

2025-2027 Niagara County Community Health Assessment

December 2025



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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.

Vision	Every individual in New York State has the opportunity, regardless of background or circumstances, to attain their highest level of health across the lifespan
Foundations	Health Equity
	Prevention Across the Lifespan
	Health Across All Policies
	Local Collaboration-Building
Domain	Priorities
Economic Stability	Economic Wellbeing <input type="checkbox"/> Poverty <input type="checkbox"/> Unemployment <input type="checkbox"/> Nutrition Security <input type="checkbox"/> Housing Stability and Affordability
Social and Community Context	Mental Wellbeing and Substance Use <input type="checkbox"/> Anxiety and Stress <input type="checkbox"/> Suicide <input type="checkbox"/> Depression <input type="checkbox"/> Drug Misuse and Overdose Including Primary Prevention <input type="checkbox"/> Tobacco/ E-cigarette Use <input type="checkbox"/> Alcohol Use <input type="checkbox"/> Adverse Childhood Experiences <input type="checkbox"/> Healthy Eating
Neighborhood and Built Environment	Safe and Healthy Communities <input type="checkbox"/> Opportunities For Active Transportation and Physical Activity <input type="checkbox"/> Access to Community Services and Support <input type="checkbox"/> Injuries and Violence
Health Care Access and Quality	Health Insurance Coverage and Access to Care <input type="checkbox"/> Access to and Use of Prenatal Care <input type="checkbox"/> Prevention of Infant and Maternal Mortality <input type="checkbox"/> Preventive Services for Chronic Disease Prevention and Control <input type="checkbox"/> Oral Health Care (e.g., routine preventive care, community water fluoridation, dental sealants, and access to dental services for Medicaid covered population) Healthy Children <input type="checkbox"/> Preventive Services (e.g.; immunization, hearing screening and follow up, and lead screening) <input type="checkbox"/> Early Intervention <input type="checkbox"/> Childhood Behavioral Health
Education Access and Quality	PreK-12 Student Success And Educational Attainment <input type="checkbox"/> Health and Wellness Promoting Schools (e.g.; timely immunization, healthy school meals, social emotional learning, and counselling and mentoring including avoidance risky substances) <input type="checkbox"/> Opportunities for Continued Education (e.g.; high school completion programs, transitional and vocational programs, literacy initiatives, and reskilling and retraining programs)

Executive Summary

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.

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.

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.

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.

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.

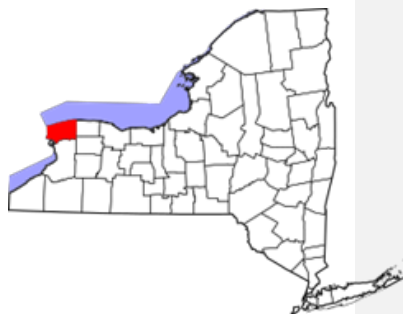
Tracking and Impact Evaluation

Progress of all CHIP activities will be monitored on a monthly basis by various Steering Committee members. 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.

Community Health Assessment (CHA)

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.

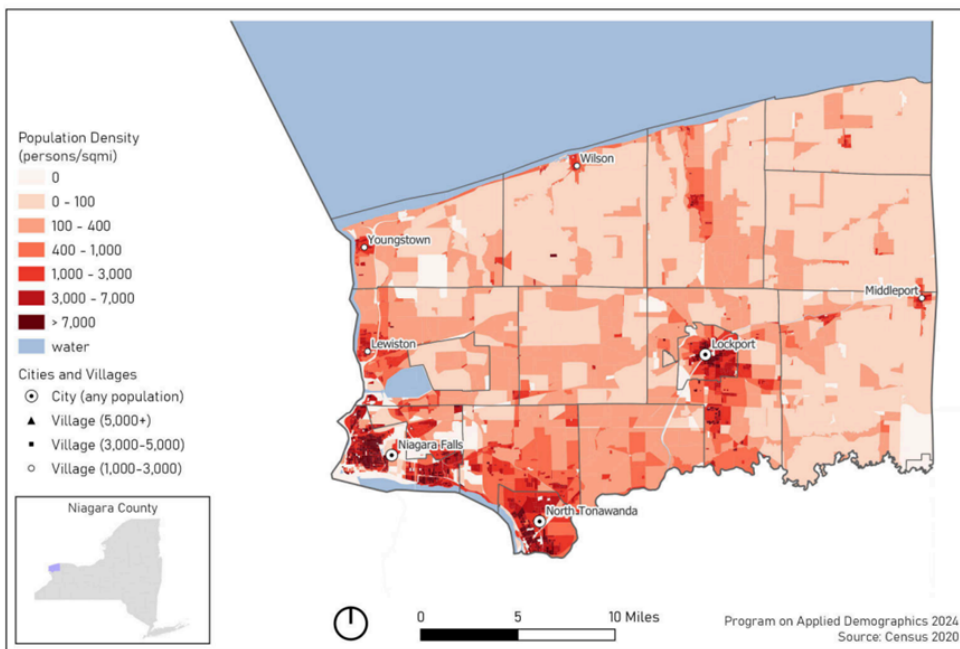


Figure 1: Population Density, Niagara County, NY, 2020 (4).

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.

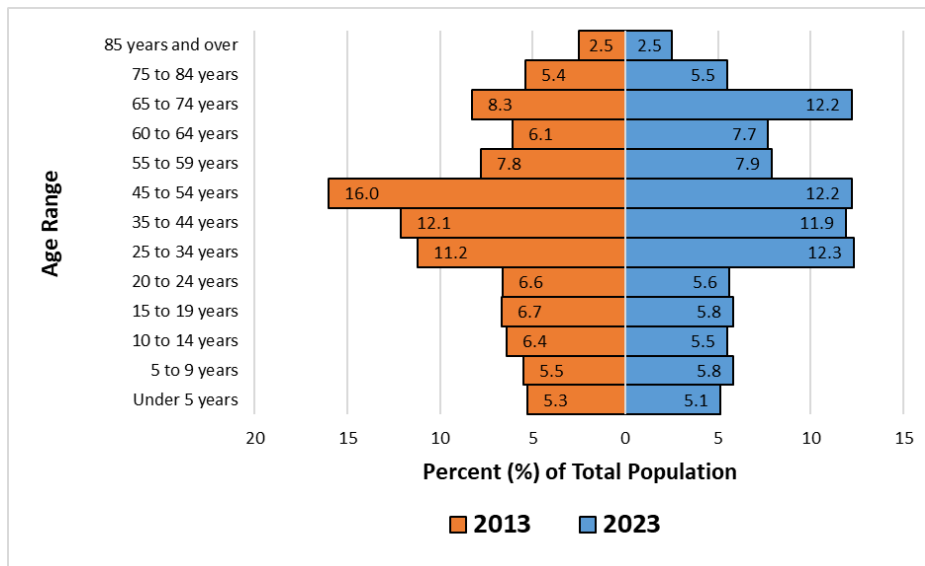


Figure 2: Population Pyramid by Year, Niagara County, NY, 2013 and 2023 (5).

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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/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



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:

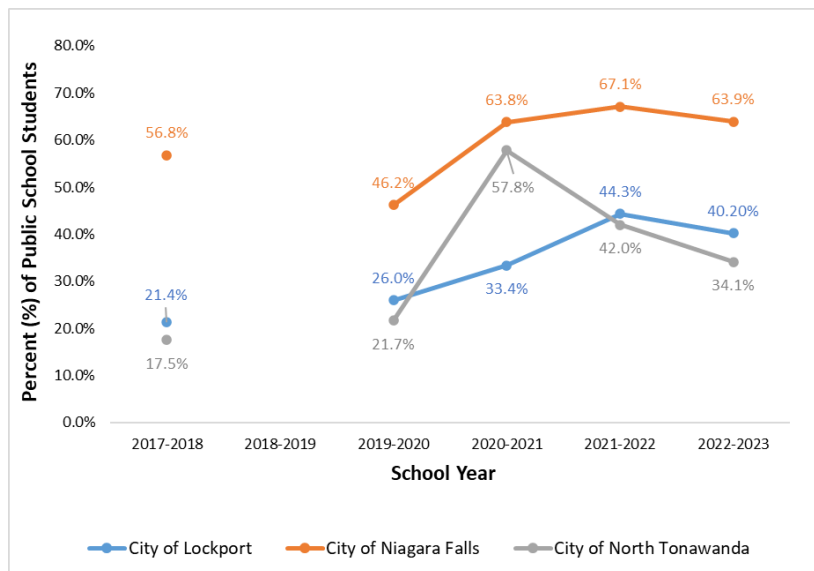
- 4% are economically disadvantaged
- 19% have a disability
- 2% are experiencing homelessness
- 1% are English-language learners

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).

Figure 3: Chronic Absenteeism in Three Main Cities of Lockport, Niagara Falls, and North Tonawanda, Niagara County, NY (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.

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%

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 amount of adult residents (aged 25 years and older) who have completed high school were 90.0%, 88.6%, and 93.3% respectively (23).

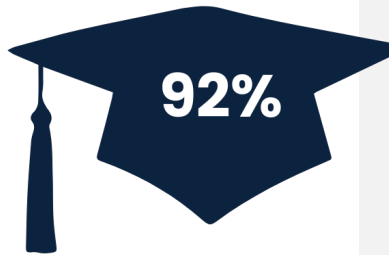


Table 6: Population Estimates for Education Levels for Adults aged 25 years and older, Niagara County, NY, 2023 (23).

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%

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).

\$ 67,809
is the median
household income
in Niagara County.

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 liveable 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 amount 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).

Number of people who experienced homelessness in Niagara County:	
2020:	1,212
2021:	1,050
2022:	1,369
2023:	1,832
2024:	1,954

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



About 1 in 10 households in Niagara County do not have a car.

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.



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.

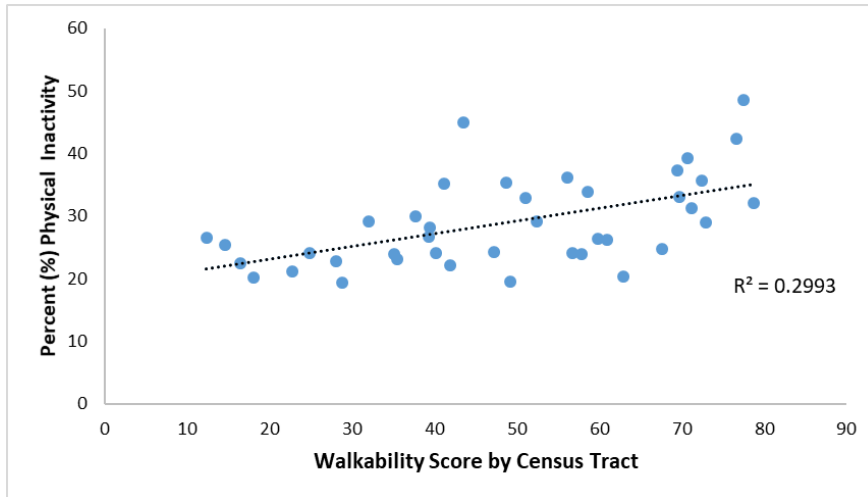


Figure 5: Comparison of Census Tract Walkability Score in 2024 and Percent of Residents reporting Physical Inactivity in 2022, Niagara County, NY (18).

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%.

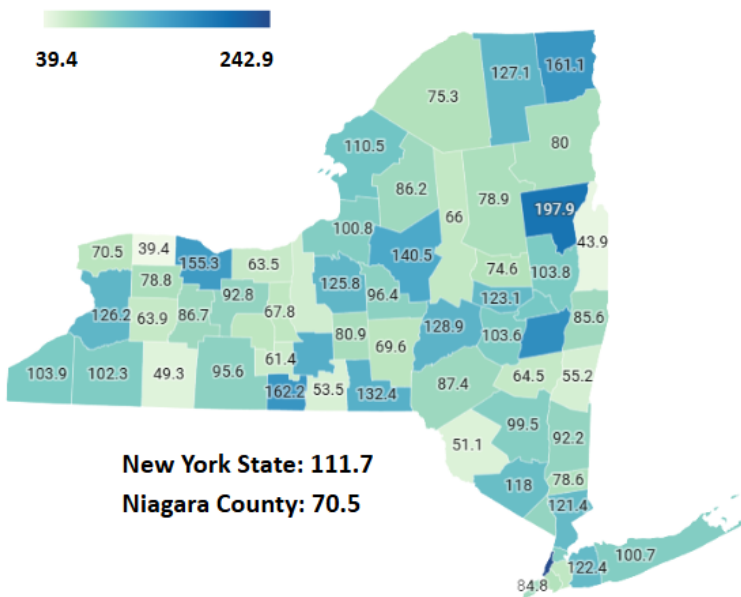


Figure 5: Primary Care Providers per 100,000 Residents by NYS County, 2023 (51).

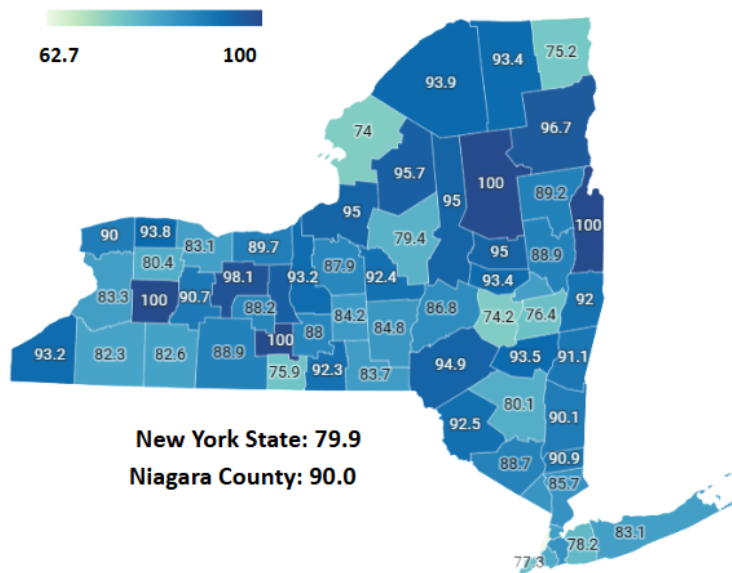


Figure 6: Percent of Primary Care Providers that accept Medicaid Insurance by NYS County, 2023 (51).

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 Speciality 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
		<i>Population: Residents aged 0 to 17 years old</i>	
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
		<i>Population: Residents aged 65 years and older</i>	
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
		<i>Population: Females aged 18 to 44 years old</i>	
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.

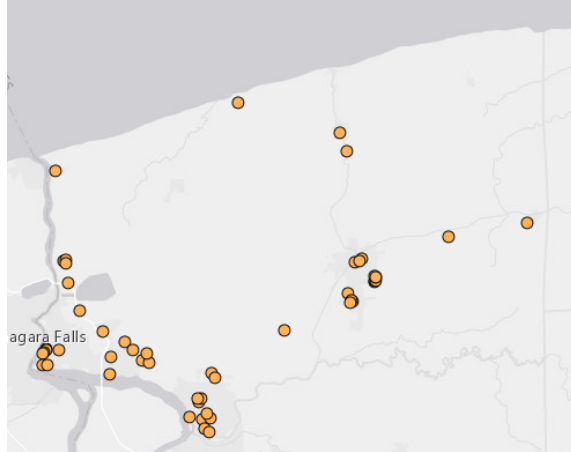


Figure 7: Dental Office Locations in Niagara County, NY, 2024 (48).

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.

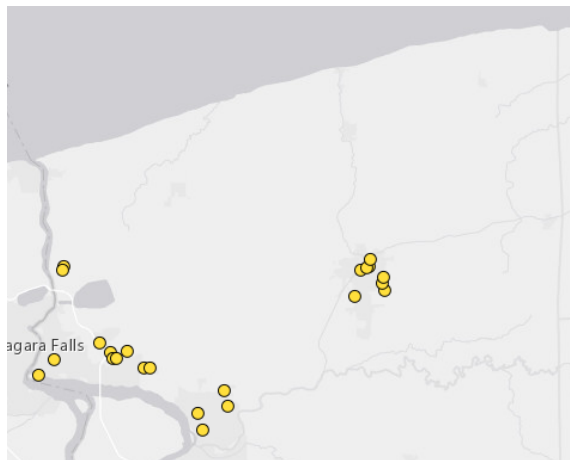


Figure 8: Routine Eye Care Office Locations in Niagara County, NY, 2024 (48).

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

**For every 1 meal provided by a food
pantry in the United States,
SNAP provides 9.**



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.

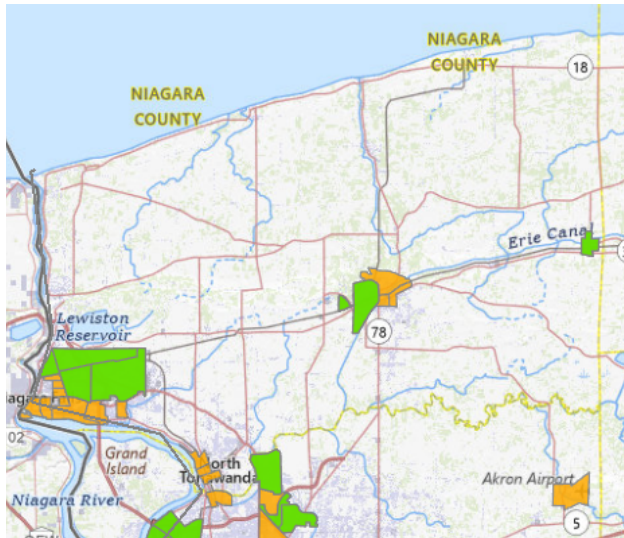


Figure 9: Census Tracts defined as Low Income and as having Low Access to Supermarkets in Niagara County, NY, 2019 (58). *Orange regions indicate regions that are low income and have a significant number or share of residents that are more than ½ mile (urban) or 10 miles (rural) from the nearest supermarket 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).

Health Status

Causes of Death

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

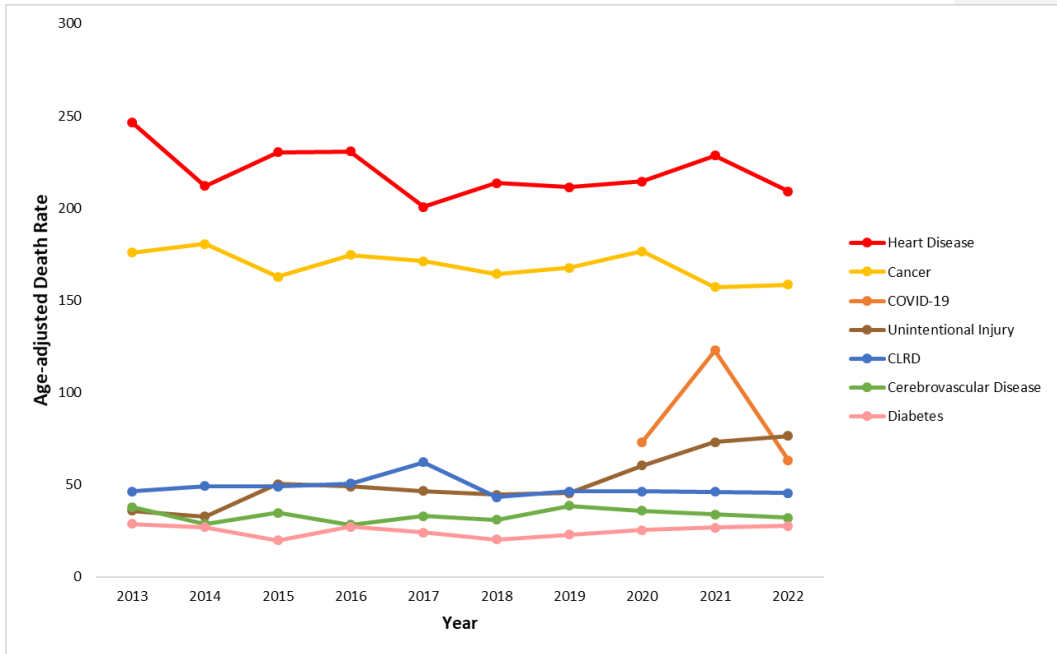


Figure 10: Historical Lookback at Age-adjusted Death Rate for the 2022 Top 7 Leading Causes of All Deaths in Niagara County, NY, 2013-2022 (60).

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).

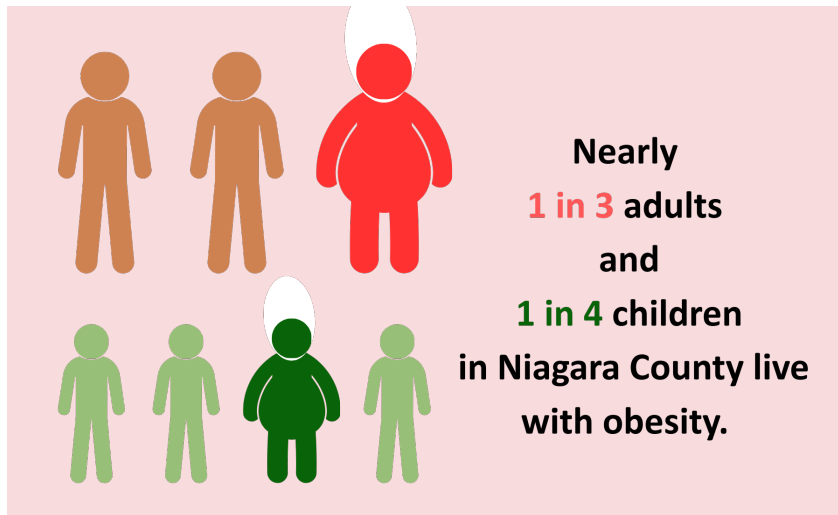
Noncommunicable and Communicable Disease

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).

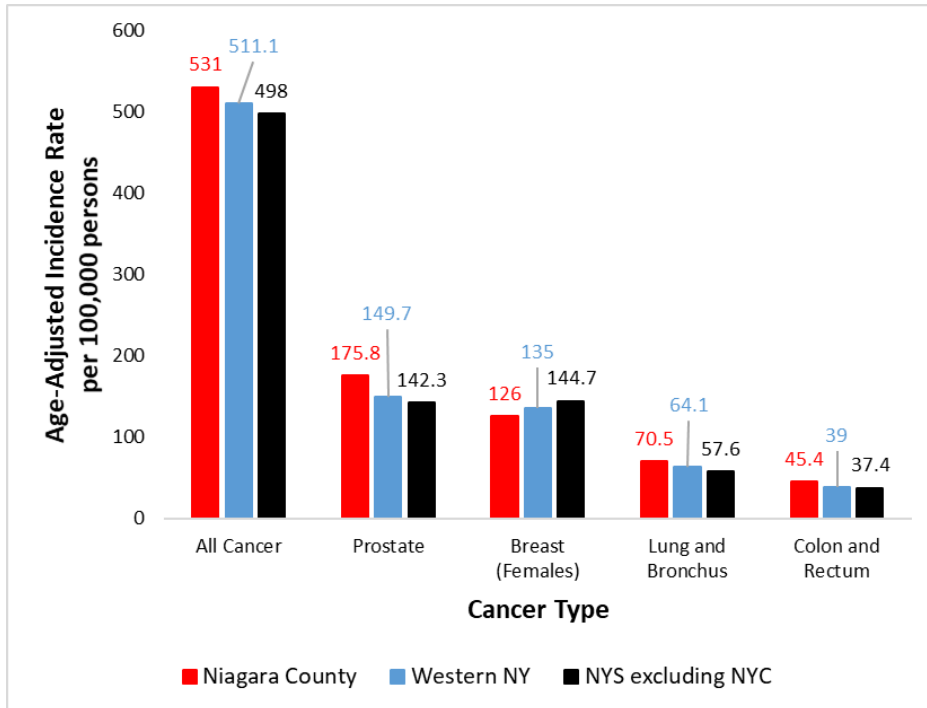


Figure 12: Age-adjusted incidence rates for cancers by type and region, age-adjusted per 100,000 persons, 2021 (35).

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).

c.
**Colorectal
 Cancer
 Screening Rate
 (%)**

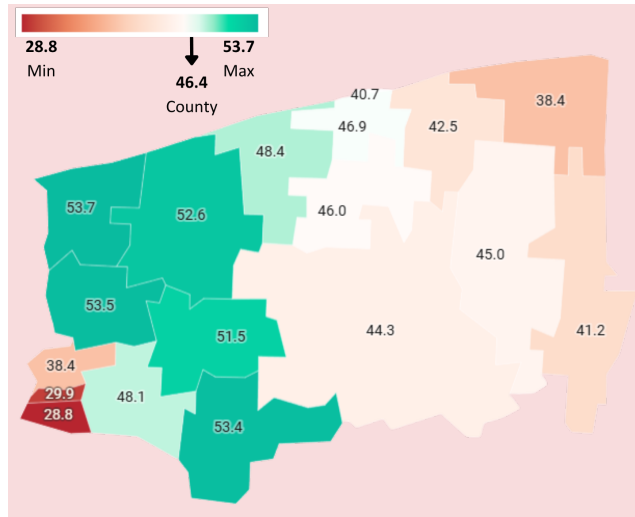


Figure 13 a-c: Percent of Niagara County residents who have completed their cancer screening for breast cancer (a), cervical cancer (b), or colorectal cancer (c) by zip code, 2024 (62). Green shades indicate a higher percentage, than seen countywide, of residents that have completed their screening. 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

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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.

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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,



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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.

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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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Environmental Exposures and Health

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).



In 2022, about **1 in 5** NYS adults reported having a mental illness

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).



TIME FOR HELP? CALL US!

(716) 285-3515 or 988

**Niagara County Crisis Services
24 HOURS A DAY**



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).

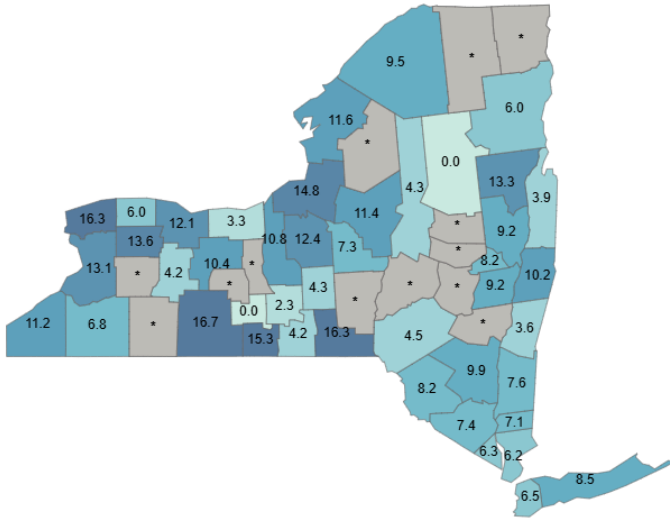


Figure 13: Crude Death Rate per 100,000 persons for Alcohol-Induced Causes of Deaths, NYS, 2019-2023 (74).

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%.

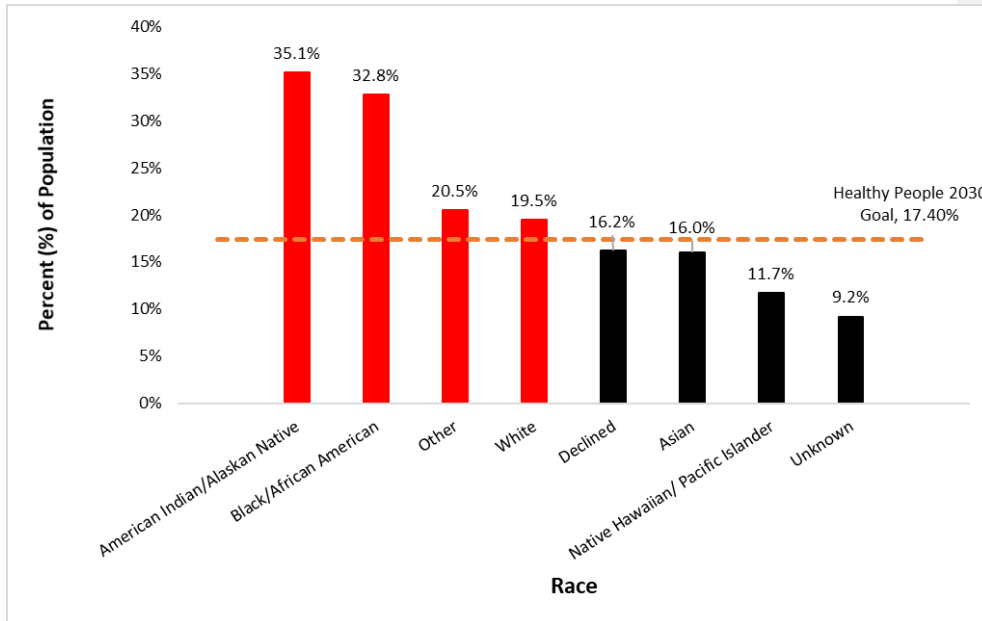


Figure 14: Tobacco Use in Adults by Race, Niagara County, NY, 2024.

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).

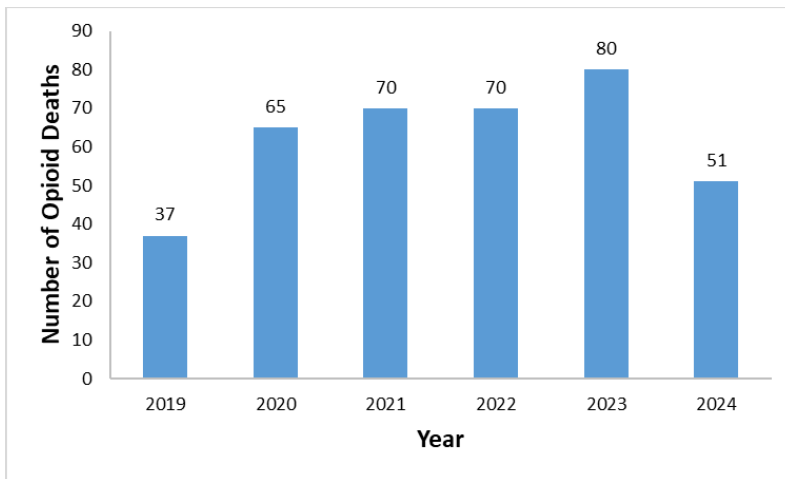


Figure 15: Number of Opioid Overdose Deaths By Year, Niagara County, NY (79).

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.

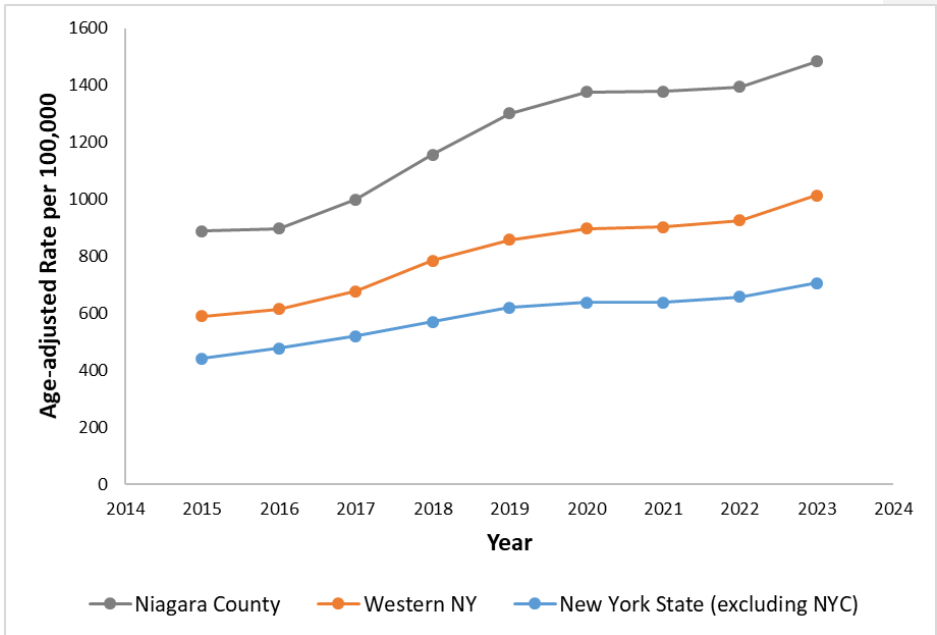


Figure 16: Patients who received at least one buprenorphine prescription for opioid use disorder, age-adjusted rate per 100,000 population, by Region, 2014-2024 (61).

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).

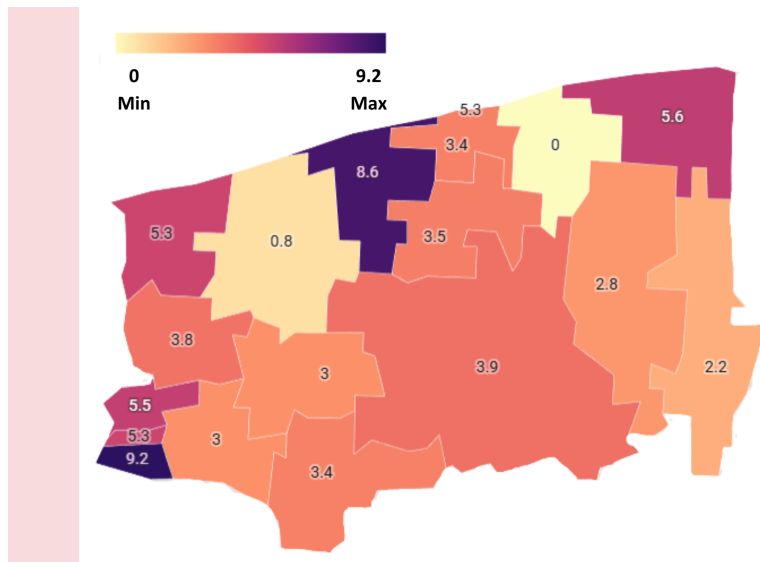
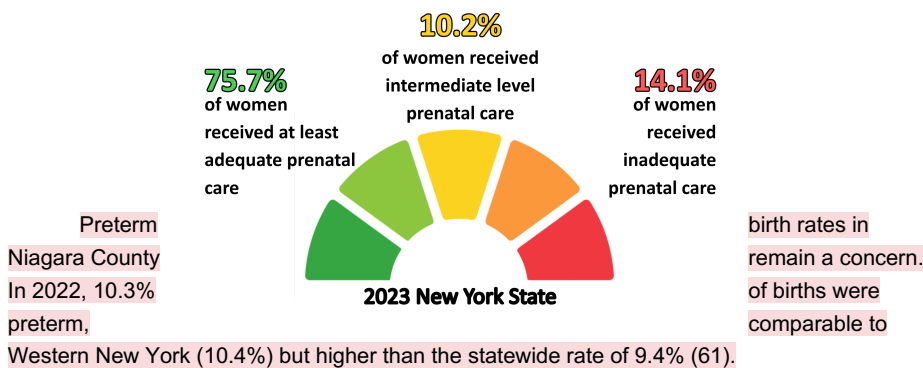


Figure 17: Percent of births where prenatal care was not initiated at all or only in the third trimester of pregnancy, Niagara County, NY, 2020-2022 (82).

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).



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 New York 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	74%	13%	13%

Screening (n=1,065)			
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**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.*

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Community Assets and Resources

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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.

Commented [11]: @Bernie Please provide clarification on Lockport Memorial as its own entity. We are using this section to list each hospital and that one gets lost in translation.

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:

Niagara County 2025-2030 CHA/CHIP

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

Environmental Division

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)
LEADS SAFE Niagara County - Lead Safe Reduction Production	

*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

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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.

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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	Question, Persuade, Refer (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	

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.

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

Description of Prioritization Process

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.

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.

Unmet 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.

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. <i>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%.</i>
Participating Partner(s)	Catholic Health, NCDOH, NCDMH, NFMMC
Intervention(s)	
<ol style="list-style-type: none"> 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. <i>Reduce the rate of overdose deaths for Black, non-Hispanic residents per 100,000 people from 59.2 to 35.5.</i>
Participating Partner(s)	Catholic Health, NCDOH, NCDMH
Intervention(s)	
<ol style="list-style-type: none"> 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. <i>All birthing persons will be included in the intervention work.</i>
Participating Partner(s)	Catholic Health, NCDOH, NCDMH, NFMMC
Intervention(s)	
<ol style="list-style-type: none"> 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. <i>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%.</i>
Participating Partner(s)	Catholic Health, NCDOH, NCDMH
Intervention(s)	
<ol style="list-style-type: none"> 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. <i>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%.</i>
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.	

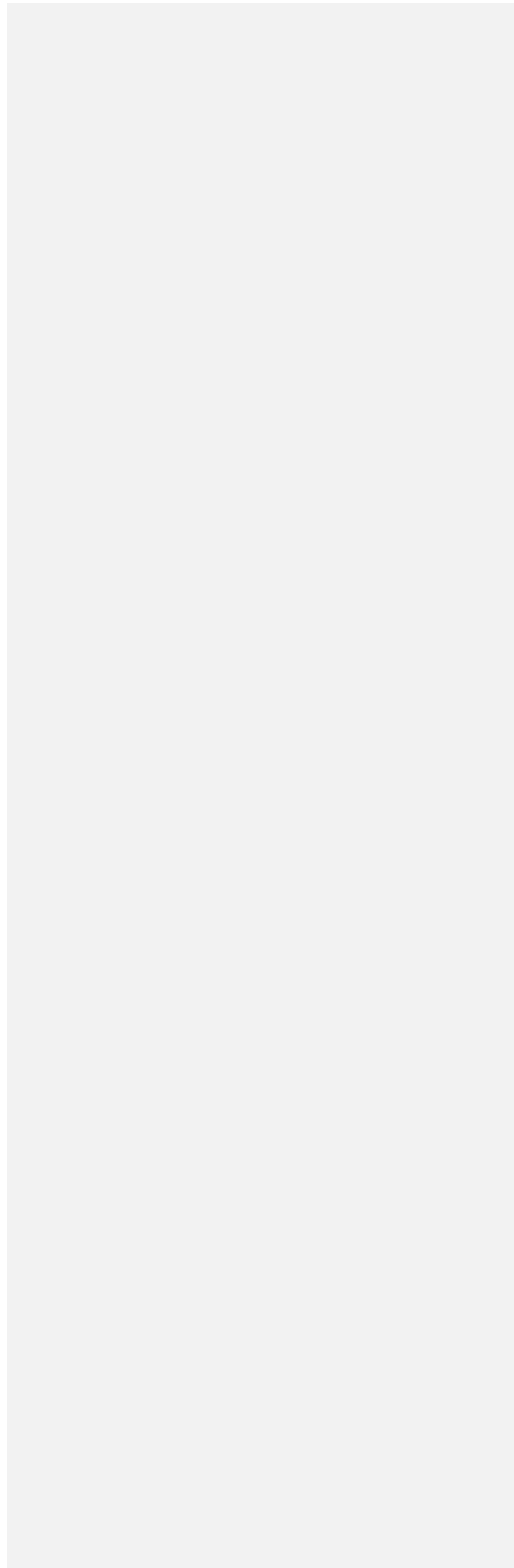
Partner Engagement

The Steering Committee will convene quarterly to monitor progress and guide strategic implementation. 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.

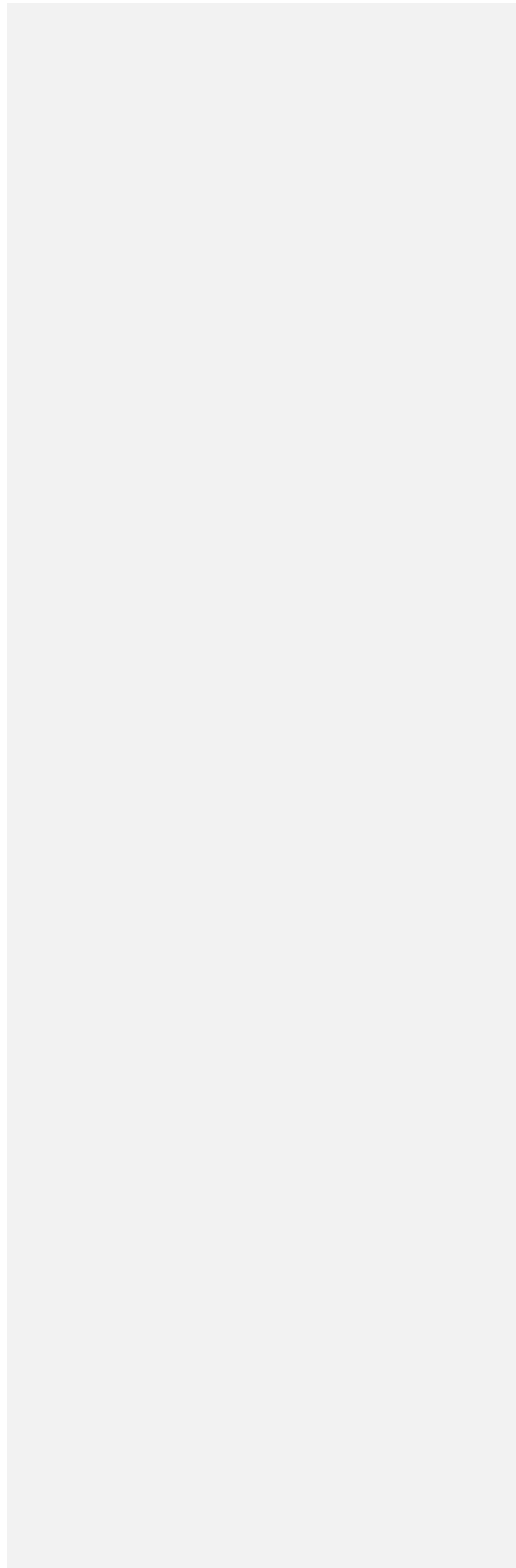
Sharing Findings

The CHA Executive Summary will be disseminated through a comprehensive, multi-channel strategy encompassing traditional and social media, alongside strategic partnerships with key stakeholders. Accessible, concise summaries employing clear language and illustrative visuals will ensure engagement across diverse audiences, thereby promoting informed action and reinforcing accountability.

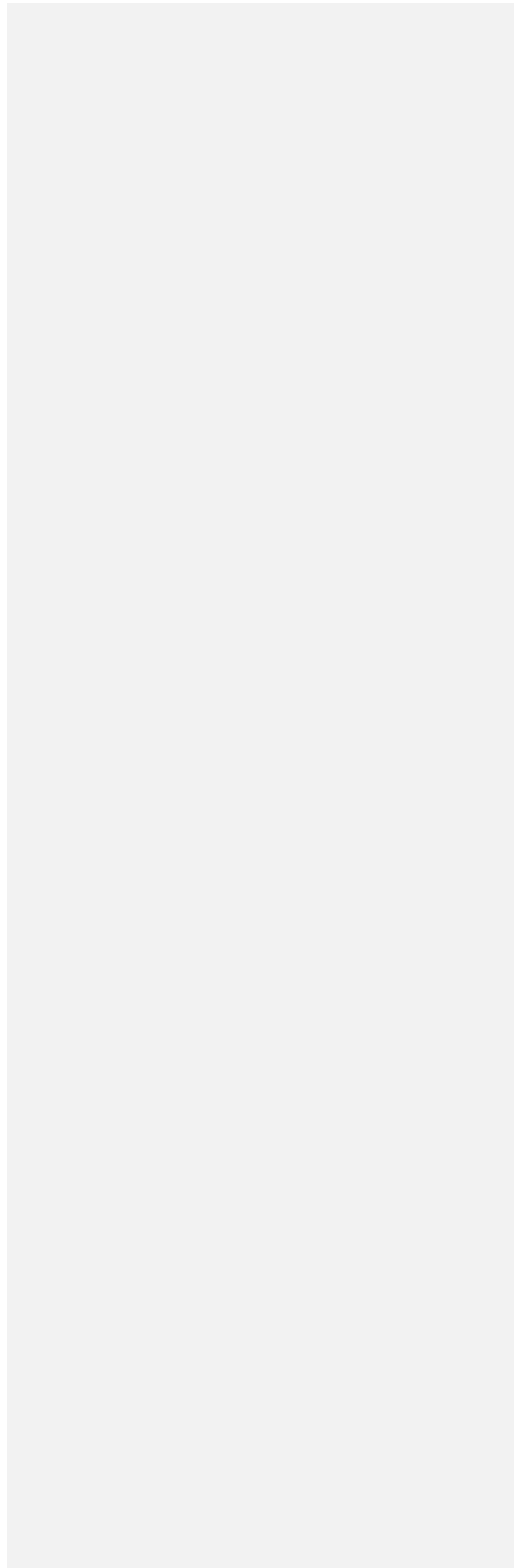
Appendix A



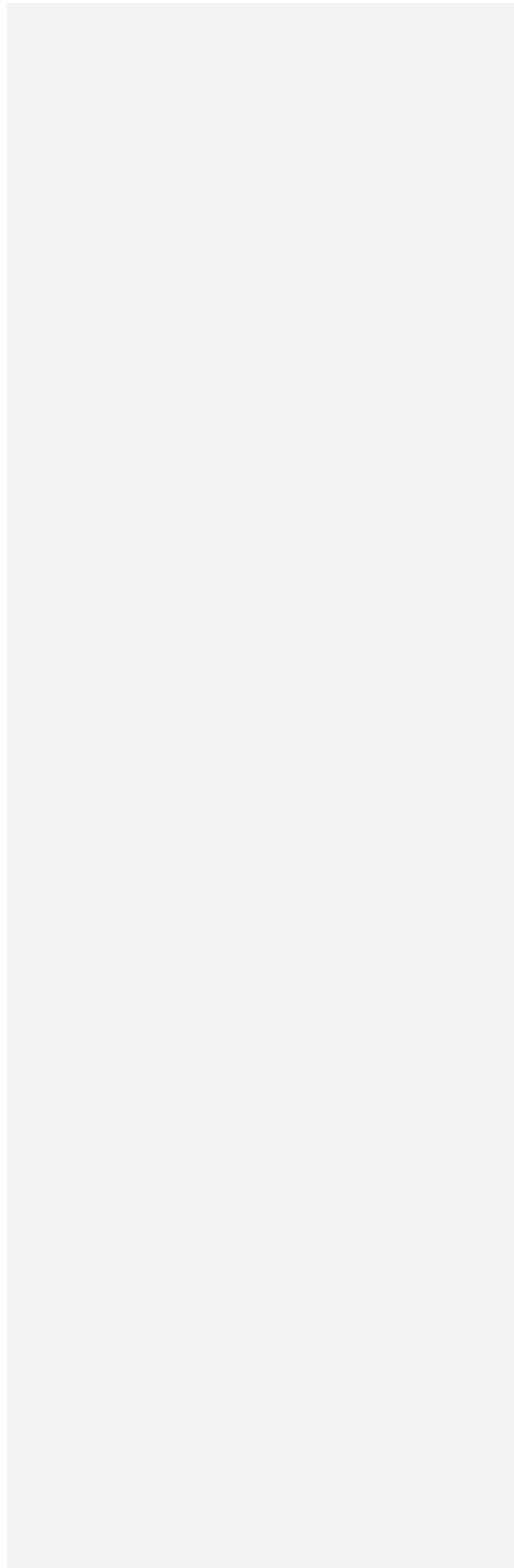
Appendix B



Appendix C



Appendix D



Appendix E

