

UNDERSTANDING OUR NEEDS TO IMPACT OUR FUTURE

Carrie Whitwood, ACCORD Board President and Lesley Gooch-Christman, Executive Director

Every three years, ACCORD completes a county- wide Community Needs Assessment (CNA) which helps us understand the needs and strengths of our entire community, if and how these needs are changing, and the impact changes have on the most vulnerable among us. The cause and conditions of poverty in our communities are unique in many ways and our ability to drive positive and lasting change begins by understanding where we are right now.

This assessment is unique due to the impact that the COVID-19 pandemic has had on virtually every need and resource in our community. Identifying and analyzing trends is not possible in many areas because data was not collected or because circumstances from 2020 to 2022 were so different that comparisons would not be effective. Poverty rates, education and health care, nutrition and more key components of our assessment were radically different during the pandemic and its impact will continue for the foreseeable future.

The information in this assessment includes data available through local, state, and federal resources as well as through surveys, face to face interviews, community forums and our ongoing service delivery. We are also fortunate to work in a community that is well known for its ability to work together, by sharing expertise and resources including program and community data. This information is gathered over the course of several months and analyzed by ACCORD's Board of Directors, our leadership team, the Customer Care Committee, our Results Oriented Management and Accountability (ROMA) Committee and our Head Start and Early Head Start Parent Policy Council. It is utilized on an ongoing basis to assure our strategic goals continue to align with community needs and build on our collective strengths. The Community Needs Assessment sharpens our focus on improving the conditions for those living in poverty while we seek out and work to eliminate the causes.

In 1972, we began as the Housing Action Corporation (HAC), created to deliver housing programs within Allegany County. In 1986, the Allegany County Board of Legislators designated Housing Action Corporation as the Community Action Agency for the county, which opened the door for new federal funds, and we began providing comprehensive human services throughout the county. On April 6, 1987, our Board of Directors established a new name for us - Allegany County Community Opportunities and Rural Development (ACCORD) Corporation.

As the designated Community Action Agency for Allegany County (ACCORD) delivers comprehensive services that are supported by funding from federal, state, and local sources. These include a diversity of child, youth, and family development, business, community, and economic development and crisis and prevention programs. While programs differ in terms of services and scope, the shared focus is equal opportunity; individual and family self- sufficiency; employment; and community, business, and economic stability.

ACCORD employs 95 full-time employees who deliver an average of 20 programs each year, serving over 3,000 people annually. For over 50 years, we have demonstrated our capacity to leverage additional resources, and operate efficient and effective programs, designed from a comprehensive assessment of community needs and resources, and delivered through an extensive network of community partnerships and collaborations.

Lesley Gooch-Christman *Carrie Whitwood*

NEEDS ASSESSMENT PROCESS AND OBJECTIVES

Executive Summary

ACCORD conducts a full community needs assessment every three (3) years, updating key data annually. The assessment is utilized primarily as a planning tool, gathering all the information we can about our customers and communities to prioritize, develop and improve services in a manner that is fully aligned with the current strengths and needs we share. We know that reducing the overall rate of poverty is a public good that benefits our community members at every income level. The greater the understanding we have of the causes and conditions of poverty, the better prepared we are to move forward with interventions, services and advocacy for change that is meaningful.

We interviewed, surveyed, and gathered the opinions of many of our customers, partners, and community members. Since publishing our 2019-2021 full assessment we held (1) community forum on poverty, collected (189) Community Needs Surveys, hearing from (79) community members, (79) partners, and (31) board / staff / volunteer respondents.

As part of our membership with the New York State Community Action Association, we have access to the CARES network, an interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities' movement. All data sources are specifically referenced so that anyone can look for further data and we can update key data sets in our annual Community Needs assessment update.

Through use of Results Oriented Management and Accountability (ROMA) illustrated to the right, we strive toward continuous growth and improvement.



PRIORITY ANALYSIS AND IDENTIFICATION

The resources entrusted to our care must be allocated where they are most needed and most likely to have an impact in our community. We could not do so without the data and related analysis compiled in this Community Needs Assessment. We take particular care to ask for and listen to the voices of the people who come to us for help and support.

Resources increased rapidly and significantly in 2020 with pandemic driven aid continuing through 2022. We were challenged to react swiftly, change course often and deliver essential services within uncertain and frightening conditions. As a Community Action Agency, our services are legislatively required to be flexible and immediate.

Our priorities remain mission driven, and we are grounded in our belief in the strength, dignity, and potential of all people. In the years ahead we will focus existing resources and search for additional opportunities to assist individuals, families and our community to increase the availability of safe and affordable child care and early education, create opportunities for our youth, sustain and create affordable and safe housing, support people in their goals to gain skills and earn a living wage and strengthen our community's understanding of poverty and trauma as well as the value of diversity and inclusion so we can truly help people achieve their goals.

OUR STRENGTHS

Our most evident and cherished strength is the natural beauty that surrounds us each day. We are living in communities that are much safer than most other places and we know what a privilege that is. Throughout the pandemic, we united in our support of one and other and continued to come together as a community to help a friend or neighbor in need.



POPULATION PROFILE

ALLEGANY, CATTARAUGUS, AND WYOMING COUNTIES

POPULATION PROFILE: GENERAL CHARACTERISTICS AND GEOGRAPHY

Allergy County is a geographically large rural area comprised of 1,034 square miles and is in the Southern Tier portion of the State in the foothills of the Appalachian Mountains; and its southern border aligns with the Pennsylvania/New York border. Allegany County is bordered by the following New York State Counties: Cattaraugus County (to the west), Wyoming County (to the north), Livingston County (also to the north), and Steuben County (to the east); and by Pennsylvania counties McKean County and Potter County (to the south). Allegany County encompasses 29 townships and 10 villages, with the most populated communities being Wellsville, Alfred, Cuba, and Bolivar.

See Figure 1 in the Population Profile Charts and Graphs section.

POPULATION PROFILE: POPULATION CHANGE

During a ten-year period (from 2010 to 2020), total population estimates for Allegany, Cattaraugus and Wyoming Counties declined by 4.31% - decreasing from 171,418 persons in 2010 to 164,029 persons in 2020.

See Figures 2 and 3 in the Population Profile Charts and Graphs section.

POPULATION PROFILE: AGE AND GENDER DEMOGRAPHICS

According to American Community Survey (ACS) 2016-2020 five-year population estimates for Allegany, Cattaraugus, and Wyoming Counties, the female population comprised 49.5% of the tri-county population, while the male population represented 50.5% of the population.

See Figures 4, 5, 6, 7, and 8 in the Population Profile Charts and Graphs section.

POPULATION PROFILE: RACE & ETHNICITY DEMOGRAPHICS

According to American Community Survey (ACS) 2016-2020 five-year population estimates, the white population comprised 92.54% of the report area, black population represented 2.32%, and other races combined were 3.15%. People identifying themselves as mixed race made up 1.99% of the population.

See Figures 9, 10, 11, and 12 in the Population Profile Charts and Graphs section.

POPULATION PROFILE: HOUSEHOLDS

According to the American Community Survey, in 2020, 9,660 households or 14.6% of the total households in Allegany, Cattaraugus and Wyoming Counties were living in poverty.

See Figures 13, 14 and 15 in the Population Profile Charts and Graphs section.

POPULATION PROFILE: FAMILIES

The American Community Survey (ACS) estimated there were 42,341 families residing in Allegany, Cattaraugus, and Wyoming Counties in 2020. Married couple families comprised 75.67% of the total number. Families headed by men without wives comprised 8.54% of the total, while women without husbands headed 15.79% of families.

See Figures 16, 17 and 18 in the Population Profile Charts and Graphs section.

POPULATION DATA ANALYSIS: COMMUNITY IMPACT

Significant is the continuing population decline which is reflected in the entire State. While New York saw a 4.25% increase in population between 2000 and 2020, Allegany County experienced a -5.09% population drop in that same time, the highest decline in the 3-county area of Allegany, Cattaraugus, and Wyoming County, all of which lost population in the past 10 years. This impacts resource availability, threatens the future of smaller school districts, and decreases the tax base.

Population declines for Allegany County shows that all age groups experienced an overall decline except for both males and females over 65. This means there are less people in the labor force, more aging out and less coming in. The number of households for Allegany County decreased by 1.41%. The decrease was less than 2%, which, when you factor in the -

5.06% population change, would stand to reason that there are more people living in each household. Anecdotally, for those families accessing Head Start/Early Head Start services, an increase in single male head of household was observed between 2020 and 2022. Additionally, between 13 and 15% of our Head Start families are considered homeless due to insecure housing with family or friends and overcrowding.

In terms of race and ethnicity, we have become more diverse but not enough to change the homogenous state of Allegany County. We did experience a decrease in the percentage of White, Non-Hispanic American Indian, Alaskan Native and Asian with increases in percentages to other identified races, significantly those who identify as mixed race. Poverty among racial minorities remains reflective of the nation with the poverty rate among white Allegany County residents less than is experienced by minority residents. Community surveys did reflect concern over the decline in population, specifically the loss of young adults. Lack of ethnic/racial diversity did not appear significantly as a concern. This was also the case when analyzing customer interviews and feedback at community forums. This did not change between 2016 and 2022.

POPULATION DATA ANALYSIS: CAUSES AND CONDITIONS OF POVERTY

Our needs analysis shows the most significant reason working age residents leave our area is lack of living wage jobs that match the educational qualifications of those seeking better jobs/higher wages. The lack of a qualified workforce has significantly impacted most major employers in Allegany County and across the nation.

The most common reason people return (that we have been able to determine) is family, often returning for reasons of both child and elder care. The impact of the changing workforce on our population has yet to be determined. The availability of remote employment has dramatically increased creating new employment opportunities in rural communities. The long-term impact of this on our population is unknown. Decreased population may eventually mean less representation and less resources available to alleviate the conditions of poverty. This includes public and private support for programs and services that help provide a safety net for low-income community members.



POVERTY PROFILE

ALLEGANY, CATTARAUGUS, AND WYOMING COUNTIES

POVERTY PROFILE: POVERTY RATES

2020 poverty estimates reflected that there was a total of 6,238 persons living below the poverty level in Allegany County. Poverty information is at 100% of the federal poverty income guidelines. Allegany County's poverty rate of 15.1% is above the New York State average of 12.7% during 2020. Neighboring Cattaraugus County had a poverty rate of 16.3%, while Wyoming County had a poverty rate of 9.6%.

See Figures 19, 20, and 21 in the Poverty Profile Charts and Graphs section.

POVERTY PROFILE: HOUSEHOLDS IN POVERTY

In 2020, the American Community Survey (ACS) estimated that 15.7% of households in Allegany County lived in poverty, compared to 16.9% in Cattaraugus County and 8.8% in Wyoming County.

See Figures 22 and 23 in the Poverty Profile Charts and Graphs section.

POVERTY PROFILE: HOUSEHOLD POVERTY RATE BY FAMILY TYPE

The poverty rate among various family structures was also analyzed to determine if one family structure presents a higher poverty risk than another. The analysis of families residing in Allegany County revealed that more single female household families are in poverty than married couples and single male householders.

See Figures 24 and 25 in the Poverty Profile Charts and Graphs section.

POVERTY PROFILE: CHANGE IN POVERTY RATE

According to the U.S. Census, the poverty rate for Allegany County decreased by 2.8%, compared to an increase of 1.6% in Cattaraugus County and a .03% decrease in Wyoming County.

See Figures 26 and 27 in the Poverty Profile Charts and Graphs section.

POVERTY PROFILE: CHANGE IN POVERTY RATE AMONG CHILDREN (0-17)

According to the U.S. Census, the poverty rate among children ages 0-17 residing in Allegany, Cattaraugus and Wyoming Counties was 19.4% in 2020 and was 20.9% in 2020.

See Figures 28 and 29 in the Poverty Profile Charts and Graphs section.

POVERTY PROFILE: CHILD (0-17) POVERTY RATE

According to the American Community Survey (ACS) five-year data, an average of 22.1% or 7,298 of children residing in Allegany, Cattaraugus and Wyoming Counties lived in a state of poverty during the survey calendar year. The poverty rate for children in this age group is greater than the national average of 17.5%.

See Figures 30 and 31 in the Poverty Profile Charts and Graphs section.

POVERTY PROFILE: CHILD (0-5) POVERTY RATE

According to the American Community Survey (ACS) five-year data, an average of 24% of children ages 0 to 5 residing in Allegany, Cattaraugus and Wyoming Counties lived in a state of poverty during the survey calendar year. This poverty rate for children in this age group is greater than the national average of 18.9%.

See Figures 32 and 33 in the Poverty Profile Charts and Graphs section.

POVERTY PROFILE: CHILD (5-17) POVERTY RATE

According to the American Community Survey (ACS) 5-year data, an average of 21.5% of children ages 5 to 17 residing in Allegany, Cattaraugus and Wyoming Counties lived in a state of poverty during the survey calendar year. This poverty rate for children of this age group is greater than the national average of 16.9%.

See Figures 34 and 35 in the Poverty Profile Charts and Graphs section.

POVERTY PROFILE: CHILD (5-17) POVERTY RATE CHANGE

According to the U.S. Census, the poverty rate for among children ages 5 to 17 residing in Allegany, Cattaraugus and Wyoming Counties was 18.8% in 2010, and had decreased to 18.6% in 2020.

See Figures 36 and 37 in the Poverty Profile Charts and Graphs section.

POVERTY PROFILE: POVERTY RATE AGES 18-64

According to the American Community Survey (ACS) five-year data, an average of 14.4% of adults ages 18 to 64 residing in Allegany, Cattaraugus and Wyoming Counties lived in a state of poverty during the survey calendar year. This poverty rate for this age group is slightly higher than the national average of 12.1%.

See Figures 38 and 39 in the Poverty Profile Charts and Graphs section.

POVERTY PROFILE: POVERTY RATE AGES 65+

According to the American Community Survey (ACS) five-year data, an average of 8.2% of people ages 65+ residing in Allegany, Cattaraugus and Wyoming Counties lived in a state of poverty during the survey calendar year. The poverty rate for this age group is less than the national average of 9.3%.

See Figures 40 and 41 in the Poverty Profile Charts and Graphs section.

POVERTY PROFILE DATA ANALYSIS: COMMUNITY IMPACT

Allegany County continues to exceed the state's average poverty rate, as does much of the Western New York region. Positive trends emerging since the 2016 Community Needs Assessment include a reduction in the overall poverty rate, locally, statewide, and nationally as well as record low unemployment. While unemployment remains near an historic low, poverty rates began to climb as income support including stimulus checks, enhanced and extended unemployment benefits and the increased child tax credit ended. According to U.S. Census Bureau, the Child Tax Credit lifted 2.9 million children out of poverty, the 2021 expansion of the Child Tax Credit under the America Rescue Plan accounted for 2.1 million of those 2.9 million children lifted above the poverty line. Additional support also contributes to the reduction in overall poverty, including expansion of the Supplemental Nutrition Assistance Program (SNAP) which is scheduled to end extra benefits in March of 2023. Annual changes to minimum wage continue in New York State, lifting some families over the federal poverty line (\$25,750 annually for families of four) which is positive in terms of overall income. However, the positive economic impact is reduced or even negated when families defined as working poor are edged out of eligibility for programs that have a significant impact on their overall household budget.

There was not a notable difference in family types living in poverty between 2016 and 2020 with a slight decrease in overall numbers which is reflective of the overall decline in population.

Allegany County exceeds the state average for child poverty rates, particularly for children ages 0-5. This percentage decreased in 2020, down from over 30% to approximately 26%. The historic decrease in child poverty resulting from the income support put in place because of the pandemic will be short lived. Most income supports have or will end and inflation impacts low-income households disproportionately. Families living in poverty spend a larger portion of their monthly income on food, housing, and transportation.

Childhood poverty damages health and reduces opportunity for a lifetime. According to the American Pediatric Association, children living in poverty have increased infant mortality, low birthweight, increased frequency, and severity of chronic diseases poorer access to quality health care, increased accidental injury and death and increased obesity.

As Allegany County's Community Action Agency, through our delivery of childcare services, and early childhood education, we see and feel the tremendous impact childhood poverty has on children and families every day. Childhood poverty will always be the highest priority and we will continue to advocate for this crisis to receive the attention it deserves.

In 2016, we conducted face to face interviews with 68 Allegany County residents. In 2019, we conducted 136 interviews and in 2022, the number decreased to 81, mainly due to change in service delivery and community engagement associated with the pandemic and the resulting decrease in direct contact with community members in general.

Those who spoke with us are generally low-income, interviewed during some aspect of direct services delivery. In 2019, when asking people what they need for themselves, 9% identified employment/job opportunities. In 2022, 12% identified work as a need with increased need for better hours, higher wages and a second job. Transportation (buy or repair a car) and food were mentioned more often than employment in 2022 with housing and clothing identified as a top need as well. Many of those interviewed mentioned more than one need, most often food and transportation.

In 2019, when asked what the community needs our respondents rated employment opportunities and opportunities for youth equally as the highest need with improved roads/bridges, grocery stores and social opportunities completing the top five priorities. In 2022, more stores were overwhelmingly mentioned as a community need. The time and expense of traveling to purchase essentials and groceries is clearly having an impact. Also high on unmet needs is affordable/accessible activities for children, youth and families and transportation.

POVERTY PROFILE DATA ANALYSIS: CAUSES AND CONDITIONS OF POVERTY

Families headed by single women are more likely to be poor, Allegany County is no different. The median household income for the period 2011-2020 for male with a high school diploma was \$38,228 up slightly from 2018's \$36,598. The median income for a female was \$24,650 up significantly from \$19,369, in 2018. Of those families with female head of household, and children present, 46.2% are living in poverty. 33.7% of residents live below the ALICE threshold. ALICE: Asset Limited, Income Constrained, Employed.

We surveyed 79 community members, 67.09% had received at least one service from our agency in the past twelve months. 75.64% identified as female. 41.56% of respondents had a high school diploma or less. 10.39% had a bachelors or higher. This is consistent with the needs of employers lacking qualified workers and the lack of living wage jobs available for those with limited skills/education. The impact of the lack of affordable, quality childcare cannot be overstated, and continues to be identified as a major cause of poverty. The nationwide childcare crisis was exacerbated by the pandemic. Our region is identified as a childcare desert and the lack of qualified early education teachers, significant before the pandemic remains at a crisis level. Approximately 12% of those not working identified lack of childcare as the reason.

Reported as the top three needs that went unmet were in 2019, dental care, financial assistance, and childcare. In 2022, the top three needs reported by community members were food, health care and financial assistance. Housing and dental care were identified as services needed and not received. 24.1% reported that lack of transportation has been a problem in the past six months in 2019. In 2022, almost 40% of respondents indicated that lack of transportation has been a problem for them in the past 12 months.

Our research indicates that programs such childcare subsidies, rental assistance and actual cash assistance continue to play a significant role in mitigating the conditions of poverty in our communities. The impact that safety net programs, such as the Supplemental Nutrition Assistance Program (SNAP) and the Women, Infants and Children (WIC) programs have on the conditions of poverty nationwide in Allegany County is evidenced by our interviews and survey responses. A significant decrease in community members who stated they use SNAP (30.77%) and WIC (8.9%) was reported in 2022. In 2019, 42.8% of 147 people surveyed utilize the SNAP program, and 20.4% use WIC which is down from 33.5% in 2016. The highest source of income reported was wage/salary.

POVERTY PROFILE DATA ANALYSIS: OUR IMPACT: RESOURCES ALLOCATED & PRIORITIES IDENTIFIED

ACCORD will continue to seek resources that will support continued and enhanced delivery of programs and services to both alleviate the conditions of poverty for children and their families and to identify causes and implement long term solutions. We must continue our focus on the lack of affordable and safe childcare, which is impacting people, mainly women's ability to stay in or re-enter the labor market and afford food and housing on top of monthly childcare costs.

In the years ahead, the agency has also prioritized quality and affordable early childhood education, emergency food and crisis services including domestic violence victim services and homelessness prevention. Affordable housing has become more elusive since the pandemic with housing costs far outpacing wage growth. The need for services for domestic violence victims also increased steadily throughout 2021 and 2022.



HOUSING PROFILE

ALLEGANY, CATTARAUGUS, AND WYOMING COUNTIES

HOUSING PROFILE: HOUSING UNITS

According to the U.S. Census, there were a total of 82,011 housing units in the report area in 2021 a decrease of -3,541 (or -4.14%) since 2012 compared to a 4.42% increase statewide.

See Figures 42, 43, and 44 in the Housing Profile Charts and Graphs section.

HOUSING PROFILE: HOUSING AGE

According to the American Community Survey (ACS) total for housing units, the median year built for housing units in Allegany County is 1964; 1961 in Cattaraugus County; and 1955 in Wyoming County.

See Figures 45, 46, and 47 in the Housing Profile Charts and Graphs section.

HOUSING PROFILE: FAIR MARKET RENT

The average rent for 2-bedroom units in Allegany County was \$757.00 in the 2022 fiscal year, compared to a statewide average of \$1,173.16. someone earning the federal minimum wage (\$13.30/hr) would have to work— 99 hours per week — to afford a 1-bedroom rental.

See Figures 48, 49, and 50 in the Housing Profile Charts and Graphs section.

HOUSING PROFILE: HOUSING AFFORDABILITY

The National Low-Income Housing Coalition reports each year on the amount of money a household must earn to afford a rental unit based on Fair Market Rents in Allegany, Cattaraugus, and Wyoming Counties and an accepted limit of 30% of income for housing costs.

See Figures 51, 52, and 53 in the Housing Profile Charts and Graphs section.

HOUSING PROFILE: VACANCY RATES

The U.S. Census Bureau provides vacancy data based on American Community Survey 5-year estimates (2016 - 2020). Vacant non-rental housing totals 1,156 units and includes those for sale and those sold but not occupied. According to the data, Allegany County has a non-rental housing vacancy rate of 1.40%, in comparison to the national rate of 1.26%. Vacant rental housing totals 1,296 units and includes those for rent and those rented but not occupied. According to the data, Allegany County has a rental housing vacancy rate of 1.5%, in comparison to the national rate of 2.55%. Vacant other housing totals 17,728 units and includes those used for seasonal, recreational, or occasional use, as well as units used for migrant workers. According to the data, Allegany County has another housing vacancy rate of 28.43%, in comparison to the national rate of 8.21%.

See Figures 54, 55, and 56 in the Housing Profile Charts and Graphs section.

HOUSING PROFILE: HOMEOWNERS

The U.S. Census Bureau estimated there were 49,652 owner occupied homes of the estimated 86, 354 housing units in Allegany, Cattaraugus, and Wyoming Counties in 2020. This 57.50% is a decrease over the 74.76% owner occupied homes in 2000.

See Figures 57 and 58 in the Housing Profile Charts and Graphs section.

HOUSING PROFILE: OVERCROWDED HOUSING

The average percentage of overcrowded housing units in Allegany, Cattaraugus and Wyoming Counties was 1.56% in 2020, compared to a statewide average of 7.53%.

See Figures 59, 60, and 61 in the Housing Profile Charts and Graphs section.

HOUSING PROFILE: NUMBER OF UNSAFE, UNSANITARY HOMES

U.S. Census data shows 572 housing units throughout the three-county area were without plumbing in 2000 and American Community Survey five-year estimates 717 housing units (where plumbing is known) in the three counties were without plumbing in 2020.

See Figures 62, 63, and 64 in the Housing Profile Charts and Graphs section.

HOUSING PROFILE: OCCUPIED HOUSING UNITS BY TYPE OF HEATING

Many of the housing units in Allegany, Cattaraugus and Wyoming County are heated by a natural gas source. Other heating sources include bottled tank or LP gas; electricity; fuel oil or kerosene; coal or coke; and wood.

See Figures 65 and 66 in the Housing Profile Charts and Graphs section.

HOUSING PROFILE DATA ANALYSIS: COMMUNITY IMPACT

Affordable housing availability continues to be a growing problem across the US. Changes to public policy, created to limit the spread of the virus and reduce human suffering, continue to reverberate nationwide and in Allegany County. Landlords have stopped renting or reduced the number of units available to all renters and most impactfully, removing a higher number of low-income units. The pandemic related eviction moratoriums imposed, nationwide and until 2022 in New York State, caused economic hardship to landlords despite a large array of programs designed to support both landlords and tenants as the nation transitioned out of shutdowns and pandemic driven policies. Further impacting housing availability beyond removing units, is an increase in short term rentals, aging housing stock and the tremendous increase in the cost of a home purchase. While the housing market leveled off in late 2022, the impact will be long term. Increased housing assessment values for homeowners means increased taxes, in some cases, drastic increases which are not affordable to those living on a fixed income. There is a rising number of abandoned houses and less rental units. Housing units decreased from 26,232 in 2013 to 23,505 in 2021.

In 2019, over 22% of respondents indicated that they had to choose between buying food or paying a bill to meet other basic needs (housing, heat, etc.). Almost 14% indicated that they had fallen behind on rent or mortgage payment, 21.9% indicated that their home needs major repairs. Our 2022 survey showed over 20% of respondents needed heating/utility assistance, and over 16% needed safe, affordable housing. Safe, affordable housing was second only to dental care as an identified need that had not been met. Almost 19% of respondents stated they had fallen behind on rent or mortgage payments with over 11% stating they are at risk of becoming homeless. Almost 17% of respondents stated they cannot afford the needed home repairs.

Rural homelessness is difficult to measure even as we witness increasing numbers of visible homeless in our communities. As service providers, we are aware that the number of people living in campers is increasing as is the number of families doubling up in housing units. While this may not always mean overcrowding, it usually means an unstable housing situation. There is no security when you are neither the homeowner nor legal tenant.

The community impact also includes public costs of re-housing those that are homeless and near homeless who need support to overcome barriers such as security deposits, unpaid utilities, and poor credit and lack of references. This became glaringly evident once the eviction moratoriums were lifted. The challenge of stabilizing both landlords and tenants were met with a myriad of programs including rental subsidies, landlord payments and incentives and continued strengthening of tenants' rights. Efforts to simplify enrollment and eligibility helped but many of these programs were difficult to administer, confusing for both tenants and landlords and ripe for fraud by both property owner and tenants.

We do have significant strengths in Allegany County in terms of home ownership which is above the state and federal levels. This, however, showed a decrease with owner occupied homes at almost 74% in 2000, now down to about 54% in 2020. Homeownership builds stronger communities and generally strengthens the tax base. However, many Allegany County residents, especially elderly people who can no longer perform general maintenance themselves, struggle with keeping their homes in good repair. The median year built for units in Allegany County is 1964. Our population is aging as well. Accessibility is also a major concern for those living with a disability.

The number of houses with no plumbing rose from .64% in 2000 to 1.08% in 2020. This could be the result of an increasing Amish population as well as the number of seasonal homes or camps. There are over 7,521 vacant housing units in Allegany County categorized as “other”.

HOUSING PROFILE DATA ANALYSIS: CAUSES AND CONDITIONS OF POVERTY

According to the American Academy of Pediatrics (June 2013, Volume 131), homeless children and families often experience several negative experiences and life events that create a cumulative risk for poor health outcomes. For example, children who live in poverty, are exposed to violence, or experience food insecurity also have poor health care service attainment, increased emergency department utilization, and overall poor health outcomes, independent of housing status (Ma CT, Gee L, Kushel M Associations between housing instability and food insecurity with health care access in low-income children. *Ambul Pediatr.* 2008;8 (1): 50-57).

The causes of limited or inconsistent access to safe shelter detailed above are in many ways unique to our rural and geographically large county with no cities and large expanses of sparsely populated areas.

While we do not experience areas of concentrated poverty that are prevalent in the urban areas, we face other challenges. The causes of poverty, lack of good jobs that match the education and skills of job seekers, lagging economic development, limited public transportation and lack of affordable housing, contribute to the conditions noted above.

Individuals and families are living in unsafe housing and/or develop transient lifestyles, moving from one community to the next because they cannot afford the rent or conditions become unlivable.

According to a 2012 report from the American Academy of Pediatrics, “Lead damage is permanent and irreversible, Children with elevated lead levels are more likely to have behavior problems, attention deficit and reading disabilities, and fail to graduate from high school, in addition to experiencing a host of other impairments to their developing cardiovascular, immune and endocrine systems.”

In 2019 the US Department of Housing and Urban Development (HUD) lowered the Department’s threshold of lead in the child’s blood to match the one used by the Centers for Disease Control and Prevention (CDC). CDC stopped using the term blood lead “level of concern” and instead began using the term “reference range value” to identify children who have been exposed to lead and who require case management. CDC’s current reference range level is 5 µg/dL. With this lower value more children will likely be identified as having lead exposure, allowing parents, doctors, public health officials, and communities to act earlier to reduce the child’s future exposure.

HOUSING PROFILE DATA ANALYSIS: OUR IMPACT RESOURCES ALLOCATED & PRIORITIES IDENTIFIED

Assuring safe and affordable housing has always been a priority. Our existing comprehensive housing services delivery system includes low-income rental assistance, rehabilitation and repair assistance for low-income homeowners, transitional housing for homeless families and individuals, supportive and rapid rehousing for families at risk of homelessness, homeownership counseling and education and foreclosure prevention. In 2019, we added the Solutions to End Homelessness Program. 2020-2022 saw an expansion of rent subsidy programs, broader in scope to support tenants and landlords as the nation and New York State transitioned out of rent moratoriums imposed because of health and safety issues due to the pandemic as well as increasing housing costs.

We began to operate housing assistance programs related to the pandemic’s impact in 2020 and in 2022, are ending or transitioning these programs to reflect the end of the emergency and its immediate impact on safe housing. The crisis of the shortage of safe, affordable housing remains.

In 2022, we engaged in an effort with the Allegany County Department of Social services to enhance our community’s approach to Code Blue mandates which require the provision of safe, temporary shelter when outside temperatures fall below 32 degrees. Again, our challenges are much different than what is experienced in urban areas. Transportation impacts the effectiveness of all that we do. One thing is for certain, addressing immediate needs, such as shelter from the

deadly cold, and longer-term solutions to lack of affordable housing, will require each community to prioritize the very human need for safe shelter.



INFANTS & CHILDREN PROFILE

ALLEGANY, CATTARAUGUS, AND WYOMING COUNTIES

INFANTS & CHILDREN PROFILE: REGISTERED CHILD CARE PROVIDERS

In 2021 there were 33 total registered childcare providers in Allegany County, which decreased to 30 in 2022; the number of providers in Cattaraugus County declined from 44 in 2021 to 39 in 2022); and the number of providers in Wyoming County declined by three (from 26 providers in 2021 to 23 in 2022). The availability of registered childcare providers is an essential element of self-sufficiency because it allows parents to maintain employment and provides children with educational opportunities they need to succeed. Number of Registered Child Care Providers includes Head Start and/or Early Head Start programs.

See Figures 67 and 68 in the Infants and Children Profile Charts and Graphs section.

INFANTS & CHILDREN PROFILE: REGISTERED CHILD CARE MAXIMUM CAPACITY

Childcare maximum capacities are determined for providers based on the square footage of space in their establishments; the minimum requirement typically being 35 square feet per child. However, Registered Family Day Care Providers and Licensed Group Family Day Care Providers that provide care in their homes seldom have this amount of allowable space, therefore overall space for such providers is reviewed and approved by the New York State Office of Children and Family Services.

See Figures 69 and 70 in the Infants and Children Profile Charts and Graphs section.

INFANTS & CHILDREN PROFILE: EARLY INTERVENTION PROGRAM-INDIVIDUALIZED EDUCATION PLANS

The Early Intervention Program offers a variety of therapeutic and support services to eligible infants and toddlers with disabilities and their families, including family education and counseling, home visits, and parent support groups; special instruction; speech pathology and audiology; and occupational therapy. In 2017, 100 infants and toddlers residing in Allegany County received early intervention program services. That number decreased to 95 in 2018. Individual Education Plans (IEP's) for children ages 3-5 for the 2020-2021 numbered 72. Numbers for the 2021-2022 school year were not available at time of publication. Numbers for Cattaraugus and Wyoming County were not available.

See Figures 71 and 72 in the Infants and Children Profile Charts and Graphs section.

INFANTS & CHILDREN PROFILE: EARLY INTERVENTION PROGRAM-INDIVIDUALIZED FAMILY SERVICE PLANS (IFSP)

Individualized Family Service Plans are developed for infants and toddlers to address all the child's educational needs including physical development, cognitive development, communication development, social or emotional development, and adaptive development. In 2022, a total of 40 infants and toddlers residing in Allegany County had Individual Family Service Plans in place. Children's disabilities are not classified until after the age of five; therefore, the specific disability type of each service plan is not available for this age group.

See Figures 73 and 74 in the Infants and Children Profile Charts and Graphs section.

INFANTS & CHILDREN PROFILE: 3 – 5 YEARS OF AGE WITH INDIVIDUALIZED EDUCATIONAL PLAN (IEP)

An Individualized Educational Plan is developed to ensure that a child who has a disability (identified under the law) and is attending an elementary or secondary educational institution receives specialized instruction and related services. The Committees for Pre School-Education reported that Individualized Educational Plans were developed and implemented for 173 children ages 3 to 5 years residing in Allegany County during the 2021-2022 school year. Related services include speech pathology, occupational therapy, physical therapy, and parent training. Children's disabilities are not classified until after the age of five; therefore, the specific disability type of each educational plan is not available for this age group.

See Figures 75 and 76 in the Infants and Children Profile Charts and Graphs section.

INFANTS & CHILDREN PROFILE: PRESCHOOL SPECIAL EDUCATION PROGRAM

Special education instruction is specifically designed to meet the educational and developmental needs of children with disabilities, or those who are experiencing developmental delays. Services for preschool children (ages 3 through 5) are provided free of charge through public school systems under the Individuals with Disabilities Education Act. () children ages 0 to 5 residing in Allegany County were evaluated for services through Allegany County's Preschool Special Education Program in 2018. Of those 284 children, 205 were served through the program. Figures from 2020 were not available at the time of publication. Preschool education services were paused during shutdown and remained impacted following shutdown, due in part to the lack of qualified providers.

See Figure 77 in the Infants and Children Profile Charts and Graphs section.

INFANTS & CHILDREN PROFILE: ELEVATED LEAD LEVELS IN CHILDREN UNDER 6

Protecting children from exposure to lead is important to their lifelong good health. No safe blood lead level in children has been identified; however even low levels of lead in blood have been shown to affect IQ, ability to pay attention, and academic achievement; and these effects, as well as all other effects of lead exposure, cannot be corrected. The average percentage of children under the age of six with elevated lead levels in Allegany County in 2019 was 3.7%; 4.8% during the same time in Cattaraugus County; and 2.70% in Wyoming County.

See Figures 78 and 79 in the Infants and Children Profile Charts and Graphs section.

INFANTS & CHILDREN PROFILE: PERCENT OF CHILDREN COMPLETELY IMMUNIZED

This chart shows the Allegany County school districts' percentage of enrolled students in the current school year that were fully immunized and the enrolled students that had medical and religious exemptions. Updated data sets were not available since our last full assessment.

See Figures 80 and 81 in the Infants and Children Profile Charts and Graphs section.

INFANTS & CHILDREN PROFILE: HEAD START ELIGIBLE CHILDREN (ALLEGANY COUNTY)

Children from birth to age five who are from families with incomes below the poverty guidelines are eligible for Head Start and Early Head Start services. Additionally, children from homeless families, and families receiving public assistance such as Temporary Assistance for Needy Families (TANF) or Social Security Income (SSI) are also eligible. During a five-year period (2016-2020) an estimated 726 children aged through five were living in poverty in Allegany County, all of which would be considered income-eligible for Head Start and Early Head Start services.

See Figure 82 in the Infants and Children Profile Charts and Graphs section.

INFANTS & CHILDREN PROFILE: HEAD START ELIGIBLE CHILDREN (CATTARAUGUS COUNTRY)

There were an estimated 1,455 children ages birth to five living in poverty in Cattaraugus County during a five-year period (2016-2020), all of which would be considered income-eligible for Head Start and Early Head Start services.

See Figure 83 in the Infants and Children Profile Charts and Graphs section.

INFANTS & CHILDREN PROFILE: HEAD START ELIGIBLE CHILDREN (WYOMING COUNTY)

There were an estimated 295 children aged from birth to five living in poverty in Wyoming County during a five-year period (2016-2020), all of which would be considered income-eligible for Head Start and Early Head Start services.

See Figure 84 in the Infants and Children Profile Charts and Graphs section.

INFANTS & CHILDREN DATA ANALYSIS: COMMUNITY IMPACT

According to the US Census (2016-2020) the child poverty rate in Allegany County is 27.3%. This is an increase from 2019, which showed a child poverty rate of 25.7%. Children are disproportionately impacted by poverty. The immediate and future impact that child poverty has and will have on our community will impact every child living in poverty for a lifetime and almost every aspect of our community, from education to health care to workforce availability.

The impact of the pandemic on quality childcare was devastating. The long-standing lack of attention to and support for quality, affordable childcare has resulted in an immediate, critical shortage of day care providers in 2020. This was evident at the start of the pandemic when essential workers left the labor force by the thousands due to lack of childcare. According to the Committee for Economic Development, the share of children birth to age 4 in New York receiving childcare fell from 33.9% in 2019 to 20.9% in 2020. While nearly all states experienced a decline, New York's was significantly larger than most other parts of the country. Prior to the pandemic, New York had the 16th highest use of paid care nationally (of the 50 states plus Washington DC). In 2020, the state had fallen to 35th.

In New York State, 3, 524 childcare programs closed between January 2020 and July 2022. These losses were not evenly distributed as rural, upstate communities lost capacity at a higher rate, as did high poverty communities and communities of color. Most affected were in-home childcare programs which represent a large percentage of care that is available to residents in Allegany, Cattaraugus, and Wyoming Counties.

Despite millions in local funding coming from pandemic related legislation including the CARES Act and the American Rescue Plan to support, sustain and create new day care slots, the shortage remains critical. Employers and families alike are impacted as day care, early education and after-school programs remain for the most part, understaffed and under-enrolled as a result. While day care centers and school age care has seen some increase between 2021 and 2022, total providers in Allegany County decreased from 33 to 30. Family day care providers were cut in half. 67% of the community members we surveyed who need childcare rely on friends, family, or neighbors, 9% reported they use informal/unregistered care. 33% reported they do not use registered day care because they cannot afford it. Another 10% stated there was a lack of providers available at the time they need care. 12% of respondents stated the reason they do not work is because they are caring for children. The impact on employers has received significant attention due to the pandemic and the continuing, critical loss of providers. In addition to its impact on the number of candidates seeking employment, it is also impacting attendance for those that are employed. Inconsistent attendance issues caused by loss of day care leads costs millions of dollars each day. Perhaps most telling is the closing of day care classrooms and centers due to staff illness which continues to occur daily.

Significant changes to compensation structures have not yet served to significantly alleviate the lack of workers. Changes are taking place in terms of addressing affordability for families with increased subsidies, more efficient enrollment in subsidy programs and dramatically increased income limits.

Another issue impacting children and infants is the heroin and opioid epidemic. Consequences to infants and children include newborns with neonatal abstinence syndrome, and an increase in the number of children placed into foster care. Care givers suffering from addiction are unable to parent effectively. Many are in care to treat addiction, and more are working to remain sober so they can begin again to parent in a way that truly meets their child(ren)s needs.

Related, at least in part, is the rising incidence of mental health and behavioral issues identified in this age group. In the 2018/2019 school year, in the Head Start program, 18% of enrolled children were referred for individual mental health assessments, of these, 62% were referred for mental health services. For Early Head Start children, (8) eight children (of 173) were referred for mental health individualized assessment with (6) six referred for outside services. Figures for the 2019/2020 and 2020/2021 do not provide comparable and reliable data due to pandemic related closures, under enrollment due to COVID-19 and under enrollment due to lack staffing.

Finally, an additional need for our infants and children is the incidence of childhood obesity. In the 2018- 2019 program year, 35% of children enrolled in the Head Start programs were overweight or obese according to their body mass index which is consistent with previous years and indicative of health problems to come.

INFANTS & CHILDREN DATA ANALYSIS: CAUSES AND CONDITIONS OF POVERTY

Lack of available and affordable childcare impacts parents' ability to enter and remain in the workforce. Workers who delay entry or go in and out of the workforce due to unmet childcare needs lose more than unearned wages. Lack of work history, experience, and longevity impacts earnings for years. Layered with the impact of substandard/unsafe childcare on children whose families utilize care that is unregulated and/or frequently changed, the impact that lack of childcare has is far reaching, and long lasting.

While not all childhood trauma is caused by poverty, there is growing evidence that growing up poor is a kind of chronic, complex trauma. Kids growing up in poverty are constantly releasing the stress hormone cortisol, which can give them short attention spans and short tempers. Allegany County, as a community, is on its way to addressing and responding holistically to this issue, but there is much work to be done.

On March 9, 2016, American Academy of Pediatrics (AAP) released a policy statement that identifies how poverty affects children's health and recommends for the first time that pediatricians routinely screen children for poverty risk factors. The AAP is addressing childhood poverty as a strategic priority, citing extensive research on the detrimental health consequences of childhood poverty that are severe and lifelong.

The impact poverty has on the health of infants and children includes but is not limited to lack of quality childcare, unsafe housing, and barriers to health care, including dental and mental health services (to name a few), means that our focus on helping low-income families overcome barriers and create opportunities and systems helps alleviate both the causes and conditions must be unwavering.

INFANTS & CHILDREN DATA ANALYSIS: OUR IMPACT: RESOURCES ALLOCATED & PRIORITIES IDENTIFIED

In May of 2017, ACCORD conducted a Community Forum on the impact that childhood poverty has on the health of an individual over a lifetime. We heard from educators, service, and health care providers and from individuals who grew up in poverty and raised children in poverty. It was a unique opportunity to look more closely at this issue and recommit as a community to working together to alleviate the causes and the conditions of poverty impacting our infants and children.

Since 2020, ACCORD's Child Care Services Program assisted the NYS Office of Children and Family Services (OCFS) to distribute over four million dollars in child care stabilization grants serving a total of 84 providers in our three county service area. The Invest in Child Care Deserts Program is also underway which will build capacity in regions such as ours that are identified as a childcare desert. These investments along with new resources committed in the New York State budget will help support stabilization.

We will continue to support day care providers to assure that they have access to resources, such as the Child and Adult Care Food Program, on-going training, and technical assistance, as well as training and assistance for small business ownership through our Entrepreneurial Assistance Center. We will also advocate for the resources that will impact this issue in a real and lasting way. This includes an increase in pay for those individuals we are entrusting to care for our children. We have increased wages for Head Start and Early Head Start by over 10% in the past 12 months and provided periodic retention bonuses, which has been successful in improving staff recruitment and retention. Funding available in response to this crisis must gain a permanent foothold in society if we hope to have any success in assuring quality care is available for all children. We must demand that this issue become and remain a national, state, and local priority until we know that our children are receiving the care that is necessary to raise healthy and productive adults.

Additionally, we will use the information we gained through the production of this assessment to assure that early care and education programs we seek, operate and support truly meet the needs of our community. Moreover, we will prioritize expanding and identifying new opportunities to reach eligible families to assure that those in need are able to

access our services. We will also advocate for national attention to the income guidelines. Recent and pending changes to both the New York State and federal minimum wage guidelines means that more families, although earning slightly more, are becoming ineligible for supportive services, such as Head Start, based on slightly higher incomes. The 2023 federal poverty guidelines are such that to meet 100% of poverty, as required under the Head Start and Early Head Start legislation, any family of four making more than \$25,750 per year is considered over income and ineligible for those services.



NUTRITION PROFILE

ALLEGANY, CATTARAUGUS, AND WYOMING COUNTIES

NUTRITION PROFILE: FOOD INSECURITY RATE

Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food. Feeding America estimated that 12.9% of Allegany County's population experienced food insecurity at some point during 2020.

See Figure 85 in the Nutrition Profile Charts and Graphs section.

NUTRITION PROFILE: FREE AND REDUCED LUNCH PROGRAM

According to the New York State Education Department, 62.49% of the students in Allegany, Cattaraugus and Wyoming Counties were eligible for free or reduced lunches during January 2020, compared to a statewide rate of 74.75%.

See Figures 86, 87, and 88 in the Nutrition Profile Charts and Graphs section.

NUTRITION PROFILE: HOUSEHOLDS RECEIVING SNAP BY POVERTY STATUS (ACS)

According to the American Community Survey (ACS), 9,268 (or 14%) households within Allegany, Cattaraugus and Wyoming Counties received Supplemental Nutrition Assistance Program benefits during 2020. During this same time, there were 4,584 households with income levels below the poverty level that were not receiving SNAP benefits.

See Figures 89, 90, and 91 in the Nutrition Profile Charts and Graphs section.

NUTRITION PROFILE: GROCERY STORE ACCESS FOR LOW-INCOME PEOPLE

Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores are excluded. This is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors. According to the US Census Bureau (County Business Patterns), there are 13 grocery stores within Allegany County; 17 within Cattaraugus County; and 8 within Wyoming County.

See Figures 92,93, and 94 in the Nutrition Profile Charts and Graphs section.

NUTRITION PROFILE: POPULATION WITH LIMITED FOOD ACCESS

This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. Data is from the 2019 Food Access Research Atlas report, Low-Income and Low- Supermarket-Access Census Tracts, 2019. This indicator is relevant because it highlights populations and geographies facing food insecurity.

See Figure 95 in the Nutrition Profile Charts and Graphs section.

NUTRITION PROFILE DATA ANALYSIS: COMMUNITY IMPACT

Food insecurity is currently on the rise. There are currently more households eligible to receive benefits through the Supplemental Nutrition Assistance Program (SNAP) than are benefitting from this program. In 2020 there were 1453 households living below the poverty level receiving SNAP and 1,372 households living below the poverty level not receiving SNAP.

Pandemic driven enhancement to the federal Supplemental Nutrition Assistance Program is scheduled to end in March of 2023, with that funding allocated to be used for summer feeding programs. It is estimated that 16 million households will see their per person benefit drop around \$83 per month. This will be especially impactful to families when factoring in inflation's impact on food costs.

According to the Food Research and Action Center, SNAP generates \$1.79 in local economic development activity for every SNAP dollar spent. According to American Community Survey five-year estimates (2012-2016) SNAP participation nationally is highest in rural areas at 16% overall.

ACCORD's Community Member Survey showed that over 32% of those surveyed said they needed assistance with food over the past three months, almost 11% stated they did not receive the assistance they needed. In 2019, 16% of respondents stated that they had had to skip or reduce the size of a meal because there was not enough food. In 2022, that percentage rose to almost 27% of those surveyed. Nearly 30% of respondents stated that in the last 12 months they had been forced to choose between buying food or paying a bill to meet other basic needs. Data also significant to the areas of nutrition is our above average obesity and diabetes rate which is further defined in the following section on health care.

School districts have long been a vital source of food to children living in poverty and they continue to expand access and improve nutrition. The loss of this vital nutritional support during the pandemic related school shutdowns was immediately recognized with most schools able to provide distribution of meals to students via daily pickup, delivery to homes via buses.

A significant supplemental option is called the Community Eligibility Provision (CEP), a key provision of The Healthy, Hunger Free Kids Act (HHFKA, Public Law 111-296; December 13, 2010). CEP allows the nation's highest poverty schools and districts to serve breakfast and lunch at no cost to all enrolled students without the burden of collecting household applications and stigma experienced by free lunch recipients. Over 74% of eligible schools participated nationwide in the 2021-2022 school year. This program was available for the 2022-2023 school year on both a full and partial basis. Most but not all of Allegany County's schools chose to participate.

Most Allegany County school districts offer summer feeding programs. According to the According to the Food Research and Action Center, New York ranks third in the country for summer feeding program delivery in terms of student participation. Summer feeding programs have received priority funding to continue in the foreseeable future, edging out other supplemental food programs for secured funding in 2023-24. Two Allegany County school districts provide weekend backpack programs which provide a backpack of nutritious food for children to take home with them on the weekend, sponsored by Allegany County's Hunger Prevention and Nutritional Assistance Program, (HPNAP).

We continue to have a lower prevalence of food desserts than is seen regionally and statewide. Families report increased struggling with transportation to and from grocery stores given the actual number of miles they must travel. These families must have a reliable vehicle, enough money for gas and enough time to travel and shop as well as use of a freezer when stocking up.

NUTRITION PROFILE DATA ANALYSIS: CAUSES AND CONDITIONS OF POVERTY

Child hunger leads to greater health care costs for families and employers: Food-insecure and low-income people can be especially vulnerable to poor nutrition and obesity, due to additional risk factors associated with inadequate household resources. This might include lack of access to healthy and affordable foods; cycles of food deprivation and overeating; high levels of stress, anxiety, and depression; fewer opportunities for physical activity; greater exposure to marketing of obesity-promoting products; and limited access to health care. Food bank works with area food retailers, manufacturers, and wholesalers to acquire, sort, store, and redistribute food to member programs, namely soup kitchens, shelters, and emergency food pantries. In addition, Foodlink provides food to hundreds of non-emergency programs such as group homes and senior centers. Child hunger leads to greater absenteeism, presenteeism and turnover in the work environment, all of which are costly for employers.

Data Source: Child Food Insecurity - The Economic Impact on our Nation: A report on research on the impact of food insecurity and hunger on child health, growth and development commissioned by Feeding America and The ConAgra Foods Foundation John Cook, PhD, Project Director Karen Jeng, AB, Research and Policy Fellow)

NUTRITION PROFILE DATA ANALYSIS: OUR IMPACT: RESOURCES ALLOCATED & PRIORITIES IDENTIFIED

The challenges of providing emergency and supplemental food during a global pandemic tested our creativity and determination in ways we didn't think possible as a community. Some of the systems implemented created to assure maximum safety for our staff and those in need will continue for the foreseeable future.

In 2022, 871 emergency food boxes were provided from ACCORD's ACCESS Center in Belmont. The Pop-Up Pantries that began to deliver food safely and efficiently to families during the pandemic continue to be a vital component of our community hunger reduction strategy. Approximately 300 food boxes are distributed twice monthly through this drive-up service delivery model. Supplemental food via Nourish New York and other pandemic-driven programs have continued on some level throughout 2022. The need is increasing however, with registration for this program filled almost immediately after it opens. Families in need are being turned away at greater rates each month as they face increasing food prices as well as home heating and transportation costs. Food resources, including food banks, are seeing less financial support as pandemic public and private donations dwindle and food costs rise. Supply chain shortages remain impactful and the pending decrease in SNAP benefits looms over the already thinly stretched resources of local food pantries. As an Open-Door agency, we provide after-hours access to the food pantry and we can provide those in need with food boxes every 30 days instead of the traditional 60-day eligibility period. We are working to develop and maintain programs that help families and individuals set and achieve goals to move into a future that will help them ensure they can consistently meet the nutritional needs of everyone in their households.

Our priorities will also include assuring that everyone in our community understands where and how to access emergency and supplemental food and supportive services so that they can help themselves, a friend or neighbor.



EDUCATION PROFILE

ALLEGANY, CATTARAUGUS, AND WYOMING COUNTIES

EDUCATION PROFILE: SCHOOL ENROLLMENT

The number of students enrolled in public school districts during January 2020-21 school year public school enrollment in Allegany County was 5,542; 11,753 in Cattaraugus County; and 3,670 in Wyoming County.

See Figures 96,97, and 98 in the Education Profile Charts and Graphs section.

EDUCATION PROFILE: HIGH SCHOOL DROPOUTS

According to New York State Department of Education Report Cards, a total of 23 Allegany County high school students dropped out of school based on the 4-year outcome as of August 2021 data. 46 in Cattaraugus County; and 13 in Wyoming County.

See Figures 99 and 100 in the Education Profile Charts and Graphs section.

EDUCATION PROFILE: HIGH SCHOOL GRADUATES

There were a reported 443 high school graduates in Allegany County during the 2020- 2021 school year; 894 graduates in Cattaraugus County; and 298 graduates in Wyoming County.

See Figure 101 in the Education Profile Charts and Graphs section.

EDUCATION PROFILE: EDUCATIONAL ATTAINMENT

Educational attainment is calculated for persons over 25 and is the American Community Survey (ACS) average for the period from 2016 to 2020. Most of the individuals over the age of 25 residing in Allegany, Cattaraugus and Wyoming Counties have attained a high school diploma only.

See Figures 102 and 103 in the Education Profile Charts and Graphs section.

school districts in Allegany, Cattaraugus and Wyoming Counties, the West Valley district in Cattaraugus County reported the highest expenditure per pupil at \$14,665 per pupil. In Allegany County, Canaseraga reported the highest total expenditure per pupil at \$14,144.

See Figures 110 and 111 in the Education Profile Charts and Graphs section.

EDUCATION PROFILE: SCHOOL-AGE STUDENTS WITH DISABILITY CLASSIFICATION RATE

School-age students with disability rate is a ratio of the count of school-age students with disabilities (ages 4-21) to the total enrollment of all school-age students in the school district, including students who are parentally placed in nonpublic schools located in the school district. The numerator includes all school-age students for whom a district has Committee on Special Education (CSE) responsibility to ensure the provision of special education services. The denominator includes all school-age students who reside in the district. In the case of parentally placed students in nonpublic schools, it includes the number of students who attend the nonpublic schools located in the school district. Of the twelve public school districts in Allegany County, the Scio Central School District reported the highest students with disability rate for the 2020-21 school year (20%).

See Figures 113, 114 and 115 in the Education Profile Charts and Graphs section.

EDUCATION PROFILE: VETERANS - EDUCATIONAL ATTAINMENT

Veterans Educational Attainment contrasts the distribution of educational attainment levels between military veterans and non-veterans in the region. Educational attainment is calculated for persons over 25 and is the American Community Survey (ACS) average for the period from 2016 to 2020.

See Figures 116, 117, and 118 in the Education Profile Charts and Graphs section.

EDUCATION PROFILE: COLLEGES, UNIVERSITIES AND TRADE SCHOOLS

There are a total of six (6) colleges, universities, and trade Schools in Allegany, Cattaraugus, and Wyoming Counties.

See Figure 119 in the Education Profile Charts and Graphs section.

EDUCATION PROFILE: RISK AND PROTECTIVE FACTOR SURVEY

Allegany County students in 6th, 8th, 10th, and 12th grades participated in the Risk and Protective Factor Survey in 2021. The survey was developed by J. David Hawkins, Richard Catalan, and Janet Miller at the University of Washington and measures critical individual, school; family and community factors that have been demonstrated to either increase the likelihood of substance abuse and violence (Risk Factors) or decrease the likelihood of these behaviors (Protective Factors). The Allegany County survey also includes several items to assess depression, suicide ideation, suicide attempts and self-injury.

The Risk and Protective Factor framework states that an individual student's likelihood of being involved in substance abuse, violence or other negative behavior increases relative to the number of factors from which the student is at-risk. Thus, an additional measure of overall risk in a community is the number of students reporting multiple factors beyond the at-risk level.

See Figure 120 in the Education Profile Charts and Graphs section.

EDUCATION PROFILE: RISK AND PROTECTIVE FACTOR SURVEY – ALCOHOL USE 6TH, 8TH, 10TH, AND 12TH GRADE ALLEGANY COUNTY STUDENTS

The survey results indicated that 5.9% of grade 6, 13.9% of grade 8, 42.5% of grade 10 and 52.6% of the respondents in grade 12 had drunk alcohol during their lifetime. 0.3% in grade 6, 11.9% in grade 8, 22.1% in grade 10, and 25.9% in grade 12 had drunk alcohol within the past 30 days of the survey.

See Figure 121 in the Education Profile Charts and Graphs section.

EDUCATION PROFILE: RISK AND PROTECTIVE FACTOR SURVEY – CIGARETTE USE 6TH, 8TH, 10TH, AND 12TH GRADE ALLEGANY COUNTY STUDENTS

The survey results indicated that 3.6% of grade 6, 9.2% of grade 8, 19.4% of grade 10 and 22.2% of the respondents in grade 12 had smoked cigarettes in their lifetime. 0.6% in grade 6, 1.7% in grade 8, 4.4% in grade 10, and 4.1% in grade 12 had smoked cigarettes within the past 30 days of the survey.

See Figure 122 in the Education Profile Charts and Graphs section.

EDUCATION PROFILE: RISK AND PROTECTIVE FACTOR SURVEY – VAPING USE 6TH, 8TH, 10TH, AND 12TH GRADE ALLEGANY COUNTY STUDENTS

The survey results indicated that 3.1% of grade 6, 10.6% of grade 8, 24.6% of grade 10 and 27.6% of the respondents in grade 12 vaped or used an e-cigarette within the past 30 days of the survey.

See Figure 123 in the Education Profile Charts and Graphs section.

EDUCATION PROFILE: RISK AND PROTECTIVE FACTOR SURVEY – MARIJUANA USE 6TH, 8TH, 10TH, AND 12TH GRADE ALLEGANY COUNTY STUDENTS

The survey results indicated that .6% of grade 6, 6.1% of grade 8, 21.1% of grade 10 and 29.3% of the respondents in grade 12 had smoked marijuana in their lifetime. 0% in grade 6, 2.4% in grade 8, 10.5% in grade 10, and 15.9% in grade 12 had smoked marijuana within the past 30 days of the survey.

See Figure 124 in the Education Profile Charts and Graphs section.

EDUCATION PROFILE: RISK AND PROTECTIVE FACTOR SURVEY – DRUGS OTHER THAN ALCOHOL, TOBACCO, OR MARIJUANA USE 6TH, 8TH, 10TH, AND 12TH GRADE ALLEGANY COUNTY STUDENTS

The survey results indicated that 0.3% of grade 6, 1.4% of grade 8, 4.1% of grade 10 and 5.6% of the respondents in grade 12 had used drugs other than alcohol, tobacco, or marijuana in their lifetime. 0% in grade 6, 0.7% in grade 8, 1.7% in grade 10, and 2.2% in grade 12 had used drugs other than alcohol, tobacco, or marijuana within the past 30 days of the survey.

See Figures 125 in the Education Profile Charts and Graphs section.

EDUCATION PROFILE: RISK AND PROTECTIVE FACTOR SURVEY – BULLYING: 6TH, 8TH, 10TH, AND 12TH GRADE ALLEGANY COUNTY STUDENTS

Bullying and other violent behaviors are a major concern for students, parents, and school administrators. The survey results indicated that 5.0% of grade 6, 5.8% of grade 8, 16% of grade 10 and 6.7% of the respondents in grade 12 had bullied others 2 or more times within the past month. 15.1% of grade 6, 13.2% of grade 8, 13.3% of grade 10 and 11.5% of the respondents in grade 12 had been bullied 2 or more times within the past 30 days.

See Figures 126 in the Education Profile Charts and Graphs section.

EDUCATION PROFILE: RISK AND PROTECTIVE FACTOR SURVEY –6TH, 8TH, 10TH, AND 12TH GRADE ALLEGANY COUNTY STUDENTS

The greatest concern about depression and other negative feelings is the possibility that a student might contemplate, plan, or attempt suicide. According to the Allegany County Risk and Protective Factor Survey, 12.2% of grade 10 students had planned for suicide in the past year.

See Figure 127 in the Education Profile Charts and Graphs section.

EDUCATION PROFILE: RISK AND PROTECTIVE FACTOR SURVEY – SELF INJURY

Some teens have a difficult time balancing their conflicting feelings and some turn to harmful activities like drinking, using drugs, or self-injury. Intentional self-injurious behavior, through cutting or burning, is used as a mechanism for coping with emotional distress. Those who self-injure often are experiencing overwhelming feelings, like extreme anxiety or tension, and in the moment self-injury may seem to provide a feeling of escape or relief. These injuries are not a suicide attempt and often are interpreted as expressions of anger or psychological pain. Students were asked if they ever hurt themselves by cutting or burning themselves when they were upset about something. 19.7% of 10th grade students reported that they have intentionally injured themselves.

See Figures 128 in the Education Profile Charts and Graphs section.

EDUCATION PROFILE DATA ANALYSIS: COMMUNITY IMPACT

As noted in the Employment Profile, educational achievement for Allegany County remains significant in terms of what jobs residents are qualified to do. The low unemployment rate is impactful and lack of skilled workers to fill available jobs continues to be a significant problem for both workers and employers.

Almost 54% of our community member survey respondents indicated that they have a high school diploma or less with only about 10% reporting a bachelor's degree or higher. We do not have the skilled workforce we need, not in manufacturing or skilled trade or jobs that require a higher education. Even with three colleges within its borders, the number of Allegany County residents with a bachelor's degree is at 11.8% which is up from 9.9% reported in 2016 and low compared to 16.5% statewide. In between 2010- 2014 and 2013-2017 the number of residents with a high school diploma decreased from 40.1% to 37.8%. From 2016-2020, the percentage of Allegany County residents without a high school diploma was 8.3%, those with a high school diploma was 35.4%. For that same time, the graduation rate was 89.3% total, with females graduating at a slightly higher rate. The percentage of those with some college, associate and bachelor's

degrees rose slightly, in most cases less than one percentage point. Low-income rural areas have the lowest college enrollment rate at 50%. Low-income rural students also fall behind national averages in persistent rates, which are the percentage of students who continue from the first to the second year of college. The impact this has on jobs and poverty is significant. This impacts our ability to attract new business, lift people out of poverty through employment and create a sustainable economy that draws and keeps young people. This has a broad impact on both the causes of poverty (lack of jobs, education) and the conditions which include many working poor that cannot achieve stability and must rely on safety net programs and other social supports to meet their basic needs.

In the past century Western New York has consolidated schools significantly, going from around 1500 down to about 100. Enrollment in Allegany County schools declined from 6,386 in 2014-15 to 5,542 in 2020-2021, there have been no mergers proposed. Rural communities are alike in wanting to keep their local school districts intact. However, the continuing decline in enrollment challenges smaller school districts who face budget challenges, more limited class offerings (in many schools, advance placement classes are available only online) and less diversity. In the past few years, several districts have combined sports teams so that they can continue to offer team sports which are a critical component of youth activities in all districts.

Young peoples' use and abuse of alcohol, tobacco and other drugs remains a major concern for parents, health professionals, law enforcement and schools. Since the 1990's substance abuse prevention has developed programs based on the Risk and Protective Factor Model developed at the University of Washington by J. David Hawkins, Richard Catalano, and Janet Miller. As noted earlier this model addresses alcohol and other drug abuse risks for adolescents, as well as other negative behaviors, such as violence, delinquency, teen pregnancy, gambling and dropping out of school.

In comparing the results from the 2019 to the 2021 Evalumetrics Youth Survey, risk factors for Allegany County youth remained fairly steady overall with 40.2% of 12th grade students having 5 or more risk factors in 2019, to 38.9% in 2021. 10th grade students showed an increase in those having 5 or more risk factors 35.1% (2019) and 38.8% in 2021. Both 8th and 6th grade students showed a decline in the number of students with five or more risk factors between 2019 and 2021. The number of students with no risk factors did not have a positive change overall with 10th and 6th grade students showing a decline in the number of students reporting no risk factors. Significantly, 19.7% of 10th graders surveyed reported they had injured themselves when upset. Additional questions were added to the survey in 2021 to capture the impact of the extreme stress resulting from the disruption of school and social life due to the COVID-19. Students were asked how frequently they felt nervous, anxious or on edge with almost 40% of 12th grade students reporting half the time or more. Almost 27% of 12th grade students reported feeling sad, depressed or hopeless half the time or more.

At our 2019 Youth Summit, youth participated in a workshop to discuss how they can make their voice heard in terms of public policy. In discussing what they wanted decision makers to understand and act upon was not what you might expect. The need for more recreational activities or improved transportation was not mentioned. The group agreed without dissent, that they need decision makers to understand that they need more help and support following a suicide/overdose that impacts themselves directly or someone they know.

During our Community Forum on Teens and Poverty in 2017, we learned directly from teens who live in poverty about how poverty impacts their ability to participate and achieve in school. Transportation barriers were huge for those interested in engaging in sports and other after-school activities and for those trying to get a part-time job to help with family expenses or pay for college. Teens also noted that paying for extra costs for participation, such as sports attire, and equipment was also a barrier.

EDUCATION PROFILE DATA ANALYSIS: CAUSES AND CONDITIONS OF POVERTY

We do not have the skilled workforce we need, not in manufacturing or skilled trade or job that require a higher education. This impacts our ability to attract new business, lift people out of poverty through employment and create a sustainable economy that draws and keeps young people. This has a broad impact on both the causes of poverty (lack of jobs, education) and the conditions which include many working poor that cannot achieve stability and must rely on safety net programs and other social supports to meet their basic needs.

EDUCATION PROFILE DATA ANALYSIS: OUR IMPACT: RESOURCES ALLOCATED & PRIORITIES IDENTIFIED

Our priority is to create, deliver and sustain youth programming that helps support the educational, social, and emotional well-being of our youth. Significantly improving early education throughout the county, the family support and parent education that is provided through the Head Start and Early Head Start programs is vital to meeting the needs of low-income families and truly impacting poverty.

In 2021, ACCORD was forced to discontinue the Advantage Afterschool programming funded through the NYS Office of Children and Family Services with federal funding from the Temporary Assistance to Needy Families (TANF) legislation. Changes to reimbursement structure created a budget gap that could not be bridged with other resources.

Analysis of the data from the risk and protective factors, which is detailed in this assessment, means we will place strategic priority on strengthening our community partnerships, with both school districts and mental health service providers, to assure we use resources efficiently and as effectively as possible and seeking additional opportunities to provide needed services to our youth. We will continue to advocate for adequate funding to support quality afterschool programming for all Allegany County students.



COURT SYSTEM PROFILE

ALLEGANY, CATTARAUGUS, AND WYOMING COUNTIES

COURT SYSTEM PROFILE: ADULT ARREST ACTIVITY

The number of adult arrests in Allegany County decreased from 752 in 2019 to 594 in 2020 and increased again to 711 in 2021. The number of adult arrests in Wyoming County also decreased from 710 in 2019, to 683 in 2020, and decreased again in 2021 to 612. Both Allegany and Wyoming County adult arrests are significantly lower than the number of adult arrests in Cattaraugus County - where arrests increased from 2019 to 2021 (1,523 in 2019; 1,428 in 2020; and 1,733 in 2021). Misdemeanors comprised most adult arrests over this three-year period in all three counties.

See Figures 130 and 131 in the Court System Profile Charts and Graphs section.

COURT SYSTEM PROFILE: VIOLENT CRIME

In 2021, a total of 91 violent crimes occurred in Allegany County (1 murder; 42 forcible rapes; 2 robberies; 46 aggravated assaults).

See Figures 132 and 133 in the Court System Profile Charts and Graphs section.

COURT SYSTEM PROFILE: PROPERTY CRIME

Property crimes consisting of burglaries, larcenies and auto thefts also occurred in all three counties during 2021. Allegany County has seen a decrease in the number of property crimes occurring from 2019 to 2021. Most of the property crimes were larcenies.

See Figures 134 and 135 in the Court System Profile Charts and Graphs section.

COURT SYSTEM PROFILE: JUVENILE ARREST/CRIMINAL ACTIVITY

The number of juvenile arrests/criminal activity in Allegany County over the five-year period of 2017-2021 has decreased; 85 total in 2017 and 54 total in 2021.

See Figures 136 and 137 in the Court System Profile Charts and Graphs section.

COURT SYSTEM PROFILE: JUVENILE ARREST/CRIMINAL ACTIVITY

The number of juvenile arrests/criminal activity in Allegany County over the five-year period of 2017-2021 has decreased; 85 total in 2017 and 54 total in 2021.

See Figures 136 and 137 in the Court System Profile Charts and Graphs section.

COURT SYSTEM PROFILE: JUVENILE DELINQUENCY AND PERSONS IN NEED OF SUPERVISION (PINS) REFERRALS

According to the Allegany County Probation departments 2021 Annual report, the number of referrals for juvenile delinquents decreased in 2020 and 2021 as compared to 2019. All juvenile delinquent referrals come from law enforcement agencies.

The number of Persons in Need of Supervision (PINS) referrals increased 49% from 24 in 2020 to 47 in 2021. PINS referrals can come from law enforcement, parents/guardians, or schools.

See Figures 138 and 139 in the Court System Profile Charts and Graphs section.

COURT SYSTEM PROFILE: AVERAGE DAILY POPULATION COUNTS IN COUNTY JAILS

The Allegany County Jail has a maximum facility capacity of 164 inmates. In 2021, the average daily population count was 66. The Cattaraugus County Jail has a maximum facility capacity of 150 inmates and reported an average daily population count of 100 in 2021. The Wyoming County Jail has a maximum facility capacity of 83 inmates and reported an average daily population count of 43 for 2021.

See Figures 140 and 141 in the Court System Profile Charts and Graphs section.

COURT SYSTEM PROFILE: LAW ENFORCEMENT PERSONNEL

In 2021, there were 48 full-time sworn law enforcement personnel employed in Allegany County (54 part-time); and 28 full-time civilian law enforcement personnel (26 part-time). Cattaraugus County reported 106 full-time sworn law enforcement personnel in 2021 (54 part-time); and 32 full-time civilian law enforcement personnel (16 part-time). In Wyoming County, there were a reported 52 sworn full-time law enforcement personnel employed in the county during 2021 (32 part-time); and 10 full-time civilian law enforcement personnel (17 part-time).

See Figures 142 and 143 in the Court System Profile Charts and Graphs section.

COURT SYSTEM PROFILE: REGISTERED SEX OFFENDERS

As of January 4, 2023, there were a reported 65 Level 1 (low risk of repeat offense) registered sex offenders residing in Allegany County; 85 Level 2 offenders (moderate risk of repeat offense); 52 Level 3 offenders (high risk of repeat offense); and 0 Level P offenders (offender is registered but risk of repeat offense has not yet been determined). As of the same point in time, reports indicate that there were 120 Level 1 offenders residing in Cattaraugus County (136 Level 2; 69 Level 3; and 1 Level P); and 47 Level 1 offenders residing in Wyoming County (47 Level 2; 19 Level 3; and 0 Level p).

See Figures 144 and 145 in the Court System Profile Charts and Graphs section.

COURT SYSTEM PROFILE: DOMESTIC VIOLENCE

In 2021, a reported 56 domestic violence crimes occurred in Allegany County; 383 in Cattaraugus County; and 73 in Wyoming County. The reported crimes consisted of aggravated assaults, simple assaults, and sex offenses. Most the domestic violence crimes that occurred in Allegany County in 2018 consisted of simple assaults (19 against females; 8 males; and 19 against other family victims). One sex offense crime occurred in Allegany County in 2018. Cattaraugus County reports also indicate that of the 383 domestic violence crimes occurring in this area in 2018, most of these crimes were also simple assaults (161 against females; 46 against males; and 109 against other family victims); however, a reported 8 sex offense crimes also occurred in Cattaraugus County. Many domestic violence crimes which occurred in Wyoming County in 2018 were also simple assaults (30 against females; 8 against males; and 21 against other family victims).

See Figures 146, 147, and 148 in the Court System Profile Charts and Graphs section.

COURT SYSTEM PROFILE: DOMESTIC VIOLENCE SERVICES

During 2022, ACCORD submitted 84 Order of Protection Petitions to the Allegany County Family Court on behalf of the domestic violence victims that sought shelter from their abusers. Of the 86 petitions submitted, 83 were filed. 79 Temporary Order of Protections were granted, and 139 children were included in orders.

See Figure 149 in the Court System Profile Charts and Graphs section.

COURT SYSTEM PROFILE: DOMESTIC VIOLENCE SHELTER

In 2022, Allegany County's domestic violence shelter served eleven (13) families for a total of 419 bed nights. Allegany County experienced a significant increase in the number of domestic violence victim nights in shelter from abusers from 2020 to 2022. In 2020 seven (7) families were served for a total of 263 bed nights and in 2021 eight (8) families were served for a total of 290 bed nights.

See Figure 150 in the Court System Profile Charts and Graphs section.

COURT SYSTEM PROFILE: CHANCES PROGRAM

ACCORD manages an educational support group for survivors of domestic violence called Chances. Participants of the Chances program learn to protect themselves against being battered in the future; develop bonds with other group members; learn about the various types of intimate partner abuse; and learn about the elements of healthy relationships.

The program is available for both male and female survivors, although female survivors participate in group sessions while male survivors complete the program via one-on-one sessions with an ACCORD Domestic Violence Advocate.

ACCORD reports a decrease in the number of participants in the Adult Chances program over a three-year period 2020-2022 (12 in 2020; 10 in 2021; 8 in 2022).

See Figure 152 in the Court System Profile Charts and Graphs section.

COURT SYSTEM PROFILE: 3R'S BATTERERS INTERVENTION PROGRAM

The Allegany County Sheriff's Department administers the 3R's Batters Intervention Program, a court mandated program for domestic violence perpetrators. Each group consists of two co-facilitators and is limited to 12 men. Participants must attend, at a minimum, thirty-six weeks of class and pass a comprehensive examination to attain successful completion. If the participant does not pass the exam at 36 weeks, he is required to continue attending classes and must retake the exam at 52 weeks.

According to the 2021 Allegany County Probation Department Annual Report, the program functioned with pandemic restrictions in place for the first half of 2021. Attempts to run the group virtually were not successful and in person groups started back up in the last week in May. Between May and December, attendance ranged from six to eight (6-8) men in the program. At the end of 2021, 7 participants were actively attending, and 20 group sessions were held between May and December.

See Figures 153 in the Court System Profile Charts and Graphs section.

COURT SYSTEM PROFILE: CHILD ABUSE

The number of child abuse cases increased in Cattaraugus and Wyoming Counties from 2019 to 2020. In Allegany County, the number of indicated cases decreased from 267 reported cases (28.3% per 1,000 population) in 2019 to 227 reported cases (24.5% per 1,000 population) in 2020. During 2020, the rate of indicated child abuse cases in Allegany County was higher than the statewide rate of 14.6% per 1,000 population. There were a reported 516 indicated cases of child abuse in Cattaraugus County in 2019, which decreased to 393 in 2020; and Wyoming County data reports 177 cases in 2019 and 190 cases in 2020.

See Figures 155 and 156 in the Court System Profile Charts and Graphs section.

COURT SYSTEM PROFILE: DIVORCES BY DECREE AND LEGAL GROUNDS

In 2017, there were a total of 77 divorces granted in Allegany County; 2 of which were granted based on the legal ground of abandonment; and the remaining 75 divorces were granted on ground that were not stated. (This compares to a total of 147 in 2014). There were 109 divorces granted in Cattaraugus County during this time (1 cruelty and 108 unstated); and 90 divorces granted in Wyoming County (2 cruelty; 7 abandonments; 1 imprisonment; and 79 unstated).

See Figures 157 and 158 in the Court System Profile Charts and Graphs section.

COURT SYSTEM PROFILE DATA ANALYSIS: COMMUNITY IMPACT

In our 2016 assessment, it was noted that the impact of the heroin and opioid epidemic on our criminal justice and other response systems would be monitored and related data included in our 2019 report. The impact of substance abuse disorders is vividly demonstrated in several areas throughout this report.

Sex offenders registered in Allegany County numbered 174 as of July 2016, July of 2019 that number was 183 and in 2021, it rose to 202 with 85 of those at-risk level (2), at moderate risk to repeat offense. The community response to sex offenders goes beyond the criminal justice system, with an obvious impact on mental health, substance abuse, housing, and health care.

Domestic violence victim services, as provided through ACCORD show a marked increase in the number of domestic violence shelter bed nights between 2015 (222) and 2018 (361) and 2022 (954) although the actual number of families

was 9 families in 2015, 10 in 2018 and 13 in 2022. This trend, indicating larger families needing longer time in the shelter continues to hold with lack of safe, affordable housing a prime factor in lengthening shelter stays.

While shelter nights increased, the number of protection orders granted remained steady between 2018, when 85 orders of protection were granted, and 2021 with 79 granted. The number of domestic violence crimes reported was 56 in 2018 and 56 in 2021.

A total of 96 sworn full and part time law enforcement personnel provide services to Allegany County in 2018 (44 full time and 52 part time.) In 2021, the total number rose to 102 with the number of full-time personnel at 44, while part time law enforcement personnel numbered 54.

Our crime rate overall remains low; however, violent crimes rose significantly with 2015 at 57, 2018 at 75, and 2021 at 91. The biggest increase was in aggravated assault. Juvenile justice systems showed an overall decline since 2019 with data impacted by changes to the juvenile justice system.

Our interaction with customers, through surveys, community forums and daily interaction shows us that residents continue to view Allegany County as a safe place to live. When asked what our community strengths are, respondents said most often was that we pull together, we have a sense of community, and that Allegany County is a safe and peaceful place to live.

COURT SYSTEM PROFILE DATA ANALYSIS: CAUSES AND CONDITIONS OF POVERTY

Rural residents experience greater social isolation, greater availability of guns, and more difficulty accessing healthcare as compared to our urban counter parts. Living wage job loss, loss of agriculture jobs and economic growth occurring at a slower rate than other areas impact our community in a multitude of ways. While our poverty rate has decreased along with the state and the nation, we have a significant population of working poor who are technically above the poverty line, but still in need of services and support to survive.

Rural communities have lower rates of educational attainment and less access to health care and human services providers with unique barriers.

While domestic violence crosses all levels of socioeconomic status and a victim's ability to gain safety is not dictated by poverty or wealth, there are additional barriers that victims face when money and resources are scarce. Often control of family finances is withheld from victims which means that his/her ability to leave and establish a safe future is often compromised by lack of access to financial resources. This can and does become one of the many reasons why some victims return to their abuser.

COURT SYSTEM PROFILE DATA ANALYSIS: CAUSES AND CONDITIONS OF POVERTY

ACCORD has been the sole provider of domestic violence victim services in Allegany County for over three decades. Through our federal STOP Violence Against Women Act federally funded program, services are also provided to Allegany County sexual assault victims through a partnership with Cattaraugus Community Action. In 2021 we received funding (again) from the Violence Against Women Act aimed at reducing fatalities and coordinating services and the community response to domestic violence.

As the provider of residential and non-residential services, we rely on funding from several federal, state, and local resources to enhance victim safety and improve accountability for perpetrators as well as provide education for both victims and children who witness domestic violence. Our role here is vital and thus a significant priority.

We continue to build on the momentum of success we have achieved through our partnerships with the Allegany County Child Protective Services, Allegany County Sheriff Department, Allegany County Probation Department, Allegany County District Attorney's Office, and the many other community partners who work to develop and unify our response to domestic violence through the criminal justice and victim services systems. We know that a rapid and coordinated response saves lives. We continue to believe that education and outreach programs will change the culture of tolerance for those who commit domestic violence and sexual assault.



EMPLOYMENT PROFILE

ALLEGANY, CATTARAUGUS, AND WYOMING COUNTIES

EMPLOYMENT PROFILE: CURRENT EMPLOYMENT

Overall, Allegany, Cattaraugus and Wyoming Counties experienced an average 3.4% unemployment rate in June 2022, down from 4.2% in May 2019.

See Figures 159 and 160 in the Employment Profile Charts and Graphs section.

EMPLOYMENT PROFILE: UNEMPLOYMENT CHANGE

According to the U.S. Department of Labor, unemployment within Allegany, Cattaraugus and Wyoming Counties all saw a decrease from June 2021 to June 2022.

See Figures 161 and 162 in the Employment Profile Charts and Graphs section.

EMPLOYMENT PROFILE: 13- MONTH UNEMPLOYMENT RATE

According to the U.S. Department of Labor, unemployment rates in Allegany, Cattaraugus and Wyoming Counties fell from 5.2% in June 2021 to 3.4% in June 2022.

See Figures 163 and 164 in the Employment Profile Charts and Graphs section.

EMPLOYMENT PROFILE: 5-YEAR UNEMPLOYMENT RATE

According to the U.S. Department of Labor, unemployment change within Allegany, Cattaraugus, and Wyoming Counties from June 2018 to June 2022 fell from 4.7% to 3.4%.

See Figures 165 and 166 in the Employment Profile Charts and Graphs section.

EMPLOYMENT PROFILE: UNEMPLOYMENT INSURANCE

The private sector employment, payrolls, and average weekly wages of employees that are covered by Unemployment Insurance for the years 2016, 2017, and 2018 information was also analyzed for its impact on poverty.

See Figure 167 in the Employment Profile Charts and Graphs section.

EMPLOYMENT PROFILE: WAGES

The average weekly wages for Allegany, Cattaraugus, and Wyoming Counties during the second quarter for 2021 ranged from \$868 (Allegany County) to \$1006 (Wyoming County).

See Figures 168 and 169 in the Employment Profile Charts and Graphs section.

EMPLOYMENT PROFILE: LIVING WAGE

The living wage shown in Figures 170 and 171 is the hourly rate that an individual must earn to support their family, if they are the sole provider and are working full-time (2,080 hours per year). The living wage for a family of four (two adults, two children) for Allegany, Cattaraugus, and Wyoming Counties is \$21.76 per hour. The Minimum Hourly Wage for New York is \$13.20.

See Figures 170 and 171 in the Employment Profile Charts and Graphs section.

EMPLOYMENT PROFILE: EMPLOYMENT SIZE OF ESTABLISHMENTS

The employment size of establishments (number of individuals establishments employ) in Allegany, Cattaraugus, and Wyoming Counties was also analyzed to gain a better understanding of the number of jobs available in this tri-county area.

See Figure 173 in the Employment Profile Charts and Graphs section.

EMPLOYMENT PROFILE: OWNERSHIP OF ESTABLISHMENTS BY GENDER

The ownership of establishments by gender for Allegany, Cattaraugus, and Wyoming Counties was also an important factor to consider when analyzing employment information and data and its impact on the causes and conditions of poverty. In 2012, there were 920 female-owned establishments in Allegany County and 1,454 male-owned establishments. Updated information was not available at the time of this assessment.

See Figure 174 and 175 in the Employment Profile Charts and Graphs section.

EMPLOYMENT PROFILE: MOTOR VEHICLE REGISTRATIONS

Transportation is a critical factor in obtaining and maintaining employment; therefore, we also analyzed the number and type of motor vehicle registrations in force in Allegany, Cattaraugus, and Wyoming Counties. In 2011, there were 136,132 motor vehicle registrations in force in this tri-county area. Updated information was not available at the time of this assessment.

See Figure 176 and 177 in the Employment Profile Charts and Graphs section.

EMPLOYMENT PROFILE: METHOD OF TRANSPORTATION

Of the 70,193 reported workers residing in Allegany, Cattaraugus, and Wyoming Counties, 79.7% drove to work alone while 7.3% carpooled. 0.5% of all workers reported that they used some form of public transportation, while others used some optional means including 6.9% walking or riding bicycles, and 1.0% used taxicabs to travel to work. 4.7% reported working from home, which has doubled since our 2019 assessment.

See Figures 178, 179, and 180 in the Employment Profile Charts and Graphs section.

EMPLOYMENT PROFILE DATA ANALYSIS: COMMUNITY IMPACT

The record low unemployment rate (3.4% in June 2022) has served to highlight the predicted labor shortage market. The lack of skills needed to obtain high paying jobs is currently impacting both those individuals attempting to obtain and maintain self-sufficiency and employers looking to fill skilled jobs.

As evidenced throughout this analysis, the pandemic impacted and continues to impact almost all aspects of our lives. The labor shortage predicted by the NYS Department of Labor was made significantly worse. The immediate and collective understanding of what essential workers mean to the economy became painfully clear as staffing shortages impacted us everywhere from grocery stores to operating rooms to nursing homes and day care centers. Adults exited the workforce at unprecedented numbers due to childcare shortages, low wages, safety issues and other reasons including lack of work life balance, transportation, and overall lack of engagement.

Part time and low wage jobs continue to impact self-sufficiency. One day loss of pay or losing a job due to inadequate childcare remains a reality even with the addition of new protections and the broad scope of supports to childcare that have occurred since 2020. Additional worker protections have helped with mandatory sick pay and family leave legislation providing significant support to families. Part time jobs and gig economy jobs (such as driving Uber) generally don't carry these benefits or any paid time off for that matter. The possibility of not having enough for the rent or heat bill is just one even minor illness away. The impact of work lost due to COVID-19, even with pay protections provided under the various state and federal laws put in place to protect workers' wages during the pandemic, continues to impact families.

Most significant to our employment concerns is the need for qualified workers. This combined with the need for families to be employed at a living wage points directly to the solution of increased education and training opportunity. Also essential are fair wages for all workers including those traditionally undervalued in our economy- such as childcare workers and health care workers such as home health aides and Certified Nursing Assistants.

Our Community Member, Partner, Staff and Volunteer Survey, Customer Interviews, Community Forums, and conversations with those we serve daily consistently demonstrate the need for higher paying jobs and the need for opportunities to gain the skills necessary to meet the needs of the current job market.

EMPLOYMENT PROFILE DATA ANALYSIS: CAUSES AND CONDITIONS OF POVERTY

Despite the recent robust job market, our program services continue to serve working adults who do not make enough income to meet their basic needs on a regular basis. Many work one or even two part time jobs, a scheduling nightmare if you have additional challenges with transportation and childcare. Managing a budget when you cannot count on a specific number of hours is an impossible feat. Fluctuations in income are sometimes caused by loss of benefits when an earner receives a raise in pay or in work hours, thus becoming ineligible for support such as childcare subsidy or SNAP (Supplemental Nutrition Assistance Program) benefits.

EMPLOYMENT PROFILE DATA ANALYSIS: OUR IMPACT: RESOURCES ALLOCATED & PRIORITIES IDENTIFIED

We have learned through years of services delivery experience that long-term, regularly occurring face to face contact in a meaningful way, through a poverty informed, strength-based family development approach, is critical to families experiencing the effects of poverty. Any resources and support provided in this manner more likely link families with the right supportive services which will move them upward through a continuum, and eventually out of poverty.

We will also maintain our Entrepreneurial Assistance Program (EAP) to encourage, train and support local individuals and families in becoming small business owners. Our priority will continue to be to expand the services we are providing to small business owners and potential owners and increase small business development and growth over the next 3 years. Additionally, we will continue to seek additional resources for and integrate into existing services, youth programming that increases college and trade school entry and success.



HEALTH CARE PROFILE

ALLEGANY, CATTARAUGUS, AND WYOMING COUNTIES

HEALTH CARE PROFILE: MEDICARE AND MEDICAID PROVIDERS

The total number of institutional Medicare and Medicaid providers, including hospitals, nursing facilities, federally qualified health centers available in Allegany County in 2020 was twelve (2 hospitals; 4 nursing facilities; 2 federally qualified health centers; and 4 rural health clinics); there were twelve available in Cattaraugus County in 2020 (1 hospital; 5 nursing facilities; and 3 federally qualified health centers; and there were four available in Wyoming County in 2020 (1 hospital; 2 nursing facilities; 1 federally qualified health center; and 1 rural health clinic); for a total of twenty-nine in the tri-county area, compared to 2,482 statewide during the same time period (223 hospitals; 613 nursing facilities; 519 federally qualified health centers; and 46 rural health clinics).

See Figures 184 and 185 in the Health Care Profile Charts and Graphs section.

HEALTH CARE PROFILE: PERSONS RECEIVING MEDICARE

Medicare is the federal health insurance program for people who are 65 or older, certain younger people with disabilities, and people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD). Many individuals in our society are aware that persons over 65 years of age receive Medicare; however, many of them are unaware that certain younger disabled persons also receive Medicare benefits.

In 2019, there were 10,381 Allegany County residents enrolled in Medicare; 18,214 Cattaraugus County residents; and 8,736 Wyoming County residents.

See Figures 186 and 187 in the Health Care Profile Charts and Graphs section.

HEALTH CARE PROFILE: PERSONS RECEIVING MEDICAID

Medicaid is jointly funded, using Federal, State and local dollars to provide health insurance for low-income and needy people. It provides health insurance coverage for children, the elderly, blind, and/or disabled and for other people who are eligible to receive federally assisted income maintenance payments.

This enrollment information is relevant because it identified vulnerable populations that are more likely to have multiple health access needs, health status needs, and social support needs - when combines with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

14,41 people received Medicaid benefits in Allegany County as of November 2022, and 7.7 million people statewide according to the most recent count from the federal Centers for Medicare and Medicaid Services.

HEALTH CARE PROFILE: CHILD HEALTH PLUS

New York State has a health insurance plan for children - Child Health Plus. Depending on a household's income, their child(ren) may be eligible to enroll in either Children's Medicaid or Child Health Plus. Both Children's Medicaid and Child Health Plus are available through numerous providers throughout the state.

In September 2018, there were 658 Allegany County resident children enrolled in Child Health Plus; that number increased to 684 by September 2020 and decreased to 661 by September 2021. The numbers for Cattaraugus County resident children also increased from 1,380 in September 2018 to 1,475 in September 2020 and then decreased to 1,322 in September 2021. Wyoming County resident child enrollments decreased from 851 in September 2018 to 844 in September 2020 and saw another decrease to 804 in September 2021.

See Figures 188 and 189 in the Health Care Profile Charts and Graphs section.

HEALTH CARE PROFILE: UNINSURED POPULATION AGES 19-64

The uninsured population, ages 19 to 64, is of significant interest in terms of understanding the impact that one's individual health status has on the ability of low-income individuals to achieve economic self-sufficiency. Lack of health care insurance, and consequently lack of adequate and necessary health care, can pose significant barriers to one's ability to

obtain and maintain employment, for example. More than 10% of the populations of Allegany, Cattaraugus, and Wyoming Counties (ages 19 to 64) were uninsured in 2017, that number declined significantly to just 4.42% in 2020. This is tremendously impactful on both an individual and community level.

See Figures 192 and 193 in the Health Care Profile Charts and Graphs section.

HEALTH CARE PROFILE: TEEN BIRTHS

There were 28 infants born to female teenagers in Allegany County in 2019; 38 in Cattaraugus County; and 9 in Wyoming County. Many teen births in Allegany County occurred among females ages 18 to 19 (26) and the remainder (2) occurred among females ages 15 to 17. The same is true of Cattaraugus County (25 teen births among females ages 18 to 19; 12 births among females ages 15 to 17; and 1 birth among females under age 15); as well as Wyoming County (7 teen births among females ages 18 to 19; 1 birth among females ages 15 to 17).

See Figures 194 and 195 in the Health Care Profile Charts and Graphs section.

HEALTH CARE PROFILE: HIV / AIDS

In 2021, there were 30 reported cases of HIV / AIDS in Allegany County; 64 in Cattaraugus County; and 34 in Wyoming County. HIV / AIDS cases are reported as total cases and include State Prison inmates.

See Figure 196 in the Health Care Profile Charts and Graphs section.

HEALTH CARE PROFILE: SEXUALLY TRANSMITTED DISEASES

According to the New York State Department of Health's 2018 Communicable Disease Annual Report, there were 17 reported cases of gonorrhea in Allegany County, 2 syphilis (late), 2 syphilis (early), and 158 reported cases of chlamydia. Cattaraugus County reports indicate 44 cases of gonorrhea, 1 cases of syphilis (early), 1 cases of syphilis (late), and 216 cases of chlamydia in 2018; and there were 6 cases of gonorrhea, 0 syphilis (late), 1 syphilis (early) and 55 cases of chlamydia reported in Wyoming County in 2017.

See Figures 197 and 198 in the Health Care Profile Charts and Graphs section.

HEALTH CARE PROFILE: DEATHS

The number of deaths in Allegany County reported increased from 464 in 2016 to 488 in 2017. Both Cattaraugus and Wyoming Counties also slightly increased (Cattaraugus County: 788 in 2016 to 883 in 2017; Wyoming County: 382 in 2016 to 398 in 2017).

See Figures 199 and 200 in the Health Care Profile Charts and Graphs section.

Since the beginning of the pandemic, at least **1 in 258** residents have died of Covid-19, a total of 179 reported deaths with a total of 10,888 cases reported.

HEALTH CARE PROFILE: PHYSICIANS

This indicator analyzes the number of physicians, physicians with 3-year licenses, physician assistants and specialist assistants per 1,000 population. Allegany (.95), Cattaraugus (1.64) and Wyoming (1.52) Counties have a significantly lower number of primary care physicians (per 1,000 population) than New York State (4.81). This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

See Figures 201 and 202 in the Health Care Profile Charts and Graphs section.

HEALTH CARE PROFILE: DENTISTS

This indicator reports the number of dentists per 1,000 population. This indicator includes all dentists- qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license. Dental professionals per 1,000 persons for the tri-county area is 1.19.

Allegany, Cattaraugus, and Wyoming Counties each have a lower number of dental professionals per 1,000 population than the state (1.39).

See Figures 203 and 204 in the Health Care Profile Charts and Graphs section.

HEALTH CARE PROFILE: NURSES

Nursing is an intricate part of healthcare, health promotion, and disease prevention. Nurses are often the first line of care providers and observe the impact of poverty on family health and well-being every day in their practice. As of 2021, there were 572 Registered Nurses in Allegany County; 872 in Cattaraugus County; and 537 in Wyoming County. Licensed Practical Nurse counts for 2021 are: 259 - Allegany County; 430 - Cattaraugus County; and 302 - Wyoming County. As of 2021, there were 40 Nurse Practitioners in Allegany County; 58 in Cattaraugus County; and 37 in Wyoming County.

See Figures 205 and 206 in the Health Care Profile Charts and Graphs section.

HEALTH CARE PROFILE: THERAPISTS

Physical, Occupational and Massage Therapists are also an intricate part of ensuring an individual's general overall good health and well-being. If conditions requiring physical, occupational and/or massage therapy are left untreated, they could present substantial barriers to self-sufficiency such as mobility and ability to maintain employment. As of this year (2022), there are 35 physical therapists in Allegany County; 59 in Cattaraugus County; and 33 in Wyoming County. Occupational Therapists counts are: 19 (Allegany County); 34 (Cattaraugus County); and 20 (Wyoming County); and Massage Therapist counts are: 16 (Allegany County); 42 (Cattaraugus County); and 37 (Wyoming County).

See Figures 207 and 208 in the Health Care Profile Charts and Graphs section.

HEALTH CARE PROFILE: SPECIAL HEALTH PROFESSIONALS

The statewide average of special health professionals (Optometrists, Audiologists, Speech Pathologists, Respiratory Therapists, and Respiratory Technicians) is 1.43 per 1,000 persons. There are limited numbers of special health professionals throughout Allegany, Cattaraugus, and Wyoming Counties, especially Audiologists. As of 2022, there are 3 Optometrists, 3 Audiologists, 26 Speech Pathologists, 9 Respiratory Therapists, and 2 Respiratory Technicians in Allegany County. Cattaraugus County numbers reflect 3 Optometrists, 2 Audiologists, 60 Speech Pathologists, 19 Respiratory Therapists, and 4 Respiratory Technicians. Wyoming County numbers reflect 4 Optometrists, 0 Audiologist, 24 Speech Pathologists, 19 Respiratory Therapists, and 1 Respiratory Technicians.

See Figure 209 in the Health Care Profile Charts and Graphs section.

HEALTH CARE PROFILE: ADULTS SMOKING

All three counties (Allegany, Cattaraugus, and Wyoming) report a higher percentage of adult smokers than the statewide percentage of 13% (Allegany County: 22%; Cattaraugus County: 22%; and Wyoming County: 20%). Use of tobacco influences numerous opportunities, decisions, and behaviors, especially among the low-income population. Living in poverty can instigate an increase in tobacco use, increased spending on tobacco products, and more frequent health issues.

See Figure 211 in the Health Care Profile Charts and Graphs section.

HEALTH CARE PROFILE DATA ANALYSIS: COMMUNITY IMPACT

We are fortunate to have hospitals in both Cuba and Wellsville, and a Federally Qualified Health Care Center with two locations in the county. The expansion of specialized services with Jones Memorial Hospital becoming UR/Jones represents greater access to care for county residents.

The availability of primary care physicians remains problematic. In 2022, Allegany County had .95 physicians/physician assistants per 1,000 people which compares 4.81 statewide. There is still a need to travel to the larger urban locations, such as Rochester or Buffalo, although availability of specialized health services has increased significantly.

HEALTH CARE PROFILE DATA ANALYSIS: CAUSES AND CONDITIONS OF POVERTY

Our Community Member survey showed that slightly over 28% cited health care as one of their top three household needs in 2022, compared to 19% in 2019 and 16% in 2016. In 2019, almost 13% named mental health services, in 2022, that number dropped to about 9%. In 2019, 21.77% of survey respondents selected dental care as a top 3 need and that dropped to about 18% in 2022.

In 2019, ACCORD staff and volunteers ranked health care 9th out of the 10 most pressing needs of the low-income community with mental health care ranked 4th and dental care 8th. In 2022, health care remained low with about 16% of respondents naming health care as a top three need. Over 48% of respondents ranked mental health services in the top three needs and over 22% rated dental care in the top three. Our community partners ranked mental health care 2nd in 2019 and third in 2022 when naming the top ten pressing needs of community with health care coming in at 6th in 2019 and 7th in 2022. Also cited as a pressing need was substance abuse assistance (23.19%).

Nationally, teen pregnancy has been declining since 1991. In 2019, 5.83% of all births were to teens compared to 3.02% for New York. Nationwide, about 15% of live births to 15–19-year-olds were at least the second child born to the mother.

Transportation was also frequently cited as a top need by all groups we surveyed. Through our experience working with low-income families, we know that lack of transportation impacts both if and when families seek care. Low-income families face major barriers accessing pediatric dental care, children with special dental care needs must often seek treatment out of the area.

Any additional transportation necessary for health care needs places burdens on low-income families who may not have a car reliable enough for longer trips, must find extra money for gas or spending significant travel time if public transportation can even be arranged. Loss of income for those who work part time or even full-time jobs that offer no, or very minimal paid time off adds another barrier to a family's ability to obtain specialized health care, mental health care and dental care. The expansion of specialized health services in Allegany County has impacted access to care.

HEALTH CARE PROFILE DATA ANALYSIS: OUR IMPACT: RESOURCES ALLOCATED & PRIORITIES IDENTIFIED

ACCORD's broad service spectrum means we can impact low-income individuals and family's access to health care in several ways. Very significant is the health and dental screenings that are required through participation in the Head Start and Early Head Start Programs. By working with families on health literacy, the creation and maintenance of health homes and providing for mental health screenings

ACCORD's Head Start, Early Head Start and Child Care Resources and Referral Programs utilized Cavity Free Kids™, oral health education for young children and their families.

ACCORD will additionally continue participation in the Child and Adult Care Food Program through our Head Start and Early Head Start to help assure children are receiving nutritious food in all day care, early education settings.

In 2018, ACCORD's Head Start and Early Head Start were able to partner with the UB Smiles Program through the University of Buffalo which brings full service pediatric dental care on site for program children. While the COVID-19 pandemic caused interruption to this service, in 2022, this service again became available.



INCOME PROFILE

ALLEGANY, CATTARAUGUS, AND WYOMING COUNTIES

INCOME PROFILE: INCOME LEVELS, 2016-2020

Three common measures of income are Median Household Income, Per Capita Income, and Average Income based on American Community Survey (ACS) estimates. Of the three counties (Allegany, Cattaraugus, and Wyoming), Cattaraugus County reflects the lowest levels in all three measurable incomes during a five-year study period of 2016 through 2021.

The Census Bureau defines an earner as someone age 15 and older that receives any form of income, whether it be wages, salaries, benefits, or other type of income.

See Figures 212, 213, and 214 in the Income Profile Charts and Graphs section.

INCOME PROFILE: PERSONAL INCOME

The most significant type of personal income in 2017 among Allegany County residents is earnings, followed by transfer payments and property income.

See Figures 215 and 216 in the Income Profile Charts and Graphs section.

INCOME PROFILE: HOUSEHOLD INCOME

The median annual household income among Allegany County residents during 2017 was \$53,371; \$51,824 per year among Cattaraugus County residents; and \$59,612 among Wyoming County residents.

See Figures 217 and 218 in the Income Profile Charts and Graphs section.

INCOME PROFILE: TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)

As of January 2012, 357 Allegany County residents were receiving Temporary Assistance for Needy Families ('TANF') benefits; 1,083 Cattaraugus County residents; and 202 Wyoming County residents. The New York Office of Temporary and Disability Assistance reported that 1,642 persons residing within these three counties were receiving TANF benefits as of January 2022 at a cost of \$612,587, or \$373.07 per recipient.

See Figures 219 and 220 in the Income Profile Charts and Graphs section.

INCOME PROFILE: SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM

Supplemental Nutrition Assistance Program ('SNAP'), formerly known as the Food Stamp Program, provides food-purchasing assistance for low- and no-income households. SNAP benefits supplied an estimated 39 million Americans with an average of \$126.96 for each person per month in food assistance during 2018. It is a critical safety net for low-income Americans. The amount of SNAP benefits received by a household depends on the household's size, income, and expenses.

The New York Office of Temporary and Disability Assistance reported that 10,417 households within Allegany, Cattaraugus and Wyoming Counties were receiving SNAP benefits as of January 2019, \$2,128,385.00, or \$204.32 per household.

See Figures 221, 222, and 223 in the Income Profile Charts and Graphs section.

INCOME PROFILE: SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS TREND

The amount of monthly Supplemental Nutrition Assistance Program benefits per household has decreased from \$207.94 to \$204.32 over the last 10 years (2009 to 2019).

See Figures 224 and 225 in the Income Profile Charts and Graphs section.

INCOME PROFILE: SUPPLEMENTAL SECURITY INCOME (SSI)

The Supplemental Security Income ('SSI') is a federal program that provides stipends to low-income individuals who are either aged 65 or older, blind, or disabled. The program provided benefits to approximately eight million Americans.

The average Supplemental Security Income ('SSI') payment among recipients residing in Allegany, Cattaraugus and Wyoming Counties is \$604.19 per recipient, which is less than the New York State average of \$617.20 per recipient.

See Figures 226, 227, and 228 in the Income Profile Charts and Graphs section.

INCOME PROFILE: SUPPLEMENTAL SECURITY INCOME (SSI) BENEFITS TREND

The average Supplemental Security Income benefit per recipient residing in Allegany, Cattaraugus and Wyoming Counties has increased from \$538.78 to \$604.19 over the last 11 years.

See Figures 229 and 230 in the Income Profile Charts and Graphs section.

INCOME PROFILE: FAMILY ASSISTANCE (FA)

Family Assistance (FA) provides cash assistance to eligible needy families that include a minor child living with the parent(s) or a caretaker relative. Eligible adults are limited to receiving benefits for a total of 60 months in their lifetime, including months of TANF-funded assistance granted in other states. Once this limit is reached, that adult and all members of his or her household are ineligible to receive any more FA benefits. The months need not be consecutive, but rather each individual month in which TANF benefits are received is included in the lifetime count. Parents and other adult relatives receiving FA, and who are determined to be able to work, must comply with work requirements to receive FA benefits.

The New York Office of Temporary and Disability Assistance reported that 1,058 persons residing within Allegany, Cattaraugus and Wyoming Counties were receiving Family Assistance benefits as of January 2019 at a cost of \$286,959, or \$271.23, per recipient. As of January 2022, a total of 172 children and 44 adults were receiving Family Assistance benefits at a total of \$260.59 per person.

See Figures 231, 232, and 233 in the Income Profile Charts and Graphs section.

INCOME PROFILE: SAFETY NET ASSISTANCE (SNA)

Individuals and families who are not eligible for other assistance programs may be eligible for Safety Net Assistance ('SNA'). SNA is for single adults; childless couples; children living apart from any adult relative; families of persons found to be abusing drugs or alcohol; families of persons refusing drug/alcohol screening, assessment, or treatment; persons who have exceeded the 60-month limit on assistance; and aliens who are eligible for temporary assistance, but who are not eligible for federal reimbursement. Recipients of SNA, who are determined to be able to work, must comply with work requirements to receive SNA benefits.

The New York Office of Temporary and Disability Assistance reported that 1,052 persons residing within Allegany, Cattaraugus and Wyoming Counties were receiving Safety Net Assistance benefits at a cost of \$435,877, or \$414.33 per recipient during January 2019. In January of 2022, there was a total of 141 Safety Net recipients receiving an average of \$492 per person.

See Figures 234 and 235 in the Income Profile Charts and Graphs section.

INCOME PROFILE: HOME ENERGY ASSISTANCE PROGRAM (HEAP)

HEAP helps low-income people with the cost of heating their homes. People may receive one regular HEAP benefit per program year and could also be eligible for emergency HEAP benefits if they are in danger of running out of heating fuel or having their utility service(s) shut off.

The New York Office of Temporary and Disability Assistance reported that 18,786 households within Allegany, Cattaraugus and Wyoming Counties received Home Energy Assistance Program benefits in May 2019.

See Figures 236 and 237 in the Income Profile Charts and Graphs section.

INCOME PROFILE: CHILD SUPPORT COLLECTIONS

During January 2019, Allegany, Cattaraugus, and Wyoming County residents receiving child support payments received a total of \$1,378,347.23.

See Figures 238 and 239 in the Income Profile Charts and Graphs section.

INCOME PROFILE DATA ANALYSIS: COMMUNITY IMPACT

Income data showed expected and notable improvement between 2016 and 2019. Allegany County's median per capita (average income earned per person) income levels, on average rose from \$2,881 in 2016 to \$22,377 in 2019 but remains approximately 27% lower than the New York State average.

As of January 2016, 879 Allegany County residents were receiving benefits through Temporary Assistance to Needy Families (TANF). In January 2019, this number dropped to 613 and in January 2022, the number of recipients again dropped to 357 with expenditure per person at \$341.85.

From 2009 to 2019, the average monthly Supplemental Nutrition Assistance Program (SNAP) benefit went from \$202.67 to \$206.00, an increase of less than 2%. The amount of SNAP benefits was enhanced significantly during the pandemic used to support families through the myriad of threats to healthy nutrition caused by loss and/or reduction in employment, loss of both breakfast and lunch provided free of charge to most students in Allegany County schools during shutdowns and the impact of inflation rates, particularly on food. These enhancements ended after February 2023 with the average SNAP recipient losing about \$90 per month in SNAP benefits.

INCOME PROFILE DATA ANALYSIS: CAUSES AND CONDITIONS OF POVERTY

Income data showed expected and notable improvement between 2016 and 2019. Poverty fighting programs including Temporary Assistance to Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), Home Energy Assistance Program (HEAP), Social Security (SS), Supplemental Security Income (SSI) and Social Security Disability (SSD) have an enormous impact on alleviating the conditions of poverty in the United States. Over 28% of community member respondents listed Social Security as an income source.

Over 24% received HEAP, and about 31% reported receiving Supplemental Nutrition Assistance (SNAP) compared to 40% in 2019. Overall, almost 45% of respondents reported income from employment, noting that many reported incomes from more than one source.

According to a May 2019 study by the Center on Budget and Policy, an additional 22.1 million more Americans would be poor without Social Security. This includes 1.1 million children.

These services, often combined with additional programs such as Section 8 rental assistance, home repair services, food pantries and childcare subsidies, etc., significantly impact the ability of low-income families to achieve and maintain stability in terms of having a safe shelter, enough nutritious food on a regular basis and health care. Access to education and the ability to work (including having adequate childcare and transportation) would not be possible for most low-income individuals and families without at least one of these supports.

Of those community members who did not get the services they needed (62% of total respondents) 50% indicated they were over-income or could not afford the service. Over income eligibility is becoming more common as low-unemployment and higher minimum wage impacts overall income of families. The positive outcomes of more income are clear. However, minimal changes to income can mean significant changes to eligibility for programs that serve the working poor. Being ineligible to enroll your children in Head Start does not mean you have enough income to afford quality childcare, especially on a consistent basis.

In addressing the causes of poverty, we must acknowledge that, until our economy works for everyone, we must continue to provide and work to improve the programs and services that support families and children by alleviating the conditions of poverty. All communities need living wage jobs that include benefits; public policies that support families as they raise children; care for our frail elderly; as well as policies that support each of us when we are no longer able to work due to age or disability.

These programs and services should support each step taken toward self-sufficiency and should not pull back supports and benefits with eligibility guidelines that create instability and promote system dependency.

INCOME PROFILE DATA ANALYSIS: OUR IMPACT: RESOURCES ALLOCATED & PRIORITIES IDENTIFIED

ACCORD's programs provide a wide range of support and services that assist families in meeting their basic needs when income earned or received as a transfer/entitlement does not cover basic needs or provide the support needed to move out of poverty. These are covered throughout this assessment and allocation of our resources and identification of our priorities will be given careful consideration in respect to the information in this assessment. Assuring us that we are serving individuals and families that are eligible under the guidelines set forth by our funding agencies assures that we meet our contractual obligations. We must also use resources where they can best serve our community and use them as carefully as possible given the sometimes- uncertain future of the funding of programs and services.

The result of this needs assessment is to help us determine where more resources are needed, where we can step back due to decreased need and where we are making an impact.

The individuals we serve who are physically and mentally able indicate repeatedly their desire to eliminate whatever barriers they face to self- sufficiency. Access to support, from health care to job training, can make a huge difference in a person's ability to make gains and build from them to move forward.



MENTAL HEALTH PROFILE

ALLEGANY, CATTARAUGUS, AND WYOMING COUNTIES

MENTAL HEALTH PROFILE: MENTAL HEALTH PROFESSIONALS

In 2019, there were .60 mental health professionals per 1,000 persons in the report area; up from .44 in 2016. The statewide average is 0.50 mental health professionals per 1000 persons.

See Figures 240 and 241 in the Mental Health Profile Charts and Graphs section.

MENTAL HEALTH PROFILE: MENTAL HEALTH PROFESSIONAL SHORTAGE AREA

Health Professional shortage areas are designated by the federal office of Health Resources and Services. State Primary Care Offices (PCOs) must submit applications to designate all HPSAs.

HRSA reviews these applications to determine if they meet the eligibility criteria for designation. The main eligibility criterion is that the proposed designation meets a threshold ratio for population to providers. Areas designated are eligible to receive certain federal resources, such as Federally Qualified Health Centers. Once designated, HRSA scores HPSAs on a scale of 0- 25 for primary care and mental health, and 0-26 for dental health, with higher scores indicating greater need.

See Figures 271 in the Mental Health Profile Charts and Graphs section.

MENTAL HEALTH PROFILE: AGE-ADJUSTED PERCENTAGE OF ADULTS WITH POOR MENTAL HEALTH FOR 14 OR MORE DAYS IN THE PAST MONTH

According to data from the NYS Expanded Behavioral Risk Factor Surveillance System in November of 2018, as retrieved from New York State's Community Health Indicator Reports, in the tri-county area Wyoming County reported the highest percentage (17.8) of adults with poor mental health days for 14 or more days in the past month (2016). Allegany County reports showed 14.5, while Cattaraugus County reported 16.9.

See Figures 271 in the Mental Health Profile Charts and Graphs section.

MENTAL HEALTH PROFILE: SELF-INFLICTED INJURY HOSPITALIZATION RATE

According to the New York State Community Health Indication Reports (CHIRS) in 2019, the number of hospitalizations due to self-inflicted injury per 10,000 population in Allegany County was 3.5 Cattaraugus County reported 6.1 and Wyoming County reported 5.3.

See Figures 271 in the Mental Health Profile Charts and Graphs section.

MENTAL HEALTH PROFILE: FIREARM DEATH RATE

Cattaraugus County has the highest number of firearm deaths between 2012-2016 (37), with Allegany County having 28 occur during the same time, and Wyoming County reporting 23. For the tri-county area, Allegany and Wyoming Counties had the higher 5-year Average firearm death rates, with Allegany County reporting 11.73, Cattaraugus County reporting 9.43, and Wyoming County reporting 11.14.

See Figures 271 in the Mental Health Profile Charts and Graphs section.

MENTAL HEALTH PROFILE: FIREARM SUICIDE RATE

Cattaraugus County data reported the highest number of firearm suicide rates in the tri-county area, with 35 in the 2014-2016 time. Allegany County reported 20, and Wyoming County data reported 19 during the same 2014-2016 period.

See Figures 271 in the Mental Health Profile Charts and Graphs section.

MENTAL HEALTH PROFILE: SUICIDE MORTALITY RATE AGES 15-19

For the tri-county area, Cattaraugus County had the highest suicide mortality rate per 100,000- aged 15- 19 years for the time 2017-2019 at 25.4 Allegany County reporting 5.7 and Wyoming County reporting 0. This data was retrieved from the New York State Community Health Indicator Reports (CHIRS) report.

See Figures 271 in the Mental Health Profile Charts and Graphs section.

MENTAL HEALTH PROFILE: OVERDOSE DEATHS INVOLVING ANY OPIOID

According to the New York State Opioid County Level Data Dashboard, in 2019 Wyoming County reported the highest rate per 100,000 population of overdose deaths that involved any opioid (18.4). Cattaraugus County reported 15.7 and Allegany County reported 5.5.

See Figures 271 in the Mental Health Profile Charts and Graphs section.

MENTAL HEALTH PROFILE: AGE-ADJUSTED PERCENTAGE OF ADULTS BINGE DRINKING DURING THE PAST MONTH

The Behavioral Risk Factor Surveillance System data, as of 2020 showed that Wyoming County had the highest percentage of adults who binge drank over the past month at 17.7%. Cattaraugus County reported the second highest during the same time at 16.8%, and Allegany County reported 16.6%.

See Figures 271 in the Mental Health Profile Charts and Graphs section.

MENTAL HEALTH PROFILE: EMERGENCY DEPARTMENT VISITS FOR ANY OPIOID OVERDOSE

The SPARCS data as of December 2021 reported the number of Allegany County Emergency Department visits (including outpatient and admitted patients) for any opioid overdose, crude rate per 100,000 population. The rate for 2015 is excluded due to SPARCS data transitioning on October 1, 2015, from ICD-9-CM to ICD-10-CM diagnosis codes. Since ICD-9-CM and ICD-10-CM are not comparable, the annual rate for 2015 cannot be calculated, and data for 2016- and-forward should not be compared with data for 2014-and-prior.

See Figures 271 in the Mental Health Profile Charts and Graphs section.

MENTAL HEALTH DATA ANALYSIS: COMMUNITY IMPACT

Community needs in mental health and substance abuse were identified throughout our data gathering process. The impact of the COVID-19 pandemic on mental health has been drastic. According to the World Health Organization, in the first year of the pandemic, the global prevalence of anxiety and depression increased by 25%. This coincided with severe disruptions to mental health services. According to the Community Health Survey conducted by the Allegany County Department of Health, 34.46% of the population has been told by a doctor or a nurse that they have a mental health disorder. The Allegany County 2016-2018 Community Health Assessment/Community Health Improvement Plan/Community Services Program draft, a collaboration of the Allegany County Department of Health, UPMC Jones Memorial, Cuba Memorial Hospital and the Allegany County Community Wellness Committee identified Priority Area: Promote Well-Being and Prevent Substance Abuse as one of two top priority areas. Suicide is significant as is suicide ideation and self-harm. The rates of self-harm among adolescents as demonstrated in the 2021 Evalumetrics Allegany County youth Survey is alarming. For example, 26.3% of 10th grade females reported that they had hurt themselves by cutting or burning when they were upset. In 2021, that number dropped, but remained very high at 19.7%. 28.6% of tenth grade students reported feeling sad, depressed, or hopeless more than half the time.

MENTAL HEALTH DATA ANALYSIS: CAUSES AND CONDITIONS OF POVERTY

The stressors of living in poverty add to mental health issues and exacerbate substance abuse and its impact. The stress of food insecurity among parents is traumatizing. Along with the additional stress of navigating through every day without enough resources comes the barriers of trying to access mental health care in a system that is overtaxed.

MENTAL HEALTH DATA ANALYSIS: OUR IMPACT: RESOURCES ALLOCATED & PRIORITY IDENTIFIED

ACCORD does not deliver mental health services directly. We rely on the expertise and care delivery systems provided throughout our community's health care system. Our role, however, is significant in that we have contact with thousands of individuals that are struggling with the daily challenges of living in or near poverty. This contact provides the opportunity to assist people in finding and accessing mental health and substance abuse treatment. Support in overcoming

barriers to this care is critical and we must work diligently to help families overcome barriers to receiving the care they need and deserve.



VETERANS PROFILE

ALLEGANY, CATTARAUGUS, AND WYOMING COUNTIES

VETERANS PROFILE: VETERANS, AGE AND GENDER DEMOGRAPHICS

Consistent with the overall drop in population, Allegany County experienced a drop in the veteran population from the 2013-2017 data to the 2016- 2020 numbers collected. The only group showing a (slight) increase is males ages 18-34. The most significant drop is the number of male veterans ages 55-64.

See Figures 251 and 252 in the Veterans Profile Charts and Graphs section.

VETERANS PROFILE DATA ANALYSIS: OUR IMPACT: RESOURCES ALLOCATED & PRIORITIES IDENTIFIED

ACCORD has operated an 8-unit homeless housing facility with veterans afforded priority since 2014. Our experience with the veterans we serve is that the HUD-VASH Program combines the Department of Housing and Urban Development (HUD) Housing Choice Voucher (HCV) rental assistance for homeless veterans and their families with case management and clinical services provided by the Department of Veterans Affairs (VA) at its medical centers and in the community serves our veterans population well. ACCORD continues to prioritize veterans as required and encouraged in all housing programs. Veterans who are also low-income homeowners, assistance with rehabilitation and repair is also available. We maintain strong partnerships with Allegany County's Veterans Service Agency and The Allegany County Office for the Aging. ACCORD is the lead agency for the Allegany County Homeless Housing Task Force which includes representation from the Bath VA (located within approximately 50 miles of Belmont). Referrals to these services and the Bath VA, helps assure that veterans have access to a broad spectrum of services.



DISABILITY PROFILE

ALLEGANY, CATTARAUGUS, AND WYOMING COUNTIES

DISABILITY PROFILE: DISABILITY

This indicator reports the percentage of the total civilian non-institutionalized population with a disability. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

See Figures 253, 254, 255, 256, and 257 in the Disability Profile Charts section.

DISABILITY PROFILE DATA ANALYSIS: COMMUNITY IMPACT

It is significant to note that our community survey showed that 25.5% of those not working cited disability as the cause, which was down slightly from 28% in 2019. 15.7% cited mental health as the reason, almost double 2019. 14.77% of the county population was disabled in 2013-2017, 2017-2109 that percentage rose to 16%. As of July 2019, 83% of the participants enrolled in ACCORD's Section 8 Housing Voucher program are disabled, 31% of these are elderly people.

DISABILITY PROFILE DATA ANALYSIS: CAUSES AND CONDITIONS OF POVERTY

Families face additional expenses associated with caring for a disabled family member, on top of the actual cost of health care itself, including transportation to medical appointments, missed work time for both care giving and for appointments, additional time necessary to navigate and advocate within the educational system, inability to find and/or pay for childcare or elder care.

Individuals who are unable to work must rely heavily on safety net programs and benefits such as Social Security Disability and/or Supplemental Security Income (SSI) to make ends meet. While these programs and services have a significant impact on the conditions of poverty for these members of our community, there continues to be a need for periodic emergency support such as food, assistance with housing transitions, and transportation.

DISABILITY PROFILE DATA ANALYSIS: OUR IMPACT: RESOURCES ALLOCATED & PRIORITIES IDENTIFIED

ACCORD's Head Start and Early Head Start program provides comprehensive disabilities screening and referral services for enrolled children, assuring early intervention and treatment which plays a critical role in child development and education. Federal legislation requires that a minimum of 10% of our enrollment must serve children with disabilities. Each year, the overall School Readiness Goal for the Head Start and Early Head Start program year is that 90% of children will meet or exceed widely held expectations for learning and development in all domain areas by the end of the program year. This is inclusive of children with and without disabilities. The August 2019 School Readiness Aggregate Data Analysis Report includes data from the assessment of 140 Head Start and 96 Early Head Start children during the Spring assessment period of the 2018- 2019 program year. This report shows that between 76% and 91% of children were meeting or exceeding developmentally appropriate progress in the areas of social-emotional, physical, language, cognitive and literacy, with math at 76% of children and language at 91% assessed at meeting or exceeding the developmentally appropriate progress goal. This report is inclusive of children with an identified disability which for this reporting period was 8.33% for Early Head Start and 20% for Head Start Children.

In comparison, the 2021-2022 school year reflected the impact of disruption caused by the COVID-19 pandemic including critical staffing shortages, frequent classroom closures due to illness, decreased attendance and changing enrollment of children in program and decreased access to individualized screening and services for children with special needs. This report shows that between 78% and 95% of children were meeting or exceeding developmentally appropriate progress in the five areas noted above with 79% Early Head Start children at 79% for language and 78% of children meeting or exceeding expectations in literacy.

We will continue to prioritize the delivery of early childhood education and will work to expand afterschool programming which demonstrates a very direct and significant impact on the lives of disabled children and their families. Adults with disabilities receive services via case management service provided mainly through our housing and ACCESS Center staff where assistance in accessing benefits such as Section 8 rental assistance, Social Security Disability benefits and other safety net supports that lend some income stability to adults with limited earning capacity due to a disability. Strong

relationships with local partners such as the Arc and the AIM Independent Living Center (which has an office in our Belmont ACCESS Center) help us to assure individuals are linked with the services available.