

WYOMING COUNTY HEALTH TRENDS AND IMPACTS REPORT 2023

October 2023

Supplement to GOW Community Health Assessment

Commissioned by Thiel Fund of the Community Foundation
for Greater Buffalo



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The Community Foundation for Greater Buffalo commissioned the A² Team to complete this needs assessment and facilitate public and professional input sessions to guide the Thiel Roundtable in establishing its funding priorities for 2024-2028. The team was comprised of Ann Morse Abella, Breeanne Agett, and Kate Ebersole.

Executive Summary

This Community Health Needs Report was developed on behalf of the William F. Thiel Fund, managed by the Community Foundation for Greater Buffalo. The information contained is to supplement the Genesee Orleans Wyoming regional Community Health Assessment completed in December 2022, inform the establishment of new priorities, and guide the funding process over the next five years.

Existing health data sources, national best practices, national trends to approach health improvement efforts in rural settings, and recent trends in philanthropy were reviewed from February through August 2023 and are presented in this report. Under the guidance of the Thiel Roundtable, community leaders, interested stakeholders, and vulnerable community members were interviewed to provide input about health and the social care systems that exist in Wyoming County, NY.

The data gathering process was guided by interviews with the Wyoming County Health Department and key community stakeholders to identify populations at greater risk for poor health, social needs of the community, areas to explore for deeper analysis, and community assets and service delivery systems. Detailed information can be found in the Appendices at the end of the report.

This report is organized into four main sections that include a demographic overview of Wyoming County with highlights of special populations and key social care needs, a Health Profile that uses national rural health policy and program drivers as a frame to focus local data, a general discussion of rural health philanthropy that includes a summary of Thiel Fund investments followed by some observations about future opportunities for consideration. It ends with a description of the new funding priorities for 2024-2028 that emerged.

Key Findings

Mental health and substance use disorders were identified as the top health concerns in Wyoming County, as expressed by community leaders and community members. Identification of these needs in the community mirrors the Rural Healthy People 2030 Priorities shift toward Mental Health and Addiction.

Transportation and food security were identified as the top social care needs for Wyoming County residents, especially for seniors, lower-income residents, and migrant farm workers. Housing for people with mental health or substance use disorders was also acknowledged.

The national health funding landscape has changed in recent years. There is a focus away from health care and toward community health. It is well recognized that the health of a community is no longer owned by clinical providers and public health. There is a growing recognition that health outcomes are affected by many Social Determinant of Health (SDOH) factors and a need

to address resulting social care needs. Achieving change will require concentration, time, and mutual collaboration across multiple sectors of the community.

After reviewing prior categorical investments based on grantee reports, the conclusion was that the allocation of investments over the last six-year period were distributed in an inverse relationship to the current needs. This prompted the Roundtable to recommend modifications to the funding model that reflect a new set of Super Priorities and a more focused list of Key Categories with targeted approaches. To achieve more meaningful impact, there was a realization that the Roundtable should be open to multi-year funding commitments and encourage partnerships among regional funders and local agencies.

Health Outcomes

When compared to other counties in New York State and the nation, Wyoming County emerges as one of the healthiest counties, with favorable length and quality of life. The health outcomes which stand out as the most concerning are high rates of suicide deaths, elevated cancer cases and deaths, and heart disease. Wyoming County experiences the second highest age-adjusted incidence rate of late-stage breast cancer among all New York State counties. To a lesser extent, colorectal cancer is a concern. Wyoming County also experiences high rates of heart disease hospitalizations and congestive heart failure mortality. The suicide mortality rate is high in Wyoming County, although several of the suicide deaths occur within the state prison.

It should be noted that there is a medical care and services divide in Wyoming County- residents on the western side of the County generally travel to Buffalo for care, while residents on the eastern side travel to Rochester. Buffalo and Rochester are in two different NYS designated licensing and reporting regions, which makes it challenging to research medical claims that would offer more insight into preventive care utilization, chronic disease management, emergency department and hospitalization patterns, as well as offer insights into the causes of various adverse health outcomes in Wyoming County (e.g., late-stage incidence of breast cancer). As Regional Health Information Organizations (RHIOs) in New York State move forward with the State Health Information Network of NY, there may be opportunities to look deeper into the reasons and solutions for these health issues.

Health Behaviors of Concern

Preventable behaviors and conditions which lead to adverse health outcomes that stand out in Wyoming County include high rates of cigarette smoking among adults, high rates of binge drinking, and a high prevalence of obesity, especially among adults. It should also be noted that community leaders report an increase in use of drugs of addiction, including methamphetamine as well as opioids.

Communities in Need

Specific communities, or groups of people in Wyoming County identified as experiencing health inequities and needing additional support include migrant workers, families in poverty, and ALICE families- those who are employed, but struggle to meet their daily needs.

Social Determinants of Health and Social Care Needs

This report represents an initial attempt to establish a baseline for social care needs in the community. There were two key findings of note from this process. One, as of the date of this writing, there was no local data made available regarding social determinant of health screening. Therefore, no compilation or analysis was possible. Two, there was an apparent disconnect between consumers and some agency providers when it came to considering the perceived importance of food insecurity. Some key informants did not see this as a top issue where consumers and various stakeholders identified this as a high need.

The findings that transportation, food security, and access to care and services were priorities is consistent with state and national polling. More specifically:

- Residents and leaders expressed a need for solutions to the transportation challenges in Wyoming County, which disproportionately affect aging and lower-income residents. The local Transportation Committee has been planning for a year and is focused on establishing mobility management services.
- The problem of food security is complex. Poverty and lack of access to a vehicle are two factors that lead to food insecurity. Other factors include the rising cost of food, the closure of small grocery stores, and the lack of fresh fruits and vegetables in many areas.
- The ability to access health care and enabling services locally and/or regionally remains a challenge for end users. Maintaining the health care workforce is fundamental to providing access to quality health care in rural areas, otherwise people are forced to seek care elsewhere or go without. Workforce issues raised by key informants were related to unfilled vacancies leading to burnout, workforce readiness, dearth of qualified candidates, and soft skills such as reliability.
- There was also a need for affordable housing cited for lower-income families, first-time home buyers, as well as for transitional housing for people recovering from substance use disorders and leaving incarcerated settings.

Human-Centered Design Findings

The Human Centered Design (HCD) process was used to understand how well the transportation and food systems are working for Wyoming County community members and to provide valuable feedback to providers of service. Reactions to this feedback were gathered from providers to develop a list of possible solutions for these system issues. Three user listening sessions, and two provider focus groups were held during the reporting period.

Solutions offered to address these social care needs included the following:

Food Security

- Develop a Food Security Council to meet quarterly, share knowledge and ideas, and routinely address food quality and access needs of consumers
- Develop a plan for how to use leftover food from the PUPs and food banks

Transportation

- Develop a Wyoming County Mobility Manager position
- Expand volunteer transportation programs, especially for out-of-county appointments
- Work with regional transportation companies to extend transportation offerings to nights and weekends

Funding Trends

There is growing acknowledgement that government and especially philanthropy have traditionally overlooked and under-invested in rural communities. This is triggering a mounting concern for the growing equity gap and health disparities described throughout this report. The concept of “structural urbanism” has been introduced to raise awareness and perhaps inspire advocacy.

Funders across the country are demonstrating increased interest in the potential for rural investment. They are mostly in a discovery phase of issuing reports and starting to network with rural organizations. Some are starting to fund pilot initiatives.

A key observation is that rural funding works best when it is relationship based as opposed to transactional. Funders are learning that successful rural engagements will look different than the “business as usual” grant making model.

Most of the fourteen funders of health and social care in the Wyoming County catchment area expressed interest in leveraging more rural investment. Overall current investment trends seen in the region include collaborative funding, capacity building, policy, impact investing, data access, and accountability. Upon review of each individual foundation’s priorities, many are aligned with Wyoming County needs.

Funding History

The Thiel Fund has been making strategic investment decisions for 17 years. Between 2018 and 2023, the Fund has awarded \$1.7M to 14 organizations serving an estimated 22,284 individuals over the last five years. The majority of funds have been invested in Medical Equipment, Personnel, and support for Access and Navigation services such as transportation and translation.

Observations and Opportunities for Wyoming County Providers and Funders:

Awareness of where the policy and programming shifts are happening across the state and nation will enable Wyoming County agencies to be proactive and positioned for success. There are many opportunities to anticipate and lead change for the community. Too often, rural areas live downstream and are forced to react to the resulting circumstances. By necessity due to lack of resources, the community has a history of innovation when it comes to finding solutions to meeting community needs.

The following are some potential opportunities for consideration based on data and trends.

- **Leverage Funding:** Using some Thiel funding in small or large sums annually or in multi-year awards to support community planning and/or providing matching funds to community programs that may help organizations secure more funds.
- **Philanthropic Partnerships:** Engaging as a funder in new partnerships with philanthropic organizations and community investors could allow for expanded investments with greater collective impact toward improving the health and well-being of Wyoming County residents.
- **Local Partnerships:** Building on the existing spirit of collaboration in Wyoming County, organizations have the potential to achieve better community health outcomes by aligning efforts of multiple partners to address targeted health and social issues. Incentivizing agency collaboration on projects may be one path to consider.
- **Data/Social Care and Equity Needs Assessment:** Get ahead of social care issues by starting to assess and analyze key equity and social care needs. Enhancing systems to collect social care needs data from clientele with better service planning, process evaluation, and improvement efforts could allow for “moving upstream”.
- **Accountability:** Promoting and supporting better data collection, reporting outcome measures and conducting evaluations will enable participation in outcome and value-based initiatives which can yield better health outcomes along with enhanced funding and better revenue.
- **Service Integration:** Facilitating the integration of Primary Care and Behavioral Health services can reduce stigma, address access issues, and improve screening and intervention such as they relate to depression, ACEs, alcohol and substance use behaviors.
- **Coordinating Care:** Promoting the use of community health workers, peer support, mobility managers, or patient navigators can assist in closing gaps in social care needs while improving access and outcomes.
- **Information Exchange:** As care management evolves, there will be an increasing need for organizational workflows to receive and manage referrals. Access to a curated service resource directory for referral will be important.

- **Technology:** Using technology to manage populations of health through data informatics, as well as telemedicine (e.g., tele behavioral health) and remote patient monitoring solutions can improve access and health outcomes.
- **Capacity Building:** Training agency staff in a variety of areas such as data collection, community health worker/client navigation, telehealth certifications, trauma informed care, CLAS standards, etc. can strengthen and modernize the workforce
- **Networking:** Fostering on-going networking and conversations among agencies and funders can build relationships and grow collaborations.

Wyoming County is uniquely positioned to advance the community's health in ways that most other rural counties in New York cannot. Besides the availability of the Thiel Fund as a potential catalyst to introduce innovative change, Wyoming benefits from a naturally occurring community health network. By the nature of its small size, culture of collegiality, leadership involvement, community engagement, consistent and transparent communication, and practice of resource sharing, Wyoming County has realized success by working together. Going forward, it will be important to continue to break down silos and align energies with practical, relevant, and effective strategies that multiple agencies find engaging.

To be successful and stay on top, the community will need to remain flexible and adaptive. Wyoming County has demonstrated a high degree of competence for this in the past by retaining its top-level health rankings for decades. These next five years in the wake of a pandemic provide an opportunity to break with patterns of doing "business as usual".

2024-2028 Funding Model Priorities

The 2024-2028 Thiel funding priorities were determined utilizing both qualitative and quantitative input from this report commissioned to guide the selection process.

The Thiel Fund seeks to incentivize catalytic projects and initiatives that are outcome-based and working toward sustainability. The Roundtable members expressed a commitment to invest in projects over the next five years that align with the following Super Priorities and address gaps in Key Category areas listed below. In a shift from the prior funding period, the Roundtable chose not to apply a ranking process.

Super Priorities: These five funding priorities are the areas in which Thiel funds will be invested.

1. *Capacity Building:* Developing strategies, systems, structures, competencies, or resources that Wyoming County organizations and communities need in order to improve effectiveness, survive, adapt, and thrive. This includes addressing priority-related staffing shortages across community service agencies.
2. *Collaboration/Collective Impact:* Building cross-agency and multi-sector partnerships by breaking down silos and aligning energies with practical, relevant, and effective strategies

that multiple agencies find engaging. Collective impact is a network of community members, organizations, and institutions who advance equity by learning together, aligning, and integrating their actions to achieve population and systems level change.

3. *Equity/Health Equity*: Providing a fair and just opportunity for everyone to attain their highest level of health by addressing access to care and services, social care needs, or social determinants of health.
4. *Leveraging Funding*: Using Thiel funds to attract additional sources of funds and build partnerships with other investors.
5. *Resource/Referral Management*: Enhancing provider and consumer understanding of what service assets each community has to offer, building processes to facilitate good communication among service providers and their patients/clients, or assisting individuals to navigate through systems to enable improved outcomes.

Key Categories: The following six categories and related bullets have been identified as strategic funding opportunities that will be used to guide the grantmaking process. As directed by the community, priority will be given to projects that address items on this list first before any other requests would be considered. In all cases, the Roundtable encourages consideration of the use of evidence-based and promising programs/models where possible.

1. *Access and Navigation*:
 - Resource Directory
 - Referral Management
 - Invest in Community Health Workers
 - Develop process to connect residents to resources
2. *Chronic Disease and Related Health Behaviors*:
 - All types of cancer, but especially:
 - Breast Cancer, late-stage incidence
 - Colon and rectum cancer
 - Heart disease hospitalizations
 - Congestive heart failure deaths
 - Tobacco use
 - Obesity
3. *Emergency Assistance For Low-Income Residents*: Discretionary funding for case managers/care coordinators to support and connect individuals or families in their care to resources needed to stabilize and/or meet basic needs.
4. *Food Security*:
 - Establish Food Security Council
 - Enhance relationship with FoodLink services
5. *Mental Health/Behavioral Health*:

- Suicide
- Adult binge drinking
- Alcohol-related motor vehicle injuries and deaths
- Opioid overdoses
- ACEs and Trauma Informed Care:
 - Staff trainings
 - Establish/support countywide trauma informed network
 - Screening and data aggregation for ACEs for services planning
- Stigma reduction:
 - Focus on addressing real and perceived barriers to accessing behavioral health care services
 - Education of families about warning signs of mental illness

6. *Transportation:*

- Countywide Mobility Manager
- Medical transport out of county
- Transport for behavioral health patients in-county

Special Projects:

The Roundtable chose to continue to reserve a small amount of discretionary funding to support special projects or events such as the Care Coordination Summits that have been hosted for several years. The amount will be determined annually.

Introduction

The William F. Thiel Trust Fund

The William F. Thiel Trust was established in 1993 by William F. Thiel to benefit the health needs of Wyoming County residents. The fund is managed and supported by the Community Foundation for Greater Buffalo with the guidance of the Thiel Roundtable, which is comprised of Wyoming County leaders. Through grants to non-profit organizations serving Wyoming County, the monetary support of the Thiel Fund helps to meet the health needs of the County's residents.

Existing Priorities

The current funding priorities of the Thiel Fund, established in the 2018-2023 Health Needs Assessment, are as follows:

Table 1. Thiel Funding Priorities 2018-2023

Funding Type	Category	Priority Ranking
Infrastructure	Medical Equipment	1
	Personnel	2
	Public Health	4
Health Services	Mental Health/Substance Use Disorder	1
	Chronic Disease	1
	Access and Navigation	2
	Emergency Assistance for Low-income Residents	2
	Transportation	3
	Dental Health	4
	Reproductive Health	4

As Wyoming County moves ahead in the wake of the COVID-19 Pandemic, the Thiel Fund recognized a need to reexamine the health needs of residents, as well as its funding priorities and practices.

Health Needs of Wyoming County

As it considers its funding strategies, the Thiel Fund aims to learn from the work already completed by local government and community organizations and build upon the knowledge base through review of additional data sources, input of key stakeholders, focus groups with community members who have lived experience, and human-centered design work groups with providers of community services.

A² Associates has been commissioned to conduct a health needs assessment as a supplement to the Wyoming County component of the Genesee Orleans Wyoming Community Health Assessment completed in December 2022. The Wyoming County Community Action Community Needs Assessment and Wyoming County Mental Hygiene's Annual Reports also provided valuable key points and are summarized throughout this document.

The data gathering process was guided by interviews with Wyoming County Health Department and key community stakeholders to identify populations at greater risk for poor health, the social needs of the community, areas to explore in greater detail, and community assets.

The populations of interest identified by the community for further exploration included:

- People experiencing mental health disorders
- People experiencing substance use disorders
- People experiencing disabilities
- Veterans
- Single Female headed households with children <5 years
- Incarcerated population

The areas of social care needs interest included:

- Limited access to primary, dental, and mental health care providers
- People experiencing poverty
- Limited transportation opportunities
- Food insecurity
- Housing

Other areas for further investigation included:

- Mental Health
- Significant presence of ACEs
- Daily struggles, social isolation, families working hard to make ends meet
- Suicide
- Increasing substance use
- Substance Use Disorders
- Chronic Conditions and Access to Needed Services
 - Cancer (Colorectal, Breast)
- Opportunities to Improve Awareness of Existing Services/Programs
- Further review of Community Health Survey results

National trends in rural health care, public health, and behavioral health were reviewed and are summarized in this report. New data were examined to supplement the existing health knowledge of Wyoming County community leaders.

Secondary data sources accessed and compiled for this report include:

- 2018-2020 Community Health Indicator Reports
- Centers for Medicaid and Medicare Services (CMS) Medicare Claims Data
- Food Future WNY Systems Map
- Genesee-Finger Lakes Region Coordinated Public Transit-Human Services Transportation Plan Update (Source: Genesee Transportation Council)

- GOW Opioid Task Force Overdose Fatalities
- NYS Dept. of Health 2021 Behavioral Risk Factor Surveillance System (BRFSS)
- Preliminary Wyoming County Suicide Data (Source: WCHD Coroner Program)
- SNAP and TANF Case numbers from the Department of Social Services
- Social Vulnerability Index
- WCHD Community Health Survey data stratified by income, age, and sex
- Wyoming County ALICE Data (Source: United for ALICE)
- Wyoming County Behavioral Health Data (Source: WCMH Annual Reports)
- Wyoming County CLYDE Survey

Community and stakeholder input was gathered through:

- Key Stakeholder Interviews Conducted in April and May 2023
- Focus Groups held in May and June 2023
- Human Centered Design Workshops (to be held in September 2023)

Wyoming County Overview

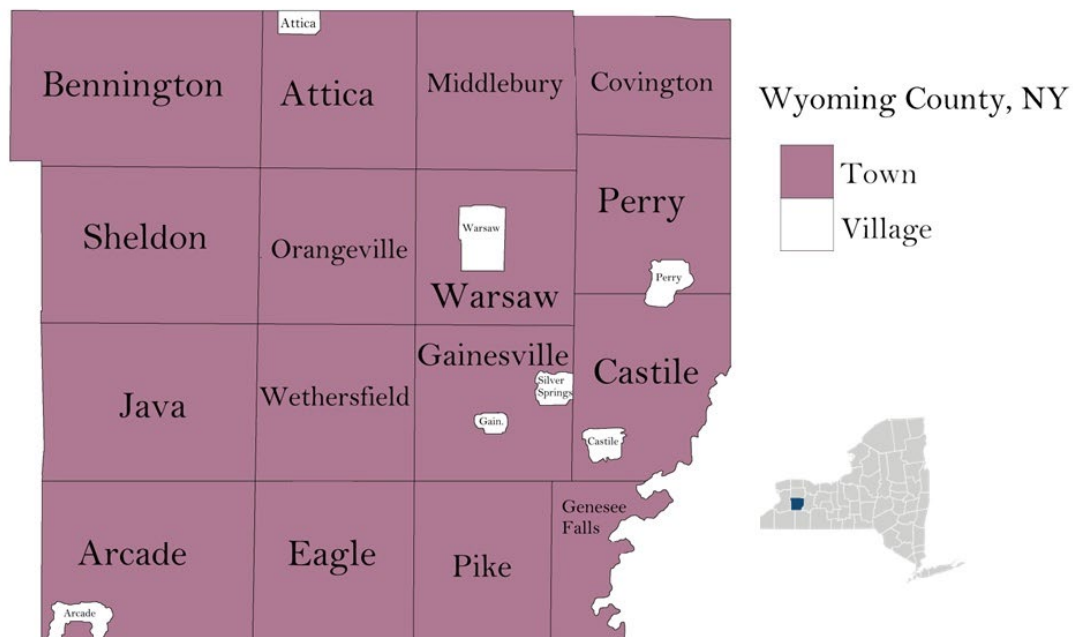
About Wyoming County

Wyoming County is a rural county in western New York, located between Buffalo and Rochester. The county has a population of 39,666 people (2022 population estimate), spread across 16 townships and 5 villages.¹ The population density is 68.4 people per square mile,¹ with most of the population concentrated in four centers: Warsaw (the county seat), Attica, Arcade, and Perry.² Letchworth State Park, “the Grand Canyon of the East,” is located on the southeastern border of the County.²

The county's vast geographic area and sparse population make transportation a challenge. Wyoming County Community Health System (WCCHS), located in Warsaw, is the only hospital in the county. Residents of the western side of the county typically travel to Buffalo for medical care and resources, while residents of the eastern side of the county typically travel to Rochester. This presents a challenge for community health planning since New York State is inconsistent in the way it apportions regional designations. This impacts transportation, insurance coverage, and access to regional data.

There are two New York State prisons located in Attica: Attica Correctional Facility, a maximum-security level facility for males, and Wyoming Correctional Facility, a medium-security level facility for males. The County Jail is located in Warsaw.³

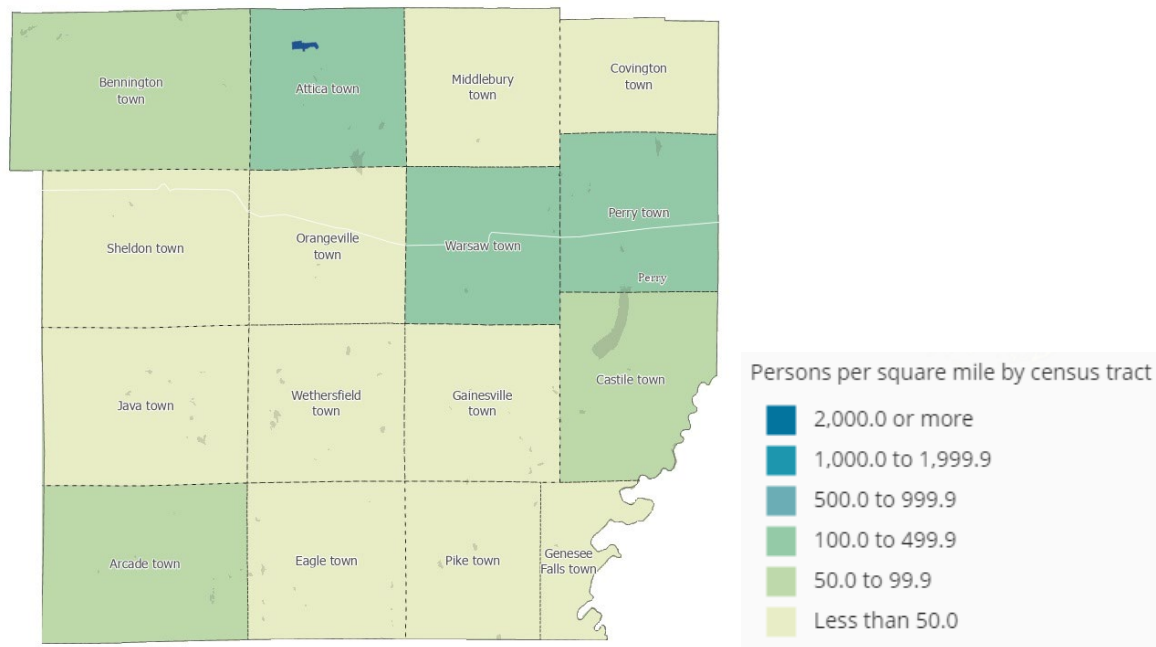
Figure 1. Map of Wyoming County, NY



People of Wyoming County

The map below demonstrates the population density of Wyoming County by Census tract. Most of the land in Wyoming County has a density of less than 50 persons per square mile.⁴ Arcade, Bennington, and Castile townships have a density between 50 and 100 persons per square mile, while Attica, Warsaw, and Perry townships have a density between 100 and <500 persons per square mile. The small dark blue area located in Attica township represents the Attica and Wyoming Correctional facilities. This is the densest population in the county, with more than 2,000 persons per square mile.⁴

Figure 2. Population map of Wyoming County



Source: US Census Bureau 2020 Census Demographic Data Map Viewer⁴

Age and Sex

Compared to New York State, Wyoming County has a lower percentage of persons under 5 and under 18, and a higher percentage of persons ages 65 and older. As a result, the median age in Wyoming County is 42.6 years, which is slightly higher than the state of New York, where the median age is 39.2 years.¹

Table 2. Age and sex in Wyoming County

	Wyoming County	New York State
Median Age (years)	42.6	39.2
Persons under 5 years, percent	4.5%	5.4%
Persons under 18 years, percent	18.2%	20.3%
Persons 65 years and over, percent	20.5%	18.1%
Female persons, percent	46.2%	51.1%

Source: US Census Bureau Quickfacts¹

Race and Ethnicity

Wyoming County is a predominantly white county, with 93.0% of the population identifying as white alone. This is higher than the state of New York, where 68.6% of the population identifies as white alone. The largest ancestry groups in Wyoming County are German, Italian, and Polish. The percentage of the population that is Hispanic or Latino is much lower in Wyoming County (3.4%) than in New York State (19.7%). The percentage of the population that is foreign-born is much lower in Wyoming County (3.7%) than in New York State (15.3%).¹

Table 3. Race and ethnicity in Wyoming County

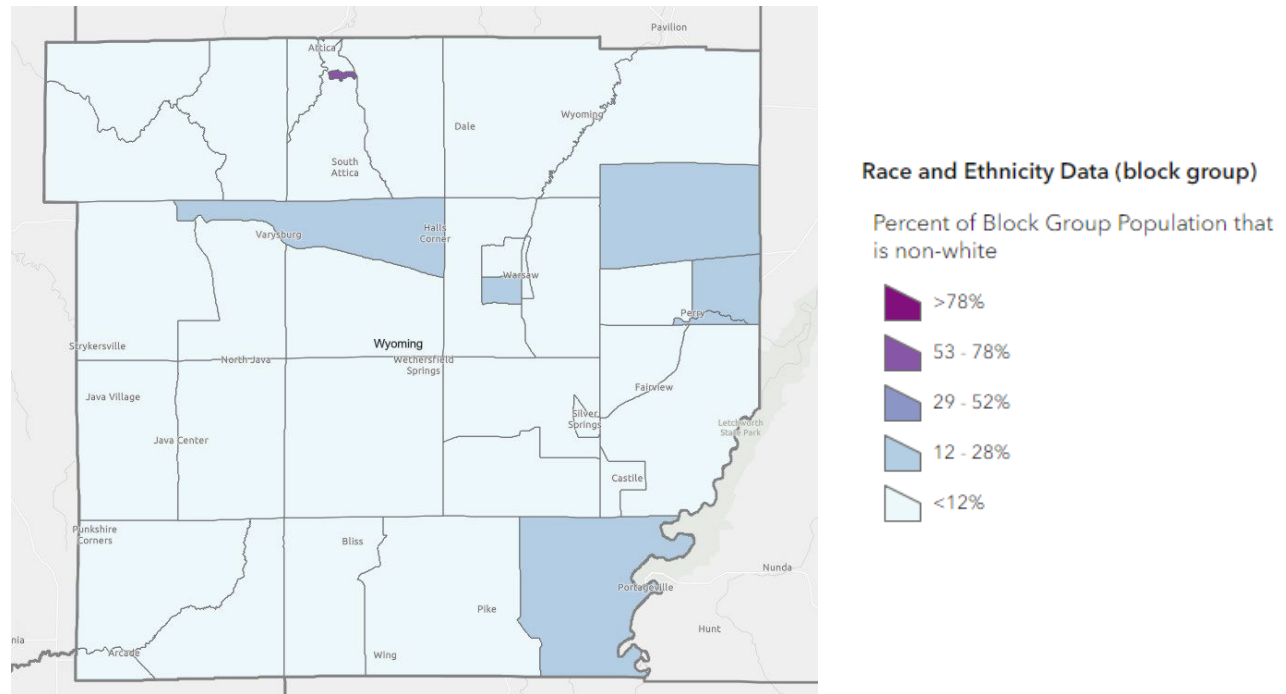
Race and Ethnicity	Wyoming County	New York State
White alone, percent	93.0%	68.6%
Black or African American alone, percent (a)	4.7%	17.7%
American Indian and Alaska Native alone, percent (a)	0.5%	1.0%
Asian alone, percent (a)	0.5%	9.6%
Native Hawaiian and Other Pacific Islander alone, percent (a)	0.1%	0.1%
Two or More Races, percent	1.2%	2.8%
Hispanic or Latino, percent (b)	3.4%	19.7%
White alone, not Hispanic or Latino, percent	90.5%	54.2%

(a)Includes persons reporting only one race

(b)Hispanics may be of any race, so also are included in applicable race categories.

Source: US Census Bureau Quickfacts¹

As a result of the inclusion of the two prisons in the county population figures, the male and non-white population percentages of the general community appear to be artificially inflated. This is because the incarcerated population is not representative of the general population of the county. The incarcerated population is disproportionately male and non-white, while the general population of the county is more evenly balanced between males and females and is predominantly white.

Figure 3. Wyoming County block groups by percent of population that is non-white.

Source: US Census Bureau, Food Future WNY Food Systems Map⁵

Language

English is the primary language spoken at home for most Wyoming County residents. In 2017-2021, 1,296 (3.3%) residents ages 5 and older spoke a language other than English at home, and 0.9% spoke English less than very well. Spanish was the most common language spoken at home other than English, followed by other Indo-European languages and Asian and Pacific Island languages.⁶

Special Populations

Migrant Farm Workers

Migrant farm workers play a vital role in the agriculture industry in Wyoming County, New York. Approximately 50 farms in the county employ migrant workers, who are primarily from Mexico. The workers are a mix of single men, single women, and families. Living conditions on the farms can be poor, and with workers not having their own vehicles, access to fresh fruits and vegetables, as well as medical care, is limited.⁷

The Finger Lakes Migrant Health Care Project and Lake Plains Community Care Network are resource hubs for migrant workers in Wyoming County. The Finger Lakes Migrant Health Care Project provides culturally competent coordination services through community health workers who help to connect agricultural workers to the medical community. They also provide mobile medical and dental services, going to the farms where these workers reside to provide

preventive, screening, triage, and referral services. Lake Plains is a rural health network and provides rural health care services to agricultural workers and their families.

During a focus group held with Migrant Farm Workers, we heard that this population is very appreciative of health care support that is available but has many needs and concerns. These include:

- Consistent, affordable transportation options.
- Desire for improved access to women's health, pregnancy care and resources for mothers.
- Need for increased assistance in navigating the medical system through translation, transportation opportunities, and assistance coordinating medical appointments.
- Emergency care can be expensive and difficult to access quickly.
- Access to and ability to afford fresh fruits, vegetables, and meats.
- Assistance and support are needed to obtain driver's licenses, tax filing, access to health insurance, as well as routine preventive services.
- Advocacy for improved living conditions on the farm.

Language barriers, transportation challenges, poor housing conditions, and limited income are all major barriers that migrant farm workers face.

Plain Communities

There are several Mennonite communities in Wyoming County, which are spread throughout the county and there are also Amish families in Wyoming County, who primarily live near the town of Bliss. While they have integrated into the local community to an extent through the stores and restaurants that they own and manage, there is little known about health needs in this community.⁸

Veterans

Veterans make up a larger proportion of Wyoming County's population than the state average. According to the U.S. Census American Community Survey, 6.9% of people ages 18 and older in Wyoming County are military veterans, compared to 3.9% in New York State.⁶ Veterans face various challenges, including employment, housing, health care, and mental health. There are several resources available to help veterans in Wyoming County, including the Wyoming County Veterans Service Agency and the Wyoming County Veterans Club.

People with Disabilities

Disability experience is higher in Wyoming County than in New York State. During 2017-2021, 13.3% of Wyoming County residents had a disability, compared to 11.6% of people in New York State. The disability rate for people under age 65 years was 8.7%, compared to New York State's 8.1%. The disability rate for children under 18 years old was 4.4% in Wyoming County, compared to 4.1% at the state level.⁹

According to the US Census Bureau's American Community Survey, the most common (by percent of the total population affected) disabilities among Wyoming County residents included the following in 2017-2021:¹⁰

- Ambulatory impairments: 7.3%
- Independent living difficulty: 5.6%
- Cognitive disabilities: 4.9%
- Hearing impairments: 4.5%
- Self-care impairments: 2.6%
- Vision impairments: 1.9%

People with disabilities in Wyoming County are more likely to be unemployed than people without disabilities. The unemployment rate for people with disabilities in Wyoming County is 12.2%, compared to 3.8% for people without disabilities.¹¹ People with disabilities in Wyoming County are also more likely to live in poverty than people without disabilities. The poverty rate for people ages 20 to 64 with disabilities in Wyoming County is 26.5%, compared to 7.8% for people without disabilities.¹² Adults with disabilities in New York are more likely to experience depression, obesity, diabetes, heart disease, and smoke cigarettes (CDC).¹³

Economy and Employment

Wyoming County is a more rural county with a lower population density than New York State. The economy of Wyoming County is more reliant on agriculture and manufacturing, while the economy of New York State is more diverse. The economy of Wyoming County is based on agriculture, tourism, and manufacturing. The county is home to one of the largest salt mines in the Northeast. Other industries in the county include dairy farming, food processing, and manufacturing of metal products.² With more workers doing manual labor than New York State, Wyoming County experiences a higher rate of occupational injury hospitalizations and deaths.¹⁴

Wyoming County is a leading agricultural producer in New York State, ranking first in total agricultural production, milk production, and cattle and calves. With over 700 active farms, agriculture is a major driver of the county's economy and plays an important role in the social fabric of the community.¹⁵

According to the Wyoming County Industrial Development Agency, the top employers in the county are:¹⁶

- Wyoming County Government (includes WCCHS)- 911 employees
- Attica Correctional Facility- 843 employees
- Wyoming County Correctional Facility- 520 employees
- Pioneer Central Schools- 514 employees
- Pioneer Credit Recovery- 400 employees
- Prestolite Electronic, Inc.- 308 employees

With an aging population, and increased needs for various health care services, worker shortages have become a challenge for Wyoming County employers. Key Informants interviewed for this report identified staffing shortages, worker retention, and recruitment as a top community health concern, with 11 of 16 (69%) informants reporting this issue. Informants reported that staffing issues are being experienced across the workforce; there are not enough qualified workers to provide services, despite available funds. One informant stated that “the best and the brightest move away.”

The following types of staff positions were identified as being difficult to fill by Wyoming County leaders:

- Primary Care Providers
- Pediatricians
- Dental Health Providers
- Nurses
- Behavioral Health Service Providers
- Personal Care Aides for Seniors
- Physical Therapists for Early Intervention
- Occupational Therapists for Early Intervention
- Psychiatrists and Psychologists

In 2021, there were about 18,288 total employed civilians ages 16 and over in Wyoming County. The majority of residents work in the educational services, health care and social assistance industry (23%), followed by manufacturing (12%), retail trade (11%), construction (8%), and arts, entertainment, recreation, accommodation, and food services (8%). A higher percentage of Wyoming County residents work in the manufacturing, construction, agriculture, forestry, fishing, hunting, and mining industries when compared to New York State.¹⁷

At 4.1% in 2021, Wyoming County experiences a lower unemployment rate than New York State’s 8.7%. Wyoming County residents are also more likely to collect retirement earnings (29.4%) or collect Social Security income (39.2%) than New York State with 24.9% and 32.1%, respectively.¹⁷

Table 4. Employment by industry for Wyoming County

Industry of Worker	Wyoming County		New York State
	Number of Workers	Percent	Percent
Educational services, and health care and social assistance	4,200	23%	29%
Manufacturing	2,228	12%	6%
Retail trade	2,056	11%	10%
Construction	1,548	8%	6%
Arts, entertainment, and recreation, and accommodation and food services	1,528	8%	9%
Professional, scientific, and management, and administrative and waste management services	1,277	7%	12%
Public administration	1,242	7%	5%
Agriculture, forestry, fishing and hunting, and mining	1,238	7%	1%
Other services, except public administration	910	5%	5%
Finance and insurance, and real estate and rental and leasing	839	5%	8%
Transportation and warehousing, and utilities	652	4%	6%
Wholesale trade	423	2%	2%
Information	147	1%	3%

Source: U.S. Census Bureau American Community Survey, 5-year Estimates, 2021; Industry by Occupation for the Civilian Employed Population 16 Years and Over¹⁷

Income and Education

The poverty rate in Wyoming County is 12.4%, which is higher than the state of New York, where the poverty rate is 10.7%. The unemployment rate in Wyoming County is 4.4%, which is lower than the state of New York, where the unemployment rate is 4.8%. The percentage of the population that is college-educated is much lower in Wyoming County (18.1%) than in New York State (38.1%).¹

Table 5. Income and education in Wyoming County

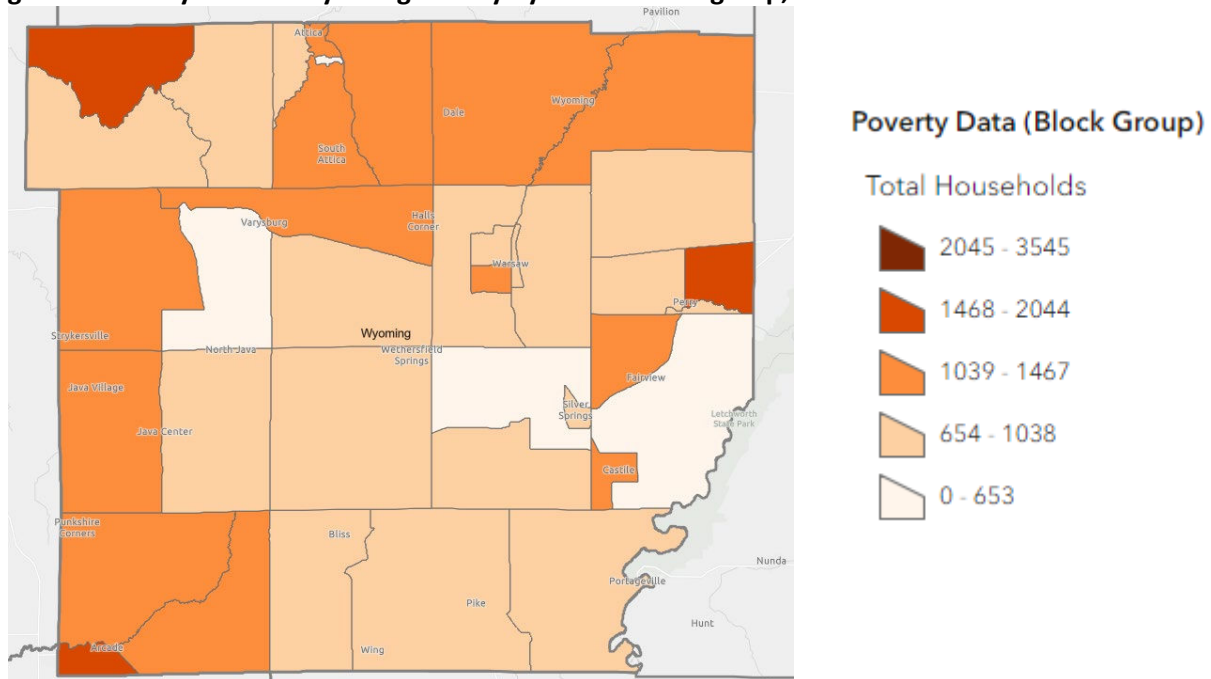
	Wyoming County	New York State
Median household income (in 2021 dollars), 2017-2021	\$60,013	\$75,157
Persons in poverty, percent	9.4%	13.9%
High school graduate or higher, percent of persons aged 25 years+, 2017-2021	88.4%	87.4%
Bachelor's degree or higher, percent of persons aged 25 years+, 2017-2021	18.1%	38.1%

Source: U.S. Census Bureau Quickfacts¹

Figure 4 shows that Census blocks in the Towns of Arcade, Bennington, and Perry demonstrate the highest number of households living under the federal poverty level.⁵ Census blocks in the townships of Attica, Silver Springs, and Warsaw demonstrate the highest rates of public

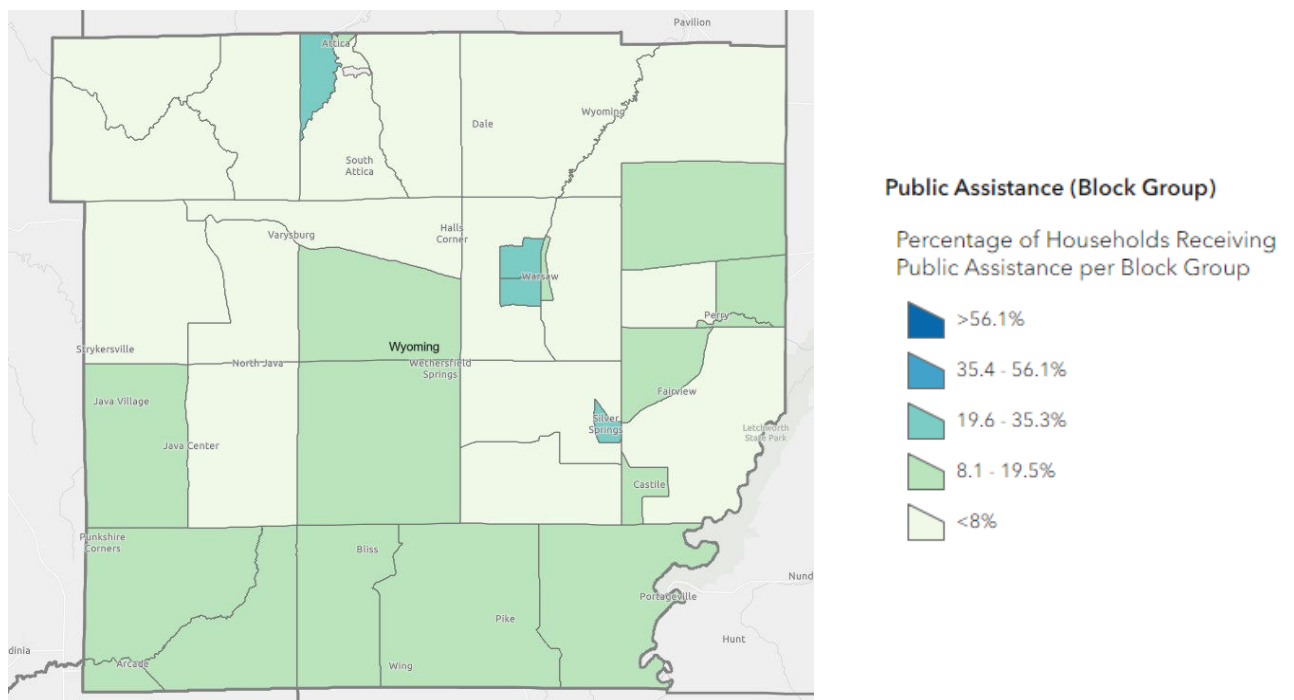
assistance utilization in Wyoming County, with between 19.6 and 35.3% of households participating in public assistance programs (see Figure 5).⁵

Figure 4. Poverty rates in Wyoming County by Census block group, 2020



Source: US Census Bureau, Food Future WNY Food Systems Map⁵

Figure 5. Public assistance participation in Wyoming County by Census block group, 2020



Source: US Census Bureau, Food Future WNY Food Systems Map⁵

People Struggling to Make Ends Meet

Thiel Roundtable members and Key Informants interviewed expressed concerns for the health and well-being of residents in Wyoming County experiencing poverty, and those who are working, but struggle to make ends meet. When Key Informants were asked “Who is not thriving in Wyoming County?” the top response was low-income persons and ALICE families, with 8 (50%) responses. With the costs of goods and services rising after the COVID-19 pandemic, these residents face increasing adversity.

The Wyoming County Community Action Community Needs Assessment completed in 2022 evaluated the systemic needs and concerns facing low-income residents in Wyoming County. The following are the key findings established from the assessment.

- Transportation continues to be the biggest barrier and most significant need identified in Wyoming County. Residents do not understand the transportation options that are available to them. Evenings and weekends are the times during which residents are least likely to have their transportation needs met. Cost is the greatest barrier to residents in securing personal vehicles.
- The housing stock in Wyoming County is aging. Those who rent struggle financially, and those who own have many costs to upkeep their homes.
- There is a shortage of qualified workers in the wake of the COVID-19 Pandemic. Many people have retired from the workforce, and many others have moved or changed occupations. Wyoming County employers are struggling to recruit and retain qualified job candidates to fill their open positions.
- There is a great need for support for Mental Health and Substance Use Disorders in Wyoming County. Community Action will play a role in assisting with housing, care coordination, peer support, and community education. Community-Based Organizations play a role in addressing the Social Determinants of Health and providing interventions and services to support families.
- There is a need to focus on equity and inclusion for people of color, children, and householders who are single females, and persons who have faced Adverse Childhood Experiences (ACEs). Wyoming County should continue to focus on trauma-informed care.
- Residents continue to struggle to navigate services in Wyoming County.
- Many families in Wyoming County are either living in poverty or are considered ALICE (Asset-limited, Income-Constrained, Employed) families who struggle every day to meet their own basic needs. Support for these families through budgeting education and financial literacy is a need.

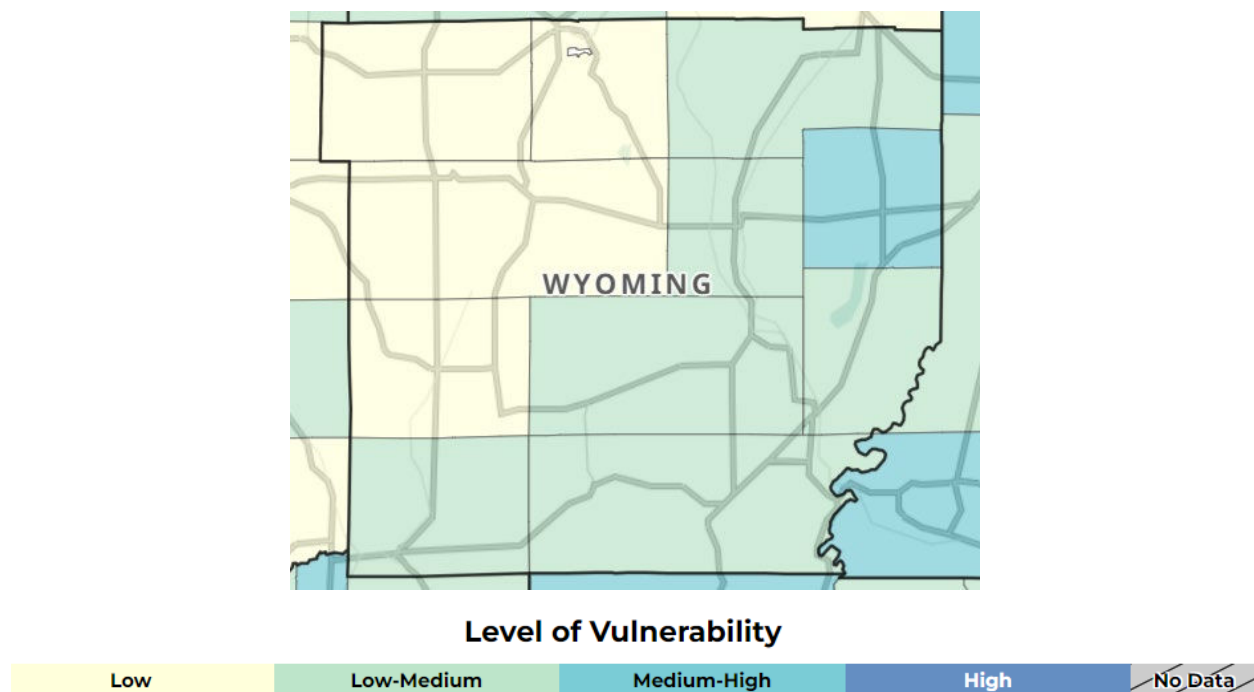
Social Vulnerability Index

Social vulnerability is the degree to which a community is susceptible to the negative effects of external stresses, such as natural disasters, disease outbreaks, or economic shocks. The CDC/ATSDR Social Vulnerability Index (SVI) is a tool that uses 16 U.S. census variables to assess social vulnerability at the census tract level.¹⁸

In Wyoming County, the overall social vulnerability is low, with a score of 0.1442. This means that Wyoming County is less vulnerable to the negative effects of external stresses than most other counties in the United States. Areas with higher rates of poverty, uninsured, and elderly are considered more socially vulnerable. The census tract with the greatest social vulnerability (medium-high) is the tract that contains the Village of Perry. Most of the county's geography is low-medium in terms of social vulnerability. The northwest quadrant of the county is the least vulnerable, with a designation of "low."¹⁸

Reducing social vulnerability can help to decrease both human suffering and economic loss in the event of a disaster. By identifying and addressing the factors that contribute to social vulnerability, communities can become more resilient to shocks and stresses.

Figure 6. Social vulnerability of Wyoming County Census tracts, 2020



Source: CDC/ATSDR Social Vulnerability Index¹⁸

ALICE Families

Asset Limited, Income Constrained, Employed (ALICE) families are those who earn above the federal poverty level but below the Area Median Income (AMI) in their region and have limited savings. This means that they are one financial shock away from falling into poverty. The ALICE

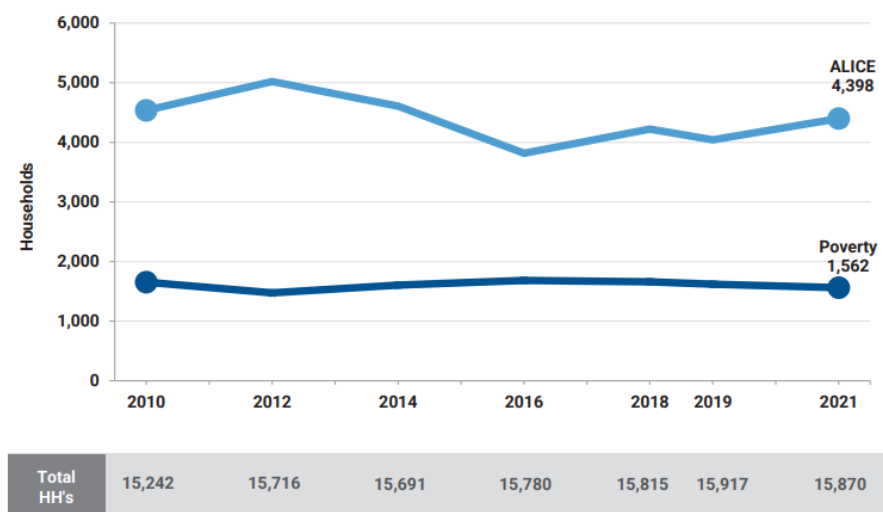
designation is based on the amount of money a household needs to cover necessities, such as housing, food, transportation, and health care.¹⁹

United for ALICE is a collaboration of United Way agencies that conducts research on ALICE families in counties across the United States. A 2023 report found that the number of households in Wyoming County meeting the ALICE designation increased from 2016 to 2021, from 3,882 households to 4,398 households. This represents an increase of 13%.¹⁹

The number of households living below the federal poverty level has stayed about the same since 2010. This means that the number of ALICE families has increased as a proportion of all households in Wyoming County.¹⁹

The increase in the number of ALICE families in Wyoming County is a concern, as it means that more families are struggling to make ends meet. There are many factors that contribute to this problem, including the rising cost of housing, the low wages of many jobs, and the lack of affordable childcare.¹⁹

Figure 7. Households by income, Wyoming County, 2010-2021



Source: United for ALICE, ALICE Threshold, 2010-2021; American Community Survey, 2010-2021¹⁹

The towns in Wyoming County with the highest percentage of households that are ALICE and poverty include Genesee Falls (54%), Warsaw (48%), Castile (47%), Pike (44%), Gainesville (43%), Eagle (43%), and Perry (42%).¹⁹

Table 6. Municipal-level ALICE and poverty data for Wyoming County, NY, 2021

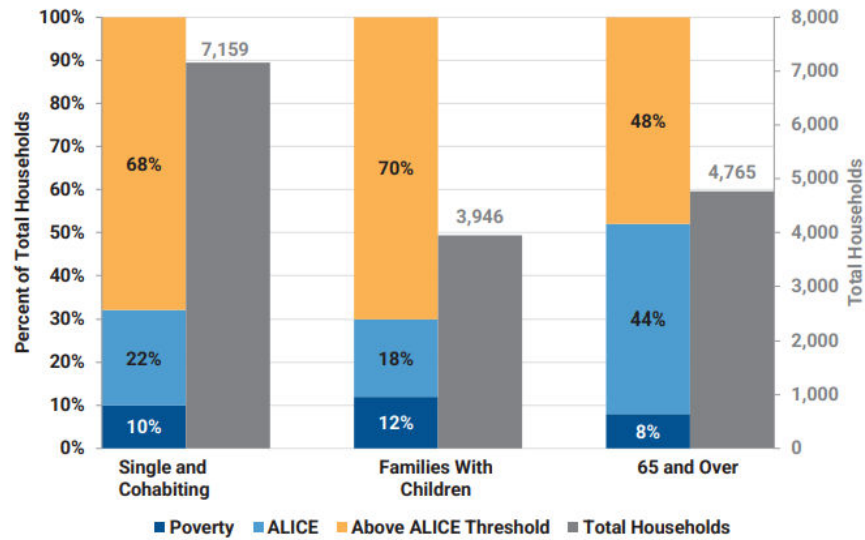
Town	Total Households	% ALICE and Poverty
Arcade town	1,960	36%
Attica town	1,404	29%
Bennington town	1,258	19%
Castile town	1,152	47%
Covington town	466	33%
Eagle town	415	43%
Gainesville town	836	43%
Genesee Falls town	155	54%
Java town	840	28%
Middlebury town	563	30%
Orangeville town	528	30%
Perry town	2,203	42%
Pike town	390	44%
Sheldon town	943	35%
Warsaw town	2,471	48%
Wethersfield town	286	39%

Source: United for ALICE, ALICE Threshold, 2010-2021; American Community Survey, 2010-2021¹⁹

In Wyoming County, a single adult requires a full-time hourly wage of \$12.58 to pay for routine monthly costs such as rent, utilities, food, transportation, health care, technology, taxes, etc. Over the course of a year, these costs amount to \$25,164. A family with two adults, one infant, and one preschooler would require a full-time hourly wage of \$34.31 to make ends meet, with all the same costs as basic needs above as well as childcare. Annual costs for a family of this size would total \$67,616. The full budget is available to view in Appendix D.¹⁹

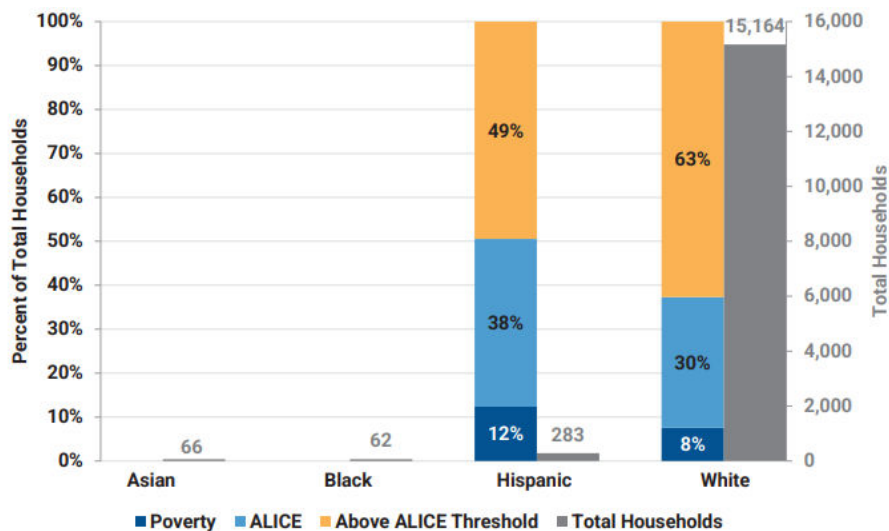
The groups with the most households below the ALICE threshold are also the largest demographic groups. However, when you look at the percentage of each group that is below the ALICE threshold, you can see that some groups are more likely to be ALICE than others. By addressing the disparities in financial hardship among different county demographics, community members can work towards more equitable solutions.¹⁹

In 2021, 44% of households with individuals aged 65 and over were ALICE households in 2021 (2,097 households), compared to 22% of households of people who were single or cohabitating (1,575 households), and 18% of households of families with children (710 households). During the same timeframe, 8% of households with individuals aged 65 and over were in poverty, compared to 10% of households with people who were single or cohabitating, and 12% of households of families with children.¹⁹

Figure 8. Household financial status by household type, Wyoming County, 2021

Source: United for ALICE, ALICE Threshold, 2010-2021; American Community Survey, 2010-2021¹⁹

In Wyoming County, most ALICE families were White, non-Hispanic. However, Hispanic households were more likely to be ALICE than White households. In 2021, 30% of White, non-Hispanic households in Wyoming County were ALICE, and 8% were below the federal poverty level. Among Hispanic households, 38% were ALICE and 12% were living in poverty.¹⁹

Figure 9. Household financial status by race/ethnicity, Wyoming County, NY, 2021

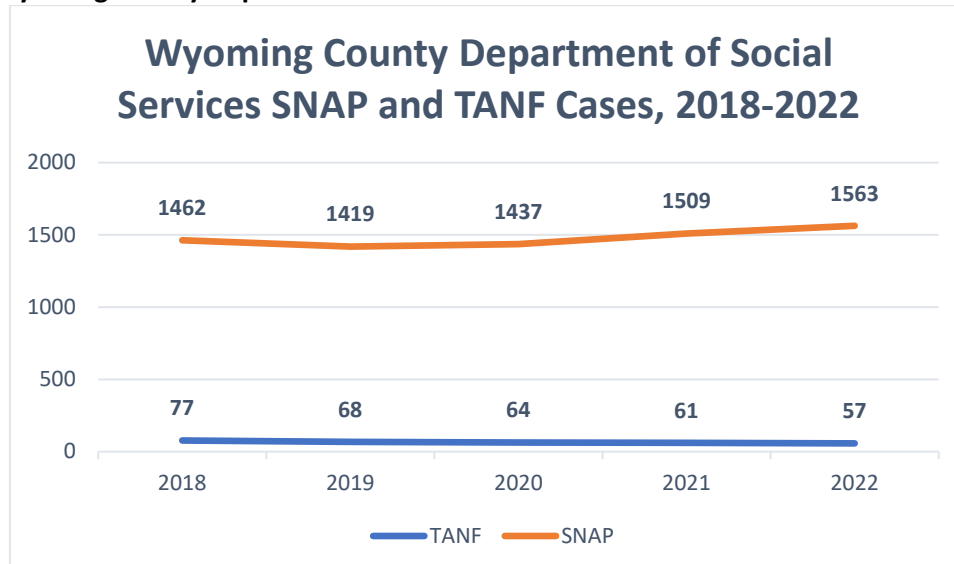
Source: United for ALICE, ALICE Threshold, 2010-2021; American Community Survey, 2010-2021¹⁹

Note: All racial categories are for one race alone. Race and ethnicity are overlapping categories; the Asian and Black groups may include Hispanic households. The White group includes only White, non-Hispanic households. The Hispanic group may include households of any race.

TANF and SNAP Participation

The Wyoming County Department of Social Services provided data on the number of cases for the Temporary Assistance for Needy Families (TANF) and Supplemental Nutrition Assistance Program (SNAP) from 2018 to 2022. SNAP participation increased by nearly seven percent, while TANF decreased by about thirty-five percent.²⁰ The increase in SNAP participation is a sign that more people are struggling to afford food and is likely due to the conditions resulting from the COVID-19 Pandemic.

Figure 10. Wyoming County Department of Social Services TANF and SNAP Cases 2018-2022



Source: Wyoming County Department of Social Services²⁰

Social Care Needs

Food Insecurity

Food insecurity is defined by the United States Department of Agriculture (USDA) as not having access to enough food for an active, healthy life. Food security in a community means that all people, at all times, have sufficient access to food to meet their dietary needs for a productive and healthy life. The three components of food security are: ²¹

- Availability (having sufficient quantities of appropriate food available)
- Access (having adequate income or other resources to access food)
- Utilization/consumption (having adequate dietary intake and the ability to absorb and use nutrients in the body)

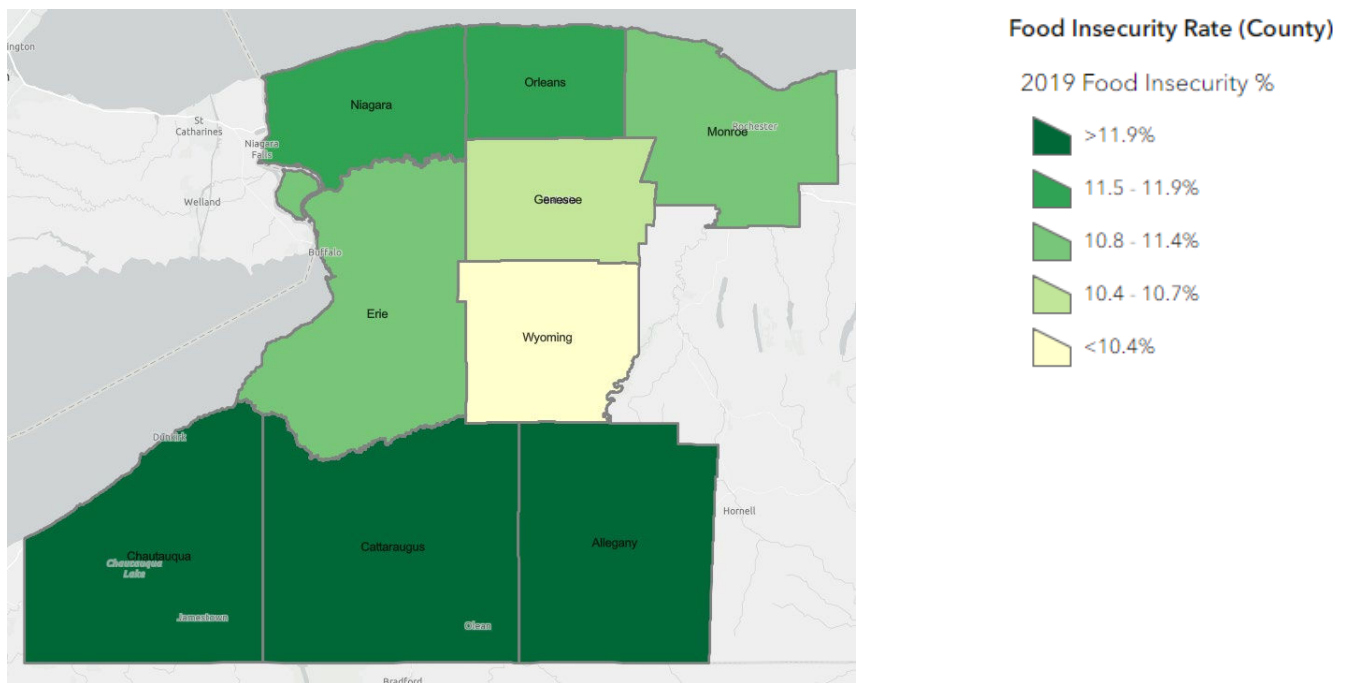
Food security was one of the top social care needs identified by focus groups and outside funders; although interestingly, it was not identified as a priority need by key informants.

To understand more, the work of [Food Future WNY](#) was consulted to provide some better context around this issue. Food Future WNY serves nine counties in WNY including Wyoming and was formed out of the pandemic to help people understand the complexity of food systems

and how to fight food insecurity. With support from the Western New York Foundation, this initiative is a food systems assessment and planning effort focused on developing a strategy for shifting the region's food system to one that is more equitable and resilient, builds wealth in rural and urban communities and promotes health and a sustainable environment. Among the resources created to date is an interactive [food systems mapping tool](#) (Growing Connections, Nourishing a Region) that links several domains of the food system such as food retail, transportation, and emergency food assets available by county.⁵

Food security is a complex issue in Wyoming County. While the mapping data shows that Wyoming County had the lowest rate of food insecurity in Western New York in 2019 (see Figure 11), it is still perceived by many locals as a significant issue. 10.3% of all residents and 15.6% of children (<18 years old) were shown being food insecure.⁵

Figure 11. Food insecurity rates for Western New York Counties, 2019



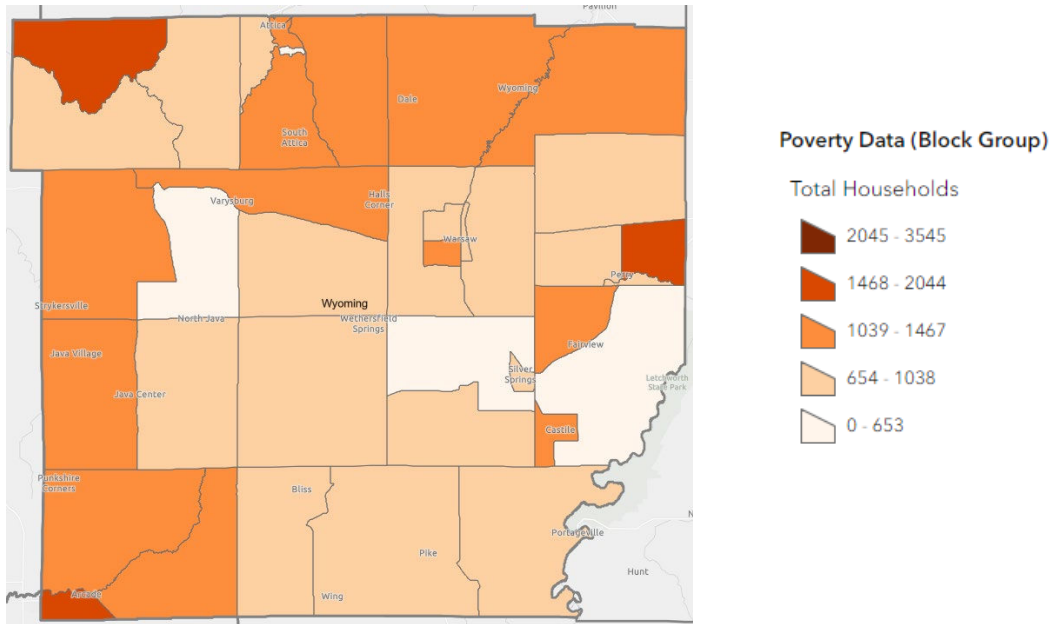
Source: Food Future WNY⁵

Transportation is a major barrier to local food security. Other factors identified that contribute to the problem include the rising cost of food, the closure of small grocery stores, and the lack of fresh fruits and vegetables in many areas. According to the Wyoming County Community Health Assessment Survey, residents with an annual household income of less than \$25,000 were more likely to have challenges accessing healthy food (18%) compared to respondents of all income levels (10%).²²

The mapping also showed that poverty and lack of access to a vehicle are two factors that can lead to food insecurity. The maps below show where poverty is most concentrated in Wyoming County, and where housing units without access to a vehicle are most common. The areas with

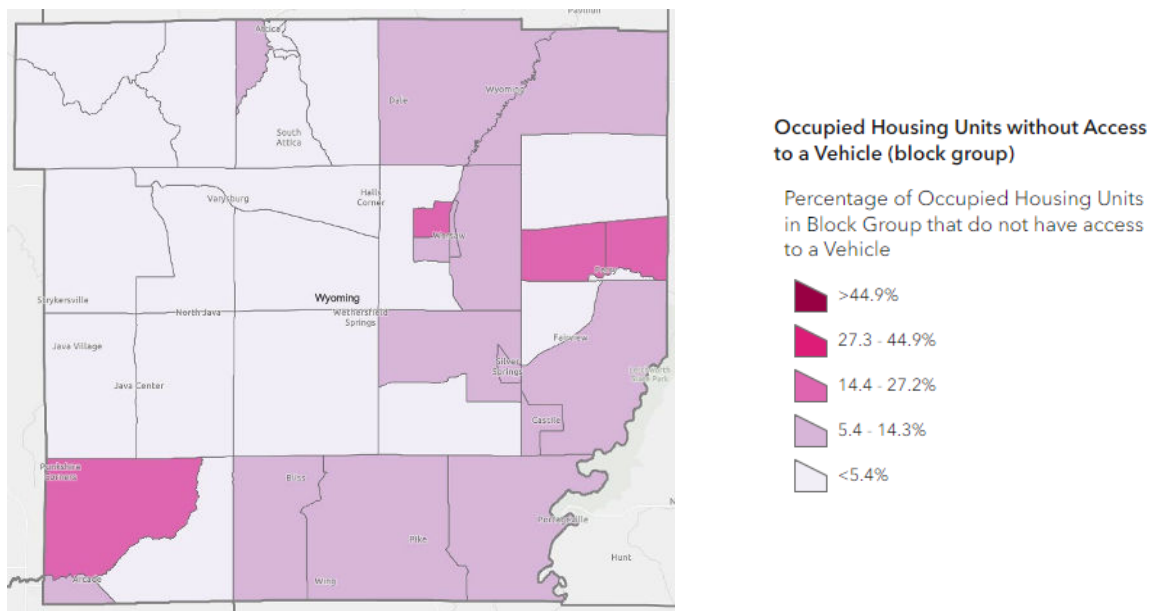
the highest poverty rates are Bennington, Arcade, and Perry. The areas with the least access to vehicles are parts of Arcade, Warsaw, and Perry.⁵

Figure 12. Poverty rate by US Census block group



Source: Food Future WNY⁵

Figure 13. Occupied housing units without access to a vehicle by Census block group

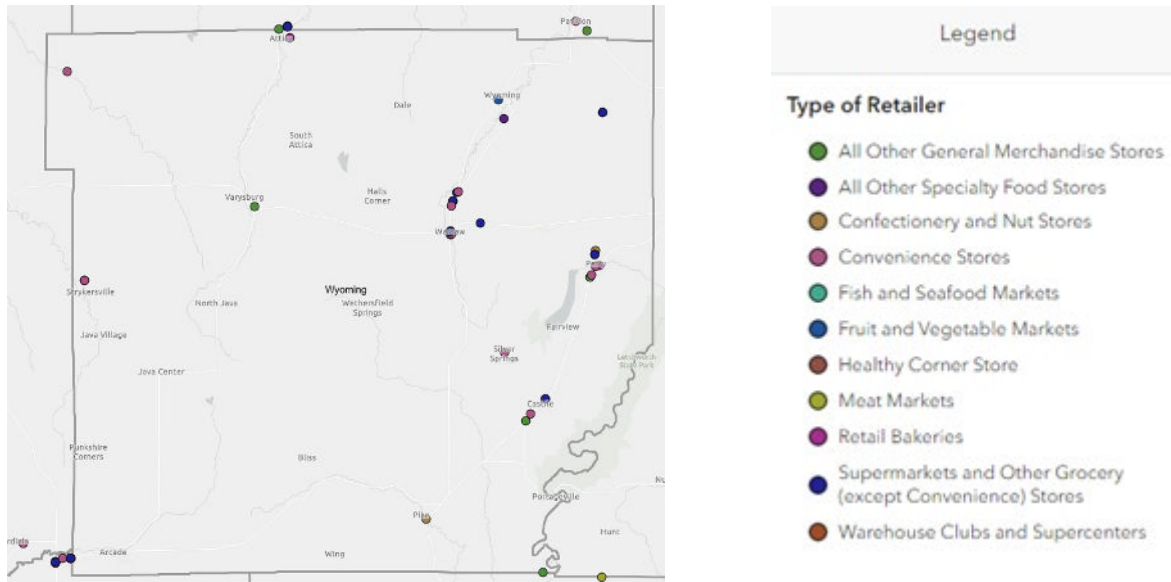


Source: Food Future WNY⁵

The maps below show the locations of food retailers in Wyoming County, including those that accept SNAP or WIC benefits. Arcade Township is a USDA-designated food desert, meaning that

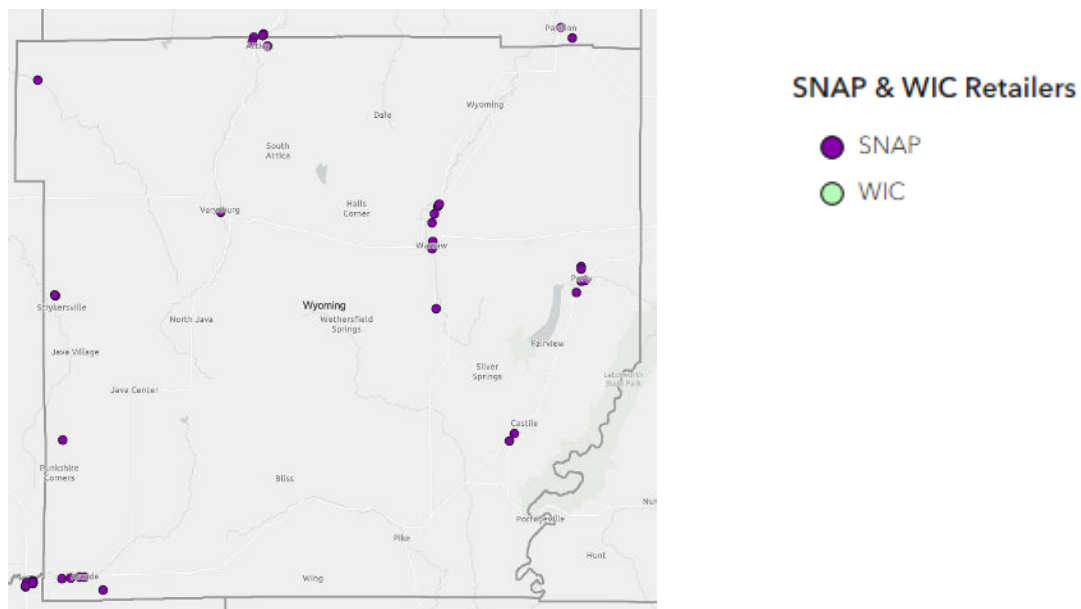
it is a low-income area where many residents do not have access to affordable, healthy food. This is because there are few grocery stores in the area, and those that do exist are often located far away from where people live.

Figure 14. Food retailers in Wyoming County

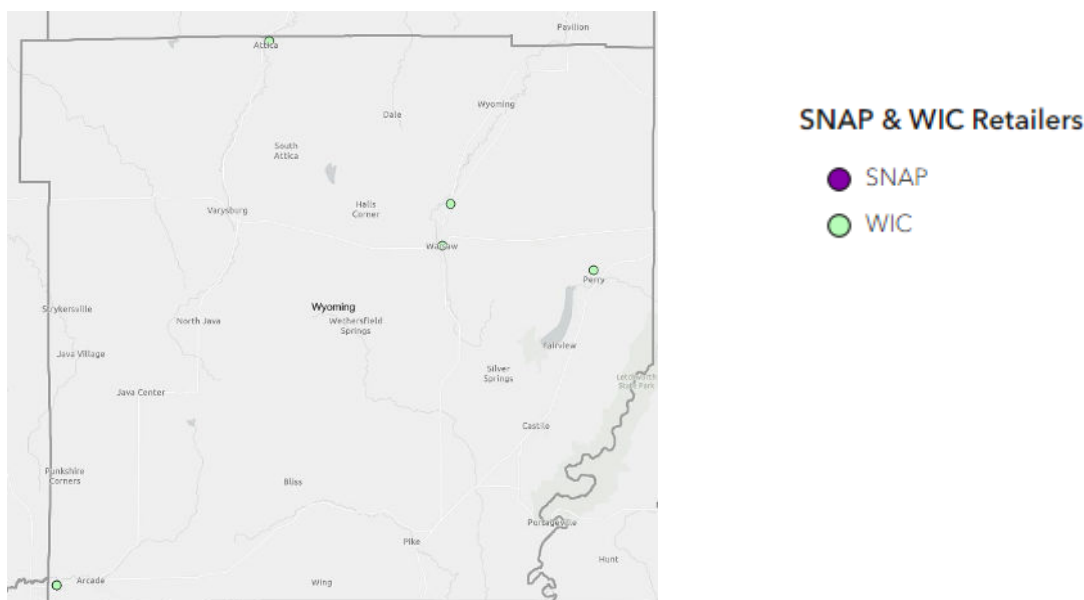


Source: Food Future WNY⁵

Figure 15. Food retailers accepting SNAP in Wyoming County



Source: Food Future WNY⁵

Figure 16. Food retailers accepting WIC in Wyoming County

Source: Food Future WNY⁵

Housing

There were 18,308 housing units in Wyoming County in 2022, 77.4% of which were owner-occupied, compared to 54.4% in New York State. At \$125,300, the median value of owner-occupied homes in Wyoming County was nearly three times lower than that of the state at \$340,600. Monthly housing costs and the median rent were much lower in Wyoming County, than in New York State.

Table 7. Housing characteristics in Wyoming County

	Wyoming County	New York State
Housing units, July 1, 2022, (V2022)	18,308	8,586,228
Owner-occupied housing unit rate, 2017-2021	77.4%	54.4%
Median value of owner-occupied housing units, 2017-2021	\$125,300	\$340,600
Median selected monthly owner costs -with a mortgage, 2017-2021	\$1,232	\$2,267
Median selected monthly owner costs -without a mortgage, 2017-2021	\$536	\$826
Median gross rent, 2017-2021	\$713	\$1,390

Source: US Census Quickfacts: Wyoming County¹

Housing was one of the top social needs identified by Key Informants, with 14 of 16 (88%) reporting this as a concern. The following are comments on housing from key informants:

- There is a lack of adequate, affordable housing, and no transitional housing for people leaving Jail or trying to maintain recovery. Living Opportunities for DePaul is interested in

developing transitional housing and low-income housing opportunities, but there is a need for support from local leaders to move forward (mayors, town supervisors, etc.).

- Wyoming County is lacking a Homeless Shelter. Some respondents spoke of a great need for this resource, while others indicated that there are not many people experiencing homelessness in the County. People experiencing homelessness are placed in motels- but there is only one motel on contract.
- There is organized low-income housing in the "four villages"- (Arcade, Warsaw, Perry, Attica), but opportunities are limited in outlying areas.
- For young people just entering the housing market it is particularly challenging to find a starter home due to the inflated housing market.
- There are not enough affordable housing opportunities for seniors with limited income.
- Housing for migrant workers is substandard (dirty and insect ridden), despite recent improvements. Grants are available to farms but are cumbersome and difficult to obtain.
- Apartments are expensive, and not very appealing despite the high price.

Recommendations to address the housing issues were to engage with local leaders to rally support for use of funds in the Governor's Budget to establish supportive housing (especially for those with mental health conditions) and expand mixed-use housing opportunities like the complex that was built in Perry.

Wyoming County residents with an annual household income less than \$25,000 were more likely to experience challenges with housing (13%), compared to survey respondents of all income levels (7%).

Transportation

The county's vast geographic area and sparse population make it difficult for residents to access basic needs as well as preventive and medical health care. Vehicle ownership is higher in Wyoming County than in New York State, however, public transportation and ridesharing programs (such as Uber or Lyft) are less available as compared to metropolitan areas. Despite increased vehicle access, residents without a vehicle face more isolation and difficulty getting around when compared to their urban counterparts.²²

Transportation was identified as a top community concern affecting health by 5 of 16 key informants. When asked specifically about transportation, 10 of 16 informants remarked on the need to improve public transportation opportunities. The WCHD CHA survey found that residents with an annual household income of less than \$25,000 were more likely to experience transportation challenges (24%) compared to all survey respondents (7%).²²

The Fixing America's Surface Transportation (FAST Act) requires the establishment and scheduled update of a locally developed, coordinated public transit-human services transportation plan as a condition for receiving funding for Federal Transit Administration (FTA) sponsored human service transportation programs. These plans provide a framework for enhancing mobility and access, minimizing duplication of services, and providing cost-effective

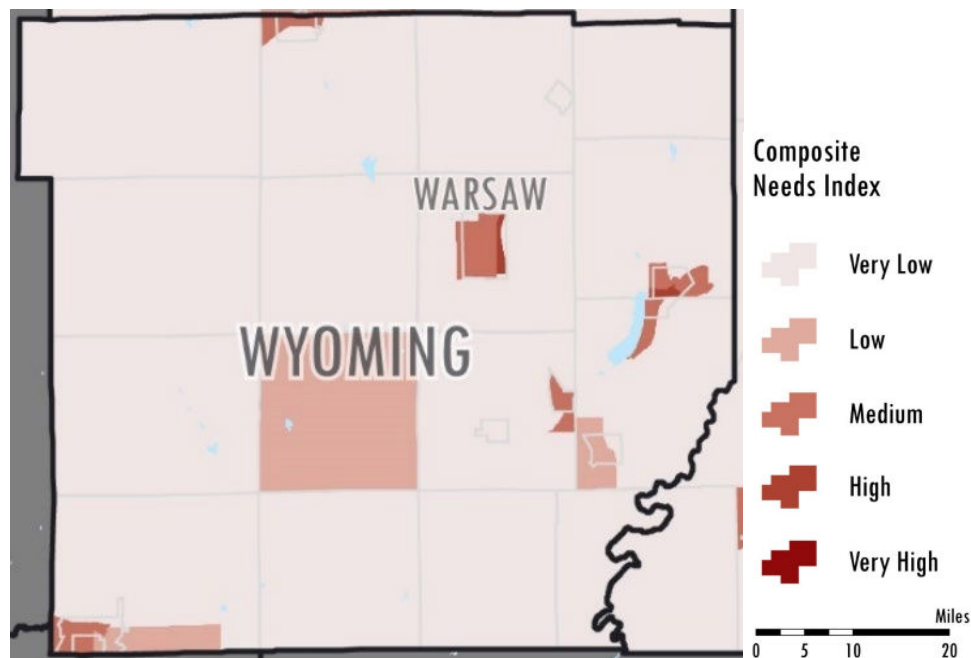
transportation for seniors, persons with disabilities, and low-income individuals. To satisfy this requirement, Wyoming County participates along with eight other counties in the Genesee-Finger Lakes Region through the Genesee Transportation Council. The [Coordinated Public Transit-Human Services Transportation Plan](#) was updated in 2021.²³

The plan consists of the following elements:

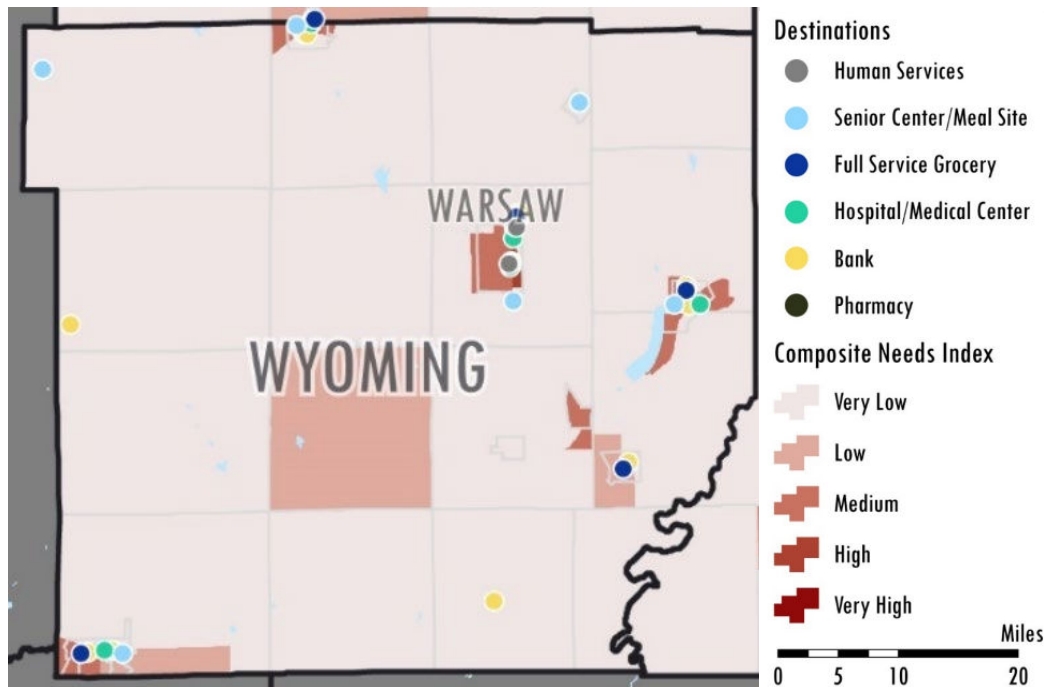
- An inventory of available services that identifies current transportation providers.
- An assessment of transportation needs for individuals with disabilities, older adults, and people with low incomes
- Strategies, activities, and/or projects that address the identified gaps between current services and needs and identify opportunities to improve efficiencies in service delivery.
- Priorities for implementation based on resources, time, and feasibility for implementing specific strategies and/or activities identified.

There is a demographic profile for the region that highlights population density per square mile for older adults, persons with disabilities, low income, and vehicle access which was used to create a Composite Index of Need. See Figure 17 where darker shades indicate a higher need such as Warsaw, Perry, Attica, Castile, Arcade, Gainesville, and the town of Wethersfield. The plan also includes a Destination Inventory to better understand the locations and accessibility issues of these destinations. See Figure 18 for a destination map of the region.²³

Figure 17. Wyoming County Composite Index of Need



Source: Genesee-Finger Lakes Region Coordinated Public Transit-Human Services Transportation Plan Update, 2021²³

Figure 18. Wyoming County destination map

Source: Genesee-Finger Lakes Region Coordinated Public Transit-Human Services Transportation Plan Update, 2021²³

The Plan also included a section on needs and coordination that was based on questionnaire responses from Wyoming County service providers which revealed:²³

- Clients of multiple agencies demonstrate the need for non-emergency medical transportation. General needs such as grocery store and employment access are cited. Individuals admitted to the hospital often require transportation to return home.
- As in many rural counties, the structure of transit limits its widespread use. Transportation to out-of-county destinations is generally unavailable and Medicaid transportation in the County demonstrates a lack of timeliness and consistency.
- Human services transportation provision in Wyoming County is opportunistic and takes many forms including staff, contracts, Medicaid reimbursement, volunteers, and reallocating resources when not otherwise used.
- Funding is the most cited barrier to agencies' ability to provide transportation to clients.

Transportation to and from medical appointments, and to and from work were cited as a desired destination across multiple agencies, and securing transportation services that cross county lines is a challenge. Funding, eligibility, and out-of-county providers were cited as the biggest organizational challenges. It should be noted that out of the 9 counties served by Rochester Transit Authority, Wyoming County is the only one that does not participate in the *Dial A Ride* service.²³

The transportation options most cited for moving about Wyoming County include friends and family providing rides, public transit (RTS), taxis and ride hailing services, Attica Bus Service, Wyoming County Office for the Aging, Medical Answering Service, Community Action, Disabled American Veterans (DAV), Veterans Transportation System (VTS), Genesee-Wyoming Veterans Transport Program, Caring Harts Transport, Peer Wheels, and Gillam Grant Transportation.²³

The Plan identified 17 mobility strategies to improve coordination and service delivery. These strategies were ranked to identify 10 recommendations that form the basis for the regional plan. Those recommendations were put through a prioritization process which identified these as the top 5:²³

- Innovative Transit System
- County Mobility Managers
- Centralized Information and Reservation Platform
- Employment Access
- Voucher Programs

One recommendation from this report reflects actions already taken by several other rural counties across New York State which has been the establishment of a Mobility Manager position. More specific planning information can be learned from the NYS Mobility Managers Association. During the drafting of this report, it is apparent that there is organizational interest and readiness among Wyoming County service providers to move in this direction. The local Transportation Committee has been gathering data and engaging in meaningful planning activities over the last year.²³

Human-Centered Design Discovery Process

As part of the Thiel Fund needs assessment process, the leadership requested deeper analysis of social care needs using Human Centered Design (HCD) principles. The HCD process generally follows three phases: Discovery, Design, and Delivery. The HCD process was used to understand how well current systems are working for community members and to provide valuable feedback to providers of service.

As part of the initial data gathering process for this report, transportation and food security were identified as important social care needs with opportunities for systems improvement. Secondary data from national sources and qualitative feedback from key informants, survey participants, and focus group participants all referenced unmet transportation and food needs in Wyoming County.

Discovery design processes were facilitated in these two areas. Reactions to this feedback were gathered from providers to develop a list of possible solutions for these system issues. Three

user listening sessions, and two provider focus groups were held during the reporting period. The following summarizes the Discovery phase findings.

Food Security

People with food security needs were presented with a map of food retailers (Figure 14), SNAP-accepting retailers (Figure 15), and WIC-accepting retailers (Figure 16), all of which are included earlier in this report. They were asked a series of questions to collect their insights about the food system. For the food security listening sessions, thirteen people were interviewed at the Perry Pop Up Pantry (PUP) and twelve people were interviewed at the Arcade Congregant Dining Site. Listening session summaries in Appendix E can be referenced for more detailed information.

The two listening sessions had some common themes, and some differences. The common themes from the food security listening sessions were the cost of food, specifically the cost of meat. All participants from both sessions tend to use lower-cost shopping options and many of the people from the PUP in Perry only go to food banks and PUPs for food, except when they need meat. The people at the congregant dining site frequently visit the food bank in Arcade, but they also talked about seeking bargains and sales, while routinely shopping at the lower-cost food markets (e.g., Save-a-Lot vs. Tops). Generally, both groups found that there were ample fruits and vegetables available through the food pantries/congregant dining sites. When asked who is successfully addressing food security, the congregant dining participants identified Meals on Wheels and the Office for Aging congregant dining sites. Clients of Perry PUP identified FoodLink and pantries who partner with FoodLink almost exclusively.

A food provider work group was subsequently held to review responses and discuss possible solutions. The group included representatives from Wyoming County Community Action (PUP organizers), SNAP, WIC, Office For the Aging, FoodLink, and two people who run food banks in Warsaw and Arcade.

- The food security work group was eager to discuss needs within the system and offered potential solutions. These included:
- Develop a Food Security Council to meet quarterly, share knowledge and ideas, and routinely address food quality and access needs of consumers
- Develop a plan for how to use leftover food from the PUPs and food banks.

Transportation

Three users of the transportation system participated in a listening session at the Wyoming County Chamber of Commerce; two were people living with multiple disabilities, and one was a Peer Advocate from the Spectrum Peer Program. Several efforts were made to invite additional users, but this attempt was unsuccessful. Participants were provided with maps of the Wyoming County transportation composite needs index (Figure 17), and county destinations (Figure 18),

which can be referenced earlier in this document. The transportation listening session summary in Appendix E describes the session in more detail.

Users expressed concern about the availability of public transportation, especially in the evenings and on weekends. The Regional Transit System (RTS), also known as the Standby bus, only runs during the week and only until 4:00. For travel out of the county, there is just one bus per day to Batavia and it only stops at one location. For people with medical appointments, there is a Medicaid transportation system, but it is deemed unreliable by consumers, and most of the drivers are from out of the county (Erie or Rochester). The Office For the Aging has a medical transportation van, but its use is limited to their clients (senior citizens). Community Action runs a transportation service staffed by volunteers who use their own vehicles to transport clients.

Participants were most concerned with the lack of reliable transportation to medical appointments, and the isolation they experience on the weekends because no transportation is available. Their ideas for improving the transportation system included extending bus schedules to include evenings and weekends, expanding routes to include out-of-county destinations, and the provision of funds to Community Action to provide financial assistance to community members for repairing their own vehicles.

Client feedback about the transportation system was shared with a group of providers, which included representatives of Wyoming County Mental Health, Office For the Aging, and the Services division of the Department of Social Services. Providers shared that the concerns expressed by the participants in the listening session are ongoing challenges. The group articulated their frustration with how difficult it is to address transportation barriers in the county. They relayed that the main users of the transportation system who are not being adequately served are those with ongoing medical treatments such as dialysis and cancer treatments, people with mental health challenges, rural isolated people without access to a personal vehicle, and at-risk youth.

The Transportation Work Group suggested the following solutions to address the needs identified by users of the system:

- Develop a Wyoming County Mobility Manager position
- Expand volunteer transportation programs, especially for out-of-county appointments
- Work with regional transportation companies to extend transportation offerings to nights and weekends

Health Profile

This section is the core of the report. It offers national, state, and regional context for considering the state of the community's health in Wyoming County and is intended to help inform future planning and decision-making.

As this report was being developed, consideration was given to the needs of Wyoming County residents gathered through review of national trends, existing local assessments and interviews with key informants and community members. It became clear that mental health and substance use disorders are pressing needs for the people of Wyoming County. It also became evident that there is a desire for the availability of social care data for planning that does not currently exist.

The report was expanded to account for broader consideration of community health than had been approached in the past. Traditional assessments have focused on public health and clinical data. This health profile has been expanded to include not only overall trends related to health, but also begin to describe the landscape of behavioral health and social determinants of health in Wyoming County.

National and State Trends in Rural Health Care, Public Health and Behavioral Health

A high-level review of national trends in rural health care and public health was conducted to compare and inform the Planning Committee's consideration. There are myriad policy and investment forces at work. Sources consulted included the Department of Health and Human Services overview of Social Determinants of Health, Rural Healthy People 2030, Rural Policy Research Institute (RUPRI) Behavioral Health in Rural America Report, SAMHSA Rural Behavioral Health Program, Aspen Institute Community Strategies Group Thrive Rural Framework, CMS Rural Roadmap, and the New York State Department of Health 1115 Medicaid Redesign Waiver application. The following offers a general summary of findings.

Overall national trends in rural health care and public health are focused on:

- Engaging the Community in Design
- Using Data and Evidence to Drive Decision-Making
- Collaborating and Integrating Services including Primary Care and Behavioral Health for co-morbidity management
- Consolidating Regional and Organizational Efforts
- Expanding Local Health Workforce Assets
- Pursuing Health Equity
- Alignment of Rural Development and Rural Health

Rural Community Health Program areas where investments are being made include:

- Aging In Place
- Care coordination
- Chronic Obstructive Pulmonary Disease
- Community Health Workers
- Community Paramedicine
- Diabetes Prevention and Management
- Early Childhood Health Promotion
- Health Equity
- Health Literacy
- Health Networks and Coalitions
- Health Promotion
- HIV/AIDS prevention and treatment
- Maternal Health
- Mental Health
- Medication for Opioid Use Disorder (MOUD)
- Obesity Prevention
- Oral Health
- Services Integration
- Social Determinants of Health
- Substance Use Disorder Prevention and Treatment
- Suicide Prevention
- Telehealth
- Tobacco Use
- Transportation

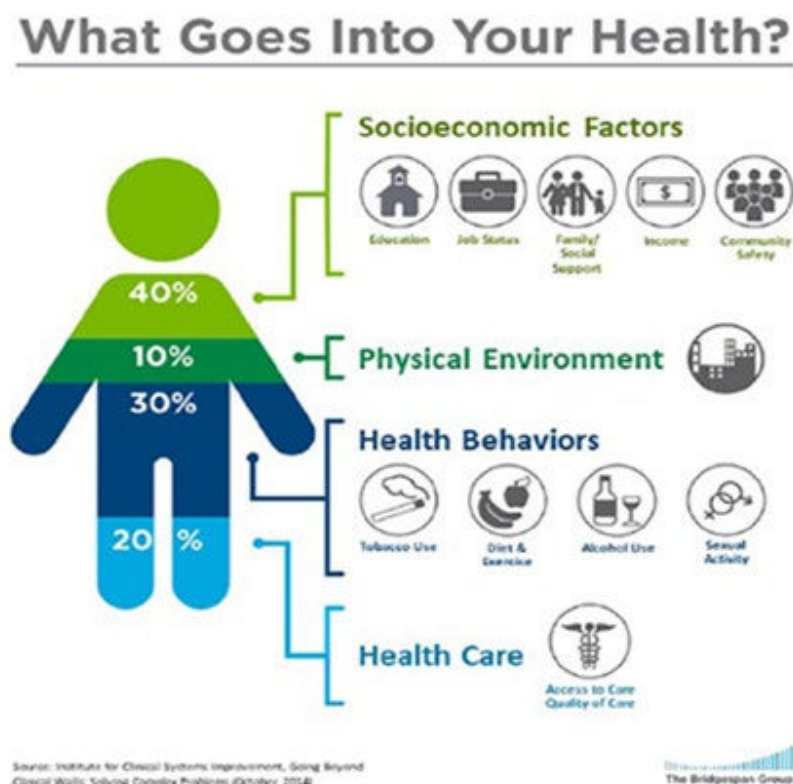
Social Determinants of Health and Health Equity

Social Determinants of Health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Examples of SDOHs include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

It is well understood that health and health care are more than just what happens in the medical office or hospital. The population health perspective provides a comprehensive framework that emphasizes not only medical care but also health behaviors, socio-economic factors, and physical environmental factors as important drivers of health. The relative contributions of these factors to length and quality of life can be seen in Figure 19.²⁴

Figure 19. Estimated relative contributions to health

Note: Genetic factors were not included in estimates.

Source: Hussein, T., & Collins, M. (2016). The Community Cure for Health Care. Retrieved from https://ssir.org/articles/entry/the_community_cure_for_health_care

Health disparities are differences in health that are linked to social, economic, and/or environmental disadvantages. Addressing SDOH is one tool used for advancing health equity, in which every person has the opportunity to “attain his or her full health potential,” regardless of “social position or other socially determined circumstances.”²⁵

Health Equity and Health Disparities

When there is not health equity, health disparities emerge. Health equity is the principle that opportunities for good health in vulnerable populations are achievable by eliminating systemic, avoidable, unfair, and unjust barriers. Health equity usually refers to the non-clinical factors such as the SDOH referenced above. Progress towards achieving health equity can be measured by reducing gaps in health disparities that can ultimately affect health outcomes for people.

Similar to race and gender, living in rural communities creates known disparities. By way of example, the sentinel report from 2019, [Structural Urbanism Contributes to Poorer Health Outcomes for Rural America](#) has started to identify the existence and influence of structural bias in current public health and health care systems that disadvantage rural communities. It highlights practices and policies in the public health and health care systems that favor large population centers. Changes are already being implemented as demonstrated by the fact that in

2023 Congress authorized the formation of a new Office of Rural Health at the Centers for Disease Control.²⁶

Issues contributing to health disparities in a rural context include:

- A disproportionate burden of chronic disease and behavioral health comorbidities relative to the general public
- Restricted access to quality health care
- Insufficient or lack of health insurance coverage
- Geographic isolation
- Lack of public transportation
- Poor infrastructure
- Low educational attainment
- Low health literacy
- Trauma and toxic stress
- Poverty and unemployment
- A smaller health care workforce and a lack of specialty care
- Limited availability of bilingual providers and interpreter services
- Cultural or social differences, stigma, and norms

SDOHs and immediate social care needs contribute to wide health inequities and disparities. With 37.6% of Wyoming County households living in or on the verge of poverty, many people can't meet their social care needs because they cannot afford things like healthy foods, health care, prescriptions, housing, and transportation. People who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

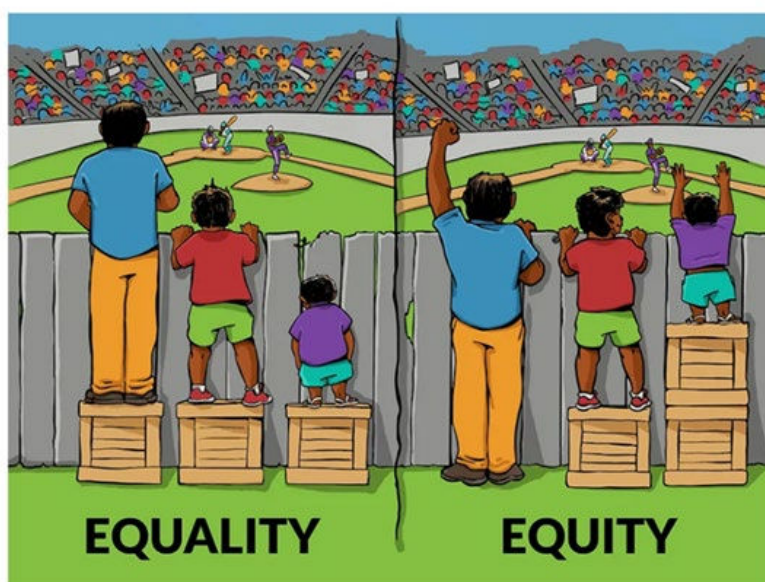
People with steady employment are less likely to live in poverty and more likely to be healthy, but many people have trouble finding and keeping a job. People with disabilities, injuries, or conditions like arthritis may be especially limited in their ability to work. In addition, many people with steady work still don't earn enough to afford the things they need to stay healthy.

To clarify the differences between equality and equity see Figure 20 . **Equality** means each individual or group of people is given the same resources or opportunities. **Equity** recognizes that each person has different circumstances and allocates the exact resources and opportunities needed to reach an equal outcome.

Evidence is mounting that an upstream approach to health—one that addresses people's access to the determinants of health—will benefit everyone. Community health is increasingly described using the metaphor of a stream, with upstream factors bringing downstream effects.

Social care needs interventions to create a middle stream (Figure 21). They are further upstream than medical interventions. As referenced earlier, social care needs can include situations such as the risk of eviction, access to healthy meals after discharge from the hospital, or transportation to a job or doctor's appointment. Social care needs are the downstream indicators of the impact of the social determinants of health on the community.

Figure 20: Equity illustration



Source: Interaction Institute for Social Change²⁷

Figure 21. Opportunities to Move Upstream on Social Determinants and Social Needs



Source: deBeaumont²⁹

Improvements in the community's health can be achieved when there is a commitment to move even further upstream to change the community conditions that make people sick. Social and economic interventions at both the community and individual levels are needed.

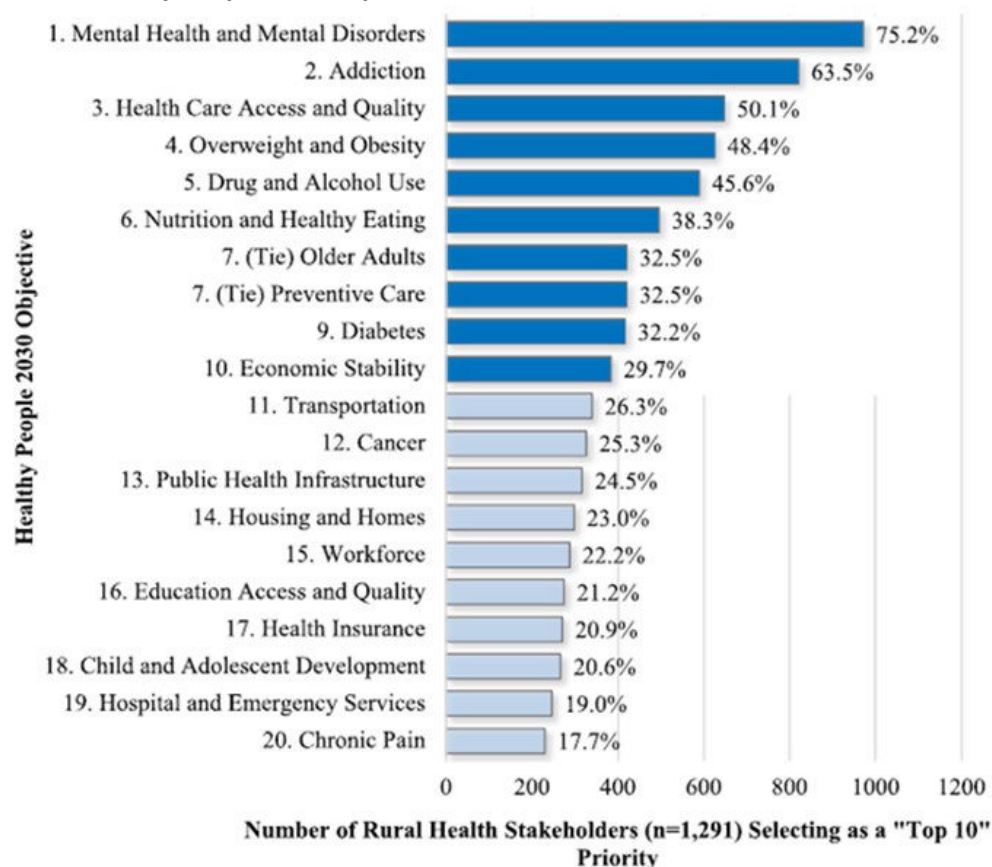
An important consideration is how to develop a habit of collectively looking upstream to the causes-of-the-causes of poor health. Community health providers and advocates can work to create greater fairness in the distribution of good health at three levels:

- Downstream, immediate health needs of populations that are marginalized
- Midstream, intermediary determinants, or material circumstances such as food security, transportation, housing conditions, and employment and;
- Upstream, structural determinants such as urban bias, social status, income, racism, and exclusion.

It is worth noting that in an effort to help advance and sustain culturally and linguistically appropriate services within health care organizations, the enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care and The CLAS Blueprint were published in 2013. They include a set of 15 action steps intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services. CLAS standards serve as a resource, at all levels, for meeting state and federal mandates to comply. CLAS mandates are current Federal requirements for all recipients of Federal funds (Standards 4, 5, 6, and 7). CLAS guidelines are activities recommended by OMH for adoption as mandates by Federal, State, and national accrediting agencies (Standards 1, 2, 3, 8, 9, 10, 11, 12, and 13).²⁹

Rural Healthy People 2030

Rural Healthy People 2030 is a companion piece to the federal Healthy People initiative that is released once a decade to identify the most important Healthy People priorities for rural America. Rural stakeholders, defined as individuals who work in roles aimed at improving the lives and health of rural Americans included medical professionals, government officials, academic researchers, and individuals in any other field of employment whose primary responsibility is to improve rural life and health were invited to participate in the survey. This report was released in Spring 2023.³⁰

Figure 22. Rural Healthy People 2030 Top 20 Priorities

Source: Rural Healthy People 2030; Callaghan, T. et. al³⁰

Figure 22 shows the resulting top 20 priorities in order of importance. Among the most important priorities to address in the coming decade are mental health and substance use disorders, access to high quality health care services, and social determinants of health, such as economic stability and transportation.

This latest iteration of Rural Healthy People has identified significant shifts in the most important public health priorities for rural America from previous decades. Table 8 offers a comparison of the changes among the top 10 priorities for 2020 and 2030 priority rankings. For the last two decades “Health Care Access and Quality” has been the top priority. It was found that for the first time, “Mental Health and Mental Disorders” and “Addiction” were selected as the first and second most important priorities among the top 20 public health priorities.

Given that the Rural Healthy People 2030 survey dissemination period coincided with the COVID-19 pandemic, it is likely that the increased burden of mental health conditions and substance use disorders that it has provoked has contributed to the increase in importance of these issues relative to decades prior.³¹⁻³³ And by ranking “Economic Stability” so highly, it is apparent that Rural Healthy People 2030 respondents recognize that a lack of financial

resources is foundational to other downstream rural health challenges including lack of access to health insurance and rural hospital closures.

Table 8. Comparison of Rural Healthy People Priorities 2020 and 2030

Ranking	2020	2030
1	Access to Health Care	Mental Health and Mental Disorders
2	Nutrition and Weight Status	Addiction
3	Diabetes	Access to Health Care and Quality
4	Mental Health and Mental Disorders	Overweight and Obesity
5	Substance Abuse	Drug and Alcohol Use
6	Heart Disease and Stroke	Nutrition and Healthy Eating
7	Physical Activity and Health	Older Adults (tied at 7)
8	Older Adults	Preventive Care (tied at 7)
9	Maternal Infant and Child Health	Diabetes
10	Tobacco Use	*Economic Stability
		*Transportation
		* New SDOH Factors

Source: Rural People 2020 and 2030 Reports^{30, 34}

The study also found that the 20 most important priorities for rural America for the coming decade spanned all five of the new Healthy People categories. This underscores the importance of maintaining a holistic view of health and well-being and pursuing cooperation across sectors and professions when working toward rural health goals in the coming decade. Table 9 shows the breakout of the top three priorities in each category.

Table 9. Top 3 Healthy People 2030 Priorities for Rural America Within Each Healthy People 2030 Category

HP 2030 Category		Most Frequently Selected Priorities
<i>Healthy Conditions</i>	1	Mental Health and Mental Disorders
	2	Addiction
	3	Overweight and Obesity
<i>Health Behaviors</i>	1	Drug and Alcohol Use
	2	Preventive Care
	3	Nutrition and Healthy Eating
<i>Populations</i>	1	Older adults
	2	Children
	3	Adolescents
<i>Settings and Systems</i>	1	Health Care
	2	Community
	3	Hospital and Emergency Services
<i>Social Determinants of Health</i>	1	Health Care Access and Quality
	2	Economic Stability
	3	Education Access and Quality

Source: Rural People 2030 Reports³⁰

These priorities are reflective of the feedback received from the Wyoming County community needs assessment, key informant interviews, surveys, community conversations, and focus groups as part of this planning process.

Behavioral Health

Because Behavioral Health (BH) has emerged as a priority, this report has included some points for consideration. The shortcomings of the rural BH system are not new and have been discussed for many years. It has taken a pandemic and an opioid epidemic to draw attention to these limitations. The rural context has proven challenging for ensuring the availability of and access to BH prevention, diagnosis, treatment, and recovery services. There are fewer resources at present focused on planning around rural BH issues, but there is growing awareness and intent to increase action.

Behavioral health is a term used to cover a wide range of conditions and disorders related to both mental health and substance use and includes life stressors, crises, stress-related physical symptoms, and health behaviors. If left untreated, these mental health conditions or instances of substance use may begin to disrupt daily life and can also exacerbate medical illnesses.

Individuals residing in rural geographic locations receive mental health treatment less frequently and often with providers with less specialized training, when compared to those residing in metropolitan locations. This is borne out by the fact that Wyoming County continues to hold a Mental Health Professional Shortage Area designation.

Rural individuals experience a greater sense of stigma, a higher sense of isolation and hopelessness, lower education rates, and higher rates of chronic illnesses. High rates of mental health illness and a shortage of mental health professionals in rural areas can lead to numerous negative outcomes because of lack of treatment. Some outcomes include suicide, substance use, increased susceptibility to illness, homelessness, unemployment, and struggles in school.

Alcohol is the most commonly used substance nationally. Rural young people are also more likely than their urban peers to engage in risky alcohol-related behaviors, including binge drinking and driving under the influence of alcohol. And while the prevalence of illicit drug use is similar across rural and urban areas, it has been well publicized that many rural areas and populations have disproportionately suffered from a growth in the use of opioids, heroin, prescription medications, and methamphetamines. Addressing BH disparities that are so deeply rooted in socioeconomic stressors is a significant challenge.

Below is a list of trending Behavioral Health issues in rural communities and schools.

- Increased Depression and Anxiety
- History of Trauma
- Behavioral Issues
- Substance Use
- Identity Crisis
- Loneliness
- Broken Homes
- COVID-19 Aftermath
- Overstimulation
- Higher numbers of ADD, ADHD, ODD, and Bipolar Cases
- Undiagnosed Disorders
- Self Esteem Issues

RUPRI Behavioral Health in Rural America: Challenges and Opportunities

Rural BH issues are compounded by a variety of policy related issues leading to a lack of access to care, workforce shortages, reimbursement issues, and high rates of uninsured or under-insured.

A team of researchers working with the Rural Policy Research Institute developed a framework in 2019 (Figure 23) that offers some context for the multiple challenges related to ensuring rural access to comprehensive prevention, diagnosis, treatment, and long-term management services for BH disorders.³⁵

Figure 23. The Context for Understanding Rural Mental Health and Substance Use



Source: Behavioral Health in Rural America: Challenges and Opportunities, Rural Policy Research Institute (RUPRI), December 2019³⁵

The inner circle of the figure shows the core factors related to addressing BH issues in rural areas: the **Prevalence** of BH disorders, **Access to Care**, and **Social Factors** affecting both access and prevalence. Relevant social factors include rural-urban geography, high-risk populations, socioeconomic conditions in rural areas, and rural culture(s). Access to BH services in rural areas are a function of what has been termed, the “4As and an S”: Accessibility, Availability, Acceptability, Affordability, and Stigma.³⁵

Mental health encompasses social, emotional, and psychological well-being. Residents of rural areas are adversely impacted by availability, limited access, and acceptability of mental health services. Policy and program actions need to be taken to expand rural mental health care provider availability through recruitment and retention strategies; increase access to quality, culturally responsive rural mental health care services across the nation; and highlight the importance of rural mental health wellness and reduce the stigma of seeking services.³⁵

SAMHSA Rural Behavioral Health Program

The Substance Abuse and Mental Health Services Administration (SAMHSA) is supporting organizations that are working to implement mental health programs in rural areas. Based on a high-level review of various sources, rural investments are generally focused on comprehensive behavioral health prevention, treatment, harm reduction, and recovery interventions in communities. More specifically, rural behavioral health program areas where investments are being made include:

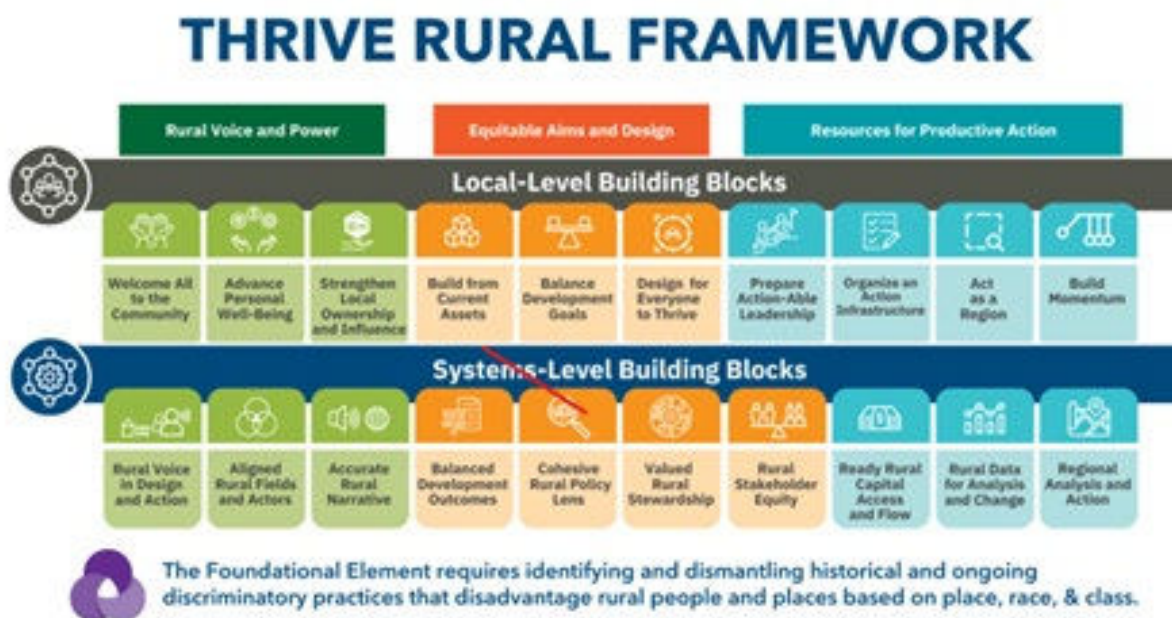
- Primary Care and Behavioral Health Integration
- Telemedicine
- ACEs Screening and Referral
- SBIRT Screening and Referral
- Trauma Informed Practices
- Community-level Suicide Prevention Programming
- Increased Access to Medication Assisted Treatments
- Stigma Reduction
- Peer Support and Community Health Workers
- Building Partnerships and Communities of Recovery
- Regional BH Care Networks and Regionalized Services
- Rural EMS Training
- Evidence Based Practice Dissemination
- Workforce Development: Professional Training and Workforce Re-entry

SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach publication includes the Ten Implementation Domains Overview Tool as a resource for communities that are interested in becoming trauma informed. This tool provides a means by which organizations can assess areas such as Governance and Leadership, Policy, the Physical Environment, and Training and Workplace Development. This tool assists communities in increasing awareness of trauma and its impacts on individuals.³⁶ A copy of the SAMHSA tool is located in Appendix F.

Thrive Rural

The Thrive Rural Project is working towards a future where communities and Native nations across the rural United States are healthy places where each and every person belongs, lives with dignity, and thrives. The [Thrive Rural Framework](#) (See Figure 24) provides a roadmap to identify needs, set priorities, spur collaboration around actionable goals, and measure progress.³⁷ Aspen CSG serves as a connecting hub for equitable rural community and economic development and may be a resource for networking, collaborative learning, access to funding opportunities, and overall advancing best practices from the field. This may provide some opportunities for consideration for countywide planning efforts.

Figure 24. Thrive Rural Framework



Source: Aspen Institute Thrive Rural Framework³⁷

CMS Rethinking Rural Health

The Centers for Medicare & Medicaid Services (CMS) is the U.S. federal agency that works with state governments to manage the Medicare program and administer Medicaid and the Children's Health Insurance program. CMS provides health coverage to more than 100 million people around the country. As the single largest payer for health care in the United States, CMS drives health system redesign. Therefore, understanding the agency's priorities can help forecast where future investments, policies, strategies, and tactics are likely to go. CMS has recently dedicated itself to advancing health equity, expanding coverage, and improving health outcomes across all its programs to promote high-quality, equitable care for rural beneficiaries and enrollees.

Recognizing the need to transform the rural health care delivery system, in 2022 CMS released its *Framework for Advancing Health Care in Rural, Tribal, and Geographically Isolated*

Communities. The agency has worked to align with other similar strategic initiatives that other federal partners are implementing in support of rural health equity aims.³⁸

The specific objectives for the Rethinking Rural Initiative are:

- Increase participation of rural providers and health care systems in alternative payment models.
- Expand the number of Medicare Advantage plan and Exchange plan offerings in rural areas.
- Increase the quality of rural health care by focusing on reducing readmissions, reducing hospital acquired conditions, and improving maternal health care.
- Promote and encourage the adoption of telehealth.
- Reduce administrative burdens that impact rural areas and remove policy barriers that disadvantage rural areas.

The CMS Equity Plan for Improving Quality in Medicare identifies and lays out approaches for CMS to reduce health disparities among the vulnerable populations it serves. The rural plan is focused on:³⁹

- Maternal Health
- Patient Empowerment and Person-Centered Care
- Telehealth and Other Virtual Services
- Increasing Insurance Access
- Quality Improvement
- Practitioner Engagement
- Supporting Beneficiaries through Medicare Payment and Policy and Enrollees through Medicaid Policy

The Equity Plan includes the following core set of quality improvement and disparity reduction priorities that target the individual, interpersonal, organizational, community, and policy levels of the health system.³⁹

- Expand the collection, reporting, and analysis of standardized data
- Evaluate disparities impacts and integrate equity solutions across CMS programs
- Develop and disseminate promising approaches to reduce health disparities
- Increase the ability of the health care workforce to meet the needs of vulnerable populations
- Improve communication and language access for individuals with limited English proficiency and persons with disabilities
- Increase physical accessibility of health care facilities

New York State 1115 Medicaid Waiver Amendment Application

The New York State Department of Health 1115 Waiver⁴⁰ is focused on the Medicaid population. It has operated since 1997, allowing the State to implement a managed care program which provides comprehensive and coordinated health care to Medicaid recipients with the expectation of improving their overall health coverage. There is an amendment currently under negotiation with CMS that has an overall goal: “To advance health equity, reduce health disparities, and support the delivery of social care.” Per the NYSDOH, the New York Health Equity Reform (NYHER) amendment will allow for the standardization and collection of data that will allow the state to stratify measures to evaluate impacts on underserved communities, enhance Medicaid services to best serve all populations, and implement social risk adjustment. This would be achieved through targeted and interconnected investments that will augment each other, be directionally aligned, and be tied to accountability. These investments focus on:



The five-year plan is expected to be announced sometime before the end of 2023 and will have a major influence on health and social care system redesign for the next several years. There will be a heavy emphasis linking clinical care with community-based support, referral management, data collection, accountability, etc. Many providers in Wyoming County will be engaged to participate and this may consume significant attention from their respective agencies. [Here](#) is a link to more information on state activity.⁴⁰

Conclusion

The reports, initiatives, and movements cited here will have a significant influence on the local health and wellness delivery systems over the next five to 10 years. It is promising to see national and state efforts to reduce fragmentation and create better alignment of policies and investments. The resulting focus of multiple federal and state agencies promises to drive system changes.

Awareness of where the shifts are happening will enable Wyoming County agencies to be proactive and position for success. Wyoming County benefits from a naturally occurring community health network by nature of the small size, history of deep collaborations, leadership involvement, community engagement, consistent and transparent communication, and culture of resource sharing. By necessity due to lack of resources, the community has a history of innovation when it comes to finding solutions to meeting community needs. To ride the waves of change that are coming, the community will need to remain flexible and adaptive. Fortunately, nimble is a characteristic and asset that sets rural communities apart from others

and Wyoming County has demonstrated a high competence for this by retaining its high health rankings for decades.

There are ample opportunities to anticipate and lead change for the community. Too often rural areas live downstream and are forced to react to the resulting circumstances. The Wyoming provider community is not passive; it can and will continue to proactively shape circumstances as much as possible. Looking at all that was discussed above, some ideas might include promotion of greater accountability with better data collection, outcome measures and evaluation; focus “mid-stream” on assessing and analyzing key equity and social care needs; facilitate the integration of services and use of technology to manage populations of health; develop capacity for care coordination, client navigation, and information exchange; incentivize agency collaboration on projects; and/or leverage investments for more strategic planning and exploration of funding partnerships. These are just ideas to foster conversation. In any event, it will be important to align energies with the most practical, relevant, and effective strategies to launch, supplement, or “wrap around” the larger forces at work.

Community Health Assessment Highlights for 2022-2024 (Genesee Orleans Wyoming Counties)

The Wyoming County Health Department completed a community health assessment in partnership with Genesee and Orleans Counties in 2022. The joint assessment provides a review of secondary data from the NYS Department of Health and the U.S. Centers for Disease Control, as well as an analysis of primary quantitative and qualitative community health data. A community health survey was conducted from March through June 2022, and six community conversations were held to gather community perceptions of the status of health in Wyoming County, along with ideas to improve community health.²²

Jointly with Genesee and Orleans Counties, the Wyoming County Health Department established its 2022-2024 Health Priority Areas as follows:

- **Priority Area 1: Prevent Chronic Disease**
 - Focus Area: Tobacco Prevention
 - Focus Area: Chronic Disease Preventive Care and Management
- **Priority Area 2: Promote Well-Being and Prevent Mental and Substance Use Disorders**
 - Focus Area: Promote Well-Being
 - Focus Area: Prevent Mental and Substance Use Disorders
- **Disparity: Access for Rural Areas**

The full report can be accessed on the [Wyoming County Health Department webpage](#). A summary of key statistics leading to the priorities selected follows.

Community Health Assessment Key Findings by Priority Area

Priority Area 1: Prevent Chronic Disease

Cancer

Wyoming County experiences high cancer incidence and mortality when compared to the rest of New York State (NYS).

- All Cancers incidence (690.8 cases per 100,000) exceeded the NYS rate (587.7 per 100,000)
- All Cancers mortality rate (deaths per 100,000) of 214.5 exceeded the NYS rate of 175.5
- Types of cancer with greatest mortality were Lung and Bronchus and Breast
- Incidence rates for breast, colorectal, lung and bronchus, and prostate cancers were higher than NYS.
- Adult smoking rate was 19.6% compared to 12.8% in NYS.
- At 59.4%, colorectal cancer screenings were lower than the NYS rate of 65.4%.

Diseases of the Heart

- Cardiovascular disease mortality is higher in Wyoming County (306.4 deaths per 100,000), when compared to New York State (278.3 deaths per 100,000).

- Compared to New York State residents, Wyoming County experiences higher rates of mortality due to congestive heart failure, heart attack, and stroke, and a lower rate of coronary heart disease and other diseases of the heart.
- A lower percentage of people with hypertension were managing their condition with medication (66.8%) compared to NYS (76.9%).

Obesity and Diabetes

- The diabetes rate in Wyoming County (10.1%) was about the same as that of NYS (10.0%).
- Testing for diabetes is less common in Wyoming County (52.5%) than NYS (63.8%).
- Obesity was more common among Wyoming County public school students (18.8%) than NYS excluding NYC (17.3%).
- Adults in Wyoming County were more likely to be obese (38.4%) than NYS adults (27.6%)

Liver and Kidney Disease

- Chronic kidney disease is less common in Wyoming County than in New York State
- Cirrhosis death rates are slightly higher in Wyoming County than in New York State.

Lung Disease

- Deaths and hospitalizations due to lung disease are less common in Wyoming County than NYS, but the rate of adult asthma is slightly higher in the County.

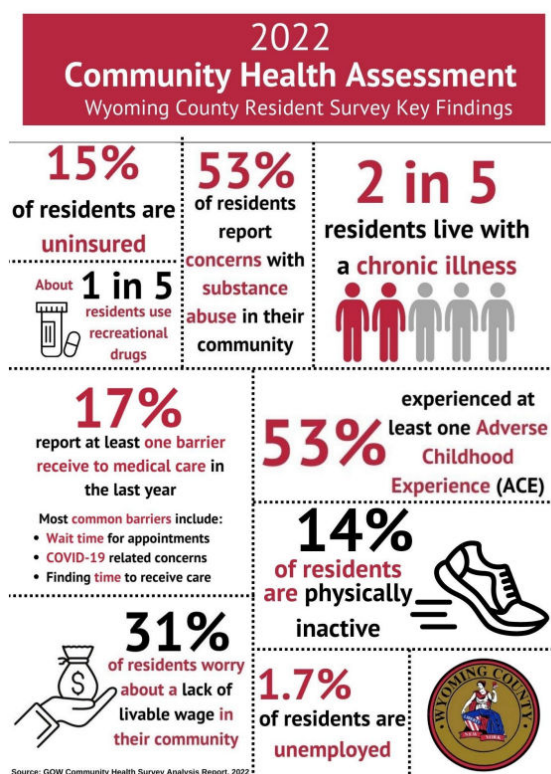
Priority Area 2: Promote Well-being and Prevent Mental and Substance Use Disorders

- The 2019 Opportunity Index Score for Wyoming County was 53.9 compared to 57.4 in New York State. Wyoming County fared better in the economy and health categories, but lower for education and community.
- Wyoming County had 221 mental health providers per 100,000 people compared to 304 per 100,000 in NYS.
- Binge drinking rates were about the same as New York State, but the adult smoking rate was higher for Wyoming County.
- Rates of suicide are much higher in Wyoming County (22.4 per 100,000) than NYS (8.7 per 100,000), with 27 deaths over three years (2017-2019).
- The rate of fatal overdose was higher in Wyoming County (18.4 per 100,000) than NYS (14.9 per 100,000), while the rate of emergency room utilization for overdose was about the same.
- The buprenorphine prescribing rate is higher in Wyoming County (633.7 per 100,000) than NYS (419.1 per 100,000).

The Community Health Assessment presented an asset map which highlighted key resource areas in the county, and organizations addressing these areas. As a part of this project, key

informants were asked about opportunities to expand work in these areas, and that summary is included in Appendix G.

Figure 25. Wyoming County CHA Survey Key Findings



Source: Genesee Orleans Wyoming County Community Health Assessment 2022-2024²²

Health and Community Data

Wyoming County is ranked among the healthiest counties in New York State, according to the County Health Rankings, which are published annually by the University of Wisconsin Population Health Institute.⁴¹ The rankings look at two major measures: health outcomes consider current length and quality of life, and health factors, which considers factors that can be modified to improve the future length and quality of life for residents.

In 2023, Wyoming County was ranked 13 of 62 New York counties for health outcomes and 29 of 62 for health factors.⁴¹ This means that Wyoming County has a relatively high number of residents who are living long and healthy lives, and that the county is taking steps to address factors that can lead to illness and death.

While health needs assessments tend to focus on areas of weakness, it is important to note that there are many wonderful aspects of Wyoming County that are working well to prevent untimely illness and death.

Chronic Disease

Chronic diseases are a major public health issue in Wyoming County, NY. They are the leading cause of death and premature death in the county, and they place a significant burden on the community, its families, and the health care system.

Cancer and heart disease were the two leading causes of death in Wyoming County (2016-2020). Heart disease is consistently the leading cause of death in New York State. Cancer is consistently the leading cause of premature death (death before age 75) in Wyoming County, and in New York State.⁴²

Despite the prevalence of chronic illness, most key informants and community members interviewed did not identify it when asked about community health needs. Only 2 of 16 key informants identified chronic disease as a top community health concern. While a common issue in Wyoming County, chronic diseases are not an emerging threat.

Key informants who mentioned chronic disease noted that diabetes, overweight/obesity, and cardiovascular disease lead to many years of productive life lost in the county. They also spoke to the lack of access to cancer treatment services in the county. Some informants relayed that some residents with chronic conditions feel their concerns are dismissed by health providers.

When compared to the state and region, the most outstanding chronic disease metrics in Wyoming County are:

- Total cancers
- Breast Cancer, especially late-stage incidence
- Colon and rectum cancer
- Hospitalizations for heart disease
- Congestive heart failure mortality
- High Smoking Rate
- High rate of obesity

To enhance the knowledge base of those who manage the Thiel Fund, this report highlights notable updates from the GOW Community Health Assessment:

- Updated NYS Community Health Indicator Reports data
- Age-adjusted rates for cancer and cardiovascular disease, for a better comparison with the state and other counties
- Updated NYS Behavioral Health Risk Factor Surveillance System data
- CMS Medicare Claims data

HealtheLink, the Regional Health Information Organization serving Western New York, provided summarized clinical and claims data from their 3-4-50 dashboard, including cancer screening, diabetes and hypertension prevalence data. When the data were mapped, it was evident that data from the eastern side of the county were missing. Because of uncertainties as to the

completeness of the dataset, the data is not included in this report. As collaborations across RHIOs improve, this will be a promising source of data for Wyoming County organizations with a stake in health.

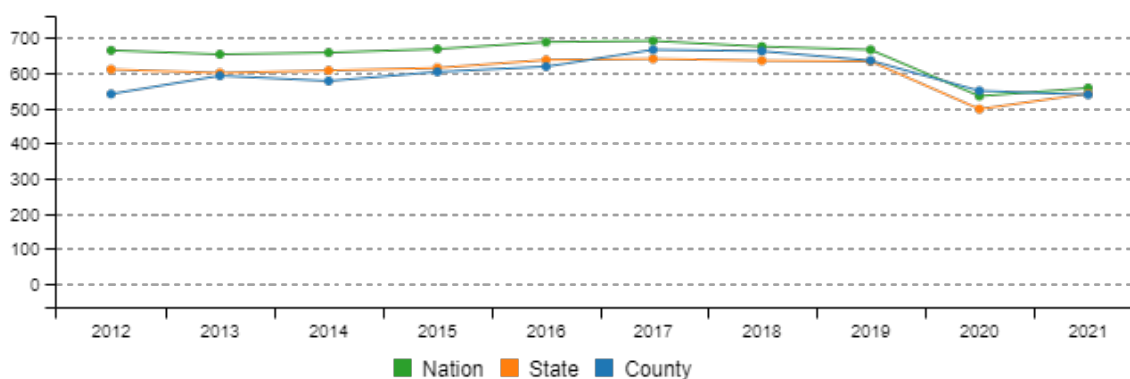
Health Behaviors

Access to and Utilization of Health Care

Health insurance coverage is high in Wyoming County, with 97.4% of children under the age of 19 and 94.4% of adults ages 18 and older having health insurance.⁹ This is higher than the rates for New York State as a whole. Adults in Wyoming County are also more likely to have a regular health care provider than adults in New York State, with 88.1% of adults in Wyoming County having a regular health care provider compared to 85.0% of adults in New York State.⁹ However, there are fewer primary care physicians per capita in Wyoming County than in New York State, with 28 primary care physicians per 100,000 Wyoming County residents compared to 85.0 per 100,000 NYS residents.⁹

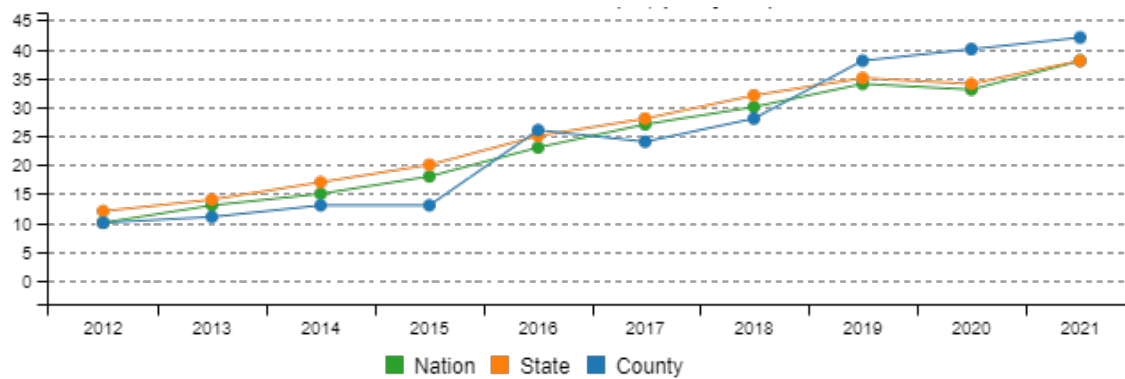
For 2018-2020, emergency department utilization rates were higher for Wyoming County residents, while hospitalization rates were lower when compared to the population of New York State.⁹ The emergency department visit rate for Medicare fee for service enrollees was 538 in 2021, lower than NYS and the nation; rates declined dramatically in 2020 and 2021 due to COVID-19. Readmission rates have been steady over the past 10 years, ranging 15%-17%, similar to state and national averages.⁴³

Figure 26. Emergency department visit rate (per 1,000 beneficiaries, per year)



Source: CMS Mapping Medicare Disparities by Population⁴³

The percentage of Medicare fee for service enrollees with an annual wellness visit increased in Wyoming County from 10% in 2012 to 42% in 2021, a positive trend also observed in state and national comparisons.⁴³ Annual wellness visits are distinctive from annual physicals, and typically include a conversation with a health care provider about individual priorities, shared decision-making, falls prevention, and plans for upcoming recommended screenings.

Figure 27. Annual wellness visits trend for Wyoming County Medicare FFS enrollees

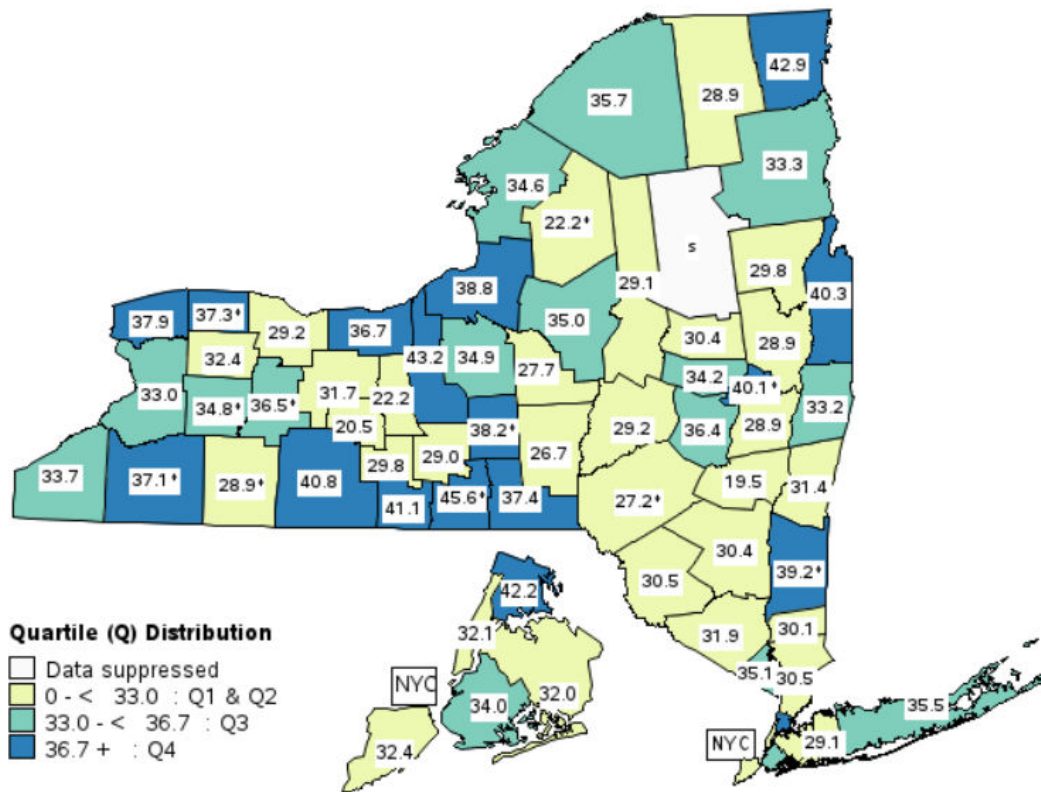
Source: CMS Mapping Medicare Disparities by Population⁴³

Fruit and Vegetable Consumption

While the rate is unstable, over one-third of Wyoming County adults self-reported eating fewer than one fruit or vegetable daily in 2021. The rate in Wyoming County was 34.8%, compared to 34.4% in Western New York, and 34.2% in New York State.⁴⁴

The Wyoming County CHA Survey (2022) found that the top barriers to eating of fruits and vegetables in Wyoming County were cost (36%), preference for other foods (11%), time it takes to prepare (11%), and stores near me do not carry fruits and vegetables (5%). Respondents with an annual household income of less than \$25,000 noted the following barriers: cost (42%), time it takes to prepare (10%), and stores near me do not sell fruits and vegetables (6%), and preference for other foods (6%). For this population, cost was more important, and preference for other foods was less of a barrier.²²

Figure 28. Age-adjusted percentage of adults who report consuming less than one fruit or vegetable daily (no fruits or vegetables), 2021

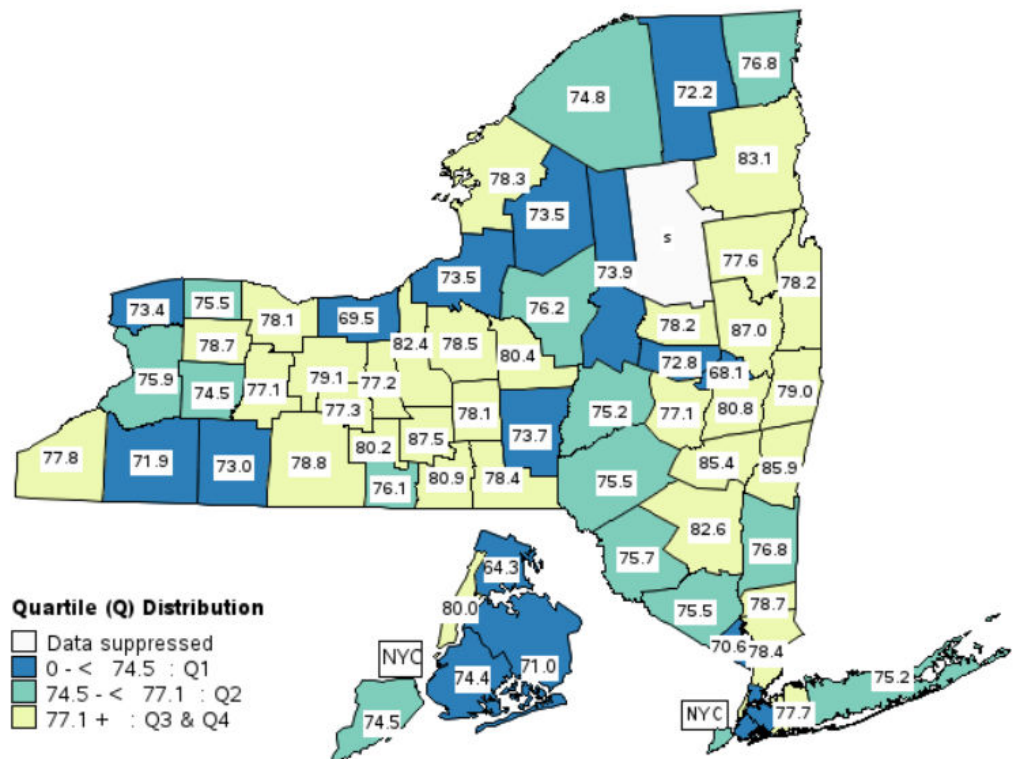


Source: New York State Department of Health Community Health Indicator Reports⁴⁴

Physical Activity

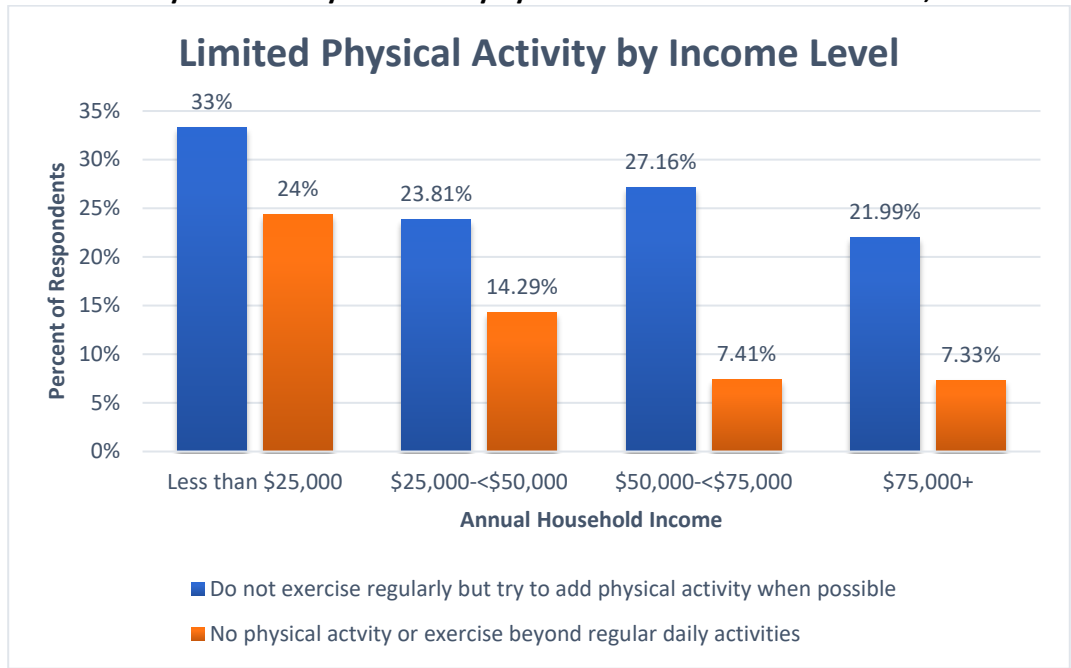
In 2021, 74.5% of Wyoming County residents reported participating in leisure time physical activity in the past 30 days, similar to the rates for Western New York and New York State (75.6%, and 74.6%, respectively).⁴⁴ The Wyoming County Community Health Assessment Survey found that physical inactivity increased as household income level decreased. Of residents with an income less than \$25,000, 33% stated that they did not exercise regularly but tried to be physically active when possible, and 24% are not active beyond regular daily activities.²²

Figure 29. Age-adjusted percentage of adults who participated in leisure time physical activity in the past 30 days in NYS by County, 2021



Source: New York State Department of Health Community Health Indicator Reports⁴⁴

Figure 30. CHA Survey- Limited Physical Activity by Annual Household Income Level, 2022



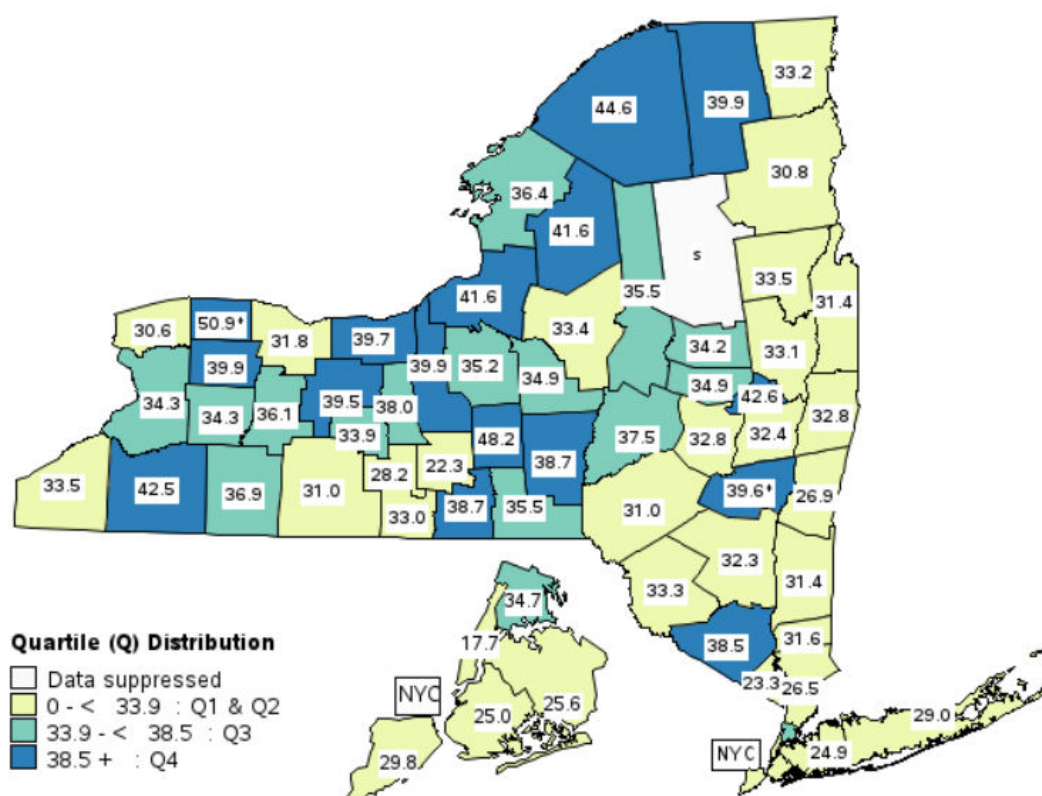
Source: WCHD CHA Survey, 2022²²

Obesity

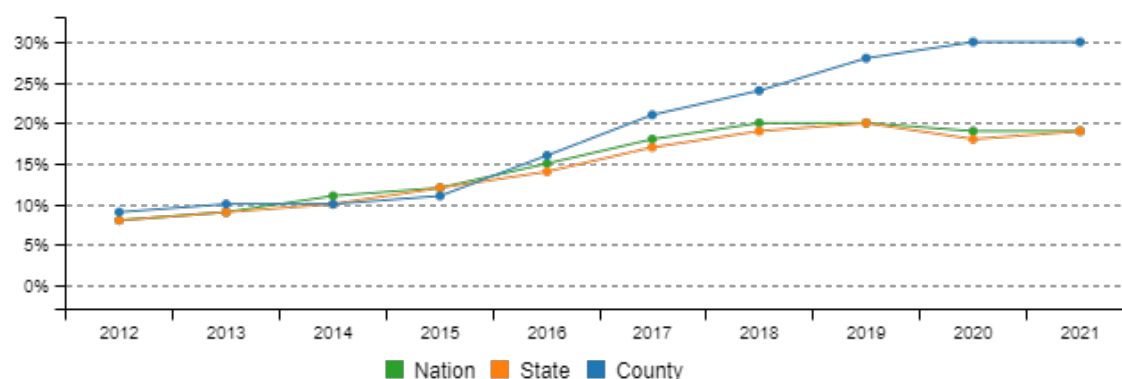
In 2021, 34.3% of Wyoming County adults reported having obesity compared to 35.0% in WNY and 29.2 in New York State. For elementary, middle, and high school students, the rate of obesity was 18.0% in Wyoming County, and 16.5% in New York State excluding New York City.⁴⁴

Prevalence of obesity among Medicare fee for service enrollees was higher in Wyoming County than the state and the nation for 2016-2021. Figure 32 below demonstrates prevalence of obesity over time for all Medicare FFS enrollees. Rates ranged from 9% in 2012 to 30% in 2021. The increase is likely due to the increase in the number of annual wellness visits. Medicare enrollees who were dually eligible for Medicare and Medicaid were more likely to be obese than those with Medicare only (33% and 29%, respectively).

Figure 31. Age-adjusted percentage of adults with obesity in NYS by County



Source: New York State Department of Health Community Health Indicator Reports⁴⁴

Figure 32. Prevalence of Obesity Among all Medicare Fee For Service Enrollees, 2012-2021

Note: There was a change in algorithm in 2021.

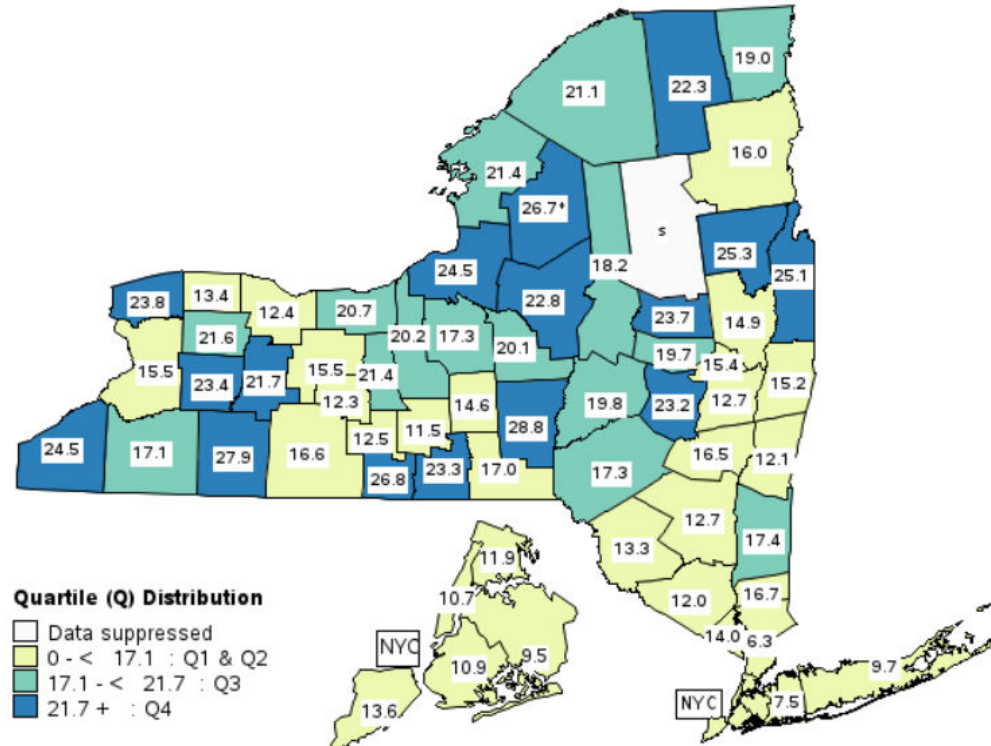
Source: CMS Mapping Medicare Disparities by Population⁴³

Tobacco Use

With an adult smoking rate of 23.4% (2021) in Wyoming County residents face an elevated risk for development of chronic conditions, such as cancer, heart disease, stroke, and COPD. During the same measurement period, the New York State rate was 12.5% and the Western New York rate was 17.9%.⁴⁵ The WCHD CHA survey found that cigarettes were the most used nicotine product (9.5%), followed by electronic cigarettes (2%), vapes (3.2%), smokeless tobacco (1.4%) and cigars/cigarillos (1.4%). Electronic cigarette or vape use was reported by 20% of 18-29 year olds.²²

Partners for Prevention of Wyoming County found that in 2022, 1.6% of 7th to 12th graders in Wyoming County smoked cigarettes in the past 30 days, and 8.9% used electronic cigarettes or vapes to consume nicotine. While cigarette use has greatly declined among youth, a future of nicotine dependence among youth continues to be a concern.⁴⁶

Figure 33. Age-adjusted percentage of adults who are current smokers in NYS by County, 2021



Source: New York State Department of Health Community Health Indicator Reports⁴⁵

Cancer

From 2017 to 2019, Wyoming County had 909 total cancer cases and 250 total cancer deaths, with incidence and mortality rates significantly higher than New York State. Notably, Wyoming County experienced the second highest rate of age-adjusted female breast cancer late-stage incidence in New York State, despite better breast cancer screening rates than regional and state comparisons.^{43, 47} High rates of colon and rectum cancer and prostate cancer incidence were observed during the same timeframe. Wyoming County's age-adjusted rates for female breast cancer mortality, cervix uteri incidence, prostate cancer mortality, and melanoma cancer mortality were all significantly higher than state comparisons but present an unstable rate due to a low number of cases.⁴⁷

Table 10. Selected 2017-2019 Age-Adjusted Cancer Rates per 100,000

	Wyoming County	WNY	NYS
All Cancer Incidence	557.6*	538.4	483.7
All Cancer Mortality	155.2*	160.8	135.1
Colon and Rectum Cancer Incidence	48.4	40.1	37.2
Female Breast Cancer Incidence	172.2*	144.4	137.7
Female Breast Cancer Mortality	21^	20.1	18.2
Female Breast Cancer Late-Stage Incidence	53.1	41	41.4
Cervix Uteri Cancer Incidence	13.5^	7.9	7.7
Prostate Cancer Incidence	147.5	142.4	134.5
Prostate Cancer Mortality	26.8^	17.7	16.7
Melanoma Cancer Mortality	4.6*^	2	1.5

*Significant difference between Wyoming County and New York State rates

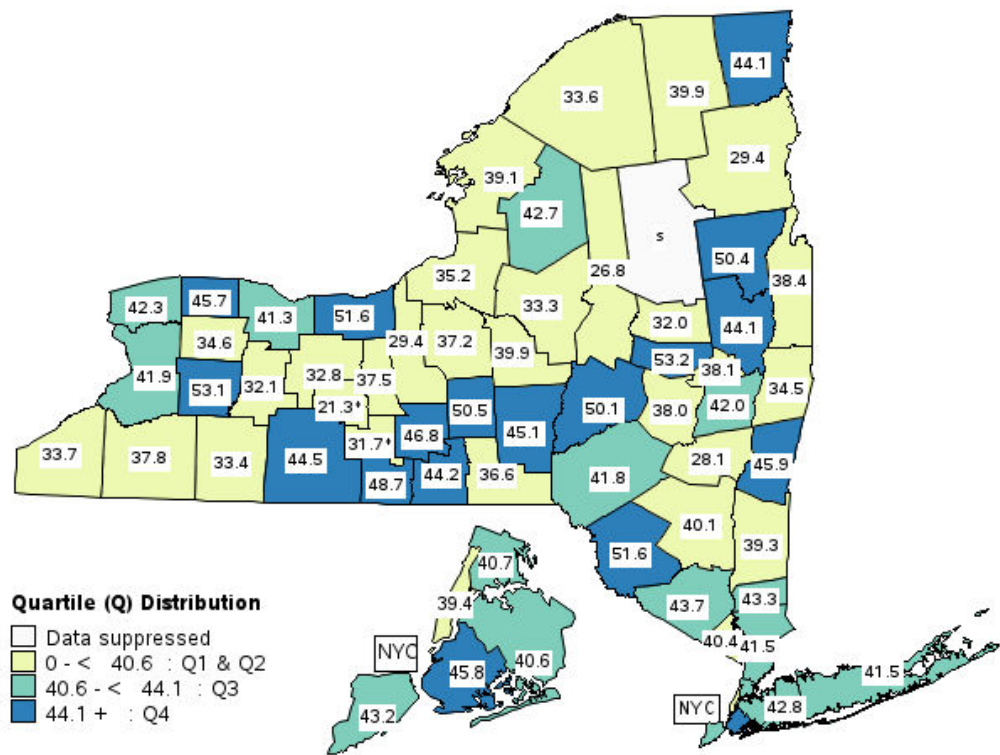
^Unstable rate due to low number of cases (<20)

Source: NYS Community Health Indicator Reports⁴⁷

The rate of women in Wyoming County aged 50-74 who reported having a breast cancer screening was 79.3% in 2021, compared to 78.8% in WNY and 78.2% in NYS. According to the BRFSS, 91.2% of Wyoming County women ages 21-65 were screened for cervical cancer according to most recent guidelines, compared to 86.7% of WNY women, and 84.7% of NYS women.⁴⁷

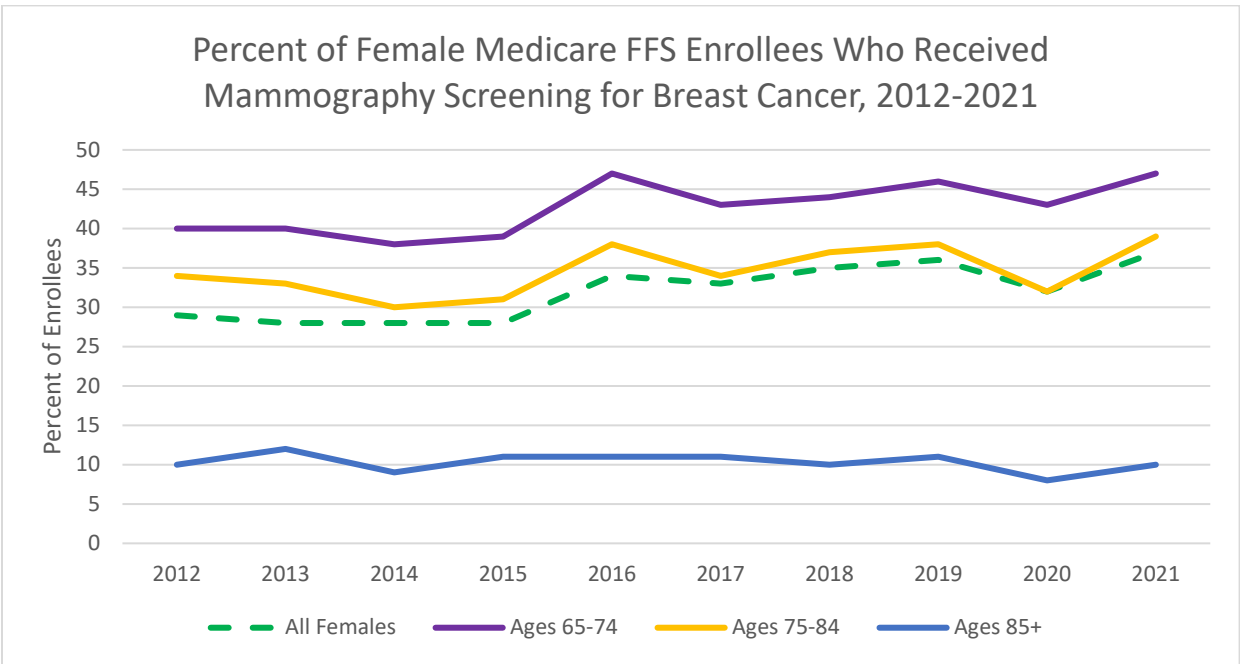
In 2021, 37% of all female Medicare fee for service enrollees received a mammography screening for breast cancer. Wyoming County rates of mammography exceeded state and national rates from 2016 to 2021. Mammography rates have increased slightly over time for all female Medicare enrollees and decrease with age; women ages 65-74 are more likely than older age groups to receive a mammography.⁴³

Figure 34. Age-adjusted female breast cancer late-stage incidence rate per 100,000, 2017-2019



Source: NYS Community Health Indicator Reports⁴⁷

Figure 35. Female Medicare FFS Enrollees with Mammography Screening for Breast Cancer

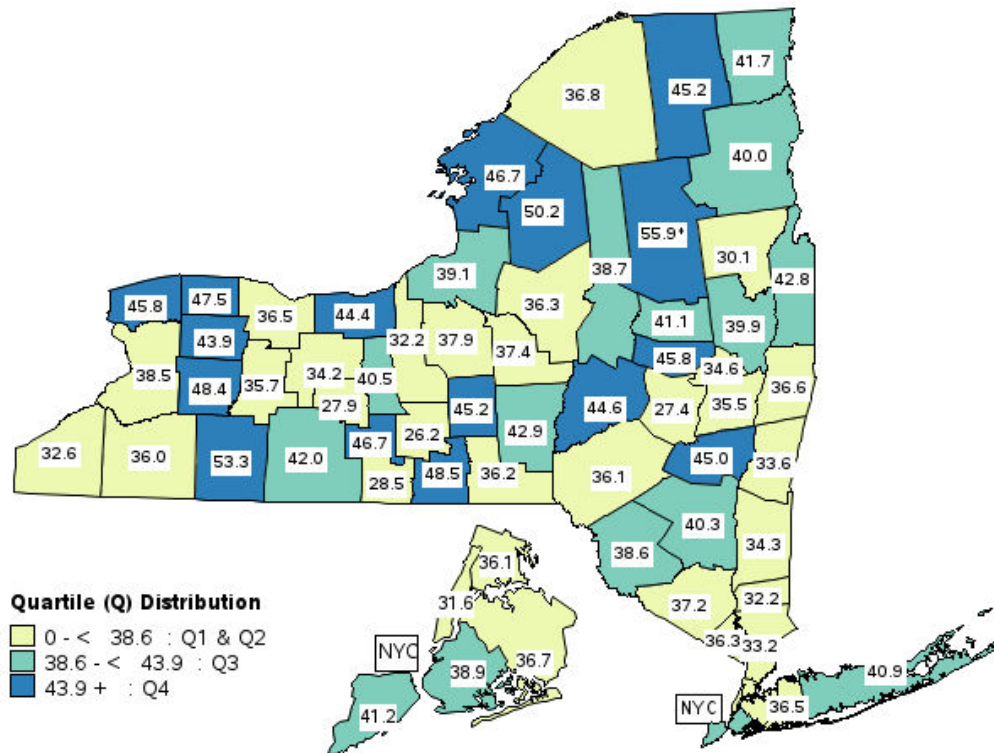


Source: CMS Mapping Medicare Disparities by Population⁴³

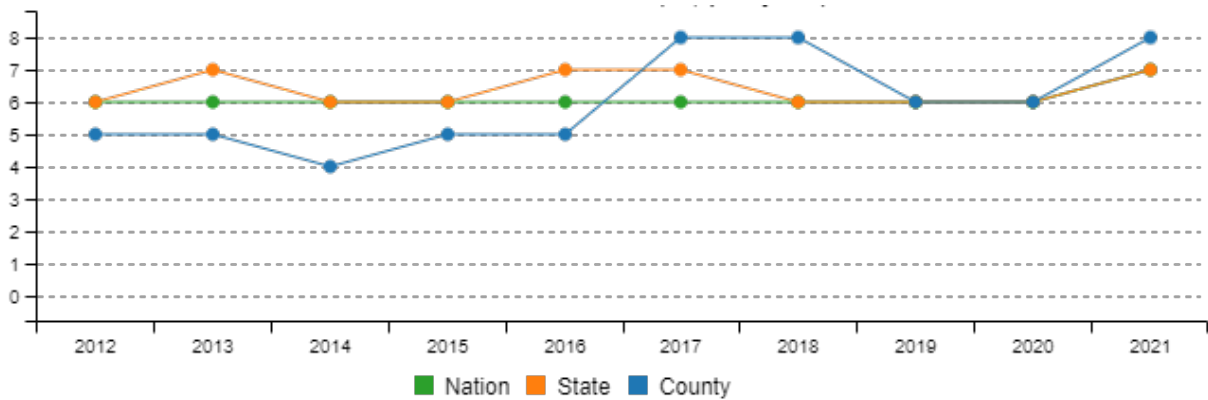
With 73 cases, Wyoming County's age-adjusted rate of colon and rectum cancer incidence was notably high in 2017-2019, included in the top quartile of counties (Figure 36).⁴⁷

The rate of male and female Medicare fee for service enrollees receiving a colorectal cancer screening increased from 5% in 2012 to 8% in 2021. In 2021, Wyoming County's rate was slightly greater than that for the state and nation, and a more dramatic increase was seen for the county over time. Females in Wyoming County were more likely than males to receive colorectal cancer screening (9% and 6%, respectively).⁴³

Figure 36. Age-adjusted colon and rectum cancer incidence rate per 100,000, 2017-2019

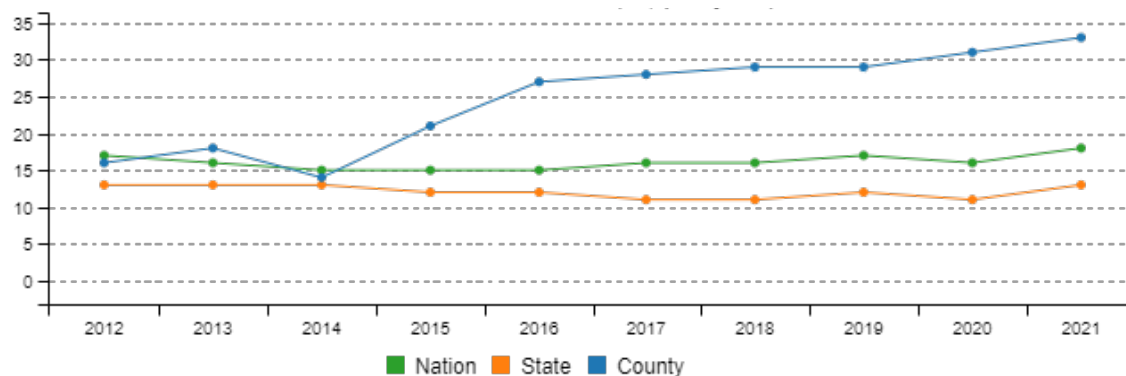


Source: NYS Community Health Indicator Reports⁴⁷

Figure 37. Percent of Medicare fee for service enrollees receiving colorectal cancer screening

Source: CMS Mapping Medicare Disparities by Population⁴³

Prostate cancer screening rates have dramatically increased in Wyoming County for Medicare FFS enrollees, doubling from 16% in 2012 to 33% in 2021, and exceeding the state and national rates for screening.⁴³

Figure 38. Percent of Medicare FFS Enrollees Screened for Prostate Cancer

Source: CMS Mapping Medicare Disparities by Population⁴³

Cardiovascular Disease

Cardiovascular is a leading cause of death in Wyoming County.⁴² The New York State Department of Health monitors 43 health metrics related to cardiovascular disease, most of which Wyoming County is ranked good to average. The areas where Wyoming County fares worse than the state include diseases of the heart hospitalization, heart attack hospitalization, and congestive heart failure mortality. 27% of Wyoming County adults reported having high blood pressure in 2021, like state and regional comparisons. They were likely to have had their blood cholesterol checked (86.2% compared to 90.7%).⁴⁸

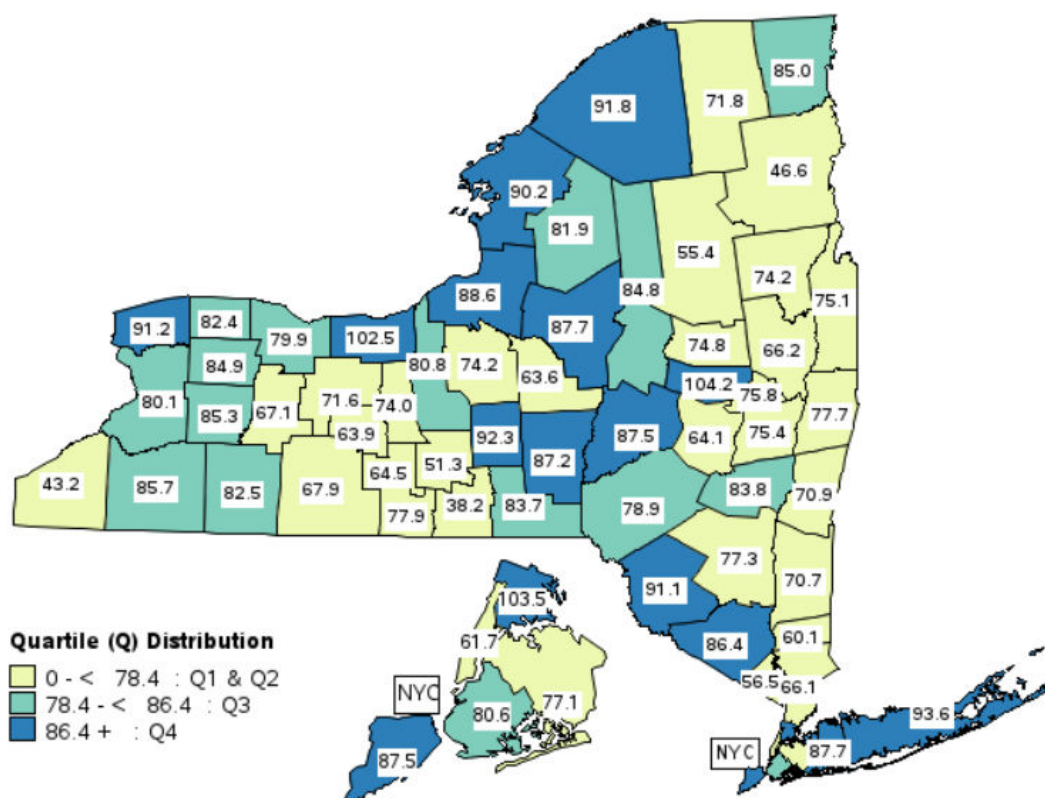
Table 11. Selected Age-adjusted Cardiovascular Disease Indicators, 2018-2020

	Wyoming County	WNY	NYS
Diseases of the Heart Hospitalizations	85.3*	79.1	79.5
Heart Attack Hospitalizations	17.6*	14.8	12.6
Congestive Heart Failure Mortality	24.5*	21.0	10.6

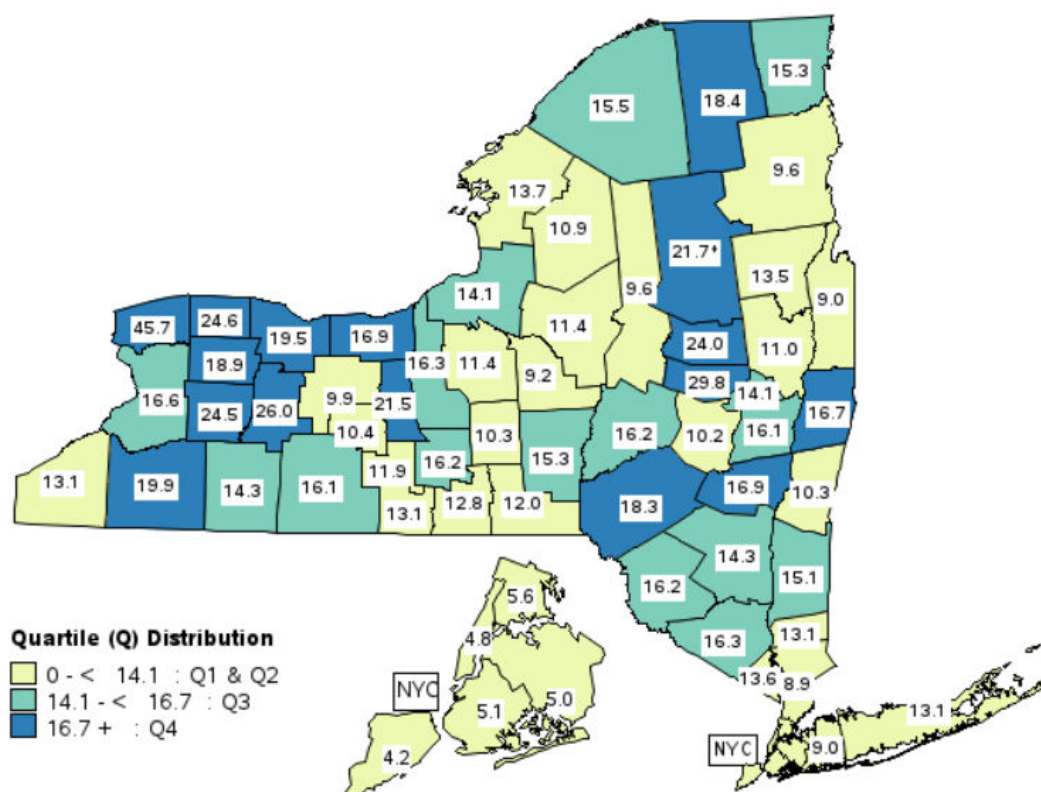
Hospitalization rates per 10,000; Mortality rates per 100,000

*Significant difference between Wyoming County and New York State rates

Source: NYS Community Health Indicator Reports⁴⁸

Figure 39. Age-adjusted diseases of the heart hospitalization rate per 10,000, 2018-2020

Source: NYS Community Health Indicator Reports⁴⁸

Figure 40. Age-adjusted congestive heart failure mortality rate per 100,000, 2018-2020

Source: NYS Community Health Indicator Reports⁴⁸

Mental Health and Substance Use Disorders

Mental health and substance use disorders are growing concerns in Wyoming County and across the state and nation. Mental health and substance use disorders are often co-occurring, meaning that people with one condition are more likely to have the other. These issues are often more difficult to measure and monitor than physical health conditions, but they are no less important. The Thiel Fund ranked mental health and substance use disorders as a Priority Level 1 issue in their 2018-2023 Grant Funding Model.

All groups of stakeholders interviewed or surveyed throughout this assessment identified mental health and substance use disorders as top health needs in Wyoming County. Of 16 key informants interviewed, 12 (75%) identified Mental Health and Substance Use Disorders as a community health need. Among Valley Chapel congregants experiencing financial difficulties, 8 (44%) identified mental health and drug/alcohol use as a health need.

Key Informant Mental Health and Substance Use Disorders (MH/SUD) Insights

- Mental health and substance use disorder issues seem to be on the rise, affecting all ages.
- There is an increased demand for services, with elevated use of the hospital Emergency Department, inpatient, and behavioral health.
- There is a lack of services in the county for mental health and substance use disorders, including services for pediatric patients. There are no inpatient facilities, detox, or halfway homes available.
- Suicide rates are concerning.
- Changes in the justice system have resulted in fewer opportunities for early intervention with youth experiencing behavioral problems.
- It is difficult to find personnel to staff Mental Health and Substance Use Disorder positions, which limits opportunities to expand services.
- There is a need for more prevention education and support to encourage healthier lifestyles.
- Stigma prevents patients from accessing care when needed. Poor mental health is seen as a moral failing in contrast with physical health issues.
- Insurance plans are complicated and cause problems for patients trying to access care.
- Legalization of marijuana will cause more issues.
- There is a need for awareness of trauma-informed approaches among Wyoming County organizations.
- Migrant workers experience problems with binge drinking.
- Social isolation is an issue, especially among the elderly.
- Awareness of existing mental health and substance use disorder services is limited.

When compared to the state and region, the most outstanding mental health and substance use disorder metrics in Wyoming County are:

- Adult binge drinking rate
- Alcohol-related motor vehicle injuries and deaths rate
- Opioid overdose fatality rate
- Suicide mortality rate

To enhance the knowledge base of those who manage the Thiel Fund, this report highlights notable updates from the GOW Community Health Assessment:

- Updated NYS Community Health Indicator Reports data
- Updated NYS Behavioral Health Risk Factor Surveillance System data
- CMS Medicare Claims data
- Adverse Childhood Experiences Data from CAHMI

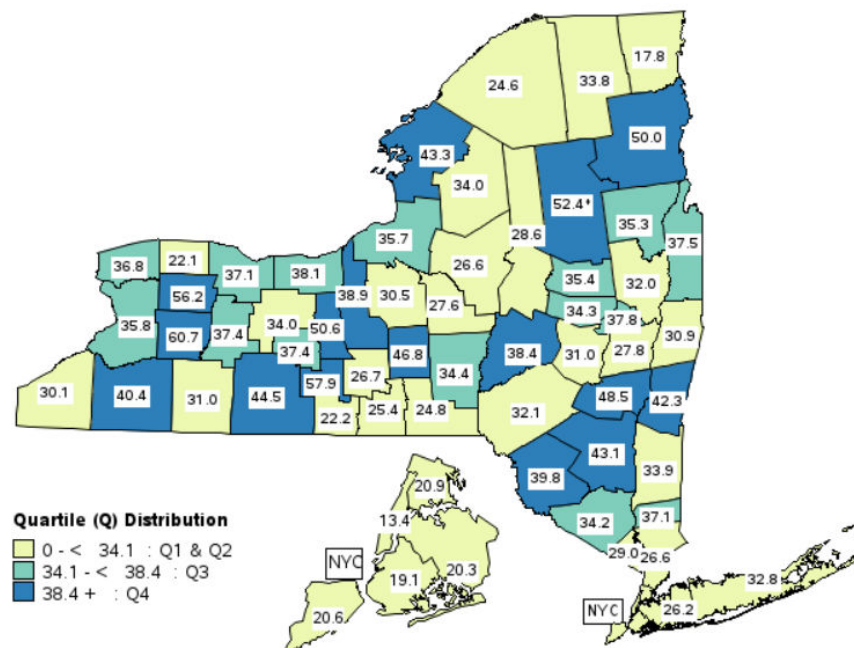
- Wyoming County Community-Level Youth Development Evaluation (CLYDE) Survey results (Partners for Prevention)
- GOW Opioid Task Force Opioid Overdose Fatalities
- Mental Health and Substance Use Disorder Treatment Data from Spectrum and WCCHS

Alcohol Use

Alcohol use is a serious problem in Wyoming County. The county has the highest rate of alcohol-related motor vehicle injuries and deaths in New York State. In 2018-2020, there were 60.7 alcohol-related motor vehicle injuries and deaths per 100,000 people in Wyoming County. This is more than twice the state rate (26.5). (CHIRS) Additionally, the age-adjusted rate of adult binge drinking in the past month was 24.8 per 100,000 compared to 18.6 in Western New York and 16.0 in New York State.⁴⁵

This high rate of alcohol use is having a significant impact on the health and safety of people in Wyoming County. Binge drinking can lead to a variety of health problems, including liver disease, heart disease, and cancer.

Figure 41. Alcohol-related motor vehicle injuries and deaths per 100,000, 2018-2020



*: Fewer than 10 events in the numerator, therefore the rate/percentage is unstable

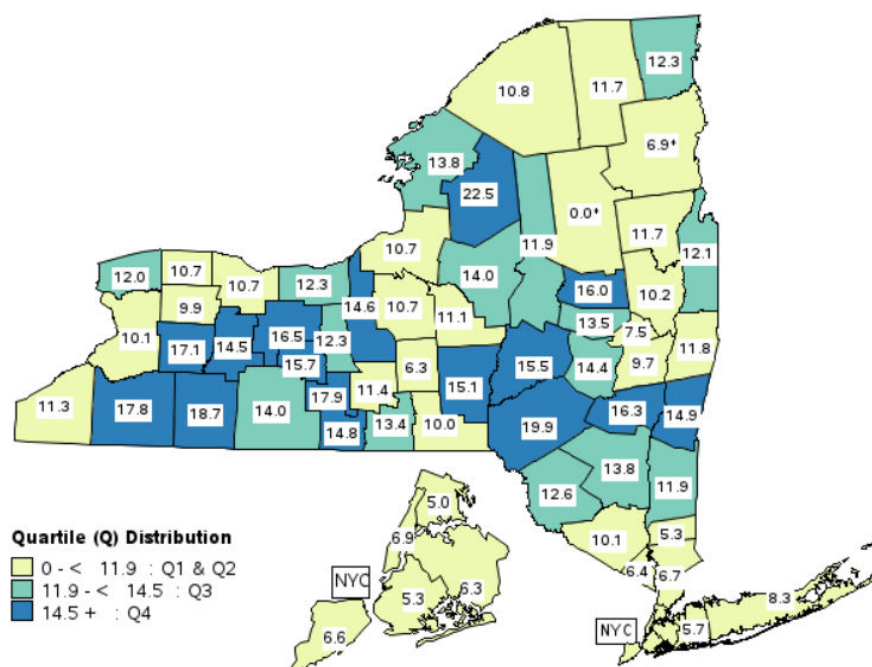
Data Source: NYS Department of Motor Vehicles, data as of July 2022

Source: NYS Community Health Indicator Reports⁴⁵

Suicide

As reported in the 2022-2024 GOW Regional Community Health Assessment, Wyoming County had one of the highest age-adjusted suicide mortality rates in New York State, with 27 deaths over three years (2017-2019).²² Updated NYSDOH Community Health Indicator Reports report 24 deaths by suicide to Wyoming County residents for 2018-2020. The age-adjusted suicide mortality rate for 2018-2020 was 17.1 per 100,000, compared to 8.6 per 100,000 in New York State.⁴⁹

Figure 42. Age-adjusted suicide mortality rate per 100,000, 2018-2020



Source: NYS Community Health Indicator Reports⁴⁹

The Wyoming County Coroner Program has access to death records for those who die within Wyoming County. A review of the Wyoming County Coroner Program suicide data found 22 deaths during the 2018-2020 timeline, with 3 pending (unfinalized) cases for 2020. Of the 22 reported deaths by suicide, at least 5 (22.7%) took place in New York State Correctional Facilities located in the County. If just the community deaths are examined (19 total), the resulting rate would be 15.83 per 100,000 rather than 20 per 100,000.⁸ By comparison, the NYS crude suicide mortality rate was 8.6 per 100,000. The adjusted Wyoming County rate continues to exceed the state average, but its rank would lower among NYS counties if prison deaths were excluded.

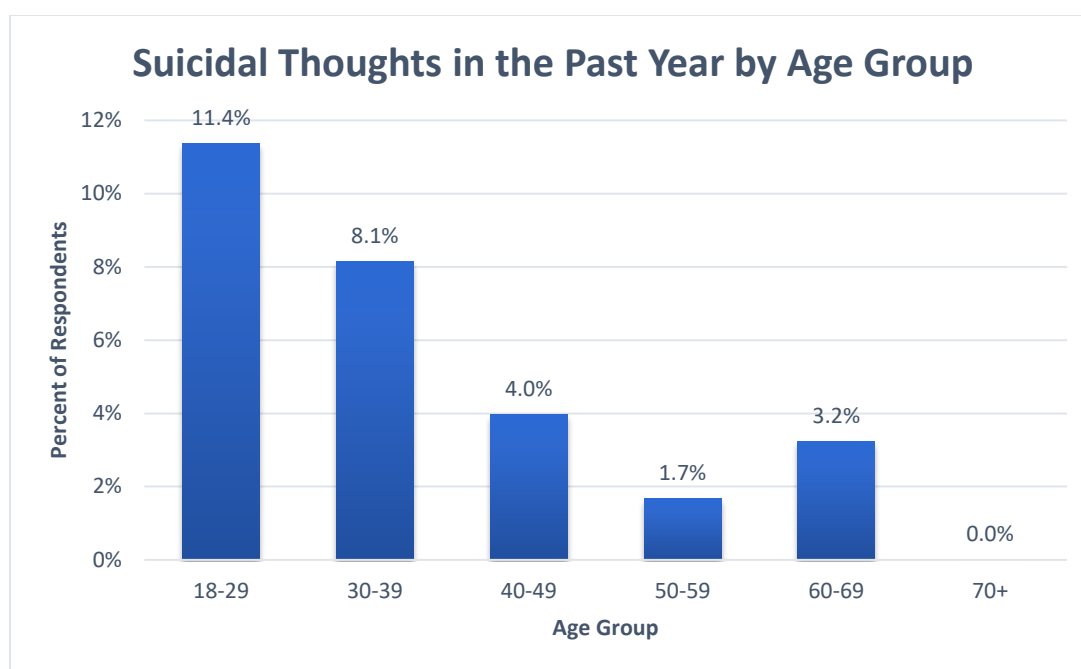
The average age of death was 47.8 years with a range of 19 to 91 years, and 86% of decedents were male. The majority of suicide deaths were either by hanging (36%) or gunshot (32%).⁸

Table 11. Deaths by Suicide in Wyoming County

Method	Number	Percent
Hanging	8	36%
Gunshot	7	32%
Overdose	3	14%
Blunt Force	2	9%
Wrist Wound	1	5%
Inhalation of Combustible Products	1	5%

Source: Wyoming County Health Department: Coroner Program⁸

The Wyoming County Community Health Assessment Survey asked participants if they had experienced suicidal thoughts in the past year. A review of the survey data by age group found that suicidal ideation was the highest among 18-29 year olds (11.4%), and with the exception of 60-69 year old respondents, decreased with age.²²

Figure 43. Suicidal thoughts in the past year by age group

Source: Wyoming County CHA Survey, 2022²²

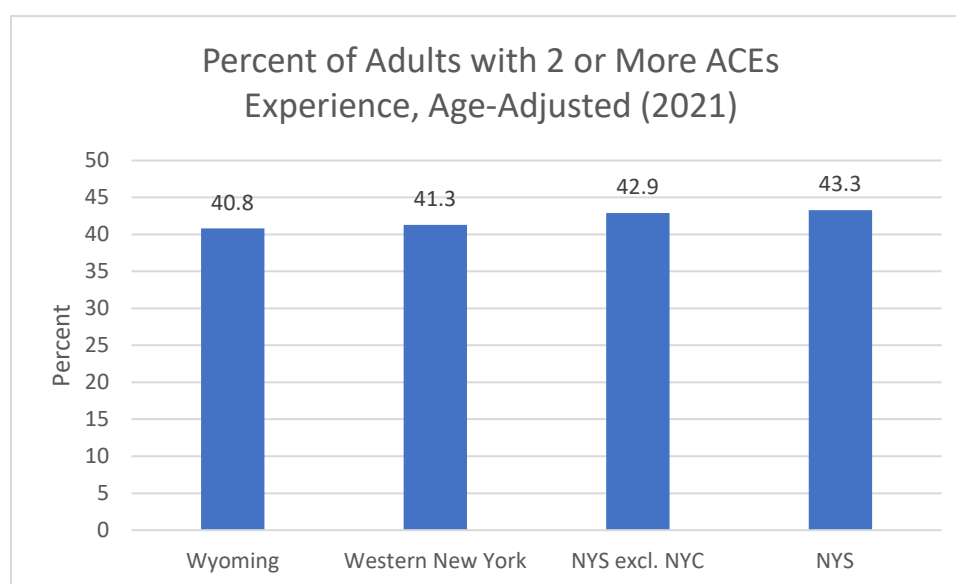
Adverse Childhood Experiences

The New York State Department of Health's Behavioral Risk Factor Surveillance System 2021 survey found that 40.8% of Wyoming County adults (age-adjusted) had experienced two or more adverse childhood experiences, compared to 43.3% in New York State.⁵⁰ The Wyoming County Community Health Survey determined a similar percentage for the county, at 38%.²² The Child and Adolescent Health Measurement Initiative (CAHMI) reports that approximately 1 in 5 children have 2 or more ACEs where large impacts are seen.⁵¹

With each increase in ACE score in adults, there is an elevated risk for suicide attempts, use of injectable drugs, alcoholism, depression and lung diseases. Outcomes seen in children with increasing ACE score are chronic conditions requiring additional care, emotional/developmental/behavioral problems, overweight/obesity, decreased engagement in school, and increased bullying incidents.⁵¹

The study found that children with multiple ACEs whose families have greater resilience and parent-child connections have nearly 400% times greater odds of flourishing. Systems should work toward preventing ACEs, and also to promote health and healing in families whose children have experienced ACEs.⁵¹

Figure 44. Percent of adults with 2 or more ACEs experience



Source: NYS BRFSS 2021⁵⁰

Wyoming County CHA Survey

The Wyoming County CHA Survey found that of the respondents who were included in the ACEs analysis, those who reported at least one ACE were 3.92 times (n=422; 95% CI: 2.41-6.36) more likely to perceive their physical health as unsatisfactory compared to those who reported zero ACEs. More specifically, those with 1-3 ACEs were 1.21 times (n=334; 95% CI: 0.78-1.88) more likely and those with 4 or more ACEs were 1.62 times (n=283; 95% CI: 0.96-2.74) more likely to perceive their physical health as unsatisfactory compared to those who reported zero ACEs.²²

Of the respondents who were included in the ACEs analysis, those who reported at least one ACE were 2.55 times (n=421; 95% CI: 1.72-3.77) more likely to perceive their mental health as unsatisfactory compared to those who reported zero ACEs. More specifically, those with 1-3 ACEs were 2.44 times (n=333; 95% CI: 1.56-3.82) more likely and those with 4 or more ACEs

were 2.72 times (n=282; 95% CI: 1.61-4.58) more likely to perceive their mental health as unsatisfactory compared to those who reported zero ACEs.²²

Substance Use Among Youth

In 2022, Partners for Prevention (P4P) of Wyoming County used the Community-Level Youth Development Evaluation (CLYDE) survey tool to assess substance use and perceptions of substance use among middle and high school students in five school districts in the county. The districts that participated were Attica, Letchworth, Perry, Warsaw, and Wyoming.⁴⁶

The survey asked students about their use of alcohol, tobacco, and other drugs, as well as their perceptions of the prevalence and acceptability of substance use among their peers. The survey also included questions about mental health, risk factors, and preventive factors. National comparisons are provided by the Monitoring the Future program.⁴⁶

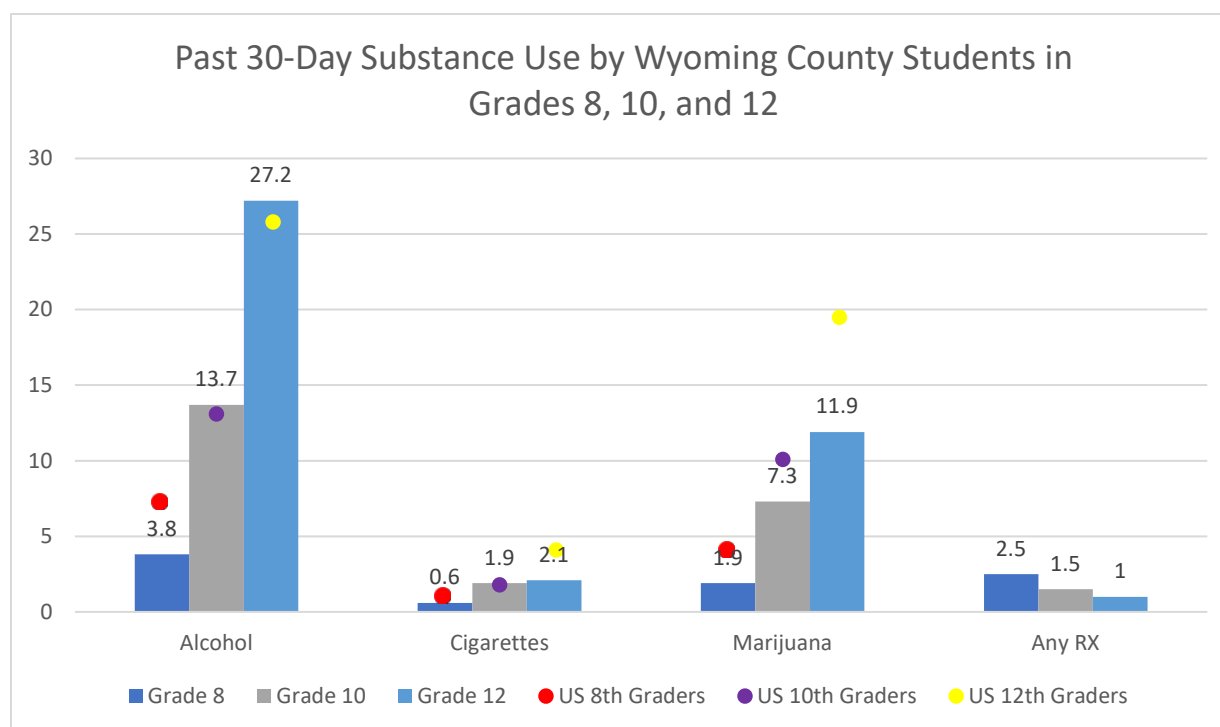
Students in 7th to 12th grade were asked about their use of substances within the last 30 days. Among all grade levels, alcohol was the most common substance used (12%) followed by electronic cigarette/vape with nicotine (8.9%), marijuana (5.5%), electronic cigarette/vape with marijuana (4%), eaten marijuana or hash oil (2.9%), hash oil or dabs (2.7%), and cigarettes (1.6%). With few exceptions, use of substances increased with grade level. 27.2% of 12th graders reported past 30-day use of alcohol, and 15.2% reported use of nicotine through electronic devices. Rates of substance use were low among students in grades 7 and 8. Traditional cigarette use was very uncommon, with all grade levels reporting less than 3%.⁴⁶

Table 12. Percent of Wyoming County students with past 30-day substance use by grade level

	7th	8th	9th	10th	11th	12th	Total
Alcoholic beverages	1.8	3.8	6.3	13.7	17.8	27.2	12
Electronic Cigarette/Vape with Nicotine	1.8	4.5	5.1	11.6	14.8	15.2	8.9
Marijuana	0	1.9	2.3	7.3	9	11.9	5.5
Electronic Cigarette/Vape with Marijuana	0.5	0.6	1.1	4.9	6.4	9.8	4
Eaten marijuana or hash oil (in baked goods, candy, etc.)	0.5	0.6	0.6	3.4	5.9	5.7	2.9
Hash oil or dabs	0	0.6	1.1	2	6.4	5.7	2.7
Cigarette	0.9	0.6	2.3	1.9	1.5	2.1	1.6

Source: Wyoming County CLYDE Survey⁴⁶

Students in Wyoming County were more likely to use alcohol than their national counterparts, but less likely to use marijuana. Cigarette use was low among both local and national students. Recreational use of prescription medications declined with increasing age, but national comparisons are not available.⁴⁶

Figure 45. Past 30-day substance use by Wyoming County students

Source: Wyoming County CLYDE Survey Data, Monitoring the Future Survey Data⁴⁶

Students were asked about their mental health. Nearly one-third of Wyoming County students reported sometimes thinking that “life is not worth it”; 41.5% of students reported thinking at times that “I am no good at all”; 28.9% of students are “inclined to think I am a failure”; and 36.5% of students have felt depressed or sad most days.⁴⁶

Table 13. Mental health of Wyoming County students

Statement	% Reporting "Yes" by Grade						
	7th	8th	9th	10th	11th	12th	Total
Sometimes I think that life is not worth it.	25	40.7	32.3	31.1	35.3	32.6	32.7
At times I think I am no good at all.	36.8	47.9	38.3	40.9	45.2	40.5	41.5
All in all, I am inclined to think that I am a failure.	26.1	33.1	28.6	30.3	29	26.7	28.9
In the past year, have you felt depressed or sad MOST days, even if you felt okay sometimes?	32.1	36.7	40.1	41.6	41	26.2	36.5

Source: Wyoming County CLYDE Survey Data⁴⁶

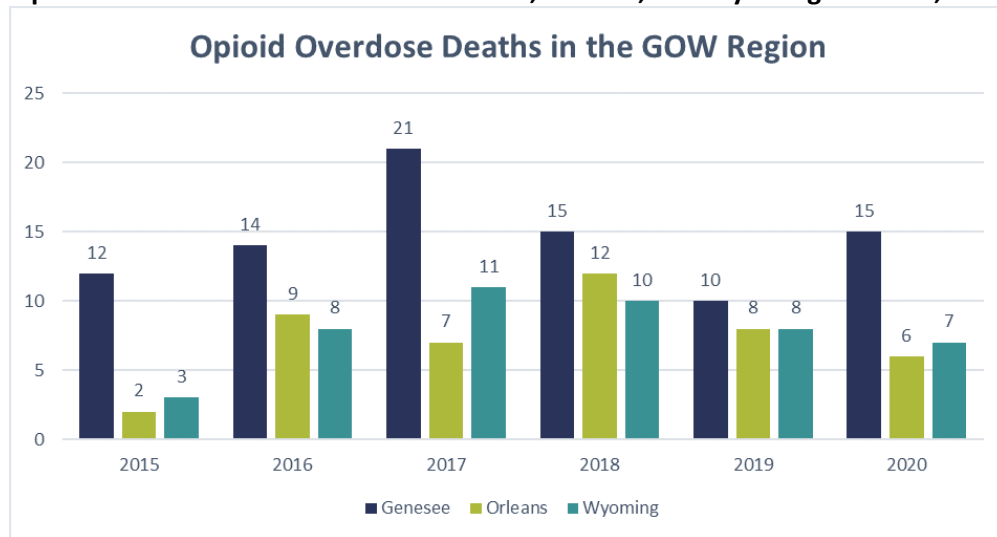
Opioid Overdoses

According to the New York State Department of Health Opioid Data Dashboard, Wyoming County fares better than most New York State Counties in regard to opioid hospitalizations and overdoses. From 2019 to 2020, emergency department visits for any drug overdose saw a significant reduction. In 2020, though unstable due to low numbers, the Wyoming County rate

of newborns with neonatal withdrawal symptoms and/or affected by maternal use of drugs of addiction exceeded that of New York State but was below the Western New York rate.⁵²

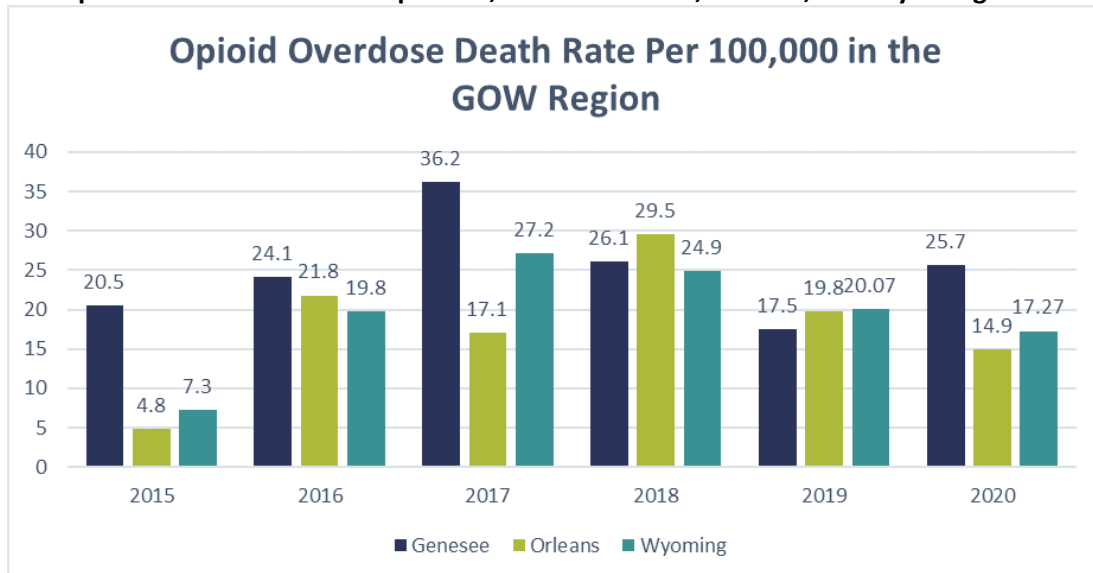
The GOW Opioid Task Force is a coalition working to address the opioid crisis in the Genesee, Orleans, and Wyoming region. The coalition monitors fatal opioid overdoses for the three counties. The figures below demonstrate the number of opioid overdoses and resulting overdose death rate per 100,000 in each county. From 2015 to 2020, there was an average of 7.8 fatal opioid overdoses per year in Wyoming County, and an average rate of 19.42 per 100,000 population, compared to 25.0 in Genesee and 18.0 in Orleans County.⁵³

Figure 46. Opioid overdose death counts for Genesee, Orleans, and Wyoming Counties, 2015-2020



Source: GOW Opioid Task Force⁵³ and GOW Health Departments

Figure 47. Opioid overdose death rate per 100,000 for Genesee, Orleans, and Wyoming Counties



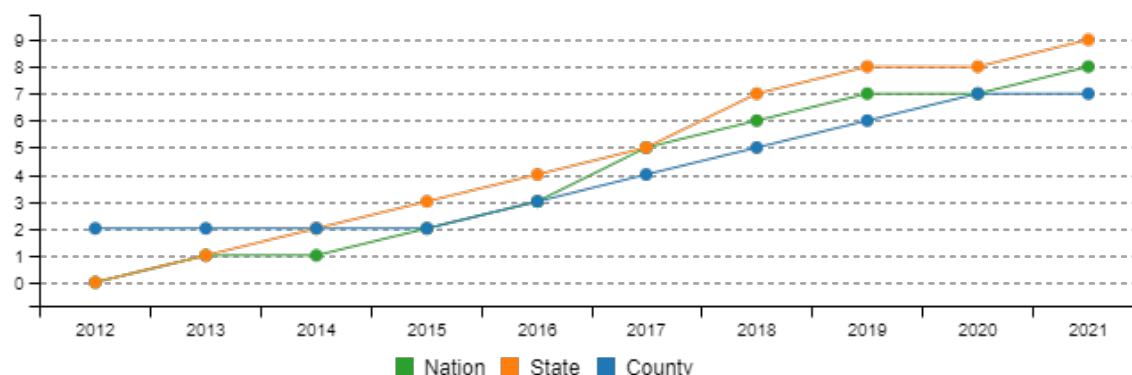
Source: GOW Opioid Task Force⁵³ and GOW Health Departments

Behavioral Health Treatment

Depression

In Wyoming County, the state and the nation screening for depression has increased over the years. The rate of Medicare fee for service (FFS) enrollees increased from 2% in 2012 to 7% in 2021 in Wyoming County.⁴³

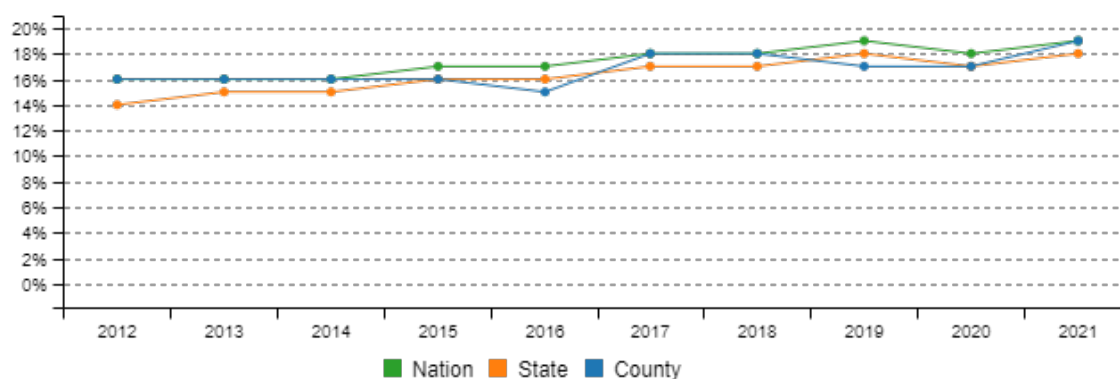
Figure 48. Percent of Medicare FFS enrollees screened for depression



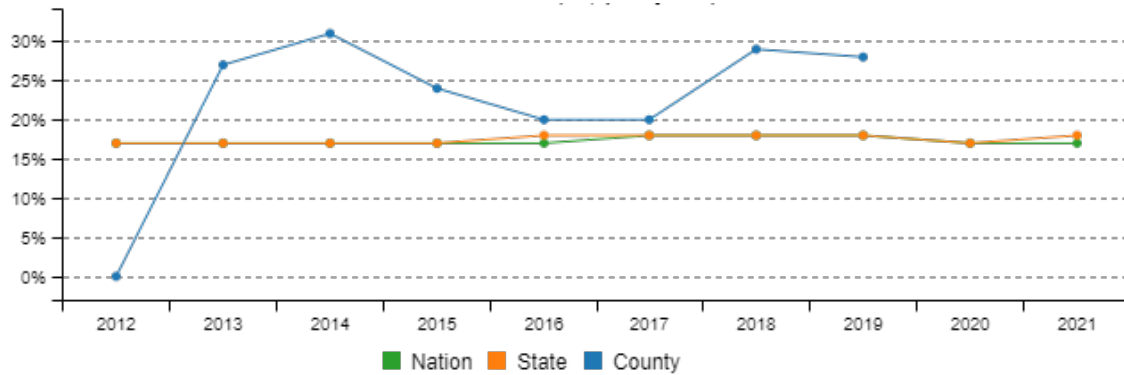
Source: CMS Mapping Medicare Disparities by Population⁴³

Prevalence of depression among all Medicare Enrollees increased with time from 16% in 2012 to 19% in 2021. Residents of Hispanic origin were more likely to be diagnosed with depression from 2013 to 2019 in Wyoming County, with rates ranging from 20% to 31%. These rates are more variable than all enrollees due to a low number of Medicare enrollees that are Hispanic.⁴³

Figure 49. Prevalence of depression among all Medicare FFS enrollees (% , per year)



Source: CMS Mapping Medicare Disparities by Population⁴³

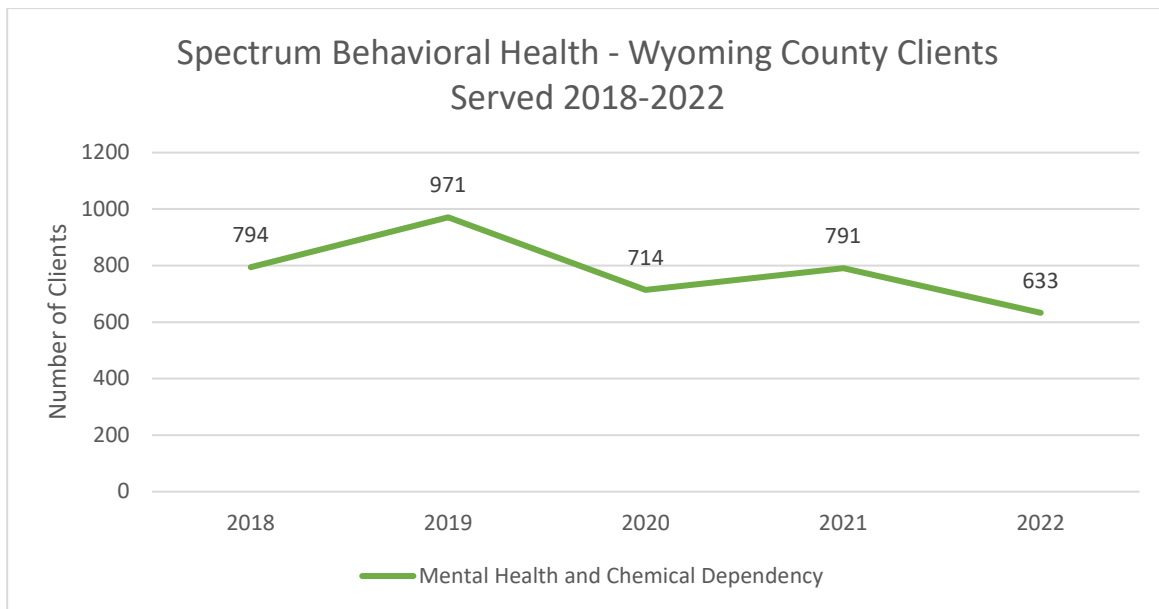
Figure 50. Prevalence of depression among Hispanic Medicare FFS enrollees (% , per year)

Source: CMS Mapping Medicare Disparities by Population⁴³

Wyoming County Behavioral Health Clinical Data

Mental health and chemical dependency treatment data for Wyoming County was gleaned from the Wyoming County Mental Health Department's Annual Reports for 2018-2022. Treatment providers contracted by the Department include Spectrum Health and Human Services and Wyoming County Community Health System (WCCHS).⁵⁴

Spectrum Health and Human Services provides outpatient mental health and chemical dependency services. From 2018 to 2022, Spectrum provided mental health and/or chemical dependency services to an average of 781 Wyoming County residents, amounting to 2% of all residents in the county. Staffing shortages in 2021 and 2022 have limited their ability to serve more clients, despite ample demand for services.⁵⁴

Figure 51. Wyoming County clients served by Spectrum Behavioral Health, 2018-2022

Source: Wyoming County Mental Health Annual Reports 2018-2022⁵⁴

Alcohol use disorder is the most common substance use disorder treated in Wyoming County, accounting for over 40% of chemical dependency clients served. About 30% of clients are treated for cannabis use disorder, followed by opiate use disorders (16%), cocaine use disorders (12%) and then amphetamines or other stimulants (1%).⁵⁴

Table 14. Top substance use disorders treated by Spectrum Behavioral Health, 2019-2022

Substance Use Disorder	Number of Clients	Proportion of Top Disorders
Alcohol	520	41%
Cannabis	387	30%
Opiate	203	16%
Cocaine	151	12%
Amphetamines or Other Stimulants	16	1%
Total	1277	100%

Source: Wyoming County Mental Health Annual Reports 2019-2022⁵⁴

The leading behavioral disorders addressed at Spectrum are anxiety (29%), depression (28%), post-traumatic stress disorder (12%) and bipolar disorder (11%). A significant number of clients are also treated for attention deficit/hyperactivity disorder, trauma and stressor related disorders, schizophrenia, and schizoaffective disorder.⁵⁴

Table 15. Top behavioral disorders treated by Spectrum Behavioral Health, 2019-2022

Behavioral Disorder	Number of Clients	Proportion of Top Disorders
Anxiety Related Disorders	1098	29%
Depressive Disorder	1090	28%
Post-Traumatic Stress Disorder	464	12%
Bipolar Disorders	423	11%
Attention Deficit/Hyperactivity Disorder	303	8%
Trauma and Stressor Related Disorders	152	4%
Schizophrenia	151	4%
Schizoaffective Disorder	164	4%
Total	3845	100%

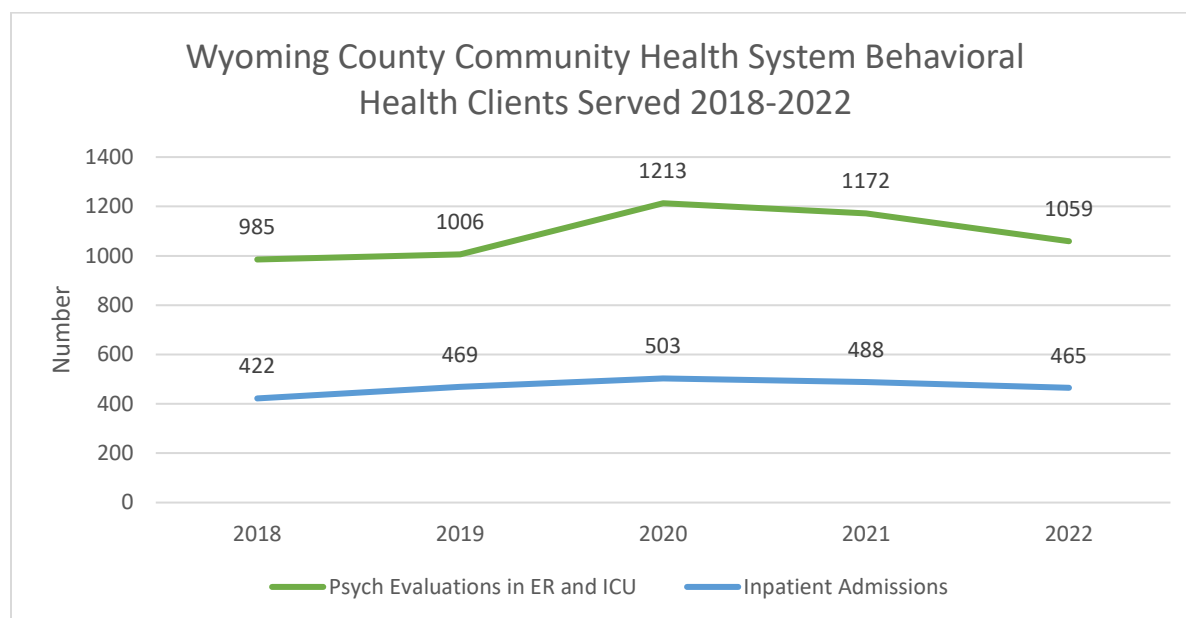
Source: Wyoming County Mental Health Annual Reports 2019-2022⁵⁴

Wyoming County Community Health System (WCCHS) provides inpatient behavioral health services to people in Wyoming County and other parts of New York State. In 2022, most patients admitted for treatment were from Wyoming County (27%), followed by Genesee County (24%) and Livingston County (20%). The remaining clients were from other counties across the state.⁵⁵

From 2018 to 2022, an average of 469 patients were admitted for mental health or chemical dependency treatment. An average of 1,087 psychiatric evaluations were conducted in the emergency room (ER) and intensive care unit (ICU). Psychiatric evaluations increased in 2020,

and slightly declined in 2021 and 2022, but have not yet returned to pre-pandemic levels. The inpatient unit has 12 licensed beds and will be reduced to 10 in 2024.^{54, 55}

Figure 52. Wyoming County Community Health System Behavioral Health clients served, 2018-2022



Source: Wyoming County Mental Health Annual Reports 2018-2022⁵⁴

Funding History and Trends

Rural Health Philanthropy

There is growing acknowledgement that philanthropy has traditionally overlooked and under-invested in rural communities. This is triggering a mounting concern nationally and regionally for the growing inequities described previously that rural communities face.

Simultaneously, the national health funding landscape has changed in recent years. There is a focus away from health care and toward community health. As mentioned previously, it is well recognized that the health of a community is no longer owned by providers and public health. There is a growing recognition that health outcomes are affected by many Social Determinants of Health (SDOH) factors in addition to medical care received, including community factors such as the availability of high-quality education, employment opportunities, transportation, affordable housing, broadband internet, and healthy foods.

Funders across the country are demonstrating increased interest in the potential for rural investment by issuing reports such as [Rural America: Philanthropy's Misunderstood Opportunity for Impact](#) that was produced by FSG (Foundation Strategy Group) in 2021 to provide a brief, non-exhaustive baseline summary of rural issues and implications for philanthropy. Similarly, funders in New York State are demonstrating increased interest in rural health by issuing reports such as the Health Foundation of Western & Central New York's 2020 [Community Health Needs and Opportunities in Western New York's Southern Tier](#), *Neighborhood*

Funders Group 2021 Resourcing Rural Organizing Infrastructure: A New York Case Study, or New York State AARP 2023 [Disrupt Disparity- Addressing the Crisis for Rural New Yorkers 50+ 2.0](#). These are evidence of the growing interest in closing funding gaps and paving ways to greater inclusivity and equity for rural communities.

Per Allen Smart, MPH, rural philanthropy expert and founder of [PhilanthropywoRx](#), funders are generally focused on making rural investments in the areas of:⁵⁶

- Mental Health
- Rural Health Care Workforce
- Urban - Rural Relationships
- Cross-Sectoral Work
- Rural Communities of Color
- Broadband
- Affordable Housing
- Maternal Mortality
- Funding Partnerships

Regional Funder Priorities

The report from the Dorothy A. Johnson Center for Philanthropy [11 Trends in Philanthropy for 2023](#) mirrors several investment trends seen in the region such as collaborative funding, capacity building, policy, impact investing, data access, and accountability.

Table 16 below lists the health-related investment priorities of state and regional philanthropies that include Wyoming County in their respective funding eligibility. The majority of investors are health conversion foundations with missions to improve the health and/or quality of life of the communities they serve. Each funder relies heavily on evidence based and promising practices to inform their investment work.

As equity has become a greater priority of funders, understanding rural health disparities has become an increasing area of interest. The potential for rural investments has caught the attention of funders nationally and in New York State. There is much discussion underway regionally about the need to engage with rural communities in different ways. The Thiel Roundtable is uniquely positioned to partner with other funders by way of facilitating linkages or leveraging collaborative investments.

Table 16: 2023 New York State and regional philanthropic health related investment focus areas

Foundation	Investment Focus Areas
Community Foundation for Greater Buffalo	
<i>Ralph C. Wilson, Jr. Legacy Funds</i>	Caregivers
	Community Assets
	Design and Access
	Youth Sports
* Greater Rochester Health Foundation	Emerging Health Issues and Needs as Identified by the Community
	Partnerships - Leveraging resources
	Neighborhood Health Status Improvement
* Health Foundation of Western and Central New York	Older Adults
	Young Children Impacted by Poverty
	Community Health Capacity
* Mother Cabrini Health Foundation	Access to Health Care
	Basic Needs
	Health care Workforce
	Mental and Behavioral Health
* New York Health Foundation	Healthy Food, Healthy Lives
	Primary Care
	Veteran's Health
	Special Projects
Oishei	Strengthen the P-20 education continuum
	Enhance options for self-sufficiency
	Build livable, stable neighborhoods
	Promote health and improve systems of care
Patrick P. Lee Foundation	Mental Health
Ralph C. Wilson, Jr. Foundation	Active Lifestyles
	Preparing for Success
	Caregiver
	Entrepreneurship and Economic Development
United Way of Greater Rochester and the Finger Lakes	Health
	Education
	Economic Mobility
	Strategic Partnerships
	Equity Fund
	Synergy
	Crisis Response

Western New York Foundation	Racial, social, and economic justice
	Building equitable food systems that reflect individual communities
Highmark WNY Blue Fund	Behavioral Health
	Cardiovascular Health
	Health Care Workforce Development
	Maternal Health
	Healthy Children
Independent Health Foundation	Healthy Lifestyle Behavior promotion
Molina Cares Accord	Programs and partnerships to improve health and well-being
	Disparities reduction
Univera	Health Equity Innovation
	Reducing racial disparities in maternal health
Source: Individual Foundation Websites * Health conversion foundations	

Impacts of Thiel Funded Projects

Priorities

In 2018, the Thiel Fund introduced a more formalized decision-making protocol and released its first set of priorities to guide the application process. The 2018-2023 Thiel funding priorities were determined utilizing both qualitative and quantitative input with reports commissioned to guide the process which included a Human-Centered Design for Health Discovery Phase Report and a Trends and Impact Report. The Thiel Roundtable, which is comprised of Wyoming County health providers and experts guided the development of the grant funding model and priorities.

Fund Distribution

Two categories of funding with ranked priorities were identified as eligible for investment. Applicants were required to select the category and priority for which application was being made.

Infrastructure was broken into three priority areas-Medical Equipment, Personnel, and Public Health

Health Care Services was broken into seven priority areas-Mental Health/Substance Use Disorder, Chronic Disease, Access and Navigation, Emergency Assistance, Transportation, Dental Health, and Reproductive Health.

Since 2018, the Thiel Fund has awarded over \$1.7 million through 35 grants to fourteen organizations and health care providers working to improve the health of Wyoming County residents. Figure 53 provides more details about specific items in each priority area that were

funded, and the number of people served. Because of the pandemic, services were disrupted, and project plans and implementation were forced to pivot. This undoubtedly impacted the number of people served. As a result, an estimated total of 22,284 individuals were served over five years. In addition, there were unknown numbers of students and community members served through general interventions - broad community education and health promotion efforts. Note: At the writing of this report, data was not available for those served through 2023 funded projects.

Figure 53. Thiel Funded Projects 2018-2023

Infrastructure	Health Services
• Equipment (11 Awards) 8,391 people served • Operating Table • Panda Warmer • Comfort Care Equipment • Colposcopy Table • Ventilators • Purchase and Installation of a Simplicity Straight Stairlift • Digital Radiography Imaging System • Fetal Monitors • Telemetry Units • Hand Dryers • Handheld Ultrasound, Tablet, Roll stand, • Exam room swivel chairs • Otoscope • Anesthesia monitoring equipment • EKG Stress Test Management System • Personnel (5 Awards) 99 people served • Healthcare Student, Professionals, and Community Housing Support • Thiel House renovations and upgrades • Healthcare career pipeline promotions • Care Coordinator Certificate Program • Scholars Student Program	• Access & Navigation (5 Awards) 1,808 people served • Interpretation Services • (English/Spanish), Transportation for Medical/Dental Outreach • Prenatal education • Case Management- • In-home and At Farm visits • Emergency Assistance (6 Awards) 11,465 people served • Medical transportation • Copay/ pharmacy assistance • Mental Health Services (6 Awards) 370 people served • Youth Peer Support Services- Wyoming • Text Line for Emotional Wellness and Support • Higher Ground New York Veterans Program • Education and services through mobile unit • Youth Enrichment • Case Manager • Chronic Disease (2 Awards) 51 people served • Kidney Health Education and Screening • Chronic Disease and Diabetes Self Management Classes

Figures 54 and 55 illustrate the aggregate investments by priority group over the last six years.

Figure 54. Summary of investment priorities by year, 2018-2023

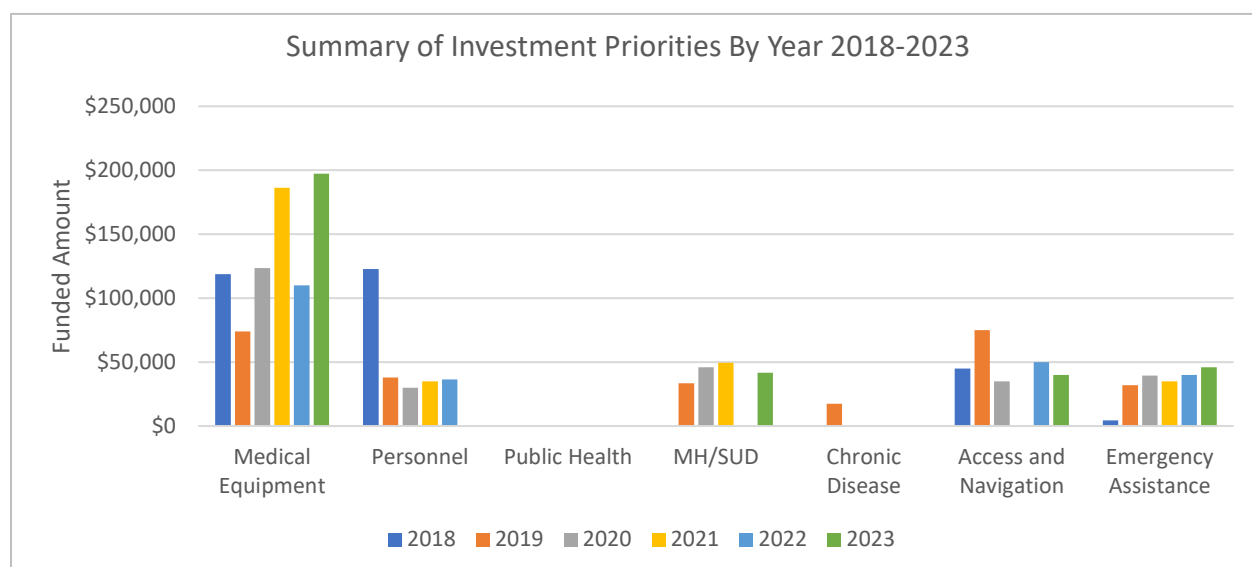
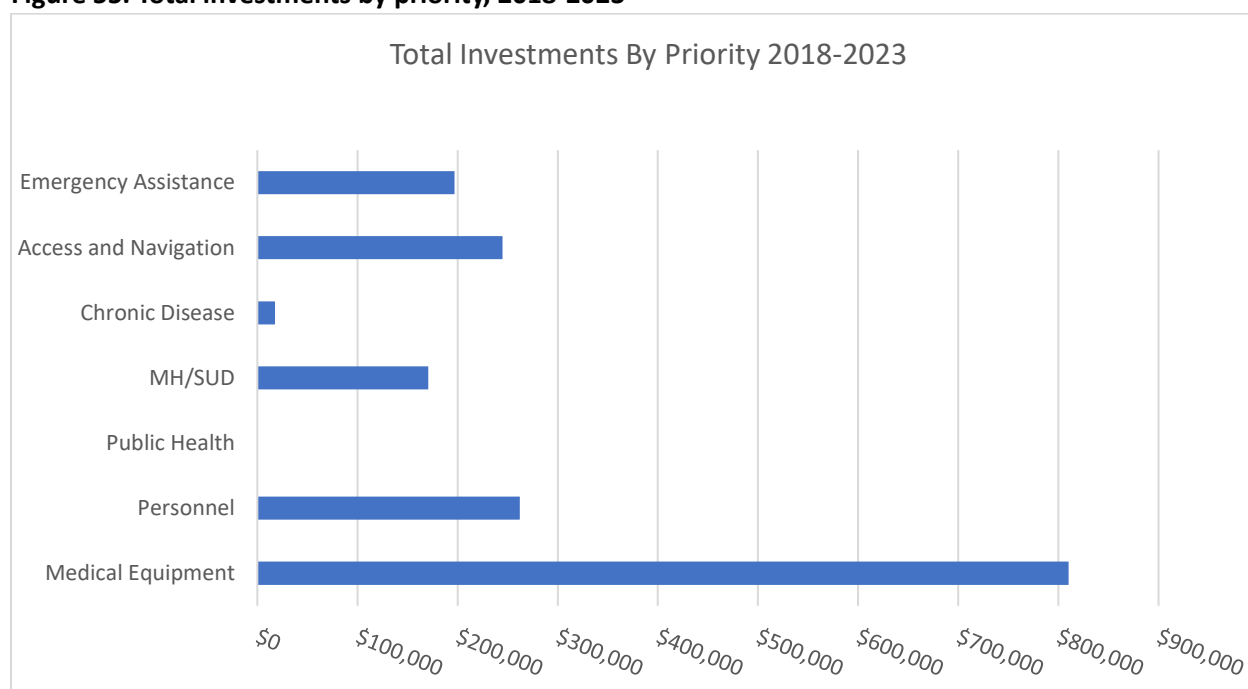


Figure 55. Total investments by priority, 2018-2023

Special Project-Care Coordination

Care coordination is a vital aspect of health and health care services particularly for individuals with chronic or medically complex conditions and is proving an effective tool for addressing social care needs and raising health equity. The effects of poorly coordinated care are particularly evident for people with chronic conditions, such as hypertension, chronic lower respiratory disease and those who suffer with comorbidities including behavioral health issues.

In 2015, the Wyoming County Health Roundtable identified care coordination as a new priority program which should be supported by Thiel funds. The Roundtable hosted its first Wyoming County Care Coordination Summit in 2016 and has continued to do so annually. There was a break from 2020 - 2021 due to the pandemic, but the event got back on track in 2022 and the annual exchange is regarded as very impactful to the quality and delivery of services throughout the county.

2024-2028 Funding Model Priorities

Priorities Identification for the 2024-2028 Funding Model

The 2024-2028 Thiel funding priorities were determined utilizing both qualitative and quantitative input from this report commissioned to guide the process. The Foundation solicited input from the Thiel Roundtable which is comprised of Wyoming County service providers and experts who have extensive knowledge of the current health and social care needs landscape to advise, review, and approve the report.

Members of the Roundtable met in late September to review the report findings and compare the 2018 priorities list to the current needs and trends. The report revealed that, consistent

with the rest of the country, the community has experienced a fundamental shift in needs and that improving outcomes calls for deeper focus that leans toward new priorities, strategies, and tactics.

In the process of identifying future priorities, the Roundtable considered common themes derived from the report including data collection and analysis, rural investment trends, health needs highlights, and local health service system improvement opportunities. See Figures 56, 57, and 58.

Figure 56. Funding considerations based on data and trends

Funding Considerations Based on Data and Trends
• Cross Agency Collaborations on projects: Partnerships on funded projects to align efforts. Find focus to prioritize and address issues. Collective impact model is a best practice. • Greater Accountability: Data collection, Outcome Measures, Evaluation • Advocate for more share of regional resources • Opportunity to leverage funding for new partnerships with philanthropy and other private, state, and federal investors • Capacity Building: Planning, training, and data collection • Hire a grant writer to work with agencies to be able to increase staffing bandwidth • Integration of social needs into clinical culture- behavioral health • Social Determinants of Health-move mid-stream • Establish a process for assessing and analyzing equity and social care needs - social care screenings • Technology to manage population health • Trauma informed care and CLAS training • Patient/Client navigation- Community Health Workers, Community readiness to engage a Mobility Manager, etc. • Integration of Clinical and Behavioral Health • Resource Directory-Referral Management

Figure 57. Feedback related to the health service system improvement opportunities

Feedback Related to the Health Service System Improvement Opportunities
• Transportation: Hire Mobility Manager, medical transport out of County, transport for behavioral health patients in-county • Food Security: Establish Food Security Council, Enhance relationship with FoodLink services • ACEs and Trauma Informed Care: Staff trainings, establish/support countywide trauma informed network, screening for ACES • Mental Health: Stigma reduction around real and perceived access to and benefits of behavioral health care services, education of families about warning signs of mental illness • Staffing: Address shortages across community service agencies • Health Care Access: Invest in Community Health Workers • Awareness of Resources: Resource Directory, Referral Management, Develop process to connect residents to resources • Housing: Explore transitional housing opportunities for people in recovery or those with mental health disorders, migrant housing, and homeless • Collective Impact: Increase collaboration among agencies

Figure 58. Health needs highlights

Health Needs Highlights	
Chronic Disease and Contributing Health Behaviors	
• All types of cancer, but especially: • Breast Cancer, late-stage incidence • Colon and rectum cancer • Heart disease hospitalizations • Congestive heart failure deaths • Tobacco use • Obesity	
Mental Health and Substance Use Disorders	
• Suicide • Adult binge drinking • Alcohol-related motor vehicle injuries and deaths • Opioid overdoses	

After review of prior categorical investments based on grantee reports, the conclusion was that the allocation of investments over the last six years was distributed in an inverse relationship to the current needs (see Table 17). This prompted the Roundtable to recommend modifications to the funding model to reflect a different set of priorities and a more focused list of categories with targeted approaches.

Table 17. Prior levels of investment in key categories

Key Categories 2024-2028	Percentage of Investments 2018-2023
Access and Navigation	14.4%
Chronic Disease	1%
Emergency Assistance for Low Income Residents	11.6%
Food Security	0%
Mental Health	10%
Transportation	0%
Total	37%

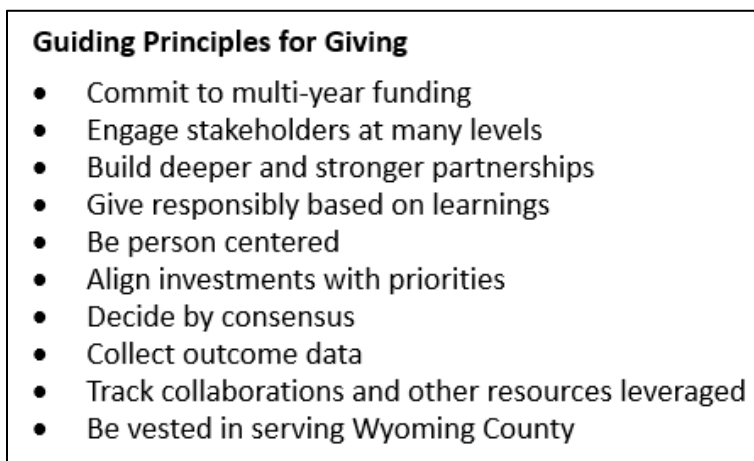
Source: CFGB Thiel Financial Reports 2018-2023

The Thiel Fund seeks to incentivize catalytic projects and initiatives that are outcome-based and working toward sustainability. The Roundtable members expressed a commitment to invest in projects over the next five years that align with the following Super Priorities and address gaps in Key Category areas listed below. In a departure from the previous priority setting process, the Roundtable established a list but chose not to rank the categories.

The Roundtable agreed to the following Guiding Principles for Giving as outlined in Figure 59. These principles are consistent with the prior funding cycle with one important addition. Multi-

year projects will now be eligible for consideration knowing that in many cases it takes time to plan effectively to then implement and evaluate for outcomes. Partnerships are encouraged and recognized as an effective way to achieve meaningful and sustainable impacts.

Figure 59. Guiding principles for giving



The Roundtable recognizes that this new funding cycle marks a period of transition. Therefore, it is to be expected that the application, review criteria, and reporting protocols will be revised in an iterative manner to enable refining of the grant making process as it evolves in order to assess and document intended results.

Super Priorities: These five funding priorities are the areas in which Thiel funds will be invested.

Capacity Building: Developing strategies, systems, structures, competencies, or resources that Wyoming County organizations and communities need in order to improve effectiveness, survive, adapt, and thrive. This includes addressing priority related staffing shortages across community service agencies.

Collaboration/Collective Impact: Building cross-agency and multi-sector partnerships by breaking down silos and aligning energies with practical, relevant, and effective strategies that multiple agencies find engaging. Collective impact is a network of community members, organizations, and institutions who advance equity by learning together, aligning, and integrating their actions to achieve population and systems level change.

Equity/Health Equity: Providing a fair and just opportunity for everyone to attain their highest level of health by addressing access to care and services, social care needs, or social determinants of health.

Leveraging Funding: Using Thiel funds to attract additional sources of funds and build partnerships with other investors.

Resource/Referral Management: Enhancing provider and consumer understanding of what service assets each community has to offer, building processes to facilitate good communication

among service providers and their patients/clients, or assisting individuals to navigate through systems to enable improved outcomes.

Key Categories: The following six categories and related bullets have been identified as strategic funding opportunities that will be used to guide the grantmaking process. As directed by the community, priority will be given to projects that address items on this list first before any other requests would be considered. In all cases, the Roundtable encourages consideration of the use of evidence-based and promising programs/models where possible.

1. *Access and Navigation:*
 - Resource Directory
 - Referral Management
 - Invest in Community Health Workers
 - Develop process to connect residents to resources
2. *Chronic Disease and Related Health Behaviors:*
 - All types of cancer, but especially:
 - Breast Cancer, late-stage incidence
 - Colon and rectum cancer
 - Heart disease hospitalizations
 - Congestive heart failure deaths
 - Tobacco use
 - Obesity
3. *Emergency Assistance For Low-Income Residents:* Discretionary funding for case managers/care coordinators to support and connect individuals or families in their care to resources needed to stabilize and/or meet basic needs.
4. *Food Security:*
 - Establish Food Security Council
 - Enhance relationship with FoodLink services
5. *Mental Health/Behavioral Health:*
 - Suicide
 - Adult binge drinking
 - Alcohol-related motor vehicle injuries and deaths
 - Opioid overdoses
 - ACEs and Trauma Informed Care:
 - Staff trainings
 - Establish/support countywide trauma informed network
 - Screening and data aggregation for ACEs for services planning
 - Stigma reduction:

- Focus on addressing real and perceived barriers to accessing behavioral health care services
- Education of families about warning signs of mental illness

6. *Transportation:*

- Countywide Mobility Manager
- Medical transport out of county
- Transport for behavioral health patients in-county

Special Projects

The Roundtable chose to continue to reserve a small amount of discretionary funding to support special projects or events such as the Care Coordination Summits that have been hosted for several years. The amount will be determined annually.

In closing, Wyoming County is uniquely positioned to advance the community's health in ways that most other rural counties in New York cannot. The availability of the Thiel Fund is recognized as a potential catalyst to introduce innovative change. These next five years in the wake of a pandemic provide an opportunity to break with patterns of doing "business as usual". Wyoming County has demonstrated a high degree of competence for this in the past by retaining its top-level health rankings for decades. However, to be successful and stay on top, the community will need to remain flexible and adaptive.

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Appendices

Appendix A: Summary of Key Informant Interviews

Key Informant Interviews

Summary

Sixteen key informant interviews were conducted in April and May 2023 with contacts identified by the Thiel Roundtable. Interview participants are outlined in Table 1 below. Interviews were conducted by phone or virtual meeting using a standardized questionnaire, which is included at the end of this summary.

Table 1. Key Informant Interview Participants

Organization Name	Informant Name	Informant Title/Role
Finger Lakes Migrant Center	Jan Montayne	Director
Oak Orchard Community Health Center	Karen Kinter	Chief Executive Officer
Rural A-HEC	Melanie Rhodes*	Executive Director
Spectrum Behavioral Health	Eric Dryja	Vice President of Certified Community Health Clinics
Town of Perry	Jim Brick	Perry Town Supervisor
United Way of Greater Rochester and Finger Lakes	Kari Buch	Regional Director
Valley Chapel	Pastor Ryan Rovito	Pastor
Wyoming Community Action	Carrie Johnson*	Executive Director
Wyoming Community Hospital	Dawn James*	Chief Operating Officer
Wyoming County Chamber of Commerce	Scott Gardner*	President & CEO
Wyoming County Cornell Cooperative Extension	Abby Griffith	Executive Director
Wyoming County DSS	Kimberley Barber	Commissioner
Wyoming County Health Department	Laura Paolucci*	Public Health Administrator
Wyoming County Mental Health Department	Kelly Dryja*	Director of Community Services
Wyoming County Office for Aging, Youth Bureau, Head Start	Andrea Aldinger*	Director
Wyoming County Sheriff's Office	Sheriff David Linder	Sheriff

*Denotes Thiel Roundtable Member

Question 1. What community health needs have you observed in Wyoming County?

The top three community health needs identified by participants were mental health and substance use disorders (75%), staff retention and recruitment or lack of services due to staffing issues (69%), and transportation (31%). Three interviewees (19%) stressed needs around food insecurity. Two interviewees (13%) identified chronic disease, developmental disabilities, food insecurity, emergency assistance, housing, stressed health care and hospital systems and communication as community health needs. The topics of needs for the growing senior population, emergency medical services, and access to childcare were each listed by one interviewee (6%).

Table 2. Community Health Needs Identified by Interviewees

Needs Identified	Number of Responses	Percent of Participants
Mental Health and Substance Use Disorders	12	75%
Lack of Services due to Staff Retention and Recruitment	11	69%
Transportation	5	31%
Food Insecurity	3	19%
Developmental Disabilities	2	13%
Emergency Assistance	2	13%
Housing (including nursing homes)	2	13%
Stressed Health Care and Hospital systems	2	13%
Chronic Disease	2	13%
Communication	2	13%
Needs for Growing Senior Population	1	6%
Emergency Medical Services	1	6%
Access to Childcare	1	6%

Mental Health and Substance Use Disorders (MH/SUD) Insights

- Mental health and substance use disorder issues seem to be on the rise, affecting all ages.
- There is an increased demand for services, with elevated use of the hospital Emergency Department, inpatient, and behavioral health.
- Lack of services in the county for mental health and substance use disorders, including services for pediatric patients. There are no inpatient facilities, detox, or halfway homes available.
- Suicide rates are concerning.
- There are fewer opportunities for early intervention for behavioral issues due to changes in the justice system.
- It is difficult to find personnel to staff Mental Health and Substance Use Disorder positions, which limits opportunities to expand services.
- There is a need for more prevention education and supports to encourage residents to live healthier lifestyles.
- Stigma associated with accessing mental health services prevents patients from accessing care when needed. Poor mental health is seen as a moral failing in contrast with physical health issues.
- Insurance plans are complicated and cause problems for patients trying to access behavioral health care services.
- Public policy is sometimes counter to community health. Legalization of marijuana will cause more issues.
- Need for awareness of trauma-informed approaches among Wyoming County organizations.

Insights regarding Lack of Services due to Staff Retention and Recruitment

- There are staffing issues across the workforce (not enough people to provide services, despite available funds).
- There is a shortage of physicians, dental health providers, and behavioral health service providers.
- Workforce retention is a struggle. There are good jobs but the best and brightest move away.
- Personal Care Aides help to keep seniors at home, but wages are too low. The County has had to hire because the hospital cannot afford to.
- There are no Early Intervention therapists for Physical or Occupational Therapy.
- Workforce Issues are everywhere- especially as they pertain to MH/SUD in hiring and retention.
- Home care services are struggling due to the nursing shortage.
- It is very challenging to find workers.

- Health care personnel shortage – specifically mental health care workers, there is a significant shortage related to mental health and substance use disorders (mostly methamphetamine).
- Residents cannot find mental health care, counselors, or therapists, or their insurance will not cover services.
- There are very few psychiatrists and psychologists; patients need to travel to Buffalo or Rochester for care.
- Mental Health and Substance Use Disorder services are lacking.
- Access to health care is a concern.
- Migrant workers encounter language accessibility issues when interfacing with the medical system.

Transportation Insights

- A “solid solution” is needed for the transportation problem.
- A Transportation Committee exists to work toward a solution.
- People cannot get to medical appointments, and the system to navigate the transportation program is difficult.
- Wyoming County Transit System is limited in terms of the hours it runs and the locations in which it is offered.
- Migrant workers with health care conditions do not have access to reliable transportation options.

Additional Comments

- Residents must go out of the county to receive cancer treatment.
- It can be difficult to access good, healthy food.
- EMS is a “money loser” and needs to be addressed across the county. The rest of the County should consider upgrading EMS like Perry has.
- Communication is difficult countywide. Areas are lacking internet coverage, and many people are without smart phones. Paper newsletters are the best way to get information to the public, but it is difficult to relay timely information to residents.
- Childcare opportunities are limited and costly.
- Plans need to be developed for agricultural emergencies (such as avian flu and communicable disease among livestock).
- The population is aging, and we need to be aware of the changing needs of our people.
- Diabetes, overweight/obesity, and cardiovascular disease lead to many years of productive life lost.
- Skilled Nursing Facilities are full to the brim. More bed capacity is needed.
- There are no Assisted Living opportunities available.
- Migrant workers struggle to effectively communicate with medical and service providers, despite improved services for language accessibility, such as the use of language lines or interpreters.

Question 2. Do you have any thoughts about any of the areas of interest or know of any opportunities where we can learn more about any of the health needs identified in the WCHD Community Health Assessment?

(Topics: Mental Health, High Prevalence of ACEs, Daily Struggles, Social Isolation, Families working hard to make ends meet, Suicide, Substance Use Disorders, Chronic Conditions and Access to Needed Services, Cancer, Work-Related Injuries, Opportunities to Improve Awareness of Existing Services/Programs)

Mental Health and Substance Use Disorders (12)

- **Stigma** around accessing MH service is very real.

- ***Social isolation is an issue, especially among elderly*** (both physical and virtual due to lack of broadband). There is no Senior Center in the County, congregate meal sites not reopening, caregivers are experiencing burnout (especially those in the sandwich generation caring for children and aging parents). Social isolation is also prevalent among Migrant Workers, with few people in this group having social interaction with the community at large.
- Crisis Team operates 9-5
- Mental Health Services are available ***if people knew about them.***
- Desire for ***integration of community health workers into primary care***, enhance opportunities to assess and treat mental health.
- Schools are hubs for certain segments of the population. ***The schools probably have access to a lot of untapped data that can help us understand youth mental health needs.***
- Binge drinking is a problem among Migrant workers.

Physical Health (8)

- “Cancer is everywhere” but there are “no cancer services currently available locally.”
- Work-related injuries are likely due to manual labor careers in County. People with work-related injuries also deal with mental health issues due to disability.
- There is a need for more education and coordination for people with chronic conditions.
- Chronic Conditions such as respiratory disease, Diabetes, cardiovascular disease are concerning. Access to care for needed services is limited. Many people with chronic illness feel dismissed by health care professionals; there is interest in starting a support group.
- Farming-related injuries stem from use of heavy machinery. Training for Commercial Driver’s License is expensive and time-consuming. Many people do not seek proper training. Migrants often avoid seeking medical care when injured due to fears of being deported.

Awareness of Programs and Services (6)

- The County has a good system and has much to offer, but people don’t know what services are available. They don’t pay attention until a service is needed. 211 exists but is often not up to date. Geographic layout (different services on both sides of the county) causes confusion.
- People call when they are in crisis- there is need for earlier intervention.
- There is a great need to address the lack of awareness of services and opportunities.

Suicide (5)

- How do we dig deeper to understand the cause of this problem? What strategies can be employed to reduce this issue? Decrease access to firearms?
- Anecdotally- men in their 50s are affected, as well as farmers
- ***Data on this topic can be tracked down through death certificates, but changes to protocols make this challenging.***
- Rates are higher than other counties, but ***we have the suicide prevention team.***

Daily Struggles/ALICE Families (6)

- There are many people working hard to make ends meet- struggling in silence.
- ***DSS may have data to share*** (such as trends for CPS cases, SNAP, TANF families, demand on food pantries, etc.)

- “Stone Soup” Model from Community Action of Genesee/Orleans Counties should be considered for local adoption.
- Migrant workers work hard to make ends meet for themselves and also to send money back home to their families.

ACEs (3)

- There has been some work around ACEs. We know that it is an issue, but now that we have data to confirm that it is an issue- ***what are we going to do about it?***
- We need to look at this subject more closely to see what we can do to ***become a trauma-informed county.***

Transportation (3)

- Transportation to medical and social appointments is a struggle for those without access to a vehicle.
- Most migrant workers are without vehicles.

Question 3. Who in the County is not thriving?

Participants were asked about key populations in the community who are subjectively “not thriving,” or who are struggling to make ends meet economically or health-wise. The top answer was low-income persons or Asset Limited, Income Constrained, Employed (ALICE) families with 8 (50%) responses, followed by seniors with 7 (44%) responses. The next highest groups of people identified were migrant workers (38%), children and teens (25%), Veterans (19%), people with poor mental health or struggling with current or past drug use (19%), and young people ages 18-24 (19%). Caregivers, parents of young children, educators, and members of the LGBTQIA+ community were also mentioned but by only one or two participants.

Table 3. Groups Identified as Not Thriving

Groups of People	Number of Responses	Percent of Participants
Low Income Persons/ALICE families	8	50%
Seniors	7	44%
Migrant Workers	6	38%
Children and Teens	4	25%
Veterans	3	19%
People with Poor Mental Health, in Recovery or Struggling with Drug Use	3	19%
Young people (18-24)	3	19%
Caregivers	2	13%
Parents of Young Children	1	6%
Educators	1	6%
LGBTQIA+	1	6%

Question 4. Three key social care systems have been identified as drivers in health inequity- Housing, Food Access, and Transportation. Do you have any thoughts or observations about how these systems operate in Wyoming County? Who and how are groups or individuals impacted?

Housing Insights

Out of 16 interviewees, 14 emphasized the need for more affordable and adequate housing opportunities in Wyoming County.

- There is a lack of adequate, affordable housing, and no transitional housing (people leaving Jail or trying to maintain recovery). Living Opportunities for DePaul is interested in developing transitional housing, and low-income housing opportunities, but there is a need for support from local leaders to move forward (mayors, town supervisors, etc.).
- Wyoming County is lacking a Homeless Shelter. Some respondents spoke of a great need for this resource, while others indicated that there are not many people experiencing homelessness in the County. People experiencing homelessness are placed in motels- but there is only one motel on contract.
- There is organized low-income housing in the "four villages"- (Arcade, Warsaw, Perry, Attica), but opportunities are limited in outlying areas.
- For young people just entering the housing market it is very challenging to find a starter home due to the inflated housing market.
- There are not enough affordable housing opportunities for seniors with limited income.
- Housing for migrant workers is substandard (dirty and insect ridden), despite recent improvements. Grants are available to farms but are cumbersome and difficult to obtain.
- Apartments are expensive, and not very appealing despite the high price.

Transportation Insights

There was general consensus that transportation is an issue in Wyoming County with 10 out of 15 participants remarking on the need for improved services.

- Participants noted that there is a regional transportation system in place, but that its hours of operation and destinations are not sufficient to meet the needs of county residents. They noted that it is not designed for people who work outside of normal 9AM-5PM hours. The system was observed to be unreliable, and routes are not available on nights and weekends, resulting in isolation for people without access to a reliable vehicle, particularly those experiencing poverty.
- Other participants noted that there are several transportation opportunities in the community, but more education for residents is needed to help them understand what is available.

Food Access Insights

- Food access issues would be solved if the transportation issue was addressed.
- Small, traditional grocery stores have closed over the years, and are being replaced by Dollar Generals, which do not supply sufficient fruits and vegetables. Healthy foods are limited in stores like Save-A-Lot.
- Grocery stores (Tops) are present in larger population centers, but food costs are rising. Inflation may be impacting the quality of food selected by residents.
- Pantries are widely available but are underutilized.
- There are some backpack programs for children in school.
- Rural food networks are on the rise; many families collaborate to purchase meat. Fresh fruits/vegetables are more accessible during the growing season, with several seasonal farm markets present in the area.
- Older adults and people experiencing poverty are most likely to experience food insecurity.
- Migrant workers generally frequent Walmart and are connected with WIC if they have young children. The workers tend to struggle when they first arrive, before they understand how to access food.

- Faith community is instrumental in getting food to people who need it.

Question 5. Do you have any potential solutions you would recommend to address the needs you identified?

Housing

- Engage with local leaders to rally support for use of funds in the Governor's Budget to establish supportive housing (especially those with mental health conditions).
- Expand mixed-use housing opportunities such as the complex in Perry (Living Opportunities for DePaul) to other population centers.
- Remove dilapidated buildings and replace with workplace housing. Consider using Perry's \$10M grant for this purpose.

Transportation

- Rural Transit Bus system should consider expanding hours, making the system more user friendly, distribute bus schedules, and advertise more extensively.
- Continue efforts with Transportation Committee to establish a Central Hub (County Mobility Manager) to work on connecting residents with transportation services that they qualify for and establish a volunteer network.
- Look at the Uber model to address transportation needs.
- Adopt a model like VA, which has lay drivers who can be reimbursed.

Food Access

- The food access issue could be solved by addressing transportation.
- Adopt Genesee/Orleans Community Action's "Stone Soup" model, an educational program that teaches food pantry clients how to use their mixed bag of food more efficiently.
- Encourage local pantries to become FoodLink sites.

Other

- Work to attract businesses to the County. Development would improve the area and bring in new people to fill shortages.
- Recruit more people who are fluent in Spanish to help Spanish-speaking residents understand services and resources.
- Expand use of telehealth and ensure access to digital literacy trainings.
- Offer Social Determinants of Health and health literacy trainings for providers and pharmacists to better educate residents.
- There is a need for more mental health counselors in Wyoming County who accept Medicaid, Fidelis, and Medicare.
- People in decision-making positions should visit farms to understand the living and working conditions of migrant workers.
- Spanish interpreters are needed at Wyoming County Hospital.
- Provide education to migrant workers on the dangers of binge drinking.
- Boost promotion of 211.
- Support organizational operations of non-profits more consistently.

Question 6. Of the solutions you mentioned, which could be solved through more funding provided to Wyoming County entities or organizations?

Several solutions were offered to identified issues, if funding were available. These solutions are highlighted in Table 4.

Table 4. Potential Solutions to Identified Issues

Identified Need	Potential Solutions if Funding Were Available
Aging	• Provide education for children of seniors about how to provide support to parents as they age
Awareness of Resources	• Create a staff position that would work on advertising and marketing of services, developing a process to connect residents to resources. • Expand broadband internet services and cell phone reception
General	• Bring people and organizations together to develop community plans to improve the economy, business, and housing, thereby addressing poverty, housing, and workforce issues. • Strategic Planning to address hospital, planning for the future • Hire a County Executive or County Manager to ensure improved collaboration and coordination among County departments (worked so well together throughout COVID)
Health Conditions	• Embed wellness coaches into primary care practices to educate residents about health topics
Housing	• Establish a community residence (a half-way house for people in recovery) • Establish a homeless shelter. • Expand housing opportunities
Mental Health	• Incentivize patients to try mental health counseling and offer slide fee scales.
Migrant Health	• Hire a Community Health Worker to provide education and referral to services.
Transportation	• Hire a mobility manager
Workforce Shortage	• Provide incentives to mental health care workers to recruit them to Wyoming County

Question 7. What is working well now to improve health in Wyoming County?

Six of sixteen (38%) respondents spoke very highly of collaboration among County organizations. There is a general awareness that they are small in numbers, and so need to work well together to solve problems and meet the needs of residents. The following are additional comments from interviewees.

Hospital and Clinical Care

- Many improvements have been made to the hospital, yet it is underutilized. People aren't accessing preventive services that are available at the hospital (such as cancer screenings).

Mental Health and Substance Use Disorders

- SPOA addressing children's Mental Health issues.
- There are more county clinics than there used to be. For example, Spectrum opened up a new clinic in Warsaw that has increased the availability of mental health services in that area.
- Spectrum's model is working- they have expanded and would like to add methadone as a service as well.

Public Health

- The Maternal Child Health Coalition has been rejuvenated and partner interest is off the charts.

- Health Department did really well during COVID
- Beautiful energy around systems of care

Food Access

- Lots of energy around food systems, such as the development of new food pantries, Farm to School programs, Farm to Pantry programs, Mushroom Growing Course, Farm Markets, Meat Producers
- Increase in use and awareness of Foodlink system.

Migrant Farm Workers

- Interpretation services at the hospital have been expanded.
- Undocumented migrants can now get a driver's license, which has helped reduce social isolation.
- Housing has improved for the migrant population, some of the farmers have built barracks etc.
- Clinical care and education being provided at farms by Nurse Practitioners.

Justice

- Multi-disciplinary team through the District Attorney's office for Victim Assistance
- DA's Domestic Violence phone system
- Collaborative efforts toward addressing the needs of incarcerated persons to reduce recidivism.

Youth Programs

- Great youth programs: 4H, public libraries, Trio Programs, YMCA

Question 8. Are there opportunities for expansion of these efforts?

Options for Expansion of Areas for Investment:

Access to Health Services, Mental Health, Addiction, Substance Use Exercise, Nutrition, and Food Systems Older Adults & Aging Recreation, Fitness, and Active Living Opportunities Maternal and Child Health Disability and Long-term Care Services and Supports Housing Transportation Community Collaborations

Interviewees shared the following opportunities for expansion, outlined in Table 5, below.

Table 5. Opportunities for Expansion

Resource Area	Opportunities for Expansion
Access to Health Services	• More needs to be done to raise awareness of available services. • Health Coaches in clinical settings could provide education and linkages to existing resources. • Lack of cancer services in Wyoming County
Mental Health, Addiction, Substance Use Disorders	• There is a need to expand available services. • Care needs to be provided earlier. Families need to be educated about what to look for with mental health issues and get them to care earlier to prevent some of the problems they have been seeing. • Incorporate mental health care into primary care offices. • Expand to include methadone access. • Spectrum should offer telehealth services so that home visitors can help connect their clients to care. • There is a need for in-patient treatment facilities.

Exercise, Nutrition, and Food Systems	• People are struggling to find and afford food, so there is a need to expand in these areas. • Expand Foodlink Centers.
Older Adults & Aging	• More could be done for seniors if funds were available. • We need to find more ways to reach this population. • OFA does great work but needs more funds and staff to expand services. • Older adults are experiencing mental and behavioral health issues.
Recreation, Fitness, and Active Living Opportunities	• There are so many opportunities to engage in recreation outdoors; increase awareness of these opportunities. • There are lots of gyms and things to do, but people need more motivation to take advantage of what there is to offer. • Expand biking and hiking trails in Letchworth and Perry to other areas in the county.
Maternal and Child Health	• Expectant mothers struggle with post-partum depression and breastfeeding. Expand services to assist these families.
Housing	• More housing opportunities are needed.
Transportation	• Transportation routes need to be expanded to include cities outside of Wyoming County. Days and times of service need to be expanded.
Community Collaborations	• It is so important to expand on this because we need to ensure that organizations are connected. • There is excellent collaboration, but the same 20 people come to every meeting. How do we expand our reach to other professionals?

Question 9. What do you know about the funding available through the Thiel Fund?

Twelve participants responded to this question. Nine of twelve (75%) of respondents claimed to be very familiar with the Thiel Fund. 25% claimed to not be very familiar with the Thiel Fund- they are generally aware of its existence but are not tuned into the details of the fund. Four respondents are past recipients of funds. Seven of the interviewees are members of the Thiel Fund Roundtable.

Question 10. Here is the list of current priorities. How do you feel about these priorities? Is there anything missing? Would you remove any?

Current Priorities: Medical Equipment, Personnel, Public Health, Mental Health/Substance Use Disorder, Chronic Disease, Access and Navigation, Emergency Assistance, Transportation, Dental Health, Reproductive Health

The Thiel Fund's current priorities were reviewed with Key Informants. Of the sixteen respondents, two (13%) felt that no changes should be made to the list. Three of the sixteen respondents (19%) recommended that the dental health and reproductive health priorities be removed or merged into the public health category. One respondent (6%) felt that trauma-informed care and Adverse Childhood Experiences (ACEs) training for medical and community providers should be added as a priority area for funding. Additional responses are detailed in Table 6 below.

Table 6. Recommendations for Changes to Priority Areas

Priority	Number of Interviewees with Recommendation			
	<i>Move Up</i>	<i>Move Down</i>	<i>Remove/Merge</i>	<i>Questioning</i>
Medical Equipment	3	2	1	3
Personnel	5	2		
Public Health	2			
Mental Health/Substance Use Disorders	5			
Chronic Disease				
Access and Navigation	3			
Emergency Assistance*	6			
Transportation	3			
Dental Health	2		3	
Reproductive Health			3	

**Note that some interviewees interpreted Emergency Assistance as “emergency food, transportation, housing needs” and others considered it “EMS.”*

Use of Thiel’s funds for Medical Equipment was a highly debated topic. Three respondents felt strongly that the funds should be used for this purpose, while three were strongly opposed. Three others described internal struggle with the concept. Significant investments have been made over the year to the hospital for the purchase of medical equipment, and the hospital is currently facing financial struggles. On one hand, respondents described that they feel that it is important to have a hospital in the community, but they wondered if there are other funding sources that could cover this cost, and they also wonder about the future of the hospital, and if these funds are being put to good use if the hospital’s future is uncertain. One interviewee expressed an opinion that funds should be spent on more preventive measures at the community level.

Question 11. How or where do you think Thiel Funds should be invested over the next five years to improve the health of Wyoming County residents?

There was some overlap with question 11 here. In addition to reprioritizing as described in Table 6, interviewees had the following to say about where funds should be spent.

Funding Strategies

- Move away from sustaining operations of organizations, and focus on funding community-based organizations rather than government, hospital, etc.
- Consider covering personnel costs only for project start-ups; move away from using Thiel Funds to sustain personnel costs over time.
- Capitalize on opportunities to collaborate on the use of these funds to make a difference.
- Fund a system that would allow for greater awareness of community resources, programs, and services.

Community Planning and Economic Development

- Consider a new approach. Could Thiel funds be used to invest in some broader planning such as how to integrate community health into rural development opportunities? Pool resources, facilitate discussions and planning to develop strategies around a specific issue.
- Expanding business and quality of life in Wyoming County "Rising water floats all ships".

Health Care

- Establish a one stop integrated center of excellence with navigators/coaches.
- Incentives to recruit and retain providers and specialists.
- Support health care student rotations.
- Pipeline activities: invest in current health care workforce.
- Recruit new psychologists and psychiatrists.
- Invest in additional Community Health Workers.
- Support medical teams doing community outreach and treatment.

Support a new EMS Structure

- Support County in establishing a county-run Advanced Life Support (ALS) system for Emergency Medical Services in Wyoming County.

Social Care Needs

- Housing, transportation
- Expand Foodlink Centers.
- Address food access and affordable housing.

Support for People with Dementia and Caregivers

- Navigation services for families struggling with Alzheimer's and Dementia.

Question 12. Who else should we be talking to?

- Talk directly with the people experiencing the issues to understand "the why."
- Elected officials from smaller, rural municipalities, such as Cheryl Mayer from the Town of Pike and Jerry Davis from the Town of Covington.
- Luis (Alfonso) Cuevas and Estella Sanchez-Cacique in the Warsaw Clinic, serving the Migrant population.
- Ellen Cross, Warsaw Clinic Administrator
- The Senior Club, consisting of about 80 people could be a good community conversation.
- Consider adding a seat at the Roundtable for Schools.
- School Superintendents
- Livingston County- whoever has led their Community Health Improvement process.
- Hospital Emergency Department staff for input on MH/SUD issues.
- Jim Ritowski from Sinclair's Pharmacy (pharmacist and building owner in Warsaw).
- Dr. Collins, due to his work at the hospital, Health Department, and Spectrum.
- Youth Bureau
- FarmNet, Farm Services Agency, Regional Ag Team
- County Legislature
- County Planner James Bragg

- Sarah at the Lite House (working with single mothers)
- Brian Meyers from Emergency Services
- The hospital is the epicenter of the County.

Question 13. What else would you like to tell me about the health needs of Wyoming County residents?

- A lot of time is spent accepting medical equipment, how can we get some funding to help manage the medical equipment logistics?
- The governor announced that they will make Wyoming County a state of emergency due to substance use.
- Cancer rates seem high in Wyoming County.

Appendix B: Questions for Key Informant Interviews

Thiel Fund: Questions For Key Informant Interviews

The slides to accompany this questionnaire can be found [here](#).

1. What community health needs have you observed in Wyoming County?

(If asked, suggest for context existing priorities: Medical Equipment, Personnel, Public Health, Mental Health/Substance Use Disorder, Chronic Disease, Access and Navigation, Emergency Assistance, Transportation, Dental Health, and Reproductive Health)

2. 2. These are areas and topics for further exploration identified in the recent Wyoming County Community Health Assessment as opportunities for additional learning. Do you have any thoughts about these areas of interest or know of opportunities where we can learn more about any of these topics?

Show slide for reflection. They are derived from discussions around items that emerged from review of the CHA.

Topics of

Exploration Mental

Health

High Prevalence of ACEs-Adverse Childhood Experiences

Daily struggles

Social isolation

Families working hard to make ends meet

Suicide

Substance Use Disorders

Chronic Conditions and Access to Needed Services

Cancer (Colorectal, Breast), Breast Cancer Mortality Colorectal Cancer

Work Related Injuries

Opportunities to Improve Awareness of Existing Services/Programs

3. 3. Part of this interview is to help identify opportunities to improve Health Equity across the county. Who in Wyoming County is not thriving? (i.e., Who is not getting by, or barely getting by economically or health-wise? Who has not been supported (or not supported enough) within current systems? Who is isolated or not included? Are there groups of people in the community that you feel are or might be excluded?

We're thinking about doing focus groups with people who are not thriving. Who should we meet with, and how can we find them?

4. 4. Three key social care systems have been identified as drivers in health inequity-Housing, Food Access, and Transportation. Do you have any thoughts or observations about how these systems operate in Wyoming County? Who and how are groups or individuals impacted.

5. 5. Do you have any potential solutions you would recommend to address the needs you identified?

6. 6. Of the solutions you mentioned, which could be solved through more funding provided to Wyoming County entities or organizations?

7. 7. What is working well now to improve health in Wyoming County?

8. 8. Are there opportunities for expansion of these efforts?
Shown slide for reflection. They are derived from the major Asset Map categories shown in the CHA.

Options for Expansion of Areas for Investment Access to Health Services,
Mental Health, Addiction, Substance Use
Exercise, Nutrition, and Food Systems
Older Adults & Aging
Recreation, Fitness, and Active Living Opportunities
Maternal and Child Health
Disability and Long-term Care Services and Supports
Housing
Transportation
Community Collaborations

9. 9. What do you know about the funding available through the Thiel Fund?

10. 10. Here is the list of current priorities. How do you feel about these priorities? Is there anything missing? Would you remove any?

Show slide for reflection. This is the current list of Thiel funding priorities.

Current Priorities:

Medical Equipment

Personnel

Public Health

Mental Health/Substance Use Disorder

Chronic Disease

Access and Navigation

Emergency Assistance

Transportation

Dental Health

Reproductive Health

11. 11. How or where do you think Thiel Funds should be invested over the next five years to improve the health of Wyoming County residents?

12. 12. Who else should we be talking to?

13. 13. What else would you like to tell me about the health needs of Wyoming County residents?

Appendix C: Summaries of Community Input Sessions

Focus Group Summary: Wyoming County Pastors

Focus Group Date: July 12, 2023

Location: Valley Chapel Free Methodist Church, Warsaw, NY

Participants: 2 Pastors from 2 different Wyoming County Churches

Questions and Discussion

1. What community health needs have you observed in Wyoming County?

- Mental health, I have a depression anxiety group at my church
- The county has cut back on mental health workers, and now people don't have resources for mental health
- I agree, more than the actual absences of resources is that people don't think the resources are there, the stigma is lessened but still there, but people don't know that there are resources.
- The attitude is that counseling is for "rich people"
- People have been shipped off because there are no resources, there are therapists at the school, but there is a perception of "who would I even go to?"
- Financial barriers are not just people going to therapy, it's also a factor in bringing in good therapists
- Reproductive health is getting harder to access, there are fewer resources
- The trust in the Wyoming County Hospital is very low,
- The skilled nursing facility has a good reputation, but the hospital doesn't

Key points: Residents are struggling with mental health, but resources (limited mental health workers, insurance support) are limited, and awareness of services and how to access services is low. Pastors suggest that stigma is declining, but services are still underutilized due to false perceptions about availability of services. Pastors have indicated that residents do not trust the local hospital.

2. Who in Wyoming County is not thriving? (i.e., Who is not getting by, or barely getting by economically or health-wise? Who has not been supported (or not supported enough) within current systems? Who is isolated or not included? Are there groups of people in the community that you feel are or might be excluded?

- Not supported enough: young married couples with young children
- People need more resources
- People with chronic illnesses, there are a lot of people with rare auto-immune diseases, and they don't get resources because they are perceived as "making it up"
- I have been running into more people who have auto-immune diseases and they struggle with getting doctors to understand how much pain they are in, and they feel dismissed
- Elderly folks who haven't transitioned into long term care, mostly families that don't have resources to go into some kind of supportive housing.

- The transition from fully independent to dependent and people don't know what resources there are
- The transit system fails people that don't have ways to get around

Key points: Young families with children, people with chronic illnesses and autoimmune disorders, older residents living at home who haven't transitioned to assisted living or long-term care facilities and their caregivers, people without reliable transportation options

3. Do you have any potential solutions you would recommend to address the needs you identified?

- Elderly transition classes for families so they can understand how to help their elderly relatives transition
- Incentives for therapists or incentives for families to start therapy, maybe two or three initial sessions

4. Of the solutions you mentioned, which could be solved through more funding provided to Wyoming County entities or organizations?

- I think access to therapists could be helped with more funding
- Elderly transition classes could be helped through funding
- Funding to restore the mental health resources that were in place before state funding cuts

5. What is working well now to improve health in Wyoming County?

- Foodlink (we are seeing more new people coming to FoodLink, which means some people are transitioning out of FoodLink and others are
- Parking lots are full every FoodLink delivery
- Food is not necessarily a big problem; food is here, and the community is willing to help with the food challenges
- Emergency assistance works well in this county

Key points: Foodlink and emergency assistance are working well

6. Are there opportunities for expansion of these efforts?

- The opportunities to expand the Foodlink resource are there, we aren't even scratching the surface
- Our limiting factor is staff to run food related programs
- In Olean, the large companies donate food and supplies to the churches providing food to needy people, we would love to set something up like that here in Wyoming County
- Expand on meal access activities, the funding would have to be for someone to spearhead the activities because volunteers can't do it all

Key points: More people could benefit from Foodlink if more resources (donations from grocery stores, funds for staff, volunteers) become available.

7. How or where do you think Thiel Funds should be invested over the next five years to improve the health of Wyoming County residents?

- Mental, Physical, and Spiritual Health
- The problems with ACEs, substance use disorder etc. are all symptoms of poor mental health care, can the funds be used to bridge the gap between mental health resources and the people who need those resources
- Some way to teach social skills and help young people deal with challenges and to help their parents learn how to deal with mental health in their children

Key points: Use funds to assist people who need mental health services in finding mental health care, education for parents about how to help their children who are struggling with mental health issues.

8. What else would you like to tell me about the health needs of Wyoming County residents?

- I don't know what the barriers are for getting more therapists into our area

Focus Group Summary: Migrant Health Workers

Focus Group Date: May 31, 2023

Location: Finger Lakes Migrant Health Center (FLMH)

Participants: 16 Migrant Farm Workers and Interpreters to assist with language

Questions and Discussion

1. What health needs do Wyoming County farm workers have?

- Any illness that can affect people, not only physical (injury, pregnancy, etc.) but also diseases they had that they brought with them (diabetes)
- Single mothers and single women that have had a baby and the father went away
- Pregnant women and women's health
- FLMH does screening and we can find out things that they might not have realized that they have
- They also need translation services at appointments (can get this on the phone sometimes)
- Transportation to appointments
- FLMH helps them a lot with transportation and translation
- We need more people doing the CHW work so we need more of them because sometimes they have to wait a while for an appointment or a screening
- There are so many farms around and so many people at the farms even one person would help
- Farms workers require a lot of assistance, eye problems, dental treatment that needs continuous treatment
- Grateful that FLMH has helped, and she had her questions answered, taking her to doctor for blood work and Sophia helped with the birth

Key points: This population has expressed concerns about pregnancy/maternity care/women's health, as well as resources for mothers. They require personal assistance for navigating the medical system, including translation, transportation, and assistance connecting and scheduling appointments. They appreciate the support of the FLMH.

2. Are people getting those needs met or are there people who have needs that aren't getting addressed or met?

- She has been waiting for an appointment and the closure of maternity at Warsaw and they don't know where they can go, it takes so much longer to transport them to other places that it takes time away from the work that the CHWs can do
- we need more personnel for appointments (for transportation) out of town (Rochester) and then we don't have the personnel to help other people
- There are some times when patients have emergencies and there is no way we can get help to them quickly and they have to pay for a ride and that is expensive for them

- There are times when they pay and they can't find people to take them to their appointments
- Some of the drivers don't speak Spanish so they don't have translation services when they get to the hospital and then it is hard for them to understand what is going on during the appointment
- We have helped them out and they understand that we have limitation on funding and hours and we can't go over those hours

Key points: There are long wait times for pregnancy/maternity care, including access to transportation for care outside of Wyoming County. Emergency care can be expensive and difficult to access quickly. Transportation and translation are barriers to meeting needs/accessing care.

3. What are the barriers or difficulties people face that keep them from being healthy? (bring up transportation, or food access, or housing)

- Transportation is big, It is the main one so that they can go and get their food, they have to buy the food from a Mexican truck (food delivery truck that goes around to the farms- supplies canned and dried foods, bread, but not fresh fruits and vegetables) and that is not the healthiest food
- They do the best that they can for food and transportation
- The worst situation is a medical emergency (i.e., traumatic injury) and we can't meet the immediate needs of the emergency
- Some of them do drive and they try to help their co-workers for food shopping or necessities that they need
- She had a problem when giving birth because they thought she had covid and they wouldn't allow her to call her translator and the hospital in Livingston County wouldn't let Sophia go with her, so she didn't understand anything that was happening and then they sent her to Rochester and she didn't know why.
- Hard to find fresh food,
- For people living on the farms, the Mexican truck is the only option, and it isn't healthy
- We need people to take us places and the people who do take us charge us enormous amounts of money
- What's left to us is the food truck and it costs a lot, and it isn't healthy, no vegetables and no fruit
- Canned goods and jars of things – no fresh meat, fish
- Dried meat only
- The kids need milk, especially the kids that have aged out of WIC age
- To buy vegetables we have to go once every 15 days to a store, and it costs money for the transportation

Key points: Access to (and funds to pay for) healthy/fresh food, transportation, translation, and emergency needs/medical

4. Do you have any potential solutions you would recommend to address the needs you identified?

- You could help us how to get our licenses, at least one person at each farm could get their license and then they could help the rest of the people on the farm
- Some farms the farmers don't let them drive, you either work or you get a car, the farm owners will say, "you either drive or you want to work, you can't do both"
- The farm owners might be afraid might get picked up and taken away by immigration services
- If the farm workers get picked up and get taken away, that is a big problem for the farmer so many farm owners don't want us to leave the farm, we are slaves to the farmer
- We all earn less than any white person and they work longer and harder
- There aren't sick days, no holidays, no extra pay for Christmas or anything like that
- The medical concerns are the most important for them; they pay taxes, but cannot afford health insurance, they're worried about the cost of paying out of pocket for injury/illness.
- The farm workers get hurt on the farm, they call the CHWs to come and help them for the emergency and injuries
- What would help would be for us to advocate for more

Key points: Support for workers to get license, help with advocacy for more support and resources (tax assistance, health insurance access, preventive services)

5. How or where do you think Thiel Funds should be invested over the next five years to improve the health of Wyoming County residents?

- In the hospitals
- For the doctors who can help us
- Transportation
- More vehicles to help them and do transport for them to medical appointments and to cover needs when someone is in a vehicle for an appointment in Rochester etc. and then there is no vehicle for emergencies or regular screening
- There are farms that have 30 people working on them and they have all of those medical needs
- Mine has 100 workers, over 5 locations
- Can there be help for medical insurance, the bills are big
- Insurance should cover more people and have fewer requirements
- It is not too much to ask that most of us pay taxes, but they don't get returns back or Medicaid or any benefits for the taxes they pay
- They also pay rent and that is taken out of their pay
- The living conditions can be terrible, but they have to pay rent for bad living conditions
- My husband and I live where there are rats, cockroaches, mold
- Some of us live on top of the barns and it always smells
- Almost all of the farms we live in poor conditions
- 21st century slavery is what we are

Key Ideas for funding: Support hospital, Increase the number of doctors/health care providers, Improve transportation (more vehicles would be helpful), help with medical insurance, Improve living conditions

Survey Summary: Valley Chapel Congregants

In lieu of a Community Conversation with ALICE (Asset Limited Income Constrained Employed) Families, a survey was conducted among congregants of Valley Chapel, a Free Methodist Church located in Warsaw, NY. The survey was brief, and all substantive questions were open-ended.

The pastor of the church invited Chapel Congregants to complete a short online survey. In total, 48 people responded to the survey from June 7 to June 13, 2023.

Of the 48 respondents, 18 (37.5%) indicated that they had experienced financial struggles over the past six months. This summary focuses on the responses of those who self-reported financial struggles over the past six months.

Question: What are the health needs of Wyoming County residents?

The most common health needs expressed were mental health and/or drug and alcohol use (8, 44%), chronic illness (5, 28%), and access to medical care or provider shortages (4, 22%). Obstetrics and gynecological care, pediatric care, and aging were each reported by two participants (11%). One response (6%) was recorded for obesity, health insurance, transportation, occupational therapy, access to healthy foods, and dental health.

Table 1. Perceived Health Needs of Wyoming County Residents

Response Category	Number	Percent
Mental Health / Drug and Alcohol use	8	44%
Chronic Illness	5	28%
Access to Medical Care / Provider Shortages	4	22%
Obstetrics and Gynecological Care	2	11%
Pediatric Care	2	11%
Aging population	2	11%
Obesity	1	6%
Health Insurance	1	6%
Transportation	1	6%
Occupational Therapy	1	6%
Access to Healthy Foods	1	6%
Dental Health	1	6%

Question: Are people getting those needs met?

When asked if the reported health needs are being met, 11 of 18 (61%) respondents stated “no,” 3 (17%) indicated that some are, and some are not, and 1 respondent (6%) said that needs are being met, while one participant was unsure.

Table 2. Are people getting those needs met?

Response	Number	Percent
Yes	1	6%
No	11	61%
Both Yes and No	3	17%
Not Sure	1	6%

Question: What are the barriers or difficulties people face that keep them from being healthy?

When asked about the barriers that prevent people from meeting their needs, the top responses were transportation (14, 78%), access to healthy food (5, 28%), and money (5, 28%). Housing, education about healthy choices, and access to services and provider shortages each received three responses (17%). Self-discipline, medical needs, and stigma each received one response (6%).

Table 3. What are the barriers or difficulties people face that keep them from being healthy?

Response Category	Number	Percent
Transportation	14	78%
Access to healthy food	5	28%
Money	5	28%
Housing	3	17%
Education about healthy choices	3	17%
Access to services, Medical providers	3	17%
Self-discipline	1	6%
Medical needs	1	6%
Stigma	1	6%

Appendix D: ALICE Budget for Wyoming County

Household Survival Budget, Wyoming County, 2021

	SINGLE ADULT	2 ADULTS, 1 INFANT, 1 PRESCHOOLER
Monthly Costs and Credits		
Housing – Rent	\$368	\$465
Housing – Utilities	\$154	\$292
Child Care	–	\$1,979
Food	\$481	\$1,311
Transportation	\$358	\$835
Health Care	\$226	\$784
Technology	\$75	\$110
Miscellaneous	\$166	\$578
Tax Payments	\$269	\$1,229
Tax Credits	\$0	-\$1,865
Monthly Total	\$2,097	\$5,718
ANNUAL TOTAL	\$25,164	\$68,616
Hourly Wage*	\$12.58	\$34.31

**Wage working full-time required to support this budget*

For ALICE Survival Budget sources, visit UnitedForALICE.org/Methodology

Appendix E: Human Centered-Design Listening Session Summaries

Human Centered Design Food Security Listening Session: Perry

Listening Session Date: August 31, 2023

Location: Perry Pop-Up Pantry (PUP), Perry, NY

Participants: 13 pantry clients

Questions and Discussion

1. What food providers do you use the most?
 - FoodLink on Main Street in Perry (2)
 - Warsaw Valley Chapel FoodLink
 - Attica FoodLink and pantry
 - Dollar General and Save-A-Lot
 - Tops and Walmart
 - BJ's and Walmart
 - Food pantry in Warsaw
 - We do the PUP not the food pantries
 - FoodLink (3)
 - Can't afford stuff at the store
 - It all depends on who is having a sale on food
2. How have you been impacted by the food system in Wyoming County?
 - It's been tough, food is expensive
 - I'm on Food Stamps and I'm on disability – without the pantries I wouldn't have food because I use my Food Stamps for my food
 - There's no meat at the food pantries
 - Protein items are not very usable (dried beans are hard to make)
 - My daughter gets Food Stamps, and it is hard to get healthy food
 - Healthy food is expensive so we can't afford
 - I have to have a coupon or buy when food is on sale
 - We plan our meals around what's on sale
 - Having pop up food really helps and pantries (4)
3. What's most frustrating and/or difficult about obtaining healthy food?
 - The meat
 - I like the fruits and vegetables from FoodLink
 - FoodLink does provide healthy foods, most of their food is organic
 - The organization/administration at Valley Chapel makes it difficult; the other one in Warsaw is easier to figure out.
 - Sometimes they give two of everything and then there is none left at the end
 - The cost (4)

- Very expensive (3)
 - Even the farmer's markets are too high
 - The price of food in this county is outrageous
4. Who is good at addressing food accessibility and access, who does this well?
- FoodLink does a great job
 - No meats though
 - Community Action food bank works great too – it's fully stocked and they have meat
5. What do they do right?
- FoodLink does everything right
 - They have choices in terms of the foods they have
 - They explain how to make foods
 - Food pantries (pop up pantries), there's more FoodLink sites
 - The food pantries many times have expired foods
 - FoodLink (4)
 - The Warsaw food pantry in the downtown church (they'll give you some meat)
 - FoodLink doesn't usually give out food
6. What would you do to make food more available or accessible if you were in charge?
- The times for the food banks need to be more flexible (people can't usually get to a 3:00)
 - It's pretty accessible now
 - Sometimes we don't need a half a case of something, more variety rather than quantity of stuff (3)
 - For canned goods it's okay, but we don't need that much fresh food
 - I give some of the fresh stuff away when I get too much of something
 - It would be nice if the pop ups could be twice a month
 - It would be great if the farmers could reduce the cost of their food
 - I used to go to famer's markets, but they are too expensive
 - The food coupons from Office For the Aging aren't accepted at a lot of farmers markets

Human Centered Design Food Security Listening Session: Arcade

Listening Session Date: September 12, 2023

Location: Grove Street Arcade Village Park Cabin Congregant Dining Site, Arcade, NY

Participants: 11 congregant dining participants

Questions and Discussion

7. What food providers do you use the most?

- Tops
- Not Tops – too expensive
- Aldi (2)
- Arcade marketplace
- Save-A-Lot
- Food pantries (2)
- Dollar Tree (3)
- Lutheran Church food pantry
- Farmer's markets (2)
- Big Lots

8. How have you been impacted by the food system in Wyoming County?

- People have been impacted because they took away the giveaway from the veterans (2)
- A friend picks up food for the veterans, but they cut it off; the veterans relied on it
- There's a food truck that comes to Wyoming county once a month to the park in Arcade from FoodLink
- The food truck brings all kinds of food including meats
- Food truck is for everyone, no limits
- 300 plus use the food truck when it comes, they come from all over including Erie and Cattaraugus
- They give more food than one person can use
- The truck comes, people from all over come here and use the food truck; I hope that they are getting for others because they look like they can afford to buy their own food.
- It should be limited to just Wyoming County residents
- Most food is income capped and the food truck is not and if we complain about people taking food, they'll make it
- People take advantage of the food truck that comes, and it goes to Perry, Warsaw and maybe Attica
- We can get food other days of the week in other towns; it comes from Meals on Wheels, and they deliver from the jail, and they deliver to anyone who pays \$3 (voluntary donation) – in Cattaraugus County, the voluntary donation is \$4
- No income cap for Meals on Wheels

- These programs are all set up through Office For the Aging so there are age limits (if under 60, you must pay a dollar more)
- The whole Meals on Wheels system is based on donations

9. What's most frustrating and/or difficult about obtaining healthy food?

- The cost (6)
- The donation-based Meals on Wheels healthy food is not necessarily healthy
- They grade the food differently (A, B and C) and it seems that they mostly get C food
- They were giving us the worst food anyone could get
- They took food to the supervisory meeting, and it turned out that the food came from China, and it was not food that senior people could eat
- The congregant dining is mostly balanced and good
- Fruit is expensive

10. Who is good at addressing food accessibility and access, who does this well?

- Congregant dining/Office For the Aging/Meals on Wheels (Arcade does it well)
- In Perry they serve 70 people
- Questioned about whether they actually do it correctly in some locations (Perry)

11. What would you do to make food more available or accessible if you were in charge?

- Lower the prices
- Get local foods so its fresher
- There's no incentive to do anything better, we need incentives for the farmers
- There is a lot of food available
- Tops has a special on meats etc. on Monday and Tuesday

Human Centered Design Transportation Listening Session

Listening Session Date: September 11, 2023

Location: Wyoming County Chamber of Commerce, Warsaw, NY

Participants: 3 users of the transportation system, including one peer

Questions and Discussion

12. How have you been impacted by the transportation system in Wyoming County?

- I can't go to Batavia because the buses don't leave Wyoming county
- There is only one bus that will go to Batavia, and it only runs once per day
- The Batavia bus drops everyone at the social security office and then they need to catch a bus to GCC or wherever you need to go
- There is no transportation on weekends (consensus from all three participants)
- I can't make it work with the schedules they keep
- I can't walk all the way to where the bus picks up in the winter
- Everyone in Warsaw goes to Dollar General if they don't have money for the bus and they can't get to Tops
- The buses never got me to where I needed to go on time when I was an intern last semester
- We can't make any appointments for anyone after 3:30 because of transportation
- People must wait for mental and physical health and substance use appointments; they have to cancel appointments because of the buses
- I have clients in Attica and there are no buses to Warsaw for appointments

13. What is the journey like for someone challenged with needs for transportation in Wyoming County?

- Very miserable and difficult, hard to get around anywhere
- I can't get rides to doctors in Rochester
- Medicaid transportation is lousy, they don't show up on time and then I'm late for appointments in Rochester
- Paid Medicaid transportation doesn't show up half the time, or they are late, or the drivers don't know where they are going
- The Medicaid vans are old and can be bumpy
- The drivers (McDonald bus service) can be very rude
- More money for community action as they have transportation (they limit how many trips they can take, and they don't run on Fridays or weekends)
- The community action people are generally very nice, and they show up
- Plan B: from Nunda but they come into Wyoming County from them because they are only one driver, with one more being trained
- Most of the transportation people come from Buffalo or Rochester and they don't show up half the time

- We have lots of people with mental health challenges and they sometimes cancel due to anxiety and then the driver won't come back again as they don't get paid if they don't take someone
- Attica bus service used to take Medicaid but I'm not sure they are taking Medicaid patients
- Standby bus: Warsaw and Arcade have standby buses, they cost \$2.00, and they take people within the specific town, they do rounds. Standby means they either stand by the side of the road or they call and let them know the day before, but they don't start until after 8:00 am

14. What is most frustrating and/or difficult about obtaining transportation?

- The limit of time because there is no transportation on the weekends and nothing after 4:00
- Even if we can get an appointment there is a limit
- In Warsaw, cars don't slow down enough and then they are in the crosswalk. We would like crosswalks that beep and have flashing lights, like the ones in Buffalo.
- Sight limited people can't always see streetlights and then people can get hit in the crosswalks
- Sometimes the Warsaw bus just drives right by people
- It's especially hard when people need to get groceries
- We have some peer drivers through Spectrum when needed and we all (three of us) could be busy all day long every day just driving people

15. Who does transportation well?

- Peer Wheels do ok and even with out-of-town appointments
- They only have one medical driver, but they have other drivers
- The Warsaw Police Department will take people with mental health challenges with rides to the hospital

16. What do they do right?

- When they have patients with wheelchairs it works better because the transportation people must schedule
- The Peers Together program takes people out of the county to events, parks etc. that people otherwise wouldn't be able to do
- More funding for Peer Wheels would allow them to do more events with people who don't otherwise have transportation

17. What would you do to make transportation more available or accessible if you were in charge?

- Have 24-hour transportation
- Let drivers do different shifts because there are needs after hours for emergencies
- Have some sort of transportation on the weekends
- Offer bus service in Warsaw on weekends; this will help to reduce isolation
- It would be nice to travel to different counties to visit relatives or go to events
- Independent Living will provide some transportation for clients; main office is in Batavia, and they promised transportation for a client and they didn't follow through (I don't even talk to them about transportation anymore)

- There was Wheels for Work funding to help people who have cars that need fixing so they can get to work, (CARES grant ended last year and there is a little bit of money left) but providing money for fixing cars would really help many people

Appendix F: Trauma Informed Care Implementation Domains Overview Tool

Trauma Informed Care Implementation Domains Overview Tool: -SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach (2014)

Domain Category	Domain Description	Not familiar and not ready to implement	Familiar with concepts but not ready to implement	Very familiar with concept and working on implementation
Governance and Leadership	1. "The leadership and governance of the organization support and invest in implementing and sustaining a trauma-informed approach; there is an identified point of responsibility within the organization to lead and oversee this work; and there is inclusion of the peer voice. A champion of this approach is often needed to initiate a system change process."			
Policy	"There are written policies and protocols establishing a trauma-informed approach as an essential part of the organizational mission. Organizational procedures and cross agency protocols, including working with community-based agencies, reflect trauma-informed principles. This approach must be 'hard-wired' into practices and procedures of the organization, not solely relying on training workshops or a well-intentioned leader."			
Physical Environment	"The organization ensures that the physical environment promotes a sense of safety and collaboration. Staff working in the organization and individuals being served must experience the setting as safe, inviting, and not a risk to their physical or psychological safety. The physical setting also supports the collaborative aspect of a trauma-informed approach through openness, transparency, and shared spaces."			
Engagement and Involvement	"[People in recovery, trauma survivors, people receiving services, and family members receiving services] have significant involvement, voice, and meaningful choice at all levels and in all areas of organizational functioning (e.g. program design, implementation, service delivery, quality assurance, cultural competence, access to trauma-informed peer support, workforce development, and evaluation). This is a key value and aspect of a trauma-informed approach that			

	differentiates it from the usual approaches to services and care.”			
Screening, Assessment and Treatment	“Practitioners use and are trained in interventions based on the best available empirical evidence and science, are culturally appropriate, and reflect principles of a trauma-informed approach. Trauma screening and assessment are an essential part of the work. Trauma-specific interventions are acceptable, effective, and available for individuals and families seeking services. When trauma-specific services are not available within an organization, there is a trusted, effective referral system in place that facilitates connecting individuals with appropriate trauma treatment.”			
Cross-Sector Collaboration	“Collaboration across sectors is built on a shared understanding of trauma and principles of a trauma-informed approach. While a trauma focus may not be the stated mission of various service sectors, understanding how awareness of trauma can help or hinder achievement of an organization’s mission is a critical aspect of building collaborations. People with significant trauma histories often present with a complexity of needs, crossing various service sectors. Even if a mental health clinician is trauma-informed, a referral to a trauma-insensitive program could then undermine the progress of the individual.”			
Training and Workplace Development	“On-going training on trauma and peer-support are essential. The organization’s human resource system incorporates trauma-informed principles in hiring, supervision, staff evaluation; procedures are in place to support staff with trauma histories and/or those experiencing significant secondary traumatic stress or vicarious trauma, resulting from exposure to and working with individuals with complex trauma.” - SAMHSA’s Concept of Trauma and			

Progress Monitoring and Quality Assurance	“There is on-going assessment, tracking, and monitoring of trauma-informed principles and effective use of evidence-based trauma specific screening, assessments and treatment.”			
Financing	“Financing structures are designed to support a trauma-informed approach which includes resources for: staff training on trauma, key principles of a trauma-informed approach; development of appropriate and safe facilities; establishment of peer support; provision of evidence-supported trauma screening, assessment, treatment, and recovery supports; and development of trauma-informed cross-agency collaborations.”			
Evaluation	Measures and evaluation designs used to evaluate, or program implementation and effectiveness reflect an understanding of trauma and appropriate trauma-oriented research instruments.”			

Appendix G: Social Systems Asset Map

Appendix F. Social Systems Asset Map

Resource Area	Organizations Addressing this Area from Community Health Assessment	Opportunities for Expansion from Key Informant Interviews
Access to Health Services	• Oak Orchard Health • Family and Primary Care Offices • Wyoming County Community Health System • Wyoming County Health Department	• More needs to be done to raise awareness of available services. • Health Coaches in clinical settings could provide education and linkages to existing resources. • Lack of cancer services in Wyoming County
Mental Health, Addiction, Substance Use Disorders	• Wyoming County Mental Health • GOW Pathway to Hope • Celebrate Recovery Addiction Support Group • Partners for Prevention • Spectrum Health & Human Services • Wyoming County Mental Health Clinic- Clarity Wellness Community • Tobacco Free GLOW	• There is a need to expand available services. • Care needs to be provided earlier. Families need to be educated about what to look for with mental health issues and get them to care earlier to prevent some of the problems they have been seeing. • Incorporate mental health care into primary care offices. • Expand to include methadone access. • Spectrum should offer telehealth services so that home visitors can help connect their clients to care. • There is a need for in-patient treatment facilities.
Exercise, Nutrition, and Food Systems	• GLOW YMCA • Wyoming County Office for the Aging • Oak Orchard Health, WIC • Caring About Perry (CAP), Inc. • NY Connects • Silver Springs UMC Food Pantry & Clothing Closet • Salvation Army • Catholic Charities • PathStone Corporation • Attica Food Pantry • Castile United Church of Christ Food Pantry • Pioneer Association of Churches Food Pantry • Warsaw Food Pantry • Eat Smart New York: Western New York • Wyoming County Department of Social Services	• People are struggling to find and afford food, so there is a need to expand in these areas. • Expand Foodlink Centers.
Older Adults & Aging	• Retired and Senior Volunteer Program • Wyoming County Office for the Aging • Wyoming County- NY Connects	• More could be done for seniors if funds were available. • We need to find more ways to reach this population. • OFA does great work but needs more funds and staff to expand services. • Older adults are experiencing mental and

		behavioral health issues.
Recreation, Fitness, and Active Living Opportunities	• Arc GLOW • Wyoming County YMCA • Letchworth State Park • Community Action for Wyoming County	• There are so many opportunities to engage in recreation outdoors; increase awareness of these opportunities. • There are lots of gyms and things to do, but people need more motivation to take advantage of what there is to offer. • Expand biking and hiking trails in Letchworth and Perry to other areas in the county.
Maternal and Child Health	• Oak Orchard Health, WIC • Wyoming County Health Department Maternal Child Health	• Expectant mothers struggle with post-partum depression and breastfeeding. Expand services to assist these families.
Housing	• Wyoming County Department of Social Services • PathStone Corporation • Salvation Army • Arc GLOW • DePaul Key Housing • Community Action for Wyoming County	• More housing opportunities are needed.
Transportation	• Peers Together of Wyoming County- Peer Wheels • RTS Wyoming Transit Service	• Transportation routes need to be expanded to include cities outside of Wyoming County. Days and times of service need to be expanded.
Community Collaborations	• NY Connects	• It is so important to expand on this because we need to ensure that organizations are connected. • There is excellent collaboration, but the same 20 people come to every meeting. How do we expand our reach to other professionals?

