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To Our Community Partners:

In 2020, the Health Foundation for Western and Central New York launched a new strategic plan and vision with a focus on socioeconomic and racial health equity. To support this work, we commissioned a scan to identify opportunities for improving outreach efforts to three rural counties in the Southern Tier of western New York—an area with vast health needs that have been historically under-resourced. We know that in order to better understand and serve these communities, it is important to listen to and learn from the people who live, work and provide care there.

The report, conducted by health care consultants Kate Ebersole and Sharon Mathe, provides an overview of health care and community service resources and gaps in Allegany, Cattaraugus, and Chautauqua counties. Because the Health Foundation’s strategic focus areas include older adults, young children impacted by poverty, and community health capacity, this research centered around services for those specific populations and needs.

The report's findings make it clear that while these three counties are home to a rich, complex, and diverse community, overarching challenges like health care access, lack of transportation and other infrastructure issues have a wide-reaching and uniting impact on community health.

The Health Foundation advocates for universal health coverage for all people in New York, and the information in this report underscores how critically important health care access is to improving outcomes.

The following is a highlight of the report’s key findings, and it is important to emphasize the information we capture here is only a snapshot of the work being led by a comprehensive, collaborative network of community-based organizations and health care providers.

Thank you to the community service providers who shared their time and input with us, and for the dedication you continue to show to the people you serve, especially in these challenging times.

We hope that this information will support ongoing efforts to improve the lives and health of the people of the Southern Tier.

With thanks,

Nora OBrien-Suric, PhD
President
Allegany, Cattaraugus and Chautauqua counties are known for their stunning ski hills, rolling farmland, and rugged forests. But in addition to these typically rural landscapes, WNY’s Southern Tier is also home to cities such as Jamestown, Dunkirk, Salamanca, and Olean, and suburban settings surrounding these cities. While the area’s reputation as an agricultural center remains true—over 5,000 farms are located in the Southern Tier—the local economy is also home to several academic and research institutions, health care companies and other businesses.

Allegany County is a geographically large rural area comprised of 1,030 square miles and is located in the foothills of the Appalachian Mountains along the Pennsylvania border of New York State. The county has 29 townships and 10 villages, with the most populated communities being Wellsville, Alfred, Cuba and Bolivar.
Cattaraugus County is a large (1309 sq. mi.), primarily rural county situated in southwestern New York, along the Pennsylvania border. It is home to two cities, Olean and Salamanca, in addition to nine villages and 32 towns located in Cattaraugus County.

Chautauqua County is located in the southwestern corner of New York State, along the New York-Pennsylvania border, and is the westernmost of New York’s counties. Chautauqua Lake is located in the center of the county, and Lake Erie is its northern border. Part of the Eastern Continental Divide runs through Chautauqua County. With two cities, Jamestown and Dunkirk, and twenty-seven towns and 15 villages, it covers 1,065 square miles.

PEOPLE

Serving this region requires understanding the specific culture, history and perspectives of those who live here, and how they can be more effectively reached with comprehensive resources and support.

New York’s Southern Tier is the northernmost part of Appalachia, the cultural region that stretches south into Alabama and Georgia. Most of the earliest settlers in Appalachia came from Scotch-Irish or German backgrounds. As in many other parts of Appalachia, the people of this region are known for having strong family and community ties. Appalachian residents are also frequently subject to unfair stereotyping and mischaracterization, and many have weathered generations of economic struggle.

While the majority of people in Allegany, Cattaraugus and Chautauqua counties are white, there are small but established communities of people of color throughout the region. This section provides a brief overview of the community’s cultural diversity, and specific data on the racial makeup of the area is available at the end of the report.

WNY’s Southern Tier is home to three Seneca Nation territories. The Seneca are the largest of six Native American nations comprising the Haudenosaunee or Iroquois Confederacy or Six Nations, a democratic government that pre-dates the United States Constitution. Today, the Seneca Nation has a population of over 8,000 enrolled members and is the fifth-largest employer in western New York.

Seneca territory borders both banks of the Allegheny River and is partially within several of the towns in the southern part of the county (South Valley, Cuba, Cold Spring, Salamanca, Great Valley, Red House and Carrollton, with a very small portion in the town of Allegany). The City of Salamanca, with the exception of a northern spur along U.S. Route 219, is also located within Seneca territory.

Long-established Black communities exist in Jamestown, Dunkirk, Riceville and Olean. Black people make up 2.8 percent of Chautauqua County residents, primarily in Jamestown and Dunkirk, while those in the Riceville and Olean areas represent 1.5 percent of those living in Cattaraugus County.

The three counties are home to small but growing communities of immigrants and refugees, including Hispanic communities in Jamestown, Dunkirk and Salamanca; Vietnamese immigrants in Olean in Cattaraugus County, and Chinese immigrants throughout all three counties.

All three counties have significant and growing Amish populations. Population counts for this group are estimated because most of the Amish community does not participate in the U.S. Census, nor in public or private health insurance programs.
Income-related health disparities are well documented. Poverty is strongly associated with poorer health outcomes for complex reasons related to the social determinants of health: lack of access to health care, transportation, healthy food and other social or environmental factors. Being in poor health also makes it harder to find or keep work, a negative feedback loop sometimes referred to as the health-poverty trap.

These counties also have comparatively high rates of people without insurance coverage. The 2019 U.S. Census showed that Allegany and Chautauqua counties both had uninsured rates over 5 percent, and the rates in Cattaraugus County were even higher—nearly 7 percent. While the number of insured people has improved significantly since the passage of the Affordable Care Act in 2010, there are still many people without adequate or affordable health coverage.
POOR TRANSPORTATION INFRASTRUCTURE was continually mentioned by Southern Tier residents as a major obstacle to good health. The rural nature of the area makes it difficult for individuals without access to a car or truck to travel for health care, and public transportation options are very limited. This is in line with national data: a 2019 poll by NPR, the Robert Wood Johnson Foundation, and the Harvard T.H. Chan School of Public Health showed that 25 percent of people living in rural areas across the country weren’t able to get needed health care, and that approximately one-quarter of these respondents said that the reason they weren’t able to was because the location was either too far or too difficult to get to.

This lack of transportation in rural settings can not only make it difficult for residents to access health care services but can also lead to increased rates of social isolation and loneliness. Older adults, especially those who also face mobility issues, are at great risk for social isolation and loneliness. The COVID-19 pandemic and resulting social distancing measures have only exacerbated these issues.

HEALTH CARE PROVIDERS

A lack of health care providers is as an ongoing issue for these regions. All three counties are Health Professional Shortage Areas (HPSA) as designated by the U.S. Health Resources and Services Administration, meaning these areas have a shortage of primary, dental and/or mental health care providers. These shortages, especially when compounded with the other issues noted previously, make it even more difficult for residents to access health care. Because of this shortage, many people have trouble accessing care for physical disabilities and/or behavioral health issues in the region. In a survey done in 2017, people living with at least one disability in the Cattaraugus region were asked about barriers to better health, and the overwhelming number one answer was mental health issues. Many people face significant wait times in accessing primary or specialized care due to these shortages.

BROADBAND

The lack of broadband connectivity is a long-time regional problem that has worsened several other issues during the pandemic, including social isolation and efforts to expand telehealth—two issues that frequently have an impact on older adults and their caregivers. Health systems that would like to expand telehealth have struggled and will continue to struggle to effectively do so until broadband is more readily available.

HOUSING

There is a need for increased safe, affordable housing options for older adults and for others living in poverty in this region. Low-cost apartment and/or assisted living developments are either rare or non-existent. Most older adults would prefer to remain in their own homes but may not have the financial or physical ability to do so. The region’s community action organizations have housing programs, but they are limited in scope and some only focus on weatherization solutions.

FAMILY CAREGIVER NEEDS

There is a need in these counties, as there is across the country, for greater family caregiver support. Family caregiving of all kinds has become more prevalent in recent years due to an aging population, ongoing economic challenges, and poor access to paid home care options. In addition to more traditional forms of caregiving, a significant number of grandparents in this region are serving as primary caregivers for their grandchildren. Kinship caregivers often have trouble accessing resources and respite opportunities to help them deal with the mental, physical, financial or emotional stress that comes with that role.
Challenges for Nonprofit Organizations and Service Agencies

In a region with extensive poverty like the Southern Tier, it is critically important to have a strong network of safety net and community-based organizations to meet people’s needs. But those needs are vast, and nonprofit organizations face several ongoing challenges.

FINANCIAL AND WORKFORCE

Insufficient funding is a serious challenge for nonprofit organizations in the Southern Tier. While some larger nonprofits have sustainable funding, for the most part these organizations must either align with an ongoing funding source such as the school systems or constantly fundraise to continue operating.

Many agency executives who were surveyed estimated that between 75 and 80 percent of their time is spent writing grants or fundraising in some form. This focus on keeping the doors open can limit an organization’s ability to improve or expand programming, such as training on trauma-informed principles or greater emphasis on social-emotional learning.
Child care programs very frequently face financial challenges. Many of the smaller child care operators have closed during the pandemic, and several of the larger child care centers operate at a loss. Most of the child care centers that remain open are associated with a larger organization such as the YMCA, the YWCA or the community action organizations.

A corresponding challenge is workforce issues. The funding situation creates an environment where pay rates in nonprofits are significantly lower than in the for-profit sector. Executive directors in many nonprofits make under $75,000 even if they are running an organization with 25 – 100 employees. Low wages and high stress lead to frequent turnover and difficulty recruiting new talent.

Additionally, the region experiences a “brain drain” with students from the area leaving the Southern Tier to obtain higher pay in other areas. This in turn causes a shortage of qualified, educated workers to fill positions in health care and nonprofit organizations.

REPAIRING TRUST IN HEALTH CARE SYSTEMS

A significant problem crossing racial and cultural lines is a lack of trust in health care systems. This distrust is often rooted in the historical barriers to care faced by many people living in poverty. People frequently trust those in their inner circle—friends or family—before listening to health care providers.
The financial burden of health care, especially for those without insurance coverage, also contributes to these feelings of distrust. Those who are uninsured or underinsured are often understandably wary to seek care due to the expected cost or previous experiences with medical debt and surprise billing.

Language and cultural barriers are an ongoing challenge for many service providers who are working to reach immigrant populations in this area. According to those surveyed, Chinese immigrants locally tend to not seek out safety net programs or services. Some of these families send their children to New York City to live with relatives due to bullying and lack of language assistance and support in the local school systems.

Many Vietnamese immigrants in Olean move frequently, within the city or to other regions, making it difficult for service providers to reach them. Both the YMCA of the Twin Tiers and the Cattaraugus County Department of Aging have ongoing efforts to reach these families, particularly mothers and young children who may benefit from support services.

Members of Jamestown’s Black community noted an ongoing difficulty accessing support from nonprofits and other service providers—a barrier that also contributes to distrust in these systems. Service providers surveyed for this report noted that many members of the Black community have expressed that they have been living here for generations but feel their needs have not been met by organizations working with other populations in need. One woman from Jamestown stated “The nonprofits all come to use our demographics but we never see any of the money from the grants they then get.”

**COMMUNITY ORGANIZATION SPOTLIGHT:**

**Universal Primary Care**

Brett Lawton is Chief Executive Officer of Universal Primary Care, a Federally Qualified Health Center serving Cattaraugus, Allegany and McKean counties. He shared his thoughts about current health care access challenges in the Southern Tier, and the strengths he sees in community health in this region:

“It’s important to remember that poverty and social determinants of health are the same challenges that affect both rural and urban America. I feel like the big challenge is misinformation and the political divide that leaves people mistrusting of the health care community and deters them from having a relationship with us. Also, the lack of transportation provides a huge obstacle for a lot of residents. The lack of specialty care in the Southern Tier also keeps residents from being able to access the kind of care they need. It leaves them having to travel to Buffalo for specialty care, which can’t always happen because of the transportation barrier.

There really is a need for behavioral health services. I think trauma with poverty looks a little different here – as opposed to urban areas – and it sometimes goes unrecognized.

I’m really impressed – being a city guy – with how laterally informed service providers are given the distance between them. The people are so well connected here and it’s an asset that they know how to navigate. I do think there is a network of organizations working together toward common goals and there’s a sense of coming together for the greater good.”
Rural Health Networks: There are four rural health networks in this region that work frequently as collaborative partners. Each leads multiple programs to address access to health care and community needs.

Healthy Community Alliance, based in Gowanda, is the most geographically widespread network. HCA does work regionally and along the route 39 corridor, which includes Cattaraugus, Erie and Wyoming counties. HCA is the founder of the 48-county CBO Consortium of upstate New York.

Southern Tier Health Care System (STHCs) works across the Southern Tier with emergency management organizations. With support from a grant from the Health Foundation, STHCs also leads Safe Kids Southern Tier New York, providing dedicated and caring staff, operation support and other resources to assist in achieving the goal of keeping kids safe. Based on the needs of the community, this coalition implements evidence-based programs, such as car-seat checkups, safety workshops and sports clinics, that help parents and caregivers prevent childhood injuries.

Ardent Solutions, serving Allegany, Chautauqua, Cattaraugus and Steuben counties, is noted for their local, regional and state-wide collaborations especially in addressing numerous community health outcomes, age-friendly design and mobility options. Ardent also helps lead Trauma Informed Care Throughout Allegany County, or TICTAC, a collaborative effort to equip service providers with trauma-informed care principles. This work is supported through the Health Foundation’s Co-Creating Well-Being program.

In Chautauqua County, the former Chautauqua County Health Network was renamed to Chautauqua Health Network. The network is now largely focused on primary care practices and hospitals, with less focus on community outreach.
Primary Care and Hospitals: As noted previously, there is a general shortage in this region of primary care providers and specialists, with most of the specialists linked to either the hospital systems or several large primary care organizations, most of them either Federally Qualified Health Centers or FQHC look-alikes. FQHC look-alikes are community-based health care providers that meet the requirements of the HRSA Health Center Program, but do not receive Health Center Program funding.

The main primary care organizations in Cattaraugus and Allegany Counties are Universal Primary Care, an FQHC with offices in Olean, Houghton, Salamanca, and Cuba; Tri-County Medicine in Gowanda; an FQHC look-alike that is expanding into Allegany County; Olean General Hospital’s four primary care centers in various Cattaraugus County locations; Jones Memorial Medical Practices; and Olean Medical Group.

Hospitals include Upper Allegany Health System in Olean and Bradford, PA., (affiliated with Kaleida Health); Bertrand Chaffee Hospital in Springville (affiliated with Catholic Health System); Cuba Memorial (affiliated with Kaleida Health), an urgent care hospital in Cuba; University of Pittsburgh Medical Center Chautauqua (UPMC) in Jamestown; and Jones Memorial in Wellsville (affiliated with University of Rochester Medical Center in Rochester).

The major primary care center in Chautauqua County is the Chautauqua Center, an FQHC that serves all of Chautauqua County. They work closely with Brooks-TLC Hospital System in Dunkirk and with UPMC Chautauqua in Jamestown.

COMMUNITY ORGANIZATION SPOTLIGHT: Ardent Solutions

Ardent Solutions is a rural health network serving Allegany, Chautauqua, Cattaraugus and Steuben counties. Executive Director Carrie Whitwood shared the following about the regional landscape and challenges.

“Some of the greatest challenges in our region are around the social determinants of health. The pandemic has challenged us in many ways and caused exceptional difficulties in communities with limited resources including increased financial instability, food insecurity, housing instability and less access to preventive health care services. It also took a toll on mental health with an increase in stress, social isolation with restrictions on travel and gathering, academic and business closures, stay at home orders, and lack of access to food and services. These challenges brought together health and human service providers who worked creatively and collaboratively to address and positively impact those needs. It really accentuated some of the challenges that we had been facing, and it became critical that we put in place solutions to address them. Organizations were able to adjust pretty quickly to virtual meetings and to provide telehealth services; though we still have the difficulty of not having broadband coverage in many rural areas in the communities we serve.

Allegany County has one of the lowest vaccination rates in the state, and we continue to work together to educate and build community capacity against the spread of the disease, testing, and the importance of vaccination.”
Collaboration and coordination among service providers is more important than ever as the pandemic has strained resources and funding and made traditional forms of service delivery more difficult. Although the sprawling geography in the Southern Tier can impede these partnerships, most of the organizations surveyed noted there is a strong spirit of collaboration among many service providers, and that the challenges of the pandemic have led to more opportunities for agencies to work together and share information.

In Chautauqua County, the CHAT (Chautauqua Health Action Team) serves as a quarterly round table for discussions about what is happening around the county within the nonprofit sectors.

Cattaraugus County’s Healthy Livable Community Consortium is a gathering of all sectors, including nonprofits, government, schools, businesses, faith-based and consumers for the purposes of gathering and sharing information.

Allegany County offers the Allegany Agency Exchange meetings that serve as a forum for updates and information sharing.

In each of the three counties, the Office for Aging is the main organization working with older adults and stewarding collaborative efforts among providers.

The coordination of maternal and child health services varies from county to county. Chautauqua County has organized efforts in this area, with the maternal and child health initiative from the Health and Human Services Department and the Child Care Council that is run by the community action organization Chautauqua Opportunities (COI). In Allegany County, ACCORD, a community action organization and Ardent Solutions, a rural health network, collaborated to form the Early Childhood Education Council.

In all three counties, Head Start serves as a main service provider for children zero through five. The YMCA of the Twin Tiers in Olean and Wellsville uses child care services as a path to engaging low-income families.
The main agencies leading care and coordination of services for older adults in this region are the counties’ Offices for the Aging (OFA). The Alzheimer’s Association works closely with the OFAs in each county, as do the community action organizations, Departments of Social Services and rural health networks, among others.

Several organizations are working on innovative approaches to address the issues affecting older adults in the region, including social isolation and caregiving needs.

Services like Meals on Wheels continue to play an important role in helping older adults stay both physically and mentally healthy and help mitigate the impact of social isolation. Congregant dining and other social outing programs faced significant obstacles during the pandemic for safety reasons, and most had to pause services temporarily, but many re-started after vaccination efforts began.

Exhale, the Family Caregiver Initiative, funded by the Health Foundation and the Ralph C. Wilson, Jr. Foundation, is funding collaborative projects to increase community-based respite opportunities for family caregivers of older adults. The pilot of this effort, led by The Philanthropic Initiative, originally launched in four Southern Tier counties: Allegany, Cattaraugus, Chautauqua, and Wyoming, and will soon expand in Erie, Niagara, Genesee, Orleans, Wyoming, and Monroe.

The pandemic has had a significant impact on the already-struggling network of services for older adults in this region, especially due to previously-mentioned infrastructure issues such as transportation and broadband access.
To support the increasing number of grandparents who are taking on the role of caregiver to their grandchildren, a **Relatives as Parents Program** is being led in the Southern Tier by **Catholic Charities** and the **YMCA of the Twin Tiers**, with funding from the **Health Foundation and the Brookdale Foundation**. These programs provide support, guidance and respite opportunities for grandparents or other relatives who serve as the main caregiver for children whose biological parents are unable to provide that care.

There are continuing efforts in all three counties to incorporate age-friendly practices. Age-friendly initiatives help build safe, healthy communities where all people can age with dignity through a collaborative, cross-sector approach that recognizes how social factors have an impact on health.

Ardent Solutions is leading a collaborative effort in Allegany County to be part of the **AARP Network of Age-Friendly Communities**. The Age-Friendly Allegany County initiative is a five-year program cycle that includes a county-wide assessment survey and three-year workplan to develop new efforts to make Allegany County communities healthier for residents of all ages and abilities.

In Cattaraugus and Chautauqua counties, age-friendly efforts are being led among several local partners. Aging-in-place initiatives like **Enchanted Mountain Village** in Cattaraugus County and **Community Connections at Findley Lake** in Chautauqua County offer comprehensive support and social engagement for older adults so they can maintain independence.

“There’s a subset of our demographic dealing with drug and alcohol abuse. Their inability to access primary care is huge. Care management is one of the things we’ve tried to be better about, coordinating the care for people who normally wouldn’t have the background with skills just to keep appointments and show up to them. If we put more into prevention and intervention we wouldn’t see this so much. We’re really good at fixing the problem, but we should be preventing these issues so they won’t have to get to that point of having anything to fix.

In terms of positives, the collaboration and silo breakdowns during the pandemic have been fantastic. We learned that we all have a place in this healthcare realm and we’ve really stepped up to the plate to bridge that gap. I’ve been extremely impressed how everybody is looking at the betterment of community instead of their own organization.”
SERVICES AND PROGRAMS FOR MATERNAL AND CHILD HEALTH

While there is no organized network of agencies or providers working with pregnant people in the three-county area, the county health departments lead or support several maternal/child health programs for those living in poverty. Other independent programs run by nonprofit organizations or service providers work in this space as well. As with other populations in this region, a lack of health care providers and easily available transportation for health care appointments are barriers to care for parents and young children, but there are many ongoing efforts to address these issues.

In Chautauqua County, there are several key programs supporting maternal/child health, including the **Nurse-Family Partnership**, a New York State program that enables specially trained nurses to visit first-time mothers at home, starting early in pregnancy and through the child’s second birthday. Additionally, the **Baby Café** in Jamestown provides lactation support services for mothers of babies with the goal of increasing breastfeeding rates. The program is open to mothers of all income levels.

Chautauqua County offers a **Maternal Community Health Worker** program that helps coordinate care for mothers and babies, including helping to provide access to doctors’ appointments, health insurance coverage, and transportation options. The community health workers also screen new mothers for pre- and post-partum depression, connect them to breastfeeding support as necessary, and help refer them to other health services.

The **Strong Starts Initiative** is a collaborative initiative started by the Department of Health and Human Services in Chautauqua County to address the high levels of babies in that county that are born addicted to drugs. Strong Starts Chautauqua supports the county’s young children and their families through community education and outreach, information and referral, maternal and early childhood risk screening, and connection to resources that help young children thrive.

In Cattaraugus County, **New Directions Youth & Family Services** manages the Zafron Home, a group home setting serving pregnant & parenting teens. Healthy Families Allegany/Cattaraugus Parent Education Program provides prenatal/postnatal visitation in both Allegany & Cattaraugus counties.

There is no formal network of midwives in the three counties, although both Amish and non-Amish midwives work throughout these counties and tend to be located near the large Amish communities in southern and western Chautauqua County, eastern Cattaraugus County and northern and eastern Allegany County.
COMMUNITY ORGANIZATION SPOTLIGHT:
Jamestown Baby Café

Catherine Harrison coordinates the Jamestown Baby Café, a nonprofit agency designed to assist women with every aspect of breastfeeding to achieve better health outcomes for children impacted by poverty and increase breastfeeding rates in Chautauqua County. She shared her thoughts on the greatest health care needs in the Southern Tier:

“We see a lot of frequent needs in the communities we serve. These include lack of transportation, low birth weight in infants and the need for more access to health care for our community’s residents. Housing insecurity and a lack of affordable housing also leave many residents with no address to obtain Medicaid or food stamps. The region would benefit from having access to more physicians and counselors/other health care professionals of color. Many families with small children are facing the impact of poverty, including a lack of access to education, increased drug abuse and domestic violence. However, there are some positive things happening: the Chautauqua Health Center’s care can be accessed without an appointment, and there are efforts being made by the Rescue Mission to increase availability of services for homeless women, an area of great need.”

All of the larger child care centers in Chautauqua County belong to the Child Care Council managed by Chautauqua Opportunities (COI). The Council supports child care programs through advocacy efforts and in assisting them with meeting the requirements of the QUALITYStarsNY program under the New York State Office for Children and Family Services. QUALITYStarsNY is New York’s Quality Rating and Improvement System (QRIS) for early childhood programs, providing support and resources to improve and sustain high quality across New York State. The program includes curriculum for social/emotional learning, so all child care centers in Chautauqua County incorporate this curriculum when working with children ages zero through five in the county.

In Allegany County, community action organization ACCORD and rural health network Ardent Solutions are partnering to begin developing a Early Childhood Education Council for that county. The YMCA of the Twin Tiers offers child care programs in Allegany and Cattaraugus with an outreach effort to include underserved populations and grandparents raising grandchildren, including a Relatives as Parents Program funded in part by the Health Foundation.
INCORPORATION OF TRAUMA-INFORMED PRINCIPLES

Trauma-informed care is an approach to providing care that understands and considers the pervasive nature of trauma and promotes environments of healing and recovery rather than practices and services that may inadvertently re-traumatize. Trauma-informed care is especially important for populations facing the impact of poverty, but incorporating this lens requires coordination, education and training for care providers. In Allegany, Cattaraugus and Chautauqua Counties, a number of efforts related to trauma-informed care are ongoing.

In Chautauqua County, there has been extensive training of counselors and school-based personnel through Chautauqua Tapestry, a program funded by a six-year federal grant, and the ICE 8 (Innovate, Collaborate, Educate) Coalition.

The Tapestry grant is managed by the Office of Mental Health for Chautauqua County and provides funding for counselors and other mental health professionals to receive trauma-informed principles training. The Office of Mental Health and the Department of Health and Human Services works with Erie2BOCES to provide trauma-informed principles training through ICE 8 to all school personnel throughout the county.

In Cattaraugus County, the Department of Social Services, the Southern Tier Child Advocacy Center and Connecting Communities in Action collaborate on the Trauma-Informed Coalition of Cattaraugus County. The Consortium worked with the University at Buffalo to develop organizational readiness assessments and tool-kits for organizations interested in becoming Trauma-Informed Organizations, a designation based on a 10-point program to address all aspects of organizational operations and culture from a trauma-informed standpoint.
TRAUMA-INFORMED PRINCIPLES, CONT

Allegany County has led extensive activity in this area for several years, beginning when former Trauma-Commissioner of Social Services for Allegany County Vicki Grant began training all staff in trauma-informed principles. Grant also spearheaded the effort to get Allegany County designated as a trauma-informed county through the county legislature, leading to the formation of TICTAC: Trauma-Informed Care Throughout Allegany County.

In 2020, TICTAC, with Ardent Solutions as the lead organization, was awarded a grant as part of the Health Foundation’s Co-Creating Well-Being program to expand these efforts. In 2021, UB’s Institute on Trauma and Trauma-Informed Care (ITTIC) engaged with TICTAC to facilitate a learning collaborative with 30 “trauma-informed champions” in Allegany County to assist them in becoming more knowledgeable in trauma-informed care. Champions learn about the 10 key development areas for trauma-informed change through monthly online consults and coaching calls.

The work to expand trauma-informed principles throughout the nonprofit community and beyond in these counties is hampered by funding and staff availability for training. Many of these organizations face ongoing funding or staffing struggles, and providing staff with additional time to take training in trauma-informed principles can be difficult. Additionally, there are varying curriculum and standards for trauma-informed care, and funding organizations may require different criteria to become trauma-informed, leading to inconsistency in approach. The coalition and consortium members are working to find solutions to these issues.

COMMUNITY ORGANIZATION SPOTLIGHT:
YMCA of the Twin Tiers

Barbara Sweitzer is the CEO of YMCA of the Twin Tiers. She shared her thoughts about the current state of community health in the Southern Tier, and how organizations have responded to the impact of the pandemic.

“We have always had a traditional collaborative approach with other organizations to supporting the whole person, but the pandemic made those partnerships more frequent and stronger. Now we understand more about other resources that other organizations have – we just had to learn more about each other – and we are working together to make access even stronger for families. It’s also allowed us to identify more gaps to see the best support system to fill those gaps. On the other side of that, everyone seems to be busier than they’ve ever been. Taking the pause to reevaluate how we’re doing and how we can do better should still be happening. What we thought was normal two years ago isn’t today. Have all of these organizations strategically adapted to the challenges the last two years have presented us, or are we just reacting to everything that keeps happening? I think it’s time to slow down and get back to a strategic reevaluation.”
Conclusions

It is clear from this report that Allegany, Cattaraugus and Chautauqua counties are home to a strong network of organizations and programs that are doing important work and having an impact on the people they serve. However, the systems-level needs in addressing poverty, transportation, housing, health care access and more are considerable challenges, and this region would benefit from significant investments at every level in health and community service infrastructure.

The partnerships that have developed in this region, particularly since the beginning of the pandemic, are key to these efforts. Collaborations among community-based organizations, health systems, the public sector, funders, and others make the regional network of care stronger and more sustainable, helping ensure more people have access to the comprehensive services they need.

We hope that the information in this report, as well as related work being led by the organizations who serve these communities, will inspire a greater dedication to addressing the vast and critical needs of the people of the Southern Tier. We hope it will also continue the long-overdue shift in perceptions about rural areas and the people who live there, and reinforce the truth that all people deserve to live in healthy, safe, supportive communities.

RESEARCH PROCESS AND ACKNOWLEDGMENTS

Thank you to our researchers, Kate Ebersole and Sharon Mathe, for leading these important conversations. Ms. Ebersole and Ms. Mathe connected with community leaders and service providers in the region while focusing on a lens of the Health Foundation’s expressed strategic focus areas. A question tree was used to allow consistency of interviewing techniques to assure alignment with the Health Foundation’s future strategies.

The first interviews were with the three poverty reduction community action organizations whose missions and customers aligned with the Health Foundation’s focus areas. Using an understanding of the landscape in each county and based on the recommendations of respected key stakeholders, additional community leaders and service providers were interviewed.

Thank you to everyone who was interviewed for this report. Ms. Ebersole and Ms. Mathe noted the interviewees spoke with deep passion about the challenges faced in their counties. We are appreciative of the extensive, ongoing efforts being led to better serve the people of the Southern Tier.
### Data Comparison – Southern Tier Counties

<table>
<thead>
<tr>
<th>Population</th>
<th>Allegany County</th>
<th>Cattaraugus County</th>
<th>Chautauqua County</th>
<th>New York State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population estimates, July 1, 2019, (V2019)</td>
<td>46,901</td>
<td>76,117</td>
<td>126,903</td>
<td>19,453,561</td>
</tr>
<tr>
<td>Population estimates base, April 1, 2010, (V2019)</td>
<td>48,923</td>
<td>80,337</td>
<td>134,907</td>
<td>19,378,144</td>
</tr>
<tr>
<td>Population, percent change - April 1, 2010 (estimates base) to July 1, 2019</td>
<td>-5.8%</td>
<td>-5.3%</td>
<td>-5.9%</td>
<td>-.4%</td>
</tr>
<tr>
<td>Population, Census, April 1, 2010 (US Census Bureau)</td>
<td>48,946</td>
<td>80,317</td>
<td>134,905</td>
<td>19,378,102</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race and Hispanic Origin</th>
<th>Allegany County</th>
<th>Cattaraugus County</th>
<th>Chautauqua County</th>
<th>New York State</th>
</tr>
</thead>
<tbody>
<tr>
<td>White alone</td>
<td>95.6%</td>
<td>91.9%</td>
<td>93.6%</td>
<td>69.6%</td>
</tr>
<tr>
<td>Black or African American alone</td>
<td>1.4%</td>
<td>1.5%</td>
<td>2.8%</td>
<td>17.6%</td>
</tr>
<tr>
<td>American Indian/ Alaska Native</td>
<td>0.3%</td>
<td>3.6%</td>
<td>0.7%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Asian alone</td>
<td>1.3%</td>
<td>0.8%</td>
<td>0.7%</td>
<td>9.0%</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander</td>
<td>-</td>
<td>-</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>1.4%</td>
<td>2.2%</td>
<td>2.2%</td>
<td>2.7%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>1.7%</td>
<td>2.1%</td>
<td>7.8%</td>
<td>19.3%</td>
</tr>
<tr>
<td>White alone, not Hispanic or Latino</td>
<td>94.3%</td>
<td>90.4%</td>
<td>87.1%</td>
<td>55.3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Population Characteristics</th>
<th>Allegany County</th>
<th>Cattaraugus County</th>
<th>Chautauqua County</th>
<th>New York State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veterans, 2014 – 2018</td>
<td>3,654</td>
<td>6,208</td>
<td>8,462</td>
<td>730,557</td>
</tr>
<tr>
<td>Foreign born persons, percent, 2014 – 2018</td>
<td>2.5%</td>
<td>1.9%</td>
<td>2.3%</td>
<td>22.6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age and Sex</th>
<th>Allegany County</th>
<th>Cattaraugus County</th>
<th>Chautauqua County</th>
<th>New York State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons under 5 years</td>
<td>5.3%</td>
<td>5.5%</td>
<td>5.4%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Persons under 18 years</td>
<td>20.1%</td>
<td>21.9%</td>
<td>20.2%</td>
<td>20.7%</td>
</tr>
<tr>
<td>Persons 65 years and over</td>
<td>19.6%</td>
<td>19.7%</td>
<td>20.7%</td>
<td>16.7%</td>
</tr>
<tr>
<td>Female Persons</td>
<td>49.2%</td>
<td>50.3%</td>
<td>50.7%</td>
<td>51.4%</td>
</tr>
<tr>
<td>Housing</td>
<td>Allegany County</td>
<td>Cattaraugus County</td>
<td>Chautauqua County</td>
<td>New York State</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>-----------------</td>
<td>--------------------</td>
<td>-------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Housing units, July 1, 2019 (V2019)</td>
<td>26,419</td>
<td>41,746</td>
<td>67,774</td>
<td>8,404,381</td>
</tr>
<tr>
<td>Owner-occupied housing unit rate, 2014-2018</td>
<td>75.1%</td>
<td>71.4%</td>
<td>70.0%</td>
<td>53.9%</td>
</tr>
<tr>
<td>Median value of owner-occupied housing units 2014-2018</td>
<td>$73,900</td>
<td>$86,200</td>
<td>$86,300</td>
<td>$302,200</td>
</tr>
<tr>
<td>Median selected monthly owner costs – with a mortgage, 2014-2018</td>
<td>$993</td>
<td>$1,061</td>
<td>$986</td>
<td>$2,114</td>
</tr>
<tr>
<td>Median selected monthly owner costs – without a mortgage, 2014-2018</td>
<td>$451</td>
<td>$468</td>
<td>$447</td>
<td>$755</td>
</tr>
<tr>
<td>Median gross rent, 2014 – 2018</td>
<td>$645</td>
<td>$639</td>
<td>$649</td>
<td>$1,240</td>
</tr>
<tr>
<td>Building Permits, 2019</td>
<td>50</td>
<td>79</td>
<td>105</td>
<td>45,219</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INCOME &amp; POVERTY</th>
<th>Allegany County</th>
<th>Cattaraugus County</th>
<th>Chautauqua County</th>
<th>New York State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median household income (in 2018 dollars) 2014-2018</td>
<td>$47,033</td>
<td>$47,240</td>
<td>$45,332</td>
<td>$65,323</td>
</tr>
<tr>
<td>Per capita income in past 12 months (in 2018 dollars), 2014 – 2018</td>
<td>$23,030</td>
<td>$24,628</td>
<td>$24,825</td>
<td>$37,470</td>
</tr>
<tr>
<td>Persons in poverty</td>
<td>17.9%</td>
<td>14.7%</td>
<td>16.3%</td>
<td>13.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Geography</th>
<th>Allegany County</th>
<th>Cattaraugus County</th>
<th>Chautauqua County</th>
<th>New York State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population per square mile, 2010</td>
<td>47.6</td>
<td>61.4</td>
<td>127.2</td>
<td>411.2</td>
</tr>
<tr>
<td>Land Area in square miles, 2010</td>
<td>1029.31</td>
<td>1308.35</td>
<td>1060.23</td>
<td>47,126.40</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Robert Wood Johnson/ University of Wisconsin Population Health Institute County Health Rankings 2019</th>
<th>Allegany County</th>
<th>Cattaraugus County</th>
<th>Chautauqua County</th>
<th>New York State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Outcomes</td>
<td>47 of 62</td>
<td>57 of 62</td>
<td>61 of 62</td>
<td></td>
</tr>
<tr>
<td>Health Factors</td>
<td>52 of 62</td>
<td>59 of 62</td>
<td>54 of 62</td>
<td></td>
</tr>
</tbody>
</table>

Source: United States Census Bureau
Theory of Change

The Health Foundation’s theory of change describes how we pursue our goals and make an impact on the communities we serve through various strategic approaches. The Health Foundation’s key focus areas are young children impacted by poverty, older adults, and community health capacity.

THE HEALTH FOUNDATION’S LONG-TERM GOALS IN SUPPORT OF OUR VISION ARE:

LONG-TERM GOAL 1:
Individual well-being is promoted and addressed for both children and older adults

Midterm Goals:
- Communities are equipped to deliver trauma-informed practices and invested in preventing trauma.
- Children have access to high-quality social-emotional learning support.
- Social isolation and related behavioral health issues among older adults and caregivers are addressed.

Strategic Approaches:
- Build on existing work in social-emotional learning and trauma-informed care for children
- Develop and support new efforts to promote trauma-informed care for older adults
- Support existing and new initiatives in understanding and preventing adverse childhood experiences
- Explore and expand efforts to reduce social isolation and depression in older adults and their caregivers
**Vision**

A healthy central and western New York where racial and socioeconomic equity are prioritized so all people can reach their full potential and achieve equitable health outcomes.

### LONG-TERM GOAL 2:

Community-based organizations and health systems are collaborative and sustainable

**Midterm Goals:**
- Community-based organizations are financially sustainable, strong and working collaboratively with health and other systems.
- Communities and health systems are working collaboratively to become age-friendly.

**Strategic Approaches:**
- Support cross-sector collaboration and convenings that help health systems recognize the value of CBO partnerships and social needs integration
- Continue and expand efforts to improve capacity and sustainability of CBOs
- Advocate for and continue partnering on initiatives to make communities livable and age-friendly at the state and local levels

### LONG-TERM GOAL 3:

Racial and socioeconomic equity are prioritized and all people are served by trusted, unbiased, high-quality care.

**Midterm Goals:**
- Equitable care and insurance are available and accessible for all people.
- All mothers are served by trusted, unbiased, high-quality infant and maternal health care.
- Family caregivers of older adults are valued and supported.

**Strategic Approaches:**
- Continue to advocate for universal health care and access to quality health care
- Support and explore deeper role in addressing health system implicit bias, racial discrimination and knowledge gaps that lead to inequitable health outcomes, especially for mothers of color
- Build capacity for and expand access to support for family caregivers
Based in Buffalo and Syracuse, the Health Foundation for Western and Central New York is an independent private foundation that serves 16 counties in western and central New York (see map.) We awarded our first grants in April 2004. Since that time, we have awarded grants totaling more than $50 million to fund programs in 16 counties in western and central New York.

Our mission is to improve the health and health care of the people and communities of western and central New York, and our vision is a healthy central and western New York where racial and socioeconomic equity are prioritized so all people can reach their full potential and achieve equitable health outcomes.

We pursue this through grantmaking, program development and advocacy that aims to make a positive difference in the lives of young children and older adults in our regions, and by supporting the community-based organizations that serve them.

Learn more at hfweny.org.
Community Health Needs and Opportunities in Western New York’s Southern Tier