2019
Community Health Needs Assessment

2019-2021Erie County

Community Health Improvement Plan Summary

Kenmore Mercy Hospital · Mercy Hospital of Buffalo · Sisters of Charity Hospital

December 2019

Dear Community Resident:

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

The assessment process was a collaborative effort between Catholic Health and other local organizations concerned about the health of our community including Catholic Medical Partners, Erie County Department of Health, Buffalo State College, and the University at Buffalo. Additionally, we solicited input from other community organizations, individuals and groups. This input helped develop focused programs and services that best address the health and wellness needs of the people who rely on us for care.

The completed assessment provides the framework for our implementation plans which address the identified and prioritized community needs. One of the areas emphasized in our assessment and plan is the need to address health disparities in our community by improving access to care, especially for the poor and underserved. To that end, recently, in 2018, Catholic Health provided $126 million in charity care and community benefit for the people of Western New York. We are committed to our Social Responsibility, Community Benefit Framework (**Appendix J**).

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

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

Mark A. Sullivan
President & CEO
Catholic Health

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1. Executive Summary

Background and Overview of Process

Catholic Health is an integrated healthcare delivery system that operates acute care operations in both Erie and Niagara counties. A single Community Health Needs Assessment was jointly conducted in 2019 for Catholic Health's Erie County based acute care operations including Kenmore Mercy Hospital, Mercy Hospital of Buffalo, Sisters of Charity Hospital and Sisters of Charity Hospital, St. Joseph Campus. The assessment was comprehensive and included input from a broad range of healthcare and community service providers as well as individuals of varying socioeconomic backgrounds.

It should be noted that Mount St. Mary's Hospital in Niagara County became a full member of Catholic Health in 2015. Accordingly, a separate Community Health Needs Assessment was also conducted in 2019 for Niagara County which serves as the basis for the Mount St. Mary's three year Community Health Improvement Plan (not part of this report; refer to www.chsbuffalo.org/msmh).

The 2019 Erie County Community Health Needs Assessment began by first re-evaluating the needs prioritized in the previous cycle (2016) and the impact of the projects corresponding to those needs that were selected for enactment. Catholic Health's understanding of the communities it serves was then updated by soliciting new input from the public and several community organizations as outlined in the Process and Methods section of this report. This assessment represents a collaborative effort across Catholic Health's facilities as well as with external organizations to identify the health needs of the community and to develop a strategy for addressing them. The process used helped identify significant health needs across Catholic Health's Erie County service area including vulnerable and under-represented populations.

As part of this coordinated initiative, Catholic Health developed an updated three-year (2019-2021) Community Health Improvement Plan to continue the collaboration in our community to improve patient care, preventive services, overall health, and quality of life.

The Community Health Needs Assessment and Community Health Improvement Plan processes are linked directly to requirements specified by the Federal Internal Revenue Service and the New York State Department of Health. Under the Patient Protection and Affordable Care Act of 2010, the Internal Revenue Agency requires all state-licensed, tax-exempt hospitals to develop a Community Health Needs Assessment and Community Health Improvement Plan to maintain their Internal Revenue Code Section 501(c)(3) tax-exempt status. Similarly, New York State requires hospitals and local health departments to collaborate within their community to identify local health priorities and plan and implement a strategy for local health improvement focused on the Prevention Agenda 2019-2021: New York State Health Improvement Plan (Prevention Agenda–**Appendix K**).

Common Community Health Needs Themes

Through focus groups, analysis of the Community Health Needs Assessment Survey data and research conducted in 2019 the following themes surfaced, concerning healthcare needs and disparities in Erie County. Some of these topics will be targeted by Catholic Health as part of its Community Health Improvement Plan:

1. *Shortage of Primary Care Physicians and Specialists*-The shortage of primary care providers remains an issue especially in Buffalo's economically distressed neighborhoods. Some noted areas of deficit include: geriatrics and providers serving the mentally disabled.

2. *Cost*- Both Medicare and Medicaid recipients face hardship when it comes to paying medical bills, including medication copays. Cost of care is not only a burden for Medicaid recipients, but also affects those in the mid-income range that do not qualify.
3. *Gaps in Mental Health Reach*- Crisis Service data suggests that males and those who are 65+ are the least adequately reached groups. A different approach also needs to be taken, in order to increase mental health participation amongst non-White cultural groups, such as refugees. The topic of mental health was the second largest concern in Erie County after obesity, according to the Community Health Needs Assessment survey.
4. *Care Coordination and Navigation*- A lack of social workers, care coordinators and other support staff lead to poor hand off for follow-up care needs. Other factors such as discharge paperwork is not approachable by all, causing missed medical appointments.
5. *Cultural Competency*- Interpretation services, lack of "Trauma-Informed Care" staff, and cross cultural sensitivity impact the effectiveness of medical care. A focus group participant also mentioned hiring staff that resembles the population being served could improve medical field- patient relations.
6. *Nutrition*- Inadequate nutrition may lead to adverse outcomes on medication effectiveness and overall health. Focus group participants provided several examples where the populations they serve have been affected by this. Additionally, the Community Health Needs Assessment survey findings show that nutrition is one of the biggest concerns amongst the Black community.
7. *Transportation*- Those who do not qualify for Medicaid or transportation services are at higher risk for not obtaining medical care when necessary. In fact, the Community Health Needs Assessment survey findings confirm that Buffalo residents, especially those living in the East side, have dealt with this situation at least once within the past twelve months.
8. *Overuse of the Emergency Department*- Community education regarding emergency department alternatives, as well as embedding social workers and mental health counselors at these sites may reduce their use as a primary source of care. The Community Health Needs Assessment survey results reveal that people ages 17-44 are most likely to fall in to this category. Nonetheless, using the emergency department as a primary source of care decreases as age increases.
9. *Obesity*- 50% of Erie County residents selected this health topic as being the most interesting to learn about. While tied to the aforementioned topic of "nutrition", the theme of obesity focuses on the detriments that this chronic disease has on overall health, rather than food security.
10. *Health Literacy*- In addition to the feedback received during focus groups regarding the complexity of care plans and the general population's struggle to understand healthcare terminology and processes, the Buffalo region also trails in literacy skill- level. This social determinant compromises the community's general health.

Community Health Improvement Plan

Catholic Health is committed to addressing the significant health needs of its community as reflected in Catholic Health System's three-year (2019-2021) Community Health Improvement Plan. The plan began with an internal prioritization of the health needs identified in Catholic Health's Community Health Needs Assessment. Health needs identified in the New York State Prevention Agenda and Erie County Department of Health's 2019 Community Health Needs Assessment were also considered (**Appendix G**).
Furthermore, Catholic Health assessed its capabilities and resources along with the potential to partner with others to select projects that had the greatest possibility for reducing health disparities in Erie County. The progress of Catholic Health's Community Health Improvement Plan will be measured and reported annually to the community on Catholic Health's website in addition to paper copies available at each of the acute care locations. To facilitate the accomplishment of these goals, Catholic Health allocates a portion of its net income from previous years for projects related to community needs.

Websites for each of Catholic Health's Erie County acute care operations are as follows:

Kenmore Mercy Hospital: https://www.chsbuffalo.org/kenmore-mercy-hospital
Mercy Hospital of Buffalo: https://www.chsbuffalo.org/mercy-hospital-buffalo
Sisters of Charity Hospital: https://www.chsbuffalo.org/sisters-charity-hospital

Other Needs NOT Addressed in Catholic Health's 2019 Community Health Improvement Plan

A number of needs were not incorporated into Catholic Health's individual 2019-2021 Community Health Improvement Plan for each of its acute care operations for one or more of the following reasons:

- ✓ Was not deemed as impactful on the overall health of the community as compare to other identified needs
- ✓ Is being targeted or addressed by other entities within the community
- ✓ Requires resources that Catholic Health does not currently have available without compromising other important initiatives. But, should community circumstances change or additional resources become available, Catholic Health will consider incorporating other initiatives into its plan.

Among those additional needs not addressed in the 2019-2021 Community Health Improvement Plan are:

- Transportation
- Shortage of Primary Care Physicians and Specialists- Catholic Health has and continues to work with Catholic Medical Partners Independent Practice Association to recruit doctors and specialists to meet the community's need.
- Gaps in Mental Health Reach- Catholic Health partners with several organizations in Western New York to provide trusted mental health counseling in our region.
- Cost- This issue needs to be addressed through legislature, and payer (health insurance companies) procedures. It is a larger issue than the health system can tackle on its own.

2. Process and Methods

Satisfying the requirements of the Internal Revenue Agency and Department of Health, Catholic Health followed the process described below in completing the Community Health Needs Assessment and Community Health Improvement Plan.

Establish the Assessment Infrastructure

A Community Health Improvement Plan Steering Committee was established that included the Chief Operating Officers from each of Catholic Health's acute care operations (Kenmore Mercy Hospital, Mercy Hospital of Buffalo, Sisters of Charity Hospital, Sisters of Charity Hospital, St. Joseph Campus), representation from Catholic Medical Partners, each of Catholic Health's clinical service line Vice Presidents, Mission Integration leaders from each site, as well as the Planning and Finance departments. The Steering Committee reviewed Internal Revenue Agency & Department of Health requirements and established the project timeline and work plan.

Defining the Purpose and Scope

In New York State, all not-for-profit hospitals are required to develop a Community Health Improvement Plan. The requirements of the Community Health Improvement Plan are similar to those of the Internal Revenue Agency and Community Health Needs Assessment. New York State requires that each organization, in cooperation with the local department of health and other providers in their county, collaborate on two Prevention Agenda priority focus areas and address disparities in at least one of them. The New York State Prevention Agenda guided Catholic Health in focusing its assessment efforts and in defining its service area as Erie County. It also helped identify the most important health issues in the community, set priorities and align work with community partners.

Collection and Data Analysis

Catholic Health relied on both quantitative and qualitative methods to assess community needs, which are summarized as follows:

a) Organizing three focus groups, with representation from a range of health care and social service organizations in Erie County to gather unique perspectives regarding the needs in our community. Catholic Health also held its own focus group, which included members of Catholic Medical Partners, as well as Evergreen Health. A summary of those community discussions appears in **Appendix B**.

b) Distributing and analyzing a 64 question survey developed by the Erie County Department of Health for the community at large including Catholic Health's own staff. The County's survey results appear in **Appendix C**.

Other information was compiled using county, state and nationally recognized research to further assess the health needs of the community. The most cited references are: Truven Health Analytics, The Nielsen Company for demographics, County Health Rankings, Behavioral Risk Factor Surveillance System, New York State Vital Statistics, and Center for Disease Control. See **Appendices A & E** for key indicators and respective data sources.

Identify Resources/Community Collaboration

The Catholic Health Community Health Needs Assessment Steering Committee sought associate input in selecting individuals and organizations that represent the interests of Erie County residents and have expertise

in public health. Catholic Health worked with Catholic Medical Partners, Erie County Department of Health, Kaleida Health, University at Buffalo, and multiple other local organizations throughout the process.

System Prioritization of Community Needs

Prioritization of the health needs identified in the 2019 Community Health Needs Assessment began by considering the degree of alignment with the New York State Prevention Agenda framework. Health needs addressed in the New York State Prevention Agenda are:

A. Prevent Chronic Diseases
B. Promote a Healthy and Safe Environment
C. Promote Healthy Women, Infants and Children
D. Promote Well-Being and Prevent Mental and Substance Use Disorders
E. Prevent Communicable Diseases

The committee adopted its own criteria for selecting priorities. Clinical and administrative representatives from Catholic Health and Catholic Medical Partners participated in the evaluation process adopting the following standards:

A. Catholic Health entities supporting or participating in project
B. Prevalence and magnitude of need/ disparity
C. Alignment with Prevention Agenda and Erie County
D. Feasibility; measureable, meaningful
E. Resources; Catholic Health and collaborators

Create Community Health Improvement Plan and Monitor Progress

The Community Health Improvement Plan enables roadmaps for how these priorities will be addressed. These priorities also helped decision-makers plan community benefit directives for the next three years, which include future collaboration projects and methods to measure their success. A dashboard with implementation plan measures will be used to gauge progress throughout the three-year duration. Furthermore, Catholic Health will stay engaged with its community partners by working together to reach annual targets and discuss progress, tracked through regularly scheduled meetings.

Board Approval and Public Availability of the Community Health Needs Assessment/Community Health Improvement Plan

The Mission Committee of the Catholic Health Ministry Services Board was engaged throughout the Community Health Needs Assessment process by reviewing progress, providing feedback and endorsing the resulting outcomes. The final Community Health Needs Assessment was approved by both the Mission Committee and the Catholic Health Ministry Services Board.

The Catholic Health Hospital Boards of Directors reviewed and approved the Community Health Improvement Plan Plans for each of its hospitals on October 17, 2019. All reports have been published electronically on the Catholic Health website (see web addresses on page 6) with hard copies available upon request at each hospital.

3. Community Health Needs Assessment

3.A. Overview of Catholic Health

Formed in 1998 under four religious sponsors, the Catholic Health System is a not-for-profit integrated healthcare delivery system that operates acute care operations in both Erie and Niagara counties. Catholic Health's Erie County based acute care operations include Kenmore Mercy Hospital, Mercy Hospital of Buffalo, Sisters of Charity Hospital, and Sisters of Charity Hospital, St. Joseph Campus. Mount St. Mary's Hospital in Niagara County became a full member of the Catholic Health System in 2015. Catholic Health, now under the Diocese of Buffalo and Trinity Health, brings together the strengths and talents of more than 9,000 full and part-time associates and 1,500 physicians under one healthcare ministry.

Catholic Health's network also includes primary care centers, diagnostic and treatment centers, home care agencies, long-term care facilities and other programs serving the community, either directly or in partnership with other organizations. The role of Catholic Health's Sponsors is to ensure that all of the organization's associates and physicians live the mission in the way they care for their patients, clients and residents and in the way they work with and treat each other.

Catholic Medical Partners, Catholic Health's physician partners, is a physician-led independent practice association with a network of over 900 physicians of which one-fourth are primary care providers. Catholic Health's hospitals are non-physician members of Catholic Medical Partners. Catholic Medical Partners is driven to improve care delivery in the community through its member physicians. Refer to **Appendix H** for a more detailed description of the health system's network of sites and services.

Catholic Health Charity Care

One of the fundamental reasons for the creation of Catholic Health was to ensure the continued viability of faith-based health care to meet the needs of residents in Erie County and the surrounding communities. The services provided by Catholic Health organizations are in response to identified community needs and reflect Catholic Health's emphasis on caring for the underserved.

Each year, Catholic Health touches tens of thousands of individuals through health education programs, health screenings, clinical services, and community support activities. At a broader scale, Catholic Health will continue to provide charity care and Medicaid services, in addition to various other programs such as education on healthcare professions, and cash and in-kind contributions. In 2018, Catholic Health provided at least $126 million in Community Benefit to the residents in Western New York.

3.B. Catholic Health Mission, Vision and Values

Our Mission

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

Our Vision

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

Our Values

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

Compassion
We unconditionally demonstrate empathy, kindness and acceptance.

Integrity
We are honest, transparent, and accountable.

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

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

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

3.C. Community Served

Catholic Health is a not-for-profit integrated healthcare delivery system that operates four acute care operations in Erie County and one in Niagara County. Erie County residents account for 80% of all inpatient volume, 75% of ambulatory surgery cases and 90% of emergency department visits. A demographic profile of Erie County is summarized in the table below.

<table>
<tr><th colspan="2">Community Served 3.C.
Demographics, socioeconomics, community health status and healthcare utilization in the market</th></tr>
<tr><td>2018 Total Population
& % Male:
& % Female:</td><td>926,507
• 449,226, 48.4%
• 477,003, 51.5%</td></tr>
<tr><td>2023 Total Projection
& % Male:
& % Female:</td><td>930,811
• 451,808, 48.5%
• 479,003, 51.4%</td></tr>
<tr><td>% Change 2018-2023</td><td>0.5%</td></tr>
<tr><td>Avg. Household Income</td><td>$76,197</td></tr>
<tr><td colspan="2">Population
• The overall population size is expected to increase by 0.5% between 2018 and 2023.
• The population of individuals aged 65 or greater is expected to increase from 166,364 in 2018 to 188,826 in 2023 (a 15.9% increase).
• The age cohort of 35-54 is also expected to grow by 25.5% in the next five years.</td></tr>
<tr><td colspan="2">Race / Ethnicity
• The population of Erie County is predominantly White, representing 75.1% of the population (695,742 individuals).
• Blacks represent 13% of the population (120,774 individuals).
• The next largest population segment is Hispanic, which makes up 5.6% of the population (52,012 individuals).
• A small portion, 3.7% or 34,632 individuals identify as Asian & Pacific Islander, Non- Hispanic.
• All “others” total 2.5% of the population (23,347 individuals).</td></tr>
<tr><td colspan="2">Socioeconomic/Unemployment
• In 2017 approximately 14.9% or 133,648 of people from Erie County lived below the poverty line.
• Among those living in poverty, 22.5% of them are children under the age of 18 in Erie County.
• 31.5% of the population over 25 years old have less than a high school diploma.

NOTE: 2018 Federal Poverty Levels are defined as Household of 1 = $12,140, 2 = $16,460, 3=$20,780, 4 = $25,100, 5 = $29,420, 6 = $33,740, 7 = $38,060, 8 = $42,380
For families/households with more than 8 persons, add $4,320 for each additional person.</td></tr>
<tr><td colspan="2">Health Insurance Coverage
• Approximately 93.2% of the Erie County population has some form of health insurance coverage, leaving the remaining 6.8% (62,838 individuals) uninsured.</td></tr>
</table>

- 6.0% or 11,287 of children under 18 are uninsured; a higher rate than New York State at 4.7%.
- In Erie County, 8.6% of adults aged 18 to 64 are without health insurance coverage, which is greater than the State's rate at 7.4%.

Employment/Unemployment

- At the end of 2018 the average unemployment rate among the population in the labor force in Erie County was 4.4%. This was higher than both the unemployment rates in New York State (4.1%) and the nation's (3.7%).
- The largest occupational category representing nearly 39% of the work force as defined by the government census is "management, business, science, and arts occupations". The next largest category in the County is "sales and office occupations" representing 25%.

Education

- Approximately 63% of individuals over the age of 25 have a degree beyond a high school diploma.
- 37.8% of the population have at most a high school diploma.

9.4% of the population have never graduated from high school.

Sources: Truven Health Analytics, New York State Dept. of Labor 2018, ASPE.hhs.gov/2018-poverty- guidelines, US Census Bureau

3.D. Community Health Need Status

Identified gaps and disparities amongst Erie County residents are based on research regarding health outcomes and behaviors. Sources used also set the guidelines for primary data collection, as well as developing a list of prioritized health needs.

Work cited includes: County Health Rankings & Roadmaps 2019, County Health Rankings.org 2019, Health Indicators.gov 2014-2016, New York State Health Indicators by Race/Ethnicity 2014-2016, New York State Vital Statistics 2018 (2016 data), the New York State Prevention Agenda 2019-2024, and the Erie County Medical Examiner's Office. Refer to cited appendices for details.

Health Status/Outcomes
County Health Rankings • Under the Health Outcomes category, which reflects morbidity and mortality, Erie County is ranked 56 out of 62 counties in New York making it one of the worst counties in the state. • In terms of health factors, Erie County is ranked 32 of 62. The health factors of today are an indicator of health outcomes of the future.
Health Status • The residents of Erie County report more physical unhealthy days in 2019 compared to the state and national rates, which indicates a greater burden of chronic diseases in the community. • The reported mentally unhealthy days for Erie County residents is higher than both the state and national rates, indicating a greater need for mental health services in this community.
Life Expectancy and Preventable Deaths • Compared to the state and national benchmark, Erie County has a greater rate of potential life lost before age 75. • Within Erie County, Black and Hispanic populations have a greater rate of potential life lost before age 75 than the White population. The Asian and Pacific Islander population has the best opportunity to reach life expectancy.
Leading Causes of Death Under Age 75 in Erie County • Heart Disease, Cancer, Unintentional Injury, Chronic Lower Respiratory Disease, and Stroke.
Health Behaviors
Tobacco, Alcohol and Obesity • Erie County adult residents report a higher percentage of smoking, heavy drinking and obesity than New York State and the national benchmark.
Substance Abuse • Fatal opioid overdoses in Erie County have decreased by about 84% between the years of 2016 (301 cases) and 2019 (49 cases; 41 cases pending). • The Suburbs of Erie County and the city of Buffalo have experienced a higher rate of fatal overdoses in 2019 being 43%. • Although 20 to 39 year olds only account for 26% of the Erie County population, they make up 55% of the deaths by opioid overdose.

3.E. Community Resources – Systems and Access to Care

The Erie County health care system is supported by two major integrated health delivery systems; Catholic Health and Great Lakes Health. Roswell Park Cancer Institute, a prominent national cancer center, also plays an important role in the healthcare system within Erie County.

Catholic Health

Catholic Health operates four acute care campuses in Erie County with a total of 984 beds. Two of its facilities are located within the City of Buffalo (697 beds) and two are in the first-ring suburban communities of Kenmore and Cheektowaga (287 beds). Additionally, an integrated health network has been developed that includes primary care, outpatient and inpatient medical rehabilitation, skilled nursing care, home care, as well as outpatient lab and imaging services.

Great Lakes Health

Great Lakes Health System is a network comprised of the five Kaleida Health hospitals, three of which are based in Erie County and two in Niagara County. The other partners comprising the Great Lakes Health network are Erie County Medical Center and the University at Buffalo.

Kaleida Health operates two acute care facilities one in the City of Buffalo (484 beds) and one in the suburban community of Amherst (265 beds) with a total of 749 beds. It also operates a 185 bed women's and children's hospital within the City of Buffalo and another acute care general hospital in southern Niagara County (54 beds). Eastern Niagara Hospital, formally known as Lockport Memorial Hospital joined the Great Lakes Health system in 2019. This facility has a total of 116 beds.

Erie County Medical Center is a 573 inpatient facility within the City of Buffalo and serves as the regional center for trauma, burn care, behavioral health, transplantation, and medical rehabilitation. This hospital is also known to be an essential teaching site for the University at Buffalo's medical students. Additionally, Erie County Medical Center provides on and off campus primary care and family health centers and maintains a 390-bed long-term care facility in the City of Buffalo.

Other Community Providers

Other impactful health care provider organizations include three Federally Qualified Health Centers: Community Health Center of Buffalo, Inc., Neighborhood Health Center- Mattina, and Jericho Road Community Health Center. There are six New York State Health Homes all located in the City of Buffalo. Catholic Health is a majority owner of one of the three Health Homes serving adults. There are another three which are dedicated to children's services.

4. Evaluation of 2013-2016 Community Health Improvement Plan

Sisters of Charity Hospital

Prevent Chronic Disease

The vice president, Mission at Sisters of Charity Hospital asked to co-lead initial work on trauma-informed care with Catholic Health and the University at Buffalo. The goal of the ad hoc committee was to plan the best approach and a decision was made to pilot at Mount St. Mary's Hospital; success was achieved with the Mount St. Mary's Hospital team. Furthermore, the stroke coordinator identified those who continued to follow through with and execute implementation plan with support from Sisters of Charity Hospital departments. Current numbers did not support additional need for support groups in Sisters of Charity Hospital and Sisters of Charity Hospital, St. Joseph Campus.

Promote Mental Health and Substance Abuse

Representatives from Sisters of Charity Hospital participated in ad hoc system steering committee and supported the planning process for Mental Health First Aid Training. Sisters of Charity Hospital is a major collaborator in developing strategies to address the opioid epidemic. In September 2018 the first integrated center in New York State was opened to include Medication-Assisted Treatment, behavioral therapy (individual/group), Primary Care and Infectious Disease. Additionally, the Pathways program received a Catholic Health Community Benefit grant to initiate Screening, Brief Intervention and Referral to Treatment.

Promote Healthy Women and Children

All sites remain available for donor milk collection and there is an increase in physician referral to the program. A grant was also received by Catholic Health from Tower Foundation through Sisters of Charity Hospital Foundation to hire a full-time navigator/care manager for opiate dependent pregnant women.

Mercy Hospital of Buffalo

Promote Mental Health and Prevent Substance Abuse

Mercy Hospital of Buffalo held preliminary training for supervisor staff and held two learning sessions. Doctors Cappicio and Kerena have approximately thirty patients at Mercy Comprehensive Care Center that receive Suboxone treatment through obstetric/gynecologic care. Dr. Cromwell continued to serve in this capacity at Springville, obstetrician/gynecologist with up to seventy patients per month.

Prevent Chronic Diseases

Stroke Prevention learning initiated at Mercy Comprehensive Care Center and continuation of Mercy Hospital of Buffalo/Our Lady of Victory Stroke Group. Furthermore, physician placement in the Our Lady Victory Family Care Center included a medical/pediatrician hired in October 2018. Similarly, a pediatric physician assistant was hired at Mercy Comprehensive Care Center in August 2018.

Promote Healthy Women, Infants, and Children

Women continue to donate milk, which is being shipped to the New York Milk Bank. Physicians are now referring patients to the program. Mercy Hospital continues to serve as a depot for breast milk donation to the New York Milk Bank. Additionally, four sessions of opioid use disorder sensitivity training and pain management for Maternal Child/Labor and Delivery and Neonatal Intensive Care Unit registered nurses are scheduled (opioid use disorder in pregnancy).

Kenmore Mercy Hospital
Preventing Chronic Disease
Kenmore Mercy's "Stroke Prevention and Stroke Support Programming" included: monthly stroke support group meetings, KenTon FamilyCare bi-annual events, Faith Community Nurse (Mission on the Move) bi-annual events, community education events, National Stroke Awareness Month, all while maintaining the hospital's Joint Commission certification for stroke.

Promote Healthy Women, Infants, and Children
Kenmore Mercy's "Donor Breast Milk for Newborns Who Fail to Thrive and Are in the ICU" included: Kenmore Mercy Hospital and KenTon FamilyCare training and awareness of donor milk program, marketing for New York Milk Bank and depots in Kenmore Mercy Hospital breastfeeding room, breastfeeding and childbirth preparation classes offered at KenTon FamilyCare, as well as additional staff hired (pediatrician and nurse practitioner) at KenTon Family Care to support prenatal care and patient population.

Promote Mental Health and Prevent Substance Abuse
Kenmore Mercy's "Mental Health First Aid Training" included: Mental Health First Aid training sessions offered to staff, participation in Catholic Health steering committee, and marketed Mental Health First Aid training sessions throughout Erie County.

4.A. Erie County Department of Health Collaborative Priorities

In collaboration with the Erie County Department of Health and other community partners, a 2018 Community Health Needs Assessment was conducted which was used to help form Erie County's Community Health Improvement Plan. That strategy included four specific implementation priorities around which the community was asked to collaborate. Each is listed below[1]:

1) **Prevent Chronic Disease**
   Focus Area 1: Healthy Eating and Food Security
   Goal 1.1: Increase access to healthy and affordable foods and beverages
   Goal 1.2: Increase skills and knowledge to support healthy food and beverage choices
   Goal 1.3: Increase food security

   Focus Area 3: Tobacco Prevention
   Goal 3.1: Prevent initiation of tobacco use, including combustible tobacco and electronic vaping products (electronic cigarettes and similar devices) by youth and young adults)
   Goal 3.2: Promote tobacco use cessation, especially among populations disproportionately affected by tobacco use including: low socioeconomic status; frequent mental distress/substance use disorder; lesbian, gay, bisexual, transgender and disability.

2) **Healthy Women Infants and Children**
   Focus Area 1: Maternal and Women's Health
   Goal 1.1: Increase use of primary and preventive health care services by women of all ages, with a focus on women of reproductive age
   Goal 1.2: Reduce maternal mortality and morbidity
   Focus Area 2: Perinatal and Infant Health
   Goal 2.1: Reduce infant mortality and morbidity

[1] The full Community Health Improvement Plan can be found at: https://www.health.ny.gov/prevention/prevention_agenda/2019-2024

3) **Promote Well-Being and Prevent Mental and Substance Use Disorders**
   Focus Area 2: Prevent Mental and Substance Use Disorders
   Goal 2.2: Prevent opioid and other substance misuse and deaths
   Goal 2.4: Reduce the prevalence of major depressive disorders

4) **Improve Health Literacy (applicable to all Community Health Improvement Plans listed above)**
   Erie County's Department of health is to form a community task force to establish literacy guidelines ant tools that providers can draw upon. The focus of the group will be on: heart disease and diabetes.

4.B. Catholic Health Identified 2019-2021 Community Health Improvement Plan Priorities

The following priorities were selected for Catholic Health Acute Care provider Community Health Improvement Plans. Those highlighted in red represent priorities identified by Erie County Department of Health for community collaboration. A more detailed description of each project follows in this section. Please contact Gale R. Burstein, MD, MPH, Commissioner, Erie County Department of Health at (716) 858-6976 or grb4@buffalo.edu with any further questions.

Catholic Health 2019 Community Health Improvement Plan Project List:

Prevent Chronic Disease

1. Broaden reach of the Sisters Metabolic Center for Wellness to also serve the needs of those with diabetes and heart disease
2. Healthy eating and food security collaboration
3. Improve access to care for Buffalo's homeless population
4. Community health workers
5. Reduce healthcare disparities in vulnerable populations through trauma-informed care practices
6. Emergency room social worker pilot

Promote Well Being and Prevent Mental Health and Substance Abuse Disorders

7. Implementation of depression screening program.
8. Education program targeting providers regarding alternatives to opioids for pain management.
9. Implementation of opioid use disorder in pregnancy program

Promote Healthy Women, Infants and Children Breastfed Babies-Erie County Community Collaboration Project

10. Promote community standards of care for obstetrics patients.

Prevent Communicable Diseases

11. Improve screening for sexually transmitted infections in all obstetrics and gynecology offices

Social determinant of health impacting all Prevention Agenda priorities

12. Collaborate with Erie County to improve Health Literacy specifically targeting the typical health care challenges and needs of those with heart disease and diabetes.

5. 2019 – 2021 Community Health Improvement Plan

Catholic Health selected initiatives addressing health care disparities that it believes it can positively affect over the 2019-2021 time frame in collaboration with its own acute care operations, Erie County and other community partners. A brief summary of those initiatives appears below. For further detail please reference the individual hospital Community Health Improvement Plan reports as provided on the websites previously provided in this report.

1. Collaborate with Erie County to improve Healthcare Literacy specifically targeting the typical health care challenges and needs of those with heart disease and diabetes **Catholic Health Acute Care Participation: Kenmore Mercy Hospital, Mercy Hospital of Buffalo and Sisters of Charity Hospitals**	
New York State Prevention Agenda While not a specific Prevention Agenda goal, this initiative addresses a social determinant that cuts across each of the New York State Prevention Agenda Priority Areas and is believed to compromise people's ability to follow self-manage their health. **Collaboration with Erie County Department of Health**	**Identified Need and Project Description** External and internal focus group conversations highlighted the difficulty faced in communicating with various populations with limited language skills. While translation services are available to some extent, the translation does not always resonate as it is not a level that is approachable by the patient. Numerous secondary sources cite health literacy as a social determinant that results in health disparities. The Center for Disease Control has made healthcare literacy a priority and has formed an Advisory Committee focused on this topic that will inform the final drafting of their "Healthy People 2023" plan. **Target Population:** Erie County residents with healthcare needs involving heart disease and diabetes.
2. Broaden reach of the Sisters Metabolic Center for Women for Wellness to also serve the needs of those with diabetes and heart disease **Catholic Health Acute Care Participation: Kenmore Mercy, Mercy and Sisters of Charity Hospitals**	
New York State Prevention Agenda Prevent Chronic Disease	**Identified Need and Project Description** New York State Prevention Agenda Tracking indicators for Erie County reflect that the rate of hospitalizations for these patient types is both above the state average and the New York State Prevention Agenda targets. Focus group discussions included poor nutrition and lack of exercise as a common theme contributing to poor health. **Target Population:** Erie County residents who are referred by primary care physicians based on risk for pre-diabetes and diabetes, poor health behaviors as well as those residing in communities identified as high risk for chronic disease.

<table>
<tr><td colspan="2">3. Education program targeting providers regarding alternatives to opioids for pain management.
Catholic Health Acute Care Participation: Kenmore Mercy Hospital, Mercy Hospital of Buffalo and Sisters of Charity Hospitals</td></tr>
<tr><td>New York State Prevention Agenda
Promote Well-Being and Prevent Mental Health and Substance Abuse Disorders

Collaboration with Erie County Department of Health</td><td>Identified Need and Project Description
Physicians in Erie and Niagara Counties may not be aware of alternative approaches to treating musculoskeletal pain and order opioid medications to treat acute pain, which can result in addiction and ultimate substance abuse disorders. This project will focus on educating prescribing physicians and musculoskeletal providers (physical therapists, occupational therapists, chiropractors, etc.) on evidence based care to treat musculoskeletal pain.
Target Population: Physicians and musculoskeletal providers in the Western New York area.</td></tr>
<tr><td colspan="2">4. Healthy eating and food security collaboration
Catholic Health Acute Care Participation: Kenmore Mercy Hospital, Mercy Hospital of Buffalo and Sisters of Charity Hospitals</td></tr>
<tr><td>New York State Prevention Agenda
Prevent Chronic Disease</td><td>Identified Need and Project Description
Catholic Health clinic leaders within our acute care and primary care operations site that lack of access to healthy food options as a significant barrier to our patient's overall health and ability to follow established care plans.
Target Population: Focus will be on vulnerable populations living in the East and West side of the city of Buffalo.</td></tr>
<tr><td colspan="2">5. Promote community standards of care for Obstetrics patients
Catholic Health Acute Care Participation: Mercy Hospital of Buffalo, Sisters of Charity Hospital and Mount St. Mary's Hospital</td></tr>
<tr><td>New York State Prevention Agenda
Promote healthy women, infants and children</td><td>Identified Need and Project Description
Governor's task force, American College of Obstetricians and Gynecologists, Trinity Health, New York State Department of Health have all recommended quality metrics and programs to help improve health outcomes of mothers, reduce infant and maternal mortality and morbidity and standardize obstetric care inside of hospitals and in their community.
Target Population: Pregnant women in Erie and Niagara Counties.</td></tr>
</table>

6. **Improve access to care for Buffalo's homeless population** **Catholic Health Acute Care Participation: Kenmore Mercy Hospital, Mercy Hospital of Buffalo and Sisters of Charity Hospitals**	
New York State Prevention Agenda Prevent Chronic Disease	**Identified Need and Project Description** Focus groups with a wide range of community health care stakeholders indicated the lack of access to medical providers (primary and specialty care) as well as the inability for patients to understand care plans or navigate the healthcare system. Homelessness only exacerbates these issues, especially when it comes to delivering follow-up care in a home based setting. **Target Population:** Homeless patients presenting at each of Catholic Health's five Erie County emergency departments.
7. **Depression screening program** **Catholic Health Acute Care Participation: Kenmore Mercy Hospital, Mercy Hospital of Buffalo and Sisters of Charity Hospitals**	
New York State Prevention Agenda Promote Well-Being and Prevent Mental and Substance Abuse Disorders	**Identified Need and Project Description** Through the focus groups and the 2018 Community Health Needs Assessment survey, depression was identified as a top concern amongst Erie County residents. Catholic Health is aware there is no standardized depression screening across the system, therefore an advisory board has been developed to assess what is presently being done for depression screening and what areas are lacking. **Target Population:** Erie and Niagara County residents who receive healthcare services through Catholic Health or Catholic Health Partners.
8. **Reduce healthcare disparities through "trauma-informed care" practices** **Catholic Health Acute Care Participation: Kenmore Mercy Hospital, Mercy Hospital of Buffalo and Sisters of Charity Hospitals**	
New York State Prevention Agenda Prevent Chronic Disease	**Identified Need and Project Description** Disadvantaged populations are more likely to have higher levels of chronic disease, are less likely to utilize wellness visits and have poorer health outcomes compared to the general population. Instituting trauma-informed care practices provide better support and engagement through community-wide healthcare worker cultural competency training and education. **Target Population**: Vulnerable members of Erie County including, but not limited to, individuals who suffer from behavioral health issues, substance abuse disorders, are part of racial or religious minorities, Medicaid recipients, immigrants, lesbian, gay, bisexual, transgender, or are HIV positive.

9. Community Health Workers Catholic Health Acute Care Participation: Sisters of Charity Hospital	
New York State Prevention Agenda Prevent Chronic Disease	**Identified Need and Project Description** Community health workers would be effective in addressing the many barriers that deter patients from understanding the management of their medical conditions. It is posited that through health worker home visits, identified patients would benefit from receiving one-on-one coaching, while reducing the number of avoidable emergency department visits. **Target Population:** Patients treated and discharged from Sisters of Charity Hospital emergency department identified as having frequent emergency department visits (8-12 visits in the last year).
10. Emergency Room Social Worker Pilot **Catholic Health Acute Care Participation: Mercy Hospital of Buffalo**	
New York State Prevention Agenda Prevent Chronic Disease	**Identified Need and Project Description** It was suggested in focus group conversations that social workers in the emergency department would be effective in addressing issues that may prevent individuals from engaging in their overall health or chronic health conditions. It was also posited that, social workers in the emergency department could reduce the number of avoidable emergency department visits and hospital admissions. **Target Population:** Persons presenting and being discharged from the emergency department at Mercy Hospital of Buffalo identified as having substance use disorder, mental health illnesses or social determinants of health issues; some may also have chronic medical condition(s).
11. Improve Screening for Sexually Transmitted Infections in All Obstetrician-Gynecologist's Offices **Catholic Health Acute Care Participation: Mercy, Sisters of Charity and Mount St. Mary's Hospitals**	
New York State Prevention Agenda Prevent Communicable Disease	**Identified Need and Project Description** This need has been identified as important by not only Erie County but also recommended for all pregnant patients by New York State Preventative Task Force, American College of Obstetricians and Gynecologists, and Catholic Medical Partners. The importance of this screening will be reinforced through education of all obstetricians and gynecologists. **Target Population:** All pregnant women in Erie and Niagara Counties.

12. Implement opioid use disorder in pregnancy program Catholic Health Acute Care Participation: Mercy Hospital of Buffalo, Sisters of Charity Hospital and Mount St. Mary's Hospital	
New York State Prevention Agenda Promote Well-Being and Prevent Mental Health and Substance Use Disorders	**Identified Need and Project Description** March of Dimes, American College of Obstetricians and Gynecologists, New York State Department of Health and Erie County Department of Health via a grant from Office of Women's Health, have all recommended multipronged approach to identify and treat pregnant women who are afflicted with opioid use disorder. Rising number of babies born each year substance exposed and goal is to identify moms impacted earlier and help them get into treatment and ready for birth of baby who may need neonatal intensive unit care. **Target Population:** Pregnant women in Erie and Niagara Counties.

APPENDICES

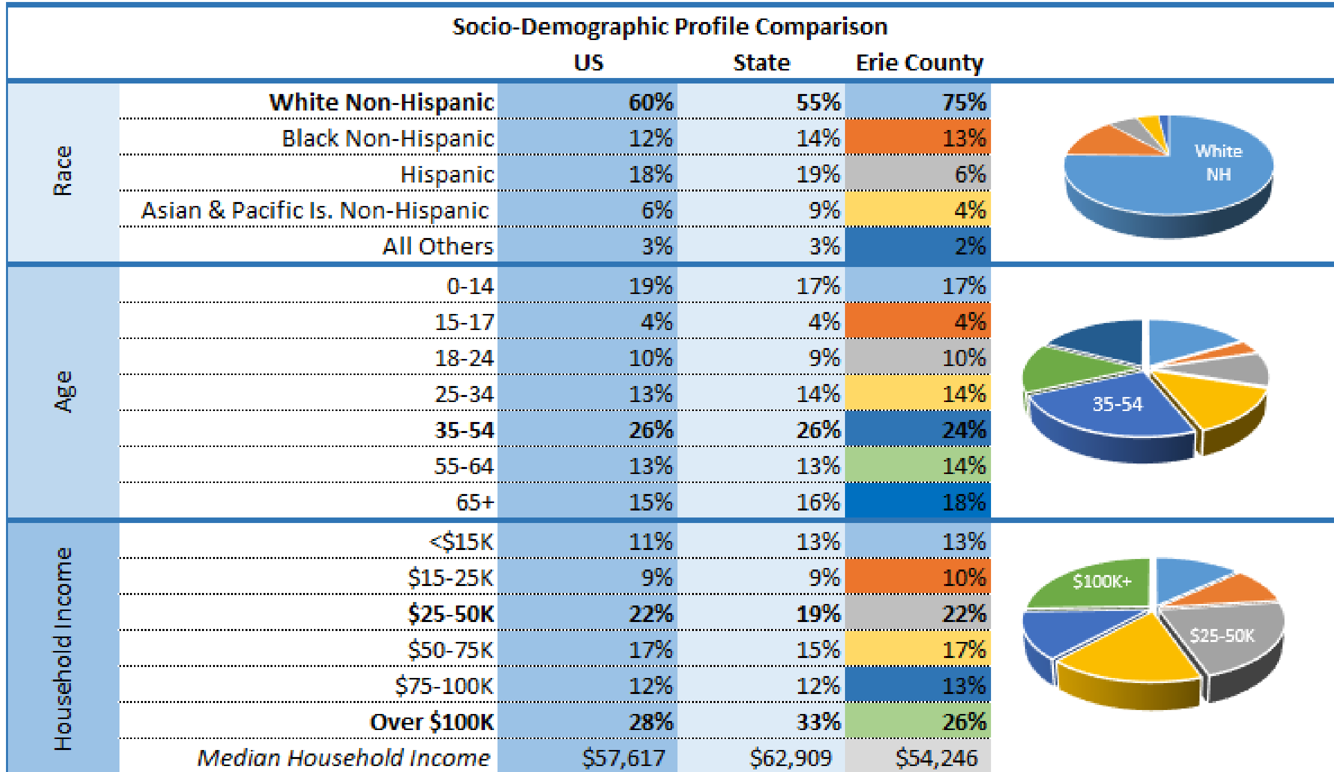
APPENDIX A: Area Demographics

Community Served- Details

Catholic Health serves the eight counties of Western New York. Erie County, the Catholic Health System's primary service area, consists of a mix of urban, suburban and rural populations. It includes the City of Buffalo, New York State's second largest city, surrounded by a ring of older suburbs, further encompassed by a ring of newly developed suburbs, with rural communities on the outskirts. The current population of Erie County is 926,507, with about 30% living in Buffalo. A demographic comparison of Erie County with New York State and the country is shown in Figure 1.

Source: Truven Health Analytics

Figure 1- Comparison of Current Population Characteristics (2018)

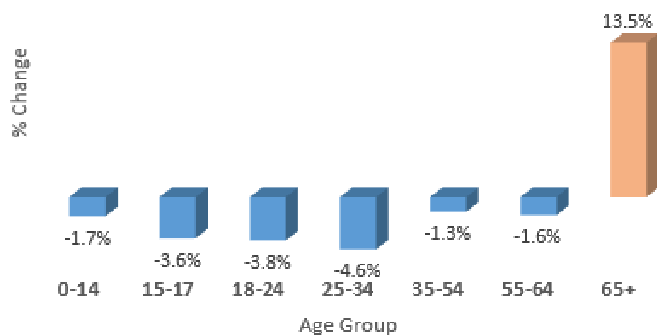


Socio-Demographic Profile Comparison

		US	State	Erie County
Race	**White Non-Hispanic**	**60%**	**55%**	**75%**
	Black Non-Hispanic	12%	14%	13%
	Hispanic	18%	19%	6%
	Asian & Pacific Is. Non-Hispanic	6%	9%	4%
	All Others	3%	3%	2%
Age	0-14	19%	17%	17%
	15-17	4%	4%	4%
	18-24	10%	9%	10%
	25-34	13%	14%	14%
	35-54	**26%**	**26%**	**24%**
	55-64	13%	13%	14%
	65+	15%	16%	18%
Household Income	<$15K	11%	13%	13%
	$15-25K	9%	9%	10%
	$25-50K	**22%**	**19%**	**22%**
	$50-75K	17%	15%	17%
	$75-100K	12%	12%	13%
	Over $100K	**28%**	**33%**	**26%**
	Median Household Income	$57,617	$62,909	$54,246

The median household income of Erie County is lower than that of the New York State and the country. The population of people over the age of 55 in the Erie County is 3% higher that of New York State and the United States. Erie County's population is projected to gradually increase between now and 2023, with the greatest increase expected in those ages 65 and older. Slight decreases in population can be seen in age groups 0-14, 15-17, 18-24 and 35-54. See Figure 2.

Figure 2 - Erie County Projected Population Change by Age Category 2018-2023



As noted in Figure 1, Erie County is less racially and ethnically diverse than areas outside of Western New York or the rest of the country. The non-White populations are concentrated in the City of Buffalo and surrounding areas. The eleven zip codes that comprise the City of Buffalo are densely populated with a non-White population of 50% or more. (See Figures 3 and 4).

Figure 3

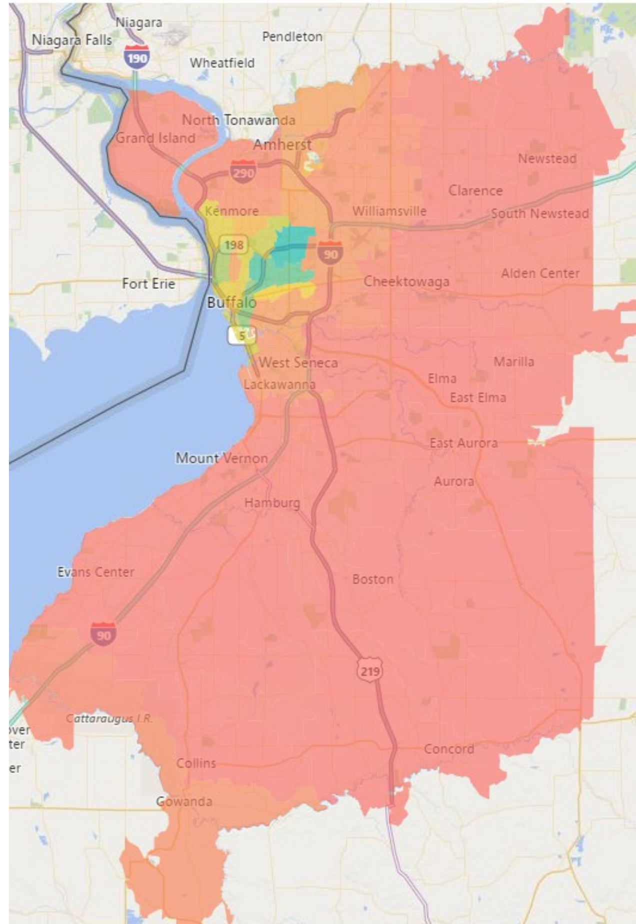


Figure 4

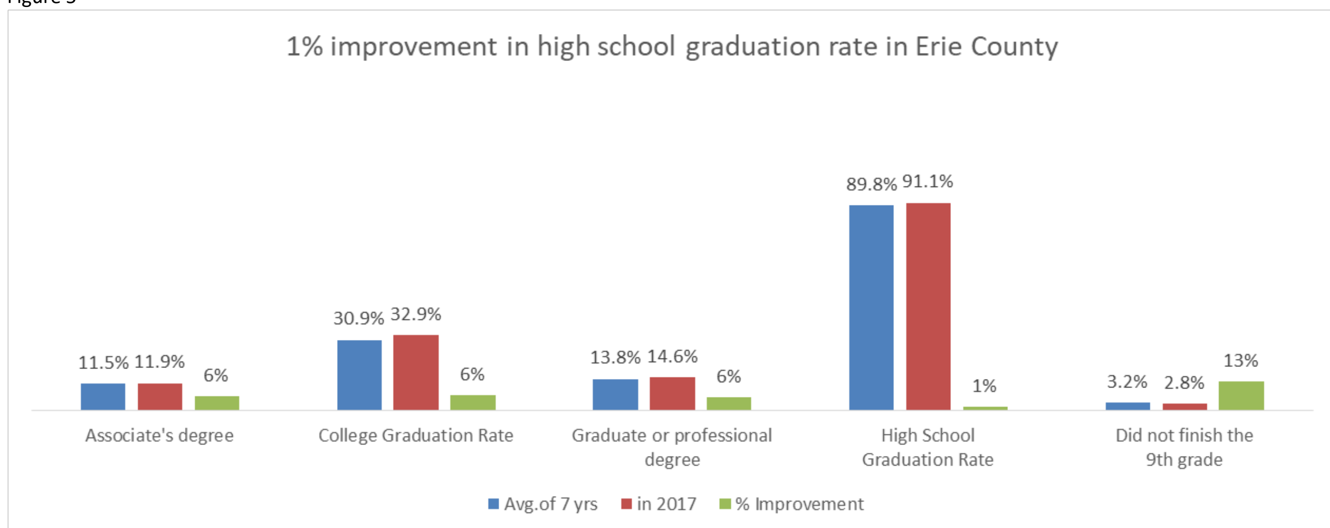
Economy

The economy of Erie County employs 442,651 people. The largest industries within the private sector in Erie County are healthcare and social assistance, retail trade, and educational services[2]. Top employers (in terms of number of employees) in the Buffalo-Niagara region as of March 2019 are as follows: Kaleida Health, Catholic Health, M & T Bank, Tops Markets, Seneca Gaming, Wegmans Food Markets, HSBC Bank, Roswell Park, GEICO and People Inc.[3] In 2017, unemployment in Buffalo (6.3%) was higher than that of Buffalo-Niagara Falls MSA (5.3%) and New York State (4.4%)[4] rates.

Education

According to the National Poverty Center[5], there is a clear association between education and health. In general, better educated individuals tend to have fewer incidences of disease. This is due to a variety of reasons: choices made related to one's health, access to proper healthcare, as well as having the means to a healthier lifestyle.

Figure 5



Source: Open Data Network

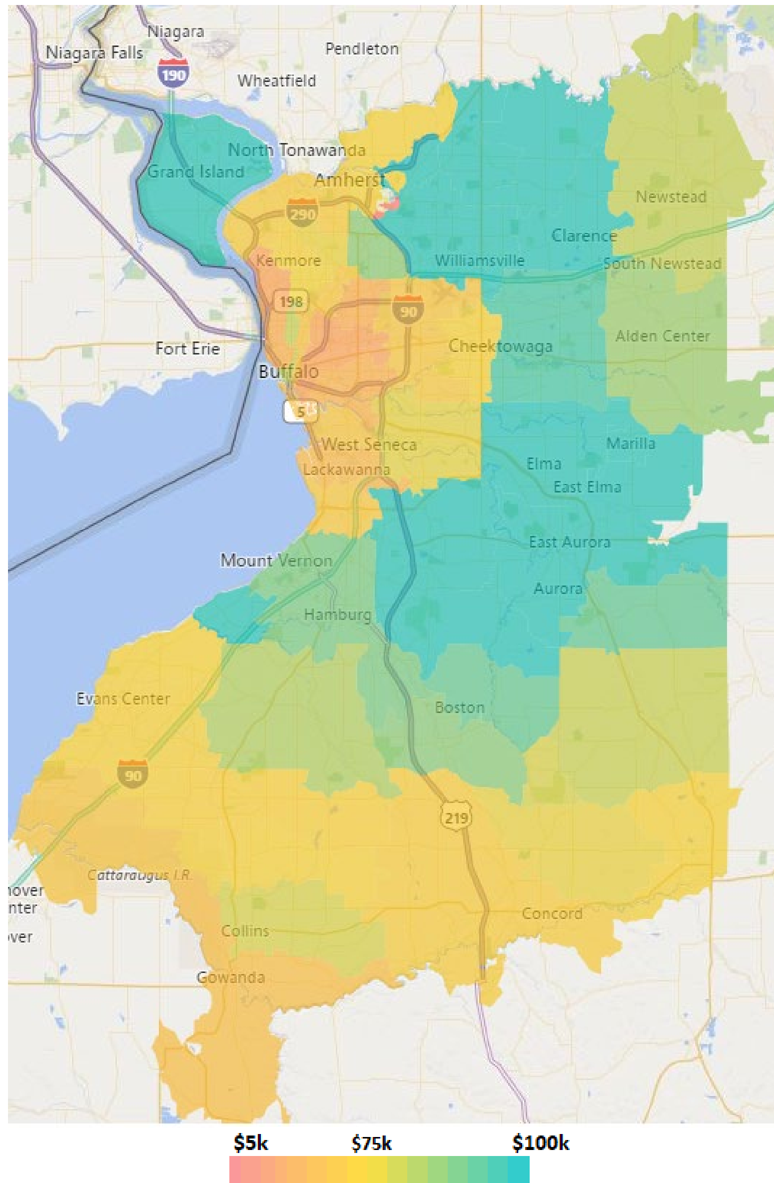
As shown in Figure 5, college graduation rate of Buffalo Metro area is 32.9% (in 2017) which is a 6% improvement over previous years. Although 2.80% of the population did not finish the 9th grade, it is a 13% improvement over previous years, which was 3.2%. Similarly, there is improvement in the number of people obtaining associate degrees as well as graduate or professional degrees.

[2] https://datausa.io/profile/geo/erie-county-ny/#economy
[3] https://buffaloniagara.org/resources/major-employers/
[4] Employment Data for Buffalo Niagara; https://ppgbuffalo.org/files/documents/economic_development/general/employment_data_for_buffalo-niagara.pdf
[5] http://www.bizjournals.com/buffalo/new/2014/12/18/new-york-state-releases-high-school-grad-rates-for.html

Income

An individual's health is also affected by his or her income level. According to a Commonwealth Fund report there is a strong correlation between low income and poor health and "the United States stands out for income-based disparities in patient experiences, with below-average income United States adults reporting the worst experiences." [6] In the United States, there is a health care gap between lower-income and higher-income groups, leading to income based disparities in access to care.[7] Within Erie County, the areas of lower-median household income are concentrated in the City of Buffalo indicated in the warm colors (See Figure 6).

Figure 6

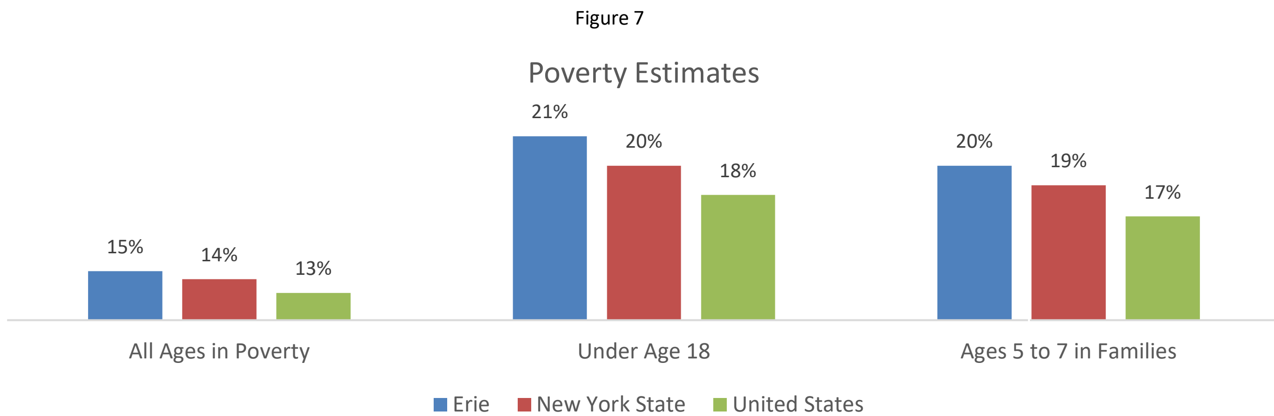


[6] http://www.commonwealthfund.org/Publications/Fund-Reports/2006/Apr/The-U-S--Health-Care-Divide-- Disparities-in-Primary-Care-Experiences-by-Income.aspx.

[7] National Poverty Center, Policy Brief #9, March 2007; http://www.npc.umich.edu/publications/policy_briefs/brief9/.

As seen in Figure 7, 15% of Erie County residents have an income below the poverty line. This is high compared to the numbers of the New York State (14%) and the US (13%). Also, Erie County has a high share of children below poverty and families with children aged between 5 and 7.

Figure 7



Source: United States Census Bureau – Small Area Income and Poverty Estimates

Socioeconomic Factors

Understanding the demographics of Erie County is important to gaining an understanding of the community's health needs. Low socioeconomic status groups are disproportionately affected by deterrents to better health, as can be seen from the Erie County Consumer Survey data presented in **Appendix C.**

Socioeconomic factors affecting access to care were discussed during focus groups. Participants recognized City of Buffalo neighborhoods are challenged with high rates of poverty, illiteracy, crime and poor access to primary care, when compared to suburban neighborhoods. Similarly, low-income families in rural areas throughout Erie County experience the same effect. Public transportation services are concentrated in the City of Buffalo and are not readily available to those living in the outer suburbs and rural areas of the county. Lack of access to transportation is a deterrent to good health.

Uninsured and Medicaid Recipients

In addition to the city of Buffalo being the area of Erie County with the greatest racial, ethnic, income and educational disparities, it is also where the county's uninsured and Medicaid populations are concentrated. (See Figures 8 and 9).

Figure 8

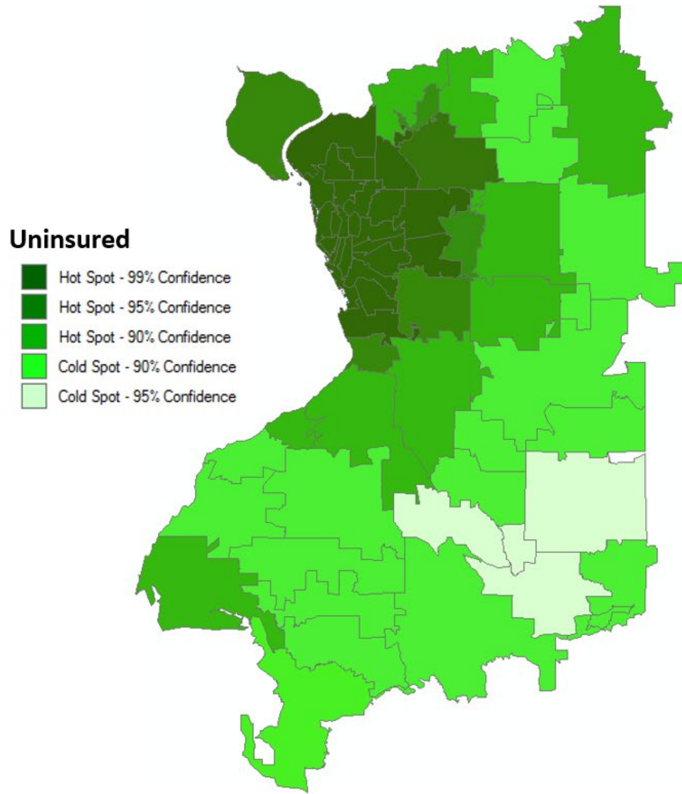
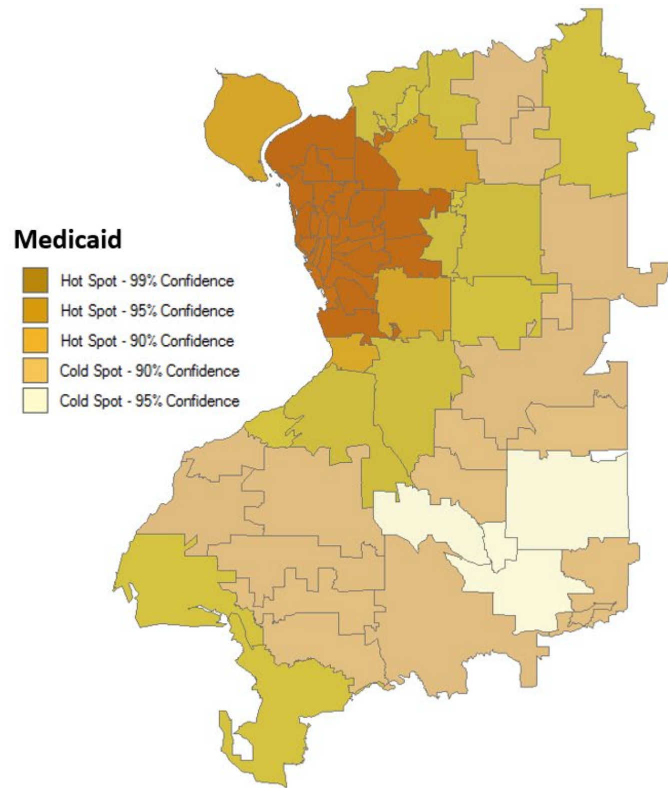


Figure 9



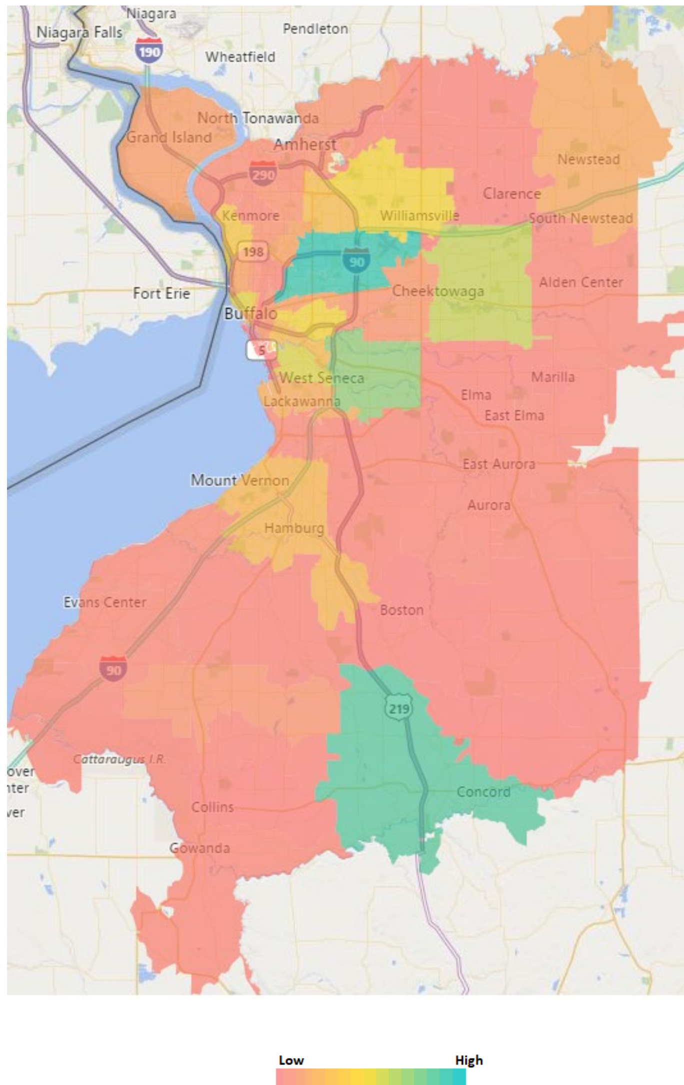
Source: Truven Health Analytics

Unemployment

Unemployment rate in Erie County, New York was 4.80% in January of 2019, according to the United States Federal Reserve. Historically, unemployment Rate in Erie County reached a record high of 9.30 in January of 2010 and a record low of 3.50 in October of 2018 (see Figure 10).

Unemployment leads to the inability to pay for medical care including medication. However, with the advent of health insurance exchanges, access to medical insurance will most likely not be as contingent to employment status, in the near future.

Figure 10



Low High

Source: 2018 Truven Health Analytics & the Nielsen Company

APPENDIX B: Catholic Health Community Organization Focus Groups Community Participation

Focus group participants represent a broad range of organizations serving various populations including those with HIV/AIDS, mental health disorders, drug addiction, and the poor and underserved in general.

Session 1: February 26, 2019 Location: Milliard Fillmore Hospital, Williamsville, New York
Melinda Cameron, UB/MD
Michelle Cordero, The Arc Erie County New York
Theresa Schiavoni, Kaleida Health – BGMC Primary Care Center
Kathy Bragagnola, Catholic Health System
Linda Capers-Wheeler, Kaleida Health (Geriatrics/Endo Diabetes Centers)
Julie Cicero, Kaleida Health - Towne Garden Pediatrics
Stephanie Valenzuela, Catholic Health System
Greisler Lisa, Visiting Nursing Association of Western New York

Session 2: March 13, 2019 Location: Trinity Center, Buffalo, New York
Gigi Grizanti, Western New York Veterans Housing Coalition, Inc.
Howard Hitzel, BestSelf Behavioral Health
Marlene Schillinger, Jewish Family Services
Holly Franz, Crisis Services

Session 3: March 21, 2019 Location: Catholic Health Associate Regional Training Center, Buffalo, New York
LuAnne Brown, Buffalo Prenatal Perinatal Network
Theresa Drum, Parent Network of Western New York
Kim Hernandez, Parent Network of Western New York
Jennifer Sullivan, American Lung Association
Justin King, American Lung Association
Eugenia Washington, Kaleida Health- BGMC PrimaryCare Center
Linda Nagy Patient, Kaleida Health- BGMC Primary Care Center

Session Summary of Key Findings
The purpose of the focus groups was to listen to the knowledge of leaders that work with specific populations that we may have difficulty engaging.

Theme I: Access to Care

Providing adequate and cost-effective care to the population of Erie County was a major topic of discussion among the stakeholders of the sessions. According to the stakeholders, getting access to care involves ensuring that the people of the community are healthy. To the group, a healthy community is not only about knowing the concerns of the community but also ensuring that the people in the community know where resources and health support services are located, as well as the hospitals providing promotional materials that the people can easily access to find services. One stakeholder said, "***accessibility is a problem, if patients need to get in, and there is no appointment spot available for months, that affects the patient's ability to access care***." As result of patients not being able to get an appointment, some turn to other alternatives such as using the emergency department – "***we have a lot of patients that use emergency department for routine care/checkup***".
The discussion also centered on having a health care system in our community that is responsible, transparent to its patients, and ethical- the services according to the stakeholders must be inclusive (including eliminating

all barriers and challenges such as language and culture) and being more culturally aware. For instance, one stakeholder was quoted saying "***we have heard a lot of people/patients saying, 'I do not see my doctor because I do not feel comfortable – culturally and lack of language translators'"***.

Access to care for some of the stakeholders meant addressing social determinants of health and advocating for the most vulnerable population. For instance, ensuring that our residents and patients have access to a safe environment to live in, play in and grow in, with a stakeholder stating, "***without a stable housing environment, you are not going to worry about going to the doctor***." Access to care for some stakeholder meant, keeping people healthy and keeping them out of the hospital- creating a better quality of care. Finally, all the stakeholders agreed that access to care should center on connecting people with resources and available resources in the community.

Theme II: Care Coordination & Navigation

Most of the stakeholders work with organizations that serve people from different population including the elderly/senior, refugees, children/pediatric, domestic violence victims, and people with substance use disorders and mental health issues. And for these people, coordinating and navigating the care of their patients can sometimes be very difficult and challenging, especially when it comes to patients first going to the hospital before coming to one of the outpatient centers. One behavioral health stakeholder stated, "***the hospitals are the first place for people with mental health and behavioral health issues to encounter, but most are lost in transition because the hospitals to community-based linkages is sometimes lacking".***

Getting access to care navigators, care coordinators, social workers and community health workers was a great desire of the stakeholders. The stakeholders believed that access to these health care professionals can be great addition to their work in improving the health of their population. One stakeholder indicated that her unit "***has had challenges acquiring social workers for geriatric department***." To her and majority of the people in the session, these professionals often can navigate patients through the complex and sometimes difficult health systems. In stakeholder's opinion, each patient that is presented to the hospital or any of the affiliate centers should be provided a care coordinator who is going to assist the patient in throughout his or her health care journey.

The stakeholders discussed seeing patients who have been discharged from the hospital and have been referred to their center, but the patients show up with no knowledge of what procedure or treatment they are there for. For these stakeholders, without the proper navigation of the Catholic Health System, the patients come in confused and sometimes not in compliance- "***they are considered noncompliant because the patients do not know what to do when they are discharged***." Stakeholders (primarily the Buffalo Prenatal and Perinatal Network) discussed their interest in collaborating with both health systems to have their staff in the hospitals and connect with patients before the patients leave the hospitals. For instance, the chief executive officer of Buffalo Prenatal stated that "***we have access to Sisters of Charity Hospital and Erie County Medical Center, but we can strengthen that connection- we should have rounds in the neonatal intensive care unit and with social workers to identify potential patients for our program because we are the arm into the community beyond the reach of the hospital***".

Theme III: Barriers and Challenges

For most of the stakeholders, their greatest challenge and barrier to serving patients effectively was language and cultural barrier. For these stakeholders, getting access to competent language interpreters and translators to serve their patients were highly difficult at times. Most of the stakeholders were quoted as saying, "***there is a significant lack of experienced translators and interpreters***." Another stakeholder was quoted saying, "***language barrier is a tremendous problem. Clinics that accept Medicaid are supposed to have language line, but this isn't happening. If we did have language line, or someone translating, I think it would make people want to go to the doctor more. A lot of West side people have depression, anxiety, but do not seek care. There are still cultural barriers to care. Same goes for refugee population. Hispanic or Latino/refugee population has language barriers***".

The stakeholders discussed systems providing literacy and cultural competency trainings to their staff and health care professionals. These stakeholders serve several patients who cannot speak or read English- therefore, the training should include: (1) how health care professionals can talk to patients- not being condescending and explaining things clearly; (2) sensitivity and cultural competency trainings could be a useful tool when it comes to reaching the most vulnerable population.

There was significant discussion on the shortage of providers for the geriatric and behavior health population. For the geriatric population, taking care of themselves can be difficult and challenging, therefore, they must depend on others to receive care. Those that serve the geriatric population discussed that over the years, they have seen noticeable decrease in providers. One stakeholder shared that in her department, "***they have lost 3 geriatricians in the past year and a half***." The stakeholder indicated that the reason for this turnover is because the "***quality of life of the physician is low***", therefore, there is "***no motivation for the providers to stay***". According to the stakeholders, another group of people who are experiencing shortage of providers are those of the intellectual disability disorder population. It is often difficult to find a provider who has significant experience in treating and seeing intellectual disability disorder individuals.

Additional challenges identified by the stakeholders include: lack of education on trauma-informed care; not enough suicide assessments; the lack of community-based centers that can be used by patients as alternates to going to the hospital and emergency department for everything; no system in place for behavioral organizations to share patient information; and providing transportation to patients who cannot afford it (especially those who are not on Medicaid).

Theme IV: Establishing Programs to Address Issues

Though some of the discussion centered on resources and barriers to health care access, the stakeholders also discussed the tremendous work they are doing, along with the collaborations and partnerships they have established with the health systems. For the behavioral health organizations, the establishment of the Behavioral Health Coordinated Care system, as initiated by the state, has given them a powerful tool to assist them in sharing patient information to improve patient health. This system will allow behavioral health organizations to track and monitor the movement of patients as they travel through multiple health systems.

To combat the issue of patients always using the emergency department or hospital for behavioral health services, BestSelf as an organization has established a community behavioral health clinic that acts as an alternative for patients – this establishment has a nurse on staff, with mental health and substance use counseling, crisis intervention, peer services and psych rehab to offer people the alternatives they need.

Additional efforts include organizations such as BestSelf training all employees on cultural competency, as well as providing staff monthly workshops to develop skills to identify issues. The Jewish Family Service has been

providing bridge trainings to their board members. Also, the Crisis Services provides a coach, advisor or case manager to patients to assist them in coordinating their health care needs. The Crisis Services also provides trauma-informed care training and mental health first aid training to all employees. Kaleida Health has a Mobile Outreach Program as part of their Children Psychiatry Clinic. This program is an in-home mental health treatment program designed for at high-risk youth individuals who are unable to access traditional outpatient service. Moreover, the program provides patient and family centered care in the home environment with the goal of reintegration back into an outpatient community level of care. BestSelf has mobile clinics that bring services to people who cannot attend appointments. The Jewish Family Service further provides in home mental health services for the elderly and the senior population. The organization also provides mental health first aid trainings to the general population and staff**.**

The stakeholders (in the third session) praised the Catholic Health System for keeping their pulmonary rehab center open when several organizations in the community has closed their centers. The Parent Network of Western New York has a great collaboration and partnership with Kaleida Health in establishing a screening and alert system that can inform providers about patient special needs. To address the issue of patient navigation, the Buffalo Prenatal and Perinatal Network is working with New York State Department of Health to establish a centralized intake system pilot project. This system will give providers the ability to call one number and receive stored patient information collected from multiple organizations as it may relate to patient referral.

There are other important programs that have been implemented by some of the stakeholders who attended the discussion. These implemented programs include smoking cessation support programs, the Better Breathers Program (established by the American Lung Association) to support patients undergoing pulmonary rehab, providing support to new mothers with trainings in breastfeeding support, along with trainings on how to address depression in mothers, as well as deploying social workers and community health workers to patient homes to assess the living conditions of new mothers and mothers with children with asthma conditions, providing education on perinatal trauma, engaging patients to assist in developing a 1-page factsheet with their most important health information for healthcare professionals, and most importantly improving ways in which community based organizations can partner and collaborate with the health systems on future projects.

APPENDIX C: Community Health Needs Assessment Survey Analysis and Results

Catholic Health, in collaboration with Erie County, local hospital systems and community partners surveyed a representative sample of Erie County residents regarding health status and needs. The survey was developed and designed by Erie County Department of Health and key community partners. The finalized survey was distributed to locations throughout Erie County and posted on the county website between December 2018 – April 15, 2019. Table 1 shows the various locations throughout the county that the survey was distributed.

Table 1. Locations of Survey Distribution

Location	Zip Code	Paper Copies	Emailed/Posted/ Social Media
3 County Hospital Webpages			x
Adolf's Old First Ward Tavern	14204	x	
Alba de Vida	14201	x	
Bertrand Chafee Hospital	14141	x	x
Buffalo Research Registry			x
Catholic Health Hospital Webpage			x
Clarence Community Center	14031	x	
Cooks Bar & Grill	14210	x	
Eastern Hills Mall	14221	x	
EC Dept. of Social Services	14202	x	
EC DMV (Downtown Location)	14202	x	
Eden/North Collins Food Pantry	14111	x	
Erie County Website			x
Faith Community Nurse Group			x
Ford Motor Plant	14219		x
Galleria Mall	14225	x	
Great Lakes Dental Tech	14150	x	x
Hispanics United	14201	x	
Independent Health Medicaid Member Engagement	14221,14127,14043		x
Kaleida Health Employee Newsletter			x
Kaleida Health Public Website			x
LK Painter Community Center	14034	x	
Main Place Mall	14202	x	
Mercy Hospital Emergency Room	14220	x	
Native American Community Services	14207	x	
Springville Auction & Farmers' Market	14141	x	
Springville/Concord Food Pantry	14141	x	
St. Joseph Emergency Room	14225	x	
St. Luke's Mission of Mercy	14211	x	
St. Paul AME Zion Church	14210	x	
Tops in Depew	14043	x	
Tops in Derby	14047	x	
Univera Healthcare			x

Data Analysis

Microsoft Excel and PSPP a free software application used for analyzing sampled data that is similar to IBM SPSS Statistics were used to analyze survey data. Truven analytics was used to divide Erie County into urban and rural/suburban sub-markets based on geography and population density. These submarkets where then used to group the survey data in Excel. A p value of <0.05 was considered significant.

Demographics

The demographics of the survey respondents was compared to 2018 Truven analytics data. Overall, the survey data mirrored the demographics of the actual market in the categories of age, income and race; however, the educational level of survey respondents was higher than that of the actual market. Comparisons are shown in Figure 1.

Figure 1. Survey Respondents v. Truven Analytics

Erie County was broken into the following suburban and rural submarkets: a) Erie North West; b) Erie North East; c) Erie Central; d) Erie South West; e) Erie South East. Figure 2 displays where geographically these regions were located and Table 2 shows the respective demographics of these selected areas. The urban center of Erie County was broken into the following submarkets: a) Buffalo West; b) Buffalo North Central; c) Buffalo East and d) Buffalo South. Figure 3 displays these regions geographically and Table 3 shows the respective demographics.

Figure 2. Suburban and Rural Submarkets. Erie County was broken into the following suburban and rural submarkets: a) Erie North West; b) Erie North East; c) Erie Central; d) Erie South West; e) Erie South East

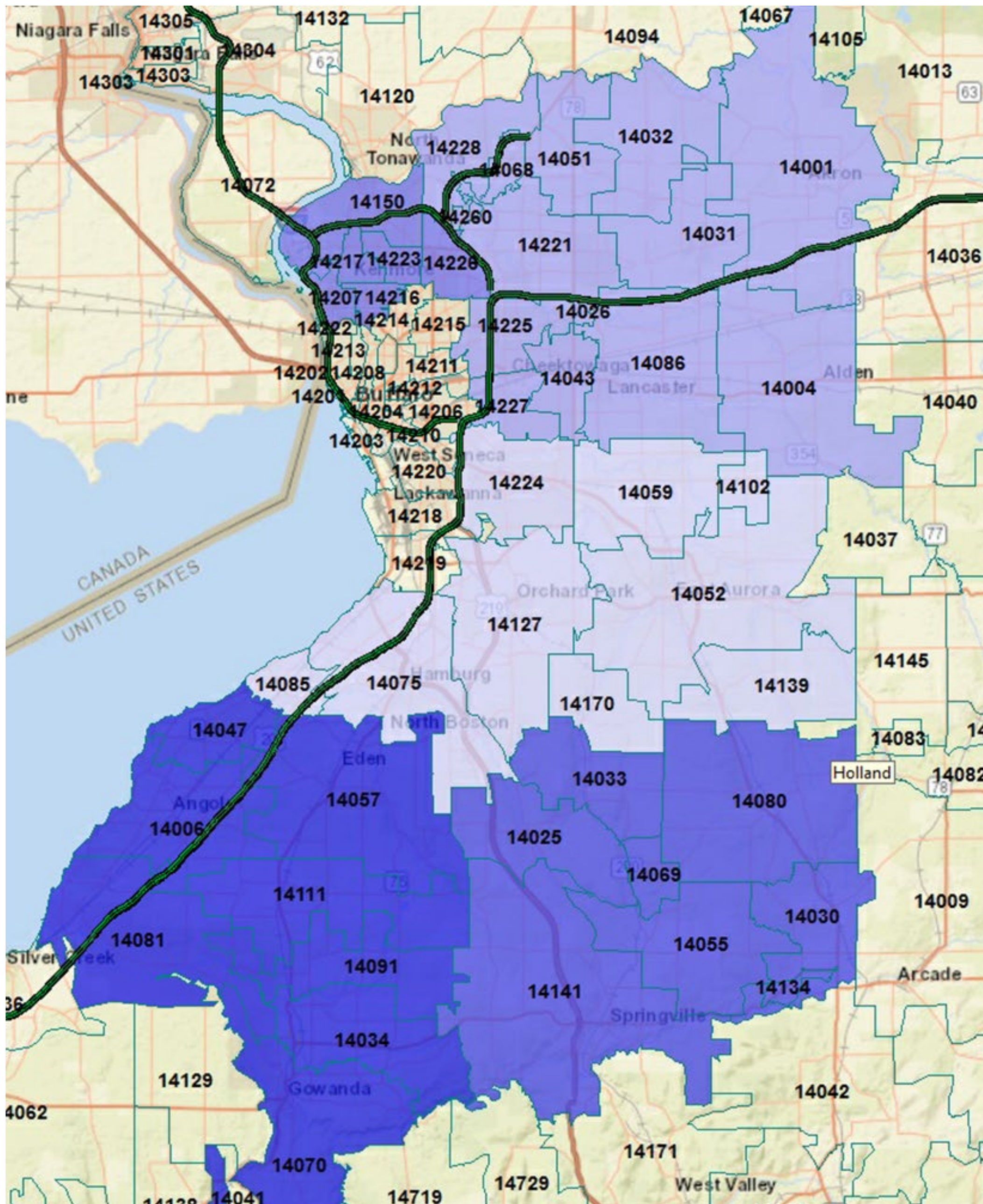


Table 2. Rural and Suburban Submarket Demographics

Variable	Erie Central 2018	Erie Central 2023	Erie Central %Change	Erie North East 2018	Erie North East 2023	Erie North East %Change	Erie North West 2018	Erie North West 2023	Erie North West %Change	Erie South East 2018	Erie South East 2023	Erie South East %Change	Erie South West 2018	Erie South West 2023	Erie South West %Change
DEMOGRAPHIC CHARACTERISTICS															
Total Population	154,555	156,600	1.3%	267,594	271,978	1.6%	160,095	159,291	-0.5%	21,499	21,537	0.2%	41,912	42,001	0.2%
Total Male Population	74,753	75,713	1.3%	129,418	131,544	1.6%	76,725	76,535	-0.2%	10,777	10,759	-0.2%	22,087	22,111	0.1%
Total Female Population	79,802	80,887	1.4%	138,176	140,434	1.6%	83,370	82,756	-0.7%	10,722	10,778	0.5%	19,825	19,890	0.3%
Females, Child Bearing Age (15-44)	26,049	26,726	2.6%	48,635	49,519	1.8%	31,797	31,011	-2.5%	3,570	3,603	0.9%	6,713	6,756	0.6%
Average Household Income	$94,683			$91,901			$70,523			$77,896			$72,525		
POPULATION DISTRIBUTION															
Age Distribution															
0-14	23,467	22,987	-2.0%	40,007	39,405	-1.5%	27,161	26,798	-1.3%	3,480	3,392	-2.5%	6,372	6,267	-1.6%
15-17	5,920	5,410	-8.6%	9,725	9,302	-4.3%	5,443	5,486	0.8%	836	761	-9.0%	1,476	1,368	-7.3%
18-24	12,861	12,561	-2.3%	27,820	27,124	-2.5%	12,687	12,185	-4.0%	1,820	1,760	-3.3%	3,576	3,407	-4.7%
25-34	18,344	19,534	6.5%	33,664	34,385	2.1%	24,267	20,747	-14.5%	2,505	2,707	8.1%	5,844	6,035	3.3%
35-54	37,059	34,367	-7.3%	63,426	61,014	-3.8%	39,941	41,468	3.8%	5,387	4,765	-11.5%	10,814	10,017	-7.4%
55-64	24,720	25,032	1.3%	38,794	39,413	1.6%	22,221	20,774	-6.5%	3,576	3,641	1.8%	6,648	6,645	0.0%
65+	32,184	36,709	14.1%	54,158	61,335	13.3%	28,375	31,833	12.2%	3,895	4,511	15.8%	7,182	8,262	15.0%
HOUSEHOLD INCOME DISTRIBUTION															
Total Households	64,263	65,678	2.2%	109,660	112,208	2.3%	72,572	72,885	0.4%	8,765	8,867	1.2%	15,964	16,118	1.0%
2018 Household Income															
<$15K	3,888	6.1%		9,457	8.6%		9,431	13.0%		662	7.6%		1,497	9.4%	
$15-25K	4,925	7.7%		8,721	8.0%		7,693	10.6%		688	7.8%		1,617	10.1%	
$25-50K	11,772	18.3%		21,212	19.3%		16,262	22.4%		2,096	23.9%		3,429	21.5%	
$50-75K	10,911	17.0%		18,060	16.5%		12,898	17.8%		1,705	19.5%		3,027	19.0%	
$75-100K	9,601	14.9%		15,348	14.0%		10,025	13.8%		1,271	14.5%		2,474	15.5%	
Over $100K	23,166	36.0%		36,862	33.6%		16,263	22.4%		2,343	26.7%		3,920	24.6%	
EDUCATION LEVEL															
Pop Age 25+	112,307			190,042			114,804			15,363			30,488		
2018 Adult Education Level Distribution															
Less than High School	1,965	1.7%		3,786	2.0%		3,470	3.0%		235	1.5%		918	3.0%	
Some High School	4,286	3.8%		8,004	4.2%		6,826	5.9%		820	5.3%		2,132	7.0%	
High School Degree	31,135	27.7%		52,268	27.5%		29,570	25.8%		5,916	38.5%		11,890	39.0%	
Some College/Assoc. Degree	35,201	31.3%		54,501	28.7%		35,182	30.6%		4,754	30.9%		9,500	31.2%	
Bachelor's Degree or Greater	39,720	35.4%		71,483	37.6%		39,756	34.6%		3,638	23.7%		6,048	19.8%	
RACE/ETHNICITY															
2018 Race/Ethnicity Distribution															
White Non-Hispanic	147,221	95.3%		228,251	85.3%		122,498	76.5%		20,633	96.0%		35,668	85.1%	
Black Non-Hispanic	1,071	0.7%		12,542	4.7%		13,800	8.6%		89	0.4%		1,504	3.6%	
Hispanic	3,064	2.0%		6,626	2.5%		12,698	7.9%		327	1.5%		1,592	3.8%	
Asian & Pacific Is. Non-Hispanic	1,484	1.0%		15,086	5.6%		6,314	3.9%		136	0.6%		140	0.3%	
All Others	1,715	1.1%		5,089	1.9%		4,785	3.0%		314	1.5%		3,008	7.2%	

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Figure 3. Urban Submarkets. The urban center of Erie County was broken into the following submarkets: a) Buffalo West; b) Buffalo North Central; c) Buffalo East and d) Buffalo South.

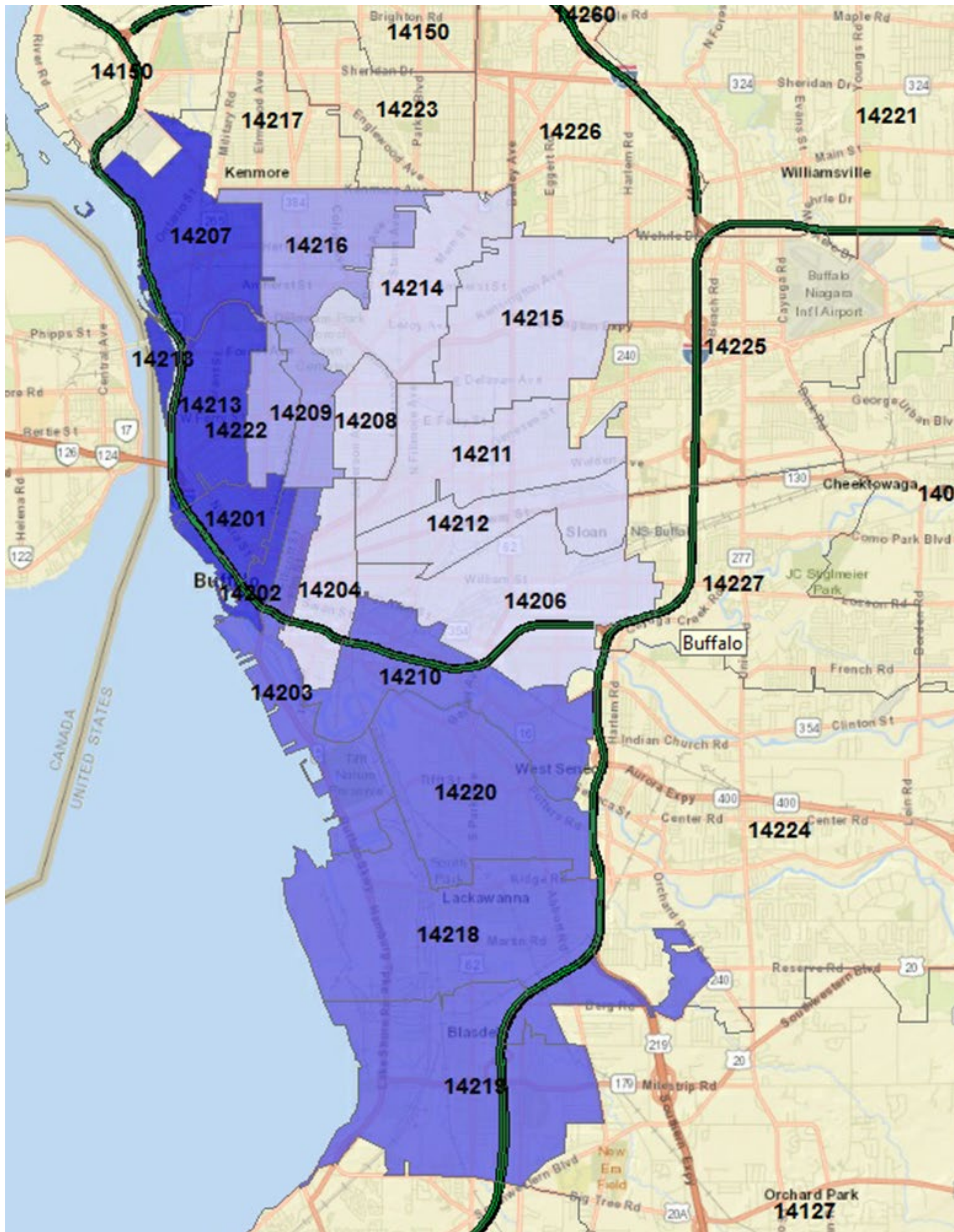

Table 3. Urban Submarkets Demographics.

Variable	Buffalo East 2018	Buffalo East 2023	Buffalo East %Change	Buffalo North Central 2018	Buffalo North Central 2023	Buffalo North Central %Change	Buffalo South 2018	Buffalo South 2023	Buffalo South %Change	Buffalo West 2018	Buffalo West 2023	Buffalo West %Change
DEMOGRAPHIC CHARACTERISTICS												
Total Population	128,990	127,648	-1.0%	41,084	40,675	-1.0%	70,230	69,901	-0.5%	64,274	64,309	0.1%
Total Male Population	60,685	60,355	-0.5%	20,128	19,941	-0.9%	34,316	34,251	-0.2%	31,799	31,841	0.1%
Total Female Population	68,305	67,293	-1.5%	20,956	20,734	-1.1%	35,914	35,650	-0.7%	32,475	32,468	0.0%
Females, Child Bearing Age (15-44)	28,003	27,439	-2.0%	9,472	8,974	-5.3%	13,939	13,641	-2.1%	14,933	14,568	-2.4%
Average Household Income	$46,460			$74,570			$58,715			$46,344		
POPULATION DISTRIBUTION												
Age Distribution												
0-14	24,877	24,220	-2.6%	5,773	5,667	-1.8%	13,356	13,296	-0.4%	14,243	14,121	-0.9%
15-17	5,476	5,261	-3.9%	1,131	1,183	4.6%	2,479	2,619	5.6%	2,624	2,666	1.6%
18-24	15,632	14,622	-6.5%	3,231	2,970	-8.1%	5,387	5,330	-1.1%	7,382	7,150	-3.1%
25-34	19,018	17,723	-6.8%	7,994	6,418	-19.7%	10,787	8,887	-17.6%	10,925	9,390	-14.1%
35-54	29,184	29,685	1.7%	11,230	12,132	8.0%	18,067	18,568	2.8%	15,566	16,615	6.7%
55-64	16,552	15,423	-6.8%	5,325	4,964	-6.8%	9,295	9,021	-2.9%	6,793	6,524	-4.0%
65+	18,251	20,714	13.5%	6,400	7,341	14.7%	10,859	12,180	12.2%	6,741	7,843	16.3%
HOUSEHOLD INCOME DISTRIBUTION												
Total Households	55,052	54,939	-0.2%	21,283	21,255	-0.1%	31,250	31,435	0.6%	27,149	27,454	1.1%
2018 Household Income												
<$15K	14,516	26.4%		3,399	16.0%		4,399	14.1%		7,560	27.8%	
$15-25K	8,126	14.8%		2,057	9.7%		4,134	13.2%		4,240	15.6%	
$25-50K	14,141	25.7%		4,493	21.1%		8,357	26.7%		6,713	24.7%	
$50-75K	7,793	14.2%		3,638	17.1%		5,704	18.3%		3,780	13.9%	
$75-100K	4,765	8.7%		2,691	12.6%		3,626	11.6%		2,020	7.4%	
Over $100K	5,711	10.4%		5,005	23.5%		5,030	16.1%		2,836	10.4%	
EDUCATION LEVEL												
Pop Age 25+	83,005			30,949			49,008			40,025		
2018 Adult Education Level Distribution												
Less than High School	3,922	4.7%		932	3.0%		1,869	3.8%		4,256	10.6%	
Some High School	10,027	12.1%		1,817	5.9%		4,629	9.4%		5,184	13.0%	
High School Degree	25,533	30.8%		5,207	16.8%		17,664	36.0%		10,607	26.5%	
Some College/Assoc. Degree	28,458	34.3%		8,228	26.6%		15,480	31.6%		10,476	26.2%	
Bachelor's Degree or Greater	15,065	18.1%		14,765	47.7%		9,366	19.1%		9,502	23.7%	
RACE/ETHNICITY												
2018 Race/Ethnicity Distribution												
White Non-Hispanic	39,304	30.5%		27,151	66.1%		56,010	79.8%		23,723	36.9%	
Black Non-Hispanic	74,030	57.4%		7,964	19.4%		5,138	7.3%		12,268	19.1%	
Hispanic	6,914	5.4%		3,449	8.4%		6,370	9.1%		19,128	29.8%	
Asian & Pacific Is. Non-Hispanic	4,873	3.8%		1,072	2.6%		682	1.0%		6,315	9.8%	
All Others	3,869	3.0%		1,448	3.5%		2,030	2.9%		2,840	4.4%	
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Due to the sample size, the submarkets were further clustered into Buffalo (Buffalo East, Buffalo North Central, Buffalo South and Buffalo West); Northtowns (Erie North East, Erie North West); Southtowns (Erie Central, Erie South West and Erie South East). The distribution of survey responses can be seen in Table 4 below.

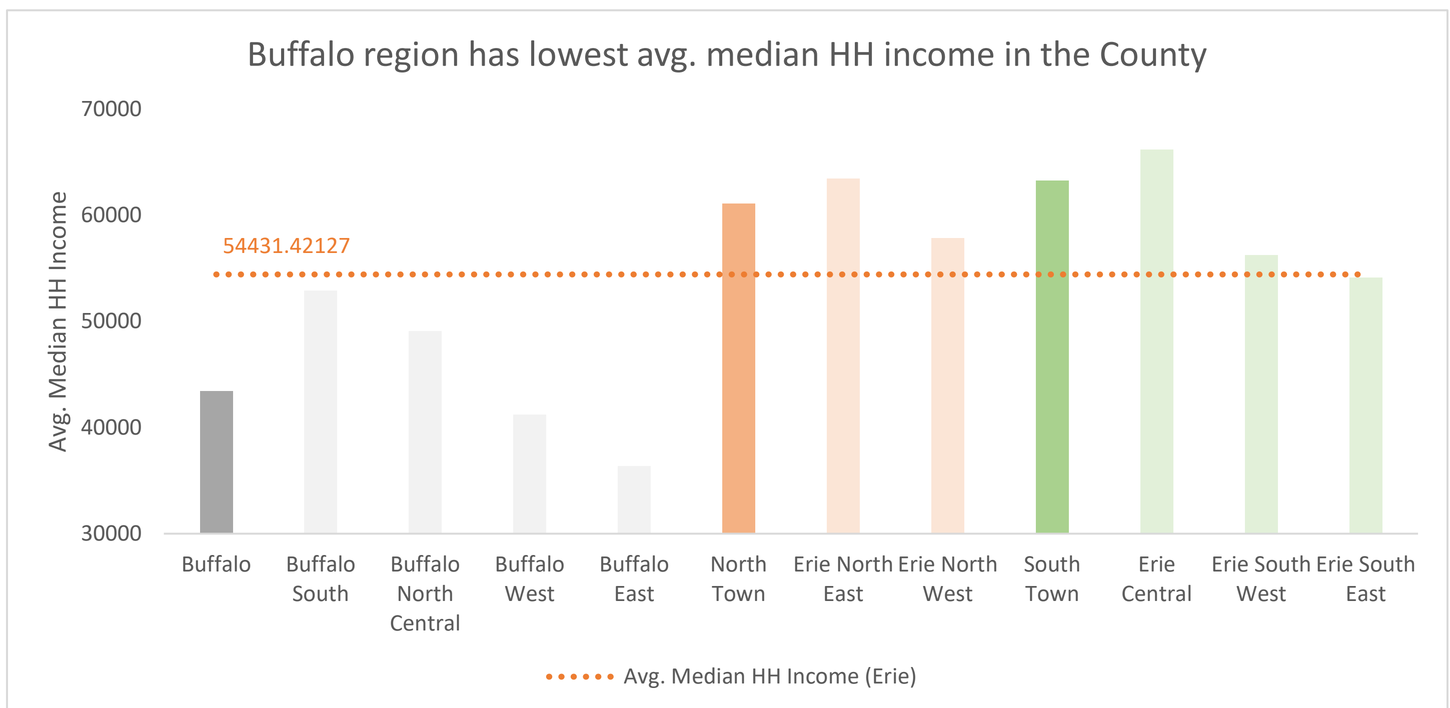
Table 4. Distribution of Survey Responses by region

Sub-Market	# of Responses	% of Net Total
Buffalo	690	40%
Northtowns	630	37%
Southtowns	405	23%
Less: others *	*-148*	
Total	**1,725**	**100%**

* Respondents outside of Erie excluded from analysis

Income was analyzed by original and refined submarket. The Buffalo region in addition to having the lowest average median household income also had the widest range across submarkets when compared to the North and South town regions. Figure 4 displays this.

Figure 4. Household income by region.



Furthermore, the demographic profile of survey respondents from the sub-regions (Buffalo, Northtowns, Southtowns) was compared to the actual demographic profile of the region, provided by Truven Analytics. In all of the sub-regions, the survey data followed reported demographic trends in the areas of: age, income and race. However, survey respondents reported higher education attainment than that of the actual data supplied by Truven.

Access to Medical Care

The survey asked the following question regarding access to medical care: "In the past year, was there any time that you needed medical care but could not, or did not get it?" YES/NO. Responses to the question are displayed by region in Table 5.

Table 5. Access to medical care by submarket

Total Responses By Region	Distribution of those indicating "YES"	Number of "YES" responses by submarket
Buffalo (40%)	126 or 57%	East = 58 West = 31 South = 24 No. Central = 13
Northtowns (37%)	60 or 27%	No. East = 31 No. West = 29
Southtowns (23%)	36 or 16%	Central = 24 So. East = 9 So West = 3
Total = 1,725	222 or 13% of all respondents	

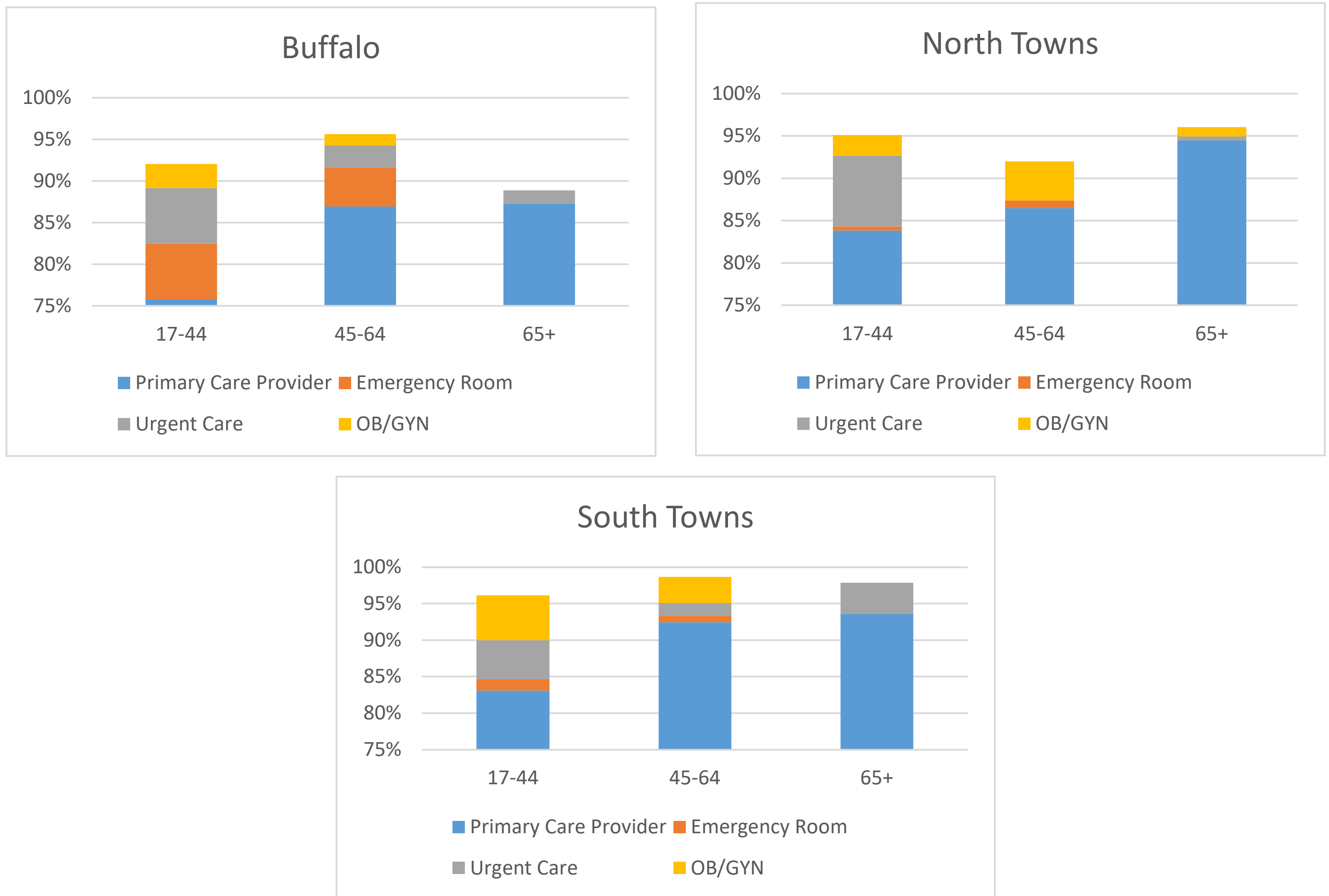
Respondents who answered yes, were also asked to further identify the reasons why they could not access medical care. The top reasons by sub-region are identified in Table 6.

Table 6. Reasons respondents could not obtain medical care by sub-region.

Region	Couldn't get Appointment	Cost (with insurance)	Weren't open	Cost (w/o insurance)	No time off from work	Transportation
Buffalo	45%	49%	42%	65%	52%	71%
North Town	32%	26%	29%	20%	24%	13%
South Town	14%	19%	20%	8%	20%	7%
Total Responses	66	65	60	47	44	41

Respondents were also asked "Where do you usually seek medical care?" Figure 5 shows the breakdown of responses by age group, region and site of medical care. It is noted that Buffalo residents use the emergency department more frequently as their primary source of care, compared to the two other sub-regions.

Figure 5. Usual site of medical care by age and region.



Respondents were also asked to identify their top three sources of medical information. Figure 8 shows the top sources for all of Erie County and Table 7 shows the breakdown by sub-region.

Figure 6. Source of Medical Information

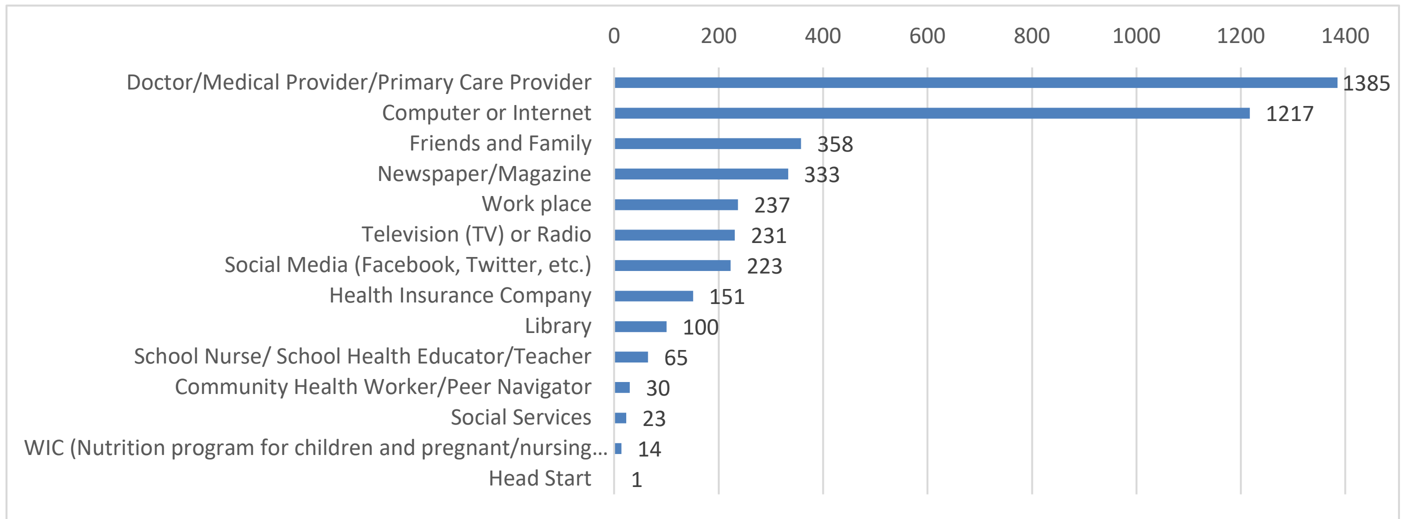


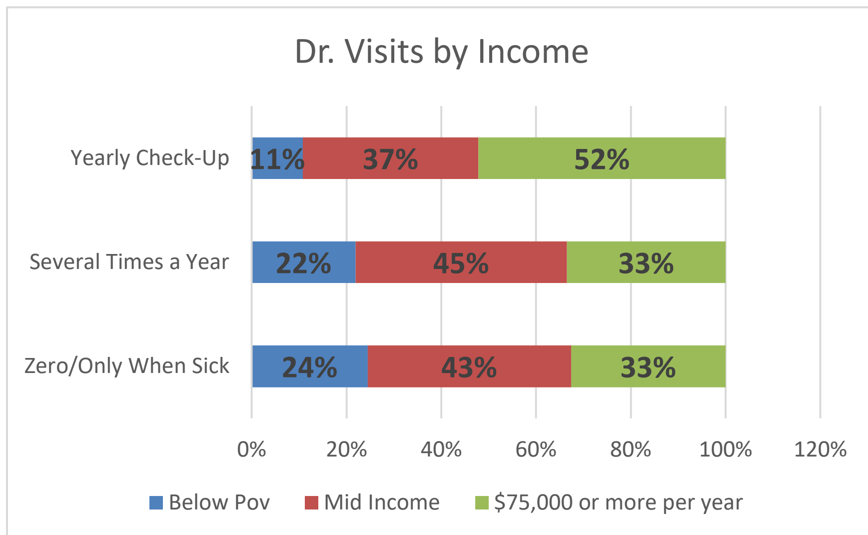
Table 7. Source of information by region.

Sources	South Towns	North Towns	Buffalo
Doctor/Medical Provider/Primary Care Provider	32%	31%	32%
Computer or Internet	31%	30%	25%
Newspaper/Magazine	9%	8%	7%
Friends and Family	8%	8%	9%
Work place	5%	7%	x
Social Media (Facebook, Twitter, etc.)	x	x	6%

*Respondents could choose more than one answer

Another question asked was: "**How often do you see your primary care provider (doctor/nurse practitioner/physician's assistant)**?" The responses were analyzed by income, race, gender and region. Figure 7 shows the breakdown by income. As income increases, so does the likelihood of going for a yearly checkup, or visiting the doctor's office several times a year. The inverse is true for those below the poverty line. Mid-income people have the highest rate of only going to the doctor when they are sick, or not at all.

Figure 7 Doctor visits by income



Food Insecurity

Food insecurity is defined according to Healthy People 2020 as "the disruption of food intake or eating patterns because of lack of money and other resources." in the Community Health Needs Assessment survey, respondents were asked **"Within the past 12 months we worried whether our food would run out before we got money to buy more (choose 1- often true, sometimes true, never true)."** A logistic regression was used to look at the increased odds of individuals expressing food insecurity. Table 8 displays the results of the analysis. The reference groups used for comparison were individuals 65+, White high-income and those who had below a bachelors' degree. In terms of age, 17-44 year old's were more likely when compared to the reference group (65+) to say that they are worried they will run out of food before they have money to buy more. There were no significant differences in any of the other age brackets. Hispanics and Blacks were more likely to say they worried in comparison to Whites. Those below poverty were very likely to say that they were worried compared to top earners and mid-income were also more likely when compared to top earners. Those individuals without higher education (Bachelor's and above) are much more likely to say that they worried about the likelihood of their food running out.

Table 8. Increased odds of food insecurity

Variables	% Increase in Odds	P-Values
17-44 y.o.	0.76	0.000
45-64 y.o.	0.34	0.068
Hispanic	0.63	0.003
Black	0.54	0.002
Below Poverty	0.26	0.000
Mid-Income	0.22	0.000
Education	-0.82	0.000

Health Concerns

Respondents were asked **"What five health issues in your community are you most concerned about?"** This question was analyzed by region and by racial composition. Table 9 and 10 display this information. Note respondents could select up to five health concerns.

Table 9. Top 5 health concerns by region

	Erie	Buffalo	Northtowns	Southtowns
Obesity	50%	43%	55%	55%
Mental Health	46%	44%	46%	51%
Nutrition	32%	30%	34%	32%
Cancer	31%	27%	32%	36%
Alcohol & drug abuse	29%	28%	28%	33%
Physical Activity	29%	29%	30%	28%
Opioid	25%	19%	27%	30%
Depression	24%	24%	23%	26%
E-Cigarettes/Vaping	22%	16%	27%	24%
Diabetes	23%	26%	21%	19%
Total Sample Size	1725	690	630	405

Table 10. Top 5 health concerns by race

Erie County	White	Black	Hispanic or Latino
Obesity	53%	41%	37%
Mental Health	49%	34%	43%
Nutrition	32%	39%	27%
Cancer	31%	28%	21%
Alcohol & drug abuse	31%	23%	28%
Total	1,350	179	113

Furthermore, the Opioid Epidemic has been at the forefront of Erie County's Community Health Improvement Plans in the past three years. Looking at this health concern together with alcohol and other drug use revealed that for Whites this was a much larger concern than any of the other racial group. Table 11 displays this information.

Table 11. Opioid, alcohol and drug use as top health concern

Opioid, Alcohol and Drug Abuse	**# of people**	**% of Whole**
Asian	9	1%
Black	45	5%
Hispanic or Latino	43	5%
Native American or American Indian	4	0%
Others	49	5%
White	753	83%

*55% of respondents chose opioid, alcohol and drug abuse as top concerns

APPENDIX D: Erie County Vital Statistics

New York State Department of Health- Leading Causes of Death by County

Source: Vital Statistics Data as of March 2016

Leading Causes of Death

Erie County and New York State have the same four leading causes of death including, heart disease, cancer, chronic lower respiratory disease, and stroke. The top two causes of death, heart disease and cancer, are more frequently the cause of death for both men and women. See Figure 1.

Figure 1

Both male & female

		Total Deaths	#1 Cause of Death	#2 Cause of Death	#3 Cause of Death	#4 Cause of Death	#5 Cause of Death
Erie	2015	Total Deaths 9,889 796.1 per 100,000	Heart Disease 2,323 179.5 per 100,000	Cancer 2,120 172.6 per 100,000	CLRD 508 40.7 per 100,000	Stroke 496 38.1 per 100,000	Unintentional Injury 490 49.1 per 100,000

Males

		Total Deaths	#1 Cause of Death	#2 Cause of Death	#3 Cause of Death	#4 Cause of Death	#5 Cause of Death
Erie	2015	Total Deaths 4,835 965.8 per 100,000	Heart Disease 1,224 242.5 per 100,000	Cancer 1,071 206.5 per 100,000	Unintentional Injury 328 71.6 per 100,000	Stroke 216 42.6 per 100,000	CLRD 206 42.0 per 100,000

Females

		Total Deaths	#1 Cause of Death	#2 Cause of Death	#3 Cause of Death	#4 Cause of Death	#5 Cause of Death
Erie	2015	Total Deaths 5,051 663.9 per 100,000	Heart Disease 1,098 134.4 per 100,000	Cancer 1,048 148.7 per 100,000	CLRD 302 39.8 per 100,000	Stroke 280 34.8 per 100,000	Unintentional Injury 162 28.5 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 2018

According to a research study from Harvard School of Public Health[8], the leading causes of death can be attributed to preventable causes including smoking, high blood pressure, obesity, physical inactivity, and poor nutrition.

[8] http://www.hsph.harvard.edu/news/press-releases/smoking-high-blood-pressure-overweight-preventable- causes-death-us/.

Erie County Substance Abuse Epidemic Statistics

2012 – 2019* OPIOID RELATED DEATHS ERIE COUNTY

Figure 2

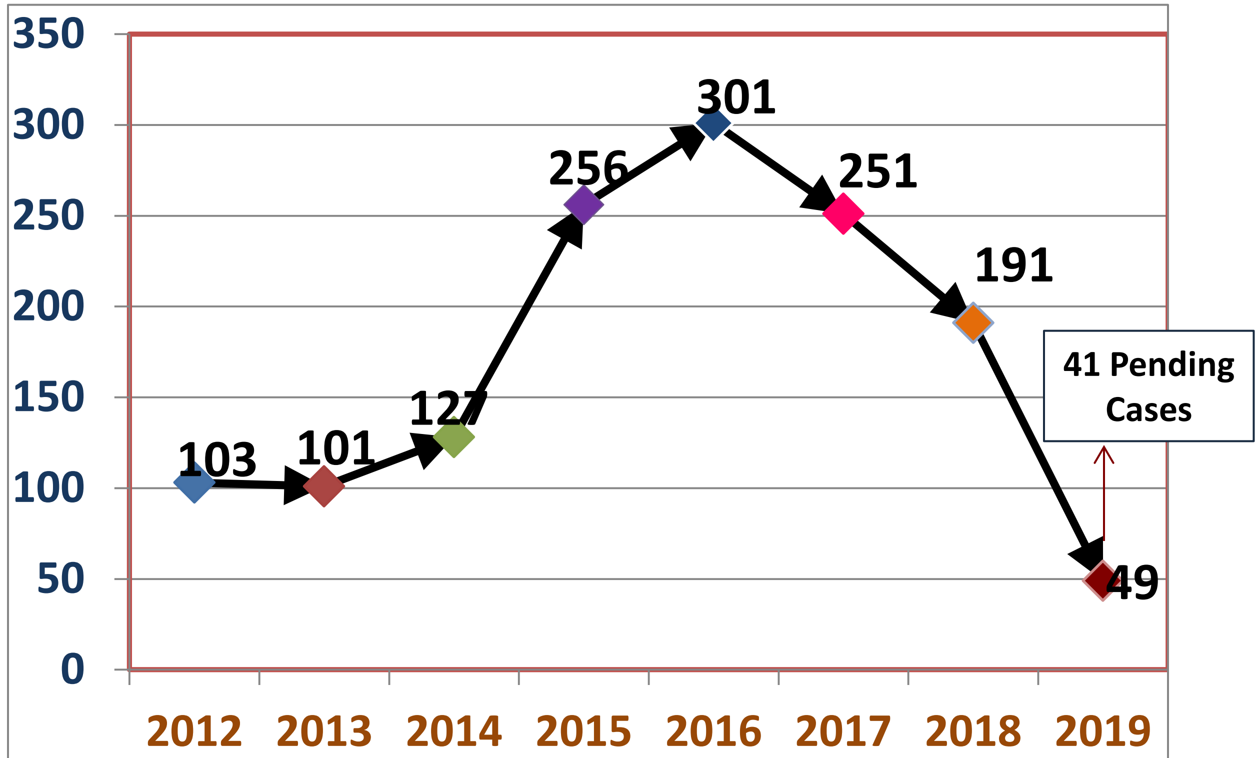


Figure 3

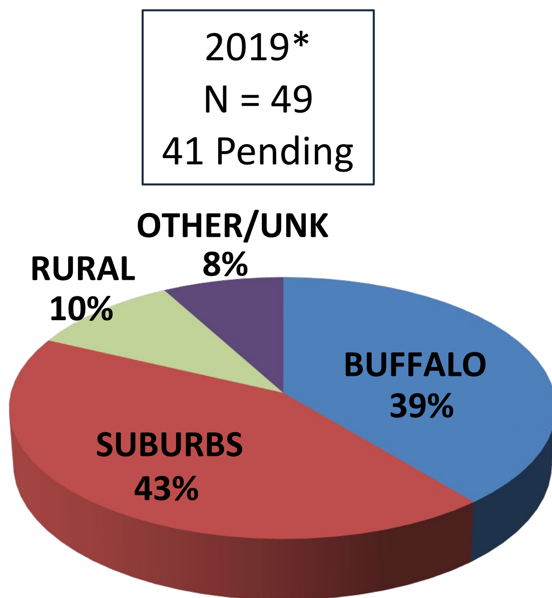
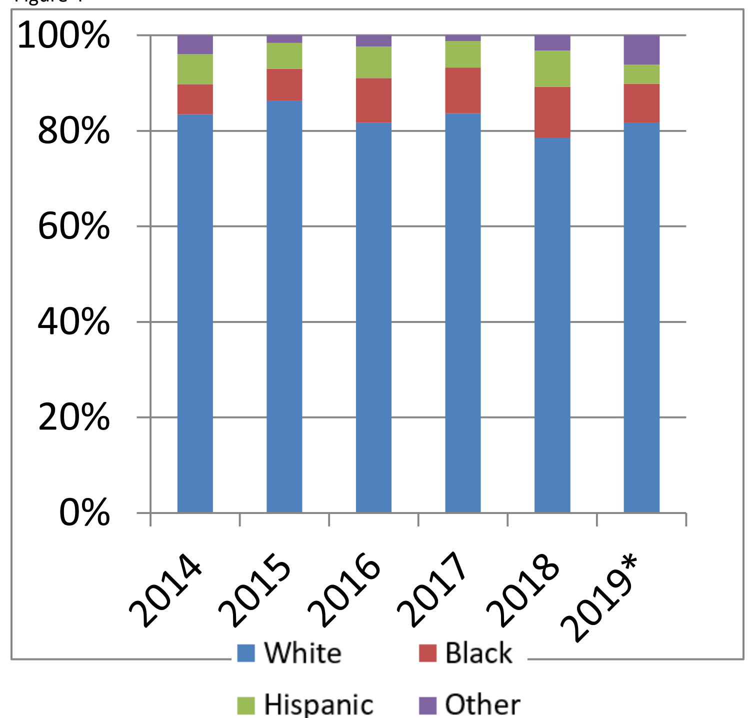


Figure 4



APPENDIX E: Key Health Indicators and Secondary Data Sources

Health Status/Outcomes

County Health Rankings

The 2018 *County Health Rankings & Roadmaps*[9] or *County Health Rankings Program* is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute that measures the health of counties across the nation and ranks them within each state. High ranks (e.g., 1 or 2) are estimated to be the healthiest areas.

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

Under the Health Outcomes category, which reflects morbidity and mortality, Erie County is ranked 56 out of 62 counties in New York making it one of the worst counties in the state. In terms of Health Factors, which includes health behaviors, access to and quality of care, and socioeconomic factors, Erie County is ranked 32 of 62. See Figure 1.

Figure 1
Source: County Health Rankings & Roadmaps, 2018

	County	Health Outcome Rank	Health Factors Rank
	Nassau	2	1
	Livingston	12	16
Western New York	Wyoming	24	36
Western New York	Allegany	40	49
Western New York	Genesee	42	29
Western New York	Orleans	52	54
Western New York	Erie	56	32
Western New York	Niagara	58	52
Western New York	Chautauqua	59	55
Western New York	Cattaraugus	60	61
	Bronx	62	62

1-16 | 17-31 | 32-46 | 47-62

[9] County Health Rankings & Roadmaps, 2018.

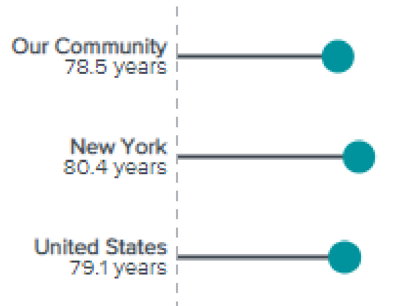
Life Expectancy and Preventable Deaths

The children born today in New York State, on average, are expected to live to the age of 80.4. However, in "Our Community", Erie County, life expectancy is 78.5 which 1.5 years less. See Figure 2 for a comparison of life expectancy. The overall life expectancy age trend from 1980-2014 has increased. See Figure 3.

Figure 2

Life Expectancy

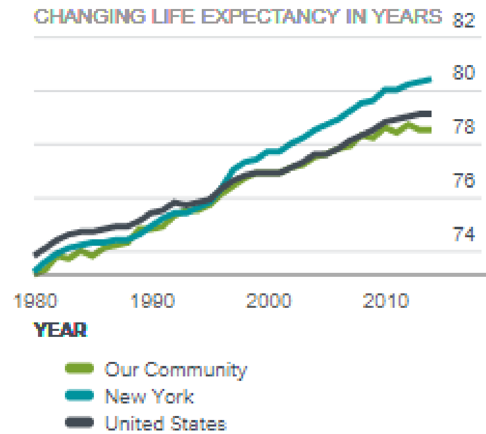
Children born today in Our Community can expect to live for **78.5 years** which is **worse** compared to the nation.



Life expectancy for people born in 2014 for the 1-county area (IHME 2017).

Figure 3

Life Expectancy Trends



Life expectancy trends (1980 to 2014) for the 1-county area (IHME 2017).

Source: www.communitycommons.org

Health Behaviors

County Health Ranking data regarding chronic diseases have preventable risk factors including:

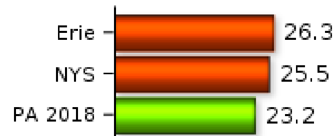
> **Smoking -** *Related to disease conditions such as cardiovascular disease, various cancers, and respiratory conditions*
>
> **Alcohol Abuse -***Related to adverse health outcomes such as hypertension, alcohol poisoning, suicide, violence, and automobile accidents.*
>
> **Inactivity -***Related to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

New York State Prevention Agenda Tracking Indicators suggest the following issues most pressing in Erie County.

Figure 4

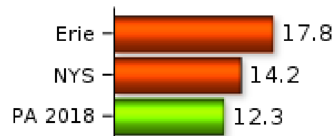
Percentage of:

adults who are obese



children and adolescents who are obese

cigarette smoking among adults



PA: Prevention Agenda
Source: New York State Prevention Agenda Dashboard 2019-2024

The percentage of adults who are obese in Erie County is higher than New York State and Prevention Agenda goal (see Figure 4). This suggests that in Erie County there is an opportunity to improve the health of the community by addressing unhealthy behaviors.

Harvard School of Public Health research study, in *PLoS Medicine*, linking health behaviors to premature death, "these findings indicate that smoking and high blood pressure are responsible for the largest number of preventable deaths in the US, but that several other modifiable risk factors also cause many deaths. These findings suggest that targeting a handful of risk factors could greatly reduce premature mortality in the US."[10]

[10] http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1000058.

APPENDIX F: Overview of Local Health Systems Resources and Access to Care

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

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

Having to find a provider who accepts Medicaid or other specific insurance products can reduce the likelihood of a patient receiving the coordinated preventive care they may need. The City of Buffalo, with a rate of 30.9%, is home to the largest percentage of the population of people living in poverty, compared to 14.5% in Erie County and 14.1% in New York State.[11]

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

Health Professional Shortage Area

Attracting physicians to work in underserved areas of poverty has been challenging enough that the federal government provides incentives to physicians through Health Resources and Services Administration, Health Profession Shortage Area program.[12] The government uses specific criteria to determine if an area is a Health Profession Shortage Area and an area can be a Health Profession Shortage Area for Primary Medical Care, Dental Care, or Mental Health. In Erie County, much of the City of Buffalo has been designated as a Health Profession Shortage Area for all three provider types. [13]

[11] http://quickfacts.census.gov/qfd/states/36/36029.html. Accessed 8/28/19

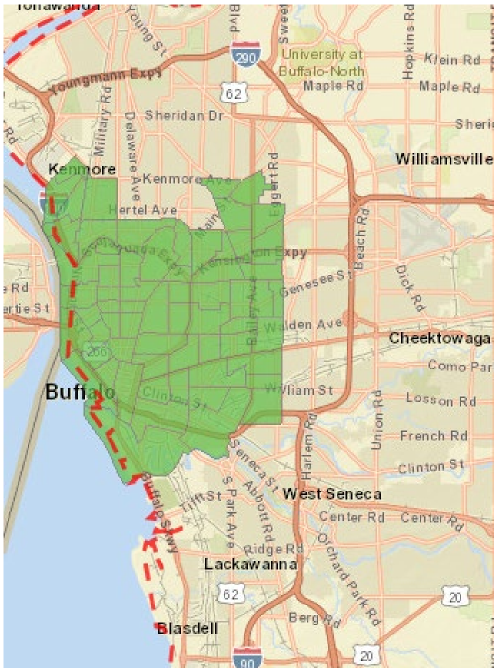
[12] http://www.hrsa.gov/shortage/. Accessed 8/28/19.

[13] http://hpsafind.hrsa.gov/. Accessed 8/28/19.

Primary Care

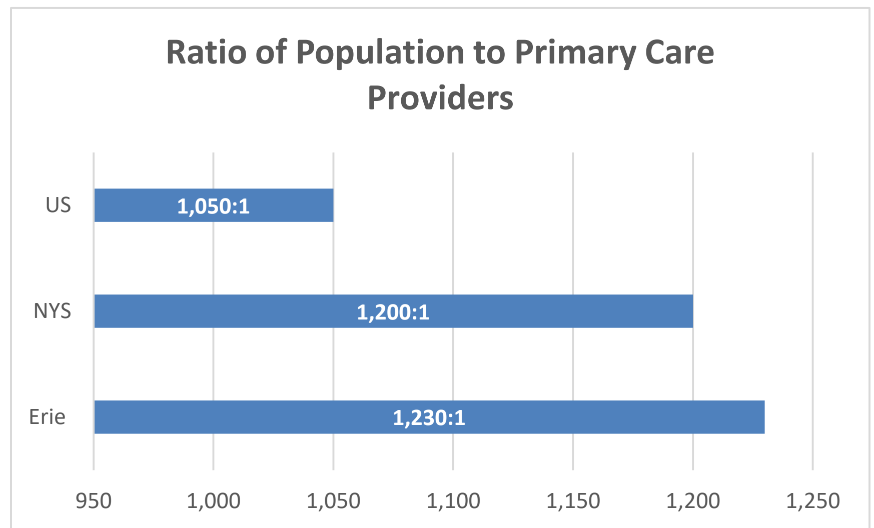
As shown by the most recent data in the Health Resources and Services Administration Area Resource File (Figure 2), the population ratio of primary care physicians in Erie County is 1,230:1 which is similar to New York State, 1,200:0. Both are higher than the United States top performer ratio of 1,050:1. The Health Profession Shortage Area primary care map shows the Erie County primary care shortage is concentrated in the City of Buffalo (See Figure 1).

Figure 1



Source: data.hrsa.gov

Figure 2

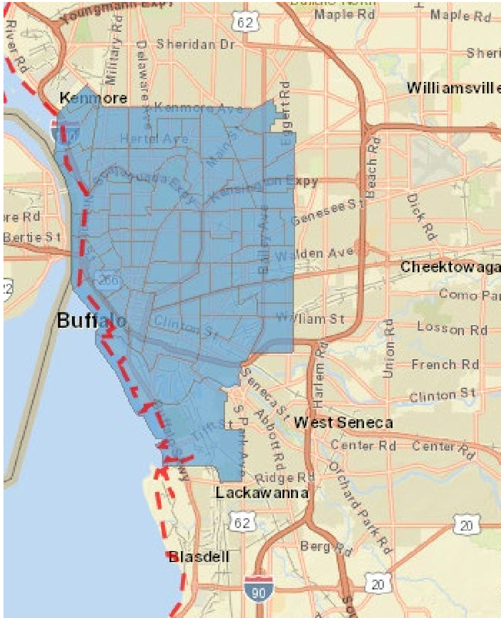


Source: countyhealthrankings.gov

Mental Health

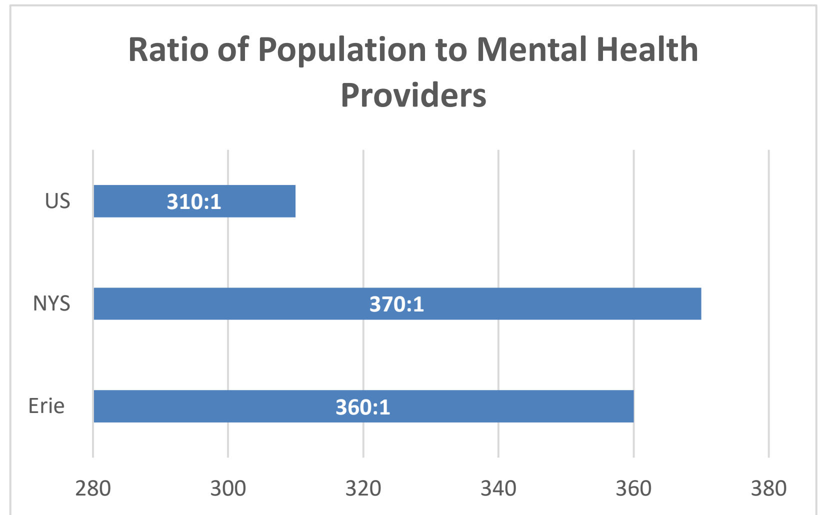
Based on input from medical experts, removing mental health stigma and integrating mental and behavioral health care with primary care is integral to improving the health of our community. Collaboration between organizations is necessary to making progress toward this incorporation. The ratio of individuals to mental health providers is significantly lower amongst top performers in the United States when compared to Erie County and New York State's ratios. Additionally, the Mental Health Profession Shortage Area map below demonstrates the shortage of mental health providers within Buffalo's urban zip codes (Figures 3 & 4).

Figure 3



Source: data.hrsa.gov

Figure 4



Source: countyhealthrankings.gov

Dental

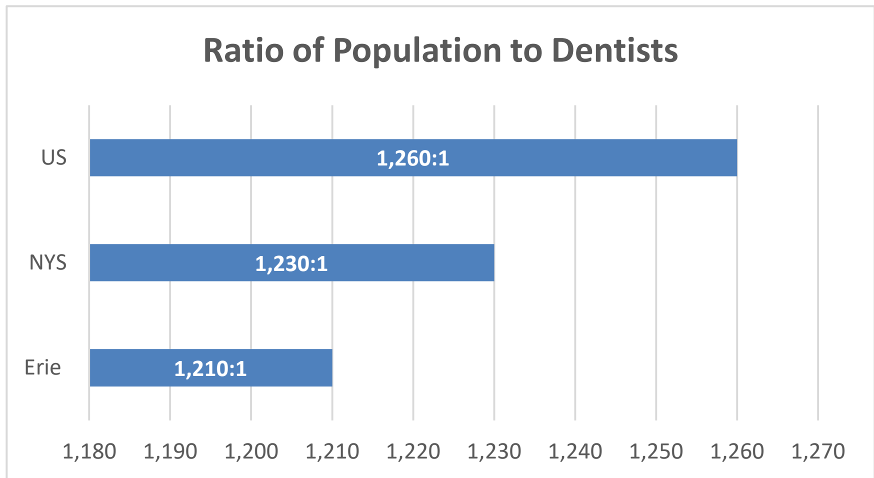
According to the New York State Department of Health, "Oral health is integral to overall health. Diseases and conditions of the mouth have a direct impact on the health of the entire body."[14] According to Healthy People 2020, there is a growing body of evidence that links oral health to chronic disease including cardiovascular disease, stroke and diabetes.[15]

The dental Health Profession Shortage Area map below illustrates the shortage of dentists in Erie County, represented in the purple shaded area. Unlike primary and mental health care providers, most dentists practice in the south towns (Figure 5). Nonetheless, as shown in Figure 6, the ratio of individuals in Erie County to dentists is lower than the ratio of New York State and the United States top performers.

Figure 5

Source: data.hrsa.gov

Figure 6



Source: countyhealthrankings.gov

[14] http://www.health.ny.gov/prevention/dental.

[15] http://www.healthypeople.gov/2020/LHI/oralHealth.aspx.

Community Need Index

The Community Need Index identifies the severity of health disparity for every zip code in the United States and demonstrates the link between community need, access to care, and preventable hospitalizations.[16] The Community Need Index gathers data about the community's socio-economy to determine the severity of the barriers to health care. These barriers include those related to income, culture/language, education, insurance, and housing:

Income Barriers- Percentage of elderly, children, and single parents living in poverty Cultural/Language Barriers- Percentage White/non-White and percentage of adults over the age of 25 with limited English proficiency

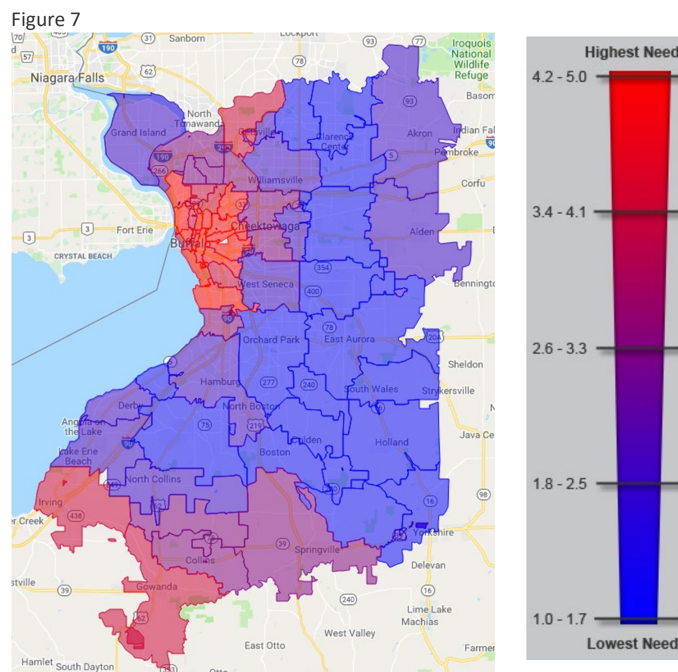
Educational Barriers- Percentage without a high school diploma

Insurance Barriers- Percentage uninsured and percentage unemployed Housing Barriers- Percentage renting houses

The index gives each zip code a score of one to five for each barrier condition, with one representing a less severe socioeconomic barrier or community need, and five representing a higher socioeconomic barrier or community need. The scores are then aggregated and averaged for a final Community Need Index score, with equal weight for each barrier in the average.

A review of the Erie County zip codes shows that the overall health disparity in the City of Buffalo is significantly worse than that found in most of the County (see Figure 7). In addition to having a higher Community Need Index, this same area has the added challenge of being a designated Health Profession Shortage Area for primary care, mental and dental providers in Erie County.

Figure 7



Source: cni-chw-interactive.org

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[16] http://www.dignityhealth.org/stellent/groups/public/@xinternet_con_sys/documents/webcontent/231921.pdf.

Hospital Readmissions

Patients discharged from United States hospitals are too often readmitted within short time periods. Almost one in five elderly patients released from a hospital is back within 30 days, and more than one in three are back within 90 days.[17] Although some readmissions are part of a patient's treatment plan, many are avoidable. Many factors contribute to readmissions including not well understood discharge plans leading to confusion about how to care for oneself at home, lack of a support system, not obtaining the necessary follow-up care and other breakdowns within the continuum of care. Readmissions for the period between July 1st 2016 to June 30th 2017 are as follows: Mercy Hospital of Buffalo (15%), Kenmore Mercy Hospital (14.7%), Sisters of Charity Hospital (16.1%), and Sisters of Charity Hospital, St. Joseph Campus (16.1%) which near the National rate of 15.6% and New York State's readmission rate of 15.29%. These rates are 30-day hospital-wide, all-cause unplanned readmission.[18]

Emergency Department Utilization

There were over 7 million visits to New York State emergency department's by New York State residents in 2016 at a rate of 344.6 emergency department visits per 1,000 people. The top three primary diagnoses for adults aged 20+ seen in the emergency department included 'abdominal pain', 'nonspecific chest pain', and 'spondylosis; intervertebral disc disorders; other back problems'. The emergency department utilization in 2013 for Erie County was 350.5 visits per 1,000 people and 324.5 per 1,000 people in 2016, which is an 8% decrease. This could be attributed to a variety of factors, such as an increase of procedures occurring in ambulatory settings, as well as a decrease in individuals choosing the emergency department as a primary source of medical care.

[17] Jencks SF, Williams MV and Coleman EA. "Re-hospitalizations among Patients in the Medicare Fee-for Service Program." New England journal of Medicine, 360(14):1418-1428, 2009

[18] socioeconomic-status-prefer-ho.html

APPENDIX G: New York State Department of Health Prevention Agenda Summary

The Prevention Agenda 2019-2024 is New York State's five-year health improvement plan that is designed in collaboration with organizations across the state to demonstrate the way in which communities can work together to improve the health and quality of life for all New Yorkers. The Prevention Agenda vision is to improve the health of the people, to make New York the healthiest state in the nation. The agenda has five priority areas and an over-arching goal to improve population health status as well as reduce health disparities. These priority areas and their corresponding focus areas are detailed in the table below:

New York State Department of Health Prevention Agenda

Improve Health Status and Reduce Health Disparities					
Priorities	**Prevent Chronic Diseases**	**Promote a Healthy and Safe Environment**	**Promote Healthy Women, Infants and Children**	**Promote Well Being**	**Prevent Communicable Diseases**
Focus Areas	Healthy Eating and Food Security	Injuries, Violence and Occupational Health	Maternal and Women's Health	Promote Well-Being and Prevent Mental and Substance Use Disorders	Vaccine-Preventable Diseases
	Reduce obesity and the risk of chronic diseases	Outdoor Air Quality	Perinatal and Infant Health		Human Immunodeficiency Virus (HIV)
	Tobacco Prevention	Built and Indoor Environments	Child and Adolescent Health		Sexually Transmitted Infections (STI's)
		Food and Consumer Products	Cross Cutting Healthy Women, Infants and Children	Prevent Mental and Substance Use Disorders	Hepatitis C Virus (HCV)
	Preventative Care and Management	Water Quality			Antibiotic Resistance and Healthcare-Associated Infections

* Focus Areas break down to Goals, and Goals are further broken down into Objectives.

Source: NYS Department of Health Prevention Agenda 2019-2024

*For Full Prevention Agenda see **Appendix K**.*

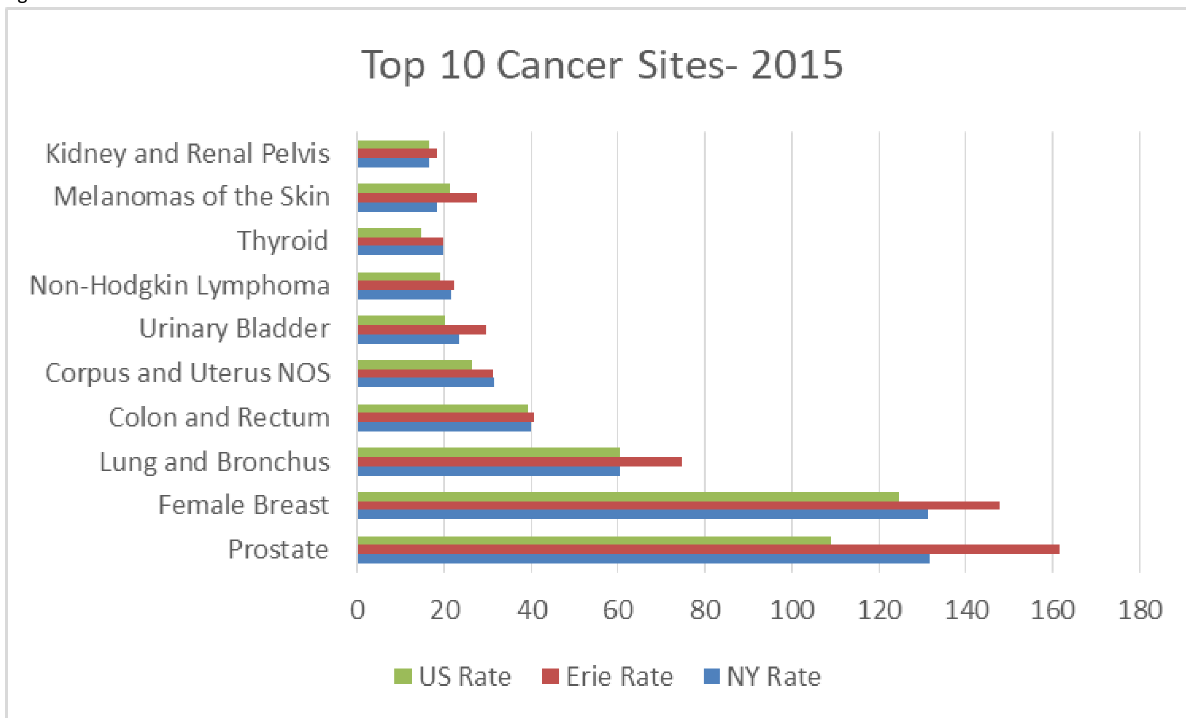
A. Prevent Chronic Disease

Chronic diseases are among the leading causes of death, disability and rising health care costs in New York State. The burden of chronic disease may be preventable with access to high- quality chronic disease preventive care and management.[19]

Prevalence for Major Sites of Cancer

The prevalence rates of cancer in Erie County are higher for nearly all of the major cancers compared to state and national statistics. New incidents of cancer in Erie County are high and have not met Healthy People 2020 targets.

Figure 1



**Rates per 10,000 people*

[19] https://gis.cdc.gov/Cancer/USCS/DataViz.html

Colorectal Cancer Screening

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

Throughout New York State, White non-Hispanic and Hispanic residents receive colon cancer screening more often than Black and other non-Hispanic residents. See Figure 3. The percentage of adults between the ages of 50 to 75 that received a colorectal screening is 71.7%. This is higher than the New York benchmark but 8.3 percent lower than meeting the goal identified in the Prevention Agenda. See Figure 2.

Figure 2

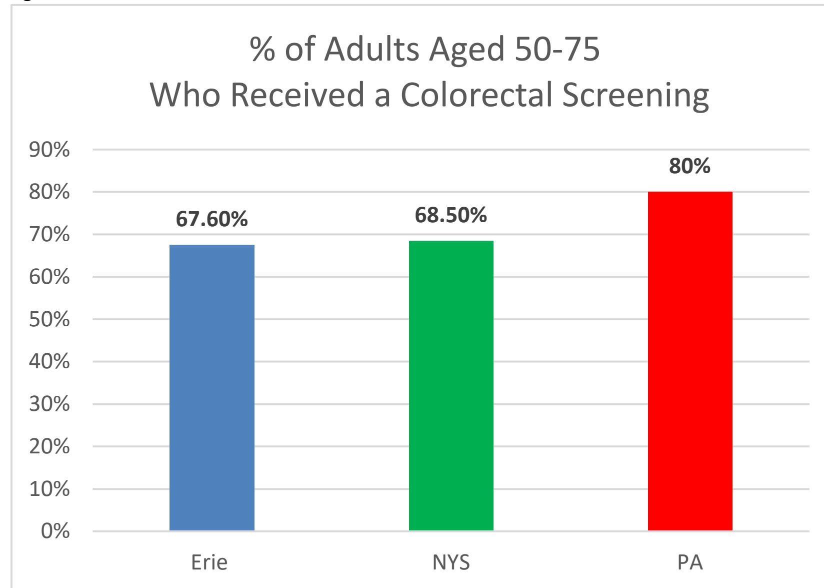
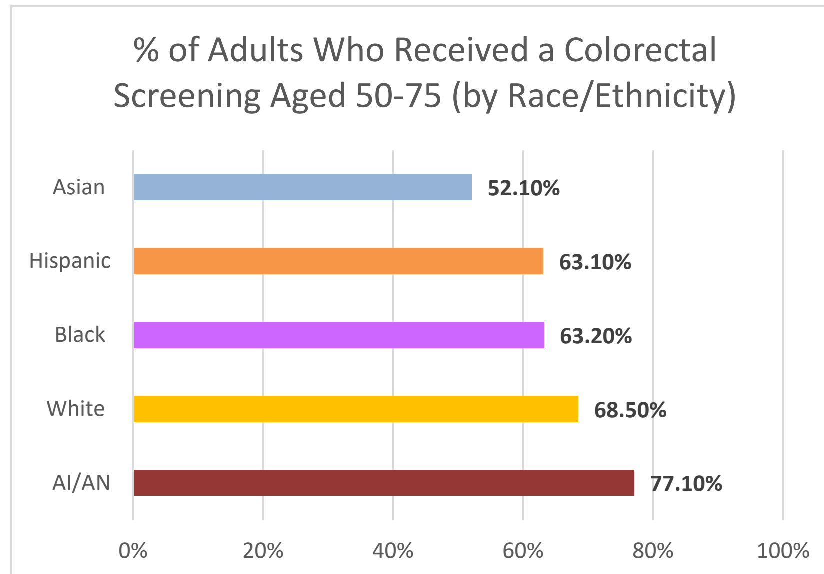


Figure 3



Cardiovascular Health

Cardiovascular Disease is the leading cause of death among residents of Erie County and New York State. Residents of Erie County report having diseases of the heart at a higher rate than those in New York State and the nation. See Figure 4. Diseases of the heart include angina, heart attack, arrhythmia, and heart valve problems. Heart disease is often preventable through reducing risk factors such as obesity, high blood pressure and inactivity.

Figure 4

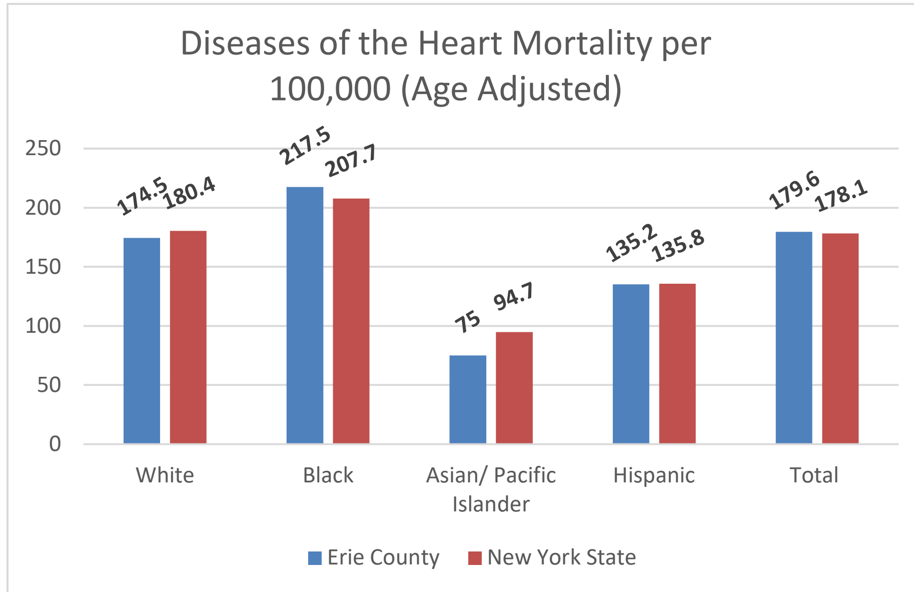
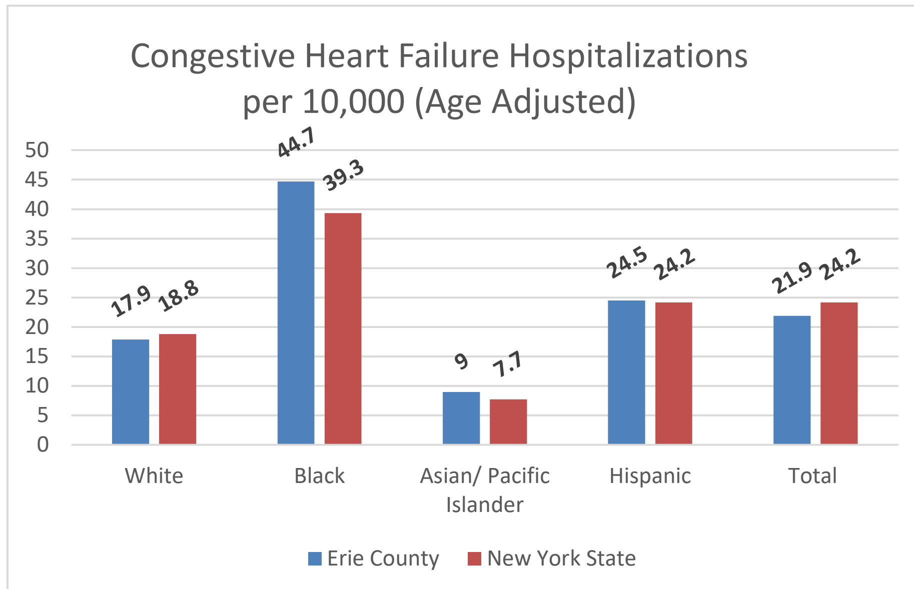


Figure 5



Erie County has a lower rate of congestive heart failure hospitalizations than New York State. The Black and Hispanic populations are admitted to the hospital at a higher rate than their counterparts for both Erie County and New York State. See Figure 5. Hospital admission of Black patients in Erie County for congestive heart failure is 25.6% higher than admission of White patients.

Chronic Lower Respiratory Disease

Chronic lower respiratory disease is the fourth leading cause of death in Erie County. Chronic lower respiratory disease includes emphysema, chronic bronchitis and asthma. Major risk factors include tobacco smoke, indoor and outdoor air pollutants, allergens, and occupational agents.[26]

The death rate in Erie County from chronic lower respiratory disease is higher than that of New York State, but lower than the rate for the United States. See Figure 6. The hospitalization rate for chronic lower respiratory disease in Erie County is lower than the rate for New York State across all race/ethnicities. See Figure 7.

Figure 6

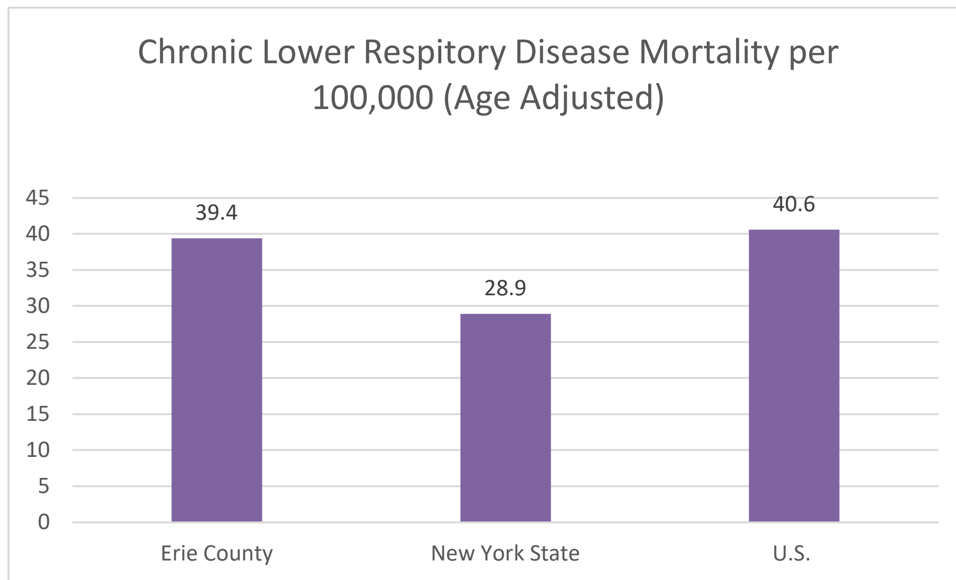
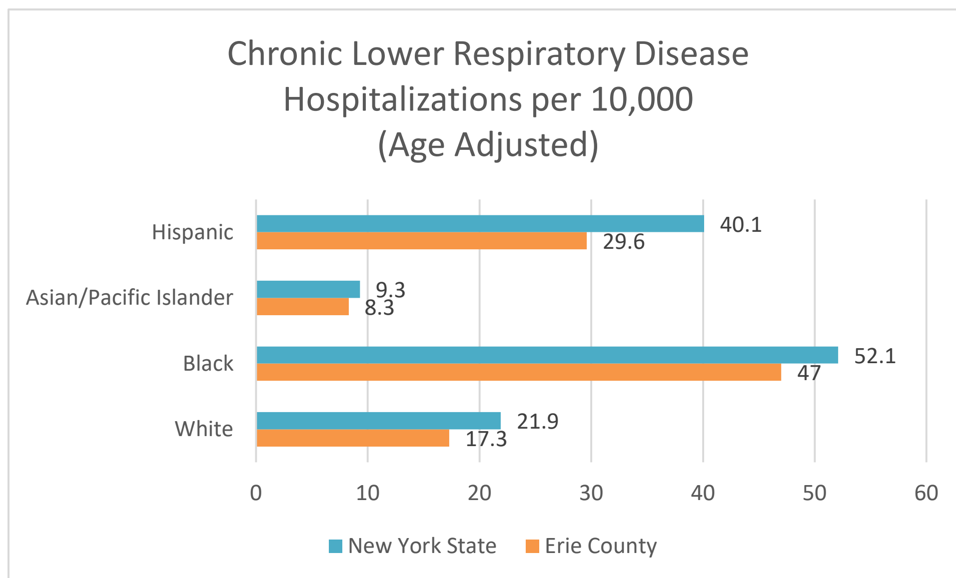


Figure 7



[26] http://www.health.ny.gov/preventiona/prevention agenda/2013-2018/plan/chronic diseases/focus a

Diabetes Health

The self-reported diabetes rate in Erie County is higher than the rate across New York State, but 0.8 percent lower than the country, as shown in Figure 8. The actual hospitalization rate for Black and Hispanic residents in Erie County is higher than the respective rates across New York State. Within Erie County, the diabetes hospitalization rate for the Hispanic population is more than double the rate for the White population, while the diabetes hospitalization rate for the Black population is more than triple the rate for the White population. See Figure 9.

Figure 8

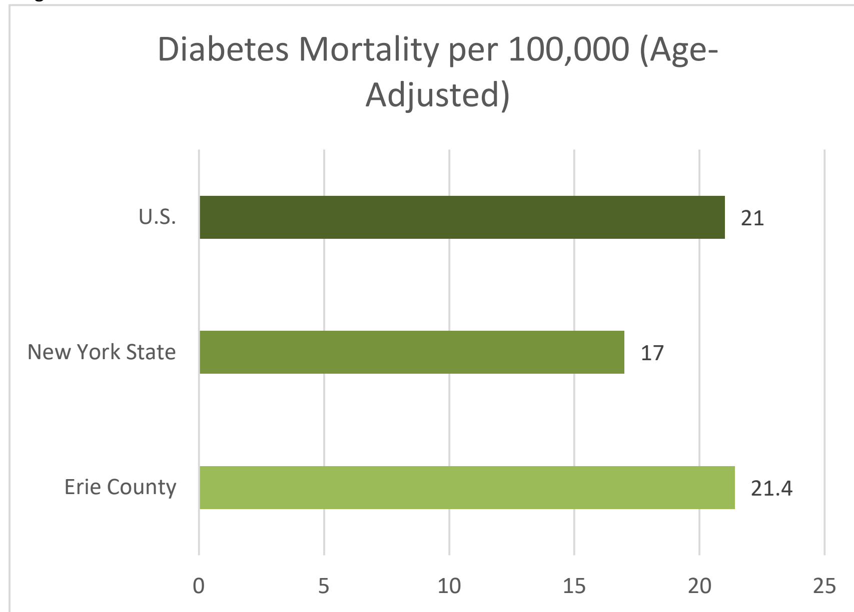
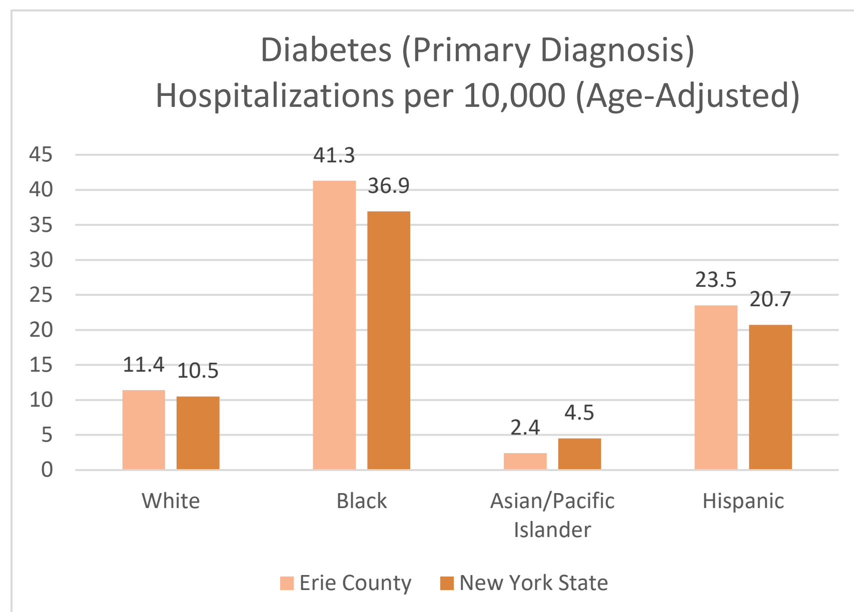


Figure 9

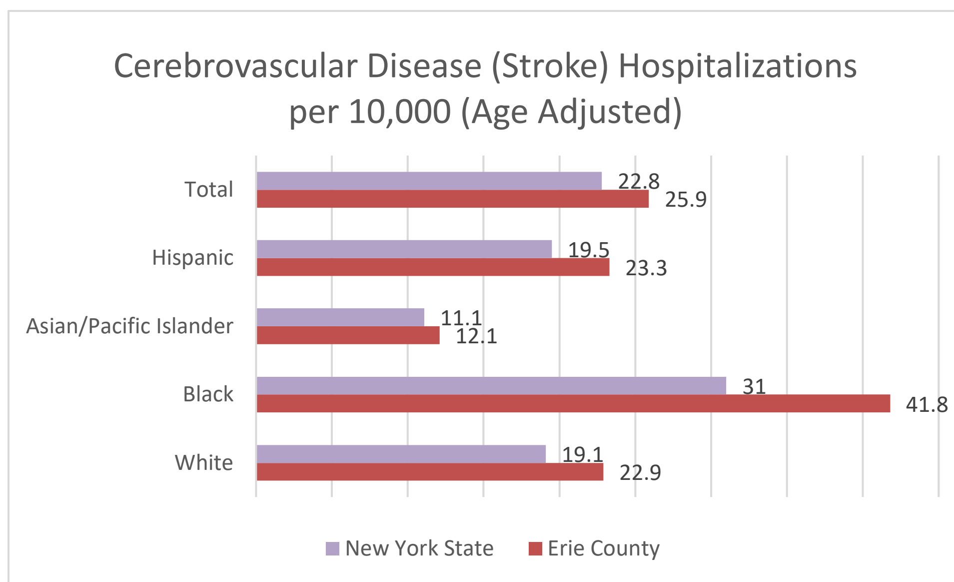


Cerebrovascular (Stroke) Health

Stroke is the third leading cause of death in Erie County compared to the fourth leading cause of death in New York State. According to the Centers for Disease Control and Prevention, stroke is a leading cause of disability and contributes to the cost of health care, medication and missed days of work.[20]

The risk of stroke varies with race and ethnicity. The risk of having a first stroke for Blacks is twice that of Whites, with Hispanics' risk between that of Blacks and Whites. Erie County has a higher rate of stroke hospitalizations than New York State. The Black and Hispanic populations also are admitted to the hospital at a higher rate than their counterparts across New York State. See Figure 10. Hospital admission of Black patients in Erie County for stroke is at a rate that is 18.4% higher than admission of White patients.

Figure 10



[20]https://www.cdc.gov/stroke/facts.htm

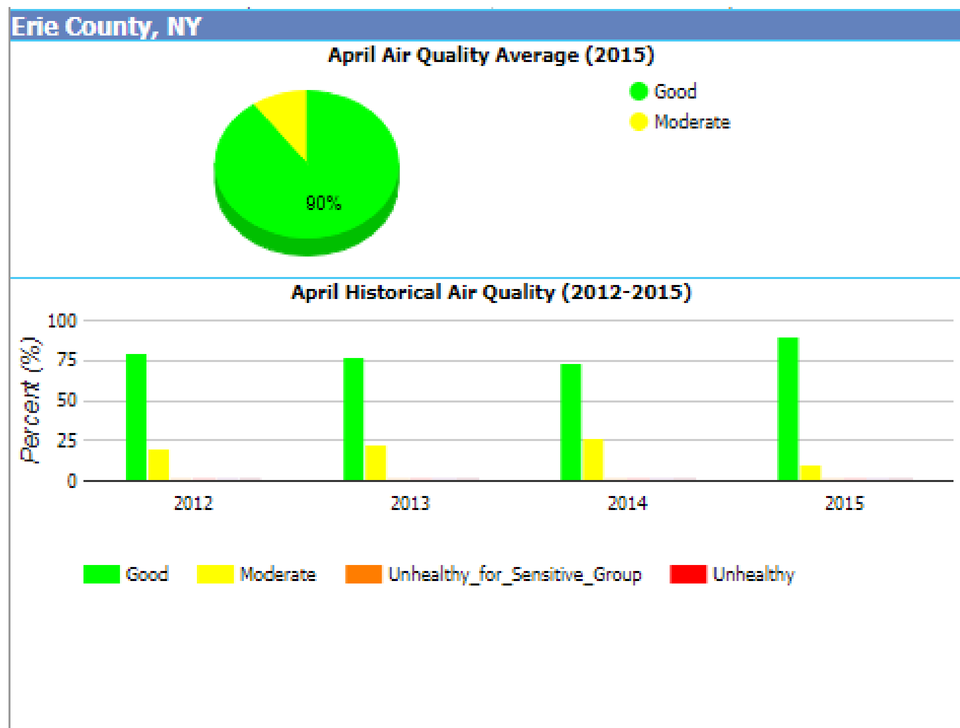
B. Promote a Healthy and Safe Environment

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

Air Quality Index

Environmental Protection Agency calculates the Air Quality Index for five major air pollutants regulated by the Clean Air Act: ground-level ozone, particle pollution (also known as particulate matter), carbon monoxide, sulfur dioxide, and nitrogen dioxide. For each of these pollutants, the Environmental Protection Agency has established national air quality standards to protect public health. Ground-level ozone and airborne particles are the two pollutants that pose the greatest threat to human health in this country.

An Air Quality Index value of 100 generally corresponds to the national air quality standard for the pollutant, which is the level the Environmental Protection Agency has set to protect public health. Air Quality Index values below 100 are generally thought of as satisfactory. When Air Quality Index values are above 100, air quality is considered to be unhealthy-at first for certain sensitive groups of people, then for everyone as Air Quality Index values get higher (see graph below).[21]

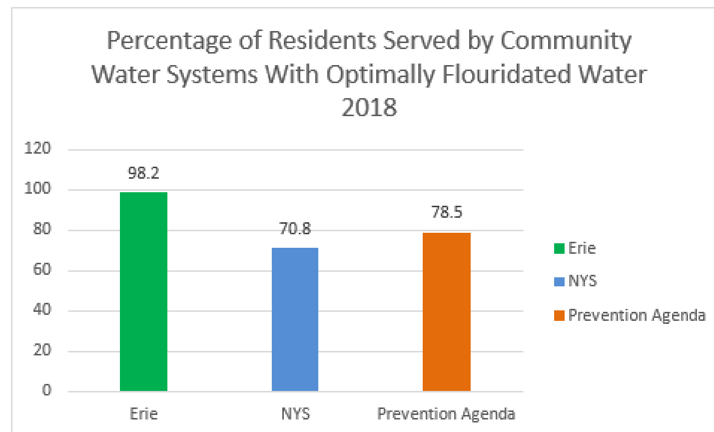


[21]https://www.epa.gov

Access to Quality Water Supply

In 2018, 98.2 percent of residents in Erie County, New York had access to clean water through community water systems. Figure 11 demonstrates that Erie County outperforms both New York State and the prevention agenda's benchmark.

Figure 11



C. Promote Healthy Women, Infants, and Children

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

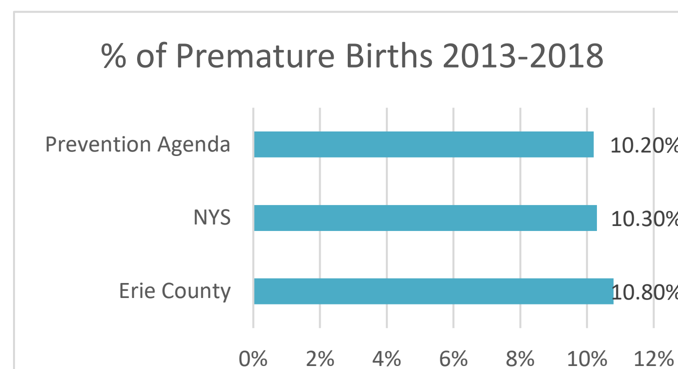
Health begins early, even before birth. Adequate prenatal care, pre-pregnancy weight and age of the mother, and breastfeeding are all components to providing the best outcomes for baby.

Preterm Birth and Prenatal Care

The leading cause of death for infants is preterm birth, which is birth before thirty-seven weeks of gestation. Babies born prematurely, or at a low birth weight, are more likely to have, or develop, significant health problems such as respiratory, gastrointestinal, immune system, central nervous system, behavioral and social-emotional concerns. Preventable risk factors include, but are not limited to, late or no prenatal care, smoking, obesity, alcohol and drug abuse, stress, high blood pressure, and diabetes.[22]

The Erie County preterm birth rate is 10.8 percent, which is .5% percent higher than the New York State rate and will need to be reduced over the duration of the state health improvement plan to reach the 2018 New York State objective of 10.2%. See Figure 12.

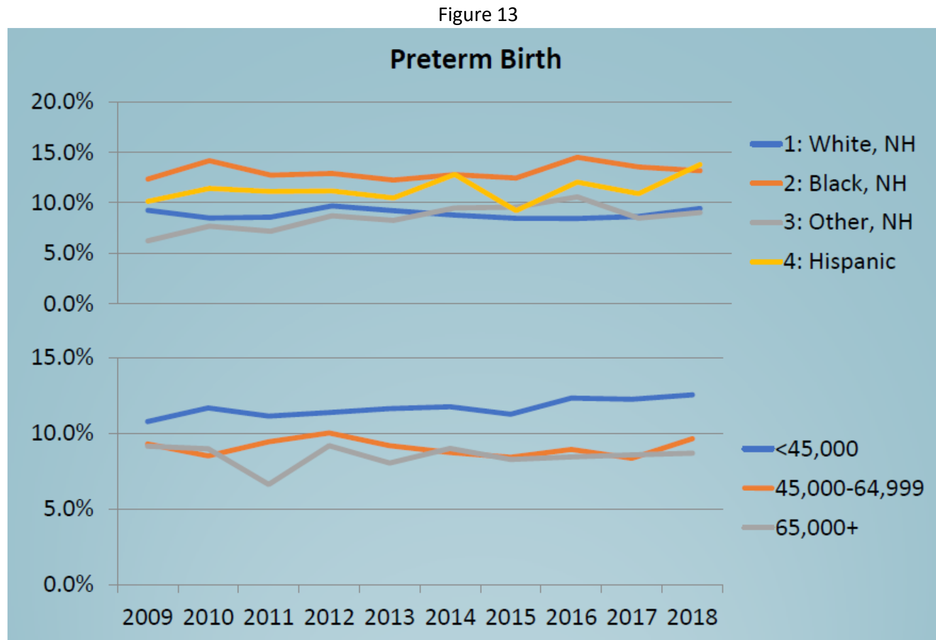
Figure 12



[22]https://www.health.ny.gov/prevention/prevention_agenda/healthy_mothers/birth_outcomes

The ratio of Black women having premature births compared to White women is 1.74:1. This ratio is above the Prevention Agenda's goal, which is 1.42. Similarly, Hispanic women's ratio of having a premature birth compared to White women is 1.23:1. Furthermore, when comparing Medicaid births versus non-Medicaid births, premature births are more likely to occur amongst the Medicaid population, with a ratio of 1.24:1. Community engagement and education is needed in order to decrease preterm births across Erie County. Figure 13 illustrates this disparity that exists across New York State, including preterm births in different income brackets.

Figure 13



Perinatal Stats June 2019- OSHEI Children's Hospital, SUNY Buffalo

Breastfeeding

Breastmilk is an optimal food for infants and increasing the number of mothers who choose the option of breastfeeding is a straightforward way to increase the health of children from the start. The American Academy of Pediatrics recommends exclusive breastfeeding to support optimal growth and development for approximately the first six months of life, and continued breastfeeding for at least the first year of life or beyond, for as long as mutually desired by mother and child.[23]

As noted on the New York State Department of Health website, "breastfed infants are less likely to develop medical problems such as childhood obesity, respiratory and gastrointestinal infections and are at lower risk for childhood cancers, asthma and Sudden Infant Death Syndrome."[24] In addition, "breastfeeding benefits mothers by decreasing risks of breast and ovarian cancers, osteoporosis and postpartum depression, and by increasing the likelihood of returning to pre-pregnancy weight."[25]

There is a greater percentage of infants exclusively breastfed in hospitals in Erie County than in the New York State. In addition, the Erie County exclusively breastfed rate surpasses the New York State 2018 objective of 48.1%. See Figure 46.[2]

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[23] http://pediatrics.aappublications.org/content/115/2/496.full#sec-12.

[24] http://www.health.ny.gov/prevention/prevention_agenda/2013-2018/plan/wic/focus_area_1.htm.

[25] https://www.health.ny.gov/community/pregnancy/breastfeeding/

Figure 14

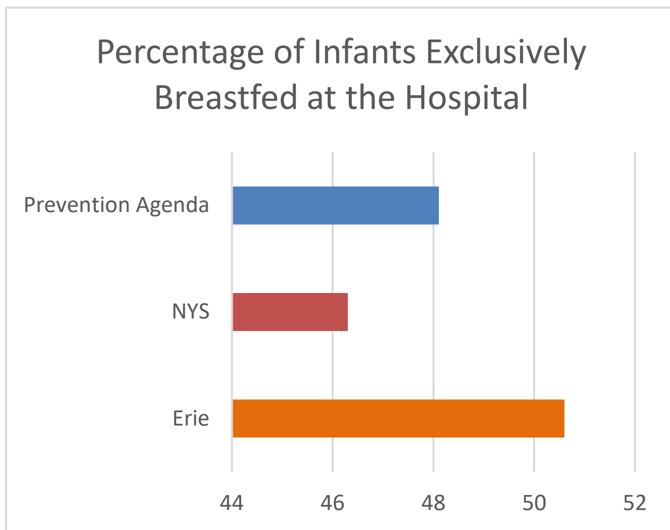
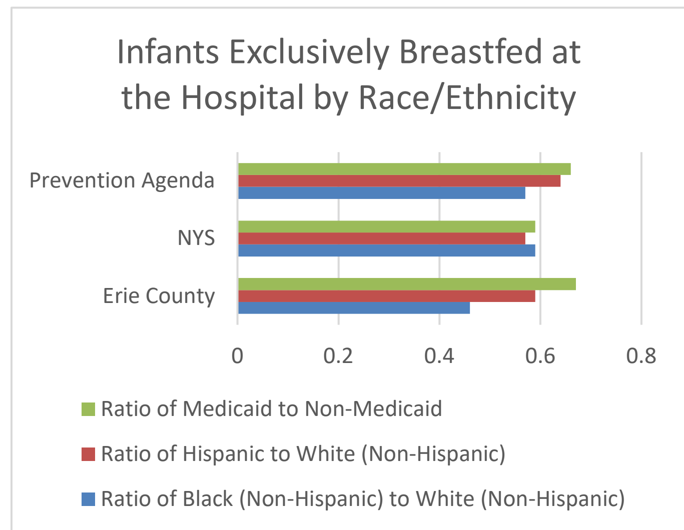


Figure 15

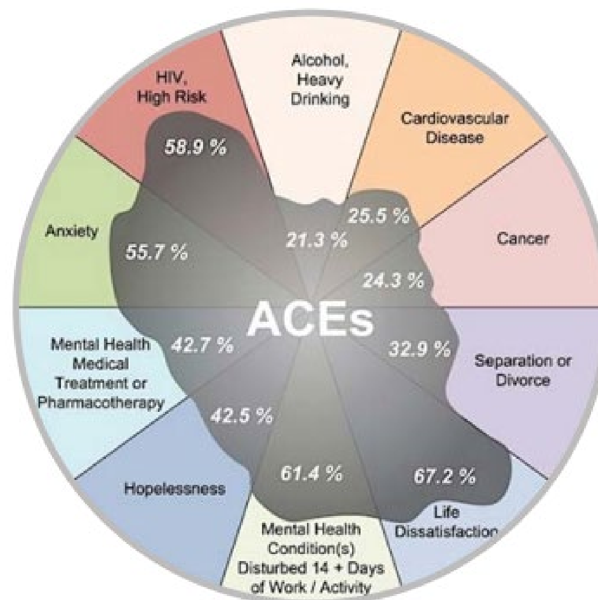


For infants exclusively breastfed in Erie County, the ratio of Black and Hispanic women to White women is lower than the New York State 2018 objective. However, exclusively breastfed Medicaid to non-Medicaid births is slightly higher than the objective, as well as New York State's rate. See Figure 15.

D. Promote Mental Health and Prevent Substance Abuse

The New York State Office of Mental Health Patient Characteristic Survey shows that approximately half of Erie County mental health patients also have at least one chronic medical condition.[26] Figure 16, demonstrates the effects on health that childhood trauma has on individuals, "The Adverse Childhood Events 3 study showed powerful associations between childhood trauma and the onset of chronic conditions and associated functional deficits which persist into adulthood" (OMH, 2017).

Figure 16

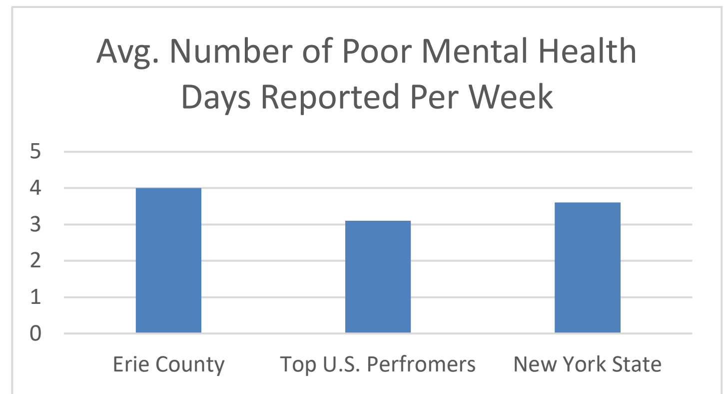


[26] http://bi.omh.ny.gov/pcs/index

The Patient Characteristics Survey is conducted every two years, and collects demographic, clinical, and service-related information for each person who receives a public mental health service during a specified one-week period (2017). The most recent Patient Characteristics Survey receives data from approximately 5,000 mental health programs serving more than 200,000 people during the survey week. All programs licensed or funded by the New York State Office of Mental Health are required to complete the survey. The Patient Characteristics Survey is the only New York State Office of Mental Health data source that describes all the public mental health programs in New York State.

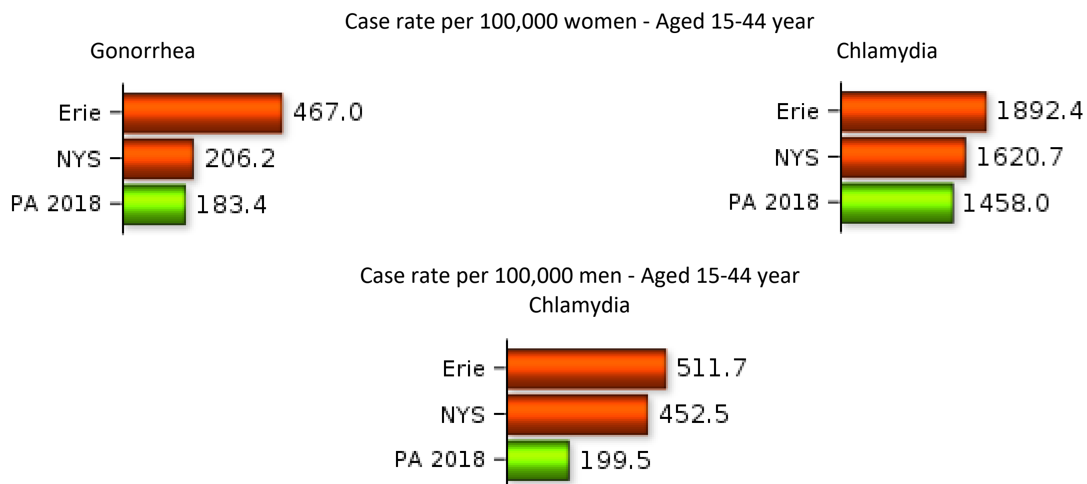
Furthermore, Erie County's health rankings for 2019 show that the average number of reported poor mental health days is worse than that of New York State's, as demonstrated in the bar graph (see Figure 17). Nonetheless, Erie County's population to mental health provider ratio is slightly better than New York states at (360:1) versus (370:1) respectively. Top United States performers have a ratio of 310 people to 1 provider.

Figure 17



E. Prevent Communicable Diseases

There are many preventable diseases that impact the health status of Erie County residents. Community-driven prevention efforts are effective and must be maintained to reduce the incidence of illness.[27] Two of the most significant preventable sexually transmitted infections are gonorrhea and chlamydia. According to Erie County Department of Health, Erie County has some of the highest rates of gonorrhea and chlamydia in the state of New York. See Prevention Agenda graphs below.



Note: There were no gonorrhea stats reported for men.

Furthermore, the percentage of adults aged 65+ with immunization against the influenza virus in Erie County (58.9%) is lower than that of New York State (59.5%), as well as the Prevention Agenda goal (70%). The percentage of children aged 19 months to 35 months who have had completed their immunization series in Erie County is 73% compared to the Prevention Agenda goal of 80%.

[27] http://www.health.ny.gov/prevention/prevention_agenda/2013-2018/plan/mhsa/mhsa_introduction.htm

Appendix H – Catholic Health Sites and Services

Catholic Health operates four acute care campuses in Erie County. Two of its facilities are located within the City of Buffalo and the other two are in the first-ring suburban communities of Kenmore and Cheektowaga. The Catholic Health System is positioning itself to become a high performing health system, aligning services across its ministries and supporting its service line structure. The Catholic Health System has developed an integrated health network that includes primary care, outpatient rehabilitation services, inpatient medical rehabilitation, skilled nursing care, home care, and outpatient lab and imaging services. This network of services ensures patients receive the right care, in the right place, at the right time positioning the Catholic Health System for future success as the nation moves toward Accountable Care, where integration and efficiency are critical to controlling health care costs and enhancing quality.

Network Overview

Primary Care Centers – Intermediate Care

The Catholic Health System operates eight primary care centers recording more than 117,000 patient visits annually and employing 20 primary care physicians and 9 mid-level providers.

Rehabilitation Services

The Catholic Health System offers the largest outpatient rehabilitation network through various locations across the region offering acute care, medical rehabilitation, sub-acute care, home care, long- term care and outpatient care rehabilitative services. The Catholic Health System offers six outpatient rehabilitation centers including Sisters Metabolic Center for Wellness.

Medical Rehabilitation Units

The Catholic Health System's Medical Rehabilitation Units at Mercy Hospital in the south and Kenmore Mercy Hospital in the north, provide more intensive rehabilitation services (physical, occupational and speech therapy) for patients recovering from strokes, hip fractures, amputations and other neurological conditions.

Skilled Nursing Homes

The Catholic Health System is developing new delivery models to meet the changing health needs of area seniors including connection to the Catholic Health System's service lines. The Catholic Health System's skilled nursing facilities provide comprehensive nursing, rehabilitation, and support services in a safe, caring and comfortable environment. The homes also offer social and recreational activities to foster a sense of community and help residents live active, dignified lives. Three of the four skilled nursing facilities are hospital-based, and consequently included in the Obligated Group. These include St. Catherine Labourè, a department of Sisters of Charity Hospital, the Mercy Skilled Nursing Facility at Our Lady of Victory, a department of Mercy Hospital of Buffalo, and the McAuley Residence, a department of Kenmore Mercy Hospital, and therefore included in the Obligated Group. Two of the nursing homes of the Catholic Health System offer short-term sub-acute care to help patients with complex medical conditions make the transition from hospital to home. These include the McAuley Residence and Father Baker Manor. The Catholic Health System's commitment to quality and best practices is reflected in its optimal clinical outcomes and clinician-to-patient staffing levels above national standards. Sub-acute services help to reduce hospital admissions by diverting patients in the Catholic Health System's emergency departments directly to sub-acute services, reducing the cost of care.

Our Lady of Victory Senior Neighborhood

The neighborhood includes 74 low and moderate-income senior apartments and the 84-bed "household model" Mercy Hospital Skilled Nursing Facility. The neighborhood also houses the Program of All-inclusive Care for the Elderly. This unique program allows the frail elderly to remain in their own homes while accessing the necessary support and medical assistance required maintaining their quality of life.

Home Care

The Catholic Health System's complement of home care services includes skilled nursing care, rehabilitation services, social work, home healthcare aides, spiritual care, medical equipment services, a personal emergency response system, telemedicine services for management of chronic illness, and in-home infusion therapy services. The Home Care Division directly supports the Catholic Health System's service lines, offering maternal and child home services to the Women's Service Line and cardiac home services to patients of the Cardiac Service Line.

Laboratory and Imaging Services

Catholic Health has a centralized laboratory, as a result of which the Catholic Health System is less reliant on independent laboratories and maintains this service as an additional source of revenue.
Through Urgent Response Labs at each hospital and 20 Laboratory Service Centers located throughout Western New York, the Catholic Health System processes over 3.9 million laboratory tests annually.

With a commitment to offer the most advanced diagnostic technology, the Catholic Health System provides 3D Tomosynthesis mammography, digital x-ray, ultrasound, MRI, CT, Bone Densitometry/DEXA, nuclear medicine and interventional radiology, along with other imaging modalities. The Catholic Health System performed 482,675 imaging procedures in 2018.

Physician Integration

Physician integration and care management are key components of high performing health systems and are viewed by Catholic Health System as critical to the long-term success of the Catholic Health System. Catholic Health System enjoys a unique, strategically aligned relationship with Catholic Medical Partners, an independent practice association. Catholic Medical Partners represents over 900 physicians throughout the region. Both the physicians and Catholic Health System are members of Catholic Medical Partners, with no ownership interest.

Like the Catholic Health System, Catholic Medical Partners provides the organizational structure to lead key transformational initiatives among the physicians in the community. This includes the use of health information technology. As of December 2014, 100% of all Catholic Medical Partners physicians used an electronic health record, compared to 78% nationally as found by two studies published by the Health and Human Services, Office of the National Coordinator for Health Information Technology and publish in Health Affairs. Additionally, 99% of all primary care practices are also Patient Certified Medical Home, a care delivery model in which the primary care physician steers the patient's care process.

The IPA also provides the framework for advanced clinical integration and care management programs. Enabled by technology, physician practices are helping their patients using care management programs and office-based "care coordinators," who work with high risk patients to facilitate timely, cost-effective care.

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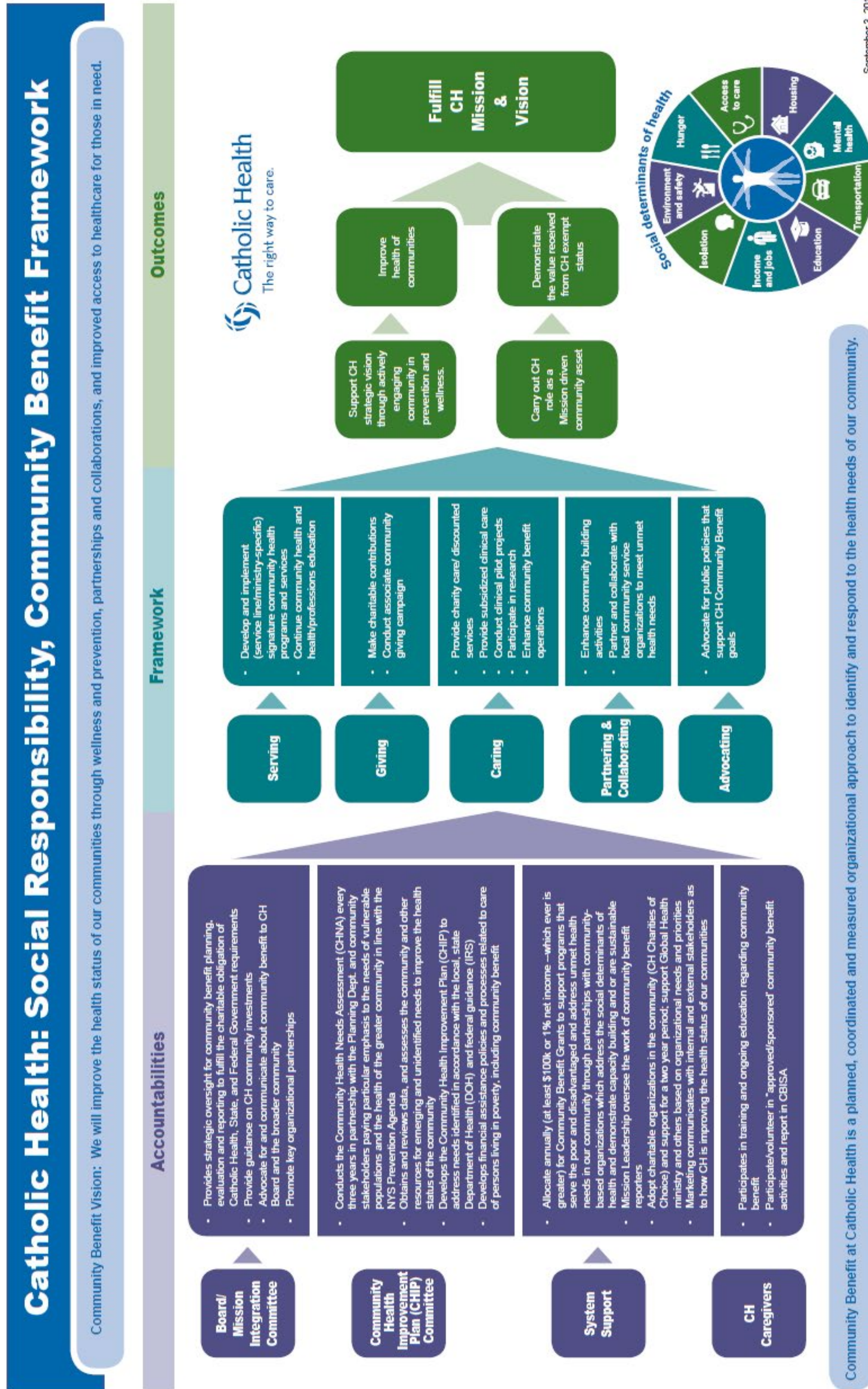
SOURCES

A	Truven Health Analytics & The Nielsen Co.
B	New York State Department Of Labor
C	New York State Department of Labor/Quarterly Census of Employment and Wages
D	www.bls.gov (bureau of labor statistics)
E	ASPE.hhs.gov/2015-poverty-guidelines
F	County Health Rankings & Roadmaps 2019
G	www.healthindicators.gov 2018-2019, New York State Health Indicators by Race/Ethnicity
H	New York State Prevention Agenda 2018-2024
I	Erie County Medical Examiner's Office
J	Healthy People 2020, www.healthypeople.gov/2020/LHI/oralhealth.aspx
K	www.hrsa.gov/shortage/
L	www.hpsafind.hrsa.gov
M	www.bizjournals.com/buffalo/new/2014/12/18/new-york-state-releses-high-school- grad-rates-for.html
N	National Poverty Center, Policy Brief #9, www.npc.umich.edu/publications/policy_briefs/brif9/.
O	www.commonwealthfund.org
P	*Small Area Income and Poverty Estimates, 2018*
Q	*www.cdc.gov/community Health/Profile 2019,*
R	*www.hsph.harvard.edu/news/press-releases/smoking-high-blood-pressure-overwight- preventable-causes-death-us/.*
S	*www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1000058*
T	*quickfacts.census.gov/qfd/states/36/36029.html*
U	*www.health.ny.gov/prevetion/dental*
V	*www.dignityhealth.org/stellent/groups/public/@xinternet_con_sys/documents/webcontent/231921.pdf*
W	*Environmental Protections Agency, epa.gov*
X	*www.health.ny.gov/staticists/cancer/registry*
Y	*Behavioral Risk Factor Surveillance System (BRFSS), 2018*
Z	*www.CDC.gov/Stroke/Facts.htm, CDC.gov 2019 breastfeeding report card*
AA	*www.who.int/gard/publiciations/Risk%20factors.pdf*
AB	*US-2018-cdc.gov – Surveillance Report*
AC	*Health.ny.gov/statistics/facilities/hospital/hospital_acquired_infections*

AD	*Pediatrics.aappublicatins.org/content/115/2/496.full#sec-12*
AE	bi.omh.ny.gov/pcs/index
AF	Jencks SF, Williams MV and Coleman EA. “Re-hospitalizations Among Patients in the Medicare Fee-for-Service Program.” *New England Journal of Medicine*, 360(14): 1418–1428, 2009.
AG	http://www.rwjf.org/en/research-publications/find-rwjf-research/2013/07/understanding-why-patients-of-low-socioeconomic-status-prefer-ho.html.
AH	www.medicare.gov/hospitalcompare
AI	New York State Vital Statistics 2018 (2016 data) Erie County Health Indicators by Race/Ethnicity
AJ	New York State Department of Health, New York State Health Profiles, profiles.health.ny.gov/measures/all state/16284
AK	http://www.health.ny.gov/statistics/sparcs/sb/docs/sb8.pdf

APPENDIX J – Catholic Health: Social Responsibility, Community Benefit Framework



APPENDIX K – Prevention Agenda 2019-2024

Prevention Agenda 2019-2024

Developed by the
NYS Public Health and Health Planning Council
and the NYS Department of Health
Updated: April 25, 2019
Version: 1.3

The New York State Prevention Agenda 2019-2024: An Overview

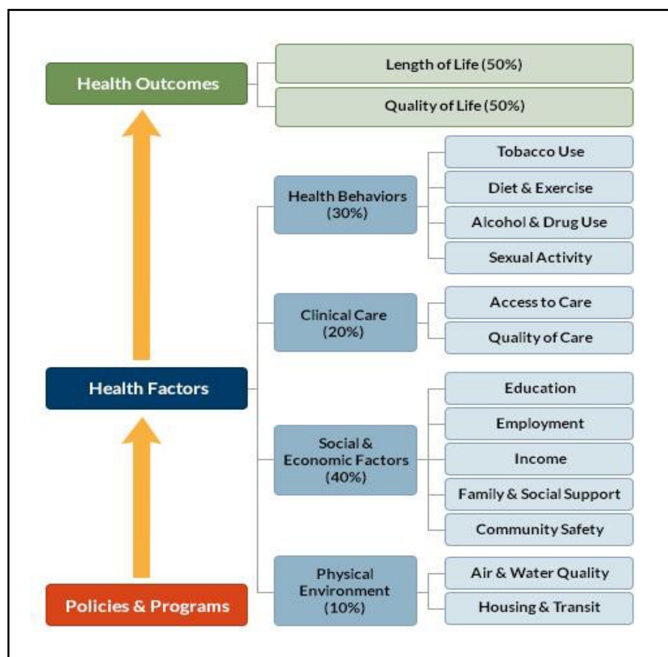
Updated: April 25, 2019

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

<u>The vision of the Prevention Agenda for 2019-2024 is that New York is the Healthiest State in the Nation for People of All Ages.</u> We are proud that, since 2008, New York has moved from the 28th to 10th healthiest state on America's Health Rankings[1], demonstrating real progress toward achieving our vision.

The Prevention Agenda is based on a comprehensive statewide assessment of health status and health disparities, changing demographics, and the underlying causes of death and diseases. We used the County Health Rankings model (*Figure 1*) as the framework for understanding the <u>modifiable</u> determinants of health (without discounting the role of genetics).[2] New to this 2019-2024 cycle is the incorporation of a Health across All Policies approach, initiated by New York State in 2017, which calls on all State agencies to identify and strengthen the ways that their policies and programs can have a positive impact on health. It embraces Healthy Aging to support the State's commitment to making New York the first age-friendly state. The 2019-2024 cycle also builds on the important experiences—both successes and challenges—of local Prevention Agenda coalitions from across the state, who were formed in previous cycles of the Prevention Agenda to identify and address their local communities' health priorities.

Figure 1: County Health Rankings model © 2014 UWPHI



The overarching strategy of the Prevention Agenda is to implement public health approaches that improve the health and well-being of entire populations and achieve health equity. This strategy includes an emphasis on social determinants of health – defined by Healthy People 2020 as the conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Such determinants include social and economic opportunities, education, safety in neighborhoods and communities, the quality of physical environments (e.g., the cleanliness of our water, food, air, and housing), and social interactions and relationships. Health behaviors and access to health care are also important (*Figure 2*).

Figure 2 [3, 4]

Examples of Social Determinants

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

The conditions in the environments where people live, work and play have a significant influence on health status and quality of life and are root causes of poor health and adverse outcomes. Changing these outcomes requires us to address collaboratively the social, economic, and physical conditions that contribute to poor health and well-being.

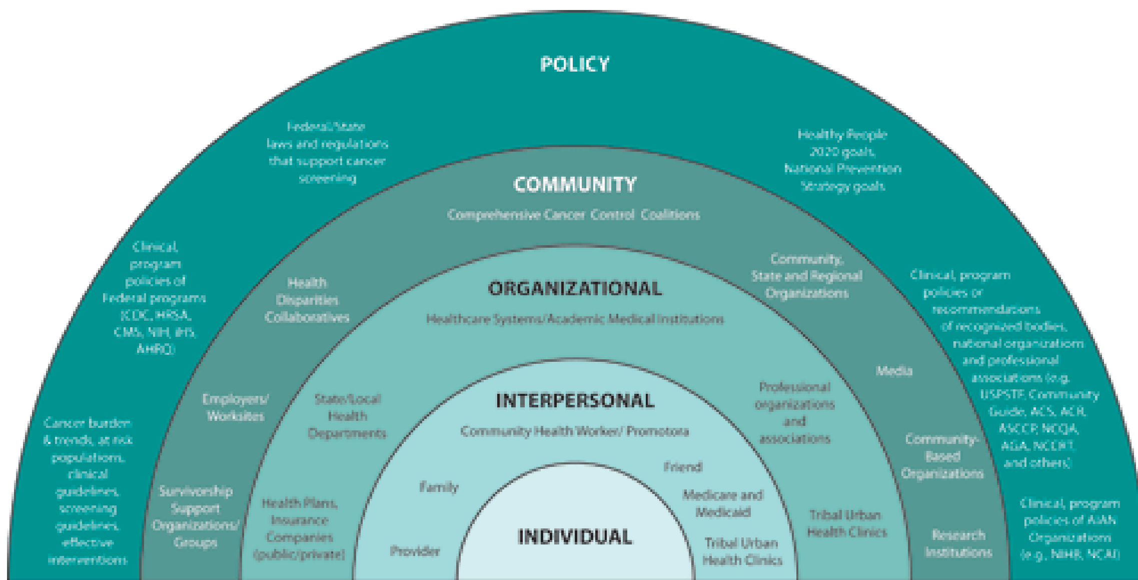
To achieve our vision, the Prevention Agenda calls for cross-sector partnerships (e.g., public health, health care, housing, education, and social services, etc.) to address social determinants of health across five key areas (*Figure 3*):

Figure 3: Social Determinants of Health

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

especially by encouraging alignment of investments in primary prevention[5] and using community and policy-level interventions to have widespread and lasting positive health impacts (*Figure 4*).

Figure 4: Social Ecological Model[6]



Process for Developing the Updated Prevention Agenda

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

Figure 5

Cross-Cutting Principles

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

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

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

The Prevention Agenda 2019-2024 has five priorities with priority-specific action plans developed collaboratively with input from community stakeholders (*Figure 6)*.

Figure 6: New York State Prevention Agenda 2019-2024 – Priority Areas, Focus Areas, and Goals

Priority Area	Focus Areas and Goals
Priority Area: Prevent Chronic Diseases	**Focus Area 1: Healthy Eating and Food Security** Overarching Goal: Reduce obesity and the risk of chronic diseases
	Goal 1.1: Increase access to healthy and affordable foods and beverages
	Goal 1.2: Increase skills and knowledge to support healthy food and beverage choices
	Goal 1.3: Increase food security
	Focus Area 2: Physical Activity Overarching Goal: Reduce obesity and the risk of chronic diseases
	Goal 2.1: Improve community environments that support active transportation and recreational physical activity for people of all ages and abilities
	Goal 2.2: Promote school, child care, and worksite environments that support physical activity for people of all ages and abilities
	Goal 2.3: Increase access, for people of all ages and abilities, to safe indoor and/or outdoor places for physical activity
	Focus Area 3: Tobacco Prevention
	Goal 3.1: Prevent initiation of tobacco use, including combustible tobacco and electronic vaping products (electronic cigarettes and similar devices) by youth and young adults
	Goal 3.2: Promote tobacco use cessation, especially among populations disproportionately affected by tobacco use including: low SES; frequent mental distress/substance use disorder; lesbian, gay, bisexual or transgender; and disability
	Goal 3.3: Eliminate exposure to secondhand smoke and exposure to secondhand aerosol/emissions from electronic vapor products
	Focus Area 4: Preventive Care and Management
	Goal 4.1: Increase cancer screening rates for breast, cervical, and colorectal cancer
	Goal 4.2: Increase early detection of cardiovascular disease, diabetes, prediabetes and obesity
	Goal 4.3: Promote the use of evidence-based care to manage chronic diseases
	Goal 4.4: Improve self-management skills for individuals with chronic conditions
Priority Area: Promote a Healthy and Safe Environment	**Focus Area 1: Injuries, Violence and Occupational Health**
	Goal 1.1: Reduce falls among vulnerable populations
	Goal 1.2: Reduce violence by targeting prevention programs particularly to highest risk populations
	Goal 1.3: Reduce occupational injuries and illness
	Goal 1.4: Reduce traffic related injuries for pedestrians and bicyclists
	Focus Area 2: Outdoor Air Quality
	Goal 2.1: Reduce exposure to outdoor air pollutants
	Focus Area 3: Built and Indoor Environments
	Goal 3.1: Improve design and maintenance of the built environment to promote healthy lifestyles, sustainability, and adaptation to climate change
	Goal 3.2: Promote healthy home and school environments
	Focus Area 4: Water Quality
	Goal 4.1: Protect water sources and ensure quality drinking water
	Goal 4.2: Protect vulnerable waterbodies to reduce potential public health risks associated with exposure to recreational water
	Focus Area 5: Food and Consumer Products
	Goal 5.1: Raise awareness of the potential presence of chemical contaminants and promote strategies to reduce exposure
	Goal 5.2: Improve food safety management

Figure 6 Continued: New York State Prevention Agenda 2019-2024 – Priority Areas, Focus Areas, and Goals

Priority Area	Focus Areas and Goals
Priority Area: Promote Healthy Women, Infants and Children	**Focus Area 1: Maternal & Women's Health**
	Goal 1.1: Increase use of primary and preventive health care services by women of all ages, with a focus on women of reproductive age
	Goal 1.2: Reduce maternal mortality and morbidity
	Focus Area 2: Perinatal & Infant Health
	Goal 2.1: Reduce infant mortality and morbidity
	Goal 2.2: Increase breastfeeding
	Focus Area 3: Child & Adolescent Health
	Goal 3.1: Support and enhance children and adolescents' social-emotional development and relationships
	Goal 3.2: Increase supports for children and youth with special health care needs
	Goal 3.3: Reduce dental caries among children
	Focus Area 4: Cross Cutting Healthy Women, Infants, & Children
	Goal 4.1: Reduce racial, ethnic, economic, and geographic disparities in maternal and child health outcomes and promote health equity for maternal and child health populations
Priority Area: Promote Well-Being and Prevent Mental and Substance Use Disorders	**Focus Area 1: Promote Well Being**
	Goal 1.1: Strengthen opportunities to build well-being and resilience across the lifespan
	Goal 1.2: Facilitate supportive environments that promote respect and dignity for people of all ages
	Focus Area 2: Prevent Mental and Substance Use Disorders
	Goal 2.1: Prevent underage drinking and excessive alcohol consumption by adults
	Goal 2.2: Prevent opioid and other substance misuse and deaths
	Goal 2.3: Prevent and address adverse childhood experiences (ACEs)
	Goal 2.4: Reduce the prevalence of major depressive disorders
	Goal 2.5: Prevent suicides
	Goal 2.6: Reduce the mortality gap between those living with serious mental illness and the general population
Priority Area: Prevent Communicable Diseases	**Focus Area 1: Vaccine-Preventable Diseases**
	Goal 1.1: Improve vaccination rates
	Goal 1.2: Reduce vaccination coverage disparities
	Focus Area 2: Human Immunodeficiency Virus (HIV)
	Goal 2.1: Decrease HIV morbidity (new HIV diagnoses)
	Goal 2.2: Increase viral suppression
	Focus Area 3: Sexually Transmitted Infections
	Goal 3.1: Reduce the annual rate of growth for sexually transmitted infections
	Focus Area 4: Hepatitis C Virus (HCV)
	Goal 4.1: Increase the number of persons treated for HCV
	Goal 4.2: Reduce the number of new HCV cases among people who inject drugs
	Focus Area 5: Antibiotic Resistance and Healthcare-Associated Infections
	Goal 5.1: Improve infection control in healthcare facilities
	Goal 5.2: Reduce infections caused by multidrug resistant organisms and C. difficile
	Goal 5.3: Reduce inappropriate antibiotic use

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

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

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

Prevention Agenda (PA) Indicator	Baseline Year	Baseline	Prevention Agenda 2024 Objective	Percent Improvement from Baseline
Cross-Cutting Objectives to Improve Health Status and Reduce Health Disparities				
Percentage of premature deaths (before age 65 years)	2016	**24**	**22.8**	**-5%**
Difference in percentage (Black non-Hispanic and White non-Hispanic) of premature deaths	2016	**18.2**	**17.3**	**-5%**
Difference in percentage (Hispanic and White non-Hispanic) of premature deaths	2016	**17.1**	**16.2**	**-5%**
Age-adjusted preventable hospitalization rate per 10,000 - Aged 18+ years	2016	**123.4**	**117.2**	**-5%**
Difference in rates (Black non-Hispanic and White non-Hispanic) of preventable hospitalizations	2016	**98.2**	**93.3**	**-5%**
Difference in rates (Hispanic and White non-Hispanic) of preventable hospitalizations	2016	**25.6**	**24.3**	**-5%**
Percentage of adults (aged 18-64) with health insurance	2016	**91.4**	**97.0**	**+ 6%**
Age-adjusted percentage of adults who have a regular health care provider - Aged 18+ years	2016	**82.6**	**86.7**	**+ 5%**

The Prevention Agenda aims to be a dynamic plan and a catalyst for action. Key to its success will be the alignment of efforts across State agencies, working with local governments and Prevention Agenda coalitions, and facilitating active community engagement. The Ad Hoc Committee will encourage its members and partners across the state to share effective strategies for improving community health. The Public Health and Health Planning Council will oversee implementation and use lessons learned to advance the Prevention Agenda.

References

[1] United Health Foundation. America's Health Rankings Annual Report, 2017. https://www.americashealthrankings.org/about/methodology/our-reports

[2] Our Methods. County Health Rankings and Roadmaps web site. http://www.countyhealthrankings.org/explore-health-rankings/our-methods. Accessed November 2, 2018.

[3] US Department of Health and Human Services. Healthy People 2020. Social Determinants of Health. https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health

[4] Social Determinants of Health, 2nd Edition. M Marmot and R Wilkinson (eds). Oxford University Press, 2006.

[5] NYS Department of Health Letter and Community Health Planning Guidance 2016-18 https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/docs/letter_community_planning_guidance_2016_18.pdf

[6] Social Ecological Model. Centers for Disease Control and Prevention web site. Updated January 28, 2013. https://www.cdc.gov/cancer/nbccedp/sem.htm. Accessed November 2, 2018.