



2019  
**Community Health  
Needs Assessment**

Mount St. Mary's Hospital

**Community Health  
Improvement Plan 2019-2021**

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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 ([Attachment H](#)).

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](http://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](http://www.chsbuffalo.org) or calling HealthConnection at 716-447-6205.

A handwritten signature in blue ink that reads 'Mark A. Sullivan'.

Mark A. Sullivan  
President & CEO  
Catholic Health

## Executive Summary – Identified Themes

### Background

Mount St. Mary's Hospital is comprised of a 175-bed community hospital and a fully-licensed Child Care Center on its campus in Lewiston, NY. It also operates a Neighborhood Health Center clinic in the City of Niagara Falls and an off-site Outpatient Rehabilitation Center. In addition, primary care and medical specialties are offered at facilities on-campus and at sites throughout the community.

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

Mount St. Mary's Hospital employs more than 700 people and has about 200 volunteers.

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

In July 2015, the sponsorship of Mount St. Mary's was transferred to Catholic Health of Buffalo.

### Overview of Process

The 2019-2021 Niagara County Community Health Needs Assessment (CHNA) began by bringing together the participants from the 2013 and 2016 process. This included the Niagara County Department of Health, and representatives of the four hospitals in Niagara County: Mount St. Mary's, Niagara Falls Memorial, DeGraff Memorial, and Eastern Niagara. The process was coordinated by the Population Health Collaborative of Western New York.

Initial meetings focused on evaluating activities and progress from the 2016 CHNA's and the County Department of Health's Community Service Plan priorities. Mount St. Mary's posted its 2016-18 report on the hospital website and providing notice in the media. We did not receive any written input following publication on the report. Subsequent sessions were devoted to developing a countywide questionnaire to survey residents and initiatives to gather as much relevant data as possible from surveys, interviews, and focus groups.

As part of this coordinated initiative, Mount St. Mary's worked to develop an updated three-year (2019-2021) Community Health Improvement Plan (CHIP) to continue the collaboration in our community to improve patient care, preventive services, overall health, and quality of life. Our input process covered many segments of the community including individual surveys, mail surveys of community organizations, input from medical providers and staff, input from local health officials and others of varying socioeconomic backgrounds.

The CHNA and CHIP 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 (PPACA), the federal government (IRS) 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 a strategy for local health improvement focused on the Prevention Agenda 2019-2024: New York State's Health Improvement Plan (Prevention Agenda).

## Community Health Improvement Plan

Mount St. Mary's Hospital, as part of Catholic Health, is committed to addressing the significant health needs of our community. This is reflected in this updated three-year (2019-2021) Community Health Improvement Plan (CHIP). The plan began with the prioritization of the significant health needs challenges experienced by patients and families identified in the CHNA. Mount St. Mary's considered the importance placed on those needs by both New York State as outlined in the Prevention Agenda, by a local assessment community survey conducted by the Niagara County Department of Health (**Attachment B**), by a survey conducted by Mount St. Mary's targeting community organizations and groups in our primary service area (**Attachment E**) and by other collected input that included targeted efforts in underserved areas of the community and focus groups (**Attachment F**).

Mount St. Mary's then assessed its capabilities and resources with the potential to strengthen relationships with current partners and others in the community to select projects that had the greatest opportunity to reduce the health disparities and meet the needs of the residents of our community. The overall goal remains to improve the health of residents of our community.

Two of the underlying barriers identified in the focus groups and discussions that are not specifically part of the Prevention Agenda are Health Education and Transportation. These represent factors that significantly influence our community's health status and are root causes of poor health and adverse outcomes. Strategies will include an approach that more intentionally addresses social determinants of health, outside the traditional delivery of healthcare services with special attention to access and health inequities.

The progress of Mount St. Mary's CHIP will be measured and reported annually to the community on the Mount St. Mary's/Catholic Health website in addition to paper copies which are available at our Hospital Information desk and our Neighborhood Health Center.

The Mount St. Mary's Hospital Website can be found at:

Mount St. Mary's Hospital: [www.chsbuffalo.org/mountstmarys](http://www.chsbuffalo.org/mountstmarys)

## Community Priorities Not Specifically Addressed

Through the needs assessment, numerous areas were identified as important and clearly impact the health of the community. Mount St. Mary's identified the "significant" needs as related to the New York State Department of Health Prevention Agenda priorities. Within the "priorities," Mount St. Mary's will address numerous health needs as described in the publicly available CHNA report.

Some of the other health concerns identified included stress management, neighborhood safety, water safety and child abuse/neglect. We did not address in our plan because of a lack of expertise and resources to effectively address each of the issues.



## Identified Community Health Need Themes

The programs that Mount St. Mary's has put in place to address its priorities involve participation and cooperation of numerous community groups and organizations. Mount St. Mary's will continue to support several health collaborative groups which include community partners, the Niagara County Health Department, Niagara County Office of Mental Health and Substance Abuse, academia, and local schools. These partners will be engaged throughout the years in an evaluation process to determine new areas of need or refine current service offerings.

## 2019-2021 Prevention Agenda Items #:

### Prevent Chronic Diseases

- 1) Improve access to prevention and self-management programs for Those with heart disease and diabetes 14,20 & 22

### Promote a Healthy and Safe Environment

- 2) Improve support programs targeting older adults and reduce fall rates 5

### Promote Healthy Women, Infants and Children

### Promote Well-Being and Prevent Mental and Substance Use Disorders

- 3) Facilitate supportive environment promoting dignity for all through "Trauma Informed Care" practices 42, 43 & 44

### Prevent Communicable Diseases

- 4) Improve vaccination rates for HPV and Influenza 24 & 25

## Niagara County Department of Health – Community Hospitals

- 1) Improve access to prevention and self-management programs for those with heart disease and diabetes
- 2) Improve nutrition, healthy eating and food security
- 3) Facilitate supportive environment promoting dignity for all through "Trauma Informed Care" practices. Prevent opioid substance misuse and deaths

## Process and Methods

Satisfying the requirements of the IRS and Department of Health (DOH), Mount St. Mary's Hospital followed the process described below in completing its Community Health Needs Assessment and Community Health Improvement Plan.

### 1. Establish the Assessment Infrastructure

A Steering Committee was established that included representation from various segments of the organization. Members of the group from Mount St. Mary's who worked on identification of internal priorities:

- Gary C. Tucker, President and Chief Operating Officer
- Dr. Thomas Cumbo, Chief Medical Officer
- Jessica Visser, RN, BSN, Vice President – Patient Care Services
- Bernadette Franjoine, Vice President – Mission Integration
- Tom Greico, Director of Operations
- Karen Hogan, Director, Clearview
- Patricia Villani, Director, Clinical Practice Management
- Julie Berrigan, Executive Director, Mount St. Mary's Hospital Foundation
- Maryann Cogdill, RN, Director of Maternity Services
- Sr. Nora Sweeney, DC, NHC Case Manager
- Sr. Louise Gallahue, DC, Community Care Coordinator
- Margaret Gabriele, Manager, Care Management
- Fred Caso, Director, Public Relations and Community Affairs
- Others as determined

### 2. Defining the Purpose and Scope

In New York State (NYS), all not-for-profit hospitals are required to develop a Community Health Improvement Plan (CHIP), which have similar requirements to those of the IRS Community Health Needs Assessment. NYS requires that each organization, in cooperation with the local department of health and other providers in their county, collaboratively choose to work on two Prevention Agenda priority focus areas and address disparities in at least one of them. The NYS Prevention Agenda guided Mount St. Mary's in focusing its assessment efforts and in defining its service area as western Niagara County. It also helped to identify the most important health issues in the community, set priorities and align work with community partners.

### 3. Collect and Analyze Data

### (Summary in Attachments B-C-D-E-F)

Mount St. Mary's conducted significant outreach in the community and within the organization to collect input.

The primary data collection efforts included:

- Written Survey targeting local community organizations and non-profits that are active in the primary service area
- Written Survey targeting local block clubs and church groups active in the primary service area
- Focus Group at the Mount St. Mary's Neighborhood Health Center, located in the part of the service area with the lowest per capita income and underserved in a variety of ways
- Focus Group at Lewiston Senior Center
- Internal Input with groups of associates, including:
  - ✓ Security Department
  - ✓ Nutrition Services
  - ✓ Environmental Services
  - ✓ PSC Aides
- Internal Input with providers, including:
  - ✓ Pediatricians
  - ✓ Obstetricians/Gynecologists
  - ✓ Primary Care
  - ✓ PSC Aides
- Input from Focus Groups conducted throughout Niagara County by Niagara County DOH
- Written Survey conducted by Niagara County Department of Health that was countywide, but also with the ability to gather input from our primary service area.
- 1-on-1 conversations with clients of Heart, Love and Soul Food Pantry (Sr. Louise Gallahue)
- 1-on-1 conversations with patients of Neighborhood Health Center (Sr. Nora Sweeney)

### 4. Identify Resources/Community Collaboration

The Mount St. Mary's Steering Committee reached out to a cross-section of the hospital's associates to facilitate identification of individuals and organizations that represent the broad interests of the community and have expertise in public health, to help identify the health needs in the community. These included Niagara Falls Memorial Medical Center, Eastern Niagara Hospital, DeGraff Hospital, Niagara County Department of Health, Niagara University, Heart, Love, and Soul Food Pantry, Niagara Falls City Schools, and multiple other local organizations throughout the process with special attention to those who serve the marginalized.

### 5. Prioritization of Community Needs

Prioritization of the health needs identified in the 2019-2021 CHNA began by considering the degree of alignment with the New York State Prevention Agenda framework. Significant health needs represented within 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
- E. Prevent Communicable Diseases

## **6. Create Community Health Improvement Plan and Monitor Progress**

Priority areas identified through the needs assessment were used to focus community benefit planning for the next three years. A Community Health Improvement Plan has been developed which includes the focus areas, goals, and objectives for addressing the prioritized significant community health needs and addresses the two collaboratively chosen Prevention Agenda priorities.

Within the Community Health Improvement Plan are roadmaps for how the priorities will be addressed. These plans include specific actions to be taken, collaborations that will be instituted and targets to measure success. Mount St. Mary's will build on its successes in addressing areas of concern, such as the establishment of Pediatric Care Coordinators at its Neighborhood Health Center achieved through a grant from the Tower Foundation.

A dashboard with Community Health Improvement Plan measures will be used to communicate and gauge progress throughout the three-year duration.

To facilitate the accomplishment of these goals Catholic Health made an intentional decision of allocating one percent of its net income from previous year, for projects related to community needs.

Mount St. Mary's will also maintain engagement with its community partners by establishing work plans for collaborative efforts to achieve annual targets. The Mount St. Mary's Steering Committee has established a monthly meeting to discuss and track progress of the Community Health Improvement Plans and collaborative efforts with community partners. Adjustments will be made as needed.

## **7. Board Approval and Public Availability of the Community Health Needs Assessment**

The final Mount St. Mary's CHNA will be presented to the Catholic Health Mission Committee of the Board.

The Catholic Health Hospital Board of Directors reviewed and approved the Community Health Improvement Plan for each of its hospitals on October 17, 2019.

Reports have been published electronically on the Catholic Health/Mount St. Mary's Hospital website with hard copies available at the hospital and the Mount St. Mary's Neighborhood Health Center.

## Overview of Mount St. Mary's Hospital

Mount St. Mary's Hospital is comprised of a 175-bed community hospital and a fully-licensed Child Care Center on its campus in Lewiston, NY. It also operates a Neighborhood Health Center clinic in the City of Niagara Falls and an off-site Outpatient Rehabilitation Center. In addition, medical specialties in Otolaryngology, Primary Care, General Surgery and Orthopedics are offered at facilities on-campus and throughout the community. Mount St. Mary's serves as the Medical Provider for the PACE Program in Niagara Falls. Our Mission: *We are called to reveal the healing love of Jesus to all.*

Staff at Mount St. Mary's includes more than 200 physicians with privileges, 200+ RN's and LPN's, 30 allied health professionals and numerous employees in supporting roles. In all, Mount St. Mary's Hospital and Health Center employs more than 800 people and has about 200 volunteers.

Mount St. Mary's Hospital was formed in 1907 by the Sisters of St. Francis who came north from Buffalo to care for the sick and the poor. In 1997 the Sisters of St. Francis turned over sponsorship to the Daughters of Charity National Health System to continue in their tradition of excellence and service. In 2000 the Daughters of Charity merged with the Sisters of St. Joseph to create Ascension Health. Ascension Health is the largest not-for-profit healthcare system in the nation.

In July 2015, the sponsorship of Mount St. Mary's was transferred to Catholic Health of Buffalo.

An important component of the service provided to the community by Mount St. Mary's involves our association with Catholic Medical Partners (CMP), Mount St. Mary's and Catholic Health's physician partners. This is a physician-led independent practice association with a network of over 900 physicians of which one-third are primary care providers. CMP is driven to improve care delivery in the community through its member physicians.

## 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 Western New York. Integral to this effort is caring for the needs of those who are poor and disadvantaged. In the Niagara community, Mount St. Mary's activities and services at its Neighborhood Health Center and collaboration at the Heart, Love and Soul Food Pantry are two prime examples of this commitment to those in need. Other initiatives are undertaken through active involvement and leadership in community organizations such as Pinnacle Community Services, Niagara University, Opportunities Unlimited of Niagara, and the Niagara Organizing Alliance for Hope (NOAH), and others.

Each year, Catholic Health touches tens of thousands of community residents through community health education programs, health screenings, clinical and support services, and community support activities. Catholic Health also has a robust Financial Assistance Program.

In Niagara County these initiatives have included day-long screenings at the hospital, outreach at community events from downtown Niagara Falls to Wheatfield, among others. Mount St. Mary's and Catholic Health will continue to meet community needs by providing charity care and Medicaid services, in addition to various other community benefit programs, including community health improvement, community benefit operations, health professions education, community building, as well as, cash and in-kind contributions. In 2018 Catholic Health provided \$126 million in charity care, of which MSM contributed \$10.6 million.

## Mount St. Mary's/Catholic Health (CH) Mission, Vision and Values

Mount St. Mary's/Catholic Health's Mission:

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

### 1. Vision

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

### 2. Catholic Health Values

#### A. **Reverence**

We honor the inherent dignity and uniqueness of each person.

#### B. **Compassion**

We unconditionally demonstrate empathy, kindness, and acceptance.

#### C. **Integrity**

We are honest, transparent, and accountable.

#### D. **Innovation**

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

#### E. **Community**

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

#### F. **Excellence**

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

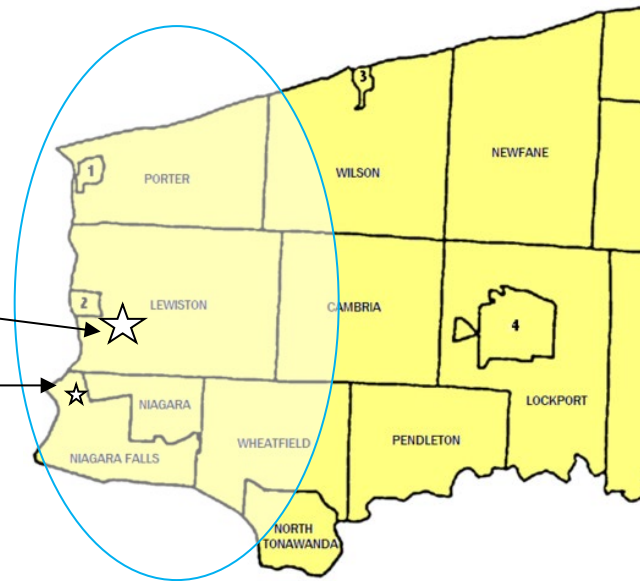
## Community Served

### A) Area Served:

The Primary Service Area for Mount St. Mary's is generally described as Western Niagara County.

Eighty-Five percent of our patients come from this area.

Services are provided at the **main hospital campus** in Lewiston and the **Neighborhood Health Center** in the City of Niagara Falls.



### B) Demographics:

Detailed demographics of the community from US Census and other data are included in the report.

### C) Existing Health Care Facilities:

There are two community hospitals in our Primary Service Area –

**Mount St. Mary's Hospital**, 5300 Military Road, Town of Lewiston NY

**Niagara Falls Memorial Medical Center**, 621 Tenth Street, City of Niagara Falls NY

## Demographic Summary

A Community Hospital, Mount St. Mary's is part of Catholic Health (The System), a not-for-profit integrated healthcare delivery system that operates four acute care operations in Erie County and one in Niagara County. The primary service area for Mount St. Mary's is Western Niagara County. U.S. Census Bureau data is available for all of Niagara County. A demographic profile of Niagara County and our community is summarized below.

Demographics						
Population by Race/Ethnicity 2018 Niagara County						
Variable	2018 Population		2023 Population		Change	
	Count	% of Pop	Count	% of Pop		
<b>Population</b>	<b>210,185</b>	<b>100.0%</b>	<b>208,476</b>	<b>100.0%</b>	<b>-0.8%</b>	
<b>White</b>	<b>182,856</b>	<b>87.0%</b>	<b>179,303</b>	<b>86.0%</b>	<b>-1.9%</b>	
<b>White Hispanic</b>	<b>3,880</b>	<b>1.8%</b>	<b>4,609</b>	<b>2.2%</b>	<b>18.8%</b>	
<b>Black</b>	<b>15,046</b>	<b>7.2%</b>	<b>15,316</b>	<b>7.3%</b>	<b>1.8%</b>	
<b>Black Hispanic</b>	<b>475</b>	<b>0.2%</b>	<b>565</b>	<b>0.3%</b>	<b>18.9%</b>	
<b>American Indian &amp; Alaska Native</b>	<b>2,363</b>	<b>1.1%</b>	<b>2,444</b>	<b>1.2%</b>	<b>3.4%</b>	
<b>Hispanic</b>	<b>210</b>	<b>0.1%</b>	<b>249</b>	<b>0.1%</b>	<b>18.6%</b>	
<b>Asian/Pacific Islander</b>	<b>2,650</b>	<b>1.3%</b>	<b>3,145</b>	<b>1.5%</b>	<b>18.7%</b>	
<b>Asian/Pacific Islander Hispanic</b>	<b>33</b>	<b>0.0%</b>	<b>38</b>	<b>0.0%</b>	<b>15.2%</b>	
<b>2+ Races</b>	<b>5,795</b>	<b>2.8%</b>	<b>6,552</b>	<b>3.1%</b>	<b>13.1%</b>	
<b>2+ Races Non-Hispanic</b>	<b>5,105</b>	<b>2.4%</b>	<b>5,730</b>	<b>2.7%</b>	<b>12.2%</b>	
<b>2+ Races Hispanic</b>	<b>690</b>	<b>0.3%</b>	<b>822</b>	<b>0.4%</b>	<b>19.1%</b>	
<b>Other</b>	<b>1,475</b>	<b>0.7%</b>	<b>1,716</b>	<b>0.8%</b>	<b>16.3%</b>	
<b>Other Non-Hispanic</b>	<b>176</b>	<b>0.1%</b>	<b>174</b>	<b>0.1%</b>	<b>-1.1%</b>	
<b>Other Hispanic</b>	<b>1,299</b>	<b>0.6%</b>	<b>1,542</b>	<b>0.7%</b>	<b>18.7%</b>	
<b>Hispanic Ancestry</b>	<b>6,587</b>	<b>3.1%</b>	<b>7,825</b>	<b>3.8%</b>	<b>18.8%</b>	
<b>Non-Hispanic Ancestry</b>	<b>203,598</b>	<b>96.9%</b>	<b>200,651</b>	<b>96.2%</b>	<b>-1.4%</b>	

<p><b>Race / Ethnicity</b></p> <ul style="list-style-type: none"> <li>The population of Niagara County is predominantly White, representing 87% of the population.</li> <li>African-Americans comprise 7.2% of the population.</li> <li>The next largest population segment is Hispanic/Latino representing 3.0%.</li> <li>A small portion, 1.1% are Native Americans, and most are in our primary service area.</li> <li>Less than 1% described as not proficient in English</li> </ul>
<p><b>Health Insurance Coverage</b></p> <ul style="list-style-type: none"> <li>Roughly 7% of Niagara County residents are uninsured. The remaining 93% are either covered through Medicare, Medicaid, are dual eligible or have private insurance.</li> </ul>
<p><b>Employment/Unemployment</b></p> <ul style="list-style-type: none"> <li>The unemployment rate for Niagara County is 3.4%, which is lower when compared to New York State (4.6%) and national (4.1%) rates.</li> </ul>

Sources: The Caritas Co.

## Mount St. Mary's Service Area Demographic Snapshot

### Overall Population

	Selected Area	USA
2010 Total Population	99,014	308,745,538
2018 Total Population	95,023	326,533,070
2023 Total Population	93,671	337,947,861
% Change 2018 - 2023	-1.4%	3.5%
Average Household Income	\$63,914	\$86,278

### Population (Male/ Female)

	2018	2023	% Change
Male Population	45,895	45,328	-1.2%
Female Population	49,128	48,343	-1.6%
Females, Child Bearing Age (15-44)	17,234	16,859	-2.2%

### Household Income Distribution

2018 Household Income	Income Distribution		
	HH Count	% of Total	USA % of Total
<\$15K	6,672	16.0%	10.9%
\$25-50K	9,578	23.0%	22.1%
\$50-75K	7,193	17.3%	17.1%
\$75-100K	4,864	11.7%	12.3%
Over \$100K	7,794	18.7%	28.2%

### Education Level

2018 Adult Education Level	Education Level Distribution		
	Pop Age 25+	% of Total	USA % of Total
Less than High School	2,024	3.0%	5.6%
Some High School	5,724	8.4%	7.4%
High School Degree	24,583	36.3%	27.6%
Some College/Assoc. Degree	21,140	31.2%	29.1%
Bachelor's Degree or Greater	14,325	21.1%	30.3%

### Race/ Ethnicity

Race/Ethnicity	Race/Ethnicity Distribution		
	2018 Pop	% of Total	USA % of Total
White Non-Hispanic	74,317	78.2%	60.4%
Black Non-Hispanic	11,401	12.0%	12.4%
Hispanic	3,180	3.3%	18.2%
Asian & Pacific Is. Non-Hispanic	1,460	1.5%	5.8%
All Others	4,665	4.9%	3.2%



## Niagara County Demographics (SUMMARY) - 2019

### Population

- The total population of Niagara County has declined about 2.7% from 216,094 to 210,185 between the years of 2010 and 2018 respectively.
- Of this amount, 94,031 people reside in Mount St. Mary's Hospital Primary Service Area.
- 19% of the overall population is composed of individuals aged 65 and older. This is a 1.3% increase from the 2016 population analysis.
- About 51% female
- 22% rural
- The median household income of Niagara County is \$54,000
- About 13% of the residents of Niagara County are considered to be living below the poverty line.

**NOTE:** 2019 Federal Poverty Levels are defined as Household of:

1	\$12,490
2	\$16,910
3	\$21,330
4	\$25,750
5	\$30,170
6	\$34,590
7	\$39,010
8	\$43,430

### Race and Ethnicity

- The population of Niagara County is predominantly white, representing 85% of the population.
- Black or African-Americans comprise about 7% of the population.
- Hispanics are the next largest racial group at 3.1% of the population.
- Native-Americans account for only 1% of the population, and most are in our primary service area.
- About 9% of Niagara County residents do not predominantly speak English at home.

### Health Insurance Coverage

- Roughly 7% of Niagara County residents are uninsured. The remaining 93% are either covered through Medicare, Medicaid, are dual eligible or have private insurance.

### Unemployment Rate

- The unemployment rate for Niagara County is 3.4%, which is lower when compared to New York State (4.6%) and national (4.1%) rates.

## Community Resources

### Systems and Access to Care

The Niagara County health care system is centered on work by four community hospitals: Mount St. Mary's Hospital (of Catholic Health), Niagara Falls Memorial Medical Center (independent), DeGraff Memorial Hospital (Kaleida Health) and Eastern Niagara/Lockport Memorial Hospital (Kaleida Health). Another important provider that impacts the community is Roswell Park Cancer Institute, a national cancer center.

### Other Community Providers

Another important health care provider organization in Niagara County is a Federally Qualified Health Center. Supplementing these providers is a broad range of other community organizations providing various health services and resources.

# 2019-2021 Community Health Improvement Plan

## The Process/Summary

Starting in January 2018, Mount St. Mary's Hospital individually, and collectively with the Niagara County Department of Health and three other local hospitals (Niagara Falls Memorial, Eastern Niagara, and DeGraff Memorial), conducted a Community Health Needs Assessment (CHNA) to better understand the health needs of the community we serve and to fulfill the requirements of both the Internal Revenue Service (IRS) and the New York State Department of Health (DOH).

To ensure the assessment was comprehensive, we began with consideration of the projects in the previous cycle, in addition to input from the public and several community organizations.

Our outreach for Mount St. Mary's included a mail survey to area:

- Community and Service Organizations
- Local Block Clubs
- Area Churches

We also conducted focus groups/surveys:

- Mount St. Mary's Neighborhood Health Center
- Mount St. Mary's Hospital Associates
- Mount St. Mary's Hospital Medical Providers
- Town of Lewiston Senior Center

In addition, as part of our work with the Niagara County Department of Health, we aggressively supported a written and online survey from County residents. Of the more than 1,500 responses to the survey received from the Niagara County DOH, more than 1,000 were from residents of the Primary Service Area of Mount St. Mary's.

In considering our strategy for 2019-2021, we took into account all of this information.

## Patient Protection and Affordable Care Act of 2010

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

Specific requirements include:

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

## New York State Prevention Agenda

Since 2009, New York State has required hospitals and local health departments to collaborate within their community to identify local health priorities and strategize for local health improvement focused on the Prevention Agenda 2019-2024; New York State's Health Improvement Plan (Prevention Agenda).

This collaborative approach is designed to improve the health status of New Yorkers and reduce health disparities through increased emphasis on prevention. Requirements of New York State 2019-2021 plan include:

1. Define the community served
2. Align investments in evidence-based interventions to the Prevention Agenda
3. Assess and select at least two of the Prevention Agenda's priorities to address collaboratively with community organizations and the local health department
4. Describe the evidence-based interventions that will be implemented to address those priorities and the health disparity of interest

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

## Process

### 3. Establish the Assessment Infrastructure

A Steering Committee was established that included key representatives from throughout Mount St. Mary's that included representation from Community Clinics, Mission, Marketing, Community Education, Social Services, Finance, Medical Providers and Services Lines. The Steering Committee reviewed IRS & DOH requirements and established the project timeline and work plan. Active participation of the hospital representatives on the Steering Committee meets the requirements for a joint assessment.

### 4. Defining the Purpose and Scope

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

### 5. Collect and Analyze Data

Mount St. Mary's solicited and collected data both from a specific survey targeting community organizations and agencies in our Primary Service Area, and cooperatively with the Niagara County Department of Health and other local hospitals for a survey of residents county wide.

Our data collection and analysis process included:

- disseminating a 34 question survey (**Attachment B**) developed by the Niagara County Department of Health/Niagara County Hospitals/Population Health
- disseminating a 6 question survey (**Attachment E**) devised by Mount St. Mary's to community organizations, churches, block clubs; and,
- facilitating group discussions with community services, internal staff, and medical providers

The different surveying methods ensured a broad representation of various population segments.

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

## **6. Identify Resources/Community Collaboration**

The Mount St. Mary's Community Needs Assessment Group and Community Relations Department reached out to a cross section of the hospital's associates to facilitate identifying individuals and organizations that represent the broad interests of the community and have expertise in public health, to help identify the health needs in Western Niagara County.

## **7. Prioritization of Community Needs**

The community health needs identified throughout this process required prioritization. The first step in the prioritization process was to use the New York State Prevention Agenda as a framework within which to align the community health needs. Significant health needs represented within 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**
- E. Prevent Communicable Diseases**

## **8. Create Community Health Improvement Plan and Monitor Progress**

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

Mount St. Mary's will maintain engagement with its community partners by establishing work plans for collaborative efforts to achieve annual targets.

## **9. Board Approval and Public Availability of the Community Health Needs Assessment/Community Health Improvement Plan**

- ✓ The Final Report and supporting information is communicated to the Catholic Health Board of Directors for Approval.
- ✓ Upon approval, the report is published electronically on the Mount St. Mary's/ Catholic Health website with hard copies available upon request at the main Information Desk in the hospital's Main (South) Lobby.



## 10. Overall Evaluation Process

Conversations regarding concerns in communities and organizations across Niagara County shared several priority themes:

- Strongest: access to fresh food and health care, level of engagement of community members in healthy lifestyle and accountability for own health, education for youth, healthy family units, unemployment and underemployment, transportation, safe neighborhoods, substance abuse and behavioral health. Pain management also an issue.
- Top health issues: Cancer, heart disease/obesity, diabetes
  - Need to address obesity in all age groups, especially in low-income neighborhoods, to reduce incidence of chronic disease and/or management of condition
- Significant within Heart, Love & Soul and low-income neighborhoods: safe, affordable housing, dental care and transportation
- Shared across human service agencies: housing, transportation, lifestyle choices and behaviors

Dialogue regarding opportunities to improve health from community members and organizations in Niagara County:

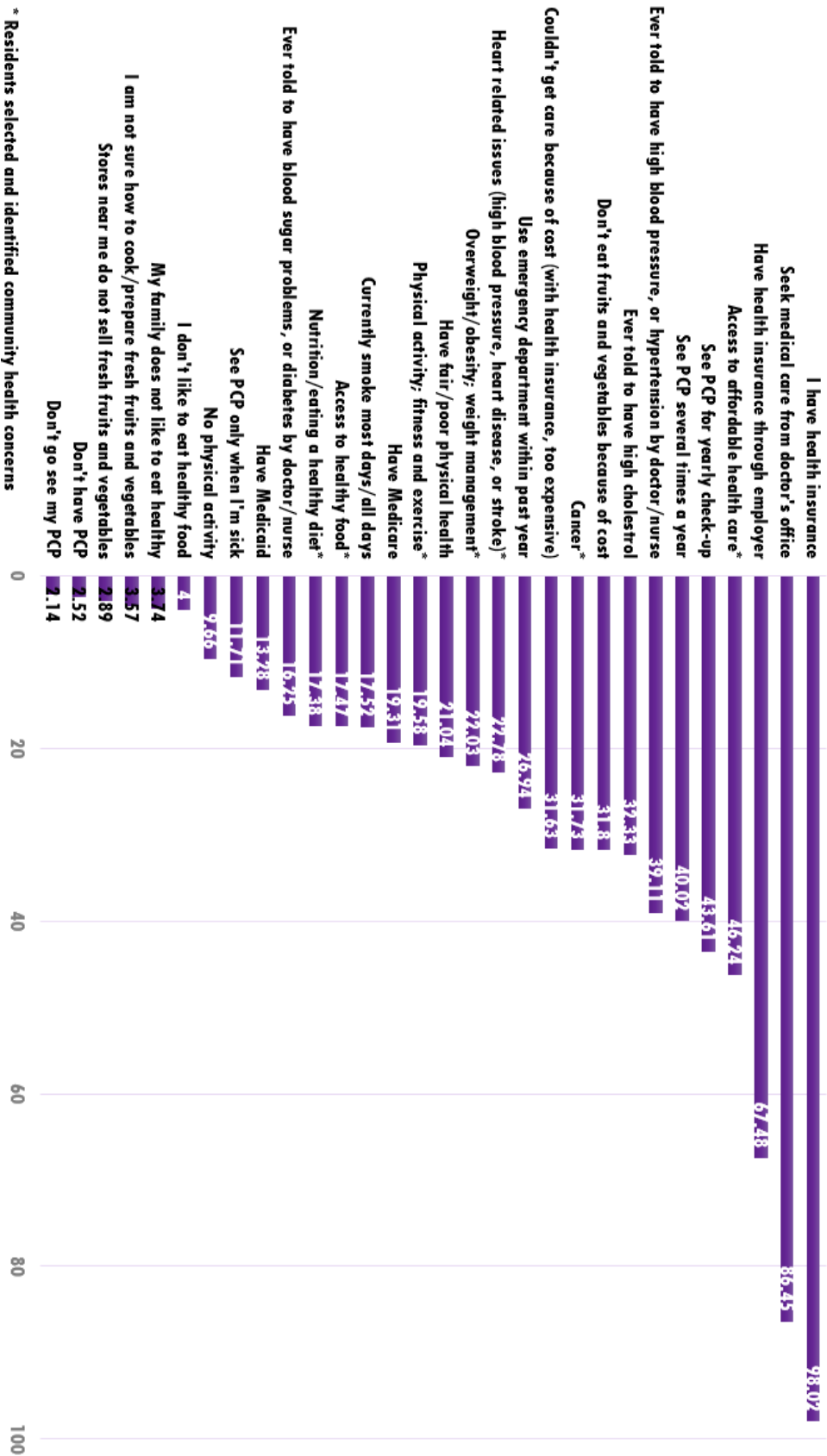
- Urgent concern for rising number below or at poverty level. Opportunity to work collaboratively to help people reach a better, more stable place in life for themselves. Helping to change the community in a most tangible way.
  - Well-being of community has great influence on how healthy we are
  - Return to focus of caring for others in neighborhood, concern for welfare of others
- Leverage strengths in community – dedicated service agencies, proven success rates, high impact.
  - Majority of what affects health is outside of physician practice and health system
  - Need for community response to problems, more coordinated advocacy
  - Continue to work with others/maintain and enhance partnerships
- Residents are in need of affordable housing and support. Also, easier access to whatever help that is needed to stay safe and healthy, reduce visits to hospital. Strong link between housing and health (unstable housing = unstable health/less likely to address health needs). Influence and investment in stable housing can reduce health care costs and emergency room/inpatient admissions/readmissions.
  - Need access to providers, hospital based services, pharmacies
  - Dental Care and Transportation is vital
  - Investment in community, housing listed as highest of needs, help low income residents live better
  - Food security needs to be a priority
- Need more programming and education closer to where community lives, bring health education to schools (parents and students); provide health fairs in less traditional settings (parent-teacher conferences).
  - Update information about SDI, HIV, HPV, healthy relationships, values, self-image

- Mount St. Mary's is a reliable, trustworthy partner, quality services and positive patient experience, well-positioned with CH, compassionate culture with strong focus on mission, vision, and values, already present in critical service areas.
- Significant community need surrounding lack of behavioral health and substance abuse treatment resources
  - Provide Behavioral Health First Aid Training for associates and community
  - Trauma Informed Care
  - Presence of treatment and socioeconomic barriers:

# Responses From 1,080 Residents of Western Niagara County

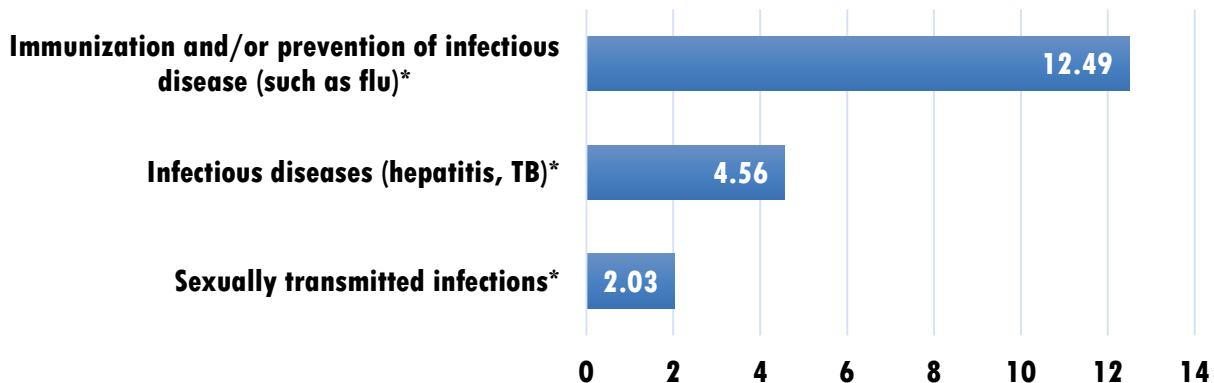
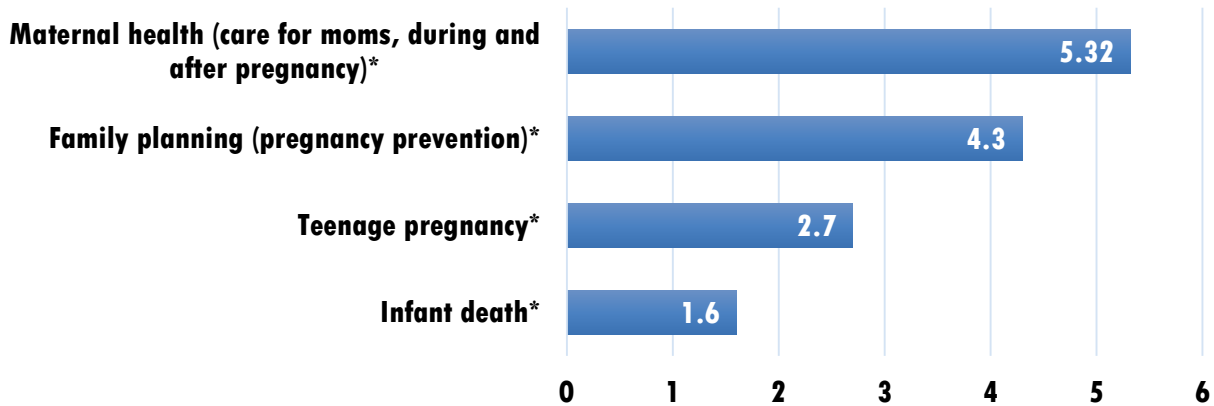
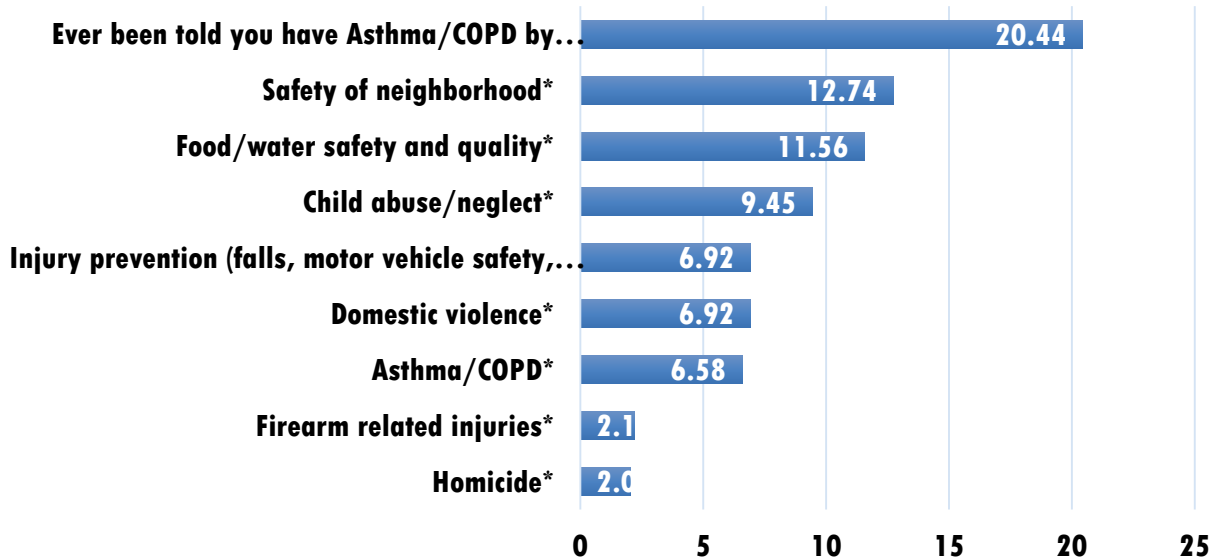
When you think about your own health or the health of your community, which of the following issues are you most concerned about?

## Niagara County Residents Selected Health Concerns by Percent



\* Residents selected and identified community health concerns

# Niagara County Residents Selected Health Concerns by Percent



## Public Participation – Survey Results

Information was obtained mainly through a mail survey to community organizations and churches and individual interviews with hospital volunteers. In addition, Mount St. Mary’s surveyed internal members of the hospital, and members of its community including its board of associates’ volunteers, St. Francis Guild volunteers, and general hospital volunteers, a community focus group, and in a mailing to community service organizations.

More than 1,500 surveys were collected from residents of Niagara County. Major findings as to key health issues from the Countywide Survey were:

<u>COUNTYWIDE RESULTS</u>	<u>%</u>	<u>#</u>	<u>%</u>	<u>MSMH SERVICE AREA RESULTS</u>	<u>%</u>	<u>STRATEGIES SELECTED</u>
Access to Affordable Care	46%			Access to Affordable Care	44%	
High Blood Pressure	39%			High Blood Pressure	39%	2
Cancer	32%			Cancer	34%	3
High Cholesterol	32%			High Cholesterol	34%	2
Mental Health Problems	31%			Mental Health Problems	26%	4
Overweight/Obesity	22%			Overweight/Obesity	20%	2
Heart-Related Issues	22%			Heart-Related Issues	24%	2
Physical Activity	19%			Physical Activity	18%	1
Alcohol and/or drug use	17%			Alcohol and/or drug use	17%	4
Tobacco Use	17%			Tobacco Use	16%	
Access to Healthy Food	17%			Access to Healthy Food	13%	5
Nutrition/Eating Healthy	17%			Nutrition/Eating Healthy	14%	5
Diabetes	16%			Diabetes	14%	2
Stress Management	13%			Stress Management	14%	
Neighborhood Safety	12%			Neighborhood Safety	12%	
Food/Water Safety	11%			Food/Water Safety	11%	
Child Abuse/Neglect	9%			Child Abuse/Neglect	9%	

### COMMUNITY ORGANIZATIONS

- Substance Abuse
- Mental Health
- Cancers

### PRIMARY CARE PROVIDERS

- Substance Abuse
- Mental Health
- Diabetes

### OB/GYN PROVIDERS

- Obesity
- Diabetes
- Teenage Pregnancy

### INTERNAL STAFF

- Dental
- Cancers
- Diabetes

### COMMUNITY GROUP

- Obesity
- Mental Illness
- Pain Management

### FOCUS GROUP DISCUSSION

- Drugs
- Diabetes
- Cancer

2019-2021

**Mount St. Mary's Hospital Project 1:**

**Improve Support Programs Targeting Older Adults and Reduce Rate of Falls**

**Designated Mount St. Mary's Project Leaders:** Andrew Schultz, Rehabilitation, Laura Volz, Pharmacy

**Catholic Health Leadership Sponsor/Support:** Charles Urlaub

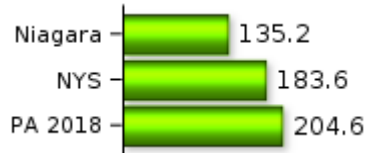
**NYS Prevention Agenda:** Promote a Healthy and Safe Environment

**Goal(s) addressing community need:** Improve the health of older adults by addressing core health issues that matter. Our initiative will educate staff and the community about mobility, medications, mentation and know what matters; assess our facilities and patient areas to ensure they address needs of individuals; review patient education materials to act on what matters regarding current and future care, develop and implement individualized mobility plans and create an environment that enables mobility, implement a standard process for age-friendly medication and ensure adequate nutrition, hydration, sleep and comfort while maximizing independence and dignity.

**Project's Target Population:** Falls are the leading cause of injury deaths, hospitalizations and ER visits among adults 65+. Falls are one of the most critical, and most preventable, potential injury. The number of older adults with complex needs is growing rapidly, while safe, effective and reliable care is a pressing need. The fact that the number of adults over the age of 65 is projected to double in the next 25 years triggers the call for urgent attention. It is also important to integrate transportation and food security as high impact factors

**Outcome Objectives:**  
Improve 2018 Niagara County Prevention Agenda (PA) Indicators goals

PA 5 - Rate of hospitalizations due to falls per 10,000 - Aged 65+ years



**Project Measures/ Interventions/Strategic Activities by year and by site:**

**Year 1 (2019):** (1) evaluate and enhance the current Falls Reduction Team. (2) review current mandatory educational program on Falls Prevention for staff and providers, make improvements where needed; (3) identify community outreach events/forum to share info (4) gather baseline data

**Year 2 (2020):** (1) implement programs such as exercise classes (tai chi) to improve balance, home assessment and modification, community awareness and education, (2) work with providers to achieve a reduction in hospitalizations due to falls. (3) share information at outreach events (4) monthly review of data

**Year 3 (2021):** (1) continue implementation plan; (2) review and evaluate outcome metrics and make adjustments as necessary. (3) share information at outreach events (4) monthly review of data regarding progress

**MSMH Resources Necessary:**

**Year 1 (2019)**  
(1) Collaborate with Nursing, Primary Care, Pharmacy and PT Rehab and identify best practices

**Year 2 (2020):** (1) Broaden collaboration to include local food pantries and nutrition providers; include transportation (VanGo)

**Year 3 (2021):** (1) secure funding to pilot on-site services (i.e. medication review by pharmacists)

**Collaboration: Who and how each partner will interact to affect the project goal**

**Year 1 (2019):** (1) Bring together staff and providers of the organization. (2) participate in gap assessment

**Year 2 (2020):** (1) outreach to other community groups who work with the elderly; (2) Continue work with existing partners to identify

**Year 3 (2021):** Continue to work with existing partners and identify new partners



opportunities for implementing action plan.

2019-2021

Mount St. Mary's Hospital Project 2:

**Improve Access to Prevention and Self-Management Programs For Those With Heart Disease and Diabetes (Collaboration With Niagara Department of Health)**

**Designated Mount St. Mary's Project Leaders:** Claire Johnstone, Cardiology; Sophia Overton, MSMH Diabetes Educator  
**Catholic Health Leadership Sponsor/Support:** Charles Urlaub

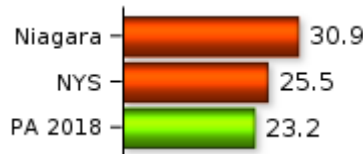
**NYS Prevention Agenda:** Prevent Chronic Diseases

**Goal(s) addressing community need:** Our community survey, internal discussions and community focus group all identified obesity, cardiac health and diabetes as major health concerns for the community. Programs such as "Heart Smart" and the DPP have proven to improve obesity and underlying causes of diabetes and heart disease.

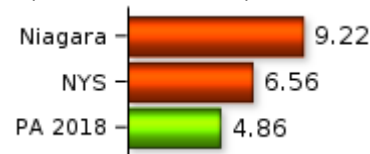
**Project's Target Population:** Diabetes is more prevalent among adults receiving Medicare or Medicaid than among those with private insurance and is more common among older adults, adults with lower household incomes and educational attainment, and adults living with a disability. Prediabetes is also more common among older adults, adults with lower household incomes, and among adults living with a disability. Cardiovascular disease is also a leading cause of hospitalizations and death in Niagara County.

**Outcome Objectives:** Improve 2018 Niagara County Prevention Agenda (PA) Indicators goals

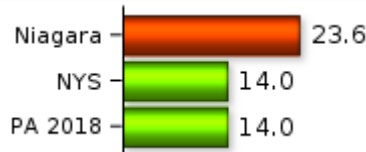
PA 14 – Percentage of adults who are obese



PA 22 - Rate of hospitalizations for short-term complications of diabetes per 10,000 - Aged 18+ years



PA 20 - Age-adjusted heart attack hospitalization rate per 10,000 population



**Project Measures/ Interventions/ Strategic Activities by year and by site:**

**Year 1 (2019):** (1) Work with MSMH Diabetes Educator and MSMH Diabetes Advisory Board to identify opportunities for education; (2) Work with Cardiology staff to identify needs; (3) review current Heart Smart Program as prospective model for Mount St. Mary's. (4) Identify appropriate community forums (5) gather baseline data.

**Year 2 (2020):** (1) develop community program to include nutrition, exercise, medications and other components (2) implement community education programming to address diabetes and cardiac health; (3) share information at outreach events (4) continue to track data and metrics.

**Year 3 (2021):** (1) monitor results from programming and make adjustments as necessary. (2) Share information at outreach events (3) continue to track data and metrics.

**MSMH Resources Necessary:**

**Year 1 (2019):** (1) investigate potential internal resources (2) secure locations for programs (i.e. Heart, Love & Soul)

**Year 2 (2020):** Secure necessary resources for community programming and transportation.

**Year 3 (2021)** (1) monitor activities and seek resources as available.

**Collaboration: Who and how each partner will interact to affect the project goal**

**Year 1 (2019):** (1) identify potential community partners (2) integrate food security

**Year 2 (2020):** Secure partners and locations for implementation of community programming i.e. Niagara County Dept. of Health.

**Year 3 (2021):** Build on relationships with community partners and adjust as needed.

2019-2021

**Mount St. Mary's Hospital Project 3:**

**Improve Vaccination Rates for HPV and Influenza**

**Designated Mount St. Mary's Project Leaders:** Ana Gabriele, MSMH Neighborhood Health Center; Laura Volz, Pharmacy  
**Catholic Health Leadership Sponsor/Support:** Charles Urlaub

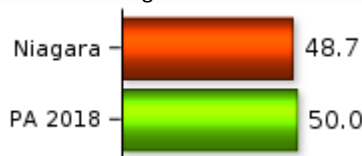
**NYS Prevention Agenda:** Prevent Communicable Diseases

**Goal(s) addressing community need:** Our community survey, internal discussions and community focus groups all identified the prevention of infectious disease, such as flu, as a major health concern. Cancer Prevention was also identified as an important concern and with it, HPV immunization.

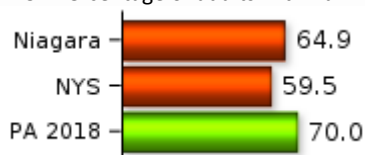
**Project's Target Population:** This includes the general population, targeting those who are poor and vulnerable, with special attention to those in addiction recovery.

**Outcome Objectives:** Improve 2018 Niagara County Prevention Agenda (PA) Indicators goals

PA 24 - Percentage of adolescent females that received 3 or more doses of HPV vaccine - Aged 13-17 years



PA 25 - Percentage of adults with flu immunization - Aged 65+ years



**Project Measures/ Interventions/ Strategic Activities by year and by site:**

**Year 1 (2019):** (1) creation of advisory group to discuss current initiatives and potential improvements; (2) develop a program and implementation plan; (3) identify appropriate community forums (4) establish baseline reporting metrics

**Year 2 (2020):** (1) evaluate success of initial plan and make adjustments as necessary, including locations and hours convenient to public; (2) share information at outreach events (3) gather reporting data.

**Year 3 (2021):** (1) continue to evaluate success of initial plan and make adjustments as necessary; (2) share information at outreach events (3) gather reporting data.

**MSMH Resources Necessary:**

**Year 1 (2019):** (1) identify a "provider champion" for each targeted group; (2) research and seek appropriate funding to implement plan (3) address transportation needs

**Year 2 (2020):** (1) continue to work with "provider champions;" (2) seek "champions" for related targeted populations. (3) address transportation needs

**Year 3 (2021):** (1) continue to work with "provider champions;" (2) seek to integrate into community based organizations (i.e. schools, Pinnacle Community Services)

**Collaboration: Who and how each partner**

**Year 1 (2019):** (1) reach out to with local schools and parent

**Year 2 (2020):** Continue work with existing partners to

**Year 3 (2021):** Continue work with existing partners

**will interact to affect the project goal**

groups; senior centers; at-risk populations, insurance providers, community pharmacies, and Heart, Love & Soul Food Pantry, among others.

identify opportunities for implementing action plan.

to identify opportunities for implementing action plan

**2019-2021 Mount St. Mary's Hospital – Niagara County Department of Health -- Project 4: Facilitate Supportive Environment Promoting Dignity For All Through "Trauma-Informed Care" Practices (Collaboration With Community Partners)**

**Designated Mount St. Mary's Project Leaders:** Bernadette Franjoine, VP Mission Integration, Mount St. Mary's Catholic Health Leadership **Sponsor/Support:** Charles Urlaub

**NYS Prevention Agenda:** Promote Well-Being and Prevent Mental and Substance Abuse Disorders

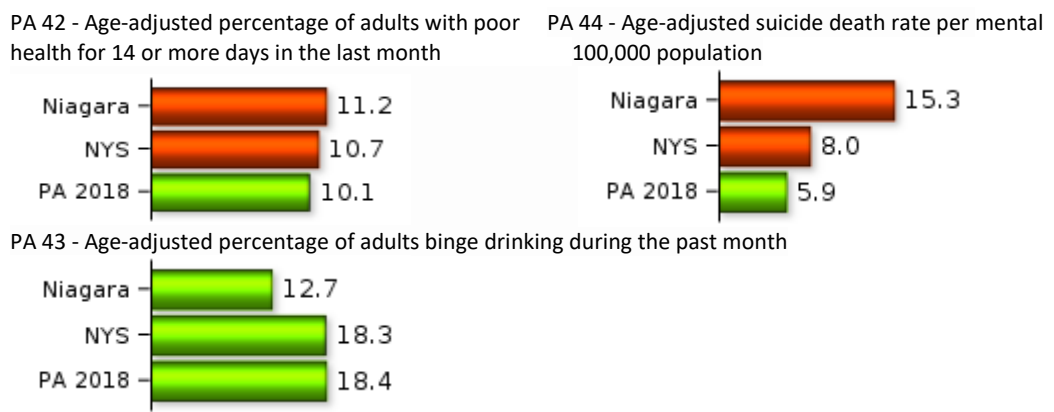
**Goal(s) addressing community need:**

Our focus group conversations with various local health and human service agencies as well as community members highlighted the importance of improving access to care and care outcomes for the poor and disadvantaged to improve population health. These populations are more likely to have higher levels of chronic diseases, are less likely to utilize wellness visits, and have poorer health outcomes than the general population. Some organizations in area have instituted trauma-informed care practices to provide better support and engagement with vulnerable communities. Concerns regarding the negative impact of food insecurity and dental health also surfaced in a majority of discussions.

**Project's Target Population:**

Members of Erie and Niagara County vulnerable communities including, but not limited to: those who suffer from behavioral health or substance abuse problems, are part of racial or religious minorities, are part of the Medicaid population, are immigrants, identify as Lesbian, Gay, Bisexual or Transgender or are HIV positive.

**Outcome Objectives:** Improve 2018 Niagara County Prevention Agenda (PA) Indicators goals



**Project Measures/ Interventions/ Strategic Activities by year and by site:**

**Year 1 (2019):** (1) formalize our teams and develop a MAT and TIC strategy; (2) identify screening tools; (3) inventory existing cultural and structural competency initiatives (4) gather baseline data

**Year 2 (2020):** (1) implement strategy that will include community awareness of TIC and MAT; (2) formalize the MAT Closed Support Group at MSMH NHC (3) update Resource Listing.

**Year 3 (2021):** (1) continue implementation of the plan. (2) share information at community events (3) complete integration of Trauma-Informed approaches into operations (3) gather data

**MSMH Resources Necessary:**

**Year 1 (2019):** (1) Seek internal funding and administrative support;

**Year 2 (2020):** (1) Identify a subject-matter expert(s) (2) address transportation, dental and nutrition needs.

**Year 3 (2021):** (1) identify resources as needed (2) address transportation, dental and nutrition needs.

**Collaboration: Who and how each partner will interact to affect the project goal**

**Year 1 (2019):** (1) Continue relationship with SUNY Buffalo Institute of Trauma and Trauma Informed Care; (2) identify associate champions (3) work with provider for MAT; (4) engage with Niagara County Opioid Task Force and Niagara University; and with team at Heart, Love & Soul Pantry.

**Year 2 (2020):** (1) continue outreach and involvement of community based organizations and community events such as the annual Christmas Shoppe.

**Year 3 (2021):** (1) continue outreach and involvement of community based organizations.

**2019-2021**

**Mount St. Mary's Hospital – Niagara County Department of Health Project 5:  
Improve Nutrition, Healthy Eating and Food Security (Collaboration With Community Partners)**

**Designated Mount St. Mary's Project Leaders:** Michael Christ, Nutrition Services  
**Catholic Health Leadership Sponsor/Support:** Charles Urlaub

**NYS Prevention Agenda:** Prevent Chronic Disease

**Goal(s) addressing community need:**

Community Health Needs Assessment Survey targeted access and availability of food and the importance of nutrition information to quality health. Our goal will be to increase skills and knowledge to support healthy food and beverage choices since food security has a significant impact on chronic disease and management.

**Project's Target Population**

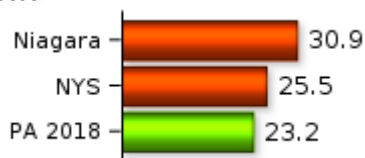
Goal is to reach young families by targeting Pediatric practices, providing information to senior centers and organizations. This includes the general population, targeting those who are poor and vulnerable, with special attention to those in addiction recovery. A desire of local food banks to collaborate to provide better service to those in need as well as a location of targeted wrap-around support at the Heart, Love & Soul food pantry.

**Outcome Objectives:**

By December 31, 2021 raise awareness of food access and nutrition information by developing community tools including a community resource listing, establish and integrate a food security screening tools

**Outcome Objectives:** Improve 2018 Niagara County Prevention Agenda (PA) Indicators goals

PA 14 – Percentage of adults who are obese



**Project Measures/ Interventions/ Strategic Activities by year and by site:**

**Year 1 (2019):** (1) Organize an advisory group and establish goals and objectives including screenings and community activities; (2) identify specific subset for ministry at Heart, Love & Soul (3) gather baseline data based on goals

**Year 2 (2020):** (1) develop and evaluate appropriate questions for integrated screening (2) organizing listing of community resources (3) gathering data

**Year 3 (2021):** (1) continue to implement (2) establish community wide strategy to support food security (3) establish process for active support and referrals

**CH Resources  
Necessary:**

**Year 1 (2019):** (1) identify internal staff experts including Primary Care Providers, Care Management, Emergency Department, Maternity, among others. (2) identify funding or staff resources for community outreach

**Year 2 (2020):** (1) continue to identify and secure resources as necessary. (2) address transportation, dental and nutrition needs

**Year 3 (2021)** (1) continue to identify and secure resources as necessary. (2) address transportation, dental and nutrition needs

**Collaboration: Who  
and how each partner  
will interact to affect  
the project goal.**

**Year 1 (2019):** (1) identify external partners including Cornell Cooperative Extension, local farmers, Heart, Love & Soul and others.

**Year 2 (2020):** (1) continue to work with community partners, and add as appropriate.

**Year 3 (2021)** (1) continue to work with community partners, and add as appropriate.

# Community Information

## Attachment **A**

### **A. Our Community**

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

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

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

#### **Highlights of Health Indicators for Niagara County:**

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

### **B. Service Area**

The Primary Service Area (PSA) for Mount St. Mary's is Western Niagara County and Grand Island, Erie County. The PSA, more particularly, is comprised of the City of Niagara Falls; the townships of Grand Island, Wheatfield, Niagara, Lewiston, Youngstown and Wilson; and the villages of Lewiston, Youngstown and Wilson. The Secondary Service Area (SSA) includes the remainder of Niagara County, most notably the cities of Lockport and North Tonawanda.

### C. Market Characteristics – Demographic/Socioeconomic Trends

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

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

Source: Demographic Forecaster, Thompson Reuters

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

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

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

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

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

# Niagara County Survey 2018

## Attachment **B**



2018 - 2019 Niagara County Community Health Survey

### We need YOUR help!

You can make a difference in the health and well-being of communities you care about in Niagara County!

Help us figure out the best ways to meet the health care needs of communities across our county.

Please take a few minutes of your time to fill out our completely confidential survey.

Personally, identifying information is not required; responses cannot be tied back to any individual. This information will be used by the Niagara County Department of Health and local hospitals to find out what health issues are important to Niagara County residents and how to make the community a healthier place to live.

1. Are you a Niagara County resident?
  - Yes
  - No
2. What is your ZIP code? \_\_\_\_\_
3. Do you have any kind of health care coverage or health insurance?
  - Yes
  - No
  - Used to, but don't have any now
  - Don't know
4. How do you pay for your Health Care? (Check all that apply)
  - I have health insurance through my employer
  - I have Medicare
  - I use Medicaid
  - I am covered by the VA
  - I purchased health insurance through NYS of Health
  - I use Seneca Nation Health Services
  - I pay cash



5. Where do you get most of your health information? Please select three (3).

- Doctor or Medical Provider
- Library
- Newspaper or Magazine
- School Nurse/School Health Educator/Teacher
- Computer or Internet/Social Media (Facebook, Twitter, etc.)
- Television (TV) or Radio
- Friends and Family
- Health Insurance Company
- Social Services
- Head Start
- WIC (Nutrition program for children and pregnant/nursing women)
- Work Place
- Other (please specify) \_\_\_\_\_

6. Do you have one person you think of as your personal doctor or health care provider?

- Yes
- No
- Used to, but don't have any now
- Don't know

7. When was the last time you went to see him or her?

- Within the past year
- 1-3 years ago
- More than 3 years ago
- Never

8. When you seek medical care, where do you usually go?

- Doctor's office
- Emergency room
- Urgent or Immediate care
- Health clinic
- Other (please specify) \_\_\_\_\_

9. Roughly how long ago did you last visit a hospital emergency department for yourself?

- Within the past year
- 1-3 years ago
- More than 3 years ago
- Never

10. In the past year, was there any time that you needed medical care but could not - or did not - get it?

- Yes
- No

11. What were the main reasons you did not get the medical care you needed? [Please choose all that apply:]

- Cost - Without insurance, it was too expensive
- Cost - Even with insurance, it was too expensive
- Transportation -- It was too hard to get there
- Hours - They weren't open when I could get there
- I couldn't get time off from work
- I had no one to watch my children
- I couldn't get an appointment for a long time
- The medical staff didn't speak my language
- I couldn't get a referral to see a specialist
- I didn't know where to get the care I needed
- I decided not to go because I don't like going to doctors
- Some other reason (please explain) \_\_\_\_\_

12. If you go to the hospital, from which hospital do you or your family members get most of your care?

- Buffalo General Medical Center
- DeGraff Memorial Hospital
- Eastern Niagara Hospital, Lockport
- Erie County Medical Center (ECMC)
- Kenmore Mercy Hospital
- Medina Memorial Hospital
- Mercy Hospital
- Millard Fillmore Suburban
- Mount St. Mary's Hospital
- Niagara Falls Memorial Medical Center
- Rochester General Hospital
- Roswell Park Memorial Institute
- Sisters of Charity Hospital
- Sisters of Charity Hospital – St. Joseph Campus
- Strong Memorial Hospital
- Veterans Administration WNY System
- Oishei Children's Hospital
- Other (please specify) \_\_\_\_\_

13. Have you ever been told by a doctor or a nurse, that you had any of the following? Please select all that apply.

- Blood sugar problems, or diabetes?
- High blood pressure, or hypertension?
- High cholesterol?
- Asthma, COPD, or other breathing issues?
- Extreme overweight or obesity?
- None of the above

14. When you think about your own health or the health of your community, which of the following issues are you most concerned about? Please select three (3).

- Access to affordable health care
- Access to healthy food
- Alcohol and/or substance use or addiction
- Asthma/COPD
- Child abuse/neglect
- Cancer
- Dental health
- Diabetes
- Domestic violence
- Family planning (pregnancy prevention)
- Firearm-related injuries
- Food/water safety and quality
- Heart-related issues (high blood pressure, heart disease, or stroke)
- HIV/AIDs
- Homicide
- Immunization and/or prevention of infectious disease (such as flu)
- Injury prevention (falls, motor vehicle safety, etc.)
- Infectious diseases (hepatitis, TB.)
- Infant death
- Maternal health (care for moms during and after pregnancy)
- Mental health/depression/anxiety
- Nutrition/eating a healthy diet
- Overweight/obesity; weight management
- Physical activity; fitness and exercise
- Safety of neighborhood
- Sexually transmitted infections
- Stress management
- Suicide prevention
- Teenage pregnancy
- Tobacco/nicotine, quitting smoking
- Other (please specify) \_\_\_\_\_

15. Would you say that your physical health is now excellent, very good, good, fair or poor?

- Excellent
- Very good
- Good
- Fair
- Poor

16. And your mental or emotional health - is it excellent, very good, good, fair or poor?

- Excellent
- Very good
- Good
- Fair
- Poor

17. In terms of cigarette smoking, which of the following best describes you? Please choose one:

- I never smoked.
- I used to smoke but have successfully stopped.
- I smoke now, and have tried to stop, but not successfully yet.
- I smoke now, and would like to stop, but haven't really tried yet.
- I still smoke and have no real interest in stopping.

And how often, if ever, do you now vape or smoke e-cigarettes?

- Never
- Only occasionally
- Some days
- Most days
- All days

18. During the past 30 days, what drugs have you used recreationally. Please choose all that apply as your anonymity is GUARANTEED.

- I do not use any drugs recreationally
- Anxiety medication (Xanax, Activian, etc.)
- Codeine
- Demerol
- Dilaudid
- Fentanyl
- Heroin/Opium
- Hydrocodone
- Lortab
- Marijuana
- Methadone
- Morphine
- Oxycodone
- Percocet
- Suboxone/Buprenorphine/Subsolve
- Vicodin
- Other (please specify) \_\_\_\_\_

19. Have you administered Naloxone (Narcan) in the last year?

- Yes
- No
- If yes, how many \_\_\_\_\_

20. During the past 7 days, on how many days were you physically active for a total of at least 30 minutes?

- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

21. Compared to your own level of physical activity 1 year ago, would you say you are now more active, less active, or about the same as you were then?

- More Active
- Less Active
- The Same

22. In the future, what might help you make healthy changes in your life? Please select three (3).

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

23. What keeps you from eating more fruits and vegetables every day? Select all that apply.

- Time it takes to prepare
- Cost
- The stores near me don't sell fresh fruits and vegetables
- I don't like to eat healthy food
- My family does not like to eat healthy
- I am not sure how to cook/prepare fresh fruits and vegetables.
- I DO eat fresh fruits and vegetables
- Other: \_\_\_\_\_

24. What is your drink of choice on most days? Check all that apply.

- Water
- Milk
- Pop or Soda
- Diet Pop or Soda
- Coffee (hot or iced)
- Tea (hot or iced)
- 100% Juice
- Juice Drinks
- Energy Drinks (Monster, Amp, Red Bull)
- Sports Drinks (Gatorade, Powerade)
- Kool-Aid, Crystal Light, Other drink mixes
- Beer, Wine, Liquor
- Other: \_\_\_\_\_

25. If you have alcoholic drinks, how often do you have 4 or more drinks in a row?

- Never
- Daily
- Weekly
- Monthly
- Holidays/special occasions
- Other (please specify) \_\_\_\_\_

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

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

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

28. What is your age?

- Under 18
- 18 – 29
- 30 – 39
- 40 – 49
- 50 – 59
- 60 – 69
- 70 and over

29. What is your current gender identity? (Check all that apply)

- Male
- Female
- Male to female transgender
- Female to male transgender
- Other (please specify) \_\_\_\_\_

30. Which one or more of the following would you say is your race? Select all that apply.

- American Indian
- Hispanic/Latino
- Black/ African American
- White/Caucasian
- Asian/Pacific Islander
- Prefer not to answer
- Other (please specify) \_\_\_\_\_

31. What is the highest grade or year of school you completed?

- Never attended school or only attended kindergarten
- Grades 1 through 8 (Elementary)
- Grades 9 through 11 (Some high school)
- Grade 12 or GED (High school graduate)
- Some college or technical school
- Associates Degree
- Bachelor's Degree
- Master's Degree
- More than a Master's Degree

32. Are you currently...?

- Employed for wages
- Self-employed
- Out of work for 1 year or more
- Out of work for less than 1 year
- A Homemaker
- A Student
- Retired
- Unable to work
- Other (please specify) \_\_\_\_\_

33. Is your annual household income from all sources —

- \$10,000 - \$15,000
- \$15,000 - \$20,000
- \$20,000 - \$25,000
- \$25,000 - \$35,000
- \$35,000 - \$50,000
- \$50,000 - \$75,000
- \$75,000+

34. How many people live in your home, including yourself? Please enter number for each age group

Number of children (17 and under) \_\_\_\_\_

Number of adults (18 to 64) \_\_\_\_\_

Number of seniors (65 and over) \_\_\_\_\_



# Niagara County Survey Results 2019

## Attachment **C**

**Please See: Niagara County Community  
Health Needs Assessment Data  
Summary & Analysis PDF**

# Mount St. Mary's 2016-18 CHNA Review/ Tracking

## Attachment **D**

### Identified Community Health Needs Themes

The programs that Mount St. Mary's has put in place to address its priorities involve participation and cooperation of numerous community groups and organizations. Mount St. Mary's will continue to support several health collaborative groups which include community partners, the Niagara County Health Department, academia, and local schools. These partners will be engaged throughout the years in an evaluation process to determine new areas of need or refine current service offerings.

#### **Improve Health Status and Reduce Health Disparities**

- 1) Reduce Healthcare Disparities in Vulnerable Populations through "Trauma-Informed" Care

#### **Prevent Chronic Diseases**

- 2) Address Diabetes Management and Prevention
- 3) Stroke Prevention & Support

#### **Prevent HIV/STDs and Healthcare-Associated Infections**

- 4) Percentage of Adolescents with HPV immunization

#### **Promote Healthy Women, Infants and Children**

- 5) Proportion of Infants who are Fed Breast Milk
- 6) Helping High Risk Moms to Prevent Prematurity and Address Opioid Dependence
- 7) Reduce Percentage of Pre-Term Births

#### **Promote Mental Health and Prevent Substance Abuse**

- 8) Pediatric Care Coordination
- 9) Mental Health First Aid Training

#### **Niagara County Department of Health – Community Hospitals**

- 10) Prevent Chronic Disease: Disparity – Mental Hygiene
- 11) Promote Mental Health and Prevent Substance Abuse

## Public Participation – Survey Results (2016-2018)

Information was obtained mainly through a mail survey to community organizations and churches and individual interviews with hospital volunteers. In addition, Mount St. Mary’s surveyed members of its community internally, through its board of associates’ volunteers, St. Francis Guild volunteers, and general hospital volunteers, at focus groups, and in a mailing to community service organizations.

More than 2,000 surveys were collected from residents of Niagara County. Major findings as to key health issues from the Countywide Survey were:

<u>COUNTYWIDE RESULTS</u>	<u>%</u>	<u>MSMH SERVICE AREA RESULTS</u>	<u>%</u>	<u>STRATEGIES</u>
Access to Affordable Care	42%	Access to Affordable Care	38%	① ③ ⑦
Cancer	30%	Cancer	32%	④
Alcohol and/or drug use	23%	Alcohol and/or drug use	24%	⑥ ⑧
Mental Health Problems	22%	Mental Health Problems	23%	⑨
Neighborhood Safety	22%	Neighborhood Safety	24%	
Overweight/Obesity	19%	Overweight/Obesity	20%	
Heart-Related Issues	19%	Heart-Related Issues	17%	
Food/Water Safety	17%	Food/Water Safety	16%	
Access to Healthy Food	15%	Access to Healthy Food	16%	
Physical Activity	15%	Physical Activity	14%	
Nutrition/Eating Healthy	13%	Nutrition/Eating Healthy	14%	⑤
Child Abuse/Neglect	12%	Child Abuse/Neglect	14%	
Diabetes	11%	Diabetes	13%	②
Dental Health	10%	Dental Health	10%	
Stress Mgmt., Domestic Violence, Asthma, Teenage Pregnancy, Smoking	<10%	Stress Mgmt., Domestic Violence, Asthma, Teenage Pregnancy, Smoking	<10%	

*Strategies were selected based on Community Survey, MSMH ability to address and expertise, collaborative opportunities, and whether the priority is being addressed by others or not.*

### STRATEGIES (2016-2018)

- ① **Reduce Healthcare Disparities in Vulnerable Population through “Trauma-Informed” Care**
- ② **Diabetes Management and Prevention**
- ③ **Stroke Prevention & Support**
- ④ **Percentage of adolescent females with HPV immunization**
- ⑤ **Proportion of infants who are fed breast milk**
- ⑥ **Helping High Risk Moms to Prevent Prematurity and Address Opioid Dependence**
- ⑦ **Reduce Percentage of Pre-Term Births**
- ⑧ **Pediatric Care Coordination**
- ⑨ **Mental Health First Aid Training**

## Evaluation of Implementation Strategy

## **Impact (2016-18)**

In addition to two projects prioritized by the Niagara County Department of Health and embraced by Mount St. Mary's and other community hospitals for collaborations, Mount St. Mary's also elected to pursue projects meeting other identified needs. Strategies were selected based on Community Survey, MSMH ability to address and expertise, collaborative opportunities, and whether the priority is being addressed by others or not.

### **STRATEGIES (2016-2018)**

- ① **Reduce Healthcare Disparities in Vulnerable Population through "Trauma-Informed" Care**
- ② **Diabetes Management and Prevention**
- ③ **Stroke Prevention & Support**
- ④ **Percentage of adolescent females with HPV immunization**
- ⑤ **Proportion of infants who are fed breast milk**
- ⑥ **Helping High Risk Moms to Prevent Prematurity and Address Opioid Dependence**
- ⑦ **Reduce Percentage of Pre-Term Births**
- ⑧ **Pediatric Care Coordination**
- ⑨ **Mental Health First Aid Training**

### **2016-18 Identified Priorities**

#### **Improve Health Status and Reduce Health Disparities**

**Reduce Healthcare Disparities in Vulnerable Population through "Trauma-Informed" Care**

#### **Prevent Chronic Diseases**

**Diabetes Management and Prevention**

**Stroke Prevention & Support**

#### **Prevent HIV/STDs and Healthcare-Associated Infections**

**Percentage of Adolescents with HPV Immunization**

#### **Promote Healthy Women, Infants and Children**

**Proportion of Infants who are Fed Breast Milk**

**Helping High Risk Moms to Prevent Prematurity and Address Opioid Dependence**

**Percentage of Pre-Term Births**

#### **Promote Mental Health and Prevent Substance Abuse**

**Pediatric Care Coordination**

**Mental Health First Aid Training**

2016-2018

**Mount St. Mary's Hospital Project 1:**

**Reduce Healthcare Disparities in Vulnerable Population Through "Trauma-Informed" Care Practices**

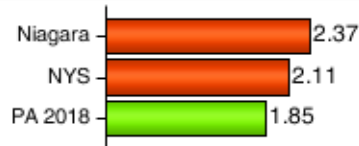
**NYS Prevention Agenda:** Improve Health Status and Reduce Health Disparities; supports DSRIP cultural and structural competency initiatives and community response with regard to Access to Affordable Care.

**Goal(s) addressing community need:** Our focus group conversations with various local health and human service agencies as well as community members highlighted the importance of improving access to care and care outcomes for the poor and disadvantaged to improve population health. These populations are more likely to have higher levels of chronic diseases, are less likely to utilize wellness visits, and have poorer health outcomes than the general population. Some organizations in area have instituted trauma-informed care practices to provide better support and engagement with vulnerable communities. In Erie County most recent health indicators indicate that premature death rate (<75 years) for general population is 37.9%, but for blacks is 60.4%, Asian/Pacific Islanders 58.6%, Hispanics 67%. In Niagara County the premature death rate (<75 years) for general population is 40.6% for the general population, 61.4% for blacks, 70.6% for Asian/Pacific Islanders, and 57.1% for Hispanics.

**Project's Target Population:** Members of Erie and Niagara County vulnerable communities including, but not limited to: those who suffer from behavioral health or substance abuse problems, are part of racial or religious minorities, are part of the Medicaid population, are immigrants, identify as Lesbian, Gay, Bisexual or Transgender or are HIV positive.

**Outcome Objectives:**  
Improve 2018 Niagara County Prevention Agenda (PA) Indicators goals

PA 2.1 - Preventable hospitalizations: Ratio of Black non-Hispanics to White non-Hispanics



PA 2.2 - Preventable hospitalizations: Ratio of Hispanics to White non-Hispanics



Track hospital specific preventable hospitalization and work to reduce preventable hospitalization from 2016-2018

**Project Process Measures:**

**Year 1 (2016):** creation of advisory group; (2) inventory existing cultural and structural competency initiatives.

**Year 2 (2017):** (1) continue ad hoc advisory group meetings (2) continue inventory of existing cultural and structural competency initiatives; (3) conduct a gap assessment (4) develop implementation plan based on gap assessment results.

**Year 3 (2018):** (1) implement the plan.

Entire initiative advanced including extensive work the UB Institute of Trauma that reached into all segments of the organization, presentations on LGBTQ/Human Trafficking/Domestic Violence,

**2016-2018**

**Mount St. Mary’s Hospital Project 2:  
Diabetes Management and Prevention**

**Designated Mount St. Mary’s Project Leaders:** Megan Kosmoski, Diabetes Educator, Mount St. Mary’s Hospital

**NYS Prevention Agenda Link:**

- Community response with regard to Diabetes and Overweight/Obesity
- Promote Healthy Women, Infants and Children
- Improve Health Status and Reduce Disparities
- Increase Access to Care with Focus on Poor and Vulnerable communities
- Increase Access to High Quality Chronic Disease Preventative Care and Management
- Prevent Chronic Disease

**Goal(s) addressing community need:**

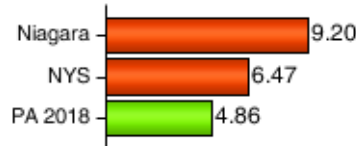
Diabetes is a national health epidemic with almost 30 million Americans diagnosed and another 89 million Americans having pre-diabetes. According to the CDC (Centers for Disease Control), as of 2013, 9.5% of Niagara County residents have been diagnosed with diabetes. Glucose management and reaching/maintaining a healthy weight is paramount to preventing diabetes, diabetes related complications and mortality. Education is the key to helping patients prevent and manage chronic condition. Patients must have a clear understanding of the disease process, medications used for treatment, prevention of complications, monitoring blood glucose and problem solving. With this knowledge, patients can live longer, more healthful lives and utilize fewer healthcare dollars in emergency room visits, cardiac care, dialysis, etc.

**Project’s Target Population:**

All patients, additional focus for education and resources at the Neighborhood Health Center to assist those who may have transportation and access difficulties.

**Outcome Objectives:**  
Improve 2018 Niagara County Prevention Agenda (PA) Indicators goals

PA 22 - Rate of hospitalizations for short-term complications of diabetes per 10,000 - Aged 18+ years



Track rate of hospitalizations to reduce preventable hospitalization from 2016-2018.

**Year 1 (2016):**

Identify baseline, establish process to communicate/raise awareness among associates and community stakeholders. Create advisory board, provide certification training for Diabetes Educator, educate the medical community on Diabetes

**Year 2 (2017):**

Host DPP at NHC utilizing external resource, partner with local farms to provide healthy options in primary care setting, expand number of providers offering DPP, support efforts for providers to track improved A1C numbers for enrollees.

**Year 3 (2018):**

Host DPP at MSM Hospital and NHC utilizing internal and external resources, pilot support group for ongoing healthy weight management and behaviors, increase enrollment into DPP.

Entire initiative advanced including creation of DMSE Advisory Board, outreach to community on diabetes and foot care, outreach to Tuscarora Nation and Lewiston Seniors, full offering of DPP Program at Neighborhood Health Center, along with outpatient and inpatient consults,

2016-2018

**Mount St. Mary's Hospital Project 3:**  
**Stroke Prevention and Support**

**Designated Mount St. Mary's Project Leader:** Rosanne Schiavi, Stoke Program Coordinator, Mount St. Mary's Hospital  
**Catholic Health Leadership Sponsor/Support:** Holly Bowser, VP Neuroscience Service Line

**NYS Prevention Agenda Link:**

Community response with regard to Access to Affordable Care and Heart-Related Issues  
Improve Health Status and Reduce Disparities  
Increase Access to Care with Focus on Poor and Vulnerable communities  
Increase Access to High Quality Chronic Disease Preventative Care and Management  
Prevent Chronic Disease

**Goal(s) addressing community need:** Raise awareness of stroke signs and symptoms. Reduce the number of strokes in WNY with special attention to those at high risk and/or underserved populations of the community. Provide post stroke support through community group workshops and educational events. Education, particularly to the underserved, in stroke prevention through health assessments, healthy eating habits and active life style.

**Project's Target Population:** Adults (18+), special attention to underserved communities in Niagara County. Support for patients and/or families who have suffered a stroke.

**Outcome Objectives:** Provide information to the community enhance awareness of stroke risk factors and improve response rate/effectiveness of treatment at Mount St. Mary's

<b>Project Process Measures:</b>	<b>Year 1 (2016):</b> Identify baseline, establish process to communicate/raise awareness among associates and community stakeholders, create multi-year plan for screening/education sessions, to include stroke support group.	<b>Year 2 (2017):</b> Review hospital programs for opportunities to increase participation/access to services, establish stroke support group, evaluate other social service programs that could support, consider additional community partners, track monthly metrics, host 4 screening/education/support group sessions.	<b>Year 3 (2018):</b> Review hospital program for opportunities to increase participation/access to services, evaluate other social service programs that could support, consider additional community partners, track monthly metrics, host 5 screening/education/support group sessions, collaborate with community outreach wellness events.
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Continuation of hospital as a NYS Designated Stroke Center, attainment of American Heart/Stroke Association with Get With the Guidelines Stroke Gold Plus Quality Award, creation of Stroke Support Group, regular programming for providers, associates and staff, outreach to Neighborhood Health Center.

2016-2018

**Mount St. Mary's Hospital Project 4:**  
**Percentage of Adolescents with HPV Immunization**

**Designated Mount St. Mary's Project Leaders:** Patricia Villani, Neighborhood Health Center; Bernadette Franjoine, Mission Integration

**NYS Prevention Agenda Link:**

Community response with regard to Access to Affordable Care, with special mention of Cancer services  
Prevent HIV/STDs, Vaccine Preventable Diseases and Healthcare-Associated infections  
Promote Health Women, Infants and Children  
Improve Health Status and Reduce Disparities

**Goal(s) addressing community need:**

The NYS Immunization Information System (NYSIIS) indicated that 11,291 Niagara County adolescents 10-19 years of age (39.3%) have initiated the HPV vaccine series since 2006. Of those who have initiated the series, only 6,498 individuals (22.6%) have completed it. The current completion rate for vaccines initiated by Niagara County providers is 57.6%. This means, fewer than 4 out of 10 Niagara County adolescents have received one dose of HPV vaccine and approximately half of those who start the series go on to complete it and become fully immunized. If we consider just the completion rate, the disparity becomes clear: only 22.6% of Niagara County adolescents are protected against HPV infection.

**Project's Target Population**

Males and Females Ages 11-17.

**Outcome Objectives:**

By December 2018, achieve 50% initiation rate for HPV Immunization

**Project Process Measures:**

**Year 1 (2016):**

Creation of advisory group, establish process to review HPV vaccination rates with Niagara County Department of Health

**Year 2 (2017):**

Nursing/clinical staff CME that address HPV vaccination, include community organizations that are connected to target population, goal 40% initiation rate

**Year 3 (2018):**

Continue program, integrate additional community members, goal 50% initiation rate, evaluate strategy to address completion rate

Extensive outreach to NHC community for vaccinations and parental education. Participation in numerous community meetings to advance process. Education to providers, staff and community. Vaccination rates for Niagara County increased from 16.7% in 2015 to 27.8% in 2018. Completion rate for vaccine improved from 41% to 49%. Metrics: June 2018=102 vaccines; July 2018=106 vaccines; Oct 2018=148 vaccines.



2016-2018

**Mount St. Mary’s Hospital Project 5:**

**Donor Breast Milk for Newborns who Fail to Thrive and are in the ICU**

**Designated Mount St. Mary’s Project Leaders:** Maryann Cogdill, Director of Maternity Services, Mount St. Mary’s Hospital  
**Catholic Health Leadership Sponsor/Support:** Aimee Gomlak, VP Women’s Services

**NYS Prevention Agenda Link:** Improve Health Status and Reduce Health Disparities

**Goal(s) addressing community need:**

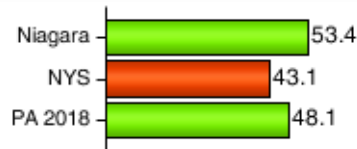
Mount St. Mary’s and CH’s maternity hospitals will become licensed depots for donor human milk. Breastfeeding mothers who have an excess supply of breast milk can donate milk to one of the three hospitals after a free blood test and a thorough screening interview by the New York State (NYS) Milk Bank. Donor milk is then frozen on site and shipped to the Milk Bank for processing, pasteurization, and distribution to newborns in need. Increase proportion of infants who are fed any breast milk in Erie County. CH’s rates as of March 2016 (SOCH 74.0%; MHB 78.4%; MSM 65.0%) outpace the general community rates as indicated below.

**Project’s Target Population**

Mothers in Niagara County who are producing excess breast milk. Mothers who cannot produce breast milk or who choose not to breast feed. Newborns who fail to thrive, are in the NICU, or have other needs, including attention to those from underserved communities.

**Outcome Objectives:**  
Improve 2018 Niagara County Prevention Agenda (PA) Indicators goals

PA 33 - Percentage of infants exclusively breastfed in the hospital



**Project Process Measures:**

**Year 1 (2016):**  
Get Milk Depot program up and running.

**Year 2 (2017):**  
Maintain program at MSMH and other 2 sites in CH, assess engagement from Neighborhood Health Center community.

**Year 3 (2018):**  
Consider feasibility and desirability of expanding the depot program to the primary care sites that have pediatrics: Ken-Ton and MCCC. Determine Go/No Go. Also consider becoming a distribution site for milk as well.

Employed Lactation Consultant worked to implement, including establishment of a Breastfeeding Support Group with monthly meetings, outreach to staff, patients and the Neighborhood Health Center, acceptance of donations at hospital to the NYS Milk Bank, establishment of a “warm line” for questions from moms, designation of hospital as a Breastfeeding Friendly workplace.

**2016-2018**

**Mount St. Mary's Hospital Project 6:**

**Helping High Risk Moms to Prevent Prematurity and Address Opioid Dependence**

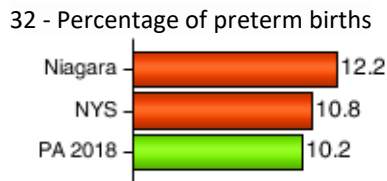
**Designated Mount St. Mary's Project Leaders:** Maryann Cogdill, Director of Maternity Services, Mount St. Mary's Hospital  
**Catholic Health Leadership Sponsor/Support:** Aimee Gomlak, VP Women's Services

**NYS Prevention Agenda Link:** Improve Health Status and Reduce Health Disparities

**Goal(s) addressing community need:** Attempt to reduce prematurity in WNY. Increase physician's knowledge of care and treatment of dependent pregnant women and newborns. Increase access to care for dependent pregnant women as there is shortage of PMDs and OBGYNs able to prescribe buprenorphine and naloxone (Suboxone<sup>®</sup>). Connect pregnant women to support options. Reduce low birth weight and pre-term births as moms who usually use drugs may also be smoking, not eating well, under stress, in poor social situations, etc.

**Project's Target Population** Health care providers, pregnant women, OBGYNs, PMDs in Niagara and County, New York, all of childbearing population in Niagara County, with special attention to those in underserved communities.

**Outcome Objectives:**  
Improve 2018 Niagara County Prevention Agenda (PA) Indicators goals



**Project Process Measures:**

**Year 1 (2016):**  
Support efforts to encourage OB/GYNs (in CMP) to participate in buprenorphine waiver training.  
Educate OBGYN providers on triggers of prematurity.

**Year 2 (2017):**  
Support efforts to Increase waiver training opportunities. Implement policies and education to nurses, providers to, as well as programs to address prematurity.

**Year 3 (2018):**  
Support efforts to Increase waiver training opportunities. Implement policies and education to RNs, providers to, as well as programs to address prematurity.

Employed a suboxone provider at Neighborhood Health Center and panel has increased from 30 patients to maximum of 100 patients. Closed Support Group meetings organized. Participation in numerous community events. Education provided to patients, providers, and staff.

**2016-2018**

**Mount St. Mary's Hospital Project 7:  
Reduce Percentage of Pre-Term Births**

**Designated Mount St. Mary's Project Leaders:** Maryann Cogdill, Director of Maternity Services, Mount St. Mary's Hospital Services

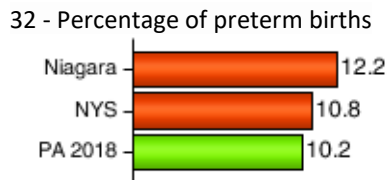
**NYS Prevention Agenda Link:**

- Community response with regard to Access to Affordable Care
- Promote Healthy Women, Infants and Children
- Improve Health Status and Reduce Disparities
- Increase Access to Care with Focus on Poor and Vulnerable communities
- Increase Access to High Quality Chronic Disease Preventative Care and Management

**Goal(s) addressing community need:** NYSDOH 13.5% Niagara County. Identify risk factors and community information. Standardization of care or preterm labor and labor assessment tools.

**Project's Target Population** All of the childbearing population in Niagara County, special attention to those in underserved communities.

**Outcome Objectives:** Improve 2018 Niagara County Prevention Agenda (PA) Indicators goals



**Project Process Measures:**

**Year 1 (2016):** Identify baseline, establish process to communicate/raise awareness among associates and community stakeholders, investigate feasibility for MSM to become site for March of Dimes. Mandatory education for OB providers and nurses on March of Dimes PLAT Program

**Year 2 (2017):** Review women's services program for opportunities to increase participation/access to services, plan for March of Dimes site designation (pre-term initiative), evaluate other social service programs that could support, consider additional community partners, track monthly metrics.

**Year 3 (2018):** Review program for opportunities to increase participation/access to services, complete work for March of Dimes site designation, evaluate other social service programs that could support, consider additional community partners, track monthly metrics, collaborate with community outreach wellness events.

Established a partnership with the March of Dimes for education and direction. Implemented an initial audit of services. Involvement with Suboxone education and Closed Suboxone Support Group.

**2016-2018**

**Mount St. Mary's Hospital Project 8:  
Pediatric Care Coordination (Mental Health and Substance Abuse)**

**Designated Mount St. Mary's Project Leaders:** Pediatric Care Coordinator at Neighborhood Health Center and Patricia Villani

**NYS Prevention Agenda Link:**

- Community response with regard to Access to Affordable Care, Alcohol and Drug Use, and Mental Health Problems
- Promote mental, emotional and behavioral well-being in communities
- Promote Health Women, Infants and Children
- Improve Health Status and Reduce Disparities
- Increase Access to Care with Focus on Poor and Vulnerable communities
- Increase Access to High Quality Disease Preventative Care and Management

**Goal(s) addressing community need:** Over 40% of children in Niagara Falls live in poverty and consequently are at increased risk of mental illness compared to economically stable peers. In three years, 75% of pediatric and obstetrical patients (1,750 patients) will be screened with an evidence based behavioral health tool. Those identified at low risk will receive brief intervention. Those screened at moderate-high risk will receive linkage and referral to behavioral or substance use treatment services. Patients and their families will also receive human services assessment and linkage to support and improve behavioral health outcomes.

**Project's Target Population** Current Neighborhood Health Center patient base: 1,700 pediatric and 600 OB patients.

**Outcome Objectives:** 75% of patients receive screening, intervention or referral.  
75% of physicians positively assess model and care delivery.  
20% of identified patients show improvement.

**Project Process Measures:**

<b>Year 1 (2016):</b>	<b>Year 2 (2017):</b>	<b>Year 3 (2018):</b>
Establish plan with following goals: 1) Integrate early behavioral health screening , (2) positively affect the family unit and promote healthy behaviors by raising patient awareness (3) reduce the stigma associated with seeking mental healthcare by incorporating into primary care setting,	50% of target patients receive screening and intervention or referral.  50% of physicians positively assess model and care delivery.	75% of patients receive screening, intervention or referral.  75% of physicians positively assess model and care delivery.  20% of identified patients show improvement.

Established Pediatric Care Coordinator at Neighborhood Health Center. Provided training to providers and staff. Began work with Family & Children's Services of Niagara, Catholic Charities and others. Coordinated initiatives with Project Connect Niagara and Heart, Love and Soul Food Kitchen.

2016-2018

**Mount St. Mary's Hospital Project 9:**  
**Mental Health First Aid Training**

**Designated Kenmore Mercy Project Leaders:** Bernadette Franjoine and Kerry Caldwell, Mount St. Mary's Hospital  
**Catholic Health Leadership Sponsor/Support:** Sandy Spencer, VP, Clinical Education and Professional Development; (Phyllis Dunning, DSRIP Director of Clinical Programs)

**NYS Prevention Agenda Link:**

Community response with regard to Access to Affordable Care and Mental Health Problems  
Promote Mental Health and Prevent Substance Abuse

Addresses the recommendation for employers, businesses and unions to educate employees about risk factors and warning signs of MEB disorders and ways to access support services through employee health insurance. Mental Health First Aid is recognized by SAHMSA as an evidence-based practice and is on the list of recommended interventions for the NYS prevention agenda goal #2.2 Prevent and reduce occurrence of mental, emotional and behavioral disorders among youth and adults.

**Goal(s) addressing community need:**

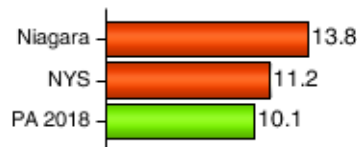
Community Health Needs Assessment Focus Groups identified need for mental health first aid training to help increase awareness and give tools to first line providers, community members, and to help make mental health first aid training as common as CPR training. This ties in strongly with the DSRIP initiatives of promoting Mental Emotional and Behavioral Health, and would align with concerns as identified by Niagara County stakeholder and resident communities.

**Project's Target Population**

Catholic Health Physicians, Nurses, and other front line staff interacting with patients, key community stakeholders (Firefighters, EMS, Catholic Charities, Community Centers, etc.), and general community

**Outcome Objectives:**

PA 42 - Age-adjusted percentage of adults with poor mental health for 14 or more days in the last month



Reduce Niagara County percentage over a 3 year period from 2013-2014.

**Project Process Measures:**

**Year 1 (2016):** Develop Implementation Plan. Identify Mental Health First Aid (MHFA) trainers across Catholic Health.

**Year 2 (2017):** (1) Develop a steering committee (2) Conduct a gap assessment (3) Develop implementation plan.

**Year 3 (2018):** Continue implementation plan.

Identified trainers with Niagara County Office of Mental Health, implemented Trauma Informed Care training and Mental Health First Aid Training to providers and staff; Spiritual care Chaplain presence at Neighborhood Health Center for patient and associate support and engagement. Monthly encounter statistics tracked: Apr – 83, May – 47, Jun – 177, Jul – 95, Aug – 188, Sept – 194.

2016-2018

**Mount St. Mary's Hospital – Niagara County Project 10:  
Prevent Chronic Disease, Disparity: Mental Hygiene**

**Designated Mount St. Mary's Project Leaders:** Bernadette Franjoine, Mount St. Mary's Hospital

**NYS Prevention Agenda Link:**

Promote use of evidence-based care to manage chronic disease.

**Goal(s) addressing community need:**

Community Health Needs Assessment Focus Groups identified need for mental health first aid training to help increase awareness and give tools to first line providers, community members, and to help make mental health first aid training as common as CPR training. This ties in strongly with the DSRIP initiatives of promoting Mental Emotional and Behavioral Health, and would align with concerns as identified by Niagara County stakeholder and resident communities.

**Project's Target Population**

Adults with arthritis, asthma, cardiovascular disease, or diabetes who have taken a course or class to learn how to manage their condition.

**Outcome Objectives:**

By December 31, 2018 educate providers/associates and establish programming for adults with arthritis, asthma, cardiovascular disease, or diabetes in partnership with NCDOH to raise awareness regarding educational resources for referral and participation.

**Reduce Disparity:**

By December 31, 2018 include evidence-based care for chronic disease prevention and management programs to 80% of individuals with depression

**Project Process Measures:**

**Year 1 (2016):** Develop Implementation Plan.

**Year 2 (2017):** educate providers/associates and establish programming for adults with arthritis, asthma, cardiovascular disease, or diabetes in partnership with NCDOH to raise awareness regarding educational resources for referral and participation.

**Year 3 (2018):** educate providers/associates and establish programming for adults with arthritis, asthma, cardiovascular disease, or diabetes in partnership with NCDOH to raise awareness regarding educational resources for referral and participation.

Developed implementation plan with Niagara County hospitals, Niagara County DOH and Population Health Collaborative. Established a Steering Committee. Provided education to senior leadership and staff. DPP classes organized for Neighborhood Health Center. Numerous community presentations held. Depression Screenings conducted for 88% of patients at NHC.

2016-2018

**Mount St. Mary's Hospital – Niagara County Project 11:  
Promote Mental Health and Prevent Substance Abuse**

**Designated Mount St. Mary's Project Leaders:** Bernadette Franjoine, Mount St. Mary's Hospital; and Karen Hogan, Clearview Treatment Services

**NYS Prevention Agenda Link:**

Promote Mental, Emotional and Behavioral Health (MEB).  
Prevent Substance Abuse  
Strengthen Infrastructure

**Goal(s) addressing community need:** Community Health Needs Assessment Focus Groups identified need to advance substance abuse programs and outreach to the general population.

**Project's Target Population** General populations, especially those with mental health needs and identified substance abuse problems.

**Outcome Objectives:** Provide trauma-informed approach education to Niagara County hospital associates and local community organizations by 12/31/17. Increase number of hospital associates trained to 30% by 12/31/18; Offer appropriate level of mental health services information to 80% of individuals who have positive depression screens by 12/31/18; Increase number of public awareness, outreach and educational efforts to change attitudes, beliefs and norms towards excessive alcohol and prescription opiate use; Support integration of MEB health within chronic disease prevention strategies. Establish MEB stakeholder involvement across Niagara County initiatives by 12/31/17 and increase by 10% by 12/31/18.

**Project Process Measures:**

**Year 1 (2016):** Develop Implementation Plan.

**Year 2 (2017):** Provide trauma-informed approach education to Niagara County hospital associates and local community organizations; Establish MEB stakeholder involvement across Niagara County.

**Year 3 (2018):** Increase number of hospital associates trained to 30%; Offer appropriate level of mental health services information to 80% of individuals who have positive depression screens; Increase number of public awareness, outreach and educational efforts to change attitudes, beliefs and norms towards excessive alcohol and prescription opiate use;

**Steering committee established to mirror community health need assessment/community service implementation plan contacts Plan being developed that will include: Substance Abuse Program for both internal and external audiences in NARCAN Training. Established referral process and tracking. Trauma Informed Care and Closed Suboxone Support Group organized.**

# Mount St. Mary's Community Health Survey 2019

## Attachment **E**

FEBRUARY 2019



## **Community Health Survey Results**

**We are seeking your personal input and opinion about health problems that exist in the Western Niagara County area.**

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

**Your opinion is important. PLEASE RETURN BY JANUARY 30**

**If you have any questions, please contact Fred Caso at Mount St. Mary's at:**

**Phone: 298-2146**

**Email: [fred.caso@chsbuffalo.org](mailto:fred.caso@chsbuffalo.org)**

**Mail: Attn: Fred Caso**

**Director – Public Relations and Community Affairs  
Mount St. Mary's Hospital and Health Center  
5300 Military Road, Room 735 Lewiston, NY 14092**



## INTERNAL SURVEY/DISCUSSION

regarding community health problems in Western Niagara County.

Mount St. Mary's Hospital will be utilizing the results in developing its 2019-2021 Community Health Improvement Plan as part of its Community Health Needs Assessment. All responses will be kept in confidence and only released as a compilation of all responses. No individuals or organizations will be specifically identified.

1. In the following list, what do you think are the three most important factors for a Healthy Community? *(Factors which most improve the quality of life in Niagara.)*

### COMMUNITY ORGANIZATIONS

- Good Jobs & Healthy Economy
- Low Crime/Safe Neighborhoods
- Healthy Behaviors and Lifestyles

### OB/GYN PROVIDERS

- Good Jobs & Healthy Economy
- Healthy Behaviors and Lifestyles
- Good Schools

### PRIMARY CARE PROVIDERS

- Good Jobs & Healthy Economy
- Low Crime/Safe Neighborhoods
- Healthy Behaviors and Lifestyles

### INTERNAL STAFF

- Good Jobs & Healthy Economy
- Good Schools
- Good Family Life

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

### COMMUNITY ORGANIZATIONS

- Substance Abuse
- Mental Health
- Cancers

### OB/GYN PROVIDERS

- Obesity
- Diabetes
- Teenage Pregnancy

### PRIMARY CARE PROVIDERS

- Substance Abuse
- Mental Health
- Diabetes

### INTERNAL STAFF

- Heart Disease and Stroke
- Cancers
- Diabetes

3. In the following list, what do you think are the three most important risky behaviors in our community? *(Behaviors which have the greatest impact on overall community health.)*

### COMMUNITY ORGANIZATIONS

- Substance Abuse
- Mental Health
- Cancers

### OB/GYN PROVIDERS

- Obesity
- Diabetes
- Teenage Pregnancy

### PRIMARY CARE PROVIDERS

- Substance Abuse
- Mental Health
- Diabetes

### INTERNAL STAFF

- Heart Disease and Stroke
- Cancers
- Diabetes

**4. As a Medical Provider, what 2 specific health issues should Mount St. Mary's work to address from 2019-2021?**

**PROVIDERS**

- Obesity
- Drug Abuse
- Education: Nutrition and Diabetes

**5. How would you rate our community as a "Healthy Community?"**

**COMMUNITY ORGANIZATIONS**

- Somewhat Healthy

**OB/GYN PROVIDERS**

- Somewhat Healthy

**PRIMARY CARE PROVIDERS**

- Somewhat Healthy - Unhealthy

**INTERNAL STAFF**

- Somewhat Healthy

**6. How would you rate the following in your community?**

Access to Primary Care	Good
Access to Specialty Services	Good
Education on Health Issues	Good

## **EXTERNAL SURVEY/COMMUNITY DISCUSSION**

regarding community health problems in Western Niagara County.

### **NEIGHBORHOOD HEALTH CENTER (Community/Staff – 8)**

*What does a healthy community mean to you?*

- Healthy Food    Health Awareness    Stronger community with adequate resources

Discussion: People in this neighborhood have limited incomes and they worry more about “getting by each day” rather than health. If access is easy, they will try and fit it in; if not, they will ignore. Lack of access to a food market in the neighborhood is also a problem.

*What health problems are of the biggest concern?*

- Obesity    Mental Illness    Pain Mgmt.    Diabetes    Immunizations

Discussion: The lack of quality food leads to obesity and diabetes and causes mental anguish in families. Many want to do better. People don’t see “immediate” results, so they lose direction. More support is needed to keep individuals/families on track.

*What keeps you/us from being healthier?*

- \$\$\$    Lack of screenings    Transportation    Insurance

Discussion: Comments return to lack of income and access. Churches should be more involved in both the spiritual and physical health of their parishioners. People find their way to church but find excuses for finding their way to doctors. Need coordinated, one-stop annual activities for screenings, health information, etc. over a limited period of time (2 weeks).

*What resources to you/we need to be healthier?*

- Safe places for kids    More education    Better Access to healthcare

Discussion: Active kids are healthier and stay out of trouble. Work with the churches and schools for after-school activities. This will also promote respect for authority/teachers and be a link between the children/parents/schools.

*What is the best way for you to get health information?*

- Health Center/Doctors    Pharmacy    Community    TV/Internet/Social Media

Discussion: We need to reach out to people of all ages, not just young people by using social media. Work collaboratively with providers and the community to provide information in a variety of formats.

*What would you do to improve the health of the community?*

- After school activities    More collaboration    More Clinics    More Education

Discussion: Provide more resources but ensure they are linked. Efforts need to be coordinated. More outreach into the neighborhoods.

## **EXTERNAL SURVEY/COMMUNITY DISCUSSION**

regarding community health problems in Western Niagara County.

### **LEWISTON SENIOR CENTER (Community Residents – 6)**

*What does a healthy community mean to you?*

- Good place to go for care     Quality healthcare and hospitals

Discussion: Good doctors and good hospitals are important. “Good” = quality, communication, ease of access, lower cost to patients.

*What health problems are of the biggest concern?*

- Drugs                       Diabetes                       Cancer

Discussion: Too many young people are destroying their lives. Some prescription drugs are expensive for those on a limited income. Difficult to get to Roswell for Cancer care.

*What keeps you/us from being healthier?*

- Money                       Better hospitals                       More awareness of available services

Discussion: They know friends who don't take the prescriptions they need because of costs. Mount St. Mary's does not offer all the services they need, like cancer care. People don't know where to go or who to ask. Information on internet is confusing to find.

*What resources to you/we need to be healthier?*

- Transportation to the doctor/rehab     Education on health issues

Discussion: Getting to-and-from doctor is important (Note: VanGo received positive comments.) Have more health information at the Senior Center, churches, and library.

*What is the best way for you to get health information?*

- Senior Center/Education Talks     Doctor's Office     TV

Discussion: Come to the senior center more frequently. Make sure doctors have information on activities and screenings.

*What would you do to improve the health of the community?*

- Education programs targeting seniors

Discussion: More health screenings where seniors gather: senior center, churches. Maybe involve the schools so entire families can participate.

# Mount St. Mary's Community Health Survey

## 2016- Organizations Surveyed

### Attachment **F**

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

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

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

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

S.A.F.E. Block Club  
Terri Williams  
3517 Walnut Avenue  
Niagara Falls, NY 14301

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

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

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

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

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

Geri Kruse  
6658 Errick Road  
North Tonawanda, NY 14120

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

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

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

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

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

Niagara Community Action  
Laurie Davis  
1521 Main Street  
Niagara Falls, NY 14301  
Pierce Avenue Block Club  
Justine Munn  
2405 Pierce Avenue  
Niagara Falls, NY 14305

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

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

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

American Red Cross			1522 Main Street	Niagara Falls	NY	14305	<a href="http://www.redcross.org/ny/buffalo/">www.redcross.org/ny/buffalo/</a>
Big Brothers Big Sisters of Niagara			86 Park Avenue	Lockport	NY	14094	<a href="http://www.bbbsniagaracounty.homestead.c">www.bbbsniagaracounty.homestead.c</a>
Cancer Services Program of Niagara	Cheryl Licata	Outreach Coord	533 10th Street	Niagara Falls	NY	14301	<a href="mailto:cheryl.licata@niagaracounty.com">cheryl.licata@niagaracounty.com</a>
Catholic Charities	Kathleen Hall	Director	256 Third St. Suite 15	Niagara Falls	NY	14303	<a href="mailto:kathleen.hall@ccwny.org">kathleen.hall@ccwny.org</a>
CDPAP of Independent Living of Niag Co.			746 Portage Road	Niagara Falls	NY	14301	
Center for Young Parents	Joan Barrett	Outreach Case Mgr	4455 Porter Road	Niagara Falls	NY	14305	
Community Missions	Robin Krueger		1570 Buffalo Avenue	Niagara Falls	NY	14303	
Cornell Cooperative Ex of Niag County	Kaitlin Smith	Nutrition Team	4487 Lake Avenue	Lockport	NY	14094	<a href="mailto:kms423@cornell.edu">kms423@cornell.edu</a>
Destination Life Fellowship	Mark Perkins	Lead Pastor	1609 22nd Street	Niagara Falls	NY	14305	<a href="mailto:rev.mark.perkins@gmail.com">rev.mark.perkins@gmail.com</a>
Erie-Niagara Tobacco Free Coalition	Jenna Brinkworth	Coordinator	Elm & Carolton Street	Buffalo	NY	14263	<a href="mailto:jenna.brinkworth@roswellpark.org">jenna.brinkworth@roswellpark.org</a>
Everywoman Opportunity Center, Inc.			1905 Pine Avenue	Niagara Falls	NY	14301	<a href="http://www.everywoman.org">www.everywoman.org</a>
Family & Children's Service of Niagara	Connie Ignatowski	Dir Healthy Families	1522 Main Street	Niagara Falls	NY	14305	<a href="mailto:cignatowski@niagarafamily.org">cignatowski@niagarafamily.org</a>
Family & Childrens PASSAGE Services			826 Chilton Avenue	Niagara Falls	NY	14301	
Girl Scouts of WNY, Inc.			3332 Walden, # 106	Depew	NY	14043	<a href="http://www.gswny.org">www.gswny.org</a>
Greater Niagara Frontier Council Boy Scouts			2860 Genesee Street	Buffalo	NY	14225	<a href="http://www.wnyscouting.org">www.wnyscouting.org</a>
GuildCare - Adult Day Health Care Prog	Denise Dipaolo RN	Outreach Worker	4520 Military Road	Niagara Falls	NY	14305	<a href="mailto:dipaolod@jgb.org">dipaolod@jgb.org</a>
HART Interfaith, Inc.	Lisa Lannon		505 Cayuga Street	Lewiston	NY	14092	
Health Association of Niagara County			1302 Main Street	Niagara Falls	NY	14301	<a href="http://www.hancc.com">www.hancc.com</a>
Healthy Neighborhoods Program	Theresa McCabe	Public Health Edu	1001 11th Street Rm 7	Niagara Falls	NY	14301	<a href="mailto:theresa.mccabe@niagaracounty.com">theresa.mccabe@niagaracounty.com</a>
Heart, Love & Soul, Inc.	Sr. Beth Brosmer	Executive Director	939 Ontario Avenue	Niagara Falls	NY	14305	<a href="mailto:elizabethb1946@gmail.com">elizabethb1946@gmail.com</a>
Highland Community Revitalization	Charletta Tyson	Executive Director	2616 Highland Avenue	Niagara Falls	NY	14305	<a href="mailto:ctyson116@yahoo.com">ctyson116@yahoo.com</a>
Independent Living of Niagara County	Sarah K. Lanzo	Director	746 Portage Road	Niagara Falls	NY	14301	<a href="mailto:slanzo@wnyil.org">slanzo@wnyil.org</a>
Mental Health Assoc. in Niagara Cty., Inc.			36 Pine Street	Lockport	NY	14094	<a href="http://www.mhanc.com">www.mhanc.com</a>
National Grid	Mark Johnson	Consumer Advocate	1720 New Road	Niagara Falls	NY	14304	<a href="mailto:mark.johnson@nationalgrid.com">mark.johnson@nationalgrid.com</a>
Native American Community Services	Pete Hill	Director	1005 Grant Street	Buffalo	NY	14207	<a href="mailto:phill@nacswny.org">phill@nacswny.org</a>
Empower	Jeffrey Patterson	Executive Director	9812 Lockport Road	Niagara Falls	NY	14304	<a href="mailto:mmorreale@niagaracrp.org">mmorreale@niagaracrp.org</a>
Niagara Community Action Program, Inc.	Suzanne Shears	Director	1521 Main Street	Niagara Falls	NY	14305	<a href="mailto:niagaracap@prodigy.net">niagaracap@prodigy.net</a>
Niagara County AIDS Task Force	Jimmy Rowe	Director	1302 Main Street	Niagara Falls	NY	14301	<a href="mailto:jimmyrowe@notmail.com">jimmyrowe@notmail.com</a>
Niagara County Home Energy Assistance	Janene Hiscock	Senior SSW	301 10th Street	Niagara Falls	NY	14303	<a href="mailto:janene.hiscock@niagara County.com">janene.hiscock@niagara County.com</a>
Niagara County Legal Aid Society	Mary Ann Oliver	Managing Attorney	225 Old Falls Street	Niagara Falls	NY	14303	<a href="mailto:maoliver@wnyle.com">maoliver@wnyle.com</a>
Niagara County Office of the Aging			111 Main Street	Lockport	NY	14094	
Neighborhood Legal Services			225 Old Falls St.	Niagara Falls	NY	14302	
Niagara Falls Boys and Girls Club, Inc.			725 17th Street	Niagara Falls	NY	14301	<a href="http://www.nfbgc.org">www.nfbgc.org</a>
Niagara Falls Housing Authority	Howard Patton	Site Supervisor	3001 9th Street	Niagara Falls	NY	14305	<a href="mailto:howard.patton@nfha.attain.suny.edu">howard.patton@nfha.attain.suny.edu</a>
Niagara Falls Neighborhood Housing Serv	Danielle Rice	Housing Counselor	479 16th Street	Niagara Falls	NY	14303	<a href="mailto:drice@roadrunner.com">drice@roadrunner.com</a>
Niagara Falls Police Department Substation	Alan P Booker	Liaison/Director	1667 Linwood Avenue	Niagara Falls	NY	14305	<a href="mailto:allen.booker@niagarafallsnyc.gov">allen.booker@niagarafallsnyc.gov</a>
Niagara WorkSourceOne	Marilyn Patterson	Coordinator	1001 11th Street	Niagara Falls	NY	14305	<a href="mailto:marilyn.patterson@nigaracounty.com">marilyn.patterson@nigaracounty.com</a>
Northpointe Council, Inc.	Cheri Kelly	Specialist	800 Main Street	Niagara Falls	NY	14301	<a href="mailto:ckelly@northpointecouncil.org">ckelly@northpointecouncil.org</a>
NYSDOH - Hunger Prev & Nutrition Prog	John Ingram	Public Health Rep.	584 Delaware Ave.	Buffalo	NY	14202	<a href="mailto:jai01@health.state.ny.us">jai01@health.state.ny.us</a>
Opportunities Unlimited of Niagara			1555 Fact Outlet Blvd	Niagara Falls	NY	14304	<a href="http://www.opportunitiesunlimited.org">www.opportunitiesunlimited.org</a>
Orleans Niagara BOCES	Irene Kalls	Coordinator	1001 11th Street	Niagara Falls	NY	14301	<a href="mailto:mtopor@onboces.org">mtopor@onboces.org</a>
Ray of Hope Inc.	Joyce Scott	Director	PO Box 4045	Niagara Falls	NY	14304	<a href="mailto:scott.joyce43@yahoo.com">scott.joyce43@yahoo.com</a>
Senior Companion Program			1302 Main Street	Niagara Falls	NY	14301	
St. Vincent dePaul Society	Margaret Horey	Agency Coordinator	2437 Niagara Street	Niagara Falls	NY	14303	<a href="mailto:mlrteach715@aol.com">mlrteach715@aol.com</a>
Tuscarora Nation Community Health Prog	Ann Printup	Program Supervisor	5226 Walmore Road	Lewiston	NY	14092	<a href="mailto:ann.printup@nfmmc.org">ann.printup@nfmmc.org</a>
United Way of Niagara	Connie Brown		6420 Inducon Dr.	Sanborn	NY	14132	
GuildCare			1319 Pine Avenue	Niagara Falls	NY	14301	
YWCA of Niagara			32 Cottage St	Lockport	NY	14092	<a href="http://www.ywcანიagara.org">www.ywcანიagara.org</a>

# Community Demographics

## County Health Rankings and Roadmaps

### Attachment **G**

#### Niagara County Demographics- 2019

##### Population

- The total population of Niagara County has declined about 2.7% from 216,094 to 210,185 between the years of 2010 and 2018 respectively.
- Of this amount, 94,031 people reside in Mount St. Mary's hospital Primary Service Area.
- 19% of the overall population is composed of individuals aged 65 and older. This is a 1.3% increase from the 2016 population analysis.
- About 51% female
- 22% rural
- The median household income of Niagara County is \$54,000
- About 13% of the residents of Niagara County are considered to be living below the poverty line.  
**NOTE:** 2019 Federal Poverty Levels are defined as Household of:

1	\$12,490
2	\$16,910
3	\$21,330
4	\$25,750
5	\$30,170
6	\$34,590
7	\$39,010
8	\$43,430

##### Race and Ethnicity

- The population of Niagara County is predominantly white, representing 85% of the population.
- Black or African-Americans comprise about 7% of the population.
- Hispanics are the next largest racial group at 3.1% of the population.
- Native-Americans account for only 1% of the population, and most are in our primary service area.
- About 9% of Niagara County residents do not predominantly speak English at home.

##### Health Insurance Coverage

- Roughly 7% of Niagara County residents are uninsured. The remaining 93% are either covered through Medicare, Medicaid, are dual eligible or have private insurance.

##### Unemployment Rate

- The unemployment rate for Niagara County is 3.4%, which is lower when compared to New York State (4.6%) and national (4.1%) rates

# Community Benefit Framework

## Attachment **H**

