



September 2013

Dear Friends and Neighbors,

The report that follows is Mount St. Mary's Hospital's Community Health Needs Assessment ("CHNA") and Implementation Strategy for 2013-2015. The CHNA is designed to help us identify those health needs that are of particular concern to our community, so that we can address those needs through the Implementation Strategy and better serve our community. The format of the report is as follows:

- An executive summary of key points from the CHNA.
- Description of the community served by Mount St. Mary's Hospital, including demographic and health information.
- Discussion of the process by which Mount St. Mary's Hospital collected data and analyzed that data in order to identify and prioritize the community's health needs.
- A description of the community's input.
- Identification of the community's health needs in priority order.
- A description of existing healthcare facilities and other resources available to meet the community's health needs.
- The Implementation Strategy designed to address the community's health needs.

If you have any questions about the CHNA and/or Implementation Strategy, please contact Fred Caso, Vice President – Community Relations at (716) 298-2146 or fred.caso@msmh.org. We look forward to working with our community to address its health needs.

Sincerely,

Judith A. Maness, FACHE
President and CEO



2013-15

**Community Health
Needs Assessment
and
Implementation Strategy**

Organization

**Mount St. Mary's Hospital and Health Center
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Lewiston, NY 14092
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I. EXECUTIVE SUMMARY

Background

Mount St. Mary's Hospital and Health Center ("MSMH" or "Mount St. Mary's") is comprised of a 175-bed community hospital, a 250-bed nursing care residence, and a fully-licensed Child Care Center, each of which are located on MSMH's campus in Lewiston, New York. MSMH also operates an off-site Outpatient Rehabilitation Center in the nearby Town of Niagara, along with the Neighborhood Health Center Primary Care Clinic in the City of Niagara Falls and a Primary Care Clinic on the hospital campus. Both of the primary care facilities have been designated as Patient Centered Medical Homes. In addition, Mount St. Mary's serves as the Medical Provider for the PACE Program in Niagara Falls and provides services to Heart, Love and Soul (soup kitchen/food pantry) in Niagara Falls.

Staff includes more than 200 physicians with privileges, more than 20 employed physicians, 300+ registered nurses and licensed-practical nurses, 30 allied health professionals and numerous employees in supporting roles. In all, Mount St. Mary's employs more than 1,250 people and has about 250 volunteers.

Mount St. Mary's was formed in 1907 by the Sisters of St. Francis who came from Buffalo to care for the sick and the poor. In 1997, the Sisters of St. Francis turned over sponsorship to the Daughters of Charity who continue the tradition of excellence and service of the Sisters of St. Francis. In 2000, the Daughters of Charity merged with the Sisters of St. Joseph to create Ascension Health. Ascension Health is the largest not-for-profit healthcare system in the nation and helps us spread our mission of faith and medical assistance to those in need in our community.

1. COMMUNITY SERVED

The Primary Service Area for Mount St. Mary's is Western Niagara County and the Town of Grand Island, NY. Eighty-five percent of our patients come from this area.

2. PROCESS AND ANALYTIC METHODS USED TO CONDUCT HEALTH NEEDS ASSESSMENT

- A. **Process.** MSMH conducted a survey with respect to the community's health needs. As noted below, MSMH surveyed community members and visitors to the hospital, community organizations and churches and personally interviewed hospital volunteers. MSMH also conducted focus groups to discuss survey and interview results. In addition, MSMH compiled and reviewed health data from surveys conducted by the Niagara County Department of Health and data from the New York State Department of Health.
- B. **Analytical Methods.** To identify and prioritize the MSMH community's health needs, this CHNA considered multiple data sources, including written surveys, interviews, focus groups, demographic data, health status indicators, and disease prevalence data. MSMH compiled the data from these sources to arrive at potential priority health needs in the community. MSMH convened meetings with MSMH staff and external healthcare experts to share the survey results, to discuss the potential priority health needs and to elicit considerations regarding secondary health needs.

- C. **Information Gaps.** Grand Island residents were not surveyed as part of MSMH’s health needs assessment. Although Grand Island is part of MSMH’s Primary Service Area, Grand Island residents comprise less than 3% of inpatient volume.

3. HEALTH NEEDS OF COMMUNITY

Per our survey and observations, the following were identified as the top five community health needs (from 2012 and 2013 surveys):

- Prevention of Heart Disease and Stroke (COPD)
- Screening for and Treatment of Cancer
- Addressing Health Concerns Associated with an Aging Population
- Prevention and Treatment of Diabetes
- Prevention and Treatment of Obesity

4. COMMUNITY INPUT

Information was obtained mainly through a mail survey in the spring of 2012 to community organizations and churches and individual interviews with hospital volunteers. From January 2013 through March 2013, Mount St. Mary’s surveyed members of its internal community (its staff, board of associates’ volunteers, St. Francis Guild volunteers, and general hospital volunteers). In addition, data on community health needs were gathered from the Mount St. Mary’s Neighborhood Health Center and Mount St. Mary’s Primary Care Medical Services practice.

5. EXISTING HEALTH CARE FACILITIES AND OTHER RESOURCES AVAILABLE TO ADDRESS COMMUNITY HEALTH NEEDS

There is one other community hospital in our Primary Service Area.

- Niagara Falls Memorial Medical Center

Other existing health facilities include:

- Planned Parenthood
- Horizon Health Services at Niagara Falls Memorial Medical Center
- Program of All-Inclusive Care for the Elderly (PACE)
- Community Health Center of Niagara

6. SELF-CONDUCTED STUDY

Mount St. Mary’s did not contract with a third party to conduct its community health needs assessment.

7. PUBLICATION OF NEEDS ASSESSMENT

- | | |
|---|------------------------------|
| A. Posting on hospital internet website: | Yes by Adobe PDF file |
| B. Available on request from hospital Facility: | Yes |
| C. Other: | MSMH Facebook Page |

II. COMMUNITY HEALTH NEEDS ASSESSMENT

1. COMMUNITY SERVED

A. Our Community

Our community is comprised of Niagara County, New York and a portion of Grand Island, which is in Erie County, New York. The following describes Niagara County's demographics and health indicators relative to New York State.

Overall Population = 216,000 (approximately 110,000 are in MSMH Primary Service Area)

- 16% of residents are over the age of 65
- 22% of residents are below the age of 18
- 7% of residents are African American and 2% are Hispanic
- Median Household Income is \$45,545, which is 20% below the state average
- 12% of population is illiterate

Highlights of Health Indicators for Niagara County:

- Niagara County ranks 59th (out of 62 counties) in New York State in "Health Outcomes"
- 15% of residents are considered in poor or fair health
- 26% of residents smoke
- 27% of residents consider themselves obese
- 17% of residents consider their alcohol use as excessive
- 9% of residents are diabetic
- 16% of residents are uninsured
- 83% of residents have been screened for diabetes
- 69% of residents have been screened for mammograms
- 18% of residents believe there is inadequate social support
- 34% of children live in single-parent households

B. Service Area

The Primary Service Area (PSA) for Mount St. Mary's is Western Niagara County and Grand Island, Erie County. The PSA, more particularly, is comprised of the City of Niagara Falls; the townships of Grand Island, Wheatfield, Niagara, Lewiston, Youngstown and Wilson; and the villages of Lewiston, Youngstown and Wilson.

The Secondary Service Area (SSA) includes the remainder of Niagara County, most notably the cities of Lockport and North Tonawanda.

C. Market Characteristics – Demographic/Socioeconomic Trends

Population – The population growth in our Primary and Secondary Service Areas has been negligible in the past 30 years. The population of the City of Niagara Falls (where 50% of our patients reside) has declined from over 110,000 in 1960, to 55,000 in the 2000 census, to just 50,200 in the 2010 census.

Population Changes in Niagara County:				
Age Cohort	2010	2015	Difference	% Change
	(Current Year)	(Forecast Year)		
0-17	24,898	22,820	-2,078	-8.30%
18-34	26,629	27,483	854	3.20%
35-64	47,754	45,831	-1,923	-4.00%
65+	19,478	20,960	1,482	7.60%
Source: Demographic Forecaster, Thompson Reuters				

Market Diversity – Mount St. Mary’s market is comprised of predominately Caucasians and African-Americans. The growth in the Hispanic population has been limited to the rural areas.

Market Diversity in Niagara County:				
Race	2010	2015	Difference	% Change
	(Current Year)	(Forecast Year)		
Caucasian	100,289	N/A	N/A	N/A
African-American	11,694	N/A	N/A	N/A
Hispanic	2,110	N/A	N/A	N/A
Asian	1,208	N/A	N/A	N/A
Other	3,458	N/A	N/A	N/A
Source: Demographic Forecaster, Thompson Reuters				

Poor and Vulnerable Populations – Because unemployment rates remain high, the PSA’s median income remains low. However, median household income varies widely in each community:

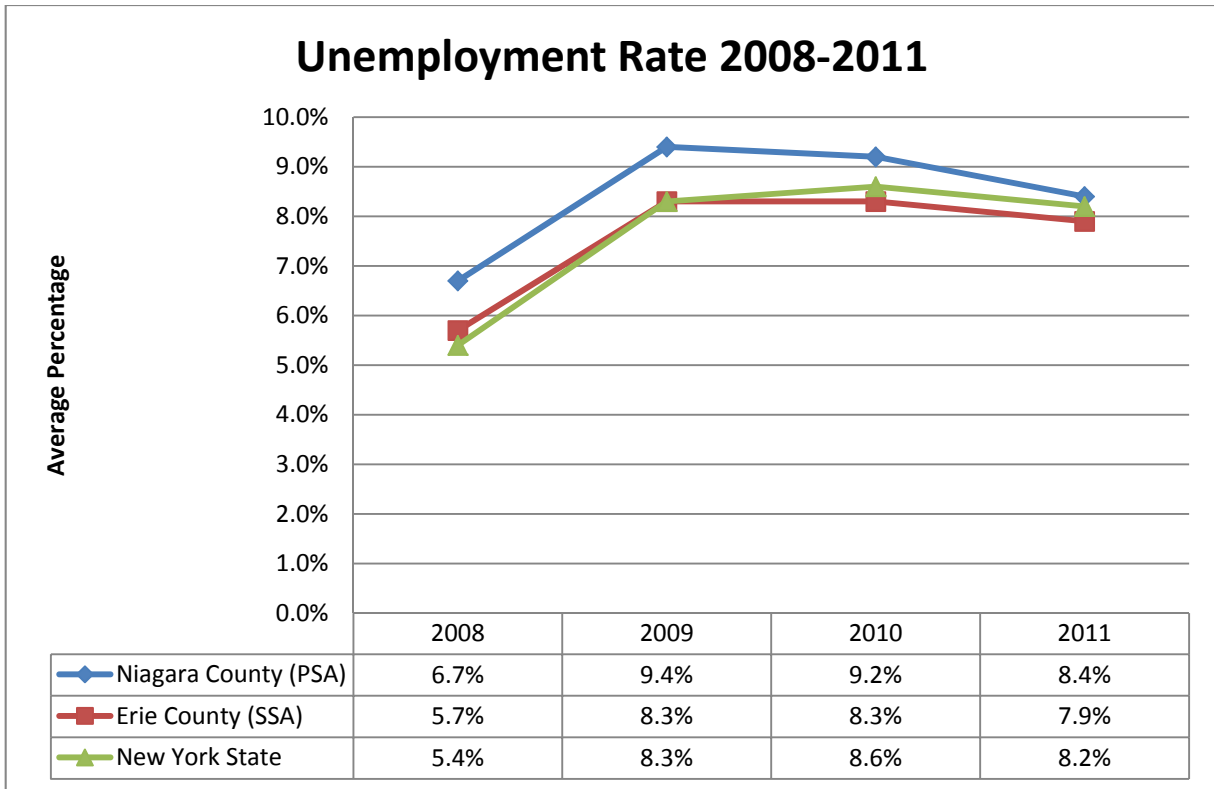
Town of Lewiston (Location of Hospital)	\$59,719
Town of Niagara	\$42,029
Town of Porter	\$59,338
City of Niagara Falls (Location of Health Center)	\$31,336
Niagara County	\$45,749
United States	\$51,425

Uninsured Individuals in Niagara County:	
2012: % of Total Population	
<i>Uninsured Individuals:</i>	
Ages 0-19:	7.2%
Ages 0-65:	15.6%
2012: % of Total Households	
<i>Household Income:</i>	
\$0 - 14,999	
Niagara Falls = 22.3%	

As the Affordable Care Act implementation begins, we anticipate the number of uninsured persons to decline significantly between now and 2015 because of Medicaid expansion in our state and increased access to health insurance in the market.

Unemployment/Job Growth – While Mount St. Mary’s is located in a more affluent suburban area, 50% of our patients come from the City of Niagara Falls where employment rates remain low. A January 2013 report from the Niagara Gazette indicated that joblessness in both the cities of Buffalo and Niagara Falls has increased by 0.6% to 8.6%, since December 2012. Compared to New York State, Niagara County traditionally has much higher unemployment rates than the surrounding areas.

Unemployment Rates (Annual Average):				
Unemployment Rate	2008	2009	2010	2011
Niagara County - PSA	6.7%	9.4%	9.2%	8.4%
Erie County - SSA	5.7%	8.3%	8.3%	7.9%
New York State	5.4%	8.3%	8.6%	8.2%
Source: U.S. Census Bureau & Bureau of Labor Statistics (BLS)				

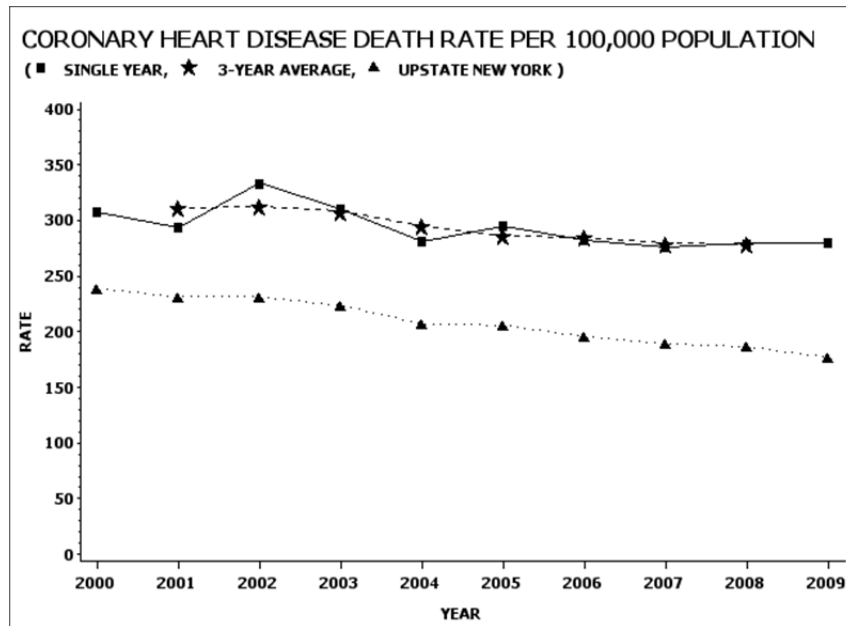


Information for unemployment in the Niagara Region compared to New York State was obtained from the Niagara County Profile from 2013 (page 21) which is a compilation of recent statistical information in all areas including demographic, social, economic and agricultural data. Further statistics were obtained from the Bureau of Labor Statistics. The data provided includes the Buffalo-Niagara Falls Metropolitan Statistical Area.

D. Market Characteristics – Other

Community Health Status – Niagara County ranks 59th out of 62 Counties in New York State in overall health outcomes. Niagara County residents have higher mortality rates for cardiac diseases when compared to New York State averages, as shown below.

Death Rates per 100,000 Population for Diseases of the Heart			
	2007	2008	% Change
Niagara County – non adjusted	355.1	361.8	1.90%
NYS - non adjusted	255.5	252.1	-1.30%
Niagara county - age-sex adjusted	260.4	265.9	2.10%
NYS - age-sex adjusted	219.6	213.5	-2.80%



*Source: New York State Department of Health

The chart above shows that the average death rate in Niagara County for coronary heart disease is higher than that of Upstate New York. Death rates for diseases of the heart have increased slightly between 2007 and 2008 in Niagara County while the rates for New York State have decreased. Niagara County residents experience the *highest* mortality rates due to diseases of the heart as compared to other counties with a similar number of residents.

Niagara County does not currently have any catheterization laboratories. Niagara County residents have experienced higher mortality rates than counties with fewer residents that have catheterization labs. Moreover, Niagara County's mortality rate, adjusted for age and gender, from coronary heart disease decreased at a slower rate in Niagara County than other counties with catheterization labs (except Rensselaer County).

2. ASSESSMENT PROCESS AND ANALYTICAL METHODS

A. Assessment Process

Community Health Survey. In order to assess the community's health needs, Mount St. Mary's conducted a survey inquiring about health issues, "risky behaviors" that lead to health issues, and community safety. Through this survey, Mount St. Mary's contacted various community stakeholders to (a) identify health issues in the community and (b) the community's perceptions of the health of Niagara County's population. The survey and results are attached in the Appendix A following this report. Appendix B contains a listing of survey mailing list.

Interviews. MSMH conducted interviews including some of the 250-hospital volunteers to inquire about their assessment of the community's health needs.

Focus Groups. MSMH discussed priority health needs with two focus groups of volunteers. The participants in those focus groups are listed on Appendix C.

Compilation and Review of External Data. MSMH compiled and reviewed data from state and local governmental health agencies to assess the prevalence and severity of health issues in the community.

B. Analytical Methods

Upon completion of the assessment process, MSMH compiled data from the community health survey, interviews, focus groups, and governmental agencies to identify the health needs of the PSA.

MSMH held an internal meeting to review the survey results and governmental agency data. The participants at this meeting discussed and evaluated unexpected survey results and items about health needs that may have been missed through the written survey.

In order to determine priority health needs, MSMH considered the prevalence of various health conditions and diseases in the PSA and trend data that may suggest important future health needs. Prevalence data was gathered from the New York State Department of Health. The five most prevalent health needs identified by the community health survey, interviews, focus groups and governmental agencies were proposed as priority health needs. The process of prioritizing health needs also considered the growing elderly population in MSMH's PSA.

MSMH then convened a meeting of internal and external healthcare professionals and experts to discuss and evaluate the proposed priority health needs. These professionals and experts confirmed that the proposed priority health needs were in fact those needs that were most pressing in the community based upon their experience with the community's residents and patients. These professionals and experts also identified secondary health needs in the community.

C. Data Sources

- Population information data -- Demographic Forecaster, Thompson Reuters (February 2013)
- Unemployment data -- U.S. Census Bureau & Bureau of Labor Statistics (December 2012)
- Health data -- New York State Department of Health (<https://health.data.ny.gov>) February 2013
- Health data -- Niagara County Department of Health Community Health Assessment (2011-2013)
- Community Health Survey
- Interviews
- Focus groups

D. Information Gaps

MSMH did not survey the residents of Grand Island, NY.

3. COMMUNITY INPUT

MSMH sought input from persons who represent the broad interests of the community. MSMH surveyed community organizations and residents of the PSA. MSMH also sought input from the following individuals with special knowledge or expertise in public health:

Name	Title	Affiliation	Description of Expertise
Kate Ebersole	Director, Care Transformation and Community Health Improvement	P2 Collaborative of WNY	Has experience in implementation of quality systems, designing and implementing interventions and initiatives that support ongoing quality improvements within primary care practices and hospitals across WNY and supporting community health improvement initiatives.
Daniel Stapleton	Director	Niagara County Department of Health	Public Health Director for Niagara County
Claudia Kurtzworth	Coordinator	Niagara County Cancer Awareness Program	Public Health Educator for County with extensive relationships with local healthcare organizations
Annie Chapman	Director, Doris Jones Resource Center	Niagara Falls Housing Authority	Community advocate

Mount St. Mary's also used data from the New York State Department of Health and the Niagara County Department of Health to assess the health needs of the community.

MSMH took into account input from the following leaders or representatives of medically underserved, low-income, and minority populations and populations with chronic diseases:

Name	Description of Leadership or Representative Role
Bernadette Franjoine	As Senior Director - Operations/Neighborhood Health Center of MSMH, regularly interacts with the medical providers who provides services to the low-income residents of the PSA.
Barbara Malinowski, RN	As Coordinator of the Parish Nurse Program at Mount St. Mary's, works closely with clients of the Heart & Soul Food Pantry, MSM Neighborhood Health Center, and local churches.

4. COMMUNITY HEALTH ASSESSMENT

According to the latest available Community Health Assessment (2011-2013) prepared by the Niagara County Department of Health

- **62.4%** of residents are overweight or obese
- **36.4%** of adults have high blood pressure
- **76.9%** of adults have had their blood cholesterol checked in past year
- **76.9%** of adults visited a doctors for routine check in past year
- **27.1%** of adults are smokers
- **37.0%** of adults received a flu shot
- **84.2%** of women have had a mammogram in the past 2 years
- **69.8%** of men have had a prostate specific test in the last 2 years

As shown in MSMH's Community Health Survey results, attached as Appendix A, obesity and cardiovascular disease were identified as the most important health problems in the community by the community members.

A. Priority Health Needs

Based on our Community Health Survey and information gathered from the Niagara County Health Department and the New York State Department of Health, Mount St. Mary's has identified five priority health needs in our community to be addressed in our Implementation Strategy.

A committee of professionals, including Barbara Bucci, Vice President – Patient Care Services/Chief Nursing Officer; Fred Caso, Vice President – Community Relations; Sr. Grace Marie Dunn, DC, Vice President – Mission Integration; Domonic Falsetti, MD - Chief of Medical Staff; Bernadette Franjoine, Senior Director – Operations/Neighborhood Health Center; Andrea Gaudio, Chief Information Officer; Barbara Malinowski, Parish Nurse Coordinator/Heart & Soul Food Pantry; Judith Maness, President and Chief Executive Officer; Honor Martin, Director – Education and Organizational Development; Laurie Merletti, Senior Director – Quality; Russell Previte, Director of Budget and Reimbursement; Deborah Serafin, Vice President – Human Resource/Chief Human Resources Officer; Gary Tucker, Senior Vice President – Operations/Chief Operations Officer; and Sr. Nora Sweeney, DC, Social Worker/Neighborhood Health Center, studied, analyzed and discussed those health needs. The committee took into account the prevalence and severity of the underlying health issues that resulted in the identified health need and agreed upon the following prioritization.

i. Prevention of Cardiovascular Disease, Stroke and COPD

Niagara County continues to have high rates of cardiovascular disease. Per 100,000 residents, Niagara County residents have death rates of 334.9. According to Prevention Quality Indicators, hospital admission rates in our PSA for circulatory disease are significantly higher than our state average.

Hypertension:		
AGE	COUNTY PREVALENCE	STATE PREVALENCE
45 - 54	33.90%	30.30%
55 - 64	52.30%	41.60%
≥ - 65	60.60%	58.50%

Cardiovascular Disease:		
AGE	COUNTY PREVALENCE	STATE PREVALENCE
55 - 64	17.40%	10.60%
≥ - 65	27.30%	23.00%

ii. Screening for and Treatment of Cancer

According to the Vital Statistics and New York State Cancer Registry from 2002-2006, the rate of cancer diagnoses is 646.5 for males and 477.5 for females per every 100,000 persons for all invasive malignant tumors. During that time period, the mortality rate increased by 235.8% for both males and females. The incidence of female breast cancer increased by approximately 131.3%.

iii. Addressing Health Concerns Associated with an Aging Population

The percentage of adults age 65 and over in the MSMH community is expected to increase by approximately 7.6% between 2013 and 2015. Due to the growing elderly population, Mount St. Mary's expects to see an increase in incidences of dementia, diabetes, arthritis and other health concerns associated with an aging population.

iv. Prevention and Treatment of Diabetes

Chronic diseases, such as diabetes, account for seven of every ten deaths in New York State. Deaths from chronic diseases are among the most preventable deaths. Diabetes is a major health concern in our area and a fairly significant percentage of the population has been

diagnosed with diabetes. When diabetes is not properly controlled, it can lead to serious health complications, so it is imperative that we educate our population on the risk factors associated with diabetes and how to manage the disease appropriately. In Niagara County, 22.4% of adults over age 64 have been diagnosed with diabetes. The state average for diabetes diagnoses of adults over age 64 is 17.90%.

Diabetes		
AGE	COUNTY PREVALENCE	STATE PREVALENCE
55 - 64	16.00%	15.50%
≥ - 65	22.40%	17.90%

v. Prevention and Treatment of Obesity

Rates of obesity in Niagara County have been increasing for the past several years. Obese individuals have a considerable increased risk for many chronic diseases such as heart disease and diabetes, both of which can result in premature death. Obesity can be attributed to poor nutrition and physical inactivity. There is also a noticeable correlation between poor economic status and childhood obesity. According to County Health Rankings, Niagara County ranked 52nd out of 62 counties in New York State for the percentage of the adult population considered obese. In Niagara County about 29% of adults are considered obese, compared to 25% overall in New York State. Childhood obesity rates for children ages 2-4 in Niagara County are about average for New York State.

Obesity		
AGE	COUNTY PREVALENCE	STATE PREVALENCE
2 - 4	14.00%	13.10%
< 18	N/A	18.00%
18 +	29.00%	25.00%

B. Secondary Health Needs

i. Increase Need for Healthcare for Veterans

The healthcare and rehabilitation needs of military veterans is an emerging issue in the community because Niagara County is host to the Niagara Falls Air Reserve Station and the 914th Airlift Wing and 107th Air National Guard Unit.

ii. **Decrease of Tobacco Use**

Tobacco use and dependence is one of the leading preventable causes of morbidity and mortality in New York State. According to the Centers for Disease Control website, tobacco use causes more than 443,000 deaths annually nationwide. The percentage of Niagara County's adult residents who consider themselves current smokers is approximately 27.1%, as compared to New York State residents as a whole, who use tobacco at a rate of approximately 17%.

iii. **Decrease the Rate of Binge Drinking**

Like tobacco use, binge drinking is an activity Mount St. Mary's considers to be "risky behavior" because it can result in unintentional injury, alcohol poisoning, increased risk of cardiovascular disease and poorly managed diabetes. In Niagara County, 22.4% of adults age 18 and older have admitted to binge drinking* in the past month.

* Defined as men having 5 or more drinks or women having 4 or more drinks on 1 or more occasions within the past month.

Parameters defined by New York State Preventative Agenda Report for Niagara County January 2010, page 16.

iv. **Dental Health**

Since dental health is often not perceived as a "medical" issue, it has not been widely identified in our community survey as a priority. The medical providers at MSMH clinics have, however, identified access to dental hygiene services as a need in our community, which if addressed, can improve overall health quality.

5. **EXISTING HEALTH CARE FACILITIES AND OTHER RESOURCES WITHIN THE COMMUNITY TO MEET COMMUNITY HEALTH NEEDS**

Other healthcare facilities in the community to meet community healthcare needs include:

- Niagara Falls Memorial Medical Center, 10th Street, Niagara Falls, NY
- Planned Parenthood of Niagara, 750 Portage Road, Niagara Falls, NY
- Horizon Health Services at Niagara Falls Memorial Medical Center, 10th Street, Niagara Falls, NY
- Program of All-Inclusive Care for the Elderly (PACE), 1302 Main Street, Niagara Falls, NY
- Community Health Center of Niagara, 501 10th Street, Niagara Falls, NY

III. IMPLEMENTATION STRATEGY FOR 2013-2015

1. IMPLEMENTATION STRATEGY FOR CHNA- IDENTIFIED HEALTH NEEDS

Mount St. Mary’s Hospital and Health Center (“MSMH” or “Mount St. Mary’s”) has identified five priority health needs through its Community Health Needs Assessment for 2013-2015. In order to address these health needs, MSMH will continue and expand existing programs and/or implement new programs as follows:

A. Prevention and Treatment Heart Disease, Stroke, and COPD

Cardiac and Pulmonary Rehabilitation Program: Mount St. Mary’s staffs an accredited Cardiac and Pulmonary Rehabilitation Program. The program combines the expertise of Cardiac and Pulmonary Nursing Staff with Physical Therapy Rehabilitation Staff. The program promotes constant communication between staff, patients, primary care physicians, and cardiologists to provide more effective and efficient delivery of healthcare.

Advertising \$0/Brochures: \$3,000/Staffing \$115,000 Total \$118,000

MSMH anticipates that this program will serve 250 patients through more than 9,000 patient visits and reduce incidence of cardiovascular disease.

Community Lipid Panel Screening: Mount St. Mary’s provides a free screening program open to the entire community. The hospital conducts and staffs the screening in February (Heart Month). Test results are sent to the patient and their physician. Historically, on average, more than 300 screening tests have been performed each year.

Advertising \$2,000/Testing-Staffing \$10,000 Total \$12,000

MSMH anticipates that, on average, more than 300 tests will be performed annually. The results of those tests will indicate whether individuals need additional healthcare services to prevent or treat cardiovascular disease.

Smoking Cessation Programs: Mount St. Mary’s conducts regular smoking cessation programs during evening hours for the community. These programs are conducted by a certified instructor from the cardiopulmonary staff. Mount St. Mary’s invests in advertising to promote the programs.

Advertising \$1,200/Staffing (In-Kind of 9 hours) \$3,600 Total \$ 3,600

It is anticipated that reduction in the number of smokers in the community will result in lower rates of cardiovascular disease.

MSMH anticipates that this program will result in increased awareness of heart disease and stroke symptoms and preventative actions and treatment, thus, reducing the incidence of these diseases. MSMH will measure the effectiveness of this program against the “Get with the Guidelines” program of the American Heart & Stroke Association and relevant data analytics from the Centers for Medicare and Medicaid Services.

The aggregate amount of resources that will be dedicated to the prevention and treatment of heart disease, stroke and COPD is \$250,600.

i. Screening for and Treatment of Cancers

Free Mammography, Colorectal Cancer and Prostate Cancer Screening: Increased cancer screening may result in identifying cancer at an earlier stage and improve therapy outcomes; therefore, MSMH will offer free cancer screenings in cooperation with other community agencies including the Niagara County Cancer Awareness Program.

Smoking Cessation Programs: (See Above)

Advertising \$600/Staffing (In-Kind of 9 hours) \$3,600	Total	\$ 4,200
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Parish Nurse Involvement: (See Above)

Advertising \$0/ Staffing (In-kind on 300 hours) \$12,000	Total	\$12,000
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The amount of resources that will be dedicated to the screening for and treatment of cancers is \$14,100.

The anticipated impact of the aforementioned planned programs and resources is to improve access to screening and treatment services.

ii. Addressing the Health Concerns of an Aging Population

Senior Services Initiative: Community Outreach/Alzheimer’s Support Group – host monthly meetings at facility for caregivers/spouses of seniors with Alzheimer’s Disease.

Program Cost: \$500

MSMH anticipates that this program will provide caregivers of seniors with Alzheimer’s Disease a support network as well as skills training.

PACE Program-Program of All Inclusive Care for the Elderly: Mount St. Mary’s serves as the Medical Provider for the Niagara PACE Program. The PACE program provides comprehensive long-term services and support for elderly patients. This service is carried out by an interdisciplinary team of health professionals to provide patients with

coordinated care in the comfort of their own homes opposed to receiving long-term nursing home care. This program allows MSMH to care for our elderly patients in our community outside of MSMH.

The amount of resources that will be dedicated to addressing the health concerns of an aging population is \$240,000, all of which is reimbursed to MSMH.

The anticipated impact of the aforementioned planned programs and resources is to provide a unified adult day service and home care as a seamless answer for frail elders who want to live independently. The program will alleviate the stress of family caregivers by providing a safe, stimulating and comprehensive care option. It will also save Medicaid dollars by effectively managing the use of hospital care and prescription drugs.

iii. Prevention and Treatment of Diabetes

Certified Diabetes Education programs: Mount St. Mary's has a Certified Diabetes Educator on staff. The hospital will continue to provide expertise to inpatients along with a regular series of outpatient and community diabetes education programming.

Advertising \$2,000/Brochures \$2,000/Staffing (In-Kind) \$3,100	Total	\$7,100
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MSMH anticipates that this program will provide participants information about diabetes, including methods to manage and control the disease, thereby reducing hospitalizations.

iv. Prevention and Treatment of Obesity

CHEERS (Childhood Obesity) Program: In an effort to address childhood obesity in a comprehensive, clinically sound, age-appropriate and results-oriented manner, MSMH has developed a program with 6 learning sessions for children, their families and schools. CHEERS teaches children a simple healthy eating plan, which they can easily internalize and use throughout their lives. To foster parental involvement and encouragement, CHEERS sessions directly engage parents in homework assignments, participation in healthy foods selection, and in recommended physical activity/exercise. The program provides an opportunity for regular weigh-in for participants' family members to encourage collective participation in the program by children and family members.

At the conclusion of the program, MSMH requests that parents and children submit a survey evaluating the program. One-hundred percent of parents stated that they would use the information in their households for food shopping, creating or planning meals; will encourage child (children) to exercise; will exercise with the child; and felt that program was important in building self-esteem.

Total Expense: \$850 for one 6-week session (plus in-kind staff expenses)

- \$420 salaries (executive loan)
- \$100 equipment-props used in teaching, cafeteria gift cards for “dinner out” session, etc.
- \$280 staff time used to prep for program (executive loan)
- \$25 printed materials
- \$25 mailings to physician offices and local schools

MSMH anticipates that participants in this program will achieve significant weight loss, increase their physical activity and enjoy healthier diets.

HERO (Health Education Raises Opportunities): Instructional modules featuring disease prevention education includes: Keeping Your Heart Healthy; Signs and Symptoms of Stroke; Smoking is Bad for You; Understanding Diabetes; Fitness for Everyday Life and Healthy Breakfast Choices. Children are from grade levels 3 – 6 and are instructed to “teach” their parents and families the information they learn in the HERO classes.

The HERO Program annually reaches over 400 students and their families. MSMH annually evaluates the program by surveying participants in focus groups of ten students. The surveys measure the following:

- Student Retention of Information
- Student Rating of Importance of Information Provided through the HERO Program
- Student Understanding of Material Provided through HERO Program Modules
- Impact on Family Eating, Exercising and Food-Buying Habits
- Relevance of Content to Family Unit

The survey results have shown that a significant majority of students were able to identify and recite key themes in each of the instructional sessions with minimal prompting and that students had provided their parents with the information from the HERO sessions.

Students were asked to respond to questions regarding what they regarded as the most important lessons: breakfast cereals, exercise and angry feelings HERO presentations were mentioned specifically.

Students were quick to respond to the “Smoking is Bad For You” and “Signs and Symptoms of Stroke” modules in their response. The students indicated that they had “taught” the information to their parents and others in the family and knew how to contact 911 in the event that an emergency arose.

On average, across all groups over the two-year period, 35% of the students responding indicated that they now go shopping with their parents and have the ability to choose cereals and foods that are healthier. They also indicated that family meals include vegetables and fruit and that their respective families were eating more “good” foods rather than Fast Foods.

Annually, School Administrators review HERO lesson plans for efficacy, make recommendations for future use of the modules and provide feedback from students, parents and faculty members they have received. Administrators also provide suggestions on content they would like to see provided in the future. These sessions highlight specific impact of programs through themes which the school may have established for health education at the beginning of the year. For example: one school selected cardiac health and imbedded the HERO “Keeping Your Heart Healthy” modules during the month of February, National Heart Month.

Total Expense: \$1,925
(plus in-kind staff expenses)

- \$875 salaried hours (executive loan)
- \$200 printing/reproduction of materials
- \$150 meeting expense
- \$525 staff preparation time (executive loan)
- \$175 staff time for associated health fairs and school events

MSMH anticipates that this program will reduce incidence of childhood and adult obesity by educating children and, through them, their families on healthy eating and exercise and also reduce behaviors that lead to weight gain, stroke, cardiovascular disease, diabetes and generally poorer health.

2. COMMUNITY HEALTH NEEDS THAT MOUNT ST. MARY’S WILL NOT ADDRESS

Increase Need for Healthcare for Veterans:

With the Buffalo Veteran’s Affairs Hospital 20 miles away and the availability of local not-for-profit agencies to assist veterans, this need is handled by other providers.

Decrease the Rate of Binge Drinking: There are not-for-profit groups in the community (United Way Services, Fellowship House, Northpointe Council and Horizon, among others) better suited to handle this issue.

Submitted By:

Mount St. Mary's Hospital and Health Center
Community Service and Benefit Plan Committee

Barbara Bucci, *Vice President – Patient Care Services*

Fred Caso, *Vice President – Community Relations*

Sr. Grace Marie Dunn, *DC, Vice President – Mission Integration*

Domonic Falsetti, *MD - Chief of Medical Staff*

Bernadette Franjoine, *Senior Director – Operations*

Andrea Gaudio, *Chief Information Officer*

Barbara Malinowski, *Parish Nurse Coordinator*

Judith Maness, *President and Chief Executive Officer*

Honor Martin, *Director – Education and Organizational Development*

Laurie Merletti, *Senior Director – Quality*

Russell Previte, *Director of Budget and Reimbursement*

Deborah Serafin, *Vice President – Human Resource/Chief Human Resources Officer*

Gary Tucker, *Senior Vice President – Operations/Chief Operations Officer*

Sr. Nora Sweeney, *DC, Social Worker*

Contact:

Fred Caso

Vice President – Community Relations

fred.caso@msmh.org

716-298-2146

Appendix A

Community Health Survey and Results



COMMUNITY HEALTH SURVEY

As a leader in the community we are seeking your personal input and opinion about health problems that exist in the Western Niagara County area.

Mount St. Mary's will compile the results and utilize them as we work with others in developing, implementing, and/or continuing any necessary programs or services to address the overall health needs of the community.

Your opinion is important. PLEASE RETURN BY MARCH 30

If you have any questions, please contact Fred Caso at:

Phone: 298-2146

Email: fred.caso@msmh.org

Mail: Attn: Fred Caso
 Vice President – Community Relations
 Mount St. Mary's Hospital and Health Center
 5300 Military Road, Room 735
 Lewiston, NY 14092



Community Health Survey 2013 Questionnaire

Please take a few minutes to complete this survey about community health problems in Western Niagara County. Mount St. Mary's Hospital will be utilizing the results in developing its **2013 Community Benefit Service Plan**. All responses will be kept in confidence and only released as a compilation of all responses. No individuals or organizations will be specifically identified.

1) Which do you think are the three most important factors for a healthy community?
(Factors which most improve the quality of life in Niagara.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Good Place to Raise Children | <input type="checkbox"/> Excellent Race Relations | <input type="checkbox"/> Low Crime/Safe Neighborhoods |
| <input type="checkbox"/> Good Jobs and Healthy Economy | <input type="checkbox"/> Strong Family Life | <input type="checkbox"/> Healthy Behaviors and Lifestyles |
| <input type="checkbox"/> Low Adult Death and Disease Rates | <input type="checkbox"/> Religious or Spiritual Values | <input type="checkbox"/> Good Schools |

2) Which do you think are the three most important health problems in the community? *(Factors that have the greatest impact on overall community health.)*

- | | | |
|--|---|--|
| <input type="checkbox"/> Aging Problems | <input type="checkbox"/> Heart Disease and Stroke | <input type="checkbox"/> Cancers |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Teenage Pregnancy |
| <input type="checkbox"/> Obesity | <input type="checkbox"/> Child Abuse/neglect | <input type="checkbox"/> Mental Health |

3) Which do you think are the three most important risky behaviors in our community?

(Behaviors which have the greatest impact on overall community health.)

- | | | |
|---|---|---|
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Being Overweight | <input type="checkbox"/> Drug Abuse |
| <input type="checkbox"/> Poor Eating Habits | <input type="checkbox"/> Tobacco Use | <input type="checkbox"/> Dropping Out of School |

4) How would you rate our community as a "Healthy Community?"

- Very Unhealthy Unhealthy Somewhat Healthy Healthy Very Healthy

5) How would you rate the following in your community:

Access to Primary Care Very Good Good Not Good

Access to Specialty Services Very Good Good Not Good

Education on Health Issues Very Good Good Not Good

Sex: Male Female Zip code where you live: _____

Age: 25 or less 26 – 39 40 – 54 55 – 64 65 or over

Ethnic group you most identify with:

African American/Black Asian / Pacific Islander Hispanic/Latino

Native American White / Caucasian Other _____

Household income

Less than \$20,000 \$20,000 to \$49,999 Over \$50,000

How do you pay for your health care? (check all that apply)

Pay cash (no insurance) Health insurance Medicaid

Medicare Veterans' Administration Other

Please return surveys to:

**Office of Community Relations
Mount St. Mary's Hospital and Health Center
5300 Military Road, Room 735
Lewiston, NY 14092**

**PLEASE RETURN BY
MARCH 30**

If you would like more information about this community project, please contact us 298-2146 or fred.caso@msmh.org.

Responses to Community Health Survey 2013

- Number of responses: 53

- Question 1: Which do you think are the three most important factors for a health community?
 - Good jobs and healthy economy and lifestyles: 39
 - Strong family life: 39
 - Good place to raise children: 20
 - Low crime/safe: 20

- Question 2: Which do you think are the three most important health problems in the community?
 - Heart disease and stroke: 43
 - Cancers: 36
 - Aging problems: 25
 - Obesity: 24
 - Diabetes: 12

- Question 3: Which do you think are the three most important risky behaviors in our community?
 - Being overweight: 44
 - Alcohol abuse: 40
 - Drug abuse: 32
 - Tobacco use: 24

- Question 4: How would you rate our community as a “Healthy Community”?
 - Very unhealthy: 5
 - Unhealthy: 20
 - Somewhat healthy: 22
 - Healthy: 3
 - Very healthy: 4

- Question 5: How would you rate the following in your community:
 - Access to primary care
 - Very good: 19
 - Good: 28
 - Not good: 7
 - Access to specialty services
 - Very good: 13
 - Good: 30
 - Not good: 11
 - Education on health issues
 - Very good: 11
 - Good: 32
 - Not good: 11

- Demographic data
 - Sex: Male: 30 Female: 24
 - Age:
 - 25 or less: 1
 - 26-39: 10
 - 40-54: 20
 - 55-64: 11
 - 65 or over: 9
 - Ethnicity of respondents:
 - African American/Black: 8
 - Native American: 4
 - Asian/Pacific Islander: 1
 - White/Caucasian: 38
 - Hispanic/Latino: 1
 - Household Income:
 - Less than \$20,000: 1
 - \$20,000 to \$49,999: 18
 - Over \$50,000: 31
 - How do you pay for your healthcare:
 - Health insurance: 38
 - Medicaid: 7
 - Medicare: 7
 - Veterans' Administration: 1
 - Other: 3
 - Cash: 0

Appendix B

Survey Recipients

Blockbusters Block Club
Norma Higgs
MPO Box 2132
Niagara Falls, NY 14302

Bridge Station Block Club
Shirley Hicks
2211 13th Street
Niagara Falls, NY 14305

DeVeaux Beautification
Carmelette Rotella
4026 Carroll Street
Niagara Falls, NY 14305

East Side Block Club
Russ & Pam Vesci
1741 MacKenna Avenue
Niagara Falls, NY 14303

Hyde Park Neighborhood Association
Adrienne Bedgood
2256 South Avenue
Niagara Falls, NY 14305

LaSalle Avenue Block Club
Vanessa Scott
2406 LaSalle Avenue
Niagara Falls, NY 14301

LaSalle Avenue Block Club
Marie Wilson
1712 11th Street
Niagara Falls, NY 14305

Memorial Park Block Club
Noreen Chatmon
444 Memorial Parkway
Niagara Falls, NY 14303

Niagara Community Action
Laurie Davis
1521 Main Street
Niagara Falls, NY 14301

Ninety Fifth Street Block Club
David David
1264 95th Street
Niagara Falls, NY 14304

Pine Avenue Business Association
PO Box 301
Niagara Falls, NY 14302

Pierce Avenue Block Club
Justine Munn
2405 Pierce Avenue
Niagara Falls, NY 14305

S.A.F.E. Block Club
Terri Williams
3504 Walnut Avenue
Niagara Falls, NY 14303

South & Cleveland Block Club
John Randolph
2240 South Avenue
Niagara Falls, NY 14305

Tennessee Avenue Block Club
Homer Billips
1708 16th Street
Niagara Falls, NY 14305

Tennessee Avenue Block Club
Mae Nix
2957 21st Street
Niagara Falls, NY 14305

Upper Niagara Street South
Janet Cooper
2713 Falls Street
Niagara Falls, NY 14303

Virginia Avenue Block Club
Mrs. Gray
2026 Virginia Avenue
Niagara Falls, NY 14305

Whirlpool Area Block Club
Michael Wilson
729 Willow Avenue
Niagara Falls, NY 14305

Willow Avenue Block Club
Eric Pawlowski
2715 Willow Avenue
Niagara Falls, NY 14305

Highland Revitalization
Willie Dunn
1750 Tennessee Avenue
Niagara Falls, NY 14305

LaSalle Business Association
Fran Iusi
509 66th Street
Niagara Falls, NY 14304

Niagara Street Business Association
Carl DeFranco
481 19th Street
Niagara Falls, NY 14303

John Kraus
39 Ascot Circle
E. Amherst, NY 14051

Shirley Greinert
PO Box 242
Sanborn, NY 14132

Cancer Services Program of Niagara County
Cheryl Licata
Outreach Coordinator/Case Manager
1001 11th Street
Niagara Falls, NY 14301

Catholic Charities
Kathleen Hall
Niagara County District Director
256 Third St. Suite 15
Niagara Falls, NY 14303

Catholic Charities WIC
Cheryl Lauth
Assistant Director of Erie & Niagara
Counties
237 4th Street
Niagara Falls, NY 14303

Center for Young Parents
Joan Barrett
Outreach Case Manager
4455 Porter Road
Niagara Falls, NY 14305

Child & Family Services Ways to Work
Loan Program
Kelly Farah
Loan Counselor
1522 Main Street
Niagara Falls, NY 14305

Community Health Center of Niagara
Denise Kiener
Community Educator
501 10th Street
Niagara Falls, NY 14301

Cornell Cooperative Extension of Niagara
County
Kaitlin Smith
Nutrition Team Leader
4487 Lake Avenue
Lockport, NY 14094

Destination Life Fellowship
Mark Perkins
Lead Pastor
1609 22nd Street
Niagara Falls, NY 14305

St. Vincent dePaul Society
Margaret Horey
Agency Coordinator
2437 Niagara Street
Niagara Falls, NY 14303

Tuscarora Nation Community Health Worker
Program
Ann Printup
Program Supervisor
5226 Walmore Road
Lewiston, NY 14092

Erie-Niagara Tobacco Free Coalition
Jenna Brinkworth
Coordinator
Eml and Carolton Streets
Buffalo, NY 14263

Family & Children's Service of Niagara
Connie Ignatowski
Director Healthy Families Niagara
1522 Main Street
Niagara Falls, NY 14305

Fidelis Care
Matthew McDonald
Outreach Specialist
480 Cross Point Parkway
Getzville, NY 14068

GuildCare - Adult Day Health Care
Program
Denise Dipaolo RN
Outreach Worker
4520 Military Road
Niagara Falls, NY 14305

Healthy Neighborhoods Program
Theresa McCabe
Supervisor & Public Health Educator
1001 11th Street Rm 7
Niagara Falls, NY 14301

Heart, Love & Soul, Inc.
Sr. Beth Brosmer
Executive Director
939 Ontario Avenue
Niagara Falls, NY 14305

Highland Community Revitalization
Committee, Inc.
Charletta Tyson
Executive Director
2616 Highland Avenue
Niagara Falls, NY 14305

Independent Living of Niagara County
Sarah K. Lanzo
Director Healthy Families Niagara
746 Portage Road
Niagara Falls, NY 14301

Niagara WorkSourceOne
Marilyn Patterson
Disability Resource Coordinator
1001 11th Street
Niagara Falls, NY 14305

Northpointe Council, Inc.
Cheri Kelly
Senior Prevention Specialist
800 Main Street
Niagara Falls, NY 14301

Orleans Niagara BOCES
Irene Kalls/Margaret Topor
Co-Coordiators
1001 11th Street
Niagara Falls, NY 14301

Ray of Hope Inc.
Joyce Scott
Director
PO Box 4045
Niagara Falls, NY 14304

Niagara County Legal Aid Society
Mary Ann Oliver
Managing Attorney
775 3rd Street
Niagara Falls, NY 14302

Niagara Falls Housing Authority
Howard Patton
Site Supervisor
3001 9th Street
Niagara Falls, NY 14305

Niagara Falls Neighborhood Housing
Services Inc.
Danielle Rice
Housing Counselor
479 16th Street
Niagara Falls, NY 14303

Niagara Falls Police Department
Substation
Alan P Booker
Community Policing Liaison/Director
1667 Linwood Avenue
Niagara Falls, NY 14305

Mount St. Mary's Neighborhood
Health Center
Sr. Nora Sweeney
Social Worker
3101 9th Street
Niagara Falls, NY 14305

National Grid
Mark Johnson
Consumer Advocate
1720 New Road
Niagara Falls, NY 14304

Native American Community Services
Pete Hill
Health and Wellness Director
1005 Grant Street
Buffalo, NY 14207

NYSDOH - Hunger Prevention &
Nutrition Assistance Program
John Ingram
Public Health Rep.
584 Delaware Ave.
Buffalo, NY 14202

Niagara Cerebral Palsy
Marilyn Morreale
Service Coordinator
9812 Lockport Road
Niagara Falls, NY 14304

Niagara Community Action Program,
Inc.
Suzanne Shears
Director
1521 Main Street
Niagara Falls, NY 14305

Niagara County AIDS Task Force
Jimmy Rowe
Director
1302 Main Street
Niagara Falls, NY 14301

Niagara County Department of Health
Priscilla Elliott
Public Health Sanitarian
5467 Upper Mountain Road
Lockport, NY 14094

Niagara County Department of Health
Lisa Chester
Director
1001 11th Street
Niagara Falls, NY 14301

Niagara County Home Energy
Assistance Program
Janene Hiscock
Senior SSW
301 10th Street
Niagara Falls, NY 14303

Abundant Life Baptist Church
5017 Baer Road
Sanborn, NY 14132

Bacon Memorial United Presbyterian
166 59th Street
Niagara Falls, NY 14304

Baptist Church of Ransomville
Youngstown Lockport Road
Ransomville, NY 14131

Bethany Missionary Baptist Church
2002 Forest Avenue
Niagara Falls, NY 14301

Bethlehem Revival Temple
2010 Virginia Street
Niagara Falls, NY 14305

Bible Presbyterian Church of Grand
Island
1650 Love Road
Grand Island, NY 14072

Calvary Baptist Church
624 Hyde Park Blvd.
Niagara Falls, NY 14301

Christian Missionary Alliance Church
1609 22nd Street
Niagara Falls, NY 14305

Colonial Village Presbyterian Church
4813 Kline Road
Niagara Falls, NY 14304

Colonial Heights Free Methodist
1310 Saunders Settlement Road
Niagara Falls, NY 14305

Damascus Baptist Church
210 24th Street
Niagara Falls, NY 14303

Emmanuel Baptist Church
3118 Hyde Park Blvd.
Niagara Falls, NY 14303

First Assembly of God
9750 Niagara Falls Blvd.
Niagara Falls, NY 14304

First Baptist Church
Main & Fourth Streets
Niagara Falls, NY 14301

First Congregational Church
822 Cleveland Avenue
Niagara Falls, NY 14305

First Presbyterian Church
311 First Street
Niagara Falls, NY 14303

First Presbyterian Church
505 Cayuga St., PO Box 346
Lewiston, NY 14092

First United Methodist Church
8210 Buffalo Avenue
Niagara Falls, NY 14304

Free Methodist Church
PO Box 450
Ransomville, NY 14131

Full Gospel Deliverance Center
1215 South Avenue
Niagara Falls, NY 14305

Grace Calvary Church
1501 Weston Avenue
Niagara Falls, NY 14305

Holy Ghost Lutheran
6630 Luther Street
Niagara Falls, NY 14304

Immaculate Conception Church
4671 Townline Road
Ransomville, NY 14131

Island United Presbyterian Church
1822 Huth Road
Grand Island, NY 14072

LaSalle Baptist Church
8819 Munson Avenue
Niagara Falls, NY 14304

LaSalle Church of Christ
1121 Military Road
Niagara Falls, NY 14304

Lewiston Assembly of God
4754 Creek Road, PO Box 83
Lewiston, NY 14092

Lewiston Baptist Church
P.O. Box 1134
Lewiston, NY 14092

Messiah Lutheran Church
915 Oneida Street
Lewiston, NY 14092

Mt. Erie Baptist Church
1152 Fairfield Avenue
Niagara Falls, NY 14305

Mt. Sinai Baptist Church
1750 Tennessee Avenue
Niagara Falls, NY 14305

Mt. Zion Baptist Church
1334 Calumet Avenue
Niagara Falls, NY 14305

New Hope Baptist Church
1122 Buffalo Avenue
Niagara Falls, NY 14303

New Hope Baptist Church
937 Lafayette Avenue
Niagara Falls, NY 14305

Niagara Community Church
10500 Cayuga Drive
Niagara Falls, NY 14304

Niagara Frontier Bible Church
5287 Bronson Drive
Lewiston, NY 14092

Niagara United Presbyterian
Military and Lockport Road
Niagara Falls, NY 14305

Niagara University - Rev. Casella, CM
Meade Heall
Niagara University, NY 14109

Our Lady of Fatima Shrine
1023 Swann Road
Youngstown, NY 14174

Our Lady of Mt. Carmel
2499 Independence Avenue
Niagara Falls, NY 14301

Our Lady of the Rosary RC Church
PO Box 87
Newfane, NY 14172

Pioneer Memorial Seventh Day
Adventist Church
404 Cedar Avenue
Niagara Falls, NY 14301

Presbyterian Church of Youngstown
100 Church Street
Youngstown, NY 14174

St. Vincent dePaul
1055 North Military Road
Niagara Falls, NY 14304

Riverside United Presbyterian Church
815 84th Street
Niagara Falls, NY 14304

St. Andrew's Lutheran Church
3229 Upper Mt. Road
Sanborn, NY 14132

St. Bernard's Church
218 Hinman Street
Youngstown, NY 14174

St. Hagop Armenian Apostolic Church
322 9th Street
Niagara Falls, NY 14303

St. James Lutheran Church
2437 Niagara Road
Niagara Falls, NY 14304

St. James United Methodist Church
4661 Porter Road
Niagara Falls, NY 14305

St. John AME Church
917 Garden Avenue
Niagara Falls, NY 14305

St. John deLaSalle Church
8496 Buffalo Avenue
Niagara Falls, NY 14304

St. John's Episcopal Church
110 Chestnut Street
Youngstown, NY 14174

St. John's Lutheran Church
Ward Rd. & Niag. Falls Blvd.
North Tonawanda, NY 14120

St. John's Lutheran Church
420 Lockport Street, PO Box 365
Youngstown, NY 14174

St. Joseph's Church
1413 Pine Avenue
Niagara Falls, NY 14301

St. Leo's Roman Catholic Church
2748 Military Road
Niagara Falls, NY 14304

St. Mark's Lutheran Church
1135 Oliver Street
North Tonawanda, NY 14120

St. Martin in the Fields
2587 Baseline Road
Grand Island, NY 14072

St. Mary of the Cataract
259 4th Street
Niagara Falls, NY 14303

St. Mary's Byzantine Church
2715 Ferry Avenue
Niagara Falls, NY 14301

St. Mary's Ukrainian Church
2715 Ferry Avenue
Niagara Falls, NY 14301

St. Michael The Archangel
250 27th Street
Niagara Falls, NY 14303

St. Paul's Episcopal Church
400 Ridge Road
Lewiston, NY 14092

St. Paul's United Church of Christ
7416 Campbell Blvd.
North Tonawanda, NY 14120

St. Paul's United Church of Christ
3921 Mapleton Road
North Tonawanda, NY 14120

St. Peter's Episcopal Church
Rainbow Blvd. And 2nd Street
Niagara Falls, NY 14303

St. Peter's Roman Catholic Church
600 Center Avenue
Lewiston, NY 14092

St. Peter's United Church of Christ
1208 Oliver Street
North Tonawanda, NY 14120

St. Peter's United Church of Christ
98 East Avenue
Lockport, NY 14094

Divine Mercy
2437 Niagara Street
Niagara Falls, NY 14303

St. Stephen's Church
2100 Baseline Road
Grand Island, NY 14072

St. Raphael
3840 Macklem Avenue
Niagara Falls, NY 14305

St. Timothy's Lutheran Church
1453 Staley Road
Grand Island, NY 14072

The Salvation Army Citadel Corps
7018 Buffalo Avenue
Niagara Falls, NY 14304

Trinity Baptist Church
1366 South Avenue
Niagara Falls, NY 14305

Trinity United Methodist Church
2100 Whitehaven Road
Grand Island, NY 14072

True Deliverance Temple
1318 Niagara Street
Niagara Falls, NY 14303

Victory Bible Baptist Church
1110 19th Street
Niagara Falls, NY 14301

Walnut Avenue Christina Church
601 28th Street
Niagara Falls, NY 14301

Zion Lutheran Church
1010 Michigan Avenue
Niagara Falls, NY 14305

Farooq Khan, M.D.
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Mario Violante, Jr., D.D.S.
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Breeann Wilson, D.P.M.
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Niagara Falls, NY 14304

Antoine Ghaly, M.D.
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Niagara Falls, NY 14305

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3117 Military Road, # 2
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Cambria, NY 14132

John Roehmholdt, M.D.
John Rutkowski, M.D.
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Cambria, NY 14132

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Niagara Falls, NY 14305

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Venkateswara Kolli, M.D.
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Niagara Falls, NY 14305

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4600 Military Road, Suite B
Niagara Falls, NY 14305

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501 10th Street
Niagara Falls, NY 14301

Anthony Mastroianni, D.D.S.
515 Third Street
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5290 Military Road, #8
Lewiston, NY 14092

Samuel Sirianni, M.D.
5290 Military Road, Suite 10
Lewiston, NY 14092

Frank Laurri, M.D.
5290 Military Road, Suite 10B
Lewiston, NY 14092

Jamal Zohur, M.D.
5290 Military Road, Suite 10B
Lewiston, NY 14092

Shawn Ferguson, M.D.
Thomas Gerbasi, M.D.
5290 Military Road, Suite 3
Lewiston, NY 14092

Thomas Cumbo, M.D., Ivan Sabio, M.D.
Philip Sauvageau, M.D. Young Yu, M.D.
5290 Military Road, Suite 8
Lewiston, NY 14092

James Peppriell, M.D.
5300 Military Road, Suite 473
Lewiston, NY 14092

David Nichols, M.D.
5320 Military Road, #107
Lewiston, NY 14092

Norman Fiorica, M.D.
5320 Military Road, Suite 105
Lewiston, NY 14092

Zina Hajduczuk, M.D.
5320 Military Road, Suite 105
Lewiston, NY 14092

Robert Bull, Jr., M.D.
5320 Military Road, Suite 106
Lewiston, NY 14092

James Wopperer, M.D.
5320 Military Road, Suite 107
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Appendix C

Focus Group Participants

The MSMH St. Francis Guild Volunteers, listed below, participated in a focus group:

Shirley Bevacqua
Debbie Burns
Marie Chiarenza
Rosemary Dann
Jessica Freeman
Carol Henschel
Marsha Piccirillo
Maureen Sheeran
Sandra Switzer
Mary Rose Thomas

The MSMH Board of Associates participated in a focus group. The participants included the following individuals:

Carl Albion
Dan Antonucci
Ralph Aversa
Steve Broderick
Robert Fagiani
Richard Faiola
James Fernandez
Al Frosolone
Jack Hanrahan
Robert Ingrassci
Vince Laurendi, Jr.
Kevin Miller
Tom Minarcin
Mike Quarantillo
Tony Ricco
Michael Sloma
George Spira
Don Thurman
Ron Villani

Doc #01-2660993.5