

2010-2013 Community Health Assessment

Niagara County Department of Health
September 2009



Public Health
Prevent. Promote. Protect.

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SECTION ONE-POPULATIONS AT RISK

Demographic and Health Status Information

Overall Size

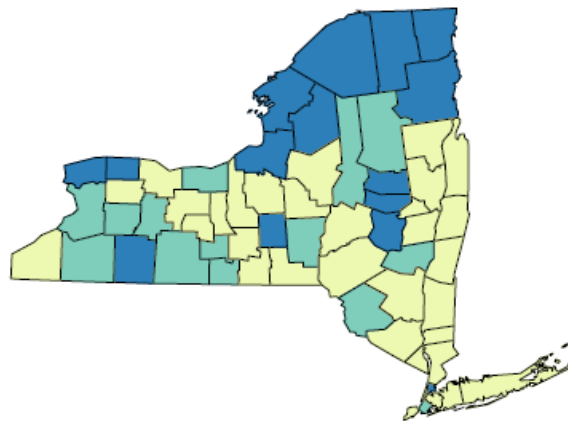
Niagara County is located in the extreme western part of New York State just north of Erie County. It is adjacent to Lake Ontario on its northern border and the Niagara River and Canada on its western border. The primary geographic feature of the county is Niagara Falls which serves as a tourist site as well as for hydroelectric power purposes. According to the U.S. Census Bureau Niagara County covers 523 square miles. There are 3 bridges and 2 train trestles that connect Niagara County to Canada. The county includes 26 cities, towns and villages along with the Tuscarora Indian Reservation which is located approximately in the middle of the county. Niagara Falls, North Tonawanda and Lockport are the most populated cities respectively.

Population

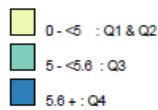
According to the U.S. Census Bureau for Niagara County 2005-2007 American Community Survey the three year estimate for the total population of Niagara County is 215,168, which shows a decrease from previous years. It ranks in population size of the 62 counties in New York State. In regard to race alone, or in combination with one or more other races, 91.3% of residents are Caucasian, 7.3% are Black, 1.6% American Indian, 1.0% Asia and .5% other. The median age in Niagara County is 40.3 with the greater number of individuals falling in the 45-54 years of age category. 25.5% of the county's population are 19 years of age or younger. The overall unemployment rate for Niagara County as of June 2009 was 9.3%. The median income for households in Niagara County is \$45,161, 74% of the households receive earnings and 25% receive retirement income other than Social Security. 12% of the county's population lives in poverty. 9% of families and 30% of female households with no spouse had incomes below the poverty level. The most common occupations are management and professional services at 29% followed by sales and office 27%, service occupations 18%, production and transportation 17%, and 9% at construction and repair. 82% of the people employed were private wage and salary, while 14% were federal, state or local government workers. 4% are self employed. From 2005-2007 87% of the population had at least graduated from high school and 19% held a bachelor's degree or higher. 13% were dropouts. Niagara County had a total of 98,000 housing units of which 11% were vacant. Of the total housing units 68% were single unit, 28% multi-unit and 5% mobile homes. 28% of the housing units were occupied by owners with a mortgage, 45% rentals, and 20% with no mortgage. In 2008 an initiative was launched by the New York

State Department of health to enroll children and families in health insurance. According to the statistics provided by NYSDOH, 22,400 people in Niagara County had no health insurance. 3,900 were children. English is the main language of 94.1% of Niagara County residents and the second language spoken is Spanish. There is also a small population that has emigrated from Russia that resides in North Tonawanda many who speak very little English.

Unemployment
 Percentage of the Labor Force
 2006-2008



Percent Unemployed
 Counties Are Shaded Based On Quartile Distribution



Source: US Bureau of Labor and Statistics

Niagara Falls is the largest city in Niagara County with 48,388 residents. Race alone or in combination with one or more races reveals 77.1% Caucasians, 20.8% Blacks, 3.5% American Indians 2.6% Hispanics, and 1.1% Asians. There are 25,383 females and 23,005 males with the median age being 39.2. The median income of households in Niagara Falls is \$30,324. According to Business First the unemployment rate in Niagara Falls in June of 2009 was one of the highest in the Western New York region at 11.4%. 67% percent received earnings and 22% received income other than social security. 37% percent of households received Social Security with the average income being \$13,827. The poverty rates in Niagara Falls from 2005-2007 indicated that an overall 22% were in poverty. Within this figure, 33% of related children under age 18

were below poverty level and 34% of female lead households had income below poverty level. 82% of people have graduated from high school and 12% had a bachelor's degree or higher. 18% did not complete high school. The leading industries in Niagara Falls are educational services, health care and social assistance. However, the most common occupations were sales and office occupations, followed by service occupations. The city of Niagara Falls reports 27,000 housing units, of which 21% were vacant. 55% are single unit, 43% multi-unit dwellings and 2% mobile homes. 57% of residents are identified as renters.

North Tonawanda is the second largest city in Niagara County with a total population of 32,113. 16,199 are male and 15,914 are female with the median age being 40.8 years. In consideration to race alone or in combination with one or more other races, 98.3% of the residents are Caucasian, 0.5% are Black and 1.2% Asian. The median income of households in North Tonawanda is \$44,692 with 76% of households receiving earnings and 24% receiving retirement income other than Social Security. According to Business First in June of 2009 the unemployment rate in North Tonawanda was 8.9%. The average income for Social Security was \$15,022. A 7% poverty level was identified, 5% were families and 14% were female lead households with no spouse. 89% of adults graduated from high school and 22% hold a bachelor's degree or higher. 12% were drop outs. The most common occupations were: management, professional, 30%, sales and office 29%, production and transportation 18%, service occupations 16%, construction, maintenance and repair 6%. 3% were self employed. North Tonawanda has a total of 15,000 housing units, 6% were vacant. 68% were single unit with 32% multi-unit structures. 29% are owners with a mortgage and 33% were renters. 14% were owners without a mortgage.

Lockport is the third largest city in Niagara County with a total population of 21,891. Race alone or in combination with one or more races, identifies 91.6% Caucasians, 7.8% Blacks, 1.5% Asians and .4% American Indians. 12,112 of the population are female and 9,779 are male with a median age of 37.6. The unemployment rate for Lockport is at 10.4%. The median income is \$34,888 with 72% of the households receiving earnings and 23% receiving retirement other than Social Security. 31% of households received Social Security with the average income being \$12,957. 19% of Lockport residents live in poverty however 33% of families with a female householder and no spouse/significant other present live in poverty. 83% of people completed high school with 16% holding a bachelor's degree or higher. 17% were dropouts. The most common occupations were management and professional, 26%, sales and office occupations 22%, service occupations 22%, production and transportation 20%, construction, maintenance and repair 9%. 85% of people employed were private wage workers, 11% federal, state and local government. 3% were self employed. Lockport had a total of 10,000 housing units from 2005-2007 with a 10% vacancy rate. 59% were single units, 41% multi-unit and less than .5%

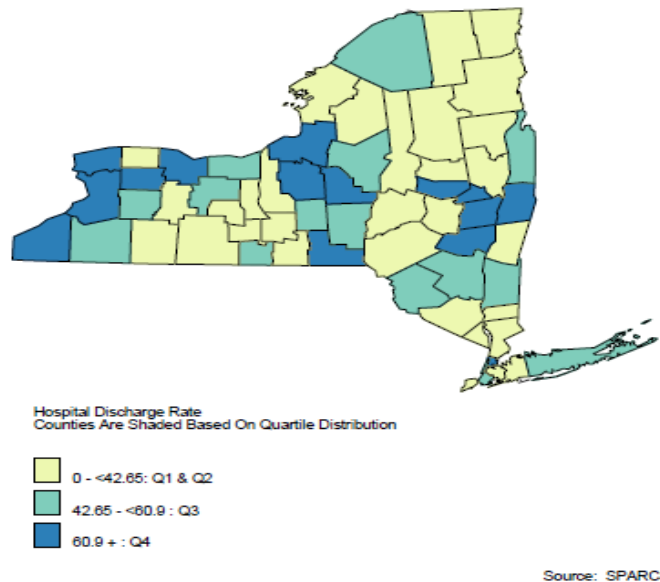
mobile homes. 31% were owners with mortgages and 275 were renters. 28% were owners without a mortgage.

Another notable area in Niagara County is the Tuscarora Reservation, which is centrally located in Niagara County. The reservation spans 9.3 miles with a population of 1138 people and 398 households. While specific demographic information is not easily available it is estimated that the poverty rate is 13%. The Tuscarora reservation is a sovereign territory governed by the Confederacy of Six Nations.

Natality

In 2006 the birth rate in Niagara County was 10.2% per 1000 population. This is a decrease from the previous Community Health Assessment of 11.0 in 2003. The teenage pregnancy rate for females ages 10-14 is higher than the NYS average at 1.9%, while the birth rate for that population is .8%. Females ages 15-19 had a pregnancy rate of 55.2% per 1000 females and a birth rate of 28.2% per 1000. The highest rates of teen pregnancy fall within the zip code areas of Niagara Falls and a notable rate in Lockport. This also reflects increased numbers of low birth weight, out of wedlock, late, or no prenatal care, and an increase in infant mortality. An area of concern is the 14301 area with a teen pregnancy rate of 175.7% and teen birth rate of 101.4%. 76.7% were out of wedlock, 13.7% had low birth rates and there was a 14.8% infant death rate. The overall percentage of early prenatal care in Niagara County is 77.6%, however in this zip code area, 5.2% of pregnant females had late or no prenatal care. The infant mortality rate for all of Niagara County is 6.1% and low birth rate for the county is 7.8%. The ratio of live births per 100 in Niagara County is second highest in Western New York at 36.3%. The ratio per 100 births for out of wedlock was at 41.3% or 956 births. Niagara County is to Erie County with the highest rate of induced abortions in Western New York at 36.3%. Of particular interest is the newborn drug related hospital discharge rate per 10,000 newborn discharges. Niagara County is second to Erie County with a 119.2% discharge rate per 10,000. The New York State average is 57.9%.

Newborn Drug-Related
Hospital Discharge Rate Per 10,000 Newborn Discharges
2005-2007



MORBIDITY AND MORTALITY

Behavioral Factors Related To Morbidity and Mortality

- According to the Expanded Behavioral Risk Factor Surveillance System (BRFSS) of December 2008, 62.4% of Niagara County residents are overweight or obese. This reveals 70% of males and 55.2% of females surveyed. 25.5% stated they received advice from a health professional regarding weight. 14.4% of WIC children (age 2-4) are identified as overweight and 4.9% are underweight.
- 36.4% of adults are diagnosed with high blood pressure and of those 76.9% currently take prescribed high blood pressure medication. There appears to be an equal distribution of prevalence between male and female with the highest percentage being in the age ranges of 55-64 (57.8%) and older than 65 (69.0%).

- 76.9% of adults have had their blood cholesterol checked within the past year which is lower than the New York State average of 81.0%.
- Within the past year 76.4% of Niagara County residents identified that they had visited their doctor for a routine checkup and 90% within the past 2 years. This excludes a visit for an injury, illness, or condition. However 11.2 % identified that the cost was a barrier with the greater percentage being female. 12.4% of adults in Niagara County have no health insurance.
- 27.2% of adults stated they had no leisure-time activities and only 25.9% ate 5 or more servings of fruits and vegetables per day.
- According to the BRFSS 26.6% of the adult population in Niagara County are smokers with the greater percentage being female. The age range that includes the higher percentage of smokers is between 45-64 years of age.
- 75% of adults had a dental visit within the past year and 76.2% had their teeth cleaned. 52.6% had teeth extracted due to decay or gum disease and 20.7% had all teeth extracted due to decay or gum disease. 83.1% of those not having a dental visit identified cost as the factor.
- 37.0% of adults received flu shots within the past year, with 70.5% being 65 or older. The percentage of adults 65 or older ever receiving a pneumonia shot was 68.3%.
- The Unintentional Injury death rate for Niagara County is 25.3% per 100,000 residents, with a 72.1% per 10,000 hospitalization rate. In Niagara County unintentional falls lead the Western New York region at 37.0%. Fall related hospitalizations for individuals aged 65 or older per 10,000 is 220.3%.
- Alcohol related motor vehicle deaths and injuries per 100,000 residents were 68.5% 20.3% of adults identify binge drinking within the past month and 3.7% identified heavy drinking within the past month.
- 84.2% of women 40 and older in Niagara County had a mammogram within the past 2 years and 86.0% of women 50 and older had a mammogram within the past 2 years. 87.1% of women had a pap test within the past 3 years.

- Of men aged 40 and older, 69.8% have had a prostate specific antigen test. Prostate cancer among men 40 and older in Niagara County is 8.9%, which is higher than the New York State average of 3.7%.
- For adults aged 50 or older 46.9% had used the FOBT kit and 63.7% have had a sigmoidoscopy or colonoscopy within the past ten years.

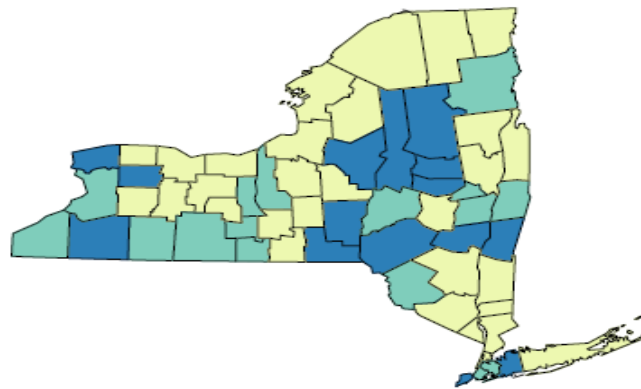
Cardiovascular Disease

Niagara County continues to have a high incidence and prevalence of cardiovascular disease and diseases of the heart. Niagara County is second in the Western New York Region in cardiovascular death and diseases of the heart compared to Cattaraugus County. Per 100,000 residents, Niagara County's death rate from Cardiovascular disease is 334.9%. As previously stated 36.4% of adults in Niagara County have high blood pressure and 76.9% of those with high blood pressure are on medication. A county wide view of hypertension shows a rate of 473% of 100,000 African Americans has hypertension and 53% of 100,000 white have hypertension. According to Vital Statistics Niagara County has a 37.4% rate per 100,000 of cerebrovascular disease.

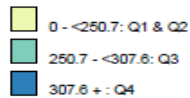
According to the Prevention Quality Indicators, hospital admission rates for circulatory disease in the zip code areas of 14301, 14302, 14303, 14304 and 14305, which include the City of Niagara Falls, are significantly higher than the NYS rate. The admission rates for African Americans are at 262%, with white being at 109%. The most outstanding statistic is within the 14305 zip code area with 325% of hospital admissions for circulatory disease being African American and 109% white. In the 14094 zip code area, which encompasses the city of Lockport, the hospital admission rate for circulatory disease of African Americans is a 258% and white at 135%. In the North Tonawanda zip area in which 92% of the population is white, hospital admissions for circulatory disease was 218% for African Americans and 86% for white. A review of this indicator throughout various zip code areas in Niagara County identifies those hospital admissions for circulatory illness is notably higher in the African American population. Other populations are not ranked as the population size is described as below threshold for this data set. It would be prudent to make an assumption that the African American population in Niagara County, specifically Niagara Falls, has a need for more specific assessment along with preventive and interventive initiatives to identify risk behaviors and develop and integrate programmatic and environmental changes to address this need. Given the data regarding Niagara County and circulatory disease rates primary, secondary and tertiary initiatives would

be justified. Efforts to seek funding and establish collaborations with other health care agencies are ongoing.

Diseases of The Heart
Annual Death Rate Per 100,000 Residents
2005-2007



Death Rate
Counties Are Shaded Based On Quartile Distribution



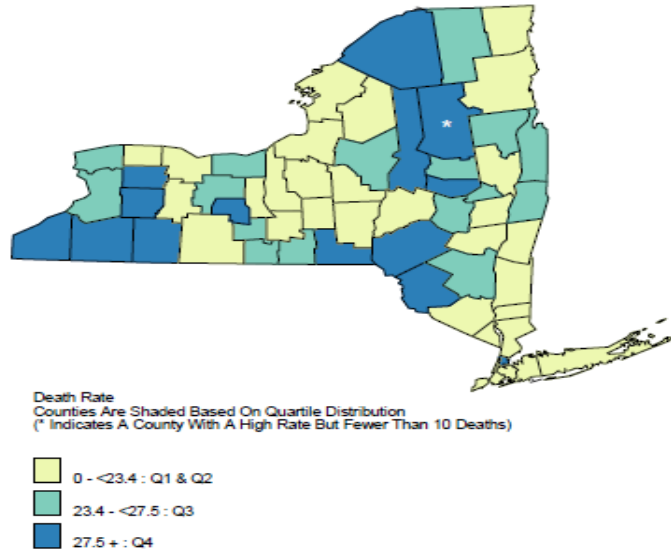
Source: Vital Statistics

Diabetes

According to the BRFSS of December 2008, 11.9% of adults in Niagara County were diagnosed with diabetes during their lifetime. This exceeds the New York State rate of 9.7%. In particular it is noted that this is a rate of 13.2% of females and 10.6% of males. The greater percentage are in the lower income bracket of <\$24,000. An overall view of diabetes related hospitalizations in Niagara County shows a 429% rate for African Americans and 83% for white. The rates of hospitalizations due to uncontrolled diabetes are 622% for African Americans and 82 % for whites, with the other not listed as the population falls below threshold. Long term complications of diabetes are identified as 273% for African Americans, 113% for whites, 128% for other and 101% for Hispanic. Lower extremity amputations are 247% for African American, 82% of whites and others not listed as the population falls below the threshold. Since being overweight or obese is a major risk factor for diabetes, it is well noted again that Niagara

County has a rate of 62.4% of adults being overweight or obese. Only 25 % stated they receive advice concerning weight from a health professional.

Diabetes
Annual Death Rate Per 100,000 Residents
2005-2007



Source: Vital Statistics

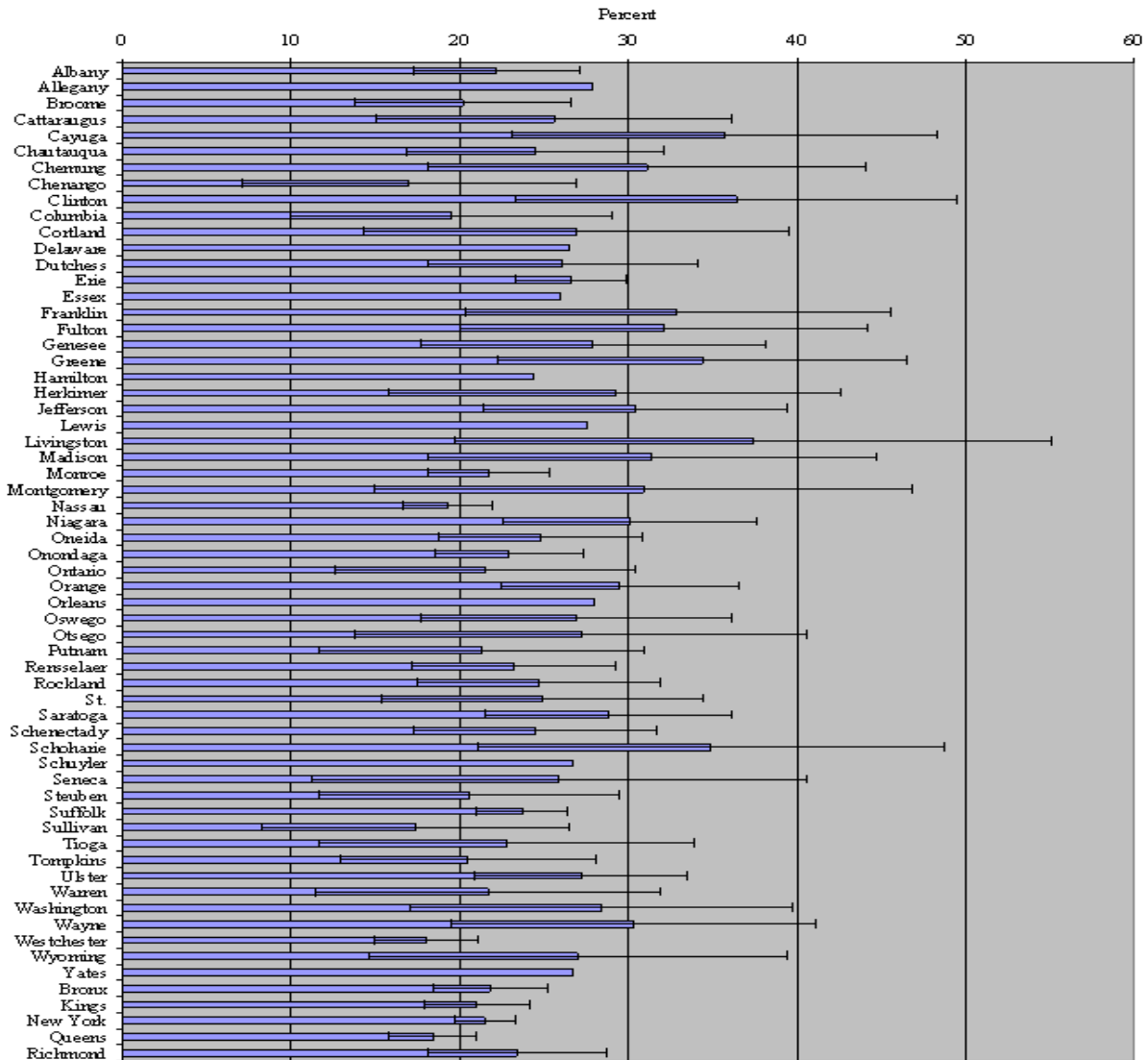
Cancers

According to Vital Statistics/New York State Cancer Registry 2002-2006 the rate per males is 646.5% and 477.5% per females per 100,000 for all invasive malignant tumors. The overall mortality rate is 235.8% for males and 167.2% for females. The most outstanding statistics regarding cancers in Niagara County are the rates for lung and bronchus cancer (refer to NYS Lung and Bronchus Cancer map page 11). For males the New York State rate for cancer incidence is 79.5% and 54.1% for females. In Niagara County the rate are 109.2% and 79.9% respectively. This may correspond to the 26.6% of smokers in Niagara County. Female breast cancer rates are 131.3% per 100,000 females while the New York State rate is 124.5%. 66% of these breast cancers are early stage detections and 84.2% of females 40 and older receive a yearly mammogram. Colorectal cancer rates for males are 58.1% and 43.3% for females which is lower than the New York State rate of 60.8% for males and 45.8% for females. 49% of colorectal cancers are identified as early stage detections. Prostate cancer rates in New York State per 100,000 males are 166.3% and in Niagara County the rate is higher than the average

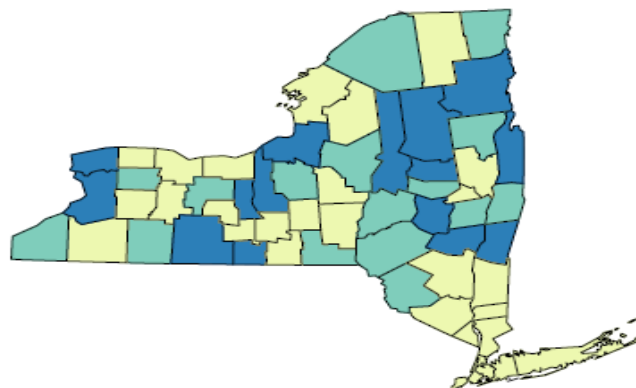
at 178.1%, with a mortality rate of 17.1%. Early stage diagnosis for cervical cancer is 47%, while the annual rate for cervical cancer is 6.6%. Another cancer statistic worth noting is the rate of brain and other nervous system cancer. The New York State rate is 8.3% for males and 5.7% for females. In Niagara County the rates are 11.1% and 7.6% respectively. Also the death rate of lip, oral cavity and pharynx cancer in Niagara County is in the top quartile at 8.0% death rate per 100,000 residents aged 45-74 whereas the New York State rate is 5.0 %.

The graph below shows the percentage of smokers in 1996 and 2000 in each of the counties in New York State. The decrease in smoking rates are apparent as well as the comparisons of smoking rates among counties.

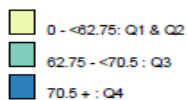
Figure 4. Adult current smoking rates for counties in New York State, BRFSS 1996-2000



Lung & Bronchus Cancer
Annual Death Rate Per 100,000 Residents
2003-2007



Death Rate
Counties Are Shaded Based On Quartile Distribution

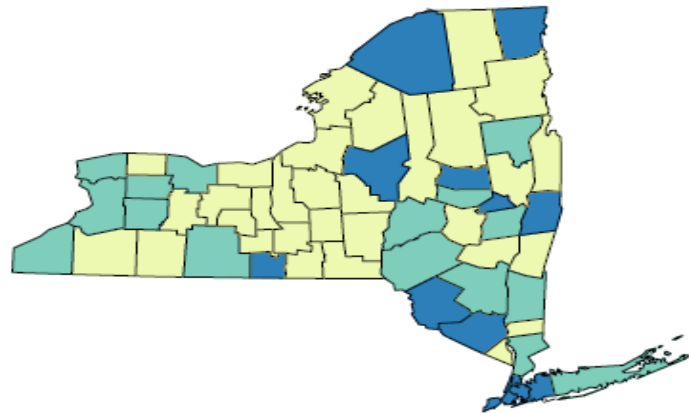


Source: Vital Statistics

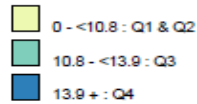
Asthma

According to the BRFSS of December 2008, 24.6% of adults in Niagara County have been diagnosed with asthma. Current diagnoses of asthma are at 13.4% for adults which are higher than the New York State rate of 9.9%. The hospitalization rate overall is 12.1% and children ages 0-17 is 12.7%. These statistics are lower than the New York State rate of 16.5% of adults being diagnosed with asthma and a 21.0% hospitalization rate. The rate of hospitalization rate is also lower in 0-17 years of age being 31.5% in New York State. In the 0-4 year old and 5-14 year old ranges Niagara County falls in the lowest quartile for discharge rate per 10,000. Overall in Niagara County the hospital admission rate for African American with asthma is 212% and 64% for whites.

Asthma(Total)
 Hospital Discharge Rate Per 10,000 Population
 2005-2007



Hospital Discharge Rate
 Counties Are Shaded Based On Quartile Distribution

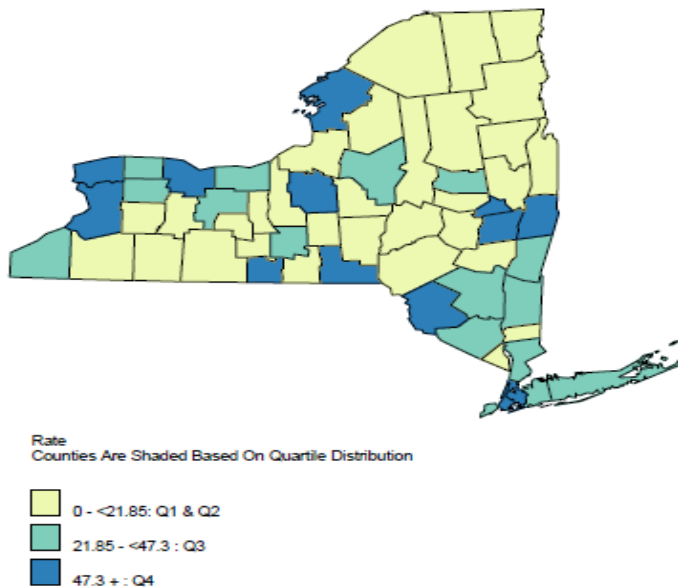


Source: SPARCS

Infectious Disease

Pneumonia/flu hospitalizations per 100,000 adults 65 years of age and older was 220.8% which is higher than the New York State rate of 172.8% .70.5% of adults aged 65 or older received a flu shot and 68.3% reported ever having a pneumonia shot. Pertussis incidence was at 4.9% and the incidence rates of Hepatitis A (0.2%), Hepatitis B (0.8%), tuberculosis (1.1%), E.Coli (1.2%), shigella (0.3%) and Lyme disease (0.3%) had fewer than 20 events therefore the rates were unstable. Male and female Chlamydia cases per 100,000 were second in the Western New York region to Erie County with the male rate being 165.5% and 551.4% for females. Gonorrhea cases, also second highest to Erie County are 111.4% per 100,000 population. The newly diagnoses rate for HIV is at 6.8% and Niagara County ranks second to Erie County in AIDS deaths at 3.1%.

Gonorrhea
 Gonorrhea Per 100,000 Population
 2005-2007

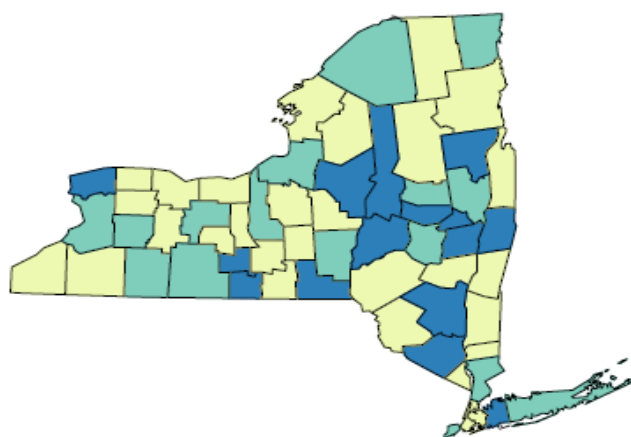


Source: Bureau of STD Control

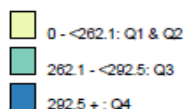
Unintentional Injury

The unintentional injury mortality rate per 100,000 in Niagara County is 25.4% with a hospitalization rate of 72.1%. Unintentional injury rates for adults 65 and older are the highest in Western New York. (See Unintentional Injury Chart page 14) The unintentional fall discharge rate per 10,000 in Niagara County is 37.0%, which is second highest to Allegany County, with age adjusted showing the greater percentage of falls occurring to people 65 or older at 220.3% rate. Pedestrian hospitalizations are identified as 0.8% and motor vehicle related mortality per 100,000 at 10.1%. Alcohol related motor vehicle death and injuries per 100,000 population is at 68.5% in the second quartile of the state. Niagara County ranks highest in Western New York in the poisoning hospitalization rate at 13.1% per 10,000. Employment related hospitalizations per 10,000 employed persons aged 16 or older is 30.8%, significantly higher than the New York State rate of 16.0%.

Unintentional Injury (Age 65+)
 Hospital Discharge Rate Per 10,000 Population Age 65+
 2005-2007



Hospital Discharge Rate
 Counties Are Shaded Based On Quartile Distribution

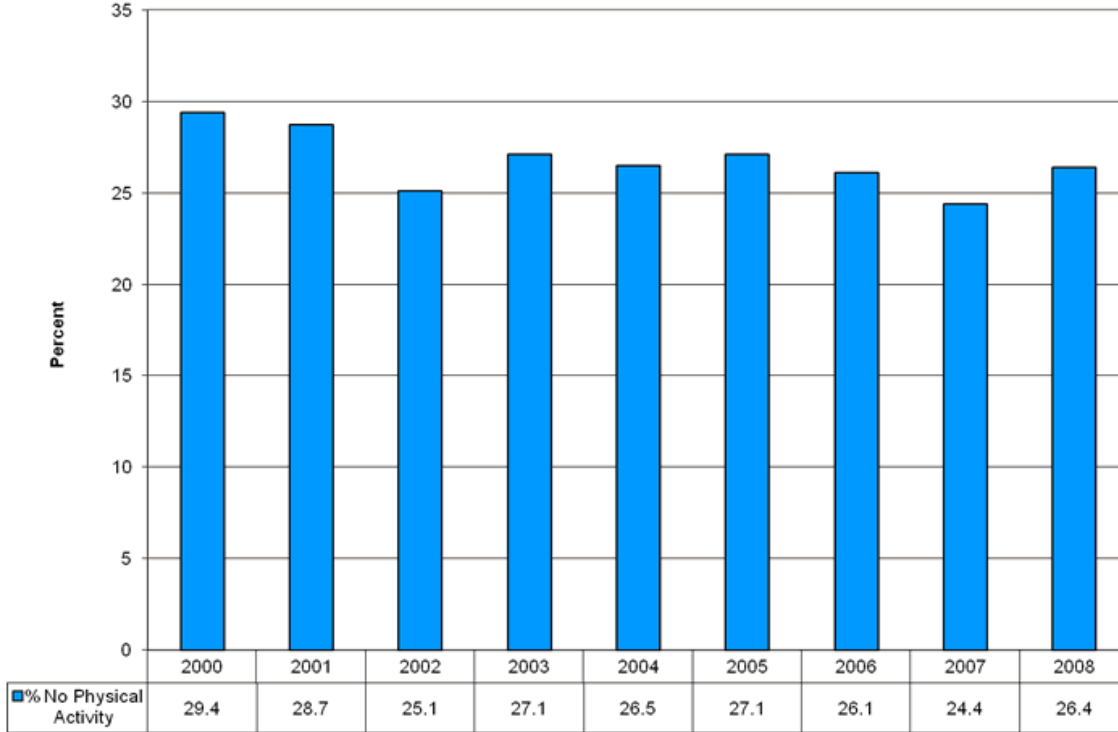


Source: SPARCS

Physical Activity and Nutrition

74.5% of adults identified that they engage in some sort of physical activity/leisure time activity, however the intensity and frequency of these activities are not known. Based on BRFSS of December 2008, the population with the highest education and salary appeared to have the greater amount of leisure-time activity identified. Only 29.1% of the adult population reported eating at least 5 fruits and vegetables daily. Programs within Niagara County such as Cornell Cooperative Extension, WIC and Head Start have a primary focus on nutrition for children and adults in the low socio-economic range however these programs very often experience cut backs in funding therefore have limited resources. The following graph represents an outlook on the lack of physical activity state-wide.

**Percent of Adults Who Engage in No Leisure-Time Physical Activity
New York State, 2000 - 2008**



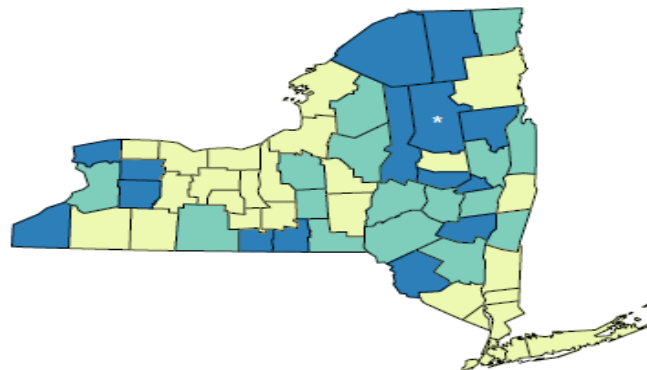
Access to Care

According to the BRFSS of December 2008 12.4% of adults in Niagara County have no health insurance. This includes HMO's or government plans such as Medicare. This number tends to increase as the unemployment rate increases. Recent statistics from the facilitated enrollment program identify 3900 children in Niagara County as uninsured. 75% of adults identified having a dental visit within the past year however 83.1% stated the lack of insurance coverage and cost was a barrier to dental care. The facilitated enrollment project has assisted individuals in Niagara County to become enrolled in Child Health Plus, Family Health Plus and Healthy New York as well as Medicaid Managed Care. Several free or low cost clinics operate within Niagara County and will be described further. Transportation is a barrier that has been identified by many agencies and efforts to alleviate this barrier continue.

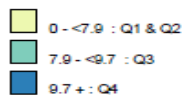
Mental Health/Substance Abuse

The suicide mortality rate in Niagara County is 6.1%, lower than the state average of 6.4%. 10.5% of adults in Niagara County report poor mental health in the past month according to the BRFSS of December 2008. The greater percentage being female with income levels below \$24,000 and between the ages of 45-54. 20.3% of adults report binge drinking and 3.7% of adults report heavy drinking within the past month. Drug-related hospitalizations per 10,000 are at 23 % lower than the New York State rate. One note that may be related to alcohol use is Niagara County's rate of cirrhosis deaths. According to Vital Statistics data of 2004-2006 Niagara County's rate of cirrhosis deaths ranks highest in Western New York at 8.3% per 100,000 residents. Excessive alcohol consumption is a major contributing factor to cirrhosis.

Cirrhosis
Annual Death Rate Per 100,000 Residents
2005-2007



Death Rate
Counties Are Shaded Based On Quartile Distribution
(* Indicates A County With A High Rate But Fewer Than 10 Deaths)



Source: Vital Statistics

Dental Health

75% of adults in Niagara County identified at least one dental visit within the past year and that the cost of dental care is a barrier to seeking treatment. Oral health Indicators in Niagara County for grade children reveal that 60.6% of low socio-economic children have some form

of dental insurance and 71.5% of high socio-economic have some form of dental insurance. 89.1% of high socio-economic children had a dental visit within the past year where as 67.1% of low socio-economic children had a dental visit within the past year. 21.8% of high socio-economic children had untreated dental caries and 39.7% of low socio-economic children had untreated dental caries. The rate of dental visits for children 3-5 years old was 162.7% higher than the New York State rate of 57.5%.

Trends for the Relationship of Poor Health and Needs For Public Health Services

From a demographical and socio-economical perspective the cities of Niagara Falls and Lockport have poverty levels above the New York State rates as well as increased unemployment rates. The median incomes are well below the Niagara County median and more household live in poverty on average than other areas of Niagara County. Of concern is the outstanding rate of poverty among female lead households with no spouse or significant other. In Niagara Falls the rate is 34% and Lockport 33%. Also to be considered also is the rate per 100 live births out of wedlock at 41.3%.

A major risk factor for several chronic diseases such as cardiovascular, diabetes, cerebrovascular, and some cancers is being overweight or obese. Niagara County's rate for being overweight or obese is 62.4%. Within this figure 20.6% of obese individuals are predominately in the low income and educational attainment category. The rate for diabetes continues to increase as well as health care professionals identifying those who are pre-diabetic. Hospitalization rates throughout Niagara County show that blacks have a much higher rate of hospitalizations, complications and uncontrolled diabetes than other populations. Since diabetes is a major risk factor for cardiovascular diseases it is not surprising to see higher cardiovascular disease rate in these populations also. Public Health programs that address health initiatives such as healthy heart, nutrition/weight management, physical activity and disease management should be maintained and/or developed to specifically address the risk factors of these chronic diseases. The Niagara County Department of Health has a small Healthy Heart grant which focuses on worksite wellness. It promotes environmental and systems changes that assist in lowering risk factors for heart disease. This grant is part of the Western New York Regional Initiatives Coalition which also holds the Diabetes Prevention grant. This is a small grant that promotes physical activity and risk reduction activities. Currently, the Niagara County Department of Health participates in collaboration with the Niagara County Office for Aging and DeGraff Memorial Hospital to provide a series of educational sessions called Stay Well which has served over 320 people aged 50 and older in the past 18 months.

The rates for Sexually Transmitted Diseases continue to be high for Niagara County residents. Chlamydia and gonorrhea cases have increased throughout the past 3 years. The Niagara County Department of Health provides an STD clinic 2 times weekly. However, due to staffing issues the personnel numbers have declined. Public health nurses, in collaboration with the Niagara County Youth Bureau, have given presentations regarding STD at 10 local schools.

Basic Service Area: Family Health

Dental Health Education

The Niagara County Department of Health provides information regarding dental health at all immunization clinics as well as referral information for area dentists that accept Medicaid or have a sliding fee schedule. The Early Intervention Program disseminates information to more than 500 families a year. In their intake packet it provides public health education regarding dental health, lead poisoning, prenatal care, nutrition and family planning. The Physically Handicapped Children's Program offers orthodontia treatment/payment for children ages 0-21 years old with craniofacial anomalies.

Primary and Preventive Health Care Services

The Niagara County Department of Health provides an array of preventive health services for children and adults through the Nursing Division, Environmental Health Division and Children with Special Needs Programs. Immunization clinics, health assessment and education, assessing insurance and medical home status, referrals for facilitated enrollment, restaurant inspections, disease surveillance, lead testing and outreach to vulnerable children are among the many services offered. The Niagara County Department of Health partners with Healthy Families of New York, WIC, the Facilitated Enrollment project, local hospitals and health care agencies to provide preventative health care services as needed.

Lead Poisoning Prevention

The Niagara County Department of Health conducts a lead screening and prevention program through the Nursing and Environmental Health divisions. The incidence of children <72 months with confirmed blood lead levels $\geq 10\mu\text{g}/\text{dl}$ per 100 tested was 1.3, which is consistent with the New York State rate. However only 57% of children in Niagara County ages one and two are

tested for blood lead levels. The Lead Prevention Program of the Niagara County Department of Health targets children ages birth to 18 years who live in homes with lead hazards or who have behaviors that would contribute to lead poisoning. The current targeted area is the zip code of 14301 in Niagara Falls, which has the greatest number of children with elevated blood lead levels. Confirmed cases of 10mcg/dl or higher receive a home visit from a public health nurse and the home is investigated through the Environmental Health Division for remediation of lead hazards. Outreach and education are ongoing with monthly visits to WIC sites, childcare centers, schools, Head Start, medical offices and home visits. The number of active cases in the program in 2008 was 104 with the number of children newly identified with elevated lead levels at 41. Beginning in October 2009 the Niagara County Department of Health will focus on eliminating factors contributing to high blood lead levels through a Lead Primary Prevention Grant. Specific zip-code areas will be targeted and future funding from HUD will be explored to expand the capability to renovate and remove lead hazards. This initiative will be preformed through the Environmental Health Division and the Nursing Division. Below is a chart from the New York State Department of Health-Niagara County Indicators for tracking Public Health Priority areas outlining the Niagara County rates, New York State rate and the Healthy People 2010 goal for lead prevention.

Indicator	Prevention Agenda 2013 Objective	US	NYS	Niagara County
HEALTHY ENVIRONMENT				
Incidence of children <72 months with confirmed blood lead level $\geq 10 \mu\text{g}/\text{dl}$ (per 100 children tested) ¹⁴	0.0†	-	1.3 (2003-2005) (Rate for NYS Excluding NYC)	1.3 (2003-2005)
Asthma related hospitalizations (per 10,000) ¹⁶				
Total	16.7*	16.6*	21.0*	12.1 *
Ages 0-17 years	17.3†	22.6 (2003)	31.5 (2004-2006)	12.7 (2004-2006)
Work related hospitalizations (per 10,000 employed persons aged 16+ years) ¹⁴	11.5	-	16.0 (2004-2006)	31.3 (2005-2007)
Elevated blood lead levels ($>25 \mu\text{g}/\text{dl}$) per 100,000 employed persons age 16+ years ¹⁴	0.0†	-	6.0 (2004-2006)	6.6 (2005-2007)

Prenatal Care and Infant Mortality

The Nursing Division of the Niagara County Department of Health reviews state, municipal and community data to assess needs, gaps and barriers related to prenatal and infant care in the community. Outreach, education, and home visits to increase awareness of the Prenatal Care Assistance Program (PCAP) and the importance of prenatal care are provided through various methods to high risk populations such as pregnant teenagers and individuals in areas having a high poverty rate. Niagara County Department of Health also collaborates with Cornell Cooperative Extension and the Eat Smart New York program to provide prenatal nutritional counseling, basic infant care, and breastfeeding assistance/education at home visits. The Niagara County Department of Health also is a participant in the Western Region Prenatal Forum and the Infant Injury and Death Team meetings. In these meetings, infant mortality statistics are reviewed to determine public health issues. The group collaborates with other community health partners such as hospitals, prenatal care providers and human services agencies to address the concerns. The Niagara County Department of Health will also be a member of the new formed Postpartum Depression Initiative that is being developed through the hospital collaboration process of the Community Health assessment and the Community Service Plan.

Family Planning

The Niagara County Department of Health does not provide direct Family Planning services. It provides outreach and education to the general public to increase awareness of unintended pregnancies, transmission of STD's including HIV and the importance of family planning services. Education is disseminated via brochures at health clinics/fairs, press releases and presentations at local middle and high schools. Referrals are made to physicians, clinics and Planned Parenthood taking geography and socio-economic status in consideration.

Nutrition

The Niagara County Department of Health provides education and outreach for nutritional services and programs through various venues. The Nursing Division, through the Long Term Home Health Care Program (LTHHCP) contracts with a nutritionist to assist in education and meal planning for patients. Literature and referral is given to patients in the Certified Home Health Care Agency (CHA). Information regarding healthy eating and physical activity is available at clinics and health fairs. The Healthy Heart grant, which serves 8 worksites and the Diabetes Prevention grant focus on healthy eating, physical activity and "knowing your

numbers". Pre and post test surveys are given following programs to assess behavioral and environmental changes in these programs. The Niagara County Department of Health also collaborates with Cornell Cooperative Extension, Head Start, WIC, and The Niagara County Office for Aging and food pantries in the county to provide education and referral for nutritional services, as well as identifying populations of high need. The Niagara County Department of Health has a monthly cable television program and uses this program as a vehicle to impart information regarding healthy eating and physical activity as risk reduction for chronic diseases.

Injury Prevention

The Niagara County Department of Health provides educational information and press releases regarding injury prevention. Falls prevention and assessment are conducted through the Nursing Division with each patient, as well as through the Stay Well Program. In home safety assessments are conducted through the Healthy Neighborhoods Program of the Niagara County Department of Health which distributes smoke alarms, batteries and carbon monoxide detectors. The Niagara County Sheriff's Department conducts community activities for injury prevention such as the distribution of bike helmets, child safety seats and booster seats. Car seat safety check events are done at various locations by certified car seat safety technicians.

Basic Service Area: Disease Control

Sexually Transmitted Disease and HIV/AIDS

The focus on the STD clinics through the Niagara County Department of Health is to prevent and control sexually transmitted diseases by providing counseling, testing and follow-up. Two clinics per week are held in the Trott Building in Niagara Falls, which offers STD testing , HIV testing, Hepatitis A and B vaccines and Twinrix to clients 19 years and older. Clients are also surveyed for their risk of Hepatitis C. Only high risk clients are tested due to the cost of testing. In 2008 there were 1,515 clinic visits, with the majority being male. 756 HIV tests were performed with positives referred to AIDS Community Services for case management services. Despite the rising incidence of STD's (gonorrhea and Chlamydia, the clinic staffing was reduced due to budgetary concerns. A representative from the New York State Department of Health has been assigned to follow-up with each case of gonorrhea. Clients are also referred to Planned Parenthood or clinics with no cost or low cost fee schedules. In collaboration with the Niagara County Youth Bureau, STD program nurses visited ten schools in Niagara County and provided presentations to 1,043 students and educational materials to school nurses. These

activities were part of the Federal Community Based Abstinence Education Grant, which is due for extension. Three members of the Niagara County Department of Health staff are members of the Western New York HIV/AIDS Public Health Coalition which meets quarterly and provides networking, referral, education and assessment of HIV/AIDS and STD clients in the region. Niagara County also has a small Niagara County AIDS Task Force that meets quarterly to address the needs of those infected and affected by HIV/AIDS in Niagara County.

Tuberculosis

The tuberculosis program uses early detection, target testing, treatment, and directly observed therapy (DOT), to prevent the emergence of a TB epidemic in Niagara County. The TB program provides evaluation and preventative medication to individuals with a positive TB test. A TB clinic is held once a month in Niagara Falls and once a month at the Niagara County Jail. Upon request, the TB Public Health Nurses will train clinicians and medical staff on the administration of PPD and reading results. 24 TB clinics were held in 2008, with 4 TB cases identified. All 4 had directly observed therapy. Educational information is provided at clinics and health fairs, as well as surveillance by all hospitals and physicians.

Communicable Diseases

The Communicable Disease Program of the Niagara County Department of Health Nursing Division identifies the agent, occurrence, reservoir, and mode of transmission, incubation period and period of communicability of disease. Methods of control are set forth through; preventive measures, control of patient contacts and environment, epidemic measures when indicated by the possibility of wide spread disease. International measures when risks of infection from another country are suspected and disaster implications from a disaster or catastrophic situation. Following is a list of reportable diseases from 2008.

- Legionellosis: 5 cases were investigated. All required hospitalization and all recovered.
- Lyme Disease: 38 investigated cases with 3 confirmed
- Malaria: 1 investigated case from an individual who traveled outside of the United States
- Meningitis, aspecific: 9 cases investigated with 8 hospitalized and all recovered
- Meningitis, other bacterial: 2 cases investigated and both recovered
- Meningococcal Infection: 1 case investigated and recovered
- Pertussis: 4 cases investigated with 1 hospitalization. All recovered

- Q-Fever: 1 case investigated but did not meet case definition
- Rabies: 81 individuals were authorized to receive post exposure prophylaxis
- Rubella: 1 case investigated but did not meet case definition
- Salmonella: 15 cases investigated with one being linked to the nationwide peanut butter outbreak. 2 cases were hospitalized
- Shigellosis: 2 cases investigated and both recovered
- Streptococcal Group A Invasive: 5 cases investigate, 4 cases confirmed. All were hospitalized with one death.
- Streptococcal Group B, Invasive: 17 cases were investigated, 15 were hospitalized with one death
- Streptococcal Pneumoniae Invasive Intermediate: 10 cases were investigated and all required hospitalization.
- Streptococcal Pneumoniae Invasive: Sensitive: 23 cases were investigated and all were hospitalized with one death.
- Vibrio,non01 Cholera: 2 cases investigated but did not meet case definition
- Yersiniosis: one case investigated and recovered

Immunization

The Niagara County Department of Health offers all required and recommended immunizations at regularly scheduled Adult/Travel and Child Immunization clinics on a monthly basis. Promotional clinics are held throughout the year as needed, including flu clinics and private meetings with clients if they are unable to attend scheduled clinics. Pneumonia vaccines are offered throughout the year in adult clinics and with home care visits, as is the flu vaccine. A public health nurse is the lead nurse for the immunization program and is a member of the Western New York Adult Immunization Coalition. The Niagara County Department of Health offers all recommended and required immunizations to adults in the travel clinic, which is a fee for service clinic. Children can also receive immunizations for travel at these clinics. Education and consultation is given to each client regarding traveling and health issues. Offering health care workers immunizations is also a component of the Immunization Program to ensure health care workers are protected against disease from the clients they work with. In 2008 the adult travel clinic was held 25 times, with 334 immunizations given and 25 PPD's. The children's clinic offers immunizations to children 6 weeks to 18 years of age. The Vaccine for Children program is a free of charge program through the New York State Department of Health. Referrals for facilitated enrollment, WIC and assistance with identifying a primary care provider are offered.

3 children's immunization clinics are held each month with more scheduled closer to return to school dates. In 2008, 43 clinics were held giving 2,067 immunizations.

Chronic Disease

Referring to pages 4, 5 and 6 of this assessment the need to address chronic health conditions is paramount as the incidence and prevalence of these continue to increase. As discussed previously, socio-economic, race, gender and location indicate the need for more comprehensive prevention and interventional initiatives. The Niagara County Department of Health continues to seek funding and collaborative efforts to address chronic disease through the reduction of high risk behaviors. The Healthy Heart Grant program focuses on worksites throughout the county and has been successful in establishing changes within those sites however this represents a very small portion of the population. Several hospitals in Niagara are working on providing more community educational opportunities and health care agencies have begun to incorporate information regarding lowering the risk for chronic disease through healthier diets and physical activity. The efforts to reduce the use of tobacco and have smoke free hospitals are almost complete. Hospitals have begun to offer more smoking cessation programs and an effort to establish smoke free apartments is currently underway. Violations against the Sanitary Code for smoking in restaurants and bars are being enforced through the Niagara County Board of Health. Granted programs such as the Cancer Services Program through the New York State Department of Health have increased funding to assist those with no health insurance or inadequate health insurance to be tested for breast, cervical and colorectal cancers with follow-up. With the rising rates of diabetes hospitals are working together to identify those who are in need of diabetic education and assist in providing services. The Public Health Educator at the Niagara County Health Department works with the Regional Prevention Initiative Coordinators from the 8 Western New York counties to address cardiovascular disease, diabetes, nutrition, physical activity and cancers and applies for funding for new programs. Through this initiative resources are shared among the counties that assist in chronic disease prevention through behavioral changes. The focus of the initiative relies on evidenced based practices in public health to develop programs for the Western New York Community.

Optional Services

Home Health Services

The Niagara County Department of Health Nursing Division has a Certified Home Health Care (CHA) agency which provides skilled nursing services, wound care, infusion therapy, physical therapy, occupational therapy, speech therapy, medical social worker and home health aides to clients recovering from acute illnesses. Clients continue to require more complicated home care services for treatments and conditions that previously were provided strictly in an acute care setting. Home care clients are primarily Medicaid or Medicare recipients as well as third party payers with a small amount of private pay clients. In 2008 7,131 nursing visits were made to Niagara County clients.

The Long Term Home Health Care Program (LTHHCP) is referred to as a “Nursing Home Without Walls” and provides nursing home level care to chronically ill, invalid, disabled and medically eligible clients with a wide array of professional services in their homes. The comprehensive services allow clients to live safely and independently while their needs are evaluated and incorporated into a specialized care plan which includes input from family and loved ones. The coordination of all care needed for each client with chronic or complex medical conditions makes the LTHHCP a unique program. In 2008 3,176 nursing visits were made in the LTHHCP. Through skillful management of the client’s care costs under this program have consistently been significantly lower than the cost of comparable institutional care.

Medical Examiner

Niagara County contracts with Erie County for Medical Examiner Services. The Erie County Medical Examiner Office serves as a regional resource to Niagara County and several other New York Counties in the Western Region.

Emergency Medical Services

The Niagara County Public Health Emergency Preparedness Director sits on the Niagara County EMS Council and the Big Lakes EMS Council. The EMS Council position is a legislative appointment. The membership bodies of the local and regional councils develop, evaluate and approve policy with oversight from the New York State Department of Health.

Laboratories

The Niagara County Department of Health contracts with the Erie County Public Health Laboratory which serves as a critical resource to the Western region. The Erie County Regional Health Laboratory is a CLIA/CLEP certified Bio-safety Level Laboratory for testing and validating environmental and clinical samples including the H1N1 identification and sub typing. The Environmental Health Division utilizes the New York State Department of Health Wadsworth Laboratory for rabies and other arthropod disease program. In addition, specialized public water supply testing is also done at Wadsworth Laboratory. Contracted laboratories are used for special programs as required.

Emergency Preparedness/Public Health Information Program

The Public Health Emergency Preparedness Program is supported by two funding streams. The New York State Department of Health LHD Public Health Emergency Preparedness Grant and the Center for Disease Control (CDC) Cities Readiness Initiative Grant (CRI). The program is coordinated and managed by the Director of Public Health Planning and Information/Emergency Preparedness with additional staff. The LHD grant involves a comprehensive population based emergency planning, while the CRI grant focuses on coordination and distribution of the Strategic National Stockpile assets to the entire population within 48 hours of a disaster or public health threat. Successful implementation of both grants is dependent upon communications and population analyses. Niagara County relies on multidisciplinary and cross jurisdictional collaborations to identify and locate special needs and culturally distinct populations that may need a specialized approach to an emergency response. The program coordinates a Medical Reserve Corps and volunteer groups in preparedness planning, outreach, training and exercise initiatives. Other entities involved in the collaboration to assure all members of the population are served include: responder agencies, faith-based communities, hospitals, schools, colleges, Department of Social Services, utility companies, public officials, CBO's and large/small corporations.

Physically Handicapped Children's Program

This program provides financial assistance for families with children 0-21 years old with chronic medical conditions. This program networks with families and community resources and support and guidance. Information is available regarding insurance, equipment, education and respite care.

Access to Care

Hospitals and Clinics

Niagara County has 4 hospitals. DeGraff Memorial Hospital located in North Tonawanda, which has 121 beds for acute care patients and 159 beds for long term care. Acute care rates for 2008 are 73.9% and 98.9% for long term care. Specialty services include medical rehabilitation, retinal surgery, sub-acute rehabilitation, cardiac rehabilitation and inpatient, outpatient and community smoking cessation programs.

Niagara Fall Memorial Medical Center, in Niagara Falls offers 177 beds for acute care and 54 beds for psychiatric care. The occupancy rate for 2008 for acute care beds was at 50% while the occupancy rate for psychiatric care was 83%. The hospital also offers a comprehensive Heart Center located adjacent to the hospital.

Mount Saint Mary's Hospital, in Lewiston, has 175 beds for acute care patients and serves a broad spectrum of inpatient and outpatient community based services. The occupancy rate is a 53%. The hospital has a specialized focus on cardiac and stroke care as well as offering rehabilitation services.

In February of 2009, Lockport Memorial and Inter-Community Hospital in Newfane merged into one hospital system under the name of Eastern Niagara Hospitals. The two sites offer a total of 205 beds with 134 at the Lockport site and 71 at the Newfane site. Since the merger the average daily census of Eastern Niagara Hospitals was 96%.

Medina Hospital in Orleans County is also utilized by Niagara County residents as well as hospitals and clinics in Erie County.

There are 34 Clinics/Diagnostic and Treatment Centers operating throughout Niagara County. See following chart. The locations are primarily in the large cities, with the exception of 2 in Lewiston and the Tuscarora Health Clinic. There are 3 main clinics that are accessed by residents who have no health insurance or have Medicaid. The Street Neighborhood Clinic in Niagara Falls, operated through Mount Saint Mary's Hospital, provides primary care including family planning, prenatal care and well child services. Mount Saint Mary's Hospital also houses a Chemical Dependency Treatment Program, Clearview. Niagara Falls Memorial Medical Center's Hamilton B. Mizer Clinic is located 2 blocks from the hospital providing primary care as well as family planning and dental care.

The Eastern Niagara Hospitals provide the Founders Clinic in Wright's Corners. This facility sees many of the migrant workers when in season. Primary care and dental services are available at this site.

Name	Address	City
Niagara Renal Center	621 Tenth Street	Niagara Falls
Niagara Renal Center	3018 Military Road	Niagara Falls
Eastern Niagara Hospital Health Center	5875 S Transit Rd	Lockport
Eastern Niagara Hospital at Davison Ct	64 Davison Court	Lockport
Eastern Niagara Hospital - Newfane Division	2600 William Street	Newfane
Eastern Niagara Hospital Imaging Center	150 Professional Parkway	Lockport
Eastern Niagara Hospital - Lockport Division	521 East Avenue	Lockport
Reflections O/P Centre	144 Main Street	Lockport
Lockport Addictions O/P Clinic	36 East Avenue	Lockport
City Market Addiction O/P Clinic	1750 Pine Avenue	Niagara Falls
Niagara Falls Addictions O/P Clinic	6520 Niagara Falls Boulevard	Niagara Falls
Degraff Memorial Hospital	445 Tremont Street	North Tonawanda
Degraff Mobile MRI Service	445 Tremont Street	North Tonawanda
Mt St Marys Hosp Rehab Services	4524 Witmer Road	Niagara Falls
Mount St Marys Hospital and Health Center	5300 Military Road	Lewiston
Clearview Outpatient Services	66 Mead Street	N Tonawanda
Mt St Marys Neighborhood Health Center	3003 Ninth Street	Niagara Falls
Trott Access Center	1001 Eleventh Street	Niagara Falls
Niagara County Drug Abuse Program	1001 Eleventh Street	Niagara Falls
Niagara County Department of Health Nursing Division	5467 Upper Mountain Road	Lockport
Niagara County Department of Health	5467 Upper Mountain Rd	Lockport
NFMMC Summit Park Mall Clinic	6934 Williams Road	Niagara Falls
Tuscarora Health Center	2015 Mount Hope Road	Lewiston
Niagara Falls Memorial Medical Center	621 Tenth Street	Niagara Falls
Family Practice Center	501 Tenth St	Niagara Falls
NFMMC-Medical Office Building	620 Tenth St	Niagara Falls
Northern Litho Inc - Niagara Falls	820 Main St	Niagara Falls
Northpointe Council Methadone Maintenance Treatment Program	1001 11th Street	Niagara Falls
Planned Parenthood of Western Ny, Inc	732 Portage Road	Niagara Falls
Planned Parenthood of Western Ny, Inc	15 Webster Street	North Tonawanda
Planned Parenthood of Western Ny, Inc	38 Heritage Court	Lockport
Planned Parenthood of Western Ny, Inc	6951 Williams Rd	Niagara Falls
CP Assoc of NYS-Niagara Clinic	9812 Lockport Road	Niagara Falls
CP Assoc of NYS-Niagara Dental	1 Columba Drive	Niagara Falls

Availability of Providers

According to the Public Information Unit of the Professions of the New York State Education Department, there are 277 doctors of medicine practicing in Niagara County. The greater percentage of these physicians is located in Niagara Falls. There are few who practice in the rural areas of Niagara County. The Niagara Falls Memorial Medical Center operates a mobile health service unit through a grant from the New York State Department of Health. Services

are provided in the northeast east corner o Niagara County along Lake Ontario servicing many rural and migrant residents.

The Facilitated Enrollment Project was presented to Niagara County in 2008 as a concerted effort to enroll children and adults in Child Health Plus, Family Health Plus, Healthy New York or Medicaid. A network of health care agencies was enlisted to provide referrals and promote the programs through their agencies and in community events. All hospitals, physician’s offices and social services agencies received information regarding eligibility. The Cancer Screening Program, Healthy Neighborhoods Program, Children With Special Needs and Niagara County Nursing Division offers referral to facilitated enrollers specifically assigned to Niagara County. A resource guide was developed for those with no health insurance to assist in obtaining care for dental, prescription, financial and locating a primary care provider. Information pertaining to these programs as well as a listing of physicians is offered on the New York State Department of Health website. The Facilitated Enrollment contact information is listed on the Niagara County Health Department website. The NY Connects Program offers health care and social assistance to seniors through the Niagara County Office for Aging.

Primary Care and Preventative Health Services Utilization

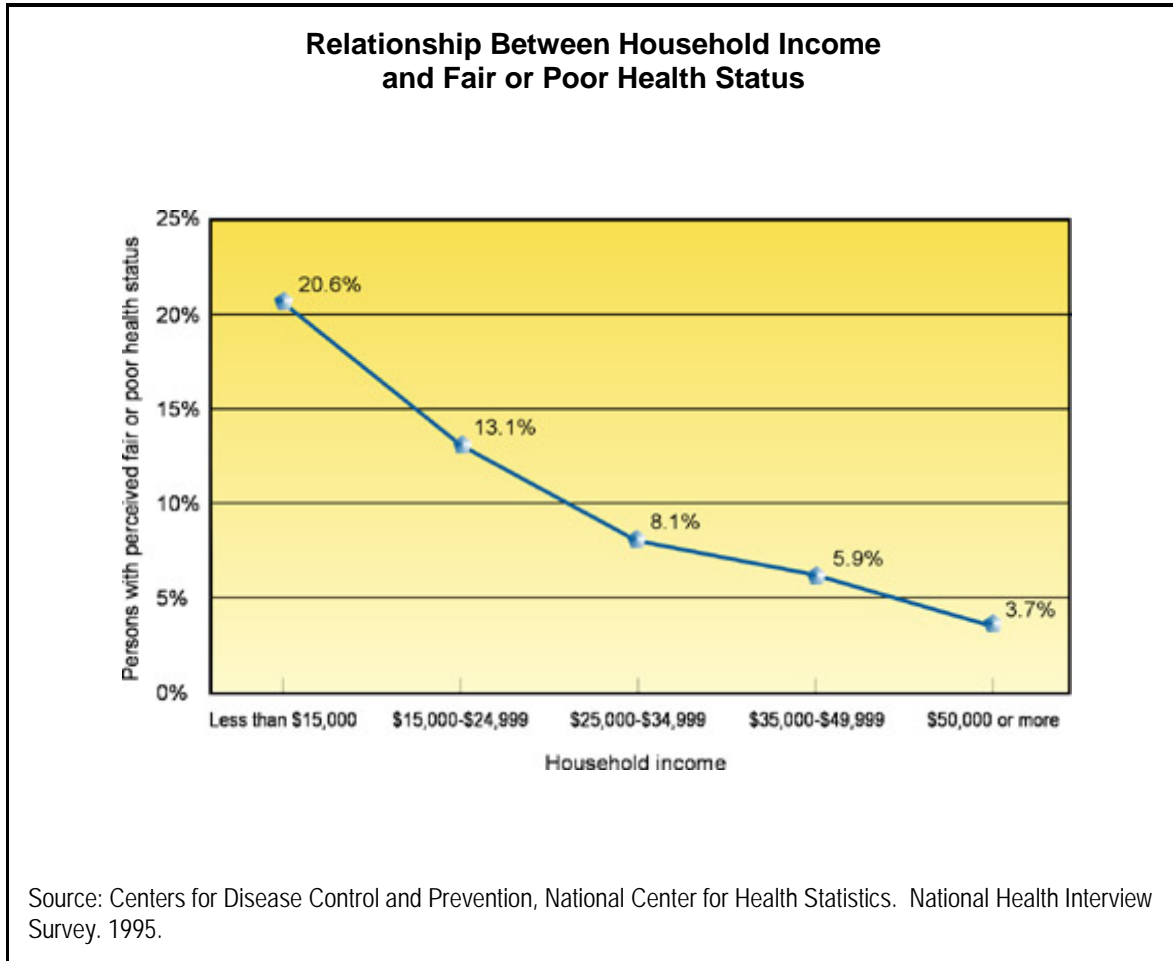
Refer to pages 7-9: Behavioral factors

Commonly Identified Barriers

Financial

The overall unemployment rate for Niagara County being 9.3%, and the highest unemployment rate in Niagara Falls of 11.4% indicate that there are many residents who have no health insurance and, therefore either go without or defer from getting medical treatment until a condition becomes severe., 11.2% of Niagara County residents stated that cost prevented them from a doctor visit It is estimated that 22,400 people in Niagara County have no health insurance. 3,900 are children. Programs such as Child Health Plus and Family Health Plus have assisted those with no insurance to obtain coverage for no cost or low cost. Dental care costs are a deterrent to treatment as many insurance plans do not cover more than basic dental care and few dentists accept Medicaid payments. Costs for mental health/substance abuse care often exceed the limitations of many health insurance programs or do not offer inpatient care.

Transportation to medical services is a barrier as many have neither personal vehicle nor ability to pay cab fare to get to appointments. Poverty levels which are highest in Niagara Falls (22%) and the poverty rate of female lead households in Niagara Falls (34%) indicate that medical care may not be affordable. Therefore using neighborhood clinics or hospital emergency rooms are utilized and can be costly to hospitals.



Structural

There are 34 clinics and 5 hospital sites in Niagara County. The greater portion of clinics are located in the City of Niagara Falls and Lockport. Physicians are scattered throughout Niagara

County with the concentration being in the 3 large cities. Residents in the rural areas of Niagara County need to travel for medical appointment and testing. There appears to be a geographical gap in clinics and physicians in these rural areas.

Personal

According to the BRFFS 22.0% of Niagara County residents versus 17.5% of New York State residents said they experienced poor physical or mental health within the past 14 days. The greater percentage of this group falls in the low income and low educational attainment rankings. 29.6% of adults in Niagara County identified that they have a physical or mental condition that makes it difficult to make and keep doctor appointments. In a survey of clients in the Cancer Screening Program several barriers to accessing health care were identified. Included was fear of diagnosis, mistrust in the medical system and no child care provided when having appointments, getting tests or treatment. In conversation with the Community Health Workers at the Tuscarora Reservation Health Clinic many American Indians would prefer to be treated at the reservation clinic and not travel outside the reservation for treatment. Therefore specialized treatment may not be sought for various disease prevention and management.

Although English is the main language spoken in Niagara County (94.1%), there is a significant population of migrant and seasonal farm workers who temporally stay in Niagara County. Through a grant with the Niagara Falls Memorial Medical Center and in collaboration with the Nursing Division of the Niagara County Department of Health identification and reduction of barriers to seeking health care addressed. Immunizations, lead screening, health education, referral and follow-up are provided. Lack of bi-lingual staff and transportation appear to be the notable barriers. The Niagara County Migrant population is generally Jamaican (50%), Mexican (40%) and Puerto Rican (10%). Some migrants come on their own however many bring families so the health needs of men, women and children are taken into consideration. Since transportation is a problem the Niagara County Department of Health holds clinics at sites easily accessible for migrants. Information and referral to other clinics is provided to the migrants as well as their employers. There generally is little follow up beyond Niagara County since these individuals travel from worksite to worksite throughout several counties. However if the next worksite is identified all efforts are made to maintain a continuity of care. Issues related to migrant health are addressed at the Western New York Migrant Farm Workers Coalition the covers 4 of the northern counties in New York State. The Riverside Blackrock Family Care Center does initial assessment and health evaluations with the Russian population. A Russian speaking physician is available. The Niagara County Department of Health provides immunizations to children and adults, lead testing and referrals. The NYSDOH notifies the Niagara County Department of Health upon arrivals of refugees. Currently many Russian

refugees have settled in the North Tonawanda area. Again the barriers in this population appear to be language and transportation.

Local Health Care Environment

Niagara County has a land mass of 523 square miles, 420.4 people per square mile, with the largest concentration being in the city of Niagara Falls. It is surrounded by 617 square miles of water by Lake Ontario, The New York State Barge Canal/Tonawanda Creek and the Niagara River. Niagara County has a history of industrial and hazardous waste sites and has the only hazardous waste, treatment, storage and disposal site in New York State, CWM, which is located in the northwest section of the county. Niagara County has the Manhattan Project Legacy, the Lake Ontario Ordinance Works property, with the Niagara Falls site. The Community LOOW Project (CLP) has been established in conjunction with the New York State Department of Health Public Health Tracking website. These will establish the groundwork for assessing the relationship between the environment and disease. The focus will be on tracking environmental and health patterns. Future plans are to develop a Environmental Public Health Tracking (EPHT) process to assess the past history of the LOOW site and relationship it may have had on those who have lived or attend school in the area.

A high level of oversight is involved in issues of environmental protection. There is significant involvement of elected officials, county, state and federal authorities monitoring collection, treatment, storage, disposal and data analysis. The goal is to increase and maintain accountability among agencies that have regulatory authority and develop local environmental health policy to ensure a healthy environment for the public.

The Niagara County Board of Health is a 10 member appointed board that enacts provisions of the Sanitary Code. The New York State Clean Indoor Air Act was established in 2003 and since then smoking regulations regarding restaurants, bars and other public areas have been enacted. The Niagara County Board of Health reviews violations of the Sanitary Code and determines fines and penalties. In 2008 all Niagara County Hospitals either became smoke-free or have initiated a plan to have the hospital grounds smoke-free. Both Niagara County Community College and Niagara University have made efforts to become smoke-free with programs focusing on smoke-free dormitories. In 2008 the Niagara County Department of Health's Environmental Health Division and the Niagara County Board of Health worked in collaboration with county tattoo/body piercing artists to develop sanitary regulations to ensure safety to those wishing to receive tattoos or body piercings.

From a social/economic perspective taking, the U.S. Census Bureau data into account, it appears that the higher concentration of unemployed, undereducated and below poverty level individuals and children are located in the city of Niagara Falls. While Niagara Falls Memorial Medical Center, the Hamilton B. Mizer Clinic, Mount Saint Mary's Neighborhood Clinic and Healthy Families of Niagara Program are available it appears that more grassroots programs are warranted to address a spectrum of health and economic needs. Although the Facilitated Enrollment Project is in its early stages there are still a significant number of residents who rely upon the hospital emergency room as primary care and have no primary care provider. As previously stated, care for those with HIV/AIDS is minimal in Niagara County and the social stigma still exists in some communities. AIDS Community Service does provide referral for identified clients, however the Erie County Medical Center has specialized programs and physicians dedicated to the treatment of HIV/AIDS. Transportation and fear are barriers associated with this gap in health services. Another component to addressing the social aspects of this issue is through developing no cost programs that assist with healthy literacy and education. Having the ability to read and comprehend essential health care messages can be vital in disease prevention and control.

Public water supplies are monitored by the Environmental Health Division on a monthly basis from each public water supply in the county. The Niagara County Department of Health works with the EPA's surface water radiological monitoring network collecting monthly samples for radiological analysis from the Niagara Falls Water Treatment Plant and the Niagara River. Bathing beach water quality testing is preformed along Lake Ontario for bacteriological water quality. Beaches are closed if the bacteriological water quality is poor. Krull Park Beach most recently has experienced poor water quality readings and has been closed on several occasions. A pre-emptive closure model is under construction for this beach.

Air quality is tested through the Rad-Net station and is part of the EPA's national radiation air monitoring network. All air monitoring is done by the DEC. Niagara County is listed as being non-compliant for ozone which is attributed to factors no longer in the health department's control. There are no other primary pollutants that exceed State and Federal air quality standards in Niagara County.

The media has served as an important vehicle for distribution of public health information. The Ganett Company owns the 3 major newspapers in Niagara County: The Niagara Gazette, the Tonawanda New and the Lockport Sun and Journal. Residents can also subscribe to the Buffalo News. The Metro Pennysaver is delivered to over 90,000 households in Niagara County free of charge. Lockport Cable Television (LCTV) is owned by Time Warner and assists community and government agencies in production and provides airtime of programs at no cost. The Niagara County Department of Health has a monthly ½ hour program entitled Health Scope which airs approximately 20 times per month with a viewing audience of over 60,000. LCTV also attends

health department conferences and exercises to educate and inform the public of public health issues. WGRZ, WIBV and WKBW in Buffalo are the local stations that cover public health press conferences and conduct interviews with public health officials and spokespersons.

The Niagara County Department of Health offers a comprehensive overview of services and information on its website: www.niagaracounty.com/health

SECTION TWO- LOCAL HEALTH UNIT CAPACITY PROFILE

Organizational Chart

The Niagara County Department of Health is overseen by a ten member Board of Health which is appointed by the Niagara County Legislature. The Board is comprised of members of the medical and business community and a legislative appointee. The Board of Health assists in programmatic public health issues such as reviewing and assessing Sanitary Code violations.

The Niagara County Department of Health employs 121 fulltime and 2 part time employees and various positions through independent contractors as needed. The department is divided into several divisions: Administrative, Environmental, Nursing, Children with Special Needs and Emergency Preparedness.

The Administrative Division is headed by the Public Health Director who assumes the overall direction and responsibility of the employees of the department. The Public Health Director confers with the Niagara County Board of Health and the Niagara County Legislature in decision making and policy for the Public Health Department. The Deputy Public Health Director has oversight of the fiscal operations of the department and is assisted by the Fiscal Operator who focuses on grant funding and submitting information to the New York State Department of Health for reimbursement. This staff is supported by 3 clerical positions responsible for all payroll and accounts payable for the entire department. The Public Health Educator is part of the administrative division, as well as the Assistant Public Health Educator whose responsibilities are within the Cancer Services grant exclusively. The Public Health Educator develops, manages and implements chronic disease grant programs. The Public Health Information Officer is also part of the Administrative Division and oversees the grant funded programs for Public Health Preparedness. This Program prepares Niagara County for Public Health Emergencies and Response Planning. It is staffed with a Public Health Resources and Strategic National Stockpile Support Officer, 1 clerical and a part-time consultant.

The Nursing Division is lead by a Director of Patient Services and provides the Certified Home Health Agency, Long Term Home Health Care Program, Lead Program and preventative care programs such as immunization and STD clinics and education. Staff includes a Director of Fiscal Operation, 4 nursing supervisors, 23 full time public health nurses(13 BSN, 9.5, RN, 1LPN)3 part time nurses and 9 clerical support and 4 billing office clerical.

The Environmental Health Division is led by a Director of Environmental Health with a Principal Public Health Engineer, Supervisory Public Health Engineer, Associate Supervisory Public Health Sanitarian, Supervisory Public Health Sanitarian, and 2 Assistant Public Health Engineers. There are 13 Public Health Sanitarians and 3 Public Health Technicians with the support of 5 clerical staff. A public health Educator oversees the Healthy Neighborhoods Program with 2 Public Health Technicians. The Environmental Health Division is responsible for a spectrum of public health services including inspection of food service establishments, rabies, public water supply, sewage systems, migrant camps, hotel, bathing beaches, lead poisoning, chemical emergencies, hazardous wastes environmental radiation, arthropod disease surveillance, enforcing the Clean Indoor Air Act, adolescent tobacco, nuisance complaints and residential housing concerns.

The Children with Special Needs Program is lead by the Director/Early Intervention Official. Staffing includes 1 supervisor, 13 therapists, 9 service coordinators and 11 clerical support. Children With Special Needs is responsible for oversight of the Early Intervention Program, Preschool Education Program, Physically handicapped Children's Program and Children With Special Health Care Grant.

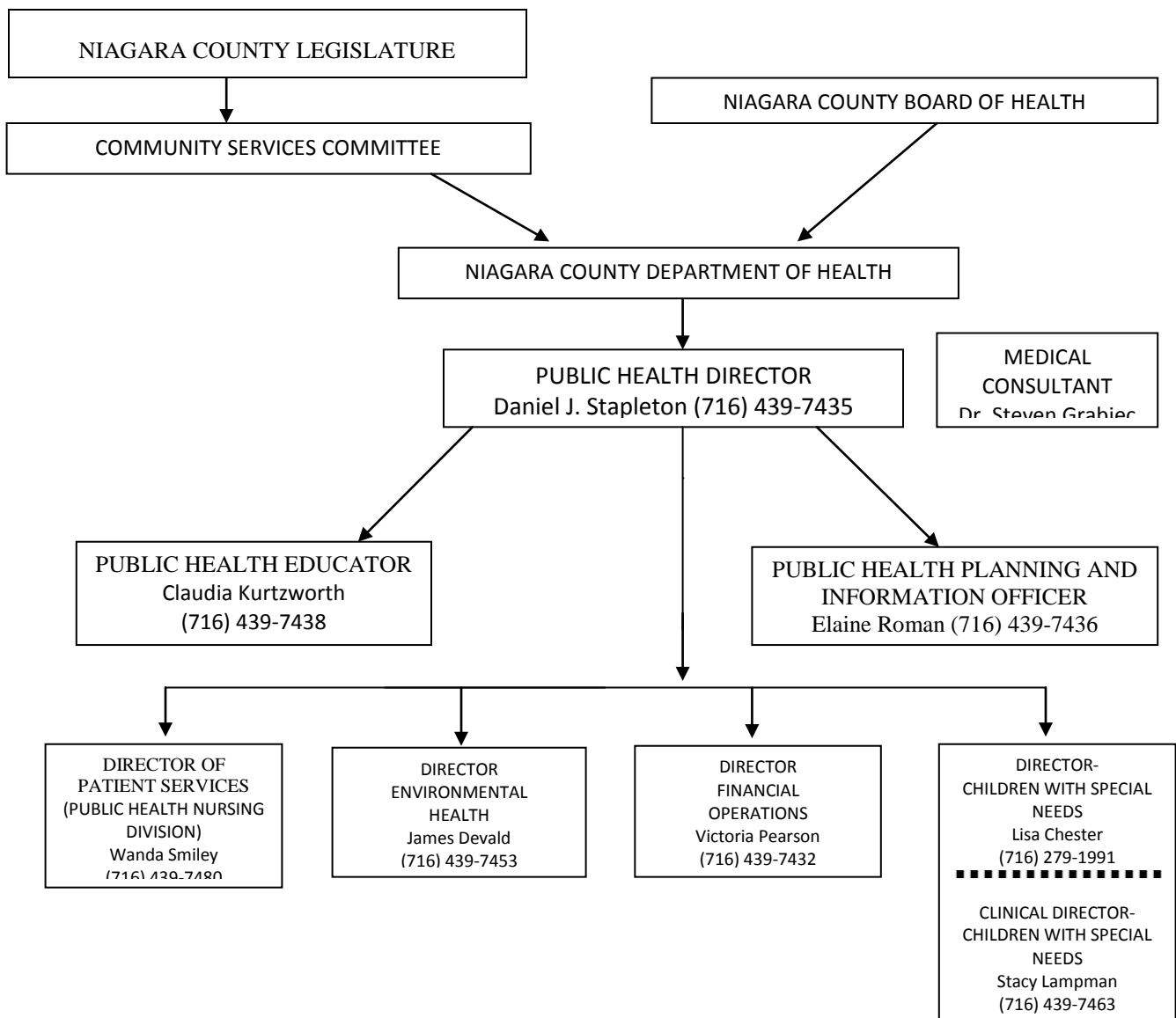
Employees of the Niagara County Department of Health are Civil Service employees who are required to be tested for their positions before permanent placement. Prior to testing candidates must meet specific educational and experiential requirements to qualify to take a test. Opportunities for training and education that are necessary for job performance are provided for employees.

Adequacy and Deployment of Resources

The Community Health Assessment was written by the Public Health Educator with assistance from division heads on programmatic information. Research and data collection is also accessed in conjunction with the Regional Health Educators group who meet quarterly to address issues related to public health education and share training and funding opportunities. The Public Health Educator has expertise is data collection, grant writing, evidenced based practices as well as being an active member of community and health care coalitions and advisory boards. The Public Health Educator networks and collaborates on initiatives with hospital and health care agency representatives. Although the Community Health Assessment is a huge

undertaking and many counties use contracted services the funding is not available to do so in Niagara County.

NIAGARA COUNTY DEPARTMENT OF HEALTH



SECTION THREE-PROBLEMS AND ISSUES IN THE COMMUNITY

Community Resources

Throughout Niagara County and the western New York region there are coalitions, task forces and groups that meet regularly to address the health needs of the county. Below is a listing of the groups with Niagara County Health Department representation.

- Asthma Coalition of Western new York
- Cancer Services Program
- CASA-Central Atlantic States Association
- CASE-Coalition of Agencies in Service to the Elderly
- Citizen Advisory Committee for Chemical Waste Management
- Coalition of Child, Adolescent and Adult Immunization
- Developmental Disabilities Alliance of Western New York
- Diabetes Advisory Committee
- District Committees on Preschool Special Education
- Early Intervention Coordinating Council
- Erie Tobacco Coalition
- Family Life Advisory Committee
- Head Start Advisory Board
- HEART-Health Emergency Alert Response Team
- HIV Rural Forum
- Infant/Child Injury and Death Team
- Lead Coalition
- LEPC-Local Emergency Planning Committee
- Long Term Care Advisory Council
- Migrant Health Coalition
- Niagara County AIDS Task Force
- Niagara County Pre-School Task Force
- Niagara County Special Needs Task Force
- Niagara Watershed Alliance
- NY Connects
- P2 Collaborative
- Perinatal Task Force
- Regional Prevention Initiative Coordinators

- Restoration Advisory Board for LOOW
- Western New York DDS Advisory Board
- Western New York HIV/AIDS Public Health Coalition
- Western New York Home Care Directors
- Western New York Public Health Alliance

In addition to these groups the Niagara County Department of Health works in collaboration with schools, colleges, worksites, and community based and faith based organizations to address various public health concerns when appropriate. Several health care agencies exist within Niagara County with the focus on improving the health of the community. Niagara County Department of Health networks and partners with these agencies establishing strong relationships and sharing of resources, expertise and collaborating on grants and other funding opportunities. Several of these agencies include: Cornell Cooperative Extension, The Dale Association, The American Red Cross, The Alzheimer's Association of WNY, The Mental Health Association of Niagara County, Healthy Families Niagara, The American Cancer Society, Environmental Protection Agency, Department of Environmental Conservation, Planned Parenthood, Legal Aid Society, Department of Social Services, Niagara County Mental Health and Substance Abuse Program, food pantries, Hospice, The American Heart Association, Office for the Aging, YWCA, YMCA, AIDS Community Services, Niagara Falls Community Health Workers Program, Tuscarora Health Clinic/Community Health Workers, The United Way, and the P2 Collaborative.

Collaborative Efforts

Community Service Plan/Community Health Assessment Team

A joint community health planning session has held on January 29, 2009 with the Niagara County Department of Health, the New York State Department of Health, Niagara Fall Memorial Medical Center, Mount Saint Mary's Hospital, DeGraff Memorial Hospital (Kaleida Health Care System) and Eastern Niagara Hospitals (formerly known as Lockport Memorial and Inter-Community Hospital of Newfane). Attending the meeting were staff from the Niagara County Department of Health including the Public Health Director, Deputy Public Health Director, Director of Nursing and Public Health Educator. Each Hospital was represented with their CEO/COO and staff. The CSP/CHA process and purpose was outlined by the Western Region DOH Director. Monthly meetings have been held to discuss health care needs in Niagara County and identify priority areas by using BRFFS, CDC and NYSDOH data. The overall priority

area of chronic disease was chosen unanimously by the collaboration as diabetes prevention/management being the focus. A sub-group was formed to identify issues and barriers to diabetes prevention and management as well as establish a comprehensive overview of services offered throughout Niagara County. Hospital CDE's (Certified Diabetes Educator) and Registered Dietitians were invited to join the group. Areas identified to address through the joint collaboration included:

- Assisting patients with diabetes access to diabetes education classes.
- Developing a protocol for patients with diabetes entering the hospital to include a physician check list emphasizing A1C testing and referral for diabetic education.
- Providing physician educational dinners highlighting diabetes and pre-diabetes management and referral.
- Developing no cost community education classes focusing on lowering risk factors for diabetes, pre-diabetes and management of diabetes.
- Develop a Niagara County Diabetes resource Guide and make available at all physicians' offices, hospital waiting areas and in community locations.
- Collaborate with health insurance organizations to assist clients with low cost or no cost access to diabetes education.
- Develop an assessment tool to evaluate a 6 month outcome of patient's health including repeat admissions, weight, quality of life, effectiveness of health teaching and A1C levels.
- Use local media sources to educate the public regarding lowering risk factors for diabetes, pre-diabetes and management of diabetes.

This group plans to continue meeting following the submission of the CSP and CHA. Each hospital also identified other priority areas that they have agreed to address either collaboratively or as a single hospital. A plan of action including problem statements, objectives, activities and outcome evaluations will be developed by each hospital and incorporated in their Community Service Plans. Eastern Niagara Hospitals, Niagara Falls Memorial Hospital and Mount Saint Mary's Hospital will work together on Health Mothers/Healthy Babies in an initiative partnering with the Mental Health Association of Niagara County. The program will focus on screening and management of post partum depression. A Task Force has been established to address this issue with community partners as well as a representative from the Niagara County Department of Health. Both DeGraff Memorial Hospital and Eastern Niagara Hospitals will address smoking cessation as it relates to their employees and increasing cessation opportunities to the public. Niagara Falls Memorial will focus on stroke education/prevention and infectious disease (influenza). Health literacy in schools will also be addressed by Mount Saint Mary's Hospital.

Community Assessments

A community survey was given by the Niagara County Department of Health to evaluate the perception of health needs using the 10 priority areas outlined by the NYSDOH. Surveys were distributed at health fairs, STD clinics, among colleagues and during educational presentations. A total of 527 surveys were completed in which 33.8% were male and 62.1% female, 82% white, 12% black, 5% Native American and 3% other. 80% identified having health insurance. Of that group 87% stated that cost was the barrier to receiving health care and getting regular health screenings. 57% stated they receive their medical information mainly from the doctor and through the internet with television programs and commercials also scoring high 42.1% said they were overweight or obese, 39.3% ate at least 5 servings of fruits and vegetables daily and 54.2% stated they are physically active at least 5 times per week. 56.7% knew their numbers (cholesterol, blood pressure, glucose) and 14.9% were smokers. The priority areas identified were Access to Health Care, Chronic Diseases, Physical Activity/Nutrition, Healthy Mothers/Healthy Babies, Healthy Environment, Infectious Disease, Mental Health/Substance Abuse, Community Preparedness, Tobacco Use and Unintentional Injury respectively.

Assessment of Services

The Niagara County Department of Health is located in 2 main offices. The Lockport site (5467 Upper Mountain Road) houses Public Health Administration, Nursing, Environmental Health and Children with Special Needs. The Niagara Falls site (1001 Street) houses Nursing, Children with Special Needs and Environmental Health. The hours of operation are from 8:00am-4:00pm with nursing and environmental staff on call weekends, evenings and holidays A supervisor can be reached through the main health department phone number 439-7430.

Rabies, Immunization and Flu clinics are held throughout Niagara County to allow for accessibility. The TB Clinic is held 2 times per month at the Trott Building and the Niagara County Jail. The STD clinic is held twice a week in the Trott Building in Niagara Falls. The STD and immunizations for children are free to the public as well as animal rabies vaccinations. The Travel Clinic vaccinations are fee for service. Influenza and pneumonia vaccinations fees include a nominal administrative and handling fee.

Services for the Children with Special Needs program Pre-School and Early Intervention are no cost to families. The Physically Handicapped Children's Program uses a sliding fee scale based on the Federal Poverty Level.

Significant Outreach and Public Health Education Efforts

- The Cancer Screening Program of Niagara County provides free breast, cervical and colorectal cancer screening for men and women 40-64 who have no health insurance or high deductible health insurance. The program is coordinated by the Public Health Educator and provided over 1000 cancer screenings in 2008. Outreach, education and referral are provided regarding early detection and lowering cancer risks.
- The Diabetes Prevention Grant targets the general population in administering ADA Risk Assessments and identifying those at risk for diabetes. The Stay Well Program which targets adults 50+ is in collaboration with the Niagara County Office for Aging, DeGraff Memorial Hospital and the Niagara County Department of Health. Nine 6- week programs were completed with the educational focus on nutrition and physical activity. Walking Programs have been initiated in local churches and school systems to increase physical activity and encourage healthy eating.
- The Nursing Division has partnered with the Niagara County Youth Bureau and the Community Abstinence Education grant to provide STD education to Niagara County youth. STD education/prevention was provided in ten sessions in 2008. A total of 1,043 students attended the school presentations.
- The Healthy Neighborhoods program, through the Environmental Health Division, is a door to door assessment program that targets the Niagara Falls area providing education regarding fire prevention, lead poisoning and asthma management. In 2008 1,019 homes were visited.
- The Environmental Health Division provides a monthly free of charge 3 hour Food Safety Training to area restaurant employers and employees. The sessions focus on basic food safety regulations and serves approximately 135 food service workers each year.
- A New York State certified class is given by the Environmental Health Division regarding tobacco sales. This program targets retailers that sell tobacco products and provides education regarding proper ID, underage sales issues, proper signage and smoking cessation. 35 employees are trained each year.
- The Lead Prevention program educates parents, physicians, schools and other health care agencies through presentations, health fairs and media. Lead prevention continues to be important for all children and efforts are underway to identify areas of high incidence and risk of elevated blood lead levels in Niagara County. Specific outreach programs will be developed to address these areas as well as collaboration with agencies for remediation efforts.

- The Children With Special Needs Program provides ongoing outreach and education with primary physicians, day care providers and families regarding Early Intervention and other programs offered by the division.
- Rabies education, with an emphasis on bat rabies is another primary focus in the Environmental Health Division. School and community programs are given as well as press releases and public forums.

Summary of Available Clinics /Physicians Serving Medicaid Recipients

The number of available clinics and private providers that accept Medicaid clients has increased due to the growth and expansion of Facilitated Enrollment Project and Managed Care Insurance providers now serving Medicaid clients. Hospital based clinics such as The Hamilton B. Mizer Clinic of Niagara Falls Memorial Hospital, Founders Clinic of Eastern Niagara Hospitals and Mount Saint Mary's Street Clinic all serve Medicaid clients as well as Planned Parenthood of Niagara County, several Niagara County Department of Health clinics and the Niagara County Department of Mental Health. Alcohol and Substance Dependent clients with Medicaid can also access services through the Niagara County Drug Abuse Program, Reflections (Eastern Niagara Hospitals) and Clearview (Mount Saint Mary's Hospital). The Northpointe Council also provides a methadone maintenance clinic in Niagara Falls. There are few dental clinics and dentists accepting Medicaid. A listing of clinics in Niagara County is attached. Many of the clinics available are located in Niagara Falls with a mentionable showing in Lockport. Given the barrier of transportation many of these clinics are not accessible to clients residing in rural areas. Please refer to Section One, Access to Care (page25) for more information regarding clinics in Niagara County.

Behavioral Risk Factors

As stated on pages 5 and 6 of this Community Health Assessment (Behavioral Factors Related to Morbidity and Mortality) and the Community Survey (page 32), Niagara County residents have several areas in which of behavioral changes can be implemented to prevent, lower risks and improve management of chronic diseases. As revealed in the Community Survey, chronic disease was the number one concern identified. In comparison with New York State rates of behaviors conducive to good health Niagara County residents ranked higher in areas such as obesity/overweight, lack of physical activity, smoking and knowing their numbers (cholesterol,

blood pressure, glucose and weight). These behavioral risk factors directly relate to cardiovascular disease, diabetes and cancers.

Local Circumstances/Barriers

Cardiovascular and diabetes hospitalization rates for the African American population in Niagara Falls and Lockport are newly twice as high as whites in those areas although the populations in those cities are predominately white. According to the Minority Health Surveillance Report by the New York State Department of Health published in 2007, “Blacks suffer disproportionately compared to other groups on a variety of health indicators. Blacks have the highest age adjusted rates of diabetes mortality, female breast cancer mortality, prostate cancer incidence, female and male colorectal cancer mortality, heart disease deaths and highest prevalence of diabetes. Blacks do not fare well with behavioral health indicators including the highest rates of adult obesity compared to any other racial/ethnic group.” There has been some improvement noted in this population as “over the course of ten years the age adjusted rates for HIV/AIDS death rate fell by 75%, the age adjusted rate for homicides decreased by 40% and deaths due to asthma were almost cut in half.”

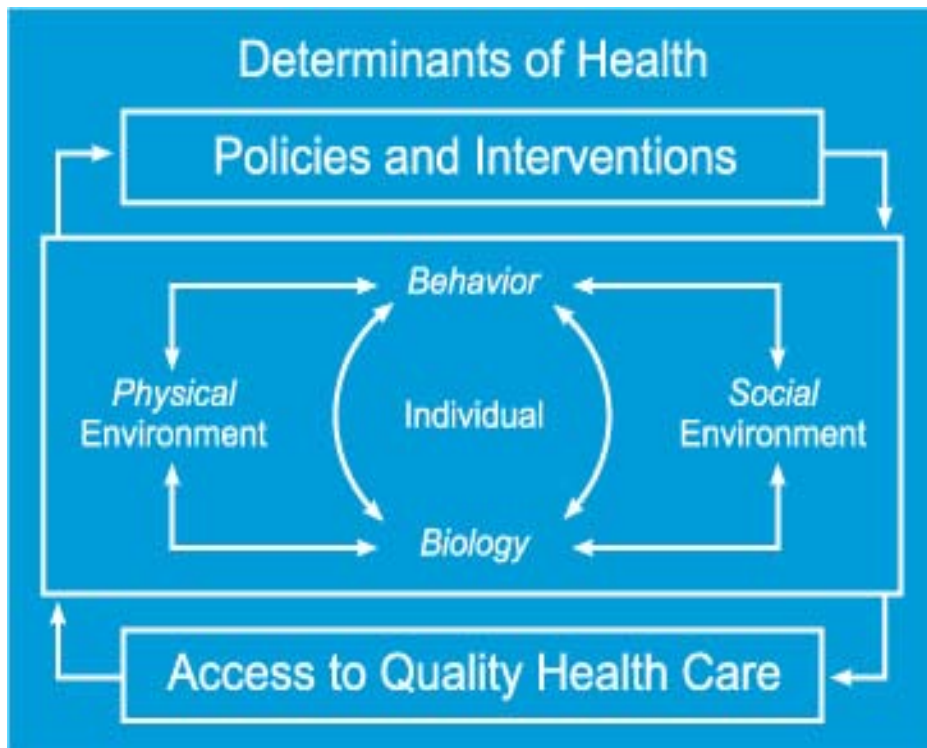
The socio economic portrait of these two cities reveals high rates of overall poverty and unemployment. An area of concern is the female led households who have poverty rates higher than the overall averages. Teen pregnancy rates are also high in both cities with increased numbers in low birth weight babies, out of wedlock and late or no prenatal care. With the clinics, physicians and hospitals conveniently located in these cities of discussion factors other than geographic accessibility need to be examined. The mere fact that there are services available in a given location does not indicate they will be utilized by the populations at risk. This may also apply to the opportunity to enroll in Family Health Plus, Child Health Plus Medicaid and Managed Care Medicaid. One factor may be the lack of knowledge of these services. However more in-depth research needs to be conducted to identify factors leading to these populations not accessing health care and reducing behavioral risk factors for disease.

Obesity rates for adults in Niagara County, as well as throughout New York State, have been increasing as noted in the Behavioral Risk Factor Survey (page 5). Through Head Start and WIC information regarding children 2-4 years of age is available, however, information is not easily accessible regarding school aged children and adolescences. New York State Health Commissioner Richard F. Daines, M.D. stated, “Childhood obesity has reached epidemic proportions in New York”. Legislation was passed by the New York State Legislature in 2007 that requires public schools outside of New York City to collect and report a summary of

student's weight status. To protect privacy no personal identifying information is used. The law requires BMI (Body Mass Index) and weight status categories to be included on each student's health certificate at school entry (pre-kindergarten or kindergarten) and in grades 2, 4, 7 and 10. Parents may request to have their child's weight status excluded from the summary submitted by schools to the State Health Department. While this program is in the process of preliminary implementation its purpose is to collect pertinent data regarding obesity statistics in children and adolescences to identify high risk populations and develop initiatives to address the epidemic. Currently 50% of schools in New York State are required to report student weight status information to generate representative estimates of childhood obesity rates for each county and the state as a whole, exclusive of New York City.

To better understand the health status of a population it is important to be cognizant of the local circumstances and barriers encountered by its residents. The leading cause of deaths are frequently used to describe the health status of a population however a very different interpretation may emerge when the leading causes of death are viewed for various population groups. For example HIV/AIDS is the leading cause of death for the total population in the United States however it is the leading cause of death for African American males aged 25-44. Viewing an overall state or county morbidity or mortality rate may provide insight into disease and death rates on a larger scale however within the population there are groups of individuals that may be greatly affected by a disease or condition that could be overlooked thereby missing opportunities to provide primary and secondary prevention opportunities.

This may be taken into consideration when viewing the Determinants to Health example below taken from Healthy People 2010. Policies and interventions play a major role in the health of individuals and the community. Health promotion campaigns to address nutrition, physical activity, tobacco use, injury and violence prevention for example, can be facilitated through local community groups, health care agencies or faith based communities. Expanding access to quality health care is vital to having an impact on health disparities. Biology is important as a person's genetic makeup and family history play a role in health status. The social environment refers to family, friends, coworkers or others in the community. This has a profound effect on the health of an individual as it includes cultural, religious and spiritual beliefs. The physical environment plays a role in quality of health as it includes the harmful aspects of the environment such as radiation, ozone and other pollutants. Also included are positive aspects such as safe places to work, play and have leisure activities. Behaviors are the actions taken by an individual regarding health. These can be affected by the other factors as well as one's perception and value of health.



Profile of Unmet Need for Services

The geographic accessibility of physicians, clinics and hospitals in Niagara Falls, Lockport and North Tonawanda appear to be adequate however the rates for prevalence, incidence and mortality of chronic disease trends are increasing. Residents who reside outside of the larger cities in Niagara County do not have the same geographical access to physicians, clinics and hospitals. The number of physicians who see Medicaid patients has increased due to Managed Care Medicaid therefore allowing more access to care. This number needs to continue to increase as well as enrolling residents in family Health Plus, Child Health Plus and Medicaid. An area of need which is consistent with previous Community Health Assessments is the small number of dentists who accept Medicaid. Many residents with health insurance have little or

no dental coverage associated with their health insurance. Cost of dental care is a barrier to both children and adults.

As identified in previous sections transportation also appears to be a pervasive barrier to access of health care. Traveling to hospitals, clinics, physicians' offices and/or attending health education activities may be avoided due to lack of transportation. Hospitals do offer some transportation services on a limited basis, however, these services need to be expanded and publicized more prominently. Offering transportation to attend diabetes classes, cardiac rehabilitation, mental health services and educational programs may elicit behavioral changes that would ultimately increase primary care visits, attendance at health educational classes and encourage residents to engage in preventative health measures.

An area which is difficult to evaluate is the issue of health literacy. The ability to read, comprehend and incorporate behavioral strategies to prevent disease and lower risks for disease may be a factor that needs to be explored. While reading levels can certainly be an indication of one's ability to be informed there may also be a gap in those who can read and comprehend but not have the understanding of basic health terms and prevention concepts. According to Healthy People 2010 only 12% of adults have proficient health literacy. Therefore the importance of a health message in writing may not have its true impact. Local television, radio and the internet can be used to impart information however the costs of these can be a barrier as many health agencies have little or no funding for media expenses.

As discussed in the previous section, Access to Care, sensitivity to culture and a population's view on the health care system should be taken into consideration. For example, the mortality rates for black women with breast cancer far exceed their white counterparts; however, white females have a higher incidence rate of breast cancer. Several studies have suggested that black females are not as vigilant as whites in early detection therefore when a cancer is discovered it very often is at a later stage and needs more intensive treatment. In discussion with the Witness Project, a program that assists predominately black women in obtaining mammograms and other health screenings, there exists some mistrust in the health care system's cultural sensitivity. Using a grassroots approach and the camaraderie of like community members has proven successful. This approach should possibly be considered for many priority areas of health behaviors. However it requires a great amount of time and staff which is not available in many health care organizations.

While the need for grassroots programs and a community presence by health care agencies increases, many health care facilities have downsized and/or consolidated services. The Niagara County Department of Health has experienced more than a 30% decrease in staff in the

past 10 years while maintaining mandated services and responding to emerging health threats such as West Nile Virus, Avian Influenza, Emergency Preparedness and most recently the H1N1 virus. Agencies apply for state, federal and philanthropic funding to develop or enhance programs based on community needs, however, funding streams have been decreased or eliminated. This fosters a trend to rely upon systems, policy, and environmental changes to encourage and promote behavioral changes for better health. While this practice may encourage change in some of the population a more community centered approach may reach those who experience personal, structural or financial barriers to accessing health care. Therefore more funding opportunities to increase infrastructure, develop and implement programs needs to be made available to engage all residents in awareness, behaviors and services that promote a healthy life style. Health programs such as mobile clinics or community based clinics can alleviate the need for transportation and engage residents of all ages. Outreach and recruitments strategies designed specifically for a targeted population that include a comprehensive approach to health care should be considered.

SECTION FOUR-LOCAL HEALTH PRIORITIES

Local Health Priorities

The Niagara County Department of Health has reviewed the Prevention Agenda and identified 3 priority areas. After reviewing data regarding trends for disease and mortality and socio-economic status chronic disease (diabetes), physical activity/nutrition (obesity) and lead prevention were identified as major focus areas.

Other priority areas that were identified through the data review, hospital collaboration from January 2009-August 2009, and community survey are Healthy Mothers/Healthy Babies (post partum depression), Infectious Disease (Influenza), Access to Care and Tobacco Use. These areas will be addressed by the individual hospitals with support from the Niagara County department of Health and other health care agencies within Niagara County.

Chronic disease/diabetes has remained a health priority in Niagara County for many years as evidenced by its inclusion in the Municipal Public Services Plan Health Education grid. The data trend of diabetes and complications were discussed and reviewed by the Health Department-Hospital Collaborative that was organized in January of 2009 and collectively agreed upon to become a focus of our county wide Community Health Assessment and each hospitals Community Service Plan. At subsequent meetings each hospital along with the Niagara County Department of Health, reviewed data and agreed upon several health concerns to work on

together and separately. Representatives from the hospital included Chief Operating Officers, Chief Executive Officers, Marketing Specialists, Nurses, and Diabetes Educators. The health department staff included the Director of Public Health, Deputy Director of Public Health, Director of Nursing, Nurses and a Public Health Educator. Healthy Mothers/Healthy Babies was chosen to be a focus by 3 of the hospitals to address postpartum depression. One of the hospitals does not have a birthing unit. It will act as a referral source as appropriate. This collaboration will include the Mental Health Association of Niagara County. Tobacco cessation was a priority area identified by 2 hospitals as having a smoke-free campus was put into effect recently. The hospitals will work with the Niagara County Department of Health and American Cancer Society to provide cessation opportunities for employees and maintain or increase cessation programs for the community.

Noteworthy Accomplishments of the LHD

The experience and expertise of the staff at the Niagara County Department of Health has resulted in many recognitions and accomplishments. Following is a listing of several of these:

- Recognition of New York State Immunization System for input and participation in success of NYSHS
- Recognition of Nursing Division through the Niagara County Community College Counseling/Wellness Center for student support.
- Lead prevention Program Coordinator recognized as “Friend of the YWCA 2009”
- Lewiston Porter Cancer Cluster Study
- Tattoo/body piercing regulations developed and enacted
- Geographical information systems enhancement of arthropod disease programs
- 93% compliance rate sale of tobacco to minors
- Hope V1 housing project input pursued and realized
- First significant food borne illness outbreak since 1993 investigated and resolved
- No Trans Fats Program in local restaurants
- Public water supply recognized by USEPA for commitment to fluoridation
- Healthy Neighborhood in NACCHO newsletter
- Community Lake Ontario Ordinance Works Project website and release of report
- Children With Special needs program recognized by NYS for contributions in the development of NYEIS and implementation of Niagara County Preschool Task Force

SECTION FIVE-OPPORTUNITIES FOR ACTION

Community-based organizations

These organizations are located within the heart of the community and have access to many populations in need of health information. Community projects such as a community garden or establishing a wellness group within their agency and the community to address the health concerns of their area would be beneficial. Researching and applying for funding in collaboration with hospitals or the health department can help build health programs.

Businesses

Local businesses large and small can assist in playing a role in health care due to their location and clientele. Being involved in health campaigns by displaying posters, having brochures available and offering healthy menu choices at restaurants are simple, yet powerful ways to engage the community in healthy behaviors. A recent Trans Fat Campaign was developed by the Niagara County Department of Health to recognize restaurants that served food not prepared with trans fats. In return for their participation the restaurants received recognition and a sticker to place in their establishments. More campaigns like this could be done in many businesses and perhaps capture those who may not seek out health information but would be exposed to it while shopping or out for meals. Businesses can also sponsor fitness walks or enter their company in local American Heart Disease, Diabetes and Cancer walks.

Labor and Worksites

Worksite wellness committees could be offer incentives to employee to entice them to participate in healthy behaviors. Offering lunch and learns by bringing in speakers to provide information regarding health that an employee can use for themselves or take home to family members and make available information on Family Health Plus, Child Health Plus and other health insurance information for those employers who are not able to provide health insurance to their employees. Health fairs and health screening days could be offered to employees. Hospitals, health care agencies, and the health department can collaborate to offer blood pressure screening, BMI, cholesterol, glucose, osteoporosis and other screenings as well as a wealth of educational information to worksites.

Schools and Colleges

Niagara County has 9 school districts and 2 colleges (Niagara University and Niagara County Community College). The Tuscarora School is part of the Niagara Wheatfield School System. As the epidemic of obesity rises the schools can be a vital influence on health behaviors for students and families. The recent legislation whereby BMI will be recorded on each student is an opening for schools to begin to develop programs through grants and in collaboration with community based organizations to address health issues. Schools have Home School Associations and Parent Teacher Organizations that can spearhead activities and bring in speakers to educate students and families. Although cutbacks in non-mandated services also affect the schools a consideration may be to employ a nutritionist for a district to assist in directing activities and being a counsel to students and families addressing weight management and healthy eating. Utilizing Cornell Cooperative Extension's nutrition program can also benefit students. On the collegiate level requiring foundations in health course for all students might be considered. There are opportunities to engage college students in health related activities whether it be organizing health programs/health fairs or working on a campus wellness committee with instructors and peers. Making fitness rooms and pools available for students at convenient hours may also elicit more interest in healthy behaviors. College can also encourage students to become health mentors at elementary and middle school. Student athletes could also work with all ages to speak with students about health issues and the need to be healthy for athletics.

Government

The local, state and federal government could work with the Niagara County Health Department by supporting public health mandates. Collaborating in policy making and ensuring adequate infrastructure is maintained could ensure to deliver quality public health services. Assistance in making funding available to address ongoing or emerging public health issues is vital to the health of the community.

Health Care Providers

With the establishment of the LHD and Hospital Collaboration hospitals can now continue to work together and with Niagara County Department of Health to provide community programs

and resources. Increased community events offering health screenings, health fairs and bringing in speakers to address specific health needs may engage some community members in their health care that would not have done so previously. Continuing the close relationship with infectious disease reporting and emergency planning with the health department will ensure the community can rely on the public health system in times of need. Health care providers can collaborate with the health department and other health care providers to research and apply for grant funding to enhance, develop and implement health programs.

Health Care Insurers

Many health care insurers have initiated programs within their plans to include coverage for health education programs such as covering some costs associated with fitness center memberships, educational classes and complimentary therapies. One area that health insurers may need to address is comprehensive coverage for mental health/substance abuse disorders. Most plans have limited coverage for this health concern. Working with health care providers to ensure health education classes such as classes for diabetes are covered is essential in the management of diabetes.

The Food Industry

Restaurants can have a powerful impact on food choices by offering heart healthy meals, foods prepared without trans fat, weight watcher meals and low calories meals. Local supermarkets and grocery stores can offer coupons, flyers and promotional events that focus on healthy eating. Having health brochures available at pharmacies and healthy food demonstrations can entice people to try new recipes that would be beneficial to their health. Many stores have tours that highlight health foods and provide consumers with knowledge regarding importance of healthy eating. Local farmers may find it helpful to contact Cornell Cooperative Extension or the health department to distribute brochures regarding increasing fruit and vegetable consumption.

The Media

On the Community Survey people indicated that the media is a vehicle for health information. The 3 newspapers in Niagara County, as well as the Buffalo News, can continue to serve as a method to impart health information. Allowing a discounted rate for non-profit organizations would encourage more health care agencies to advertise in the newspapers. Printing frequent health related press releases, at no cost, would also give residents more access to health

information and referral. The local cable station, LCTV, plays an important role in bringing health, business and government information to the public. The Niagara County Department of Health continues to partner with the media regarding public health information through interviews and providing information as requested.

Faith Based Organizations and Churches

The Niagara County Department of Health recognizes the important role the faith based community can play in health care. These organizations bring together families and individuals for many needs. The spiritual aspect of one's being may be as vital factor in health status as the physical and emotional aspects. Faith based organizations and churches can identify those in need in the community and assist in referral, resources and support. Many of these organizations have established groups that care for their community's health and welfare. The health department can offer faith based organizations and churches education, referrals and services such as flu clinics. Many of these groups have been agreeable to having health information contained in their monthly newsletters and bulletins. Several churches participated in walking programs through the diabetes prevention program. At one local church a total of 118 walkers began the program (including clergy) and the end result led to the formation of a church wellness council.

RESOURCES

New York State Department of Health

.health.state.ny.us/

.health.state.ny.us/prevention/prevention-agenda/

.healthypeople.

www.health.gov/communication/literacy/quickguide/factsbasic.htm

U.S. Census Bureau

[://factfinder.census.gov/servlet/](http://factfinder.census.gov/servlet/)

Wikipedia

[://en.wikipedia.org/wiki/NiagaraCounty.](http://en.wikipedia.org/wiki/NiagaraCounty.)

Minority Health Surveillance Report

NYSDOH September 2007

NYSDOH Health Commerce System

Health Information Network (HIN)

Statewide Planning and Research Cooperative System (SPARCS)

Prevention Quality Indicators (Agency for Healthcare Research and Quality)

.health.state.ny.

Behavioral Risk factor Surveillance System