



Public Health

Prevent. Promote. Protect.



**Cattaraugus
County
Health
Department**

**Strategic Plan
2026-2030**



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Purpose and Alignment

This redesigned Strategic Plan aligns with requirements set forth by the **National Association of County and City Health Officials (NACCHO)** and the **Public Health Accreditation Board (PHAB)** and is fully aligned with the **New York State Department of Health (NYSDOH) 2025–2030 Prevention Agenda**.

The Cattaraugus County Health Department's (CCHD) 2025–2030 Community Health Improvement Plan (CHIP) priorities are based on the NYSDOH Prevention Agenda and include:

- Mental Health (Social and Community Context):
 - **Anxiety and 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**

This Strategic Plan serves as an actionable roadmap guiding the CCHD over a five-year period and supports:

- **PHAB Domain 5: Policy Development and Planning**
- **PHAB Domain 6: Public Health Laws and Regulations**
- **PHAB Domain 8: Maintain a Competent Public Health Workforce**
- **NACCHO Operational Definition of a Local Health Department**

The plan is informed by the Community Health Assessment (CHA), Community Health Improvement Plan (CHIP), internal and external Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis, workforce data, regulatory mandates, and staff and community input.

Mission, Vision, and Values

(Remain unchanged and were reaffirmed during the strategic planning process.)

Vision: *A community that embraces excellence and collaboration, capable of improving population health through data-driven decision-making and policy development.*

The vision should reflect the agency's intentions, describe the way the organization will look in the future, and help to position the Department to achieve its goals. The strategic plan is then developed to move the organization from its current position toward this vision. The CCHD's current vision was reviewed as part of the strategic planning process. No changes or modifications were made to the vision.

Mission: *To engage and empower the public of all ages to live healthier lifestyles through education, prevention, promotion, monitoring, accessibility, affordability, technology, testing, diagnosing, and treating.*

The mission of an organization defines its purpose and communicates the goals of all the programs, services, and activities undertaken by it. The CCHD's current mission was reviewed as part of the strategic planning process. No changes or modifications were made to the mission.

Values: *Excellence • Collaboration • Compassion • Innovation • Professionalism • Integrity • Accountability*

Core values go beyond what an organization does, and describe the core beliefs and attitudes that influence the way the organization conducts business. The CCHD's core values were reviewed as part of the strategic planning process as it reflects the agency's future intentions. No changes or modifications were made to the core values.

External Assessment

An assessment of our external environment was completed to gather data and input on factors that may affect the health department's direction and strategies moving forward. The factors considered are listed and summarized below.

Socio-Cultural Factors

- **Population Estimates**

As of 2024, the estimated population of Cattaraugus County was down to 75,475 from the 2010 population count of 80,220, a 6% decrease.

- **Age Distribution**

The 2024 American Community Survey of the U.S. Census reported the median age in Cattaraugus County as 43.8 years, whereas the median age in New York State (NYS) is 40.1 years. The 65+ age group is the fastest growing age group (between 2010 and 2022), increasing 29.5% to 16,033. The age group 35 to 49 shows the largest decline (between 2010-2020), decreasing 15.9% to 12,847.

- **Race Distribution**

The majority of Cattaraugus County citizens are Caucasian (89.6%), with American Indian (3.4%), and African Americans (1.4%). Since 2000, the Hispanic population in Cattaraugus County has the largest growth from 0.9% to 2.6%. Alaska Native, Asian, Pacific Islander or persons reporting two or more races represent the remaining population. Overall, the race distribution is very different from that of NYS. In NYS, 55.0% of the population is Caucasian, 20% is Hispanic and 15% is African American.

- **Community Health Improvement Plan Priorities**

The Cattaraugus County Health Department partnered with Upper Allegheny Health System (UAHS) d/b/a Olean General Hospital/Bradford Regional Medical Center (OGH/BRMC) and Bertrand Chaffee Hospital (BCH), to write a combined 2025-2027 Community Health Needs Assessment/Community Service Plan (CHNA/CSP) – 2025-2030 Community Health Assessment/Community Health Improvement Plan (CHA/CHIP). The following priorities, indicated in **bold**, were identified for the current CSP/CHIP cycle.

- 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**

Based on 2025 data from the nationwide comprehensive health rankings and roadmaps study which measures population health and well-being and community conditions per county, Cattaraugus County rates worse than the NYS average in both population health and well-being and community conditions.

Health is defined as the ability to thrive and well-being is the quality of life and the ability to contribute to the world. It includes optimal physical, spiritual, mental, and social well-being. Community conditions include the social determinants of health.

Recent health data for Cattaraugus County (including analyses from the 2022–2024 Community Health Improvement Plan and 2024 Annual Report) indicate that chronic diseases, particularly heart disease, cancer, and chronic lower respiratory disease, remain among the most significant drivers of poor health outcomes and mortality locally. Heart disease continues to be a leading cause of death, consistent with state vital statistics. Cancer and chronic lower respiratory diseases (CLRD) also rank high among leading causes of premature death. Unintentional injuries (including accidents) and diabetes are additional contributors to years of potential life lost.

Economic Factors

- The average median annual household income in Cattaraugus County according to the 2024 American Community Survey of the U.S. Census was \$61,327, compared to \$85,820 in NYS. The same report notes that 21.3% of Cattaraugus County residents are living in poverty compared with 14.0% in New York State. Of those under 18, 36.6% live in poverty and 10.5% of those over 65 years of age live in poverty. The 2024 American Community Survey reported that 39.3% of the population attained a high school diploma. The percentage of Cattaraugus County residents who have attained a Bachelor's Degree or higher was reported at 23.4%, which is much lower than the NYS percentage of 41.2%.

Internal Assessment

As an integral component of our internal assessment, a comprehensive SWOT analysis was conducted to identify the agency's internal strengths and weaknesses, along with external opportunities and threats. The insights gained from this analysis were instrumental in shaping our plan. Below, you will find the key strengths, weaknesses, opportunities, and threats identified by the planning participants, drawing from both previous and current plan responses.

Strengths	Weaknesses
Experienced, Skilled, and Adaptable Workforce In many areas, there is longstanding, cross-trained, and dedicated staff with strong expertise, professionalism, and low turnover. (This is noted as a strength and a weakness since it differs by area/division.)	Resource Constraints and Financial Pressures Budget limitations, heavy workloads, vacant financial leadership roles, and limited funding for upgrades, marketing, and outreach.
Recognized presence within the community and long-standing partner relationships Well-known and trusted locally, with established relationships that enable effective collaboration, communication, and coordinated action across the community.	Workforce Capacity, Recruitment, and Succession Challenges Some areas experience limited staffing and redundancy, rural recruitment barriers, low compensation, staff turnover, and upcoming retirements, civil service constraints, and lack of structured succession planning and cross-training. (This is noted as a strength and a weakness since it differs by area/division.)

<p>High-Quality, Accountable Service Delivery Broad service scope, timely performance meeting state benchmarks, continuous quality improvement, and accreditation-driven excellence.</p> <p>Sound Governance, Infrastructure, and Financial Management Clear policies and authority, supportive leadership and Board of Health, strong fiscal and grant management, and regional/state system linkages.</p>	<p>Aging Infrastructure and Technology Limitations Outdated facilities, equipment, EMRs, billing systems, and state-mandated platforms; inadequate IT support; limited flexibility for equipment failures; slow or inefficient information systems; and gaps in cybersecurity and digital capacity.</p> <p>Operational Inefficiencies and Process Barriers Slow internal approval processes, fragmented billing and claims systems, short program timelines, manual workflows, limited performance management integration, and documentation and tracking gaps affecting accreditation and quality improvement.</p>
<p>Opportunities</p> <p>Expanded community engagement through CHA/CHIP implementation High credibility and respect within the community to strengthen ongoing community involvement by using CHA/CHIP implementation to align partners and residents around already identified priorities and support coordinated action to address shared health needs.</p> <p>Increased access to diverse funding and revenue sources to support and sustain public health programs and initiatives. Federal and state grants, opioid and JUUL settlement funds, increased grant writing capacity, regional collaborations, and improved billing systems to strengthen financial sustainability.</p> <p>Strategic Partnerships and Regional Collaboration Stronger coordination with NYSDOH, other county health departments, universities, healthcare systems, community organizations, and private vendors to expand services, workforce pipelines, and shared initiatives.</p>	<p>Threats</p> <p>Resource Constraints and Financial Pressures Rising supply costs, unfunded mandates, insurance and reimbursement challenges, and limited funding for marketing, and outreach.</p> <p>Rural Access, Communication, and Public Engagement Barriers Transportation challenges, limited phone and internet access, time constraints for outreach, inconsistent internal and external messaging, limited health promotion reach, and public distrust of government.</p> <p>Funding Instability and Financial Vulnerability Uncertain federal, state, and county funding; budget cuts; unstable grants; stagnant population and rural economic decline reducing tax revenue; rising supply, equipment, wage, and mandated reimbursement costs; and declining or changing insurance reimbursements.</p> <p>Policy, Regulatory, and Administrative Pressures Unfunded mandates; increasing state and federal regulations; evolving eligibility and reimbursement rules (Medicaid, Medicare,</p>

<p>Technology, Data, and Innovation Advancement Investment in modern EMRs, billing platforms, testing technologies, AI-enabled tools, dashboards, and secure cloud-based systems to improve efficiency, compliance, and service delivery.</p> <p>Workforce Development and Organizational Capacity Building Training, distance learning, succession planning, leadership development, emergency preparedness, and structured onboarding to build a resilient, future-ready workforce.</p> <p>Enhanced Community Engagement and Service Accessibility Expanded outreach through social media, CHA/CHIP activities, after-school and youth programming, flexible appointment models, increased visibility of services, and partnerships supporting children and families.</p>	<p>SNAP, WIC); growing administrative burden for PHAB accreditation; and limited flexibility due to external policy decisions.</p> <p>Workforce Shortages and Competitive Labor Market Shortages of qualified providers; strict eligibility requirements limiting workforce supply; rising wage pressures; difficulty recruiting and retaining staff in rural areas; and competition from larger or better-resourced organizations.</p> <p>Barriers to access and service delivery due to rural infrastructure limitations Geographic isolation; transportation barriers; limited grocery and WIC vendors; power and utility vulnerabilities affecting medically dependent residents; diverse populations spread across large rural areas; and gaps in service coverage by zip code.</p> <p>External factors influencing emerging public health threats Misinformation/disinformation; post-COVID reputational challenges; competing priorities driven by social determinants of health; competition from other providers and referral shifts; and emerging public health threats such as infectious disease, climate-related emergencies, and supply shortages.</p>
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Strategic Framework (PHAB-Required Elements)

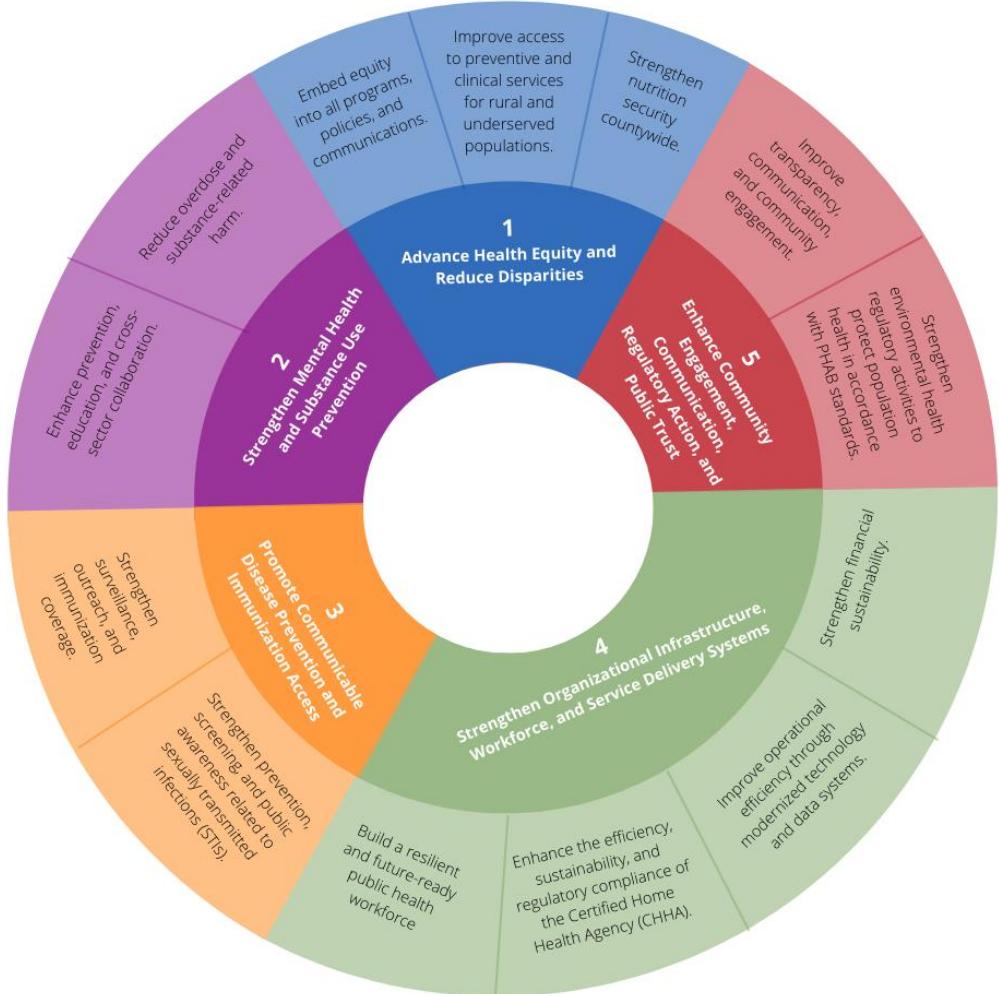
This plan includes:

- Defined strategic priorities
- Measurable objectives and strategies
- Assigned responsibility
- Clear timelines
- Annual review and quality improvement integration

The Strategic Plan

The strategic plan functions as a foundational document for the department in pursuit of its vision and mission. Building upon these guiding principles, we have identified specific priority areas, objectives, and strategies to effectively achieve our goals. The plan will undergo annual reviews, with updates communicated to staff, the community, partners, and the Board of Health; demonstrating our progress in meeting our commitments. Each measurable strategy will be evaluated quarterly by the designated division specified within the plan, unless otherwise indicated. Outcomes from these evaluations will be brought to the Executive Committee to assess and determine any necessary actions.

The following graphic provides a visual representation of the strategic plan which may be displayed internally and externally as a quick reference guide.



Strategic Priority 1: Advance Health Equity and Reduce Disparities

Aligned CHIP Priorities: Anxiety and Stress; Primary Prevention, Substance Misuse, and Overdose Prevention; Preventative Services for Chronic Disease Prevention and Control; and Nutrition Security

Focus of Strategic Priority 1:

Strategic Priority One advances health equity by addressing social, economic, and geographic disparities that contribute to poor health outcomes in Cattaraugus County. This priority directly responds to findings from the Community Health Assessment and SWOT analysis that identified inequitable access to services, transportation barriers, food insecurity, and workforce capacity challenges in rural and underserved populations. This priority aligns with PHAB Domain 5 (Policy Development and Planning), Domain 8 (Workforce), and NACCHO's emphasis on equity-centered public health practice.

Objective 1.1: Embed equity into all programs, policies, and communications.

Strategic Objective 1.1 focuses on institutionalizing health equity across all division functions to ensure policies, programs, and communications are accessible, inclusive, and responsive to community needs. This objective builds on SWOT findings identifying opportunities to strengthen internal systems and staff capacity related to equity, cultural humility, and ADA compliance. Incorporating Health Equity Impact Reviews, strengthening language access, and providing annual training ensures that equity considerations are not siloed but embedded into everyday operations. This objective supports PHAB Domain 5 by strengthening policy development and Domain 8 by building a culturally competent workforce.

Strategy	Timeline	Responsible Division
Incorporate Health Equity Impact Reviews into 100% of new or revised policies/programs	2026	Administration / All Divisions
Ensure all public-facing materials meet ADA and language access standards	2026–2027	Health Education/ Administration
Utilize CHA and program data dashboards to identify disparities and guide resource allocation	2026-2027	Administration / IT / All Divisions

Objective 1.2: Improve access to preventive and clinical services for rural and underserved populations.

Strategic Objective 1.2 addresses geographic and transportation barriers identified in the SWOT analysis and CHA by expanding telehealth, mobile services, and strategic partnerships. By increasing participation in WIC, Early Intervention Program (EIP), and chronic disease prevention services, the department advances CHIP priorities related to access to care and chronic disease prevention. This objective aligns with NACCHO's operational definition of ensuring access to essential public health services and PHAB standards related to service delivery and community partnerships.

Strategy	Timeline	Responsible Division
Expand telehealth and mobile service partnerships	2026–2028	Nursing Staff/ IT
Increase participation in WIC, EIP, and chronic disease programs by 10%	By 2027	Nursing /WIC/ EIP Staff
Implement referral pathways to address transportation and non-clinical access barriers	2026-2027	Administration/ Nursing/Community Partners

Objective 1.3: Strengthen nutrition security countywide.

Strategic Objective 1.3 targets food insecurity and nutrition access, which emerged as a key community concern in the CHA and CHIP. Increasing WIC enrollment and supporting new food access points, particularly in rural areas, directly addresses economic stability and nutrition security priorities under the NYSDOH Prevention Agenda. This objective leverages departmental strengths in community partnerships while addressing weaknesses related to rural service reach, aligning with PHAB Domain 5 and NACCHO's focus on improving population health outcomes through cross-sector collaboration.

Strategy	Timeline	Responsible Division
Increase WIC enrollment among eligible residents	2026–2027	WIC Staff
Support development of at least 2 new food access points in rural areas	2026	Health Education

Strategic Priority 2: Strengthen Mental Health and Substance Use Prevention

Aligned CHIP Priorities: Anxiety and Stress; Primary Prevention, Substance Misuse, and Overdose Prevention

Focus of Strategic Priority 2:

Strategic Priority Two addresses mental health, substance misuse, and overdose prevention, which were identified as critical priorities through the CHA, CHIP, and SWOT analysis. This priority emphasizes prevention, education, and coordinated community response, aligning with PHAB Domain 5 and Domain 6, as well as NACCHO's role in convening cross-sector partners.

Objective 2.1: Enhance prevention, education, and cross-sector collaboration.

Strategic Objective 2.1 strengthens the department's role as a convener and leader in prevention efforts by formalizing partnerships and implementing evidence-based programs. Leading or co-leading a countywide substance use coalition addresses SWOT findings related to fragmented services and collaboration gaps. This objective supports sustainable prevention infrastructure and aligns with PHAB requirements for community engagement and partnership development.

Strategy	Timeline	Responsible Division
Re-establish formal leadership in the countywide substance use prevention coalition	By 2026	Administration/PHEP/Nursing
Implement two evidence-based prevention programs	2026–2028	Health Education
Formalize MOUs with three behavioral health providers	By 2028	Administration

Objective 2.2: Reduce overdose and substance-related harm.

Strategic Objective 2.2 focuses on harm reduction strategies, including naloxone distribution and youth prevention initiatives, to reduce overdose deaths and substance-related morbidity. This objective responds directly to CHIP priorities related to substance misuse and overdose prevention and aligns with PHAB Domain 6 by supporting public health actions that protect community health and safety.

Strategy	Timeline	Responsible Division
Increase naloxone distribution by 25%	By 2026	Administration/PHEP/ Nursing
Expand youth substance use prevention participation by 20%	By 2027	Health Education
Implement public education campaigns to address stigma and misinformation	2026-2028	Health Education

Strategic Priority 3: Promote Communicable Disease Prevention and Immunization Access

Aligned CHIP Priorities: Preventative Services for Chronic Disease Prevention and Control

Focus of Strategic Priority 3:

Strategic Priority Three strengthens communicable disease prevention through enhanced surveillance, outreach, and immunization efforts. The COVID-19 pandemic and subsequent public health responses highlighted the need for equitable immunization coverage and targeted outreach, particularly among populations with historically lower vaccination rates.

Objective 3.1: Strengthen surveillance, outreach, and immunization coverage.

Strategic Objective 3.1 improves data-informed outreach and immunization strategies to increase coverage among priority populations. This objective builds on departmental strengths in nursing and health education while addressing SWOT-identified needs for targeted engagement. It aligns with PHAB standards related to disease surveillance and prevention and NACCHO's emphasis on data-driven decision-making.

Strategy	Timeline	Responsible Division
Utilize surveillance and registry data to target low-coverage populations	2026	Nursing/PHEP
Increase immunization rates in priority populations by 5%	By 2027	Nursing/Health Education
Expand immunization partnerships with schools, employers, and long-term care facilities	2026-2027	Nursing

Objective 3.2: Strengthen prevention, screening, and public awareness related to sexually transmitted infections (STIs).

Strategic Objective 3.2 focuses on reducing the transmission and impact of sexually transmitted infections through enhanced surveillance, targeted outreach, and evidence-based public awareness efforts. This objective responds to communicable disease trends and public health data indicating ongoing STI burden and the need for improved prevention education, screening awareness, and timely linkage to care. By implementing coordinated STI awareness campaigns and strengthening partnerships with healthcare providers, schools, and community organizations, the department will promote early detection, prevention, and treatment while supporting informed, responsible health decisions. This objective aligns with PHAB Domain 5 (Policy Development and Planning), Domain 6 (Public Health Laws and Regulations), and NACCHO's emphasis on communicable disease prevention and population health protection.

Strategy	Timeline	Responsible Division
Utilize communicable disease surveillance data to identify priority populations and geographic areas for STI outreach	2026	Nursing/PHEP
Develop and implement targeted STI prevention and screening awareness campaigns, including education on testing, treatment, and prevention methods	2026–2027	Health Education/Nursing
Strengthen partnerships with healthcare providers, schools, and community organizations to expand STI education, screening awareness, and referral pathways	2026-2027	Nursing/Health Education/Administration

Strategic Priority 4: Strengthen Organizational Infrastructure, Workforce, and Service Delivery Systems

Aligned CHIP Priorities: Anxiety and Stress; Primary Prevention, Substance Misuse, and Overdose Prevention; Preventative Services for Chronic Disease Prevention and Control; and Nutrition Security

Focus of Strategic Priority 4:

Strategic Priority Four focuses on internal capacity, workforce sustainability, financial stability, and operational efficiency. This priority responds directly to SWOT findings identifying workforce shortages, succession planning needs, financial pressures, and technology limitations.

Objective 4.1: Build a resilient and future-ready public health workforce.

Strategic Objective 4.1 addresses workforce recruitment, retention, and succession planning to ensure continuity of services and institutional knowledge. Cross-training and academic pipeline partnerships mitigate workforce vulnerabilities identified in the SWOT analysis and support PHAB Domain 8 requirements for maintaining a competent public health workforce.

Strategy	Timeline	Responsible Division
Implement workforce development and succession plan	2026–2030	Administration /Division Managers
Cross-train staff in at least 2 critical functions per division	By 2027	Division Managers
Strengthen/Establish at least one academic pipeline partnership	By 2028	Administration

Objective 4.2: Enhance the efficiency, sustainability, and regulatory compliance of the Certified Home Health Agency (CHHA).

Strategic Objective 4.2 focuses on strengthening the CHHA through operational assessment, workflow redesign, and financial optimization. This objective responds to identified operational and financial challenges while ensuring regulatory compliance and alignment with high-need populations. It supports NACCHO operational standards and PHAB requirements related to service quality and sustainability.

Strategy	Timeline	Responsible Division
Conduct a comprehensive service, staffing, and financial analysis to right-size CHHA operations	By 2026	Nursing/Administration
Implement lean workflow redesign to reduce administrative burden and duplication	2026–2027	Nursing/Administration
Improve visit productivity, billing timeliness, and reimbursement accuracy	By 2027	Nursing/Finance
Advance EMR modernization to support EVV compliance and billing efficiency	2026–2027	Nursing/Administration/IT

Objective 4.3: Improve operational efficiency through modernized technology and data systems.

Strategic Objective 4.3 addresses technology and data system gaps identified in the SWOT analysis by assessing and upgrading core systems such as EMRs, billing, and dashboards. Improved data infrastructure supports performance management, quality improvement, and evidence-based decision-making, aligning with PHAB Domain 9 principles and NACCHO best practices.

Strategy	Timeline	Responsible Division
Conduct IT and data systems assessment	By 2026	IT / Administration/PHEP
Implement at least one major system upgrade (EMR, billing, dashboard)	By 2027	IT / Administration
Develop real-time operational dashboards for performance management	2026-2027	PMQI/PHEP/ Administration

Objective 4.4: Strengthen financial sustainability.

Strategic Objective 4.4 focuses on aligning funding strategies with CHIP priorities, improving reimbursement efficiency, and ensuring fiscal succession planning. This objective mitigates financial risks identified in the SWOT analysis and supports long-term sustainability and compliance with PHAB standards for organizational management.

Strategy	Timeline	Responsible Division
Improve reimbursement optimization and billing timeliness	By 2027	Nursing/Administration/Finance
Develop multi-year financial forecasts	By 2028	Finance / Administration
Complete fiscal succession planning	By 2028	Finance / Administration

Strategic Priority 5: Enhance Community Engagement, Communication, Regulatory Action, and Public Trust

Aligned CHIP Priorities: Anxiety and Stress; Primary Prevention, Substance Misuse, and Overdose Prevention; Preventative Services for Chronic Disease Prevention and Control; and Nutrition Security

Focus of Strategic Priority 5:

Strategic Priority Five strengthens transparency, communication, regulatory effectiveness, and public trust. This priority reflects lessons learned during recent public health emergencies and aligns with PHAB Domains 5 and 6.

Objective 5.1: Improve transparency, communication, and community engagement.

Strategic Objective 5.1 enhances consistent, clear, and accessible communication aligned with CHIP and Prevention Agenda priorities. Increased digital engagement and annual community activities address SWOT findings related to public awareness and trust while reinforcing NACCHO's emphasis on meaningful community engagement.

Strategy	Timeline	Responsible Division
Implement a department-wide communication plan aligned with CHIP and Prevention Agenda priorities	Ongoing	Administration / Health Education
Increase social media and digital engagement by 25%	By 2027	Health Education
Conduct at least one annual CHIP-aligned community engagement activity	Annual	All Divisions

Objective 5.2: Strengthen environmental health regulatory activities to protect population health in accordance with PHAB standards.

Strategic Objective 5.2 ensures environmental health programs remain compliant, consistent, and data-driven by updating policies, improving documentation, and modernizing tracking systems. This objective directly aligns with PHAB Domain 6 requirements and strengthens the department's regulatory role in protecting population health.

Strategy	Timeline	Responsible Division
Review and update environmental health policies, procedures, and enforcement protocols to ensure alignment with state and local public health laws	By 2026	Environmental Health
Improve documentation, data tracking, and reporting of inspections, permits, and enforcement actions	2026–2027	Environmental Health / IT

2026 – 2030 Executive Committee Log/Meeting Log

DATE	ACTIVITY	PARTICIPANT
August, 2025	SWOT was completed by directors via monthly meeting.	Kevin D. Watkins, MD, Bob Ring, Lynne Moore, Michele Phelps, James Lawrence, Anthony Smrek, Paula Decerbo, Stacey Johnson, Christine Kenyon, Donnalyn Nuernberger, Nikki Pratt, Erin Washburn, Traci Wind
October, 2025	SWOT analysis results were reviewed and shared with strategic planning committee.	Kevin D. Watkins, MD, James Lawrence, Pauline Hoffmann, PhD, Anna Giglio
January, 2026	Director and public health fellows met to discuss draft strategic plan.	Kevin D. Watkins, MD, Pauline Hoffmann, PhD, Anna Giglio
January, 2026	Email sent to strategic planning sub-committee asking for feedback regarding draft strategic plan goals.	Kevin D. Watkins, MD, Bob Ring, Lynne Moore, Michele Phelps, Paula Decerbo, Kathy Hewitt, James Lawrence, Pauline Hoffmann, PhD, Anna Giglio, Erin Washburn, Traci Wind, Debra Lacher
January, 2026	Strategic Plan reviewed by Public Health Director and Senior Public Health Fellows. Revisions needed.	Kevin Watkins, MD, Pauline Hoffmann, PhD, Anna Giglio
January, 2026	Health Fellows finalize draft of plan for presentation to Board of Health	Pauline Hoffmann, PhD, Anna Giglio
February, 2026	Strategic Plan was reviewed and approved by the Board of Health.	

Created: 1/26/26

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The value of a strong public health system is all around us.

It's in the air we breathe; the water we drink; the food we eat; and the places where we live, learn, work, and play.

