2022 Community Health Needs Assessment

Niagara County
Community Health Improvement Plan 2022-2024
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December 2022

Dear Community Resident:

As the healthcare quality and safety leader in WNY, Catholic Health continues to look for ways to lead the transformation of healthcare and create healthier communities. To help support this important work, we conduct a Community Health Needs Assessment (CHNA) every three years in Erie and Niagara counties to gain a better understanding of the health concerns of area residents and collaborate with others to improve healthcare across the region. We are pleased to share with you the results of our CHNA as well as Catholic Health’s 2022-2024 Community Health Improvement Plan.

The assessment process was a collaborative effort between Catholic Health and other local organizations concerned about the health of our community, including the Erie County Department of Health and Niagara County Department of Health. Additionally, we solicited input from a variety of organizations, groups, and individuals in the form of surveys and community meetings. This input helped us identify how Catholic Health can best address the health and wellness needs of the people who rely on us for care.

Dating back generations, Catholic Health’s mission has been to reveal the healing love of Jesus to all. Whether it was our industry-leading response to the COVID pandemic or implementing Epic, one of the world’s most advanced electronic health record systems designed to improve patient safety and community health, our mission has always been our guiding star. To that end, in 2021, Catholic Health provided nearly $9 million in charity care and $210 million in community benefit to the people of WNY, while continuing to receive local and national recognitions for high quality care and patient safety.

While the COVID pandemic consumed much of our time as we responded to pressing needs of our patients and the broader community, our commitment to provide safe, high quality care never wavered. Now, as life begins to return to normal, we are looking forward to continuing to address the needs identified in the 2022 CHNA as well as partner with our county health departments to focus on priority health issues, including food insecurity, substance use treatment, and women’s and children’s health.

We encourage you to resume your individual health journey as well by focusing on preventative care, including regular check-ups and health screenings, and following prescribed medical plans to manage existing health conditions. We look forward to working with our community partners to improve your health and the quality of life for individuals and families throughout Erie and Niagara Counties. We invite you to learn more about Catholic Health by visiting chsbuffalo.org or calling 716-447-6205.

Sincerely,

Mark A. Sullivan
President & CEO
Catholic Health Mission, Vision, and Values

Our Mission
We are called to reveal the healing love of Jesus to all.

Our Vision
As a trusted partner, inspired by faith and committed to excellence, we lead the transformation of healthcare and create healthier communities.

Our Values
Reverence
We honor the inherent dignity and uniqueness of each person.

Compassion
We unconditionally demonstrate empathy, kindness, and acceptance.

Integrity
We are honest, transparent, and accountable.

Innovation
We continually learn, find creative solutions, and embrace change.

Community
We work together to build community and promote social justice in our organization and in society.

Excellence
We commit to achieve the highest standards of quality, safety, and service.
Catholic Health System
Community Needs Assessment (CHNA)
Community Health Improvement Plan (CHIP)
New York State 2022 – 2024

COUNTY COVERED:
Niagara County

PARTICIPATING LOCAL HEALTH DEPARTMENT:
Niagara County Department of Health
5467 Upper Mountain Road, Suite 100
Lockport, NY 14094
(716) 439-7430
Web: www.niagaracounty.com

PARTICIPATING HOSPITALS:

Catholic Health System
Mount St. Mary’s Hospital and Health Center
5300 Military Road
Lewiston, NY 14092
(716) 297-4800
Web: www.chsbuffalo.org

Eastern Niagara Health System
521 East Avenue
Lockport, NY 14094
(716) 514-5700
Web: www.enhs.org

Kaleida Health System
DeGraff Memorial Hospital
445 Tremont Street
North Tonawanda, NY 14120
(716) 694-4500
Web: www.kaleidahealth.org

Niagara Falls Memorial Medical Center
621 Tenth Street
Niagara Falls, NY 14301
(716) 278-4000
Web: www.nfmmc.org

COALITION/ENTITY COMPLETING ASSESSMENT AND PLAN:
Catholic Health System has completed its assessment and plan in collaboration with the Niagara County Department of Health and local hospital and community partner organizations.

NIAGARA COUNTY CHA/CHIP STEERING COMMITTEE

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
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</table>
B. Executive Summary

As one of the largest health care providers in Western New York, Catholic Health continually looks for ways to improve the health of those who reside in our community to achieve equitable outcomes through high quality, patient focused care. The New York State Prevention Agenda’s vision to be the healthiest state for people across all ages is used as the framework to support this effort through our Community Health Improvement Plan (CHIP). As directed by the state, every three years a Community Health Needs Assessment (CHNA) is conducted to better understand the health concerns and issues facing community residents in the counties we serve.

We are in unprecedented times due to the ongoing global COVID-19 Pandemic. Its impact on the community and county operations continues to stretch resources, as well as the health and livelihood of many. As a result, the Niagara County Health Department announced the county’s focus will remain on the Prevention Agenda Priorities that were identified for the 2019-2021 CHNA. The priorities that will continue through 2024 are Prevent Chronic Disease and Promote Well-Being and Prevent Mental and Substance Use Disorders. The insight gained from the 2022 community survey results, as well as the community and stakeholder conversations, would however be reviewed by the steering committee and any necessary updates would be incorporated. Those updates, as well as the overall results, will continue to be shared by the county and community leaders and organizations, including Catholic Health, as we collectively work to support residents during this unprecedented time.

The healing love of Jesus is revealed in all we do at Catholic Health. In 2021, Catholic Health provided $210 million in charity care and community benefit for the people of Western New York. Catholic Health associates across the geographic footprint of the health system are also engaged with a wide range of community based organizations as volunteers. This service to community is a fundamental component of the organization’s culture. Our associates also provide a tangible, diverse response to this calling through which relationships deepen and feedback from the community is garnered. In addition, Catholic Health has actively identified and been awarded funding from the Federal Emergency Management Agency (FEMA) and other national, regional, and local agencies to support specific needs that align with our mission and the needs of the community. Catholic Health, with the support of our associates, is committed to our Social Responsibility and Community Benefit Framework.
Catholic Health 2022-2024 Prevention Agenda Priorities and Disparity

In collaboration with the Niagara County Department of Health and other community partners, the following priorities, goals, focus areas and interventions were selected for the Catholic Health Community Health Improvement Plans. Priority Area #1 and Priority Area #2 were priorities identified by the Niagara County Department of Health and selected for our community collaboration. Catholic Health is required to align with at least two county Priority Areas as part of the CHNA process. Of note, the Erie County Department of Health identified the same priorities.

**Priority Area #1: Prevent Chronic Diseases**
Disparity: Socioeconomic
Focus Area 1: Healthy Eating and Food Security
Overarching Goal: Reduce obesity and the risk of chronic disease
Goal 1.13: Increase the percentage of adults with perceived food security

**Priority Area #2: Promote Well-Being and Prevent Mental and Substance Use Disorders**
Disparity: Socioeconomic
Focus Area 1: Promote Well-Being
Goal 1.2: Facilitate supportive environments that promote respect and dignity for people of all ages
Goal 2.2: Prevent opioid and other substance misuse and deaths
Focus Area 2: Prevent Mental and Substance Use Disorders
Goal 2.2: Prevent opioid and other substance misuse and deaths

**Priority Area #3: Promote Healthy Women, Infants, and Children**
Disparity: Ethnicity
Focus Area 1: Maternal and Women’s Health
Goal 1.2: Reduce maternal mortality and morbidity
Focus Area 2: Perinatal and Infant Health
Goal 2.2: Increase breastfeeding

A comprehensive review of outcome data from a variety of state and national resources were reviewed as part of the CHNA process. Primary resources utilized included the New York Prevention Agenda Dashboard, data from the United States census reporting, the University of Wisconsin’s Population Health Institute’s County Health Rankings and Roadmaps, as well as others. Due to the proximity and nature of the interrelationships between Erie and Niagara counties, as well as the reach of the Catholic Health service area and goal for high level of inclusivity for community health, data from both counties is represented in the following report. This provides a more comprehensive view of the overall service area while still allowing county specific needs to be identified.

The overall assessment process is a collaborative effort between Catholic Health, Niagara County Department of Health, and other local organizations and hospitals. More than 15 organizations directly participated in planning meetings and feedback sessions and over 1,300 residents responded to the CHNA survey. Input was also solicited from a broad range of other community organizations, individuals, and groups. This input helped validate and bring focus to areas of specific need and disparity, as well as helped prioritize interventions to address the needs of those we serve. The completed assessment and analysis of the data provided a framework for the health system’s overall implementation plan to support priority needs that were identified for the community over the next three years.
The progress and overall improvement related to the Prevention Agenda priorities in the Catholic Health improvement plan will be monitored by the internal leaders who are coordinating the interventions identified by the teams to support the priorities identified and as outlined on the CHIP template provided by the New York State Department of Health. Catholic Health will submit updates on progress towards each intervention annually, or as requested. The county's steering committee representatives will also continue to meet at least annually and review progress as well as explore new opportunities to collaborate on to support the priority areas. The Prevention Agenda Dashboard will continue to serve as the primary resource to track latest available trending details and monitor outcome data.

While Catholic Health is committed to serving the community through the CHNA priorities in this report, there are a number of needs that were not incorporated into Catholic Health’s individual 2022-2024 Community Health Improvement Plan at this time for one or more of the following reasons:

- Requires resources that Catholic Health does not currently have available without compromising other important initiatives.

- Is being targeted or addressed by other entities within the community.

- Was deemed not as impactful on the overall health of the community as compared to other identified needs.

Should community circumstances change or additional resources become available, Catholic Health will consider incorporating other initiatives into its plan.

The Community Health Needs Assessment and Community Health Improvement Plan processes are linked directly to requirements specified by the Federal Internal Revenue Service and the New York State Department of Health. Under the Patient Protection and Affordable Care Act of 2010, the Internal Revenue Service requires all state-licensed, tax-exempt hospitals to develop a Community Health Needs Assessment and Community Health Improvement Plan to maintain their Internal Revenue Code Section 501(c)(3) tax-exempt status. Similarly, New York State requires hospitals and local health departments to collaborate within their community to identify local health priorities and to plan and implement a strategy for local health improvement focused on the Prevention Agenda 2022-2024: New York State Health Improvement Plan.
C. Community Health Assessment

1. Community Description

Catholic Health is a not-for-profit integrated healthcare delivery system that operates four acute care operations in Erie County and one in neighboring Niagara County. The Niagara County facility, Mount St. Mary’s, provides services for residents from the county's cities, towns and the many rural areas in the county. In addition, Catholic Health has Home and Community Based Care, Primary Care Centers, as well as Diagnostic and Testing Centers that serve Niagara County residents. The target populations include our general community population including those who may be at risk or disadvantaged.

Geographic Location

Niagara County is one of the 62 counties that comprise the State of New York. Niagara County has a total area of 522 square miles. It consists of 3 cities (Niagara Falls, North Tonawanda and Lockport) and 12 towns (Cambria, Hartland, Lewiston, Lockport, Newfane, Niagara, Pendleton, Porter, Royalton, Somerset, Wheatfield and Wilson.) It is also the most western part of New York State and is bordered by Lake Ontario on its northern border and the Niagara River (Canada) on its western border.

Population

The population of Niagara County, New York in 2020 was 208,396, a loss of 3.7% from the 216,474 who lived there in 2010. For comparison, the US population grew 6.5% and New York’s population shrank by 0.3% during that period.

The largest ethnic groups in Niagara County are White (Non-Hispanic) 85.4% and Black or African American (Non-Hispanic) 6.89%. White (Hispanic) accounts for 1.78% and Asian (Non-Hispanic) accounts for 1.1%.

Population Density – Niagara County

Source: 2020 US Census Demographic Data Map Viewer
### Population Trend – Niagara County

<table>
<thead>
<tr>
<th>YEAR</th>
<th>POPULATION</th>
<th>GROWTH</th>
<th>ANNUAL GROWTH RATE</th>
</tr>
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<tbody>
<tr>
<td>2022*</td>
<td>206,944</td>
<td>-779</td>
<td>-0.38%</td>
</tr>
<tr>
<td>2021*</td>
<td>207,723</td>
<td>-779</td>
<td>-0.37%</td>
</tr>
<tr>
<td>2020</td>
<td>208,502</td>
<td>-779</td>
<td>-0.37%</td>
</tr>
<tr>
<td>2019</td>
<td>209,281</td>
<td>-779</td>
<td>-0.37%</td>
</tr>
<tr>
<td>2018</td>
<td>210,060</td>
<td>-788</td>
<td>-0.37%</td>
</tr>
</tbody>
</table>

*2021 and 2022 data is projected

Source: worldpopulationreview.com

### Population Distribution by Age – Niagara County

Source: Censusreporter.org
### a. Population Demographics

<table>
<thead>
<tr>
<th>SELECT DEMOGRAPHICS</th>
<th>ERIE COUNTY</th>
<th>NIAGARA COUNTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population (4/1/20)</td>
<td>954,236</td>
<td>212,666</td>
</tr>
<tr>
<td>Median Age (2020)</td>
<td>40.2</td>
<td>43.4</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female persons percent (2020)</td>
<td>51.20%</td>
<td>50.9%</td>
</tr>
<tr>
<td>Male</td>
<td>48.80%</td>
<td>49%</td>
</tr>
<tr>
<td><strong>Race/Ethnicity (2020)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White alone</td>
<td>78.8%</td>
<td>87.2%</td>
</tr>
<tr>
<td>Black or African American alone</td>
<td>14%</td>
<td>7.40%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>6.0%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Asian alone</td>
<td>4.3%</td>
<td>1.2%</td>
</tr>
<tr>
<td>American Indian and Alaska Native alone</td>
<td>0.8%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Foreign-born persons, percent, 2016-2020</td>
<td>7.2%</td>
<td>3.9%</td>
</tr>
<tr>
<td>Not proficient in English</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Median household income (in 2020 $), 2016-2020</td>
<td>$59,464</td>
<td>$57,252</td>
</tr>
<tr>
<td>Persons in poverty (2015-2019)</td>
<td>13.20%</td>
<td>11.70%</td>
</tr>
<tr>
<td>Persons with a disability, under age 65 years, 2016-2020</td>
<td>9.5%</td>
<td>10.2%</td>
</tr>
<tr>
<td>Persons without health insurance, under age 65 years</td>
<td>4.10%</td>
<td>4.30%</td>
</tr>
<tr>
<td>High school graduate or higher, percent of persons aged 25 years +, 2016-2020</td>
<td>92%</td>
<td>92%</td>
</tr>
<tr>
<td>Bachelor’s degree or higher, percent of persons aged 25 years +, 2016-2020</td>
<td>35%</td>
<td>26%</td>
</tr>
<tr>
<td>Owner-occupied housing unit rate, 2016-2020</td>
<td>64.8</td>
<td>71.7</td>
</tr>
<tr>
<td>Median gross rent, 2016-2020</td>
<td>$852</td>
<td>$714</td>
</tr>
<tr>
<td>In civilian labor force, total, percent of population aged 16 years +, 2016-2020</td>
<td>62.50%</td>
<td>60.70%</td>
</tr>
<tr>
<td>Adults who have a regular health care provider, age-adjusted percentage (2018)</td>
<td>85.6</td>
<td>83.9</td>
</tr>
<tr>
<td>Language other than English spoken at home, percent of persons age 5 years +, 2015-2019</td>
<td>10.7</td>
<td>4.3</td>
</tr>
<tr>
<td>Veterans, 2016-2020</td>
<td>50,200</td>
<td>14,239</td>
</tr>
<tr>
<td>Percent of people using alternate modes of transportation (e.g., public trans, carpool, bike/walk) or who telecommute (2015-2019)</td>
<td>17.40%</td>
<td>13.10%</td>
</tr>
<tr>
<td>Households with a computer, percent 2016-2020</td>
<td>89.70%</td>
<td>88.60%</td>
</tr>
</tbody>
</table>

*Source: https://www.census.gov/quickfacts/fact/table/US/PST045221*
b. Community Health Status

New York State Prevention Agenda Tracking Indicators

The New York State Prevention Agenda Tracking Indicators were reviewed to identify where Erie and Niagara County residents showed worsening health trends. These trends were considered and integrated into the 2022-2024 plans when appropriate. The following issues were identified as among the most pressing for both Erie and Niagara Counties:

• Percentage of children with obesity, among children ages 2-4 years participating in the WIC program

• Opportunity Index Score. The Opportunity Index is made up of 20 indicators across four dimensions (Economy, Education, Health, and Community).

• Community Score (component access to healthy food). The Community Score is compiled from seven data sources: volunteering, voter registration, youth disconnection, violent crime, access to primary health care, access to healthy food, and incarceration.

• Suicide mortality among youth, rate per 100,000, ages 15-19 years

• Suicide mortality, age-adjusted rate per 100,000 population

Data Source: New York State Department of Health

Distribution of Health Issues and Health Outcomes

County Health Rankings and Roadmaps (CHR&R) is recognized as the primary source for data to improve health equity. The Health Outcomes data provides an indication of the health status of Niagara County residents. Niagara County is ranked among the least healthy counties in New York State for both health outcomes and health factors. The overall data for Niagara County morbidity and mortality shows that Niagara County is ranked 53 out of the 62 counties in New York (lowest 0%-25% range of counties in New York).

In terms of health factors identified by CHR&R, those factors that influence how well and how long we live, Niagara County is ranked 50 of 62 (lowest 0%-25% range of counties New York). Our focus remains committed to the health factors of today as they are an indicator of the overall health outcomes of the future.

The County Health Rankings recognizes that 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.

Health Outcomes – Niagara County

<table>
<thead>
<tr>
<th>RANKING CATEGORY OUT OF 62 NY COUNTIES</th>
<th>YEAR 2019</th>
<th>YEAR 2020</th>
<th>YEAR 2021</th>
<th>YEAR 2022</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Outcomes: based on mortality and morbidity</td>
<td>58</td>
<td>58</td>
<td>55</td>
<td>53</td>
<td>Positive</td>
</tr>
<tr>
<td>Health Factors: based on behavioral, clinical, social, economic and environmental</td>
<td>52</td>
<td>53</td>
<td>44</td>
<td>50</td>
<td>Negative</td>
</tr>
</tbody>
</table>

Source: County Health Rankings & Roadmaps, 2018
Physical and Mental Disease Burden

The 2022 County Health Rankings used data from 2018-2020 and reported that the residents of Erie and Niagara County report more physical unhealthy days compared to the state rates, which indicates a greater burden of chronic diseases in the community.

They also reported mentally unhealthy days for Erie and Niagara County residents is higher than the state rate, indicating a greater need for mental health services in this community.

Health Behaviors

Health risk behaviors identified in the County Health Ranking data review of Niagara County included tobacco, alcohol and obesity. Erie and Niagara County residents report a higher percentage of smoking, heavy drinking and obesity than the state.

Health Outcome Detail

Source: County Health Rankings & Roadmaps, 2018

Neighborhood Economics

Income and poverty are key indicators associated with the health and well-being of the community. Catholic Health has programs and resources throughout the county including geographic areas designated as some of the poorest census tracts in the county. The health system is dedicated to providing improved access to services to support a healthier community.

The Mount St. Mary’s Neighborhood Health Center is located within Census Tract 202 in Niagara County. Per capita income is $11,271 which is well below the Niagara County average of $31,762. The median household
income is $18,320 which is about one-third of the Niagara County median household income $57,252. The percentage of persons below the poverty line is 60.9% in this area, double the rate of Niagara County overall (12.4%).

Source: Censusreporter.org (Census data: American Community Survey 2020)

Life Expectancy and Preventable Deaths

Compared to the state benchmark, Erie and Niagara County residents have a greater rate of potential life lost before age 75.

Within Erie County, Black and Hispanic populations have a greater rate of potential life lost before age 75 than the White population. Within Niagara County, American Indian/Native American, Black, and Hispanic populations have a greater rate of potential life lost before age 75 than the White population.

Leading Causes of Death Under Age 75 in Erie and Niagara County

The leading causes of death and rankings are the same for both Erie and Niagara County, and include Heart disease, Cancer, Chronic Lower Respiratory Disease, Cerebrovascular Disease, and Unintentional Injury.

Leading Causes of All Deaths for Total Population
Selected Counties: Erie

Leading Causes of All Deaths for Total Population
Selected Counties: Niagara

CLRD: Chronic Lower Respiratory Diseases

*Rates based on fewer than 10 events in the numerator are unstable.

Note: Ranks are based on numbers of deaths, then on mortality rates. Where county’s death counts and rates are tied, ‘(tie)’ appears at the bottom of the corresponding cells, and causes are further ranked alphabetically.

If a cell is blank, then there were no deaths from any of the 25 causes used in our tables. These causes are listed in the technical notes.

Source: Vital Statistics Data as of January 2022
Substance Abuse

Throughout the pandemic, New York and the entire nation saw an increase in opioid overdoses. More than 93,000 people in the United States died from drug overdoses in 2020, a 29.4% increase from 2019, according to the Centers for Disease Control and Prevention.

Erie and Niagara County residents experience a higher number of drug overdose deaths compared to New York State overall.

Drug Overdose Mortality Rate

<table>
<thead>
<tr>
<th>NUMBER OF DRUG POISONING DEATHS PER 100,000 POPULATION.</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York State</td>
</tr>
<tr>
<td>Erie County</td>
</tr>
<tr>
<td>Niagara County</td>
</tr>
<tr>
<td>21</td>
</tr>
<tr>
<td>25</td>
</tr>
<tr>
<td>27</td>
</tr>
</tbody>
</table>

Source: Health Behaviors in the County Health Rankings & Roadmaps, 2018

Opioid Related Metrics

<table>
<thead>
<tr>
<th>OPIOID INDICATOR</th>
<th>DATA YEARS</th>
<th>NEW YORK STATE</th>
<th>ERIE</th>
<th>NIAGARA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>COUNT</td>
<td>RATE</td>
<td>COUNT</td>
<td>RATE</td>
</tr>
<tr>
<td>Overdose deaths involving any opioid, crude rate per 100,000 population</td>
<td>2019</td>
<td>2,955</td>
<td>15.1</td>
<td>143</td>
</tr>
<tr>
<td>All emergency department visits (including outpatients and admitted patients) involving any opioid overdose, crude rate per 100,000 population</td>
<td>2019</td>
<td>10,628</td>
<td>54.4</td>
<td>625</td>
</tr>
<tr>
<td>Patients who received at least one buprenorphine prescription for opioid use disorder, crude rate per 100,000 population</td>
<td>2020</td>
<td>79,864</td>
<td>408.7</td>
<td>6,408</td>
</tr>
</tbody>
</table>

Source: https://www.health.ny.gov/statistics/opioid/
2. Main Health Challenges Facing the Community

Impact and Successes Achieved

Several of the health challenges that impact the residents of Erie and Niagara counties, as previously stated, have consistently proven to negatively impact the poor and vulnerable residents of Erie and Niagara counties. Improvement of the community’s well-being and health status has been a specific focus for Catholic Health with regard to disparity, social determinants, and prevalence of chronic disease as guided by our Mission, Vision, and Values. Despite the global pandemic that started in 2020 and continued through 2022, the 2019 – 2021 Community Health Improvement Plans for Erie and Niagara Counties showed significant progress.

Examples of Impact and Successes Achieved in the 2019-2021 Community Health Improvement Plans

- Depression screenings are done on every patient. The nationally recognized Patient Health Questionnaire-2 (PHQ-2) and 9 (PHQ-9) are done in provider offices as well as on admission with patient and then every 10 days thereafter. The assessment is now integrated into the hospital system electronic health record.
- Trauma Informed Care education, training, policy and practice review, and evaluation of environment completed across the hospital and ancillary care locations with transition of focus to associates during pandemic period (Niagara County).
- A Doula training program was developed for maternity staff and matches the New York Governor’s Task Force requirements for reduction of Maternal Mortality for African American women.
- Care Managers were hired for the Emergency Department at Sisters of Charity Hospital (Erie County). The goal is to improve self-management skills for those patients with chronic conditions.
- Health literacy principles incorporated into patient education material design.
- The Catholic Health Diversity, Equity and Inclusion Initiative was founded to identify and inventory educational initiatives across the health system.

Deferred due to COVID-19 Pandemic

- Planning a speaker series with Erie County Health Department to offer continuing medical education credits for providers to expand understand of pain classification for musculoskeletal providers.

Due to the unprecedented times that have resulted as the nation continues to respond to the global pandemic, both the Erie County Health Department, as well as the Niagara County Health Department, announced that they would be continuing with their existing New York State Prevention priorities for the new report cycle. This provides Catholic Health facilities the opportunity to support and further its efforts to address the two priorities which are aligned with each of the counties. The aligned priorities for both counties are the same and include:
1. Prevent Chronic Diseases and 2. Promote Well-Being and Prevent Mental and Substance Use Disorders.

New York State Health Rankings for Erie County and Niagara County

While the Prevention Agenda priorities for each county are remaining unchanged, a review was conducted to validate and identify any new trends as a result of the global pandemic, changes in identified needs, outcomes or population changes. The current health challenges of each county were reviewed in detail using the 2022 County Health Rankings and Roadmaps Model (CHR&R). CHR&R is a program of the University of Wisconsin Population Health Institute and provides data, evidence, guidance, and examples to build awareness of the multiple factors that influence health and support leaders in growing community power to improve health equity. CCR&R rankings are derived from more than 30 measures that include health behaviors (30%), clinical care (20%), social and economic factors (40%), and physical environment (10%). The most recently available data is used to calculate CHR&R measures. Data from New York state and both Erie and Niagara counties is included below to allow for a comprehensive review of the data.
New York State Health Factor Rankings by County

*New York State has a total of 62 counties

<table>
<thead>
<tr>
<th></th>
<th>ERIE COUNTY</th>
<th>NIAGARA COUNTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Health Factors</td>
<td>29</td>
<td>50</td>
</tr>
<tr>
<td>Health Behaviors</td>
<td>23</td>
<td>34</td>
</tr>
<tr>
<td>Clinical Care</td>
<td>11</td>
<td>52</td>
</tr>
<tr>
<td>Social and Economic Factors</td>
<td>43</td>
<td>46</td>
</tr>
<tr>
<td>Physical Environment</td>
<td>29</td>
<td>44</td>
</tr>
</tbody>
</table>

Data source: County Health Rankings & Roadmaps 2022
Overview of Contributing Causes of Health Challenges Compared to New York State Median

Behavioral Risk Factors

The 2022 County Health Rankings and Roadmaps Health Behaviors group include measures related to tobacco use, diet and exercise, alcohol and drug use, and sexual activity. The rates for all measures for both Erie and Niagara counties are higher as compared to New York State.

<table>
<thead>
<tr>
<th></th>
<th>NEW YORK STATE</th>
<th>ERIE COUNTY</th>
<th>NIAGARA COUNTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of adults who are current smokers (age-adjusted)</td>
<td>13</td>
<td>18</td>
<td>21</td>
</tr>
<tr>
<td>Obesity, Adult (1)</td>
<td>27</td>
<td>32</td>
<td>32</td>
</tr>
<tr>
<td>Excessive Drinking (2)</td>
<td>19</td>
<td>22</td>
<td>21</td>
</tr>
<tr>
<td>Teen Births (3)</td>
<td>13</td>
<td>16</td>
<td>18</td>
</tr>
</tbody>
</table>

Data source: County Health Rankings & Roadmaps 2022

(1) Percentage of the adult population (age 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2 (age-adjusted)
(2) Percentage of adults reporting binge or heavy drinking (age-adjusted).
(3) Number of births per 1,000 female population ages 15-19.

Environmental Risk Factors

The 2022 County Health Rankings and Roadmaps Physical Environment group include measures related to air and water quality, housing, and transit. The rate for both Erie and Niagara counties is higher than New York State.

<table>
<thead>
<tr>
<th></th>
<th>NEW YORK STATE</th>
<th>ERIE COUNTY</th>
<th>NIAGARA COUNTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air Pollution - Particulate Matter*</td>
<td>6.9</td>
<td>7.6</td>
<td>8.7</td>
</tr>
</tbody>
</table>

*Average daily density of particulate matter in micrograms per cubic meter.
**Socioeconomic Factors**

The 2022 County Health Rankings and Roadmaps Social and Economic group include measures related to education, employment, income, family and social support, and community safety. This category includes a broad range of components that significantly influence the health status of individuals and communities. Notably, the level of income can be viewed as the fundamental metric in that greater health risks and outcomes (i.e. food security, obesity) are associated with lower income levels in comparison to those from a higher socioeconomic group.

**Percentage of Children Living Below Poverty Level**

The rate of children living below poverty level for Erie County is higher than New York State. The Niagara County rate is slightly lower than the percentage of children in New York overall. Both the state and Erie and Niagara County are higher than the national child poverty rates. According to the 2019 U.S. Census Poverty Data, the child poverty rate in the U.S. is 14.4 percent or nearly 1 in 7 children.

<table>
<thead>
<tr>
<th>Percentage of People under 18 Living in Poverty</th>
<th>NEW YORK STATE</th>
<th>ERIE COUNTY</th>
<th>NIAGARA COUNTY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>17</td>
<td>18</td>
<td>15</td>
</tr>
</tbody>
</table>

**Limited Access to Healthy Foods**

Access to healthy foods is correlated to the availability of a grocery store in the New York Prevention Agenda Dashboard. Access is measured by the percentage of population who are low-income and do not live near a grocery store. Low access is defined as greater than one mile from a supermarket or grocery store in urban areas or greater than 10 miles for rural areas. The rate for both Erie and Niagara counties is higher than New York State.

<table>
<thead>
<tr>
<th>Percentage of population who are low-income and do not live close to a grocery store</th>
<th>NEW YORK STATE</th>
<th>ERIE COUNTY</th>
<th>NIAGARA COUNTY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>6</td>
<td>5</td>
</tr>
</tbody>
</table>
Violent Crime

The rate for both Erie and Niagara counties is higher than New York State overall when excluding New York City. Only one county, Schenectady, is higher than Erie County. Schenectady has a rate of 429. Erie County and Niagara County rank at #2 and #3 respectively for violent crimes in New York State, excluding New York City.

<table>
<thead>
<tr>
<th>Number of reported violent crime offenses per 100,000 population</th>
<th>NEW YORK STATE</th>
<th>ERIE COUNTY</th>
<th>NIAGARA COUNTY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>379</td>
<td>428</td>
<td>395</td>
</tr>
</tbody>
</table>

Policy Environment

Policy changes have the opportunity to impact a multitude of factors that directly affect the health of the community across every sector. County and City Government representatives seek opportunities to change the environment and resources of our geographic locations in order to retain and attract new businesses. Partnerships with the many trade and academic institutions in the region have provided a workforce development focus. The global pandemic has identified and exacerbated equity issues in both Erie and Niagara counties. This heightened awareness has resulted in multiple collaborative efforts among partners in each county to address and support changes to facilitate actions to meet gaps and resources needed by the community. The communities in each county have also responded by supporting neighbors, neighborhoods and the community overall by advocating and taking positive steps to improve or support each other during times of significant stress and violence.

Other Unique Characteristics

Erie and Niagara counties both have highly ranked academic institutions and quaint villages and areas that are walkable destinations.

Niagara Falls is located within Niagara County and spans Ontario, Canada and Niagara Falls, New York. It is considered one of the natural wonders of the world due to its impressive, powerful, and breathtaking waterfalls. This geographic location is a popular tourist destination and visited by approximately 20 million people annually. Niagara County borders Canada which continues to stimulate commerce and tourism. Agriculture is one of the leading industry sectors in the county which features agriculture and food production as well as multiple local wineries.
3. Assets and Resources to Address Health Issues Identified

Community Resources

**Niagara County Hospitals**
- Catholic Health
  - Mount St. Mary’s Hospital
- Eastern Niagara Hospital
- Kaleida Health
  - DeGraff Emergency Department
- Niagara Falls Memorial Hospital

**Niagara County Department of Health**
- Environmental Health
- Nursing
- Children with Special Needs
- Public Health Preparedness and Emergency Preparedness
- Healthy Neighborhoods Program
- Lactation and Breastfeeding

**Niagara County Department of Mental Health and Substance Abuse Services**

**Niagara County Department of Social Services**

**Niagara County Office for the Aging**

**Niagara County Women, Infants, and Children (WIC) Program**

**Niagara County Community Action Program**

**Cornell Cooperative Extension (CCE) – Department of Agriculture and Markets**

**Pinnacle Community Services**
- Domestic Violence Services
- Parenting Services
- CORE Program – Connections, Opportunities, Reliance, Experience

**Population Health Collaborative**

**Buffalo Niagara American Heart Association**

**Catholic Charities of WNY**

**FeedMore WNY (Western New York)**

**211 of WNY – Get Connected. Get Help.**

**Niagara Falls Health Equity Task Force**
- The Rose Bente Lee Ostapenko Center for Race, Equity, and Mission, Niagara University
- Mount St. Mary’s Hospital
- Mount St. Mary’s Neighborhood Health Center
- Community Health Center of Niagara
- Heart, Love and Soul
- Community Missions of Niagara Frontier, Inc. (CMI)
- Pinnacle Community Services
- Niagara Falls Housing Authority
- Niagara Falls School District
- Niagara County Legislature
- Niagara Organizing Alliance for Hope
- City of Niagara Falls – Mayor Robert Restaino
- Congressman Brian Higgins
- New York State Senator Robert Ortt
- YWCA of Niagara
- 211 of WNY
- True Bethel Baptist Church
- Niagara Falls ESPRI (Empire State Poverty Reduction Initiative)
- Creating a Healthier Niagara Falls Collaborative

**Colleges & Universities**
- Niagara University
- Niagara County Community College
Process and Methods Used to Conduct Community Health Needs Assessment

The Community Health Needs Assessment is guided by a process that is outlined in The New York State Prevention Agenda 2019-2024. As seen in the County Health Rankings’ Take Action Cycle model below, the overall objective is to work together to improve health.

Source: University of Wisconsin Population Health Institute.

The Steering Committee members collaborated to implement a comprehensive Community Health Needs Assessment (CHNA) process focused on strengthening 2019-2021 priorities while identifying and defining any changes in significant health needs. The six-month process centered on gathering and analyzing data as well as receiving input from people who represented the broad interests of the community to provide focus for the community and hospitals to create a plan to continue improving the health of our communities. Below is a summary of the process and methods used.
• Niagara County Health Department – Assessed resources and determined that they would extend the 2019-2021 Priorities for the 2022-2024 cycle due to the COVID-19 pandemic.

• CHNA/CHIP Steering Committee – Monthly meetings held starting in February 2022. Delayed start due to resource allocation as a result of global COVID-19 pandemic.

• Three Surveys Conducted – Consumer, Provider, and Community Based Organizations
  - Consumer survey late March 2022 through mid-June 2022 – 2,329 respondents, reviewed by zip code to ensure equitable geographic input
  - Provider Survey – Conducted in May 2022, 49 responses received
  - Niagara Falls Health Equity Task Force survey – Conducted in May 2022, 10 respondents

• Focus Groups – April 2022 through June 2022, 5 groups for a total of 61 participants

• Findings of surveys and focus groups were compiled and reviewed by the Steering Committee which is comprised of the hospitals, county representatives, and other community organizations who each then disseminate results with their networks, county contacts, and other organizations (i.e., Niagara Falls Health Equity Task Force). The results continue to be shared with county and community leaders as the county works to support residents during this unprecedented time.

• Catholic Health CHNA Summit – June 13, 2022. Health system clinical and non-clinical leaders were invited to review and approve priorities identified through above processes.

• Catholic Health Board Strategic Planning Committee Meeting – July 11, 2022. Health priorities were shared with the committee for review and comment.

• Catholic Health Mission Integration Committee – September 7, 2022. The 2022-2024 health priorities and initiatives were presented and the reporting dashboard was discussed.

• Niagara County Community Health Stakeholder Meeting – September 12, 2022. Priorities reviewed and potential interventions and strategies to target focus areas identified.

• Catholic Health Ministry Services Board Meeting – November 17, 2022. The CHNA reports and CHIP for each of the hospitals were presented and approved by the board members.

• Catholic Health Board of Directors were informed of the Ministry Services Board's approval of the 2022-2024 CHNA reports and CHIP during the December 1, 2022 Board of Directors meeting.

• All reports have been published electronically on the Catholic Health website (chsbuffalo.org) with hard copies available upon request from the Catholic Health Mission Integration office.
D. Community Health Improvement Plan

1. Identification of Priorities

Catholic Health 2022-2024
Prevention Agenda Priorities

1. Prevent Chronic Disease (addressing the disparity of poverty)
   – Healthy Eating and Food Security*

2. Promote Well-Being and Prevent Mental and Substance Use Disorders
   – Prevent opioid and other substance misuse and deaths*

3. Promote Healthy Women, Infants, and Children
   – Reduce infant mortality and morbidity**

*Aligns with Niagara County Prevention Agenda Priority Area
**Disparity and Health Equity Focus Priority

Description of the Community Engagement Process

• Due to the ongoing global COVID-19 Pandemic and its impact on the community and county operations, the Niagara County Health Department announced it would continue to focus on the priorities that were identified in 2019-2021. The priorities to be continued include Prevent Chronic Disease and Promote Well-Being and Prevent Mental and Substance Use Disorders. Insights gained from the community survey results, provider survey and Health Equity Task Force Committee, as well as the community conversations, were reviewed by the CHA/CHIP Steering Committee. The recommendations were shared related to opportunities for updates for existing initiatives. The results continue to be shared with county and community leaders as the county works to support residents during this unprecedented time.

• From late March 2022 through mid-June 2022, residents of Niagara County were invited to submit their responses to the CHA/CHIP Steering Committee’s 2022 Niagara County Community Health Needs Assessment. Catholic Health, the Niagara County Health Department, and other local hospital systems and community organizations sought input from persons who represented the broad interests of the community. A total of 2,329 surveys were completed with special intention to ensure representation from members of the medically underserved, low-income, and minority populations in the hospital’s service areas or individuals and organizations serving or representing the interests of these populations. Survey promotion was done by flyer postings, word of mouth, email, and social media. All promotional materials included a QR code link to facilitate online survey completion. Paper surveys were also made available upon request in multiple settings and locations throughout the county.

• Five Community Focus Groups were held during late spring. A total of 61 participants offered feedback to 6 questions during face to face, socially distanced conversations. Questions asked for feedback on the current health status of community and what they would like to see improved.

• The Niagara Falls Health Equity Task Force of Niagara County, which is comprised of over 20 community organizations, was surveyed to assist in the assessment of community needs. The results of the 10 surveys returned supported the Niagara County decision to continue to focus on Prevention of Chronic Disease and Promotion of Well-Being and Prevention of Mental and Substance Use Disorders.

• Niagara County Health Care Providers (physician offices) were also surveyed using a three-question Survey
Monkey distributed via email. A total of 49 provider responses were received. The top three health concerns identified were Prevention of Chronic Disease and Promotion of Well-Being, Prevention of Mental and Substance Use Disorders, and Healthy Eating/Food Security.

Process and Criteria Used to Identify Priorities

• The CHA/CHIP Steering Committee is comprised of eighteen people representing eight organizations. The Committee collaborated to assess the input and responses from the Community Health Needs Assessment survey to understand the current priorities. The group was focused on identifying, validating, and defining significant health needs, issues, and concerns of Niagara County.

• After review of the Community Health Needs Assessment survey results, Community Focus Groups, Provider and Health Equity Task Force surveys, as well as the input of the Niagara County Health Department with their recommendation to continue to focus on existing priorities, Catholic Health leaders identified the following New York State Prevention Agenda Priorities for the 2022-2024 Catholic Health Community Health Improvement Plan.

• The priority areas selected include Prevent Chronic Disease and Promote Well-Being, Prevent Mental and Substance Use Disorders as well as Promote Healthy Women, Infants, and Children.

• Catholic Health and Niagara County are aligned on two priorities as required by the state. The two shared New York State Prevention Agenda Priorities for 2022-2024 are Prevent Chronic Disease and Prevent Mental and Substance Use Disorders.

• The Catholic Health Maternity Team identified exclusive breastfeeding as a Prevention Priority based on their review of health system and county data. This priority area also reflects a disparity in the exclusivity by ethnicity reported by the New York Prevention Agenda Dashboard. Catholic Health will identify strategies that focus on how to improve ethnicity disparities and promote health equity related to exclusive breastfeeding with a focus on implicit bias staff training.

Health Equity: Fair and Just Opportunity for All

Source: Robert Wood Johnson Foundation Achieving Health Equity
2. Work Plans - Objectives, Intervention Strategies, Disparity, Activities, Process Measures, and Time Frame Targets to Track Progress Through 2024

**Priority #1 Prevent Chronic Disease – Healthy Eating and Food Security**

**FOCUS AREA 1: HEALTHY EATING AND FOOD SECURITY**

**GOAL**

Goal 1.3 Increase food security

**OBJECTIVES THROUGH 2024**

Objective 1.13 Increase the percentage of adults with perceived food security (among all adults). (CH Erie County and CH Niagara County) *Common priority with Erie County Health Department and Niagara County Health Department.

**Target 80.2%**

Baseline 76.4% (Baseline Year 2016)
2019 (released 2/9/22) 80.6 *pre-COVID
Data Source BRFSS
Data Level State (by sex, age, race/ethnicity, income educational attainments, disability and region), county

% Food Insecurity by County
New York State 9% / Erie County 11% / Niagara County 12%
County Health Rankings 2022 (2019 data)

<table>
<thead>
<tr>
<th>Year 1 (2022):</th>
<th>Year 2 (2023):</th>
<th>Year 3 (2024):</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Catholic Health Trinity Medical Offices with Epic will establish a baseline of % of patients who come through the clinic and have an assessment completed. (CH Erie County and CH Niagara County)</td>
<td>1. Catholic Health Trinity Medical Offices with Epic will establish a 2023 goal in quarter 1 of 2023 for the % of patients who visit clinic and are assessed using baseline as a starting point. (CH Erie County and CH Niagara County)</td>
<td>1. Catholic Health Trinity Medical Offices with Epic will continue to show positive trend in the % of patients who come through the clinic and have an assessment complete. (CH Erie County and CH Niagara County)</td>
</tr>
<tr>
<td>2. D’Youville Food Pantry will serve 700 households in 2022. (CH Erie County)</td>
<td>2. D’Youville Food Pantry - Increase number of households served by 5%. (CH Erie County)</td>
<td>2. D’Youville Food Pantry - Increase number of households served by 5%. (CH Erie County)</td>
</tr>
<tr>
<td>3. The Mercy Comprehensive Care Center (MCCC) will host monthly Food Bank Days. (CH Erie County)</td>
<td>3. MCCC will host monthly Food Bank Days. (CH Erie County)</td>
<td>3. MCCC will host monthly Food Bank Days. (CH Erie County)</td>
</tr>
<tr>
<td>4. Maintain Free Food Giveaway Table at Mount St. Mary’s Neighborhood Health Center offering clients variety of donated items received from other community sources. (CH Niagara County)</td>
<td>4. Maintain Free Food Giveaway Table at Mount St. Mary’s Neighborhood Health Center offering clients variety of donated items received from other community sources. (CH Niagara County)</td>
<td>4. Maintain Free Food Giveaway Table at Mount St. Mary’s Neighborhood Health Center offering clients variety of donated items received from other community sources. (CH Niagara County)</td>
</tr>
</tbody>
</table>
DISPARITIES
Socioeconomic

INTERVENTIONS

Intervention 1.0.6
Screen for food insecurity, facilitate and actively support referrals. Catholic Health medical offices utilize Epic to guide and capture patient SDOH screening for Food Security in provider offices. If a need is identified there are referral options available by geographic location selected by patient. (Erie County and Niagara County)

Catholic Health will support D’Youville Food Pantry in planning and promotion of the site (Opened October 2021). (Erie County)

MCCC will continue to host Food Bank Days. (Erie County)

Mount St. Mary's Neighborhood Health Center will continue to maintain the Free Food Giveaway Table so patients are able to take from available options as desired. (Niagara County)

Evidence Based Intervention Reference:


FAMILY OF MEASURES

Input Measures:
1. Data entry by care team during client rooming. (Erie County and Niagara County)
2. Referral to D’Youville Food Pantry per Epic Referral options. (Erie County)
3. Food Bank Days scheduled by MCCC. (Erie County)
4. Manager and Care Team members collect food donations for Food Giveaway Table. (Niagara County)

Output measures:
1. Percent of clients screened for Food Security in CH Trinity Medical Offices with Epic. (Erie County and Niagara County)
2. Number of client served at D’Youville Food Pantry. (Erie County)
3. Number of Food Bank Days at MCCC. (Erie County)
4. Availability of food on Food Giveaway Table at Mount St. Mary’s Neighborhood Health Center. (Niagara County)
**Intermediate Outcome:**

1. Clients screened and provided appropriate community resources identified as nearest to client per Epic. (Erie County)
2. Increase seen in number of clients served.
3. Food Bank Days maintained at MCCC. (Erie County)
4. Food Giveaway table is available and stocked for client selection. (Niagara County)

**BY DECEMBER 2023, WE WILL HAVE COMPLETED**

<table>
<thead>
<tr>
<th>Year 1 (2022)</th>
<th>Year 2 (2023)</th>
<th>Year 3 (2024)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Establish Baseline. Monitor % screenings documented for Food Security in CH Trinity Medical Offices with Epic. Education, outreach and data review provided as needed. (Erie County and Niagara County)</td>
<td>1. Quarter 1. Establish goal for 2023 % increase in screenings for Food Security. (Erie County and Niagara County)</td>
<td>1. Monitor % increase in screenings for Food Security for positive trending. (Erie County and Niagara County)</td>
</tr>
<tr>
<td>2. Maintain the number of Food Bank Days at MCCC. (Erie County)</td>
<td>2. Maintain at least the same the number of Food Bank Days at MCCC as held in 2022. (Erie County)</td>
<td>2. Maintain at least the same the number of Food Bank Days at MCCC at held in 2023. (Erie County)</td>
</tr>
<tr>
<td>3. Establish Baseline. Monitor monthly the number of households served by D’Youville Food Pantry. (Erie County)</td>
<td>3. Achieve targets for number of households served by D’Youville Food Pantry. (Erie County)</td>
<td>3. Achieve targets for number of households served by D’Youville Food Pantry. (Erie County)</td>
</tr>
<tr>
<td>4. Maintain Food Giveaway table at the Mount St. Mary’s Neighborhood Health Center. (Niagara County)</td>
<td>4. Maintain Food Giveaway table at the Mount St. Mary’s Neighborhood Health Center. (Niagara County)</td>
<td>4. Maintain Food Giveaway table at the Mount St. Mary’s Neighborhood Health Center. (Niagara County)</td>
</tr>
</tbody>
</table>

**Implementation Partner**

Social Services

**Partner Role(s) and Resources**

Feedmore WNY. Role is to partner with Catholic Health to further both our missions and serve those in need of nutritious food in our most vulnerable Erie and Niagara County communities.

Erie County Health Department provides leadership and support in coordinating, promoting, educating and engaging in food distribution activities coordinated by the county as well as other local community organizations.

Niagara County Health Department provides leadership and support in coordinating, promoting, educating and engaging in food distribution activities coordinated by the county as well as other local community organizations.
Priority #2 Promote Well-Being and Prevent Mental and Substance Use Disorders

FOCUS AREA 1: PROMOTE WELL-BEING

GOAL

Goal 1.2 Facilitate supportive environments that promote respect and dignity for people of all ages
Goal 2.2 Prevent opioid and other substance misuse and deaths

OBJECTIVES THROUGH 2024

1.1.1 Increase New York State’s Opportunity Scores by 5% to 59.2%. (CH Erie County and CH Niagara County)

Target 59.2%
Baseline 56.4%
Baseline Year 2017
Data Source Child Trends and Opportunity Nation with data from Opportunity Index, American Community Survey
Data Level - County

Erie County - 55.7
Niagara County - 52.1

*Note - Prevention Agenda suggests using Health Score however that is not found as a unique metric on the Prevention Agenda Dashboard. The Opportunity Index Score Data Views “i” definition indicates it compiles a dimension level Opportunity Score which includes dimensions of includes Economy, Education, Health and Community.

DISPARITIES
Socioeconomic

INTERVENTIONS

Intervention 1.2.4
1.2.4 Use thoughtful messaging on mental illness and substance use: Expert opinion in messaging about Mental, Emotional, and Behavioral Health humanize the experiences and struggles of person living with disorders; highlight structural barriers; avoid blaming people for the disorder or associate disorders with violence.
Evidence Based Intervention Reference:


FAMILY OF MEASURES

Short-term Outcome - Plan educational offerings with UB School of Social Work.
Intermediate-term Outcome - Evaluations of program offered indicate associates rated program relevance to their role as high.

BY DECEMBER 2023, WE WILL HAVE COMPLETED

<table>
<thead>
<tr>
<th>Year 1 (2022)</th>
<th>Year 2 (2023)</th>
<th>Year 3 (2024)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Planning and scheduling of programs with the UB School of Social Work.</td>
<td>1. 100% of eligible associates will have completed the Trauma Informed Care program presented by the UB School of Social Work.</td>
<td>1. New Clearview and Pathways associates will be required to complete available trauma-informed care program or training as part of onboarding.</td>
</tr>
</tbody>
</table>

IMPLEMENTATION PARTNER

College

PARTNER ROLE(S) AND RESOURCES

University of Buffalo School of Social Work will plan and facilitate training program for the Clearview care team.

Erie County Health Department provides leadership and support in coordinating, promoting, educating and engaging in mental health related activities coordinated by the county as well as other local community organizations.

Niagara County Health Department provides leadership and support in coordinating, promoting, educating and engaging in mental health related activities coordinated by the county as well as other local community organizations.
FOCUS AREA 2: PREVENT MENTAL AND SUBSTANCE USER DISORDERS

GOAL

Goal 2.2 Prevent opioid overdose deaths

OBJECTIVES THROUGH 2024

2.2.2 Increase the age-adjusted rate of patients who received at least one Buprenorphine prescription for opioid use disorder by 20% to 415.6 per 100,000 population. (CH Erie County and CH Niagara County)
*Common priority with Erie County Health Department and Niagara County Health Department.

Target 415.6 per 100,000
Baseline 346.3 per 100,000
Baseline Year - 2017
Data Source - PMP Registry
Data Level - County

Erie County - 765.0 (2020)
Niagara County - 1374.4 (2020)

DISPARITIES

Health Care

INTERVENTIONS

Intervention 2.2.1
Increase availability of/access and linkages to medication-assisted treatment (MAT) including Buprenorphine.

Evidence Based Intervention Reference:

FAMILY OF MEASURES

Input Measure - Clearview Director plans and implements processes to support new regulation.
Output Measure - New processes operationalized to support referral prior to discharge and referral rate prior to discharged is tracked.
### BY DECEMBER 2023, WE WILL HAVE COMPLETED

<table>
<thead>
<tr>
<th>Year 1 (2022)</th>
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<tbody>
<tr>
<td>Develop and implement process to refer Clearview inpatients to Pathways Methadone outpatient program prior to discharge per new state regulation. Proposed state regulation 815s, Patient Rights regulation requires that inpatient program have agreement with a methadone provider to initiate use of methadone while patient is still inpatient.</td>
<td>Initiate at least 75% of Clearview inpatients that are referred to the Pathways Methadone outpatient program prior to discharge from Clearview residential program at St. Joseph (when opens) or Mount St. Mary’s Clearview.</td>
<td>Increase to 80% are referred in 2024.</td>
</tr>
</tbody>
</table>

### IMPLEMENTATION PARTNER

Hospital

### PARTNER ROLE(S) AND RESOURCES

Pathways program will partner with Catholic Health Inpatient program to implement referral process.

Erie County Health Department provides leadership and support in coordinating, promoting, educating and engaging in mental health related activities coordinated by the county as well as other local community organizations.

Niagara County Health Department provides leadership and support in coordinating, promoting, educating and engaging in mental health related activities coordinated by the county as well as other local community organizations.

---

### FOCUS AREA 2: PREVENT MENTAL AND SUBSTANCE USER DISORDERS

**GOAL**

Goal 2.2 Prevent opioid overdose deaths

**OBJECTIVES THROUGH 2024**

2.2.2 Increase the age-adjusted rate of patients who received at least one Buprenorphine prescription for opioid use disorder by 20% to 415.6 per 100,000 population. (CH Erie County)

*Common priority with Erie County Health Department.

**Target 415.6 per 100,000**

Baseline 346.3 per 100,000

Baseline Year - 2017

Data Source - PMP Registry

Data Level - County

**Erie County - 765.0 (2020)**
DISPARITIES
Health Care

INTERVENTIONS

Intervention 2.2.1
Increase availability of/access and linkages to medication-assisted treatment (MAT) including Buprenorphine.

Evidence Based Intervention Reference:

FAMILY OF MEASURES

Input Measure - CON granted for construction.
Short-term Outcome - initiation of build out of treatment beds at St. Joseph.
Long-term Outcome - completion of build out of treatment beds at St. Joseph by the end of 2023.

BY DECEMBER 2023, WE WILL HAVE COMPLETED

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</thead>
<tbody>
<tr>
<td>1. State approval for construction.</td>
<td>1. Catholic Health will increase the number of available treatment beds by 40 in the Erie/Niagara County region by the end of 2023.</td>
<td>1. New unit open and admitting patients.</td>
</tr>
</tbody>
</table>

IMPLEMENTATION PARTNER

Providers

PARTNER ROLE(S) AND RESOURCES

Providers and care team to support patients seeking MAT treatment from Catholic Health.

Erie County Health Department provides leadership and support in coordinating, promoting, educating and engaging in mental health related activities coordinated by the county as well as other local community organizations.

Niagara County Health Department provides leadership and support in coordinating, promoting, educating and engaging in mental health related activities coordinated by the county as well as other local community organizations.
Priority #3 Promote Healthy Women, Infants and Children

FOCUS AREA 1. MATERNAL & WOMEN'S HEALTH

GOAL
Goal 1.2: Reduce Maternal Mortality and Morbidity

OBJECTIVES THROUGH 2024

By December 31, 2024

Objective 2.1.1 Decrease the maternal mortality rate by 22% to 16.0 maternal deaths per 100,000 live births. (CH Erie County and CH Niagara County)

Target 16.0
Baseline 20.4
Baseline Year 2014-2016
Data Source NYS Vital Statistics
Data Level - State, Region, County

State 2019 19.3
Erie County 2019 -13.6 *(4)
Niagara County 2019 -31.8* (2)
*County rates unstable due to fewer than 10 deaths

Objective 2.1.2 Decrease the percentage of births that are preterm by 5% to 8.3 percent of live births. (CH Erie County and CH Niagara County)

Target 8.3
Baseline 8.7
Baseline Year 2015
Data Source Vital Statistics
Data Level State, Region, County

Erie County 2019 - 10.1
Niagara County 2019 - 9.8

DISPARITIES
Socioeconomic

INTERVENTIONS

Intervention 2.1.2
Increase the capacity and competencies of local maternal and infant home visiting programs

Evidence Based Intervention Reference:

FAMILY OF MEASURES

Input Measures -
1. Positions posted and filled with support of Catholic Health Human Resources.
2. Provider offices detailed by NFP team to ensure providers and staff are aware of program and how to refer clients.

Intermediate Outcome - Client data is reviewed and reported to Nurse Family Partnership national office to validate outcomes are consistent with national program.

BY DECEMBER 2023, WE WILL HAVE COMPLETED

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<tr>
<td>1. With support of Human Resources all Catholic Health - Nurse Family Partnership positions filled. Current 4.5 and budgeted for 5.5.</td>
<td>1. Catholic Health - Nurse Family Partnership Enrollment at full capacity of 138 clients. 2. Data reviewed and uploaded to national NFP as requested.</td>
<td>1. Catholic Health - Nurse Family Partnership Staffing ratio will be at 1 RN:25 clients. 2. Data reviewed and uploaded to national NFP as requested. 3. Review county and state Maternal Mortality Rates. 4. Review county and state Preterm Birth percentages.</td>
</tr>
</tbody>
</table>

IMPLEMENTATION PARTNER

New York State Department of Health, Buffalo Prenatal-Perinatal Network, Healthy Families

PARTNER ROLE(S) AND RESOURCES

New York State Department of Health - MCVEY Funding

Erie County Health Department provides leadership and support in coordinating, promoting, educating and engaging in perinatal health related activities coordinated by the county as well as other local community organizations.

Niagara County Health Department provides leadership and support in coordinating, promoting, educating and engaging in perinatal health related activities coordinated by the county as well as other local community organizations.
FOCUS AREA 2. PERINATAL AND INFANT HEALTH

GOAL

Goal 2.2: Increase breastfeeding

OBJECTIVES THROUGH 2024

Objective 2.2.1.0: Increase the percentage of infants who are exclusively breastfed in the hospital by 10% from 47.0% (2016) to 51.7% among all infants. (CH Erie County and CH Niagara County)

2024 Target
NYS All 51.7%
Hispanic 37.4%
Black 38.4%
Baseline 47.0
Baseline Year 2016
Data Source - Vital Statistics
Data Level - State, Region, County

2019 Report (most recent)
Erie County
All 45.4%
Hispanic 30.9%
Black 28.2%

Niagara County
All 45.8%
Hispanic 30.8%
Black 30.2%

2021 Catholic Health Overall
All - 40.9%
Hispanic - 29.8%
Black - 25.3%

Sisters of Charity
All - 39.7%
Hispanic - 28.7%
Black - 24.6%

Mercy Hospital
All - 44.2%
Hispanic - 33.3%
Black - 28.2%

Mount St. Mary’s
All - 35.1%
Hispanic - 27.2%
Black - 28.1%

DISPARITIES
Race
All
Hispanic
Black, Non-Hispanic

INTERVENTIONS

Intervention 2.2.1: Increase access to professional support, peer support, and formal education to change behavior and outcomes.

Evidence Based Intervention Reference:

Interventions targeting implicit attitudes among health care professionals are needed because implicit bias may contribute to health disparities for people of color.


Training alone won’t lead to immediate improvements in racial and ethnic disparities, but it can provide health care providers with important insights to recognize and remedy implicit bias. These actions can result in improved patient-provider communication, overall patient experience and quality of care, and a culture shift across committed organizations towards the broader goal of achieving equity for all moms and babies.
**FAMILY OF MEASURES**

**Input Measures**
1. Develop and offer implicit bias training/education/care focus for care team/cultural sensitivity based on leadership identified needs in each facility.

**Output Measures -**
1. Number of programs offered.
2. Number of care team associates that participate in program offered at each facility.
3. Exclusive breastfeeding rates at each facility and overall.

**BY DECEMBER 2023, WE WILL HAVE COMPLETED**

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| 1. Research and develop implicit bias training strategy for each of the maternity units.  
2. Identify goals for exclusive breastfeeding by ethnicity.  
3. Review policies and procedures to ensure reflect unit’s focus on cultural sensitivity related to expectations for advocacy and support of exclusive breastfeeding.  
3. Schedule implicit bias training activities for Year 2. | 1. Implicit bias training activities made available to all maternity staff.  
2. Program Activities, Dates, and Attendance Numbers tracked for each unit. | 1. Monitor exclusive breastfeeding rates by facility and overall for Catholic Health. |

**IMPLEMENTATION PARTNER**

Hospital

**PARTNER ROLE(S) AND RESOURCES**

Hospital maternity leaders will collaborate with care team, education department and other local and national resources to develop program or identify presenters to invite to facilitate programs for care team and providers practicing at each facility.

Erie County Health Department provides leadership and support in coordinating, promoting, educating and engaging in perinatal health related activities coordinated by the county as well as other local community organizations.

Niagara County Health Department provides leadership and support in coordinating, promoting, educating and engaging in perinatal health related activities coordinated by the county as well as other local community organizations.
3. Maintaining Engagement, Tracking Progress and Mid-Course Corrections

Catholic Health will continue to be an active partner in the CHA/CHIP Steering Committee. The Committee will continue to be convened regularly by the Niagara County Health Department, at least annually. Catholic Health representatives are also engaged in a variety of local, regional, state, and national committees, as well as with organizations and other task force initiatives. Focuses for engagement include Prevention Agenda Priorities as well as other priority areas that are not specific to the 2022-2024 Community Health Improvement Plan but may be strategic initiatives to support the overall organization's mission and future. While the global pandemic and other recent organizational and community events have influenced many focuses, collectively they have strengthened the organization's commitment to its overall mission of revealing the healing love of Jesus to all.

Progress toward the goals identified in the 2022-2024 Community Health Improvement Plan will be reviewed and measured using a variety of resources. Catholic Health will leverage access to data from the system wide Epic electronic medical record system when possible. Ongoing input from the community, CHA/CHIP partners, as well as Catholic Health associates will also be used to validate interventions and progress. Catholic Health's Mission Integration team will collect data and submit updates via the New York State Health Commerce System. The need for mid-course corrections will be monitored and discussed over the next three years as part of the organization's ongoing prioritization of continuous quality improvement. Updates will be documented and submitted per the state's documentation process.

4. Dissemination of the Executive Summary and Community Health Improvement Plans

The 2022-2024 Catholic Health Needs Assessment and Community Health Improvement Plan for Niagara County will be made widely available to the community via the Catholic Health System website (chsbuffalo.org). Paper copies may be requested at no charge by contacting Catholic Health attention: Mission Integration 144 Genesee Street, Buffalo, NY 14203.
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Catholic Health
the right way to care...

4 hospitals on 5 campuses

10,424+ associates & physicians

2 home care agencies

5 community based care facilities

Five-Star Rated
Long Term Care facilities

Joint Commission Certified
for all hospitals

2020 Healthcare Company of the Year
in Western New York

Five-Star Rating
McAuley Seton Home Care
for patient experience
(highest in WNY)
Catholic Health Locations

Hospitals & Emergency Care

Kenmore Mercy Hospital
2950 Elmwood Avenue
Kenmore, NY 14217
(716) 447-6100

Mercy Hospital of Buffalo
565 Abbott Road
Buffalo, NY 14220
(716) 826-7000

Mount St. Mary’s Hospital
5300 Military Road
Lewiston, NY 14092
(716) 297-4800

Sisters of Charity Hospital
2157 Main Street
Buffalo, NY 14214
(716) 862-1000

Primary Care & OB/GYN Centers

Mercy Comprehensive Care Center (MCCC)
397 Louisiana Street
Buffalo, NY 14204
(716) 847-6610

Mercy OB/GYN Center
515 Abbott Road, Suite 302
Buffalo, NY 14220
(716) 828-3520

Sisters of Charity Hospital, St. Joseph Campus
2605 Harlem Road
Cheektowaga, NY 14225
(716) 891-2400

Mount St. Mary’s Center for Women
5300 Military Road
Lewiston, NY 14092
(716) 298-2224

Mount St. Mary’s Primary Care Niagara Falls
5290 Military Road
Lewiston, NY 14092
(716) 298-3000

Mount St Mary’s Health Center Lockport
6000 Brockton Rd Suite 106
Lockport, NY 14094
(716) 342-3026

Mount St. Mary’s Neighborhood Health Center
3101 9th Street
Niagara Falls, NY 14305
(716) 284-8917

Sisters of Charity Hospital
2157 Main Street
Buffalo, NY 14214
(716) 862-1000

Sisters of Charity Hospital, St. Joseph Campus
2605 Harlem Road
Cheektowaga, NY 14225
(716) 891-2400

Diagnostic & Testing Centers

Kenmore Medical Office Building
2914 Elmwood Avenue
Kenmore, NY 14217
(716) 447-6671

Mount St. Mary’s Imaging & Lab Center
7300 Porter Road
Niagara Falls, NY 14304
(716) 298-8400

Mount St Mary’s Health Center Lockport
6000 Brockton Rd Suite 106
Lockport, NY 14094
(716) 342-3026

Mount St. Mary’s Neighborhood Health Center
3101 9th Street
Niagara Falls, NY 14305
(716) 284-8917

Mount St. Mary’s Primary Care Niagara Falls
5290 Military Road
Lewiston, NY 14092
(716) 298-3000

Mount St. Mary’s Primary Care

Mercy Diagnostic & Treatment Center
550 Orchard Park Road, Bldg. C
West Seneca, NY 14224
(716) 677-5000

Mercy Ambulatory Care Center (MACC)
3669 Southwestern Boulevard
Orchard Park, NY 14127
(716) 662-0500

Mercy Diagnostic Center
94 Olean Street
East Aurora, NY 14052
(716) 655-2525
Catholic Health Locations continued

M. Steven Piver, MD Center for Women’s Health & Wellness
2121 Main Street, Suite 100
Buffalo, NY 14214
(716) 862-1965

OLV Family Care Center
227 Ridge Road
Lackawanna, NY 14220
(716) 822-5944

Sisters OB/GYN Center
2157 Main Street
Buffalo, NY 14214
(716) 862-1994

Sisters Health Center Caritas
2625 Harlem Rd Suite 160
Cheektowaga, NY 14225
(716) 862-2570

Sisters Health Center D’Youville
301 Connecticut St
Buffalo, NY 14213
(716) 862-1994

Springville OB/GYN Center
27 Franklin St
Springville, NY 14141
(716) 592-7400

St. Vincent Health Center
1500 Broadway Street
Buffalo, NY 14212
(716) 893-8550

Home & Community Based Care

McAuley Seton Home Care Erie County Office; Mercy Home Care of WNY; Nurse Family Partnership Program; Right Start Program; Health Home Program
144 Genesee Street
Buffalo, NY 14203
(716) 685-4870

McAuley Seton Home Care Niagara County Office
3571 Niagara Falls Blvd, Suite 10
(Meadowbrook Plaza)
North Tonawanda, NY 14120
(716) 433-2475

Catholic Health Infusion Pharmacy; Home Response Medical Alert System
6350 Transit Road
Depew NY, 14043
(716) 685-4870

LIFE – Living Independently for Elders (PACE Program)
OLV Senior Neighborhood
55 Melroy Avenue
Lackawanna, NY 14228
600 Doat Street
Buffalo, NY 14211
(716) 819-LIFE (5433)

St. Francis Park
5229 South Park Avenue
Hamburg, NY 14075
(716) 649-1205

Long-Term & Subacute Care

Father Baker Manor
6400 Powers Road
Orchard Park, NY 14127
(716) 657-0001

McAuley Residence
1503 Military Road
Kenmore, NY 14217
(716) 447-6600

Mercy Nursing Facility at OLV
55 Melroy Avenue
Lackawanna, NY 14228
(716) 819-5300

St. Catherine Labouré Health Care Center
2157 Main Street
Buffalo, NY 14214
(716) 862-1450

Administrative Services

Catholic Health Administrative & Regional Training Center (ARTC)
144 Genesee Street
Buffalo, NY 14203
(716) 923-9800
2022 Catholic Health Associate Community Involvement

- 11 Day Power Play
- Altus Management / CRS Radiopharmaceutical
- American Red Cross
- Amherst Chamber of Commerce
- Antioch Missionary Baptist Church
- Bar Association of Erie County, Volunteer Lawyers Project
- BSA (Troop 229G & Pack 816)
- Buffalo Prenatal Perinatal Network INC.
- Canopy of Neighbors
- Catholic Charities
- Catholic Daughters of the Americas
- Cheektowaga Senior Services
- Department of Family Services - Niagara Falls
- Diamonds in the Ruff Animal Rescue
- Diocese of Buffalo
- D'Youville College Governance Committee
- East Aurora Boys Volley Ball Boosters
- Ed Tech of WNY
- Empower
- Feed More WNY
- Fourteen Holy Helpers
- Franciscan Sisters of Saint Joseph
- Gerard Place
- Harvest House
- Health Association of NYS
- Healthcare Association of Western/Central NY
- Heart, Love and Soul Dining, Food Pantry, and Daybreak
- Holy Cross Church
- InTandem
- Juvenile Diabetes Research Foundation-JDRF
- Kappa Alpha Psi
- Lions Club of Hamburg
- Literacy Buffalo Niagara
- Little Portion Friary
- Make-A-Wish of WNY
- Masjid Al-Eiman and Islamic Cultural Association of WNY
- Nativity Miguel
- Near East and West Side (NEWS) Task Force
- Niagara Organizing Alliance for Hope
- Niagara River Region Chamber of Commerce
- Operation Home Front for Military Families
- Parish Nurse Ministries of NY, Inc
- Paws for Love, Erie County SPCA
- Pendleton Athletic Boosters Association
- People Inc
- Pinnacle Community Services
- Save the Michaels
- Sigma Pi Phi (Boule)
- Squeaky Wheel Film & Media Arts Center
- Stella Niagara Education Park
- St. Leo the Great RC Church
- St. Peter RC Church
- The Buffalo Zoo
- The Fellowship of God's Word
- Trinidad Neighborhood Association
- Urban Christian Ministries
- Value Netwrok Advisory Board
- Western New York Invention Convention
- WNY Church Unleashed/St. Paul's Lutheran Church
- WNY Professional Nurses Association
- WNYNION-NY Organization of Nursing Leaders
- Worldwide Community First Responders (WCFR)

Note: The above list reflects names of organizations associates reported involvement with as part of a 2022 survey coordinated by the Catholic Health Diversity, Equity and Inclusion Committee as well as organizations identified by associates and providers through the Catholic Health Community Benefit Occurrence Tracker system.
Community Benefit Vision: We will improve the health status of our communities through wellness and prevention, partnerships and collaborations, and improved access to health care for those in need.

Community Benefit at Catholic Health is a planned, coordinated and measured organizational approach to identify and respond to the health needs of our community.

- Provides strategic oversight for community benefit planning, evaluation and reporting to fulfill the charitable obligation of Catholic Health, State, and Federal Government requirements
- Provides guidance on CH community investments
- Advocates for and communicates about community benefit to CH Board and the broader community
- Promotes key organizational partnerships
- Conducts the Community Health Needs Assessment (CHNA) every three years in partnership with the Planning Dept. and communities in line with the NYS Prevention Agenda
- Obtains and reviews data, and assesses the community and other resources for emerging and unidentified needs to improve the health status of the community
- Develops the Community Health Improvement Plan (CHIP) to address needs identified in accordance with the local, state Department of Health (DOH) and federal guidance (IRS)
- Develops financial assistance policies and processes related to care of persons living in poverty, including community benefit
- Allocate annually (at least $100k or 1% net income – whichever is greater) for Community Benefit Grants to support programs that serve the poor and disadvantaged and address unmet health needs in our community through partnerships with community-based organizations which address the social determinants of health and demonstrate capacity building and or are sustainable
- Mission Leadership oversee the work of community benefit reporters
- Adopt charitable organizations in the community (CH Charities of Choice) and support for a two year period; support Global Health ministry and others based on organizational needs and priorities
- Marketing communicates with internal and external stakeholders as to how CH is improving the health status of our communities
- Participate in training and ongoing education regarding community benefit
- Participate in and volunteer in “approved/sponsored” community benefit activities and report in CBISA
- Develop and implement (service line/ministry-specific) signature community health programs and services
- Continue community health and health/profession education
- Make charitable contributions
- Conduct associate community giving campaign
- Provide charity care/discounted services
- Conduct clinical projects
- Participate in research
- Enhance community benefit operations
- Enhance community building activities
- Partner and collaborate with local community service organizations to meet health needs
- Advocate for public policies that support CH Community Benefit
- Carry out CH role as a Mission driven community asset

Innovate: We will improve the health status of our communities through innovative strategies and new ways of working.

- Develop and implement policies that align community health and health system needs
- Assess CH’s performance, effectiveness, and impact of community benefit
- Communicate CH’s performance, effectiveness, and impact of community benefit
- Conduct continuous improvement initiatives
- Improve CH’s ability to respond to community benefit needs
- Support CH’s ability to respond to community benefit needs

Catholic Health: Social Responsibility, Community Benefit Framework

September 3, 2019
Learn about financial assistance at Catholic Health

Catholic Health was founded in 1998 by four religious sponsors: the Diocese of Buffalo, the Daughters of Charity of St. Vincent de Paul, the Franciscan Sisters of St. Joseph, and the Sisters of Mercy.

Our Mission
We are called to reveal the healing love of Jesus to all.

Our 2025 Vision
Inspired by faith and committed to excellence, we will lead the transformation of healthcare in our communities.

We believe in the basic right to healthcare, with the responsibility to take care of the most vulnerable people in our community. Our Healthcare Assistance Program was created to make sure members of our community are able to receive the medical care they need regardless of what they can afford to pay.

Financial Aid Statement
If you do not have health insurance, or worry that you may not be able to pay in full for your care, we can help. Catholic Health hospitals provide healthcare assistance to patients based on their income and needs. We also may be able to help you with information/assistance with obtaining free or low-cost health coverage, or work with you to arrange a manageable payment plan.

It is important that you let us know if you will have trouble paying your bill. Federal and state laws require all hospitals to seek full payment for what they bill patients. This means we may have to turn unpaid or ignored bills over to a collection agency. We want to work with you to make sure this does not happen.
Who Qualifies for Catholic Health Healthcare Assistance?
Catholic Health extends discounts to uninsured and underinsured patients who receive medically necessary services. Discount amounts are based on the Federal Poverty Level (FPL) guidelines and sliding income scales, and patients who qualify for financial assistance will not be financially responsible for more than the Medicaid discounted rate.

While Catholic Health primarily serves the five counties of Western New York, everyone in New York State who needs emergency services can receive care and get a discount if they do not have health insurance. Additionally, everyone in New York State can get a discount on non-emergency medically necessary services in Catholic Health Acute Care Facilities if they do not have health insurance. **You will not be denied medically necessary care because you need financial assistance.** You may apply for a discount regardless of immigration status.

What is NOT Covered?
Catholic Health’s Healthcare Assistance Program (HAP) does have limits to what it will cover.

Please read the information below carefully.
- This program does NOT cover doctor fees even if that doctor’s office is located at one of our hospitals. Only physician fees/services at our hospital-operated primary care sites listed in this brochure are covered.
- Cosmetic surgery is NOT covered.
- Charges for medical equipment and supplies are NOT covered.
- Physician services such as radiology, anesthesia, emergency room physicians, consulting visits, or any private provider are NOT covered. For these services you will need to make private/separate payment arrangements.

What Other Assistance is Available?

MEDICAID
Medicaid is a program for New York State residents who cannot afford to pay for medical care. People may be covered by Medicaid if they have high medical bills, receive Supplemental Security Income (SSI), or if they meet certain income, resource, age or disability requirements. For more information contact 1 (855) 355-5777 or go to nystateofhealth.ny.gov.

HEALTHCARE INSURANCE MARKETPLACE
The Affordable Care Act (ACA) requires everyone legally living in the U.S. to have health insurance as of January 1, 2014. It also gives millions of individuals with too little or no insurance access to health plans at different cost levels. The law also provides financial assistance to those who qualify based on family size and income.

NEW YORK STATE OF HEALTH (Exchange Plans)
New York State of Health is a new Health Plan Marketplace. Individuals and families can use it to buy health insurance. It lets you shop and compare many health plans. It is the only place to get help lowering the cost of health insurance coverage. For additional assistance call 1 (855) 355-5777 or go to nystateofhealth.ny.gov.

PRESCRIPTION DRUG COVERAGE
Elderly Pharmaceutical Insurance Coverage (EPIC) is a New York State sponsored prescription plan for senior citizens who need help paying for prescriptions. New York State residents can join EPIC if they are 65 or older and meet income requirements. EPIC members will be required to pay fees, deductibles, or co-payments. Seniors who receive full Medicaid benefits or have other prescription coverage that is better than EPIC are not eligible. EPIC will not pay for medication dispensed by a Catholic Health pharmacy.
To apply, call 1 (800) 332-3742.

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To apply, call 1 (800) 332-3742.
New York State Prevention Agenda 2019-2024: An Overview

Updated: April 27, 2021

The Prevention Agenda 2019-2024 is New York State’s health improvement plan, the blueprint for state and local action to improve the health and well-being of all New Yorkers and promote health equity across populations who experience disparities. In partnership with more than 100 organizations across the state, the Prevention Agenda is updated by the New York State Public Health and Health Planning Council at the request of the Department of Health. This is the third cycle for this statewide initiative that started in 2008.

The vision of the Prevention Agenda for 2019-2024 is that New York is the Healthiest State in the Nation for People of All Ages. We are proud that, since 2008, New York has moved from the 28th to 10th healthiest state on America’s Health Rankings, demonstrating real progress toward achieving our vision.

The Prevention Agenda is based on a comprehensive statewide assessment of health status and health disparities, changing demographics, and the underlying causes of death and diseases. We used the County Health Rankings model (Figure 1) as the framework for understanding the modifiable determinants of health (without discounting the role of genetics). New to this 2019-2024 cycle is the incorporation of a Health Across All Policies approach, initiated by New York State in 2017, which calls on all State agencies to identify and strengthen the ways that their policies and programs can have a positive impact on health. It embraces Healthy Aging to support the State’s commitment to making New York the first age-friendly state. The 2019-2024 cycle also builds on the important experiences—both successes and challenges—of local Prevention Agenda coalitions from across the state, who were formed in previous cycles of the Prevention Agenda to identify and address their local communities’ health priorities.

The overarching strategy of the Prevention Agenda is to implement public health approaches that improve the health and well-being of entire populations and achieve health equity. This strategy includes an emphasis on social determinants of health—defined by Healthy People 2020 as the conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
Such determinants include social and economic opportunities, education, safety in neighborhoods and communities, the quality of physical environments (e.g., the cleanliness of our water, food, air, and housing), and social interactions and relationships. Health behaviors and access to health care are also important (Figure 2).

**Examples of Social Determinants**

- Availability of resources to meet daily needs (e.g., safe housing and local food markets)
- Access to educational, economic and job opportunities
- Access to health care services
- Quality of education and job training
- Availability of community-based resources that support healthy lifestyles and opportunities for recreational and leisure-time activities
- Transportation options
- Public safety
- Social support
- Social norms and attitudes (e.g., discrimination, racism, and distrust of government)
- Exposure to crime, violence, and social disorder (e.g., presence of trash, lack of cooperation in a community)
- Socioeconomic conditions (e.g., concentrated poverty and the accompanying stressful conditions)
- Residential segregation
- Language and literacy
- Access to mass media and emerging technologies (e.g., cell phones, the Internet and social media)
- Culture
- Natural environment, such as green space (e.g., trees and grass) or weather (e.g., climate change)
- Built environment, such as buildings, sidewalks, bike lanes, and roads
- Worksites, schools, and recreational settings
- Housing and community design
- Exposure to toxic substances and other physical hazards
- Physical barriers, especially for people with disabilities
- Aesthetic elements (e.g., good lighting, trees, and benches)

The conditions in the environments where people live, work and play have a significant influence on health status and quality of life and are root causes of poor health and adverse outcomes. Changing these outcomes requires us to address collaboratively the social, economic, and physical conditions that contribute to poor health and well-being.
To achieve our vision, the Prevention Agenda calls for cross-sector partnerships (e.g., public health, health care, housing, education, and social services, etc.) to address social determinants of health across five key areas (Figure 3):

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

especially by encouraging alignment of investments in primary prevention and using community and policy-level interventions to have widespread and lasting positive health impacts (Figure 4).
Process for Developing the Updated Prevention Agenda

Active participation and feedback from the Ad Hoc Committee to Lead the Prevention Agenda and stakeholders across the state were essential for updating the Prevention Agenda for 2019-2024. Many organizations were engaged in developing this updated plan, including local health departments, health care providers, community-based organizations, advocacy groups, academia, employers, schools, and businesses. These organizations reviewed the data on health status and emerging health issues, participated in finalizing the Cross-Cutting Principles (Figure 5), updated the list of priorities and developed priority-specific action plans.

Figure 5

Cross-Cutting Principles

To improve health outcomes, enable well-being, and promote equity across the lifespan, the Prevention Agenda:

- Focuses on addressing social determinants of health and reducing health disparities
- Incorporates a Health Across All Policies approach
- Emphasizes healthy aging across the lifespan
- Promotes community engagement and collaboration across sectors in the development and implementation of local plans
- Maximizes impact with evidence-based interventions for state and local action
- Advocates for increased investments in prevention from all sources
- Concentrates on primary and secondary prevention, rather than on health care design or reimbursement

The New York State Office of Mental Health and the New York State Office of Alcoholism and Substance Abuse Services have been core partners since 2013. New in this 2019-2024 cycle is the involvement of the New York State Office for the Aging and other State agencies in identifying specific interventions that they will implement to advance the Prevention Agenda in improving the health of individuals of all ages. These collaborations are the foundation of the 2019-2024 plan.

The Prevention Agenda 2019-2024 has five priorities with priority-specific action plans developed collaboratively with input from community stakeholders (Figure 6).
<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Healthy Eating and Food Security</th>
<th>Overarching Goal</th>
<th>Reduce obesity and the risk of chronic diseases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal 1.1</td>
<td>Increase access to healthy and affordable foods and beverages</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goal 1.2</td>
<td>Increase skills and knowledge to support healthy food and beverage choices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goal 1.3</td>
<td>Increase food security</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Focus Area</td>
<td>Physical Activity</td>
<td>Overarching Goal</td>
<td>Reduce obesity and the risk of chronic diseases</td>
</tr>
<tr>
<td>Goal 2.1</td>
<td>Improve community environments that support active transportation and recreational physical activity for people of all ages and abilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goal 2.2</td>
<td>Promote school, child care, and worksite environments that support physical activity for people of all ages and abilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goal 2.3</td>
<td>Increase access, for people of all ages and abilities, to safe indoor and/or outdoor places for physical activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Focus Area</td>
<td>Tobacco Prevention</td>
<td>Goal 3.1</td>
<td>Prevent initiation of tobacco use, including combustible tobacco and electronic vaping products (electronic cigarettes and similar devices) by youth and young adults</td>
</tr>
<tr>
<td>Goal 3.2</td>
<td>Promote tobacco use cessation, especially among populations disproportionately affected by tobacco use including: low SES; frequent mental distress/substance use disorder; LGBT; and disability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goal 3.3</td>
<td>Eliminate exposure to secondhand smoke and exposure to secondhand aerosol/emissions from electronic vapor products</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Focus Area</td>
<td>Preventive Care and Management</td>
<td>Goal 4.1</td>
<td>Increase cancer screening rates for breast, cervical, and colorectal cancer</td>
</tr>
<tr>
<td>Goal 4.2</td>
<td>Increase early detection of cardiovascular disease, diabetes, prediabetes and obesity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goal 4.3</td>
<td>Promote the use of evidence-based care to manage chronic diseases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goal 4.4</td>
<td>Improve self-management skills for individuals with chronic conditions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Focus Area</td>
<td>Injuries, Violence and Occupational Health</td>
<td>Goal 1.1</td>
<td>Reduce falls among vulnerable populations</td>
</tr>
<tr>
<td>Goal 1.2</td>
<td>Reduce violence by targeting prevention programs particularly to highest risk populations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goal 1.3</td>
<td>Reduce occupational injuries and illness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goal 1.4</td>
<td>Reduce traffic related injuries for pedestrians and bicyclists</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Focus Area</td>
<td>Outdoor Air Quality</td>
<td>Goal 2.1</td>
<td>Reduce exposure to outdoor air pollutants</td>
</tr>
<tr>
<td>Focus Area</td>
<td>Built and Indoor Environments</td>
<td>Goal 3.1</td>
<td>Improve design and maintenance of the built environment to promote healthy lifestyles, sustainability, and adaptation to climate change</td>
</tr>
<tr>
<td>Goal 3.2</td>
<td>Promote healthy home and school environments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Focus Area</td>
<td>Water Quality</td>
<td>Goal 4.1</td>
<td>Protect water sources and ensure quality drinking water</td>
</tr>
<tr>
<td>Goal 4.2</td>
<td>Protect vulnerable waterbodies to reduce potential public health risks associated with exposure to recreational water</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Focus Area</td>
<td>Food and Consumer Products</td>
<td>Goal 5.1</td>
<td>Raise awareness of the potential presence of chemical contaminants and promote strategies to reduce exposure</td>
</tr>
<tr>
<td>Goal 5.2</td>
<td>Improve food safety management</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Priority Area: Promote Healthy Women, Infants and Children

**Focus Area 1: Maternal & Women’s Health**
- Goal 1.1: Increase use of primary and preventive health care services by women of all ages, with a focus on women of reproductive age
- Goal 1.2: Reduce maternal mortality and morbidity

**Focus Area 2: Perinatal & Infant Health**
- Goal 2.1: Reduce infant mortality and morbidity
- Goal 2.2: Increase breastfeeding

**Focus Area 3: Child & Adolescent Health**
- Goal 3.1: Support and enhance children and adolescents’ social-emotional development and relationships
- Goal 3.2: Increase supports for children and youth with special health care needs
- Goal 3.3: Reduce dental caries among children

**Focus Area 4: Cross Cutting Healthy Women, Infants, & Children**
- Goal 4.1: Reduce racial, ethnic, economic, and geographic disparities in maternal and child health outcomes and promote health equity for maternal and child health populations

#### Priority Area: Promote Well-Being and Prevent Mental and Substance Use Disorders

**Focus Area 1: Promote Well-Being**
- Goal 1.1: Strengthen opportunities to build well-being and resilience across the lifespan
- Goal 1.2: Facilitate supportive environments that promote respect and dignity for people of all ages

**Focus Area 2: Prevent Mental and Substance Use Disorders**
- Goal 2.1: Prevent underage drinking and excessive alcohol consumption by adults
- Goal 2.2: Prevent opioid and other substance misuse and deaths
- Goal 2.3: Prevent and address adverse childhood experiences (ACEs)
- Goal 2.4: Reduce the prevalence of major depressive disorders
- Goal 2.5: Prevent suicides
- Goal 2.6: Reduce the mortality gap between those living with serious mental illness and the general population

#### Priority Area: Prevent Communicable Diseases

**Focus Area 1: Vaccine-Preventable Diseases**
- Goal 1.1: Improve vaccination rates
- Goal 1.2: Reduce vaccination coverage disparities

**Focus Area 2: Human Immunodeficiency Virus (HIV)**
- Goal 2.1: Decrease HIV morbidity (new HIV diagnoses)
- Goal 2.2: Increase viral suppression

**Focus Area 3: Sexually Transmitted Infections (STIs)**
- Goal 3.1: Reduce the annual rate of growth for STIs

**Focus Area 4: Hepatitis C Virus (HCV)**
- Goal 4.1: Increase the number of persons treated for HCV
- Goal 4.2: Reduce the number of new HCV cases among people who inject drugs

**Focus Area 5: Antibiotic Resistance and Healthcare-Associated Infections**
- Goal 5.1: Improve infection control in healthcare facilities
- Goal 5.2: Reduce infections caused by multidrug resistant organisms and C. difficile
- Goal 5.3: Reduce inappropriate antibiotic use

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New York State Prevention Agenda 2019-2024: An Overview

Figure 6 Continued: New York State Prevention Agenda 2019-2024 – Priority Areas, Focus Areas, and Goals
Each priority-specific action plan includes focus areas, goals, objectives, and measures for evidence-based interventions to track their impacts – including reductions in health disparities among racial, ethnic, and socioeconomic groups, age groups, and persons with disabilities. These objectives will be tracked on the New York State Prevention Agenda Dashboard. The Prevention Agenda Action Plans provide communities with recommended evidence-based interventions, promising practices, and guidance to support implementation (e.g., by highlighting organizations that are well-positioned to take leading or supporting roles). The plans emphasize interventions that address social determinants of health, promote health equity across communities, and support healthy and active aging.

Implementing the five priority-specific action plans in the Prevention Agenda 2019-2024 will improve major cross-cutting health outcomes and reduce health disparities (Figure 7), as measured by the following indicators:

**Figure 7: New York State Prevention Agenda 2019-2024 Cross-Cutting Objectives**

<table>
<thead>
<tr>
<th>Prevention Agenda (PA) Indicator</th>
<th>Baseline Year</th>
<th>Baseline</th>
<th>Prevention Agenda 2024 Objective</th>
<th>Percent Improvement from Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cross-Cutting Objectives to Improve Health Status and Reduce Health Disparities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of premature deaths (before age 65 years)</td>
<td>2016</td>
<td>24</td>
<td>22.8</td>
<td>-5%</td>
</tr>
<tr>
<td>Difference in percentage (Black non-Hispanic and White non-Hispanic) of premature deaths</td>
<td>2016</td>
<td>18.2</td>
<td>17.3</td>
<td>-5%</td>
</tr>
<tr>
<td>Difference in percentage (Hispanic and White non-Hispanic) of premature deaths</td>
<td>2016</td>
<td>17.1</td>
<td>16.2</td>
<td>-5%</td>
</tr>
<tr>
<td>Preventable hospitalizations among adults, age-adjusted rate per 10,000</td>
<td>2016</td>
<td>121.1</td>
<td>115.0</td>
<td>-5%</td>
</tr>
<tr>
<td>Preventable hospitalizations among adults, difference in age-adjusted rates per 10,000 between Black non-Hispanics and White non-Hispanics</td>
<td>2016</td>
<td>98.9</td>
<td>94.0</td>
<td>-5%</td>
</tr>
<tr>
<td>Preventable hospitalizations among adults, difference in age-adjusted rates per 10,000 between Hispanics and White non-Hispanics</td>
<td>2016</td>
<td>25.2</td>
<td>23.9</td>
<td>-5%</td>
</tr>
<tr>
<td>Percentage of adults (aged 18-64) with health insurance</td>
<td>2016</td>
<td>91.4</td>
<td>97.0</td>
<td>+ 6%</td>
</tr>
<tr>
<td>Age-adjusted percentage of adults who have a regular health care provider - Aged 18+ years</td>
<td>2016</td>
<td>82.6</td>
<td>86.7</td>
<td>+ 5%</td>
</tr>
</tbody>
</table>
The Prevention Agenda aims to be a dynamic plan and a catalyst for action. Key to its success will be the alignment of efforts across State agencies, working with local governments and Prevention Agenda coalitions, and facilitating active community engagement. The Ad Hoc Committee will encourage its members and partners across the state to share effective strategies for improving community health. The Public Health and Health Planning Council will oversee implementation and use lessons learned to advance the Prevention Agenda.

References


# Niagara County Health Indicators by Race/Ethnicity, 2017-2019

## Health Indicators by Race/Ethnicity, 2017-2019

### Socio-Demographic Indicators

<table>
<thead>
<tr>
<th>Health Indicator</th>
<th>Non-Hispanic</th>
<th>White</th>
<th>Black</th>
<th>Asian/Pacific Islander</th>
<th>Hispanic</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population (2018)</td>
<td></td>
<td>181,802</td>
<td>16,572</td>
<td>2,726</td>
<td>2,726</td>
<td>100.0%</td>
</tr>
<tr>
<td>Percentage of population (2018)</td>
<td>86.4%</td>
<td>7.9%</td>
<td>1.3%</td>
<td>3.2%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>Percentage of families below poverty (2015-2019)</td>
<td>7.2%</td>
<td>34.5%</td>
<td>13.9%*</td>
<td>31.0%</td>
<td>9.8%</td>
<td></td>
</tr>
</tbody>
</table>

### General Health Indicators

<table>
<thead>
<tr>
<th>Health Indicator</th>
<th>Non-Hispanic</th>
<th>White</th>
<th>Black</th>
<th>Asian/Pacific Islander</th>
<th>Hispanic</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total mortality per 100,000 population, age-adjusted</td>
<td>781.1</td>
<td>1,070.9</td>
<td>272.1</td>
<td>703.6</td>
<td>802.2</td>
<td></td>
</tr>
<tr>
<td>Percentage of premature deaths (&lt; 75 years)</td>
<td>38.8%</td>
<td>67.4%</td>
<td>66.7%</td>
<td>70.7%</td>
<td>41.3%</td>
<td></td>
</tr>
<tr>
<td>Years of potential life lost per 100,000 population, age-adjusted</td>
<td>6,574.2</td>
<td>13,320.5</td>
<td>3,119.8</td>
<td>6,833.5</td>
<td>7,241.4</td>
<td></td>
</tr>
</tbody>
</table>

### Birth-Related Indicators

<table>
<thead>
<tr>
<th>Health Indicator</th>
<th>Non-Hispanic</th>
<th>White</th>
<th>Black</th>
<th>Asian/Pacific Islander</th>
<th>Hispanic</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of births per year (3 year average)</td>
<td>1,624</td>
<td>223</td>
<td>30</td>
<td>110</td>
<td>2,097</td>
<td></td>
</tr>
<tr>
<td>Percentage of births with early (1st trimester) prenatal care</td>
<td>73.4%</td>
<td>53.9%</td>
<td>69.7%</td>
<td>62.4%</td>
<td>69.6%</td>
<td></td>
</tr>
<tr>
<td>Percentage of births with adequate prenatal care (APNCU)</td>
<td>72.7%</td>
<td>62.9%</td>
<td>73.6%</td>
<td>68.7%</td>
<td>71.1%</td>
<td></td>
</tr>
<tr>
<td>Percentage of premature births (&lt; 37 weeks gestation - clinical estimate)</td>
<td>9.2%</td>
<td>12.0%</td>
<td>14.3%</td>
<td>7.8%</td>
<td>9.8%</td>
<td></td>
</tr>
<tr>
<td>Percentage of low birthweight births (&lt; 2.5 kg)</td>
<td>7.8%</td>
<td>11.5%</td>
<td>7.7%*</td>
<td>6.9%</td>
<td>8.5%</td>
<td></td>
</tr>
<tr>
<td>Teen pregnancies per 1,000 females aged under 18 years</td>
<td>3.3</td>
<td>12.4</td>
<td>2.5*</td>
<td>8.1</td>
<td>5.3</td>
<td></td>
</tr>
<tr>
<td>Pregnancies per 1,000 females aged 15-44 years</td>
<td>63.4</td>
<td>103.8</td>
<td>45.4</td>
<td>92.2</td>
<td>73.4</td>
<td></td>
</tr>
<tr>
<td>Fertility per 1,000 females aged 15-44 years</td>
<td>52.3</td>
<td>61.5</td>
<td>47.5</td>
<td>74.2</td>
<td>56.3</td>
<td></td>
</tr>
<tr>
<td>Infant mortality per 1,000 live births</td>
<td>4.1</td>
<td>12.0*</td>
<td>11.0*</td>
<td>6.1*</td>
<td>5.4</td>
<td></td>
</tr>
</tbody>
</table>

### Injury-Related Indicators

<table>
<thead>
<tr>
<th>Health Indicator</th>
<th>Non-Hispanic</th>
<th>White</th>
<th>Black</th>
<th>Asian/Pacific Islander</th>
<th>Hispanic</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motor vehicle-related mortality per 100,000 population, age-adjusted</td>
<td>7.2</td>
<td>9.6*</td>
<td>0.0*</td>
<td>9.3*</td>
<td>7.2</td>
<td></td>
</tr>
<tr>
<td>Unintentional injury mortality per 100,000 population, age-adjusted</td>
<td>43.5</td>
<td>54.8</td>
<td>26.2*</td>
<td>51.8*</td>
<td>45.5</td>
<td></td>
</tr>
<tr>
<td>Unintentional injury hospitalizations per 10,000 population, age-adjusted</td>
<td>57.4</td>
<td>66.1</td>
<td>13.0*</td>
<td>39.8</td>
<td>59.0</td>
<td></td>
</tr>
<tr>
<td>Fall hospitalizations per 10,000 population, aged 65+ years</td>
<td>192.2</td>
<td>115.8</td>
<td>5</td>
<td>117.5</td>
<td>189.1</td>
<td></td>
</tr>
<tr>
<td>Poisoning hospitalizations per 10,000 population, age-adjusted</td>
<td>8.2</td>
<td>10.6</td>
<td>5</td>
<td>10.3</td>
<td>8.6</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
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<td>--------------------</td>
<td>--------------------</td>
<td>--------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Opioid burden per 100,000 population</strong></td>
<td>303.9</td>
<td>340.6</td>
<td>s</td>
<td>360.3</td>
<td>313.7</td>
<td></td>
</tr>
<tr>
<td><strong>Suicide mortality per 100,000 population, age-adjusted</strong></td>
<td>12.0</td>
<td>7.2*</td>
<td>0.0*</td>
<td>6.4*</td>
<td>11.2</td>
<td></td>
</tr>
<tr>
<td><strong>Respiratory Disease Indicators</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma hospitalizations per 10,000 population, age-adjusted</td>
<td>4.2</td>
<td>12.0</td>
<td>7.5*</td>
<td>6.4</td>
<td>5.2</td>
<td></td>
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<tr>
<td>Asthma hospitalizations per 10,000 population, aged 0-17 years</td>
<td>10.3</td>
<td>13.8</td>
<td>29.7*</td>
<td>12.8</td>
<td>11.7</td>
<td></td>
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<tr>
<td>Chronic lower respiratory disease mortality per 100,000 population, age-adjusted</td>
<td>51.3</td>
<td>38.9</td>
<td>0.0*</td>
<td>25.0*</td>
<td>50.5</td>
<td></td>
</tr>
<tr>
<td>Chronic lower respiratory disease hospitalizations per 10,000 population, age-adjusted</td>
<td>27.2</td>
<td>48.3</td>
<td>13.5*</td>
<td>22.3</td>
<td>28.9</td>
<td></td>
</tr>
<tr>
<td><strong>Heart Disease and Stroke Indicators</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diseases of the heart mortality per 100,000 population, age-adjusted</td>
<td>201.2</td>
<td>306.1</td>
<td>72.5*</td>
<td>184.1</td>
<td>208.5</td>
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<tr>
<td>Diseases of the heart hospitalizations per 10,000 population, age-adjusted</td>
<td>92.7</td>
<td>190.9</td>
<td>60.2</td>
<td>70.6</td>
<td>99.1</td>
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<tr>
<td>Cerebrovascular disease (stroke) mortality per 100,000 population, age-adjusted</td>
<td>33.5</td>
<td>52.6</td>
<td>26.2*</td>
<td>31.7*</td>
<td>34.1</td>
<td></td>
</tr>
<tr>
<td>Cerebrovascular disease (stroke) hospitalizations per 10,000 population, age-adjusted</td>
<td>23.2</td>
<td>52.7</td>
<td>11.4*</td>
<td>6.6*</td>
<td>24.7</td>
<td></td>
</tr>
<tr>
<td>Coronary heart disease mortality per 100,000 population, age-adjusted</td>
<td>125.9</td>
<td>208.3</td>
<td>53.4*</td>
<td>108.4</td>
<td>131.3</td>
<td></td>
</tr>
<tr>
<td>Coronary heart disease hospitalizations per 10,000 population, age-adjusted</td>
<td>28.8</td>
<td>42.1</td>
<td>16.6</td>
<td>21.9</td>
<td>30.2</td>
<td></td>
</tr>
<tr>
<td>Congestive heart failure mortality per 100,000 population, age-adjusted</td>
<td>40.3</td>
<td>30.0</td>
<td>8.4*</td>
<td>31.0*</td>
<td>39.7</td>
<td></td>
</tr>
<tr>
<td>Potentially preventable heart failure hospitalization rate per 10,000 population - Aged 18 years and older (2017-2018)</td>
<td>47.0</td>
<td>104.0</td>
<td>24.6</td>
<td>13.9</td>
<td>50.0</td>
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</tr>
<tr>
<td><strong>Diabetes Indicators</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes mortality per 100,000 population, age-adjusted</td>
<td>20.1</td>
<td>56.9</td>
<td>8.4*</td>
<td>25.1*</td>
<td>22.4</td>
<td></td>
</tr>
<tr>
<td>Diabetes (primary diagnosis) hospitalizations per 10,000 population, age-adjusted</td>
<td>17.9</td>
<td>55.0</td>
<td>8.4*</td>
<td>28.9</td>
<td>20.9</td>
<td></td>
</tr>
<tr>
<td>Diabetes (any diagnosis) hospitalizations per 10,000 population, age-adjusted</td>
<td>198.4</td>
<td>488.0</td>
<td>122.6</td>
<td>220.4</td>
<td>219.4</td>
<td></td>
</tr>
<tr>
<td>Potentially preventable diabetes short-term complications hospitalization rate per 10,000 population - Aged 18+ Years</td>
<td>6.4</td>
<td>23.5</td>
<td>s</td>
<td>9.0</td>
<td>7.6</td>
<td></td>
</tr>
</tbody>
</table>
### Cancer Indicators

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung cancer incidence per 100,000 population, age-adjusted (2016-2018)</td>
<td>74.5</td>
<td>63.4</td>
<td></td>
<td></td>
<td></td>
<td>73.2</td>
</tr>
<tr>
<td>Colorectal cancer mortality per 100,000 population, age-adjusted (2016-2018)</td>
<td>11.3</td>
<td>13.7*</td>
<td></td>
<td></td>
<td></td>
<td>11.4</td>
</tr>
<tr>
<td>Colorectal cancer incidence per 100,000 population, age-adjusted (2016-2018)</td>
<td>42.3</td>
<td>42.1</td>
<td>0.0*</td>
<td></td>
<td></td>
<td>42.0</td>
</tr>
<tr>
<td>Female breast cancer mortality per 100,000 female population, age-adjusted (2016-2018)</td>
<td>21.5</td>
<td>33.4*</td>
<td></td>
<td></td>
<td></td>
<td>21.9</td>
</tr>
<tr>
<td>Female late stage breast cancer incidence per 100,000 female population, age-adjusted (2016-2018)</td>
<td>42.4</td>
<td>45.4</td>
<td></td>
<td></td>
<td></td>
<td>41.4</td>
</tr>
<tr>
<td>Cervix uteri cancer mortality per 100,000 female population, age-adjusted (2016-2018)</td>
<td>1.1*</td>
<td>0.0*</td>
<td>0.0*</td>
<td>0.0*</td>
<td>1.1*</td>
<td>1.1*</td>
</tr>
<tr>
<td>Cervical cancer incidence per 100,000 female population, age-adjusted (2016-2018)</td>
<td>10.1</td>
<td>0.0*</td>
<td>0.0*</td>
<td>0.0*</td>
<td></td>
<td>9.6</td>
</tr>
</tbody>
</table>

### Symbol Meaning

- ***:** The rate or percentage is unstable. [See the “About” page](https://www.health.ny.gov/statistics/community/minority/county/niagara.htm).
- **s:** Data are suppressed. The data do not meet the criteria for confidentiality.
- **~:** White non-Hispanic, Black (including Hispanic), Asian (including Hispanic, excluding Pacific Islanders), and Hispanic.
- **NA:** Data do not meet the criteria for statistical reliability or data quality, or data not available.
- **^:** APNCU: Adequacy of Prenatal Care Utilization Index.

In 2015, SPARCS transitioned from ICD-9-CM to ICD-10-CM diagnosis codes. These two are not comparable, so ED and hospitalization data for 2016-and-forward should not be compared with earlier data.

The 2018 population estimates are also used to calculate rates for 2019 and 2020.

Questions or comments [phiginfo@health.ny.gov](mailto:phiginfo@health.ny.gov)

Reviewed: March 2022

The 2022 Rankings include deaths attributable to COVID-19 from 2020. See our FAQs for more information on COVID-specific data.

## Compare Counties

### 2022 Rankings

<table>
<thead>
<tr>
<th></th>
<th>New York</th>
<th>Erie (ER), NY</th>
<th>Niagara (NI), NY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Outcomes</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Length of Life</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premature Death</td>
<td>6,000</td>
<td>7,300</td>
<td>7,900</td>
</tr>
<tr>
<td><strong>Quality of Life</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor or Fair Health**</td>
<td>16%</td>
<td>17%</td>
<td>17%</td>
</tr>
<tr>
<td>Poor Physical Health Days**</td>
<td>3.6</td>
<td>3.8</td>
<td>4.0</td>
</tr>
<tr>
<td>Poor Mental Health Days**</td>
<td>3.9</td>
<td>4.6</td>
<td>4.9</td>
</tr>
<tr>
<td>Low Birthweight</td>
<td>8%</td>
<td>9%</td>
<td>8%</td>
</tr>
<tr>
<td><strong>Health Factors</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Behaviors</td>
<td></td>
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<tr>
<td>Adult Smoking**</td>
<td>13%</td>
<td>18%</td>
<td>21%</td>
</tr>
<tr>
<td>Adult Obesity**</td>
<td>27%</td>
<td>32%</td>
<td>32%</td>
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<tr>
<td>Food Environment Index**</td>
<td>9.0</td>
<td>8.1</td>
<td>8.0</td>
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<tr>
<td>Physical Inactivity**</td>
<td>27%</td>
<td>25%</td>
<td>27%</td>
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<tr>
<td>Access to Exercise Opportunities</td>
<td>88%</td>
<td>93%</td>
<td>83%</td>
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<tr>
<td>Excessive Drinking**</td>
<td>19%</td>
<td>22%</td>
<td>21%</td>
</tr>
<tr>
<td>Alcohol-Impaired Driving Deaths</td>
<td>20%</td>
<td>22%</td>
<td>11%</td>
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<tr>
<td>Sexually Transmitted Infections**</td>
<td>640.6</td>
<td>598.2</td>
<td>449.2</td>
</tr>
<tr>
<td>Teen Births</td>
<td>13</td>
<td>16</td>
<td>18</td>
</tr>
<tr>
<td><strong>Clinical Care</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Uninsured</td>
<td>6%</td>
<td>4%</td>
<td>4%</td>
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<tr>
<td>Primary Care Physicians</td>
<td>1,180:1</td>
<td>1,250:1</td>
<td>2,430:1</td>
</tr>
<tr>
<td>Dentists</td>
<td>1,190:1</td>
<td>1,170:1</td>
<td>1,950:1</td>
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<tr>
<td>Mental Health Providers</td>
<td>310:1</td>
<td>280:1</td>
<td>720:1</td>
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<tr>
<td>Preventable Hospital Stays</td>
<td>3,717</td>
<td>3,257</td>
<td>4,279</td>
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<tr>
<td>Mammography Screening</td>
<td>43%</td>
<td>44%</td>
<td>42%</td>
</tr>
<tr>
<td></td>
<td>New York</td>
<td>Erie (ER), NY</td>
<td>Niagara (NI), NY</td>
</tr>
<tr>
<td>------------------</td>
<td>----------</td>
<td>---------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Flu Vaccinations</td>
<td>49%</td>
<td>46%</td>
<td>42%</td>
</tr>
<tr>
<td>Social &amp; Economic Factors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High School Completion</td>
<td>87%</td>
<td>92%</td>
<td>92%</td>
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<tr>
<td>Some College</td>
<td>70%</td>
<td>74%</td>
<td>69%</td>
</tr>
<tr>
<td>Unemployment**</td>
<td>10.0%</td>
<td>9.5%</td>
<td>10.4%</td>
</tr>
<tr>
<td>Children in Poverty</td>
<td>17%</td>
<td>18%</td>
<td>15%</td>
</tr>
<tr>
<td>Income Inequality</td>
<td>5.7</td>
<td>5.0</td>
<td>4.7</td>
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<tr>
<td>Children in Single-Parent Households</td>
<td>26%</td>
<td>29%</td>
<td>26%</td>
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<tr>
<td>Social Associations</td>
<td>8.1</td>
<td>10.1</td>
<td>10.0</td>
</tr>
<tr>
<td>Violent Crime**</td>
<td>379</td>
<td>428</td>
<td>395</td>
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<tr>
<td>Injury Deaths</td>
<td>53</td>
<td>71</td>
<td>71</td>
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<tr>
<td>Physical Environment</td>
<td></td>
<td></td>
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<tr>
<td>Air Pollution - Particulate Matter</td>
<td>6.9</td>
<td>7.6</td>
<td>8.7</td>
</tr>
<tr>
<td>Drinking Water Violations</td>
<td>No</td>
<td>No</td>
<td></td>
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<tr>
<td>Severe Housing Problems</td>
<td>23%</td>
<td>15%</td>
<td>13%</td>
</tr>
<tr>
<td>Driving Alone to Work</td>
<td>52%</td>
<td>80%</td>
<td>83%</td>
</tr>
<tr>
<td>Long Commute - Driving Alone</td>
<td>39%</td>
<td>24%</td>
<td>32%</td>
</tr>
</tbody>
</table>

** Compare across states with caution
^ This measure should not be compared across states
Note: Blank values reflect unreliable or missing data
2022 Niagara County Community Health Survey

We need YOUR help!

You can make a difference in the health and wellbeing of your Niagara County community!
Please take a few minutes to complete this confidential survey, which asks NO personally-identifying questions that would lead back to you or any individual. The information will be used by Niagara County Department of Health, local hospitals and community organizations to identify health issues important to residents and ways to make the community a healthier place to live. Thank you!

1. Are you a Niagara County resident or a college student resident?
   o Yes
   o Yes (college student)
   o No

2. What is your ZIP code? _____________

3. Do you have any kind of health care coverage or health insurance?
   o Yes
   o No
   o Used to, but don't have any now
   o Don't know

4. How do you pay for your health care? Please select all that apply.
   o I have health insurance through my employer or family member
   o I have Medicare
   o I use Medicaid
   o I am covered by the VA
   o I purchased health insurance through NYS of Health
   o I use Tribal health services/insurance
   o I pay cash
   o Other (please specify) ______________________________

5. Where do you get most of your health information? Please select all that apply.
   o Doctor or Medical Provider
   o Library
   o Newspaper or Magazine
   o School Nurse/School Health Educator/Teacher
   o Computer or Internet
   o Social Media (Facebook, Twitter, etc.)
   o Television (TV) or Radio
   o Friends and Family
   o Health Insurance Company
   o Social Services
   o Head Start
   o WIC (Nutrition program for children and pregnant/nursing women)
   o Work Place
   o Other (please specify) ______________________________
6. How often do you see your primary care provider (doctor)?
   o Several times a year
   o For a yearly check-up
   o Only when I’m sick
   o I don’t go see my primary care provider
   o I don’t have a primary care provider

7. When you seek medical care, where do you usually go?
   o Doctor’s office
   o Emergency room
   o Urgent or Immediate care
   o Health clinic
   o Other (please specify) _______________________________

8. Roughly how long ago did you last visit a hospital emergency department for yourself?
   o Within the past year
   o 1-3 years ago
   o More than 3 years ago
   o Never

9. Have you used virtual or telehealth services?
   o Yes
   o Yes, I would use it again
   o Yes, I would not use it again
   o No
   o I don’t know what virtual or telehealth is

10. In the past year, was there any time that you needed medical care but could not - or did not - get it? If no, skip to question 13.
    o Yes
    o No

11. What were the main reasons you did not get the medical care you needed? Please select all that apply.
    o Cost - Without insurance, it was too expensive
    o Cost - Even with insurance, it was too expensive
    o Transportation -- It was too hard to get there
    o Hours - They weren’t open when I could get there
    o I couldn’t get time off from work
    o I had no one to watch my children
    o I couldn’t get an appointment for a long time
    o The medical staff didn’t speak my language
    o I couldn’t get a referral to see a specialist
    o I didn’t know where to get the care I needed
    o I decided not to go because I don’t like going to doctors
    o Some other reason (please explain) _______________________________
12. Have you ever been told by a doctor or a nurse, that you had any of the following? Please select all that apply.
- Blood sugar problems, or diabetes
- High blood pressure, or hypertension
- High cholesterol
- Asthma, COPD, or other breathing issues
- Extreme overweight or obesity
- None of the above
- Other (please specify)

13. When you think about your own health or the health of your community, which of the following issues are you most concerned about? Please select three (3).
- Access to affordable health care
- Access to healthy food
- Alcohol and/or substance use or addiction
- Asthma/COPD
- Child abuse/neglect
- Cancer
- Dental health
- Diabetes
- Domestic violence
- Family planning (pregnancy prevention)
- Firearm-related injuries; homicide
- Food/water safety and quality
- Heart-related issues (high blood pressure, heart disease, or stroke)
- HIV/AIDS
- Immunization and/or prevention of infectious disease (such as flu)
- Injury prevention (falls, motor vehicle safety, etc.)
- Infectious diseases (hepatitis, TB.)
- Infant death
- Maternal health (care for moms during and after pregnancy)
- Mental health/depression/anxiety
- Nutrition/eating a healthy diet
- Overweight/obesity; weight management
- Physical activity; fitness and exercise
- Safety of neighborhood
- Sexually transmitted infections
- Stress management
- Suicide prevention
- Teenage pregnancy
- Tobacco/nicotine, quitting smoking
- Other (please specify) ________________________

14. How would you rate your overall physical health?
- Excellent
- Very good
- Good
- Fair
- Poor

15. How would you rate your overall mental or emotional health?
- Excellent
- Very good
- Good
- Fair
- Poor
16. In the past two years, have you experienced stress related to the COVID-19 pandemic?
   o No
   o Yes, mild stress such as occasional worries or minor stress related symptoms
   o Yes, moderate stress with frequent worries, often feeling anxious, sad, or angry, or some trouble sleeping
   o Yes, severe stress with constant worries of feeling extremely anxious, sad, or angry, or frequent trouble sleeping

17. Do you use any of the following nicotine products? Please select all that apply:
   o I do not use nicotine products
   o Cigarettes (e.g., Marlboro, Camel, Newport, Pall Mall, Winston, etc.)
   o Electronic cigarettes
   o Vape
   o Smokeless tobacco (e.g., chewing tobacco, snuff, snus, etc.)
   o Bidis/Kreteks
   o Cigars, Cigarillos, Little Cigars, or Blunts
   o Pipes
   o Hookah/Water Pipe
   o Other (please specify)

18. And how often, if ever, do you now smoke or use any nicotine product?
   o Never
   o Only occasionally
   o Some days
   o Most days
   o All days

19. Are you currently using e-cigarettes to quit smoking?
   o Yes
   o No

20. During the past 30 days, what drugs, if any, have you used recreationally (not prescribed by a doctor). Please choose all that apply as your anonymity is GUARANTEED.
   o I do not use any drugs recreationally
   o Anxiety medication (Xanax, Activian, etc.)
   o CBD products
   o Codeine
   o Demerol
   o Dilaudid
   o Fentanyl
   o Heroin/Opium
   o Hydrocodone
   o Lortab
   o Marijuana
   o Methadone
   o Morphine
   o Norco
   o Oxycodeone
   o Percocet
   o Suboxone/Buprenorphine/Subsolve
   o Vicodin
21. Have you administered NaloKone (Narcan) in the last year?
  o Yes
  o No
  o If yes, how many

22. Has NaloKone (Narcan) been administered to you?
  o Yes
  o No
  o If yes, how many

23. During the past 7 days, on how many days were you physically active for a total of at least thirty (30) minutes?
  o 0 days
  o 1 day
  o 2 days
  o 3 days
  o 4 days
  o 5 days
  o 6 days
  o 7 days

24. Compared to your own level of physical activity prior to COVID-19 pandemic, are you now more active, less active, or about the same as you were then?
  o More Active
  o Less Active
  o The Same

25. In the future, what might help you make healthy changes in your life? Please select three (3).
  o Access to free workshops/classes in your community on exercise, diet, stress reduction, chronic disease management, and/or quitting smoking
  o Being part of a support group that supports and encourages healthy habits (example: a local church, the YMCA)
  o Getting more information from social media, internet, newspapers and TV
  o Getting reminders when you are due for certain tests (such as annual doctor visits)
  o Having safe areas to exercise within your community
  o Having more affordable fresh fruits and vegetables or more healthy food choices at local convenience stores
  o Having the desire for me and my family to be healthier
  o Local hospitals and businesses offering free health screenings (blood pressure, etc.)
  o More recreational/sports opportunities that are appropriate to your age and skill level
  o Taking more time to talk with healthcare professionals (doctors, nurses, counselors, etc.)
  o Transportation
  o Other (please specify) __________________________

26. What keeps you from eating more fruits and vegetables every day? Please select all that apply.
  o I DO eat fresh fruits and vegetables
  o Time it takes to prepare
  o Cost
  o The stores near me don’t sell fresh fruits and vegetables
  o I don’t like to eat fruits and vegetables
  o My family does not like to eat fruits and vegetables
  o I am not sure how to cook/prepare fresh fruits and vegetables.
  o Other: __________________________
27. What is your drink of choice on most days? Please select all that apply.
   - Water
   - Milk
   - Pop or Soda
   - Diet Pop or Soda
   - Coffee (hot or iced)
   - Tea (hot or iced)
   - Juice Drinks
   - 100% Juice
   - Energy Drinks (Monster, Amp, Red Bull)
   - Sports Drinks (Gatorade, Powerade)
   - Kool-Aid, Crystal Light, Other drink mixes
   - Beer, Wine, Liquor
   - Other ______________________________

28. If you have alcoholic drinks, how often do you have 4 or more drinks in a row?
   - Never
   - Daily
   - Weekly
   - Monthly
   - Holidays/special occasions
   - Other (please specify) ______________________________

29. We are interested in what you are proud of in your community. What are some existing services or characteristics in the community that support the health and well-being of your family.
   ________________________________________________________________________
   ________________________________________________________________________
   ________________________________________________________________________
   ________________________________________________________________________

30. We are also interested in what you believe we are lacking in our community. What are some existing services or characteristics in the community that we do not have that would support the health and well-being of your family.
   ________________________________________________________________________
   ________________________________________________________________________
   ________________________________________________________________________

The following questions will tell us a little more about who is completing this survey. All responses are voluntary and completely confidential.

31. What is your age?
   - Under 18
   - 18 – 29
   - 30 – 39
   - 40 – 49
   - 50 – 59
   - 60 – 69
   - 70 and over

32. What is your current gender identity? Please select all that apply.
   - Male
   - Female
   - Male to female transgender
   - Female to male transgender
   - Prefer not to answer
   - Other (please specify) _______________________

33. Which one or more of the following would you say is your race? Please select all that apply.
   - American Indian
   - Hispanic/Latino
   - Black/African American
   - White/Caucasian
   - Asian/Pacific Islander
   - Prefer not to answer
   - Other (please specify) _________________
34. What is the highest grade or year of school you completed?
   - Never attended school or only attended kindergarten
   - Grades 1 through 8 (Elementary)
   - Grades 9 through 11 (Some high school)
   - Grade 12 or GED (High school graduate)
   - Some college or technical school
   - Associates Degree
   - Bachelors Degree
   - Masters Degree
   - More than a Masters Degree

35. Are you currently…? Please select all that apply.
   - Employed for wages
   - Self-employed
   - Out of work for 1 year or more
   - Out of work for less than 1 year
   - A Homemaker
   - A Student
   - Retired
   - Unable to work
   - Other (please specify) ________________________________

36. Do you (or a household member) own or rent your home? Please select only one
   - Own
   - Rent
   - I live in a congregate setting (college dorm, assisted living, group home, barracks...)
   - I do not have a stable address (homeless, stay temporarily with friends/family, live in a shelter, vehicle...)
   - Other (please specify) ________________________________

37. Your annual household income from all sources
   - $0 - $10,000
   - $10,000 - $15,000
   - $15,000 - $20,000
   - $20,000 - $25,000
   - $25,000 - $35,000
   - $35,000 - $50,000
   - $50,000 - $75,000
   - $75,000+

38. How many people live in your home, including yourself? Please enter the total number for each age group?
   - Children (17 & under)___
   - Adults (18 to 64) ____
   - Seniors (65 & over)_____

You have reached the end of the 2022-2024 Niagara County Community Health Survey. Thank you for your participation.
# Niagara County Community Survey Distribution

<table>
<thead>
<tr>
<th>Workgroup Contact</th>
<th>Organization for Distribution</th>
<th>Target/Recipient</th>
<th>Method of Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cathy Hoy-Patterson</td>
<td>NCDOH</td>
<td>NCDOH Trott Clinic</td>
<td>physical posting flyer</td>
</tr>
<tr>
<td>Cathy Hoy-Patterson</td>
<td>NCDOH</td>
<td>Trott Building</td>
<td>physical posting flyer</td>
</tr>
<tr>
<td>Stacy Knott</td>
<td>NCDOH</td>
<td>NCCC</td>
<td>physical posting flyer</td>
</tr>
<tr>
<td>Stacy Knott</td>
<td>NCDOH</td>
<td>NCCC Students in class</td>
<td>paper survey in class</td>
</tr>
<tr>
<td>Stacy Knott</td>
<td>NCDOH</td>
<td>NFHA</td>
<td>email survey link to contact list</td>
</tr>
<tr>
<td>Stacy Knott</td>
<td>NCDOH</td>
<td>Niagara Falls School District staff/faculty</td>
<td>email</td>
</tr>
<tr>
<td></td>
<td>NCDOH</td>
<td>Diabetes Coalition</td>
<td></td>
</tr>
<tr>
<td>Cathy Hoy-Patterson</td>
<td>NCDOH</td>
<td>Summit Pediatrics - 3 locations - Lewiston, Wheatfield, Pine Ave</td>
<td>physical posting flyer</td>
</tr>
<tr>
<td>Cathy Hoy-Patterson</td>
<td>NCDOH</td>
<td>Niagara Apothecary Pharmacy</td>
<td>physical posting flyer</td>
</tr>
<tr>
<td>Cathy Hoy-Patterson</td>
<td>NCDOH</td>
<td>CHANT</td>
<td>email</td>
</tr>
<tr>
<td>Cathy Hoy-Patterson</td>
<td>NCDOH</td>
<td>Lockport Family Focus Group</td>
<td>email</td>
</tr>
<tr>
<td>Stacy Knott</td>
<td>NCDOH</td>
<td>Human Services Association of Lockport</td>
<td>email survey link to contact list</td>
</tr>
<tr>
<td>Stacy Knott</td>
<td>NCDOH</td>
<td>CNOC-Children's Network of Care</td>
<td>email survey link to contact list</td>
</tr>
<tr>
<td>Cathy Hoy-Patterson</td>
<td>NCDOH</td>
<td>Healthy Moms, Healthy Babies</td>
<td>email</td>
</tr>
<tr>
<td>Cathy Hoy-Patterson</td>
<td>NCDOH</td>
<td>Mary Glenn, Asst. Dean of Community Engagement at UB</td>
<td>email</td>
</tr>
<tr>
<td>Cathy Hoy-Patterson</td>
<td>NCDOH</td>
<td>Dr. Jayaseli Kolli's office</td>
<td>physical posting flyer</td>
</tr>
<tr>
<td>Cathy Hoy-Patterson</td>
<td>NCDOH</td>
<td>Connie Brown, United Way</td>
<td>She contacted me, and offered to send through United Way</td>
</tr>
<tr>
<td>Jean Roemer</td>
<td>NCDOH</td>
<td>Niagara Falls Library, Main St.</td>
<td>flyers</td>
</tr>
<tr>
<td>Cathy Hoy-Patterson</td>
<td>NCDOH</td>
<td>Danielle Ross, DePaul Organization</td>
<td>email- link and flyer</td>
</tr>
<tr>
<td>Cathy Hoy-Patterson</td>
<td>NCDOH</td>
<td>Urban Park Towers</td>
<td>paper surveys, (May 11th wellness fair)</td>
</tr>
<tr>
<td>Cathy Hoy-Patterson</td>
<td>NCDOH</td>
<td>Lewiston Senior Center</td>
<td>Flyer and paper survey</td>
</tr>
<tr>
<td>Cathy Hoy-Patterson</td>
<td>NCDOH</td>
<td>Walk to End Child Abuse @ Ice Pavilion NF on 4/28/22</td>
<td>Flyer and paper survey</td>
</tr>
<tr>
<td>Cathy Hoy-Patterson</td>
<td>NCDOH</td>
<td>WLVL radio</td>
<td>Public Service Announcement</td>
</tr>
<tr>
<td>Cathy Hoy-Patterson</td>
<td>NCDOH</td>
<td>Hoover’s Dairy in Sanborn</td>
<td>Flyer</td>
</tr>
<tr>
<td>Cathy Hoy-Patterson</td>
<td>NCDOH</td>
<td>Barker Faith UMC</td>
<td>Email survey link + flyer</td>
</tr>
</tbody>
</table>
## Niagara County Community Survey Distribution

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Location</th>
<th>Distribution Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cathy Hoy-Patterson</td>
<td>NCDOH</td>
<td>Spallino Towers</td>
<td>survey link + flyer</td>
</tr>
<tr>
<td>Cathy Hoy-Patterson</td>
<td>NCDOH</td>
<td>Wrobel Towers</td>
<td>survey link + flyer</td>
</tr>
<tr>
<td>Cathy Hoy-Patterson</td>
<td>NCDOH</td>
<td>St. John's AME Church</td>
<td>survey link + flyer</td>
</tr>
<tr>
<td>Cathy Hoy-Patterson</td>
<td>NCDOH</td>
<td>Duke Center-NF</td>
<td>Paper Surveys, email Survey link + Flyer</td>
</tr>
<tr>
<td>Cathy Hoy-Patterson</td>
<td>NCDOH</td>
<td>Calvin Richards Senior Center-Town of Niagara</td>
<td>Paper Surveys, email Survey link + Flyer</td>
</tr>
<tr>
<td>Cathy Hoy-Patterson</td>
<td>NCDOH</td>
<td>Wheatfield Community Center</td>
<td>Paper Surveys, email Survey link + Flyer</td>
</tr>
<tr>
<td>Cathy Hoy-Patterson</td>
<td>NCDOH</td>
<td>Empower Administrative Office</td>
<td>survey link + flyer</td>
</tr>
<tr>
<td>Cathy Hoy-Patterson</td>
<td>NCDOH</td>
<td>Notaro Chiropractic office-NF</td>
<td>survey link + flyer</td>
</tr>
<tr>
<td>Cathy Hoy-Patterson</td>
<td>NCDOH</td>
<td>Don McLean-Director of Family Med. Residency Program</td>
<td>Flyer and paper survey</td>
</tr>
<tr>
<td>Tracy/Cathy</td>
<td>NCDOH</td>
<td>Lockport Community Wellness Fair</td>
<td>Direct promotion - paper surveys + QR Code</td>
</tr>
<tr>
<td>Cathy Hoy-Patterson</td>
<td>NCDOH</td>
<td>Move for Mental Health Walk &amp; Run event</td>
<td>Direct promotion - paper surveys + QR Code</td>
</tr>
<tr>
<td>Tracy/Cathy</td>
<td>NCDOH</td>
<td>Wheatfield Towers</td>
<td>Direct promotion - paper surveys + QR Code</td>
</tr>
<tr>
<td>Stacy/Cathy</td>
<td>NCDOH</td>
<td>Packet Landing, Lockport</td>
<td>Direct promotion - paper surveys</td>
</tr>
<tr>
<td>Jacquelyn Langdon</td>
<td>NCDOH</td>
<td>web viewers - NCDOH web page</td>
<td>addition of survey link to NCDOH website main page</td>
</tr>
<tr>
<td>Jacquelyn Langdon</td>
<td>NCDOH</td>
<td>Public - Social Media Users</td>
<td>Facebook post</td>
</tr>
<tr>
<td>Jacquelyn Langdon</td>
<td>NCDOH</td>
<td>Facebook followers</td>
<td>Physical Fitness Month post with CHA survey promo</td>
</tr>
<tr>
<td>Jacquelyn Langdon</td>
<td>NCDOH</td>
<td>NCDOH Staff Members</td>
<td>email survey link + flyer</td>
</tr>
<tr>
<td>Jacquelyn Langdon</td>
<td>NCDOH</td>
<td>NC Board of Health members</td>
<td>email - link + flyer</td>
</tr>
<tr>
<td>Jacquelyn Langdon</td>
<td>NCDOH</td>
<td>Bulletin Boards-Public-NCDOH posting contacts</td>
<td>email for printing by NCDOH posting contacts</td>
</tr>
<tr>
<td>Jacquelyn Langdon</td>
<td>NCDOH</td>
<td>Elderly Population Target - Office for the Aging</td>
<td>Darlene Dicarlo to get out to clients</td>
</tr>
<tr>
<td>Jackie Langdon</td>
<td>NCDOH</td>
<td>Low Income demographic - Jackie spoke with Sharon @ Urban Pk Towers</td>
<td>email printable survey to <a href="mailto:SharonM@oahsaffordable.com">SharonM@oahsaffordable.com</a> 433-0653.</td>
</tr>
<tr>
<td>Jacquelyn Langdon</td>
<td>NCDOH</td>
<td>Fire Dept./Chiefs</td>
<td>Confirmed with OEM that sent to all fire chiefs</td>
</tr>
<tr>
<td>Jacquelyn Langdon</td>
<td>NCDOH</td>
<td>All County Employees</td>
<td>email w/survey link</td>
</tr>
<tr>
<td>Jacquelyn Langdon</td>
<td>NCDOH</td>
<td>Public / News Readers</td>
<td>Press Release distributed to Media &amp; PH Partners</td>
</tr>
<tr>
<td>Jacquelyn Langdon</td>
<td>NCDOH</td>
<td>Niagara County Medical Providers</td>
<td>email survey link to contact list</td>
</tr>
<tr>
<td>Jacquelyn Langdon</td>
<td>NCDOH</td>
<td>NC Schools Superintendents</td>
<td>email survey link to contact list - Tracy communicated</td>
</tr>
<tr>
<td>Name</td>
<td>Agency</td>
<td>Description</td>
<td>Notes</td>
</tr>
<tr>
<td>--------------------------</td>
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<td>-----------------------------------------------------------------------------</td>
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<tr>
<td>Jacquelyn Langdon</td>
<td>NCDOH</td>
<td>Child Care Providers - Clearinghouse list of 100+</td>
<td>email survey link to contact list</td>
</tr>
<tr>
<td>Jacquelyn Langdon</td>
<td>NCDOH</td>
<td>Group Home Care Agencies</td>
<td>email survey link to contact list</td>
</tr>
<tr>
<td>Jacquelyn Langdon</td>
<td>NCDOH</td>
<td>Home Care Contacts</td>
<td>email survey link to contact list</td>
</tr>
<tr>
<td>Jacquelyn Langdon</td>
<td>NCDOH</td>
<td>Home Health Agencies</td>
<td>email survey link to contact list</td>
</tr>
<tr>
<td>Jacquelyn Langdon</td>
<td>NCDOH</td>
<td>Niagara County Jail - Jackie to reach out to J. Kolbe, D Engert or Jail Medical</td>
<td>Paper survey for inmates; link &amp; flyer to Captain to share as well</td>
</tr>
<tr>
<td>Jacquelyn Langdon</td>
<td>NCDOH</td>
<td>Homeless Shelter Contacts List in Health Common</td>
<td>paper surveys</td>
</tr>
<tr>
<td>Jacquelyn Langdon</td>
<td>NCDOH</td>
<td>Employment &amp; Training-Don Jablonski - traffic + distribution</td>
<td>Flyer for traffic areas &amp; email to distributions</td>
</tr>
<tr>
<td>Jacquelyn Langdon</td>
<td>NCDOH</td>
<td>Food Pantries</td>
<td>left message for Pete Robinson-PB&amp;J contact</td>
</tr>
<tr>
<td>Jacquelyn Langdon</td>
<td>NCDOH</td>
<td>Flyer at DMV Offices?</td>
<td>County Clerk's office to post DMV waiting areas</td>
</tr>
<tr>
<td>Jacquelyn Langdon</td>
<td>NCDOH</td>
<td>E &amp; T clients</td>
<td>email flyer and printables to E&amp;T director</td>
</tr>
<tr>
<td>Jacquelyn Langdon</td>
<td>NCDOH</td>
<td>Niagara University - Dwyer Arena and Gallagher Center</td>
<td>communication w/NU Athletics and Vanwagner Acct Exec</td>
</tr>
<tr>
<td>Jacquelyn Langdon</td>
<td>NCDOH</td>
<td>Municipal Town/City/Village Clerks</td>
<td>compiled email addresses for clerks - saved in Health Common</td>
</tr>
<tr>
<td>Jacquelyn Langdon</td>
<td>NCDOH</td>
<td>Health Equity Task Force</td>
<td>forwarded survey info &amp; Qs for any distributions, etc.</td>
</tr>
<tr>
<td>Jacquelyn Langdon</td>
<td>NCDOH</td>
<td>Veterans (via County Veterans Services)</td>
<td>forwarded survey info/link to JGlatz/Vets Svcs</td>
</tr>
<tr>
<td>Meghan Lutz</td>
<td>NCDOH</td>
<td>Social Services Clients</td>
<td>paper surveys, flyers, and link on website</td>
</tr>
<tr>
<td>Heather Cruz</td>
<td></td>
<td>Libraries</td>
<td>Heather Cruz sent to her distribution</td>
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<tr>
<td>Cathy Hoy-Patterson</td>
<td>NCDOH</td>
<td>LCTV (cable TV) viewers (Gen Public)</td>
<td>Health Scope Taping aired April 11th</td>
</tr>
<tr>
<td>Tracy Fricano Chalmers</td>
<td>NCDOH</td>
<td>Tuscarora Nation - Health Center</td>
<td>Email survey/flyer; Offer to present with paper survey collection</td>
</tr>
<tr>
<td>Tracy Fricano Chalmers</td>
<td>NCDOH</td>
<td>Migrant Coalition</td>
<td>Email survey/flyer; Offer to present with paper survey collection</td>
</tr>
<tr>
<td>Tracy Fricano Chalmers</td>
<td>NCDOH</td>
<td>Migrant Owners - Contacts listing in the Health Common</td>
<td>Email survey/flyer; Offer to present with paper survey collection</td>
</tr>
<tr>
<td>Tracy Fricano Chalmers</td>
<td>NCDOH</td>
<td>List Srv-Pediatric, OB/GYN, EMS/Fire/Police, Schools, Functional Needs Providers, Companion Animal Response Partners</td>
<td>Email survey/flyer; Offer to present with paper survey collection</td>
</tr>
<tr>
<td>Name</td>
<td>Agency</td>
<td>Contact Information</td>
<td>Distribution Method</td>
</tr>
<tr>
<td>-----------------------------</td>
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<tr>
<td>Tracy Fricano Chalmers</td>
<td>NCDOH</td>
<td>Functional Access Needs Contact List (2019)</td>
<td>Email survey/flyer; Offer to present with paper survey collection</td>
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<td>Tracy Fricano Chalmers</td>
<td>NCDOH</td>
<td>Code Enforcement Officer</td>
<td>Email survey/flyer</td>
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<tr>
<td>Tracy Fricano Chalmers</td>
<td>NCDOH</td>
<td>CERT</td>
<td>distribute flyer &amp; link</td>
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<tr>
<td>Tracy Fricano Chalmers</td>
<td>NCDOH</td>
<td>OEM/Miranda to send to EMS Council</td>
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<tr>
<td>Tracy Fricano Chalmers</td>
<td>NCDOH</td>
<td>OEM/Miranda to send to LEPC</td>
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<tr>
<td>Tracy Fricano Chalmers</td>
<td>NCDOH</td>
<td>Medical Reserve Corps Volunteers</td>
<td>text notification/email survey to distribution list</td>
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<tr>
<td>Tracy Fricano Chalmers</td>
<td>NCDOH</td>
<td>WNY 211</td>
<td>email survey link for dissemination to additional contacts</td>
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<tr>
<td>Tracy Fricano Chalmers</td>
<td>NCDOH</td>
<td>Homeless Shelters, Food Pantries, Soup Kitchens</td>
<td>email survey link for dissemination to additional contacts</td>
</tr>
<tr>
<td>Tracy Fricano Chalmers (Leslie Bernad)</td>
<td>NCDOH</td>
<td>Laundromats</td>
<td>Phone calls for permission to post on bulletin boards</td>
</tr>
<tr>
<td>Tracy Fricano Chalmers</td>
<td>NCDOH</td>
<td>April 21 COVID /Flu Vax Clinic at Boces</td>
<td>Direct promotion - online/QR Code offered + paper surveys</td>
</tr>
<tr>
<td>Tracy Fricano Chalmers</td>
<td>NCDOH</td>
<td>April 27 COVID/Flu Vaccination Clinic at Niagara Wheatfield</td>
<td>Direct promotion - paper surveys</td>
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<td>Tracy Fricano Chalmers</td>
<td>NCDOH</td>
<td>May 2 clinic at HEART, LOVE &amp; SOUL (SOUP KITCHEN)</td>
<td>Direct promotion - paper surveys + QR Code</td>
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<tr>
<td>Tracy Fricano Chalmers</td>
<td>NCDOH</td>
<td>May 12, 2022 Royalton-Hartland COVID Vaccine Clinic</td>
<td>Direct promotion - paper surveys + QR Code</td>
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<tr>
<td>Tracy Fricano Chalmers</td>
<td>NCDOH</td>
<td>Spallino Towers</td>
<td>Direct promotion - paper surveys + QR Code</td>
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<tr>
<td>Tracy Fricano Chalmers</td>
<td>NCDOH</td>
<td>Citizens Academy</td>
<td>Direct promotion - paper surveys + QR Code</td>
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<tr>
<td>Tracy Fricano Chalmers</td>
<td>NCDOH</td>
<td>Wilson COVID Clinic</td>
<td>Direct promotion - paper surveys + QR Code</td>
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<tr>
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<td>NCDOH</td>
<td>Heart, Love &amp; Soul Clinic</td>
<td>Direct promotion - paper surveys + QR Code</td>
</tr>
<tr>
<td>Tracy Fricano Chalmers</td>
<td>NCDOH</td>
<td>Roy-Hart Clinic</td>
<td>Direct promotion - paper surveys + QR Code</td>
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<tr>
<td>Tracy Fricano Chalmers</td>
<td>NCDOH</td>
<td>BOCES Clinic</td>
<td>Direct promotion - paper surveys + QR Code</td>
</tr>
<tr>
<td>Mitch Tomtishen</td>
<td>NCDOH</td>
<td>General Public (within c/o NF &amp; Lckpt)</td>
<td>Healthy Neighborhood packets/door-to-door,</td>
</tr>
<tr>
<td>Paul Dicky/EH Staff</td>
<td>NCDOH</td>
<td>April 9 Rabies Clinic visitors</td>
<td>Promotion of Online Survey to All</td>
</tr>
<tr>
<td>Paul Dicky/EH Staff</td>
<td>NCDOH</td>
<td>June 6 Rabies Clinic visitors</td>
<td>Promotion of Online Survey to All</td>
</tr>
<tr>
<td>EH Staff/Leslie</td>
<td>NCDOH</td>
<td>Laundromats</td>
<td>Flyers posted on bulletin boards</td>
</tr>
<tr>
<td>-----------------------</td>
<td>------------------------</td>
<td>------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>EH Staff/Leslie</td>
<td>EH Staff/Leslie</td>
<td>Barbershops</td>
<td>Flyers posted on bulletin boards</td>
</tr>
<tr>
<td>Stacy Lampman</td>
<td>CWSN</td>
<td>Birth-8 Coalition</td>
<td>email link</td>
</tr>
<tr>
<td>Stacy Lampman</td>
<td>CWSN</td>
<td>Help Me Grow of WNY</td>
<td>email link</td>
</tr>
<tr>
<td>Stacy Lampman</td>
<td>CWSN</td>
<td>NU Niagara Quality Improvement Program</td>
<td>email link</td>
</tr>
<tr>
<td>Stacy Lampman</td>
<td>CWSN</td>
<td>Closing the Gap - NFMMC</td>
<td>email link</td>
</tr>
<tr>
<td>Stacy Lampman</td>
<td>CWSN</td>
<td>Niagara County Community Services Assoc.</td>
<td>email link</td>
</tr>
<tr>
<td>Stacy Lampman</td>
<td>CWSN</td>
<td>LEICCC Members, including parents</td>
<td>email link</td>
</tr>
<tr>
<td>Stacy Lampman</td>
<td>CWSN</td>
<td>Early Childhood Direction Center &gt; listserv</td>
<td>email link</td>
</tr>
<tr>
<td>Stacy Lampman</td>
<td>CWSN</td>
<td>School Districts/Committees on Preschool Ed</td>
<td>email link</td>
</tr>
<tr>
<td>Stacy Lampman</td>
<td>CWSN</td>
<td>Early Childhood Learning Collaborative</td>
<td>email link</td>
</tr>
<tr>
<td>Stacy Lampman</td>
<td>CWSN</td>
<td>WNY CoiN</td>
<td>email link</td>
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<tr>
<td>Stacy Lampman</td>
<td>CWSN</td>
<td>IBEW Local 37 - Lisa’s sister works there</td>
<td>email link</td>
</tr>
<tr>
<td>Stacy Lampman</td>
<td>CWSN</td>
<td>Families in CSHCNP</td>
<td>paper survey guidance/completion/collection</td>
</tr>
<tr>
<td>Stacy Lampman</td>
<td>CWSN</td>
<td>Parent Night of the LEICC</td>
<td>paper survey guidance/completion/collection</td>
</tr>
<tr>
<td>Robert Mowery</td>
<td>NFMMC</td>
<td>Aspire Dental Clinic 1705 Pine Ave, Niagara Falls, NY 14301</td>
<td>flyer</td>
</tr>
<tr>
<td>Robert Mowery</td>
<td>NFMMC</td>
<td>University Niagara Peds Dental 521 Buffalo Ave, Niagara Falls, NY 14303</td>
<td>flyer</td>
</tr>
<tr>
<td>Robert Mowery</td>
<td>NFMMC</td>
<td>USPS Employee Break Room 615 Main St Ste 1, Niagara Falls, NY 14301</td>
<td>flyer</td>
</tr>
<tr>
<td>Robert Mowery</td>
<td>NFMMC</td>
<td>F-Bites 616 Niagara St, Niagara Falls, NY 14303</td>
<td>flyer</td>
</tr>
<tr>
<td>Robert Mowery</td>
<td>NFMMC</td>
<td>Caribbean Flava 2501 Pine Ave, Niagara Falls, NY 14301</td>
<td>flyer</td>
</tr>
<tr>
<td>Robert Mowery</td>
<td>NFMMC</td>
<td>Dirty Bird Chicken N’ Waffles 6004 Buffalo Ave, Niagara Falls, NY 14304</td>
<td>flyer</td>
</tr>
<tr>
<td>Lauri McCoy</td>
<td>Catholic Health</td>
<td>Alpha and Omega - NF women’s group</td>
<td>table tents, flyer and giveaways</td>
</tr>
<tr>
<td>Lauri McCoy</td>
<td>Catholic Health</td>
<td>Speak Up (NF Domestic Violence group)</td>
<td>table tents, flyer and giveaways</td>
</tr>
<tr>
<td>Stacy Knott</td>
<td>Nursing</td>
<td>Montondos Seafood</td>
<td>flyer</td>
</tr>
<tr>
<td>Stacy Knott</td>
<td>Nursing</td>
<td>Gordie Harpers</td>
<td>flyer</td>
</tr>
<tr>
<td>Stacy Knott</td>
<td>Nursing</td>
<td>Bills Diner</td>
<td>Table tents and flyer</td>
</tr>
<tr>
<td>Dan Hunter</td>
<td>MRC</td>
<td>NT library</td>
<td>flyer</td>
</tr>
<tr>
<td>Dennis Demmin</td>
<td>MRC</td>
<td>Transit Car Wash Laundromat</td>
<td>flyer</td>
</tr>
<tr>
<td>Dennis Demmin</td>
<td>MRC</td>
<td>Holy Ghost Lutheran Church</td>
<td>flyer</td>
</tr>
<tr>
<td>Dan and Linda Hunter</td>
<td>MRC</td>
<td>Super Cuts</td>
<td>flyer</td>
</tr>
<tr>
<td>Name</td>
<td>Department</td>
<td>Location</td>
<td>Format</td>
</tr>
<tr>
<td>-----------------------</td>
<td>------------</td>
<td>-----------------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Dennis Demmin</td>
<td>MRC</td>
<td>Olympia Restaurant</td>
<td>flyer</td>
</tr>
<tr>
<td>Dan Hunter</td>
<td>MRC</td>
<td>33 Smoke Shop</td>
<td>flyer</td>
</tr>
<tr>
<td>David Bauer</td>
<td>MRC</td>
<td>All Saints Catholic Church</td>
<td>flyer</td>
</tr>
<tr>
<td>Dan Hunter</td>
<td>MRC</td>
<td>South Transit Firehall</td>
<td>flyer</td>
</tr>
<tr>
<td>Dan Hunter</td>
<td>MRC</td>
<td>Tater Cakes Bakery</td>
<td>flyer</td>
</tr>
<tr>
<td>Dan Hunter</td>
<td>MRC</td>
<td>Lockport Office Max</td>
<td>flyer</td>
</tr>
<tr>
<td>Dan Hunter</td>
<td>MRC</td>
<td>Lockport Library</td>
<td>flyer</td>
</tr>
<tr>
<td>Dan Hunter</td>
<td>MRC</td>
<td>Tops Lockport</td>
<td>flyer</td>
</tr>
<tr>
<td>Dan Hunter</td>
<td>MRC</td>
<td>Citizens Bank</td>
<td>flyer</td>
</tr>
<tr>
<td>Dan Hunter</td>
<td>MRC</td>
<td>Pendleton Town Hall</td>
<td>flyer</td>
</tr>
<tr>
<td>Dennis Demmin</td>
<td>MRC</td>
<td>Tops in NT</td>
<td>flyer</td>
</tr>
<tr>
<td>Dennis Demmin</td>
<td>MRC</td>
<td>Iron Locks Salon</td>
<td>flyer</td>
</tr>
<tr>
<td>David Bauer</td>
<td>MRC</td>
<td>Village Pharmacy in Lockport</td>
<td>flyer</td>
</tr>
<tr>
<td>David Bauer</td>
<td>MRC</td>
<td>Wrights Corners Laundromat</td>
<td>flyer</td>
</tr>
<tr>
<td>Stacy Knott</td>
<td>Nursing</td>
<td>Tops Gasport</td>
<td>flyer</td>
</tr>
<tr>
<td>Stacy Knott</td>
<td>Nursing</td>
<td>Durfs Tires</td>
<td>flyer</td>
</tr>
<tr>
<td>Stacy Knott</td>
<td>Nursing</td>
<td>Middleport Pharmacy</td>
<td>flyer</td>
</tr>
<tr>
<td>Stacy Knott</td>
<td>Nursing</td>
<td>Gasport Laundromat</td>
<td>flyer</td>
</tr>
<tr>
<td>Stacy Knott</td>
<td>Nursing</td>
<td>Middleport Laundromat</td>
<td>flyer</td>
</tr>
<tr>
<td>Stacy Knott</td>
<td>Nursing</td>
<td>Chops Bar and Grill</td>
<td>flyer</td>
</tr>
<tr>
<td>Stacy Knott</td>
<td>Nursing</td>
<td>Sunrise Cafe</td>
<td>flyer</td>
</tr>
<tr>
<td>Lauri McCoy</td>
<td>Catholic Health</td>
<td>Catholic Health Social Media</td>
<td>online</td>
</tr>
<tr>
<td>Lauri McCoy</td>
<td>Catholic Health</td>
<td>Catholic Health Associate Intranet-Screensaver post</td>
<td>Associate/corporate monitor screens</td>
</tr>
<tr>
<td>Bernadette Franjoine</td>
<td>Catholic Health</td>
<td>Mount St. Mary’s Neighborhood Health Center</td>
<td>flyer, table tents, paper surveys</td>
</tr>
<tr>
<td>Bernadette Franjoine</td>
<td>Catholic Health</td>
<td>Niagara Falls Health Equity Task Force members/organizations</td>
<td>flyer</td>
</tr>
</tbody>
</table>
2022 Niagara County Community Needs Assessment Summary

Survey Dates: April 4, 2022 – June 30, 2022

Total Completed Surveys: 2335

Q2. Zip Code Review

Areas Represented by Zip Codes

<table>
<thead>
<tr>
<th>Zip Code</th>
<th>Total Responses</th>
<th>Zip Code Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>14094</td>
<td>465</td>
<td>Lockport</td>
</tr>
<tr>
<td>14304</td>
<td>295</td>
<td>Niagara Falls</td>
</tr>
<tr>
<td>14120</td>
<td>224</td>
<td>North Tonawanda</td>
</tr>
<tr>
<td>14305</td>
<td>152</td>
<td>Niagara Falls</td>
</tr>
<tr>
<td>14131</td>
<td>128</td>
<td>Ransomville</td>
</tr>
<tr>
<td>14172</td>
<td>122</td>
<td>Wilson</td>
</tr>
<tr>
<td>14092</td>
<td>110</td>
<td>Lewiston, Stella Niagara</td>
</tr>
<tr>
<td>14108</td>
<td>108</td>
<td>Newfane</td>
</tr>
<tr>
<td>14174</td>
<td>63</td>
<td>Youngstown</td>
</tr>
<tr>
<td>14301</td>
<td>57</td>
<td>Niagara Falls</td>
</tr>
</tbody>
</table>
### Q31. Age Review

<table>
<thead>
<tr>
<th>Row Labels</th>
<th>Count of Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 18</td>
<td>0</td>
</tr>
<tr>
<td>18 – 29</td>
<td>105</td>
</tr>
<tr>
<td>30 - 39</td>
<td>270</td>
</tr>
<tr>
<td>40 – 49</td>
<td>392</td>
</tr>
<tr>
<td>50 – 59</td>
<td>468</td>
</tr>
<tr>
<td>60 – 69</td>
<td>360</td>
</tr>
<tr>
<td>70 and over</td>
<td>166</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>1761</strong></td>
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</table>

### Q32. Gender Review

<table>
<thead>
<tr>
<th>Row Labels</th>
<th>Count of Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>410</td>
</tr>
<tr>
<td>Female</td>
<td>1323</td>
</tr>
<tr>
<td>Male to female transgender</td>
<td>3</td>
</tr>
<tr>
<td>Female to male transgender</td>
<td>1</td>
</tr>
<tr>
<td>Prefer not to answer</td>
<td>22</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>1769</strong></td>
</tr>
</tbody>
</table>

### Q33. Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity, check all that apply:</th>
<th>Count of Race/Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian</td>
<td>25</td>
</tr>
<tr>
<td>Hispanic / Latino</td>
<td>16</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td>Count</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Black / African American</td>
<td>71</td>
</tr>
<tr>
<td>White / Caucasian</td>
<td>1556</td>
</tr>
<tr>
<td>Asian / Pacific Islander</td>
<td>14</td>
</tr>
<tr>
<td>Prefer not to answer</td>
<td>51</td>
</tr>
<tr>
<td>Other</td>
<td>33</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>1766</strong></td>
</tr>
</tbody>
</table>

**Q13. Top Health Concerns**

<table>
<thead>
<tr>
<th>Health Concern</th>
<th>Count of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to affordable health care</td>
<td>852</td>
</tr>
<tr>
<td>Access to healthy food</td>
<td>340</td>
</tr>
<tr>
<td>Alcohol and/or substance abuse</td>
<td>246</td>
</tr>
<tr>
<td>Asthma/COPD</td>
<td>100</td>
</tr>
<tr>
<td>Child abuse/neglect</td>
<td>184</td>
</tr>
<tr>
<td>Cancer</td>
<td>486</td>
</tr>
<tr>
<td>Dental health</td>
<td>288</td>
</tr>
<tr>
<td>Diabetes</td>
<td>193</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>101</td>
</tr>
<tr>
<td>Family planning (pregnancy prevention)</td>
<td>58</td>
</tr>
<tr>
<td>Firearm related injuries; homicide</td>
<td>70</td>
</tr>
<tr>
<td>Food/water safety and quality</td>
<td>161</td>
</tr>
<tr>
<td>Heart-related issues ((high blood pressure, heart disease, stroke)</td>
<td>414</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>5</td>
</tr>
<tr>
<td>Immunization and/or prevention of infectious disease (such as the flu)</td>
<td>170</td>
</tr>
<tr>
<td>Injury prevention (falls, motor vehicle safety, etc.)</td>
<td>72</td>
</tr>
<tr>
<td>Infectious diseases (hepatitis, TB)</td>
<td>37</td>
</tr>
<tr>
<td>Infant death</td>
<td>16</td>
</tr>
<tr>
<td>Maternal health (care for moms during and after pregnancy)</td>
<td>74</td>
</tr>
<tr>
<td>Mental health/depression/anxiety</td>
<td>652</td>
</tr>
<tr>
<td>Nutrition/eating a healthy diet</td>
<td>243</td>
</tr>
<tr>
<td>Overweight/obesity, weight management</td>
<td>313</td>
</tr>
<tr>
<td>Physical activity; fitness and exercise</td>
<td>285</td>
</tr>
<tr>
<td>Safety of neighborhood</td>
<td>185</td>
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<tr>
<td>Sexually transmitted infections</td>
<td>24</td>
</tr>
<tr>
<td>Stress management</td>
<td>243</td>
</tr>
<tr>
<td>Suicide prevention</td>
<td>111</td>
</tr>
<tr>
<td>Teenage pregnancy</td>
<td>35</td>
</tr>
<tr>
<td>Tobacco/nicotine, quitting smoking</td>
<td>68</td>
</tr>
<tr>
<td>Other</td>
<td>70</td>
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<tr>
<td><strong>Grand Total</strong></td>
<td><strong>1889</strong></td>
</tr>
</tbody>
</table>
Overall Top Health Concerns Identified:

1. Access to affordable health care – 852
2. Mental health/depression - 652
3. Cancer – 486
4. Heart-related issues – 414
5. Access to healthy food – 340
6. Overweight/obesity; weight management – 313

Q14. Perceived Overall Physical Health

<table>
<thead>
<tr>
<th></th>
<th>Count of How would you rate your overall physical health?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>133</td>
</tr>
<tr>
<td>Very good</td>
<td>618</td>
</tr>
<tr>
<td>Good</td>
<td>835</td>
</tr>
<tr>
<td>Fair</td>
<td>263</td>
</tr>
<tr>
<td>Poor</td>
<td>38</td>
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<td><strong>Grand Total</strong></td>
<td><strong>1887</strong></td>
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Q15. Perceived Overall Mental or Emotional Health

<table>
<thead>
<tr>
<th></th>
<th>Count of How would you rate your overall mental or emotional health?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>284</td>
</tr>
<tr>
<td>Very good</td>
<td>635</td>
</tr>
<tr>
<td>Good</td>
<td>619</td>
</tr>
<tr>
<td>Fair</td>
<td>300</td>
</tr>
<tr>
<td>Poor</td>
<td>58</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>1896</strong></td>
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</table>
Q26. Fresh Fruits and Vegetables Review

<table>
<thead>
<tr>
<th>Count of What keeps you from eating more fresh fruits and vegetables every day?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I DO eat fruits and vegetables</td>
<td>1056</td>
</tr>
<tr>
<td>Cost</td>
<td>574</td>
</tr>
<tr>
<td>Time it takes to prepare</td>
<td>298</td>
</tr>
<tr>
<td>Other</td>
<td>106</td>
</tr>
<tr>
<td>I don’t like to eat fruits and vegetables</td>
<td>83</td>
</tr>
<tr>
<td>The stores near me don’t sell fresh fruits and vegetables</td>
<td>44</td>
</tr>
<tr>
<td>My family does not like to eat fruits and vegetables</td>
<td>44</td>
</tr>
<tr>
<td>I am not sure how to cook/prepare fresh fruits and vegetables</td>
<td>43</td>
</tr>
<tr>
<td>Grand Total</td>
<td>2248</td>
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</tbody>
</table>

Q25. Healthy Changes Review

<table>
<thead>
<tr>
<th>Count of What might help you make healthy changes in your life?</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Having more affordable fresh fruits and vegetables or more healthy food choices at local convenience stores</td>
<td>739</td>
</tr>
<tr>
<td>Access to free workshops / classes in your community on exercise, diet, stress reduction, chronic disease management, and/or quitting smoking</td>
<td>649</td>
</tr>
<tr>
<td>Having safe areas to exercise in your community</td>
<td>618</td>
</tr>
<tr>
<td>Having the desire for me and my family to be healthier</td>
<td>611</td>
</tr>
<tr>
<td>More recreational/sports opportunities that are appropriate to your age and skill level</td>
<td>601</td>
</tr>
<tr>
<td>Taking more time to talk with healthcare professionals (doctors, nurses, counselors, etc.)</td>
<td>316</td>
</tr>
<tr>
<td>Being part of a support group that supports and encourages healthy habits (e.g. a local church, the YMCA)</td>
<td>301</td>
</tr>
<tr>
<td>Getting reminders for certain tests (such as an annual doctor visits)</td>
<td>266</td>
</tr>
<tr>
<td>Local hospitals and businesses offering free health screenings (blood pressure, etc.)</td>
<td>182</td>
</tr>
<tr>
<td>Getting more information from social media, internet, newspapers and TV</td>
<td>165</td>
</tr>
<tr>
<td>Other</td>
<td>119</td>
</tr>
<tr>
<td>Transportation</td>
<td>78</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>1760</strong></td>
</tr>
</tbody>
</table>

Overall Top Responses:

1. Having more affordable fresh fruits and vegetables or more healthy food choices at local convenience stores – 739
2. Access to free workshops / classes in your community on exercise, diet, stress reduction, chronic disease management, and/or quitting smoking - 649
3. Having safe areas to exercise in your community – 618
4. Having the desire for me and my family to be healthier – 611
5. More recreational/sports opportunities that are appropriate to your age and skill level – 601
# Niagara County Community Focus Group Notes Template

**Focus Group Notes**

<table>
<thead>
<tr>
<th>Date of Focus Group</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td></td>
</tr>
<tr>
<td>Number of Participants</td>
<td></td>
</tr>
<tr>
<td>Category of Group</td>
<td></td>
</tr>
<tr>
<td>Moderator/Facilitator</td>
<td></td>
</tr>
<tr>
<td>Asst. Moderator/Note Taker</td>
<td></td>
</tr>
</tbody>
</table>

1. **What does a healthy community mean to you?**
   - Brief Summary/Key Points
   - Notable Quotes

2. **What health problems are of biggest concern to you or your community?**
   - Brief Summary/Key Points
   - Notable Quotes

3. **What barriers exist or what type of resources would you, or your community, need to become healthier?**
   - Brief Summary/Key Points
   - Notable Quotes

4. **What is the best way for you to get health information?**
   - Brief Summary/Key Points
   - Notable Quotes

5. **What are some of the programs or services in your community that support the health and well-being of your family?**
   - Brief Summary/Key Points
   - Notable Quotes

6. **If you had the power, what would you do differently to improve the health of your community?**
   - Brief Summary/Key Points
   - Notable Quotes
Niagara County Community Health Needs Assessment Focus Group Responses

Niagara County 2022
Community Health Needs Assessment Focus Groups

Spring 2022
Five Focus Groups facilitated by members of the CHA/CHIP Steering Committee
61 Total Participants

Summary
What does a healthy community mean to you?
- Plenty of accessible health care services
- Good primary care physicians
- Families with health insurance whose needs are being met
- Equal opportunity and access

What health problems are of biggest concern to you or your community?
- Increased crime
- Increased drug activity
- Healthcare affordability
- Transportation
- Diabetes
- Cancer
- Mental Illness
- Drugs and alcohol
- Pollution
- Few people working
- More specialists so you don’t have to wait as long for appointments
- Can’t afford copays
- Crime/ unsafe walking at night
- Type 1 Diabetes
- Kidneys
- Binge eating in children
- Domestic Violence – including against young boys and men

What barriers exist or what type of resources would you, or your community, need to become healthier?
- Continued need for more transportation
- Insurance that is affordable.
- Evening/weekend hours
- Walk in appointment availability
- Money
- Food costs
- Need more programs about eating right.
- Need more interactive, creative things for kids
- Physical activity for children
- Need better and more Home Ed and Health Education classes for kids
- People get labeled – obese etc and then are afraid to participate, ie kids
Lack of widespread media coverage
Safe playgrounds
Want more patrols like in Buffalo – police in cars, bikes

**What is the best way for you to get health information?**
- Online
- Doctor
- Family/Friends
- Community bulletin boards

**What are some of the programs in your community that support the health and wellbeing of your family?**
- Dale Association
- Farmers markets
- Neighborhood Health Center
- Senior Centers
- Heart and Soul
- Outpatient behavioral health
- Horizon Health
- Health Home

**If you had the power, what would you do differently to improve the health of your community?**
- Mental Health programs – outpatient programs and support groups
- Get people outside and kids outside instead of electronics
- Affordable dentists for everyone
- Safe places to exercise – in gyms and outdoor spaces
- Safe houses for women and babies – victims of Domestic Violence
- Make it easier for those with limited income – affordable insurance
- Build housing for battered women and children – provide them with food and transportation
- Programs – inclusive for children, especially obese children, so can get comfortable with movement and exercise
- Need more for the kids to do – be active, music lessons, dance classes, crafts
- Offer kids chance to learn a trade
- Create an agency that plan community events

- Noted across multiple questions
- Noted on 3 or more focus groups
Niagara Falls Health Equity Task Force Survey

Your input as a member of the Task Force is requested. The health department, hospitals and community organizations are currently seeking feedback to assist in identifying the Niagara County priorities and strategies to be included in the 2022-2024 Community Health Improvement Plan. For additional information on the Community Health Needs Assessment process please visit https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/

All responses are confidential.

SURVEYS SHOULD BE RETURNED BY June 3rd, 2022.

Question Title

* 1. In the following list, what do you think are the **three** most important health problems in our Niagara community? *(Those problems which have the greatest impact on overall community health.)*

- Healthy Eating and Food Security
- Physical Activity
- Tobacco Prevention
- Chronic Disease and Preventive Care and Management
- Injuries, Violence, and Occupational Health
- Outdoor Air Quality
- Built and Indoor Environments
- Water Quality
- Food and Consumer Products
- Maternal and Women's Health
- Perinatal and Infant Health
- Child and Adolescent Health
- Cross Cutting Health Women, Infants and Children
- Promote Well-Being
- Prevent Mental and Substance Use Disorders
- Vaccine Preventable Diseases
- Human Immunodeficiency Virus (HIV)
- Sexually Transmitted Infections (STIs)
- Hepatitis C Virus (HCV)
- Antibiotic Resistance and Healthcare-Associated Infections

Question Title

2. If you had the power, what would you do differently to improve the health of our community?
Q1 In the following list, what do you think are the three most important health problems in our Niagara community? (Those problems which have the greatest impact on overall community health.)

Answered: 10  Skipped: 0

Healthy Eating and Food Security: 60.00%
Physical Activity: 10.00%
Tobacco Prevention: 0.00%
Chronic Disease and Preventive Care and Management: 70.00%
Injuries, Violence, and Occupational Health: 10.00%
Outdoor Air Quality: 0.00%
Built and Indoor Environments: 10.00%
Water Quality: 0.00%
Food and Consumer Products: 0.00%
Maternal and Women’s Health: 70.00%
Perinatal and Infant Health: 30.00%
Child and Adolescent Health: 20.00%
Cross Cutting Health Women, Infants, and Children: 0.00%
Promote Well-Being: 0.00%
Prevent Mental and Substance Use Disorders: 0.00%
Vaccine Preventable Diseases: 0.00%
Human Immunodeficiency Virus (HIV): 0.00%
Sexually Transmitted Infections (STIs): 0.00%
Hepatitis C Virus (HCV): 0.00%
Antibiotic Resistance and Healthcare-Associated Infections: 0.00%
<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Eating and Food Security</td>
<td>60.00%</td>
</tr>
<tr>
<td>Physical Activity</td>
<td>10.00%</td>
</tr>
<tr>
<td>Tobacco Prevention</td>
<td>0.00%</td>
</tr>
<tr>
<td>Chronic Disease and Preventive Care and Management</td>
<td>70.00%</td>
</tr>
<tr>
<td>Injuries, Violence, and Occupational Health</td>
<td>10.00%</td>
</tr>
<tr>
<td>Outdoor Air Quality</td>
<td>0.00%</td>
</tr>
<tr>
<td>Built and Indoor Environments</td>
<td>10.00%</td>
</tr>
<tr>
<td>Water Quality</td>
<td>0.00%</td>
</tr>
<tr>
<td>Food and Consumer Products</td>
<td>0.00%</td>
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<tr>
<td>Maternal and Women's Health</td>
<td>0.00%</td>
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<tr>
<td>Perinatal and Infant Health</td>
<td>0.00%</td>
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<tr>
<td>Child and Adolescent Health</td>
<td>0.00%</td>
</tr>
<tr>
<td>Cross Cutting Health Women, Infants and Children</td>
<td>10.00%</td>
</tr>
<tr>
<td>Promote Well-Being</td>
<td>30.00%</td>
</tr>
<tr>
<td>Prevent Mental and Substance Use Disorders</td>
<td>70.00%</td>
</tr>
<tr>
<td>Vaccine Preventable Diseases</td>
<td>20.00%</td>
</tr>
<tr>
<td>Human Immunodeficiency Virus (HIV)</td>
<td>0.00%</td>
</tr>
<tr>
<td>Sexually Transmitted Infections (STIs)</td>
<td>10.00%</td>
</tr>
<tr>
<td>Hepatitis C Virus (HCV)</td>
<td>0.00%</td>
</tr>
<tr>
<td>Antibiotic Resistance and Healthcare-Associated Infections</td>
<td>0.00%</td>
</tr>
<tr>
<td>Total Respondents: 10</td>
<td></td>
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</tbody>
</table>
Q2 If you had the power, what would you do differently to improve the health of our community?

Answered: 9 Skipped: 1

<table>
<thead>
<tr>
<th>#</th>
<th>RESPONSES</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Provide more funding and programming</td>
<td>5/24/2022 11:42 AM</td>
</tr>
<tr>
<td>2</td>
<td>We need additional low income housing, more funding for wraparound services for high risk individuals and families, and to improve economic security. Being poor is very hazardous to health.</td>
<td>5/19/2022 2:27 PM</td>
</tr>
<tr>
<td>3</td>
<td>payment assistance/ grants to help incentive health education for individuals</td>
<td>5/19/2022 9:36 AM</td>
</tr>
<tr>
<td>4</td>
<td>Utilize the Community Health Center of Niagara Falls more!</td>
<td>5/18/2022 5:19 PM</td>
</tr>
<tr>
<td>5</td>
<td>Expand access to primary health care and health education. The grouping of violence with occupational health prompted me to select food insecurity as the third major concern. I may have otherwise selected violence, especially gun violence, as it is a major public health concern in the community.</td>
<td>5/18/2022 4:14 PM</td>
</tr>
<tr>
<td>6</td>
<td>Equitable opportunities for affordable health care (better supports and services for people in low income households)</td>
<td>5/18/2022 3:32 PM</td>
</tr>
<tr>
<td>7</td>
<td>Good health happens when people's basic needs are addressed: housing, income, safety/security, and food</td>
<td>5/18/2022 3:28 PM</td>
</tr>
<tr>
<td>8</td>
<td>Never legalize drugs like marajuana.</td>
<td>5/18/2022 3:27 PM</td>
</tr>
<tr>
<td>9</td>
<td>More public transportation in the eastern NC communities.</td>
<td>5/18/2022 3:22 PM</td>
</tr>
</tbody>
</table>
The Niagara County Health Department, hospitals and community organizations in our county are in the process of facilitating the 2022-2024 Community Health Needs Assessment (CHNA) and the Community Health Improvement Plan (CHIP). The results of the assessment will guide the development of the CHIP which will include the focuses, programs and initiatives that will be reported on for the next 3 years. As a healthcare provider in Niagara County your input is valuable to this effort.

All responses are confidential. No individuals or organizations will be specifically identified in the CHNA or CHIP documents that will be compiled for reporting.

Your opinion is important. PLEASE RETURN BY MAY 20, 2022.

1. In the following list, what do you think are the three most important health problems in our Niagara community? (Those problems which have the greatest impact on overall community health.)

   Healthy Eating and Food Security  
   Physical Activity  
   Tobacco Prevention  
   Preventative Care and Management  
   Injuries, Violence and Occupational Health  
   Outdoor Air Quality  
   Built and Indoor Environments  
   Water Quality  
   Food and Consumer Products  
   Maternal and Women’s Health  
   Perinatal and Infant Health  
   Child and Adolescent Health  
   Cross Cutting Healthy Women, Infants, and Children  
   Promote Well-Being  
   Prevent Mental and Substance Use Disorders  
   Vaccine-Preventable Diseases  
   Human Immunodeficiency Virus (HIV)  
   Sexually Transmitted Infections (STIs)  
   Hepatitis C Virus (HCV)  
   Antibiotic Resistance and Healthcare-Associated Infections

2. How would you rate our community as a “Healthy Community?”

   ___ Very Healthy   ___ Healthy   ___ Somewhat Healthy   ___ Unhealthy   ___ Very Unhealthy

3. If you had the power, what would you do differently to improve the health of our community?
Niagara County Health Care Provider Responses

Q1 In the following list, what do you think are the three most important health problems in our Niagara community? (Those problems which have the greatest impact on overall community health.)

Answered: 49  Skipped: 0

Healthy Eating and Food Security
Physical Activity
Tobacco Prevention
Chronic Disease and Preventive Care and Management
Injuries, Violence, and Occupational Health
Outdoor Air Quality
Built and Indoor Environments
Water Quality
Food and Consumer Products
Maternal and Women’s Health
Perinatal and Infant Health
Child and Adolescent Health
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Hepatitis C Virus (HCV)
Antibiotic Resistance and Healthcare-Associated Infections
<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Eating and Food Security</td>
<td>44.90% 22</td>
</tr>
<tr>
<td>Physical Activity</td>
<td>30.61% 15</td>
</tr>
<tr>
<td>Tobacco Prevention</td>
<td>30.61% 15</td>
</tr>
<tr>
<td>Chronic Disease and Preventive Care and Management</td>
<td>69.39% 34</td>
</tr>
<tr>
<td>Injuries, Violence, and Occupational Health</td>
<td>8.16% 4</td>
</tr>
<tr>
<td>Outdoor Air Quality</td>
<td>2.04% 1</td>
</tr>
<tr>
<td>Built and Indoor Environments</td>
<td>2.04% 1</td>
</tr>
<tr>
<td>Water Quality</td>
<td>4.08% 2</td>
</tr>
<tr>
<td>Food and Consumer Products</td>
<td>2.04% 1</td>
</tr>
<tr>
<td>Maternal and Women's Health</td>
<td>8.16% 4</td>
</tr>
<tr>
<td>Perinatal and Infant Health</td>
<td>2.04% 1</td>
</tr>
<tr>
<td>Child and Adolescent Health</td>
<td>6.12% 3</td>
</tr>
<tr>
<td>Cross Cutting Health Women, Infants and Children</td>
<td>0.00% 0</td>
</tr>
<tr>
<td>Promote Well-Being</td>
<td>20.41% 10</td>
</tr>
<tr>
<td>Prevent Mental and Substance Use Disorders</td>
<td>53.06% 26</td>
</tr>
<tr>
<td>Vaccine Preventable Diseases</td>
<td>12.24% 6</td>
</tr>
<tr>
<td>Human Immunodeficiency Virus (HIV)</td>
<td>0.00% 0</td>
</tr>
<tr>
<td>Sexually Transmitted Infections (STIs)</td>
<td>2.04% 1</td>
</tr>
<tr>
<td>Hepatitis C Virus (HCV)</td>
<td>0.00% 0</td>
</tr>
<tr>
<td>Antibiotic Resistance and Healthcare-Associated Infections</td>
<td>2.04% 1</td>
</tr>
<tr>
<td>Total Respondents: 49</td>
<td></td>
</tr>
</tbody>
</table>
Q2 How would you rate the health of our community?

Answered: 49 Skipped: 0

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Healthy</td>
<td>0.00%</td>
</tr>
<tr>
<td>Healthy</td>
<td>0.00%</td>
</tr>
<tr>
<td>Somewhat Healthy</td>
<td>36.73%</td>
</tr>
<tr>
<td>Unhealthy</td>
<td>51.02%</td>
</tr>
<tr>
<td>Very Unhealthy</td>
<td>12.24%</td>
</tr>
</tbody>
</table>

Total Respondents: 49
Niagara County Health Care Provider Responses continued

Niagara County CHNA Provider Survey

Q3 If you had the power, what would you do differently to improve the health of our community?

Answered: 36  Skipped: 13

<table>
<thead>
<tr>
<th>#</th>
<th>RESPONSES</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Identify and implement strategies to facilitate attendance at medical and behavioral health appointments.</td>
<td>6/6/2022 2:47 PM</td>
</tr>
<tr>
<td>2</td>
<td>Do door to door health and quality of life assessments in low income and communities of Color.</td>
<td>6/6/2022 10:51 AM</td>
</tr>
<tr>
<td>3</td>
<td>better education to public on covid 19 related issues including use of vaccine, Evusheld and antiviral agents like Paxlovid</td>
<td>6/4/2022 10:24 AM</td>
</tr>
<tr>
<td>4</td>
<td>Geriatric health is not an option on this survey when it should be, and quite realistically the number one option, considering Niagara County has the largest aging population in New York State, and it is the largest population served.</td>
<td>6/2/2022 12:44 PM</td>
</tr>
<tr>
<td>5</td>
<td>provide free smoking cessation classes online</td>
<td>5/23/2022 2:08 PM</td>
</tr>
<tr>
<td>6</td>
<td>decrease the amount to pay for healthy food, ie, produce &amp; increase the amount to pay for fast food</td>
<td>5/23/2022 2:06 PM</td>
</tr>
<tr>
<td>7</td>
<td>More community engagement via employers and local government</td>
<td>5/20/2022 10:49 AM</td>
</tr>
<tr>
<td>8</td>
<td>Bring back health and wellness education (home ec) in the school systems starting at grade levels through higher education. People don't seem to be able to take care of themselves these days, physically, mentally, economically, socially. Mental health and physical health go hand in hand and if one is off the other will be also and affects every aspect of one's life. Education needs to start at young age about potential disease processes, both mental and physical, recognizing these and long term consequences if not taken care of at early start. I realize covid has exacerbated this but issues have been prior to covid.</td>
<td>5/19/2022 5:47 PM</td>
</tr>
<tr>
<td>9</td>
<td>provide more local medical services</td>
<td>5/19/2022 10:34 AM</td>
</tr>
<tr>
<td>10</td>
<td>My dream has always been to have the healthiest population in the nation. I would love to make a healthy lifestyle in vogue. Get EVERYONE, including you, to eat better, more nutritious foods, exercise, and in general just care about themselves enough to actually take care of themselves.</td>
<td>5/19/2022 9:26 AM</td>
</tr>
<tr>
<td>11</td>
<td>Establish onsite in hospital detox and psychiatric services for adolescents and adults that work closely with outpatient &amp; after hospital care services such as rehab programs, suboxone clinics, psychiatric care and counseling services. This patient population in particular waits for hours in the ENH ED while staff searches for an available inpatient bed for their need. Sometimes nearly 48 hours are spent waiting. This also takes away an available hospital bed to treat other patients in need, furthering the strain on our community healthcare system.</td>
<td>5/18/2022 7:07 PM</td>
</tr>
<tr>
<td>12</td>
<td>Encourage higher education. Make the higher education free or almost free to low income family. Encouraging working parents. So kids can learn from their parents.</td>
<td>5/18/2022 7:06 PM</td>
</tr>
<tr>
<td>13</td>
<td>Improve access to health care in our community</td>
<td>5/18/2022 6:59 PM</td>
</tr>
<tr>
<td>14</td>
<td>Implement mental health in patient for substance abuse</td>
<td>5/18/2022 1:32 PM</td>
</tr>
<tr>
<td>15</td>
<td>mental</td>
<td>5/18/2022 1:20 PM</td>
</tr>
<tr>
<td>16</td>
<td>Access to primary care must be expanded, particularly toward eastern side of the county. Expand hospital sub specialty services and outpatient specialist accessibility.</td>
<td>5/18/2022 1:07 PM</td>
</tr>
<tr>
<td>17</td>
<td>Increase social workers/case managers to help people who need to access the healthcare system, and help navigate the healthcare system. Ways to help people get to their appointments, get their medications, how to follow up and when, etc</td>
<td>5/18/2022 12:35 PM</td>
</tr>
<tr>
<td>18</td>
<td>Free preventative health incl screening, recommended tests/labs/exams, education like</td>
<td>5/18/2022 12:33 PM</td>
</tr>
</tbody>
</table>
Niagara County CHNA Provider Survey

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<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>19</td>
<td>educate the public about the importance of healthy eating habits, exercise- modified to the physical limitations , cessation of smoking , stress control – simple living style</td>
</tr>
<tr>
<td>20</td>
<td>More available primary care in the outlying areas</td>
</tr>
<tr>
<td>21</td>
<td>Provide community with general medical education classes for common medical conditions, importance of healthy lifestyle habits</td>
</tr>
<tr>
<td>22</td>
<td>Improve mental health and alcohol and drugs treatment services</td>
</tr>
<tr>
<td>23</td>
<td>Increase mental health resources specifically, mental health inpatient treatment programs</td>
</tr>
<tr>
<td>24</td>
<td>Improve access to mental health treatment and counseling. Promote activities to decrease the need for social media and social networking for our youth.</td>
</tr>
<tr>
<td>25</td>
<td>Diet and exercise programs subsidized</td>
</tr>
<tr>
<td>26</td>
<td>More community screenings for common chronic conditions</td>
</tr>
<tr>
<td>27</td>
<td>Need more avenues for mental health treatment via psychiatrists that serve the adolescent population.</td>
</tr>
<tr>
<td>28</td>
<td>start from scratch</td>
</tr>
<tr>
<td>29</td>
<td>Better hospital, more services able to this area as well radiology, labs, specialists there is not enough a lot falls on primary care. The hospital (ENH) needs a wake up big time</td>
</tr>
<tr>
<td>30</td>
<td>Better education on prevention and early detection education</td>
</tr>
<tr>
<td>31</td>
<td>More nurses Clean drinking water for all</td>
</tr>
<tr>
<td>32</td>
<td>universal access to health care</td>
</tr>
<tr>
<td>33</td>
<td>Abolish cigarettes and soda pop.</td>
</tr>
<tr>
<td>34</td>
<td>Education regarding health and mental well-being</td>
</tr>
<tr>
<td>35</td>
<td>Improve health education</td>
</tr>
<tr>
<td>36</td>
<td>Primary care initiative</td>
</tr>
</tbody>
</table>
Niagara Falls Health Equity Task Force

Task Force Information

NIAGARA FALLS HEALTH EQUITY TASK FORCE
THEORY OF CHANGE:

FUNDING
EFFECTIVE COMMUNICATION
DATA

IF WE build networks of health across systems of care in Niagara County, THEN WE can use data to educate network members, policymakers, and the general public about indicators of health, best practices, and innovative policies that influence health. IF WE identify collective resources, THEN WE can build pathways to equitable health, and community health outcomes will improve.

COMMITMENT FROM NETWORK MEMBERS
EVOLUTION
CLEAR UNDERSTANDING OF OUTCOMES / INDICATORS

Niagara Falls Health Equity Task Force
MEMBER
Health Priorities

- Toxic masculinity
- Services for those who are homebound (including vaccines)
- Homeless street outreach
- COVID-19
- Gun violence
- Lack of safe housing
- Access to Mental health / Psychiatric services (children & adults)
- Children’s access to parks / recreation
- Obesity (in children & adults)
- Household food insecurity & hunger
- Access to Sustenance Use & Prevention Services
- Reduced Mental Health Stigma
- Access to Sustenance Use & Prevention Services
- Homicides (emphasis on racial disparities)
- Unhealthy air / Environmental Pollution
- Employment
- Affordable housing
- New cases of diagnosed diabetes in adults & children
Niagara County Department of Health and the Niagara County Community Health Assessment Workgroup NEED YOUR HELP!

Please join us in completing the confidential health survey for Niagara County residents

Tell us what you think

It only takes a few minutes...

Help us discover the best ways to meet the health needs of your community by filling out this completely confidential survey.

The survey is available online through May 27, 2022

https://www.surveymonkey.com/r/Niagara2022
2022 Niagara County Community Health Assessment Survey

Help us discover the best ways to meet the health needs of your Niagara County community by completing this short confidential Community Health survey. Personally identifying information is not required. It only takes a few minutes. Tell us what you think! The survey is available online through May 27, 2022.

Scan QR Code:

Link: https://www.surveymonkey.com/r/Niagara2022
Laurie Belanger, LCSWR

Laurie Belanger has been providing services to children, adults, and families in Western NY for over 20 years. She is passionate about serving the needs of families coping with multi-layered, complicated concerns. Laurie has a strong interest in sensory development, chronic pain, adoption, mental health and learning differences. She is an approved EMDR Consultant through EMDRIA, and is professionally trained in TBRI® (Trust Based Relational Interventions) by the Karyn Purvis Institute of Child Development. Laurie currently provides therapy in her private practice setting in East Amherst, NY. Her passion for sharing trauma education has led her, over the last several years, to provide presentations and training. Laurie has worked with school districts, foster care/adoption agencies, churches, mental health providers and has presented at professional conferences for a diverse group of disciplines. She is dedicated to providing cross-discipline education to the community so that those outside of the trauma therapy field might have access to the most up-to-date, evidence-based knowledge to add to their own area of service. Laurie has also worked at Christian Counseling Ministries and is an active member of her local Presbyterian Church.

FREE Webinar

APPLYING A TRAUMA-INFORMED LENS
Building a Culture of Resilience in the Professions of Care

September 2, 2022
2:00 pm - 3:30 pm

Sisters of Charity Hospital
Clinical Pastoral Education

Clinical Pastoral Education
ACPE Accredited Center
Rev. Christopher Okoli
Director of CPE
Dr. Yvonne Valeris
Certified Educator
Rev. Amir Tawadrous
Certified Educator Candidate
Nancy Koteras
Administrative Assistant III

Sisters of Charity Hospital
Clinical Pastoral Education
2157 Main Street, Buffalo, NY 14214
(716) 862-1374

Speaker Contact
lbelanger@willowintegraitve.com
(716) 276-9520
grow-with-that.org

Contact
Nancy Koteras
to register for this
FREE WEBINAR
(716) 862-1374
nkoteras@chsbuffalo.org

Once registered, the Webex link will be sent to you.
Other Marketing/Promotional Materials
Applying a Trauma-Informed Lens continued

Applying a Trauma-Informed Lens
Free Webinar • September 2, 2022

Objectives
Join us in learning practical material that will bring color and light to difficult times and circumstances.

• Participants will learn about various forms of trauma and the different ways in which they can impact physical experience, the processing of thoughts, and the experience of emotion.

• Participants will be able to identify practical and resilience building strategies for reducing the often harmful effects of holding compassionate space and witnessing patient trauma on a daily basis.

• Participants will be able to describe, discuss, and implement independently, in their own unique settings, trauma-informed strategies for supporting their own skills for delivering care.

Register Today!
Call Nancy Koteras at (716) 862-1374 or email nkoteras@chsbuffalo.org
Once registered, the Webex link will be sent to you.

This webinar will introduce participants to the guiding principles of using a Trauma-Informed Lens when acting in service and compassionate care roles professionally.

It will also provide a framework for balancing personal wellbeing with service to others.
Clearview Treatment Services has been helping individuals with substance use disorders since 1986. Located in Mount St. Mary's Hospital in Lewiston, Clearview provides an inpatient rehabilitation program in a safe, comfortable environment. Our team takes a comprehensive approach to addiction management. We provide individualized, progressive care for individuals, including 24/7 nursing coverage, a medical director, a clinical psychologist, and a psychiatrist to address patient needs.

You don’t have to overcome your addiction alone. Having the right type of support system around you is critical on your path to recovery. Our addiction management programs are tailored to the individual, with recommended treatment for your circumstances and the complexity of your condition. We respect the person living with addiction by treating patients with compassion and observing their privacy.

What to Expect from Clearview:

• Individualized care in a safe, comfortable short-term rehabilitative environment
• Individual and group counseling sessions focusing on medical and social needs, relapse prevention, addiction education, mental health and wellness, spirituality, infectious diseases, grief and loss, and self-help.
• Available therapies include Cognitive Behavioral Therapy (CBT) and Rational Emotive Behavior Therapy (REBT).
• Gender-specific treatment and living arrangements

Eligibility:

• 18 years of age or older with a severe alcohol/drug dependency issue

Please note: All potential patients undergo a medical and mental health assessment prior to admission. Clearview does not offer detox services.

Referrals:

• Referrals are accepted by an individual's physician, outpatient provider, detoxification unit, legal entity, and others involved in assisting those with substance use disorders. Clearview also accepts self-referrals.

Cost:

• Clearview Treatment Services accepts Medicaid, Medicare, and most private insurances.
• Individuals may also choose self-payment.

Length of Stay:

28 days

What happens after discharge?

Because all cases are different, the steps after discharge vary; some patients continue treatment in an outpatient setting in the community, while others will enter into additional residential treatment.

Contact us at:

Clearview Treatment Services at Mount St. Mary’s Hospital
5300 Military Road
Lewiston, NY 14092
(716) 298-2115
Mount St. Mary’s Neighborhood Health Center

Committed to your care

Our office is staffed by skilled and experienced physicians, nurses and other professionals who are committed to providing compassionate, high quality care for expectant mothers, children of all ages, and adults at all stages of life.

We offer same-day appointments and wheelchair accessibility. In addition, our primary care centers accept most insurances, including Medicaid and Medicare. Healthcare assistance on a sliding fee scale is available for those who are under-insured or uninsured.

Catholic Health Connect is a secure, easy-to-use online connection to your health information at Catholic Health.

Our Mission
We are called to reveal the healing love of Jesus to all.

Our 2025 Vision
As your trusted partner, inspired by faith and committed to excellence, we lead the transformation of healthcare and create healthier communities.

Mount St. Mary’s Neighborhood Health Center
3101 Ninth Street
Niagara Falls, NY 14305
(716) 284-8917

Monday – Friday: 8:30am - 4:30pm

Take the New York Thruway I-190N, exit 24 for NY-31/Witmer Road. Turn left on NY-31/Witmer Road and continue straight onto Highland Avenue. Turn right onto Profit Lane and then turn left onto Ninth Street.
Taking care of you is our top priority.

Mount St. Mary’s Neighborhood Health Center offers complete healthcare services for all members of the community. Our dedicated staff provides quality, respectful healthcare to everyone. Our physicians, nurse practitioner, and physician assistant will take will take care of you and your family. We also have a social worker and care coordinators on staff to help you.

Special Programs and Services
We recognize that we serve a wide array of individuals with a variety of needs for programs and services. From healthcare to social services and daily needs, we strive to help.

**Dental Program**
- Oral health/hygiene services
- Transportation to visits
- Cleanings, fillings, extractions and dentures

**Advocacy & Assistance**
- Networking with local social service agencies and providers
- Personal care items
- Year-round donation drives
- Transportation to-and-from appointments

Our Comprehensive Services for Kids, Teens and Adults Include:
- Health Education
- Preventative Health Care
- Well & Sick Visits
- Dental Care
- Referrals to Community Resources
- Physicals
- Immunizations (i.e. Flu, Tetanus)
- Transportation
- Advocacy

**Women’s Health**
- Annual Gynecological Exams
- Pap Tests
- Maternity Care
- Pregnancy Tests
- Family Planning

**Pastoral Care**
- Referral for Individual, Family and Grief Counseling

**Outreach**
- Advocacy for Community Needs
- Spiritual Care
- Nutrition and Education

To make an appointment, call us **(716) 284-8917.**
A lot's gonna change

You've got this!

with a free personal nurse

that can give you the support, advice and information you need as a new mom, pregnant with your first baby.
A lot’s gonna change
You’ve got this!
with a free personal nurse

Pregnant with your first baby?

Your nurse will support you to:
• Have a healthy pregnancy and a healthy baby.
• Become the best mom you can be.
• Learn and practice things that make you more confident as a mom, like breastfeeding, nutrition, child development, safe-sleep techniques and much more.
• Get referrals for healthcare, childcare, job training and other support services available in your community.
• Continue your education, develop job skills or follow your dreams for the future.

Who can enroll in Nurse-Family Partnership?
Any woman who:
• Is pregnant with her first child
• Is pregnant 28 weeks or less
• Meets income requirements
• Lives in an area where Nurse-Family Partnership is available

Can my baby’s father participate?
The father, family members and friends are welcome to participate in the program, but as the mom, you are the main focus.

What is Nurse-Family Partnership?
Nurse-Family Partnership is free for women who are pregnant with their first baby. When you enroll you will be connected to a registered nurse who will provide the support, advice and information you need to have a healthy pregnancy, a healthy baby and be a great mom.

How much does it cost?
Nurse-Family Partnership is free to eligible women.
Breastfeeding Support Group

Every Tuesday from 11 am - 1 pm
Every Thursday from 6:30 pm - 8:30 pm

Offering Support from Pregnancy to Weaning

Get support at our Baby Café — live, online!

- Breastfeeding: planning, guidance and support
- Breast pumping support
- Information about breastfeeding and returning to work
- Opportunity to meet other mothers — share tips and socialize
- Support when you are ready to wean your child

Interested? Simply provide your name, email address, and phone number to jscarpen@chsbuffalo.org or log on using the below QR code.

Licensed & recognized by:

Baby Café USA

Sisters of Charity Hospital Lactation Department
Our Mission
We are called to reveal the healing love of Jesus to all.

Our Vision
As a trusted partner, inspired by faith and committed to excellence, we lead the transformation of healthcare and create healthier communities.

Our Values
REVERENCE
We honor the inherent dignity and uniqueness of each person.

COMPASSION
We unconditionally demonstrate empathy, kindness, and acceptance.

INTEGRITY
We are honest, transparent, and accountable.

INNOVATION
We continually learn, find creative solutions, and embrace change.

COMMUNITY
We work together to build community and promote social justice in our organization and in society.

EXCELLENCE
We commit to achieve the highest standards of quality, safety, and service.