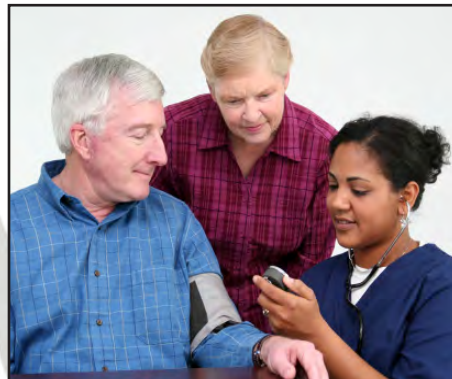




Community Health Needs Assessment &
Community Service Plan
2013 ASSESSMENT





Joseph D. McDonald
President & CEO
Catholic Health

November 2013

Dear Community Resident:

As one of the largest health care providers in Western New York, we continually look for ways to improve the health of those who reside in our community. To support this effort, we conduct a Community Health Needs Assessment every three years to understand the health concerns and issues faced by community residents. The latest Assessment is included here.

The assessment process is a collaborative effort between Catholic Health and other local organizations concerned about the health of our community, including Catholic Medical Partners, Erie County Department of Health, Buffalo State College, and the University at Buffalo. As part of the assessment, we solicit input from these, and other, community organizations, individuals and groups. The result is a comprehensive review that helps us evaluate the programs and services we offer to address the health and wellness needs of the people who rely on us for care.

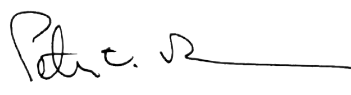
The completed assessment provides the framework for our implementation plans which address the identified and prioritized community needs. One of the areas emphasized in our assessment and plan is the need to address health disparities in our community by improving access to care, especially for the poor and underserved. To this end, in 2012, Catholic Health provided more than \$60 million in charity care and community benefit for the people of Western New York.

Catholic Health is committed to leading the transformation of health care in our community and to improving the health of its residents, enhancing the experience of patients and reducing the cost of care. Our commitment to quality is demonstrated by our achievement of the highest quality rankings in cardiac, vascular, orthopedics and women's services through government and third-party quality rating agencies. In addition, our commitment to help patients make informed health care decisions is evidenced by our recently launched public website, www.knowyourhealthcare.org, which contains important health care quality information.

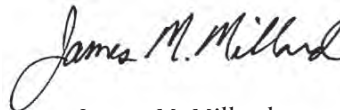
We look forward to working together with you and our community partners to improve the health and quality of life for the residents of Erie County. We welcome you to learn more about Catholic Health by visiting www.chsbuffalo.org, or calling HealthConnection at 716-447-6205.



Joseph D. McDonald
President & CEO
Catholic Health



Peter U. Bergmann
President & CEO
Sisters of Charity Hospital



James M. Millard
President & CEO
Kenmore Mercy Hospital



Charles J. Urlaub
President & CEO
Mercy Hospital of Buffalo

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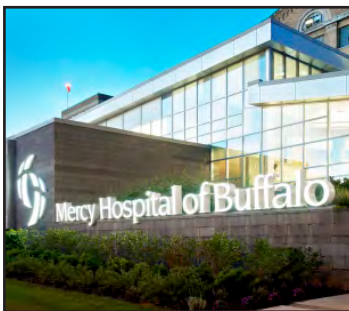


Executive Summary



Kenmore Mercy Hospital
Kenmore, New York

In 2013, Catholic Health (the System), including Kenmore Mercy Hospital, Mercy Hospital of Buffalo, Sisters of Charity Hospital, and Sisters of Charity Hospital – St. Joseph Campus, jointly conducted a Community Health Needs Assessment (CHNA) to better understand the health needs of the community they serve and to fulfill the requirements of both the Internal Revenue Service (IRS) and the New York State Department of Health (DOH). To ensure the assessment was comprehensive, input from the public and several community organizations was solicited. As part of this coordinated initiative, the System developed a three-year Implementation Strategy to address the health needs identified in the assessment.



Mercy Hospital of Buffalo
Buffalo, New York

Under the Patient Protection and Affordable Care Act of 2010 (PPACA), the federal government requires all state-licensed, tax-exempt hospitals to develop a Community Health Needs Assessment and Implementation Strategy to maintain their Internal Revenue Code Section 501(c)(3) tax-exempt status. Specific requirements include:

1. Input from the community and public health experts
2. Collaboration with other organizations
3. A description of the community served by Catholic Health
4. A description of the process and method used
5. A description of the prioritized health needs identified
6. A description of how the hospital plans to meet the identified health needs



Sisters of Charity Hospital
Buffalo, New York

Since 2009, New York State has required hospitals and local health departments to collaborate within their community to identify local health priorities and plan and implement a strategy for local health improvement focused on the Prevention Agenda 2013-2017: New York State's Health Improvement Plan (Prevention Agenda). This collaborative approach is designed to improve the health status of New Yorkers and reduce health disparities through increased emphasis on prevention. Requirements of New York State include:

1. Reaffirm the hospital's mission statement
2. Define the community served
3. Include public participation
4. Assess and select at least two of the Prevention Agenda's priorities collaboratively with community organizations and the local health department
5. Describe the process to maintain engagement with local partners



Sisters of Charity Hospital,
St. Joseph Campus
Cheektowaga, New York

Catholic Health's assessment represents an internal collaboration across its facilities, and collaboration with external organizations in the community, to identify the health needs of the community and develop a strategy for addressing them. The systematic process used helped identify significant health needs across Catholic Health's Erie County service area, including among vulnerable and under-represented populations. It also helped identify ways in which continued collaboration could improve patient care, preventive services, overall health, and quality of life.

Process and Method

Catholic Health used a seven-step process to fulfill the requirements of the IRS and DOH assessment and implementation plans. Each step is described below:

1. Establish the Assessment Infrastructure

An Internal Steering Committee was established that included key players from across the System, including representatives from Kenmore Mercy Hospital, Mercy Hospital of Buffalo, Sisters of Charity Hospital, Sisters of Charity Hospital – St. Joseph Campus, Catholic Medical Partners, Home Care, Planning, Marketing, Community Education, Finance, Mission, and Service Lines. The Internal Steering Committee reviewed IRS and DOH requirements and established the project timeline and work plan. Active participation of the hospital representatives on the Internal Steering Committee meets the requirements for a joint assessment.

2. Defining the Purpose and Scope

In New York State (NYS), all not-for-profit hospitals are required to develop a Community Service Plan (CSP). The requirements of the CSP, while not identical, are very similar to those of the IRS Community Health Needs Assessment and Implementation Strategy. One of the NYS requirements is that each organization, with the local department of health and other providers in their county, collaboratively choose to work on two Prevention Agenda priority focus areas and address disparities in at least one of them. The Prevention Agenda guided Catholic Health in focusing its assessment efforts and in defining its service area as Erie County. It also helped to identify the most important health issues in the community, set priorities and align work with community partners.

3. Identify Resources/Community Collaboration

The Catholic Health Planning Department reached out to a cross section of the System's associates to facilitate identifying individuals who, and organizations that, represent the broad interests of the community and have expertise in public health, to help identify the health needs in the Erie County community. Catholic Health, including its three hospitals, worked collaboratively with Catholic Medical Partners, Erie County Department of Health, Kaleida Health, Buffalo State College, State University of New York at Buffalo and other local organizations throughout the process.

4. Collect and Analyze Data

Catholic Health's data collection and analysis process included: a short survey of community representatives to ascertain their perception of the County's health needs, facilitated group discussions with community and public health experts, a focus group with Catholic Health's Emergency Department Task Force, an Erie County Department of Health created community-wide health needs survey, and an Erie County Department of Health led community forum. An additional source of input directly from the community came in the form of evaluations administered by the Catholic Health Community Education Department after each class, workshop, or program it sponsors.

Process and Method

Utilizing this variety of sources to develop the health needs assessment ensured the inclusion of persons who represent the broad interest of the community and have special expertise in, or knowledge of, public health issues and concerns. It also provides for the inclusion of input from members of medically underserved, low-income, uninsured or other disparate populations, and organizations that represent these groups. See Appendices A, B, and C for the participants and results.

Additionally, information from multiple local, state and nationally recognized secondary sources, as well as, internal primary sources, was compiled to further assess the health needs of the community. The main secondary sources used include: Truven Health Analytics, The Nielsen Company for demographics, County Health Rankings, Behavioral Risk Factor Surveillance System, New York State Vital Statistics, and Center for Disease Control (CDC). See Appendix D for a key indicators and respective data sources.

The measures of progress and annual targets for improvement were informed by Healthy People 2020, New York State's Prevention Agenda 2017 Objectives, and internal measures and benchmarks where applicable.

5. System Prioritization of Community Needs

The community health needs identified throughout this process required prioritization. The first step in the prioritization process was to use the New York State Prevention Agenda found in Appendix E, as a framework within which to align the community health needs. Significant health needs represented within the New York State Prevention Agenda are:

- A. *Improvement of Health Status and Reduction of Health Disparities***
- B. *Promote a Healthy and Safe Environment***
- C. *Prevent Chronic Disease***
- D. *Prevent HIV/STDs, Vaccine Preventable Diseases and Healthcare-Associated Infections***
- E. *Promote Healthy Women, Infants, and Children***
- F. *Promote Mental Health and Prevent Substance Abuse***

To facilitate prioritization of the identified community health needs, a Scoring Tool was developed. The Scoring Tool, found in Appendix F, listed the New York State Prevention Agenda priorities along with focus areas important to successfully meet each priority. This tool also provided the following criteria for evaluating Catholic Health priorities in addressing the community health needs:

1. **Priority** – How important is it to address this issue in your service area?
2. **Impact** – What is the potential effectiveness of addressing this issue in your service area?
3. **Probability of Success** – In terms of dollars, people and time, how likely is it that an intervention can be successfully implemented?
4. **Strategic Plan Alignment** – Does addressing this health need align with the Catholic Health/Catholic Medical Partners Balanced Scorecard?

Process and Method

A wide range of clinical and administrative representatives from Catholic Health and Catholic Medical Partners participated in the prioritization process utilizing the Scoring Tool. The result of the scoring process, combined with factoring in the feedback from the community and community organizations, is the following prioritization:

PRIORITIZED SIGNIFICANT COMMUNITY HEALTH NEEDS:

- Improve Health Status and Reduce Disparities
- Prevent Chronic Disease
- Promote Healthy Women, Infants and Children
- Prevent HIV/STDs, Vaccine Preventable Diseases and Healthcare-Associated Infections
- Promote Mental Health and Prevent Substance Abuse

6. Create Implementation Strategy and Monitor Progress

Priority areas identified through the needs assessment were used to focus community benefit planning for the next three years. An Implementation Strategy has been developed which includes the focus areas, goals, and objectives for addressing the prioritized significant community health needs and addresses the two collaboratively chosen Prevention Agenda priorities. Within the Implementation Strategy are plans which constitute roadmaps for how the priorities will be addressed. These plans include specific actions to be taken, collaborations that will be instituted and targets to measure success. A dashboard with implementation plan measures will be used to gauge progress throughout the three-year duration.

Catholic Health will maintain engagement with its community partners by establishing work plans for collaborative efforts to achieve annual targets. The Catholic Health Internal Steering Committee will continue to meet to discuss and track progress of the implementation plans and collaborative efforts with community partners.

7. Board Approval and Public Availability of the Community Health Needs Assessment/Community Service Plan

Both the Mission Committee and the Strategic Planning & Marketing Committee of the Catholic Health Boards were involved throughout the assessment process by reviewing progress, providing feedback and endorsing the process and the resulting work product. The System's sponsors re-affirmed the Mission Statement at their July 2013 meeting.

- An assessment and Implementation Strategy has been written for each of the three hospitals, complete with graphs and tables.
- The Boards of each of our hospitals adopted the joint Community Health Needs Assessment and joint Implementation Strategy on October 17, 2013.
- Reports have been published electronically on the Catholic Health website with hard copies available upon request at each hospital.

Overview of Catholic Health

Formed in 1998 under four religious sponsors, Catholic Health is the second largest health care system in Western New York and its primary service area is Erie County. Catholic Health is a not-for-profit comprehensive health care system that provides care across a network of hospitals, primary care centers, diagnostic and treatment centers, home care agencies, long-term care facilities and other programs serving the community, either directly or in partnership with other organizations. The role of Catholic Health's sponsors is to ensure that all of the organization's associates and physicians live the mission in the way they care for their patients, clients and residents, and in the way they work with and treat each other.

Catholic Health brings together the strengths and talents of more than 8,500 full- and part-time associates and 1,300 physicians under one health care ministry that stretches across all areas of Western New York. The System has achieved the highest quality rankings in cardiac, vascular, orthopedics, and women's services through government and third-party quality rating agencies. In 2011, Catholic Health had a 43.2% Erie County inpatient market share (excluding burns, pediatrics, psychiatry, transplants) with specific product line market shares ranging up to 52.4%.

Catholic Medical Partners (CMP), Catholic Health's physician partners, is a physician-led independent practice association with a network of over 900 physicians of which one-third are primary care providers. Catholic Health's hospitals and Mount St. Mary's Hospital and Health Center in Lewiston, NY are non-physician members of CMP. CMP is driven to improve care delivery in the community through its members. Reinforcing its focus on population health, Catholic Health joined with Catholic Medical Partners in April, 2012, to become one of the first Medicare Shared Savings Accountable Care Organizations (ACO) in the nation and the first in Western New York.



Catholic Medical Partners
INDEPENDENT PRACTICE ASSOCIATION *

Performance in Providing Charity Care

One of the fundamental reasons for the creation of Catholic Health was to ensure the continued viability of faith-based health care to meet the needs of residents in Erie County and the surrounding communities. Integral to this effort is caring for the needs of those who are poor and disadvantaged. The services provided by Catholic Health organizations are provided in response to identified community needs, and reflect the System's emphasis on caring for the underserved. Catholic Health collaborates with other organizations to maximize its ability to provide needed services to the residents of our region.

Each year, Catholic Health touches tens of thousands of community residents through community health education programs, health screenings, clinical and support services, and community support activities. Catholic Health will continue to meet community needs by providing charity care and Medicaid services, in addition to various other community benefit programs, including community health improvement, community benefit operations, health professions education, community building, as well as, cash and in-kind contributions.

In 2012, Catholic Health provided \$60 million in Community Benefit to the residents in Western New York.

Catholic Health Mission, Vision and Values

Our Mission

Why we exist

We are called to reveal the healing love of Jesus to those in need.

Our 2020 Vision

What we are striving to do

Inspired by faith and committed to excellence, we will lead the transformation of healthcare in our communities.

Our Values

What we believe in

Reverence

- Respect for the whole person
- Fair and just treatment of individuals
- Non-judgmental behavior

Justice

- Unconditional acceptance of each person
- Serving as advocates for the most vulnerable
- Collaborating with others to empower individuals

Compassion

- Empathy
- Responsiveness to need
- Sensitivity

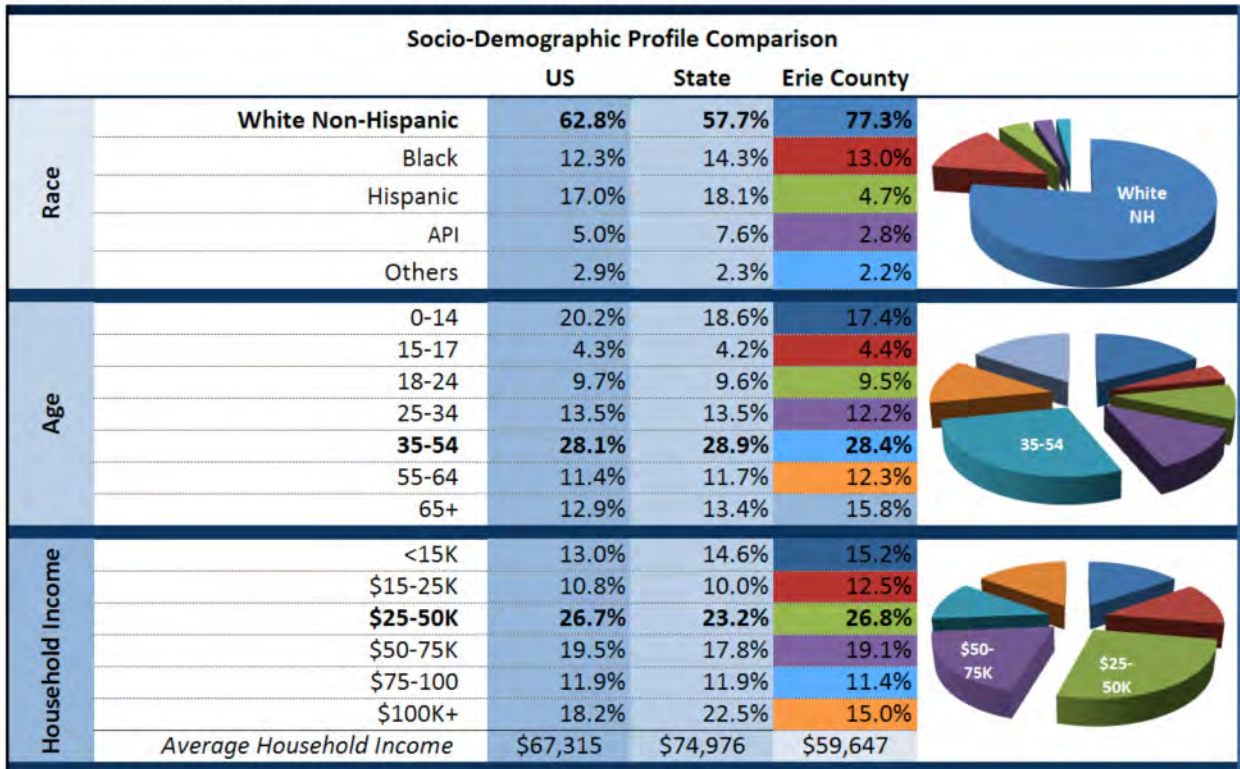
Excellence

- Personal and professional integrity
- Promoting and facilitating quality healthcare services
- Commitment to embrace new technology

Community Served

Catholic Health serves the eight counties of Western New York. The System's primary service area is Erie County which accounts for 90% of its inpatient admissions and 85% of ambulatory care visits. Erie County consists of a mix of urban, suburban and rural populations. It includes the City of Buffalo, New York State's second largest city, surrounded by a ring of older suburbs, which is followed by a ring of more newly developed suburbs, and then rural communities. The current population of Erie County is over nine hundred thousand, with about one-third living in Buffalo. A demographic comparison of Erie County with New York State and the country is shown in Figure 1.

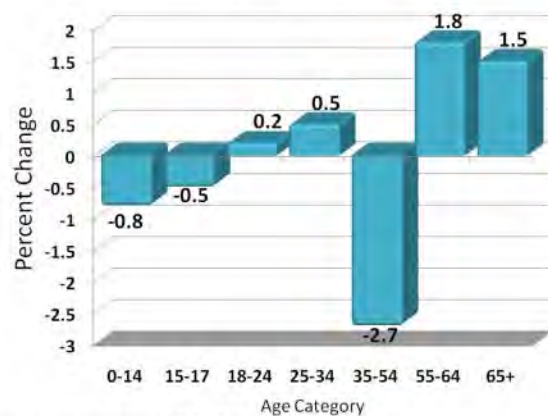
Figure 1 - Comparison of Current Population Characteristics (2012)



Source: Truven Health Analytics & The Nielsen Company

Erie County has an average income significantly lower than and has a greater percentage of persons over the age of 55 than New York State and the United States. Erie County's population is projected to decrease between now and 2017, with the greatest decline expected in those ages 35-54, and the greatest increase projected in those 55 and over. (Figure 2)

Figure 2 Erie County Projected Population Change by Age Category 2012-2017



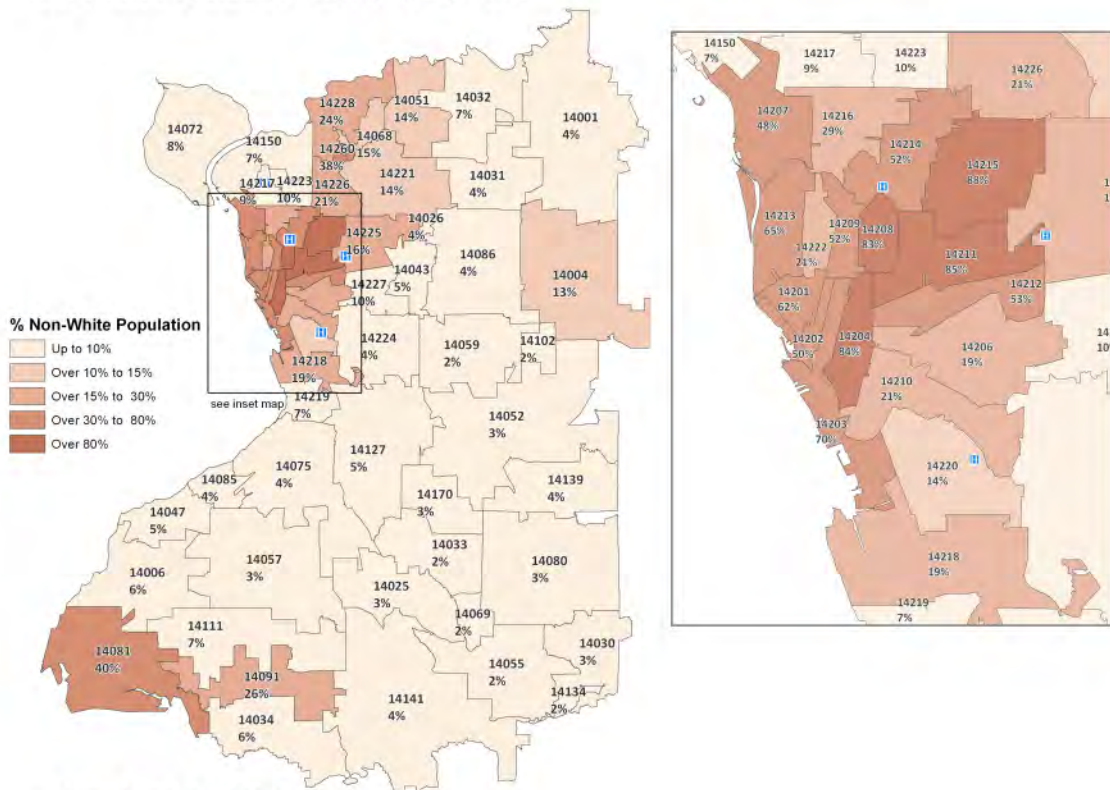
Source: Truven Health Analytics & The Nielsen Company

Community Served

As noted in Figure 1, Erie County is less racially and ethnically diverse than New York State or the rest of the country, and the Non-White populations are concentrated in and immediately around the City of Buffalo. All of the 11 zip codes in Erie County that have a Non-White population of 50% or more are in Buffalo. See Figures 3 and 4.

Figures 3 & 4

Non-White Population Density by Zip Code



Economy

Western New York, including the City of Buffalo, faces many of the same challenges of older, early industrialized, formerly manufacturing focused cities in the US. These include interdependent economic, social and infrastructure issues that become prevalent when manufacturing jobs are replaced by lower paying service sector jobs, population decreases lead to a shrinking tax base and fewer opportunities are available for young people. As noted in the Buffalo-Niagara Labor Market Assessment 2010¹, in the 1970s, manufacturing supplied one in three jobs in the region compared to one in ten today. According to the New York State Department of Labor, between 2000 and 2010, employment has dropped 3.9% in the Buffalo-Niagara Falls Metro Area.

¹ http://regional-institute.buffalo.edu/Includes/UserDownloads/BNE_FINALLaborMarket_2010_electronic_final.pdf. Accessed 9/17/13.

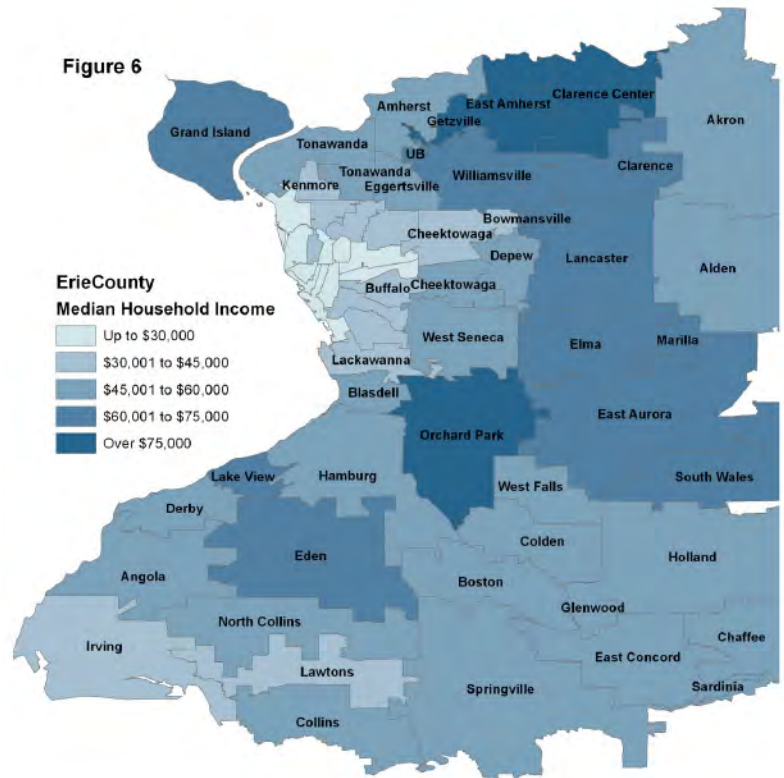
² <http://www.labor.ny.gov/stats/PDFs/NYS-Decade-in-Review-Appendix-C.pdf>. Accessed 9/17/13.

Community Served

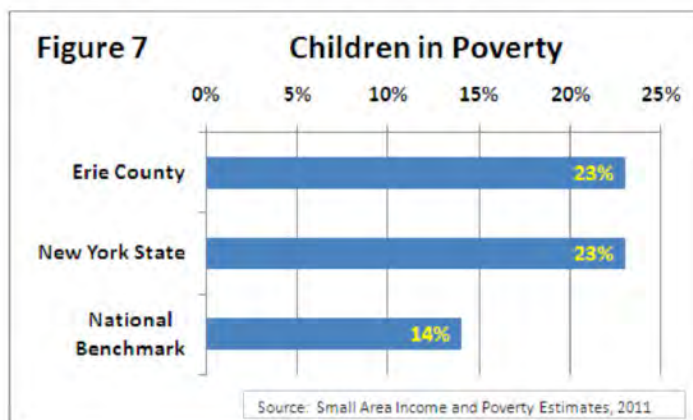
Income

An individual's health is affected by his or her income level. According to a Commonwealth Fund report there is a strong correlation between low income and poor health and "the U.S. stands out for income-based disparities in patient experiences, with below-average-income U.S. adults reporting the worst experiences."¹⁰ In the U.S., there is a health care gap between lower-income and higher-income Americans leading to income based disparities in access to care.¹¹ Within Erie County, the areas of lower median household income are concentrated in the City of Buffalo (see Figure 6).

Poverty is a threat to children's health and the future health of the community. As reported in County Health Rankings & Roadmaps,¹² "while negative health effects resulting from poverty are present at all ages, children in poverty face greater risks. Children face greater morbidity and mortality due to greater risk of accidental injury, lack of health care access, and poor educational achievement." As shown in Figure 7, the measure of children in poverty in Erie County is comparable to the rate across New York State, but is 64% higher than the national benchmark.



Source: Truven Health Analytics & The Nielsen Company



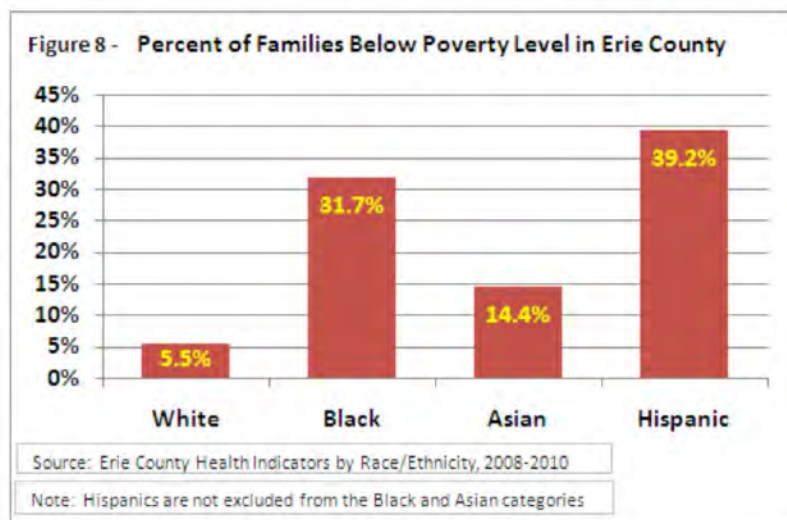
¹⁰ <http://www.commonwealthfund.org/Publications/Fund-Reports/2006/Apr/The-U-S--Health-Care-Divide--Disparities-in-Primary-Care-Experiences-by-Income.aspx>. Accessed 9/24/13.

¹¹ *Ibid.*

¹² *County Health Rankings & Roadmaps*. <http://www.countyhealthrankings.org/app/#/new-york/2013/rankings/outcomes/overall/by-rank>. Accessed 8/30/13.

Community Served

Within Erie County, poverty is disproportionate across race and ethnicity. The percent of Black and Hispanic families in Erie County with income below the poverty level is far greater than that of their White and Asian counterparts. See Figure 8. At the same time, Black and Hispanic populations of Erie County reside primarily in the City of Buffalo.



Socioeconomic Factors

Understanding the demographics of Erie County is important to gaining an understanding of the community's health needs because many issues that compromise health status disproportionately impact different socio-economic groups, as can be seen from the data presented in the following sections. The poor, the undereducated, racial minorities and the aged tend to experience greater health status disparities compared to other parts of the population.

Challenges due to socioeconomic factors and access to care were discussed during the Catholic Health group interviews with community and public health experts. Participants recognized City of Buffalo neighborhoods are challenged with high rates of poverty, illiteracy, crime and poor access to primary care, compared to suburban neighborhoods. At the same time, the rural areas throughout Erie County present health care delivery challenges for the low-income families living there. Lack of access to close care and lack of transportation are deterrents to good health. Public transportation services are concentrated in and immediately around the City of Buffalo and are not readily available to those living in the outer suburbs and rural areas of the county.

Having a usual source of care raises the chance of people receiving adequate preventive care. According to the federal Agency for Healthcare Research and Quality¹³, approximately 30% of Hispanic and 20% of Black Americans lack a usual source of health care, compared to less than 16% of White Americans. Black and Hispanic Americans are more likely to rely on hospitals or clinics as their usual source of health care compared to White Americans. The race and ethnicity disparity is one among others shown in this assessment that is concentrated in the City of Buffalo, indicating a need for access to health care services in this geographic area.

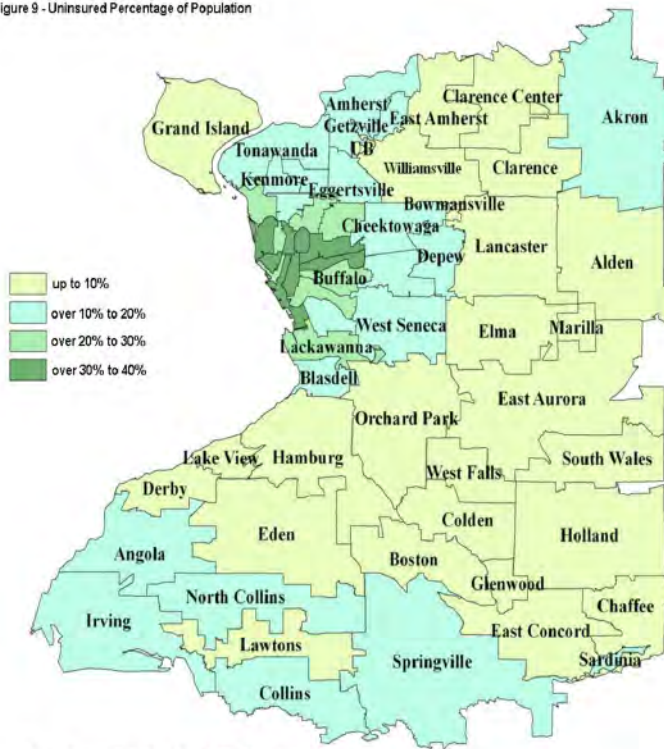
¹³ <http://www.ahrq.gov/research/findings/factsheets/minority/disparit/>. Accessed 8/30/13.

Community Served

Uninsured and Medicaid Recipients

In addition to Buffalo representing the area of Erie County with the greatest race, ethnicity, income and education disparities compared to the county as a whole, it is also where the county's uninsured and Medicaid populations are concentrated. See Figures 9 and 10. According to a Commonwealth Fund report, "even when insured, below-average-income Americans under the age of 65 were more likely to report access problems and delays than insured, above-average-income adults."¹⁴

Figure 9 - Uninsured Percentage of Population



Source: Truven Health Analytics & The Nielsen Company

Figure 10 - Medicaid Percentage of Population



Source: Truven Health Analytics & The Nielsen Company

¹⁴ <http://www.commonwealthfund.org/Publications/Fund-Reports/2006/Apr/The-U-S--Health-Care-Divide--Disparities-in-Primary-Care-Experiences-by-Income.aspx>. Accessed 9/24/13.

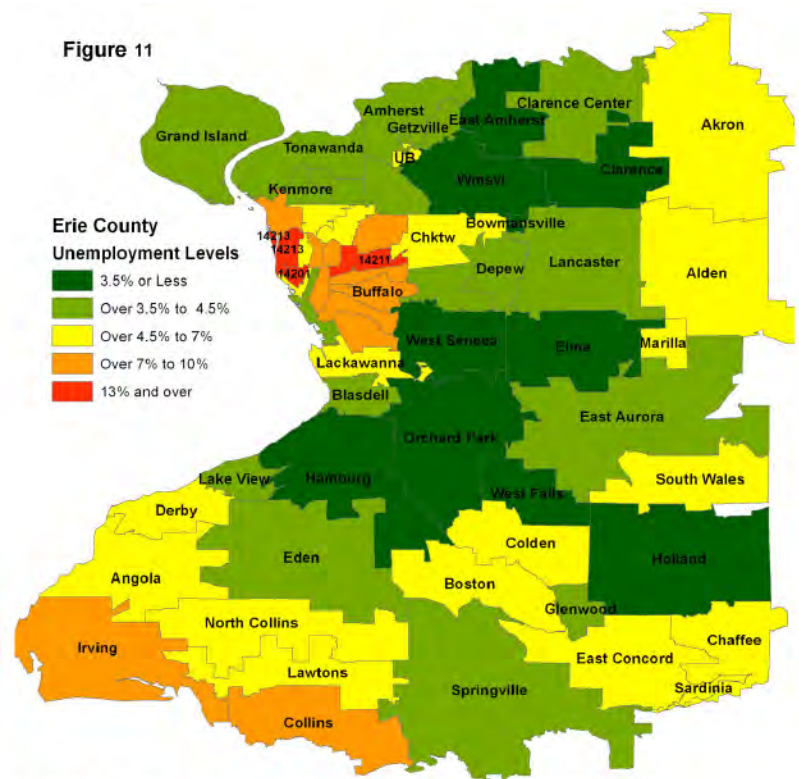
Community Served

Unemployment

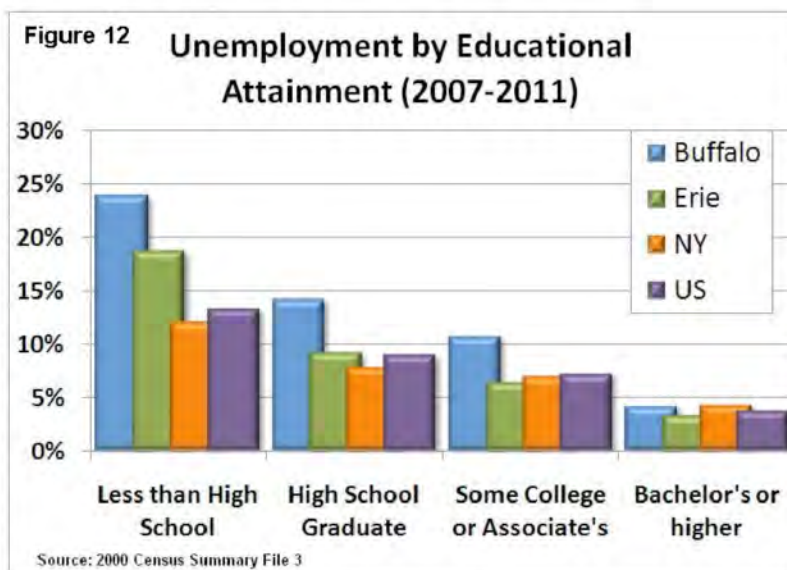
The 2012 unemployment rate of 8.3% in Erie County is higher than the national unemployment level of 7.8%.¹⁵ The map in Figure 11 illustrates that there are concentrations of unemployment in the City of Buffalo and the rural areas of Erie County compared to the suburban areas.

Unemployment can leave people without the ability to pay for their medical care. Moving forward, with the advent of health insurance exchanges, access to insurance should not be tied as much to employment status.

For populations with greater education, there is a lower unemployment rate. See Figure 12. This correlation between education and unemployment rate tends to be more pronounced for the City of Buffalo, than for New York State and the nation.



Source: Truven Health Analytics & The Nielsen Company



¹⁵ <http://www.bls.gov/>. Access 8/30/13.

Health Status/Outcomes

County Health Rankings

The *County Health Rankings & Roadmaps*¹⁶ (County Health Rankings) program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute that measures the health of counties across the nation and ranks them within each state. High ranks (e.g., 1 or 2) are estimated to be the healthiest areas.

The County Health Rankings recognizes that so much of what contributes to the health outcomes of individuals, and communities, happens outside the traditional influence of the physician's office; in schools, workplaces and neighborhoods. The Health Outcomes and Health Factors are measured and ranked for each county which allows for comparisons between counties.

Under the Health Outcomes category, which reflects morbidity and mortality, Erie County is ranked 56 out of 62 counties in New York making it one of the worst counties in the state. In terms of Health Factors, which includes health behaviors, access to and quality of care, and socioeconomic factors, Erie County is ranked 24 of 62. See Figure 13. The health factors of today are an indicator of health outcomes of the future. Therefore, a better ranking in health factors may lead to an expectation of improvement in future health outcomes.

Figure 13 - County Health Rankings

County	Health Outcomes Rank	Health Factors Rank
Livingston	1	12
Nassau	8	1
Wyoming	14	32
Allegany	20	41
Genesee	37	25
Cattaraugus	51	53
Orleans	52	57
Chautauqua	54	49
Erie	56	24
Niagara	59	37
Bronx	62	62

Source: County Health Rankings & Roadmaps, 2013

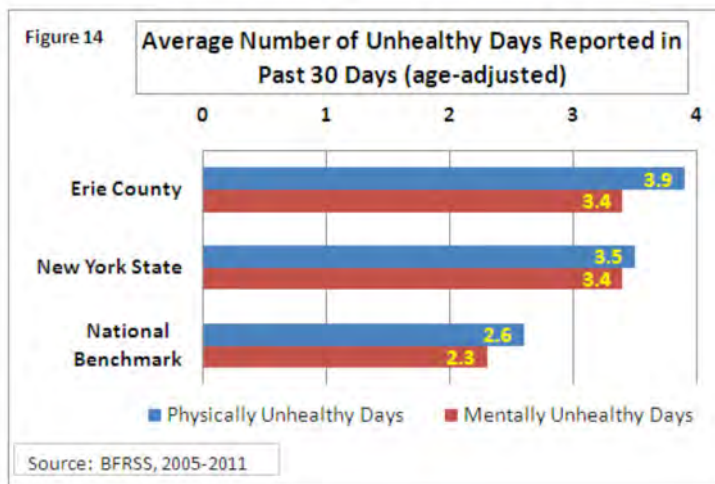
¹⁶ County Health Rankings & Roadmaps. <http://www.countyhealthrankings.org/app/#/new-york/2013/rankings/outcomes/overall/by-rank>. Accessed 8/30/13.

Health Status/Outcomes

Health Status

An individual's health depends on both physical and mental well-being. Measuring the number of days people report that their health was not good is an important indicator of quality of life and a factor that drives the demand for health care services.¹⁷

The residents of Erie County report more physically unhealthy days than their state and national counterparts, which indicates a greater burden of chronic diseases in this community.¹⁸ The reported mentally unhealthy days for Erie County residents is the same as the state, but greater than the national comparison, indicating a greater need for mental health services in this community. See Figure 14.



Life Expectancy and Preventable Deaths

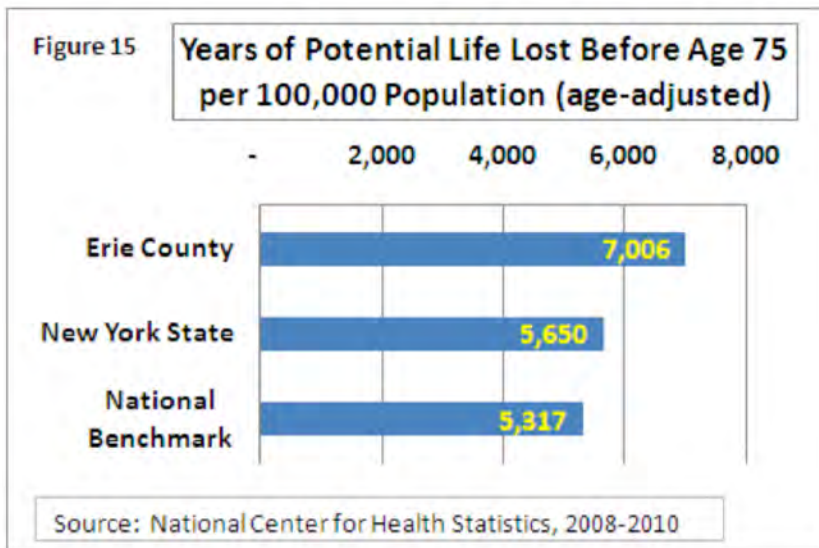
Years of potential life lost before age 75 is a measure of premature death that focuses on deaths that could have been prevented.¹⁹ Each death occurring before the age of 75 contributes to the total number of years of potential life lost. Further study may result in better knowledge of the underlying causes of premature death allowing for targeting prevention and education resources toward specifically identified needs of the population.

¹⁷ *ibid.*

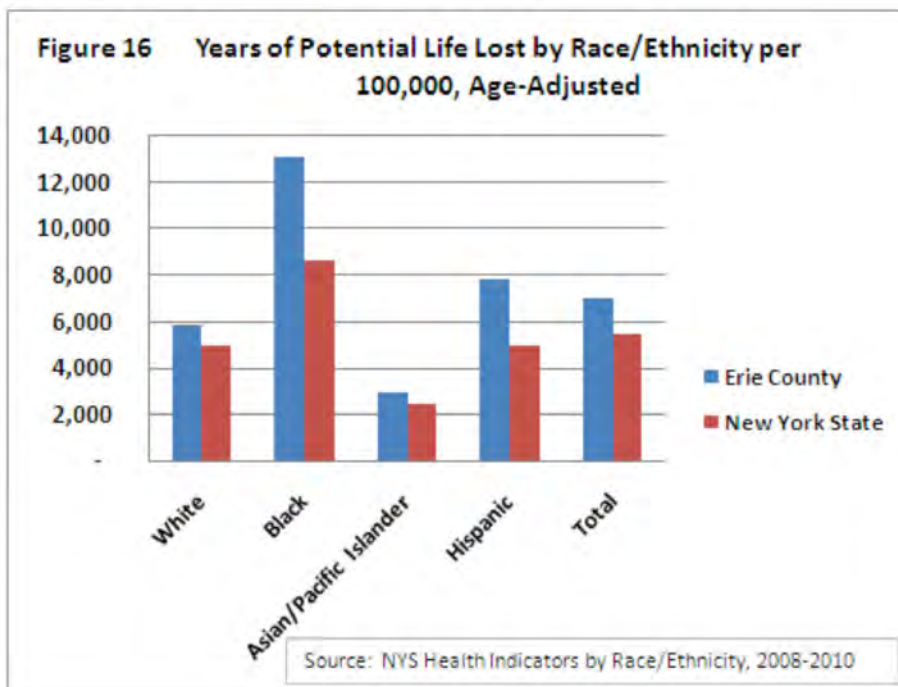
¹⁸ *ibid.*

¹⁹ *ibid.*

Health Status/Outcomes



Compared to the state and national benchmark, Erie County has a greater rate of potential life lost before age 75, as shown in Figure 15. Erie County ranks poorly on this measure at 58 out of 62 counties in New York State.²⁰ Within Erie County, Black and Hispanic populations have a greater rate of potential life lost before age 75 than the White population. The Asian and Pacific Islander population has the best opportunity to reach life expectancy, but represents a very small percentage of the Erie County population. See Figure 16.

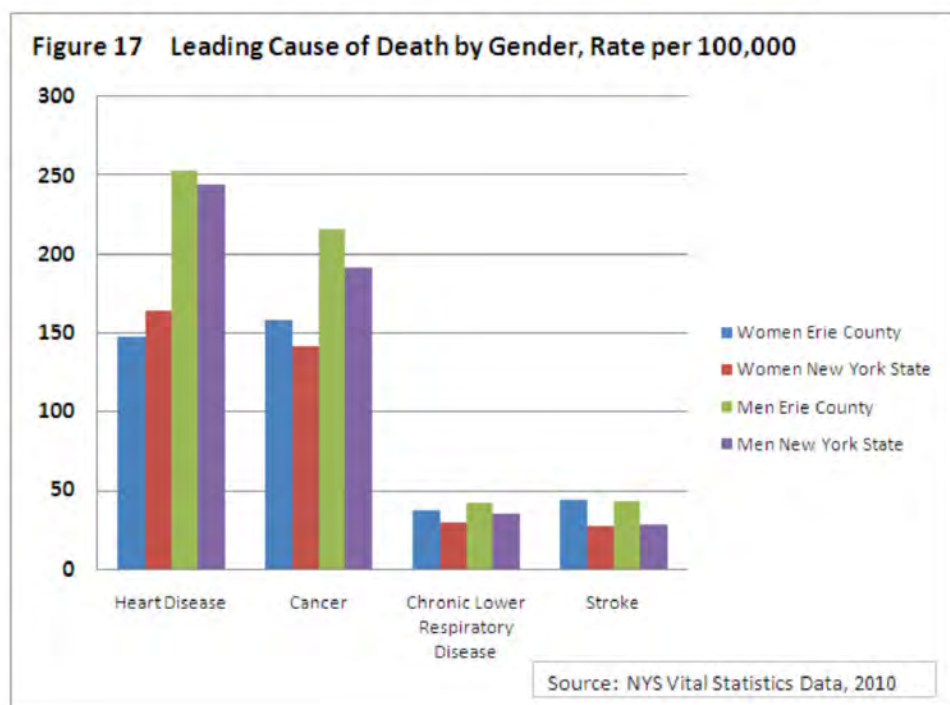


²⁰ *ibid.*

Health Status/Outcomes

Leading Causes of Death

Erie County and New York State have the same four leading causes of death including, heart disease, cancer, chronic lower respiratory disease, and stroke. While stroke is the fourth highest cause of death for New York State, it is the third highest for Erie County. The top two causes of death, heart disease and cancer, are more frequently the cause of death for men than women. According to a research study from Harvard School of Public Health, the leading causes of death can be attributed to preventable causes including smoking, high blood pressure, obesity, physical inactivity, and poor nutrition.²¹



²¹ <http://www.hsph.harvard.edu/news/press-releases/smoking-high-blood-pressure-overweight-preventable-causes-death-us/>. Accessed 8/30/13.

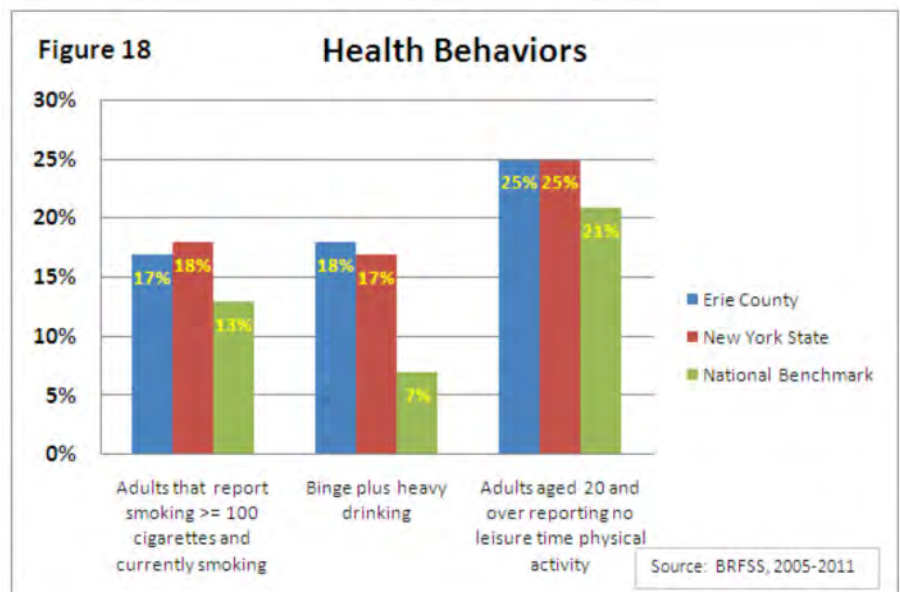
Health Behaviors

Approximately 60%²² of Erie County deaths are caused by chronic diseases that have preventable risk factors²³ including:

- **Smoking**
 - Related to disease conditions such as cardiovascular disease, various cancers, and respiratory conditions
- **Alcohol Abuse**
 - Related to adverse health outcomes such as hypertension, alcohol poisoning, suicide, violence, and automobile accidents
- **Inactivity**
 - Related to disease conditions such as cardiovascular disease, cancer, stroke, type 2 diabetes, and hypertension
- **Obesity**
 - Related to adverse health outcomes such as cardiovascular disease, cancer, stroke, type 2 diabetes, hypertension, and respiratory conditions
- **Poor Nutrition**
 - There is a correlation to obesity and premature mortality

According to the Harvard School of Public Health research study, in *PLoS Medicine*, linking health behaviors to premature death, “these findings indicate that smoking and high blood pressure are responsible for the largest number of preventable deaths in the US, but that several other modifiable risk factors also cause many deaths. . . these findings suggest that targeting a handful of risk factors could greatly reduce premature mortality in the US.”²⁴

A significantly higher percentage of Erie County residents report heavy drinking and smoking behaviors compared to the national benchmark. Erie County residents also report no leisure time physical activity in a greater percentage than the national benchmark. See Figure 18. This suggests that in Erie County there is an opportunity to improve the health of the community by addressing unhealthy behaviors.



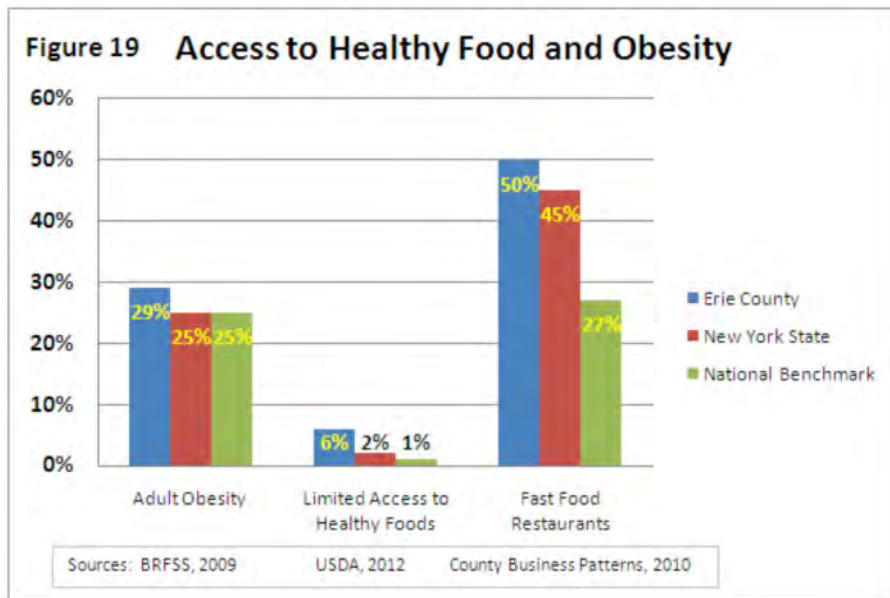
²² <http://www2.erie.gov/health/index.php?q=leading-causes-death-erie-county>. Accessed 8/30/13.

²³ County Health Rankings & Roadmaps. <http://www.countyhealthrankings.org/app/#/new-york/2013/rankings/outcomes/overall/by-rank>. Accessed 8/30/13.

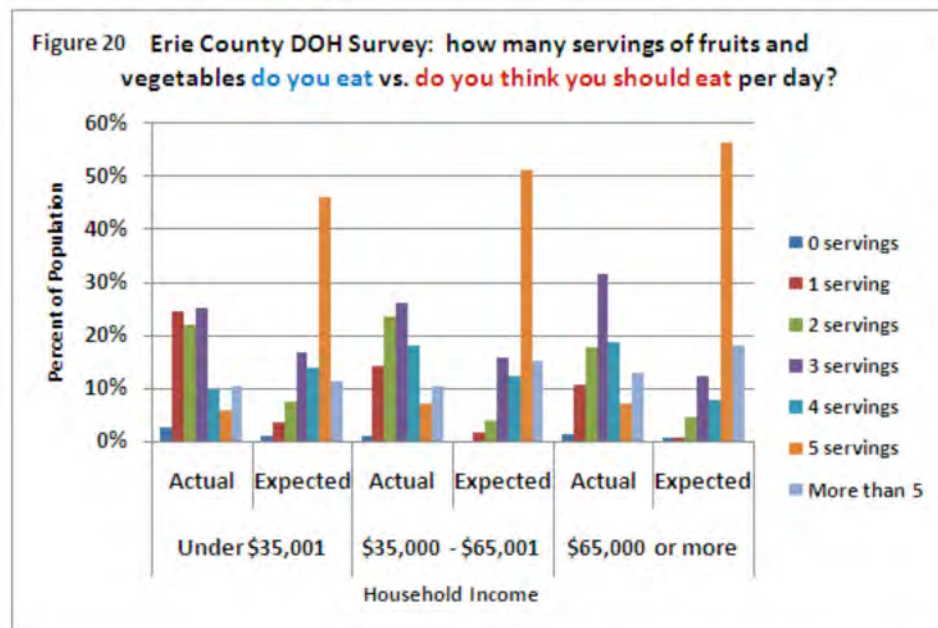
²⁴ <http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1000058>. Accessed 9/30/13.

Health Behaviors

As shown in Figure 19, Erie County has a greater percent of restaurants that are fast-food establishments, a population with more limited access to healthy foods, and a higher obesity rate than New York State. The facts that the percent of restaurants that are fast-food establishments in Erie County is nearly double the national benchmark, and access to healthy foods more limited than the national benchmark, present added challenges to addressing obesity in the community.



The Erie County Department of Health's Community Survey included questions regarding the number of daily servings of fruits and vegetables that people eat and the number of daily servings of fruits and vegetables that people think that they should eat. The results, as noted in Figure 20, show that although as income increases, the average number of daily servings of fruits and vegetables actually eaten is a little higher, respondents in all income levels are aware that they should be eating more fruits and vegetables than they are.



Health Behaviors

Preventive Care

Preventive care helps keep a community healthy and includes clinical preventive services such as screenings, family and pediatric medicine routine checkups, behavioral lifestyle choices, counseling services, and health education.²⁵

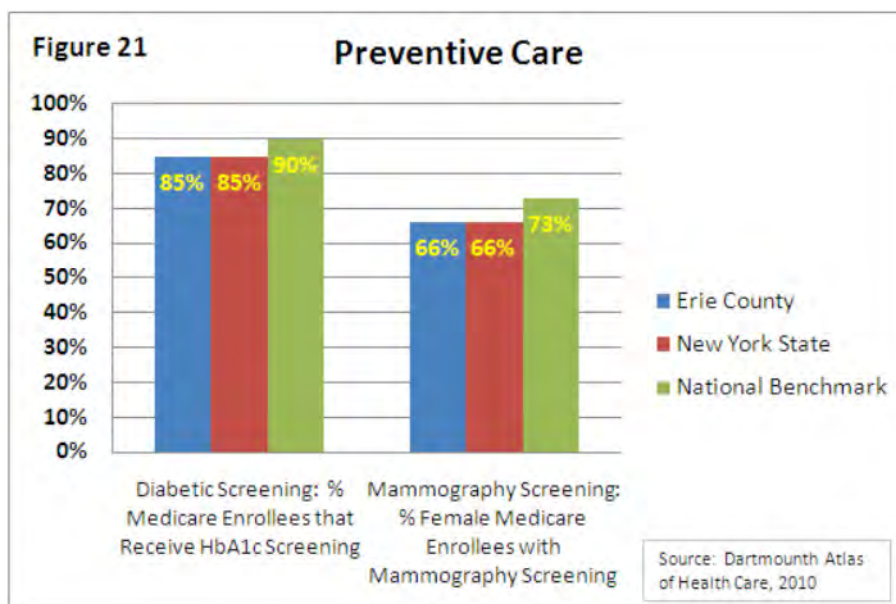
Examples of preventive care include HbA1c screening for diabetes and mammography screening.

Regular HbA1c screening for diabetic patients is considered the standard of care.²⁶ It helps assess how well a patient has managed his or her diabetes over the past three months. Increased HbA1c screening of the population supports prevention efforts in two ways:

1. Identifying people unaware that they have diabetes; and
2. Early detection to diagnose pre-diabetes and assist individuals to prevent and/or delay the onset of diabetes.

Mammography screening for women is recommended to detect breast cancer for treatment and to reduce mortality.²⁷ The measure in Figure 21 represents the percent of female Medicare enrollees age 67-69 that had at least one mammogram over a two-year period.

For the diabetes and mammography screening measures, the Erie County rates are the same as those for New York State and both are below the national benchmark. See Figure 21.



²⁵ New York State Department of Health Prevention Agenda; http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/plan/chronic_diseases/focus_area_3.htm. Accessed 8/30/13.

²⁶ County Health Rankings & Roadmaps. <http://www.countyhealthrankings.org/app/#/new-york/2013/rankings/outcomes/overall/by-rank>. Accessed 8/30/13.

²⁷ *ibid.*

Systems and Access to Care

The community experts consulted for this assessment voiced the opinion that lack of, or limited, access to care is a significant barrier to receiving needed healthcare for much of the underserved population. Access to care encompasses all the reasons a person is not able to obtain, or chooses not to obtain, the medical care they require. Some important questions, the answers to which help define access to care, include:

- Are there enough providers in an area?
- Do the providers accept a patient's insurance?
- Can patients afford to go to the provider?
- Is public or private transportation available to get patients to providers?
- Are physician's office hours amenable to patient's work or school schedules?
- Are companions available to take those who are unable to go to appointments alone?
- Are there language or cultural barriers for a patient?

According to the National Healthcare Disparities Report, 2009, barriers to access to care can be exacerbated by poverty and this can manifest itself in several ways.²⁸ Having to find a provider who accepts Medicaid or other specific insurance products can reduce the likelihood of a patient receiving the coordinated preventive care they may need. The City of Buffalo, with a rate of 29.9%, is home to the largest percentage of the population of people living in poverty, compared to 14.2% in Erie County and 14.5% in New York State.²⁹

Another common issue associated with access to care and poverty is reliance on public transportation which can limit a patient's choice of caregivers in an area that already has a shortage of Primary Healthcare Providers. Reducing these barriers to access will require community initiatives that involve partnerships among public and private stakeholders in government, health care, and community service organizations.

Health Professional Shortage Area

Attracting physicians to work in underserved areas of poverty has been challenging enough that the federal government provides incentives to physicians through Health Resources and Services Administration (HRSA), Health Profession Shortage Area (HPSA) program.³⁰ The government uses specific criteria to determine if an area is a HPSA and an area can be a HPSA for Primary Medical Care, Dental Care, or Mental Health. In Erie County, much of the City of Buffalo has been designated as HPSA for all three provider types.³¹

²⁸ <http://www.ahrq.gov/research/findings/nhqrdr/nhdr09/Chap3.html>. Accessed 9/20/13.

²⁹ <http://quickfacts.census.gov/qfd/states/36/36029.html>. Accessed 9/20/13.

³⁰ <http://www.hrsa.gov/shortage/>. Accessed 8/30/13.

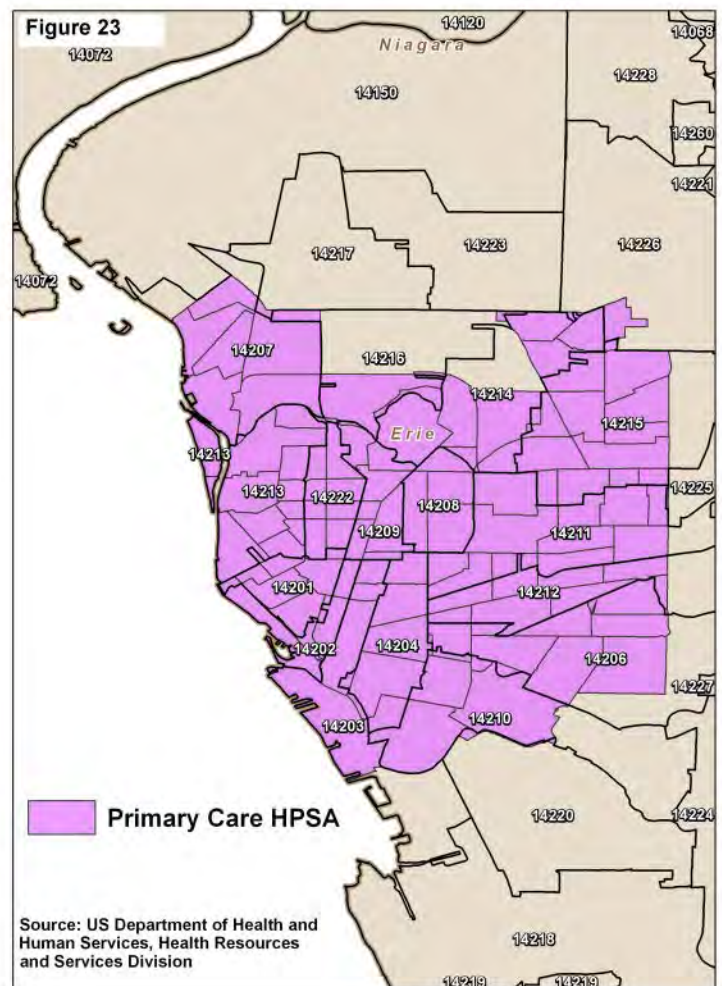
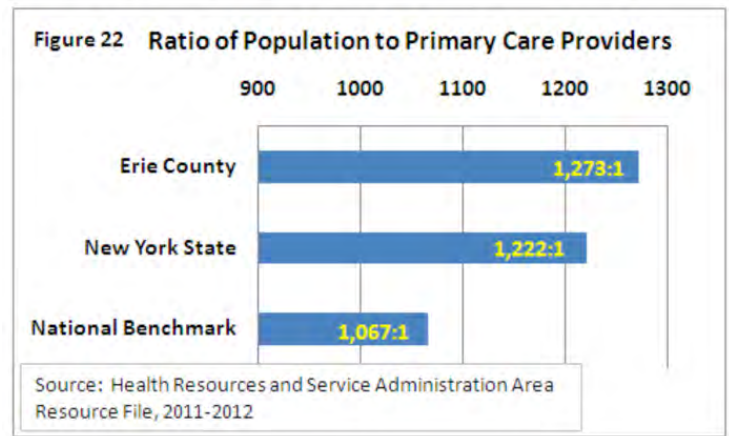
³¹ <http://hpsafind.hrsa.gov/>. Accessed 8/30/13.

Systems and Access to Care

Primary Care

Access to primary care is important to, and often provides the gateway to preventive care, treatment of medical conditions, and coordination of care with other providers in assisting patients in maintaining optimal health.³² According to an article from JAMA, *Emergency Department Use by Primary Care Patients at a Safety-Net Hospital*, urban safety-net hospital emergency department primary care patient visit utilization is high, while the severity of most visits is low.³³ Lack of access to primary care is a possible reason for the high primary care patient utilization of the emergency department.

As shown by the data in the Health Resources and Services Administration Area Resource File, 2011-2012 (Figure 22), the ratio of population of Erie County to primary care providers in Erie County is slightly higher than that for New York State and significantly higher than the national benchmark.³⁴ This means there are fewer primary care providers to treat residents in Erie County compared to other regions across the state and country, which highlights a lack of access to primary care in the community. The HPSA primary care map shows the Erie County primary care shortage is concentrated in the City of Buffalo. See Figure 23.



³² <http://www.ahrq.gov/legacy/clinic/prevenix.htm>. Accessed 9/20/13.

³³ <http://archinte.jamanetwork.com/article.aspx?articleid=1108699>. Accessed 9/20/13.

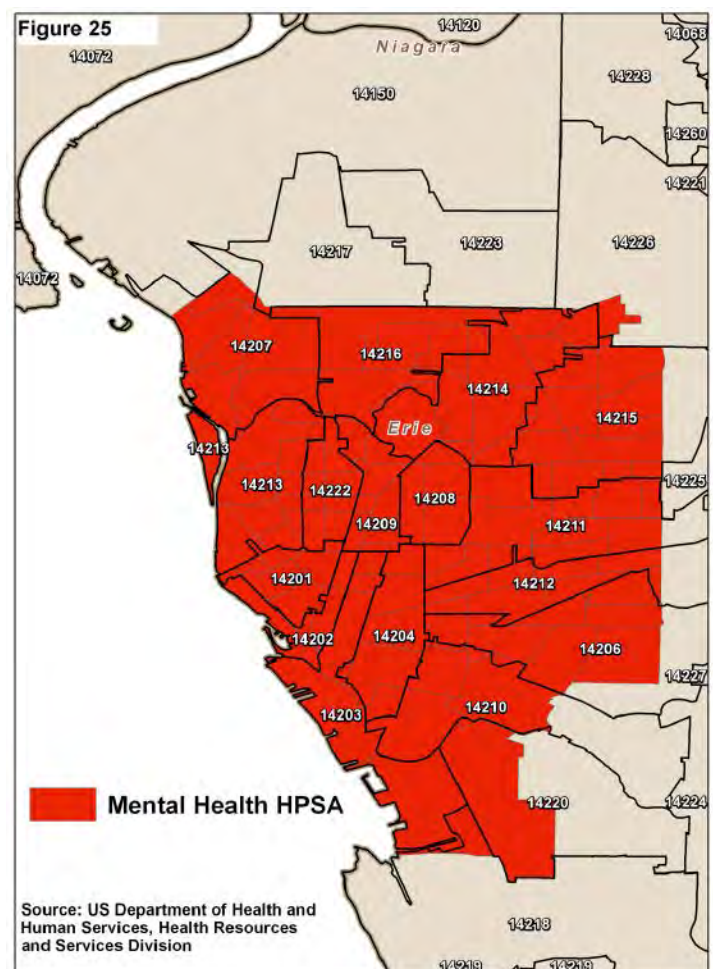
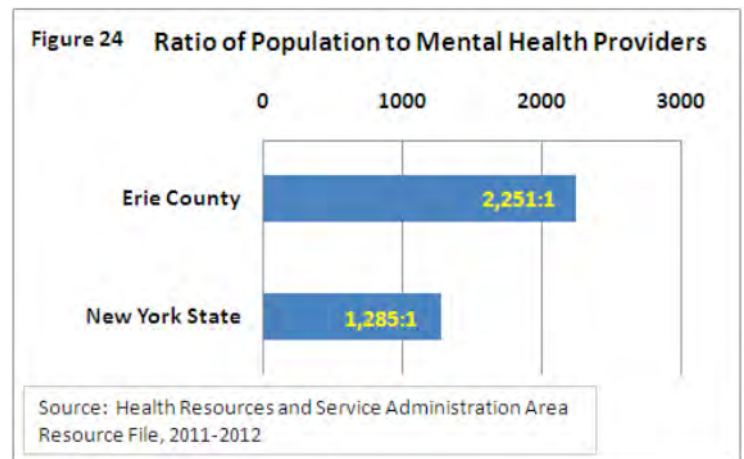
³⁴ <http://www.countyhealthrankings.org/app#/new-york/2013/measure/factors/4/datasource>. Accessed 9/20/13.

Systems and Access to Care

Mental Health

Based on input from the community experts, removing mental health stigma and integrating mental and behavioral health care with primary care is integral to improving the health of our community. Collaboration between organizations is necessary to making progress toward integrated care.

As shown in Figure 24, the ratio of population in Erie County to mental health providers for the county is nearly double the ratio for New York State, indicating a significant mental health provider shortage in our community. In addition to the shortage of mental health providers in the urban zip codes shown on the mental health HPSA map (Figure 25), there is an additional shortage for the Medicaid eligible population in Buffalo.³⁵

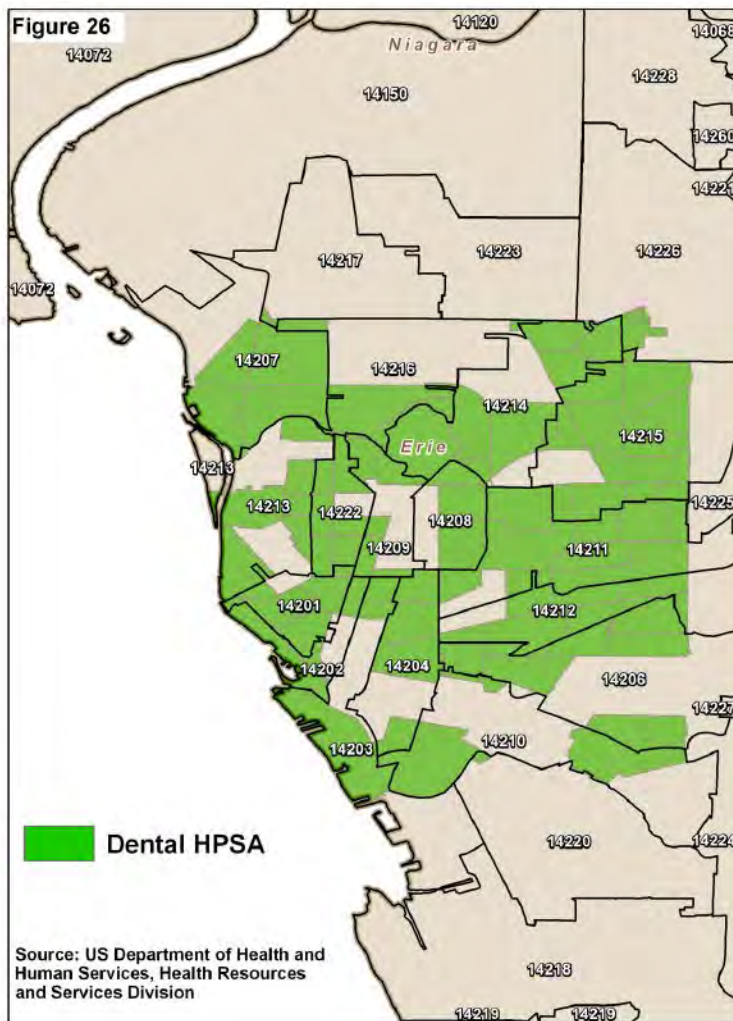


³⁵ <http://hpsafind.hrsa.gov/HPSASearch.aspx>. Accessed 9/21/13.

Systems and Access to Care

Dental

According to the New York State Department of Health, “Oral health is integral to overall health. Diseases and conditions of the mouth have a direct impact on the health of the entire body.”³⁶ According to Healthy People 2020, there is a growing body of evidence that links oral health to chronic disease including cardiovascular disease, stroke and diabetes.³⁷ The dental HPSA map shows the dental shortage concentration in Erie County and, like the HPSA areas for primary care and mental health, it is concentrated in the City of Buffalo. See Figure 26.



³⁶ <http://www.health.ny.gov/prevention/dental>. Accessed 8/30/13.

³⁷ <http://www.healthypeople.gov/2020/LHI/oralHealth.aspx>. Accessed 9/10/13.

Systems and Access to Care

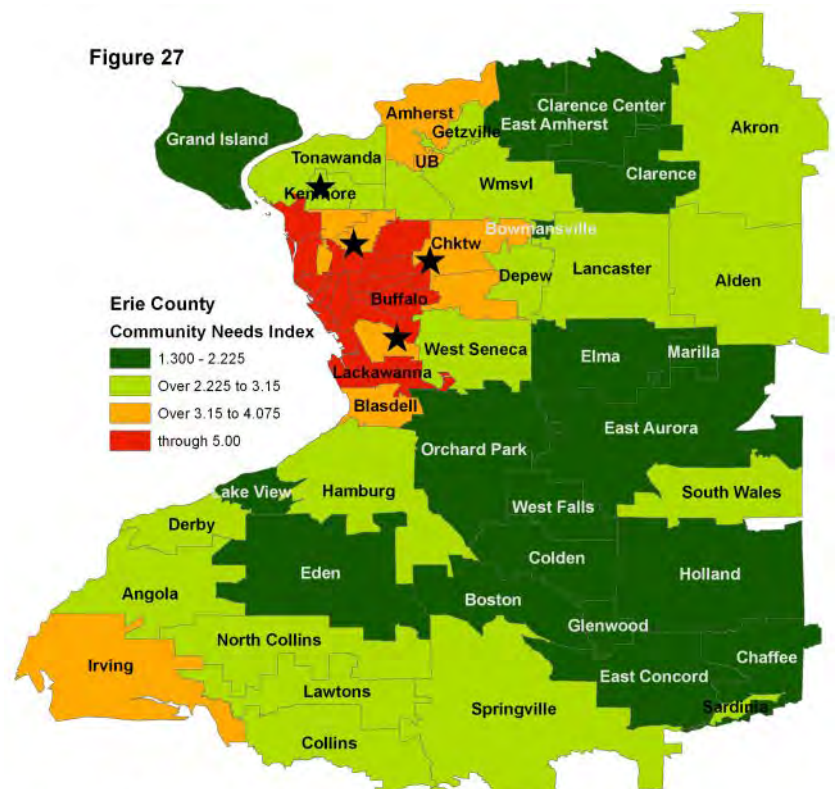
Community Need Index

The Community Needs Index (CNI) identifies the severity of health disparity for every zip code in the United States and demonstrates the link between community need, access to care, and preventable hospitalizations.³⁸ The CNI gathers data about the community's socio-economy to determine the severity of the barriers to health care. These barriers include those related to income, culture/language, education, insurance, and housing:

- **Income Barriers** – Percentage of elderly, children, and single parents living in poverty
- **Cultural/Language Barriers** – Percentage Caucasian/non-Caucasian and percentage of adults over the age of 25 with limited English proficiency
- **Educational Barriers** – Percentage without a high school diploma
- **Insurance Barriers** – Percentage uninsured and percentage unemployed
- **Housing Barriers** – Percentage renting houses

The index gives each zip code a score of one to five for each barrier condition, with one representing a lower socio-economic barrier or less community need, and five representing a higher socio-economic barrier or more community need. The scores are then aggregated and averaged for a final CNI score, with equal weight for each barrier in the average.

A review of the Erie County zip codes shows the overall health disparity in the City of Buffalo is significantly worse than that found in most of the rest of the county. See Figure 27. In addition to having a higher CNI index, this same area has the added challenge of being in designated primary care, mental and dental provider HPSAs in Erie County.



Source: Truven Health Analytics & The Nielsen Company

³⁸ http://www.dignityhealth.org/stellent/groups/public/@xinternet_con_sys/documents/webcontent/231921.pdf. Accessed 9/30/13.

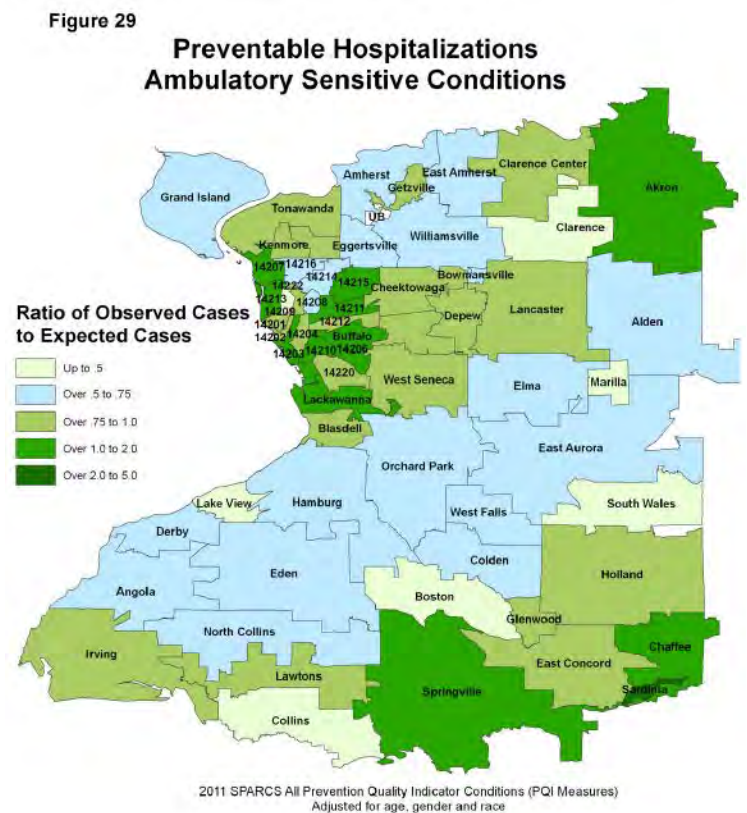
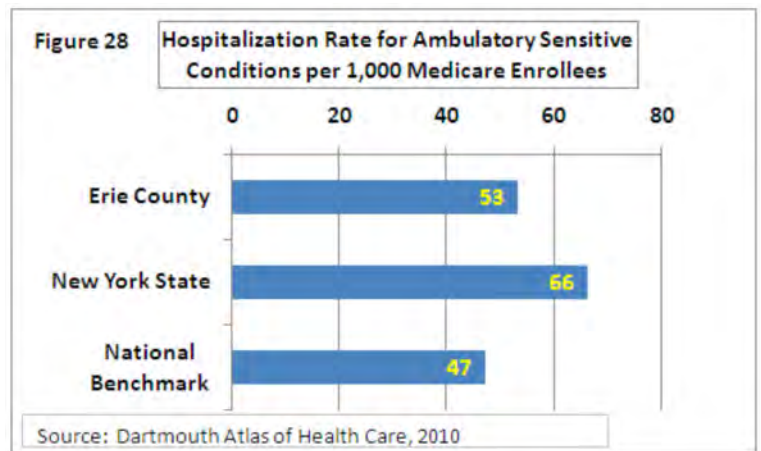
Quality and Effectiveness of Care

Ambulatory Sensitive Conditions

An assessment and review of hospital utilization for Ambulatory Sensitive Conditions (ASC) reflects community issues of access to and quality of ambulatory care in a given geographic area. ASCs, or primary care treatable conditions are those for which good patient education, self management, outpatient care, and monitoring can potentially prevent the need for hospitalization. Timely and early intervention with access to high quality primary outpatient care which utilizes evidenced based treatment recommendations may slow disease progression. This approach ultimately allows people to stay healthier longer.

The Erie County rate of hospitalizations for ambulatory sensitive conditions is lower than the rate across New York State, and higher compared to the national benchmark. See Figure 28. This means that Erie County sees fewer hospitalizations for conditions that could be treated more appropriately in less acute settings, when compared to New York State, but more than the national benchmark.

A review of the map in Figure 29 shows that the Erie County zip codes in which reducing preventable hospitalizations could result in the greatest impact are primarily in the City of Buffalo, with some in the outermost rural areas of the county. Access to appropriate quality care in a timely fashion for these populations is likely to reduce preventable hospitalizations and improve health outcomes.



Quality and Effectiveness of Care

Hospital Readmissions

Patients discharged from U.S. hospitals are too often readmitted within very short time periods. Almost one in five elderly patients released from a hospital is back within 30 days, and more than one in three are back within 90 days.³⁹ Although some readmissions are part of a patient's treatment plan, many are avoidable. Many factors contribute to readmissions including not well understood discharge plans which lead to confusion about how to care for oneself at home, lack of a support system, not getting the necessary follow-up care and other breakdowns within the continuum of care.

Emergency Department (ED) Utilization

According to a Journal of the American Medical Association (JAMA) study *Trends and Characteristics of US Emergency Department Visits, 1997-2007*, "ED visit rates have increased from 1997 to 2007. . .EDs are increasingly serving as the safety net for medically underserved patients, particularly adults with Medicaid."⁴⁰ This JAMA study's finding was supported further by the Catholic Health ED Task Force focus group which included the observation that patients are coming to the ED for health care that could and should be provided by a primary care practitioner. The Task Force also observed that this occurs with greater frequency among patients who reside in the City of Buffalo.

As shown in prior sections of this assessment, the City of Buffalo is an area with a greater percentage of its population at lower socioeconomic levels and a greater proportion of its population covered by Medicaid. The fact that patients in lower socioeconomic levels tend to use the ED over primary care presents an opportunity to further study and address utilization patterns with the goal of improving access, health outcomes and cost-effectiveness of health care.⁴¹

³⁹ Jencks SF, Williams MV and Coleman EA. "Rehospitalizations Among Patients in the Medicare Fee-for-Service Program." *New England Journal of Medicine*, 360(14): 1418–1428, 2009.

⁴⁰ <http://jama.jamanetwork.com/article.aspx?articleid=186383>. Accessed 9/20/13.

⁴¹ <http://www.rwjf.org/en/research-publications/find-rwjf-research/2013/07/understanding-why-patients-of-low-socioeconomic-status-prefer-ho.html>. Accessed 9/22/13.

New York State Department of Health, Prevention Agenda

The Prevention Agenda 2013-2017 is New York State's five-year health improvement plan that is designed in collaboration with organizations across the state to demonstrate how communities can work together to improve the health and quality of life for all New Yorkers. The Prevention Agenda vision is New York as the Healthiest State in the Nation.⁴² The Agenda has five priority areas and an over-arching goal to Improve Health Status and Reduce Health Disparities. The five priority areas are:

- A. Promote a healthy and safe environment
- B. Prevent chronic disease
- C. Prevent HIV/STDs, vaccine-preventable diseases and healthcare-associated infections
- D. Promote healthy women, infants, and children
- E. Promote mental health and prevent substance abuse

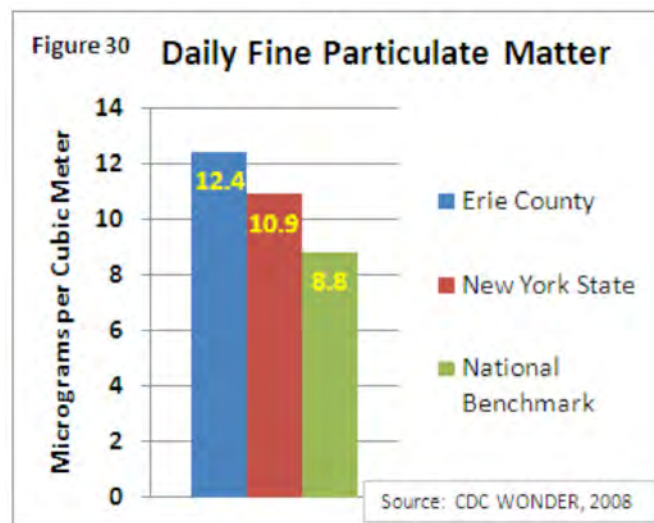
A. Promote a Healthy and Safe Environment

Promoting a healthy and safe environment focuses on the quality of water we drink, the air we breathe, and the physical environment where we live and work.

Daily Fine Particulate Matter

Average daily fine particulate matter represents the amount of fine particulate matter in micrograms per cubic meter that is in the outdoor air we breathe. This a measure of the pollutants from sources that include power plants, industrial facilities and automobiles, which can compromise health.

The average daily fine particulate matter for Erie County is higher than that for New York State and the national benchmark. See Figure 30. Air pollution can cause adverse pulmonary effects, such as asthma and bronchitis.⁴³



⁴² http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/summary.htm. Accessed 9/20/13.

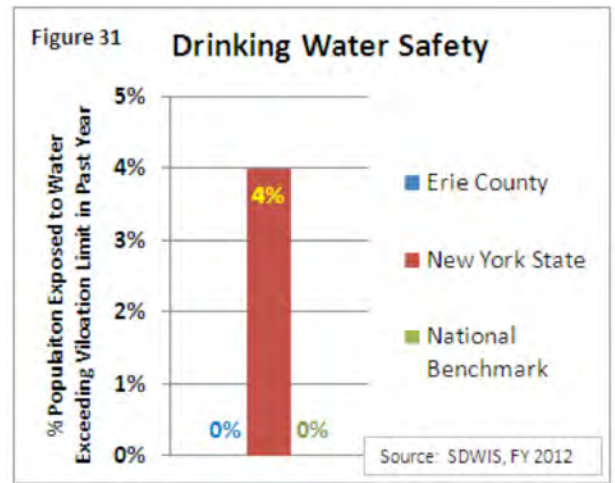
⁴³ County Health Rankings & Roadmaps. <http://www.countyhealthrankings.org/app/#/new-york/2013/rankings/outcomes/overall/by-rank>. Accessed 8/30/13.

New York State Department of Health, Prevention Agenda

Drinking Water Safety

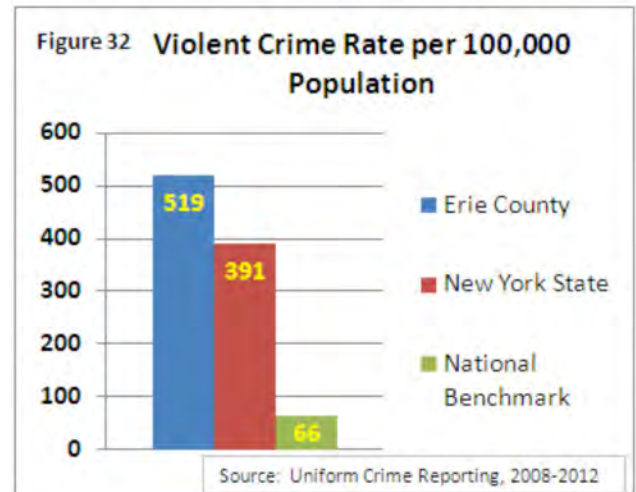
Measurement of drinking water safety reflects the percentage of the population getting water from public water systems with at least one health-based violation in a year. These violations could be for maximum contaminant level, maximum residual disinfectant level and treatment technique violations.⁴⁴

In 2012, the population of Erie County was not exposed to a public water source with violation, which is the national benchmark and well outperforms the New York State as a whole. See Figure 31. Safe drinking water is important to prevent illness and birth defects, while contamination can contribute to a number of other health issues.⁴⁵



Violent Crime Rate

The violent crime measurement is defined as offenses that involve face-to-face confrontation between the victim and the perpetrator, including homicide, forcible rape, robbery, and aggravated assault. The Erie County violent crime rate is higher than that of New York State and the national benchmark. See Figure 32. High levels of violent crime compromise physical safety and psychological well-being, deter residents from pursuing healthy behaviors such as exercising outdoors, and may increase stress and stress-related disorders.⁴⁶



⁴⁴ *ibid.*

⁴⁵ *ibid.*

⁴⁶ *ibid.*

New York State Department of Health, Prevention Agenda

B. Prevent Chronic Disease

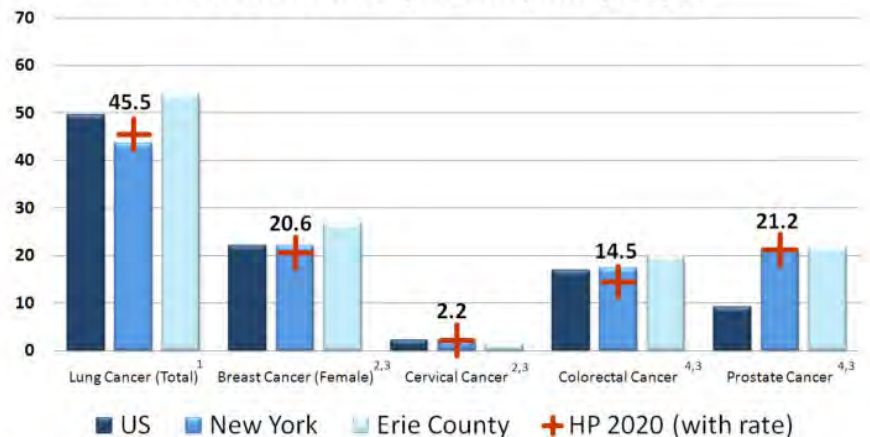
Chronic diseases are among the leading causes of death, disability and rising health care costs in New York State. The burden of chronic disease may be preventable with access to high-quality chronic disease preventive care and management.⁴⁷

Cancer Health

Cancer Prevalence for Major Sites of Cancer

Cancer rates in Erie County are higher for nearly all of the major cancers compared to both New York State and the United States. Deaths from cancer in Erie County are high and have not met Healthy People 2020 targets. Males are diagnosed with, and die from, cancer at a greater rate than females. See Figures 33 and 34.

Figure 33 Cancer Deaths per 100,000 people



¹National Vital Statistics System, 2006-2010
²U.S. Cancer Statistics Working Group, *United States Cancer Statistics: 1999-2009 Incidence and Mortality Web-based Report*
³New York State Cancer Registry, 2006-2010
⁴Murphy SL, Xu JQ, Kochanek KD: Final Data for 2010. National Vital Statistics Reports; vol 61 no 4. Hyattsville, MD: National Center for Health Statistics. 2013

Figure 34 - Cancer Prevalence Rates per 100,000 people

	Females			Males		
	US	NYS	Erie	US	NYS	Erie
All Sites Combined	414.3	442.7	482.0 ▲	523.5	583.3	663.0 ▲
Colon and Rectum	37.1	41.5	39.7 ▲	49.2	54.6	56.1 ▲
Colon excluding Rectum	27.8	31.0	28.3 ▲	34.0	38.5	38.4 ▲
Lung and Bronchus	54.1	55.1	66.2 ▲	78.2	77.1	90.7 ▲
Pleura	0.0	0.0	0.0	0.1	0.0	0.1
Trachea, Mediastinum and Other	0.1	0.1	0.0	0.3	0.3	0.3
Breast	123.1	125.8	138.4 ▲	1.4	1.4	1.9 ▲
Cervix	7.9	8.5	6.7			
Corpus and Uterus NOS	25.1	29.2	28.4 ▲			
Male Genital System				143.9	174.1	199.9 ▲
Prostate				137.7	167.2	191.7 ▲
Urinary System	20.6	22.2	26.3 ▲	58.5	66.0	81.5 ▲
Kidney and Renal Pelvis	11.2	10.6	11.4 ▲	21.1	21.9	23.3 ▲
Ureter	0.4	0.5	0.5 ▲	0.8	0.9	1.1 ▲

▲ signifies that Erie County rate is higher than National Rate

Source: U.S. Cancer Statistics Working Group. *United States Cancer Statistics: 1999-2009 Incidence and Mortality Web-based Report*, 2009 data

⁴⁷ http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/plan/chronic_diseases/focus_area_3.htm. Accessed 8/30/13.

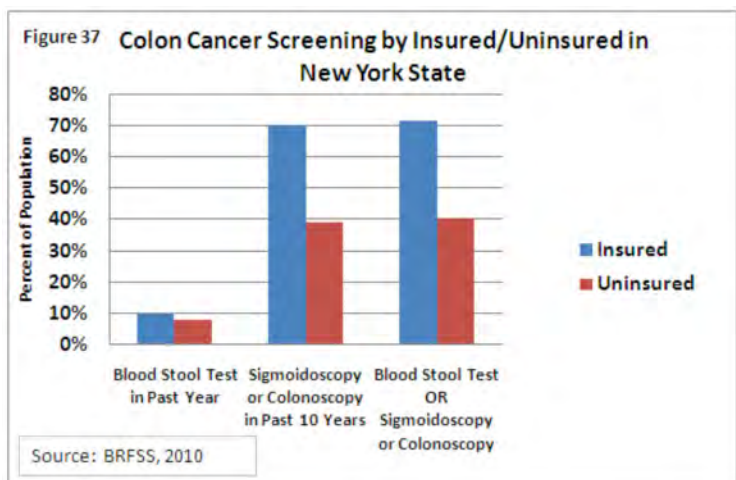
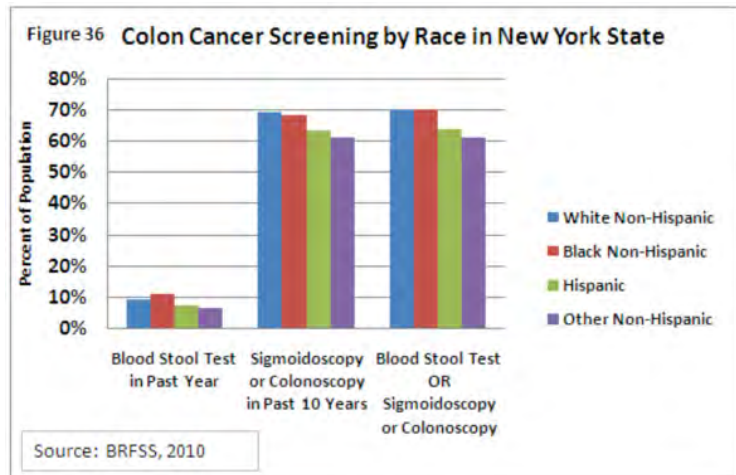
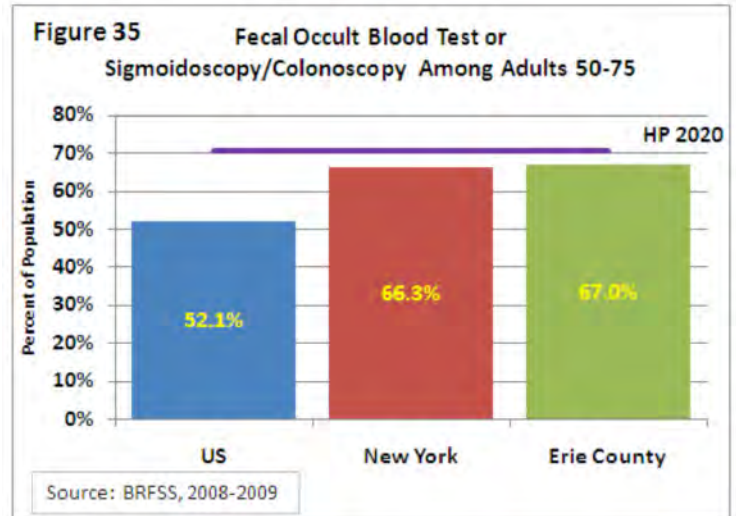
New York State Department of Health, Prevention Agenda

Colorectal Cancer Screening

Colorectal cancer can often be cured when detected early. Regular screening is available through a yearly take-home multiple sample fecal test (FOBT – fecal occult blood test or FIT – fecal immunochemical test), a flexible sigmoidoscopy every 5 years or a colonoscopy every 10 years.

While the fecal occult blood test rate is lower in Erie County (8.3%) than across the state (10.3%) and nation (11.0%), when combined with the sigmoidoscopy/colonoscopy rate, Erie County has a greater compliance with screening recommendations than across the state and nation. However, the Erie County screening rate has not yet reached the Healthy People 2020 goal of 70.5% of the population. See Figure 35.

Throughout New York State, Black and White non-Hispanic residents receive colon cancer screening more often than Hispanic and other non-Hispanic residents. See Figure 36. The significantly lower colon cancer screening rate for the uninsured across New York State shows an area of opportunity for early detection and treatment of a population with limited access to care. See Figure 37.

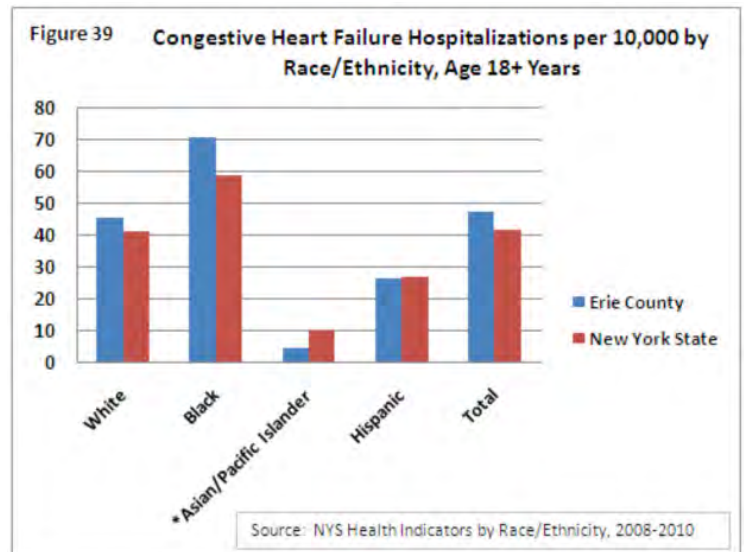
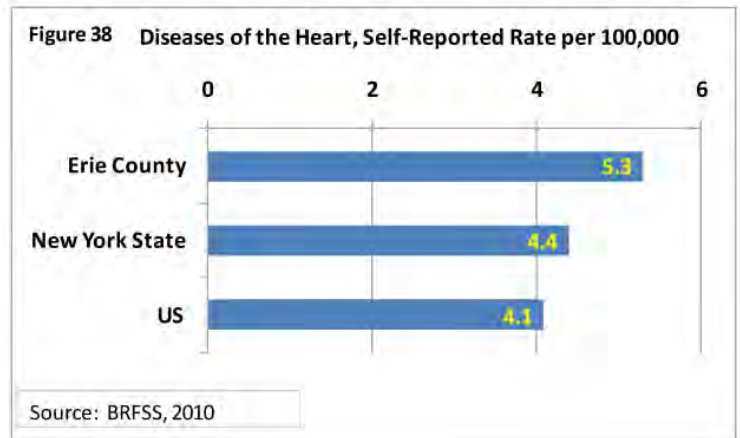


New York State Department of Health, Prevention Agenda

Cardiovascular Health

Cardiovascular Disease is the leading cause of death among residents of Erie County and New York State. Residents of Erie County report having diseases of the heart at a higher rate than those in New York State and the nation. See Figure 38. Diseases of the heart include angina, heart attack, arrhythmia, and heart valve problems. Heart disease is often preventable through reducing risk factors such as obesity, high blood pressure and inactivity.

Erie County has a higher rate of congestive heart failure hospitalizations than New York State. The Black and White populations also are admitted to the hospital at a higher rate than their counterparts across New York State. See Figure 39. Hospital admission of Black patients in Erie County for congestive heart failure is 56% higher than admission of White patients.



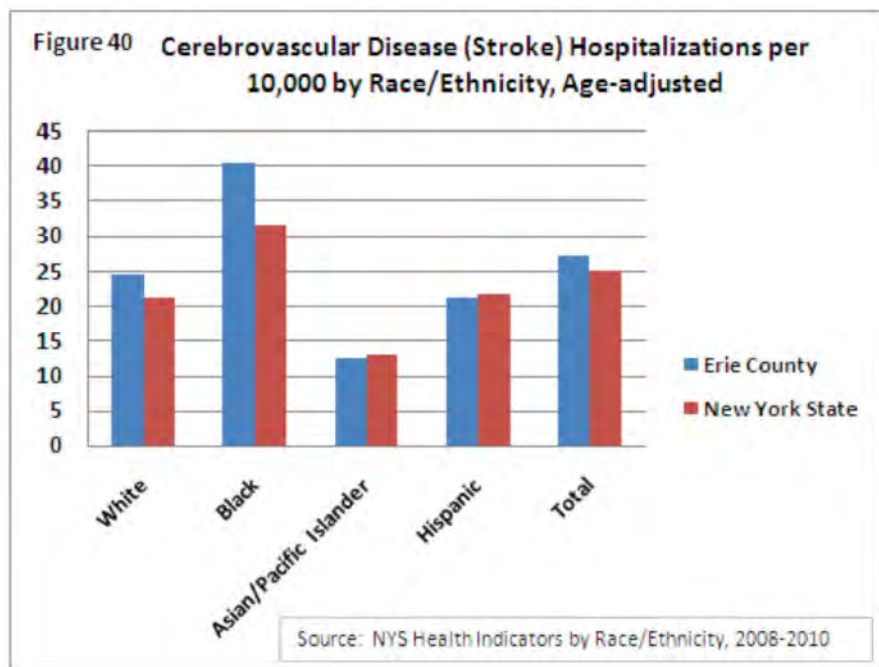
New York State Department of Health, Prevention Agenda

Cerebrovascular (Stroke) Health

Stroke is the third leading cause of death in Erie County compared to the fourth leading cause of death in the country. According to the Centers for Disease Control and Prevention, stroke is a leading cause of disability and contributes to the cost of health care, medication and missed days of work.⁴⁸

The risk of stroke varies with race and ethnicity. The risk of having a first stroke for Blacks is twice that of Whites, with Hispanics' risk between that of Blacks and Whites.⁴⁹

Erie County has a higher rate of stroke hospitalizations than New York State. The Black and White populations also are admitted to the hospital at a higher rate than their counterparts across New York State. See Figure 40. Hospital admission of Black patients in Erie County for stroke is at a rate that is 64% higher than admission of White patients.



⁴⁸ <http://www.cdc.gov/stroke/facts.htm>. Accessed 9/22/13.

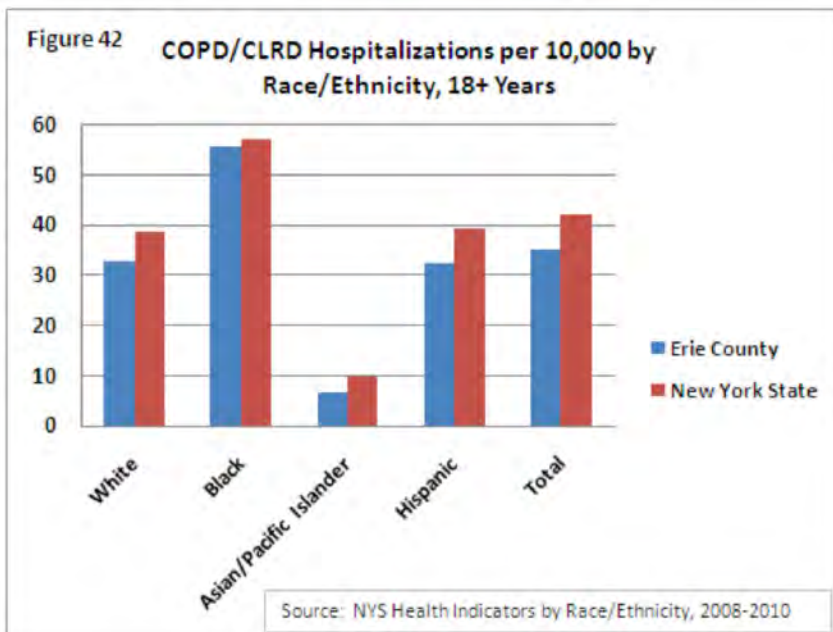
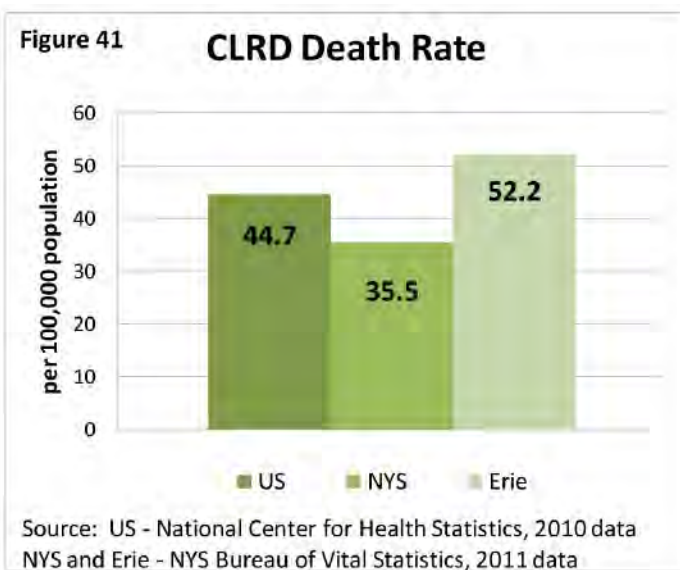
⁴⁹ *ibid.*

New York State Department of Health, Prevention Agenda

Chronic Lower Respiratory Disease

Chronic lower respiratory disease is the fourth leading cause of death in Erie County. Chronic lower respiratory disease includes emphysema, chronic bronchitis and asthma. Major risk factors include tobacco smoke, indoor and outdoor air pollutants, allergens, and occupational agents.⁵⁰

The death rate in Erie County from chronic lower respiratory disease is higher than that of New York State, and higher than the rate for the United States. See Figure 41. The hospitalization rate for chronic lower respiratory disease in Erie County is lower than the rate for New York State across all race/ethnicities. See Figure 42.



⁵⁰ <http://www.who.int/gard/publications/Risk%20factors.pdf>. Accessed 9/21/13.

New York State Department of Health, Prevention Agenda

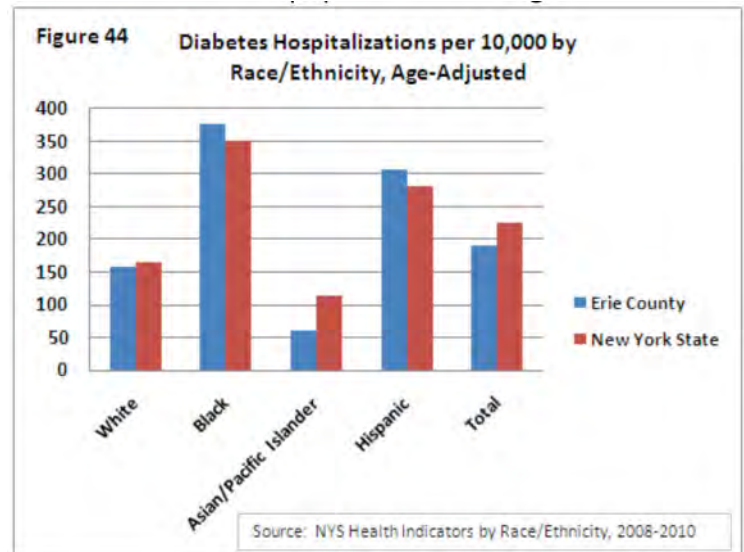
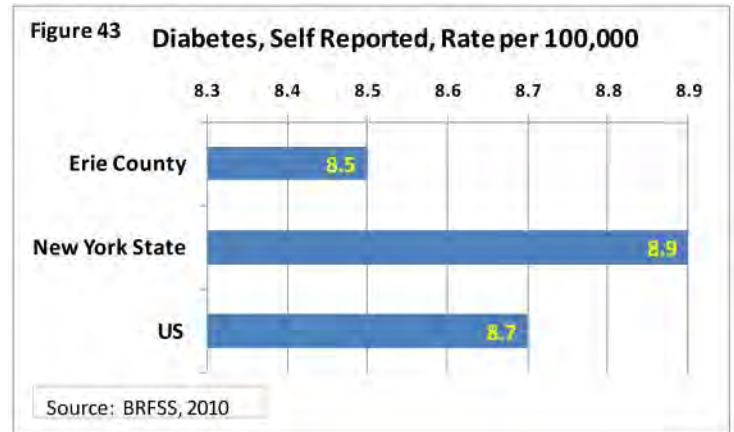
Diabetes Health

According to the Centers for Disease Control and Prevention, diabetes affects 8.3% of the United States population and was the seventh leading cause of death in 2007, although likely to be underreported as a cause of death. Diabetes is a major cause of heart disease and stroke, and the leading cause of kidney failure, nontraumatic limb amputations and new cases of blindness. The risk of death is twice as high for people with diabetes than for people of the same age without diabetes. In some cases, people with prediabetes or blood glucose levels higher than normal but not classified as diabetes, can prevent or delay type-2 diabetes with weight loss and an increase in physical activity.⁵¹

The self-reported diabetes rate in Erie County is lower than the rate across New York State and the country, as shown in Figure 43. The actual hospitalization rate for Black and Hispanic residents in Erie County is higher than the respective rates across New York State. Within Erie County, the diabetes hospitalization rate for the Hispanic population is nearly double the rate for the White population, while the diabetes hospitalization rate for the Black population is more than double the rate for the White population. See Figure 44.

Peripheral Arterial Health

Peripheral arterial disease (PAD) occurs when there is a narrowing or blockage in the blood vessels, resulting in a decrease of blood flow. People with PAD have an increased risk for heart attack and stroke. Approximately one in three people with diabetes, over the age of 50, have this condition.⁵²



⁵¹ http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf. Accessed 9/20/13.

⁵² <http://www.diabetes.org/living-with-diabetes/complications/heart-disease/peripheral-arterial-disease.html>. Accessed 8/30/13.

New York State Department of Health, Prevention Agenda

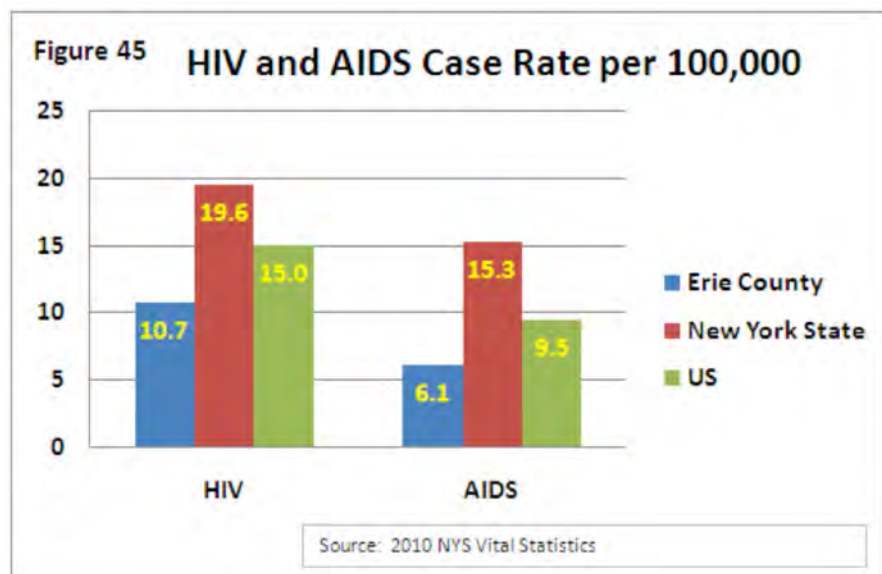
C. Prevent HIV/STDs, Vaccine Preventable Diseases and Healthcare-Associated Infections

There are many preventable diseases that impact the health status of the community. These include HIV, sexually transmitted diseases, vaccine preventable diseases and healthcare-associated infections. Community-driven prevention efforts are available and must be maintained to avoid these preventable diseases.⁵³

- HIV/AIDS, sexually transmitted diseases and hepatitis C (HCV) are significant public health concerns. Counseling, education and clinical, as well as, protective interventions are critical to increasing early access to care and decreasing disparity and morbidity.
- Immunization is a successful and safe public health strategy for preventing communicable diseases. A New York State regulation will go into effect for the 2013-2014 influenza season which requires hospital and nursing home employees in patient areas to receive a flu vaccine or wear a mask.
- Many healthcare-associated infections are preventable. Central line associated bloodstream infections (CLABSI) have decreased 41% in New York State intensive care units since 2007, resulting in fewer deaths and cost savings.

HIV and AIDS

The prevalence of HIV and AIDS is lower in Erie County than across New York State and the United States. See Figure 45. Despite this lower case rate in Erie County, prevention efforts are critical for the health of the population.

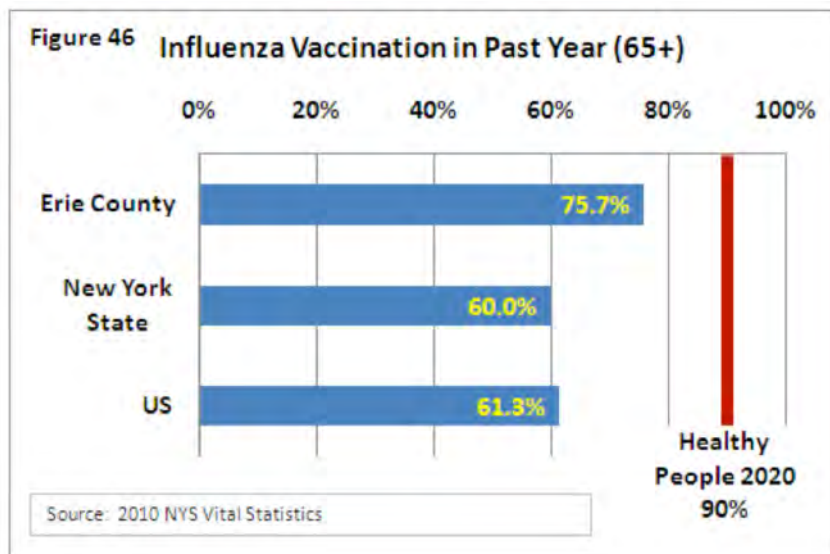


⁵³ http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/plan/stds/index.htm. Accessed 8/30/13.

New York State Department of Health, Prevention Agenda

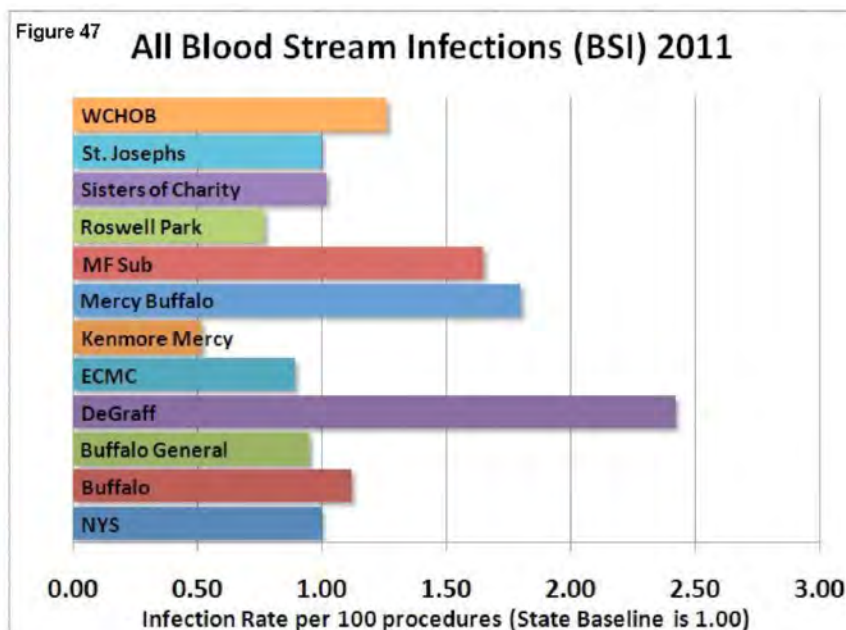
Flu

The influenza vaccination rate for people ages 65 and over is higher in Erie County than for all of New York State and the country, but improvement is needed to reach the Healthy People 2020 goal of 90%. See Figure 46.



Hospital Acquired Infections

The Buffalo area hospital infection rate per 100 procedures for Central Line All Bloodstream Infections (CLABSI) in critical care units is slightly higher than the state baseline average of 1.00. See Figure 47.



New York State Department of Health, Prevention Agenda

D. Promote Healthy Women, Infants, and Children

Promoting healthy women, infants and children is a priority for the New York State Prevention Agenda, as well as, a public health goal of the United States Healthy People 2020. It is fundamental to overall population health, promoting health and preventing disease throughout life.⁵⁴

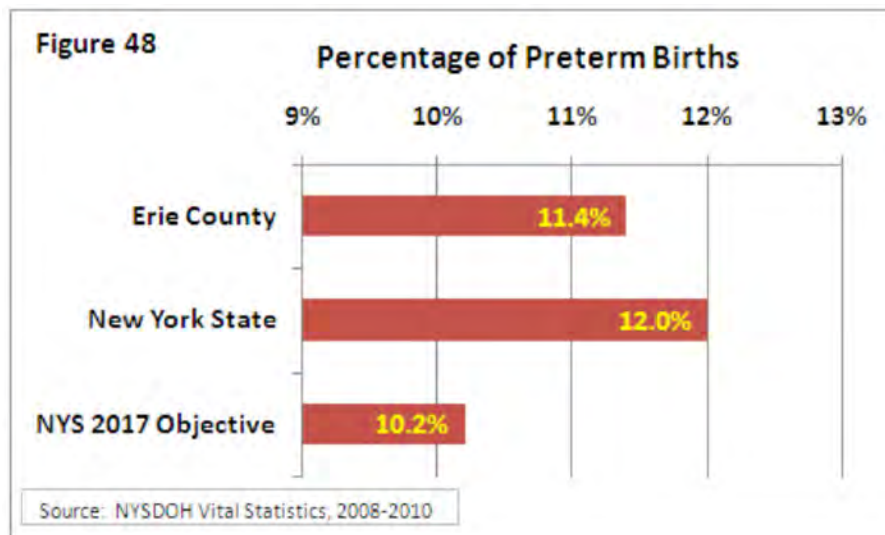
Maternal and Infant Health

Health begins early, even before birth. Adequate prenatal care, pre-pregnancy weight and age of the mother, and breastfeeding are all components to providing the best outcomes for baby.

Preterm Birth and Prenatal Care

The leading cause of death for infants is preterm birth, which is birth before 37 weeks of gestation. Babies born prematurely, or at a low birth weight, are more likely to have, or develop, significant health problems such as respiratory, gastrointestinal, immune system, central nervous system, behavioral and social-emotional concerns. Preventable risk factors include, but are not limited to, late or no prenatal care, smoking, obesity, alcohol and drug abuse, stress, high blood pressure, and diabetes.⁵⁵

The Erie County preterm birth rate is lower than the New York State rate, but will need to be reduced over the duration of the state health improvement plan to reach the 2017 New York State objective of 10.2%. See Figure 48.

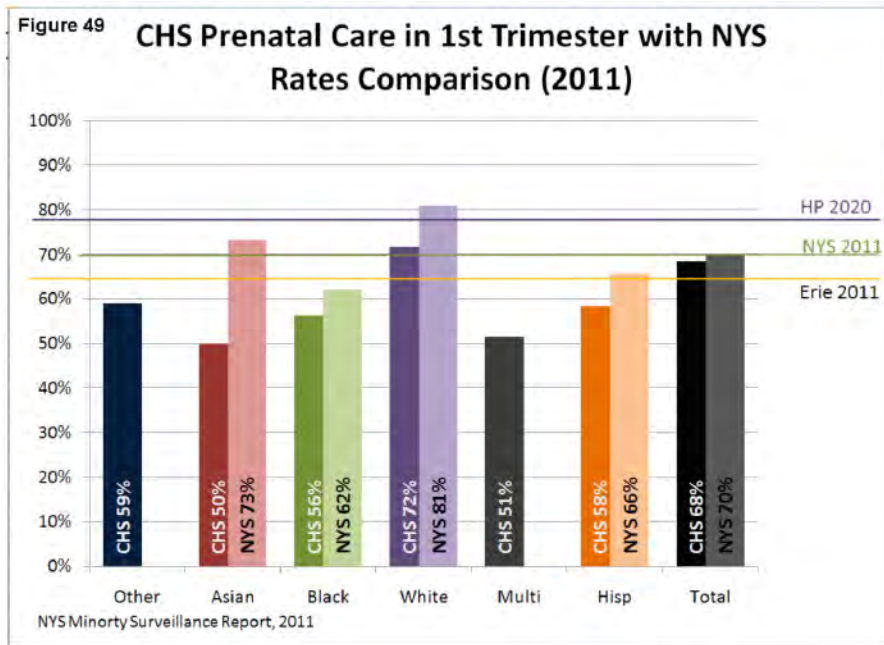


⁵⁴ http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/plan/wic/read_more.htm. Accessed 8/30/13.

⁵⁵ http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/plan/wic/focus_area_1.htm. Accessed 8/30/13.

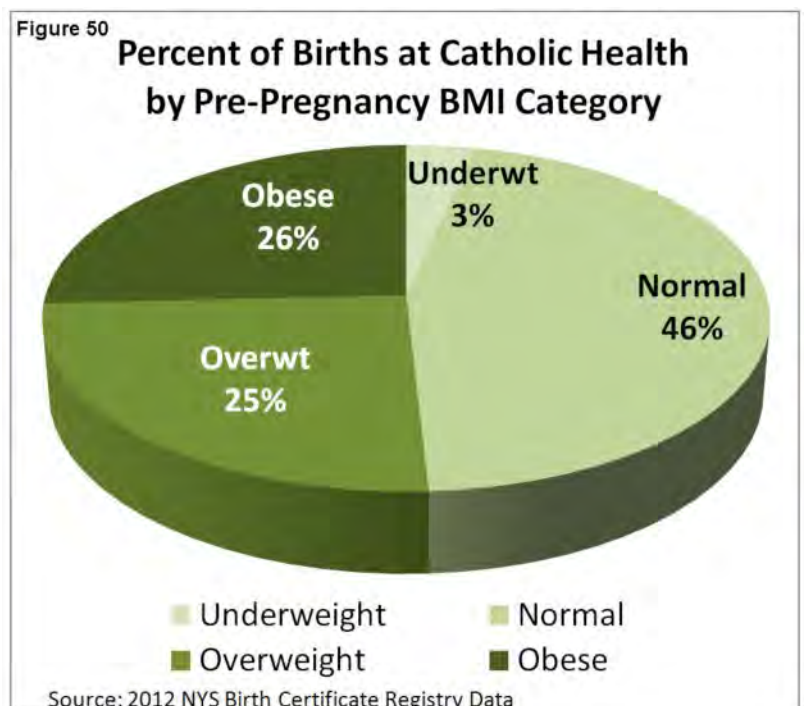
New York State Department of Health, Prevention Agenda

The Catholic Health rate of prenatal care in the first trimester is greater than the Erie County rate and is close to the New York State rate. Improvement of approximately ten percentage points is necessary to reach the Healthy People 2020 goal. Data for Catholic Health and New York State show that in both places a higher percentage of White women access prenatal care during their first trimester of pregnancy than other races and ethnicities. Figure 49 illustrates this disparity exists across New York State.



Obesity

More than half of the mothers delivering babies at a Catholic Health hospital are overweight or obese, as shown in Figure 50. Since obesity is a known risk factor for preterm births, the 26% obesity rate could contribute to the Erie County preterm birth rate.



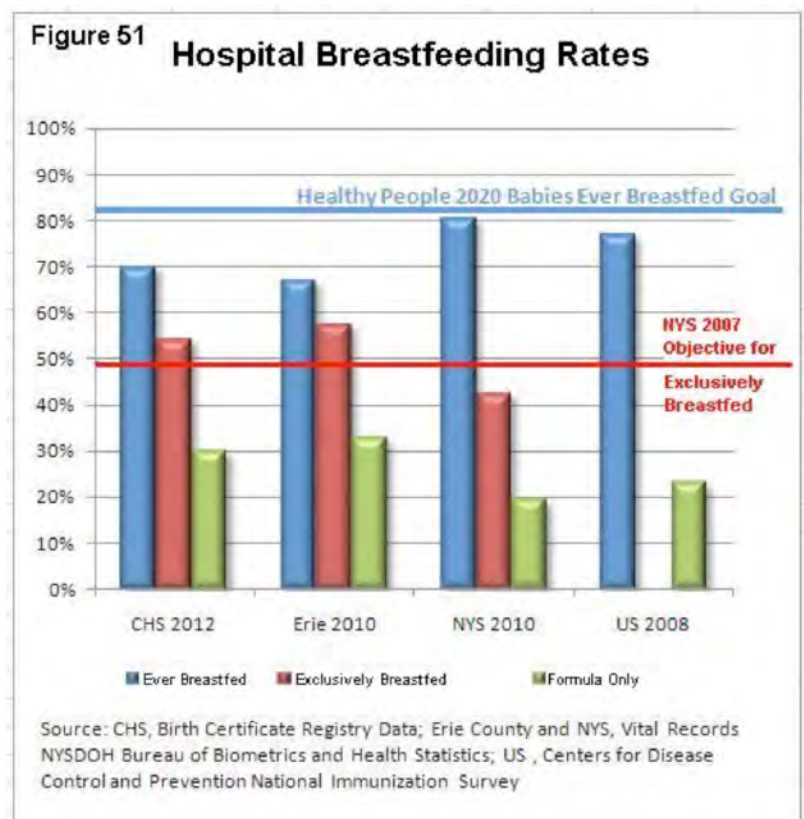
New York State Department of Health, Prevention Agenda

Breastfeeding

Breastmilk is an optimal food for infants and increasing the number of mothers who choose the option of breastfeeding is a straightforward way to increase the health of children from the start.⁵⁶ The American Academy of Pediatrics recommends exclusive breastfeeding to support optimal growth and development for approximately the first six months of life, and continued breastfeeding for at least the first year of life or beyond, for as long as mutually desired by mother and child.⁵⁷

As noted on the New York State Department of Health website, “breastfed infants are less likely to develop medical problems such as childhood obesity, respiratory and gastrointestinal infections and are at lower risk for childhood cancers, asthma and Sudden Infant Death Syndrome (SIDS).”⁵⁸ In addition, “breastfeeding benefits mothers by decreasing risks of breast and ovarian cancers, osteoporosis and postpartum depression, and by increasing the likelihood of returning to pre-pregnancy weight.”⁵⁹

There is a greater percentage of infants exclusively breastfed in hospitals in Erie County than in the New York State. In addition, the Erie County exclusively breastfed rate surpasses the New York State 2017 objective of 48.1%. Erie County reports a lower proportion of infants ever breastfed in the hospital (“ever” in graph), which is a combination of those exclusively breastfed and those breastfed at some point, than is reported across New York State. For Erie County, improvement of approximately 15 percentage points is necessary to reach the Healthy People 2020 babies ever breastfed goal of 81.9%. See Figure 51.



⁵⁶ http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/plan/wic/focus_area_1.htm. Accessed 8/30/13.

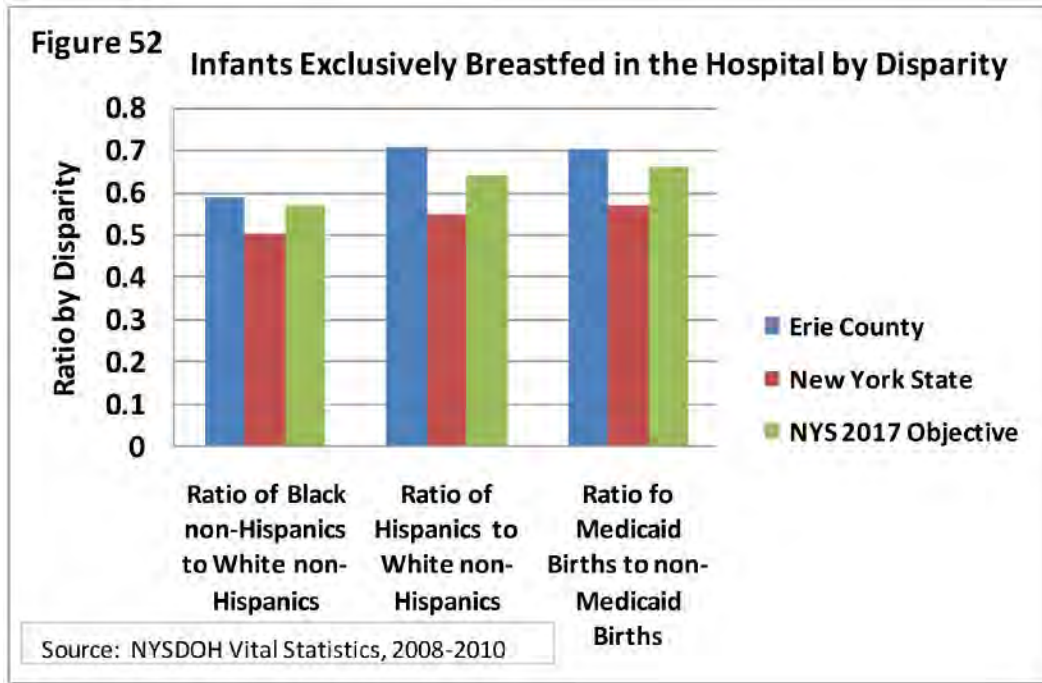
⁵⁷ <http://pediatrics.aappublications.org/content/115/2/496.full#sec-12>. Accessed 8/30/13.

⁵⁸ http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/plan/wic/focus_area_1.htm. Accessed 8/30/13.

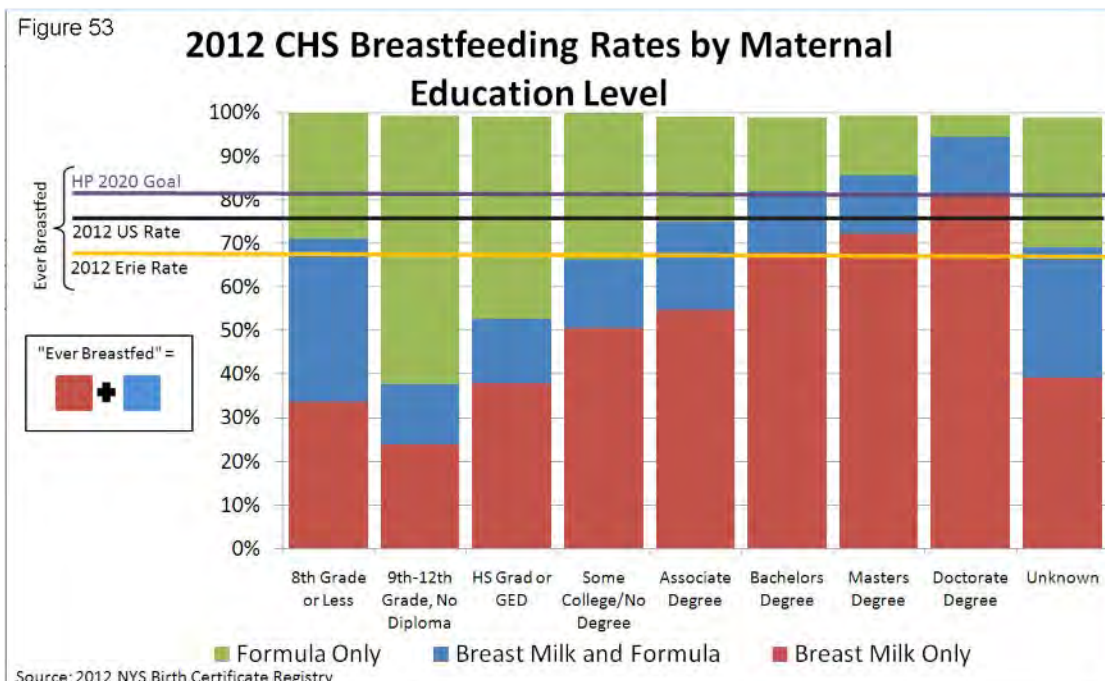
⁵⁹ *ibid.*

New York State Department of Health, Prevention Agenda

In Erie County, for infants exclusively breastfed, the ratio of Black and Hispanic women to White women is higher than it is in New York State and higher than the New York State 2017 objective. See Figure 52.

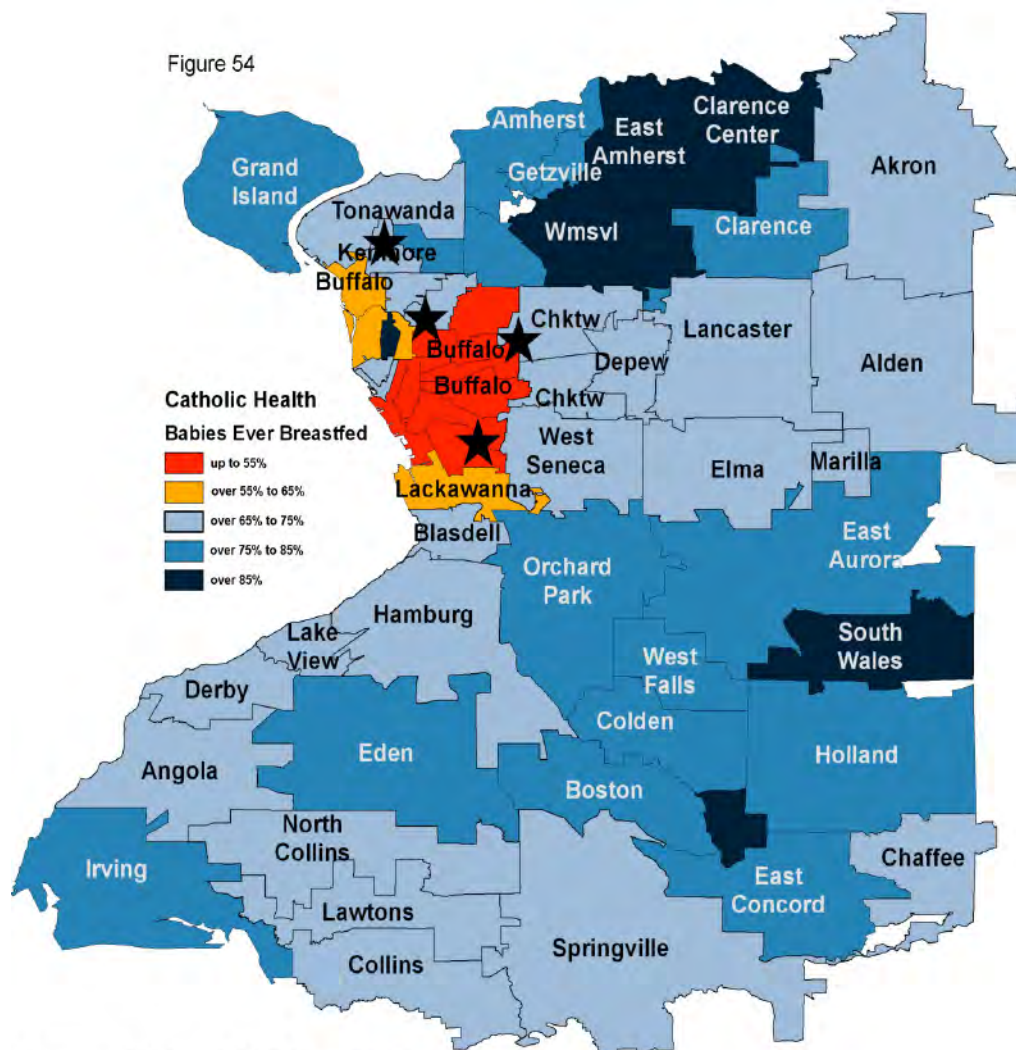


Education level and age also appear to play a key role in a women’s decision to breastfeed. Figure 53 shows that if a mother has less than a college education or is a teen, she is less likely to breastfeed her baby.



New York State Department of Health, Prevention Agenda

Figure 54 shows that within Erie County, mothers from the City of Buffalo breastfeed their babies at the lowest rate. As can be seen from other sections of this assessment, this same area has concentrations of racial and ethnic minorities, less-educated, as well as, low-income women, reflecting the marked disparities among women who breastfeed.



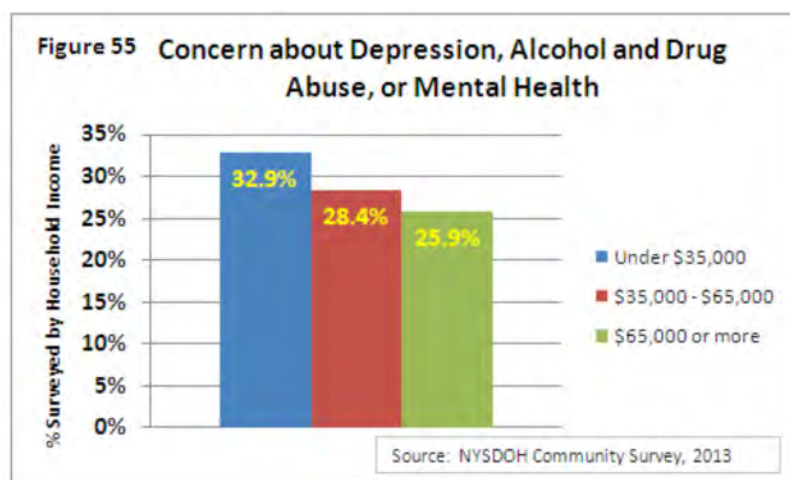
Source: 2012 NYS SPDS Birth Certificate Registry Database

New York State Department of Health, Prevention Agenda

E. Promote Mental Health and Prevent Substance Abuse

Mental and emotional well being is integral to the health of the community. Mental and emotional disorders interfere with people's ability to establish relationships, succeed in school and work, and remain functional throughout life.⁶⁰ Integration of mental health care with physical health care was reported as being critical to population health during the Catholic Health group interviews and the community forum.

The Erie County Department of Health Community Survey results show that 8% of Erie County residents are unhappy or depressed and 28.6% of the survey respondents have concern regarding depression, alcohol or drug abuse, or mental health. A higher percentage of residents in lower income ranges responded that they have these concerns. See Figure 55.

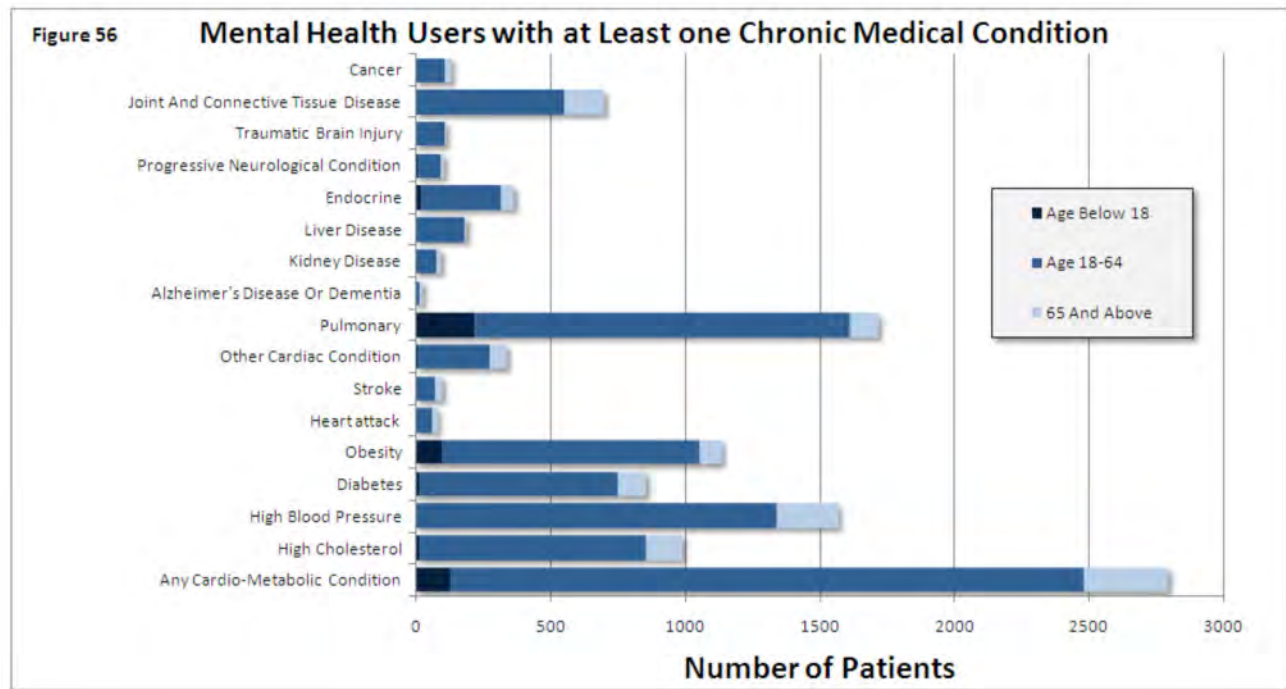


The New York State Office of Mental Health Patient Characteristic Survey shows that approximately half of Erie County mental health patients also have at least one chronic medical condition, which indicates that a person's physical health may be interrelated with mental and emotional health.⁶¹ Shown in Figure 56 on next page, cardiovascular disease is the most prevalent chronic disease among Erie County residents that are mental health consumers.

⁶⁰ http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/plan/mhsa/mhsa_introduction.htm. Accessed 8/30/13.

⁶¹ <http://bi.omh.ny.gov/pcs/index>. Accessed 9/25/13.

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The Patient Characteristics Survey (PCS) is conducted every two years, and collects demographic, clinical, and service-related information for each person who receives a public mental health service during a specified one-week period (2011). The PCS receives data from approximately 5,000 mental health programs serving 175,000 people during the survey week. All programs licensed or funded by the NYS Office of Mental Health (OMH) are required to complete the survey. The PCS is the only OMH data source that describes all the public mental health programs in New York State.⁶²

According to CMS, “the health home service delivery model is an important option for providing a cost-effective, longitudinal ‘home’ to facilitate access to an inter-disciplinary array of medical care, behavioral health care, and community-based social services and supports for both children and adults with chronic conditions.”⁶³ The health home model is a holistic approach to care which provides care management where all the individual’s caregivers communicate in order to address the patient’s needs comprehensively. Health Homes have been established as part of the New York State Medicaid program for Medicaid enrollees with chronic conditions.

⁶² <http://bi.omh.ny.gov/pcs/index>. Accessed 9/25/13.

⁶³ <http://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SMD10024.pdf>

Conclusion

The conduct of the collaboratively performed Catholic Health Community Health Needs Assessment included both primary and secondary research sources. Primary source elements used were surveys, focus groups and interviews, while various local and national secondary sources were consulted. The conclusion is a confirmation that Catholic Health serves a diverse community in which interdependent socioeconomic factors result in health status disparities. The challenges in reducing these disparities are more pronounced among residents of the City of Buffalo in which some areas experience the combination of lower levels of education, more poverty, higher unemployment, and more cultural diversity, as well as, risky health behaviors. In addition, much of this geographic area is a designated Health Professional Shortage Area for primary care, mental health care and dental care providers, which further complicates access to care issues.



The Community Health Needs Assessment resulted in the development of a three-year Implementation Strategy to address the following five significant community health needs:

- Improve Health Status and Reduce Disparities
- Prevent Chronic Disease
- Promote Healthy Women, Infants and Children
- Prevent HIV/STDs, Vaccine Preventable Diseases and Healthcare-Associated Infections
- Promote Mental Health and Prevent Substance Abuse

The Implementation Strategy includes 19 specific plans, each with a list of the health need on which it is focused, specific goals, objectives, and strategies, as well as, planned collaborations and measures of success.

The full Community Health Needs Assessment and Implementation Strategy are available on the Catholic Health website at www.chsbuffalo.org and at each of the Catholic Health hospitals.

Appendix A

Catholic Health Community Survey & Group Interview Process: December 2012 – January 2013

- Short survey sent to 56 people/organizations along with invitation to join group interviews
- 22 responses
- 18 participants in group interviews

Catholic Health Community Survey: December 2012 – January 2013

To gather information for group interviews

1. Identify the top 3 (rank 1 as most critical) unmet health care needs in the community or population you represent or are speaking on behalf.

<input type="checkbox"/>	Access to Primary Care
<input type="checkbox"/>	Access to Specialty Care – Specify: _____
<input type="checkbox"/>	Access to Preventive Care – Specify: _____
<input type="checkbox"/>	Perinatal Care
<input type="checkbox"/>	Youth Health
<input type="checkbox"/>	Elder Care
<input type="checkbox"/>	Mental Health
<input type="checkbox"/>	Substance Abuse
<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Other: _____

2. Are there geographic areas that are more in need of health care services than other areas?
Refer to the map provided and select the top 3.

<input type="checkbox"/>	1	Black Rock and Riverside
<input type="checkbox"/>	2	Downtown
<input type="checkbox"/>	3	East Side of Buffalo
<input type="checkbox"/>	4	Kensington/Bailey
<input type="checkbox"/>	5	North Park
<input type="checkbox"/>	6	South Buffalo
<input type="checkbox"/>	7	West Side of Buffalo
<input type="checkbox"/>	8	Cheektowaga
<input type="checkbox"/>	9	Tonawanda
<input type="checkbox"/>	10	Lackawanna
<input type="checkbox"/>	11	Southern Tier Rural
<input type="checkbox"/>	12	Eastern Rural
<input type="checkbox"/>	13	Northern Rural
<input type="checkbox"/>		Other: _____

Appendix A

3. Rank the top 3 (1 as greatest) barriers to meeting critical health care needs in the community or population you represent or are speaking on behalf.

- Access to Care
- Health Insurance
- Lower Socio Economic Status
- Transportation
- Literacy
- Language
- Neighborhood Violence
- Other: _____

4. Rank (1 as greatest) the populations that have more unmet health care needs than others in the community or population you represent or are speaking on behalf.

- Minority
- Education <HS
- Poverty Level
- Immigrants
- Other: _____

5. Is there anyone else that we should speak to about the health care needs in the community. How can we get in touch with them?

6. Is there any other information you would like to share related to unmet health care needs in the community or population you represent or are speaking on behalf.

7. Please list your name and the organization/community you are representing to assist in organizing the group interviews.

Appendix A

Group Interview Sessions: January 2013

Group Interview Participants

Participants include persons listed below representing broad interest of the community with special expertise, public health knowledge, and/or members of or organizations representing members of medically underserved, low-income, uninsured or other disparate populations.

- Catholic Charities
- Brylin Hospitals
- Spectrum Human Services
- Community Health Center
- Erie County DOH
- American Cancer Society
- Healthcare Community Consultant
- Physician
- Alzheimer's Association
- Harvest House
- Buffalo State College, Center for Health and Social Research
- Wellness Institute
- P2 Collaborative of WNY
- City of Buffalo community representative

Group Interview Summary

Top 10 Ideas to Respond to Community Health Needs

1. Community health workers
2. Consumer education
3. Integrate care, including mental health
4. Greater collaborative partnerships
5. Technology in home
6. Services available when needed
7. Relay message to captive audience
8. Recruit medical students and pay debt
9. Pilot model
10. Focus on retention

Appendix A

Emergency Department (ED) Task Force Focus Group: November 2012

Focus Group Participants

Participants include persons listed below representing emergency departments of each of the Catholic Health hospitals, including physicians, nurses, management and a data analyst, all with knowledge of the operations and the needs of the disparate populations visiting the emergency department.

Focus Group Questions

1. What are the greatest unmet health needs of the patients entering the ED?
2. What are the conditions for which the community is seeking care in the ED?
3. Have you seen a change in trend in the ED in the past months or years?
4. Describe the utilization of the emergency department for primary care needs.
5. Are there geographic areas in the community that are in more need of healthcare services than others?
6. Do you have a suggestion to help the patients with the greatest health needs?

Focus Group Summary of Emergency Department Patient Needs

- Primary care and specialty care access
- Pain management
- Psychiatric and substance abuse services
- Transportation
- Respite
- Pre-authorization services
- Socioeconomic factors
- Assistance in addressing aging of population
- Greater need in the City of Buffalo

Patients Choosing ED over Primary Care

- Battered Women
- Homeless
- Elderly without caregiver
- Social visits
- Primary care visits
- No need for test pre-authorization
- Patients with mental illness
- Patients with substance abuse

Appendix B

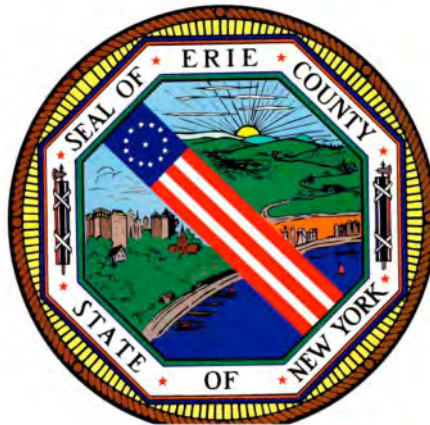
Erie County Department of Health Community Survey: January – April, 2013

DOH, on behalf of our Erie County collaborative, utilized Buffalo State College students to go door to door with a community wide health needs assessment survey. They surveyed in inner city areas, at senior centers, public libraries and local malls. Catholic Health posted the survey on its website so anyone going to the site could take the survey, 1,191 people responded.

Erie County Dept. of Health Consumer Survey: County Health Assessment Executive Summary

Alan M. Delmerico, PhD
Research Scientist
Center for Health and Social Research

Center for Health & Social Research
CHSR
at
Buffalo State



Appendix B

This executive summary identifies specific, notable results from cross tabulation analyses conducted on data from the 2013 Erie County Dept. of Health Consumer Survey (N=1191) that pertain specifically to priorities, focus areas, goals and objectives related to the 2013-2017 County Health Assessment and the New York State Prevention Agenda. The results are summarized by demographic variables (e.g. Age, Household Income) used in the cross tabulation analyses. Differences in overall rates for each section are due to small differences in the number of respondents for each cross tabulations from missing responses in the demographic characteristics.

Age

• **Diabetes**

- Overall, 22.6% of age-providing respondents had in interest in diabetes as a health topic
- Younger populations (17 and under†) as older populations (60 and over) had the greatest interest in Diabetes as a health topic (30% and 32.3% respectively)
- Respondents in their 30s had the least interest in it as a health topic (16.6%)

• **Maternal and Child Health**

- Overall, 26.2% of age-providing respondents had in interest in maternal and child health topics
- Respondents aged 18-29 and 30-39 had the most interest in maternal and child health topics (35.7% and 44.2% respectively), while older adults aged 50-59 and 60 and over had substantially less interest in these topics (8.5% and 13.7% respectively)

• **Chronic Disease**

- 43.6% of age-providing respondents were concerned about chronic disease (diabetes, heart disease, asthma, cancer, high blood pressure, cholesterol or arthritis)
- Populations age 60 and over were most concerned about chronic disease (59.7%).
- The remainder of respondents had similar concerns about chronic disease (~36-44%)

• **Health Care Access**

- 42.2% of age-providing respondents were concerned about physical or economic access to health care
- All age groups had similar concerns, ranging from populations 60 and over (39.9%) to populations age 30-39 (45.4%)

• **Physical Activity and Nutrition**

- Overall, 56.0% of age-providing respondents were concerned about physical activity and nutrition
- For nearly all age groups, 50-60% of the respondents were concerned about physical activity and nutrition, populations age 60 and over were the exception (47.2%)

• **Health Behaviors**

- Most age-providing respondents (79.8%) were concerned about health behaviors (physical activity, nutrition, obesity or overweight, tobacco, dental care, or alcohol and drug abuse)
- Populations under age 50 were more concerned (~82-90%) with health behaviors compared to older populations age 50-59 (77.8%) or age 60 and over (70.2%)

Appendix B

- **Sexual Health**

- A small minority of age-providing respondents (8.4%) were concerned with sexual health topics (HIV/AIDS, sexually transmitted disease, or teen pregnancy)
- Populations age 18-29 were most concerned with this topic (14.9%)
- Populations age 17 and under† (0%), age 50-59 (2.4%) and age 60 and over (4.4%) were relatively unconcerned with this topic

- **Mental Health**

- Overall, 28.6% of age-providing respondents were concerned with mental health-related topics (depression, alcohol and drug abuse, or mental health)
- Younger populations age 17 and under† were most concerned (50.0%) with mental health topics; higher age groupings became progressively less concerned about mental health, with those age 60 and over being the least concerned (17.3%)

Gender

- **Diabetes**

- Overall, 22.2% of gender-providing respondents had an interest in diabetes as a health topic
- Males were slightly more interested in this topic compared to females (23.7% vs. 21.7%)

- **Maternal and Child Health**

- Overall, 26.6% of gender-providing respondents had an interest in maternal and child health topics
- Females were more interested in this topic compared to males (28.9% vs. 20.1%)

- **Chronic Disease**

- 43.4% of gender-providing respondents were concerned about chronic disease (diabetes, heart disease, asthma, cancer, high blood pressure, cholesterol or arthritis)
- Males were more concerned about this topic compared to females (48.5% vs. 41.6%)

- **Health Care Access**

- 42.4% of gender-providing respondents were concerned about physical or economic access to health care
- Both males and females had similar levels of concern (42.1% and 42.4% respectively)

- **Physical Activity and Nutrition**

- Overall, 56.1% of gender-providing respondents were concerned about physical activity and nutrition
- Both males and females had similar levels of concern (57.2% and 55.8% respectively)

- **Health Behaviors**

- Most gender-providing respondents (80.4%) were concerned about health behaviors (physical activity, nutrition, obesity or overweight, tobacco, dental care, or alcohol and drug abuse)
- Females were more concerned about this topic compared to males (81.4% vs. 77.9%)

Appendix B

- **Sexual Health**

- A small minority of gender-providing respondents (8.5%) were concerned with sexual health topics (HIV/AIDS, sexually transmitted disease, or teen pregnancy)
- Males were more concerned about this topic compared to females (9.7% vs. 8.0%)

- **Mental Health**

- Overall, 28.8% of gender-providing respondents were concerned with mental health-related topics (depression, alcohol and drug abuse, or mental health)
- Females were slightly more concerned about this topic compared to males (29.5% vs. 26.8%)

Race/Ethnicity

- **Diabetes**

- Overall, 21.9% of race/ethnicity-providing respondents had an interest in diabetes as a health topic
- American Indians† had the highest level of interest in this topic (50%), while Hispanic/Latino and African-American respondents also had high levels of interest (27.0% and 30.8% respectively)

- **Maternal and Child Health**

- Overall, 26.0% of race/ethnicity-providing respondents had an interest in maternal and child health topics
- Asian/Pacific Islanders† had a high level of interest in this topic (50%), while respondents who were Hispanic/Latino, African-American, and of Multiple Races/Ethnicities also had higher levels of interest (32.4%, 38.5% and 29.4% respectively)

- **Chronic Disease**

- 43.9% of race/ethnicity-providing respondents were concerned about chronic disease (diabetes, heart disease, asthma, cancer, high blood pressure, cholesterol or arthritis)
- African-American and American Indian† populations had the most concern about this topic (56.7% and 66.7% respectively)
- Asian/Pacific Islanders† had the least concern about this topic (31.3%)

- **Health Care Access**

- 42.2% of race/ethnicity-providing respondents were concerned about physical or economic access to health care
- Respondents of Multiple Races/Ethnicities and African-Americans had the most concern about access (64.7% and 49.0% respectively)
- Most other respondent categories had similar levels of concern (40.5%-43.8%)

- **Physical Activity and Nutrition**

- Overall, 57.0% of race/ethnicity-providing respondents were concerned about physical activity and nutrition
- American Indian†, White/Caucasian, and Asian/Pacific Islander† respondents had the highest levels of concern about this topic (66.7%, 58.2% and 56.3% respectively) while most other categories had levels of concern of about 50%

Appendix B

- **Health Behaviors**

- Most race/ethnicity-providing respondents (81.0%) were concerned about health behaviors (physical activity, nutrition, obesity or overweight, tobacco, dental care, or alcohol and drug abuse)
- American Indian† respondents had the highest level of concern (100%), followed by Asian/Pacific Islander‡ respondents (87.5%)
- African-American and Hispanic/Latino had lower levels of concern about this topic (76.0% and 70.3%, respectively)

- **Sexual Health**

- A small minority of race/ethnicity-providing respondents (8.3%) were concerned with sexual health topics (HIV/AIDS, sexually transmitted disease, or teen pregnancy)
- American Indian† respondents had the lowest level of concern (0%), followed by Asian/Pacific Islander‡ respondents (12.5%).
- African-American and Hispanic/Latino had substantially higher levels of concern about this topic (22.1% and 18.9%, respectively)

- **Mental Health**

- Overall, 28.8% of race/ethnicity-providing respondents were concerned with mental health-related topics (depression, alcohol and drug abuse, or mental health)
- American Indian† respondents had the lowest level of concern (16.7%), followed by African-American respondents (27.9%).
- Hispanic/Latinos, Asian/Pacific Islanders‡, and respondents of Multiple Races/Ethnicities had higher levels of concern about this topic (40.5%, 37.5% and 41.2%, respectively)

Household Income

- **Diabetes**

- Overall, 22.5% of household income-providing respondents had in interest in diabetes as a health topic
- Respondents at the lowest income level (Under \$35,000) had the highest level of interest in diabetes as a health topic (25.8%)
- Respondents were progressively less interested in this topic as income category increased

- **Maternal and Child Health**

- Overall, 27.0% of household income-providing respondents had in interest in maternal and child health topics
- Respondents at the lowest income level (Under \$35,000) had the highest level of interest in maternal and child health topics (28.7%)
- Respondents in higher income categories (\$35,000-\$65,000 and \$65,000 or more) had similar levels of interest (25.4% and 26.4%, respectively)

Appendix B

- **Chronic Disease**

- 43.8% of household income-providing respondents were concerned about chronic disease (diabetes, heart disease, asthma, cancer, high blood pressure, cholesterol or arthritis)
- Respondents at the highest income level (\$65,000 or more) had the highest level of interest in this topic (45.6%)
- Respondents in the \$35,000-\$65,000 category had the lowest levels of interest (41.8%)

- **Health Care Access**

- 42.6% of household income-providing respondents were concerned about physical or economic access to health care
- Respondents at the lowest income level (Under \$35,000) had the highest level of interest in physical or economic access to health care as a health topic (49.6%)
- Respondents were progressively less interested in this topic as income category increased, with 34.3% of the highest income category respondents being concerned with this topic

- **Physical Activity and Nutrition**

- Overall, 55.7% of household income-providing respondents were concerned about physical activity and nutrition
- Respondents at the highest income level (\$65,000 or more) had the highest level of interest in physical activity and nutrition as a health topic (64.9%)
- Respondents were progressively less interested in this topic as income category decreased, with 47.6% of the lowest income category respondents being concerned with this topic

- **Health Behaviors**

- Most household income-providing respondents (80.0%) were concerned about health behaviors (physical activity, nutrition, obesity or overweight, tobacco, dental care, or alcohol and drug abuse)
- Respondents at the highest income level (\$65,000 or more) had the highest level of interest in health behaviors as a health topic (85.8%)
- Respondents were progressively less interested in this topic as income category decreased, with 73.1% of the lowest income category respondents being concerned with this topic

- **Sexual Health**

- A small minority of household income-providing respondents (8.6%) were concerned with sexual health topics (HIV/AIDS, sexually transmitted disease, or teen pregnancy)
- Respondents at the lowest income level (Under \$35,000) had the highest level of interest in this topic (11.8%)
- Respondents in the \$35,000-\$65,000 category had the lowest levels of interest (5.4%)

- **Mental Health**

- Overall, 29.3% of household income-providing respondents were concerned with mental health-related topics (depression, alcohol and drug abuse, or mental health)
- Respondents at the lowest income level (Under \$35,000) had the highest level of interest in mental health as a health topic (32.9%)
- Respondents were progressively less interested in this topic as income category increased, with 25.9% of the highest income category respondents being concerned with this topic

Appendix C

New York State Community Meeting – April 24, 2013

Erie County Department of Health Community Meeting (40) Participants

Participants include persons listed below representing a broad interest of the community with special expertise, public health knowledge, and/or members of or organizations representing members of medically underserved, low-income, uninsured or other disparate populations.

- FDA
- Buffalo State College
- P2 Collaborative of WNY
- Monroe Plan
- Wellness Institute
- M.E.D.-V.A.R. Consulting
- Buffalo Prenatal-Perinatal Network
- United Way
- Cancer Service Program of Erie County
- Catholic Health
- American Cancer Society
- UBMD
- EPIC
- Kaleida
- Erie County DOH
- Prevention Focus

Erie County Department of Health Community Meeting Summary

- Barriers:
 - Access to service
 - Misinformation
 - Access to fresh fruits and vegetables
 - Transportation and child care
- Navigational services and educational campaigns to inform and guide consumers
- Mental health and substance abuse stigma & integration of behavioral and physical health care
- Focus of specific populations: poverty, race, people with disabilities and look at community as a whole
- Focus on primary care, health promotion and prevention
- Collaboration between organizations

Appendix D

Key Indicators and Secondary Data Sources

Socio-Demographic	US Rate	NYS Rate	Erie Rate	Erie County Compared to US	Erie County Compared to NYS	HP 2020 Rate
Population, 2010	309,330,219 ¹	19,465,197 ²	918,028 ²			
Unemployment, 2012	7.8 ³	8.2 ³	8.3 ³	↓	↓	
Percent in Poverty, 2011	15.9 ¹	16.1 ¹	15.3 ¹	↑	↑	
Age 65+ Population Growth in 2017	15.6 ⁴	13.0 ⁴	8.5 ⁴			
Proportion of Persons with Medical Insurance, 2011	82.8 ^{3b}	85.6 ⁴	84.7 ⁴	↑	↑	100
% of adults with regular health care providers, 2008-09	86.0 ⁵	83.6 ⁵	88.1 ⁵	↑	↑	83.9 ✓
Owner-occupied Housing (% of population) 2012	58.6 ⁴	49.8 ⁴	60.4 ⁴	↑	↑	
Healthy Babies and Mothers	US Rate	NYS Rate	Erie Rate	Erie County Compared to US	Erie County Compared to NYS	HP 2020 Rate
Pregnancies (all ages) per female population aged 15-44	105.5 ⁵	89.8 ²	78.9 ²			
Age 10-14, per 1000 female population aged 10-14	0.4 ⁷	0.3 ²	0.4 ²	↑	↓	
Age 15-19, per 1000 female population aged 15-19	31.3 ⁷	21.2 ²	22.9 ²	↑	↓	
Births	12.7 ⁷	12.4 ²	10.6 ²			
Low Birthweight <2500 Grams	8.1 ⁷	8.1 ²	8.5 ²	↓	↓	7.8
Prenatal Care - 1st Trimester	70.8 ⁸	69.2 ²	64.4 ²	↓	↓	77.9
Percentage of births with adequate prenatal care (Kotelchuck), 2007 US, 2010 NYS and Erie	70.5 ¹⁸	66.9 ²	61.8 ²	↓	↓	
Infant Deaths	6.15 ⁹	5.0 ²	8.2 ²	↓	↓	6.0
Neonatal Deaths	4.05 ⁹	3.5 ²	5.9 ²	↓	↓	4.1
Postneonatal Deaths	2.1 ⁹	1.5 ²	2.3 ²	↓	↓	2.0
Spontaneous Fetal Deaths	6.05 ¹⁰	7.1 ²	4.5 ²	↑	↑	5.6 ✓
Ever breastfed	76.5 ¹¹	82.6 ¹²	67.1 ¹²	↓	↓	81.9
% of WIC mothers breastfeeding at 6 months	25.1 ¹³	39.7 ¹³	13.2 ¹⁹	↓	↓	
Mortality (rates per 100,000)	US Rate	NYS Rate	Erie Rate	Erie County Compared to US	Erie County Compared to NYS	HP 2020 Rate
Total Deaths, 2010 crude rate	799.5 ⁹	755.7 ⁹	1,010.0 ²	↓	↓	
Deaths from Cancer						
Cancer Deaths, 2010 crude rate	186.2 ⁹	181.1 ²	231.9 ²	↓	↓	160.6
Lung & Bronchus Cancer (Total), 2010 crude rate	49.5 ¹⁸	43.5 ¹⁸	53.9 ¹⁸	↓	↓	45.5
Lung Cancer (Male), 2009 US, 2010 NYS and Erie	62.0 ¹⁴	54.1 ¹⁷	66.7 ¹⁷	↓	↓	45.5
Lung Cancer (Female), 2009 US, '06-'10 NYS and Erie	38.6 ¹⁴	35.8 ¹⁷	45.5 ¹⁷	↓	↓	45.5 ✓
Breast Cancer (Female), per 100,000 females	22.2 ¹⁴	22.1 ¹⁷	26.9 ¹⁷	↓	↓	20.6
Cervical Cancer, per 100,000 females	2.3 ¹⁴	2.3 ¹⁷	1.6 ¹⁷	↑	↑	2.2 ✓
Colorectal Cancer	17.0 ⁹	17.4 ¹⁷	20.0 ¹⁷	↓	↓	14.5
Prostate Cancer	9.3 ⁹	21.6 ¹⁷	21.9 ¹⁷	↓	↓	21.2
Deaths from Chronic Disease, crude death rate per 100,000 population						
Cerebrovascular Disease	41.9 ⁹	31.6 ²	56.2 ²	↓	↓	33.8
Diabetes	22.4 ⁹	20.1 ²	31.7 ²	↓	↓	
Diseases of the Heart	193.6 ⁹	225.9 ²	277.7 ²	↓	↓	
Cirrhosis (liver)	10.3 ⁹	7.6 ²	11.4 ²	↓	↓	8.2
End-stage renal disease (2009)	28.9 ¹⁸	29.2 ¹⁸	33.1 ¹⁸	↓	↓	
Chronic Lower Respiratory Disease (CLRD)	44.7 ⁹	35.5 ²	52.2 ²	↓	↓	
Deaths from injuries, crude rate per 100,000 population						
Homicides	5.2 ⁹	4.2 ²	4.8 ²	↑	↓	5.5 ✓
Suicides	12.4 ⁹	8.3 ²	11.8 ²	↑	↓	10.2
Unintentional injury	39.1 ⁹	27.0 ²	32.4 ²	↑	↓	36.0 ✓
Motor Vehicle	11.4 ⁹	6.3 ²	6.2 ²	↑	↑	12.4 ✓
Non-Motor Vehicle	26.8 ⁹	18.0 ²	22.2 ²	↑	↓	
Deaths from Communicable Diseases						
Aids	2.7 ⁹	4.6 ¹²	2.9 ¹²	↓	↑	3.3 ✓

Appendix D

Hospitalizations (rates per 10,000)	US Rate	NYS Rate	Erie Rate	Erie County Compared to US	Erie County Compared to NYS	HP 2020 Rate
Pediatric (0-4) Asthma	41.4 ¹⁹	56.3 ²⁰	49.3 ²⁰	↓	↑	18.1
Drug Related	8.4 ²¹	25.8 ²⁰	25.5 ²⁰	↓	↑	
Cardiovascular disease	173.8 ²¹	179.6 ²⁰	185.9 ²⁰	↓	↓	
Cerebrovascular disease (stroke)	30.7 ²¹	28.0 ²⁰	34.0 ²⁰	↓	↓	
Heart Attacks	19.6 ²¹	15.5 ²⁰	17.6 ²⁰	↑	↓	
Diabetes hospitalizations (primary diagnosis)	18.4 ²¹	20.3 ²⁰	17.3 ²⁰	↑	↑	
Diabetes hospitalizations (any diagnosis)	265.4 ²¹	252.9 ²⁰	225.6 ²⁰	↑	↑	
COPD hospitalizations	36.3 ²¹	41.3 ²⁰	35.2 ²⁰	↑	↑	
Hospitalization for hip fracture among Medicare-eligible persons aged Greater Than or Equal to 65 years (2006)	8.3 ²²	8.0 ²²	8.6 ²²	↓	↓	
Self-Inflicted Injury	9.1 ²¹	5.5 ²⁰	6.1 ²⁰	↑	↓	

Disease Morbidity (per 100,000 within each Population)	US Rate	NYS Rate	Erie Rate	Erie County Compared to US	Erie County Compared to NYS	HP 2020 Rate
Aids Case Rate, 2010	9.5 ²³	15.3 ²⁴	6.1 ²⁴	↑	↑	
HIV Case Rate, 2010	15 ²⁹	19.6 ²⁴	10.7 ²⁴	↑	↑	
Chlamydia Case Rate, Females, 2010	600.9 ²⁵	686.9 ²⁵	782.7 ²⁸	↓	↓	
Gonorrhea Case Rate, 2010	100.8 ²⁸	94.3 ²⁶	149.8 ²⁸	↓	↓	
TB Case Rate	3.61 ²⁷	4.9 ²⁷	1.2 ²⁸	↑	↑	
Meningococcal Incidence	0.27 ²⁹	0.2 ²⁸	0.1 ²⁸	↑	↑	0.3 ✓
Ecoli 0157 Incidence	0.97 ³⁰	0.5 ²⁸	0.5 ²⁸	↑	↑	
Pertussis Incidence	6.1 ³¹	4.3 ²⁸	2.9 ²⁸	↑	↑	
Diabetes, Self-Reported Percent of Population with Diabetes	8.7 ⁵	8.9 ⁵	8.5 ⁵	↑	↑	
Diseases of the Heart, Self-Reported Percent	4.1 ⁵	4.4 ⁵	5.3 ⁵	↓	↓	

Exercise, Nutrition and Weight	US Rate	NYS Rate	Erie Rate	Erie County Compared to US	Erie County Compared to NYS	HP 2020 Rate
Recommended Physical Activity Among Adults aged >= 18 years (2009)	51.0 ⁵	50.8 ⁵	43.2 ⁵	↓	↓	
Fruit and vegetable consumption among adults aged >= 18 years (2009)	23.4 ⁵	26.8 ⁵	26.7 ⁵	↑	↓	
Overweight or obesity among adults aged >= 18 years (2009)	64.5 ⁵	61.5 ⁵	64.4 ⁵	↑	↓	
Obesity among adults aged >= to 18 years (2010)	27.5 ⁵	24.5 ⁵	26.9 ⁵	↑	↓	30.5 ✓
% of pregnant women in WIC who were pre-pregnancy overweight but not obese (BMI 25-less than 30)	26.0	26.5 ³⁴	24.7 ³⁴	↑	↑	
Age-adjusted % of adults who did not participate in leisure time physical activity in last 30 days (2009)	21 ⁵	25.0 ⁵	26.0 ⁵	↓	↓	
Age-adjusted % of adults eating 5 or more fruits or vegetables per day (2009)	23.4 ⁵	26.8 ⁵	26.7 ⁵	↑	↓	

Substance Abuse	US Rate	NYS Rate	Erie Rate	Erie County Compared to US	Erie County Compared to NYS	HP 2020 Rate
Binge drinking among adults aged >= 18 years (2010)	15.1 ⁵	15.5 ⁵	18.3 ⁵	↓	↓	24.4 ✓
Binge drinking among women of childbearing age (2010)	15.4 ⁵	15.8 ⁵	9.3 ⁵	↑	↑	
Heavy drinking among adult females >= 18 years	4.5 ⁵	4.5 ⁵	5.4 ⁵	↓	↓	
Heavy drinking among adult males >= 18 years	5.4 ⁵	4.6 ⁵	10.9 ⁵	↓	↓	
Cigarette smoking among adults aged >= 18 years (2010)	17.3 ⁵	15.5 ⁵	22.4 ⁵	↓	↓	12.0

Appendix D

Preventive Health	US Rate	NYS Rate	Erie Rate	Erie County Compared to US	Erie County Compared to NYS	HP 2020 Rate
Clinical breast examination among women >= 40 years (2010)	76.5 ⁵	83 ⁵	82.6 ⁵	↑	↓	
Mammography use among women aged >= 40 years (2010)	75.6 ⁵	77.6 ⁵	80.8 ⁵	↑	↑	81.1
Papanicolaou smear use among adult women ages >= 18 years (2010)	81.1 ⁵	83.6 ⁵	85.5 ⁵	↑	↑	93.0
Fecal occult blood test among adults aged >= 50 years (2010)	11.0 ⁵	10.3 ⁵	8.3 ⁵	↓	↓	
Fecal occult blood test or sigmoidoscopy/colonoscopy among adults aged 50-75 years (2008/2009)	52.1 ⁵	66.3 ⁵	67.0 ⁵	↑	↑	70.5
Taking medicine for high blood pressure control among adults aged >= 18 years (2009)	79.2 ⁵	78 ⁵	82.5 ⁵	↑	↑	69.5 ✓
Influenza vaccination in the past year (65+ years of age), 2011	61.3 ⁵	60 ⁵	75.7 ⁵	↑	↑	90
Pneumococcal vaccination among adults >= 65 years (2011); Erie 2009	70 ⁵	65.2 ⁵	75.4 ⁵	↑	↑	90
Cholesterol screening among adults aged >= 18 years (2009)	77.0 ⁵	81.9 ⁵	87.6 ⁵	↑	↑	82.1 ✓
Teeth cleaning among adults aged >= 18 years (2008)	71.3 ⁵	74.2 ⁵	75.7 ⁵	↑	↑	
Visits to dentist or dental clinic among adults aged >= 18 years (2008)	70.0 ⁵	72.5 ⁵	74 ⁵	↑	↑	

Wellness & Lifestyle	US Rate	NYS Rate	Erie Rate	Erie County Compared to US	Erie County Compared to NYS	HP 2020 Rate
Fair or poor self-rated health status among adults aged >= 18 years (2010)	16.1 ⁵	14.7 ⁵	15.2 ⁵	↑	↓	
Recent physically unhealthy days among adults aged >= 18 years (2010)	3.7 ⁵	3.5 ⁵	4.7 ⁵	↓	↓	
Recent mentally unhealthy days among adults aged >= 18 years (2010)	3.5 ⁵	3.6 ⁵	3.8 ⁵	↓	↓	
Recent activity limitation among adults aged >= 18 years (2010)	2.3 ⁵	2.3 ⁵	2.5 ⁵	↓	↓	

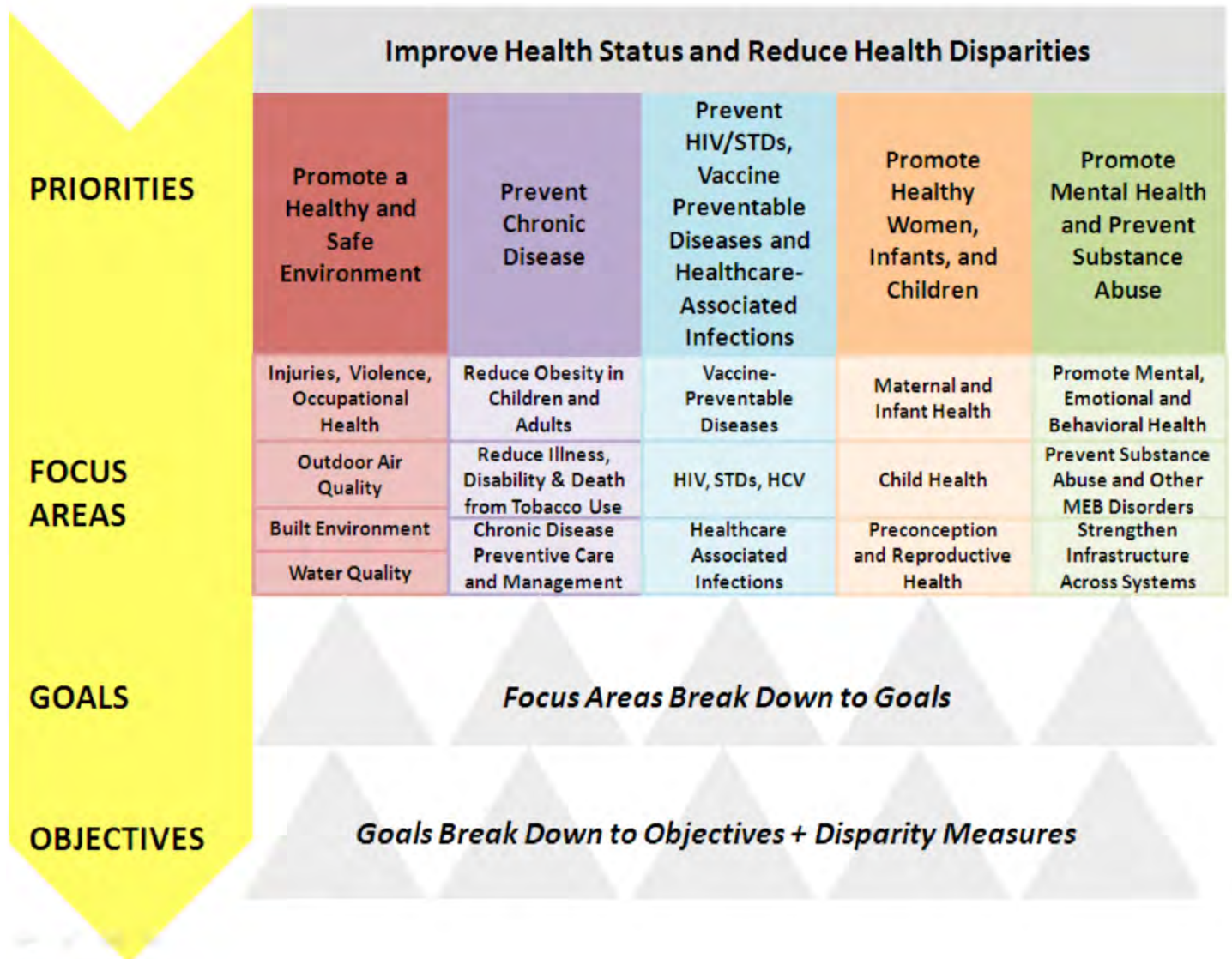
1	US Census Bureau
2	New York State Bureau Vital Statistics, 2011 (except where noted)
3	United States Bureau of Labor Statistics
4	Truven Health Analytics & Nielsen
5	Behavioral Risk Factor Surveillance System
6	Ventura SJ, Curtin SC, Abma JC, Henshaw SK. Estimated pregnancy rates and rates of pregnancy outcomes for the United States, 1990-2008. National vital statistics reports; vol 60 no 7. Hyattsville, MD: National Center for Health Statistics. 2012
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10	MacDorman MF, Kirmeyer SE, Wilson EC. Fetal and perinatal mortality, United States, 2006. National vital statistics reports; vol 60 no 8. Hyattsville, MD: National Center for Health Statistics. 2012.
11	Centers for Disease Control and Prevention National Immunization Survey (NIS), Provisional Data, 2010 births

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12	Vital Records, New York State Department of Health, Bureau of Biometrics and Health Statistics, 2010
13	Centers for Disease Control, 2010 Pediatric Nutrition Surveillance System
14	U.S. Cancer Statistics Working Group. <i>United States Cancer Statistics: 1999–2009 Incidence and Mortality Web-based Report</i>
15	United States Cancer Statistics: 1999 - 2009 Mortality, WONDER Online Database. United States Department of Health and Human Services, Centers for Disease Control and Prevention; 2011. Accessed at http://wonder.cdc.gov/CancerMort-v2009.html on Aug 19, 2013 2:25:30 PM
16	National Vital Statistics System, 2006-2010
17	New York State Cancer Registry, 2006-2010
18	United States Renal Data System
19	National Hospital Discharge Survey (NHDS); Centers for Disease Control and Prevention, National Center for Health Statistics (CDC/NCHS), 2007
20	2010 SPARCS Data as of May, 2011
21	HCUP <i>Nationwide Inpatient Sample (NIS)</i> , 2010, <i>Agency for Healthcare Research and Quality (AHRQ)</i>
22	Centers for Medicare and Medicaid Services (CMS) Part A claims data (numerator) and CMS estimates of the population of persons eligible for Medicare (denominator).
23	Centers for Disease Control and Prevention. HIV Surveillance Report, 2011; vol. 23. http://www.cdc.gov/hiv/topics/surveillance/resources/reports/ . Published February 2013.
24	2010 <i>New York State Bureau of HIV/AIDS Epidemiology Data</i>
25	US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for HIV, STD and TB Prevention (NCHSTP), Division of STD/HIV Prevention, Sexually Transmitted Disease Morbidity for selected STDs by age, race/ethnicity and gender 1996-2011, CDC WONDER Online Database. Accessed at http://wonder.cdc.gov/std-std-race-age.html on Aug 21, 2013 3:38:22 PM
26	2010 <i>New York State Bureau of STD Control Data</i>
27	Online Tuberculosis Information System (OTIS), National Tuberculosis Surveillance System, United States, 1993-2010. U.S. Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), Division of TB Elimination, CDC WONDER Online Database, November 2012. Accessed at http://wonder.cdc.gov/tb-v2010.html on Aug 23, 2013 1:59:25 PM
28	2010 <i>Bureau of Communicable Disease Control Data</i>
29	Centers for Disease Control and Prevention. 2012. Active Bacterial Core Surveillance Report, Emerging Infections Program Network, <i>Neisseria meningitidis</i> , 2010.
30	CDC. Foodborne Diseases Active Surveillance Network (FoodNet): FoodNet Surveillance Report for 2011 (Final Report). Atlanta, Georgia: U.S. Department of Health and Human Services, CDC. 2012
31	Centers for Disease Control and Prevention. Summary of Notifiable Diseases — United States, 2011. <i>MMWR</i> 2012;61 (No. 53):19.
32	Centers for Disease Control and Prevention, National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Division of Vector-Borne Diseases (DVBD), 2011
33	End-stage renal disease (ESRD) incidence data in the U.S. Renal Data System (USRDS), 2010
34	2010 <i>NYS Pregnancy Nutrition Surveillance System - WIC Program Data as of July, 2012</i>
35	Dalenius K, Brindley P, Smith B, Reinold C, Grummer-Strawn L. <i>Pregnancy Nutrition Surveillance 2010 Report</i> . Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2012.
36	National Center for Health Statistics. Health, United States, 2010: With Special Feature on Death and Dying. Hyattsville, MD. 2010.

Appendix E

New York State Department of Health Prevention Agenda



Appendix F

Prioritization of Health Needs

Instructions:

1. For each of the health needs below, and each of the criteria to the right, score 1-5 based on the scoring reference.
2. Blank cell or score other than 1-5 will eliminate that cell from the tabulation.
3. You may leave blank any cell that you are not comfortable providing a response to.

Health Needs	SCORING			
	1 Low	2	3 Medium	4
	1 Low	2	3 Medium	4
	5 High	5 High	5 High	5 Yes
	A	B	C	D
	PRIORITY: How important is it to address this issue in your service area?	IMPACT: What is the potential effectiveness of addressing this issue in your service area?	PROBABILITY OF SUCCESS: In terms of dollars, people and time, how likely is it that an intervention can be	STRATEGIC PLAN ALIGNMENT: Addressing this health need aligns with the Ministry / Service Line Balanced Score Card.
Improve Health States and Reduce Health Disparities				
1 Reduce Premature Deaths				
2 Reduce Preventable Hospitalizations				
Increase % adults with Regular Health Care Provider				
3 Reduce Disparity				
Promote Healthy and Safe				
5 Reduce Fall Risks				
6 Reduce Violence				
7 Reduce Occupational Injury and Illness				
8 Reduce Exposure to Outdoor Air				
9 Improve the Design and Maintenance of Home Environments to Promote Health				
10 Reduce Health Risks Associated with				
Prevent Chronic Disease				
11 Reduce Obesity in Children and Adults				
12 Reduce Illness, Disability and Death Related to Tobacco Use				
Increase Access to High Quality Chronic Disease Preventive Care and				
Score the Following Diseases to				
14 Diabetes				
15 CHF				
16 Cardiovascular Disease				
17 COPD				
18 Asthma				
19 Cancer				
20 Other:				
Prevent HIV/STDs, Vaccines Preventable Diseases and Healthcare-Associated				
21 Childhood Immunization				
22 Influenza Vaccine				
23 HIV				
24 Rates of Sexually Transmitted Infections				
25 Hepatitis-C				
26 Healthcare Associated Infections				
Promote Healthy Women, Infants and Children				
27 Reduce Premature Births				
28 Increase Number of Breastfed Babies				
29 Reduce the Rate of Maternal Deaths				
Increase the Number of Children who				
30 Receive Comprehensive Well Child Care				
31 Reduce the Prevalence of Dental Caries				
32 Reduce the Rate of Adolescent and Unplanned Pregnancies				
Increase Utilization of Preventive Health Services Among Women of Reproductive Age				
Promote Mental Health and Prevent Substance Abuse				
34 Promote Mental, Emotional and Behavioral Health (MEB)				
35 Prevent Substance Abuse				
36 Strengthen Infrastructure Across Systems for MEB				

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Our Mission

Why we exist

We are called to reveal the healing love of Jesus to those in need.

Our 2020 Vision

What we are striving to do

Inspired by faith and committed to excellence, we will lead the transformation of healthcare in our communities.

Our Values

What we believe in

Reverence

- Respect for the whole person
- Fair and just treatment of individuals
- Non-judgmental behavior

Justice

- Unconditional acceptance of each person
- Serving as advocates for the most vulnerable
- Collaborating with others to empower individuals

Compassion

- Empathy
- Responsiveness to need
- Sensitivity

Excellence

- Personal and professional integrity
- Promoting and facilitating quality healthcare services
- Commitment to embrace new technology



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