

2022-2024 Community Health Assessment

Niagara County Department of Health

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Prevent. Promote. Protect.

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Executive Summary

Prevention Agenda Priorities and Disparity

The Niagara County Department of Health (NCDOH) collaborated with DeGraff Medical Park, Eastern Niagara Hospital, Niagara Falls Memorial Medical Center, Mount St. Mary's Hospital, and Population Health Collaborative to prepare the Community Health Assessment and Community Health Improvement Plan for the 2022-2024 period. To assist in meeting the goals of the New York State Prevention Agenda, Niagara County has selected priority area number one - Prevention Chronic Disease, and priority area number four – Promote Well-Being and Prevent Mental Health and Substance Use Disorders.

2019 Priority Area Update

For the 2019-2024 CHA/CHIP/CSP, Niagara County chose to work on Priority Area #1 Preventing Chronic Disease and Priority Area # 2 Promote Well-Being and Prevent Mental and Substance Use Disorders. Under Priority Area #1, the Niagara County Department of Health (NCDOH) set a goal to promote the use of evidence-based care to manage chronic disease, seeking to increase by at least 5% the percentage of adults with chronic disease who have taken a course to learn how to manage their condition. Alongside Priority #1, was the targeted disparity of mental hygiene. In order to reduce this disparity, the NCDOH sought to increase the number of referrals from Niagara County Department of Mental Health and Substance Use Services and the Mental Health Association of Niagara County for individuals with depression to participate in evidence-based workshops by 5%.

For Priority Area #2, the goal was set to reduce the age-adjusted overdose deaths involving any opioid by 10%. The activities in this plan include building support systems to care for opioid users or persons at risk of an overdose, providing opioid use disorder awareness trainings for agencies, and conducting non-drug and mind/body workshops for at-risk pregnant and parenting women. The plan also includes data surveillance, information sharing, and promoting a widespread education and media campaign.

During the data collection phase of the 2019-2022 period, emerging issues were identified as contributing factors affecting the priority areas. The NCDOH met with hospitals partners to review the 2019-

2024 priority areas progress in early 2022. The workgroup met monthly from February to August 2022. During this time, demographic and secondary data was reviewed. In addition, data was collection and reviewed from the community survey, 5 focus group meetings, and a provider survey. The decision was made to retain both “Prevent Chronic Disease” and “Promote Mental Health and Prevent Substance Abuse.”

Emerging Issues

In 2020, Niagara County faced a new public health issue due to the COVID-19 Pandemic. This pandemic strained our local health systems and Local Health Department. On March 22, 2020, the governor signed the “New York State on Pause,” this directive had non-essential businesses closed statewide and banned all non-essential gatherings of individuals. In addition to the “Pause,” guidelines set in four phases as part of a re-opening plan. Due to these restrictions, programs and services that were in place to address the priority areas were limited or put on hold. Social isolation during this time also influence the mental health and well-being of Niagara County residents’, according to the Niagara County Sheriff’s Office, the number of drug overdose cases was 35% higher in 2020 as compared to the same period in 2019 (Niagara County Sheriff’s Office).

Data used to identify and confirm priorities

According the 2022 *County Health Rankings*, Niagara County ranks #53 of 62 counties in New York State based on health outcomes and health factors, and #52 of 62 for clinic care/preventative health. New York State Indicators Reports (CHIRS) shows Niagara County’s hospitalization rates for heart attacks was 67.7% higher than the state average at 16.7 per 10,000 population based 2017-2019 SPARCS data. CHIRS has shown in 2019 the Diabetes hospitalization rate per 10,000 in Niagara County was 23.9, which was more that the state at 21.4 per 10,000. 66.8% of Niagara County adults are overweight or obese, and 15% of the population had physician-diagnosed diabetes (BRFSS, 2018). The mortality rate due to coronary heart disease is 188.7 per 100,000, and Niagara County has a high rate of emergency room visits due to hypertension and heart failure. The prevalence of hypertension in the county is 58.66% (56% in the Medicare population, CMS.gov, 2020) and the prevalence of hyperlipidemia is 53.79% (52% in the Medicare population, CMS.gov, 2020).

In Niagara County, the prevalence of depression is 20.56 %, with 16% of the Medicare population having depression (CMS, 2020). Niagara County residents with adjusted percentage of poor mental health for 14 or more days in the past month was 21.8, significantly higher than the *Prevention Agenda 2024* goal of 10.7 (New York State Prevention Agenda, 2018). Niagara County has an extreme shortage of mental health providers; there were 290 providers in Niagara County with a ratio of patient to provider of 720:1, New York State average was 310:1 (County Health Rankings, 2022). Opioids are responsible for a surge in both emergency room and inpatient hospitalizations. In 2019, Niagara County’s emergency department visits involving any opioid overdose age-adjusted rate was 71.5 per 100,000 population; New York State was 53.1 per 100,000.

In April 2022, a survey was distributed to all the cities, towns, and villages within Niagara County. There was also a questionnaire distributed to healthcare providers within Niagara County. The analysis from the survey and questionnaire were compared with the data collected that highlighted commonalty and disparities.

Roles of Partners

The NCDOH collaborated with leadership from each of the local hospitals: Eastern Niagara Hospital, Niagara Falls Memorial Medical Center, Mount St. Mary’s Hospital, and DeGraff Medical Park. Representatives from each entity were involved through all the stages of planning, data collection and analysis. Population Health Collaborative of Western New York presented data that assisted in the collaborative efforts of selecting the 2022-2024 priority areas. After collecting survey data, the CHA/CHIP/CSP workgroup started discussions to initiate broad community engagement. There were five focus group meetings held throughout the county to start community conversations. Additional information was gathered through a stakeholder focus group meeting with community-wide stakeholders.

Broad Community Engagement

The community stakeholder meeting effectively brought together partners from key organizations within Niagara County to review current initiatives and programs that would support the selected priority areas. This meeting engages a broad spectrum of partners that hold stakes in chronic disease prevention or mental

health/substances abuse prevention/awareness. A list of all participating partners can be found in Appendix A of this document.

During this meeting, community leaders heard from the CHA workgroup and the Population Health Collaborative regarding the current climate of population health. Data was shared, and the group was apprised of NCDOH's plans to pursue chronic disease and mental health/substance abuse as 2022-2024 priorities. Breakout sessions were held, and each organization has the opportunity to share their experience and their objectives under these priorities. This information was gathered and used to develop the activities to meet Community Health Improvement Plan objectives. The NCDOH and partner hospitals plan to continue to meet in partnership as program implementation begins, utilizing their resources and programs to support the *Prevention Agenda* work.

Interventions, Strategies, and Activities

For Priority Area # 1, Preventing Chronic Disease, the goal of the Niagara County Department of Health is to promote evidence-based care to prevent and manage chronic disease including asthma, arthritis, cardiovascular disease, diabetes, prediabetes, and obesity. The objective is to increase by at least 5% the number of adults with chronic disease who have taken a course or class to learn how to manage their conditions. The activities in this plan include promotion of evidence-based programs at a variety of sites throughout the county, collaboration with outside agencies to increase referrals, and maintaining a collaborative relationship between our health department and the Department of Mental Health & Substance Use Services to address the chosen disparity of mental hygiene. The NCDOH nursing staff will be trained annually on mental health awareness topics. For this priority area, capacity building between the health department and primary care physicians will be instrumental to the 2023/2024 plan's success.

For Priority Area #2 Promote Well-Being and Prevent Mental Health and Substance Use Disorders, the goal will be to prevent opioid and other substance misuse and deaths. The objective is to reduce the age-adjusted overdose deaths involving any opioid by 10% by December 2024. The activities in this plan include planning and building support systems to care for opioid users or persons at risk of an overdose, providing

opioid use disorder awareness training for agencies. Activities include conducting non-drug and mind/body techniques group series for pregnant women and mothers at inpatient treatment facilities, homeless shelters and other venues. Also, conducting outreach to middle and high school aged youth in Niagara County will help to address the objective too. The plan also includes data surveillance and information sharing, and promoting a widespread education and media campaign.

Tracking and Impact Evaluation

The Public Health Educator will work closely with the Director of Nursing to monitor progress on CHIP activities on a monthly basis. Reports from evidence-based workshops will be analyzed on a quarterly basis to gauge resident participation. Meetings between Department of Health and key staff of the Department of Mental Health & Substance Use Services will occur on a quarterly basis to discuss progress of current interventions and to facilitate planning for future initiatives. Evaluation of staff time will allow for tracking of personnel time spent in each priority area at the end of each quarter.

Community Health Assessment

Population

The 2020 U.S. Census report showed the total population of Niagara County is 212,666. There was a 1.8% decrease in population compared to the 2010 Census. This county is considered 75% urban and 25% rural. In regards to race alone or in combination with one or more other races, 87.2% of residents are Caucasian, 7.4% are Black, 1.2% are

American Indian, 1.2%

Asian, 0.1% Pacific Islander,

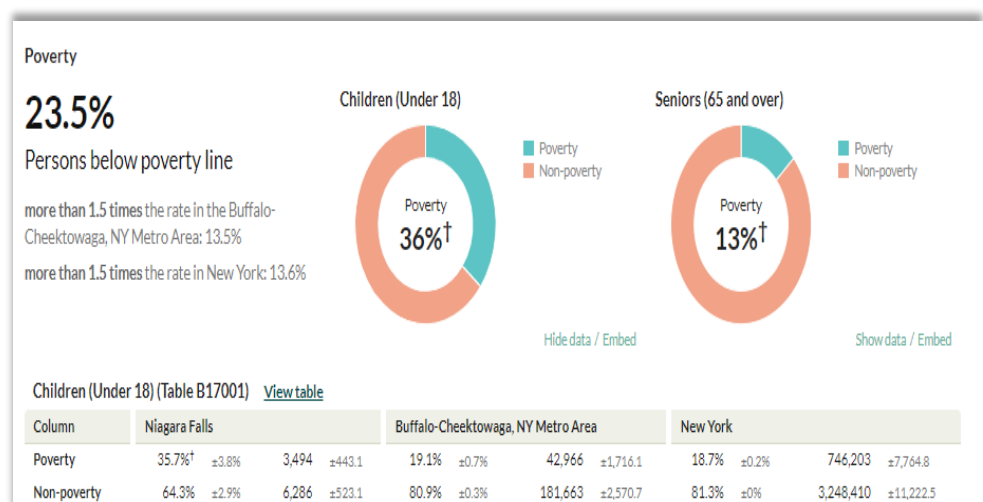
and 3.7% Hispanic or Latino,

1.3% some other race. In

Niagara County, 4.3% of

people speak a language

other than English at home.



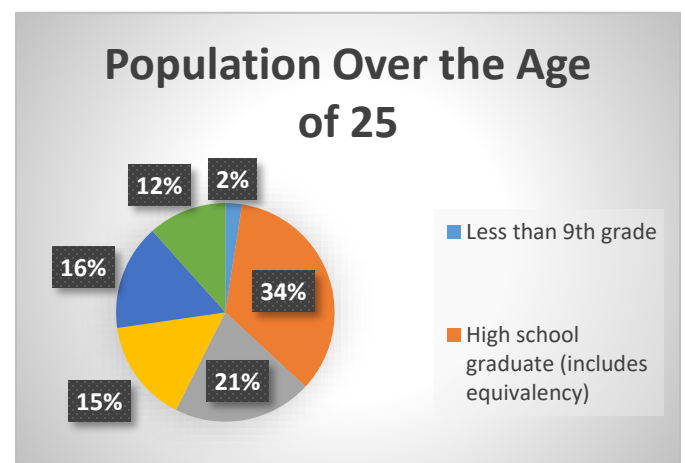
Per capita income is \$31,762, and 11.7% of the population are living below the Federal Poverty Line (2020 American Community Survey 5-year Estimates). Niagara Falls has the highest poverty level in Niagara County at 23.5%. The Census Reports stated Niagara Falls poverty rate was more than 1.5 times the rate for New York State.

The U.S. Census Bureau 2016-2020 American Community Survey 5-year estimates indicate that there are 90,022 households in Niagara County, 26.1% had children under the age of 18; 44.8% were married couples living together; 29.1% had female householders with no spouse present; 18.9% had male householders with no spouse present; 17.9% of all households were made up of individuals living alone. In the county, the population was spread out with 20% under the age of 18; 8.1% from 18-24; 24.2% from 25 to 44; 29.2% from 45-64; and 19.1% who were 65 years and age and older. The median age was 43.4 years. For every 100 females aged 18 and over, there were 95 males.

The Census 2016-2020 5-year estimates indicate that there are 100,156 housing units in Niagara County with 71.7% of them owner-occupied. The homeownership rate of Niagara County is 70.7 % which is higher than the New York State average of 64.1%. In Niagara County, 10.2% of people under the age of 65 have a disability. There are 22,330 households in the City of Niagara Falls, in which 13% under the age of 65 had a disability. In Lockport there are 9,113 households, in which 12.3% under the age of 65 had a disability.

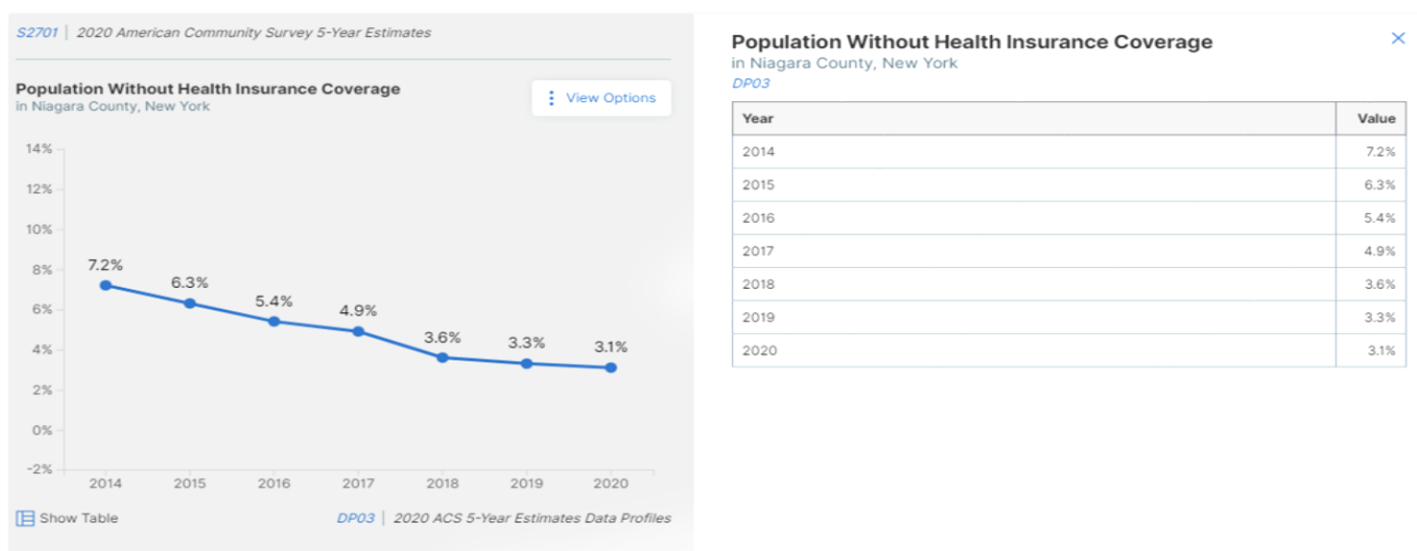
Data from the Census Bureau's ACS 5 year estimated that 83.3% drive alone to work, 7.4% carpool and 4.6% work from home. A smaller percentage utilize public transit, work, or ride bicycles. In Niagara County 3.9% of households have no vehicle available. Difficulty arranging transportation has been identified as a barrier for individuals in low-income areas as well as rural.

The American Community Survey 2020 5-year Estimated table S1501 showed 91.5% of the population over the age of 25 had graduated from high school or higher and that 25.6% had a Bachelor's degree or higher.



The migrant population assists in agriculture in Niagara County as well as surrounding areas including Canada. It is difficult to acquire a specific number of the population as these individuals move from area to area May to November for planting and harvesting.

3.1% of Niagara County residents are without insurance (2020 American Community Survey 5-year Estimates). New York State Community Health Indicator Reports (CHIRS) showed 24.4% of population have Medicaid/means-tested public coverage, 2015-2019, and 23.6% of Niagara County resident have Medicare coverage alone or in combination (ACS 5 year Estimates table S2704). According to Community Health Ranking, the ratio of residents to primary care providers is 2,430:1 (County Health Rankings, 2022).



Leading Causes of Death

Life expectancy in Niagara County for females is 80.69 years, and 76.12 years for males based on New York Health Ranking data (worldlifeexpectancy.com, 2020). Niagara County ranked # 55 for female and #60 for male life expectancy of all NY counties. Americans are still more likely to die from heart disease than from any other cause. According to World Life Expectancy USA Health Ranking, 2020, the leading causes of death in Niagara County for both men and women are heart disease, cancer, COVID-19, Chronic lower respiratory disease, and stroke. Heart disease and cancer remain the top two causes of death for both men and women, and COVID-19 accounted for 73.08 per 100,000 people in Niagara County. New York State Department of Health's

charts below reflect the 2019 data for men and women, as this is the most current data available at the time of this report.

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

Top 5 Causes

		Number of deaths and age-adjusted death rate				
	Total Deaths	#1 Cause of Death	#2 Cause of Death	#3 Cause of Death	#4 Cause of Death	#5 Cause of Death
Niagara 2019	Total Deaths 1,192 941.5 per 100,000	Heart Disease 347 272.9 per 100,000	Cancer 260 191.4 per 100,000	CLRD 73 57.5 per 100,000	Unintentional Injury 61 57.0 per 100,000	Cerebrovascular Disease 43 32.9 per 100,000

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

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

Top 5 Causes

		Number of deaths and age-adjusted death rate				
	Total Deaths	#1 Cause of Death	#2 Cause of Death	#3 Cause of Death	#4 Cause of Death	#5 Cause of Death
Niagara 2019	Total Deaths 1,216 683.3 per 100,000	Heart Disease 310 163.7 per 100,000	Cancer 253 152.9 per 100,000	Cerebrovascular Disease 75 41.5 per 100,000	CLRD 72 39.9 per 100,000	Unintentional Injury 44 33.3 per 100,000

CLRD: Chronic Lower Respiratory Diseases

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

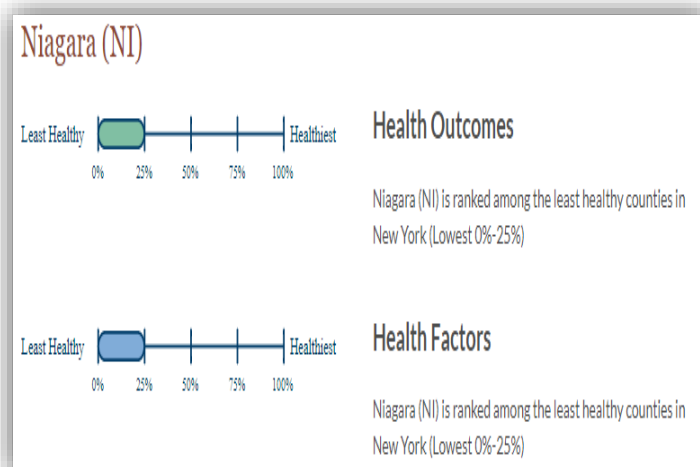
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If a cell is blank, then there were no deaths from any of the 25 causes used in our tables. These causes are listed in the technical notes.

Source: Vital Statistics Data as of January 2022

Niagara County Health Rankings

The County Health Ranking and Road Map shows the rank of nearly every county in the United States and looks at a variety of measures that affect health. In New York State, Niagara County was ranked among the least healthy counties for both health outcomes and health factors (County health Ranking & Roadmaps). Niagara County ranked at 53 out of 62 counties in New York State based on health outcomes, 50 out of 62 for health factors. In addition, Niagara County was ranked 54 out of 60 for length of life, and 52 out of 60 for clinic care.



COVID-19

COVID-19 was first discovered in December of 2019 in Wuhan, China. The Center for Disease Control and Prevention (CDC) explain this was a very contagious and quickly spreading disease. COVID-19 most often causes respiratory symptoms that can feel much like a cold, flu, or pneumonia as stated by the CDC. The symptoms can be very mild for some people, but for others it leads to severe illness or death. Underlying health conditions put a person at an increased risk to become severely ill.

In New York State, the top comorbidities were Hypertension, Diabetes, Hyperlipidemia and Coronary Artery Disease. The fatalities reported in New York State by the Health Electronic Response Data System (HERDS) was 58,578 with 613 reported in Niagara County (health.ny.gov, August 2022).

Top 10 Comorbidities by Age Group (54,163 out of 58,578 (92.2%) total fatalities have at least one comorbidity)

	Hypertension	Diabetes	Hyperlipidemia	Coronary Artery Disease	Dementia	Renal Disease	Copd	Cancer	Atrial Fibrillation	Congestive Heart Failure
Grand Total	31,422	19,161	12,870	8,257	7,642	7,126	6,717	6,273	5,871	4,643
0 to 9	2	1	0	0	0	0	0	5	0	1
10 to 19	2	4	0	0	0	1	1	3	0	0
20 to 29	26	34	7	0	0	12	1	14	0	6
30 to 39	159	159	40	6	0	61	7	36	6	16
40 to 49	615	518	171	56	6	196	66	101	23	47
50 to 59	2,257	1,808	831	362	66	585	355	398	135	212
60 to 69	5,733	4,163	2,358	1,308	333	1,374	1,160	1,146	577	636
70 to 79	8,903	5,958	3,849	2,508	1,395	2,061	2,132	1,958	1,491	1,212
80 to 89	8,971	4,761	3,755	2,789	3,087	1,999	2,003	1,838	2,235	1,527
90 and Over	4,753	1,754	1,858	1,228	2,754	837	992	774	1,404	985
Unknown	1	1	1	0	1	0	0	0	0	1

Some individuals infected with COVID-19 have also experienced post COVID-19 conditions with long-term effects and a wide variety of symptoms that can last weeks, months, or years. Researchers are still working on understanding post-COVID conditions as noted by the CDC.

In January 2021, Niagara County residents started to receive their first COVID-19 vaccinations.

Through countywide efforts from Niagara County Department of Health, local hospitals, pharmacies, and partnerships with local businesses 150,885

New York State COVID-19 Vaccine Tracker: Vaccination Rate by Zip Code

Vaccine Data as of 10/21/2022

<input type="radio"/> People with at least one vaccine dose <input type="radio"/> People with completed vaccine series		Region (All)	County Niagara	Zipcode (All)	Vaccination Rate 2.0% 100.0%
Zipcode	City	County	Region	Vaccination Rate	
14109	Niagara University	Niagara	Western New York	11.1%	
14105	Middleport	Niagara	Western New York	59.6%	
14301	Niagara Falls	Niagara	Western New York	61.6%	
14067	Gasport	Niagara	Western New York	61.9%	
14012	Barker	Niagara	Western New York	62.0%	
14303	Niagara Falls	Niagara	Western New York	62.4%	
14305	Niagara Falls	Niagara	Western New York	62.4%	
14028	Burt	Niagara	Western New York	63.3%	
14108	Newfane	Niagara	Western New York	68.8%	
14172	Wilson	Niagara	Western New York	70.7%	
14008	Appleton	Niagara	Western New York	72.1%	
14094	Lockport	Niagara	Western New York	73.1%	
14304	Niagara Falls	Niagara	Western New York	73.3%	
14126	Olcott	Niagara	Western New York	74.0%	
14131	Ransomville	Niagara	Western New York	74.5%	
14120	North Tonawanda	Niagara	Western New York	75.6%	
14174	Youngstown	Niagara	Western New York	75.7%	
14132	Sanborn	Niagara	Western New York	78.2%	
14092	Lewiston	Niagara	Western New York	81.9%	
14302	Niagara Falls	Niagara	Western New York	100.0%	

residents have received at least one vaccine dose and 141,845 have a series completed (health.ny.gov, October 2022).

COVID-19 has also had an impact on the mental health and well-being of the population. The National Alliance on Mental Illness reported since COVID-19, mental health is a growing crisis with 1 in 5 U.S. adults reporting that the pandemic had a significant negative impact on their mental health. The Kaiser Family Foundation (KFF) showed the negative impact of COVID-19 on mental health and well-being with symptoms of anxiety disorder and or depressive disorder increased by 30.1%, and a 12% increase in both worsening chronic conditions and increase in alcohol

consumption or substance use in 2021

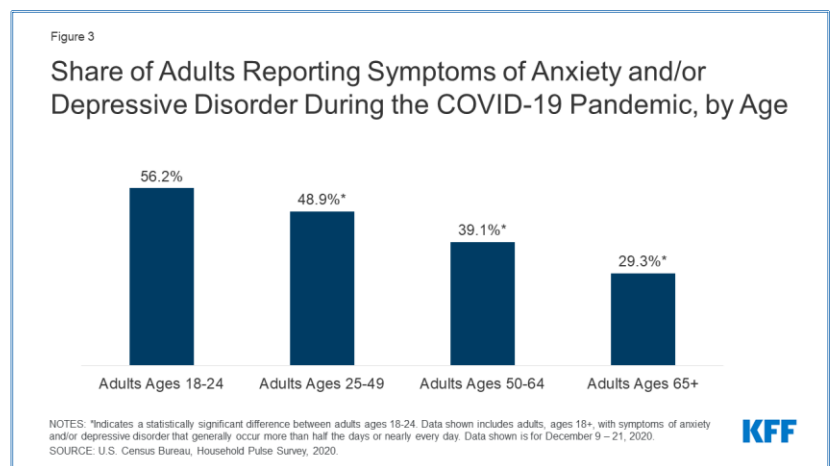
compared to data collected from January to

June of 2019. KFF also noted young adults

were more likely to report substance use

(25% vs 13% in 2019) and suicidal

thoughts (26% vs 11% in 2019).



Chronic Disease

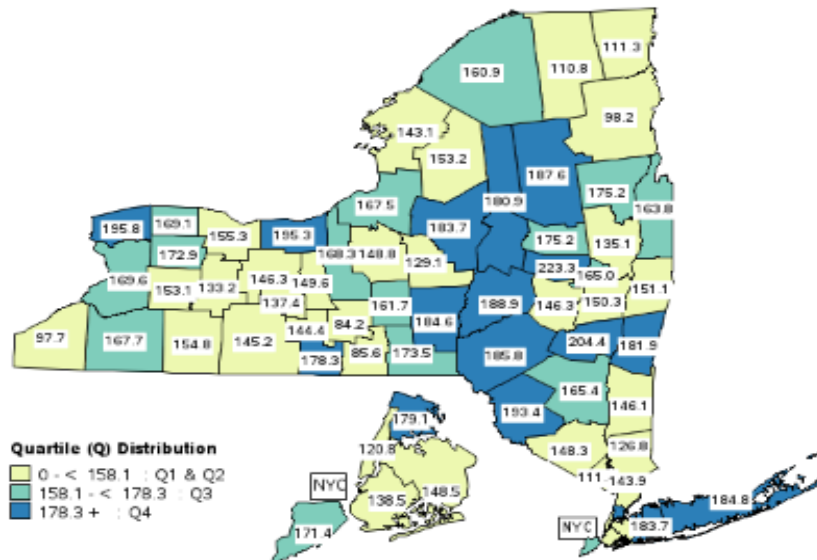
Niagara County continues to have a high rate of incidents and mortality of cardiovascular disease and

Cardiovascular disease mortality rate per 100,000	
Location :	Niagara County
Most Recent Value :	384.2 Death Rate
Data Year(s) :	2017-2019
Data Source :	Vital Statistics, data as of January 2022

disease of the heart. New York State CHIRS data set indicated a coronary heart disease mortality rate of 194.1 per 100,000, significantly higher than New York State at 173.4 per 100,000, cardiovascular disease mortality rate of 384.2 per 100,000 also surpassing the NYS rate of 278.3 per 100,000.

Hospitalization indicators displayed a coronary heart disease hospitalization rate per 10,000 with a Niagara County rate of 42.3, above that of 31.5 for NYS. Similarly, the cardiovascular disease hospitalization rate was 195.8 for Niagara County; also well beyond the NYS average of 155.2 rate per 10,000.

Cardiovascular disease hospitalization rate per 10,000, 2017-2019



Cardiovascular disease, including heart disease and stroke, remains the leading cause of death in the U.S., and those in the Western New York region are some of the most vulnerable and at risk of heart disease and stroke in New York State. Western New York has one of the highest rate of cardiovascular disease and stroke in the Northeast. Cardiovascular disease is a killer of people in the prime of life, with more than half of all deaths occurring among women. Niagara County has one of the highest rates of incidence and mortality of cardiovascular disease in New York. Niagara County was ranked second, just below Erie County, in the Western New York region in hospitalizations for stroke with a rate of 9.7 potentially preventable hypertension hospitalization rate per 10,000. This is also higher than the New York State rate of 7.7 per 10,000. According to the Behavioral Risk Factor Surveillance System (BRFSS, 2016), 33.9% of adults in Niagara County have been told that they have high blood pressure. The New York State CHIRS specified Niagara County was in the top 5 for cardiovascular disease premature death (aged 35-64) rate per 100,000, 2017-2019. According to BRFSS in 2018, 23.1% of individuals in Niagara County are living with a Cardiovascular Disease Disability.

Hypertension rates have shown a decline in the past 4 years, however, rates remain higher in Niagara County compared to New York State as a whole. Hypertension is recognized as a co-morbid condition for cardiovascular disease, cerebrovascular disease and diabetes, among other conditions.

Niagara County - Hypertension without heart failure emergency department visit rate per 10,000 (any diagnosis) - Aged 18 years and older

Data year(s)	Single year	Three-year	NYS excl. NYC
2016	1,422.0		1,071.6
2017	1,339.1	1,380.3	1,005.1
2018	1,379.7	1,347.7	1,022.8
2019	1,324.4		1,034.2

There is a significant health disparity in heart disease and stroke indicators among the Black population. New York State Department of Health reported the disease of the the heart hospitalization rate for African Americans was 190.9 per 10,000 population compared to Niagara County total of 99.1 per 10,000 population as shown in the chart below.

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

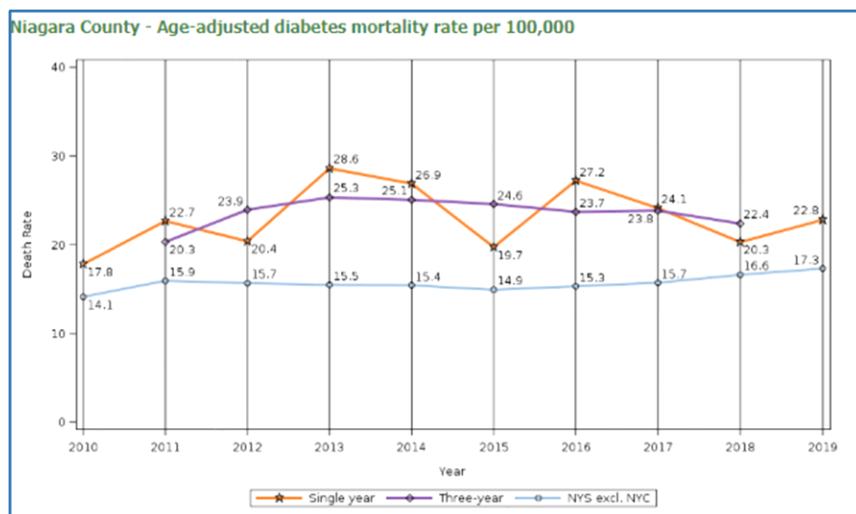
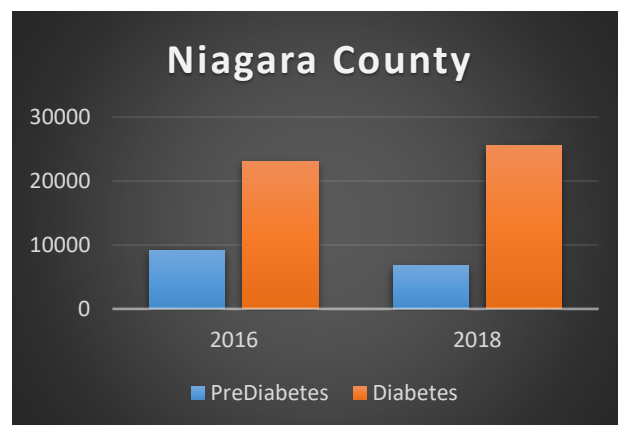
Health Indicator	Non-Hispanic			Hispanic	Total
	White	Black	Asian/Pacific Islander		
Heart Disease and Stroke Indicators					
Diseases of the heart mortality per 100,000 population, age-adjusted	201.2	306.1	72.5 [*]	184.1	208.5
Diseases of the heart hospitalizations per 10,000 population, age-adjusted	92.7	190.9	60.2	70.6	99.1
Cerebrovascular disease (stroke) mortality per 100,000 population, age-adjusted	33.5	52.6	26.2 [*]	31.7 [*]	34.1
Cerebrovascular disease (stroke) hospitalizations per 10,000 population, age-adjusted	23.2	52.7	11.4 [*]	6.6 [*]	24.7
Coronary heart disease mortality per 100,000 population, age-adjusted	125.9	208.3	53.4 [*]	108.4	131.3
Coronary heart disease hospitalizations per 10,000 population, age-adjusted	28.8	42.1	16.6	21.9	30.2
Congestive heart failure mortality per 100,000 population, age-adjusted	40.3	30.0	8.4 [*]	31.0 [*]	39.7
Potentially preventable heart failure hospitalization rate per 10,000 population - Aged 18 years and older (2017-2018)	47.0	104.0	24.6	13.9	50.0

Diabetes

According to the CDC, more than 1 in 3 US adults have prediabetes and 37.3 million people have diabetes. The risk factors for diabetes includes both characteristics that cannot be modified (race, ethnicity, family history, and age) as well as behavioral characteristics that can be modified (physical activity nutritional habits, and weight management). Approximately 10.7% of the adult population in New York State had been diagnosed with diabetes (American Diabetes Association, 2021). Diabetes is more prevalent in adults who are

overweight/obese. In Niagara County, the age adjusted percentage of adults with a Body Mass Index (BMI) 25 or higher is 67.5% (CHIRS, 2018). Obesity is also a serious health concern for children and adolescents. According to the Center for Disease Control and Prevention, obese children and adolescents are more likely to become obese as adults. Obese and overweight youth are more likely to have risk factors associated with cardiovascular disease, such as high blood pressure, high cholesterol, and type 2 diabetes. The rate of overweight/obese adolescent population in Niagara County shows 33% of elementary, and 41.2% of middle/high school students are overweight or obese (Student Weight Category Reporting System, 2017-2019).

Prediabetes and type 2 diabetes prevalence is a significant concern in Niagara County. The 2018 Expanded Behavioral Risk Surveillance System indicated 25,522 Niagara County residents are currently diagnosed with type 2 diabetes, and 6,727 have been diagnosed with prediabetes. Not only has the percent of adults with physician-diagnosed diabetes in Niagara County steadily increased, but it also exceeds the Western New York region rate as well as the NYS average. The diabetes mortality rate is 22.8 per 100,000 residents, which has increased from 20.3



deaths per 100,000 residents in 2018.

Additionally, the Niagara County hospitalization rate for diabetes as a primary diagnosis per 10,000 is 20.9%, which is higher than the state average and higher than the Western New York region. The rates in Niagara County for diabetes short-term complications

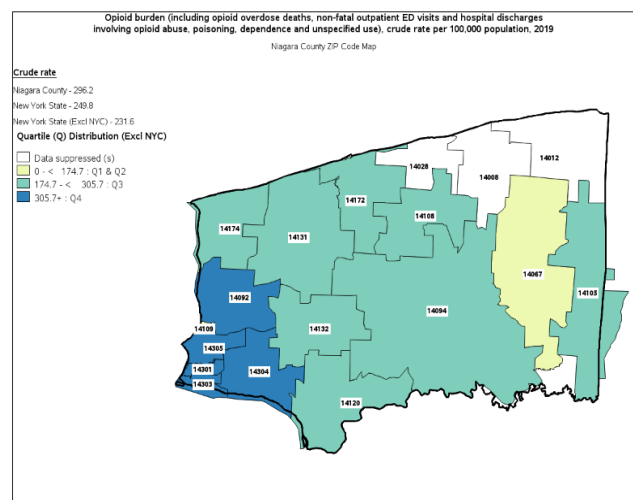
hospitalization rate per 10,000 – Aged 6-17 years is 4.6% which is double the NYS average of 2.3% and the rate per 10,000 – Aged 18+ years is 7.6% also exceeding the NYS average of 6.2%.

Mental Health and Substance Use

Mental health and substance use disorders sometimes take place together for a variety of reasons. They share several of the same underlying causes, including changes in brain composition, genetic vulnerabilities, and early exposure to stress or trauma. Results from the Substance Abuse and Mental Health Services Administration (SAMHSA) 2020 Drug Use and Health Survey indicated that in 2020, 17 million adults had a co-occurring mental illness and substance use disorder in the past year. Of those 17 million, 66.4% received treatment for either their mental health disorder or their addiction. The COVID-19 Pandemic also affected access to care, 32% of people experienced delay in services, 9.4% had delays in getting prescriptions, and 6.1% were unable to access needed medical care. Only an estimated 9.3% of adults with mental illness and substance use disorder received the mental health and substance abuse care they needed that year.

Niagara County Crisis Services (NCCS), with its 24/7/365 call center and mobile crisis team response, is a valuable and responsive resource that has been increasingly stressed. Niagara County Department of Mental Health & Substance Abuse Services' 2023 Niagara County Local Service Plan reported, "Niagara County based calls to the Crisis Services Call Center increased in 2021 by 23% over 2020 (33,464 calls from 27,140 calls) and 49.6% over 2019. Of the 2021 call total, there was a 23% increase in calls over 2020 (27,294 calls from 22,177 calls) and a 68.6% increase over 2019 that were crisis calls in nature."

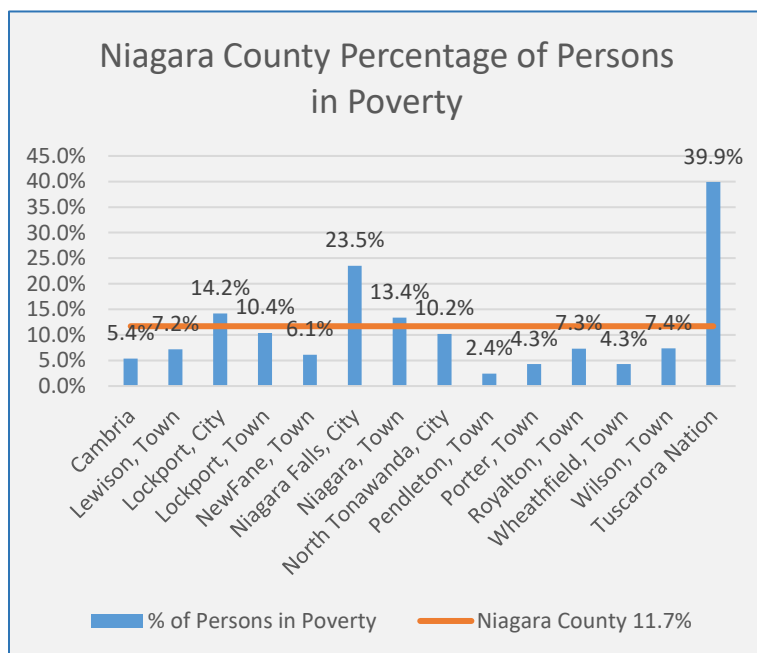
The NYS Health Connector 2016-2018 reported Niagara County has one of the highest suicide death rates at 14.2% compared to the NYS average of 8.8 per 100,000. The Opioid burden was 249.8 per 100,000 population; Niagara County was significantly higher at 296.2 (SPARCS Data, November 2021). The high need areas fall within the Niagara Falls and Lewiston zip codes, with zip code 14303 (NF) showing the highest Opioid burden crude rate of 911.1, followed by the 14305 (NF) zip code at 552.1.



Identification of Main Health Challenges

People with disabilities are more likely to have poorer overall health. They are at risk of secondary preventable health conditions. CDC (2020) reported that studies have shown people with disabilities report poorer overall health, less access to adequate health care, smoking, and physical inactivity than people without disabilities. They are also at a 4 to 10 times greater risk of being a victim of violence, abuse, or neglect.

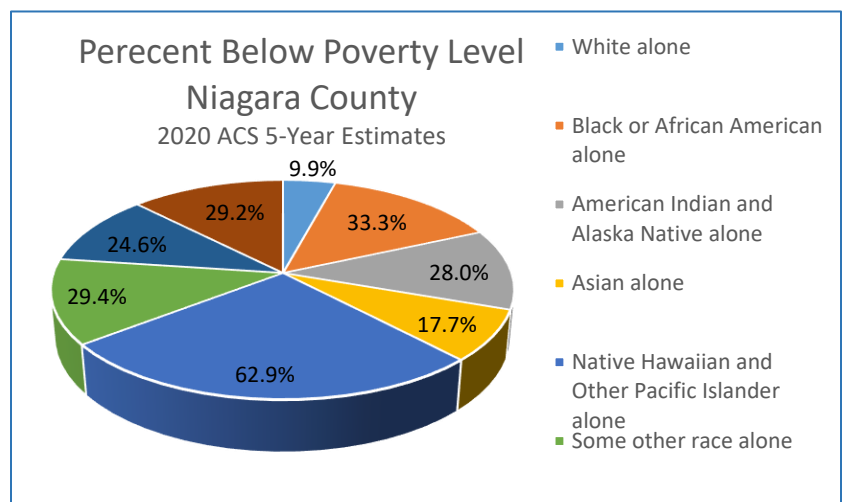
In Niagara County, 10.2% of the population under the age of 65 has a disability (U.S. Census, 2020), higher than New York State at 7.6%. In the City of Niagara Falls, 13% of the population under the age of 65 had a disability, and 12.3% in the City of Lockport.



A variable that contributes to poor health outcomes and disparities is low socio-economic status. Those who experience chronic poverty tend to have a higher prevalence and incidence of disease with poorer outcomes as well as a higher rate of premature death. The percentage of people in 2020 who fell below the poverty line (\$26,200 for a family of four) in Niagara County was 11.7% slightly below the New York State average of

13.9%. The Tuscarora Nation Reservation had 39.9% of its population below the poverty level (2016-2020 5-Year Estimates).

Rates for those living below poverty levels in Niagara County have improved for the white population in recent years but have declined for others as pictured.



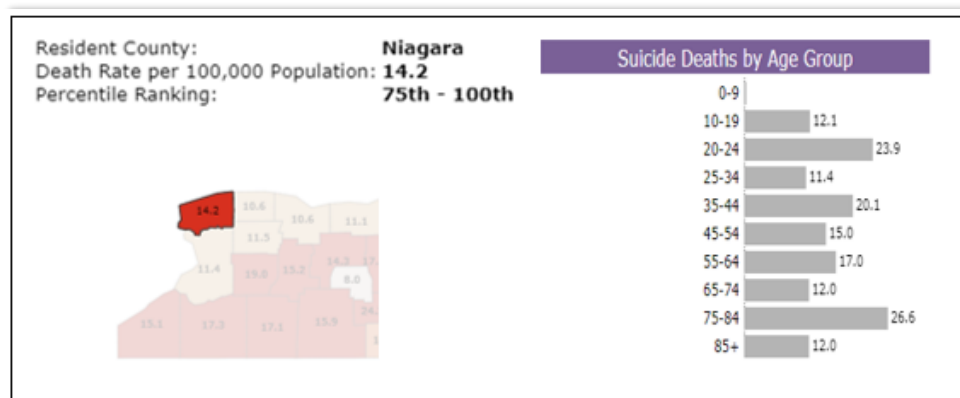
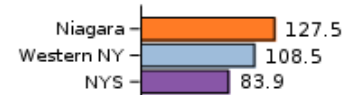
Behavioral Risk Factors

Various health challenges that impact Niagara County have been discussed in the previous sections that relate to chronic diseases and disparities. Several lifestyle habits such as overweight or obesity, smoking, physical inactivity, and risky alcohol consumption alone can cause numerous health problems. The CDC estimates by 2030 more than 8 million deaths will be attributed to smoking. The World Health Organization reported that overweight and obesity, which are direct consequences of physical inactivity and unhealthy diet, are responsible for 2.8 million deaths annually.

A listing of notable behavior specific health challenges related to Niagara County residents can be found below.

- Highest mortality rate in the Western New York region in hospitalizations
- Cancer incidence rate is 2nd in Western New York region
- 3rd highest rate of premature death from cardiovascular disease in New York State
- Consistently high rates of birth with late or no prenatal care
- Highest high school dropout rate in Western New York region
- High rate of chronic lower respiratory disease (CLRD)/COPD mortality
- 66.8% of adults are overweight or obese (BRFSS, 2018)
- Suicide rate is nearly double than the New York State rate (NYSDOH Health Connector, 2018)
- Increasing rates of smoking among adults with poor mental health (BRFSS, 2018)

Disease of the heart premature death (aged 35-64 years) mortality rate per 100,000



Environmental Risk

Safety and security within a community is an essential part of health. According to Maslow's Hierarchy of Needs, a motivational theory in Psychology, if one does not feel physically safe; it will detract from their quality of life, ability to think, and increase stress hormone levels. They will seek to find safety before they

attempt to meet any higher-level needs. In accordance with this theory, community residents indicated during the focus groups that they felt unsafe in their neighborhood that deterred them from walking outside as a means of physical activity.

Crime rates in Niagara County for violent crime, property crime and index crime exceed the New York State rates.

Highly noteworthy is Niagara Falls crime analytics. Neighborhood Scout reveals the safety from crime for every neighborhood in America and reports that Niagara Falls has one of the highest crime rates in America with a crime rate of 51

per one thousand residents. They added

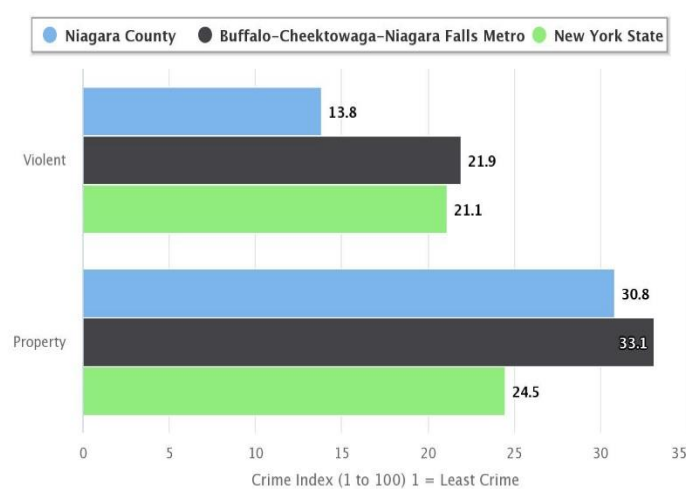
that within New York, more than 99% of the communities have a lower crime rate than Niagara Falls.

Appendix 3
New York State Index Crime Summary by County: 2020
Rates per 100,000 Population

Crime Rate				Crime Rate			
County	Index	Violent	Property	County	Index	Violent	Property
Albany	2,440.4	367.1	2,073.3	Onondaga	2,185.2	354.4	1,830.9
Allegany	881.5	160.5	721.0	Ontario	1,385.7	153.8	1,231.9
Bronx	2,562.2	928.8	1,633.4	Orange	1,255.4	173.8	1,081.6
Broome	2,752.3	350.7	2,401.6	Orleans	1,157.4	158.2	999.3
Cattaraugus	1,182.0	170.2	1,011.8	Oswego	1,553.0	168.3	1,384.7
Cayuga	1,593.8	262.8	1,331.0	Otsego	1,083.0	127.5	955.5
Chautauqua	2,331.9	312.9	2,019.0	Putnam	408.0	37.9	370.1
Chemung	1,825.2	208.9	1,616.3	Queens	1,666.9	428.6	1,238.3
Chenango	1,685.7	242.7	1,443.1	Rensselaer	2,019.8	288.6	1,731.2
Clinton	1,427.4	160.4	1,266.9	Richmond	1,082.9	289.3	793.6
Columbia	1,231.6	160.1	1,071.5	Rockland	841.0	104.5	736.4
Cortland	1,830.3	206.0	1,624.4	St Lawrence	1,057.1	127.6	929.5
Delaware	1,077.2	159.2	918.0	Saratoga	964.2	95.4	868.8
Dutchess	1,265.9	194.2	1,071.7	Schenectady	2,480.5	360.2	2,120.4
Erie	2,376.3	402.2	1,974.1	Schoharie	1,028.7	140.4	888.3
Essex	894.5	172.0	722.5	Schuyler	277.8	56.7	221.1
Franklin	1,304.3	157.5	1,146.8	Seneca	1,301.1	163.4	1,137.7
Fulton	1,817.9	214.4	1,603.5	Steuben	914.4	124.0	790.4
Genesee	1,454.6	182.3	1,272.4	Suffolk	1,236.5	89.9	1,146.5
Greene	1,176.1	411.3	764.8	Sullivan	1,133.4	195.4	938.0
Hamilton	1,059.4	161.2	898.2	Tioga	903.4	124.0	779.5
Herkimer	1,485.3	174.9	1,310.4	Tompkins	2,092.9	165.4	1,927.5
Jefferson	1,894.4	256.4	1,638.0	Ulster	1,056.7	126.2	930.5
Kings	1,996.4	571.8	1,424.6	Warren	1,166.5	121.5	1,045.0
Lewis	552.9	88.3	464.6	Washington	577.7	130.4	447.3
Livingston	909.0	83.5	825.5	Wayne	1,497.8	191.2	1,306.6
Madison	1,358.6	190.8	1,167.8	Westchester	1,069.9	164.5	905.4
Monroe	2,055.8	301.6	1,754.2	Wyoming	772.3	114.3	658.0
Montgomery	1,559.7	137.3	1,422.4	Yates	894.6	64.8	829.8
Nassau	906.4	135.3	771.2				
New York	2,936.9	570.7	2,366.2	New York City	2,136.3	577.8	1,558.5
Niagara	2,299.9	315.2	1,974.7	Non-New York City	1,496.8	204.7	1,292.1
Oneida	1,965.1	245.4	1,719.7	New York State	1,771.4	364.9	1,406.5

Crime in New York State 2020 Final Data

The violent crime rate is also one of the highest in the nation, across communities of all sizes. Violent



offenses tracked in this report included rape, murder and non-negligent manslaughter, armed robbery, and aggravated assault, including assault with a deadly weapon. According to Neighborhood Scout's analysis of FBI reported crime data, your chance of becoming a victim of one of these crimes in Niagara Falls is 1 in 107.

Neighborhood Scout also noted that the crime rate in Lockport is substantially higher than the national average at 30 crimes per one thousand residents. They added that the chance of becoming a victim of either violent or property crime in Lockport is 1 in 41. Relative to state average, Lockport has a crime rate that is

higher than 95% of the NY’s cities and towns of all sizes.

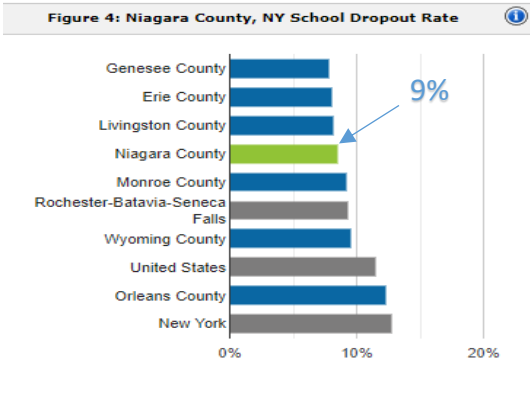
Socioeconomic Environment

Social and economic factors are the largest predictor of health outcomes. Factors such as income, education, employment, community safety, and social supports considerably affect our health and well-being. County Health Rankings reported that for social and economic factors, Niagara County ranks 50 out of 62.

A disparity of children in poverty was noted. Of the 15% living in poverty, 10% were white, 43% black, 36% Hispanic, 28% Asian, and 13% American Indian & Alaska Native.

	Niagara (NI) County	Trend	Error Margin	Top U.S. Performers	New York
Social & Economic Factors					
High school completion	92%		91-92%	94%	87%
Some college	69%		66-72%	74%	70%
Unemployment	10.4%			4.0%	10.0%
Children in poverty	15%		10-20%	9%	17%
Income inequality	4.7		4.4-5.0	3.7	5.7
Children in single-parent households	26%		24-28%	14%	26%
Social associations	10.0			18.1	8.1
Violent crime	395			63	379
Injury deaths	71		66-76	61	53

While indicators of low socioeconomic status are present in many areas of Niagara County, they appear to be more predominant in the City of Niagara Falls with 23.5% of the population below the poverty line. The median household income in Niagara County is \$57,252 yet in the City of Niagara Falls is \$41,137. Additionally, Niagara Falls High School has had the lowest rates of graduation among Niagara County high schools. Noteworthy is that, similar to poverty, the attainment rates of a Bachelor’s degree are lowest in the Niagara Falls zip codes. In contrast, the Town of Pendleton has the highest median household income in the

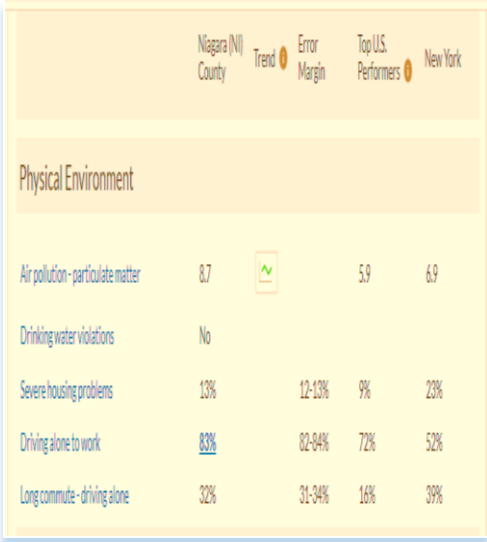


county (\$91, 528) and the greatest amount of individuals holding a bachelors’ degree or higher.

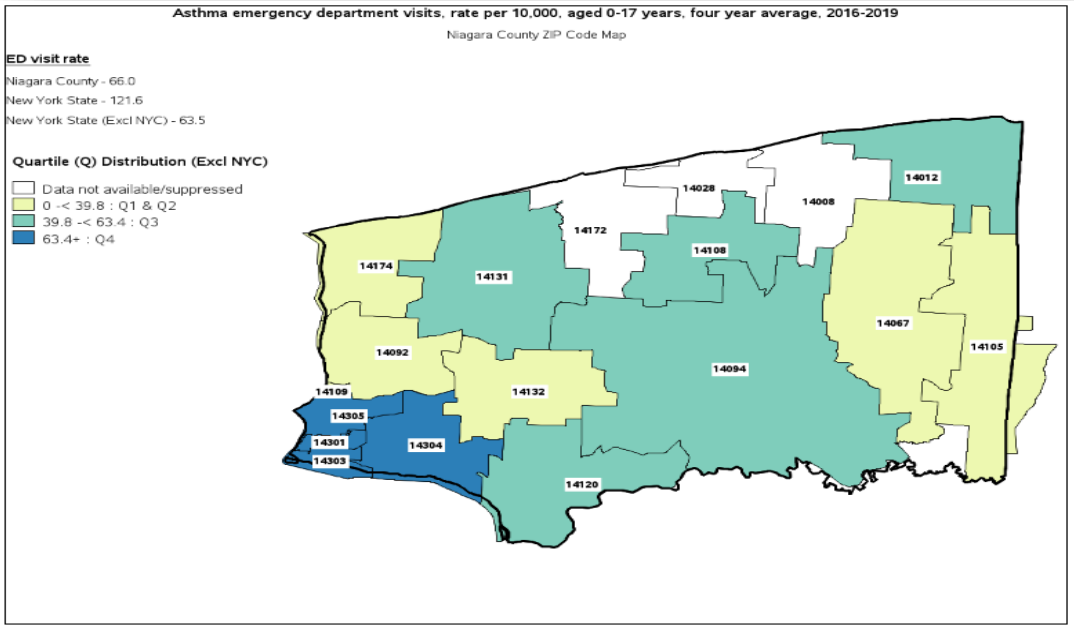
Niagara County had a 9% school dropout rate. This is higher than two neighboring counties Erie and Genesee at 8% each, according to the 2021 Town Charts report. The average New York State dropout rate was 13%.

<https://www.towncharts.com/New-York/Education/Niagara-County->

Collaboration Health and the Environment (CHE) noted that poverty, age, and mobility increases the vulnerability of some populations to have more built-environment-related diseases. CHE found that “youth, elderly, those with limited incomes and people with disabilities disproportionately experience poor built environments, such as those with high traffic volumes, noise and crime rates, or neighborhoods close to polluting industries.” People in low-income areas tend to have a greater exposure to residents that contain lead paint and mold. Low-income disabled people can have fewer opportunities to engage in physical activity and



higher risk of exposure to toxins can put them at a greater risk for environment-related disease. In addition, CHE also reported, “poor indoor air quality may increase rates of asthma, allergies, and infectious and respiratory diseases.” The County Health Rankings show Niagara County has a higher rate of air pollution than the New York State Average. Zip codes within Niagara Falls have a higher rate of poverty also showed the highest rates for asthma related emergency room visits for youth 0-17 years old.



Policy Environment

The Niagara County District Attorney's Office, the Niagara County Sheriff's Office and the Niagara County Probation Department, in conjunction with the Niagara Falls Police Department and The Niagara Crime Analysis Center (NICAC) partnered in the Gun Involved Violence Elimination (GIVE) initiative. Through GIVE, the NICAC can give real time data to target specific areas using evidence-based strategies to reduce and eliminate violent gun crimes. NICAC also provided resources for intelligence-led policing efforts.

The Niagara County Sheriff's Office and Niagara County Mental Health have collaborated in the Law Enforcement Assisted Diversion (LEAD) Program. This helps to redirected individuals with unmet health health needs to community-based, harm-reduction interventions. This is geared towards improving public safety while reducing unnecessary involvement of the justice system.

In 2018, the Niagara County Legislature stated that addiction to and abuse of opioids is one of the greatest challenges facing the county. They added that vast amounts of prescription opioids were sold, distributed, and prescribed within the county and has created a public health and safety hazard that affects residents in the county. As a result, they passed a law declaring the opioid epidemic and its effect on Niagara County a public nuisance. The purpose of the legislation was to allow the county to recover the costs of governmental functions related to opioids marketed, sold, manufactured, dispensed, prescribed, and/or distributed by the “responsible party”. They defined responsible party as any person or corporation whose negligent, intentional, or otherwise wrongful conduct causes the incident resulting in the county incurring costs.



In 2022, Niagara County Department of Mental Health & Substance Abuse Services (NCDMH) was awarded 1.2 million from an Opioid Settlement Funds. NCDMH facilitated two (2) Round Table Sessions related to the Opioid Settlement Funds. There was significant conversation about needing to expand harm-reduction services in our community that focus on meeting basic needs and developing trust as an entry point to care (2023 Niagara County LSP).

Unique Characteristic of Niagara County

The natural and man-made water resources of Niagara County are distinctive. It is known for its plethora of natural wonders including Niagara Falls, the Niagara River, the Niagara Escarpment and Gorge, and Lake Ontario. Niagara Falls is “an area 12,300 years in the making. The history of Niagara Falls goes back thousands of years, to the Ice Age, when large torrents of water were released from the melting ice, draining into what is now known as the Niagara River” (Niagarafallsstatepark.com). Niagara Falls State Park is documented as the oldest state park in the United States and contains the American Falls, the Bridal Veil Falls, and a portion of the Horseshoe Falls. The Niagara State Park is open year-round and attracts millions of visitors annually.

Another noteworthy man-made water body is the Lewiston Power Reservoir. The water that is pooled in the reservoir is used to generate power. President John F. Kennedy recognized the launch of the Niagara Power Project in 1961 and it is New York State’s biggest electricity producer, providing up to 2.6 million kilowatts of clean electricity (NYPA.gov).



www.nyopa.gov/power/generation/niagara-power-project

It is also unique in its geography in that it is bordered on three sides by water -- Lake Ontario to the North, Tonawanda Creek to the South and the Niagara River to the West. It is connected to Canada by three bridges – Lewiston-Queenston Bridge, Whirlpool Bridge, and Rainbow Bridge. The Niagara Escarpment is a visually prominent natural feature in the County rising more than 600 feet in elevation, crossing the County in

an east/west direction. Wide varieties of state parks are an additional draw for tourists who come from all areas of the United States, other countries, and some cross the border of Canada to enter the United States.

Summary of Assets and Resources in Niagara County

Hospitals and Clinics



Niagara Falls Memorial Medical Center

“Niagara Falls Memorial Medical Center (NFMMC) is an independent not-for-profit Article 28 hospital that offers a wide-range of inpatient and outpatient healthcare services. NFMMC’s campus is located in downtown Niagara Falls, just 1.9 miles from Niagara Falls, one of the wonders of the world. NFMMC is the only hospital located within the City of Niagara Falls.

With 171 licensed beds, NFMMC provides inpatient medical-surgical services, including a unit dedicated to serving cardiac patients and stroke victims. The medical center operates an intensive care unit, and offers labor and delivery services. Fifty-four (54) of the medical center’s inpatient beds, are licensed for adult psychiatric care.

NFMMC provides several unique services that are not available at any other hospital in Niagara County. Memorial is the only facility in Niagara County to provide adult inpatient psychiatric services, operate a 24 x 7 Emergency Psychiatric Unit, and provide integrated behavioral health services at its primary care centers and outpatient OB-GYN clinic. NFMMC is the sole hospital in Niagara County to operate a medical oncology program in partnership with the Roswell Park Comprehensive Cancer Center, and it is the only Niagara County-based hospital to provide cardiac catheterization services. Moreover, NFMMC is the only hospital in Niagara County to provide Health Home care management services to Medicaid clients and to offer a Child Advocacy program to protect children against abuse and neglect. Over the past decade, NFMMC has transformed the medical center into a center for community health that provides an array of outpatient healthcare and community support services. NFMMC has a large primary care footprint that serves 18,000 patients. The

medical center operates six primary care centers throughout Western Niagara County and Northern Erie County, including locations in Niagara Falls, Wheatfield, Lewiston, Grand Island, and at the Tuscarora Indian Reservation. Complementing NFMMC's primary care centers, are several outpatient clinics specializing in infectious disease, cardiology, surgery, OB-GYN, behavioral health, physical therapy, and orthopedics. Additionally, NFMMC operates a medical oncology center in collaboration with the Roswell Park Comprehensive Care Center.

On the ancillary service front, NFMMC provides outpatient medical laboratory services and outpatient diagnostic imaging services at both the medical center's downtown Niagara Falls campus and at the Summit outpatient center in Wheatfield.

Cardio diagnostic testing services including echocardiograms, holter monitoring, nuclear medicine, and stress tests are featured services that are available at the Heart Center of Niagara on NFMMC's campus. The cardiac catheterization laboratory, which is located adjacent to the cardio diagnostic testing suite, is jointly operated by NFMMC, the Catholic Health System, Kaleida Health and the Erie County Medical Center.

In recognition of and in response to the high-levels of poverty prevalent in the City of Niagara Falls, NFMMC delivers several essential community support services that help local residents connect to healthcare. In addition to operating a Health Home Care Management Agency, NFMMC administers a Navigation program to connect the uninsured to health insurance and runs the P3 Center to serve low-income mom and their infants" (Niagara Falls Memorial Medical Center, 2022-2024 Community Services Plan).



Mount St. Mary's Hospital

"Mount St. Mary's Hospital and Health Center is comprised of a 175-bed community hospital, a 250-bed nursing care residence, and a fully-licensed Child Care Center on its campus in Lewiston, NY. It also operates a Neighborhood Health Center clinic in the City of Niagara Falls and an off-site Outpatient Rehabilitation Center.

In addition, medical specialties in Otolaryngology, Primary Care, and Orthopedics are offered at facilities on-campus and throughout the community. Mount St. Mary's services as the Medical Provide for the PACE program in Niagara Falls. Staff at Mount St. Mary's includes more than 200 physicians with privileges, 200+ RN's and LPN's, 30 allied health professionals and numerous employees in supporting roles. In all, Mount St. Mary's Hospital and Health Center employs more than 800 people and has about 200 volunteers".

Mount St. Mary's Hospital was formed in 1907 by the Sisters of St. Francis who came north from Buffalo to care for the sick and the poor. In 1997, the Sisters of St. Francis turned over sponsorship to the Daughters of Charity to continue in their tradition of excellence and service. In 2000, the Daughters of Charity merged with the Sisters of St. Joseph to create Ascension Health. In July 2015, the sponsorship of Mount St. Mary's was transferred to Catholic Health of Buffalo.”¹



DeGraff Medical Park (Off-campus Emergency Department supported by Millard Fillmore Suburban Hospital)

Kaleida Health's DeGraff Medical Park (DeGraff), located at 445 Tremont Street, North Tonawanda, NY in Niagara County was established in 1914 to serve the healthcare needs of WNY's Northtown communities. In 2020, inpatient care at DeGraff Memorial Hospital ceased and the hospital was renamed DeGraff Medical Park. The facility now operates as an Off-Campus Emergency Department (ED) supported by Kaleida Health's nearby Millard Fillmore Suburban Hospital. In addition to emergency care, DeGraff services include: laboratory services/blood draw; X-ray; CAT scan; ultrasound, fluoroscopy and bone density scanning; physical, occupational and speech therapies and cardiac rehabilitation. The campus also houses the DeGraff Rehabilitation & Skilled Nursing Facility, a U.S. Center for Medicare and Medicaid Services five star facility

¹ www.chsbuffalo.org/sites/default/files/files/mission/2019-21%20MSMH%20Community%20Health%20Improvement%20Plan%20Summary.pdf

including 60-bed skilled nursing beds and a 20 bed sub-acute rehabilitation unit for short-term stay. In 2021, DeGraff board certified emergency medicine physicians and specially trained nurses provided comprehensive care to 14,028 patients in its state-of-the-art emergency department. An additional 12,227 patient received outpatient care services. In 2021, 24.6% of DeGraff patients were insured through Medicaid. Due to declining inpatient admissions, inpatient and outpatient surgery over the last few years, DeGraff experienced declining revenue and operational challenges. In 2017, the hospital announced its DeGraff 2020 plan to right size inpatient care with a strengthened focus on emergency department access and outpatient services. In 2018, in response to community need, DeGraff expanded and renovated its emergency department from 4,800 square feet to approximately 10,000 square feet. The new, modern, technology-based emergency department has a physical layout that maximizes the delivery of patient- focused care and allows for better access, parking and visibility for patients, families and visitors. Located on the border of Erie and Niagara Counties and five miles from Buffalo, DeGraff’s team of skilled health care professionals are committed to providing high quality, personalized care. Dedicated to excellence with its state-of-the-art Emergency Department, DeGraff physicians and staff, continually ranks among the best in the delivery of overall patient satisfaction. As part of Kaleida Health, the largest health care provider in WNY, DeGraff's identity has evolved to better serve the community's common healthcare needs of today, while maintaining the gateway to advanced care when required” (Kaleida Health, Community Health Needs Assessment Community Service Plane, 2022-2024).



Eastern Niagara Hospital

“Eastern Niagara Hospital (ENH) is a community hospital that has been serving the community for 111 years. ENH has one acute care site in the City of Lockport, approximately thirty miles northeast of Buffalo. It also maintains an outpatient facility in the Town of Lockport, which includes an ambulatory surgery center,

urgent care facility, occupational medicine, and outpatient radiology services. The Hospital is a major community health resource for eastern Niagara County, serving over 85,000 residents of the City of Lockport and the Towns of Lockport, Pendleton, Cambria, Royalton, Hartland, Somerset, Newfane and Wilson and beyond.

In totality, the Hospital provides general acute care services (both primary and specialized) as well as a diverse array of outpatient services. Its inpatient program consists of medical/surgical services, intensive care, and an inpatient chemical dependency treatment program. Services also include: a 24-hour Emergency Department, off-site walk-in immediate care services (ENH Express Care), inpatient and ambulatory surgery, orthopedics, urology, diagnostic radiology, nuclear medicine, cardiac rehab, cardiology, MRI, computerized tomography (CT) scanning, lab, inpatient physical, occupational and speech therapy, respiratory therapy, occupational health, and the newly expanded 30-bed residential chemical dependency treatment unit.

The Hospital is led by President and Chief Executive Officer Anne E. McCaffrey and a Board of Directors comprised of community representatives and business leaders. The Hospital employees approximately 400 people and has over 100 volunteers associated with its facilities.

Eastern Niagara Hospital does not discriminate on the basis of race, color, religion, sex, national origin, disability, sexual orientation, gender identity or expression, physical appearance, source of payment, or age.”²

Eastern Niagara Hospital has a planned closure in 2023. Due to the upcoming closure, Eastern Niagara Hospital will not be submitting a three-year CSP plan, it will follow the goals, and initiatives set forth by Mount St. Mary’s Hospital.

² https://www.enhs.org/clientuploads/1_Eastern_Niagara_Hospital_CSP_2019-2022.docx



Niagara County Department of Health

The mission of the Niagara County Department of Health is to provide leadership through community health assessment, assurance of the delivery of essential public health services, and policy development in accordance with public health law in order to ensure a healthy disease-free environment for the citizens of Niagara County. It is overseen by a ten-member Board of Health, which is appointed by the Niagara County Legislature. The Niagara County Board of Health was established in 1965, and serves as the policymaking board for the Niagara County Department of Health. The Board of Health also appoints the Public Health Director with the approval of the New York State Department of Health. “The Board of Health consists of ten (10) members as prescribed by New York State Public Health Law. Term of office is six years. Three members are physicians from Niagara County; three members are mayoral recommendation appointments - one from Niagara Falls, one from North Tonawanda and one from Lockport; three members are at-large appointments; and one is a member of the Niagara County Legislature. These appointments are all made by the Chairman of the Niagara County Legislature.”³

The Department of Health has four divisions: Environmental Health, Nursing, Children with Special Needs and Public Health Planning and Emergency Preparedness.

1. Public Health Preparedness

The Niagara County Department of Health mission is to protect the community from any potential or actual event that threatens public health. The Health Department aspires to perform any measures to protect the health security of all who live, work or visit Niagara County. The Division of Public Health Preparedness and

³ https://www.niagaracounty.com/departments/m-r/public_health/board_of_health.php

Emergency Preparedness is responsible for preparing Niagara County for the unexpected. Trained staff provides the following:

- Public information and risk communication
- Public health emergency response
- Mass dispensing and medical countermeasures
- Public health threat surveillance, detection, investigation, response and control
- Building public health critical infrastructure
- Building cross-sector partnerships
- Inter-agency/community collaboration and coordination
- Cross-border and inter-jurisdictional planning
- Education and training
- Volunteer support management

The Division of Public Health Planning and Emergency Preparedness also manages a group of medical and non-medical volunteers, the Medical Reserve Corps (MRC) that would be activated during a public health emergency. Volunteers are an essential part of the Emergency Preparedness Plan. The goal is to bring together the knowledge and skills of many different professionals to address and respond to public health crises.

Volunteers would be mobilized during any event that would require additional staffing. Examples of emergency events that would require volunteer staff are pandemic infectious diseases, large- scale foodborne or waterborne outbreaks or any large scale environmental or disease event that exceeds the surge capacities of our medical or health system.

2. Children with Special Needs

The mission of the Children with Special Needs Division is to ensure that children with special health care needs have access to necessary services. Through the coordination and delivery of medical, educational and related services, identified needs of the child and family are met, thus enhancing the child's quality of life and improving the capacity of the family to meet their family member's specific and unique needs. This division is certified by the New York State Health Department and the New York State Education Department. Programs within this division are:

- ***Early Intervention/Child Find Program (EI/CF)***
- ***Preschool Special Education Program***
- ***Children and Youth With Special Health Care Needs Program (CYSHCN)***

3. Public Health Nursing

The Niagara County Department of Health has been providing professional nursing services to Niagara County residents since 1965. The objectives of the Nursing Division are to promote an optimal level of health and wellness for the residents of Niagara County and to provide comprehensive services for the prevention of disease. The public health nursing staff continually strive to achieve and maintain a high level of wellness within Niagara County by providing the following preventive services:

- ***Chronic Disease Self-Management Program***
- ***Chronic Pain Self-Management Program***
- ***Communicable Disease Surveillance***
- ***Diabetes Prevention Program***
- ***Diabetes Self-Management Program***
- ***Immunization Program and Clinics***
- ***Lead Poisoning Prevention Program***
- ***Sexual Health Center***
- ***Tuberculosis Control Program and Clinics***

4. Environmental Division

- **Bathing Beach Inspection**
- **Campground Inspection**
- **Childhood Lead Poisoning Primary Prevention Program (CLPPP)**
- **Children's Camp Inspections**
- **Disposal-Sewage**
- **Disposal-Waste, Pollution**
 - **Offensive Material**
 - **Solid Waste Disposal**
- **Food Safety & Food Service Inspection**
- **Healthy Neighborhoods Program** - The Healthy Neighborhoods Program conducts door-to-door advocacy to promote healthy living.
- **Hotel/Motel Inspection**
- **Lead Hazard Evaluation**
- **Pest Control**
- **Rabies Prevention**
- **Rooming House / Bed and Breakfast Inspection**
- **Swimming Pool Inspection**
- **Tattooing, Body Piercing, & Permanent Makeup Certification**
- **Tobacco Prevention**
- **The Community Lake Ontario Ordnance Works (LOOW) Project**
- **Water Supply Testing**

Resources and Assets in Niagara County to Address Health Disparities

Niagara County Department of Mental Health & Substance Abuse Services

With offices in Niagara Falls and Lockport, the Niagara County Department of Mental Health provides a vast amount of services including:

- Assisted Outpatient Treatment
- Adult Single Point of Access
- Child Single Point of Access
- Community Network Of Care (CNOC)
- Counseling & Wellness Services
- Crisis Services
- Crisis Services Coordination
- Forensic Case Management
- Hope House
- Hospital Diversion
- On-site Education/Training/Presentations/Tabling
- Partnership for Healthy Aging
- SAFE Act
- Service Agencies and Programs
- State Agencies
- Trauma Specialty Services
- Community Services Board
- Suicide Prevention Coalition

Niagara County Department of Social Services

The Niagara County Department of Social Services offers protective programs for the health and safety of children and adults. Additional programs include:

- Adult Services
- Child Protective Services
- Children's Services
- Child Support
- Day Care
- Foster Care
- Home Energy Assistance Program (HEAP)
- Home Care
- Housing & Homeless Services
- Kidz 'N' Kites
- Managed Care
- Medical Assistance
- Nursing Homes and Chronic Care
- Program Integrity

- Rental Supplement Program
- Supplemental Nutrition Assistance Program (SNAP)
- Work Relief Program
- Youth Bureau

Niagara County Employment and Training

Niagara’s Worksource One Stop Career Center Program is available through Niagara County Employment and Training. They are the largest employment and training initiative in Niagara County and provide an abundance of services to local businesses as well as job seekers who are unemployed, under-employed, or “dislocated” due to business closure or significant lay-off of the workforce. For more information visit: <https://www.worksource1.com/about>

Niagara County Office for the Aging

The Niagara County Office for the Aging (NCOFA) offers several programs to assist older adults in Niagara County maintain independence whenever possible. Programs include:

- Alzheimer’s and Dementia Care
- Caregivers Support
- Chronic Disease Self-Management Programs (CDSMP)
- Eat Well Stay Well
- Expanded In-Home Services for the Elderly Program (EISEP)
- Home Energy Assistance Program (HEAP)
- Health Insurance Information, Counseling and Assistance Program (HIICAP)
- Legal Assistance
- Medical transportation
- Mental Health Services

Niagara County Thank a Vet Program

This program is a way for our county to recognize the service and sacrifices made by our returning veterans. Under the “THANK A VET” Discount Program, eligible veterans will receive a photo I.D. card, identifying them as an honorably discharged veteran. Participating county merchants will agree to honor the card by providing holders with a discount on purchases or services. Each merchant’s name, address, business hours, and discount particulars are displayed on the Niagara County website. Additionally, each participating business will receive a decal to display their support of our Niagara County veterans.



Niagara County WIC Program

WIC (Women, Infants and Children) is a federal nutrition program that is available to low to moderate income pregnant women, recently delivered women, breastfeeding women, infants, and children up to age 5 who are at nutrition risk. Fathers can also bring their children to apply for WIC. You may apply for WIC if you are working or unemployed.

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) offers:

- Nutrition education
- Breastfeeding support
- Referrals and a variety of nutritious foods to low-income pregnant, breastfeeding or postpartum women, infants, and children up to age five to promote and support good health.

For more information: <https://www.health.ny.gov/prevention/nutrition/wic/>

Niagara County Head Start

Head Start is a federal program that promotes the school readiness of children ages birth to 5 from low-income families by enhancing their cognitive, social and emotional development. Head Start/Early Head Start provides services to age and income eligible children and their families. Families who receive TANF, SSI, participate in the foster care system and/or are homeless are categorically eligible for the program. In addition, CAO Head Start/Early Head Start makes at least 10% of their enrollment opportunities available to children with disabilities. Their programs provide comprehensive services to enrolled children and their families, which include health, nutrition, social services and other services determined to be necessary by family needs assessments, in addition to education and cognitive development services. Head Start services are designed to be responsive to each child and family's ethnic, cultural and linguistic heritage. There are five Head Start Centers in Niagara County.

Niagara County Community Action Program

Niagara Community Action Program, Inc., is a countywide agency dedicated to reducing poverty in a collaborative effort by initiating and conducting programs of self-sufficiency. Their ultimate goal is to empower individuals and families to reach their fullest potential. The Neighborhood Centers Program provides:

- Information and Referral

- Application Assistance
- Budget Counseling
- Food Pantries
- Clothing Pantries
- Professional Clothes Closet
- Fair Housing Advocacy
- Housing Location Services
- Landlord/Tenant Advocacy
- Asset Management
- Family Development – a strength-based philosophy encouraging families to work toward a healthy interdependence within their community.

Cornell Cooperative Extension (CCE)

CCE-Niagara is part of the Cooperative Extension land grant system, an educational partnership between County, State, and Federal governments that is administered in New York State through Cornell University. Their programs are developed in direct response to community input, and are based on the most current information available from Cornell and other Land Grant universities from across the nation. They offer an array of programs that focus on:

- Agriculture
- 4H Youth Development
- Natural Resources and Environment
- Food, Nutrition and Health
- Energy
- Environment
- Gardening
- Niagara County Fair
- Veggie Van- a mobile farmers market

YWCA of the Niagara Frontier

The YWCA of the Tonawandas is located in North Tonawanda and provides programs for women and their families. Domestic violence education and counseling is offered along with career readiness. Childcare is available and programs for children run yearlong as well as their summer camps for children. The YWCA of Niagara is a larger facility located in Lockport. They provide programs for all women and their families.

Youth services include:

- Affordable Childcare
- Before and After School care
- Kindergarten Readiness Day Camp

- Preschool and Playroom Plus
- Summer Programs
- Universal Pre-K

Women's services include:

- Crisis Services
- Carolyn's House (19 unit apartment building in Niagara Falls for low income women and children)
- Safe Dwelling (9 bed crisis housing facility for domestic violence victims located in eastern Niagara County)
- Scholarships
- Entrepreneur Corner

YMCA Buffalo Niagara

The YMCA has two locations in Niagara County, one in Niagara Falls and a brand new state of the art facility in Lockport. They offer a wide range of programs:

- Swimming (Lessons, Open Swim and Water Fitness)
- Sports (Pee Wee, Youth and Adult)
- Fitness
- Personal Fitness
- Personal Training
- Group Exercise Classes
- Active Older Adult Fitness
- Youth & Teen Fitness Classes
- Small Group Training Classes
- Nutritional Consultations
- Wellness
- YMCA Weight Loss Program
- LiveStrong at the YMCA
- National Diabetes Prevention Program (NDPP)

Summer Camps

- Overnight Camps
- Camp Weona Overnight Camp
- Camp Kenan Overnight Camp
- Day Camps
- YMCA Camp Tahigwa
- YMCA Camp Eggert

Child Care

- Early Learning Readiness Program
- Universal Pre-Kindergarten (UPK)
- Before & After School Programs
- Vacation Club

Clubs & Activities

- Family Night
- Parents' Night Out

- Family Camps
- Adventure Guides
- Birthday Parties
- Youth & Teen Clubs
- Active Older Adult Clubs

Boys and Girls Clubs

There are two Boys and Girls Clubs in Niagara County. Services are provided at eight schools in Niagara Falls and three in North Tonawanda. These programs provide programming for boys and girls in the areas of character and leadership development, educational enhancement, career preparation, health and life skills, the arts, and sports, fitness and recreation. Children are provided with hot meals and are permitted to use recreational facilities, have access to counseling, tutorial services, employment assistance, gang programs, drug abuse & alcoholism prevention, and other activities & services that direct their energies toward positive social goals & facilitate healthy personality development.

Pinnacle Community Services

Pinnacle Community Services has two locations and offers a wide range of inter-related services to the residents of the Niagara region. Their services assist people at every stage of the life cycle and include:

- Domestic Violence Services
- Parenting Services
- Youth Services
- CORE Program

“Providing Pathways for Wellness”

C – *Connections to Community*

O – *Opportunities for Personal Growth*

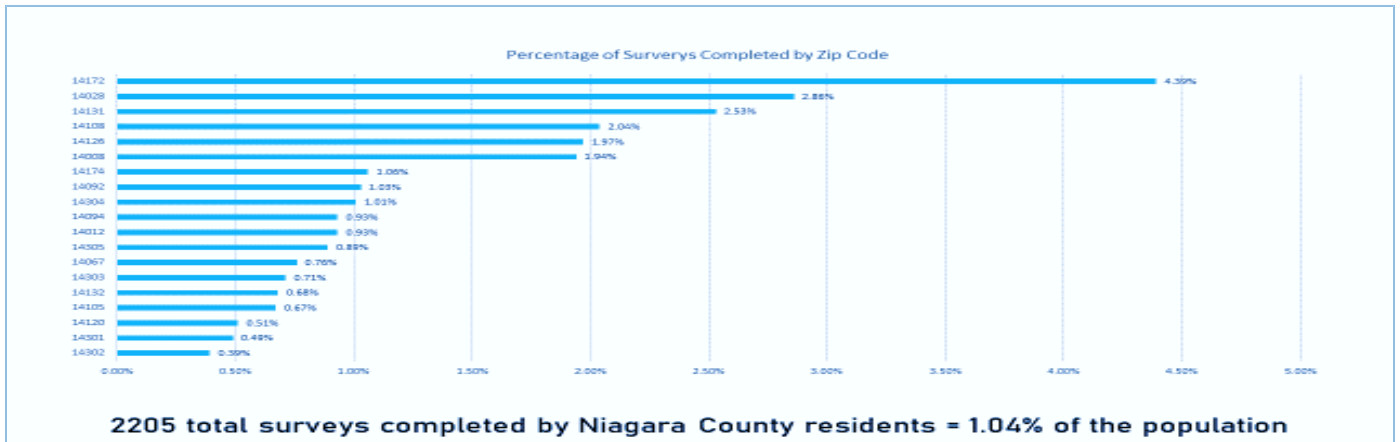
R – *Reliance on Individual Strengths*

E – *Experience Positive Change*

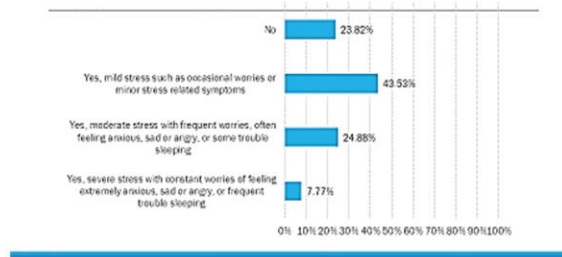
Selected Prevention Agenda Priorities

Results of Survey:

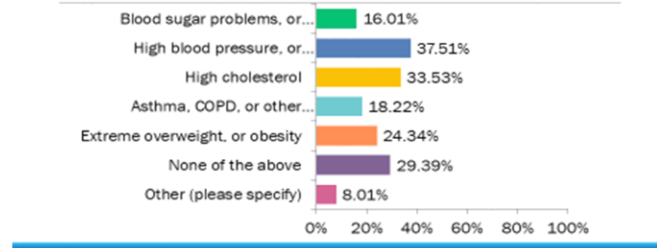
The Community Health Assessment surveys were distributed across Niagara County between April 2022 and June 2022. In Total, 2,205 surveys were completed by Niagara County residences. The questions were designed to poll the public about their perceptions of health and health care, and to provide direction to the CHA workgroup regarding the selection of priority areas. The survey consisted of 38 questions; here are a few key results:



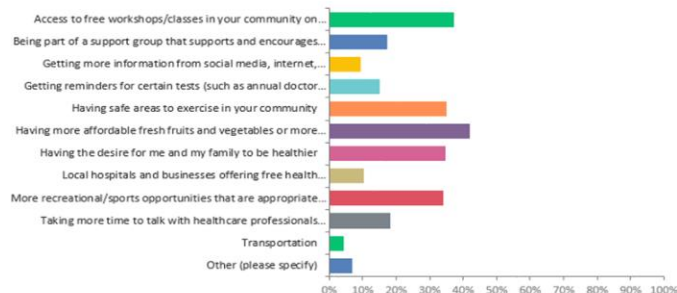
In the past two years, have you experienced stress related to the COVID-19 pandemic?



Have you ever been told by a doctor or a nurse that you had any of the following?



In the future, what might help you make healthy changes in your life?



When you think about your own health, or the health of your community, which of the following issues are you most concerned about?

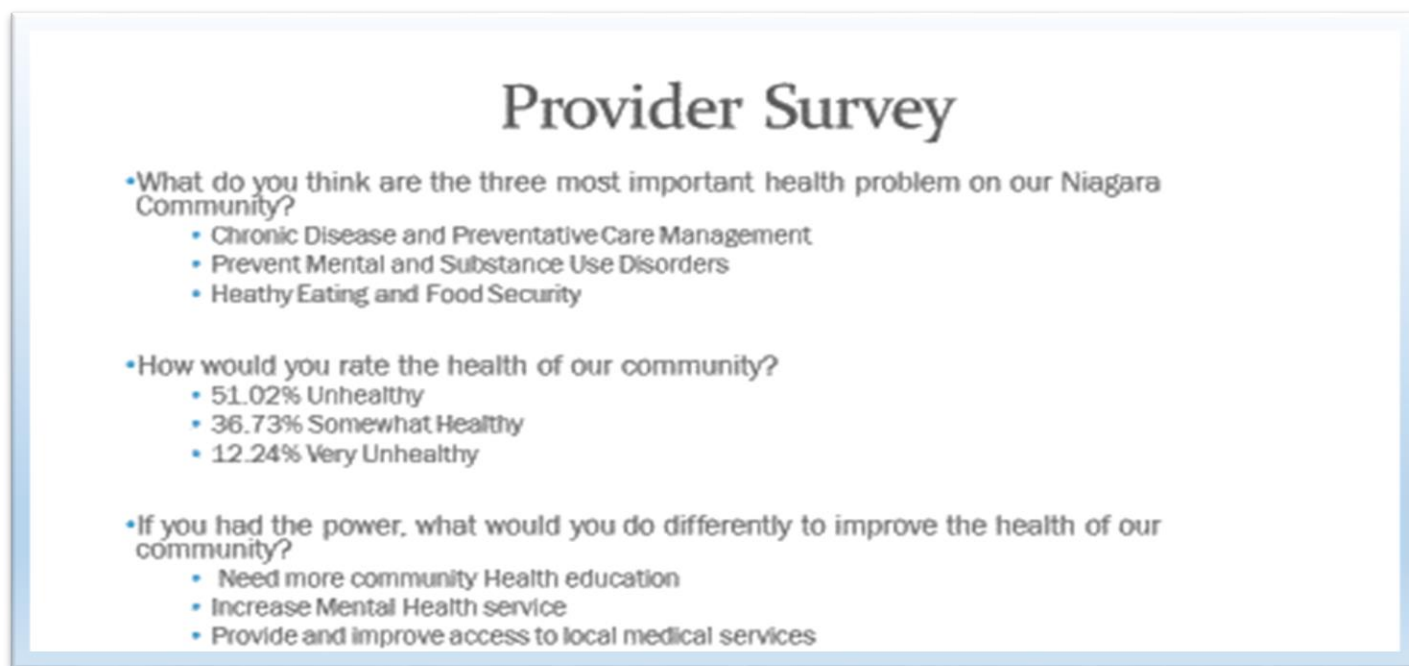
Responses	Percentage
Access to affordable health care	45.14%
Mental health/depression/anxiety	34.52%
Cancer	25.92%
Heart-related issues (high blood pressure, heart disease, stroke)	21.83%
Access to healthy food	17.95%
Overweight/obesity, weight management	16.62%
Dental Health	15.19%
Physical activity; fitness and exercise	15.08%
Alcohol and/or substance abuse	13.17%
Nutrition/eating a healthy diet	12.80%
Stress management	12.80%
Diabetes	10.04%
Child abuse/neglect	9.77%
Safety of neighborhood	9.77%
Immunization and/or prevention of infectious disease (such as the flu)	9.13%
Food/water safety and quality	8.44%
Suicide prevention	5.89%
Domestic Violence	5.36%
Asthma/COPD	5.15%
Maternal health (care for moms during and after pregnancy)	3.93%
Injury prevention (falls, motor vehicle safety, etc.)	3.77%
Firearm related injuries; homicide	3.72%
Tobacco/nicotine, quitting smoking	3.72%
Other (please specify)	3.72%
Family planning (pregnancy prevention)	2.97%
Infectious diseases (hepatitis, TB)	1.96%
Teenage pregnancy	1.81%
Sexually transmitted infections	1.27%
Infant death	0.85%
HIV/AIDS	0.27%

In addition to the survey process, focus groups were held throughout Niagara County to further understand the needs of the population as it pertains to health and healthy communities. Focus groups were held between May and June 2022 at five locations. Niagara County Department of Health and the local hospitals hosted these focus groups. A summary of the answers are shown below.

Focus Group Highlights

- 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
- What health problems are of biggest concern to you or your community?
 - Increase drug activity
 - Healthcare affordability
 - Transportation
- 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 dentist for everyone
 - Safe places to exercise- in gyms and outdoor spaces.

In addition, Niagara County medical providers were surveyed to understand the needs of the population from a healthcare perspective. The Workgroup developed a three-question survey, and it was sent via email to Niagara County providers, with 49 responding. A Summary of the answers provided is shown below.



Community Engagement Process

The Niagara County Department of Health collaborated with three local hospitals in the county, DeGraff Medical Park, and worked alongside Population Health Collaborative of WNY to develop a brief, yet comprehensive, community health survey. In addition to the structured questions, two open-ended questions were added to the survey to collect anecdotal information directly from respondents. The survey was designed in Survey Monkey, and a QR code was fabricated in order to optimize mobile use. The Public Health Director composed a press release; this was sent to all media outlet once the survey was ready for release to the public. Survey web links were provided on the Facebook page of the Niagara County Department of Health. The partnering hospitals and Degraff Medical park provide survey web links through their intranet and social media. Emails with the survey link were distributed through a variety of channels. Division Directors and the Public Health Educator directed staff to take survey flyers to the community as part of the daily activities such as

clinics, and health fairs. Surveys were made available at congregate meal sites throughout the county, at some local churches, barbershops, and laundromats.

The hospitals and the Niagara County Department of Health agreed to use community focus groups as another means of gathering information for the Community Health Improvement Plan. The Niagara County Department of Health, each of the three hospitals, and Degraff Medical Park also held their own focus groups. These focus groups or community conversations were strategically planned to engage residents of Niagara County of varying demographics and geographic areas. The workgroup developed a three-question survey; Population Health Collaborative of WNY generated it through Survey Monkey and sent electronically to healthcare providers in Niagara County.

As previously mentioned, key stakeholder from organizations that support the work of Niagara County Department of Health and the NYS Prevention agenda were invited to an informational meeting and discussion on September 12, 2022. At this meeting, these stakeholders were apprised of the results of the CHA survey by the Public Health Educator and the Population Health Manager of the Population Health Collaborative of WNY. During breakout sessions, each organization had the opportunity to share their experiences and their objectives under the selected priorities. This information was gathered and was used to develop the activities that were written in the Community Health Improvement Plan. This meeting also allowed partners to discuss coalitions they are a part of and provided the opportunity for capacity building to strengthen the existing coalitions.

Priority Area Goals and Objectives

The Community Health Improvement Plan of Niagara County Department of Health, and the Community Service Plans of Niagara Falls Memorial Medical Center, Eastern Niagara Hospital, DeGraff Medical Park, and Mount. St. Mary's Hospital follow this report. For each of the two priority areas, these plans will detail how each organization intends to address the health issue and will identify the resources that will be committed to address the need.

Maintaining Engagement with Stakeholders

In order to maintain engagement with local partners over the next three years, the Niagara County Department of Health will remain involved in a variety of community-based coalitions and collaboratives that address health disparities as they relate to the two chosen priority areas. The Public Health Director engages in frequent and ongoing communication with state and local elected official. There is continual contact between the Public Health Director and all Niagara County school district superintendents. Also, an active member of the Health Equity Task Force that focuses on identifying and eliminating health and social disparities. Nursing staff attends monthly meeting of the Community Health Alliance of North Tonawanda, a cooperative group that meet to discuss substance abuse in Niagara County communities and to plan initiatives aimed at raising awareness and provide community-wide education. The health department will maintain a close relationship with the Niagara County Office for the Aging in order to support our evidence-based programs, Diabetes Prevention Program, Chronic Disease Self-Management Program and Diabetes Self-Management Program.

The Niagara County Department of the Health plans to give great priority to capacity building as it relates to mental health and substance use disorders. Regular meeting with the Niagara County Department of Mental Health will take place to allow for communication between both departments regarding the scope of work in the community. Staff from the Niagara County Department of Health will engage with mental health providers and school counselors through the Community Network of Care Meetings, which take place quarterly. The Public Health Director will continue to engage with the Niagara County Legislature as the Opioid Task Force progresses forward with their community awareness campaigns. The Niagara County Opioid (OASIS) Task Force community awareness campaigns have included “Rise Above the Occasion,” “Community Messages of Hope,” and most recently “Hope Links.” In addition, OASIS has collaborated with local pharmacies to provide a Crisis Services phone number on the bottles of prescriptions that have a high potential for abuse and overdose. Niagara County Department of Health, all Niagara County hospitals, and DeGraff Medical Park will meet on a quarterly basis to monitor progress towards our prevention agenda priorities.

As the activities of the Community Health Improvement Plan are implemented, the Public Health Educator and the Director of Nursing Services will closely monitor the impact of the interventions and revise the plan as necessary.

Dissemination of Plan

Plans to inform the community of the results of the Community Health Assessment Executive Summary and the Community Health Improvement Plan will be directed by the Public Health Director in 2023 upon New York State Department of Health approval. A press release will be distributed to local media outlets, and will be shared on the Department's social media pages. Copies of the Community Health Assessment Executive Report and Community Health Improvement Plan will be given to the members of the Board of Health, and all division directors within the Department of Health. The plan will also be shared with the leadership of the Niagara County Office for the Aging and the Niagara County Department of Mental Health. The Community Health Assessment Executive Report and the Community Health Improvement Plan will be available for public access on the Niagara County Department of Health website. Local hospitals will be encouraged to provide this information on their respective websites as well.

Acknowledgement

The Nursing Division Public Health Educator wrote the Community Health Assessment Report and the Community Health Improvement Plan for the Niagara County Department of Health. Many of the data sources encompass various years and methods of reporting; however, the most current data available at that time was used. The Niagara County Department of Health would like to acknowledge the Population Health Collaborative of WNY for their assistance in the organization and facilitation of the Community Health Improvement Plan group.

Community Health Improvement Plan/Community Services Plans

Niagara County Department of Health Priority Area # 1 Preventing Chronic Disease Disparity: Mental Hygiene

Priority	Focus Area	Goal Focus	Objectives through 2024	Interventions	Partner Role(s) and Resources
Prevent Chronic Diseases	Focus Area 4: Preventive Care and Management	Goal 4.3 Promote evidence-based care to prevent and manage chronic diseases including asthma, arthritis, cardiovascular disease, diabetes and prediabetes, and obesity	By December 31, 2024, increase by 5% the percentage of adults with arthritis, asthma, cardiovascular disease, or diabetes who have taken a course or class to learn how to manage their condition. (baseline: to be set in 2023)	<p>1. Increase number of participants completing diabetes prevention program (DPP) by 5% by 12/31/2024</p> <p>2. Increase number of participants completing the chronic disease self-management program (CDSMP) by 5% by 12/31/2024</p> <p>3. Increase number of participants completing the diabetes self-management program (DSMP) by 5% by 12/31/2024</p> <p>4. Train NCDOH staff, conduct outreach to two community/ senior centers, and start offering Chronic Pain Self-Management (CPSMP) workshops by 6/30/2023</p>	<p>1. CBOs to provide location to hold classes and assist with promotion</p> <p>2. CBOs to provide location to hold classes and assist with promotion</p> <p>3. CBOs to provide location to hold classes and assist with promotion</p> <p>4. Western New York Integrated Care Collaborative to provide training, CBOs to assist with promotion of program</p>

				<p>5. Conduct outreach to 3 Niagara County worksites and offer any of the evidence based programs (DDP, CDSMP, DSMP, CPSMP) within their workplace by 12/31/2024</p> <p>6. Conduct outreach to three rehabilitation facilities to inform of program offerings and to coordinate a system for referrals into DPP/DSMP/CPSPM</p> <p>7. Reconvene with Niagara County hospitals' discharge coordinators to remind them of NCDOH evidence-based programs and to encourage referrals to prevent re-hospitalization by June 2023</p> <p>8. Offer provision of one DPP, DSMP/ CDSMP, CPSMP at each NC hospital by 12/2024</p>	<p>5. NCDOH will coordinate and provide outreach</p> <p>6. NCDOH will coordinate and provide outreach</p> <p>7. Hospital discharge planners will incorporate referrals to NCDOH evidence based programs as needed</p> <p>8. Hospital will provide location to hold classes and assist with promotion</p>
			<p>Reduce disparity (Mental Hygiene): By December 31, 2024, increase, by 5%, the number of individuals with depression who participate in a CPSMP or Healthy IDEAS program workshop (baseline: to be set in 2023)</p>	<p>9. Convene with Niagara County Mental Health, to re-educate and encourage referrals to NCDOH evidence-based programs for individuals with depression by 6/2023</p>	<p>9. Niagara County Department of Mental (NCDOH) will refer clients with depression to NCDOH evidence based programs</p>

			Reduce disparity (Mental Hygiene): Increase the portion of NCDOH employees that have annual training on Mental Health topics to be better prepared when faced with a mental health situation	10. Train 2 NCDOH staff members on the Healthy IDEAS program, provide outreach in Niagara County community centers to start a Healthy IDEAS Program by 12/2023 11. Train 75% of Nursing staff on one Mental Health topic annually	10. Western New York Integrated Care Collaborative to provide training, CBOs to assist with promotion of program 11. NCDOH will coordinate training
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Niagara County Department of Health

Priority Area # 2

Promote Well-Being and Prevent Mental and Substance Use Disorders

Priority	Focus Area	Goal	Objectives through 2024	Interventions	Partner Role(s) and Resources
Promote Well-Being and Prevent Mental and Substance Use Disorders	Focus Area 2: Prevent Mental and Substance Use Disorders	Goal 2.2 Prevent opioid overdose deaths	<p>Reduce the age-adjusted overdose deaths involving any opioid by 10% by 12/2024 (Baseline: 2022 age-adjusted overdose deaths involving opioid)</p> <p>Increase the number of public awareness, outreach and educational efforts to change attitudes, beliefs and norms towards prescription opiate use by 10% by 12/31/2024 (Baseline: to be set in 2023)</p>	<p>1. Build support systems to care for opioid users or at risk of an overdose</p> <p>2. Provide at least 4 nondrug and mind/body techniques group series for pregnant women and mothers at inpatient treatment facilities, homeless shelters and other venues by 12/31/2024</p> <p>3. Work with the Opioid task force (OASIS) to promote awareness campaigns through 6 community events, or other venues by 12/2024</p> <p>4. Provide at least 2 Opioid Use Disorder Awareness Trainings for agencies servicing pregnant and parenting women who use drugs (to include but not limited to the Niagara County Jail, Probation, as well as Niagara County Social Services) by 12/31/2024</p>	<p>1. NCDOH will bring CBOs together to work collaboratively to build a strong support system</p> <p>2. CBOs will provide location to hold class series</p> <p>3.CBOs will provide location to hold awareness campaigns</p> <p>4. NCDOH will identify CBOs to provide training</p>

				<p>5. Provide community outreach to at least 4 separate middle/high school classes on substance use disorders, or outreach to community youth groups by 12/2024</p> <p>6. Provide Narcan training and distribute Narcan at 4 community centers, or through agencies that serve populations that have been identified as higher risk by 12/2024</p> <p>7. Provide 1,000 Detera Drug Deactivation and Disposal System pouches to community members within 6 high risk zip code areas by 12/31/2024</p> <p>8. Plan and host MH professionals as guests on NCDOH's Television program Health Scope by June 2023</p>	<p>5. School will work with health teachers to provide time slots</p> <p>6. CBOs will provide location to hold training and distribute Narcan</p> <p>7. NCDOH will acquire Detera Pouches, CBO's will provide location to distribute</p> <p>8. NCDOH will plan and host MH professionals as a guests on NCDOH's television program Health Scope and LCTV will allow access to station and air taped show</p>
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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)

Year 1 (2022):	Year 2 (2023)	Year 3 (2024)
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)	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)	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)
2. D'Youville Food Pantry will serve 700 households in 2022. (CH Erie County)	2. D'Youville Food Pantry - Increase number of households served by 5%. (CH Erie County)	2. D'Youville Food Pantry - Increase number of households served by 5%. (CH Erie County)
3. The Mercy Comprehensive Care Center (MCCC) will host monthly Food Bank Days. (CH Erie County)	3. MCCC will host monthly Food Bank Days. (CH Erie County)	3. MCCC will host monthly Food Bank Days. (CH Erie County)
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)	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)	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)

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:

Andermann A. Screening for social determinants of health in clinical care: moving from the margins to the mainstream. *Public Health Rev.* 2018 Jun 22;39:19. doi: 10.1186/s40985-018-0094-7. PMID: 29977645; PMCID: PMC6014006.

Andermann A; CLEAR Collaboration. Taking action on the social determinants of health in clinical practice: a framework for health professionals. *CMAJ.* 2016 Dec 6;188(17-18):E474-E483. doi: 10.1503/cmaj.160177. Epub 2016 Aug 8. PMID: 27503870; PMCID: PMC5135524.

Bertmann F, Rogomentich K, Belarmino EH, Niles MT. The Food Bank and Food Pantries Help Food Insecure Participants Maintain Fruit and Vegetable Intake During COVID-19. *Front Nutr.* 2021 Aug 6;8:673158. doi: 10.3389/fnut.2021.673158. PMID: 34422877; PMCID: PMC8378669.

Ahmad NSS, Sulaiman N, Sabri MF. Food Insecurity: Is It a Threat to University Students' Well-Being and Success? *Int J Environ Res Public Health.* 2021 May 25;18(11):5627. doi: 10.3390/ijerph18115627. PMID: 34070321; PMCID: PMC8197461.

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

Year 1 (2022)	Year 2 (2023)	Year 3 (2024)
<ol style="list-style-type: none"> 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) 2. Maintain the number of Food Bank Days at MCCC. (Erie County) 3. Establish Baseline. Monitor monthly the number of households served by D'Youville Food Pantry. (Erie County) 4. Maintain Food Giveaway table at the Mount St. Mary's Neighborhood Health Center. (Niagara County) 	<ol style="list-style-type: none"> 1. Quarter 1. Establish goal for 2023 % increase in screenings for Food Security. (Erie County and Niagara County) 2. Maintain at least the same the number of Food Bank Days at MCCC as held in 2022. (Erie County) 3. Achieve targets for number of households served by D'Youville Food Pantry. (Erie County) 4. Maintain Food Giveaway table at the Mount St. Mary's Neighborhood Health Center. (Niagara County) 	<ol style="list-style-type: none"> 1. Monitor % increase in screenings for Food Security for positive trending. (Erie County and Niagara County) 2. Maintain at least the same the number of Food Bank Days at MCCC as held in 2023. (Erie County) 3. Achieve targets for number of households served by D'Youville Food Pantry. (Erie County) 4. Maintain Food Giveaway table at the Mount St. Mary's Neighborhood Health Center. (Niagara County)

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:

Center for Substance Abuse Treatment (US). Trauma-Informed Care in Behavioral Health Services. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2014. (Treatment Improvement Protocol (TIP) Series, No. 57.) Chapter 1, Trauma-Informed Care: A Sociocultural Perspective. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK207195/>

Purkey E, Patel R, Phillips SP. Trauma-informed care: Better care for everyone. Can Fam Physician. 2018 Mar;64(3):170-172. PMID: 29540379; PMCID: PMC5851387.

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

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

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:

Mackey K, Veazie S, Anderson J, Bourne D, Peterson K. Barriers and Facilitators to the Use of Medications for Opioid Use Disorder: a Rapid Review. J Gen Intern Med. 2020 Dec;35(Suppl 3):954-963. doi: 10.1007/s11606-020-06257-4. Epub 2020 Nov 3. PMID: 33145687; PMCID: PMC7728943.

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

Year 1 (2022)	Year 2 (2023)	Year 3 (2024)
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.	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.	Increase to 80% are referred in 2024.

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:

Mackey K, Veazie S, Anderson J, Bourne D, Peterson K. Barriers and Facilitators to the Use of Medications for Opioid Use Disorder: a Rapid Review. J Gen Intern Med. 2020 Dec;35(Suppl 3):954-963. doi: 10.1007/s11606-020-06257-4. Epub 2020 Nov 3. PMID: 33145687; PMCID: PMC7728943.

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

Year 1 (2022)	Year 2 (2023)	Year 3 (2024)
1. State approval for construction.	1. Catholic Health will increase the number of available treatment beds by 40 in the Erie/Niagara County region by the end of 2023.	1. New unit open and admitting patients.

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:

chrome-extension://efaidnbmnnnibpcajpcgclefindmkaj/https://www.nursefamilypartnership.org/wp-content/uploads/2022/03/NFP-Research-Trials-and-Outcomes.pdf

Miller TR. Projected Outcomes of Nurse-Family Partnership Home Visitation During 1996-2013, USA. Prev Sci. 2015 Aug;16(6):765-77. doi: 10.1007/s11121-015-0572-9. PMID: 26076883; PMCID: PMC4512284.

https://www.nursefamilypartnership.org/wp-content/uploads/2020/07/NFP-NSO-M3-Response.pdf

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

Year 1 (2022)	Year 2 (2023)	Year 3 (2024)
<ol style="list-style-type: none">1. With support of Human Resources all Catholic Health - Nurse Family Partnership positions filled. Current 4.5 and budgeted for 5.5.2. Data reviewed and uploaded to national NFP as requested.	<ol style="list-style-type: none">1. Catholic Health - Nurse Family Partnership Enrollment at full capacity of 138 clients.2. Data reviewed and uploaded to national NFP as requested.	<ol style="list-style-type: none">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.

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:

Hall WJ, Chapman MV, Lee KM, Merino YM, Thomas TW, Payne BK, Eng E, Day SH, Coyne-Beasley T. Implicit Racial/Ethnic Bias Among Health Care Professionals and Its Influence on Health Care Outcomes: A Systematic Review. *Am J Public Health*. 2015 Dec;105(12):e60-76. doi: 10.2105/AJPH.2015.302903. Epub 2015 Oct 15. PMID: 26469668; PMCID: PMC4638275.

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

March of Dimes Implicit Bias Training: Awareness to Action: Dismantling Bias in Maternal and Infant Healthcare™ <https://www.asha.org/march-dimes-implicit-bias-training>

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

Year 1 (2022)	Year 2 (2023)	Year 3 (2024)
<ol style="list-style-type: none">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.	<ol style="list-style-type: none">1. Implicit bias training activities made available to all maternity staff.2. Program Activities, Dates, and Attendance Numbers tracked for each unit.	<ol style="list-style-type: none">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.

Promote Well-Being and Prevent Mental and Substance Abuse Disorders	
Priority	Promote Well-Being and Prevent Mental and Substance Use Disorders.
Focus Area	Focus Area 2: Prevent Mental and Substance User Disorders.
Goal Focus Area	Goal 2.2 Prevent opioid overdose deaths.
Objectives Through 2024	<p>1. By December 31, 2024, increase by 50% from 100 to 150, the number of clients to be served at the NFMMC Integrated outpatient Substance Abuse and Behavioral Health Treatment program.</p> <p>2. By December 31, 2024, increase the number of completed SUD visits by nearly 52% , from 3,200 in 2023 to 4,200 in 2024.</p> <p>3. By December 31, 2024, 10% of SUD clients starting treatment in 2023 will be abstained from all drug use.</p>
Disparities	<p>It is estimated that 15.32% of NYS residents age 18+ used illicit substances in 2020. This was an increase from 12.5% in 2019. Illicit Drug Use includes the misuse of prescription psychotherapeutics or the use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine. Misuse of prescription psychotherapeutics is defined as use in any way not directed by a doctor, including use without a prescription of one's own; use in greater amounts, more often, or longer than told; or use in any other way not directed by a doctor. Prescription psychotherapeutics do not include over-the-counter drugs. Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2019 and Quarters 1 and 4, 2020. A 2018 study published in "Addiction and Health" titled "Socioeconomic Disparities and Self-reported Substance Abuse-related Problems" suggests that poverty may be associated with self-identification of substance abuse-related problems among those who report ever using illicit drugs and that appropriate intervention should be targeted toward the low-income group to address identified substance abuse-related problems.</p>
Interventions	<p>1. Complete IOS application and gain licensure.</p> <p>2. Identify qualified staff to provide SUD treatment.</p> <p>3. Refer and link clients who are not currently connected with a SUD provider and who test positive on AUDIT, DAST-10, or RODS assessments which are administered by qualified clinical staff.</p> <p>4. Begin providing SUD treatment via group counseling, individual counseling, and Medication Assisted Treatment (MAT).</p>
Family of Measures	Urine toxicology screens will be randomly ordered to measure if the patients have ceased using opioid drugs.
By December 2023, we will have completed...	<p>1. The establishment of an integrated outpatient Substance Abuse and Behavioral Health Treatment program as part of the services provided by the NFMMC Outpatient Adult Mental Health Clinic.</p> <p>2. Designation of an appropriate number of therapists to provide integrated addiction services.</p> <p>3. Assuming a May 1, 2023 start-up, 2,772 SUD visits for individual counseling, group counseling and MAT services will have been completed for 100 clients</p>
Implementation Partner	Local governmental unit.
Partner Role(s) and Resources	Provide support and guidance throughout the licensure process and the program's implementation.

Promote Well-Being and Prevent Mental and Substance Abuse Disorders	
Priority	Promote Well-Being and Prevent Mental and Substance Use Disorders
Focus Area	Focus Area 1: Promote Well-Being
Goal Focus Area	Goal 2.4 Reduce the prevalence of major depressive disorders
Objectives Through 2024	<ol style="list-style-type: none"> 1. By December 31, 2024, increase the number of stress reduction group sessions held at the NFMCC Outpatient Adult Mental Health Clinic by 50%, from 16 in 2023 to 24 in 2024. 2. By December 31, 2024, achieve a 90% attendance rate in stress reduction group sessions by having 234 out of a possible 260 group session seats filled over the course of one year. 3. By December 31, 2024, 50% of stress reduction counseling participants will achieve a 30% reduction in their PSS score.
Disparities	<p>The U.S. Census Bureau assessed the prevalence of anxiety and depressive symptoms in 2019 and during the 2020 COVID-19 pandemic. The Bureau found that compared to U.S. adults in 2019, U.S. adults in April and May 2020 were more than three times as likely to screen positive for depressive disorders, anxiety disorders, or both disorders. One out of three adults screened positive for one or both disorders. The American Psychological Association highlights the fact that there are disparities in the quality of care (i.e. access to comparable care or disparities and in the treatment received at the same facility). These disparities relate to racial, ethnic, geographic and socioeconomic differences.</p>
Interventions	<ol style="list-style-type: none"> 1. Identify therapist to facilitate stress reduction group 2. Create outline for stress reduction group. 3. Develop flyer and promote stress reduction group in the community. 4. Identify candidates for group by administering Perceived Stress Scale (PSS) and referring those with a score greater than 13 to the stress reduction group. 5. Begin bi-weekly stress reduction group. 6. Administer PSS before every group session and catalog the result. 7. Individuals who participate in the stress reduction group will be encouraged to terminate from group once their (PSS) score falls below 13 for two consecutive sessions. This will ensure that there will be room for new clients and the group continues to be effective.
Family of Measures	Utilize the PSS to show improvement in patient stress level.
By December 2023, we will have completed...	<ol style="list-style-type: none"> 1. Creation of a bi-weekly stress reduction group, effective April 1, 2022. 2. Tracking how many individuals participated in stress reduction group. 3. Monitoring how many individuals successfully reduced their stress reduction scores. 4. Hold 16 stress reduction group sessions during the period April 1, 2023 through December 31, 2023. (each group session will serve up to 10 people). 5. Assuming a 90% attendance rate at the 16 group sessions to be held in 2023, fill a total of 144 seats at the stress reduction group sessions.
Implementation Partner	Community-based organizations
Partner Role(s) and Resources	Community based organizations and internal providers will be relied on to educate and refer their clients to the stress reduction group.

Promote Well-Being and Prevent Mental and Substance Abuse Disorders	
Priority	Promote Healthy Women, Infants and Children.
Focus Area	Focus Area 2: Prevent Mental and Substance User Disorders
Goal Focus Area	Goal 2.4 Reduce the prevalence of major depressive disorders.
Objectives Through 2024	<ol style="list-style-type: none"> 1. By December 31, 2024, increase by 20% the percentage of OBGYN outpatients to be screened using the PHQ-9 tool (baseline to be established in 2023). 2. By December 31, 2024, increase the number of patients referred to the OBGYN clinic's behavioral health therapist by 15% compared to a 2023 baseline that will be determined. 3. By December 31, 2023, increase by 20% the depression therapy participation rate among women referred to therapy (baseline to be set in 2023).
Disparities	A 2004 study titled "Screening for and Detection of Depression, Panic Disorder, and PTSD in Public-Sector Obstetric Clinics" published in <i>Psychiatric Administration and Leadership</i> found significant differences in rates of depression between racial groups. This research revealed that mood and anxiety disorders are highly prevalent and constitute significant morbidity among low-income pregnant patients treated in publicly funded clinics.
Interventions	<ol style="list-style-type: none"> 1. Re-educate OBGYN staff on when to administer PHQ-9 (new patient visits, post-partum visits, and annual visits). 2. Ensure providers are trained on how to document PHQ-9 scores in health record. 3. Re-educate staff on how to document referral to integrated therapist in the health record. This documentation must also occur in the event of a warm-handoff for tracking purposes. 4. Pull weekly report of visits that should have had a PHQ-9 administered and compare to actual PHQ-9 assessments completed in the EMR. 5. Pull weekly report on PHQ-9 scores greater than 9 and compare to referral report in EMR to see what percentage of PHQ-9 scores greater than 9 were referred to integrated behavioral health therapist.
Family of Measures	Utilize PHQ-9 scores greater than 9 and compare to referrals completed to show improvement in management of major depressive disorders in the outpatient OBGYN clinic.
By December 2023, we will have completed...	<ol style="list-style-type: none"> 1. By December 31, 2023, establish a baseline on the number of women who are screened at the OBGYN Clinic, utilizing the PHQ-9 screening tool. 2. Carefully track the number of clinic patients with elevated depression scores who are referred to the clinic's Behavioral Health Therapist so as to establish a referral baseline. 3. Monitor the number and percentage of women with elevated depression scores who are referred to the clinic's Behavioral Health Therapist and who actually engage in treatment so as to establish a treatment participation rate.
Implementation Partner	Providers
Partner Role(s) and Resources	OBGYN providers will work collaboratively with office staff and the integrated behavioral health therapist embedded in the OBGYN clinic to ensure that the appropriate woman get screened for depression, and if testing positive, are participating in treatment.

Prevent Chronic Disease	
Priority	Prevent Chronic Diseases
Focus Area	Focus Area 4: Preventive care and management
Goal Focus Area	Goal 4.1 Increase cancer screening rates
Objectives Through 2024	1. By December 31, 2024, increase breast cancer screening rates among women with Fidelis Medicaid coverage from a 2022 baseline of 52% to 61%.
Disparities	Low-income and minority women face barriers to breast cancer screening caused by unequal access to specialists, lack of transportation and inability to take time off from work. Cancer among women is the number two leading cause of death in Niagara County at 152.9 per 100,000. More detailed analysis of selected cancers show variation in cancer survival rates by gaps in health equity among persons who live in poverty and exhibit less access to early detection.
Interventions	<ol style="list-style-type: none"> 1. Introduce same day mammograms on same day as primary care appointment at the Summit Healthplex. 2. Organize breast cancer screening trips to the Summit Healthplex Mammography Unit utilizing NFMMC's Care Vans. 3. Hold breast cancer screening sessions on the NFMMC campus utilizing the Windsong Mobile Breast Screening Van. 4. Organize events at each NFMMC primary care center to maximize patient and staff participation in Breast Cancer Awareness activities during October of each year. 5. Identify female NFMMC Health Home enrollees who are in need of a breast cancer screen, make screening appointments and schedule free Medicaid transportation for women with breast screening appointments.
Family of Measures	Output Measure: Breast cancer screening rate
By December 2023, we will have completed...	1. By December 31, 2023, increase breast screening rate among women with Fidelis Medicaid coverage from 52% to 56%, an increase of 15 screens.
Implementation Partner	Providers
Partner Role(s) and Resources	<ol style="list-style-type: none"> 1. Utilize EMR reminders regarding a patient's need for breast cancer screening and incorporate EMR alerts in providers' pre-visit planning. 2. Display exam room posters in patient exam rooms to raise awareness about breast cancer screening. 3. Provide training to providers on culturally sensitive techniques for discussing breast cancer screening with minority women patients. 4. Tap resources of GOWN Cancer Services grant to promote and supplement providers' educational work to promote breast cancer screening.

Prevent Chronic Disease	
Priority	Prevent Chronic Diseases
Focus Area	
Goal Focus Area	Goal 4.3 Promote evidence-based care to prevent and manage chronic diseases including asthma, arthritis, cardiovascular disease, diabetes and prediabetes and obesity.
Objectives Through 2024	1. By December 31, 2024, increase percentage of NFMCC primary care patients with controlled A1C levels to 70%.
Disparities	Prediabetes and type 2-diabetes is a concern in Niagara County. The hospitalization rate and mortality rate among patients with diabetes as a primary diagnosis have increased since 2018, and are higher than the state average. Factors such as low income or education have been found to be associated with lower levels of health literacy. Without an understanding of how to manage their chronic condition, in addition to other social and behavioral risk factors, those individuals are more likely to fall victim to worse health outcomes and avoidable admissions.
Interventions	<ol style="list-style-type: none"> 1. Develop chase lists which contain patient names, the elevated A1C reading, contact information and the address of the NFMCC primary care site at which the patient receives care . 2. Assign chase lists to the appropriate Population Health staff at each primary care site so that an outreach campaign to schedule primary care appointments for patients with high A1C levels can be conducted. 3. Monitor A1C patients who no-show at a primary care appointment so that follow-up primary appointments can be made. 4. Expand a medication therapy review program to two additional primary care sites. An embedded pharmacist will target patients with uncontrolled diabetes (A1C>9%) to improve chronic disease and medication management. The pharmacist will identify unnecessary drug therapy, incorrect therapy, inappropriate dosing, drug-drug interactions, non-adherence, additional drug therapy, and improved access to care.
Family of Measures	Output Measure: A1C levels among primary care patients.
By December 2023, we will have completed...	<ol style="list-style-type: none"> 1. Increase percentage of NFMCC primary care patients with controlled A1C level from 61.7% in 2022 to 65% by December 31, 2023. 2. Expand a medication therapy review program to two additional primary care clinics.
Implementation Partner	Providers
Partner Role(s) and Resources	<ol style="list-style-type: none"> 1. Work to achieve patient compliance with Annual Wellness Visits to help ensure that A1C testing is completed at least once annually. 2. Review A1C values with patients and provide education on diabetes prevention measures. 3. On a monthly basis, give providers an updated listing of patients with elevated A1C levels. 4. Add list of patients with uncontrolled A1C levels to the Pre-Visit Planning process so that providers are reminded prior to a patient visit on whether or not the patient has controlled A1C.

Prevent Chronic Disease	
Priority	Prevent Chronic Diseases
Focus Area	
Goal Focus Area	Goal 4.3 Promote evidence-based care to prevent and manage chronic diseases including asthma, arthritis, cardiovascular disease, diabetes and prediabetes and obesity.
Objectives Through 2024	<p>1. By December 31, 2024 ,decrease percentage of primary care patients with a chronic disease who have an identified SDOH issue from an estimated baseline of 72% to 75%.</p> <p>2. Increase the number of NFMCC primary care patients screened once annually with the PRAPARE screening tool from a baseline of 2,127 in 2022, to 2,339 in 2023, and 2,572 in 2024.</p>
Disparities	Preventable differences in the burden of disease, injury, violence or opportunities to achieve optimal health that are experienced by social disadvantage populations as a result of conditions in the places where they live, learn, work and play. Disparities in access and quantity of community based organizations which are needed to address those social factors are present in populations with high rates of chronic disease.
Interventions	<p>1.Expand SDOH assessment testing to ensure that patients with a chronic disease are tested once annually utilizing the PRAPARE tool.</p> <p>2. Refer chronic disease patients testing positive for a SDOH issue to the appropriate community-based organization or service agency.</p> <p>3. Utilize electronic referral platforms (e.g. Community Connector software) to maximize the number of referrals to external service agencies and community-based organizations.</p> <p>4. Conduct regular monitoring to determine which referrals have been acted upon and intervene, as necessary, to ensure responses to referrals.</p>
Family of Measures	Output Measures: Relationship of Social Determinant of Health needs and chronic diseases and number of patients screened by PRAPARE tool.
By December 2023, we will have completed...	<p>1. Reduce percentage of primary care patients with a chronic disease who have an identified SDOH issue from 2022 baseline of 78% to 75% by December 31, 2023.</p> <p>2. Implement the use of the Community Connector referral software to make and track referrals for all NFMCC patients that test positive on a PRAPARE tool assessment and provide consent to a referral.</p>
Implementation Partner	Community-based organizations
Partner Role(s) and Resources	<p>1. Partners will receive education on how to utilize electronic SDOH referral system.</p> <p>2. Electronic system will be used by NFMCC providers to make service referrals.</p> <p>3. CBOs and agencies will address referrals and report back to NFMCC primary care providers on services provided to referred patient.</p>

Kaleida Health 2022-2024 Work Plan: Focus Areas, Goals, and Interventions

Prevent Chronic Disease - Niagara County

1. Niagara County Intervention: Little Free Pantry at DeGraff Medical Park

Focus Area: Healthy Eating and Food Security

Goal: Increase food security

Disparity Population: low income and food insecure

Objectives:

- The Little Free Pantry program will provide community access to a free source of food at a self-contained pantry to increase food security among underserved populations.

Description:

- In 2019, a partnership developed between DeGraff Medical Park and “The Little Free Pantry” of North Tonawanda. The Little Free Pantry is a 4’ x 4’ standing display crate to be located outside on the campus of DeGraff Medical Park that will serve as a food pantry for those who are food insecure. Hospital staff and volunteers will monitor the pantry, keep the pantry filled and maintained, and members of the community are welcome to access the food in the pantry 24/7 as needed to meet their needs. Community members may also help to stock the pantry. Take-home nutrition education materials will be made available at the pantry. Evidence-based source: The Little Free Pantry is an international initiative that utilizes a familiar, compelling concept to pique local interest in and action against local food insecurity - <http://www.littlefreepantry.org/>. North Tonawanda has set up Little Food Pantries through the community with more information accessed on Facebook -

https://www.facebook.com/pg/TLFP.NT/about/?ref=page_internal

Evidence-based Sources:

- NYSDOH BRFSS Brief No. 1810, Perceived Food Security in Adults, 2016

Outcomes:

- 2022, 2023, 2024 - “Little Free Pantry” is operational and staff, volunteers, and community members stock the pantry with donated food. The underserved community of North Tonawanda have increased food security.

Person Responsible:

- ED Manager
- Volunteers

Partner:

- Little Free Pantry of North Tonawanda – provide program information and support through its social media pages

Prevent Chronic Disease Erie County and Niagara County

1. Erie County and Niagara County Intervention: Virtual Chronic Disease Education Programs

Focus Area: Preventive Care and Management

Goals: Increase early detection of cardiovascular disease, diabetes, pre-diabetes, obesity and other chronic disease

Disparity Population: open to all

Objectives:

- Through community outreach, evidence-based chronic disease education programs are provided to the community to increase knowledge of chronic diseases and risk factors, and thereby

decrease chronic disease prevalence.

Description:

- Provide community outreach and conduct evidence-based chronic disease education through the “Healthy U” program to increase knowledge of chronic diseases and risk factors. Due to COVID-19, the education programs are virtual via Facebook Live. Providers and clinicians are presenters. Participating hospitals include Buffalo General Medical Center/Gates Vascular Institute, John R. Oishei Children’s Hospital and Millard Fillmore Suburban Hospital in Erie County; and DeGraff Medical Park in Niagara County. The programs are promoted both internally throughout Kaleida Health and externally to the community. The number of programs, viewers per program, and the number of individuals who engaged with the speaker or responded to the presentation are tracked.
- The “Medically Speaking” program is an educational interview series conducted with physicians and clinicians across the Kaleida Health organization, including its affiliates and partnering organizations on important topics in health care. The interviews are aired on Facebook and featured on the Kaleida Health website at www.kaleidahealth.org/medically-speaking. The programs are promoted both internally throughout Kaleida Health and externally to the community. The number of presentations, the number of viewers per presentation, and the number of individuals who engaged with the speaker or responded to the presentation are tracked.
- The “Medical Minute” program features one-minute videos on health related topics and are targeted to the community including the underserved. The program airs every Monday on WIVBTV, Channel 4 and on Kaleida Health social media channels. The number of programs and the number of viewers per program are tracked.

Outcomes:

- 2022, 2023, 2024
 - Healthy U – 8 to 10 per year – VIRTUAL ONLY on Facebook (social media) – goals is one per month but sometimes they are canceled due to a speaker not able to make it or a very minimal number of participants.
 - Medically Speaking - 15-20 videos per year – aired on social media – Facebook
 - Medical Minute – 52 weekly airings on WIVB TV and then posted on KH Social Media (Facebook)

2022 Progress:

- Healthy U - The total reach of the six live seminars through December 31, 2022 is 9,348, with 2,903 views and 120 individuals engaged with the speaker or responded to the presentation through September 30. Three classes were postponed or cancelled due to scheduling conflicts with the physician. Topics included: An Ounce of Prevention-Cervical Cancer, Stop the Clot, Perinatal Mood Disorders during Pregnancy & Postpartum, Stroke Treatment in the Extended Time Window, Medical Therapy Management and Physical Rehabilitation & Recovery
- Medically Speaking – 12 videos aired reaching 18,173 individuals and 462 of those individuals engaged with the speaker or responded to the presentation. Topics included: COVID surgery postponements, cardiac month topic-A Fib, colorectal cancer, gender affirming care, how the impact of technology has effected stroke and stroke treatment over the years, Connect Life – blood shortage and healthcare in the Southern Tier.
- Medical Minute - 39 videos were released weekly from January 3-September 26 reaching 37,415 people with 11, 902 views. Topics included: lung Cancer, cervical Cancer, stroke care, colorectal cancer, testicular cancer, thyroid disease, chronic kidney disease, detecting DVT’s, Breast cancer awareness, prostate cancer, ovarian cancer, pulmonary embolism, and child abuse.

Evidence-based source:

- CDC (Centers for Disease Control and Prevention,

Person(s) Responsible:

- Senior marketing associates – program planning, promotion

Partner(s):

- Health care professionals – serve as program presenters

Prevent Mental and Substance Use Disorders – Opiate Use Erie County and Niagara County

1. Erie County and Niagara County Intervention: Buprenorphine and Treatment Referral Program for Patients with Opiate Use Disorders at Kaleida Health Emergency Departments

Focus Area: Prevent mental and other substance use disorders

Goal: Prevent opioid and other substance misuse and deaths

Disparity Population: substance users

Objective:

- Increase availability of/access and linkages to medication-assisted treatment (MAT) including Buprenorphine with opioid use disorders in Kaleida Health emergency departments to decrease the incidence of poor outcomes and death due to opioid addiction.

Description:

- Kaleida Health emergency departments of Buffalo General Medical Center/Gates Vascular Institute and Millard Fillmore Suburban Hospital in Erie County and DeGraff Medical Park in Niagara County to participate in the MATTERS program, a Hospital-Initiated Buprenorphine and Treatment Referral Program. MATTERS is a program developed by Joshua Lynch, MD, and others in the Department of Emergency Medicine at the UB Jacobs School of Medicine and Biomedical Science. Dr. Lynch is a UBMD physician affiliated with Kaleida Health. The program is open to all hospitals throughout Western New York, and other partners include John R. Oishei Foundation, Erie County and NYS Departments of Health; and continues to expand throughout New York State (NYS). The program's purpose is to increase access to the buprenorphine-based opiate use disorder treatment and to immediately refer patients to treatment. An online, real-time referral program directly in the emergency department or through Kaleida Health's virtual emergency department connects patients with a network of 20 Western New York treatment agencies. There are currently 120 weekly treatment appointments available for Western New York. Statewide, the MATTERS program partners with more than 180 treatment organizations with approximately 2,000 appointment slots available across NYS.
- Moving forward, the referral platform will undergo significant improvements and upgrades in 2023 and include expansion of its capabilities to refer patients with other substance use disorders and mental health conditions. Plans are also underway to implement a robust clinic follow-up dashboard to determine how many patients keep their first clinic appointment after referral for opioid use disorder treatment.

Evidence-based Source:

- Larochelle, M. R., et al. (2018). "Medication for Opioid Use Disorder after Nonfatal Opioid Overdose and Association with Mortality: A Cohort Study." *Ann Intern Med*, 169(3): 137-145.

Outcomes:

- 2022, 2023, 2024 – Program implementation with annual number of referrals tracked for each hospital. In 2021, 18 referrals were made.

Person(s) Responsible:

- MATTERS physician liaison
- ED Managers

Partner:

- MATTERS program– to provide referral data

2. Erie County and Niagara County Intervention: Availability and Access to Opioid Overdose Reversal Medications at Kaleida Health Emergency Departments

Focus Area: Prevent mental and other substance use disorders

Goal: Prevent opioid and other substance misuse and deaths

Disparity Population: substance users

Objective:

- Provide for availability, access, and linkages to overdose reversal medications including naloxone to decrease poor outcomes and death due to opioid addiction.

Description:

- Kaleida Health emergency departments at Buffalo General Medical Center and Millard Fillmore Suburban Hospital in Erie County and DeGraff Medical Park in Niagara County continue to provide patient access to Naloxone, an overdose reversal medication. Kaleida Health emergency department staff are trained in dispensing of Naloxone Spray Kits. In 2021, fentanyl test strips were added to the kits to decrease accidental overdose due to fentanyl-laced products.

Evidence-based Source:

- Oregon Health and Science University. Best Practices in Naloxone Treatment Programs for Opioid Overdose.

Outcomes:

- 2022, 2023, 2024 – Program implementation with annual number of Naloxone Kits tracked for each hospital through the Kaleida Health pharmacy. In 2021, 27 kits were distributed.

Person(s) Responsible:

- Pharmacy Director

Partner:

- Erie County Department of Health – Erie County Opiate Epidemic Task Force – provide partnership and support

3. Erie County and Niagara County Intervention: Medication and Syringe Drop Boxes and Prescription Drug Take Back Days at Kaleida Health Emergency Departments

Focus Area: Prevent mental and other substance use disorders

Goal: Prevent opioid and other substance misuse and deaths

Disparity Population: open to all

Objectives:

- Provide for permanent, safe disposal sites for prescription drugs and syringes and participation in organized prescription drug take-back days to decrease the availability of these drugs and to decrease the rate of substance use and addiction in the community

Description:

- Medication and Syringe Drop Boxes are provided at the emergency departments of Buffalo General Medical Center/Gates Vascular Institute, John R. Oishei Children's Hospital, and Millard Fillmore Suburban Hospital in Erie County and DeGraff Medical Park in Niagara County. Erie County and Niagara County Sheriff's Offices pick up and transport contents of drop boxes on a regular basis to Covanta Energy for incineration.
- Prescription Drug Take Back Days are held at Millard Fillmore Suburban Hospital and DeGraff Medical Park. The National Prescription Drug Take Back Day program aims to provide a safe, convenient, and responsible means of disposing of prescription drugs, while also educating the general public about the potential for abuse of medications. For more information:

https://www.deadiversion.usdoj.gov/drug_disposal/takeback/

Evidence-based sources:

- FDA, Safe Disposal of Medicines, <https://www.fda.gov/drugs/safe-disposal-medicines/disposalunused-medicines-what-you-should-know> ; US Department of Justice, [Drug Disposal Information \(usdoj.gov\)](https://www.usdoj.gov/drug-disposal)

Outcomes:

- 2022, 2023, 2024 - Medication and syringe drop boxes continue to be placed on-site in Kaleida Health emergency departments. Two Prescription Drug Take Back Days to be held annually at Millard Fillmore Suburban Hospital in Erie County and two to be held annually at DeGraff Medical Park in Niagara County. In 2022, the Prescription Drug Take Back Days were held April 30, 2022 and October 29, 2022 at each site.

Person(s) Responsible:

- Pharmacy Director

Partner(s):

- Erie County Department of Health – Erie County Opiate Epidemic Task Force, Erie County Sheriff's Office, Niagara County Sheriff's Office, www.thepointny.org for location information - Medication and Syringe Drop Boxes
- DEA (Drug Enforcement Administration) National Prescription Drug Take Back Days – program sponsor

Resources and Data

American Diabetes Association- <https://diabetes.org/>

Behavioral Risk Factor Surveillance System (BRFSS)- <https://health.data.ny.gov/Health/Behavioral-Risk-Factor-Surveillance-System-BRFSS-H/jsy7-eb4n/data>

Best Places- https://www.bestplaces.net/crime/county/new_york/niagara

Boys and Girls Clubs -<https://www.bgca.org/>

Census Reporter- <https://censusreporter.org/profiles/16000US3651055-niagara-falls-ny/>

Center for Disease Control and Prevention-

<https://www.cdc.gov/coronavirus/2019-ncov/your-health/about-covid-19.html>

<https://www.cdc.gov/ncbddd/disabilityandhealth/relatedconditions.html>

Centers for Medicare & Medicaid Services (CMS)-

<https://data.cms.gov/tools/mapping-medicare-disparities-by-population>

Collaboration Health and the Environment (CHE)- <https://www.healthandenvironment.org/environmental-health/environmental-risks/built-environment#headno2>

Cornell Cooperative Extension (CCE)- <https://cceniagaracounty.org/>

Eastern Niagara Hospital Community Service Plan Community Health Needs Assessment 2019-2021

https://www.enhs.org/clientuploads/1_Eastern_Niagara_Hospital_CSP_2019-2022.docx

Kaiser Family Foundation- <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>

Kaleida Health Community Health Needs Assessment Community Service Plan 2019-2021

[Community Health Needs Assessment Community Service Plan 2019-2021](#)

Mount St. Mary's Hospital Center Community Health Needs Assessment Community Health Improvement Plan 2019-2021

www.chsbuffalo.org/sites/default/files/files/mission/2019-21%20MSMH%20Community%20Health%20Improvement%20Plan%20Summary.pdf

Neighborhood Scout- <https://www.neighborhoodscout.com/ny/niagara-falls/crime#description>

New York Power Authority- <https://www.nypa.gov/power/generation/niagara-power-project>

New York State Department of Health- 2019-2024 Prevention Agenda

https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/

New York State Department of Health-

https://apps.health.ny.gov/statistics/environmental/public_health_tracking/tracker/index.html#/micounty

<https://coronavirus.health.ny.gov/fatalities-0>

<https://coronavirus.health.ny.gov/vaccination-progress-date>

<https://www.health.ny.gov/prevention/nutrition/wic/>

<https://www.health.ny.gov/statistics/community/minority/county/niagara.htm>

New York State Division of Criminal Justice Services:

- New York State Crime Report-

[chrome-](#)

<extension://efaidnbmnnnibpcajpcgklcfindmkaj/https://www.criminaljustice.ny.gov/crimnet/ojsa/Crime-in-NYS-2020.pdf>

- Gun Involved Violence Elimination Initiative (GIVE)-

<https://www.criminaljustice.ny.gov/ops/gunviolencereduction/index.htm>

New York State Government-

<https://www.governor.ny.gov/news/governor-cuomo-signs-new-york-state-pause-executive-order>

New York State Indicators Reports (CHIRS)-

https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fchir_dashboard%2Fchir_dashboard&p=ch&cos=29&ctop=1&ctop=2&ctop=3&ctop=4&ctop=5&ctop=6&ctop=7&ctop=8&ctop=9&ctop=10&ctop=11&ctop=12&ctop=13&ctop=14&ctop=15

Niagara County Community Action Program- <http://niagaracommunityactionprogram.org/>

Niagara County Department of Health:

<https://www.niagaracounty.com/>

- Leading causes of death

https://apps.health.ny.gov/public/tabvis/PHIG_Public/lcd/reports/#county

Niagara County Department of Mental Health & Substance Abuse

https://www.niagaracounty.com/departments/m-r/mental_health_substance_abuse/index.php

Niagara County Government- https://www.niagaracounty.com/government/legislature/local_laws.php

Niagara County Head Start Program-

https://headstartprograms.org/detail/niagara_county_head_start_inc_niagara_falls_ny.html

Niagara County Sheriff's Office:

- Police Reform Collaboration

<https://cdn.myocv.com/ocvapps/a23914144/files/Final%2001142021%20Police%20Reform%20Collaborative%20Written.pdf>

- Press release

<https://www.wnypapers.com/news/article/current/2020/04/13/140998/niagara-county-drug-overdoses-spike-during-pandemic>

Niagara Falls Memorial Medical Center Community Health Needs Assessment and Community Service Plan 2020-2022- <https://drive.google.com/file/d/1mGhAjXkxdJjBov75CJXOJ4e05yq2Nrvt/view>
Niagara Falls State Park- <https://www.niagarafallsstatepark.com/niagara-falls-state-park/history>

NYS Health Connector:

- The Student Weight Status Category Reporting System

<https://nyshc.health.ny.gov/web/nyapd/student-weight-data-explorer>

- Suicide and Self Harm

<https://nyshc.health.ny.gov/web/nyapd/suicides-in-new-york>

Pinnacle Community Services -<https://www.pinnaclecs.org/>

Substance Abuse and Mental Health Services Administration (SAMHSA)-
<https://www.samhsa.gov/data/report/2020-nsduh-annual-national-report>

Town Charts- <https://www.towncharts.com/New-York/Education/Niagara-County-NY-Education-data.html#Figure13>

2020 County Health Ranking- <https://www.countyhealthrankings.org/explore-health-rankings/use-data/go-beyond-the-snapshot/find-more-data/new-york-state-resources>

U.S. Census Bureau:

- 2020 Census

<https://www.census.gov/quickfacts/fact/table/niagaracountynewyork,US/PST045221>

- 2020 American Community Survey 5-year Estimates

<https://data.census.gov/cedsci/profile?g=05000000US36063>

- My Tribal Area

<https://www.census.gov/tribal/?st=36&aianihh=4360>

Western New York Integrated Care Collaborative - <https://www.wnyicc.org/Services>

World Life Expectancy- <https://www.worldlifeexpectancy.com/new-york-health-rankings>

YMCA Buffalo Niagara- <https://www.ymcabn.org/>

YWCA of the Niagara Frontier- <https://ywcaniagarafrontier.org/>

APPENDIX A

Participating Partners for September 12, 2022 Community Stakeholder Meeting

Agency	Contact
American Heart Association	Lisa Neff
AMS Nutrition	Amy Shultz, RDN, CDN, CDE
Family Medical Residency Program	Don McLean, Director of Residency Program
Fidelis	Joanne Ruppel Frawley
GCASA	Dawn Sagerman, Community Development Specialist
Heart Love and Soul	Louise Gallahue
Highmark Health	Doris Carbonell-Medina
Horizon Health Services, Inc.	Herbert Weis, PhD
Lewiston-Porter CSD	Michael Lewis
Lewiston-Porter CSD	Paul Casseri
Lockport City School District	Heather Scharping
Lockport City School District	Holly Dickenson
March of Dimes	Darcy Dreyer, Director of Maternal and Child Health
Mental Health Association in Niagara County	Daniel Colpoys
Mobile Safety Net Team	Allison Geddes Community Impact Coordinator
Mount St. Mary's Hospital	Sr. Nora Sweeney, DC Case Manager for Neighborhood Health Center
Mount St. Mary's Hospital	Vicki Wlock, NP, Neighborhood Health Center
Newfane Central School District	Elizabeth Botzer
Newfane Central School District	Heather Miller , Counselor
Newfane Central School District	Lisa Erck
NFMMC	Dr. Steinmann
Niagara County Office of the Aging	Cathleen Hummel
Niagara County Office of the Aging	Stacey Norris
Niagara Organizing Alliance for Hope	Rev. Raymond Allen, Community Organizer
Niagara Pride	Ronald Piaseczny, President
Niagara University	Kaylyn Townsend
Niagara University	Rolanda Ward
Niagara Wheatfield CSD	Kara Kirk, Social Worker
Niagara Wheatfield CSD	Tom Stack, Superintendent
NOAH	Elfonzo Roberson
Roswell Park Cancer Institute	Jenna Brinkworth
Roswell Park Cancer Institute	Shannon Waddell
WIC	Katie Constantino
WNYICC	Devin Hurley