2025–2027 Niagara County Joint Community Health Assessment

DECEMBER 2025

Note: This Community Health Assessment (CHA) is currently undergoing final review by the State Department of Health. The information provided is subject to update pending official state approval



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Development of the Prevention Agenda 2025-2030

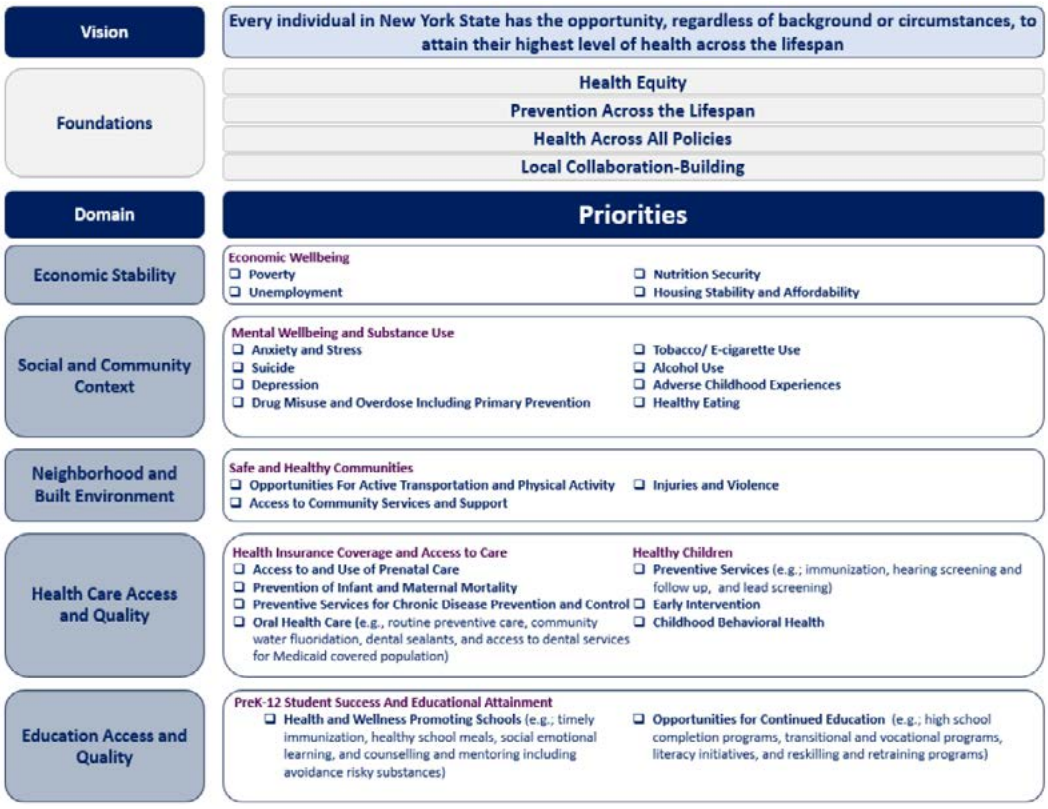
The New York State Prevention Agenda 2025-2030 is a six-year statewide health improvement plan. Developed by the New York State Public Health and Health Planning Council (PHHPC) in September of 2024, the plan serves as a blueprint to enhance the health and well-being of New Yorkers through the reduction of health disparities. Now in its fourth cycle, the 2025-2030 New York State Prevention Agenda operates with the vision that every individual in New York State has the opportunity, regardless of background or circumstances, to attain their highest level of health across the lifespan.

The Ad Hoc Committee to Lead the State Health Improvement Plan (SHIP) played an essential role in developing the 2025-2030 Prevention Agenda. The plan is centered around five domains, which are based on the five domains of social determinants of health defined by Healthy People 2030. These five domains encompass 24 statewide priorities. Domain workgroups, composed of experts in Social Determinants of Health, health equity, health disparities, and community members, developed priority-specific action plans. A new emphasis in the 2025-2030 plan is the prioritization of health equity through equitable and inclusive objectives within the action plans.

The five domains that comprise the 2025-2030 Prevention Agenda are:

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

Additionally, the Prevention Agenda identifies key strategies and interventions to address critical health issues and reduce health disparities across its 24 priorities within the five domains. These specific action plans were developed collaboratively with input from community stakeholders, including public, private, and community partners from across the state.



B. Executive Summary

Introduction

The Niagara County Department of Health (NCDOH), in collaboration with the Niagara County Department of Mental Health and Substance Abuse, Catholic Health and Niagara Falls Memorial Medical Center, has prepared the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP)/ Community Service Plan (CSP) for the 2025-2030 period. This strategic plan is designed to address the most pressing health needs identified in Niagara County, aiming to improve the health and well-being of all residents and reduce health disparities.

1. Prevention Agenda Priorities

Aligned with New York State's Prevention Agenda 2025-2030, this updated plan shifts focus to five overarching domains: Economic Stability, Social and Community Context, Neighborhood and Built Environment, Health Care Access and Quality, and Education Access and Quality. A significant new addition for the 2025-2030 cycle is the explicit integration of inclusion and equity into all action plans, ensuring that health equity is a foundational element across all initiatives. Each domain encompasses several priority areas, guiding state and local actions to improve health outcomes across the lifespan.

2. Role of Partners

The Steering Committee consisted of representatives from the Niagara County Department of Health, the Niagara County Department of Mental Health and Substance Abuse, Catholic Health, Niagara Falls Memorial Medical Center, and HEALTHeLINK. Representatives from each entity were present through all phases of planning, data collection and analysis. The 2025-2030 priorities were selected collaboratively via the Steering Committee. The Steering Committee engaged with physicians via survey and addressed the community for qualitative data via county wide community conversations. Furthermore, the Steering Committee successfully convened key stakeholders for a comprehensive analysis of the current landscape, programs and initiatives supporting Niagara County. Stakeholders first heard from Steering Committee members introducing the CHA/ CHIP/CSP and Prevention Agenda followed by a data presentation which encapsulated current data supporting the issues identified by providers and focus groups. The insights gathered from stakeholders at this stage was instrumental in guiding the Steering Committee's selection of priority areas and development of the activities following this report. The Steering Committee plans on engaging with stakeholders regularly to leverage partnerships to effectively continue and evaluate progress on the Prevention Agenda goals. Furthermore, the Steering Committee will ensure transparency of progress with stakeholders via quarterly updates. This multi-sectoral partnership ensures a coordinated and resource-rich approach to support the Prevention Agenda work. Following communication and sharing throughout internal strategic planning and executive groups, the joint CHA report and CHIP/CSP for each of the Catholic Health hospitals were presented and approved by the Catholic Health Ministry Services Board Meeting on September 18, 2025.

3. Data Used to Identify and Confirm Priorities

Comprehensive county, regional and state data was analyzed to support the Niagara County 2025-2030 Community Health Assessment. This process involved reviewing trends and comparing Niagara County's health indicators against state goals and local averages to draw informed conclusions. The Steering Committee facilitated and executed the following activities to achieve this objective:

1. Primary Data Analysis

The Steering Committee collected primary data through two key initiatives: the Medical Provider Survey, and Community Conversations. The Medical Provider Survey was conducted between December 19, 2024 and January 24, 2025 with a total of 52 responses from medical professionals serving Niagara County residents. Providers were contacted in the following way:

- Hospital administrators sending emails throughout their network of employees.
- Utilizing "Contact us" web forms or emails for private practices when available on their website. This included successful communications to 28 routine dental care facilities, 13 routine eye care facilities, and 5 pediatric practices.
- An alert on the New York State Health Commerce System. This included those registered in Niagara County as a dentist, pharmacist, social worker, and/or those registered as staff at a nursing home, hospital, or diagnostic and treatment center.

The primary objective of the Medical Provider Survey was to identify key health priorities from a clinical perspective. Providers were asked to select prevention agenda priorities that were the most pressing or the most important to focus on. The survey results indicated that mental health, substance use/misuse, and poverty were the top three priority areas. Furthermore, providers suggested that enhancing overall health in Niagara County requires improving access to providers and services, as well as expanding education and outreach programs. A formal report including data can be found in Appendix A.

Moreover, the Steering Committee engaged in Community Conversations held from January 23, 2025 to May 4, 2025. These conversations provided crucial community level insight on the health challenges facing Niagara County. Out of 105 total participants, 74 were residents of Niagara County, 6 participants worked in the county but lived elsewhere, and the zip codes for 25 participants were unknown. Participants were asked to define a "Healthy Community." A key takeaway of these conversations was that a "Healthy Community" requires respect and an environment where everyone can support one another. Individuals should have access to quality care, be able to manage their own care, and have limited stress when it comes to necessities (e.g. housing, access to food, childcare, and transportation). There should be local opportunities for physical recreation, education, and engagement. Many of the participants also encouraged increasing awareness of existing programs, expanding outreach and health education, and emphasized building social support. A formal report including data can be found in Appendix B.

2. Thorough review of health indicators and secondary data analysis encompassing, but not limited to:

- New York State Department of Health
  - Prevention Agenda
  - Leading Causes of Death
  - Community Health Indicator Reports (CHIRS)
- County Health Rankings
- U.S. Census Bureau
  - American Community Survey 2023
- Centers for Disease Control
- City Health Dashboard
- PLACES: Local Data for Better Health
- Community Partner Annual Reports

3. Facilitation of a county-wide stakeholder meeting, where data was presented, reviewed and discussed.

The Steering Committee hosted a stakeholder meeting on May 6, 2025 to directly engage with key community leaders and representatives from a variety of sectors such as healthcare, education and government. The stakeholders provided a comprehensive, multi-sector perspective on the most pressing health issues and systemic challenges in Niagara County. The stakeholders helped build consensus and shared understanding of community needs through the following process. A "save the date" email was disseminated to key community health stakeholders on April 14, 2025. This email informed stakeholders of the collaborative effort between the Niagara County Department of Health, the Niagara County Department of Mental Health and Substance Abuse, Catholic Health, and Niagara Falls Memorial Medical Center to develop a comprehensive community health assessment, improvement plan, and community service plans. The email also included a one-page summary detailing the current population health status across Niagara County and a link for event registration. During the registration process, stakeholders were asked to rank health issues based on priority areas for this cycle.

On May 6, 2025 stakeholders convened from agencies across Niagara County. The session began with a welcoming speech, followed by presentations on the Community Health Needs Assessment (CHNA), Social Determinants of Health (SDOH), and relevant data specific to Niagara County. Participants engaged in small-group discussions, led by Steering Committee members, with each table having representation from a variety of organizations and disciplines. Each group conducted a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis for various priority domains with a designated note-taker recording responses. Key themes from these discussions were then summarized by facilitators and compiled into a slideshow for presentation to the larger group. The findings were shared back to the larger group for discussion. After the conclusion of the meeting, stakeholders were able to give feedback to the Steering Committee to better inform future meetings. The Steering Committee used all of the note pages from small-group discussion, along with the summaries, as primary data when considering priority and objective selection. A review of the SWOT responses at the stakeholder meeting can be found in Appendix C.

The prioritization of needs was then systematically conducted based on established criteria. These criteria included:

- Identifying commonalities and disparities among needs;
- Assessing existing programs and initiatives that address these needs;
- Evaluating the community's capacity for change;
- Determining the significance of each identified problem to providers, community residents and stakeholders; and
- Assessing the Steering Committee's capacity to facilitate the changes.

4. Interventions, Strategies, and Activities

After consideration of local data, stakeholder feedback, and targeted focus group discussions, the Steering Committee selected five objectives for the 2025-2030 CHA/CHIP/CSP cycle. These objectives target a variety of domain areas and priorities listed in the New York State Prevention Agenda and emphasize the importance of equity by promoting health for all members of the community while aiming to reduce health disparities. Participation in interventions for these objectives is planned to be a collaborative effort between hospital systems, local government agencies (e.g. Niagara County Departments of Health, Niagara County Department of Mental Health), and community partners. Identification of additional objectives by the Niagara Falls Memorial Medical Center (NFMMC) will allow for the additional focus on preventative services for chronic disease prevention and control.

OBJECTIVE #1: DECREASE THE PERCENTAGE OF ADULTS WHO EXPERIENCE FREQUENT MENTAL DISTRESS FROM 13.4% TO 12.0%.

The Niagara County Steering Committee has also selected to focus on the county population of adults with household incomes less than $25,000. Strategies will include promotion of Mental Health First Aid training, improving timely access to community-based support services, screening for people living with stress, anxiety, and how referrals can address their unmet social needs. Additional activities will include the promotion of resilience-building strategies, offering coordinated crisis response and continuity of care for those with mental health and/or substance use related crises, and the promotion of evidence-based resources to reduce the negative impacts of stress and trauma.

Participating Partner(s): Catholic Health, Niagara County Department of Health, Niagara County Department of Mental Health, and Niagara Falls Memorial Medical Center.

OBJECTIVE #2: REDUCE THE CRUDE RATE OF OVERDOSE DEATHS INVOLVING DRUGS, PER 100,000 POPULATION, FROM 32.3 TO 22.6.

The Niagara County Steering Committee has also selected to focus on the county population of adults who identify as Black, Non-Hispanic. Efforts to reduce overdose deaths will include but not be limited to expanding local access to naloxone, expanding access to medications for opioid-use disorder, and promotion of resources to build resilience and reduce the negative impacts of stress and trauma. Additional standardized screenings will be completed to identify and address unmet social needs.

Participating Partner(s): Catholic Health, Niagara County Department of Health, and Niagara County Department of Mental Health.

OBJECTIVE #3: DECREASE THE PERCENTAGE OF BIRTHING PERSONS WHO EXPERIENCE DEPRESSIVE SYMPTOMS AFTER BIRTH FROM 11.9% TO 9.9%.

Interventions will expand prevention activities across the life span and the screenings for prenatal and postpartum patients. New mothers will also be contacted post-delivery to identify and refer to additional health services and external home visiting programs. Additional outreach activities will expand the awareness of resources available, offer mental/emotional support, and promote resilience-building strategies. Local hospitals will also assess insurance coverage to support individuals through possible literacy challenges, access to social services, and to ensure there is no gap in coverage.

Participating Partner(s): Catholic Health, Niagara County Department of Health, Niagara County Department of Mental Health, and Niagara Falls Memorial Medical Center.

OBJECTIVE #4: DECREASE THE PERCENTAGE OF CHRONIC ABSENTEEISM (DEFINED AS MISSING MORE THAN 18 DAYS (>10%) PER ACADEMIC YEAR) AMONG PUBLIC SCHOOL STUDENTS IN GRADES K-8 FROM 26.4% TO 18.5%.

The Niagara County Steering Committee has also selected to focus on the county population of public school students in grades K-8 who are considered economically disadvantaged. Chronic absenteeism will be addressed by fostering collaboration with school districts and communities to provide education and opportunities to increase immunization rates for both required and unrequired school vaccinations for K-12 students. Outreach will also deliver evidence-based programming and age-appropriate health and wellness education to increase vaccine confidence, healthy lifestyle choices and physical activity. Additional screenings and referrals will be utilized to continue to address unmet needs and provide support in mental/emotional health.

Participating Partner(s): Catholic Health, Niagara County Department of Health, and Niagara County Department of Mental Health.

OBJECTIVE #5: INCREASE THE PERCENTAGE OF ADULTS AGED 18 YEARS AND OLDER WITH HYPERTENSION WHO ARE CURRENTLY TAKING MEDICATION TO MANAGE THEIR HIGH BLOOD PRESSURE FROM 77.0% TO 81.7%

There will be an additional focus on the county population of adult Medicaid members aged 18 years and older.

Participating Partner(s): Niagara Falls Memorial Medical Center.

5. Tracking and Impact Evaluation

Progress of all CHIP activities will be monitored on a monthly basis by various Steering Committee members. Progress toward the goals identified in the 2025-2027 CSP will be reviewed and measured using a variety of resources. Catholic Health will leverage access to data from their systemwide Epic electronic medical record systems when possible. Ongoing input from the community, CHA/CHIP/CSP partners, as well as associates will also be used to validate interventions and progress. Tracking will be accomplished via internal tools at each entity with data to be included in a jointly established, centralized dashboard for all partners to collect progress reports towards goals and objectives. Updates will be documented and available for communication to internal and external partners on a routine basis. The Steering Committee will convene quarterly to discuss progress of current interventions and to facilitate planning for future initiatives. To optimize progress, a formal quarterly evaluation will assess the allocation of staff time to CHIP activities. The Steering Committee will communicate routine updates with stakeholders on progress towards these goals. Community members will receive updates towards progress through annual reports posted to the NCDOH website.

6. State Review and Feedback

New York State Department of Health review and feedback is expected by December 2026.

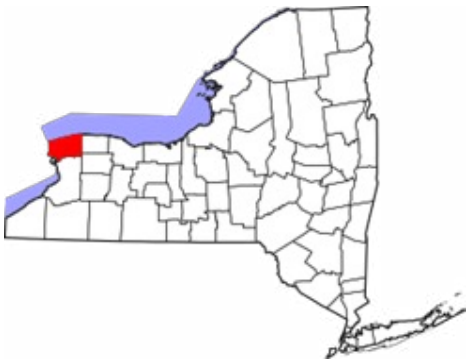
C. Community Health Assessment (CHA)

1. Community Description

Community Service Area

Niagara County is situated in the western corner of New York State (NYS), bordered by Lake Ontario to the north, the Niagara River and Canada to the west, Erie County to the south, and Orleans County to the east. It is connected to Canada by three bridges: Lewiston- Queenston Bridge, Whirlpool Bridge, and Rainbow Bridge. The Niagara Escarpment is a visually prominent natural feature in the County rising more than 600 feet in elevation, crossing the county in an east/west direction.

Niagara County is unique among other counties as it hosts Niagara Falls, a natural wonder of the world, which profoundly shapes its identity and economy through tourism. A wide variety of state parks are an additional draw for tourists who come from all areas of the United States, other countries, and some cross the border of Canada to enter the United States.



Population

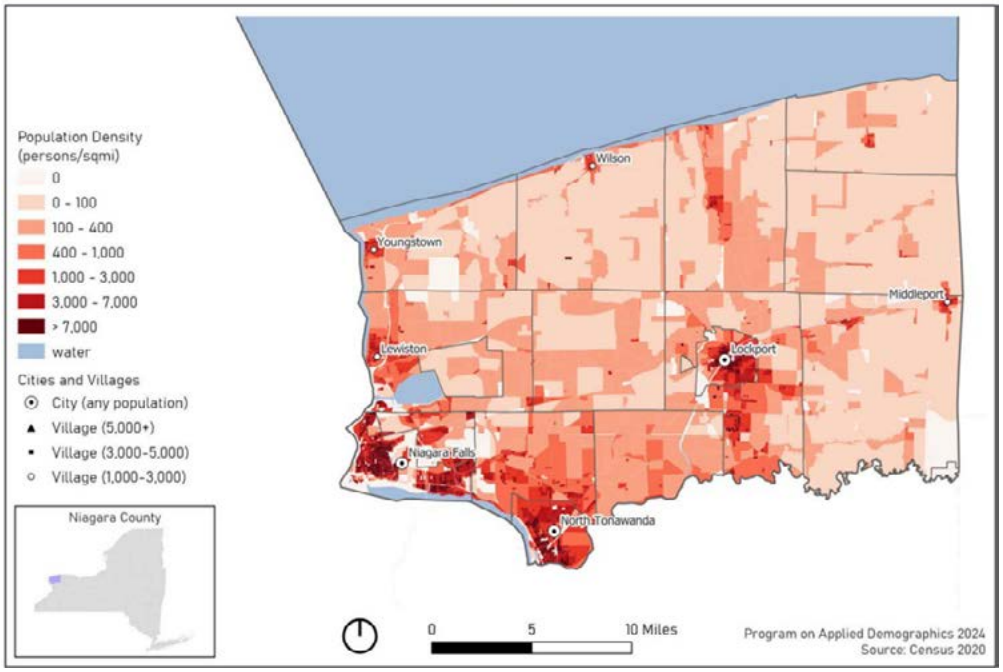
The latest U.S. Census Decennial Survey conducted in 2020 showed the total population of Niagara County to be at 212,666 [1]. The Census Bureau's American Community Survey (ACS) 2023 5-year estimate shows a slight population decline to approximately 211,341 residents [2].

The county's diverse landscape includes urban, suburban, and rural environments. Around 30% of the population lives in a rural area and 70% live in an urban area [3]. According to the U.S. Census Bureau, Niagara County covers 522 square miles [4]. The county includes cities, towns, and villages, along with the Tuscarora Nation, which is a federally recognized tribe.

Niagara County has three main cities: Niagara Falls, North Tonawanda, and Lockport.

- Niagara Falls is the largest city in Niagara County and has a population of 48,198. residents [5]. The population density was estimated at 3,455.3 people per square mile in 2020 [6].
- North Tonawanda is the second largest city in Niagara County. There are 30,338 people that reside in North Tonawanda [5]. The population density was estimated at 3,021.5 people per square mile in 2020 [6].
- Lockport is the third largest city in Niagara County. It is home to 20,699 residents [5]. The population density was estimated at 2,485.2 people per square mile in 2022 [6].
- Other municipalities in Niagara County include:
- Towns: Barker, Cambria, Hartland, Lewiston, Newfane, Niagara, Pendleton, Porter, Royalton, Somerset, Wheatfield, Wilson.
- Villages: Barker, Lewiston, Middleport, Ransomville (hamlet, not incorporated village), Wilson, Youngstown.

FIGURE 1: POPULATION DENSITY, NIAGARA COUNTY, NY, 2020 [4].



Demographics

SEX, GENDER, AND SEXUAL ORIENTATION

In Niagara County, 50.9% of residents identify as female and 49.1% as male [2]. Although there is limited information on gender and sexual orientation in Niagara County, there are estimates for NYS. Estimates from 2019 and 2020 showed that 0.5% of adults in NYS identify as transgender or gender non-conforming. Approximately 7.9% of adults identify as lesbian, gay, bisexual, or something else/other sexual orientation (LGBO) [7].

AGE

The median age of Niagara County residents is 43.2 years old. The most common age ranges for Niagara County residents in 2023 were 25 to 34 years (12.3%), followed by those aged 45 to 54 years and those aged 65 to 74 years old (12.2%), and then those aged 35 to 45 years old (11.9%). In 2023, 5.1% of residents were under 5 years old [5].

Life expectancy, an average number of years people are expected to live, is estimated to be 75.4 years in Niagara County, which is 4 years less than the NYS average [8]. Niagara County has gradually shifted over the last decade towards an older adult population. *Figure 2* below is a population pyramid that shows the percent of the population by age ranges in 2013 on the left (in orange) and 2023 on the right (in blue). Several of the younger age ranges shown in *Figure 2* had larger percentages in 2013 than seen more recently in 2023 (e.g. 20 to 24 year olds made up 6.6% of the population in 2013 but only 5.6% in 2023). In 2013, only 16.2% of residents were 65 years or older, however, in 2023 that number has risen to 20.2% of residents.

FIGURE 2: POPULATION PYRAMID BY YEAR, NIAGARA COUNTY, NY, 2013 AND 2023 [5].

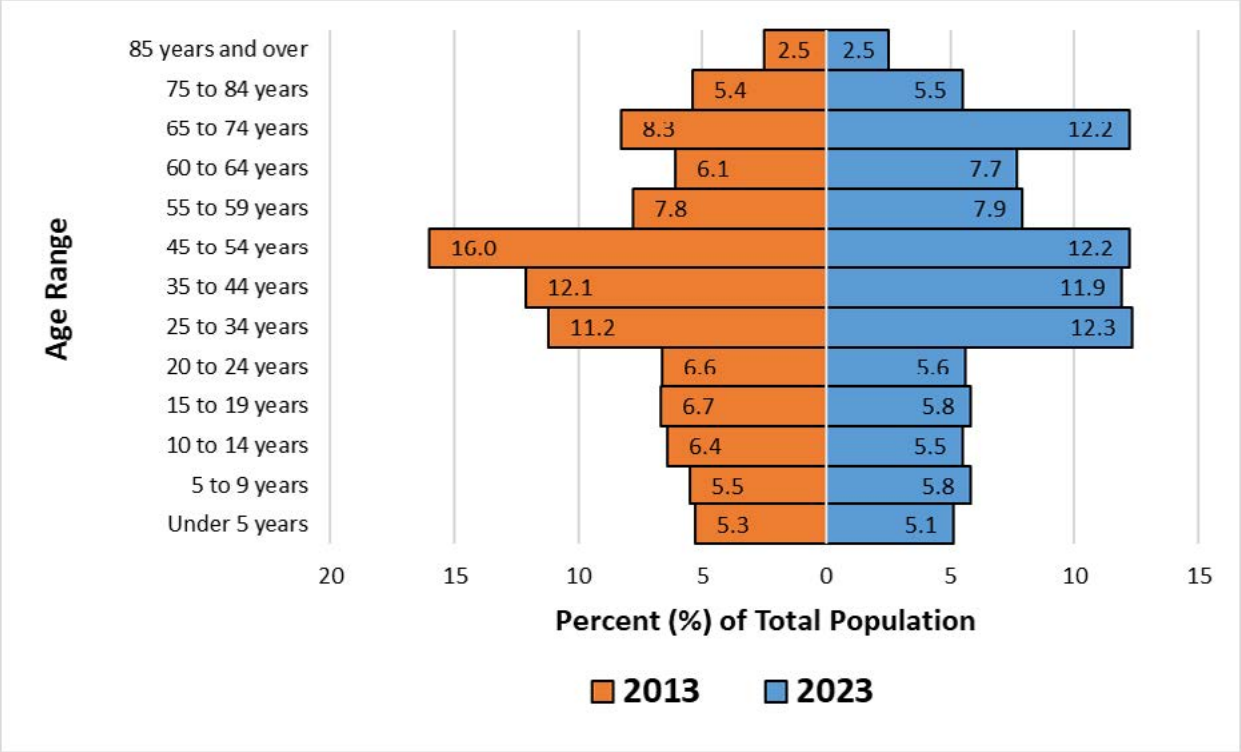


TABLE 1: POPULATION ESTIMATES FOR CHILDREN AND OLDER ADULTS BY REGION, NIAGARA COUNTY, NY, 2023 [5].

AGE GROUP	NIAGARA COUNTY	CITY OF LOCKPORT	CITY OF NIAGARA FALLS	CITY OF NORTH TONAWANDA
Under 5 years old	5.10%	5.10%	5.40%	5.80%
Under 18 years old	20.00%	22.30%	20.80%	18.60%
65 years and older	20.20%	15.70%	18.80%	19.20%

RACE AND ETHNICITY

The majority of Niagara County's population identifies as White (83.9%) and Non-Hispanic (96.1%). 6.6% of residents are Black or African American, 0.5% are American Indian and Alaskan Native, 1.2% are Asian, 1.3% identify as some other race, and 6.4% identify as two or more races. 3.9% of Niagara County residents identify as Hispanic or Latino [5].

As seen in Table 2 below, population estimates for the cities of Lockport and Niagara Falls indicate more diversity than county-wide estimates, however, the City of North Tonawanda is less diverse.

TABLE 2: POPULATION ESTIMATES FOR RACE AND ETHNICITY CATEGORIES BY REGION, NIAGARA COUNTY, NY, 2023 [5].

RACE/ETHNICITY CATEGORIES	NIAGARA COUNTY	CITY OF LOCKPORT	CITY OF NIAGARA FALLS	CITY OF NORTH TONAWANDA
White	83.9%	78.3%	66.1%	91.2%
Black or African American	6.6%	11.4%	17.8%	2.1%
American Indian and Alaska Native	0.5%	0.5%	0.8%	0.1%
Asian	1.2%	0.4%	2.3%	1.1%
Native Hawaiian and Other Pacific Islander	0.0%	0.0%	0.0%	0.0%
Some Other Race	1.3%	1.0%	2.7%	1.2%
Two or More Races	6.4%	8.5%	10.2%	4.3%
Hispanic or Latino (of any race)	3.9%	4.5%	8.0%	2.8%
Not Hispanic or Latino	96.1%	95.5%	92.0%	97.2%

LANGUAGE

The primary language in Niagara County is English. Of those aged 5 years and older, 94.6% of residents speak only English at home and 5.4% speak a language other than English at home. Of those who speak a non-English language at home, 57.1% are native U.S. citizens, and 42.9% are foreign-born individuals (of which 64.3% are naturalized U.S citizens) [9].

In 2023, the most popular non-English languages spoken at home included Spanish (4% of Niagara County households), Italian (0.9% of households), Russian (0.8% of households), and German (0.6% of households). For these households, these languages were the primary shared language between all members residing in the household [10;11].

DISABILITY STATUS

According to the Centers for Disease Control and Prevention (CDC), a disability is any condition that makes it more difficult for a person to do certain activities and/or interact with the world around them. A disability can be physical or mental [12].

In Niagara County, 15.2% of residents have at least one disability. Those who identify as having a disability are more commonly older adults in Niagara County. Among those with a disability (31,863 residents), 41.1% (13,085 residents) are 65 years or older [13].

Number of people by disability type:

- Hearing Difficulty: 7,833
- Vision Difficulty: 4,144
- Cognitive Difficulty: 12,125
- Ambulatory Difficulty: 15,677
- Self-care Difficulty: 5,649
- Independent Living Difficulty: 11,808

In Niagara County, 11.2% of people under the age of 65 have a disability and 31.4% of people over the age of 65 have a disability. Table 3 below shows how the amount of people with a disability changes across the Niagara County primary city centers. The City of Niagara Falls has a greater proportion of its population identified as having a disability than seen countywide [13].

TABLE 3: PERCENT OF POPULATION WITH A DISABILITY BY REGION AND AGE RANGE, NIAGARA COUNTY, NY, 2023 [13].

POPULATION GROUP	NIAGARA COUNTY	CITY OF LOCKPORT	CITY OF NIAGARA FALLS	CITY OF NORTH TONAWANDA
Total population with a disability	15.2%	13.4%	19.1%	13.8%
Those less than 65 years old with a disability	11.2%	10.8%	15.1%	10.3%
Those 65 years and older with a disability	31.4%	28.5%	36.9%	28.7%

In 2023, the Niagara County Department of Health (NCDOH) Public Health Emergency Preparedness Division, in partnership with the Niagara County Core Advisory Group (CAG) (for Disabilities and Access and Functional Needs (AFN)), administered a comprehensive survey to the residents in Niagara County. This survey was called the Community Engagement Survey and asked questions pertaining to emergency preparedness, communications, and COVID-19; with a focus on the perspectives of those with disabilities and/or access and functional needs (AFNs). The survey captured 1,150 participants, of which 265 (23.1%) identified as having a disability and/or AFN, and 173 (15.1%) identified as being a proxy for someone with a disability and/or AFN. Through this survey, Niagara County was able to gain insight into some of the assistance needs and preferences of those with a disability and/or AFN in Niagara County. A full report of this survey can be found in Appendix D, however, a few of the key takeaways include:

- For those identifying as having a disability and/or AFN, or as being a proxy for someone, some of the most commonly reported disabilities included chronic medical conditions (41.4%), difficulty walking or standing (36.9%), mental health challenges/conditions (31.2%), hard of hearing/deaf (22.6%), and visual impairment (17.6%).
- Nearly half (47.5%) of those with a disability and/or AFN reported not needing assistance with day-to-day activities like personal care, medication adherence, transportation, communications, etc.
- At any appointment, 60.5% of those with a disability and/or AFN reported not needing assistance with appointment logistics, however, 19.1% reported needing help with paperwork or reading directions, 15.4% need additional reminders/alerts, 11.8% need assistance with the coordination of follow-up care, and 10.5% need assistance with movement within a physical space/building.
- The vast majority (83.1%) of those with a disability and/or AFN preferred in-person, verbal communication as opposed to alternative modes of communication like written, virtual, audio (e.g. phone calls), or passive (e.g. emails or texting).

Globally 1 in 7 of us live with a disability. That is approximately 1.3 billion people. But while some experience a visible disability, many have a non-visible condition or experience a combination of both visible and non-visible conditions. NCDOH is proud to have joined the Hidden Disability Sunflower Campaign. The goal of this campaign is to spread awareness of hidden disabilities, ensuring all guests and residents of Niagara County feel welcomed and accommodated. By joining this network, the NCDOH will continue to prioritize meeting the needs of individuals with disabilities or AFN in all of our public-facing programs and services. Individuals with

hidden disabilities are invited to wear a Hidden Disability Sunflower product to indicate that they may need additional support. This could include time to complete tasks, ambulatory support, clearer instructions, or other accommodations. If you see someone with a hidden sunflower lanyard, pin, nametag, or other indication, know that they are an individual with a hidden disability and may require support or additional patience. All NCDOH employees have completed Hidden Disability Sunflower awareness training and Hidden Disability Sunflower products are made available at all community events.

SPECIAL POPULATIONS IN NIAGARA COUNTY

- The Tuscarora Nation, which is a federally recognized tribe, is located in Niagara County. The Tuscarora Nation Reservation is located just northeast of Niagara Falls and covers about 9.1 square miles. It is home to approximately 657 residents [14].
- There is a Migrant and Seasonal Farm Worker population that assists with agriculture in Niagara County as well as the surrounding areas including Canada. It is difficult to acquire a specific number of the population as these individuals move from area to area from May to November for planting and harvesting. In 2022, there were 9,876 certified H-2A Workers in NYS. Niagara County had 316 certified H-2A Workers across 14 different employers, a 57.2% increase compared to the 201 Workers in 2017. The top industry for H-2A Workers in Niagara County is Noncitrus Fruit and Tree Nut Farming [15]. Many of these workers reside in housing provided by employers that are inspected by and must meet sanitary standards set forth by the NCDOH and NYS Sanitary Codes. Table 4 outlines how many workers Niagara County housed each month in 2022 and how that coincides with seasonal temperature changes (and agricultural production).

TABLE 4: H-2A AGRICULTURAL WORKFORCE DEMAND AND CLIMATE CONDITIONS: EVALUATING SEASONAL TEMPERATURES AND NUMBER OF WORKERS IN NIAGARA COUNTY, 2022 [15].

County	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Niagara, NY	10	38	70	87	87	90	139	246	308	308	272	31

Legend: Average Maximum Monthly Temperature

10-20°F | 21-30°F | 31-40°F | 41-50°F | 51-60°F | 61-70°F | 71-80°F | 81-90°F | 91-100°F | 101+°F

Determinants of Health

EDUCATION

In the 2023-2024 school calendar year, Niagara County had 25,576 K-12 students enrolled in public schools across 10 school districts [16]. There were an additional 545 students enrolled across 22 private schools (prekindergarten to 12th grade) and 1 charter school with 3,385 students [17].

About our K-12 Public School Students:

- 4% are economically disadvantaged
- 19% have a disability
- 2% are experiencing homelessness
- 1% are English-language learners

Chronic absenteeism is defined as missing at least 10% of school days. Addressing frequent absenteeism is critical, as it can hinder academic achievement, disrupt access to nutritional programs, and, particularly for older students, increase the risk of engaging in harmful behaviors such as substance use or violence [18]. During the 2022-2023 school year, the rate of chronic absenteeism was 27.8% in the United States and 35% in NYS [19]. In Niagara County, several cities (not school districts) showed an increase in chronic absenteeism from 2020 to 2022 and showed more chronic absenteeism than the rate seen statewide. Within Niagara County's three primary cities, Black, Non-Hispanic and Hispanic students experienced more chronic absenteeism than their White, Non-Hispanic counterparts [18].

Chronic absenteeism was impacted during the SARS-CoV-2 (COVID-19) pandemic, as schools were required to adjust to remote or hybrid learning options and account for attendance restrictions related to isolation and/or quarantine. Across NYS and Niagara County, chronic absenteeism rates remain higher than those seen pre-pandemic [20]. Table 5 below shows school district rates of chronic absenteeism for the 2023-2024 academic school year compared to the pre-pandemic rates from the 2017-2018 academic school year.

FIGURE 3: CHRONIC ABSENTEEISM IN THREE MAIN CITIES OF LOCKPORT, NIAGARA FALLS, AND NORTH TONAWANDA, NIAGARA COUNTY, NY [18].

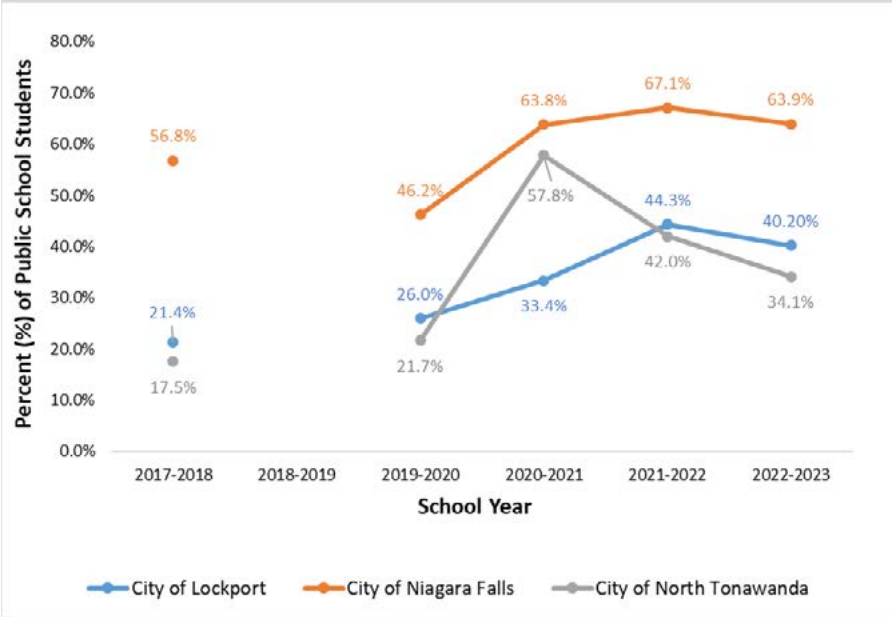


TABLE 5: CHRONIC ABSENTEEISM PRE-PANDEMIC AND POST-PANDEMIC BY PUBLIC SCHOOL DISTRICT, NIAGARA COUNTY, NY [21]. *The percent change from pre- to post- pandemic was calculated where orange/red values indicate an increase in chronic absenteeism and green values (negative numbers) indicate a decrease in chronic absenteeism.*

SCHOOL DISTRICT	EDUCATION LEVEL	2017-2018 SCHOOL YEAR (PRE-PANDEMIC)	2023-2024 SCHOOL YEAR (POST-PANDEMIC)	PERCENT CHANGE
All New York State Public Schools	Elementary/Middle	15.0%	25.1%	67.3%
	Secondary	23.2%	31.5%	35.8%
Barker Central School	Elementary/Middle	12.2%	15.5%	27.0%
	Secondary	19.8%	23.4%	18.2%
Lewiston-Porter Central School	Elementary/Middle	7%	17.3%	147.1%
	Secondary	10.6%	20.5%	93.4%
Lockport City School	Elementary/Middle	16.7%	31.6%	89.2%
	Secondary	20.3%	39.9%	96.6%
Newfane Central School	Elementary/Middle	13.2%	20.3%	53.8%
	Secondary	12.2%	23.4%	91.8%
Niagara Falls City School	Elementary/Middle	41.8%	46.4%	11.0%
	Secondary	67.8%	66.7%	-1.6%
Niagara Wheatfield Central School	Elementary/Middle	13.7%	23.2%	69.3%
	Secondary	14.5%	29.5%	103.4%
North Tonawanda City School	Elementary/Middle	13.2%	26.4%	100.0%
	Secondary	18.2%	37.7%	107.1%

SCHOOL DISTRICT	EDUCATION LEVEL	2017-2018 SCHOOL YEAR (PRE-PANDEMIC)	2023-2024 SCHOOL YEAR (POST-PANDEMIC)	PERCENT CHANGE
Royalton-Hartland Central School	Elementary/Middle	10.4%	21.2%	103.8%
	Secondary	10.2%	25.3%	148.0%
Starpoint Central School	Elementary/Middle	5.7%	11.4%	100.0%
	Secondary	5.7%	19.7%	245.6%
Wilson Central School	Elementary/Middle	13.0%	17.6%	35.4%
	Secondary	18.7%	17.4%	-7.0%

In Niagara County, the percentage of economically disadvantaged elementary/middle school students who were chronically absent during the 2023-2024 academic year was higher than the percent of all enrolled elementary/middle school students who were chronically absent. This was seen across all public school districts in Niagara County. In NYS, 20.1% of all elementary/middle public school students were both economically disadvantaged and chronically absent. In Niagara County, the percentage of elementary/middle public school students considered both economically disadvantaged and chronically absent was highest in the Niagara Falls School District at 41.6%, followed by the Lockport City School District at 27.0%, and North Tonawanda City School District at 21.2%. Countywide there were 3,513 public elementary/middle public school students (22.4% of the students enrolled) who met this metric of both economically disadvantaged and chronically absent [21].

Data released by the New York State Education Department indicates that 87% of Niagara County high school students graduate in four years, compared to 86% across New York State. In Niagara County, high school students who experienced homelessness, identified as having a disability, or identified as part of a minority population group were less likely to graduate within the typical four year period [22].

In Niagara County, 92% of adults aged 25 years or older have completed high school which is higher than NYS at 88% [8]. However, only 26.5% of adults in the same age group have a Bachelor's degree or higher. In the three primary Cities of Lockport, Niagara Falls and North Tonawanda, the number of adult residents (aged 25 years and older) who have completed high school were 90.0%, 88.6%, and 93.3% respectively [23].

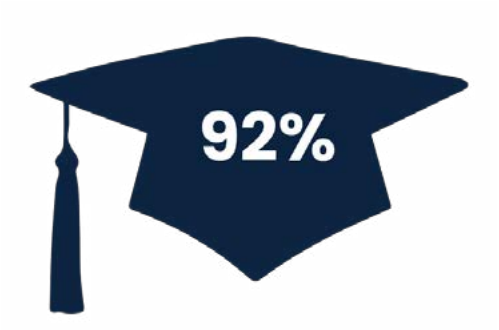
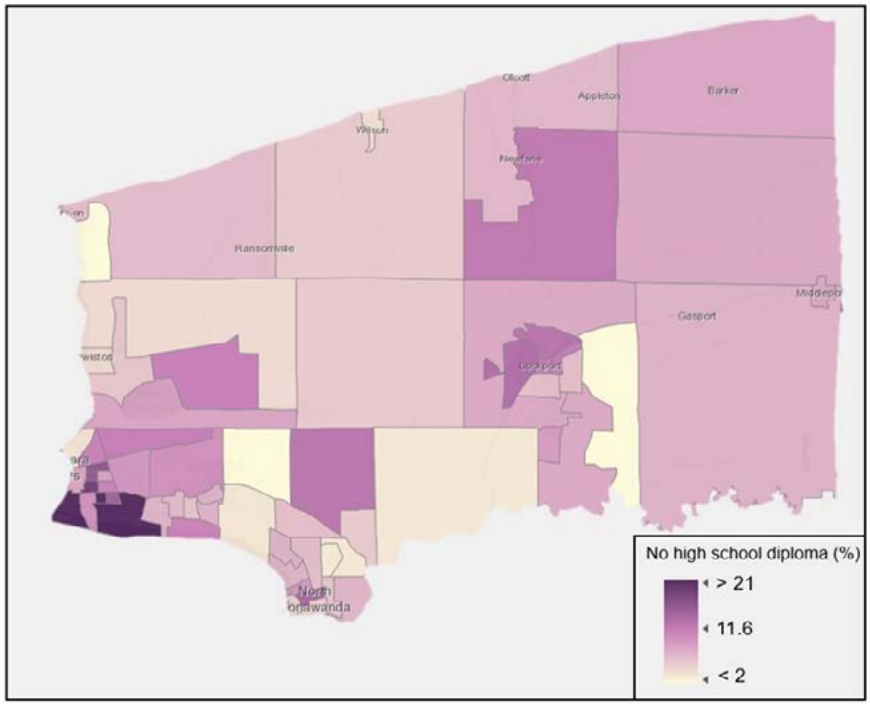


TABLE 6: POPULATION ESTIMATES FOR EDUCATION LEVELS FOR ADULTS AGED 25 YEARS AND OLDER, NIAGARA COUNTY, NY, 2023 [23].

EDUCATION LEVEL	NYS	NIAGARA COUNTY	CITY OF LOCKPORT	CITY OF NIAGARA FALLS	CITY OF NORTH TONAWANDA
Less than 9th grade	6.0%	2.3%	3.0%	3.7%	2.4%
9th to 12th grade, no diploma	6.2%	5.6%	7.0%	7.8%	4.4%
High school graduate (includes equivalency)	24.6%	32.4%	30.2%	37.0%	33.0%
Some college, no degree	14.9%	18.3%	21.6%	17.9%	17.5%
Associate's degree	8.9%	14.1%	13.9%	10.9%	16.1%
Bachelor's degree	22.0%	16.1%	14.3%	14.0%	17.1%
Graduate or professional degree	17.5%	11.1%	10.1%	8.7%	9.5%

FIGURE 4: PERCENT OF ADULTS AGED 25 YEARS AND OLDER THAT ARE NOT HIGH SCHOOL GRADUATES BY CENSUS TRACT, NIAGARA COUNTY, NY 2017-2021 [24]. *Darker shades indicate a higher percentage of adults without a high school diploma.*



About 17% of adults (aged 16 to 74) in Niagara County struggle with basic literacy skills and 27% of adults struggle with basic numeracy skills [25]. A person's level of literacy can directly impact health. Personal health literacy is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others [26]. People with high health literacy are more likely to have improved health outcomes, access preventative health services, have lower medication dosing errors, and less unneeded emergency room visits or preventable hospital stays.

EMPLOYMENT STATUS

As of 2023, 6.0% of individuals aged 16 and older were unemployed but seeking work in Niagara County. The City of Niagara Falls had the highest unemployment rate in 2023 compared to the two other main city centers of Lockport and North Tonawanda [27].

TABLE 7: PERCENT OF LABOR FORCE UNEMPLOYED BY REGION AND RACE/ETHNICITY, NIAGARA COUNTY, NY, 2023 [27].

RACE/ETHNICITY CATEGORIES	NIAGARA COUNTY	CITY OF LOCKPORT	CITY OF NIAGARA FALLS	CITY OF NORTH TONAWANDA
All Residents	**6.0%**	**5.0%**	**9.7%**	**6.0%**
White	5.4%	4.9%	7.4%	6.2%
Black or African American	11.1%	4.7%	14.6%	6.3%
American Indian and Alaska Native	8.9%	0.0%	26.4%	0.0%
Asian	13.5%	0.0%	21.3%	0.0%
Native Hawaiian and Other Pacific Islander	0.0%	--	--	--
Some Other Race	3.2%	5.2%	0.0%	0.0%
Two or More Races	7.6%	7.1%	19.8%	4.4%
Hispanic or Latino (of any race)	7.2%	1.3%	12.5%	6.7%
Not Hispanic or Latino	5.4%	5.0%	7.4%	6.3%

INCOME

The median household income is $67,809 [28]. In Niagara County, 13.0% of residents live with incomes below the federal poverty level. Poverty rates are particularly high among specific demographic groups: 27.2% for Black individuals, 28.0% for multiracial individuals, 22.3% for Latino/Hispanic individuals, 27.0% for those without a high school diploma, and 18.3% for those aged less than 18 years old [29]. The April 2023 New York State Health Equity report stated that Niagara County had the lowest median income for Black residents at $29,864 (2017-2021) compared to all other counties outside of New York City (NYC) with a population of at least 5,000 Black, Non-Hispanic residents [30].



Additionally, 26% of children in Niagara County live in a single-parent household which means only a single source of income and employer benefits for the household, like insurance, for many children [31].

For 2025, the federal poverty guidelines set the annual income for a household/family size for 4 members to be $32,150 or $2,679.14 monthly [32]. Thresholds, like those set forth in these guidelines, dictate eligibility for public assistance programs such as Medicaid, Supplemental Nutrition Assistance Program (SNAP), and Special Supplemental Nutrition Program for Women, Infants and Children (WIC). Households just above these eligibility thresholds are oftentimes left with limited resources with similar financial constraints. A living wage calculator, created by Massachusetts Institute of Technology, estimates the full-time income necessary for a Niagara County resident to support themselves and/or their household. In general, the income set forth by the federal poverty guidelines is lower than that deemed, by the calculator, as a livable income locally [33].

TABLE 8: WAGE COMPARISONS BY NUMBER OF WORKING ADULTS* AND CHILDREN AS CALCULATED BY THE MIT LIVING WAGE CALCULATOR, NIAGARA COUNTY, NY, 2025 [33].

	1 ADULT				2 ADULTS (1 WORKING)				2 ADULTS (BOTH WORKING)			
	0 Children	1 Child	2 Children	3 Children	0 Children	1 Child	2 Children	3 Children	0 Children	1 Child	2 Children	3 Children
Living Wage	$21.09	$37.09	$47.35	$59.76	$29.42	$34.76	$38.71	$43.45	$14.71	$21.19	$26.45	$31.53
Poverty Wage	$7.52	$10.17	$12.81	$15.46	$10.17	$12.81	$15.46	$18.10	$5.08	$6.41	$7.73	$9.05
Minimum Wage	$15.50	$15.50	$15.50	$15.50	$15.50	$15.50	$15.50	$15.50	$15.50	$15.50	$15.50	$15.50

**Wages listed are the hourly rate that each working individual must earn to support themselves and/or their household.*

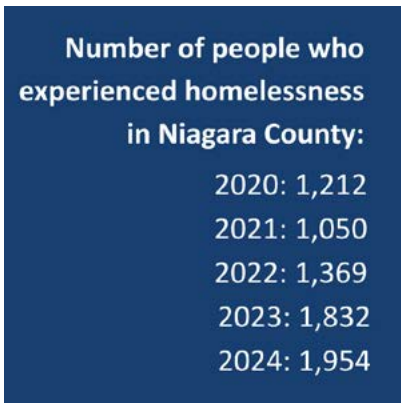
When evaluating social determinants of health and the role they play in impacting health, income is a critical component of this. Income can influence many other aspects of achieving and maintaining a healthy lifestyle. A consistent, livable income can assist in providing housing stability for households/families, ability to afford food, medications, childcare, and less stress in emergencies or medical crises.

HOUSING AVAILABILITY, AFFORDABILITY, AND QUALITY

The U.S. Census Bureau 2019-2023 American Community Survey 5-year estimates indicate that there are 91,493 households in Niagara County, with 2.26 persons per household. 23.2% of the households had children under the age of 18; 43.4% were married couples living together; 12.3% had female head of household with no spouse present; 5.2% had male householders with no spouse present; and 39.0% of all households were nonfamily where individuals living together were not related by birth, marriage, or adoption [34]. About 8.5% of Niagara County residents changed to a different residence within the last year [35].

The 2019-2023 5-year estimates indicate that there are 100,606 housing units in Niagara County with 70.9% of them owner-occupied. The owner-occupied rate of Niagara County is higher than the NYS average of 54.3% [34]. For home owners, the median monthly mortgage expense was $1,479. For renters, the median gross monthly rent was $870 [36]. Previous reports estimate that approximately 47.5% of renters pay more than 30% of their income on rent, which some recommend as the maximum to maintain housing affordability [35]. In general, 12% of the households in Niagara County spend 50% or more of their income on housing. This is defined nationally as a "severe housing cost burden" and can greatly impact ones' ability to afford essentials like medical visits, food, utility bills, and transportation [8]. Housing affordability and availability is not a problem unique to Niagara County. In 2022, there were an estimated 3 million NYS households facing housing instability, described as "the absence of or limited or uncertain availability of safe, stable, adequate and affordable housing."

New York State has the third highest rate of housing cost burden compared to other U.S. states with the cost burden driving housing instability. Housing instability was noted at higher rates across NYS for Hispanic, Black or African American, and Asian households, for renters, as well as for older adults [37].



The number of residents experiencing homelessness has increased since 2021 in Niagara County. The Homeless Alliance of Western New York collects data on homelessness in five counties of Western New York including Erie, Genesee, Orleans, Wyoming and Niagara. In fiscal year (FY) 2024, 1,954 individuals in Niagara County faced the instability of losing their housing. Niagara County experienced a 6.7% increase in people experiencing homelessness from FY2023 to FY2024. This includes a 14.7% rise in youth homelessness and an 8.1% rise in clients who do not experience a disability. Despite the growing numbers, Niagara County noted a 38.6% reduction in Veteran clients, and a 5.4% reduction in clients who reported that the primary reason they became homeless was release from an institution [38].

In addition to housing availability and affordability, the quality of housing in a community can also impact health. 74.9% of occupied housing units in Niagara County were built in 1979 or earlier [39]. This is of concern as units constructed before 1978 may have toxic lead-based paint and pose health risks to residents. Lead is a poison that is particularly harmful to the developing brain of children. Lead can sometimes cause severe developmental delays that may affect the child throughout his or her lifetime. A large percentage of childhood lead poisonings are caused by ingestion of lead dust from chipping and peeling paint in these older homes.

In Niagara County, 12% of households, compared to 23% in NYS, experienced at least one of the following housing problems: overcrowding, high housing costs, lack of kitchen facilities or lack of plumbing facilities [8]. Additional housing factors that impact health can include access to clean drinking water, exposures to environmental toxins like mold or asbestos, access to controlled heat or air conditioning, lack of updated safety measures (e.g. smoke detectors), and rodent infestations [40].

TRANSPORTATION



Approximately 10.6% of households do not have access to a personal vehicle [41]. Residents who rent are 10.8 times more likely to report no access to a personal vehicle compared to residents who own their home [42].

Of those who work, 90.7% of residents must commute to work in-person and 9.3% of workers work from home. To get to work:

- 78.3% of residents drive alone
- 7.9% carpool
- Less than 1% use public transport
- 2.4% walk
- 1.4% take a taxicab, motorcycle or bicycle [43].

Public transit is provided by two bus services that collaborate to enable no-cost transfers between routes:

1. Connect Niagara: which expanded its service area in 2024 to include, “new routes and better connectivity” for residents. An estimated 47% of residents, about 99,300 individuals, live within 0.75 miles of a stop, which is the allowable route deviation.



2. NFTA Metro: which serves both Erie and Niagara County in Western NY. There were an estimated 14 million boardings in 2023. The NFTA provides bus, rail, and paratransit access line (PAL) services. As of summer 2025, NFTA- Metro states that approximately 513,400 people within their service area reside within 0.25 miles of a stop. 20% of these individuals live in poverty and 40% are non-White or of Hispanic/Latino origin [45].



Additional for-hire transportation methods (e.g. taxis, ride share companies, medical transport) are available throughout Niagara County as needed by residents. Options for residents are often limited, especially in the rural municipalities of Niagara County.

HEALTH INSURANCE

According to the U.S Department of Health and Human Services, "people without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need" [46]. In Niagara County, 2.5% of residents do not have insurance. However, this percentage is notably higher for specific demographic groups: 4.0% and 5.4% for those aged 19 to 25 and 26 to 34 years old respectively, 3.6% for Black or African Americans, 4.0% for Hispanics, and 3.8% for those without a high school diploma [47].

Public health insurance aims to provide health insurance coverage to those who have limited income and/or without access to a form of private coverage (e.g. through an employer). This type of insurance is typically funded by the government. Public insurance may also be designed to target special populations like older adults, pregnant persons, individuals with a disability, or veterans. 44.5% of Niagara County residents utilize some form of public health insurance coverage either alone or in combination with other insurance [47]. Table 9 below outlines the utilization of this type of coverage in Niagara County.

TABLE 9: NUMBER OF RESIDENTS ENROLLED IN PUBLIC HEALTH INSURANCE BY TYPE, NIAGARA COUNTY, NY, 2023 [47].

TYPE OF COVERAGE	NUMBER OF PEOPLE ENROLLED	PERCENT OF TOTAL POPULATION
Medicare only	11,524	5.5%
Medicare in combination with other insurance	34,913	16.5%
Medicaid/means tested coverage only	38,749	18.3%
Medicaid/means tested coverage in combination with other insurance	15,746	7.5%
VA health care coverage only	411	0.2%
VA health care coverage in combination with other insurance	5,171	2.4%

ENVIRONMENT: WALKABILITY AND PHYSICAL INACTIVITY

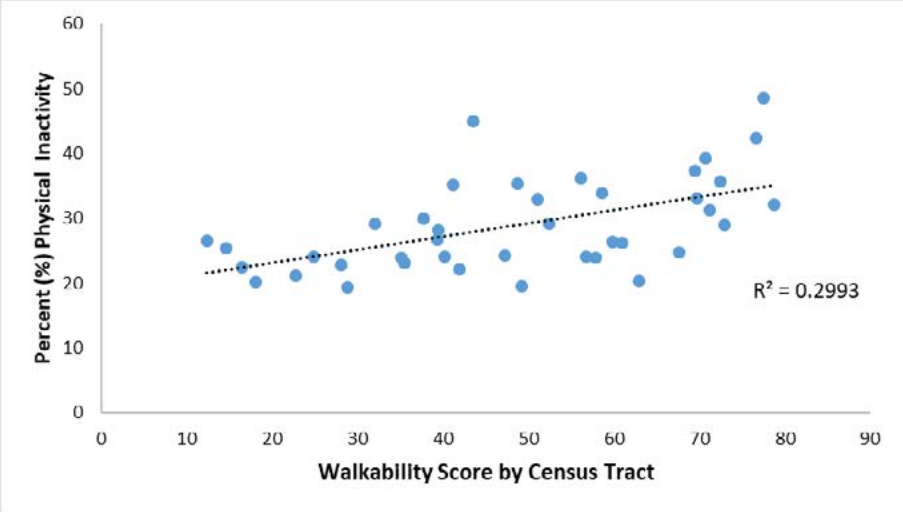
Neighborhood walkability in our three city centers was evaluated on the City Health Dashboard, alongside three additional municipalities added to the dashboard in 2025. Walkability was measured on a scale of 0 to 100 where lower scores indicate areas that are more dependent on cars for running errands and higher scores indicate areas which are walker-friendly for completing errands (less reliant on cars). Table 10 below shows the walkability scores for Niagara County municipalities featured on the dashboard. According to the City Health Dashboard, "People living in neighborhoods with high walkability [high scores] are more likely to be active in how they get around, including walking and using public transportation. Research has found that people in such neighborhoods tend to have lower rates of diabetes and obesity than those living in less walkable areas. Walkable neighborhoods often have less vehicle use, which can lead to improved air quality" [18].

TABLE 10: WALKABILITY SCORE BY MUNICIPALITY, NIAGARA COUNTY, NY, 2024 [18].

LOCATION	WALKABILITY SCORE (0-100)
City of Lockport	49.9
City of Niagara Falls	53.3
City of North Tonawanda	42.5
Middleport	27.8
Newfane	14.0
Youngstown	17.8

A comparison of walkability in 2024 and the latest data on physical inactivity (% of adults who reported no leisure-time physical activity) from 2022 showed a moderate correlation ($r(38) = .55$, $p < .001$) in Niagara County. This was evaluated at the census tract level for the 6 locations listed in Table 10. Residents living in more walkable census tracts were reporting more physical inactivity (less exercise). It is important to note that the data for each of these are from different years and from different data collection methods/sources. This means that locations within Niagara County that should be more walkable are not necessarily participating in physical activity as much as less walkable locations.

FIGURE 5: COMPARISON OF CENSUS TRACT WALKABILITY SCORE IN 2024 AND PERCENT OF RESIDENTS REPORTING PHYSICAL INACTIVITY IN 2022, NIAGARA COUNTY, NY [18].



Access to parks and green spaces can be beneficial in improving both a person's physical and mental health. Parks can increase physical activity of residents, reduce air and water pollution in urban areas, and can provide reduced risk of illness and injury related to playing and/or exercising away from busy streets and commercial zones [49].

Park Access from the Three Main Cities:

- City of Lockport: 78% of residents live within a 10-minute walk of a park. There are 15 parks within the city limits.
- City of Niagara Falls: 91% of residents live within a 10-minute walk of a park. There are 28 parks within city limits which include state parks and tourist attractions.
- City of North Tonawanda: 74% of residents live within a 10-minute walk of a park. There are 19 parks within the city limits [50].

ACCESS TO HEALTH CARE

Primary care providers are essential in giving residents routine care. Primary care accounts for about 35% of all health care visits annually in the U.S. [51]. Communities that have less access to primary care physicians face difficulties with accessing routine or follow-up medical care including screenings, immunizations, health education, medication prescribing/adherence monitoring, etc. Residents in these areas often face compounded barriers, such as a lack of reliable transportation and an inability to take time off work, which further restrict their access to providers in neighboring communities.

In 2022, the ratio of primary care physicians to residents in Niagara County was 1 to 2,600, significantly higher than the ratios in New York State (1:1,210) and the U.S. (1:1,310) [8]. By 2023, Niagara County reported only 70.5 primary care providers per 100,000 residents, trailing the statewide average of 111.7 [51]. Consequently, local residents face fewer options within their own community and often rely on resources in neighboring Erie County, which boasts a provider rate exceeding the state average. Despite these recruitment challenges, Niagara County excels in accessibility for low-income residents; approximately 90.0% of local providers accept Medicaid, surpassing the state average of 79.9%.

FIGURE 5: PRIMARY CARE PROVIDERS PER 100,000 RESIDENTS BY NYS COUNTY, 2023 [51].

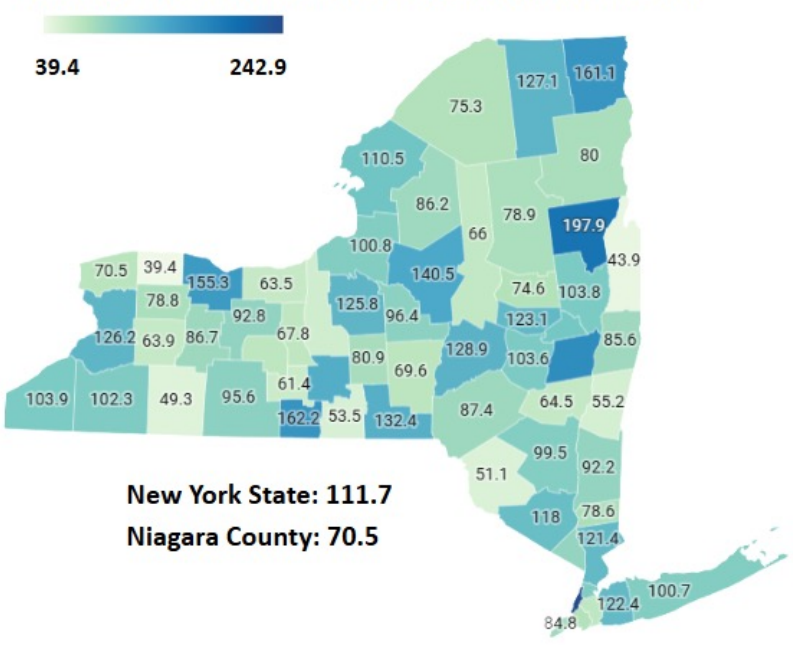
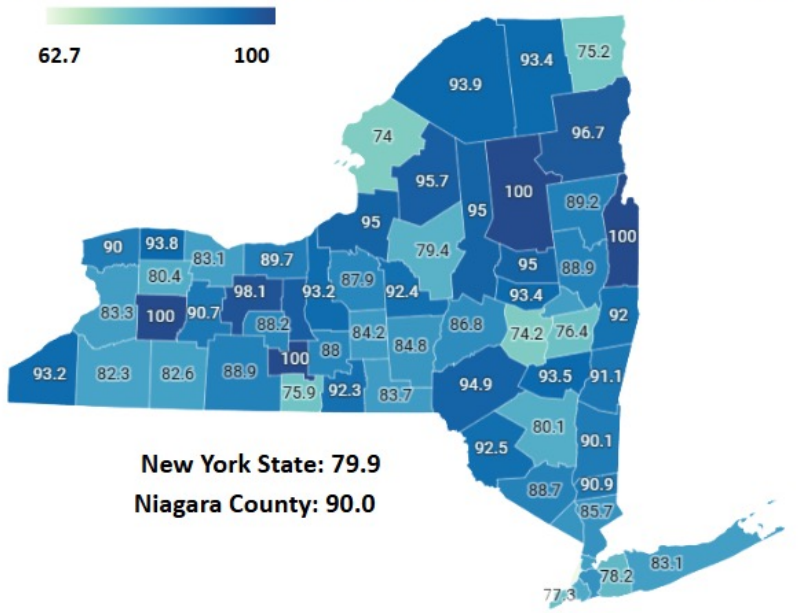


FIGURE 6: PERCENT OF PRIMARY CARE PROVIDERS THAT ACCEPT MEDICAID INSURANCE BY NYS COUNTY, 2023 [51].



According to the NYSDOH, only 63.9% of Niagara County women aged 18 to 44 years old had a preventive care visit, a rate significantly lower than women in Western NY (79.1%) and NYS excluding NYC (77.2%). However, this disparity narrows with age; for women 45 and older, the rate in Niagara County (89.3%) is comparable to Western NY (90.7%) and slightly exceeds the rate for NYS excluding NYC (87.7%) [61].

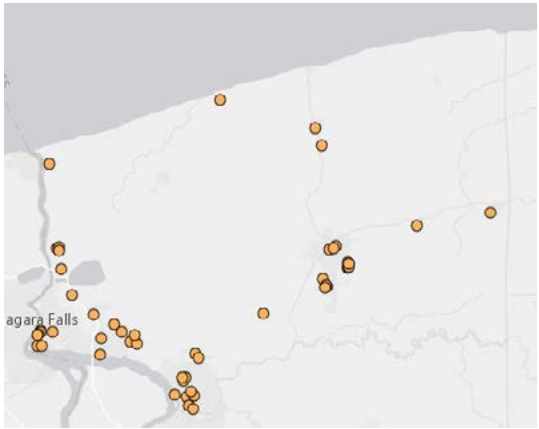
Beyond primary care, Niagara County has fewer specialized providers than the state average (see Table 11). For example, the county has only one dentist per 2,030 residents, trailing both NYS (1:1,190) and the U.S. (1:1,340) [8]. *Figure 7* illustrates the distribution of dental offices across Niagara County municipalities, highlighting the concentration of routine care.

TABLE 11: PREVALENCE OF SPECIALTY PROVIDERS FOR ROUTINE CARE BY REGION, 2023 [51].

TYPE OF PROVIDER	ABOUT	AMOUNT OF PROVIDERS PER 100,000 PERSONS*	
		NIAGARA COUNTY	NEW YORK STATE
Pediatrician	Provides care to children under the age of 18 and focuses on child growth and development, childhood immunizations, disease prevention, and overall physical, social, and emotional well-being.	50.2	93.4
		Population: Residents aged 0 to 17 years old	
Geriatrician	A type of primary care physician who provides care specifically to older adult patients, typically over the age of 65.	7.4	12.8
		Population: Residents aged 65 years and older	
Obstetrician-Gynecologist (OB-GYN)	A provider who specializes in female reproductive health including but not limited to menstrual cycles, contraception, sexually transmitted infections, preventative care visits, pregnancy, childbirth, and postpartum care.	50.2	93.4
		Population: Females aged 18 to 44 years old	
Behavioral Health	Provides care related to mental health conditions and substance use disorders.	7.0	16.3

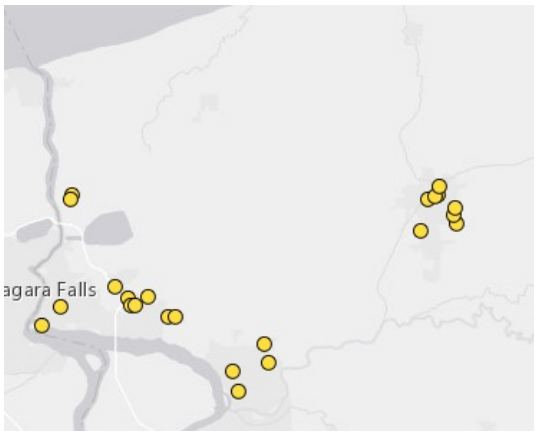
**Population source notated within the table only when the population is different from the total population.*

FIGURE 7: DENTAL OFFICE LOCATIONS IN NIAGARA COUNTY, NY, 2024 [48].



Eye care services in Niagara County are similarly limited. Provider offices are primarily located in and around the three main city centers, and Lewiston, leaving residents in rural parts of the county with limited access to vision services.

FIGURE 8: ROUTINE EYE CARE OFFICE LOCATIONS IN NIAGARA COUNTY, NY, 2024 [48].



FOOD INSECURITY

Food insecurity is defined as "when people don't have enough to eat and don't know where their next meal will come from" [52]. In Niagara County, approximately 13.3% of residents experience food insecurity, with significantly higher rates among marginalized groups: 28% for Black residents, 28% for Latino/Hispanic residents, and 19% for children under 18 [53].

Among all food insecure residents of Niagara County, 37% are above the income threshold to qualify for Supplemental Nutrition Assistance Program (SNAP) benefits, and 63% are below the SNAP income threshold of 200% [53]. SNAP provides monthly funds to low-income families, senior citizens, individuals with disabilities and others to use at local stores or farmers' markets for groceries. SNAP benefits can be used to purchase items like bread and cereal, fruits and vegetables, meat, fish and poultry, and dairy products. SNAP cannot be used for alcohol or tobacco products, non-food items, vitamins and medicines. Approximately 14.0% of households in Niagara County receive these SNAP benefits [35].

Of those facing food insecurity in the county, 63% fall below the 200% Federal Poverty Level (FPL) income threshold for the Supplemental Nutrition Assistance Program (SNAP), while 37% earn too much to qualify for benefits despite their need [53]. Currently, 14.0% of Niagara County households utilize SNAP to purchase essential groceries such as bread, cereal, produce, meat, fish, and dairy products [35]. SNAP cannot be used for alcohol or tobacco products, non-food items, vitamins and medicines



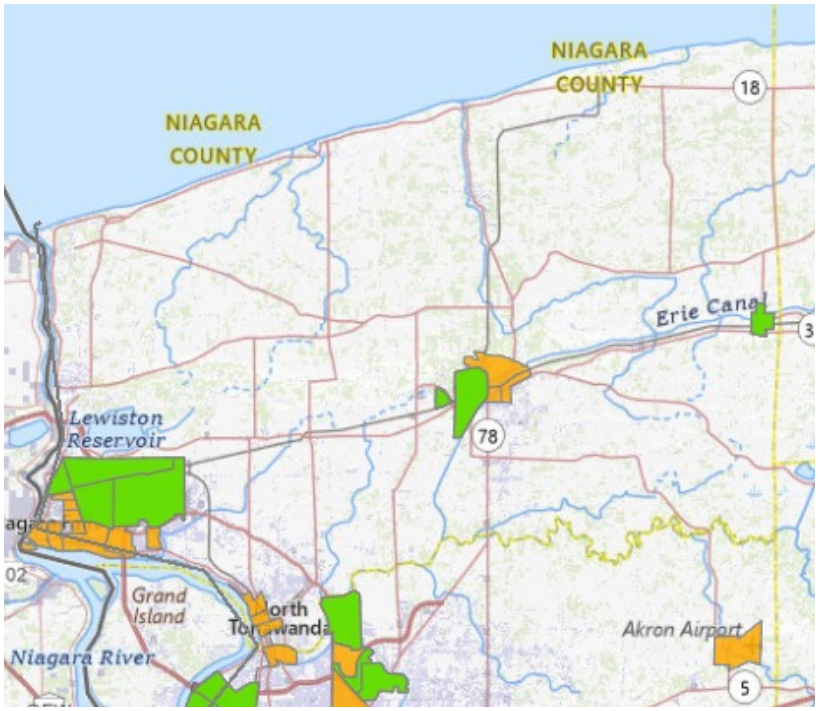
Similarly, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) supports low-income women, infants, and children up to age five. WIC benefits can be used to purchase items like infant formula, infant cereal, baby food, iron-rich adult cereal, fruits and vegetables, eggs, milk, cheese, yogurt, whole

grain foods, and other products. In NYS, 42% of infants born and 53% of eligible individuals will participate in WIC [54]. More recent reports indicate that WIC may be serving as high as 445,000 NYS residents or 66% of the eligible population [55]. For fiscal year (FY) 2023, the average WIC-enrolled family had an average annual income of $21,535, with 77% enrolled in Medicaid, and spent on average $72.23 per month on food [54].

During the 2022-2023 school year, 51% of Niagara County students enrolled in public schools were eligible to receive free or reduced price lunches compared to 57% of students in New York State [8]. Following legislation passed in May 2025, New York became the ninth state to implement universal school meals. This policy provides free breakfast and lunch to all public school students regardless of household income, saving families an estimated $165 per child each month [56].

Physical access to healthy food remains a challenge. Across Western NY, 29% of adults reported consuming less than one fruit or vegetable per day, a figure similar to 29% of adults reported for Western NY [57]. *Figure 9* shows the Niagara County census tracts where low income residents have limited access to supermarket locations.

FIGURE 9: CENSUS TRACTS DEFINED AS LOW INCOME AND AS HAVING LOW ACCESS TO SUPERMARKETS IN NIAGARA COUNTY, NY, 2019 [58]. *Orange regions indicate regions that are low income and have a significant number or share of residents that are more than ½ mile (urban) or 10 miles (rural) from the nearest supermarket location. Green regions indicate regions that are low income and have a significant number or share of residents that are more than 1 mile (urban) or 10 miles (rural) from the nearest supermarket location.*



CRIME

In 2022, Niagara County had more crime, both index and violent, than seen in NYS excluding NYC. For Niagara County, index crime has been trending downward over the last 10 years with a rate of 1883.9 per 100,000 in 2022. Violent crime had a rate of 299.8 per 100,000 in 2022 [35].

The amount of alcohol related motor vehicle injuries and deaths in 2022 was 18.1 per 100,000 persons in Niagara County and 32.2 per 100,000 persons in NYS excluding NYC [35].

The New York State Division of Criminal Justice Services tracks adult (aged 18 years and older) arrests by year for Niagara County. In 2024, Niagara County had 4,177 total arrests in adults, which was a 2.9% increase from 2023. Total arrests in 2024 was 15.8% lower than was seen 10 years prior in 2014. Felony arrests comprised 34.5% of arrests in 2024 whereas Misdemeanor arrests were 65.5%. Breakdown by arrest type is as follows for 2024:

- Felony and Misdemeanor Drug: 448
- Felony and Misdemeanor DWI: 508
- Felony and Misdemeanor Other: 1,993
- Felony Violent: 303
- Misdemeanor Property: 925

The New York State Division of Criminal Justice Services reported a total of 186 juvenile (aged less than 18 years old) arrests in 2024. Juvenile arrests have increased 70.6% since 2020 [75].

2. Health Status Description

LEADING CAUSES OF DEATH UNDER AGE 75

Niagara County, NY ranked 51st out of 62 ranked counties in New York State (NYS) for population health in 2023. While health outcomes in Niagara County were slightly worse than the NYS average, outcomes were modestly better than the national county average [59].

Vital statistics data from the NYSDOH describe mortality patterns among Niagara County residents. At time of this report, mortality data was available through 2022. Table 12 presents the seven leading causes of death in Niagara County. Heart disease was the leading cause of death among both males and females. In 2022, age-adjusted death rates for heart disease were higher for males (270.1 per 100,000 persons) than females (165.4 per 100,000). Over the past decade, heart disease has consistently remained the leading cause of death in the county. During this period, unintentional injury death rates increased, particularly after 2019 and following the introduction of COVID-19 mortality reporting in 2020 [60].

TABLE 12: LEADING CAUSES OF ALL DEATHS, NIAGARA COUNTY, NY, 2022.

ALL DEATHS	PREMATURE DEATHS (DEATHS BEFORE AGE 75)
1. Heart Disease	1. Cancer
2. Cancer	2. Heart Disease
3. COVID-19	3. Unintentional Injury
4. Unintentional Injury	4. COVID-19
5. Chronic Lower Respiratory Disease (CLRD)	5. Diabetes
6. Cerebrovascular Disease	6. CLRD
7. Diabetes	7. Cerebrovascular Disease

FIGURE 10: HISTORICAL LOOKBACK AT AGE-ADJUSTED DEATH RATE FOR THE 2022 TOP 7 LEADING CAUSES OF ALL DEATHS IN NIAGARA COUNTY, NY, 2013-2022 [60].

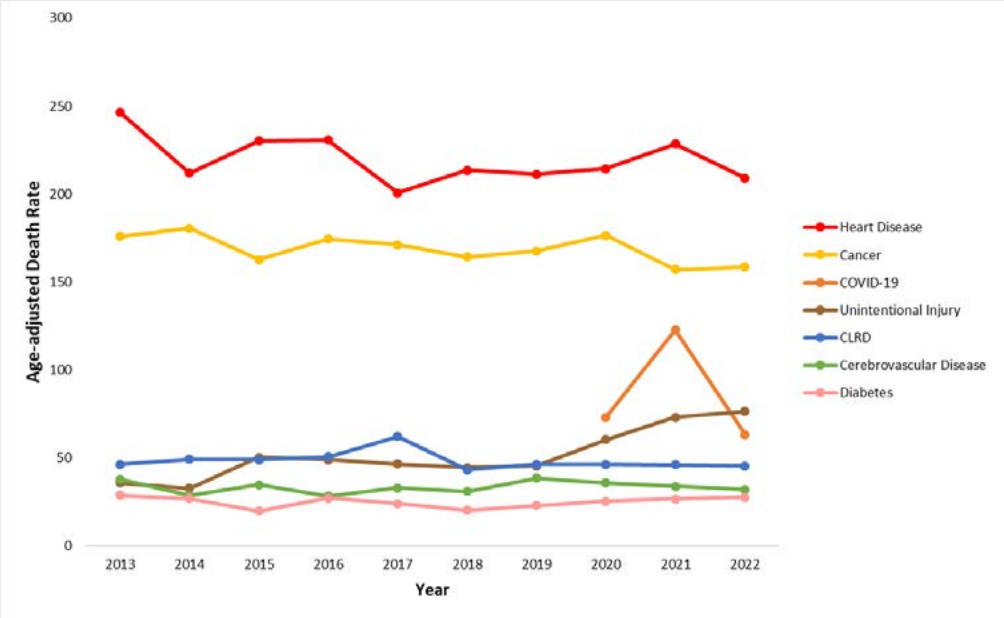


Figure 10 illustrates trends in age-adjusted death rates for the seven leading causes of death from 2013 to 2022. Differences by sex were evident across multiple causes. In 2022, unintentional injury was the third leading cause of death among males (107.2 per 100,000 persons) but occurred at a substantially lower rate among females (44.8 per 100,000 persons). Males also experienced higher death rates than females for cancer, COVID-19, and diabetes [60].

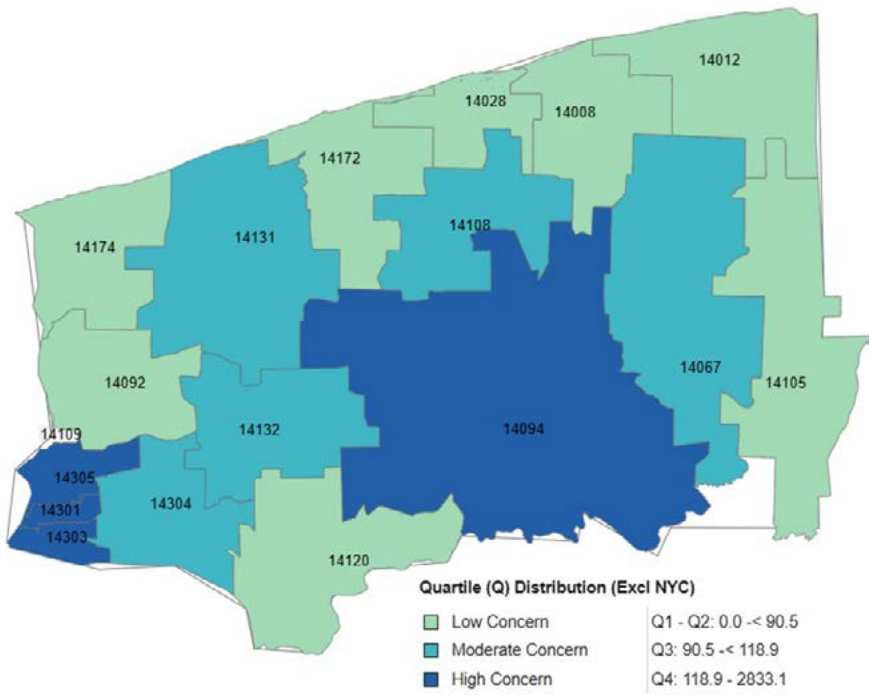
Historically, death rates for cerebrovascular disease were similar between males and females; however, males experienced higher rates from 2020 through 2022 (35.3 per 100,000 for males versus 28.8 per 100,000 for females in 2022). Alzheimer's disease ranked among the top seven causes of death for females in NYS and exceeded diabetes as a cause of death among women. In Niagara County, females had a higher Alzheimer's disease death rate (15.6 per 100,000 persons) than males (9.9 per 100,000 persons) in 2022. Diabetes remained among the top leading causes of death for males [60].

PREVENTABLE HOSPITALIZATIONS

Potentially preventable hospitalizations reflect conditions that may be avoided through effective outpatient care and disease management. In 2022, the age-adjusted rate of potentially preventable hospitalizations among adults in Niagara County was 96.2 per 10,000 persons, compared to 90.8 per 10,000 persons in NYS excluding New York City. Substantial improvement has occurred over time, with rates declining from 151.6 per 10,000 persons in 2016 [61].

Within the county, zip codes associated with the cities of Niagara Falls and Lockport experienced some of the highest rates of potentially preventable hospitalizations from 2019 to 2022 compared to more rural areas. Rates were also higher among certain racial and ethnic groups. In 2022, rates per 10,000 persons were highest among Black, non-Hispanic residents (245.3), followed by Hispanic residents (124.7), and White, non-Hispanic residents (82.6) [61].

FIGURE 11: POTENTIALLY PREVENTABLE HOSPITALIZATIONS AMONG ADULTS, AGE-ADJUSTED RATE PER 10,000 PERSONS, NIAGARA COUNTY, NY, 2019-2022 (FOUR YEAR AVERAGE) [61].



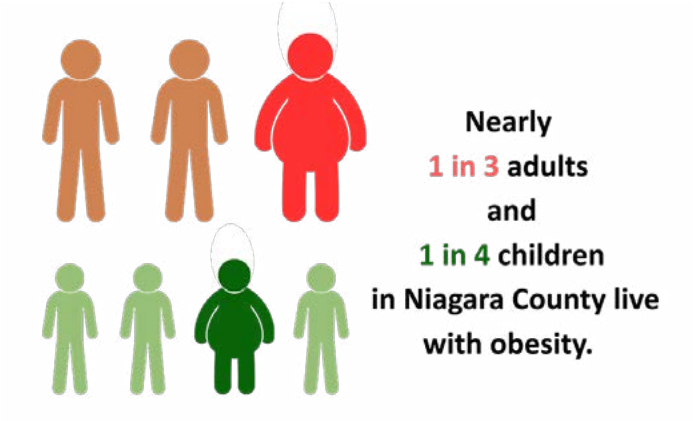
NONCOMMUNICABLE AND COMMUNICABLE DISEASE

Heart Disease

In 2023, 7.0% of Niagara County adults aged 18 years and older reported having coronary heart disease (age-adjusted prevalence 5.3%) [24]. HEALTHeWNY, which aggregates electronic health record data from hospitals and medical offices across Western New York, provides information for approximately 83.7% of Niagara County residents. In 2024, hypertension prevalence was higher in Niagara County (32.0%) than in Western NY overall (28.2%). Blood pressure was controlled (below 140/90 mmHg) in approximately 72% of patients in both regions. Males experienced higher rates of hypertension than females in both regions. Among individuals with hypertension in Niagara County, 32.3% also had diabetes, 58.0% were obese, 27.7% used tobacco, and 12.1% had asthma [62].

Obesity and Diabetes

As of 2021, 30.9% of adults in Niagara County were living with obesity. Among children and adolescents, 24.6% were reported to have obesity during 2021–2023, reflecting an increase from earlier reporting periods. Among children aged 2 to 4 years participating in the Women, Infants, and Children (WIC) program in 2017, 14.5% had obesity [61].



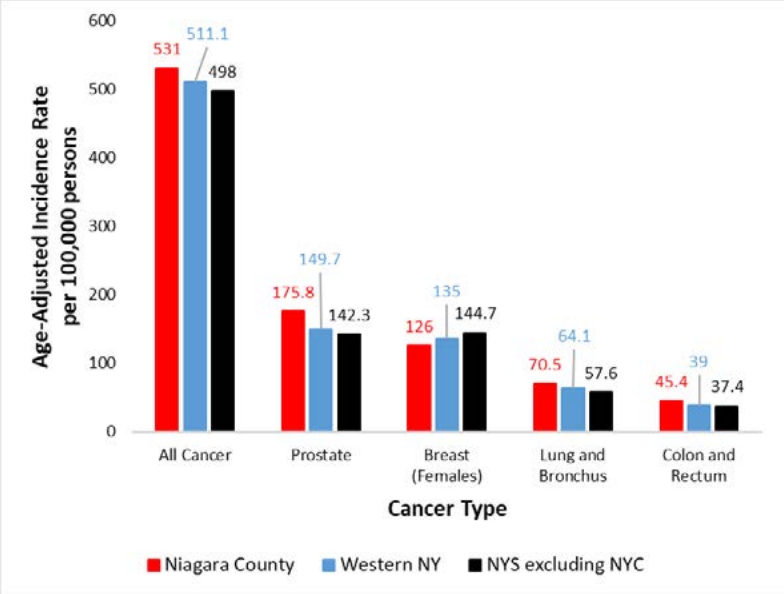
Diabetes prevalence has increased nationally over the past two decades due to population aging and rising obesity rates. Diabetes is the eighth leading cause of death in the U.S. [63]. In 2024, diabetes prevalence was 11.4% among adults statewide, compared to 11.7% in Western New York and 13.1% in Niagara County. Approximately 95% of individuals with diabetes in Niagara County had Type 2 diabetes. In 2024, 91.3% of individuals with diabetes had controlled disease (HbA1c <9), while 8.1% had poorly controlled diabetes (HbA1c ≥9) [62].

Cancer

Cancer was the second leading cause of all deaths and the leading cause of premature deaths (death before age 75) in Niagara County in 2022. During 2018-2022, the county's age-adjusted cancer incidence rate was 550.5 per 100,000 persons, with a mortality rate of 167.8 per 100,000 persons. These rates exceeded those observed statewide (466.8 per 100,000 incidence and 126.6 per 100,000 mortality). Across NYS, cancer incidence and mortality rates were higher among males than females [64].

A 2021 comparison of age-adjusted cancer incidence rates for Niagara County, Western NY, and NYS excluding NYC is shown in *Figure 12*. Additionally, less common cancer types like ovarian, oral cavity, and cervix uteri were seen across Western NY at rates of 12.2 per 100,000 persons, 12.5 per 100,000 persons, and 6.7 per 100,000 persons respectively [35].

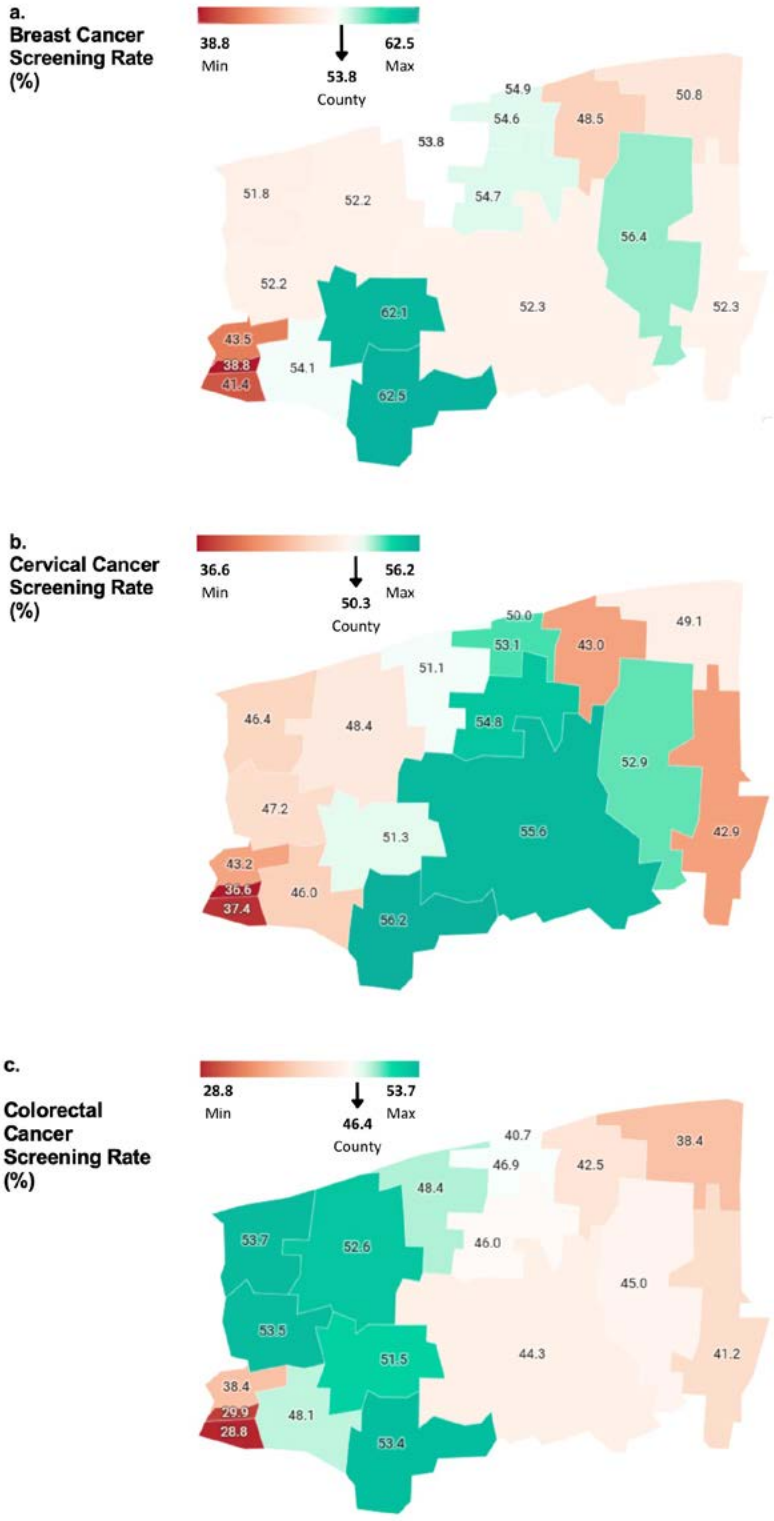
FIGURE 12: AGE-ADJUSTED INCIDENCE RATES FOR CANCERS BY TYPE AND REGION, AGE-ADJUSTED PER 100,000 PERSONS, 2021 [35].



Cancer screening is essential for early detection and improved outcomes. In 2024, Niagara County exceeded Western NY screening rates for cervical and colorectal cancer but lagged behind for breast cancer. Among residents tracked by HEALTHeWNY in 2024, 53.8% of females aged 50–74 received recommended breast cancer screening, 50.3% of females aged 21–64 received recommended cervical cancer screening, and 46.4% of adults aged 45–74 received recommended colorectal cancer screening [62].

Across Niagara County in 2024, screening rates varied by geography and race/ethnicity. Black/African Americans had lower screening rates compared to White residents and American Indian/Alaskan Native residents had the lowest percent of residents screened for cervical cancer at 43% compared to 53% in White residents. These disparities highlight opportunities for targeted outreach and education. *Figures 13a-c* below show zip codes within Niagara County as either above or below the countywide metric for screening in 2024 by cancer type [62].

FIGURE 13 A-C: PERCENT OF NIAGARA COUNTY RESIDENTS WHO HAVE COMPLETED THEIR CANCER SCREENING FOR BREAST CANCER (A), CERVICAL CANCER (B), OR COLORECTAL CANCER (C) BY ZIP CODE, 2024 [62]. *Green shades indicate a higher percentage, than seen countywide, of residents that have completed their screening. Red shades indicate a lower percentage, than seen countywide, of residents that have completed their screening.*



Vaccine Preventable Disease Immunization Rates

New York State tracks immunizations administered by providers and pharmacies through the New York State Immunization Information System (NYSIIS). Reporting is mandatory for children under age 19 and voluntary for adults. Adults may opt-in to allow their immunization record entered into NYSIIS.

Recommendations for childhood vaccinations by age two include 4 doses of DTap vaccine (Diphtheria, Tetanus and Pertussis), 3 doses of Polio vaccine, 1 dose of the MMR vaccine (Measles, Mumps, and Rubella), 3 doses of Hib vaccine (Haemophilus influenzae type b), 3 doses of HepB vaccine (Hepatitis B), 1 dose of Varicella vaccine, and 4 doses of Pneumococcal conjugate vaccine. Together these recommendations are shortened and labeled the 4:3:1:3:3:1:4 immunization series. In 2023, 80.8% of children aged 24-35 months in Niagara County had completed the 4:3:1:3:3:1:4 immunization series. This rate exceeded the rate for Western NY (78,6%) and NYS excluding NYC (69.1%) (61). As of January 2025, 89.3% of children in Niagara County had received at least one dose of the measles, mumps, and rubella (MMR) vaccine by age two, compared to 81.3% statewide. Throughout Niagara County, MMR vaccination coverage ranges from 81.1% to 98.0% depending on zip code [65].

NYS requires all students to be up-to-date on immunizations to attend school, and as of June 2019, NYS does not permit religious exemptions. At the beginning of the 2024-2025 and 2025-2026 school years, many Niagara County students were not up-to-date. These students were at risk of school exclusion until all required doses were obtained. Unfortunately, many families reported barriers to accessing care including not having a pediatrician, or that their pediatrician office had limited appointments and were scheduling children for dates multiple weeks away. In response, the NCDOH expanded appointment availability at our Immunization Clinic. Additionally, staff deployed to offer mobile clinics across the county to rapidly meet the needs of families and help offset long wait times at pediatrician offices. Through the mobile response, NCDOH provided 189 doses of immunizations to a total of 135 children at mobile clinics in Fall 2024, and 218 doses to a total of 138 children in Fall 2025.

HPV vaccination coverage among adolescents aged 13 years and older in Niagara County was 43.4% in 2023, higher than regional and statewide rates but lower than the county's 2021 rate of 52.3% [61]. In NYS, percentages of female and male adolescents (ages 13-15) who were up to date with HPV vaccination increased from 51.3% and 50.3% in 2018 to 63.0% and 60.5% in 2023, respectively. Generally, NYS tends to have higher vaccination coverage for both males and females than the national average [76].

In partnership with the Healthy Moms Healthy Babies Coalition, the NCDOH launched a parent survey and outreach initiative in 2024 to assess vaccine hesitancy and connect families with supportive services. This outreach aimed to get the perspective of parents/guardians of children aged 0 to 5 years old as it relates to vaccination history and hesitancy, provide educational resources, and connect families to programs like developmental screenings with the early intervention program and home visits by the Healthy Neighborhoods Program. The survey and outreach project is ongoing, however, preliminary results from the parent/guardian survey on vaccine hesitancy is presented in Table 13. Through these results, perspectives were captured for 167 parents/guardians who care for a total of 361 children (of all ages).

TABLE 13: PARENT/GUARDIAN PERSPECTIVES ON VACCINE SAFETY AND EFFECTIVENESS (N=167).

STATEMENT	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
Vaccines are safe. (n=166)	6 (3.6%)	3 (1.8%)	26 (15.6%)	38 (22.9%)	94 (56.3%)
Vaccines will protect my child from getting sick. (n=166)	6 (3.6%)	6 (3.6%)	19 (11.4%)	38 (22.9%)	97 (58.4%)
Vaccines have more benefits than risks. (n=166)	8 (4.8%)	5 (3.0%)	25 (15.1%)	36 (21.7%)	92 (55.4%)
I feel motivated to talk to my child's pediatrician about vaccines. (n=165)	4 (2.4%)	8 (4.8%)	22 (13.3%)	29 (17.6%)	102 (61.8%)
In general, I support the vaccination of my child. (n=166)	7 (4.2%)	7 (4.2%)	15 (9.0%)	32 (19.3%)	105 (63.3%)

Foodborne Diseases

Foodborne diseases/illnesses impact nearly 1 in 6 Americans annually and in some instances can result in hospitalization and/or death [77]. These illnesses occur when bacteria or viruses contaminate food or beverages consumed by people. In public health, food-related illnesses are investigated to identify what consumed items may be contaminated and if there is a potential for a foodborne illness outbreak. By conducting these investigations, public health hopes to mitigate the number of people becoming sick in an outbreak and, when appropriate, work with regulating agencies to identify appropriate situations for the recall of food products. Public health investigations can also be small and impact only a single person or household, and oftentimes can be tied to household parties or gatherings. Proper food handling and sanitation is critical in preventing the spread of foodborne diseases.

In 2022, Niagara County's estimated salmonella incidence was 13.8 per 100,000 persons, lower than the 17.0 per 100,000 in NYS excluding NYC. Rates of shigella and Shiga toxin–producing E. coli were below 1.0 per 100,000 persons [35].

Vector-borne Diseases

Public health monitors and addresses diseases spread through a "vector" or a living organism that can spread disease from one host to another. Examples of vectors that are common in NYS are mosquitos, that transmit diseases like West Nile Virus, and ticks, that spread diseases like Lyme Disease. Prevention of vector-borne diseases predominately relies on limiting exposure to the vector itself through actions like using protective clothing, and applying repellents. Additional actions may include staying on maintained trails, and checking for ticks after coming indoors.





Niagara County typically does not report cases of mosquito-borne diseases (diseases transmitted by a mosquito vector). Niagara County typically reports few mosquito-borne disease cases, though statewide surveillance has identified infected mosquito populations in nearby regions including neighboring Erie County. This surveillance program has indicated a presence of diseases in the mosquito population locally. Residents are encouraged to take precautions even if Niagara County has a low volume of reported cases.

Lyme Disease is caused by a bacteria spread by the bite of a black legged tick (deer tick) and is very common in the Northeast of the United States. Lyme disease remains the most common vector-borne illness in the Northeast. From 2020 to 2022, Niagara County averaged 4.3 cases per 100,000 persons, well below rates observed in Western NY and statewide [35].

Sexually Transmitted Infections

Sexually transmitted infections (STIs) are spread through sexual contact, including vaginal, oral, and anal sex, as well as the sharing of sex toys. Transmission can occur through contact between the genitals, anus, or mouth of one person and another. Preventing the spread of STIs is a critical component of sexual and reproductive health. In Niagara County, confidential STI testing and treatment are available without judgment through the Niagara County Department of Health (NCDOH) Sexual Health Center, regardless of ability to pay.

The NCDOH Sexual Health Center has experienced an increase in the number of appointments year after year. The Sexual Health Center had a total of 190 appointments in 2022, 293 appointments in 2023, and 391 appointments in 2024.

From 2020 to 2022, Niagara County reported 4.0 newly diagnosed HIV cases per 100,000 persons, substantially lower than the statewide rate of 11.3 per 100,000. Early syphilis rates were also lower locally (9.5 per 100,000) compared to NYS overall (44.1 per 100,000) [35].

Gonorrhea rates among males and females aged 15 to 44 years were similar during 2020–2022, at 467.8 and 492.9 cases per 100,000 persons, respectively. Male gonorrhea rates in Niagara County were lower than the NYS average (667.9 per 100,000), while female rates were higher than the statewide rate (326.4 per 100,000). Adolescents aged 15 to 19 years experienced the highest local gonorrhea rates at 602.9 per 100,000 [35].

Chlamydia was diagnosed more frequently among females than males. From 2020 to 2022, rates among females aged 15 to 44 years (1,441.3 per 100,000) were nearly three times higher than those among males (509.2 per 100,000). Case rates were highest among younger residents, particularly females aged 15 to 19 years (3,165.5 per 100,000) and 20 to 24 years (3,225.3 per 100,000) compared to males aged 15 to 19 years (609.7 per 100,000) and males 20 to 24 years (1,021.8 per 100,000). Given the elevated burden among young women, prevention education and access to testing remain critical. In 2022, only 68.9% of sexually active women aged 16 to 24 years enrolled in Medicaid received at least one chlamydia test, a decline from 73.9% in 2019 [35].

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Blood lead levels

Lead is a naturally occurring metal found in small amounts in the Earth's crust. Although it has some beneficial uses, lead is toxic to humans and animals and can cause serious health effects. Homes built before 1978 are more likely to contain lead-based paint, which was banned for consumer use by the federal government that year. Lead may also be present in dust, air, water, soil, and certain consumer products used in and around the home. There is no known safe level of lead exposure. Even low levels of exposure can harm the brain and nervous system, and contribute to developmental delays, learning difficulties, and behavioral issues. These effects are particularly harmful for young children and pregnant women.

Because of these risks, it is recommended that children be tested for lead exposure at ages one and two. Physicians are also advised to monitor and screen children for lead exposure during well-child visits from six months through six years of age.



In 2020, statewide testing rates were relatively low. Across NYS, excluding New York City, only 26.4% of children were tested for lead before age three, and 15.0% were tested before age six. In contrast, Niagara County demonstrated substantially higher testing coverage. Among children born in 2018, 93.2% received a blood lead test before age three, compared to 83.3% statewide, excluding New York City. Of those tested before age three in Niagara County, 3.0% had elevated blood lead levels between 5 and less than 10 micrograms per deciliter (mcg/dL), and 1.0% had blood lead levels at or above 10 mcg/dL. Testing coverage increased further by age six, with 97.0% of children born in 2018 receiving a blood lead test by that age [66].

In 2022, the incidence of confirmed elevated blood lead levels (≥5 mcg/dL) among children younger than 72 months in Niagara County was 10.7 per 1,000 children tested. This rate was lower than that observed in Western New York (22.3 per 1,000) but slightly below the statewide rate excluding New York City (12.2 per 1,000) for the same period [61].

Occupational Health

From 2020 to 2022, Niagara County recorded 472 work-related hospitalizations among employed individuals aged 16 years and older, corresponding to a rate of 171.3 per 100,000 persons. This rate exceeded those observed in Western New York (145.3 per 100,000) and New York State overall (99.9 per 100,000). In Western New York, the work-related mortality rate was 3.4 deaths per 100,000 persons during the 2019–2021 period [35].

Additional occupational health conditions monitored in New York State include malignant mesothelioma and hospitalizations related to pneumoconiosis and asbestosis. Malignant mesothelioma is a rare cancer most often associated with historical asbestos exposure and was diagnosed at a rate of 1.3 per 100,000 persons aged 15 years and older in NYS, excluding New York City, in 2021. Pneumoconiosis encompasses a group of lung diseases caused by inhalation of workplace dust. While hospitalization rates for pneumoconiosis have declined statewide over the past decade, Western New York continues to experience higher rates than the state overall. In 2022, the pneumoconiosis hospitalization rate in Western New York was 6.4 per 100,000 persons aged 15 years and older, compared to 5.5 per 100,000 statewide, excluding New York City.

Asbestosis, a chronic lung disease resulting from asbestos fiber inhalation, followed a similar pattern. In 2022, Western New York reported an asbestosis rate of 5.5 per 100,000 persons aged 15 years and older, exceeding the statewide rate of 4.7 per 100,000 persons [35].

MENTAL HEALTH AND SUBSTANCE MISUSE

Mental Health (e.g., Anxiety & Stress, Depression, Suicide)

Mental health encompasses a person's emotional, psychological, and social well-being [67]. National estimates indicate that approximately 12.5% of U.S. adults experience regular feelings of worry, nervousness, or anxiety, while 5.0% experience regular feelings of depression [68]. In 2023, young adults aged 18 to 25 reported the highest prevalence of mental illness compared to other adult age groups. Higher rates were also observed among multiracial individuals and those living below the federal poverty line [69].

Mental health challenges are particularly pronounced among youth. Nationally, 40% of students reported persistent feelings of sadness or hopelessness, 20% seriously considered attempting suicide, and nearly 10% reported having attempted suicide. Females and LGBTQ+ students experienced higher rates of poor mental health and suicidal thoughts or behaviors than their male and cisgender or heterosexual peers. Asian and White students were less likely to attempt suicide compared to students of other racial and ethnic groups [70].

At the state and regional level, approximately one in five adults in New York State (21.1%) reported experiencing mental illness in 2022 [80]. In Western New York, mental illness or substance use disorders were diagnosed among approximately 27% of individuals in emergency shelters, 16% of individuals in transitional housing, and 90% of individuals experiencing unsheltered homelessness [71]. Locally, 14.8% of Niagara County adults reported frequent mental distress during the past month in 2021, exceeding the rate observed in NYS excluding New York City (13.2%) [61]. In 2022, adults in Niagara County reported an average of 5.7 poor mental health days in the past 30 days, compared to 4.9 days statewide and 5.1 days nationally [8].



Niagara County Crisis Services (NCCS) affiliated with 988, the National Suicide and Crisis Lifeline, in September 2022. Following this affiliation, NCCS experienced a substantial increase in call volume. From 2023 to 2024, calls to the dedicated 988 line increased by 97%, rising from an average of 239 calls per month to 471 calls per month. Calls received through the 988 line are generally higher acuity and require more intensive intervention than those received through the local NCCS line. During the same period, the number of calls answered on the local NCCS 24/7 crisis line increased by 14% [71].



TABLE 14: REASONS FOR 988 CALLS IN NYS, 2023 [72].

REASON	PERCENT OF CALLS
Suicide	20.9%
Depression	18.0%
Anxiety	13.4%
Family/Relationship Issues	16.9%
Loneliness	5.1%
Grief/Bereavement/Loss	3.0%
Addiction	2.8%
Other	15.0%
Missing	5.0%

Suicide is the 15th leading cause of death in New York State, although the state continues to report some of the lowest suicide rates nationally [73]. In 2022, suicide mortality rates in NYS were substantially higher among males than females. The age-adjusted suicide death rate for males was 13.5 per 100,000 persons, compared to 3.7 per 100,000 among females, meaning males died by suicide at a rate 3.7 times higher than females [60].

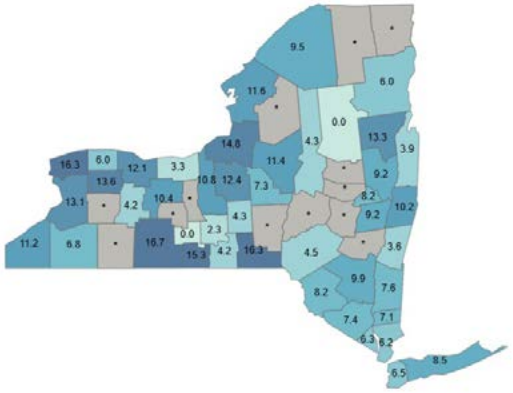
In Niagara County, the age-adjusted suicide mortality rate in 2022 was 13.7 per 100,000 persons, exceeding the rate observed statewide excluding New York City (10.0 per 100,000) [60].

Youth mental health concerns continue to increase locally. From 2023 to 2024, Niagara County Crisis Services (NCCS) recorded a 202% increase in mental health evaluations for youth. Hospitalizations and emergency room (ER) visits related to self-harm have also risen. Poison Center data from 2024 indicate that 43% of intentional substance ingestions in Niagara County involved individuals aged 13 to 29 years. In 2023, 2.7% of ER visits in Niagara County were suicide-related, with youth aged 10 to 19 years accounting for the highest rate of suicide-related ER visits in New York State, excluding New York City. Notably, 56.7% of suicide-related ER discharges involved patients identified as being at high risk for another attempt, consistent with evidence showing that suicide risk is highest within 30 days following ER or inpatient psychiatric discharge [72].

Alcohol

In 2022, 23% of adults in Niagara County reported engaging in binge or heavy drinking, exceeding the statewide prevalence of 20% among New York State adults [8]. Between 2019 and 2023, Niagara County experienced 171 alcohol-related deaths, corresponding to a crude mortality rate of 16.1 per 100,000 persons [74].

FIGURE 13: CRUDE DEATH RATE PER 100,000 PERSONS FOR ALCOHOL-INDUCED CAUSES OF DEATHS, NYS, 2019–2023 [74].

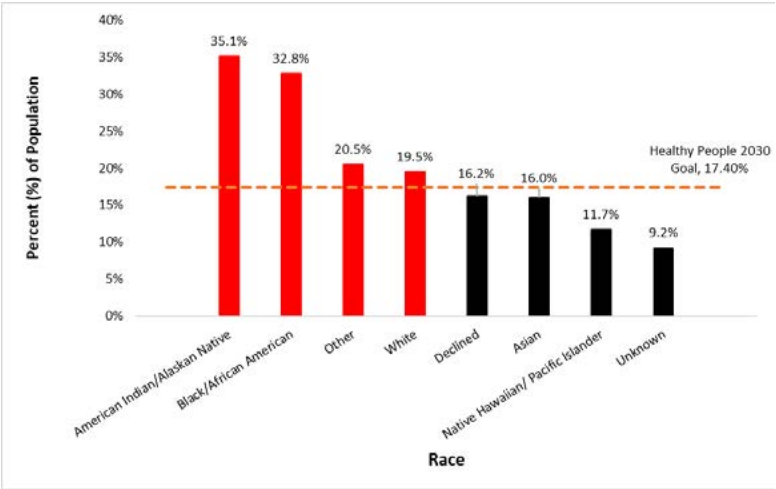


Statewide, New York reported 1,829 deaths from direct alcohol-related causes in 2023. Although this represented a 9% decrease from 2022, the number of deaths remained 16% higher than in 2019. Alcohol-related mortality in New York State was highest among White and Hispanic populations, males, and individuals aged 45 to 64 years. From 2019 to 2023, more than 55% of alcohol-related deaths statewide were attributable to alcohol-associated liver disease [74].

Tobacco

In Niagara County, 19.3% of adults aged 18 years and older reported using tobacco products in 2022, excluding vaping products. Tobacco use was slightly higher among males (19.9%) than among females (19.2%) [62]. This prevalence exceeds the Healthy People 2030 national objective, which aims to reduce adult tobacco use to 17.4%.

FIGURE 14: TOBACCO USE IN ADULTS BY RACE, NIAGARA COUNTY, NY, 2024.



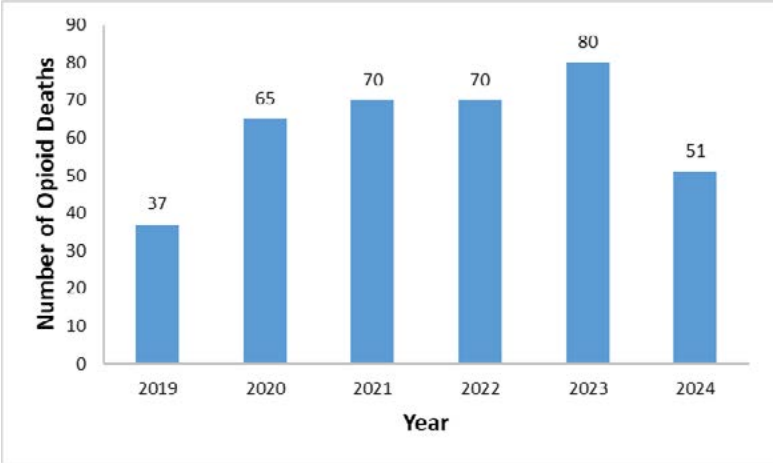
Drug Overdose: Trends, Treatment and Prevention

In 2022, Niagara County experienced an age-adjusted drug overdose mortality rate of 46.1 per 100,000 population for deaths involving any drug. This rate was higher than that observed in Western New York (40.4 per 100,000) and New York State excluding New York City (32.5 per 100,000). In 2023, there were 92 overdose deaths involving all drugs, corresponding to a crude rate of 43.9 per 100,000 persons. Overdose death rates were highest among Black or African American residents, at 112.4 per 100,000.

Preliminary data for 2024 indicate a decline in overdose mortality, with 71 deaths reported and a crude rate of 33.9 per 100,000 persons [78].

Opioids continue to be a primary driver of overdose mortality in Niagara County. In 2022, the opioid-involved overdose death rate was 37.4 per 100,000 persons. In 2023, the county recorded 79 opioid overdose deaths, representing an increase from prior years. As of July 2025 reporting, 51 opioid overdose deaths had been confirmed for 2024 [79].

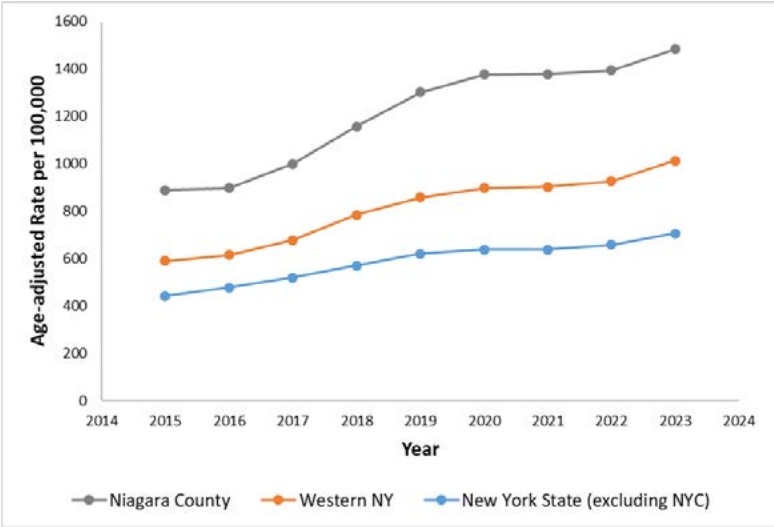
FIGURE 15: NUMBER OF OPIOID OVERDOSE DEATHS BY YEAR, NIAGARA COUNTY, NY [79].



Across New York State, excluding New York City, the number of unique individuals served in substance use disorder (SUD) treatment programs declined by 12.3% between 2018 and 2023. In 2024, opioids were the most commonly reported primary substance among individuals admitted to treatment, with 38.6% identifying opioids as their primary substance, followed closely by alcohol at 37.0% [81]. In Niagara County, key barriers to treatment access include limited availability of inpatient services and delays in initiating treatment following diagnosis. Notably, 14.3% of individuals aged 13 years and older with a new SUD diagnosis did not begin treatment within 14 days of diagnosis [71].

Despite these challenges, Niagara County has increased the number of patients receiving medications for opioid use disorder (MOUD). Access to medications such as buprenorphine has improved statewide and, unlike inpatient treatment services, has not experienced declines during the COVID-19 pandemic. In recent Community Health Assessment (CHA), Community Health Improvement Plan (CHIP), and Community Service Plan (CSP) cycles, Niagara County has placed greater emphasis on expanding access to medication-based treatment, increasing treatment capacity, and reducing stigma related to substance use. Efforts to improve access to care, reduce stigma, and prevent overdoses remain ongoing.

FIGURE 16: PATIENTS WHO RECEIVED AT LEAST ONE BUPRENORPHINE PRESCRIPTION FOR OPIOID USE DISORDER, AGE-ADJUSTED RATE PER 100,000 POPULATION, BY REGION, 2014-2024 [61].



Naloxone is a medication used to reverse the effects of opioid overdoses and is widely available in New York State as a nasal spray under the brand name Narcan. In October 2024, the Niagara County Department of Health (NCDOH) became a registered Opioid Overdose Prevention Program through the New York State Department of Health, expanding naloxone training and distribution within the county. This initiative complements existing naloxone distribution efforts led by mental health and substance use service providers. Naloxone is currently available through multiple channels, including naloxboxes, community trainings, free vending machines, outreach events, and the Naloxone Co-payment Assistance Program (NYS N-CAP), which provides naloxone through a statewide standing order at all pharmacies.



WOMEN, INFANTS AND CHILDREN

Birth Outcomes

From 2020 to 2022, there were 5,916 births to Niagara County residents. Among these births, 10.7% were premature, and 9.0% were low birth weight. Nearly half (48.8%) were to unmarried parents, and 30.0% of births were covered by Medicaid or were self-pay. Late or no prenatal care was reported for 4.1% of birthing persons. Among females aged 15 to 19 years, the teen birth rate was 15.0 per 1,000, with a corresponding teen pregnancy rate of 23.1 per 1,000 persons. During these three years, the infant mortality rate was 5.4 per 1,000 live births, and the neonatal mortality rate was 3.7 per 1,000 live births [82].

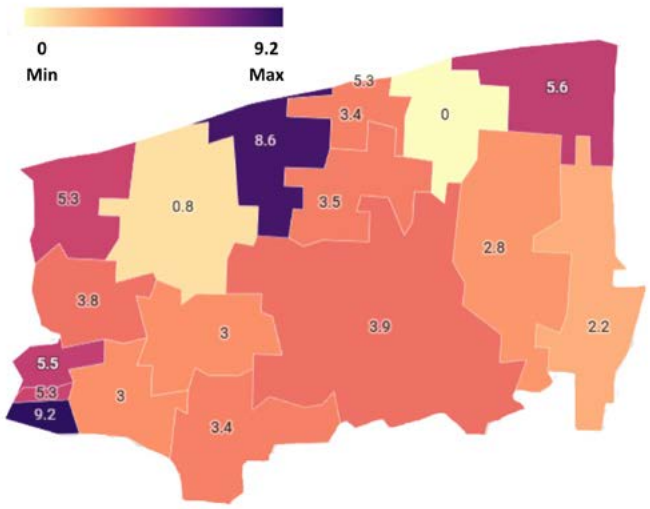
In Niagara County, Niagara Falls Memorial Medical Center (NFMMC) is the only hospital with an active labor and delivery department. As a result, many residents receive prenatal care and deliver their babies at hospitals and health centers located in neighboring Erie County.

Family Planning, Prenatal and Postnatal Care

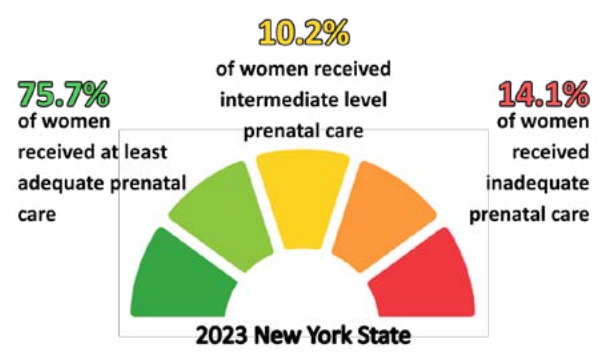
Family planning enables individuals to determine if and when to have children and includes education and services related to reproductive and sexual health, contraception, and infertility. In Western New York, 27.5% of women aged 18 to 44 reported discussing ways to prepare for a healthy pregnancy with a health care provider in 2021, representing a decline from 41.7% in 2016 [61]. In 2022, 60.3% of women in New York State reported that they were trying to become pregnant at the time of conception, while 36.0% reported using birth control when they became pregnant [83].

In 2022, 73.3% of births to Niagara County residents were supported by prenatal care initiated during the first trimester [84]. *Figure 17* illustrates the percentage of births by zip code in which the birthing person received late or no prenatal care, compared to the countywide rate of 4.1% [82].

FIGURE 17: PERCENT OF BIRTHS WHERE PRENATAL CARE WAS NOT INITIATED AT ALL OR ONLY IN THE THIRD TRIMESTER OF PREGNANCY, NIAGARA COUNTY, NY, 2020-2022 [82].



Early prenatal care is critical for maternal and infant health. From 2020 to 2023, an average of 82.2% of Niagara County women began prenatal care in the first trimester, higher than the 78.8% statewide rate in 2023. In New York State, approximately 1 in 17 infants (6.1%) were born to mothers receiving late or no prenatal care, and 10.0% were born to mothers who began care in the second trimester. Overall, 75.7% of live births in the state received at least adequate prenatal care, while 10.2% received intermediate care, and 14.1% received inadequate care—equivalent to about 1 in 7 births [85].



Preterm birth rates in Niagara County remain a concern. In 2022, 10.3% of births were preterm, comparable to Western New York (10.4%) but higher than the statewide rate of 9.4% [61].

Postpartum Mental Health

Maternal mental health is critical for both parent and child. In 2022, 85.5% of New York State women reported that their health care provider asked about depression at a postpartum visit. Increasingly, women are seeking help: 13.8% asked for support with depression, and 9.2% were diagnosed with postpartum depression (PPD) after giving birth [83].

According to the NYS Office of Mental Health, Perinatal mood and anxiety disorders (PMADs) affect 1 in 5 birthing persons nationally. Identification and treatment gaps remain significant, with approximately 75% of affected individuals undiagnosed. PPD, one of the most common PMADs, differs from the "baby blues," which occur in 50–75% of new parents and typically involve short-term worry, sadness, or fatigue. PPD is more intense, lasts longer, and affects 12.5% of birthing persons, particularly those of lower socioeconomic status, persons of color, and those with a history of mental illness [86].

Substance Use and Neonatal Outcomes

Substance use during pregnancy can significantly impact infant health. The rate of newborns discharged with neonatal withdrawal syndrome or affected by maternal substance use has declined since 2018. In 2022, the crude rate of affected newborns discharged in Niagara County was 38.3 per 1,000 [61].

Family planning, prenatal care, and postnatal mental health services are essential to reduce risks associated with preterm birth, low birth weight, maternal depression, and neonatal substance exposure. Continued efforts to expand access to care, improve early screening, and provide education and support are critical for the health of mothers and infants in Niagara County.

Nutrition: Breastfeeding and Women, Infants and Children (WIC) Use

In NewYork State in 2022, 89.4% of women initiated breastfeeding after birth, Of these, 76.8% of women continued breastfeeding for at least four weeks, and 70.9% continued for at least eight weeks. Continued breastfeeding for at least eight weeks was lower among women aged 20–24 years compared with women aged 25–34 and 35 years and older. Rates were higher for Black, Non-Hispanic women (81.8%) and Asian, Non-Hispanic women (76.8%), while women identifying as Hispanic had lower rates (68.9%) [83].

Both breastfeeding and formula supplementation are encouraged in hospitals, with education provided on infant nutrition. In Niagara County in 2022, 44.5% of infants were exclusively breastfed in the hospital, while 42.7% of breastfed infants received formula supplementation. Exclusive breastfeeding rates were lower for Hispanic infants (28.4%) and Black, Non-Hispanic infants (23.8%). Niagara County's exclusive breastfeeding rate was lower than the Western New York rate of 49.6%. The percentage of breastfed infants supplemented with formula in Niagara County (42.7%) was higher than in Western New York (36.0%), but still below the New York State (excluding NYC) rate of 45.7% [61].

During pregnancy, approximately 35.8% of women were enrolled in WIC during 2022 [83]. After birth, 42% of infants participated in WIC [54]. Among WIC participants, 22.2 % of infants in Niagara County and 38.0% of infants in New York State will still be breastfed at six months [61].

For March 2024 through November 2025, the median number of monthly participants for WIC in Niagara County was 3,676.5 individuals (range: 3,544 – 7,515*). *Data was not reported for August 2024 and this may explain the higher reporting value for September 2024 which was the maximum amount of participation in this time period. Local WIC participation is highest among children (59-62% of participants monthly), followed by infants (19-21%), and women (17-19%). During this period, 13.4% of infants were fully breastfed, 15.6% were partially breastfed, and 71.0% were not breastfed [88].

Child Development

As children grow, they acquire skills in communication, play, and movement. Developmental screenings help track these milestones and identify children who may need additional support. Pediatricians often monitor developmental progress during well-child visits, and screening tools are also available to parents and caregivers.

One commonly used tool is the Ages and Stages Questionnaire (ASQ), which assesses children aged 0 to 66 months old. The ASQ evaluates key areas of development, including communication, gross motor, fine motor, problem-solving, and personal adaptive skills. These screenings enable early identification of developmental delays, allowing children to be referred to early intervention programs, preschool services, or other supports.

In Niagara County, the number of children screened has steadily increased. In 2024, 614 children were screened, representing 4.8% of children under 6 years old. By November 2025, over 900 children had been screened, or 7.5% of the population under the age 6.

Screening results classify children as “on track”, “needs to be monitoring”, or “needs intervention” (additional services to improve progress). Table 15 illustrates the percent of children who are at each of these stages at time of screening [87]. Percentages higher than 12% indicate areas where additional support and resources and support may benefit children in Niagara County.

TABLE 15: DEVELOPMENTAL PROGRESS OF 1,368 SCREENED CHILDREN, NIAGARA COUNTY, NY, 2024 – DECEMBER 2, 2025 [87].

	ON TRACK	MONITORING*	INTERVENTION*
General Development Screening (n=1,821)			
Communication	75%	12%	12%
Personal Social	76%	12%	10%
Fine Motor	70%	17%	11%
Gross Motor	82%	8%	7%
Problem Solving	80%	10%	9%
Social-Emotional Development Screening (n=1,065)	74%	13%	13%

**According to Help Me Grow WNY, it is expected that 12% of children will be identified as needing monitoring and 12% for intervention. Percentages higher than 12% indicate that Niagara County could benefit from additional support and services for children in the area.*

3. Community Assets and Resources

HOSPITALS AND CLINICS

Niagara Falls Memorial Medical Center (NFMMC)

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

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

NFMMC provides several unique services that are not available elsewhere in Niagara County. Memorial is the only facility in Niagara County to provide adult inpatient psychiatric services, operate a 24 x 7 Emergency Psychiatric Unit, and provide integrated behavioral health services at its primary care centers and outpatient OB-GYN clinic. It is the sole hospital in the county providing labor and delivery services. Moreover, NFMMC is the only hospital in Niagara County to provide Health Home care management services to Medicaid clients and to offer a Child Advocacy program to protect children against abuse and neglect.

Over the past decade, NFMMC has transformed into a center for community health that provides an array of outpatient healthcare and community support services.

NFMMC has a large primary care footprint that serves 15,000 patients. The medical center operates five primary care centers throughout Western Niagara County and Northern Erie County, including locations in Niagara Falls, Wheatfield, Lewiston, and at the Tuscarora Indian Reservation. Complementing NFMMC's primary care centers are several outpatient clinics specializing in infectious disease, cardiology, surgery, OB-GYN, behavioral health, physical therapy, and orthopedics. Additionally, NFMMC operates a medical oncology center in collaboration with the Roswell Park Comprehensive Care Center.

On the ancillary service front, NFMMC provides outpatient medical laboratory services and outpatient diagnostic imaging services at both the medical center downtown Niagara Falls campus and at the Summit outpatient center in Wheatfield. Cardio diagnostic testing services, including echocardiograms, holter monitoring, nuclear medicine, and stress tests are featured services that are available at the Heart Center of Niagara on NFMMC's campus. The cardiac catheterization laboratory, which is located adjacent to the cardiac diagnostic testing suite, is jointly operated by NFMMC, the Catholic Health System, Kaleida Health and the Erie County Medical Center.

In recognition of and in response to the high-levels of poverty prevalent in the City of Niagara Falls, NFMMC delivers several essential community support services that help local residents connect to healthcare.

NFMMC administers a navigation program to connect the uninsured to health insurance and runs the P3 Center to serve low-income moms and their infants.

The delivery of quality care is a chief priority. Each year, a plan to govern the medical center's quality programming is adopted by the NFMMC Board of Directors. Reducing hospital readmissions is one of many quality initiatives that have been aggressively pursued.

Readmission rates have been positively influenced by three initiatives that have been developed by NFMMC. Called the Seven-Day Pledge program, NFMMC guarantees a primary care appointment within seven days of a patient's discharge from the hospital and within seven days of a patient's visit to the NFMMC Emergency Department (ED). Care coordinators based at the hospital and, in the ED, arrange primary care appointments at dates and times that are convenient for patients and their families and make follow-up calls to remind patients of their appointments. Transportation arrangements are also made for patients who do not have a way

to get to these appointments. The show rates at the seven-day primary care appointments range from 70% to a high of 80%. Costly hospital admissions are also avoided through the Transition Care Management program that is administered by NFMMC. A RN visits with patients in the hospital to review the medications that they will be taking at home. The day after a patient's hospital discharge, medications and other self-care issues are reviewed with patients. Patients also receive a second and third phone call during the two weeks following the date of their hospital discharge.

A team from NFMMC was one of only a handful of hospitals in the state that completed the Medicaid Accelerated eXchange (MAX) Series training on Multi-Visit Patients. Sponsored by the New York State Department of Health, the training armed NFMMC's care coordinators with new, evidence-based techniques to prevent hospital readmissions and repeat ED visits.

Meeting quality of care measures involving primary care is also high on NFMMC's quality agenda. During 2025, the goal is to connect 80% of all Medicare patients to annual wellness visits and to achieve a minimum of 4 out of 5 stars on preventive health measures such as breast cancer screening and controlled glucose levels.

Mount St. Mary's Hospital

Mount St. Mary's Hospital, located in Lewiston, NY, is a 156-bed community hospital. In addition to its main campus, Mount St. Mary's operates Lockport Memorial Hospital, a 10-bed community hospital that opened in 2023. Both facilities feature 24-hour emergency departments and inpatient care.

Mount St. Mary's system also includes the Niagara Ambulatory Surgery Center in Lockport, a fully licensed Child Care Center on the Lewiston campus, and multiple Article 28 clinics, including the Mount St. Mary's Neighborhood Health Center in Niagara Falls, as well as primary care and specialty clinics throughout Niagara County.

Mount St. Mary's and Lockport Memorial Hospitals offer on-campus outpatient multispecialty clinics with services in:

- Obstetrics and Gynecology
- Orthopedics
- General Surgery
- Ear Nose & Throat
- Neurology
- Bariatrics
- Psychiatry
- Gastroenterology
- Nephrology
- Endocrinology
- Oncology
- Infectious Diseases
- Podiatry
- Hyperbaric Chamber Therapy and Wound Care
- Cardiology

Additional services include outpatient imaging and laboratory testing, and occupational therapy, and Clearview Treatment Services, a 69-bed inpatient program for people living with substance use disorders.

Across its campuses, Mount St. Mary's employs more than 750 staff members, including over 300 physicians with privileges, 180 registered and licensed practical nurses, and numerous support personnel.

Founded in 1907 by the Sisters of St. Francis, Mount St. Mary's began with a mission to care for the sick and the poor. In 1997, sponsorship transitioned to the Daughters of Charity, continuing the tradition of excellence and service. In 200, the Daughters of Charity merged with the Sisters of St. Joseph to form Ascension Health. In July 2015, sponsorship was transferred to Catholic Health of Buffalo.

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

DeGraff Medical Park was established in 1914 to serve the healthcare needs of Western New York's northern communities. Our team of skilled health care professionals is dedicated to providing quality, compassionate, personalized care for patients with a broad range of health needs.

In 2018, DeGraff revolutionized emergency care by opening the doors to a new and expanded Emergency Department (ED). By increasing the size to 10,000 square feet, the ED vastly improves the entire patient and family experience, both from a clinical and comfort standpoint. The ED includes 16 private patient rooms with televisions, a trauma room, a dedicated bariatric room, and an airborne isolation room.

DeGraff is dedicated to excellence through state-of-the-art technology, exceptional physicians and staff, ranking it among the best in the delivery of overall patient satisfaction. As part of Kaleida Health, the largest health care provider in WNY, DeGraff continues to deliver compassionate medical care and serves as a gateway for those in Niagara County to world-class tertiary medical care delivered on the Buffalo Niagara Medical Campus. In 2024, the Emergency Department in DeGraff served 19,567 visitors.

Eastern Niagara Hospital

Eastern Niagara Hospital (ENH) was a community hospital that has been serving the community for 111 years and closed in June 2023.

Catholic Health Statement on the Closure of Eastern Niagara Hospital and Transition to Lockport Memorial Hospital:

> On October 13, 2020, Catholic Health and Mount St. Mary's Hospital announced plans to build a new, state-of-the-art hospital to serve the greater Lockport community following the closure of Eastern Niagara Hospital. Centrally located in the county's eastern business district, Lockport Memorial Hospital ensures continued access to high-quality healthcare close to home for more than 80,000 residents across Eastern Niagara County and neighboring areas.
>
> A campus of Mount St. Mary's Hospital, Lockport Memorial provides emergency, inpatient, outpatient, diagnostic, women's health, and primary and specialty care services. Designed as a "neighborhood hospital," it is more efficient and better equipped to meet the primary, emergency, and diagnostic care needs of the local community, with seamless access to more advanced services available throughout Catholic Health. Building a hospital that is right-sized for the local community helps ensure sustainable, high-quality healthcare for the region well into the future.
>
> We are grateful to the community, our elected representatives, local and state agencies, and the New York State Department of Health for their continued support of this project, which will ensure access to essential healthcare services for residents across Niagara County for generations to come. This new chapter allows us to further expand Catholic Health's legacy and mission to transform healthcare and create healthier communities in Niagara County.

NIAGARA COUNTY DEPARTMENT OF HEALTH (NCDOH)

Overview

The Niagara County Department of Health (NCDOH) provides leadership in community health through assessment, delivery of essential public health services, and policy development in accordance with public health law, ensuring a healthy, disease-free environment for county residents.

NCDOH is overseen by a ten-member Board of Health, established in 1965 and appointed by the Niagara County Legislature. The Board serves as the department's policy-making body and appoints the Public Health Director with approval from the New York State Department of Health. The Board includes:

- Three physicians from Niagara County
- Three mayoral recommendations (Niagara Falls, North Tonawanda, Lockport)
- Three at-large members
- One Niagara County Legislature member

Board members serve six-year terms, except the Legislature representative.

The department is organized into four divisions:

1. Children with Special Needs
2. Environmental Health
3. Public Health Nursing and Preventative Services
4. Public Health Planning and Emergency Preparedness

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

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

Children with Special Needs

The mission of this division is to ensure that children with special health care needs have access to necessary services. By coordinating medical, educational, and related services, the division addresses the needs of children and families, enhancing quality of life and family capacity. This division is certified by the New York State Health Department and the New York State Education Department.

Key programs within this division are:

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

Environmental Health

The Environmental Division performs integral work to keep Niagara County communities safe and healthy. They focus on how people and their surroundings affect each other. Environmental health is an important part of public health. It looks at how the air we breathe, the water we drink, the ground we walk on, and the food we eat can influence our health. Programs within this division include:

Beach and Lake Water Testing	Public Water Supply
Children's Camp Inspections	Pest Control
Cooling Tower Regulations	Rabies
Disaster Emergencies Emergency Sanitation of Water Supply	Lead Rental Registry
Disposal Sewage	Inspection of Migrant Labor Camps and Mobile Home Parks
Disposal Waste, Pollution	Tattooing, Body Piercing & Permanent Makeup Certification
Food Protection Information/Inspection	Tobacco Prevention
Healthy Neighborhoods Program*	The Community Lake Ontario Ordnance Works Project (LOOW)

**The Healthy Neighborhoods Program conducts door-to-door advocacy to promote healthy living.*

Public Health Nursing and Preventative Services

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

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

Public Health Planning and Emergency Preparedness

The Niagara County Department of Health (NCDOH) is committed to protecting the community from any event that threatens public health. The department strives to safeguard the health and well-being of all residents, workers, and visitors in Niagara County.

The Division of Public Health Planning and Emergency Preparedness is responsible for preparing the county for public health emergencies. Its key focus areas include:

Crisis and Emergency Risk Communication	Building cross-sector partnerships
Public Health Asset Distribution	Cross-border and inter-jurisdictional planning
Medical Countermeasure Administration/Dispensing	Inter-agency/community collaboration and coordination
Public Health threat surveillance, detection, investigation, response, and control	Education and training
Mass Care	Volunteer support management
Mass Fatality	Opioid Overdose Prevention Program

The division also manages the Medical Reserve Corps (MRC), a group of medical and non-medical volunteers who can be mobilized during public health emergencies. Volunteers bring diverse skills and expertise to support response efforts, providing essential staffing when needed.

Potential events requiring MRC activation include pandemics, natural disasters, mass casualty incidents, and other public health crises.

In addition to emergency response, MRC volunteers participate in community events throughout the year, providing health education, outreach, and resources to residents. Examples include staffing booths and offering educational programs at events such as the Niagara County Fair, Lewiston Peach Festival, Niagara Celtic Festival, vaccination clinics, and other public health initiatives. This ongoing engagement helps promote wellness, preparedness, and awareness among the community.

Additional Niagara County Departments:

- Niagara County Department of Emergency Services
- Niagara County Department of Mental Health and Substance Abuse
- Niagara County Department of Public Works
- Niagara County Department of Social Services
- Niagara County Employment and Training
- Niagara County Office for Aging
- Niagara County Veterans Service Agency

EDUCATION

Niagara County offers a diverse educational landscape, encompassing public and private K-12 schools, higher education institutions, and adult education programs. The county's mix of urban, suburban, and rural communities is reflected in its range of school districts and educational offerings.

PUBLIC SCHOOL DISTRICTS	
Barker Central School District	Niagara-Wheatfield Central School District
Lewiston-Porter Central School District	North Tonawanda City School District
Lockport City School District	Royalton-Hartland Central School District
Newfane Central School District	Starpoint Central School District
Niagara Falls City School District	Wilson Central School District

PRIVATE, CHARTER AND PAROCHIAL SCHOOLS	
Catholic Academy of Niagara Falls	Sacred Heart Villa School
Christ the King Preparatory	St. John Lutheran School
Christian Academy of WNY	St. Matthew Lutheran School
DeSales Catholic School	St. Peter Lutheran School
Henrietta G. Lewis Campus School	St. Peter's RC School
Holy Ghost Lutheran School	Stella Niagara Education Park
Niagara Charter School	

Post-Secondary Education:

- Niagara University: A private, Catholic institution founded by the Vincentian Fathers, offering a broad range of undergraduate and graduate programs.
- SUNY Niagara Community College (formerly Niagara County Community College): Part of the SUNY system, providing affordable associate degrees and certificate programs. Its main campus is in Sanborn, with the Niagara Falls Culinary Institute (NFCI) in downtown Niagara Falls specializing in culinary, baking, pastry arts, and hospitality programs.

Additionally, several local organizations support adult education and workforce development, further enhancing educational opportunities across the county (see "Existing Community Assets or Resources to Address Health Challenges").

COMMUNITY ASSETS OR RESOURCES TO ADDRESS HEALTH DISPARITIES

Existing community assets or resources to address health challenges

Niagara County community partner agencies collaborate to provide resources and services to residents. Many of these agencies offer services that overlap multiple domains of the NYS Prevention Agenda. Through partnership, Niagara County agencies emphasize efforts that best promote health and wellbeing, education and development, economic growth, and a sense of community. Community coalitions and workgroups address these areas routinely through local grants, projects, meetings, and outreach.

Existing community coalitions/workgroups include:

- Community Network of Care (CNOC) for Children and Families
- Core Advisory Group for Disabilities and Functional and Access Needs
- Healthy Moms/Healthy Babies
- Niagara County Health Equity Taskforce
- Niagara County Hope Speaks Community Coalition (formally known as the Niagara County OASIS (Opioid) Taskforce Public Awareness/Involvement Advisory Panel and the Niagara County Suicide Prevention Coalition which were combined in December 2025)
- Core Advisory Group for Disabilities and Functional and Access Needs

Needed community assets or resources to address health challenges

While many programs and agencies exist, there is an opportunity to expand beyond programmatic scope and outreach to better service Niagara County residents. As determined by the attendees of the Stakeholder Meeting, the following resources and assets are currently underdeveloped or lacking within Niagara County.

ECONOMIC STABILITY: POVERTY	
Affordable safe housing	Literacy programs
Better oversight of affordable housing	Medicaid expansion
Cross-county collaboration	Rural services and funding opportunities
Culinary & trade programs	Nutrition access for children and seniors
Family/School resource centers and referral programs	Pregnancy prevention programming
GED programs	Workforce development programs

SOCIAL AND COMMUNITY CONTEXT: MENTAL HEALTH	
Improve Crisis Services	Psych evaluations for 18 and under
In-school mental health services	QPR suicide trainings
Mental health telehealth services	SANE-trained nurses
Mobile units specific to mental health	Service informing the public of mental health services
Pediatric mental health urgent care model	Telehealth user training

SOCIAL AND COMMUNITY CONTEXT: SUBSTANCE USE	
Age-appropriate substance use services	Peer support services
Allowing co-occurring treatment	Support for grandparents
Elementary level substance use education	Increase general training for substance use
Access to clean needles	Increased access to Narcan & test strips
Increase cross-organizational sharing of substance use data	Religious groups supporting harm reduction efforts
Increase harm reduction prevention efforts	Youth peer advocate programs
Increase harm reduction supply vending machines	

HEALTH CARE ACCESS AND QUALITY: CHILDHOOD BEHAVIORAL HEALTH	
Access to early education	Integrated activities/sports
Access to health homes	Mental Health providers in pediatric offices
Better education on childhood development	Parent advocates
Confidential mental health services for youth	Parenting programs
Cross-collaboration amongst agencies serving youth	Pediatric urgent care focused on mental health
Expansion of family support centers	Walk-in mental health clinic for youth
Increase developmental screenings	

NEIGHBORHOOD AND BUILT ENVIRONMENT: ACCESS TO COMMUNITY SERVICES & SUPPORT	
Programs servicing rural areas	Media literacy programs
Improve literacy level/ reading level	Services supporting healthcare navigation
Increase knowledge on existing programs/services	Street teams educating the community on services
Social media presence of services/programs	Virtual programs
Leverage college students to maintain accurate service calendars	

D. Community Health Improvement Plan/Community Service Plan (CHIP/CSP)

The Community Health Improvement Plan (CHIP) and Community Service Plan (CSP) for Niagara County outline the strategic approach to address the most pressing health needs identified through the Community Health Assessment (CHA). This plan serves as a blueprint for collaborative action among Catholic Health, Niagara Falls Memorial Medical Center, and Niagara County Department of Health, along with healthcare providers and community partners, to improve the health and well-being of all Niagara County residents, with a particular focus on reducing health disparities.

1. Major Community Health Needs

The 2025 CHA identified the following as areas of concern:

1. Mental Health
2. Substance Use and Misuse
3. Poverty and Economic Stability
4. Childhood Behavioral Health
5. Access to Community Services

2. Prioritization Methods

The Steering Committee collaborated to assess the input and responses from the Provider Survey, Community Focus Groups, and the 2025 Niagara County Stakeholders Meeting to understand the current priorities. The group was focused on identifying, validating, and defining significant health needs, issues, and concerns of Niagara County. After a thorough review, the Steering Committee identified the following New York State Prevention Agenda priorities for the 2025-2030 Community Health Needs Assessment.

1. Anxiety and Stress
2. Primary Prevention, Substance Misuse and Overdose Prevention
3. Health and Wellness Promoting Schools
4. Childhood Behavioral Health
5. Preventative Services for Chronic Disease Prevention and Control

Community Engagement

To determine the major needs of the community the Steering Committee engaged with the community in several ways. They distributed a survey to healthcare providers in Niagara County, asking them to rank Prevention Agenda Priority areas based on their patients' struggles. This survey aimed to gather physicians' perspectives on the community's health status and identify the top health issues their patients face in the county. Perspectives from 52 providers were reviewed (see Appendix A).

Instead of a broad community-wide survey and the historical completion of a county survey in 2023 (see Appendix D), the Steering Committee engaged the public through strategically organized focus groups to cultivate deeper community connections and gain a more nuanced understanding of their challenges. These focus groups were scheduled through existing connections fostered by each participating entity. Specifically, Niagara Falls Memorial Medical Center leveraged its established relationship with the Magdalene Project to host focus groups, directly engaging with the community to ascertain their needs. Catholic Health facilitated discussions with patients at their Mount St. Mary's Neighborhood Health Center. Furthermore, the Niagara

County Department of Health utilized partnerships with local libraries and churches to host focus groups, enhancing community attraction by pairing these sessions with Narcan training. They also collaborated with the Alzheimer's Association and Connect 55+ to extend their reach within the community. Through this process, 105 responses were received and reviewed (see Appendix B).

The Steering Committee engaged local stakeholders to gather input on Niagara County's current landscape. The process began with the dissemination of a "save the date" email to key community health stakeholders on April 14, 2025. This communication served to inform them of the collaborative effort between Niagara Falls Memorial Medical Center, Catholic Health, and the Niagara County Health Department to develop a comprehensive community health assessment, improvement plan, and community service plans. The email also included a one-page summary detailing the current population health status across Niagara County and a link for event registration. During the registration process, stakeholders were asked to rank health issues based on priority areas for this cycle.

3. Developing Objectives, Interventions, and Action Plans

A structured meeting occurred on May 6, 2025, where stakeholders checked in and were assigned to tables. The session began with a welcoming speech, followed by presentations on the Community Health Needs Assessment (CHNA), Social Determinants of Health (SDOH), and relevant data specific to Niagara County. Participants engaged in small-group discussions, led by Steering Committee members, with each table having representation from a variety of organizations and disciplines. Each group conducted a SWOT analysis for various priority domains, such as Economic Stability and Poverty, identifying strengths, weaknesses, opportunities, and threats, with a designated note-taker recording responses. Priority areas for discussion were selected by common priorities identified in the community conversations and provider survey, as well as the CHNA data. Key themes from these discussions were then summarized by facilitators and compiled into a slideshow for presentation to the larger group. The meeting concluded with a presentation of these synthesized findings and final remarks (see Appendix C).

The insight gained through these processes, and with consideration of the data presented in the Community Health Needs Assessment, the Steering Committee selected priorities aligning with the ability to create measurable change within Niagara County. The selection of Niagara County objectives within the priority areas addresses identified health disparities and promotes well-being for all residents.

Progress towards achieving CHIP objectives will be monitored on a monthly basis by various Steering Committee members. The Steering Committee will convene quarterly to discuss the progress of current interventions and to facilitate planning for future initiatives. The Steering Committee will communicate routine updates with stakeholders on progress towards these goals. Stakeholders will be encouraged to join collaborative efforts in reaching Niagara County objectives throughout the duration of the 2025-2030 CHA/CHIP/CSP cycle. Community members will receive updates on progress through annual reports posted to the NCDOH website.

Justification for Unaddressed Health Needs

Poverty emerged as a significant and ongoing concern within the community, closely connected to health outcomes and everyday lived experiences. While its influence was evident, addressing poverty directly was beyond the scope of our current efforts due to structural and practical limitations. The unmet health needs associated with poverty reflect interconnected challenges faced by individuals, families, and communities alike. Recognizing these realities highlights the importance of community-engaged, collaborative, and policy-level approaches that center lived experience and support long-term, sustainable improvements in health and well-being.

4. Partner Engagement

The Steering Committee will convene quarterly to monitor progress and guide strategic implementation. Progress toward the goals identified in the 2025-2027 CSP will be reviewed and measured using a variety of resources. Catholic Health will leverage access to data from their systemwide Epic electronic medical record systems when possible. Ongoing input from the community, CHA/CHIP/CSP partners, as well as associates will also be used to validate interventions and progress. Tracking will be accomplished via internal tools at each entity with data to be included in a jointly established, centralized dashboard for all partners to collect progress reports towards goals and objectives. Updates will be documented and available for communication to internal and external partners on a routine basis. Stakeholders will be kept informed through regular, detailed updates to ensure full transparency. By harnessing the strengths of a multi-sectoral partnership, this approach maximizes coordination and resources in support of the Prevention Agenda's priorities.

5. Sharing Findings with Community

The CHA Executive Summary will be disseminated through a comprehensive, multi-channel strategy encompassing traditional and social media, alongside strategic partnerships with key stakeholders. The Health Department and hospitals will post documents on their respective web pages as well as hard copy available upon request. The Health Department and hospitals will post documents on their respective web pages. Accessible, concise summaries employing clear language and illustrative visuals will ensure engagement across diverse audiences, thereby promoting informed action and reinforcing accountability.

E. 2025-2030 Prevention Agenda Workplan

DOMAIN	SOCIAL & COMMUNITY CONTEXT
PRIORITY	Anxiety & Stress
OBJECTIVE	Decrease the percentage of adults who experience frequent mental distress from 13.4% to 12.0%.
DISPARITIES BEING ADDRESSED (SMARTIE OBJECTIVE YES/NO)	Yes. *Decrease the percentage of adults in households with an annual income of less than $25,000 who experience frequent mental distress from 21.0% to 18.9%.*
PARTICIPATING PARTNER(S)	Catholic Health, NCDOH, NCDMH, NFMMC

INTERVENTION(S)

1. Implement and promote Mental Health First Aid course training
2. Promote resilience-building strategies for people living with chronic illness by enhancing protective factors.
3. Improve timely access to community-cased support services. We will evaluate available data and engage in targeted activities that will help improve timely access to Home and Community Based Waiver Services, Assertive Community Treatment (ACT) Community Care Organization (CCO),Health Homes (HH), Health Homes Plus (HH+), Health and Recovery Plan (HARP), Home and Community Bases Services (HCBS), Core Services (CORE), and Children and Family Treatment Support Services (CFTS) for eligible individuals and prevent/reduce unnecessary utilization of higher cost/level of services.
4. Niagara County residents across the lifespan will have expanded access to quality treatment at the time of need. Utilizing available data sources, we will monitor availability and access to inpatient and outpatient treatment and support expansion and/or new program development when need is clearly demonstrated.
5. Niagara County residents experiencing a mental health and/or substance use related crisis will have expanded access to a coordinated crisis response system and continuum of care that addresses an individual's immediate safety and needs.
6. Promote and implement models that screen people for stress, anxiety, and their social needs. Provide referrals to programs and providers to address unmet needs.
7. Promote and increase awareness of evidence-based resources to reduce negative impact of stress and trauma.
8. Promote and implement models to conduct standardized screening for needs and provide referrals to state, local, and federal benefit programs and community-based, health-related social service providers (Clearview and Pathways).
9. Educate both staff and patients about the value of utilizing the Accountable Health Communities (AHC) screening tool and related navigation services to address social issues that contribute to a low-income individual's anxiety and stress.

DOMAIN	SOCIAL & COMMUNITY CONTEXT
PRIORITY	Primary Prevention, Substance Misuse, and Overdose Prevention
OBJECTIVE	Reduce the crude rate of overdose deaths involving drugs, per 100,000 population, from 32.3 to 22.6.
DISPARITIES BEING ADDRESSED (SMARTIE OBJECTIVE YES/NO)	*Yes.* *Reduce the rate of overdose deaths for Black, non-Hispanic residents per 100,000 people from 59.2 to 35.5.*
PARTICIPATING PARTNER(S)	Catholic Health, NCDOH, NCDMH

INTERVENTION(S)

1. Provide or expand access to drug disposal bags
2. Provide or expand access to naloxone to reduce overdose fatalities
3. Provide or expand access to Food and Drug Administration (FDA)-approved medications for opioid use disorder (OUD), such as buprenorphine and methadone, to reduce overdose fatalities, while encouraging institutions and community partners to initiate treatment and ensure continuity of care. Conduct standardized screening and provider referrals to programs and providers to address unmet needs.
4. Promote and increase awareness of evidence-based resources to reduce the negative impact of stress and trauma.
5. Promote resilience-building strategies for people living with chronic illness by enhancing protective factors, such as independence, social support, self-care, and self-esteem.
6. Promote and implement models to conduct standardized screening for needs and provide referrals to state, local, and federal benefit programs and community-based, health-related social service providers (Clearview and Pathways).
7. Promote and increase awareness of evidence-based mindfulness resources to reduce the negative impact of stress and trauma.

DOMAIN	HEALTHCARE ACCESS AND QUALITY
PRIORITY	Prevention of Infant and Maternal Mortality
OBJECTIVE	Decrease in the percentage of birthing persons who experience depressive symptoms after birth from 11.9% to 9.9%.
DISPARITIES BEING ADDRESSED (SMARTIE OBJECTIVE YES/NO)	*No.* *All birthing persons will be included in the intervention work*
PARTICIPATING PARTNER(S)	Catholic Health, NCDOH, NCDMH, NFMMC

INTERVENTION(S)

1. Identify and contact new mothers for virtual health check-ins post-delivery to increase potential for direct referral to external home visiting programs.
2. Expand prevention activities across the lifespan, with an emphasis on high-risk, historically marginalized, and underserved populations, to protect, promote, and maintain the health and well-being of Niagara County residents.
3. Provide screenings to prenatal and post-partum patients using validated tools, for example: Social Care Needs: 1115 New York Health Equity Reform (NYHER) Waiver.
4. Provide referrals to programs/providers to address unmet needs.
5. Expand awareness of resources available, facilitate engagement, and actively reach out to individuals to support mental/emotional and physical needs.
6. Promote resilience-building strategies and increase awareness of evidence-based resources to reduce the negative impact of stress and trauma.
7. Assess the status of insurance coverage to support individuals through possible literacy challenges, access to social services, and to ensure there is no gap in coverage.
8. Provide Patient Health Questionnaire-9 (PHQ-9) screenings to prenatal and postpartum patients.

DOMAIN	EDUCATION ACCESS & QUALITY
PRIORITY	Health and Wellness Promoting Schools
OBJECTIVE	Decrease the percentage of chronic absenteeism (defined as missing more than 18 days (>10%) per academic year) among public school students in grades K-8 from 26.4% to 18.5%.
DISPARITIES BEING ADDRESSED (SMARTIE OBJECTIVE YES/NO)	*Yes.* *Decrease the percentage of chronic absenteeism (defined as missing more than 18 days (>10%) per academic year) among public school students in grades K-8 who are economically disadvantaged from 34.9% to 24.4%.*
PARTICIPATING PARTNER(S)	Catholic Health, NCDOH, NCDMH

INTERVENTION(S)

1. Collaborate with school districts and communities to provide education and opportunities to increase immunization rates for both required and unrequired school vaccinations for K-12 students.
2. Deliver evidence-based programming to schools to help combat the spread of anti-vaccination communication, restore parents' vaccine confidence, and improve student vaccine compliance. Promote annual wellness screens that include education and facilitate access to immunizations to support working parents and students with limited access to health care.
3. Provide age-appropriate health and wellness education that promotes healthy lifestyle choices and physical activity. Partner with community-based organizations to provide programming for family activities that include nutrition and physical activity. Lockport Memorial Hospital walking path and campus development.
4. Conduct standardized screening (student and caregiver) for unmet needs and provide referrals as appropriate. Include mental/emotional health support.
5. Partner with schools and community-based organizations to support all levels of priority. Increase awareness of programs available for students.

DOMAIN	HEALTHCARE ACCESS AND QUALITY
PRIORITY	Preventative Services for Chronic Disease Prevention and Control
OBJECTIVE	Increase the percentage of adults aged 18 years and older with hypertension who are currently taking medication to manage their high blood pressure from 77.0% to 81.7%
DISPARITIES BEING ADDRESSED (SMARTIE OBJECTIVE YES/NO)	*Yes.* *Increase the percentage of adult Medicaid members aged 18 years and older with hypertension who are currently taking medication to manage their high blood pressure from 66.9% to 75.5%.*
PARTICIPATING PARTNER(S)	NFMMC
INTERVENTION(S)	
1. Provide community-based blood pressure screenings to detect and address hypertension through utilization of the hospital's mobile health van.	

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2025

Niagara County Medical Provider Survey for Community Health Planning Report

2/18/2025

About the Survey:

The Niagara County Medical Provider Survey was developed as part of the Community Health Assessment (CHA)/ Community Health Improvement Plan (CHIP) process conducted by local health departments and hospitals. Through the CHA/CHIP process, local health is evaluated and counties then select health priority areas that drive community-wide programs and services for the upcoming six years.

Medical providers who serve Niagara County residents were contacted and asked to complete a brief, 5-minute survey. Contact methods utilized to engage with providers included:

1. Hospital administrators sending emails throughout their network of employees.
2. Utilizing "Contact us" web forms or emails for private practices when available on their website. This included successful communications to 28 routine dental care facilities, 13 routine eye care facilities, and 5 pediatric practices.
3. An alert on the New York State Health Commerce System. This included those registered in Niagara County as a dentist, pharmacist, social worker, and/or those registered as staff at a nursing home, hospital, or diagnostic and treatment center.

The survey was available from December 19, 2024 to January 24, 2025. In total, 52 responses were received.

Providers were given an opportunity for continued participation in the CHA/CHIP process and/or could provide their contact information to receive a copy of this report.

Results:

Table 1: Medical specialties of the providers who completed the survey (n=52).

	Number of People (%)
Family Medicine or Primary Care	14 (26.9%)
Emergency Medicine	7 (13.5%)
Hospitalist and/or Internal Medicine	6 (11.5%)
General Dentistry and/or Orthodontics	3 (5.8%)
Obstetrics and Gynecology	3 (5.8%)
Psychiatry, Mental and Behavioral Health and/or Addiction Treatment	3 (5.8%)
Ophthalmology	2 (3.8%)
Public Health	2 (3.8%)
Rehabilitation and/or Long Term Care	2 (3.8%)
Infection Control and/or Infectious Disease	2 (3.8%)
Surgery	2 (3.8%)
Other*	6 (11.5%)

**Other includes 1 response for each of the following: Critical care, Orthopedics, Midwifery, Neurology, Social Work (Outpatient Treatment), and Urology.*

Table 2: Primary zip code that providers practice in (n=52).

	Number of People (%)
14092	13 (25.0%)
14094	12 (23.1%)
14301	12 (23.1%)
14304	6 (11.5%)
14305	4 (7.7%)
14203	1 (1.9%)
14228	1 (1.9%)
14302	1 (1.9%)
14904	1 (1.9%)
34211*	1 (1.9%)

** Zip code located in Florida, however, physician is licensed in New York State and was not excluded from the analyses of this survey.*

Table 3: Priorities Areas selected by participating providers. *Select up to 5* (n=52).

	Number of People (%)
Mental Health (e.g. Anxiety and Stress, Depression, Suicide)	34 (65.4%)
Substance use/Misuse including primary prevention	27 (51.9%)
Poverty	17 (32.7%)
Preventative services for chronic disease prevention and control	16 (30.8%)
Access to community services and support	15 (28.9%)
Tobacco/E-cigarette use	13 (25.0%)
Access to early intervention screenings and services	13 (25.0%)
Alcohol use	11 (21.2%)
Housing stability and affordability	10 (19.2%)
A school environment that promotes health and wellness (e.g., timely immunization, healthy school meals, social emotional learning, and counseling and mentoring including avoidance of risky substances)	10 (19.2%)
Healthy eating	9 (17.3%)
Opportunities for continued education (e.g., high school completion programs, transitional and vocational programs, literacy initiatives, and reskilling and retraining programs).	9 (17.3%)
Unemployment	8 (15.4%)
Childhood behavioral health services and support.	8 (15.4%)
Opportunities for active transportation and for physical activity	7 (13.5%)
Access to and use of prenatal care	7 (13.5%)
Oral health care (e.g., routine preventative care, community water fluoridation, dental sealants, and other dental services)	7 (13.5%)

Adverse Childhood Experiences	6 (11.5%)
Nutrition security	4 (7.7%)
Childhood preventative services (e.g. immunization, hearing screening and follow-up, and lead screening)	4 (7.7%)
Injuries and Violence	3 (5.8%)
Prevention of infant and maternal mortality	2 (3.9%)

Evaluation of the top five selected priority areas by providers in zip codes aligning with Niagara County's hospitals and population centers*:

Priority Area	**Lewiston, NY** *Zip code: 14092*	**Lockport, NY** *Zip code: 14094*	**Niagara Falls, NY** *Zip code: 14301, 14302, 14303**, 14304, & 14305*
Mental Health (e.g. Anxiety and Stress, Depression, Suicide)	11 of 13 providers selected (84.6%)	6 of 12 providers selected (50.0%)	15 of 23 providers selected (65.2%)
Substance use/Misuse including primary prevention	9 of 13 providers selected (69.2%)	5 of 12 providers selected (41.7%)	11 of 23 providers selected (47.8%)
Poverty	4 of 13 providers selected (30.8%)	4 of 12 providers selected (33.3%)	6 of 23 providers selected (26.1%)
Preventative services for chronic disease prevention and control	4 of 13 providers selected (30.8%)	6 of 12 providers selected (50.0%)	6 of 23 providers selected (26.1%)
Access to community services and support	5 of 13 providers selected (38.5%)	4 of 12 providers selected (33.3%)	5 of 23 providers selected (21.7%)

**North Tonawanda, NY (Zip code: 14120) is another key population center and has DeGraff Memorial Park – Emergency Center affiliated with Kaleida Health. However, the Kaleida Health Network administrators were not asked to contact their Network employees as that location is affiliated with an Erie County hospital and Kaleida Health has no hospitals within Niagara County. Providers may have received contact through the Health Commerce alert. No responses were received from providers reporting a primary practice location in zip code 14120.*

***No responses received from zip code 14303.*

When asked, "What do you think would improve the overall health and well-being of Niagara County residents?" providers indicated a need for improvements in two main categories:

1. Access: Providers indicated a need for both increasing the number of providers within Niagara County and for reducing barriers to accessing the existing providers (e.g. improving transportation, extended business hours for primary care, specialty services or centers).
    a. An emphasis was placed on improving access to primary care, and mental health/substance use programs and services.
2. Education and Outreach: Providers suggest increasing the number of resources and education programs available to residents. Particularly those that emphasize prevention, mental health, and better health behaviors.

Other shared themes across provider responses related to improving social support, economic stability, housing and transportation, and collaboration and cooperation across different Niagara County agencies.

2025

Niagara County Community Conversations for Community Health Planning Report

7/30/2025

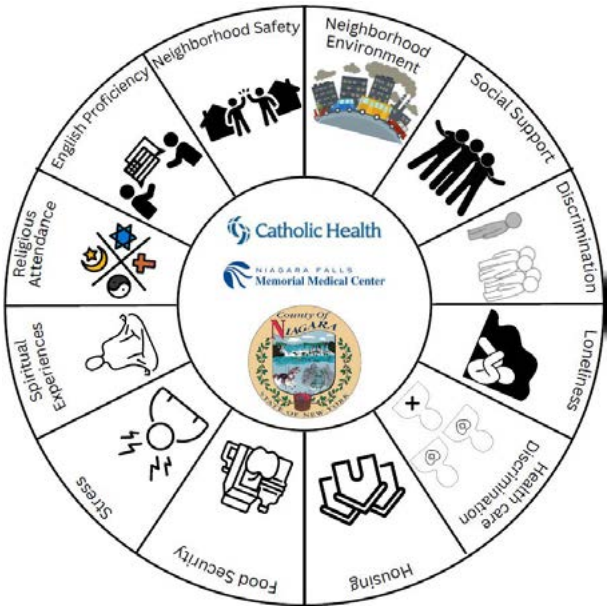
About the Community Conversations:

The Niagara County Community Health Improvement Plan Steering Committee developed and executed a series of community conversations as part of the Community Health Assessment (CHA)/ Community Health Improvement Plan (CHIP) process conducted by local health departments and hospitals. Through the CHA/CHIP process, local health is evaluated and counties then select health priority areas that drive community-wide programs and services for the upcoming six years. Community conversations took several formats depending on participation and included large formal focus groups, smaller group conversations which were shorter than a full focus group session, and 1:1 conversations with a committee member.

Niagara County residents were encouraged to participate in these community conversations at local hospitals, libraries, churches, neighborhood health centers, and other scheduled health education events. Only in-person conversations were available (no virtual option). Conversations were scheduled across Niagara County as seen in Figure 1 below. Regardless of venue or format (based on attendance), Steering Committee members would facilitate conversations with the same 5 questions:

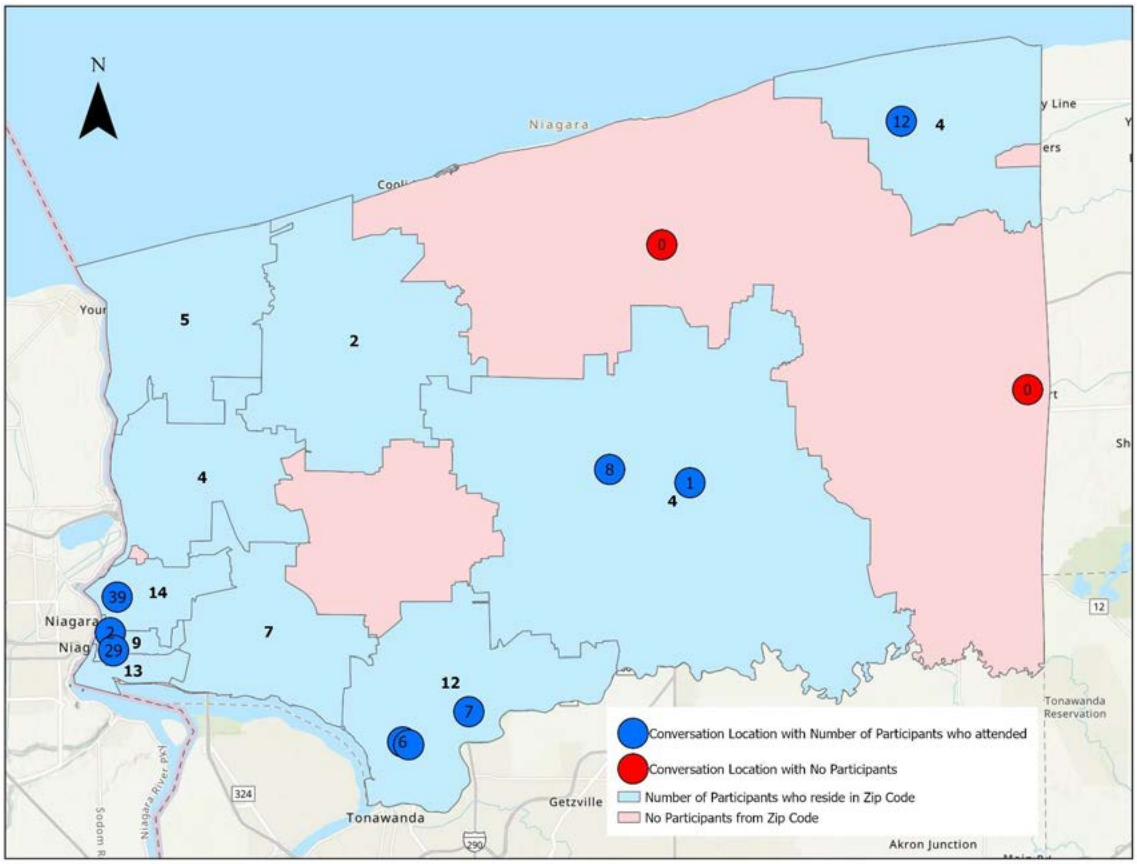
1. What does a healthy community mean to you?
2. What do you think are the most important needs in the community?
3. What are some suggestions you have to improve the health of the community?
4. What services or programs would you like to see in your community?
5. Would you like to share any other information?

In addition to these prompts, participants received access to a social determinants of health graphic to encourage brainstorming and more robust conversation. In some of the one-on-one conversations participants relied solely on this and did not elaborate beyond these categories.



Conversations were held available from January 23, 2025 through May 4, 2025. In total, 105 responses were received. Of which 74 were Niagara County residents, 6 resided elsewhere but worked in Niagara County, and 25 had an unknown zip code of residence.

Figure 1: Locations of community conversations in Niagara County compared to zip code of residence for those who did participate and reside within Niagara County.



Results:

Table 1: Demographics of Community Conversation Participants (N=105)

Characteristic	Number of People (%)
Gender	
Male	24 (22.3)
Female	60 (57.1)
Transgender	0 (0.0)
Genderqueer, gender non-binary, or gender fluid	0 (0.0)
A gender not listed here	0 (0.0)
Unknown	21 (20.0)
Age Range, years	
0-9	0 (0.0)
10-19	4 (3.8)
20-29	5 (4.8)
30-39	11 (10.5)
40-49	6 (5.7)
50-59	16 (15.2)
60-69	19 (18.1)
70-79	12 (11.4)
80+ years	6 (5.7)
Unknown	26 (24.8)
Race/Ethnicity	
White alone	64 (61.0)
Black or African American alone	14 (13.3)
Asian alone	0 (0.0)
American Indian or Alaska Native alone	0 (0.0)
Middle Eastern or North African alone	0 (0.0)
Native Hawaiian or Pacific Islander alone	0 (0.0)
Two or More Races	3 (2.9)
Hispanic or Latino	4 (3.8)
I prefer not to answer	0 (0.0)
Unknown	21 (20.0)
Education Level *Participants could select more than one category if relevant	
Less than a high school diploma	10 (9.5)
Graduated high school or received GED	22 (21.0)
Technical or trade school	2 (1.9)
Some college but did not earn a degree	14 (13.3)
Associate's degree	9 (8.6)
Bachelor's degree	11 (10.5)
Graduate degree	12 (11.4)
Unknown	26 (24.8)

NOTE: Facilitators were asked to take notes of central themes and quotes during these community conversations. Many notes directly answer the question, however, some themes indicate items that need to be addressed to improve Niagara County. An example of this is in the responses for Question 1. "Discrimination" was named in the notes/themes for question 1, however, the context from facilitators is that participants said we need to address discrimination in the community. They are not implying that discrimination is part of a healthy community. Facilitator notes were documented as-is.

When asked, "What does a healthy community mean to you?" participants named access to affordable care, food security, safe housing and neighborhoods, and social support/sense of community and respect as key themes. All responses can be seen below in Table 2.

Table 2: Question 1 themes noted by the facilitator and number of people who were present for the conversation when mentioned. *Each conversation/participant could contribute more than one item (row). Duplicate responses indicate the answer was repeated at different conversations.*

Number of People	Theme/Note
1	A community where diabetes and hypertension are well controlled
1	A community with optimum mental health, especially with opportunities for counseling
1	A community without pandemic diseases
1	A place where all the healthcare needs of my family, friends and neighbors are being met.
2	Access for all ages
2	access to care
7	Access to care
1	Access to care and affordable medication
1	Access to health care and affordable medication
1	Access to health needs and education on health
8	Access to Healthcare (Urgent Care)
1	Better food products
7	Better parking at NFMMC
8	Centers
2	clean environment
1	coming together and helping people in need
1	Coming together as one
1	Communication
29	Comprehensive, thorough, and affordable care
1	Discrimination
1	Discrimination & health care discrimination
1	Drink water
29	drug free community
1	elderly are cared for and do not need to rely on facilities for care
12	EMS Response Time
2	Equality
1	everyone is happy and healthy
1	Exercise
1	Food
1	food security
1	Food security
1	Food, clothing, shelter
1	Food, housing, healthcare, and money

1	Friendship & help
8	Fruits and vegetables
1	Good doctors that take their time listing to patients so that patients actually want to go see the doctor
1	Good hygiene
1	good mental health
2	Grocery store
1	have everyone feel heard and seen in the community
1	Having access to healthcare, educational hobs ,housing, food, etc.
1	Health
1	healthcare
1	healthy environment
1	Housing
1	Housing
1	improved parenting (take responsibility)
1	Interaction and community events
1	Kids playing more
1	Kids programming and places
7	Lack of middle class representation with subsidized housing
7	Lack of stress
2	less stressful
1	Lower stress; A healthy community is stress-free
12	Medical Education
2	more community based
1	more education and fewer drop outs
2	more personalized services
12	More physicians or specialists locally
1	Need to feel secure once all needs are met
1	neighborhood safety
1	neighborhood safety
1	Neighborhood safety
1	neighborhood safety or environment
1	No crime
1	no drugs or alcohol
8	Participating in things
1	People coming together
1	positive wellness - doing more than just going to the doctor when something is wrong
7	Reasonable rent
2	recreation for kids
2	recreation for seniors
1	Religion is important
1	religious attendance
2	respect
1	respect for others, kindness
1	Safe
1	Safe environment
1	Safe Housing
2	Safety
1	safety
1	Safety
1	Safety and Clean environment
1	Safety and environment
1	social support
1	social support
1	Social support
1	Social support
1	Social support
1	social support would cover so many needs
7	Socialization/Social Support
8	Supporting others in healthy habits
29	Taking care of your patients or who lives within the community
8	Things that are free such as walking community
2	Transportation
7	Transportation

6	where people care about neighbors and take care of their own health

Question 2: When asked, "What do you think are the most important needs in the community?" participants named improvements to the built environment (road and housing quality), better food options, transportation access, more communication, outreach, and programming from agencies, and ways to increase social support. All responses can be seen below in Table 3.

Table 3: Question 2 themes noted by the facilitator and number of people who were present for the conversation when mentioned*. Each conversation/participant could contribute more than one item (row). Duplicate responses indicate the answer was repeated at different conversations.*

Number of People	Theme/Note
1	Access to care and affordable medication
8	access to Mental Health Care
1	Addiction
2	Adult activities (not bars)
1	Adult programming for veterans and those with special needs
1	affordable childcare so that parents can get education and work
1	Affordable food and basic needs
1	Affordable healthcare
1	affordable housing and help with utilities
7	Affordable transportation
8	Awareness of services that are available
1	Better housing
1	Better roads- wear and tear on vehicles imposes costs on people and limits ability to afford other things
1	better transportation
1	checking in on someone and seeking if they need anything in desperate times
1	Clean environment and well-kept houses
29	clean water
8	Communication
1	Communication
2	Communication and consistency between organizations that residents receive services from
1	Communication from government
1	Daycare
29	dental clinics
1	Discrimination
1	Discrimination
1	Discrimination
1	Discrimination must be addressed
6	education starting younger
7	Educational outreach from Office of the Aging
1	Elimination of pollutants
1	English Proficiency
1	Environment
1	Environment
8	Everyone needs to know that the NCDOH provides
29	eye clinics
1	Financial needs are huge
7	Food
1	Food and essentials (like utilities), people have problems paying their bills
1	Food security

1	Food, clothing, shelter
1	good food
1	groceries available for those who cannot afford them (regulate free pantries)
1	Guidance to help people get help. Time efficient processes and help from nicer employees
1	Health information
1	healthcare
7	Healthcare meeting the community where they are at
1	healthy community
1	Healthy environment
1	Healthy food
1	healthy people
1	healthy water sources
1	Help assistance
1	Housing
1	Housing
1	Housing
1	Housing "slumlords"
1	Housing and food
1	Housing is the biggest issue. Shelters
1	Housing. People struggle with safe places to stay and then that trickles downhill to affect other things
29	increase in health insurance access
8	Information to children on caring for older adults
8	Information to Local churches/faith based communities
1	involvement between community members
29	jobs
1	Jobs
1	Jobs for youth
1	jobs to afford food
2	kindness, working together
1	Love
1	Making communities safer
1	Mental health
1	Mental health and rehab programs
12	Mobile mammography in rural areas
1	money and shopping opportunities
1	More community events
1	more information available to the public - not just pamphlets
1	More jobs and better health insurance
12	More needs for elderly
1	Neighborhood Environment and safety
1	Neighborhood safety
1	Neighborhood watch
1	Night Gyms
1	no drugs
8	Outreach and presentations
1	Peer-to-Peer support
8	Person to person
2	Pharmacies/Corner stores close by
29	prayer groups
1	Primary care
8	Primary care (access) ratio of physician to patient
1	Proper housing. It's difficult to find a good place to live. There are lot of slumlords in the city who don't even live here (just collect a check).
1	proper instruction and management of medication
29	providers discussing SDOH barriers
1	Recreation for kids
2	Reducing discrimination based on poverty status
1	Religious attendance
1	Religious attendance
1	Safety
1	Safety
1	Safety
1	Safety

1	schools
1	shelter and food
1	Sleep
7	SNAP qualifications/benefits for elders
1	Social support
1	Social support
1	Social support
1	Social support
1	Social support
7	Staying active
1	Stress
1	supportive programs and childcare options
29	the need to feed the community
2	Transportation
29	Transportation
6	transportation
29	VA drug counseling
8	Where to reach people that are not online (communicate)

When asked, “What are some suggestions you have to improve the health of the community?” participants named access to affordable care, food security, safe housing and neighborhoods, and social support/sense of community and respect as key themes. All responses can be seen below in Table 4.

Table 4: Question 3 themes noted by the facilitator and number of people who were present for the conversation when mentioned. *Each conversation/participant could contribute more than one item (row). Duplicate responses indicate the answer was repeated at different conversations.*

Number of People	Theme/Note
1	"start with me" mindset. Help people find the motivation to care for themselves
2	Acceptance
2	access to affordable education
1	access to clean water
2	Affordable continued education
1	Affordable medication
1	Being there. For supporting the needs of people who need it most
1	better communication between healthcare professionals and patients
29	better elderly care
1	Better environment. "Niagara Falls is all run down businesses and housing which is discouraging"
1	Better jobs and housing. Better rent conditions
1	Better transportation
1	Clean infrastructure- prosperity makes better health possible
1	Clean up junk around Niagara Falls so it looks better
1	Code enforcement. People don’t take care of the environment
2	communication
1	Communication
1	Communication with others
1	community events, boys and girls club, schools
1	Compliance with appointments
1	Cooking and computer classes, drill teams

8	Crisis Services have a better name because people don't consider their situation a crisis (have the # on a card for wallet or magnet for refrigerator)
1	Donations, funding
1	Eat better, less alcohol, less drug use
6	education
1	Education
1	Education about medical compliance
1	Education on building healthy habits
12	Education on providing emergency care until help arrives
7	Educational outreach from Office of the Aging
8	Email listserves
1	Events for residents to create a sense of community; church involvement
1	Free healthcare would be ideal
1	Funding for City of Niagara Falls
1	Get to know people and their habits. You cannot change people.
1	Health literacy
29	help God help them
1	help seniors with grocery delivery
29	help the homeless
1	home services
29	housing assistance
1	improve doctor-patient relationship
1	Improve snow services
1	improved quality of shelter for homeless persons
1	Loneliness support and Social support
1	Malls for employment. Need to create more jobs
1	Mental health and addiction. More outlets/programs
8	Monthly tip - email signature
1	more "ambassadors" in the community to help people find resources
1	More access to low cost food and housing
2	more clear information. Not everyone receives info the same way (age, literacy level, digital vs print)
7	More community involvement and events
12	More doctors in the county
1	more healthcare resources
1	more informational flyers
1	more involvement by mayor and volunteers. People need help figuring things out.
29	More PCP advertising
29	more people that care
1	More plans to get individuals job training and learn skills/tools. Promote getting jobs
1	most elders lack support
1	no drugs/substance abuse education
1	Not enough support groups like neighborhood watch, clean up, or healthy ways to get together
1	offer education to familiy members of elders
1	offer health education
2	Open mindedness
1	opportunities for children
1	People need to think positive about life and other people. Respect
1	Pharmacies are closing down
1	Prayer & People helping others
1	Preparing kids for jobs
1	Programs for those in need
29	recovery groups
1	Recycling more
1	Rehabilitate the abandoned buildings
1	Religious guidance and support.
8	Routine mailer of all the services that are offered
1	set up meet and greets to get to know neighbors (e.g. block parties)
1	Shelter for homeless.
1	social support
1	start health education while young beyond sex education, smoking and drugs
29	stop treating us as unequal
1	Sub specialty services
2	support for middle income families

1	tabling and public screening events are essential andcould also engage potential healthcare students
1	transportation
7	Weekend specific events
1	Youth support programs

When asked, “What services or programs would you like to see in your community?” participants noted a need for more support services and support groups for specialized populations (e.g. youth, senior citizens, people experiencing homelessness), more food pantries/soup kitchens, more mental health resources, and more community events and outreach/education as key themes. All responses can be seen below in Table 5.

Table 5: Question 4 themes noted by the facilitator and number of people who were present for the conversation when mentioned. *Each conversation/participant could contribute more than one item (row). Duplicate responses indicate the answer was repeated at different conversations.*

Number of People	Theme/Note
2	access to and increased awareness of local resources
7	Access to indoor pools
1	accessibility for those with disabilities, and/or anxiety
1	Adult education programs
1	Advertise services more so people know they exist
8	Anything that increases physical activity
1	Anything to empower youth to get involved in AI tech jobs
1	Beautification of neighborhoods (more trees and plants)
1	Better government, less corruption
12	better support for those entering volunteer EMS/fire agencies
2	brochure messaging in community centers
1	centers for kids (hands on projects)
1	children programs/recreation
1	Children afterschool programs
1	Code enforcement
1	community centers & events
1	Community Events
8	Community gardens (and include schools)
29	Dental and eye clinics
1	Diet; access to food that’s actually healthy
8	Event signs for evidence based programs
8	Exercise stations (i.e along the canal)
8	Field trips for kids in metro environments
1	Food banks
2	free clothing
1	free vegetables available to communities
1	Grant programs. Need startup funding for healthcare program initiatives
1	Grants to rebuild abandoned properties. "Work against slumlords"
1	Head start and afterschool programs
2	health information and fairs
12	Help get people certified in EMS/Fire agencies (its time consuming and burdensome on household)
1	Helping elders

1	housing for homeless
1	Job fairs, training, certifications for jobs
1	Lab draw locations are too far away from MSM NHC
1	Lack of outreach programs in Niagara County compared to Erie county especially for low income residents.
8	Lockport has YMCA but Niagara Falls does not
1	Lower crime
1	Maintain streets and alleys
1	major festivals within the city proper of Niagara Falls to build city pride and create a healthier community
7	Medicare or insurance education
1	mental health addressed by respected community members that people identify with
1	mental health especially in communities of poverty where mental health is stigmatized
6	more awareness/letting people know what exists
1	More block parties
1	More education programs for kids
1	More entities like Heart, Love, and Soul
29	more focus groups
1	More food pantries
1	more help with childcare
1	More mental health programs, goal setting and coaching support. "Have to have a healthy mind to be able to take care of your mind and body"
29	more nonprofits helping the community
1	More places for people to gather, reconnect and socialize
1	More prayer
1	More resources in other areas
1	more services for the truly needy (housing, food, clothing)
1	More shelters
1	More soup kitchens or places like Heart, Love and Soul
8	More trail walks
1	Nutritional support
1	Online options or day care options so people can have access to services
2	outreach to smaller communities (and transportation too)
8	Parents need to encourage children to exercise
8	Paving/fixing the roads
8	People in poverty do not go to the doctor
2	Places to host social support groups
8	Public Schools on board with the Hidden Disabilities Sunflower Program
29	respect from physicians
8	RV at music festivals (i.e. Art park) or RV as a billboard/public health education tool
1	safe community engagement
1	safe havens for people (homeless or not)
29	SDOH transportation
1	Security
1	Senior Citizen programs/facilities
1	Social support for men, single parents or low income
7	Students coming to visit
7	Support groups
6	support groups
1	Support groups for loneliness
2	Teen activities
1	Teen sports and Affordable programs outside of schools for kids.
1	Transportation
1	virtual options for those to participate
1	Work opportunities for all ages
1	Work with the youth
1	YMCA clubs & Boys/Girls Club
1	Youth mental health programs or support groups

When asked, “Would you like to share any other information?” participants had an opportunity to elaborate on items discussed previously or could add new ideas that not come up in conversation with previous questions. All responses can be seen below in Table 6.

Table 6: Question 5 themes noted by the facilitator and number of people who were present for the conversation when mentioned. *Each conversation/participant could contribute more than one item (row). Duplicate responses indicate the answer was repeated at different conversations.*

Number of People	Theme/Note
1	Advocacy
12	AED at Churches
1	children interacting with older tutoring services
1	Children need support through school programming and summer camps . BOCES opportunities are eneded at younger ages
1	City is not helping the welfare of the community
1	Community centers supporting youth to do homework and have tutors
1	connection to resources, elderly, food/nutrition
2	directory of services
1	focus on the elderly and their care
2	food services
1	Funding is a big issue
1	Gun violence is a major issue
1	healthcare messaging must come from respected community leaders that come from the same community you are trying to reach
1	Honesty is important
1	Housing is expensive
1	Housing needs yearly inspections and have poor leadership. Landlords should face penalties for not fixing repairs.
2	Improve 211 or communication about services
12	Information on getting resources into community locations (help organizations take advantage of resources)
1	Liveable wages, jobs, or more businesses with opportunities
6	more care and funding for older adults
1	More food stamps
29	more interactions with the community
1	more localized care for those without transportation
1	more motivation, not just handouts. Help your own family first
1	more pet programs. People struggle and cant take care of their pets
2	More wheel chair transportation
1	Must build this community up to support the needs of families in the future
1	People in the world just need to love each other.
2	private services for wheel chair transportation
1	SSI increase to match current economy
1	Therapy, OT/PT, Speech. Usually have to drive to Erie county to access
29	There are many good programs, we just need more, lots of people are struggling
6	use service coordinators
8	Vaccine hesitaancy with current federal administration
1	With so many farms in the region, why is there not a serious farmers market in Niagara falls?

Community Health Needs Assessment
Stakeholder Meeting

2025-2027

NIAGARA FALLS Memorial Medical Center

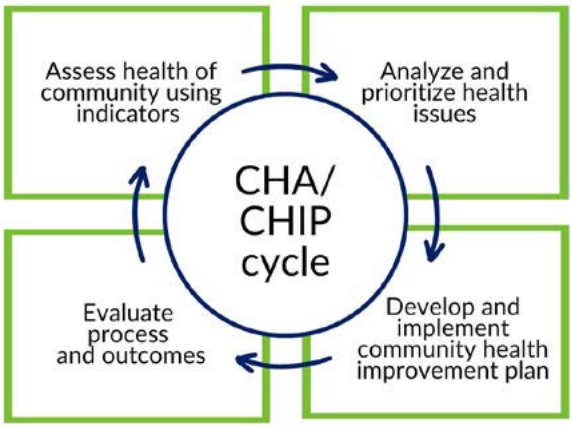
Catholic Health

Elements of the Community Health Needs Assessment (CHNA)

- A **Community Health Assessment (CHA)** is a collaborative, data-driven process that assess the current health status and needs of the county to identify priority issues as guided by the New York State Prevention Agenda.
    - Engages local community members, providers and stakeholders to ensure local voices shape the priority selection
- The **CHA** lays the foundation for the Community Health Improvement Plan **(CHIP)** and Community Service Plan **(CSP)**
    - The **CHIP** is a strategic plan developed by local health departments and partners that addresses three NYS Prevention Agenda priority areas through measurable goals and action steps to improve health outcomes, reduce disparities, and promote equity within the community, with a strong emphasis on continuous monitoring and evaluation to track progress and guide adjustments.
    - The **CSP** is a reporting requirement for nonprofit hospitals in NYS that align hospital strategies with the CHA and CHIP, demonstrating a commitment to community health and equity while fulfilling state and IRS requirements.

Appendix C:
Community Health Needs Assessment Stakeholder Meeting: SWOT Summary
Continued

Elements of the Community Health Needs Assessment (CHNA)



Importance of Stakeholders

Stakeholder involvement is crucial for building a more inclusive and equitable environment. Your input is valuable to shaping the CHA/CHIP/CSP for a few of the following reasons:

- **Representation**- stakeholders represent the populations most impacted by health disparities. Lived experiences offer context and clarity to the issues our community faces.
- **Insight**- your input helps us identify existing strengths and unmet needs in the community.
- **Partnership**- fostering cross-sector collaboration can help align efforts and improve healthcare, housing, education, social services, etc. in the community.
- **Transparency**- stakeholders help keep the assessment and improvement efforts grounded in true community need.



Appendix C:
Community Health Needs Assessment Stakeholder Meeting: SWOT Summary
Continued

2025-2030 Prevention Agenda Framework
Five Domains Representing Key Social Determinants of Health

Domain	Priorities
Economic Stability	**Economic Wellbeing** ❑ Poverty ❑ Unemployment ❑ Nutrition Security ❑ Housing Stability and Affordability
Social and Community Context	**Mental Wellbeing and Substance Use** ❑ Anxiety and Stress ❑ Suicide ❑ Depression ❑ Drug Misuse and Overdose Including Primary Prevention ❑ Tobacco/ E-cigarette Use ❑ Alcohol Use ❑ Adverse Childhood Experiences ❑ Healthy Eating
Neighborhood and Built Environment	**Safe and Healthy Communities** ❑ Opportunities For Active Transportation and Physical Activity ❑ Access to Community Services and Support ❑ Injuries and Violence
Health Care Access and Quality	**Health Insurance Coverage and Access to Care** ❑ Access to and Use of Prenatal Care ❑ Prevention of Infant and Maternal Mortality ❑ Preventive Services for Chronic Disease Prevention and Control ❑ Oral Health Care (e.g., routine preventive care, community water fluoridation, dental sealants, and access to dental services for Medicaid covered population) **Healthy Children** ❑ Preventive Services (e.g.; immunization, hearing screening and follow up, and lead screening) ❑ Early Intervention ❑ Childhood Behavioral Health
Education Access and Quality	**PreK-12 Student Success And Educational Attainment** ❑ Health and Wellness Promoting Schools (e.g.; timely immunization, healthy school meals, social emotional learning, and counselling and mentoring including avoidance risky substances) ❑ Opportunities for Continued Education (e.g.; high school completion programs, transitional and vocational programs, literacy initiatives, and reskilling and retraining programs)

Community Feedback on Health

2023 Community Engagement Survey:

- Surveyed 1,150 residents (38.1% represented those with a disability/access or functional need)

Results:

- Additional Needs for those with Disability/AFN
- Health Literacy
- Emergency Preparedness planning and knowledge





Baby Bundle Project:

- Ongoing; To-date: 126 bags have been distributed to families with a total of 287 kids.

Results:

- Developmental Screening
- Vaccine Hesitancy
- General Child Health



Community Feedback on Health

2025 Focus Group and 1:1 Discussions (102 Participants to date)

Key Themes/Takeaways:

1. A "Healthy Community" requires respect and an environment where everyone can support one another. Individuals should have access to quality care, be able to manage their own care, and have limited stress when it comes to necessities (e.g. housing, access to food, childcare, and transportation). There should be local opportunities for physical recreation, education, and engagement.

Many of the groups recommended:

- Increasing awareness of programs that already exist
- Increasing community outreach and education on health-related topics including insurance
- Increasing opportunities for social support (e.g. support groups, free activities, assistance for older adults) and more programming for both youth for older adults.
- Programs to support mental health and prevent substance misuse
- Better transportation
- Improving food security and housing affordability

Top Priority Areas

Health Care Providers Serving Niagara County Residents (N=52)	Number of People (%)
Mental Health (e.g. Anxiety and Stress, Depression, Suicide)	34 (65.4%)
Substance use/Misuse including primary prevention	27 (51.9%)
Poverty	17 (32.7%)
Preventative services for chronic disease prevention and control	16 (30.8%)
Access to community services and support	15 (28.9%)
Tobacco/E-cigarette use	13 (25.0%)

Stakeholders (N=83)	Number of People (%)
Mental Health (e.g. Anxiety and Stress, Depression, Suicide)	62 (74.7%)
Housing stability and affordability	42 (50.6%)
Substance use/Misuse including primary prevention	35 (42.2%)
Poverty	32 (38.6%)
Child behavioral health services and support	25 (30.1%)
Access to community services and support	23 (27.7%)

Top Priority Areas To Review:

1. Mental Health (e.g. Anxiety & Stress, Depression, Suicide)
2. Substance use/Misuse including Primary Prevention
3. Poverty
4. Childhood Behavioral Health Services and Support
5. Access to Community Services and Support

Group Activity:

- Table Discussion:
  - SWOT Analysis into each of the 5 Priority Areas.
  - Brainstorm and write down ideas on the large sheets of paper
  - Then pick 1 main idea/theme for each section and write on half sheet.



90 Minutes to Brainstorm
(~18 minutes per Priority Area)

Appendix C:
Community Health Needs Assessment Stakeholder Meeting: SWOT Summary
Continued

Strengths	Weaknesses	Opportunities	Threats
What works well in Niagara County in addressing this priority area? What programs already exist or are successful? Where is there successful collaboration between agencies?	What gaps in services or education exist? Who in the community is not being reached? Where is there a lack of collaboration between agencies?	What programs can be expanded or created? How can we better inform residents of existing services? How can we improve county-wide collaboration? Think about different actions we can take in: • County Government • A Hospital System • Community Based Organization How can you as a stakeholder assist in advancing this effort?	What barriers exist when addressing this priority area? Are residents willing and able to make improvements in this area? Are the community-wide systems prepared to adjust to improvements?

Priority Area #1: Mental Health (e.g. Anxiety & Stress, Depression, Suicide)

Strengths	Weaknesses	Opportunities	Threats
1. 3- digit resources (e.g. 988) 2. Services are well used 3. Available services 4. A lot of agencies 5. Niagara Schools have satellites locations for agencies 6. Basic Infrastructure 7. Task forces, Collaboration, Increased access to appts 8. Many available services 9. Crisis services hotline 10. Service agencies	1. Awareness of resources 2. insurance/wait times to care 3. Limited reach to those that need help 4. Still areas where people cannot reach 5. Lack of access to providers, transportation, insurance 6. Lack of providers or transportation 7. Lack of providers and rural access 8. Delay to 1st appt; staffing and regulation requirements 9. Not enough resources 10. Staffing	1. collaboration - multi-system 2. Increasing other modes of care (telehealth or mobile counseling) 3. Outreach and messaging 4. More immediate crisis response 5. Convene agencies to increase communication 6. Improve crisis services and collaboration with schools or providers 7. Education info to recruit local professionals 8. Expand current services + opportunities + agencies 9. Expansion of youth services 10. Tuition assistance	1. Funding 2. Stigma 3. Lack of support from community or family 4. Need for fast response 5. Sustainability (staff turnover and funding) 6. Lack of services for those at “moderate risk” - need to meet criteria 7. Funding 8. Funding (or lack thereof) 9. Funding 10. Employment competition

Appendix C:
Community Health Needs Assessment Stakeholder Meeting: SWOT Summary
Continued

Priority Area #2: Substance use/Misuse including Primary Prevention

Strengths	Weaknesses	Opportunities	Threats
1. Collaboration including taskforce outreach HIDTA 2. Vending machines; Collaboration to reach all ages and parts of county 3. Interventions and awareness 4. Self help groups 5. Availability of narcan and information 6. Drug prevention programs; MAT services 7. Increase community awareness of programs and available tools 8. Peer support 9. Narcan distribution and training 10.	1. Timely communication 2. Stigma & Invincible when using 3. Public view that abuse is a choice 4. People dont know how to communicate w/ users based on personal experience 5. Way that data is captured and shared 6. Lack of services for "alcohol" 7. Lack of adolescent awareness 8. Regulatory 9. Lack of resources 10.	1. Educational opportunities 2. Increase training, awareness. Availability at young age 3. Having a trusted messenger 4. Support/effective intervention like coaching for decision making, peer support, Harm reduc 5. Align population appropriate services 6. Better education and one stop shop 7. Expand CBO collabsw; decrease stigma for community response 8. Professional development & expansion of programs 9. Allowing co-occurring treatment	1. Bureaucracy 2. Social media glamorizes SU (increasing feelings of invincibility) 3. death 4. Parents buying substances for children to prevent street buying 5. Federal funding cuts 6. Insurance companies; Stigma 7. Silo of services; funding; "what piece of the puzzle" HUD, OASAS, DOH etc regulatory 8. Insurance limits 9. Funding 10.

Priority Area #3: Poverty

Strengths	Weaknesses	Opportunities	Threats
1. Community resource 2. There are services and resources working hard (waiver) 3. Providing resources for school 4. Resources exist 5. Community resources and resilience 6. Double up for bucks program; food pantries 7. CBO collab; medicaid waiver; veteran resources in NYS/WNY 8. Housing support/shelters 9. School lunch program 10. Referrals to resources	1. Lack of living wage & employment in county 2. Awareness of available services and use of transportation 3. Lack of housing opportunity that's affordable 4. Resources are limited 5. Lack of education and low literacy 6. Rural cost of child care; economic development 7. Lack of SDOH resources 8. Increased costs for daily life and food, clothing shelter 9. Safe affordable housing 10. Increasing needs	1. Streamlined referrals and applications 2. Education needs to enforce attendance to achieve better grad rates; transportation increased 3. Restructure support programs 4. Family resource center that have access to people 5. Regular convening of agencies 6. Utilize niagara connect more 7. Recognize vast differences across county 8. Increase trade/technical training (perhaps combine GED and trade) 9. More services to more people 10. Case management	1. Economic climate 2. Generational issues with education 3. Cities that do not want development 4. But dont talk together 5. Cuts in funding and closures 6. Lack of job opportunities in rural areas; lack of long term solutions; cost of rent; generational poverty 7. Funding is not keeping up with inflation (and is going away) 8. No safety net 9. Funding 10. Competing priorities

Appendix C:
Community Health Needs Assessment Stakeholder Meeting: SWOT Summary
Continued

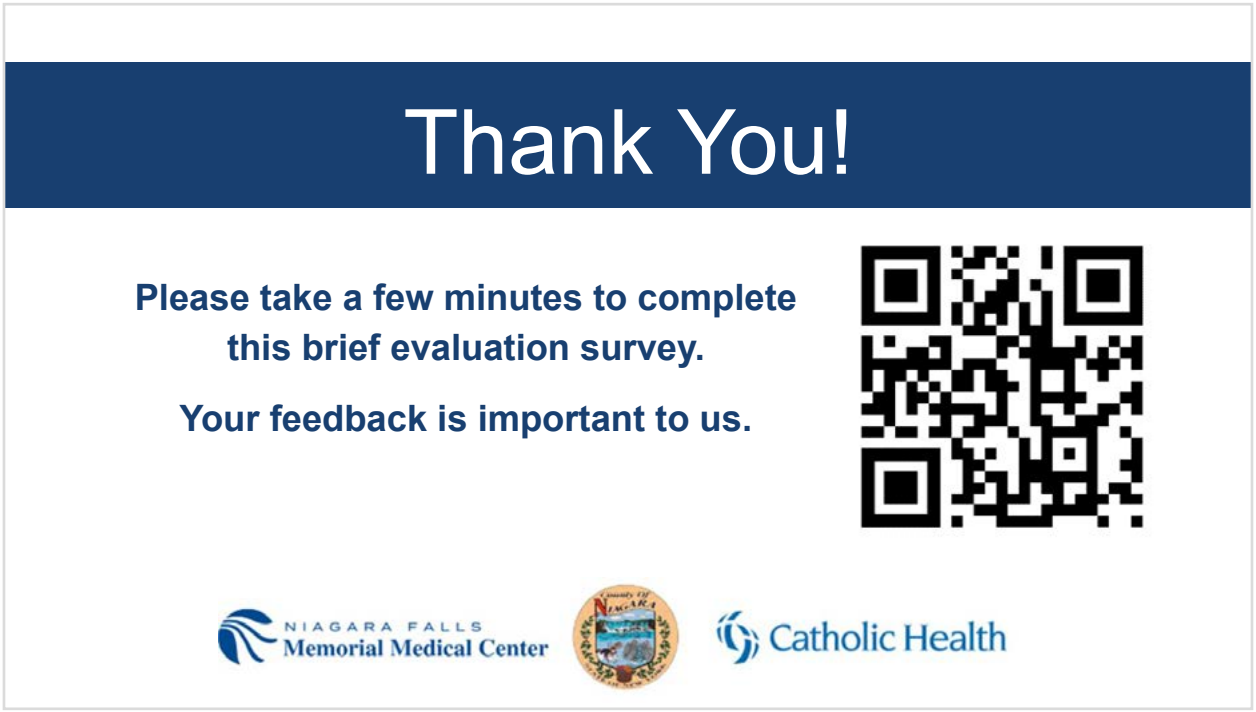
Priority Area #4: Childhood Behavioral Health Services and Support

Strengths	Weaknesses	Opportunities	Threats
1. Existing coalitions and workgroups 2. Supports that are already in place (EI, rec depts, YMCA) 3. We know about it! 4. Programs are being developed (EPIC, parent network) 5. School supports 6. EI evaluations; books blocks and balls 7. State and county funding increased; resources for parents to learn and access 8. Comprehensive system in place 9. There is more social workers in schools 10. Outpatient services	1.Lack of providers and services for prevention 2. Lack of funding for appropriate workforce to support 3. Lack of services and support 4. Complex family structure 5. Lack of age appropriate services 6. Waitlist; lack of providers; must meet "criteria" 7. Complexity of scope and spectrum of acceptance of situation overdiagnosis to denial 8. No inpatient in NC/ lack of dedicated providers; funding 9. Lack of resources especially in rural areas 10. Student dropout	1. Increased awareness of resources 2. Connecting providers w/ agencies to support and make recommendations 3. More parent advocates 4. More family education, UPK, headstart, UPS 5. Youth services especially walk in and confidential 6. More partnerships w/ Best Self or New Directions 7. Share community data; access to developmental screenings for parents 8. Increase in services/programs/opportunities 9. Parenting programs that align with their availability 10. Health homes	1. Political climate 2. Insurance/ funding issues create gaps causing more reactive care than proactive; self diagnosing from social media info 3. Distrust & legal ramification 4. Response system-reliant on law enforcement w/foce, need skills building 5. Diverse geography 6. Geographic limitations; school services are overwhelmed 7. Timely response to culture shifts; social media and digital devices 8. Services depend on parental permission; funding 9. Lack of trained professionals 10. Time off for child care

Priority Area #5: Access to Community Services and Support

Strengths	Weaknesses	Opportunities	Threats
1. Community resources 2. Resource guides and programs are collaborating 3.Service are available! 4. Community services and transportation 5. 6. 211; resource guides; telehealth 7. Program collaboration; increased EMS services 8. Comprehensive array of services and opportunities 9. NC partnerships 10. Available services	1. Lack of collaboration between partners/resources 2. Not having current information on guides 3. People dont know its out there 4. Reporting concerns, deserts, waste, PAL challenges 5. 6. Lack of transportation and childcare 7. Rural population; transportation 8. Not enough support for triage of multiple needs; transportation 9. Awareness of existing programs 10. Overload of EMS	1. Increase awareness 2. Network for gaps to be closed → all coalitions are working as one 3. Centralize resources refers better communication 4. Bus route shadowing partnering when new user 5. 6. Social media and billboards 7. Improve virtual opportunities 8. Generic care coordination (not issue specific) 9. Promotion of available services 10. Partnership building	1. Agency competition for funds, audience, staff, etc 2. Difficulty navigating community/resources lead to gaps in care 3. territory 4. Lack of continual funding 5. 6. Siloing, financial, health insurance, lack of funding 7. Growing elderly population; decreased human interaction (more digital) 8. Insurance coverage for adequate care coordination 9. Funding and staff 10. Coordination between services

Appendix C:
Community Health Needs Assessment Stakeholder Meeting: SWOT Summary
Continued



Niagara County Department of Health

2023 Community Engagement Survey Report

December 2023

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About the Report

The Niagara County Department of Health (NCDOH) Emergency Preparedness Division, in partnership with the Niagara County Core Advisory Group (CAG) (for Disabilities and Access and Functional Needs (AFN)), administered a comprehensive survey from June 1 – October 6, 2023. The survey data outlined below will be utilized to better tailor our programming and educational resources to the residents in Niagara County, with a focus on being inclusive of those with disabilities and/or access and functional needs (AFNs).

Survey Distribution

This survey was made available online through a Google Form survey as well as through paper copies (Appendix A) administered by NCDOH staff at community health fairs, public gatherings (fairs, festivals, farmers markets, etc.), food pantries and soup kitchens, libraries, and many other venues. A detailed list of events at which the paper survey was distributed is located in Appendix B. The paper survey was printed in regular font (Arial 12) and large print (Arial 18 and 1.5 to 2.0 spacing).

An overview of the survey and links were also featured on the Niagara County Department of Health website and posted frequently on Facebook and Instagram. Examples of the text and images used are included as Appendix C.

Survey links/documents were also shared with CAG members (Appendix D), Niagara Falls Health Equity Taskforce, Local Emergency Planning Committee, school districts (special education programs) and various other partners for additional community distribution.

Several members of the Niagara County Medical Reserve Corps were provided with surveys and flyers which they distributed throughout the county at public locations such as libraries, grocery stores, and senior centers.

Participation was limited to residents of Niagara County, NY.

To encourage completion of the survey, incentives were offered to respondents including a Wellness kit *(Page 4 top left photo)*, Sensory kit *(Page 4 top right photo)*, School Supply Kit *(Page 4 bottom left photo)*, or a chance to win an Austin Healthmate Air Purifier *(Page 4 bottom right photo)*.

Appendix D:
2023 Community Engagement Survey Report
Continued









Survey Respondent Details

Survey respondents were asked to report their demographics at time of survey completion. Individuals who were answering as a proxy for someone with a disability/AFN were asked to share the demographics and perspectives of the individual for whom they represent. These responses are documented below in Table 1 and were compared to Niagara County population-level data. Niagara County data from the 2022 American Community Survey (ACS) 1-Year estimates were utilized for all variables except employment in which the 2019 ACS 5-Year estimates were utilized (County Population: 210,880)[1-4].

Table 1: Survey Details and Respondent Demographics (N=1,150)

Characteristic	Number of People (%)	Niagara County
Survey Format		
Electronic	307 (26.7)	--
Paper copy, 12pt font, 1.0 Line Spacing	688 (59.8)	--
Paper copy, 18pt font, 1.5-2.0 Line Spacing	155 (13.5)	--
Disability/AFN Identification (n=1,150)		
Respondent has a disability/AFN	265 (23.1)	--
Respondent is a proxy for someone with a disability/AFN (and is answering on their behalf)	173 (15.1)	--
Respondent does not have a disability/AFN	710 (61.8)	--
Gender (n=1,138)		Sex not gender
Male	262 (23.0)	104,051 (49.3)
Female	866 (76.1)	106,829 (50.7)
Transgender	3 (0.3)	--
Non-binary/non-conforming	7 (0.6)	--
Age, years (n=1,142)		
0-9	8 (0.7)	22,802 (10.8)
10-19	28 (2.5)	23,082 (10.9)
20-29	101 (8.8)	24,607 (11.7)
30-39	217 (19.0)	25,595 (12.1)
40-49	167 (14.6)	24,782 (11.8)
50-59	196 (17.2)	30,188 (14.3)
60-69	230 (20.1)	30,521 (14.5)
70-79	133 (11.6)	19,715 (9.3)
80+ years	62 (5.4)	9,588 (4.5)
Race/Ethnicity* (n=1,150)		210,880
White alone	934 (81.2)	174,725 (82.9)
Black or African American alone	115 (10.0)	14,772 (7.0)
Asian alone	11 (1.0)	2,698 (1.3)
American Indian or Alaska Native alone	14 (1.2)	1,457 (0.7)

Middle Eastern or North African alone	1 (0.1)	--
Native Hawaiian or Pacific Islander alone	0 (0.0)	0 (0.0)
Two or More Races	28 (2.4)	14,724 (7.0)
Hispanic or Latino	29 (2.5)	8,148 (3.9)
Unknown**	24 (2.1)	--
Education Level (n=1,120)		Ages 18+ only (169,932)
Less than a high school diploma	67 (6.0)	12,515 (7.4)
Graduated high school or received GED	299 (26.7)	54,821 (32.3)
Technical or trade school	54 (4.8)	--
Some college but did not earn a degree	181 (16.2)	56,136 (33.0)
Associate's degree	198 (17.7)	
Bachelor's degree	179 (16.0)	46,460 (27.3)
Graduate degree	142 (12.7)	
Employment Status* (n=1,126)		Ages 16+ only**** (173,556)
Employed full-time	445 (39.5)	Employed: 100,670 (58.0)
Employed part-time	122 (10.8)	
Self-employed	45 (4.0)	
Student	32 (2.8)	
Unemployed for less than 1 year	25 (2.2)	Unemployed: 5,295 (3.1)
Unemployed for greater than 1 year	35 (3.1)	
Other***	5 (0.4)	
Unable to work	107 (9.5)	--
Retired	315 (28.0)	--
Homemaker	51 (4.5)	--
Smoking Status (Nicotine Products) (n=1,137)		
I currently smoke	164 (14.4)	--
I have never smoked	613 (53.9)	--
I used to smoke but no longer do	360 (31.7)	--

*Survey Respondents could select more than one answer
**Respondent either selected "unknown" or the question was left blank.
*** "Other" included replies like workers compensation and unemployment without a timeframe.
**** Employment status defined as "All civilians 16 years old and over are classified as unemployed if they (1) were neither "at work" nor "with a job but not at work" during the reference week, and (2) were actively looking for work during the last 4 weeks, and (3) were available to accept a job. Also included as unemployed are civilians who did not work at all during the reference week, were waiting to be called back to a job from which they had been laid off, and were available for work except for temporary illness."

According to 2022 American Community Survey estimates, Niagara County, NY has a resident population of 210,880. Niagara County, NY is approximately 75% urban and 25% rural with the largest population centers being the City of Lockport (found in zipcode: 14094), City of Niagara Falls (found in zipcodes: 14301, 14302, 14303, 14304, and 14305), and City of North Tonawanda (found in zipcode: 14120).

Survey respondents were asked to report on both zipcode of primary residence and to what extent of urbanicity they live in. 39.5% of respondents defined their

neighborhood/environment as suburban, 33.3% defined it as rural, and 27.2% defined it as urban.

Table 2: Number of Survey Respondents by Zip code (n=1,065)

Zip code	Number of People (%)
14094	290 (27.2)
14120	177 (16.6)
14305	137 (12.9)
14304	112 (10.5)
14301	63 (5.9)
14092	48 (4.5)
14108	44 (4.1)
14303	38 (3.6)
14131	35 (3.3)
14132	29 (2.7)
14174	20 (1.9)
14172	14 (1.3)
14105	14 (1.3)
14067	14 (1.3)
14008	11 (1.0)
14028	9 (0.8)
14012	8 (0.8)
14001	1 (0.1)
14302	1 (0.1)

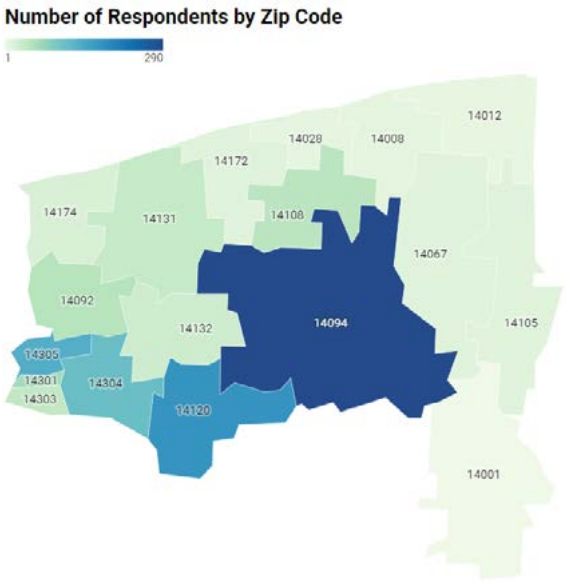


Table 3: Primary mode of transportation around Niagara County (n=1,135)

Transportation Modes*	Number of People (%)
Driving personal vehicle	910 (80.2)
Vehicle of family/friend	120 (10.6)
Ride share (Uber, Lyft, taxi service,etc.)	27 (2.4)
Walking/Biking	85 (7.5)
Public transit	49 (4.3)
Paratransit	9 (0.8)

* Survey Respondents could only select 1 response on the electronic-survey platform. Paper copies were not “check all that apply” format, however, some respondents indicated multiple answer choices.

Of the 85 respondents who reported walking, 45 respondents documented this as their sole mode of transportation (NOTE: only 9 of which were capped to one response because of the electronic survey platform). Of these 45 respondents,

- 62.2% reside in a Niagara Falls zip code
- 11.1% reside in the Lockport zip code

- 4.4% reside in the North Tonawanda zip code
  24.4% did not provide zip code level data.

Table 4: Who do you live with? (n=1,136)

Household Composition*	Number of People (%)
I live alone	239 (21.0)
Family member(s) or spouse/partner	873 (76.8)
Paid staff (not related)	4 (0.4)
Friend(s) or unrelated roommate(s)	21 (1.8)
Other**	3 (0.3)

*Survey Respondents could select more than one answer.
** "Other" included replies specific to temporary housing or homelessness.

Table 5: What best describes your current housing? (n=1,142)

Housing Type	Number of People (%)
Single family home	870 (76.2)
Mobile home	37 (3.2)
Multi-family home	71 (6.2)
Apartment building with shared entry space (including dorms)	66 (5.8)
Apartment building with private entrance	62 (5.4)
Supported living or group home	4 (0.4)
Senior independent living facility	7 (0.6)
Senior assisted living facility	4 (0.4)
Temporary housing facility (hotel/motel, rehabilitation or safe space, shelter, Airbnb listing, etc.)	6 (0.5)
Homeless	12 (1.1)
Incarcerated	0 (0.0)
Other*	3 (0.3)

*"Other" included replies including condos and townhouses.

Table 6: How many floors/levels are within your building? (n=1,124)

Number of Floors/Levels	Number of People (%)
1	299 (26.6)
2	621 (55.2)
3+	186 (16.5)
Not applicable	18 (1.6)

Assistance Requirements and Personal Preferences

(438 Respondents Eligible to Answer)

Table 7: What option(s) best describes your disability/AFN? (n=420)

Disability/AFN*	Number of People (%)
Visual Impairment	74 (17.6)
Hard of hearing/Deaf	95 (22.6)
Difficulty walking or standing (including use of wheelchair, cane, walker, etc.)	155 (36.9)
Difficulty manipulating objects (like tying your shoes)	39 (9.3)
Difficulty speaking or reading in your primary language	23 (5.5)
Special dietary needs	57 (13.6)
Chronic medical conditions	174 (41.4)
Temporary conditions (like a broken bone)	10 (2.4)
Intellectual disability	40 (9.5)
Mental health challenges/conditions	131 (31.2)
Pregnancy	5 (1.2)
Other**	23 (5.5)

*Survey Respondents could select more than one answer
** "Other" write-in responses described below in Table 8.

Table 8: Other types of disability/AFNs identified by survey respondents (n=23)

Other Answers	Number of people
Addiction	1
Autism	6
Brittle Bones	1
Cancer	1
Caudal Regression	1
Dementia	2
Down Syndrome	1
Learning Delay	1
Long COVID-19	1
Missing Chromosomes	1
Sensory Processing Disorder	2
Spinal Stenosis	1
TBI	1
Other: Unclear	3

Table 9: What organizations/agencies in Niagara County do you engage with/receive services from? (n=388)

Organization/Agency*	Number of People (%)
Department of Mental Health & Substance Abuse	51 (13.1)
Department of Social Services	127 (32.7)
Department of Health	35 (9.0)
Office for the Aging	63 (16.2)
Independent Living of Niagara County (WNYIL)	20 (5.2)
Home care agency/Visiting Nursing Association (VIA) of WNY	28 (7.2)
Food pantry	88 (22.7)
A primary care provider	103 (26.5)
Local libraries	66 (17.0)
Faith-based organization	42 (10.8)
School/Daycare	34 (8.8)
Other**	26 (6.7)
The services I need are not available within Niagara County	19 (4.9)

*Survey Respondents could select more than one answer
** "Other" included replies for Veterans Affairs, older adult/senior centers, HANCI/COA, OPWDD, Group housing, substance use disorder providers, and private practice professionals/medical specialists.

Table 10: What activities do you need assistance with? (n=417)

Activities*	Number of People (%)
Personal care (bathing, grooming, getting dressed)	51 (12.2)
Preparing meals	63 (15.1)
Taking or remembering to take medications	77 (15.5)
Transferring between locations (moving bed to wheelchair, chair to chair, etc.)	31 (7.4)
Using the internet	56 (13.4)
Making and receiving calls/text messages	39 (9.4)
Walking	95 (22.8)
Driving/Vehicle Transportation	72 (17.3)
Communication through use of an interpreter	8 (1.9)
Other**	10 (2.4)
None of these	198 (47.5)

*Survey Respondents could select more than one answer
** "Other" included replies related to housekeeping and home repairs, housing assistance with relocation or landlords, and reading/comprehension of tasks.

Table 11: What activities do you need assistance with at an appointment (any type)? (n=408)

Activities*	Number of People (%)
Checking in/out	37 (9.1)
Paperwork or reading directions	78 (19.1)
Movement within the physical space/building	43 (10.5)
Additional time during the appointment	27 (6.6)
Additional reminders/alerts	63 (15.4)
Coordination of follow-up care	48 (11.8)
Other**	3 (0.7)
None of these	247 (60.5)

*Survey Respondents could select more than one answer
** "Other" included replies related to verbal communication and additional explanation of discussed information

Table 12: What services/options do you need within an appointment? (n=391)

Services/Options*	Number of People (%)
Language interpreter (including sign language)	10 (2.6)
Increased font size on written materials	44 (11.3)
Braille written materials	1 (0.3)
Slower verbal communication	49 (12.5)
Closed captioning (during teleservices or when displaying electronic content)	14 (3.6)
Eye contact	27 (6.9)
Ability to read lips of staff	13 (3.3)
Sensory friendly spaces	28 (7.2)
Extended weekday office hours	43 (11.0)
Extended weekend hours	35 (9.0)
Other**	2 (0.5)
None of these	241 (61.6)

*Survey Respondents could select more than one answer
** "Other" included replies related to wheelchair accessibility, longer appointment duration for questions and ability to bring family/caregivers into the appointment.

Table 13: What are your preferred methods for communication? (n=360)

Methods*	Number of People (%)
In-person, verbal	299 (83.1)
In-person, written	92 (25.6)
In-person, body language or sign language	15 (4.2)
Virtual with audio/visual capabilities (Zoom, FaceTime, Webex, Tele-interpreter, etc.)	49 (13.6)
Virtual with audio only (phone call)	47 (13.1)
Passive (email, texting, message board, etc.)	146 (40.6)

*Survey Respondents could select more than one answer

Emergency Preparedness

Table 14: Emergency Preparedness community knowledge and access

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I understand what I need to do to prepare myself and my family for emergencies (n=1,131)	62 (5.5)	36 (3.2)	144 (12.7)	411 (36.3)	478 (42.3)
I understand what resources are available locally for myself and my family during an emergency (n=1,133)	73 (6.4)	111 (9.8)	237 (20.9)	378 (33.4)	334 (29.5)
I believe that there is adequate systems in place for people with disabilities/access and functional needs (AFNs) or for those who are unable to self-evacuate in an emergency situation (n=1,135)	64 (5.6)	182 (16.0)	424 (37.4)	276 (24.3)	189 (16.7)

Table 15: What steps have you taken to prepare for emergencies?

Steps Taken	Do not plan to do	Have already done	Plan to do	Unable to do
Collected emergency preparedness information (n=1,115)	120 (10.8)	473 (42.4)	499 (44.8)	23 (2.1)
Attended meetings on emergency preparedness (n=1,108)	408 (36.8)	215 (19.4)	420 (37.9)	65 (5.9)
Have taken special trainings (First Aid, CPR, Stop-the-Bleed, etc.) (n=1,119)	132 (11.8)	559 (50.0)	368 (32.9)	60 (5.4)
Signed up for emergency information and alert systems (NY-Alert) (n=1,110)	173 (15.6)	494 (44.5)	404 (36.4)	39 (3.5)

	Do not plan to do	Have already done	Plan to do	Unable to do
Assembled a "disaster supply kit" (n=1,113)	162 (14.6)	302 (27.1)	607 (54.5)	42 (3.8)
Prepared and discussed a personal/family emergency plan (n=1,116)	131 (11.7)	476 (42.7)	478 (42.8)	31 (2.8)
Made an evacuation plan (n=1,112)	127 (11.4)	496 (44.6)	457 (41.1)	32 (2.9)

Table 16: If you (or your household) had to evacuate/shelter-in-place, what would be the main reason(s) that might prevent you from doing so? (n=1,021)*

Reasons**	Number of People (%)
My disability/AFN or the disability/AFN of someone in my household	94 (9.2)
Lack of transportation	91 (8.9)
Lack of alternative housing	169 (16.6)
Concern about personal property	304 (29.8)
Concern about community infrastructure (traffic jams, limited grocery resources, etc.)	189 (18.5)
Lack of trust in public officials or emergency responders	95 (9.3)
Difficulties related to owning a service animal	16 (1.6)
Lack of essential resources (food, water, heat, etc.)	128 (12.5)
Concern about leaving pet(s)	350 (34.3)
Concern about livestock	30 (2.9)
Fear of loss of employment	105 (10.3)
Inconvenience/Disinterest	67 (6.6)
Limited financial capacity	139 (13.6)
Other***	13 (1.3)
N/A - would not evacuate/shelter-in-place if instructed	184 (18.0)

*Only respondents providing a reason or opposing evacuation/shelter-in-place were included in the table. An option for "None of these would prevent me from evacuating/sheltering-in-place" was not available for respondents to select.
**Survey Respondents could select more than one answer.
*** "Other" included replies related to needing assistance with medical supplies and/conditions, childcare, safety concerns, and lack of knowledge of where to go/what to do.

Table 17: What information would you like to learn more about? (n=1,105)

Topic*	Number of People (%)
General emergency preparedness	394 (35.7)
Local training opportunities (First Aid, CPR, Stop-the-Bleed, Narcan, etc.)	319 (28.9)
Assembling a disaster kit	380 (34.4)
Evacuation plans	274 (24.8)
Emergency information concerning seniors	247 (22.4)
Emergency information concerning those with a disability/AFN	133 (12.0)
None of these	373 (33.8)
Other**	3 (0.3)

*Survey Respondents could select more than one answer.
** "Other" included replies suggesting training related to assisting neighbors/friends/families with a disability and/or AFN in an emergency as well as active shooter trainings.

Communications

Table 18: At your appointment(s), how often do you (or your proxy) leave understanding the information discussed?

	Number of People (%)			
	Never	Some of the time	Most of the time	Always
All Respondents (n=1,121)	56 (5.0)	115 (10.3)	472 (42.1)	478 (42.6)
Disability/AFN* Respondents (n=424)	23 (5.4)	56 (13.2)	177 (41.7)	168 (39.6)

* Including both those who answered by themselves and those respondents who had a proxy answer on their behalf.

Table 19: If you are given written materials during your appointment(s), how often are you (or your proxy) able to read and understand them?

	Number of People (%)			
	Never	Some of the time	Most of the time	Always
All Respondents (n=1,115)	35 (3.1)	103 (9.2)	365 (32.7)	612 (54.9)
Disability/AFN* Respondents (n=423)	16 (3.8)	51 (12.1)	153 (36.2)	203 (48.0)

* Including both those who answered by themselves and those respondents who had a proxy answer on their behalf.

Of all respondents who answered both questions used to evaluate literacy (n=1,112):

- 97 (8.7%) individuals documented higher verbal comprehension than reading comprehension
- 243 (21.9%) individuals documented higher reading comprehension than verbal comprehension
- 772 (69.4%) individuals documented equal verbal and reading comprehension where the median comprehension level was “Always”

Table 20: Which of the following sources do you prefer to get your health and emergency preparedness information from? *Select up to 5.*

Sources*	Number of People (%)	
	All Respondents (n=1115)	Dis/AFN** Respondents (n=419)
Television	569 (51.0)	226 (53.9)
Radio	330 (29.6)	115 (27.4)
Facebook	421 (37.8)	152 (36.3)
Instagram	105 (9.4)	40 (9.5)
Twitter	38 (3.4)	12 (2.9)
Other social media platforms (TikTok, LinkedIn, etc.)	87 (7.8)	29 (6.9)
Trained professional (doctor, first responder, etc.)	329 (29.5)	114 (27.2)
Internet	370 (33.2)	124 (29.6)
Mobile apps (PrepareNiagara, Niagara County Sheriff's Office, Well Niagara, etc.)	354 (31.7)	125 (29.8)
SMS/text messages or automated calls	445 (39.9)	157 (37.5)
Books, Newspapers, Magazines (or other print materials)	147 (13.2)	64 (15.3)
Pamphlets, Brochures, Flyers, etc.	176 (15.8)	73 (17.4)
Government elected official	66 (5.9)	19 (4.5)
Other***	6 (0.5)	4 (1.0)

*Survey Respondents could select more than one answer. Electronic responses were capped at 5 responses, paper copies allowed for people to select more.
** Including both those who answered by themselves and those respondents who had a proxy answer on their behalf.
*** "Other" included replies related to email and word of mouth from friends/family

Table 21: Top 5 sources to receive health and emergency preparedness information for respondents by disability/AFN status and age.

Group	0-29 years old	30-59 years old	60+ years old
Disability/AFN	1. Facebook 2. SMS/text messages or automated calls 3. Television 4. Mobile apps 5. Internet	1. SMS/text messages or automated calls 2. Television 3. Facebook 4. Mobile apps 5. Internet	1. Television 2. Trained professional 3. Internet 4. SMS/text messages or automated calls 5. Radio
No disability/AFN	1. Internet 2. Facebook 3. SMS/text messages or automated calls 4. Television 5. Trained professional	1. SMS/text messages or automated calls 2. Mobile apps 3. Internet 4. Facebook 5. Television	1. Television 2. SMS/text messages or automated calls 3. Equal preference: trained professional AND Internet 4. Mobile apps
All survey respondents (with age provided)	1. Facebook 2. Internet 3. SMS/text messages or automated calls 4. Television 5. Equal preference: Trained professional AND mobile apps	1. SMS/text messages or automated calls 2. Mobile apps 3. Internet 4. Facebook 5. Television	1. Television 2. SMS/text messages or automated calls 3. Trained professional 4. Internet 5. Mobile apps

Table 22: Please select the Facebook pages that you like or follow (n=1,113)

Pages*	Number of People (%)
Niagara County	419 (37.6)
Niagara County Department of Health	324 (29.1)
Niagara County Sheriff	404 (36.3)
Niagara County Department of Mental Health and Substance Abuse Services	74 (6.6)
Niagara County Department of Social Services	60 (5.4)
Niagara County Emergency Services	139 (12.5)
Niagara County OFA Office for the Aging	66 (5.9)
Niagara Action *(privately run)*	218 (19.6)
I do not follow any of these on Facebook but I have an account	190 (17.1)
I do not use Facebook	218 (19.6)
Other**	12 (1.1)

*Survey Respondents could select more than one answer.
** "Other" included replies such as Niagara County Fire Wire (privately run), Niagara County Parks Department, North Tonawanda News and community pages, and the Salvation Army.

In the event of an emergency, and need for mass communication to Niagara County residents, county officials should consider all means of communications. Respondent preferences indicated that television, SMS/text messages and automated calls, and Facebook were the top 3 preferred means of communication to receive health and emergency preparedness information.

Although social media has become increasingly popular, official social media platforms, like Facebook, should be considered insufficient as a sole means of communication for reaching those in Niagara County. Only 59% of survey respondents followed at least 1 of the following Facebook pages: Niagara County; Niagara County Emergency Services; Niagara County Sheriff; and/or the Niagara County Department of Health.

Table 23: Please select the Niagara County Instagram pages that you like or follow (n=1,097)

Pages*	Number of People (%)
Niagara County Department of Health	143 (13.0)
Niagara County Sheriff	118 (10.8)
Niagara County Emergency Services	62 (5.7)
I do not follow any of these on Instagram but I have an account	227 (20.7)
I do not use Instagram	649 (59.2)
Other	0 (0.0)

*Survey Respondents could select more than one answer.

Table 24: Please select the Niagara County Twitter pages that you like or follow (n=1,090)

Pages*	Number of People (%)
Niagara County Sheriff	86
Niagara County Fire Wire *(privately run)*	73
Niagara County Emergency Services	48
I do not follow any of these on Twitter but I have an account	113 (10.4)
I do not use Twitter	851 (78.1)
Other	0 (0.0)

*Survey Respondents could select more than one answer.

Website Accessibility

Survey respondents were asked to access the Niagara County website as well as the Niagara County Department of Health website then to report back on website ease of use and accessibility features. 239 (20.8%) respondents did not have access to the internet at time of survey completion and/or did not share their device type. These individuals were excluded from the analysis below.

Table 25: Niagara County website ease of navigation by device type

	Number of People (%)				
	Very Hard	**Hard**	**Neutral**	**Easy**	**Very Easy**
All Devices (n=884)	12 (1.4)	48 (5.4)	256 (29.0)	339 (38.3)	229 (25.9)
Computer Station (desktop or laptop) (n=136)	2 (1.5)	9 (6.6)	40 (29.4)	55 (40.4)	30 (22.1)
Mobile device (n=715)	7 (1.0)	37 (5.2)	209 (29.2)	272 (38.0)	190 (26.6)
Tablet (n=33)	3 (9.1)	2 (6.1)	7 (21.2)	12 (36.4)	9 (27.3)

Of the respondents who reviewed the county website, 69 (7.8%) documented using an accessibility software and/or an assistive device. Unfortunately, only 1 respondent named the software they utilized (Read & Write Gold) and 1 additional respondent noted that they utilized their “in device accessibility settings for [those who are] vision impaired.”

Respondents also reported on use of translation features for access. 21 respondents translated the website with only 2 respondents sharing the language needed (Spanish, & both French and Ukrainian).

After review of the Niagara County website, respondents were asked to locate the Public Health Department page and 82.8% were able to locate it without the assistance of the survey provided QR code/link.

Table 26: Niagara County Department of Health website ease of navigation by device type.

	Number of People (%)				
	Very Hard	**Hard**	**Neutral**	**Easy**	**Very Easy**
All Devices (n=851)	10 (1.2)	29 (4.6)	213 (25.0)	352 (41.4)	237 (27.8)
Computer Station (desktop or laptop) (n=132)	2 (1.5)	8 (6.1)	37 (28.0)	58 (43.9)	27 (20.5)
Mobile device (n=689)	6 (0.9)	29 (4.2)	170 (24.7)	280 (40.6)	204 (29.6)
Tablet (n=30)	2 (6.7)	2 (6.7)	6 (20.0)	14 (46.7)	6 (20.0)

Within the Niagara County Department of Health website, programs and services are organized by division-specific subpages.

- 82.9% (690) of respondents were able to easily locate and navigate these division-specific subpages
- 8.5% (71) were able to find these division-specific subpages but did not find them easy to navigate
- 8.6% (72) were unable to find the division-specific subpages

Table 27: Overall, the Public Health Department website provides enough information for my needs.

	Number of People (%)				
	Strongly Disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
All respondents (n=848)	13 (1.5)	27 (3.2)	195 (23.0)	404 (47.6)	209 (24.6)

Survey questions seeking recommendations to improve the county website and public health department website were answered by less than 50 individuals. Responses were shared with the NCDOH Public Information Officer for review.

COVID-19

Table 28: To date, how many COVID-19 vaccine doses have you received? (n=1,106)

Number of Doses Received	Number of People (%)
One	104 (9.4)
Two	301 (27.2)
Three or more	534 (48.3)
At least one WHO vaccine and zero FDA approved vaccines	9 (0.8)
Zero	158 (14.3)

Table 29: Which of the following, if any, are reasons why you would not get a COVID-19 vaccine in the future? (n=973)

Reasons*	Number of People (%)
Concern about possible short term side effects (arm soreness, fatigue, headache, etc.)	125 (12.8)
Concern about possible long-term side effects (extremely unlikely but I do not want to risk it)	245 (25.2)
I am not high-risk for severe COVID-19 disease and so I do not need the additional protection	90 (9.2)
I do not believe in the COVID-19 vaccine	76 (7.8)
I do not believe in the need for another dose	128 (13.2)
My doctor has not recommended it	48 (4.9)
I believe COVID-19 is over	36 (3.7)
I do not trust the government	78 (8.0)
I do not know where I can get a vaccine	7 (0.7)
Concern about missing work	10 (1.0)
The hours of operation are inconvenient	1 (0.1)
Concern about the cost of a COVID-19 vaccine	11 (1.1)
Concern about transportation to receive a vaccine	3 (0.3)
I have a medical reason that makes me ineligible to get vaccinated (like a severe allergy to vaccines in the past)	41 (4.2)
Other**	16 (1.6)
None of these, I receive all COVID-19 vaccines that I am due for	445 (45.8)

*Survey Respondents could select more than one answer
** "Other" included replies related to the need for further information/education, and questioning vaccine effectiveness.

Of the 437 individuals who provided both a vaccine dose history and a response that they receive all vaccine doses that they are eligible for, 124 (28.4%) individuals had received two or less COVID-19 vaccination doses.

CDC/FDA recommendations during the time of survey administration included guidance for bivalent boosters, additional doses, and/or updated formulations beyond completion of the FDA primary series for Moderna, Novavax, and Pfizer. Unless these 124 individuals received their primary series within the one to two months prior to survey completion, they would be considered not up-to-date and would not have yet received all doses they were eligible for. This identifies an opportunity to provide community education and outreach to those who do not indicate vaccine hesitancy.

Of the 1,118 survey respondents who reported on COVID-19 illness history, 55.8% (624) reported having tested positive for COVID-19 at least 1 time. To better understand COVID-19 disease burden in Niagara County, responses for these 624 respondents were looked at more closely:

- The median number of times that these respondents have tested positive for COVID-19 was 1 time (n=575; range: 1, 6).
- 97.5% (579) reported that they had not tested positive within the 4 weeks leading up to completing the survey (n=594)
- 608 respondents provided information related to symptom severity during time of illness (non-specific to when/which time they had COVID-19 if a respondent experienced multiple infections).
    - 47.0% (286) had mild symptoms
    - 33.9% (206) had moderate symptoms
    - 11.0% (67) had severe symptoms
    - 8.1% (49) had no symptoms

Table 30: Which of the following, if any, best describe your health during any of the times you were positive for COVID-19? *I had…* (n=407)

Health Condition	Number of People (%)
Cancer	13 (3.2)
Chronic kidney disease	19 (4.7)
Chronic lung disease (COPD, asthma, pulmonary embolism, pulmonary hypertension, etc.)	50 (12.3)
Cystic Fibrosis	1 (0.2)
Dementia or Alzheimer's	1 (0.2)
Diabetes (Type 1 or Type 2)	69 (17.0)
A disability/access or functional need*	210 (51.6)

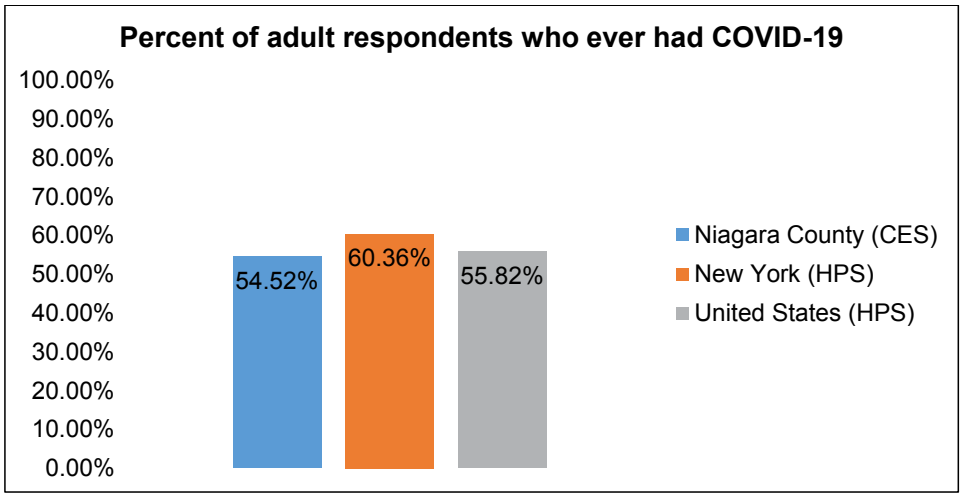
A heart condition (high blood pressure (hypertension), heart failure, coronary artery disease, etc.)	83 (20.4)
A confirmed HIV infection	3 (0.7)
A immunocompromised condition or weakened immune system	46 (11.3)
A mental health condition	53 (13.0)
An active pregnancy	14 (3.4)
A body weight that could be considered overweight or obese	166 (40.8)
A history of receiving a solid organ or blood stem cell transplant	0 (0.0)

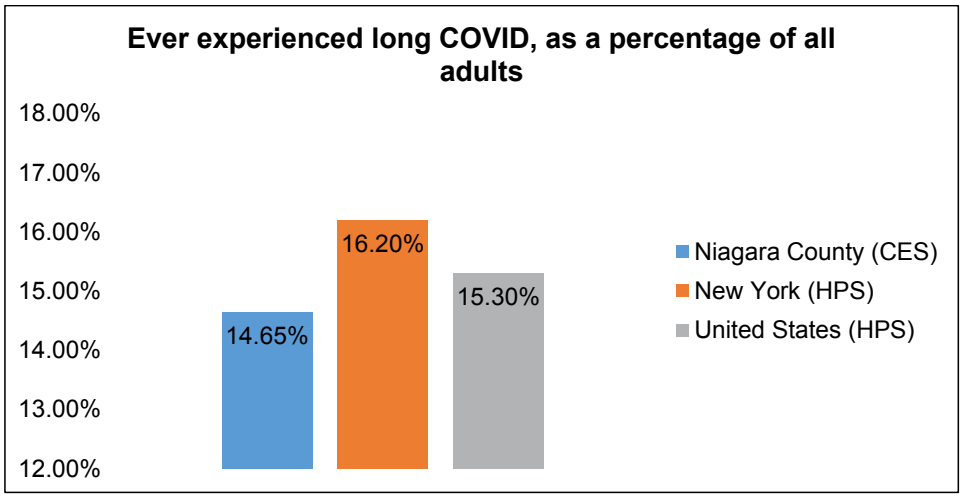
*All respondents who answered as having a disability and/or AFN (or were acting as a proxy) previously and said "yes" to having COVID-19 were included in this section, regardless of whether or not the respondent selected this answer choice or answered the question at all. This assumes that these individuals had the same disability/AFN status at the time of infection as the time of survey completion. This also will potentially increase response rates for this health condition compared to other choices.

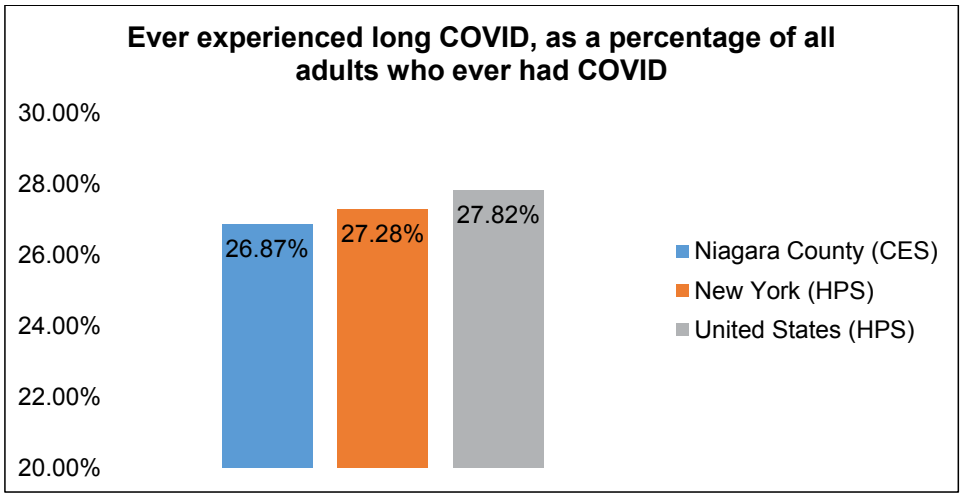
Long COVID

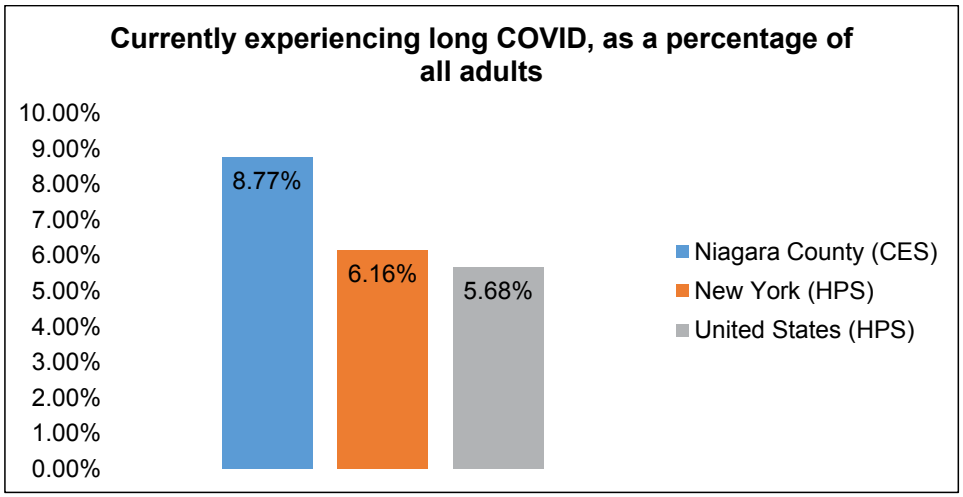
NCDOH hoped to gain preliminary insights into the prevalence of Long COVID disease as no current county level data is available. The Community Engagement Survey (CES) questions addressing long COVID came from the Household Pulse Survey (HPS) organized by the U.S Census Bureau and National Center for Health Statistics. The HPS long COVID questions capture self-reported disease prevalence rather than prevalence tied to a clinical diagnosis. Both the CES and HPS utilized their own surveying tools and methods. The HPS began surveying adults aged 18+ years in April 2020 and has continued to collect data through the time of this report. This iteration of the CES is limited to the evaluation of adults 20 years and older as classification of those 18 years and older is not a feasible age classification under the survey design.

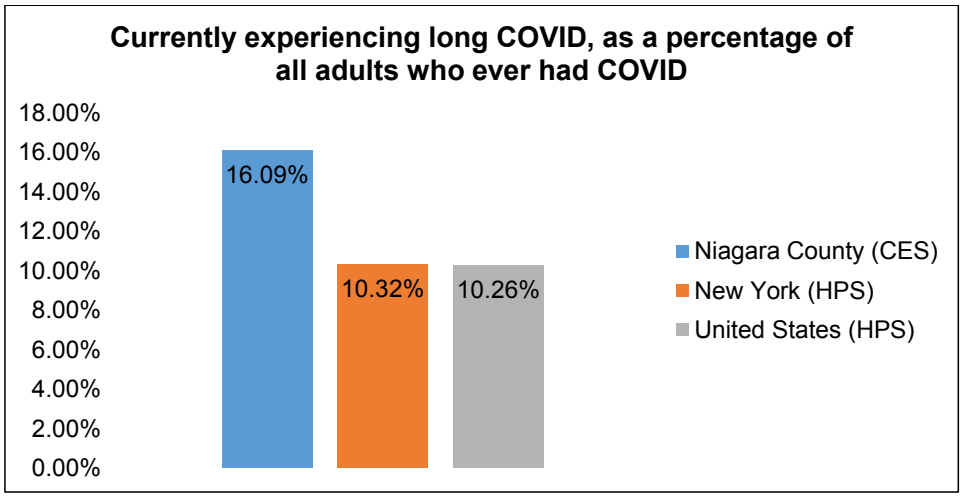
HPS phases best aligning with the CES timeline are Phase 3.9 (6/7 – 8/7/23) and two of the three time periods of Phase 3.10 (8/23 – 9/4/23 and 9/20 – 10/2/23). For comparison purposes, HPS state and national two-week weighted prevalence (%) period data across these time periods were averaged by NCDOH into a single weighted prevalence (%) value[5]. This allows us to loosely compare the prevalence of long COVID of adults at the local level (unweighted; aged 20+), state (weighted; aged 18+), and national level (weighted; aged 18+).

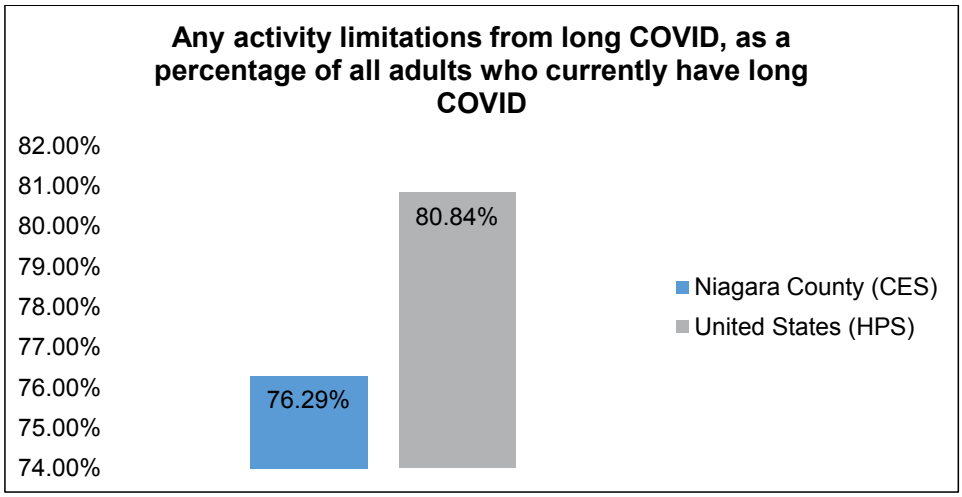

Percent of adult respondents who ever had COVID-19
100.00%
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
54.52%
60.36%
55.82%
Niagara County (CES)
New York (HPS)
United States (HPS)

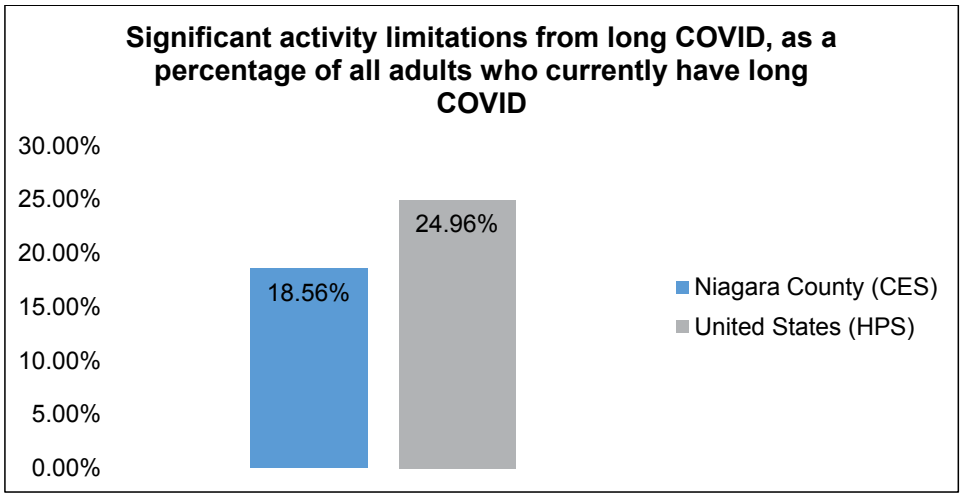

Ever experienced long COVID, as a percentage of all adults
18.00%
17.00%
16.00%
15.00%
14.00%
13.00%
12.00%
14.65%
16.20%
15.30%
Niagara County (CES)
New York (HPS)
United States (HPS)


Ever experienced long COVID, as a percentage of all adults who ever had COVID
30.00%
28.00%
26.00%
24.00%
22.00%
20.00%
26.87%
27.28%
27.82%
Niagara County (CES)
New York (HPS)
United States (HPS)


Currently experiencing long COVID, as a percentage of all adults
10.00%
9.00%
8.00%
7.00%
6.00%
5.00%
4.00%
3.00%
2.00%
1.00%
0.00%
8.77%
6.16%
5.68%
Niagara County (CES)
New York (HPS)
United States (HPS)


Currently experiencing long COVID, as a percentage of all adults who ever had COVID
18.00%
16.00%
14.00%
12.00%
10.00%
8.00%
6.00%
4.00%
2.00%
0.00%
16.09%
10.32%
10.26%
Niagara County (CES)
New York (HPS)
United States (HPS)

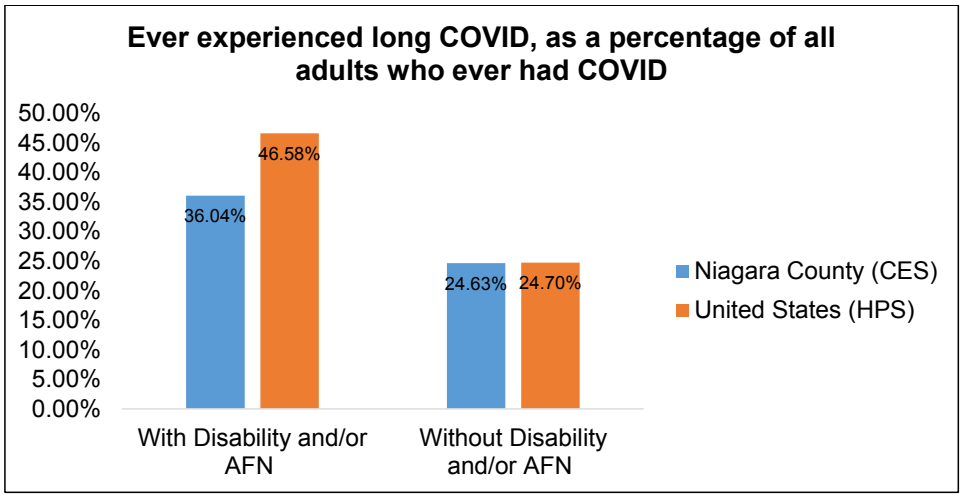

Any activity limitations from long COVID, as a percentage of all adults who currently have long COVID
82.00%
81.00%
80.00%
79.00%
78.00%
77.00%
76.00%
75.00%
74.00%
76.29%
80.84%
Niagara County (CES)
United States (HPS)

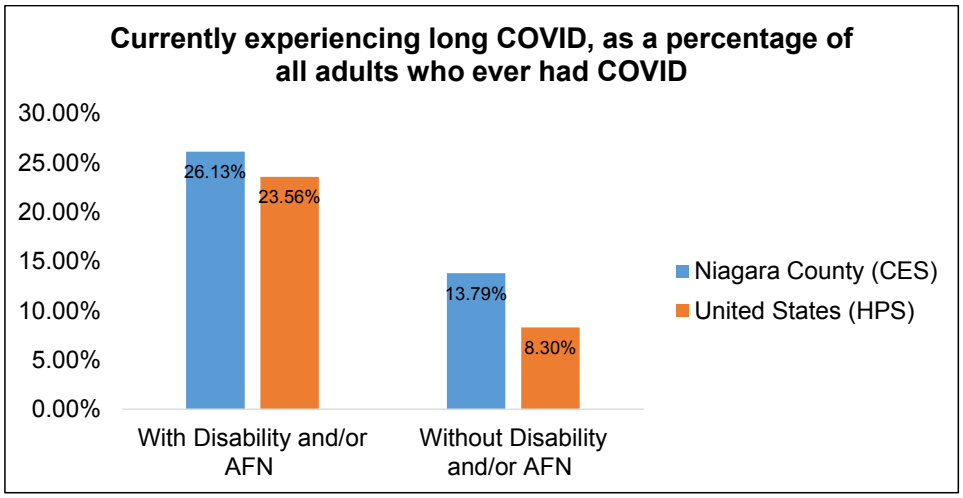


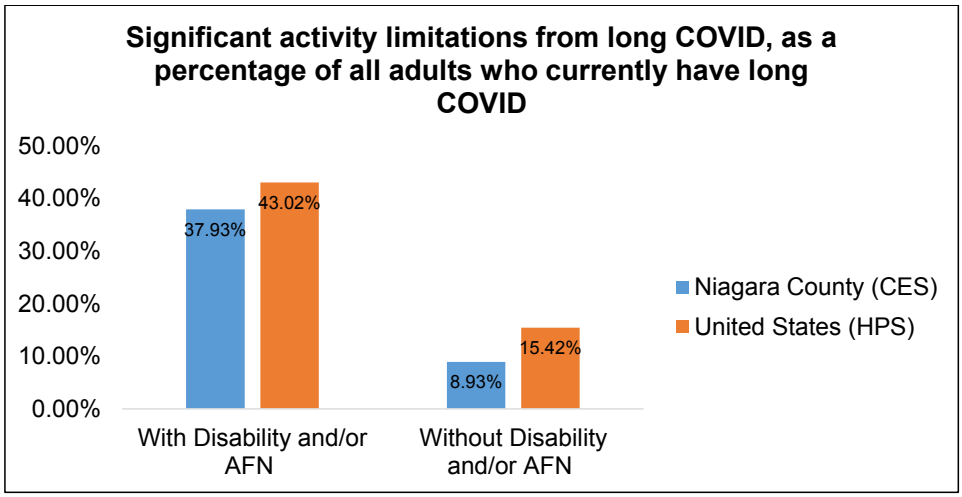
By Disability/AFN Status (with status criteria being defined independently for each survey):

Note: CES Respondents answering as a proxy for an individual with a disability and/or AFN were excluded from the Long COVID analyses below. CES Respondents answering "I have a disability/AFN" and those answering "None of the above…" were the only responses evaluated. This was done out of concern that proxies may have begun answering from their own experience late in the survey.

Among all CES respondents (aged 20+) reporting previous COVID-19 infection, those with a disability and/or AFN were not more likely to self-report moderate to severe COVID-19 infection than those identifying without a disability and/or AFN. However, those with a disability and/or AFN were found to be 1.73 times (95% CI: 1.11 – 2.73) more likely to report developing Long COVID following infection than those who did not identify as having a disability and/or AFN.


Ever experienced long COVID, as a percentage of all adults who ever had COVID
50.00%
45.00%
40.00%
35.00%
30.00%
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
36.04%
46.58%
24.63%
24.70%
With Disability and/or AFN
Without Disability and/or AFN
Niagara County (CES)
United States (HPS)


Currently experiencing long COVID, as a percentage of all adults who ever had COVID
30.00%
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
26.13%
23.56%
13.79%
8.30%
With Disability and/or AFN
Without Disability and/or AFN
Niagara County (CES)
United States (HPS)



To learn more about the Household Pulse Survey and the limitations to the collection of this data, visit: https://www.census.gov/data/experimental-data-products/household-pulse-survey.html

To see national Household Pulse Survey data specific to Long COVID, visit: https://www.cdc.gov/nchs/covid19/pulse/long-covid.htm

References

1. U.S. Census Bureau. (2022). ACS Demographic and Housing Estimates. American Community Survey, ACS 1-Year Estimates Data Profiles, Table DP05. Retrieved December 19,2023, from https://data.census.gov/table/ACSDP1Y2022.DP05?q=niagara county.

2. U.S. Census Bureau. (2022). Age and Sex. American Community Survey, ACS 1-Year Estimates Subject Tables, Table S0101. Retrieved December 19, 2023, from https://data.census.gov/table/ACSST1Y2022.S0101?q=age new york niagara county.

3. U.S. Census Bureau. (2022). Educational Attainment. American Community Survey, ACS 1-Year Estimates Subject Tables, Table S1501. Retrieved December 19, 2023, from https://data.census.gov/table/ACSST1Y2022.S1501?q=S1501 niagara county&t=Educational Attainment

4. 2019 American Community survey 5-Year estimates. USA Today. (n.d.). https://data.usatoday.com/american-community-survey/niagara_county_new_york/labor-statistics/unemployed-civilians/num/05000US36063/ Source: U.S. Census Bureau

5. National Center for Health Statistics. U.S. Census Bureau, Household Pulse Survey, 2022–2023. Long COVID. Generated interactively: from https://www.cdc.gov/nchs/covid19/pulse/long-covid.htm

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Appendix A

Niagara County Department of Health Community Engagement Survey

Directions: Please answer the survey questions to reflect yourself. Or if you are completing this survey as a proxy for another individual, then please answer each question with the answers specific to the individual for whom you are proxy for.

Section 1:

1. Are you a resident of Niagara County?
   - ○ Yes
   - ○ No → *Thank you for your interest in our survey, however, at this time we are only surveying those who reside in Niagara County.*

2. How do you best identify?
   - ○ I have a disability, access or functional need (AFN) → see list below for a few examples
   - ○ I am a caretaker for someone with a disability, access or functional need (and I am answering as their proxy)
   - ○ I have a family member with a disability, access or functional need. I'm not their primary caretaker (but I am answering as their proxy)
   - ○ None of the above apply to me → *Please skip to Section 3 (Q10) on Page 5.*

Examples of Disabilities/Access or Functional Needs (AFN) (*this list is not all inclusive)*

- Visual Impairment
- Hard of Hearing/Deaf
- Difficulty walking or standing (including use of wheelchair, cane, walker, etc.)
- Difficulty manipulating objects (like tying your shoes)
- Difficulty speaking or reading in your primary language
- Special dietary needs
- Chronic medical conditions
- Temporary conditions (like a broken bone)
- Intellectual disability
- Mental health challenges/conditions
- Pregnancy

Section 2: Assistance Requirements and Personal Preferences

Please continue to answer the survey questions to reflect yourself, if you have a disability/AFN, or to reflect the person with a disability/AFN for whom you are proxy for.

3. What option(s) best describes your disability/AFN? *Check all that apply.*
   - ☐ Visual Impairment
   - ☐ Hard of hearing/Deaf
   - ☐ Difficulty walking or standing (including use of wheelchair, cane, walker, etc.
   - ☐ Difficulty manipulating objects (like tying your shoes)
   - ☐ Difficulty speaking or reading in your primary language
   - ☐ Special dietary needs
   - ☐ Chronic medical conditions
   - ☐ Temporary conditions (like a broken bone)
   - ☐ Intellectual disability
   - ☐ Mental health challenges/conditions
   - ☐ Pregnancy
   - ☐ Other: _____

4. What organizations/agencies in Niagara County do you engage with/receive services from? *Check all that apply.*
   - ☐ Department of Mental Health & Substance Abuse
   - ☐ Department of Social Services
   - ☐ Department of Health
   - ☐ Office for the Aging
   - ☐ Independent Living of Niagara County (WNYIL)
   - ☐ Home care agency/ Visiting Nursing Association (VNA) of WNY
   - ☐ Food pantry
   - ☐ A primary care provider
   - ☐ Local libraries
   - ☐ Faith-based organizations
   - ☐ School/Daycare
   - ☐ The services I need are not available within Niagara County

☐ Other: _____

5. What activities do you need assistance with? *Check all that apply.*
   - ☐ Personal care (bathing, grooming, getting dressed)
   - ☐ Preparing meals
   - ☐ Taking or remembering to take medications
   - ☐ Transferring between locations (moving bed to wheelchair, chair to chair, etc.)
   - ☐ Using the internet
   - ☐ Making and receiving calls/text messages
   - ☐ Walking
   - ☐ Driving/Vehicle Transportation
   - ☐ Communication through use of an interpreter
   - ☐ None of these
   - ☐ Other: _____

6. What activities do you need assistance with at an appointment (any type)?
   - ☐ Checking in/out
   - ☐ Paperwork or reading directions
   - ☐ Movement within the physical space/building
   - ☐ Additional time during the appointment
   - ☐ Additional reminders/alerts
   - ☐ Coordination of follow-up care
   - ☐ None of these
   - ☐ Other: _____

7. What services/options do you need within an appointment?
   - ☐ Language interpreter (including sign language)
   - ☐ Increased font size on written materials
   - ☐ Braille written materials
   - ☐ Slower verbal communication
   - ☐ Closed captioning (during teleservices or when displaying electronic content)
   - ☐ Eye contact
   - ☐ Ability to read lips of staff
   - ☐ Sensory friendly spaces
   - ☐ Extended weekday office hours
   - ☐ Extended weekend hours
   - ☐ None of these
   - ☐ Other: _____

8. What are your preferred methods for communication?
   - ☐ In-person, verbal
   - ☐ In-person, written
   - ☐ In-person, body language or sign language
   - ☐ Virtual with audio/visual capabilities (Zoom, FaceTime, Webex, Tele-interpreter, etc.)
   - ☐ Virtual with audio only (phone call)
   - ☐ Passive (email, texting, message board, etc.)

9. Would you be interested in participating in any of the following? *If yes, please provide your contact information below.*
   - ☐ Niagara County Core Advisory Group meetings (every other month - reviews county preparedness and response plans and seeks to strengthen the plans to be more inclusive of persons with disabilities and/or access/functional needs)
   - ☐ Niagara County Emergency Preparedness Drills/Exercises
   - ☐ Community based trainings
   - ☐ Not interested

   Name: _____

   Phone Number: _____

   Email Address: _____

Section 3: Demographics

Please continue to answer the following questions to reflect the characteristics of yourself, or if applicable, the characteristics of the individual you are proxy for. While these questions are not required, your participation is greatly appreciated!

10. Gender
    - ○ Male
    - ○ Female
    - ○ Transgender
    - ○ Non-binary/non-conforming
    - ○ Other: _____

11. Age
    - ○ 0-9 years
    - ○ 10-19 years
    - ○ 20-29 years
    - ○ 30-39 years
    - ○ 40-49 years
    - ○ 50-59 years

- ○ 60-69 years
- ○ 70-79 years
- ○ 80+ years

12. Zip Code of Residence: _____

13. What is the highest level of education you have completed?
    - ○ Some high school
    - ○ Graduated high school or received GED
    - ○ Technical or trade school
    - ○ Some college but did not earn a degree
    - ○ Associate's degree
    - ○ Bachelor's degree
    - ○ Graduate Degree

14. What is your current employment status? *Check all that apply.*
    - ☐ Employed full-time
    - ☐ Employed part-time
    - ☐ Self-employed
    - ☐ Student
    - ☐ Unemployed for less than 1 year
    - ☐ Unemployed for greater than 1 year
    - ☐ Unable to work
    - ☐ Retired
    - ☐ Homemaker
    - ☐ Other: _____

15. Race/Ethnicity. *Check all that apply.*
    - ☐ White
    - ☐ Hispanic or Latino
    - ☐ Black or African American
    - ☐ Asian
    - ☐ American Indian or Alaska Native
    - ☐ Middle Eastern or North African

☐ Native Hawaiian or Pacific Islander
☐ Unknown
☐ Other: _____

16. Smoking Status
    - ○ I currently smoke (a nicotine-containing product)
    - ○ I used to smoke (a nicotine-containing product) but no longer do
    - ○ I have never smoked (a nicotine-containing product)

17. What best describes where you live?
    - ○ Urban
    - ○ Suburban
    - ○ Rural

18. What is your primary mode of transportation around Niagara County?
    - ○ Driving personal vehicle
    - ○ Vehicle of family/friend
    - ○ Ride share (Uber, Lyft, taxi service, etc.)
    - ○ Walking/Biking
    - ○ Public transit
    - ○ Paratransit
    - ○ Other: _____

19. Who do you live with?
    - ☐ I live alone
    - ☐ Family member(s) or spouse/partner
    - ☐ Paid staff (not related)

☐ Friend(s) or unrelated roommates(s)
☐ Other: _____

20. What best describes your current housing?

- ○ Single family home
- ○ Mobile home
- ○ Multi-family home
- ○ Apartment building with shared entry space (including dorms)
- ○ Apartment building with private entrance
- ○ Supported living or group home
- ○ Senior independent living facility
- ○ Senior assisted living facility
- ○ Temporary housing facility (hotel/motel, rehabilitation or safe space, shelter, Airbnb listing, etc.)
- ○ Homeless
- ○ Incarcerated
- ○ Other: _____

21. How many floors/levels are within your building?

- ○ 1
- ○ 2
- ○ 3+
- ○ Not applicable

Section 4: Emergency Preparedness

22. I understand what I need to do to prepare myself and my family for emergencies.

☐	☐	☐	☐	☐
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

23. I understand what resources are available locally for myself and my family during an emergency.

☐	☐	☐	☐	☐
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

24. I believe that there is adequate systems in place for people with disabilities/access and functional needs (AFNs) or for those who are unable to self-evacuate in an emergency situation.

☐	☐	☐	☐	☐
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

25. What steps have you taken to prepare for emergencies?

	Unable to do	Do not plan to do	Plan to do	Have already done
Collected emergency preparedness information	☐	☐	☐	☐
Attended meetings on emergency preparedness	☐	☐	☐	☐
Have taken special trainings (First Aid, CPR, Stop-the-Bleed, etc.)	☐	☐	☐	☐
Signed up for emergency information and alert systems (NY-Alert)	☐	☐	☐	☐
Assembled a “disaster supply kit”	☐	☐	☐	☐
Prepared and discussed a personal/family emergency plan	☐	☐	☐	☐
Made an evacuation plan	☐	☐	☐	☐

26. If you (or your household) had to evacuate/shelter-in-place, what would be the main reason(s) that might prevent you from doing so? *Check all that apply.*

- ☐ My disability/AFN or the disability/AFN of someone in my household
- ☐ Lack of transportation
- ☐ Lack of alternative housing
- ☐ Concern about personal property
- ☐ Concern about community infrastructure (traffic jams, limited grocery resources, etc.)
- ☐ Lack of trust in public officials or emergency responders
- ☐ Difficulties related to owning a service animal
- ☐ Lack of essential resources (food, water, heat, etc.)
- ☐ Concern about leaving pet(s)
- ☐ Concern about livestock
- ☐ Fear of loss of employment
- ☐ Inconvenience/Disinterest
- ☐ Limited financial capacity
- ☐ Other: _____
- ☐ N/A – would not evacuate/shelter-in-place if instructed

27. What information would you like to learn more about? *Check all that apply.*

- ☐ General emergency preparedness
- ☐ Local training opportunities (First Aid, CPR, Stop-the-Bleed, Narcan, etc.)
- ☐ Assembling a disaster kit
- ☐ Evacuation plans
- ☐ Emergency information concerning seniors
- ☐ Emergency information concerning those with a disability/AFN
- ☐ Other: _____
- ☐ None of these

Section 5: Communications

28. Which of the following sources do you **prefer** to get your health and emergency preparedness information from? *Select up to 5.*

- ☐ Television
- ☐ Radio
- ☐ Facebook
- ☐ Instagram
- ☐ Twitter
- ☐ Other social media platforms (TikTok, LinkedIn, etc.)
- ☐ Trained professional (doctor, first responder, etc.)
- ☐ Internet
- ☐ Mobile apps (PrepareNiagara, Niagara County Sheriff's Office, Well Niagara, etc.)
- ☐ SMS/text messages or automated calls
- ☐ Books, Newspapers, Magazines (or other print materials)
- ☐ Pamphlets, Brochures, Flyers, etc.
- ☐ Government elected official
- ☐ Other: _____

29. At your appointment(s), how often do you (or your proxy) leave understanding the information discussed?

☐ Never ☐ Some of the time ☐ Most of the time ☐ Always

30. If you are given written materials during your appointment(s), how often are you (or your proxy) able to read and understand them?

☐ Never ☐ Some of the time ☐ Most of the time ☐ Always

31. Please select the Facebook pages that you like or follow.
    - ☐ Niagara County
    - ☐ Niagara County Department of Health
    - ☐ Niagara County Sheriff
    - ☐ Niagara County Department of Mental Health and Substance Abuse Services
    - ☐ Niagara County Department of Social Services
    - ☐ Niagara County Emergency Services
    - ☐ Niagara County OFA Office for the Aging
    - ☐ Niagara Action
    - ☐ I do NOT follow any of these on Facebook but I have an account
    - ☐ I do NOT use Facebook
    - ☐ Other: _____

32. Please select the Niagara County Instagram pages that you like or follow.
    - ☐ Niagara County Department of Health (@niagaracountydoh)
    - ☐ Niagara County Sheriff (@niagarasheriff)
    - ☐ Niagara County Emergency Services (@ncemergencyservices)
    - ☐ I do NOT follow any of these on Instagram but I have an account
    - ☐ I do NOT use Instagram
    - ☐ Other: _____

33. Please select the Niagara County Twitter pages that you like or follow.
    - ☐ Niagara County Sheriff (@NiagaraSheriff)
    - ☐ Niagara County Fire Wire (@NCfirewire)
    - ☐ Niagara County Emergency Services (@NiagaraCountyES)
    - ☐ I do NOT follow any of these on Twitter but I have an account
    - ☐ I do Not use Twitter
    - ☐ Other: _____

Section 6: Website Accessibility

The next set of questions have to do with the way the Niagara County website is organized. Please head to the following address in your Internet browser:

https://www.niagaracounty.com/ → SCAN ME

In addition to browsing the site as whole, please also:

- Locate the Public Health Department page of the website and take a look around.
- Click on one of the "Divisions of the Health Department" and look at how it is organized

34. What type of device did you access the website on?
    - ○ Computer station (desktop or laptop)
    - ○ Mobile device
    - ○ Tablet
    - ○ Other: _____
    - ○ I do not currently have the ability to access the internet → *Please skip to Section 7 (Q44) on Page 16.*

35. How easy is it to navigate the Niagara County website as a whole?

☐	☐	☐	☐	☐
Very Hard	Hard	Neutral	Easy	Very Easy

36. Did you use any accessibility software or assistive device to assist your navigation?
    - ○ No
    - ○ Yes
        - What software and how well or poorly did it work?

        _____

        _____

37. Did you use the translation feature that is built into the website?
    - ○ No
    - ○ Yes
        - What language? _____
        - Was the translation accurate (*yes or no*)? _____

38. Specify any recommendations to improve the accessibility of the website:

    _____

    _____

The next questions have to do with the accessibility of the part of the website dedicated to the Public Health Department (NCDOH - Niagara County Department of Health).

39. Were you able to find the Public Health Department on the website by yourself?
    - ○ Yes
    - ○ No → Visit: https://www.niagaracounty.com/health →

SCAN ME

40. How easy is this section of the website to navigate?

☐ ☐ ☐ ☐ ☐

Very Hard	Hard	Neutral	Easy	Very Easy

41. Are the division-specific pages easy to locate and navigate?
    - ○ Yes
    - ○ No, I was not able to find them
    - ○ No, I was able to find them but they are not easy to navigate
42. Overall, the Public Health Department website provides enough information for my needs.

☐ Strongly Disagree	☐ Disagree	☐ Neutral	☐ Agree	☐ Strongly Agree

43. Specify any recommendations to improve the accessibility of the Public Health Department website:

_____

_____

Section 7: COVID-19

44. To date, how many COVID-19 vaccine doses have you received? *Check all that apply.*

- ☐ 1 Johnson and Johnson (Janssen) dose
- ☐ 1 Moderna dose
- ☐ 2 Moderna doses
- ☐ 3+ Moderna doses
- ☐ 1 Pfizer dose
- ☐ 2 Pfizer doses
- ☐ 3+ Pfizer doses
- ☐ 1 Novavax dose
- ☐ 2 Novavax doses
- ☐ 3+ Novavax doses
- ☐ At least one dose of a World Health Organization (WHO) approved COVID-19 vaccine
- ☐ Zero COVID-19 vaccines

45. Which of the following, if any, are reasons why you would not get a COVID-19 vaccine in the future?

- ☐ Concern about possible short term side effects (arm soreness, fatigue, headache, etc.)
- ☐ Concern about possible long-term side effects (extremely unlikely but I do not want to risk it)
- ☐ I am not high-risk for severe COVID-19 disease and so I do not need the additional protection
- ☐ I do not believe in the COVID-19 vaccine
- ☐ I do not believe in the need for another dose
- ☐ My doctor has not recommended it
- ☐ I believe COVID-19 is over
- ☐ I do not trust the government
- ☐ I do not know where I can get a vaccine
- ☐ Concern about missing work
- ☐ The hours of operation are inconvenient
- ☐ Concern about the cost of a COVID-19 vaccine
- ☐ Concern about transportation to receive a vaccine
- ☐ None of these, I receive all COVID-19 vaccines that I am due for
- ☐ I have a medical reason that makes me ineligible to get vaccinated (like a severe allergy to vaccines in the past)
- ☐ Other: _____

46. Have you ever tested positive for COVID-19 (using a rapid point-of-care test, self-test, or laboratory test) or been told by a doctor or other health care provider that you have or had COVID-19

- ○ Yes
- ○ No → *Please skip to Page 21 (last page)*
- ○ Unsure → *Please skip to Page 21 (last page)*

47. How many times have you had confirmed COVID-19 (using a rapid point-of-care test, self-test, or laboratory test)?

Write a number: _____

48. When did you test positive or were told you had COVID-19?
    - ○ Within the last 4 weeks
    - ○ More than 4 weeks ago
    - ○ Both

49. Which of the following, if any, best describe your health during any of the times you were positive for COVID-19? *I had….*
    - ☐ Cancer
    - ☐ Chronic kidney disease
    - ☐ Chronic lung disease (COPD, asthma, pulmonary embolism, pulmonary hypertension, etc.)
    - ☐ Cystic Fibrosis
    - ☐ Dementia or Alzheimer's
    - ☐ Diabetes (Type 1 or Type 2)
    - ☐ A disability/access or functional need
    - ☐ A heart condition (high blood pressure (hypertension), heart failure, coronary artery disease, etc.)
    - ☐ A confirmed HIV infection
    - ☐ A immunocompromised condition or weakened immune system
    - ☐ A mental health condition
    - ☐ An active pregnancy
    - ☐ A body weight that could be considered overweight or obese
    - ☐ A history of receiving a solid organ or blood stem cell transplant

50. How would you describe your COVID-19 symptoms when they were at their worst? *See table below for full symptom description.*
    - ○ I had no symptoms
    - ○ I had mild symptoms
    - ○ I had moderate symptoms
    - ○ I had severe symptoms

Mild	Moderate	Severe
Symptoms of COVID-19 including: • Fever • Cough • Sore throat • Malaise (discomfort) • Headache • muscle pain • Nausea or vomiting • Diarrhea • Loss of taste or smell Symptoms do not include shortness of breath, or difficult or labored breathing. Symptoms may have been self-monitored and treated. A provider may have been consulted or provided an antiviral.	**Symptoms of COVID-19 including:** • Fever • Cough • Sore throat • Malaise (discomfort) • Headache • muscle pain • Nausea or vomiting • Diarrhea • Loss of taste or smell • **Difficulty Breathing** • **Mild Pneumonia** Symptoms may have required medical attention without hospitalization.	**Symptoms of COVID-19 including:** • Fever • Cough • Sore throat • Malaise (discomfort) • Headache • muscle pain • Nausea or vomiting • Diarrhea • Loss of taste or smell • Difficulty Breathing • **Severe Pneumonia** • **Organ Failure** Symptoms required immediate medical attention or hospitalization.

51. Did you have any symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19?

    Long term symptoms may include: Tiredness or fatigue, difficulty thinking, concentrating, forgetfulness, or memory problems (sometimes referred to as "brain fog"), difficulty breathing or shortness of breath, joint or muscle pain, fast-beating or pounding heart (also known as heart palpitations), chest pain, dizziness on standing, menstrual changes, changes to taste/smell, or inability to exercise.

    - ○ Yes
    - ○ No

52. If yes, do you have any of these long-term symptoms now?
    - ○ Yes
    - ○ No
    - ○ Not applicable

53. If you still have long-term symptoms, do they reduce your ability to carry out day-to-day activities compared with the time before you had COVID-19?
    - ○ Yes, a lot
    - ○ Yes, a little
    - ○ Not at all
    - ○ Not applicable

Thank you for answering the survey questions!

Please read the next page.

For your participation, we invite you to choose a health kit (estimated value: $25) or participate in a monthly raffle for an Austin Air Purifier (approximate value: $715.00).

Kits may be received when you hand in your paper survey copy. If the location you hand your survey into does not have any in stock, you may call 716-439-7504 to schedule a pick up at the Niagara County Department of Health office in Lockport (5467 Upper Mountain Road Suite #100, Lockport NY 14094).

Raffle tickets will be given at the time of survey submission. If you opt for this option, you will be given a physical ticket where you will need to write your full name and phone number. Please give this ticket to the same person who gave it to you. Drawings will be held at the end of each month with all individuals who completed the survey during that month being eligible. Only winners will be contacted.

Kit options (only 1 per survey respondent): W*hile supplies last. First-come, First-serve.*

1. Wellness Kit (thermometer, tissues, Lysol products, face masks, etc.)
2. Sensory Kit (Noise Reduction Earmuffs, fidget toys, crayons, sunglasses, etc.)

Austin Air Purifier option (raffle ticket only): HealthMate version (all replacement filters are the responsibility of the winner – initial filter should last about 5 years).

54. What option would you like to choose?
    - ○ One of the kits. I will receive it at the event I am currently attending.
    - ○ One of the kits. I will call to coordinate pick-up.
    - ○ Raffle of this month's free Austin Air Purifier
    - ○ I do not want to receive anything.

Appendix B

Community Engagement Paper Survey Completion Tracking Form

Date	Event Name	Event Type	Location	Count
6/3/2023	Come Grow With Us	Health Equity Task Force Event/COVID-19 Vax POD	Niagara Falls	2
6/5/2023	Older Adults Event - Shawnee Fire Department	Health Education	Shawnee Fire Department	17
6/11/2023	Pendleton Station Market	Farmers Market; NCDOH COVID-19 Vax POD	Pendleton	3
6/14/2023	Heart, Love and Soul	Food Pantry/Soup Kitchen; NCDOH COVID-19 Vax POD	Niagara Falls	18
6/28/2023	Niagara County Department of Social Services	NCDOH COVID-19 Vaccination POD	Lockport	9
7/2/2023	Pendleton Station Market	Farmers Market; NCDOH COVID-19 Vax POD	Pendleton	8
7/27/2023	Heart, Love and Soul POD/Project Connect	Food Pantry/Soup Kitchen; Community Health and Wellness event, NCDOH COVID-19 Vax POD	Niagara Falls	24
7/30/2023	Pendleton Station Market	Farmers Market; NCDOH COVID-19 Vax POD	Pendleton	25
8/2/2023	Party at the Plaza - Aquarium of Niagara	Community Event, Health Education	Niagara Falls	25
8/2-8/6/2023	Niagara County Fair	County Fair, Health Education, NCDOH COVID-19 Vax POD, Family Support Station (Breastfeeding, diaper changing, Quiet Corner)	Lockport	489
8/4/2023	WIC Healthy Baby Festival	Health Education (LPPP and Breastfeeding)	Niagara Falls	25
8/12/2023	Unity in the Falls - Hyde Park	Community Fair, health education, NCDOH COVID-19 Vax POD	Niagara Falls	47
8/17/2023	UB Heals?	Health Fair, Health Education	Niagara Falls	29
8/21/2023	Council of Aging Annual summer picnic	Health Education, NCDOH COVID-19 Vax POD	Olcott	23
8/27/2023	Pendleton Station Market	Health Education, NCDOH COVID-19 Vax POD	Pendleton	7

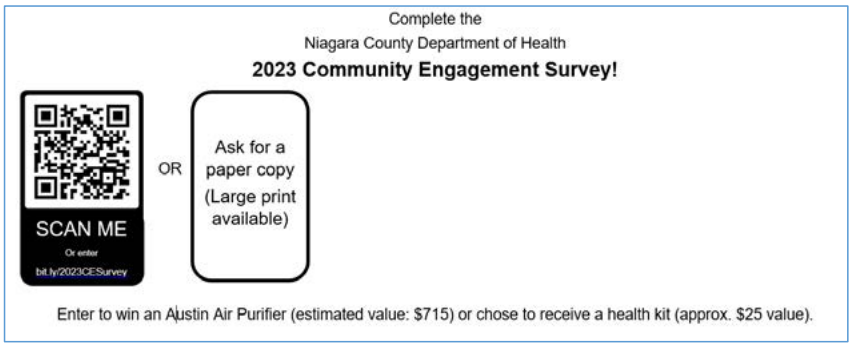
8/30/2023	Christ Community Church Event	Wellness Event, Health Education	Niagara Falls	2
8/30/2023	Colonial Village Elementary School Open House	Open House, Health Fair	Niagara Falls	15
8/31/2023	Harry Abate Elementary School Open House	Open House, Health Fair	Niagara Falls	35
9/7/2023	Dale Association Health Aging Event	NCDOH Flu Vax POD, Health Education	Lockport	13
9/7-9/10/2023	Niagara County Peach Festival	Community Festival, Health Education, NCDOH COVID-19 Vax POD, Family Support Station (Breastfeeding, diaper changing, Quiet Corner)	Lewiston	89
9/9/2023	Niagara Falls Housing Authority Community Day	Community Fair, health education, NCDOH Flu Vax POD	Niagara Falls	28
9/14/2023	Hyde Park School Open House	Open House, Health Fair	Niagara Falls	25
9/16-9/17/2023	Celtic Festival	Community Festival, Health Education, Family Support Station (Breastfeeding, diaper changing, Quiet Corner)	Lockport	86
9/22/2023	Bishop Gibbons Senior Apartments	Health and Resource Fair	North Tonawanda	2
9/25/2023	Newfane Learning Center	Pre-K/School Special Education Open House	Newfane	2
9/28/2023	North Tonawanda Learning Center	Pre-K/School Special Education Open House	North Tonawanda	15
9/30/2023	Pendleton Community Faire and Business Expo	Community Fair, health education, NCDOH Flu Vax POD	Pendleton	20
10/5/2023	Niagara Academy Open House	Pre-K/School Special Education Open House	Sanborn	25
			Total*	**1108**

* Total includes completed paper surveys only; electronic surveys are not included.

Appendix C

Examples of flyers:





Example of social media posts:



6/20/2023

Text: Attention Niagara County Residents, we want YOUR feedback!

Niagara County Department of Health is conducting a county-wide survey to better understand the health needs of the community. For your voice to be heard, participate in this survey and be entered for a chance to win a raffle, or other prizes! Use the QR code to take our 2023 Community Engagement Survey or click the following link: www.bit.ly/2023CESurvey



6/30/2023

Facebook caption: If you are a Niagara County Resident, the Niagara County Department of Health urges you to take our Community Engagement Survey! Follow this link to take the survey and enter to win a raffle or select prizes.

Link:

https://docs.google.com/forms/d/e/1FAIpQLSfQPaKhvPIkpQHJotrU8vwS9o688K1TA0gLNtmwmzcB8r0tCQ/viewform



6/30/2023

Facebook Caption: Join Niagara County Department of Health for Family Day at Niagara Falls City Market this Friday, July 5 from 10AM-3PM! We will have kid-friendly activities, health education materials, our community engagement survey, and COVID-19 vaccinations (from 10AM-2:30PM). Find us at 779 E. Market Street, Niagara Falls 14301.



7/8/2023

Instagram Caption: Meet Lois, our first winner of the Community Engagement Survey raffle! Take our survey for a chance to win an Austin Air Purifier ($715 value), or choose to receive a health kit! Find the survey at the link in our bio.



7/25/23

Caption: Let us know how you prefer to communicate, what health concerns you have, and how Niagara County Department of Health can better serve your community by taking our Community Engagement Survey!

Link:

https://docs.google.com/forms/d/e/1FAIpQLSfQPaKhvPIkpQHJotrU8vwS9o688K1TA0gLNtmwmzcB8r0tCQ/viewform



7/26/23

Facebook Caption: Happy 33rd Anniversary to the Americans with Disabilities Act (ADA)! Did you know that the ADA National Network is a free resource that provides information and training on the Americans with Disabilities Act? Learn more about the resources you can access here: adata.org/national-network For information on how the Niagara County Department of Health is working to include persons with disabilities and/or access and functional needs in our planning, response and recovery from an emergency, visit our website: https://www.niagaracounty.com/departments/m-r/public_health_preparedness/access_and_functional_needs.php

#ADA33 #ThanksToTheADA



7/29/23

Caption: If you are a Niagara County resident, we are asking for your feedback!

Going to the Fair? Stop by the NCDOH RV to complete our Community Engagement Survey and enter to win an air purifier or receive a health kit! Or, visit this link to complete the survey online.

Link:
https://docs.google.com/forms/d/e/1FAIpQLSfQPaKhvPIkpQHJotrU8vwS9o688K1TA0gLNtmwmzcB8r0tCQ/viewform



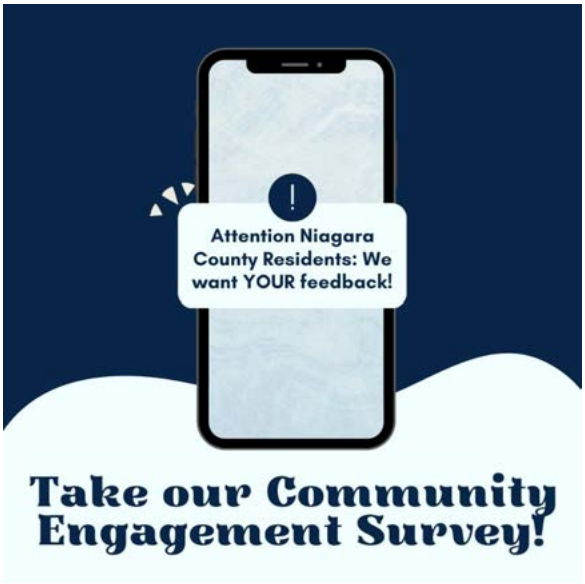
Caption: Find NCDOH at the Niagara County Fair! We will be offering health education information, our community engagement survey, and free COVID-19 vaccinations and information.

Our onsite RV will be used for families to change diapers, breastfeed, or pump breastmilk, as well as for individuals with sensory issues that need a cool and quiet place to relax. Hope to see you there!



8/2/23

Caption: The Niagara County Department of Health will be at the Niagara County Fair this week! Look for us at the big blue RV for health education materials, to learn more about what the health department does, and to take our community engagement survey! We will also have a private area for diaper changing, breastfeeding and a quiet corner for guests who have sensory issues.



8/16/23

Caption: Niagara County Department of Health is urging Niagara County residents to take our community engagement survey! Take our survey and enter to win an Austin Air Purifier ($715 value), or a health kit. Follow this link to take the survey:

https://docs.google.com/forms/d/e/1FAIpQLSfQPaKhvPIkpQHJotrU8vwS9o688K1TA0gLNtmwmzcB8r0tCQ/viewform



8/26/23

Caption: Find us at the Pendleton Station Market tomorrow from 9AM-1PM for education on the programs and services we offer, our community engagement survey, and information on vaccines!



9/3/23

Caption: Find us at the Niagara County Peach Fest this week, Thursday September 7 until Sunday September 10! We will be offering information about the programs and services we offer, our community engagement survey, and information on vaccinations. Hope to see you there!



9/6/23

Caption: September 2023 is Healthy Aging Month! Maintaining a balanced diet, exercising, seeking primary care, social support, and avoiding tobacco are great ways to stay healthy throughout your entire life.

Join us for a Healthy Aging Month Event on Thursday, September 7, 2023 from 10AM-12PM at the Dale Association (33 Ontario St. Lockport, NY). This event includes topics on medication reconciliation, fall prevention assessments, bone density screening, and blood pressure checks. Find the NCDOH table for education on nutrition, diabetes/chronic pain management classes, save disposal of sharps, preparedness for older adults, our healthy neighborhoods program, our community engagement survey, and free flu vaccinations!



9/9/23

Caption: Niagara County residents: we want your feedback! Take our community engagement survey and receive a wellness kit, school kit, or a sensory kit ($25 value) or enter a raffle to win an Austin Air Purifier ($715 value)! Use this link to take the survey:

https://docs.google.com/forms/d/e/1FAIpQLSfQPaKhvPIkpQHJotrU8vwS9o688K1TA0gLNtmwmzcB8r0tCQ/viewform?pli=1

Example of content on Niagara County Department of Health website:

Website information: https://www.niagaracounty.com/departments/m-r/public_health_preparedness/access_and_functional_needs.php

Persons with disabilities and others with access & functional needs

The Niagara County Department of Health, Division of Planning and Public Health Emergency Preparedness must address the needs of persons with disabilities and access and functional needs in preparedness planning, response, mitigation and recovery.

What is a disability?

An individual with a disability is defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment. Various types of disabilities include physical mobility, sensory, intellectual, developmental, cognitive, or mental disabilities.

What are access and functional needs?

Individuals with or without disabilities, who may need additional assistance because of any condition (temporary or permanent) that may limit their ability to access or receive medical care before, during, or after a disaster or public health emergency.

Examples of at-risk populations may include but are not limited to children, pregnant women, older adults, people with disabilities, people from diverse cultures, people with limited English proficiency, people with limited access to transportation, people with limited access to financial resources, people experiencing homelessness, people who have chronic health conditions, and people who have pharmacological dependency.

At-Risk Populations



Challenges

During time of a disaster, persons with disabilities and/or access and functional needs may also be faced with a number of other challenges; such as, warning and notification issues, how will I be notified and where can I find information?, evacuation and transportation issues, when instructed to leave their home, what do I take with me and how much?

Each person's needs and abilities are unique, but every individual can take important steps to prepare for all kinds of emergencies and put plans in place. By evaluating your own personal needs and making an emergency plan, you can be better prepared for any situation.

Follow the basic steps for emergency preparedness:

- **Get Informed**: Know what disasters could affect your area, which ones could call for an evacuation and when to shelter in place. Monitor local weather and download the Niagara County Emergency Services app Prepare Niagara. Prepare Niagara is available for download for free in the App Store and Google Play by searching "Niagara County Emergency, NY, or going to https://apps.myocv.com/share/a58414094.
- **Make a Plan**: In the event of a disaster could you make it on your own for several days? After a disaster you may not have access to a medical facility or even a drugstore. It's crucial to plan for your daily needs and know what you would do if they become limited or unavailable
- **Build a Kit:** In addition to having your basic survival supplies, an emergency kit should have items to meet your individual needs in various emergencies. Consider the items you use every day and which ones you may need to add to your kit.

Resources

- Preparing for Disaster for People with Disabilities and other Special Needs is a booklet from the Federal Emergency Management Agency (FEMA) and the American Red Cross that helps people with disabilities prepare for all kinds of emergencies.
- Ready.gov Disasters and Emergencies – People with Disabilities
- American Red Cross Disaster Safety for People with Disabilities
- American's with Disabilities Act (ADA) Guidance and Resource Materials

Core Advisory Group

The Departments of Health and Emergency Services coordinate the Niagara County Access and Functional Needs Core Advisory Group (AFN CAG). The purpose of the CAG is to advise Niagara County in our emergency response planning to ensure that the needs of people with access and functional needs are included in a whole-community approach.

The Niagara County CAG is comprised of people with access and functional needs, advocacy groups, and organizations that work directly with people with access and functional needs. For more information on the CAG please contact the Niagara County Department of Health, Division of Planning and Emergency Preparedness (tracy.fricanochalmers@niagaracounty.com)

The following agencies participate in the CAG:

- 211 WNY
- Deaf Access Services w/ People Inc.
- Health Association of Niagara County Inc. (HANCI)
- Independent Living Niagara County
- Niagara County
  - Department of Emergency Services /Office of Emergency Management
  - Department of Health
  - Department of Mental Health & Substance Abuse
  - Office of Aging
- Niagara Frontier Transportation Authority (NFTA)
- Niagara University
- Visually Impaired Advancement (VIA)
- WNY Empower

2023 Community Engagement Survey

The Preparedness Division has developed a comprehensive survey that will be administered throughout Niagara County from June 1 – August 31. This survey was developed with the input of the Niagara County Core Advisory Group (CAG) (for Disabilities and Functional and Access Needs) and includes questions related to preparedness, preferred means of communication, health literacy, and COVID-19 (vaccination/vaccine hesitance and Long COVID.

This survey is available online at Bit.ly/2023CESurvey and our staff will administer the survey at community health fairs, public gatherings (fairs, festivals, farmers markets, etc.), food pantries and soup kitchens, libraries, and many other venues. To encourage completion of this survey, incentives including a Health Kit (Sensory Kit or Wellness Kit) or a chance to win an Austin Healthmate Air Purifier will be available to participants.

Please complete this survey and have your experiences captured and help us provide better services to our community.

Appendix D

Niagara County Core Advisory Group Members – *last updated 09/20/2023*			
Agency	**Name**		**Email**
211 WNY	Dawn Vanderkooi		dvanderkooi@211wny.org
Deaf Access Services w/ People Inc.	Andrea Russell		arussell@wnydas.org
Health Association of Niagara County Inc.(HANCI)	Heather Culverwell		culverwell@hanci.com
	Marybeth Kupiec		kupiec@hanci.com
Independent Living Niagara County	Michelle Scheib		mscheib@wnyil.org
Niagara County			
Department of Emergency Services /Office of Emergency Management	Jonathan Schultz		Jonathan.schultz@niagaracounty.com
Department of Health – By Division	Tracy Fricano Chalmers	Division: PHEP	Tracy.fricanochalmers@niagaracounty.com
	Dylan Delgado	Division: PHEP	Dylan1496@live.com
	Francisco Meza Aguero	Division: PHEP	Francisco.mezaaguero@niagaracounty.com
	Jennifer Rowan	Division: PHEP	Jennifer.Rowan@niagaracounty.com
	Elizabeth Ribbeck	Division: PHEP	Elizabeth.ribbeck@niagaracounty.com
	Adrienne Kasbaum	Division: Nursing	Adrienne.Kasbaum@niagaracounty.com
	Stacy Knott	Division: Nursing	Stacy.knott@niagaracounty.com
	Janice Jenoshek	Division: CWSN	Janice.Janoshek@niagaracounty.com
Department of Mental Health & Substance Abuse	Laura Keleman		Laura.keleman@niagaracounty.com
	Nicholas Hester		Nicholas.hester@niagaracounty.com
Office of Aging	Kara Donovan		Kara.donovan@niagaracounty.com
Niagara Frontier Transportation Authority (NFTA)	Holly Nidell		Holly.nidell@nfta.com
	Patricia Wiseman		Patricia.wiseman@nfta.com
Niagara University	David Whalen		dwhalen@niagara.edu
Visually Impaired Advancement (VIA)	Alanna Pohl		apohl@viawny.org
WNY Empower	Heather Cruz		hcruz@empower-wny.org

Appendix E:
Acronyms

Access and Functional Needs	AFN
Accountable Health Communities	AHC
Ages and Stages Questionnaire	ASQ
American Community Survey	ACS
Assertive Community Treatment	ACT
Centers for Disease Control and Prevention	CDC
Children & Family Treatment and Support Services	CFTS
Children and Youth with Special Health Care Needs Program	CYSHCN
Chronic Lower Respiratory Disease	CLRD
Community Health Assessment	CHA
Community Health Improvement Plan	CHIP
Community Health Indicator Reports	CHIRS
Community Health Needs Assessment	CHNA
Community Network of Care	CNOC
Community Service Plan	CSP
Core Advisory Group	CAG
Core Services	CORE
Diptheria, Tentanus, Pertussis	DTAP
Driving While Intoxicated	DWI
Early Intervention/Child Find Program	EI/CF
Eastern Niagara Hospital	ENH
Emergency Department	ED
Emergency Room	ER
Federal Poverty Level	FPL
Fiscal Year	FY
Food and Drug Administration	FDA
Haemophilus Influenzae Type b	Hib
Health and Recovery Plan	HARP
Health Home Plus	HH+
Health Homes	HHs
Hemoglobin A1c, or glycated hemoglobin	HbA1c
Hepatitis B	HepB
Home and Community-Based Services	HCBS
Human Immunodeficiency Virus	HIV
Human papilloma virus	HPV
Intensive Care Unit	ICU
Lesbian, Gay, Bisexual, or something else/other sexual orientation	LGBO
Lesbian, Gay, Bisexual, Transgender, Queer	LGBTQ+
Measles, Mumps, and Rubella	MMR
Medicaid Accelerated eXchange	MAX
Medical Reserve Corps	MRC
Medications for Opiod Use Disorder	MOUD
Naloxone Co-payment Assistance Program	NYSN-CAP
New York City	NYC
New York Health Equity Reform	NYHER

Appendix E:
Acronyms
Continued

New York State	NYS
New York State Department of Health	NYSDOH
New York State Immunization Information System	NYSIIS
Niagara County Core Advisory Group	CAG
Niagara County Crisis Services	NCCS
Niagara County Department of Health	NCDOH
Niagara Falls Culinary Institute	NFCI
Niagara Falls Memorial Medical Center	NFMMC
Niagara Frontier Transportation Authority	NFTA
Obstetrics and Gynecology	OB-GYN
Office of Addiction Services and Supports	OASIS
Paratransit Access Line	PAL
Patient Health Questionnaire-9	PHQ-9
Perinatal Mood and Anxiety Disorders	PMADs
Postpartum Depression	PPD
Public Health and Health Planning Council	PHHPC
Question, Persuade, Refer	QPR
Sexual Assault Nurse Examiner	SANE
Sexually transmitted infections	STI
Social Determinants of Health	SDOH
Specific, Measurable, Achievable, Relevant, Time-bound	SMARTIE
State Health Improvement Plan	SHIP
Strengths, Weaknesses, Opportunities, and Threats	SWOT
Substance Use Disorder	SUD
Supplemental Nutrition Assistance Program	SNAP
The Community Lake Ontario Ordnance Works Project	LOOW
Veterans Administration	VA
Western New York	WNY
Women, Infants and Children	WIC