Genesee County

Orleans County

Wyoming County

Community Health Assessment

2025-2030

ROCHESTER REGIONAL HEALTH

ORLEANS Community Health

WCCHS

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A. Cover Page

1) Counties Covered

i. Genesee County
ii. Orleans County
iii. Wyoming County

2) Joint Plan

3) Participating Health Departments

i. **Genesee County Health Department**
3837 West Main Street Road, Batavia, NY 14020
585.344.2580 X5555
www.GOHealthNY.org
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ii. **Orleans County Health Department**
14016 State Route 31, Suite 101, Albion, NY 14411
585.589.3278
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CHA/CHIP Liaisons:
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Nola Goodrich-Kresse, Nola.Goodrich-Kresse@orleanscountyny.gov

iii. **Wyoming County Health Department**
5362A Mungers Mill Road, Silver Springs, NY 14550
585.786.8890
www.wyomingcountyny.gov/203/Health-Department
CHA/CHIP Liaisons:
Laura Paolucci, lpaolucci@wyomingcountyny.gov
Allison Robb, arobb@wyomingcountyny.gov

4) Participating Hospitals

i. **United Memorial Medical Center (UMMC)- Rochester Regional Health**
127 North Street, Batavia, NY 14020
585.343.6030
www.rochesterregional.org/locations/united-memorial-medical-center
CSP Liaison:

Laurie Ferrando, Laurie.Ferrando@rochesterregional.org

ii. **Orleans Community Health- Medina Memorial Hospital**
200 Ohio Street, Medina, NY 14103
585.798.2000
www.orleanscommunityhealth.org
CSP Liaison:
Scott Robinson, S.Robinson@medinamemorial.org

iii. **Wyoming County Community Health System**
400 N Main Street, Warsaw, NY 14569
585.786.2233
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CSP Liaison:
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B. Table of Contents

C. Executive Summary

The 2025-2030 Genesee, Orleans, and Wyoming (GOW) Counties Community Health Assessment (CHA), Community Health Improvement Plan (CHIP) and Community Service Plan (CSP) is a collaborative process used to examine the current health status of GOW residents while also identifying a comprehensive plan for addressing health challenges.

Local hospitals including Rochester Regional Health at United Memorial Medical Center (UMMC), Orleans Community Health (OCH), and Wyoming County Community Health System (WCCHS) along with the Genesee, Orleans and Wyoming (GOW) County Health Departments are committed to working collaboratively with the residents and institutions of the GOW Counties to improve the health of our community. In the GOW region, the CHA Steering Committee brings together leaders from hospitals, health departments and community agencies to prioritize community health needs and develop a Community Health Improvement Plan.

Prevention Agenda Priorities:

The process of identifying the priority health needs of residents in Genesee, Orleans, and Wyoming Counties included primary data collection through the community survey, community conversations, and key informant interviews, as well as secondary analysis of health indicators for all three counties. The Steering Committee shared these findings with the CHA Community Workgroup and requested feedback from partners on what the priority areas should be based on all the information provided. This input guided the discussion and determination of priority areas for the 2025–2030 cycle.

Following a comprehensive review of the health indicator data and feedback from the community, partners, and stakeholders, the GOW Steering Community and Community Workgroup selected the three following priority areas to address, with a focus on the disparity of access in rural areas for the 2025-2030 period.

- Poverty
- Anxiety and Stress
- Preventive Services for Chronic Disease Prevention and Control

Data Review

For the GOW 2025-2030 Community Health Assessment, county, regional, and state data were analyzed to review trends and compare each county's health indicators to national goals, state goals, and local averages. To reach this conclusion, the CHA Steering Committee and Community Workgroup facilitated and completed the following activities throughout the Genesee, Orleans and Wyoming Counties.

- Primary Data Analysis
    - GOW Community Health Assessment Survey
    - GOW Community Conversations

    - GOW Key Informant Interviews
- Secondary Data Analysis and Review of Health Indicators
  Sources included, but we not limited to:
    - County Health Rankings & Roadmaps
    - New York State Department of Health (NYSDOH) Community Health Indicator Reports
    - NYSDOH Prevention Agenda Dashboard
    - NYS Expanded Behavioral Risk Factor Surveillance System (eBRFSS)
    - PLACES: Local Data for Better Health
    - U.S. Census Bureau
- Priority Area Focus Meetings
    - Conducted with the CHA Steering Committee and Community Workgroup to identify and refine priority focus areas based on data findings. Needs were then prioritized using established criteria, including:
        - Need among vulnerable populations
        - Ability to have a measurable impact
        - Ability to intervene at the prevention level
        - Community capacity and willingness to act
        - Importance of the problem based on community resident, partner, and stakeholder feedback

Partners and Roles

The CHA Steering Committee is comprised of representatives from the three hospitals in the GOW region (UMMC, OCH, and WCCHS) and the local health departments in the GOW counties. Local community and government groups represented on the CHA Steering Committee include Independent Living of the Genesee Region, Oak Orchard Health, and WNY Rural Area Health Education Center, Inc. (WNY Rural-AHEC). The CHA Community Workgroup is comprised of representatives from the following agencies and organizations throughout the GOW region: Genesee County CASA for Children, Community Action for Orleans and Genesee Counties, Community Action for Wyoming County, Veterans Association Western New York Healthcare System, Wyoming County Sheriff's Office, Department of Social Services- Wyoming County, Roswell Park Cancer Institute, Genesee Valley BOCES, YWCA of Genesee County, Mental Health Department – Wyoming County, United Memorial Medical Center, Women, Infants, and Children (WIC), GLOW YMCA, GLOW Out!, Orleans County Office for the Aging, The Goose, University of Rochester Medical Center, Wyoming County Chamber of Commerce, UConnectCare.

In the fall of 2024, the Genesee, Orleans, and Wyoming County Health Departments convened the CHA/CHIP/CSP Steering Committee. This committee, which included designees from each county hospital and representatives from community agencies, met twice a month from September through December to develop the Community Health Assessment (CHA) survey. In December, the draft survey was presented to the

Community Workgroup to gather feedback from community partners, which was then used to finalize the survey. Survey responses were collected from January to April 2025, while community conversations were held from March to June 2025. The Community Workgroup played a key role in assisting the Steering Committee with survey distribution and organizing the Community Conversations. Additionally, key informant interviews were conducted by health department staff with community stakeholders from April to July 2025.

The broader community was engaged through participation in the Community Health Assessment (CHA) survey and Community Conversations. These engagement methods provided residents with an opportunity to share their perspectives on key health issues affecting their communities. Participants were asked to identify the most significant health concerns, suggest potential Community Health Improvement Plan (CHIP) priority areas, and describe the greatest community needs related to health and well-being. In addition, respondents provided recommendations to improve community health outcomes and offered input on how local programs and services could be strengthened to better meet the needs of residents. The full survey report is included in Appendix D, summaries of the community conversations are provided in Appendix F–H, and summaries of the Key Informant Interviews are available in Appendix J–L.

Interventions and Strategies

The evidence-based interventions, strategies, and activities selected to address the identified priority areas were chosen based on community feedback, key informant interviews, and local health data. Selection criteria included alignment with evidence-based practices, feasibility for implementation in Genesee, Orleans, and Wyoming counties, and potential to reduce health disparities.

- **Poverty**
    - **Intervention:** Develop a resource guide that can be posted on websites and distributed to clinics, hospitals, libraries, and pharmacies to include information on community resources.
    - **Activity:** Develop and promote a user-friendly, comprehensive resource guide that includes information on community resources.
    - **Justification:** Many community members, including patients, caregivers, and providers, may not be aware of the available health and social resources in their area, and those experiencing poverty often face additional barriers to accessing care and support. A centralized, user-friendly resource guide increases awareness, improves access, and helps individuals connect with services that support their physical, mental, and social well-being. By providing easily accessible information, the guide can reduce barriers to care, address disparities related to socioeconomic status, and support healthier, more equitable communities. Access to community services, support, and resource coordination was highlighted as a priority during community conversations and key informant

interviews, indicating a need for better connections to and access to health and social services within the community.

- **Anxiety and Stress**
  - **Intervention:** Promote resilience-building strategies for individuals living with chronic illness by enhancing protective factors, including independence, social support, positive coping styles, self-care, and self-esteem.
  - **Activity:** Promote CredibleMind, a digital mental-wellness platform designed to support prevention, early intervention, self-care, and resource navigation.
  - **Justification:** CredibleMind provides curated, expert-vetted resources and resilience-building strategies that have been shown to reduce stress and anxiety, particularly among individuals living with chronic illness. Its content aligns with established mental health promotion frameworks and has been recognized by public health organizations as an effective digital intervention for improving well-being. Community survey responses, community conversations, and key informant interviews identified stress, anxiety, and mental health as significant concerns within Genesee, Orleans, and Wyoming counties. CredibleMind directly addresses these priorities by offering tools for self-assessment, coping strategies, and resilience enhancement. As a digital platform, it can reach a broad range of residents, including rural and underserved populations who may have limited access to in-person mental health services, making it a feasible and equitable solution for supporting community mental health.
- **Preventive Services for Chronic Disease Prevention and Control**
  - **Intervention:** Partner with community-based organizations to promote access to preventive screenings and chronic disease management programs (e.g., blood pressure, diabetes, and cholesterol screenings).
  - **Activity:** Implement targeted outreach to raise public awareness of available preventive screenings and chronic disease management programs and encourage participation.
  - **Justification:** Evidence demonstrates that preventive screenings enable early detection and management of chronic conditions, reducing long-term health disparities. Local survey responses, Community Conversations, and key informant interviews highlighted gaps in awareness and access to preventive services, guiding the selection of these strategies to address community-identified needs.

<u>Progress and Evaluation</u>

To evaluate the impact of the selected interventions, the Steering Committee has established process measures to monitor implementation and engagement with the target population. These measures track both the delivery of activities and ensure interventions are reaching intended audiences.

Process Measures by Intervention

- **Poverty**
    - Number of website visits to the resource guide
- **Anxiety and Stress (e.g., CredibleMind platform)**
    - Number of website visits on the CredibleMind platform
- **Preventive Services for Chronic Disease Prevention and Control**
    - Number of preventive screenings conducted, with particular attention to underserved areas

The Community Health Assessment Steering Committee and Community Workgroup will convene quarterly throughout the 2025–2030 implementation period to engage partners and subject matter experts on the selected priority areas. The Steering Committee is responsible for monitoring short-term process measures, including the number of website hits, screenings, and other key activities. Community Workgroup members will have access to the reporting matrix, which will be updated quarterly and distributed via email, enabling regular review of progress, identification of gaps, and adjustments to enhance intervention effectiveness.

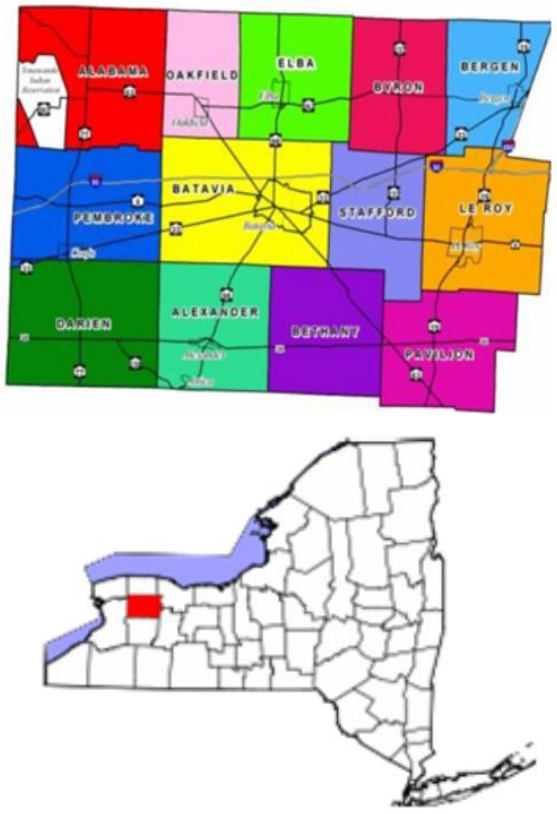
D. Community Health Assessment (CHA)

Genesee County: Community and Health Status Description

Population

According to the 2024 Census, Genesee County's population estimate is 57,604 (1). The City of Batavia has an estimated population of 15,071 and is the only city located in the tri-county region (1). In addition to the City of Batavia, which is the county seat, Genesee County includes 13 towns and six villages spanning across 493 square miles with a population density of 122 persons per square mile (1,2).

Figure 1: Map of Genesee County, New York



Age

It is critical to understand a community's age-specific health needs because it may affect things such as economic growth, patterns of work and retirement, the ability of communities to provide adequate resources, and the prevalence of chronic disease and disability.

In Genesee County, 5.1% of the population is under five years old, 20.3% of the population is under 18 and 20.7% of the population over the age of 65 (1). In the City of Batavia, 3.5% of the population is under five years old, 17.4% of the population is under 18 and 20.0% of the population is over the age of 65 (1). The median age in Genesee County 42.4 years old (3). With approximately 20% of Genesee County residents age 65 or older, it is important to understand that this population may face unique health challenges over the next several years that will need to be addressed.

Table 1: Population Distribution, City of Batavia and Genesee County, July 1, 2025 (1)

	City of Batavia	Genesee County
Population under 5 years	3.5%	5.1%
Population under 18 years	17.4%	20.3%
Population 65 years and over	20.0%	20.7%

Gender

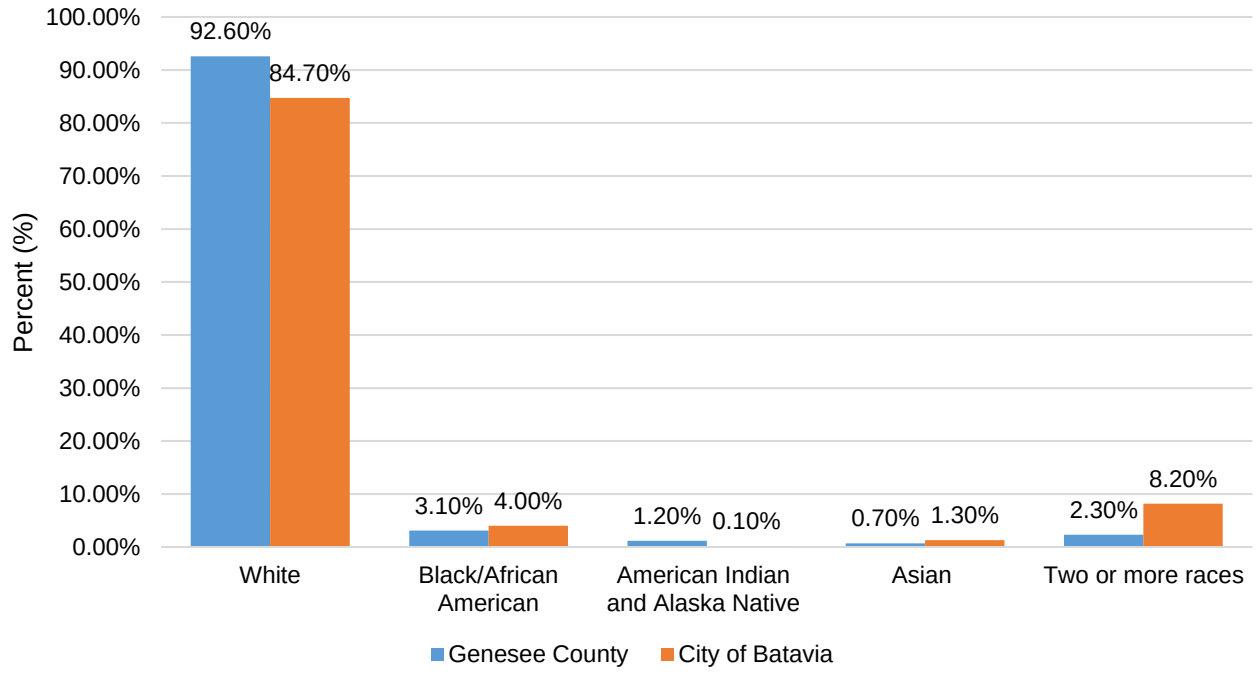
In Genesee County, women make up nearly half the population with 49.8% countywide and 47.7% in the City of Batavia (1).

Race and Ethnicity

As depicted in Figure 2, Genesee County has a relatively low level of ethnic and racial diversity. 92.6% of residents are white, followed by 3.1% Black/African American, 1.2% American Indian and Alaska Native, 0.7% Asian, and 2.3% two or more races (3). 4.9% of residents are Hispanic or Latino while 88.8% are White (1).

In contrast, the City of Batavia is 84.7% White, 4.0% Black or African American, 0.1% American Indian and Alaska Native, 1.3% Asian, and 8.2% two or more races (1). 5.8% of city residents are Hispanic or Latina while 83.0% are White (1).

Figure 2: Population by race, city of Batavia and Genesee County (1)



Veterans

In Genesee County, 6.0% (3,486) of county residents are Veterans (4). In the City of Batavia, 7.2% (1,087) of city residents are Veterans (4). The majority of Genesee County residents were veterans of the Vietnam War (34.6%), Gulf War '90-01 (19.4%), Gulf War '01 or later (17.9%), Korean War (5.8%) and World War II (1.7%). Most veterans are white (92.8%), male (95.8%) and age 55 or older (71.2%) (4). Compared to non-veterans, they are less likely to be below poverty level (9.8% vs. 10.7%) and more likely to have a disability (33.8% vs. 16.7%) (4).

Spoken Languages

English language proficiency plays a key role in accessing health care, achieving educational success, securing employment, and communicating effectively with providers. Limited English proficiency can create significant barriers to receiving health services and understanding important health information. (5). In Genesee County, 3.9% of households speak a language other than English at home, compared to 6.3% of households in the City of Batavia (3).

In Genesee County, after English, Spanish is the most common language spoken at home (2.6%) (3). About 0.6% of residents speak other Indo-European languages, and 0.6% speak Asian or Pacific Island languages (3).In the City of Batavia, Spanish is also the second most common language (3.7%), with 0.9% speaking other Indo-European languages and 1.7% speaking Asian or Pacific Island languages (3).

Disability Status

Studies show that people with disabilities are more likely than those without disabilities to have poorer overall health, face barriers to adequate health care, and engage in risky health behaviors. As a result, people with disabilities are more susceptible to preventable health problems that decrease overall health and quality of life leading to secondary health conditions such as pain, fatigue, obesity, and poorer mental health (6).

In Genesee County, 15.0% of the population has a disability compared to 18.7% of the population in the City of Batavia (7). As shown in Table 2, the City of Batavia has higher rates of several disabilities including vision, cognitive, ambulatory, self-care, and independent living difficulties compared to Genesee County.

Table 2. Disability Status, City of Batavia and Genesee County (7)

	City of Batavia	Genesee County
Population with a hearing difficulty	4.0%	4.1%
Population with a vision difficulty	2.5%	2.2%
Population with a cognitive difficulty	9.5%	6.4%
Population with an ambulatory difficulty	9.6%	7.8%
Population with a self-care difficulty	3.8%	2.9%
Population with an independent living difficulty	10.2%	7.2%

According to Appendix D of the GOW Community Health Survey Analysis Report, respondents with a disability are more likely to rate their physical health as 'Poor' or 'Fair' compared to those without a disability. Additionally, individuals without disabilities tend to report better mental health outcomes than those with disabilities. These disparities underscore the importance of addressing physical and mental health equity for individuals with disabilities through improved access to care, supportive services, and inclusive health initiatives.

Education

Education can influence several factors in an individual's life from access to healthcare, economic opportunities, quality housing, a healthy lifestyle, and the ability to understand health information. Within Genesee County, there are eight public school districts, with a total enrollment in K-12 public schools of 7,215 students in the 2023-2024 school year (8). 92% of high school students (569) graduated in 2021 compared to 86% in New York State.

The dropout rate in Genesee County was 2.0% compared to 3.0% in New York State (9). There are notable disparities, with White students graduating at a higher rate (93%) than all other racial/ethnic groups, including (Black (86%), Hispanic or Latino (83%) and Multiracial students (82%) (9). Additionally, economically disadvantaged students graduated at a rate of 86%, compared to 95% for students who were not economically disadvantaged (9). Similarly, only 62% of students that were homeless graduated, compared to 92% of students who were not experiencing homelessness (9).

The county is home to one higher education institution, Genesee Community College (GCC), which is associated with the state university system (SUNY). In 2023-2024, there were a total of 1,443 full-time students and 2,845 part-time students (8).

Table 3 illustrates the educational outcomes among adults aged 25 years and older. Overall, 92.5% of Genesee County residents have a high school education or higher, and 23.6% have a bachelor's degree or higher (10). In general, educational attainment is lower in the City of Batavia than in Genesee County (10).

Table 3: Highest level of education obtained among adults aged 25 years (10)

	City of Batavia	Genesee County	New York
Less than High school education	8.7%	7.4%	11.6%
High school graduate or higher	91.3%	92.5%	88.3%
Bachelor's degree or higher	21.9%	23.6%	40.6%

Figure 3 provides a breakdown by race of the population with a high school education or higher in both the City of Batavia and Genesee County. In both the City of Batavia and Genesee County, high school educational attainment varies by race and ethnicity. White individuals consistently have the highest rates of high school education or higher, while Asian populations have the lowest in both areas. When looking at ethnicity, 74.3% of Hispanic residents of Genesee County have a high school degree or higher compared to 73.3% of Hispanic residents in the City of Batavia (10).

Figure 3: Population of high school education or higher, by race, City of Batavia and Genesee County (10)

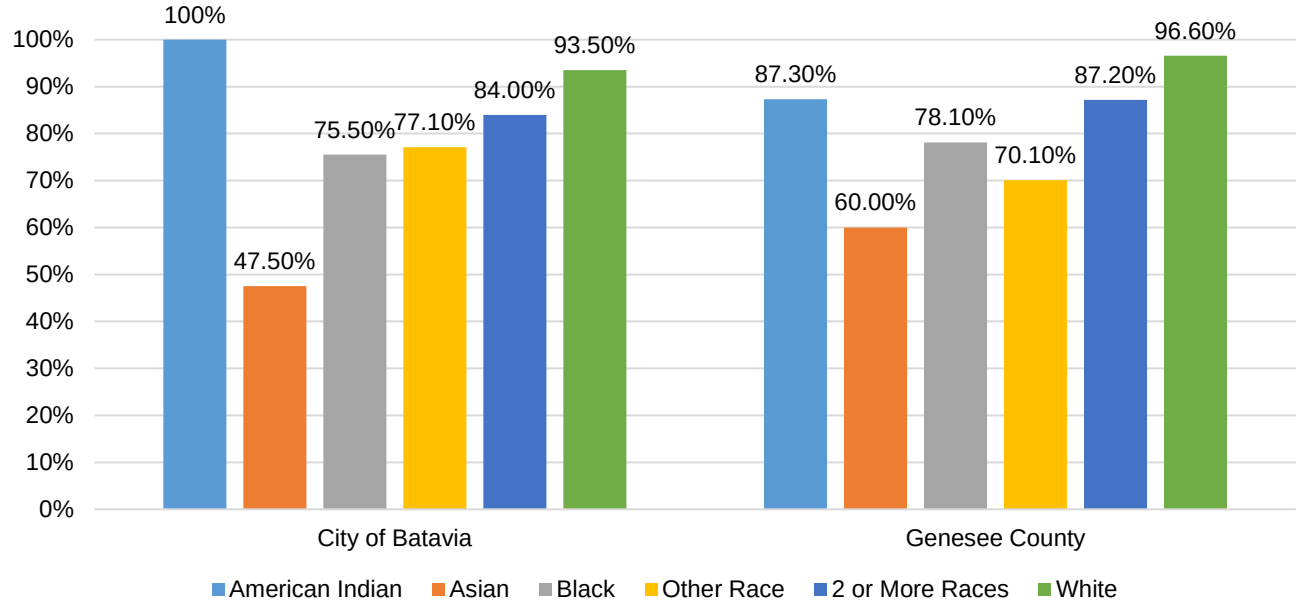
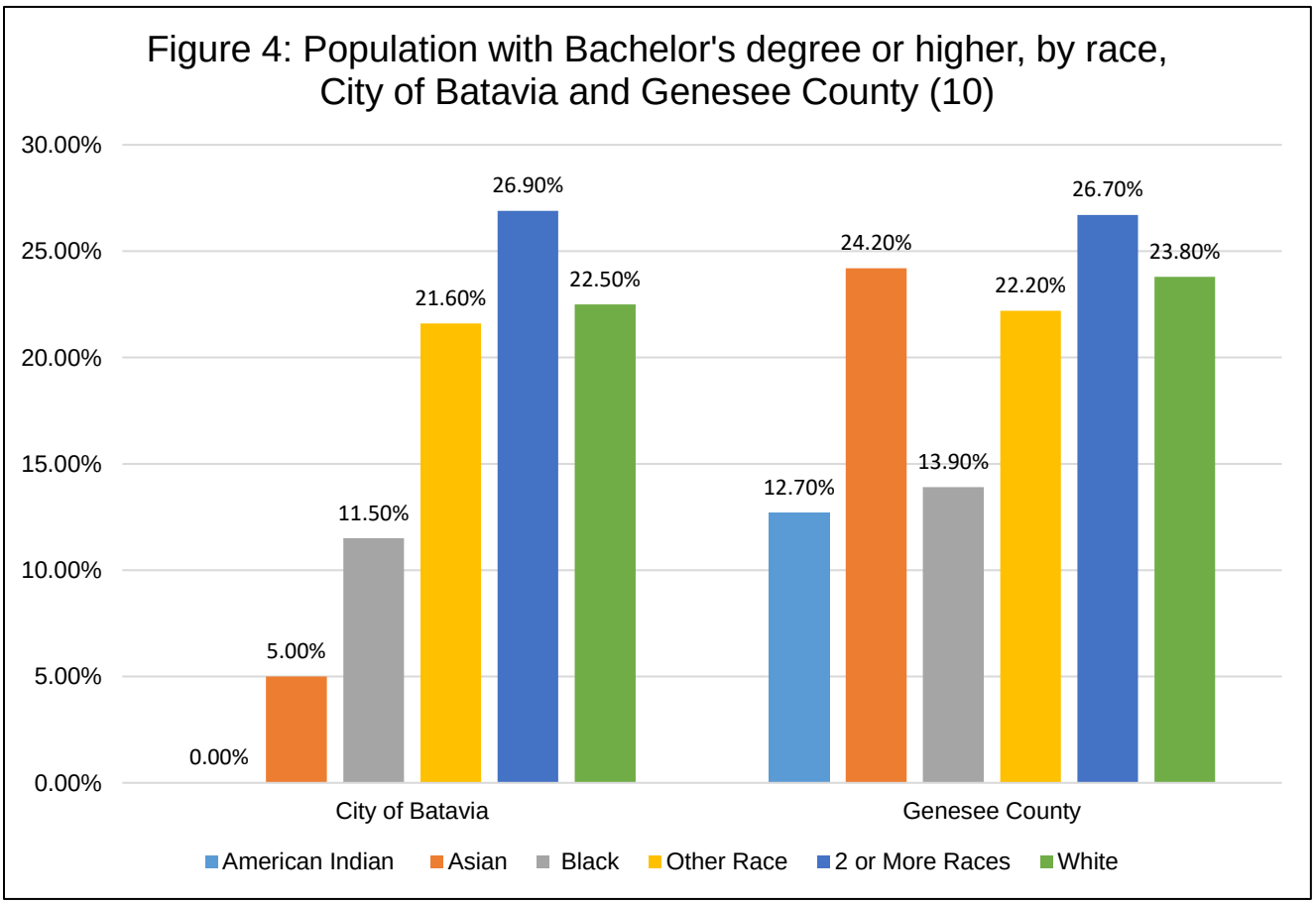


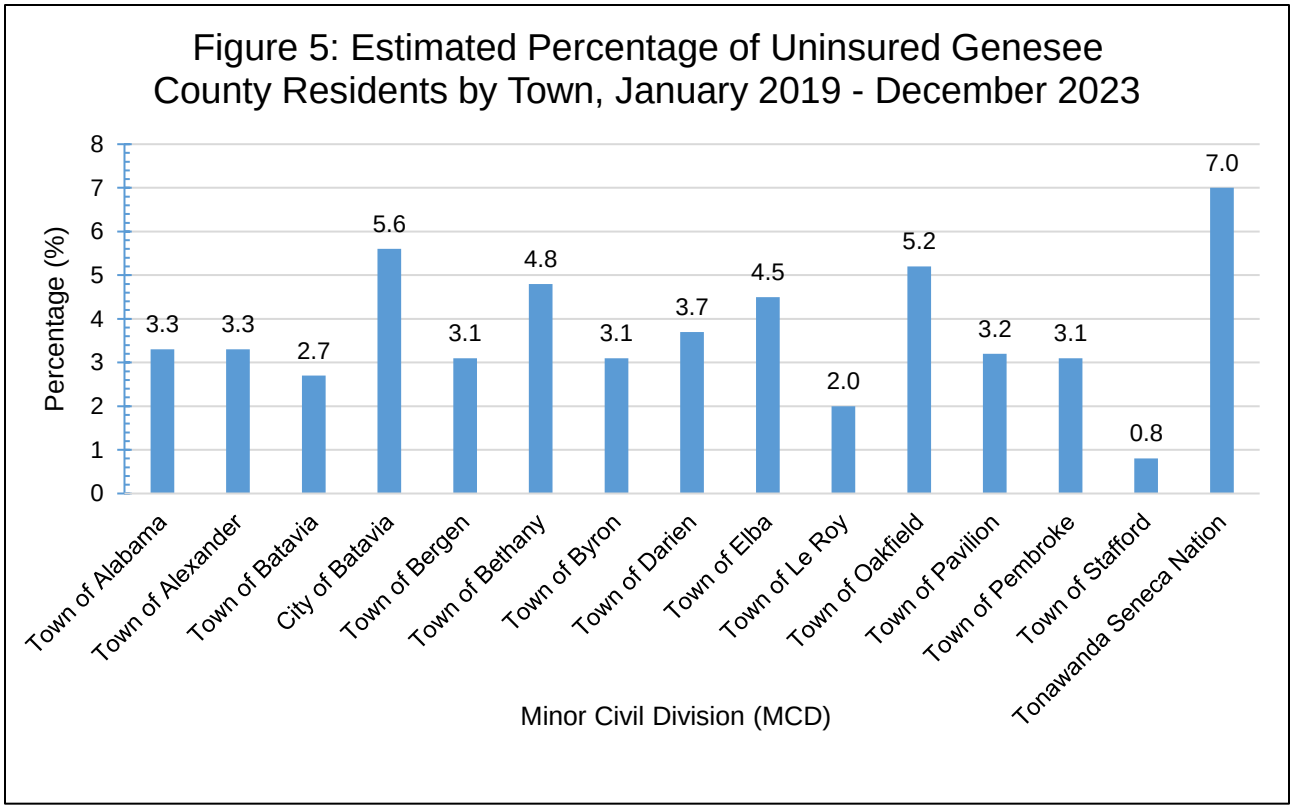
Figure 4 provides a breakdown by race of the population with a bachelor's degree or higher in both the City of Batavia and Genesee County. Within both the City of Batavia and Genesee County, disparities in bachelor's degree attainment vary by race and ethnicity. In Genesee County, residents with 2 or more races had the highest percentage of the population with a bachelor's degree or higher. When looking at ethnicity, 20.6% of Hispanic residents of Genesee County have a bachelor's degree or higher compared to 25.7% of Hispanic residents in the City of Batavia (10).



Health Insurance

According to United States Census, 3.8% of Genesee County residents do not have health insurance (11). According to Table 4 and Figure 5 below, the towns with the highest percentage of residents who lack health insurance are the Tonawanda Seneca Nation (7.0%) and the City of Batavia (5.6%) (12). The towns of Bethany, Elba, and Oakfield all have uninsured resident percentages above the Genesee County average (12). A lack of health insurance coverage is one of the major factors that impact the ability of residents to access quality healthcare (13).

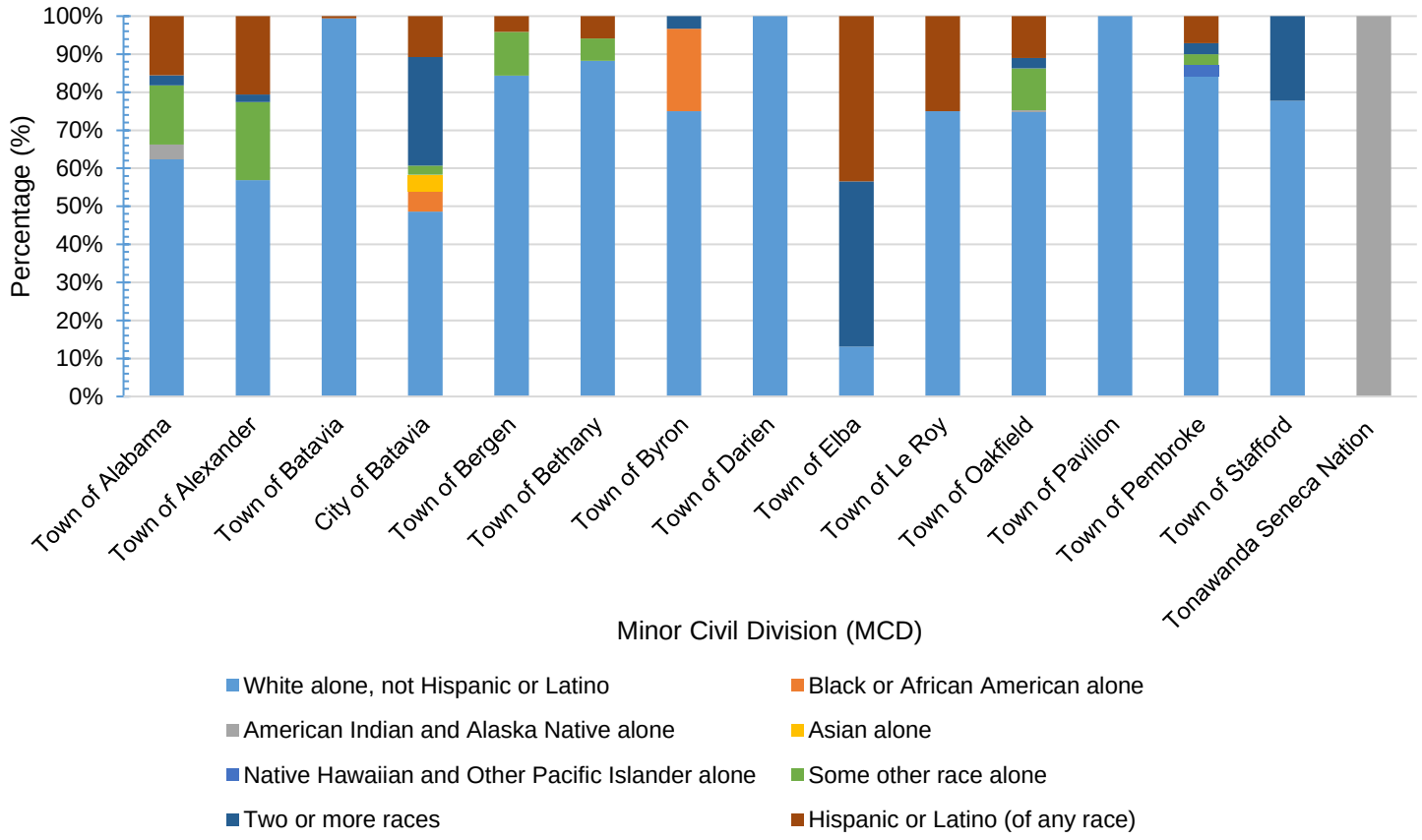
Table 4: Estimates of Health Insurance Coverage by Town in Genesee County					
Location	**Total Civilian Non-Institutionalized Population (#)**	**Total Insured (#)**	**Insured (%)**	**Total Uninsured (#)**	**Uninsured (%)**
Town of Alabama	1,951	1,886	96.7	65	3.3
Town of Alexander	2,426	2,345	96.7	81	3.3
Town of Batavia	6,284	6,117	97.3	167	2.7
City of Batavia	15,029	14,182	94.4	847	5.6
Town of Bergen	3,091	2,995	96.9	96	3.1
Town of Bethany	1,682	1,602	95.2	80	4.8
Town of Byron	1,946	1,886	96.9	60	3.1
Town of Darien	2,994	2,883	96.3	111	3.7
Town of Elba	2,393	2,285	95.5	108	4.5
Town of Le Roy	7,445	7,297	98.0	148	2.0
Town of Oakfield	3,121	2,959	94.8	162	5.2
Town of Pavilion	2,173	2,103	96.8	70	3.2
Town of Pembroke	4,210	4,080	96.9	130	3.1
Town of Stafford	2,276	2,258	99.2	18	0.8
Tonawanda Seneca Nation	302	281	93.0	21	7.0



Health Insurance Coverage by Race and Ethnicity

Structural determinants of health influence how equitably the necessary resources required for quality health and healthcare are distributed according to socially defined groups of people, including, but not limited to race, gender, socioeconomic status, and sexual identity (14). A structural determinant of health that is often analyzed in the field of public health is race and ethnicity (14). Considering these factors alongside the historical and ongoing contexts of racism and discrimination helps public health professionals stay informed about the health status of marginalized groups and guides efforts to advance health equity (15). Figure 6, below, demonstrates the estimated percentage of residents in Genesee County who do not have health insurance coverage by town, based on racial and ethnic classifications from the American Community Survey and the 2020 U.S Census (11). The majority of Genesee County residents identified as White, resulting in the White population representing the majority of people experiencing a lack of health insurance coverage in the county (11).

Figure 6: Estimates of the Percentage of Uninsured Genesee County Residents by Race, Ethnicity, and Town, January 2019-December 2023



However, this figure shows, there are populations of other races and ethnicities, particularly those who identified as Hispanic or Latino (of any race), two or more races, American Indian or Alaskan Native, or some other race alone who are experiencing a lack of health insurance (11).

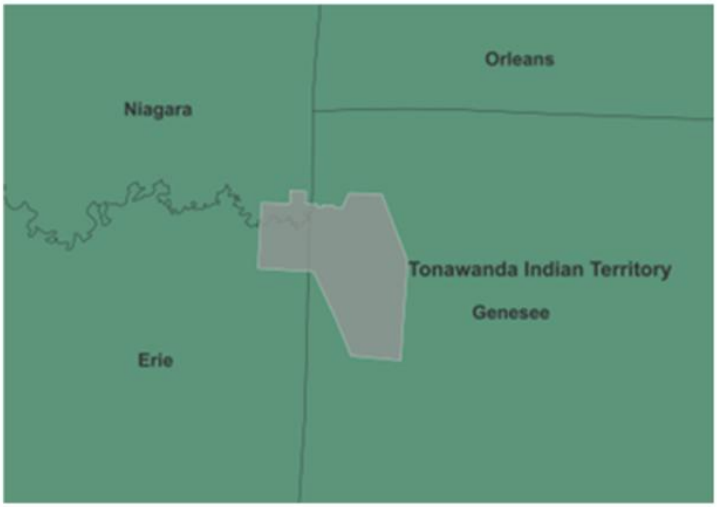
Additionally, based on Figure 6, the MCDs that have the highest percentage of uninsured residents of racial and ethnic minority groups are the Tonawanda Seneca Nation, Town of Elba, and City of Batavia (11).

Special Populations: Tonawanda Seneca Nation & Migrant and Seasonal Farmworkers

Tonawanda Seneca Nation

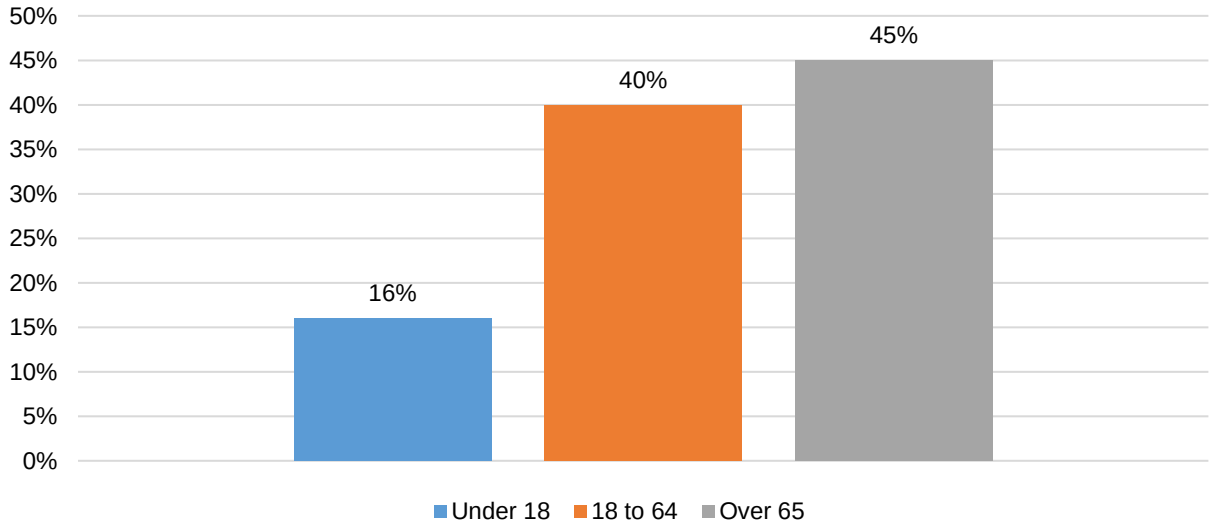
Genesee County sits on the land of the Seneca Nation, and the majority of the Tonawanda Seneca Nation lies within Genesee County, with small portions of the nation located in Erie and Niagara counties (16). The Tonawanda Seneca Nation is federally recognized and inhabited by the Tonawanda Band of Senecas (16). Seneca or Onondowahgah means “People of the Great Hill” (17). The Senecas are also known as “Keeper of the Western Door” since they are the westernmost nation in the Haudenosaunee territory, who were traditionally responsible for defending the western boundaries of this territory (16).

Figure 7: Map of Tonawanda Seneca Nation



The Seneca Nation is comprised of 5,759 acres and the Tonawanda Creek flows through the Nation to the Niagara River (16). According to the 2023 Census, the population was 302 with a median age of 59.8 (18). Forty five percent of the population is male. As seen in Figure 8, approximately 40% of the population is between the ages of 18-64, while 16% of the population is below the age of 18 and 45% is above 65 years of age (18). The median household income on the Tonawanda Seneca Nation is $41,932, which is approximately 58% of the median householder incomes for all of Genesee County at $72,055 (16). Approximately 26.8% of the population falls below the poverty line, which is about double the rate in Genesee County (16). Approximately 25.3% of Nation residents have earned a high school degree or higher, which is around the same rate as Genesee County (16).15.4% have earned a bachelor’s degree or higher, which is significantly lower than the Genesee County rate of 23.6% (16). Approximately 14.5% of the Nation population are Veterans, which is 1.9 times the number of Veterans in all of Genesee County (16).

Figure 8: Population by age, Tonawanda Seneca Nation, Genesee County, 2023 (18)



According to Indian Health Services, The Federal Health Program for American Indians and Alaska Natives, American Indians and Alaska Native population have long experienced lower health status when compared to other Americans (18). They experience lower life expectancy and have a higher disproportionate disease burden than their fellow Americans (18). This is likely attributed to generational trauma, distrust in authority figures, limited access to quality education, poverty, discrimination in health service delivery and cultural differences (18). The leading causes of death for American Indians and Alaska Natives are diseases of the heart, malignant neoplasms, unintentional injuries, and diabetes. The life expectancy of American Indians and Alaska Natives that are born today (73.0) is 5.5 years less than all other U.S. races (78.5). Additionally, American Indians and Alaska Natives die at a higher rate than other Americans from chronic liver disease and cirrhosis, unintentional injuries, assault/homicide, intentional self-harm/suicide, diabetes mellitus and chronic lower respiratory disease (18).

Migrant and Seasonal Farmworkers (MSW)

The soils in Genesee County are well suited for a wide variety of farm uses. According to the Genesee County Agriculture and Farmland Protection Plan, the most prominent type of land cover in Genesee County is agricultural (19). Cropland and/or pastures make up approximately 57% of the county and 88% of the acreage is classified as productive farmlands (19). The crops that make up the majority of the farmland by acreage in Genesee County are corn for grain and silage, soybeans, winter wheat and dry alfalfa hay (19).

The MSW population is the main agricultural workforce, providing the necessary labor for planting, field maintenance and harvesting of seasonal crops. Migrant and seasonal

farm workers and their families face many unique health challenges, which result in significant health disparities such as hazardous work environment, inadequate or unsafe housing, fear of using healthcare due to immigration status, and lack of insurance (20). Historically, this population has received inadequate health care because of their transient nature, poverty, and other barriers to access such as language, culture, transportation and county borders. As a result of these disparities, MSW and their families experience serious health problems including diabetes, malnutrition, depression, substance use, infectious diseases, and injuries from work-related machinery (20).

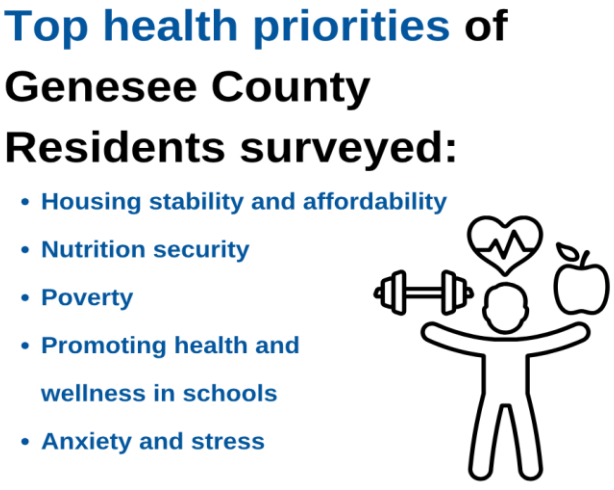
To help address this gap, the Genesee and Orleans County Health Departments (GO Health), Oak Orchard Health (OOH), UConnectCare, and other partner agencies actively pursue funding opportunities to enhance service coordination for the migrant population.

Genesee County Health Status

Domain 1: Economic Wellbeing

Economic well-being plays a critical role in shaping the health of individuals and communities. Factors such as poverty, unemployment, nutrition security, housing stability, and housing affordability are deeply interconnected and influence a person's ability to access basic needs, maintain a healthy lifestyle, and manage chronic conditions. When these needs are unmet, they can contribute to increased stress, food and housing insecurity, and limited access to healthcare, ultimately resulting in poorer health outcomes and widening health disparities across the population.

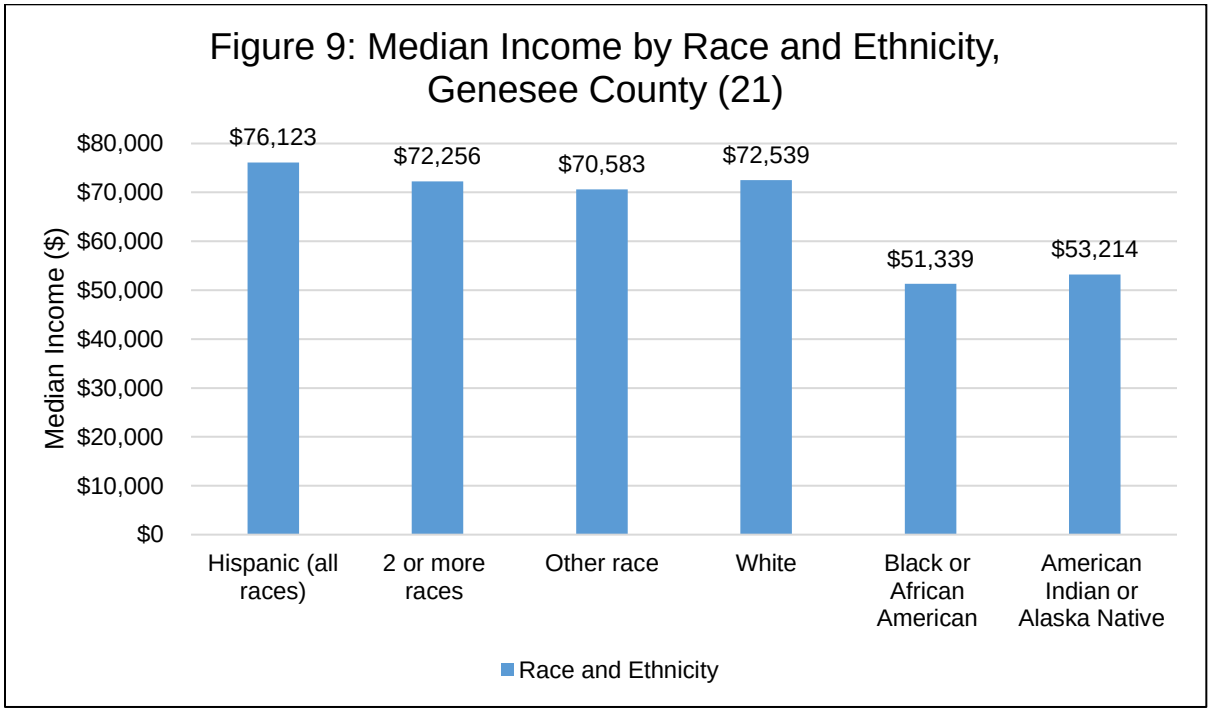
When survey respondents were asked to identify the top health priorities for their community, four of the top three responses were related to economic well-being. These included housing stability and affordability, nutrition security, and poverty.



Additionally, when respondents were asked to identify the most important features of a strong, vibrant, and healthy community, the top three responses were job opportunities with livable wages, affordable housing, and affordable, accessible healthy food. This highlights the strong connection between economic stability and overall community health, reinforcing the need to address social determinants as part of health improvement efforts.

Poverty

The median income for a household in Genesee County is $72,055 compared to $57,150 in the City of Batavia (in 2023 inflation-adjusted dollars) (1). As shown in Figure 9, there are significant disparities in median income by race and ethnicity within Genesee County. Please note that data for individuals identifying as Asian were excluded from this chart due to an insufficient number of observations (21).



As shown in Table 5, there are significant disparities in poverty rates by race, ethnicity and age within Genesee County and the City of Batavia (22). In Genesee County, the poverty rate is slightly higher in the City of Batavia. An estimated 12.8% of the total population in the City of Batavia live in poverty, while the percentage is 10.6% for Genesee County overall (22). Furthermore, the percentage of children in the city below 18 years old living under the poverty level is 13.0%, and the rate of those under 5 years old is 11.1% (22). In comparison, children under 18 in Genesee County have a poverty rate of 10.2% and children under 5 have a rate of 13.8% below the poverty level (22).

Table 5: Poverty rates by race, age, City of Batavia and Genesee County (22)		
Living in Poverty	City of Batavia	Genesee County
American Indian or Alaska Native	100.0%	28.3%
Asian	29.5%	20.7%
Black or African American	31.0%	28.9%
White	11.2%	9.9%
Other race	42.3%	29.4%
Two or more races	12.3%	9.7%
Hispanic (all races)	9.9%	12.7%
Children under 5 living in poverty	11.1%	13.8%
Population under 18 living in poverty	13.0%	10.2%
Adults age 65 + living in poverty	16.1%	10.4%

Family income has been shown to affect a child's well-being in numerous studies. Compared to their peers, children in poverty are more likely to experience physical health challenges, such as low birth weight or lead exposure, as well as behavioral and emotional difficulties. As shown in Table 6, households headed by a single female caregiver are disproportionately affected by poverty, reflecting broader socioeconomic challenges.

Table 6: Poverty level for families with female householder, no spouse present (23)			
	City of Batavia	Genesee County	New York State
Families with female householder, no spouse present	22.4%	17.5%	22.9%
With related children under 18 years	35.7%	30.7%	33.0%
With related children under 5 years only	88.1%	71.6%	31.3%

According to Table 7, families is the City of Batavia have a slightly lower median and mean incomes compared to Genesee County overall, with median incomes at $85,283 versus $89,729 and mean incomes of $94,896 versus $101.344 (24).

Table 7: Family Income, City of Batavia and Genesee County (24)		
	City of Batavia	Genesee County
Number of Families	3,610	15,308
Median Family Income	$85,283	$89,729
Mean Family Income	$94,896	$101,344

Racial and Ethnic Disparities in Poverty Rates

Poverty in the United States (U.S.) is measured by how an individual or family income compares to the set threshold at the federal level (25). In 2025, that income threshold which designates poverty was an individual income below $15,650 U.S. dollars or for a family of four, an income below $32,150 U.S. dollars (26). People living in poverty often face limited access to resources necessary to maintain a high and healthy quality of life, including safe, quality housing; healthy food; access to educational and employment opportunities; high quality health insurance; and reliable transportation (25). All of these factors, combined with additional barriers to accessing healthcare in a rural area such as Genesee County, can contribute to worse and disparate overall health outcomes for people living in poverty (25). There are many groups of people who face disproportionate poverty rates, including: racial and ethnic minority groups, people living in rural areas, and people with disabilities (25). In Genesee County, there is evidence of racial and ethnic minority groups facing higher poverty rates compared to their White counterparts (27). As per the 2020 U.S. Census and the 2023 American Community Survey, the estimated poverty rate in Genesee County is 6,018/56,881, or 10.6% of the county population (27). Table 8 and Figure 10, below, subdivide this poverty rate by town, and by racial and ethnic classification (27).

Table 8 shows the numeric proportions of people living in poverty by town and by racial and ethnic classification (27). Interpretation of this table should be as follows: for example, there are 97 individuals who identified as White alone living in poverty within the Town of Alabama, out of 1,557 total individuals who identified as White alone within the Town of Alabama (27). Since this value is a proportion, it can be written as a fraction (97/1,557), a decimal (0.06229), or as a percentage (6.23%) (27). Highlighted in this table is the degree of the rate of poverty: red represents a poverty rate of 76-100% for the racial or ethnic classification within that town, orange represents a poverty rate of 51-75%, yellow represents a poverty rate of 26-50%, and blue represents a poverty rate of 1-25%.

Notable findings include a 100% poverty rate for individuals identifying as Black or African American alone in the Town of Alabama; Town of Batavia, and Town of Elba; a 100% poverty rate for the individuals identifying as American Indian or Alaskan Native alone in the City of Batavia, Town of Bergen, and Town of Stafford; and a 100% poverty rate for those identifying as Asian alone in the Tonawanda Seneca Nation (27).

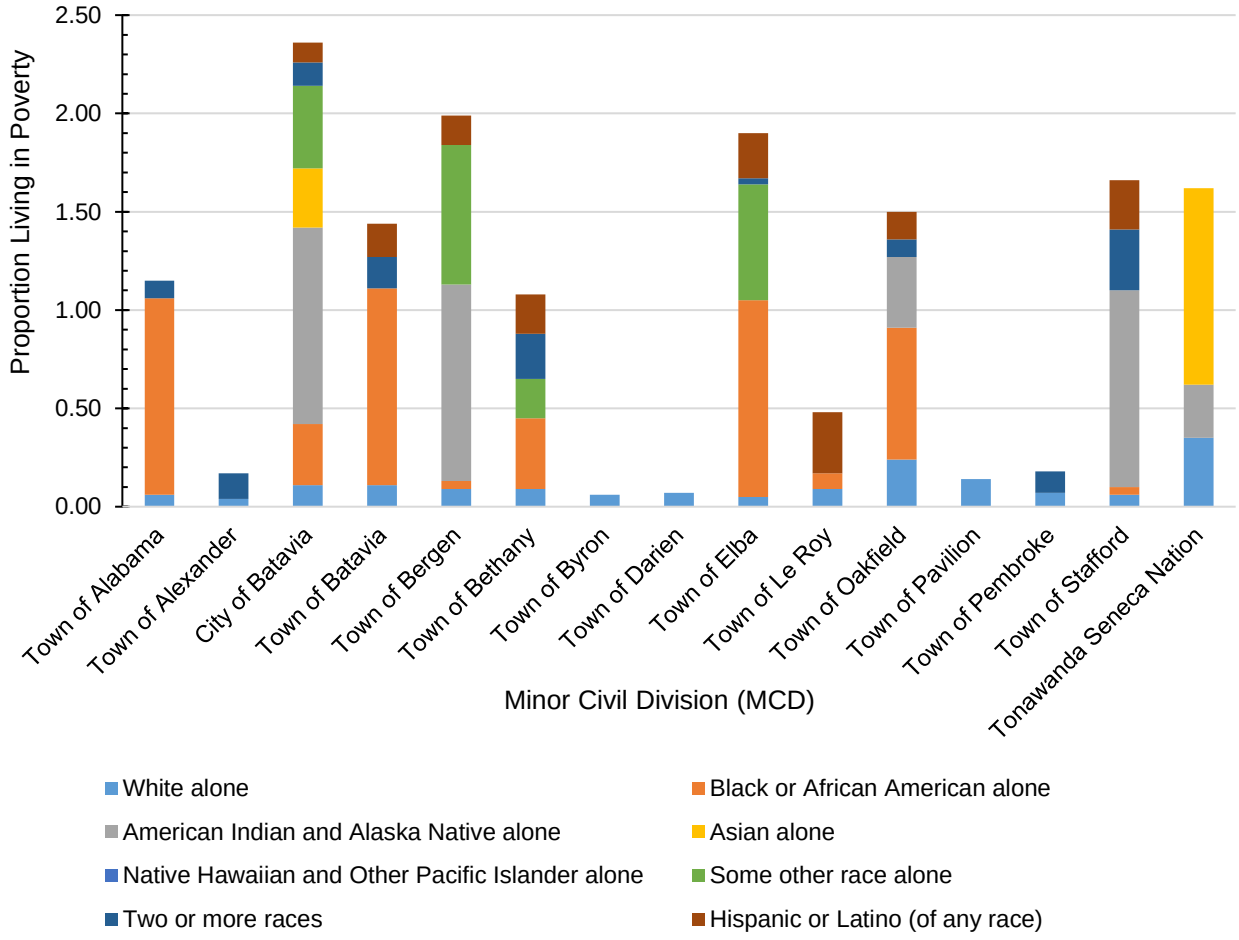
Figure 10 demonstrates a visual of the proportion of people living in poverty as a decimal, based on the data from Table 8 (27). Interpretation of this figure should be the same as for Table 8, described above (27). Of note, a proportion of 1.00 corresponds with a percentage of 100%. Overall, the poverty rates are much higher among populations who identify within a racial or ethnic minority group classification, as well as for those who live within the Tonawanda Seneca Nation (27).

Table 8: Estimated Proportions of Genesee County Residents Living in Poverty by Race, Ethnicity, and Town, January 2019-December 2023

Location	White alone	Black or African American alone	American Indian and Alaska Native alone	Asian alone	Native Hawaiian and Other Pacific Islander alone	Some other race alone	Two or more races	Hispanic or Latino (of any race)
Town of Alabama	97/1,557	17/17	0/8	0/0	0/0	0/39	18/197	0/76
Town of Alexander	94/2,241	0/2	0/0	0/0	0/0	0/29	15/115	0/76
City of Batavia	1,433/12,740	175/565	8/8	59/200	0/0	91/215	155/1,262	83/837
Town of Batavia	677/5,892	5/5	0/0	0/15	0/0	0/59	28/177	28/164
Town of Bergen	249/2,902	1/28	1/1	0/64	0/0	22/31	0/65	9/62
Town of Bethany	129/1,508	13/36	0/5	0/0	0/0	5/25	25/108	15/75
Town of Byron	102/1,718	0/34	0/0	0/17	0/0	0/19	0/158	0/39
Town of Darien	214/2,864	0/0	0/0	0/0	0/0	0/0	0/128	0/174
Town of Elba	94/1,794	16/16	0/1	0/0	0/0	58/98	16/490	113/483
Town of Le Roy	650/7,069	7/88	0/0	0/31	0/0	0/2	0/187	37/119
Town of Oakfield	662/2,797	43/64	4/11	0/0	0/0	0/52	17/191	32/222
Town of Pavilion	270/1,981	0/11	0/5	0/0	0/0	0/0	0/176	0/106
Town of Pembroke	279/4,010	0/70	0/0	0/27	0/4	0/17	11/98	0/143
Town of Stafford	110/1,986	1/26	1/1	0/0	0/0	0/12	65/210	23/93
Tonawanda Seneca Nation	14/40	0/0	49/183	18/18	0/0	0/0	0/61	0/0
Total Below Poverty Level	4,936	278	63	77	0	176	350	340
Total County Population	51,541	1,441	419	416	17	2,750	2,751	2,752

Key
White: 0%
Blue: 1%-25%
Yellow: 26%-50%
Orange: 51%-75%
Red: 76%-100%

Figure 10: Estimated Proportions of Genesee County Residents Living in Poverty by Race, Ethnicity, and Town, January 2019 - December 2023



Unemployment

Employment and income are important factors that may impact economic opportunity, poverty, and affect health. Unemployed individuals have reported feelings of depression, worry, low self-esteem, physical pain, and tend to suffer more from stress-related illnesses such as arthritis, stroke, heart attack, high blood pressure, and heart disease (28).

The April 2025 Unemployment Rate was 2.8% compared to 3.3% in April 2024, lower than the state rate of 3.6% (29). There are disparities in unemployment by educational attainment in the City of Batavia and Genesee County [see Table 9] (30).

Table 9: Unemployment rate, by educational attainment, City of Batavia and Genesee County (30)		
Educational Attainment (population 25-64 years)	City of Batavia	Genesee County
Less than high school graduate	4.23%	1.91%
High school graduate (includes equivalency)	5.70%	5.03%
Some college or associate's degree	2.45%	2.21%
Bachelor's degree or higher	1.83%	2.73%

The Genesee County workforce is made up of approximately 24,182 people (30). The leading industries of the Genesee County workforce include educational services, health care, and social assistance at 24.9%; manufacturing at 15.5%; and retail trade at 11.3% (31)

Nutrition Security

Access to adequate, nutritious food is a critical social determinant of health. In our community, nutrition security remains a concern, particularly for low-income households, children, and older adults. Barriers such as limited access to affordable healthy food options, transportation challenges, and reliance on emergency food sources contribute to disparities in dietary quality.

Based on the 2021 Behavioral Risk Factor Surveillance System (BRFSS), 84.3% of adults 18 and older in Genesee County were food secure over the past 12 months compared to 75.1% statewide in New York (32). According to responses from the community survey, the top five reasons respondents reported for not eating more fruits and vegetables each day were: they are too expensive, they believe they already eat enough, they spoil too quickly, the quality available is poor, and a preference for other foods. These responses suggest potential economic and geographic barriers to accessing fresh, nutritious foods, as well as issues like

infrequent access, transportation limitations, and poor food quality. They also suggest possible gaps in nutrition education and awareness. Similarly, during the Community Conversations, residents identified food insecurity and limited access to healthy foods as one of the most pressing health issues in their community.

Housing Stability and Affordability

Access to safe, stable, and affordable housing can play an important role in health. For example, poor housing quality and inadequate housing can contribute to health problems such as chronic diseases, injuries, asthma, and lead poisoning (33).

Genesee County has a very traditional housing stock comprised of about 75% single-family homes occupied by homeowners (34). The median value of owner-occupied housing units is $157,800 in Genesee County and $139,700 in the City of Batavia (1). 74.2% of housing units are owner-occupied in Genesee County compared to 54.5% in the City of Batavia. 26.0% are renter-occupied in Genesee County compared to 46.0% in the City of Batavia (3). Additionally, Genesee County has 10% of households that spend 50% or more of their household income on housing (35).

Housing quality “refers to the physical conditions of a person’s home, as well as the quality of the social and physical environment in which the home is located” (5). According to the *2025 County Health Rankings & Roadmaps*, the measure “severe housing problems” is defined as the percentage of households with one or more of the following housing problems: lack of complete kitchen facilities, lack of complete plumbing facilities, overcrowding or high housing costs (35). In Genesee County, 12% of households have at least 1 of the 4 housing problems. Households that experience a severe cost burden are often faced with difficult decisions in meeting basic needs. For example, if a majority of someone’s paycheck goes to paying the mortgage or maintenance of a home, it may make it harder for someone to purchase healthy foods, pay medical bills, or have reliable transportation. These tradeoffs can impact health and lead to increased stress and emotional strains (35).

The Genesee 2050 Comprehensive Plan is an updated long-term strategy for Genesee County, New York that guides future development and aims to improve quality of life by addressing issues like economic growth, housing, infrastructure, and community resilience (34). According to the Genesee 2050 Comprehensive Plan, housing prices and choices are very important to the residents of Genesee County, while the level of satisfaction of housing is lower (34). Genesee County is facing challenges when it comes to housing, specifically the housing supply, the age of existing housing stock and the conditions of rental housing for low-income residents. The county is considering solutions to these challenges while also addressing the needs of supportive housing for those with mental health issues, senior housing, and more accessible housing (34).

Domain 2: Social and Community Context

The social and community context in which individuals live plays a critical role in shaping health outcomes. Factors such as social support, community connectedness,

and life experiences influence mental and behavioral health, lifestyle choices, and overall well-being. In Genesee County, issues such as anxiety, stress, depression, and suicide have emerged as key mental health concerns. Substance use, including drug misuse, overdoses, alcohol use, and tobacco use continues to impact individuals and families. Adverse Childhood Experiences (ACEs) remain a significant influence on long-term health outcomes, often contributing to risky behaviors and chronic health conditions. Understanding these interconnected factors is essential for identifying effective strategies to improve health and promote resilience within our communities.

Anxiety and Stress

Anxiety and stress can significantly impact overall health, contributing to a wide range of physical and mental health issues. Chronic stress and anxiety may lead to high blood pressure, weakened immune function, digestive problems, sleep disturbances, and an increased risk of heart disease. Anxiety and stress can also exacerbate existing conditions and negatively affect mental well-being, potentially leading to depression, burnout, or substance misuse if left unmanaged.

In Genesee County, 13.4% of adults 18 years and older reported experiencing frequent mental distress during the past month (32). 21% of adults 18 years and older with an annual household income of less than $25,000 reported experiencing frequent mental distress during the past month (32).

According to the GOW Community Survey Analysis Report, stress was the most reported social challenge among respondents and/or their household members, followed by social isolation and bullying. Additionally, the top three reasons individuals reported using medications or substances for non-medical purposes were to cope with social pressures, manage stress, and relieve chronic pain. These findings highlight the close connection between mental health, social stressors, and substance misuse, emphasizing the need for comprehensive prevention and support strategies that address both emotional well-being and social environments.

Why do Genesee County residents surveyed say they use medications or substances for non-medical reasons?

- **To cope with social pressures**
- **To manage stress**
- **To relieve chronic pain**

Suicide

Suicide remains a critical public health issue that affects individuals, families, and entire communities. Contributing factors may include untreated mental health conditions,

substance use, social isolation, economic hardships, and limited access to mental health care.

In Genesee County, 15.4 per 100,000 people experienced mortality due to suicide, whereas in New York State, 8 per 100,000 people died by suicide (32). Community stakeholders have identified mental health and suicide prevention as a priority area for intervention. Addressing stigma, increasing mental health services availability, and strengthening crisis response systems are essential steps towards reducing suicide risk and promoting mental well-being.

Depression

Depression is one of the most common mental health conditions affecting all age groups in Genesee County. It can significantly impact a person's quality of life, daily functioning, and physical health. Untreated depression is also a major risk factor for suicide and substance use.

Contributing factors to depression may include social isolation, economic stress, trauma, and limited access to behavioral health services. Community key stakeholders continue to identify mental health, including depression, as a top priority for intervention, emphasizing the need for increased screening, education, and access to timely, affordable treatment options.

70%

Of Genesee County residents surveyed ranked their **mental health** as "good" or "very good"

According to Appendix D, 70% of Genesee County respondents ranked their mental health as "good" or "very good", while 30% ranked their mental health as "fair" or "poor". Self-reported mental health improves with age, as adults, particularly those 60 and older, were more likely to report their mental health as "very good", while younger respondents were more likely to report "fair" or "poor" mental health.

Appendix F, which summarizes community conversations held with Genesee County residents, highlights that mental health challenges such as stress, anxiety, depression, and trauma were reoccurring concerns. Youth and older adults were frequently identified as being particularly affected. Additionally, mental health issues were reported to disproportionality affect minority and LGBTQ+ populations. Residents also spoke about the emotional strain many individuals face on a daily basis, including balancing work and family responsibilities, feelings of loneliness, and caregiving for others. Additionally, experiences of discrimination, hostility, and concerns about safety, particularly among the LGBTQ+ population, were identified as significant challenges.

Together, these findings emphasize the urgent need for targeted mental health supports that are culturally competent, age-appropriate, and accessible, particularly for vulnerable populations disproportionately affected by emotional and social stressors.

Drug Misuse and Overdose

Drug misuse and overdose continue to pose serious public health challenges in Genesee County, contributing to preventable deaths and long-term health consequences.

41.7 per 100,000 people died by overdose in Genesee County, compared to 32.3 deaths per 100,000 people in New York State (32). According to the New York State Prescription Monitoring Program, the rate of initial opioid prescriptions among opioid-naive individuals was 110 per 1,000 population in Genesee County compared to 86.5 per 1,000 population in New York State (32). This prescribing practice may contribute to the risk of opioid dependency and misuse.

Buprenorphine is a prescription medication used in medication-assisted treatment for opioid use disorder. It helps reduce physical dependence on opioids, lowers the risk of overdoses, and decreases the potential for misuse. In Genesee County, 1006.4 patients per 100,000 have received a buprenorphine prescription, a rate much higher than New York State's rate of 446 (32).

Tobacco/E-cigarette Use

Tobacco and e-cigarette use remain significant public health concerns, particularly among youth and young adults, contributing to long term health risks such as nicotine dependence, respiratory issues, and cardiovascular disease. According to the 2023 Behavioral Risk Factor Surveillance System (BRFSS), 20.3% of Genesee County residents report currently smoking cigarettes, and in New York State, the rate is much lower at 12% (32).

Alcohol Use

Binge drinking is identified as having an excessive amount of alcohol in a short period of time. For women, binge drinking is typically defined as the consumption of four or more alcoholic drinks in approximately two hours; for men, it is five or more drinks during the same period (36). In Genesee County, 18.4% of adult residents report binge or heavy drinking, whereas 16.4% of New York State residents report the same (32).

In Appendix F, which summarizes community conversations with Genesee County residents, participants expressed concerns about drug and alcohol use, as well as limited access to treatment options in the community.

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) and trauma can have a significant and lasting impact on health, behavior, mental health outcomes, and life potential. ACEs are potentially traumatic events that occur in childhood (0-17 years). Examples include

experiencing violence, abuse or neglect, witnessing violence in the home or community, and having a family member attempt or die by suicide (37). According to the Centers for Disease Control and Prevention (CDC) Vital Signs Report, 1 in 6 adults have experienced four or more types of adverse childhood experiences (ACEs), with females and individuals from racial and ethnic minority groups at even greater risk (38). In this same report, the CDC indicates that preventing ACEs could reduce the number of adults with depression by as much as 44% (38).

According to the 2021 BRFSS, 25.5% of adults in Genesee County reported experiencing three or more ACEs compared to 25.3% of adults statewide in New York (32). Data from the New York State Office of Children and Family Services (OCFS) Disproportionate Minority Representation (DMR) Dashboard shows that the rate of reported child abuse or maltreatment in Genesee County was 21.7 per 1,000 children aged 0–17, nearly double the statewide rate of 11.4 per 1,000 (32). Among Hispanic children and youth in Genesee County, the rate of indicated reports of abuse or maltreatment was 38 per 1,000, more than twice the statewide rate of 14.4 per 1,000 (32). These findings underscore significant disparities in reported cases of child abuse and maltreatment.

The CDC identifies several strategies to help prevent adverse childhood experiences (ACEs), including strengthening economic supports for families; promoting social norms that protect against violence and adversity; connecting youth to caring adults and engaging activities; and ensuring a strong start for children through early childhood education and preschool enrichment programs (37).

In Genesee County, a notable number of community survey respondents reported experiencing adverse childhood experiences (ACEs), with emotional abuse, parental separation or divorce, and household substance misuse among the most frequent. The data indicates a clear relationship between the number of ACEs and physical health status: individuals reporting four or more ACEs are more likely to rate their physical health as “Poor” or “Fair,” while those with no ACEs more often report “Good” or “Very good” health. Similarly, mental health ratings follow this pattern, with respondents reporting four or more ACEs more likely to rate their mental health as “Poor” or “Fair,” while those with no ACEs most frequently report “Very good” mental health. These findings highlight the lasting impact of childhood adversity on adult physical and mental health in Genesee County and emphasize the need for trauma-informed care and prevention strategies within local health programs.

Healthy Eating

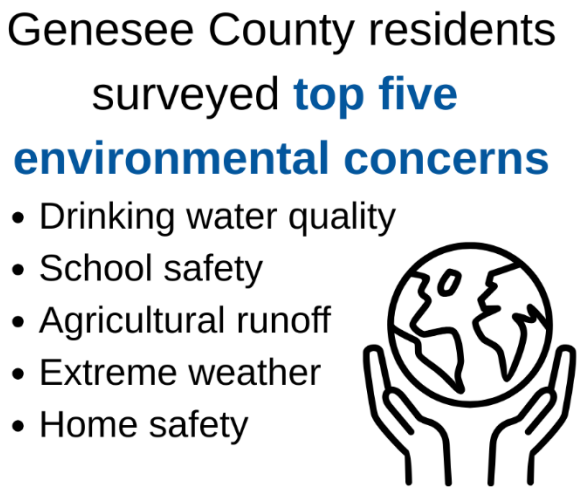
Healthy eating plays a vital role in preventing chronic diseases, supporting mental and physical well-being and promoting healthy growth and development across the lifespan. However, access to nutritious, affordable food remains a challenge for many individuals and families, particularly those living in low-income or rural areas.

According to the BRFSS, 35.7% of adults aged 18 and older in Genesee County reported eating less than one serving of fruits and less than one serving of vegetables

per day, which is slightly higher than the New York State average of 34.4% (32). 64.1% of infants were exclusively breastfed during their hospital stay, which is notably higher than the New York State average of 44% (32).

Domain 3: Neighborhood and Built Environment

The neighborhood and built environment where people live, work, and play has a direct impact on health outcomes. Factors such as access to safe and reliable transportation, opportunities for physical activity, availability of community services, air quality, drinking water quality, and exposure to environmental hazards like lead and radon all influence overall well-being. In Genesee County, these environmental and infrastructure factors have a major impact on residents' health and overall quality of life.

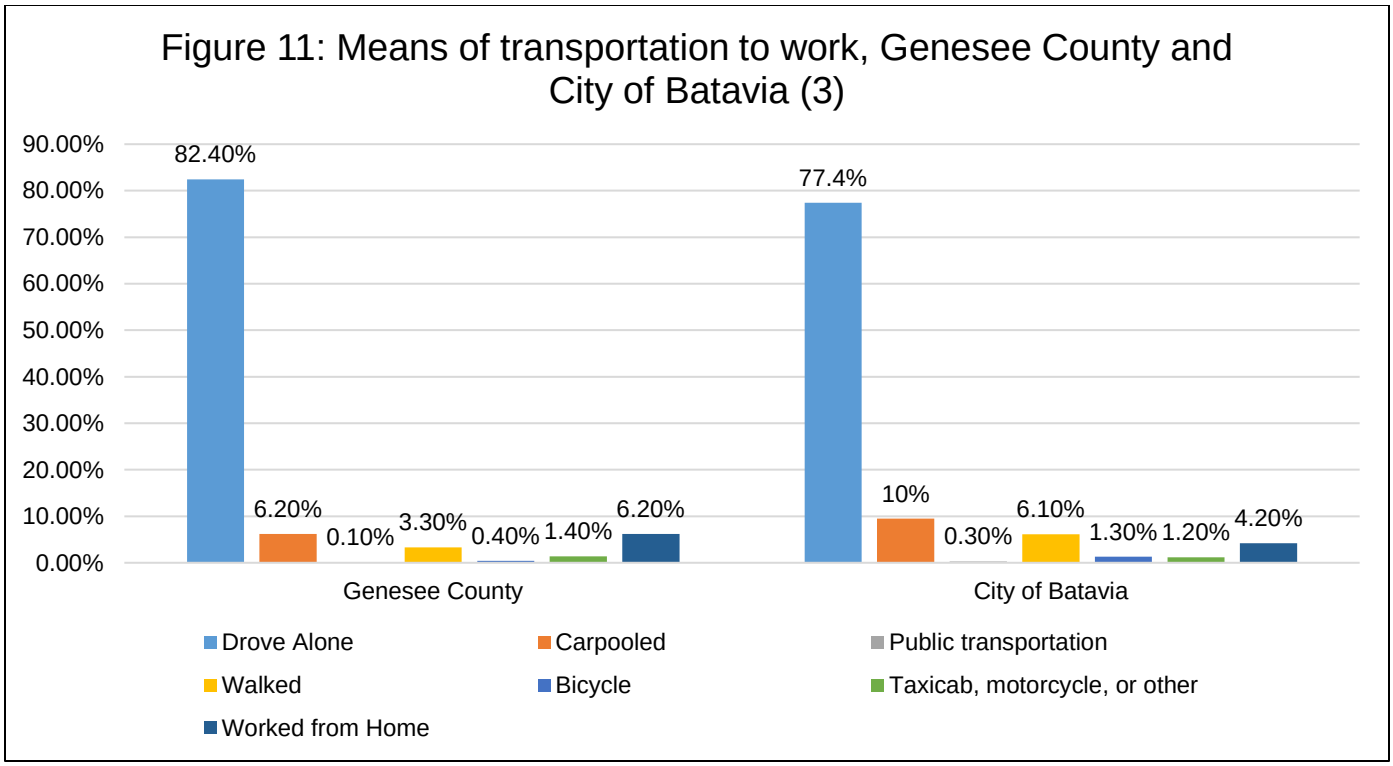


Community survey respondents identified drinking water quality, school safety, agricultural runoff, extreme weather, and home safety as the top five environmental concerns in Genesee County, highlighting significant issues that directly affect the health, safety, and well-being of residents.

Transportation

Transportation can impact the health of the community in many ways. Inadequate transportation can result in missed or delayed health care appointments, increased health expenditures, increased stress levels, longer workdays, and poor access to healthy foods. Research shows that individuals are less likely to access needed services when they face transportation difficulties. Active transportation can provide opportunities for residents to engage in physical activity and promote wellness through biking and walking.

As seen in figure 11, Genesee County is highly vehicle dependent with 82.4% of residents commuting to work alone. Only 0.1% of Genesee County residents use public transportation and 3.3% of residents walk to work. In the City of Batavia, 77.4% of residents commute to work alone, while 0.3% use public transportation and 6.1% walk to work (3). The mean travel time to work is 23.6 minutes in Genesee County compared to 21.9 minutes for workers in the City of Batavia (3).



According to Community Conversation respondents, one of the most commonly identified day-to-day challenges was inadequate, unreliable, or inaccessible transportation, an issue that particularly affects older adults and individuals living in rural areas of Genesee County. Transportation was also among the most frequently mentioned community health needs.

Physical Activity

Physical activity is a key component of overall health and well-being. According to the CDC, regular physical activity can reduce the risk of chronic diseases such as heart disease, type 2 diabetes, and some cancers. It also improves mental health, supports weight management, and strengthens bones and muscles (39). Maintaining an active lifestyle not only helps individuals live longer but also enhances quality of life by promoting better sleep, reducing stress, and boosting daily energy levels.

In 2021, 75% of adults in Genesee County reported participating in physical activity, slightly higher than the New York State average of 74.2% (32). 2025 community survey respondents in Genesee County indicated that the following factors would help them become more physically active: discounts for exercise programs or gym memberships, increased motivation, having a friend or group to exercise with, more personal time, and access to a safe place to walk or exercise. These responses highlight key opportunities to reduce barriers and promote physical activity through community-based support and the creation of safe, accessible environments.

Access to Community Services and Support

Access to community services such as healthcare clinics, food assistance programs, emergency shelters, and cooling centers is essential for community health. These services are especially critical in supporting vulnerable populations during times of crisis or environmental stress, including extreme weather events.

Cooling centers play a critical role in protecting the public during extreme heat events. In 2024, only 18.2% of high-vulnerability areas in Genesee County had access to a cooling center, compared to 24.5% across New York State (32).

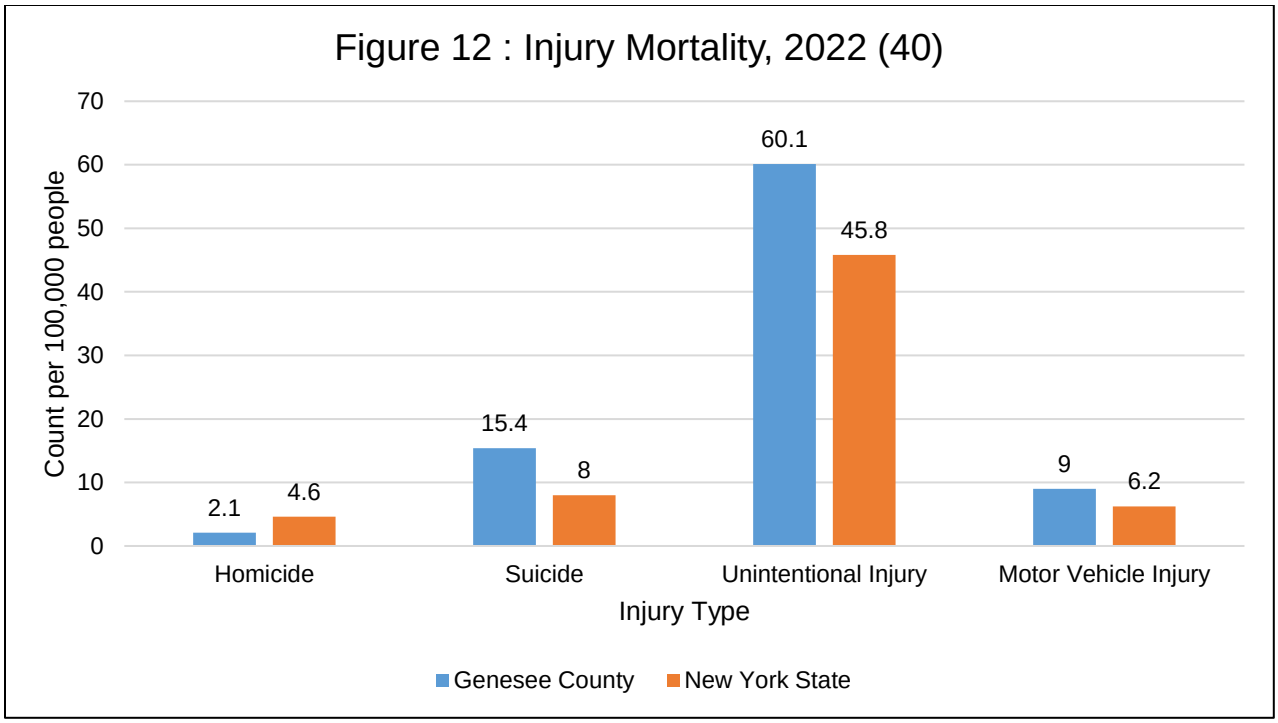
Libraries play an important role in promoting community well-being by offering free internet access, educational resources, and a safe space for learning, connection, and access to digital and health-related services. In Genesee County, access to libraries is comparable to the state average, with both reporting three library visits per person within their respective library service areas (35).

According to the community survey, respondents indicated that they or a household member lacked access to several essential services or opportunities within the past year. These included healthy and affordable food, a livable wage, safe streets, support and resources for individuals with mental health or substance use challenges, employment opportunities, affordable and safe housing, and reliable transportation. These gaps highlight a pressing need to improve access to services that support health, safety, and economic stability for all residents.

Participants in community conversations echoed these concerns, emphasizing the importance of services that are accessible, affordable, culturally competent, and easy to navigate. Without reliable transportation and clear, centralized information about available resources, even existing services often remain out of reach for those who need them most.

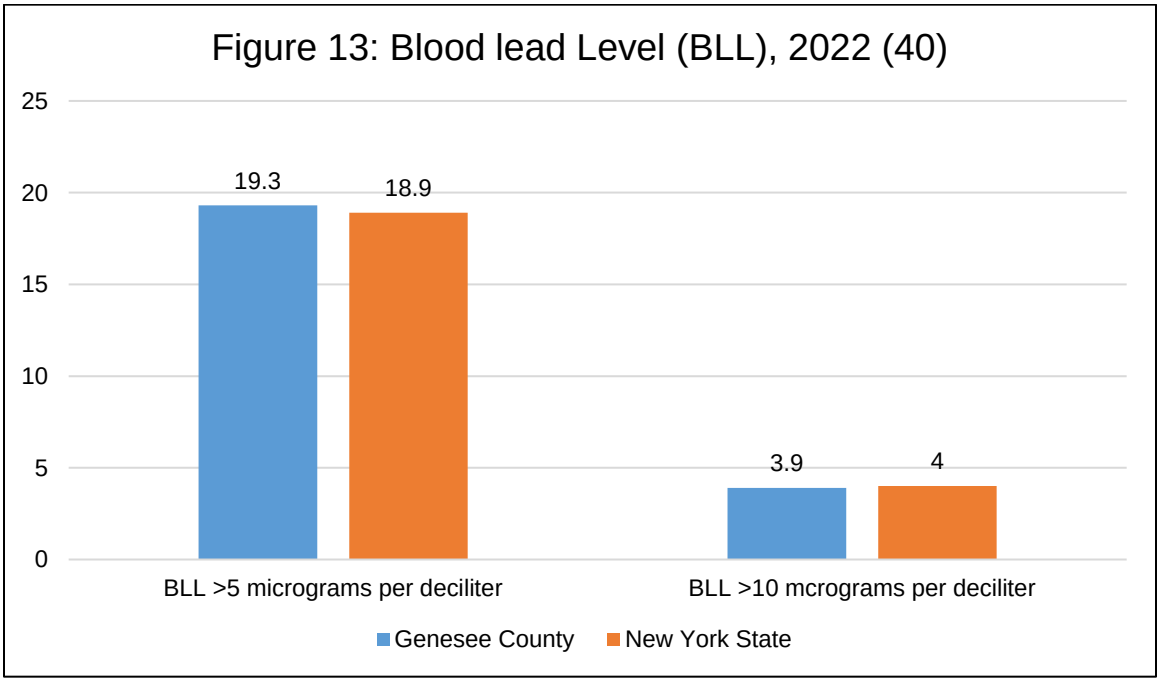
Injuries and Violence

Genesee County experienced an age-adjusted rate of 2.1 homicide deaths per 100,000 people, compared to 4.6 deaths per 100,000 people in New York State (40). The age-adjusted suicide mortality rate per 100,000 for Genesee County is 15.4, higher than New York State at 8.0 per 100,000 deaths by suicide (40). For unintentional injuries, Genesee County experienced an age-adjusted rate of 60.1 deaths per 100,000 people and 80.1 hospitalizations per 10,000 people, compared to 45.8 deaths and 68.4 hospitalizations per 10,000 people in New York State. There were also 9.0 motor vehicle crash injury deaths per 100,000 people (crude rate) in Genesee County, compared to 6.2 in New York State (40).



Blood Lead Levels

The best way to determine lead exposure, especially among children, is to test blood. New York State requires doctors to test all children for lead twice, once at age one and again at age two. A blood lead level of 5 micrograms per deciliter or greater requires further testing and monitoring to avoid adverse health outcomes (41).

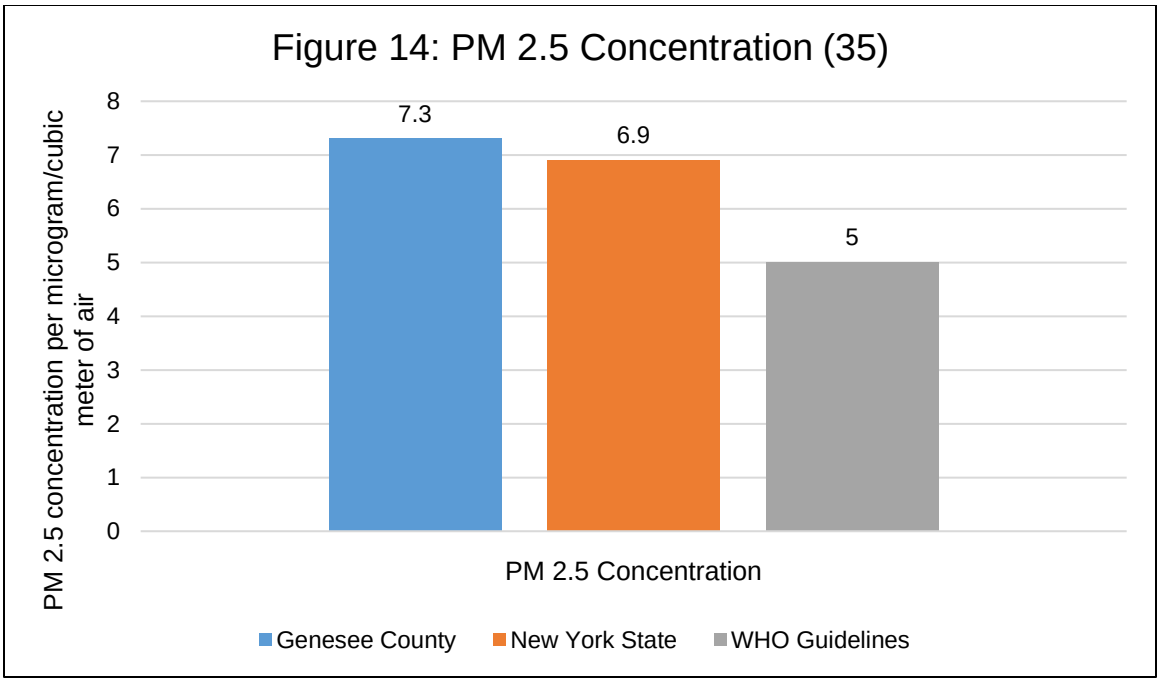


Exposure to lead can occur by living in a house with lead pipes or paint, lead-contaminated soil, or even consumer products such as toys, glazed pottery, inexpensive jewelry, and more (42). Lead exposure in childhood can cause a myriad of health concerns, including neurological developmental delays, slowed growth, learning and behavioral problems, hearing and speech problems, and more (43). The Genesee County Health Department operates a lead prevention and education program to reduce childhood exposure to lead. Refer to the assets and resources section to learn more.

In 2022, 19.3 children per 1,000 aged under 3 years of age in Genesee County had elevated blood lead levels of 5 micrograms per deciliter or higher, faring worse than New York State with a rate of 9.5 children per 1,000 (40). Among these, 4.8 children per 1,000 aged under 3 years of age had elevated blood lead levels of 10 micrograms or higher per deciliter, compared to 3.1 children per 1,000 in New York State (40). 50.5% of children in Genesee County born in 2019 had met the requirement of 2 lead screenings before three years of age, compared to 59.3% of children in New York State (40). Continued efforts in lead screening are needed to prevent lead exposure, increase the number of children screened, and identify children with high blood lead levels.

Air Quality

Several factors contribute to poor air quality, including vehicle exhaust, factory emissions, aerosol pollutants, and natural disasters. Particulate matter (PM) concentration in the air is one way to assess the quality. A PM of 2.5 indicates that the particles in the air have a diameter of 2.5 microns and are considered “fine particulate matter”. Since these particles are so small, they can penetrate deep into the lung and cause injury or disease, making them a serious public health issue (44).



As seen in Figure 14, Genesee County's annual average concentration of PM 2.5 is 7.3 micrograms per cubic meter of air, with levels decreasing since 2002. New York State has an annual average concentration of 6.9 micrograms of PM 2.5 per cubic meter of air (35). The World Health Organization (WHO) suggests an annual mean concentration of PM 2.5 not to exceed 5 micrograms/cubic meter of air (45).

Radon Exposure

Genesee County reports a lung and bronchus cancer incidence rate of 102.9 cases per 100,000 people, compared to 67.6 cases per 100,000 people statewide in New York (40). The primary risk factor for lung cancer is cigarette smoking (46), with 21.6% of Genesee County residents reporting current smoking, compared to 14.1% of adults statewide (40).

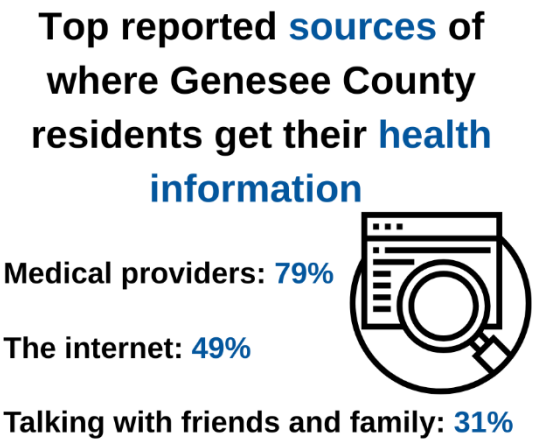
Among non-smokers, the second leading cause of lung cancer is exposure to radon—a naturally occurring, colorless, odorless, and tasteless radioactive gas that can accumulate in homes (47). In Genesee County, the average radon concentration is 7.64 picocuries per liter (pCi/L) in basements and 4.27 pCi/L on the first floor of homes (48). The U.S. Environmental Protection Agency (EPA) considers radon levels above 4.0 pCi/L to be elevated; however, no level of radon exposure is considered completely risk-free (48).

Domain 4: Health Care Access and Quality

Access to timely, affordable, and high-quality health care is essential for preventing and managing both chronic and communicable diseases. In Genesee County, gaps in

access to care, barriers such as transportation and insurance coverage, and limited availability of providers continue to impact health outcomes. These challenges contribute to underutilization of preventive services and delays in treatment for conditions such as cancer, obesity, and sexually transmitted infections. Addressing these barriers is critical to improving health equity and ensuring all residents can access the care they need.

When asked in the community survey about sources of health information, 79% of respondents reported relying on medical providers to get most of their health information. The internet was the second most common source, used by 49% of respondents, followed by talking with friends and family at 31%. Other sources included health insurance companies or workplaces (20%), social media platforms such as Facebook, Twitter/X, YouTube, and TikTok (19%), and print media like newspapers, magazines, and books (10%).



Access to Care

Access to healthcare services is essential and key to achieving better health outcomes, promoting good health, and preventing disease. Access to health care is defined as “the timely use of personal health services to achieve the best possible health outcomes” (5). However, many gaps and barriers to accessing care remain, including inadequate or lack of health insurance, absence of a primary care physician, limited transportation, limited health care resources, and language barriers.

Gaps in Access to Care

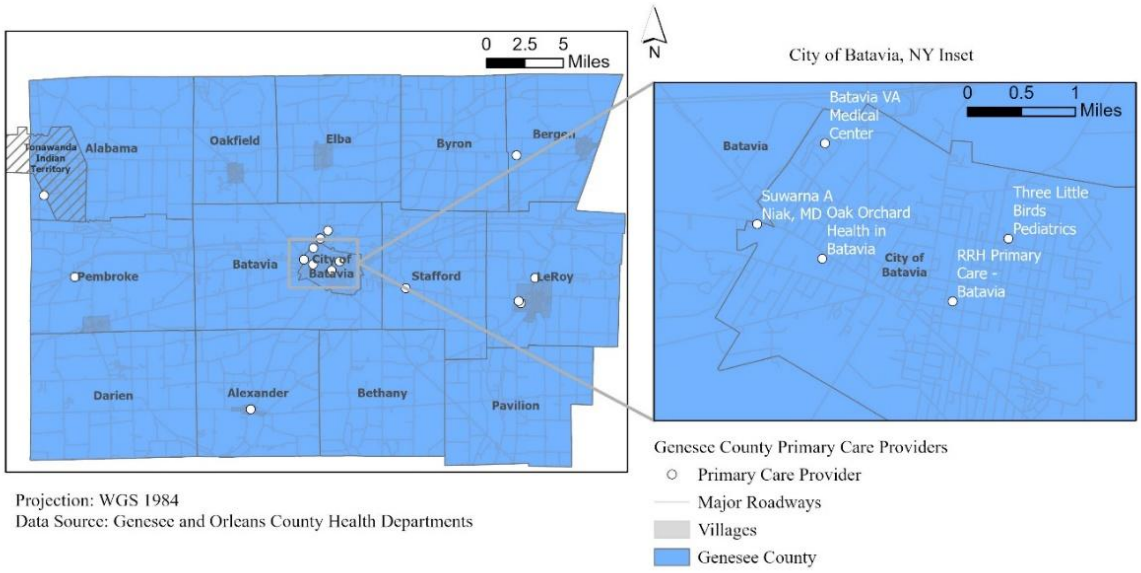
In Genesee County, there are gaps in access, quality and affordable health care. Genesee County is a rural county with a shortage of healthcare workers and access to services. The ratio of the population to primary care physicians is 3,210:1, while the ratio of dentists is 2,620:1 and 500:1 for mental health providers (35).

In Genesee County, 16.1% of adults reported experiencing poor mental health for 14 or more days in the past month, a rate higher than the New York State average of 13.4% (40). Similarly, 16.1% of adults reported frequent mental distress, again exceeding the state average of 13.4% (32). Despite this elevated need, Genesee County has only 189 mental health providers per 100,000 residents, significantly lower than the state average of 356 providers per 100,000 (40). This shortage may limit residents' ability to access timely and effective mental health support.

In Genesee County, 87.9% of adults report having a regular healthcare provider, slightly higher than the New York State average of 85.0% (32) However, access to primary care

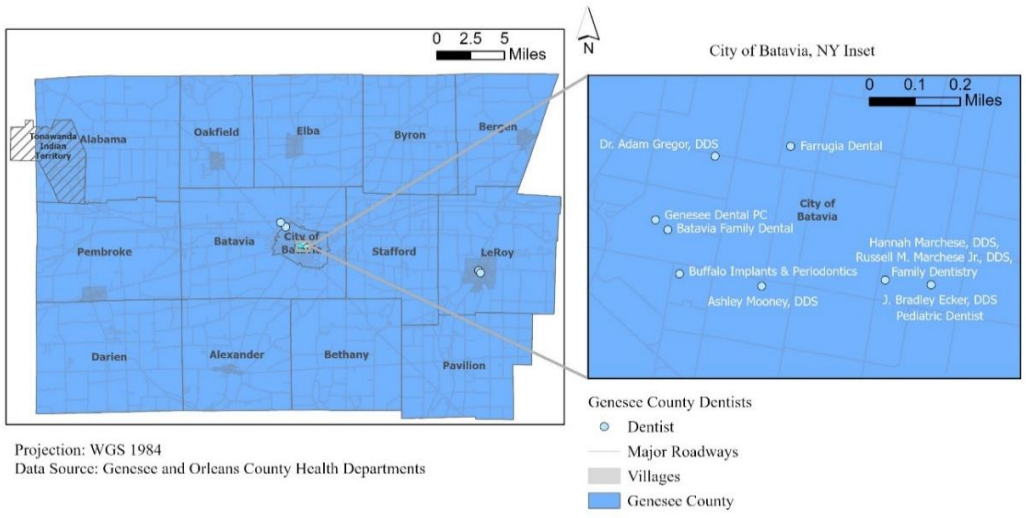
may still be limited, as the county has a significantly higher provider-to-resident ratio: one primary care physician for every 3,210 residents, compared to a ratio of 1,200 to 1 statewide (35). This disparity suggests that while many residents report having a provider, actual availability and timely access to care may be constrained.

Figure 15: Primary Care Providers in Genesee County, NY



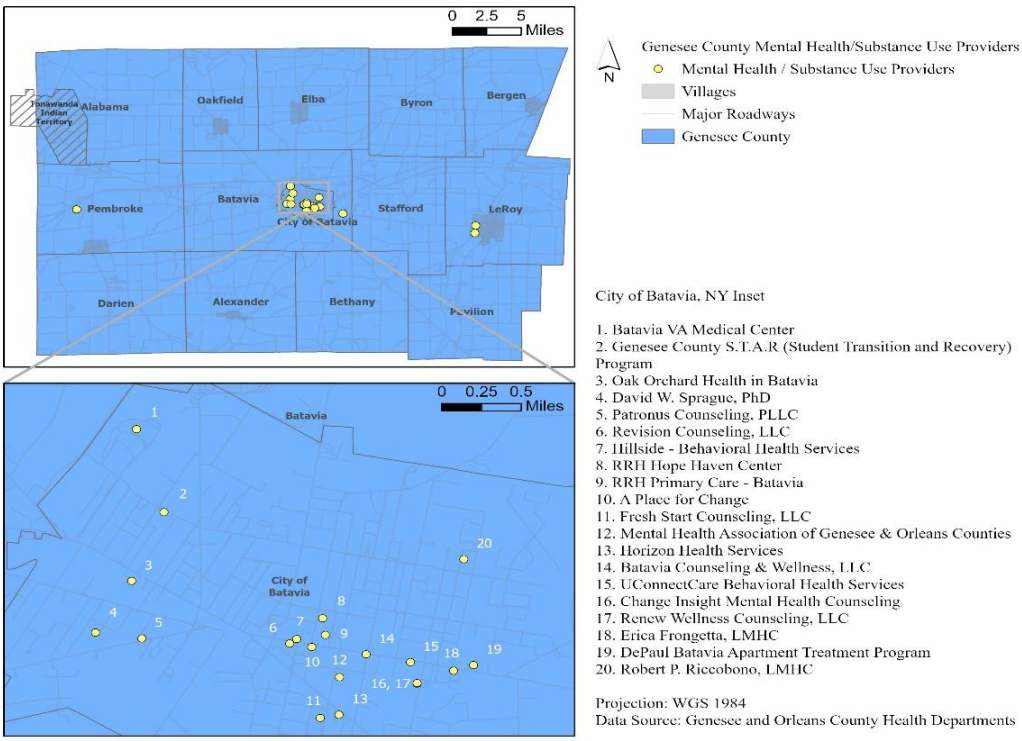
As demonstrated in Figure 15, lack of primary care providers and the geographical accessibility for primary care providers exists for some parts of the county. This is a deterrent to accessing health care services. Some residents do not have access to their own personal vehicle or access to public transportation to travel throughout the county or out of the county for doctor's appointments.

Figure 16: Dental Providers in Genesee County, NY



As demonstrated in Figure 16 and 17, lack of geographical accessibility for dental providers, mental health, and substance use providers exists in Genesee County, which is a deterrent to accessing these health care services. Some residents do not have access to their own personal vehicle or access to public transportation to travel from the rural areas of Genesee County into the City of Batavia or out of the county for healthcare provider appointments.

Figure 17: Mental Health and Substance Use Providers in Genesee County, NY



Access to Care Barriers

There are many barriers identified by residents of Genesee County for receiving health care services including lack of providers, insurance coverage, fear of judgement, transportation, cost, lack of awareness of services, and limited availability of services.

As shown in Table 10, 12% of residents said they did not seek medical care in the past year because they didn't feel it was necessary. Additionally, 5% cited long wait times, 3% reported cost or lack of insurance coverage, 2% couldn't find a provider they liked, and another 2% said the office wasn't open when they were available. These responses highlight a mix of personal choice and systemic barriers that can influence whether individuals seek timely medical care.

Table 10: Five most common reasons why residents did not seek medical care when they needed it within the last year, Genesee County, 2025 (Appendix D)	
I didn't need to go	12%
Long wait times for appointments	5%
Too expensive or not covered by insurance	3%
Couldn't find a provider I liked	2%
Hours- They weren't open when I could get there	2%

Additionally, residents were asked to indicate the reasons why they did not seek mental/behavioral health care in the past year. Approximately 9% of respondents indicated that they didn't seek mental healthcare and/or substance use because it was too expensive or not covered by insurance. Six percent indicated long wait times for appointments while another 6% said fear of judgement.

Table 11: Five most common reasons why residents did not seek mental healthcare and/or substance use help when they needed it within the last year, Genesee County, 2025 (Appendix D)	
Too expensive or not covered by insurance	9%
Long wait times for appointments	6%
Fear of judgement	6%
Unable to find a local provider	5%
Didn't know where to go to get the care I needed	4%

Feedback gathered during community conversations revealed a range of barriers that limit access to physical and mental healthcare in Genesee County. Barriers include a shortage of providers, especially in mental health, pediatric, and dental care, along with long wait times and difficulty finding doctors who are accepting new patients. Residents also reported challenges with insurance coverage, particularly exclusions related to military plans and caregivers, and found healthcare systems difficult to navigate due to complex paperwork, automated systems, and limited awareness of available resources. Transportation was a significant issue, especially for rural residents, older adults, and students, along with a lack of culturally competent and inclusive care, particularly for LGBTQ+ individuals. Confidentiality concerns in small communities, emotional strain, discrimination, and high costs for medications and medical supplies further contributed to delayed or avoided care. Together, these barriers reflect both systemic and social factors that hinder timely, equitable access to healthcare.

Health Care Utilization

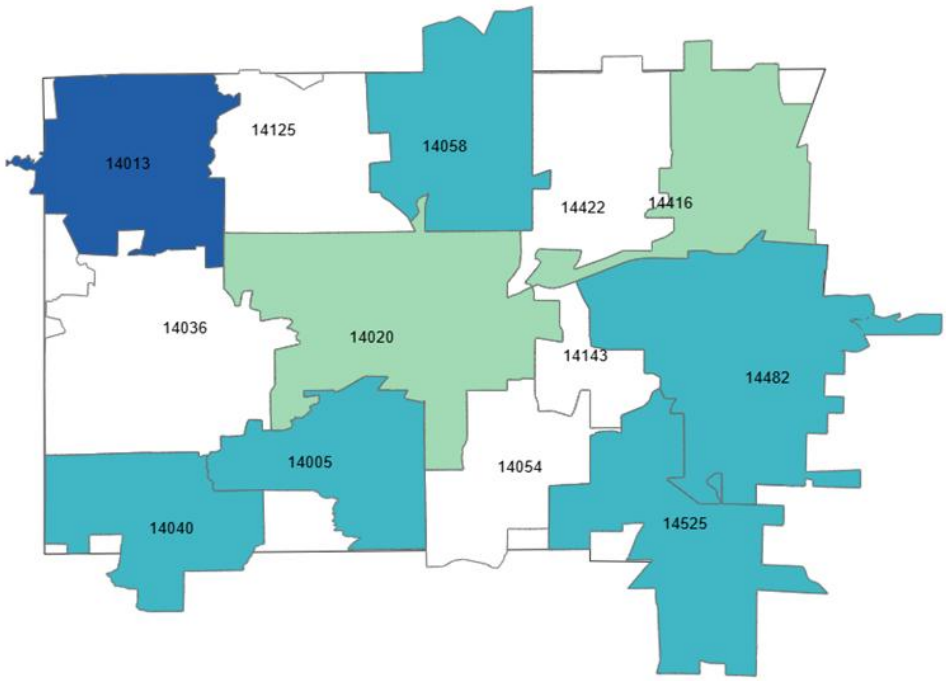
Findings from the community survey showed that about 76% of Genesee County respondents saw their primary care provider in the past year, while 12% did not because they felt it wasn't necessary. However, even those who feel healthy should still see a primary care provider annually for preventive care and early detection of potential health issues, highlighting a gap in understanding the importance of routine checkups.

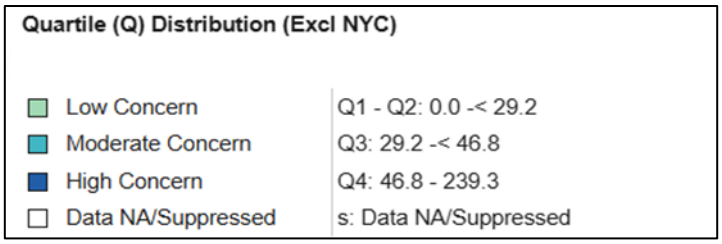
Emergency rooms and/or urgent care facilities are often utilized for non-emergency situations. This can result in unnecessary testing and treatment and can be very costly. According to the New York State Community Health Indicator Reports (CHIRS), Genesee County had an age-adjusted rate of total emergency departments visits of 3,904.2 per 10,000 population from 2019-2022, which is just below the New York State rate of 3,447.9 per 10,000 population (35).

Child and Adolescent Emergency Department Visits

Rural communities, such as those within Genesee County face disproportionate gaps and barriers to healthcare access and utilization compared to their urban and suburban counterparts (49). As a result, emergency department utilization increases for non-emergencies, particularly for patients without a primary care provider (49). The rate for asthma emergency department (ED) visits in children and adolescents ages 0-17 in Genesee County is 36.7 visits per 10,000 and the rate for New York State excluding New York City is 57.4 per 10,000 (50). Figure 18, below, shows the quartile rate distribution of asthma ED visits for children and adolescents ages 0-17 by zip code in the county (50). Based on this figure, zip codes 14013 (Basom/Alabama), 14005 (Alexander), 14040 (Darien), and 14525 (Pavilion) have the highest rates in the county, at 59.0 visits per 10,000 ages 0-17, 45.4 per 10,000, 39,1 per 10,000, and 38.8 per 10,000, respectively (50).

Figure 18: Asthma Emergency Department Visit Rates per 10,000, ages 0-17 years by Zip Code in Genesee County, 2019-2022; adapted from the New York State Prevention Agenda Dashboard





Zip Code	ED Visits	ED Visit Rate
14005	7	45.4*
14013	8	59.0*
14020	52	29.0
14036	s	s
14040	6	39.1*
14054	s	s
14058	6	33.8*
14125	s	s
14143	s	s
14416	6	21.0*
14422	s	s
14482	25	33.5
14525	8	38.8*

Note: s: data does not meet reporting criteria; *: fewer than 10 events, rate may be unstable

Access to and Use of Prenatal and Postnatal Care

Prenatal and postnatal care is very important to the long-term health and development of infants and children. Prenatal care refers to medical care and interventions during gestation, and postnatal care refers to medical care and interventions after birth. Lack of proper prenatal care beginning in the first trimester of pregnancy, and postnatal care after delivery can lead to low birthweight, preterm labor, developmental disabilities, stunted growth, learning impairments, and more (51). Genesee County fares better than New York State on many prenatal and postnatal indicators.

In Genesee County, 79.8% of pregnancies received early prenatal care within the first trimester, compared to 75.0% of pregnancies in New York State (40). Only 3.0% of pregnancies received late prenatal care in the third trimester in Genesee County, compared to 5.6% in New York State (40). Overall, 79.1% of pregnancies in Genesee County received adequate prenatal care, where only 74.6% of pregnancies in New York State reported the same (40) In Genesee County, 10.5% of births were considered preterm, or born before 37 weeks of gestation, compared to 9.6% of births New York State (40).

Women, Infants, and Children (WIC) is a supplemental nutrition program for low-income pregnant, postpartum, and breastfeeding women and their children. WIC offers

nutritional education, referrals to healthcare providers, and provides nutritious foods to families in need (52). For women enrolled in WIC, 92.3% of those in Genesee County received early prenatal care compared to 90.7% in New York State (40). According to the most recent data from 2017, 37.6% of Genesee County women enrolled in WIC were obese before their pregnancy, 5.6% had gestational diabetes, and 7.2% had hypertension, compared to 26.6% of women being obese before pregnancy, 6.6% having gestational diabetes, and 7.5% having hypertension in New York State (40).

Breastfeeding after delivery is an important way for newborns to receive antibodies from the mother's immune system, helping to reduce the risk of certain chronic conditions and supporting overall infant health (53). In Genesee County, 83.4% of newborns were fed breastmilk at least once after delivery in a hospital, where in New York State that rate is 87.7% (40). Among those, 61.4% of newborns in Genesee County were *only* fed breastmilk after hospital delivery, compared to 45.7% of newborns in New York State (40). Among mothers and newborns enrolled in WIC, 28% were breastfed for at least 6 months in Genesee County, and 41% in New York State (40).

Perinatal refers to the time period around 22 weeks gestation and approximately 28 days after birth (54). Both prenatal and perinatal care are important to prevent pregnancy complications in the mother and baby (55). Table 12, below, shows the number of births by zip code during the three-year period (2020-2022) (57). Based on this table, zip codes 14020 (Batavia), 14482 (Le Roy), 14036 (Corfu/Pembroke), and 14416 (Bergen) had the highest crude number of births in the three-year period, at 688, 234, 124, and 93, respectively (56).

Table 12: Total Three-Year Births by Zip Code in Genesee County 2020-2022

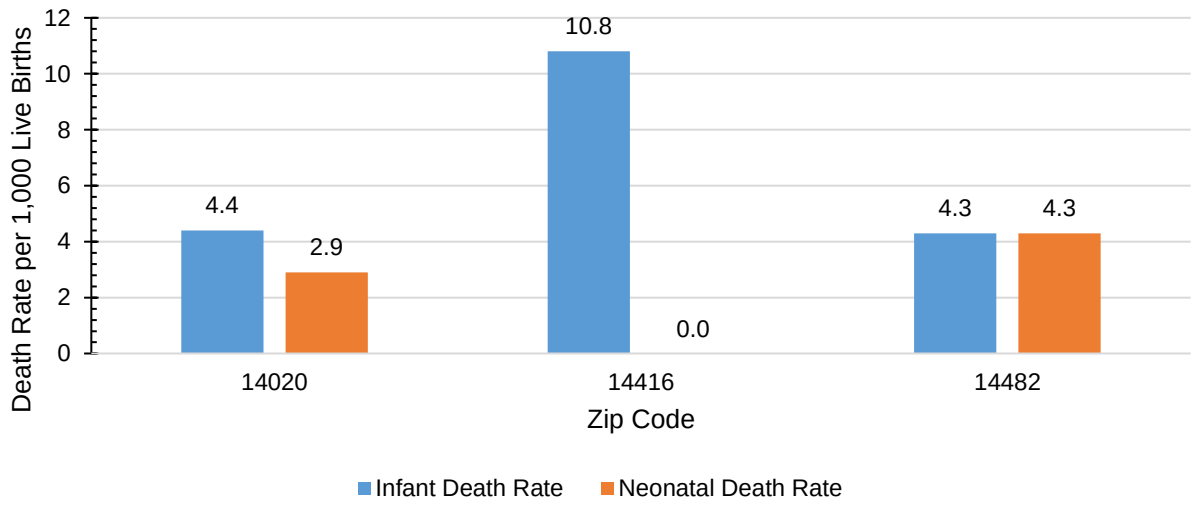
Zip Code	Total Three-Year Births
14005	43
14013	67
14020	688
14036	124
14040	61
14054	40
14058	52
14125	88
14143	28
14416	93
14422	54
14482	234
14525	79
Total	**1,651**

Prevention of Infant and Maternal Mortality

For children aged 1 year old to 4 years old, there were 27.6 deaths per 100,000 children, compared to 16.8 deaths per 100,000 children in New York State. In Genesee County, there were 0 deaths per 100,000 children aged 5-9, compared to 10.4 deaths per 100,000 children in New York State (40).

The infant mortality rate, or deaths among newborns less than one year of age, in Genesee County was 3.0 per 1,000 infants, compared to 4.2 in New York State (40). The neonatal mortality rate, or deaths among newborns aged less than 28 days, was 1.8 per 1,000 births in Genesee County, compared to 2.6 per 1,000 births in New York State (40). Deaths within the first month to the first year, or the post-neonatal mortality rate, was 1.2 per 1,000 births in Genesee County compared to 1.5 deaths per 1,000 births in New York State. The perinatal death rate, or death of an infant from 20 weeks gestation until 28 days of life, was 6.1 in Genesee County compared to 8.7 in New York State. Genesee County had a maternal mortality rate of 61.0 deaths per 100,000 mothers, which is significantly higher than the New York State average of 21.3 deaths per 100,000 (40).

Figure 19: Infant and Neonatal Death Rate per 1,000 Live Births by Zip Code in Genesee County, 2020-2022



Note: Zip Codes 14005, 14013, 14036, 14054, 14058, 14125, 14143, 14422 and 14525 were omitted due to having both infant death rates and neonatal death rates of 0 (56).

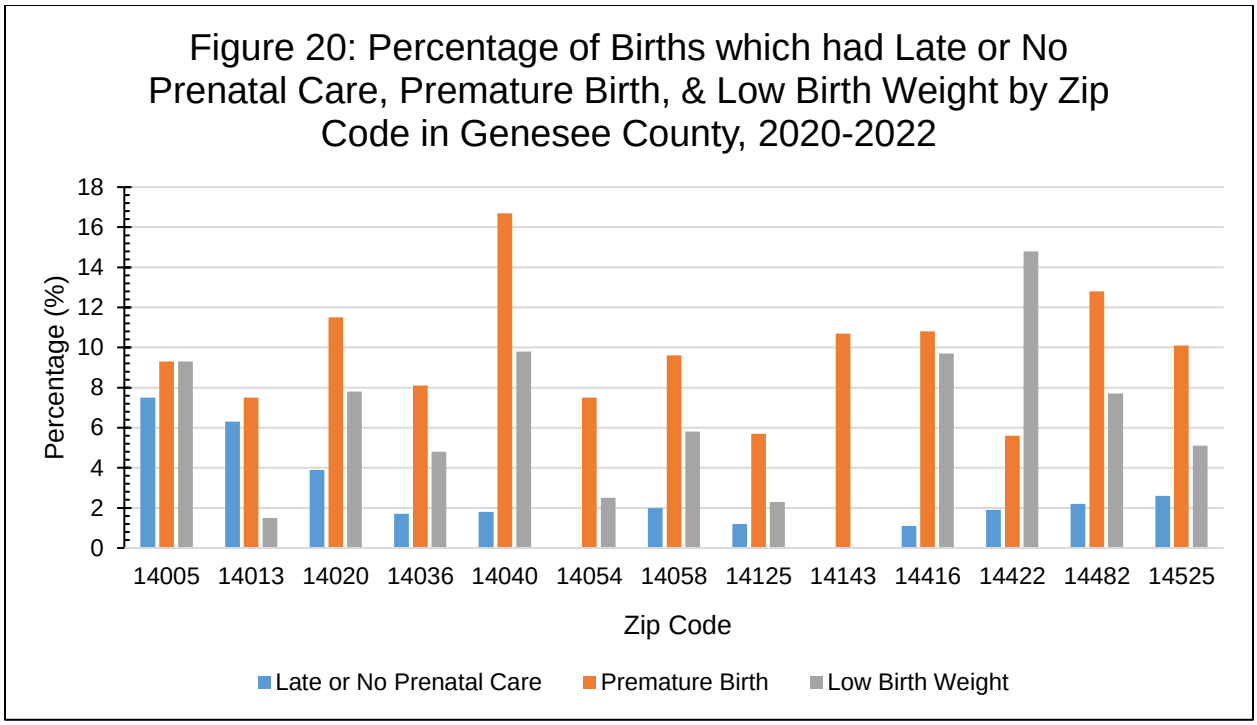
Figure 19, above, demonstrates the infant and neonatal death rate per 1,000 live births by zip code, and several zip codes have been omitted due to their zero values for both indicators (56). Infant deaths refer to deaths that have occurred in an individual less than 12 months of age and the infant death rate refers to the number of infant deaths per 1,000 live births (56). Based on this figure, zip codes 14416 (Bergen), 14020 (Batavia), and 14482 (Le Roy) had the highest infant death rates in the county, at 10.8

deaths per 1,000 live births, 4.4 deaths per 1,000 live births, and 4.3 deaths per 1,000 live births, respectively (56). The Genesee County average was 1.5 deaths per 1,000 live births (56). This is a reduction compared to Genesee County average recorded in 2018-2020 which was 6.4 deaths per 1,000 live births (57). Neonatal deaths refer to the death of an infant less than 28 days of age and the neonatal death rate is the number of neonatal deaths per 1,000 live births (56). The zip code 14482 (Le Roy) has the highest neonatal death rate in the county, at 4.3 deaths per 1,000 live births (56). The Genesee County average was 0.6 deaths per 1,000 live births (56). This is a reduction compared to the Genesee County average recorded in 2018-2020 which was 2.9 deaths per 1,000 live births (56).

Late or No Prenatal Care, Premature Birth, and Low Birth Weight

Figure 20, below, demonstrates the percentage of births by zip code in Genesee County which had late or no prenatal care, the percentage of births which were premature, and the percentage of births which had a low birth weight (56). Late or no prenatal care refers to care that was initiated during the third trimester of pregnancy or not at all (56). Based on this data, the zip code 14005 (Alexander) had the highest percentage of late or no prenatal care, at 7.5%, while the Genesee County average was 2.9%. (56). Premature birth refers to births that occurred prior to 37 weeks gestation (56). Based on this data, the zip code 14040 (Darien) had the highest percentage of premature births, at 16.7%, while the Genesee County average was 10.6% (56).

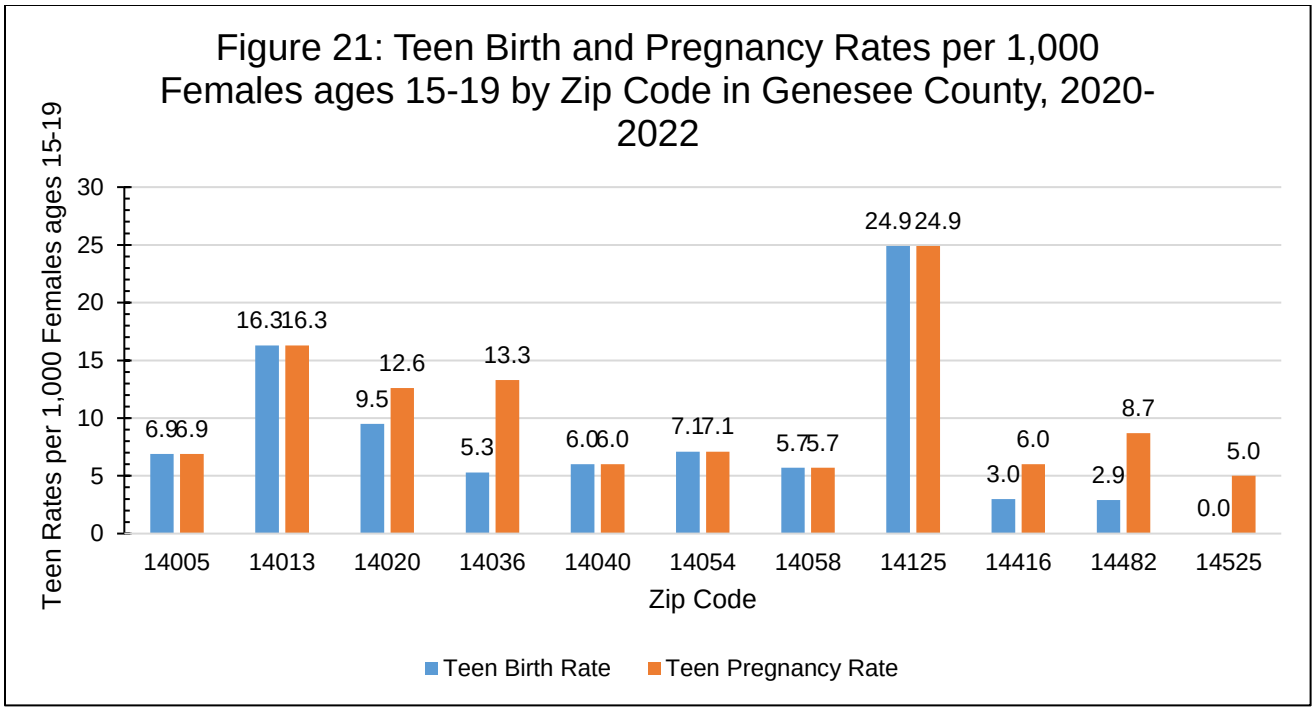
Low birth weight refers to babies weighing 100-2499 grams, or less than 5 pounds and 8 ounces (56). According to Figure 20, the zip codes with the highest percentage of low birth weight births are 14422 (Byron) at 14.8%, 14040 (Darien) at 9.8%, 14416 (Bergen) at 9.7%, and 14005 (Alexander) at 9.3%. (56) The Genesee County average was 6.3% (56).



Teen Birth and Pregnancy Rates

Figure 21, below, demonstrates both teen birth and teen pregnancy rates by zip code in Genesee County (56). The teen birth rate refers to the number of births to females aged 15-19 per 1,000 female population ages 15-19 (56). Based on this figure, zip codes 14125 (Oakfield), 14013 (Basom/Alabama), and 14020 (Batavia) had the highest teen birth rates in the county, at 24.9 births per 1,000 females ages 15-19, 16.3 per 1,000, and 9.5 per 1,000, respectively (6). The Genesee County average teen birth rate was 6.7 births per 1,000 females ages 15-19 (56).

The teen pregnancy rate refers to the number of pregnancies, including births, medical abortion, and spontaneous fetal death, among females ages 15-19 per 1,000 females ages 15-19 (56). Based on Figure 21, zip codes 14125 (Oakfield), 14013 (Basom/Alabama),14036 (Corfu), and 14020 (Batavia) had the highest teen pregnancy rates in the county, at 24.9 pregnancies per 1,000 females ages 15-19, 16.3 per 1,000, 13.3 per 1,000, and 12.6 per 1,000, respectively (56). The Genesee County average was 9.5 per 1,000 (56).



Note: Zip code 14143 (Town of Stafford) had a population of less than 30 females ages 15-19 and was suppressed for confidentiality reasons. Zip code 14422 is not included because the rates were 0.

Genesee County is making progress in reducing infant and neonatal deaths**.** However, the elevated maternal mortality rate**,** early childhood mortality, and disparities in access to prenatal care and birth outcomes highlight areas in urgent need of attention. Geographic disparities**,** especially in rural zip codes, also point to the need for equitable, community-level interventions**.**

Preventative Services for Chronic Disease Prevention and Control

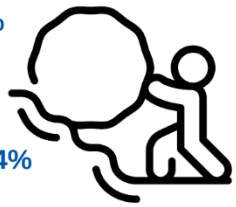
Chronic diseases are conditions that last a year or more and require ongoing medical attention. They can significantly affect an individual's physical, mental, social, and financial well-being. Regular screenings and routine visits to a primary care provider are key to early detection and prevention. Common chronic diseases include cancer, obesity, diabetes, and cardiovascular disease, each of which can limit daily functioning and quality of life. Preventing and managing these conditions is essential to improving the overall health of the community.

Top reported health challenges of Genesee County residents or their household members

Overweight or obesity: 44%

Chronic conditions: 44%

Lack of physical activity: 34%



In response to the question, “What health challenges have you or a household member experienced in the past year?”, 44% of Genesee County survey respondents identified overweight or obesity as a challenge, and another 44% reported chronic conditions such as diabetes, heart disease, or high blood pressure. Additionally, 34% cited a lack of physical activity as a health challenge. These findings highlight the need for prevention efforts that promote healthy eating, regular physical activity, and routine checkups with a primary care provider to reduce the risk and impact of chronic disease in the community.

According to feedback from the Community Conversations, residents expressed significant concern about chronic health conditions such as diabetes, high blood pressure, obesity, and chronic pain. These conditions were frequently identified as common physical health challenges that impact daily functioning and quality of life.

Barriers to managing and preventing chronic diseases included limited access to care, particularly a shortage of primary care providers, long wait times, and difficulty finding doctors who are accepting new patients. Participants also reported a lack of culturally competent providers and challenges navigating complex and often fragmented health care systems.

Prevention-related feedback highlighted the need for improved health education, especially around nutrition, physical activity, and understanding medications. Respondents emphasized the importance of routine checkups and accessible healthcare to support early detection and chronic disease management. Suggestions to improve community health included expanding access to mobile clinics, walk-in services, and wellness infrastructure such as walking trails. Calls for increased health literacy efforts, particularly around insurance use and healthy habits, suggest a desire for more community-based education and outreach.

Overall, the feedback underscores that addressing both structural barriers (like provider shortages and system complexity) and social determinants (such as transportation and cost of living) is essential to improving chronic disease prevention and management in Genesee County.

Obesity and Diabetes

11.4% of Genesee County residents have been diagnosed with diabetes, while 10.2% of New York State residents report the same (40). In Genesee County, 60.6% of adults aged 45 years old or older report having a diabetes test by a medical professional within

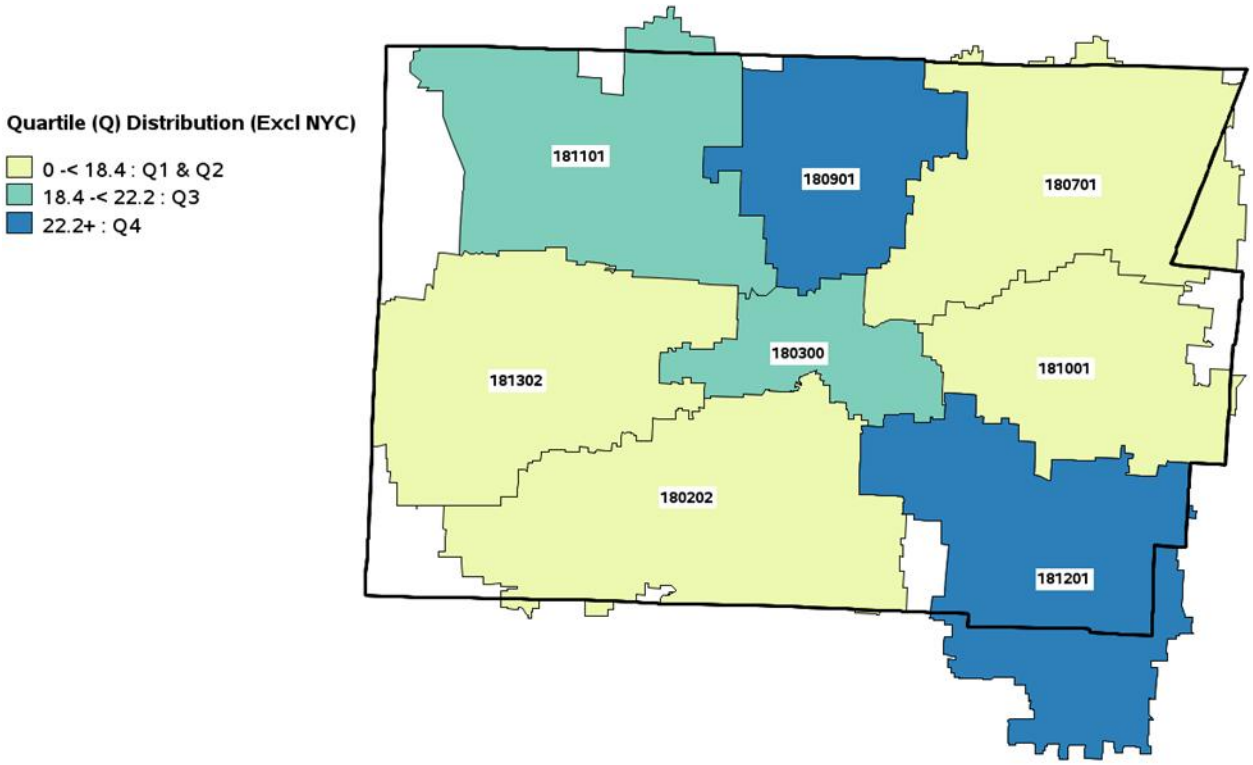
the last three years, faring worse than New York State, who reports 63.8% (50). Regular diabetes testing is important for early detections and timely treatment, which can significantly improve health outcomes.

A common risk factor for the development of diabetes mellitus is obesity. Obesity is a chronic condition characterized by having a body mass index (BMI) of greater than 30 (58). 23.8% of students in elementary, middle, and high school in Genesee County have obesity, compared to 20.6% of students in the same age groups in New York State (40). 39.9% of adults in Genesee County and 29.2% of adults in New York State also report having obesity (40).

Childhood Obesity

The percentage of children and adolescents who are obese in Genesee County is 19.0%, whereas the percentage in New York State (excluding New York City) is 17.3% (59). Figure 22 demonstrates the quartile percentage distribution of obese students by school district in the county (59). Based on this figure, Elba Central School District and Pavilion Central School District have the highest percentage of obese children and adolescents at 26.5% and 22.2%, respectively (59).

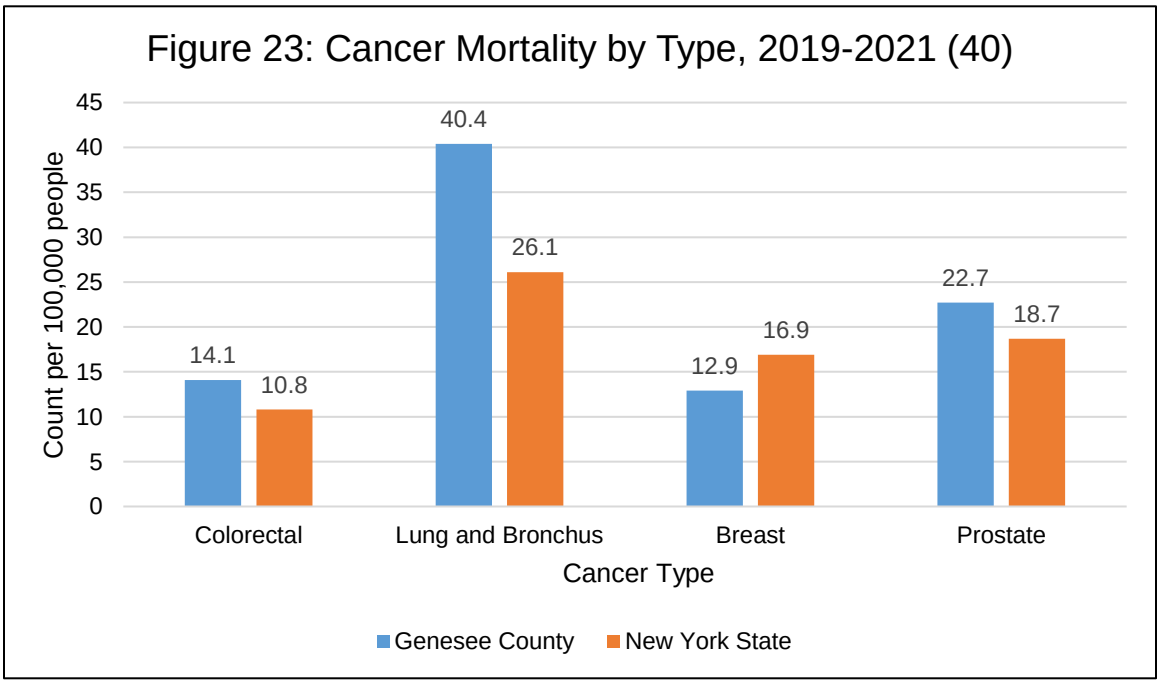
Figure 22: Percentage of Children and Adolescents with Obesity by School District in Genesee County, school years 2017-2019 (59); adapted from the New York State Prevention Agenda Dashboard



School District Code	School District Name	Number of Obese Students (#)	Percentage (%)
180202	Alexander Central School District	31	12.4
180300	Batavia City School District	184	21.8
180701	Byron-Bergen Central School District	17	11.1
181302	Pembroke Central School District	40	15.4
180901	Elba Central School District	39	26.5
181001	Le Roy Central School District	55	16.6
181101	Oakfield-Alabama Central School District	66	20.4
181201	Pavilion Central School District	57	22.2

Cancer

Cancer is a prevalent condition categorized by uncontrolled cell growth within the body and is one of the leading causes of death in both New York State, and the United States as a whole. In Genesee County, the cancer incidence rate was 504.1 cases per 100,000 people, higher than the New York State rate of 458.2 cases per 100,000 people (40). Genesee County also experiences a higher rate of cancer mortality than New York State at 158.8 deaths per 100,000 people compared to 124.8 deaths per 100,000 people in the state (40).



Note: oral and pharynx cancer, and ovarian cancer rates have been excluded from this chart due to lack of data for Genesee County Residents

In Genesee County, the incidence of colon and rectum cancer is 39.2 cases per 100,000 people, slightly lower than the New York State rate of 43.4 cases per 100,000 people (40). Secondary treatment to prevent manifestation and development of colon cancer is available and recommended to adults aged 50-64. In 2022, about 70% of adults aged 50 to 75 in Genesee County were screened for colorectal cancer (60). When adjusting for differences in age across the population, the estimated screening rate was closer to 64% (60).

Genesee County reports a lung and bronchus cancer incidence of 69.1 cases per 100,000 people, and New York State reports an incidence of 51.1 cases per 100,000 people. The biggest risk factor for development of lung cancer is smoking (61), and 21.6% of Genesee County residents and 12.5% of New York State residents report current cigarette smoking (40).

In 2022, about 77% of women aged 50 to 74 in Genesee County had received a mammogram to screen for breast cancer (60). Female residents of Genesee County experience a breast cancer rate of 187.6 per 100,000 people and an ovarian cancer rate of 22.9 per 100,000 people, while New York State reports a breast cancer rate of 167.6 and an ovarian cancer rate of 13.6 (40). Male residents of Genesee County experience a prostate cancer rate of 138.0, and New York State reports an incidence rate of 131.6 (40).

Diseases of the Heart

Cardiovascular disease (CVD) and other diseases of the heart are the leading cause of death in the United States. CVD is an umbrella term describing all diseases of the heart. Common diseases of the heart include coronary heart disease (CHD), characterized by a buildup of fatty material such as cholesterol blocking arteries, congestive heart failure (CHF), which occurs when the heart cannot pump as effectively as it should (62), and hypertension, characterized by an average blood pressure above 140/99 mmHg (63). A primary care physician can screen for all of these conditions.

Taking steps to prevent heart disease is important for long-term health. This includes eating a healthy diet, staying physically active, and regularly checking cholesterol levels. High cholesterol can lead to a buildup in the arteries, making it harder for the heart to pump blood throughout the body.

In Genesee County, 90.1% of adults have had their cholesterol checked at least once, which is slightly lower than the New York State average of 90.7% (40). Despite this, Genesee County has a higher death rate from cardiovascular disease (CVD) at 207.5 deaths per 100,000 people, compared to 213.8 in the state overall (40). In 2021, 10.9% of adults in Genesee County had been diagnosed with CVD, compared to 6.4% statewide (40).

Coronary heart disease (CHD) is a major factor in heart-related deaths. Genesee County reported 118.1 deaths due to CHD, which is lower than the state average of

131.6. However, the county has a higher death rate from congestive heart failure (CHF) than the state, with 11.1 deaths per 100,000 people compared to 10.9 in New York State.

In Genesee County, mortality related to other diseases of the heart has a rate of 163.0 per 100,000 people compared to New York State, reporting 170.6 deaths per 100,000 people (40). 77.8% of adults in Genesee County are receiving tertiary care, or taking medications, to manage their hypertension, while 81.2% of adults in New York State report the same (32).

Genesee County also experiences a heart attack mortality rate of 30.6 deaths per 100,000 people compared to New York State's rate at 20.7 deaths per 100,000 people (40). Stroke mortality rate in Genesee County is 29.2 deaths per 100,000 people, and New York State experiences a rate of 25.3 deaths due to stroke per 100,000 people (40).

Liver and Kidney Disease

Liver and kidney conditions also impact the health of many people in both Genesee County and New York State. In Genesee County, the hospitalization rate for chronic kidney disease (CKD) is 141.9 per 10,000 people, higher than the New York State rate of 117.8 per 10,000 (40).

Cirrhosis, a serious liver disease caused by long-term damage such as heavy alcohol use or hepatitis, leads to scarring and inflammation of the liver (65). In Genesee County, there are 15.2 deaths from cirrhosis per 100,000 people (40).

Lung Disease

Genesee County reports 55.6 deaths per 100,000 people due to chronic lower respiratory infections, and New York State reports a lower rate of 31.3 deaths per 100,000 people (40). Chronic lower respiratory infections include bronchitis, asthma, and emphysema (66). There are currently 9.7% of adults in Genesee County and 10.1% of adults in New York State living with asthma, and in Genesee County, there were 1.9 hospitalizations per 10,000 people due to asthma. This rate is much lower than that of New York State, which reports 10.1 asthma-related hospitalizations per 10,000 people (40).

Oral Health Care

Oral health is a vital component of overall well-being, yet access to preventative and routine dental exams or dental visits remains a challenge for many individuals in Genesee County, particularly among underserved populations.

In 2022, about 62% of adults aged 18 and older in Genesee County reported visiting a dentist (60). The age-adjusted rate was also about 62%, meaning the estimate remains the same even when accounting for differences in the age makeup of the population

(60). Among enrollees aged 2-20 years, 38.9% had at least one preventive dental visit, compared to 39.1% within New York State (32).

Genesee County demonstrates moderate engagement with preventive services for chronic disease prevention and control but faces significant challenges that affect long-term health outcomes. While rates of cholesterol screening, dental visits, and cancer screenings are comparable to or slightly above the New York State average, the county consistently reports higher rates of chronic conditions such as obesity, diabetes, cardiovascular disease, and cancer. Community feedback highlights concerns about access to care, including shortages of primary care providers, long wait times, and challenges navigating the healthcare system, as key barriers to prevention and management. Health literacy, routine screenings, and access to supportive services like mobile clinics and wellness infrastructure are identified needs. Addressing both structural barriers and the social determinants of health is critical to improving chronic disease outcomes and reducing the overall burden of disease in Genesee County.

Preventative Services for Communicable Diseases

Preventing the spread of communicable diseases is essential to maintain a healthy community. Many communicable diseases are assessed, including those that are foodborne, vector borne, sexually transmitted, and vaccine preventable.

Foodborne Diseases

Foodborne diseases such as Escherichia coli (E. coli), shigella, and salmonella can occur from eating meats or seafood that are not properly cooked, contamination of food, or poor hand hygiene when preparing or serving foods. These illnesses can cause digestive distress, nausea and vomiting, and dehydration. Recovery can take anywhere from a few days to a few weeks. Monitoring foodborne illness outbreaks is important to protect the health and safety of a community and prevent the spread of communicable diseases (67).

Per 100,000 people, Genesee County reported 1.2 cases of shigella, and 5.2 cases of E. coli compared to 5.5 cases of shigella and 5.2 cases of E. coli in New York State as a whole. Genesee County also reported 15.0 cases of salmonella per 100,000 people, similar to New York State, who reported 13.1 cases (40).

Vector borne Diseases

Lyme disease is an illness caused by a bacterium carried by a deer tick. Lyme disease is transmitted through the bite of a deer tick carrying the bacteria and can cause symptoms such as a bull’s-eye rash, joint pain, weakness, and fatigue. Lyme disease is most commonly found in the northeast and northwest United States, where Genesee County is located (68).

Genesee County fares better than New York State for Lyme disease incidence, reporting 15.6 cases per 100,000 people compared to 46.5 cases per 100,000 people in New York State (40).

Sexually Transmitted Infections (STIs)

Genesee County fares better than New York State on almost all sexually transmitted disease (STD) incidences. Genesee County experiences a Human Immunodeficiency Virus (HIV) incidence rate of 2.6 cases per 100,000 people, compared to 11.6 per 100,000 in New York State. Genesee County also experiences an Acquired Immune Deficiency Syndrome (AIDS) mortality rate of 0.0, compared to 1.7 in New York State (40).

In Genesee County, 7.1 people per 100,000 were diagnosed with early-stage syphilis, compared to 20.3 per 100,000 people in New York State (69). Early diagnosis of syphilis leads to faster treatment turnaround, reduces the chance of infertility, and reduces the risk of long-term problems associated with diagnosis (70). In Genesee County, 4.9 per 100,000 people were diagnosed with secondary syphilis and 31.2 per 100,000 with late syphilis. In comparison, New York State reported higher rates of secondary syphilis at 10.9 per 100,000 but significantly lower rates of late syphilis at 13.0 per 100,000 (69).

There were 95.2 cases of gonorrhea per 100,000 people in Genesee County, compared to 131.5 cases per 100,000 people in New York State (69). Among new cases of gonorrhea in Genesee County, the rate was 106.4 per 100,000 males and 83.6 per 100,000 females. In comparison, New York State reported higher rates: 154.6 per 100,000 males and 108.2 per 100,000 females (69).

Genesee County reported 269.1 cases of chlamydia per 100,000 people, while New York State reported a higher rate of 403.7 per 100,000. Among these cases, 202.7 per 100,000 males and 341.8 per 100,000 females were reported in Genesee County. In comparison, New York State reported 288.7 cases per 100,000 males and 523.8 per 100,000 females (69).

Vaccine Preventable Diseases

Genesee County fares similar to New York State in tuberculosis infection, experiencing 0.6 infections per 100,000 people in Genesee County and 3.2 infections per 100,000 people in New York State (40).

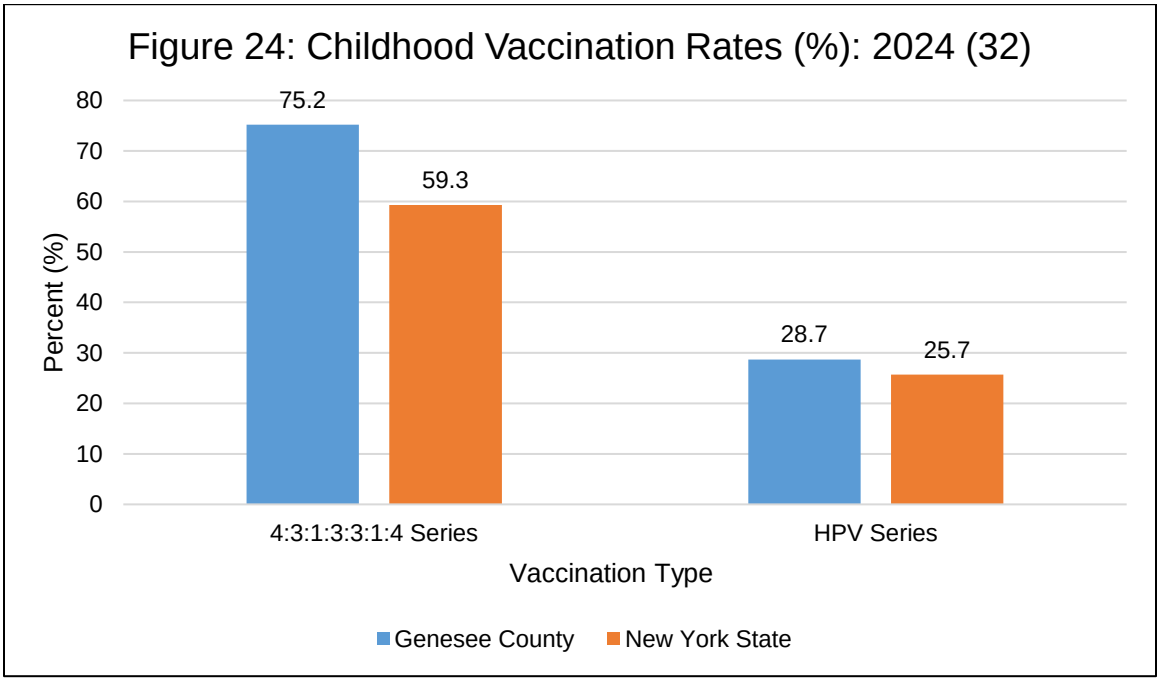
There were 22.0 new cases of Hepatitis C per 100,000 people in Genesee County, compared to 30.9 new cases per 100,000 people in New York State (40). There were 63.3 hospitalizations per 10,000 adults aged 65 or older due to the flu or pneumonia in Genesee County, similar to New York State's rate for the same age group of 53.7 per 10,000 people (40).

Immunization Rates

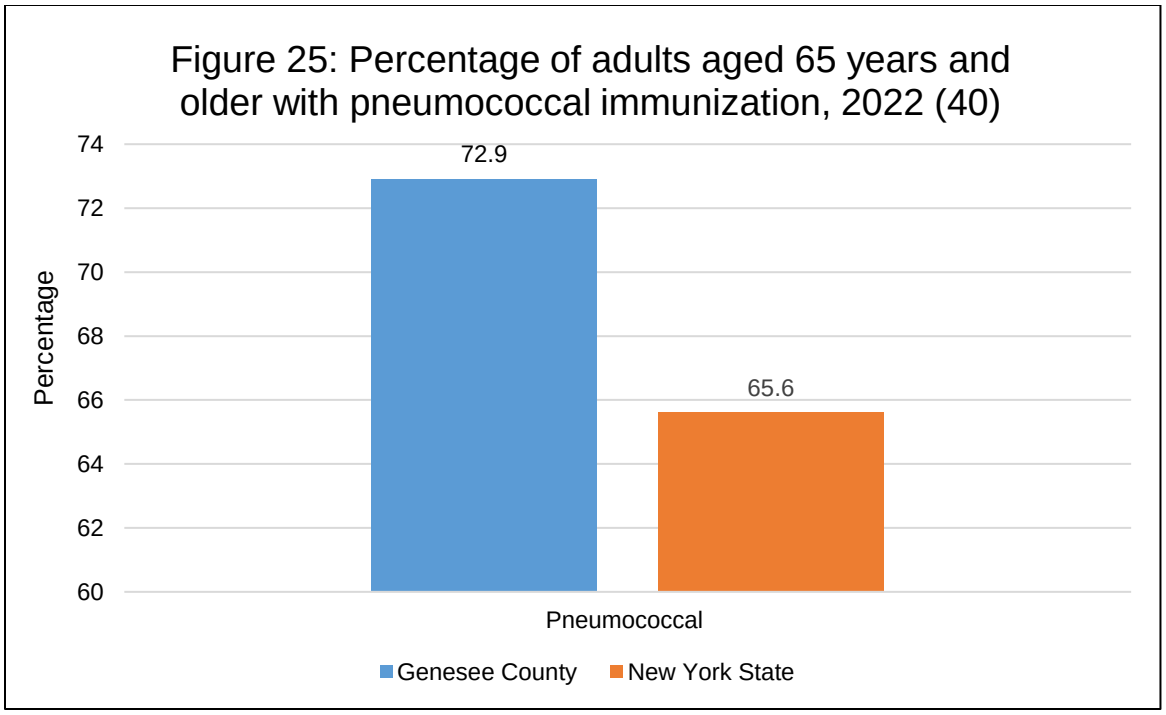
Immunizations are one of the most effective ways to prevent the spread of communicable diseases by introducing your body's immune system to pathogens and

building natural immunity. Maintaining vaccination rates is one of the best ways to keep a community healthy.

In Genesee County, 75.2% of children are up-to-date with their necessary vaccine series, compared to 59.3% of New York State children (32). The recommended childhood vaccination series, known as the 4:3:1:3:3:1:4 schedule, includes protection against several serious diseases. It consists of four doses of Diphtheria, Tetanus, and Pertussis (DTaP); one dose each of Measles, Mumps, and Rubella (MMR) and Varicella (chickenpox); three doses of Hepatitis B; at least one dose of Haemophilus influenzae type B (Hib); and four doses of pneumococcal conjugate vaccine (71). Also, among children, 28.7% of 13-year-olds in Genesee County have received the complete Human Papillomavirus (HPV) series, compared to 25.7% of 13-year-olds in New York State as a whole (32).



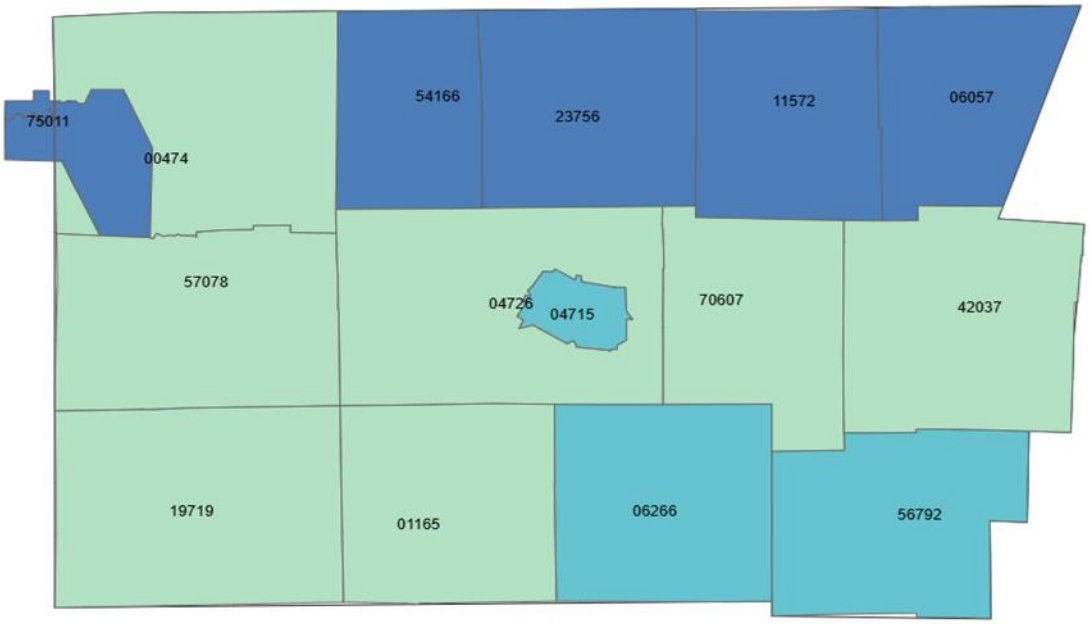
In Genesee County, 72.9% of adults aged 65 and older received the pneumococcal immunization, faring better than New York State with a rate of 65.6% of adults aged 65 and older being immunized (40).



Premature Deaths

The percentage of premature deaths, or deaths that occur before 65 years old, in Genesee County is 21.0%, and in New York State (excluding New York City), the percentage is 21.8% (50). Figure 26, below, shows quartile percentage distribution for the percentage of premature deaths by Minor Civil Division in the county (50). Based on this figure, the Tonawanda Seneca Nation has the highest percentage of premature deaths, at 30.3%, followed by the Town of Byron (29.8%) and the Town of Elba (29.8%) (50). The Tonawanda Seneca Nation has had nearly a 20% reduction in premature deaths compared to 2017-2020 (59).

Figure 26: Percentage of Deaths that are Premature by Minor Civil Division in Genesee County, 2019-2022; adapted from the New York State Prevention Agenda Dashboard



Quartile (Q) Distribution (Excl NYC)

Low Concern	Q1 - Q2: 0.0 -< 22.1
Moderate Concern	Q3: 22.1 -< 26.5
High Concern	Q4: 26.5 - 50.0

MCD Number	MCD Name	Deaths (Before 65 Years)	Percentage (%)
00474	Alabama town	10	18.2
01165	Alexander town	13	14.8
04715	Batavia city	233	22.1
04726	Batavia town	44	18.1
06057	Bergen town	32	26.9
06266	Bethany town	12	22.2
11572	Byron town	25	29.8
19719	Darien town	24	19.7
23756	Elba town	24	28.2
42037	Le Roy town	71	15.8
54166	Oakfield town	31	27.2
56792	Pavilion town	19	26.4
57078	Pembroke town	34	19.8
70607	Stafford town	14	17.3
75011	Tonawanda Seneca Nation	10	30.3

Genesee County performs relatively well in many areas of communicable disease prevention, particularly in comparison to New York State averages. The county reports lower or similar rates of foodborne illnesses, vector-borne diseases like Lyme disease, and most sexually transmitted infections, including HIV and gonorrhea. Immunization rates are a notable strength, with higher childhood and adult vaccination coverage compared to state averages. However, opportunities remain to improve HPV vaccine completion and flu/pneumonia prevention in older adults. Community-wide efforts to maintain strong immunization practices, monitor disease outbreaks, and promote early diagnosis and treatment are essential to preventing the spread of infectious diseases and protect overall public health.

Domain 5: Education Access and Quality

Expanding access to high-quality education for students in PreK-12 is vital for supporting academic success, increasing educational attainment, advancing health equity, and fostering long-term well-being. Timely immunizations, healthy school meals, social-emotional learning (SEL), and access to counseling and mentoring all play a critical role in supporting education access and quality.

In Genesee County, community members identified good schools and affordable childcare as important components of a strong and healthy community. Respondents emphasized the need for accessible, high-quality educational opportunities that support families from early childhood through 12th grade. This focus highlights the community's understanding that education is fundamental to overall health, economic stability, and overall well-being. Ensuring access to quality schools and childcare services is therefore essential to fostering a vibrant, healthy community.

Health and Wellness Promoting Schools

In Genesee County, 18.9% of public-school students in grades K-8 were chronically absent, compared to 25.1% statewide in New York (32). Among economically disadvantaged public-school students in grades K-8, 27.6% were chronically absent in Genesee County, compared to 33.8% statewide in New York (32).

Opportunities for Continued Education

Within five years of graduation, 53.4% of high school seniors in Genesee County attended a 2- or 4-year college, compared to 70.2% statewide (32) Among economically disadvantaged students, only 34.4% enrolled in college within five years, significantly lower than the 63.1% observed across New York State (32).

Genesee County residents recognize the importance of strong schools and affordable childcare in building a healthy community. While the county reports lower rates of chronic absenteeism among K-8 students compared to New York State, significant disparities remain in college enrollment, especially among economically disadvantaged students. Community feedback emphasizes the need for accessible, high-quality education from early childhood through high school, along with supportive services like

mental health resources and healthy school environments. Addressing these educational gaps is essential to advancing health equity and promoting long-term success for all students in Genesee County.

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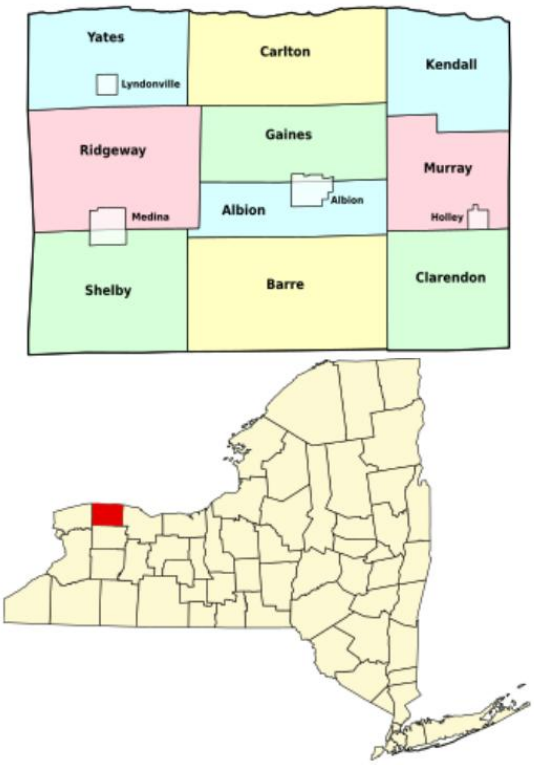
Orleans County: Community and Health Status Description

Population

Figure 1: Map of Orleans County, New York



According to the 2023 Census, Orleans County's population estimate is 40,343 (1). The Village of Albion has an estimated population of 5,637 and is the county seat. In addition to the Village of Albion, Orleans County includes 10 towns and 4 villages spanning across 391.26 square miles with a population density of 103.1 persons per square mile (1).

Age

It is critical to understand a community's age-specific health needs because it may affect things such as economic growth, patterns of work and retirement, the ability of communities to provide adequate resources, and the prevalence of chronic disease and disability.

In Orleans County, 4.7% of the population is under five years old, 21.1% of the population is under 18 and 19.0% of the population over the age of 65 (1). The median age in Orleans County 43.6 years old (2). With approximately 19% of Orleans County residents age 65 or older, it is important to understand that this population may face unique health challenges over the next several years that will need to be addressed.

Table 1: Population Distribution, Orleans County, July 1, 2025 (1)	
	Orleans County
Population under 5 years	4.7%
Population under 18 years	21.1%
Population 65 years and over	19.0%

Gender

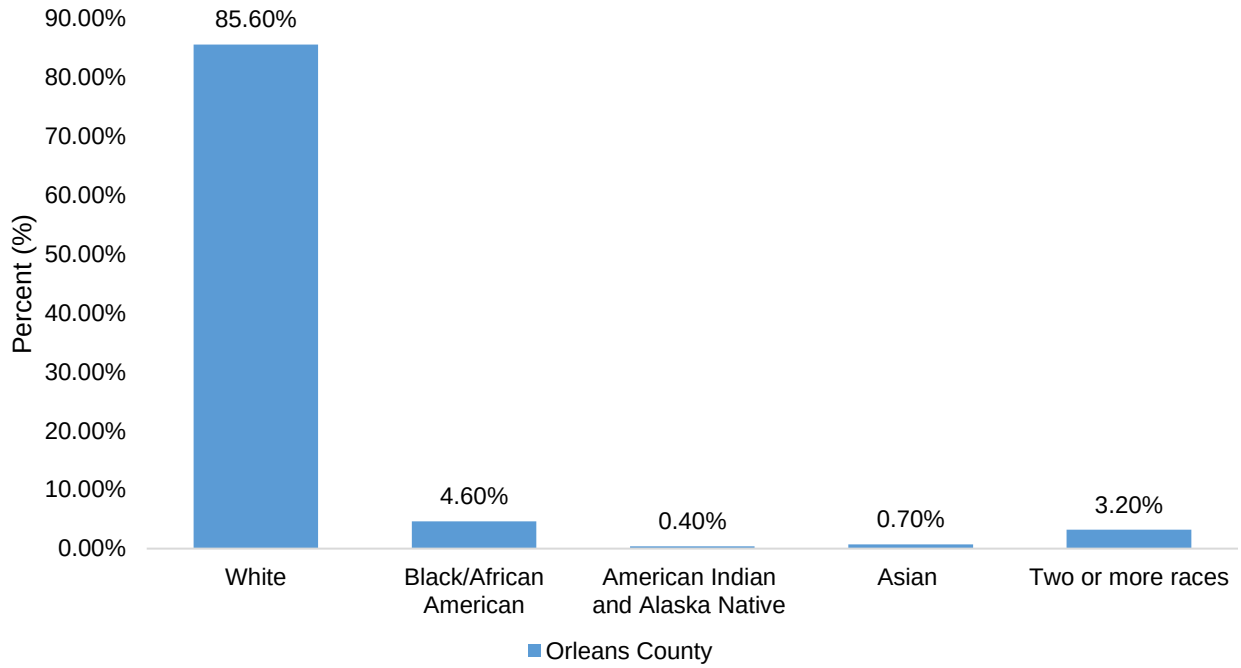
In Orleans County, gender is relatively split evenly with 49.4% female and 50.6% male (1).

Race and Ethnicity

As depicted in Figure 2, Orleans County has a relatively low level of ethnic and racial diversity. 85.6% of residents are white, followed 4.6% Black/African American, 0.4%

American Indian and Alaska Native, 0.7% Asian, and 3.2% two or more races (2). 4.9% of residents are Hispanic or Latino while 88.8% are Non-Hispanic White (1).

Figure 2: Population by race, Orleans County (1)



Veterans

In Orleans County, 8.1% (2,611) of county residents are Veterans (3). The majority of Orleans County residents were veterans of the Vietnam War (36.4%), Gulf War '01 or later (21.4%), Gulf War '90-01 (19.9%), Korean War (5.5%) and World War II (0.5%). Most veterans are white (92.9%), male (90.3%) and age 55 or older (69.4%) (3). Compared to non-veterans, they are less likely to be below poverty level (6.5% vs. 12.7%) and more likely to have a disability (26.1% vs. 17.8%) (3).

Spoken Languages

English language proficiency plays a key role in accessing health care, achieving educational success, securing employment, and communicating effectively with providers. Limited English proficiency can create significant barriers to receiving health services and understanding important health information. (4). In Orleans County, 6.7% of households speak a language other than English at home (5).

In Orleans County, after English, Spanish is the most common language spoken at home (3.2%) (3). About 2.4% of residents speak other Indo-European languages, and 0.9% speak Asian or Pacific Island languages (5).

Disability Status

Studies show that people with disabilities are more likely than those without disabilities to have poorer overall health, face barriers to adequate health care, and engage in risky health behaviors. As a result, people with disabilities are more susceptible to preventable health problems that decrease overall health and quality of life leading to secondary health conditions such as pain, fatigue, obesity, and poorer mental health (6). In Orleans County, 15.6% of the population has a disability (7).

Table 2. Disability Status Orleans County (7)	
Population with a hearing difficulty	5.2%
Population with a vision difficulty	2.9%
Population with a cognitive difficulty	6.3%
Population with an ambulatory difficulty	8.2%
Population with a self-care difficulty	2.6%
Population with an independent living difficulty	7.4%

According to Appendix D of the GOW Community Health Survey Analysis Report, respondents with a disability are more likely to rate their physical health as 'Poor' or 'Fair' compared to those without a disability. Additionally, individuals without disabilities tend to report better mental health outcomes than those with disabilities. These disparities underscore the importance of addressing physical and mental health equity for individuals with disabilities through improved access to care, supportive services, and inclusive health initiatives.

Education

Education can influence several factors in an individual’s life from access to healthcare, economic opportunities, quality housing, a healthy lifestyle, and the ability to understand health information. Within Orleans County, there are eight public school districts, with a total enrollment in K-12 public schools of 7,215 students in the 2023-2024 school year (8). 85% of high school students (381) graduated in 2024 compared to 86% in New York State.

The dropout rate in Orleans County was 9.0% compared to 5.0% in New York State (9). There are notable disparities, with White students graduating at a higher rate (88%) than all other racial/ethnic groups, including (Black (71%), Hispanic or Latino (76%) and

Multiracial students (70%) (9). Additionally, economically disadvantaged students graduated at a rate of 82%, compared to 89% for students who were not economically disadvantaged (9). Similarly, only 50% of students that were homeless graduated, compared to 86% of students who were not experiencing homelessness (9).

Table 3 illustrates the educational outcomes among adults aged 25 years and older. Overall, 86.7% of Orleans County residents have a high school education or higher, and 17.5% have a bachelor's degree or higher (10).

Table 3: Highest level of education obtained among adults aged 25 years (10)

	Orleans County	New York
Less than High school education	13.3%	11.6%
High school graduate or higher	86.7%	88.3%
Bachelor's degree or higher	17.5%	40.6%

Figure 3 provides a breakdown by race of the population with a high school education or higher in Orleans County. In Orleans County, high school educational attainment varies by race and ethnicity. White individuals consistently have the highest rates of high school education or higher, while Asian populations have the lowest. When looking at ethnicity, 67.3% of Hispanic residents of Orleans County have a high school degree or higher (10).

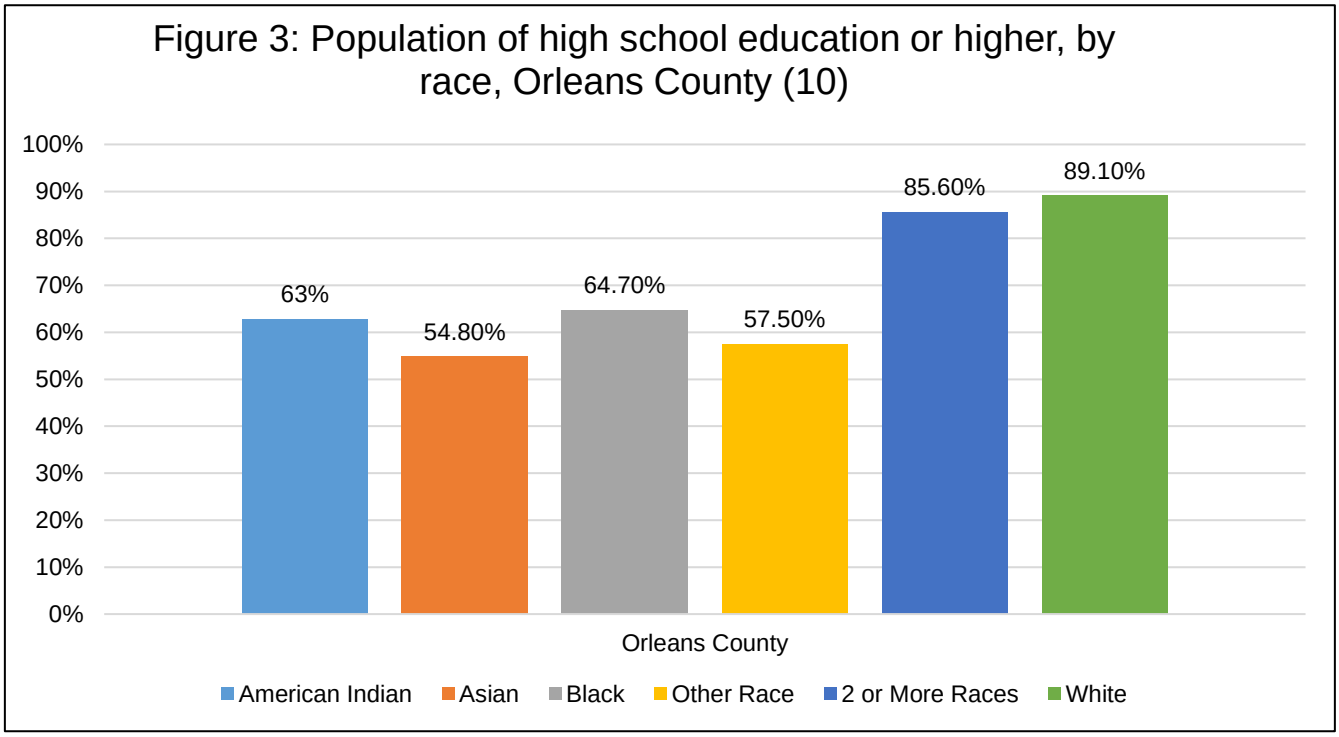
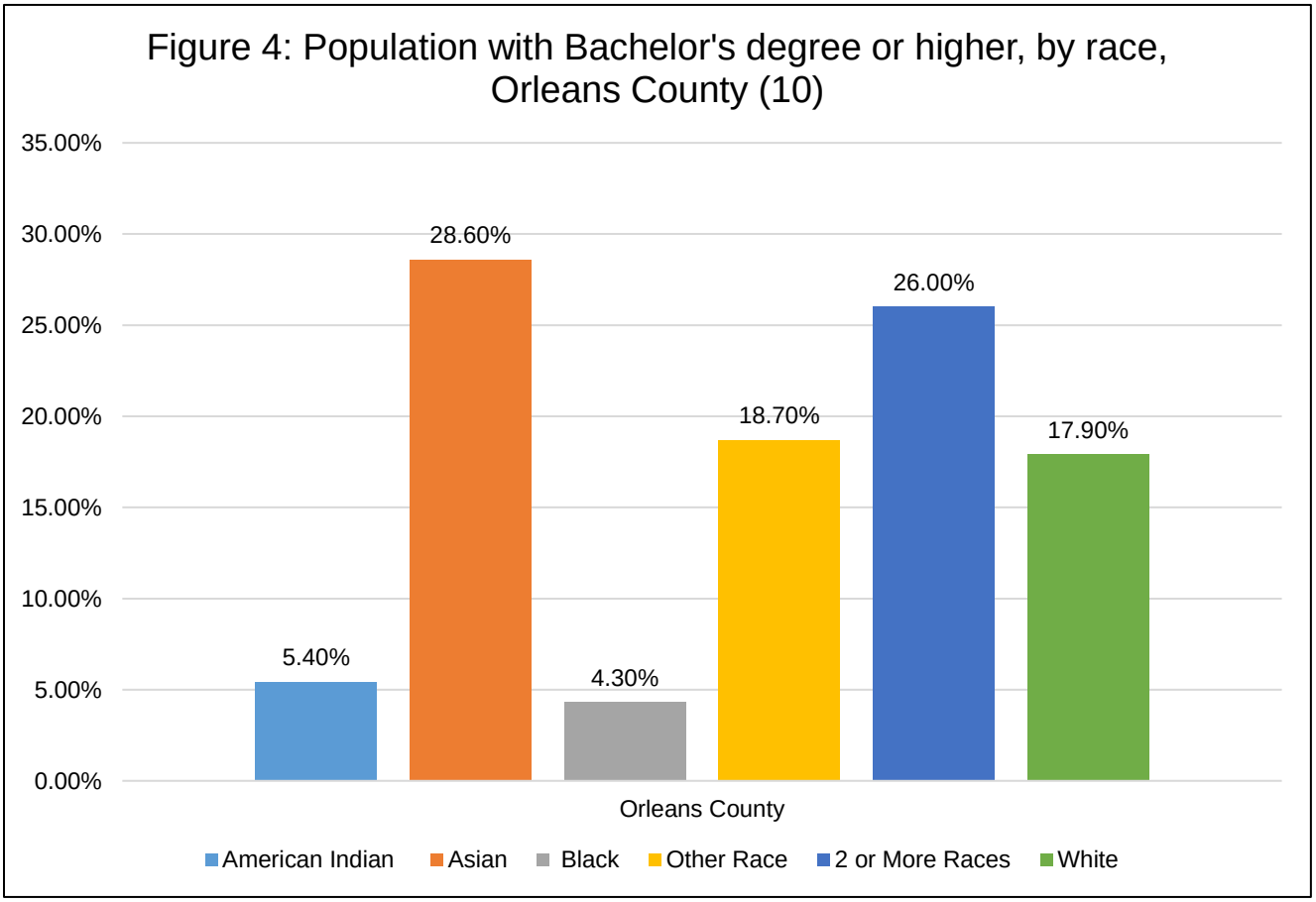


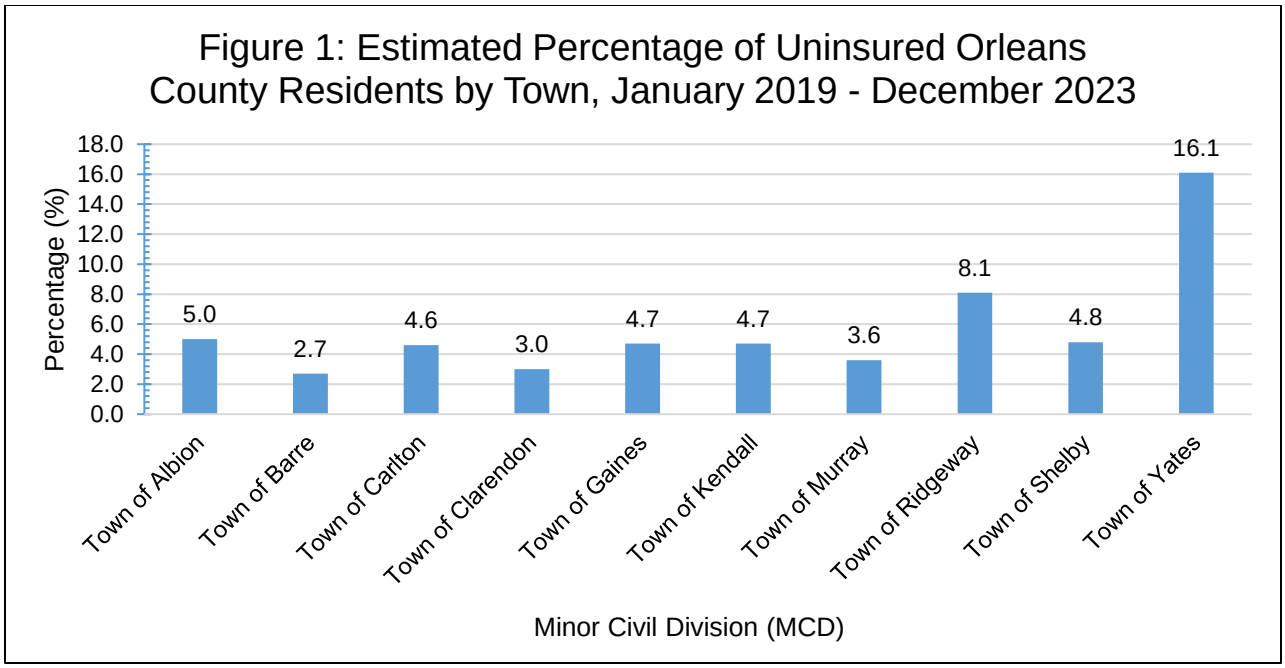
Figure 4 provides a breakdown by race of the population with a bachelor's degree or higher in Orleans County. Within Orleans County, disparities in bachelor's degree attainment vary by race and ethnicity. In Orleans County, Asian residents had the highest percentage of the population with a bachelor's degree or higher. When looking at ethnicity, 19.0% of Hispanic residents of Orleans County have a bachelor's degree or higher (10).



Health Insurance

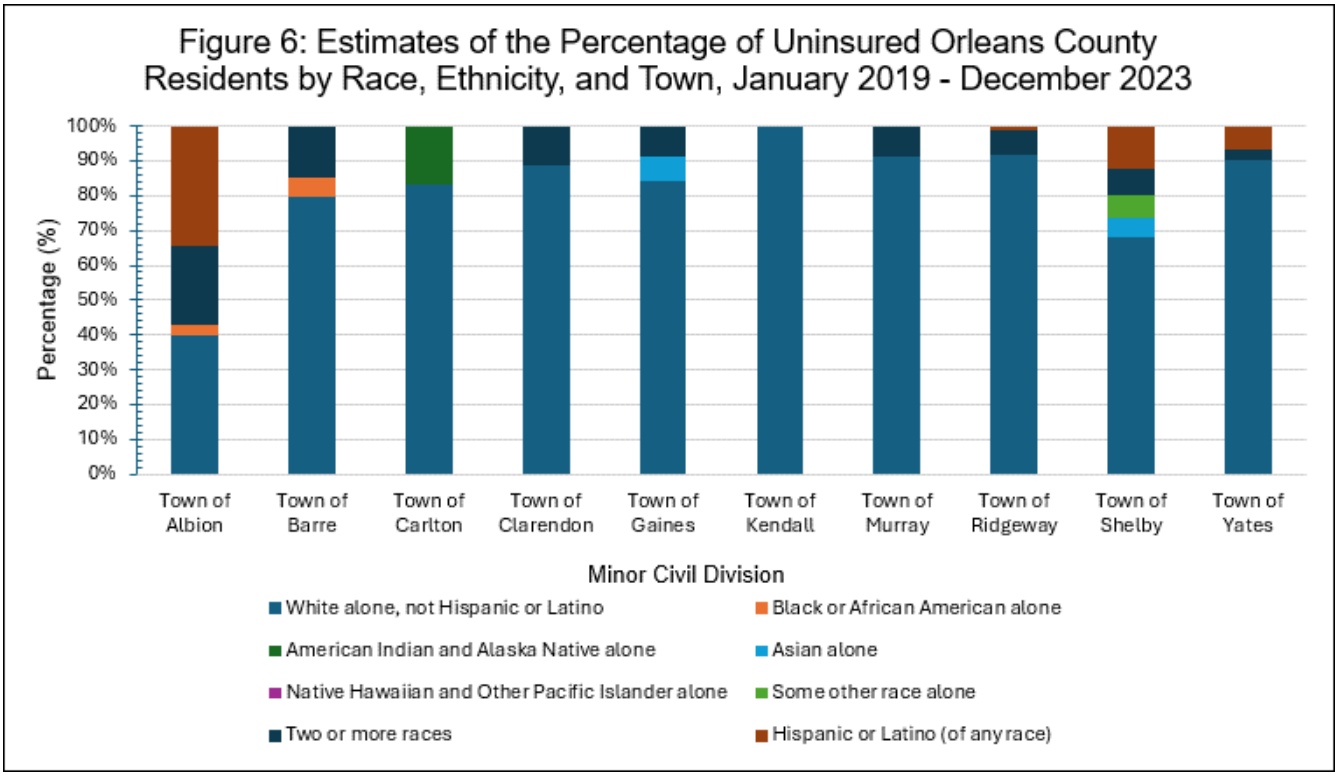
According to United States Census, 5.7% of Orleans County residents do not have health insurance (11). According to Table 4 and Figure 5 below, the towns with the highest percentage of residents who lack health insurance are the Towns of Yates (16.1%), Ridgeway (8.1%), and Albion (5.0%) (12). A lack of health insurance coverage is one of the major factors that impact the ability of residents to access quality healthcare. (13).

Table 4: Estimates of Health Insurance Coverage by Town in Orleans County (12)					
Location	**Total Civilian Non-Institutionalized Population (#)**	**Total Insured (#)**	**Insured (%)**	**Total Uninsured (#)**	**Uninsured (%)**
Town of Albion	5,692	5,406	95.0	286	5.0
Town of Barre	1,966	1,912	97.3	54	2.7
Town of Carlton	2,823	2,692	95.4	131	4.6
Town of Clarendon	3,311	3,213	97.0	98	3.0
Town of Gaines	3,204	3,053	95.3	151	4.7
Town of Kendall	2,604	2,481	95.3	123	4.7
Town of Murray	4,793	4,619	96.4	174	3.6
Town of Ridgeway	6,513	5,986	91.9	527	8.1
Town of Shelby	4,723	4,494	95.2	229	4.8
Town of Yates	2,396	2,011	83.9	385	16.1



Health Insurance Coverage by Race and Ethnicity

Structural determinants of health influence how equitably the necessary resources required for quality healthcare are distributed according to socially defined groups of people, including, but not limited to race, gender, socioeconomic status, and sexual identity (14). A structural determinant of health that is often analyzed in the field of public health is race and ethnicity (14). Considering these factors alongside the historical and ongoing contexts of racism and discrimination helps public health professionals stay informed about the health status of marginalized groups and guides efforts to advance health equity (15). Figure 6, below, demonstrates the estimated percentage of residents in Orleans County who do not have health insurance coverage by town, based on racial and ethnic classifications from the American Community Survey and the 2020 U.S. Census (11). The majority of Orleans County residents identified as White, which resulted in the White population representing the majority of people experiencing a lack of health insurance coverage in the county (11).



However, this figure shows there are populations of other races and ethnicities, particularly among those who identify as Hispanic or Latino (of any race) or two or more races, who are experiencing a lack of health insurance (11). Additionally, based on Figure 6, the MCDs that have the highest percentage of uninsured residents of racial and ethnic minority groups are the Town of Albion, Town of Shelby and Town of Barre (11).

Special Populations: Migrant and Seasonal Farmworkers, Amish and Mennonite

Migrant and Seasonal Farmworkers (MSW)

The soils in Orleans County are well suited for a wide variety of farm uses. According to the Orleans County Census of Agriculture 2022 County Profile, there are 444 farms utilizing 130,055 acres of land for agricultural (16). Cropland and/or pastures make up approximately 88.4% of the land usage in farms (16). The crops that make up the majority of the farmland by acreage in Orleans County are corn for grain, soybeans for beans, vegetables harvested, hay, and apples (16). The MSW population is the main agricultural workforce, providing the necessary labor for planting, field maintenance and harvesting of seasonal crops. Migrant and seasonal farm workers and their families face many unique health challenges, which result in significant health disparities such as hazardous work environment, inadequate or unsafe housing, fear of using healthcare due to immigration status, continuity of care issues, inadequate healthcare access, lack of transportation, cultural and language

barriers, and lack of insurance (17). Historically, this population has received inadequate health care because of their transient nature, poverty, and other barriers to access such as language, culture, transportation and county borders. As a result of these disparities, MSW and their families experience serious health problems including diabetes, malnutrition, depression, substance use, infectious diseases, and injuries from work-related machinery (17). To help address this gap, the Genesee and Orleans County Health Departments (GO Health), Oak Orchard Health (OOH), UConnectCare, and other partner agencies actively pursue funding opportunities to enhance service coordination for the migrant population. Timely immunizations, healthy school meals, social-emotional learning (SEL), and access to counseling and mentoring all play a critical role in supporting education access and quality.

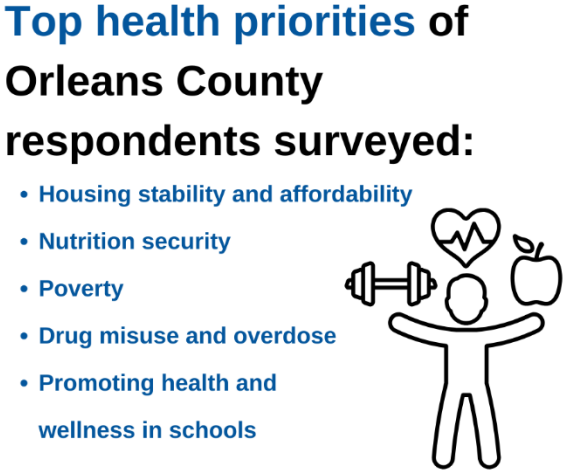
Amish and Mennonite Communities

According to anecdotal population data collected from the Orleans County Health Department Public Health Nurse, who has provided services for Mennonite and Amish community members, there is currently one Mennonite district in Orleans County consisting of approximately 55 families/households, totaling around 340 people, who are associated with the Stauffer Family Church. For the Amish population, there are two districts of Old Order Amish in Orleans County with an estimated 195 people. Amish communities are organized in many ways, one of which is by districts. Both the Amish and Mennonite populations provide various services in Orleans County, including, but not limited to, bulk stores, general stores, woodworking, construction, farming, and farm stands. According to the Orleans County Health Department Public Health Nurse, population growth in these communities fluctuates based on Mennonite and Amish community members purchasing local farm properties or moving to other areas within New York or outside the state.

Orleans County Health Status

Domain 1: Economic Wellbeing

Economic well-being plays a critical role in shaping the health of individuals and communities. Factors such as poverty, unemployment, nutrition security, housing stability, and housing affordability are deeply interconnected and influence a person's ability to access basic needs, maintain a healthy lifestyle, and manage chronic conditions. When these needs are unmet, they can contribute to increased stress, food and housing insecurity, and limited access to healthcare, ultimately resulting in poorer health outcomes and widening health disparities across the population.



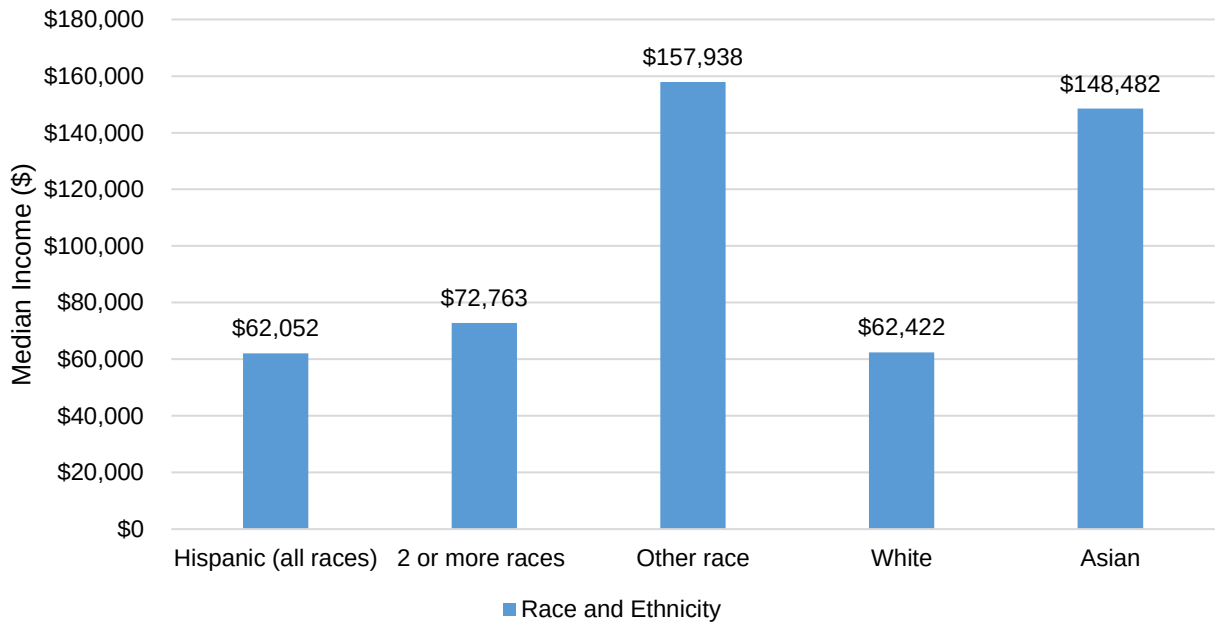
When survey respondents were asked to identify the top health priorities for their community, four of the top three responses were related to economic well-being. These included housing stability and affordability, nutrition security, and poverty.

Additionally, when respondents were asked to identify the most important features of a strong, vibrant, and healthy community, the top three responses were affordable, accessible healthy food, affordable housing, and job opportunities with livable wages. This highlights the strong connection between economic stability and overall community health, reinforcing the need to address social determinants as part of health improvement efforts.

Poverty

The median income for a household in Orleans County is $63,838 (1). As shown in Figure 9, there are significant disparities in median income by race and ethnicity within Orleans County. Please note that data for individuals identifying as Black or African American and American Indian or Alaska Native were excluded from this chart due to an insufficient number of observations (18).

Figure 9: Median Income by Race and Ethnicity, Orleans County (18)



As shown in Table 5, there are significant disparities in poverty rates by race, ethnicity and age within Orleans County (19). An estimated 13.0% of the total population in Orleans County live in poverty (19). Furthermore, the percentage of children in Orleans County below 18 years old living under the poverty level is 16.6%, and the rate of those under 5 years old is 13.8% (19).

Table 5: Poverty rates by race, age, Orleans County (19)	
	Orleans County
Living in Poverty	13.0%
American Indian or Alaska Native	0.0%
Asian	2.6%
Black or African American	28.7%
White	12.9%
Other race	7.6%
Two or more races	12.2%
Hispanic (all races)	9.8%
Children under 5 living in poverty	13.8%
Population under 18 living in poverty	16.6%
Adults age 65 + living in poverty	9.7%

Family income has been shown to affect a child's well-being in numerous studies. Compared to their peers, children in poverty are more likely to experience physical health challenges, such as low birth weight or lead exposure, as well as behavioral and emotional difficulties. As shown in Table 6, households headed by a single female caregiver are disproportionately affected by poverty, reflecting broader socioeconomic challenges.

Table 6: Poverty level for families with female householder, no spouse present (20)		
	Orleans County	New York State
Families with female householder, no spouse present	29.4%	22.9%
With related children under 18 years	38.9%	33.0%
With related children under 5 years only	15.5%	31.3%

According to Table 7, families in Orleans County have a median family income of $83,038 and a mean family income of $99,825 (21)

Table 7: Family Income, Orleans County (21)	
	Orleans County
Number of Families	10,291
Median Family Income	$83,038
Mean Family Income	$99,825

Racial and Ethnic Disparities in Poverty Rates

Poverty in the U.S. is measured by how an individual or family income compares to the set threshold at the federal level (22). In 2025, that income threshold which designates poverty was an individual income below $15,650 U.S. dollars or for a family of four, an income below $32,150 U.S. Dollars (23). People living in poverty often face limited access to resources necessary to maintain a high and healthy quality of life, including safe, quality housing; healthy food; access to educational and employment opportunities; high quality health insurance; and reliable transportation (22). All of these factors, combined with additional barriers to accessing healthcare in a rural area such as Orleans County, can contribute to worse and disparate overall health outcomes for people living in poverty (22). There are many groups of people who face disproportionate poverty rates, including: racial and ethnic minority groups, people living in rural areas, and people with disabilities (22). In Orleans County, there is evidence of racial and ethnic minority groups facing higher poverty rates compared to their White counterparts, as well as differences in poverty rates by township (24). As per the 2020 U.S. Census and the 2023 American Community Survey, the estimated poverty rate in Orleans County is 4,359/33,943, or 12.8% of the county population (24). Table 3 and Figure 8, below, subdivide this poverty rate by town, and also by racial and ethnic classification (24).

Table 8 shows the numeric proportions of people living in poverty by town and by racial and ethnic classification (24). Interpretation of this table should be as follows: for example, there are 940 individuals who identified as White alone living in poverty within the Town of Albion out of 4,958 total individuals who identified as White alone within the Town of Albion (24). Since this value is a proportion, it can be written as a fraction (940/4,958), a decimal (0.18959), or as a percentage (19.1%) (24).Highlighted in this table is the degree of the rate of poverty: red represents a poverty rate of 76-100% for the racial or ethnic classification within that town, orange represents a poverty rate of 51%-75%, yellow represents a poverty rate of 26-50%, and blue represents a poverty rate of 1-25%.

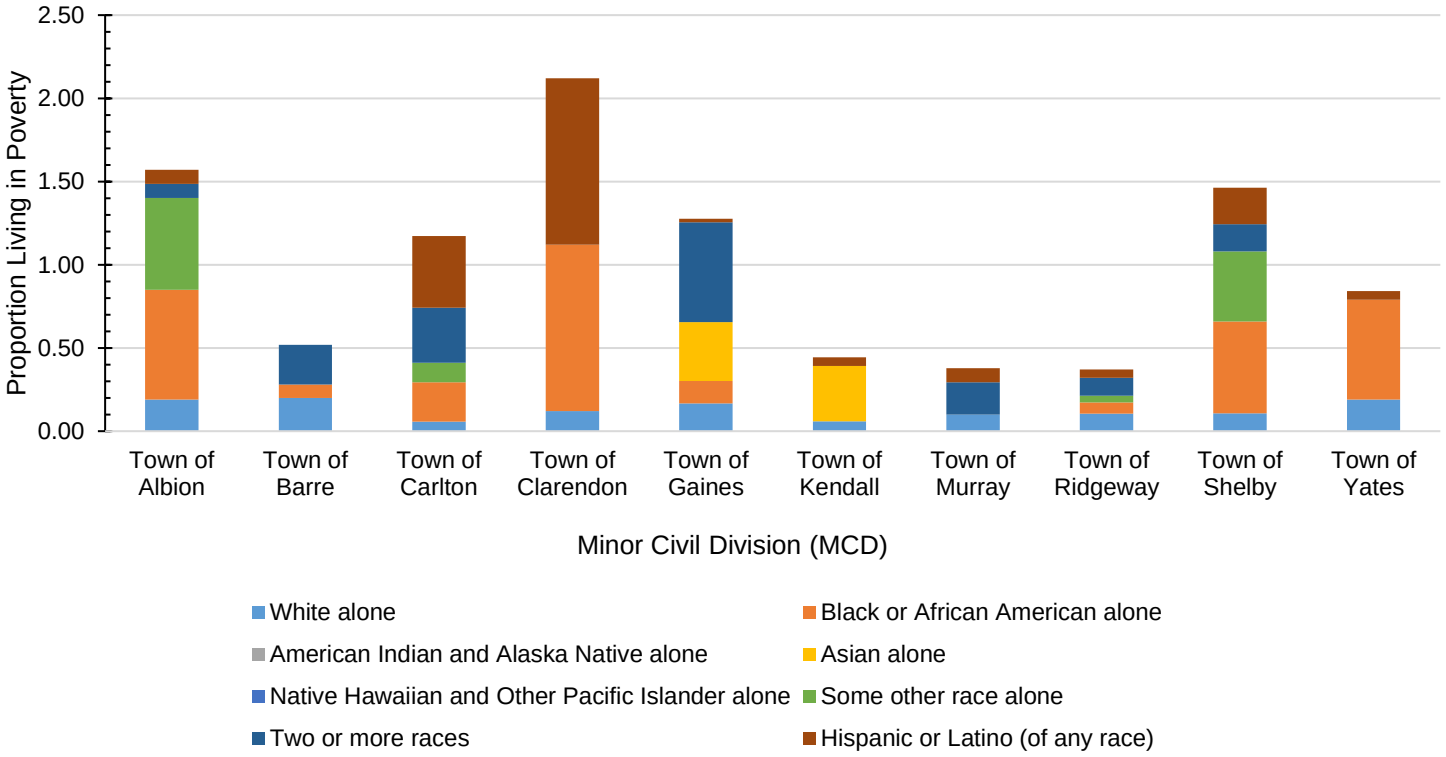
Notable findings include a 100% poverty rate for individuals identifying as Black or African American alone or as Hispanic or Latino (of any race) in the Town of Clarendon (24). Figure 8 demonstrates a visual of the proportion of people living in poverty as a decimal, based on the data from Table 8 (24). Interpretation of this figure should be the same as for Table 6, described above (24). Of note, a proportion of 1.00 corresponds with a percentage of 100%. There are high poverty rates for racial and ethnic minority populations in the Town of Clarendon, Town of Shelby, and Town of Albion (24). Overall, in Orleans County, the poverty rates are much higher among populations who identify within a racial or ethnic minority group classification (24).

Table 8: Estimated Proportions of Orleans County Residents Living in Poverty by Race, Ethnicity, and Town, January 2019-December 2023

Location	White alone	Black or African American alone	American Indian and Alaska Native alone	Asian alone	Native Hawaiian and Other Pacific Islander alone	Some other race alone	Two or more races	Hispanic or Latino (of any race)
Town of Albion	940/4,958	186/282	0/58	0/0	0/0	16/29	31/365	28/328
Town of Barre	375/1,871	2/25	0/7	0/0	0/0	0/3	11/46	0/20
Town of Carlton	140/2,473	33/139	0/22	0/0	0/0	8/68	40/121	40/93
Town of Clarendon	390/3,213	8/8	0/0	0/34	0/0	0/0	0/56	14/14
Town of Gaines	513/3,056	11/82	0/0	6/17	0/0	0/34	9/15	2/93
Town of Kendall	139/2,348	0/7	0/0	1/3	0/0	0/15	0/231	21/403
Town of Murray	431/4,294	0/133	0/0	0/21	0/0	0/71	53/274	23/272
Town of Ridgeway	544/5,191	22/321	0/34	0/119	0/0	19/485	39/363	25/488
Town of Shelby	458/4,254	38/69	0/46	0/72	0/0	16/38	28/171	33/150
Town of Yates	429/2,264	12/20	0/5	0/0	0/0	0/30	0/82	4/76
Total Below Poverty Level	4,359	312	0	7	0	59	211	190
Total County Population	33,943	1,086	172	266	0	773	1,724	1,937

Key
White: 0%
Blue: 1%-25%
Yellow: 26%-50%
Orange: 51%-75%
Red: 76%-100%

Figure 10: Estimated Proportions of Orleans County Residents Living in Poverty by Race, Ethnicity, and Town, January 2019 - December 2023



Unemployment

Employment and income are important factors that may impact on economic opportunity, poverty, and affect health. Unemployed individuals have reported feelings of depression, worry, low self-esteem, and physical pain, and tend to suffer more from stress-related illnesses such as arthritis, stroke, heart attack, high blood pressure, and heart disease (25).

The April 2025 Unemployment Rate was 3.4% compared to 3.5% in April 2024, lower than the state rate of 3.6% (26). There are disparities in unemployment by educational attainment in Orleans County and New York State [see Table 9] (27).

Table 9: Unemployment rate, by educational attainment, Orleans County and New York State (27)		
Educational Attainment (population 25-64 years)	Orleans County	New York State
Less than high school graduate	7.77%	6.42%
High school graduate (includes equivalency)	18.79%	11.15%
Some college or associate's degree	10.18%	8.29%
Bachelor's degree or higher	6.00%	9.62%

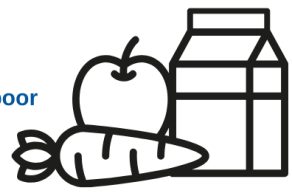
The Orleans County workforce is made up of approximately 16.691 people (27). The leading industries of the Orleans County workforce include educational services, health care and social assistance (26.5%), manufacturing (15.5%), retail trade (11.0%), professional, scientific, and management, and administrative and waste management services (6.9%), and construction, (6.7%) (28).

Nutrition Security

Access to adequate, nutritious food is a critical social determinant of health. In our community, nutrition security remains a concern, particularly for low-income households, children, and older adults. Barriers such as limited access to affordable healthy food options, transportation challenges, and reliance on emergency food sources contribute to disparities in dietary quality.

What stops Orleans County respondents from consuming more fruits and vegetables?

- **They believe they already eat enough**
- **They are too expensive**
- **They spoil too quickly**
- **The quality that is available is poor**
- **Preference for other foods**



Based on the 2021 Behavioral Risk Factor Surveillance System (BRFSS), 81.6% of adults 18 and older in Orleans County were food secure over the past 12 months compared to 75.1% statewide in New York (29). According to responses from the community survey, the top five reasons for not eating more fruits and vegetables were: believing they already eat enough, high cost, produce spoiling too quickly, poor quality, and a preference for other foods. These findings highlight potential economic and geographic

barriers to accessing fresh, nutritious foods, along with challenges such as infrequent access, transportation limitations, and poor food quality. They also point to possible gaps in nutrition education and awareness. Similarly, during the Community Conversations, residents identified food insecurity and limited access to healthy foods as among the most pressing health issues in their community.

Housing Stability and Affordability

Access to safe, stable, and affordable housing can play an important role in health. For example, poor housing quality and inadequate housing can contribute to health problems such as chronic diseases, injuries, asthma, and lead poisoning (30).

Orleans County has a very traditional housing stock comprised of about 77.4% single-family homes occupied by homeowners (31). The median value of owner-occupied housing units is $126,000.00 in Orleans County and $81,300.00 in the village of Albion. 77.4% of housing units are owner-occupied in Orleans County compared to 67.5% in the Village of Albion. 22.6% are renter-occupied in Orleans County compared to 32.5% in the Village of Albion (2).

Housing quality “refers to the physical conditions of a person’s home, as well as the quality of the social and physical environment in which the home is located” (30). According to the 2022 County Health Rankings & Roadmaps, the measure “severe housing problems” is defined as the percentage of households with one or more of the following housing problems: lack of complete kitchen facilities, lack of complete plumbing facilities, overcrowding or high housing costs (32). In Orleans County, 14% of households have at least 1 of the 4 housing problems. Households that experience a severe cost burden are often faced with difficult decisions in meeting basic needs. For example, if a majority of someone’s paycheck goes to paying the mortgage or maintenance of a home, it may make it harder for someone to purchase healthy foods, pay medical bills or have reliable transportation. These tradeoffs can impact health and lead to increased stress and emotional strains (32). Orleans County is facing challenges when it comes to housing, specifically the housing supply, the age of existing housing stock and the conditions of rental housing for low-income residents.

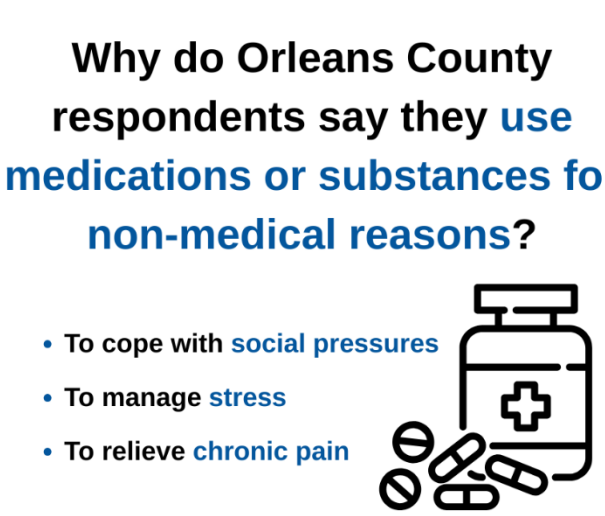
Domain 2: Social and Community Context

The social and community context in which individuals live plays a critical role in shaping health outcomes. Factors such as social support, community connectedness, and life experiences influence mental and behavioral health, lifestyle choices, and overall well-being. In Orleans County, issues such as anxiety, stress, depression, and suicide have emerged as key mental health concerns. Substance use, including drug misuse, overdoses, alcohol use, and tobacco use continues to impact individuals and families. Adverse Childhood Experiences (ACEs) remain a significant influence on long-term health outcomes, often contributing to risky behaviors and chronic health conditions. Understanding these interconnected factors is essential for identifying effective strategies to improve health and promote resilience within our communities.

Anxiety and Stress

Anxiety and stress can significantly impact overall health, contributing to a wide range of physical and mental health issues. Chronic stress and anxiety may lead to high blood pressure, weakened immune function, digestive problems, sleep disturbances, and an increased risk of heart disease. Anxiety and stress can also exacerbate existing conditions and negatively affect mental well-being, potentially leading to depression, burnout, or substance misuse if left unmanaged.

In Orleans County, 16.4% of adults 18 years and older reported experiencing frequent mental distress during the past month (29).



According to the GOW Community Survey Analysis Report, stress was the most reported social challenge among respondents and/or their household members, followed by social isolation and bullying. Additionally, the top three reasons individuals reported using medications or substances for non-medical purposes were to cope with social pressures, manage stress, and relieve chronic pain. These findings highlight the close connection between mental health, social stressors, and substance misuse, emphasizing the need for comprehensive prevention and support strategies that address both emotional well-being and social environments.

Suicide

Suicide remains a critical public health issue that affects individuals, families, and entire communities. Contributing factors may include untreated mental health conditions, substance use, social isolation, economic hardships, and limited access to mental health care.

In Orleans County, 9.2 per 100,000 people experienced mortality due to suicide, whereas in New York State, 8 per 100,000 people died by suicide (29). Community stakeholders have identified mental health and suicide prevention as a priority area for intervention. Addressing stigma, increasing mental health services availability, and strengthening crisis response systems are essential steps towards reducing suicide risk and promoting mental well-being.

Depression

Depression is one of the most common mental health conditions affecting all age groups in Orleans County. It can significantly impact a person's quality of life, daily

functioning, and physical health. Untreated depression is also a major risk factor for suicide and substance use.

Contributing factors to depression may include social isolation, economic stress, trauma, and limited access to behavioral health services. Community key stakeholders continue to identify mental health, including depression, as a top priority for intervention, emphasizing the need for increased screening, education, and access to timely, affordable treatment options.

81%

Of Orleans County respondents surveyed ranked their **mental health** as "good" or "very good"

According to Appendix D, 81% of Orleans County respondents ranked their mental health as "good" or "very good", while 19% ranked their mental health as "fair" or "poor". Self-reported mental health improves with age, as adults, particularly those 60 and older, were more likely to report their mental health as "very good", while younger respondents were more likely to report "fair" or "poor" mental health.

Appendix G, which summarizes community conversations held with Orleans County residents, highlights that mental health challenges such as stress, anxiety, depression, and trauma were reoccurring concerns. Youth, men, and older adults were frequently identified as being particularly affected. Additionally, mental health issues were reported to disproportionality affect minority and LGBTQ+ populations. Residents also spoke about the emotional strain many individuals face on a daily basis, including balancing work and family responsibilities, feelings of loneliness, and caregiving for others. Additionally, experiences of discrimination, hostility, and concerns about safety, particularly among the LGBTQ+ population, were identified as significant challenges.

Together, these findings emphasize the urgent need for targeted mental health supports that are culturally competent, age-appropriate, and accessible, particularly for vulnerable populations disproportionately affected by emotional and social stressors.

Drug Misuse and Overdose

Drug misuse and overdose continue to pose serious public health challenges in Orleans County, contributing to preventable deaths and long-term health consequences.

25.6 per 100,000 people died by overdose in Orleans County, compared to 32.3 deaths per 100,000 people in New York State (29). According to the New York State Prescription Monitoring Program, the rate of initial opioid prescriptions among opioid-naive individuals was 116.2 per 1,000 population in Orleans County compared to 86.5

per 1,000 population in New York State (29). This prescribing practice may contribute to the risk of opioid dependency and misuse.

Buprenorphine is a prescription medication used in medication-assisted treatment for opioid use disorder. It helps reduce physical dependence on opioids, lowers the risk of overdoses, and decreases the potential for misuse. In Orleans County, 1640.9 patients per 100,000 have received a buprenorphine prescription, a rate much higher than New York State's rate of 446 (29).

Tobacco/E-cigarette Use

Tobacco and e-cigarette use remain significant public health concerns, particularly among youth and young adults, contributing to long term health risks such as nicotine dependence, respiratory issues, and cardiovascular disease. According to the 2023 Behavioral Risk Factor Surveillance System (BRFSS), 19.6% of Orleans County residents report currently smoking cigarettes, and in New York State, the rate is much lower at 12.6% (29).

Alcohol Use

Binge drinking is identified as having an excessive amount of alcohol in a short period of time. For women, binge drinking is typically defined as the consumption of four or more alcoholic drinks in approximately two hours; for men, it is five or more drinks during the same period (33). In Orleans County, 16.2% of adult residents report binge or heavy drinking, whereas 16.4% of New York State residents report the same (29).

In Appendix G, which summarizes community conversations with Orleans County residents, participants expressed concerns about drug and alcohol use, as well as limited access to treatment options in the community.

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) and trauma can have a significant and lasting impact on health, behavior, mental health outcomes, and life potential. ACEs are potentially traumatic events that occur in childhood (0-17 years). Examples include experiencing violence, abuse or neglect, witnessing violence in the home or community, and having a family member attempt or die by suicide (34). According to the Centers for Disease Control and Prevention (CDC) Vital Signs Report, 1 in 6 adults have experienced four or more types of adverse childhood experiences (ACEs), with females and individuals from racial and ethnic minority groups at even greater risk (35). In this same report, the CDC indicates that preventing ACEs could reduce the number of adults with depression by as much as 44% (35).

According to the 2021 BRFSS, 32.3% of adults in Orleans County reported experiencing three or more ACEs compared to 25.3% of adults statewide in New York (29). Data from the New York State Office of Children and Family Services (OCFS) Disproportionate Minority Representation (DMR) Dashboard shows that the rate of reported child abuse or maltreatment in Orleans County was 21.7 per 1,000 children

aged 0–17, nearly double the statewide rate of 11.4 per 1,000 (29). Among Hispanic children and youth in Orleans County, the rate of indicated reports of abuse or maltreatment was 23.7 per 1,000, compared to the statewide rate of 14.4 per 1,000 (29). These findings underscore significant disparities in reported cases of child abuse and maltreatment.

The CDC identifies several strategies to help prevent adverse childhood experiences (ACEs), including strengthening economic supports for families; promoting social norms that protect against violence and adversity; connecting youth to caring adults and engaging activities; and ensuring a strong start for children through early childhood education and preschool enrichment programs (34).

In Orleans County, a notable number of community survey respondents reported experiencing adverse childhood experiences (ACEs), with emotional abuse, parental separation or divorce, and household substance misuse among the most frequent. The data indicates a clear relationship between the number of ACEs and physical health status: individuals reporting four or more ACEs are more likely to rate their physical health as “Poor” or “Fair,” while those with no ACEs more often report “Good” or “Very good” health. Similarly, mental health ratings follow this pattern, with respondents reporting four or more ACEs more likely to rate their mental health as “Poor” or “Fair,” while those with no ACEs most frequently report “Very good” mental health. These findings highlight the lasting impact of childhood adversity on adult physical and mental health in Orleans County and emphasize the need for trauma-informed care and prevention strategies within local health programs.

Healthy Eating

Healthy eating plays a vital role in preventing chronic diseases, supporting mental and physical well-being and promoting healthy growth and development across the lifespan. However, access to nutritious, affordable food remains a challenge for many individuals and families, particularly those living in low-income or rural areas.

According to the BRFSS, 37.7% of adults aged 18 and older in Orleans County reported eating less than one serving of fruits and less than one serving of vegetables per day, which is slightly higher than the New York State average of 34.4% (29). 54.2% of infants were exclusively breastfed during their hospital stay, which is notably higher than the New York State average of 44% (29).

Domain 3: Neighborhood and Built Environment

The neighborhood and built environment where people live, work, and play has a direct impact on health outcomes. Factors such as access to safe and reliable transportation, opportunities for physical activity, availability of community services, air quality, drinking water quality, and exposure to environmental hazards like lead and radon all influence

overall well-being. In Orleans County, these environmental and infrastructural factors have a major impact on residents' health and overall quality of life.

Community survey respondents identified drinking water quality, agricultural runoff, school safety, home safety, and exposure to tobacco and/or marijuana smoke as the top five environmental concerns in Orleans County, highlighting significant issues that directly affect the health, safety, and well-being of residents.

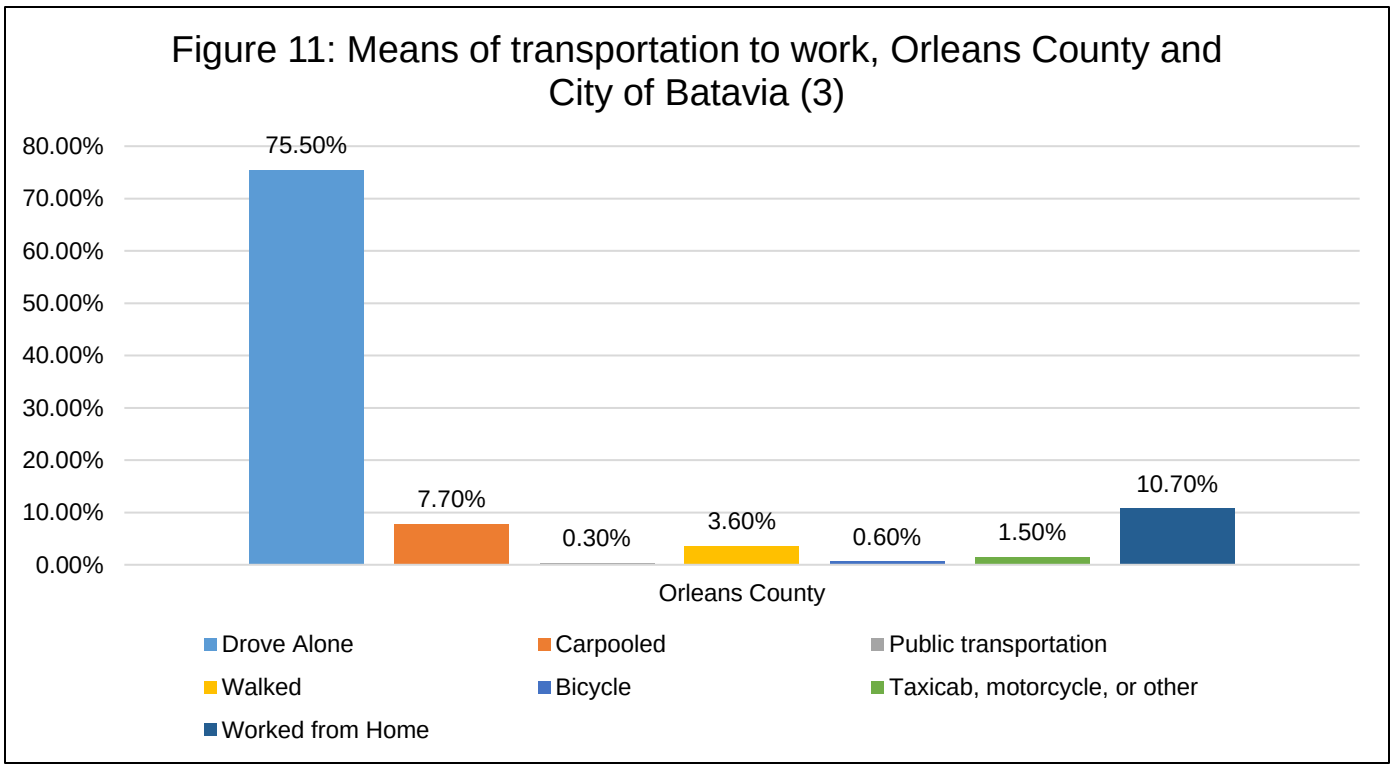
Orleans County respondents surveyed **top five environmental concerns**

- Drinking water quality
- Agricultural runoff
- School safety
- Home safety
- Exposure to tobacco and/or marijuana smoke

Transportation

Transportation can impact the health of the community in many ways. Inadequate transportation can result in missed or delayed health care appointments, increased health expenditures, increased stress levels, longer workdays, and poor access to healthy foods. Research shows that individuals are less likely to access needed services when they face transportation difficulties. Active transportation can provide opportunities for residents to engage in physical activity and promote wellness through biking and walking.

As seen in figure 11, Orleans County is highly vehicle dependent with 75.7% of residents commuting to work alone. Only 0.30% of Orleans County residents use public transportation and 3.60% of residents walk to work (3).



According to Community Conversation respondents, one of the most commonly identified day-to-day challenges was inadequate, unreliable, or inaccessible transportation, an issue that particularly affects older adults and individuals living in rural areas of Orleans County. Transportation was also among the most frequently mentioned community health needs.

Physical Activity

Physical activity is a key component of overall health and well-being. According to the CDC, regular physical activity can reduce the risk of chronic diseases such as heart disease, type 2 diabetes, and some cancers (36). It also improves mental health, supports weight management, and strengthens bones and muscles (36). Maintaining an active lifestyle not only helps individuals live longer but also enhances quality of life by promoting better sleep, reducing stress, and boosting daily energy levels.

In 2021, 74.4% of adults in Orleans County reported participating in physical activity, slightly higher than the New York State average of 74.2% (29). 2025 community survey respondents in Orleans County indicated that the following factors would help them become more physically active: more motivation, more personal time, discounts for exercise programs or gym memberships, having a friend or group to exercise with, and having a safe place to walk or exercise. These responses highlight key opportunities to reduce barriers and promote physical activity through community-based support and the creation of safe, accessible environments.

Access to Community Services and Support

Access to community services such as healthcare clinics, food assistance programs, emergency shelters, and cooling centers is essential for community health. These services are especially critical in supporting vulnerable populations during times of crisis or environmental stress, including extreme weather events.

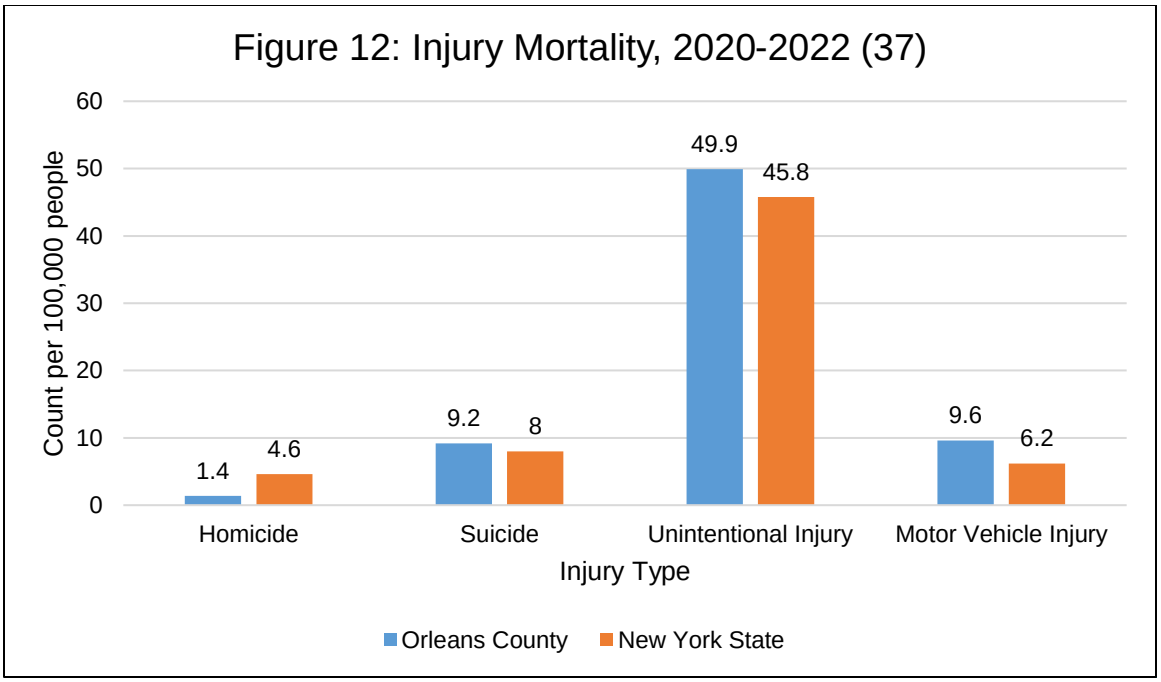
Libraries play an important role in promoting community well-being by offering free internet access, educational resources, and a safe space for learning, connection, and access to digital and health-related services. In Orleans County, access to libraries is comparable to the state average, with both reporting three library visits per person within their respective library service areas (32).

According to the community survey, respondents indicated that they or a household member lacked access to several essential services or opportunities within the past year. These included healthy, affordable food, a livable wage, support and resources for seniors, safe streets, high-speed internet, support and resources for individuals with mental health or substance use challenges, and employment opportunities. These gaps highlight a pressing need to improve access to services that support health, safety, and economic stability for all residents.

Participants in community conversations echoed these concerns, emphasizing the importance of services that are accessible, affordable, culturally competent, and easy to navigate. Without reliable transportation and clear, centralized information about available resources, even existing services often remain out of reach for those who need them most.

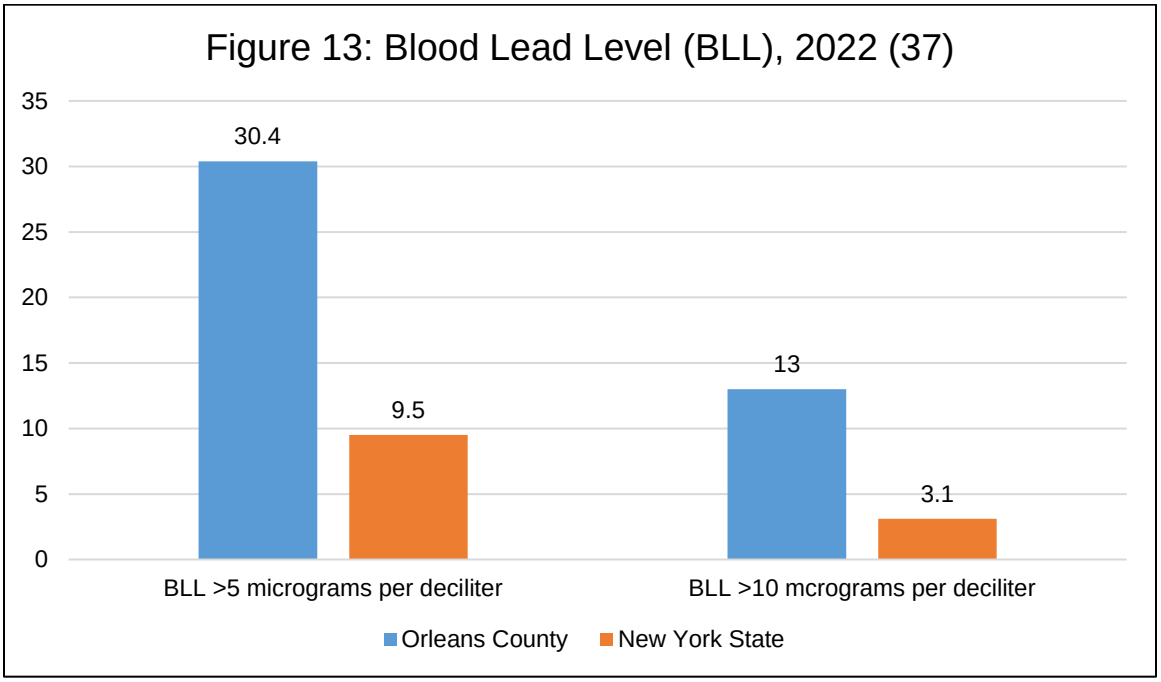
Injuries and Violence

Orleans County experienced an age-adjusted rate of 1.4 homicide deaths per 100,000 people, compared to 4.6 deaths per 100,000 people in New York State (37). The suicide mortality crude rate per 100,000 for Orleans County is 9.2, slightly higher than New York State at 8.0 per 100,000 deaths by suicide (37). For unintentional injuries, Orleans County experienced an age-adjusted rate of 49.9 deaths per 100,000 people and 84.7 hospitalizations per 10,000 people, compared to 45.8 deaths and 68.4 hospitalizations per 10,000 people in New York State. There were also 9.6 motor vehicle crash injury deaths per 100,000 people (crude rate) in Orleans County, compared to 6.2 in New York State (37).



Blood Lead Levels

The best way to determine lead exposure, especially among children, is to test blood. New York State requires doctors to test all children for lead twice, once at age one and again at age two. A blood lead level of 5 micrograms per deciliter or greater requires further testing and monitoring to avoid adverse health outcomes (38).



Exposure to lead can occur by living in a house with lead pipes or paint, lead-contaminated soil, or even consumer products such as toys, glazed pottery, inexpensive

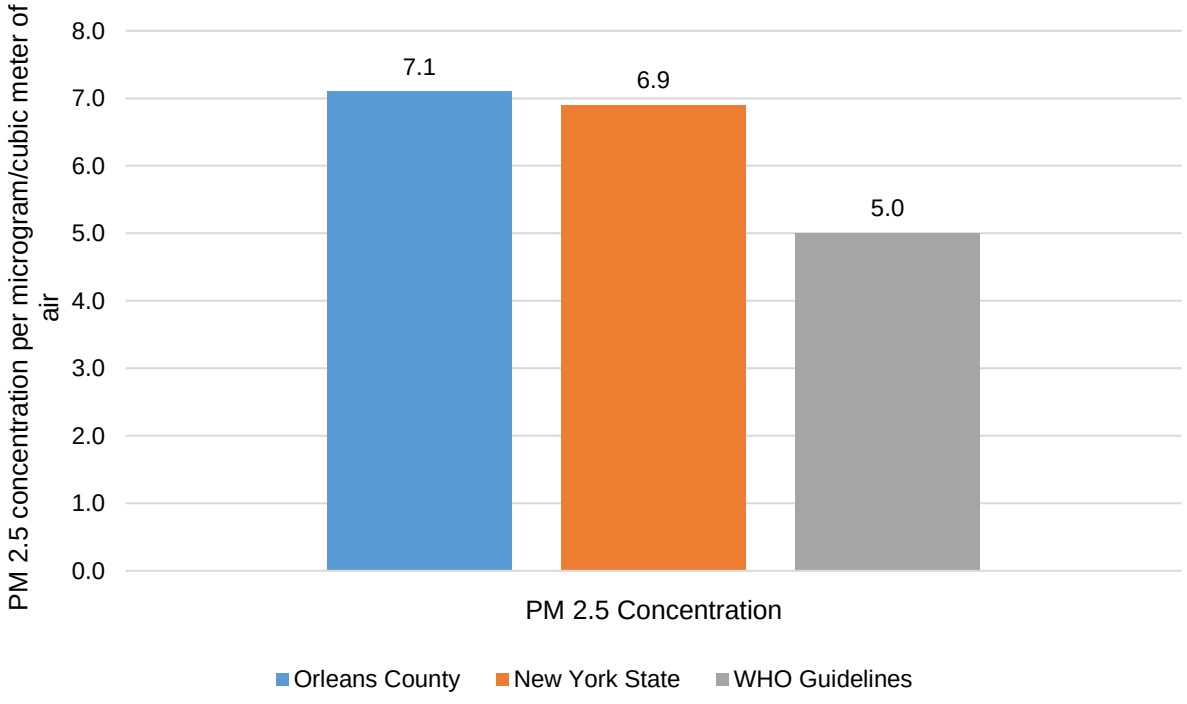
jewelry, and more (39). Lead exposure in childhood can cause a myriad of health concerns, including neurological developmental delays, slowed growth, learning and behavioral problems, hearing and speech problems, and more (40).

In 2022, 30.4 children per 1,000 aged under 3 years of age in Orleans County had elevated blood lead levels of 5 micrograms per deciliter or higher, faring worse than New York State with a rate of 9.5 children per 1,000 (37). Among these, 13.0 children per 1,000 aged under 3 years of age had elevated blood lead levels of 10 micrograms or higher per deciliter, compared to 3.1 children per 1,000 in New York State (37). 43.7% of children born in Orleans County in 2019 had met the requirement of 2 lead screenings before three years of age, compared to 59.3% of children in New York State (37). Continued efforts in lead screening are needed to prevent lead exposure, increase the number of children screened, and identify children with high blood lead levels.

Air Quality

Several factors contribute to poor air quality, including vehicle exhaust, factory emissions, aerosol pollutants, and natural disasters. Particulate matter (PM) concentration in the air is one way to assess the quality. A PM of 2.5 indicates that the particles in the air have a diameter of 2.5 microns and are considered “fine particulate matter”. Since these particles are so small, they can penetrate deep into the lung and cause injury or disease, making them a serious public health issue (41).

Figure 14: PM 2.5 Concentration (32)



As seen in Figure 14, Orleans County's annual average concentration of PM 2.5 is 7.1 micrograms per cubic meter of air, with levels decreasing since 2002. New York State has an annual average concentration of 6.9 micrograms of PM 2.5 per cubic meter of air (32). The World Health Organization (WHO) suggests an annual mean concentration of PM 2.5 not to exceed 5 micrograms/cubic meter of air (42).

Radon Exposure

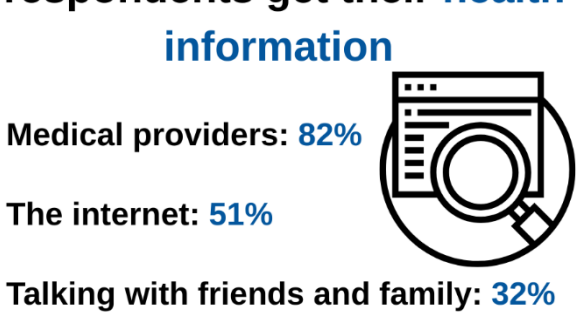
Orleans County reports a lung and bronchus cancer incidence rate of 131.1 cases per 100,000 people, compared to 67.6 cases per 100,000 people statewide in New York (37). The primary risk factor for lung cancer is cigarette smoking (43), with 14.9% of Orleans County residents reporting current smoking, compared to 9.3% of adults statewide (44).

Among non-smokers, the second leading cause of lung cancer is exposure to radon—a naturally occurring, colorless, odorless, and tasteless radioactive gas that can accumulate in homes (45). In Orleans County, the average radon concentration is 3.59 picocuries per liter (pCi/L) in basements and 1.36 pCi/L on the first floor of homes (46). The U.S. Environmental Protection Agency (EPA) considers radon levels above 4.0 pCi/L to be elevated; however, no level of radon exposure is considered completely risk-free (46).

Domain 4: Health Care Access and Quality

Access to timely, affordable, and high-quality health care is essential for preventing and managing both chronic and communicable diseases. In Orleans County, gaps in access to care, barriers such as transportation and insurance coverage, and limited availability of providers continue to impact health outcomes. These challenges contribute to underutilization of preventive services and delays in treatment for conditions such as cancer, obesity, and sexually transmitted infections. Addressing these barriers is critical to improving health equity and ensuring all residents can access the care they need.

When asked in the community survey about sources of health information, 82% of respondents reported relying on medical providers to get most of their health information. The internet was the second most common source, used by 51% of respondents, followed by talking with friends and family at 32%. Other sources included health insurance companies or workplaces (18%), social media platforms such as Facebook, Twitter/X, YouTube, and TikTok (13%), and print media like newspapers, magazines, and books (8%).



Access to Care

Access to healthcare services is essential and key to achieving better health outcomes, promoting good health, and preventing disease. Access to health care is defined as “the timely use of personal health services to achieve the best possible health outcomes” (4). However, many gaps and barriers to accessing care remain, including inadequate or lack of health insurance, absence of a primary care physician, limited transportation, limited health care resources, and language barriers.

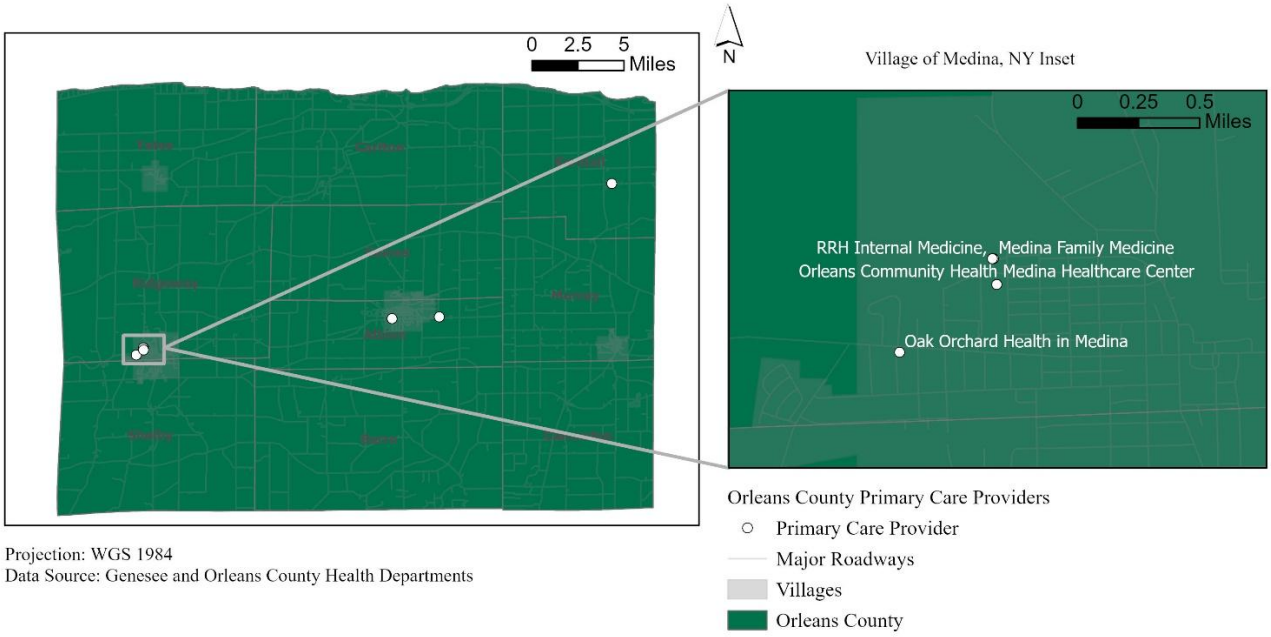
Gaps in Access to Care

In Orleans County, there are gaps in access, quality and affordable health care. Orleans County is a rural county with a shortage of healthcare workers and access to services. The ratio of the population to primary care physicians is 13,400:1, while the ratio of dentists is 4,370:1 and 1,300:1 for mental health providers (32).

In Orleans County, 16.4% of adults reported experiencing poor mental health for 14 or more days in the past month, a rate higher than the New York State average of 13.4% (37). Similarly, 16.4% of adults reported frequent mental distress, again exceeding the state average of 13.4% (29). Despite this elevated need, Orleans County has only 64 mental health providers per 100,000 residents, significantly lower than the state average of 356 providers per 100,000 (37). This shortage may limit residents' ability to access timely and effective mental health support.

In Orleans County, 94.5% of adults report having a regular healthcare provider, higher than the New York State average of 85.0% (29). However, access to primary care may still be limited, as the county has a significantly higher provider-to-resident ratio: one primary care physician for every 13,400 residents, compared to a ratio of 1,200 to 1 statewide (32). This disparity suggests that while many residents report having a provider, actual availability and timely access to care may be constrained.

Figure 15: Primary Care Providers in Orleans County, NY

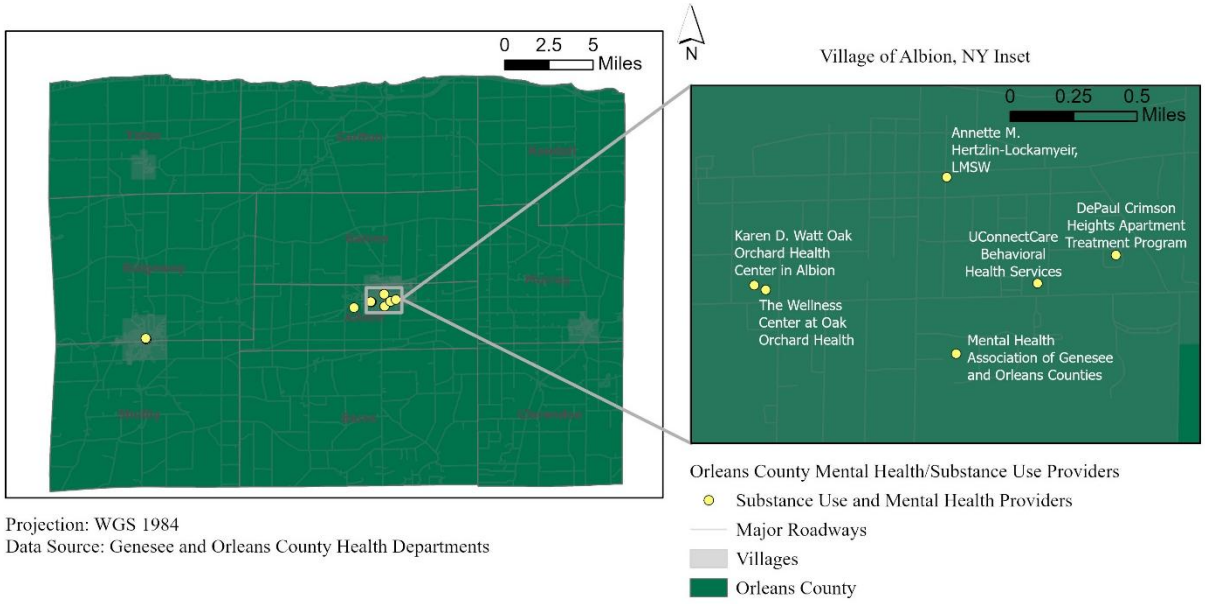


As demonstrated in Figure 15, lack of primary care providers and the geographical accessibility for primary care providers exists for some parts of the county. This is a deterrent to accessing health care services. Some residents do not have access to their own personal vehicle or access to public transportation to travel throughout the county or out of the county for doctor's appointments.

Figure 16: Dental Providers in Orleans County, NY

As demonstrated in Figure 16 and 17, lack of geographical accessibility for dental providers, mental health and substance use providers exists in Orleans County, which is a deterrent to accessing these health care services. Some residents do not have access to their own personal vehicle or access to public transportation to travel from the rural areas of Orleans County or out of the county for healthcare provider appointments.

Figure 17: Mental Health and Substance Use Providers in Orleans County, NY



Access to Care Barriers

There are many barriers identified by residents of Orleans County for receiving health care services including lack of providers, insurance coverage, fear of judgement, transportation, cost, lack of awareness of services, and limited availability of services.

As shown in Table 10, 8.9% of residents said they did not seek medical care in the past year because they didn't feel it was necessary. Additionally, 4.2% cited long wait times, 4.2% reported cost or lack of insurance coverage, 3.4% couldn't find a provider they liked, and another 2.8% said they couldn't find a local provider. These responses highlight a mix of personal choice and systemic barriers that can influence whether individuals seek timely medical care.

Table 10: Five most common reasons why residents did not seek medical care when they needed it within the last year, Orleans County, 2025 (Appendix D)	
I didn't need to go	8.9%
Long wait times for appointments	4.2%
Too expensive or not covered by insurance	4.2%
Couldn't find a provider I liked	3.4%
Unable to find a local provider	2.8%

Additionally, residents were asked to indicate the reasons why they did not seek mental/behavioral health care in the past year. Approximately 8.4% of respondents indicated that they didn't seek mental healthcare and/or substance use because it was too expensive or not covered by insurance. 5.3% indicated long wait times for appointments while another 5.6% said fear of judgement.

Table 11: Five most common reasons why residents did not seek mental healthcare and/or substance use help when they needed it within the last year, Orleans County, 2025 (Appendix D)	
Too expensive or not covered by insurance	8.4%
Fear of judgement	5.6%
Long wait times for appointments	5.3%
Unable to find a local provider	5.0%
Couldn't get time off from work	3.6%

Feedback gathered during community conversations revealed a range of barriers that limit access to physical and mental healthcare in Orleans County. Barriers include a shortage of providers, especially in mental health, pediatric, and dental care along with long wait times, and difficulty finding doctors who are accepting new patients. Residents reported challenges with insurance coverage, particularly exclusions affecting caregivers and those with military-related plans, and many found healthcare systems difficult to navigate due to complex paperwork, automated systems, and limited knowledge of available resources. Transportation was a major barrier for rural residents, older adults, and those accessing appointments, while participants also emphasized the lack of culturally competent and inclusive care, especially for LGBTQ+ and transgender individuals. Emotional strain, caregiving stress, high costs for medications, and confidentiality concerns in small communities further contributed to delayed or avoided care, highlighting systemic and social factors that limit timely, equitable access to healthcare in Orleans County.

Health Care Utilization

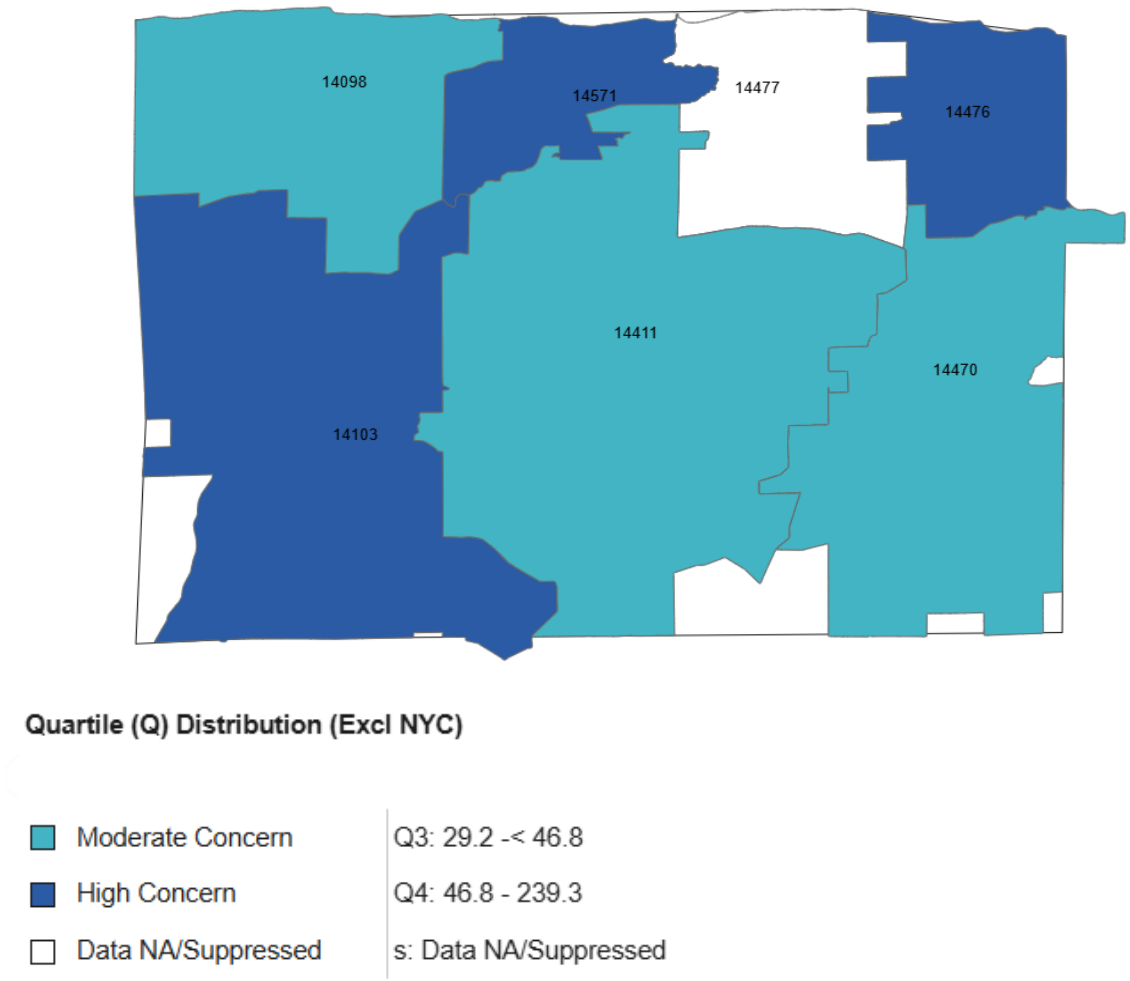
Findings from the community survey showed that about 81% of Orleans County respondents saw their primary care provider in the past year, while 19% did not because they felt it wasn't necessary. However, even those who feel healthy should still see a primary care provider annually for preventive care and early detection of potential health issues, highlighting a gap in understanding the importance of routine checkups.

Emergency rooms and/or urgent care facilities are often utilized for non-emergency situations. This can result in unnecessary testing and treatment and can be very costly. According to the New York State Community Health Indicator Reports (CHIRS), Orleans County had an age-adjusted rate of total emergency departments visits of 4,281.8 per 10,000 population from 2019-2022, which is just below the New York State rate of 3,447.9 per 10,000 population (37).

Child and Adolescent Emergency Department Visits

Rural communities, such as those within Orleans County face disproportionate gaps and barriers to healthcare access and utilization compared to their urban and suburban counterparts (47). As a result, emergency department utilization increases for non-emergencies, particularly for patients without a primary care provider (47). The rate for asthma emergency department (ED) visits in children and adolescents ages 0-17 in Orleans County is 70.8 visits per 10,000 and the rate for New York State excluding New York City is 57.4 per 10,000 (44). Figure 18, below, shows the quartile rate distribution of asthma ED visits for children and adolescents ages 0-17 by zip code in the county (44). Based on this figure, zip codes 14571 (Waterport) and 14476 (Kendall) have the highest rates in the county, at 139.7 visits per 10,000 ages 0-17, and 62.4 per 10,000, respectively (44).

Figure 18: Asthma Emergency Department Visit Rates per 10,000, ages 0-17 years by Zip Code in Orleans County, 2019-2022; adapted from the New York State Prevention Agenda Dashboard



Zip Code	ED Visits	ED Visit Rate
14098	11	44.4
14103	45	49.8
14411	40	41.3
14470	25	40.6
14476	10	62.4
14477	s	s
14571	10	139.7

Note: s: data does not meet reporting criteria; *: fewer than 10 events, rate may be unstable.

Access to and Use of Prenatal and Postnatal Care

Prenatal and postnatal care is very important to the long-term health and development of infants and children. Prenatal care refers to medical care and interventions during gestation, and postnatal care refers to medical care and interventions after birth. Lack of proper prenatal care beginning in the first trimester of pregnancy, and postnatal care after delivery can lead to low birthweight, preterm labor, developmental disabilities, stunted growth, learning impairments, and more (48).

In Orleans County, 79.3% of pregnancies received early prenatal care within the first trimester, compared to 75.0% of pregnancies in New York State (37). Only 3.4% of pregnancies received late prenatal care in the third trimester in Orleans County, compared to 5.6% in New York State (37). Overall, 77.7% of pregnancies in Orleans County received adequate prenatal care, where only 74.6% of pregnancies in New York State reported the same (37). In Orleans County, 10.9% of births were considered preterm, or born before 37 weeks of gestation, compared to 9.5% of births New York State (37).

Women, Infants, and Children (WIC) is a supplemental nutrition program for low-income pregnant, postpartum, and breastfeeding women and their children. WIC offers nutritional education, referrals to healthcare providers, and provides nutritious foods to families in need (49). For women enrolled in WIC, 91.5% of those in Orleans County received early prenatal care compared to 90.7% in New York State (37). According to the most recent data from 2017, 35.1% of Orleans County women enrolled in WIC were obese before their pregnancy, 6.7% had gestational diabetes, and 10.7% had hypertension, compared to 26.6% of women being obese before pregnancy, 6.6% having gestational diabetes, and 7.5% having hypertension in New York State (37).

Breastfeeding after delivery is an important way for newborns to receive antibodies from the mother’s immune system, helping to reduce the risk of certain chronic conditions, and supporting overall infant health (50). In Orleans County, 75.7% of newborns were fed breastmilk at least once after delivery in a hospital, where in New York State that rate is 87.7% (37). Among those, 51.8% of newborns in Orleans County were *only* fed breastmilk after hospital delivery, compared to 45.7% of newborns in New York State

(37). Among mothers and newborns enrolled in WIC, 19.8% were breastfed for at least 6 months in Orleans County, and 41% in New York State (37).

Perinatal refers to the time period around 22 weeks gestation and approximately 28 days after birth (51). Both prenatal and perinatal care are important to prevent pregnancy complications in the mother and baby (52). Table 12, below, shows the number of births by zip code in Orleans County during the three-year period (2020-2022) (53). Based on this table, zip codes 14411 (Albion), 14103 (Medina), and 14470 (Holley), had the highest crude number of births in the three-year period, at 370, 351, and 203, respectively (53).

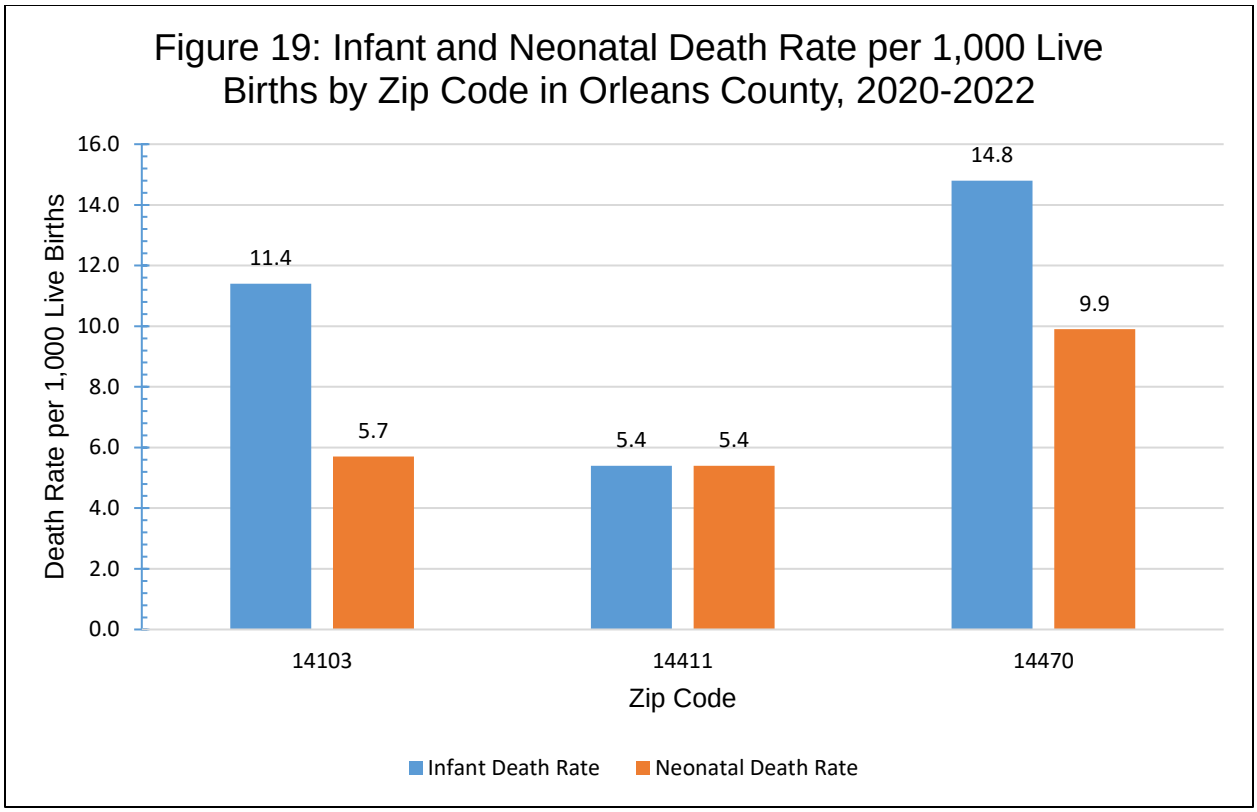
Table 12: Total Three-Year Births by Zip Code in Orleans County 2020-2022

Zip Code	Total Three-Year Births
14098	101
14103	351
14411	370
14470	203
14476	36
14477	40
14571	35
Total	1,136

Prevention of Infant and Maternal Mortality

For children aged 1 year old to 4 years old, there were 21.3 deaths per 100,000 children, compared to 16.8 deaths per 100,000 children in New York State. In Orleans County, there were 0 deaths per 100,000 children aged 5-9, compared to 10.4 deaths per 100,000 children in New York State (37).

The infant mortality rate, or deaths among newborns less than one year of age, in Orleans County was 8.6 per 1,000 infants, compared to 4.2 in New York State (37). The neonatal mortality rate, or deaths among newborns aged less than 28 days, was 5.1 per 1,000 births in Orleans County, compared to 2.6 per 1,000 births in New York State (37). Deaths within the first month to the first year, or the post-neonatal mortality rate, was 3.4 per 1,000 births in Orleans County compared to 1.5 deaths per 1,000 births in New York State. The perinatal death rate, or death of an infant from 20 weeks gestation until 28 days of life, was 7.7 in Orleans County compared to 8.7 in New York State. Orleans County had a maternal mortality rate of 85.8 deaths per 100,000 mothers, which is significantly higher than the New York State average of 21.3 deaths per 100,000 (37).



Note: Zip Codes 14098, 14476, 14477, and 14571 were omitted due to having both infant death rates and neonatal death rates of 0 (53).

Figure 19, above, demonstrates the infant and neonatal death rate per 1,000 live births by zip code, and several zip codes have been omitted due to their zero values for both indicators (53). Infant deaths refer to deaths that have occurred in an individual less than 12 months of age and the infant death rate refers to the number of infant deaths per 1,000 live births (53). Based on this figure, zip code 14470 (Holley) had the highest infant death rate in the county, at 14.8 deaths per 1,000 live births (53). The Orleans County average was 4.5 deaths per 1,000 live births (53). Neonatal deaths refer to the death of an infant less than 28 days of age and the neonatal death rate is the number of neonatal deaths per 1,000 live births (53). The zip code 14470 (Holley) had the highest neonatal death rate in the county, at 9.9 deaths per 1,000 live births (53). The Orleans County average was 3.0 deaths per 1,000 live births (53).

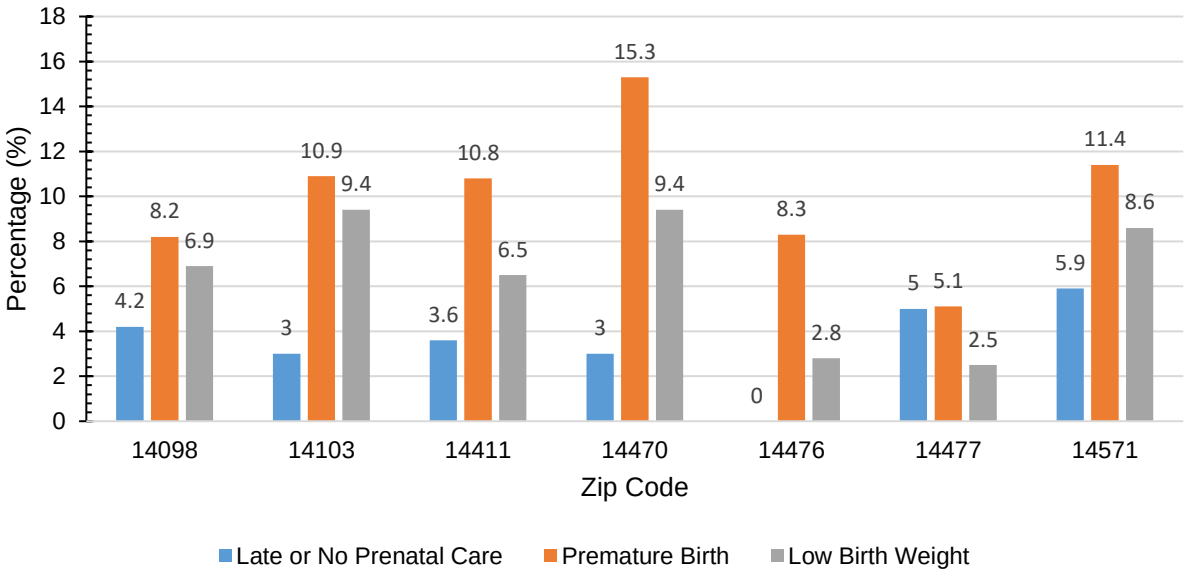
Late or No Prenatal Care, Premature Birth, and Low Birth Weight

Figure 20, below, demonstrates the percentage of births by zip code in Orleans County which had late or no prenatal care, the percentage of births which were premature, and the percentage of births which had a low birth weight (53). Late or no prenatal care refers to care that was initiated during the third trimester of pregnancy or not at all (53). Based on the data, the zip codes 14571 (Waterport) at 5.9% and 14098 (Lyndonville) at 4.2% had the highest percentage of late or no prenatal care, while the Orleans County average was 3.5% (53). Premature birth refers to births that occurred prior to 37 weeks

gestation (53). Based on this, the zip code 14570 (Holley) had the highest percentage of premature births, at 15.3%, while the Orleans County average was 10.0% (53).

Low birth weight refers to babies weighing 100-2499 grams, or less than 5 pounds and 8 ounces (53). According to figure 20, the zip codes with the highest percentage of low birth weight births are 14470 (Holley) at 9.4% and 14103 (Medina) at 9.4% (53). The Orleans County average was 7.7% (53).

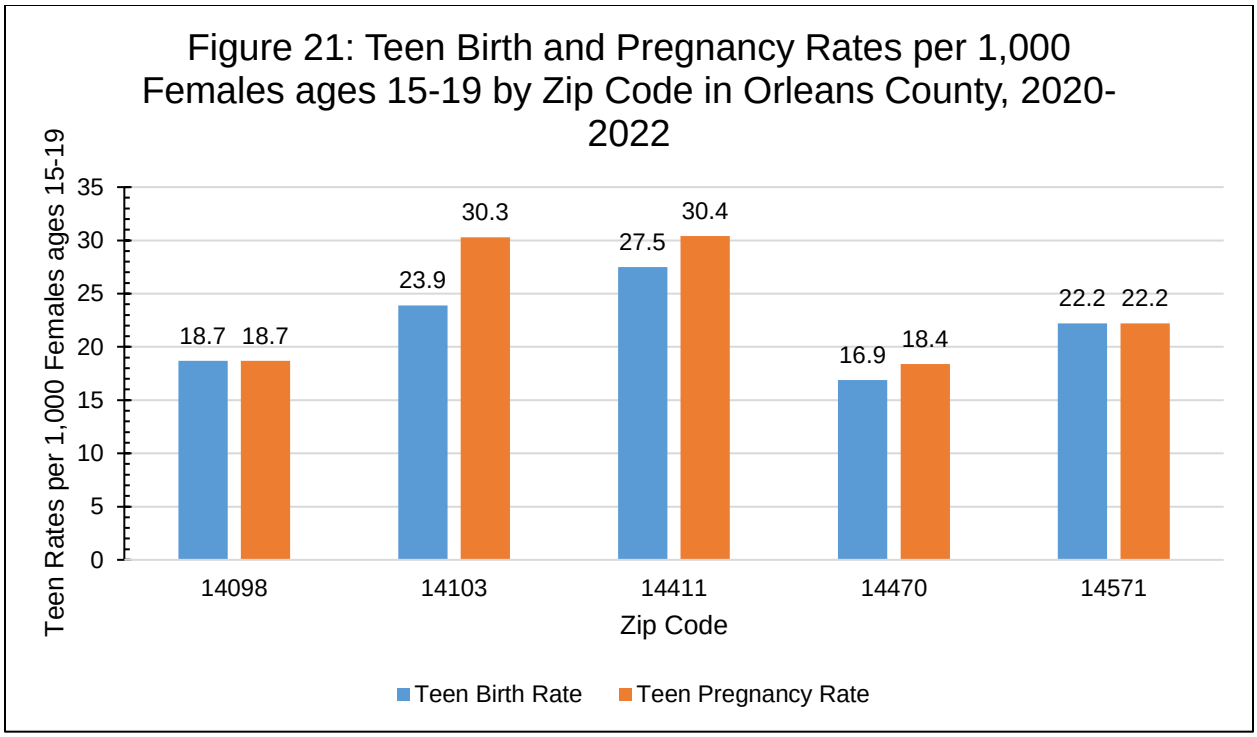
Figure 20: Percentage of Births which had Late or No Prenatal Care, Premature Birth, & Low Birth Weight by Zip Code in Orleans County, 2020-2022



Teen Birth and Pregnancy Rates

Figure 21, below, demonstrates both teen birth and teen pregnancy rates by zip code in Orleans County (53). The teen birth rate refers to the number of births to females aged 15-19 per 1,000 female population ages 15-19 (53). Based on this figure, zip code 14411 (Albion) had the highest teen birth rate in the county, at 27.5 births per 1,000 females ages 15-19 (53). The Orleans County average teen birth rate was 15.6 births per 1,000 females ages 15-19 (53).

The teen pregnancy rate refers to the number of pregnancies, including births, medical abortion, and spontaneous fetal death, among females ages 15-19 per 1,000 females ages 15-19 (53). Based on Figure 9, zip code 14411 (Albion) and 14103 (Medina) had the highest teen pregnancy rates in the county, 30.4 pregnancies per 1,000 females ages 15-19 and 30.3 per 1,000, respectively (53).



Note: Zip codes 14476 and 14477 were omitted due to their teen birth and pregnancy rates of 0 (53).

Orleans County is making progress in reducing infant and neonatal deaths**.** However, the elevated maternal mortality rate**,** early childhood mortality, and disparities in access to prenatal care and birth outcomes highlight areas in urgent need of attention. Geographic disparities**,** especially in rural zip codes, also point to the need for equitable, community-level interventions**.**

Preventative Services for Chronic Disease Prevention and Control

Chronic diseases are conditions that last a year or more and require ongoing medical attention. They can significantly affect an individual's physical, mental, social, and financial well-being. Regular screenings and routine visits to a primary care provider are key to early detection and prevention. Common chronic diseases include cancer, obesity, diabetes, and cardiovascular disease, each of which can limit daily functioning and quality of life. Preventing and managing these conditions is essential to improving the overall health of the community.

In response to the question, "What health challenges have you or a household member experienced in the past year?", 46% of Orleans County survey respondents identified overweight or obesity as a challenge, and another 45% reported chronic conditions such as diabetes, heart disease, or high blood pressure. Additionally, 40% cited issues related to aging such as arthritis, hearing/vision loss, falls, and dementia as a health challenge. These findings highlight the need for prevention efforts that promote healthy eating, regular physical activity, and routine checkups with a primary care provider to

reduce the risk and impact of chronic disease and aging related issues in the community.

Top reported health challenges of Orleans County respondents or their household members

Overweight or obesity: 46%

Chronic conditions: 45%

Issues related to aging: 40%

According to feedback from the Community Conversations, Orleans County residents expressed significant concern about both mental and physical health conditions. Mental health challenges such as anxiety, depression, PTSD, stress, and caregiver strain were frequently identified, with particular emphasis on youth, men's mental health, and aging-related concerns such as dementia and Alzheimer's. Participants also discussed physical health issues including diabetes, high blood pressure, chronic pain, obesity, and mobility limitations. Developmental diagnoses like ADHD and autism were raised, along with concerns about stigma that prevents individuals from seeking care. Transgender participants highlighted additional mental health concerns tied to experiences of discrimination, misgendering, and limited access to affirming providers.

Barriers to managing and preventing chronic conditions included limited access to providers, particularly in mental health, pediatric, and dental care, as well as long wait times and difficulty finding doctors who are accepting new patients. Insurance exclusions and system complexity created additional obstacles, especially for caregivers and those with military-related coverage. Many participants described the healthcare system as fragmented and difficult to navigate.

Prevention-related feedback emphasized the need for expanded health education, especially around nutrition, physical activity, medications, and drug prevention. Respondents also stressed the importance of routine checkups, mental health services, and accessible care to support early detection and long-term management. Suggestions to improve community health included expanding mobile and walk-in clinics, increasing rural provider availability, and investing in wellness infrastructure such as sidewalks and walking trails. Calls for improved health literacy, particularly regarding insurance use and healthy habits, reflected a need for more community-based education and outreach. Trans participants suggested peer-led supports, affirming drop-in centers, and training for healthcare providers in inclusive practices.

Overall, the feedback underscores that addressing both structural barriers such as provider shortages, transportation gaps, and system complexity, along with social determinants such as affordability, food access, and housing stability, is essential to improving chronic disease prevention and management in Orleans County.

Obesity and Diabetes

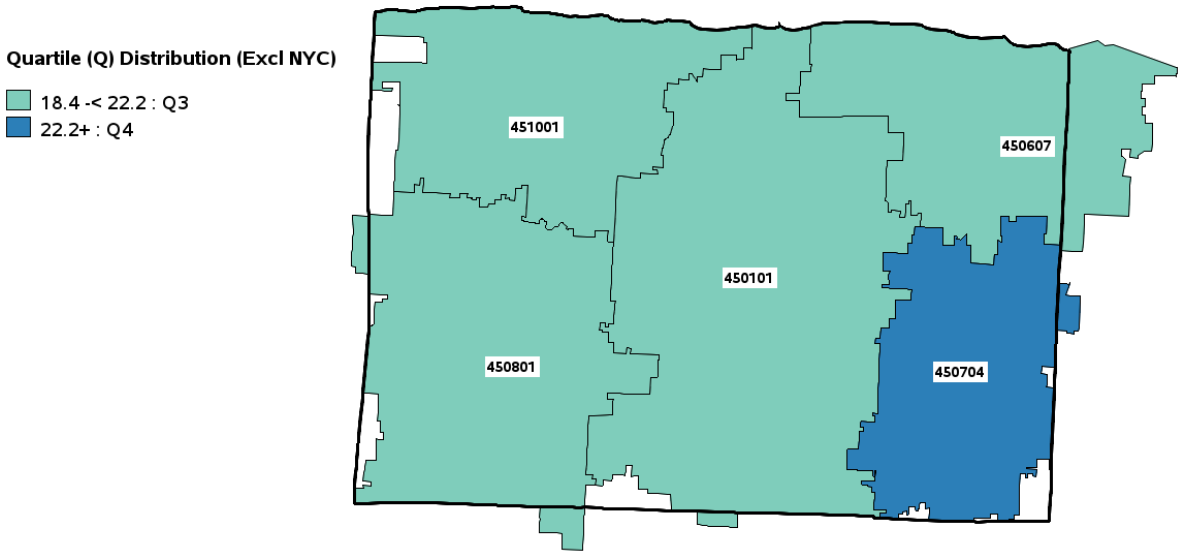
13.6% of Orleans County residents have been diagnosed with diabetes, while 10.2% of New York State residents report the same (37). In Orleans County, 54.5 of adults aged 45 years old or older report having a diabetes test by a medical professional within the last three years, faring worse than New York State, who reports 63.8% (44). Regular diabetes testing is important for early detection and timely treatment, which can significantly improve health outcomes.

A common risk factor for the development of diabetes mellitus is obesity. Obesity is a chronic condition characterized by having a body mass index (BMI) of greater than 30 (54). 26.3% of students in elementary, middle, and high school in Orleans County have obesity, compared to 20.6% of students in the same age groups in New York State (37). 50.9% of adults in Orleans County and 29.2% of adults in New York State also report having obesity (37).

Childhood Obesity

The percentage of children and adolescents who are obese in Orleans County is 21.6%, whereas the percentage in New York State (excluding New York City) is 17.3%. (44). Figure 22 demonstrates the quartile percentage distribution of obese students by school district in the county (44). Based on this figure, Holley Central School District has the highest percentage of obese children and adolescents at 27.9% (44).

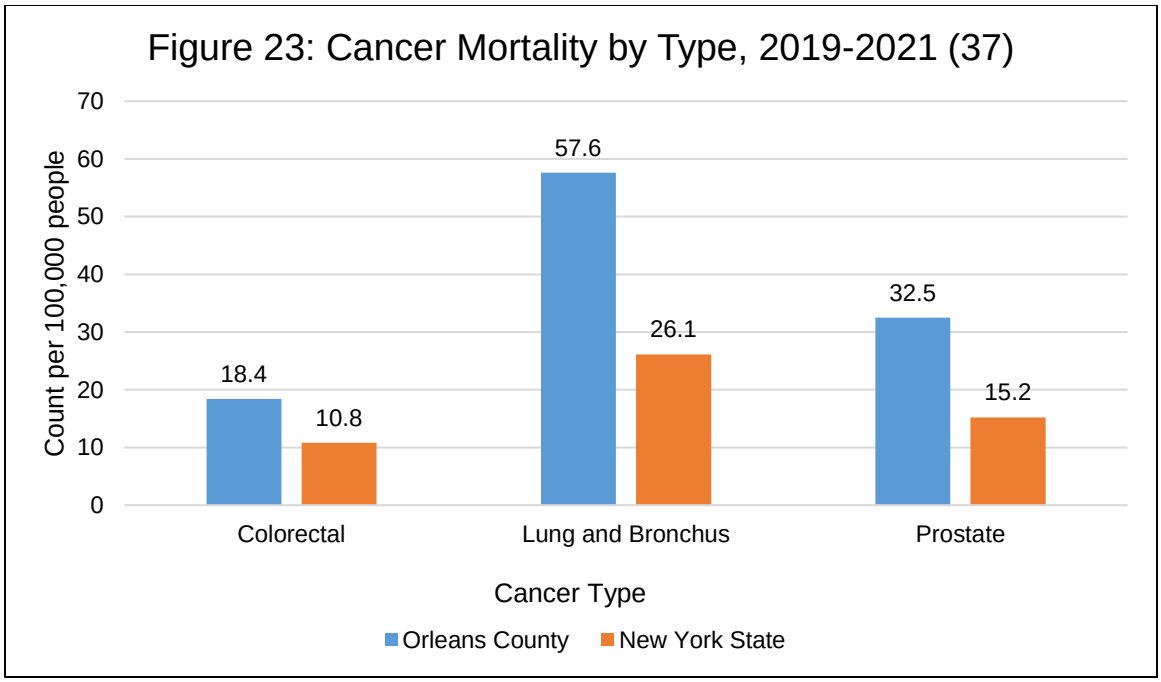
Figure 22: Percentage of Children and Adolescents with Obesity by School District in Orleans County, school years 2017-2019 (44); adapted from the New York State Prevention Agenda Dashboard



School District Code	School District Name	Number of Obese Students	Percentage (%)
450101	Albion Central School District	120	20.1
450704	Holley Central School District	112	27.9
450607	Kendall Central School District	52	20.7
451001	Lyndonville Central School District	27	19.1
450801	Medina Central School District	101	19.6

Cancer

Cancer is a prevalent condition categorized by uncontrolled cell growth within the body and is one of the leading causes of death in both New York State, and the United States as a whole. In Orleans County, the cancer incidence rate was 525.1 cases per 100,000 people, higher than the New York State rate of 458.2 cases per 100,000 people (37). Orleans County also experiences a higher rate of cancer mortality than New York State at 194.9 deaths per 100,000 people compared to 124.8 deaths per 100,000 people in the state (37).



Note: oral and pharynx cancer, breast cancer, and ovarian cancer rates have been excluded from this chart due to lack of data for Orleans County Residents

In Orleans County, the incidence of colon and rectum cancer is 37.4 cases per 100,000 people, slightly higher than the New York State rate of experiences a lower cancer at an incidence of 35.0 cases per 100,000 people (37). Secondary treatment to prevent manifestation and development of colon cancer is available and recommended to adults aged 50-64. In 2022, about 66.4% of adults aged 50 to 75 in Orleans County were screened for colorectal cancer (55). When adjusting for differences in age across the population, the estimated screening rate was closer to 59.8% (55).

Orleans County reports a lung and bronchus cancer incidence of 90.5 cases per 100,000 people, and New York State reports an incidence of 51.1 cases per 100,000 people (37). The biggest risk factor for development of lung cancer is smoking (56), and 13.4% of Orleans County residents and 12.5% of New York State residents report current cigarette smoking (37).

In 2022, about 77% of women aged 50 to 74 in Orleans County had received a mammogram to screen for breast cancer (55). Female residents of Orleans County experience a breast cancer rate of 184.3 per 100,000 people, while New York State reports a breast cancer rate of 167.6 (37). Male residents of Orleans County experience a prostate cancer rate of 133.5 and New York State reports an incidence rate of 131.6 (37).

Diseases of the Heart

Cardiovascular disease (CVD) and other diseases of the heart are the leading cause of death in the United States. CVD is an umbrella term describing all diseases of the heart.

Common diseases of the heart include coronary heart disease (CHD), characterized by a buildup of fatty material such as cholesterol blocking arteries, congestive heart failure (CHF), which occurs when the heart cannot pump as effectively as it should (57), and hypertension, characterized by an average blood pressure above 140/99 mmHg (58). A primary care physician can screen for all of these conditions.

Taking steps to prevent heart disease is important for long-term health. This includes eating a healthy diet, staying physically active, and regularly checking cholesterol levels. High cholesterol can lead to a buildup in the arteries, making it harder for the heart to pump blood throughout the body (59)**.**

In Orleans County, 90.1% of adults have had their cholesterol checked at least once, which is slightly lower than the New York State average of 90.7%. Despite this, Orleans County has a higher death rate from cardiovascular disease (CVD) at 238.0 deaths per 100,000 people, compared to 213.8 in the state overall. In 2021, 9.4% of adults in Orleans County had been diagnosed with CVD, compared to 6.4% statewide.

Coronary heart disease (CHD) is a major factor in heart-related deaths. Orleans County reported 144.0 deaths due to CHD, which is slightly higher than the state average of 131.6. Also, the county has a higher death rate from congestive heart failure (CHF) than the state, with 17.3 deaths per 100,000 people compared to 10.9 in New York State.

In Orleans County, mortality related to other diseases of the heart has a rate of 190.4 per 100,000 people compared to New York State, reporting 170.6 deaths per 100,000 people (37). 84.0% of adults in Orleans County are receiving tertiary care, or taking medications, to manage their hypertension, while 81.2% of adults in New York State report the same (44).

Orleans County also experiences a heart attack mortality rate of 73.1 deaths per 100,000 people compared to New York State's rate at 20.7 deaths per 100,000 people. Stroke mortality rate in Orleans County is 35.2 deaths per 100,000 people, and New York State experiences a rate of 25.3 deaths due to stroke per 100,000 people (37).

Liver and Kidney Disease

Liver and kidney conditions also impact the health of many people in both Orleans County and New York State. In Orleans County, the hospitalization rate for chronic kidney disease (CKD) is 132.6 per 10,000 people, higher than the New York State rate of 117.8 per 10,000.

Cirrhosis, a serious liver disease caused by long-term damage such as heavy alcohol use or hepatitis, leads to scarring and inflammation of the liver (60). In Orleans County, there are 10.4 deaths from cirrhosis per 100,000 people (37).

Lung Disease

Orleans County reports 43.8 deaths per 100,000 people due to chronic lower respiratory infections, and New York State reports a lower rate of 23.7 deaths per 100,000 people (37). Chronic lower respiratory infections include bronchitis, asthma, and emphysema (61). There are currently 14.7% of adults in Orleans County and 10.1% of adults in New York State living with asthma, and in Orleans County, there were 1.8 hospitalizations per 10,000 people due to asthma. This rate is much lower than that of New York State, which reports 6.6 asthma-related hospitalizations per 10,000 people (37).

Oral Health Care

Oral health is a vital component of overall well-being, yet access to preventative and routine dental exams or dental visits remains a challenge for many individuals in Orleans County, particularly among underserved populations.

In 2022, about 63% of adults aged 18 and older in Orleans County reported visiting a dentist (55). The age-adjusted rate was also about 61.9%, meaning the estimate remains the same even when accounting for differences in the age makeup of the population (55). Among Medicaid enrollees aged 2-20 years, 35.2% had at least one preventive dental visit, compared to 39.1% within New York State (29).

Orleans County demonstrates moderate engagement with preventive services for chronic disease prevention and control but faces significant challenges that affect long-term health outcomes. While rates of cholesterol screening, dental visits, and cancer screenings are comparable to or slightly above the New York State average, the county consistently reports higher rates of chronic conditions such as obesity, diabetes, cardiovascular disease, and cancer. Community feedback highlights concerns about access to care, including shortages of primary care providers, long wait times, and difficulties navigating the healthcare system, which serve as major barriers to prevention and management. Increasing health literacy, promoting routine screenings, and expanding access to supportive services such as mobile clinics and wellness infrastructure were identified as important needs. Addressing both structural barriers and the social determinants of health will be critical to improving chronic disease outcomes and reducing the overall burden of disease in Orleans County.

Preventative Services for Communicable Diseases

Preventing the spread of communicable diseases is essential to maintain a healthy community. Many communicable diseases are assessed, including those that are foodborne, vector borne, sexually transmitted, and vaccine preventable.

Foodborne Diseases

Foodborne diseases such as Escherichia coli (E. coli), shigella, and salmonella can occur from eating meats or seafood that are not properly cooked, contamination of food, or poor hand hygiene when preparing or serving foods. These illnesses can cause digestive distress, nausea and vomiting, and dehydration. Recovery can take anywhere

from a few days to a few weeks. Monitoring foodborne illness outbreaks is important to protect the health and safety of a community and prevent the spread of communicable diseases (62).

Per 100,000 people, Orleans County reported 0.8 cases of shigella, and 1.7 cases of E. coli compared to 5.5 cases of shigella and 5.2 cases of E. coli in New York State as a whole. Orleans County also reported 10.1 cases of salmonella per 100,000 people, similar to New York State, who reported 13.1 cases (37).

Vector borne Diseases

Lyme disease is an illness caused by a bacterium carried by a deer tick. Lyme disease is transmitted through the bite of a deer tick carrying the bacteria and can cause symptoms such as a bulls-eye rash, joint pain, weakness, and fatigue. Lyme disease is most commonly found in the northeast and northwest United States, where Orleans County is located (63).

Orleans County fares better than New York State for Lyme disease incidence, reporting 13.4 cases per 100,000 people compared to 46.5 cases per 100,000 people in New York State (37).

Sexually Transmitted Infections (STIs)

Orleans County fares better than New York State on almost all sexually transmitted disease (STD) incidences. Orleans County experiences an Acquired Immune Deficiency Syndrome (AIDS) mortality rate of 0.5, compared to 1.7 in New York State (37).

In Orleans County, 18.5 people per 100,000 people were diagnosed with early-stage syphilis, compared to 20.3 per 100,000 people were diagnosed early in New York State (64). Early diagnosis of syphilis leads to faster treatment turnaround, reduces the chance of infertility, and reduces the risk of long-term problems associated with diagnosis (65). In Orleans County, 15.0 per 100,000 people were diagnosed with secondary syphilis and 13.3 per 100,000 with late syphilis. In comparison, New York State reported lower rates of secondary syphilis at 10.9 per 100,000 people and slightly lower rates of late syphilis at 13.0 per 100,000 (65).

There were 77.5 cases of gonorrhea per 100,000 people in Orleans County, compared to 131.5 cases per 100,000 people in New York State (65). Among new cases of gonorrhea in Orleans County, the rate was 67.6 per 100,000 males and 88.4 per 100,000 females. In comparison, New York State reported higher rates: 154.6 per 100,000 males and 108.2 per 100,000 females (65).

Orleans County reported 249.1 cases of chlamydia per 100,000 people, while New York State reported a higher rate of 403.7 per 100,000. Among these cases, 173.0 per 100,000 males and 328.8 per 100,000 females were reported in Orleans County. In comparison, New York State reported 288.7 cases per 100,000 males and 523.8 per 100,000 females (65).

Vaccine Preventable Diseases

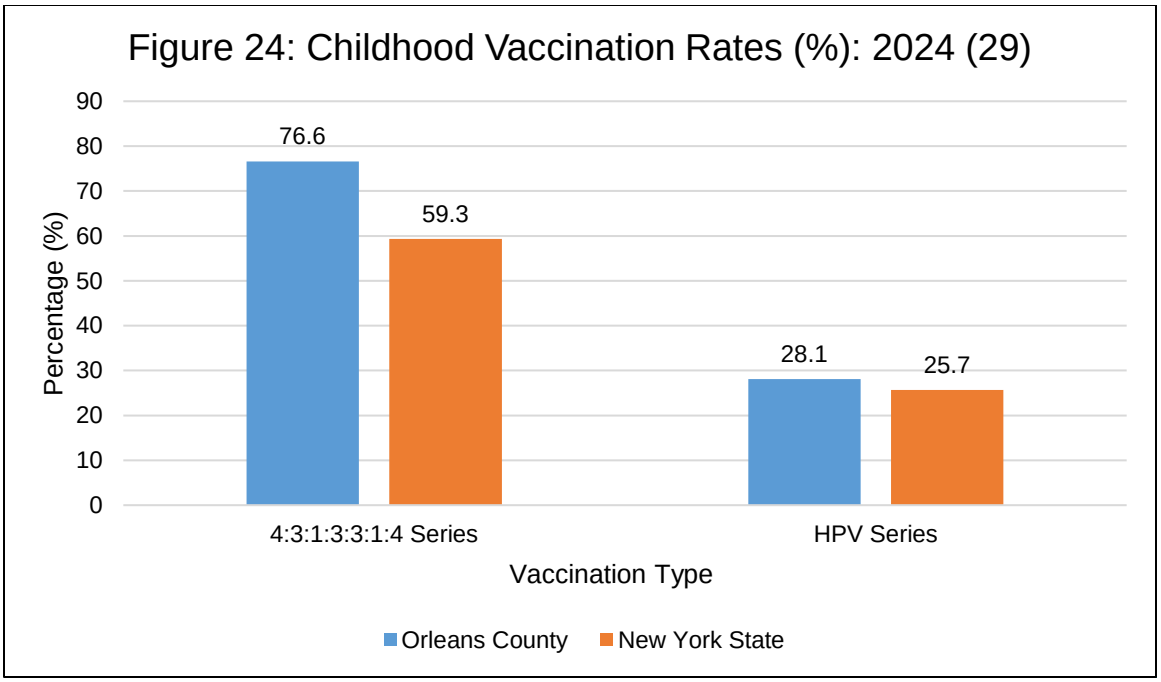
Orleans County fares similar to New York State in tuberculosis infection, experiencing 2.5 infections per 100,000 people in Orleans County and 3.2 infections per 100,000 people in New York State (37).

There were 27.6 new cases of Hepatitis C per 100,000 people in Orleans County, compared to 30.9 new cases per 100,000 people in New York State (37). There were 65.0 hospitalizations per 10,000 adults aged 65 or older due to the flu or pneumonia in Orleans County, which is higher than New York State's rate of 53.7 per 10,000 adults in the same age group (37).

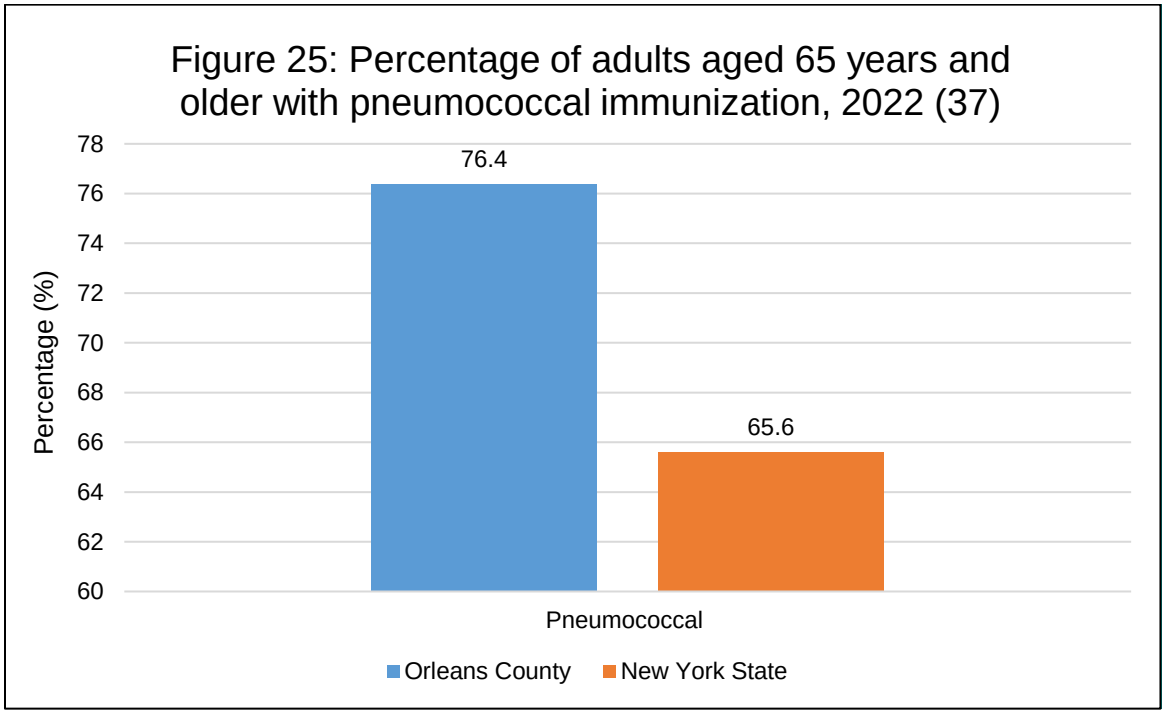
Immunization Rates

Immunizations are one of the most effective ways to prevent the spread of communicable diseases by introducing your body's immune system to pathogens and building natural immunity. Maintaining vaccination rates is one of the best ways to keep a community healthy.

In Orleans County, 76.6% of children are up-to-date with their necessary vaccine series, compared to 59.3% of New York State children (29). The recommended childhood vaccination series, known as the 4:3:1:3:3:1:4 schedule, includes protection against several serious diseases. It consists of four doses of Diphtheria, Tetanus, and Pertussis (DTaP); one dose each of Measles, Mumps, and Rubella (MMR) and Varicella (chickenpox); three doses of Hepatitis B; at least one dose of Haemophilus influenzae type B (Hib); and four doses of pneumococcal conjugate vaccine (66). Also, among children, 28.1% of 13-year-olds in Orleans County have received the complete Human Papillomavirus (HPV) series, compared to 25.7% of 13-year-olds in New York State as a whole (29).



In Orleans County, 76.4% of adults aged 65 and older received the pneumococcal immunization, faring better than New York State with a rate of 65.6% of adults aged 65 and older being immunized (37).

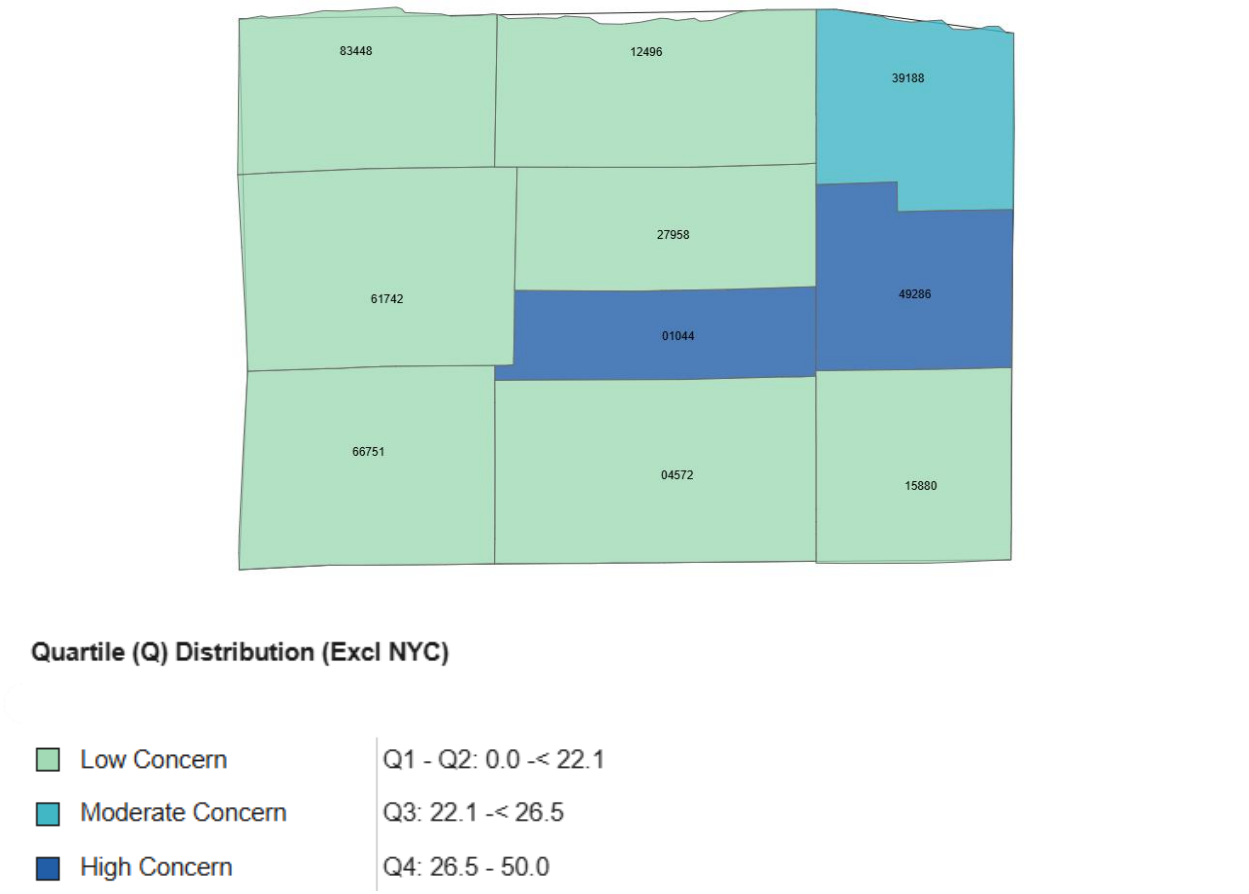


Premature Deaths

The percentage of premature deaths, or deaths that occur before 65 years old, in Orleans County is 21.7%, and in New York State (excluding New York City), the percentage is 21.8% (44). Figure 7, below, shows quartile percentage distribution for the

percentage of premature deaths by Minor Civil Division in the county (44). Based on this figure, the MCDs that have the highest percentage of premature deaths in the county are the Town of Murray (31.7%), the Town of Albion (26.6%), and the Town of Kendall (25.5%) (44).

Figure 26: Percentage of Deaths that are Premature by Minor Civil Division in Orleans County, 2017-2020; adapted from the New York State Prevention Agenda Dashboard



MCD Number	MCD Name	Deaths (Before 65 Years)	Percentage (%)
01044	Albion town	91	26.6
04572	Barre town	15	19.5
12496	Carlton town	21	17.6
15880	Clarendon town	28	16.9
27958	Gaines town	34	21.4
39188	Kendall town	27	25.5
49286	Murray town	53	31.7
61742	Ridgeway town	58	19.1
66751	Shelby town	67	18.9
83448	Yates town	17	17

Orleans County performs relatively well in many areas of communicable disease prevention, particularly in comparison to New York State averages. The county reports lower or similar rates of foodborne illnesses, vector-borne diseases like Lyme disease, and most sexually transmitted infections, including HIV and gonorrhea. Immunization rates are a notable strength, with higher childhood and adult vaccination coverage compared to state averages. However, opportunities remain to improve HPV vaccine completion and flu/pneumonia prevention in older adults. Community-wide efforts to maintain strong immunization practices, monitor disease outbreaks, and promote early diagnosis and treatment are essential to preventing the spread of infectious diseases and protect overall public health.

Domain 5: Education Access and Quality

Expanding access to high-quality education for students in PreK-12 is vital for supporting academic success, increasing educational attainment, advancing health equity, and fostering long-term well-being. Timely immunizations, healthy school meals, social-emotional learning (SEL), and access to counseling and mentoring all play a critical role in supporting education access and quality.

In Orleans County, community members identified good schools and a safe environment as important components of a strong and healthy community. Respondents emphasized the importance of accessible, high-quality educational opportunities that support families from early childhood through 12th grade. This focus reflects the community's recognition that education is foundational to overall health, economic stability, and overall well-being. Expanding access to quality schools and childcare services is seen as essential to fostering a strong, healthy community in Orleans County.

Health and Wellness Promoting Schools

In Orleans County, 22.1% of public-school students in grades K-8 were chronically absent, compared to 25.1% statewide in New York (29). Among economically disadvantaged public-school students in grades K-8, 28.3% were chronically absent in Orleans County, compared to 33.8% statewide in New York (29).

Opportunities for Continued Education

Within five years of graduation, 38.0% of high school seniors in Orleans County attended a 2- or 4-year college, compared to 70.2% statewide (29). Among economically disadvantaged students, only 29.7% enrolled in college within five years, significantly lower than the 63.1% observed across New York State (29).

Orleans County residents recognize the importance of strong schools and affordable childcare in supporting a healthy community. While the county reports lower rates of chronic absenteeism among K–8 students compared to New York State averages, notable disparities persist in college enrollment, particularly among economically

disadvantaged students. Community feedback underscores the need for accessible, high-quality education from early childhood through high school, along with supportive services such as mental health resources and healthy school environments. Addressing these educational gaps is essential to advancing health equity and fostering long-term success for all students in Orleans County.

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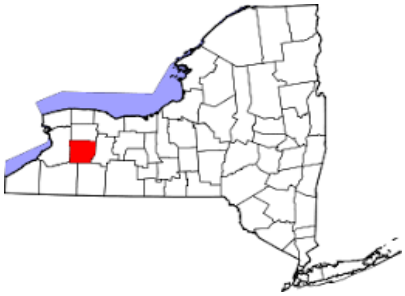
Wyoming County: Community and Health Status Description

Wyoming County Community Description

Population

According to the 2024 Census, Wyoming County's population estimate is 40,531 (1). There are sixteen townships and five villages in Wyoming County spanning across 592.7 square miles, with a population density of 68.4 persons per square mile (1). The majority of the county population is concentrated in four centers: Warsaw, which is the location of the county seat, Attica to the northwest, Arcade to the southwest and Perry to the east.

Figure 1: Map of Wyoming County, NY



Age

It is critical to understand a community's age-specific health needs because it may affect things such as economic growth, patterns of work and retirement, the ability of communities to provide adequate resources, and the prevalence of chronic disease and disability.

In Wyoming County, 4.7% of the population is under five years old, 18.7% of the population is under 18 and 19.8% of the population over the age of 65 (1). The median age in Wyoming County 43.1 years old (1). With approximately 20% of Wyoming County residents are age 65 or older, it is important to understand that this population may face unique health challenges over the next several years that will need to be addressed.

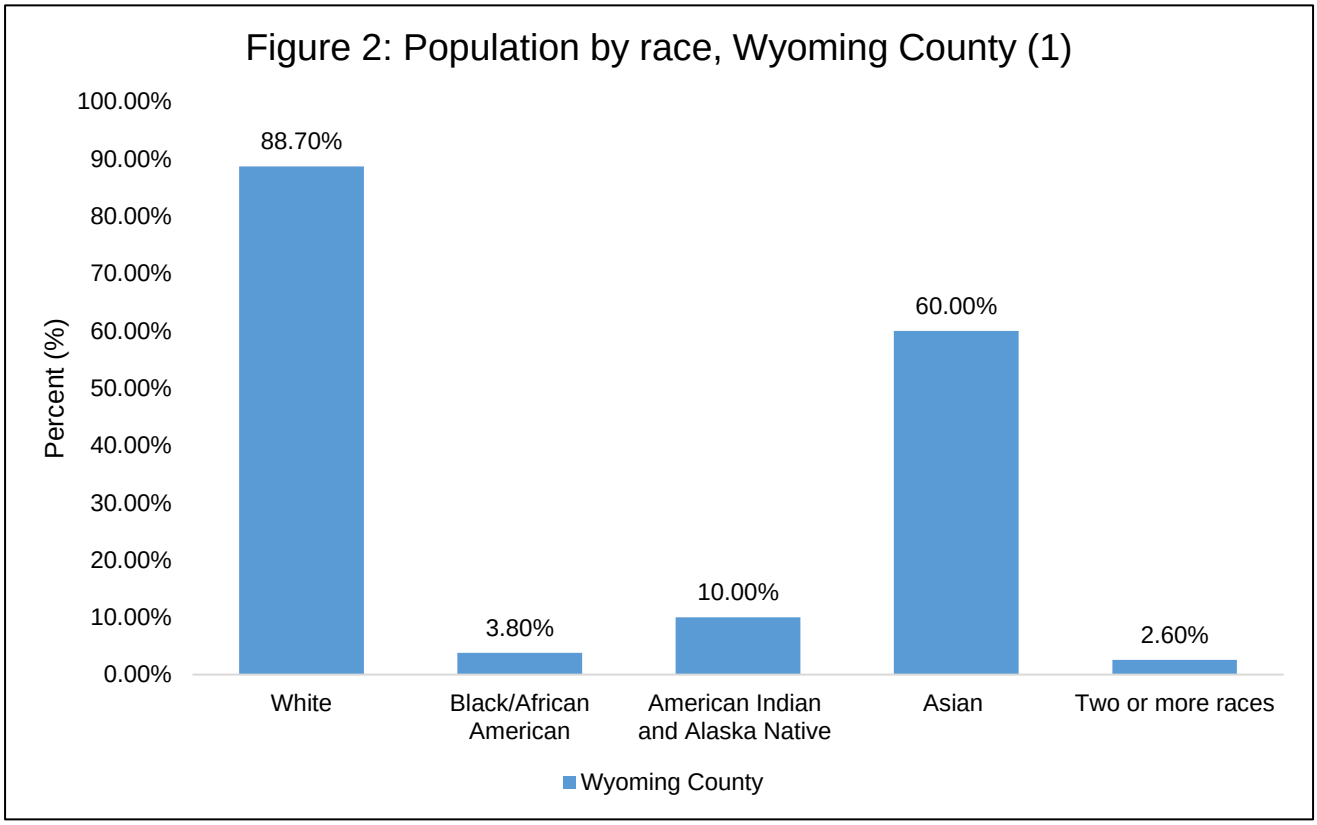
Table 1: Population Distribution, Wyoming County, July 1, 2025 (1)	
Population under 5 years	4.7%
Population under 18 years	18.7%
Population 65 years and over	19.8%

Gender

In Wyoming County, gender is 46.4% female (1).

Race and Ethnicity

Wyoming County's population is limited in its ethnic and racial diversity. 88.7% of residents are white, followed by 3.8% Black/African American, 0.1% American Indian and Alaska Native, 0.6% Asian, and 2.6% two or more races (2). 3.7% of residents are Hispanic or Latino while 87.8% are White (1).



Veterans

In Wyoming County, 7.% (2,354) of county residents are Veterans (2). The majority of Wyoming County residents were veterans of the Vietnam War (42.1%), Gulf War '90-01 (16.5%), Gulf War '01 or later (23.1%), Korean War (5.6%) and World War II (0.08%). Most veterans are male (93.4%), white (92.7%) and age 55 or older (69.8%) (3). Compared to non-veterans, they are less likely to be below poverty level (2.8% vs. 10.2%) and more likely to have a disability (23.2% vs. 15.7%) (3).

Spoken Languages

English language proficiency can impact access to care, educational attainment, employment opportunities, and the ability to communicate effectively with healthcare providers. Having limited English language proficiency can be a barrier to accessing health care services and understanding health information (4). In Wyoming County, 3.1% of households speak a language other than English at home.

After English, the second most commonly spoken language at home is Spanish (1.8%) in Wyoming County. Other Indo-European languages are spoken at home by 0.7% of county residents, and 0.5% of the county speaks Asian and Pacific Island languages (1).

Disability Status

Studies have found that people with disabilities are more likely than people without disabilities to report poorer overall health, having less access to adequate health care and engaging in risky health behaviors. As a result, people with disabilities are often more susceptible to preventable health problems that decrease their overall health and quality of life, which can lead to secondary health conditions such as pain, fatigue, obesity, and poor mental health (5).

In Wyoming County, 13.3% of the population has a disability (6).

Table 2. Disability Status, Wyoming County (6)	
Population with a hearing difficulty	4.1%
Population with a vision difficulty	2.1%
Population with a cognitive difficulty	5.0%
Population with an ambulatory difficulty	7.7%
Population with a self-care difficulty	2.4%
Population with an independent living difficulty	6.2%

According to Appendix D of the GOW Community Health Survey Analysis Report, respondents with a disability are more likely to rate their physical health as 'Poor' or 'Fair' compared to those without a disability. Additionally, individuals without disabilities tend to report better mental health outcomes than those with disabilities. These disparities underscore the importance of addressing physical and mental health equity for individuals with disabilities through improved access to care, supportive services, and inclusive health initiatives.

Education

Education can influence several factors in an individual's life from access to healthcare, economic opportunities, quality housing, a healthy lifestyle, and the ability to understand health information. Within Wyoming County, there are five public school districts, with a total enrollment in K-12 public schools of 3,511 students in the 2023-2024 school year (7). 89% of high school students (269) graduated in 2021 compared to 86% in New York State.

The dropout rate in Wyoming County was 4.0% compared to 3.0% in New York State (8). There are notable disparities, with White students graduating at a higher rate (90%) than all other racial/ethnic groups, Hispanic or Latino (60%) and Multiracial students (83%). Data for Black or African American students were not reported due to insufficient sample size (8). Additionally, economically disadvantaged students graduated at a rate of 83%, compared to 92% for students who were not economically disadvantaged (8).

Table 3 illustrates the educational outcomes among adults aged 25 years and older. Overall, 92.5% of Wyoming County residents have a high school education or higher, and 18.2% have a bachelor's degree or higher (9).

Table 3: Highest level of education obtained among adults aged 25 years (2)

	Wyoming County	New York
Less than High school education	13.4%	11.6%
High school graduate or higher	86.7%	88.3%
Bachelor's degree or higher	18.2%	40.6%

Figure 3 provides a breakdown by race of the population with a high school education or higher in Wyoming County. Within Wyoming County, disparities in educational attainment varies by race and ethnicity. In Wyoming County, Asian residents had the highest percentage of the population with a high school education or higher. When looking at ethnicity, 46.4% of Hispanic residents of Wyoming County have a high school degree or higher. (9).

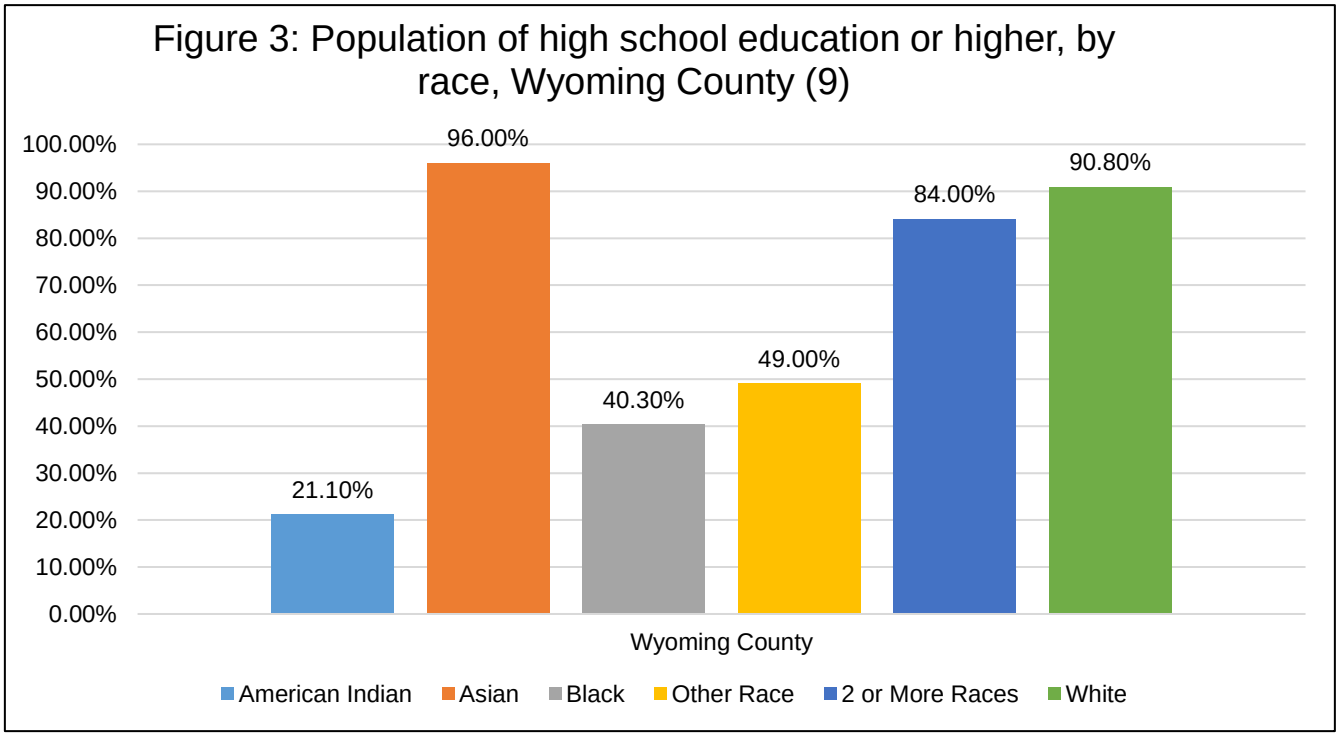
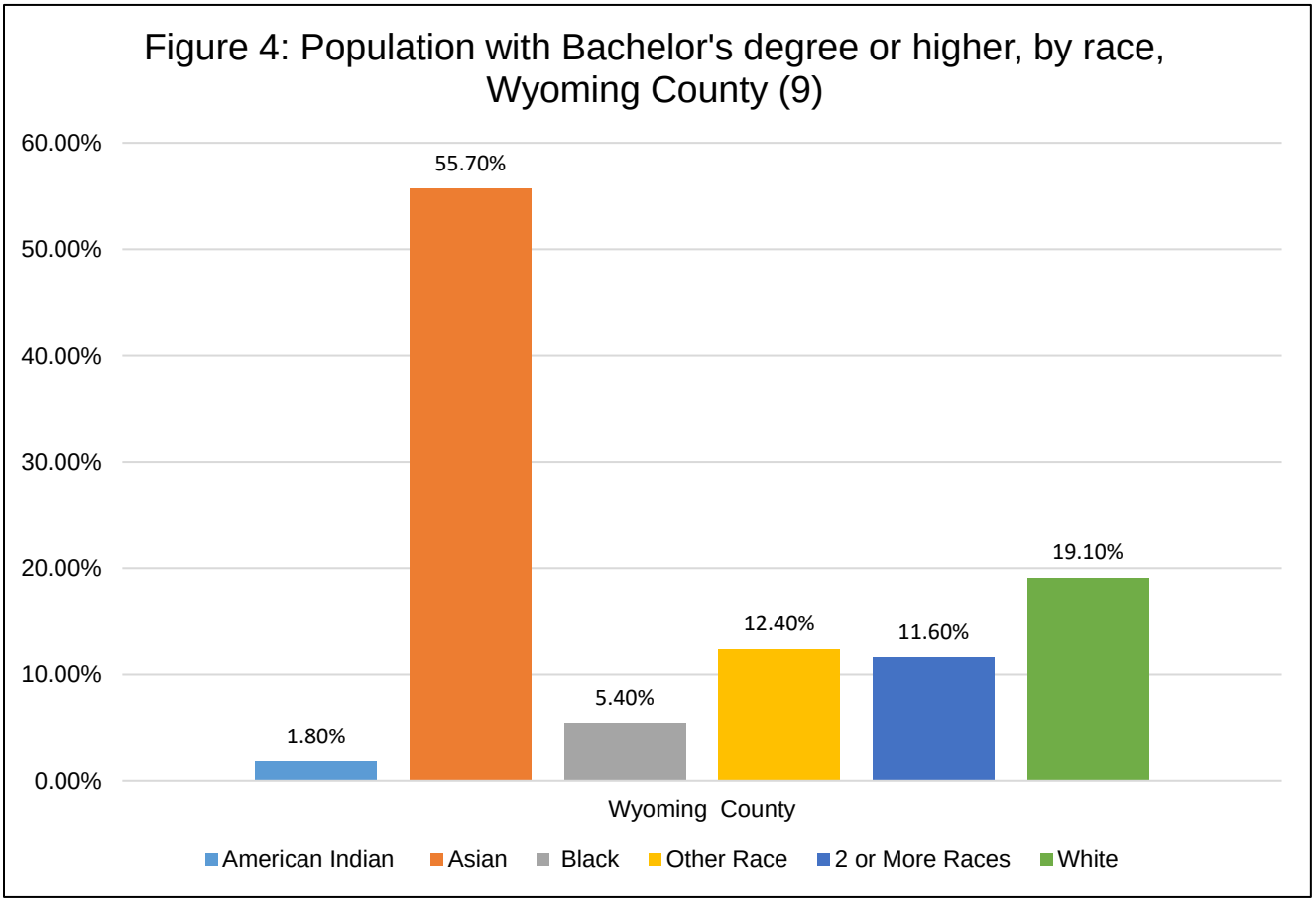


Figure 4 provides a breakdown by race of the population with a bachelor's degree or higher in Wyoming County. Within Wyoming County, disparities in bachelor's degree attainment vary by race and ethnicity. In Wyoming County, Asian residents had the highest percentage of the population with a bachelor's degree or higher. When looking at ethnicity, 6.4% of Hispanic residents of Wyoming County have a bachelor's degree or higher (9).

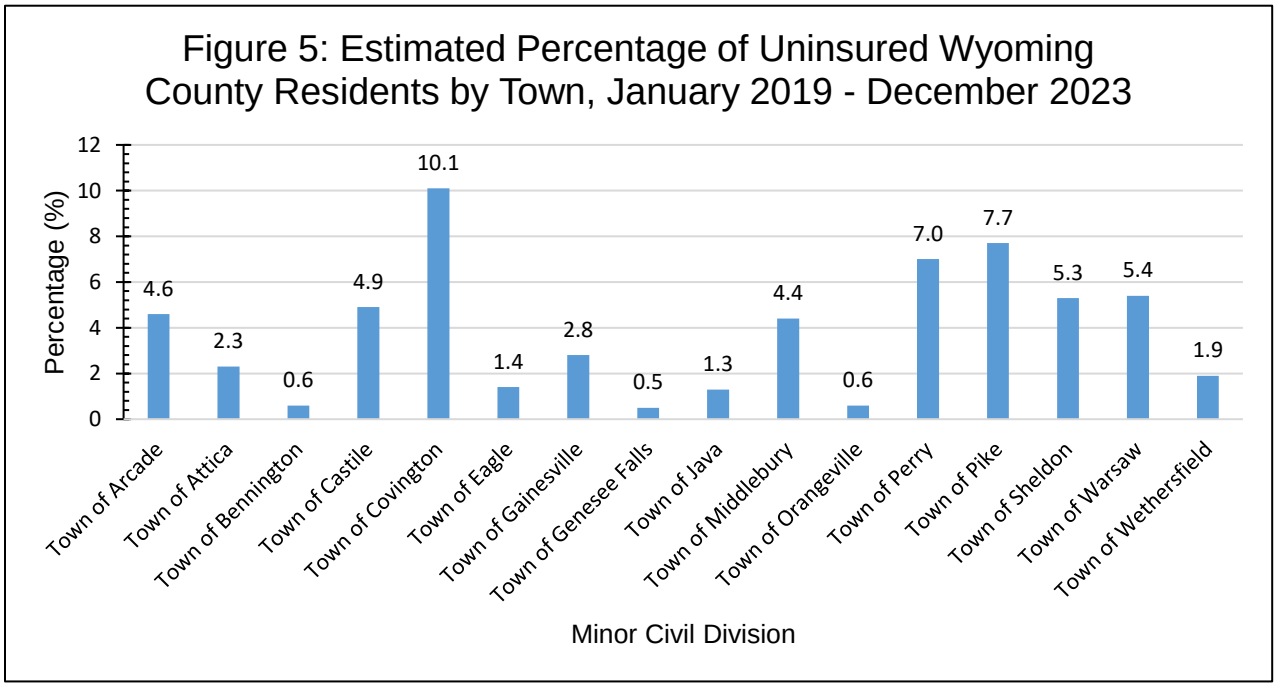


Health Insurance

According to the United States Census, 4.2% of Wyoming County residents do not have health insurance. According to Table 4 and Figure 5 below, the town with the highest percentage of residents who lack health insurance is the Town of Covington, at 10.1% (10). The towns of Arcade, Castile, Middlebury, Perry, Pike, Sheldon, and Warsaw all have uninsured resident percentages above the Wyoming County average (10). A lack of affordable health insurance coverage is one of the factors that impacts the ability of residents to access quality healthcare (11).

Table 4: Estimates of Health Insurance Coverage by Town in Wyoming County

Location	Total Civilian Non-Institutionalized Population	Total Insured	Insured (%)	Total Uninsured	Uninsured (%)
Town of Arcade	4,194	4,003	95.4	191	4.6
Town of Attica	3,194	3,122	97.7	72	2.3
Town of Bennington	3,225	3,205	99.4	20	0.6
Town of Castile	2,728	2,594	95.1	134	4.9
Town of Covington	1,299	1,168	89.9	131	10.1
Town of Eagle	1,178	1,162	98.6	16	1.4
Town of Gainesville	1,769	1,720	97.2	49	2.8
Town of Genesee Falls	391	389	99.5	2	0.5
Town of Java	2,050	2,033	98.7	27	1.3
Town of Middlebury	1,350	1,290	95.6	60	4.4
Town of Orangeville	1,335	1,327	99.4	8	0.6
Town of Perry	5,412	5,032	93.0	380	7.0
Town of Pike	893	824	92.3	69	7.7
Town of Sheldon	2,418	2,289	94.7	129	5.3
Town of Warsaw	5,146	4,870	94.6	276	5.4
Town of Wethersfield	741	727	98.1	14	1.9

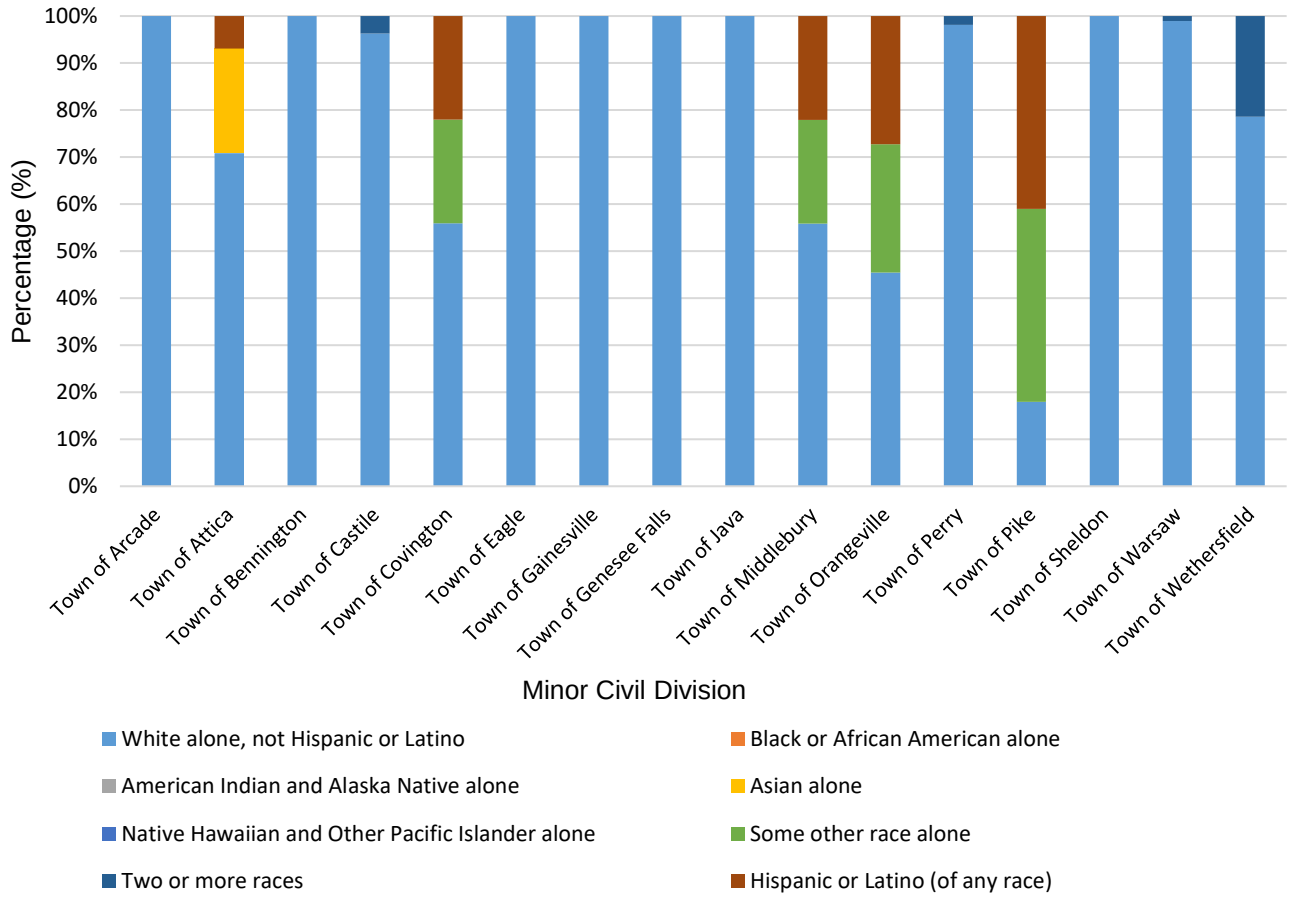


Health Insurance Coverage by Race and Ethnicity

Structural determinants of health influence how equitably the necessary resources required for quality health and healthcare are distributed according to socially defined

groups of people, including, but not limited to race, gender, socioeconomic status, and sexual identity (12). A structural determinant of health that is often analyzed in the field of public health is race and ethnicity (12). Examining how these factors, while also considering the historical and present contexts surrounding racism and discrimination in this country, keeps public health professionals well-informed on the health status of marginalized groups and how to work towards health equity (13). Figure 6, below, demonstrates the estimated percentage of residents in Wyoming County who do not have health insurance coverage by town, based on racial and ethnic classifications from the American Community Survey and the 2020 U.S. Census (10). The majority of Wyoming County residents identified as White, which resulted in the White population representing the majority of people experiencing a lack of health insurance coverage in the county (10).

Figure 6: Estimates of the Percentage of Uninsured Wyoming County Residents by Race, Ethnicity, and Town, January 2019 - December 2023, (10)



However, based on this figure, there are populations of other races and ethnicities, particularly those who identified as Hispanic or Latino (of any race), and some other race alone who are experiencing a lack of health insurance (10).

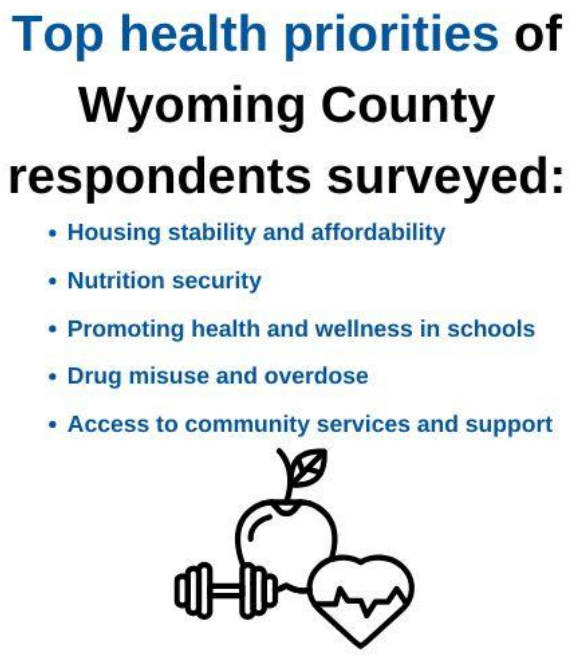
Additionally, based on Figure 6, the MCDs that have the highest percentage of uninsured residents of racial and ethnic minority are the Towns of Covington, Middlebury, and Pike (10).

Wyoming County Health Status

Domain 1: Economic Wellbeing

Economic well-being plays a critical role in shaping the health of individuals and communities. Factors such as poverty, unemployment, nutrition security, housing stability, and housing affordability are deeply interconnected and influence a person's ability to access basic needs, maintain a healthy lifestyle, and manage chronic conditions. When these needs are unmet, they can contribute to increased stress, food and housing insecurity, and limited access to healthcare, ultimately resulting in poorer health outcomes and widening health disparities across the population.

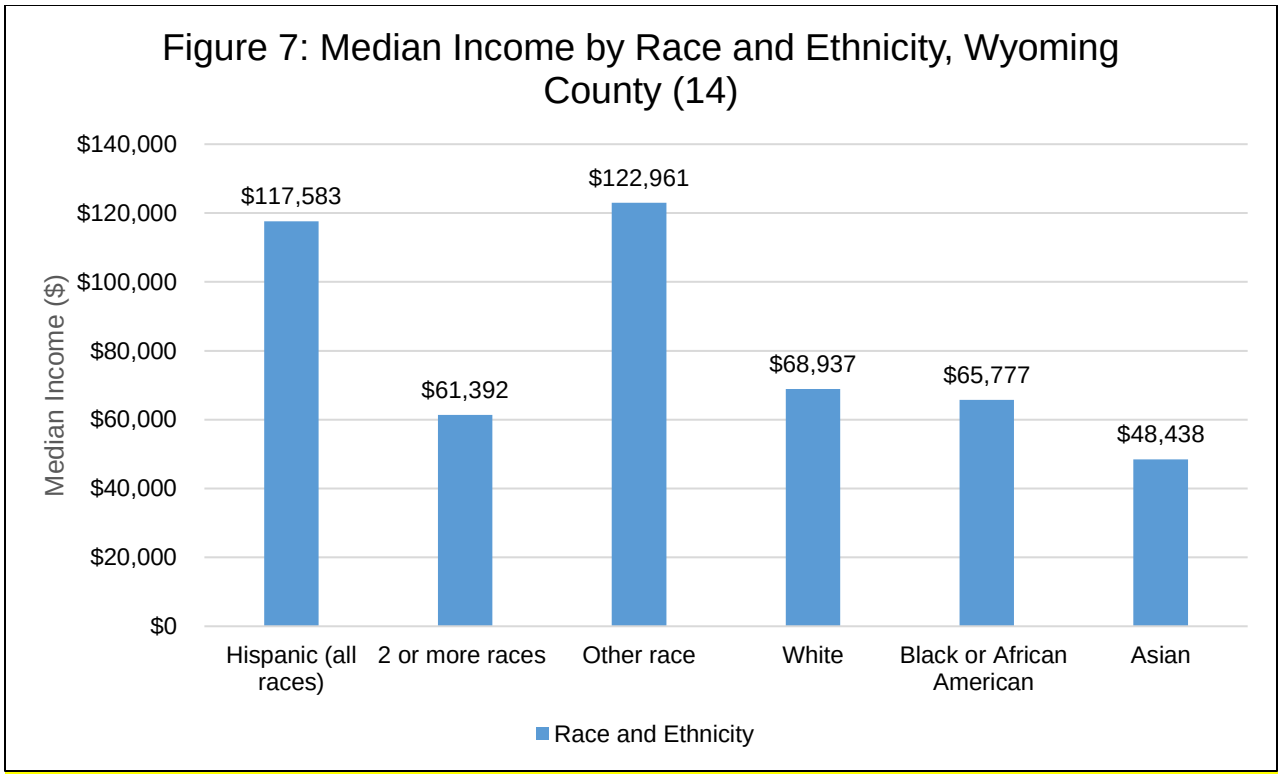
When survey respondents were asked to identify the top health priorities for their community, two of the top three responses were related to economic well-being. These included housing stability and affordability, along with nutrition security.



Additionally, when respondents were asked to identify the most important features of a strong, vibrant, and healthy community, three of the top four responses were job opportunities with livable wages, affordable housing, and affordable, accessible healthy food. This highlights the strong connection between economic stability and overall community health, reinforcing the need to address social determinants as part of health improvement efforts.

Poverty

The median income for a household in Wyoming County is $68,913 (in 2023 inflation-adjusted dollars) (1). As shown in Figure 7, there are significant disparities in median income by race and ethnicity within Wyoming County. Please note that data for individuals identifying as American Indian were excluded from this chart due to an insufficient number of observations (14).



As shown in Table 5, there are significant disparities in poverty rates by race, ethnicity and age within Wyoming County (15). An estimated 10.6% of the total population in the Wyoming County live in poverty (15).

Table 5: Poverty rates by race, age, Wyoming County (15)	
Living in Poverty	Wyoming County
American Indian or Alaska Native	52.9%
Asian	3.6%
Black or African American	36.3%
White	10.3%
Other race	15.8%
Two or more races	12.0%
Hispanic (all races)	21.8%
Children under 5 living in poverty	14.7%
Population under 18 living in poverty	14.6%
Adults age 65 + living in poverty	7.5%

Family income has been shown to affect a child's well-being in numerous studies. Compared to their peers, children in poverty are more likely to have physical health problems such as low birth weight or lead poisoning and are more likely to have

behavioral and emotional problems. As shown in Table 6, households with children present are more likely to live at or below the poverty line (15).

Table 6: Poverty level for families with children present (15)		
	Wyoming County	New York State
Population percentage living below poverty level	10.6%	14.0%
With children under 18 years	14.6%	17.9%
With children under 5 years	14.7%	18.8%

Table 7: Family Income, Wyoming County (16)	
	Wyoming County
Number of Families	10,359
Median Family Income	$68,913
Mean Family Income	$84,287

Racial and Ethnic Disparities in Poverty Rates

Poverty in the U.S. is measured by how an individual or family income compares to the set threshold at the federal level (11). In 2025, that income threshold which designates poverty was an individual income below $15,650 U.S. dollars or for a family of four, an income below $32,150 U.S. Dollars (17). People living in poverty often face limited access to resources necessary to maintain a high and healthy quality of life, including: safe, quality housing; healthy food; access to educational and employment opportunities; high quality health insurance; and reliable transportation (11). All of these factors, combined with additional barriers to accessing healthcare in a rural area such as Wyoming County, can contribute to worse and disparate overall health outcomes for people living in poverty (11). There are many groups of people who face disproportionate poverty rates, including: racial and ethnic minority groups, people living in rural areas, and people with disabilities (11). In Wyoming County, there is evidence of racial and ethnic minority groups facing higher poverty rates compared to their White counterparts (18). As per the 2020 U.S. Census and the 2023 American Community Survey, the estimated poverty rate in Wyoming County is 3,575/34,816, or 10.3% of the county population (18). Table 8 and Figure 8, below, subdivide this poverty rate by town, and also by racial and ethnic classification (18).

Table 8 shows the numeric proportions of people living in poverty by town and by racial and ethnic classification (18). Interpretation of this table should be as follows: for example, there are 441 individuals who identified as White alone living in poverty within the Town of Arcade, out of 3,886 total individuals who identified as White alone within the Town of Arcade (18). Since this value is a proportion, it can be written as a fraction

(441/3,886), a decimal (0.113), or as a percentage (1135%) (18). Highlighted in this table is the degree of the rate of poverty: red represents a poverty rate of 76-100% for the racial or ethnic classification within that town, orange represents a poverty rate of 51-75%, yellow represents a poverty rate of 26-50%, and blue represents a poverty rate of 1-25%.

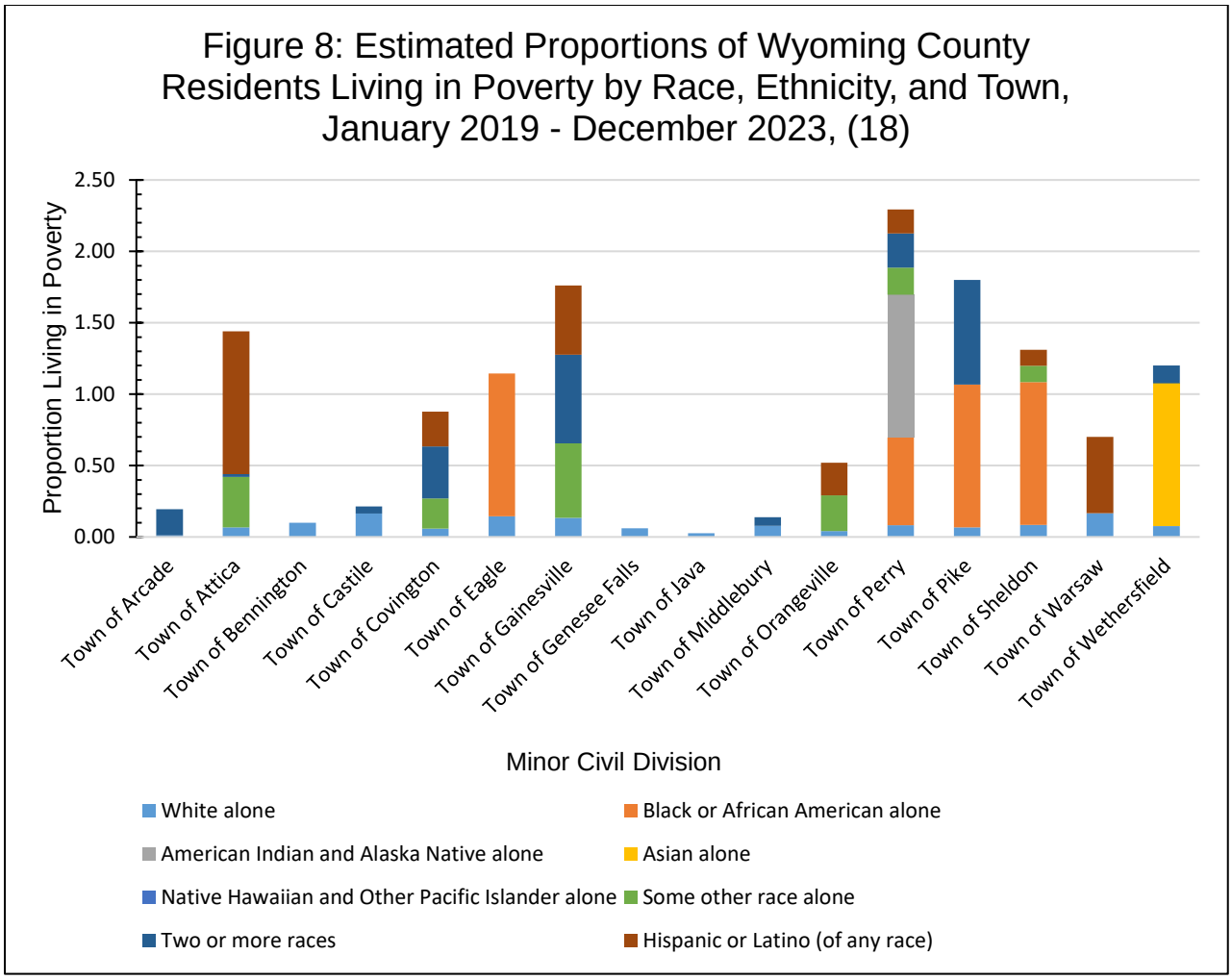
Notable findings include a 100% poverty rate for individuals identifying as Hispanic or Latino (of any race) in the Town of Attica; a 100% poverty rate for individuals identifying as Black or African American alone in the Towns of Eagle, Pike and Sheldon; 100% poverty rate for individuals identifying as American Indian and Alaska Native alone in the Town of Perry; and 100% poverty rate for those identifying as Asian alone in the Town of Wethersfield (18).

Figure 8 demonstrates a visual of the proportion of people living in poverty as a decimal, based on the data from Table 8 (18). Interpretation of this figure should be the same as for Table 3, described above (18). Of note, a proportion of 1.00 corresponds with a percentage of 100%. Overall, the poverty rates are much higher among populations who identify within a racial or ethnic minority group classification (18).

Table 8: Estimated Proportions of Wyoming County Residents Living in Poverty by Race, Ethnicity, and Town, January 2019- December 2023, (18)

Location	White alone	Black or African American alone	American Indian and Alaska Native alone	Asian alone	Native Hawaiian and Other Pacific Islander alone	Some other race alone	Two or more races	Hispanic or Latino (of any race)
Town of Arcade	441/3,886	0/0	0/0	0/133	0/0	0/0	33/181	0/33
Town of Attica	202/3,014	0/44	0/0	0/70	0/0	6/17	1/49	35/35
Town of Bennington	309/3,076	0/0	0/0	0/0	0/0	0/42	0/107	0/26
Town of Castile	426/2,596	0/28	0/0	0/0	0/0	0/0	5/99	0/12
Town of Covington	72/1,232	0/0	0/0	0/0	0/0	11/52	4/11	11/45
Town of Eagle	162/1,111	17/17	0/0	0/22	0/0	0/4	0/14	0/7
Town of Gainesville	227/1,691	0/0	0/4	0/0	0/0	12/23	18/29	48/99
Town of Genesee Falls	18/300	0/15	0/0	0/13	0/0	0/0	0/63	0/0
Town of Java	53/1,987	0/38	0/1	0/0	0/0	0/0	0/24	0/0
Town of Middlebury	97/1,246	0/0	0/0	0/0	0/0	0/22	5/82	0/20
Town of Orangeville	52/1,266	0/28	0/0	0/5	0/0	8/32	0/4	8/35
Town of Perry	393/4,740	103/168	9/9	0/0	0/0	69/361	37/156	78/461
Town of Pike	53/798	1/1	0/3	0/0	0/0	0/61	22/30	0/48
Town of Sheldon	183/2,169	3/3	0/0	0/0	0/0	15/132	0/90	15/132
Town of Warsaw	835/5,014	0/0	0/0	0/0	0/0	0/19	0/107	23/43
Town of Wethersfield	52/690	0/0	0/0	9/9	0/0	0/2	5/40	0/4
Total Below Poverty Level	3,575	124	9	9	0	121	130	218
Total County Population	34,816	342	17	252	0	767	1,086	1,000

Key
White: 0%
Blue: 1%-25%
Yellow: 26%-50%
Orange: 51%-75%
Red: 76%-100%



Unemployment

Employment and income are important factors that may impact economic opportunity, poverty, and affect health. Unemployed individuals have reported feelings of depression, worry, low self-esteem and, physical pain and tend to suffer more from stress-related illnesses such as arthritis, stroke, heart attack, high blood pressure, and heart disease (19).

The April 2025 Unemployment Rate was 3.3% compared to 3.7% in April 2024, lower than the state rate of 3.6% (20).

There are disparities in workforce participation by educational attainment among adults ages 25 to 64 years Wyoming County [see Table 9] (9).

Table 9: Workforce participation by educational attainment, Wyoming County (9)	
Total labor force population (ages 25 to 64 years)	21,716
Less than high school graduate not in labor force	10.1%
High school graduate (includes equivalency)	9.9%
Some college or associate's degree	7.2%
Bachelor's degree or higher	1.9%

The Wyoming County workforce is made up of approximately 18,865 people (9). The leading industries of the Wyoming County workforce include educational services, health care and social assistance at 22.2%; manufacturing at 12.9%; and retail trade at 11.5% (21).

Nutrition Security

Access to adequate, nutritious food is a critical determinant of health. In our community, nutrition security remains a concern, particularly for low-income households, children, and older adults. Barriers such as limited access to affordable healthy food options, transportation challenges, and reliance on emergency food sources contribute to disparities in dietary quality.

Based on the 2021 BRFSS Report "Self-Reported Food Insecurity Among NYS Adults by County", 88.8% of adults 18 and older in Wyoming County reported being food secure over the past 12 months compared to 75.1% statewide in New York (22). According to responses from the Community Survey, the top five reasons respondents reported for not eating more fruits and vegetables each day were: they are too expensive, they believe they already eat enough, they spoil too quickly, the quality available is poor, and a preference for other foods. These responses suggest potential economic and geographic barriers to accessing fresh, nutritious foods, as well as issues like infrequent access, transportation limitations, and poor food quality. They also suggest possible gaps in nutrition education and awareness. Similarly, during the Community Conversations, residents identified food insecurity and limited access to healthy foods as one of the most pressing health issues in their community.

Housing Stability and Affordability

Access to safe, stable and affordable housing can play an important role in heath. For example, poor housing quality and inadequate housing can contribute to health problems such as chronic diseases, injuries, asthma, and lead poisoning (23).

The median value of owner-occupied housing units is $154,700 in Wyoming County (1). 77.0% of housing units are owner-occupied in Wyoming County. 23.0% are renter-occupied in Wyoming County (2). Additionally, Wyoming County has 7% of households that spend 50% or more of their household income on housing (24).

Housing quality “refers to the physical conditions of a person’s home as well as the quality of the social and physical environment in which the home is located” (4). According to the *2025 County Health Rankings & Roadmaps*, the measure “severe housing problems” is defined as the percentage of households with one or more of the following housing problems: lack of complete kitchen facilities, lack of complete plumbing facilities, overcrowding or high housing costs (24). In Wyoming County, 9% of households have at least 1 of the 4 housing problems. Households that experience a severe cost burden are often faced with difficult decisions in meeting basic needs. For example, if a majority of someone’s paycheck goes to paying the mortgage or maintenance of a home, it may make it harder for someone to purchase healthy foods, pay medical bills, or have reliable transportation. These tradeoffs can impact health and lead to increased stress and emotional strains (24).

Domain 2: Social and Community Context

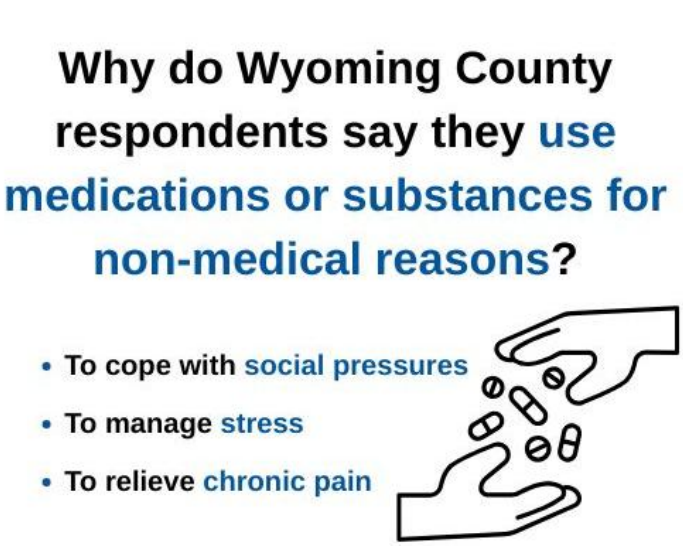
The social and community context in which individuals live plays a critical role in shaping health outcomes. Factors such as social support, community connectedness, and life experiences influence mental and behavioral health, lifestyle choices, and overall well-being. In Wyoming County, issues such as anxiety, stress, depression, and suicide have emerged as key mental health concerns. Substance use, including drug misuse, overdoses, alcohol use, and tobacco use continues to impact individuals and families. Adverse Childhood Experiences (ACEs) remain a significant influence on long-term health outcomes, often contributing to risky behaviors and chronic health conditions. Understanding these interconnected factors is essential for identifying effective strategies to improve health and promote resilience within our communities.

Anxiety and Stress

Anxiety and stress can significantly impact overall health, contributing to a wide range of physical and mental health issues. Chronic stress and anxiety may lead to high blood pressure, weakened immune function, digestive problems, sleep disturbances, and an increased risk of heart disease. Anxiety and stress can also exacerbate existing conditions and negatively affect mental well-being, potentially leading to depression, burnout, or substance misuse if left unmanaged.

In Wyoming County, 13.4% of adults 18 years and older reported experiencing frequent mental distress during the past month (22). 21% of adults 18 years and older with an annual household income of less than $25,000 reported experiencing frequent mental distress during the past month (22).

According to the GOW Community Health Survey Analysis Report, stress was the most reported social challenge among respondents and/or their household members, followed by social isolation and bullying. Additionally, the top three reasons individuals reported using medications or substances for non-medical purposes were to cope with social pressures, manage stress, and relieve chronic pain. These findings highlight the close connection between mental health, social stressors, and substance misuse, emphasizing the need for comprehensive prevention and support strategies that address both emotional well-being and social environments.



Suicide

Suicide remains a critical public health issue that affects individuals, families, and entire communities. Contributing factors may include untreated mental health conditions, substance use, social isolation, economic hardships, and limited access to mental health care.

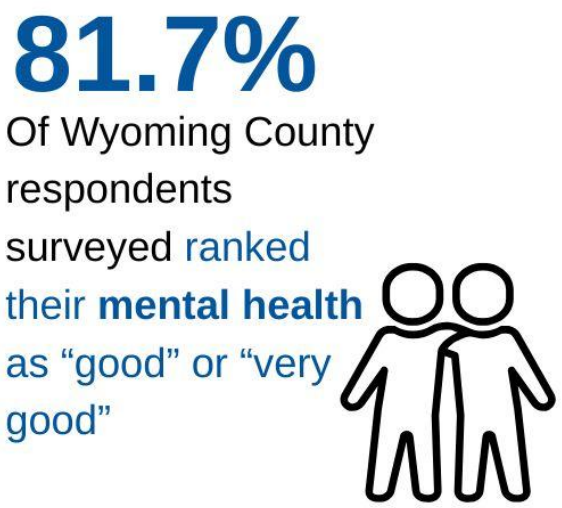
In Wyoming County, 11.2 per 100,000 people experienced mortality due to suicide, whereas in New York State, 8 per 100,000 people died by suicide (22). Community stakeholders have identified mental health and suicide prevention as a priority area for intervention. Addressing stigma, increasing mental health services availability, and strengthening crisis response systems are essential steps towards reducing suicide risk and promoting mental well-being.

Depression

Depression is one of the most common mental health conditions affecting all age groups in Wyoming County. It can significantly impact a person's quality of life, daily functioning, and physical health. Untreated depression is also a major risk factor for suicide and substance use.

Contributing factors to depression may include social isolation, economic stress, trauma, and limited access to behavioral health services. Community key stakeholders

continue to identify mental health, including depression, as a top priority for intervention, emphasizing the need for increased screening, education, and access to timely, affordable treatment options.



According to Appendix D, 82% of Wyoming County respondents ranked their mental health as “good” or “very good”, while 18% ranked their mental health as “fair” or “poor”. Self-reported mental health improves with age, as adults, particularly those 60 and older, were more likely to report their mental health as “very good”, while younger respondents were more likely to report “fair” or “poor” mental health.

Appendix H, which summarizes community conversations held with Wyoming County residents, highlights that mental health challenges such as stress, anxiety, depression, and trauma were reoccurring concerns. Youth and older adults were frequently identified as being particularly affected. Additionally, mental health issues were reported to disproportionality affect minority and LGBTQ+ populations. Residents also spoke about the emotional strain many individuals face on a daily basis, including balancing work and family responsibilities, feelings of loneliness, and caregiving for others. Additionally, experiences of discrimination, hostility, and concerns about safety, particularly among the LGBTQ+ population, were identified as significant challenges.

Together, these findings emphasize the urgent need for targeted mental health supports that are culturally competent, age-appropriate, and accessible, particularly for vulnerable populations disproportionately affected by emotional and social stressors.

Drug Misuse and Overdose

Drug misuse and overdose continue to pose serious public health challenges in Wyoming County, contributing to preventable deaths and long-term health consequences.

20.0 per 100,000 people died by overdose in Wyoming County, compared to 26.7 deaths per 100,000 people in New York State (22). According to the New York State PMP Registry (October, 2024) from the Prevention Agenda Dashboard for Wyoming County, the age-adjusted rate per 1,000 population of opioid analgesic prescriptions was 307.1 versus a New York State rate of 225.6. The Wyoming County rate is favorable to the PA Objective of 350.0 (22).

Buprenorphine is a prescription medication used in medication-assisted treatment for opioid use disorder. It helps reduce physical dependence on opioids, lowers the risk of

overdoses, and decreases the potential for misuse. In Wyoming County, 1543.2 patients per 100,000 have received a buprenorphine prescription, a rate much higher than New York State's rate of 464 (22).

Tobacco/E-cigarette Use

Tobacco and e-cigarette use remain significant public health concerns, particularly among youth and young adults, contributing to long term health risks such as nicotine dependence, respiratory issues, and cardiovascular disease. According to the 2023 Behavioral Risk Factor Surveillance System (BRFSS), 22.3% of Wyoming County residents report currently smoking cigarettes, and in New York State, the rate is much lower at 12% (22).

Alcohol Use

Binge drinking is identified as having an excessive amount of alcohol in a short period of time. For women, binge drinking is typically defined as the consumption of four or more alcoholic drinks in approximately two hours; for men, it is five or more drinks during the same period (26). In Wyoming County, 21.3% of adult residents report binge or heavy drinking, whereas 16.4% of New York State residents report the same (22).

In Appendix H, which summarizes community conversations with Wyoming County residents, participants expressed concerns about drug and alcohol use, as well as limited access to treatment options in the community.

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) and trauma can have a significant and lasting impact on health, behavior, mental health outcomes, and life potential. ACEs are potentially traumatic events that occur in childhood (0-17 years). Examples include experiencing violence, abuse or neglect, witnessing violence in the home or community, and having a family member attempt or die by suicide (25). According to the Centers for Disease Control and Prevention (CDC) Vital Signs Report, 1 in 6 adults have experienced four or more types of adverse childhood experiences (ACEs), with females and individuals from racial and ethnic minority groups at even greater risk (27). In this same report, the CDC indicates that preventing ACEs could reduce the number of adults with depression by as much as 44% (27).

According to the 2021 Behavioral Risk Factor Surveillance System (BRFSS), 33.8% of adults in Wyoming County reported experiencing two or more ACEs compared to 41.9% of adults statewide in New York (22). Data from the New York State Office of Children and Family Services (OCFS) Disproportionate Minority Representation (DMR) Dashboard show that the rate of reported child abuse or maltreatment in Wyoming County was 21.9 per 1,000 children aged 0–17, nearly double the statewide rate of 12.4 per 1,000 (22).

The CDC identifies several strategies to help prevent adverse childhood experiences (ACEs), including strengthening economic supports for families; promoting social norms

that protect against violence and adversity; connecting youth to caring adults and engaging activities; and ensuring a strong start for children through early childhood education and preschool enrichment programs (25).

In Wyoming County, a notable number of community survey respondents reported experiencing adverse childhood experiences (ACEs), with emotional abuse, parental separation or divorce, and household substance misuse among the most frequent. The data indicates a clear relationship between the number of ACEs and physical health status: individuals reporting four or more ACEs are more likely to rate their physical health as “Poor” or “Fair,” while those with no ACEs more often report “Good” or “Very good” health. Similarly, mental health ratings follow this pattern, with respondents reporting four or more ACEs more likely to rate their mental health as “Poor” or “Fair,” while those with no ACEs most frequently report “Very good” mental health. These findings highlight the lasting impact of childhood adversity on adult physical and mental health in Wyoming County and emphasize the need for trauma-informed care and prevention strategies within local health programs.

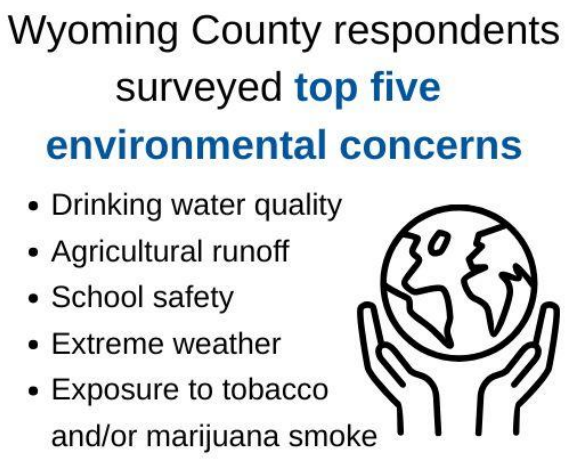
Healthy Eating

Healthy eating plays a vital role in preventing chronic diseases, supporting mental and physical well-being and promoting healthy growth and development across the lifespan. However, access to nutritious, affordable food remains a challenge for many individuals and families, particularly those living in low-income or rural areas.

According to the CHIRS, 34.8% of adults aged 18 and older in Wyoming County reported eating less than one serving of fruits and less than one serving of vegetables per day, which is slightly higher than the New York State average of 34.2% (28). 64.6% of infants were exclusively breastfed during their hospital stay, which is notably higher than the New York State average of 44% (22).

Domain 3: Neighborhood and Built Environment

The neighborhood and built environment where people live, work, and play has a direct impact on health outcomes. Factors such as access to safe and reliable transportation, opportunities for physical activity, availability of community services, air quality, drinking water quality, and exposure to environmental hazards like lead and radon all influence overall well-being. In Wyoming County, these environmental and infrastructural elements play a significant role in shaping health equity and quality of life for residents.



Community Survey respondents identified drinking water quality, school safety,

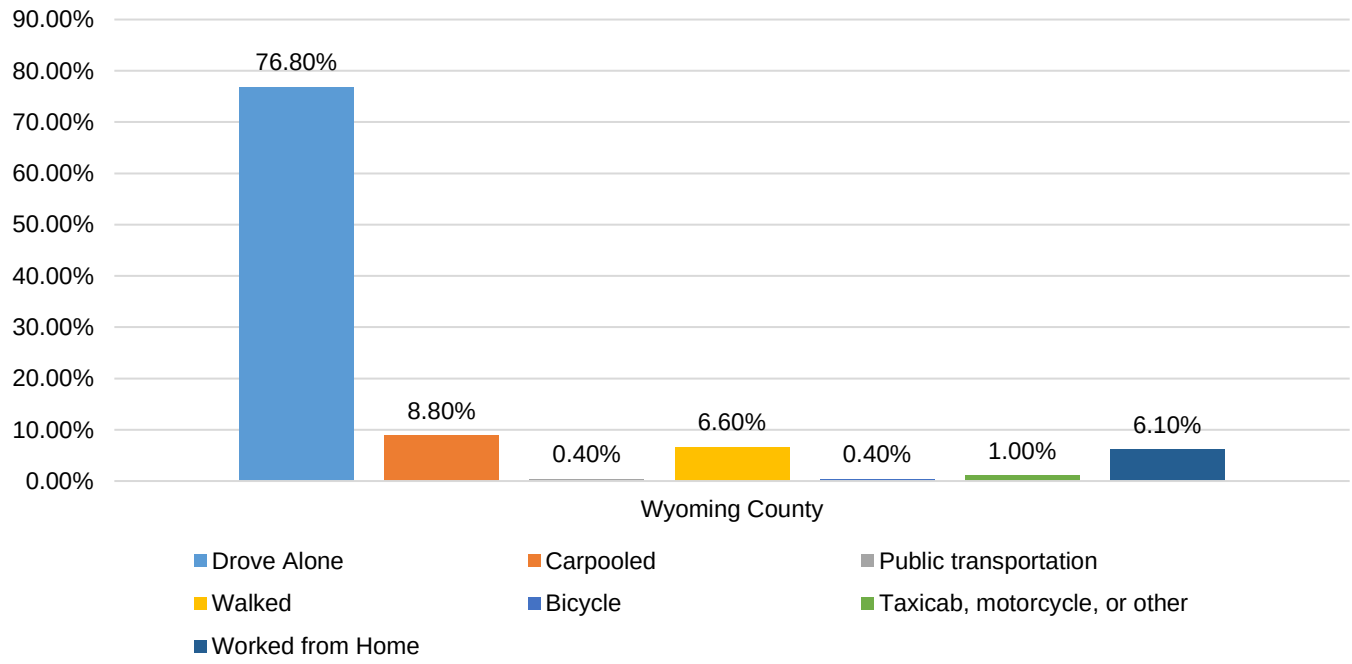
agricultural runoff, extreme weather, and exposure to tobacco and/or marijuana smoke as the top five environmental concerns in Wyoming County, highlighting significant issues that directly affect the health, safety, and well-being of residents.

Transportation

Transportation can impact the health of the community in many ways. Inadequate transportation can result in missed or delayed health care appointments, increased health expenditures, increased stress levels, longer workdays, and poor access to healthy foods. Research shows that individuals are less likely to access needed services when they face transportation difficulties. Active transportation can provide opportunities for residents to engage in physical activity and promote wellness through biking and walking.

As seen in Figure 9, Wyoming County is highly vehicle dependent with 77% of residents commuting to work alone. Only 0.4% of Wyoming County residents use public transportation and 6.6% of residents walk to work. The mean travel time to work is 25.3 minutes in Wyoming County (2).

Figure 9: Means of transportation to work, Wyoming County (3)



According to Community Conversation respondents, one of the most commonly identified day-to-day challenges was inadequate, unreliable, or inaccessible transportation, an issue that particularly affects older adults and individuals living in rural areas of Wyoming County. Transportation was also among the most frequently mentioned community health needs.

Physical Activity

Physical activity is a key component of overall health and well-being. According to the CDC, regular physical activity can reduce the risk of chronic diseases such as heart disease, type 2 diabetes, and some cancers. It also improves mental health, supports weight management, and strengthens bones and muscles (29). Maintaining an active lifestyle not only helps individuals live longer but also enhances quality of life by promoting better sleep, reducing stress, and boosting daily energy levels.

In 2021, 74.9% of adults in Wyoming County reported participating in physical activity, slightly higher than the New York State average of 74.2% (22). Community survey respondents in Wyoming County indicated that the following factors would help them become more physically active: discounts for exercise programs or gym memberships, increased motivation, having a friend or group to exercise with, more personal time, and access to a safe place to walk or exercise. These responses highlight key opportunities to reduce barriers and promote physical activity through community-based support and the creation of safe, accessible environments.

Access to Community Services and Support

Access to community services such as healthcare clinics, food assistance programs, emergency shelters, and cooling centers is essential for community health. These services are especially critical in supporting vulnerable populations during times of crisis or environmental stress, including extreme weather events.

Cooling centers play a critical role in protecting the public during extreme heat events. In Wyoming County, cooling centers are most frequently libraries and municipally-owned buildings. (22).

Libraries play an important role in promoting community well-being by offering free internet access, educational resources, and a safe space for learning, connection, and access to digital and health-related services. In Wyoming County, access to libraries is less than the state average, with Wyoming County having two library visits per person within their respective library service areas, while New York state having three library visits per person within their respective library service areas (24).

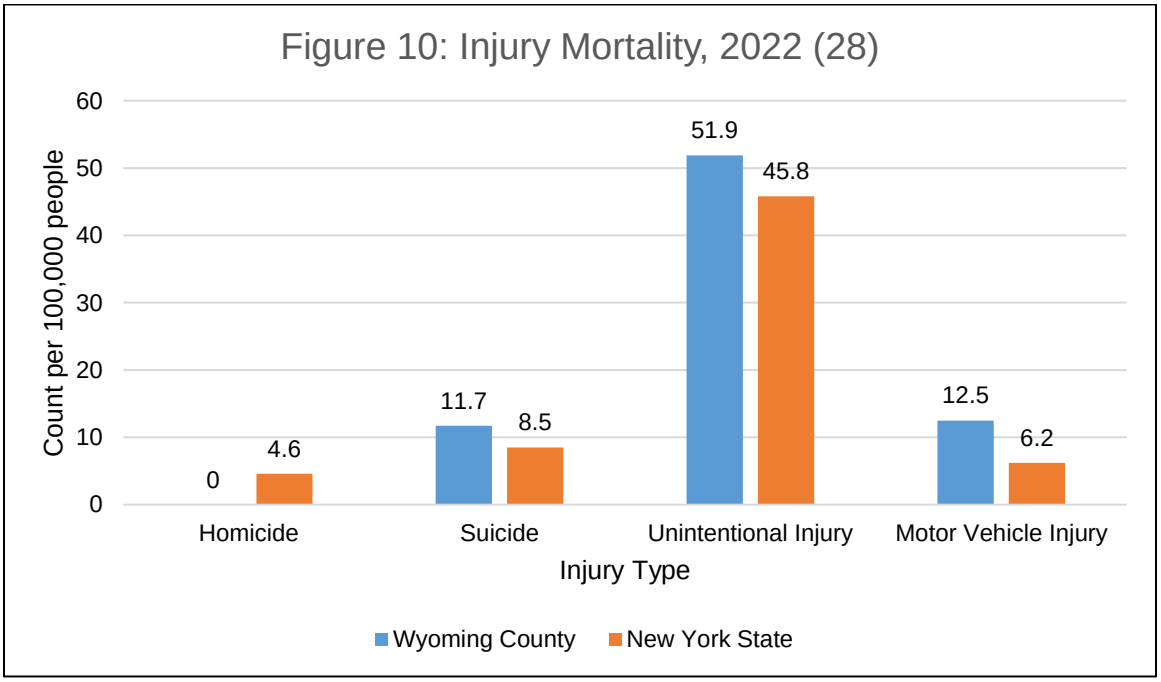
According to the community survey, respondents indicated that they or a household member lacked access to several essential services or opportunities in the past year, including: healthy, affordable food; a livable wage; high-speed internet; support and resources for individuals with mental health or substance use challenges; support and resources for seniors; employment opportunities; childcare; and support and resources for youth. These gaps highlight a pressing need to improve access to services that support health, safety, and economic stability for all residents.

Participants in community conversations echoed these concerns, emphasizing the importance of services that are accessible, affordable, culturally competent, and easy to navigate. Without reliable transportation and clear, centralized information about

available resources, even existing services often remain out of reach for those who need them most.

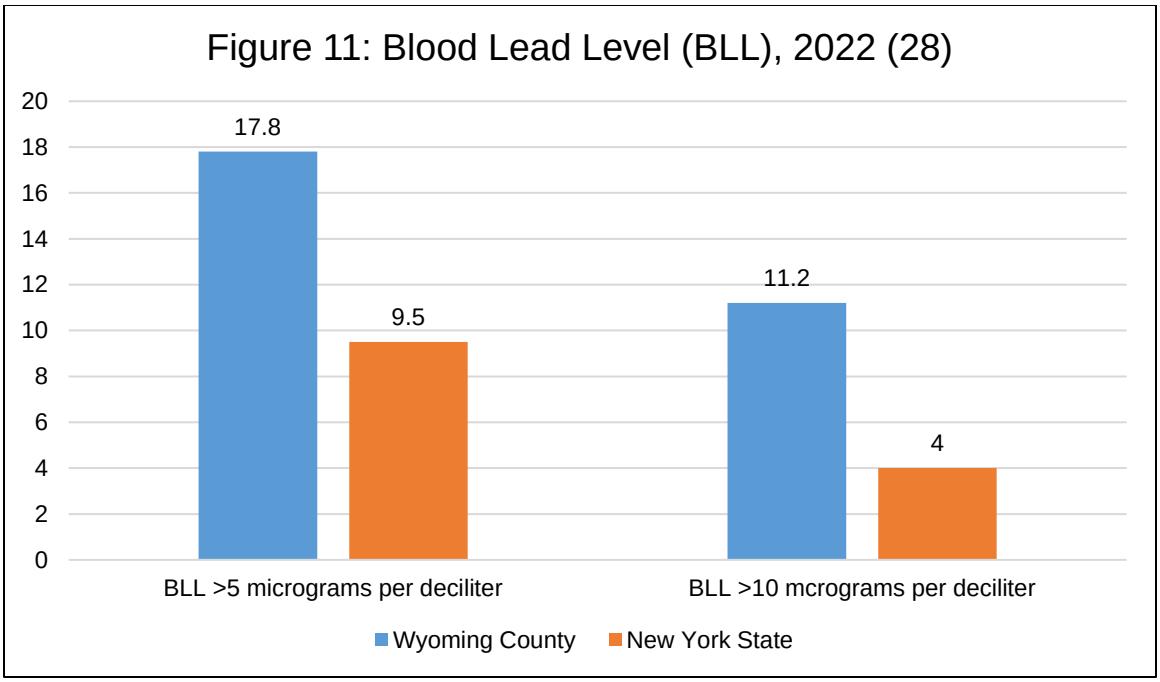
Injuries and Violence

Wyoming County experienced an age-adjusted rate of 0.0 homicide deaths per 100,000 people, compared to 4.6 deaths per 100,000 people in New York State (28). The age-adjusted suicide mortality rate per 100,000 for Wyoming County is 11.2, higher than New York State at 8.0 per 100,000 deaths by suicide (28). For unintentional injuries, Wyoming County experienced an age-adjusted rate of 51.9 deaths per 100,000 people and 72.8 hospitalizations per 10,000 people, compared to 45.8 deaths and 68.4 hospitalizations per 10,000 people in New York State. There were also 12.5 motor vehicle crash injury deaths per 100,000 people in Wyoming County, compared to 6.2 in New York State (28).



Blood Lead Levels

The best way to determine lead exposure, especially among children, is to test blood. New York State mandates that doctors test all children for lead exposure twice, once at one year old and once at two years old. A blood lead level of 5 micrograms per deciliter or greater requires further testing and monitoring to avoid adverse health outcomes (30).

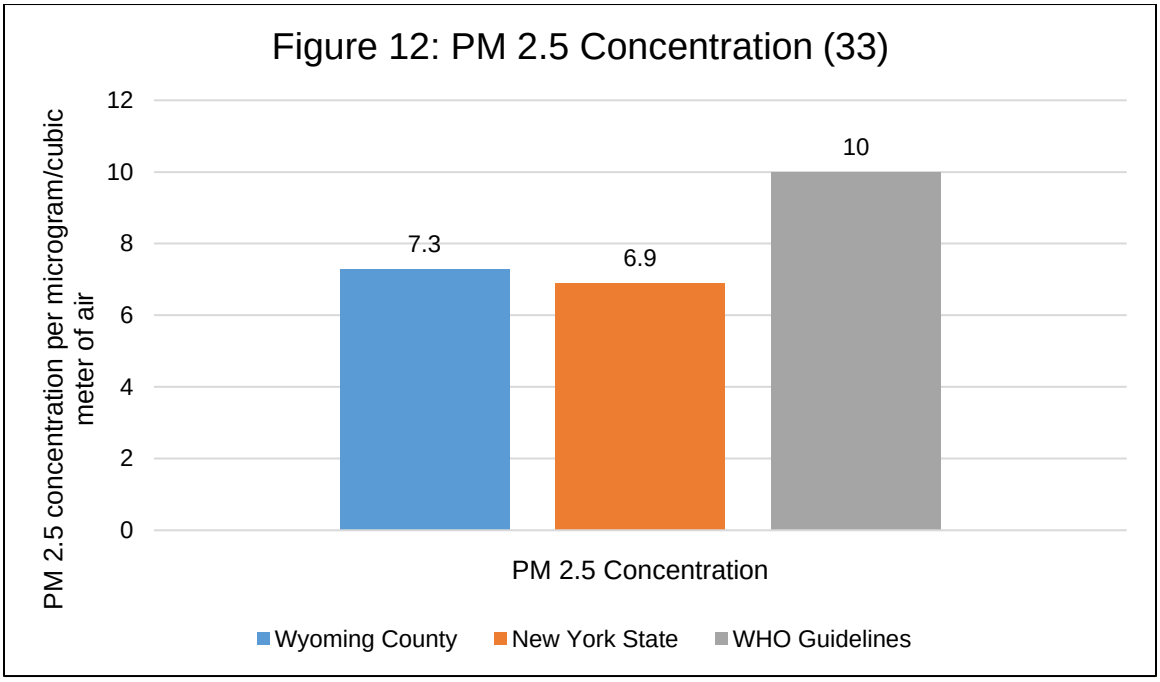


Exposure to lead can occur by living in a house with lead pipes or paint, lead-contaminated soil, or even consumer products such as toys, glazed pottery, inexpensive jewelry, and more (31). Lead exposure in childhood can cause a myriad of health concerns, including neurological developmental delay, slowed growth, learning and behavioral problems, hearing and speech problems, and more (32). Wyoming County Health Department operates a lead prevention and education program to reduce childhood exposure to lead.

In 2022, 17.8 children per 1,000 aged under 3 years of age in Wyoming County had elevated blood lead levels of 5 micrograms per deciliter or higher, faring worse than New York State with a rate of 9.5 children per 1,000 (28). Among these, 11.2 children per 1,000 aged under 3 years of age had elevated blood lead levels of 10 micrograms or higher per deciliter, compared to 3.1 children per 1,000 in New York State (28). 59.6% of children in Wyoming County born in 2019 had met the requirement of 2 lead screenings before three years of age, compared to 59.3% of children in New York State (28). Continued efforts in lead screening are needed to prevent lead exposure, increase the number of children screened, and identify children with high blood lead levels.

Air Quality

Air quality is worsened by several factors, including vehicle exhaust, factory emissions, aerosol pollutants, natural disasters, and more. Particulate matter (PM) concentration in the air is one way to assess the quality. A PM of 2.5 indicates that the particles in the air have a diameter of 2.5 microns and are considered “fine particulate matter”. Since these particles are so small, they can penetrate deep into the lung and cause injury or disease, making them an adamant public health issue (33).

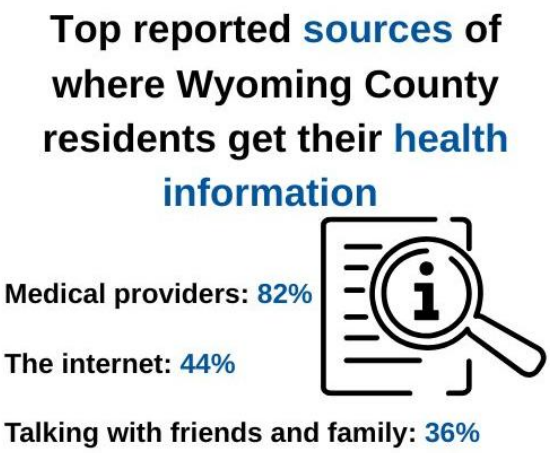


As seen in Figure 12, Wyoming County's annual average concentration of PM 2.5 is 7.3 micrograms per cubic meter of air. New York State has an annual average concentration of 6.9 micrograms of PM 2.5 per cubic meter of air (33). The World Health Organization (WHO) suggests an annual mean concentration of PM 2.5 not to exceed 10 micrograms/cubic meter of air (34).

Domain 4: Health Care Access and Quality

Access to timely, affordable, and high-quality health care is essential for preventing and managing both chronic and communicable diseases. In Wyoming County, gaps in access to care, barriers such as transportation and insurance coverage, and limited availability of providers continue to impact health outcomes. These challenges contribute to underutilization of preventive services and delays in treatment for conditions such as cancer, obesity, and sexually transmitted infections. Addressing these barriers is critical to improving health equity and ensuring all residents can access the care they need.

When asked in the community survey about sources of health information, 82% of respondents reported relying on medical providers to get most of their health information. The internet was the second most common source, used by 44% of respondents, followed by talking with friends and family at 36%. Other sources included health insurance companies or workplaces (21%), social media platforms such as Facebook, Twitter/X, YouTube, and TikTok (14%), and print media like newspapers, magazines, and books (8%).



Access to Care

Access to healthcare services is essential and key to achieving better health outcomes, promoting good health, and preventing disease. Access to health care is defined as “the timely use of personal health services to achieve the best possible health outcomes” (4). However, there are many gaps and barriers to accessing care including inadequate health insurance coverage, lack of health insurance, having a primary care physician, access to transportation, limited health care resources, and language barriers.

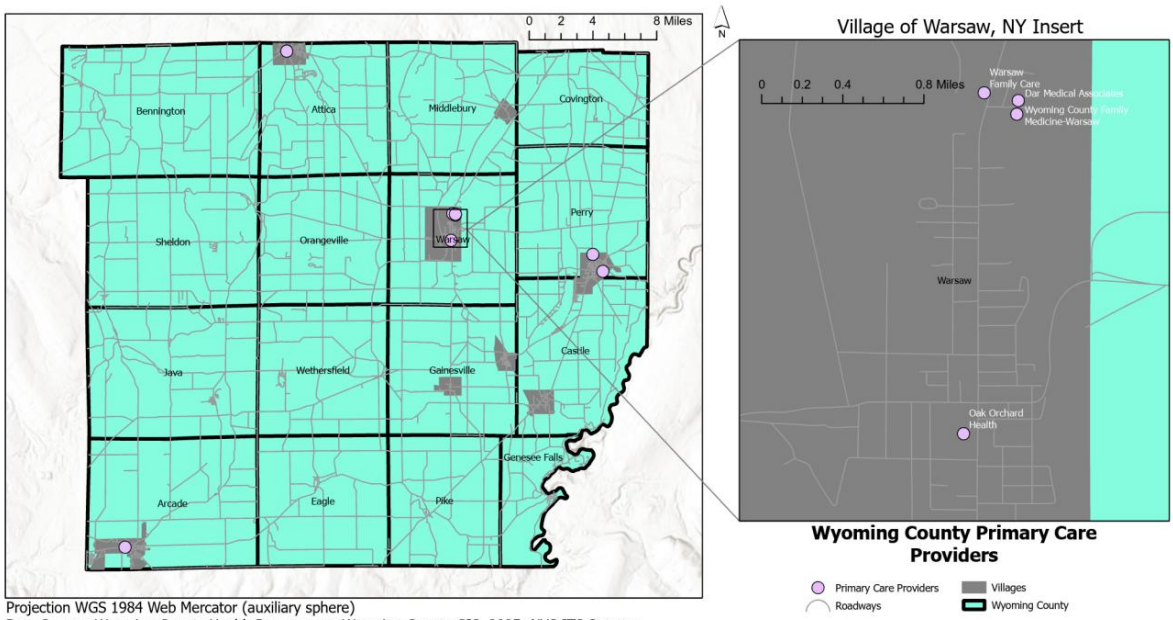
Gaps in Access to Care

In Wyoming County, there are gaps in access, quality and affordable health care. Wyoming County is a rural county with a shortage of healthcare workers and access to services. The ratio of the population to primary care physicians is 2,640:1, while the ratio of dentists is 2,080:1 and 350:1 for mental health providers (24).

In Wyoming County, 13.4% of adults reported experiencing frequent mental distress during the past month, a rate the same as the New York State average of 13.4% (28). Wyoming County has only 252 mental health providers per 100,000 residents, significantly lower than the state average of 356 providers per 100,000 (28). This shortage may limit residents' ability to access timely and effective mental health support.

In Wyoming County, 88.1% of adults report having a regular healthcare provider, slightly higher than the New York State average of 85.0% (22) However, access to primary care may still be limited, as the county has a significantly higher provider-to-resident ratio: one primary care physician for every 2,640 residents, compared to a ratio of 1,200 to 1 statewide (24). This disparity suggests that while many residents report having a provider, actual availability and timely access to care may be constrained.

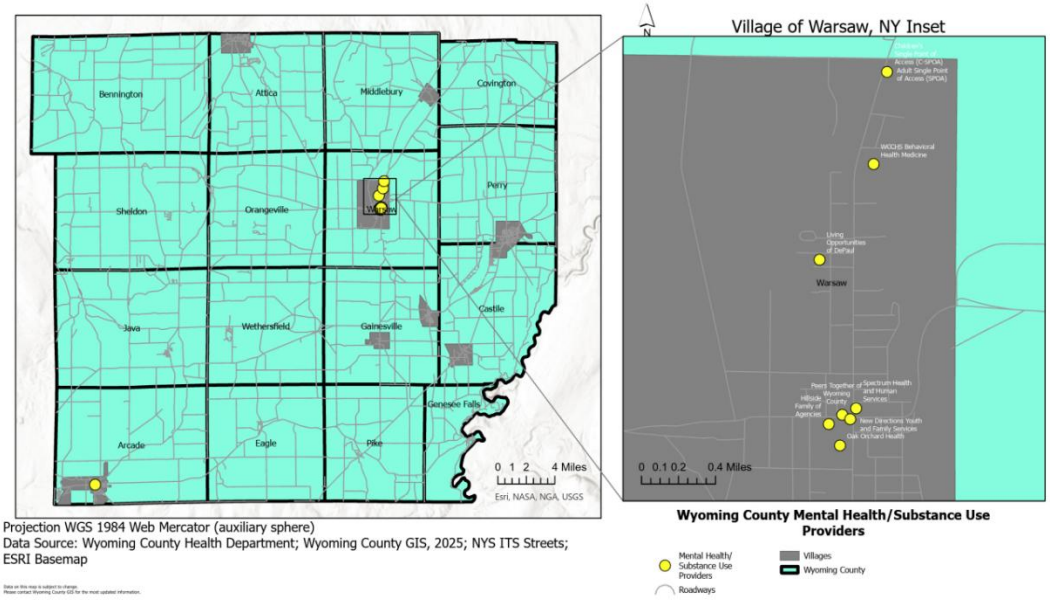
Figure 13: Primary Care Providers in Wyoming County, NY



Projection WGS 1984 Web Mercator (auxiliary sphere)
Data Source: Wyoming County Health Department; Wyoming County GIS, 2025; NYS ITS Streets; ESRI Basemap

As demonstrated in Figure 13, lack of primary care providers and the geographical accessibility for primary care providers exists for some parts of the county. This is a deterrent to accessing health care services. Some residents do not have access to their own personal vehicle or access to public transportation to travel throughout the county or out of the county for doctor's appointments.

Figure 14: Dental Providers in Wyoming County, NY

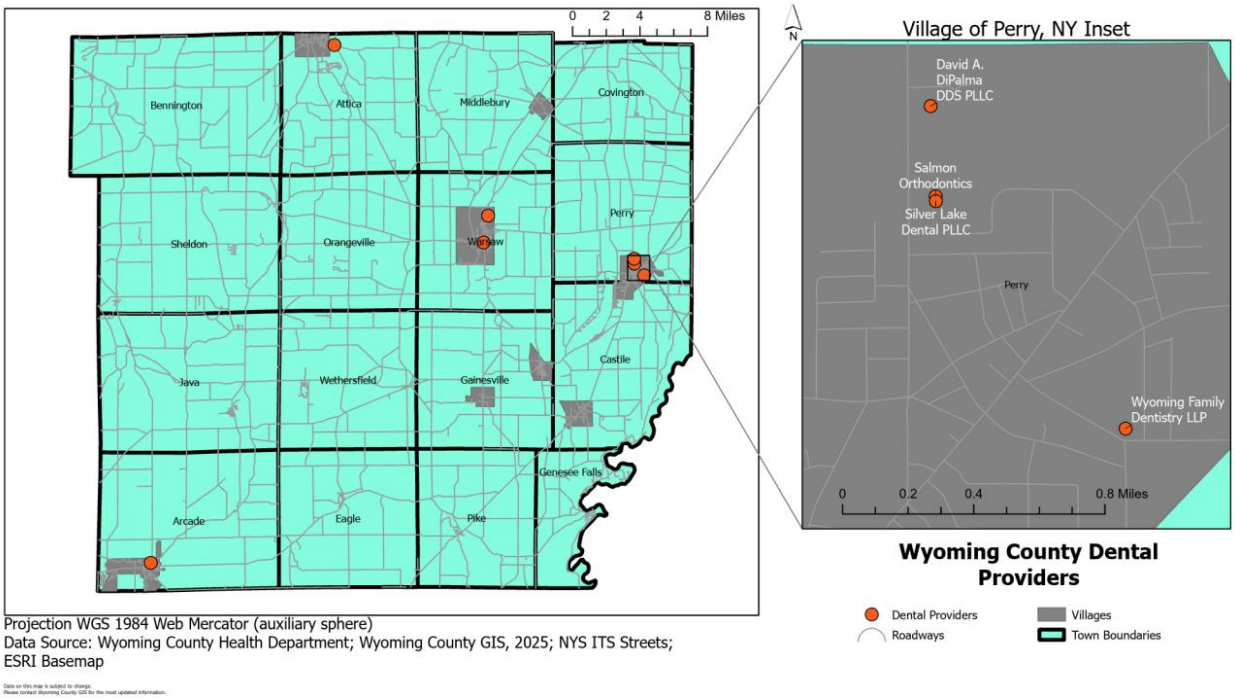


Projection WGS 1984 Web Mercator (auxiliary sphere)
Data Source: Wyoming County Health Department; Wyoming County GIS, 2025; NYS ITS Streets; ESRI Basemap

As demonstrated in Figure 14 and 15, Wyoming County faces limited geographic accessibility to dental, mental health, and substance use providers, creating barriers to obtaining needed health care services. Many residents lack a personal vehicle or

reliable public transportation, making it difficult to travel from rural parts of the county to the few available primary care physicians, or to reach additional providers located outside the county for medical appointments.

Figure 15: Mental Health and Substance Use Providers in Wyoming County, NY



Barriers to Access to Care

There are many barriers identified by residents of Wyoming County for receiving health care services including lack of providers, insurance coverage, fear of judgement, transportation, cost, lack of awareness of services, and limited availability of services.

As shown in Table 10, 9% of residents said they did not seek medical care in the past year because they didn't feel it was necessary. Additionally, 3% cited long wait times, 2% reported cost or lack of insurance coverage, 2% couldn't find a provider they liked, and another 2% said the office wasn't open when they were available. These responses highlight a mix of personal choice and systemic barriers that can influence whether individuals seek timely medical care.

Table 10: Five most common reasons why residents did not seek medical care when they needed it within the last year, Wyoming County, 2025 (Appendix D)	
I didn't need to go	9%
Long wait times for appointments	3%
Too expensive or not covered by insurance	2%
Couldn't find a provider I liked	2%
Hours- They weren't open when I could get there	2%

Additionally, residents were asked to indicate the reasons why they did not seek mental/behavioral health care in the past year. Approximately 5% of respondents indicated that they didn't seek mental healthcare and/or substance use because it was too expensive or not covered by insurance. 5% indicated that they were unable to find a local provider while 4% indicated long wait times for appointments.

Table 11: Five most common reasons why residents did not seek mental healthcare and/or substance use help when they needed it within the last year, Wyoming County, 2025 (Appendix D)	
Too expensive or not covered by insurance	5%
Long wait times for appointments	4%
Fear of judgement	4%
Unable to find a local provider	5%
Didn't know where to go to get the care I needed	3%

Feedback gathered during community conversations revealed a range of barriers that limit access to physical and mental healthcare in Wyoming County. These include a shortage of providers, especially in mental health, pediatric, and dental care as well as long wait times, and difficulty finding doctors accepting new patients. Residents also reported challenges with insurance coverage, particularly exclusions related to military plans and caregivers, and found healthcare systems difficult to navigate due to complex paperwork, automated systems, and limited awareness of available resources. Transportation was a significant issue, especially for rural residents, older adults, and students, along with a lack of culturally competent and inclusive care, particularly for LGBTQ+ individuals. Confidentiality concerns in small communities, emotional strain, discrimination, and high costs for medications and medical supplies further contributed to delayed or avoided care. Together, these barriers reflect both systemic and social factors that hinder timely, equitable access to healthcare.

Health Care Utilization

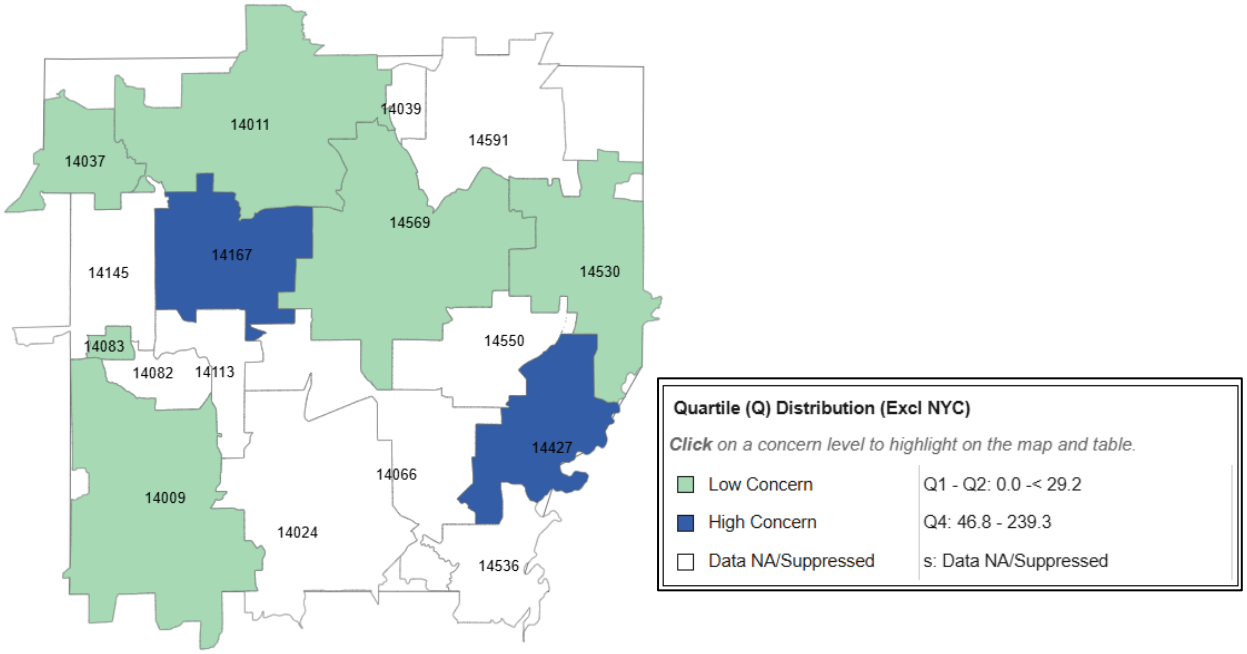
Findings from the Community Survey showed that about 81% of Wyoming County respondents saw their primary care provider in the past year, while about 10% did not because they felt it wasn't necessary. However, even those who feel healthy should still see a primary care provider annually for preventive care and early detection of potential health issues, highlighting a gap in understanding the importance of routine checkups.

Emergency rooms and/or urgent care facilities are often utilized for non-emergency situations. This can result in unnecessary testing and treatment and can be very costly. According to the New York State Community Health Indicator Reports (CHIRS), Wyoming County had an age-adjusted rate of total emergency departments visits of 3,737.9 per 10,000 population from 2019-2022, which is just above the New York State rate of 3,534.0 per 10,000 population (28).

Child and Adolescent Emergency Department Visits

Rural communities, such as those within Wyoming County face disproportionate gaps and barriers to healthcare access and utilization compared to their urban and suburban counterparts (35). As a result, emergency department utilization increases for non-emergencies, particularly for patients without a primary care provider (35). The rate for asthma emergency department (ED) visits in children and adolescents ages 0-17 in Wyoming County is 3.6 visits per 10,000 and the rate for New York State excluding New York City is 13.4 per 10,000 (22). Figure 16, below, shows the quartile rate distribution of asthma ED visits for children and adolescents ages 0-17 by zip code in the county (22). Based on this figure, zip codes 14167 (Varysburg), 14427(Castile), 14569 (Warsaw) have the highest rates in the county, at 65.3 visits per 10,000 ages 0-17, 49.4 per 10,000, and 27.4 per 10,000, respectively (22).

Figure 16: Asthma Emergency Department Visit Rates per 10,000, ages 0-17 years by Zip Code in Wyoming County, 2019-2022; adapted from the New York State Prevention Agenda Dashboard



Zip Code	ED Visits	ED Visit Rate
14009	7	14.3*
14011	12	24.5
14024	s	s
14037	0	0.0*
14039	s	s
14066	s	s
14082	s	s
14083	0	0.0*
14113	s	s
14145	s	s
14167	7	65.3*
14427	8	49.4*
14530	7	15.4*
14536	s	s
14550	s	s
14569	13	27.4
14591	S	s

Note: s: data does not meet reporting criteria; *: fewer than 10 events, rate may be unstable

Access to and Use of Prenatal and Postnatal Care

Prenatal and postnatal care is very important to the long-term health and development of infants and children. Prenatal care refers to medical care and interventions during gestation, and postnatal care refers to medical care and interventions after birth. Lack of proper prenatal care beginning in the first trimester of pregnancy, and postnatal care after delivery can lead to low birthweight, preterm labor, developmental disabilities, stunted growth, learning impairments, and more (36). Wyoming County fares better than New York State on many prenatal and postnatal indicators.

In Wyoming County, 84.0% of pregnancies received early prenatal care within the first trimester, compared to 75.0% of pregnancies in New York State (28). Only 2.3% of pregnancies received late prenatal care in the third trimester in Wyoming County, compared to 5.6% in New York State (28). Overall, 82.9% of pregnancies in Wyoming County received adequate prenatal care, where only 74.6% of pregnancies in New York State reported the same (28). In Wyoming County, 8.7% of births were considered preterm, or born before 37 weeks of gestation, compared to 9.5% of births New York State (28).

Women, Infants, and Children (WIC) is a supplemental nutrition program for low-income pregnant, postpartum, and breastfeeding women and their children. WIC offers

nutritional education, referrals to healthcare providers, and provides nutritious foods to families in need (37). For women enrolled in WIC, 92.6% of those in Wyoming County received early prenatal care compared to 90.7% in New York State. According to the most recent data from 2017, 41.5% of Wyoming County women enrolled in WIC were obese before their pregnancy, 5.6% had gestational diabetes, and 12.5% had hypertension, compared to 26.6% of women being obese before pregnancy, 6.6% having gestational diabetes, and 7.5% having hypertension in New York State (28).

Breastfeeding after delivery is an important way for newborns to receive antibodies from the mother's immune system, which lowers the risk of onset of certain chronic conditions, and improves the overall health status of the infant (38). In Wyoming County, 83.4% of newborns were fed breastmilk at least once after delivery in a hospital, where in New York State that rate is 87.7% (28). Among those, 64.6% of newborns in Wyoming County were *only* fed breastmilk after hospital delivery, compared to 45.7% of newborns in New York State (28). Among mothers and newborns enrolled in WIC, 29.8% were breastfed for at least 6 months in Wyoming County, and 41% in New York State (28).

Perinatal refers to the time period around 22 weeks gestation and approximately 28 days after birth (39). Both prenatal and perinatal care are important to prevent pregnancy complications in the mother and baby (40). Table 2, below, shows the number of births by zip code in the three-year period (2020-2022) (41). Based on this table, zip codes 14569 (Warsaw), 14011 (Attica), 14009 (Arcade), and 14530 (Perry) had the highest number of births in the three-year period, at 166, 164, 155, and 129 respectively (54).

Perinatal Data

Perinatal refers to the time period around 22 weeks gestation and approximately 28 days after birth (39). Both prenatal and perinatal care are important to prevent pregnancy complications in the mother and baby (55). Table 12, below, shows the number of births by zip code in the three-year period (2019-2022). (41). Based on this table, zip codes 14569 (Warsaw), 14011 (Attica), 14009 (Arcade), and 14530 (Perry) had the highest crude number of births in the three-year period, at 166, 164, 155, and 129 respectively (41).

Table 12: Total Three-Year Births by Zip Code in Wyoming County 2020-2022

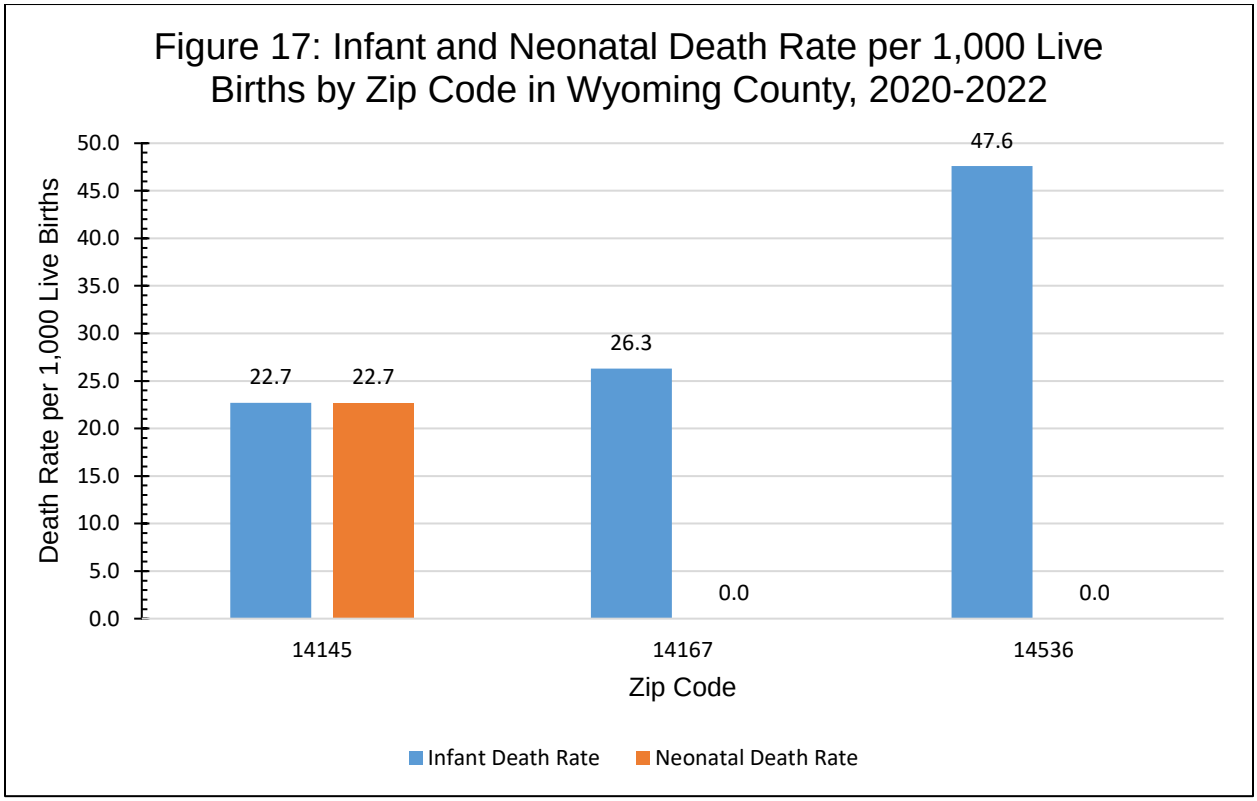
Zip Code	Total Three-Year Births
14009	155
14011	164
14024	41
14037	27
14066	38
14113	25
14145	44
14167	38
14427	72
14530	129
14536	21
14550	47
14569	166
14591	47
Total	1,014

Prevention of Infant and Maternal Mortality

Wyoming County fares worse than New York State regarding early childhood mortality. For children aged 1 year old to 4 years old, there were 43.6 deaths per 100,000 children, compared to 16.8 deaths per 100,000 children in New York State. In Wyoming County, there were 16.2 deaths per 100,000 children aged 5-9, compared to 10.4 deaths per 100,000 children in New York State (28).

The infant mortality rate, or deaths among newborns less than one year of age, in Wyoming County was 2.9 per 1,000 infants, compared to 4.2 in New York State (28). The neonatal mortality rate, or deaths among newborns aged less than 28 days, was 1.0 per 1,000 births in Wyoming County, compared to 2.6 per 1,000 births in New York State (28). Deaths within the first month to the first year, or the post-neonatal mortality rate, was 1.9 per 1,000 births in Wyoming County compared to 1.5 deaths per 1,000 births in New York State. The perinatal death rate, or death of an infant from 20 weeks gestation until 28 days of life, was 5.7 in Wyoming County compared to 8.7 in New York State. Wyoming County had a maternal mortality rate of 0.0 deaths per 100,000 mothers, which is significantly lower than the New York State average of 21.3 deaths per 100,000 (28).

Infant and Neonatal Death



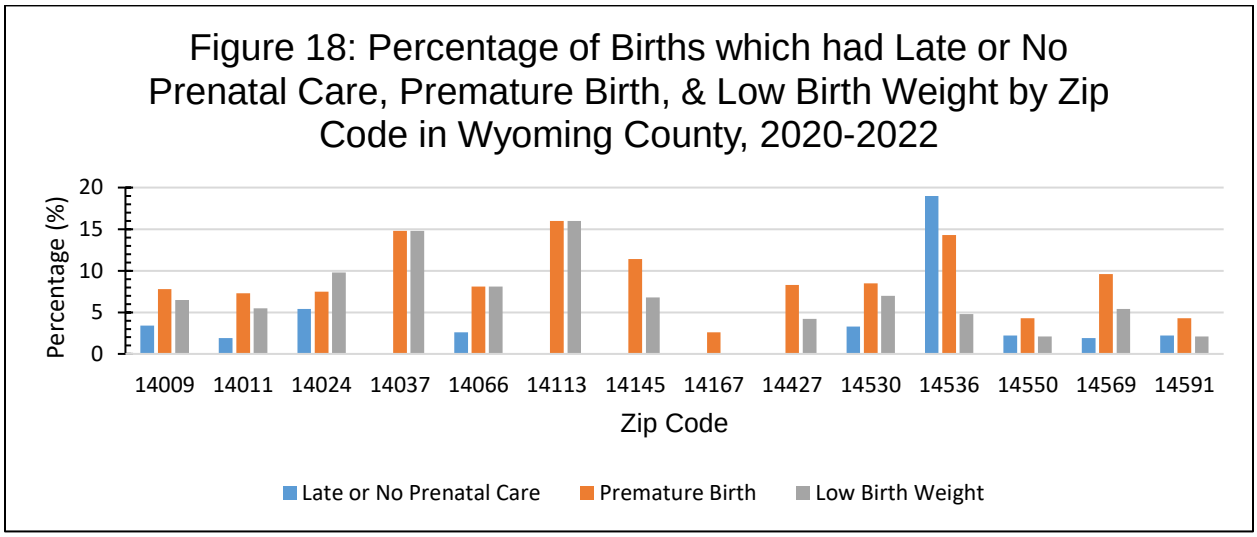
Note: Zip Codes 14009, 14011, 14024, 14037, 14066, 14113,14427, 14530, 14550, 14569, and 14591 were omitted due to having both infant death rates and neonatal death rates of 0 (41).

Figure 17, above, demonstrates the infant and neonatal death rate per 1,000 live births by zip code, and several zip codes have been omitted due to their zero values for both indicators (41). Infant deaths refer to deaths that have occurred in an individual less than 12 months of age and the infant death rate refers to the number of infant deaths per 1,000 live births (41). Based on this figure, zip codes 14536 (Portageville), 14167 (Varysburg), and 14145 (Strykersville) had the highest infant death rates in the county, at 47.6 deaths per 1,000 live births, 26.3 deaths per 1,000 live births, and 22.7 deaths per 1,000 live births, respectively (41). The Wyoming County average was 6.9 deaths per 1,000 live births (41). Neonatal deaths refer to the death of an infant less than 28 days of age and the neonatal death rate is the number of neonatal deaths per 1,000 live births (41). The zip codes 14145 (Strykersville) had the highest neonatal death rate in the county, at 22.7 deaths per 1,000 live births (41).The Wyoming County average was 1.6 deaths per 1,000 live births (41).

Late or No Prenatal Care, Premature Birth, and Low Birth Weight

Figure 4, below, demonstrates the percentage of births by zip code in Wyoming County which had late or no prenatal care, the percentage of births which were premature, and the percentage of births which had a low birth weight (41). Late or no prenatal care

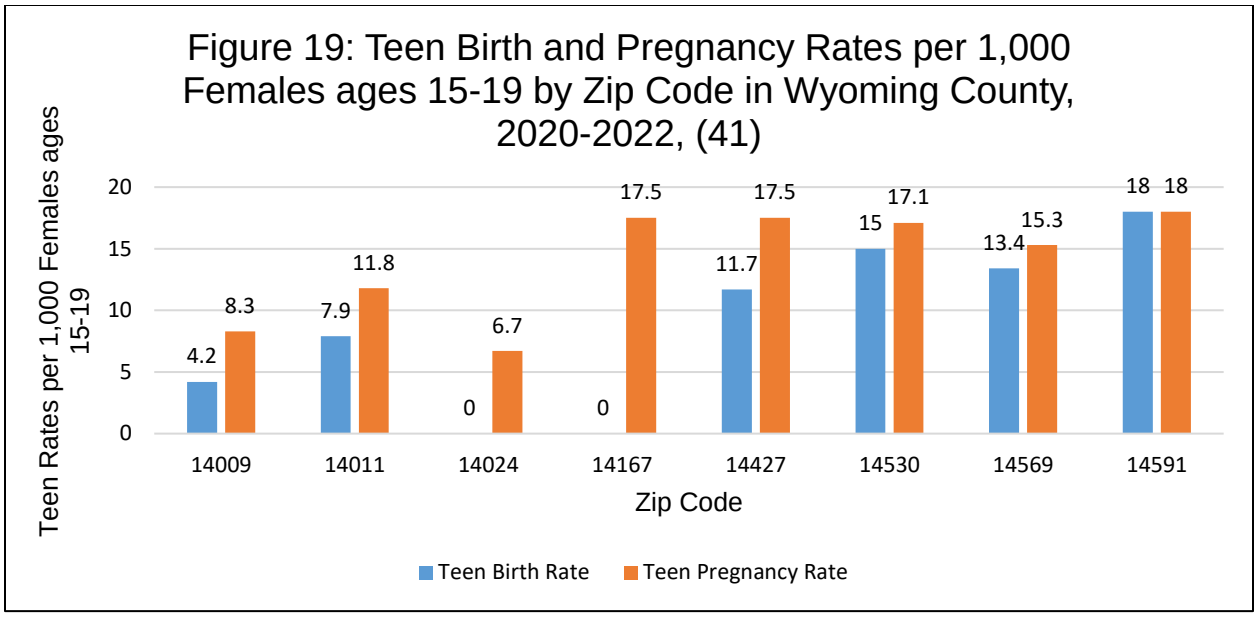
refers to when prenatal care was initiated during the third trimester of pregnancy or not at all (41). Based on this data, the zip code 14536 (Portageville) had the highest percentage of late or no prenatal care, at 19.0%, while the Wyoming County average was 3.0% (41). Premature birth refers to births that occurred prior to 37 weeks gestation (41). Based on this data, the zip code 14037 (Cowlesville) had the highest percentage of premature births, at 14.8%, while the Wyoming County average was 8.9% (41). Low birth weight refers to births weighing 100-2499 grams, or less than 5 pounds and 8 ounces (41). Based on Figure 18, the zip code 14037 (Cowlesville) had the highest percentages of births which have a low birth weight at 14.8% (41). The Wyoming County average was 6.7% (41).



Teen Birth and Pregnancy Rates

Figure 19, below, demonstrates both teen birth and teen pregnancy rates by zip code in Wyoming County (41). The teen birth rate refers to the number of births to females aged 15-19 per 1,000 female population ages 15-19 (41). Based on this figure, zip codes 14591 (Wyoming) had the highest teen birth rates in the county, at 18.0 births per 1,000 females ages 15-19 (41). The Wyoming County average teen birth rate was 5.0 births per 1,000 females ages 15-19 (41).

The teen pregnancy rate refers to the number of pregnancies, including births, medical abortion, and spontaneous fetal death, among females ages 15-19 per 1,000 females ages 15-19 (41). Based on Figure 5, zip codes 14591 (Wyoming), 14167 (Varysburg), 14427 (Castile), and 14530 (Perry) had the highest teen pregnancy rates in the county, at 18.0 pregnancies per 1,000 females ages 15-19, 17.5 per 1,000, and 17.1 per 1,000 respectively (41). The Wyoming County average was 8.0 per 1,000 (41).



Note: Zip codes 14113 (North Java) and 14536 (Portageville) had a population of less than 30 females ages 15-19 and was suppressed for confidentiality reasons (41). Zip Codes 14037 (Cowlesville), 14066 (Gainesville), 14145 (Strykersville), and 14550 (Silver Springs) were omitted due to their rates of 0 (41).

Wyoming County is making progress in reducing infant and neonatal deaths**.** However, the disparities in access to prenatal care and birth outcomes highlight areas in urgent need of attention. Geographic disparities**,** especially in rural zip codes, also point to the need for equitable, community-level interventions**.**

Preventative Services for Chronic Disease Prevention and Control

Chronic diseases are conditions that last a year or more and require ongoing medical attention. They can significantly affect an individual's physical, mental, social, and financial well-being. Regular screenings and routine visits to a primary care provider are key to early detection and prevention. Common chronic diseases include cancer, obesity, diabetes, and cardiovascular disease, each of which can limit daily functioning and quality of life. Preventing and managing these conditions is essential to improving the overall health of the community.

In response to the question, “What health challenges have you or a household member experienced in the past year?”, 46% of Wyoming County survey respondents identified overweight or obesity as a challenge, and another 41% reported chronic conditions such as diabetes, heart disease, or high blood pressure. Additionally, 30% cited a lack of physical activity as a health challenge. These findings highlight the need for prevention efforts that promote healthy eating, regular physical activity, and routine checkups with a primary care provider to reduce the risk and impact of chronic disease in the community.

According to feedback from the Community Conversations, residents expressed significant concern about chronic health conditions such as diabetes, high blood pressure, obesity, and chronic pain. These conditions were frequently identified as common physical health challenges that impact daily functioning and quality of life.

Barriers to managing and preventing chronic diseases included limited access to care, particularly a shortage of primary care providers, long wait times, and difficulty finding doctors who are accepting new patients. Participants also reported a lack of culturally competent providers and challenges navigating complex and often fragmented health care systems.

Prevention-related feedback highlighted the need for improved health education, especially around nutrition, physical activity, and understanding medications. Respondents emphasized the importance of routine checkups and accessible healthcare to support early detection and chronic disease management. Suggestions to improve community health included expanding access to mobile clinics, walk-in services, and wellness infrastructure such as walking trails. Calls for increased health literacy efforts, particularly around insurance use and healthy habits, suggest a desire for more community-based education and outreach.

Overall, the feedback underscores that addressing both structural barriers (like provider shortages and system complexity) and social determinants (such as transportation and cost of living) is essential to improving chronic disease prevention and management in Wyoming County.

Obesity and Diabetes

9.1% of Wyoming County residents have been diagnosed with diabetes, while 10.2% of New York State residents report the same (28). In Wyoming County, 62.4% of adults aged 45 years old or older report having a diabetes test by a medical professional within

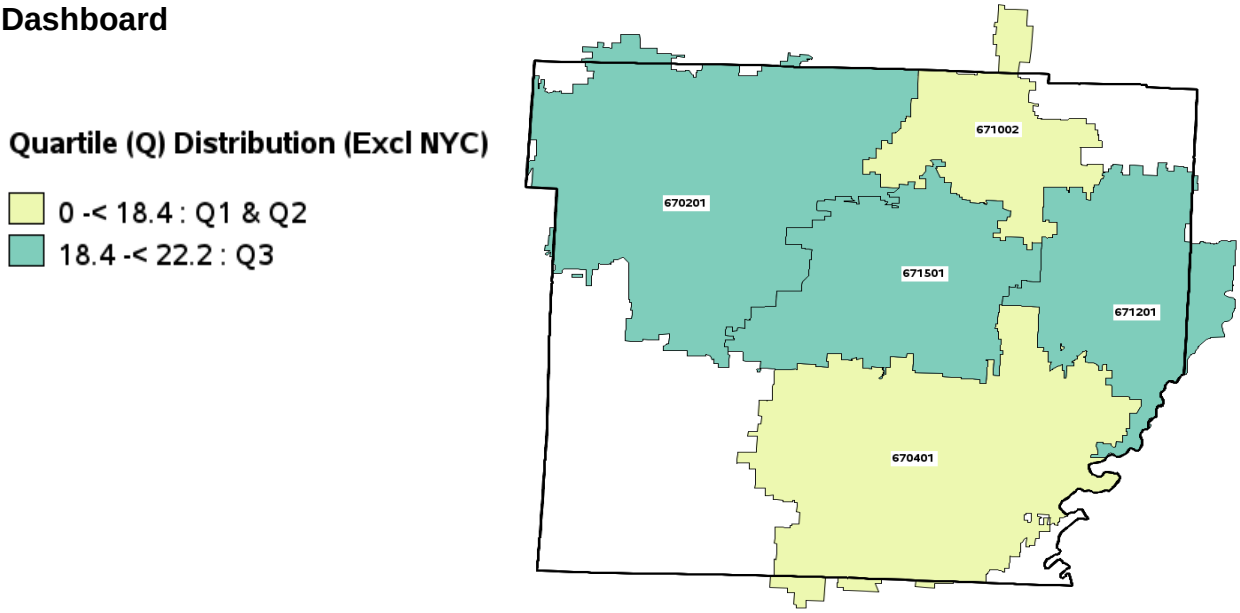
the last three years, faring slightly worse than New York State, who reports 63.8% (22). Regular diabetes testing is important to catch disease and begin treatments early to improve health outcomes.

A common risk factor for the development of diabetes mellitus is obesity. Obesity is a chronic condition characterized by having a body mass index (BMI) of greater than 30 (42). 21.6% of students in elementary, middle, or high school in Wyoming County have obesity, compared to 20.6% of students in the same age group in New York State. 34.3% of adults in Wyoming County and 29.2% of adults in New York State also report having obesity (28).

Childhood Obesity

The percentage of children and adolescents who are obese in Wyoming County is 18.8%, whereas the percentage in New York State (excluding New York City) is 17.3% (43). Figure 20 demonstrates the quartile percentage distribution of obese students by school district in the county (43). Based on this figure, Perry Central School District had the highest percentage of obese children and adolescents, at 20.8% (43).

Figure 20: Percentage of Children and Adolescents with Obesity by School District in Wyoming County, school years 2017-2019; adapted from the New York State Prevention Agenda Dashboard

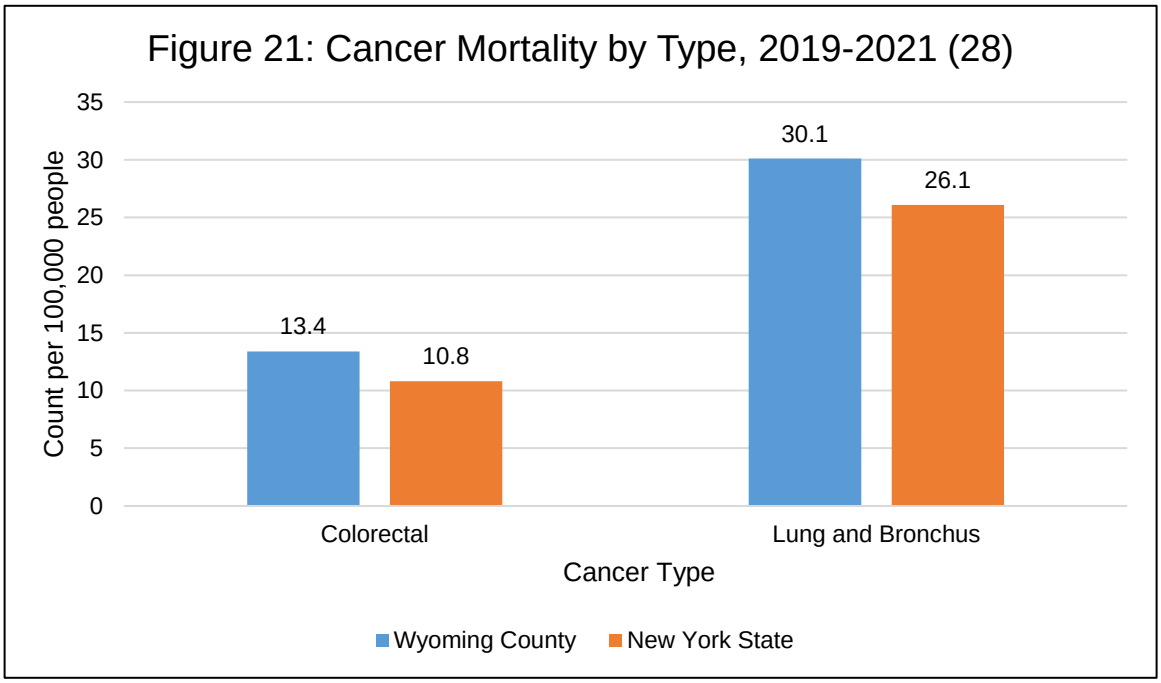


School District Code	School District Name	Number of Obese Students	Percentage (%)
670201	Attica Central School District	84	18.4
670401	Letchworth Central School District	49	17.4
671201	Perry Central School District	66	20.8
671501	Warsaw Central School District	53	18.7
671002	Wyoming Central School District	5	17.9*

Note: *Fewer than 10 events, the rate may be unstable

Cancer

Cancer is a prevalent condition categorized by uncontrolled cell growth within the body and is one of the leading causes of death in both New York State, and the United States as a whole. In Wyoming County, there was a cancer incidence of 503.9 cases per 100,000 people, which is higher than the incidence of cancer in New York State, with 458.2 cases per 100,000 people. Wyoming County also experiences a higher rate of cancer mortality than New York State at 149.1 deaths per 100,000 people compared to 124.8 deaths per 100,000 people in the state (28).



Note: oral and pharynx cancer, breast cancer, prostate cancer, and ovarian cancer rates have been excluded from this chart due to lack of data for Wyoming County Residents

Colon and rectum cancer in Wyoming County have an incidence of 41.0 cases per 100,000 people, and New York State experiences a lower cancer at an incidence of 35.0 cases per 100,000 people (28). Secondary treatment to prevent manifestation and development of colon cancer is available and recommended to adults aged 50-64 years. In 2022, about 70% of adults aged 50 to 75 in Wyoming County had been screened for colorectal cancer (44). When adjusting for differences in age across the population, the estimated screening rate was closer to 65% (44).

Wyoming County reports a lung and bronchus cancer incidence of 59.3 cases per 100,000 people, and New York State reports an incidence of 51.1 cases per 100,000 people. The biggest risk factor for development of lung cancer is smoking (45), and 23.4% of Wyoming County residents and 12.5% of New York State residents report current cigarette smoking (28).

In 2022, about 77% of women aged 50 to 74 in Wyoming County had received a mammogram to screen for breast cancer (44). Female residents of Wyoming County experience a breast cancer rate of 202.9 per 100,000 people while New York State reports a breast cancer rate of 167.6 (28). Male residents of Wyoming County experience a prostate cancer rate of 133.4, and New York State reports an incidence rate of 131.6 (28).

Diseases of the Heart

Cardiovascular disease (CVD) and other diseases of the heart are the leading cause of death in the United States. CVD is an umbrella term describing all diseases of the heart. Common diseases of the heart include coronary heart disease (CHD), characterized by a buildup of fatty material such as cholesterol blocking arteries, congestive heart failure (CHF), which occurs when the heart cannot pump as effectively as it should (46), and hypertension, characterized by an average blood pressure above 140/99 mmHg (47). A primary care physician can screen for all of these conditions.

Taking steps to prevent heart disease is important for long-term health. This includes eating a healthy diet, staying physically active, and regularly checking cholesterol levels. High cholesterol can lead to a buildup in the arteries, making it harder for the heart to pump blood throughout the body.

In Wyoming County, 86.2% of adults have had their cholesterol checked at least once, which is lower than the New York State average of 90.7%. Despite this, Wyoming County has a higher death rate from cardiovascular disease (CVD) at 226.1 deaths per 100,000 people, compared to 213.8 in the state overall. In 2021, 7.3% of adults in Wyoming County had been diagnosed with CVD, compared to 6.4% statewide (28).

Coronary heart disease (CHD) is a major factor in heart-related deaths. Wyoming County reported 104.0 deaths due to CHD, which is lower than the state average of 131.6. However, the county has a higher death rate from congestive heart failure (CHF) than the state, with 20.9 deaths per 100,000 people compared to 10.9 in New York State.

In Wyoming County, mortality related to other diseases of the heart has a rate of 163.9 per 100,000 people compared to New York State, reporting 170.6 deaths per 100,000 people (28). 88.6% of adults in Wyoming County are receiving tertiary care, or taking medications, to manage their hypertension, while 80.2% of adults in New York State report the same (22).

Wyoming County also experiences a heart attack mortality rate of 28.7 deaths per 100,000 people compared to New York State's rate at 20.7 deaths per 100,000 people. Stroke mortality rate in Wyoming County is 27.1 deaths per 100,000 people, and New York State experiences a rate of 25.3 deaths due to stroke per 100,000 people (28).

Liver and Kidney Disease

Liver and kidney conditions also impact the health of many people in both Wyoming County and New York State. In Wyoming County, the hospitalization rate for chronic kidney disease (CKD) is 141.9 per 10,000 people, higher than the New York State rate of 117.8 per 10,000.

Cirrhosis, a serious liver disease caused by long-term damage such as heavy alcohol use or hepatitis, leads to scarring and inflammation of the liver (48). In Wyoming County, there are 13.4 deaths from cirrhosis per 100,000 people (28).

Lung Disease

Wyoming County reports 50.2 deaths per 100,000 people due to chronic lower respiratory infections, and New York State reports a lower rate of 31.3 deaths per 100,000 people (28). Chronic lower respiratory infections include bronchitis, asthma, and emphysema (49). There are currently 6.2% of adults in Wyoming County and 10.1% of adults in New York State living with asthma, and in Wyoming County, there were 2.1 hospitalizations per 10,000 people due to asthma. This rate is much lower than that of New York State, which reports 6.6 asthma-related hospitalizations per 10,000 people (28).

Oral Health Care

Oral health is a vital component of overall well-being, yet access to preventative and routine dental remains a challenge for many individuals in Wyoming County, particularly among underserved populations.

In 2019, about 69.5% of adults aged 18 and older in Wyoming County reported visiting a dentist (28). The age-adjusted rate was also about 62%, meaning the estimate remains the same even when accounting for differences in the age makeup of the population (44). Among enrollees aged 2-20 years, 44.1% had at least one preventive dental visit, compared to 42.5% within New York State (28).

Wyoming County demonstrates moderate engagement with preventive services for chronic disease prevention and control but faces significant challenges that affect long-term health outcomes. While rates of cholesterol screening, dental visits, and cancer screenings are comparable to or slightly above the New York State average, the county consistently reports higher rates of chronic conditions such as obesity, diabetes, cardiovascular disease, and cancer. Community feedback highlights concerns about access to care, including shortages of primary care providers, long wait times, and challenges navigating the healthcare system, as key barriers to prevention and management. Health literacy, routine screenings, and access to supportive services like mobile clinics and wellness infrastructure are identified needs. Addressing both structural barriers and the social determinants of health is critical to improving chronic disease outcomes and reducing the overall burden of disease in Wyoming County.

Preventative Services for Communicable Diseases

Preventing the spread of communicable diseases is essential to maintain a healthy community. Many communicable diseases are assessed, including those that are foodborne, vector borne, sexually transmitted, and vaccine preventable.

Foodborne Diseases

Foodborne diseases such as Escherichia coli (E. coli), shigella, and salmonella can occur from eating meats or seafood that are not properly cooked, contamination of food, or poor hand hygiene when preparing or serving foods. These illnesses can cause digestive distress, nausea and vomiting, dehydration, and recovery can take from a few days to a few weeks. Monitoring foodborne illness outbreaks is important to protect the health and safety of a community and prevent the spread of communicable diseases (50).

Per 100,000 people, Wyoming County reported 0.8 cases of shigella, and 8.4 cases of E. coli compared to 5.5 cases of shigella and 5.2 cases of E. coli in New York State as a whole. Wyoming County also reported 13.4 cases of salmonella per 100,000 people, similar to New York State, who reported 13.1 cases (28).

Vector borne Diseases

Lyme disease is an illness caused by a bacteria carried by a Deer tick. Infection of Lyme disease occurs after being bitten by a Deer tick carrying the bacteria, and causes symptoms such as a bulls-eye rash, joint pain, and weakness and fatigue. Lyme disease is most commonly found in the northeast and northwest United States, where Wyoming County is located (51).

Wyoming County fares better than New York State for Lyme disease incidence, reporting 34.3 cases per 100,000 people compared to 46.5 cases per 100,000 people in New York State (28).

Sexually Transmitted Infections (STIs)

Wyoming County fares better than New York State on almost all sexually transmitted infection (STI) incidences.

Wyoming County experiences a Human Immunodeficiency Virus (HIV) incidence per 100,000 people of 0.0, compared to 11.6 in New York State. Wyoming County also experiences an Acquired Immune Deficiency Syndrome (AIDS) mortality rate of 0.0, compared to 1.7 in New York State (28). There were 0.0 per 100,000 population of syphilis that were diagnosed early in Wyoming County, where 40.0 per 100,000 were diagnosed early in New York State (52). Early diagnosis of syphilis leads to faster treatment turnaround, reduces the chance of infertility, and reduces the risk of long-term problems associated with diagnosis (52). In Wyoming County, 0.0 per 100,000 people were diagnosed with secondary syphilis and 6.2 per 100,000 with late syphilis. In

comparison, New York State reported higher rates of secondary syphilis at 15.4 per 100,000 but significantly lower rates of late syphilis at 26.1 per 100,000 (52).

There were 20.9 cases of gonorrhea per 100,000 people in Wyoming County, compared to 249.8 cases per 100,000 people in New York State (52). Among new cases of gonorrhea in Wyoming County, the rate was 32.5 per 100,000 males and 6.4 per 100,000 females. In comparison, New York State reported higher rates: 373.6 per 100,000 males and 126.2 per 100,000 females (52).

Wyoming County reported 167.9 cases of chlamydia per 100,000 people, while New York State reported a higher rate of 595.3 per 100,000. Among these cases, 110.7 per 100,000 males and 233.8 per 100,000 females were reported in Wyoming County. In comparison, New York State reported 516.9 cases per 100,000 males and 675.2 per 100,000 females (52).

Vaccine Preventable Diseases

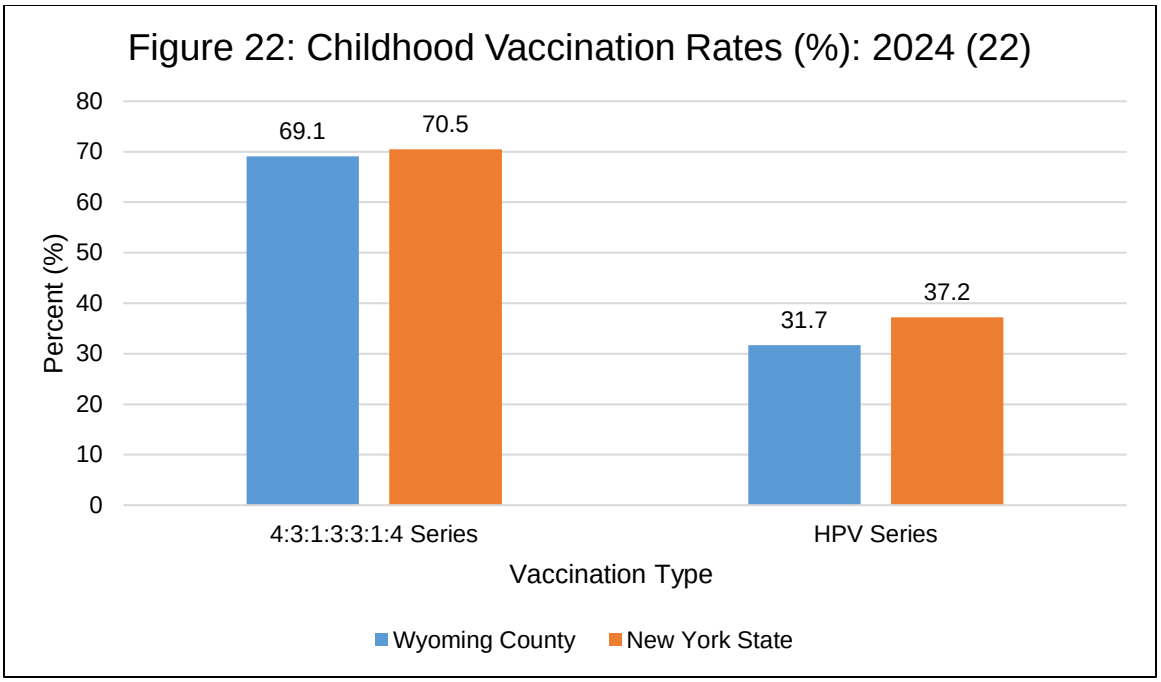
Wyoming County fares better than New York State in tuberculosis infection, experiencing 0.0 infections per 100,000 people in Wyoming County and 3.2 infections per 100,000 people in New York State (28).

There were 18.4 new cases of Hepatitis C per 100,000 people in Wyoming County, compared to 30.9 new cases per 100,000 people in New York State (28). There were 124.9 hospitalizations per 10,000 adults aged 65 or older due to the flu or pneumonia in Wyoming County, significantly higher compared to New York State's rate for the same age group of 53.7 per 10,000 people (28).

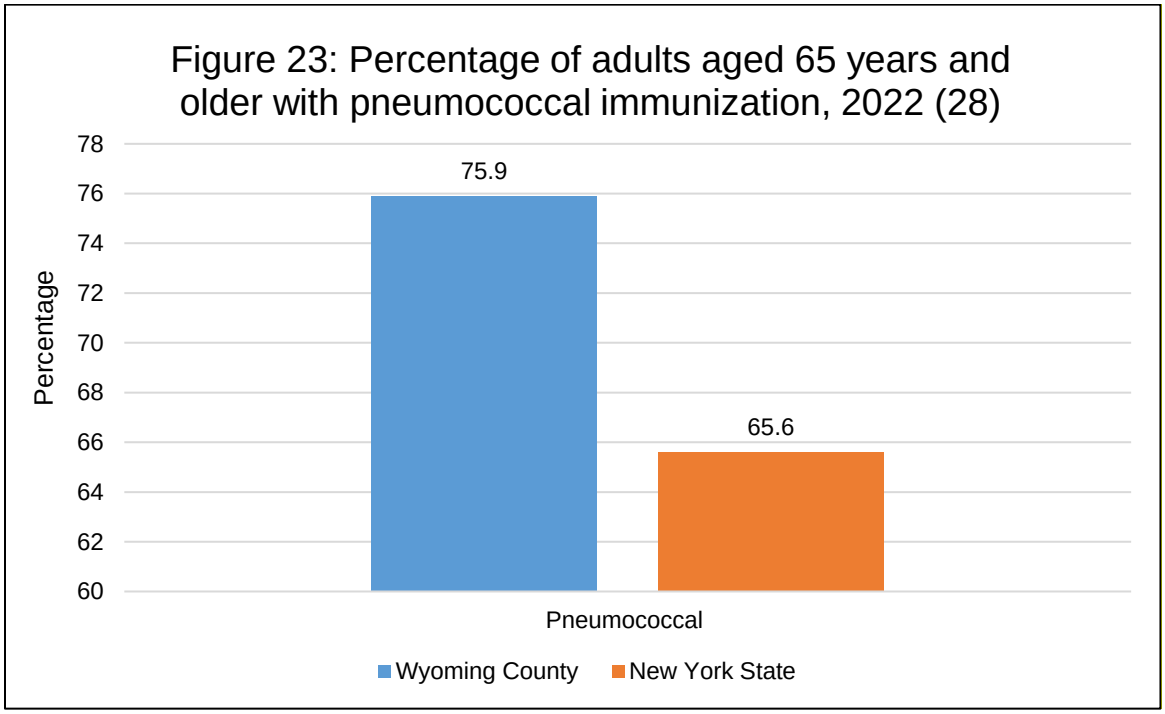
Immunization Rates

Immunizations are one of the most effective ways to prevent the spread of communicable diseases by introducing natural immunity to pathogens to your body's immune system. Maintaining vaccination rates is one of the best ways to keep a community healthy.

In Wyoming County, 69.1% of children are up-to-date with their necessary vaccine series, compared to 70.5% of New York State children (22). The recommended childhood vaccination series, known as the 4:3:1:3:3:1:4 schedule, includes protection against several serious diseases. It consists of four doses of Diphtheria, Tetanus, and Pertussis (DTaP); one dose each of Measles, Mumps, and Rubella (MMR) and Varicella (chickenpox); three doses of Hepatitis B; at least one dose of Haemophilus influenzae type B (Hib); and four doses of pneumococcal conjugate vaccine (53). Also, among children, 31.7% of 13-year-olds in Wyoming County have received the complete Human Papillomavirus (HPV) series, compared to 37.2% of 13-year-olds in New York State as a whole (22).



In Wyoming County, 75.9% of adults aged 65 and older received the pneumococcal immunization, faring better than New York State with a rate of 65.6% of adults aged 65 and older being immunized (28).

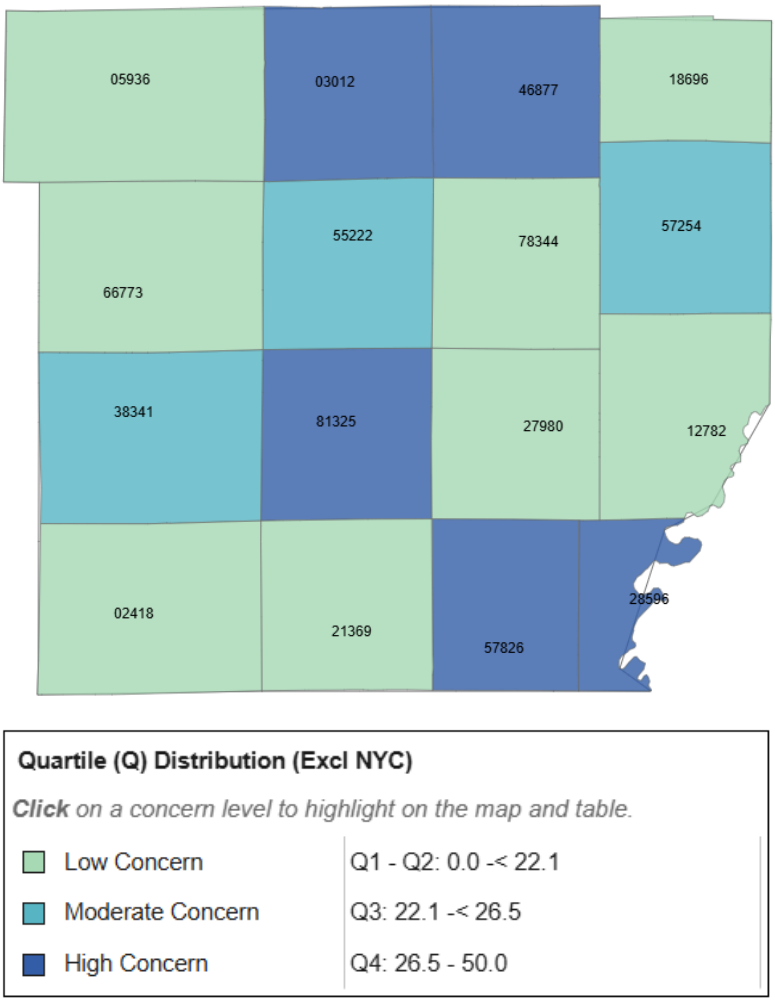


Premature Deaths

The percentage of premature deaths, or deaths that occur before 65 years old, in Wyoming County is 22.0%, and in New York State, the percentage is 23.6% (22). Figure 24, below, shows quartile percentage distribution for the percentage of

premature deaths by Minor Civil Division in the county (22). Based on this figure, the Town of Pike the highest percentage of premature deaths, at 30.8%, followed by the Town of Genesee Falls (30.0%) and the Town of Attica (28.5%) (22).

Figure 24: Percentage of Deaths that are Premature by Minor Civil Division in Wyoming County, 2019-2022; adapted from the New York State Prevention Agenda Dashboard



MCD Number	MCD Name	Deaths (Before 65 Years)	Percentage (%)
02418	Arcade town	42	19.9
03012	Attica town	45	28.5
05936	Bennington town	17	14.3
12782	Castile town	23	21.3
18696	Covington town	9	19.1
21369	Eagle town	8	16.7
27980	Gainesville town	17	20.5
28596	Genesee Falls town	6	30.0
38341	Java town	15	22.4
46877	Middlebury town	15	26.8
55222	Orangeville town	11	24.4
57254	Perry town	53	25.5
57826	Pike town	12	30.8
66773	Sheldon town	22	21.0
78344	Warsaw town	69	18.0
81325	Wethersfield town	5	27.8

Wyoming County performs relatively well in many areas of communicable disease prevention, particularly in comparison to New York State averages. The county reports lower or similar rates of foodborne illnesses, vector-borne diseases like Lyme disease, and most sexually transmitted infections, including HIV and gonorrhea. Immunization rates are a notable strength, with higher childhood and adult vaccination coverage compared to state averages. However, opportunities remain to improve HPV vaccine completion and flu/pneumonia prevention in older adults. Community-wide efforts to maintain strong immunization practices, monitor disease outbreaks, and promote early diagnosis and treatment are essential to preventing the spread of infectious diseases and protect overall public health.

Domain 5: Education Access and Quality

Expanding access to high-quality education for students in PreK-12 is vital for supporting academic success, increasing educational attainment, advancing health equity, and fostering long-term well-being. Timely immunization, healthy school meals, social emotional learning (SEL) and counseling and mentoring are elements that play a critical role in supporting education access and quality.

In Wyoming County, community members identified good schools and affordable childcare as important components of a strong and healthy community. Respondents emphasized the need for accessible, high-quality educational opportunities that support families from early childhood through K-12. This focus highlights the community's

understanding that education is fundamental to long-term health, economic stability, and overall well-being. Ensuring access to quality schools and childcare services is therefore essential to fostering a vibrant, healthy community.

Health and Wellness Promoting Schools

In Wyoming County, 14.5% of public-school students in grades K-8 were chronically absent, compared to 25.1% statewide in New York (22). Among economically disadvantaged public-school students in grades K-8, 21.3% were chronically absent in Wyoming County, compared to 33.8% statewide in New York (22).

Opportunities for Continued Education

Within five years of graduation, 52.9% of high school seniors in Wyoming County attended a 2- or 4-year college, compared to 70.2% statewide (22). Among economically disadvantaged students, 34.8% enrolled in college within five years, significantly lower than the 63.1% observed across New York State (22).

Wyoming County residents recognize the importance of strong schools and affordable childcare in building a healthy community. While the county reports lower rates of chronic absenteeism among K-8 students compared to New York State, significant disparities remain in college enrollment, especially among economically disadvantaged students. Community feedback emphasizes the need for accessible, high-quality education from early childhood through high school, along with supportive services like mental health resources and healthy school environments. Addressing these educational gaps is essential to advancing health equity and promoting long-term success for all students in Wyoming County.

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Genesee- Orleans-Wyoming (GOW) Community Assets and Resources

The hospitals, local public health departments, and community partners that are engaged in the Steering Committee for this process are instrumental assets for addressing the health needs in Genesee, Orleans and Wyoming Counties.

Rochester Regional Health- United Memorial Medical Center (UMMC)

Rochester Regional Health is a leading provider of comprehensive care for Western New York, the Finger Lakes, and the St. Lawrence region. Formed in 2014 with the joining of Rochester General and Unity Health systems, Rochester Regional Health brings to its purpose a broad spectrum of resources, the ability to advocate for better care, a commitment to innovation, and an abiding dedication to caring for the community.

Today, the system includes nine hospitals and serves communities as a truly integrated health services organization. Our network spans hospitals and physician practices, ElderONE/PACE (Program for All-Inclusive Care for the Elderly) and home health programs, outpatient laboratories, rehabilitation programs, surgical centers, independent and assisted living centers, and skilled nursing facilities.

United Memorial Medical Center (UMMC) is a 131-bed community hospital in Batavia, NY that provides medical, surgical, and rehabilitation services and serves residents of Genesee, Orleans and Wyoming Counties and surrounding rural communities.

UMMC provides specialty services and programs, including the Lipson Cancer Institute, Oncology and Radiation Center, Wound Care and Hyperbaric Medicine, Sands-Constellation Heart Institute, Hope Haven Center for inpatient alcohol and chemical dependency rehabilitation, and more. Its primary care, women's care, and orthopedic offices serve communities across Genesee, Orleans, and Wyoming counties. UMMC also supports the health of the Tonawanda Seneca Nation through a contract with the New York State Department of Health to manage the Tonawanda Family Care Center.

As one of the largest employers in Genesee County, UMMC has more than 900 full, part-time and per diem team members. The hospital is a NICHE designated facility for excellence in geriatric care, a New York State-designated Stroke Center, and has earned national recognition with the Get with the Guidelines Stroke Gold Plus Diabetes recognition, Mission Lifetime STEMI Bronze recognition and received designation as a Geriatric Surgery Verification Program by the American College of Surgeons. UMMC is also recognized as a Baby-Friendly Designated birth facility and a participant in the NYSPQC Safe Sleep Project, committed to modeling a safe sleep environment and providing caregiver sleep education during birth hospitalization.

In 2024, UMMC supported the community with 25,638 visits to our Emergency Room. UMMC ER Received the Lantern Award, 4 AHA STEMI Awards and 2 GWTG Stroke Awards. The maternity unit had 469 births, an impressive 63% exclusive breastfeeding

rate and are working diligently towards reduction of primary cesarean births, with a 16% rate in 2024.

United Memorial Medical Center is dedicated to fostering a supportive environment for each individual and family providing them with exceptional care and a personalized experience that honors their unique needs.

Orleans Community Health (OCH)

Mission Statement: Orleans Community Health exists to improve the health of the communities we serve by providing equal access to quality health care services at the right time, in the right place, with the most efficient use of resources. OCH is a full-service community health provider serving 43,000 residents in Orleans, Niagara, and Genesee Counties. It is the only full-service, acute care system in Orleans County.

Wyoming County Community Hospital System (WCCHS)

Wyoming County Community Health System has been serving Wyoming County and the surrounding area for over 110 years and continues its commitment of providing outstanding healthcare services for our rural community. WCCHS, a full service, County-owned health system comprised of a 62-bed acute-care hospital with a 138 bed Skilled Nursing Facility in Warsaw, NY, provides 24-hour emergency care as well as a full range of specialty health care. Services include family and internal medicine, orthopedics and podiatry, women's health and maternity, 12-bed distinct part inpatient mental health unit, neurology, endocrinology, ENT, outpatient dialysis, general surgery and a variety of other specialty services. WCCHS has outpatient offices in Arcade, Attica, Castile, Mt. Morris, Perry, and Warsaw NY.

Genesee and Orleans County Health Departments (GO Health)

The mission of GO Health is to work collaboratively to ensure conditions that promote optimal health for the individuals and communities we serve.

GO Health established a cross-jurisdictional relationship in 2013, allowing the departments a level of sharing that has increased effectiveness and services. The departments share a medical Director; have a joint Board of Health and Quality Improvement/Quality Assurance Committee; select staff and management staff that are shared; and combined policies and procedures. The departments still maintain separate budgets and locations. Health Department buildings are approximately 30 miles apart with Genesee County Health Department located in Batavia and the Orleans County Health Department in Albion.

GO Health provides direct services designed to protect the public from health risks, disease, and environmental hazards, and community leadership to ensure improved health status of individuals, families, and the environment. Services include education, preventative services, direct patient care, and enforcement of health codes and medical policies. Each department is comprised of the following teams.

- The Community Health Services team protects and promotes the health of the community through support, education, empowerment, and direct nursing care services. Programs and services include immunization, tuberculosis control, lead poisoning prevention, maternal and child health, communicable disease investigators, HIV and Hepatitis screening and treatment.
- The Children with Special Needs team includes the Early Invention (EI) Program, which assists children (birth-age 2) who are at risk of developmental delays and the Pre-School Special Education Program, which serves children ages 3-5 who have delays that may affect their education. The Children and Youth with Special Health Care needs (CYSHCN) program is also included under this umbrella. CYSHCN is a referral program for families with children birth-21 years old who have been diagnosed with, or may have a serious chronic health condition or disability. Referrals to insurance, health services and community resources for help in meeting the child's medical needs can be made. CYSHCN helps families navigate patient care options to obtain access to care.
- The Environmental Health team promotes the health of the community by providing information and education; inspection of facilities or conditions that affect public health and the environment; enforcement of provisions of the Public Health Law, the New York State Sanitary Code, and the Genesee and Orleans County Sanitary codes; emergency response to incidents that threaten public health and the environment; and the coordination of planning for activities that protect public health and the environment.
- Weights and Measures is responsible for enforcing all applicable laws, regulations, rules, and ordinances prescribed by the New York State Department of Agriculture and Markets. The program's mission is to promote equity in the marketplace. Commercial weighing and measuring devices throughout the counties are tested for compliance and accuracy in order to protect consumers, businesses, and manufacturers from unfair practices.
- The Public Health Education team supports all programs provided by GO Health through education, training, resources, and referral. Services include, but not limited to, the promotion of health, safety and healthy lifestyles through public presentations, programs, trainings, and free literature on numerous health concerns geared to all ages and literacy levels. The team publishes and develops a Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) with input from stakeholders and provides public health data for community organizations to utilize for grant writing, education and policy development.
- The Public Health Preparedness Team builds preparedness, response and recovery capacity to respond to existing and emerging threats to public health. Guided by specific deliverables established by the CDC's annual Public Health Emergency Preparedness Cooperative Agreement, activities include coordinated planning, drills/exercises, training, education and other protective

measures coordinated by the Public Health Emergency Preparedness Coordinator in collaboration with local, regional, state and federal partners. GO Health Medical Reserve Corps (MRC) was created to augment the public health workforce to respond to emergencies. This all-volunteer medical and non-medical corps will help fill the gap in personnel support during time of need.

- There are four elected Coroners in each county who perform their duties on a part-time basis. As a County Coroner, the officials are responsible for responding to the scene of an unattended/suspicious death to perform the preliminary investigation surrounding the cause of death and refer the case to the Monroe County Medical Examiner (ME) for comprehensive medicolegal death investigation services including autopsy and post-mortem toxicology, if applicable.

Wyoming County Health Department

The Wyoming County Health Department is the public health authority for Wyoming County, New York, dedicated to safeguarding community health, preventing disease, and improving resident well-being. Guided by our Mission, the department "strives to engage, educate, and empower every member of our community to achieve their full potential of health, safety, and well-being". Dedicated, energetic and experienced staff are guided by our core values that define the ongoing work to support and serve the community. Our TACTICS:

- **Teamwork:** Working together across agencies, with partners, and with the community to serve Wyoming County residents
- **Adaptability:** Responding effectively to changing needs among our communities
- **Compassion**: Meeting resident where they are, with empathy and respect
- **Trust**: Maintaining public trust through transparency and follow-through
- **Integrity**: Holding ourselves accountable to the highest standards
- **Collaboration:** Engaging intentionally with agencies, organizations, and our community to best meet the needs of Wyoming County residents
- **Supportive**: Creating an environment of support for staff and community members.

The department is led by the Commissioner of Public Health/Medical Director, along with the Administrative Team, and is supported by professional staff across nursing, environmental health, and community health divisions. Oversight is provided by the Wyoming County Board of Health, which establishes and enforces local public health regulations and aligns departmental activities with New York State public health standards. The Department reports to the Public Health Committee of the Wyoming County Board of Supervisors.

Core responsibilities include communicable disease surveillance, the immunization program, environmental health, emergency preparedness, maternal and child health

initiatives, sexually transmitted infection prevention and treatment, health insurance enrollment, lead poisoning prevention, and a broad array of harm reduction initiatives to improve and protect the health of residents.

Through partnerships across Wyoming County and the region, including healthcare providers, schools and community organizations, the department works to reduce preventable illness, promote healthier behaviors, and strengthen the county's resilience to public health threats. Our work supports improved health outcomes and connects residents to essential resources, education, and protective services.

Residents of Wyoming county are deeply relationship-driven, valuing personal connection, and trust. As we collectively move forward, community engagement will continue to be at the forefront of our strategy, with emphasis on forward-facing community outreach, listening and engagement. The overall goal of the Wyoming County Health Department is to deliver consistent, person-centered services, while strengthening relationships across every corner of our community. Our Vision is "Healthy People in Healthy Communities".

Independent Living of the Genesee Region

Independent Living is a grassroots, peer directed, multi-cultural civil rights organization for/of people with disabilities facilitating individual and community change; advancing self-directing resources and programs, that promotes equal access and peer relationships in our homes and communities through collaboration and education. Our dedicated staff provide a comfortable, professional office that offer the following programs: information and referral, individual and systems advocacy, transitional services, independent living skills training.

Oak Orchard Health

Oak Orchard Health (OOH) is a Federally Qualified Health Center and a trusted health partner. Serving patients in Monroe, Orleans, Genesee, Wyoming, Steuben, and surrounding counties, our health centers continue to set a high standard for patient-centered health and wellness and accredited by the Joint Commission and National Committee for Quality Assurance PCMH standards. From family health and routine physicals to state-of-the-art facilities and treatments, OOH is there to ensure our patients, neighbors, and communities have access to high quality healthcare, regardless of their circumstances.

- *Family Medicine* – OOH provides patients with comprehensive, team-based health care, promoting wellness and prevention by encouraging and supporting patients to be active participants in their health. Care is delivered by a coordinated team of doctors, nurse practitioners, physician assistants, and clinical staff.
- *Pediatrics* – OOH is committed to playing an integral role in supporting the health and well-being of infants, children, and teens. As part of OOH, the Pediatrics

team offers high-quality health care services with availability during evening and weekend hours to accommodate busy families.

- *Vision* – The OOH Vision Care team is committed to providing friendly, professional, and respectful services. The highly trained staff is experienced in caring for children, adults, and individuals with special needs, offering care in a positive and welcoming environment. Patients ages four and older are accepted.
- *Behavioral Health* – All OOH sites offer integrated, comprehensive screening, assessment, and treatment for mental health concerns, including depression, anxiety, stress, addictions, and post-traumatic stress disorder. The Behavioral Health team includes a licensed psychiatrist, nurse practitioner, social workers, and mental health counselors who provide services for adults, adolescents, and children. Treatment modalities include individual, couples, family, and group therapy, utilizing approaches such as supportive therapy, cognitive-behavioral therapy, motivational interviewing, problem-solving therapy, and behavioral activation therapy.
- *Dental* – OOH provides comprehensive dental services for patients of all ages. Services are offered at a dedicated office in Albion as well as through a Mobile Dental Unit that serves schools across the county. The dental program is staffed with a dentist, dental hygienist, and support personnel.
- *WIC Program* – The Women, Infants, and Children (WIC) Program provides nutritious foods, nutrition education, breastfeeding support, and healthcare referrals to eligible low-income pregnant women, new mothers, infants, and children up to age five. The program aims to promote healthy pregnancies, support early childhood development, and reduce food insecurity during critical developmental periods.
- *Patient Engagement Services* – The Patient Engagement team connects patients to the resources needed to access appropriate health care. OOH has served the region's agricultural workforce since 1973, offering comprehensive, culturally informed, and integrated services to farmworkers and their families. Providers are trained to understand the unique health and safety needs of this population. Services include health screenings for high blood pressure, high blood sugar, colorectal cancer, and HIV, as well as assessment of minor complaints such as back pain, indigestion, and skin or foot conditions. Patient Engagement staff coordinate access to further medical care at OOH sites and help with translation, transportation, insurance navigation, and sliding-scale payment arrangements.

WNY Rural Health Education Center (WNY AHEC)

Western New York Rural Area Health Education Center, Inc. (R-AHEC) has a mission to improve the quality of healthcare in the region through workforce development, education, and resources. Its core values are community, excellence, innovation, and partnership. The organization envisions a future in which the community is supported by high quality, accessible health resources and a diverse, educated, and compassionate workforce.

R-AHEC is part of the National Area Health Education Center (AHEC) Program. The National AHEC program was developed in the early 1970s to recruit, train and retain a health professional workforce committed to underserved communities with a vision to connect students to careers, professionals to communities, and communities to better health. R-AHEC is also part of the NYS AHEC System and is recognized as New York State's first AHEC. Each NYS AHEC center is unique, while providing similar core services that aid in health professional recruitment/retention, support medically underserved areas, coordinate student training opportunities within medically underserved areas, and direct efforts towards developing health career opportunities for local youth. R-AHEC has fostered strategic partnerships with academic programs, healthcare providers, and professional organizations.

R-AHEC serves a predominantly rural 12-county region, headquartered in Warsaw, New York. Counties include Allegany, Cattaraugus, Chautauqua, Genesee, Livingston, Monroe, Ontario, Orleans, Steuben, Wayne, Wyoming, and Yates, which covers 9,140 square miles. R-AHEC addresses the health needs of its rural and underserved communities by focusing on: Workforce Development; Housing; Education; and Health Information Technology Support.

Workforce Development: Through various grant funded and independent initiatives, the healthcare workforce is offered a variety of training opportunities, including professional skills, career ladder development, continuing education, etc. R-AHEC is a NYS approved provider of continuing education for Social Work, Physical Therapy, Occupational Therapy, Licensed Mental Health Counselors, and Speech Language Pathologists.

Education: Healthcare career exploration for grades 7-12 is provided through classroom presentations, career fairs, field trips, shadowing experiences with local healthcare providers, camps, newsletters, and many others, all aimed at exploring the various careers in healthcare. Post-secondary education opportunities include internships, immersive programming, scholarships, case management, and tabling events.

Housing: The Hospitality House provides housing for clinical rotations at discounted rates and scholarships through grant funding for healthcare students, as well as healthcare workers and community members.

Health Information Technology Support: R-AHEC serves as the lead of the Rural Broadband Healthcare Network, which is a consortium of healthcare providers who receive funding through the Healthcare Connect Fund. Eligible healthcare providers, primarily rural, are able to subsidize network connections and broadband equipment, as well as telemedicine software and equipment to provide better access to healthcare in rural counties.

Additional Assets

Genesee, Orleans, and Wyoming Counties have many valuable community assets and resources that support the health and well-being of residents; however, this is not a comprehensive list, and important services and supports remain difficult for many community members, particularly those in rural or outlying areas, to access due to factors such as limited availability, transportation challenges, cost, or lack of awareness.

Access to Health Services	
Genesee County Health Department	NYSDOH Navigator Program
Orleans County Health Department	Orleans Community Health
Wyoming County Health Department	Oak Orchard Health
Batavia VA Medical Center	United Memorial Hospital- Rochester Regional Health
Cancer Services Program GOWN Region	Western New York Rural Area Health Education Center (WNY R-AHEC)
Family and Primary Care Offices	Wyoming County Community Health System
Cultural	
Arts Council for Wyoming County	Jell-O Museum
Attica Historical Society	Medina Historical Society Museum
Bergen Museum of Local History	Medina Railroad Museum
Clarendon Historical Society Museum	Oak Orchard Lighthouse Museum
Cobblestone Society Museum	Pembroke Museum
Elba Historical Society Museum	Rosalie “Roz” Steiner Art Gallery at GCC
GO Art	Warsaw Historical Society
Holley Depot Museum	William Pryor Letchworth Museum
Educational	
Genesee County School Districts	Genesee Valley BOCES
Orleans County School Districts	Orleans/Niagara BOCES
Wyoming County School Districts	Preschool Special Education Program
CORE The Learning Center	Project Read of Wyoming
Genesee Community College- SUNY	WNY R-AHEC
Employment Opportunities	
Genesee County Job Development	ACE Employment – Restoration Society
Orleans County Job Development	Community Action of Wyoming County
Wyoming County Job Development	GLOW Workforce Development Board
Food Systems and Nutrition Resources (farmers markets, WIC, SNAP, food pantry)	

Genesee County Department of Social Services - SNAP	Hope Lutheran Church
Orleans County Department of Social Services - SNAP	Java Village Blessing Box
Wyoming County Department of Social Services - SNAP	Kendall Community Food Cupboard
Genesee County- Office for the Aging	Le Roy Pantry & Help Fund Inc.
Orleans County- Office for the Aging	Lyndonville Yates Food Emergency (LYFE)
Wyoming County- Office for the Aging	Medina Emergency Food Pantry
Arcade United Methodist Church	Mustard Seed Food Pantry
Attica Food Pantry	NY Connects
Batavia Community Schools Community Closet	Orleans Koinonia Kitchen
Bread of Life Food Pantry	PathStone Corporation
Calvary Cupboard Food Pantry	Perry Food Pantry
Care-A-Van Ministries	Pioneer Association of Churches Food Pantry
Caring About Perry (CAP), Inc.	Salvation Army
Castile United Church of Christ Food Pantry	Silver Springs UMC Food Pantry & Clothing Closet
Catholic Charities	The Church in Alexander Food Pantry
City Church Food Pantry	The Goose Oakfield
Community Action of Orleans & Genesee	The Little Free Pantry
Community Action of Wyoming County	The Vine Church
Eat Smart New York – Cornell Cooperative Extension	Warrior House of WNY
Faith Power Mission	Warsaw Food Pantry
Feeding our Families Food Pantry-Oakfield	WIC Program Sites
Foodlink Pop-Up Pantries	YWCA My Sister’s Food Pantry
Hands 4 Hope Street Ministry	
Housing	
Genesee County Department of Social Services	Genesee Habitat for Humanity
Orleans County Department of Social Services	Genesee Valley Preservation Council
Wyoming County Department of Social Services	Independent Living of the Genesee Region
Arc GLOW	Ministry of Concern
Batavia Housing Authority	Neighborhood Legal Services
Catholic Charities	PathStone
Community Action of Orleans & Genesee	Peers Together
Community Action of Wyoming County	Salvation Army

DePaul Key Housing	YWCA of Genesee County
Inclusivity Services	
Genesee County Department of Social Services	Genesee GLOW Family Support - Hillside
Orleans County Department of Social Services	Genesee Justice Program
Wyoming County Department of Social Services	GLOW Out!
Genesee County Health Department – Early Intervention Services	Independent Living of the Genesee Region
Orleans County Health Department – Early Intervention Services	Neighborhood Legal Services
Wyoming County Health Department – Early Intervention Services	Restore Sexual Assault Services
Arc GLOW	Wyoming County- NY Connects
Disabled Client Assistance Program	
Libraries	
Arcade Free Library	Lee-Whedon Memorial Library
Byron- Bergen Public Library	Pavilion Public Library
Community Free Library	Perry Public Library
Cordelia A. Greene Library	Pike Library
Corfu Public Library	Richmond Memorial Library
Eagle Free Library	Stevens Memorial Community Library
Gainesville Public Library	Warsaw Public Library
Haxton Memorial Library	Woodward Memorial Library
Hoag Memorial Library	Wyoming Free Circulating Library Assoc.
Hollwedel Memorial Library	Yates Community Library
Media	
Herald Courier	The Daily News
Livingston News	Video News Service
Orleans Hub	WBTA
The Batavian	WCJW
The Canalside Radio	
Mental Health and Substance Use	
Genesee County Mental Health	Hope Haven- RRH
Orleans County Mental Health	Horizon Health Services
Wyoming County Mental Health	Mental Health Associations GOW Region
Celebrate Recovery Addiction Support Groups	Partners for Prevention
Clarity Wellness Community	Spectrum Health & Human Services
GOW CARES Alliance	The Recovery Station

GOW Pathway to Hope	Tobacco Free- GLOW
Hillside Family of Agencies	UConnectCare
Older Adults & Aging	
Genesee County- Office for the Aging	Orchard Rehabilitation & Nursing Center
Orleans County- Office for the Aging	Premier Genesee
Wyoming County- Office for the Aging	Retired and Senior Volunteer Program
Charlotte House	Skilled Nursing Facility, WCCH
Crossroads House	Suzanne's Comfort Care Home
East Side Nursing & Rehabilitation Center	The Cloisters
Genesee Senior Living	The Greens
Independent Living of the Genesee Region	The Grand Rehabilitation & Nursing
LeRoy Manor	The Villages of Orleans
Manor House	The Willows
Organizational	
Genesee County Interagency Council	Genesee County Chamber of Commerce
Orleans County Human Service Council	Orleans County Chamber of Commerce
Wyoming County Interagency Council	Wyoming County Chamber of Commerce
Recreation and Physical Activity Resources (parks, playgrounds, fitness facilities, YMCA)	
365 Fitness	Lakeside State Park
Arcade Fitness	Lake View Park
Arcade Village Park	Lambert Park
Attica Memorial Park	Letchworth State Park
Austin Park	Lions Park
Autism Nature Trail	MacArthur Park
Backyard Barbell Fitness Club	Medina Canal Basin Park
Barre Town Park	Medina Dog Park
Beaver Meadow Nature Center	Medina Skate Park
BeyonDriven Fitness and Performance	Mill Street Park
Blue Pearl Yoga	Orleans County Marine Park
Bullard Park	Orleans County YMCA
Bunnel Park	Pembroke Town Park
Butts Memorial Park	Perry Athletic Club
Carlton Hill Multiple Use Area	Perry Public Beach
Castile Village Park	Perry Village Park
Centennial Park	Pine Hill Fitness
Darien Lakes State Park	Pine Street Park
DeWitt Recreation Area	Planet Fitness
Eastern Orleans Community Center	Rose Acres Preserve
Erie Canalway Trail	Rotary Park

Erie Canal Park	Silver Fox Fitness
Flex Space Fitness and Event Center	Silver Lake State Park
Frost Ridge Park	Snap Fitness Medina
Genesee County Park and Forest	State Street Park
Genesee County YMCA	Studio 22 Fitness
Genesee Dance & Pilates	Swallow Hollow Trail
Genesee Valley Greenway Trail	The Club PiYo
Ghost Pond Preserve	The Fit Stop Fitness Center
Gillam Grant Community Center	The Hustl House
GLOW YMCA	The Whole Approach
Hartland Park	Thrive Fitness 24/7
Holley Falls/Canal Park	Trestle Park
Hometown Wellness Center	Trigon Park
House of Bounce	Veterans Memorial Park
Intentional Fitness	Village Spin
Iron Reps Gym	Warsaw Village Park
Iroquois National Wildlife Refuge	Whole Life Fitness
Jacked 24/7 Fitness Club	Williams Park
Java Veterans Park	Wyoming County YMCA
Kendall Community Park	Wyoming Village Park
Kiwanis Park	Yates Town Park
	Zoom Total Fitness
Transportation	
Genesee County DSS – Medical Transportation	Batavia Cab Company
Orleans County DSS – Medical Transportation	Caring Harts Transportation
Wyoming County DSS – Medical Transportation	Community Action of Orleans and Genesee- Transportation System
Genesee County Office for the Aging	Community Action for Wyoming County
Orleans County Office for the Aging	Independent Living of the Genesee Region
Wyoming County Office for the Aging	Kozy Kab
RTS Genesee Transit Service	Medina Transport Taxi
RTS Orleans Transit Service	Peers Together of Wyoming County- Peer Wheels
RTS Wyoming Transit Service	Plan B Express Transit
Genesee County School Districts	Genesee Valley BOCES
Orleans County School Districts	Orleans/Niagara BOCES
Wyoming County School Districts	Preschool Special Education Program
CORE The Learning Center	Project Read of Wyoming
Genesee Community College- SUNY	WNY R- AHEC

Veterans	
Genesee County Veterans Service Agency	Batavia VA Medical Center
Orleans County Veterans Service Agency	NYS Veterans Home at Batavia
Wyoming County Veteran Services	

****Is not an all-inclusive list of assets and resources**

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

Major Community Health Needs

Based on the findings of the Community Health Assessment, the major health needs identified across the GOW region include mental health challenges; substance use and trauma; chronic diseases and physical health concerns; gaps and barriers to healthcare access; preventive health and health literacy; education and youth programs; housing instability and limited social supports; transportation limitations; food insecurity; stigma; isolation; stress; and other daily living challenges.

Prioritization Methods

Description of Prioritization Process:

To determine the priority areas for the GOW region, a systematic and collaborative approach was employed. As part of the Community Health Survey, respondents were asked to identify the areas they believed should be the primary focus for regional health improvement. Participants were provided with a list of 24 potential priority areas from which they could select their top concerns. Based on the survey results, the 12 most frequently identified areas were advanced for further consideration.

The Steering Committee and Community Workgroup then reviewed these top 12 priorities to assess their relevance, alignment with regional health data, and potential impact. Thirty workgroup members participated in a formal voting process to narrow the list down to six, after which the Steering Committee convened to evaluate the practicality, feasibility, and sustainability of addressing each area. Through this evidence-based and consensus-driven process, three final priority areas were selected to guide the Community Health Improvement Plan.

Community Engagement:

The selection of new priority areas for the GOW region was guided by a comprehensive community engagement process designed to capture both quantitative and qualitative perspectives. Community members were invited to participate in the Community Health Survey, where they were asked to identify the areas they believed should be the focus of regional health improvement. In addition, community conversations were held to gather input from residents in a group setting, allowing for in-depth discussion of local health concerns. Key informant interviews were also conducted with community leaders, service providers, and stakeholders who possess specialized knowledge of regional health and social service needs.

Feedback from these multiple engagement methods was systematically reviewed and synthesized by the Steering Committee and Community Workgroup. Survey results provided an initial ranking of priority areas, while insights from conversations and interviews helped contextualize the data, highlighting emerging concerns, barriers, and community perspectives. This combined approach ensured that the final selection of

priorities was both evidence-based and reflective of the lived experiences and needs of residents across the GOW region, strengthening the relevance, feasibility, and community support for the Community Health Improvement Plan.

Justification for Unaddressed Health Needs:

In selecting the priority areas for the Community Health Improvement Plan, certain health needs were not addressed directly. The Steering Committee intentionally focused on broader priority areas that were expected to have a positive, indirect impact on other related health concerns. By targeting these overarching areas, the plan aims to maximize resources and effectiveness while acknowledging that many health needs are interconnected. Health issues not selected as primary priorities are still recognized as important, and efforts to address them may be incorporated through initiatives that align with the broader focus areas.

Action Plan

For each priority area that will be addressed, the Action Plan includes a summary of actions and impact, geographic focus, resource commitment, participants roles, and health equity.

Priority 1: Poverty

- Actions and Impact: The local health departments will partner with community-based organizations to develop a resource guide that can be posted on websites and distributed to clinics, hospitals, libraries, and pharmacies, providing information on available community resources. The local hospitals will assist partners in promoting the guide. This initiative aims to increase awareness of resources, enhance collaboration, broaden reach and accessibility, improve health and well-being, and potentially reduce health disparities.
- Geographic Focus: The initiative will target the entire GOW region, with particular emphasis on the rural outskirts to ensure that residents in more remote areas have access to the resource guide.
- Resource Commitment: The hospitals and local health departments will allocate resources to support this initiative, including staff time dedicated to developing, promoting, and conducting community outreach for the resource guide.
- Participant Roles: Other community-based programs and partners will assist by reviewing the resource guide for inclusivity and helping to promote it throughout the community.
- Health Equity: The resource guide helps reduce health disparities by increasing access to information about essential services for underserved and vulnerable populations. By consolidating resources on topics such as healthcare, mental health, nutrition, housing, and social support, the guide ensures that all community members, regardless of income, race, age, or geographic location, can identify and access services they need.

Priority 2: Anxiety and Stress

- Actions and Impact: The hospitals and local health departments will promote CredibleMind, a digital mental wellness platform designed to support prevention, early intervention, self-care, and access to resources. This initiative aims to increase awareness of mental health supports, empower individuals to manage their well-being, and facilitate timely connection to appropriate services.
- Geographic Focus: The initiative will target the entire GOW region, with particular emphasis on the rural outskirts to ensure that residents in more remote areas have access to mental wellness resources.
- Resource Commitment: The local health departments and hospitals will allocate resources to support this initiative, including costs associated with printing and distributing promotional materials, as well as staff time dedicated to community outreach and promotion.
- Participant Roles: Other community-based organizations will also assist by promoting these resources to the consumers they directly serve, helping to expand reach and ensure that information is accessible to diverse populations throughout the county.
- Health Equity: This initiative is designed to reduce health disparities by increasing access to mental wellness resources for populations that may face barriers to care, including residents in rural and underserved areas. By providing digital tools like CredibleMind, promoting self-care, prevention, and early intervention, and partnering with local community organizations, the initiative ensures that mental health support reaches individuals who might otherwise have limited access to services. Targeted outreach and community-based promotion help address geographic, social, and systemic barriers, contributing to more equitable mental health outcomes across the county.

Priority 3: Preventive Services for Chronic Disease Prevention and Control

- Actions and Impact: The hospital and local health departments will partner with community organizations and conduct targeted outreach to promote preventive screenings and chronic disease management programs. These efforts are expected to increase participation, support early detection, and help reduce health disparities.
- Geographic Focus: The intervention will target the entire GOW region, with particular emphasis on reaching residents in rural and underserved areas to improve access to preventive screenings and chronic disease management programs.
- Resource Commitment: The local health departments and hospitals will allocate resources including staff time for outreach and coordination, costs for promotional materials, and support for organizing and facilitating preventive screening events in the community.
- Participant Roles: Community-based organizations and other local stakeholders will support the initiative by promoting preventive screenings and chronic disease management programs to the populations they directly serve. Their contributions

may include staff time for outreach, providing venues for events, assisting with participant recruitment, and sharing educational materials. These partnerships help extend the reach of the initiative, increase community engagement, and ensure that services are accessible to diverse populations across the county.

- Health Equity: This initiative targets health disparities by focusing on populations who face barriers to accessing preventive services, including residents in rural and underserved areas. By partnering with community-based organizations, providing outreach in multiple locations, and promoting screenings and chronic disease management programs, the initiative helps reduce geographic, social, and systemic barriers to care. These efforts are expected to improve early detection, support disease management, and contribute to more equitable health outcomes across the county.

Partner Engagement

The progress of the Community Health Improvement Plan will be regularly monitored in collaboration with community partners throughout the Prevention Agenda cycle. Key stakeholders and partners will participate in scheduled quarterly meetings to assess implementation, track performance measures, and evaluate progress toward objectives. Data collected from these activities will inform decision-making, and if needed, mid-course corrections will be made to adjust strategies, reallocate resources, or refine activities to ensure the plan remains effective and responsive to emerging community needs.

Sharing Findings with Community

The Executive Summary of the 2025–2030 Genesee, Orleans, and Wyoming County CHA/CHIP/CSP will be made publicly available through multiple channels. It will be accessible on the local health department websites and the websites of each partner hospital. Key stakeholder groups, including the GOW CARES Alliance, GOW Suicide Prevention Coalitions, Interagency Councils, and the Human Services Council, will also receive the document. Local media outlets will be notified through a press release, and the community will be encouraged to provide feedback prior to formal submission to New York State.

F. 2025-2030 Prevention Agenda Workplan

Domain: Economic Stability

Priority: Poverty

Prevention Agenda Objective 1.0: Reduce the percentage of people living in poverty from 13.6% to 12.5%.

Intervention	Disparity	Family of Measures	Implementation Partner	Partner Role(s) and Resources
Develop a resource guide that can be posted on websites and distributed at clinics, hospitals, libraries, and pharmacies to include information on community.	Rural-Genesee, Orleans, and Wyoming Counties	Number of website visits	Local health departments Hospitals	The local health departments and hospitals will dedicate staff time to develop, promote, and conduct outreach for the resource guide, while community-based partners will review it for inclusivity and help promote it throughout the community.

Domain: Social & Community Context

Priority: Anxiety and Stress

Prevention Agenda Objective 5.0: Decrease the percentage of adults who experience frequent mental distress from 13.4% to 12.0%.

Intervention	**Disparity**	**Family of Measures**	**Implementation Partner**	**Partner Role(s) and Resources**
Promote resilience-building strategies for people living with chronic illness by enhancing protective factors, such as independence, social support, positive explanatory styles, self-care, self-esteem, reduced anxiety.	Rural-Genesee, Orleans, and Wyoming Counties	Number of website visits	Local health departments	The local health departments will promote and allocate resources, including staff time and promotional materials, to increase awareness, empower individuals to manage their well-being, and facilitate timely connection to appropriate mental health services. Local hospitals and community-based organizations will assist with promotion.

Domain: Healthcare Access & Quality

Priority: Preventive Services for Chronic Disease Prevention and Control

Prevention Agenda Objective 33.0: Increase the percentage of adults aged 45 to 75 years who are up to date on their colorectal cancer screening based on the most recent guidelines from 73.7% to 82.3%.

Intervention	**Disparity**	**Family of Measures**	**Implementation Partner**	**Partner Role(s) and Resources**
Partner with community-based organizations to promote access to prevention and screening services.	Rural-Genesee, Orleans, and Wyoming Counties	Number of screenings in areas that are underserved.	Community-based organizations	Community-based organizations and other local stakeholders will support the initiative by promoting preventive screenings and chronic disease management programs to the populations they directly serve. Their contributions may include staff time for outreach, providing venues for events, assisting with participant recruitment, and sharing educational materials. These partnerships help extend the reach of the initiative, increase community engagement, and ensure that services are accessible to diverse populations across the region.

Appendix A: Steering Committee Members

Steering Committee Members		
Name	Organization	Contact
Paul Pettit	Genesee and Orleans County Health Departments (GO Health)	Paul.Pettit@orleanscountyny.gov
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Laura Paolucci	Wyoming County Health Department	lpaolucci@wyomingcountyny.gov
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Elly Snyder		esnyder@wyomingcountyny.gov
Laurie Ferrando	Rochester Regional at United Memorial Medical Center	Laurie.Ferrando@rochesterregional.org
Scott Robinson	Orleans Community Health	SRobinson@medinamemorial.org
Bridget Givens	Wyoming County Community Health System	bgivens@wcchs.net
Melanie Rhodes	WNY Rural-AHEC	mrhodes@r-ahec.org
Rae Frank	Independent Living of the Genesee Region	rfrank@wnyil.org
April Fearby		afearby@wnyil.org
Karen Kinter		kkinter@oochc.org

Estella Sanchez-Cacique	Oak Orchard Health	esanchez-cacique@oochc.org
John Gardner		jgardner@oochc.org
Ellen Sorce		esorce@oohc.org

Appendix B: Community Workgroup Members

Community Workgroup Members		
Name	Organization	Contact
Ashley Greene	Genesee County CASA for Children	director@geneseecountycasa.org
Brittany Bozzer	Tobacco Free GOW/Roswell Park Cancer Institute	Brittany.Bozzer@RoswellPark.org
Christine Lane	Spectrum Health and Human Services	lanec@shswny.org
David Dodge	Community Member	ddconsults2019@gmail.com
David Linder	Wyoming County Sheriff's Office	DLInder@wyomingco.net
Don Snyder	Orleans-Recovery Hope Begins Here	chpdon@gmail.com
Erik Fix	City of Batavia	efix@batavianewyork.com
	Family Life Church in Warsaw	FLCWARSAW@gmail.com
Holli Nenni	Department of Social Services- Orleans County	Holli.Nenni@orleanscountyny.gov
Julie Calvert	Roswell Park Cancer Institute	Julianne.Calvert@Roswellpark.org
Julie Donlon	Genesee Valley BOCES	jdonlon@gvboces.org
	Just Kings	justkings2020@gmail.com
Kathryn Kibler	Wyoming County Public Defender's Office	kkibler@wyomingcountyny.gov
Kelly Dryja	Mental Health Department, Wyoming County	kdryja@wyomingcountyny.gov
Kevin Aldrich	United Memorial Medical Center	kaldrich@ummc.org
Kevin MacDonald	Genesee Valley BOCES	kmacdonald@gvboces.org
Lauren Berger	GLOW OUT!	director@glowout.org
Matthew Hilton	GLOW YMCA Association	MHilton@geneseeymca.org

Melissa Blanar	Office for the Aging- Orleans County	Melissa.Blanar@orleanscountyny.gov
Renee Hungerford	Genesee and Orleans Community Action	rhungerford@caoginc.org
Sabrina Wright	Partners for Prevention	swright@wyomingcountyny.gov
Sara Andrew	Veterans Association Western New York Healthcare System	Sara.Andrew@va.gov
Sarah Merritt	University of Rochester Medical Center	Sarah_Merritt@URMC.Rochester.edu
Scott Gardner	Wyoming County Chamber of Commerce	sgardner@wyocochamber.org
Shannon Ford	UConnectCare	sford@uconnectcare.org
Shannon Waddell	Roswell Park Cancer Institute	Shannon.Waddell@RoswellPark.org
Sheila Harding	UConnectCare	sharding@uconnectcare.org
Sue Gagne	GOW CARES Alliance	sgagne@uconnectcare.org
Susan Zeliff	The Goose- Oakfield	warriorhouseofwny@gmail.com
Tess Phillips	Wyoming County Office for the Aging and Youth Bureau	tphillips@wyomingcounty.gov
Victoria Tiebor	Wyoming County Community Action	Vtiebor@wccainc.org

Appendix C: Community Health Assessment Survey

The survey was offered in Spanish and could be completed on paper or online through SurveyMonkey.

The Genesee, Orleans and Wyoming County Health Departments and Hospitals are currently working with community partners to gather information from residents to help with public health planning. Please take a few minutes to fill out this survey; your responses will help us identify services in our communities that are working and ones that need to be improved. This survey will take about 15 minutes to complete. Please be assured your responses are completely anonymous. If you don't feel comfortable answering a question, please feel free to skip it and move on to the next one.

If you have any questions or if you need assistance with taking this survey, please reach out to your county contact below:

Genesee County- Sherri at 585-344-2580 x5528 or Sherri.Bensley@geneseeny.gov

Orleans County- Nola at 585-589-3162 or Nola.Goodrich-Kresse@orleanscountyny.gov

Wyoming County- Allison at 585-786-8890 or arobb@wyomingcountyny.gov

1. Where do you get most of your health information? Select up to 3.
   - ☐ Medical provider
   - ☐ School nurse or health teacher
   - ☐ Community health worker/promotora
   - ☐ Talking with friends and family
   - ☐ Social media (e.g., Facebook, Twitter/X, YouTube, TikTok)
   - ☐ Internet (e.g., Google, national news website)
   - ☐ TV, radio, or streaming services (e.g., Netflix, Hulu)
   - ☐ My health insurance company or workplace
   - ☐ Print media (e.g., newspapers, magazines, books)
   - ☐ Digital newspaper (e.g., OrleansHUB, Video News Service, The Batavian)
   - ☐ Social Services, Head Start, WIC, or other community program
   - ☐ Other (please specify) _____

2. If you **didn't see a primary care provider** in the past year, what were the main reasons? Select all that apply.
   - ☐ Not applicable. (I did see a primary care provider in the past year.)
   - ☐ I didn't need to go

- ☐ Too expensive or not covered by insurance
- ☐ Unable to find a local provider
- ☐ Couldn't find a provider I liked
- ☐ Didn't know where to go to get the care I needed
- ☐ Wasn't able to get through to a provider
- ☐ Couldn't get a referral
- ☐ Long wait times for appointments
- ☐ Medical staff didn't speak my language
- ☐ No accommodations for people with disabilities
- ☐ Hours - They weren't open when I could get there
- ☐ Couldn't get time off from work
- ☐ Didn't have any childcare
- ☐ Didn't have transportation
- ☐ Fear of judgment
- ☐ Fear of discrimination
- ☐ Other reason (please explain) _____

3. On average, how would you rate your physical health?
   - ○ Very good
   - ○ Good
   - ○ Fair
   - ○ Poor

4. Which, if any, of the following would help you become more active? Select all that apply.
   - ☐ Discounts for exercise programs or gym memberships
   - ☐ A friend or group to exercise with
   - ☐ Safe place to walk or exercise
   - ☐ Individual instruction/personal trainer
   - ☐ Addressing a chronic disease or other physical limitation
   - ☐ Information about local exercise opportunities or gym memberships
   - ☐ Workplace program or equipment
   - ☐ Transportation
   - ☐ Activities you can do with your children or programs with childcare

- ☐ More motivation
- ☐ More personal time
- ☐ None of the above
- ☐ Other (please specify): _____

5. Does anything keep you from eating more fruits and vegetables every day? Select all that apply.
   - ☐ It's too expensive
   - ☐ I prefer to eat other foods
   - ☐ Takes too long to prepare
   - ☐ Stores that sell them are too far away/too hard to get to
   - ☐ Poor quality of fruits and vegetables available
   - ☐ They go bad too quickly
   - ☐ I'm not sure how to cook/prepare them
   - ☐ My family doesn't like them
   - ☐ I have dietary restrictions/allergies
   - ☐ I think I eat enough fresh fruits and vegetables
   - ☐ Other (please explain) _____
6. On average, how would you rate your mental/emotional health?
   - ○ Very good
   - ○ Good
   - ○ Fair
   - ○ Poor
7. If you **didn't get the mental healthcare and/or substance use help** you needed in the past year, what were the main reasons? Select all that apply.
   - ☐ Not applicable. (I didn't need mental healthcare and/or substance use help, or I got the mental healthcare and/or substance use help I needed.)
   - ☐ Too expensive or not covered by insurance
   - ☐ Unable to find a local provider
   - ☐ Couldn't find a provider I liked
   - ☐ Didn't know where to go to get the care I needed
   - ☐ Wasn't able to get through to a provider

- ☐ Couldn't get a referral
- ☐ Long wait times for appointments
- ☐ Medical staff didn't speak my language
- ☐ No accommodations for people with disabilities
- ☐ Hours - They weren't open when I could get there
- ☐ Couldn't get time off from work
- ☐ Didn't have any childcare
- ☐ Didn't have transportation
- ☐ Fear of judgment
- ☐ Fear of discrimination
- ☐ Other (please explain) _____

8. In the past year, which of these **substances** have you used? Select all that apply.
   - ☐ Alcohol
   - ☐ Nicotine products (e.g., cigarettes, vapes, smokeless tobacco)
   - ☐ Marijuana/cannabis
   - ☐ Stimulants (e.g., cocaine, meth, amphetamines, "bath salts")
   - ☐ Street opioids (e.g., heroin, fentanyl)
   - ☐ Hallucinogens (e.g., ketamine, mushrooms, LSD, PCP)
   - ☐ Kratom
   - ☐ Tianeptine (e.g., Neptune's Fix, Tianaa, Pegasus)
   - ☐ None of the above

9. In the past year, which of these **medications** have you used **for non-medical reasons, that weren't prescribed to you, or more than you were supposed to?** Select all that apply.
   - ☐ Anxiety medication (e.g., benzos, Xanax)
   - ☐ Over-the-counter medications (e.g., Robitussin, Coricidin, NyQuil, Sudafed)
   - ☐ Stimulants (e.g., Ritalin, Adderall)
   - ☐ Prescription opioids (e.g., Oxycodone, Percocet)
   - ☐ None of the above

10. If you selected any of the substances and/or medications in the previous two questions (questions 8 and 9), what are the reasons you used these substances and/or medications? Select all that apply.

- ☐ Stress
- ☐ Social reasons
- ☐ Chronic pain
- ☐ Mental illness
- ☐ Need to stay awake or get to sleep
- ☐ I feel sick without it
- ☐ I'd like to quit but haven't been able to yet
- ☐ I don't use substances for non-medical reasons
- ☐ Other _____

11. If you were to have a loved one who is struggling with mental illness, what would you likely do to help? Select all that apply.
    - ☐ Check on my loved one and talk with them about how they're feeling
    - ☐ Ask my loved one if they are having thoughts of suicide
    - ☐ Provide my loved one with the suicide and crisis lifeline number, 988
    - ☐ Ask my loved one if we can secure their gun(s) in a safe place, or provide them with gun locks
    - ☐ Encourage my loved one to get mental health treatment
    - ☐ Encourage my loved one to take medication for their mental illness (e.g., antidepressants)
    - ☐ I wouldn't know what to do or where to start
    - ☐ Other _____
12. If you were to have a loved one who is struggling with substance use, what would you likely do to help? Select all that apply.
    - ☐ Carry Narcan (naloxone) with me or keep it in my home to reverse an overdose
    - ☐ Encourage my loved one to test the drugs they use for fentanyl, to prevent an overdose
    - ☐ Encourage my loved one to never use drugs alone
    - ☐ Encourage my loved one to take medication for their substance use (e.g., methadone, buprenorphine/Suboxone)
    - ☐ Encourage my loved one to talk to their doctor or go to rehab
    - ☐ I wouldn't know what to do or where to start
    - ☐ Other _____

13. What **health challenges** have you or a household member experienced in the past year? Select all that apply.

- ☐ Cancer
- ☐ Chronic disease (e.g., diabetes, heart disease, high blood pressure, asthma)
- ☐ Dental problems
- ☐ Injury
- ☐ Infectious disease (e.g., food poisoning, hepatitis, respiratory illnesses, pneumonia)
- ☐ Issues related to an intellectual/developmental disability
- ☐ Issues related to aging (e.g., arthritis, hearing/vision loss, falls, dementia)
- ☐ Lack of physical activity
- ☐ Mental illness (e.g., depression, anxiety, PTSD, suicidal thoughts)
- ☐ Overweight/obesity
- ☐ Problems with reproductive health (e.g., sexually transmitted infections, lack of contraception, pregnancy or childbirth complications, premature birth, birth defects)
- ☐ Issues related to a physical disability
- ☐ Substance use (e.g., drugs, alcohol, tobacco/vaping)
- ☐ Other (please specify) _____
- ☐ None of these apply to my family or me

14. What **social challenges** have you or a household member experienced in the past year? Select all that apply.

- ☐ Bullying
- ☐ Child abuse/neglect
- ☐ Crime/vandalism
- ☐ Discrimination (based on, e.g., gender, sexual orientation, disability, race, religion, age 40+)
- ☐ Domestic violence
- ☐ Elder abuse/neglect
- ☐ Homelessness
- ☐ Hunger/food insecurity
- ☐ Incarceration (jail/prison)
- ☐ Unemployment
- ☐ Unsafe driving (e.g., texting and driving, driving while intoxicated)

- ☐ Social isolation
- ☐ Stress
- ☐ Violence or sexual assault
- ☐ Other (please specify) _____
- ☐ None of these apply to my family or me

15. What **services or opportunities** have you or a household member **lacked access** to in the past year? Select all that apply.
    - ☐ Affordable, safe housing
    - ☐ Childcare
    - ☐ Employment opportunities
    - ☐ Healthy, affordable food
    - ☐ High-speed internet
    - ☐ Livable wage
    - ☐ Safe recreational areas
    - ☐ Safe streets (e.g., sidewalks, crosswalks, bike lanes, traffic calming)
    - ☐ Support/resources for people with intellectual/developmental disabilities
    - ☐ Support/resources for people with mental illness/substance use problems
    - ☐ Support/resources for people with physical limitations/disabilities
    - ☐ Support/resources for reproductive health, prenatal care, and parents
    - ☐ Support/resources for seniors
    - ☐ Support/resources for youth
    - ☐ Transportation
    - ☐ Other (please specify) _____
    - ☐ None of these apply to my family or me

16. As a child growing up, did you experience any of the following? Select all that apply.
    - ☐ Physical abuse
    - ☐ Emotional abuse
    - ☐ Sexual abuse
    - ☐ Physical neglect
    - ☐ Emotional neglect
    - ☐ Mother was physically abused
    - ☐ Mental illness in the household

- ☐ Substance misuse or alcoholism in the household
- ☐ Household member incarcerated
- ☐ Parents separated or divorced
- ☐ I didn't experience any of these as a child

17. When you imagine a **strong, vibrant, healthy community**, what are the **most important** features you think of? Select up to 3.
    - ☐ Affordable and accessible healthy food
    - ☐ Affordable housing
    - ☐ Clean environment
    - ☐ Community events
    - ☐ Diversity is welcomed
    - ☐ Good and affordable childcare
    - ☐ Good schools
    - ☐ High quality healthcare services
    - ☐ Job opportunities and livable wages
    - ☐ Mental/behavioral health services
    - ☐ Parks & recreation resources
    - ☐ Safe environment
    - ☐ Senior housing and services
    - ☐ Transportation options
    - ☐ Walkable & bike-friendly communities
    - ☐ Other (please specify)
      _____

18. What do you think the **health priorities for your community** should be? Select up to 5.
    - ☐ Poverty
    - ☐ Unemployment
    - ☐ Nutrition security (ability to access and afford healthy food)
    - ☐ Housing stability and affordability
    - ☐ Anxiety and stress
    - ☐ Suicide
    - ☐ Depression
    - ☐ Drug misuse and overdose

- ☐ Tobacco/e-cigarette use
- ☐ Alcohol use
- ☐ Adverse childhood experiences (e.g. abuse, neglect, divorce, other trauma)
- ☐ Healthy eating
- ☐ Access to opportunities for physical activity
- ☐ Access to community services and support
- ☐ Injuries and violence
- ☐ Access to prenatal care
- ☐ Preventing infant and maternal deaths
- ☐ Preventing chronic diseases (e.g., diabetes, heart disease, cancer)
- ☐ Dental health (e.g., routine visits, water fluoridation)
- ☐ Preventative services for children (e.g., immunization, lead screening)
- ☐ Early intervention for children with disabilities/developmental delays
- ☐ Childhood behavioral health
- ☐ Promoting health and wellness in schools (e.g., healthy school meals, counseling and mentoring, timely immunization)
- ☐ Opportunities for continued education (e.g., GED programs, transitional and vocational programs, reskilling/retraining programs, adult literacy)
- ☐ Other (please specify)

  _____

19. When you think about **environmental challenges in the community** where you live, what are you most concerned about? Select up to 3.

- ☐ Agricultural runoff (e.g., manure, pesticides)
- ☐ Air pollution
- ☐ Drinking water quality
- ☐ Exposure to tobacco and/or marijuana smoke
- ☐ Extreme weather (e.g., flooding, tornadoes, blizzards, droughts, rising temperatures)
- ☐ Failing septic systems
- ☐ Flooding/soil drainage
- ☐ Foodborne disease
- ☐ Home safety
- ☐ Lead hazards
- ☐ Nuisance wildlife/stray animals (e.g., rodents, bats in homes)

- ☐ Radon
- ☐ School safety
- ☐ Stream, river, lake quality
- ☐ Street sanitation
- ☐ Vector-borne diseases (e.g., mosquitos, ticks)
- ☐ I don't think my community has any environmental challenges
- ☐ Other (please specify)
  _____

20. What county do you live in?
    - ○ Genesee
    - ○ Orleans
    - ○ Wyoming
    - ○ Other (please specify) _____

21. What zip code do you live in? _____

22. What is your age?
    - ○ Under 18
    - ○ 18-39
    - ○ 40-59
    - ○ 60 and over

23. What gender do you identify with?
    - ○ Female
    - ○ Male
    - ○ Non-binary
    - ○ Other _____

24. What is your race/ethnicity? Select all that apply.
    - ☐ American Indian or Alaska Native
    - ☐ Asian
    - ☐ Black or African American
    - ☐ Hispanic or Latino
    - ☐ Middle Eastern or North African
    - ☐ Native Hawaiian or Pacific Islander

☐ White

☐ Other (please specify) _____

25. What is the highest level of education you completed?
    - ○ Some high school
    - ○ High school diploma or GED
    - ○ Technical or trade school certificate
    - ○ Some college
    - ○ Associate's degree
    - ○ Bachelor's degree
    - ○ Graduate degree

26. Have you ever served in the Armed Forces?
    - ○ Yes
    - ○ No

27. What is your annual household income from all sources?
    - ○ Less than $15,000
    - ○ $15,000 - $39,000
    - ○ $40,000 - $64,000
    - ○ $65,000 - $99,000
    - ○ $100,000 - $199,000
    - ○ $200,000 +

28. Do you have a physical, mental, or intellectual disability (either diagnosed or self-identified)?
    - ○ Yes
    - ○ No

Thank you for your time. It means a lot to our planning team.

Appendix D: Community Health Assessment Survey Report

Genesee, Orleans, and Wyoming Counties

Community Survey Analysis Report

2025

About the Survey

The Genesee, Orleans, and Wyoming (GOW) County Health Departments, in partnership with Rochester Regional Health at United Memorial Medical Center (UMMC), Orleans Community Health (OCH), and the Wyoming County Community Health System (WCCHS), are committed to improving the health and well-being of residents across the GOW region. In accordance with the Affordable Care Act and New York State Department of Health (NYSDOH), local hospitals and health departments conduct a Community Health Assessment (CHA) every six years to identify key health concerns.

As part of this process, the Community Health Survey gathers detailed insights into the health status, needs, and priorities of the community. These findings are incorporated into the CHA, which outlines local demographics, health indicators, and emerging issues. The information then informs the development of a Community Health Improvement Plan (CHIP), which guides future health programming and resource allocation within the community.

Through the Community Health Assessment (CHA), the GOW County Health Departments, together with UMMC, OCH, WCCHS, and other community partners, work to better understand the health needs and concerns of the tri-county region and identify the resources needed to address them effectively. To ensure input from all sectors of the community, the survey was developed in both English and Spanish and distributed in print at a variety of locations, including libraries, county buildings, health centers, schools, faith-based organizations, community events, and local businesses. An electronic version of the survey, created using SurveyMonkey, was also shared through online platforms such as social media, health department websites, and partner websites, and made accessible via a QR code. Survey responses were collected between January and April 2025.

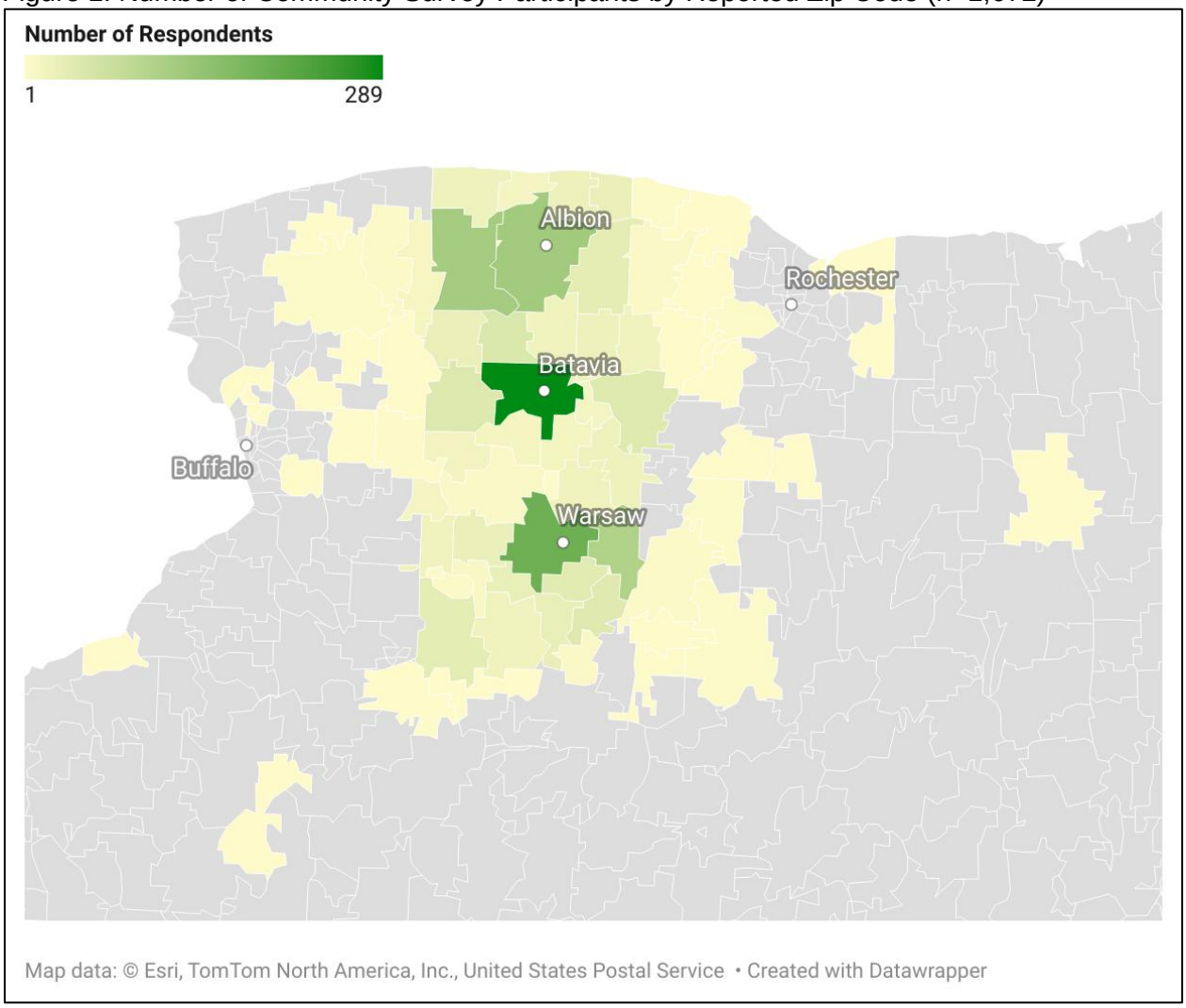
The Community Health Survey responses were analyzed, and data was made accessible to community health partners and members of the public. While the tables below include responses from GOW and non-GOW respondents, all the figures, except for Figure 1, include data from GOW respondents only. The tables are sorted based on the ‘All Participants’ columns. Notations related to “Other” responses were only summarized when trends/commonalities were identified among written responses.

Table 1. Community Survey Respondent and Regional Level Demographics								
	Genesee County Respondents n (%)	**Genesee County Population* n (%)**	**Orleans County Respondents n (%)**	**Orleans County Population* n (%)**	**Wyoming County Respondents n (%)**	**Wyoming County Population* n (%)**	**All Survey Respondents n (%)**	**New York State Population* n (%)**
Total Respondents	**N=628**	-	**N=396**	-	**N=678**	-	**N=1,996**	-
Age, years	**n=627**	**n=57,943**	**n=389**	**n=39,686**	**n=675**	**n=39,980**	**n=1,751**	**n=19,872,319**
Under 18	6 (0.96)	11,842 (20.44)	3 (0.77)	7,591 (19.13)	3 (0.44)	7,477 (18.70)	12 (0.69)	4,109,277 (20.68)
18-39	174 (27.75)	15,391 (26.56)	76 (19.54)	10,627 (26.78)	164 (24.30)	10,951 (27.39)	438 (25.01)	5,920,172 (29.79)
40-59	226 (36.04)	14,666 (25.31)	140 (35.99)	11,011 (27.75)	276 (40.89)	10,381 (25.97)	661 (37.75)	5,060,762 (25.47)
60 and over	221 (35.25)	16,044 (27.69)	170 (43.70)	10,457 (26.35)	232 (34.37)	11,171 (27.94)	640 (36.55)	4,782,108 (24.06)
Gender	**n=622**	**n=57,943**	**n=386**	**n=39,686**	**n=663**	**n=39,980**	**n=1,732**	**n=19,872,319**
Female	445 (71.54)	28,747 (49.61)	288 (74.61)	19,591 (49.37)	485 (73.15)	18,551 (46.40)	1,258 (72.63)	10,169,902 (51.18)
Male	172 (27.65)	29,196 (50.39)	96 (24.87)	20,095 (50.63)	172 (25.94)	21,429 (53.60)	461 (26.62)	9,702,417 (48.82)
Non-binary	5 (0.80)	-	2 (0.52)	-	6 (0.90)	-	13 (0.75)	-
Other	0 (0)	-	0 (0)	-	0 (0)	-	0 (0)	-
Race	**n=618**	**n=57,943**	**n=391**	**n=39,686**	**n=660**	**n=39,980**	**n=1,729**	**n=19,872,319**
White alone	552 (89.32)	51,950 (89.66)	366 (93.61)	34,742 (87.54)	633 (95.91)	35,866 (89.71)	1,607 (92.94)	11,340,944 (57.07)
Black or African American alone	20 (3.24)	1,057 (1.82)	3 (0.77)	1,832 (4.62)	1 (0.15)	1,532 (3.83)	26 (1.50)	2,927,008 (14.73)
American Indian or Alaska Native alone	8 (1.29)	223 (0.38)	0 (0)	177 (0.45)	8 (1.21)	62 (0.16)	16 (0.93)	102,927 (0.52)
Asian alone	4 (0.65)	408 (0.70)	0 (0)	266 (0.67)	2 (0.30)	252 (0.63)	6 (0.35)	1,769,224 (8.90)
Native Hawaiian or Pacific Islander alone	0 (0)	4 (0.01)	1 (0.26)	0 (0)	0 (0)	0 (0)	1 (0.06)	9,671 (0.05)
Middle Eastern or North African alone	1 (0.16)	-	1 (0.26)	-	0 (0)	-	2 (0.12)	-
Other Race alone	2 (0.32)	660 (1.14)	0 (0)	869 (2.19)	0 (0)	1,146 (2.87)	2 (0.12)	1,949,904 (9.81)
Two or more races	23 (3.72)	3,641 (6.28)	12 (3.07)	1,800 (4.54)	10 (1.52)	1,122 (2.81)	47 (2.72)	1,772,641 (8.92)
Ethnicity	**n=618**	**n=57,943**	**n=391**	**n=39,686**	**n=660**	**n=39,980**	**n=1,729**	**n=19,872,319**
Hispanic or Latino	13 (2.10)	2,743 (4.73)	12 (3.07)	2,078 (5.24)	12 (1.82)	1,441 (3.60)	37 (2.14)	3,898,652 (19.62)

	Genesee County Respondents n (%)	Genesee County Population* n (%)	Orleans County Respondents n (%)	Orleans County Population* n (%)	Wyoming County Respondents n (%)	Wyoming County Population* n (%)	All Survey Respondents n (%)	New York State Population* n (%)
Education Level	**n=619**	**n=46,101**	**n=392**	**n=32,095**	**n=671**	**n=32,503**	**n=1,744**	**n=15,763,042**
Some High School	22 (3.55)	3,367 (7.30)	5 (1.28)	4,384 (13.66)	12 (1.79)	4,243 (13.05)	39 (2.24)	1,870,087 (11.86)
High School Diploma or GED	81 (13.09)	17,101 (37.09)	51 (13.01)	13,099 (40.81)	130 (19.37)	12,306 (37.86)	265 (15.19)	3,958,268 (25.11)
Technical or Trade School	25 (4.04)	-	13 (3.32)	-	40 (5.96)	-	81 (4.64)	-
Some College	90 (14.54)	15,324 (33.24)	59 (15.05)	9,246 (28.81)	94 (14.01)	10,216 (31.43)	248 (14.22)	4,062,363 (25.77)
Associate's Degree	125 (20.19)		73 (18.62)		139 (20.72)		346 (19.84)	
Bachelor's Degree	158 (25.53)	10,309 (22.36)	107 (27.30)	5,366 (16.72)	134 (19.97)	5,738 (17.65)	413 (23.68)	5,872,324 (37.25)
Graduate Degree	118 (19.06)		84 (21.43)		122 (18.18)		352 (20.18)	
Household Income	**n=597**	**n=24,769**	**n=377**	**n=16,208**	**n=632**	**n=16,263**	**n=1,667**	**n=7,668,956**
Less than $15,000	49 (8.21)	2,011 (8.12)	9 (2.39)	1,539 (9.50)	23 (3.64)	1,195 (7.35)	82 (4.92)	745,542 (9.72)
$15,000-$39,000	124 (20.77)	**$15,000-$34,999:** 3,423 (13.82)	45 (11.94)	**$15,000-$34,999:** 2,625 (16.20)	119 (18.83)	**$15,000-$34,999:** 2,532 (15.57)	294 (17.64)	**$15,000-$34,999:** 975,691 (12.72)
$40,000-$64,000	122 (20.44)	**$35,000-$74,999:** 7,356 (29.70)	94 (24.93)	**$35,000-$74,999:** 4,980 (30.73)	139 (21.99)	**$35,000-$74,999:** 5,079 (31.23)	368 (22.08)	**$35,000-$74,999:** 1,752,925 (22.86)
$65,000-$99,000	138 (23.12)	**$75,000-$99,999:** 3,656 (14.76)	101 (26.79)	**$75,000-$99,999:** 2,402 (14.82)	135 (21.36)	**$75,000-$99,999:** 2,570 (15.80)	394 (23.64)	**$75,000-$99,999:** 877,686 (11.44)
$100,000-$199,000	140 (23.45)	8,323 (33.60)	111 (29.44)	4,662 (28.76)	190 (30.06)	4,887 (30.05)	460 (27.59)	3,317,112 (43.25)
$200,000 +	24 (4.02)		17 (4.51)		26 (4.11)		69 (4.14)	
Service in Armed Forces	**n=619**	**n=46,075**	**n=388**	**n=32,080**	**n=666**	**n=32,469**	**n=1,736**	**n=15,737,168**
Yes	34 (5.49)	3,486 (7.57)	28 (7.22)	2,611 (8.14)	39 (5.86)	2,354 (7.25)	106 (6.11)	607,728 (3.86)
No	585 (94.51)	42,589 (92.43)	360 (92.78)	29,469 (91.86)	627 (94.14)	30,115 (92.75)	1,630 (93.89)	15,129,440 (96.14)
Disability Present	**n=621**	**n=57,323**	**n=389**	**n=38,025**	**n=666**	**n=37,323**	**n=1,738**	**n=19,674,246**
Yes	179 (28.82)	8,589 (14.98)	79 (20.31)	5,926 (15.58)	136 (20.42)	4,980 (13.34)	410 (23.59)	2,394,964 (12.17)
No	442 (71.18)	48,734 (85.02)	310 (79.69)	32,099 (84.42)	530 (79.58)	32,343 (86.66)	1,328 (76.41)	17,279,282 (87.83)

*Population level data from American Community Survey Reports 2023 5-Year Estimates[1-7]

Figure 1. Number of Community Survey Participants by Reported Zip Code (n=1,672)



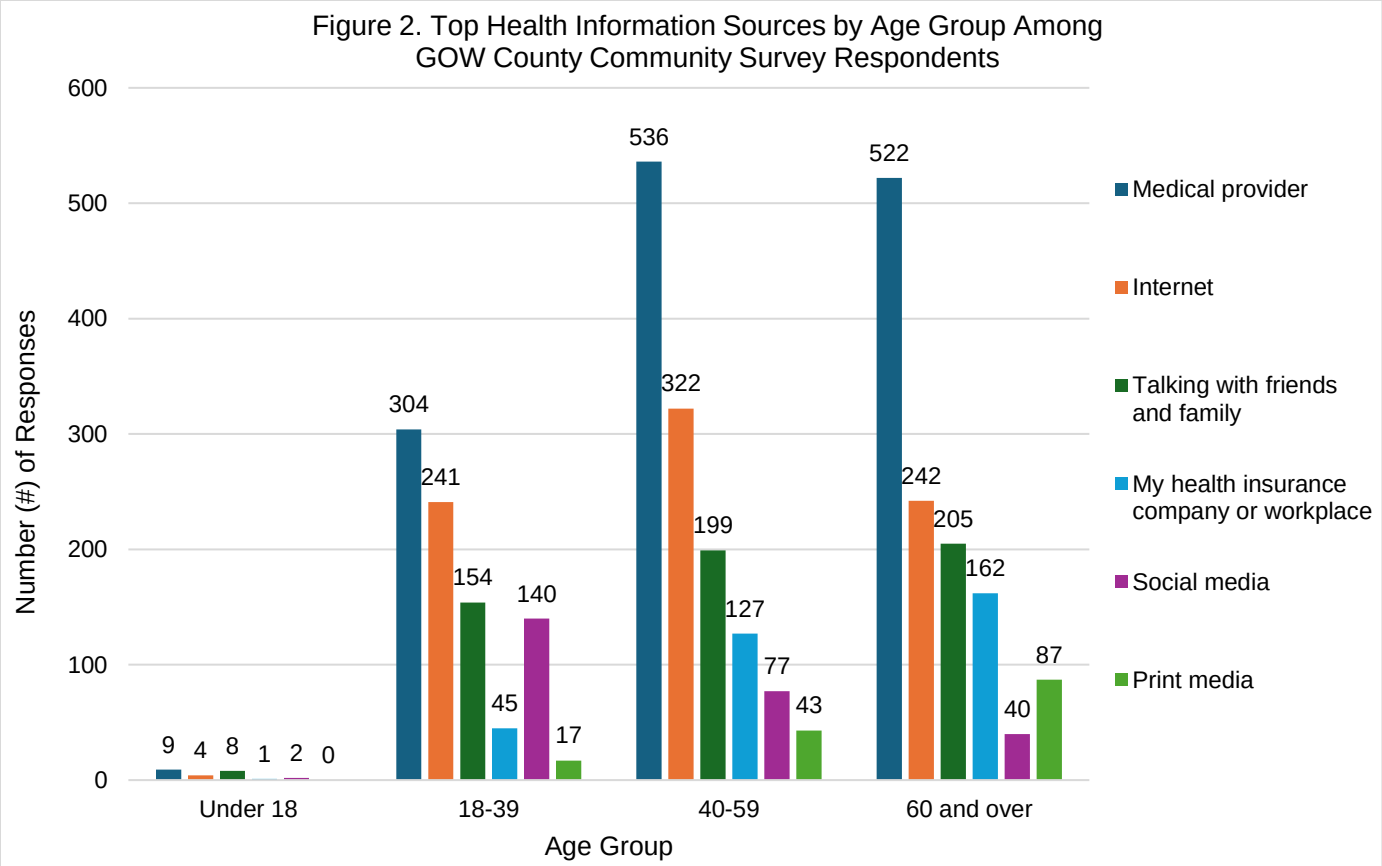
There was a total of 1,996 individuals who completed the Community Health Survey, with 628 (31.46%) respondents being Genesee County residents, 396 (19.84%) being Orleans County residents, 678 (33.97%) being Wyoming County residents, and 294 (14.73%) respondents from surrounding counties.

Of the 1,996 respondents, 1,672 (83.77%) of them provided specific zip code data for their county of residence. For more information related to respondent distribution by zip code, visit our interactive version of Figure 1: https://datawrapper.dwcdn.net/u080m/1/

Table 2. Where do you get most of your health information? *				
	County of Residence			**All Participants**, including non-GOW n=1,992
	Genesee n=627	**Orleans** n=396	**Wyoming** n=678	
Medical Provider	498 (79%)	325 (82%)	559 (82%)	1,610 (81%)
Internet (e.g., Google, national news website)	310 (49%)	201 (51%)	301 (44%)	966 (48%)
Talking with friends and family	196 (31%)	125 (32%)	247 (36%)	657 (33%)
My health insurance company or workplace	122 (19%)	71 (18%)	145 (21%)	384 (19%)
Social media (e.g., Facebook, Twitter/X, YouTube, TikTok)	116 (19%)	51 (13%)	92 (14%)	302 (15%)
Print media (e.g., newspapers, magazines, books)	60 (10%)	31 (8%)	56 (8%)	162 (8%)
TV, radio, or streaming services (e.g., Netflix, Hulu)	50 (8%)	21 (5%)	56 (8%)	145 (7%)
Community health worker/promotora	30 (5%)	20 (5%)	19 (3%)	79 (4%)
Digital newspaper (e.g., OrleansHUB, Video News Service, The Batavian)	22 (4%)	25 (6%)	18 (3%)	70 (4%)
School nurse or health teacher	12 (2%)	11 (3%)	28 (4%)	67 (3%)
Social Services, Head Start, WIC, or other community program	21 (3%)	9 (2%)	21 (3%)	61 (3%)
Other**	13 (2%)	15 (4%)	17 (3%)	52 (3%)

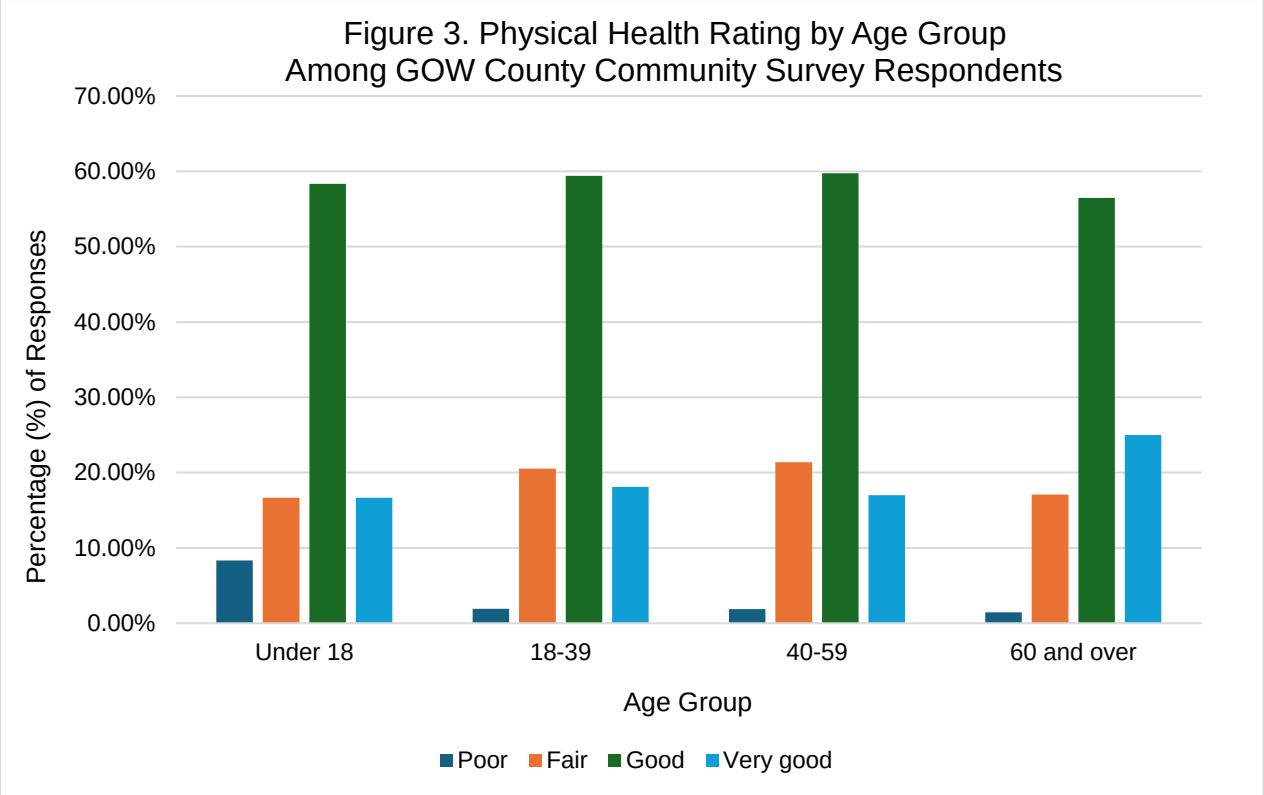
*Respondents could select more than one choice

**Respondents also mentioned holistic providers, scholarly articles and medical journals, and their own professional expertise

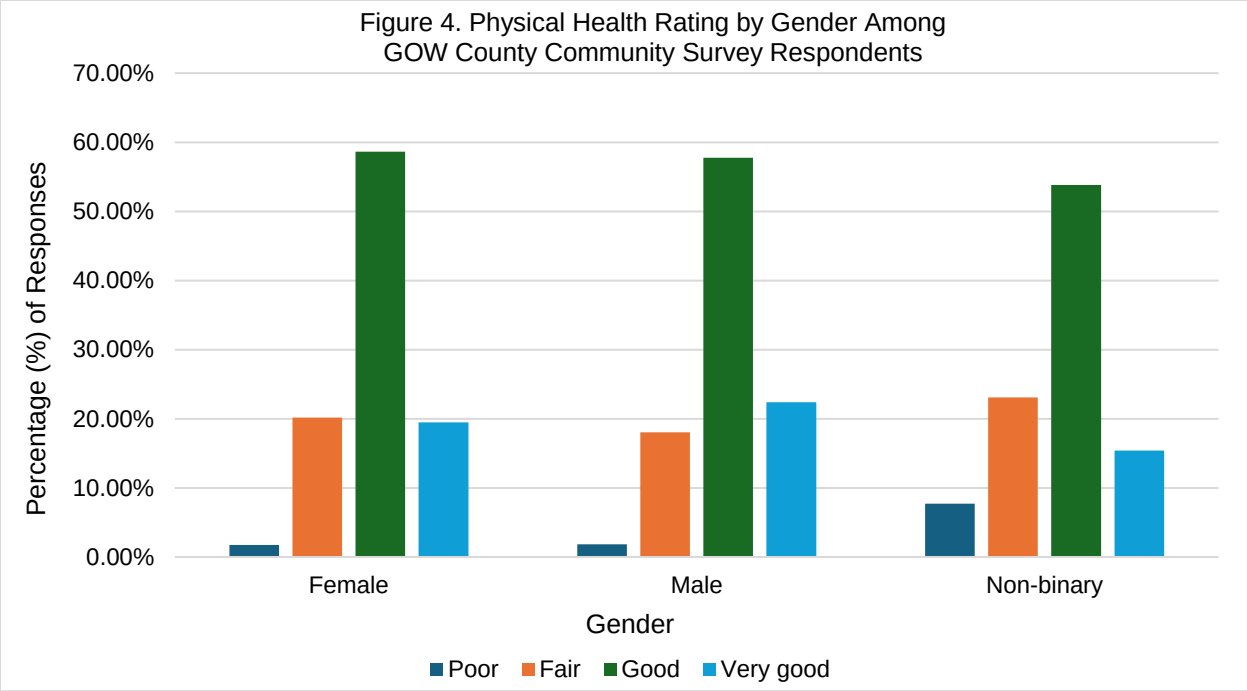


Medical providers were the most used source for health information across all age groups, with Internet being reported as the second most used source among all respondents. The use of health insurance companies or workplaces, as well as print media, as a source of health information increased with age. The use of social media as a source of health information dropped sharply with age.

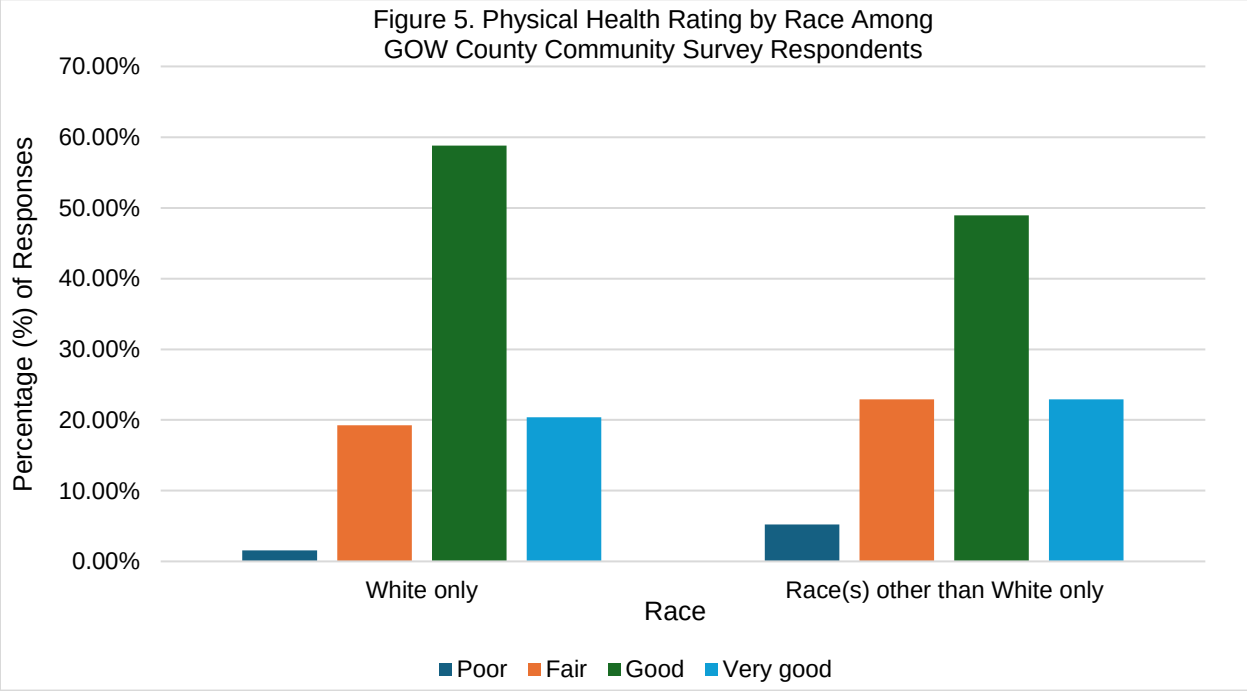
Table 3. On average, how would you rate your physical health?				
	County of Residence			**All Participants**, including non-GOW n=1,988
	Genesee n=627	**Orleans** n=395	**Wyoming** n=676	
Very good	127 (20%)	76 (19%)	141 (21%)	392 (20%)
Good	344 (55%)	235 (59%)	415 (61%)	1,174 (59%)
Fair	141 (22%)	74 (19%)	115 (17%)	383 (19%)
Poor	15 (2%)	10 (3%)	5 (1%)	39 (2%)



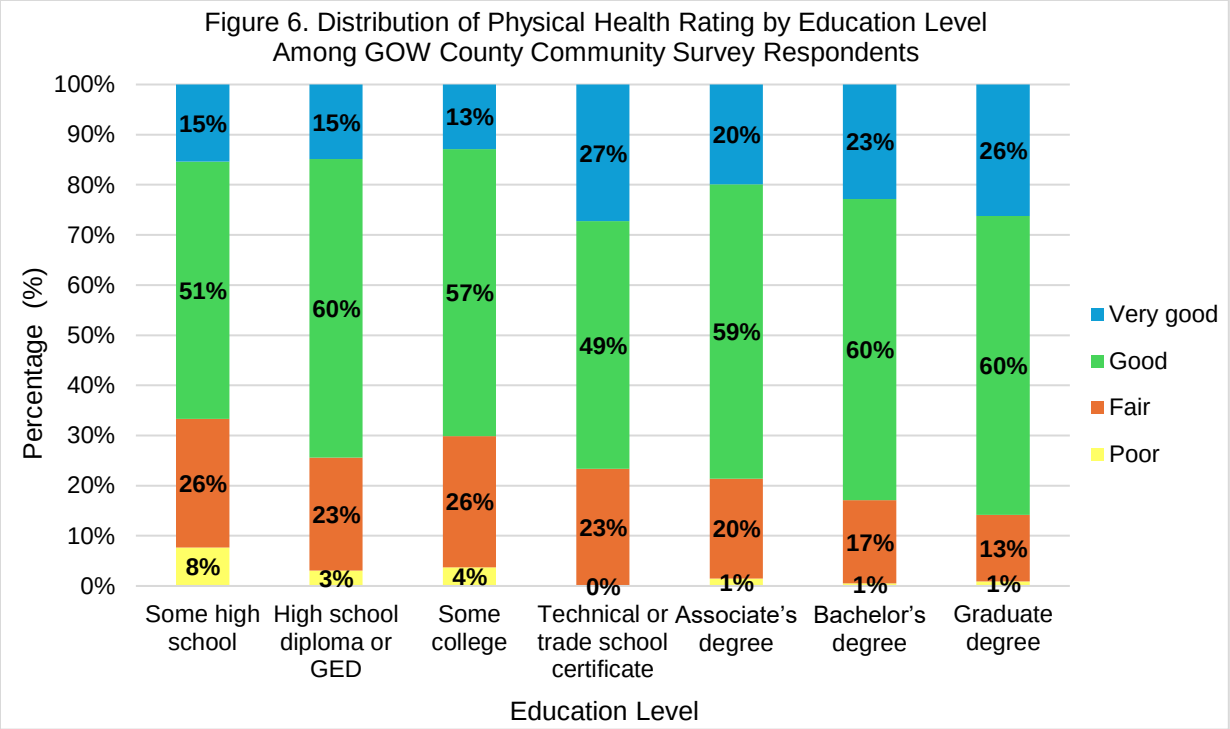
Physical health ratings remained mostly consistent across all age groups with “Good” making up nearly 60% in each group. “Poor” was the lowest physical health rating among all age groups, particularly among those over 18 years of age. Overall, perceptions of physical health were relatively positive across all age groups.



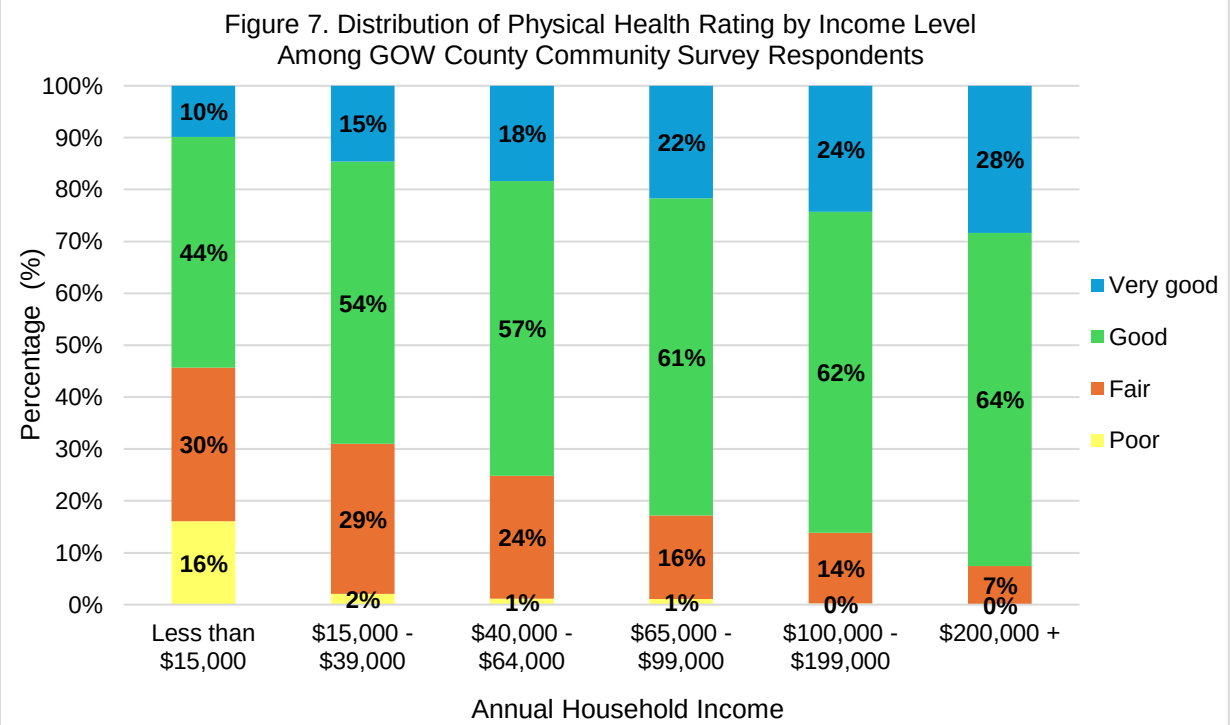
While majority of respondents in all gender groups rated their physical health as “Good,” non-binary respondents reported worse physical health ratings overall with the highest “Poor” and “Fair” ratings and lowest “Good” and “Very good” ratings.



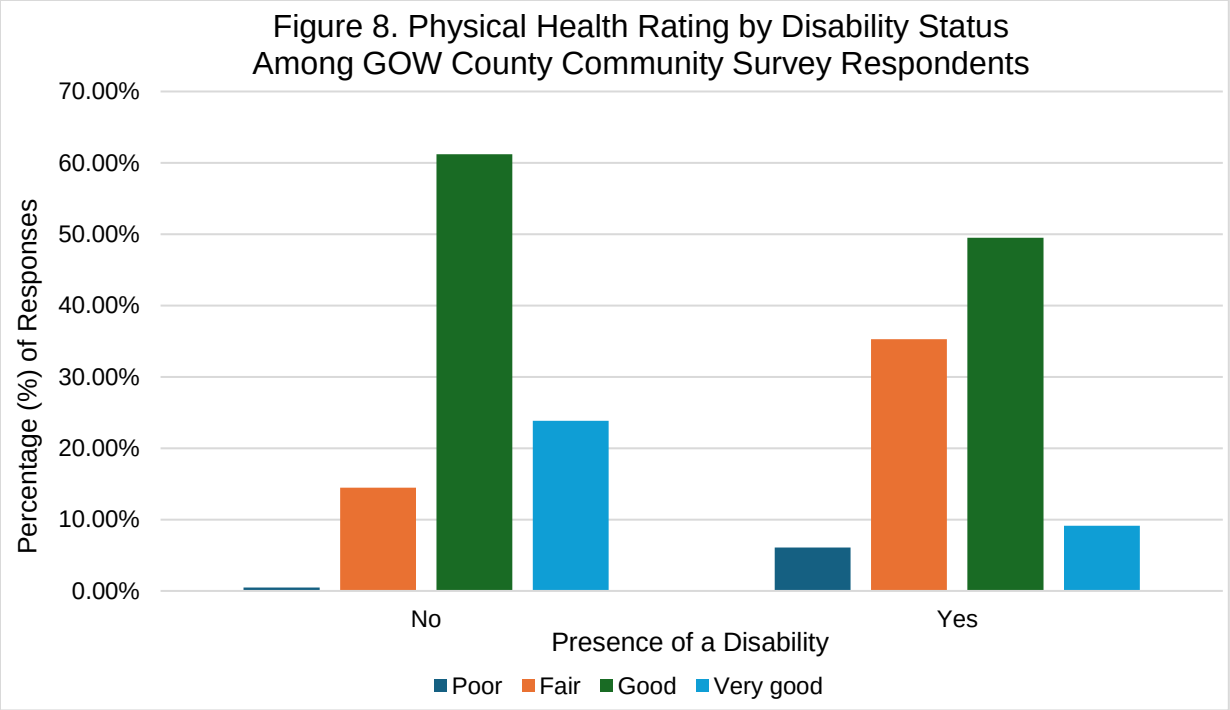
Respondents who were a race or races other than White only reported slightly lower physical health ratings, with higher proportions in the “Poor” and “Fair” categories and a lower percentage in the “Good” category.



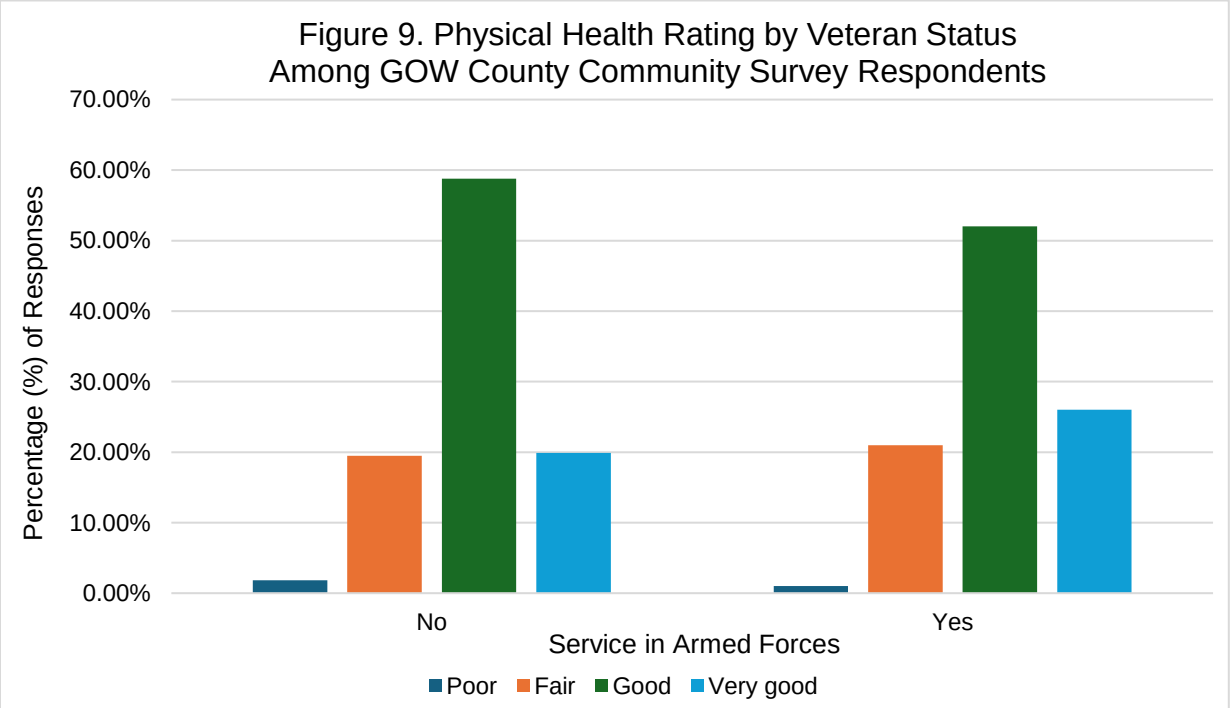
Generally, respondents with higher educational attainment reported better physical health, with trending declines in "Poor" and "Fair" ratings and an increase in the "Very good" rating as education level rose. The "Good" physical health rating varied across education levels.



There was a notable relationship between income and perceived physical health. As income increased, the proportion of respondents who reported "Good" and "Very good" health rose, while respondents in lower income brackets had greater proportions of "Poor" and "Fair" ratings.



Respondents who reported having a physical, mental, or intellectual disability were more likely to report “Poor” or “Fair” physical health. Those not reporting a disability had higher proportions of “Good” and “Very good” ratings.



Physical health ratings were fairly consistent between respondents who were veterans and non-veterans. Non-veteran respondents had a higher percentage of “Good” physical health rating, but respondents who were veterans had a higher proportion of “Very good.” “Poor” physical health rating was rare among both groups.

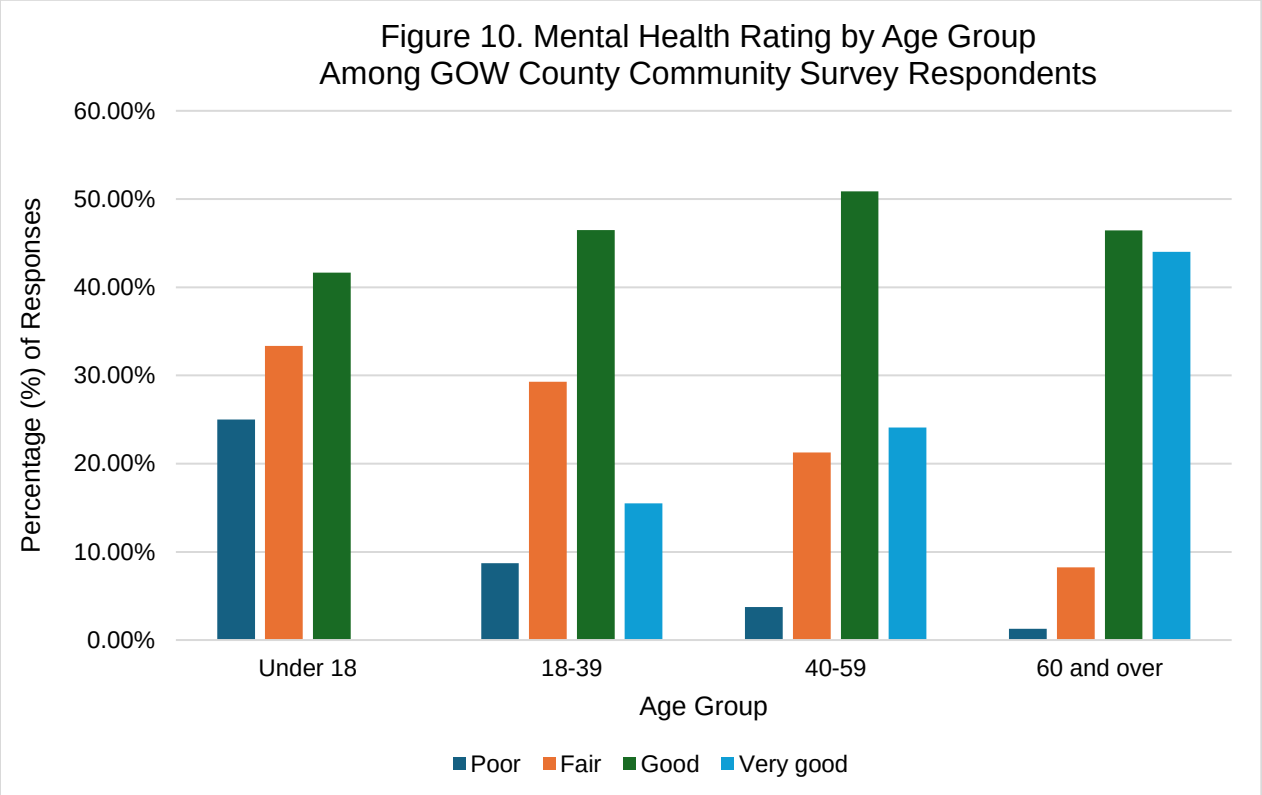
Table 4. Which, if any, of the following would help you become more active? *				
	County of Residence			**All Participants**, including non-GOW n=1,965
	Genesee n=619	**Orleans** n=389	**Wyoming** n=667	
Discounts for exercise programs or gym memberships	317 (51%)	158 (41%)	303 (45%)	913 (46%)
More motivation	244 (39%)	176 (45%)	279 (42%)	815 (41%)
More personal time	220 (36%)	173 (44%)	260 (39%)	781 (40%)
A friend or group to exercise with	240 (39%)	141 (36%)	232 (35%)	702 (36%)
Safe place to walk or exercise	204 (33%)	128 (33%)	172 (26%)	586 (30%)
Individual instruction/personal trainer	159 (26%)	85 (22%)	121 (18%)	421 (21%)
Workplace program or equipment	128 (21%)	63 (16%)	109 (16%)	359 (18%)
Addressing a chronic disease or other physical limitation	94 (15%)	71 (18%)	102 (15%)	307 (16%)
Activities you can do with your children or programs with childcare	79 (13%)	42 (11%)	107 (16%)	270 (14%)
Information about local exercise opportunities or gym memberships	89 (14%)	67 (17%)	85 (13%)	268 (14%)
Transportation	41 (7%)	8 (2%)	29 (4%)	83 (4%)
None of the above	42 (7%)	23 (6%)	53 (8%)	139 (7%)
Other**	20 (3%)	11 (3%)	17 (3%)	51 (3%)

*Respondents could select more than one choice
**Respondents also commented on the weather having an impact, having at-home options or options closer to home, and having access to a pool

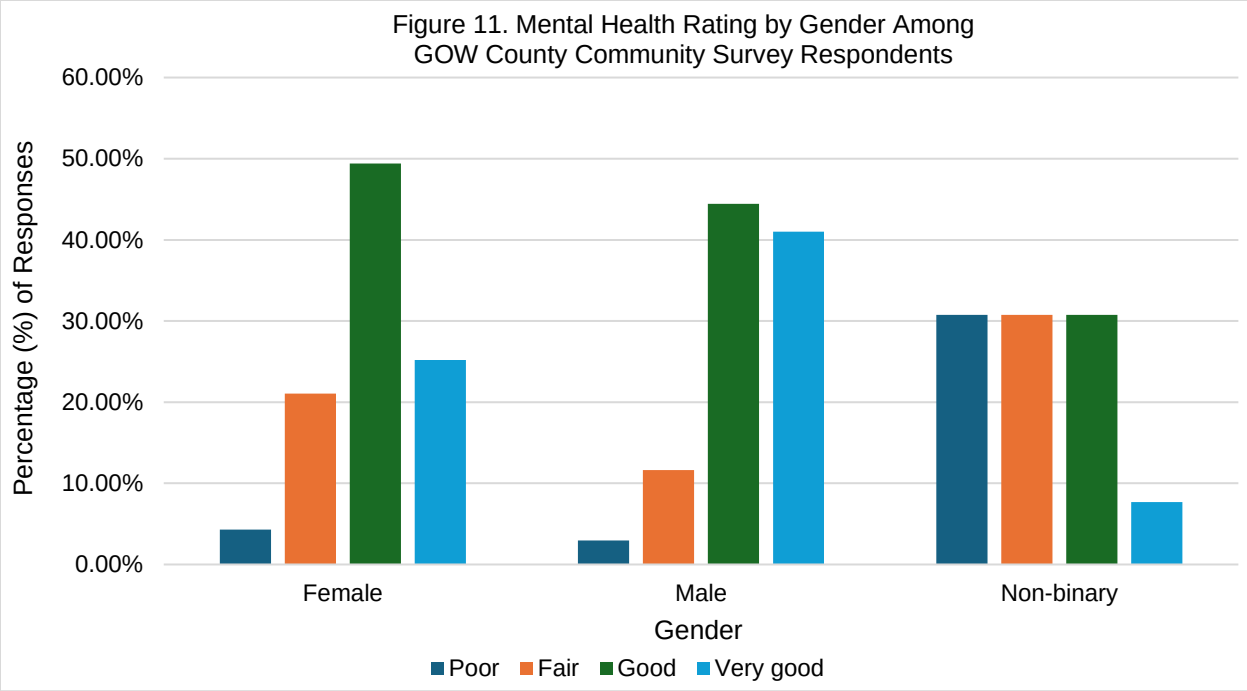
Table 5. Does anything keep you from eating more fruits and vegetables every day? *				
	County of Residence			**All Participants**, including non-GOW n=1,935
	Genesee n=610	**Orleans** n=386	**Wyoming** n=661	
I think I eat enough fresh fruits and vegetables	237 (39%)	177 (46%)	256 (39%)	793 (41%)
It's too expensive	238 (39%)	122 (32%)	269 (41%)	732 (38%)
They go bad too quickly	168 (28%)	86 (22%)	206 (31%)	518 (27%)
Poor quality fruits and vegetables available	97 (16%)	60 (16%)	155 (23%)	358 (19%)
I prefer to eat other foods	69 (11%)	43 (11%)	51 (8%)	188 (10%)
Takes too long to prepare	33 (5%)	27 (7%)	24 (4%)	101 (5%)
Stores that sell them are too far away/too hard to get to	26 (4%)	10 (3%)	43 (7%)	83 (4%)
My family doesn't like them	13 (2%)	16 (4%)	16 (2%)	49 (3%)
I have dietary restrictions/allergies	19 (3%)	11 (3%)	13 (2%)	48 (2%)
I'm not sure how to cook/prepare them	24 (4%)	7 (2%)	7 (1%)	45 (2%)
Other	10 (2%)	1 (0.3%)	10 (2%)	23 (1%)

*Respondents could select more than one choice

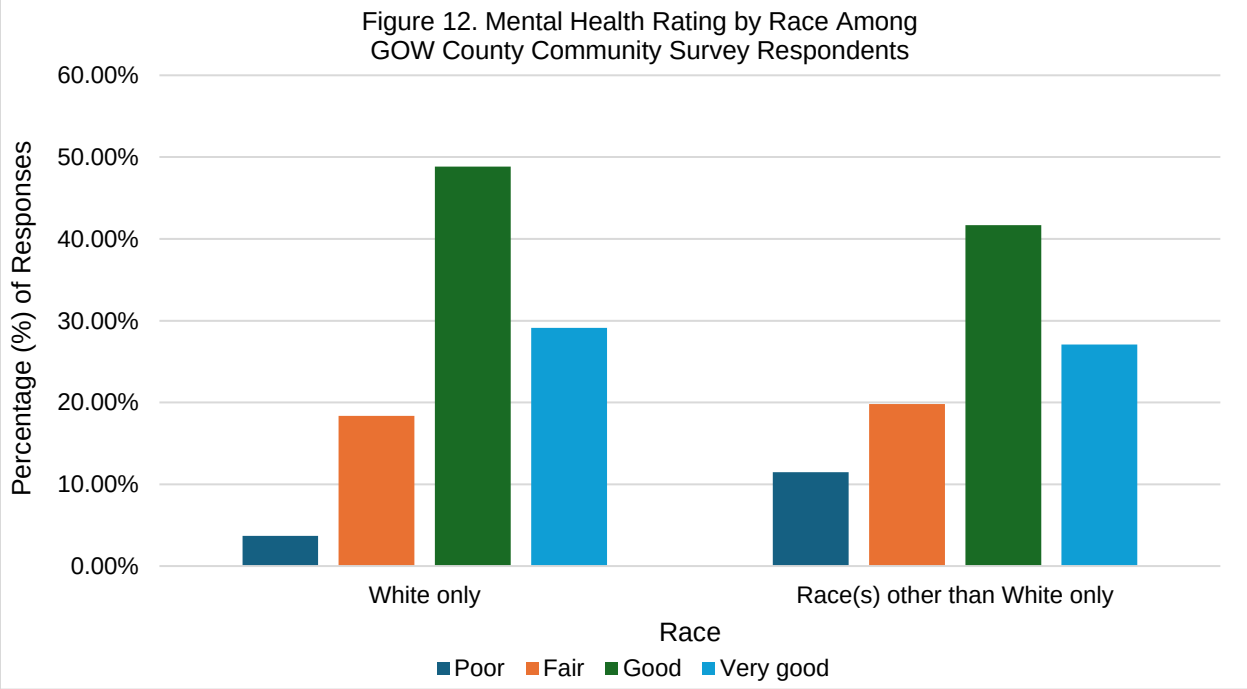
Table 6. On average, how would you rate your mental/emotional health?				
	County of Residence			**All Participants**, including non-GOW n=1,984
	Genesee n=623	**Orleans** n=396	**Wyoming** n=674	
Very good	167 (27%)	127 (32%)	201 (30%)	561 (28%)
Good	272 (44%)	193 (49%)	350 (52%)	971 (49%)
Fair	145 (23%)	68 (17%)	99 (15%)	367 (18%)
Poor	39 (6%)	8 (2%)	24 (4%)	85 (4%)



Overall, as age increased among respondents, self-reported mental health ratings improved, with older adults (especially 60+) having a higher percentage of "Very good" ratings. As age decreased, percentages of “Poor” and Fair” mental health increased. Youth under 18 reported the poorest mental health, with over half rating their mental health as "Poor" or "Fair."

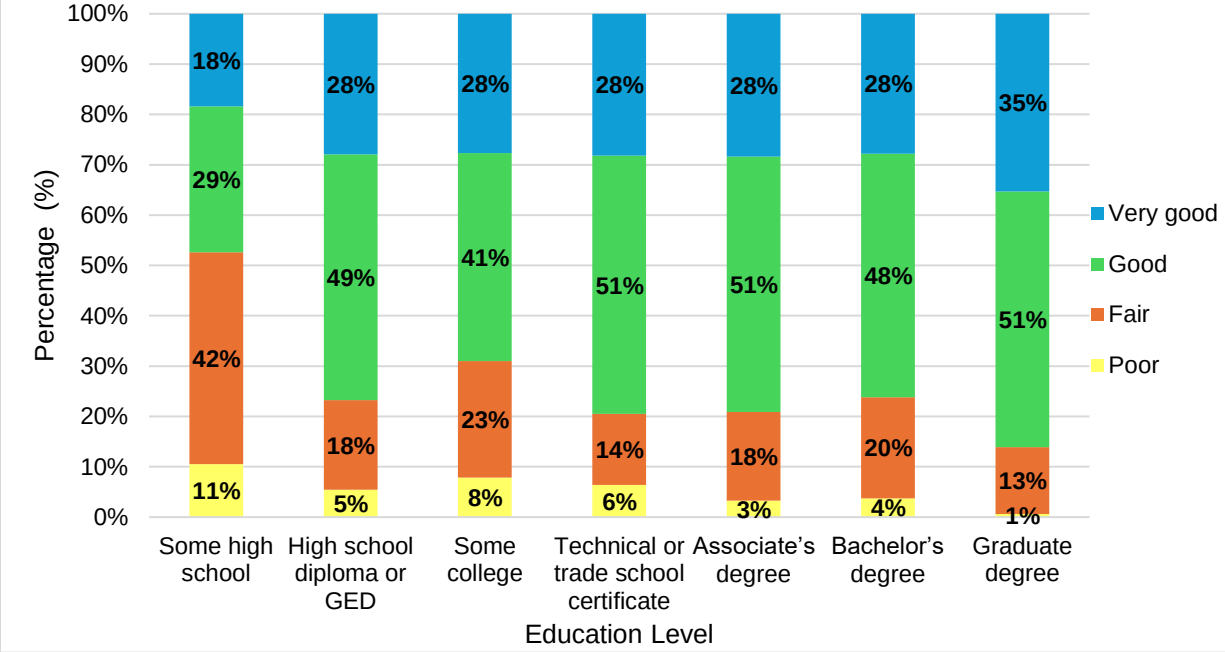


Female respondents had the highest proportion of “Good” mental health rating, while male respondents had the highest percentage of “Very good.” Self-reported “Poor” mental health was rare among both male and female respondents. Respondents identifying as non-binary had the highest percentages for both “Poor” and “Fair” mental health.



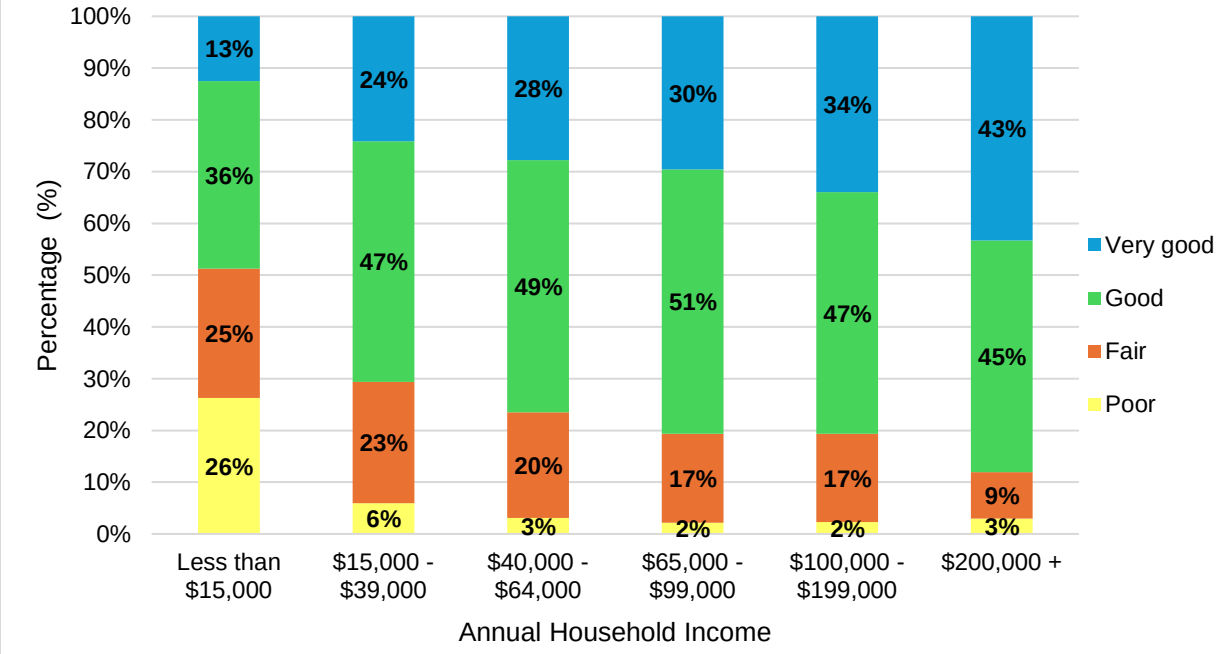
White respondents reported better mental health ratings overall than respondents who were a race or races other than White only. A slightly higher percentage of White respondents rated their mental health “Good” and “Very good,” and a higher percentage of respondents from other races rated their mental health as “Fair” and "Poor."

Figure 13. Distribution of Mental Health Rating by Education Level Among GOW County Community Survey Respondents

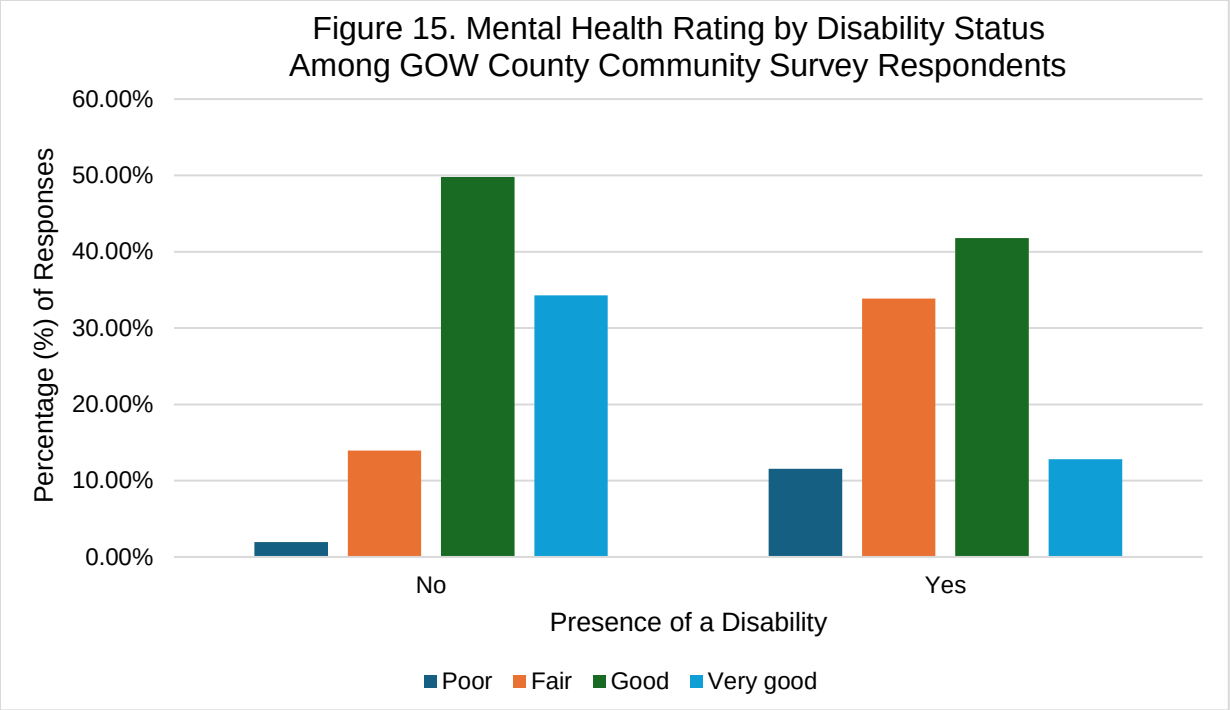


Respondents with some high school education and those with a graduate degree showed the biggest differences between mental health ratings. Graduate level respondents had the highest percentage for "Very good" and lowest for "Poor"/"Fair" compared to all other educational levels.

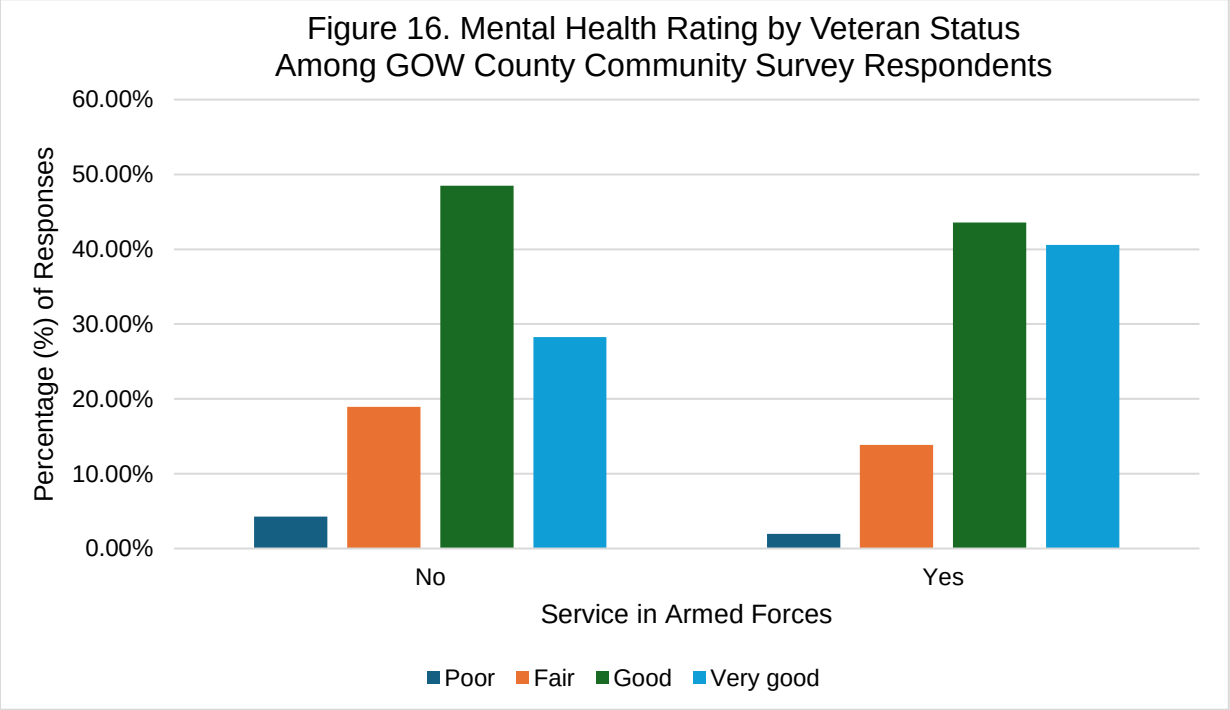
Figure 14. Distribution of Mental Health Rating by Income Level Among GOW County Community Survey Respondents



As annual household income levels increased, self-reported mental health ratings improved. The proportion in the "Very good" category steadily increased while percentages in the "Fair" and "Poor" categories generally decreased as income level increased.



Respondents who did not have a disability reported better mental health with higher percentages in the “Good”/”Very good” categories and lower percentages in the “Fair”/“Poor” ratings compared to respondents who reported having a disability.



Mental health ratings were similar across respondents who were veterans and non-veterans, with majority in both groups reporting “Good” or “Very good” mental health. Veteran respondents reported slighter better mental health overall with a higher proportion of “Very

good" and lower percentages of "Fair" and Poor," although "Poor" ratings were rare in both groups.

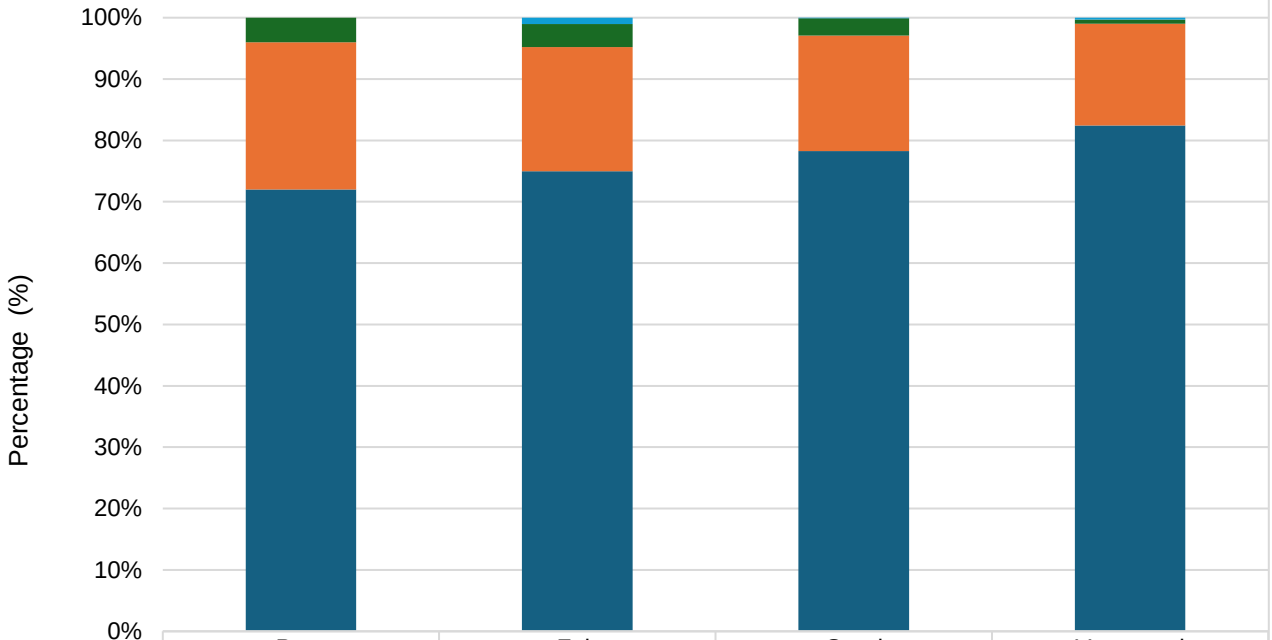
Table 7. If you didn't see a primary care provider (PCP) in the past year, what were the main reasons? *

	County of Residence			**All Participants**, including non-GOW n=1,773
	Genesee n=563	**Orleans** n=356	**Wyoming** n=611	
Not applicable. (I did see a primary care provider in the past year.)	427 (76%)	282 (79%)	496 (81%)	1,391 (78%)
I didn't need to go	68 (12%)	32 (9%)	58 (9%)	187 (11%)
Long wait times for appointments	29 (5%)	15 (4%)	16 (3%)	65 (4%)
Too expensive or not covered by insurance	18 (3%)	15 (4%)	15 (2%)	55 (3%)
Couldn't find a provider I liked	11 (2%)	12 (3%)	13 (2%)	43 (2%)
Hours - They weren't open when I could get there	11 (2%)	6 (2%)	15 (2%)	37 (2%)
Unable to find a local provider	6 (1%)	10 (3%)	13 (2%)	34 (2%)
Couldn't get time off from work	9 (2%)	3 (1%)	9 (1%)	27 (2%)
Wasn't able to get through to a provider	10 (2%)	1 (0.3%)	5 (1%)	18 (1%)
Fear of judgment	5 (1%)	4 (1%)	7 (1%)	17 (1%)
Didn't have transportation	8 (1%)	1 (0.3%)	6 (1%)	15 (1%)
Didn't know where to go to get the care I needed	7 (1%)	2 (1%)	3 (0.5%)	13 (1%)
Didn't have any childcare	4 (1%)	2 (1%)	3 (0.5%)	10 (1%)
Couldn't get a referral	5 (1%)	1 (0.3%)	2 (0.3%)	8 (0.5%)
Fear of discrimination	4 (1%)	0 (0%)	3 (0.5%)	8 (0.5%)
Medical staff didn't speak my language	3 (1%)	1 (0.3%)	2 (0.3%)	6 (0.3%)
No accommodations for people with disabilities	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Other**	7 (1%)	3 (1%)	13 (2%)	29 (2%)

*Respondents could select more than one choice

**Respondents additionally commented on the high provider turnover and their primary care providers leaving the area

Figure 17. Number of Barriers to Accessing PCPs by Physical Health Rating Among GOW County Community Survey Respondents



	Poor	Fair	Good	Very good
6+ Barriers	0.00%	1.03%	0.11%	0.32%
3-5 Barriers	4.00%	3.77%	2.79%	0.64%
1-2 Barriers	24.00%	20.21%	18.84%	16.61%
0 (No barriers)	72.00%	75.00%	78.26%	82.43%

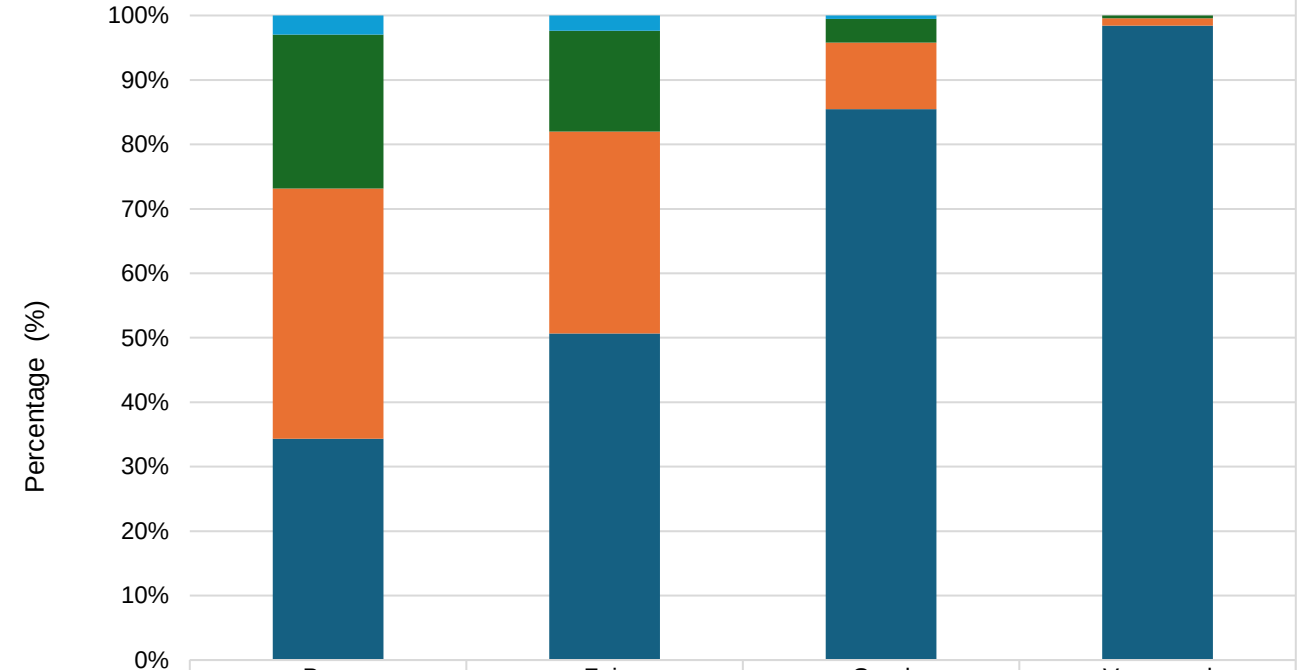
Physical Health Rating

Across all physical health ratings, the vast majority of respondents reported 0 reasons, indicating that they did see their primary care provider in the past year. However, respondents with better physical health ratings reported slightly fewer number of reasons for not accessing primary care providers. Over 80% of those with “Very good” physical health experienced no barriers, compared to 72% of those with “Poor” health. The proportion of respondents facing 1-2 or more barriers was highest among those who reported “Fair” and “Poor” physical health.

Table 8. If you didn't get the mental healthcare and/or substance use help you needed in the past year, what were the main reasons? *				
	County of Residence			**All Participants**, including non-GOW n=1,840
	Genesee n=585	**Orleans** n=359	**Wyoming** n=640	
Not applicable. (I didn't need mental healthcare and/or substance use help, or I got the mental healthcare and/or substance use help I needed.)	443 (76%)	292 (81%)	544 (85%)	1,482 (81%)
Too expensive or not covered by insurance	53 (9%)	30 (8%)	33 (5%)	136 (7%)
Unable to find a local provider	31 (5%)	18 (5%)	31 (5%)	97 (5%)
Fear of judgment	34 (6%)	20 (6%)	27 (4%)	94 (5%)
Long wait times for appointments	36 (6%)	19 (5%)	25 (4%)	89 (5%)
Couldn't find a provider I liked	23 (4%)	8 (2%)	29 (5%)	70 (4%)
Didn't know where to go to get the care I needed	24 (4%)	11 (3%)	20 (3%)	64 (3%)
Hours - They weren't open when I could get there	18 (3%)	8 (2%)	19 (3%)	57 (3%)
Couldn't get time off from work	11 (2%)	13 (4%)	13 (2%)	46 (3%)
Wasn't able to get through to a provider	13 (2%)	8 (2%)	7 (1%)	35 (2%)
Fear of discrimination	11 (2%)	7 (2%)	6 (1%)	26 (1%)
Didn't have any childcare	8 (1%)	4 (1%)	10 (2%)	24 (1%)
Didn't have transportation	15 (3%)	0 (0%)	7 (1%)	22 (1%)
Couldn't get a referral	4 (1%)	2 (1%)	3 (0.5%)	10 (1%)
No accommodations for people with disabilities	2 (0.3%)	4 (1%)	2 (0.3%)	8 (0.4%)
Medical staff didn't speak my language	0 (0%)	0 (0%)	0 (0%)	1 (0%)
Other**	16 (3%)	4 (1%)	10 (2%)	33 (2%)

*Respondents could select more than one choice
**Respondents also mentioned inadequate or poor quality of services available and that other things in life took precedent over making appointments to address mental health or substance use issues

Figure 18. Number of Barriers to Accessing Mental Healthcare and/or Substance Use Help by Mental Health Rating Among GOW County Community Survey Respondents



	Poor	Fair	Good	Very good
6+ Barriers	2.99%	2.38%	0.52%	0.00%
3-5 Barriers	23.88%	15.65%	3.66%	0.44%
1-2 Barriers	38.81%	31.29%	10.33%	1.11%
0 (No barriers)	34.33%	50.68%	85.49%	98.44%

Mental Health Rating

Respondents with better mental health ratings were notably less likely to report a high number of barriers to accessing mental healthcare or substance use care that was needed. Approximately 98% of those with “Very good” mental health reported no barriers, compared to roughly 34% of those who reported “Poor” mental health. Barriers, especially in the 1-2 and 3-5 range, were most common among those with “Poor” or “Fair” mental health ratings.

Table 9. In the past year, which of these substances have you used? *				
	County of Residence			**All Participants**, including non-GOW n=1,837
	Genesee n=618	**Orleans** n=393	**Wyoming** n=674	
Alcohol	329 (53%)	248 (63%)	395 (59%)	1,065 (58%)
Nicotine products (e.g., cigarettes, vapes, smokeless tobacco)	98 (16%)	55 (14%)	114 (17%)	295 (16%)
Marijuana/cannabis	105 (17%)	59 (15%)	80 (12%)	269 (15%)
Stimulants (e.g., cocaine, meth, amphetamines, “bath salts”)	9 (1%)	1 (0.3%)	4 (1%)	15 (1%)
Hallucinogens (e.g., ketamine, mushrooms, LSD, PCP)	8 (1%)	5 (1%)	0 (0%)	13 (1%)
Kratom	1 (0.2%)	0 (0%)	2 (0.3%)	4 (0.2%)
Street opioids (e.g., heroin, fentanyl)	1 (0.2%)	0 (0%)	0 (0%)	1 (0.1%)
Tianeptine (e.g., Neptune’s Fix, Tianaa, Pegasus)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
None of the above	236 (38%)	122 (31%)	233 (35%)	636 (35%)

*Respondents could select more than one choice

Table 10. In the past year, which of these medications have you used for non-medical reasons, that weren’t prescribed to you, or more than you were supposed to? *				
	County of Residence			**All Participants**, including non-GOW n=1,768
	Genesee n=611	**Orleans** n=374	**Wyoming** n=637	
Over-the-counter medications (e.g., Robitussin, Coricidin, NyQuil, Sudafed)	48 (8%)	28 (7%)	65 (10%)	151 (9%)
Anxiety medication (e.g., benzos, Xanax)	26 (4%)	6 (2%)	27 (4%)	64 (4%)
Prescription opioids (e.g., Oxycodone, Percocet)	6 (1%)	4 (1%)	9 (1%)	19 (1%)
Stimulants (e.g., Ritalin, Adderall)	3(0.5%)	1 (0.3%)	8 (1%)	14 (1%)
None of the above	542 (89%)	338 (90%)	553 (87%)	1,564 (88%)

*Respondents could select more than one choice

Table 11. If you selected any of the substances and/or medications in the previous two questions (shown in tables # and #), what are the reasons you used these substances and/or medications? *

	County of Residence			**All Participants**, including non-GOW n=1,187
	Genesee n=419	**Orleans** n=253	**Wyoming** n=419	
Social reasons	152 (36%)	116 (46%)	187 (45%)	495 (42%)
Stress	104 (25%)	50 (20%)	100 (24%)	280 (24%)
Chronic pain	41 (10%)	23 (9%)	51 (12%)	126 (11%)
Mental illness	34 (8%)	4 (2%)	32 (8%)	75 (6%)
Need to stay awake or get to sleep	27 (6%)	12 (5%)	31 (7%)	75 (6%)
I'd like to quit but haven't been able to yet	14 (3%)	11 (4%)	18 (4%)	49 (4%)
I feel sick without it	5 (1%)	3 (1%)	4 (1%)	12 (1%)
I don't use substances for non-medical reasons	160 (38%)	82 (32%)	128 (31%)	397 (33%)
Other**	14 (3%)	25 (10%)	27 (6%)	71 (6%)

*Respondents could select more than one choice
**Respondents also reported reasons such as relaxation and/or enjoyment

Table 12. If you were to have a loved one who is struggling with mental illness, what would you likely do to help? *				
	County of Residence			**All Participants**, including non-GOW n=1,942
	Genesee n=617	**Orleans** n=384	**Wyoming** n=646	
Check on my loved one and talk with them about how they're feeling	493 (80%)	326 (85%)	520 (80%)	1,455 (75%)
Encourage my loved one to get mental health treatment	488 (79%)	311 (81%)	500 (77%)	1,419 (73%)
Encourage my loved one to take medication for their mental illness (e.g., antidepressants)	300 (49%)	160 (42%)	277 (43%)	809 (42%)
Ask my loved one if they are having thoughts of suicide	256 (41%)	173 (45%)	280 (43%)	777 (40%)
Provide my loved one with the suicide and crisis lifeline number, 988	218 (35%)	142 (37%)	235 (36%)	650 (33%)
Ask my loved one if we can secure their gun(s) in a safe place, or provide them with gun locks	179 (29%)	121 (32%)	201 (31%)	547 (28%)
I wouldn't know what to do or where to start	34 (6%)	20 (5%)	60 (9%)	120 (6%)
Other**	22 (4%)	9 (2%)	25 (4%)	59 (3%)

*Respondents could select more than one choice
**Respondents also mentioned providing general support and coping strategies, contacting emergency services, and referenced religion for support

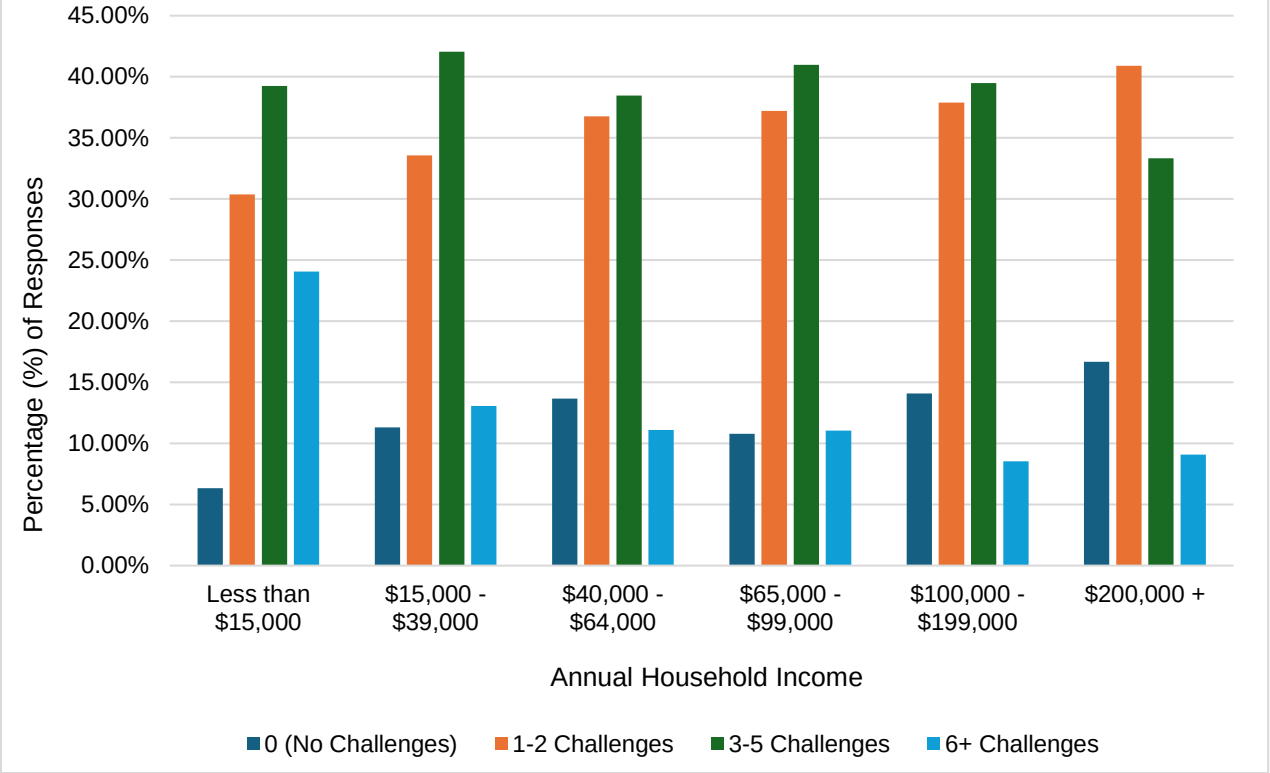
Table 13. If you were to have a loved one who is struggling with substance use, what would you likely do to help? *				
	County of Residence			**All Participants**, including non-GOW n=1,751
	Genesee n=606	**Orleans** n=377	**Wyoming** n=628	
Encourage my loved one to talk to their doctor or go to rehab	497 (82%)	323 (86%)	520 (83%)	1,458 (83%)
Carry Narcan (naloxone) with me or keep it in my home to reverse an overdose	264 (44%)	174 (46%)	228 (36%)	729 (42%)
Encourage my loved one to never use drugs alone	159 (26%)	118 (31%)	189 (30%)	521 (30%)
Encourage my loved one to test the drugs they use for fentanyl, to prevent an overdose	182 (30%)	116 (31%)	163 (26%)	512 (29%)
Encourage my loved one to take medication for their substance use (e.g., methadone, buprenorphine/Suboxone)	172 (28%)	106 (28%)	174 (28%)	499 (28%)
I wouldn't know what to do or where to start	80 (13%)	38 (10%)	87 (14%)	219 (13%)
Other**	21 (3%)	16 (4%)	23 (4%)	64 (4%)

*Respondents could select more than one choice
**Respondents also wrote that they would provide general support, encourage participation in local programs, and commented on religion for support

Table 14. What health challenges have you or a household member experienced in the past year? *				
	County of Residence			**All Participants**, including non-GOW n=1,824
	Genesee n=619	**Orleans** n=391	**Wyoming** n=667	
Overweight/obesity	275 (44%)	182 (47%)	304 (46%)	834 (46%)
Chronic disease (e.g., diabetes, heart disease, high blood pressure, asthma)	273 (44%)	177 (45%)	270 (40%)	784 (43%)
Lack of physical activity	209 (34%)	143 (37%)	198 (30%)	596 (33%)
Mental illness (e.g., depression, anxiety, PTSD, suicidal thoughts)	231 (37%)	112 (29%)	196 (29%)	585 (32%)
Issues related to aging (e.g., arthritis, hearing/vision loss, falls, dementia)	180 (29%)	157 (40%)	196 (29%)	573 (31%)
Dental problems	174 (28%)	93 (24%)	161 (24%)	457 (25%)
Injury	98 (16%)	63 (16%)	116 (17%)	299 (16%)
Infectious disease (e.g., food poisoning, hepatitis, respiratory illnesses, pneumonia)	112 (18%)	55 (14%)	102 (15%)	285 (16%)
Issues related to a physical disability	75 (12%)	49 (13%)	63 (9%)	194 (11%)
Cancer	60 (10%)	29 (7%)	73 (11%)	175 (10%)
Substance use (e.g., drugs, alcohol, tobacco/vaping)	69 (11%)	31 (8%)	54 (8%)	173 (9%)
Issues related to an intellectual/developmental disability	31 (5%)	27 (7%)	38 (6%)	99 (5%)
Problems with reproductive health (e.g., sexually transmitted infections, lack of contraception, pregnancy or childbirth complications, premature birth, birth defects)	25 (4%)	10 (3%)	26 (4%)	67 (4%)
Other**	4 (1%)	2 (1%)	8 (1%)	17 (1%)
None of these apply to my family or me	73 (12%)	38 (10%)	102 (15%)	240 (13%)

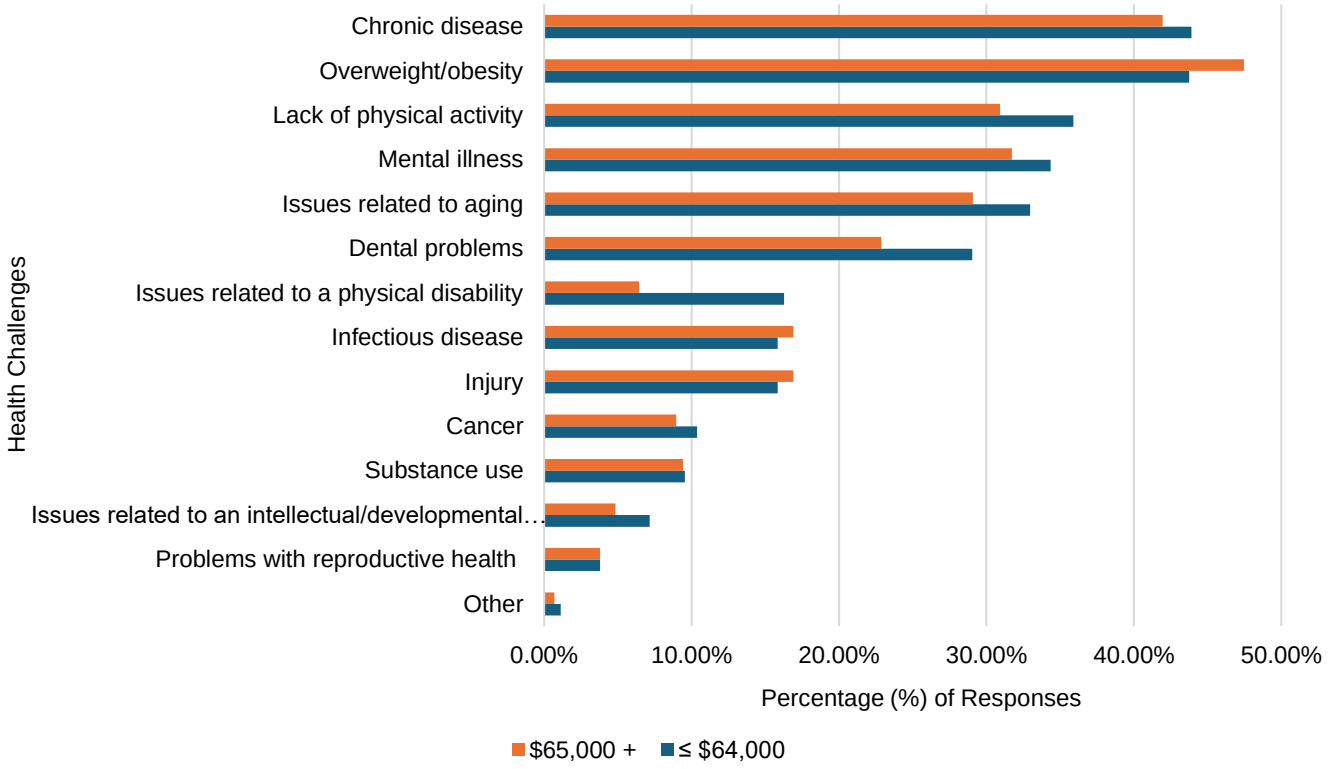
*Respondents could select more than one choice
**Respondents also mentioned surgeries and treatments for health problems being too expensive

Figure 19. Number of Health Challenges Experienced Among GOW County Community Survey Respondents and/or Their Household Members by Annual Household Income



Respondents who reported earning an annual household income of $200,000+ reported the highest proportion experiencing 1-2 challenges compared to all the other income brackets, where 3-5 health challenges were most commonly reported. Respondents with an annual household income of less than $15,000 reported the highest percentage in the 6+ challenges category, and this proportion generally decreased as income level increased, with respondents earning $100,000 or more having the smallest proportion of 6+ health challenges.

Figure 20. Health Challenges Experienced Among GOW County Community Survey Respondents and/or Their Household Members by Annual Household Income *



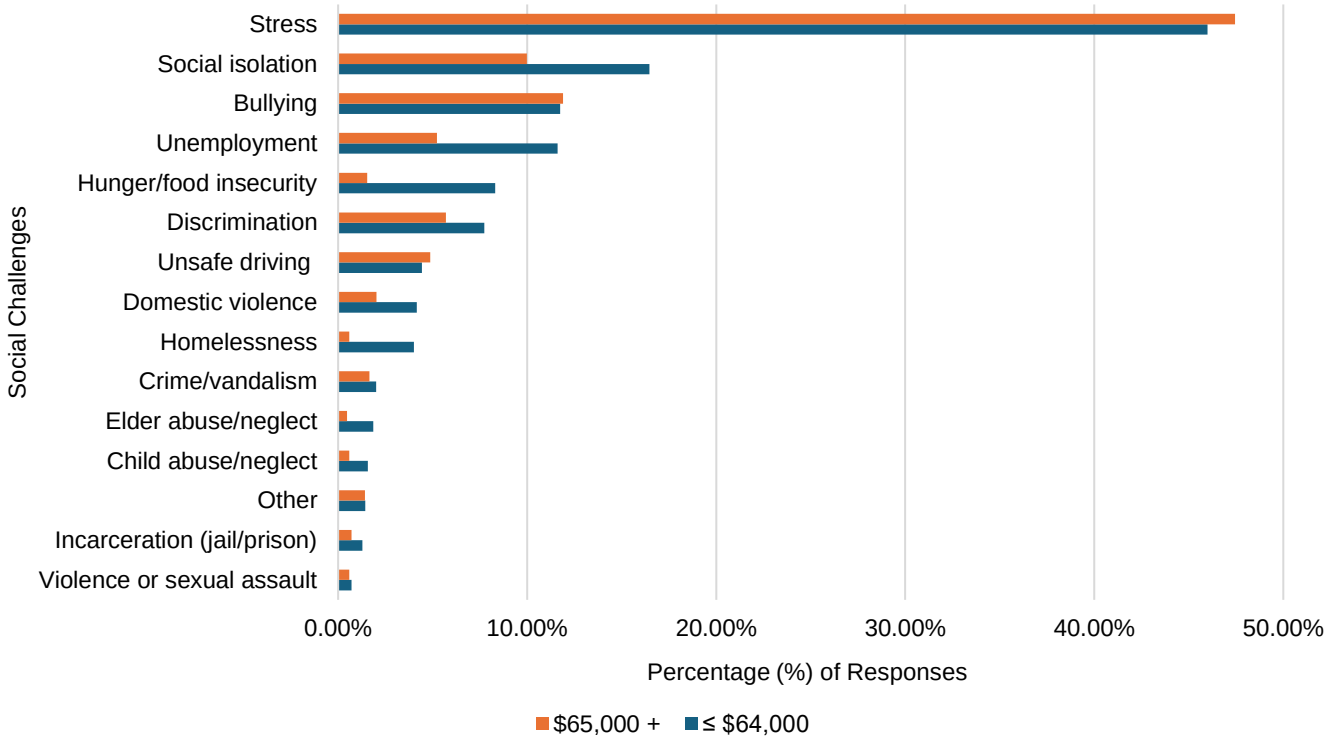
*The breakdown of +65k versus ≤64k is based on the average of the median household incomes in GOW Counties[5]

Regardless of income level, chronic disease and obesity were the top health challenges among respondents and/or their household members. However, obesity was slightly more likely to be reported among respondents in higher income households. Health challenges, including dental problems, issues related to a physical disability, and lack of physical activity, were more commonly reported among respondents in lower income households. Health challenges, such as injury, substance use, cancer, infectious diseases, and problems with reproductive health, were reported more consistently across income groups.

Table 15. What social challenges have you or a household member experienced in the past year? *				
	County of Residence			**All Participants**, including non-GOW n=1,771
	Genesee n=597	**Orleans** n=376	**Wyoming** n=655	
Stress	303 (51%)	178 (47%)	266 (41%)	808 (46%)
Social isolation	89 (15%)	44 (12%)	77 (12%)	224 (13%)
Bullying	68 (11%)	38 (10%)	77 (12%)	197 (11%)
Unemployment	57 (10%)	22 (6%)	52 (8%)	143 (8%)
Discrimination (based on, e.g., gender, sexual orientation, disability, race, religion, age 40+)	41 (7%)	21 (6%)	41 (6%)	111 (6%)
Unsafe driving (e.g., texting and driving, driving while intoxicated)	29 (5%)	17 (5%)	30 (5%)	84 (5%)
Hunger/food insecurity	35 (6%)	12 (3%)	24 (4%)	74 (4%)
Domestic violence	30 (5%)	2 (1%)	14 (2%)	50 (3%)
Homelessness	25 (4%)	2 (1%)	6 (1%)	33 (2%)
Crime/vandalism	18 (3%)	5 (1%)	7 (1%)	31 (2%)
Child abuse/neglect	11 (2%)	1 (0.3%)	4 (1%)	21 (1%)
Elder abuse/neglect	9 (2%)	0 (0%)	10 (2%)	21 (1%)
Incarceration (jail/prison)	5 (1%)	3 (1%)	7 (1%)	16 (1%)
Violence or sexual assault	7 (1%)	0 (0%)	3 (0.5%)	12 (1%)
Other	8 (1%)	6 (2%)	10 (2%)	28 (2%)
None of these apply to my family or me	219 (37%)	166 (44%)	322 (49%)	776 (44%)

*Respondents could select more than one choice

Figure 22. Social Challenges Experienced Among GOW County Community Survey Respondents and/or Their Household Members by Annual Household Income *



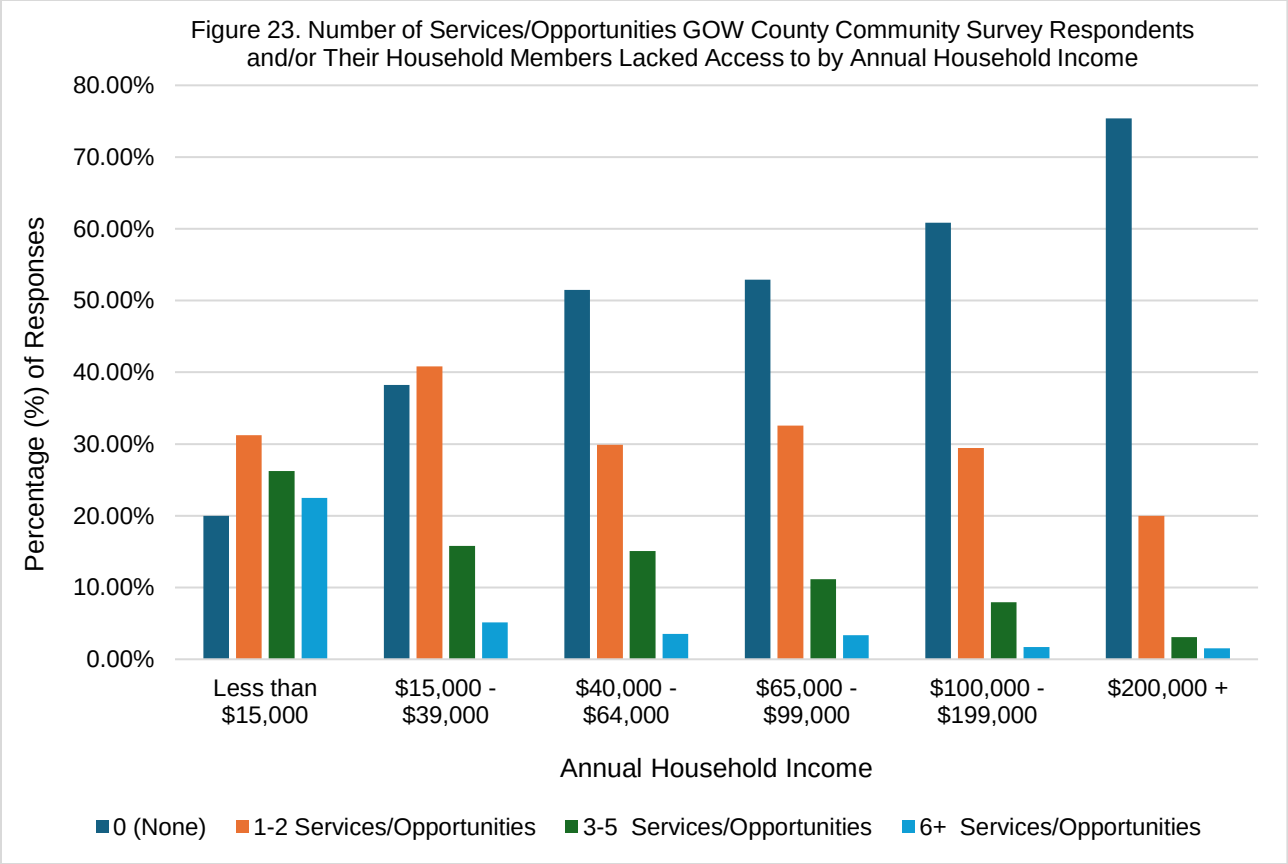
The percentage of respondents who reported no social challenges was lowest among households with an annual income of less than $15,000 and highest among those who reported an income between $40,000 and $99,000. Respondents in the lowest income bracket had the highest proportion of 3-5 social challenges, as well as 6+ challenges.

*The breakdown of +65k versus ≤64k is based on the average of the median household incomes in GOW Counties[5]

Stress was the most commonly reported social challenge experienced among respondents and/or their household members, regardless of annual household income. Additionally, social challenges, such as bullying, unsafe driving, and crime/vandalism, had similar proportions between income groups. Respondents in the lower income bracket had notably higher percentages for social challenges including social isolation, unemployment, hunger/food insecurity, and homelessness.

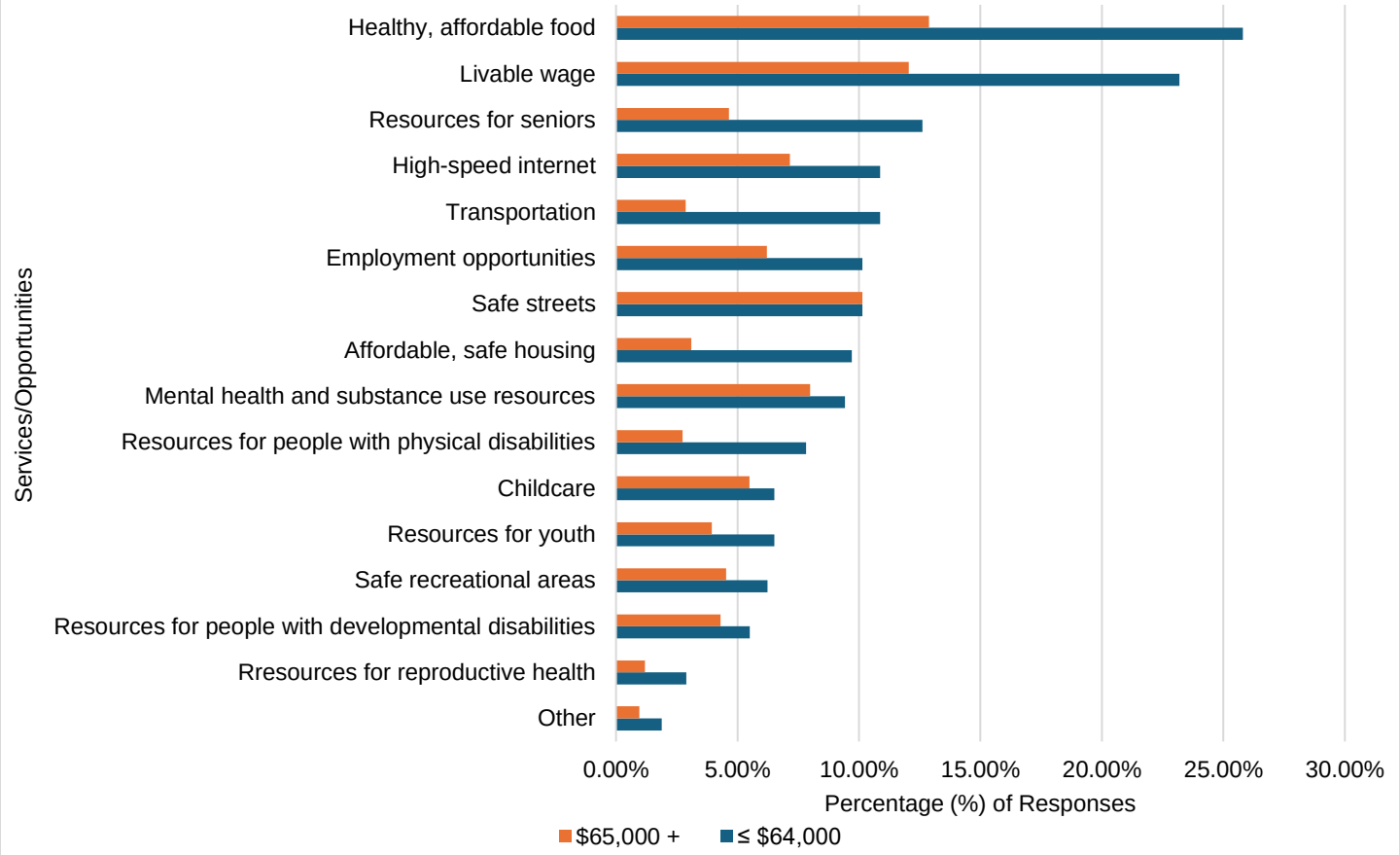
Table 16. What services or opportunities have you or a household member lacked access to in the past year? *				
	County of Residence			**All Participants**, including non-GOW n=1,754
	Genesee n=593	**Orleans** n=374	**Wyoming** n=647	
Healthy, affordable food	121 (20%)	56 (15%)	117 (18%)	312 (18%)
Livable wage	116 (20%)	45 (12%)	110 (17%)	291 (17%)
Safe streets (e.g., sidewalks, crosswalks, bike lanes, traffic calming)	77 (13%)	38 (10%)	47 (7%)	176 (10%)
High-speed internet	47 (8%)	28 (7%)	68 (11%)	151 (9%)
Support/resources for seniors	39 (7%)	43 (11%)	54 (8%)	145 (8%)
Support/resources for people with mental illness/substance use problems	55 (9%)	25 (7%)	57 (9%)	144 (8%)
Employment opportunities	55 (9%)	19 (5%)	52 (8%)	134 (8%)
Transportation	52 (9%)	19 (5%)	35 (5%)	111 (6%)
Affordable, safe housing	55 (9%)	17 (5%)	23 (4%)	102 (6%)
Childcare	31 (5%)	11 (3%)	50 (8%)	94 (5%)
Safe recreational areas	43 (7%)	18 (5%)	22 (3%)	88 (5%)
Support/resources for people with physical limitations/disabilities	38 (6%)	21 (6%)	24 (4%)	87 (5%)
Support/resources for people with intellectual/developmental disabilities	27 (5%)	24 (6%)	27 (4%)	81 (5%)
Support/resources for youth	25 (4%)	13 (3%)	41 (6%)	81 (5%)
Support/resources for reproductive health, prenatal care, and parents	13 (2%)	2 (1%)	15 (2%)	34 (2%)
Other**	5 (1%)	5 (1%)	11 (2%)	21 (1%)
None of these apply to my family or me	285 (48%)	202 (54%)	349 (54%)	921 (53%)

*Respondents could select more than one choice
**Respondents additionally commented on dental services, insurance not covering many providers/services, and support for the LGBTQ+ community



Overall, the number of reported services or opportunities lacking among respondents and/or their household members decreased as annual household income level increased. There was a steady increase in respondents choosing no services/opportunities as income increased, and the 3-5 and 6+ categories steadily declined as income increased.

Figure 24. Services/Opportunities GOW County Community Survey Respondents and/or Their Household Members Lacked Access to by Annual Household Income *



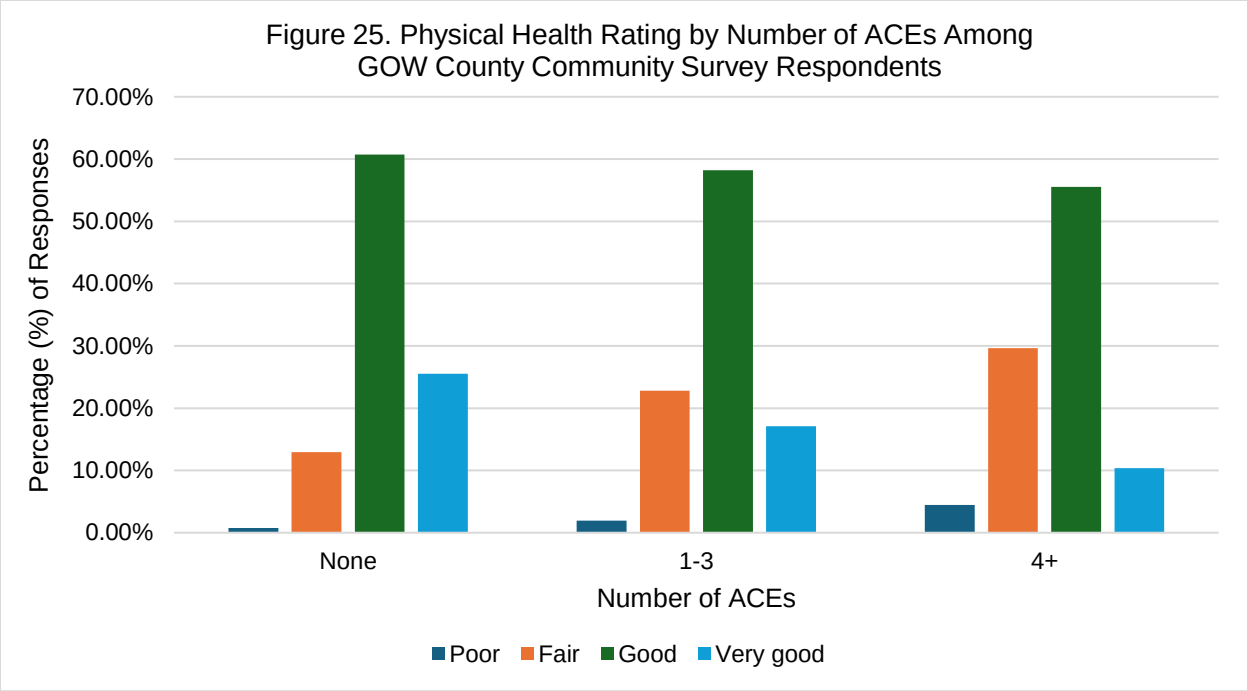
*The breakdown of +65k versus ≤64k is based on the average of the median household incomes in GOW Counties[5]

In both income groups, healthy, affordable food and a livable wage were the two services/opportunities respondents and/or their household members most commonly reported lacking access to in the past year. However, respondents in the lower income group had higher percentages reporting a lack of both those services/opportunities. Likewise, respondents in the lower income group had notably higher proportions reporting lacking transportation, resources for seniors, and affordable, safe housing compared to the $65,000+ group.

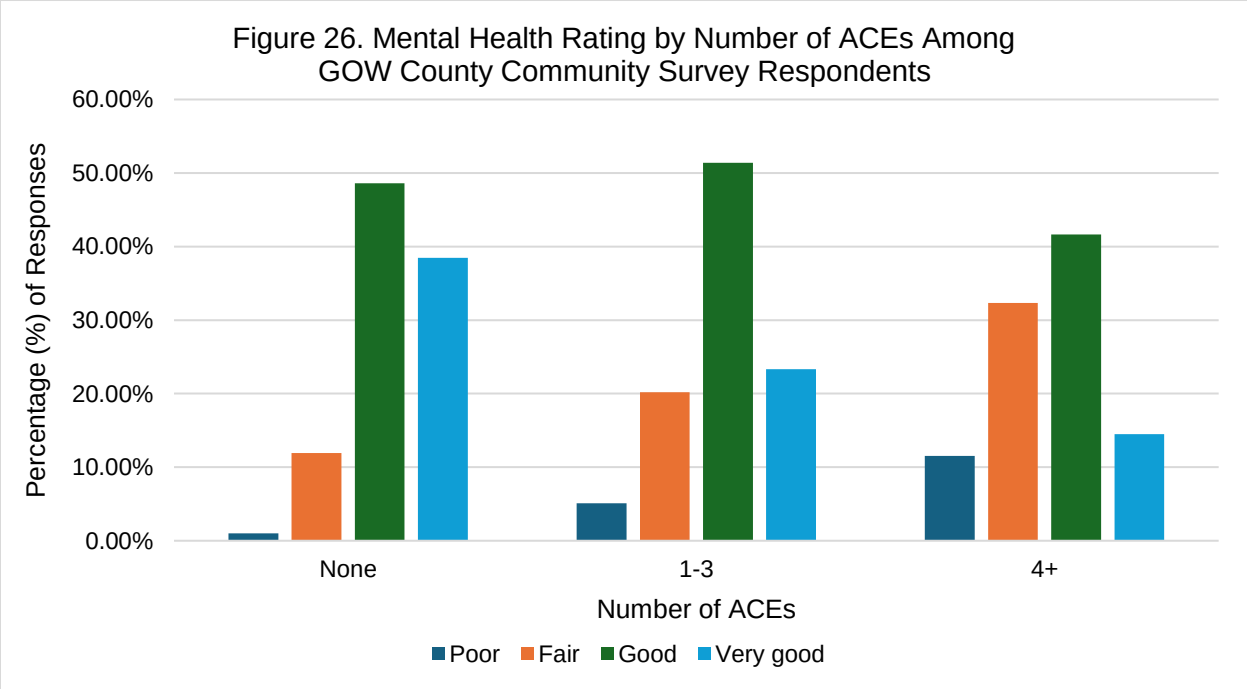
Table 17. As a child growing up, did you experience any of the following Adverse Childhood Experiences (ACEs)? *				
	County of Residence			**All Participants**, including non-GOW n=1,781
	Genesee n=599	**Orleans** n=381	**Wyoming** n=655	
Emotional abuse	172 (29%)	99 (26%)	150 (23%)	466 (26%)
Parents separated or divorced	154 (26%)	95 (25%)	163 (25%)	440 (25%)
Substance misuse or alcoholism in the household	121 (20%)	91 (24%)	126 (19%)	376 (21%)
Mental illness in the household	136 (23%)	69 (18%)	110 (17%)	345 (19%)
Emotional neglect	116 (19%)	69 (18%)	88 (13%)	303 (17%)
Physical abuse	99 (17%)	60 (16%)	100 (15%)	279 (16%)
Sexual abuse	82 (14%)	55 (14%)	73 (11%)	225 (13%)
Mother was physically abused	49 (8%)	33 (9%)	39 (6%)	132 (7%)
Physical neglect	42 (7%)	19 (5%)	32 (5%)	102 (6%)
Household member incarcerated	24 (4%)	10 (3%)	22 (3%)	64 (4%)
I didn't experience any of these as a child	270 (45%)	187 (49%)	334 (51%)	865 (49%)

*Respondents could select more than one choice

Table 18. Number of ACEs Selected				
	County of Residence			**All Participants**, including non-GOW n=1,781
	Genesee n=599	**Orleans** n=381	**Wyoming** n=655	
None	270 (45%)	187 (49%)	334 (51%)	865 (49%)
1-3	222 (37%)	129 (34%)	223 (34%)	621 (35%)
4+	107 (18%)	65 (17%)	98 (15%)	295 (17%)



Respondents reporting more ACEs were more likely to report “Poor” or “Fair” physical health with the 4+ ACEs category having the highest percentages of “Poor” and “Fair.” Respondents reporting no ACEs had the highest percentages of “Good” and ‘Very good” physical health.



Generally, poorer mental health ratings were higher among respondents reporting more ACEs. “Poor” and “Fair” had highest percentages in the 4+ ACEs category, while respondents reporting no ACEs had the highest proportion of “Very good.”

Table 19. When you imagine a strong, vibrant, healthy community, what are the most important features you think of? *				
	County of Residence			**All Participants**, including non-GOW n=1,762
	Genesee n=617	**Orleans** n=391	**Wyoming** n=676	
Job opportunities and livable wages	320 (52%)	193 (49%)	341 (50%)	899 (51%)
Affordable and accessible healthy food	301 (49%)	200 (51%)	341 (50%)	884 (50%)
Affordable housing	329 (53%)	194 (50%)	293 (43%)	866 (49%)
Good schools	260 (42%)	177 (45%)	344 (51%)	820 (47%)
Safe environment	262 (42%)	163 (42%)	293 (43%)	745 (42%)
High quality healthcare services	232 (38%)	145 (37%)	291 (43%)	696 (40%)
Clean environment	223 (36%)	122 (31%)	262 (39%)	637 (36%)
Community events	133 (22%)	94 (24%)	212 (31%)	457 (26%)
Parks & recreation resources	140 (23%)	94 (24%)	194 (29%)	447 (25%)
Mental/behavioral health services	144 (23%)	72 (18%)	163 (24%)	401 (23%)
Diversity is welcomed	142 (23%)	85 (22%)	152 (22%)	397 (23%)
Good and affordable childcare	121 (20%)	65 (17%)	175 (26%)	383 (22%)
Walkable & bike-friendly communities	124 (20%)	65 (17%)	137 (20%)	342 (19%)
Senior housing and services	118 (19%)	70 (18%)	130 (19%)	331 (19%)
Transportation options	112 (18%)	67 (17%)	127 (19%)	322 (18%)
Other**	16 (3%)	12 (3%)	13 (2%)	41 (2%)

*Respondents could select more than one choice
**Respondents also included comments regarding financial assistance, lower taxes, and church services

Table 20. What do you think the health priorities for your community should be? *				
	County of Residence			**All Participants**, including non-GOW n=1,749
	Genesee n=616	**Orleans** n=390	**Wyoming** n=665	
Housing stability and affordability	369 (60%)	225 (58%)	309 (46%)	949 (54%)
Nutrition security (ability to access and afford healthy food)	300 (49%)	178 (46%)	287 (43%)	794 (45%)
Promoting health and wellness in schools (e.g., healthy school meals, counseling and mentoring, timely immunization)	190 (31%)	127 (33%)	245 (37%)	589 (34%)
Poverty	193 (31%)	146 (37%)	180 (27%)	547 (31%)
Drug misuse and overdose	170 (28%)	133 (34%)	214 (32%)	536 (31%)
Access to community services and support	176 (29%)	112 (29%)	197 (30%)	508 (29%)
Anxiety and stress	187 (30%)	82 (21%)	181 (27%)	472 (27%)
Preventing chronic diseases (e.g., diabetes, heart disease, cancer)	142 (23%)	109 (28%)	141 (21%)	409 (23%)
Healthy eating	142 (23%)	81 (21%)	158 (24%)	394 (23%)
Opportunities for continued education (e.g., GED programs, transitional and vocational programs, reskilling/retraining programs, adult literacy)	156 (25%)	81 (21%)	132 (20%)	384 (22%)
Access to opportunities for physical activity	141 (23%)	66 (17%)	139 (21%)	361 (21%)
Adverse childhood experiences (e.g. abuse, neglect, divorce, other trauma)	131 (21%)	62 (16%)	144 (22%)	352 (20%)
Unemployment	123 (20%)	76 (19%)	107 (16%)	329 (19%)
Early intervention for children with disabilities/developmental delays	114 (19%)	75 (19%)	124 (19%)	327 (19%)
Depression	126 (20%)	55 (14%)	120 (18%)	315 (18%)
Dental health (e.g., routine visits, water fluoridation)	103 (17%)	48 (12%)	114 (17%)	279 (16%)
Childhood behavioral health	96 (16%)	46 (12%)	112 (17%)	267 (15%)
Suicide	85 (14%)	27 (7%)	84 (13%)	205 (12%)
Preventative services for children (e.g., immunization, lead screening)	66 (11%)	47 (12%)	81 (12%)	203 (12%)
Alcohol use	55 (9%)	24 (6%)	65 (10%)	151 (9%)
Access to prenatal care	49 (8%)	24 (6%)	58 (9%)	135 (8%)
Tobacco/e-cigarette use	48 (8%)	17 (4%)	51 (8%)	120 (7%)
Injuries and violence	53 (9%)	19 (5%)	27 (4%)	101 (6%)
Preventing infant and maternal deaths	45 (7%)	9 (2%)	27 (4%)	85 (5%)
Other**	17 (3%)	15 (4%)	26 (4%)	60 (3%)

*Respondents could select more than one choice

**Respondents also mentioned mental health services, education and youth services, as well as senior services

Table 21. When you think about environmental challenges in the community where you live, what are you most concerned about?*				
	County of Residence			**All Participants**, including non-GOW n=1,742
	Genesee n=617	**Orleans** n=391	**Wyoming** n=659	
Drinking water quality	258 (42%)	124 (32%)	309 (47%)	721 (41%)
Agricultural runoff (e.g., manure, pesticides)	195 (32%)	114 (29%)	244 (37%)	566 (32%)
School safety	208 (34%)	107 (27%)	161 (24%)	500 (29%)
Extreme weather (e.g., flooding, tornadoes, blizzards, droughts, rising temperatures)	148 (24%)	57 (15%)	110 (17%)	337 (19%)
Home safety	138 (22%)	86 (22%)	82 (12%)	322 (18%)
Exposure to tobacco and/or marijuana smoke	124 (20%)	75 (19%)	95 (14%)	301 (17%)
Vector-borne diseases (e.g., mosquitos, ticks)	90 (15%)	66 (17%)	95 (14%)	260 (15%)
Stream, river, lake quality	65 (11%)	71 (18%)	81 (12%)	231 (13%)
Air pollution	102 (17%)	32 (8%)	67 (10%)	212 (12%)
I don't think my community has any environmental challenges	43 (7%)	45 (12%)	90 (14%)	187 (11%)
Lead hazards	67 (11%)	60 (15%)	48 (7%)	180 (10%)
Nuisance wildlife/stray animals (e.g., rodents, bats in homes)	64 (10%)	42 (11%)	70 (11%)	180 (10%)
Failing septic systems	43 (7%)	39 (10%)	73 (11%)	159 (9%)
Flooding/soil drainage	40 (6%)	30 (8%)	34 (5%)	107 (6%)
Foodborne disease	37 (6%)	21 (5%)	22 (3%)	86 (5%)
Radon	42 (7%)	15 (4%)	26 (4%)	86 (5%)
Street sanitation	40 (6%)	15 (4%)	25 (4%)	84 (5%)
Other**	18 (3%)	13 (3%)	13 (2%)	44 (3%)

*Respondents could select more than one choice
**Respondents also mentioned solar panels, wind turbines, and windmills, food quality, access to public water, and road work

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Appendix E: Community Conversation Template

Location: _____ Date: _____

Attendance: _____

In Genesee, Orleans, and Wyoming County, many individuals in our community encounter daily challenges in their pursuit of a healthy lifestyle. It is important to recognize that everyone has the right to good health, and we are interested in learning about the specific issues present in your community and how we can work towards addressing them.

1) Are there any physical and/or mental health related concerns that you and/or your household members face? If so, what are they?
2) Are there any challenges that you and/or your household members face day to day?
3) What do you think is the biggest community need when it comes to health?
4) What are some suggestions you have that may improve the health of the community?
5) How could local programs and services be improved?
6) If we wanted to reach you with a community health message or public service announcements, what would be the best way?

Appendix F: Summary of Genesee County Community Conversations

Thirteen community conversations were conducted in Genesee County at the following locations:

- 400 Towers
- Baby Café
- Batavia Head Start
- Eagle Star Housing
- Genesee County Youth Bureau- Genesee Youth Lead
- GLOW Out!
- Independent Living
- Office for the Aging Meal site- Batavia
- Office for the Aging Meal site- Corfu
- Leisuretimers Residential Services
- UConnectCare Recovery Station

This report summarizes themes from the focus groups ("Community Conversations") conducted in Genesee County between February and May 2025, with participation from 121 community members, including youth and adults. The purpose was to identify shared physical and mental health concerns, day-to-day challenges, community needs, ideas for improvement, and preferred communication methods.

Health Concerns

Participants shared both physical and mental health challenges. Mental health came up in nearly every group, especially struggles with depression, anxiety, stress, PTSD, and emotional distress. These issues were particularly common among youth and caregivers. Barriers included cost, long wait times, and a lack of culturally appropriate providers. Substance use, especially opioids and alcohol, was often mentioned that it was connected to untreated trauma.

Other common health concerns included:

- Chronic conditions like diabetes, obesity, and hypertension
- Mobility challenges (stairs, walking distances, handicap parking)
- Limited access to affordable dental care for uninsured adults
- Stigma, caregiver stress, and confidentiality concerns in small towns
- Unique needs of LGBTQ+ residents, including access to gender-affirming care
- Rare conditions requiring out-of-state travel for treatment

Everyday Challenges

Transportation was a major barrier, especially for rural residents and older adults. Financial struggles were widespread, covering medications, food, housing, childcare, and pet care. Participants also described stress from caregiving, isolation, and navigating complicated insurance systems. Other concerns included:

- Distrust of providers and lack of cultural competency

- Technology barriers
- Pressure on low-income families and caregivers to prioritize others' needs over their own

Most Pressing Health Needs
Across all groups, the biggest need identified was more healthcare providers**,** especially in mental health, dental, pediatric, and primary care. Other top priorities included:

- Affordable, accessible healthcare and mental health services
- Better transportation options
- Health education on chronic conditions, insurance, and healthy habits
- Social supports such as safe housing, caregiver resources, and elder care
- Youth programs for sports, hygiene, sexual health, and safe spaces (including LGBTQ+ youth)
- Inclusive, culturally competent services

Ideas for Improving Community Health
Participants suggested:

- Expanding access through mobile clinics, walk-in care, and more rural providers
- Offering education on nutrition, drug prevention, health literacy, and youth wellness
- Increasing availability of hygiene supplies, dental and vision care, and affordable medications
- Building community connections through events, trails, and safe public spaces
- Improving infrastructure like sidewalks and walking areas
- Supporting caregivers and simplifying health insurance enrollment
- Creating dog and baby friendly community spaces

Improving Programs and Services
To make local services more effective, participants recommended:

- Clearer communication with consistent, multilingual messaging
- Easier navigation of healthcare and insurance systems
- Expanded transportation options, especially to medical appointments
- Greater inclusion of rural residents, older adults, caregivers, and those without digital access
- More collaboration among agencies to reduce duplication
- Training for healthcare providers on LGBTQ+ needs and cultural competency
- Better access to updated provider and specialist lists

Sharing Health Messages
Preferred ways to receive information included:

- Traditional mail and flyers (especially for older adults)
- Social media (Facebook, Instagram, TikTok, Snapchat)

- Local newspapers, community bulletins, and school flyers
- Text alerts and emails (with texts seen as fastest)
- Posting information in libraries, churches, grocery stores, and laundromats
- Word-of-mouth through trusted community leaders
- Outreach at local events and businesses

Overall Takeaways
The strongest themes were:

- The urgent need for mental health support
- Affordable, accessible, and culturally competent healthcare
- Expanded transportation options
- Practical health education and social supports
- Inclusive communication strategies

Appendix G: Summary of Orleans County Community Conversations

Thirteen conversations were facilitated in Orleans County at the following locations:

- 4-H Senior Council
- Albion Rotary Club
- GLOW Out! (Adults and Youth)
- Kendall Head Start
- Koinonia Kitchen
- Lee Whedon Memorial Library
- Medina Area Association of Churches (MAAC)
- Medina Head Start
- National Diabetes Prevention Program Class
- Orleans County Human Services Council
- Orleans County Office for the Aging (OFA) – Advisory Council
- Orleans County Office for the Aging (OFA) – Long Term Care Council
- Spring Health Fair

This report summarizes themes from the community focus groups ("Community Conversations") conducted in Orleans County between February and May 2025, with participation from 113 community members, including youth and adults. The purpose was to identify shared physical and mental health concerns, day-to-day challenges, community needs, ideas for improvement, and preferred communication methods.

Health Concerns

Residents across all groups expressed serious concerns about both mental and physical health.

- Mental health**:** Anxiety, depression, PTSD, and stress were widely reported, particularly among youth, men, and caregivers.
- Physical health**:** Common concerns included diabetes, high blood pressure, chronic pain, obesity, and aging-related issues such as dementia.
- Access to care**:** Many participants highlighted shortages of mental health, dental, and pediatric providers, along with barriers in navigating the healthcare system.
- Stigma and barriers**:** Stigma surrounding mental health and difficulties with insurance, limit access to care, particularly for LGBTQ+ community members and those with lower income.

Everyday Challenges

Transportation and affordability were the most consistent barriers, especially for rural residents, older adults, and those needing medical care or food. Other challenges included:

- Navigating complicated insurance and healthcare systems
- Caregiving stress and emotional strain from isolation
- Food insecurity and childcare shortages
- Inflexible work schedules and medical appointment times

- Experiences of exclusion, fears of discrimination, and difficulty accessing safe facilities were reported, contributing to elevated mental health stress, particularly among populations facing systemic barriers.

Most Pressing Health Needs
Across all groups, residents identified the following top needs:

- More healthcare providers, especially in mental health, dental, and primary care
- Expanded transportation options
- Affordable healthcare and housing
- Easier navigation of insurance and health systems
- Greater collaboration among local agencies
- Health education and literacy support
- Youth-specific programs and safe spaces
- Inclusive health needs: Participants highlighted the importance of access to gender-affirming care, protections against discrimination, and health programs that provide safe, affirming, and inclusive services.

Ideas for Improving Community Health
Participants offered a range of ideas to strengthen local health and wellness:

- Expanding access through mobile clinics, walk-in care, and rural providers
- Community health education on nutrition, drug prevention, and preventive care
- Increasing access to hygiene supplies, medical equipment, and affordable medications
- Investing in social and intergenerational activities, safe sidewalks, and walking trails
- Supporting caregivers and frontline workers through system reforms
- Improving communication, coordination, and collaboration across agencies
- Peer-led support spaces, drop-in centers, inclusive provider training, and hiring LGBTQ+ staff to create safer, affirming environments.

Enhancing Local Programs and Services
Key recommendations included:

- Better promotion and clear, consistent communication across agencies
- Simplifying navigation of health systems and reducing reliance on automated systems
- Improving transportation access for appointments and community events
- Ensuring inclusion of rural residents, older adults, caregivers, and those without digital access
- Unlocking funding opportunities and improving resource sharing across agencies
- Participants emphasized the importance of training providers on pronoun use and trauma-informed care, ensuring forms and signage reflect gender diversity, and including diverse voices in leadership and decision-making.

Sharing Health Messages
Residents recommended multiple outreach methods to reach diverse groups:

- Print materials and mailings for older adults
- Social media (Facebook, Instagram) for younger groups, though some noted these can feel crowded
- Flyers through schools and daycares
- Local newspapers, community bulletins, and postings in public spaces like libraries, churches, and grocery stores
- Text alerts and community apps with event calendars
- Using multiple channels was strongly encouraged for the broadest reach.

Overall Takeaways
The strongest themes were:

- Expanded mental health support
- Affordable and culturally competent healthcare
- Better transportation access
- Stronger health education and literacy efforts
- Inclusive, trusted communication strategies

Appendix H: Summary of Wyoming County Community Conversations

Nine conversations were facilitated in Wyoming County at the following locations:

- Agriculture Center – Veterans Haircuts
- Attica Food Link Pop-up Pantry
- Daniels Chiropractic
- GLOW Out! (youth and adults)
- Office for the Aging- Advisory Board
- Perry Rotary Club
- Village of Perry
- Warsaw High School

This report summarizes themes from the community focus groups ("Community Conversations") conducted in Wyoming County between March and April 2025, with participation from 287 community members, including youth and adults.
The participants shared diverse perspectives on physical and mental health concerns, day-to-day challenges, community health priorities, ideas for improvement, and preferred communication methods. The insights gathered aim to guide public health programming and outreach tailored to Wyoming County residents' specific needs.

Health Concerns

- Mental health emerged as a prominent issue, with depression, anxiety, suicide risk, substance use disorders, and stress linked to bullying, family issues, and social isolation.
- Youth faced challenges with self-image and stigma, including lack of gender affirming care.
- Access to mental health providers is limited by long wait times, few local resources, and shortages of culturally competent care.
- Common physical health concerns include chronic diseases (diabetes, heart disease, obesity, autoimmune disorders) and mobility impairments.
- Dental health gaps were noted due to limited providers and affordability.
- Lack of urgent care and crisis behavioral health services were highlighted as critical gaps.

Everyday Challenges

- Inadequate transportation complicates access to healthcare, groceries, and social activities, especially evenings, weekends, and for seniors or people with mobility issues.
- Financial difficulties affect ability to pay for medications, medical bills, healthy food, childcare, and medical equipment.
- Social isolation and weakening community connections impact youth and older adults; technology use sometimes hinders interaction.
- Safety concerns, including bullying and harassment, limit outdoor activity.
- Navigating healthcare systems and eligibility, along with stigma related to mental health and LGBTQ+ identities, presents ongoing barriers.

Most Pressing Health Needs

- More local healthcare providers: primary care, dental, pediatric, and behavioral health specialists trained in diversity and inclusion.
- Improved transportation infrastructure and accessible public transit.
- Social supports to reduce isolation: mentorship programs, safe spaces, and opportunities for older adults.
- Addressing food insecurity through better access to healthy food and alignment of food pantry services.
- Expanded, timely, culturally competent mental health services, inclusive of LGBTQ+ populations.
- Education on nutrition, substance use prevention, mental health literacy, hygiene, and technology safety.
- Creating safe, inclusive environments free from bullying and discrimination.

Ideas for Improving Community Health

- Expand access via mobile clinics, pop-up screenings, and walk-in services.
- Open schools and public buildings for physical activity and socialization.
- Develop intergenerational mentorship and volunteer programs.
- Health education campaigns tailored to age groups and needs, including nutrition, substance use prevention, mental health, and technology use.
- Enhance collaboration between agencies and providers to streamline services.
- Improve infrastructure: sidewalks, lighting, and accessible public spaces.
- Train healthcare and social service providers in cultural competency and trauma-informed care.

Enhancing Local Programs and Services

- Ensure programs are inclusive and welcoming to LGBTQ+ individuals, older adults, people with disabilities, and rural residents.
- Provide sliding scale fees and flexible hours to increase affordability and access.
- Strengthen collaboration between healthcare, social services, schools, law enforcement, and community organizations.
- Secure sustainable funding and grants to maintain and grow programs.

Sharing Health Messages

- Use multi-channel communication to reach diverse audiences, including social media, text messaging, email, printed materials, local radio, and TRADIO.
- Post information at community hubs: libraries, churches, schools, grocery stores, and town offices.
- Leverage health fairs, pop-up screenings, and tabling at community events for engagement.
- Rely on word-of-mouth through trusted community leaders and peers to reach marginalized or hard-to-reach populations.

Appendix I: Key Informant Interview Template for Genesee and Orleans Counties

1. What are the most significant physical health and mental health challenges facing the community you serve? Are there any specific health concerns for particular populations within the community (e.g. children, older adults, low-income populations)?

2. What strategies or interventions do you think would be most effective in addressing these priority health issues?

3. What are the main barriers people face in accessing healthcare? (e.g., cost, transportation, language barriers, accessibility)

4. What additional services or resources do residents feel are needed in their community?

5. Where do you see opportunities for collaboration between different community organizations to improve health outcomes?

Appendix J: Summary of Genesee County Key Informant Interviews

Key informant interviews were conducted with stakeholders from the following organizations that serve Genesee County:

- Community Action of Genesee and Orleans
- Independent Living of the Genesee Region
- Genesee County Mental Health Department
- United Memorial Medical Center- Rochester Regional Health

Physical & Mental Health Challenges

- **Housing & Homelessness:** Rising homelessness, unaffordable housing, unsafe temporary options; linked to mental health and substance use.
- **Mental & Behavioral Health:** Shortage of local providers, long waits, high costs, stigma; children and youth face trauma and limited early interventions.
- **Substance Use:** Cycles of relapse, lack of coordinated long-term care and safe housing.
- **Healthcare Access & Literacy:** Low health literacy, misinformation, distrust, rural travel barriers, limited local services.
- **Food & Nutrition:** Food insecurity and poor diet due to cost and stress.
- **Systemic Barriers:** Benefits cliff, limited program funding, insurance gaps, workforce shortages.

Strategies or Interventions

- **Health Literacy:** Improve health literacy via trusted, centralized information and care navigation.
- **Access to Care:** Expand access to care: telehealth, mobile clinics, local providers, culturally appropriate outreach.
- **Address substance use:** Address coordinated community response, harm reduction, stigma reduction.
- **Mental health services**: Increase local providers, early prevention, group-based programs.
- **Help meet basic needs:** Support nutrition, childcare, and housing through education programs, funding opportunities, and the development of more affordable units.

Main Barriers to HealthCare

- **Improve health literacy and address misinformation:** Combat reliance on social media and peers for health advice, and reduce confusion and mistrust caused by politically-driven health narratives.
- **Reduce access challenges:** Minimize long waits, limited provider availability, and rural travel barriers, while addressing cost issues like co-pays, deductibles, and insurance gaps.

- **Strengthen healthcare system capacity:** Address workforce shortages and burnout, and ensure patient needs are prioritized over revenue in a commercialized care environment.
- **Address additional barriers to care:** Reduce stigma around mental health and substance use, support housing stability, and simplify complex program requirements (e.g., PPL transitions).

Additional Services & Resources Needed

- **Enhance health literacy and education:** Provide clear guidance on navigating health and care systems, and offer preventive, practical education on nutrition and healthy living.
- **Support childcare and early intervention:** Expand access to affordable childcare and improve early support for children with developmental needs.
- **Increase housing access:** Develop more affordable housing units for low-income and homeless populations.
- **Strengthen substance use and community support:** Offer centralized care navigation and community-based resources, including community centers with diverse health-related programming.
- **Improve provider support:** Provide better wages, mileage reimbursement, and incentives to attract and retain healthcare providers.

Opportunities for Collaboration

- **Streamline needs assessment:** Conduct a unified assessment process to reduce duplication and improve efficiency.
- **Strengthen partnerships:** Increase collaboration among organizations serving similar populations to maximize impact.
- **Build community trust and engagement:** Create welcoming, inclusive spaces and respectfully engage with community movements to combat misinformation.
- **Integrate and coordinate services:** Combine mental health, primary care, social services, and law enforcement, while expanding multi-service community events (“Health Hub” models).
- **Support workforce and funding:** Enhance recruitment and retention of healthcare providers and leverage grants, foundations, and Medicaid waivers to drive systemic improvements.

Appendix K: Summary of Orleans County Key Informant Interviews

Key informant interviews were conducted with stakeholders from the following organizations that serve Orleans County:

- Community Action of Genesee and Orleans
- Independent Living of the Genesee Region
- Orleans Community Health- Medina Memorial Hospital
- Orleans County Mental Health Department

Physical Health and Mental Health Challenges

- **Housing & Homelessness:** Rising homelessness and housing instability contribute to chronic stress, mental health challenges, and substance use. Temporary motel housing can be unsafe and undermine recovery.
- **Children & Youth:** Trauma, limited access to early intervention for developmental or behavioral issues, and shortage of pediatric/specialty services.
- **Chronic Disease:** High rates of diabetes, hypertension, heart disease, COPD, and obesity; limited specialty care delays diagnosis and treatment.
- **Mental Health:** Increasing needs for behavioral health services (anxiety, depression, substance use); youth and families particularly affected.
- **Interconnection:** Physical and mental health challenges are interrelated; untreated conditions in one area often exacerbate the other.
- **Substance Use:** Nicotine, alcohol, marijuana, and vaping affect mental health; lack of long-term treatment integration with housing services.
- **Populations at Risk:**
    - Older adults: falls, medication management, transportation, social isolation
    - Children/adolescents: rising mental health concerns, limited pediatric specialists
    - Low-income populations: unmanaged chronic disease, transportation and cost barriers
- **Health Literacy & Education:** Provide reliable, centralized health information; consistent messaging; guidance on navigating care.

Strategies or Interventions

- **Access to Care:** Expand telehealth, mobile clinics, pop-up screenings, after-hours/walk-in options; culturally and educationally appropriate outreach.
- **Substance Use & Stabilization:** Harm reduction strategies; coordinated system-wide approach; community education to reduce stigma.
- **Mental Health Services:** Increase local providers, incentives to retain counselors, early intervention programs, school- and community-based support.
- **Nutrition & Healthy Living:** Hands-on education, healthy eating on a budget, community wellness events.
- **Childcare & Early Intervention:** Restore funding, increase accessibility for families and children with special needs.
- **Holistic & Alternative Approaches:** Integrate physical, mental, and complementary health services; emphasize prevention and wellness.

Main Barriers to Accessing Healthcare

- **Health Literacy & Misinformation:** Residents rely on peers/social media rather than trusted sources; confusion and mistrust affect care decisions.
- **Access & Workforce Shortages:** Long wait times, few local providers, limited specialty care; ER often used as default care.
- **Transportation:** Inadequate public transit, long distances to providers, limited wheelchair-accessible options.
- **Cost & Insurance:** High co-pays, limited coverage, insurance gaps, "benefits cliff" challenges.
- **System Navigation & Frustration:** Complex eligibility requirements, PPL system transition delays, and lack of support for older adults and people with disabilities.
- **Stigma:** Mental health and LGBTQ+ stigma prevent individuals from seeking care or engaging in treatment.
- **Commercialization:** Perception that healthcare prioritizes revenue over patient-centered care.
- **Technology Gaps:** Limited devices or internet access restrict telehealth and online resource use.

Additional Services or Resources Residents Need

- **Expanded Healthcare Services:** After-hours primary care, urgent care, home health aides, chronic disease support, behavioral health services.
- **Health Literacy & Education:** Centralized, reliable information; nutrition, prevention, mental health literacy, self-care tools.
- **Childcare & Early Support:** Accessible, affordable childcare; early intervention for children with developmental delays.
- **Affordable Housing:** Increased availability of housing for individuals experiencing homelessness; support for homeownership.
- **Transportation & Accessibility:** Reliable transit for appointments and social engagement.
- **Community-Based Programs:** Mobile outreach, in-home services, mentorship programs, wellness events, school partnerships.
- **Substance Use & Public Education:** Evidence-based education, stigma reduction, coordinated system support.

Opportunities for Collaboration Between Community Organizations

- **Streamlined Needs Assessments:** Coordinated assessments to reduce duplication and ensure alignment.
- **Stronger Partnerships:** Unified efforts across organizations increase credibility and efficiency.
- **Building Trust & Welcoming Environments:** Warm handoffs, inclusive spaces, meeting people where they are.

- **Community Engagement & Feedback:** Use resident input to guide programs and ensure relevance.
- **Innovation & Creativity:** Develop new approaches to wellness, specialty care access, and outreach.
- **Shared Programs:** Partner with schools, churches, senior centers, and hospitals for wellness programs, screenings, and specialty clinics.
- **Resource Coordination & Funding:** Maximize philanthropic and state/federal funding; coordinate across agencies to support staffing, transportation, and service delivery.
- **Mental Health Collaboration:** Form coalitions to reduce stigma and improve access to behavioral health services.

Appendix L: Summary of Wyoming County Key Informant Interviews

Key informant interviews were conducted with stakeholders from the following organizations that serve Wyoming County:

- Wyoming County Community Action
- Oak Orchard Health
- Wyoming County Community Health System
- Wyoming County Health Department

Social and Community Needs

- Interconnected social needs create a domino effect contributing to mental health challenges (high anxiety, hopelessness, stress).
- Basic needs unmet: underwear, bras, feminine products.
- Working families struggling: many do not qualify for assistance but are still in need.
- Lack of childcare or affordability of childcare impacts ability to work.
- Community trust issues: residents may avoid systems, studies, or doctors.
- Need for better coordination and warm hand-offs between agencies and organizations.

Housing

- Affordable housing shortages: Section 8 housing full until end of year; temporary housing being arranged through local hotels.
- Senior-friendly housing is lacking.
- Too many housing regulations may limit flexibility.
- Lack of support for aging in place and insufficient beds in assisted living facilities.

Primary Care & Specialty Needs

- Lack of primary care providers (PCPs) and dentists, leading to inaccessible care.
- Specialists are more attractive to physicians due to higher pay; PCP shortage persists.
- Migrant population hesitant to seek care (pediatrics, women's care).
- Pediatric services and women's care insufficient.
- Need for outpatient behavioral health, specifically for older adults.
- Lack of geriatric psychiatry support.

Preventive and Chronic Care

- Preventive care lacking; dental care often postponed until emergencies.
- High smoking rates; need cessation resources, especially at workplaces like manufacturing.
- Preventive education and health screenings not impactful enough; need innovative approaches.
- Lack of support/resources for end-of-life and palliative care.
- Lack of family support and education for dementia care.
- Community paramedicine and enhanced care post-discharge are needed due to high readmission rates.

Healthcare Coordination

- Need for coordinated/centralized care platform (app, live chat, email, phone).
- Clinically integrated networks are missing.
- Lack of data sources hampers planning and targeted interventions.
- Enhanced reimbursement models could support improvements.

Economic Development & Workforce Connections

- Economic development conversations often omit healthcare considerations for employees.
- Lack of nearby specialized schools (e.g., autism support school 40 minutes away) affects recruitment.
- Workforce needs are critical; creative solutions needed to attract and retain providers.
- PCP recognition and marketing of the area could improve recruitment.

Transportation

- Transportation is inadequate for residents, limiting access to healthcare and services.
- Impacts ability to work, attend appointments, and access childcare.

Mental Health

- Patchwork support for mental health services; gaps exist.
- Stressors from unmet social needs exacerbate mental health conditions.
- Older adults need more outpatient behavioral health support.

Aging Population Needs

- Lack of home care and home health aide availability.
- Increased direct care needs for older adults.
- Need for programs like PACE to support aging in place.
- Delays in support following hospital discharges.

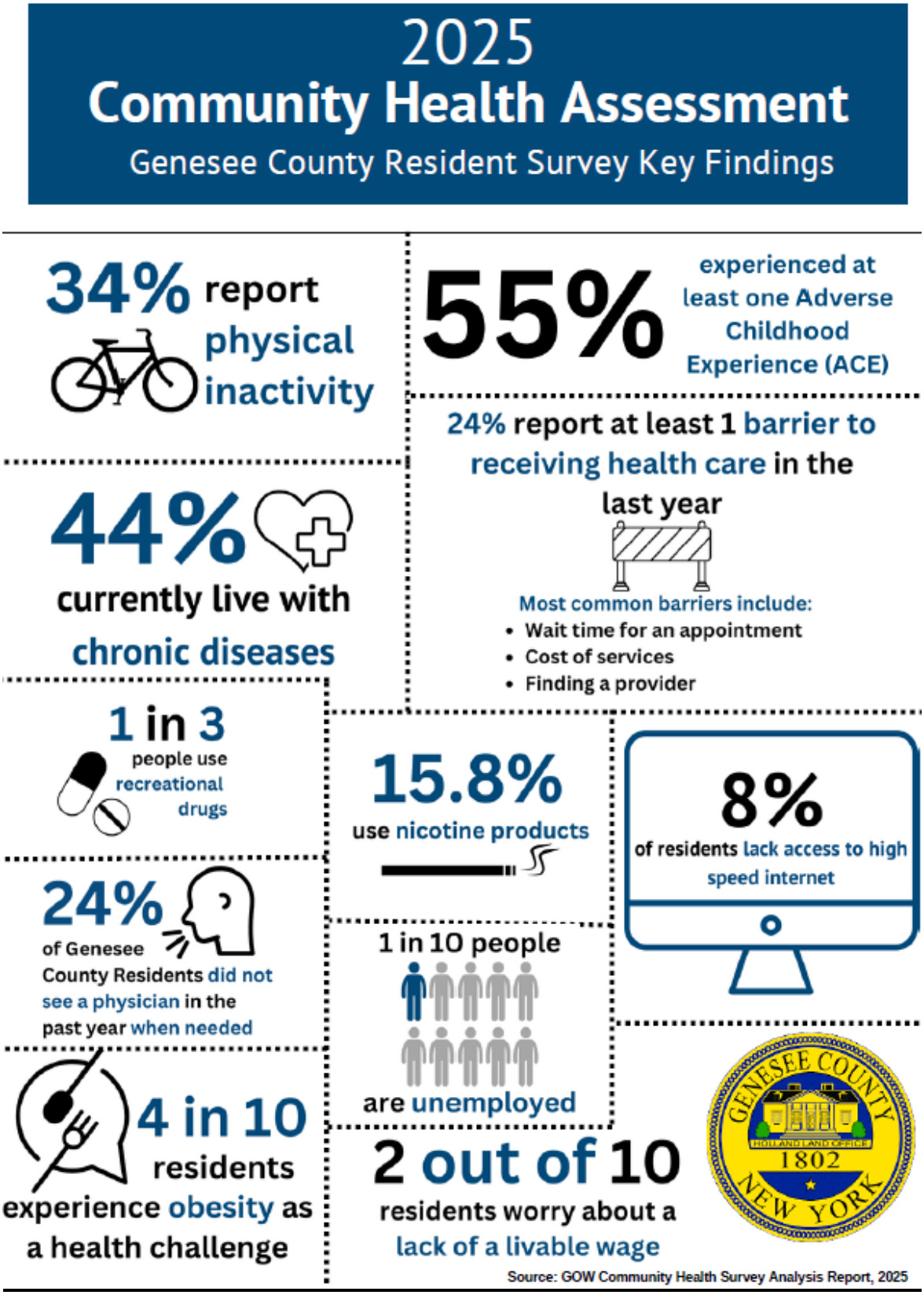
Lifestyle and Preventive Health

- Unhealthy lifestyles prevalent (sedentary behavior, processed foods).
- Lack of preventative health education and support.

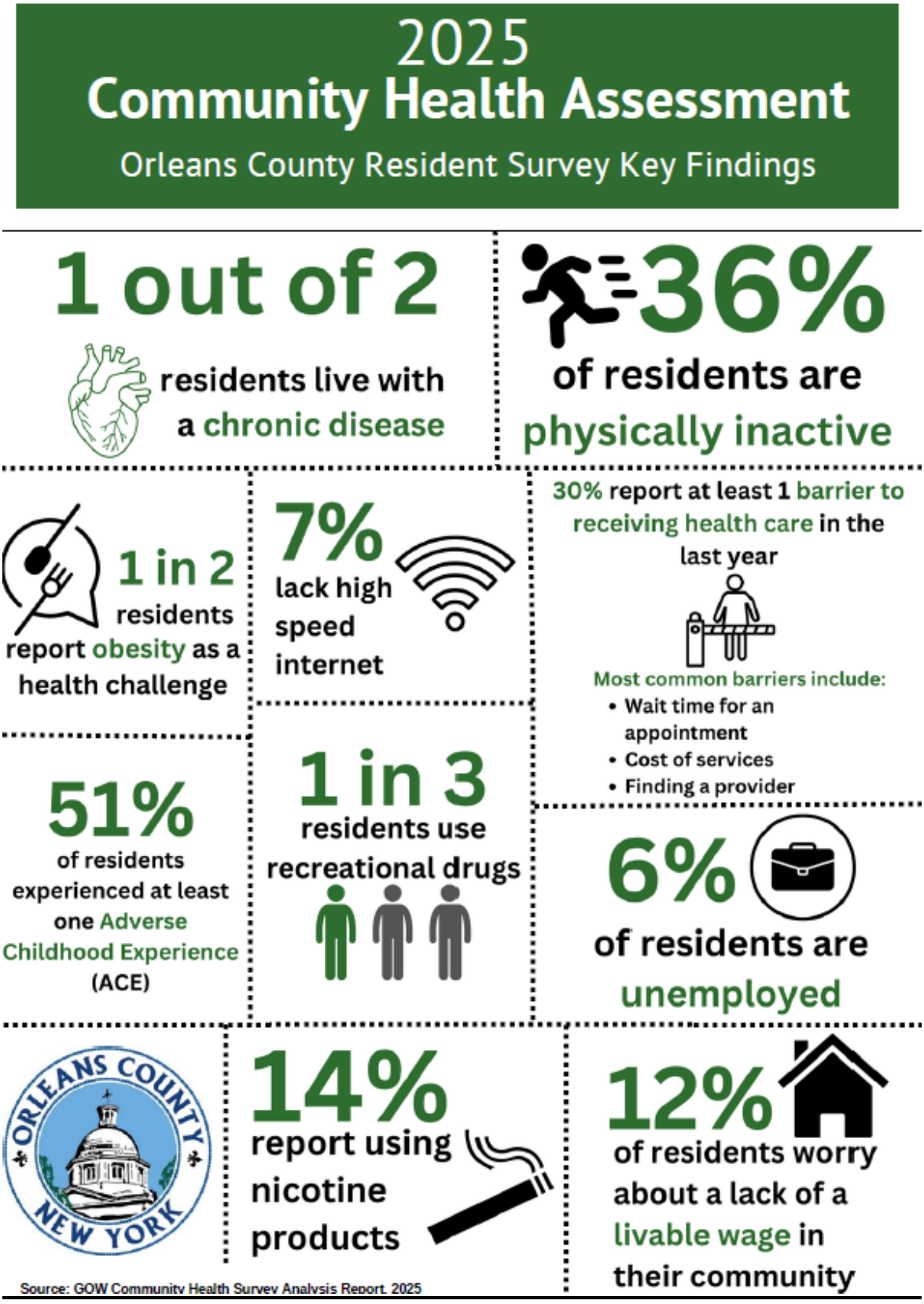
Program Effectiveness and Planning

- Current action plans not “moving the dial”; need creative and impactful interventions.
- Emphasis needed on meaningful, quality preventive education.

Appendix M: CHA Infographic- Genesee



Appendix N: CHA Infographic- Orleans



Appendix O: CHA Infographic- Wyoming

Appendix P: Record of Change

Date of Change	Updates	Responsible Party