY2022	FY2023	FY2024
General Medicine	28,583	26,001	29,723
Orthopedics	6,781	5,982	6,215
Endocrine	5,152	5,111	5,305
Cardiology	3,622	3,305	3,525
Cancer	2,555	2,964	4,203
Neurosciences	2,046	2,220	2,340
Infectious Disease	3,307	2,061	2,212
Hematology	3,187	3,005	4,196
Urology	1,562	1,834	2,881
Gynecology	1,553	1,685	1,851
Spine	2,146	2,002	2,522
Gastroenterology	1,129	1,161	1,402
Behavioral Health	2,444	2,664	2,386
Pulmonology	2,377	2,368	3,000
Obstetrics	1,207	1,105	874
Dermatology	1,040	1,100	1,344
General Surgery	1,060	1,107	1,143

Utilization by Service Line	FY2022	FY2023	FY2024
Nephrology	973	887	1,056
ENT	1,804	1,673	2,122
Vascular	718	643	935
Burns and Wounds	1,182	1,195	1,249
Rheumatology	654	567	702
Hepatology	436	366	414
Ophthalmology	174	162	163
Breast Health	729	546	356
Genetics	236	242	468
Allergy and Immunology	229	297	468
Neonatology	95	134	206
Normal Newborn	1	1	7
Total	76,973	72,388	83,193

Source: Bradford Regional Medical Center, 2025



General Findings: NYS Prevention Agenda



GENERAL FINDINGS: NYS PREVENTION AGENDA

The health indicators for this assessment are based on the NYS Prevention Agenda (NYS PA) 2019-2024. This initiative is New York State's health improvement plan, the blueprint for state and local action to improve the health and well-being of all New Yorkers and promote health equity across populations who experience disparities.

The 2025-2030 Prevention Agenda adopts a broad perspective, emphasizing factors that influence health beyond traditional health outcomes, prevention strategies, medical care, and public health systems. It aligns with Healthy People 2030 by adopting the 5 social determinants of health domains:

Figure 15: 2025-2030 Prevention Agenda Domains



These 5 domains encompass 24 key priorities to address health conditions, behaviors, and systemic issues such as poverty, education, housing, and access to quality health care. Addressing these issues is crucial for reducing health disparities.

The 5 domains encompass 24 priorities, each with their own unique goal, working toward reducing disparities and inequities throughout the six-year cycle.

Economic Stability focuses on the financial resources that individuals and families need to maintain good health and well-being. It emphasizes the importance of factors such as employment, income, expenses, and financial security, as these directly impact people's ability to access necessary health care, live in safe environments, and afford healthy food and other resources that promote health. This domain recognizes that economic conditions are a foundation for improving health outcomes across populations.

Social and Community Context focuses on how social relationships, community support, and civic engagement influence health outcomes. It emphasizes the importance of strong social networks, supportive communities, and fair treatment for promoting mental and physical well-being. This domain highlights that social factors—such as community support, fairness, and work conditions—are vital to improving health and reducing disparities.

Neighborhood and Built Environment focuses on how physical environments—such as housing, transportation, and access to safe public spaces—affect health. This domain aims to improve living environments that support physical, mental, and social well-being, helping to reduce health disparities.

Health Care Access and Quality focuses on improving access to high-quality health care services and ensuring that all individuals can receive timely, effective, and equitable care. The goal of this domain is to reduce barriers to health care, improve the quality of services, and ensure that health care is equitable, especially for underserved and marginalized populations.

Education Access and Quality focuses on how access to quality education affects health outcomes. It recognizes that higher levels of education are linked to better health, healthier behaviors, and improved access to resources. This domain emphasizes the importance of education at all levels in promoting health, reducing health disparities, and improving life outcomes.³¹

³¹ https://www.health.ny.gov/prevention/prevention_agenda/2025-2030/docs/prevention_agenda_plan.pdf



Economic Stability



Economic Stability

Economic stability serves as a foundational pillar for health and well-being. According to the National Academies, stable finances enable individuals not only to afford essentials like nutritious food, safe housing, education, and quality healthcare, but also to access broader social determinants of health—such as food security, safe neighborhoods, and social capital—that collectively shape health outcomes.³² When people lack economic stability, they face increased stress, delayed care, and limited access to preventive services, leading to heightened risks of chronic illness, mental health challenges, and premature mortality.

This chapter will include data related to:

- Poverty
- Unemployment
- Nutrition Security
- Housing Stability and Affordability

Stakeholder Interview Feedback

McKean County

Affordable housing, particularly for low-income families and elderly residents, was identified as a persistent need. Stakeholders noted the interconnection between housing challenges, poverty, and community well-being, pointing out that families in poverty face barriers to stable housing, which in turn affects access to care, nutrition, and overall health outcomes. Employment and economic stability were also highlighted, with concerns about unemployment and the difficulty of retaining younger residents who leave due to limited opportunities.

Focus Group Participant Feedback

Cattaraugus County

Economic insecurity is a major stressor for residents, many of whom work minimum-wage or seasonal jobs and struggle to cover housing, food, utilities, and transportation. The loss of manufacturing jobs, limited employment opportunities, and low pay make financial stability difficult to achieve.

Economic hardship also affects access to benefits, as some residents remain unemployed or underemployed to maintain Medicaid or housing eligibility. Families with special-needs children or multiple dependents face additional strain, often unable to afford quality care, programs, or reliable transportation without public assistance.

McKean County

Poverty and financial insecurity are pervasive. Many families must choose between essential needs such as food or medication, leaving them vulnerable to poor health outcomes. The “working poor” – individuals just above eligibility thresholds for assistance – often have no safety net and rising living costs further limit access to housing and services. Financial strain is compounded by limited employment opportunities outside Bradford, forcing some families to rely on low-cost, nutritionally inadequate food sources.

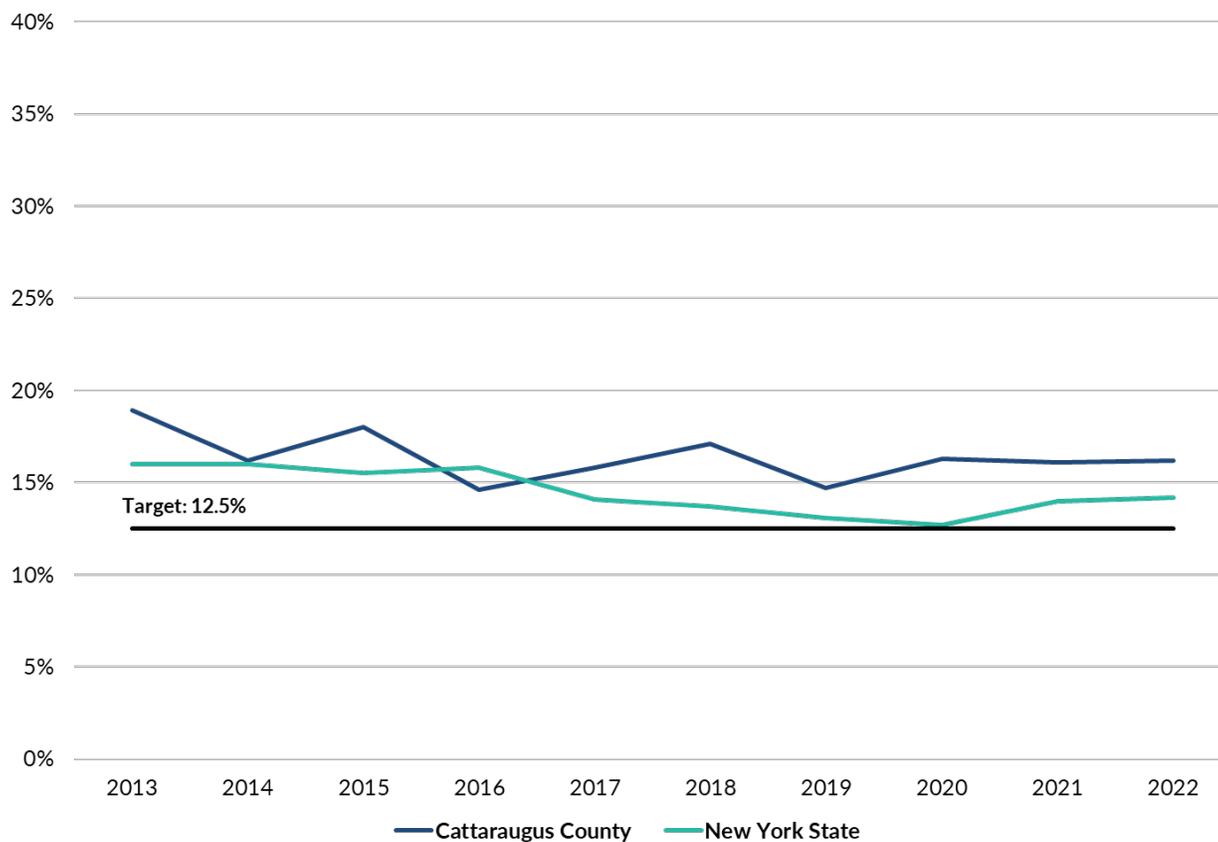
³² <https://nap.nationalacademies.org/>

Poverty

Poverty is a critical determinant of health that affects outcomes across the lifespan. According to *Healthy People 2030*, individuals living in poverty face greater risks of chronic disease, mental health challenges, and reduced life expectancy. Children in low-income households are particularly vulnerable, experiencing developmental delays, toxic stress, and higher rates of illness. These early disadvantages often persist into adulthood, perpetuating health inequities and contributing to cycles of intergenerational poverty. Addressing poverty is therefore essential—not only to advance economic equity but also to improve overall public health outcomes^{33,34}.

As illustrated in **Figure 16**, the percentage of residents living in poverty in Cattaraugus County has consistently exceeded the state average over the past several years. Both the county and the state have seen slight increases in recent years. In 2022, the poverty rate in Cattaraugus County was 16.2%, compared to 14.2% statewide—both above the New York State Department of Health’s *Prevention Agenda* target of 12.5%.

Figure 16: Population Living in Poverty, Cattaraugus County and New York, 2013-2022

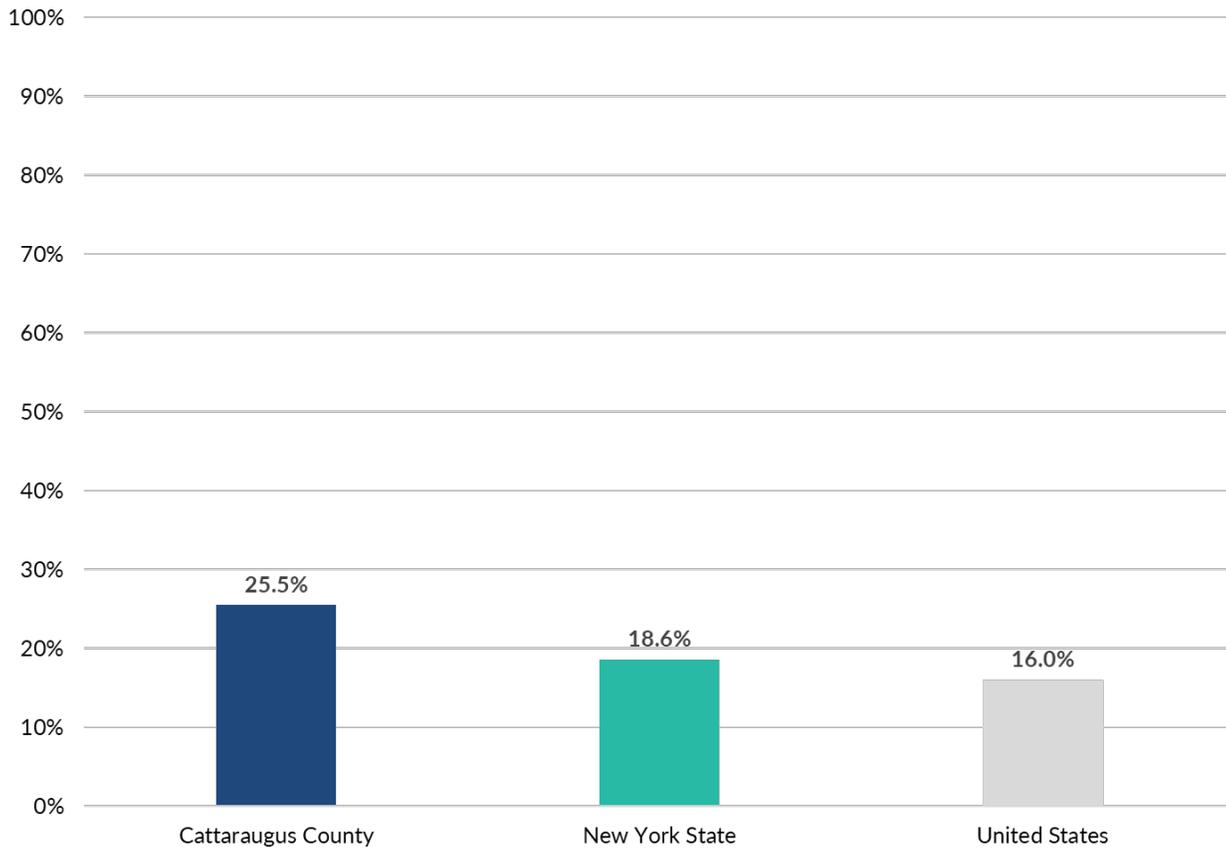


Source: New York State Community Health Indicator Reports (CHIRS)

As reported by County Health Rankings and Roadmaps in **Figure 17**, one in four children (25.5%) in Cattaraugus County live in poverty, which is higher than the state (18.6%) and nation (16.0%).

³³ <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/poverty>

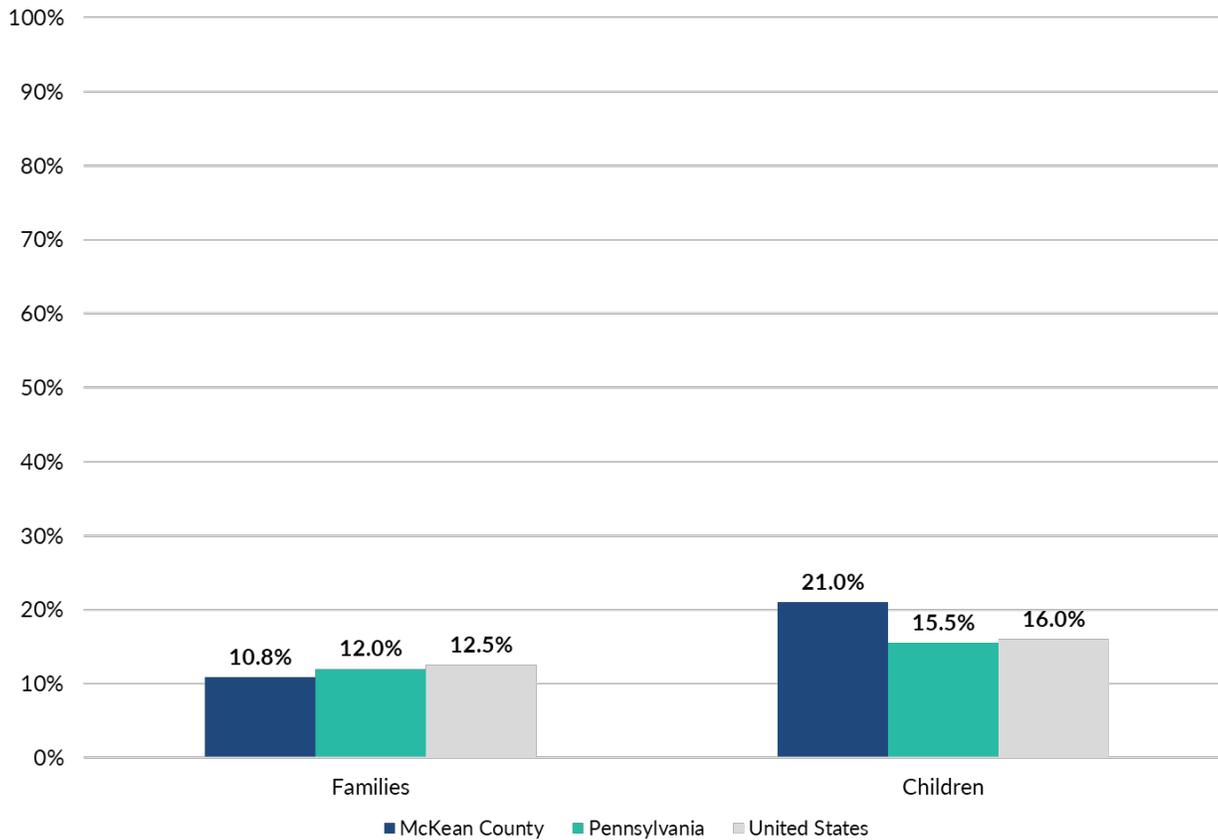
³⁴ <https://nap.nationalacademies.org/catalog/27058/reducing-intergenerational-poverty>

Figure 17: Children Living in Poverty, Cattaraugus County, New York and United States. 2025

Source: County Health Rankings and Roadmaps

In McKean County, one in five children (21.0%) are living in poverty in comparison to 15.5% in Pennsylvania and 16.0% in the United States. Although a higher percentage of children are living in poverty in the county, as seen in **Figure 18**, a smaller percentage of families (10.8%) are living in poverty in McKean County compared to the state (12.0%) and nation (12.5%).

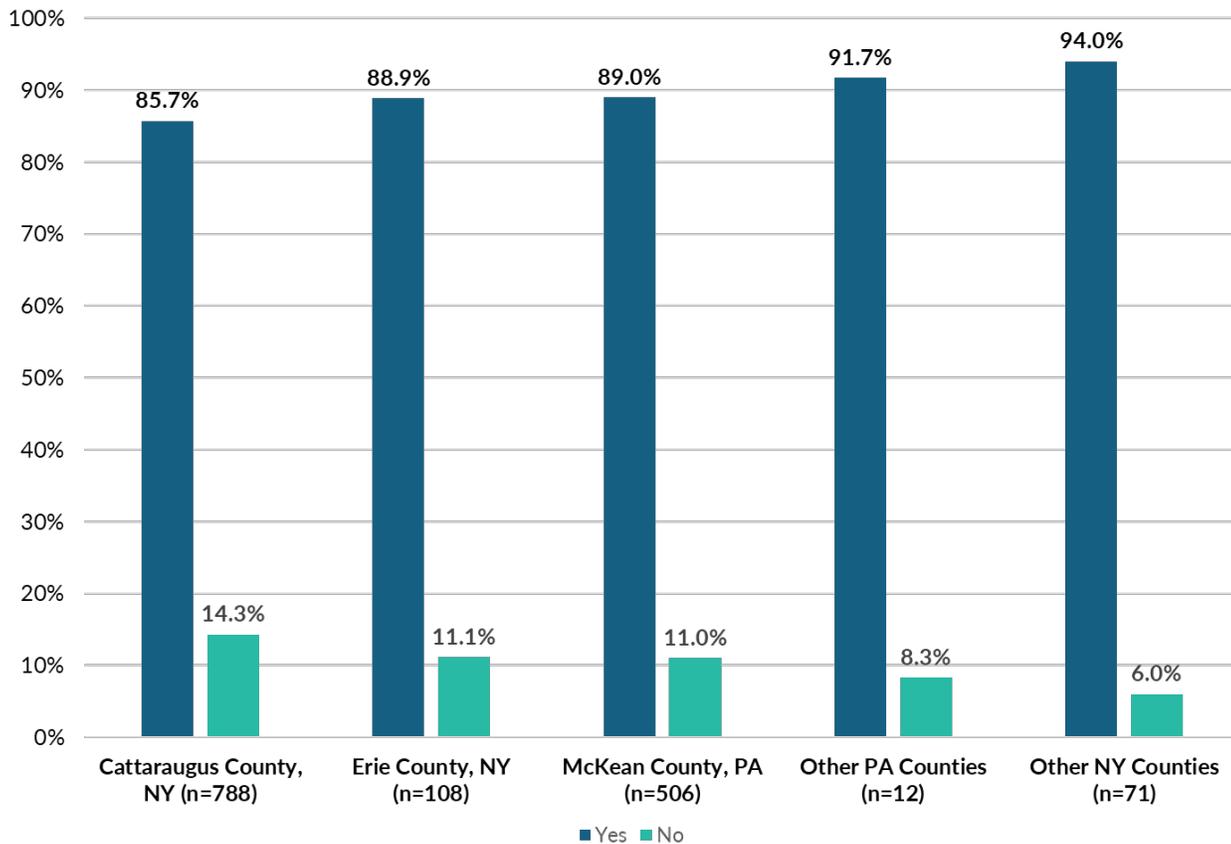
Figure 18: Children and Families Living in Poverty, McKean County, Pennsylvania and United States, 2025



Source: U.S. Census Bureau

Community survey respondents were asked to indicate if they were able to meet their basic financial needs. The majority of respondents were able to meet their basic financial needs with 85.7% of those in Cattaraugus County and 89.0% of those in McKean County reporting they were able to meet their basic financial needs, as seen in Figure 19.

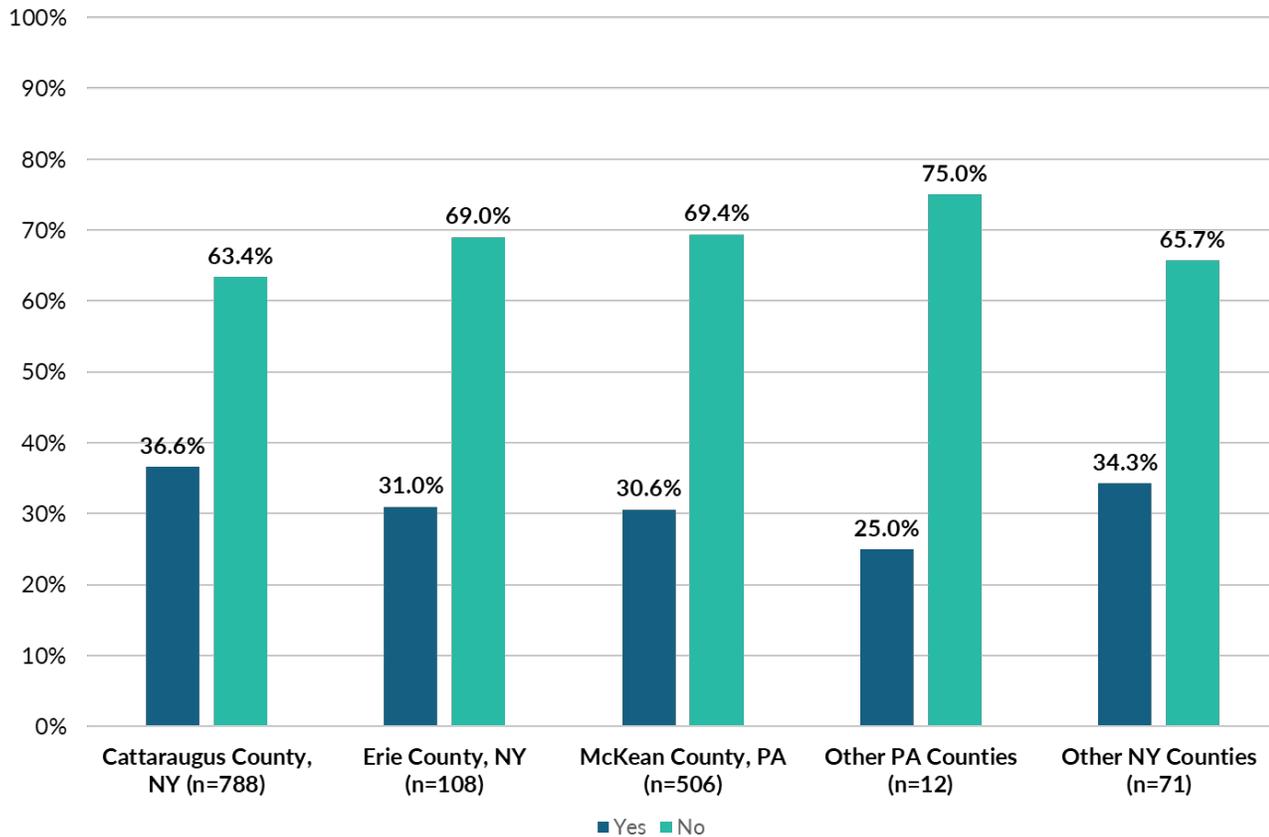
Figure 19: Community Survey Respondents Able to Meet Basic Financial Needs



Source: Cattaraugus and McKean Counties Community Survey, 2025

Figure 20 shows the percentage of community survey respondents who lacked resources to meet financial obligations to maintain a reasonable standard of living in the past year, with Cattaraugus County having the highest percentage (36.6%) unable to meet these obligations. Almost a third of those in McKean County (30.6%) also lacked resources to meet their financial obligations in the past year.

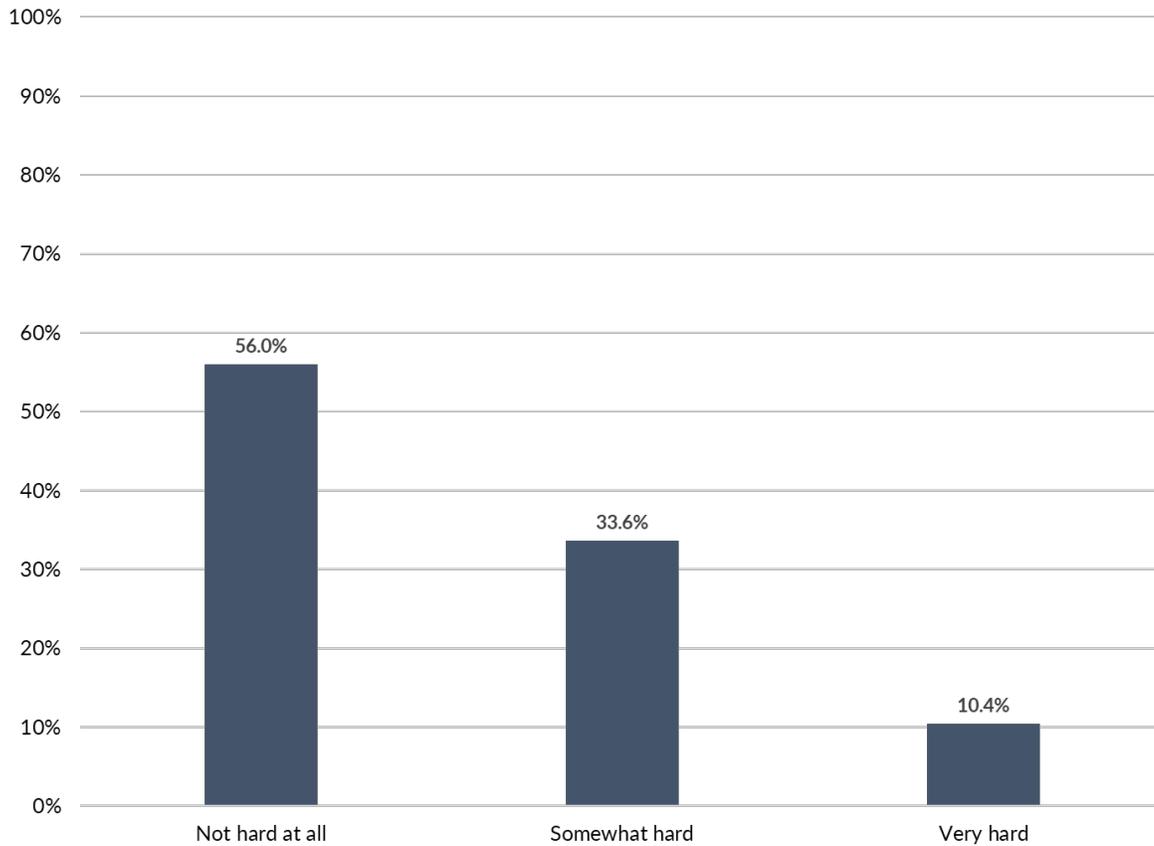
Figure 20: Community Survey Respondents Lacked Resources to Meet Financial Obligations to Maintain a Reasonable Standard of Living, Past Year



Source: Cattaraugus and McKean Counties Community Survey, 2025

Figure 21 shows that one in ten (10.4%) intercept survey respondents have a very hard time paying for basics with another 33.6% having a somewhat hard time paying for basics.

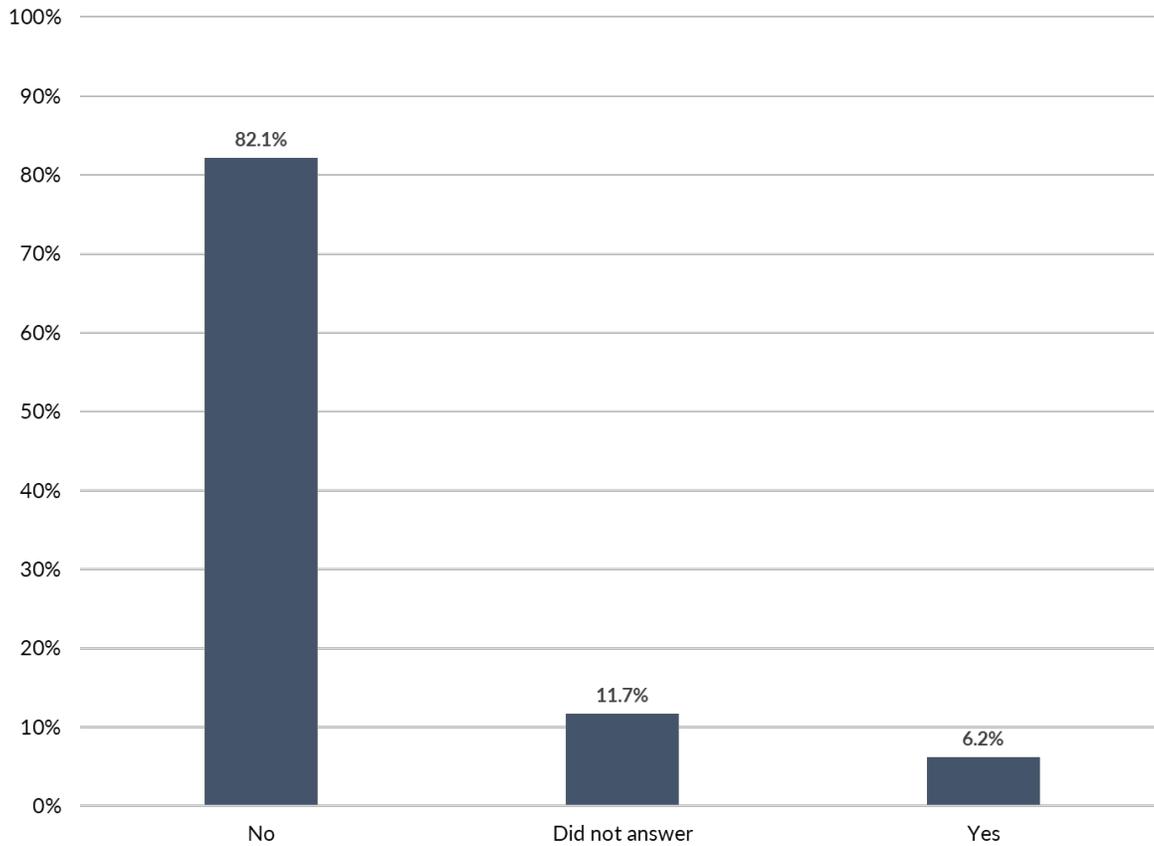
Figure 21: Cattaraugus County Intercept Survey Respondents Difficulty Paying for Basics like Food, Housing, Medical Care and Heating



Source: Cattaraugus County Intercept Survey, 2024

As seen in **Figure 22**, most (82.1%) Cattaraugus County intercept survey respondents did not have a utility company threaten to or completely shut off their services.

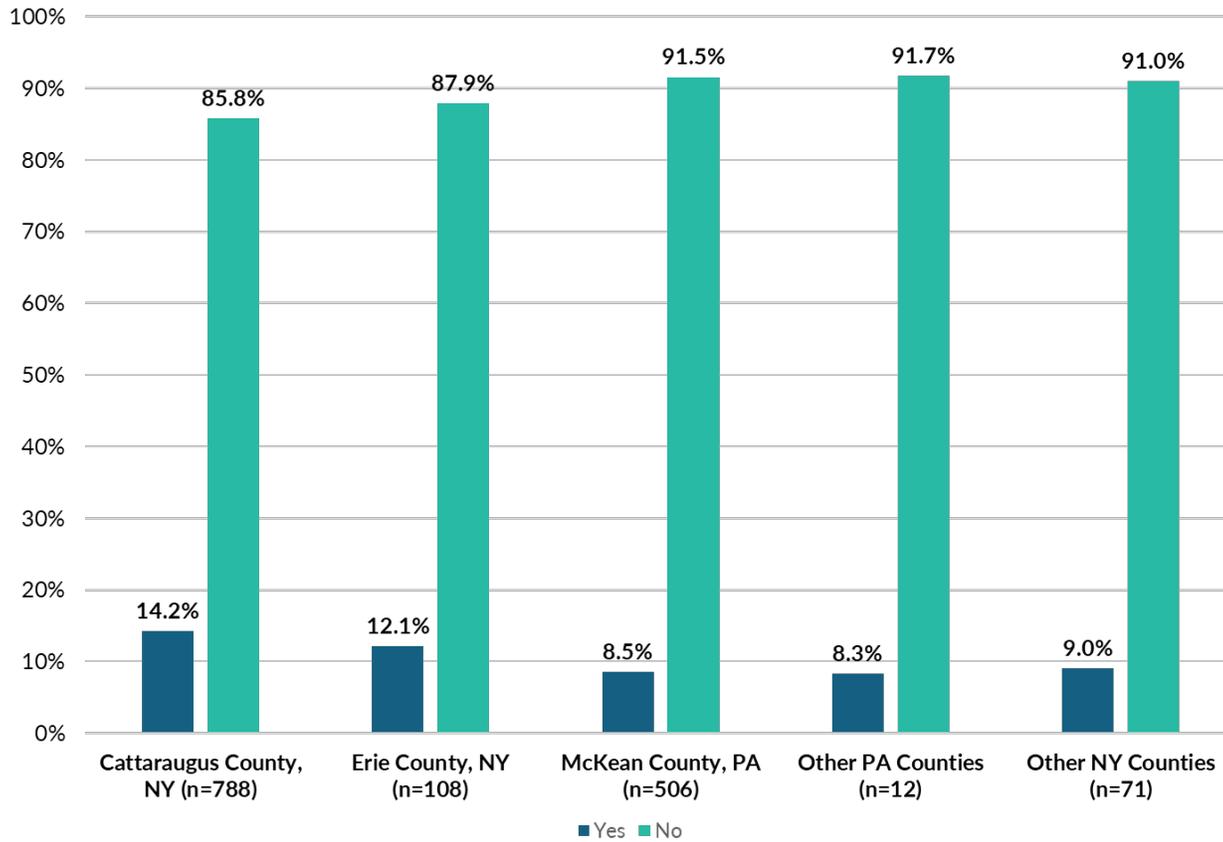
Figure 22: Cattaraugus County Intercept Survey Respondents Had the Electric, Gas, Oil, or Water Company Threatened to and/or Completely Shut Off Services in Home, Past Year



Source: Cattaraugus County Intercept Survey, 2024

The highest percentage of community survey respondents receiving government assistance live in Cattaraugus County (14.2%), with 8.5% of respondents in McKean County receiving assistance as seen in **Figure 23**.

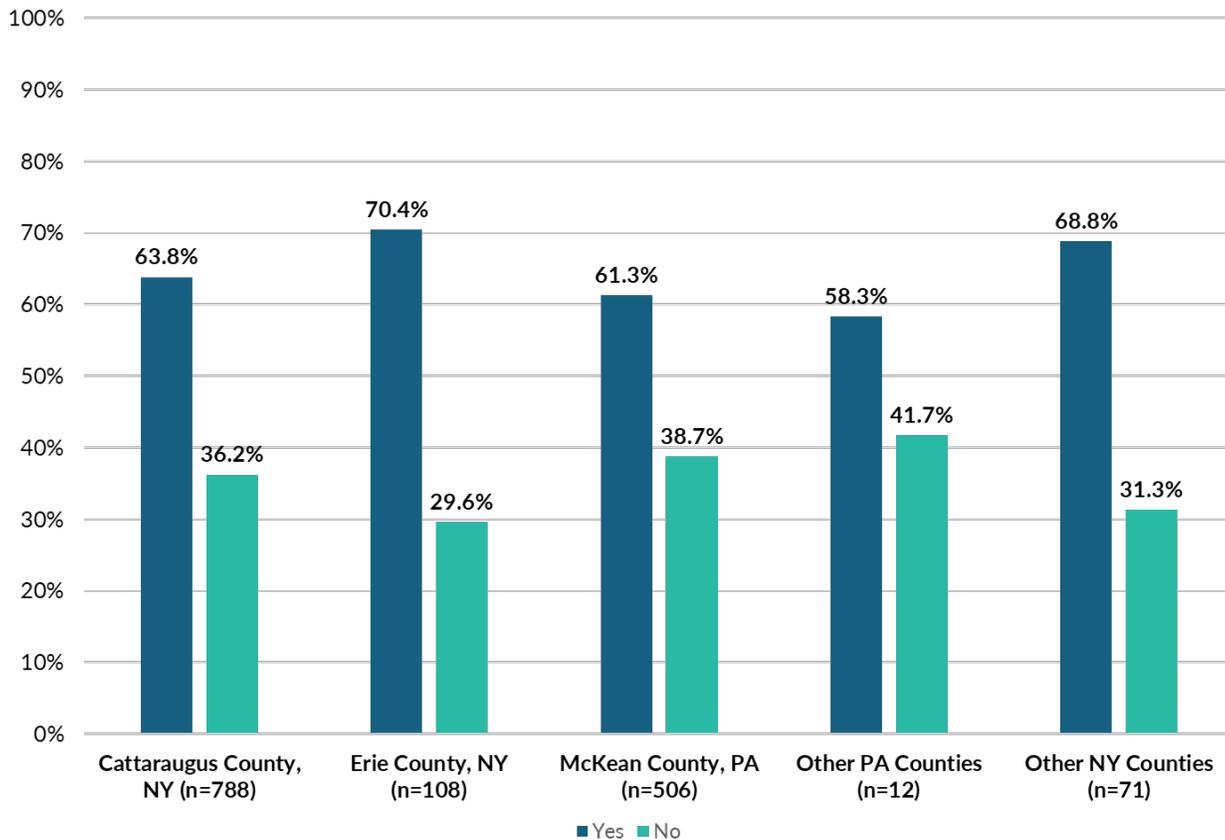
Figure 23: Community Survey Respondents Receiving Government Assistance



Source: Cattaraugus and McKean Counties Community Survey, 2025

Community survey respondents were asked if their job provides a livable wage (**Figure 24**), with 36.2% of respondents in Cattaraugus County and 29.6% of respondents in McKean County reporting that their job does not provide a livable wage.

Figure 24: Community Survey Respondents Job Provides a Livable Wage



Source: Cattaraugus and McKean Counties Community Survey, 2025

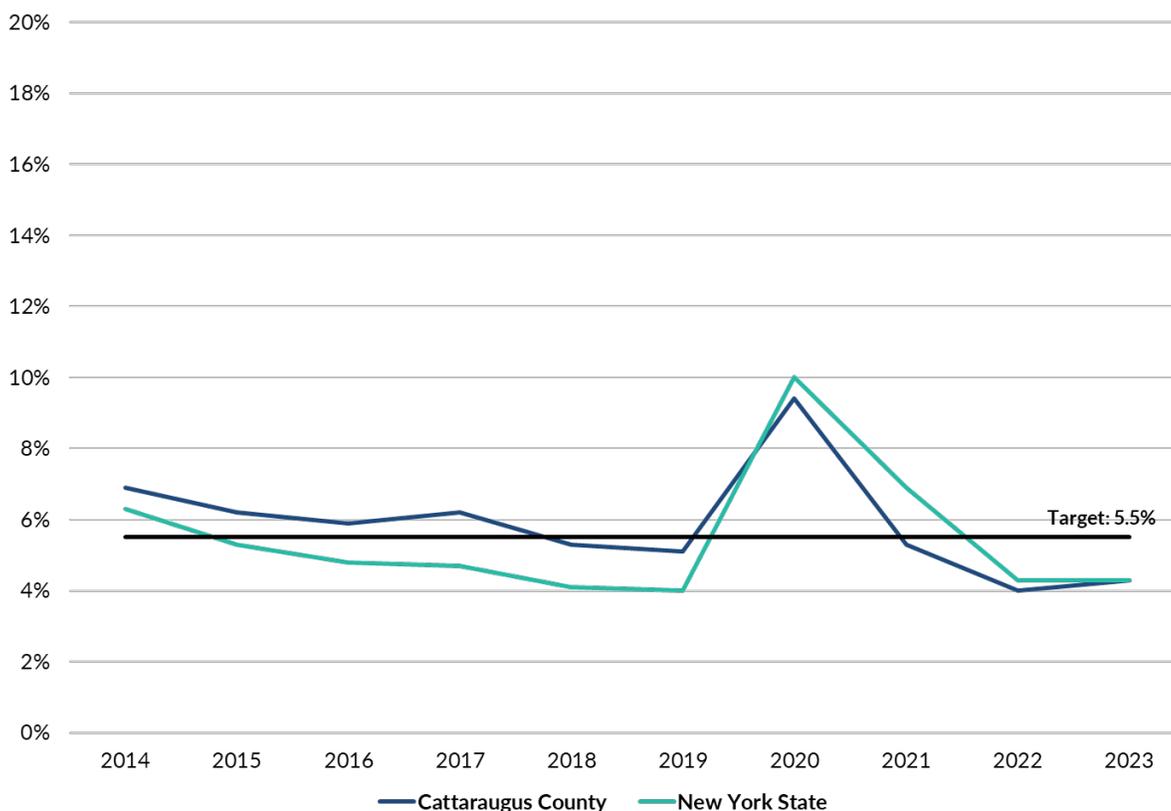
Unemployment

Unemployment is a significant social determinant of health, affecting both physical and mental well-being. Research consistently shows that individuals who are unemployed face higher risks of chronic health conditions such as heart disease, hypertension, and depression. A study published in the *American Journal of Industrial Medicine* found that rates of fair or poor self-rated health, obesity, and chronic illness increased with the duration of unemployment—reaching the highest levels among those unable to work.³⁵ Similarly, the National Institute for Occupational Safety and Health (NIOSH) reported that adverse health outcomes rise proportionally with the length of unemployment, further emphasizing the long-term toll that joblessness can have on overall health.³⁶

These findings highlight the need to address unemployment not only as an economic issue but also as a pressing public health concern. Stable employment provides financial security, access to health insurance, and a sense of purpose and social connection—all key factors that contribute to better health outcomes.

As illustrated in **Figure 25**, unemployment rates in Cattaraugus County and New York State fluctuated between 2014 and 2023, with a sharp increase in 2020 likely tied to the COVID-19 pandemic.³⁷ Although unemployment declined in the years that followed, both the county and the state experienced a modest rise between 2022 and 2023. In 2023, the unemployment rate in both Cattaraugus County and New York State was 4.3%, falling below the NYSDOH Prevention Agenda target of 5.5%.

Figure 25: Unemployment, Cattaraugus County and New York, 2014-2023



³⁵ <https://www.cdc.gov/niosh/updates/upd-11-18-21.html>

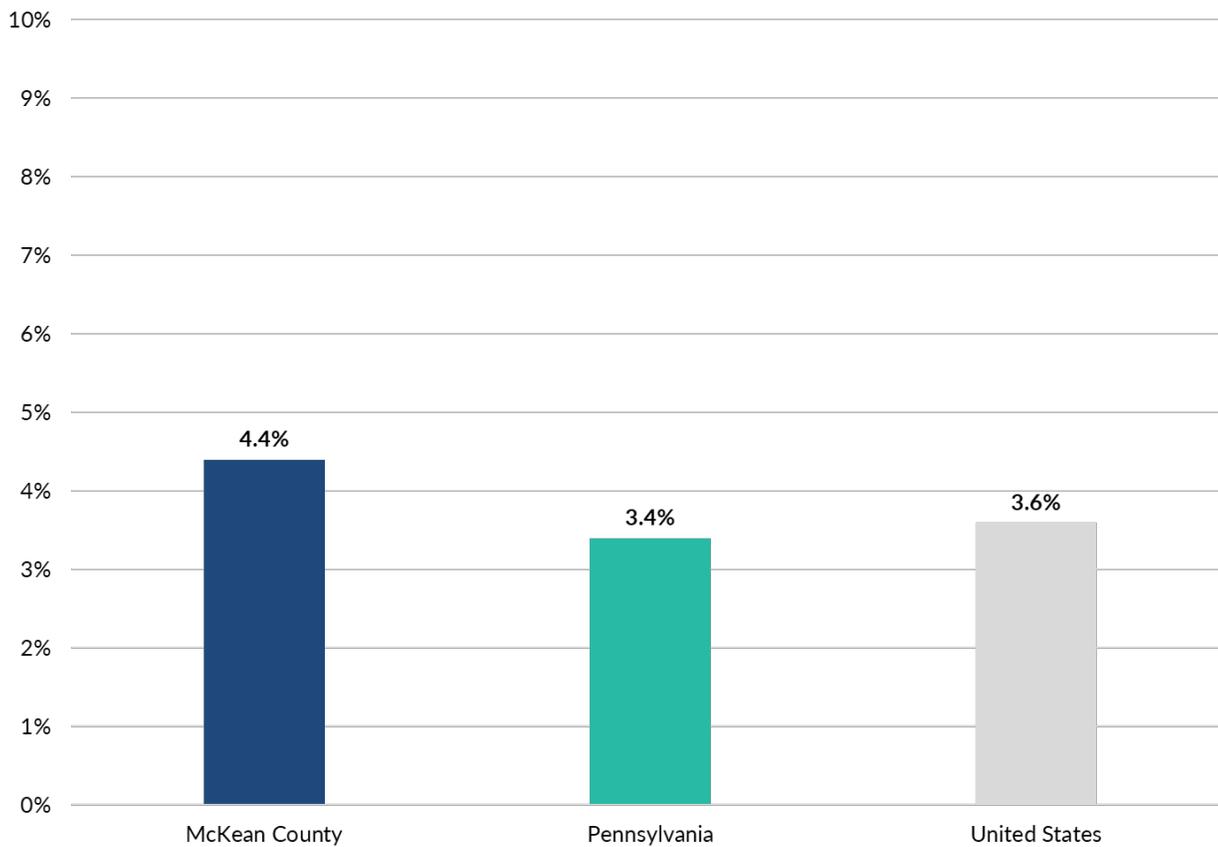
³⁶ <https://www.cdc.gov/niosh/updates/upd-11-18-21.html>

³⁷ <https://www.bls.gov/opub/mlr/2021/article/unemployment-rises-in-2020-as-the-country-battles-the-covid-19-pandemic.htm>

Source: New York State Community Health Indicator Reports (CHIRS)

According to County Health Rankings and Roadmaps (**Figure 26**), 4.4% of the population in McKean County is unemployed, slightly higher in comparison to the state (3.4%) and nation 3.6%.

Figure 26: Unemployment, McKean County, Pennsylvania and United States, 2025



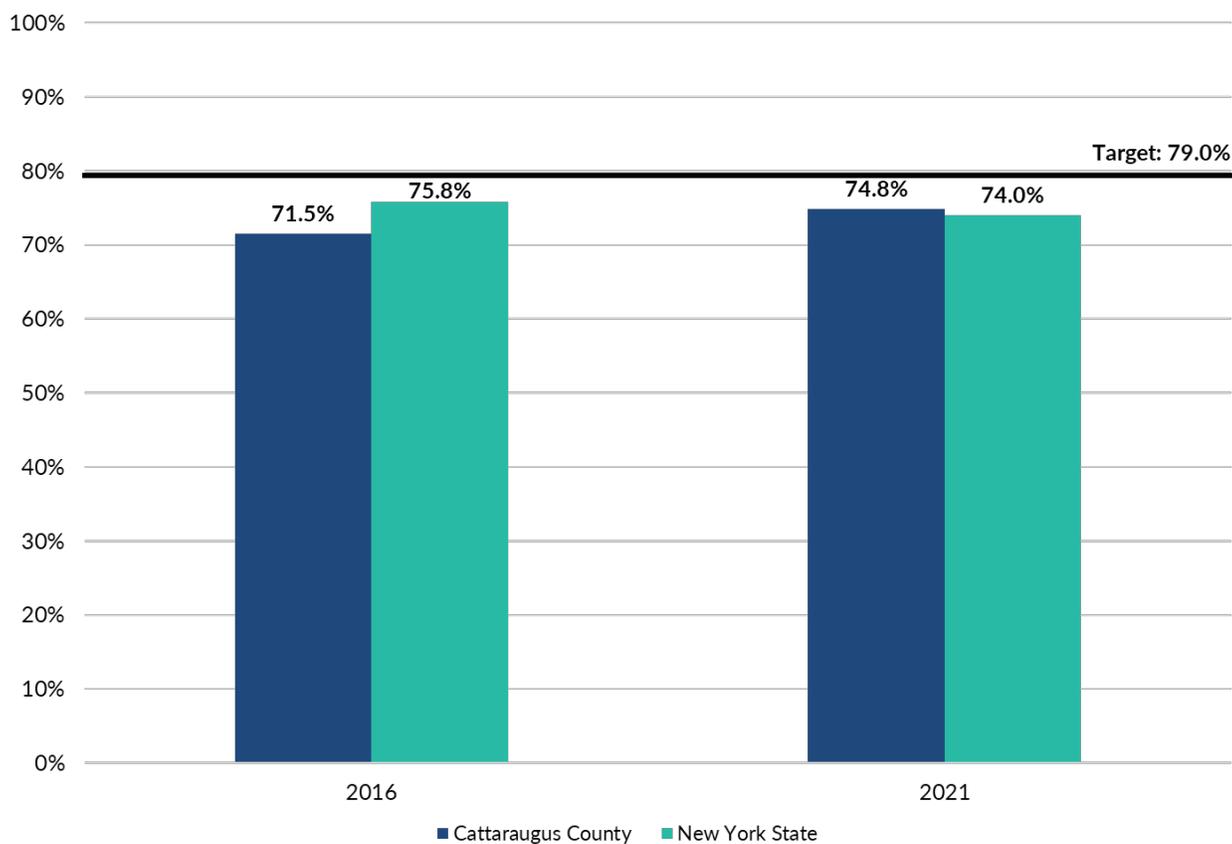
Source: County Health Rankings and Roadmaps

Nutrition Security

Nutrition security is a vital determinant of public health, reflecting consistent access to affordable, safe, and nutritious foods necessary for maintaining good health and well-being. Unlike food security, which primarily focuses on the quantity of food available, nutrition security emphasizes the quality, variety, and nutritional adequacy of that food. The U.S. Department of Agriculture (USDA) defines nutrition security as ensuring that all Americans have equitable access to foods that promote health and help prevent disease.³⁸ Research shows that inadequate nutrition security is associated with numerous adverse health outcomes, including obesity, diabetes, and cardiovascular disease.³⁹ Strengthening nutrition security is therefore essential not only for improving individual health but also for reducing healthcare costs and enhancing overall community well-being.

As illustrated in **Figure 27**, the percentage of residents in Cattaraugus County who are food secure increased from 71.5% in 2016 to 74.8% in 2021. While the county's rate has improved and now slightly exceeds the statewide percentage (74.0%), it remains below the *Healthy People 2030* target of 79.0%.

Figure 27: Food Security, Cattaraugus County and New York, 2016 and 2021



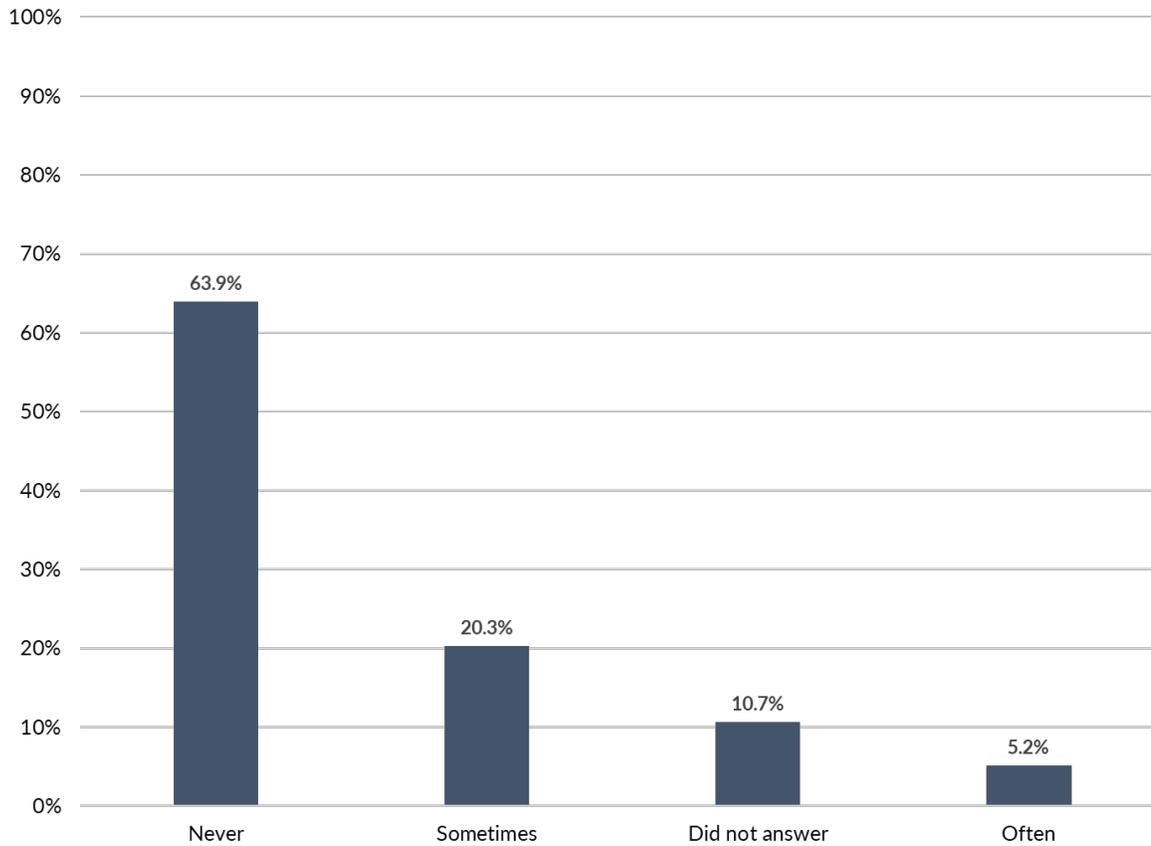
Source: New York State Department of Health, BRFSS

³⁸ <https://www.usda.gov/about-usda/news/blog/nutrition-security-building-our-work-date-and-accelerating-progress>

³⁹ <https://www.feedingamerica.org/hunger-in-america/impact-of-hunger/hunger-and-nutrition>

One in four (25.5%) Cattaraugus County intercept survey respondents worried they would run out of food before they had money to buy more, as seen in **Figure 28**.

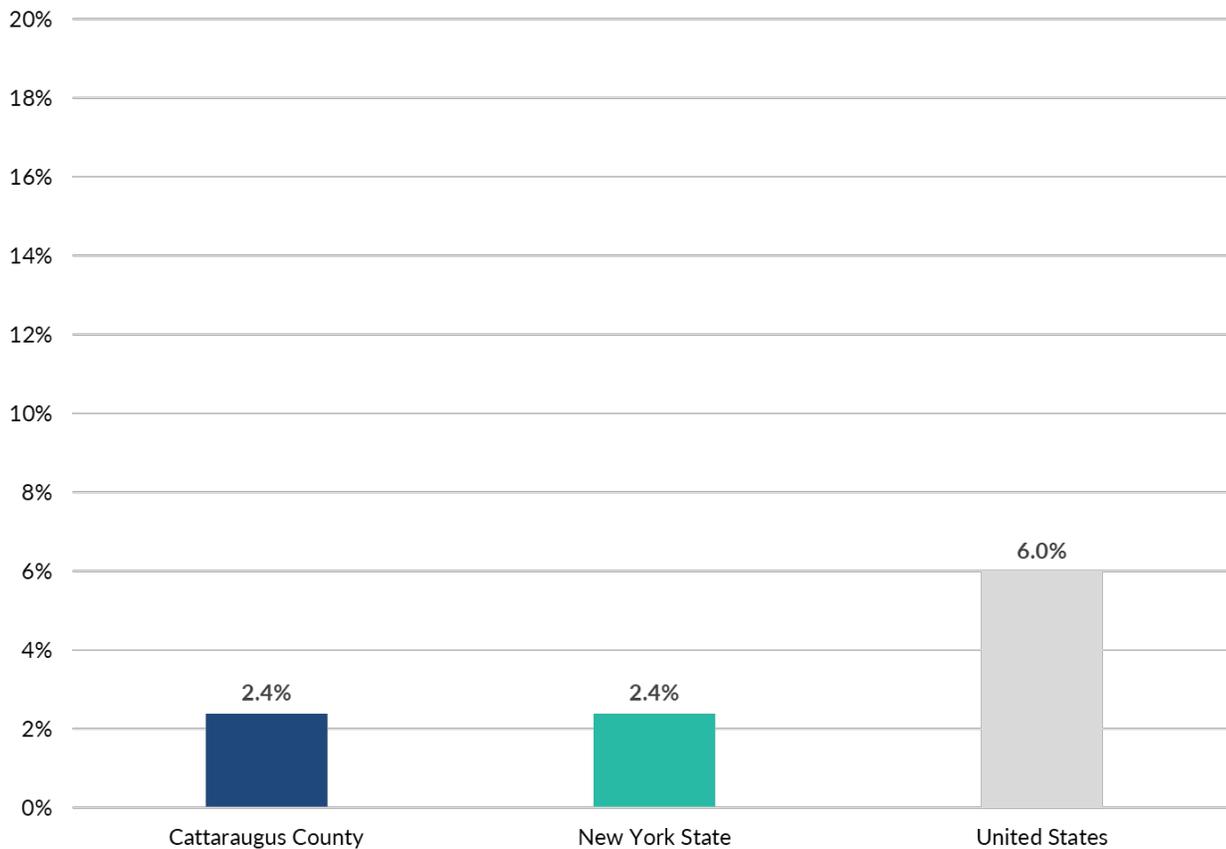
Figure 28: Cattaraugus County Intercept Survey Respondents Worry that Food Would Run out Before they Got Money to Buy More, Past Year



Source: Cattaraugus County Intercept Survey, 2024

According to County Health Rankings and Roadmaps (**Figure 29**) the percentage of residents with limited access to health foods is equivalent in Cattaraugus County and the state (2.4%) with both lower in comparison to the nation (6.0%).

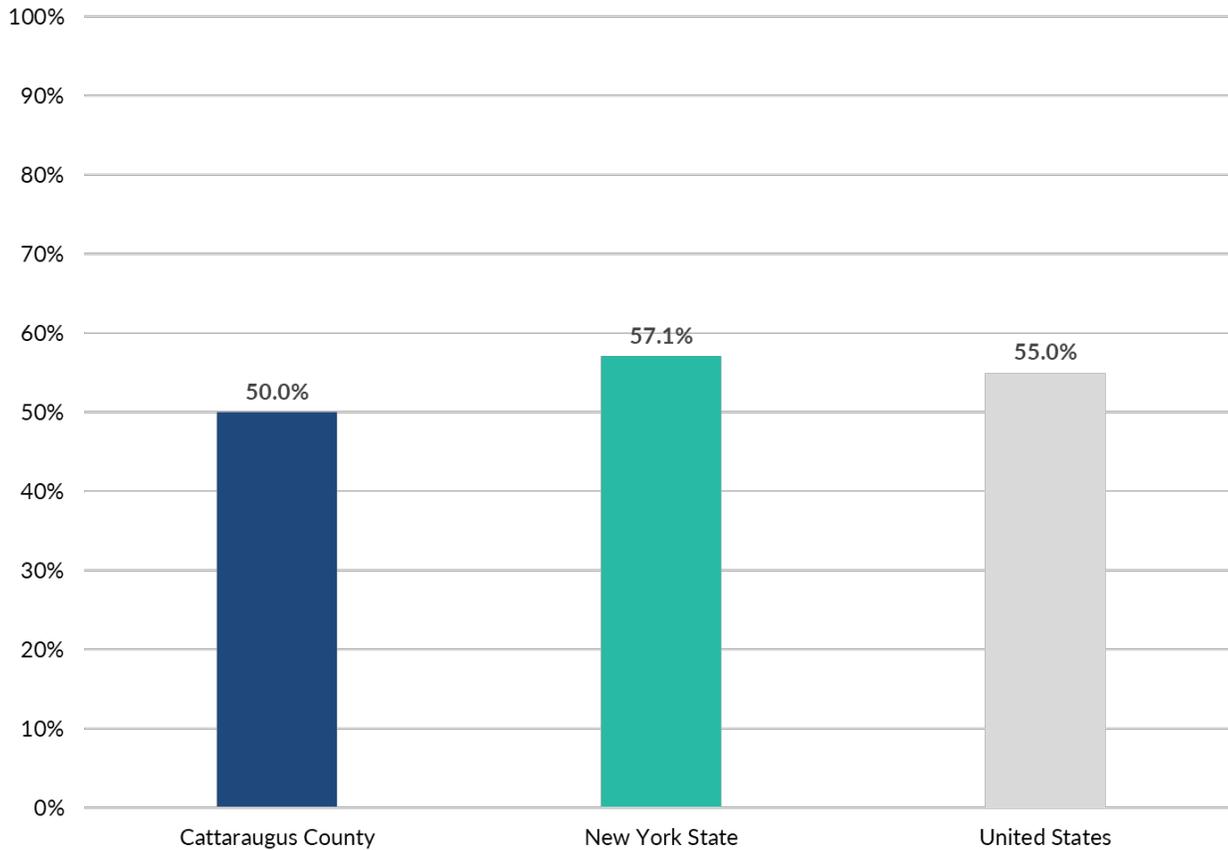
Figure 29: Limited Access to Healthy Foods, Cattaraugus County, New York and United States, 2025



Source: County Health Rankings and Roadmaps

As seen in **Figure 30**, a lower percentage of students receive free or reduced lunch in Cattaraugus County (50.0%) in comparison to the state (57.1%) and nation (55.0%).

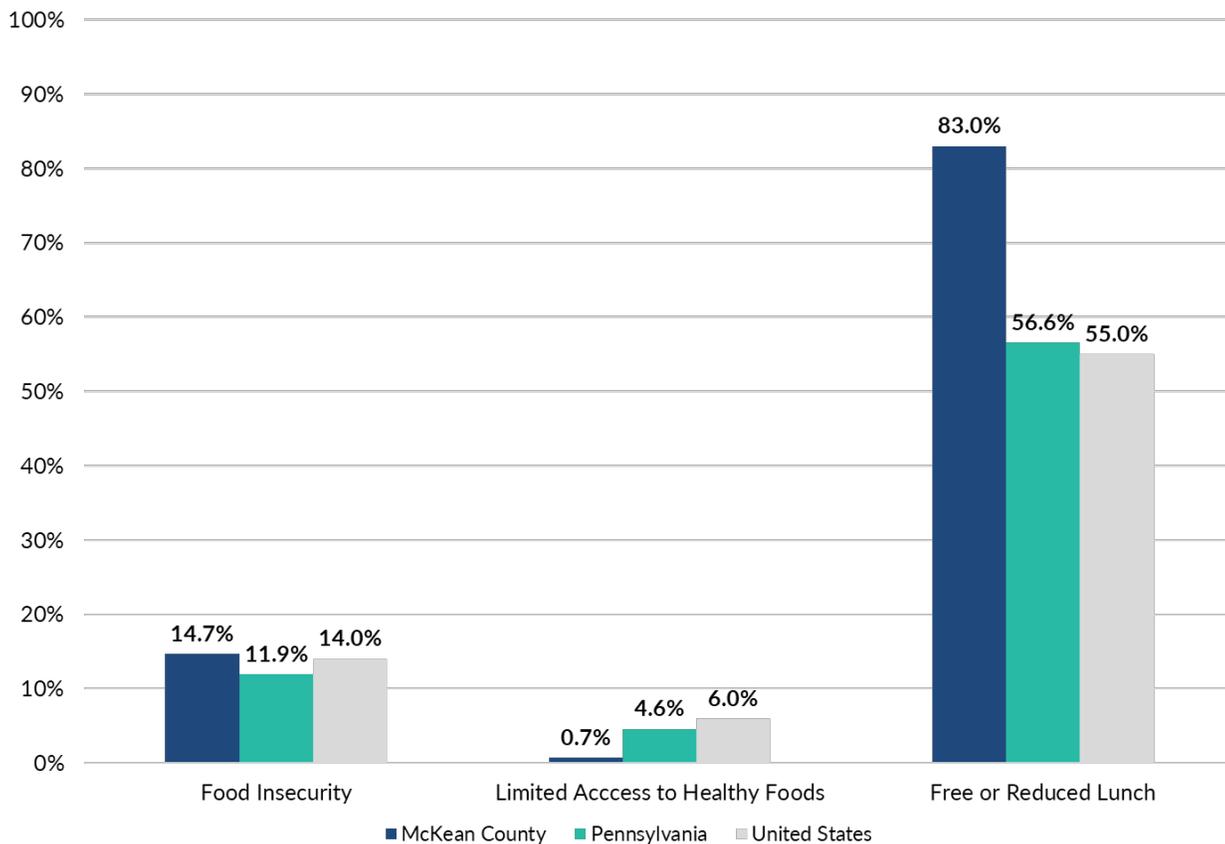
Figure 30: Students Receiving Free or Reduced Lunch, Cattaraugus County, New York and United States, 2025



Source: County Health Rankings and Roadmaps

Figure 31 shows several food related indicators reported by County Health Rankings and Roadmaps. McKean County has a high percentage of residents who are food insecure (14.7%) compared to the state (11.9%) and nation (14.0%) and all are above the Healthy People 2030 Goal of 6.0%. The county has a lower percentage of the population with limited food access (0.7%) than the state (4.6%) and nation (6.0%). McKean County has a higher percentage of students receiving free or reduced lunch (83.0%) in comparison to the state (56.6%) and nation (55.0%).

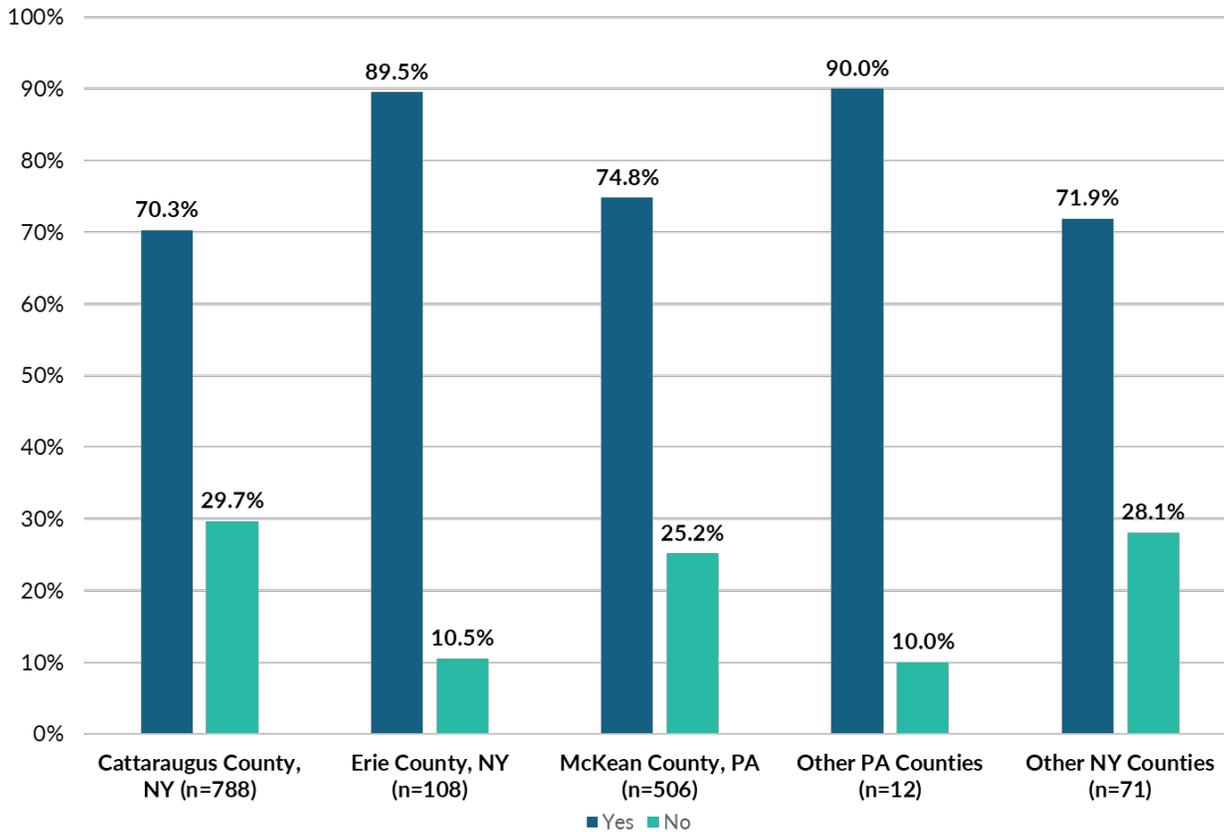
Figure 31: Food Related Indicators, McKean County, Pennsylvania and United States, 2025



Source: County Health Rankings and Roadmaps

Community survey respondents were asked to indicate if they had a grocery store in their community with access to fresh, healthy, affordable food options (Figure 32). Respondents in Cattaraugus County (29.7%) reported the highest percentage lacking access to a grocery store, while one in four (25.2%) respondents from McKean County indicated that they did not have access.

Figure 32: Community Survey Respondent Grocery Store in Community with Fresh, Healthy, Affordable Food Options



Source: Cattaraugus and McKean County Community Survey, 2025

Focus Group Feedback

Cattaraugus County

Residents consistently reported experiencing food insecurity and limited access to affordable, healthy food options. Many shared that they rely on dollar stores or fast food due to convenience and cost, which contributes to higher rates of obesity, diabetes, and other chronic conditions. Limited access to nutritious food also reinforces negative coping behaviors, such as emotional eating. Participants emphasized the need for more affordable fresh produce, whole foods, and community programs that make healthy food more accessible. However, many residents—particularly older adults and those without internet access—struggle to find information about or navigate existing food assistance programs. This highlights the need for more visible, easily accessible, and well-promoted initiatives to support nutrition and improve overall health.

Access to affordable, healthy foods is especially inconsistent for residents living in rural areas or on limited incomes. Food banks are often overwhelmed and face long wait times, while grocery store options outside of the city remain scarce. Although SNAP and WIC benefits provide some relief, the cost of fresh produce remains prohibitive, leading many households to rely on processed or shelf-stable foods. Farmers' markets and local initiatives offer some improvement, but participants expressed a need for broader access to fresh fruits and vegetables, including programs that increase affordability for low-income families.

McKean County

Limited access to affordable, nutritious food was also identified as a critical concern. Many families reported relying on dollar stores for groceries due to the lack of nearby supermarkets, and local food pantry resources were described as insufficient to meet community needs. These barriers contribute to higher rates of chronic health conditions—such as diabetes and obesity—and continue to compound the community's broader health challenges.

Housing Stability and Affordability

Housing stability and affordability are key social determinants of health that significantly impact both physical and mental well-being. According to *Healthy People 2030*, individuals experiencing housing instability—such as frequent moves, overcrowding, or spending a high proportion of income on housing—face elevated risks of chronic diseases, mental health disorders, and other adverse health outcomes. Substandard housing conditions, including the presence of lead, mold, or inadequate heating and cooling, can further exacerbate health problems, particularly among vulnerable populations such as children, older adults, and low-income households. Addressing housing stability and affordability is therefore essential not only to promote economic equity but also to improve population health and reduce long-term healthcare costs.⁴⁰

The *County Health Rankings and Roadmaps* defines severe housing problems as the percentage of households experiencing at least one of four housing issues: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.⁴¹ Severe housing cost burden refers to the percentage of households spending 50% or more of their income on housing expenses.⁴²

As illustrated in **Figure 33**, Cattaraugus County reports lower rates of severe housing problems (13.2%) and severe housing cost burden (11.5%) compared to New York State (22.5% and 19.4%) and the national averages (17.0% and 15.0%). The county also has a higher rate of homeownership (74.6%) than both the state (54.3%) and the nation (65.0%).

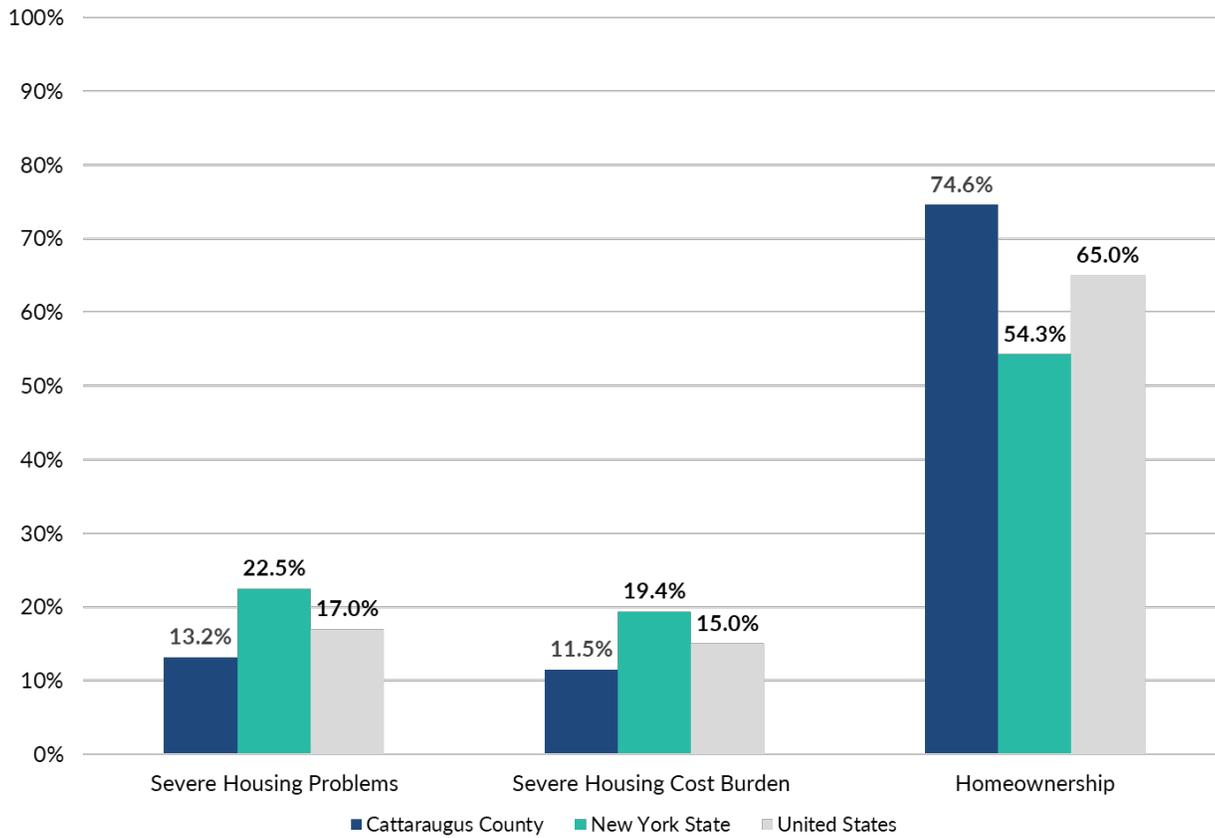
Similarly, McKean County (**Figure 34**) demonstrates lower rates of severe housing problems (9.3%) and severe housing cost burden (7.4%) compared to Pennsylvania (13.8% and 12.8%) and the national averages (17.0% and 15.0%). McKean County also has a higher rate of homeownership (78.7%) than both the state (69.3%) and national (65.0%) levels.

⁴⁰ <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/housing-instability>

⁴¹ <https://www.countyhealthrankings.org/health-data/community-conditions/physical-environment/housing-and-transportation/severe-housing-problems?year=2025>

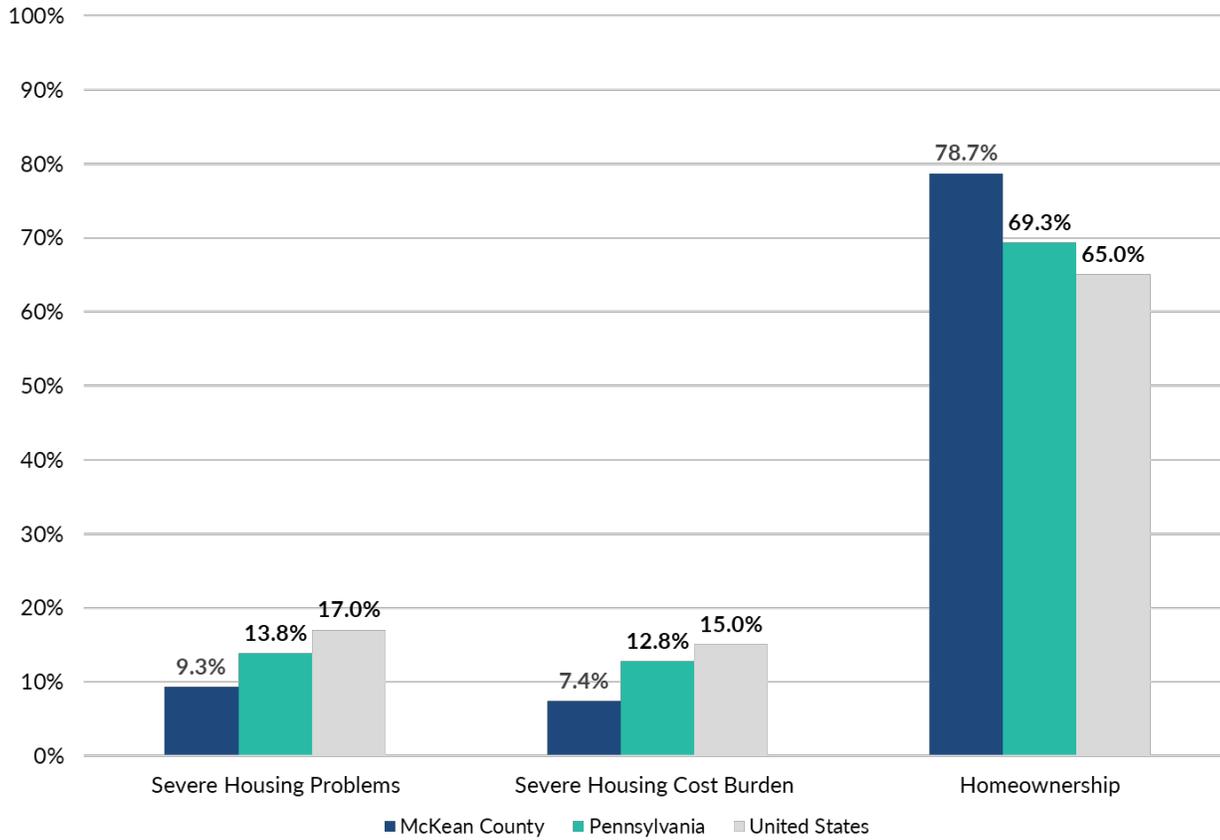
⁴² <https://www.countyhealthrankings.org/health-data/community-conditions/physical-environment/housing-and-transportation/severe-housing-cost-burden?year=2025>

Figure 33: Housing Indicators, Cattaraugus County, New York and United States, 2025



Source: County Health Rankings and Roadmaps

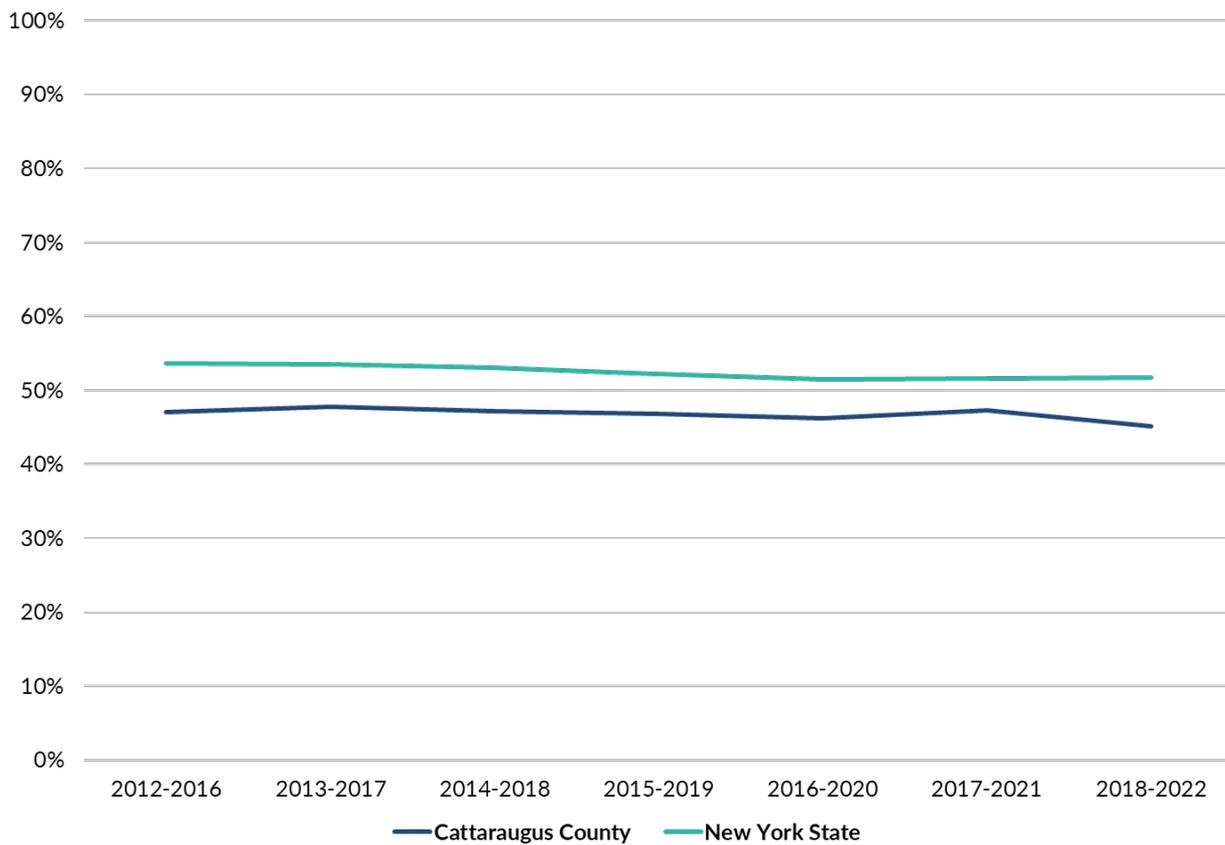
Figure 34: Housing Indicators, McKean County, Pennsylvania and United States, 2025



Source: County Health Rankings and Roadmaps

A cost-burdened household is one that spends more than 30% of its gross income on housing expenses, including rent or mortgage payments and utilities.⁴³ As shown in **Figure 35**, the percentage of renters spending 30% or more of their income on rent has declined in Cattaraugus County in recent years and remains lower than the state average. During 2018–2022, 45.2% of renters in Cattaraugus County were cost-burdened, compared to 51.7% of renters statewide.

Figure 35: Renters Spending 30% or More of Income on Rent, Cattaraugus County and New York, 2012-2022

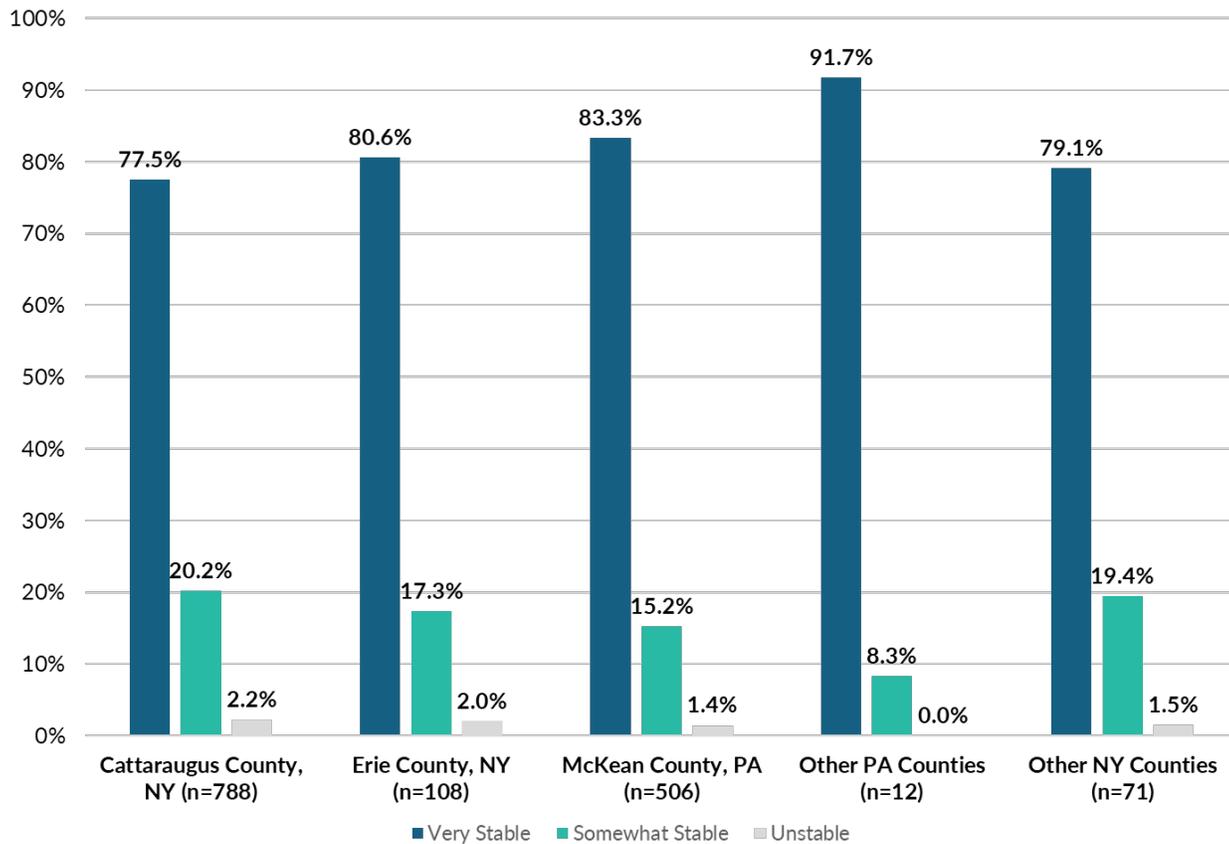


Source: New York State Community Health Indicator Reports (CHIRS)

⁴³ <https://www.census.gov/newsroom/press-releases/2024/renter-households-cost-burdened-race.html#:~:text=Households%20are%20considered%20cost%2Dburdened,are%20considered%20severely%20cost%2Dburdened.>

Community survey respondents were asked to rate the stability of their current housing situation. As seen in **Figure 36** the majority of respondents report their housing to be very stable. Only a small percentage of respondents (2.2% Cattaraugus County and 1.4% McKean County) report their housing to be unstable.

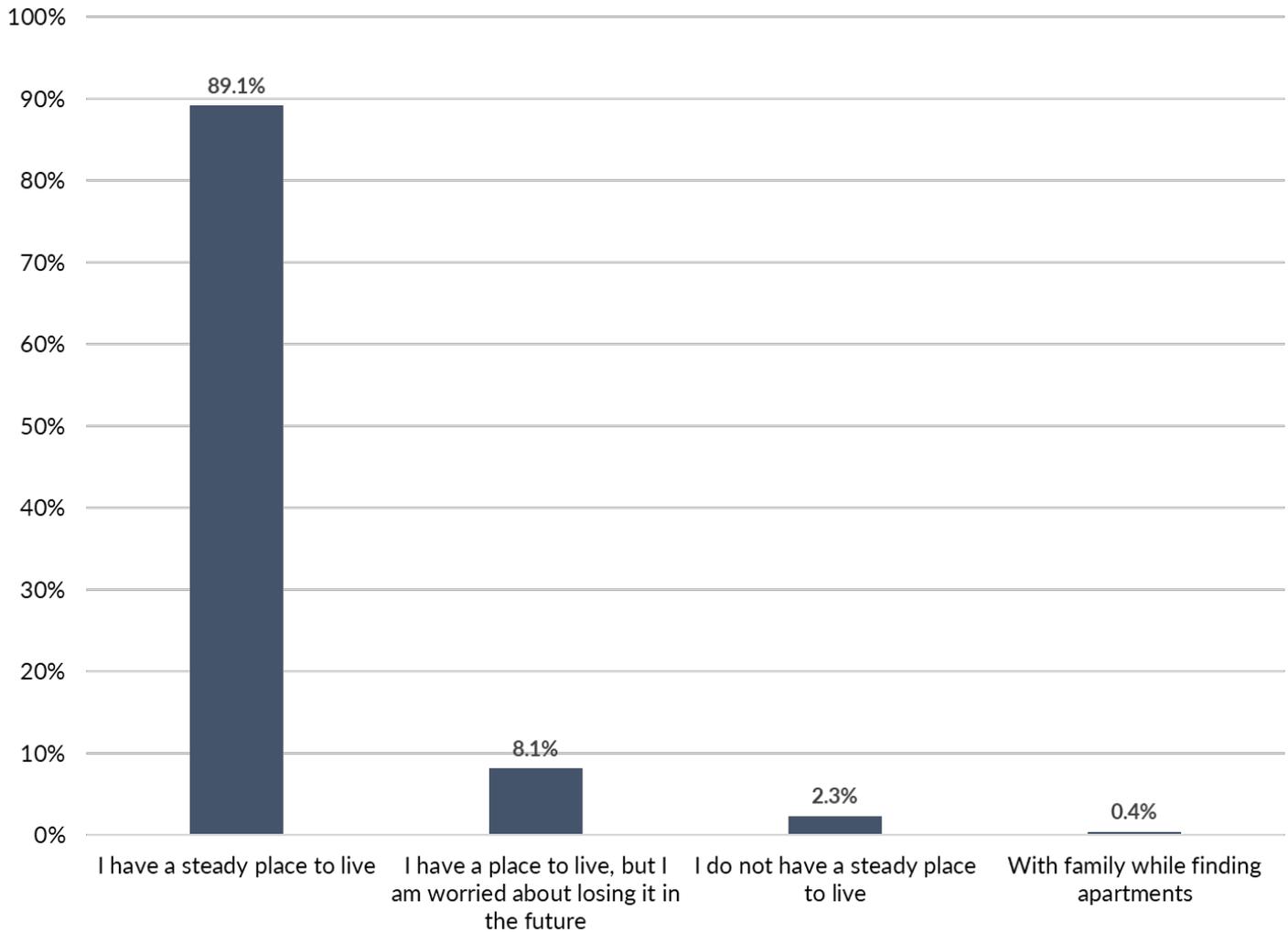
Figure 36: Community Survey Respondents Stability of Current Housing Situation



Source: Cattaraugus and McKean County Community Survey, 2025

While most Cattaraugus County intercept survey respondents have a steady place to live (89.1%), 11.0% do not, as seen in **Figure 37**.

Figure 37: Cattaraugus County Intercept Survey Respondents Stability of Current Housing Situation



Source: Cattaraugus County Intercept Survey, 2024

Stakeholder Interview Feedback

Cattaraugus County

Stakeholders reported a noticeable increase in homelessness, including more visible encampments throughout the county. Outreach teams continue working to connect individuals with available services; however, housing and shelter resources remain limited. The intersection of homelessness with substance use and mental health concerns was consistently emphasized as a major challenge.

McKean County

Affordable housing remains critically limited, with long waiting lists for public housing and private rental costs that far exceed local incomes. Many families live in overcrowded or substandard housing, while eviction policies and rental blacklists create lasting barriers for those recovering from financial hardship or trauma. High poverty rates—impacting over half of households reliant on public assistance—perpetuate generational instability and negatively affect overall community health.

Inadequate housing conditions, including lack of heat, water, or sufficient space, pose direct health risks, particularly for vulnerable populations such as older adults, children, and individuals with mental health or developmental disabilities.

Stakeholders highlighted a severe shortage of affordable, safe housing and described how housing insecurity intersects with mental health, substance use, and employment challenges, creating cycles of hardship. Low-income residents face limited access to quality rentals, transportation to work, and basic resources such as food, laundry, and clothing. While community initiatives such as school meal programs, clothing drives, and support from the Blasdell Foundation provide valuable assistance, stakeholders noted significant gaps in sustainable, long-term solutions.

Focus Group Participant Feedback

Cattaraugus County

Housing was consistently identified as one of the most pressing community challenges. Participants reported limited availability of affordable, safe housing—especially for low-income residents, seniors, and individuals in recovery or fleeing domestic violence. Many units are aging and in disrepair, raising safety concerns for residents with mobility or medical needs. Participants stressed the importance of secure and supportive housing features, such as intercom systems and first-floor accessibility. Some residents shared that homelessness or unstable housing situations force families to leave the county in search of shelter, worsening challenges related to transportation, healthcare access, and social support.

High housing costs and shortages exacerbate these issues. Families often face long waiting lists for subsidized housing and may be forced to stay in hotels or unsafe rentals. Working families earning slightly above income-eligibility thresholds frequently fall outside of assistance programs, leaving them vulnerable to overcrowding, utility shutoffs, and poor living conditions. Participants also raised concerns about limited landlord accountability, citing frequent safety violations such as faulty wiring and structural disrepair. Expanding housing programs, stabilizing rental costs, and enforcing housing quality standards were identified as key steps to improve residents' health, safety, and stability.

McKean County

Affordable, safe housing is also scarce in McKean County. While redevelopment projects are underway, many neighborhoods still contain aging or dilapidated homes, and new employees or families often struggle to find suitable long-term housing. Homelessness has increased, partly due to the closure of organizations such as OEO, and available shelters cannot meet current demand. Landlords are often unwilling to rent to low-income individuals, and there is a shortage of residential group homes for vulnerable populations. These housing challenges undermine family stability, mental health, and access to essential services.



Social and Community Context



Social and Community Context

The social and community environments in which people live profoundly influence both mental and physical health. Factors such as anxiety, depression, and stress are shaped by the conditions in which individuals are born, live, learn, work, play, and age. Supportive community environments foster resilience, while unstable or unsafe conditions can heighten vulnerability.

Anxiety and depression remain prevalent and impactful mental health conditions. The CDC estimates that nearly one in five U.S. adults has been diagnosed with depression, and many experience ongoing anxiety or worry⁴⁴. These conditions often overlap with stress and can lead to severe outcomes, including suicidal ideation and behavior. Suicide continues to be a critical public health issue, emphasizing the need for comprehensive prevention strategies.⁴⁵

Addressing these challenges requires a coordinated, multi-sector approach focused on prevention, early intervention, and treatment. Substance use—including tobacco, e-cigarettes, and alcohol—can act as coping mechanisms for underlying mental health issues but often worsen overall outcomes. Expanding prevention programs and improving access to treatment are essential steps in mitigating these risks.

Adverse Childhood Experiences (ACEs) have a lasting impact on mental and physical health, increasing the likelihood of mental illness and risky behaviors later in life. Early intervention and supportive environments can help buffer these effects. Nutrition also plays a vital role in mental wellness, as healthy diets support brain function and emotional stability.

The *Healthy People 2030* initiative emphasizes the role of social and community support in achieving overall health and well-being. Strengthening social connections, promoting equity, and reducing disparities are central to building communities that support mental health and prevent adverse outcomes.⁴⁶

⁴⁴ <https://www.cdc.gov/mental-health/about-data/conditions-care.html>

⁴⁵ <https://www.cdc.gov/suicide/facts/index.html>

⁴⁶ <https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/social-and-community-context>

Stakeholder Interview Feedback

Cattaraugus County

Stakeholders consistently identified mental health and addiction as urgent public health priorities. The ongoing addiction crisis, coupled with limited access to behavioral health services, underscores the need for expanded treatment and recovery resources. Broader social and emotional concerns—including stress, trauma, and isolation—were also cited as unmet needs. Historical trauma was described as a foundational issue affecting health across generations, reinforcing the importance of trauma-informed care and culturally relevant supports.

The opioid epidemic continues to have a profound impact on rural areas, intensified by isolation, unemployment, and limited recovery supports. Stakeholders highlighted gaps in recovery housing, job readiness programs, and sober community activities. Access to treatment is inconsistent, and the shortage of local providers hinders sustained recovery. Mental health needs have increased sharply since the pandemic. Although stigma is decreasing, timely, in-person mental health care remains limited.

McKean County

Stakeholders likewise identified mental health and addiction as top-priority concerns. The opioid epidemic remains severe, compounded by poverty, unemployment, and inadequate recovery infrastructure. Persistent gaps in recovery housing, job training, and community-based supports make sustained recovery difficult. Mental health challenges—such as depression, anxiety, sleep disorders, and co-occurring substance use—have grown across all demographics, particularly among youth and young adults. Historical trauma continues to shape community health outcomes, underscoring the need for trauma-informed, culturally competent care.

Access to behavioral health services is severely limited. The closure of the hospital's psychiatric unit, lack of detox facilities, and workforce shortages force residents to travel long distances for evaluation or treatment. Existing programs—including DVSA, the Victims Resource Center, outpatient recovery services, and developmental support programs—cannot meet current demand. Access barriers are especially acute for residents with Pennsylvania Medical Assistance and for those seeking cross-state care. Limited coordination between law enforcement and mental health providers further complicates service delivery. These systemic gaps, compounded by poverty, housing instability, and family stress, highlight the urgent need for an integrated and accessible behavioral health system.

Focus Group Participant Feedback

Cattaraugus County

Participants reported severe limitations in access to mental and behavioral health services for both adults and children. Significant gaps exist in trauma care, adolescent mental health services, autism evaluations, psychiatric medication management, and dual-diagnosis treatment. Long wait times for specialists—often requiring travel to Buffalo, Rochester, or other urban centers—were common. While nurse practitioners help address some needs, they cannot fully replace psychiatrists or provide the full range of services required.

Participants described widespread and unmet mental health needs, including depression, anxiety, trauma, substance use, and suicide risk. The closure of inpatient facilities, limited outpatient capacity, and provider burnout have made timely care difficult to obtain. High costs, even for insured patients, often lead to self-medication or crisis situations. Without accessible local treatment, detox services, or crisis stabilization options, individuals frequently cycle through emergency departments, homelessness, or unsafe recovery attempts. Persistent stigma further discourages care-seeking and undermines recovery efforts. These insights highlight the need for integrated, accessible, and trauma-informed behavioral health services that recognize the full humanity of those affected.

Anxiety and Stress

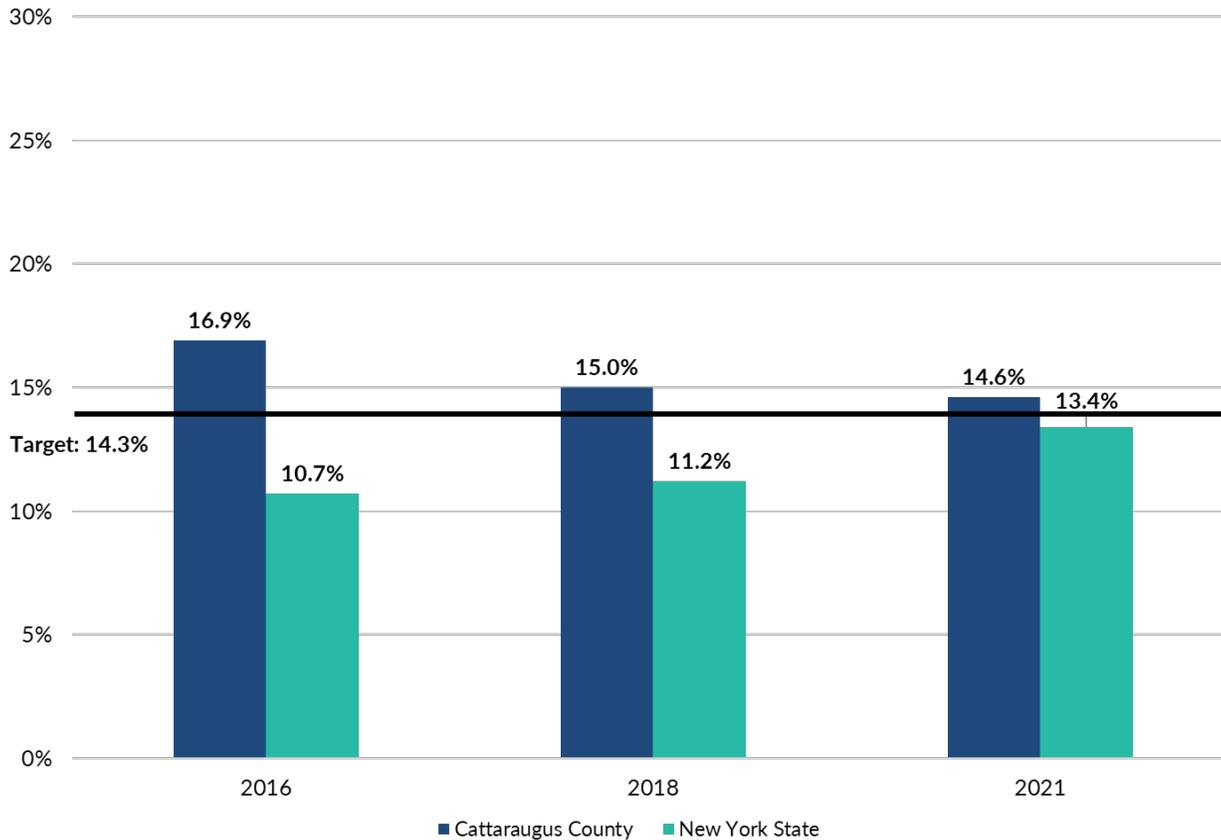
Anxiety and stress are normal responses to life’s challenges; however, when they become chronic or overwhelming, they can significantly impact both physical and mental health. Prolonged stress has been linked to cardiovascular disease, hypertension, impaired immune function, sleep disturbances, weight gain, and an increased risk of anxiety and depression. These effects not only reduce quality of life but also contribute to rising healthcare costs and strain on healthcare systems.

Recognizing and managing anxiety and stress early is essential to preserving health, preventing long-term complications, and improving overall well-being. According to the Mayo Clinic, chronic stress “puts your health at risk” by contributing to or worsening problems such as heart disease, digestive issues, headaches, and depression.⁴⁷

As shown in **Figure 38**, the percentage of adults in Cattaraugus County who reported experiencing frequent mental distress in the past month has declined in recent years, yet remains slightly higher than the state average (14.6% vs. 13.4% in 2021) and just above the NYSDOH Prevention Agenda target of 14.3%. The *County Health Rankings and Roadmaps* defines Frequent Mental Distress (FMD) as the percentage of adults reporting 14 or more days of poor mental health in the past month (Figure 37). In McKean County, 17.7% of adults reported frequent mental distress—higher than both the state (15.9%) and national (16.0%) averages.

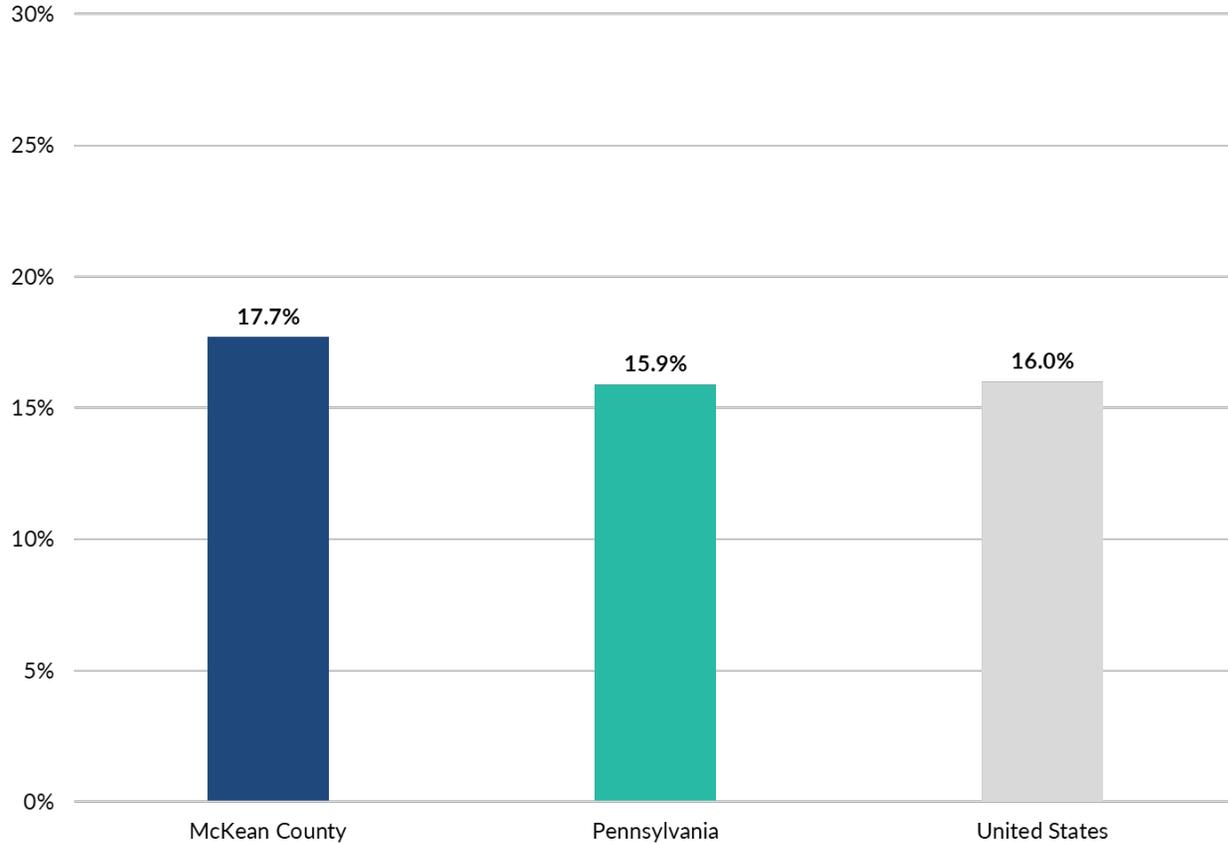
⁴⁷ <https://www.mayoclinic.org/healthy-lifestyle/stress-management/in-depth/stress/art-20046037>

Figure 38: Adults Who Experienced Frequent Mental Distress, Past Month, Cattaraugus County and New York, 2016, 2018 and 2021



Source: New York State Department of Health, The Prevention Agenda Dashboard

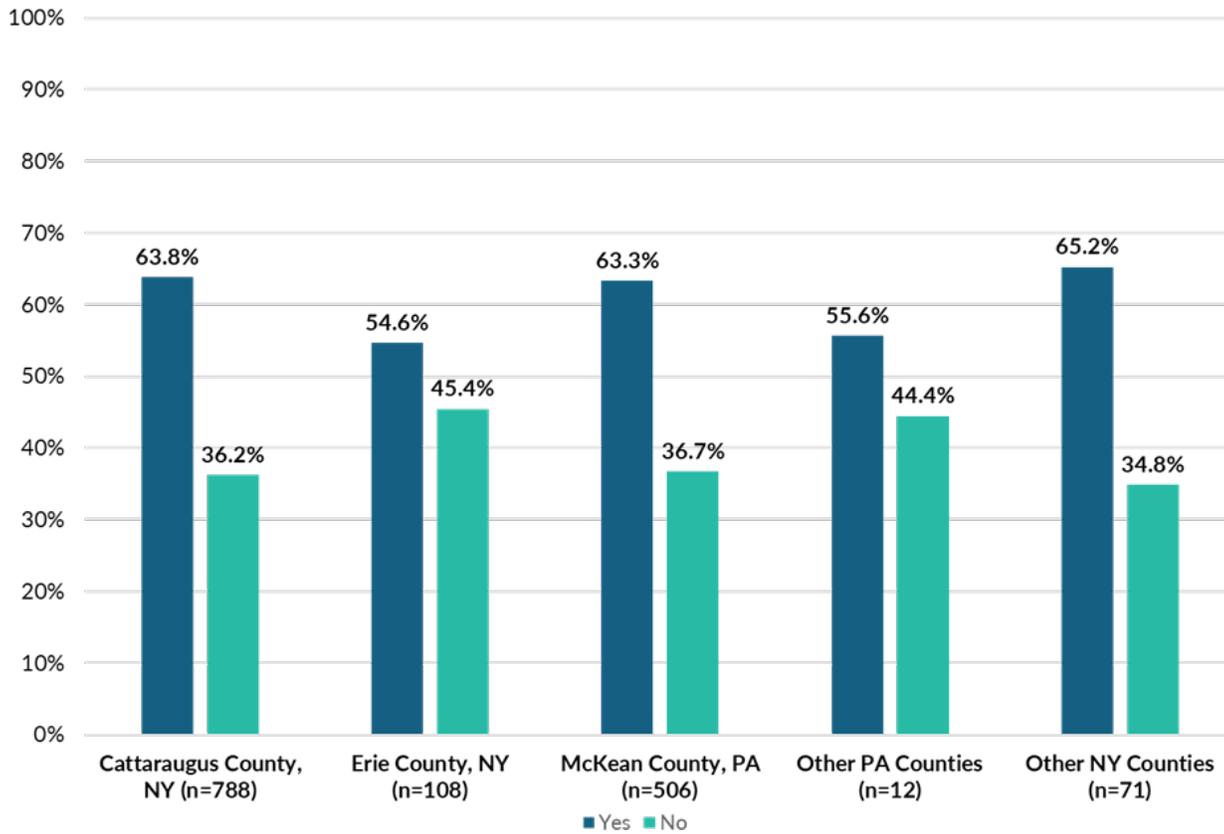
County Health Rankings and Roadmaps defines Frequent Mental Distress (FMD) as the percentage of adults reporting 14 or more days of poor mental health in the past month (**Figure 39**). McKean County (17.7%) has a higher percentage of adults reporting frequent mental distress in comparison to the state (15.9%) and nation (16.0%).

Figure 39: Frequent Mental Distress, McKean County, Pennsylvania and United States, 2025

Source: County Health Rankings and Roadmaps

As seen in **Figure 40** approximately two thirds of respondents report experiencing high levels of stress regularly, with 63.8% of respondents in Cattaraugus County and 63.3% of respondents in McKean County.

Figure 40: Community Survey Respondents Experiencing High Levels of Stress Regularly



Source: Cattaraugus and McKean County Community Survey, 2025

Suicide

Suicide is a critical public health concern with devastating physical, emotional, social, and economic impacts on individuals, families, and communities. It remains one of the leading causes of death in the United States—particularly among youth and young adults—and is often associated with untreated mental health conditions, chronic stress, social isolation, financial hardship, and limited access to care. Beyond the immediate tragedy, suicide affects entire communities: survivors may experience long-term psychological trauma, while family members and friends often struggle with grief, guilt, and depression.

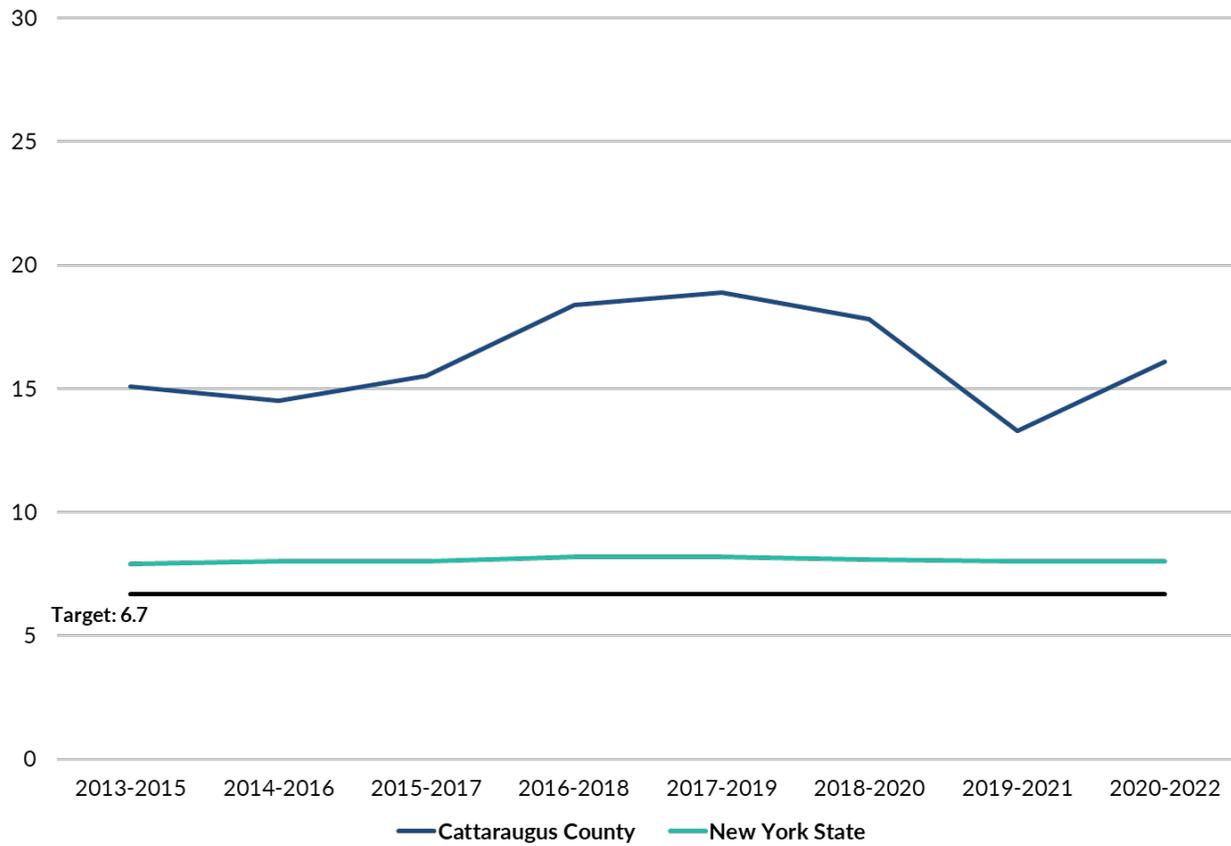
Many suicide risk factors are preventable, and evidence-based strategies—such as expanding access to mental health care, strengthening community support systems, reducing stigma, and creating safer environments—can significantly reduce suicide rates. According to the Centers for Disease Control and Prevention (CDC), national suicide rates have increased in recent years, with contributing factors including economic instability, limited health coverage, poor broadband access, and low household income.⁴⁸

As illustrated in **Figure 41**, the suicide mortality rate per 100,000 residents in Cattaraugus County fluctuated in recent years, decreasing to 13.3 in 2019–2021 before rising again to 16.1 in the most recent year—exceeding both the state rate (8.0) and the NYSDOH Prevention Agenda target of 6.7. Similarly, as shown in **Figure 42**, McKean County reported higher rates of overall suicide (25.2 per 100,000) and suicide by firearm (22.5 per 100,000) compared to state averages (14.1 and 7.4, respectively).

While data for Cattaraugus County are limited for teen suicide, available figures indicate consistently higher rates than the state. In 2022, the county's suicide mortality rate was 19.2 per 100,000, compared to 4.8 statewide (**Figure 43**). Encouragingly, as reported by the Pennsylvania Youth Survey and shown in **Figure 44**, youth suicide attempts have declined in both McKean County and statewide. In 2023, 8.4% of youth respondents in McKean County reported attempting suicide, compared to 5.2% across Pennsylvania.

⁴⁸ <https://www.cdc.gov/suicide/facts/index.html>

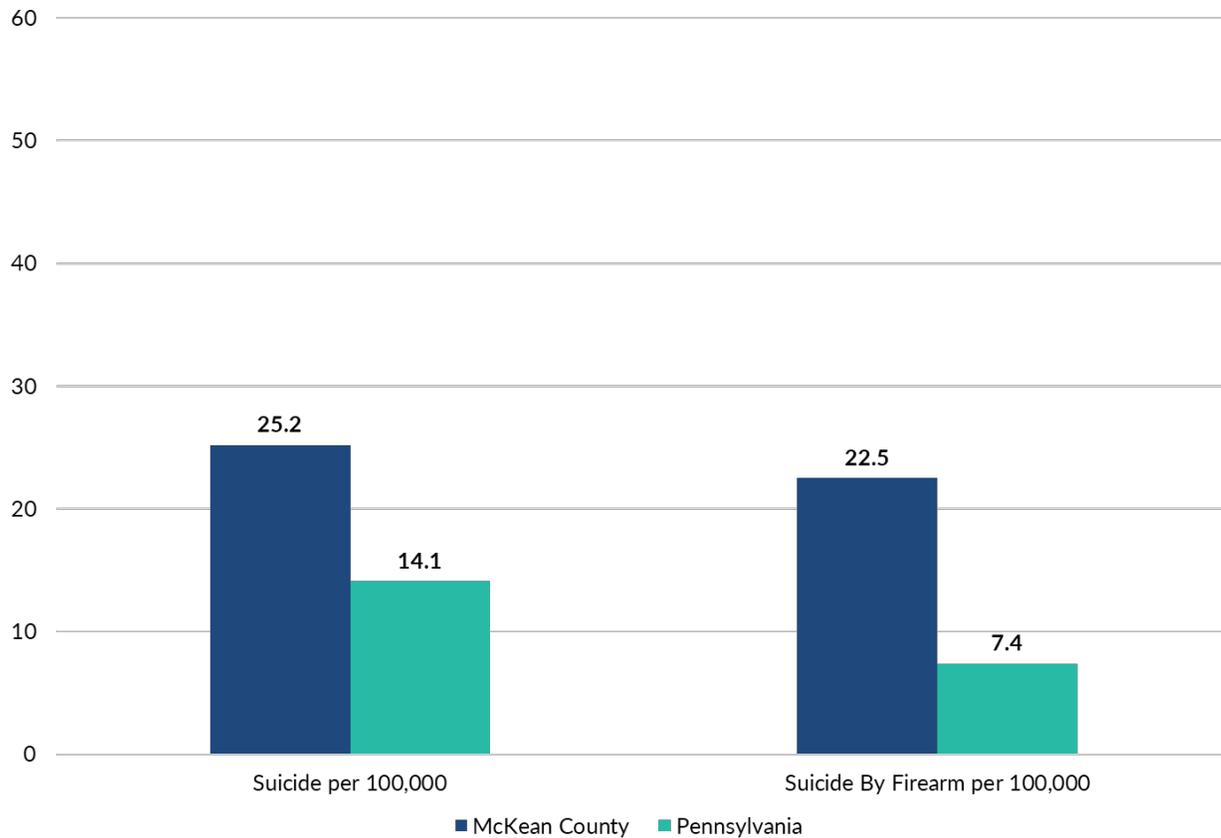
Figure 41: Suicide Mortality Rate Per 100,000, Cattaraugus County and New York, 2013-2022



Source: New York State Department of Health, The Prevention Agenda Dashboard

As seen in **Figure 42**, the suicide mortality rate per 100,000 (25.2) and suicide by firearm rate per 100,000 (22.5) was higher in McKean County in comparison to the state (14.1 and 7.4 respectively).

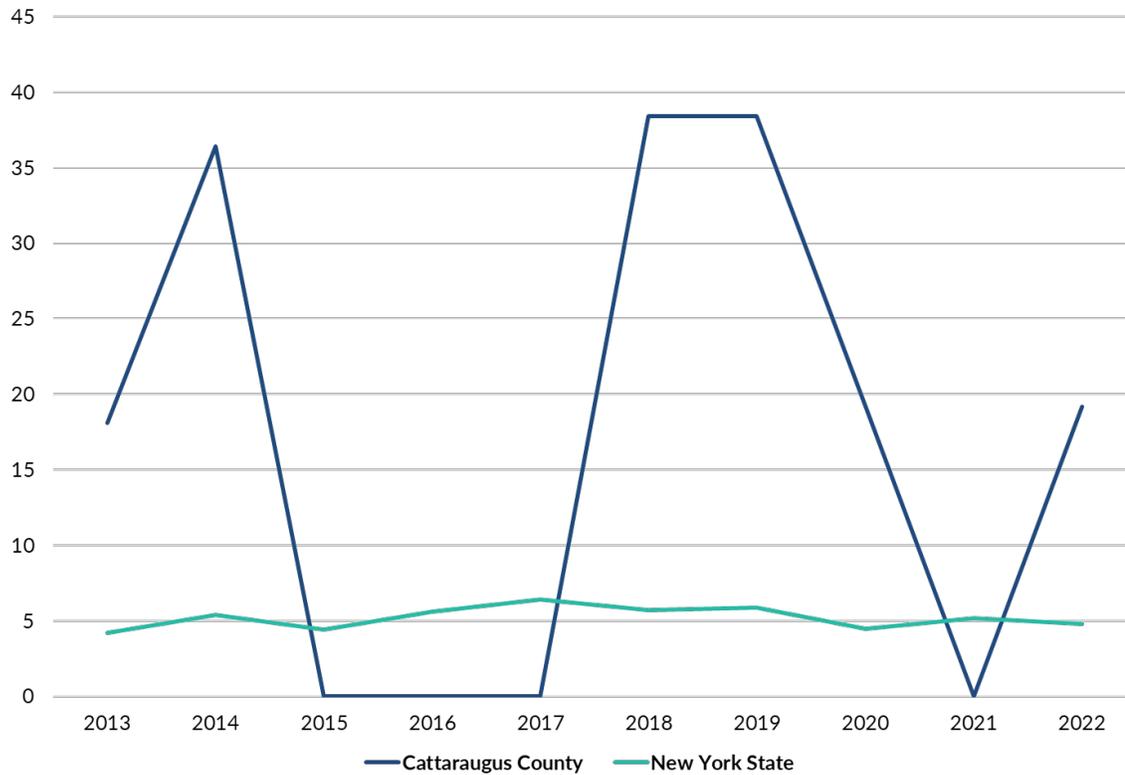
Figure 42: Suicide Mortality Rate Per 100,000, McKean County and Pennsylvania, 2022



Source: Pennsylvania Department of Health

While limited years' worth of data is available for Cattaraugus County, the years data is available the county rate was higher in comparison to the state, with the 2022 rate at 19.2 compared to 4.8 as seen in **Figure 43**.

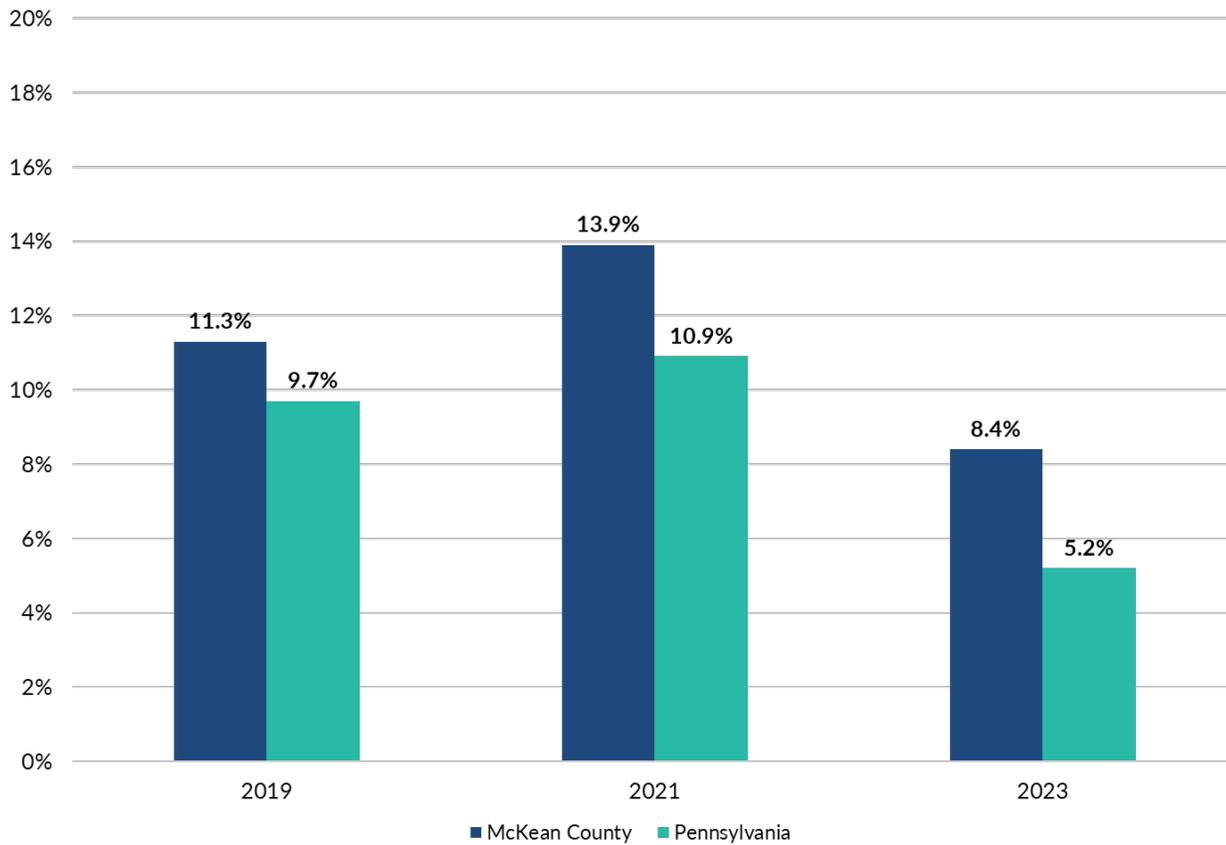
Figure 43: Suicide Mortality Rate Per 100,00 Age 15-19, Cattaraugus County and New York, 2013-2022



Source: The New York State Community Health Indicator Reports (CHIRS)

As reported by the Pennsylvania Youth Survey and seen in **Figure 44**, there has been a decrease in youth reporting they have attempted suicide in both McKean County and Pennsylvania. In 2023, 8.4% of youth respondents in McKean County reported having attempted suicide in comparison to 5.2% for the state.

Figure 44: Youth Attempted Suicide, McKean County and Pennsylvania, 2019, 2021 and 2023



Source: Pennsylvania Youth Survey

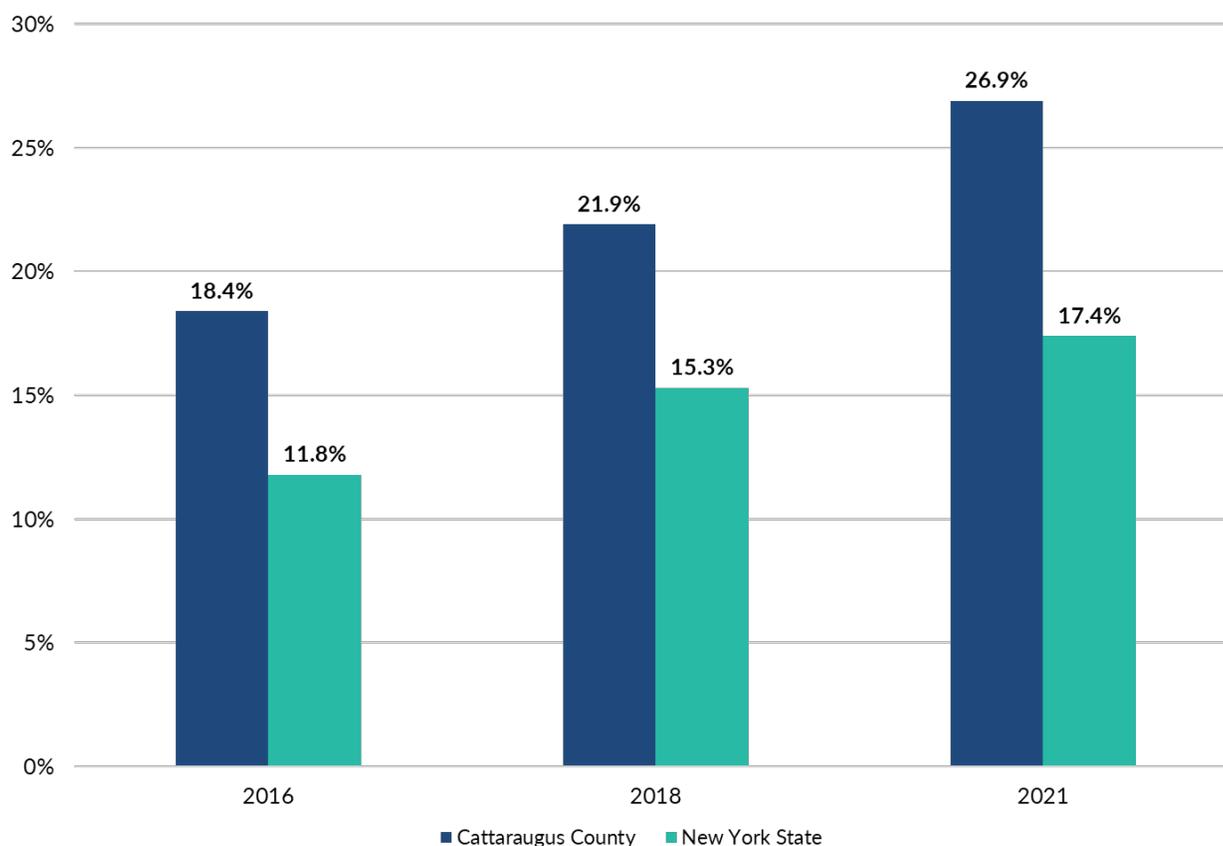
Depression

Depression is a common yet serious mental health disorder that extends beyond temporary sadness or a “low mood.” It can profoundly affect how individuals think, feel, and behave—disrupting sleep, appetite, concentration, and the ability to manage daily responsibilities. Beyond its emotional impact, depression is closely linked to poorer physical health outcomes; individuals with depression face an increased risk of developing chronic conditions such as cardiovascular disease, diabetes, and respiratory illness.

Depression also contributes to higher healthcare costs, reduced quality of life, and an elevated risk of suicide. Because it influences so many aspects of health and daily functioning, early recognition and access to effective treatment—such as psychotherapy, medication, or a combination of both—are essential for improving well-being and preventing long-term complications. According to the World Health Organization (WHO), depression is one of the leading causes of disability worldwide and a major contributor to the overall global burden of disease.⁴⁹

As shown in **Figure 45**, the percentage of adults reporting a depressive disorder has increased in both Cattaraugus County and New York State, with county rates consistently higher across all reporting years. In 2021, 26.9% of adults in Cattaraugus County reported experiencing a depressive disorder, compared to 17.4% statewide.

Figure 45: Adults with Depressive Disorder, Cattaraugus County and New York, 2016, 2018 and 2021



Source: New York State Department of Health, BRFSS

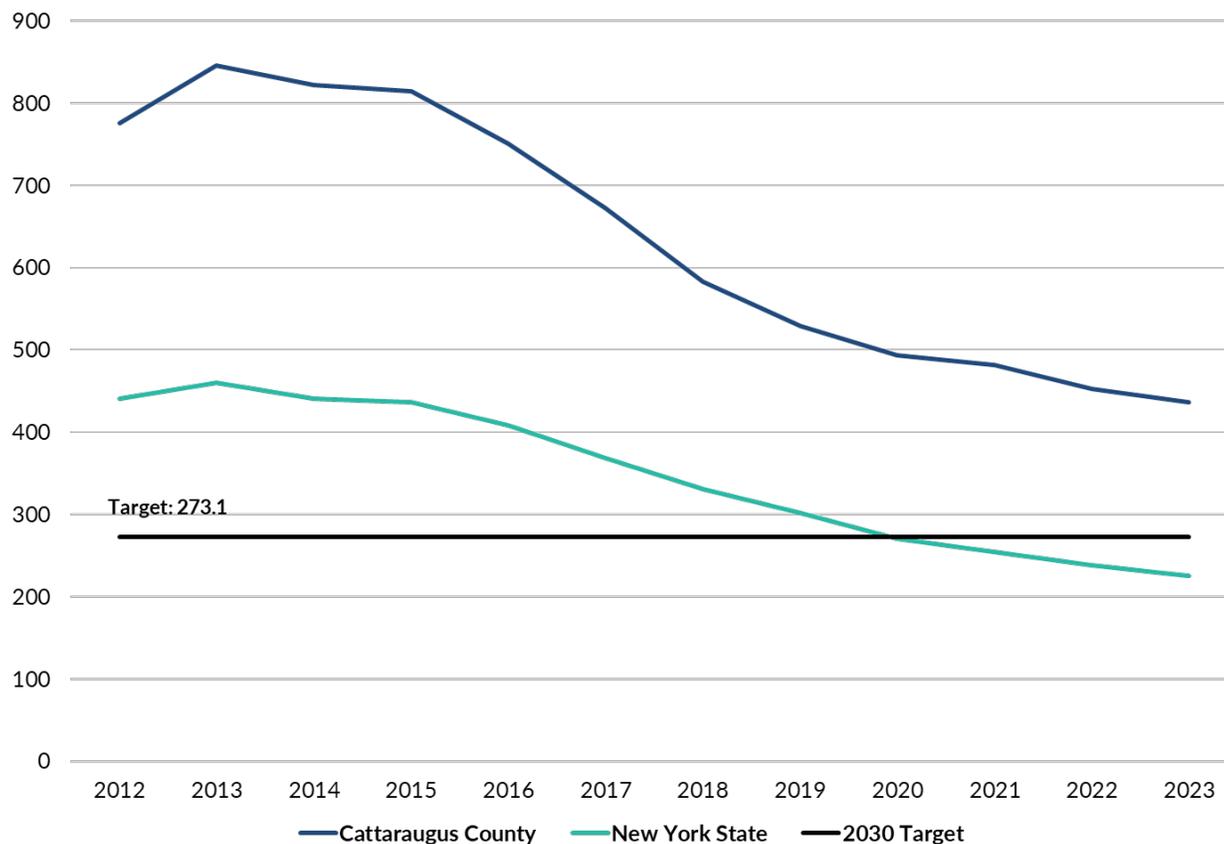
⁴⁹ <https://www.who.int/news-room/fact-sheets/detail/depression>

Primary Prevention, Substance Misuse, and Overdose Prevention

Substance use and misuse refer to the consumption of psychoactive substances—whether prescription or illicit—in ways that cause harm to the individual or others. Misuse can lead to addiction and a range of negative mental and physical health outcomes, including liver and heart disease, increased risk of infectious diseases, and cognitive impairment. It can also result in severe social, financial, and legal consequences. Overdose—whether accidental or intentional—is one of the most acute risks associated with substance misuse and often leads to death or long-term health complications such as hypoxia or organ failure. Because many overdoses are preventable, and because substance misuse remains a major contributor to morbidity and mortality, addressing it is a core public health priority.⁵⁰

The rate of opioid analgesic prescriptions per 1,000 population has declined in both Cattaraugus County and New York State in recent years. However, the county's rate remains above both the statewide rate and the New York State Department of Health Prevention Agenda target of 273.1. In 2023, Cattaraugus County's rate was 436.5, compared to 225.6 statewide (Figure 46).

Figure 46: Opioid Analgesic Prescription Rate per 1,000, Cattaraugus County and New York, 2012-2023

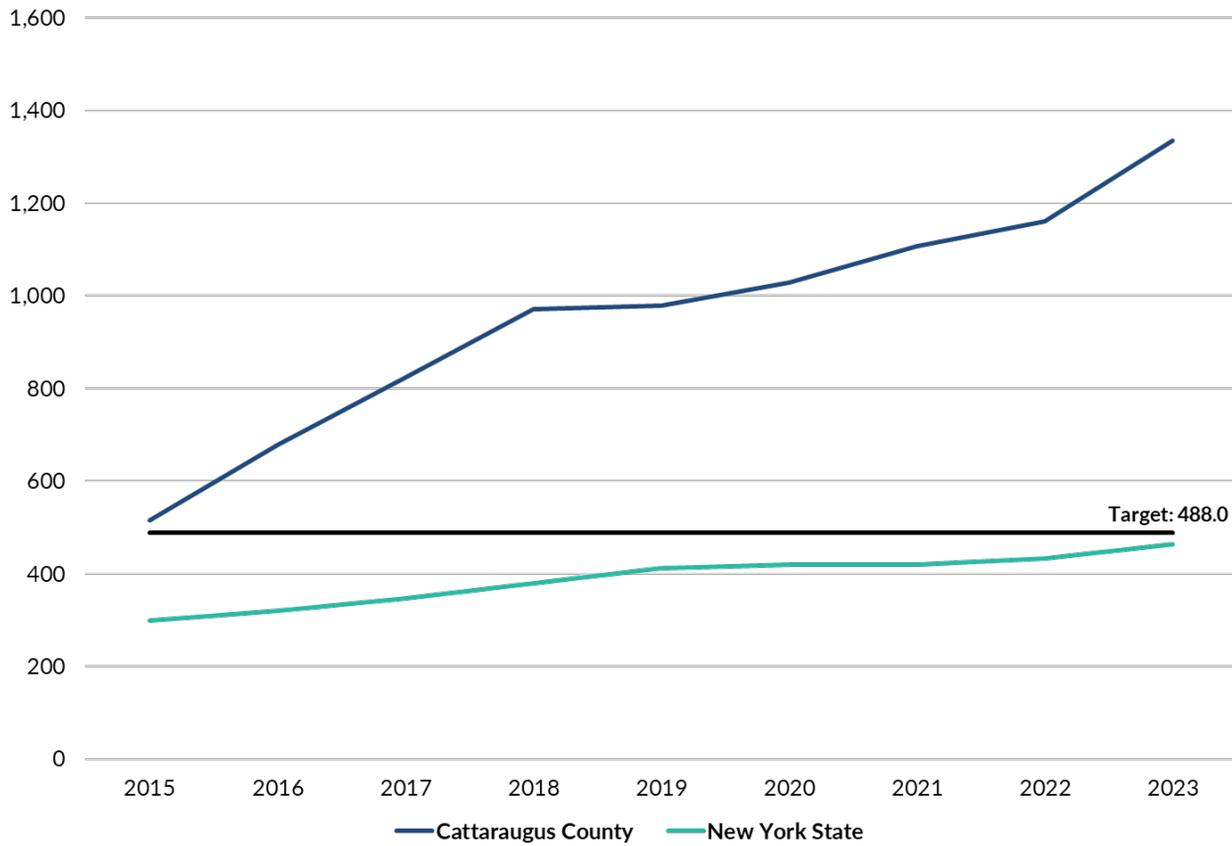


Source: New York State Department of Health, The Prevention Agenda Dashboard

⁵⁰ <https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates>

In 2023, the rate of buprenorphine prescriptions for opioid use disorder in Cattaraugus County was 1,335.5 per 100,000 population, compared to 464 statewide. As shown in **Figure 47**, buprenorphine prescriptions have increased in both Cattaraugus County and New York State, with the county's rate remaining well above the state average and the NYSDOH Prevention Agenda target of 488.0.

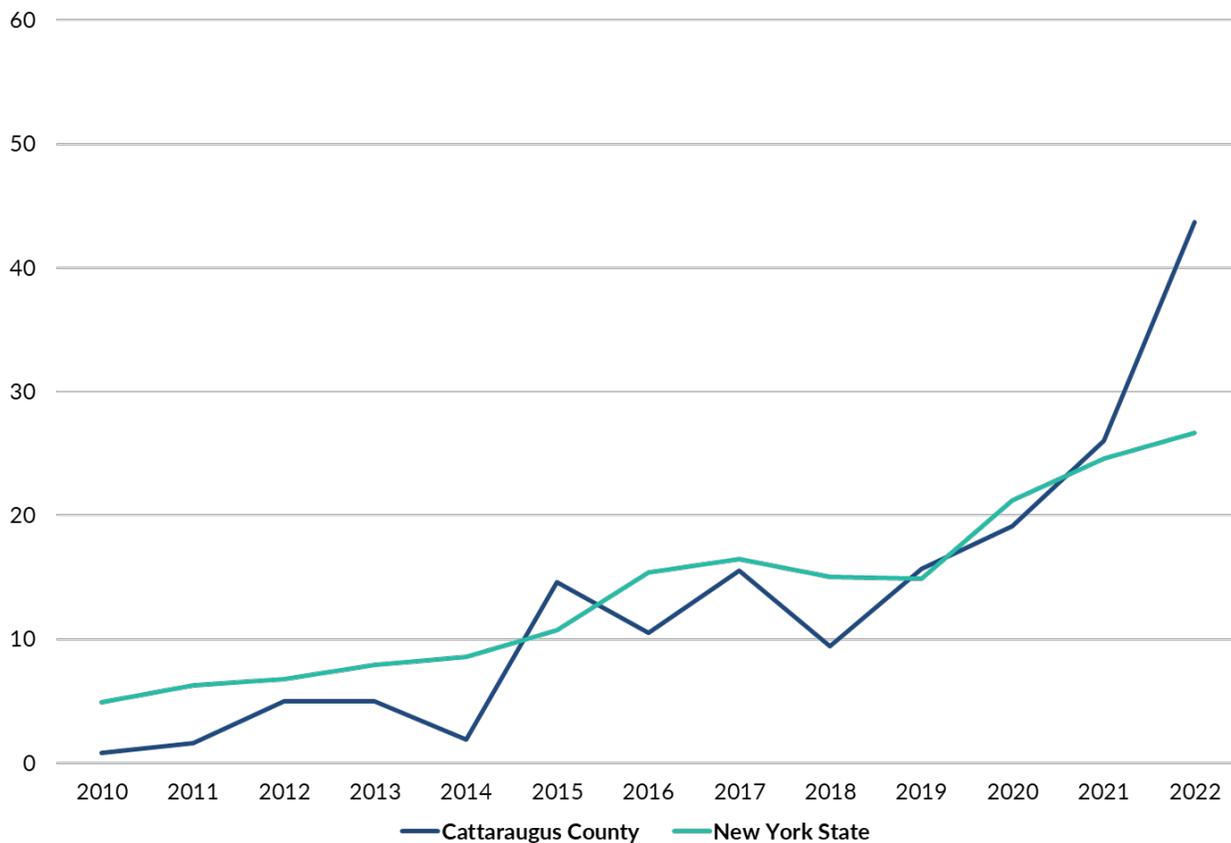
Figure 47: At Least One Buprenorphine Prescription for Opioid Use Disorder Rate Per 100,000, Cattaraugus County and New York, 2015-2023



Source: New York State Department of Health, The Prevention Agenda Dashboard

Despite these shifts—fewer opioid prescriptions and greater access to treatment—overdose deaths involving opioids have continued to rise. In 2022, the opioid overdose death rate in Cattaraugus County reached 43.7 per 100,000, compared to 26.7 statewide (**Figure 48**).

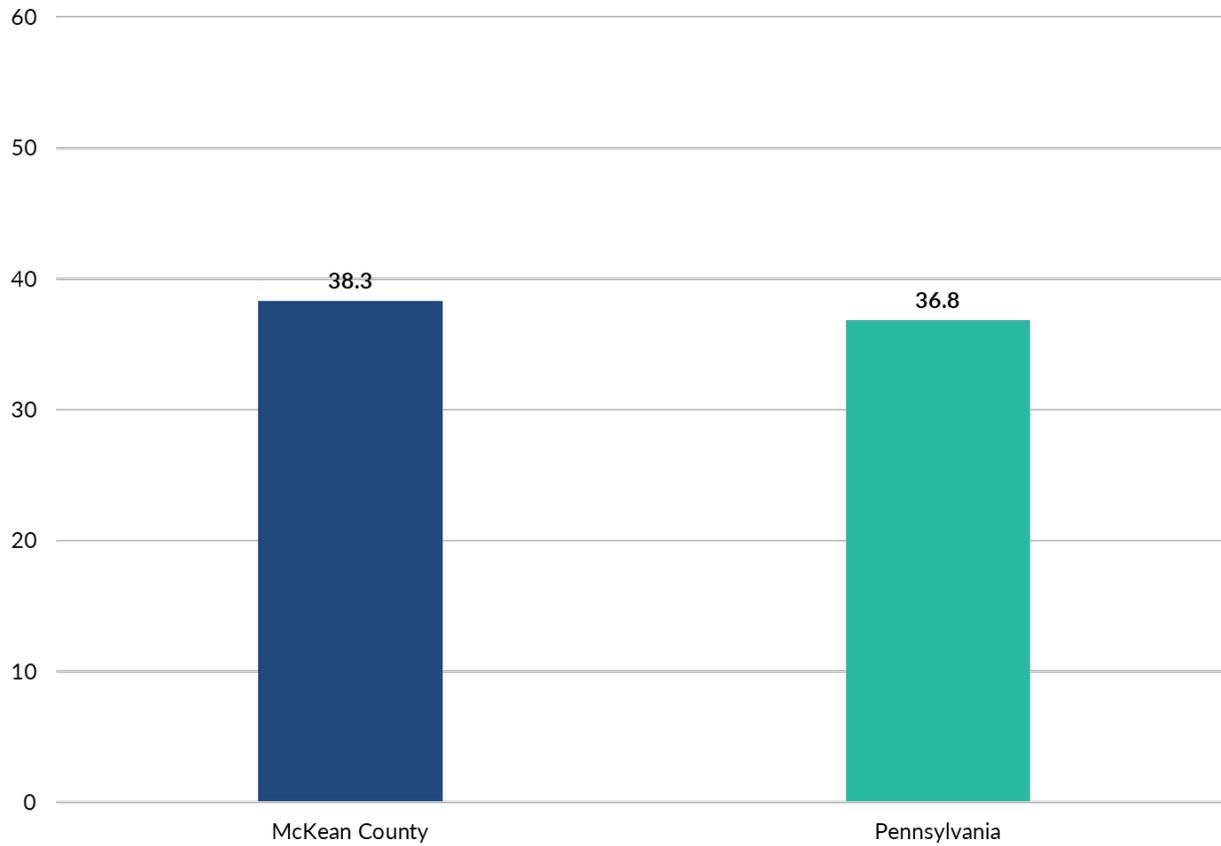
Figure 48: Overdose Death Involving any Opioids Per 100,000, Cattaraugus County and New York, 2010-2022



Source: New York State Department of Health, The Prevention Agenda Dashboard

As seen in **Figure 49** the drug induced mortality rate in McKean County (38.3) is just higher than that of the state (36.8).

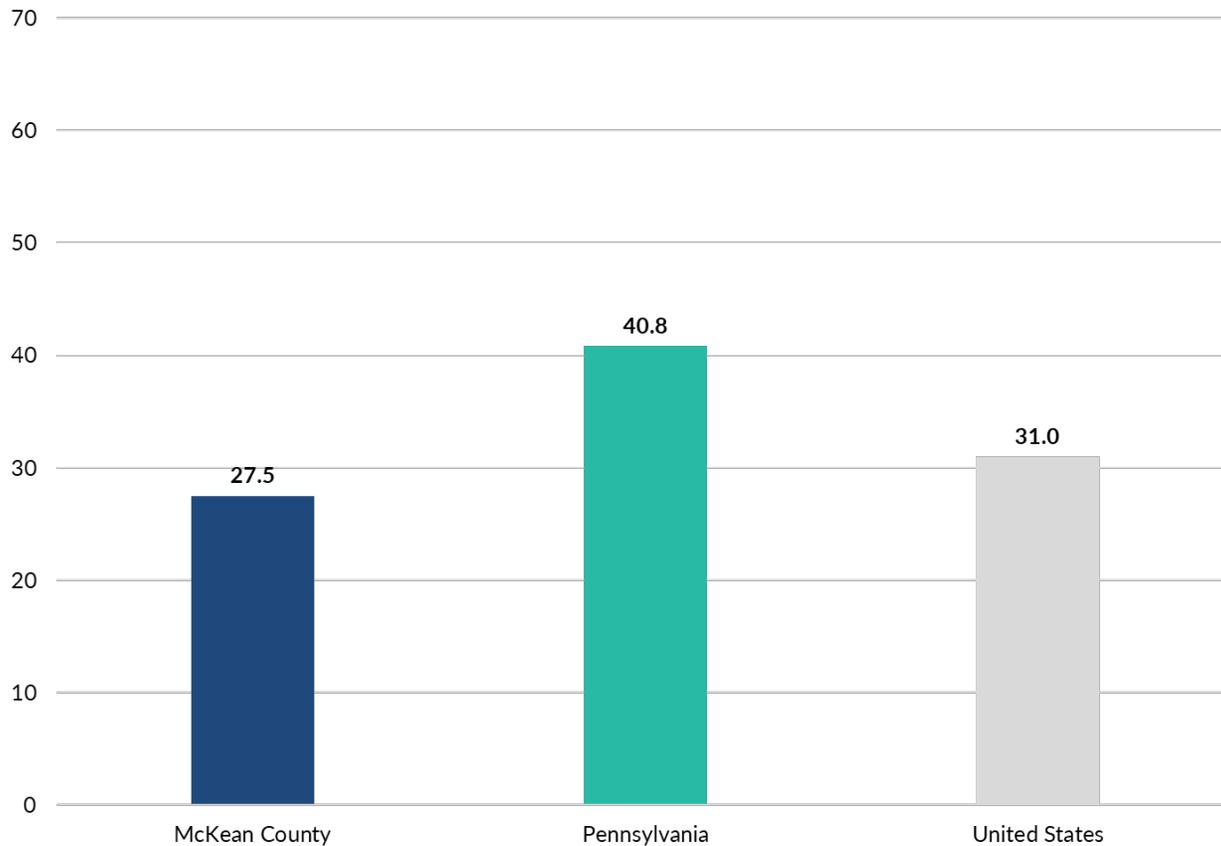
Figure 49: Drug Induced Mortality Rate Per 100,000, McKean County and Pennsylvania, 2022



Source: Pennsylvania Department of Health

In McKean County, the drug-induced mortality rate (38.3) is slightly higher than Pennsylvania's statewide rate (36.8), as shown in Figure 49. However, McKean County's drug overdose death rate (27.5) remains lower than both the state (40.8) and national (31.0) rates (Figure 50).

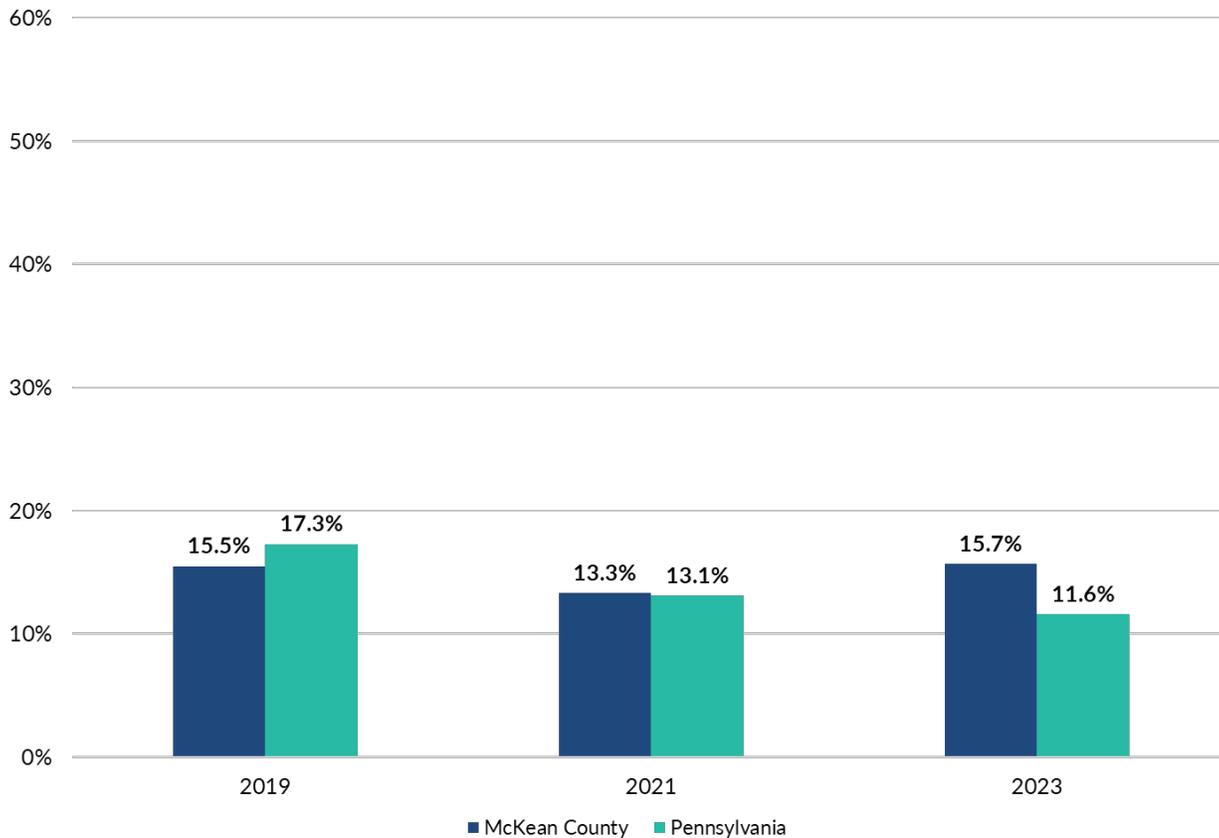
Figure 50: Drug Overdose Deaths Rate Per 100,000, McKean County, Pennsylvania and United States, 2025



Source: County Health Rankings and Roadmaps

Youth substance use trends in McKean County show a modest increase in reported lifetime marijuana use—from 13.3% in 2021 to 15.7% in 2023—while Pennsylvania experienced a slight decline during the same period (13.1% to 11.6%) (Figure 51).

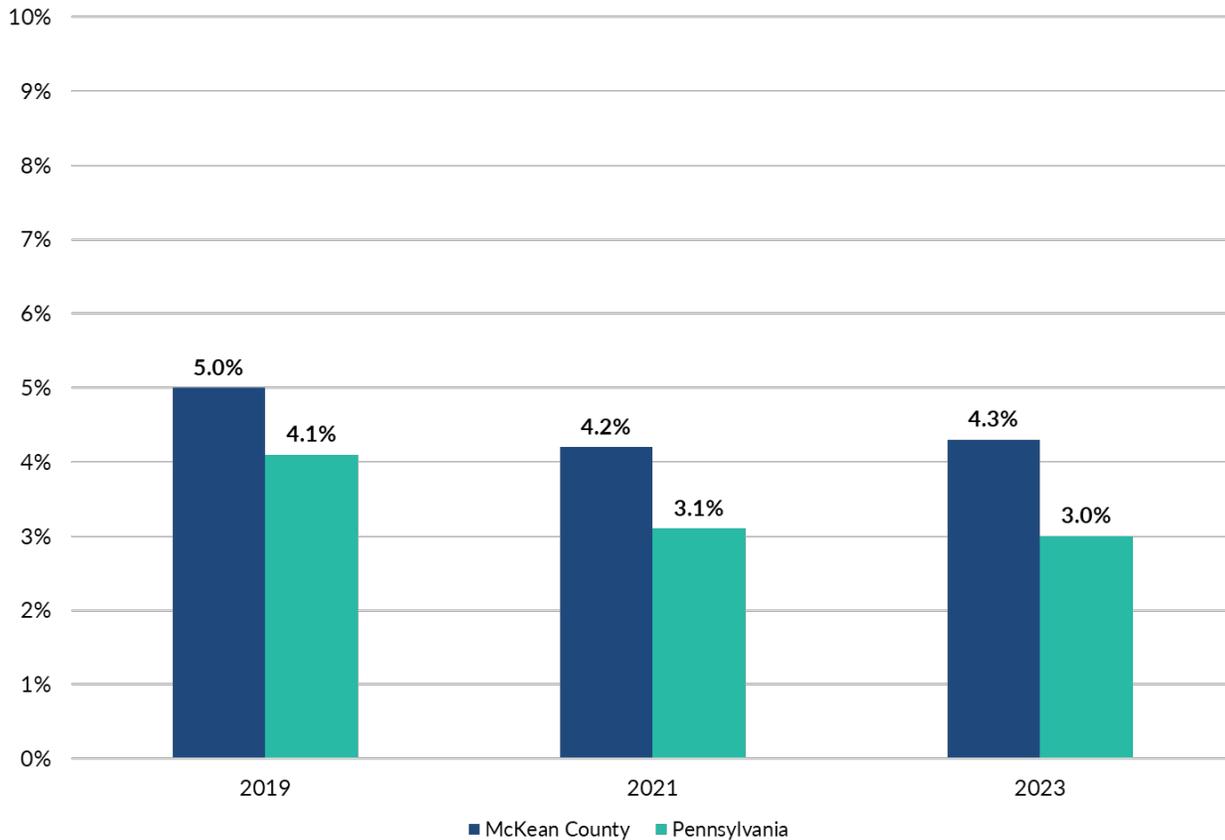
Figure 51: Youth Lifetime Marijuana Use, McKean County and Pennsylvania, 2019, 2021 and 2023



Source: Pennsylvania Youth Survey

The percentage of youth reporting lifetime use of pain relievers or narcotics has remained relatively stable in both McKean County and Pennsylvania, with McKean County consistently slightly higher (4.3% vs. 3.0% in 2023) (Figure 52).

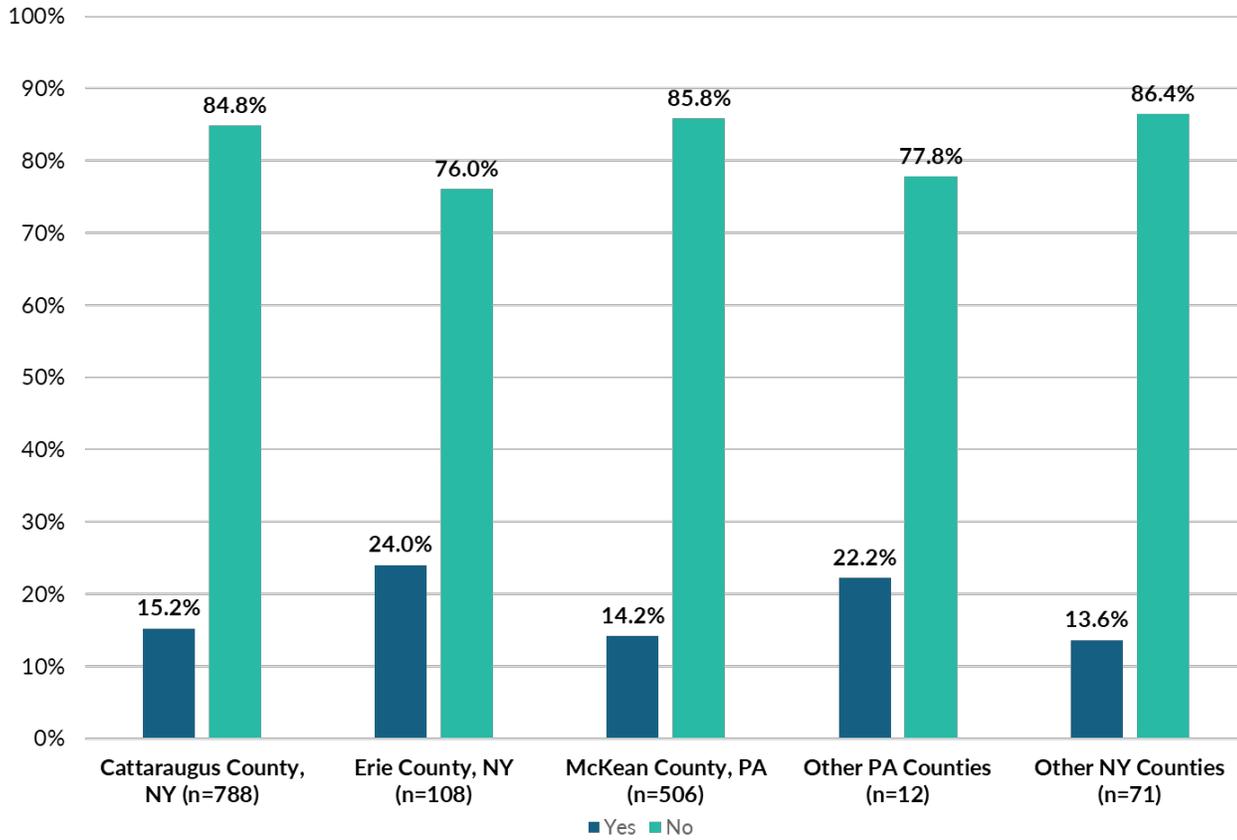
Figure 52: Youth Pain Reliever/Narcotics Lifetime Use, McKean County and Pennsylvania, 2019, 2021 and 2023



Source: Pennsylvania Youth Survey

Approximately one in five community survey respondents reported having ever used illegal substances— 15.2% in Cattaraugus County and 14.2% in McKean County (Figure 53).

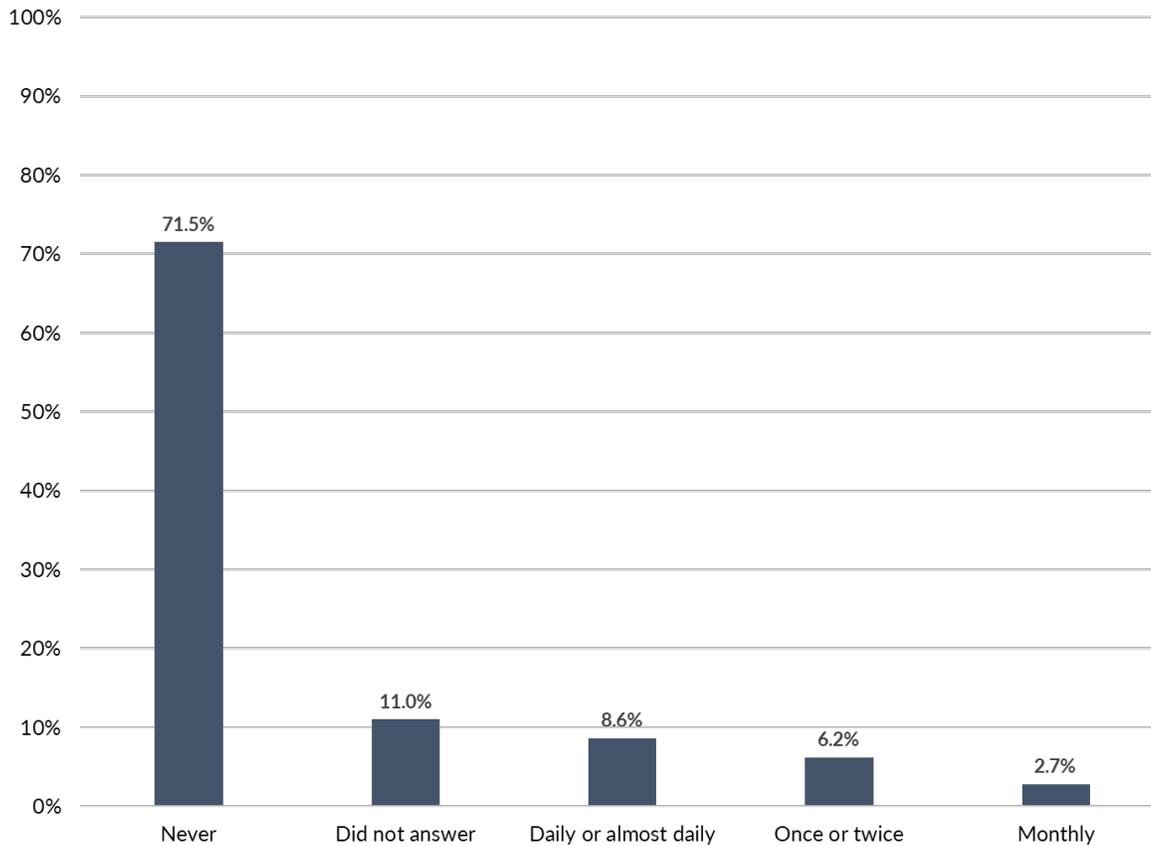
Figure 53: Community Survey Respondents Ever Used Illegal Substances



Source: Cattaraugus and McKean County Community Survey, 2025

Most Cattaraugus County intercept survey respondents (71.5%) indicated that they had not used prescription drugs for non-medical reasons in the past year; however, 28.5% reported that they had (Figure 54).

Figure 54: Cattaraugus County Intercept Survey Respondents Frequency Used Prescription Drugs for Non-Medical Reasons, Past Year



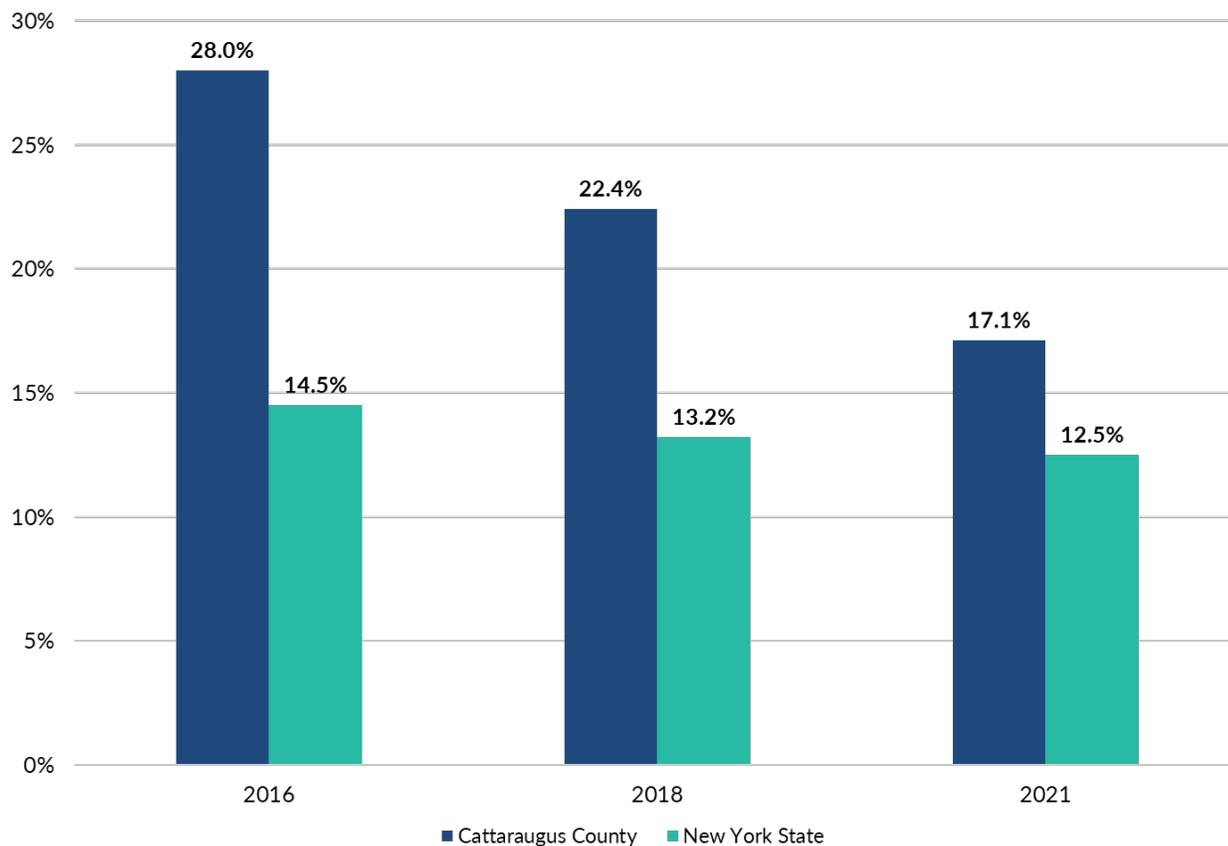
Source: Cattaraugus County Intercept Survey, 2024

Tobacco/E-Cigarette Use

Tobacco use—including smoking and smokeless products—remains the leading preventable cause of disease and death in the United States. It is associated with numerous health conditions, including cancer, heart disease, stroke, chronic lung disease, and type 2 diabetes.⁵¹ E-cigarettes, or vapes, are battery-operated devices that heat a liquid to produce an aerosol. Most contain nicotine, a highly addictive substance that can harm adolescent brain development. Nicotine exposure during adolescence can impair learning, memory, and attention, and may increase susceptibility to addiction later in life.⁵² In addition to nicotine, e-cigarette aerosols can contain cancer-causing chemicals, heavy metals, and ultrafine particles that penetrate deeply into the lungs and cause harm.⁵³ Addressing tobacco and e-cigarette use remains a critical public health priority, as both contribute substantially to preventable disease and premature death.

The percentage of adults who report being current smokers has declined in both Cattaraugus County and New York State; however, the county's rate remains higher. As shown in **Figure 55**, 17.1% of adults in Cattaraugus County reported current smoking in 2023, compared to 12.5% statewide.

Figure 55: Adults Who are Current Smokers, Cattaraugus County and New York, 2016, 2018 and 2021



Source: New York State Department of Health, BRFSS

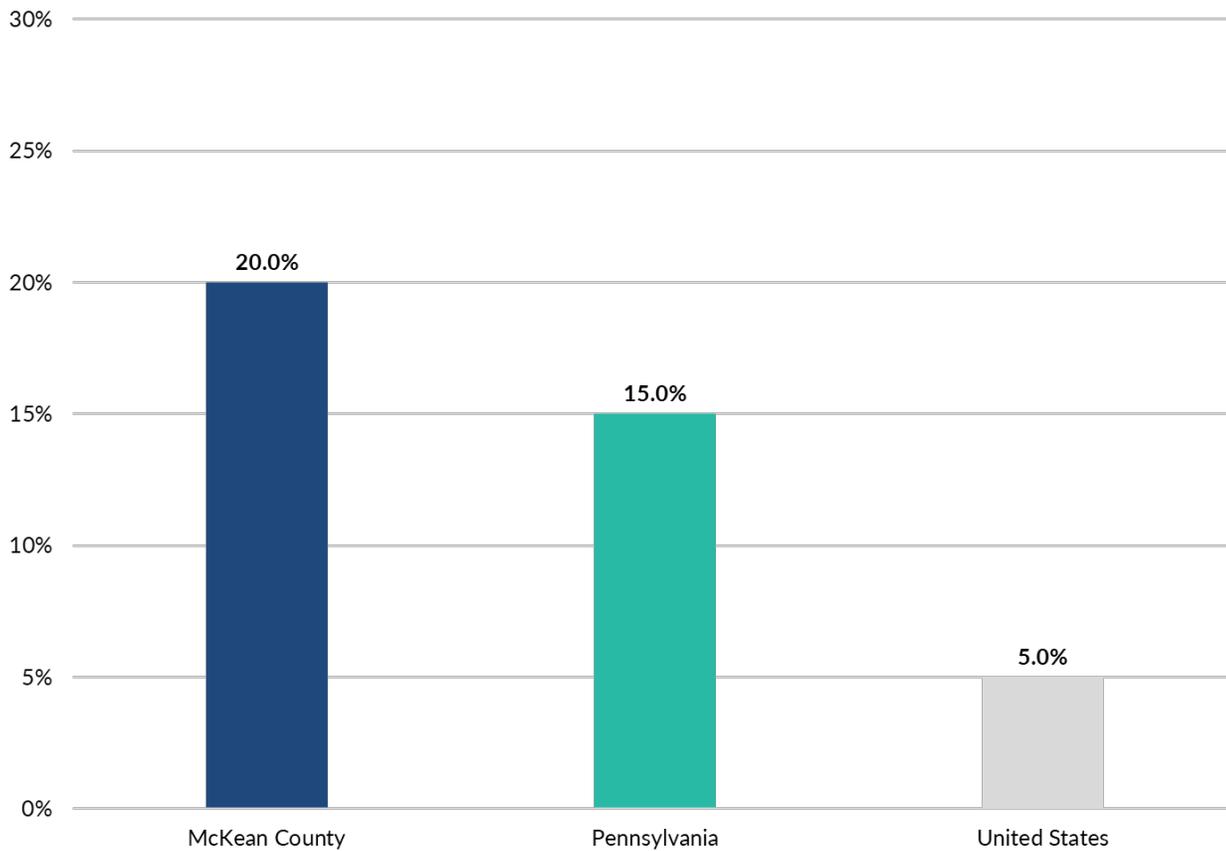
⁵¹ <https://www.cdc.gov/tobacco/about/index.html>

⁵² <https://www.cdc.gov/tobacco/e-cigarettes/index.html>

⁵³ https://www.cdc.gov/tobacco/basic_information/e-cigarettes/pdfs/Youth-Know-the-Risks-TPs-508_1.pdf

Similarly, McKean County reports a higher percentage of adult smokers (20.0%) than both the state (15.0%) and the nation (5.0%), as shown in **Figure 56**.

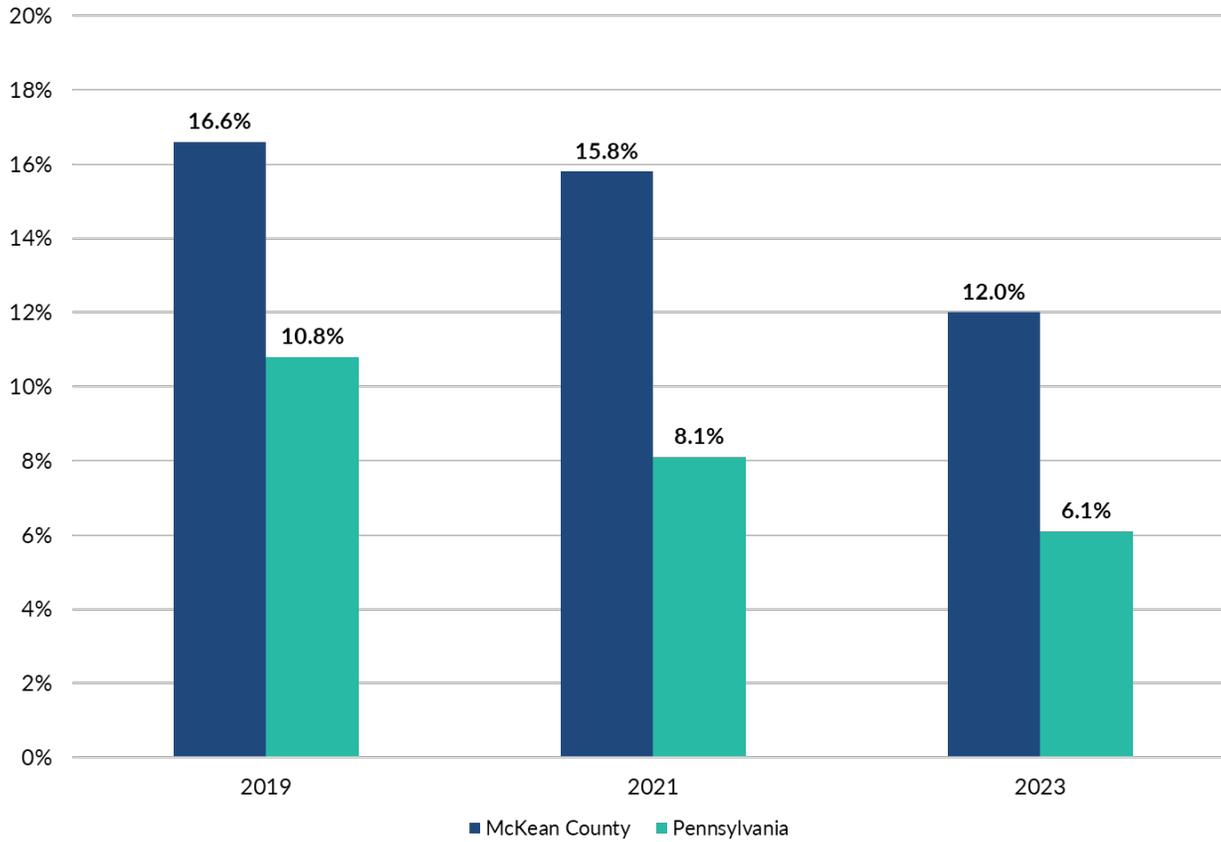
Figure 56: Adults Who are Current Smokers, McKean County, Pennsylvania and United States, 2020-2022



Source: Pennsylvania Department of Health, BRFSS

Among youth, cigarette use in McKean County continues to exceed state levels. In 2023, 12.0% of McKean County youth reported lifetime cigarette use—twice the state average of 6.1% (Figure 57).

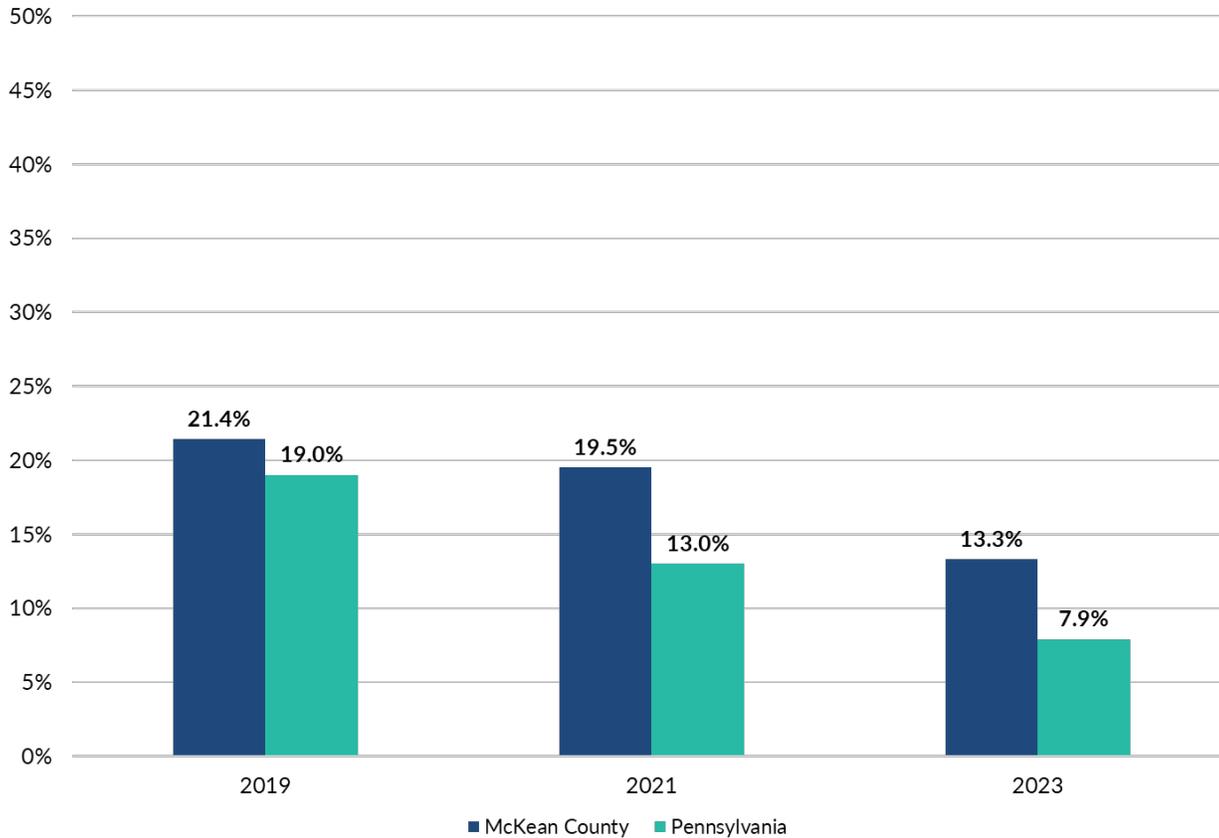
Figure 57: Youth Lifetime Cigarette Use, McKean County and Pennsylvania, 2016, 2021 and 2023



Source: Pennsylvania Youth Survey

The percentage of youth reporting lifetime e-cigarette use has declined in both McKean County and Pennsylvania, yet the county remains above the state average, with 13.3% compared to 7.9% in 2023 (Figure 58).

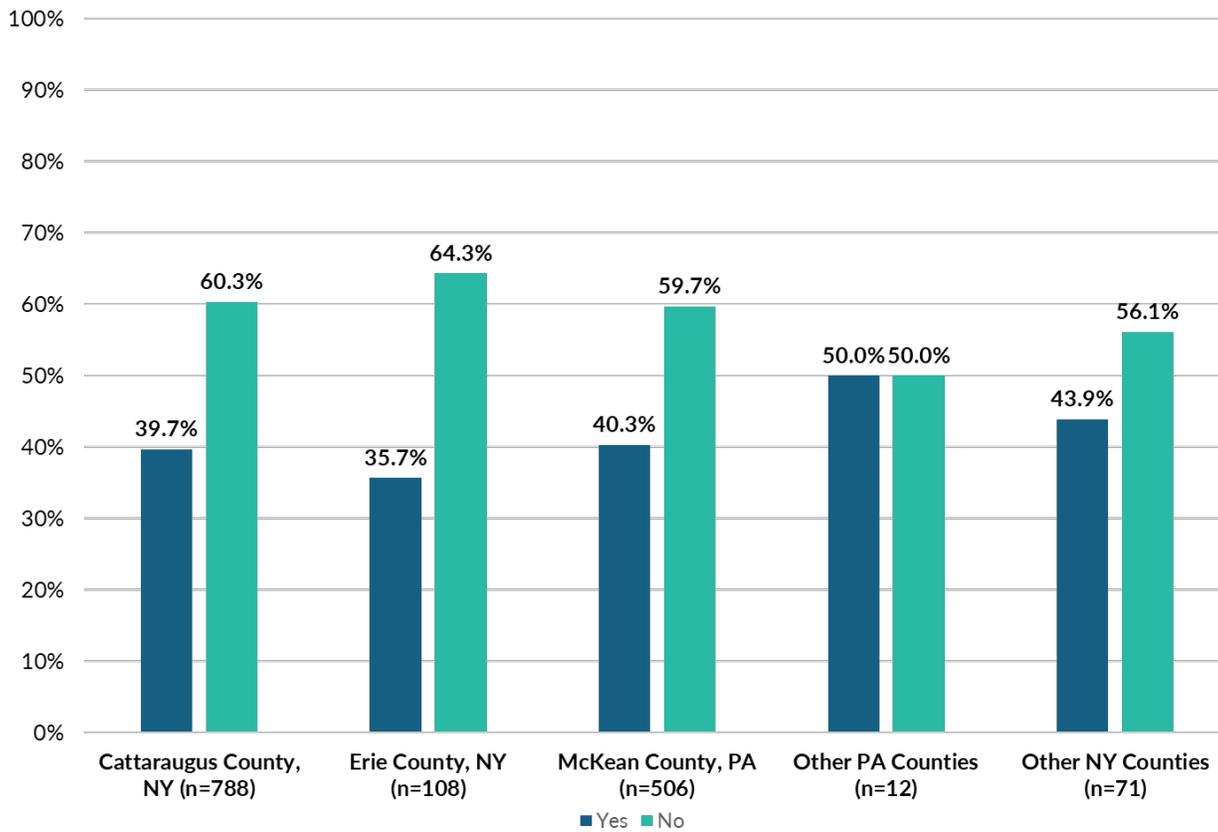
Figure 58: Youth Lifetime E-cigarette Use, McKean County and Pennsylvania, 2019, 2021 and 2023



Source: Pennsylvania Youth Survey

Community survey findings also highlight significant tobacco and vaping product use. Over one-third of respondents reported using tobacco or vaping products—39.7% in Cattaraugus County and 40.3% in McKean County (Figure 59).

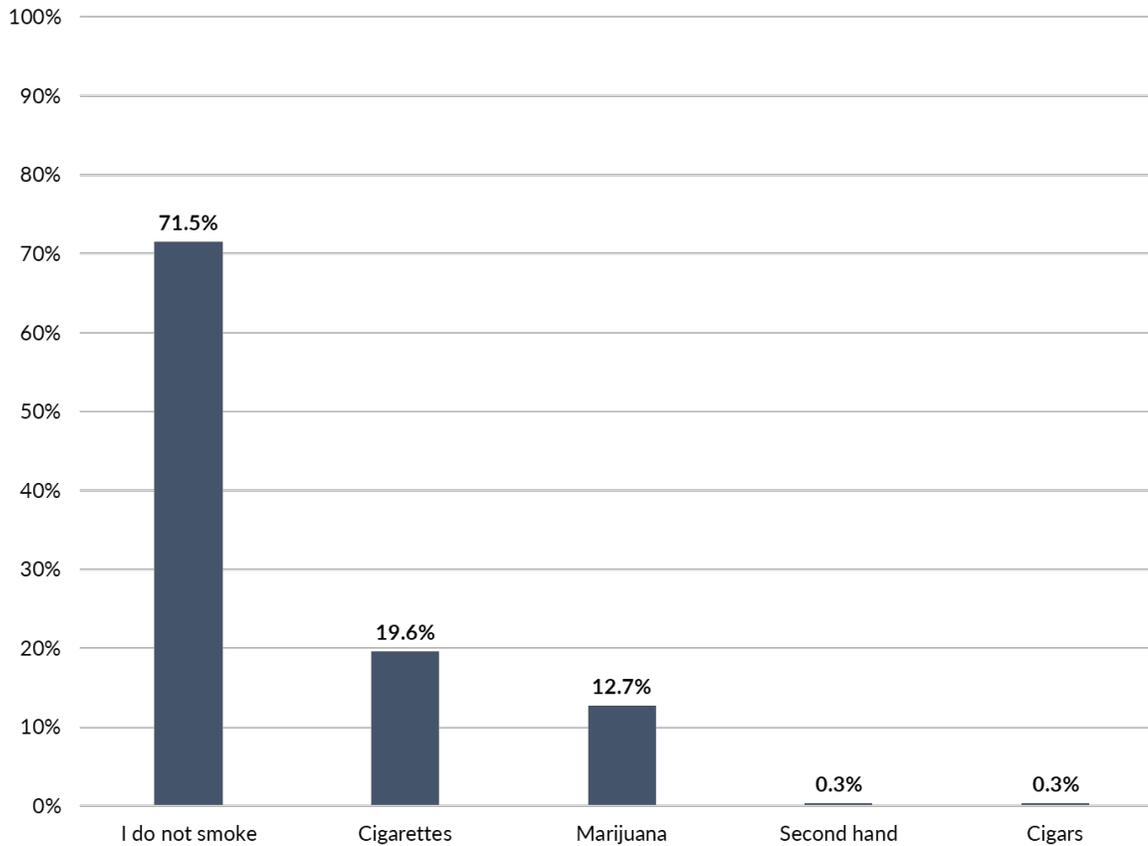
Figure 59: Community Survey Respondents Use Tobacco or Vaping Products



Source: Cattaraugus and McKean County Community Survey, 2025

Among Cattaraugus County intercept survey respondents, most (71.5%) reported not smoking; of those who do, 71.5% smoke cigarettes and 12.7% smoke marijuana (**Figure 60**).

Figure 60: Cattaraugus County Intercept Survey Respondents Smoking Behaviors



Source: Cattaraugus County Intercept Survey, 2024

Alcohol Use

Alcohol consumption is a common behavior in the United States; however, excessive use—through binge drinking, heavy drinking, or underage drinking—poses serious health and social risks. Excessive alcohol use remains one of the leading preventable causes of death, responsible for approximately 178,000 deaths each year, and shortens the lives of those affected by an average of 24 years. The consequences of heavy drinking are extensive, impacting nearly every organ system in the body. Short-term effects include injuries, accidents, and violence, while long-term effects contribute to chronic diseases such as liver cirrhosis, cardiovascular disease, and various cancers. Excessive alcohol use is also associated with mental health disorders, including depression and anxiety.

Addressing alcohol misuse is vital not only to reduce these health risks but also to lessen the substantial economic burden related to healthcare costs, lost productivity, and other societal impacts. Effective public health strategies—such as increasing awareness, enforcing underage drinking laws, and improving access to prevention, treatment, and recovery services—are essential to mitigate the adverse effects of alcohol misuse on individuals and communities.⁵⁴

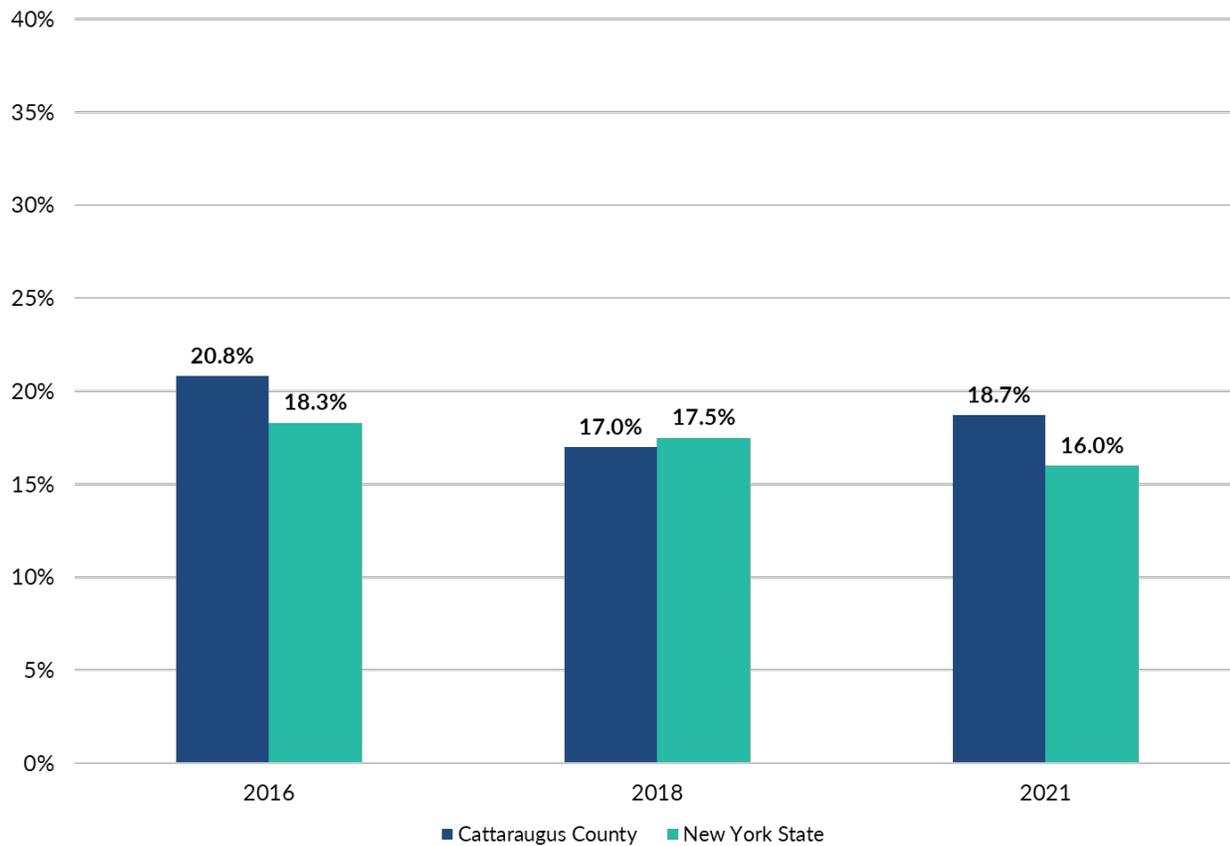
Binge drinking is defined as consuming four or more drinks for women or five or more drinks for men on a single occasion.⁵⁵

The percentage of adults reporting binge drinking in the past month has fluctuated in Cattaraugus County while showing a steady decline statewide. As shown in **Figure 61**, the rate in Cattaraugus County increased from 17.0% in 2018 to 18.7% in 2021, compared to a decrease from 17.5% to 16.0% statewide during the same period.

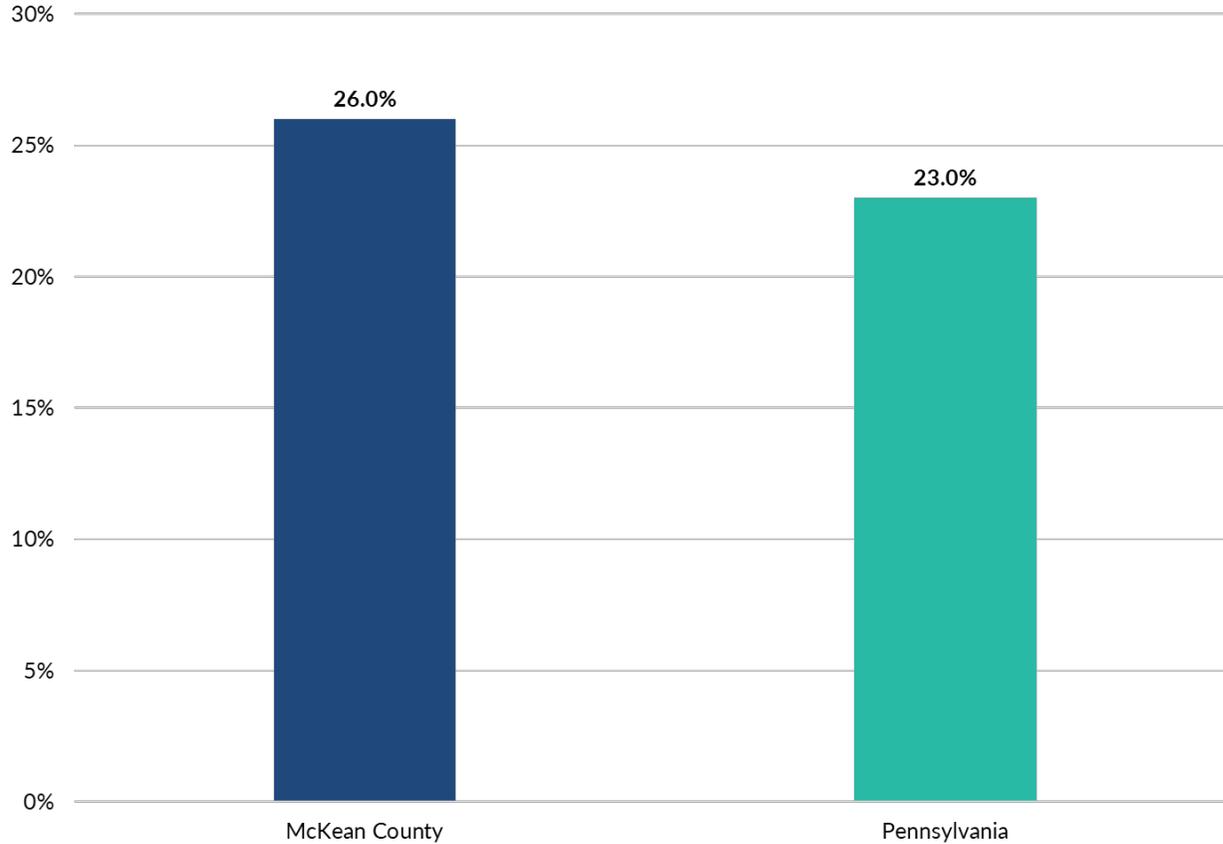
In McKean County, binge drinking prevalence (26.0%) exceeds both the state (23.0%) and national averages, as shown in **Figure 62**.

⁵⁴ <https://www.cdc.gov/alcohol/facts-stats/index.html>

⁵⁵ https://www.health.ny.gov/statistics/brfss/reports/docs/2103_bingeheavydrinking.pdf

Figure 61: Adults Binge Drinking, Past Month, Cattaraugus County and New York, 2016, 2018 and 2021

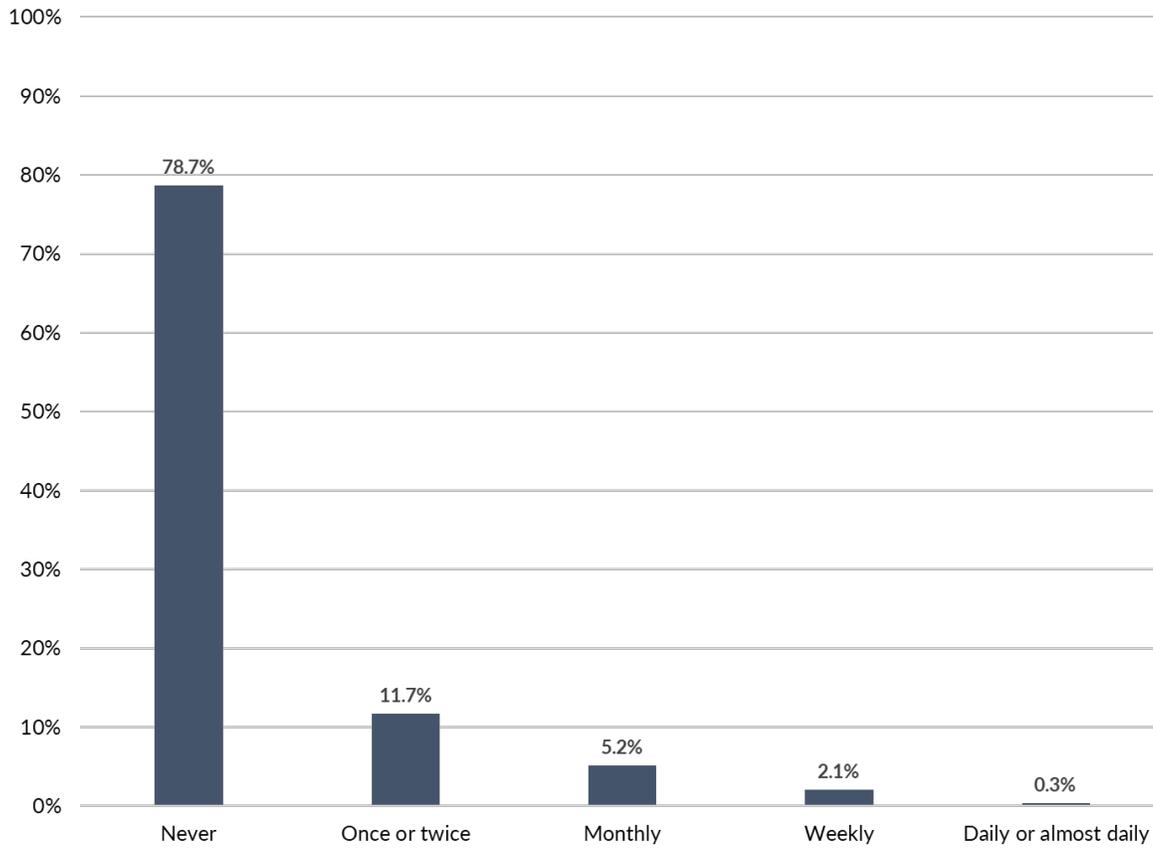
Source: New York State Department of Health, BRFSS

Figure 62: Adults Who Report Binge Drinking, McKean County and Pennsylvania, 2020-2022

Source: Pennsylvania Department of Health, BRFSS

Survey data show that most Cattaraugus County intercept survey respondents do not binge drink (78.7%) (Figure 63).

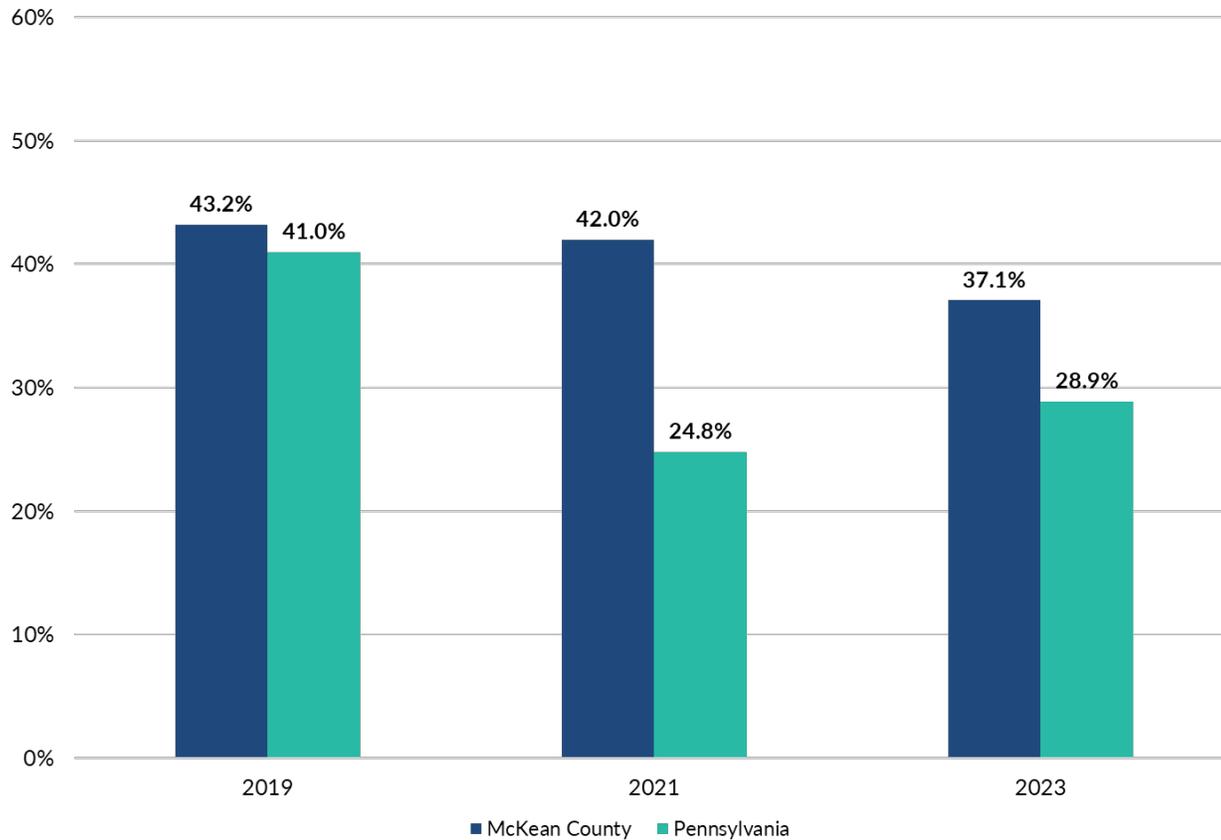
Figure 63: Cattaraugus County Intercept Survey Respondents Frequency Binge Drink



Source: Cattaraugus County Intercept Survey, 2024

Among youth, lifetime alcohol use has declined in McKean County—from 43.2% in 2019 to 37.1% in 2023—but remains higher than the state average of 28.9% (Figure 64).

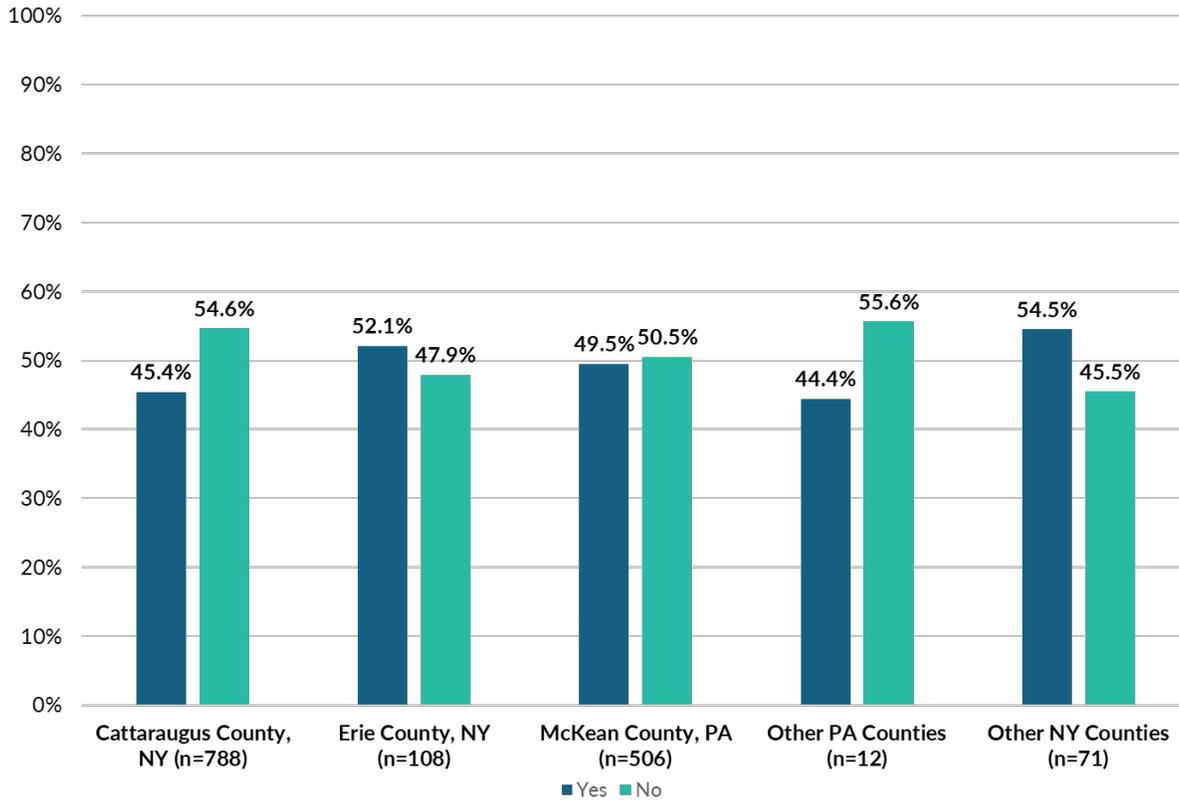
Figure 64: Youth Lifetime Alcohol Use, McKean County and Pennsylvania, 2019, 2021 and 2023



Source: Pennsylvania Youth Survey

Community survey findings show that nearly half of respondents report consuming alcohol, with 45.4% in Cattaraugus County and 49.5% in McKean County (Figure 65).

Figure 65: Community Survey Respondents Consume Alcohol



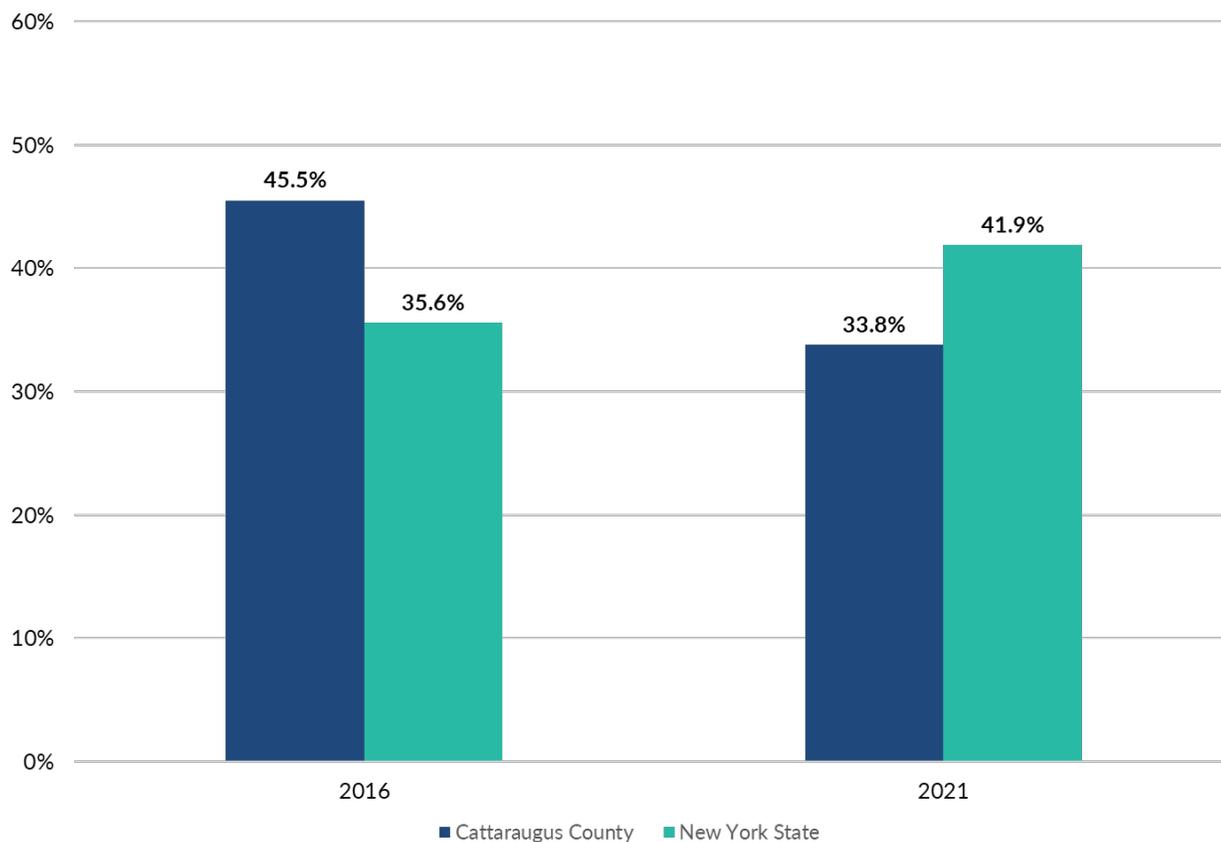
Source: Cattaraugus and McKean County Community Survey

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur during childhood (ages 0–17), such as experiencing violence, abuse, or neglect; witnessing violence in the home or community; or living with family members who struggle with mental illness, substance use, or suicidal behavior. These experiences can have profound and long-lasting effects on health, development, and overall well-being. ACEs are common—approximately 64% of adults in the United States report having experienced at least one type of ACE before age 18. The consequences of ACEs extend beyond mental health, contributing to increased risks for chronic diseases, substance use, and reduced life opportunities. Addressing and preventing ACEs is essential to improving public health and ensuring that all children can grow up in safe, stable, and nurturing environments.⁵⁶

As shown in **Figure 66**, the percentage of adults reporting two or more ACEs in Cattaraugus County decreased from 45.5% in 2016 to 33.8% in 2021, while the rate increased at the state level—from 35.6% to 41.9%.

Figure 66: Adults Who Experienced Two or More Adverse Childhood Experiences, Cattaraugus County and New York, 2016 and 2021

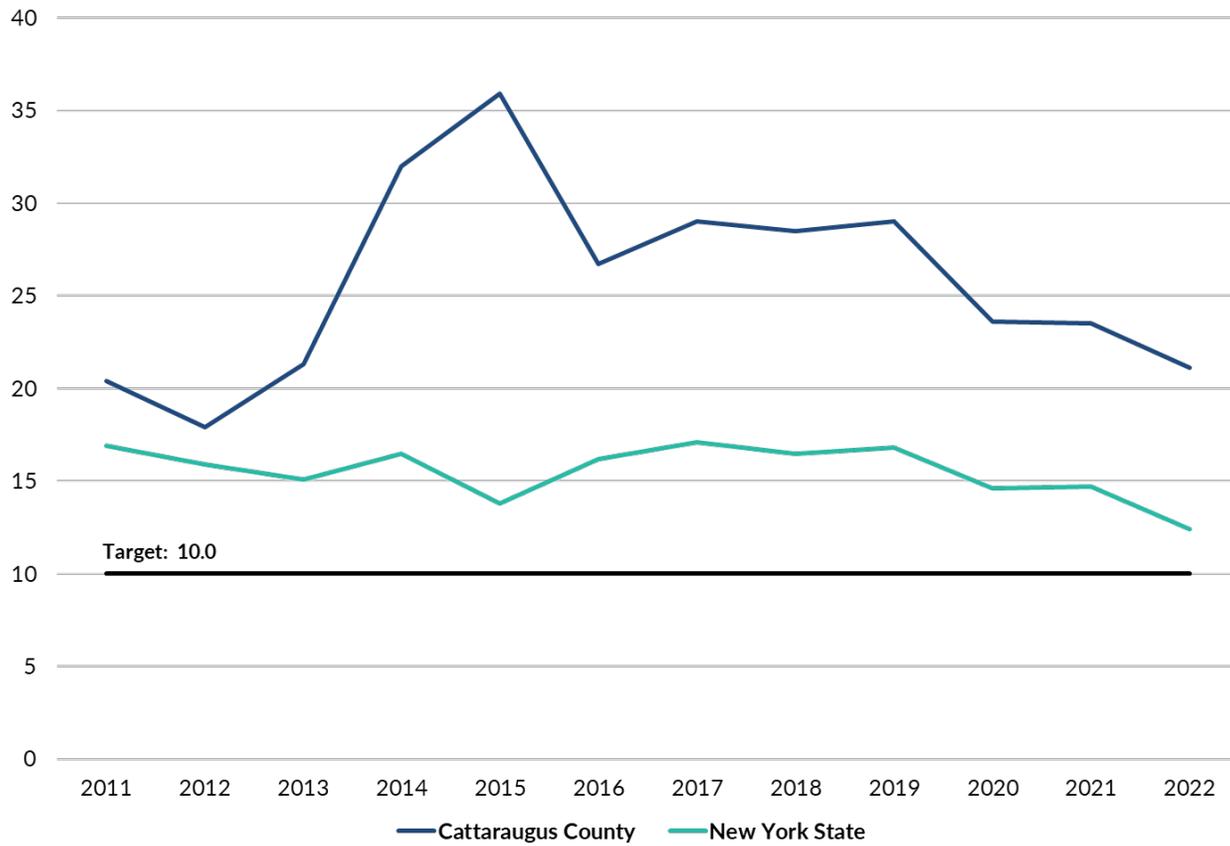


Source: New York State Department of Health, BRFSS

⁵⁶ <https://www.cdc.gov/aces/about/index.html>

Figure 67 illustrates that while the rate of indicated child abuse or maltreatment reports among children ages 0–17 has declined in both Cattaraugus County and New York State, the county’s rate remains above both the state average and the NYSDOH Prevention Agenda target of 10.0. In 2022, Cattaraugus County’s rate was 21.1, compared to 12.4 statewide.

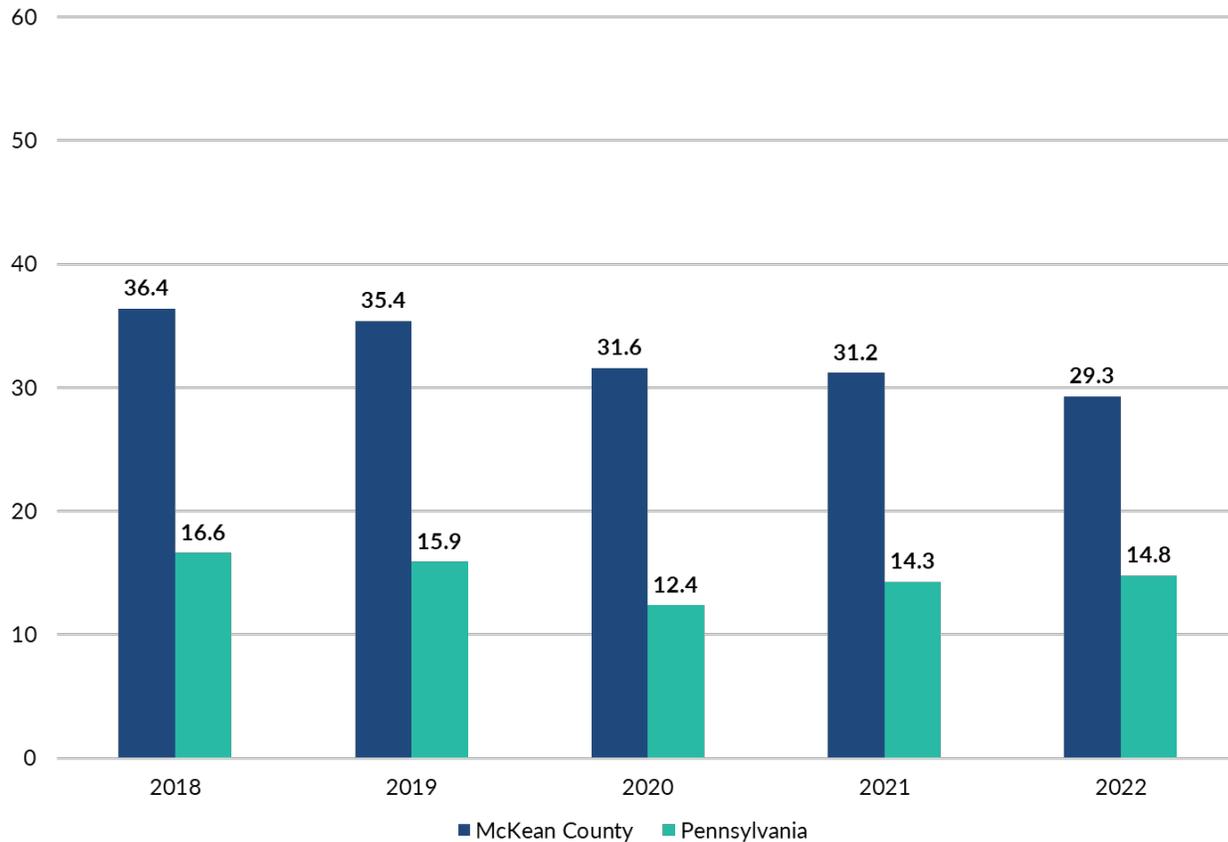
Figure 67: Indicated Reports of Abuse/Maltreatment Rate Per 1,000 Children Ages 0-17, Cattaraugus County and New York, 2011-2022



Source: New York State Department of Health, The Prevention Agenda Dashboard

In McKean County, the rate of child abuse and neglect has also declined but continues to exceed the state rate, as seen in **Figure 68**. In 2022, McKean County reported a rate of 29.3 per 1,000 children, compared to 14.8 for Pennsylvania overall.

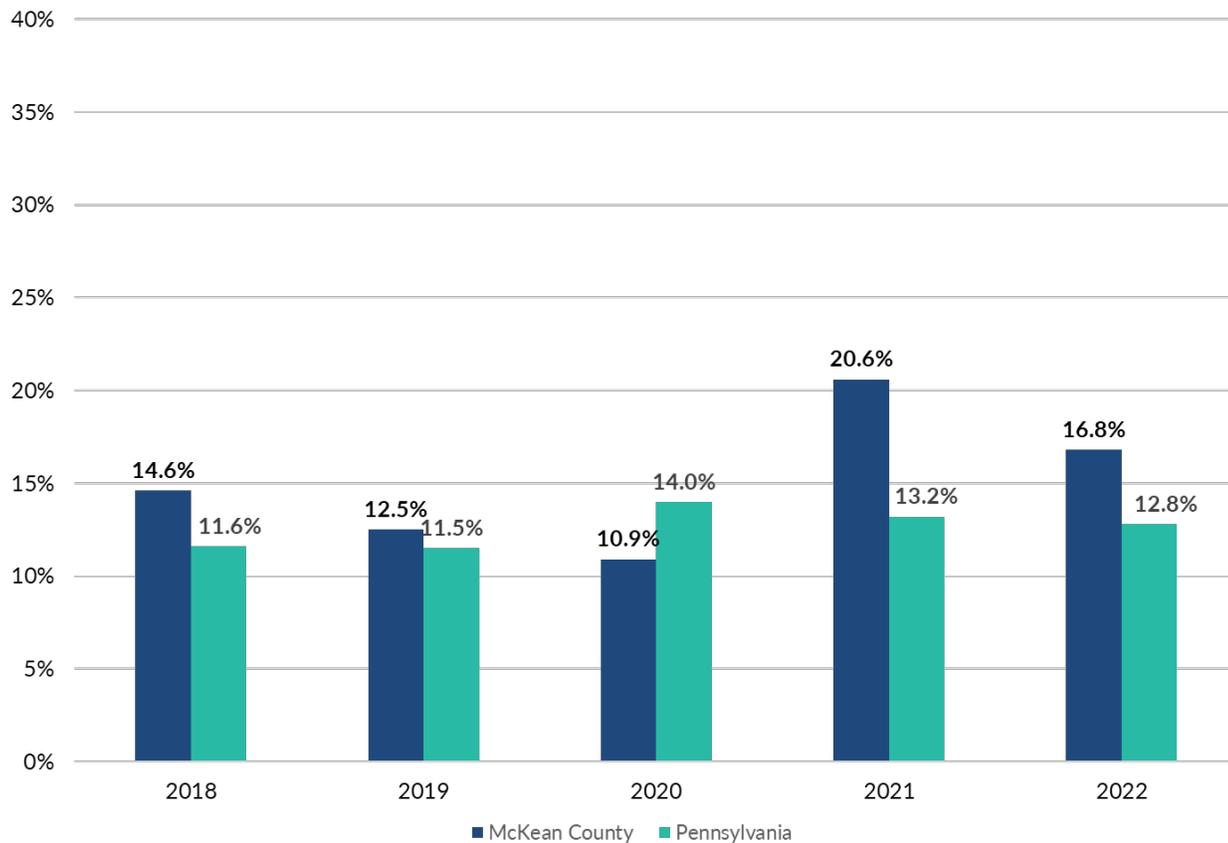
Figure 68: Child Abuse and Neglect Rate Per 1,000 Children Ages 0-17, McKean County and Pennsylvania, 2018-2022



Source: Pennsylvania Partnerships for Children

The percentage of substantiated child abuse and neglect reports has fluctuated in both McKean County and Pennsylvania, with the county exceeding the state in most years (**Figure 69**). In 2022, 16.8% of reports in McKean County were substantiated, compared to 12.8% statewide.

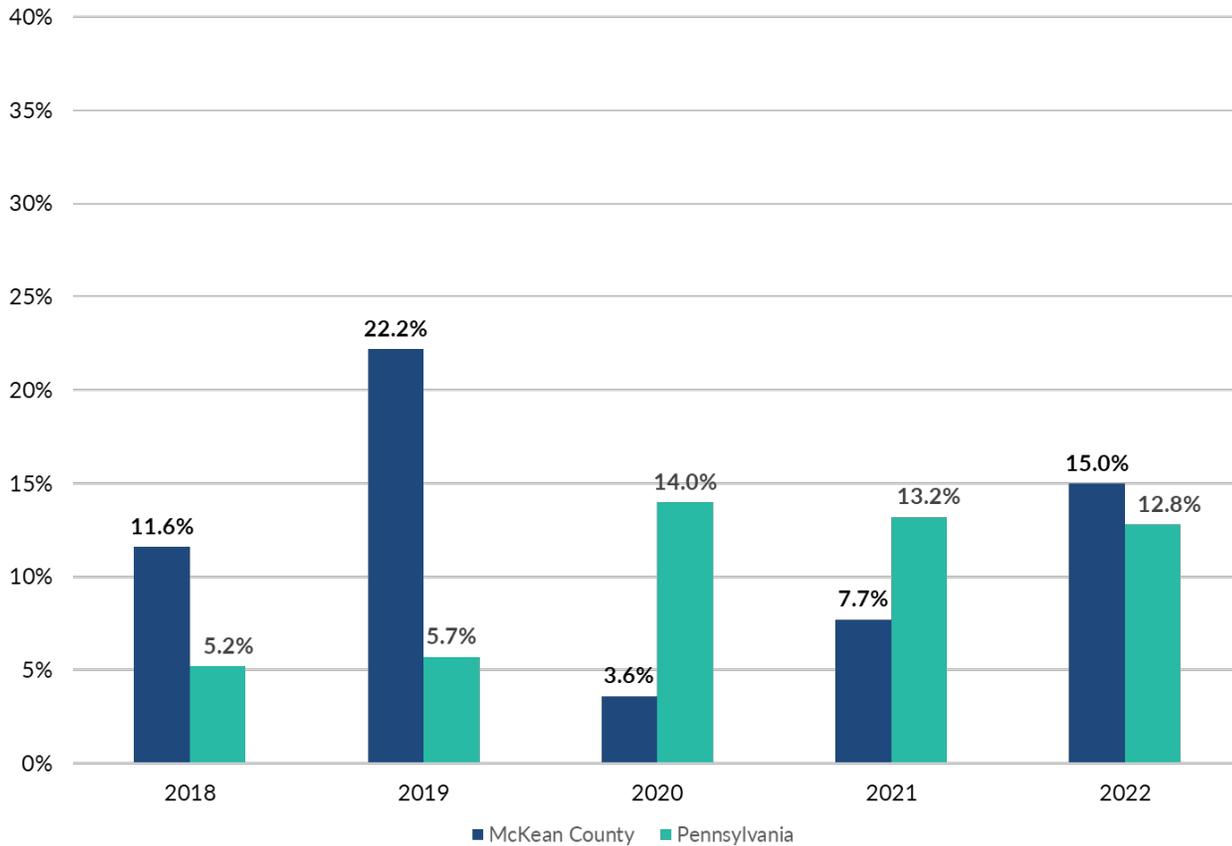
Figure 69: Child Abuse and Neglect Reports Substantiated, McKean County and Pennsylvania, 2018-2022



Source: Pennsylvania Partnerships for Children

Similarly, the rate of repeated child abuse and neglect cases has varied, but McKean County remains higher (15.0%) than the state average (12.8%) as shown in **Figure 70**.

Figure 70: Repeated Child Abuse and Neglect, McKean County and Pennsylvania, 2018-2022



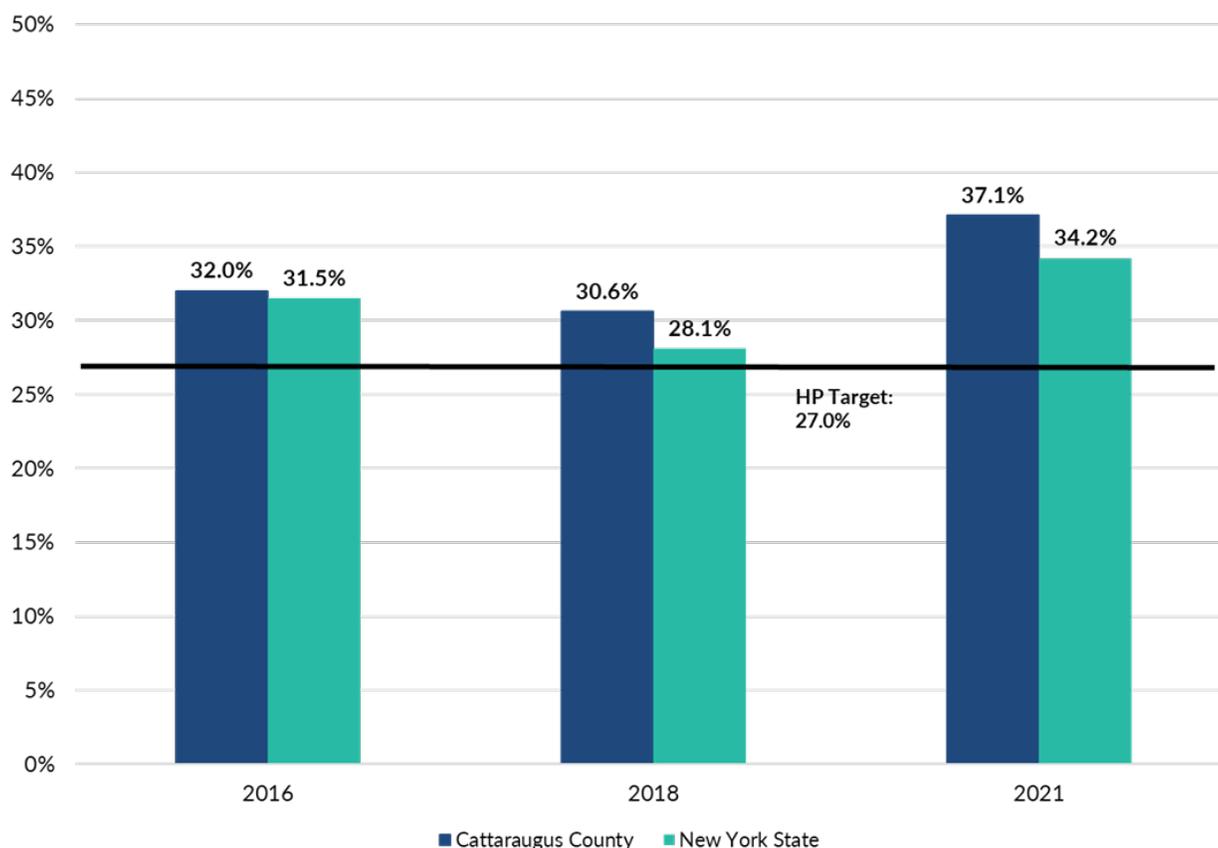
Source: Pennsylvania Partnerships for Children

Healthy Eating

Healthy eating involves consuming a balanced variety of foods that provide the nutrients necessary to maintain overall health, support growth and development, and reduce the risk of chronic diseases. A nutritious diet emphasizes fruits, vegetables, whole grains, lean proteins, and healthy fats, while limiting added sugars, sodium, and saturated fats. Healthy eating is closely linked to both physical and mental well-being—it can help prevent obesity, diabetes, cardiovascular disease, and certain cancers, while also supporting cognitive function and emotional health. Promoting healthy eating remains a cornerstone of public health efforts, as diet-related chronic diseases are among the leading causes of preventable death worldwide. According to the U.S. Department of Agriculture and the *Dietary Guidelines for Americans*, adopting nutrient-dense, balanced eating patterns is essential for long-term health and disease prevention.⁵⁷

As shown in **Figure 71**, the percentage of adults in Cattaraugus County who reported not consuming fruits or vegetables daily increased from 32.0% in 2016 to 37.1% in 2021, exceeding both the state average (34.2%) and the *Healthy People 2030* goal (27.0%).

Figure 71: Adults Who Consume No Fruits or Vegetables Daily, Cattaraugus County and New York, 2016, 2018 and 2021

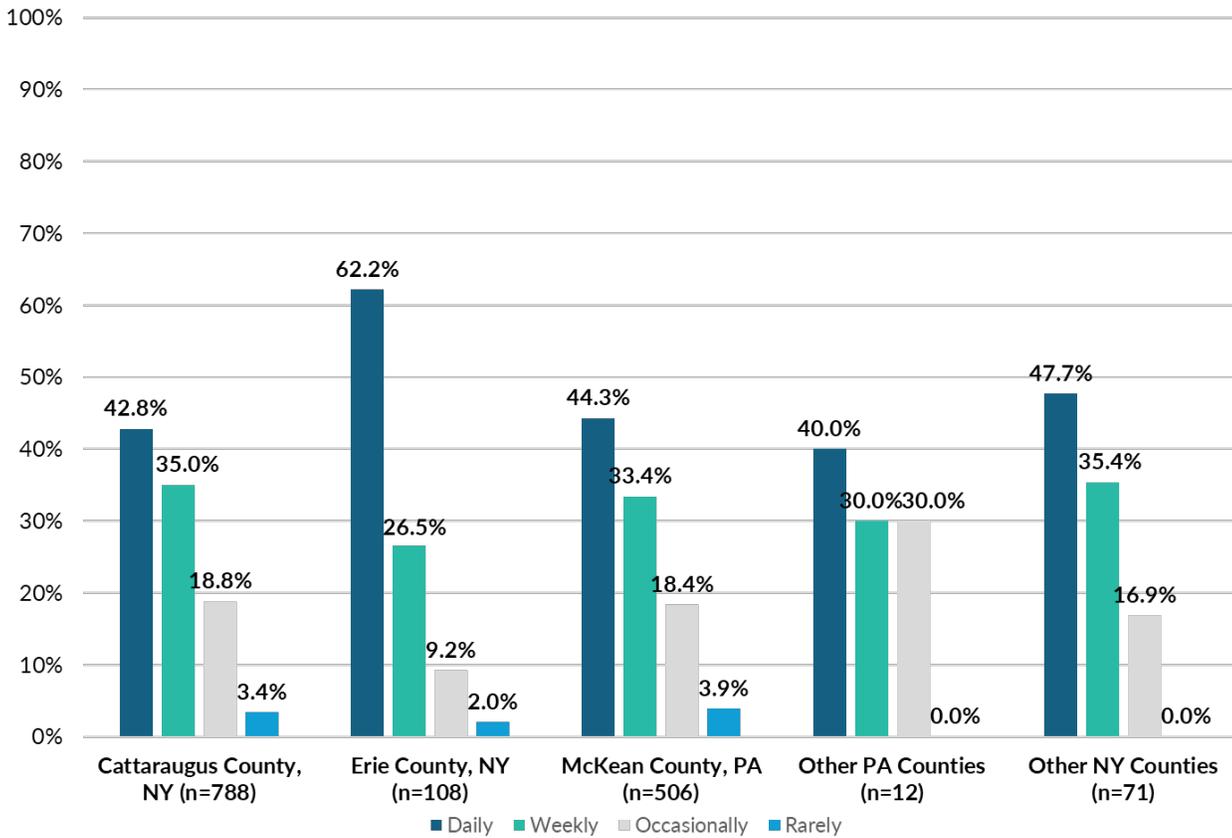


Source: New York State Department of Health, BRFSS

⁵⁷ <https://www.dietaryguidelines.gov/>

Results from the community survey (Figure 72) show that fewer than half of respondents consume fresh fruits and vegetables daily—42.8% in Cattaraugus County and 44.3% in McKean County—highlighting continued opportunities to strengthen access to and awareness of healthy food choices.

Figure 72: Community Survey Respondents Frequency Eat Fresh Fruits and Vegetables



Source: Cattaraugus and McKean County Community Survey, 2025



Neighborhood and Built Environment

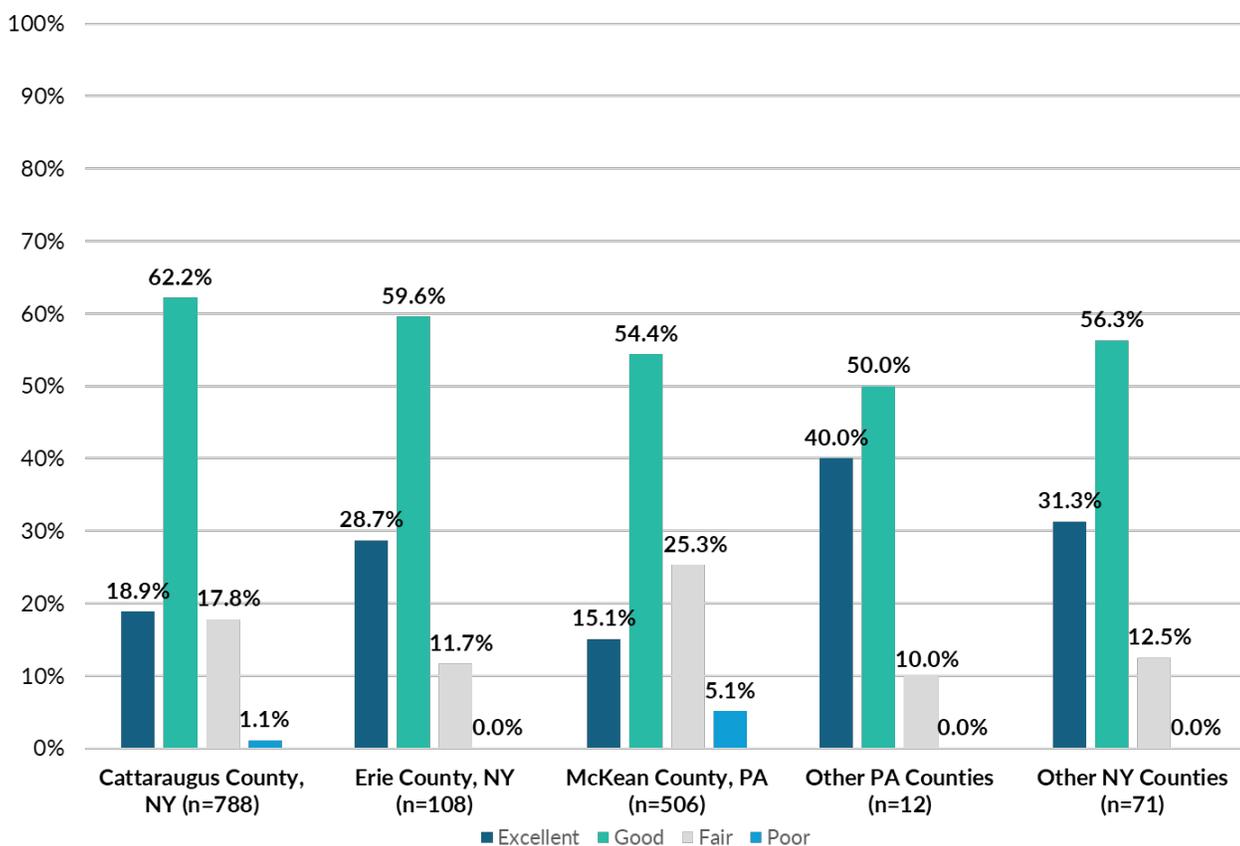


Neighborhood and Built Environment

The neighborhood and built environment—encompassing physical structures, infrastructure, and land use patterns where people live, work, learn, and play—has a profound impact on population health. Factors such as housing quality (e.g., ventilation, crowding, presence of lead), neighborhood design (walkability, street connectivity), access to green spaces, transportation options, and availability of healthy food all shape health outcomes. Environmental exposures, including pollution and noise, also contribute to physical and mental well-being. Poorly designed or under-resourced environments are associated with higher rates of chronic diseases such as obesity, diabetes, and cardiovascular disease, as well as respiratory and mental health conditions. Conversely, well-planned environments promote physical activity, social interaction, reduced stress, and improved air and water quality. For example, a 2020 study using Google Street View data found that built environment features—such as greenness, building type, and road infrastructure—were associated with lower prevalence of physical and mental distress, obesity, and inactivity in U.S. cities.⁵⁸

As shown in **Figure 73**, most respondents rated their air quality as *Excellent* or *Good*, including 81.1% of respondents in Cattaraugus County and 69.5% in McKean County.

Figure 73: Community Survey Respondents Air Quality Rating

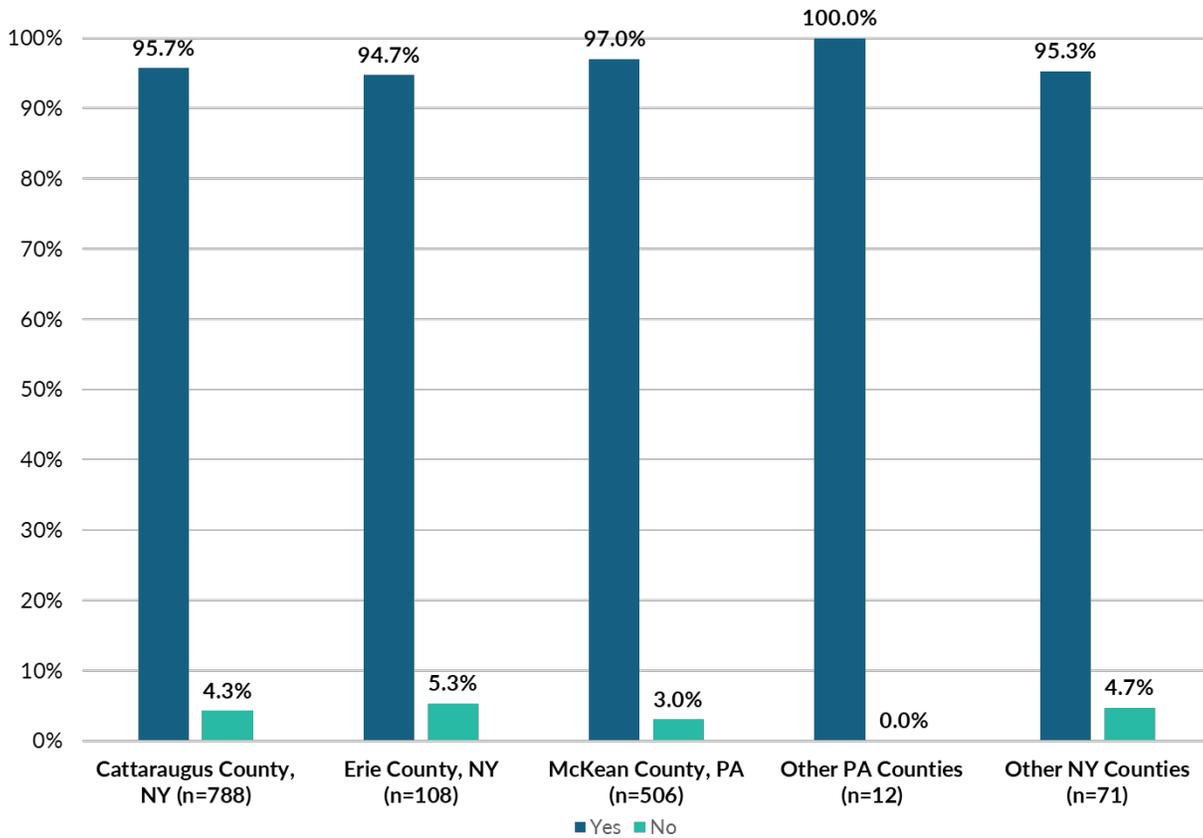


Source: Cattaraugus and McKean County Community Survey, 2025

⁵⁸ <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-020-8300-1?utm>

The majority also reported access to clean drinking water (95.7% in Cattaraugus County and 97.0% in McKean County), as illustrated in **Figure 74**.

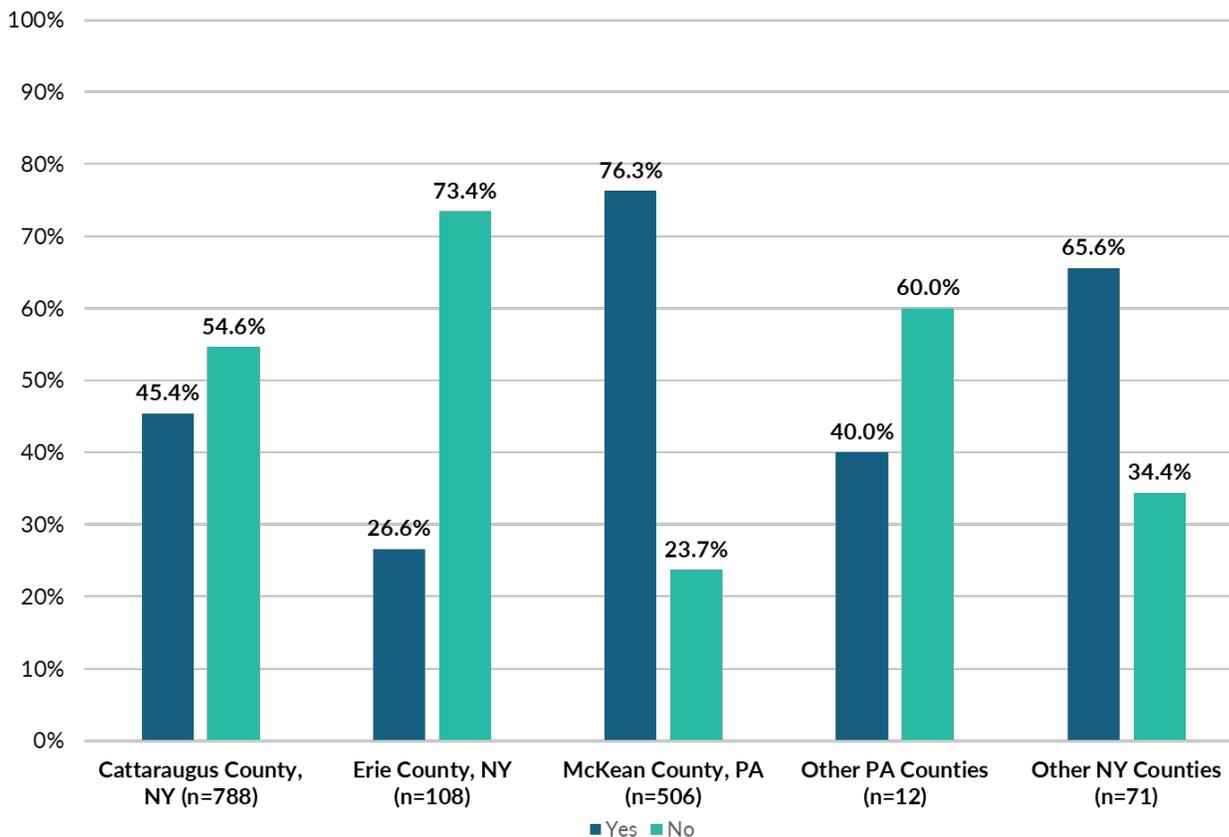
Figure 74: Community Survey Respondents Access to Clean Drinking Water



Source: Cattaraugus and McKean County Community Survey, 2025

Access to public transportation, however, varied widely: 45.4% of respondents in Cattaraugus County reported access compared with 76.3% in McKean County (Figure 75).

Figure 75: Community Survey Respondents Access to Public Transportation Options



Source: Cattaraugus and McKean County Community Survey, 2025

Stakeholder Interview Feedback

Cattaraugus County

Transportation was identified as a critical barrier to health and well-being and a top priority among stakeholders in Cattaraugus County. Participants emphasized that the lack of reliable transportation prevents residents from accessing specialty care, dental services, and other essential health needs—challenges that intersect with nearly every other health-related issue, from chronic disease management to mental health treatment.

Transportation was described as one of the most pervasive barriers across healthcare, dental, and behavioral health services. Since the COVID-19 pandemic, volunteer driver programs and American Cancer Society-supported rides have declined, leaving many residents without dependable transportation options. While Medicaid transportation services are available, they are often unreliable—frequently late, restricted to medical appointments, and inflexible for related needs such as picking up prescriptions or groceries. These issues are compounded by rural geography, poverty, and social isolation, leaving many individuals unable to follow through on treatment or preventive care.

McKean County

Limited transportation options were also cited as a major barrier to health, well-being, and daily functioning in McKean County, affecting access to healthcare, employment, and community resources. Stakeholders noted that unreliable or insufficient transportation options disproportionately affect older adults, low-income individuals, and residents with chronic conditions. Public transit options, such as ATA, exist but are limited in scope and reliability. Residents without private vehicles often face long travel times to reach essential services in cities like DuBois, Erie, Pittsburgh, or Buffalo. Medicaid transportation services were reported to be frequently late, restricted to medical appointments, and inflexible for related needs such as picking up prescriptions or groceries. Volunteer driver programs and ACS-supported rides that once helped fill these gaps have declined since COVID-19.

Rural geography, poverty, and social isolation compound these challenges, intersecting with gaps in healthcare, dental, behavioral health, and social services. As a result, many residents struggle to follow through on treatment, preventive care, or employment obligations—making transportation one of the most pervasive and systemic barriers in the region.

Focus Group Participant Feedback

Cattaraugus County

Transportation emerged as a fundamental barrier underlying many service gaps in Cattaraugus County. While Medicaid provides travel services, participants noted that these are often unreliable, leading to missed appointments, delayed care, and rescheduled services. Older adults, low-income residents, and those requiring specialty care outside the county are especially affected. The lack of dependable transportation limits access not only to healthcare—including specialists, dental, and pharmacy services—but also to education, employment, and recreation. Participants stressed that without addressing transportation, many other interventions may fail to reach those most in need. Weekend transportation is often unavailable, and rural residents frequently travel long distances to reach hospitals or specialty care, compounding challenges for those with limited mobility or only one household vehicle.

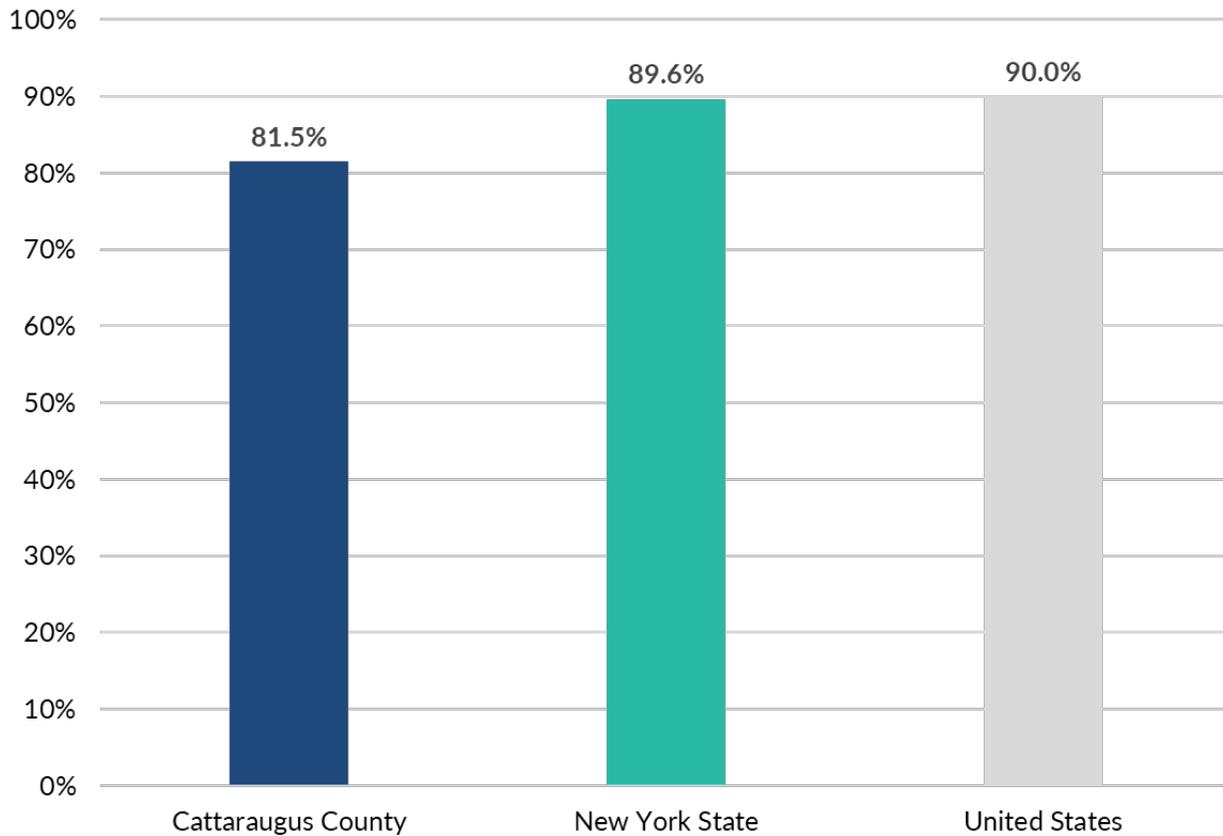
Transportation challenges also contribute to social isolation and reduced community participation. Without reliable transportation, residents are unable to attend social events, support groups, or recreational activities—factors that exacerbate mental health issues. Combined with economic and housing barriers, transportation limitations significantly undermine residents' ability to meet basic needs and pursue long-term goals, making reliable transportation a critical determinant across healthcare, food access, employment, and social engagement.

McKean County

Transportation barriers in McKean County similarly limit access to healthcare, employment, and essential services. Public transit is often limited, infrequent, and costly—particularly for residents traveling between towns or across state lines. These limitations affect families' ability to reach medical appointments, access childcare, or travel for employment, further contributing to isolation and service gaps.

Broadband access also influences residents' ability to connect with healthcare providers, educational opportunities, and social networks. As shown in **Figure 76**, 81.5% of residents in Cattaraugus County have broadband access, compared with 89.6% in New York State and 90.0% nationally.

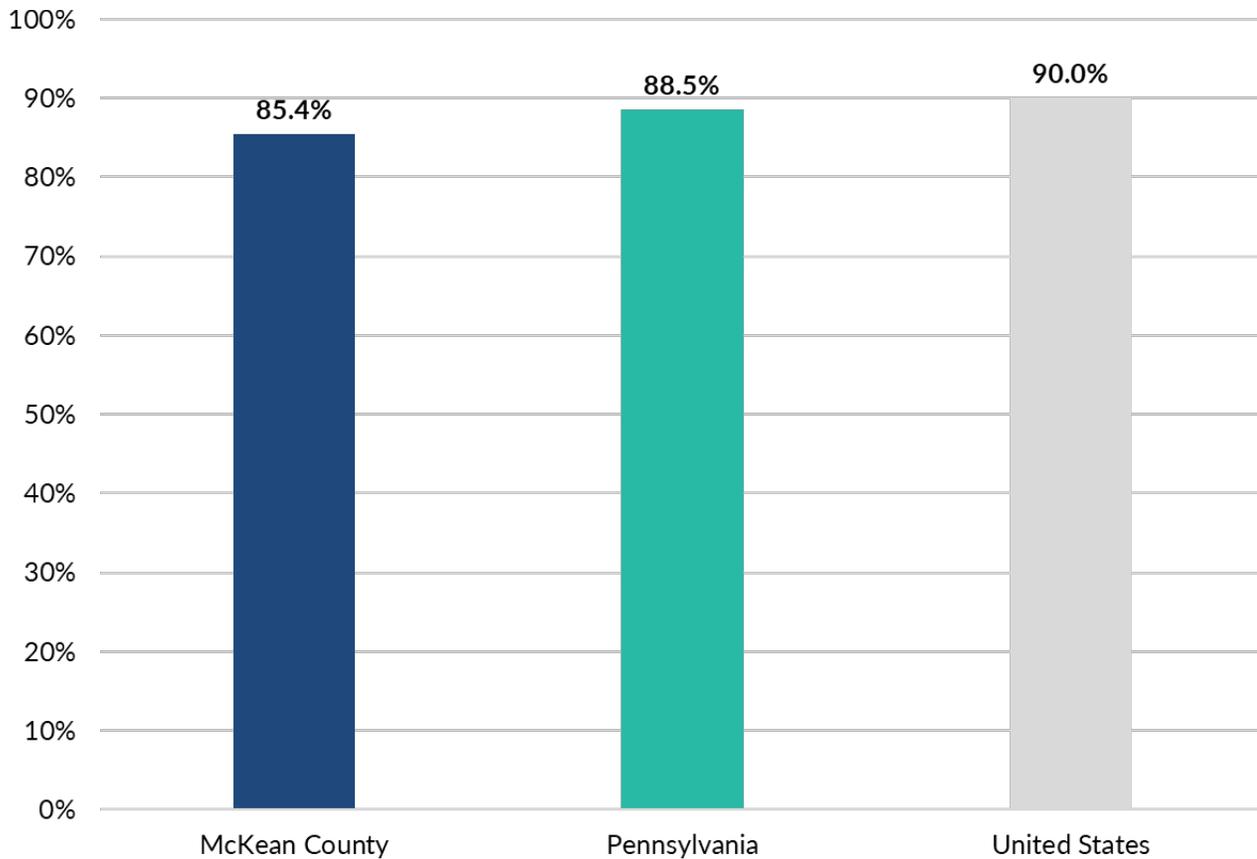
Figure 76: Broadband Access, Cattaraugus County, New York and United States, 2025



Source: County Health Rankings and Roadmaps

In McKean County, 85.4% of residents have broadband access, slightly below both the Pennsylvania average (88.5%) and the national rate (90.0%) (Figure 77).

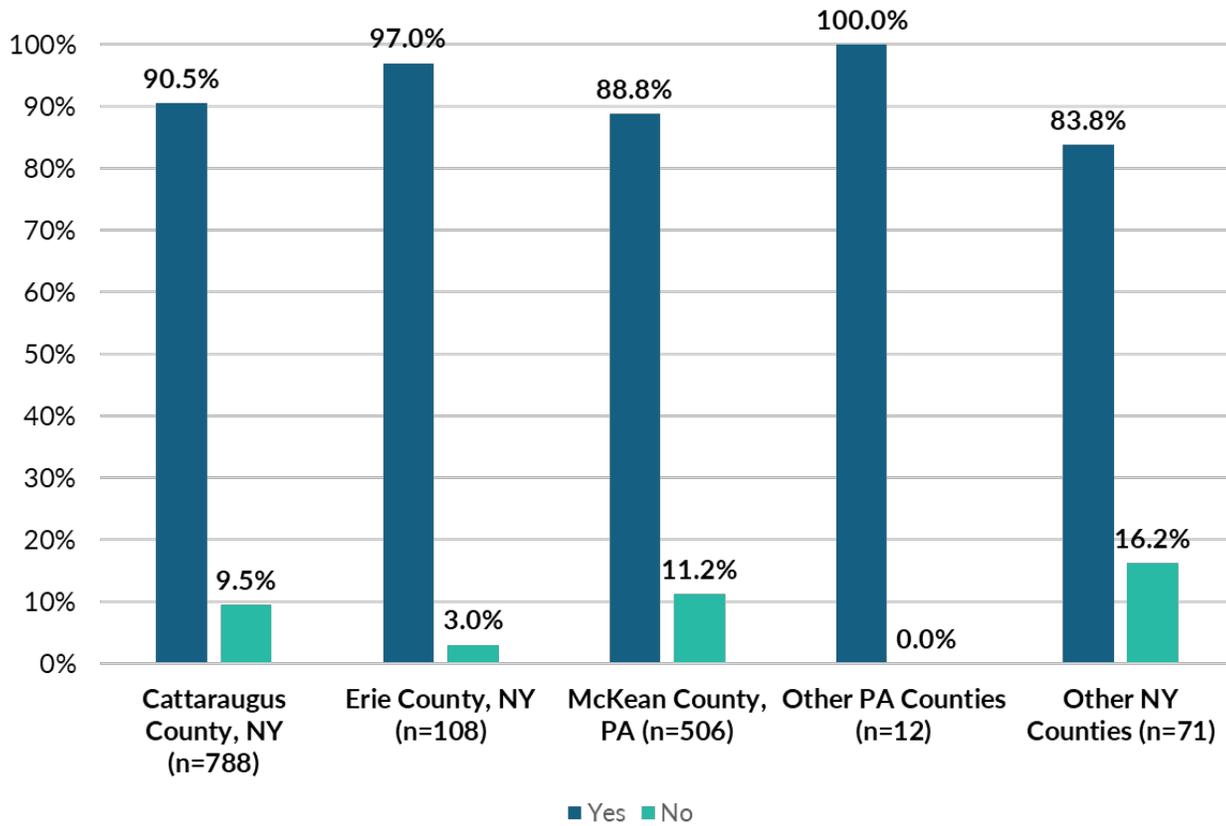
Figure 77: Broadband Access, McKean County, Pennsylvania and United States, 2025



Source: County Health Rankings and Roadmaps

Despite these differences, most community survey respondents reported having reliable internet service at home—90.5% in Cattaraugus County and 88.8% in McKean County (Figure 78).

Figure 78: Community Survey Respondents Have Reliable Internet Services in Their Home



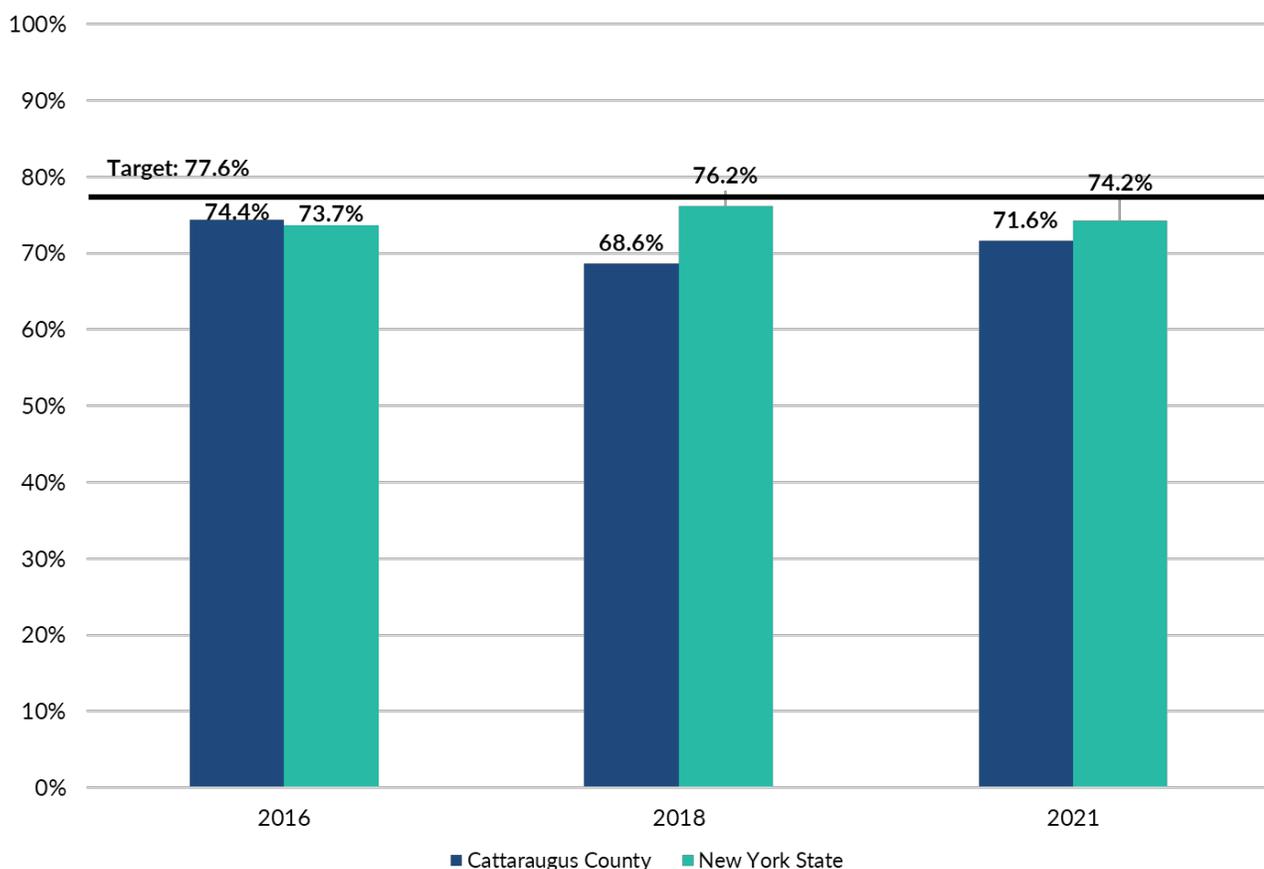
Source: Cattaraugus and McKean County Community Survey 2025

Opportunities for Active Transportation and Physical Activity

Regular physical activity is a cornerstone of good health and well-being, offering benefits that extend across both physical and mental domains. Consistent exercise reduces the risk of chronic diseases such as heart disease, type 2 diabetes, and certain cancers, while supporting healthy weight management, bone strength, and cardiovascular fitness. Beyond its physical benefits, regular activity has been shown to improve mood, reduce symptoms of anxiety and depression, and enhance cognitive function. According to the Centers for Disease Control and Prevention (CDC), adults should engage in at least 150 minutes of moderate-intensity aerobic activity per week, along with muscle-strengthening activities on two or more days.⁵⁹ These recommendations highlight the critical role of movement in promoting long-term health, independence, and quality of life.

As shown in **Figure 79**, 71.6% of adults in Cattaraugus County reported being physically active in 2021, slightly lower than the New York State rate (74.2%) and below the *NYSDOH Prevention Agenda Target* of 77.6%.

Figure 79: Adults Who are Physically Active, Cattaraugus County and New York, 2016, 2018 and 2021

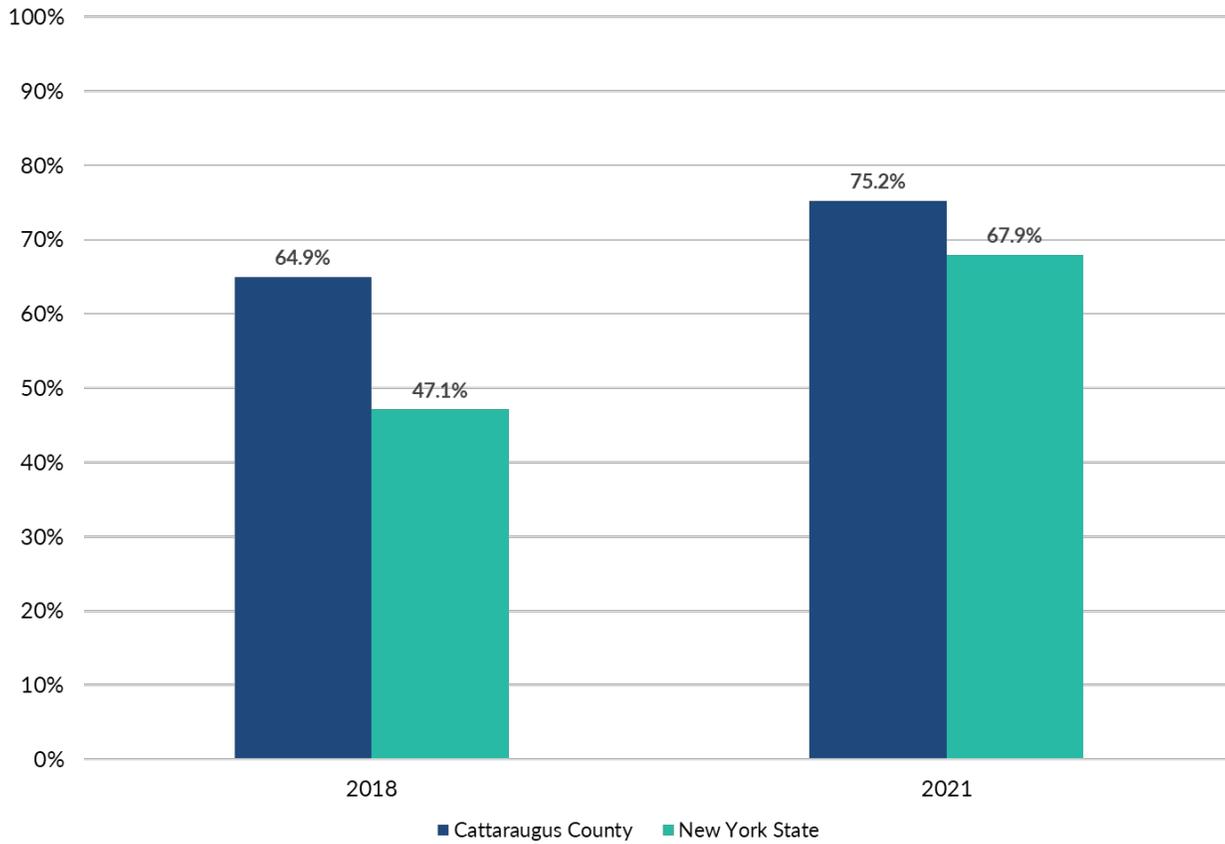


Source: New York State Department of Health, The Prevention Agenda Dashboard

⁵⁹ <https://www.cdc.gov/physical-activity/basics/index.htm>

Based on the *Behavioral Risk Factor Surveillance System (BRFSS)* definition, active transportation includes walking or bicycling for at least ten minutes to travel from one place to another.⁶⁰ Encouragingly, the percentage of adults who engage in active transportation increased between 2018 and 2021 in both Cattaraugus County (64.9% to 75.2%) and New York State (47.1% to 67.9%), with Cattaraugus County surpassing the state average (**Figure 80**).

Figure 80: Active Transportation, Cattaraugus County and New York, 2018 and 2021

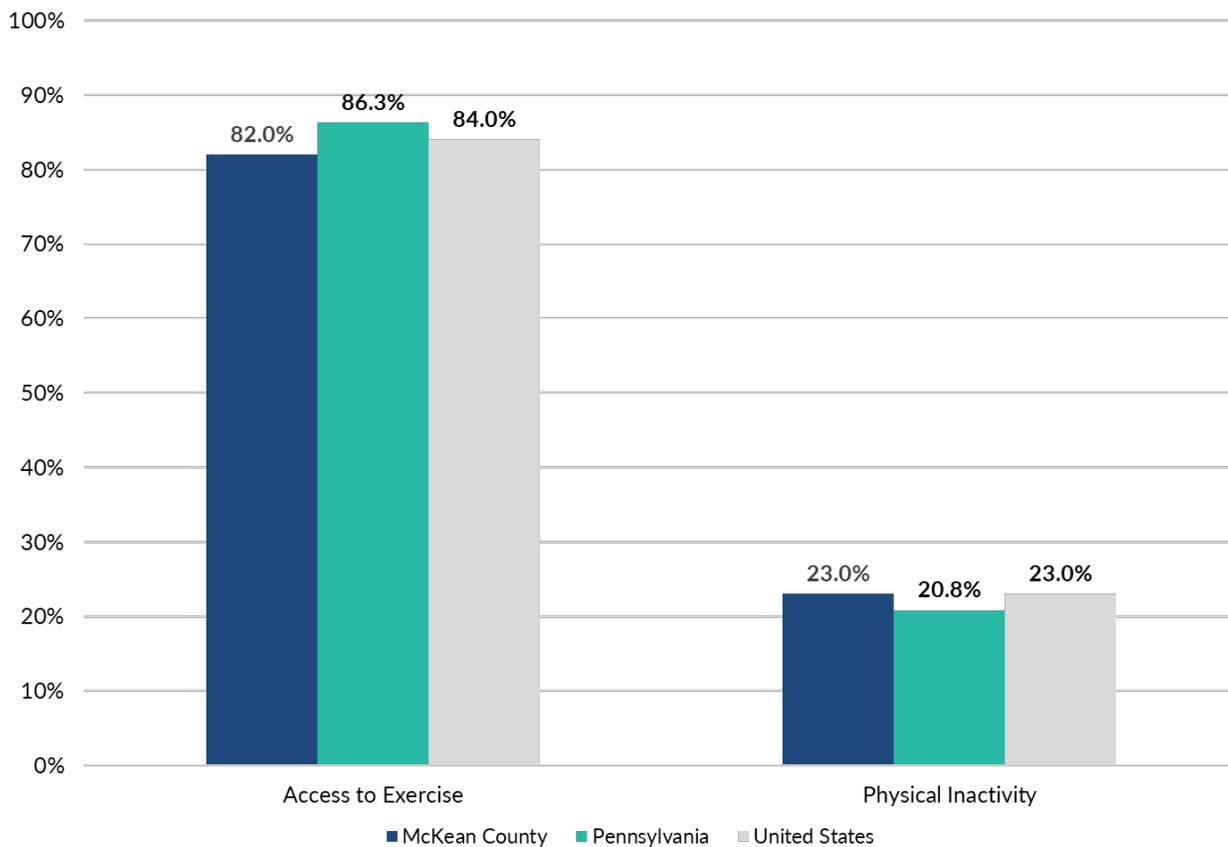


Source: New York State Department of Health, BRFSS

⁶⁰ https://www.health.ny.gov/statistics/brfss/reports/docs/2022-06_active_transportation.pdf

In McKean County, **Figure 81** shows that 82.0% of residents have access to places for physical activity—slightly below the Pennsylvania rate (86.3%) and the national rate (84.0%). The percentage of adults who are physically inactive is 23.0%, similar to the national level (23.0%) but higher than the state average (20.8%).

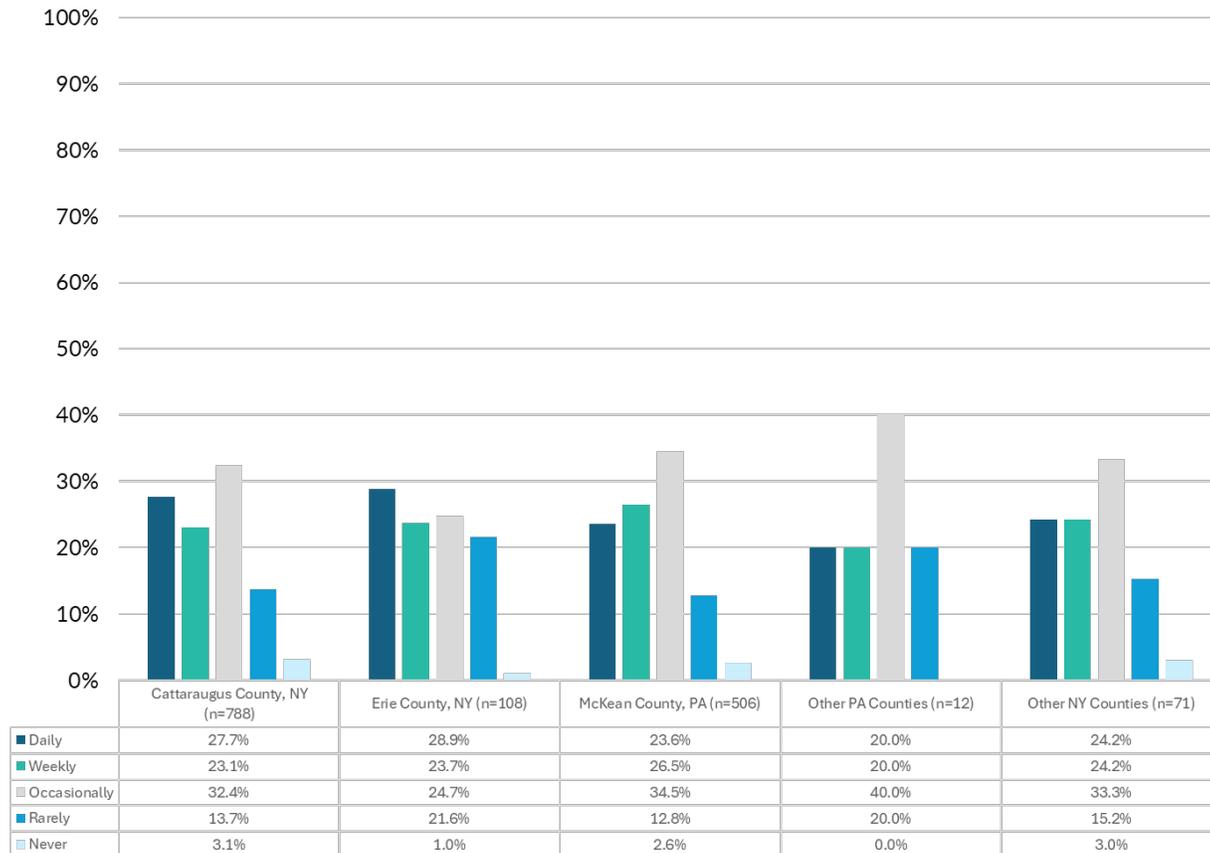
Figure 81: Physical Activity Indicators, McKean County and Pennsylvania, 2025



Source: County Health Rankings and Roadmaps

Community survey findings further underscore opportunities for improvement. Approximately half of respondents reported engaging in physical activity daily or weekly—50.8% in Cattaraugus County and 50.1% in McKean County—with very few indicating they never exercise (**Figure 82**).

Figure 82: Community Survey Respondents Frequency of Exercise



Source: Cattaraugus and McKean County Community Survey, 2025

Respondents to the Cattaraugus County intercept survey identified the top three supports that would help them become more physically active: walking or exercise groups (18.2%), discounts for exercise programs (14.8%), and affordable athletic gear such as sneakers or sweat suits (13.6%), as shown in **Figure 83**.

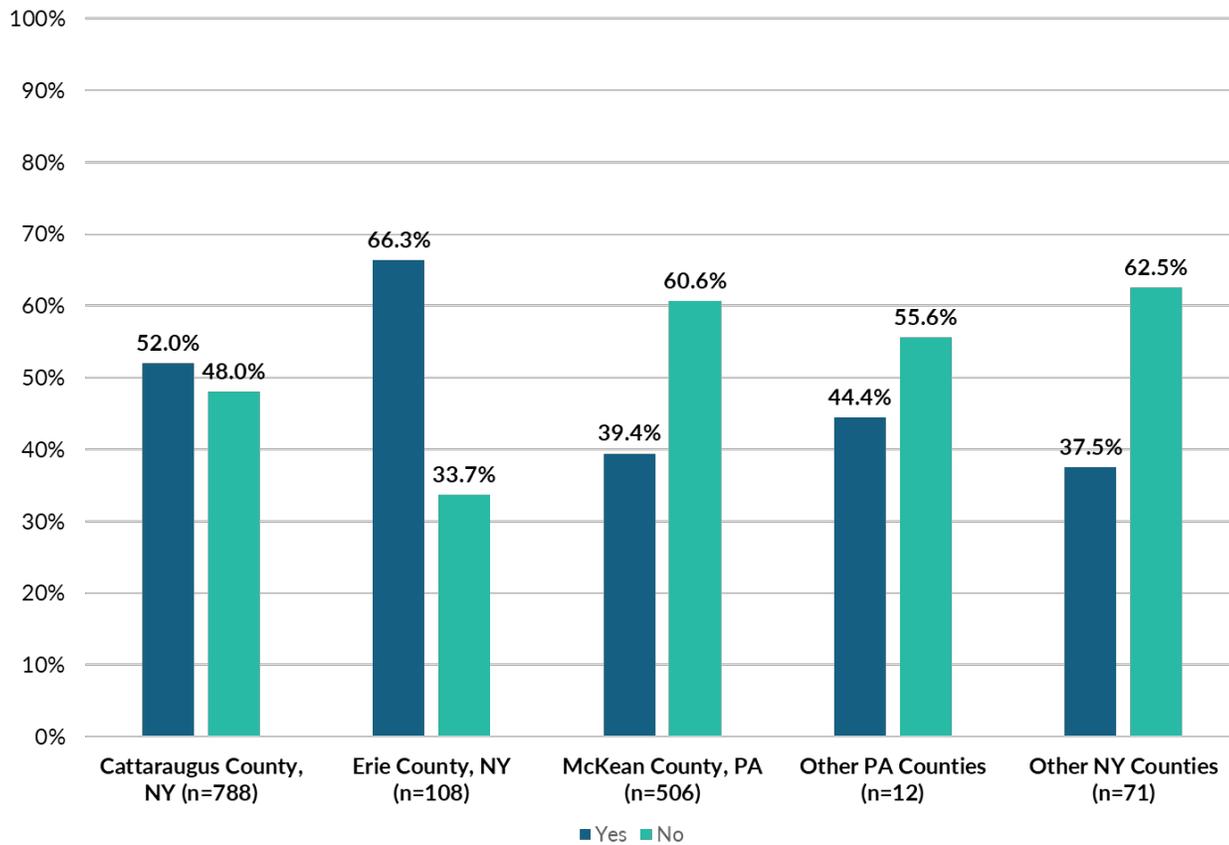
Figure 83: Cattaraugus County Intercept Survey Respondents Help Become More Physically Active



Source: Cattaraugus County Intercept Survey, 2024

Access to infrastructure that supports active lifestyles varied by location. As seen in **Figure 84**, 52.0% of Cattaraugus County respondents reported access to sidewalks or bike lanes, compared with 39.4% in McKean County.

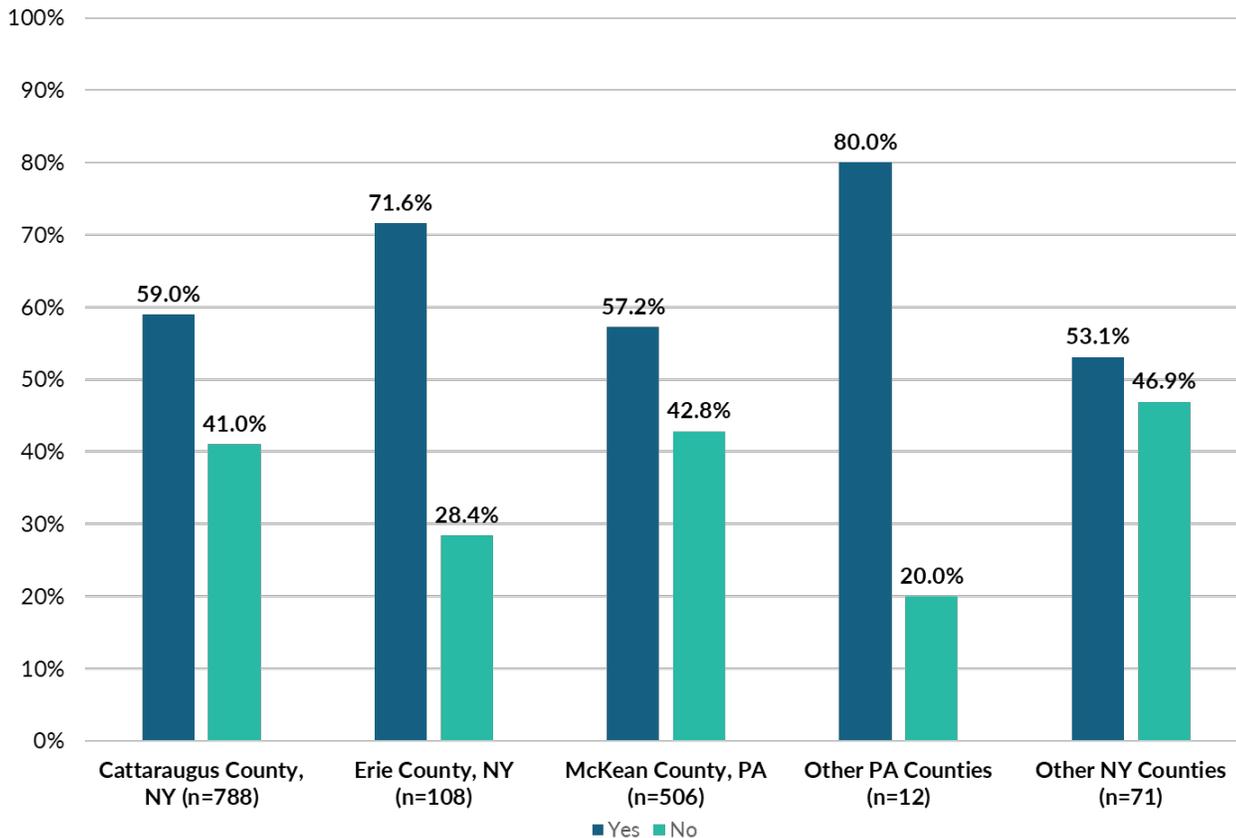
Figure 84: Community Survey Respondents with Adequate Sidewalks and Bike Lanes



Source: Cattaraugus and McKean County Community Survey, 2025

Similarly, **Figure 85** shows that access to parks or recreational opportunities within walking distance was reported by 59.0% of Cattaraugus County residents and 57.2% of McKean County residents.

Figure 85: Community Survey Respondents Access to Parks or Recreational Opportunities in Walking Distance



Source: Cattaraugus and McKean County Community Survey, 2025

Stakeholder Interview Feedback

Cattaraugus County

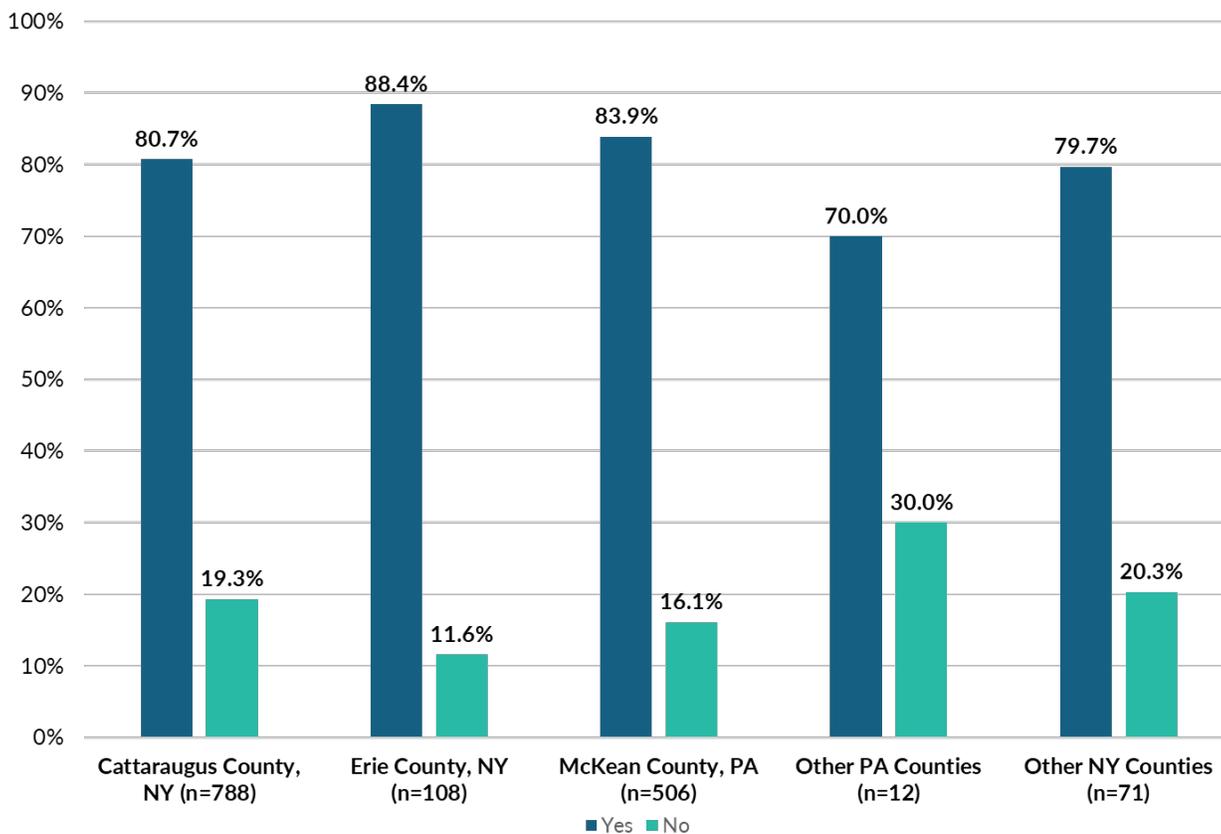
Stakeholders identified built environment factors—such as limited walkability, unsafe streetscapes, and a lack of connected trails—as significant barriers to active living. While some grant-funded projects have improved sidewalks and trail systems, participants noted the need for continued investment in community wellness spaces, safe pedestrian infrastructure, and accessible outdoor recreation options. Expanding opportunities for sober activities, family-friendly recreation, and year-round access to parks and trails was emphasized as essential to promoting physical activity and community well-being.

Access to Community Services and Support

Access to community services and supports is fundamental to promoting health, well-being, and social stability. Services such as healthcare clinics, social programs, educational resources, food assistance, and transportation help individuals and families meet basic needs, reduce stress, and prevent adverse health outcomes. Research shows that strong community support networks improve mental health, enhance chronic disease management, and foster resilience—particularly among vulnerable populations. Ensuring that these services are accessible, equitable, and well-coordinated is essential to building healthier, more resilient communities.⁶¹

As shown in **Figure 86**, most residents report having access to friends or family they can rely on for financial or emotional support—80.7% in Cattaraugus County and 83.9% in McKean County.

Figure 86: Community Survey Respondents Have Friends or Family Can Rely on for Financial or Emotional Support



Source: Cattaraugus and McKean County Community Survey, 2025

⁶¹ <https://www.who.int/activities/strengthening-community-health-services>

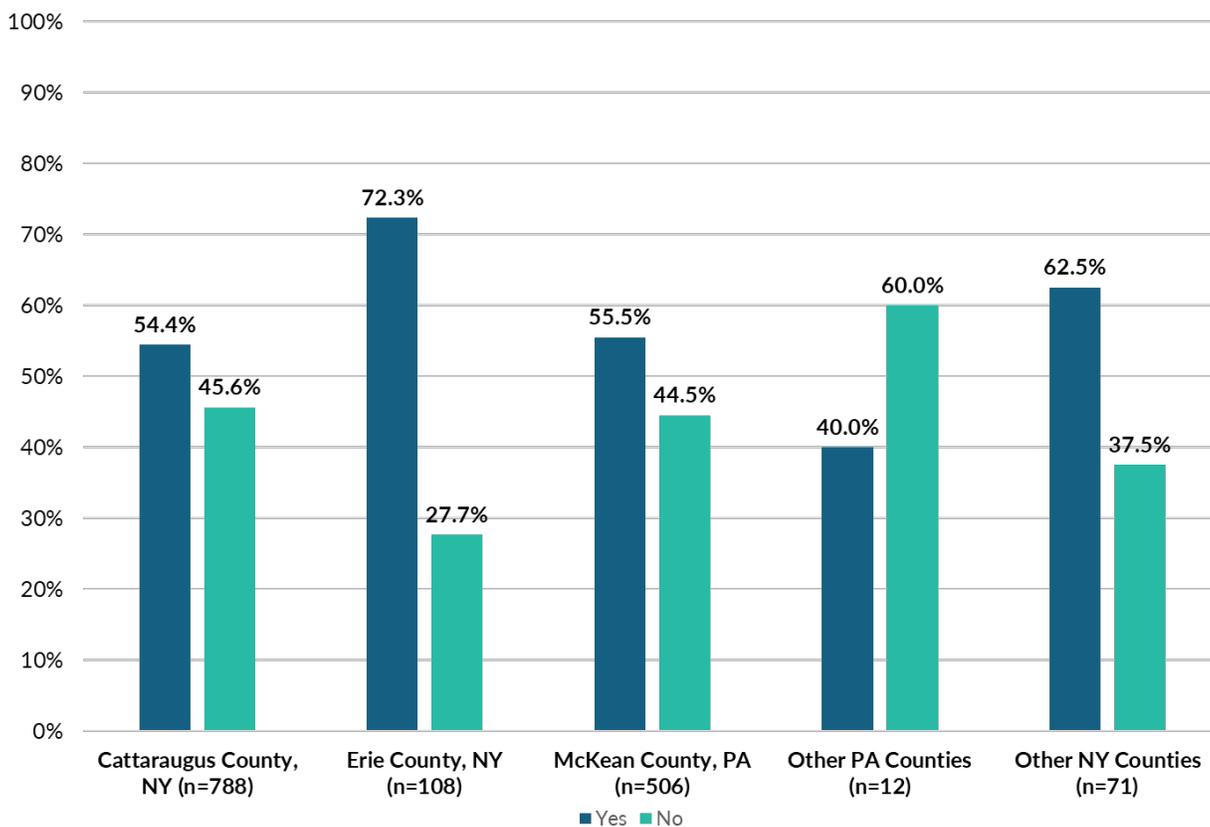
Focus Group Participant Feedback

Cattaraugus County

Affordable childcare was identified as a major gap in community support systems. Long waitlists and high costs make consistent childcare unattainable for many families, particularly for parents of children with special needs who face additional challenges navigating limited services. The loss of Medicaid or employer-based benefits often makes childcare financially unsustainable, forcing parents to choose between employment and caregiving. This instability undermines family well-being and economic security. Without reliable childcare and community-based programs for children, families face isolation, stress, and fewer opportunities to maintain health, employment, and social connection.

Community survey data further illustrate levels of social connection and engagement. As shown in **Figure 87**, just over half of respondents reported feeling connected to their community (54.4% in Cattaraugus County and 55.5% in McKean County).

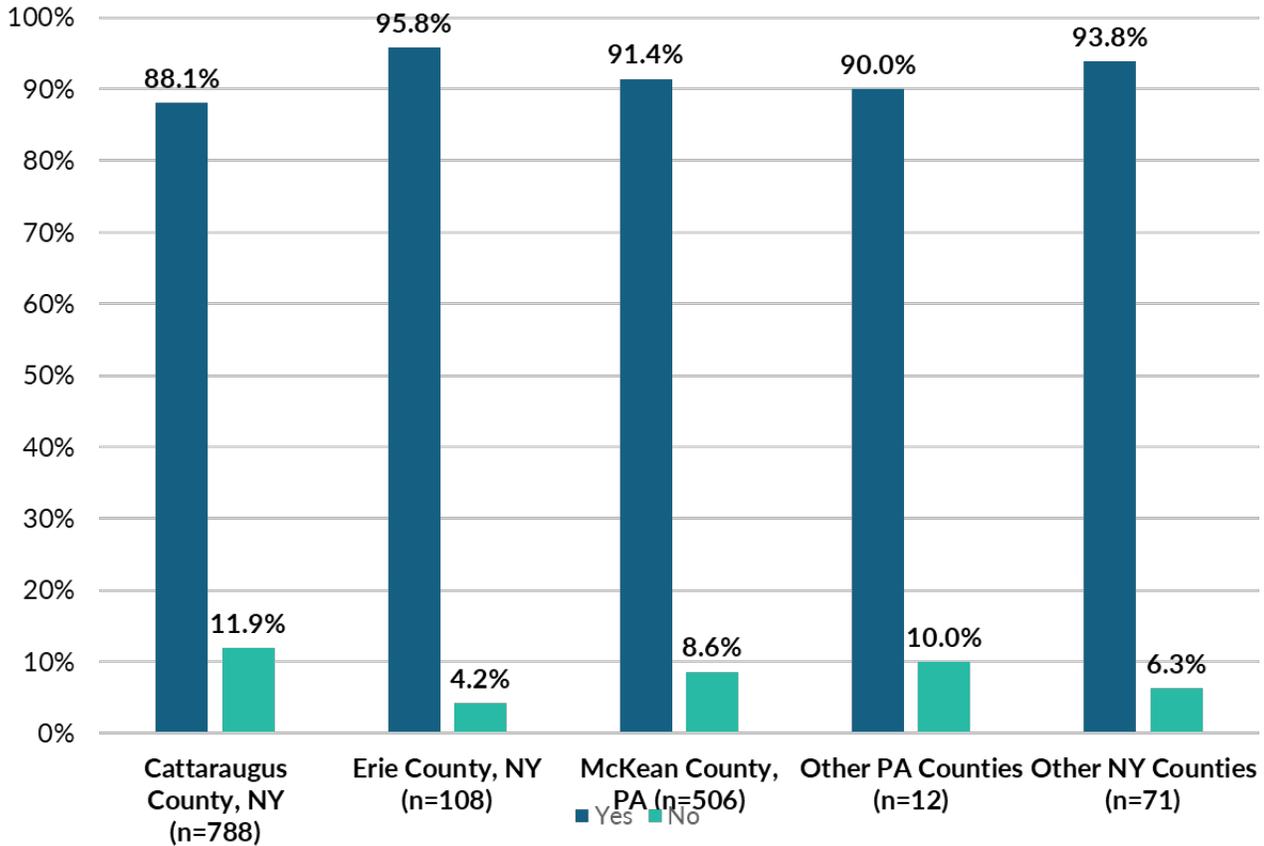
Figure 87: Community Survey Respondents Feel Connected to Their Community



Source: Cattaraugus and McKean County Community Survey, 2025

Most respondents reported having opportunities for civic engagement (88.1% in Cattaraugus County and 91.4% in McKean County) (Figure 88).

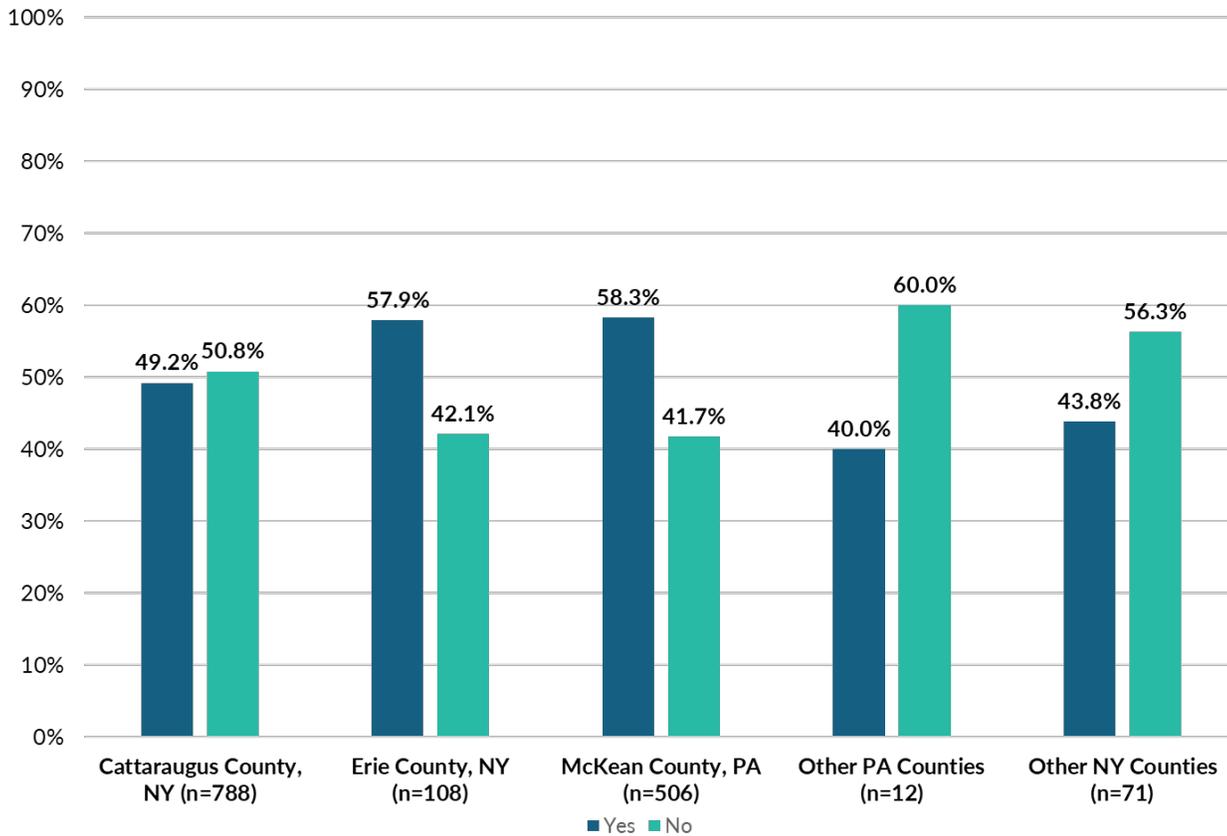
Figure 88: Community Survey Respondents Have Opportunities for Civic Engagement



Source: Cattaraugus and McKean County Community Survey, 2025

Participation in community organizations or activities was reported by 49.2% of Cattaraugus County residents and 58.3% of McKean County residents (Figure 89).

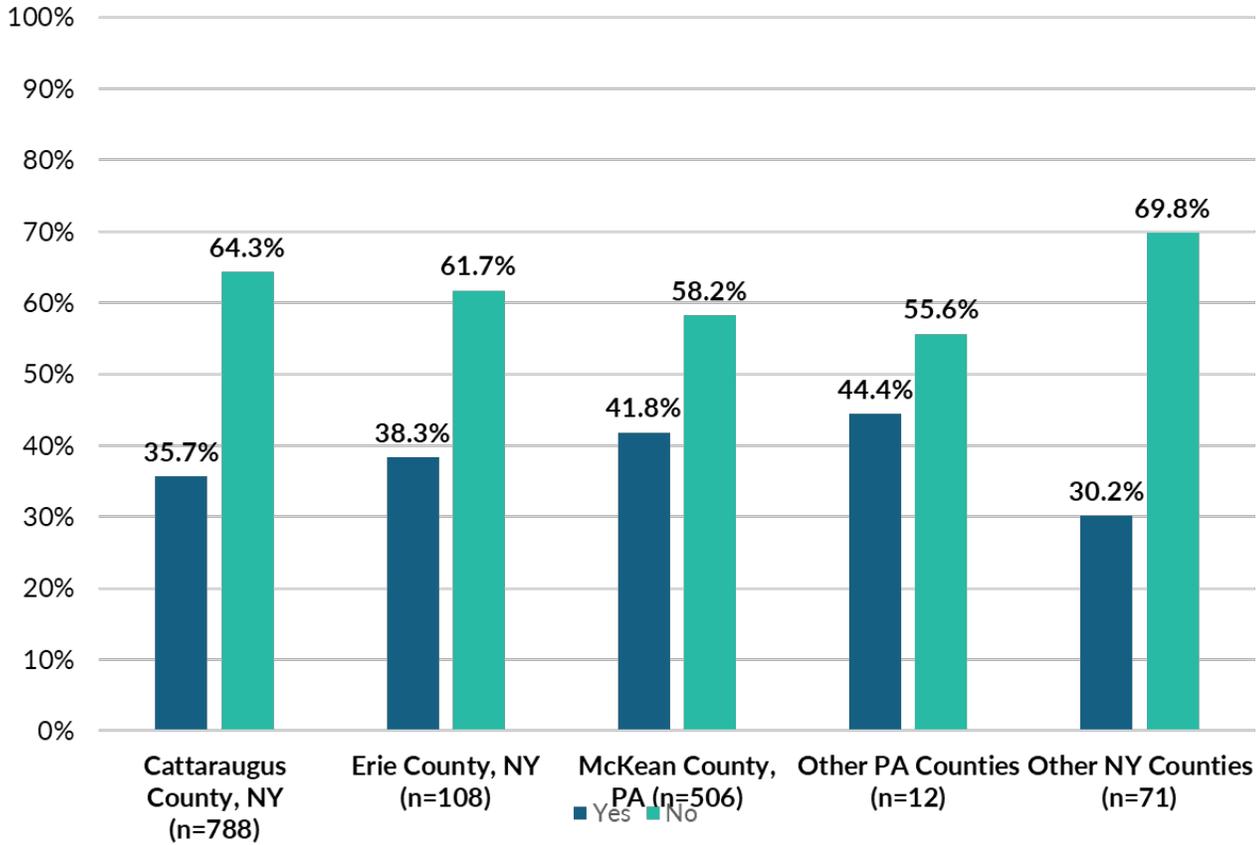
Figure 89: Community Survey Respondents Participate in Community Organizations or Activities



Source: Cattaraugus and McKean County Community Survey, 2025

However, experiences of bias and social isolation remain concerns. Over one-third of respondents (35.7% in Cattaraugus County and 41.8% in McKean County) reported experiencing bias in their community (Figure 90).

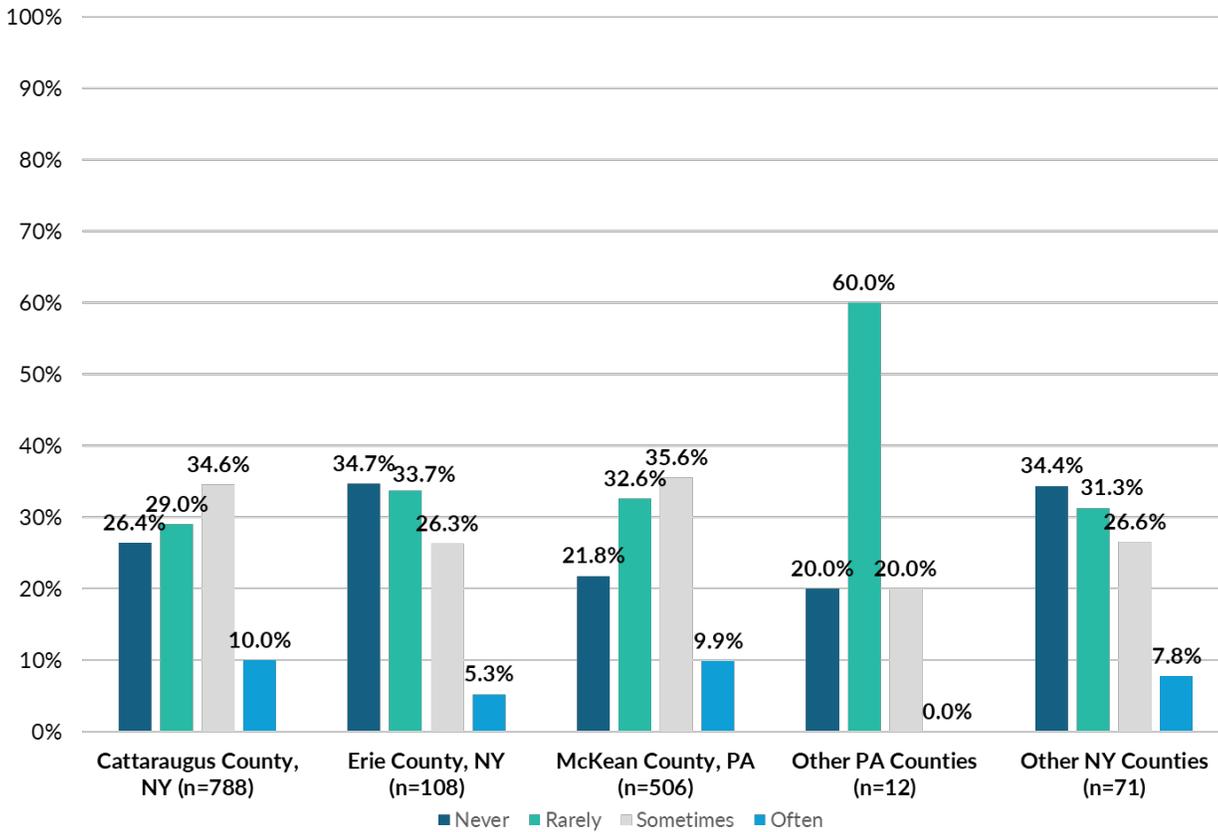
Figure 90: Community Survey Respondents Experienced Bias in Community



Source: Cattaraugus and McKean County Community Survey, 2025

Nearly half of respondents indicated they sometimes or often feel lonely or isolated—44.6% in Cattaraugus County and 45.5% in McKean County (Figure 91).

Figure 91: Community Survey Respondents Feel Lonely or Isolated



Source: Cattaraugus and McKean County Community Survey, 2025

Stakeholder Interview Feedback

Cattaraugus County

Loneliness and isolation were identified as significant social determinants of health, influencing cognitive, emotional, and physical well-being. Stakeholders estimated that roughly 30% of older adults lack strong social support systems. Limited access to low-cost or well-publicized social activities compounds isolation—particularly for individuals with mental illness, depression, or substance use challenges. The COVID-19 pandemic further intensified these issues by reducing in-person interactions and creating barriers to care. Even as services have reopened, some residents remain disengaged, having adapted to prolonged isolation.

Social isolation increasingly affects young adults as well. Although digitally connected, many experience physical disconnection from community life, contributing to stress, loneliness, and weaker social cohesion.

Despite these challenges, community-driven programs show promise. Initiatives like Adventures in Recovery (AIR)—developed in response to pandemic-related isolation—help build social connections and inclusive engagement. Often supported through grants rather than traditional billing, these programs fill critical gaps in formal care networks. Stakeholders agreed that addressing loneliness and isolation requires accessible, affordable community resources and targeted interventions to support both social and digital connectivity.

McKean County

Stakeholders in McKean County also identified isolation and loneliness as persistent concerns, particularly among older adults. Seniors are most affected due to factors such as living alone, widowhood, limited mobility, fixed incomes, and rural geography. Although programs like senior centers, community arts and music events, and local university initiatives provide social opportunities, barriers such as stigma, cost, transportation, and accessibility limit participation.

The COVID-19 pandemic temporarily worsened isolation and eroded social confidence, especially among older adults, though some mitigation occurred through virtual tools like Zoom. Younger residents tend to be less affected, maintaining social connections through school, community activities, or digital platforms. However, rural areas outside central hubs such as Bradford face greater challenges due to fewer services, limited transportation, and reduced opportunities for engagement.

Stakeholders emphasized that while some recovery has occurred since pandemic restrictions lifted, long-term social isolation remains a serious issue—particularly for seniors, people with disabilities, and residents in remote communities. Addressing these challenges will require strengthening transportation options, expanding outreach programs, and fostering inclusive spaces for all residents.

Focus Group Participant Feedback

Cattaraugus County

Participants consistently described isolation and stigma as barriers to health, recovery, and community participation. Individuals in recovery or managing mental health conditions often feel judged or excluded, limiting their engagement in community life. Opportunities for social connection are scarce, with few alternatives outside of AA/NA groups for recreation, cultural participation, or grief support.

Isolation is particularly acute in smaller, rural communities where lack of transportation and accessible programming prevent residents from connecting with others. Participants emphasized the need for inclusive, stigma-free spaces—such as community centers, affordable recreation programs, and accessible local events—to support mental health, resilience, and a sense of belonging.

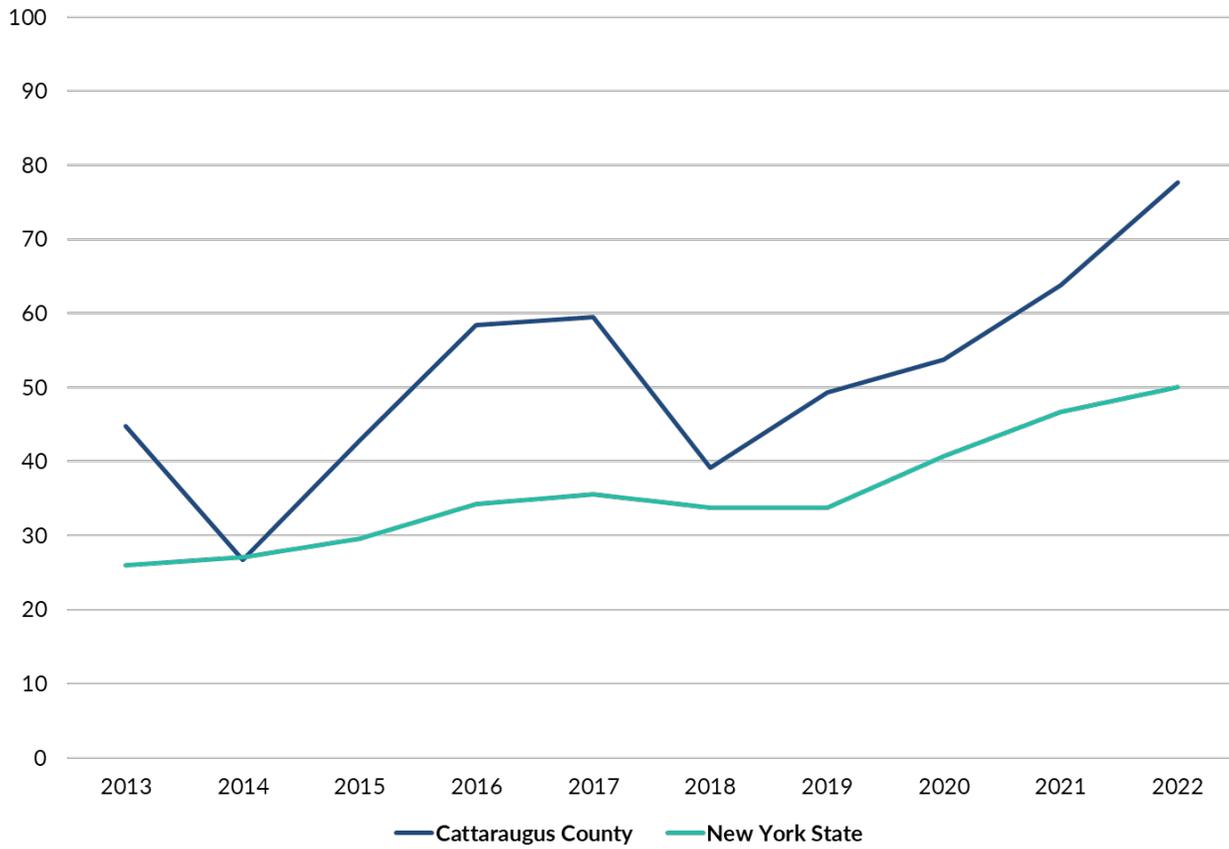
Injuries and Violence

Injuries and violence remain significant public health concerns with lasting physical, emotional, and social consequences. Unintentional injuries—such as falls, motor vehicle crashes, and burns—and intentional injuries, including domestic abuse and assault, contribute to substantial morbidity and mortality across all populations. Preventive strategies such as safety education, community-based programs, and violence-prevention policies are critical for reducing risk and fostering safer environments. According to the Centers for Disease Control and Prevention (CDC), injuries are among the leading causes of death across all age groups in the United States, underscoring the importance of coordinated public health efforts to prevent both accidental and intentional harm.⁶²

As shown in **Figure 92**, the age-adjusted unintentional injury mortality rate per 100,000 population has been increasing in both Cattaraugus County and New York State, with the county consistently higher than the state average. In 2022, Cattaraugus County's rate was 77.7, compared to 50.0 statewide.

⁶² <https://www.cdc.gov/injury/index.html>

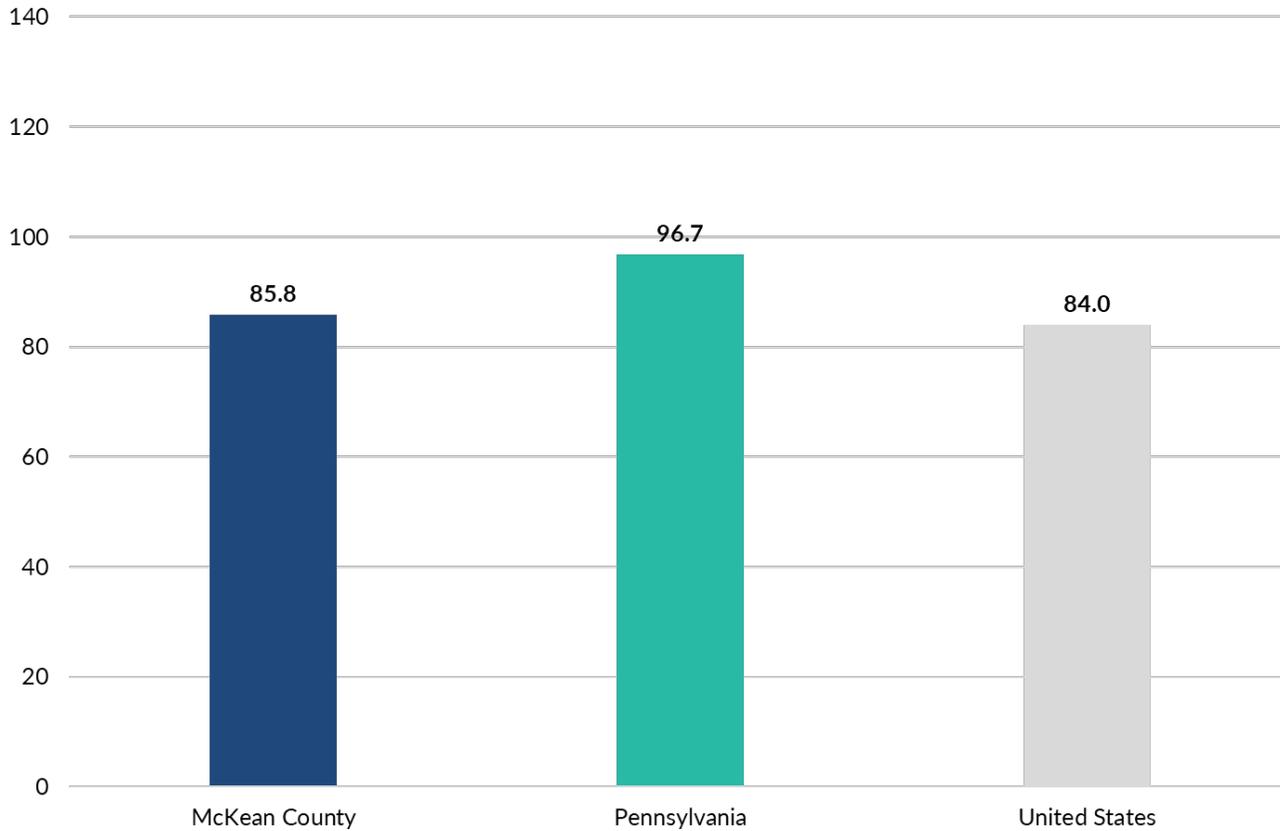
Figure 92: Age Adjusted Unintentional Injury Mortality, Rate Per 100,000, Cattaraugus County and New York, 2013-2022



Source: The New York State Community Health Indicator Reports (CHIRS)

In McKean County, the injury death rate (85.8) was lower than the Pennsylvania state rate (96.7) but slightly above the national rate (84.0) (Figure 93).

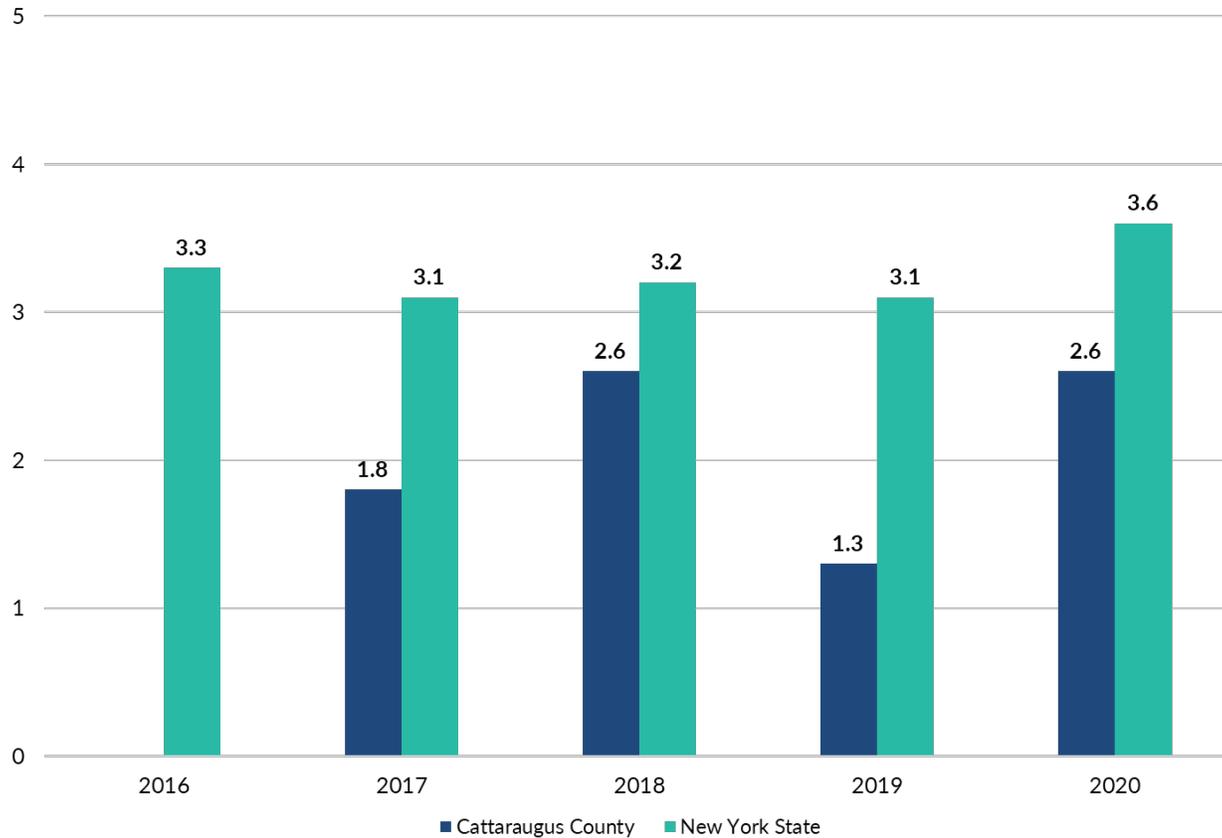
Figure 93: Injury Death Rate, McKean County, Pennsylvania and New York, 2025



Source: County Health Rankings and Roadmaps

Assault-related hospitalizations remain relatively low in Cattaraugus County and New York State, with county rates below the state average (2.6 vs. 3.6 per 100,000 in 2020) (Figure 94).

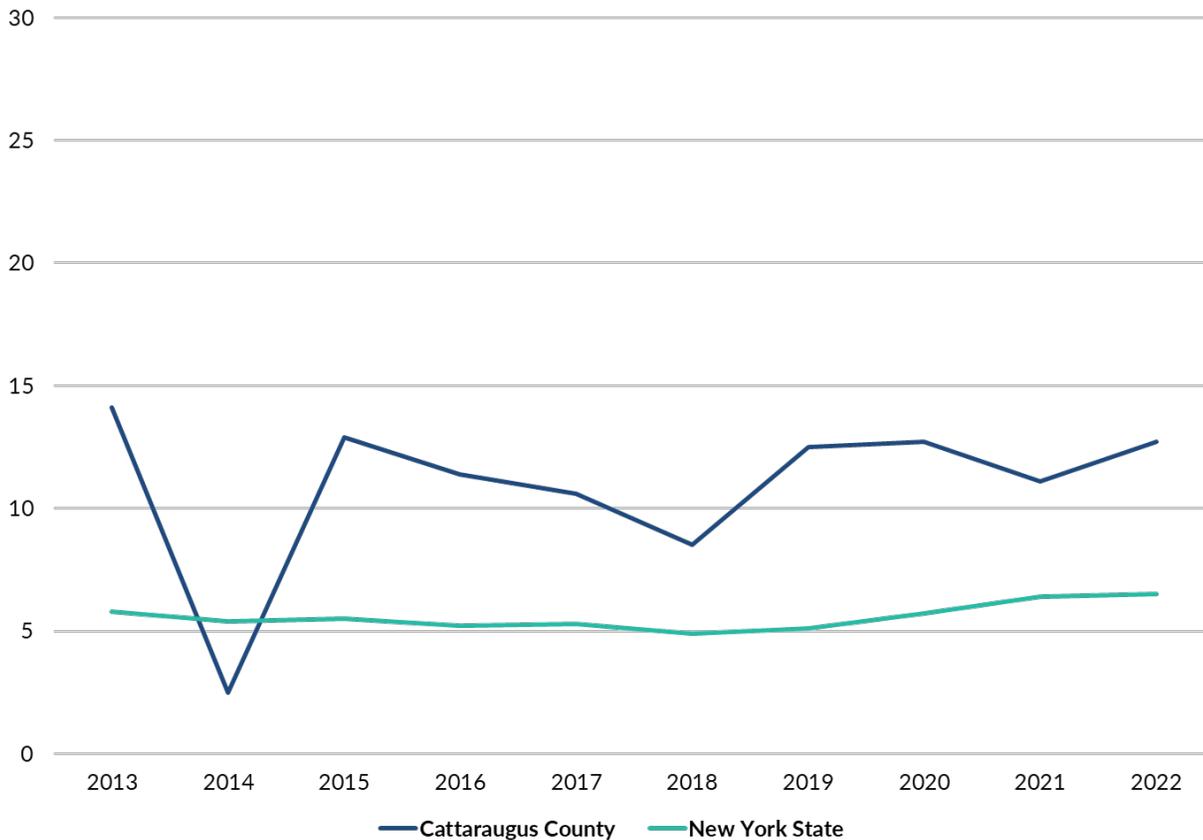
Figure 94: Assault Related Hospitalizations, Rate Per 100,000, Cattaraugus County and New York, 2016-2020



Source: New York State Department of Health, The Prevention Agenda Dashboard

The age-adjusted motor vehicle mortality rate has fluctuated over time in both Cattaraugus County and New York, with the county generally exceeding the state rate (12.7 vs. 6.5 per 100,000 in 2022) (Figure 95).

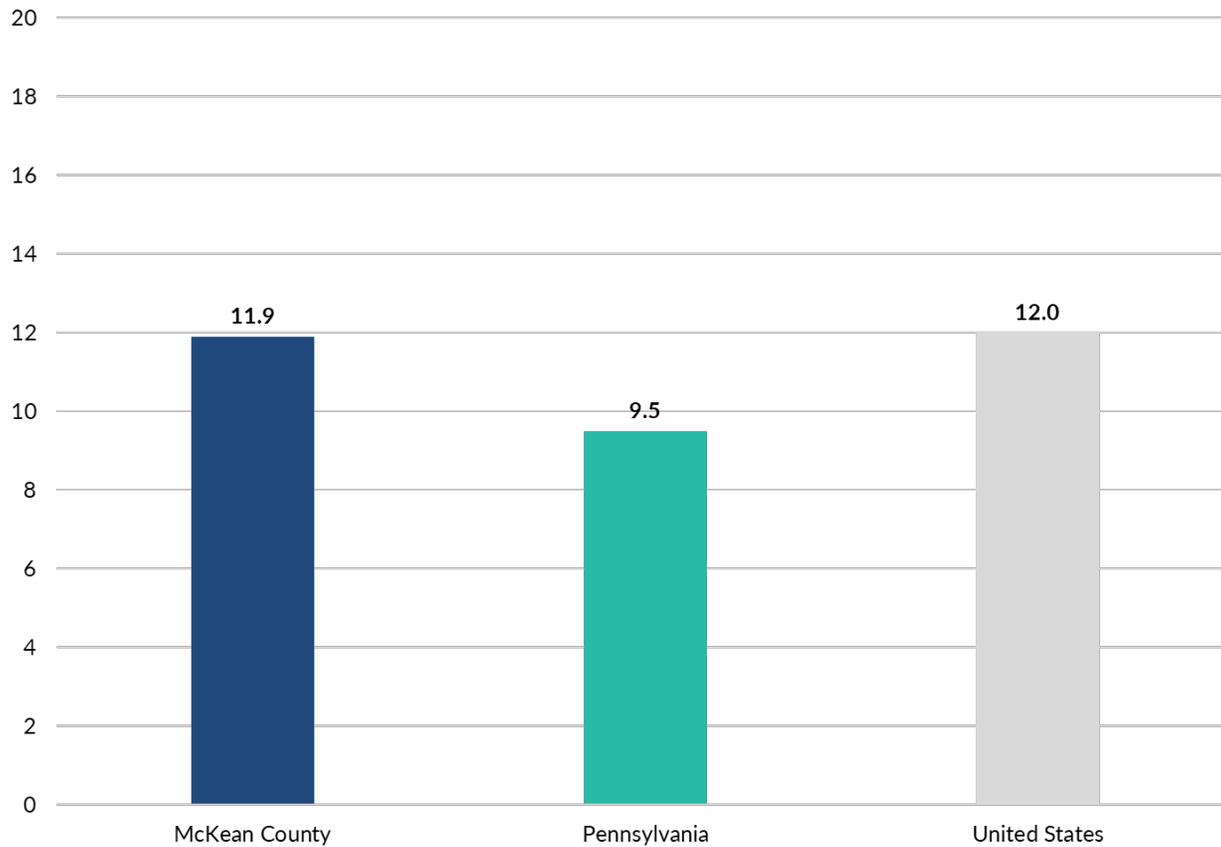
Figure 95: Age-Adjusted Motor Vehicle Mortality, Rate Per 100,000, Cattaraugus County and New York, 2013-2022



Source: The New York State Community Health Indicator Reports (CHIRS)

Similarly, McKean County reported a motor vehicle crash death rate (11.9 per 100,000) that was higher than the state (9.5) and comparable to the national rate (12.0) (Figure 96).

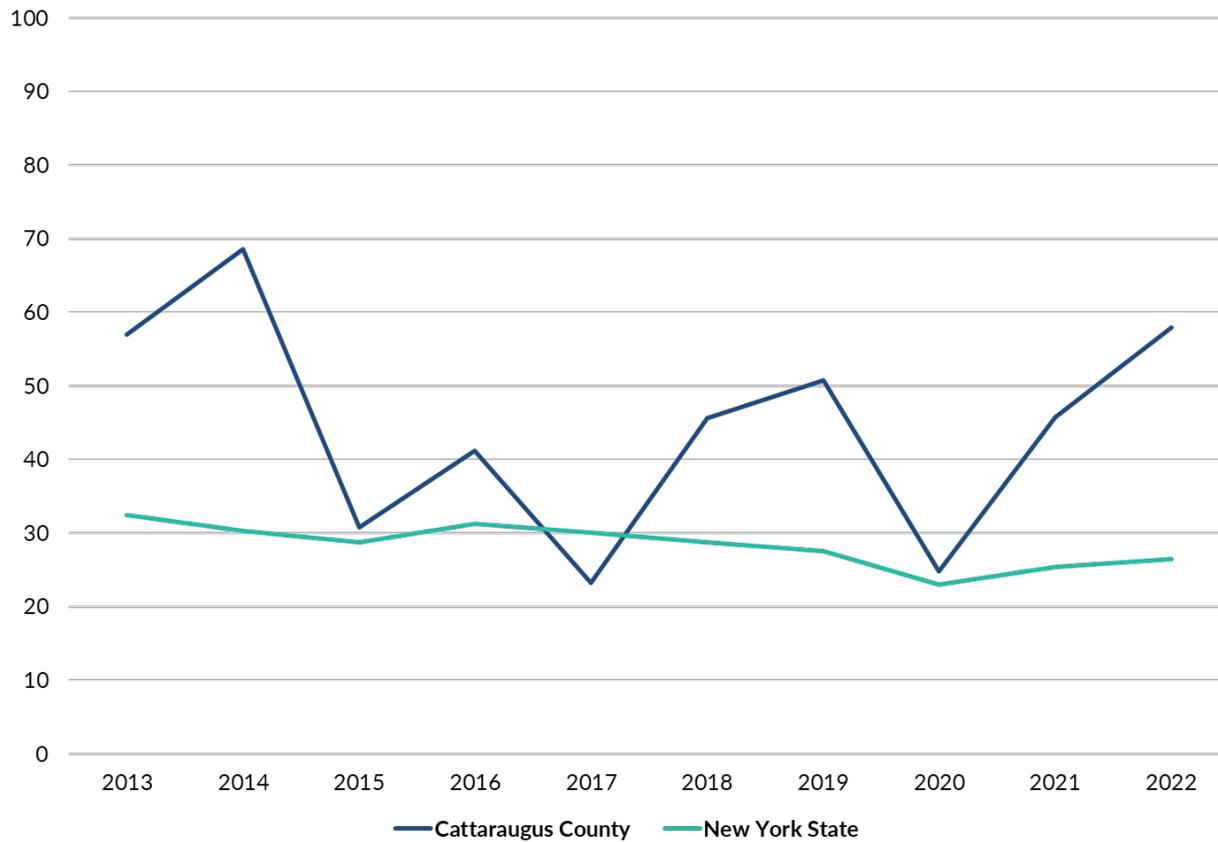
Figure 96: Motor Vehicle Crash Death, Rate Per 100,000, McKean County, Pennsylvania and United States, 2025



Source: Pennsylvania Department of Health

Alcohol-related motor vehicle deaths have also increased in recent years. In 2022, Cattaraugus County's age-adjusted rate (57.9 per 100,000) was more than double the state rate (26.5) (Figure 97).

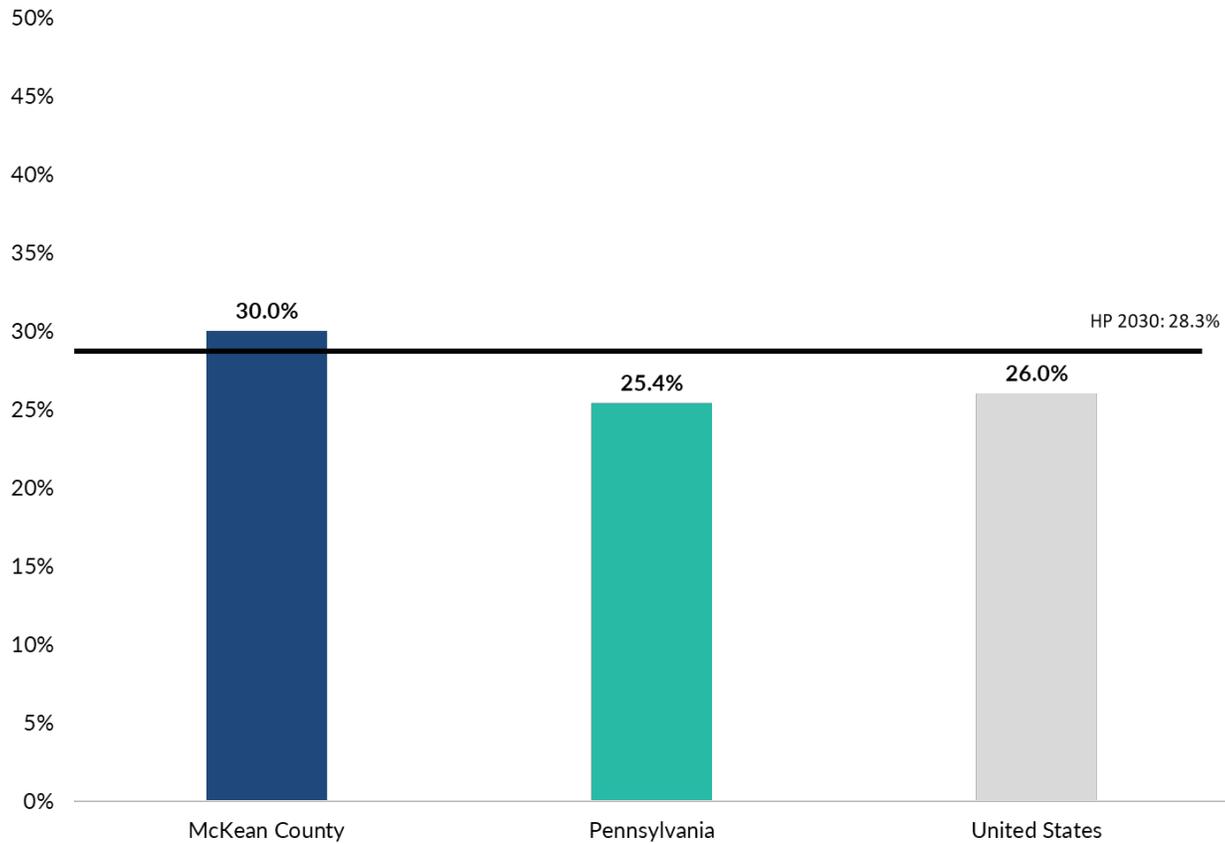
Figure 97: Age-Adjusted Alcohol-Related Motor Vehicle Mortality, Rate Per 100,000, Cattaraugus County and New York, 2013-2022



Source: The New York State Community Health Indicator Reports (CHIRS)

In McKean County, 30.0% of motor vehicle fatalities involved alcohol impairment—higher than the Pennsylvania state average (25.4%), the national average (26.0%), and the Healthy People 2030 goal (28.3%) (Figure 98).

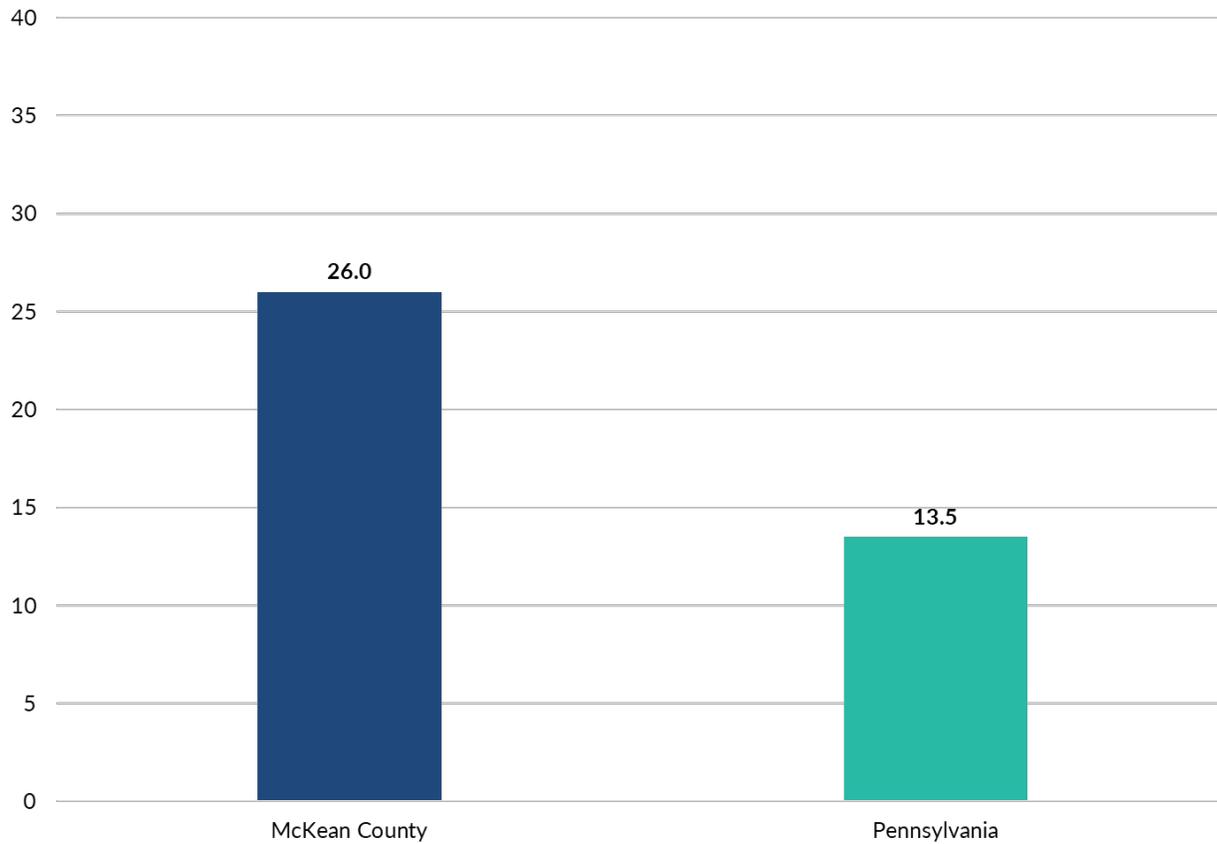
Figure 98: Alcohol Impaired Driving Deaths, McKean County, Pennsylvania and United States, 2025



Source: County Health Rankings and Roadmaps

Firearm mortality rates are also concerning. McKean County's firearm death rate (26.0 per 100,000) exceeds the state rate (13.5) (Figure 99).

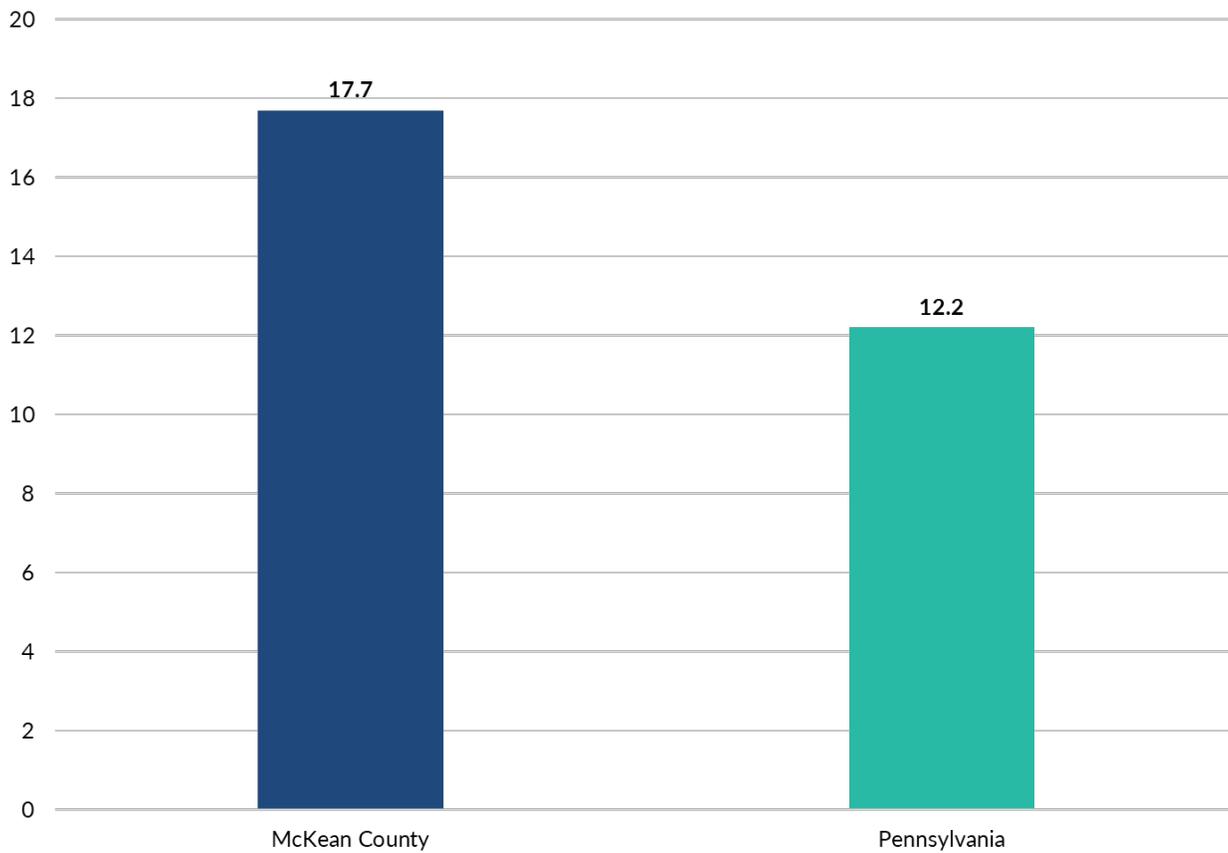
Figure 99: Firearm Mortality Rate, Per 100,000, McKean County and Pennsylvania, 2022



Source: Pennsylvania Department of Health

Similarly, fall-related mortality is higher in McKean County (17.7 per 100,000) compared to the state (12.2) (Figure 100).

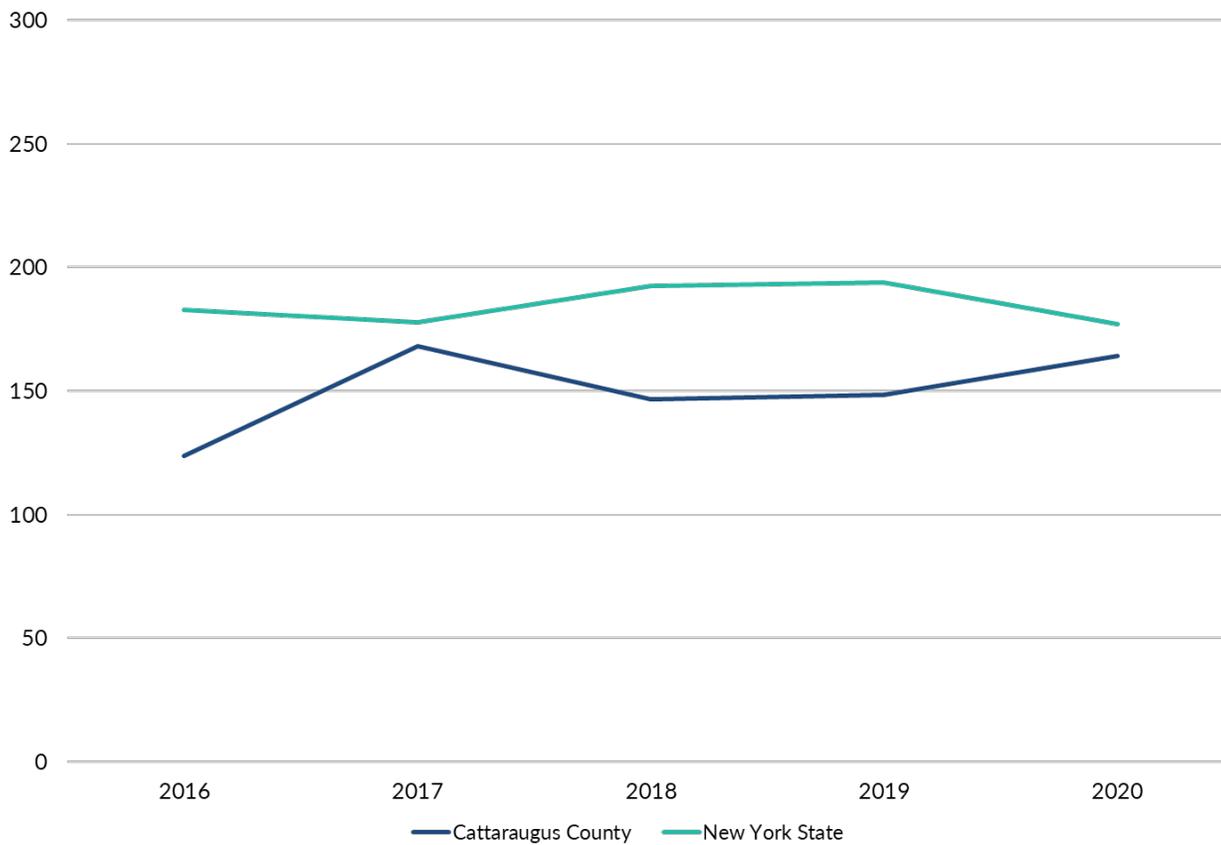
Figure 100: Fall Mortality, Rate Per 100,000, McKean County and Pennsylvania, 2022



Source: Pennsylvania Department of Health

Among adults aged 65 and older, hospitalizations due to falls have increased slightly in Cattaraugus County but remain below the statewide rate (164.1 vs. 177.2 per 100,000 in 2020) (Figure 101).

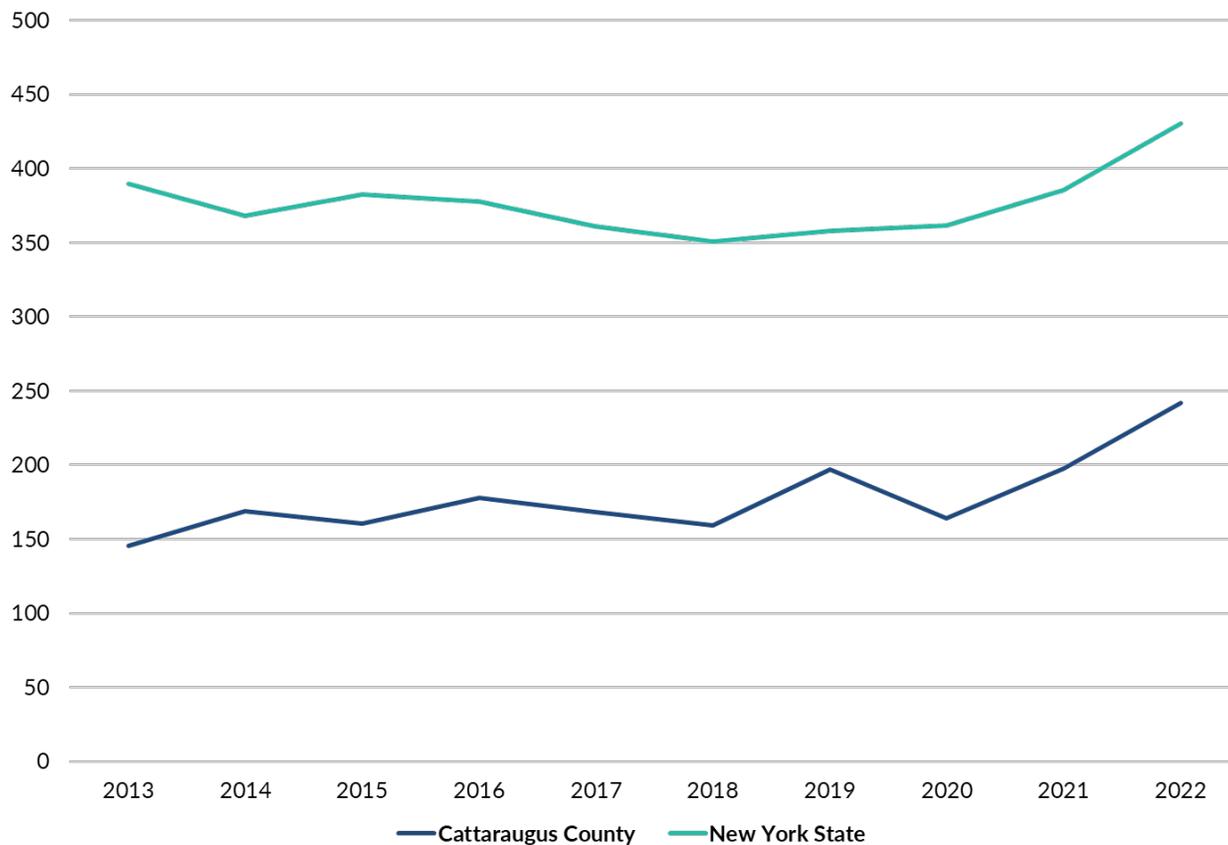
Figure 101: Hospitalizations Due to Falls, Rate Per 100,000, Adults Ages 65 and Older, Cattaraugus County and New York, 2016-2020



Source: New York State Department of Health, The Prevention Agenda Dashboard

Violent crime rates have risen in both Cattaraugus County and New York State in recent years, although county rates remain lower overall. Between 2020 and 2022, the violent crime rate increased from 164.2 to 241.9 per 100,000 in Cattaraugus County and from 361.7 to 430.6 statewide (**Figure 102**).

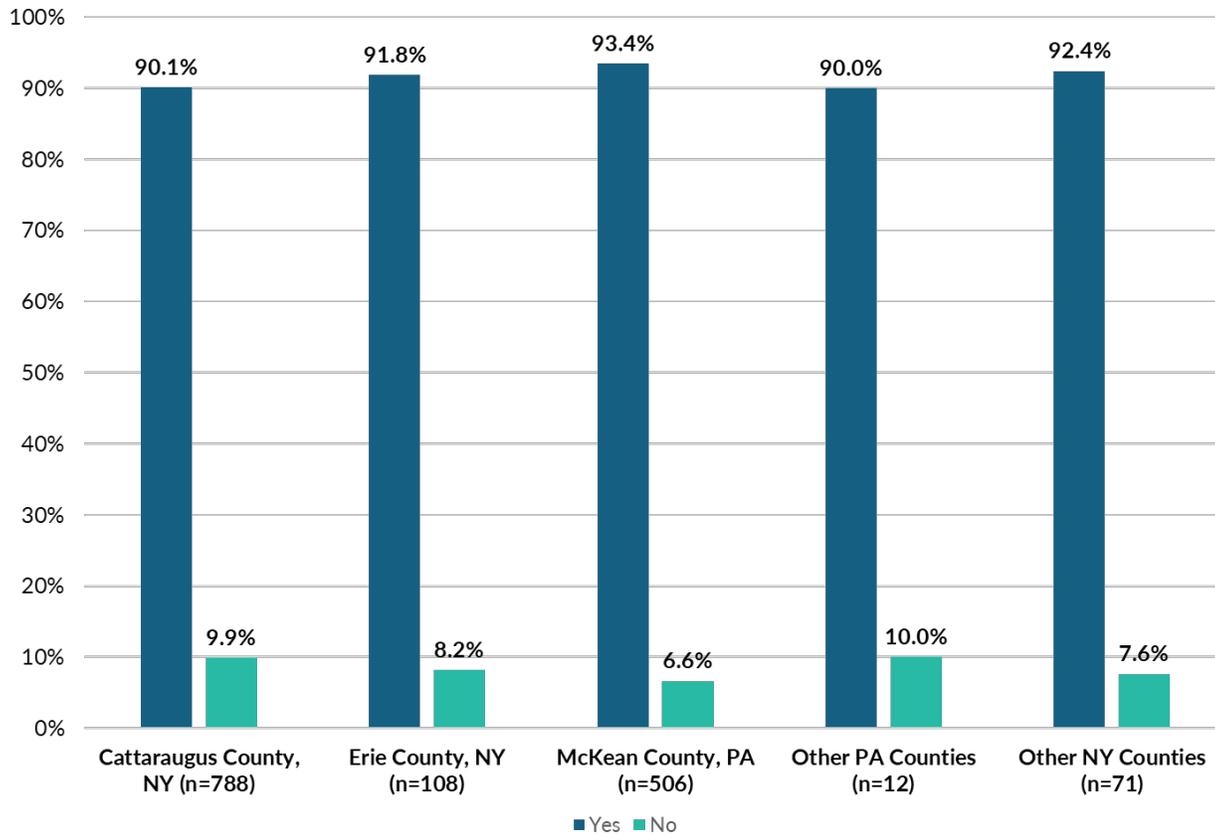
Figure 102: Violent Crimes, Rate Per 100,000, Cattaraugus County and New York, 2013-2022



Source: The New York State Community Health Indicator Reports (CHIRS)

Despite these trends, the majority of residents report feeling safe in their neighborhoods—90.1% in Cattaraugus County and 93.4% in McKean County (Figure 103).

Figure 103: Community Survey Respondents Feel Safe in Their Neighborhood



Source: Cattaraugus and McKean County Community Survey, 2025

Stakeholder Interview Feedback

Cattaraugus County

Stakeholders highlighted that only one primary provider delivers domestic violence services in the region, with limited capacity to serve both victims and offenders. While virtual programs exist, many emphasized that in-person services are essential for safety planning, crisis intervention, and long-term recovery. Community awareness and visibility of domestic violence services remain limited, creating gaps in recognition, prevention, and accountability. Stakeholders underscored the need for greater investment in outreach, education, and survivor-centered support systems.

Focus Group Participant Feedback

Cattaraugus County

Safety concerns and perceptions of crime were consistently identified as significant barriers to health, well-being, and community participation. Residents reported limited police responsiveness, uncertainty about where to seek help after victimization, and a lack of trust in law enforcement and social systems. These factors contribute to chronic stress, isolation, and reduced engagement—particularly among vulnerable populations.

Participants also noted safety issues in public spaces such as parks, streets, and community facilities. Understaffed law enforcement, limited security measures, and challenges enforcing protective orders—especially for domestic violence survivors—were cited as major concerns.

To address these issues, participants recommended expanding security presence, installing cameras in public areas, and improving law enforcement responsiveness, particularly in coordination with mental health and substance use support services. They emphasized that without addressing crime, violence, and safety concerns, broader community health initiatives—such as those focused on housing, healthcare, and social engagement—will remain hindered by fear and insecurity.



Healthcare Access and Quality



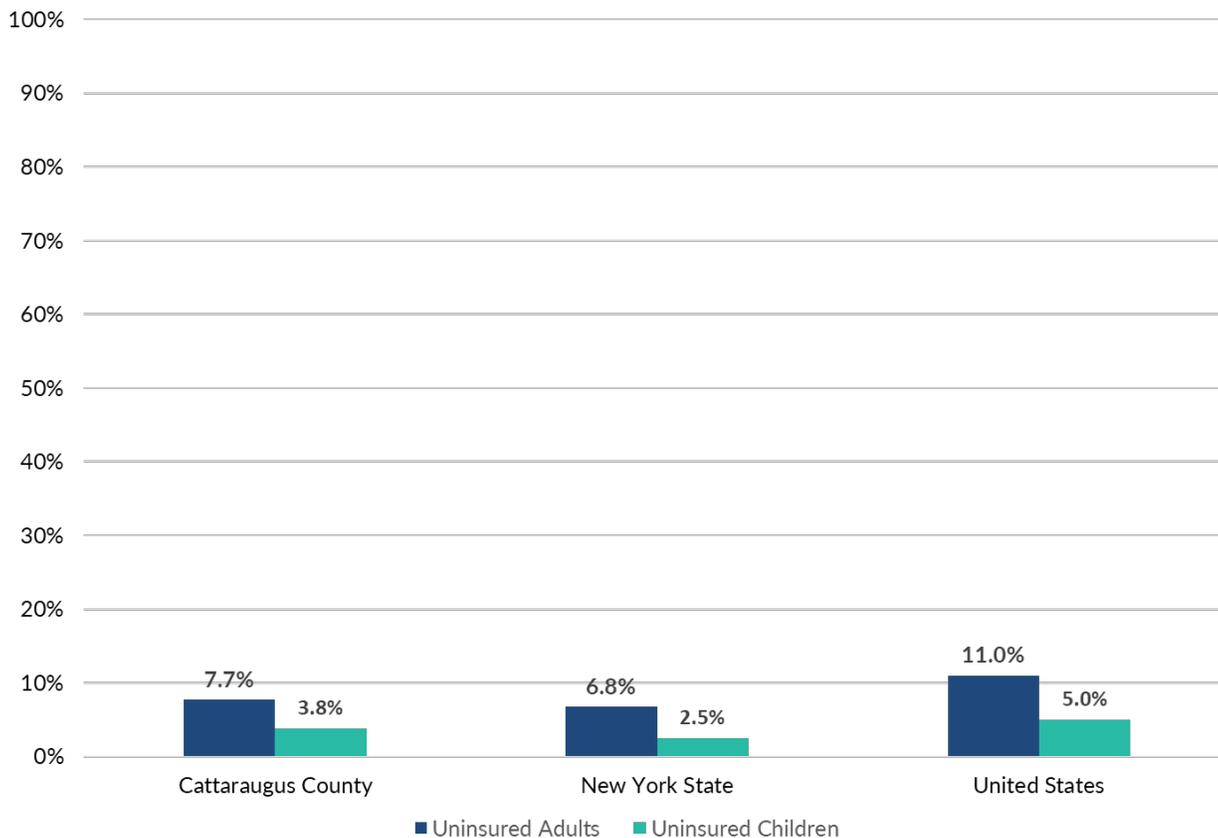
Healthcare Access and Quality

Health Insurance Coverage and Access to Care

Access to healthcare and health insurance are foundational determinants of overall health and well-being. Individuals with insurance are more likely to receive preventive care, effectively manage chronic conditions, and access timely treatment, reducing the risk of serious illness and premature death. In contrast, those without insurance often delay care, experience unmet medical needs, and face higher rates of avoidable hospitalizations—contributing to poorer health outcomes. Ensuring equitable access to affordable, comprehensive coverage is therefore a cornerstone of public health, essential for maintaining health, preventing disease, and improving quality of life.⁶³

As shown in **Figure 104**, Cattaraugus County has higher rates of uninsured adults (7.7%) and children (3.8%) than New York State (6.8% and 2.5%, respectively), though both are below national averages (11.0% and 5.0%).

Figure 104: Uninsured Adults and Children, Cattaraugus County, New York and United States, 2025

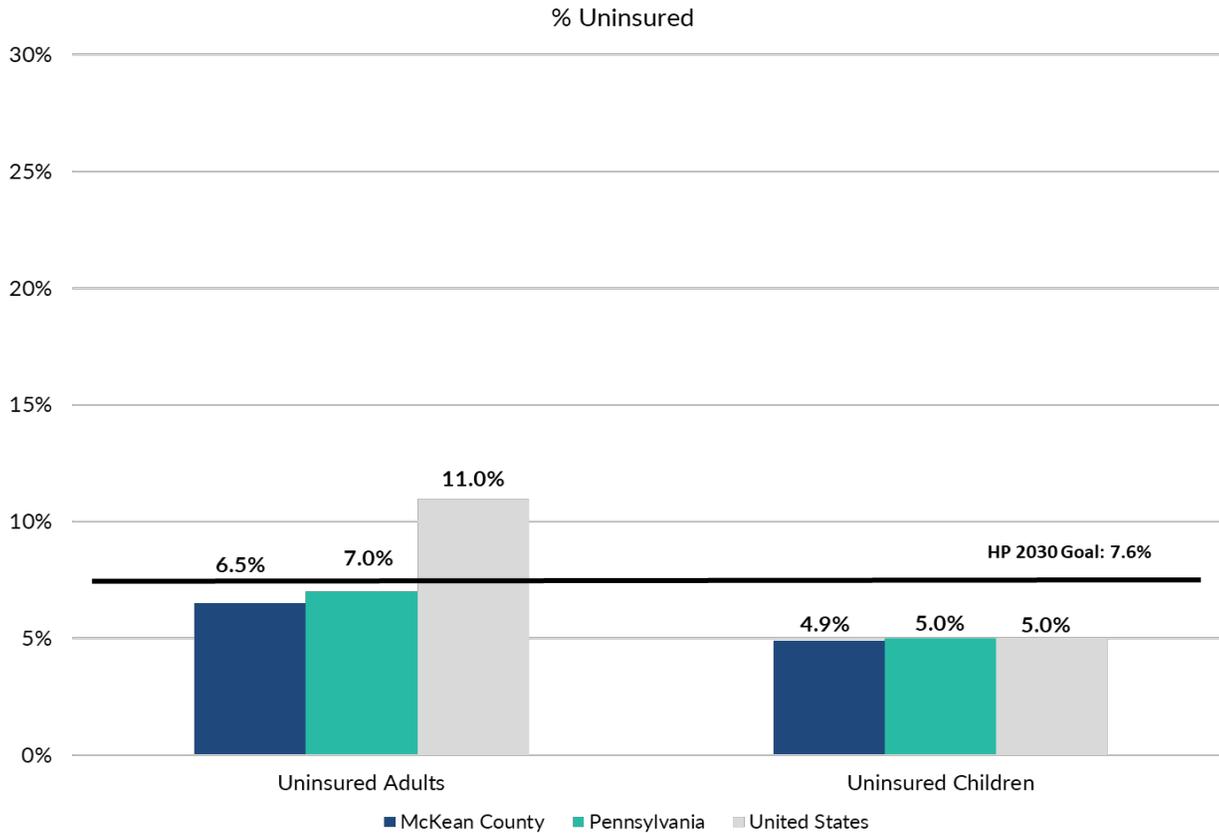


Source: County Health Rankings and Roadmaps

⁶³ <https://www.commonwealthfund.org/publications/issue-briefs/2013/aug/access-affordability-and-insurance-complexity-are-often-worse>

McKean County shows lower uninsured rates among adults (6.5%) and children (4.9%) than Pennsylvania overall (7.0% and 5.0%) (Figure 105), with both counties meeting the Healthy People 2020 goal of 7.6%.

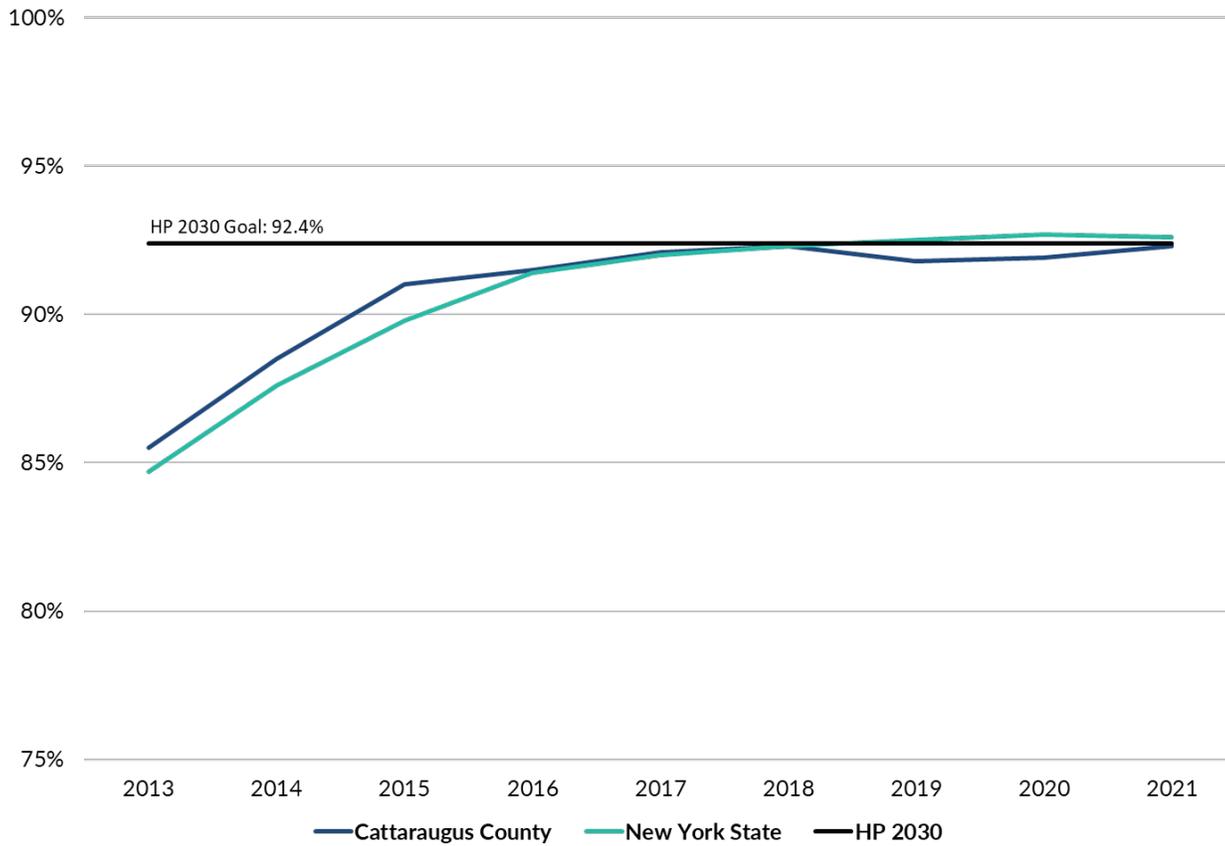
Figure 105: Uninsured Adults and Children, McKean County, Pennsylvania and United States, 2025



Source: County Health Rankings and Roadmaps

The percentage of adults aged 18–64 with health insurance is similar in Cattaraugus County (92.3%) and New York State (92.6%), aligning with the Healthy People 2030 target of 92.4% (Figure 106).

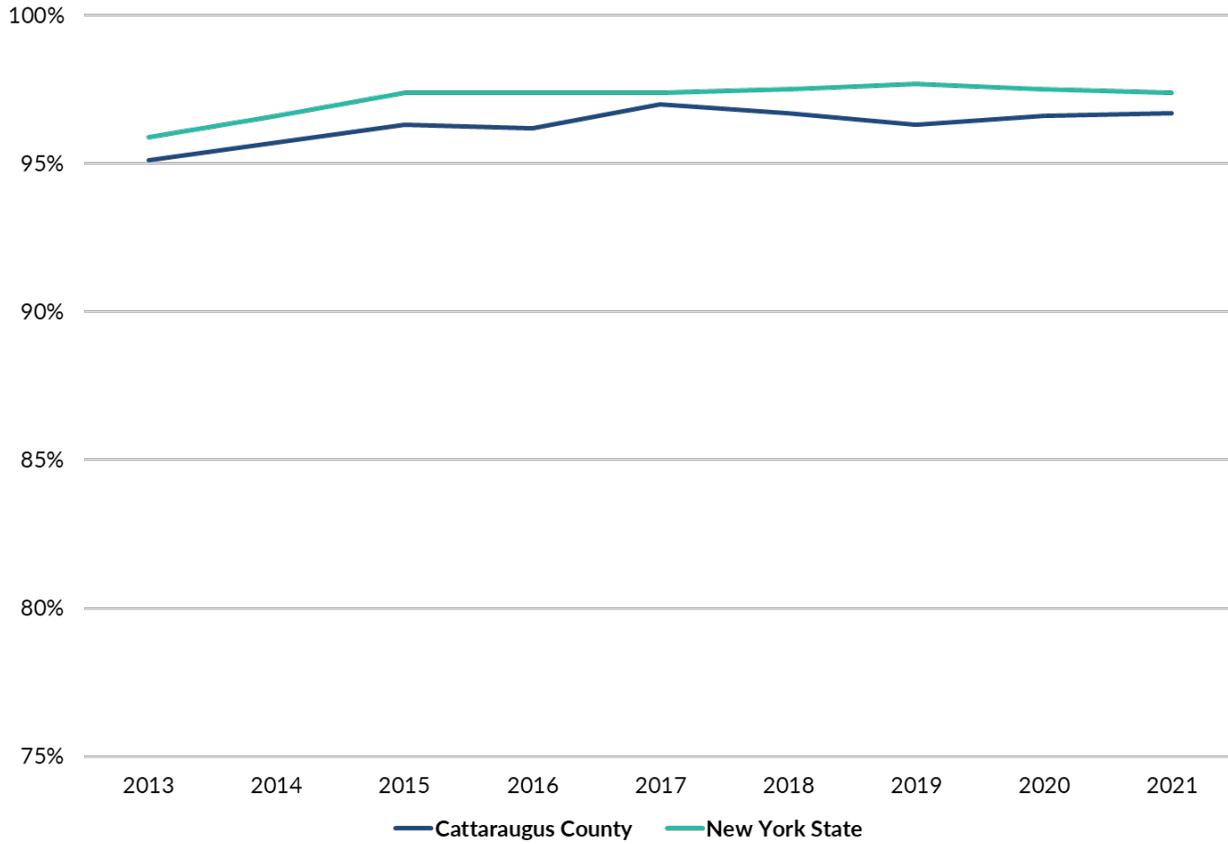
Figure 106: Adults Ages 18-64 with Health Insurance, Cattaraugus County and New York, 2013-2021



Source: The New York State Community Health Indicator Reports (CHIRS)

Among children under 19, insurance coverage has remained stable but slightly below the state average—96.7% in Cattaraugus County versus 97.4% statewide (Figure 107).

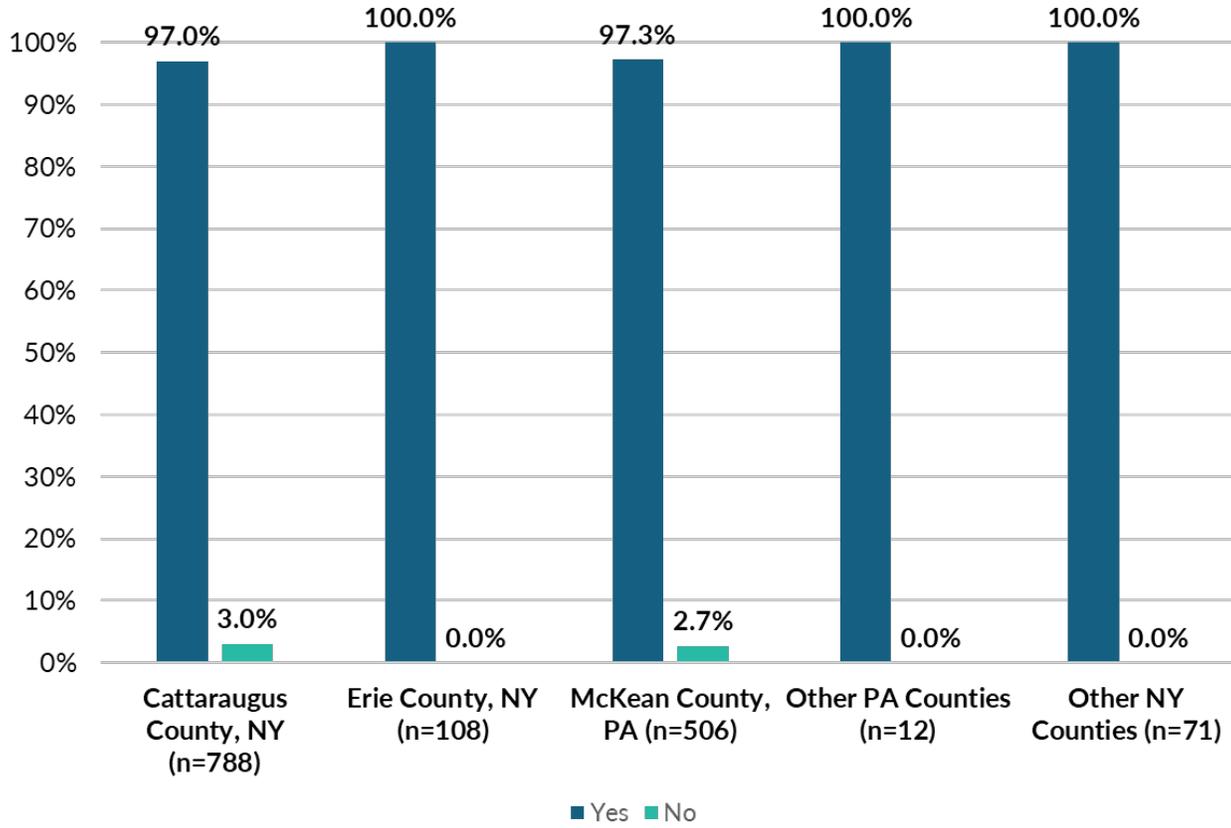
Figure 107: Children Under the Age of 19 with Health Insurance, Cattaraugus County and New York, 2013-2021



Source: The New York State Community Health Indicator Reports (CHIRS)

Nearly all community survey respondents report having health insurance (97.0% in Cattaraugus County, 97.3% in McKean County) (Figure 108).

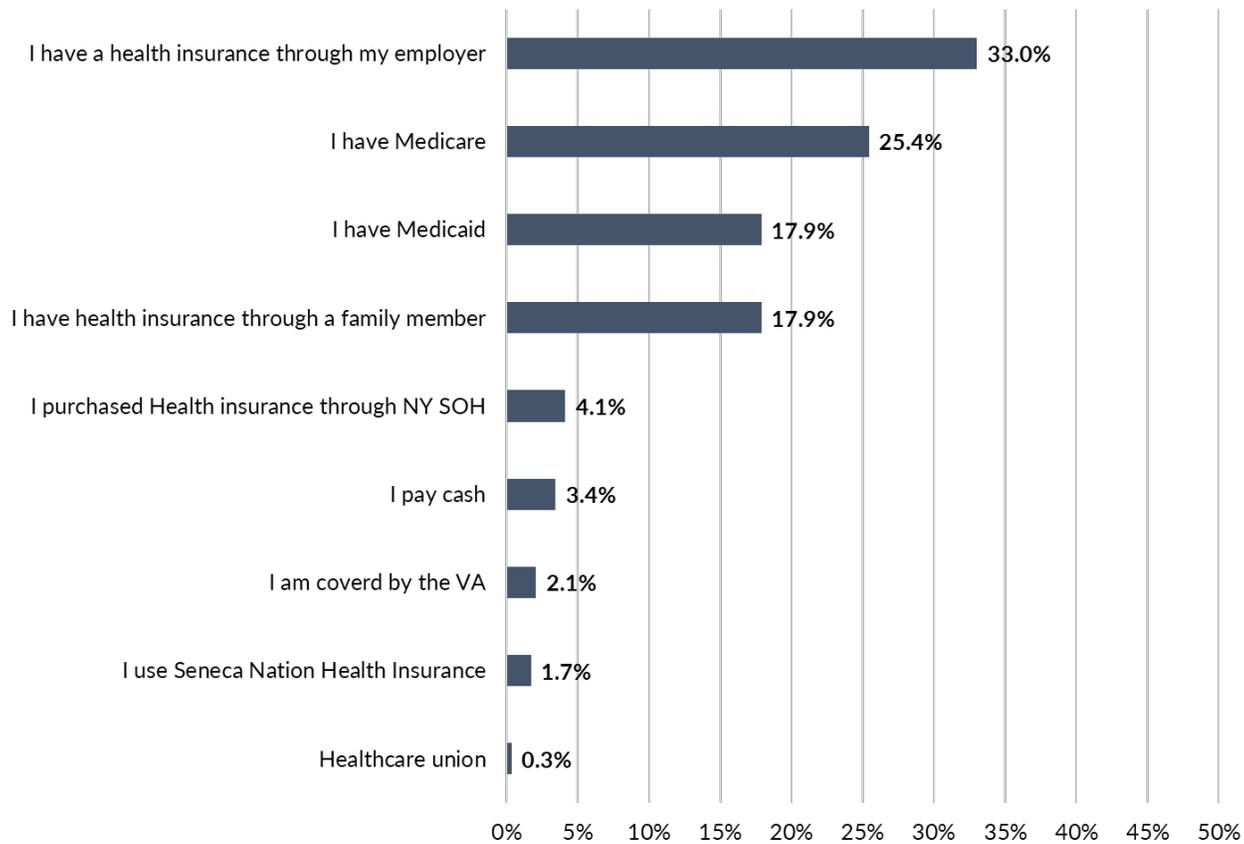
Figure 108: Community Survey Respondents Have Health Insurance



Source: Cattaraugus and McKean County Community Survey, 2025

In Cattaraugus County, a third of intercept survey respondents (33.0%) are insured through their employer, followed by 25.4% with Medicare, 17.9% with Medicaid, and 17.9% through a family member (**Figure 109**).

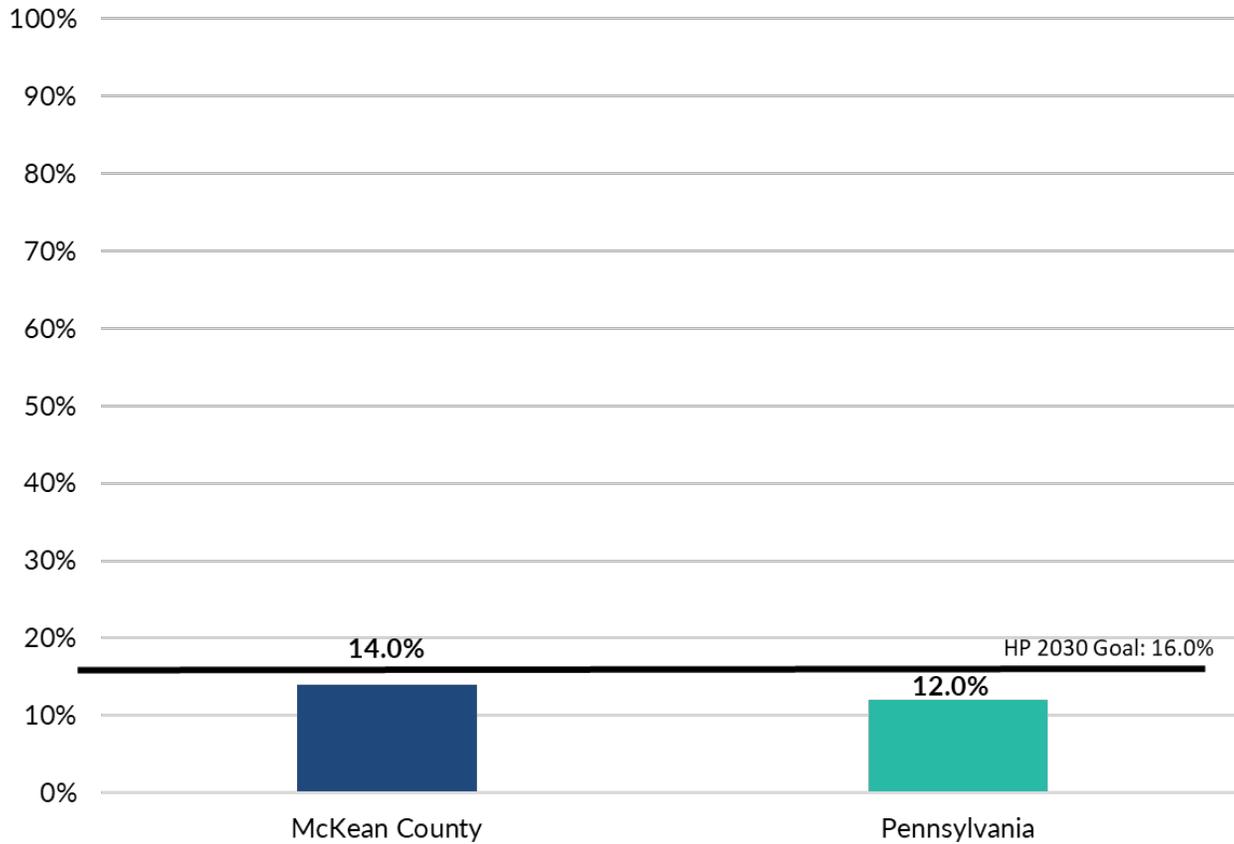
Figure 109: Cattaraugus County Intercept Survey Respondents Health Insurance



Source: Cattaraugus County Intercept Survey, 2024

McKean County has a slightly higher share of adults without a personal care provider (14.0%) compared to the state (12.0%), though both meet the Healthy People 2030 goal of 16.0% (Figure 110).

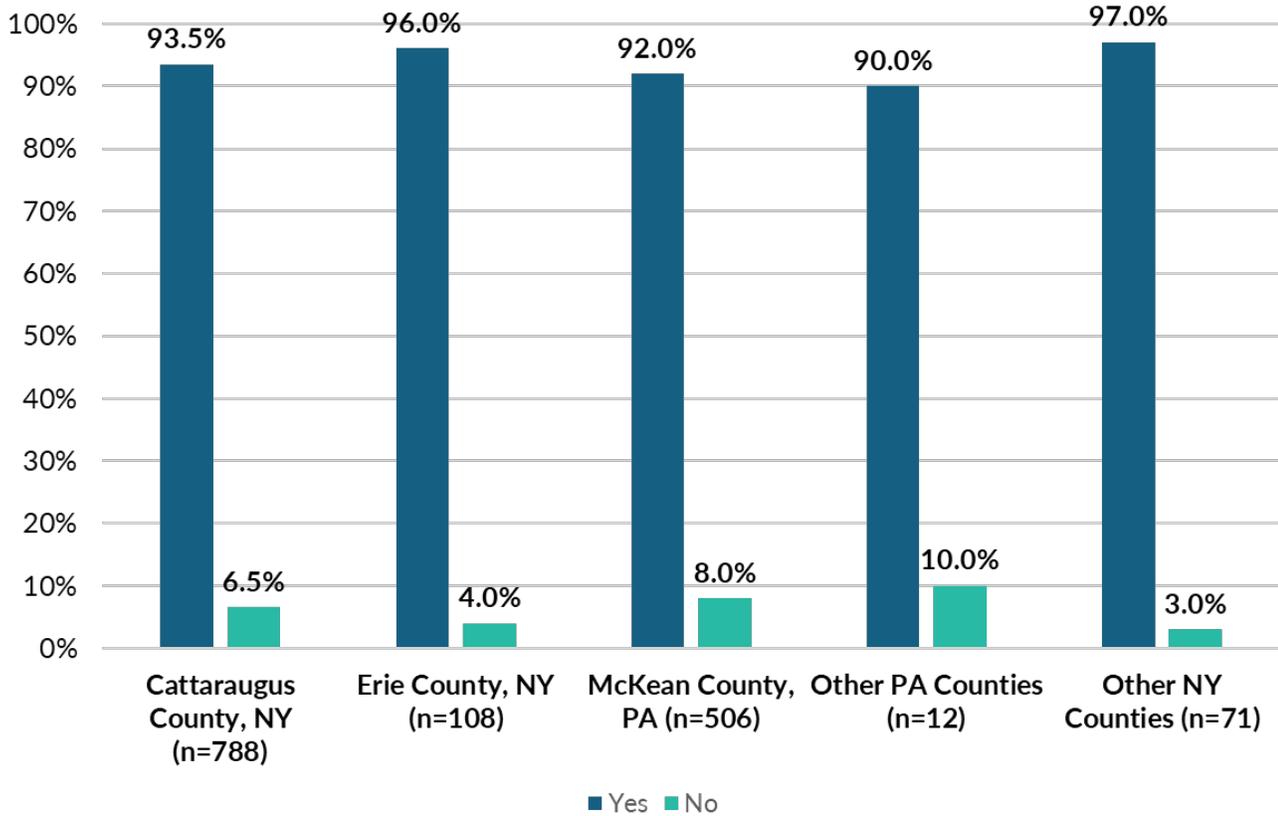
Figure 110: Do Not Have Personal Care Provider, McKean County and Pennsylvania, 2020-2022



Source: Pennsylvania Department of Health, BRFSS

Most community survey respondents report having a primary care provider (93.5% in Cattaraugus County, 92.0% in McKean County) (Figure 111).

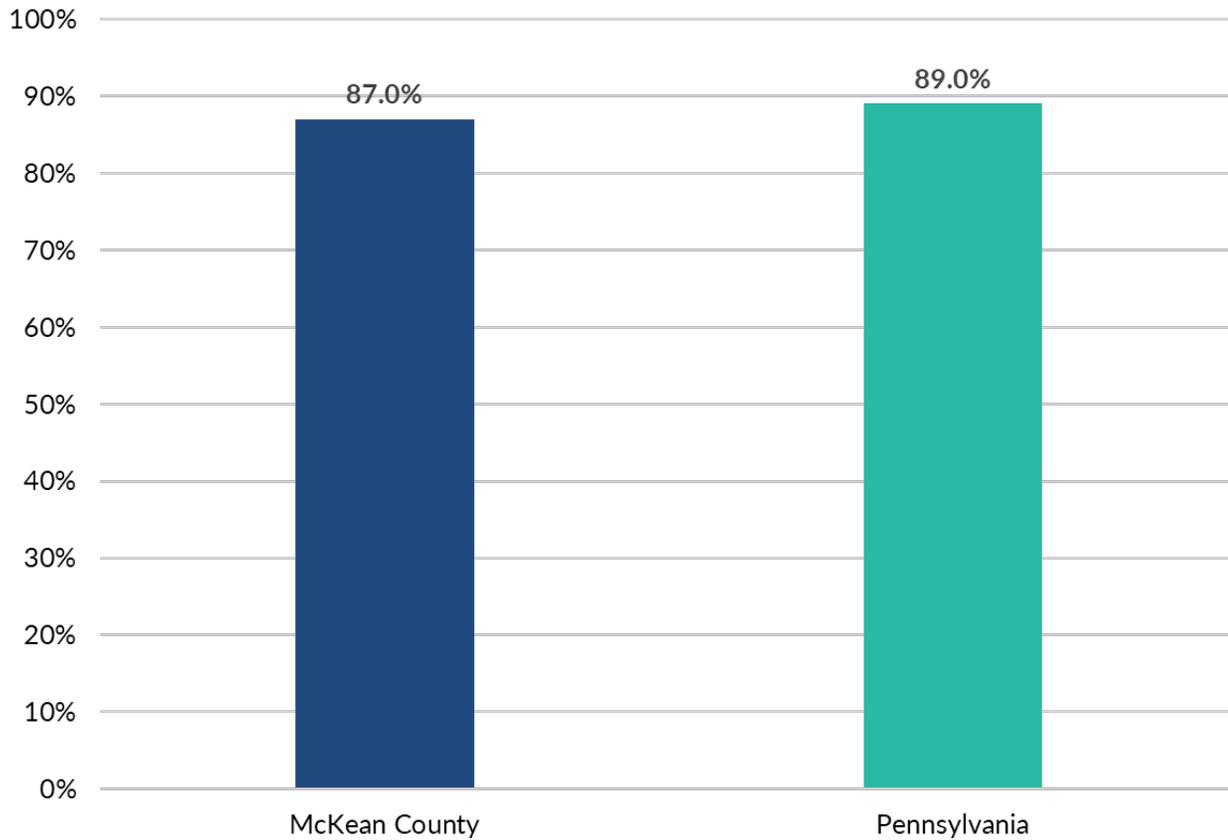
Figure 111: Community Survey Respondents Have a Primary Care Provider



Source: Cattaraugus and McKean County Community Survey, 2025

While primary care access is relatively stable, fewer McKean County residents (87.0%) reported having a routine checkup in the past year compared to the state (89.0%) (Figure 112).

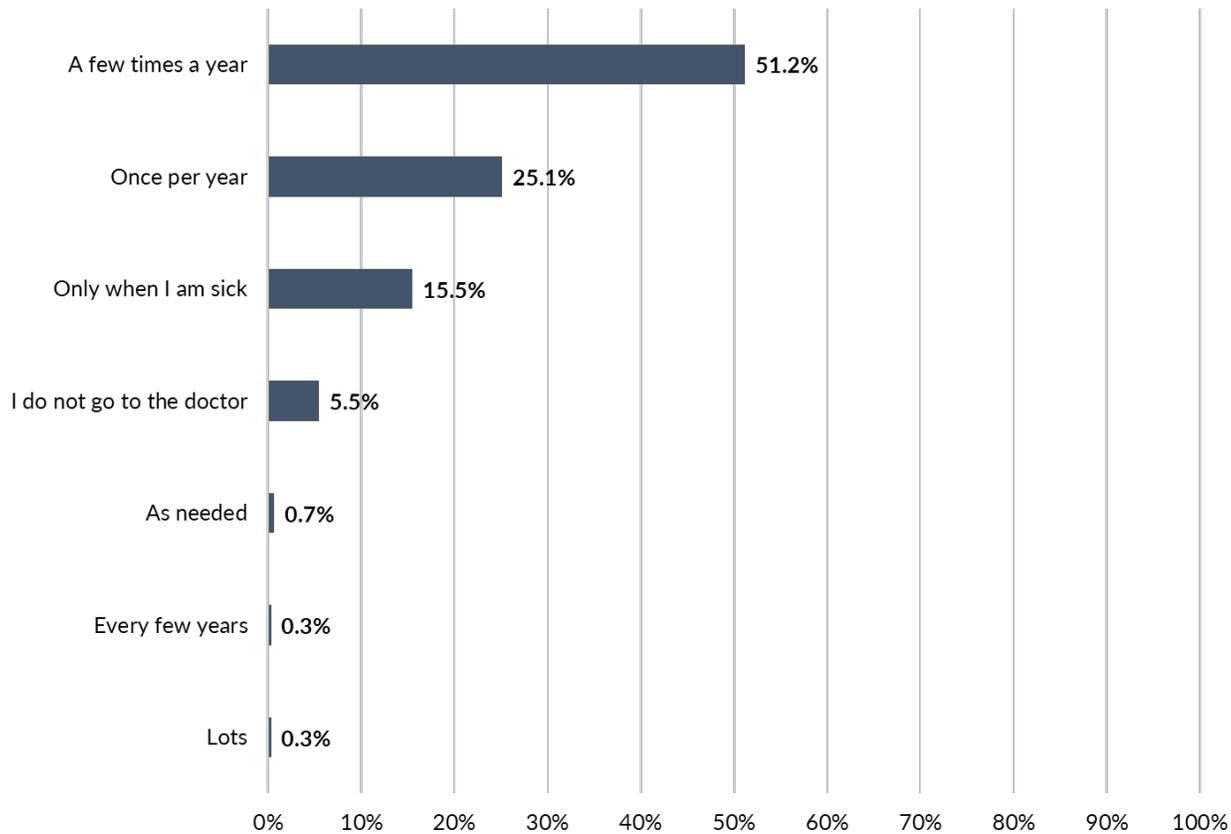
Figure 112: Routine Check Up Past 2 Years, McKean County and Pennsylvania, 2020-2022



Source: Pennsylvania Department of Health, BRFSS

In Cattaraugus County, half of respondents see a doctor a few times a year (51.2%) and another quarter annually (25.1%) (Figure 113).

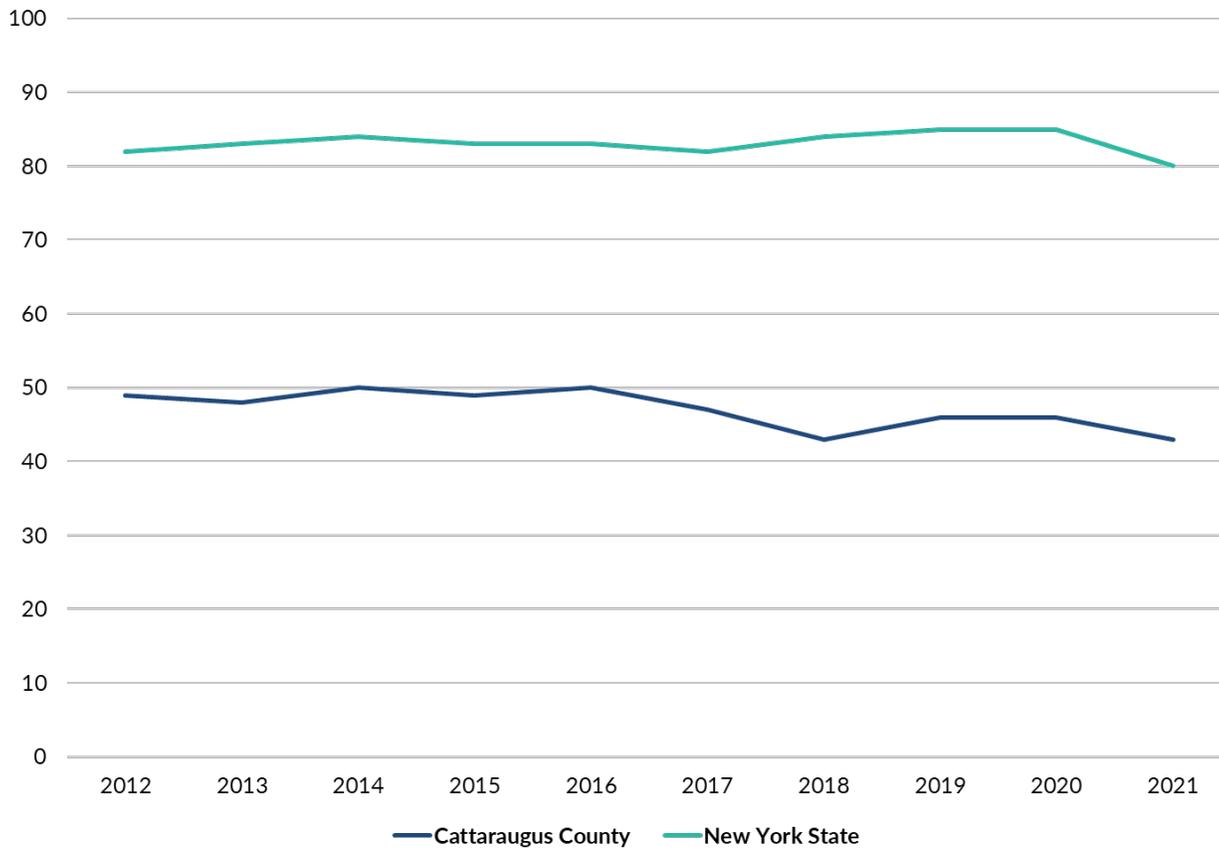
Figure 113: Cattaraugus County Intercept Survey Respondents Frequency See Doctor



Source: Cattaraugus County Intercept Survey, 2024

Provider availability continues to be a concern. The number of primary care physicians per 100,000 residents has declined in both Cattaraugus County (43 per 100,000) and New York State (80 per 100,000) (**Figure 114**).

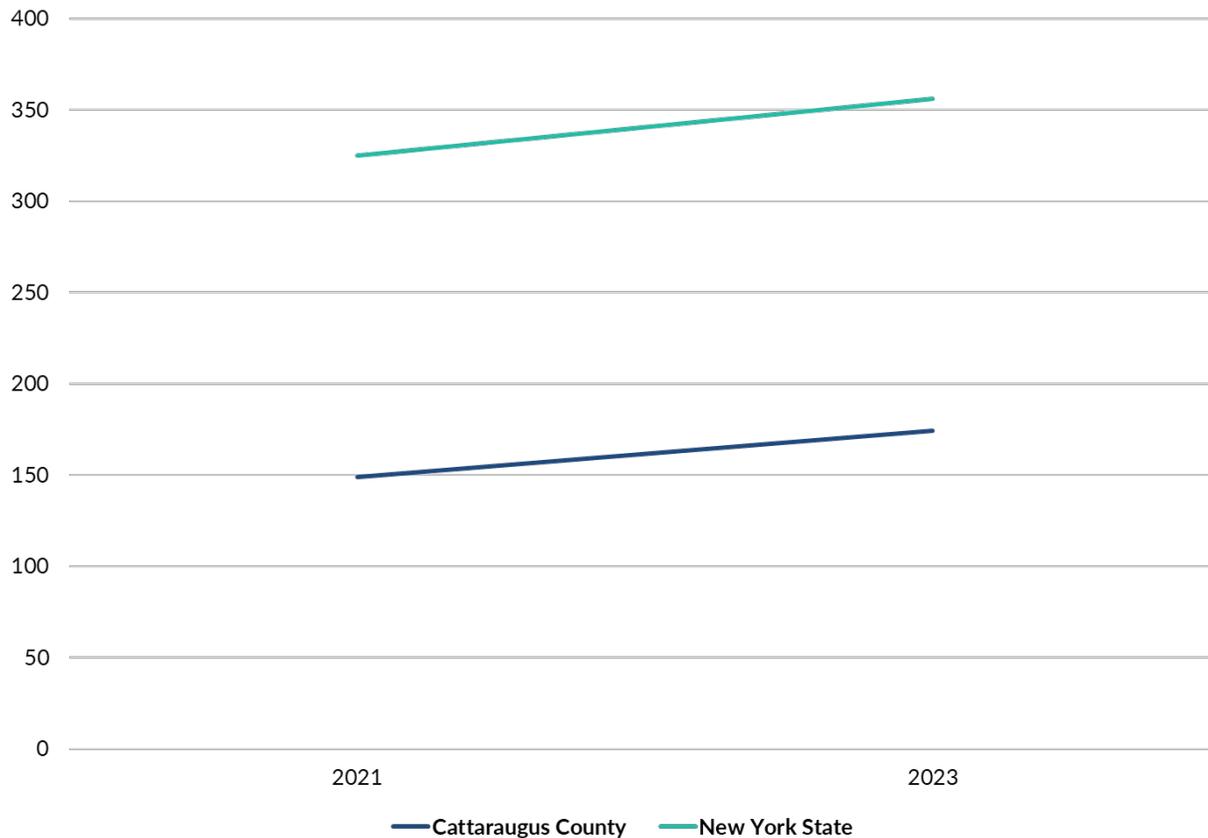
Figure 114: Number of Primary Care Providers, Per 100,000 Population, Cattaraugus County and New York, 2013-2021



Source: The New York State Community Health Indicator Reports (CHIRS)

The broader healthcare provider workforce, including mental health providers, remains lower in the county (174 per 100,000) compared to the state (356 per 100,000) (**Figure 115**).

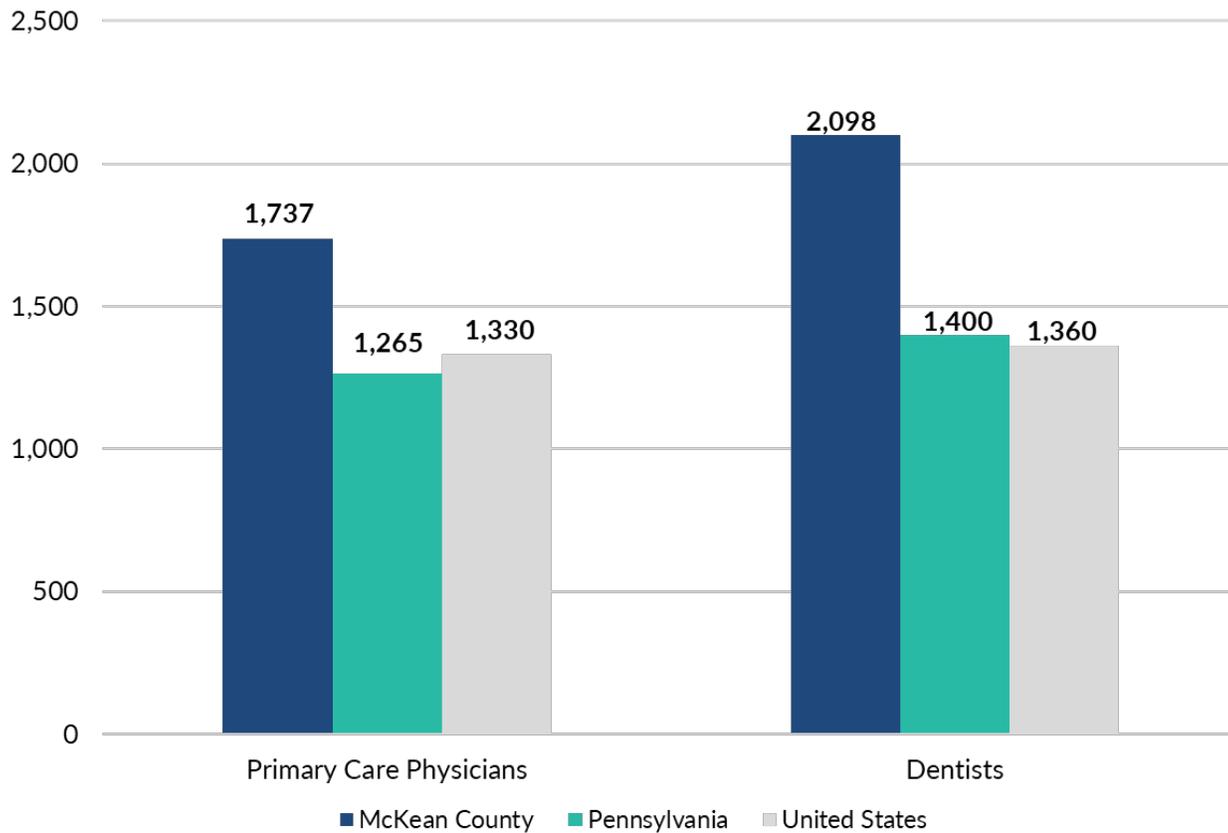
Figure 115: Number of Mental Health Providers, Per 100,000 Population, Cattaraugus County and New York, 2021 and 2023



Source: The New York State Community Health Indicator Reports (CHIRS)

In McKean County, provider shortages are even more acute—with one primary care physician for every 1,737 residents and one dentist for every 2,098 residents (**Figure 116**).

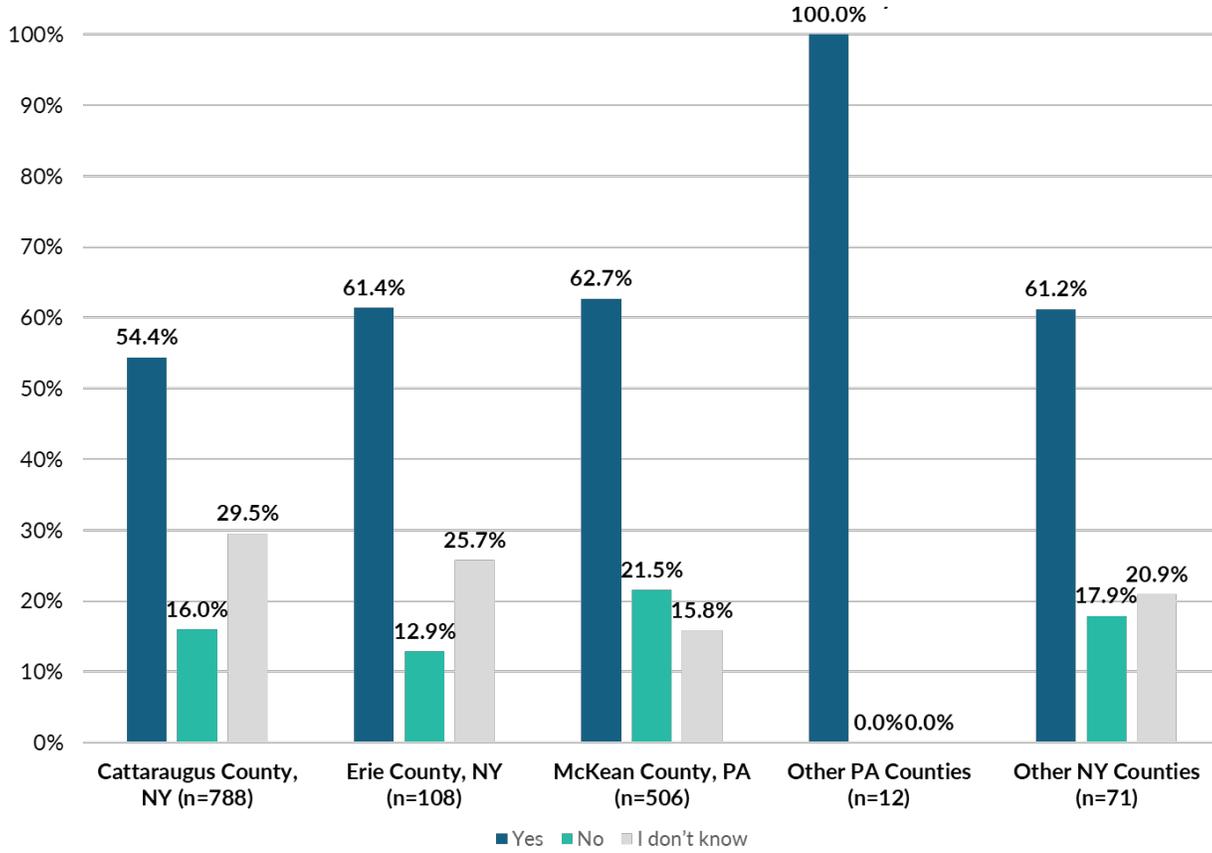
Figure 116: Population Served by 1 Provider, McKean County, Pennsylvania and United States, 2025



Source: County Health Rankings and Roadmap

Access to mental health care is similarly limited. Just over half of survey respondents reported that mental health services are available in their community (54.4% in Cattaraugus County and 62.7% in McKean County) (Figure 117).

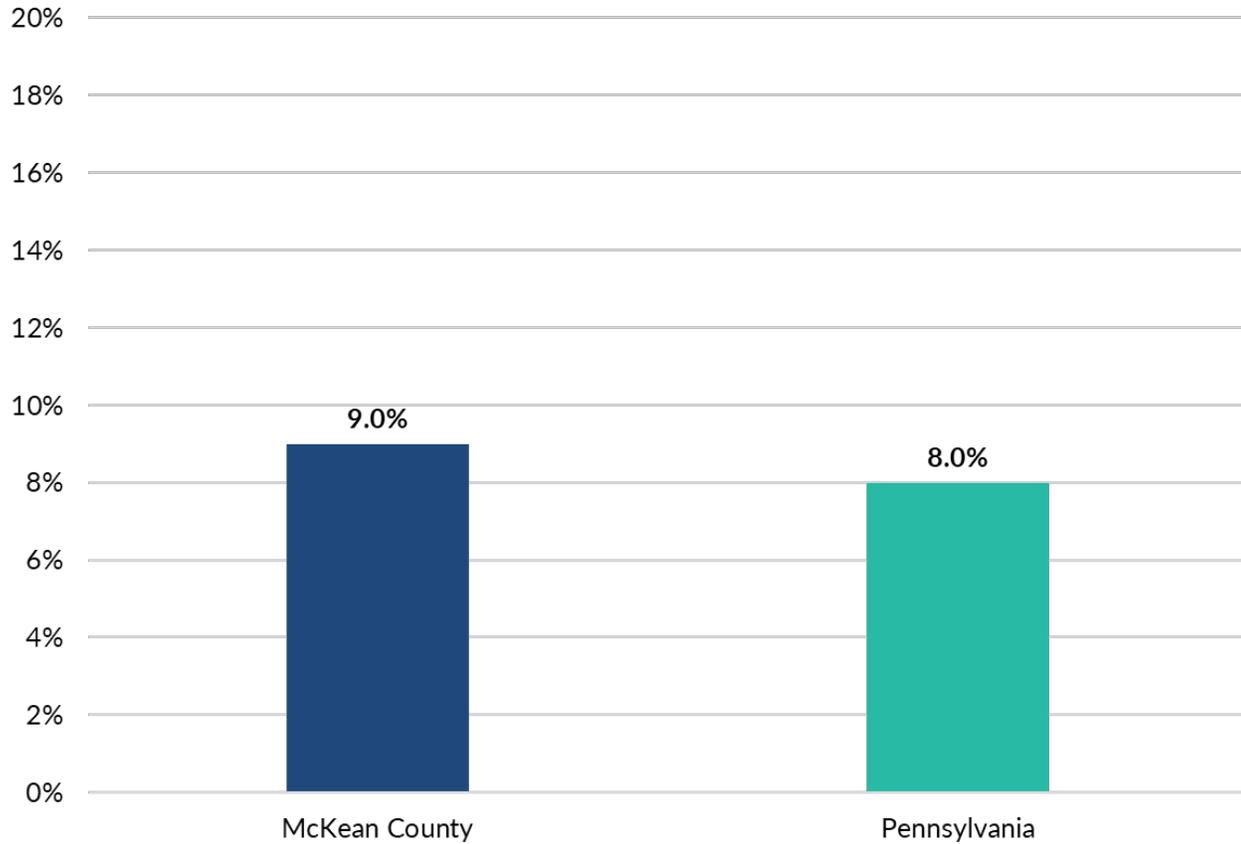
Figure 117: Community Survey Respondents Have Mental Health Services Accessible in Community



Source: Cattaraugus and McKean County Community Survey, 2025

Financial barriers persist: 9.0% of McKean County residents and 8.0% of Pennsylvanians overall could not get medical care due to cost in the past year (Figure 118).

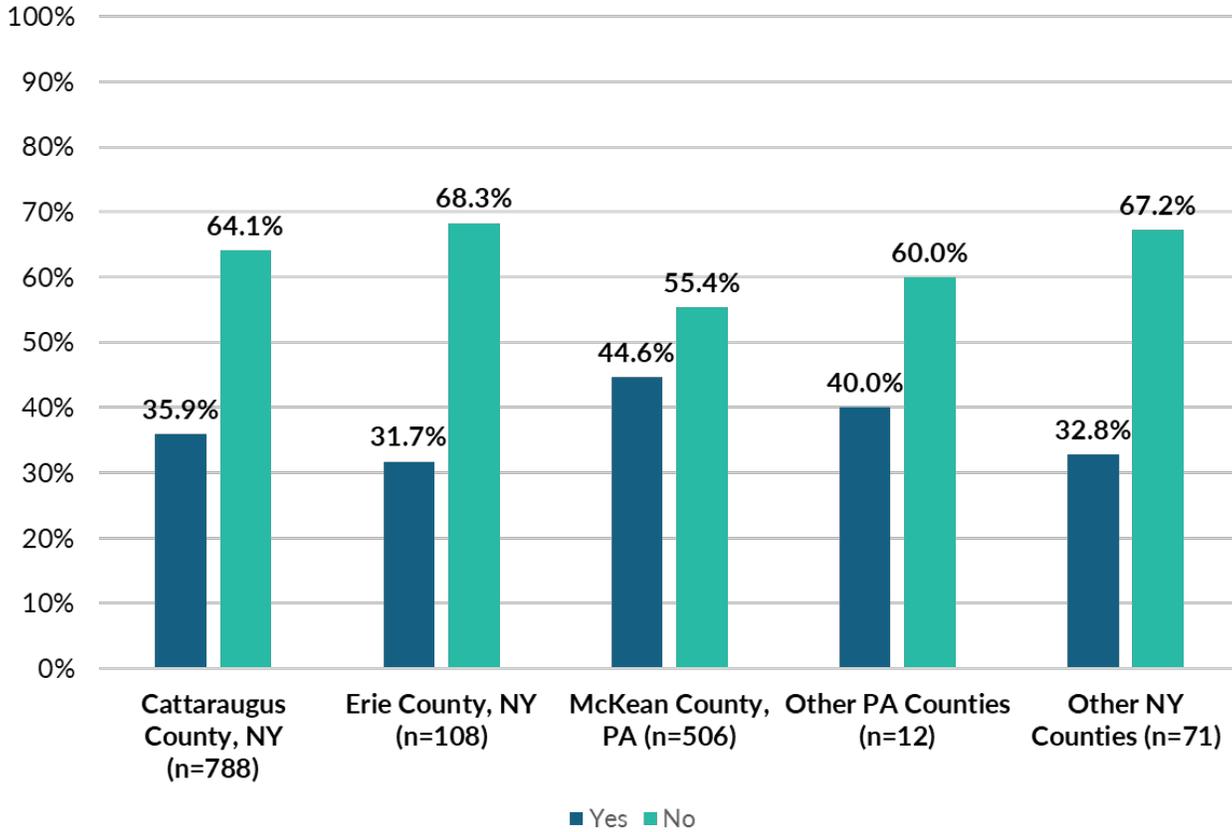
Figure 118: Could Not Get Medical Care Due to Cost, Past Year, McKean County and Pennsylvania, 2020-2022



Source: Pennsylvania Department of Health, BRFSS

Over a third of Cattaraugus County respondents (35.9%) and nearly half in McKean County (44.6%) delayed or avoided care because of cost (Figure 119).

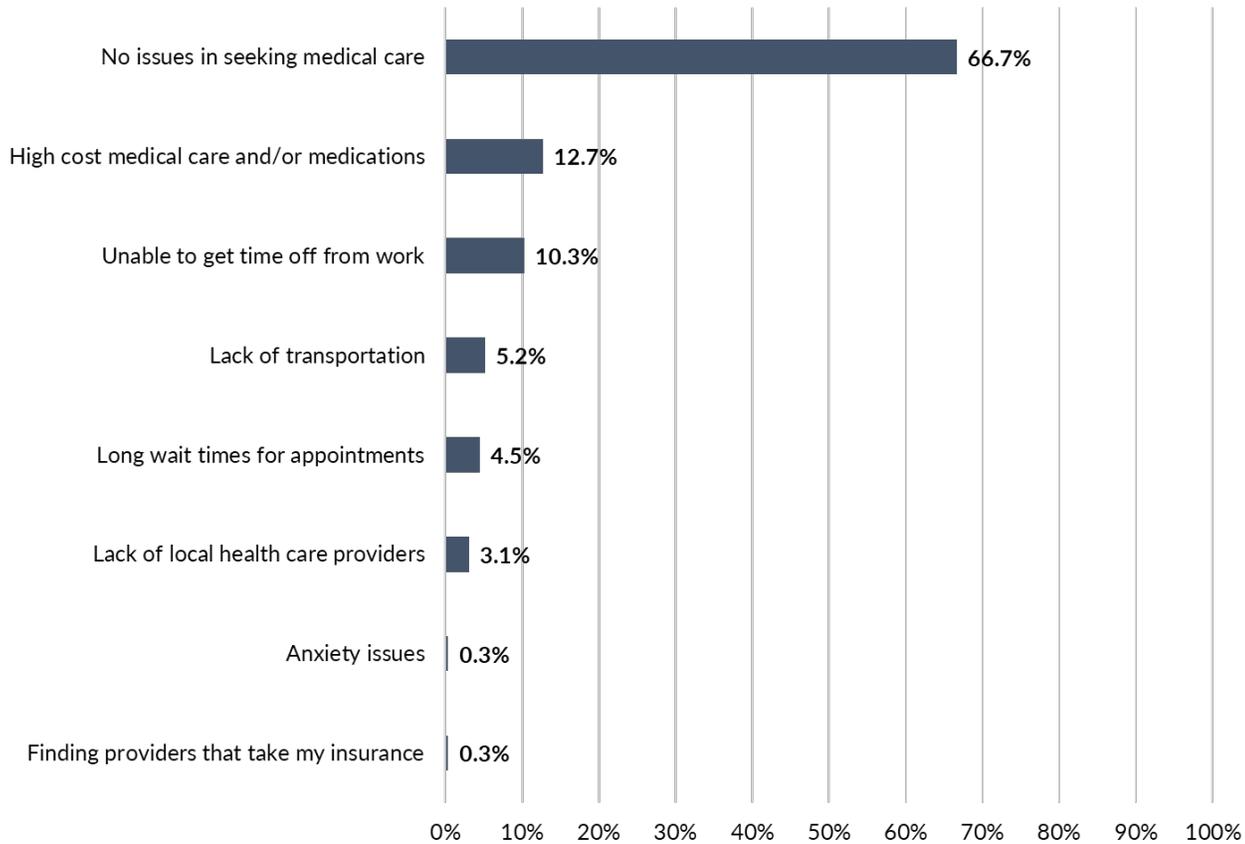
Figure 119: Community Survey Respondents Delayed or Avoided Healthcare due to Cost, Past Year



Source: Cattaraugus and McKean County Community Survey, 2025

Among Cattaraugus County intercept survey respondents, about two-thirds reported no issues accessing care, while others cited high medical costs (12.7%) or inability to take time off work (10.3%) as barriers (**Figure 120**).

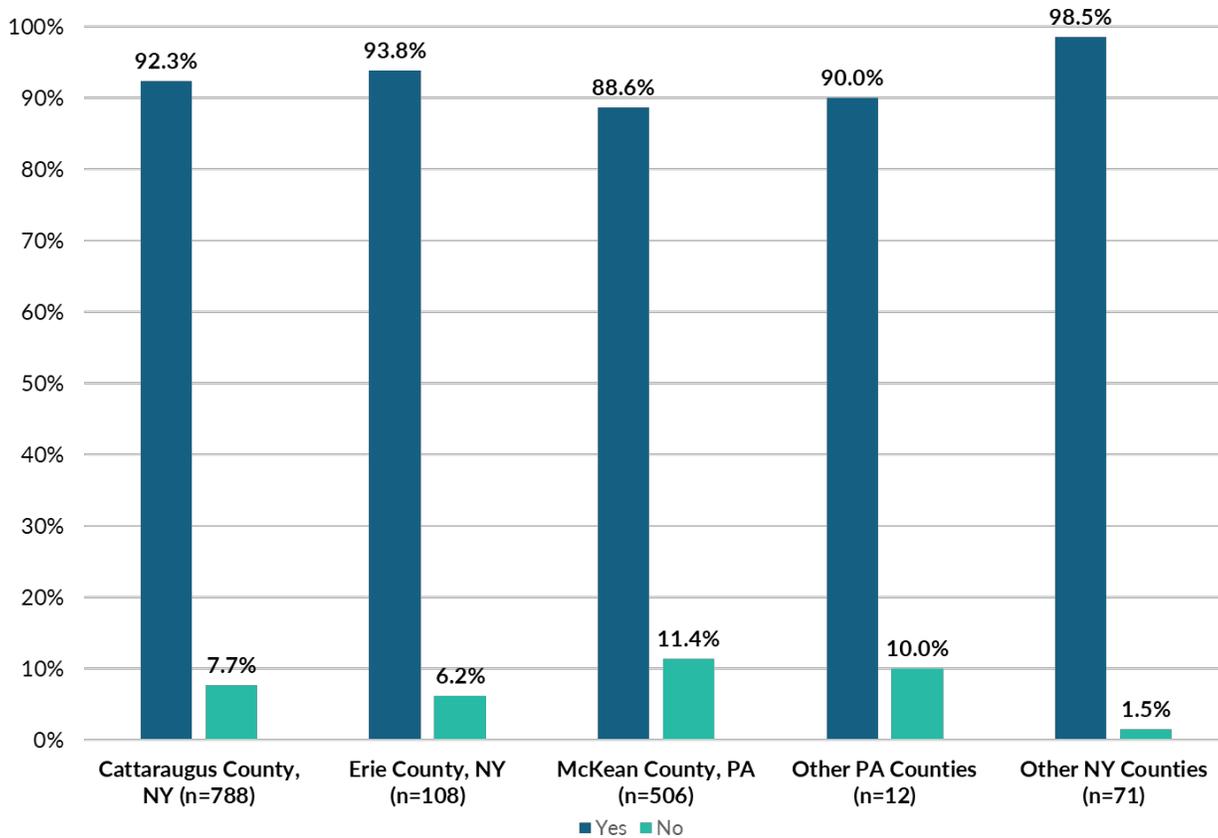
Figure 120: Cattaraugus County Intercept Survey Respondents What Stops Them from Seeking Medical Care for Self or Family



Source: Cattaraugus County Intercept Survey, 2024

Most respondents said they can access affordable medications (92.3% in Cattaraugus County; 88.6% in McKean County) (Figure 121).

Figure 121: Community Survey Respondents Have Access to Affordable Medications



Source: Cattaraugus and McKean County Community Survey, 2025

Focus Group Participant Feedback

Cattaraugus County

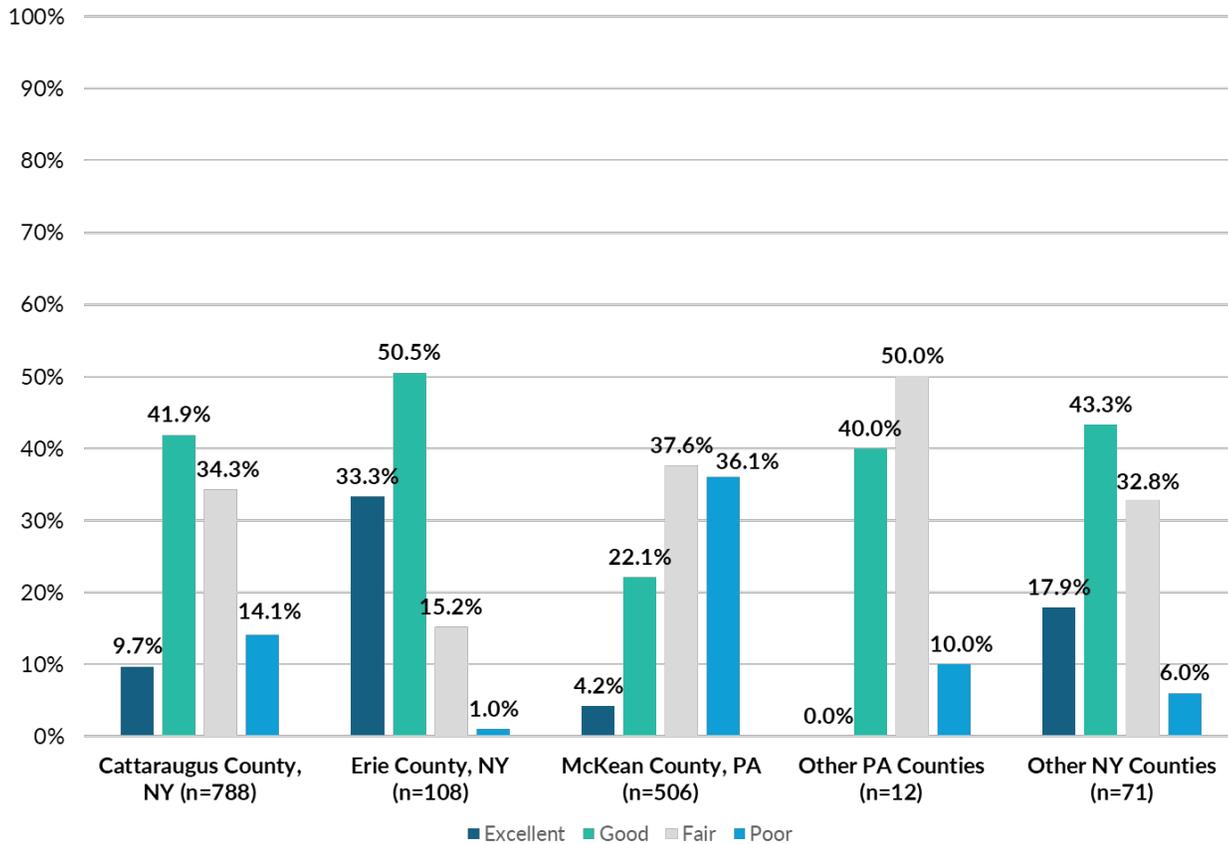
Pharmacy closures—especially the loss of Rite Aid in Salamanca—have created major barriers to medication access, heightening stress among residents and disproportionately affecting seniors, low-income households, and individuals with chronic conditions. Those without transportation face missed prescriptions and medication lapses.

The closures have also strained remaining pharmacies, pushing some residents toward online or delivery options that may not accept Medicaid or other insurance plans. Medication affordability remains a challenge, particularly for older adults, veterans, and people managing chronic illnesses.

Participants emphasized that pharmacy closures reveal deeper systemic issues, including stigma in mental health and substance use care. Many described feeling judged or depersonalized when seeking help. Suggested solutions included mobile or pop-up pharmacies, expanded mail delivery programs, and better Medicaid integration—highlighting the need for consistent, respectful, and accessible medication services.

Nearly half of community survey respondents in Cattaraugus County (48.4%) rated local healthcare quality as *fair* or *poor*, and even more respondents in McKean County (73.7%) shared this sentiment (**Figure 122**).

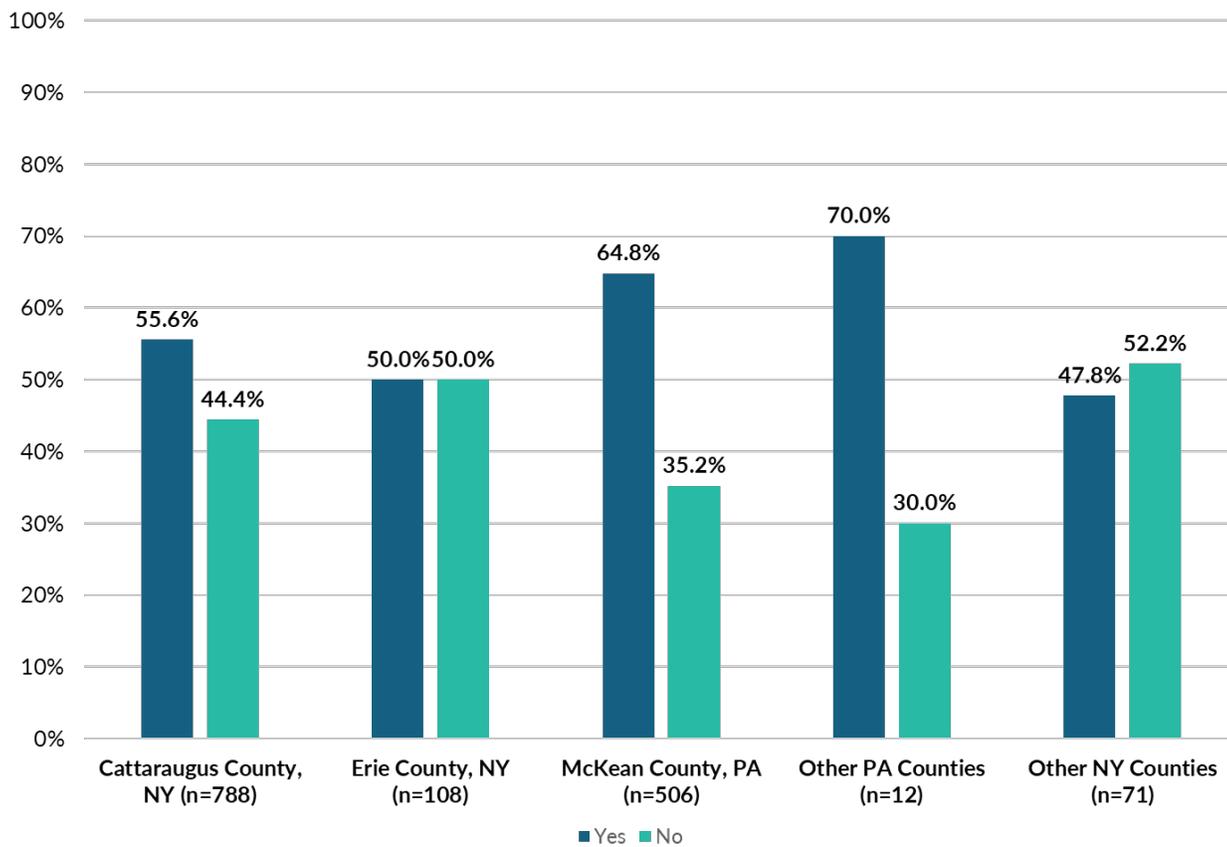
Figure 122: Community Survey Respondents Rating of Quality of Healthcare Services in Their Community



Source: Cattaraugus and McKean County Community Survey, 2025

More than half of respondents reported feeling unheard when seeking care (55.6% in Cattaraugus County; 64.8% in McKean County) (Figure 123).

Figure 123: Community Survey Respondents Ever Felt Not Listened to When Seeking Healthcare



Source: Cattaraugus and McKean County Community Survey, 2025

Stakeholder Interview Feedback

Cattaraugus County

Stakeholders consistently identified healthcare access as a top community concern. Provider shortages, limited specialty care, and transportation barriers were major obstacles. Residents reported difficulty finding primary care providers and navigating insurance, particularly Medicare and Medicaid. Stakeholders called for unbiased Medicare counseling, support with Medicaid enrollment, and increased awareness of preventive screenings such as mammograms, GYN exams, and lung cancer checks. Workforce shortages—especially among OB/GYNs, dentists, mental health professionals, and primary care physicians—were described as critical. Rural hospital closures, limited compensation, and professional isolation further complicate recruitment and retention, perpetuating access gaps.

Historical trauma, cultural mistrust, and low health literacy also affect care-seeking behavior. Indigenous communities face barriers linked to generational trauma and systemic discrimination, while Amish residents often avoid surveys or preventive care programs. Stakeholders cited bias, limited cultural competence, and lack of accessible materials as ongoing challenges. They recommended health education materials written at an eighth-grade reading level and tailored for cultural appropriateness. Many noted that limited understanding of

preventive health practices—such as nutrition, exercise, and routine screenings—underscores the need for targeted, culturally sensitive outreach.

McKean County

Stakeholders described a severe shortage of both primary and specialty care services, with notable deficits in maternity, dental, psychiatric, and geriatric care. The loss of local hospital services and limited specialty access force residents—especially those on Medicare or Medicaid—to travel long distances to Olean, DuBois, or Pittsburgh. High poverty levels exacerbate transportation and affordability challenges.

Ongoing hospital restructuring has eliminated OB/GYN and mental health units, while specialty care for aging populations (e.g., rheumatology, nephrology) remains largely unavailable. Emergency services continue locally, but inpatient and same-day surgical care are limited. Long wait times for specialty appointments—three months for neurology and six for dermatology—further burden families managing chronic or complex conditions. These challenges underscore the urgent need for healthcare infrastructure investment, provider recruitment, and innovative care models to expand access locally.

Focus Group Participant Feedback

Cattaraugus County

Access to specialty care remains severely limited, with most specialists located in distant cities such as Buffalo, Rochester, Jamestown, or Erie. Long travel distances, multiple appointments, high costs, and extended wait times—often several months—make care inaccessible for many residents. This disproportionately affects families with limited transportation, low-income households, and those with multiple chronic conditions, often forcing reliance on urgent care or emergency departments for non-emergency needs.

Primary and urgent care centers are overwhelmed, with long appointment waits and limited staffing. Participants cited staff turnover, reliance on traveling clinicians, and poor customer service—such as long hold times or dismissive interactions—as key issues eroding trust. Dental care access, particularly for children, is severely constrained, leading to delayed treatment and preventable complications. Vision, pediatric specialty, and pain management services were also identified as lacking, underscoring systemic gaps and the need for expanded local healthcare capacity.

McKean County

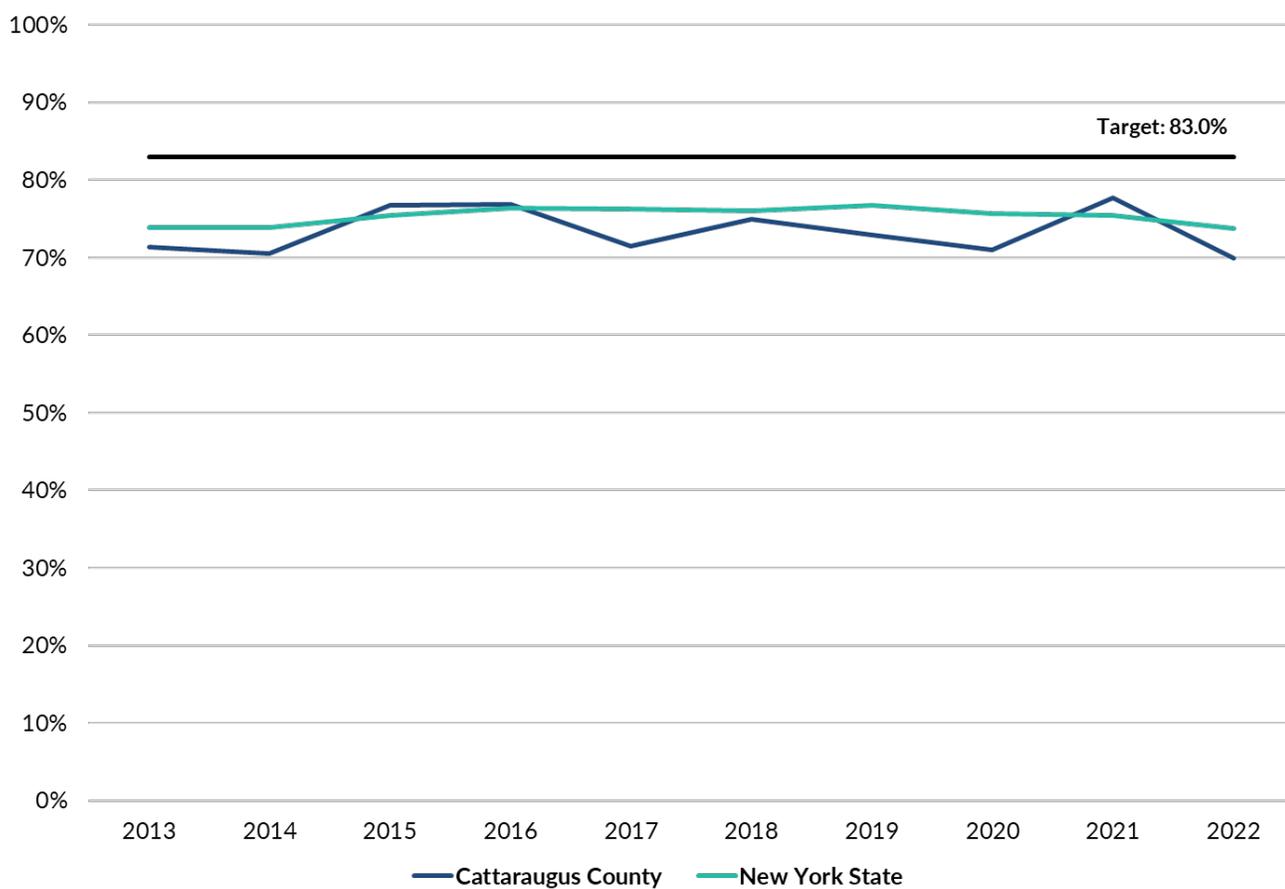
Residents in Bradford and surrounding areas face significant barriers to timely healthcare. Long waits for primary and specialty care, especially pediatric and obstetric services, require families to travel far distances. Urgent care centers serve as alternatives but often require upfront payments, creating financial strain. Behavioral health services have been reduced, with patients sometimes waiting in emergency rooms for extended periods before receiving inpatient care. Dental, reproductive, and routine medical services remain difficult to access, further contributing to delayed treatment and poorer health outcomes.

Access to and Use of Prenatal Care

Prenatal care—the medical and supportive care a woman receives during pregnancy—plays a vital role in protecting the health of both mother and child. Early and consistent prenatal visits enable healthcare providers to monitor fetal development, identify and manage potential complications such as hypertension or gestational diabetes, and offer crucial guidance on nutrition, lifestyle, and preventive practices. According to the U.S. Office on Women’s Health, babies born to mothers who do not receive prenatal care are three times more likely to have a low birth weight and five times more likely to die than those whose mothers receive adequate prenatal care.⁶⁴

As shown in **Figure 124**, the percentage of women receiving prenatal care during the first trimester has declined in Cattaraugus County in recent years—from 77.7% in 2021 to 69.9%—and remains below both the New York State rate (73.8% in 2022) and the NYSDOH Prevention Agenda target of 83.0%.

Figure 124: Received Prenatal Care in First Trimester, Cattaraugus County and New York, 2013-2022

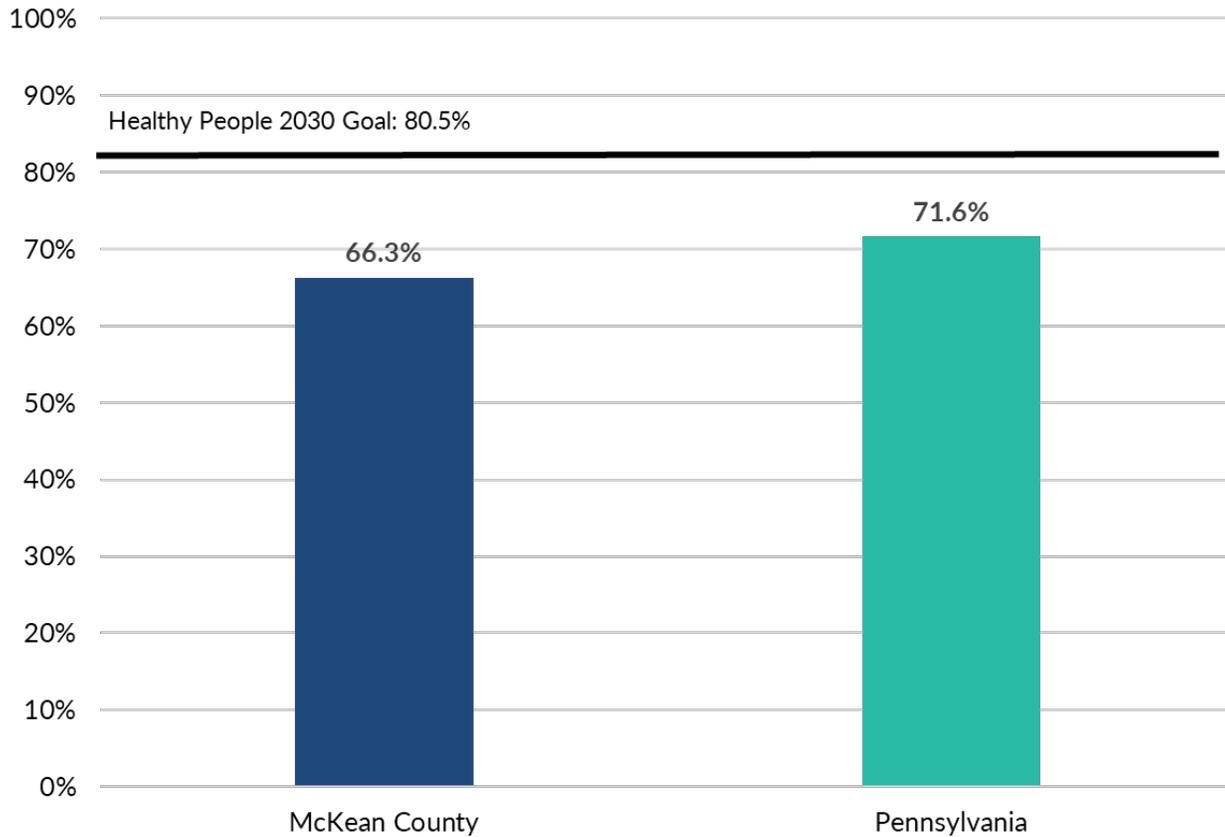


Source: The New York State Community Health Indicator Reports (CHIRS)

⁶⁴ <https://womenshealth.gov/a-z-topics/prenatal-care?utm>

Similarly, **Figure 125** shows that a smaller proportion of women in McKean County (66.3%) received first-trimester prenatal care compared to Pennsylvania overall (71.6%), with both figures falling short of the Healthy People 2030 goal of 80.5%.

Figure 125: Received Prenatal Care First Trimester, McKean County and Pennsylvania, 2023



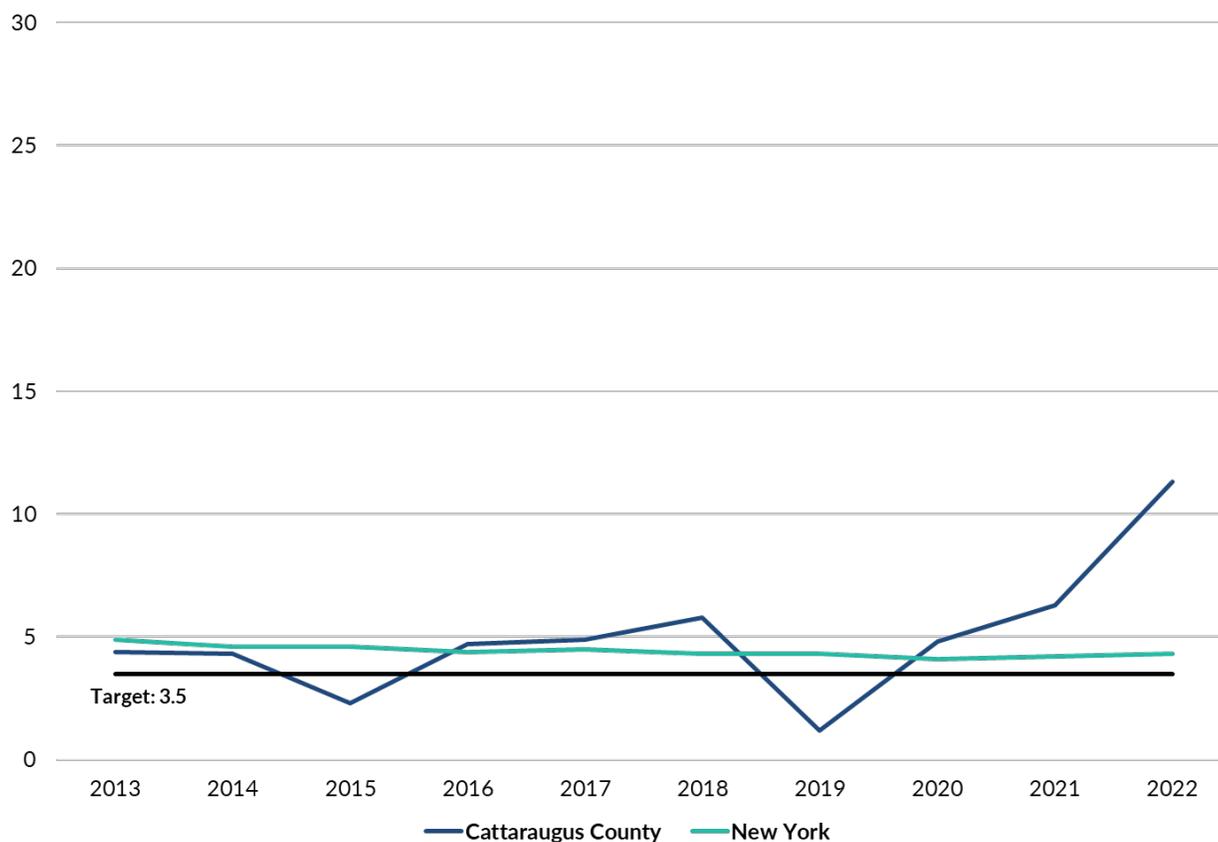
Source: Pennsylvania Department of Health

Prevention of Infant and Maternal Mortality

Infant and maternal mortality are critical indicators of a community's overall health and the effectiveness of its healthcare system. Maternal mortality refers to the death of a woman during pregnancy, childbirth, or shortly thereafter, while infant mortality measures the death of a baby before their first birthday. Both are often associated with preventable causes, including limited access to quality healthcare, pregnancy or delivery complications, and broader social determinants such as poverty, systemic inequities, and inadequate support services. The Centers for Disease Control and Prevention (CDC) emphasizes that many maternal and infant deaths can be prevented through timely, high-quality medical care, early identification of risks, and robust community-based supports for mothers and families.⁶⁵

As shown in **Figure 126**, the infant mortality rate per 1,000 live births in Cattaraugus County has risen significantly—from 1.2 in 2019 to 11.3 in 2022—surpassing both the New York State rate (4.3) and the NYSDOH Prevention Agenda target of 3.5.

Figure 126: Infant Mortality, Rate Per 1,000 Live Births, Cattaraugus County and New York, 2013-2022

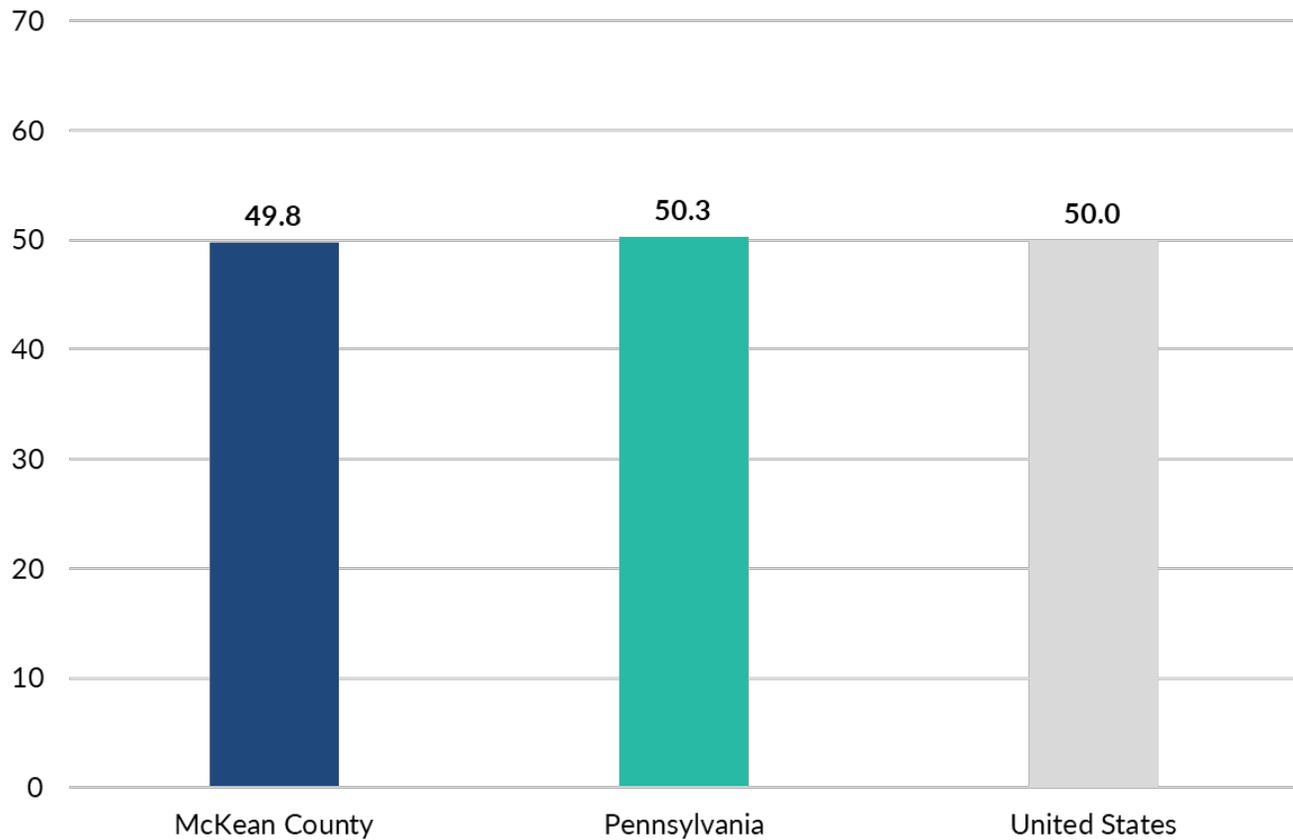


Source: New York State Department of Health, Vital Records

⁶⁵ <https://www.cdc.gov/reproductivehealth/maternal-mortality/index.html>

The death rate per 100,000 residents under age 20 is comparable to McKean County (49.8), slightly below the state (50.3) and national (50.0) rates, as illustrated in **Figure 127**.

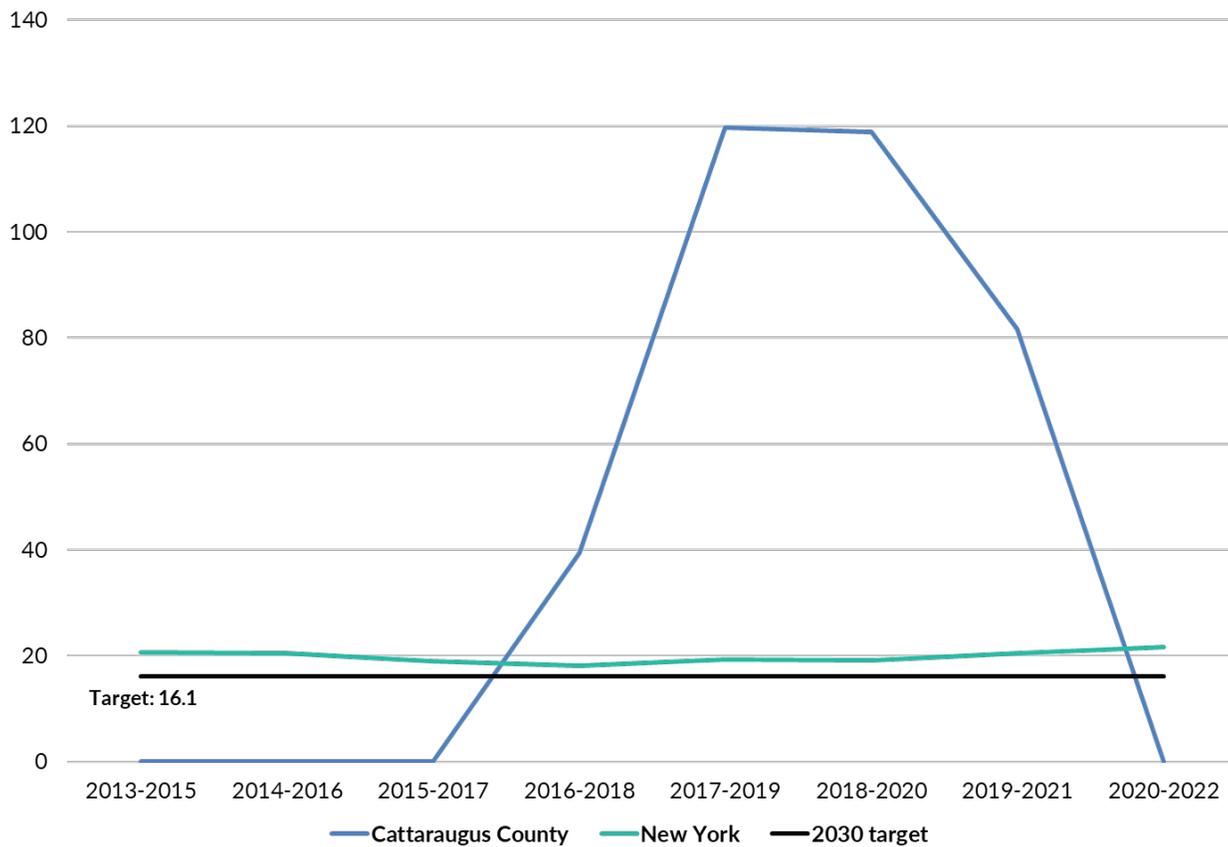
Figure 127: Deaths Among Residents Under Age 20 Per 100,000, McKean County, Pennsylvania and United States, 2025



Source: County Health Rankings and Roadmaps

Limited maternal mortality data is available for Cattaraugus County, with rates considered statistically unstable due to small sample sizes. However, for the years where data are available (**Figure 128**), the county's maternal mortality rate (81.7 per 100,000 live births in 2019–2021) is notably higher than the state rate (20.5) and exceeds the NYSDOH Prevention Agenda target of 16.1. These findings underscore the need for continued investment in maternal health services, early prenatal engagement, and equitable access to high-quality care before, during, and after pregnancy.

Figure 128: Maternal Mortality, Rate Per 100,000 Live Births, Cattaraugus County and New York, 2013-2022



Source: New York State Department of Health, Vital Records

Stakeholder Interview Feedback

Cattaraugus County

Although mentioned less frequently, maternal and child health continues to be a concern among stakeholders in Cattaraugus County. They underscored the importance of ensuring that services for mothers and children are available, accessible, and sustainably supported across the region.

Stakeholders highlighted persistent challenges in maternal health, particularly in rural areas described as “OB deserts,” where birthing hospitals and OB/GYN providers are scarce. Ongoing workforce shortages make it difficult to sustain local maternal care, leaving women with limited options for pregnancy, delivery, and postpartum support. While peer support programs and home-visiting initiatives operate in some communities, these services are inconsistent and often lack the funding or staffing necessary for long-term impact.

McKean County

In McKean County, stakeholders repeatedly identified gaps in services for women and children, including limited access to maternity care, pediatric care, and family support programs—especially for households living in poverty. They also noted the lack of formal supports for elderly family members, emphasizing the need for community-based programs that address intergenerational care.

Stakeholders reported a significant decline in maternal and child health services following the closure of *Healthy Beginnings* and the hospital’s OB/GYN unit. Previously, at-risk mothers had access to dedicated clinic days staffed by nurses and rotating physicians, coordinated with WIC services, early intervention referrals, and substance use screening. The loss of these integrated supports has created substantial barriers to timely and comprehensive care.

Today, many expectant mothers must travel to Olean (21 miles) or Bradford (31 miles) for prenatal, delivery, and postpartum services, creating financial, logistical, and emotional burdens—particularly for those without reliable transportation. The absence of local maternity care underscores a critical gap in access to prenatal, postnatal, and preventive services for mothers and infants across the county.

Preventative Services for Chronic Disease Prevention and Control

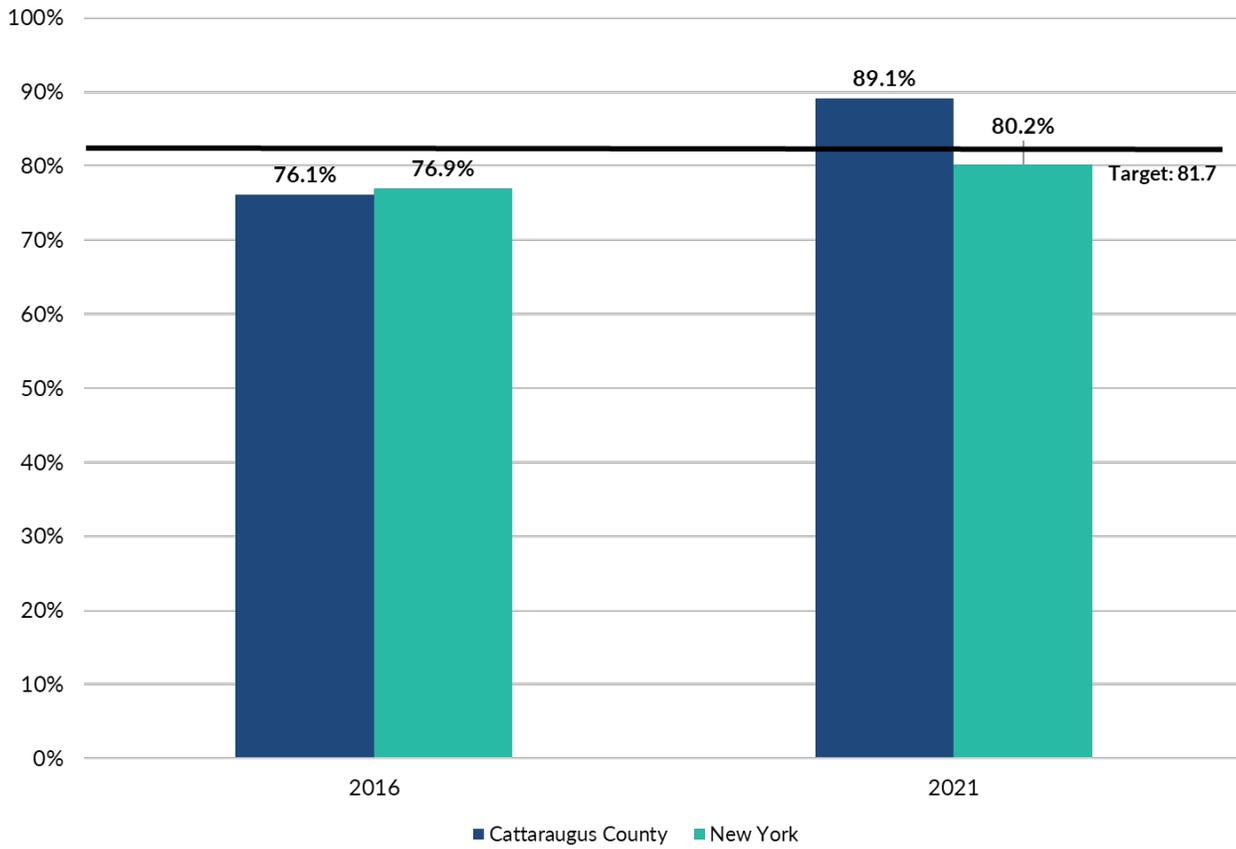
Preventive services play a critical role in reducing the burden of chronic diseases such as heart disease, diabetes, and cancer—leading causes of death and disability in the United States. Regular screenings, vaccinations, counseling, and early interventions help identify conditions at earlier stages, when they are often more manageable and less costly to treat.

The Centers for Disease Control and Prevention (CDC) emphasizes that preventive services—including blood pressure checks, cholesterol testing, and cancer screenings—not only save lives but also improve quality of life by preventing complications and long-term health problems.⁶⁶

As shown in **Figure 129**, the percentage of adults with high blood pressure who take medication to manage their condition increased in both Cattaraugus County (from 76.1% to 89.1%) and New York State (from 76.9% to 80.2%). In 2021, the county’s rate exceeded the New York State Prevention Agenda target of 81.7%.

⁶⁶ <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/prevention.htm>

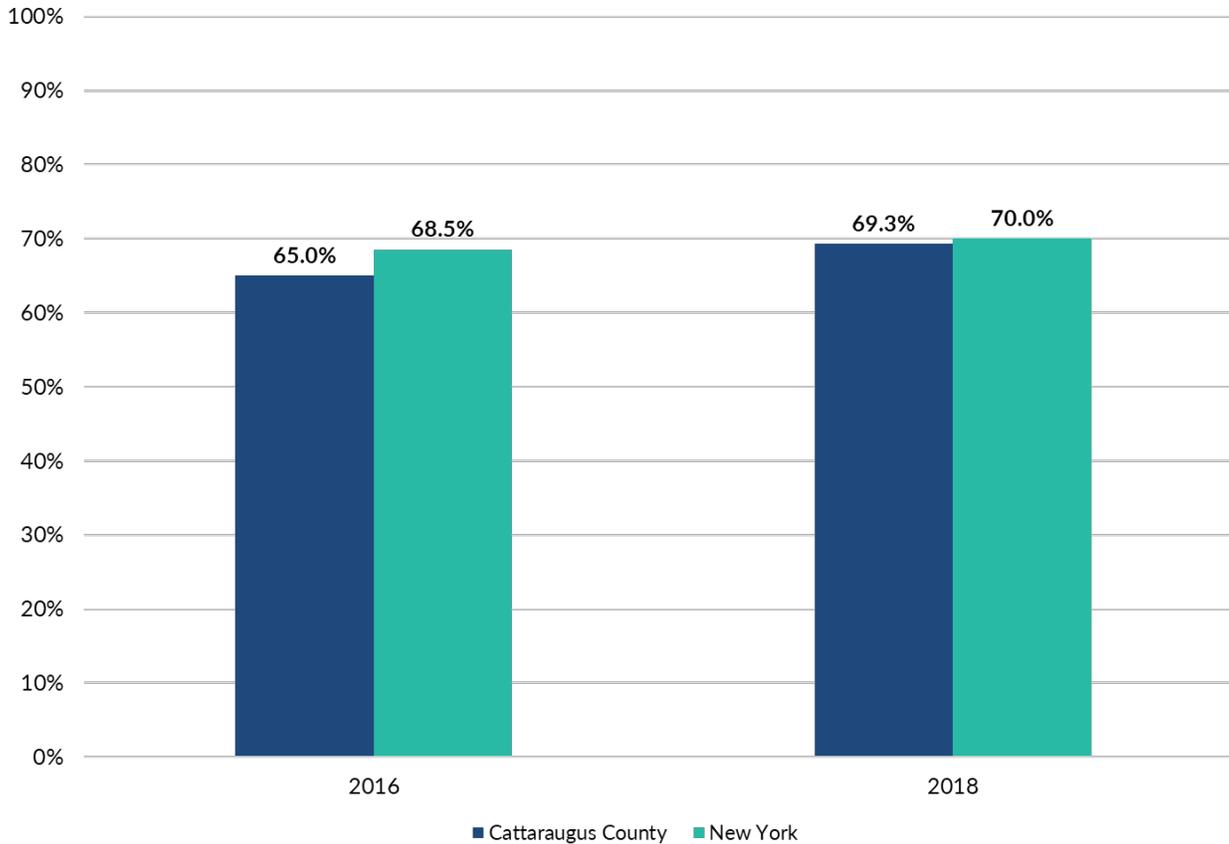
Figure 129: Adults with High Blood Pressure Taking Medication to Manage High Blood Pressure, Cattaraugus County and New York, 2016 and 2021



Source: New York State Department of Health, BRFSS

Figure 130 shows that the percentage of adults who have received a colorectal screening also rose between 2016 and 2018—from 65.0% to 69.3% in Cattaraugus County and from 68.5% to 70.0% statewide.

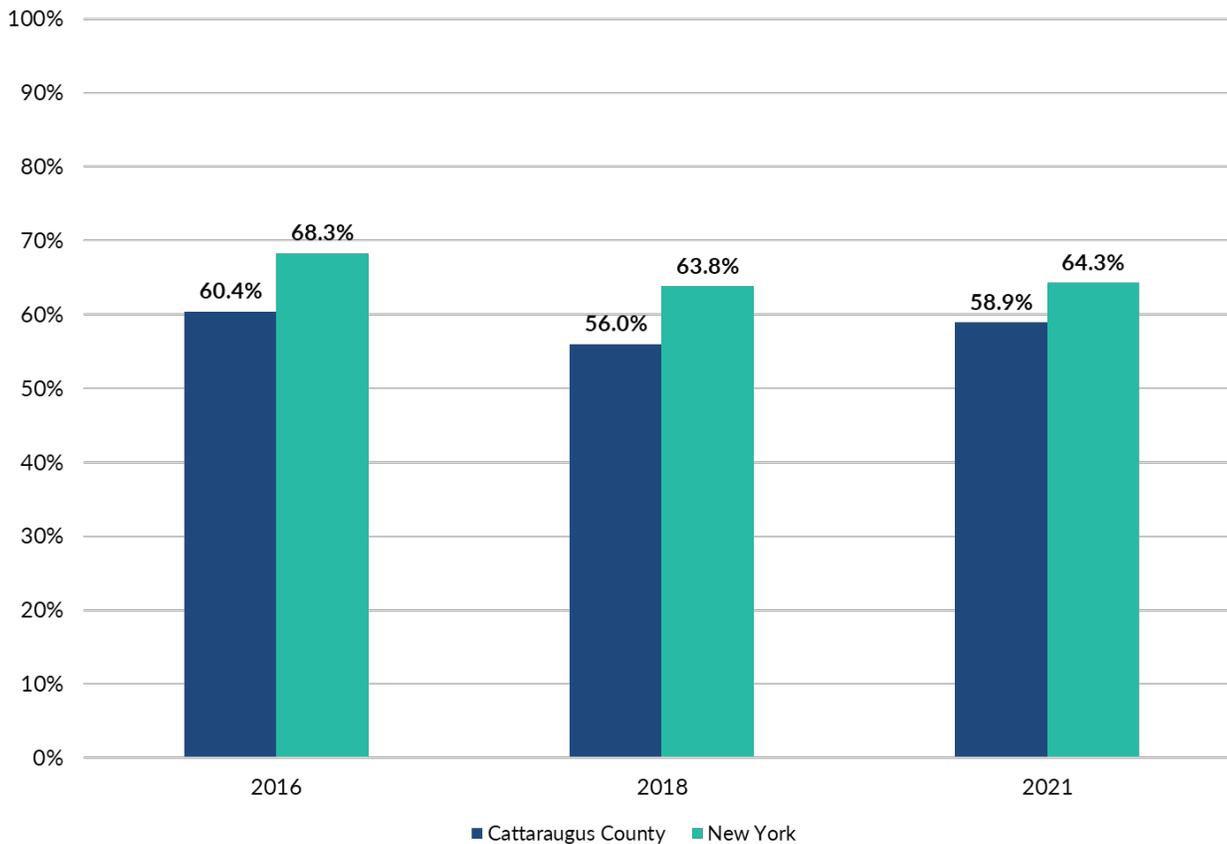
Figure 130: Colorectal Screening, Cattaraugus County and New York, 2016 and 2018



Source: New York State Department of Health, BRFSS

As illustrated in **Figure 131**, the percentage of adults aged 45 and older who had a blood sugar or diabetes test within the past three years has fluctuated but remains consistently lower than the state average. In 2021, 58.9% of adults in the county had been tested compared to 64.3% statewide.

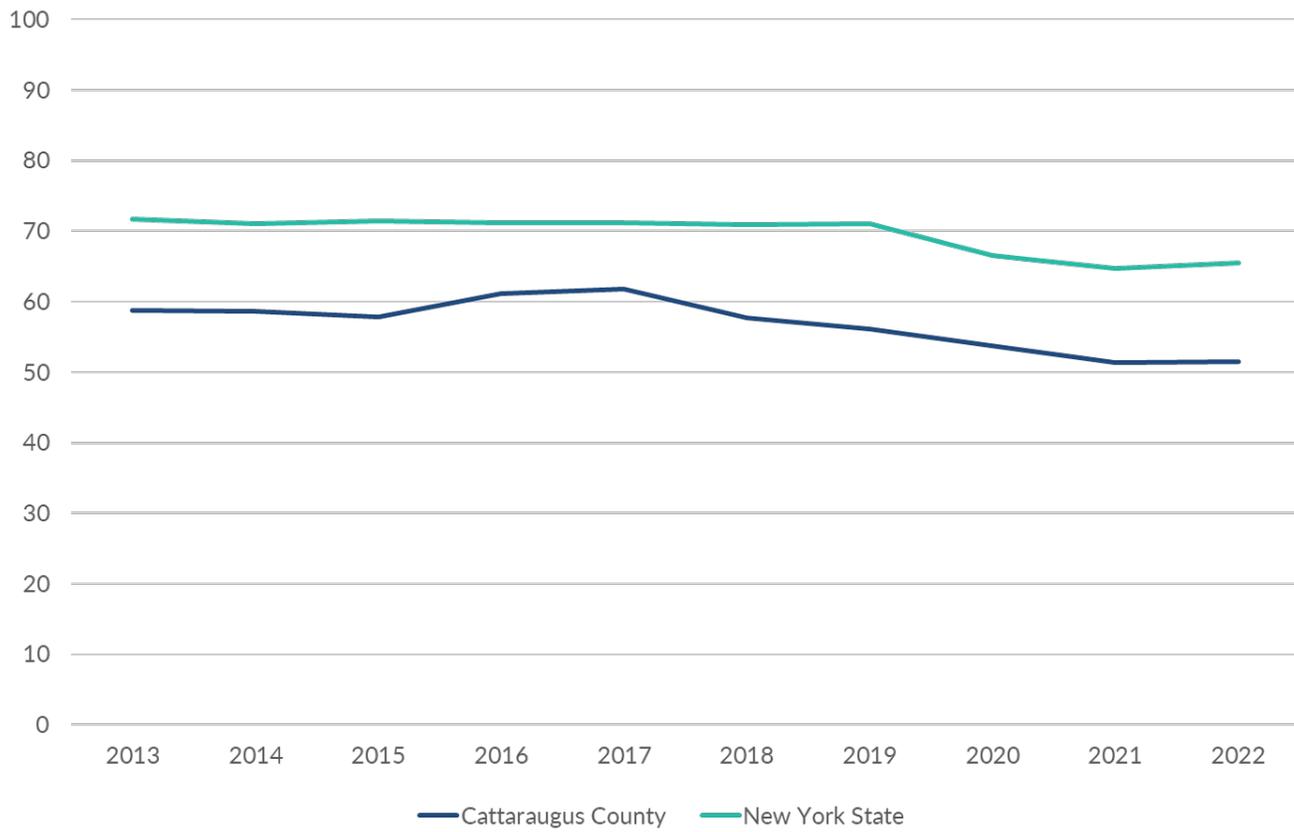
Figure 131: Adults Age 45 and Older Tested for High Blood Sugar or Diabetes, Past 3 Years, Cattaraugus County and New York, 2016, 2018 and 2021



Source: New York State Department of Health, BRFSS

Figure 132 highlights that among women aged 50–74 years enrolled in Medicaid, the percentage who received a mammogram between October 1 (two years prior) and December 31 of the measurement year has been declining in Cattaraugus County and remains below the state average for all reported years. In 2022, 51.5% of women in this group received a mammogram compared to 65.5% statewide.

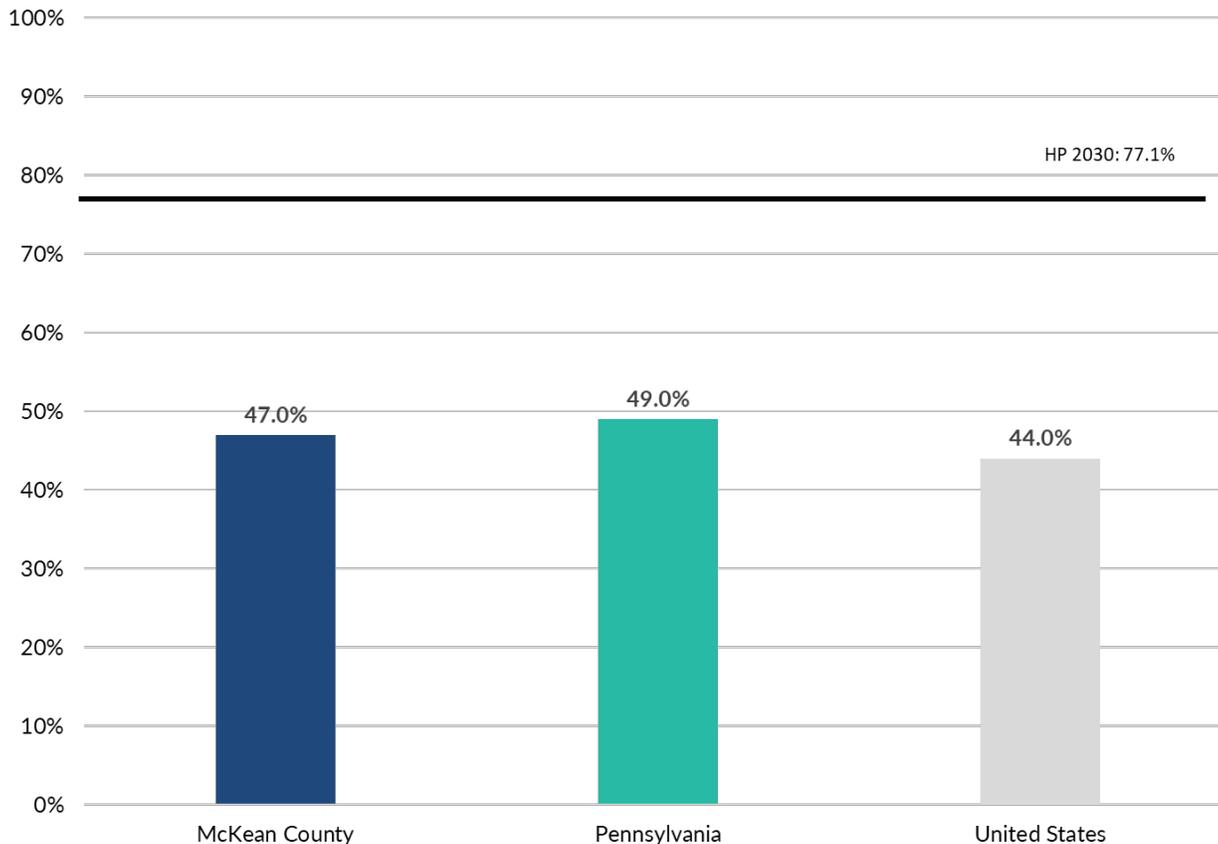
Figure 132: Mammogram Women Aged 50-74 in Medicaid Program, Cattaraugus County, New York State and United States, 2013-2022



Source: The New York State Community Health Indicator Reports (CHIRS)

Similarly, **Figure 133** shows that among fee-for-service Medicare enrollees aged 65–74, the percentage receiving an annual mammogram in McKean County (47.0%) was slightly lower than New York State (49.0%) but higher than the national average (44.0%). All remain well below the Healthy People 2030 goal of 77.1%.

Figure 133: Female Fee-for-Service Medicare Enrollees, ages 65-74, Who Received an Annual Mammogram, McKean County, Pennsylvania and United States, 2025



Source: County Health Rankings and Roadmaps

Stakeholder Interview Feedback

Cattaraugus County

Chronic diseases such as obesity, diabetes, and heart disease were consistently identified as top health priorities by stakeholders in Cattaraugus County. They emphasized both prevention and management, highlighting the importance of addressing physical inactivity, poor nutrition, and other lifestyle factors. Generational poverty, limited health literacy, and restricted access to affordable, nutritious foods perpetuate cycles of unhealthy behaviors. Barriers to exercise—such as inclement weather, unsafe infrastructure, and the lack of culturally appropriate health education—further increase risk. The Old Order Amish community was noted as particularly affected, indicating the need for tailored outreach and culturally sensitive health promotion. Programs that model wellness, foster community support, and use peer-led approaches (such as AIRS) were cited as effective but limited in reach.

Access to screenings—particularly for women—was identified as a major gap. Many residents must travel outside the county for mammograms and gynecological services because same-day reads are unavailable locally.

Transportation challenges, cost, and long wait times often result in delayed care and late-stage diagnoses. Stakeholders recommended developing one-stop clinics that provide same-day screenings to improve early detection, reduce travel burdens, and enhance access to preventive care.

McKean County

Preventive health services—including cancer screenings, chronic disease management, and wellness programs—are inconsistently available. Providers reported that structural barriers, high poverty rates, and population decline hinder community engagement in preventive care and exacerbate existing health inequities.

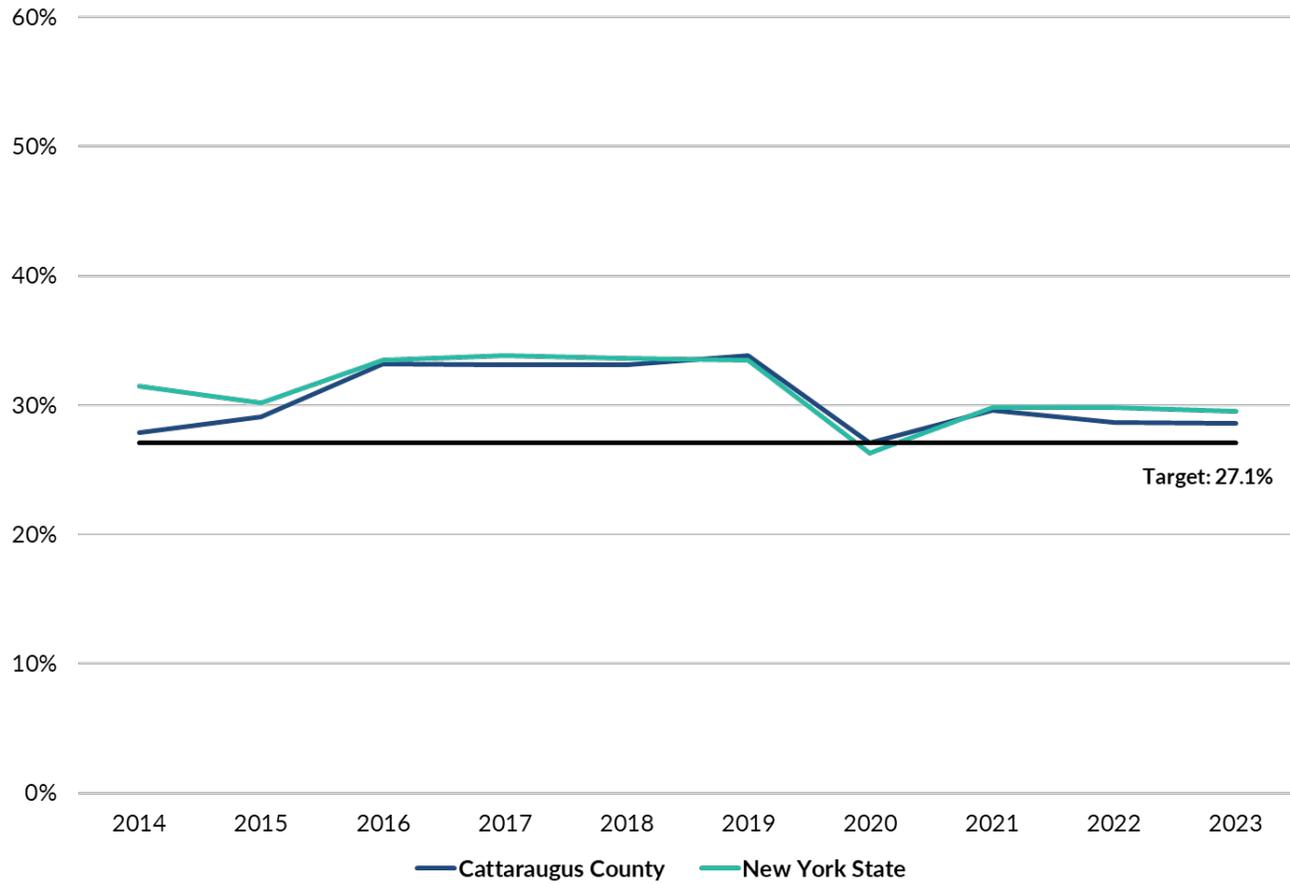
Oral Health Care

Oral health is an essential component of overall health, as the mouth often reflects broader systemic well-being. Poor oral health—including untreated cavities, gum disease, and infections—not only causes pain and tooth loss but is also associated with serious health conditions such as diabetes, cardiovascular disease, and adverse pregnancy outcomes. The Centers for Disease Control and Prevention (CDC) emphasizes that maintaining good oral health through preventive care, regular dental visits, and healthy daily habits supports the ability to eat, speak, and socialize comfortably while reducing the risk of chronic disease and improving quality of life.⁶⁷

As shown in **Figure 134**, the percentage of Medicaid enrollees with at least one preventive dental visit in the past year has fluctuated in both McKean County and New York State, with both exceeding the New York State Department of Health (NYSDOH) Prevention Agenda goal of 27.1%. In 2023, 28.6% of Medicaid enrollees in Cattaraugus County had a dental visit in the past year—slightly lower than the state average of 29.5%, yet still above the Prevention Agenda target.

⁶⁷ <https://www.cdc.gov/oralhealth/fast-facts/index.html>

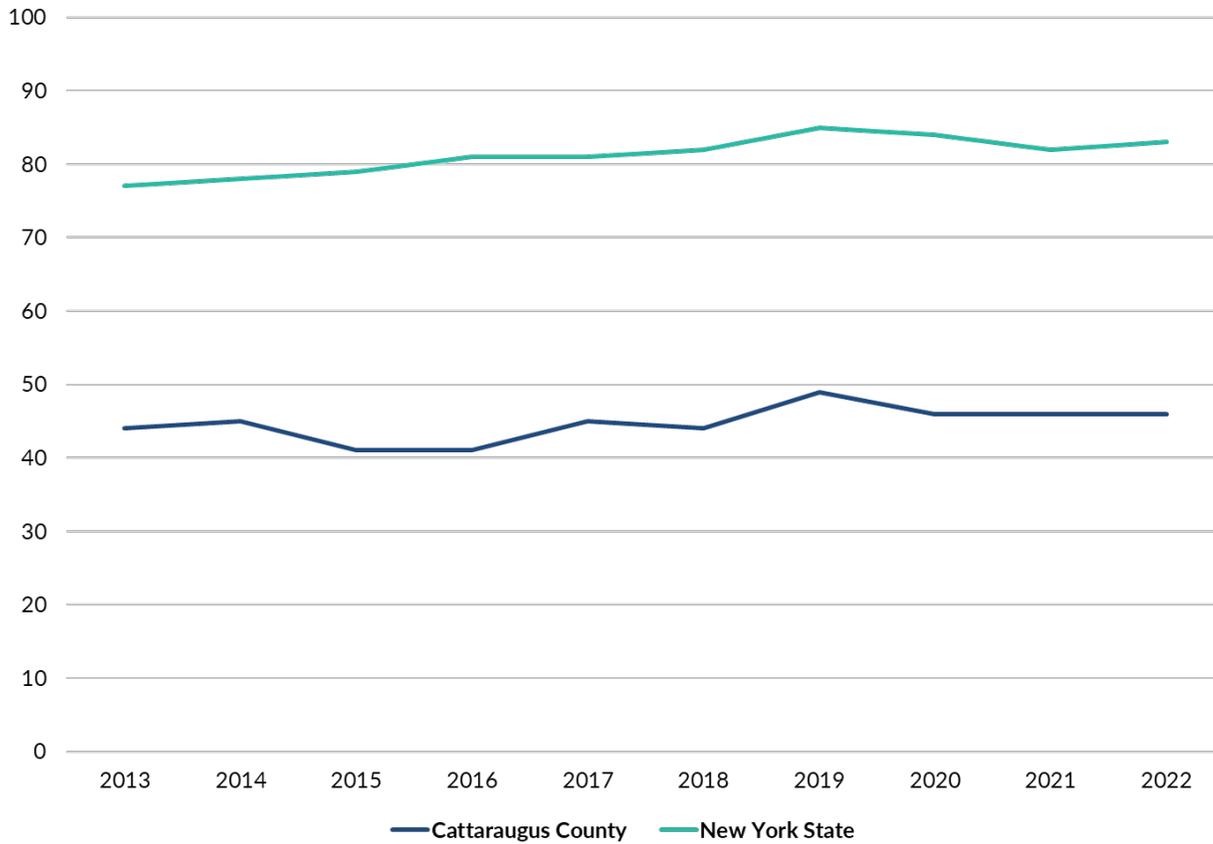
Figure 134: Medicaid Enrollees with at least One Preventative Dental Visit, Past Year, Cattaraugus County and New York, 2014-2023



Source: The New York State Community Health Indicator Reports (CHIRS)

Cattaraugus County continues to face a shortage of dental providers. As seen in **Figure 135**, there were 46 dentists per 100,000 residents in 2021, compared to 83 per 100,000 statewide.

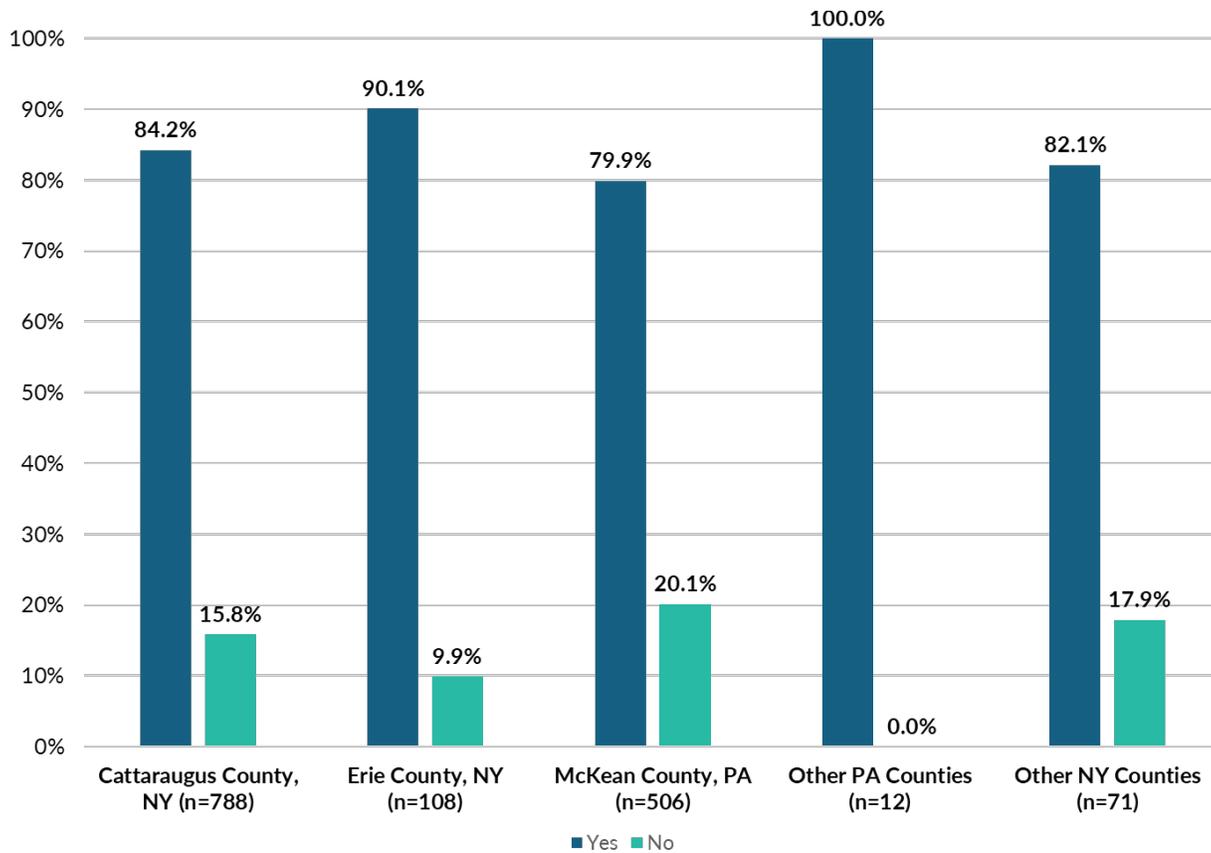
Figure 135: Number of Dentists Per 100,000 Population, Cattaraugus County and New York, 2013-2022



Source: The New York State Community Health Indicator Reports (CHIRS)

Despite these challenges, **Figure 136** indicates that most community survey respondents report having access to dental care—84.2% in Cattaraugus County and 79.9% in McKean County.

Figure 136: Community Survey Respondents Access to Dental Care



Source: Cattaraugus and McKean County Community Survey, 2025

Stakeholder Interview Feedback

Cattaraugus County

Dental care was consistently identified as a major unmet health need. Stakeholders reported that oral health concerns are widespread and often compounded by transportation barriers, provider shortages, high costs, and limited insurance coverage. Poor dental health was frequently linked to substance use, poverty, and lack of preventive care. Residents often struggle to access both routine and emergency dental services, and even when needs are recognized, oral health care is often unavailable or deprioritized within the broader healthcare system.

McKean County

Access to dental care is similarly limited. Mobile clinics help address the needs of school-aged children, but private dental practices often face challenges accommodating Medicaid patients. Dental providers have retired or closed clinics, further reducing local capacity. Seniors without private dental coverage experience significant financial burdens, making preventive and restorative care inaccessible for many.

Focus Group Participant Feedback

Cattaraugus County

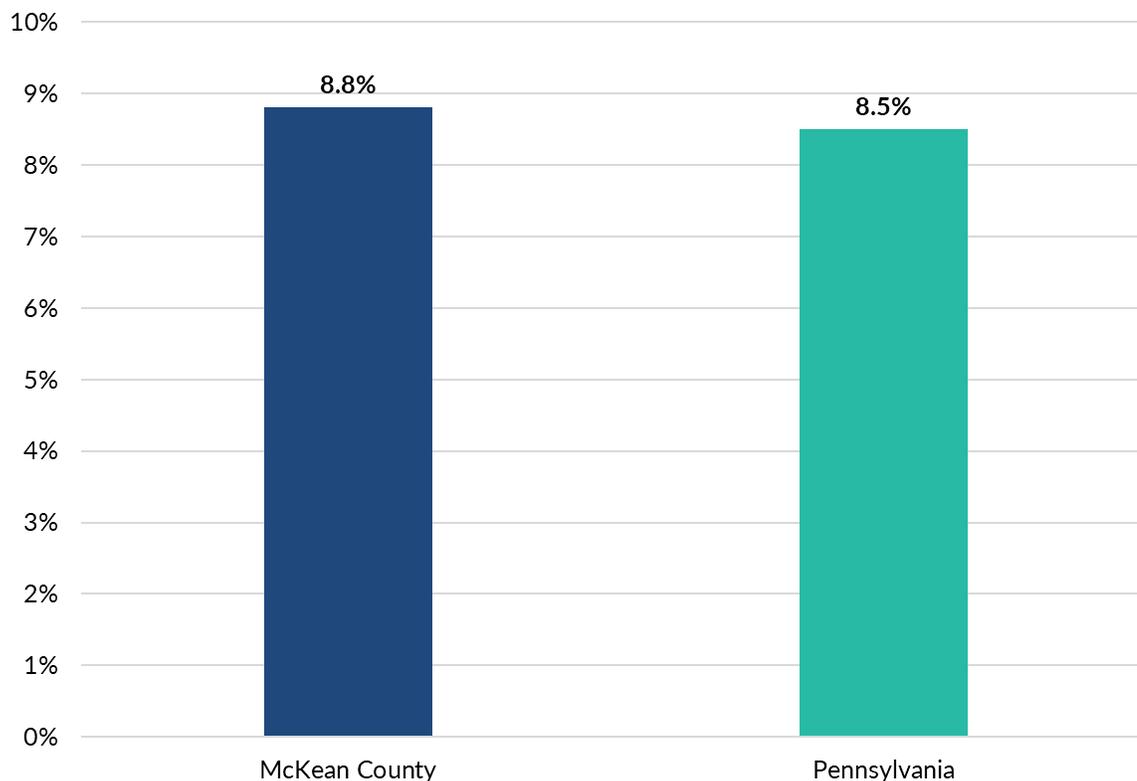
Access to dental care is extremely limited, particularly for Medicaid recipients. Participants described long waitlists, restricted office hours, and few openings for new patients, leaving many residents without basic oral care. Limited access contributes to pain, infections, and worsening chronic conditions such as diabetes. Participants also emphasized the importance of trauma-informed care, noting that individuals with dental anxiety, mental health challenges, or substance use histories are often dismissed or treated insensitively. Expanding local dental services, increasing Medicaid-accessible clinics, and improving provider training were identified as urgent priorities to address the county's significant oral health disparities.

Healthy Children

Ensuring children's health is essential for their growth, development, and long-term well-being. Key elements that contribute to healthy childhoods include access to nutritious food, safe and active environments, preventive healthcare such as vaccinations and regular check-ups, and strong social and emotional supports. Addressing these factors early in life helps prevent chronic diseases, promotes cognitive and physical development, and establishes the foundation for lifelong health.⁶⁸

As shown in **Figure 137**, McKean County (8.8%) has a slightly higher percentage of low birth weight babies compared to the state (8.5%).

Figure 137: Low Birth Weight Babies, McKean County and Pennsylvania, 2023

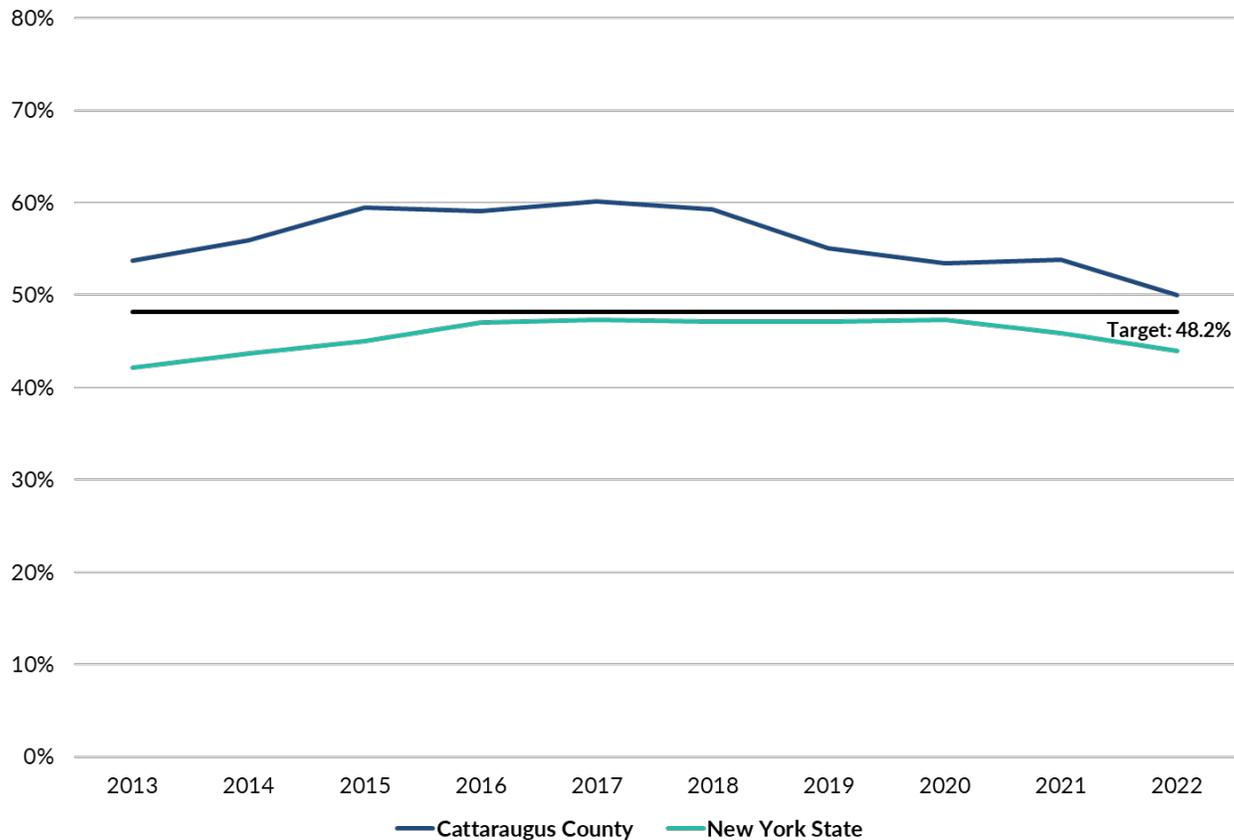


Source: Pennsylvania Department of Health

⁶⁸ <https://www.cdc.gov/ncbddd/childdevelopment/facts.html>

In recent years, the percentage of babies exclusively breastfed in the hospital has declined; however, Cattaraugus County (decreasing from 53.8% to 50.0%) remains above both the state average (45.9% to 44.0%) and the New York State Department of Health (NYSDOH) Prevention Agenda target of 48.2% (Figure 138).

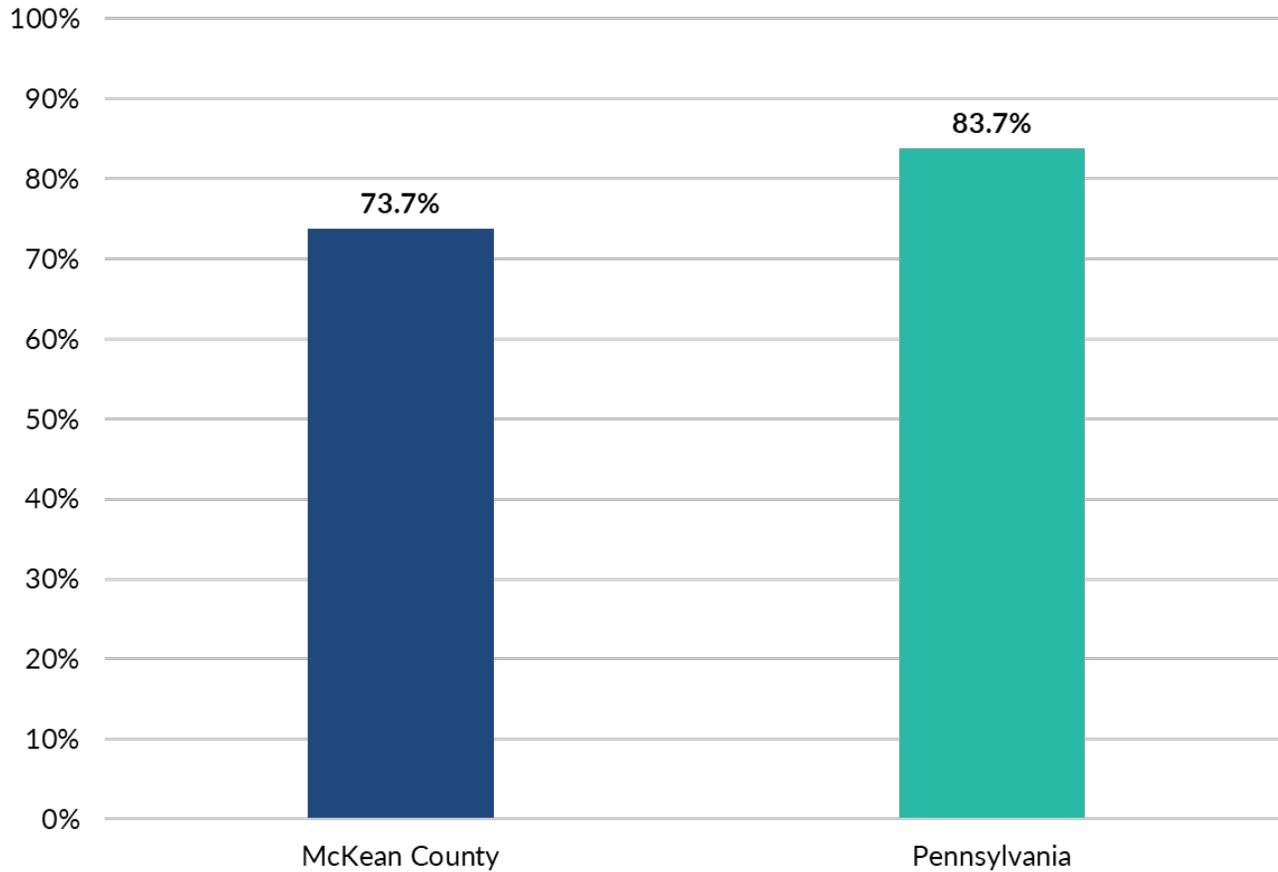
Figure 138: Babies Exclusively Breastfed in the Hospital, Cattaraugus County and New York, 2013-2022



Source: The New York State Community Health Indicator Reports (CHIRS)

Similarly, **Figure 139** shows that McKean County (73.7%) has a lower percentage of mothers who breastfeed compared to the state (83.7%).

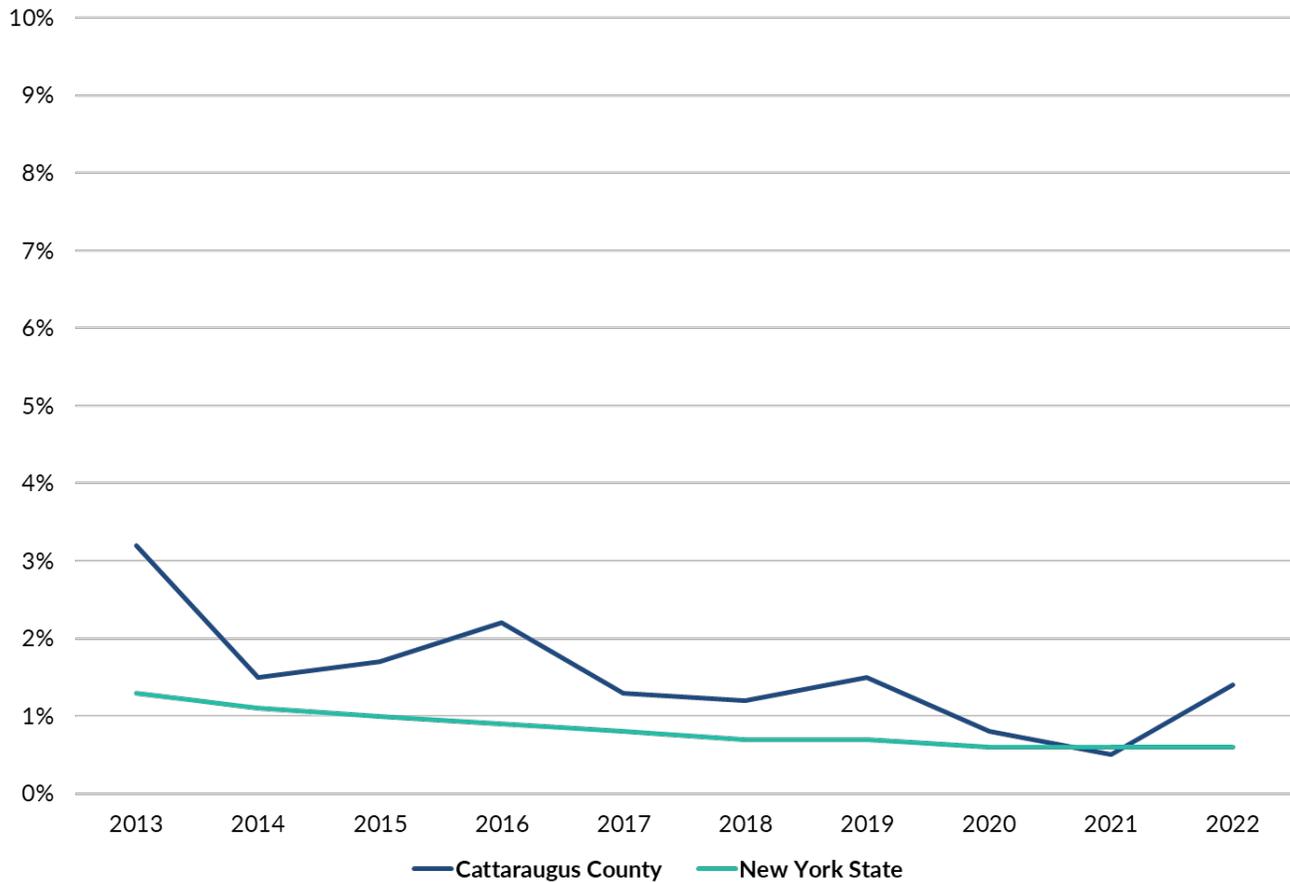
Figure 139: Mothers Breastfeeding, McKean County and Pennsylvania, 2023



Source: Pennsylvania Department of Health

As illustrated in **Figure 140**, the percentage of births to teens aged 15–17 years increased in Cattaraugus County from 0.6% in 2021 to 1.4% in 2022, surpassing the state rate of 0.6%.

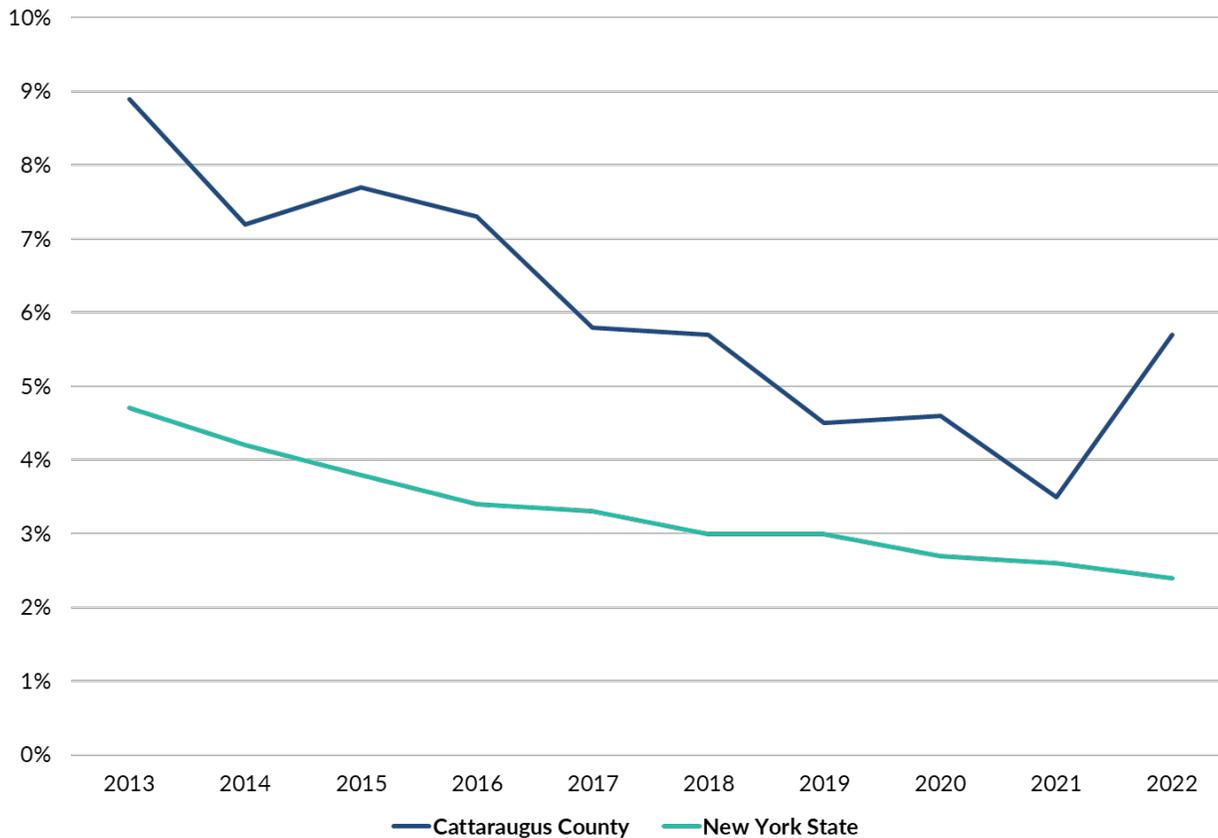
Figure 140: Teen Births Ages 15-17, Cattaraugus County and New York, 2013-2022



Source: The New York State Community Health Indicator Reports (CHIRS)

Although the overall percentage of births to teens aged 15–19 has declined over time in both Cattaraugus County and New York State, a recent uptick occurred in the county—from 3.5% in 2021 to 5.7% in 2022—remaining higher than the state rate of 2.4% (Figure 141).

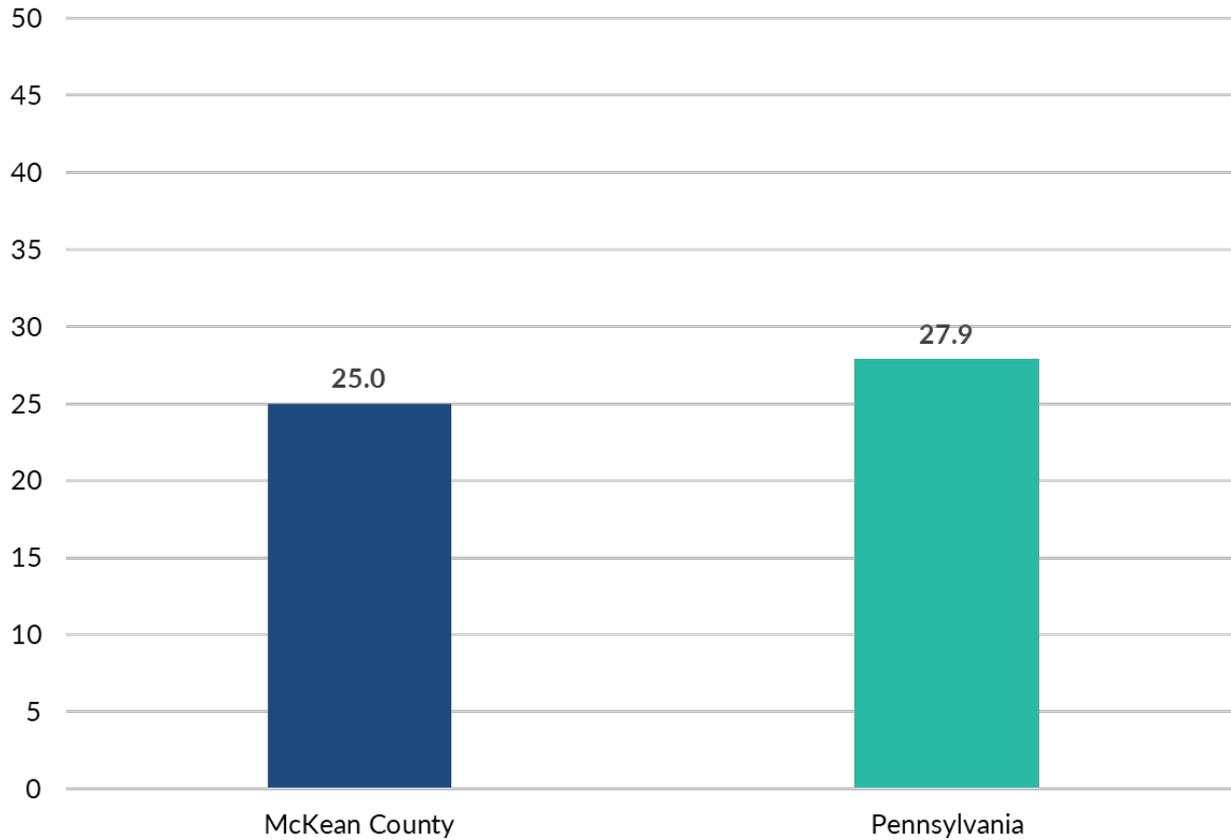
Figure 141: Teen Births Ages 15-19, Cattaraugus County and New York, 2013-2022



Source: The New York State Community Health Indicator Reports (CHIRS)

As seen in **Figure 142**, McKean County (25.0) has a slightly lower teen pregnancy rate per 1,000 females aged 18–19 than the state (27.9).

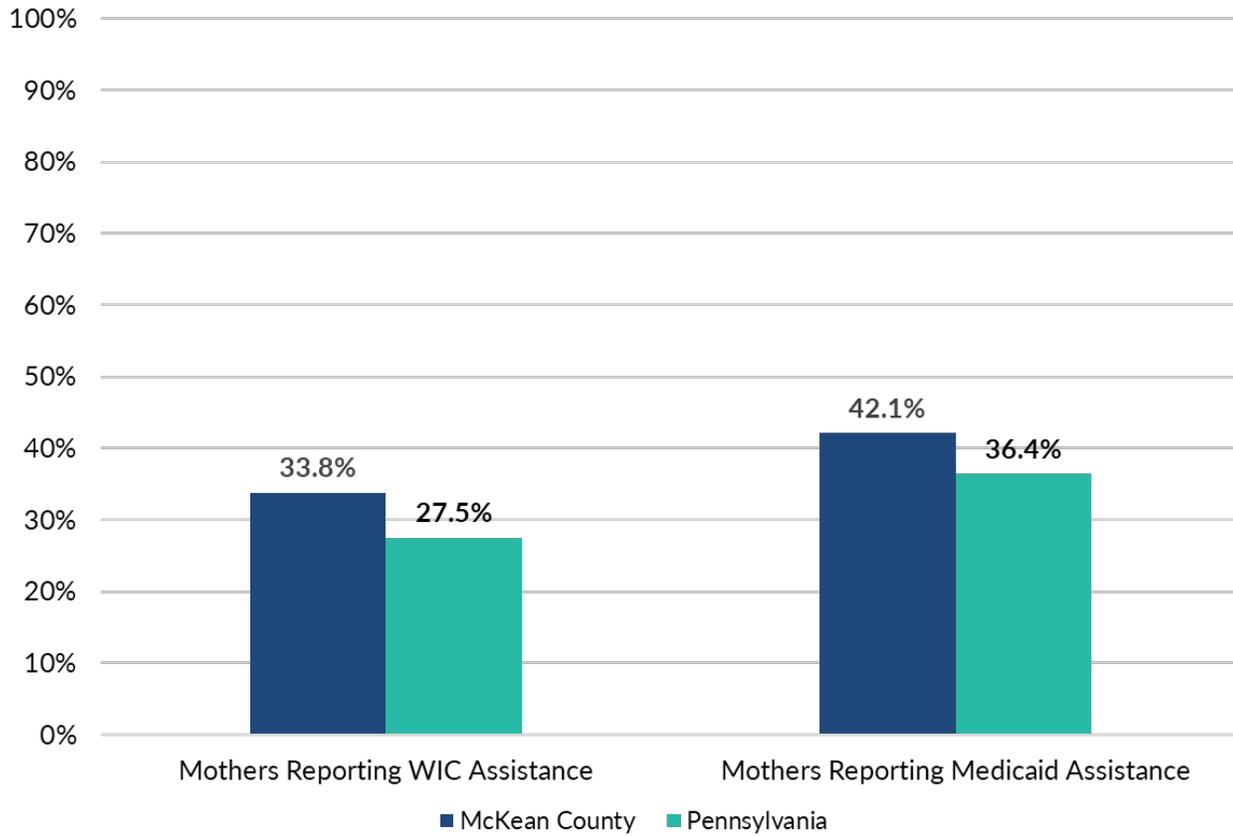
Figure 142: Teen Pregnancy Rate Per 100,000, Ages 18-19, McKean County and Pennsylvania, 2023



Source: Pennsylvania Department of Health

Additionally, a higher percentage of mothers in Cattaraugus County report receiving WIC (33.8%) and Medicaid assistance (41.2%) compared to statewide rates (27.5% and 36.4%, respectively), as shown in **Figure 143**.

Figure 143: Mothers Reporting Assistance, McKean County and Pennsylvania, 2023



Source: Pennsylvania Department of Health

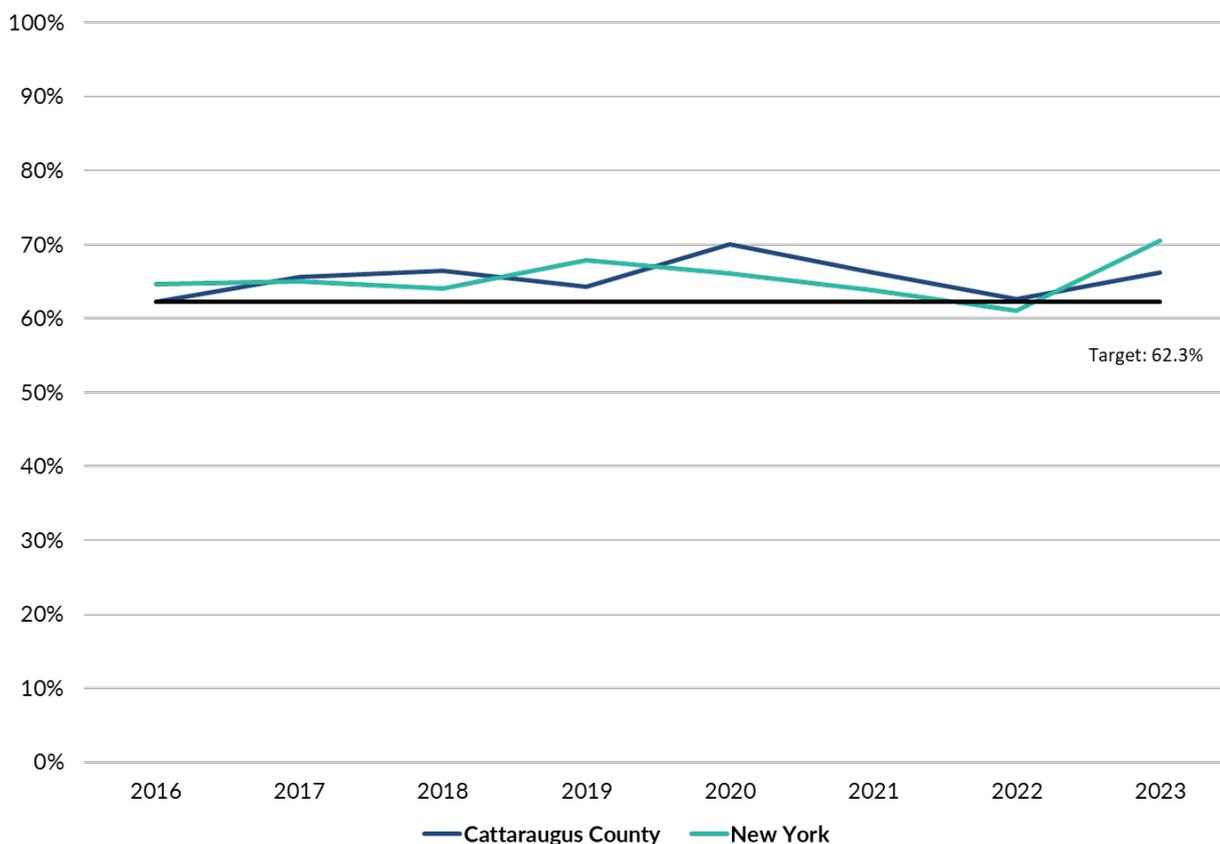
Preventative Services

Immunization

Childhood immunizations are among the most effective tools for safeguarding children's health and preventing the spread of serious, sometimes life-threatening diseases. Vaccines help build immunity early in life, protecting children from illnesses such as measles, whooping cough, and polio, while also contributing to community-wide protection through herd immunity. The Centers for Disease Control and Prevention (CDC) emphasizes that routine childhood vaccinations not only save lives but also reduce healthcare costs and prevent outbreaks that can endanger entire communities.⁶⁹

As shown in **Figure 144**, between 2022 and 2023, the percentage of children aged 24–35 months who were up to date on the seven-vaccine series increased in both Cattaraugus County (from 62.6% to 66.2%) and New York State (from 62.3% to 70.5%). While the county remained below the state average, it exceeded the New York State Department of Health (NYSDOH) Prevention Agenda target of 62.3%.

Figure 144: Children Age 24-35 Months up to Date with Seven-Vaccine Series, Cattaraugus County and New York, 2016-2023

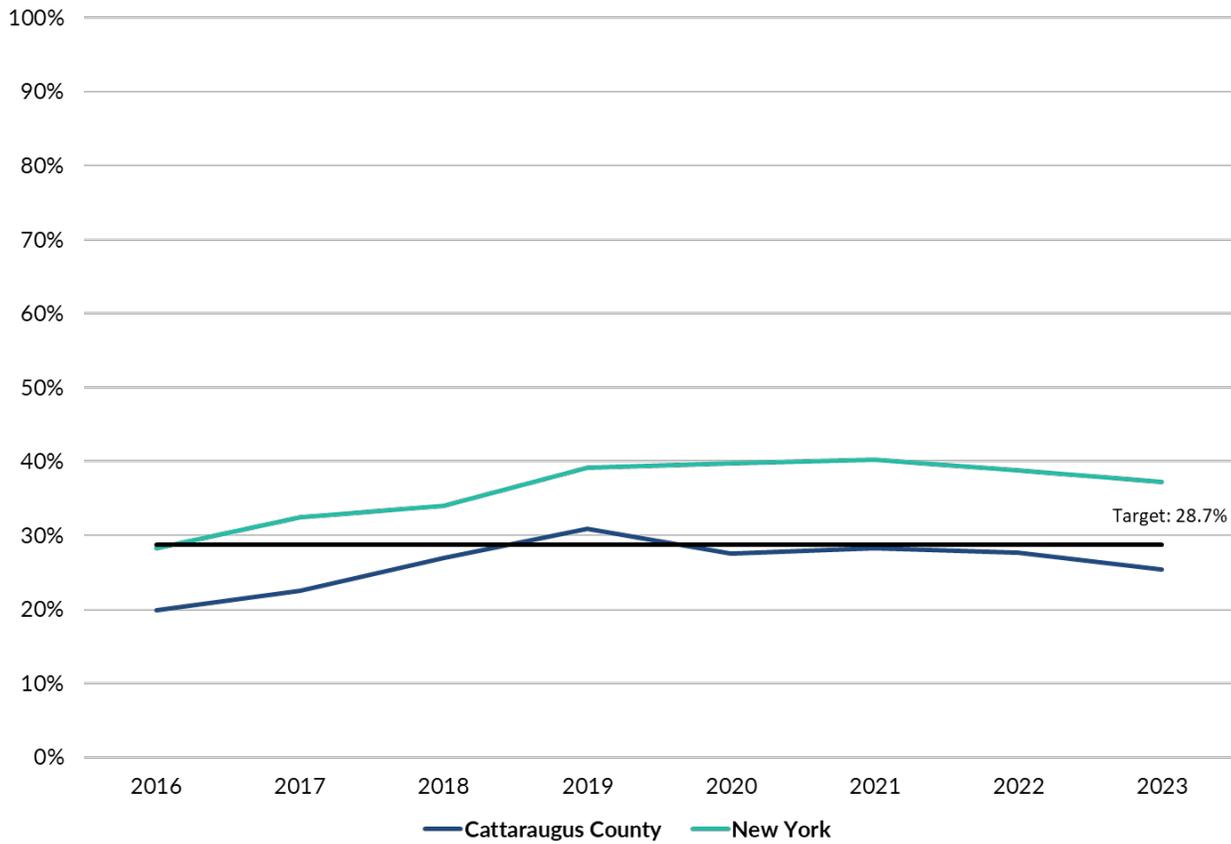


Source: New York State Immunization Information System and Citywide Immunization Registry

⁶⁹ <https://www.cdc.gov/vaccines/parents/why-vaccinate/importance.html>

However, as seen in **Figure 145**, the percentage of 13-year-olds with a complete HPV vaccine series declined in Cattaraugus County—from 27.7% in 2022 to 25.4% in 2023—remaining below both the state rate (37.2%) and the NYSDOH Prevention Agenda target of 28.7%.

Figure 145: 13 Year Olds with Complete HPV Vaccine Series, Cattaraugus County and New York, 2016-2023



Source: New York State Immunization Information System and Citywide Immunization Registry

Hearing Screening and Follow Up

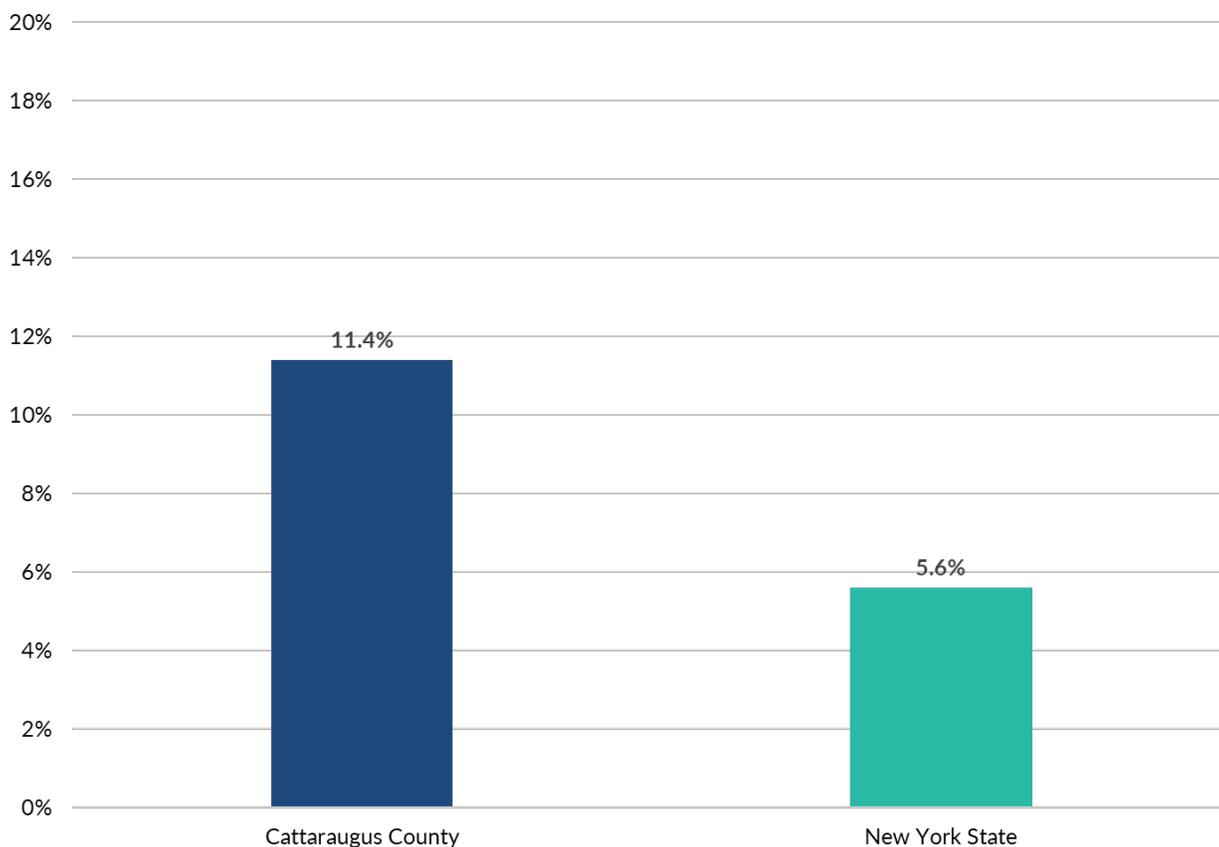
Hearing screenings are an essential component of preventive healthcare, helping to identify hearing loss early so that timely intervention can improve communication, learning, and overall quality of life. Undetected hearing loss in children can negatively impact speech and language development, academic performance, and social interaction, while in adults, it is associated with social isolation, cognitive decline, and other adverse health outcomes. The Centers for Disease Control and Prevention (CDC) emphasizes that routine hearing screenings—particularly for newborns and young children—play a vital role in supporting long-term health, learning, and well-being.⁷⁰

The Behavioral Risk Factor Surveillance System (BRFSS) includes the following question: “Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone. Are you deaf or do you have serious difficulty hearing?”

As shown in **Figure 146**, 11.4% of respondents in Cattaraugus County answered “yes” to this question—twice the statewide percentage of 5.6%.

Similarly, **Figure 147** shows that 12.0% of respondents across the combined counties of Forest, Elk, Cameron, Clearfield, Jefferson, Clarion, McKean, and Warren reported being deaf or having serious difficulty hearing, compared to 7.0% statewide.

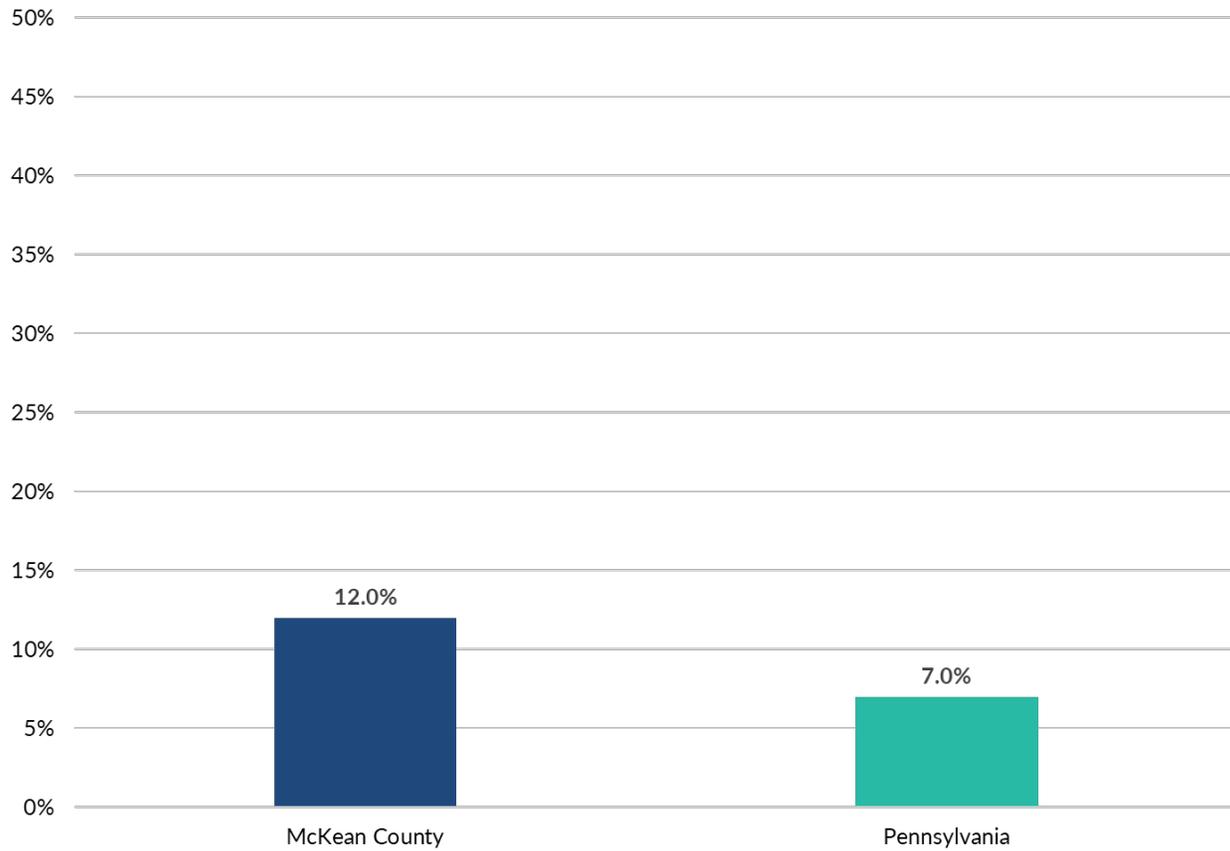
Figure 146: Adults with Hearing Disability, Cattaraugus County and New York, 2021



Source: New York State Department of Health, BRFSS

⁷⁰ <https://www.cdc.gov/ncbddd/hearingloss/index.html>

Figure 147: Adults with Hearing Disability, Forest, Elk, Cameron, Clearfield, Jefferson, Clarion, McKean, Warren and Pennsylvania, 2020-2022



Source: Pennsylvania Department of Health, BRFSS

Table 17 presents the number of students enrolled in higher education who self-identified as having one or more disabilities, including those who reported being deaf or hard of hearing. In Cattaraugus County, only one student self-identified as hard of hearing.

Table 17: Number of Higher Education Students with Hearing Disability, Cattaraugus County and New York, 2023-2024

	Cattaraugus County		New York	
	Occupationally-Specific Program	Other Degree-Credit Program	Occupationally-Specific Program	Other Degree-Credit Program
Deaf	0	0	317	847
Hard of Hearing	0	1	176	1,302

Source: New York State Education Department⁷¹

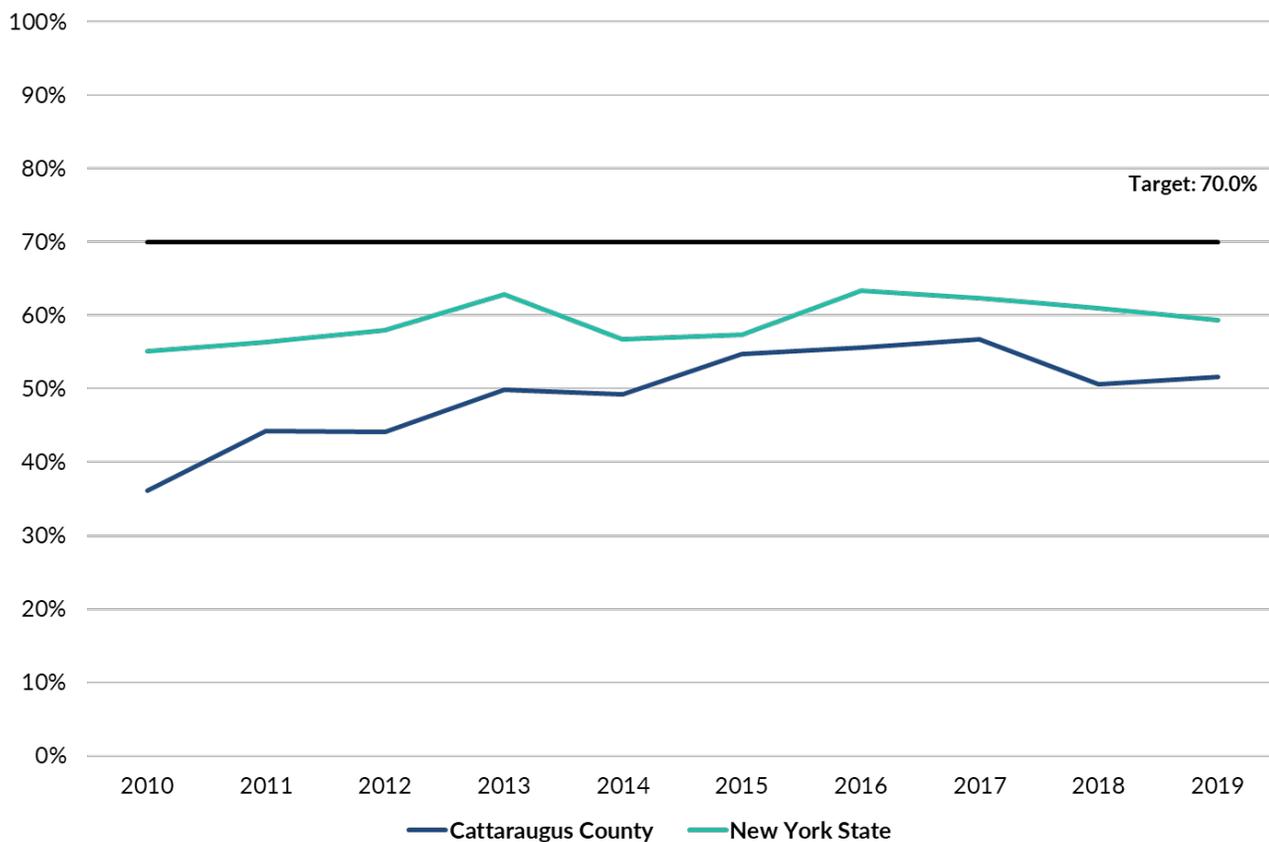
⁷¹ <https://data.nysed.gov/>

Lead Screening

Lead screening in children is a vital preventive measure, as even low levels of lead exposure can have long-term effects on a child's health, development, and behavior. Lead can damage the brain and nervous system, impair learning, slow growth, and contribute to behavioral and attention problems. Because these effects are often irreversible, early detection and intervention are essential. The Centers for Disease Control and Prevention (CDC) emphasizes that routine lead screening—particularly for children at higher risk—allows for timely action to reduce exposure and safeguard lifelong health.⁷²

As shown in **Figure 148**, the percentage of children in a single birth cohort who were tested at least twice for lead before 36 months of age increased slightly in Cattaraugus County, from 50.6% in 2018 to 51.6% in 2019. This remains below both the statewide rate (59.3%) and the New York State Department of Health (NYSDOH) Prevention Agenda target of 70.0%.

Figure 148: Children in Single Birth Cohort Year Tested at Least Twice for Lead before 36 Months of Age, Cattaraugus County and New York, 2010-2019

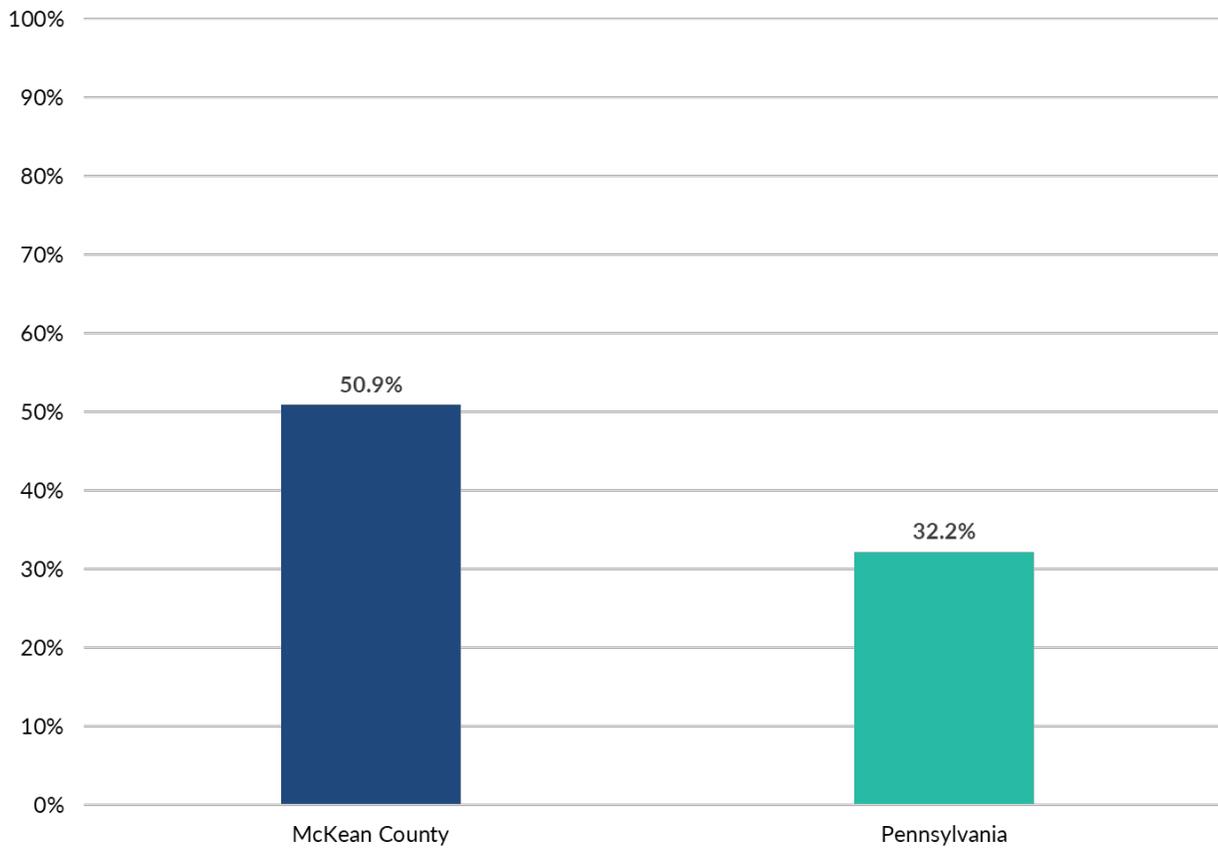


Source: The New York State Community Health Indicator Reports (CHIRS)

⁷² <https://www.cdc.gov/nceh/lead/prevention/health-effects.htm>

Similarly, **Figure 149** shows that in McKean County, 50.9% of children aged 0–2 years had been tested for lead, compared to 32.2% statewide—indicating relatively stronger screening performance, though continued efforts are needed to ensure all children are adequately tested.

Figure 149: Children Age 0-2 Tested for Lead, McKean County and Pennsylvania, 2020



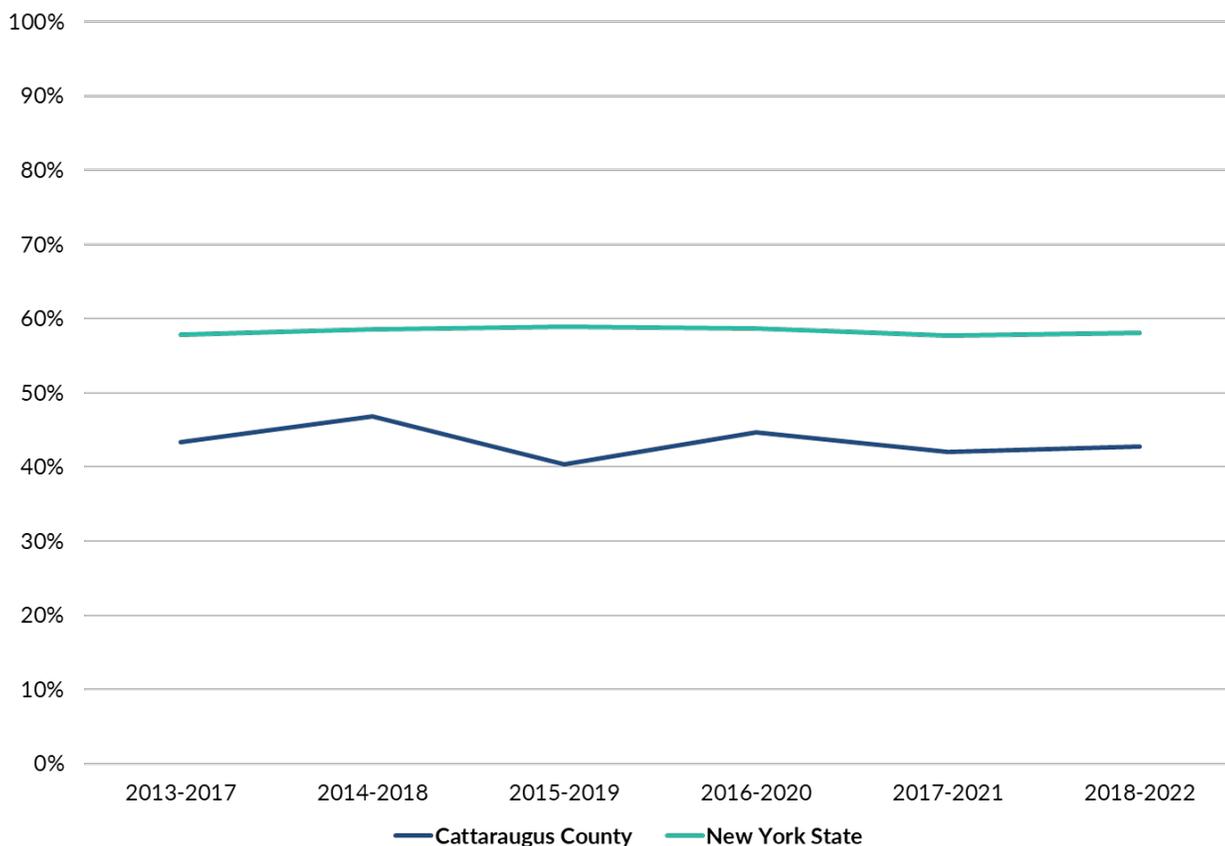
Source: Pennsylvania Department of Health

Early Intervention

Early intervention services are vital for promoting the healthy development of infants and toddlers with developmental delays or disabilities. These services—which may include speech, occupational, and physical therapy, as well as family support—help children build critical skills during a period of rapid brain growth. Early intervention improves long-term outcomes in education, social development, and overall health. The Centers for Disease Control and Prevention (CDC) emphasizes that connecting children to early intervention programs as soon as developmental delays are identified can significantly enhance their progress and quality of life.⁷³

As shown in **Figure 150**, a smaller percentage of children ages 3 to 4 were enrolled in school in Cattaraugus County (42.7%) compared to the statewide rate of 58.1% between 2018 and 2022.

Figure 150: Children Age 3 to 4 Years Old Enrolled in School, Cattaraugus County and New York, 2013-2022

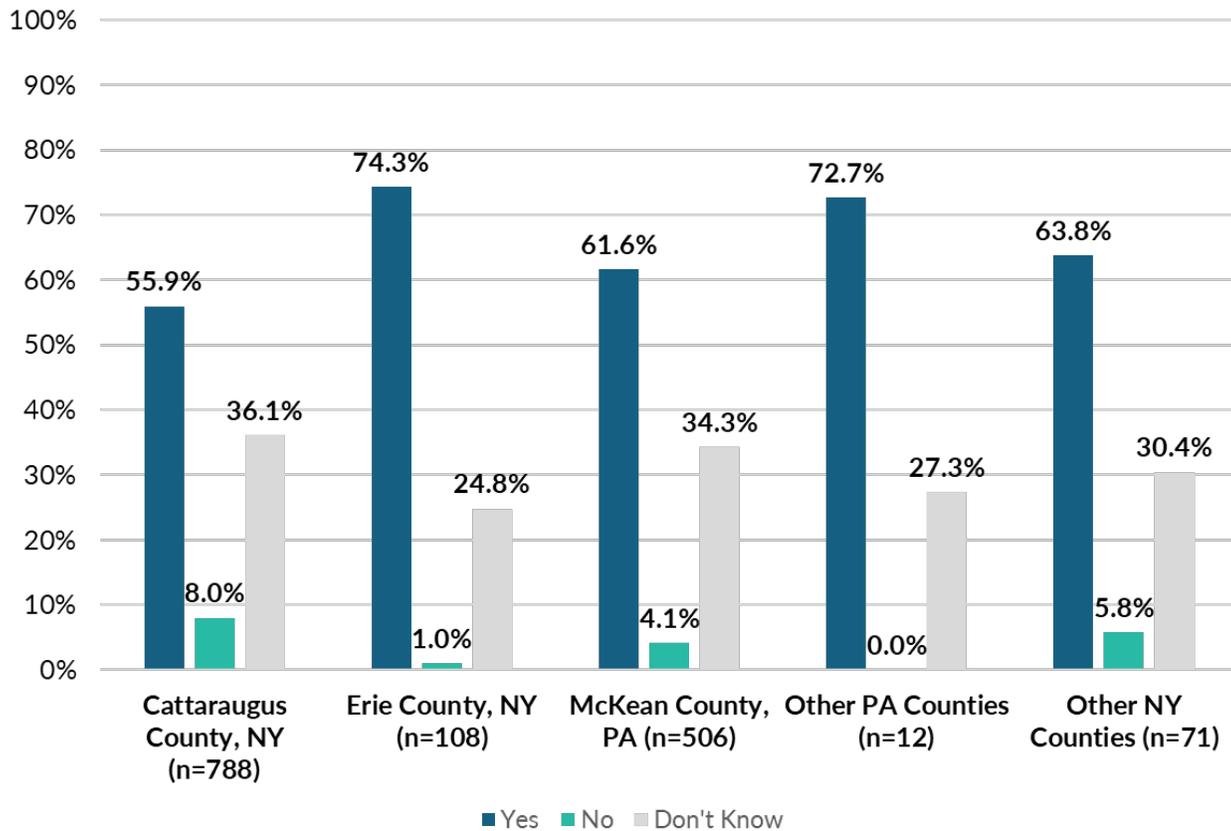


Source: The New York State Community Health Indicator Reports (CHIRS)

⁷³ <https://www.cdc.gov/ncbddd/actearly/parents.html>

Figure 151 indicates that just over half of community survey respondents reported access to early childhood programs—55.9% in Cattaraugus County and 61.6% in McKean County—suggesting room for improvement in awareness, availability, and accessibility of early intervention and preschool services.

Figure 151: Community Survey Respondents Access to Early Childhood Programs



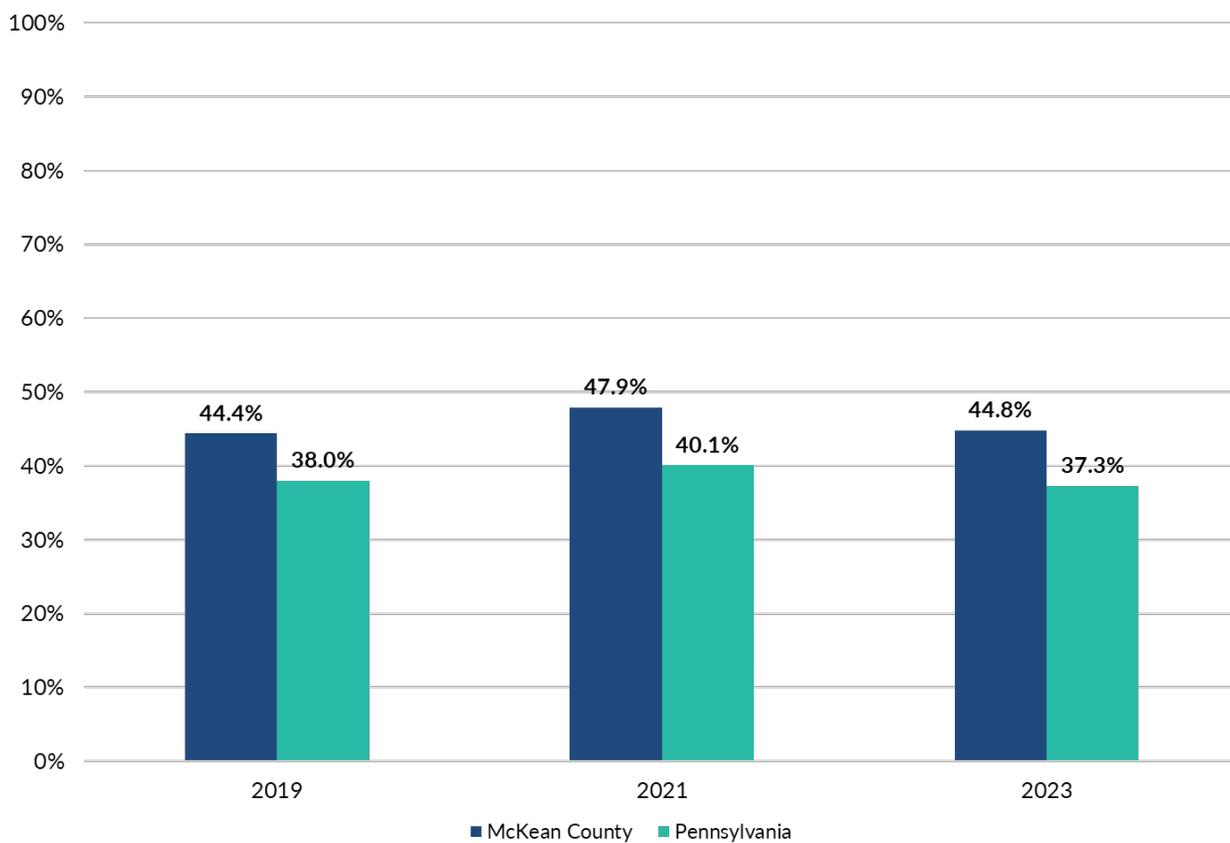
Source: Cattaraugus and McKean County Community Survey, 2025

Childhood Behavioral Health

Childhood behavioral health is a critical component of overall well-being, encompassing emotional, social, and mental health as children grow and develop. Early identification and support for behavioral health challenges—such as anxiety, depression, attention-deficit/hyperactivity disorder (ADHD), and social difficulties—can greatly improve academic performance, relationships, and long-term health outcomes. The Centers for Disease Control and Prevention (CDC) emphasizes that promoting children’s mental and behavioral health through screenings, counseling, and supportive interventions helps prevent more serious issues later in life and fosters healthy development and resilience.⁷⁴

As shown in **Figure 152**, the percentage of students in McKean County who reported feeling sad or depressed most days during the past 12 months has fluctuated over time but has remained consistently higher than the state rate for all reported years—44.8% in 2023 compared to 37.3% statewide.

Figure 152: Students Felt Depressed or Sad Most Days, Past 12 Months



Source: Pennsylvania Youth Survey

⁷⁴ <https://www.cdc.gov/childrensmentalhealth/index.html>



Education
Access
and Quality



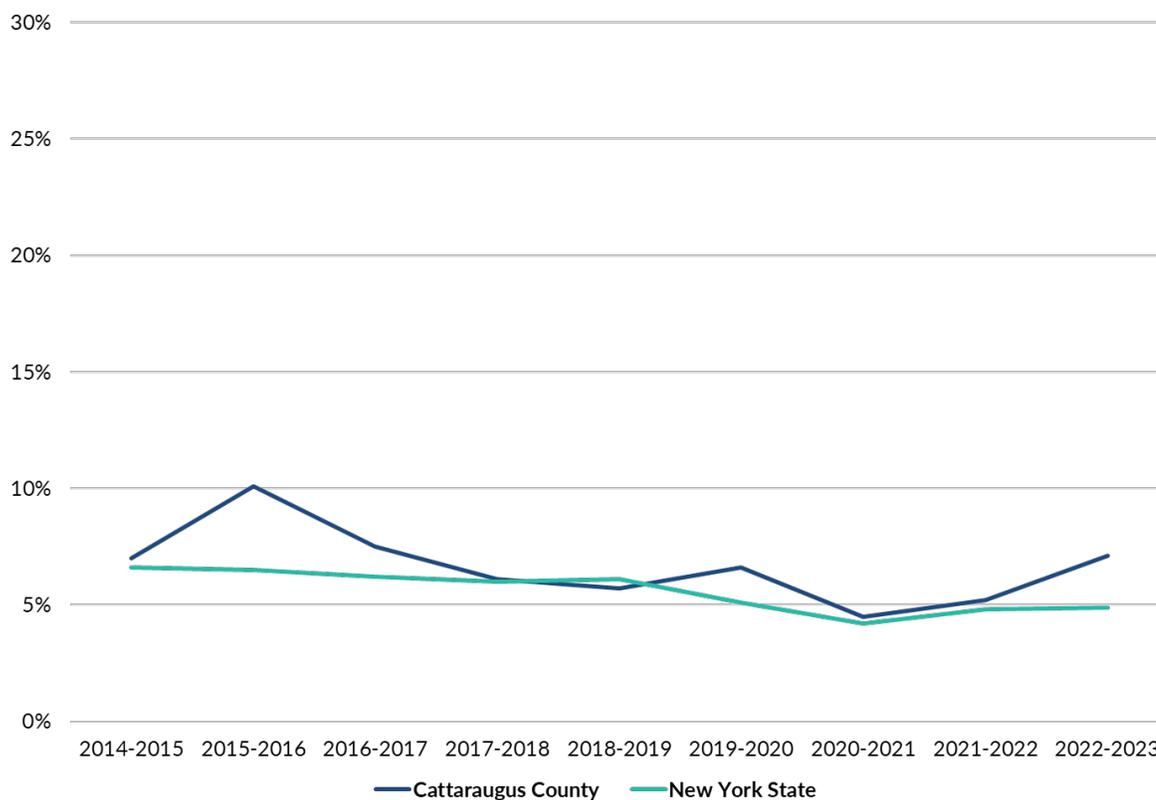
Education Access and Quality

Health and Wellness Promoting Schools

Attending school and earning a high school diploma are pivotal milestones that profoundly shape an individual's health, economic stability, and overall quality of life. Research shows that each additional year of education reduces the risk of mortality by approximately 2%, and high school graduates experience a 34% lower risk of premature death compared to those without a diploma.⁷⁵ Beyond health outcomes, high school graduates are more likely to secure stable employment, earn higher wages, and access better healthcare—factors that contribute to improved living conditions and long-term well-being.⁷⁶ These benefits extend beyond individuals, supporting healthier families and stronger, more resilient communities⁷⁷. Conversely, dropping out of high school limits economic opportunities and social mobility, perpetuating cycles of poverty and inequality⁷⁸. Ensuring that all students complete their education is therefore essential not only for personal success but also for the collective advancement of society.

As shown in **Figure 153**, the percentage of high school students who dropped out in Cattaraugus County increased from 5.2% in 2021–2022 to 7.1% in 2022–2023, higher than the statewide rate of 4.9%.

Figure 153: High School Students Who Dropped Out, Cattaraugus County and New York, 2014-2023



Source: The New York State Community Health Indicator Reports (CHIRS)

⁷⁵ <https://time.com/6565590/education-live-longer/?utm>

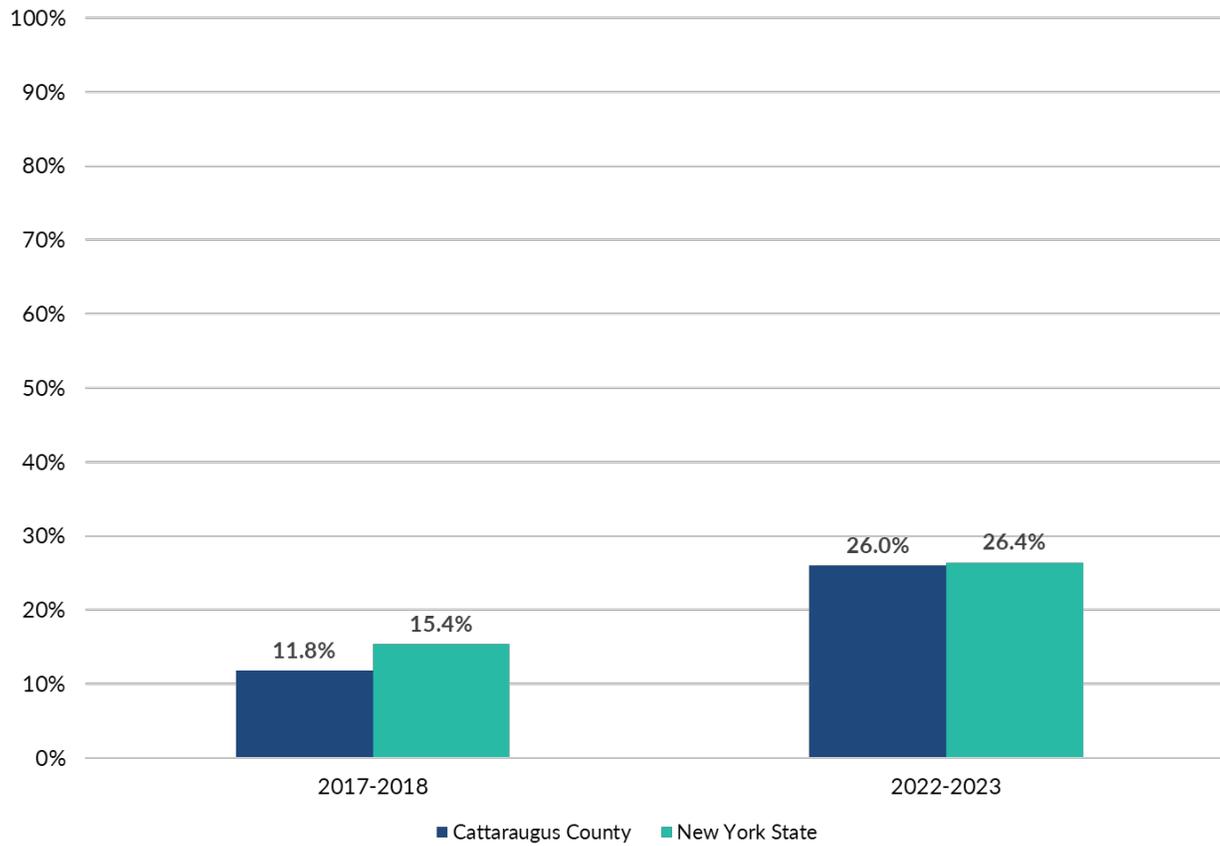
⁷⁶ <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/high-school-graduation?utm>

⁷⁷ <https://www.apha.org/policy-and-advocacy/public-health-policy-briefs/policy-database/2017/01/13/social-determinants-and-graduation?utm>

⁷⁸ <https://www.heritage.org/education/report/barriers-high-school-completion-create-barriers-economic-mobility?utm>

Figure 154 shows that chronic absenteeism among elementary and middle school students in Cattaraugus County has also risen sharply, from 11.8% in 2017-2018 to 26.0% in 2022-2023, comparable to the state rate of 26.4%.

Figure 154: Elementary and Middle School Students with Chronic Absences, Cattaraugus County and New York, 2017-2018 and 2022-2023

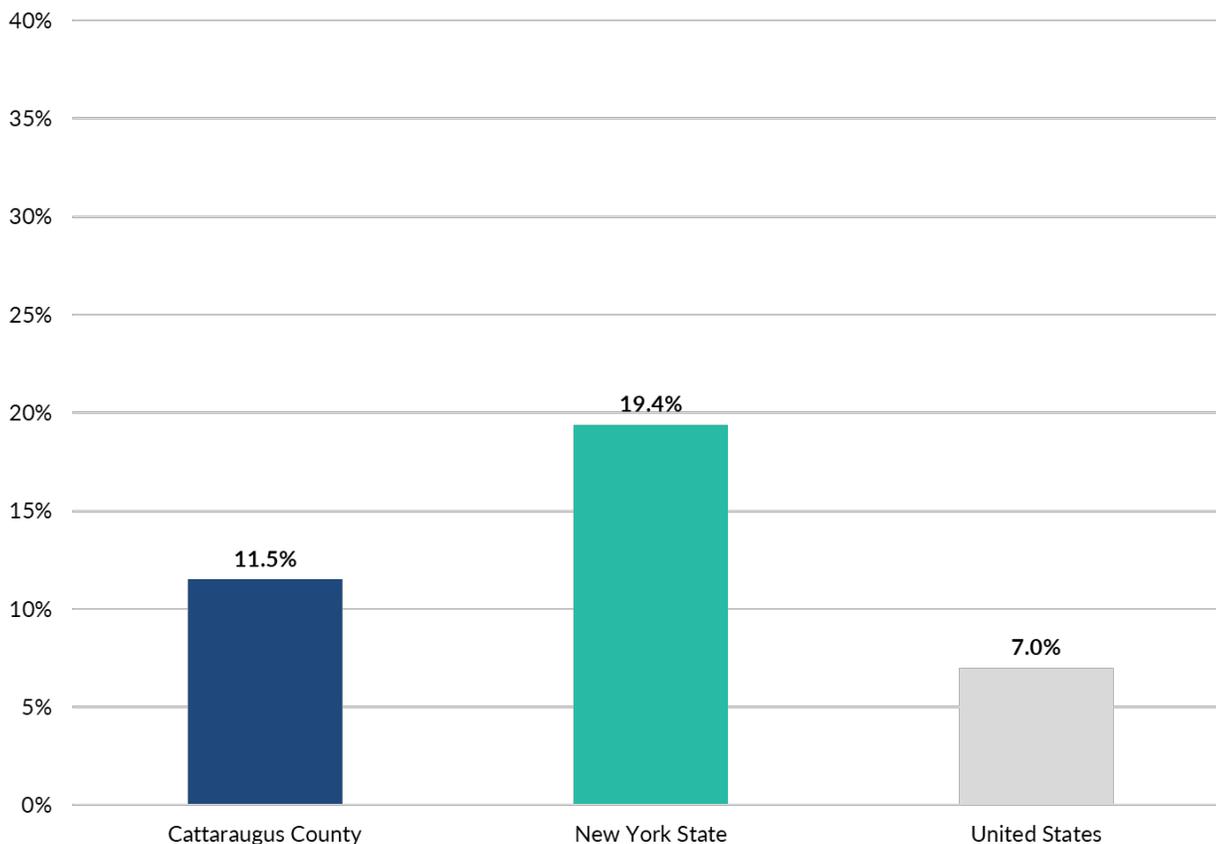


Source: Council on Children and Families, Kids Well Being Indicators Clearinghouse⁷⁹

⁷⁹ <https://www.nyskwic.org/>

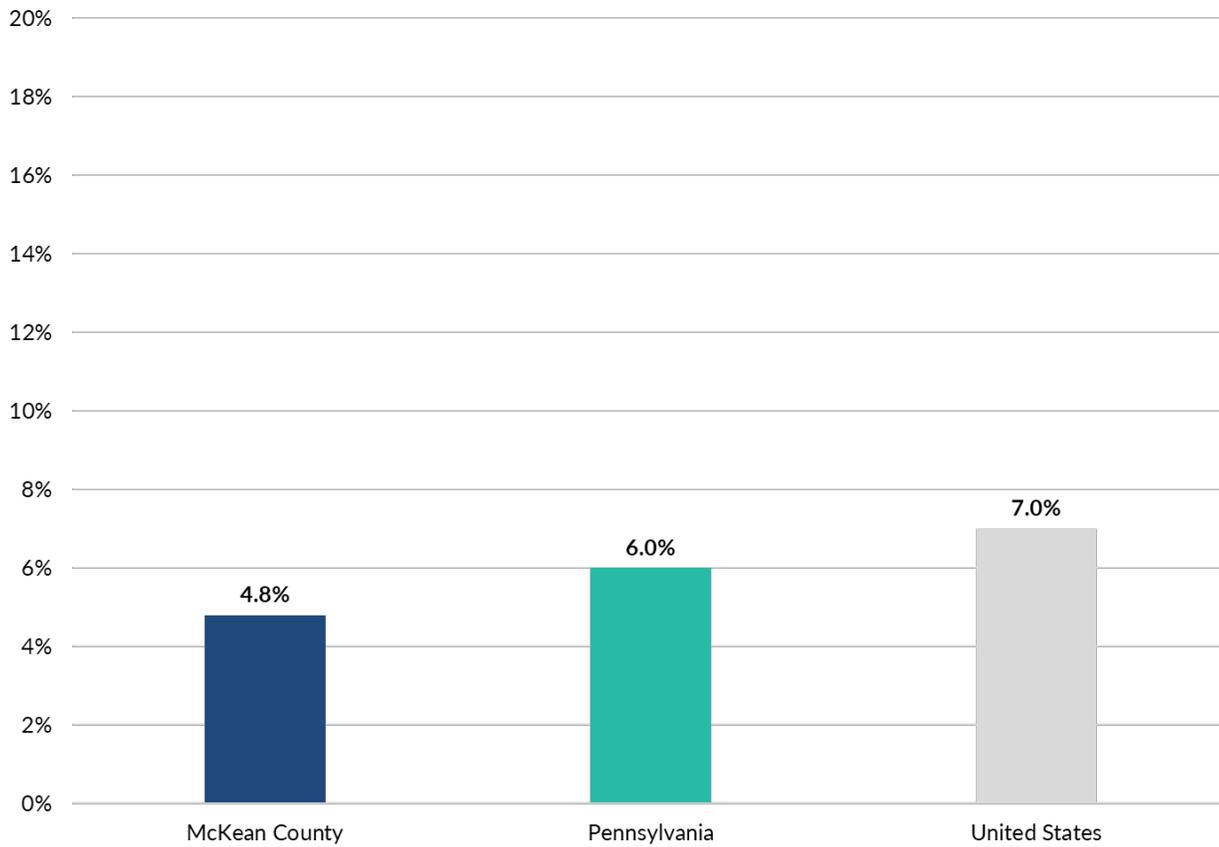
County Health Rankings and Roadmaps defines *disconnected youth* as teens and young adults ages 16–19 who are neither enrolled in school nor employed⁸⁰ (Figures 155 and 156). The percentage of disconnected youth in Cattaraugus County (11.5%) is lower than the state (19.4%) but higher than national (7.0%) rates. Similarly, McKean County reports an even lower percentage (4.8%) compared to 6.0% statewide and 7.0% nationally.

Figure 155: Disconnected Youth, Cattaraugus County, New York and United States, 2025



Source: County Health Rankings and Roadmaps

⁸⁰ <https://www.countyhealthrankings.org/health-data/community-conditions/social-and-economic-factors/safety-and-social-support/disconnected-youth?year=2025>

Figure 156: Disconnected Youth, McKean County, Pennsylvania and United States, 2025

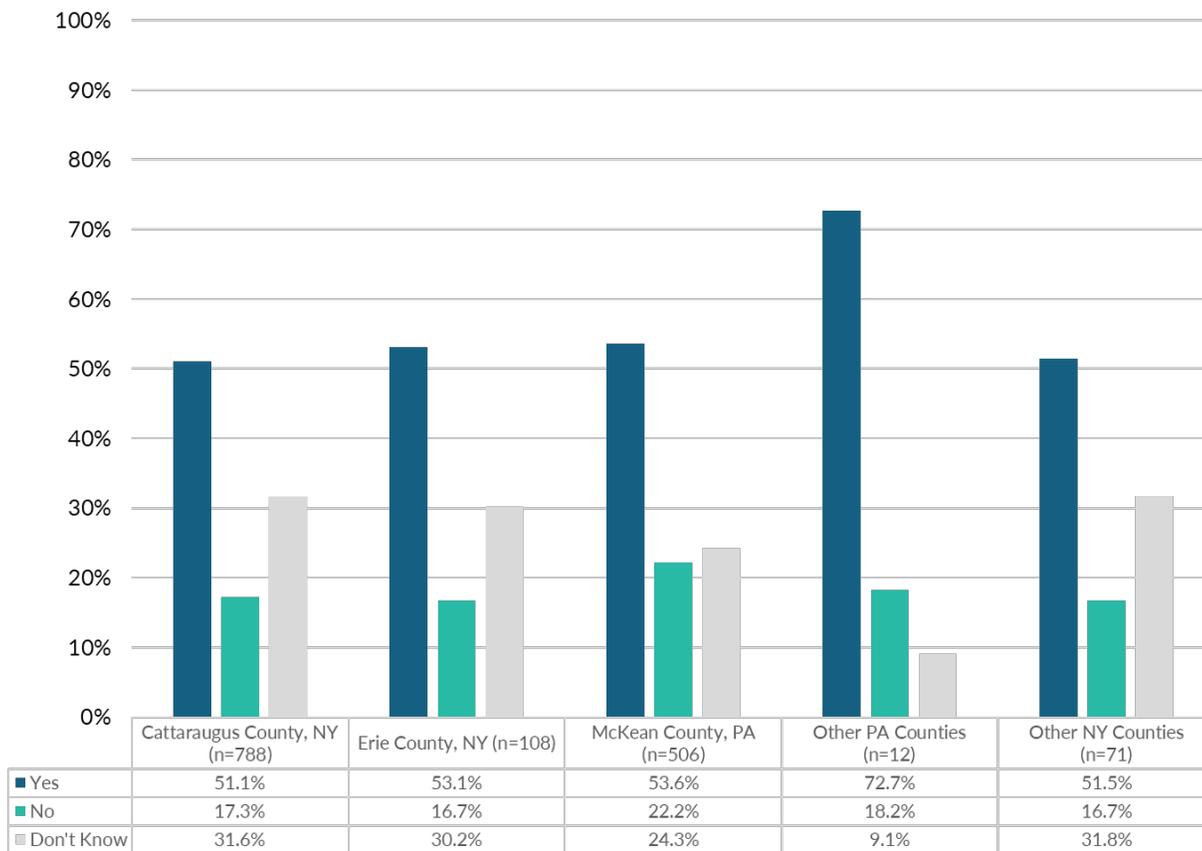
Source: County Health Rankings and Roadmaps

Opportunities for Continued Education

Pursuing postsecondary education and engaging in ongoing professional development are critical pathways to improving individual well-being, economic mobility, and community health. Higher levels of education are consistently associated with better health outcomes, including lower rates of chronic disease and longer life expectancy.⁸¹ Economically, obtaining a college degree significantly enhances earning potential—bachelor’s degree holders earn approximately 84% more than individuals with only a high school diploma.⁸² In addition, professional development and job training programs strengthen the workforce by improving job quality, fostering career advancement, and reducing reliance on public assistance.⁸³ Together, these educational pursuits not only promote personal success but also contribute to healthier, more resilient, and economically vibrant communities.

As shown in **Figure 157**, at least half of community survey respondents report having access to affordable education options, with 51.1% in Cattaraugus County and 53.6% in McKean County indicating such access.

Figure 157: Community Survey Respondents Access to Affordable Education Opportunities



Source: Cattaraugus and McKean County Community Survey 2025

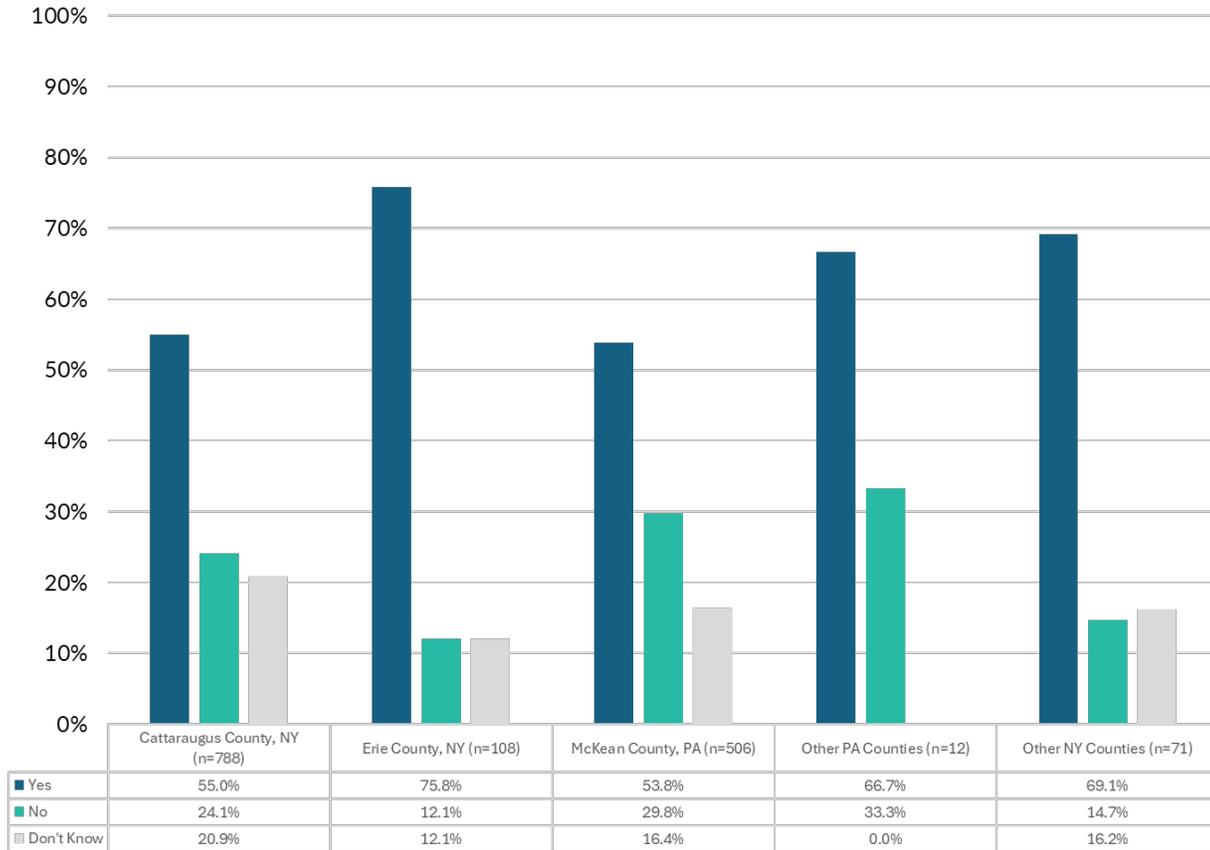
⁸¹ <https://www.ihep.org/press/risingabovethethreshold/?utm>

⁸² <https://www.urban.org/sites/default/files/publication/29826/1001280-promoting-economic-mobility-by-increasing-postsecondary-education.pdf?utm>

⁸³ <https://www.nlc.org/article/2025/08/29/how-cities-are-using-workforce-development-to-advance-economic-mobility/?utm>

Figure 158 shows that over half of respondents in Cattaraugus County (55.0%) and McKean County (53.8%) believe that local schools provide quality education.

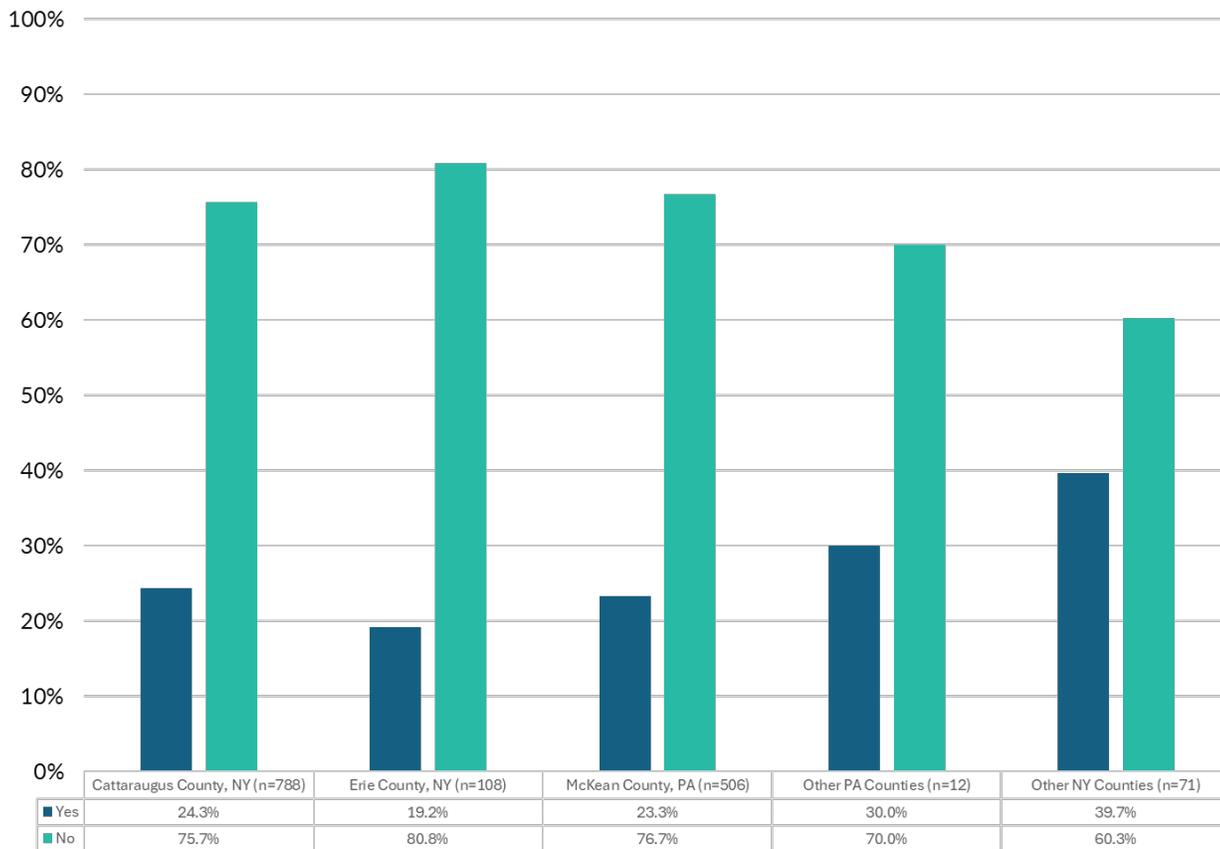
Figure 158: Community Survey Respondents Local Schools Provide Quality Education



Source: Cattaraugus and McKean County Community Survey 2025

Approximately one in four respondents in Cattaraugus County (24.3%) and McKean County (23.3%) report attending a job training or adult education program in the past year (**Figure 159**).

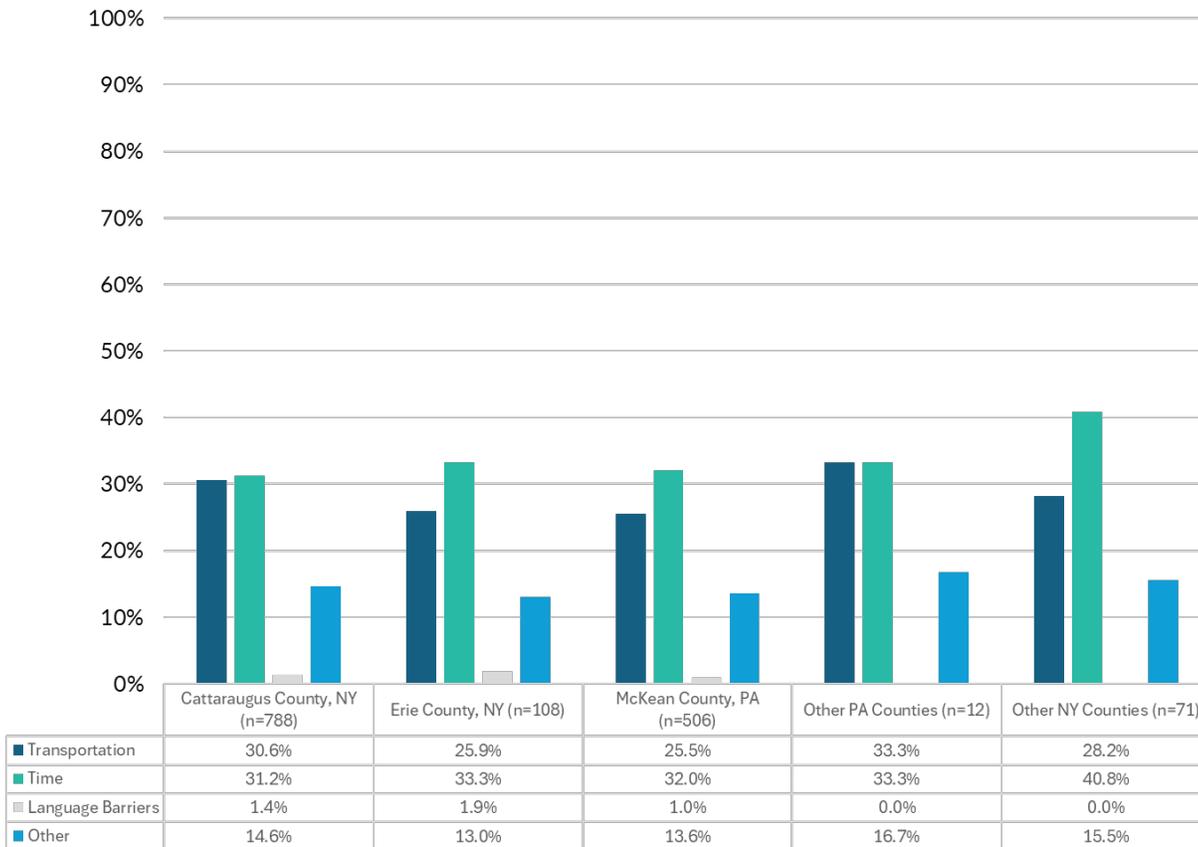
Figure 159: Community Survey Respondents Attended Job Training or Adult Education Program, Past Year



Source: Cattaraugus and McKean County Community Survey 2025

According to **Figure 160**, transportation and time were the most frequently cited barriers to educational access—30.6% of respondents in Cattaraugus County and 25.5% in McKean County identified transportation as a barrier, while 31.2% and 32.0%, respectively, identified lack of time as a major obstacle.

Figure 160: Community Survey Respondents Barriers to Education



Source: Cattaraugus and McKean County Community Survey 2025

Focus Group Participant Feedback

Cattaraugus County

Participants identified persistent gaps in educational opportunities that lead directly to employment, job training, and workforce development. Programs focused on skill-building, recreational learning, and community engagement were described as underfunded or inconsistently implemented. Participants also expressed frustration with the complexity of navigating assistance programs, eligibility requirements, and service availability, citing inefficiency, limited information, and funding constraints as key barriers. Trust in existing programs was described as fragile—past inconsistencies and failed initiatives have left some residents skeptical of new efforts and hesitant to engage.



Other Secondary Research Results



OTHER SECONDARY RESEARCH RESULTS

Leading Causes of Death

As shown in **Figure 161**, heart disease has remained the leading cause of death in Cattaraugus County for several years. Cancer and chronic lower respiratory disease (CLRD) also consistently rank among the top causes of mortality.

Figure 161: Leading Causes of Death and Age-Adjusted Death Rate, Cattaraugus County, 2018-2022

Year	Total Deaths	Heart Disease	Cancer	COVID-19	CLRD	Unintentional Injury	Diabetes	Pneumonia and Influenza	Cerebrovascular Disease
2022	1,064 1,027.9 per 100,000	243 222.9 per 100,000	175 157.6 per 100,000	58 52.7 per 100,000	58 52.7 per 100,000	58 52.7 per 100,000			
2021	1,165 1,124.4 per 100,000	263 243.2 per 100,000	164 153.8 per 100,000	160 148.4 per 100,000	64 55.8 per 100,000	46 63.8 per 100,000			
2020	944 901.1 per 100,000	217 199.5 per 100,000	178 160.2 per 100,000	53 50.5 per 100,000	51 46.2 per 100,000	41 53.8 per 100,000			
2019	849 800.2 per 100,000	223 205.3 per 100,000	168 150.2 per 100,000	59 52.9 per 100,000	37 49.3 per 100,000		37 35.4 per 100,000		
2018	903 839.9 per 100,000	256 232.4 per 100,000	187 165.9 per 100,000	56 49.5 per 100,000	37 34.8 per 100,000			35 32.4 per 100,000	

Source: New York Department of Health, Vital Statistics

According to **Table 18**, from 2019 to 2023, heart disease was the leading cause of death in McKean County as well, with rates higher than the state average. Mortality from CLRD, nephritis, and septicemia was also elevated in McKean County compared to state levels.

Table 18: Leading Causes of Death, Age Adjusted Per 100,000, McKean County and Pennsylvania, 2019-2023

Measure	McKean	Interval (95%)	Pennsylvania	Comparison
All causes of death	976.2	(940.4 - 1012.1)	823.5	Higher
Heart disease	211.0	(194.5 - 227.6)	174.3	Higher
Cancer	159.8	(145.5 - 174.1)	151.1	Similar
Accidents	62.3	(51.9 - 72.7)	67.0	Similar
Cerebrovascular diseases	35.8	(29.0 - 42.6)	36.3	Similar
Chronic lower respiratory diseases	52.8	(44.8 - 60.8)	32.0	Higher
Diabetes mellitus	27.0	(21.2 - 32.9)	22.1	Similar
Alzheimer's disease	9.9	(6.4 - 13.4)	22.0	Lower
Nephritis, nephrotic syndrome and nephrosis	23.9	(18.3 - 29.4)	16.3	Higher
Septicemia	21.2	(16.1 - 26.3)	13.4	Higher
Influenza and pneumonia	14.9	(10.5 - 19.3)	11.7	Similar

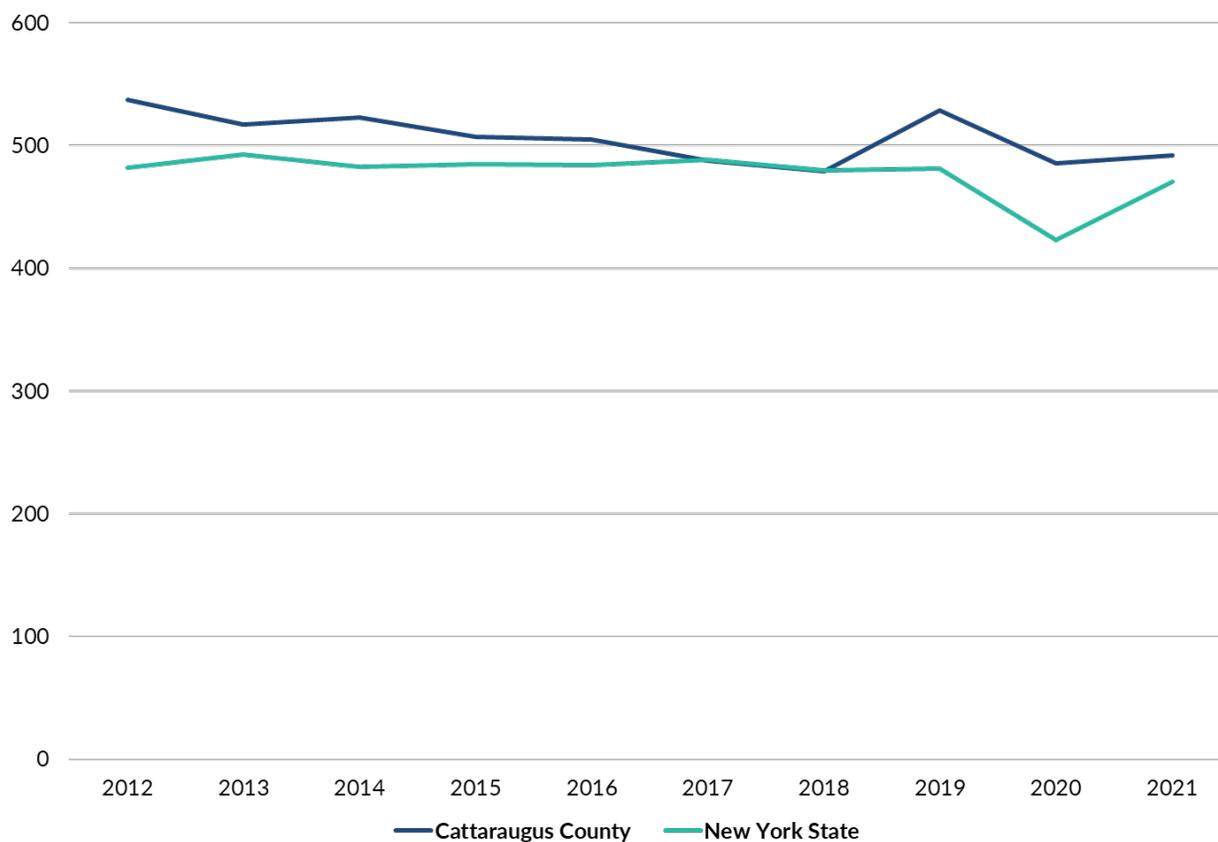
Source: Pennsylvania Department of Health, County Health Profile

Chronic Conditions

Chronic conditions—such as diabetes, heart disease, and asthma—are long-term health challenges that require continuous management and care. These conditions significantly affect quality of life, increase the risk of disability and premature death, and are major drivers of healthcare costs, accounting for the majority of medical expenditures in the United States. Beyond their impact on individuals, chronic diseases also affect families, workplaces, and communities by limiting productivity and increasing economic strain. Therefore, effective prevention, early detection, and proper management of chronic conditions are essential to improving individual well-being and strengthening public health.⁸⁴

In 2021, Cattaraugus County had a higher cancer incidence rate (492.1 per 100,000) than the state (470.6), as shown in **Figure 162**, a pattern that has persisted in most years.

Figure 162: Age Adjusted Cancer Incidence, Rate Per 100,000, Cattaraugus County and New York, 2012-2021

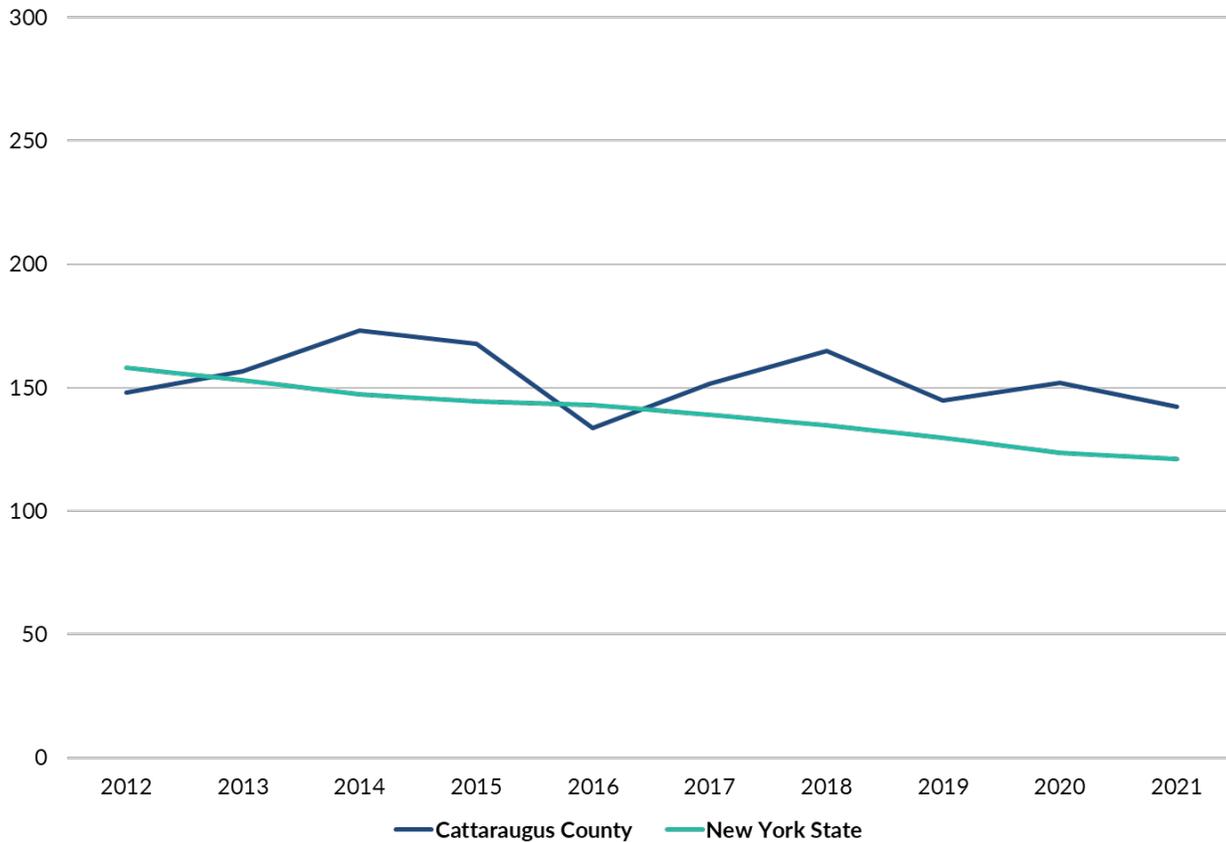


Source: The New York State Community Health Indicator Reports (CHIRS)

⁸⁴<https://www.cdc.gov/chronicdisease/about/index.htm>

The age-adjusted cancer mortality rate decreased in Cattaraugus County from 151.8 in 2020 to 142.3 in 2021, yet remains above the state rate (121.2), as seen in **Figure 163**.

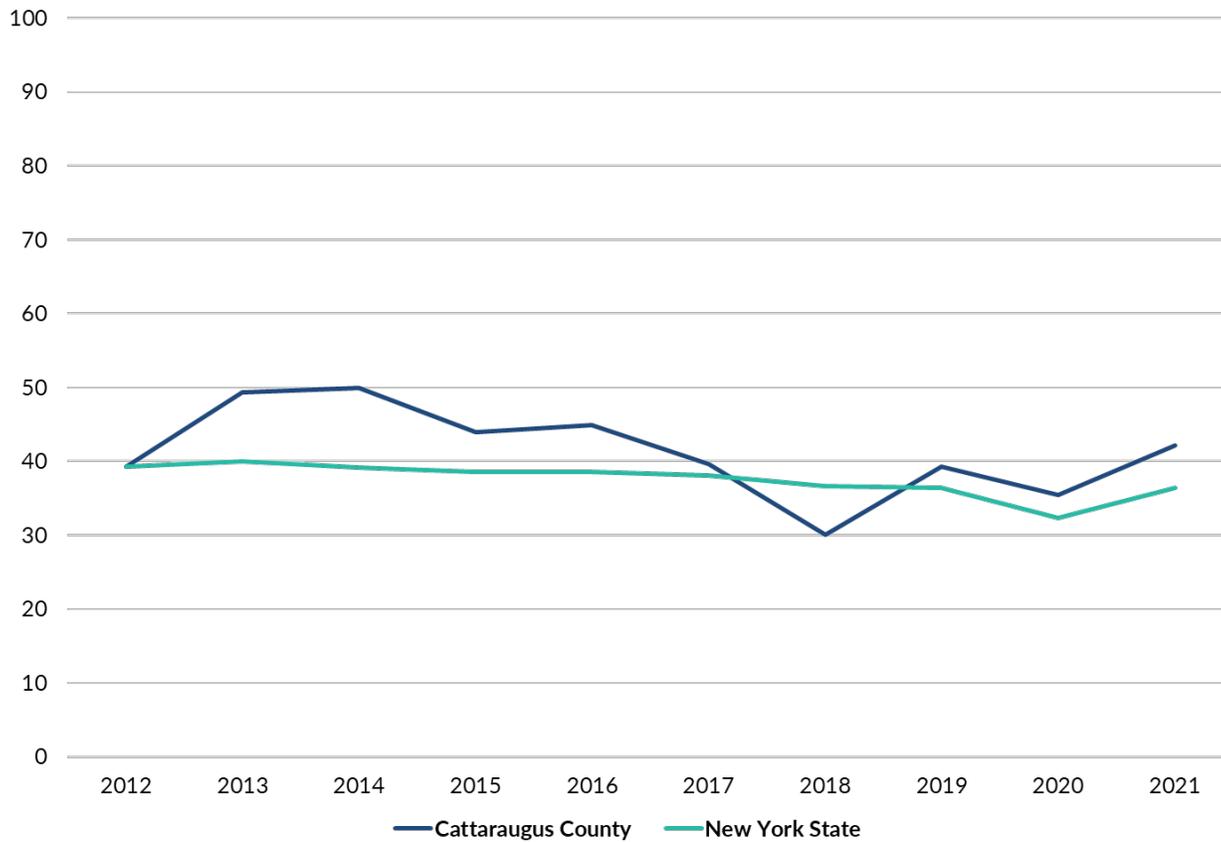
Figure 163: Age-Adjusted Cancer Mortality, Rate Per 100,000, Cattaraugus County and New York, 2012-2021



Source: The New York State Community Health Indicator Reports (CHIRS)

The age-adjusted colon and rectum cancer incidence rate increased between 2020 and 2021 in both Cattaraugus County (35.5 to 42.2) and the state (32.3 to 36.4), with the county rate remaining higher (**Figure 164**).

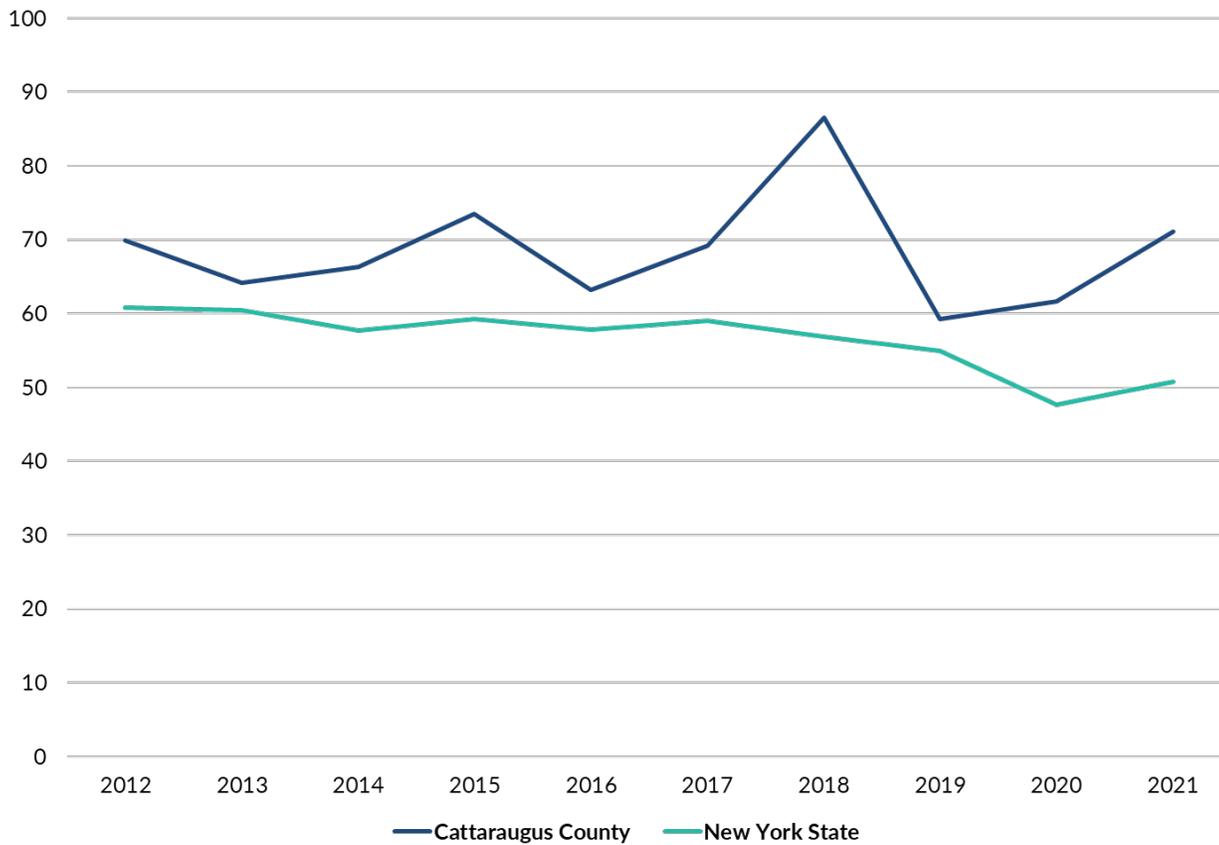
Figure 164: Age-Adjusted Colon and Rectum Cancer Incidence, Rate Per 100,000, Cattaraugus County and New York, 2012-2021



Source: The New York State Community Health Indicator Reports (CHIRS)

Similarly, the lung and bronchus cancer incidence rate rose in Cattaraugus County (61.6 to 71.1) and in the state (47.7 to 50.8) during the same period, with the county again exceeding the state rate (**Figure 165**).

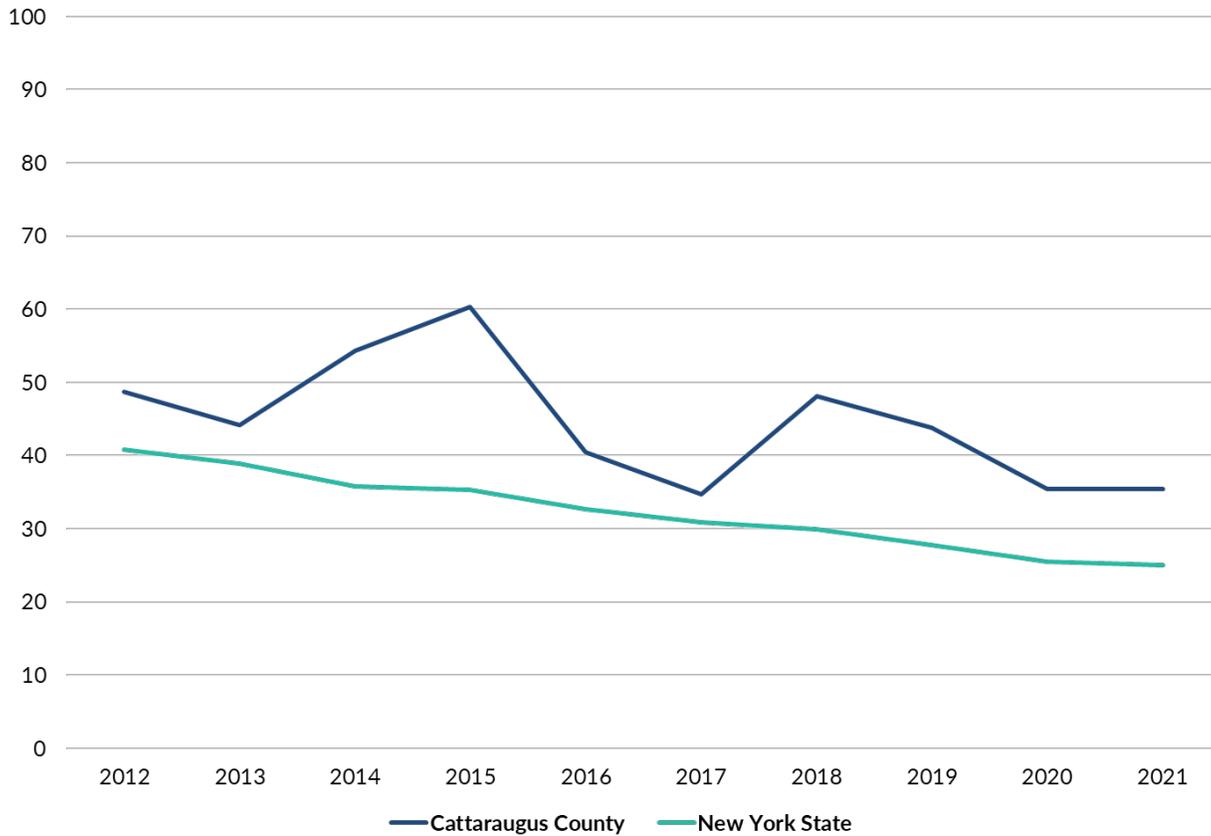
Figure 165: Age-Adjusted Lung and Bronchus Cancer Incidence, Rate Per 100,000, Cattaraugus County and New York, 2012-2021



Source: The New York State Community Health Indicator Reports (CHIRS)

The lung and bronchus cancer mortality rate remained unchanged in Cattaraugus County (35.3 per 100,000) from 2020 to 2021 yet remained higher than the state rate (25.0) (Figure 166).

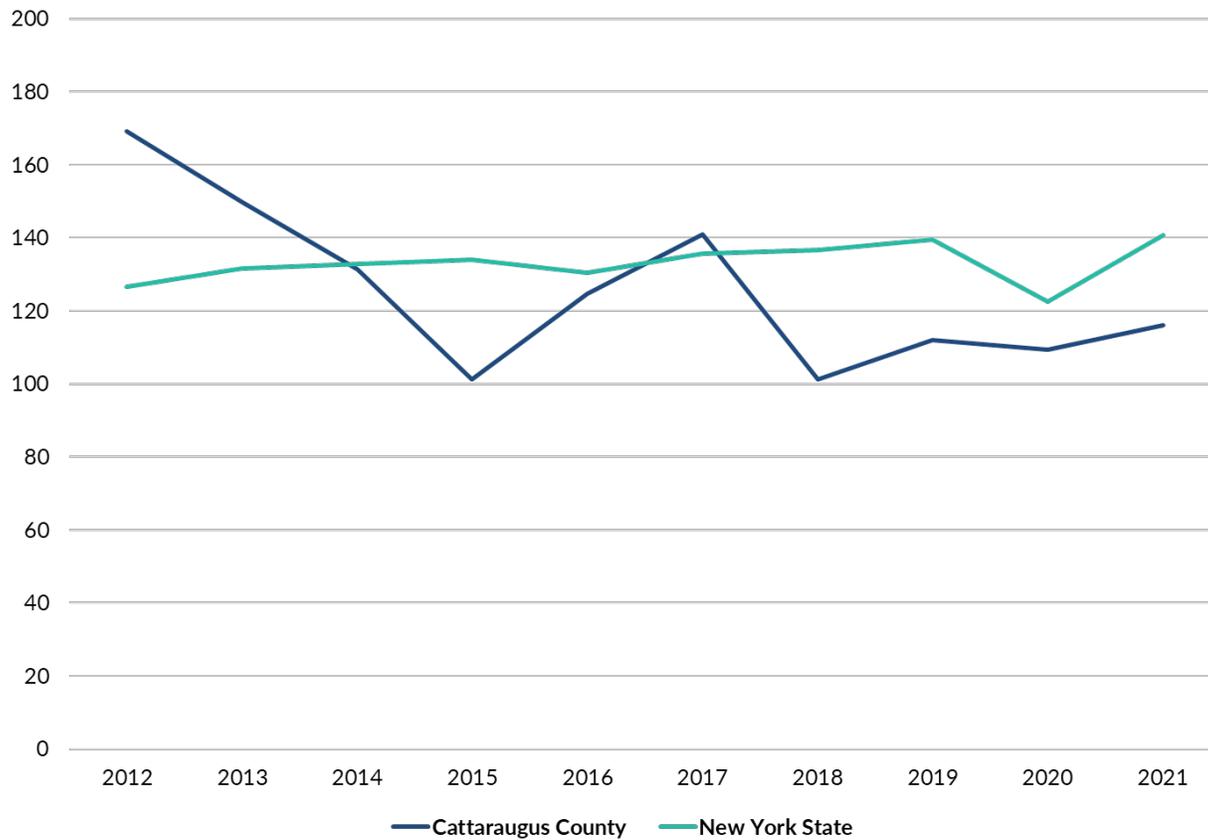
Figure 166: Age-Adjusted Lung and Bronchus Cancer Mortality Rate, Per 100,000, Cattaraugus County and New York, 2012-2021



Source: The New York State Community Health Indicator Reports (CHIRS)

The female breast cancer incidence rate increased in both Cattaraugus County (109.4 to 114.0) and New York State (122.5 to 140.7) between 2020 and 2021, though the county's rate remained lower (Figure 167).

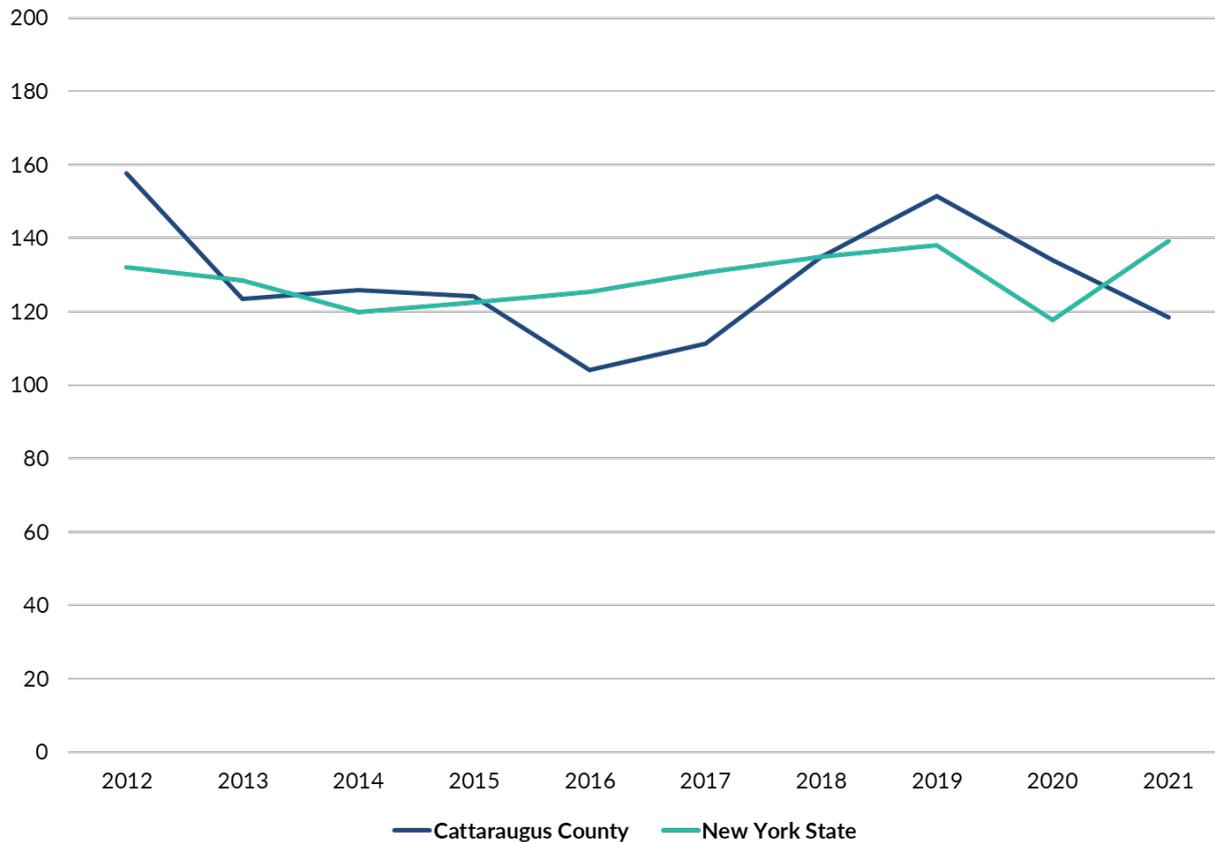
Figure 167: Age-Adjusted Female Breast Cancer Incidence, Rate Per 100,000, Cattaraugus County and New York, 2012-2021



Source: The New York State Community Health Indicator Reports (CHIRS)

Conversely, the prostate cancer incidence rate has declined in Cattaraugus County since 2019 (151.5 to 118.4), while the state's rate has increased since 2020 (117.7 to 139.3), placing the county below the state rate (Figure 168).

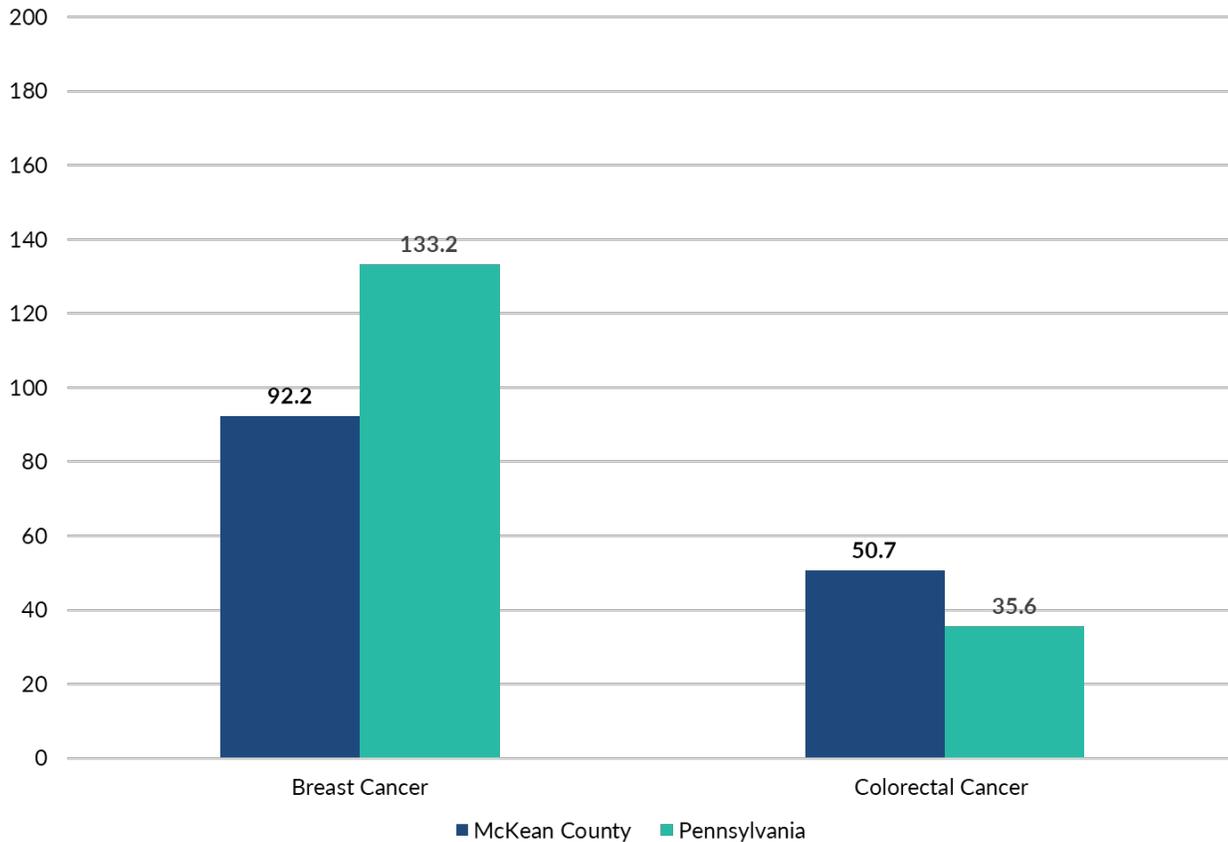
Figure 168: Age-Adjusted Prostate Cancer, Incidence Rate Per 100,000, Cattaraugus County and New York, 2012-2021



Source: The New York State Community Health Indicator Reports (CHIRS)

In McKean County, the colorectal cancer incidence rate (50.7 per 100,000) was higher than the state rate (35.6), while the breast cancer incidence rate (92.2) was lower than the state's 133.2 (Figure 169).

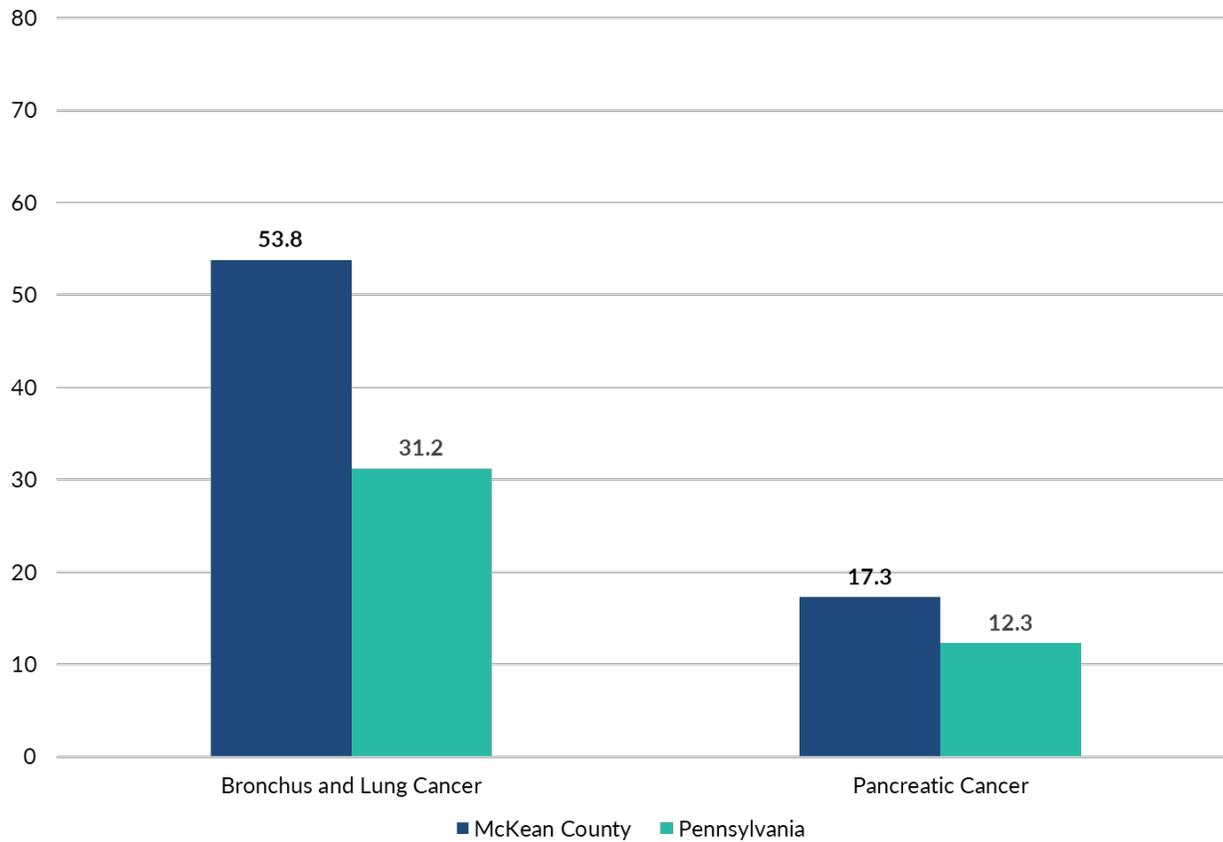
Figure 169: Breast and Colorectal Cancer Incidence Rate Per 100,000, McKean County and Pennsylvania, 2021



Source: Pennsylvania Department of Health

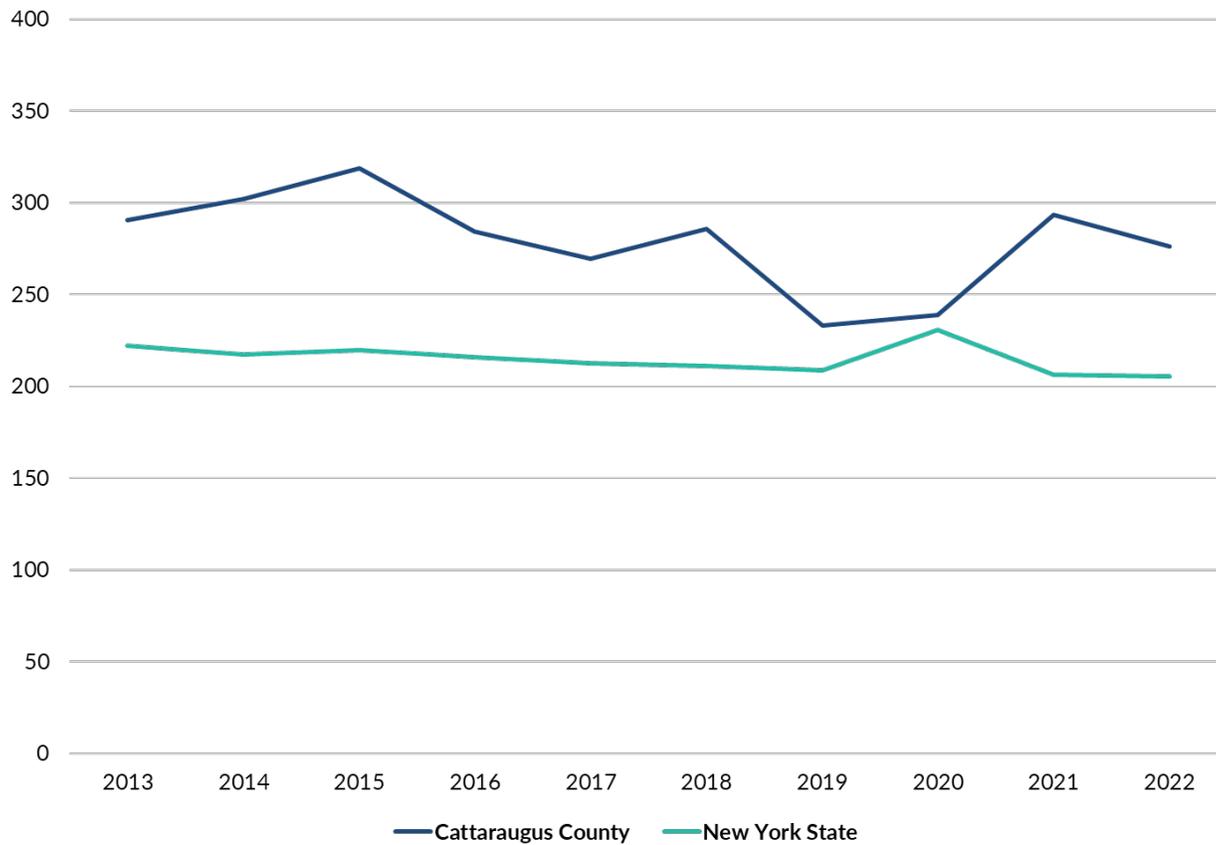
McKean County also reported higher mortality rates for bronchus and lung cancer (53.8 per 100,000) and pancreatic cancer (17.3 per 100,000) than the state (31.2 and 12.3, respectively) (Figure 170).

Figure 170: Bronchus and Lung and Pancreatic Cancer Mortality Rate Per 100,000, McKean County and New York, 2023



The cardiovascular disease mortality rate in Cattaraugus County decreased from 293.5 in 2021 to 276.2 in 2022 yet remained higher than the state rate (205.2) (Figure 171).

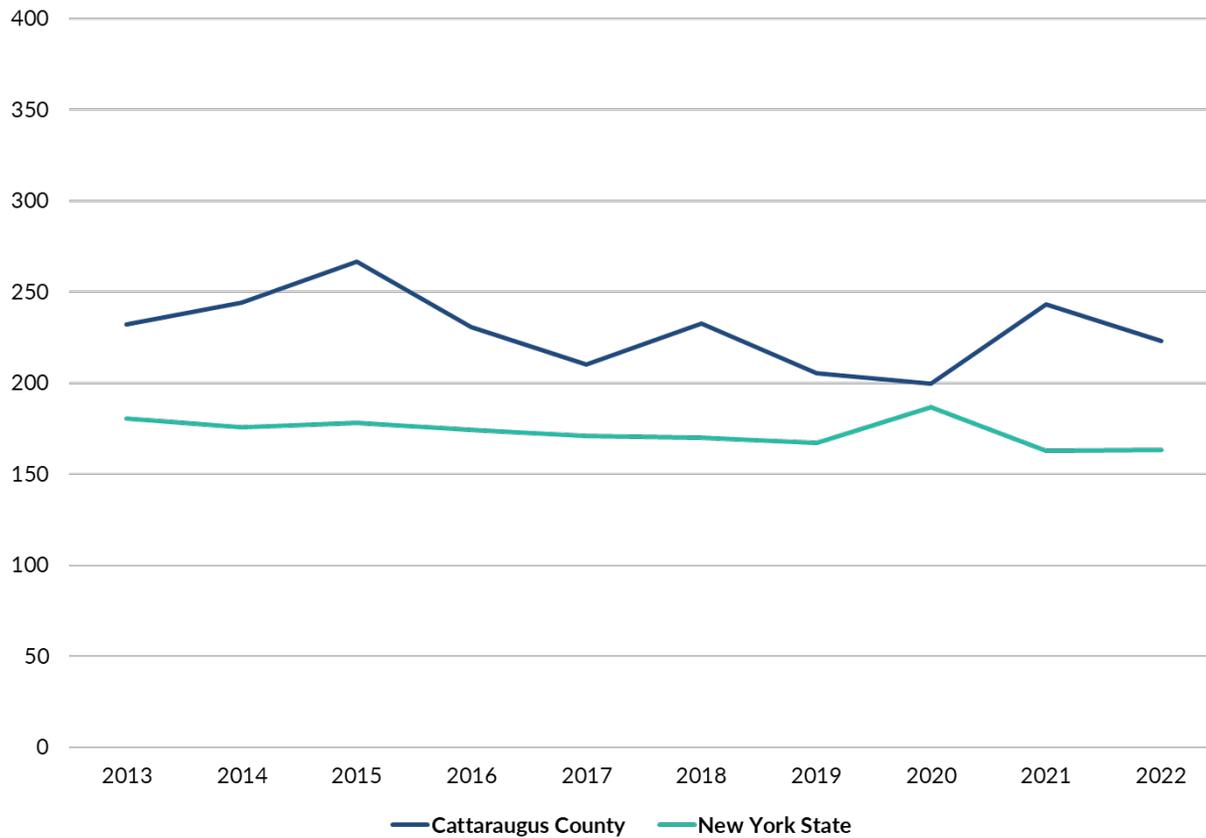
Figure 171: Age-Adjusted Cardiovascular Disease Mortality, Rate Per 100,000, Cattaraugus County and New York, 2013-2022



Source: The New York State Community Health Indicator Reports (CHIRS)

Similarly, the heart disease mortality rate declined from 243.2 to 222.9 during the same period but stayed above the state rate (163.1) (Figure 172).

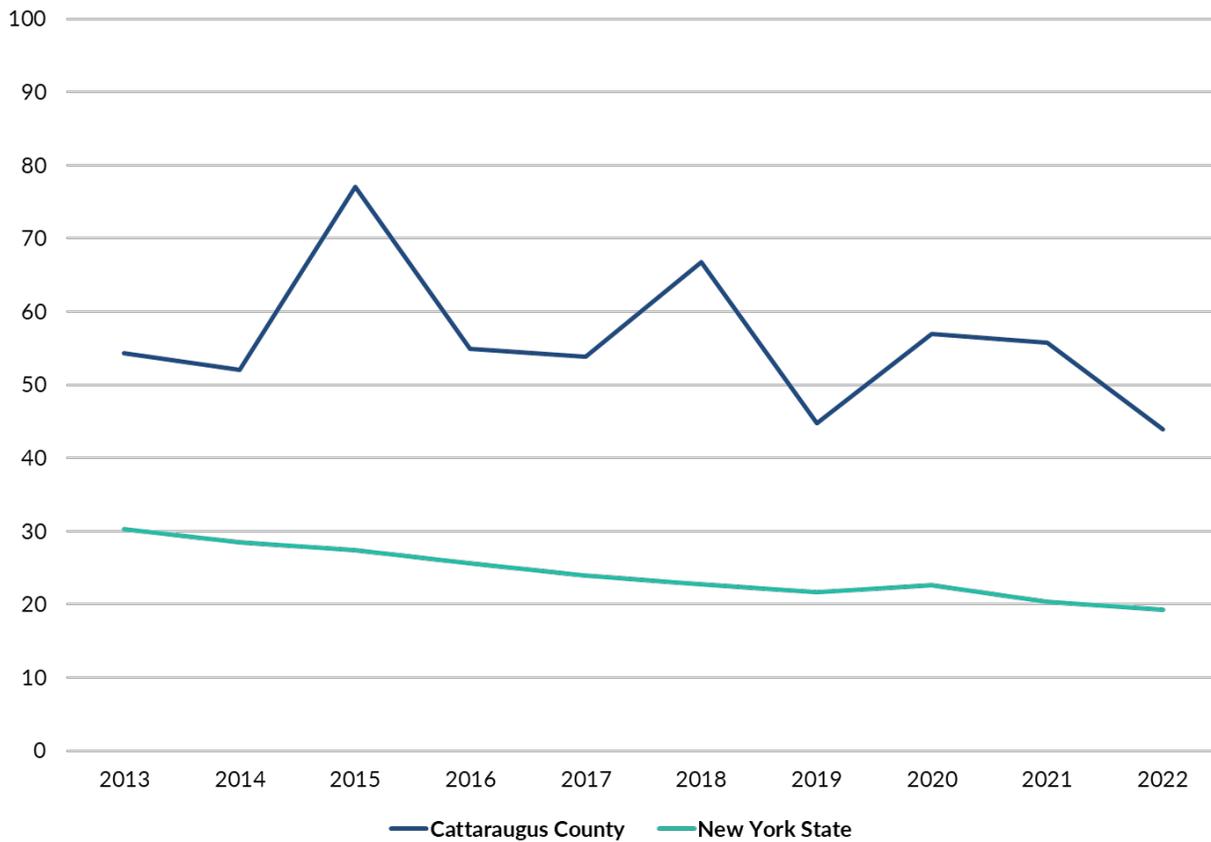
Figure 172: Age-Adjusted Diseases of the Heart Mortality, Rate Per 100,000, Cattaraugus County and New York, 2013-2022



Source: The New York State Community Health Indicator Reports (CHIRS)

The heart attack mortality rate also fell from 55.7 in 2021 to 43.9 in 2022 but continued to exceed the state rate (19.3) (Figure 173).

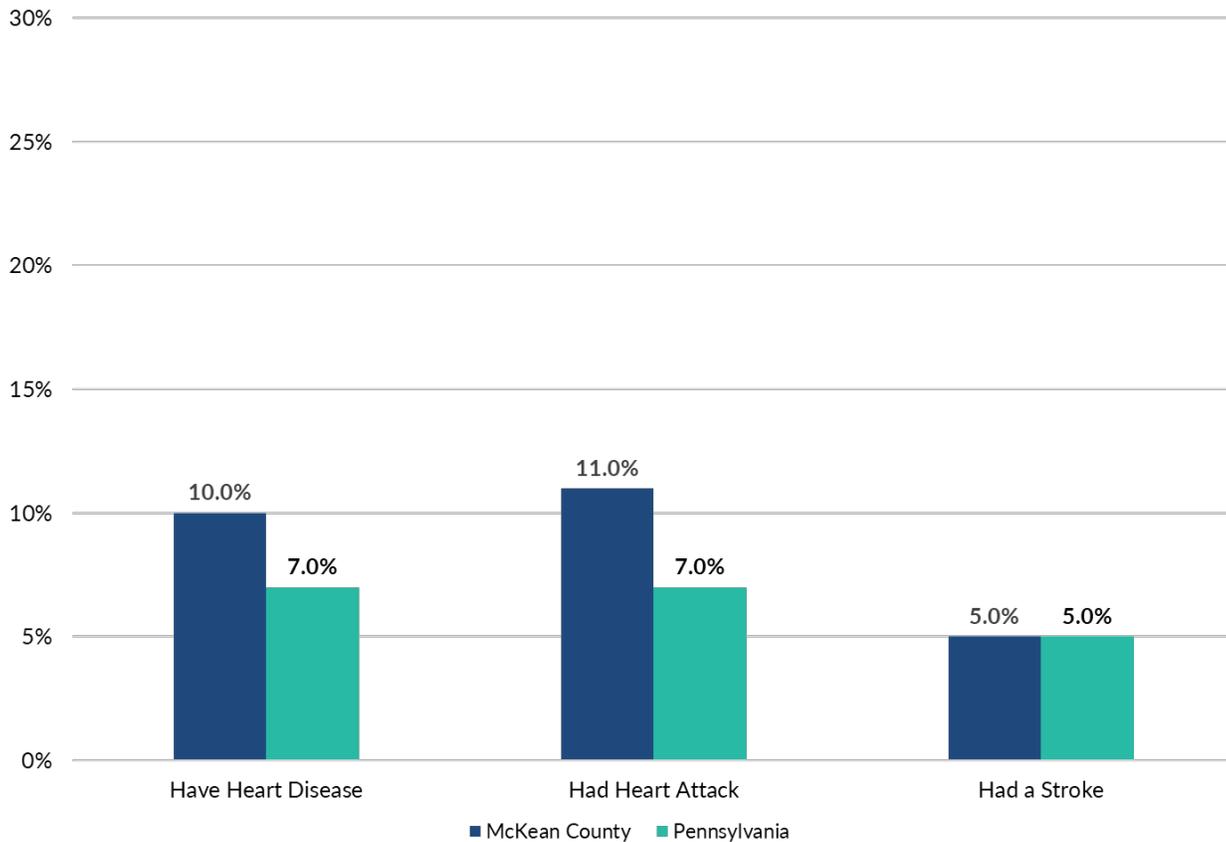
Figure 173: Age-Adjusted Heart Attack Mortality, Rate Per 100,000, Cattaraugus County and New York, 2013-2022



Source: The New York State Community Health Indicator Reports (CHIRS)

As shown in **Figure 174**, a higher percentage of adults aged 35 and older in the combined counties of Forest, Elk, Cameron, Clearfield, Jefferson, Clarion, McKean, and Warren reported having heart disease (10.0%) or having had a heart attack (11.0%) compared to the state (7.0% for both).

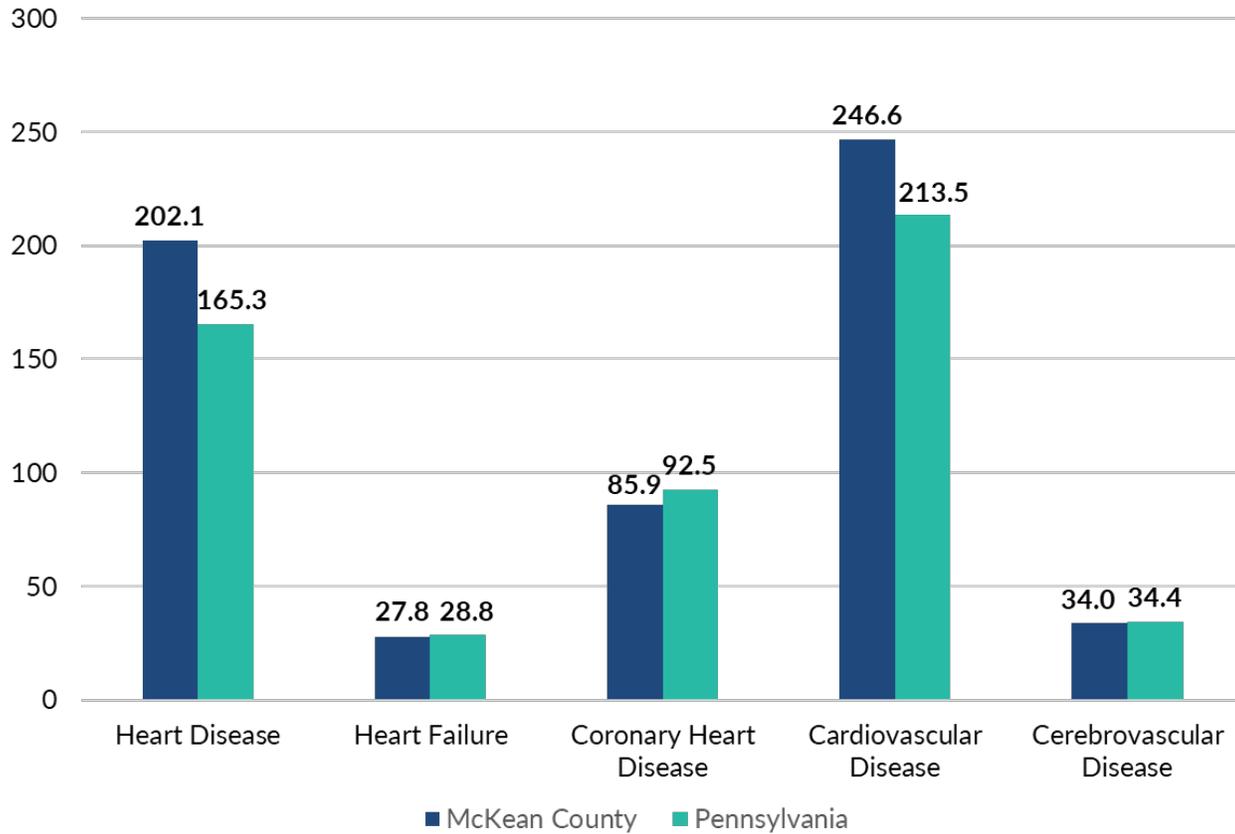
Figure 174: Adults Age 35 and Older Ever Told Had Heart Related Condition, Forest, Elk, Cameron, Clearfield, Jefferson, Clarion, McKean, Warren and Pennsylvania, 2020-2022



Source: Pennsylvania Department of Health, BRFSS

Similarly, McKean County's mortality rates for heart disease (202.1 per 100,000) and cardiovascular disease (246.6 per 100,000) exceeded state averages (165.3 and 213.5, respectively) (Figure 175).

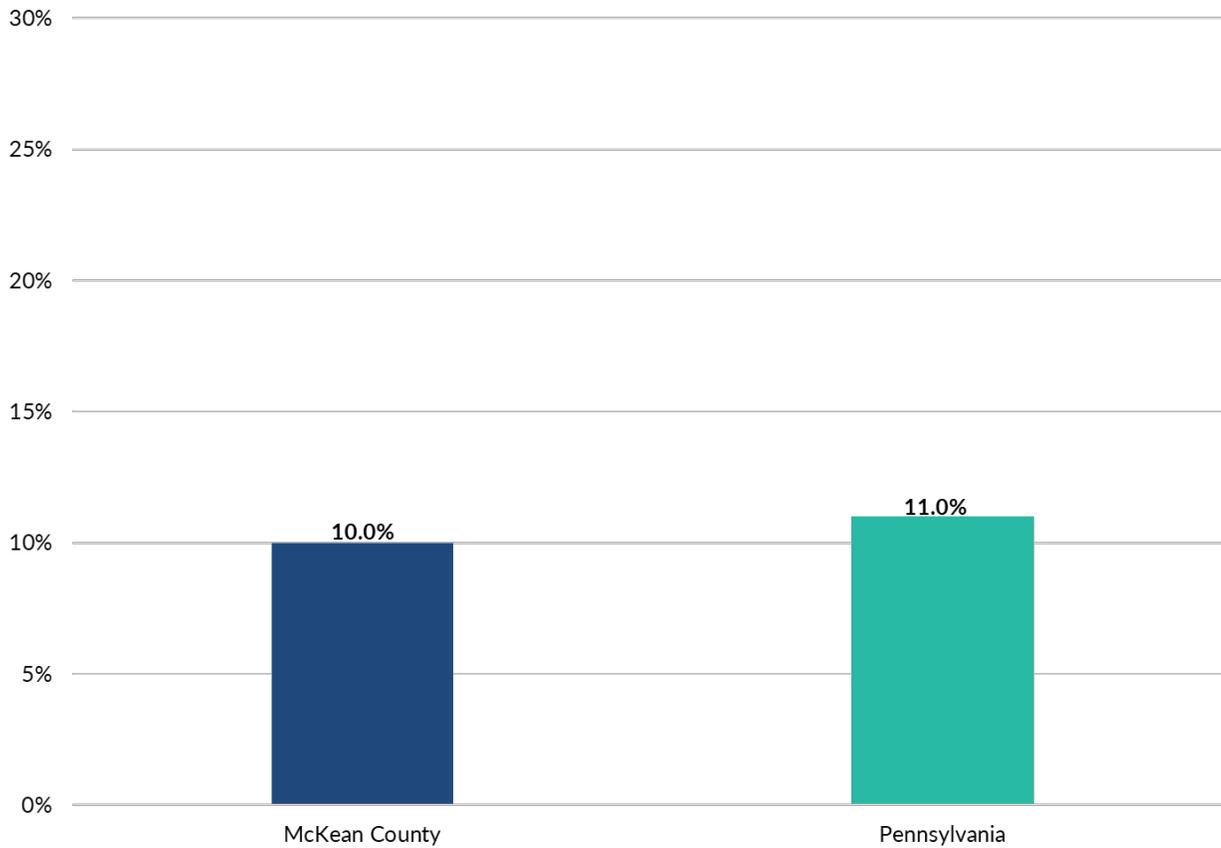
Figure 175: Heart Related Mortality Per 100,000, McKean County and Pennsylvania, 2023



Source: Pennsylvania Department of Health

The prevalence of diabetes was slightly lower in the combined counties (10.0%) than the state average (11.0%) (Figure 176).

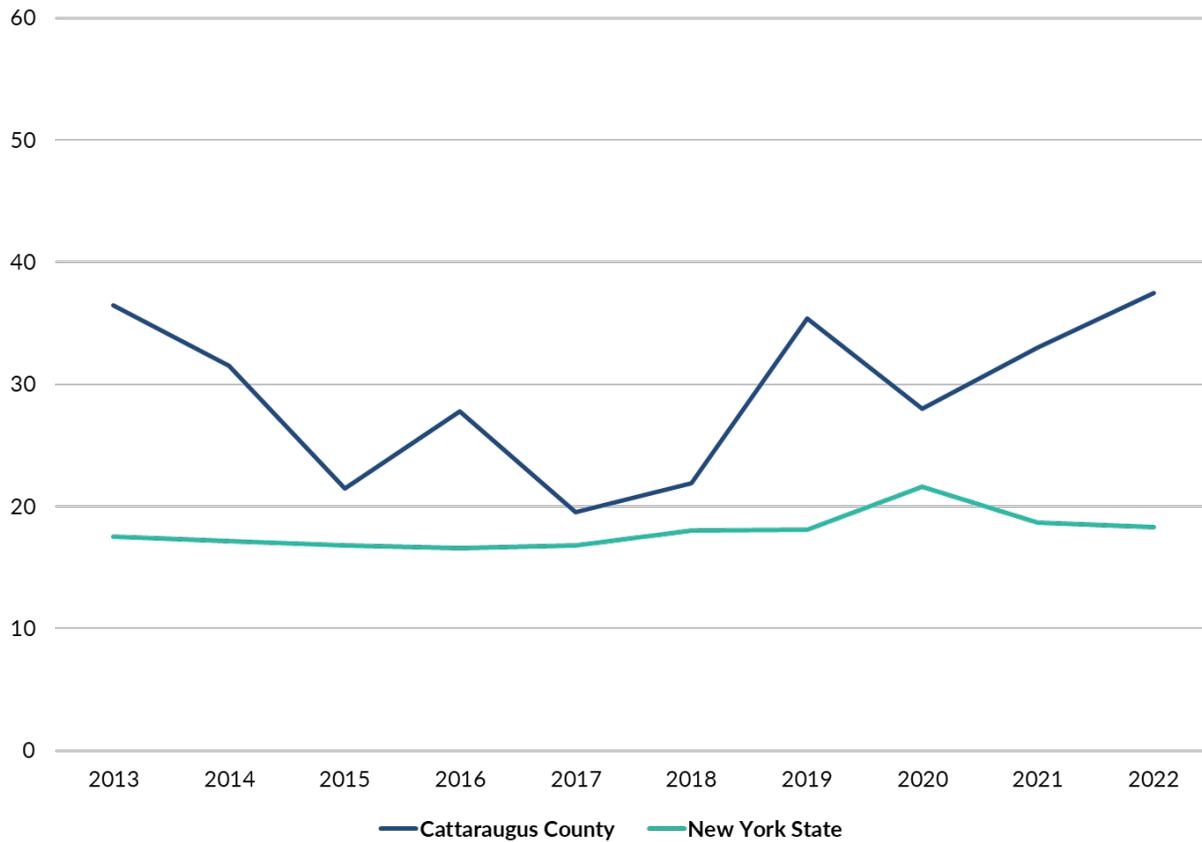
Figure 176: Population Ever Told Had Diabetes, Forest, Elk, Cameron, Clearfield, Jefferson, Clarion, McKean, Warren and Pennsylvania, 2020-2022



Source: Pennsylvania Department of Health, BRFSS

However, the diabetes mortality rate in Cattaraugus County has steadily increased since 2020 (from 28.0 to 37.5 per 100,000 in 2022) and remains significantly higher than the state rate (18.3) (Figure 177).

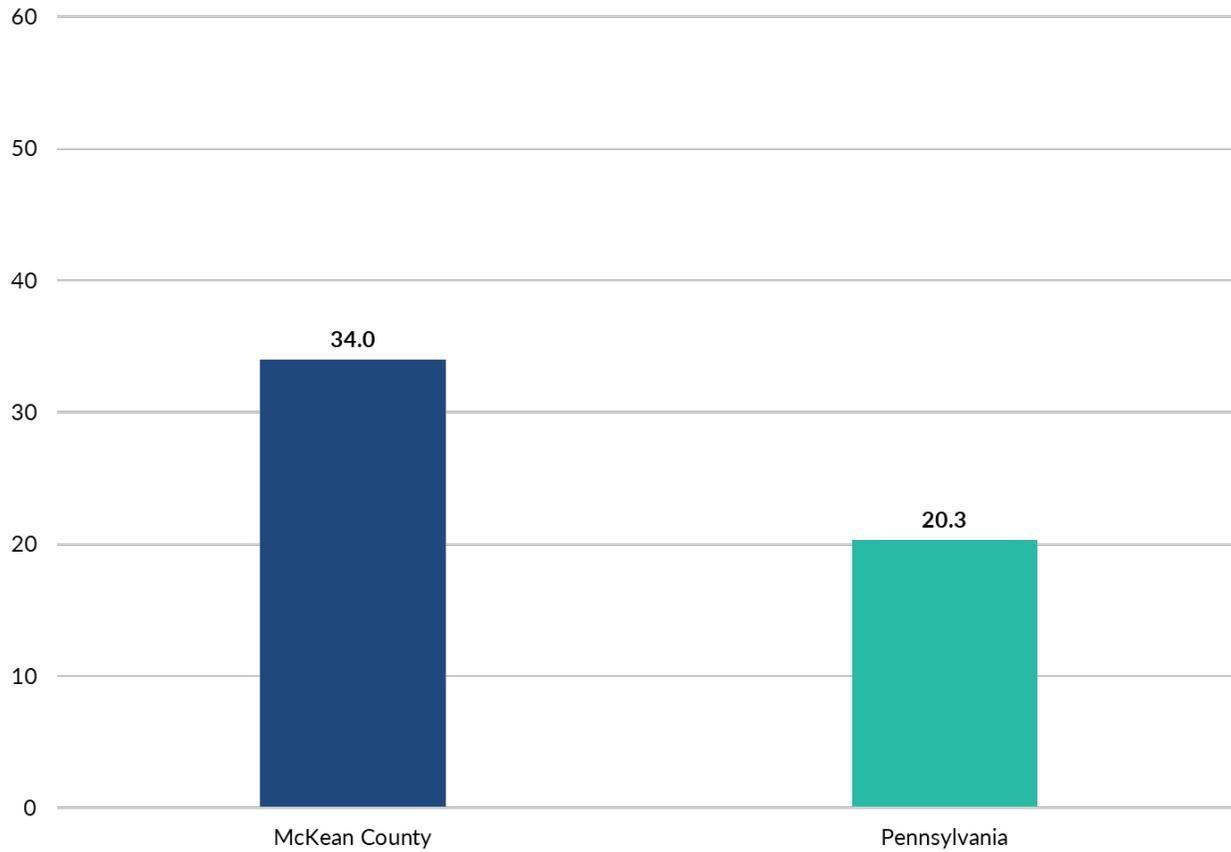
Figure 177: Age-Adjusted Diabetes Mortality, Rate Per 100,000, Cattaraugus County and New York, 2013-2022



Source: The New York State Community Health Indicator Reports (CHIRS)

McKean County also reported a higher diabetes mortality rate (34.0) than the state (20.3) (Figure 178).

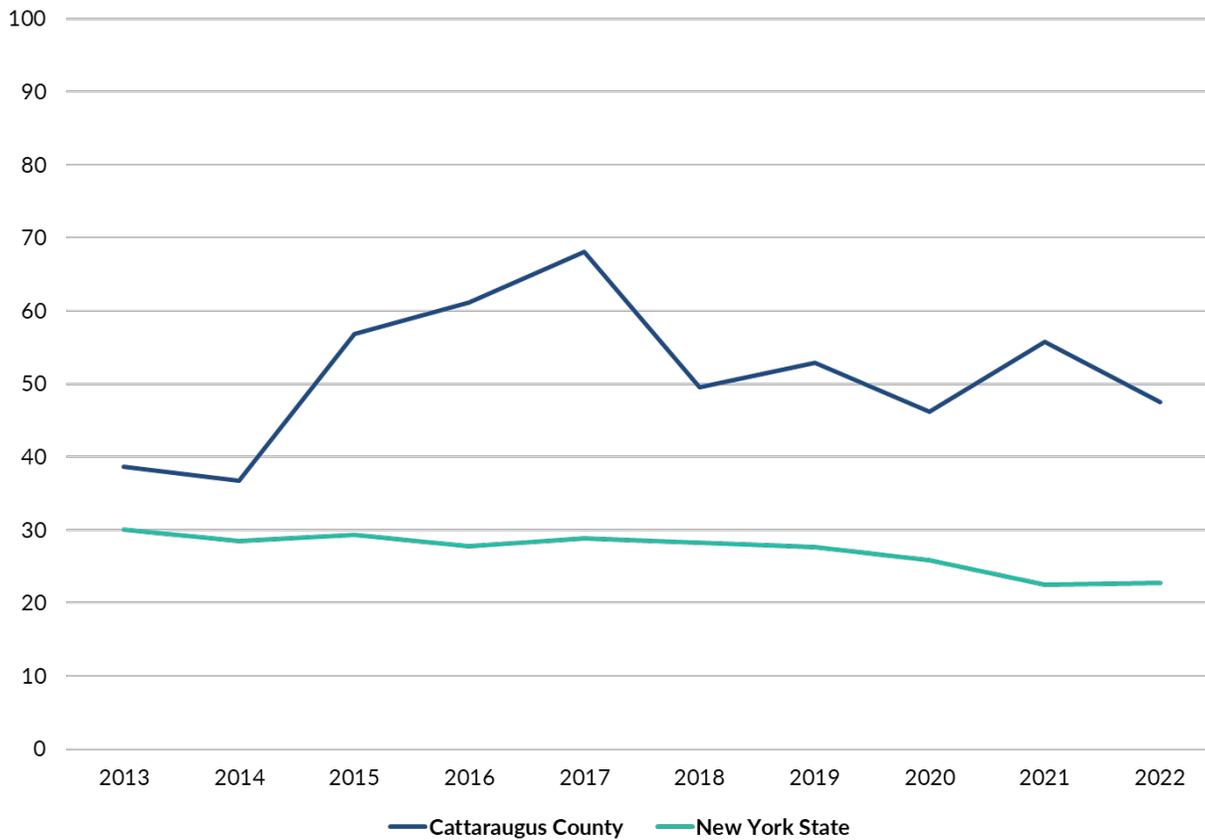
Figure 178: Diabetes Mortality Rate Per 100,000, McKean County and Pennsylvania, 2023



Source: Pennsylvania Department of Public Health

While the chronic lower respiratory disease mortality rate in Cattaraugus County decreased from 55.8 in 2021 to 47.5 in 2022, it remains more than double the state rate (22.8) (Figure 179).

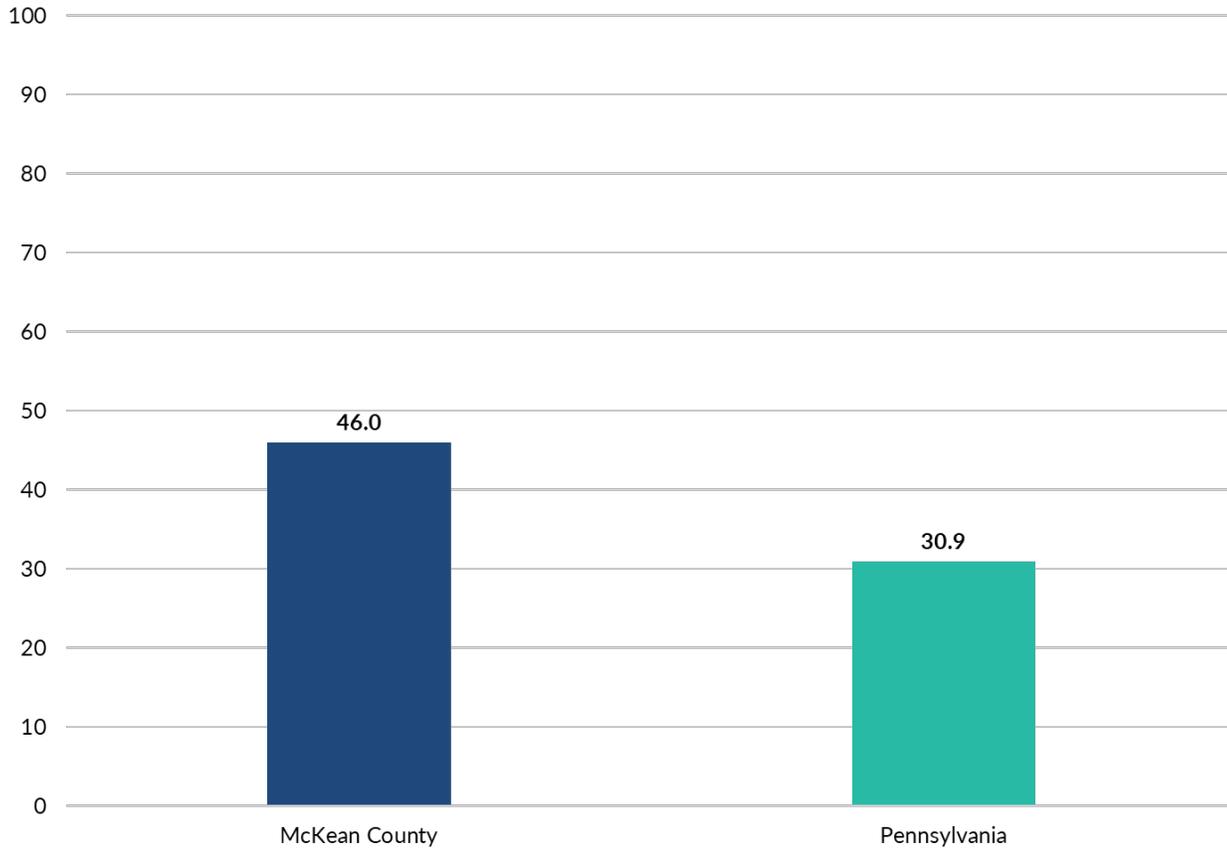
Figure 179: Age Adjusted Chronic Lower Respiratory Disease Mortality, Rate Per 100,000, Cattaraugus County and New York, 2013-2022



Source: The New York State Community Health Indicator Reports (CHIRS)

McKean County's rate (46.0) was also higher than the state's 30.9 (Figure 180).

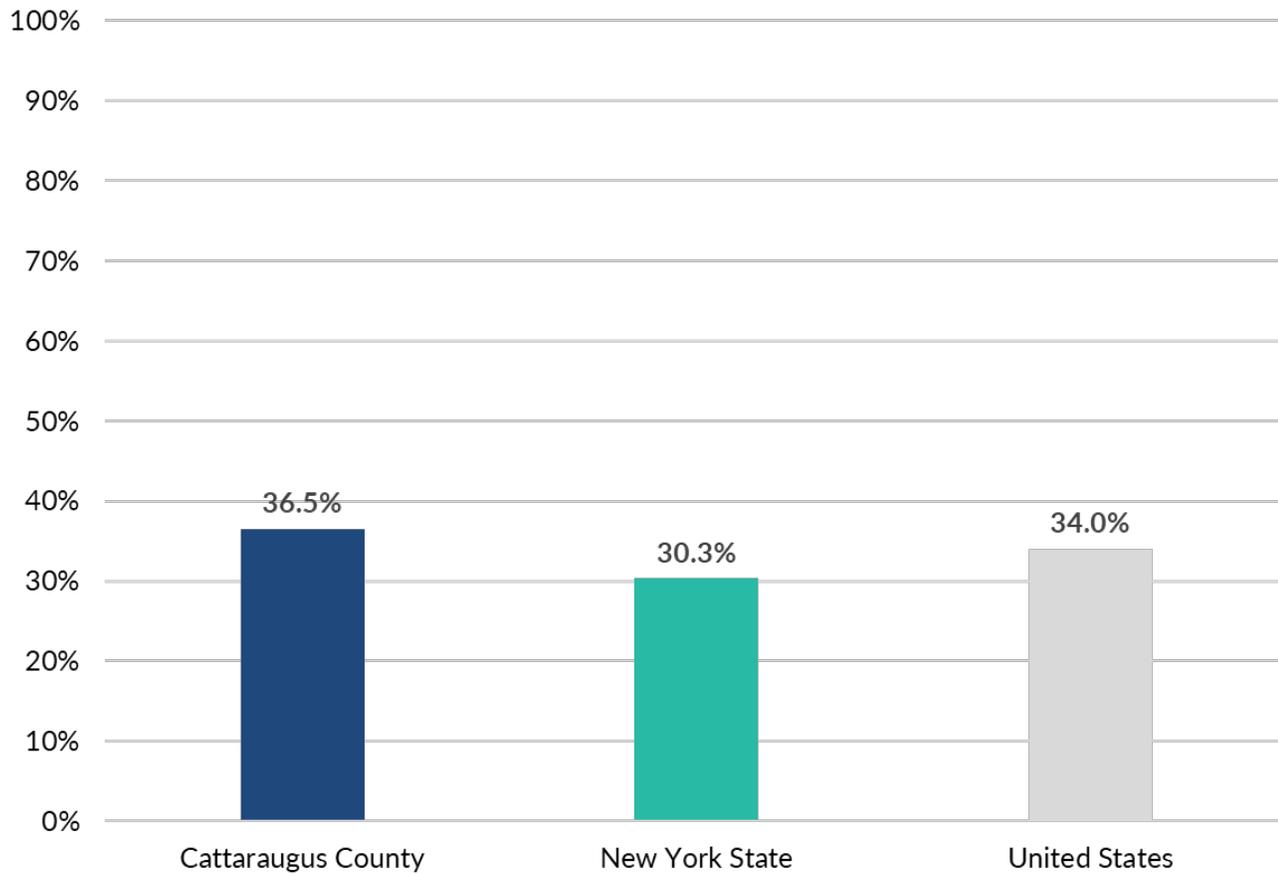
Figure 180: Chronic Lower Respiratory Disease Mortality Rate Per 100,000, McKean County and Pennsylvania, 2023



Source: Pennsylvania Department of Health

Cattaraugus County continues to report a higher percentage of adults classified as obese (36.5%) compared to the state (30.3%) and the nation (34.0) (Figure 181).

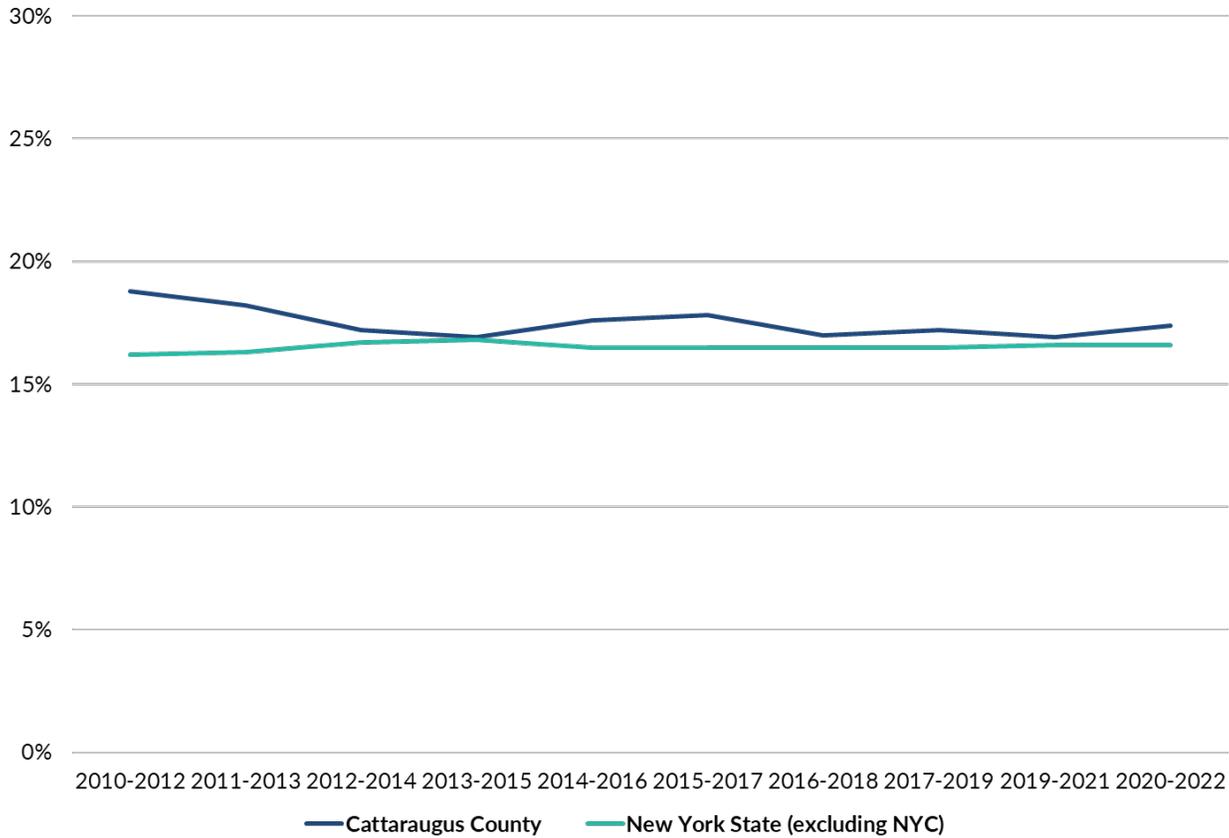
Figure 181: Adult Obesity, Cattaraugus County, New York and United States, 2025



Source: County Health Rankings and Roadmaps

The percentage of overweight students increased slightly from 16.9% (2019–2021) to 17.4% (2020–2022), remaining above the state average of 16.6% (**Figure 182**).

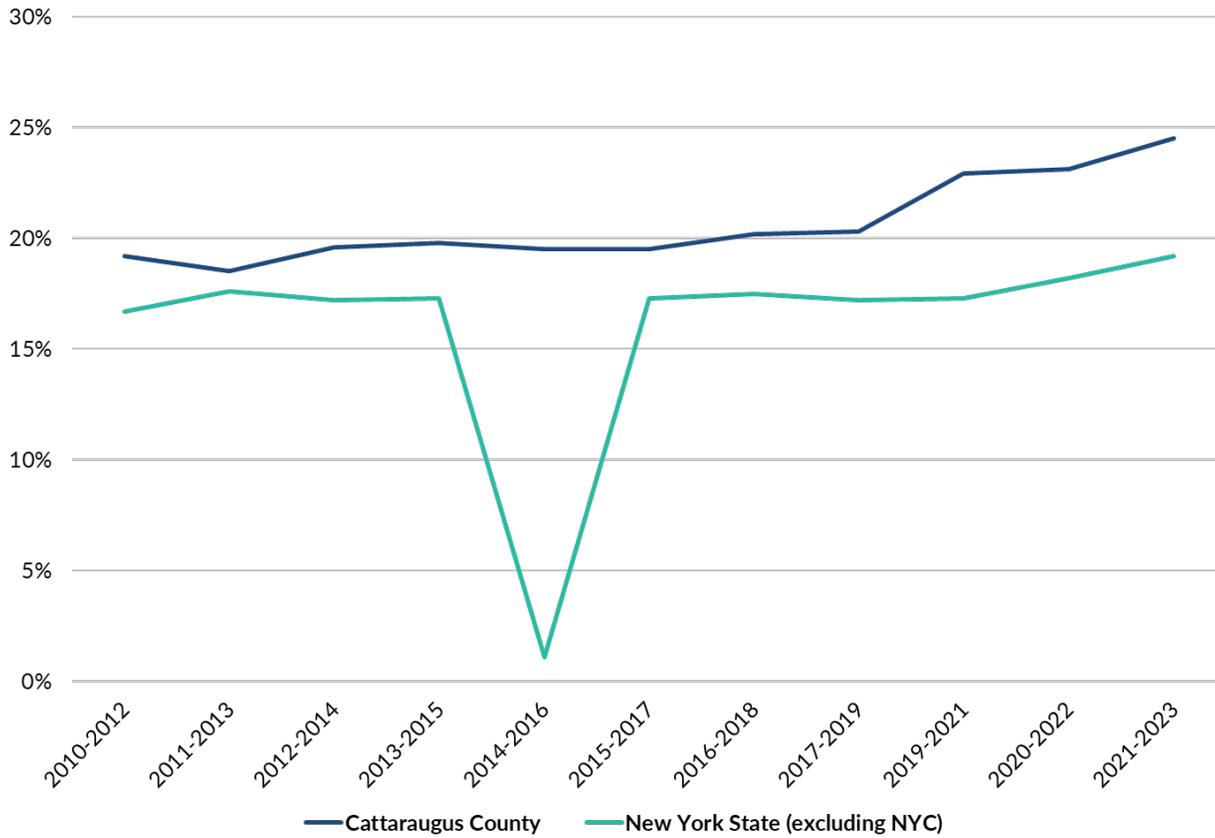
Figure 182: Overweight Students, Cattaraugus County and New York, 2010-2022



Source: The New York State Community Health Indicator Reports (CHIRS)

The percentage of obese students has also risen over recent years—from 23.1% to 24.5%—and continues to exceed state levels (Figure 183).

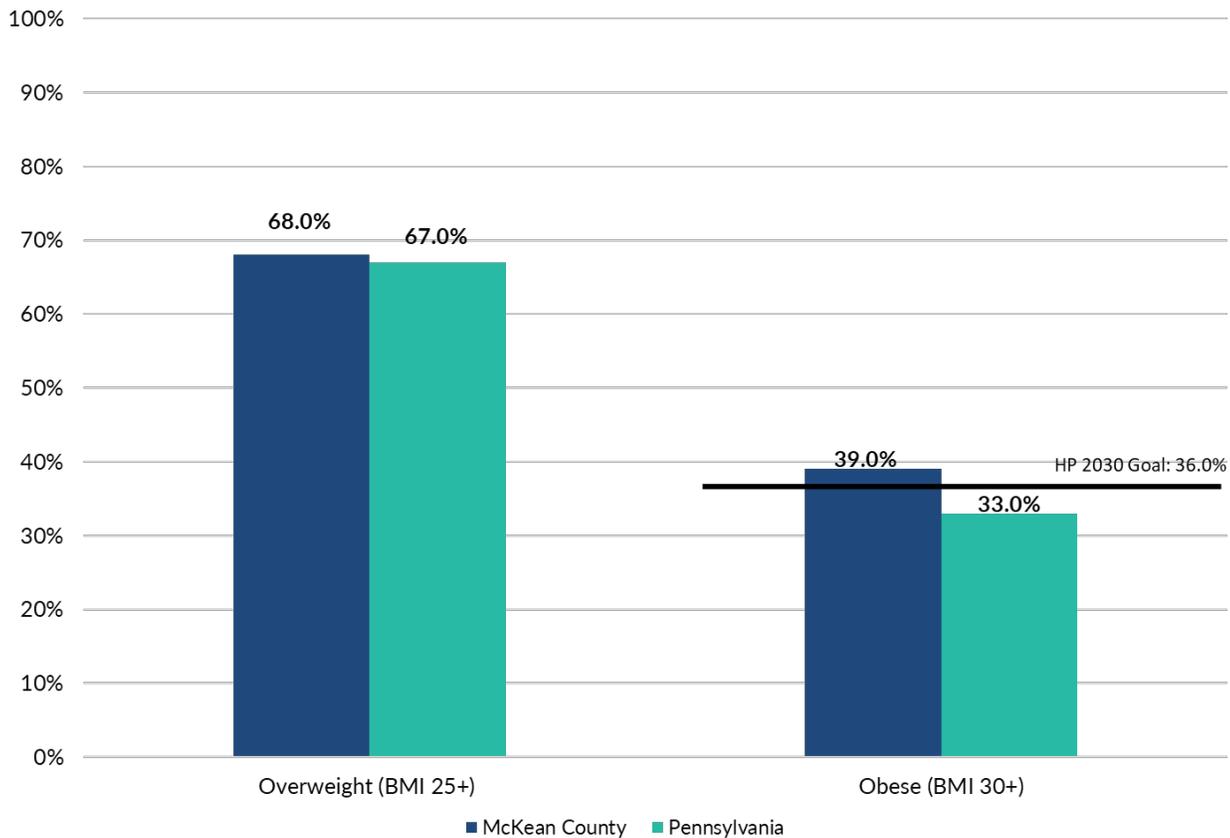
Figure 183: Obese Students, Cattaraugus County and New York, 2010-2023



Source: The New York State Community Health Indicator Reports (CHIRS)

Across the combined counties of Forest, Elk, Cameron, Clearfield, Jefferson, Clarion, McKean, and Warren, 68.0% of adults are overweight and 39.0% are obese, compared to 67.0% and 33.0% statewide. The percentage of obese adults also surpasses the Healthy People 2030 goal of 36.0% (Figure 184).

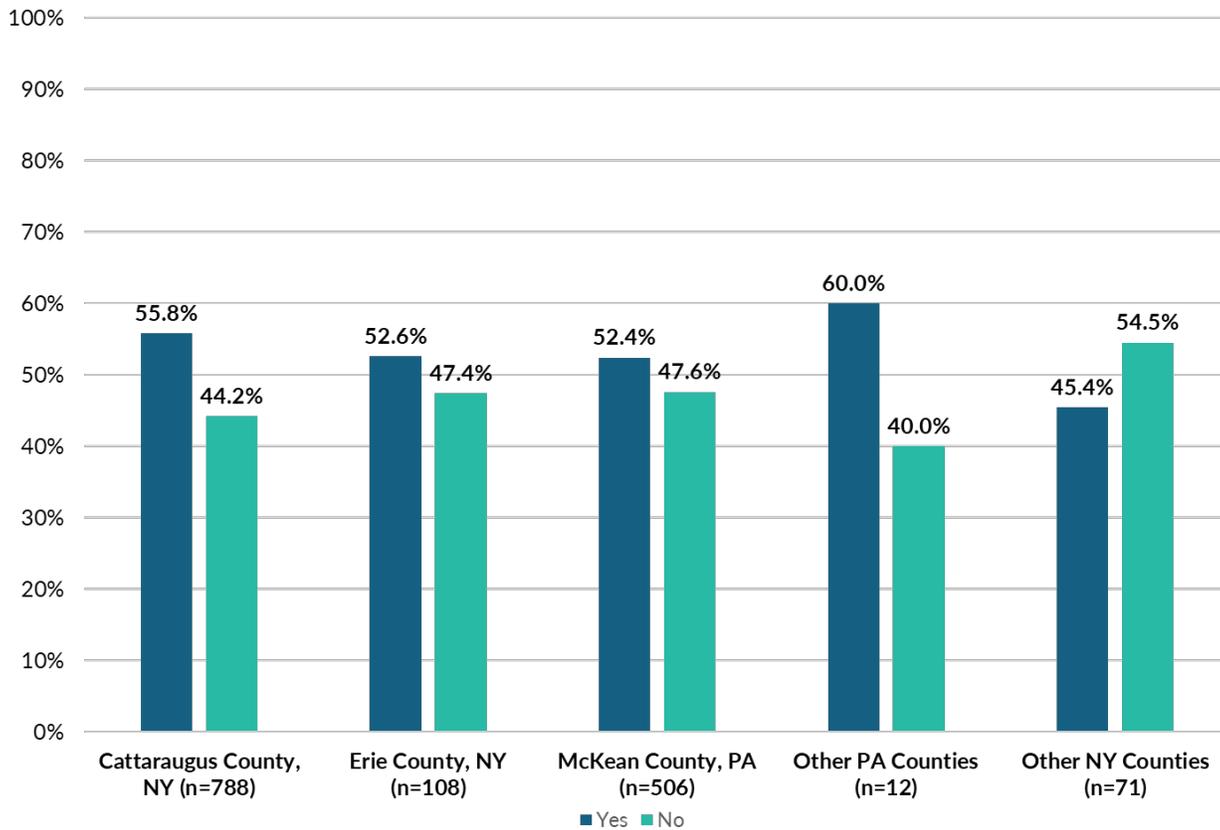
Figure 184: Overweight and Obese Adults, Forest, Elk, Cameron, Clearfield, Jefferson, Clarion, McKean, Warren and Pennsylvania, 2020-2022



Source: Pennsylvania Department of Health, BRFSS

Community survey results indicate that over half of respondents report living with chronic conditions—55.8% in Cattaraugus County and 52.4% in McKean County (Figure 185).

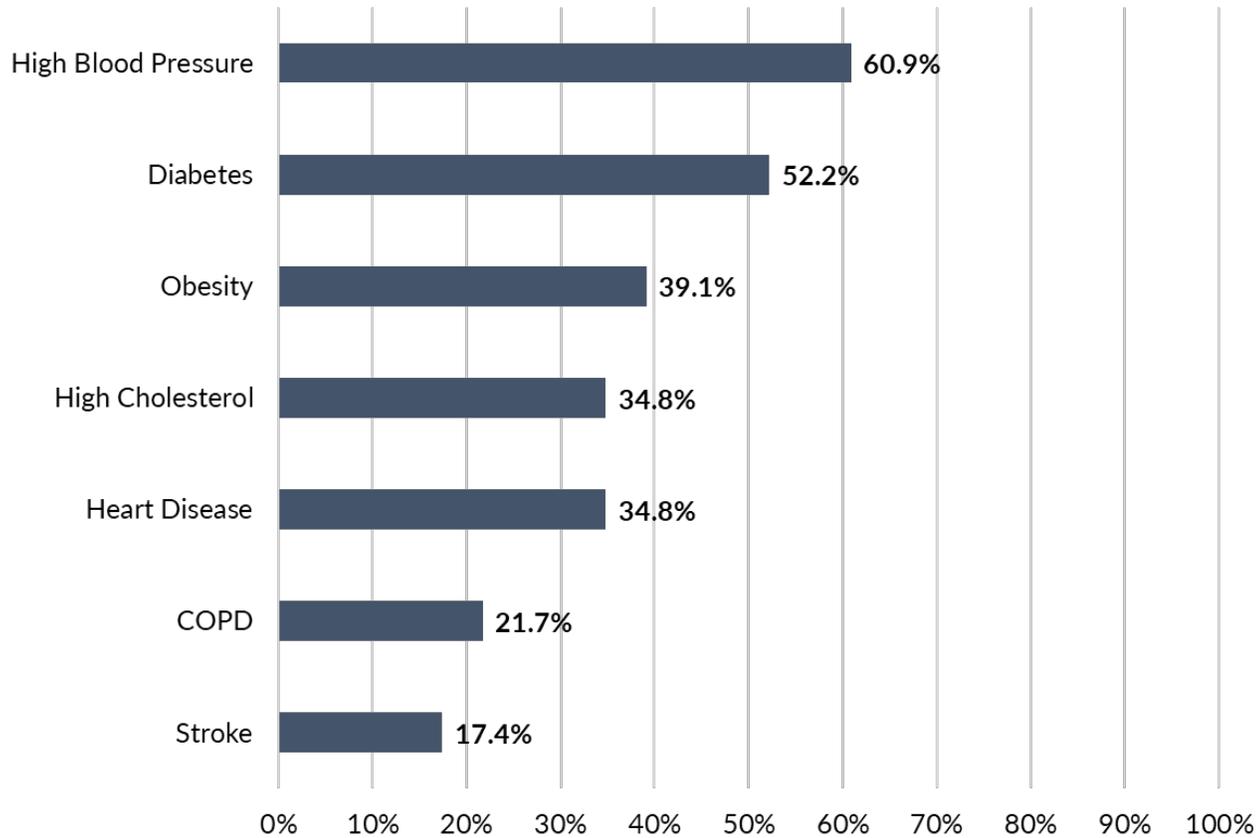
Figure 185: Community Survey Respondents Have Chronic Conditions



Source: Cattaraugus and McKean County Community Survey, 2025

More than half of Cattaraugus County intercept survey respondents report being personally affected by or having a family member with high blood pressure (60.9%) or diabetes (52.2%) (**Figure 186**).

Figure 186: Cattaraugus County Intercept Survey Things Affected Self or Family, Past 2 Years



Source: Cattaraugus County Intercept Survey, 2024

Focus Group Participant Feedback

McKean County

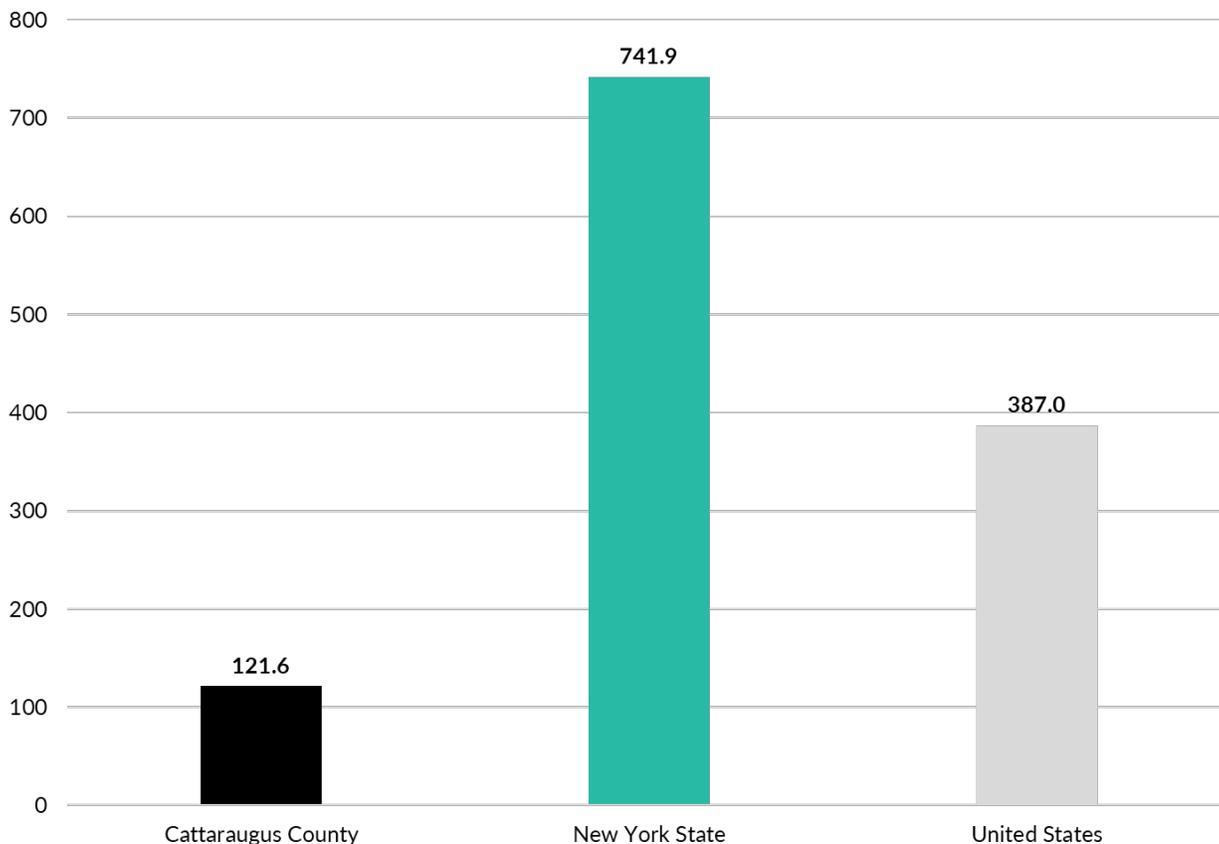
Chronic health conditions such as diabetes, obesity, cardiovascular disease, and cancer are widespread throughout the community, often exacerbated by delayed or inconsistent access to care. Behavioral health concerns—including anxiety, depression, and burnout—affect both residents and healthcare providers. Mental health needs are frequently unaddressed until crises occur, underscoring the critical connection between social determinants, stress, and overall health outcomes.

Infectious Diseases

Infectious diseases—caused by bacteria, viruses, fungi, or parasites—remain a major threat to individual and community health. These illnesses range from common infections such as influenza to more serious conditions like tuberculosis and COVID-19. Beyond the immediate consequences of illness, hospitalization, and mortality, infectious diseases can have lasting effects on chronic health, immune function, and overall well-being. Widespread transmission also disrupts communities, placing strain on healthcare systems, economies, and social stability. Preventive strategies—including vaccination, good hygiene, early detection, and timely treatment—are essential to reduce transmission, safeguard population health, and strengthen community resilience⁸⁵.

Cattaraugus County reports a lower HIV prevalence rate per 100,000 residents aged 13 and older (121.6) compared to New York State (741.9) and the nation (387.0), as shown in **Figure 187**.

Figure 187: HIV Prevalence Age 13 and Older, Rate per 100,000, Cattaraugus County, New York and United States, 2025

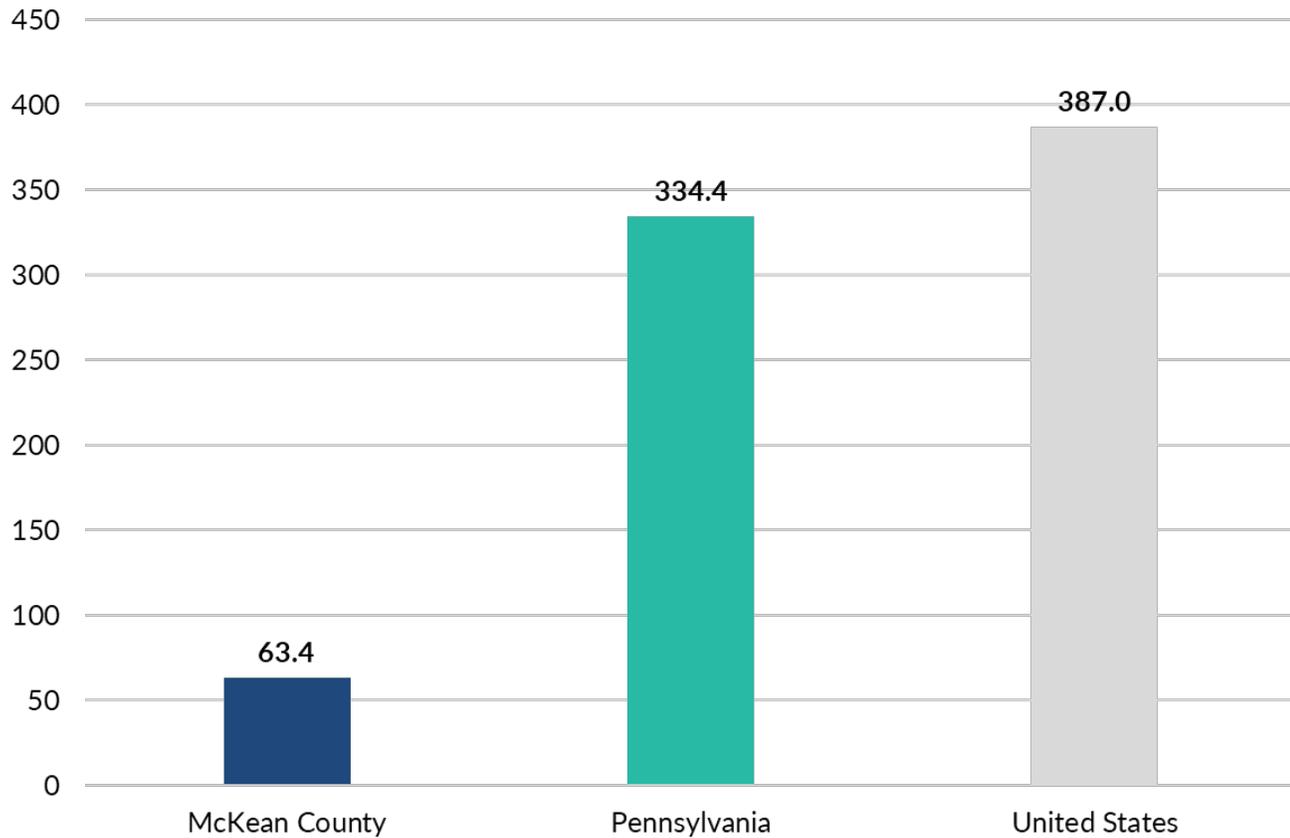


Source: County Health Rankings and Roadmaps

⁸⁵ <https://www.who.int/news-room/fact-sheets/detail/infectious-diseases>

Similarly, McKean County's HIV prevalence rate (63.4) is lower than both the Pennsylvania (334.4) and national (387.0) rates, as seen in **Figure 188**.

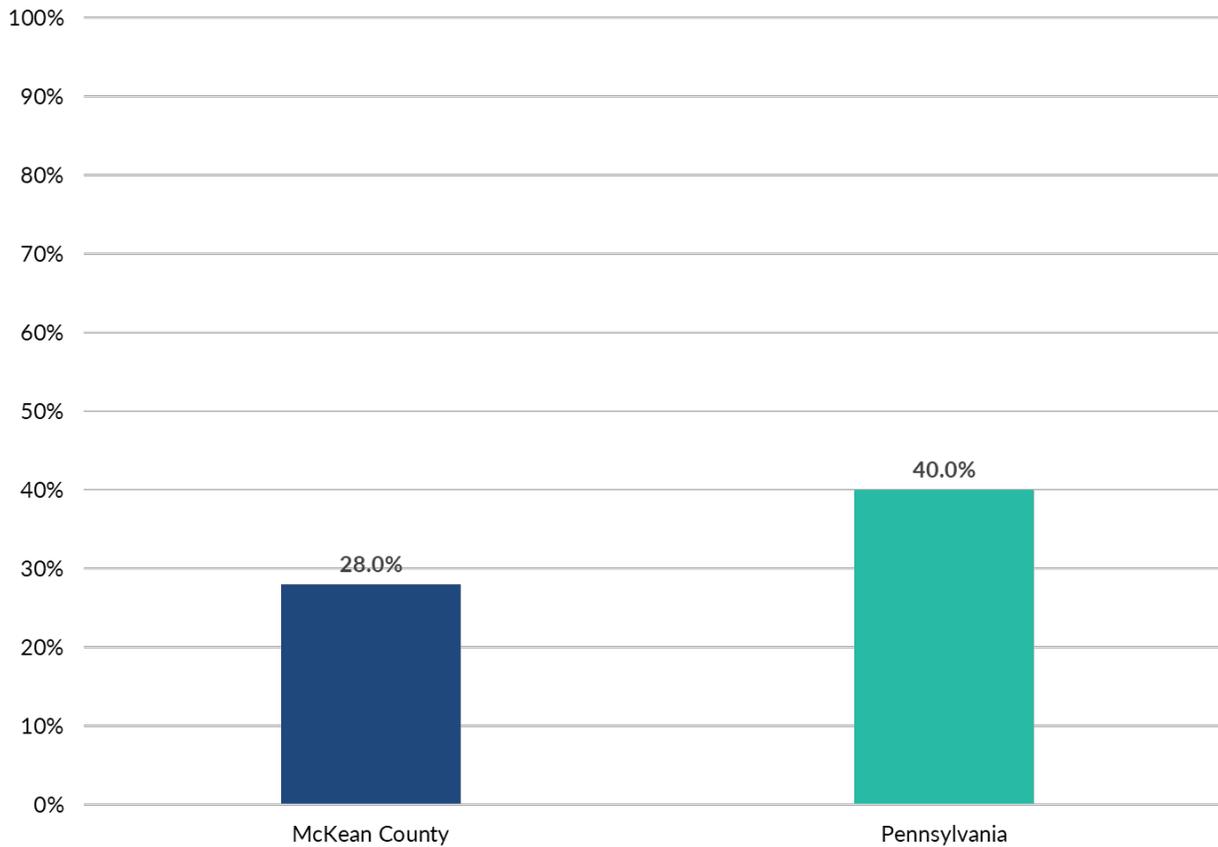
Figure 188: HIV Prevalence Age 13 and Older, Rate per 100,000, McKean County, Pennsylvania and United States, 2023



Source: Pennsylvania Department of Health

However, as shown in **Figure 189**, fewer adults aged 18–64 in the combined counties of Forest, Elk, Cameron, Clearfield, Jefferson, Clarion, McKean, and Warren have ever been tested for HIV (28.0%) compared to the state average (40.0%).

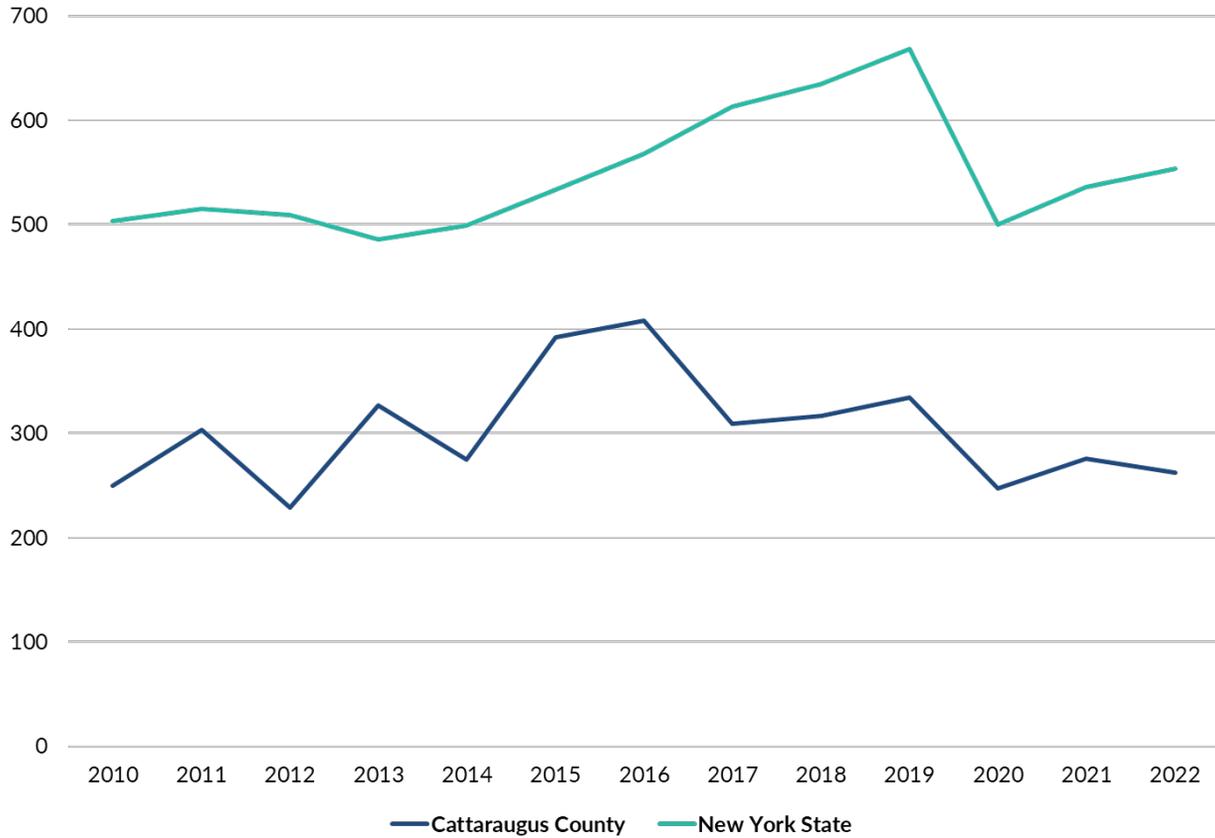
Figure 189: Adults Age 18-64 Ever Tested for HIV, Forest, Elk, Cameron, Clearfield, Jefferson, Clarion, McKean, Warren and Pennsylvania, 2020-2022



Source: Pennsylvania Department of Health, BRFSS

As seen in **Figure 190** the chlamydia rate per 100,000 has decreased in Cattaraugus County (275.6 in 2021 to 262.5 in 2022) and has remained lower than the state (553.4 in 2022).

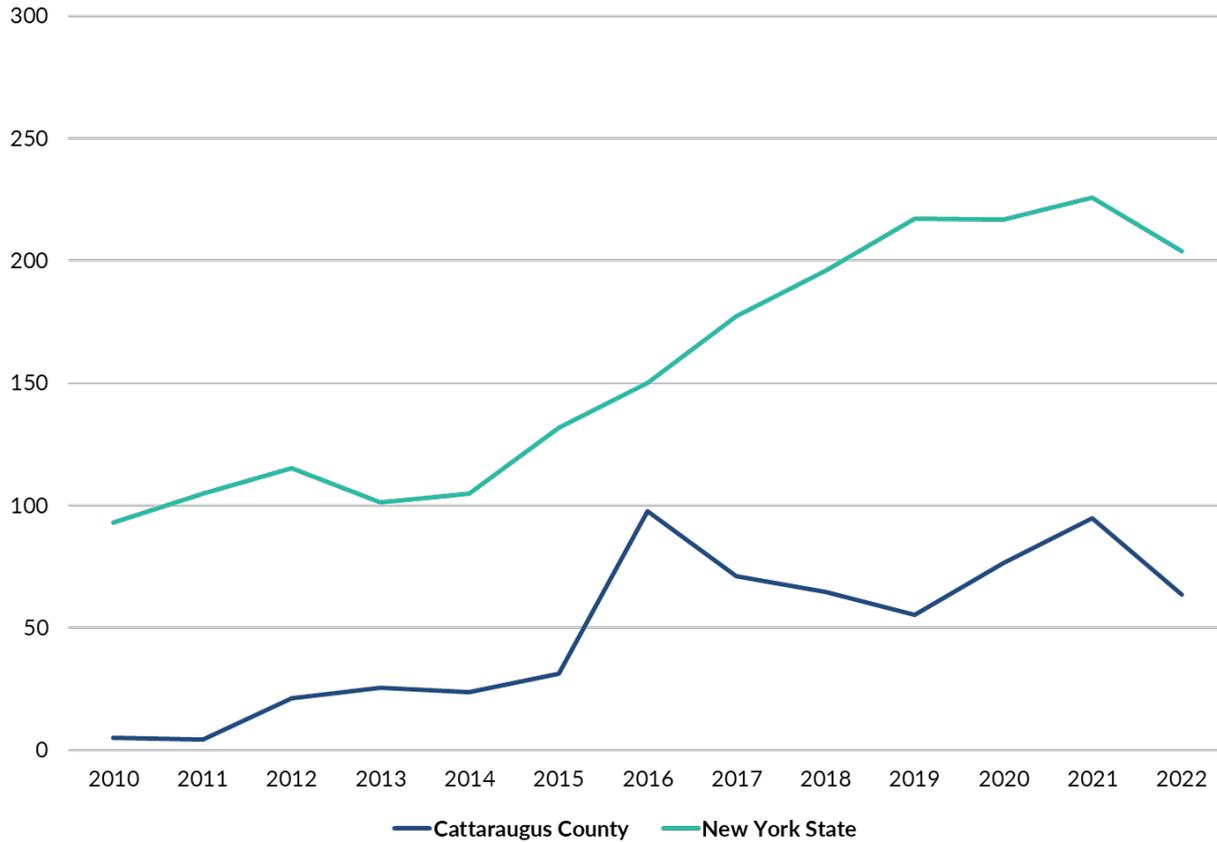
Figure 190: Age Adjusted Chlamydia Rate Per 100,000, Cattaraugus County and New York, 2010-2022



Source: The New York State Community Health Indicator Reports (CHIRS)

In Cattaraugus County, the chlamydia rate per 100,000 residents declined from 275.6 in 2021 to 262.5 in 2022 and remains below the state rate (553.4 in 2022). The gonorrhea rate also decreased between 2021 and 2022 (94.8 to 63.6), continuing to remain below the state rate (225.9 to 203.9), as shown in **Figure 191**.

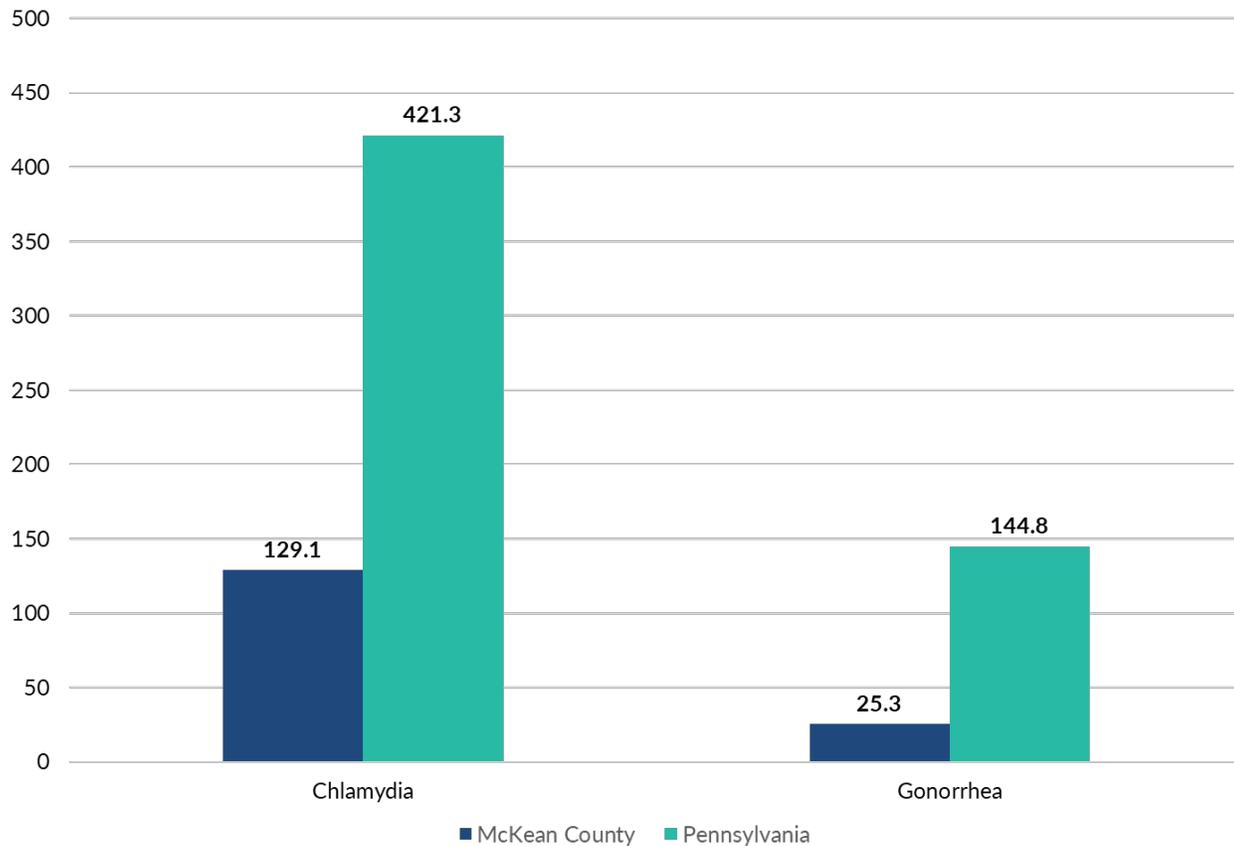
Figure 191: Age Adjusted Gonorrhea Rate Per 100,000, Cattaraugus County and New York, 2010-2022



Source: The New York State Community Health Indicator Reports (CHIRS)

McKean County similarly reports lower chlamydia (129.1) and gonorrhea (25.3) rates than the state (421.3 and 144.8, respectively), as seen in **Figure 192**.

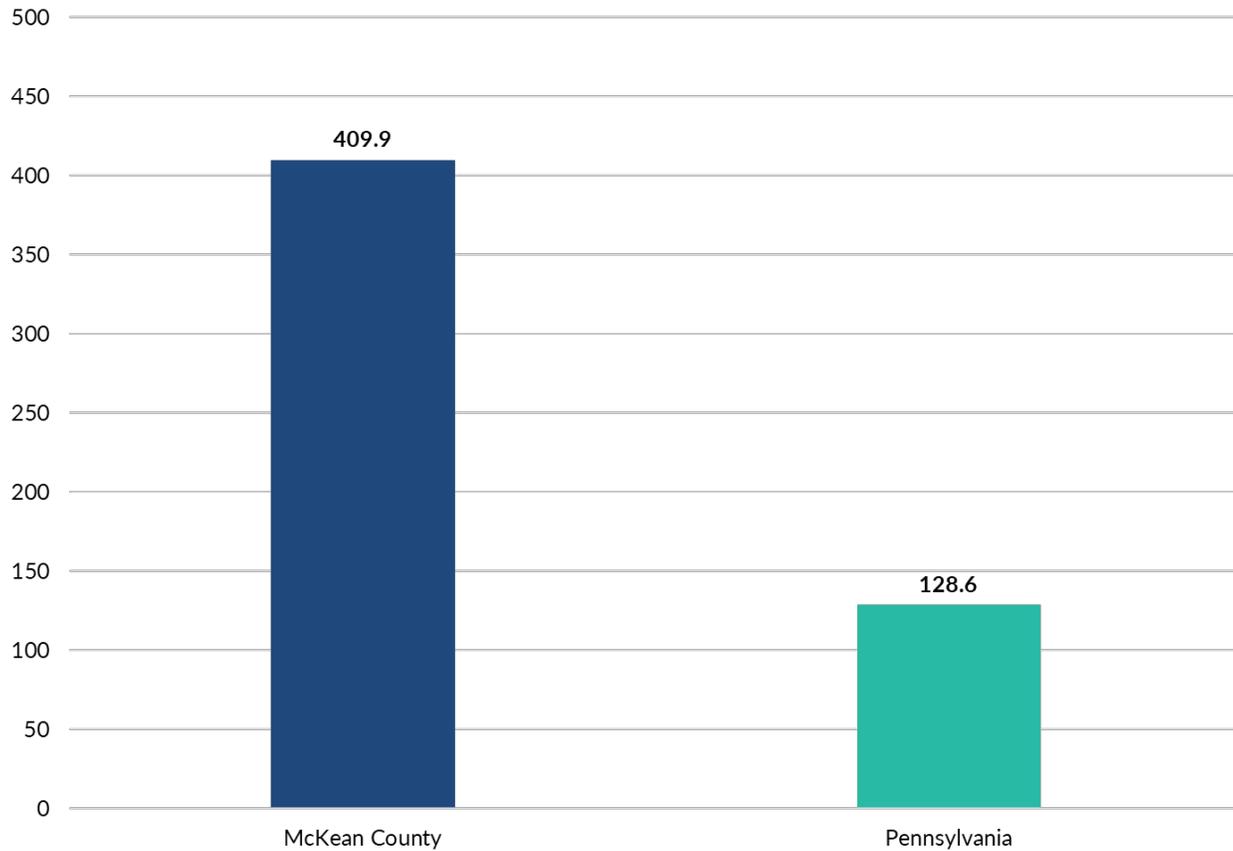
Figure 192: Sexually Transmitted Disease Rate Per 100,000, McKean County and Pennsylvania, 2023



Source: Pennsylvania Department of Health

In contrast, McKean County has a significantly higher Lyme disease rate (409.9 per 100,000) compared to the state (128.6), as shown in **Figure 193**.

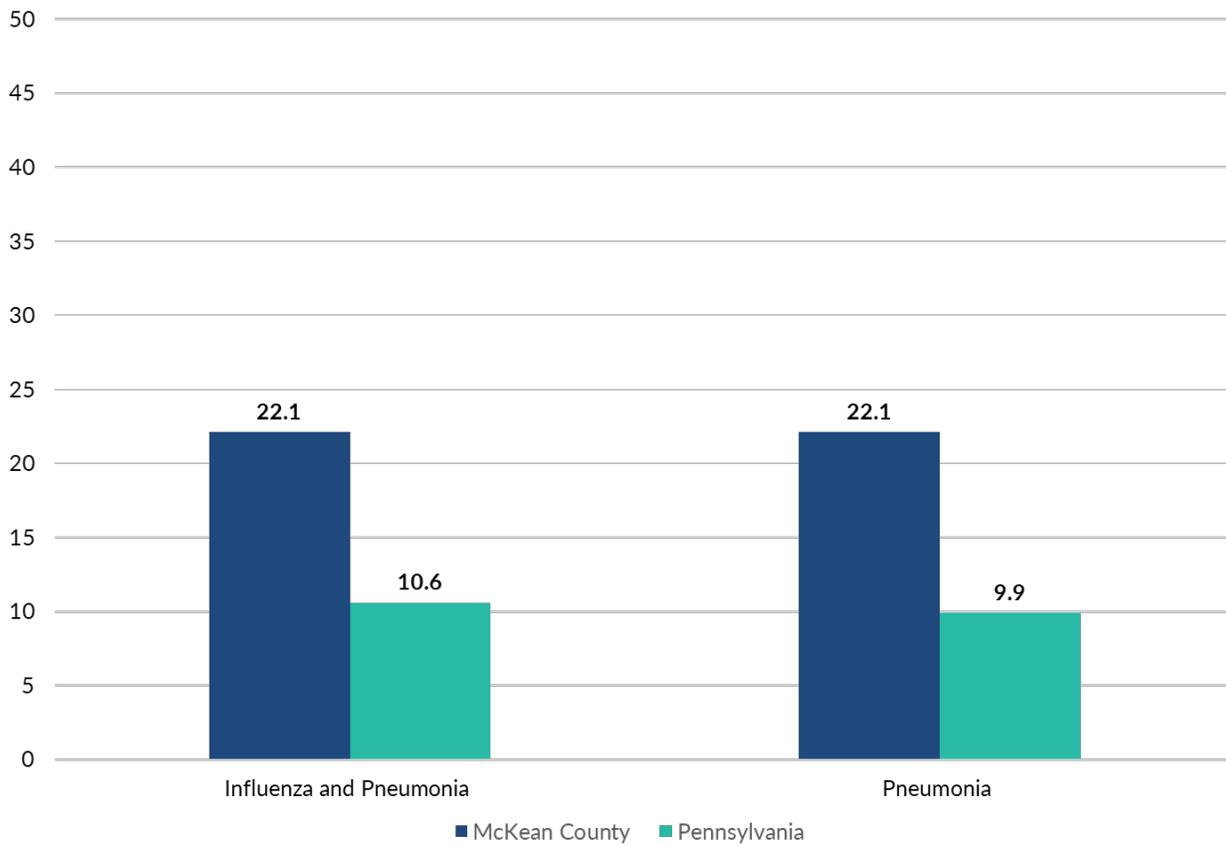
Figure 193: Lyme Disease Rate Per 100,000, McKean County and Pennsylvania, 2023



Source: Pennsylvania Department of Health

McKean County also experiences higher mortality rates per 100,000 residents for influenza and pneumonia (22.1) and pneumonia alone (22.1) compared to the state (10.6 and 9.9, respectively), as seen in **Figure 194**—highlighting a notable disparity.

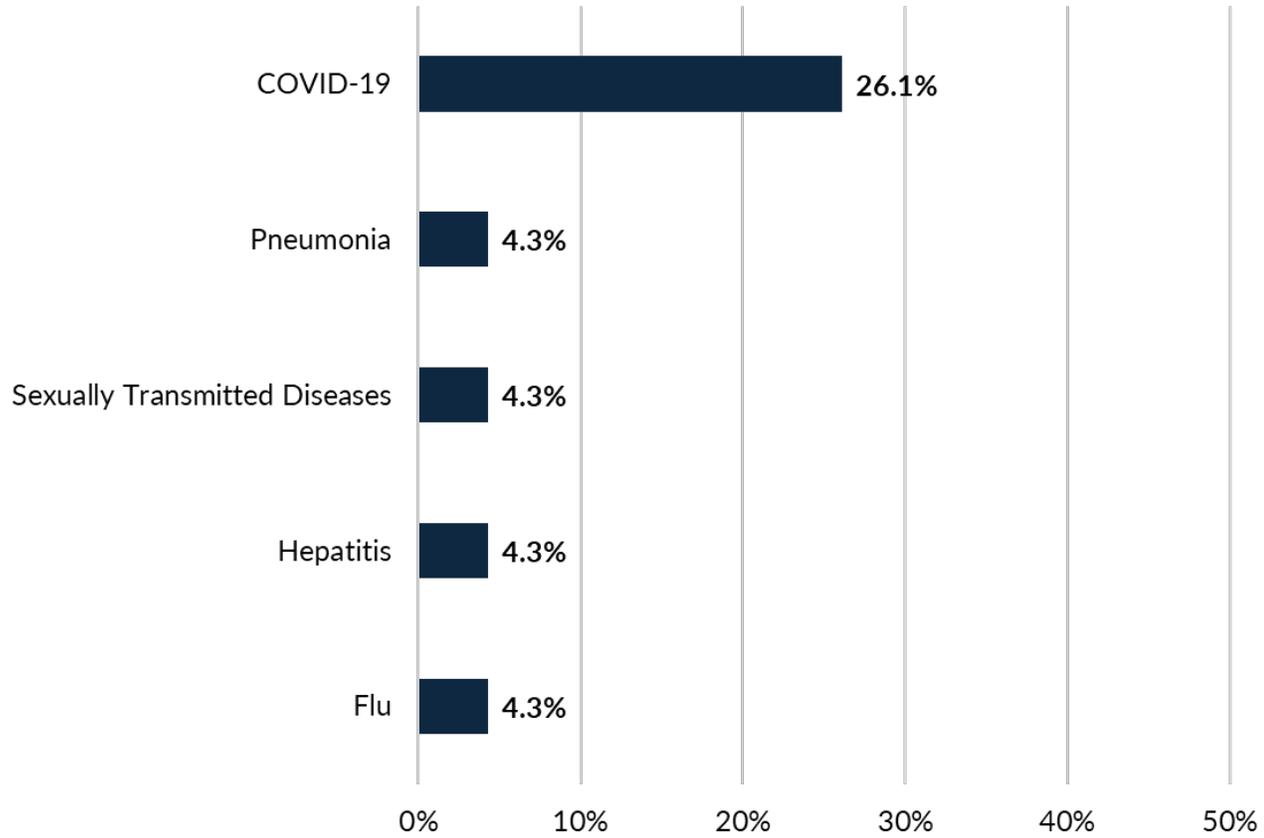
Figure 194: Infectious Disease Mortality Rate Per 100,000, McKean County and Pennsylvania, 2023



Source: Pennsylvania Department of Health

In Cattaraugus County, 26.1% of intercept survey respondents reported that they or a family member were personally affected by COVID-19 (Figure 195).

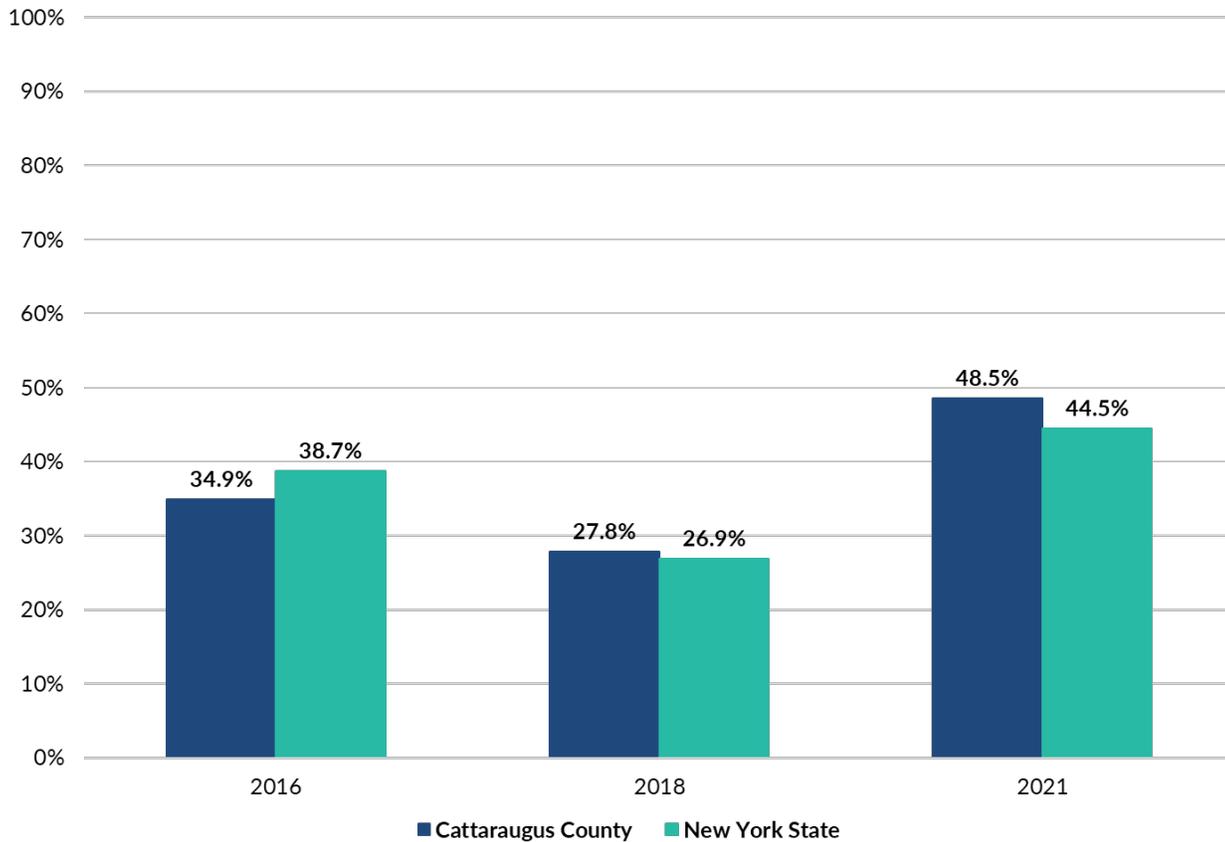
Figure 195: Cattaraugus County Intercept Survey Personally or Family Affected By, Past 2 Years



Source: Cattaraugus County Intercept Survey, 2024

Vaccination trends show improvement. The percentage of adults in Cattaraugus County receiving an annual flu shot rose from 27.8% in 2018 to 48.5% in 2021, surpassing the state average (44.5%) as shown in **Figure 196**.

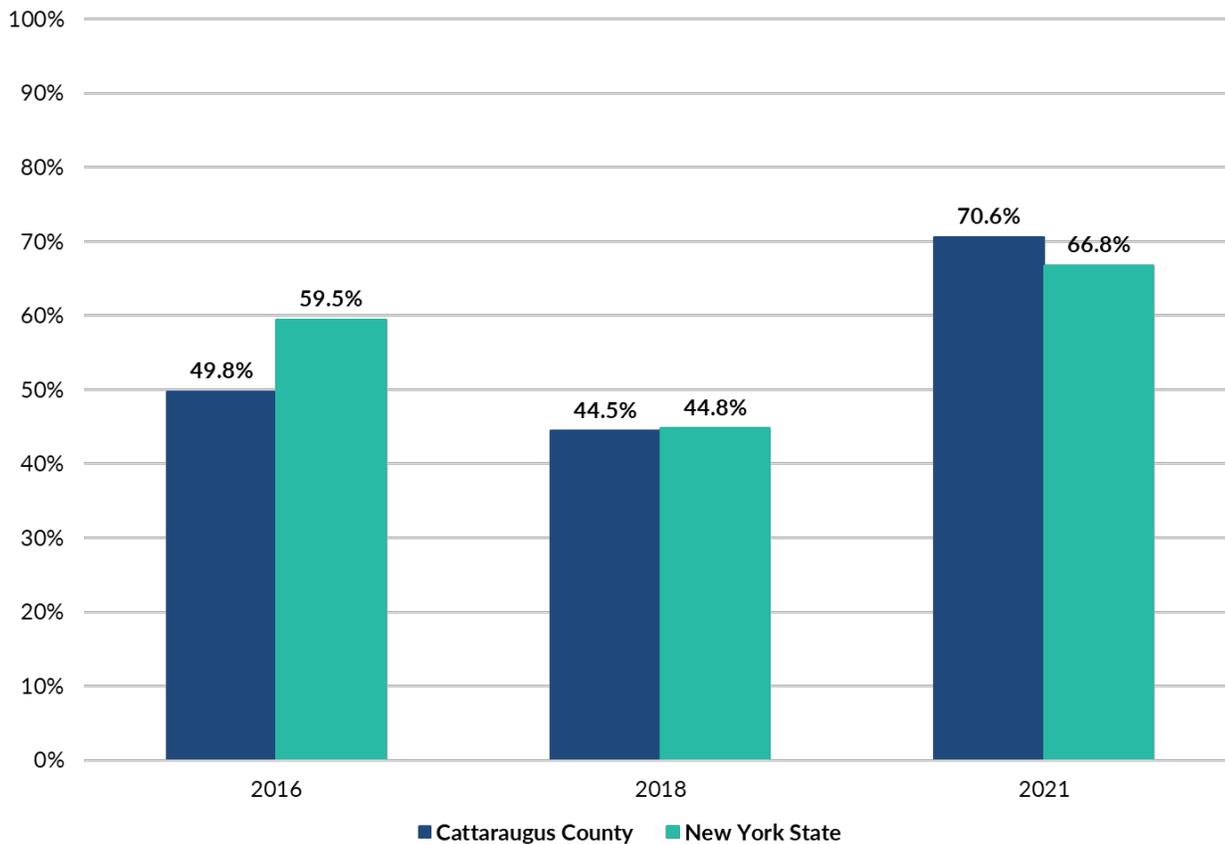
Figure 196: Adults Who Had a Flu Shot, Cattaraugus County and New York, 2016, 2018 and 2021



Source: New York State Department of Health, BRFSS

Among adults aged 65 and older, flu vaccination rates increased from 44.5% in 2018 to 70.6% in 2021—again higher than the state (66.8%), as seen in **Figure 197**.

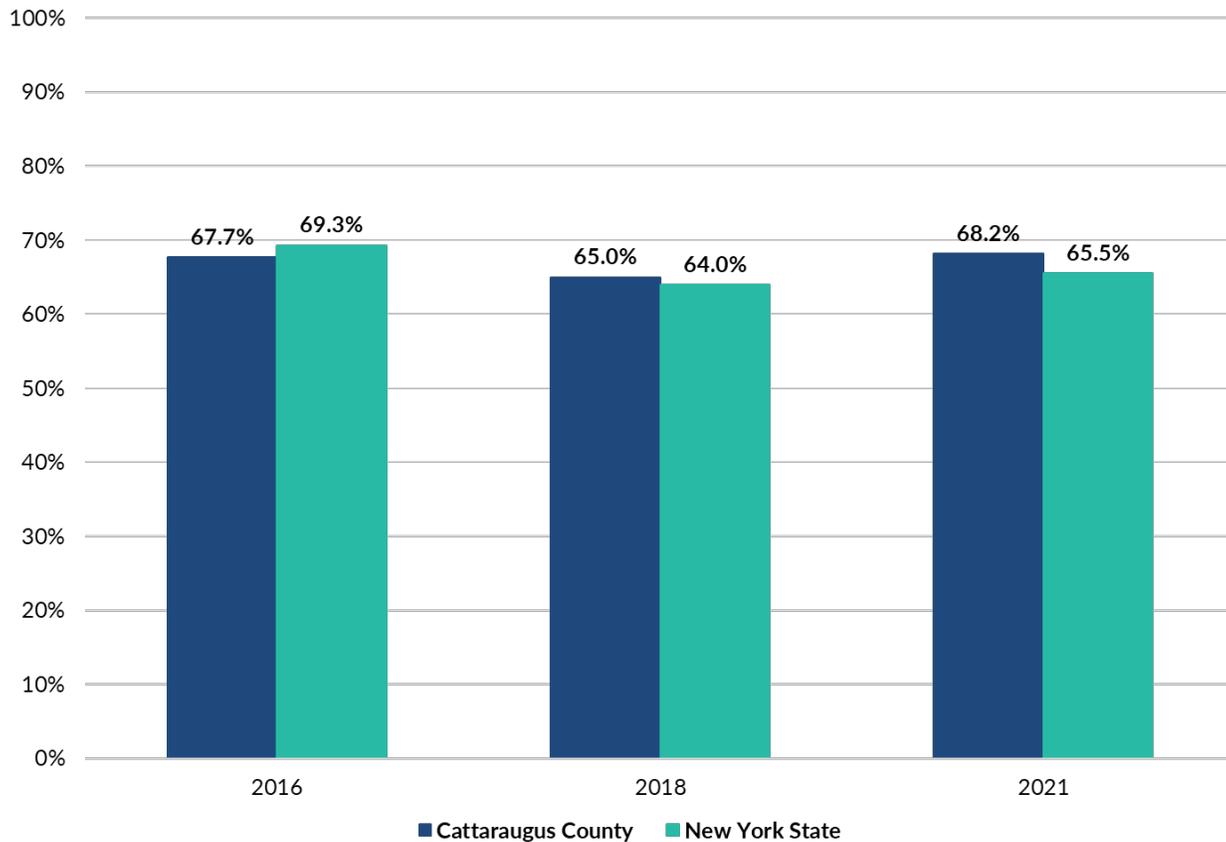
Figure 197: Adults Age 65 and Older Who Had a Flu Shot, Cattaraugus County and New York, 2016, 2018 and 2021



Source: New York State Department of Health, BRFSS

Pneumonia vaccination among older adults also rose slightly between 2018 and 2021, with Cattaraugus County (68.2%) exceeding the state rate (65.5%), as seen in **Figure 198**.

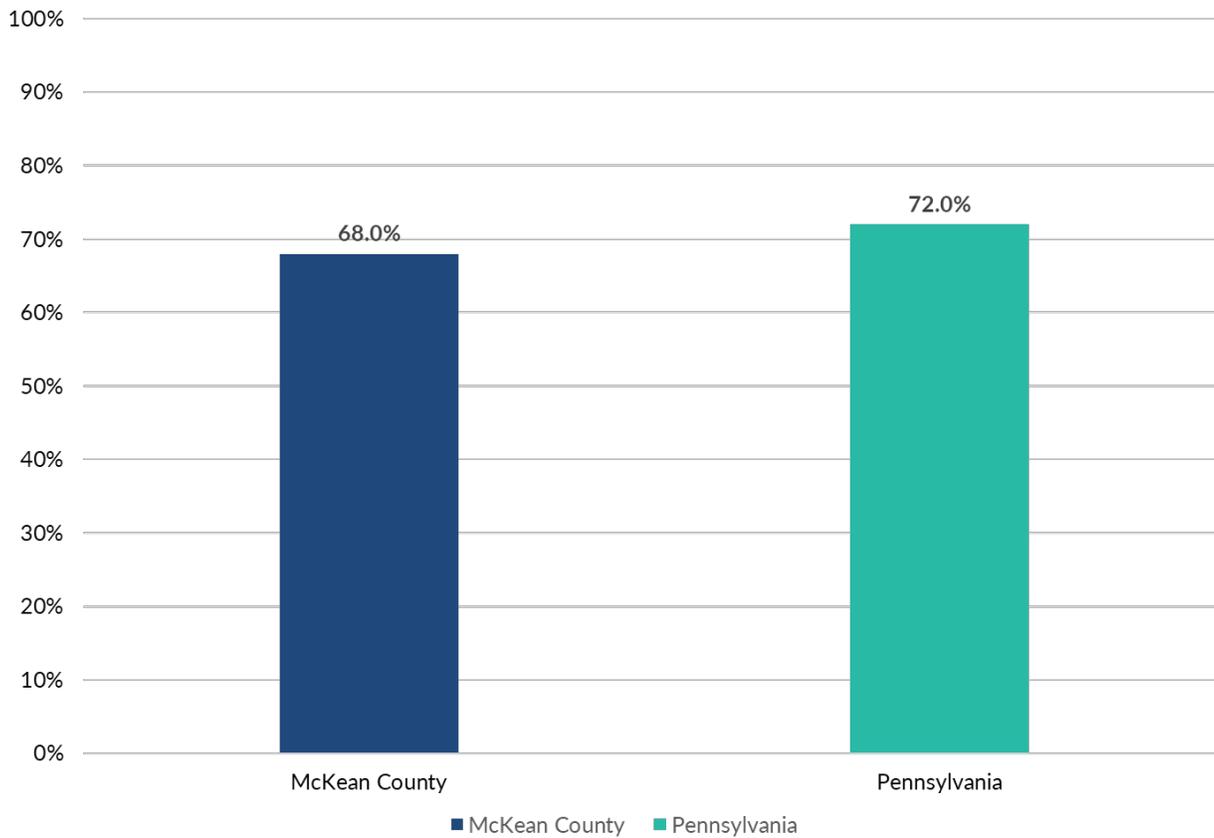
Figure 198: Adults Age 65 and Older Who Had a Pneumonia Shot, Cattaraugus County and New York, 2016, 2018 and 2021



Source: The New York State Community Health Indicator Reports (CHIRS)

In the combined Pennsylvania counties, fewer adults aged 65 and older (68.0%) have received a pneumonia vaccine compared to the state (72.0%), as shown in **Figure 199**.

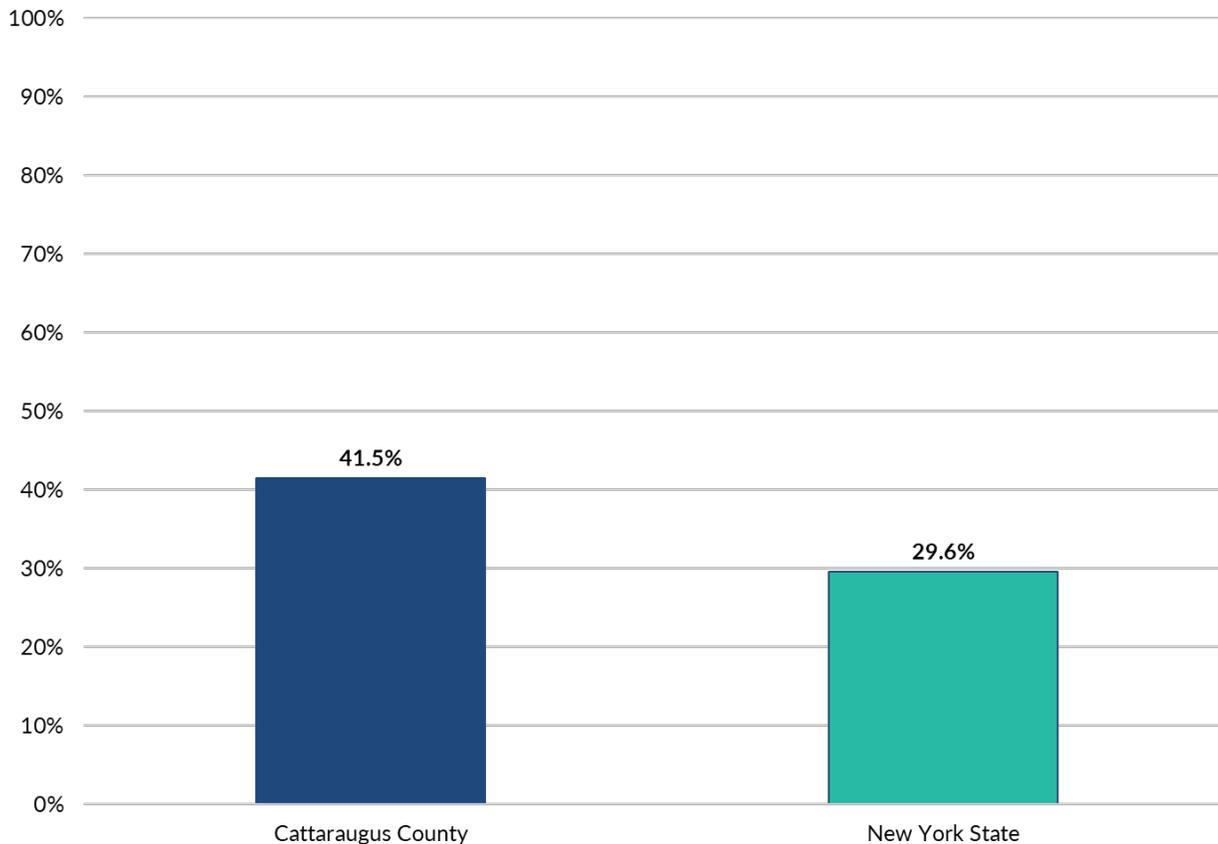
Figure 199: Adults Age 65 and Older Ever Had Pneumonia Vaccine, Forest, Elk, Cameron, Clearfield, Jefferson, Clarion, McKean, Warren and Pennsylvania, 2020-2022



Source: Pennsylvania Department of Health, BRFSS

Additionally, a higher percentage of adults in Cattaraugus County (41.5%) report ever being tested for Hepatitis C compared to the state average (29.6%), as seen in **Figure 200**.

Figure 200: Adults Ever Tested for Hepatitis C, Age-Adjusted, Cattaraugus County and New York, 2021



Source: The New York State Community Health Indicator Reports (CHIRS)

Stakeholder Interview Feedback

Cattaraugus County

Stakeholders identified gaps in access to vaccinations and basic preventive care. These challenges were attributed not to vaccine hesitancy but to structural barriers such as limited transportation, provider shortages, and inconsistent outreach.



Other Primary Research Results



OTHER PRIMARY RESEARCH RESULTS

Data presented in previous sections examined Cattaraugus and McKean Counties' performance within the five domains and 24 priorities of the New York State Prevention Agenda. Much of that information was derived from secondary sources. This section highlights findings from additional primary research that explore broader public health concerns and issues intersecting multiple focus areas.

Stakeholder Interview Feedback

Cattaraugus County

Stakeholders in Cattaraugus County emphasized that unmet basic needs—such as stable housing, access to domestic violence support programs, and ensuring routine vaccinations—have direct and lasting impacts on health outcomes. These issues remain among the community's highest priorities. Low educational attainment was also identified as a barrier, with some residents not completing schooling beyond the eighth grade, limiting both health literacy and economic mobility. Homelessness was cited as a particularly urgent challenge with clear implications for physical and mental health.

Several service gaps were identified as directly influencing community well-being. Transportation and housing were the most frequently mentioned barriers. Limited transportation options outside main towns restrict access to healthcare, employment, and essential services, while the shortage of safe, affordable housing forces families into unstable living conditions, increasing stress and health risks. A lack of affordable childcare further prevents parents from maintaining employment or accessing healthcare. Economic decline, driven by the loss of manufacturing jobs and limited new employment opportunities, contributes to persistent poverty and discourages new residents and businesses from settling in the area.

Access to healthcare services—including preventive, primary, and culturally informed care—remains limited. Insurance gaps and reliance on out-of-pocket or community-supported payment systems hinder timely access to care. Mental health needs, social isolation, and a lack of emotional support services are widespread, while food insecurity continues to compound health disparities. Some communities, such as the Old Order Amish, have unique cultural and safety needs, including those related to injury prevention and maternal health.

Stakeholders consistently underscored the importance of a comprehensive approach to health—one that emphasizes accessibility, cultural relevance, trust, and holistic support. Effective programs are those that meet residents where they are through mobile services, outreach, peer engagement, and affordable care offered at familiar community locations. Successful initiatives are co-designed with local leaders, reflect community culture, and provide coordinated navigation through fragmented systems. Building trust, promoting health literacy, and using positive, strengths-based messaging were identified as key strategies for improving overall community health.

Hospitals were viewed as central institutions for clinical and treatment needs, capable of leading care coordination, educating staff about local resources, and ensuring continuity of treatment—particularly for complex or chronic conditions. By leveraging clinical expertise, hospitals can anchor specialized initiatives while collaborating with public and community partners to improve regional health outcomes.

The health department was recognized for its vital convening and coordinating role—bringing together hospitals, treatment centers, transportation providers, schools, and community organizations to identify gaps, plan programs, and foster cross-sector partnerships. Stakeholders highlighted the department's ability to organize

subcommittees, coordinate funding opportunities, and monitor progress across service areas, positioning it as a natural facilitator of multi-sector collaboration and strategic public health planning.

Tribal leaders, faith-based organizations, schools, recreation groups, and nonprofits were described as essential partners because they hold community trust and can reach populations often disconnected from formal health systems, including rural, low-income, and culturally distinct residents. Stakeholders stressed the importance of engaging trusted community messengers and tailoring programs to local cultural norms. Effective collaboration, they noted, requires shared leadership, mutual accountability, and alignment with organizational capacities—leveraging community voices to create holistic, culturally respectful, and sustainable health and wellness initiatives.

McKean County

In McKean County, stakeholders expressed concern about obesity, nutrition, and physical health, noting that access to healthy food, preventive care, and wellness programs is limited by economic conditions and healthcare infrastructure. They called for programs that integrate physical health promotion with medical care and emphasized the need for life-skills education—such as cooking, budgeting, grocery shopping, and financial literacy—offered through schools and community programs. While local organizations provide outreach and basic necessities, stakeholders identified a need for coordinated case management and peer support to help residents navigate systems and achieve self-sufficiency.

Employment opportunities and workforce sustainability were major concerns. Low wages, insufficient Medicaid reimbursement, and challenges in recruiting and retaining healthcare workers hinder service delivery. Childcare shortages, inadequate transportation, and mismatched education or training further limit workforce participation. Staffing shortages in hospitals and community health programs contribute to burnout and service disruptions, while limited state and federal funding restricts local capacity to meet community needs.

Stakeholders called for a more coordinated and accessible healthcare system. They recommended establishing a central coordinating body to improve communication, align services, and increase public awareness of available resources. Expanding provider availability, improving physician recruitment through incentives, and restoring key local services—such as maternity care, oncology, and same-day procedures—were also seen as priorities. Additional needs include improved transportation, early family outreach, expanded mental health and substance use services, and increased opportunities for wellness and community connection. Stable funding, advocacy for rural healthcare resources, and transparent hospital communication were considered critical to ensuring accessible, high-quality care.

The hospital remains the historical and functional hub of healthcare in McKean County, providing essential medical services and serving as a potential leader in regional health improvement. However, financial strain, workforce shortages, and reliance on travel nurses present challenges. Stakeholders encouraged stronger collaboration with universities, schools, and local businesses to expand training opportunities and improve continuity of care. Transparent communication about hospital services, programs, and discharge planning was identified as a key strategy for rebuilding public trust.

The health department is viewed as well-positioned to coordinate public health efforts, map resources, and provide education on wellness and prevention. While it cannot meet all needs alone, it can spearhead multi-agency initiatives, support outreach programs, and ensure that services are equitable, accessible, and targeted to those most in need.

Community organizations play a vital role in bridging service gaps and reaching underserved populations. They provide essential support such as transportation, housing assistance, nutrition, education, and mental health outreach. Stakeholders emphasized that when these organizations collaborate with hospitals and the health

department, the impact of programs is amplified, service delivery improves, and community needs are more effectively addressed.

Focus Group Participant Feedback

Cattaraugus County

Focus group participants reaffirmed the hospital's central role in community health but noted significant service gaps that limit its effectiveness. They called for improved emergency care experiences—including shorter wait times, adequate staffing, and enhanced care for children, older adults, and individuals with mental health or substance use needs. Participants recommended expanding primary care access, establishing telehealth stations in community settings, and offering more in-home and outpatient services for rural and aging populations to reduce unnecessary emergency department visits.

Participants described the hospital as understaffed and overextended, resulting in long wait times, inconsistent communication, and limited specialty and follow-up care. Concerns were raised about facility cleanliness, safety, pharmacy access, and coordination between providers. Many reported experiences of stigma or discrimination based on insurance status, income, or health conditions, as well as financial barriers to care. While some clinicians were commended for compassion and professionalism, inconsistent service quality—particularly between local and temporary staff—highlighted the need for improved transparency, patient advocacy, and funding for staffing and mental health resources.

The health department was recognized as a key communication and education hub but was viewed as constrained by limited resources. Participants recommended more proactive outreach through multiple communication channels, expansion of preventive programs, and greater visibility of community-based initiatives such as baby cafés, nutrition consultations, and mental health portals.

Local community organizations were praised for their creativity and commitment in addressing service gaps but face ongoing challenges with staffing, funding, and infrastructure. Participants suggested strengthening peer support, case management, and mental health counseling; offering competitive pay for care coordinators; integrating transportation and home-visit programs; and improving collaboration with hospitals and local governments. Creating safe, accessible spaces for engagement—particularly for children, seniors, and isolated residents—was seen as essential to community health and cohesion.

Table 19 displays the most frequently identified priorities by focus group participants within each domain (including ties).

Table 19: Focus Group Participants Priorities, Cattaraugus County

Domain	Priorities
Economic Stability	Economic Wellbeing <ul style="list-style-type: none"> Housing Stability and Affordability
Social and Community Context	Mental Wellbeing and Substance Use <ul style="list-style-type: none"> Anxiety and Stress Adverse Childhood Experiences
Neighborhood and Built Environment	Safe and Healthy Communities <ul style="list-style-type: none"> Opportunities For Active Transportation and Physical Activity
Health Care Access and Quality	Health Insurance Coverage and Access to Care <ul style="list-style-type: none"> Preventive Services for Chronic Disease Prevention and Control Healthy Children <ul style="list-style-type: none"> Childhood Behavioral Health
Education Access and Quality	PreK-12 Student Success And Educational Attainment <ul style="list-style-type: none"> Health and Wellness Promoting Schools Opportunities for Continued Education

Source: Focus Groups, Strategy Solutions, 2025

**It is important to note that most viewed this as access to transportation which is why they identified it as a priority not related to physical movement and activity.*

McKean County

In McKean County, childcare shortages were identified as a major barrier to employment, family stability, and child development. High costs and limited availability force parents to adjust work schedules or rely on older siblings for care, increasing household stress. Schools often step in to meet basic needs, including meals, hygiene supplies, and social support.

Workforce shortages across healthcare, social services, and childcare have exacerbated strain on both residents and providers. High turnover, burnout, and limited recruitment pipelines result in longer wait times, reduced service quality, and staff fatigue. Participants described difficulty navigating fragmented systems to find housing, healthcare, or financial support, with the lack of a centralized resource directory worsening inequities. Reductions in local behavioral health and obstetric services have shifted demand to regional hospitals, risking delays in care.

Hospital experiences were mixed. While orthopedic and occupational health services were generally well-regarded, emergency and inpatient care were characterized by long waits and capacity challenges. Participants supported restoring lost services, particularly psychiatric inpatient care and intensive outpatient programs, to ensure timely access to behavioral health treatment. Suggestions included repurposing unused hospital space for childcare or community support groups, enhancing staff support, and strengthening internal communication and referrals.

The health department was described as underutilized and not fully accessible, particularly for uninsured or underinsured residents. Participants recommended expanding preventive and clinical services—such as testing, prenatal care, and health education—and increasing outreach to raise awareness and trust.

Community members called for stronger cross-sector collaboration to address barriers such as transportation, childcare, and access to care. Partnerships among hospitals, health departments, and community organizations were viewed as essential to rebuild local capacity, improve health equity, and support both residents and providers.

Table 20 presents the most frequently identified priorities by focus group participants within each domain (including ties).

Table 20: Focus Group Participants Priorities, McKean County

Domain	Priorities
Economic Stability	Economic Wellbeing <ul style="list-style-type: none"> Housing Stability and Affordability
Social and Community Context	Mental Wellbeing and Substance Use <ul style="list-style-type: none"> Anxiety and Stress Adverse Childhood Experiences
Neighborhood and Built Environment	Safe and Healthy Communities <ul style="list-style-type: none"> Access to Community Services and Support
Health Care Access and Quality	Health Insurance Coverage and Access to Care <ul style="list-style-type: none"> Preventive Services for Chronic Disease Prevention and Control Healthy Children <ul style="list-style-type: none"> Childhood Behavioral Health
Education Access and Quality	PreK-12 Student Success And Educational Attainment <ul style="list-style-type: none"> Health and Wellness Promoting Schools

Source: Focus Groups, Strategy Solutions, 2025



Rural Health Transformation



RURAL HEALTH TRANSFORMATION

Introduction

Rural health transformation is essential to addressing persistent disparities in healthcare access and outcomes between rural and urban populations. Individuals living in rural areas often face substantial barriers to care, including geographic isolation, limited availability of healthcare professionals, and financial constraints. These challenges contribute to poorer health outcomes and higher mortality rates from preventable conditions in rural communities.⁸⁶

In recent years, the rural healthcare landscape has undergone significant change, driven by shifts in healthcare financing, advances in technology, and the consolidation of services into larger health networks. Despite these developments, many rural areas continue to struggle with provider shortages, hospital closures, and financial instability across healthcare institutions.⁸⁷

Addressing these challenges requires a comprehensive and coordinated approach—one that leverages innovation through telemedicine, mobile clinics, and community-based health programs. These strategies are critical to improving access, enhancing care quality, and building sustainable rural health systems that meet the needs of their communities.

Note: Data presented in this section have appeared earlier in the report and are included here to underscore the importance of rural health transformation in these communities.

Transforming rural health in McKean and Cattaraugus counties requires confronting deep-rooted structural challenges while building upon the resilience and partnerships that already exist within these communities. This transformation extends beyond expanding access to clinical care—it involves creating a comprehensive, culturally responsive, and sustainable system that addresses social determinants of health, reduces inequities, and fosters community trust.

Findings from the Community Health Needs Assessment (CHNA) highlight the urgency of reimagining health delivery models that reflect the realities of rural life and respond directly to community-identified priorities. Both counties are experiencing population decline (Cattaraugus: -2.6%; McKean: -3.3%) and aging demographics (median age exceeding 43 years). These trends simultaneously increase demand for healthcare services while reducing the available workforce and tax base.

⁸⁶ <https://www.commonwealthfund.org/node/15471>

⁸⁷ <https://pubmed.ncbi.nlm.nih.gov/10884968/>

Table 21: Demographics, Cattaraugus County

	Cattaraugus County	New York	US
Gender	M – 50.2% F – 49.8%	M – 48.9% F – 51.1%	M – 49.6% F – 50.4%
*Race/Ethnicity			
White	87.1%	53.9%	59.6%
African American/Black	1.6%	14.5%	12.5%
American Indian/Alaska Native	3.6%	0.8%	1.2%
Asian	0.8%	10.2%	6.4%
Hispanic/Latino	9.8%	20.4%	20.3%
Other Race	0.9%	11.2%	9.0%
Two or More Races	6.0%	9.4%	11.2%
Age			
Median Age (2025)	42.8	40.6	39.6
Median Age (2030)	43.1	41.8	40.9
Marital Status (Population Age 15+)			
Married	44.8%	41.2%	45.4%
Separated	3.5%	5.6%	4.3%
Divorced	12.7%	9.0%	10.6%
Widowed	7.0%	5.5%	5.5%
Never Married	32.0%	38.7%	34.2%
Education (Population Age 25+)			
Did Not Complete High School	11.0%	12.1%	10.6%
High School Graduate/GED	40.4%	24.7%	26.3%
Some College, No Degree	15.9%	14.7%	19.3%
Associate's Degree	11.4%	8.8%	8.8%
Bachelor's Degree	12.3%	22.1%	21.3%
Master's Degree	7.5%	12.6%	9.9%
Professional Degree	0.9%	3.1%	2.3%
Doctorate Degree	0.7%	1.8%	1.6%
Income			
Average Household Income	\$72,570	\$124,206	\$113,181
Median Household Income	\$53,599	\$82,147	\$78,426
Families Living in Poverty	13.4%	10.1%	8.9%
Families Living in Poverty w/ Children	9.1%	6.7%	6.2%
Employment*			
Labor Force Employed	96.4%	94.4%	95.4%
Age 16+ are Employed	54.3%	59.2%	60.0%
Age 16+ are Unemployed	2.0%	3.5%	2.9%
Hold White Collar Occupations	51.8%	64.7%	62.0%

Source: Environics Analytics Claritas - Pop-Facts Premier, 2025

*Data from this section came from different data sets within the source, which is why it totals greater than 100%.

NOTE: Due to rounding some sections may total more than 100%

Table 22: Demographics, McKean County

	McKean County	Pennsylvania	US
Gender	M – 51.9% F – 48.1%	M – 49.4% F – 50.6%	M – 49.6% F – 50.4%
Race/Ethnicity*			
White	89.9%	73.0%	59.6%
African American/Black	3.2%	10.9%	12.5%
American Indian/Alaska Native	0.3%	0.3%	1.2%
Asian	0.6%	4.4%	6.4%
Hispanic/Latino	2.1%	9.5%	20.3%
Other Race	0.5%	4.5%	9.0%
Two or More Races	5.6%	6.9%	11.2%
Age			
Median Age (2025)	43.5	41.5	39.6
Median Age (2030)	44.1	42.5	40.9
Marital Status (Population Age 15+)			
Married	46.0%	46.1%	45.4%
Separated	4.8%	3.6%	4.3%
Divorced	11.3%	9.7%	10.6%
Widowed	7.2%	6.3%	5.5%
Never Married	30.7%	34.4%	34.2%
Education (Population Age 25+)			
Did Not Complete High School	7.2%	8.2%	10.6%
High School Graduate/GED	47.3%	33.3%	26.3%
Some College, No Degree	15.5%	15.3%	19.3%
Associate's Degree	10.5%	8.8%	8.8%
Bachelor's Degree	12.0%	20.5%	21.3%
Master's Degree	5.7%	10.0%	9.9%
Professional Degree	0.8%	2.2%	2.3%
Doctorate Degree	1.1%	1.7%	1.6%
Income			
Average Household Income	\$81,862	\$106,737	\$113,181
Median Household Income	\$63,608	\$74,839	\$78,426
Families Living in Poverty	10.8%	8.0%	8.9%
Families Living in Poverty w/ Children	7.0%	5.4%	6.2%
Employment*			
Labor Force Employed	94.8%	95.3%	95.4%
Age 16+ are Employed	52.3%	59.8%	60.0%
Age 16+ are Unemployed	2.9%	2.9%	2.9%
Hold White Collar Occupations	50.2%	61.9%	62.0%

Source: Environics Analytics Claritas - Pop-Facts Premier, 2025

*Data from this section came from different data sets within the source, which is why it totals greater than 100%

NOTE: Due to rounding some sections may total more than 100%

Key Challenges in Rural Health

Residents across both counties face multiple barriers to care, including shortages of healthcare providers, limited access to specialty services, transportation challenges, and pharmacy closures. Workforce shortages are particularly acute in mental health, primary care, and dental services. Additionally, insurance complexities—especially for those who must navigate across state lines—create further barriers to timely and affordable care.

Premature mortality rates in both counties exceed state and national averages. Leading causes of premature death include cancer, heart disease, accidents, COVID-19, and chronic lower respiratory disease. Residents also tend to rate their overall health status lower than their state and national counterparts, underscoring the critical need for focused investment and innovation in rural health systems.

Table 23: Leading Causes of Premature Death, Cattaraugus County (Death before Age 75), 2018-2023

Causes of Death	Cattaraugus County	
	Deaths	Age adjusted rate per 100,000
Cancer	303	144.2
Diseases of Heart	299	142.3
COVID-19	140	66.6
Accidents	123	58.6
Chronic Lower Respiratory Diseases	79	37.6

Source: County Health Rankings and Roadmaps

Table 24: Leading Causes of Premature Death, McKean County (Death before Age 75), 2018-2023

Causes of Death	McKean County	
	Deaths	Age adjusted rate per 100,000
Cancer	156	141.9
Diseases of Heart	146	132.8
COVID-19	81	73.7
Accidents	65	59.1
Chronic Lower Respiratory Diseases	50	45.5

Source: County Health Rankings and Roadmaps

Table 25: Premature Death (Death Before Age 75) /Years of Potential Life Lost per 100,000 Population, Cattaraugus County, 2018-2022

Year	Cattaraugus County	New York	United States
2018-2020	8,200	6,000	7,300
2019-2021	9,600	6,400	8,000
2020-2022	10,700	6,600	8,400

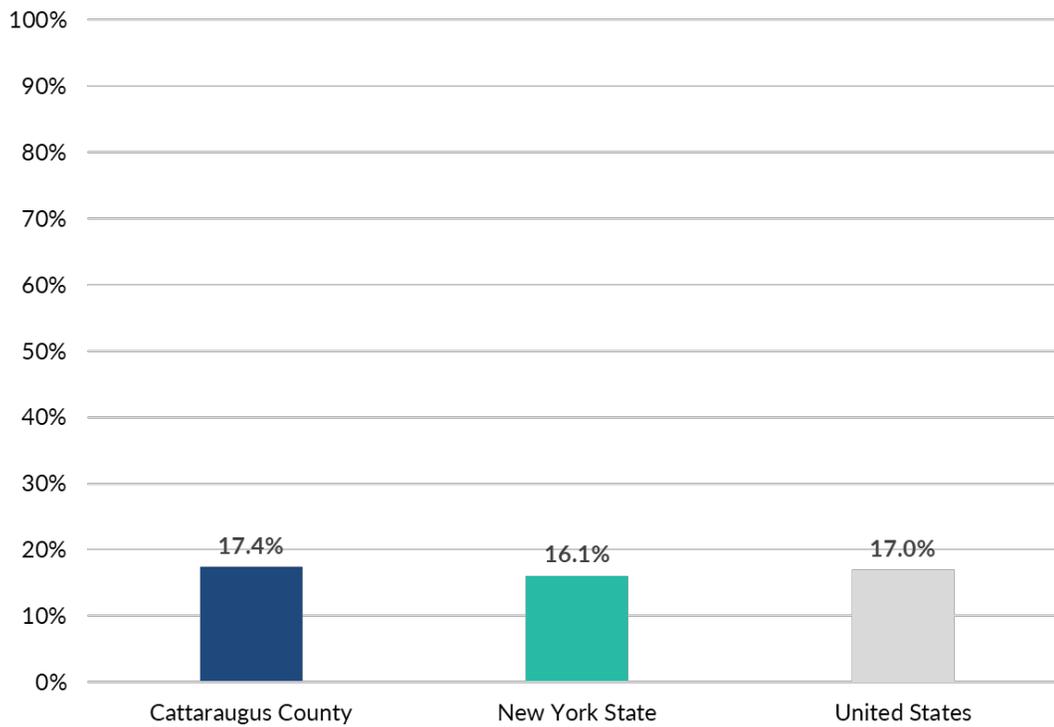
Source: County Health Rankings and Roadmaps

Table 26: Premature Death (Death Before Age 75) /Years of Potential Life Lost per 100,000 Population, McKean County, 2018-2022

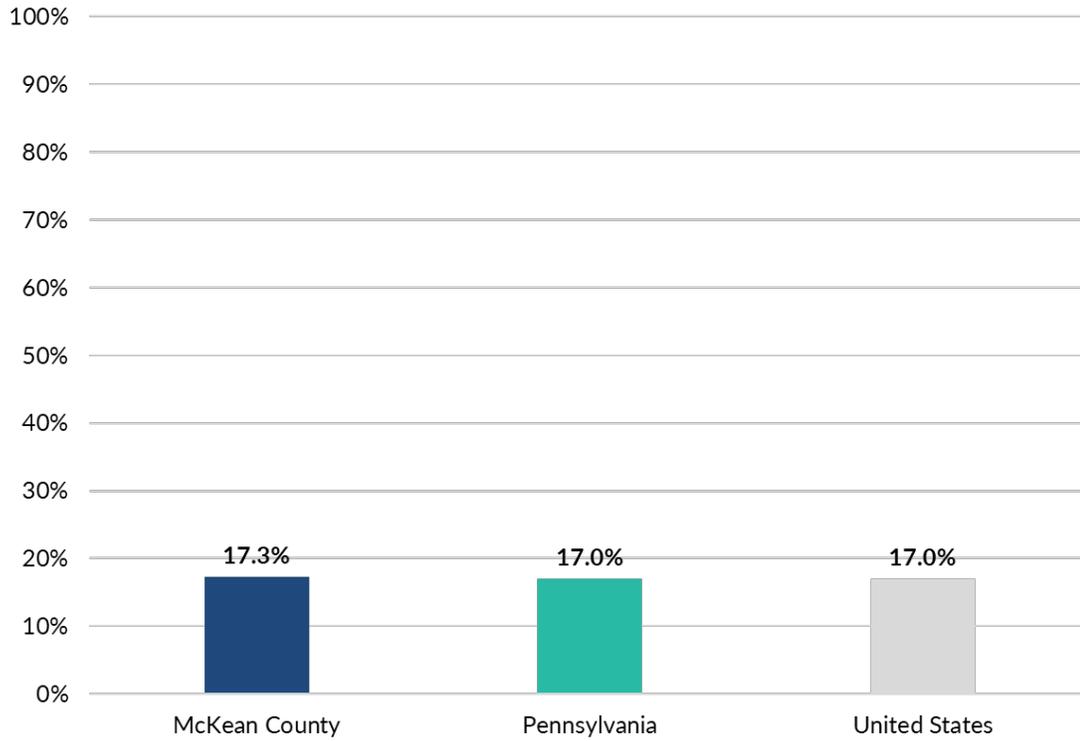
Year	McKean County	Pennsylvania	United States
2018-2020	7,500	7,600	7,300
2019-2021	8,800	8,000	8,000
2020-2022	9,800	8,300	8,400

Source: County Health Rankings and Roadmaps,

Figure 201: Fair or Poor Health, Cattaraugus County, New York and United States, 2025

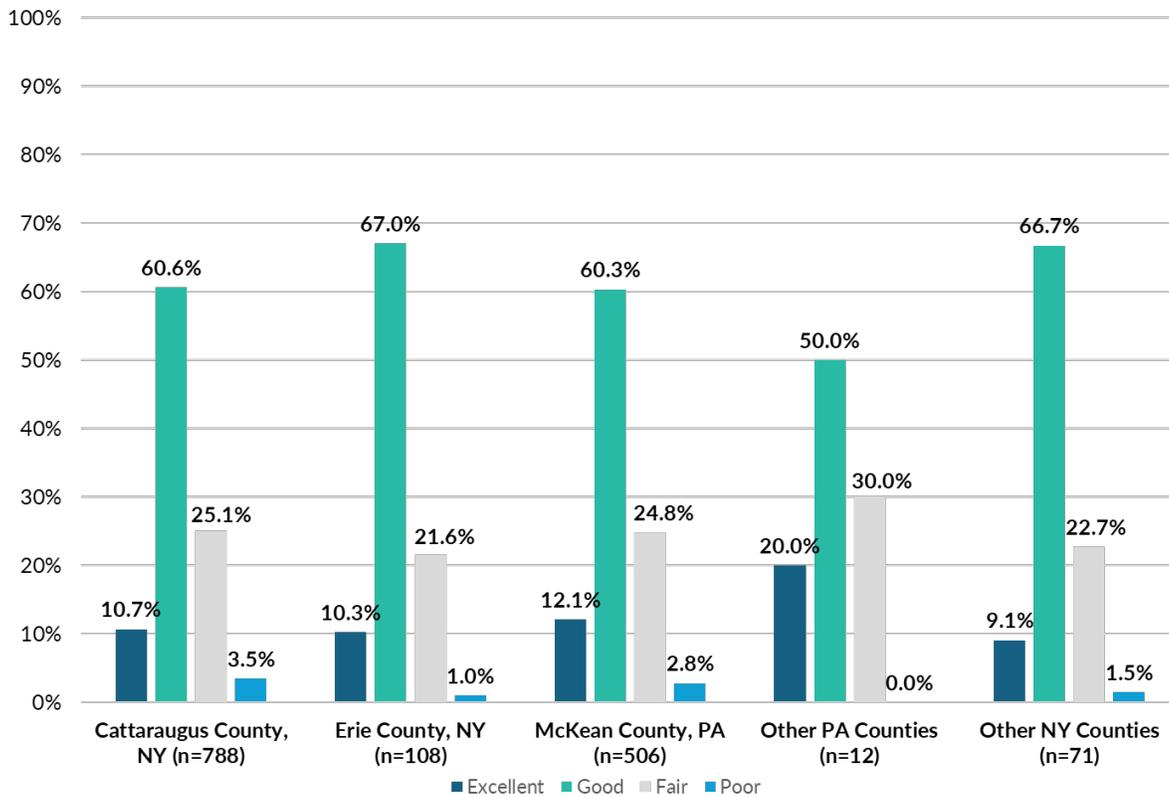


Source: County Health Rankings and Roadmaps

Figure 202: Fair or Poor Health, McKean County, Pennsylvania and United States, 2025

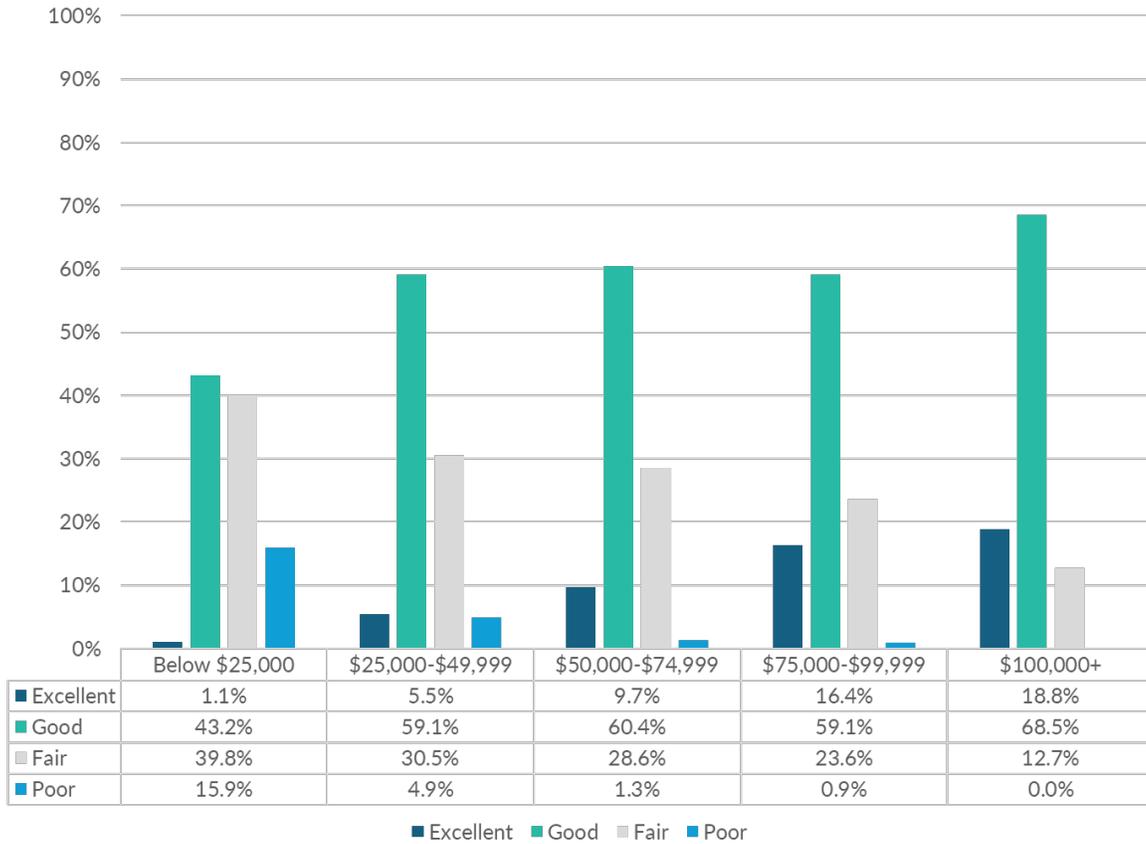
Source: County Health Rankings and Roadmaps

Figure 203: Community Health Survey Personal Health Status



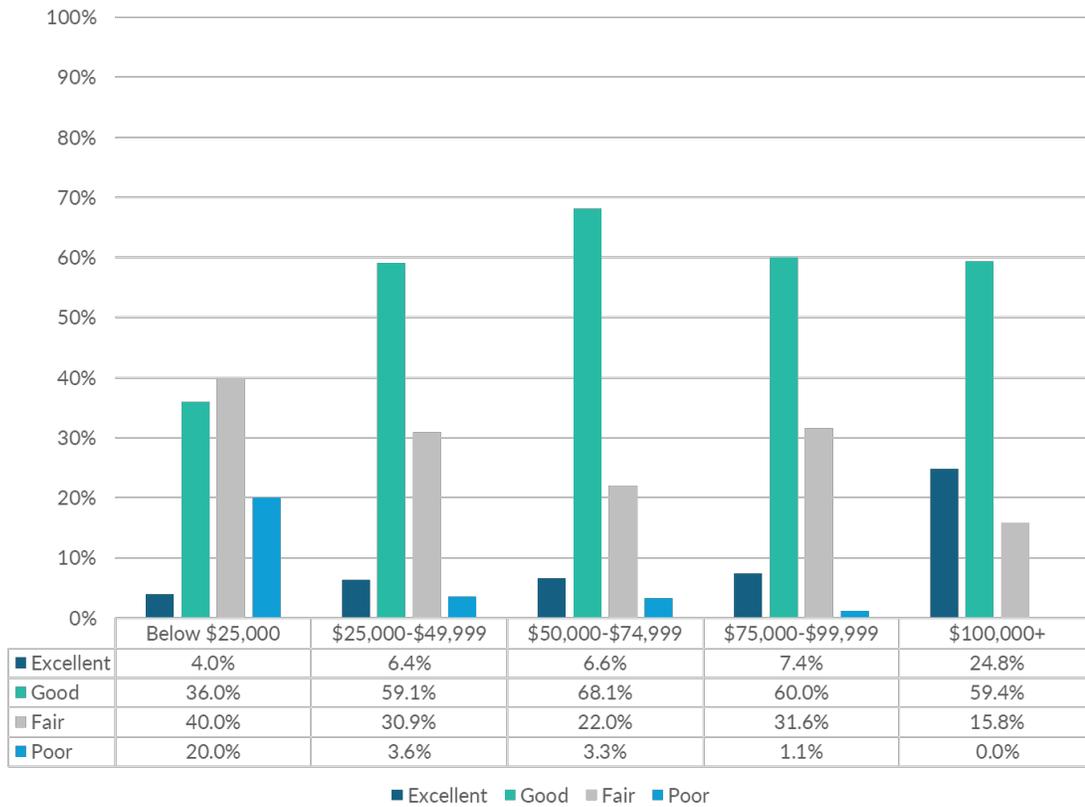
Source: Cattaraugus and McKean County Community Health Survey, 2025

Figure 204: Community Health Survey Personal Health Status Rating by Income, Cattaraugus County



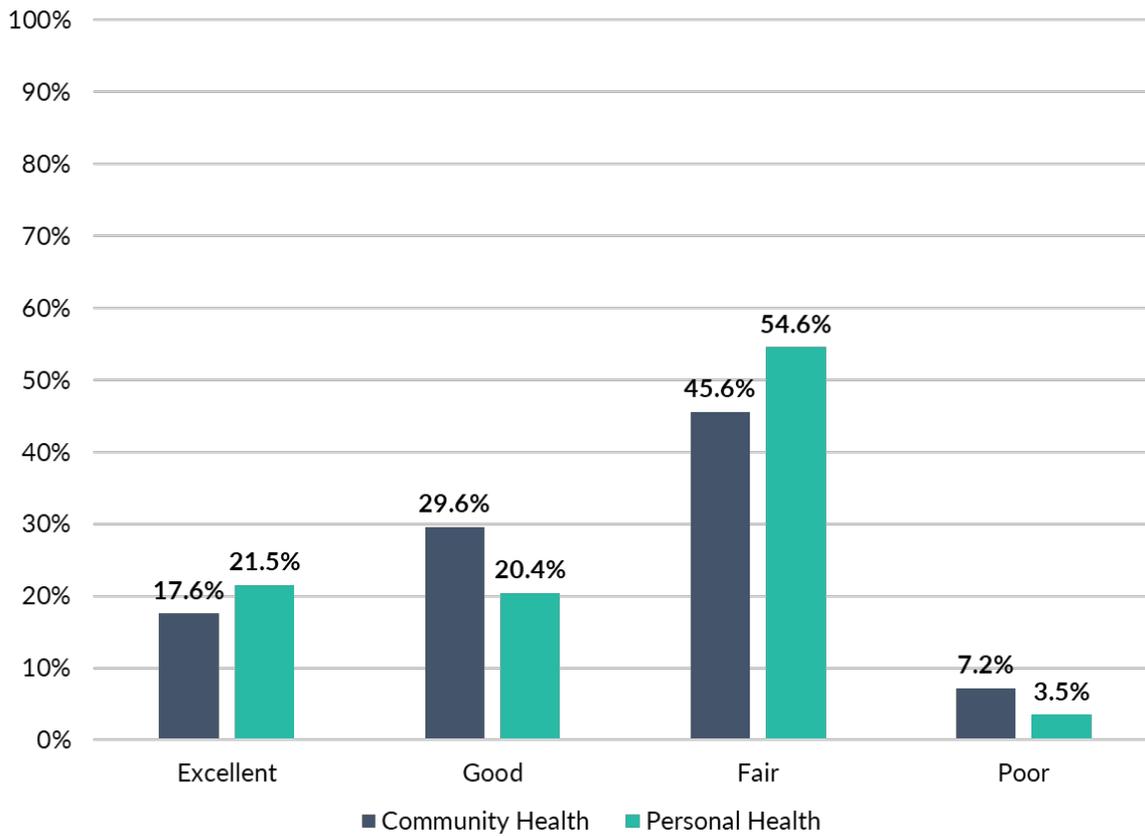
Source: Cattaraugus and McKean County Community Health Survey, 2025

Figure 205: Community Health Survey Personal Health Status Rating by Income, McKean County



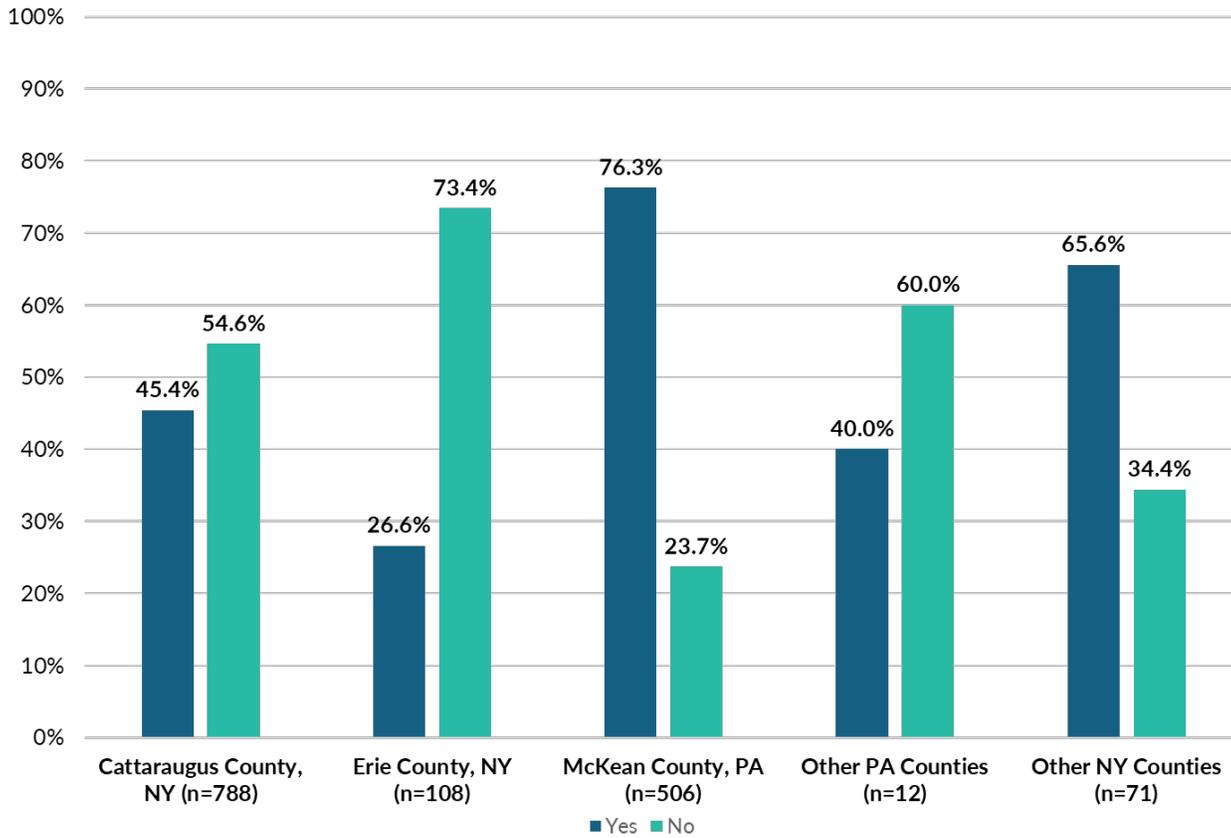
Source: Cattaraugus and McKean County Community Health Survey, 2025

Figure 206: Intercept Survey Community and Personal Health Status, Cattaraugus County



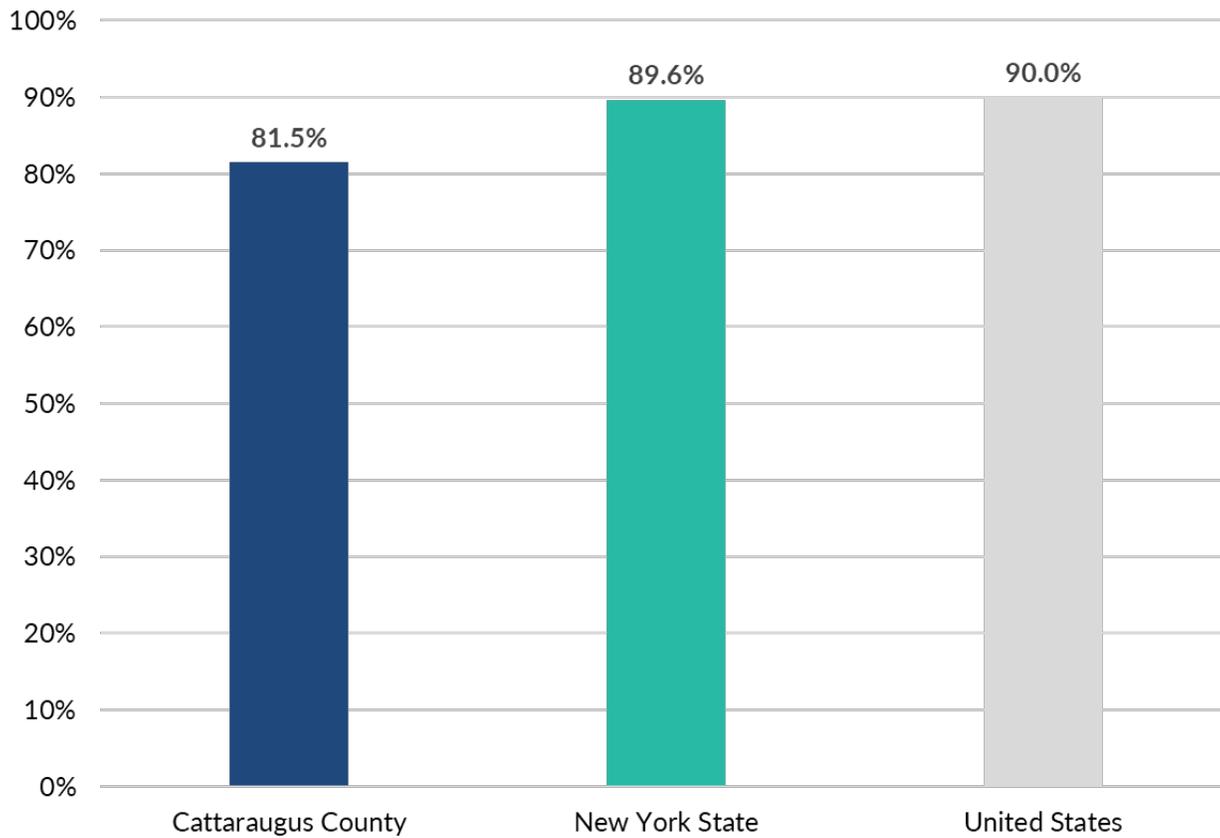
Source: Cattaraugus County Intercept Survey, 2024

Figure 207: Community Survey Respondents Access to Public Transportation Options

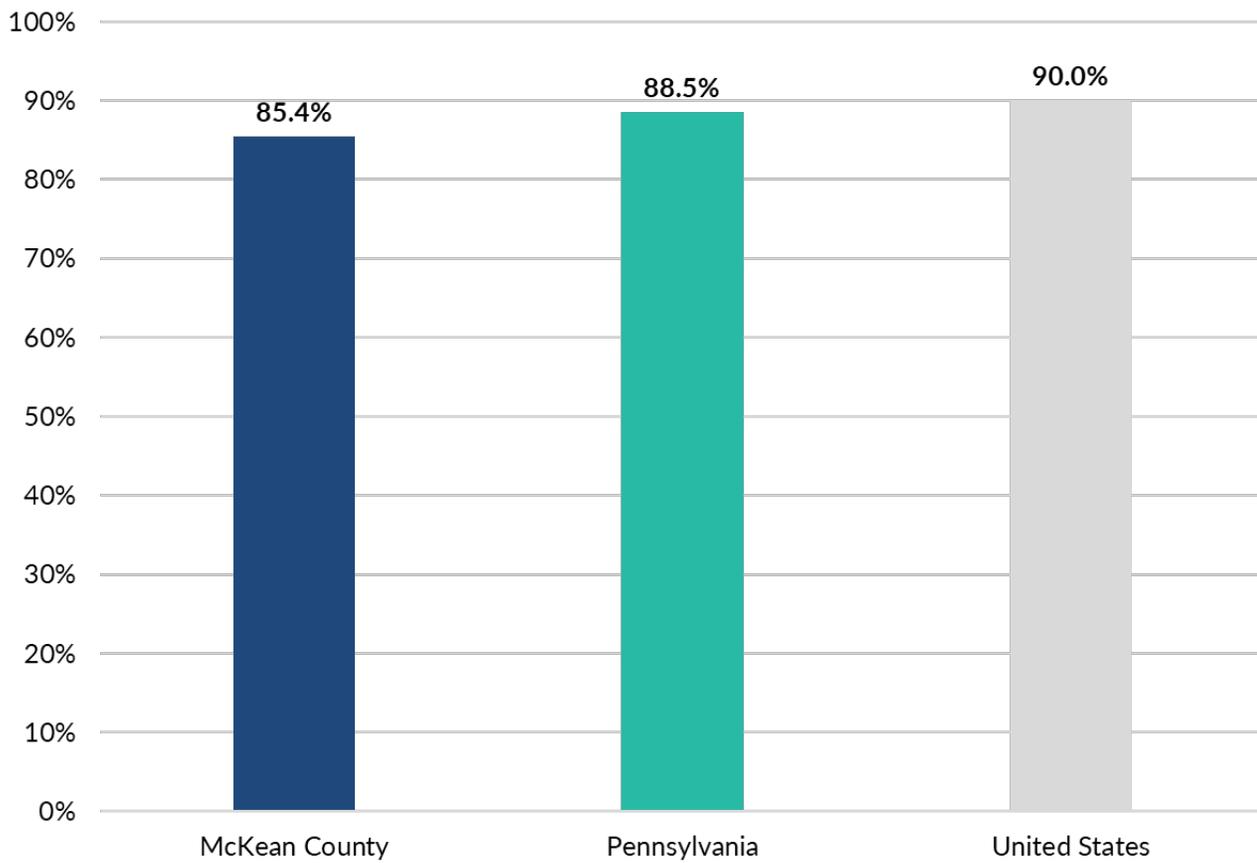


Source: Cattaraugus and McKean County Community Survey, 2025

Figure 208: Broadband Access, Cattaraugus County, New York and United States, 2025

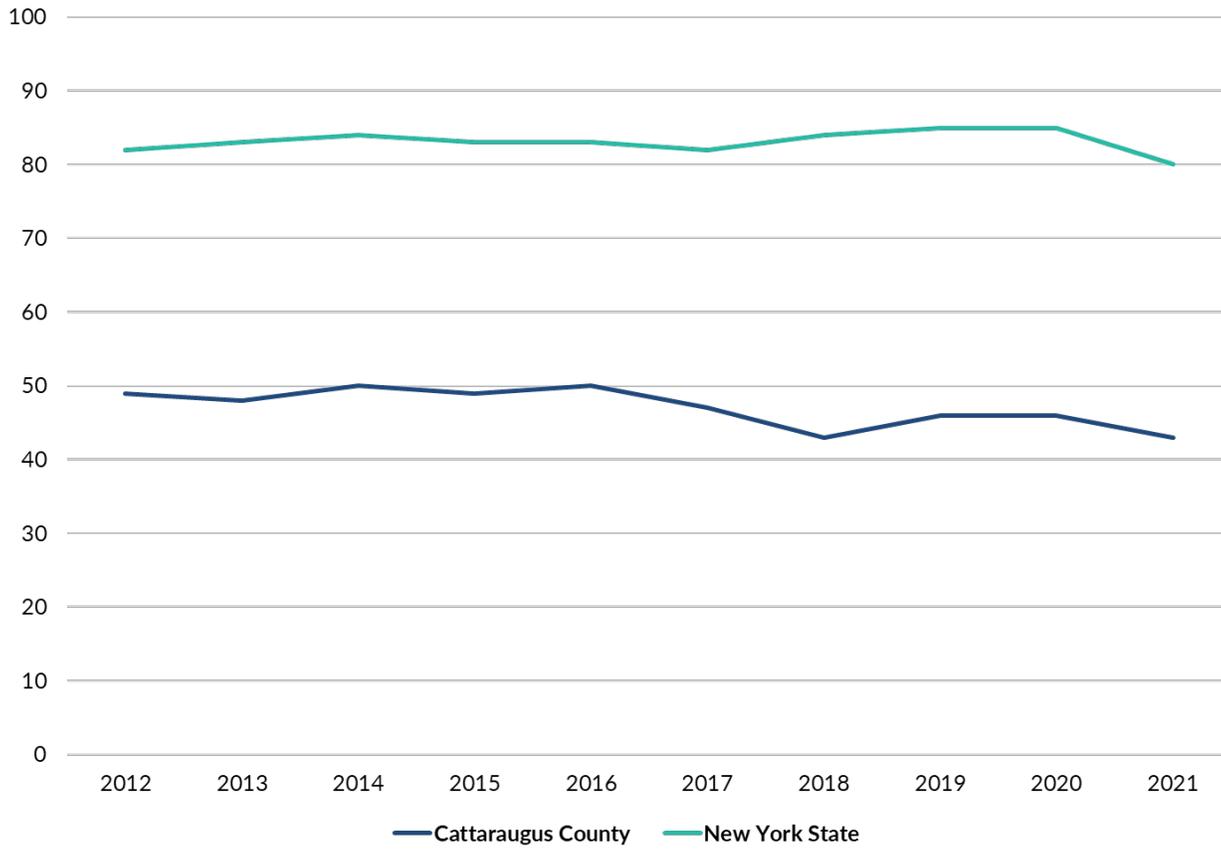


Source: County Health Rankings and Roadmaps

Figure 209: Broadband Access, McKean County, Pennsylvania and United States, 2025

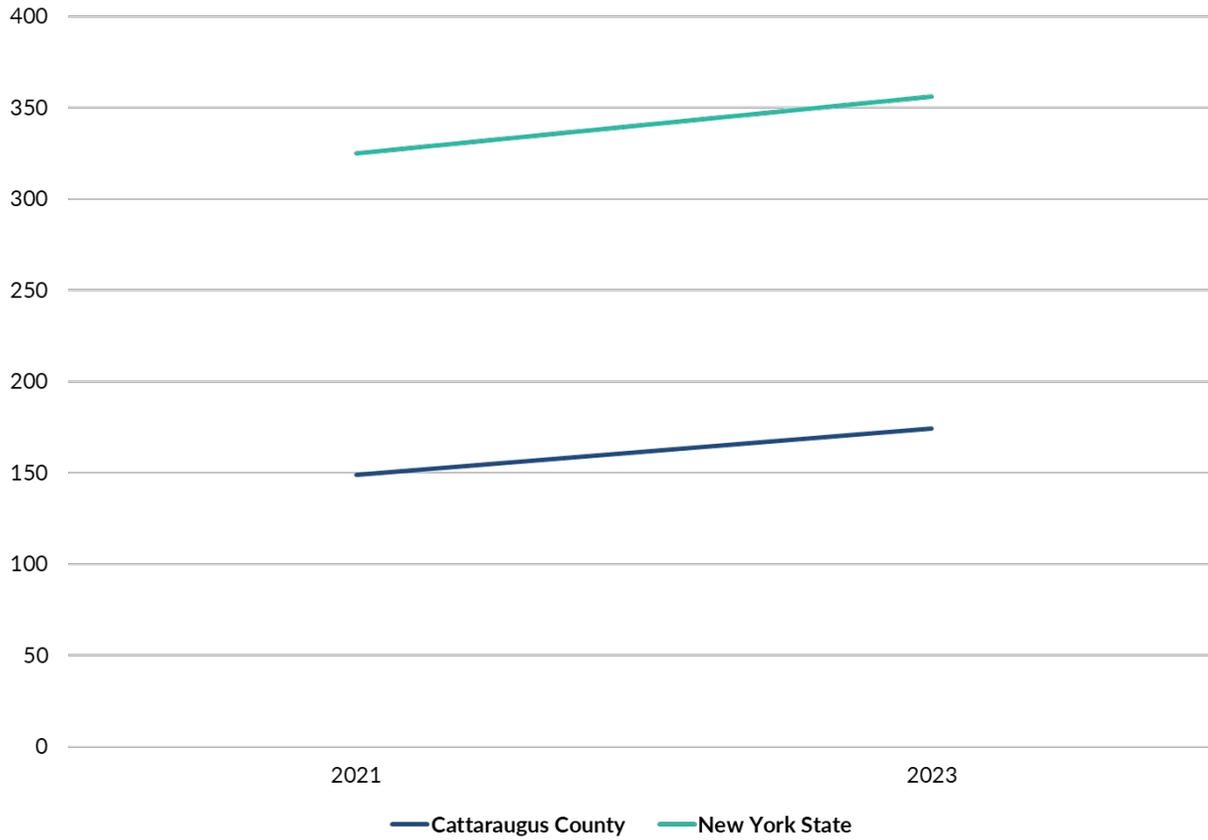
Source: County Health Rankings and Roadmaps

Figure 210: Number of Primary Care Providers, Per 100,000 Population, Cattaraugus County and New York, 2012-2021



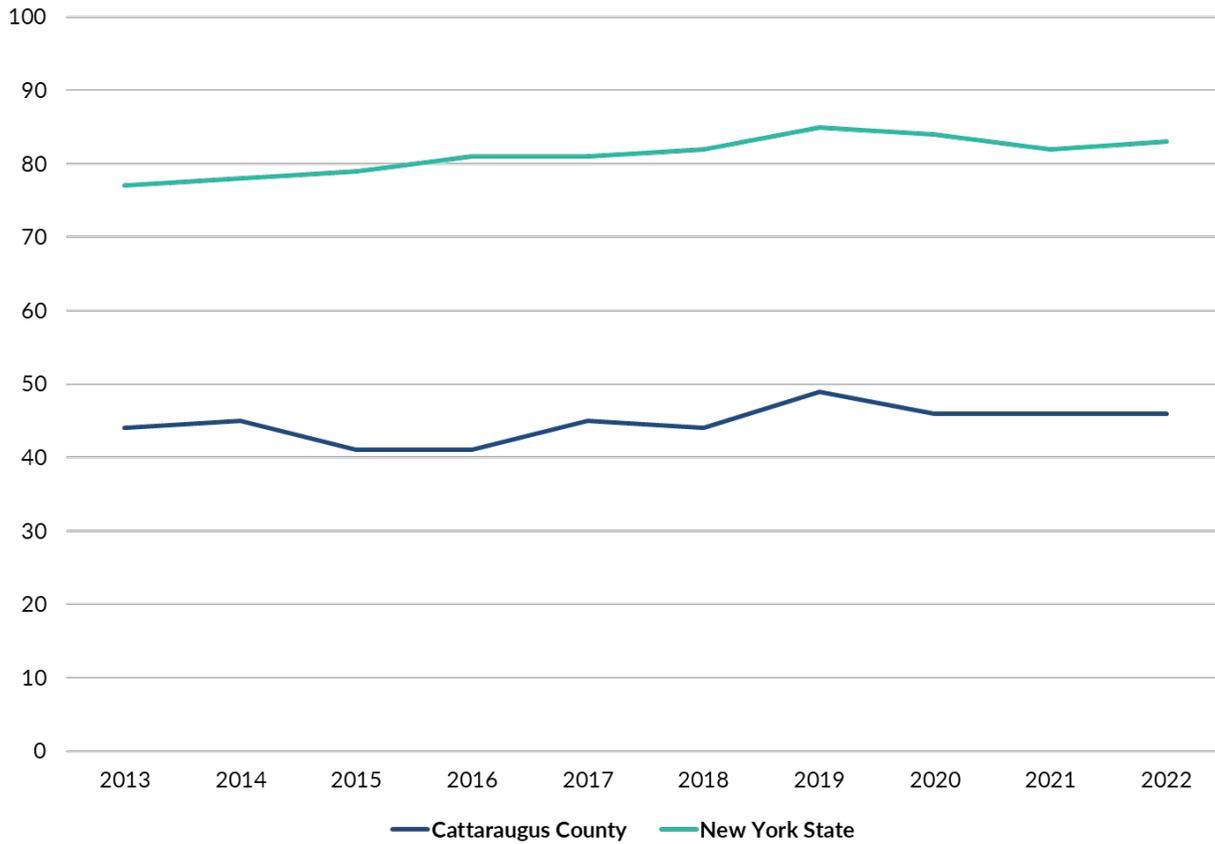
Source: The New York State Community Health Indicator Reports (CHIRS)

Figure 211: Number of Mental Health Providers, Per 100,000 Population, Cattaraugus County and New York, 2021 and 2023

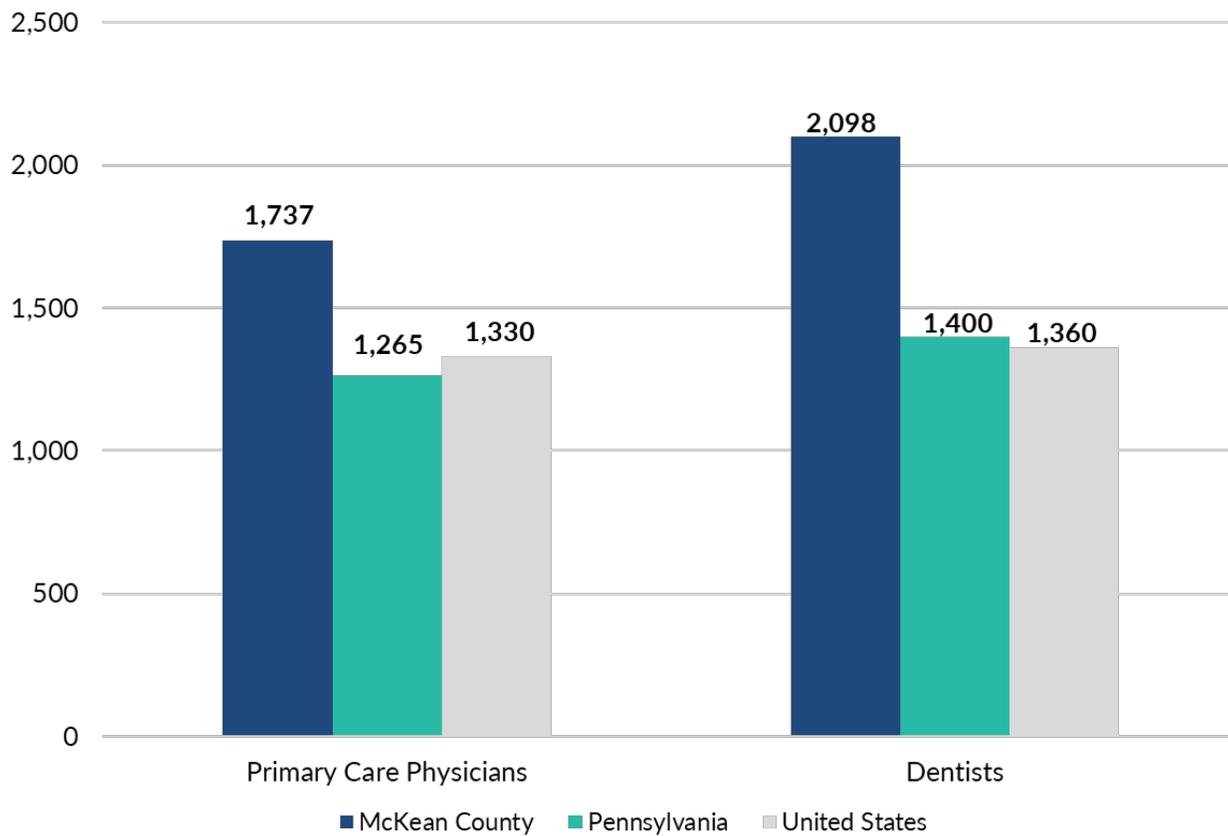


Source: The New York State Community Health Indicator Reports (CHIRS)

Figure 212: Number of Dentists Per 100,000 Population, Cattaraugus County and New York, 2013-2022

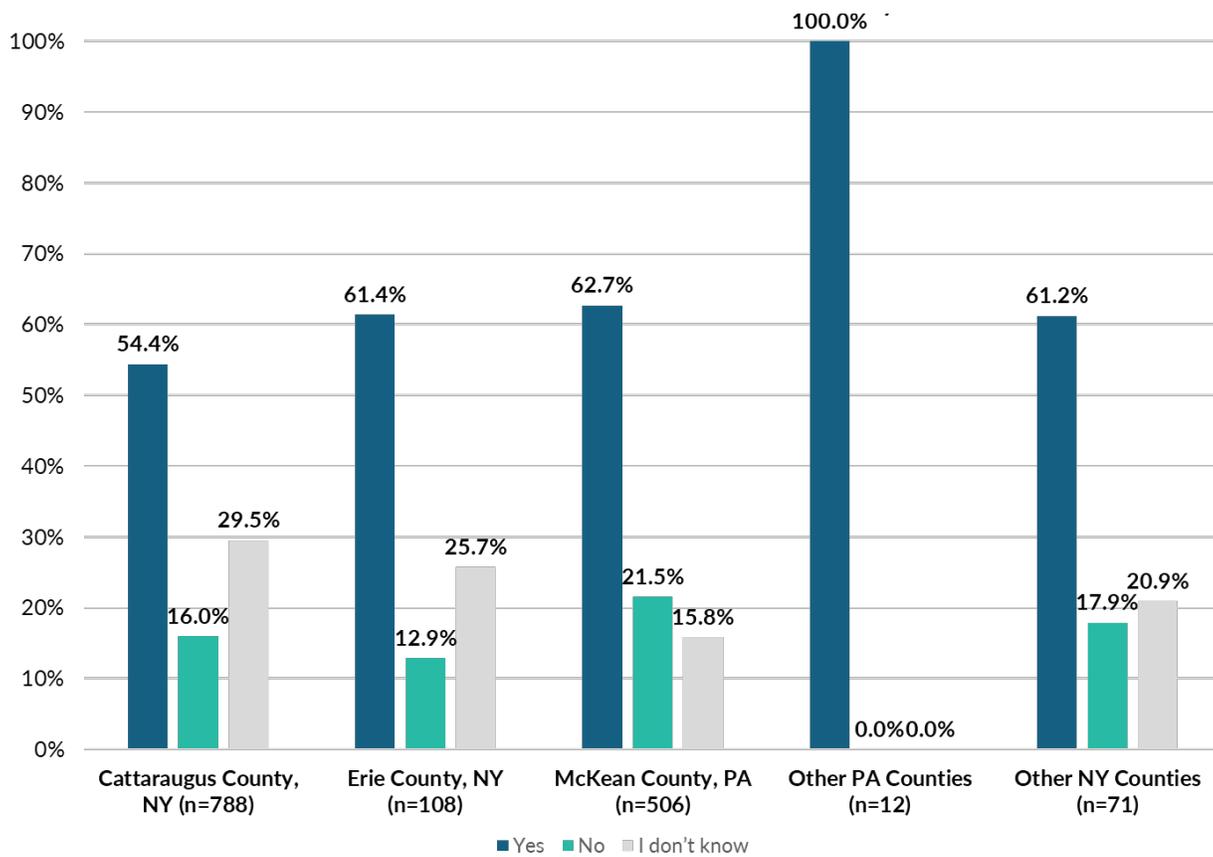


Source: The New York State Community Health Indicator Reports (CHIRS)

Figure 213: Population Served by 1 Provider, McKean County, Pennsylvania and United States, 2025

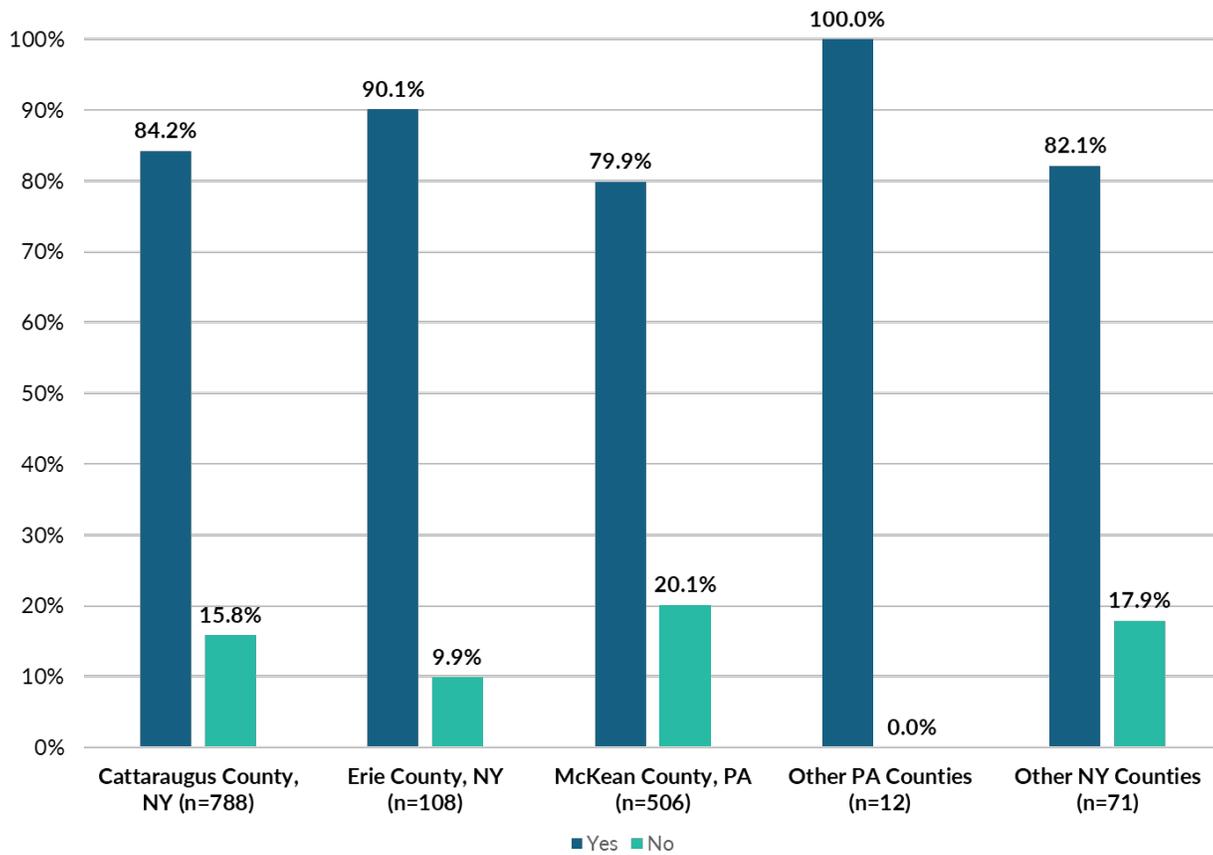
Source: County Health Rankings and Roadmap

Figure 214: Community Survey Respondents Have Mental Health Services Accessible in Community



Source: Cattaraugus and McKean County Community Survey, 2025

Figure 215: Community Survey Respondents Access to Dental Care



Source: Cattaraugus and McKean County Community Survey, 2025

Strengthening Local Healthcare Capacity

Hospitals remain central hubs for care. Transformation efforts should restore essential services, expand access to oncology, maternity, and same-day procedures, and stabilize primary care. Hospital utilization data illustrates growing demand in general medicine, cancer care, and mental health.

Table 27: Utilization by Service Line – Olean General Hospital, 2022-2024

Utilization by Service Line	FY2022	FY2023	FY2024
General Medicine	41,597	42,453	53,529
Orthopedics	13,752	14,871	22,930
Endocrine	9,919	9,903	10,991
Cardiology	8,645	8,684	9,998
Cancer	6,576	6,791	9,464
Neurosciences	5,140	5,553	8,311
Infectious Disease	5,721	4,728	6,621
Hematology	3,738	4,637	5,800
Urology	4,803	4,603	8,349
Gynecology	7,368	7,400	4,115
Spine	3,980	4,604	6,288
Gastroenterology	5,077	5,435	5,269
Behavioral Health	3,498	3,734	4,103
Pulmonology	2,889	3,072	4,391
Obstetrics	3,920	3,678	3,924
Dermatology	3,165	3,934	3,977
General Surgery	2,793	3,175	4,086
Nephrology	2,798	2,961	4,136
ENT	2,360	2,361	2,443
Vascular	2,068	2,202	2,955
Burns and Wounds	1,685	1,647	1,960
Rheumatology	1,765	1,723	2,165
Hepatology	1,123	1,169	1,463
Ophthalmology	1,243	1,319	1,098
Breast Health	446	407	425
Genetics	609	642	733
Allergy and Immunology	514	569	741
Neonatology	350	326	420
Normal Newborn	60	41	44
Total	147,602	156,622	190,729

Source: Olean General Hospital, 2025

Table 28: Preventable Conditions - Bertrand Chaffee Hospital, 2022-2024

Preventable Conditions				
	2022	2023	2024	Total
Dental Conditions	110	199	183	492
Failure to Thrive	12	7	4	23
Iron Deficiency Anemia	70	62	41	173
Nutritional deficiencies	2	1	0	3
Total	194	269	228	691

Source: Bertrand Chaffee Hospital, 2025

Table 29: Acute Conditions - Bertrand Chaffee Hospital, 2022-2024

Acute Conditions				
	2022	2023	2024	Total
Bacterial Pneumonia	17	7	42	66
Cellulitis	296	407	438	1,141
Cervical Cancer	0	1	0	1
Convulsions	16	4	0	20
Dehydration	217	241	303	761
Gastroenteritis	20	18	38	76
Hypoglycemia	22	28	21	71
Kidney/Urinary Infections	613	658	676	1,947
Pelvic Inflammatory Dis	2	2	3	7
Severe ENT Infections	337	432	385	1,154
Skin Grafts with Cellulitis - DRG	3	1	2	6
Total	1,543	1,799	1,908	5,250

Source: Bertrand Chaffee Hospital, 2025

Table 30: Chronic Conditions - Bertrand Chaffee Hospital, 2022-2024

Chronic Conditions				
	2022	2023	2024	Total
Angina	0	2	0	2
Asthma	53	30	30	113
COPD	223	173	162	558
Diabetes with other	277	261	224	762
Diabetes without other	306	270	233	809
Hypertension	716	706	650	2072
Tuberculosis-Non Pulmonary	1	0	0	1
Total	1,576	1,442	1,299	4,317

Source: Bertrand Chaffee Hospital, 2025

Table 31: Mental Health Conditions - Bertrand Chaffee Hospital, 2022-2024

Mental Health				
	2022	2023	2024	Total
Adjustment Related	16	22	16	54
Alcohol Related	131	154	132	417
BiPolar	33	27	35	95
Conduct/Social Dist	360	402	407	1,169
Dementia	24	15	18	57
Depressions	137	153	164	454
Drug Related	45	64	72	181
Eating Disorders	0	1	3	4
Manic Disorder	1	0	1	2
Mental Retardation	31	24	23	78
Nondependent Drug Abuse	6	11	20	37
Paranoia Psychosis	3	6	3	12
Phobias	0	0	1	1
Schizophrenia	13	21	15	49
Sensitivity Withdrawal - youth	18	12	13	43
Sleep Disorders	0	1	0	1
Transient Organic Psychotic	2	3	0	5
Total	820	916	923	2,659

Source: Bertrand Chaffee Hospital, 2025

Table 32: DRG Conditions - Bertrand Chaffee Hospital, 2022-2024

DRG file				
	2022	2023	2024	Total
Alcohol/Drug Abuse	406	537	490	1,433
Behavioral Health	748	793	814	2,355
Breast Cancer	5	6	4	15
Cancer	187	123	96	406
CHF	188	207	194	589
COPD	223	173	162	558
Fracture	2,946	3,430	3,246	9,622
Hypertension	716	706	650	2,072
Pneumonia	376	311	409	1,096
Reproductive Disorder	1,682	1,758	1,660	5,100
Total	7,477	8,044	7,725	23,246

Source: Bertrand Chaffee Hospital, 2025

Table 33: Utilization by Service Line – Bradford Regional Medical Center, 2022-2024

Utilization by Service Line	FY2022	FY2023	FY2024
General Medicine	28,583	26,001	29,723
Orthopedics	6,781	5,982	6,215
Endocrine	5,152	5,111	5,305
Cardiology	3,622	3,305	3,525
Cancer	2,555	2,964	4,203
Neurosciences	2,046	2,220	2,340
Infectious Disease	3,307	2,061	2,212
Hematology	3,187	3,005	4,196
Urology	1,562	1,834	2,881
Gynecology	1,553	1,685	1,851
Spine	2,146	2,002	2,522
Gastroenterology	1,129	1,161	1,402
Behavioral Health	2,444	2,664	2,386
Pulmonology	2,377	2,368	3,000
Obstetrics	1,207	1,105	874
Dermatology	1,040	1,100	1,344
General Surgery	1,060	1,107	1,143
Nephrology	973	887	1,056
ENT	1,804	1,673	2,122
Vascular	718	643	935
Burns and Wounds	1,182	1,195	1,249
Rheumatology	654	567	702
Hepatology	436	366	414
Ophthalmology	174	162	163
Breast Health	729	546	356
Genetics	236	242	468
Allergy and Immunology	229	297	468
Neonatology	95	134	206
Normal Newborn	1	1	7
Total	76,973	72,388	83,193

Source: Bradford Regional Medical Center, 2025

Transformative Strategies

Priority 1: Immediate Healthcare Infrastructure Stabilization

Objective: Preserve and transform existing healthcare assets to maintain emergency and essential services.

Strategies:

- Explore alternative hospital designations, including Critical Access Hospital status, Rural Emergency Hospital designation, or micro-hospital conversion.
- Maintain 24/7 emergency department capabilities with established transfer protocols to regional facilities.
- Negotiate service continuation agreements with departing hospital systems during transition periods.
- Assess the viability of retaining specialized clinics such as obstetrics, pediatrics, and behavioral health.

Priority 2: Pharmaceutical Access Solutions

Objective: Ensure uninterrupted access to prescription medications and pharmaceutical consultation.

Strategies:

- Establish partnerships with mail-order pharmacy services offering expedited rural delivery.
- Deploy telepharmacy kiosks in accessible community locations such as grocery stores and community centers.
- Contract with mobile pharmacy services for scheduled community visits.
- Create a volunteer medication delivery network for homebound patients.
- Partner with remaining retail pharmacies to extend hours or expand available services.

Priority 3: Innovative Care Delivery Models

Objective: Implement scalable, sustainable care delivery systems that bring services directly to patients.

Strategies:

Hub-and-Spoke Network Development

- Formalize partnerships with regional health systems for specialty care rotations.
- Establish coordinated referral pathways and shared electronic health records.
- Develop specialist visit schedules to ensure a consistent community presence.
- Implement care coordination protocols between local and regional providers.

Mobile Health Services

- Deploy mobile health units offering primary care, dental, behavioral health, and preventive services.
- Establish a regular rotation schedule to reach isolated populations.
- Equip units with point-of-care diagnostics and telehealth capabilities.
- Staff units with nurse practitioners, community health workers, and rotating specialists.

Community Paramedicine Program

- Train EMS personnel in chronic disease management, preventive care, and health coaching.
- Expand the scope of services beyond emergency response to include scheduled home visits.
- Implement protocols for routine health monitoring and medication management.
- Create referral pathways to primary care and social service providers.

Priority 4: Technology-Enabled Care (Broadband-Adapted Approach)

Objective: Maximize telehealth access while acknowledging and adapting to connectivity limitations.

Strategies:

Telehealth Hub Network

- Establish telehealth stations at libraries, schools, senior centers, and community centers.
- Ensure reliable high-speed internet, private consultation spaces, and on-site technical support.
- Staff hubs with navigators to assist patients with technology and scheduling.
- Create a coordinated scheduling system to optimize hub use.

Asynchronous Telehealth

- Implement store-and-forward technologies for dermatology, radiology, and specialty consultations.
- Reduce dependency on real-time video connections to expand access.
- Enable home-based participation where connectivity allows.

Targeted Infrastructure Investment

- Prioritize satellite or fixed wireless internet for healthcare facilities and telehealth hubs.
- Advocate for broadband expansion with healthcare access as an economic development priority.
- Explore mobile hotspot lending programs for patients lacking connectivity.

Digital Navigation Support

- Train community health workers as technology liaisons.
- Provide device lending programs for patients without smartphones or tablets.
- Develop simplified telehealth platforms and patient education materials.

Priority 5: Comprehensive Transportation Solutions

Objective: Eliminate transportation barriers to healthcare access.

Strategies:

Coordinated Transportation System

- Establish a centralized medical transportation coordination center.
- Develop a volunteer driver network with training and liability coverage.
- Partner with ride-sharing services to subsidize medical appointments.
- Implement appointment bundling protocols to maximize efficiency.
- Negotiate contracted non-emergency medical transport services.
- Explore partnerships with school bus systems for off-peak medical transport.

Care Delivery That Minimizes Travel

- Expand home-based primary care for homebound and high-risk patients.
- Deploy mobile diagnostic services such as laboratory, imaging, and EKG testing.
- Establish satellite clinic sites in remote communities.
- Utilize telehealth for follow-up and routine visits.

Priority 6: Workforce Development and Retention

Objective: Build a sustainable, locally rooted healthcare workforce.

Strategies:

"Grow Your Own" Programs

- Establish scholarship and tuition support programs for local students pursuing healthcare careers.
- Require local service commitments in exchange for educational support.
- Partner with regional educational institutions for clinical training placements.
- Develop healthcare career pipeline programs in local schools.

Provider Recruitment and Retention

- Maximize use of federal and state loan repayment programs for underserved areas.
- Offer competitive compensation and quality-of-life benefits.
- Provide ongoing professional development and continuing education.
- Establish peer support and mentorship networks to reduce isolation.

Team-Based Care and Scope Expansion

- Empower nurse practitioners and physician assistants to practice at full scope.
- Expand the role of clinical pharmacists in chronic disease management.
- Train community health workers to support care coordination and patient education.
- Implement collaborative practice agreements to enhance efficiency.

Workforce Support Infrastructure

- Offer housing assistance and relocation support for new healthcare workers.
- Support spouse and partner employment opportunities.
- Ensure access to childcare and quality education.
- Foster community integration to encourage long-term retention.

Priority 7: Social Determinants of Health Integration

Objective: Address non-medical factors that significantly impact health outcomes.

Strategies:

Community Health Worker Network

- Recruit, train, and deploy trusted community members as health liaisons.
- Focus on navigation, health education, and social needs screening.
- Prioritize coverage for isolated and high-risk populations.
- Establish referral pathways to social and community services.

Food Security Initiatives

- Partner with food banks for medically tailored food distribution.
- Implement "food as medicine" prescription programs for chronic conditions.
- Support community gardens and local farmers market partnerships.
- Deliver nutrition and cooking education programs.

Housing Stability

- Collaborate with local housing authorities to align health and housing priorities.

- Screen patients for housing insecurity and connect them to available resources.
- Advocate for safe, affordable housing development.

Economic Support

- Establish healthcare financial navigation and assistance programs.
- Connect patients to benefits such as SNAP, Medicaid, and utility aid.
- Partner with workforce development programs to promote economic stability.

Priority 8: Financing and Sustainability

Objective: Develop diversified, sustainable funding mechanisms to support transformed care delivery.

Strategies:

Payment Model Innovation

- Transition from fee-for-service to value-based care arrangements.
- Negotiate population health contracts with insurers.
- Participate in accountable care organizations or clinically integrated networks.
- Implement bundled payment models for chronic disease management.

Diversified Revenue Streams

- Apply for federal and state rural health transformation grants.
- Pursue philanthropic and foundation support.
- Explore social impact bonds and outcomes-based financing.
- Leverage USDA and HRSA funding opportunities.

Regional Resource Sharing

- Develop multi-county collaboratives for shared administrative and clinical services.
- Establish group purchasing agreements to reduce costs.
- Pool resources for joint grant applications and advocacy efforts.
- Share specialized equipment and professional expertise.

Cost Efficiency

- Implement evidence-based care protocols to reduce unnecessary utilization.
- Optimize supply chain management and purchasing.
- Leverage technology to streamline administrative processes.
- Focus on prevention and population health to minimize acute care costs.

Priority 9: Community Governance and Engagement

Objective: Ensure community voice guides transformation and builds trust.

Strategies:

Community Health Council

- Establish a representative governing body including patients, providers, community leaders, and social service organizations.
- Provide strategic oversight and accountability for transformation initiatives.
- Meet regularly to review progress and adjust priorities.
- Ensure diverse representation, particularly from underserved groups.

Community Asset Mapping

- Conduct comprehensive assessments of existing community resources.
- Identify and engage non-traditional partners such as schools, churches, and local businesses.
- Leverage trusted community networks for health promotion.
- Build upon local strengths and existing infrastructure.

Health Equity Framework

- Conduct equity assessments to identify and address disparities.
- Ensure all initiatives prioritize the needs of the most vulnerable populations.
- Track and analyze data by demographics to monitor progress.
- Design targeted interventions to close equity gaps.

Community Communication

- Maintain transparent communication through town halls, newsletters, and social media.
- Provide regular updates on transformation progress and outcomes.
- Encourage ongoing community feedback and participation.
- Celebrate successes and acknowledge challenges openly.

Priority 10: Policy Advocacy and Systems Change

Objective: Advance state and federal policies that enable and sustain rural health transformation.

Strategies:**Advocacy Agenda**

- Advocate for enhanced Medicare and Medicaid reimbursement for rural providers.
- Support broadband infrastructure investments that prioritize healthcare access.
- Promote interstate licensure compacts to expand telehealth capacity.
- Seek dedicated transportation funding for medical access.
- Expand loan repayment and scholarship programs for rural healthcare professionals.
- Encourage regulatory flexibility to foster innovation in care delivery.

Advocacy Tactics

- Engage actively with state and national rural health associations.
- Build relationships with elected officials and policy leaders.
- Provide testimony and data to inform legislative decision-making.
- Collaborate with peer rural communities for unified advocacy efforts.
- Partner with media outlets to elevate awareness of rural health challenges and opportunities.



Evaluation of the 2022-2025 CSP/CHIP Implementation Strategies



EVALUATION OF THE 2022-2025 CHNA-CSP/CHA-CHIP IMPLEMENTATION STRATEGIES

Summary of the Community Health Assessment:

The New York State Prevention Agenda 2022–2024 outlines five priority areas, each supported by specific action plans developed collaboratively with input from community stakeholders. These priorities include:

- A. Prevent Chronic Disease
- B. Promote a Healthy and Safe Environment
- C. Promote Healthy Women, Infants, and Children
- D. Promote Well-Being and Prevent Mental Health and Substance Use Disorders
- E. Prevent Communicable Diseases

Following data analysis and stakeholder input, two priority areas were identified as the focus of the 2022–2025 Cattaraugus County Community Health Improvement Plan (CHIP). McKean County adopted the same priorities for alignment and cross-county collaboration.

Identified Priority Areas:

- A. Prevent Chronic Disease
- B. Promote Well-Being and Prevent Mental Health and Substance Use Disorders

While the priorities of maintaining a healthy and safe environment, supporting healthy women, infants, and children, and preventing communicable diseases remain important for both Cattaraugus and McKean counties, they did not emerge as dominant themes in the primary research and were not selected as top priorities by the Steering Committee.

Note: Due to the streamlined services at Bradford Regional Medical Center and its organizational alignment with Olean General Hospital, McKean County strategies are evaluated as part of the unified OGH–BRMC hospital system rather than as a separate entity.

The following summary highlights progress made toward the implementation of the 2022–2024 Cattaraugus County Community Health Improvement Plan (CHIP):

Prevent Chronic Disease

Goal: Promote healthy eating and improve food security

- Increased number of individuals screened for food insecurity.

Goal: Increase access to high-quality chronic disease preventive care and management in both clinical and community settings

- Increased breast cancer screenings at Universal Primary Care (UPC).
- Increased colorectal cancer screenings at Olean Medical Group (OMG).
- Increased cervical cancer screenings at Universal Primary Care (UPC).

Goal: Increase cancer screening rates by implementing patient and provider reminder systems

- Expanded patient outreach through reminder systems.
- Increased screening rates across provider networks.

Promote Well-Being and Prevent Mental Health and Substance Use Disorders

Goal: Prevent underage drinking and excessive alcohol consumption by adults

- Increased student participation and completion of evidence-based prevention programs.
- Expanded school participation in evidence-based prevention initiatives.
- Decrease in the percentage of students reporting alcohol use compared to national averages.

Goal: Prevent opioid overdose deaths

- Reduction in opioid-related mortalities since 2022.

Goal: Prevent suicide

- Decrease in annual suicides since 2022

Cattaraugus County 2022-2024: CHIP Indicator Tracker 2024 Update						
		+ Improvement		↓ Decline		* No change
◆ New measure (baseline and progress not available)						
Partners: CCHD=Cattaraugus county Health Department , UAHS=Upper Allegheny Health System, Office of Aging, DSS=Department of Social Services, CBO's=Community Base Organizations						
Progress:	Health Focus Area and Goals	2022	2023	2024	Target	
Prevent Chronic Disease: Healthy eating and food security: Screen for food insecurity						
CCHD * UAHS Aging DSS CBO's	# or % of partners that screen for food insecurity and facilitate referrals to supportive agencies.	5	5	5	Data - Still Outstanding	
CCHD + UAHS Aging DSS CBO's	# or % of people screened for food security.	1,403	1,528	1,598	Data - Still Outstanding	
CCHD * UAHS Aging DSS CBO's	# or % of referrals to supportive services.	10-15/wk	15-20/wk	15-20/wk	Data - Still Outstanding	

Cattaraugus County 2022-2024: CHIP Indicator Tracker 2024 Update							
		+ Improvement		↓ Decline		☀ No change	
		◆ New measure (baseline and progress not available)					
Partners: CCHD=Cattaraugus county Health Department , UAHS=Upper Allegheny Health System, UPC= Universal Primary Care, Medical Groups, CBO's=Community Base Organizations							
Progress:	Health Focus Area and Goals	2022	2023	2024	Target		
Prevent Chronic Disease: Tobacco prevention: Use Media and health communications to highlight the dangers of tobacco.							
CCHD ↓ UAHS UPC Med. Grp. CBO's	# or % of schools/students receiving dangers of tobacco presentations;	4/218	4/299	5/236	Data - Still Outstanding		
CCHD ☀ UAHS UPC Med. Grp. CBO's	# or % of media (regular and social) outlets promoting anti-tobacco campaigns.	—	2	2	Data - Still Outstanding		
CCHD UAHS UPC Med. Grp. CBO's	# or % of providers referring patients to the Quit-line or other resources;	—	—	—	Data - Still Outstanding		
CCHD UAHS UPC Med. Grp. CBO's	# or % of individuals referred or given nicotine replacement therapy.	—	—	—	Data - Still Outstanding		

Cattaraugus County 2022 - 2024: CHIP Indicator Tracker 2024 Update								
		+ Improvement		Decline ↓		No change ☀		
		◆ New measure (baseline and progress not available)						
Partners: FMG= Foothills Medical Group, UPC=Universal Primary Care, OMG=Olean Medical Group								
Progress	Health Focus Area and Goals	2019	2020	2021	2022	2023	2024	Target
Prevent Chronic Diseases: Increase access to high quality chronic disease preventive care and management in both clinical and community settings								
FMG	Percentage of breast cancer screening rates		FMG: ---	FMG: ---			FMG:---	Increase by 5%
UPC +		Not available	UPC: 57%	UPC: 63%	Not available	Not available	UPC: 65%	
OMG ☀			OMG: 62%	OMG: 69%			OMG: 69%	
FMG	Percentage of colorectal cancer screening rates		FMG: ---	FMG: ---			FMG: ---	Increase by 3%
UPC ↓		Not available	UPC: 52%	UPC: 53%	Not available	Not available	UPC: 51%	
OMG +			OMG: 37%	OMG: 40%			OMG: 47%	
FMG	Percentage of cervical cancer screening rates		FMG: ---	FMG: ---			FMG: ---	Increase by 5%
UPC +		Not available	UPC: 60%	UPC: 62%	Not available	Not available	UPC: 68%	
OMG ☀			OMG: 25%	OMG: 27%			OMG: 26%	

Source: Cattaraugus County Health Department 2022-2024 CHIP Progress Report, FMG, OMG and UPC, 2024

NOTE: In recent years, FMG has experienced staff transitions as well as changes in tracking of medical records. At the time of this report, OGH/BRMC and the CCHD were unable to obtain recent data for FMG.

Cattaraugus County 2022-2024: CHIP Indicator Tracker 2024 Update						
<div style="display: flex; justify-content: space-between;"> + Improvement ↓ Decline ☀ No change </div> <div style="text-align: center; margin-top: 5px;"> ◆ New measure (baseline and progress not available) </div>						
Partners: CCHD=Cattaraugus County Health Department , UAHS=Upper Allegheny Health System, UPC= Universal Primary Care, OMG=Olean Medical Group, FMG=Foothill Medical Group						
Progress:	Health Focus Area and Goals	2022	2023	2024	Target	
Prevent Chronic Disease: Increase Cancer Screening Rates: Putting systems in place for patient and provider screening reminders.						
CCHD UAHS UPC OMG FMG	# or % of health systems that implement or improve provider and patient reminder systems;	5	5	5	Data - Still Outstanding	
CCHD + UAHS UPC OMG FMG	# or % of patients reached through patient reminder systems;	151	120	1,598	Data - Still Outstanding	
CCHD + UAHS UPC OMG FMG	# or % of patients screened among provider networks	151	120	1,598	Data - Still Outstanding	

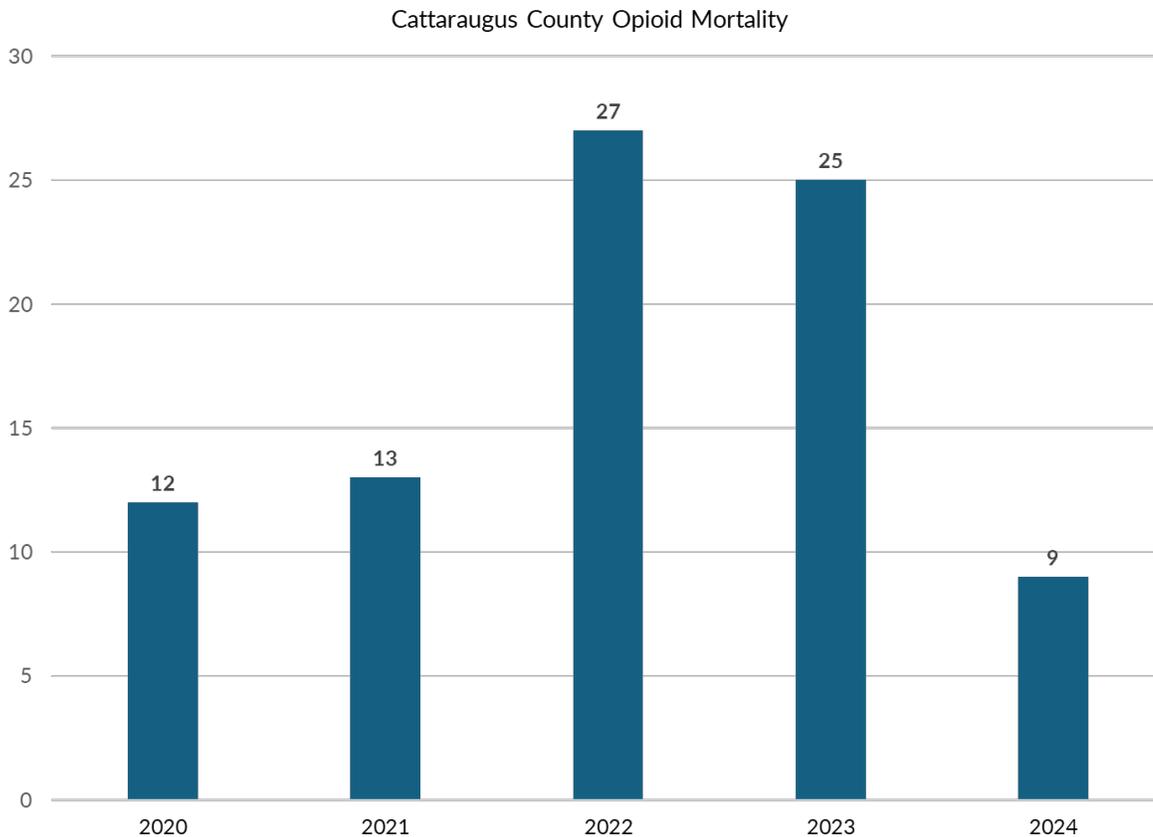
Cattaraugus County 2022-2024: CHIP Indicator Tracker 2024 Update						
<div style="display: flex; justify-content: space-between;"> + Improvement ↓ Decline ☀ No change </div> <div style="text-align: center; margin-top: 5px;"> ◆ New measure (baseline and progress not available) </div>						
Partners: UAHS=Upper Allegheny Health System, UPC= Universal Primary Care, OMG=Olean Medical Group, FMG=Foothill Medical Group						
Progress:	Health Focus Area and Goals	2022	2023	2024	Target	
Prevent Chronic Disease: Preventive care and management: Promote testing for prediabetes and risk for future diabetes in asymptomatic people.						
UPC OMG FMG	Percentage of diabetes screening rates;	---	---	UPC: 74% OMG: --- FMG: ---	Increase by 5%	
UAHS UPC OMG FMG	# or % of health systems that implement or improve provider and patient reminder systems;	---	---	---	Data - Still Outstanding	
UAHS UPC OMG FMG	# or % of patients reached through patient reminder systems;	---	---	---	Data - Still Outstanding	
UAHS UPC OMG FMG	# or % of patients screened among provider networks;	---	---	---	Data - Still Outstanding	

Cattaraugus County 2022-2024: CHIP Indicator Tracker 2024 Update						
<p>+ Improvement ↓ Decline</p> <p>★ No change</p> <p>◆ New measure (baseline and progress not available)</p>						
Partners: CCHD=Cattaraugus County Health Department , UAHS=Upper Allegheny Health System, CBO's=Community Based Organizations, CST=Casa Trinity						
Progress:	Health Focus Area and Goals	2022	2023	2024	Target	
Promote Well-Being and Prevent Mental and Substance Use Disorders: Prevent underage drinking and excessive alcohol consumption by adults						
CCHD UAHS CST CBO's	# or % of students participating and completing evidence based programming.	1,165	TBD	1,931	Data - Still Outstanding	
CCHD UAHS CST CBO's	# or % of schools participating in the evidence based programming.	8	TBD	12	Data - Still Outstanding	
CCHD UAHS CST CBO's	# or % of persons offered SBIRT.	—	—	—	Data - Still Outstanding	
CCHD UAHS CST CBO's	# or % positive that are followed up with treatment.	—	—	—	Data - Still Outstanding	

Substance	Grade 6		Grade 7		Grade 8			Grade 9	
	%	n	%	n	%	n	Nat %	%	n
Alcohol	6.4	109	8.0	237	10.4	299	6.0	11.5	295
Cigarettes	1.8	110	0.0	239	4.6	304	0.8	2.7	295
Marijuana	0.0	111	1.3	238	3.3	302	5.0	5.1	292
Any Rx	0.0	107	4.2	236	2.0	297	N/A	0.3	290

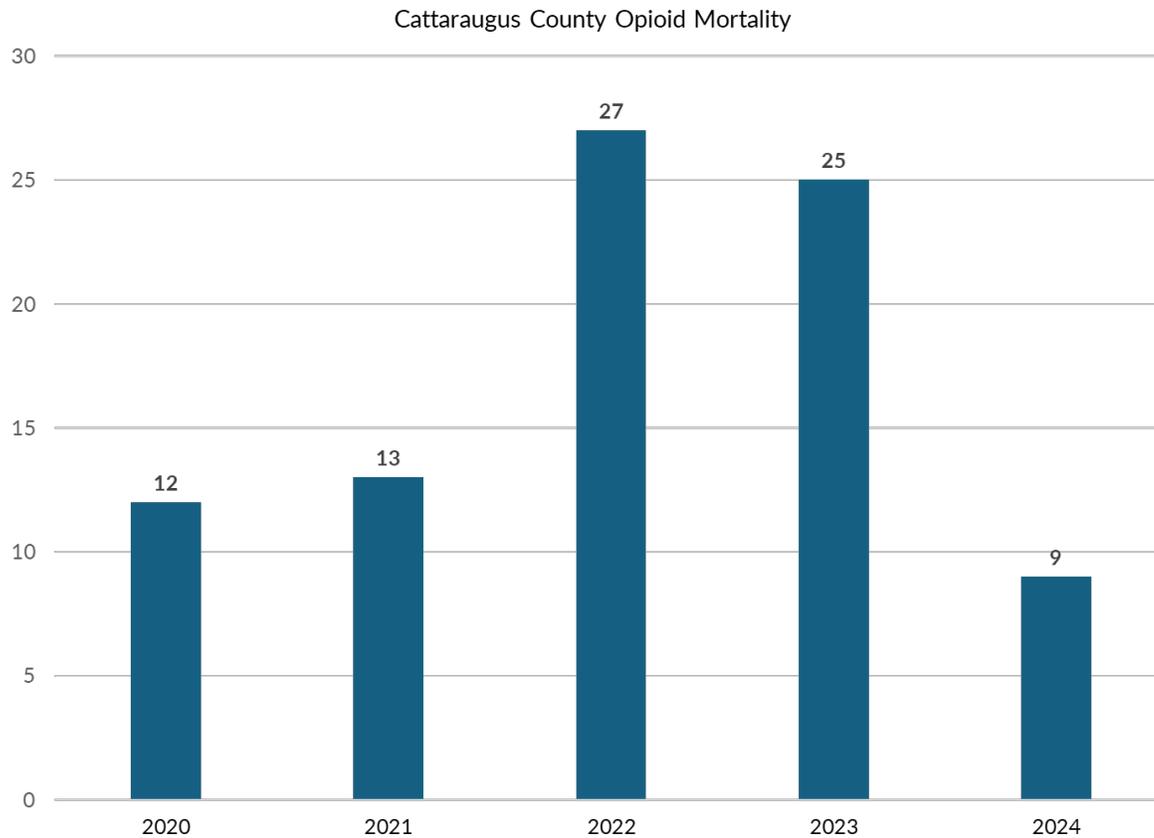
Substance	Grade 10			Grade 11		Grade 12			TOTAL		
	%	n	Nat %	%	n	%	n	Nat %	%	n	Nat %
Alcohol	10.5	266	13.6	17.2	238	20.2	223	28.4	12.3	1667	15.6
Cigarettes	3.0	265	1.7	4.6	241	5.5	219	4.0	3.3	1673	2.1
Marijuana	9.8	266	12.1	9.2	238	14.3	223	20.2	6.5	1670	12.3
Any Rx	1.9	267	N/A	0.0	241	2.7	223	N/A	1.7	1661	N/A

Cattaraugus County 2022-2024: CHIP Indicator Tracker 2024 Update					
+ Improvement ↓ Decline * No change ◆ New measure (baseline and progress not available)					
Partners: CCHD=Cattaraugus County Health Department, CBO's=Community Based Organizations, STHCS=Sothern Tier Health Care System					
Progress:	Health Focus Area and Goals	2022	2023	2024	Target
Promote Well-Being and Prevent Mental and Substance Use Disorders: Prevent opioid overdose death					
CCHD STHCS CBO's	# or % of professionals who completed naloxone training	---	10 TBD	---	149 Data - Still Outstanding
CCHD STHCS CBO's	# or % of county residents who completed naloxone training.	---	10 301	---	491 Data - Still Outstanding



*2024 data is as of November 4, 2024

Cattaraugus County 2022-2024: CHIP Indicator Tracker 2024 Update					
<p>+ Improvement ↓ Decline</p> <p>★ No change</p> <p>◆ New measure (baseline and progress not available)</p>					
Partners: CCHD=Cattaraugus County Health Department , UAHS=Upper Allegheny Health System, UPC= Universal Primary Care, OMG=Olean Medical Group, DCS=Department of Community Service					
Progress:	Health Focus Area and Goals	2022	2023	2024	Target
Promote Well-Being and Prevent Mental and Substance Use Disorders: Prevent suicide					
CCHD UAHS UPC OMG DCS	# or % of Gatekeeper trainings provided;	—	—	—	Data - Still Outstanding
CCHD UAHS UPC OMG DCS	# or % of people who completed Gatekeeper trainings;	—	—	—	Data - Still Outstanding
CCHD UAHS UPC OMG DCS	# or % of people trained who were knowledgeable about the signs and symptoms of suicide;	—	29	—	Data - Still Outstanding
CCHD UAHS UPC OMG DCS	# or % of patients screened with the PHQ-9 tool and referred for treatment.	—	—	—	Data - Still Outstanding



For their 2022-2024 CSP, Bertrand Chaffee Hospital focused on 2 priorities:

- Preventing Chronic Disease
 - Increase access to healthy and affordable foods and beverages
 - Promote school, child care and worksite environments that increase physical activity.
- Promote Well-Being and Prevent Mental and Substance Use Disorders
 - Strengthen opportunities to build well-being and resilience across the lifespan
 - Facilitate supportive environments that promote respect and dignity for people of all ages.

The following is an evaluation of their efforts.

Preventing Chronic Disease

Increase access to healthy and affordable foods and beverages

Several components of the implementation plan related to this focus area were successfully completed, including conducting malnutrition assessments within 24 hours of admission, ensuring that patients who screened positive were seen by a registered dietitian before discharge, developing a referral process for local food pantries, and providing all medical-surgical patients with a “Healthy Eating Tips” handout at discharge. Efforts to share healthy seasonal recipes and nutrition education through the hospital’s Facebook page, as well as to provide healthy eating educational materials to all discharged patients, are ongoing. The planned initiative to implement healthy choice labels in the hospital cafeteria was not completed due to the cafeteria’s closure.

Promote school, child care and worksite environments that increase physical activity

All elements of the implementation plan related to this focus area were successfully completed and continue to be maintained. A one-mile walking route was posted throughout the facility, and lunch walking groups, “Walk

with a Doc” events, and several staff hikes were conducted. Individual and team step competitions are ongoing. In addition, a Meditation Garden was completed to provide outdoor space for walking and relaxation, and the employee gym opened in November 2024, offering 24/7 access for staff.

Promote Well-Being and Prevent Mental and Substance Use Disorders

Strengthen opportunities to build well-being and resilience across the lifespan

Several elements of the implementation plan were completed, including integrating the 4M Model into inpatient care and discharge planning, achieving certification as an Age-Friendly Health System, and using whiteboards to display key patient information such as date, day, location, and care team members. The creation of an internal quality measurement for the 4Ms is ongoing. However, incorporating the 4M Model directly into the electronic health record could not be accomplished due to limitations with the current EHR vendor.

Facilitate supportive environments that promote respect and dignity for people of all ages

Progress toward implementing the 4M Age-Friendly Model of Care included several completed and ongoing actions. The 4M Model was successfully incorporated into inpatient care and discharge planning, and whiteboards are now used to display patient information such as date, day, location, and care team members. Work continues on developing an internal quality measurement for the 4Ms and achieving certification as an Age-Friendly Health System. However, integrating the 4M Model directly into the electronic health record could not be completed due to vendor limitations.



2026 Community
Service Plan, Community
Health Improvement
Plan (CSP/CHIP)
Prioritization
Results



August County
Department

2026 COMMUNITY SERVICE PLAN, COMMUNITY HEALTH IMPROVEMENT PLAN (CSP/CHIP) PRIORITIZATION RESULTS

Based on the analysis of both primary and secondary data, Olean General Hospital (OGH), Bradford Regional Medical Center (BRMC), Bertrand Chaffee Hospital (BCH), the Cattaraugus County Health Department (CCHD), and the consulting team identified 44 distinct community needs in Cattaraugus County and 35 distinct community needs in McKean County. These needs were selected because they demonstrated a disparity, negative trend, or gap when compared to local, regional, or state data, or were highlighted in qualitative feedback as growing concerns within the community.

On September 5, 2025, the Steering Committee reviewed and endorsed the list of potential needs. Following the meeting, each member received a link to a prioritization survey and was asked to identify the top five priorities they felt were most important for the community.

Prioritization and Significant Health Needs

Table 34 illustrates the ranking of the identified needs based on Steering Committee responses, highlighting the priorities most frequently selected as top five. The table also demonstrates how the 44 identified needs align with the New York State Department of Health (NYSDOH) Prevention Agenda domains and priorities.

Table 34: Cattaraugus County – CHNA-CSP/CHA-CHIP Prioritization Exercise Results

Identified Need	% Identified as Top 5 Priority	# Identified as Top 5 Priority	NYS Prevention Agenda Domain	NYS Prevention Agenda Priority(ies)
Mental Health	68.0%	17	Social and Community Context	Anxiety and Stress, Depression
Substance Use	52.0%	13	Social and Community Context	Primary Prevention, Substance Misuse, and Overdose Prevention Alcohol Use
Access to Care	44.0%	11	Health Care Access and Quality	Preventative Services for Chronic Disease and Control
Transportation	36.0%	9	Neighborhood and Built Environment	Access to Community Services and Support
Poverty	32.0%	8	Economic Stability	Poverty
Housing	28.0%	7	Economic Stability	Housing Stability and Affordability
Availability of Providers	20.0%	5	Health Care Access and Quality	Preventative Services for Chronic Disease and Control

Identified Need	% Identified as Top 5 Priority	# Identified as Top 5 Priority	NYS Prevention Agenda Domain	NYS Prevention Agenda Priority(ies)
Cancer	20.0%	5	Health Care Access and Quality	Preventive Services for Chronic Disease Prevention and Control
Food Security	20.00%	5	Economic Stability	Nutrition Security
Obesity	16.0%	4	Health Care Access and Quality	Preventive Services for Chronic Disease Prevention and Control
Heart Disease	12.0%	3	Health Care Access and Quality	Preventive Services for Chronic Disease Prevention and Control
Suicide	12.0%	3	Social and Community Context	Suicide
Tobacco Use	12.0%	3	Social and Community Context	Tobacco/E-cigarette Use
Unemployment	12.0%	3	Economic Stability	Unemployment
Youth Mental Health Services	12.0%	3	Health Care Access and Quality	Childhood Behavioral Health
Prenatal Care	12.0%	3	Health Care Access and Quality	Access to and Use of Prenatal Care
Adverse Childhood Experiences (ACEs)	8.0%	2	Social and Community Context	Adverse Childhood Experiences
Aging Services	8.0%	2	Neighborhood and Built Environment	Access to Community Services and Support
Breastfeeding	8.0%	2	Health Care Access and Quality	Childhood Behavioral Health
Physical Activity	8.0%	2	Neighborhood and Built Environment	Opportunities for Active Transportation and Physical Activity
Youth Suicide	8.0%	2	Social and Community Context	Suicide
Access to Fresh Meat and Produce	4.0%	1	Economic Stability	Nutrition Security
Access to Recreation/Exercise	4.0%	1	Neighborhood and Built Environment	Opportunities for Active Transportation and Physical Activity

Identified Need	% Identified as Top 5 Priority	# Identified as Top 5 Priority	NYS Prevention Agenda Domain	NYS Prevention Agenda Priority(ies)
Broadband Access	4.0%	1	Neighborhood and Built Environment	Access to Community Services and Support
Child Maltreatment	4.0%	1	Social and Community Context	Adverse Childhood Experiences
Culturally Congruent Care	4.0%	1	Health Care Access and Quality	Preventive Services for Chronic Disease Prevention and Control
Diabetes	4.0%	1	Health Care Access and Quality	Preventive Services for Chronic Disease Prevention and Control
Disconnected Youth	4.0%	1	Economic Stability	Nutrition Security
Educational Attainment	4.0%	1	Education Access and Quality	Health and Wellness Promoting Schools
Healthy Eating	4.0%	1	Social and Community Context	Healthy Eating
Infant Mortality	4.0%	1	Health Care Access and Quality	Prevention of Infant and Maternal Mortality
Lead Testing	4.0%	1	Health Care Access and Quality	Preventive Services
Preventative Screenings	4.0%	1	Health Care Access and Quality	Preventive Services for Chronic Disease Prevention and Control
Respiratory Disease	4.0%	1	Health Care Access and Quality	Preventive Services for Chronic Disease Prevention and Control
Cost of Care	0.0%	0	Health Care Access and Quality	Preventive Services
High Blood Pressure/ Hypertension	0.0%	0	Health Care Access and Quality	Preventive Services for Chronic Disease Prevention and Control
High Cholesterol	0.0%	0	Health Care Access and Quality	Preventive Services for Chronic Disease Prevention and Control

Identified Need	% Identified as Top 5 Priority	# Identified as Top 5 Priority	NYS Prevention Agenda Domain	NYS Prevention Agenda Priority(ies)
Maternal Mortality	0.0%	0	Health Care Access and Quality	Prevention of Infant and Maternal Mortality
Uninsured Adult	0.0%	0	Health Care Access and Quality	Preventive Services
Uninsured Children	0.0%	0	Health Care Access and Quality	Preventive Services
Youth Education	0.0%	0	Education Access and Quality	Health and Wellness Promoting Schools

Table 35 presents the ranking of identified needs for McKean County, based on Steering Committee responses, along with the alignment of the 35 identified needs with the NYSDOH Prevention Agenda domains and priorities.

Table 35: McKean County CHNA-CSP/CHA-CHIP Prioritization Exercise Results

Identified Need	% Identified as Top 5 Priority	# Identified as Top 5 Priority	NYS Prevention Agenda Domain	NYS Prevention Agenda Priority(ies)
Mental Health	55.6%	10	Social and Community Context	Anxiety and Stress Depression
Access to Healthcare	50.0%	9	Health Care Access and Quality	Preventative Services
Substance Use	38.9%	7	Social and Community Context	Primary Prevention, Substance Misuse, and Overdose Prevention Alcohol Use
Housing	38.9%	7	Economic Stability	Housing Stability and Affordability
Poverty	33.3%	6	Economic Stability	Poverty
Availability of Providers	27.8%	5	Health Care Access and Quality	Preventative Services
Dental Health and Oral Care, especially access to these services	27.8%	5	Health Care Access and Quality	Oral Health Care
Physical Activity	22.2%	4	Neighborhood and Built Environment	Opportunities for Active

Identified Need	% Identified as Top 5 Priority	# Identified as Top 5 Priority	NYS Prevention Agenda Domain	NYS Prevention Agenda Priority(ies)
				Transportation and Physical Activity
Overweight/Obesity	22.2%	4	Health Care Access and Quality	Preventive Services for Chronic Disease Prevention and Control
Preventative Screenings	22.2%	4	Health Care Access and Quality	Preventive Services for Chronic Disease Prevention and Control
Food Insecurity	16.7%	3	Economic Stability	Nutrition Security
Transportation	16.7%	3	Neighborhood and Built Environment	Access to Community Services and Support
Routine Healthcare	16.7%	3	Health Care Access and Quality	Preventative Services
Need for Health Education	16.7%	3	Education Access and Quality	Opportunities for Continued Education
Unemployment	11.1%	2	Economic Stability	Unemployment
Youth Substance Use	11.1%	2	Health Care Access and Quality	Childhood Behavioral Health
Heart Disease	11.1%	2	Health Care Access and Quality	Preventive Services for Chronic Disease Prevention and Control
Cancer	11.1%	2	Health Care Access and Quality	Preventive Services for Chronic Disease Prevention and Control
Lack of Child Care	11.1%	2	Education Access and Quality	Health and Wellness Promoting Schools
Access to Healthy Foods	5.6%	1	Economic Stability	Nutrition Security
Tobacco Use	5.6%	1	Social and Community Context	Tobacco/E-cigarette Use
Access to Recreation/Exercise	5.6%	1	Neighborhood and Built Environment	Opportunities for Active Transportation and Physical Activity
Prenatal Care	5.6%	1	Health Care Access and Quality	Access to and use of Prenatal Care

Identified Need	% Identified as Top 5 Priority	# Identified as Top 5 Priority	NYS Prevention Agenda Domain	NYS Prevention Agenda Priority(ies)
Asthma Respiratory Disease	5.6%	1	Health Care Access and Quality	Preventive Services for Chronic Disease Prevention and Control
Lyme Disease	5.6%	1	Health Care Access and Quality	Preventive Services for Chronic Disease Prevention and Control
Vaccinations	5.6%	1	Health Care Access and Quality	Preventive Services for Chronic Disease Prevention and Control
Suicide	0.0%	0	Social and Community Context	Suicide
Youth Suicide	0.0%	0	Social and Community Context	Suicide
Breastfeeding	0.0%	0	Health Care Access and Quality	Childhood Behavioral Health
Motor Vehicle Safety	0.0%	0	Neighborhood and Built Environment	Injuries and Violence
Uninsured Adults	0.0%	0	Health Care Access and Quality	Preventative Services
Uninsured Children	0.0%	0	Health Care Access and Quality	Preventative Services
Cost of Healthcare	0.0%	0	Health Care Access and Quality	Preventative Services
Disconnected Youth	0.0%	0	Economic Stability	Nutrition Security
Heart Disease	0.0%	0	Health Care Access and Quality	Preventive Services for Chronic Disease Prevention and Control

The CHNA workgroup subsequently reviewed the results of the prioritization exercise. Leadership from the hospitals and health department collaborated to determine the final priorities for inclusion in the 2025–2027 Community Service Plan (CSP)/2025-2030 Community Health Improvement Plan (CHIP).

Through community surveys, focus groups, and stakeholder interviews, several additional health needs were identified by residents and partners. These concerns were carefully reviewed and fully considered during the prioritization process alongside quantitative data, community impact, feasibility, existing resources, and alignment with state and local public health priorities. While these needs are important and meaningful to the community, they did not rank as the highest priorities based on the established prioritization criteria. Within a

single Community Health Improvement Plan cycle, not all needs can be addressed. Limited resources, capacity, and the need to focus efforts where the greatest measurable impact can be achieved required difficult but necessary decisions. The unaddressed needs will remain documented and monitored and may be reconsidered in future planning cycles or addressed through partner-led initiatives and existing community programs.

Based on the prioritization process, the following New York State Department of Health priority areas will guide the efforts of OGH, BRMC, BCH and CCHD over the next three years:

- Mental Health (Social and Community Context)
 - Anxiety & Stress
- Substance Use (Social and Community Context)
 - Primary Prevention, Substance Misuse, and Overdose Prevention
- Access to Care (Healthcare Access and Quality)
 - Preventative Services for Chronic Disease Prevention and Control
- Food Insecurity (Economic Stability)
 - Nutrition Security

The above significant needs will be addressed in the next section –Implementation Strategy/CHIP.

CATTARAUGUS OFFICE BU



2025-2027 CHNA-CSP
2025-2030 CHA-CHIP
Implementation
Strategies



2025-2027 CSP/2025-2030 CHIP IMPLEMENTATION STRATEGIES

Community health improvement is a systematic, sustained effort that requires ongoing collaboration across the community. This process involves assessing relevant data to identify and analyze health problems, inventorying community assets and resources, understanding community perceptions, and developing coordinated strategies. It also includes establishing measurable health objectives and indicators, identifying accountable entities, and fostering community ownership of the improvement process.

The development of the OGH/BRMC/BCH and CCHD Community Health Improvement Plan (CHIP) follows guidance from the New York State Department of Health (NYSDOH) and the New York State Prevention Agenda. Its purpose is to provide a structured approach for addressing the priority areas identified in the Cattaraugus and McKean counties Community Health Assessment. The CHIP reflects the collaborative efforts of OGH/BRMC/BCH, CCHD, and a wide range of community partners, ensuring strategies are locally relevant and actionable.

The CHIP provides a framework for setting goals, defining objectives, implementing improvement strategies, and monitoring performance through measurable, time-bound targets. The plan focuses on the following priority areas:

- Mental Health (Social and Community Context)
 - Anxiety & Stress
- Substance Use (Social and Community Context)
 - Primary Prevention, Substance Misuse, and Overdose Prevention
- Access to Care (Healthcare Access and Quality)
 - Preventative Services for Chronic Disease Prevention and Control
- Food Insecurity (Economic Stability)
 - Nutrition Security

Progress on the Community Health Improvement Plan (CHIP) is monitored through an ongoing, collaborative process with community partners and the Community Health Improvement Steering Committee. Each priority area includes defined objectives, performance measures, responsible partners, and timelines to support accountability and consistent tracking.

Partners provide regular progress updates using agreed-upon process and outcome measures. Progress is reviewed during scheduled partner meetings to identify accomplishments, challenges, and emerging barriers.

When needed, mid-course adjustments are made collaboratively to ensure strategies remain feasible and responsive to changing conditions, such as shifts in funding, capacity, or community needs. All modifications are documented and communicated to maintain alignment with CHIP priorities and support continuous improvement.

The CHA, CHIP, and CSP reports will be disseminated to the public through multiple channels to ensure broad and equitable access. Final reports will be posted on OGH/BRMC, BCH, and CCHD websites and shared through social media, press releases, and partner organizations' communication networks. Summaries and key findings will be presented at public meetings and shared with community partners, local governments, healthcare providers, and community-based organizations. Efforts will be made to provide plain-language summaries and accessible formats to reach diverse audiences across the county.



Review and Approval



REVIEW AND APPROVAL

The 2025-2027 Community Health Needs Assessment and Community Service Plan (CHNA-CSP)/ 2025-2030 Community Health Assessment and Community Health Improvement Plan (CHA-CHIP), were presented and approved as follows:

- Olean General Hospital's/Bradford Regional Medical Center's Board of Directors approved the plans on December 3, 2025.
- Bertrand Chaffee Hospital's Board of Directors approved the plans on December 9, 2025.
- Cattaraugus County Board of Health approved the plans on December 17, 2025.

The Cattaraugus County 2025-2027 Community Health Needs Assessment and Community Service Plan (CHNA-CSP)/ 2025-2030 Community Health Assessment and Community Health Improvement Plan (CHA-CHIP), are posted on the following websites:

- Olean General Hospital: <https://www.brmc-ogh.org>/click on About Us in the second top toolbar, then click Community Health Needs Assessments on the right-hand side.
- Bradford Regional Medical Center: <https://www.brmc-ogh.org/>, click on About Use in the second top toolbar, then click Community Health Needs Assessments on the right-hand side.
- Bertrand Chaffee Hospital: <https://bertrandchaffee.com/>, click on About BCH Tab (First one on the left), then click on For the Public, then click on Community Service Plan.
- Cattaraugus County Health Department: <https://www.cattco.org/health/community-health-improvement-plans>, click on 2025-2030 document.

Printed copies are available by contacting:

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Appendices





Appendix A:
Cattaraugus and
McKean County
Community Health
Survey



2025 Community Health Needs Assessment Survey

Bradford Regional Medical Center, Olean General Hospital, Bertrand Chaffee Hospital and the Cattaraugus County Health Department are interested in learning about the health of the residents in McKean County, PA, Cattaraugus County, NY and Erie County, NY. Your input in this process is very important. We are asking that you complete this survey that will help us to identify the needs of our community so that we can work together to address those needs. The survey should take approximately 5-10 minutes to complete, and we ask that you please complete by April 15, 2025.

Your responses are important and will provide us with information that will allow us to identify the most pressing needs of our community so that we might all work together to address those needs. Please note that your responses are completely anonymous. If you have questions regarding the survey or need assistance completing this survey, please contact Jacqui at 1-866-480-8003 or jacqui@getstrategy.com.

Thank you for taking the time to participate in this survey. Your responses will help us assess the factors that influence health outcomes in our community. All answers are confidential. To thank you for your participation you will be entered into a drawing for a chance to win one of four (4) \$50 Chamber Gift Cards (2 for McKean County, 2 for Cattaraugus County). Upon completion of the survey, you will be directed to a separate page to input your contact information for a chance to win one of these prizes. Winners will be notified by the end of April 2025.

Section 1: Demographics

1. Which county do you reside in?

- Cattaraugus County, NY
 Erie County, NY
 McKean County, PA
 Other, Please Specify

2. What is your zip code? _____

3. What is your age group?

- Under 18
 18-24
 25-34
 35-44
 45-54
 55-64
 65+

4. What is your gender?

- Male
 Female
 Prefer to Self Describe

5. What is your race/ethnicity? (Select all that apply)

- White
 Black/African American
 Hispanic/Latino
 Asian
 Native American/Alaskan Native
 Pacific Islander
 Other (Please Specify) _____

6. What is your marital status?

- Single

- Married
 Divorced
 Widowed
 Other (Please specify)

7. What is your household size?

- 1
 2-3
 4-5
 6+

Section 2: Economic Stability

8. Are you currently employed?

- Yes, full-time
 Yes, part-time
 No, unemployed
 No, retired
 Other (Please Specify)

9. What is your household income range?

- Below \$25,000
 \$25,000-\$49,999
 \$50,000-\$74,999
 \$75,000-\$99,999
 \$100,000+

10. Are you able to meet your basic financial needs (e.g., food, housing, transportation)?

- Yes
 No

11. Have you ever experienced a lack of resources (money) to meet your financial obligations to maintain a reasonable standard of living (financial insecurity) in the past year?

- Yes
 No

12. Do you receive any government assistance (e.g., SNAP, housing subsidies)?

- Yes
 No

13. Do you feel your job provides a livable wage?

- Yes
 No

14. How stable is your current housing situation?

- Very stable
 Somewhat stable
 Unstable

Section 3: Education Access and Quality

15. What is your highest level of education?

- Less than high school
 High school/GED
 Some college
 Bachelor's degree
 Graduate degree or higher

16. Do you have access to affordable educational opportunities?

- Yes
 No
 I don't know

17. Are there early childhood education programs in your community?

- Yes
 No
 I don't know

18. Do you feel your local schools provide quality education?

- Yes
No
I don't know

19. Have you attended any job training or adult education programs in the past year?

- Yes
No

20. What are the biggest barriers to education in your community? (Select all that apply)

- Cost
Transportation
Time
Language barriers
Other (please specify)

21. Do you have reliable internet service in your home?

- Yes
No

- Excellent
Good
Fair
Poor

25. Have you delayed or avoided healthcare due to cost in the past year?

- Yes
No

26. Do you have access to dental care?

- Yes
No

27. Are mental health services accessible in your community?

- Yes
No
I don't know

28. Have you ever felt not listened to when seeking healthcare?

- Yes
No

Section 4: Healthcare Access and Quality

22. Do you currently have health insurance?

- Yes
No

23. Do you have a primary care provider?

- Yes
No

24. How would you rate the quality of healthcare services in your community?

Section 5: Neighborhood and Built Environment

29. Do you feel safe in your neighborhood?

- Yes
No

30. Are there adequate sidewalks and bike lanes in your area?

- Yes
No

31. Do you have access to parks or recreational spaces within walking distance of your home?

Yes

No

Yes

No

32. How would you rate the air quality in your community?

Yes

No

Excellent

Good

Fair

Poor

33. Do grocery stores within your community have fresh, healthy and affordable food options

38. Do you have friends or family you can rely on for emotional or financial support?

Yes

No

Yes

No

39. Have you experienced bias in your community?

Yes

No

34. Do you have access to clean drinking water?

40. How often do you feel lonely or isolated?

Yes

No

Never

Rarely

Sometimes

Often

35. Are there public transportation options available in your area?

41. Are there opportunities for civic engagement (e.g., volunteering, voting)?

Yes

No

Yes

No

Section 6: Social and Community Context

36. Do you feel connected to your community?

Section 7: General Health and Wellbeing

42. How would you rate your overall health?

- Excellent
- Good
- Fair
- Poor

- Weekly
- Occasionally
- Rarely

43. Do you have any chronic health conditions (e.g., diabetes, hypertension, heart disease, asthma, COPD, etc.)?

- Yes
- No

48. Have you ever used tobacco or vaping products?

- Yes
- No

44. Do you have access to affordable medications if needed?

- Yes
- No

49. Do you consume alcohol?

- Yes
- No

45. How often do you exercise?

- Daily
- Weekly
- Occasionally
- Rarely
- Never

50. Have you ever used illegal substances?

- Yes
- No

46. Do you experience high levels of stress regularly?

- Yes
- No

51. What is the most significant social factor impacting your health and well-being?

- Economic challenges
- Lack of healthcare access
- Poor education opportunities
- Unsafe environment
- Other (Please Specify)

47. How often do you eat fresh fruits and vegetables?

- Daily

Thank you again for completing the survey! Your feedback will help us improve the health and well-being of our community.



Appendix B:
Cattaraugus
County Intercept
Survey





Public Health
Prevent. Promote. Protect.
Cattaraugus County
Health Department

Cattaraugus County Health Department

How Are We Doing?

We are committed to providing you with the best experience possible, so we welcome your comments. Please fill out this questionnaire to receive a free bottle of water. Thank you.



What is your zip code? _____

What is your sex?

- Male
- Female
- I would prefer not to answer

Race (check all that apply):

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or other Pacific Islander
- White

What is your age?

- 18-29
- 30-39
- 40-49
- 50-59
- 60+

What is your household income?

- \$0 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 or more

What stops you from seeking medical care for yourself and/or your family? (Check all that apply)

- Unable to get time off from work
- Lack of transportation
- High cost of medical care and/or medications
- Lack of local health care providers
- Long wait times for appointments
- No issues in seeking medical care

How do you pay for health care?

- I have health insurance through my employer
- I have Medicare
- I have Medicaid
- I am covered by VA
- I purchased Health Insurance through NY State of Health
- I use Seneca Nation Health Insurance
- I pay cash
- I have health insurance through a family member

Which of the following would help you become more physically active? (Check all that apply)

- Transportation
- Walking or exercise group
- Workshops or classes
- Safe Place to walk or exercise
- Information about programs in your community
- Discounts for exercise programs
- Low-cost sneakers, sweat suits, or other equipment
- A friend to exercise with
- Not applicable; I am physically active

How often do you see a doctor?

- Once per year
- A few times a year
- Only when I am sick
- I do not go to the doctor

How many times in the past 12 months have you had a binge drinking episode?

(5 or more drinks for males, and 4 or more for females).

- Never
- Once or twice
- Monthly

<p><input type="checkbox"/> Do you smoke? (Check all that apply)</p> <ul style="list-style-type: none"> <input type="radio"/> Cigarettes, including e-cigarettes <input type="radio"/> Marijuana, including joints, blunts, or vaporizers <input type="radio"/> Cigars, including cigarillos <input type="radio"/> I do not smoke <p><input type="checkbox"/> How difficult is it to pay for basics like food, housing, medical care, and heating?</p> <ul style="list-style-type: none"> <input type="radio"/> Very hard <input type="radio"/> Somewhat hard <input type="radio"/> Not hard at all <p><input type="checkbox"/> What is your living situation today?</p> <ul style="list-style-type: none"> <input type="radio"/> I have a steady place to live <input type="radio"/> I have a place to live, but I am worried about losing it in the future <input type="radio"/> I do not have a steady place to live <p><input type="checkbox"/> In the past 12 months, has the electric, gas, oil, or water company threatened to and/or completely shut off services in your home?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <p><input type="checkbox"/> In the past 12 months, did you worry that your food would run out before you got money to buy more?</p> <ul style="list-style-type: none"> <input type="radio"/> Often <input type="radio"/> Sometimes <input type="radio"/> Never <p><input type="checkbox"/> Which of the following affected you or your family in the last 2 years?</p> <ul style="list-style-type: none"> <input type="radio"/> Allergies <input type="radio"/> Asthma <input type="radio"/> Childhood Obesity <input type="radio"/> Obesity <input type="radio"/> COPD <input type="radio"/> Dental Problems <input type="radio"/> Depression <input type="radio"/> Pre-Diabetes <input type="radio"/> Diabetes <input type="radio"/> Flu <input type="radio"/> COVID-19 <input type="radio"/> Heart Disease 	<ul style="list-style-type: none"> <input type="radio"/> Weekly <input type="radio"/> Daily or almost daily <p><input type="checkbox"/> How many times in the past 12 months have you used prescription drugs for non-medical reasons?</p> <ul style="list-style-type: none"> <input type="radio"/> Never <input type="radio"/> Once or twice <input type="radio"/> Monthly <input type="radio"/> Weekly <input type="radio"/> Daily or almost daily <p><input type="checkbox"/> What is your highest level of education?</p> <ul style="list-style-type: none"> <input type="radio"/> Some high school <input type="radio"/> High school diploma or GED equivalent <input type="radio"/> Some college <input type="radio"/> Associate's degree <input type="radio"/> Bachelor's degree <input type="radio"/> Trade/Technical/Vocational certification <input type="radio"/> Graduate degree or higher <p><input type="checkbox"/> Due to a physical or mental disability, do you have issues completing necessary functions such as: going to work, managing personal care, or performing household tasks?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable, I do not have a disability <p><input type="checkbox"/> How would you rate the overall health of Cattaraugus County?</p> <ul style="list-style-type: none"> <input type="radio"/> Excellent <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor <p><input type="checkbox"/> How would you rate your personal physical health?</p> <ul style="list-style-type: none"> <input type="radio"/> Excellent <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor
--	---

- Hepatitis C
- High Blood Pressure
- High Cholesterol
- Mental Health
- Pneumonia
- Sexually Transmitted Disease
- Stroke
- Not applicable, we are all healthy

How would you rate your personal mental health?

- Excellent
- Good
- Fair
- Poor

Thank you! Get your water!



Appendix C:
Stakeholder
Interview Guide



Stakeholder Interview Guide

Thank you for taking the time to talk with us to support this collaborative Community Health Needs Assessment.

1. First of all, could you tell me a little bit about yourself and your background/ experience with community health related issues.

2. What, in your opinion, are the top 3 community health needs for McKean/Cattaraugus/Erie County? (ask based on stakeholder)	3. What, in your opinion are the issues and the environmental factors that are driving these community health needs?
Others mentioned:	

Check to see if the area they were selected to represent is one of the top priorities identified above. If not mentioned, say....

- 4. Our records indicate that you were selected to participate in these individual interviews because you have specific background/experience/ knowledge regarding the health of the community. What do you feel are the key issues related to this topic area?**
- 5. What are the non-medical factors that influence a person's health status and well-being in the community? This could include employment, housing, food, childcare, safety, different demographic characteristics, etc.**

6. What gaps exist in services? Are there things people need that are not available?
7. What barriers exist to accessing services and living a healthy lifestyle?
8. In the prior Community Health Needs Assessment we heard a lot about isolation as a result of COVID. How much of a problem do you think loneliness and isolation are in the community today? Would you say a great problem, somewhat of a problem or not a problem?
 - a. Why do you say that?
9. How can we help ensure that all residents have the support they need for their overall wellbeing?
10. What more, in your opinion, still needs to be done in order to address each of your community health topic areas mentioned above?
11. In your opinion, what role do you think the hospital, public health department, community organization or a collaboration should take in addressing these needs? And, how can any of these organizations work with other agencies/ organizations to address the needs you mentioned? Who do you think should take the lead?
12. What activities/initiatives are currently underway in the community to address the needs within each of your topic areas?
13. The NYS DOH Prevention Agenda for 2025-2030 has identified several priority focus areas. I would like to get your thoughts on which you feel would most benefit the community. (read the list for each domain and ask them to pick 1 from each group that they think would be most beneficial to the community)

Domain	Priorities
Economic Stability	Economic Wellbeing <ul style="list-style-type: none"> • Poverty • Unemployment • Nutrition Security • Housing Stability and Affordability
Social and Community Context	Mental Wellbeing and Substance Use <ul style="list-style-type: none"> • Anxiety and Stress • Suicide

	<ul style="list-style-type: none"> • Depression • Primary Prevention, Substance Misuse, and Overdose Prevention • Tobacco/ E-cigarette Use • Alcohol Use • Adverse Childhood Experiences • Healthy Eating
<p>Neighborhood and Built Environment</p>	<p>Safe and Healthy Communities</p> <ul style="list-style-type: none"> • Opportunities For Active Transportation and Physical Activity • Access to Community Services and Support • Injuries and Violence
<p>Health Care Access and Quality</p>	<p>Health Insurance Coverage and Access to Care</p> <ul style="list-style-type: none"> • Access to and Use of Prenatal Care • Prevention of Infant and Maternal Mortality • Preventive Services for Chronic Disease Prevention and Control • Oral Health Care <p>Healthy Children</p> <ul style="list-style-type: none"> • Preventive Services <ul style="list-style-type: none"> ○ Immunization ○ Hearing screening and follow up ○ Lead screening • Early Intervention • Childhood Behavioral Health
<p>Education Access and Quality</p>	<p>PreK-12 Student Success And Educational Attainment</p> <ul style="list-style-type: none"> • Health and Wellness Promoting Schools • Opportunities for Continued Education

14. As the hospital, public health department, and community organizations come together to begin to create goals and objectives for the implementation strategy action plan, working on issues and needs identified through the community health improvement process, if asked, would you be interested in participating in a collaborative to address the identified issues and needs?



Appendix D:
Focus Group
Topic Guide



2025 CHA/CHNA Focus Groups

1. How would you rate the health of the community? Would you say it is Excellent, Very Good, Good, Fair or Poor)? Why do you say that?
2. What does a healthy community look like?
3. What more needs to be done so the community reflects that definition?
4. What are the health related needs/issues facing the community?
5. The hospitals would like to better understand the health related needs of the community. If you are comfortable please share any specific health conditions you or anyone in your family are impacted by.
6. What are the non-medical factors that influence a person's health status and well-being in the community? This could include employment, housing, food, childcare, safety, different demographic characteristics, etc.
7. What gaps exist in services? Are there things people need that are not available?
8. What barriers exist to accessing services and living a healthy lifestyle?
9. The hospitals would like to better understand if there are challenges the community experiences with regards to accessing services. If you are comfortable, please share any specific challenges or barriers you or anyone in your family have experienced accessing services.
10. What more can local hospitals or the Health Department do to help create a healthy community?
11. What more can community agencies do to help create a healthy community?
12. The NYS DOH Prevention Agenda for 2025-2030 has identified several priority focus areas. I would like to get your thoughts on which you feel would most benefit the community. (Place flipchart on wall or virtually and ask participants which one they feel would have the most benefit to the community for each domain)

Domain	Priorities
Economic Stability	Economic Wellbeing <ul style="list-style-type: none"> • Poverty • Unemployment • Nutrition Security • Housing Stability and Affordability
Social and Community Context	Mental Wellbeing and Substance Use <ul style="list-style-type: none"> • Anxiety and Stress • Suicide • Depression • Primary Prevention, Substance Misuse, and Overdose Prevention • Tobacco/ E-cigarette Use • Alcohol Use • Adverse Childhood Experiences • Healthy Eating
Neighborhood and Built Environment	Safe and Healthy Communities <ul style="list-style-type: none"> • Opportunities For Active Transportation and Physical Activity • Access to Community Services and Support • Injuries and Violence
Health Care Access and Quality	Health Insurance Coverage and Access to Care <ul style="list-style-type: none"> • Access to and Use of Prenatal Care • Prevention of Infant and Maternal Mortality • Preventive Services for Chronic Disease Prevention and Control • Oral Health Care Healthy Children <ul style="list-style-type: none"> • Preventive Services <ul style="list-style-type: none"> ○ Immunization ○ Hearing screening and follow up ○ Lead screening • Early Intervention • Childhood Behavioral Health
Education Access and Quality	PreK-12 Student Success And Educational Attainment <ul style="list-style-type: none"> • Health and Wellness Promoting Schools • Opportunities for Continued Education



Appendix E
Hospital
and Community
Resources



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Tables 1 – 31 show the community and hospital resources available in Cattaraugus County. Resources available for McKean County can be accessed through the link to United Way 211 at the beginning of each table. Resources are broken down into categories based on chapter and/or topical heading.

Food Security and Healthy Eating

Resources available in McKean County can be accessed through **United Way 211**. **Table 1** below is a listing of community resources (other than the hospital) available in Cattaraugus County for residents to access regarding healthy eating and food security.

Table 1: Food Security: Community Resources Listing for Cattaraugus County

Agency	Address	City	St	Zip	Phone Number	Website
Allegany Free Methodist Church Food Pantry	2523 Five Mile Road	Allegany	NY	14706	716-372-0388	http://www.creeksidechapel.org/
Bridge - St Bonaventure Outreach Corp	95 East Main Street	Allegany	NY	14706	716-373-1330 x16	
Cattaraugus Food Pantry	11 Washington St	Cattaraugus	NY	14719	716-257-3077	
Community Action Food Pantry	25 Jefferson St	Salamanca	NY	14779	716-945-1041	
Cornell Cooperative Extension - Cattaraugus County	28 Parkside Drive	Ellicottville	NY	14731	716-699-2377	http://cattaraugus.cce.cornell.edu/
Creekside Chapel Food Pantry	2523 Five Mile Rd	Allegany	NY	14706	716-372-0388	
Delevan Food Pantry	Church & Delevan Ave	Delevan	NY	14042	716-492-3231	
Eat Smart New York- Cattaraugus County CCE	28 Parkside Drive	Ellicottville	NY	14731	716-699-2377 x111	http://cattaraugus.cce.cornell.edu/
Ellicottville Memorial Library	6499 Maples Road	Ellicottville	NY	14731	716-699-2842	http://www.evml.org
Expanded Food and Nutrition Education Program - Cattaraugus CCE	28 Parkside Drive	Ellicottville	NY	14731	716-699-2377	http://cattaraugus.cce.cornell.edu/
Franklinville Food Pantry - Catholic Charities	28 Park Square	Franklinville	NY	14737	716-676-3215	
Free Methodist Church of South Dayton	327 Pine Street	South Dayton	NY	14138	716-988-3232	
Gowanda Area Love in the Name of Christ	64 East Main Street	Gowanda	NY	14070	716-532-6130	http://www.gowandaloveinc.org/
Harvest Field Outreach	408 W State St	Olean	NY	14760	716-372-3711	

Agency	Address	City	St	Zip	Phone Number	Website
Healthy Community Alliance, Inc.	1 School Street Suite 100	Gowanda	NY	14070	716-532-1010	http://www.communityalliance.org
Hinsdale Ischua Food Pantry	3678 Main Street	Hinsdale	NY	14743	716-557-2449	
Lighthouse Community Kitchen	25 Jefferson St	Salamanca	NY	14779	716-945-1041	
Limestone Food Pantry	941 N Main St	Limestone	NY	14753	716-925-8748	
Little Valley Holiday Cheer	618 Erie Street	Little Valley	NY	14755	716-938-6332	
Little Valley United Methodist Church Clothes Closet	109 Court Street	Little Valley	NY	14755	716-938-6150	http://www.littlevalleyumc.org
Loaves 'N Fishes Hillside Wesleyan Church	753 Prospect Ave	Olean	NY	14760	716-373-6800	
Mobile Food Pantry at Dayton Food Pantry	9586 Railroad Avenue	Dayton	NY	14041	716-725-9229	https://www.foodbankwny.org/about-us/how-the-food-bank-works/programs/mobile-food-pantry/
Mobile Food Pantry at Trading Post South Food Pantry	11 Washington Street	Cattaraugus	NY	14719	716-257-3077	https://www.foodbankwny.org/about-us/how-the-food-bank-works/programs/mobile-food-pantry/
Olean Food Pantry	8 Leo Moss Dr	Olean	NY	14760	716-372-4989	
Portville Community Food Pantry	19 North Main Street	Portville	NY	14770	716-933-6426	
Randolph Community Cupboard	28 Jamestown Street Randolph Historical Building	Randolph	NY	14772	716-358-4848	
Roberts Memorial Free Methodist Church	111 South Street	Cattaraugus	NY	14719	716-257-3326	robertsfmc.org
Salvation Army	310 East State Street	Olean	NY	14760	716-372-6740	https://easternusa.salvationarmy.org/empire/olean/
Seneca Nation Food Pantry	262 Broad St	Salamanca	NY	14779	716-945-2655	
St. Vincent De Paul	441 N Union St	Olean	NY	14760	716-373-0815	
Trading Post South	11 Washington Street	Cattaraugus	NY	14719	716-257-3077	www.savinggraceoutreach.org

Agency	Address	City	St	Zip	Phone Number	Website
United Church of Ellicottville	53 Elizabeth Street	Ellicottville	NY	14731	716-699-4003	
Valley View Baptist Church Food Pantry	33055 Route 353	Little Valley	NY	14755	716-938-9797	
Warming House - St Bonaventure University Ministries	164 North Union Street	Olean	NY	14760	716-372-2805	http://www.sbu.edu
Your Father's Attic	17 Washington Street	Cattaraugus	NY	14719	716-257-3077	http://www.savinggraceoutreach.org/trading-post.html

Tables 2 and 3 below is a listing of hospital resources available in Cattaraugus County and Table 4 are those available in McKean County for residents to access regarding healthy eating and food security.

Table 2: Healthy Eating and Food Security: Olean General Hospital Resources Listing for Cattaraugus County

Olean General Hospital Programs and Services	Address	City	State	Zip	Phone Number
Diabetes Education and Nutritional Services					
Olean General Hospital	515 Main Street	Olean	NY	14760	716-375-4127

Table 3: Healthy Eating and Food Security: Bertrand Chaffee Hospital Resources Listing for Cattaraugus County

Bertrand Chaffee Hospital Programs and Services	Address	City	State	Zip	Phone Number
Nutritional Services and Diabetes Education					
Bertrand Chafee Hospital	224 East Main Street	Springville	NY	14141	716-592-2871

Table 4: Healthy Eating and Food Security: Bradford Regional Medical Center Resources Listing for McKean County

Bradford Regional Medical Center Programs and Services	Address	City	State	Zip	Phone Number
Nutritional Services					
Bradford Regional Medical Center	116 Interstate Parkway	Bradford	PA	16701	814-362-8224

Physical Activity and Recreation

Resources available in McKean County can be accessed through **United Way 211**. **Table 5** below is a listing of community resources (other than the hospital) available in Cattaraugus County for residents to access regarding physical activity.

Table 5: Physical Activity: Community Resources Listing for Cattaraugus County

Agency	Address	City	State	Zip	Phone Number	Website
Individual and Family Life-Leisure Activities/Recreation						
Allegany Skate Park and Bicycle Shop	4122 NY 417	Allegany	NY	14706	716-307-4528	alleganyskatepark.com
Allegheny River Valley Trail		Olean	NY			Enchantedmountains.com
Pat McGee Trail		Little Valley	NY	14755		Enchantedmountains.com
Fitness Centers that Participate in Employee Wellness Program						
Droney Fit & Wellness	3134 NYS Route 417	Olean	NY	14760	716-372-3488	http://www.droneyfit.com/
YMCA of Twin Tiers	1001 Wayne Street	Olean	NY	14760	716-373-2400	https://www.twintiersymca.org/locations/olean-ymca
Groove Health and Fitness	6696 US-219	Ellicottville	NY	14760	716-435-9591	http://www.groovehealthandfitness.com/
Olean Meditation Center	2274 Dugan Road	Olean		14759	716-375-5549	https://oleanmeditation.org/
Fitness Centers						
AKT Combatives Academy	705 N. Union St.	Olean	NY	14760	716-373-1050	https://aktcombatives.com
Dance Arts	132 N. Union St.	Olean	NY	14760	716-372-5048	http://danceartsolean.com/
Eades 24-7	502 N. Union St.	Olean	NY	14760	716-372-9444	https://www.eadefitness.com/
Elite Athletics	9111 Otto-E. Otto Rd	Otto	NY	14766	716-450-2151	https://www.eliteathleticsallstar.com/
Hometown Fitness	28 W. Main St.	Cuba	NY	14727	585-209-4041	https://cubahometownfitness.weebly.com/
Neighborhood School of Dance	609 S. Union St.	Olean	NY	14760	716-373-3330	http://nsdolean.com/
Peakside Health & Fitness	6129 US-219	Ellicottville	NY	14731	716-699-5588	

Agency	Address	City	State	Zip	Phone Number	Website
Randolph Brick Fitness	129 Main Street	Randolph	NY	14772		<a href="https://www.facebook.com/pg/randolphbric
kfitness/about/?ref=page_internal">https://www.facebook.com/pg/randolphbric kfitness/about/?ref=page_internal
Public Parks						
Allegheny River Park	W. Union Street	Allegheny	NY	14706	716-373-1540	<a href="http://www.allegany.org/index.php?River%2
Opark">http://www.allegany.org/index.php?River%2 Opark
Allegheny State Park	2373 ASP Route 1	Salamanca	NY	14779	716-354-9101	https://parks.ny.gov/parks/1/hunting.aspx
Boardman Park	N. Union Street	Olean	NY	14760		<a href="https://www.cityofolean.org/youth/parks.
html">https://www.cityofolean.org/youth/parks. html
Ellicottville Village Park	11 Parkside Drive	Ellicottville	NY	14731		
Elmer's Dog Park	28 Parkside Drive	Ellicottville	NY	14731		
Forness Park	740 Hoop Street	Olean	NY	14760		<a href="https://www.cityofolean.org/youth/parks.
html">https://www.cityofolean.org/youth/parks. html
Francot Park	201R W. Green St.	Olean	NY	14760	716-376-5666	<a href="https://www.cityofolean.org/youth/parks.
html">https://www.cityofolean.org/youth/parks. html
Franklin-Hysol Park	Franklin Ave.	Olean	NY	14760		<a href="https://www.cityofolean.org/youth/parks.
html">https://www.cityofolean.org/youth/parks. html
Gargoyle Park	101 Gargoyle Road	Olean	NY	14760	716-376-5663	<a href="https://www.cityofolean.org/youth/parks.
html">https://www.cityofolean.org/youth/parks. html
Griffis Sculpture Park	6902 Rohr Rd.	East Otto	NY	14729	716-667-2808	http://griffispark.org/griffis-sculpture-park/
Homer Street Park	Homer Street	Olean	NY	14760		<a href="https://www.cityofolean.org/youth/parks.
html">https://www.cityofolean.org/youth/parks. html
Irving Park	Irving St. & S. 11th St.	Olean	NY	14760		<a href="https://www.cityofolean.org/youth/parks.
html">https://www.cityofolean.org/youth/parks. html
King Street Park	King St. & Seneca St.	Olean	NY	14760		<a href="https://www.cityofolean.org/youth/parks.
html">https://www.cityofolean.org/youth/parks. html
Lincoln Park	State St. & Union St.	Olean	NY	14760		<a href="https://www.cityofolean.org/youth/parks.
html">https://www.cityofolean.org/youth/parks. html
Little Rock City and McCarty Hill State Forest		Little Valley	NY	14741	716-372-0645	www.dec.ny.gov/lands/77184.html
Magnano Park	York St.	Olean	NY	14760		<a href="https://www.cityofolean.org/youth/parks.
html">https://www.cityofolean.org/youth/parks. html

Agency	Address	City	State	Zip	Phone Number	Website
Marcus Park	N. 15th St. & Sullivan St.	Olean	NY	14760		https://www.cityofolean.org/youth/parks.html
Nannen Arboretum	28 Parkside Drive	Ellicottville	NY	14731	716-699-2100	https://enchantedmountains.com/place/nannen-arboretum
Oakhill Park	Washington and N. 4th St.	Olean	NY	14760	716-316-5698	https://www.cityofolean.org/youth/parks.html
Onoville Marina Park		Steamburg	NY	14783	716-354-2615	https://onoville.com/
Pfeiffer Nature Center	14 S. Main Street	Portville	NY	14770	716-933-0187	https://pfeiffernaturecenter.org/nature-blog/
Rock City Park	505 NY-16	Olean	NY	14760	716-372-7790	http://www.rockcitypark.com/
Town Hall Park	4th St. & Main St.	Allegany	NY	14706		http://www.allegany.org/index.php?River%20park
War Veterans Park	551 E. State Street	Olean	NY	14760		https://www.cityofolean.org/youth/parks.html
Recreation Centers						
Olean Recreation Center	551 E. State Street	Olean	NY	14760	716-373-7465	https://www.cityofolean.org/youth/facilities.html
Allegany Recreation Center	Maple Ave. & N. 4th Street	Allegany	NY	14706	716-307-2940	https://www.allegany.org/index.php?PROGRAMS
Allegany Community Center	3677 Administration Dr	Salamanca	NY	14779	716-945-8119	https://sni.org/departments/allegany-community-center/
Shared Use Agreements						
Cattaraugus-Little Valley CSD	25 N. Franklin St.	Cattaraugus	NY	14719	716-257-3483	opens exercise facilities for public use
Olean City School District	410 W. Sullivan St.	Olean	NY	14760	716-375-8028	Opens gym for adults basketball
Portville Central School	500 Elm Street	Portville	NY	14770	716-933-6000	opens exercise facilities for public use
Salamanca City School District	50 Iroquois Dr.	Salamanca	NY	14779	716-945-5140	Allows use of public use of pool
Town of Allegany	52 W. Main St.	Allegany	NY	14706	716-373-4522	afterschool program/adult basketball
Town of Coldspring	2604 Lebanon Rd	Steamburg	NY	14738	716-354-5752	Fire Company allows property to be use for tee-ball and little league baseball

Agency	Address	City	State	Zip	Phone Number	Website
Individual and Family Life-Mutual Support						
Gowanda Area Love in the Name of Christ	64 East Main Street	Gowanda	NY	14070	716-532-6130	http://www.gowandaloveinc.org/
Multiple Sclerosis Self Help Support Group		Ellicottville	NY	14731	Judy Brown 716-699-4618	
Parent Support Group of Cattaraugus-Randolph-Parent Network of WNY	26 Jamestown Street Randolph Public Library	Randolph	NY	14772	Jean Knapp, Family Peer Advocate 716-790-9277	https://parentnetworkwny.org/events
Post-Polio Survivors of the Southern Tier	986 Fairmount Avenue Alfie's Restaurant	Jamestown	NY	14701	716-358-3481	
Zoar Valley Recovery and Treatment Center	49 South Water Street	Gowanda	NY	14070	Main Phone 716-532-2231 Central Intake 716-816-2218	http://www.omh.ny.gov/omhweb/facilities/bupc

Tables 6 and 7 below is a listing of hospital resources available for residents to access regarding physical activity.

Table 6: Physical Activity: Olean General Hospital and Bradford Regional Medical Center Resources

Olean General Hospital/Bradford Regional Medical Center Programs and Services	Address	City	State	Zip	Phone Number
Occupational Wellness Center					
Bradford Regional Medical Center	116 Interstate Parkway	Bradford	PA	16701	814-368-2000
Orthopedic, Spine Surgery and Sports Medicine					
Olean General Hospital	515 Main Street	Olean	NY	14760	716-701-1510
Holiday Park Health Center	2666 West State Street	Olean	NY	14760	716-373-5070

Olean General Hospital/Bradford Regional Medical Center Programs and Services	Address	City	State	Zip	Phone Number
Bradford Regional Medical Center	116 Interstate Parkway	Bradford	NY	16701	814-368-1020
Rehabilitation					
Sub-acute Inpatient Rehabilitation					
Olean General Hospital	515 Main Street	Olean	NY	14760	716-375-4126
Outpatient Rehabilitation					
Olean General Hospital	515 Main Street	Olean	NY	14760	716-375-7481
Outpatient Rehabilitation					
Bradford Regional Medical Center	116 Interstate Parkway	Bradford	PA	16701	814-362-4222
Cardiopulmonary Exercise Program					
Upbeat at BRMC	116 Interstate Parkway	Bradford	PA	16701	814-362-8426

Table 7: Physical Activity: Bertrand Chaffee Hospital Resources

Bertrand Chaffee Hospital Programs and Services	Address	City	State	Zip	Phone Number
Orthopedic Surgery Center and Physical Therapy					
Bertrand Chaffee Hospital	224 East Main Street	Springville	NY	14141	716-592-2871

Tobacco Use

Resources available in McKean County can be accessed through **United Way 211**. **Tables 8** below is a listing of community resources (other than the hospital) available in Cattaraugus County for residents to access regarding tobacco use.

Table 8: Tobacco Use: Community Resources Listing for Cattaraugus County

Agency	Address	City	State	Zip	Phone Number	Website
Tobacco Use						
NYS Smokers Quitline					866-697-8487	
Tobacco-Free Western New York	Roswell Park Comprehensive Cancer Center	Buffalo	NY	14263	716-548-0555; 716-489-1114	Tobaccofreewny.com
Olean Medical Group	535 Main St	Olean	NY	14760	716-372-0141	Oleanmedicalgroup.com
Universal Primary Care - Olean	135 N Union St	Olean	NY	14760	716-375-7500	www.upchealthy.net
Universal Primary Care - Salamanca	445 Broad St	Salamanca	NY	14779	716-375-7500	www.upchealthy.net
Roswell Park Cessation Services					1-877-500-2393	https://rpcs.roswellpark.org/Home
Cattaraugus County Health Department	1 Leo Moss Drive	Olean	NY	14760	716-373-8050	https://www.cattco.org/health

Tables 9 and 10 below is a listing of hospital resources available for residents to access regarding tobacco use.

Table 9: Tobacco Use: Olean General Hospital and Bradford Regional Medical Center Resources

Olean General Hospital Programs and Services	Address	City	State	Zip	Phone Number
Cardiopulmonary Department					
Bradford Regional Medical Center	116 Interstate Parkway	Bradford	PA	16701	814-362-8426

Table 10: Tobacco Use: Bertrand Chaffee Hospital Resources

Bertrand Chaffee Hospital Programs and Services	Address	City	State	Zip	Phone Number
Respiratory Services					
Bertrand Chaffee Hospital	224 East Main Street	Springville	NY	14141	716-592-2871

Cancer

Resources available in McKean County can be accessed through **United Way 211**. **Table 11** below is a listing of community resources (other than the hospital) available in Cattaraugus County for residents to access regarding cancer.

Table 11: Cancer: Community Resources Listing for Cattaraugus County

Agency	Address	City	State	Zip	Phone Number	Website
Cancer Services Program – Chautauqua, Cattaraugus and Allegany	24 Water St	Cuba	NY	14727	585-209-4010	
Foothills Medical Group	528 North Barry Street	Olean	NY	14760	716-543-3255	brmc-ogh.org
Olean Medical Group	535 Main St	Olean	NY	14760	716-372-0141	Oleanmedicalgroup.com
Universal Primary Care - Olean	135 N Union St	Olean	NY	14760	716-375-7500	www.upchealthy.net
Universal Primary Care - Salamanca	445 Broad St	Salamanca	NY	14779	716-375-7500	www.upchealthy.net

Table 12 below is a listing of hospital resources available for residents to access regarding cancer.

Table 12: Cancer: Olean General Hospital/Bradford Regional Medical Center Resources

Olean General Hospital Programs and Services	Address	City	State	Zip	Phone Number
Cancer Center					
Medical Oncology and Hematology Barry Street Health Center	528 North Barry Street	Olean	NY	14760	716-543-3255
Bradford Regional Medical Center	116 Interstate Parkway	Bradford	PA	16701	814-362-8425
Mildred Milliman Radiation Medicine Center	1415 Buffalo Street	Olean	NY	14760	716-373-7134

Heart Disease

Resources available in McKean County can be accessed through **United Way 211**. Table 13 below is a listing of community resources (other than the hospital) available in Cattaraugus County for residents to access regarding heart disease.

Table 13: Heart Disease: Community Resources Listing for Cattaraugus County

Agency	Address	City	State	Zip	Phone Number	Website
Olean Medical Group	535 Main St	Olean	NY	14760	716-372-0141	Oleanmedicalgroup.com
Universal Primary Care - Olean	135 N Union St	Olean	NY	14760	716-375-7500	www.upchealthy.net
Universal Primary Care - Salamanca	445 Broad St	Salamanca	NY	14779	716-375-7500	www.upchealthy.net
Great Lakes Cardiovascular	401 North 8 th Street	Olean	NY	14779	716-373-3544	greatlakescardiovascular.com

Tables 14 and 15 below is a listing of hospital resources available for residents to access regarding heart disease.

Table 14: Heart Disease: Olean General Hospital and Bradford Regional Medical Center Resources

Olean General Hospital Programs and Services	Address	City	State	Zip	Phone Number
Cardiac Rehabilitation					
Bradford Regional Medical Center - Upbeat	116 Interstate Parkway	Bradford	PA	16701	814-362-8426
Great Lakes Cardiovascular	116 Interstate Parkway	Bradford	PA	16701	814-362-8720
Cardiovascular Department					
Olean General Hospital	515 Main Street	Olean	NY	14760	716-375-6220
General Physician - Mike Wilt, PA-C	116 Interstate Parkway	Bradford	PA	16701	814-368-4143
The Heart Program					
Interventional Cardiac Catheterization Olean General Hospital	515 Main Street	Olean	NY	14760	Cardiac Cath Lab Scheduling 716-375-6163 Admissions/Transfer Line 716-375-6200

Table 15: Heart Disease: Bertrand Chaffee Hospital Resources

Bertrand Chaffee Hospital Programs and Services	Address	City	State	Zip	Phone Number
Heart Center					
Bertrand Chafee Hospital	224 East Main Street	Springville	NY	14141	716-592-2871

Chronic Lung and Respiratory Disease

Resources available in McKean County can be accessed through **United Way 211**. **Table 16** below is a listing of community resources (other than the hospital) available in Cattaraugus County for residents to access regarding CLRD.

Table 16: CLRD: Community Resources Listing for Cattaraugus County

Agency	Address	City	State	Zip	Phone Number	Website
Olean Medical Group	535 Main St	Olean	NY	14760	716-372-0141	Oleanmedicalgroup.com
Universal Primary Care - Olean	135 N Union St	Olean	NY	14760	716-375-7500	www.upchealthy.net
Universal Primary Care - Salamanca	445 Broad St	Salamanca	NY	14779	716-375-7500	www.upchealthy.net

Tables 17 and 18 below is a listing of hospital resources available for residents to access regarding CLRD.

Table 17: CLRD: Olean General Hospital/Bradford Regional Medical Center Resources

Olean General Hospital Programs and Services	Address	City	State	Zip	Phone Number
Cardiopulmonary Department					
Bradford Regional Medical Center	116 Interstate Parkway	Bradford	PA	16701	814-362-8426
Cardiovascular Department					
Olean General Hospital	515 Main Street	Olean	NY	14760	716-375-6220

Table 18: CLRD: Bertrand Chaffee Hospital Resources

Bertrand Chaffee Hospital Programs and Services	Address	City	State	Zip	Phone Number
Respiratory Services					
Bertrand Chafee Hospital	224 East Main Street	Springville	NY	14141	716-592-2871

Stroke

Resources available in McKean County can be accessed through **United Way 211**. **Table 19** below is a listing of community resources (other than the hospital) available in Cattaraugus County for residents to access regarding stroke.

Table 19: Stroke: Community Resources Listing for Cattaraugus County

Agency	Address	City	State	Zip	Phone Number	Website
Olean Medical Group	535 Main St	Olean	NY	14760	716-372-0141	Oleanmedicalgroup.com
Universal Primary Care - Olean	135 N Union St	Olean	NY	14760	716-375-7500	www.upchealthy.net
Universal Primary Care - Salamanca	445 Broad St	Salamanca	NY	14779	716-375-7500	www.upchealthy.net

Tables 20 and 21 below is a listing of hospital resources available for residents to access regarding stroke.

Table 20: Stroke: Olean General Hospital and Bradford Regional Medical Center Resources Listing

Olean General Hospital Programs and Services	Address	City	State	Zip	Phone Number
Emergency Department					
Olean General Hospital	515 Main Street	Olean	NY	14760	716-375-6275
Bradford Regional Medical Center	116 Interstate Parkway	Bradford	PA	16701	814-362-8274

Table 21: Stroke: Bertrand Chaffee Hospital

Bertrand Chaffee Hospital Programs and Services	Address	City	State	Zip	Phone Number
Heart Center and Emergency Department					
Bertrand Chafee Hospital	224 East Main Street	Springville	NY	14141	716-592-2871

Prevention of Chronic Disease

Resources available in McKean County can be accessed through **United Way 211**. **Table 22** below is a listing of community resources (other than the hospital) available in Cattaraugus County for residents to access regarding prevention of chronic diseases.

Table 22: Prevention of Chronic Diseases: Community Resources Listing for Cattaraugus County

Agency	Address	City	State	Zip	Phone Number	Website
Health Care-General Medical Care						
Gowanda Urgent Care & Medical Center - TLC Health Network	34 Commercial Street	Gowanda	NY	14070	716-532-8100	http://www.tlchealth.org/
Foothills Medical Group	623 Main Street	Olean	NY	14760	716-707-1700	brmc-ogh.org
Foothills Medical Group	4039 Route 219	Salamanca	NY	14779	716-945-0361	Brmc-ogh.org
Foothills Medical Group	38 North Main Street	Delevan	NY	14042	716-707-7040	Brmc-ogh.org
Olean Medical Group	535 Main St	Olean	NY	14760	716-372-0141	Oleanmedicalgroup.com
Universal Primary Care - Olean	135 N Union St	Olean	NY	14760	716-375-7500	www.upchealthy.net
Universal Primary Care - Salamanca	445 Broad St	Salamanca	NY	14779	716-375-7500	www.upchealthy.net
Health Care-Health Screening/Diagnostic Services						
Community Clinic - Olean - Cattaraugus County Health Department	1 Leo Moss Dr, Suite 4010	Olean	NY	14760	716-701-3439	http://www.cattco.org/
Gowanda Urgent Care & Medical Center - TLC Health Network	34 Commercial Street	Gowanda	NY	14070	716-532-8100	http://www.tlchealth.org/
Foothills Medical Group	623 Main Street	Olean	NY	14760	716-701-1700	brmc-ogh.org
Foothills Medical Group	4039 Route 219	Salamanca	NY	14779	716-945-0361	Brmc-ogh.org

Agency	Address	City	State	Zip	Phone Number	Website
Foothills Medical Group	38 North Main Street	Delevan	NY	14042	716-707-7040	Brmc-ogh.org
Olean Medical Group	535 Main St	Olean	NY	14760	716-372-0141	Oleanmedicalgroup.com
Universal Primary Care - Olean	135 N Union St	Olean	NY	14760	716-375-7500	www.upchealthy.net
Universal Primary Care - Salamanca	445 Broad St	Salamanca	NY	14779	716-375-7500	www.upchealthy.net
Health Care-Rehabilitation/Habilitation Services						
Continuing Day Treatment-Rehabilitation Center/In Tandem	3799 South Nine Mile Road	Allegany	NY	14706	716-701-1135	http://www.rehabcenter.org/
Lifeskills- Rehabilitation Center/In Tandem	3799 South Nine Mile Road	Allegany	NY	14706	716-701-1135	http://www.rehabcenter.org/
Health Care-Specialized Treatment and Prevention						
Total Senior Care	519 N Union St	Olean	NY	14760	716-379-8474	www.totalseniorcare.org
HomeCare & Hospice Little Valley Site	1225 W State St	Olean	NY	14760	716-372-5735	http://www.homecare-hospice.org/
Health Care-Specialty Medicine						
Gowanda Urgent Care & Medical Center - TLC Health Network	34 Commercial Street	Gowanda	NY	14070	716-532-8100	http://www.tlchealth.org/
Tobacco Use						
New York State Smokers Quitline					866-697-8487	
Tobacco-Free Western New York	Roswell Park Comprehensive Cancer Center	Buffalo	NY	14263		Tobaccofreewny.com
Dental Services						
John C. Gengo, DDS	120 N 2 nd St	Olean	NY	14760	716-372-8970	
Family Dental Wellness	2108 W State St	Olean	NY	14760	716-373-1210	
Aspen Dental	3018 NY Route 417	Olean	NY	14760	716-379-6279	
Portville Dental	149 S Main St	Portville	NY	14770	716-933-6787	
Valley View Dental	3065 Buffalo Rd	Allegany	NY	14706	716-372-8400	

Agency	Address	City	State	Zip	Phone Number	Website
J G Stein, General Dentistry	1715 W State St	Olean	NY	14760	716-351-3566	
Barkley B. Daugherty, Jr. DMD	2210 W State St	Olean	NY	14760	716-372-4722	
Orthodontists Associates of WNY	2660 Rt 16 N	Olean	NY	14760	716-379-3107	
Ellicottville Dental Group	6133 Rt 219 S, Suite 1003	Ellicottville	NY	14731	716-699-2354	
Oromaxillofacial Surgery	2206 W State St	Olean	NY	14760	716-372-9044	
Keystone Rural Health Dental Center	600 Chestnut Street, Suite B	Bradford	PA	16701	814-366-5955	

Tables 22 and 24 below is a listing of hospital resources available for residents to access regarding prevention of chronic diseases.

Table 23: Prevention of Chronic Diseases: Olean General Hospital and Bradford Regional Medical Center Resources

Olean General Hospital Programs and Services	Address	City	State	Zip	Phone Number
Cancer Center					
Medical Oncology and Hematology Barry Street Health Center	528 North Barry Street	Olean	NY	14760	716-543-3255
Community Outreach					
Friends and Family CPR Training Olean General Hospital	515 Main Street	Olean	NY	14760	716-375-6217
Bradford Regional Medical Center	116 Interstate Parkway	Bradford	PA	16701	814-362-8288
Cardiac Rehabilitation					
Upbeat Program Bradford Regional Medical Center	116 Interstate Parkway	Bradford	PA	16701	814-362-8426
Cardiovascular Department					
Olean General Hospital	515 Main Street	Olean	NY	14760	716-375-6220
Dental Services					
Delevan Dental Center Delevan Plaza	38 North Main Street	Delevan	NY	14042	716-707-7042
Diabetes Education					

Olean General Hospital Programs and Services	Address	City	State	Zip	Phone Number
Olean General Hospital	515 Main Street	Olean	NY	14760	716-375-4127
Diagnostic Imaging					
Olean General Hospital	515 Main Street	Olean	NY	14760	Central scheduling 716-375-6400 Radiology 716-375-6254
Bradford Regional Medical Center	116 Interstate Parkway	Bradford	PA	16701	814-362-8200
Dialysis					
Marie Lorenz Dialysis Center	623 Main Street	Olean	NY	14760	716-375-6900
Emergency Medicine					
Emergency Department Olean General Hospital	515 Main Street	Olean	NY	14760	716-375-6275
Emergency Department Bradford Regional Medical Center	116 Interstate Parkway	Bradford	PA	16701	814-362-8274
SAFE (Sexual Assault Forensic Examiner) Center Olean General Hospital	515 Main Street	Olean	NY	14760	716-373-2600
SANE (Sexual Assault Nurse Examiner) Center Bradford Regional Medical Center	116 Interstate Parkway	Bradford	PA	16701	814-368-4143
The Heart Program					
Interventional Cardiac Catheterization Olean General Hospital	515 Main Street	Olean	NY	14760	Cardiac Clinic 716-375-7035 Cardiac Cath Lab Scheduling 716-375-6163 Admissions/Transfer Line 716-375-6200
Hyperbaric Oxygen Therapy					

Olean General Hospital Programs and Services	Address	City	State	Zip	Phone Number
Center for Wound Healing and Hyperbaric Medicine	623 Main Street	Olean	NY	14760	716-375-7577
Intensive Care Unit					
Olean General Hospital	515 Main Street	Olean	NY	14760	716-375-6200
Laboratory Services					
OGH Main Laboratory Located within OGH on the 1st floor	515 Main Street	Olean	NY	14760	716-375-6046
OGH Laboratory West-End Located within the Medical Arts Building	2223 West State Street Suite 105	Olean	NY	14760	716-372-2678
Laboratory Service Center	403 North 8th Street	Olean	NY	14760	716-375-7039
Salamanca Health Center Southern Tier West Center for Regional Excellence	4039 Route 219	Salamanca	NY	14779	716-945-0989
Patient Service Center Franklinville	86 South Main Street	Franklinville	NY	14737	716-676-5080
Delevan Health and Dental Center	38 North Main Street	Delevan	NY	14042	716-707-7049
Patient Service Center Cuba Memorial Hospital	140 West Main Street	Cuba	NY	14727	585-209-4318
Patient Service Center Houghton Universal Primary Care	9864 Luckey Drive	Houghton	NY	14744	585-207-5048
Patient Service Center Olean Universal Primary Care	135 North Union Street	Olean	NY	14760	716-379-8026
Patient Service Center Salamanca Universal Primary Care	445 Broad Street	Salamanca	NY	14779	716-375-6487
Bradford Regional Medical Center - Outpatient Laboratory	116 Interstate Pkwy	Bradford	PA	16701	814-362-8252
Neurology					
Mildred Milliman Outpatient Surgery Center	500 Main Street	Olean	NY	14760	716-375-6993
Nutrition					
Olean General Hospital	515 Main Street	Olean	NY	14760	716-375-6297
Outpatient Surgery Center					

Olean General Hospital Programs and Services	Address	City	State	Zip	Phone Number
Mildred Milliman Outpatient Surgery Center	500 Main Street	Olean	NY	14760	716-375-7433
Pediatrics					
Bradford Regional Medical Center	116 Interstate Parkway	Bradford	PA	16701	814-362-8390
Salamanca Health Center					
Salamanca Health Center	4039 Route 219 Suite 101	Salamanca	NY	14779	For More Information or to Schedule an Appointment: 716-945-0361 For Laboratory or X-Ray, Please Call: 716-945-0989
Sleep Disorders Center					
Sleep Disorders Center Bradford Regional Medical Center	116 Interstate Parkway	Bradford	PA	16701	814-362-8732
Surgical Services					
Olean General Hospital	515 Main Street	Olean	NY	14760	For Questions About an Upcoming Surgery, Call the OGH Patient Educator: 716-375-6134
Vascular Surgery					
Foothills Medical Group	623 Main Street	Olean	NY	14760	716-375-7035
Wound Care					
Center for Wound Healing and Hyperbaric Medicine	623 Main Street	Olean	NY	14760	716-375-7577
Wound Clinic Bradford Regional Medical Center	116 Interstate Parkway	Bradford	PA	16701	814-362-8245

Table 24: Prevention of Chronic Diseases: Bertrand Chaffee Hospital

Bertrand Chaffee Hospital Programs and Services	Address	City	State	Zip	Phone Number
Primary Care Offices					
Springville Office	210 East Main Street	Springville	NY	14141	716-592-8140
Arcade Office	263 Liberty Street	Arcade	NY	14009	716-794-3309

Behavioral Health

Resources available in McKean County can be accessed through **United Way 211**. **Table 25** below is a listing of community resources (other than the hospital) available in Cattaraugus County for residents to access regarding promoting well-being and preventing mental health and substance use disorders.

Table 25: Promote Well-Being and Prevent Mental Health and Substance Use Disorders: Community Resources Listing for Cattaraugus County

Agency	Address	City	St	Zip	Phone Number	Website
Clinic Services						
Allegany Council on Alcoholism	140 W. Main Street	Cuba	NY	14727	585-968-1482	http://www.alleganycouncil.org/
The Chautauqua Center	319 Central Avenue	Dunkirk	NY	14048	716-363-6050	https://www.thechautauquacenter.org/
Chautauqua County Chemical Dependency Clinic	73 Forest Avenue	Jamestown	NY	14701	716-483-6996	
Council on Alcohol and Substance Abuse (CASA) - Trinity	201 South Union Street	Olean	NY	14760	716-373-4303	http://councilonaddiction.org/
Counseling Services						
Lake Shore Behavioral Health, Inc. - Abbot Corners Addiction Services OP1	2107 Spruce Street	North Collins	NY	14111	716-822-7117, ext. 232	
Lake Shore Behavioral Health, Inc. - Abbott Corners Addition Services OP1	3176 Abbott Road, Suite 500	Orchard Park	NY	14127	716-822-2117	

Agency	Address	City	St	Zip	Phone Number	Website
Chautauqua County Chemical Dependency Clinic	73 Forest Avenue	Jamestown	NY	14701	716-483-6996	
Council on Alcohol and Substance Abuse (CASA) - Trinity	201 South Union Street	Olean	NY	14760	716-373-4303	http://councilonaddiction.org/
Cattaraugus County Community Services	1 Leo Moss Dr	Olean	NY	14760	716-373-8040	www.cattco.org/community-services
PROS Cattaraugus (Personalized Recovery Oriented Services)	203 Laurens St	Olean	NY	14760	716-373-8080	www.cattco.org/community-services/personalized-recovery-oriented-services
PROS Dunkirk (Personalized Recovery Oriented Services)	51 East Third Street	Dunkirk	NY	14701	716-366-7660	
PROS Jamestown (Personalized Recovery Oriented Services)	800 East Second Street	Jamestown	NY	14701	716-661-1510	
The Resource Center	200 Dunham Avenue	Jamestown	NY	14701	716-483-2344	http://resourcecenter.org/
Save the Michaels of the World, Inc. - Peer Recovery Coaches	P. O. Box 55	Buffalo	NY	14207	716-984-8375	https://savethemichaels.org/
Seneca Strong - Peer Recovery Coaches	983 R C Hoag Drive	Salamanca	NY	14779	716-945-8413	https://www.senecahealth.org/seneca-strong
Drop Box Services						
Drug Drop Box Franklinville Police Department	101 N. Main Street	Franklinville	NY	14737		http://www.recoveryincattco.org/safe-medication-disposal.html

Agency	Address	City	St	Zip	Phone Number	Website
Drug Drop Box Gowanda Police Department	27 E. Main Street	Gowanda	NY	14070		http://www.recoveryincattco.org/safe-medication-disposal.html
Drug Drop Box Cattaraugus County Building	303 Court Street	Little Valley	NY	14755		http://www.recoveryincattco.org/safe-medication-disposal.html
Drug Drop Box Olean City Building	101 East State Street	Olean	NY	14760		http://www.recoveryincattco.org/safe-medication-disposal.html
Drug Drop Box Cattaraugus County Building	1 Leo Moss Drive, Suite 4010	Olean	NY	14760		http://www.recoveryincattco.org/safe-medication-disposal.html
Drug Drop Box Salamanca Police Department	1 Barrett Drive	Salamanca	NY	14779		http://www.recoveryincattco.org/safe-medication-disposal.html
Hotline Services						
A AAA 1 Abuse & Addiction Helpline	708 Foote Avenue, Suite 114	Jamestown	NY	14701	716-980-1418	
Crisis Hotline 8:00am-5:00pm M/W/TH/F 10:00am-7:00pm T	201 South Union Street	Olean	NY	14760	1-866-851-5033	
Crisis Hotline After Hours (24 hours a day)	515 Main Street	Olean	NY	14760	1-800-339-5209	
Save the Michaels of the World, Inc. Placement Services	P. O. Box 55	Buffalo	NY	14207	716-984-8375	https://savethemichaels.org/
Individual and Family Life-Individual and Family Support Services						
Bona Buddies - St Bonaventure University Ministries	McGinley-Carney Center for Franciscan Ministry	Saint Bonaventure	NY	14778	716-375-7813	http://www.sbu.edu/campus-life

Agency	Address	City	St	Zip	Phone Number	Website
	St. Bonaventure University					
Center for Positive Solutions - Yorkshire Pioneer CSD	Pioneer Senior High School 12125 County Line Road	Yorkshire	NY	14173	Social Worker 716-492-9485 Main Phone 716-492-9300	http://www.pioneerschools.org/
DayBreak in Gowanda	1 School Street	Gowanda	NY	14070	866-939-8613	http://www.totalseniorcare.org/
Franklinville Site - Catholic Charities of Buffalo	86 South Main Street	Franklinville	NY	14737	716-372-0101	http://www.ccwny.org/
Free Methodist Church of South Dayton	327 Pine Street	South Dayton	NY	14138	716-988-3232	
Housing Options Made Easy Inc	75 Jamestown Street	Gowanda	NY	14070	Toll Free 800-421-1114 (877) IAMHERE Friendship Line 877-426-4373 Main Phone 716-532-5508	http://www.housingoptions.org/
Life Connections- Rehabilitation Center	3799 South Nine Mile Road	Allegany	NY	14706	716-701-1135	http://www.rehabcenter.org/
Little Valley Holiday Cheer	618 Erie Street	Little Valley	NY	14755	716-938-6332	
Medicaid Service Coordination - Rehabilitation Center	3799 South Nine Mile Road	Allegany	NY	14706	716-701-1135	http://www.rehabcenter.org/
Mental Health Services - Rehabilitation Center	3799 South Nine Mile Road	Allegany	NY	14706	716-701-1135	http://www.rehabcenter.org/

Agency	Address	City	St	Zip	Phone Number	Website
New Directions Youth & Family Services Foster Care - Randolph	356 Main Street ER	Randolph	NY	14772	Intake 716-358-3636 x232 Intake 716-358-3636 x202	https://fosteringgood.org/
North County Counseling Center	9824 Route 16 Stone House, 3rd Floor	Machias	NY	14101	Main Phone 716-353-8241 Intake 716-701-3335	http://www.cattco.org/community-services
Randolph Community Cupboard	28 Jamestown Street Randolph Historical Building	Randolph	NY	14772	Main Phone 716-358-4848 Alternative Number 716-358-6811	
TRZ Cardinal Care After School Program	22 Main Street	Randolph	NY	14772	716-922-4059	http://www.thereliefzone.org/
Westons Mills Agency Operated Boarding Home - NDYFS	1359 Olean-Portville Road	Westons Mills	NY	14788	716-372-1175	https://fosteringgood.org/
Zoar Valley Recovery and Treatment Center	49 South Water Street	Gowanda	NY	14070	Main Phone 716-532-2231 Central Intake 716-816-2218	http://www.omh.ny.gov/omhweb/facilities/bupc
Inpatient Services						
Horizon Village Terrace House (Detox and Inpatient Services)	291 Elm Street	Buffalo	NY	14203	716-854-2444	https://www.horizon-health.org/services/detox/
UPMC Chautauqua (WCA Hospital) - Inpatient Chemical Dependency Program	207 Foote Avenue	Jamestown	NY	14701	716-664-8620	https://www.wcahospital.org/services/mental-health-and-chemical-dependency-programs.html
Mental Health and Substance Use Disorder Services-Counseling Approaches						

Agency	Address	City	St	Zip	Phone Number	Website
Free Methodist Church of South Dayton	327 Pine Street	South Dayton	NY	14138	716-988-3232	
St. Paul's Lutheran Church	6360 Route 242 East	Ellicottville	NY	14731	716-699-4106	http://www.stpaulsellicottville.com/
Mental Health and Substance Use Disorder Services-Counseling Settings						
Franklinville Site - Catholic Charities of Buffalo	86 South Main Street	Franklinville	NY	14737	716-372-0101	http://www.ccwny.org/
Free Methodist Church of South Dayton	327 Pine Street	South Dayton	NY	14138	716-988-3232	
Machias Outpatient Clinic-Council on Addiction Recovery Services	9824 Route 16	Machias	NY	14101	716-353-8018	http://www.councilonaddiction.org/
North County Counseling Center	9824 Route 16	Machias	NY	14101	716-701-3335	http://www.cattco.org/community-services
Narcan Training Services						
Southern Tier Overdose Prevention Program (STOPP)	150 North Union Street	Olean	NY	14760	716-372-0614	http://www.sthcs.org/stopp.html
CVS Pharmacy Dispense Naloxone with Standing Order	415 North Union Street	Olean	NY	14760	716-372-5889	https://www.cvs.com/store-locator/cvs-pharmacy-address/415+North+Union+Street-Olean-NY-14760/storeid=539
Outpatient Services						
Allegany Council on Alcoholism and Substance Abuse Outpatient	2956 Airway Road	Wellsville	NY	14859	585-593-1920, ext. 722	http://www.alleganycouncil.org/
Behavioral Health Therapy - Universal Primary Care	135 N. Union Street	Olean	NY	14760	716-375-7500	https://www.upchealth.net/behavioral-health-counseling

Agency	Address	City	St	Zip	Phone Number	Website
Chautauqua County Alcohol and Substance Abuse Services OP	501 West Third Street	Jamestown	NY	14701	716-664-3608	https://www.casacweb.org/
Chautauqua County Alcohol and Substance Abuse Services OP1	324 Central Avenue	Dunkirk	NY	14048	716-366-4623	https://www.casacweb.org/
Council on Alcohol and Substance Abuse (CASA) - Trinity Outpatient	1 School Street	Gowanda	NY	14070	716-373-4303, ext. 509	http://councilonaddiction.org/
Council on Alcohol and Substance Abuse (CASA) - Trinity Outpatient	9824 Route 16	Machias	NY	14101	716-373-4303, ext. 509	http://councilonaddiction.org/
Council on Alcohol and Substance Abuse (CASA) - Trinity Outpatient	201 South Union Street	Olean	NY	14760	716-373-4303, ext. 509	http://councilonaddiction.org/
Council on Alcohol and Substance Abuse (CASA) - Trinity Outpatient	100 Main Street	Salamanca	NY	14779	716-373-4303, ext. 509	http://councilonaddiction.org/
Council on Alcohol and Substance Abuse (CASA) - Trinity Outpatient	356 Main Street	Randolph	NY	14772	716-373-4303, ext. 509	http://councilonaddiction.org/
Family Health Medical Services	320 Prather Avenue	Jamestown	NY	14701	716-338-0022	http://fhms.lbcbuffalo.com/
Horizon Boulevard Addiction Outpatient	1370 Niagara Falls Boulevard	Tonawanda	NY	14150	716-833-3708	https://www.horizon-health.org/about/overview/
Horizon Union Losson Addiction Outpatient	2563 Union Road, Suite 800	Cheektowaga	NY	14227	716-668-7622	https://www.horizon-health.org/about/overview/
Seneca Strong	983 R C Hoag Drive	Salamanca	NY	14779	716)-945-8413	https://www.senecahealth.org/seneca-strong

Agency	Address	City	St	Zip	Phone Number	Website
Spectrum Human Services South Town Counseling Center Outpatient	27 Franklin Street	Springville	NY	14141	716-662-2040	https://shswny.org/
Spectrum Human Services Wyoming Outpatient	34 N. Main Street	Warsaw	NY	14569	716-662-2040	https://shswny.org/
TLC Health Network – Gowanda Urgent Care and Medical Center	34 Commercial Street	Gowanda	NY	14070	716-532-8100	http://tlchealth.org/
TLC Health Network – Cassadaga Chemical Dependency Clinic	33 North Main Street	Cassadaga	NY	14718	716-595-3355	http://tlchealth.org/
TLC Health Network – Derby Chemical Dependency Clinic	7020 Erie Road	Derby	NY	14047	716-947-0316	http://tlchealth.org/
UPMC Chautauqua (WCA Hospital) – Jamestown Outpatient	51 Glasgow Avenue	Jamestown	NY	14701	716-664-8620	https://www.wcahospital.org/services/mental-health-and-chemical-dependency-programs.html
UPMC Chautauqua (WCA Hospital) – Dunkirk Outpatient	338 Central Avenue	Dunkirk	NY	14048	716-363-0018	https://www.wcahospital.org/services/mental-health-and-chemical-dependency-programs.html
Police Assisted Addiction Recovery Initiative (PAARI) Services						
Police Assisted Addiction Recovery Initiative (PARRI)	27 East Main Street	Gowanda	NY	14070	716-532-2020	https://villageofgowanda.com/police-department/
Recovery Services						
Alcohol and Drug Abuse Services – Port Allegany	120 Chestnut Street	Port Allegany	PA	16743	814-642-9541	http://www.adasonline.org
Alcohol and Drug Abuse Services – Residential Short-Term	118 Chestnut Street	Port Allegany	PA	16743	814-642-9522	http://www.adasonline.org

Agency	Address	City	St	Zip	Phone Number	Website
Alcohol and Drug Abuse Services, Inc.	2 Main Street, Suite 605	Bradford	PA	16701	814-362-6517	http://www.adasonline.org
Alcohol and Drug Abuse Services, Inc.	9 Field Street	Kane	PA	16735	814-837-7691	http://www.adasonline.org
Council on Alcohol and Substance Abuse (CASA) - Trinity - Community Residential	1351 Olean Portville Road	Weston Mills	NY	14788	716-373-0057, ext. 205	http://councilonaddiction.org/
Horizon Health Services - Delta Village Treatment Center (ages 18-28 years old)	6301 Inducon Drive	E. Sanborn	NY	14132	716-731-2030	https://www.horizon-health.org/services/residential-treatment/horizon-village/
Horizon Health Services - Freedom Village (Veterans)	6301 Inducon Drive	E. Sanborn	NY	14132	716-731-2030	https://www.horizon-health.org/services/residential-treatment/horizon-village/
Horizon Health Services - Horizon Village (Adults)	6301 Inducon Drive	E. Sanborn	NY	14132	716-731-2030	https://www.horizon-health.org/services/residential-treatment/horizon-village/
Kids Escaping Drugs (Renaissance Addiction Services RRSY)	920 Harlem Road	Buffalo	NY	14224	716-827-9462	https://ked.org/
Oxford House Bishop One for Men	121 N. 10 th Street	Olean	NY	14760	716-801-1242	https://www.transitionalhousing.org/li/ny_14760_oxford-house-bishop-one
Margaret A. Stutzman Addiction Center	360 Forest Avenue	Buffalo	NY	14213	716-882-4900	https://www.oasas.ny.gov/atc/stutzman/services.cfm
Trapping Brook (Supportive Living)	3084 Trapping Brook Road	Wellsville	NY	14895	585-593-1920, ext. 701	https://www.rehab.com/acasa-trapping-brook-house/6496051-r
Turning Point House - Cazenovia Recovery (Intensive Residential)	9136 Sandrock Road	Eden	NY	14057	716-992-4972	https://www.cazenoviarecovery.org/program/turning-point-house/
Respite House Services						

Agency	Address	City	St	Zip	Phone Number	Website
Eagle's Nest		Jamestown	NY		House 844-421-1114 Warmline 877-426-4373 Text Warmline 716-392-0252	http://www.wnyhousingoptions.org/OurServices/RespiteServices/tabid/430/Default.aspx
Support Group Services						
Addiction Response Ministry (Faith-Based Service)	1006 W. Third Street	Jamestown	NY	14701	716-222-0299	https://www.addictionresponseministry.com/
Al-Anon/Alateen	511 E. Second Street	Jamestown	NY	14701	716-484-1544	https://www.nyconnects.ny.gov/providers/al-anon-alateen-sofa-ag-381472
Council on Alcohol and Substance Abuse (CASA) – Trinity Olean	201 South Union Street	Olean	NY	14760	716-373-4303	http://councilonaddiction.org/
Chautauqua Area Service Committee of Narco (CASCNA)	103 Hunter Street P. O. Box 2026	Jamestown	NY	14701	716-488-2281	https://nyconnects.ny.gov/providers/cascna-chautauqua-area-service-committee-of-narco-sofa-ag-381490
Council on Alcohol and Substance Abuse (CASA) – Trinity Supportive Living	201 South Union Street	Olean	NY	14760	716-373-4303, ext. 509	http://councilonaddiction.org/
Seneca Strong Ongoing Support Outreach Program	983 R C Hoag Drive	Salamanca	NY	14779	716-945-8413	https://www.senecahealth.org/seneca-strong
Substance Abuse Intervention (Faith-Based Service with Pastor Steven) Tuesdays 5:30pm-6:45pm	201 S. Union Street	Olean	NY	14760	716-307-7926	http://councilonaddiction.org/
Substance Abuse Intervention (Faith-	1100 Homer Street	Olean	NY	14760	716-373-7456	http://councilonaddiction.org/

Agency	Address	City	St	Zip	Phone Number	Website
Based Service at The Pentecostals of Olean) Wednesdays 5:45pm-7:00pm						

Table 26 below is a listing of hospital resources available for residents to access regarding promoting well-being and preventing mental health and substance use disorders.

Table 26: Promote Well-Being and Prevent Mental Health and Substance Use Disorders: Olean General Hospital Resources

Olean General Hospital Programs and Services	Address	City	State	Zip	Phone Number
Behavioral Health Services					
Olean General Hospital - Behavioral Health	515 Main Street	Olean	NY	14760	716-373-2600

Safe and Healthy Environment

Resources available in McKean County can be accessed through **United Way 211**. **Table 27** below is a listing of community resources (other than the hospital) available in Cattaraugus County for residents to access regarding promoting a health and safe environment.

Table 27: Promote a Healthy and Safe Environment: Community Resources Listing for Cattaraugus County

Agency	Address	City	State	Zip	Phone Number	Website
Basic Needs-Housing/Shelter						
Saving Grace Outreach	11 Washington Street	Cattaraugus	NY	14719	716-257-3077	www.savinggraceoutreach.org
Christmas in April-Olean, Inc., Allegany	95 East Main Street	Allegany	NY	14706	716-373-1330 x16	
Trading Post South	11 Washington Street	Cattaraugus	NY	14719	716-257-3077	www.savinggraceoutreach.org
Underwood Manor	4460 Union Hill Road	Hinsdale	NY	14743	716-557-2322	
USDA Rural Development	8 Martha Street	Ellicottville	NY	14731	716-699-2375 x4	http://www.rurdev.usda.gov
Criminal Justice and Legal Services-Courts						
Cattaraugus County-Supreme Court	303 Court Street	Little Valley	NY	14755	716-938-9111 x2378	http://www.nycourts.gov
Youth Court-Cattaraugus Youth Bureau	207 Rock City Street Suite 200	Little Valley	NY	14755	716-938-2617	
Criminal Justice and Legal Services-Law Enforcement Agencies						
Allegany Village-Police Department	106 East Main Street	Allegany	NY	14706	716-938-9191	http://www.allegany.org/
Cattaraugus County - Sheriff's Office	301 Court Street	Little Valley	NY	14755	716-938-9191	http://www.cattco.org/sheriffs-office
Franklinville Village - Police Department	101 North Main Street	Franklinville	NY	14737	716-676-5697	http://www.franklinvilleny.org/
Gowanda Village - Police Department	27 East Main Street	Gowanda	NY	14070	716-532-2020	http://www.villageofgowanda.com

Agency	Address	City	State	Zip	Phone Number	Website
New York State - Police - Ellicottville Station	1 West Washington Street	Ellicottville	NY	14731	585-344-6200	http://www.troopers.ny.gov/
New York State - Police - Machias Station	9761 Route 16	Machias	NY	14101	585-344-6200	http://www.troopers.ny.gov/
Portville Village - Police Department	1 South Main Street	Portville	NY	14770	716-933-8773	
Criminal Justice and Legal Services-Law Enforcement Services						
Southern Tier AmeriCorps Resource Team	200 Erie Street	Little Valley	NY	14755	716-938-2624	
Criminal Justice and Legal Services-Legal Services						
Cattaraugus County-Bar Association		Ellicottville	NY	14731	716-584-1254	http://www.cattarauguscountybarassociation.com/
Environment and Public Health/Safety-Public Safety						
Southern Tier Child Advocacy Center	772 Main St	Olean	NY	14760	716-372-8532	
Healthy Community Alliance, Inc.	1 School Street Suite 100	Gowanda	NY	14070	716-532-1010	http://www.communityalliance.org
Saving Grace Outreach	11 Washington Street	Cattaraugus	NY	14719	716-257-3077	www.savinggraceoutreach.org
Trading Post South	11 Washington Street	Cattaraugus	NY	14719	716-257-3077	www.savinggraceoutreach.org

Maternal, Infant and Children's Health

Resources available in McKean County can be accessed through **United Way 211**. **Table 28** below is a listing of community resources available in Cattaraugus County for residents to access regarding promoting healthy women, infants and children.

Table 28: Healthy Women, Infants and Children: Community Resources Listing for Cattaraugus County

	Address	City	State	Zip	Phone Number	Website
Education-Educational Institutions/Schools						
Allegany-Limestone School District	3131 Five Mile Rd	Allegany	NY	14706	716-375-6000	http://www.alli.wnyric.org/
Cattaraugus-Allegany BOCES	1825 Westfall Rd	Olean	NY	14760	716-376-8255	https://caboces.org/
Cattaraugus - Little Valley Central School District	25 North Franklin St.	Cattaraugus	NY	14719	716-257-3483	http://www.cattlv.wnyric.org
Ellicottville Central School	5873 Route 219 South	Ellicottville	NY	14731	716-699-2368	http://www.ellicottvillecentral.com
Franklinville Central School	31 North Main St.	Franklinville	NY	14737	716-676-8000	www.tbafcs.org
Gowanda Central School District	10674 Prospect St.	Gowanda	NY	14070	716-532-3325	www.gowcsd.org
Hinsdale Central School	3701 Main St.	Hinsdale	NY	14743	716-557-2227	http://www.hinsdalebobcats.org
Olean City School District	410 W. Sullivan St.	Olean	NY	14760	716-375-8010	https://www.oleanschools.org/
Pine Valley Central School	7755 NY Route 83	South Dayton	NY	14138	716-988-3291	http://www.pval.org/
Portville Central School District	500 Elm St.	Portville	NY	14770	High School 716-933-6005 Elementary School 716-933-6045	http://www.portvillewnyric.org/

	Address	City	State	Zip	Phone Number	Website
Randolph Academy	336 Main St.	Randolph	NY	14772	716-358-6866	http://randolphacademy.org/
Randolph Central School District	18 Main St.	Randolph	NY	14772	716-358-6161	http://www.randolphcsd.org/
Salamanca City School District	50 Iroquois Dr.	Salamanca	NY	14779	716-945-2400	https://www.salamancany.org/Domain/1
West Valley Central School	5359 School St.	West Valley	NY	14171	716-942-3100	https://www.wvalley.wnyric.org/
Yorkshire- Pioneer Central Schools	12125 County Line Rd.	Yorkshire	NY	14173	716-492-9300	http://www.pioneerschools.org/
Education-Educational Programs						
Adult Services - Cattaraugus Allegany BOCES	1825 Windfall Rd.	Olean	NY	14760	716-376-8293	http://caboces.org/education/workforce-development-community-learning/
4-H Youth Development - CCE Cattaraugus County	28 Parkside Dr.	Ellicottville	NY	14731	716-699-2377	http://cattaraugus.cce.cornell.edu/
Cornell Cooperative Extension - Cattaraugus County	28 Parkside Dr.	Ellicottville	NY	14731	716-699-2377	http://cattaraugus.cce.cornell.edu/
Randolph Residential Program - NDYFS	356 Main Street	East Randolph	NY	14772	716-358-3636	https://fosteringgood.org/
Education-Educational Support Services						
Allegany-Limestone Committee on Preschool Education	3131 Five Mile Rd.	Allegany	NY	14760	716-375-6600 ext. 4160	https://www.alcsny.org/Page/3241
Cattaraugus County Preschool Program	200 Erie Street	Little Valley	NY	14755	716-938-2618	https://www.cattco.org/youth/overview
Cattaraugus-Little Valley Committee on Preschool Education	25 N. Franklin St.	Cattaraugus	NY	14719	716-257-5943	https://www.cattlv.wnyric.org/domain/11
Cuba-Rushford Committee on Preschool Education	15 Elm St.	Cuba	NY	14737	585-968-1760 ext. 3123	https://www.crcs.wnyric.org/domain/72
Early Childhood and School-age Family and	818 Ellicott St.	Buffalo	NY	14203	716-323-2000	https://www.ochbuffalo.org/care-treatment/early-childhood-direction-center

	Address	City	State	Zip	Phone Number	Website
Community Engagement (FACE) Centers						
Ellicottville Committee on Preschool Education	Route 219 S	Ellicottville	NY	14731	716-699-2316 ext. 410	https://www.ellicottvillecentral.com/domain/10
Franklinville Committee on Preschool Education	32 N. Main St.	Franklinville	NY	14737	716-676-8000 ext. 8001	https://www.tbafcs.org/page/88
Gowanda Committee on Preschool Education	10674 Prospect Street	Gowanda	NY	14070	716-532-3325 x4122	http://www.gowcsd.org/special-education/
Hinsdale Committee on Preschool Education	3701 Main St.	Hinsdale	NY	14743	716-557-2227 ext. 417	https://www.hinsdalebobcats.org/Page/17
Olean Committee on Preschool Education	410 W. Sullivan St.	Olean	NY	14760	716-375-8989	https://www.oleanschools.org/Page/297
Parent to Parent of NYS	1200 East & West Rd.	West Seneca	NY	14227	1-800-971-1588	http://parenttoparentnys.org/offices/western/
Pine Valley Committee on Preschool Education	7755 NY-83	South Dayton	NY	14138	716-988-3291 ext. 3356	https://www.pval.org/domain/18
Pioneer Committee on Preschool Education	PO Box 9	Arcade	NY	14009	716-492-9300	https://www.pioneerschools.org/o/pioneer-csd/page/committee-on-pre-school-special-education
Portville Committee on Preschool Education	PO Box 700	Portville	NY	14770	716-933-6036	https://www.portvillecsd.org/o/portville-central-school/page/cse-cpse
Randolph Committee on Preschool Education	22 Main St.	Randolph	NY	14772	716-358-7030 ext. 7033	https://www.randolphcsd.org/
Salamanca Committee on Preschool Education	50 Iroquois Dr.	Salamanca	NY	14779	716-945-5142 ext. 4049	https://www.salamancany.org/domain/41
Springville Committee on Preschool Education	307 Newman St.	Springville	NY	14141	716-592-3256	https://www.springvillegi.org/special-education/
West Valley Committee on Preschool Education	45 School St.	West Valley	NY	14171	716-942-3293 ext. 404	https://www.wvalley.wnyric.org/
Health Care-Human Reproduction						
Community Clinic - Olean - Cattaraugus County Health Department	1 Leo Moss Dr, Suite 4010	Olean	NY	14760	716-701-3416	http://www.cattco.org/

	Address	City	State	Zip	Phone Number	Website
Universal Primary Care-Olean	135 N Union St	Olean	NY	14760	716-375-7500	www.upchealth.net
Service Provider						
WIC	116 Interstate Pkwy	Bradford	PA	16701	814-776-1106	https://www.pawic.com/

Table 29 below is a listing of hospital resources available for residents to access regarding healthy women, infants and children.

Table 29: Healthy Women, Infants and Children: Olean General Hospital and Bradford Regional Medical Center Resources

Olean General Hospital Programs and Services	Address	City	State	Zip	Phone Number
Obstetrics and Gynecology (OB/GYN) Department					
Olean General Hospital	515 Main Street	Olean	NY	14760	716-375-6400
Women's Clinic					
Bradford Regional Medical Center	195 Pleasant Street	Bradford	PA	16701	814-363-2760

Communicable Diseases and Immunizations

Resources available in McKean County can be accessed through **United Way 211**. Table 30 below is a listing of community resources (other than the hospital) available in Cattaraugus County for residents to access resources and services to reduce or prevent communicable diseases.

Table 30: Prevent Communicable Diseases: Community Resources Listing for Cattaraugus County

Programs and Services	Address	City	State	Zip	Phone Number	Website
Communicable Disease Surveillance and Treatment						
County Health Department	1 Leo Moss Dr, Suite 4010	Olean	NY	14760	716-373-8050	
Universal Primary Care - Olean	135 N Union St	Olean	NY	14760	716-375-7500	www.upchealth.net

Programs and Services	Address	City	State	Zip	Phone Number	Website
Olean Medical Group	535 Main St	Olean	NY	14760	716-372-0141	
Immunization Services						
Dan Horn Pharmacy	111 East Green St	Olean	NY	14760	716-376-6337	
Bartholomew's Pharmacy	2 Elm St	Franklinville	NY	14737	716-676-3350	
Corner Drug Store	1 Washington St	Cattaraugus	NY	14719	716-257-3741	
Inkley Pharmacy	113 Main St	Randolph	NY	14772	716-358-3201	
Prizel's Pharmacy	353 Main St	Olean	NY	14760	716-373-8383	
South Dayton Supermarket Pharmacy	303 Pine St	South Dayton	NY	14138	716-988-3410	www.southdaytonsupermarket.com/pharmacy-jsp
Tops Pharmacy	2401 W. State St	Olean	NY	14760	716-373-1105	
Cottrill's Pharmacy	255 Main St	Arcade	NY	14009	585-492-2310	
Ellicottville Pharmacy	6133 US 219	Ellicottville	NY	14731	716-699-2385	
Vic Vena Pharmacy	1322 W State St	Olean	NY	14760	716-372-7761	www.vicvenapharmacy.com
Valley Pharmacy	31 W Main St	Gowanda	NY	14070	716-532-1700	
CVS	415 N Union St	Olean	NY	14760	716-372-5881	
Walmart Pharmacy	1869 Plaza Dr.	Olean	NY	14760	716-373-2781	
Pediatricians (Childhood Immunization Services)						
Dr. Ricardo Illustre	535 Main St	Olean	NY	14760	716-376-2778	
Dr. Shazia Siddiqi	535 Main St	Olean	NY	14760	716-372-0141	
Dr. Srinivas Thandla	2636 W State St	Olean	NY	14760	716-373-8181	
Leo Cusumano	38 Water St	Cuba	NY	14727	585-968-4137	
Universal Primary Care	135 N Union St	Olean	NY	14760	716-375-7500	

Table 31 below is a listing of hospital resources available for residents to access resources and services to reduce or prevent communicable diseases.

Table 31: Prevent Communicable Diseases: Olean General Hospital and Bradford Regional Medical Center Resources

Olean General Hospital Programs and Services	Address	City	State	Zip	Phone Number
Communicable Disease Response and Treatment					
Emergency Department	515 Main St	Olean	NY	14760	716-375-6275

Olean General Hospital Programs and Services	Address	City	State	Zip	Phone Number
Communicable Disease Response and Treatment					
Olean General Hospital					
Emergency Department Bradford Regional Medical Center	116 Interstate Parkway	Bradford	PA	16701	814-362-8274



Appendix F:
2025-2027 Community
Service Plan / 2025-2030
Community Health
Improvement
Plan



Submitting Organization			
Organization Name	County(ies) of Service	Liaison Name	Liaison Email
Cattaraugus County Health Department	Cattaraugus County, NY	Dr. Kevin Watkins	kdwatkins@cattco.org
Is this a joint plan? Yes/No	Yes		
<i>Note: a joint plan is defined as submitting one Community Health Assessment and Community Health Improvement Plan for both the LHD(s) and hospital(s) within the same county.</i>			

Participating Organization(s)			
Organization Name	County(ies) of Service	Liaison Name	Liaison Email
Olean General Hospital/Bradford Regional Medical Center	Cattaraugus County, NY and McKean County, PA	Joseph Fuglewicz	jfuglewicz@uahs.org
Bertrand Chaffe Hospital	Cattaraugus and Erie Counties, NY	Kathy Hebdon	khebdon@bch-jbr.org

Domain	Priority (select one from drop down list)	Objective (select one from drop down list)	Intervention	Disparities Being Addressed	Family of Measures	Timeframe		Implementation Partner <i>(Please select one partner from the dropdown list per row)</i>	Partner Role(s) and Resources
						Start Date (mm/dd/yyyy)	Completion Date (mm/dd/yyyy)		
Economic Stability	Nutrition Security	3.0 Increase consistent household food security from 71.1% to 75.9%.	Conduct standardized screening for unmet nutrition security needs and provide referrals to state, local, and federal benefit programs, as well as community-based providers addressing health-related social needs	Rural and remote areas	Number of health practices and facilities that screen for food insecurity and facilitate referrals to supportive services	1/1/2026	12/31/2026	Local health department	Data collection
Economic Stability	Nutrition Security	3.1 Increase food security in households with an annual total income of less than \$25,000 from 42.0% to 51.1%.	Conduct standardized screening for unmet nutrition security needs and provide referrals to state, local, and federal benefit programs, as well as community-based providers addressing health-related social needs	Rural and remote areas	Number of health practices and facilities that screen for food insecurity and facilitate referrals to supportive services	1/1/2026	12/31/2026	Local health department	Data collection
Economic Stability									
Economic Stability									
Economic Stability									
Economic Stability									
Economic Stability									
Economic Stability									

Instructions:
 Please review the Community Health Improvement Planning Guidance for the required elements of the Community Health Improvement Plan (CHIP) and Community Service Plan (CSP): https://www.health.ny.gov/prevention/prevention_agenda/2025-2030/docs/letter_and_guidance.pdf.
Column B: Select a priority from the dropdown menu. For new priorities NOT listed in the Prevention Agenda, first identify the appropriate SDCH domain tab, then manually enter the priority name. See page 9 of the guidance for details about adding additional priorities.
Column C: Select an objective from the dropdown menu. To add an additional objective not in the dropdown, type it in the blank cell. See page 9 of the guidance for details about adding additional objectives not included in the Prevention Agenda.
Column D: Enter and cite the intervention. List each intervention on a separate row; use evidence-based interventions; if not available, best or promising practices.
Column E: List disparities the intervention addresses.
Column F: Identify the specific metric or measure used to evaluate the intervention's implementation progress.

Domain	Priority (select one from drop down list)	Objective (select one from drop down list)	Intervention	Disparities Being Addressed	Family of Measures	Timeframe		Implementation Partner <i>(Please select one partner from the dropdown list per row)</i>	Partner Role(s) and Resources
						Start Date (mm/dd/yyyy)	Completion Date (mm/dd/yyyy)		
<p>Social & Community Context</p> <p>Instructions: Please review the Community Health Improvement Planning Guidance for the required elements of the Community Health Improvement Plan (CHIP) and Community Service Plan (CSP): https://www.health.ny.gov/prevention/prevention_agenda/2025-2030/docs/letter_and_guidance.pdf.</p> <p>Column B: Select a priority from the dropdown menu. For new priorities NOT listed in the Prevention Agenda, first identify the appropriate SDOH domain tab, then manually enter the priority name. See page 9 of the guidance for details about adding additional priorities.</p> <p>Column C: Select an objective from the dropdown menu. To add an additional objective not in the dropdown, type it in the blank cell. See page 9 of the guidance for details about adding additional objectives not included in the Prevention Agenda.</p> <p>Column D: Enter and cite the intervention. List each intervention on a separate row; use evidence-based interventions; if not available, best or promising practices.</p> <p>Column E: List disparities the intervention addresses.</p> <p>Column F: Identify the specific metric or measure used to evaluate the intervention's implementation progress.</p>									
Social & Community Context	Anxiety & Stress	5.0 Decrease the percentage of adults who experience frequent mental distress from 13.4% to 12.0%.	Implement and promote Mental Health First Aid course training	Adults with a household income of less than \$25,000 (21.0%) and adults with a disability (30.5%)	# trainings delivered, #people trained	1/1/2026	12/31/2030	Local health department	Promote trainings, assist in tracking and reporting data
Social & Community Context	Anxiety & Stress	5.0 Decrease the percentage of adults who experience frequent mental distress from 13.4% to 12.0%.	Implement and promote Mental Health First Aid course training	Adults with a household income of less than \$25,000 (21.0%) and adults with a disability (30.5%)	# trainings delivered, #people trained	1/1/2026	12/31/2030	Hospital	Train staff, promote trainings, track and report data
Social & Community Context	Anxiety & Stress	5.0 Decrease the percentage of adults who experience frequent mental distress from 13.4% to 12.0%.	Implement and promote Mental Health First Aid course training	Adults with a household income of less than \$25,000 (21.0%) and adults with a disability (30.5%)	# trainings delivered, #people trained	1/1/2026	12/31/2030	Community-based organizations	Community Service Mental Health - Deliver training, track and report data
Social & Community Context	Primary Prevention, Substance Misuse, and Overdose Prevention	11.0 Increase the crude rate of patients per 100,000 population who received at least one buprenorphine prescription for opioid use disorder from 446.0 to 490.6	Increase use of buprenorphine/suboxone	People with Substance Use Disorder	#prescriptions	1/1/2026	12/31/2030	Local health department	Assist in data tracking and reporting
Social & Community Context	Primary Prevention, Substance Misuse, and Overdose Prevention	11.0 Increase the crude rate of patients per 100,000 population who received at least one buprenorphine prescription for opioid use disorder from 446.0 to 490.6	Increase use of buprenorphine/suboxone	People with Substance Use Disorder	#prescriptions	1/1/2026	12/31/2030	Hospital	Prescribe where appropriate, track and report data
Social & Community Context	Primary Prevention, Substance Misuse, and Overdose Prevention	11.0 Increase the crude rate of patients per 100,000 population who received at least one buprenorphine prescription for opioid use disorder from 446.0 to 490.6	Increase use of buprenorphine/suboxone	People with Substance Use Disorder	#prescriptions	1/1/2026	12/31/2030	Community-based organizations	CASA Trinity, jail, Community Service Mental Health - prescribe as appropriate, track and report data
Social & Community Context	Primary Prevention, Substance Misuse, and Overdose Prevention	13.0 Increase the number of naloxone kits distributed from 397,620 to 596,430.	Provide or increase access to Naloxone to reduce overdose fatalities	All ages in Underserved Communities	# of Naloxone kits distributed, # of distribution events, #vending machines, #community agencies distributing kits	1/1/2026	12/31/2030	Local health department	Kits available for distribution, track and report data, assist in data reporting
Social & Community Context	Primary Prevention, Substance Misuse, and Overdose Prevention	13.0 Increase the number of naloxone kits distributed from 397,620 to 596,430.	Increase the availability of Naloxone kits in the community	All ages in Underserved Communities	# of Naloxone kits distributed, # of distribution events, #vending machines, #community agencies distributing kits	1/1/2026	12/31/2030	Hospital	Kits available for distribution, track and report data
Social & Community Context	Primary Prevention, Substance Misuse, and Overdose Prevention	13.0 Increase the number of naloxone kits distributed from 397,620 to 596,430.	Increase the availability of Naloxone kits in the community	All ages in Underserved Communities	# of Naloxone kits distributed, # of distribution events, #vending machines, #community agencies distributing kits	1/1/2026	12/31/2030	Community-based organizations	Southern Tier Health Care System- Kits available for distribution, track and report data Cattaraugus County Jail - Kits available for distribution, track and report data Community Service - Kits available for distribution, track and report data

Healthcare Access & Quality	<p>Instructions:</p> <p>Please review the Community Health Improvement Planning Guidance for the required elements of the Community Health Improvement Plan (CHIP) and Community Service Plan (CSP): https://www.health.ny.gov/prevention/prevention_agenda/2025-2030/docs/letter_and_guidance.pdf.</p> <p>Column B: Select a priority from the dropdown menu. For new priorities NOT listed in the Prevention Agenda, first identify the appropriate SOOH domain tab, then manually enter the priority name. See page 9 of the guidance for details about adding additional priorities.</p> <p>Column C: Select an objective from the dropdown menu. To add an additional objective not in the dropdown, type it in the blank cell. See page 9 of the guidance for details about adding additional objectives not included in the Prevention Agenda.</p> <p>Column D: Enter and cite the intervention. List each intervention on a separate row, use evidence-based interventions; if not available, best or promising practices.</p> <p>Column E: List disparities the intervention addresses.</p> <p>Column F: Identify the specific metric or measure used to evaluate the intervention's implementation progress.</p>
	<p>Instructions:</p> <p>Please review the Community Health Improvement Planning Guidance for the required elements of the Community Health Improvement Plan (CHIP) and Community Service Plan (CSP): https://www.health.ny.gov/prevention/prevention_agenda/2025-2030/docs/letter_and_guidance.pdf.</p> <p>Column B: Select a priority from the dropdown menu. For new priorities NOT listed in the Prevention Agenda, first identify the appropriate SOOH domain tab, then manually enter the priority name. See page 9 of the guidance for details about adding additional priorities.</p> <p>Column C: Select an objective from the dropdown menu. To add an additional objective not in the dropdown, type it in the blank cell. See page 9 of the guidance for details about adding additional objectives not included in the Prevention Agenda.</p> <p>Column D: Enter and cite the intervention. List each intervention on a separate row, use evidence-based interventions; if not available, best or promising practices.</p> <p>Column E: List disparities the intervention addresses.</p> <p>Column F: Identify the specific metric or measure used to evaluate the intervention's implementation progress.</p>

Domain	Priority (select one from drop down list)	Objective (select one from drop down list)	Intervention	Disparities Being Addressed	Family of Measures	Timeframe		Implementation Partner <i>(Please select one partner from the dropdown list per row)</i>	Partner Role(s) and Resources
						Start Date (mm/dd/yyyy)	Completion Date (mm/dd/yyyy)		
Healthcare Access & Quality	Preventative Services for Chronic Disease Prevention and Control	33.0 Increase the percentage of adults aged 45 to 75 years who are up to date on their colorectal cancer screening based on the most recent guidelines from 73.7% to 82.3%.	Partner with community based organizations to promote access to prevention and screening services	Adults aged 45-75 years in Underserved Communities	# of screenings in areas that are underserved; # of screenings	1/1/2026	12/31/2030	Local health department	Assist in data collection and tracking, promotion of available community screenings
Healthcare Access & Quality	Preventative Services for Chronic Disease Prevention and Control	33.0 Increase the percentage of adults aged 45 to 75 years who are up to date on their colorectal cancer screening based on the most recent guidelines from 73.7% to 82.3%.	Partner with community based organizations to promote access to prevention and screening services	Adults aged 45-75 years in Underserved Communities	# of screenings in areas that are underserved; # of screenings	1/1/2026	12/31/2030	Hospital	Provide screenings, partner with community organizations to offer screenings, track and report data
Healthcare Access & Quality	Preventative Services for Chronic Disease Prevention and Control	33.0 Increase the percentage of adults aged 45 to 75 years who are up to date on their colorectal cancer screening based on the most recent guidelines from 73.7% to 82.3%.	Partner with community based organizations to promote access to prevention and screening services	Adults aged 45-75 years in Underserved Communities	# of screenings in areas that are underserved; # of screenings	1/1/2026	12/31/2030	Community-based organizations	Foothills Medical Group, Universal Primary Care, Olean Medical Group, Bertrand Chaffee Primary Care Providers - these partners will provide screenings, partner with community agencies to offer screenings, track and report data
Healthcare Access & Quality	Preventative Services for Chronic Disease Prevention and Control	33.1 Increase the percentage of adults aged 45 to 54 years who are up to date on their colorectal cancer screening based on the most recent guidelines from 55.8% to 63.4%.	Partner with community based organizations to promote access to prevention and screening services	Adults aged 45-54 years in Underserved Communities	# of screenings in areas that are underserved; # of screenings	1/1/2026	12/31/2030	Local health department	Assist in data collection and tracking, promotion of available community screenings
Healthcare Access & Quality	Preventative Services for Chronic Disease Prevention and Control	33.1 Increase the percentage of adults aged 45 to 54 years who are up to date on their colorectal cancer screening based on the most recent guidelines from 55.8% to 63.4%.	Partner with community based organizations to promote access to prevention and screening services	Adults aged 45-54 years in Underserved Communities	# of screenings in areas that are underserved; # of screenings	1/1/2026	12/31/2030	Hospital	Provide screenings, partner with community organizations to offer screenings, track and report data
Healthcare Access & Quality	Preventative Services for Chronic Disease Prevention and Control	33.1 Increase the percentage of adults aged 45 to 54 years who are up to date on their colorectal cancer screening based on the most recent guidelines from 55.8% to 63.4%.	Partner with community based organizations to promote access to prevention and screening services	Adults aged 45-54 years in Underserved Communities	# of screenings in areas that are underserved; # of screenings	1/1/2026	12/31/2030	Other (please describe partner and role(s) in	Foothills Medical Group, Universal Primary Care, Olean Medical Group, Bertrand Chaffee Primary Care Providers - these partners will provide screenings, partner with community agencies to offer screenings, track and report data