



COUNTY OF ERIE  
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COUNTY EXECUTIVE

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COMMISSIONER OF HEALTH

# **Erie County, NY**

## **Community Health Assessment**

### **Community Health Improvement Plan**

#### **2022- 2024**







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Kaleida Health System

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Catholic Health System

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[chsbuffalo.org](http://chsbuffalo.org)





The Erie County Department of Health (ECDOH) thanks all our community partners who came together to assist with the planning and completion of the ECDOH's Community Health Assessment and Community Health Improvement Plan. The information in this document would not be possible without the contributions of our valued community partners as well as the authors of previously produced documents.

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## EXECUTIVE SUMMARY

New York State Public Health Law, Section 40-2.40, requires Local Health Departments (LHDs) to work with community partners to conduct a Community Health Assessment (CHA) to assess the current health status, identify health disparities and other health needs of the community, and develop a 3-year Community Health Improvement Plan (CHIP) to address them. The New York State Department of Health (NYSDOH) requires that local hospital systems conduct a Community Health Needs Assessment (CHNA) and develop a Community Service Plan (CSP). The New York State Prevention Agenda serves as the blueprint for state and local action to improve the health of New Yorkers. The Prevention Agenda has five priority areas and to reduce health disparities related to race and ethnicity, disability status, and socioeconomic status and for other populations experiencing disparities, with a focus on addressing the social determinants of health (SDOH) as identified by the U.S. Department of Health and Human Services (HHS). The Prevention Agenda identifies New York's most urgent health concerns and suggests ways local health departments, hospitals, and partners from health, business, education, and community organizations can work together to solve them.

This CHA report gives a description of Erie County and the people who live there. It brings light to the overall physical, mental, and economic health status of the people of Erie County. The report identifies major health concerns, life expectancy, causes of death, prevalence of acute and chronic disease, and the social determinants of health that increase the risk for developing new health conditions and exacerbate existing ones.

Data and research in this report focus mainly on health conditions and SDOH related to the selected CHIP priority areas including consideration of changes and trends over time where available and appropriate, with special attention paid to issues related to health disparities, high-risk populations, and high-need neighborhoods. Some additional robust data and community factors are explored. As recommended in the NYSDOH guidance document, the Erie County CHA captures "critical aspects of the data, but not every detail." The report includes many references throughout the document that can be found in Appendix D: References, which can be used for more in-depth research. This report utilizes the most recent data available.

The CHA and CHIP can be used as resources for health care providers, policy makers, social service agencies, community groups/organizations, religious institutions, educational institutions, businesses, and residents who are interested in working toward improving the health status of Erie County and the overall quality of life of its residents. It is the intent of the Erie County Department of Health (ECDOH) and its community partners that the information presented in this report is a useful community resource and a catalyst for new ideas and effective collaborations, interventions, and campaigns.





The ongoing COVID-19 pandemic is considered by many to be the worst public health crisis of the century. While it has been difficult for everyone, the effects of the virus and mitigation efforts were experienced differently across the diverse communities in this county. In May 2022, a white supremacist murdered ten Black people at a Tops Supermarket on the East Side of Buffalo. While the gunman was not from Erie County, he targeted this store because it is located in a neighborhood that is predominantly Black due to segregation. Both circumstances highlighted racially linked disparities in Western New York. Racism, health equity, and the SDOH that underlie inequities are now being considered by policymakers and politicians outside of the public health field. Although treating racism as a public health issue is not a new concept in public health, state and local governments across the country are declaring racism a public health crisis. In April 2021, the Centers for Disease Control and Prevention (CDC) declared racism a serious public health threat.<sup>1</sup> As a result, more efforts are beginning to focus on racial disparities, health inequities, and underlying SDOH.

Within Erie County, there is a significant disparity between the health outcomes of White residents and residents of color (see Appendix G: Health Equity in Erie County for a complete discussion of health disparities). This became even more striking as COVID-19 disproportionately affected Black and Brown communities in Erie County as well as across the country.<sup>2,3</sup> Even before the pandemic, the life expectancy of Black Buffalo residents was 5.4 years shorter than White residents, according to the Robert Wood Johnson Foundation's County Health Rankings & Road Maps using data from 2016-2018.<sup>4</sup> Data portraying differences in health factors and outcomes by race and ethnicity are included throughout this report as well as in the appendices, including the report Health Equity in Erie County: An Initial Health Disparities Assessment in Appendix G. Erie County's Office of Health Equity was established to help address those disparities, in partnership with the Buffalo Center for Health Equity and the University at Buffalo's Community Health Equity Research Institute. An Erie County Legislature bill establishing the Office of Health Equity was signed into law in January 2021.<sup>5</sup> Funding was made possible by a major federal pandemic relief package known as the American Rescue Plan that distributed money to states, counties, and cities across the country. Erie County allocated roughly \$1 million of the nearly \$179 million it received from the American Rescue Plan to create the Office of Health Equity. The remaining funds were allocated for economic assistance for small businesses, water treatment infrastructure and other public works, and restoring county jobs and programs that were initially cut due to the pandemic.

Additionally, ECDOH; the Office of Health Equity; the Buffalo Center for Health Equity; the University at Buffalo's Community Health Equity Research Institute; and a wide variety of community organizations, healthcare providers and organizations, and other vested partners all work collectively through the Live Well Erie initiative to improve the health of all residents of Erie County. Live Well Erie has a vision to help every resident of Erie County achieve their full potential (<https://www4.erie.gov/livewellerie/>). Live Well Erie, like this CHA and CHIP, is guided by the SDOH. Resolving health inequities takes time and requires addressing these SDOH, which are the factors that contribute to someone's health that are not within that person's control, such as access to clean





water, healthy food, and health care, as well as other conditions where they live, work, learn, play, worship, and age that can affect their health. Erie County government departments will continue to work closely with the Erie County Office of Health Equity to create a county where every resident will be afforded equitable opportunities for good health, regardless of their gender, race, ethnicity, disability status, age, sexual orientation, place of residence, immigration status, religion, socio-economic status, employment status, or educational status.





## **PREVENTION AGENDA PRIORITY AREAS**

The New York State Prevention Agenda has five priority areas, as follows: Prevent Chronic Disease; Promote a Healthy and Safe Environment; Promote Healthy Women, Infants, and Children; Promote Well-Being and Prevent Mental and Substance Use Disorders; and Prevent Communicable Disease.<sup>6</sup> Appendix C describes in detail the measures within the NYS Prevention Agenda for Erie County and the disparities identified, often with sub-county data. The following Priority Areas are identified for inclusion in Erie County's CHIP:

### **I. Prevent Chronic Diseases Action Plan Priority**

#### **Focus Area: Chronic Disease Preventive Care and Management**

**Community partners:** Kaleida Health System, Erie County Cancer Services Program, Roswell Park Comprehensive Cancer Center, Evergreen Health

**Goal 1.1:** Increase cancer screening rates

**Disparities addressed:** High incidence of cancer rates among racial and ethnic minority populations, by targeting community members who are uninsured or underinsured

### **II. Promote Healthy Women, Infants, and Children Priority**

#### **Focus Area: Perinatal & Infant Health**

**Community partners:** Catholic Health System, Kaleida Health System, United Way of Buffalo & Erie County, Healthy Mom-Healthy Baby Coalition; Community Health Centers of Buffalo, Jericho Road, Healthy Community Store Initiative, Baby Cafes, New York State Doula Pilot Program of WNY

**Goal 2.1:** Increase breastfeeding

**Disparities addressed:** Low rates of breastfeeding among racial and ethnic minorities which may influence rates of morbidity in these populations, by targeting worksites that predominantly racial and ethnic minority staff

#### **Focus Area: Child and Adolescent Health**

**Community Partners:** University of Buffalo School of Dental Medicine CARES Program, Buffalo Public Schools, Neighborhood Health, ECMC.

**Goal 2.2:** Reduce dental caries among children

**Disparities addressed:** Geographic areas with limited dental services available, by providing education and access to preventative dental services in these areas

### **III. Promote Well-Being and Prevent Mental and Substance Use Disorders Priority**

#### **Focus Area: Substance Use Disorders Prevention**

**Community partners:** Erie County Medical Examiner, Erie County Medical Center, Kaleida Health System, Catholic Health System, Erie County Opiate Epidemic Task Force, Western New York Response





After Overdose (WNYRAO), Coalition of Peer Enrichment (COPE) of WNY, Law Enforcement and First Responders, Crisis Services, Evergreen Health, Spectrum Health Services, Horizon Health Services, Endeavor Health Services, Beacon Center, BestSelf Behavioral Health

**Goal 3.1:** Prevent opiates and other substance use disorder and deaths

**Disparities addressed:** Increases in overdose deaths in minority populations, through harm reduction services including Naloxone training and distribution

**Focus Area: Mental Health**

**Community Partners:** Erie County Gun Violence Prevention Task Force, Suicide Prevention Coalition of Erie County, Spectrum Health, Best Self, Veterans Association of WNY, Crisis Services of Buffalo and Erie County, Erie County Medical Examiner's Office, Mental Health Advocates of WNY, National Council for Mental Wellbeing

**Goal 3.2:** Prevent suicides

**Disparities addressed:** Lack of access to mental health services, by increasing mental health education and training of community members





## **DATA, METHODS, AND PROCESS**

This report used primary data gathered from the CHA/CHIP Community Health Assessment Survey and Conversations; raw data collected from the Buffalo Public Schools' Youth Risk Behavioral Survey (YRBS); COVID-19 and other disease reports from Erie County Department of Epidemiology; surveys, interviews, focus groups, and secondary data from third-party sources (i.e., U.S. Census Bureau, NYS Prevention Agenda Dashboard<sup>7</sup>, CDC and more); and disease incidence and prevalence data for Erie County. Data were reviewed, analyzed, and a modified Hanlon Process was used to strategically identify community health priorities, develop interventions, and commit resources to improve the health status of the county.

### **INTERVENTIONS**

Interventions to address priority areas use evidence-based programs, educational activities, and increased access to services. These include increasing access to cancer screening, environmental modifications to increase opportunities for breastfeeding, education about breastfeeding and mental health, and increased access to naloxone and dental services. Further details are described in the CHIP and are identified in the section of this document titled "Erie County 2023-24 Prevention Agenda Priority Areas."

## **EVALUATING PROGRESS, TRACKING SUSTAINABILITY**

ECDOH, Kaleida Health, and Catholic Health Systems will meet at least once each year to assess the progress of each of their identified CHIP interventions using the process or outcome measurement established in the workplan for each specific intervention. All interventions will use time-framed process measures as well as outcome measurements where available and appropriate. For example, the interventions designed to address the number of deaths from opioid overdose by increasing the availability of nasal naloxone, expanding its distribution, and providing training on its use in the community will use a process measure of identifying the number of distribution sites created and community trainings held. An outcome measure of the total number of deaths by overdose each year will also be used to measure program impact.

Community partners will share project midpoint outcome measurements related to implemented projects based on data availability and organizational capacity. Progress and improvement will be tracked by using:

1. Program process measures
2. Annual evaluation of outcomes in the identified priority areas using the following data sources: NYSDOH Prevention Agenda dashboard data, County Health Rankings, Erie County Medical Examiner's Office reports, hospital utilization data, along with other local data sources such as the Prevention Agenda County Dashboard<sup>8</sup>





At the partners' periodic meetings, progress metrics will be reviewed, successes will be celebrated, barriers to ongoing interventions will be identified, and the group will problem solve for ways to address identified barriers and other concerns. The group will share best practices, lessons learned, and ideas for improvements and further collaborations.

ECDOH will compile a brief progress report, share it with partners, and post it on the ECDOH website where the CHA and CHIP documents are posted to be transparent and accessible to the community. This report will also be shared with Live Well Erie, a county-led initiative of local health and human service organizations and interested partners that seek to improve the quality of life for Erie County residents, particularly children, working families, and seniors.

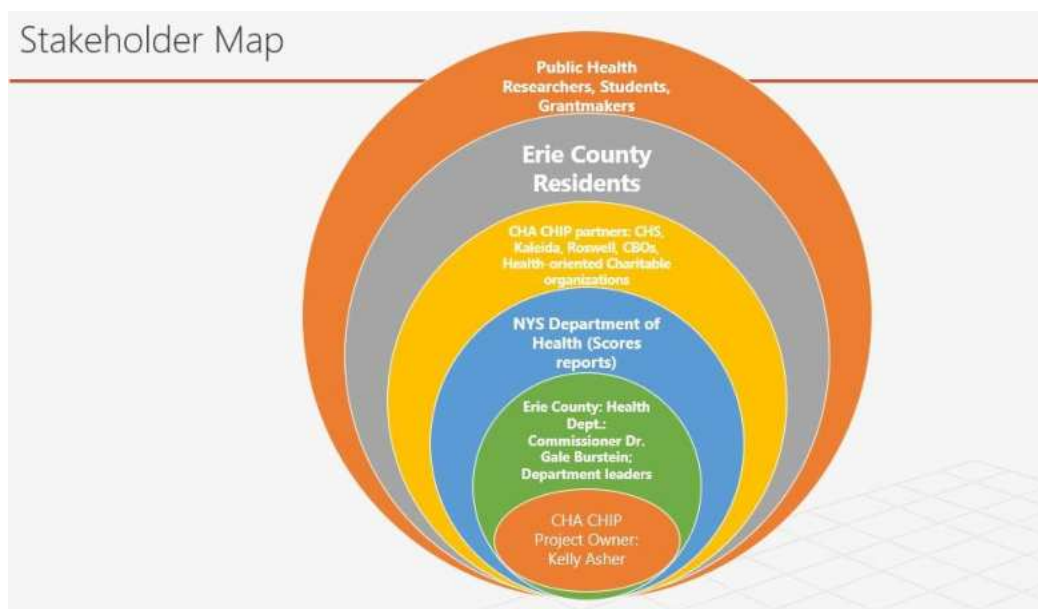
Demographic and other qualitative and quantitative data from the service area of Erie County, NY, are included in alignment with the NYSDOH 2019-2024 Prevention Agenda.

## **HOSPITAL AND COMMUNITY PARTNERS**

Although Kaleida Health, the Catholic Health System, and ECDOH will submit individual CHIPs, they worked together to develop their plans, partnered on some initiatives, and made certain that their priorities and interventions aligned and complemented each other. The collaborative approach taken leverages the efforts and resources of all health organizations in the community, resulting in increased effectiveness and sustainability of initiatives and interventions, reduced service duplication, and clear identification of system gaps.

## **ERIE COUNTY CHA/CHIP STAKEHOLDERS**

Erie County community stakeholders are well represented in the CHA/CHIP Steering Committee. An expansive list including partner organizations and community health programs is included in Appendix E.







## **HEALTH DATA AND INFLUENCES: COVID-19 AND SOCIAL DETERMINANTS OF HEALTH**

While undertaking a review of Erie County health data and obtaining input from Erie County's Community Health Assessment Survey (responses and demographics, Appendix A and highlighted throughout the report in blue boxes) and Community Health Conversations (responses and demographics, Appendix B and highlighted throughout the report in orange boxes), it was impossible to address the state of health in Erie County without accounting for and mentioning the impact of two very large, important forces on community health: The ongoing COVID-19 pandemic, which has caused more than 3,000 deaths in Erie County while continuing to impact the economic, mental, and physical health of residents; and, the May 14, 2022, racially motivated shooting and massacre of 10 Black Erie County residents and severe injury of three more at a local supermarket. This tragic event worsened food access in the Jefferson-Fillmore neighborhood, where this was the only full-service supermarket, as well as the mental and emotional health of many residents, particularly those in the neighborhood where the shooting took place and Black residents in the Buffalo area and across the nation. Of note in relation to racial disparities already existing in the region, the White, 18-year-old gunman chose a supermarket in that neighborhood because of its high proportion of Black residents, according to media reports.





## ERIE COUNTY SOCIODEMOGRAPHIC SUMMARY

According to U.S. Census population data, in 2010 the population of Erie County was 919,040. In 2020 the population was estimated at 954,236, about a 3% increase in population since 2010. At the end of 2021 the population of Erie County was estimated at 950,683,<sup>9</sup> a loss of 4,000 people in one year that appears to be closely related to outmigration and COVID-19 deaths.<sup>10</sup>

### **GEOGRAPHY AND PEOPLE**

Erie County is the largest metropolitan county in Upstate New York with a population of 950,683<sup>1</sup> covering 1,042.5 square miles.<sup>9</sup> Erie County is located in Western New York, bordered to the west by Lake Erie and the Niagara River, and shares an international border with Canada. Several bridges span the Niagara River and provide access and the potential for cross-border healthcare treatment and employment for residents of the United States and Canada. Niagara County lies to the north, Genesee and Wyoming Counties are to the east, and Cattaraugus and Chautauqua Counties are to the south.

Buffalo is the second-largest city in the state and is the largest of three cities in the county with a population of 276,807.<sup>11</sup> Buffalo serves as the county seat. In addition, there are 16 villages, 25 towns, and two Indigenous Nation reservations within the county (Tonawanda and Cattaraugus Seneca Nation reservations).

According to the 2020 U.S. Census, an estimated 91.0% of people living in Erie County were born in the United States. Among county residents, 80.8% were born in New York State. Approximately 7.2% of Erie County residents in 2021 were foreign-born compared to 7.1% in 2018. About 3.1% of Erie County residents are not U.S. citizens. About 4.1% were foreign-born, naturalized U.S. citizens in 2021 compared to 3.7% in 2018.<sup>12,13,14</sup>

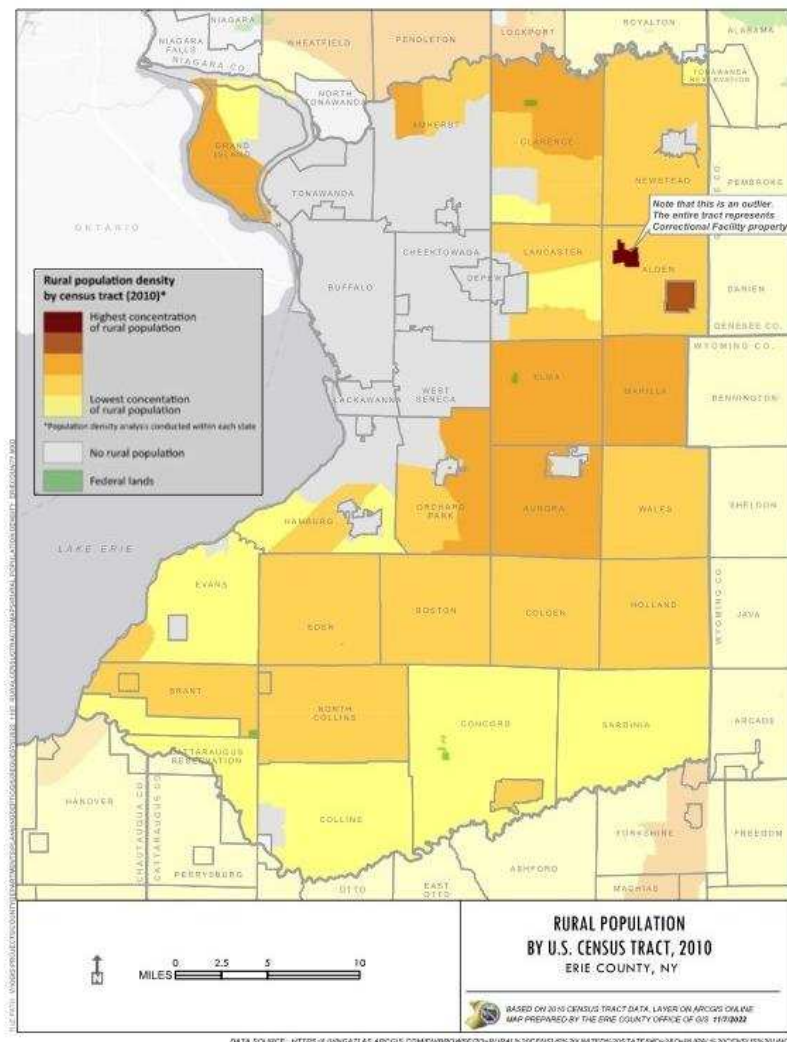
Foreign-born residents of Erie County come from different parts of the world. The West Side of Buffalo is home to a large immigrant and refugee population which results in over 80 languages spoken in Buffalo public schools.<sup>15</sup> Just south of Buffalo, the city of Lackawanna is home to a large Arab American community. According to the 2020 American Community Survey, in Erie County, 89% of residents speak only English, 11.0% of residents spoke a language other than English, and 30.7% of residents spoke a language other than English at home.

Erie County is largely an urban and suburban county with most of the population living within the cities and surrounding communities. Although defined as a Large Central Metro County (U.S. Census and CMS definitions), with a population density of 912 persons per square mile,<sup>9</sup> Erie County contains some rural areas, particularly in the southwest and mid-central outer border areas away from its main urban area, the city of Buffalo.





### Rural Population Density, Erie County, 2010



Rural population of Erie County by census track, U.S. Census Bureau, 2010. <https://mtgis-portal.geo.census.gov/arcgis/apps/MapSeries/index.html?appid=49cd4bc9c8eb444ab51218c1d5001ef6>

The U.S. Census definitions of rural areas are used in this document and are defined as “open country and settlements with fewer than 2,500 residents.”<sup>16</sup> With this definition, Erie County has approximately 89,360 residents living in rural areas—9.4% of its population.<sup>16</sup> The map above demonstrates areas of rural population in Erie County.

Rural health disparities are well-documented, and for New York State, centered primarily on worsened health outcomes and access to care based on social isolation and distance to a healthcare facility, primary care provider, or specialty healthcare provider.



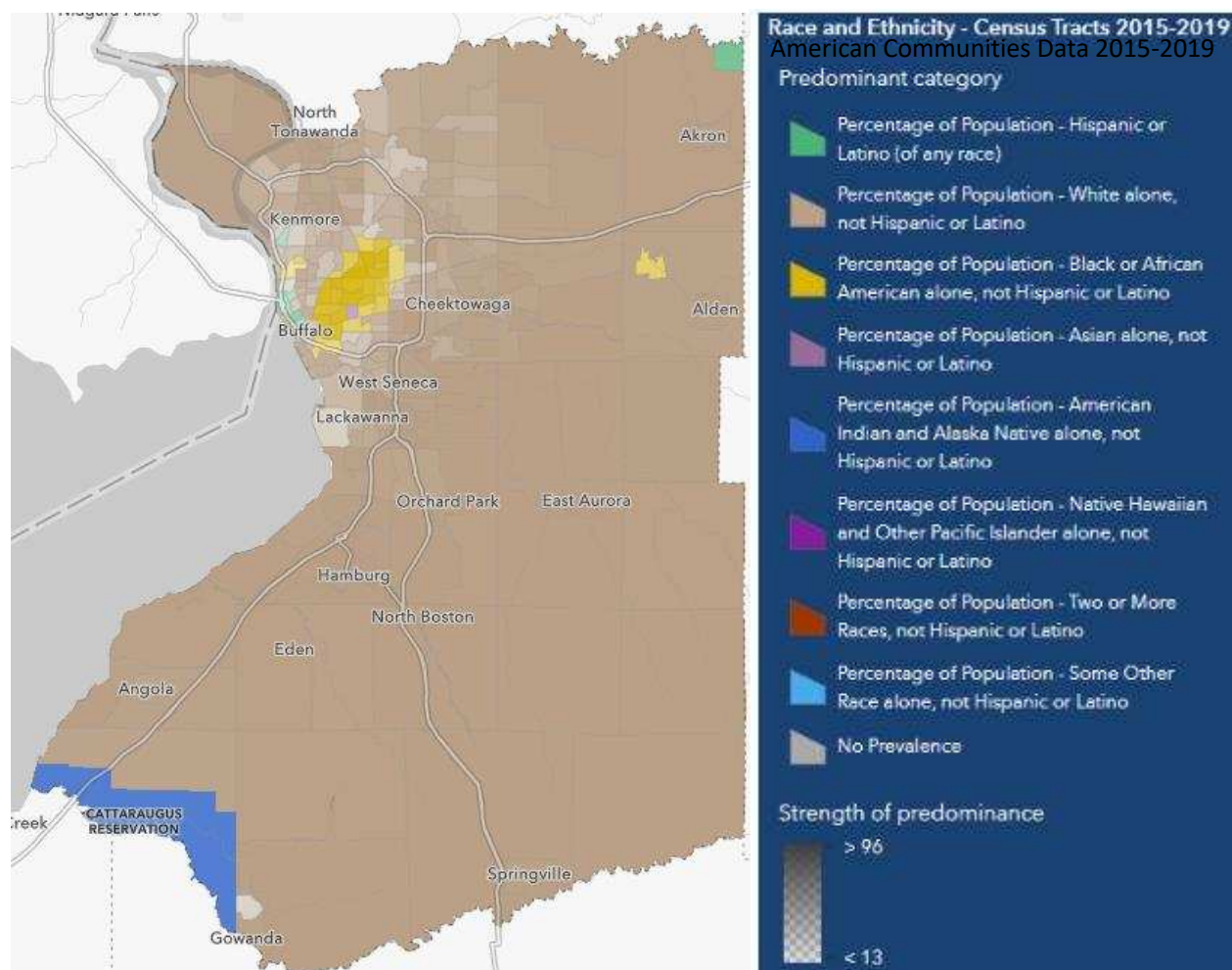


## **RACE AND ETHNICITY**

Erie County's population is 78.8% White, 13.8% Black or African American, 0.8% American Indian or Alaskan Native, 0.1% Native Hawaiian and other Pacific Islander. 94.0% of the county is non-Hispanic while 6.0% identifies as Hispanic or Latino.<sup>9</sup>

The city of Buffalo's population is 47.8% White, 33.3% Black or African American, 12.2% Hispanic, 0.4% Native American/Alaska Native, and 6.7% Asian.<sup>11</sup> An estimated 5.9% of the population identify as two or more races.<sup>11</sup> There are significant differences in the racial composition of the city of Buffalo as compared to the rest of Erie County. The city of Buffalo is characterized by a much higher percentage of Black or African American and Hispanic or Latino populations than Erie County.

### **Census Tracts by Predominant Race and Ethnicity, Erie County, 2015-2019**

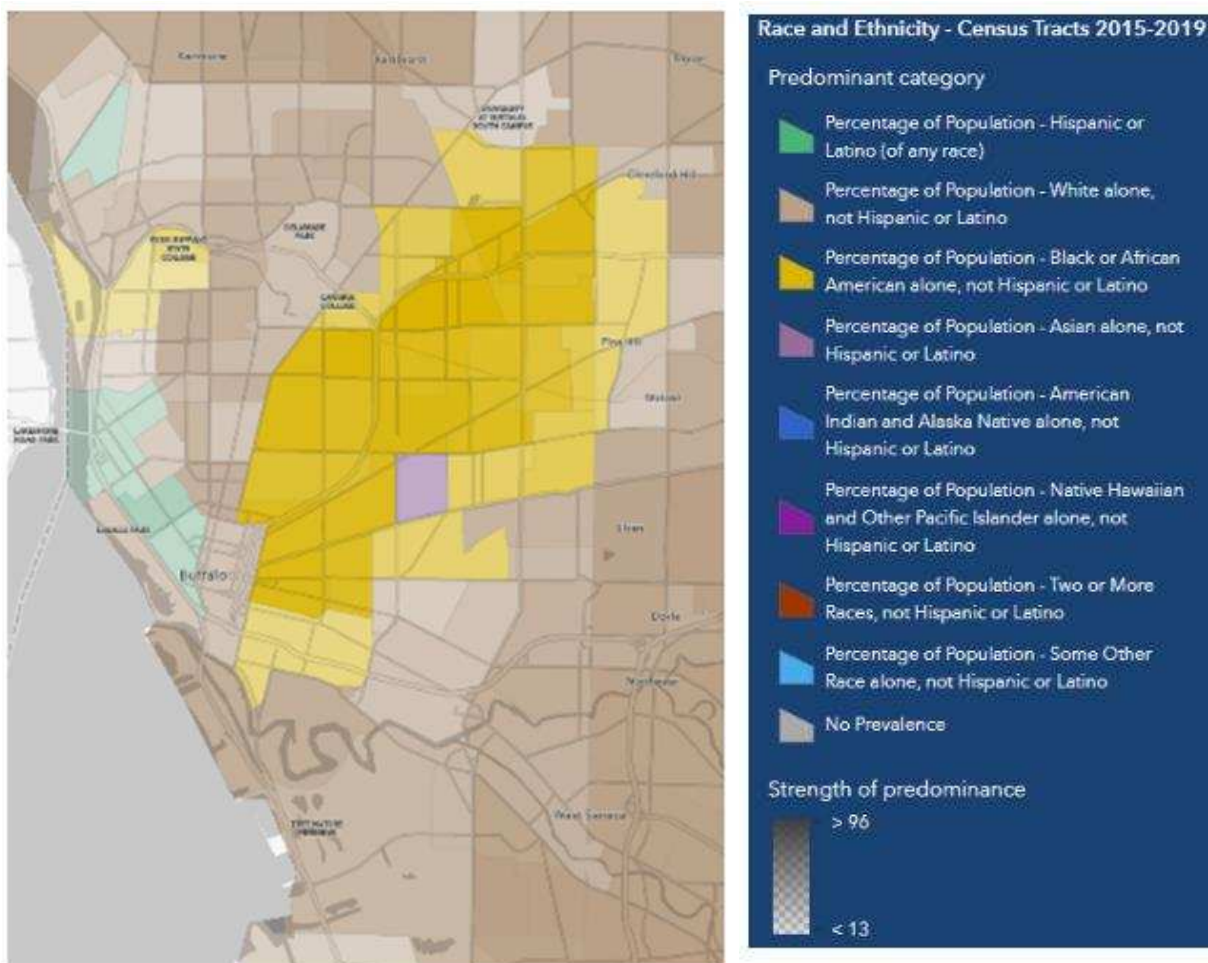


Census tracts by predominant race and ethnicity, Erie County. U.S. Census Bureau, My Community Explorer, 2015-2019.





### Census Tracts by Predominant Race and Ethnicity, City of Buffalo, 2015-2019



Census tracts by predominant race and ethnicity, City of Buffalo. U.S. Census Bureau, My Community Explorer, 2015-2019.

Additional discussion on race and ethnicity can be found starting on page 22 of the Equity report in Appendix G.





## **HOUSEHOLDS AND FAMILIES**

The composition of households and families are an essential aspect of understanding the social dynamics of a region.

- In 2021, the average household size in the city of Buffalo was 2.26 people,<sup>14</sup> virtually unchanged from the preceding decade.<sup>17</sup>
- In Erie County, the average household size was 2.29 in 2021,<sup>14</sup> which also had not significantly changed over the preceding decade.<sup>17</sup>
- According to the 2021 American Communities Survey, 5-year estimates, 25.2% of households in Erie County included 1 or more children, which is slightly lower than the 2011 ACS, 5-year estimate of 29.0%.

## **DISABILITY STATUS**

Disability status can be part of an individual's health condition at birth or may be acquired through illness or injury. For the purposes of this report, disability status is reported as a population characteristic. For individuals living with a disability, physical and social barriers—including discrimination—related to disability of any type can hinder their opportunities. They may be unable to fully participate in an event or enjoy an outdoor resource. Barriers related to their disability may affect an individual's ability to participate in programming or employment opportunities, or prevent them from utilizing resources, programs, and services that are available to people who are not living with a disability. These opportunities, events, and programming require additional planning and may require additional resources to provide equitable access to people living with a disability. Disability status is an important consideration when addressing health disparities and working towards equity in the health and wellness of Erie County residents.

In Erie County, 9.7% of the civilian non-institutionalized population under age 65 reported living with a disability, according to the American Communities Survey 2021 5-year estimates. Furthermore, 13.6% of Erie County's total noninstitutionalized population reported living with a disability in 2021. The likelihood of having a disability increased with age, with 42.9% of the population aged 75 and older reporting a disability, compared to 23% aged 65 to 74; 13.5% aged 35 to 64; 8% aged 18 to 34; 6.3% aged 5 to 17, and 0.3% under age 5 of the noninstitutionalized population reported as living with a disability. Additionally, in 2021, females living in Erie County had disabilities at a percentage 2.4% higher than males (14.8% of females; vs. 12.4% of males). In Erie County, 7.5% of Asian residents reported living with a disability, 12.1% of residents of two or more races, 13.5% of non-Hispanic White residents, 15.9% of Black residents, 24.9% of American Indian or Alaska Native residents, and 19.3% of residents of other races.<sup>14</sup>

In Erie County, the number of individuals with an ambulatory difficulty is estimated at 57,697 or 6.13% of the population.<sup>14</sup>





Additional information on equity and disability status can be found on page 42 of the Equity report in Appendix G.

## **IMMIGRATION**

Buffalo is known as the City of Good Neighbors, so it is no surprise that it welcomes a steady influx of newly arriving refugees every year. Upon arrival in Erie County from their country of origin, refugees often experience improved living conditions and decreased risk of many infectious diseases and injury. However, refugees and immigrants face new challenges to healthy living in this new setting. These challenges may include difficulty accessing needed care and resources, language barriers, and discrimination.<sup>18</sup>

The number of immigrants in Erie County has increased from 65,800 (7.16%) in 2019 to 66,600 (7.25%) in 2020. The percentage is significantly lower than the national average of 13.5%.<sup>19</sup> The median age of all foreign-born citizens in Erie County was 41.9 years as of 2020.<sup>14</sup> According to the 2021 American Communities Survey, the most common countries of origin for foreign-born residents in Erie County are Bangladesh, China, Canada, India, Burma, and Yemen.<sup>14</sup>

Additional information on immigrants and refugees can be found on page 35 of the Equity report in Appendix G.





## SOCIAL DETERMINANTS OF HEALTH

Much like the New York State Department of Health Prevention Agenda initiative to advance health across all policies, Erie County has long recognized the need to move beyond traditional public health activities to address social determinants of health (SDOH)—societal issues that extend beyond healthcare but impact health outcomes—in order to address some of our greatest public health challenges and improve the health of the community. We cannot effectively move toward the overarching goal of improving the quality of life for Erie County residents and creating a county where every resident will be afforded equitable opportunities for good health, regardless of their gender, race, ethnicity, disability status, age, sexual orientation, place of residence, immigration status, religion, socioeconomic status, employment, or educational status, without first improving the SDOH that create inequities in health factors and health outcomes.

Live Well Erie is a public-private and cross-cutting collaborative initiative of all Erie County health and human service departments working in partnership with not-for-profit, business, and community-based organizations to address the SDOH in our community. Members work together in several multi-sector committees focused on specific health and wellness initiatives, with the goal of improving the quality of life for Erie County residents. Live Well Erie focuses particularly on improving life for children, working families, and seniors. Accomplishments on nine goals are tracked by 16 indicators, reflecting work on 36 strategies for health improvement and wellness.<sup>20</sup> Additional information on SDOH and Live Well Erie can be found in the Appendix G, pages 15 and 16, as well as online at <https://www4.erie.gov/livewellerie/>

### SDOH IN THIS REPORT

Erie County's health challenges are discussed throughout this report in the context of the SDOH as described in Healthy People 2030, the fifth iteration of recommendations from the U.S. Department of HHS Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030, a report including 358 core measurable health-related objectives. Healthy People 2030 recognizes five SDOH domains: Economic Stability, Education Access and Quality, Health Care Access and Quality, Neighborhood and Built Environment, and Social and Community Context.<sup>21</sup>





*Social Determinants of Health, Healthy People 2030, HHS Secretarial Advisory Committee on National Health Promotion and Disease Prevention Objectives.*

## **EDUCATIONAL ATTAINMENT**

From 2013 to 2022, the percentage of high school graduations increased for most races and ethnicities in Erie County. Overall, 88% of Erie County high school students graduated in 2022 as compared to 81% in 2013.<sup>22</sup> The percent of increase was highest among Hispanic students, who saw a graduation rate of 57% in 2013 rise to 78% in 2022.<sup>22</sup> The increase in number of high school graduations may not be linked to consistently improving achievements among all students or schools, as high school students' grading standards were modified and many exams, such as the NYS Regents exam, were canceled during the COVID-19 pandemic.

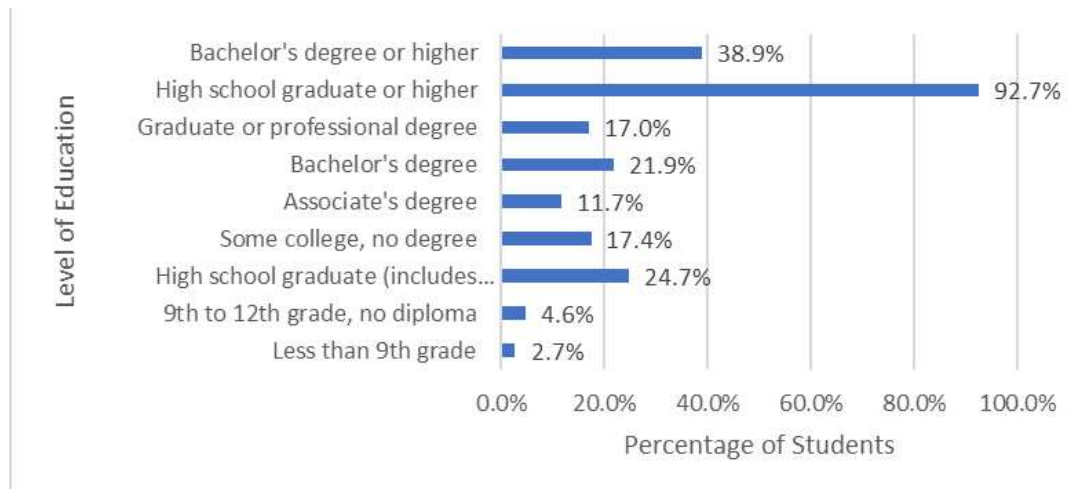
- For Buffalo residents, the percentage of individuals aged 25 and up with high school-only graduation or high school equivalency was 25.7% in 2021, which is higher than the New York State percentage of 24.4% high school-only graduates or equivalent education among residents aged 25 and up.<sup>14</sup>
- In Erie County, the percentage of residents aged 25 and up with high school graduation-only, or high school equivalency, was slightly lower, at 24.7% in 2021.<sup>14</sup>
- In 2021, 92.7% of county residents aged 25 and older had earned at least a high school diploma or higher (including college and university degrees), staying nearly level with the previous two years.<sup>14</sup>





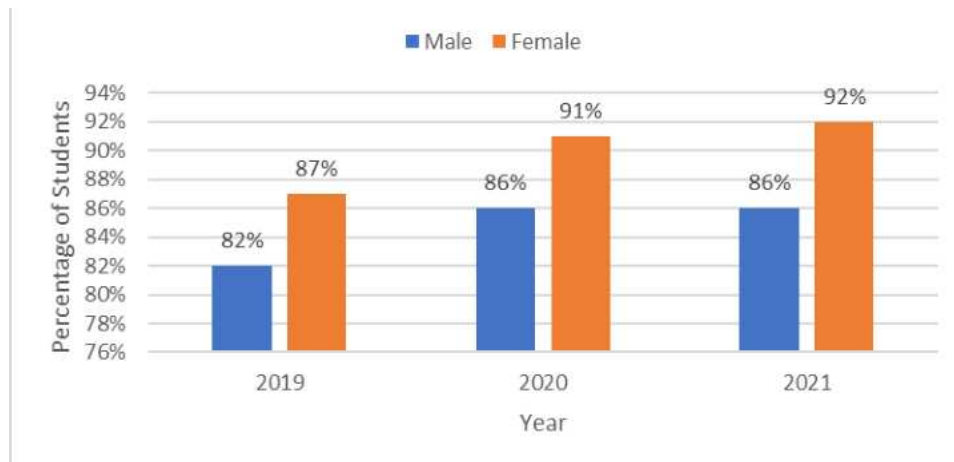
- The percentage of county residents aged 25 years and older who had earned a bachelor's degree or higher also increased slightly from 2020 to 2021.<sup>14</sup>

### Level of Education Adults Age 25 and Older, Erie County, 2021



Level of education, Erie County. U.S. Census Bureau, American Community Survey, 2021.

### High School Graduation by Gender, Erie County, 2021

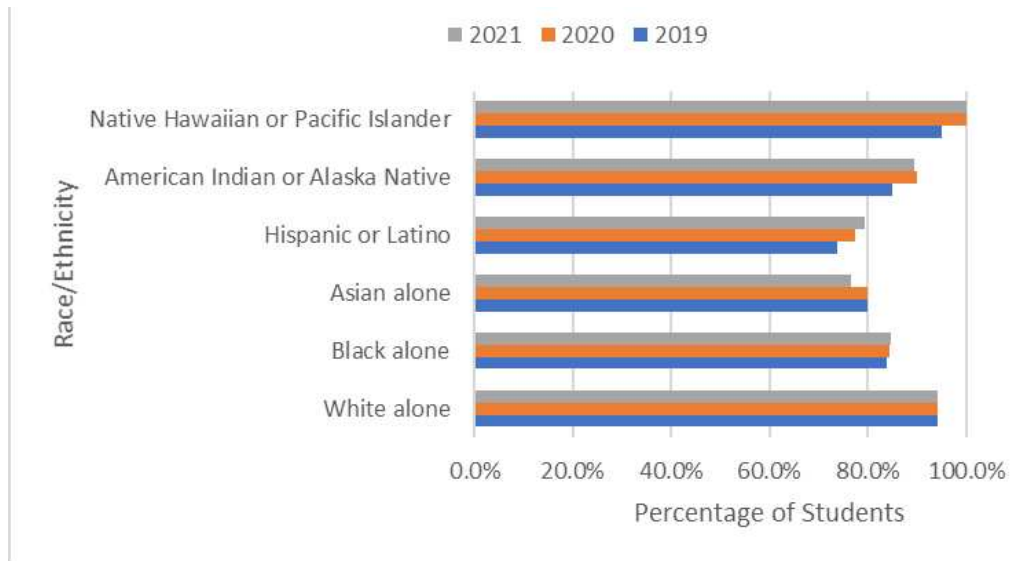


High School graduation by gender, Erie County. U.S. Census Bureau, American Community Survey, 2019-2021.



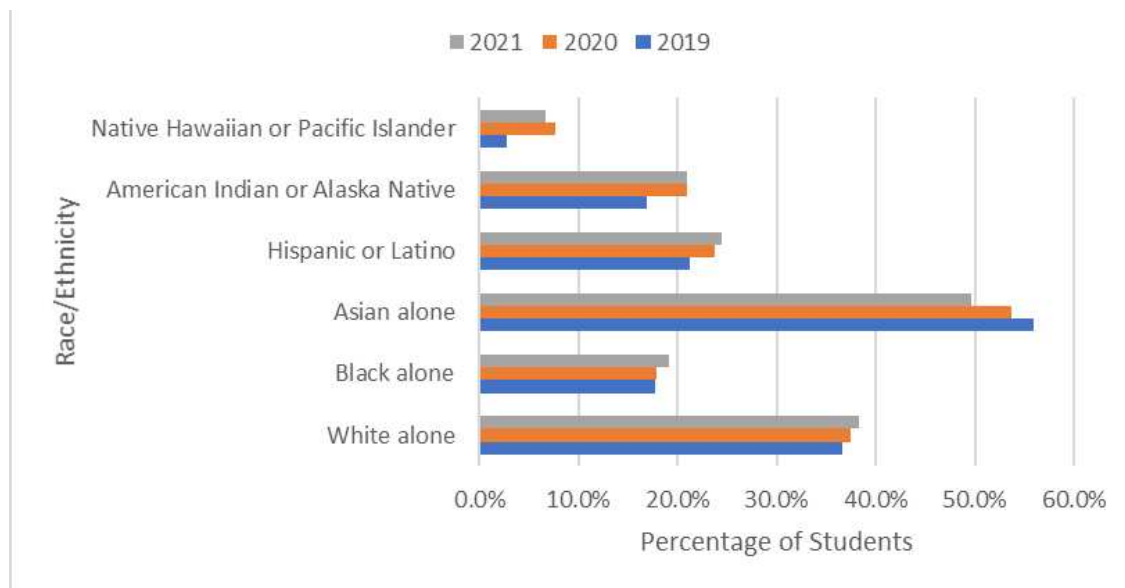


### High School Graduation by Race/Ethnicity, Erie County, 2019-2021



High School graduation by race and ethnicity, Erie County. U.S. Census Bureau, American Community Survey, 2019-2021. Note: X-axis scale is 100%, as compared to 60% in the following chart.

### College Graduation by Race/Ethnicity, Erie County, 2019-2021



College graduation by race and ethnicity, Erie County. U.S. Census Bureau, American Community Survey, 2019-2021. Note: X-axis scale is 60%, as compared to 100% in the previous chart.





The charts above show differences in the percentage of high school and college graduations among racial and ethnic groups living in Erie County. An important consideration when comparing high school to college and university graduation percentages is the large number of students who move into Erie County for college and university study; therefore, these percentages are not directly comparable for high school and college/university.

In Erie County, the percentage of college graduations among college students was consistently highest among Asian students at 55.9% in 2019, 53.7% in 2020, and 49.6% in 2021; however, the percentage of high school graduations among Asian students was lower in Erie County.<sup>14</sup> The percentage of non-Hispanic White students graduating from college was nearly double that of non-Hispanic Black students graduating from college throughout 2019-2021.<sup>14</sup>

Educational attainment is a social determinant of health that influences and is influenced by an individual's socioeconomic status. Occupational status, earnings, wealth, and freedom from economic hardship are all connected to educational attainment. Higher educational attainment is linked in many studies to higher earnings; higher earnings are linked to better health outcomes. In Erie County, earning a high school degree is associated with an increase of \$6,000 per year in income.<sup>23</sup> The chart below details annual earnings by educational attainment in Erie County.

#### Median Earnings by Educational Attainment, Erie County, 2021

EDUCATIONAL ATTAINMENT	MEDIAN EARNINGS (Margin of Error)
Total population 25 years and over, with earnings	\$46,701 ( $\pm 1,026$ )
Less than high school graduate	\$26,844 ( $\pm 3,732$ )
High school graduate (includes equivalency)	\$33,637 ( $\pm 2,853$ )
Some college or associate degree	\$41,363 ( $\pm 1,098$ )
Bachelor's degree	\$54,616 ( $\pm 2,946$ )
Graduate or professional degree	\$71,168 ( $\pm 3,391$ )

*Median earnings by educational attainment, Erie County. U.S. Census Bureau, American Community Survey, 2021.*

## **EMPLOYMENT**

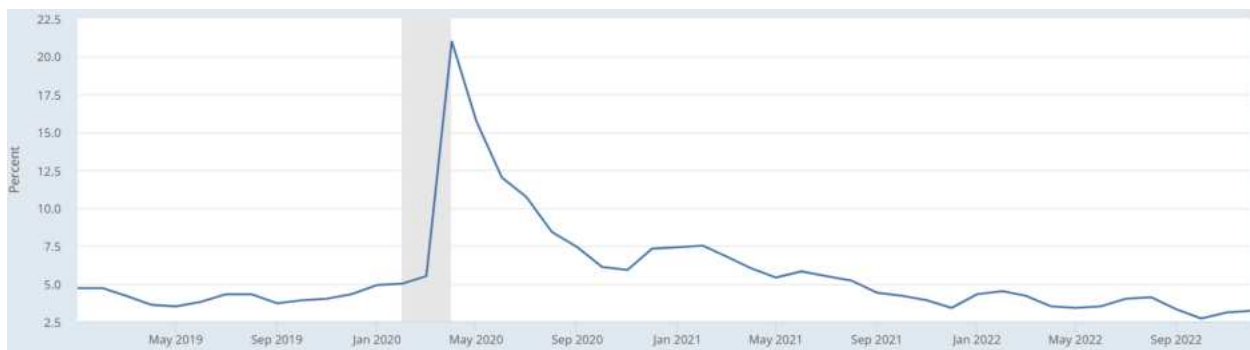
There are disparities in employment earnings by race, ethnicity, age, and gender. Earnings are lower for individuals who identify as members of a minority race or ethnicity, particularly Black, Hispanic, and Native American individuals. These disparities are the result of the impacts of inequitable systemic, societal, environmental, and other factors. With lower earnings, opportunities for more permanent wealth-generating options such as higher education and home ownership are also reduced, further widening gaps in equity, including health outcomes.





In Erie County, the total civilian labor force population in October 2022 was 490,675<sup>12</sup> and the percentage of individuals in the labor force who were unemployed was 3.2%.<sup>24</sup> Pre-pandemic unemployment as of January 2020 was 5.1%.<sup>24</sup> In April 2020, less than 3 months later, and one month into the COVID-19 pandemic, the percentage of Erie County residents in the labor force who were unemployed was 21.6%.<sup>24</sup> By 2021, the highest rate of unemployed workers recorded in Erie County was among Black and African American residents at 10.2% followed by American Indian and Alaska Native at 8.5%, 8.4% for two or more races, 4.6% for Asian and 4.3% for White residents.<sup>14</sup> The unemployment rate was 7.5% for Hispanic or Latino residents.<sup>14</sup>

### Unemployment Rate, Erie County, 2019-2022



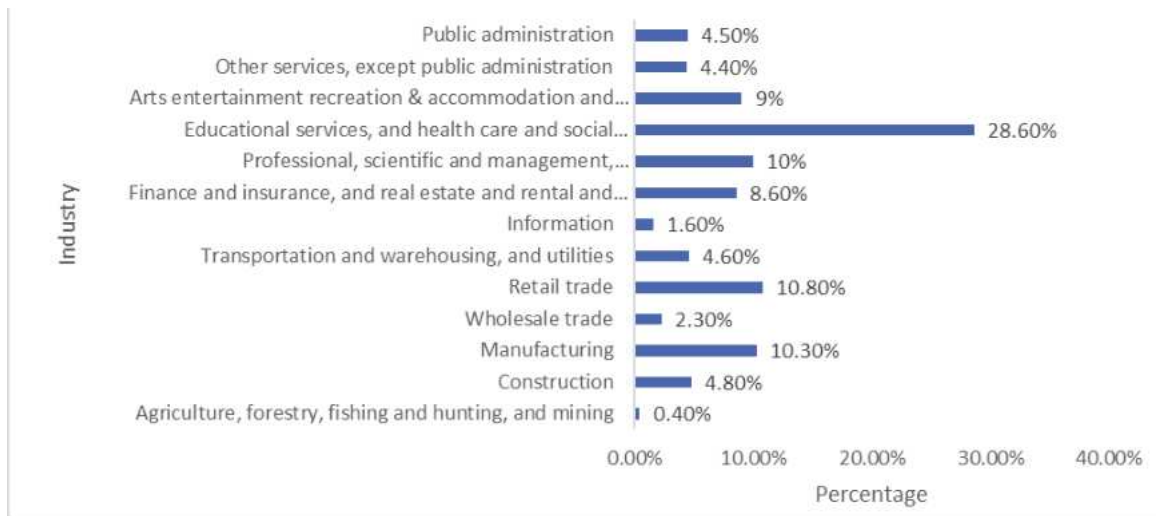
Monthly unemployment rate in Erie County 2019-2022. U.S. Bureau of Labor Statistics. FRED, Federal Reserve Bank of St. Louis. <sup>25</sup> Available at <https://fred.stlouisfed.org/series/NYERIE9URN>

The total number of females in the Erie County civilian labor force in 2021 was 281,508, which comprised 50.8% of the workforce.<sup>12</sup> According to the 2021 American Census Survey, labor force participation for men in Erie County was 80.9%, and the unemployment percentage for men was 6.8%; labor force participation for women in Erie County was 76.1%, and their unemployment percentage was 6%.<sup>12</sup>





### Employment by Industry, Erie County, 2019-2022



*Employment by industry, Erie County. U.S. Census Bureau, American Community Survey, 2021.*

Private sector jobs in the Western New York region were on the rise, as were government sector jobs, to a lesser extent. Gains were largest in educational and health services; trade, transportation, and utilities; and leisure and hospitality. Employment losses occurred in information.<sup>14</sup>

## **INCOME**

The median household income in Erie County in 2021 was \$62,578,<sup>14</sup> which represents an increase of 3.2% since 2019.<sup>12</sup> The increase is significantly lower than purchasing power changes due to inflation, which was 14.5% between 2019 to 2021.<sup>26</sup> In 2021, nearly 40% of full-time, year-round workers over age 16 earned \$35,000-\$49,000 or less per year.<sup>12</sup> According to the most current available U.S. Census Bureau data, in Erie County, women comprise 51% of the county's total population and 49.5% of its labor force.<sup>12</sup> In 2021, the median annual earnings for women working full-time were \$51,736 compared to \$62,013 for men.<sup>12</sup>

Health disparities associated with low socioeconomic status are apparent even without the compounding factors of educational attainment or housing status. Additionally, income variance within Erie County by location is significant. In 2021, the Erie County median household income of \$63,035 was less than that of New York State (\$74,314) but significantly higher than that of the city of Buffalo, which was \$40,669.<sup>12</sup> Within Erie County, median household income by ZIP code varies from at \$119,210 (East Amherst, 14051) to \$26,927 (East Buffalo/Fruit Belt area, 14204).<sup>14</sup>

The graphic below shows the differences in income between areas of Erie County. The two highest income ZIP codes (indicated by the darkest blue) are 14051 and 14032 (located on the top-center of the map), have a median household income of nearly five times that of the lowest income ZIP codes, 14212 and 14204 (located within the city of Buffalo).<sup>14</sup>





Median Income for Full Time Workers

10,000 89,226

A living wage is distinct from a poverty wage, which is calculated exclusively with housing and food in mind. A living wage for a family of 4 (2 adults working with 2 children) in Erie County is \$24.87 per hour (per adult) or an annual household income of \$103,452. This living wage is four times higher than what is considered the poverty wage of \$6.19, and is nearly twice as high as the current minimum wage of \$13.20. The minimum hourly wage needed for a living wage, as compared to minimum wage and poverty wage, can be seen in the table below.<sup>27</sup>



**MIT Living Wage Table for Erie County, 2023**

	1 Adult				2 Adults (1 Working)				2 Adults (Both Working)			
	0 Children	1 Child	2 Children	3 Children	0 Children	1 Child	2 Children	3 Children	0 Children	1 Child	2 Children	3 Children
<b>Living Wage</b>	\$17.49	\$33.90	\$43.62	\$57.75	\$26.07	\$31.10	\$37.03	\$39.69	\$13.03	\$18.67	\$24.87	\$29.25
<b>Poverty Wage</b>	\$6.19	\$8.38	\$10.56	\$12.74	\$8.38	\$10.56	\$12.74	\$14.92	\$4.19	\$5.28	\$6.37	\$7.46
<b>Minimum Wage</b>	\$13.20	\$13.20	\$13.20	\$13.20	\$13.20	\$13.20	\$13.20	\$13.20	\$13.20	\$13.20	\$13.20	\$13.20

*Living Wage Calculation for Erie County, New York, 2023. Dr. Amy K. Glasmeier and the Massachusetts Institute of Technology. Available at <https://livingwage.mit.edu/counties/36029>*

The MIT living wage accounts for additional expenses such as childcare, medical expenses, and transportation, among others. As inflation continues to outpace income, the difference between wages and living wage will continue to increase.

Typical expenses in Erie County, when totaled, require a family with two children to have a gross income of over \$103,000 to maintain equilibrium. This is without saving money for future investments, or for unexpected, large expenses. The following table lists the estimated expenses in Erie County by number of income earners and children in the household. Only 29.9% of all households in Erie County have an annual income of \$100,000.<sup>14</sup>

**MIT Living Wage Table of Expenses for Erie County, 2023**

	1 Adult				2 Adults (1 working)				2 Adults (both working)			
	0 Children	1 Child	2 Children	3 Children	0 Children	1 Child	2 Children	3 Children	0 Children	1 Child	2 Children	3 Children
Food	\$4,559	\$6,729	\$10,111	\$13,402	\$8,359	\$10,413	\$13,429	\$16,341	\$8,359	\$10,413	\$13,429	\$16,341
Child Care	\$0	\$11,231	\$22,463	\$33,694	\$0	\$0	\$0	\$0	\$0	\$11,231	\$22,463	\$33,694
Medical	\$3,207	\$8,487	\$8,497	\$8,422	\$6,666	\$8,497	\$8,422	\$8,575	\$6,666	\$8,497	\$8,422	\$8,575
Housing	\$9,535	\$11,863	\$11,863	\$14,660	\$10,003	\$11,863	\$11,863	\$14,660	\$10,003	\$11,863	\$11,863	\$14,660
Transportation	\$4,470	\$8,040	\$9,831	\$11,821	\$8,040	\$9,831	\$11,821	\$12,675	\$8,040	\$9,831	\$11,821	\$12,675
Civic	\$2,882	\$5,725	\$6,394	\$8,719	\$5,725	\$6,394	\$8,719	\$6,933	\$5,725	\$6,394	\$8,719	\$6,933
Other	\$4,339	\$7,570	\$8,932	\$9,804	\$7,570	\$8,932	\$9,804	\$10,966	\$7,570	\$8,932	\$9,804	\$10,966
Required Annual Income After Taxes	\$29,124	\$59,777	\$78,223	\$100,653	\$46,494	\$56,062	\$64,190	\$70,281	\$46,494	\$67,293	\$86,653	\$103,975
Annual Taxes	\$4,968	\$11,577	\$16,534	\$24,462	\$6,926	\$9,310	\$11,326	\$12,825	\$6,926	\$12,183	\$17,081	\$21,458
Required Annual Income Before Taxes	\$34,092	\$71,354	\$94,757	\$125,115	\$53,420	\$65,372	\$75,516	\$83,107	\$53,420	\$79,476	\$103,734	\$125,433

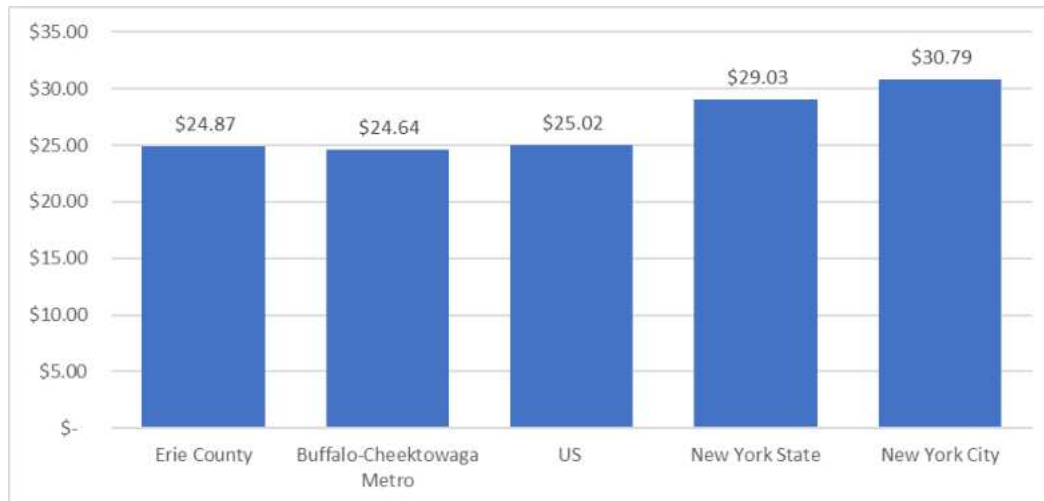
*Living Wage Typical Expenses Erie County, New York, 2023. Dr. Amy K. Glasmeier and the Massachusetts Institute of Technology. Available at <https://livingwage.mit.edu/counties/36029>*

In both Erie County and Buffalo-Cheektowaga Metro Area, the typical expenses and the living wages are slightly below the U.S. average but are significantly lower than New York State and New York City averages.





### Comparison of MIT Hourly Living Wages, 2023



*Comparison of the MIT hourly living wages for Erie County, Buffalo-Cheektowaga Metro, US, New York State and New York City, 2023. Dr. Amy K. Glasmeier and the Massachusetts Institute of Technology. Available at <https://livingwage.mit.edu/>*

## POVERTY

In 2021, 13.6% of County residents were living below the federal poverty level, demonstrating a continued decrease over time.<sup>12</sup> This number was similar to the 13.9% of people living in poverty in New York State in 2021.<sup>28</sup> In the city of Buffalo, the percent of people living in poverty decreased from 30.9% in 2018 to 26.4% based on July 2021 U.S. Census Bureau estimates.<sup>29</sup>

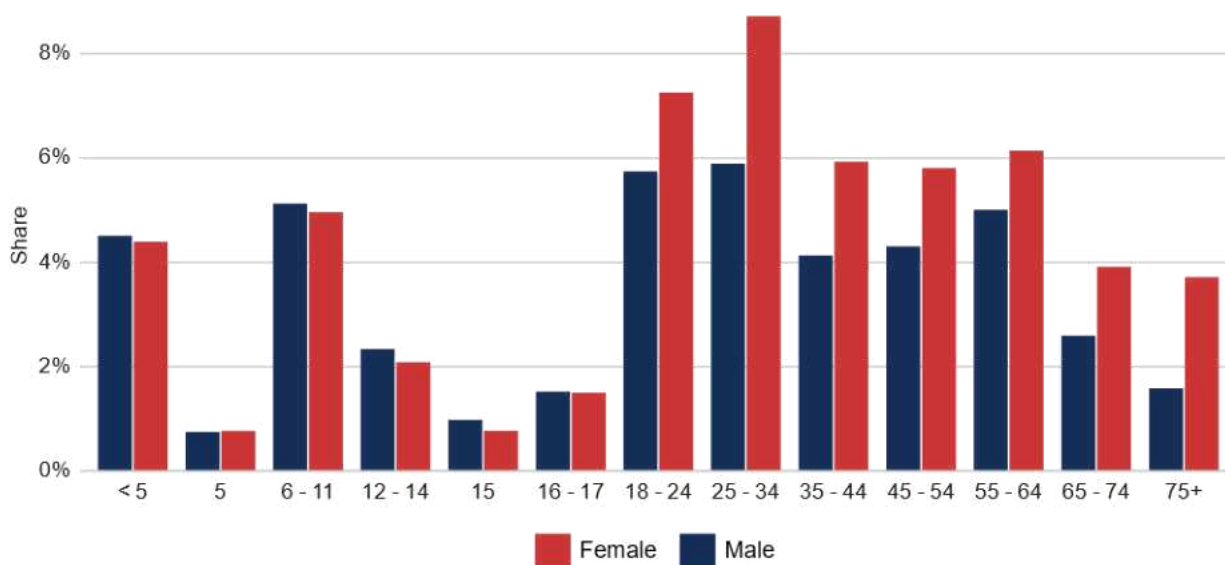
Girls and women live at or below the poverty level in Erie County at a slightly higher rate than men, 14.8% compared with 12.3%.<sup>12</sup> Statewide, according to the Institute for Women's Policy Research (IWPR), New York ranks 29th for workforce participation and 42nd for the percentage of women living in poverty.<sup>30</sup> In New York State, 26.9% of Hispanic women and 25.5% of Native American women are living below the federal poverty line.<sup>30</sup> IWPR estimates that "if working women earned the same as comparable men, the poverty rate for New York women and their families would be cut in half."<sup>31</sup>

The percent of youth (under age 18) living in poverty is 19.2%, compared to 12.9% for age 18-64.<sup>12</sup> Poverty is likely to have been compounded in recent months as wages have not kept pace with the recent rapid increases in inflation over the past 24 months, and the poverty level has not been adjusted for inflation.<sup>26</sup>





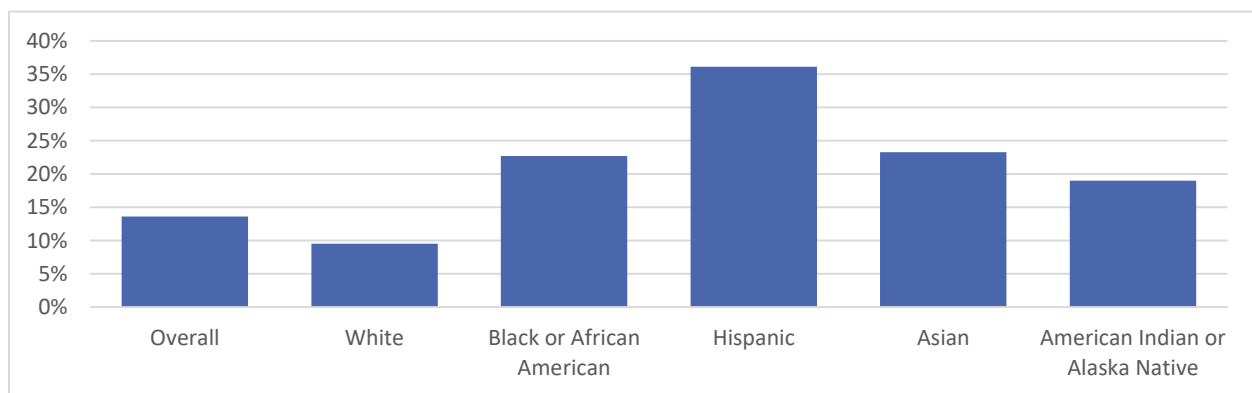
### Erie County Residents Living Below the Poverty Line by Age Group and Gender, 2020



Percentage of residents living below the poverty level by age and gender, Erie County, 2020. U.S. Census Bureau data, visualization from Datausa.io, updated October 20.

In Erie County, the percentages of each racial group living below the poverty line are shown below. Poverty disproportionately impacts Black, Hispanic, and Asian communities in comparison to White communities. Poverty is concentrated mostly within Buffalo, with over 50% of residents in many census tracts experiencing poverty within the last 12 months.<sup>12</sup>

### Erie County Residents Experiencing Poverty by Race, 2021

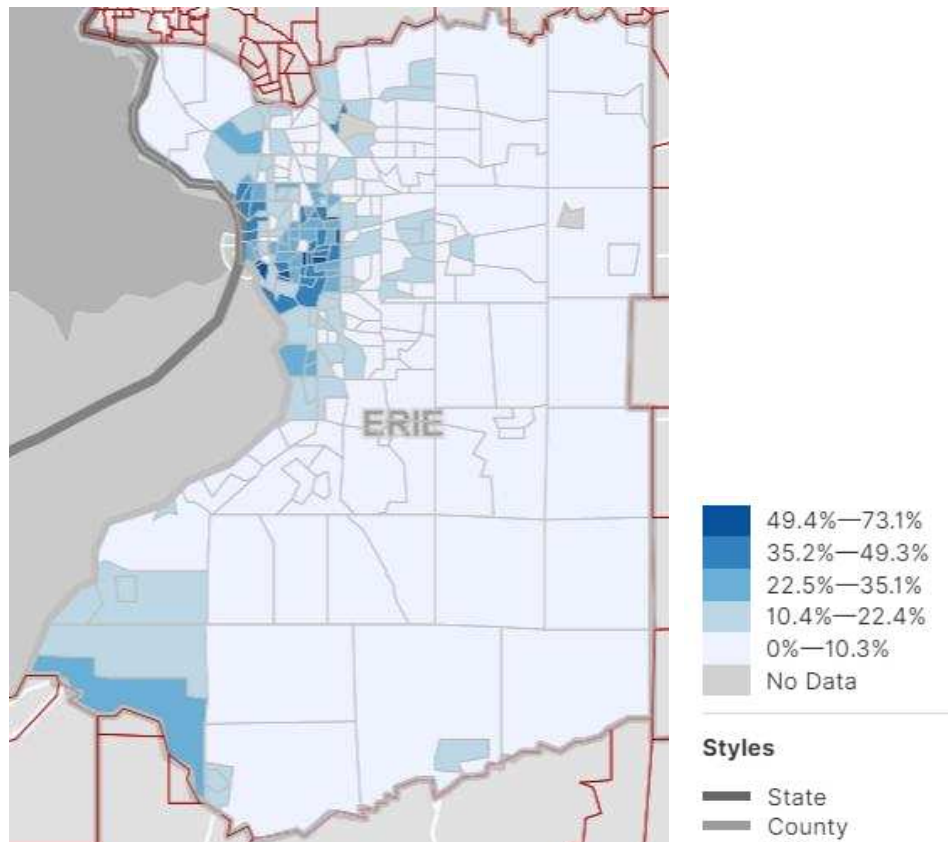


Percentage of residents living below the poverty level in the past 12 months by race, Erie County, 2021. U.S. Census Bureau data, American Community Survey 1-year estimates, 2021.





### Percentage of Erie County Residents Experiencing Poverty by Census Tract, 2021



*Percentage of residents living below the poverty level in the past 12 months by census tract, Erie County, 2021. U.S Census Bureau data, American Community Survey 1-year estimates, 2021.*

Additional information on equity in income and poverty can be found on pages 29 and 30 of the Equity report in Appendix G.

## **FOOD INSECURITY AND ACCESS**

The National Institutes of Health definition of food insecurity is “uncertain ability or inability to procure food, inability to procure enough food, being unable to live a healthy life, and feeling unsatisfied.”

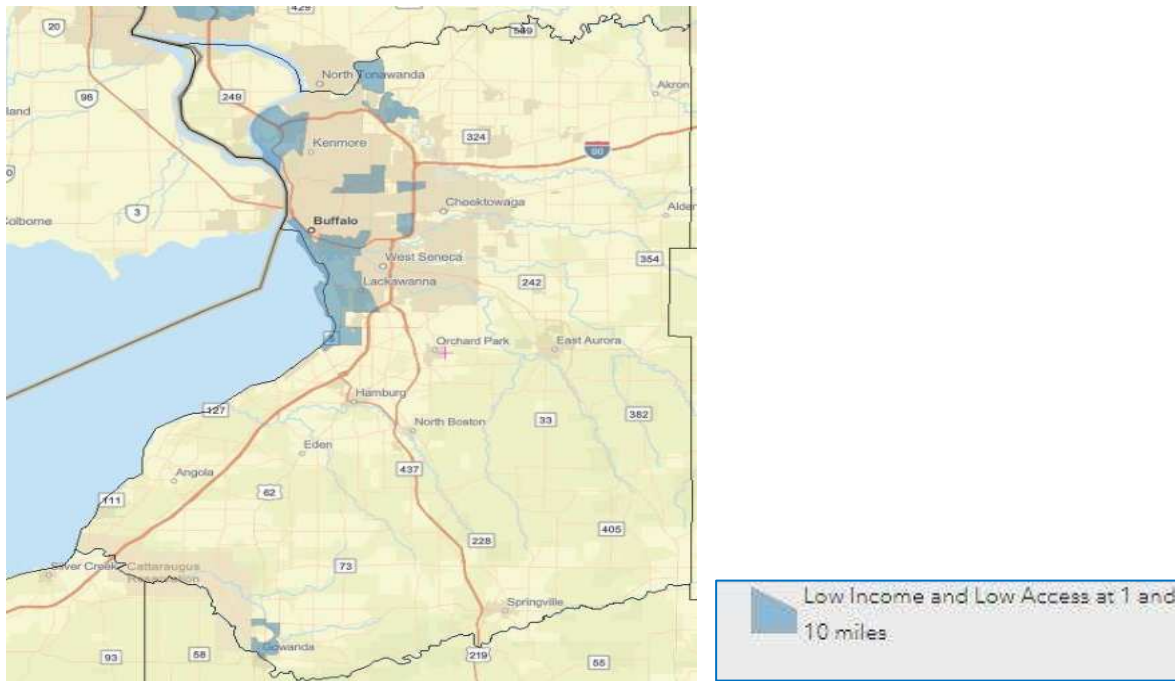
According to Feeding America, 12% of residents of Erie County and 18% of children in Erie County live under these conditions.<sup>32</sup>

In Erie County about 6% of the population has limited access to health foods. This is similar to the U.S. average (6%) but is well above the New York State level of 2%.<sup>33</sup> The map below represents the areas of the county where residents are low-income and do not live close to a grocery store. There is strong evidence that living in an area with low access to affordable, fresh fruits and vegetables and other healthy foods is correlated with a high prevalence of obesity and premature death. Supermarkets traditionally provide healthier options than convenience stores or smaller grocery stores. Additionally, lack of access to fresh fruits and vegetables is related to premature mortality.





### Areas of Erie County with Low Income and Low Food Access, 2019

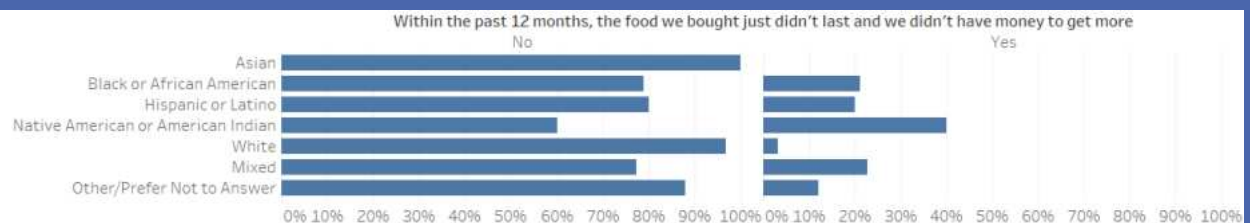
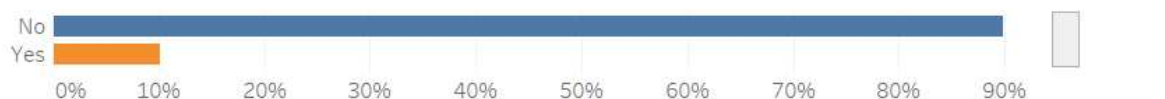


Areas of Erie County that are both low-income and low-access to healthy food, Erie County, 2019. USDA Food Environment Atlas from the United States Department of Agriculture (USDA) visualization from EPA's Environmental Justice Screening and Mapping Tool (Version 2.1). Available at <https://ejscreen.epa.gov/mapper/>

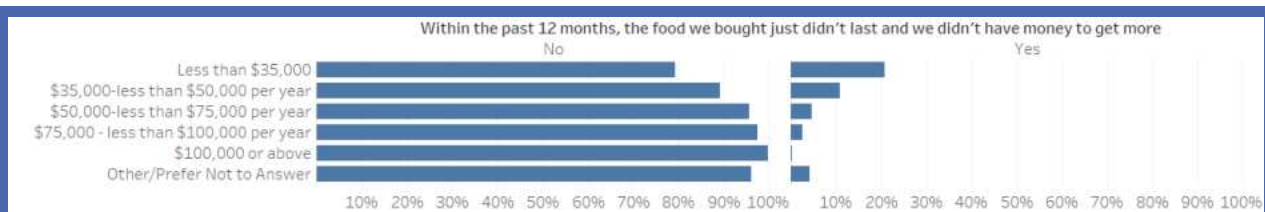
### CHA Survey: Food Security

Erie County Community Health Assessment Survey respondents were asked to indicate whether they agreed with either of the following statements: "Within the past 12 months, the food we bought just didn't last and we didn't have money to get more," and "Within the past 12 months, we worried about whether our food would run out before we got money to buy more."

#### During the last 12 months we were worried the food we bought wouldn't last







- 10.2% of respondents reported that they had been worried that the food they bought wouldn't last.
- 6.2% of respondents indicated that over the past 12 months the food they bought didn't last.

Analyzing data from the Community Health Assessment Survey, food insecurity appears strongly correlated both with education and race. Respondents with no college degree responded “yes” to having been worried that the food they bought wouldn't last at a percentage of 18.7%. 26.2% of Black or African American respondents were more likely to have answered “yes” to this question. Similarly, the response to the question if food they bought didn't last is also strongly correlated with race and education. Among residents with a college degree, 13.4% of respondents answered in the affirmative. 20% or more of respondents who identified as Black or African American, Hispanic or Latino, Native American or Alaska Native, or two or more races responded “yes” to this question.

## **HOUSING**

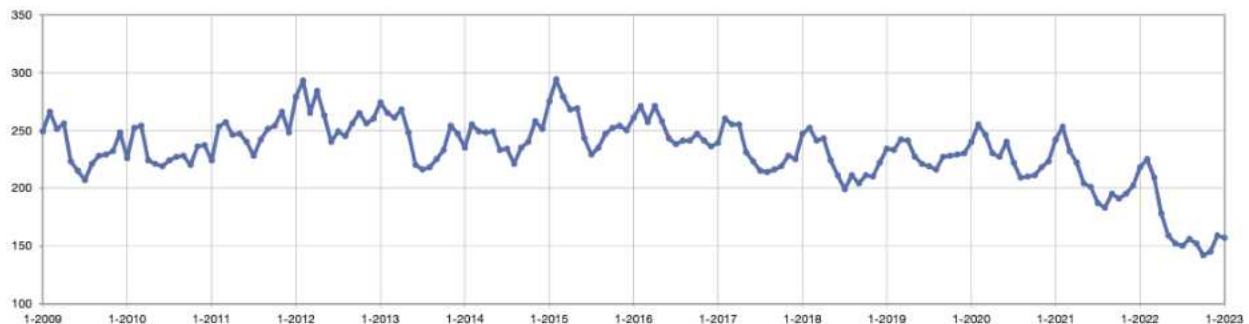
Stable housing is considered a prerequisite for good health. Healthy People 2030 and many other research articles identify stable housing as a key component of wellness. Housing instability is defined by Healthy People 2030 as challenges related to housing including trouble paying rent, overcrowding, moving frequently, or spending the bulk of household income on housing. These experiences may negatively affect physical health and make it harder to access health care. Owning a home increases financial stability for many families. Individuals who are homeowners can build wealth over time by investing in their homes or benefiting from home value appreciation. In this way they can create generational wealth for their families. As home prices continue to increase relative to the value of the dollar and inflation, and as interest rates on home loans rise, low-income families will be less and less likely to have the capital necessary to build wealth through homeownership.<sup>34</sup>





The chart below shows the historical affordability index for homes as compiled by the Buffalo Niagara Association of Realtors, demonstrating a recent trend in decreasing affordability.<sup>35</sup> This index measures housing affordability for the region. For example, an index of 120 means the median household income is 120% of what is necessary to qualify for the median-priced home under prevailing interest rates. A higher number means greater affordability.

### Historic Housing Affordability Index by Month, Erie County, 2009-2023



*Historical affordability index by month for Erie County, 2009-2023. Western New York Real Estate Information Service. New York State Association of REALTORS, January 2023 report. Available at <https://www.bnar.org/support/housing-statistics/index.html>*

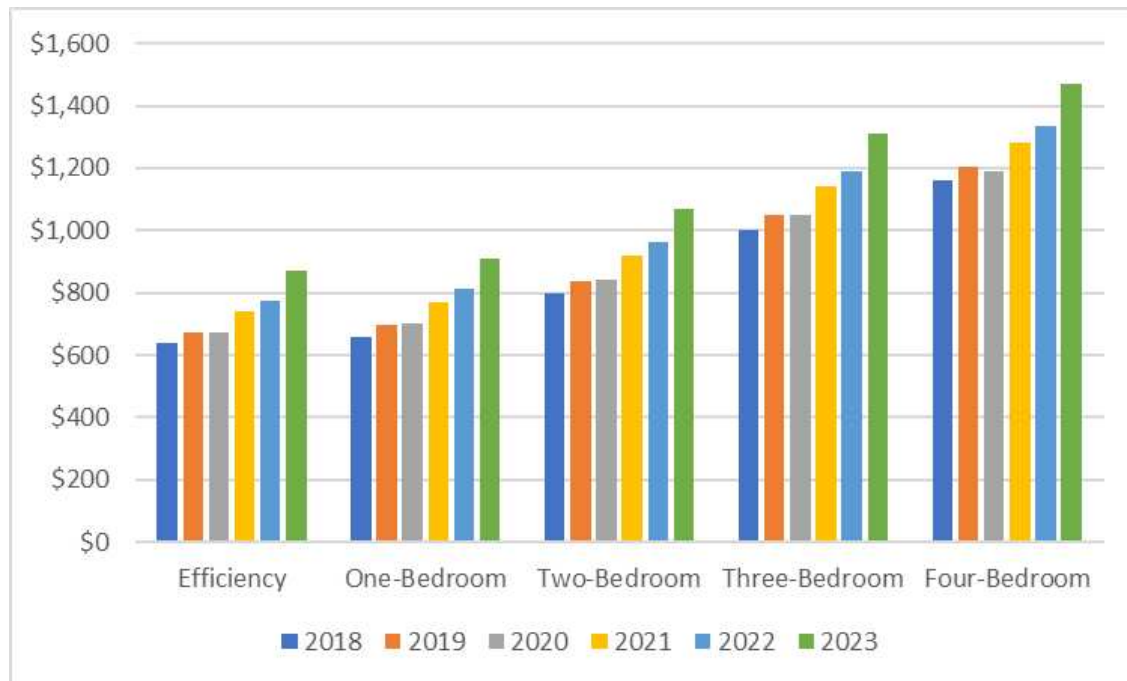
While housing prices have increased dramatically in Erie County, rent has also increased significantly over the past 5 years, increasing from an average of \$799 for a 2-bedroom apartment in 2018 to \$963 in 2022. This represents an increase of 20.5% in rental costs over 5 years.<sup>36</sup>

The U.S. Department of Housing and Urban Development (HUD) recommends keeping housing costs below 30% of gross income to ensure that households have enough money to pay for other living expenses; therefore, HUD considers households that spend more than 30% of income on housing costs to be housing cost-burdened.<sup>34</sup> Households spending more than 50% of income on housing are considered severely cost-burdened.<sup>37</sup> In the Buffalo-Cheektowaga -Niagara Falls Metro area 87% of extremely low income residents, and 72% of low income residents are housing cost burdened.<sup>37</sup>





### Buffalo-Cheektowaga-Niagara Falls Fair Market Rent for All Bedroom Sizes, 2018-2023



*Buffalo-Cheektowaga-Niagara Falls Fair Market Rent for All Bedroom Sizes. Program Parameters and Research Division, HUD. Available at <https://www.huduser.gov/portal/datasets/fmr.html>*

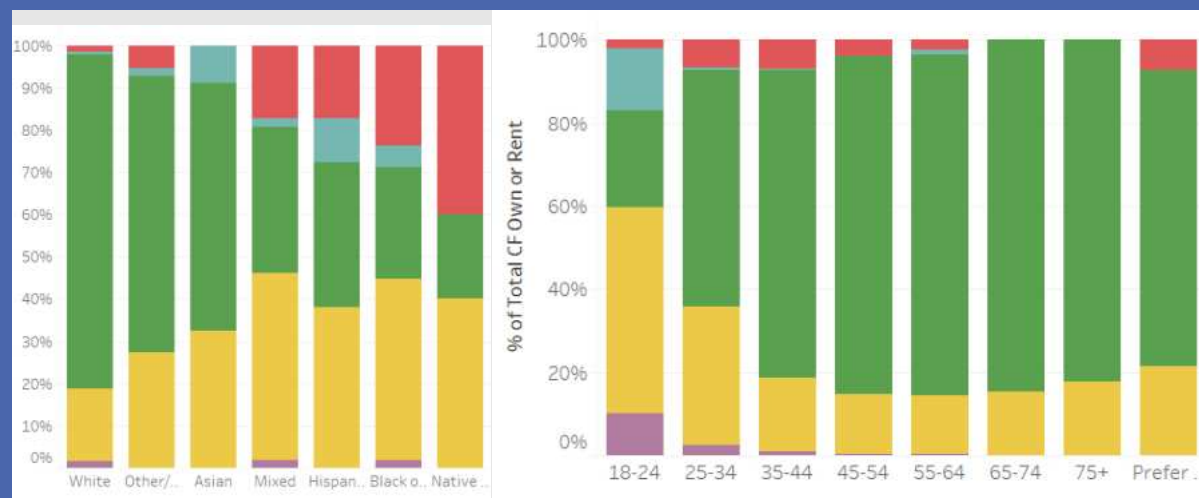
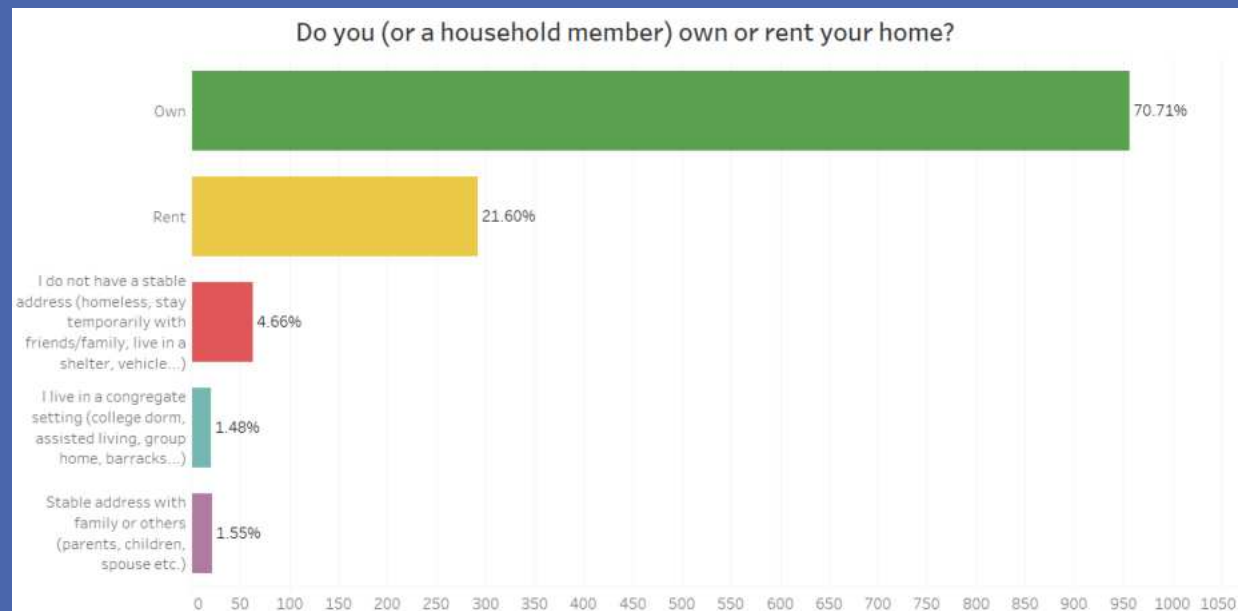
For Erie County renters to have enough money to pay for other living expenses and avoid being housing cost-burdened under current market conditions, they would need a household income of at least \$38,520 annually or \$18.52 hourly to afford a 2-bedroom apartment, not considering any taxes or deductions.<sup>27,36,37</sup>

Information on equity in housing, including the impacts of segregation, redlining, and disinvestment, can be found on pages 31-33 of the Equity report in Appendix G.





## CHA Survey: Housing



At 70.7% (956 respondents), most survey respondents identified as homeowners. 21.6% (292 respondents) identified as renting their homes, and 4.7% (63 respondents) identified as not having a stable permanent address. Less than 2% each identified as living in a congregate setting such as a dormitory or nursing home, or as living with family such as at home with parents or children.

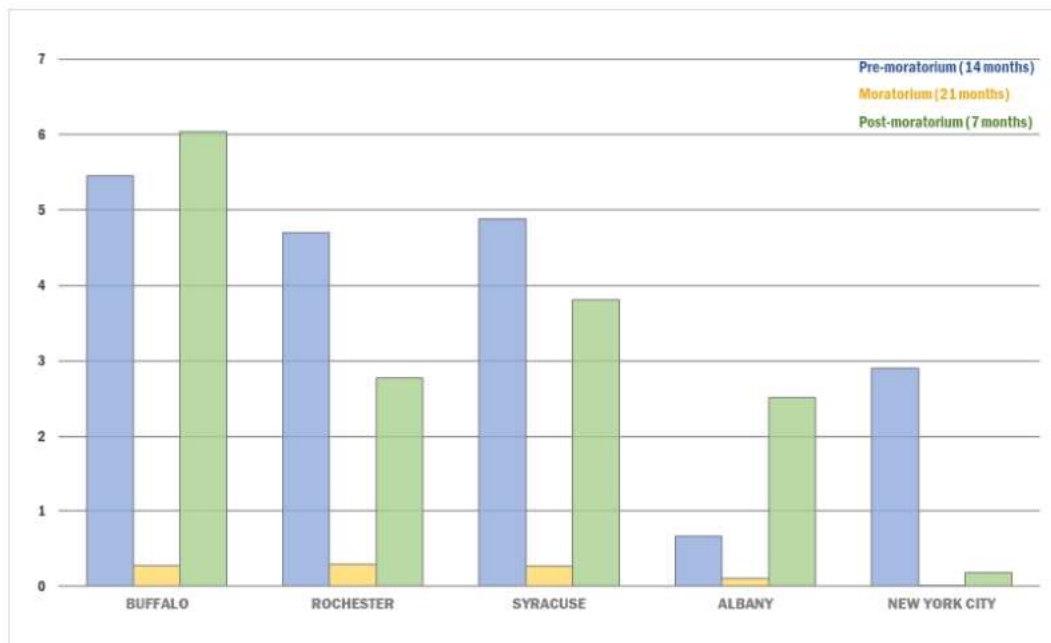
Housing situation changes significantly when disaggregated by race. White respondents were much more likely than any other individuals to own their homes at 79.1%, while Black or African American respondents had a percentage of homeownership of 26.3%. Additionally, percentages of home ownership appear to increase with age among the surveyed population, with only 23.2% of people aged 18-24 owning their home and 49.5% renting.





The rate of non-payment eviction warrants per 100 households was lower during the pre-moratorium period and increased during the post-moratorium period for the city of Buffalo. New York City, on the other hand, had a decline in the rate of non-payment eviction warrants per 100 households.<sup>38</sup>

### Non-Payment Eviction Warrants, Annual Rate per 100 Renter Households



*Non-payment eviction warrants, annualized rate per 100 renter households. New York State Courts System. Pre-moratorium data are from January 2019 through February 2020 (14 months), moratorium data are from April 2020 through December 2021 (21 months), and post-moratorium data are from February 2022 through August 2022 (7 months). Note: Data uses filings for ZIP codes, which includes some areas outside the city of Buffalo, as not all Buffalo ZIP codes are wholly within city limits.*

## HEALTHCARE ACCESS

Erie County has a variety of healthcare services within its borders, primarily concentrated in urban centers. This includes 12 hospitals that are affiliated with one of two major healthcare systems, Kaleida Health System or Catholic Health System, and the Veterans' Administration Hospital of Buffalo, which is affiliated with the national VA healthcare system. Of the 13, only two are not located within the city of Buffalo: Millard Fillmore Suburban Hospital in Amherst, and one Medicare Prospective Payment System (PPS hospital\*), Bertrand Chaffee Hospital in Springville.<sup>39</sup> (\*Note: PPS hospitals are reimbursed by Medicare at a case mix-adjusted, flat rate for their service. This method of payment provides incentives for hospitals to serve patients as efficiently as possible with a goal of reducing length of hospital stay and increasing use of skilled nursing facility (SNF) and home health (HHA) care.)<sup>40</sup>





Roswell Park Comprehensive Cancer Center is a multifaceted public and private research institution, National Cancer Institute-designated cancer center, and provider of specialized cancer care for children though elderly patients that is a tremendous resource to the community.<sup>41</sup>

Kaleida Health System has an affiliation with one of three major health insurers in the region, Highmark Blue Cross-Blue Shield of Western New York.<sup>42,43</sup> Recently this affiliation led to payer/provider issues affecting access for area residents whose insurance may not be aligned with their healthcare provider of choice. Other payers in the region include Independent Health Association, a non-profit provider,<sup>44</sup> and Univera Healthcare.<sup>45</sup> Over 1 in 5 residents (20.8%) has health insurance through Medicaid.<sup>14</sup>

Outpatient services include 15 ambulatory surgery centers, eight of which are in the county's second-largest municipality, the town of Amherst.<sup>46</sup>

Erie County is home to many inpatient and outpatient behavioral health providers. Providers include Margaret A. Stutzman Addiction Treatment Center, BryLin Behavioral Health System, Erie County Medical Center Corp., VA Western New York Healthcare System, Horizon Health Services, OLV Human Services, WNY Children's Psychiatric Center, BestSelf Behavioral Health, Spectrum Health and Human Services, Mental Health Associates of WNY PLLC, Endeavor Health Services, Crisis Services, Catholic Charities of Buffalo, Catholic Health Chemical Dependency Treatment Services, Beacon Center, Envision Wellness WNY, Gateway-Longview Inc., Shurmatz Counseling, Child & Family Services of Erie County, Transitional Services Inc., and Caz Recovery.

The NYSDOH website lists 254 licensed provider locations, not including medical groups and specialty practices.<sup>47</sup> There are three Federally Qualified Health Centers (FQHC) Erie County: Community Health Center of Buffalo, Jericho Road Community Health Center, and Neighborhood Health Center of WNY, and one FQHC look-alike provider: Evergreen Health.<sup>48</sup>

A majority of Erie County's healthcare workforce is unionized. A unionized workforce generally has positive effects on income, benefits, and employment stability for employees. Stresses and poor relationships with management can also have a negative financial impact on organizations.

Physical proximity to healthcare facilities is primarily concentrated in urban areas in Erie County, limiting more rural area access generally.<sup>46</sup> Two rural healthcare facilities exist within county borders, including one FQHC (Neighborhood Health Center Southtowns in Hamburg), serving rural southern areas of Erie and adjacent Chautauqua and Cattaraugus counties. Telemedicine services have been a critical tool when in-person appointments were unavailable due to the spread of COVID-19. Multiple waivers allowed this service to be reimbursed by all payers for many types of visits during the pandemic, and telemedicine continues to hold promise for certain types of care for which there may be a local shortage and to address transportation disparities.<sup>49</sup>

Use of telemedicine is dependent largely upon access to broadband services that are both technologically and geographically accessible and affordable for the individual using telemedicine. Despite mostly widespread feasibility and access, 2020 EPA Environmental Justice Screen (EJ Screen)





data show broadband access shortages exist in Erie County, primarily concentrated in high-density urban areas and in rural areas.<sup>50</sup>

Information on equity in broadband access can be found on pages 59-60 of the Equity report in Appendix G.

Despite comprehensive physical resources, shortages of specific types of healthcare services—particularly mental health and primary care—exist in highly populated areas in the city of Buffalo and in outlying areas. The outlying areas with shortages are located near the Cattaraugus and Tonawanda Seneca Nation reservations, in Erie County's southwest and northeast corners.<sup>51</sup>

According to Health Resource Services Administration data, Erie County has healthcare professional shortages in every measured area: primary care providers, dental health providers, mental health providers, and medically underserved populations/areas.<sup>51</sup>

Telehealth reimbursement and out-of-network waivers were a solution for a large portion of the pandemic, which may have alleviated some local stress on mental health and primary care providers. However, broadband access remains limited in some areas of the city of Buffalo and some rural areas, notably in the county's Northeast and Southwest corners.<sup>50</sup>

Of note, a 41-day strike among unionized nurses and other staff in 2021 cost Catholic Health System (CHS) approximately \$89 million, according to estimates.<sup>52</sup> These losses, in addition to ongoing pandemic financial strains for area healthcare systems, threaten county residents' access to some healthcare services. Financial stresses have led to credit downgrades for some area providers, increasing the cost of borrowed cash to finance planned projects. As a result, facility updates and investments may be delayed or cancelled.

The pandemic's effect on healthcare facilities and operations throughout the world and in Erie County has been severe and multifaceted. Factors affecting Erie County health facilities included:

- Forced cancellations of all elective procedures, revenue from which typically bolsters revenue to help finance unpaid costs from emergency procedures<sup>53</sup>
- Inability to discharge COVID-19 patients from hospital even after their needs decreased due to shortages of nursing beds and regulatory restrictions, resulting in longer and poorly reimbursed hospital stays<sup>53</sup>
- Skyrocketing cost and lack of availability of personal protective equipment and other critical medical supplies<sup>53, 54</sup>
- Healthcare workforce challenges exacerbated by furloughs, early retirements related to pandemic stresses, and loss of positions to travel nursing agencies paying drastically higher wages<sup>53</sup>
- A COVID-19 vaccination mandate that resulted in dozens of hospital staff opting to leave their jobs rather than become vaccinated against COVID-19<sup>53</sup>





## CHA Survey: Health Care Access

In the CHA Survey, 34% respondents said that their health care access is worse than before COVID-19, including: it is still difficult, if not impossible to find a new provider taking on new patients (especially Medicaid and Medicare patients); long waits for appointments; lack of accessible specialists; high insurance deductibles, co-pays, and premiums; and many services are not covered.

## CHA Conversations: Health Care Access

98% of survey respondents said their healthcare was negatively affected due to COVID-19 during the first six months of the pandemic (March-October 2020), but 64% said it started to improve by the end of 2020.

- Comments included:
  - Unable to see their provider when they were sick
  - Trouble refilling medications
  - Setbacks in recovery due to interruptions in ongoing treatments and therapy that required hands-on application
  - Four reports of a death in the family during the first two months of the pandemic due to inadequate access to treatment and care

Community conversation respondents were asked if they had been able to see or speak with a healthcare provider when they were ill, injured, and/or needed follow-up or routine care for an already diagnosed chronic condition in the past two years (April 2020 – April 2022), to which 64% reported that they were unable to see or speak to a health care provider at least one time over the past 2 years.

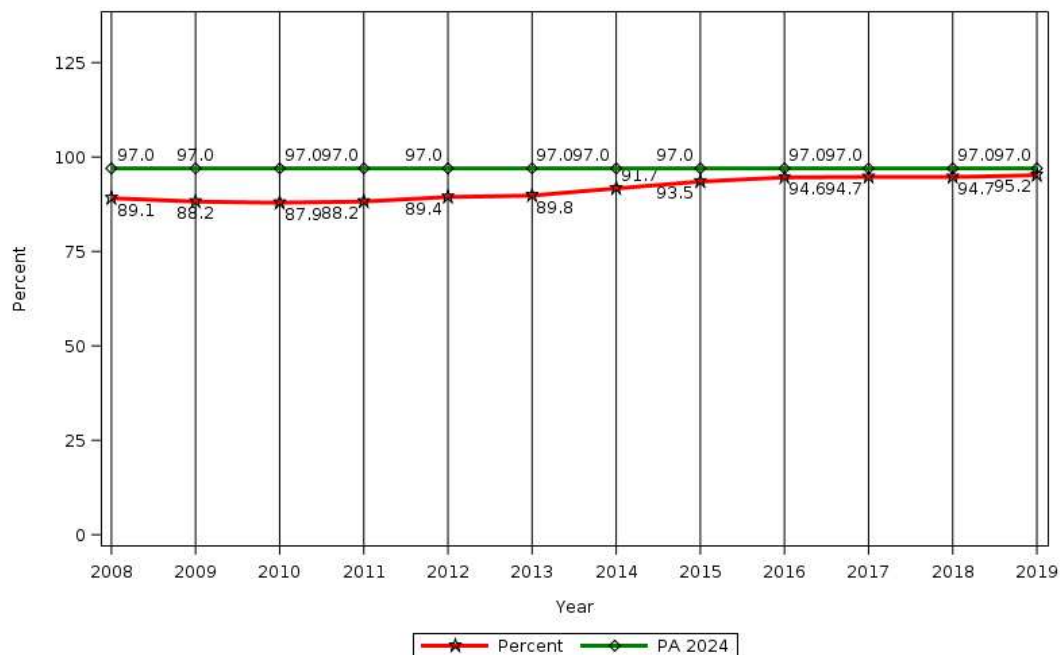




## HEALTH INSURANCE

Having health insurance has long been associated with better access to healthcare. Health insurance data give key insights into the affordability and accessibility of healthcare by individuals in each area. In Erie County, the percentage of the population with insurance is 97.5%, which is higher than the NYS 2024 Prevention Agenda goal of 97% insured.<sup>7</sup> Erie County has consistently had lower percentages of uninsured individuals than the rest of New York State. Erie County's lower percentage is comparable to many other Upstate New York counties.<sup>8</sup>

**Percentage of Adults 18-64 with Health Insurance, Erie County, 2008-2019**



*Percentage of adults with health insurance, aged 18-64, Erie County, 2008-2019. NYS Prevention Agenda 2024 County Comparison, U.S. Census Bureau Data. Note: Red line is Erie County performance; Green line is NYS Prevention Agenda 2024 Goal.*

Factors affecting health insurance coverage in the county mirror state and national trends of increasing deductibles, copays, and coinsurance for employer-sponsored policies. As a result, some employees have increasingly obtained insurance through New York's Health Insurance Marketplace.<sup>55,56</sup>

As of July 2022, nearly 1 in 4 Erie County residents were enrolled in Medicaid Managed Care or CHIP programs, representing 288,383 individuals in Erie County, or 23% of the population.<sup>57</sup> Statewide, as of November 2022, data from Medicaid.gov estimated that in New York State about 36% of residents (7,346,992) have enrolled in Medicaid or CHIP coverage.<sup>58</sup>





The effect of pandemic-driven economic downturns and waiver programs can be seen in the growth of Medicaid program enrollment in Erie County, reflective of state and national trends. From March 2020 to March 2022, the number of individuals enrolled in Medicaid programs in Erie County increased by 47,583.<sup>56</sup>

These increases in individuals with access to insurance due to higher enrollment in government insurances like Medicaid, Medicaid Managed Care, Child Health Plus and Medicare are correlated with increased health care utilization, lower death rates, and better health outcomes.<sup>59</sup>

### CHA Survey: Health Insurance

When asked which factors affect their ability to receive health or health-related services (“Do any of the following affect your ability to receive health or health-related services?”), nearly 20% (19.9%) of survey respondents cited the “cost of services” as a concern. White women are the most well-represented demographic in the CHA Survey. The high number of these survey respondents who have health insurance may be correlated with relatively low levels of concern expressed directly about health insurance and healthcare cost.

### CHA Conversations: Access to Care

In response to the question “What are some things preventing or that may prevent you from following a [healthcare] treatment plan?”:

- Of survey participants, 39% said they lacked the money or resources to pay the copays for partially covered treatment or the entire cost of uncovered treatment, so they often did not have the money or resources pay for the prescribed medication, medical equipment, ongoing therapy/treatment sessions, or prescribed activity or eating plan.
- 9% said that they have no health insurance and could not afford any prescribed treatment even if they were to see a provider for free.
- 8% said they could not get an appointment with the prescribed/recommended specialist or the appointment was so far in the future that they were discouraged because they were unable to adhere to their treatment plan.
- Other barriers to treatment included: lack of time due to work obligations, lack of paid time off, lack of appointments outside of work hours, challenges in meeting requirements to qualify for treatment, lack of motivation to adhere to treatment plan, religious/cultural restrictions, and domestic violence preventing adherence.





## **TRANSPORTATION**

Erie County is ranked 50<sup>th</sup> out of 62 New York counties in transportation departments per capita, and 8<sup>th</sup> in transportation departments per square mile.<sup>60</sup> Driving alone is considered the most harmful mode of transportation to the health of communities due to increased number of accidents from more cars on the road and more greenhouse gas emissions.<sup>61</sup> In 2021, 72.9% of workers in Erie County drove to work alone.<sup>12</sup> This is down from the American Communities Survey 5-year estimates in 2018 of 81.5%. This decrease is mostly influenced by an increase in the number of people working from home, which grew from the 2018 5-year estimate of 3.1%<sup>13</sup> to 15.1% in the 2021 1-year estimate.<sup>12</sup>

On average, in 2021, employees in Erie County had a shorter commute time (20.6 minutes) than the average U.S. worker (25.6 minutes).<sup>12</sup> Only about 1.2% of the workforce in Erie County have “super commutes” in excess of 90 minutes.<sup>14</sup>

As part of the Erie County Climate Action Plan’s goal of transitioning to sustainable energy, the county has installed fourteen (14) public electric vehicle charging stations at parks across the County.<sup>62</sup> Currently, residents have access to nearly 200 level 2 chargers and about 15 level 3 DC/Fast chargers (estimate is based on filter setting of within 20 miles of ZIP code 14219).<sup>63</sup>

The Niagara Frontier Transportation Authority (NFTA) Metro Rail is a public transportation rail service which has one line that runs within the city of Buffalo and extends 6.4 miles along Main St. As of March 2022, the NFTA reported an annual rail ridership of just over 2 million.<sup>64</sup>

NFTA also offers public bus services that include over 40 bus routes in Erie County, as well as fleet of nearly 300 buses.<sup>65</sup> As of March 2022, NFTA reported just over 10 million bus riders during the 2022 fiscal year as tabulated by their automatic rider verification. The NFTA has reported that as a system (rail, bus, paratransit) they are down roughly 10 million riders per fiscal year from the pre-pandemic era. Pandemic-related job loss, an increase in remote work options, and fear of COVID-19 transmission have played a large role in this drastic decline. The loss of riders causes loss in revenue and potential further reductions in services provided by this regional public transportation asset.<sup>64</sup>

The 2016 report, *The Racial Equity Dividend: Buffalo’s Great Opportunity*, noted that fewer than one third of the region’s jobs are accessible by public transportation. Many jobs are located far outside of the higher poverty urban neighborhoods, which are disproportionately occupied by people of color and house less commercial activity. People who live in these neighborhoods are more likely to be employed in the service-sector which often involves working hours outside the traditional 9-5 workday. The transit schedules, which operate more conveniently for the 9-5 workers coming from the suburbs into the urban areas, are often not conducive to getting workers who live in the highly urban areas to the service jobs in the suburbs, which makes sustaining employment more of a challenge for these individuals.<sup>65</sup>





## HEALTH FACTORS & OUTCOMES

### **COVID-19 AND OTHER REPORTABLE COMMUNICABLE DISEASES**

The Erie County Department of Health's Office of Epidemiology and Disease Control has tracked COVID-19 tests, cases, hospitalizations, deaths, and vaccination (once vaccines were available) since the beginning of the pandemic. These data are maintained on the Erie County COVID-19 website at <https://www3.erie.gov/covid/covid-19-data>.<sup>66</sup> COVID-19 updates from ECDOH through January 2023 can also be viewed in Appendix H. These data are provisional and based on reports to ECDOH. New York State maintains vital records, including death certificates, and their review of COVID-19-related mortality reports will lead to an official accounting of COVID-19 mortality data.

#### **COVID-19 MORTALITY**

In 2020, in Erie County, 1,276 residents died from COVID-19 and 1,120 died from COVID-19 in 2021, making it the third leading cause of death for these two years in the county, based on extrapolated calculations of existing data.<sup>67,68</sup> This ranking mirrors CDC provisional national mortality rankings for 2021. Nationally, COVID-19 was listed as the underlying cause in 415,399 deaths during 2021, ranked as the third leading underlying cause of death after heart disease (695,547 deaths) and cancer (605,213 deaths). COVID-19 was the underlying cause for 12.0% of all U.S. deaths in 2021, increasing from 10.4% (350,831 deaths) in 2020.<sup>69</sup>

From the start of the pandemic through December 2022, 3,008 deaths have been recorded in Erie County due to COVID-19. Reported deaths among Buffalo residents accounted for 783 deaths in Erie County, which is 26.1% of the total COVID-19 deaths in Erie County. Approximately 29.2% of Erie County residents live in the city of Buffalo. Reported deaths among residents outside the city of Buffalo accounted for 74% of COVID-19-related deaths.<sup>69</sup> Approximately 70.8% of Erie County residents live outside the city of Buffalo.<sup>9,11</sup>

Preliminary Erie County COVID-19 mortality data reveals that risk of dying from COVID-19 increases with age.<sup>70</sup> Moreover, while the number of deaths in each racial community did not show an overrepresentation of racial minorities, the average age of death due to COVID-19 among racial minority residents was significantly younger than the average age of death among White residents. This may reflect variations in demographics of each racial/ethnic community as well as variations in risk factors. A limitation of the COVID-19 data is that race was not always recorded accurately.<sup>71</sup>

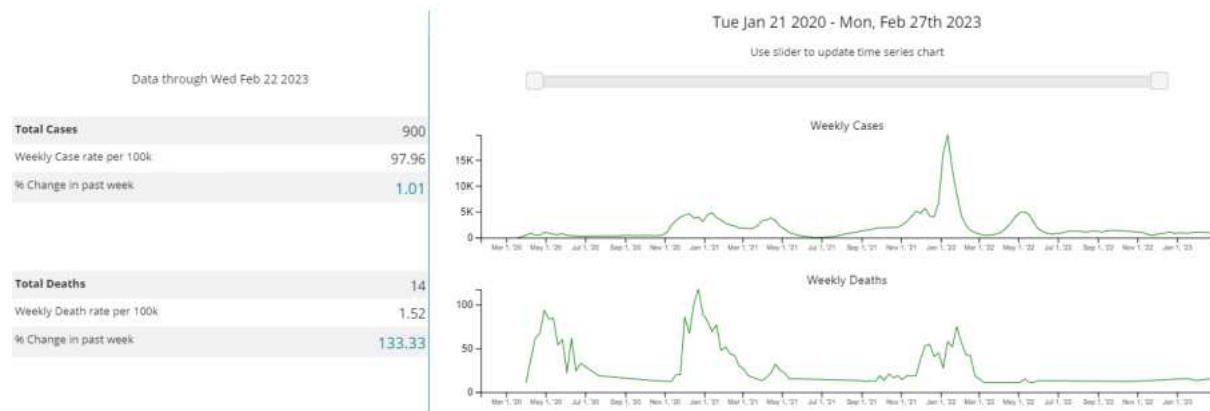
Information on racial equity and COVID-19 can be found on page 26 and 17 of the Equity Report in Appendix G.





The image below, from the CDC COVID Data Tracker, displays both weekly number of reported cases and deaths from March 2020 to January 2023. While not all COVID-19 cases are reported, these data, along with the hospitalization data for Western NY demonstrate the reduced proportion of fatalities per number of cases as vaccines and better treatments came into effect.<sup>72</sup>

### COVID Cases & Deaths in Erie County, 2020-2023

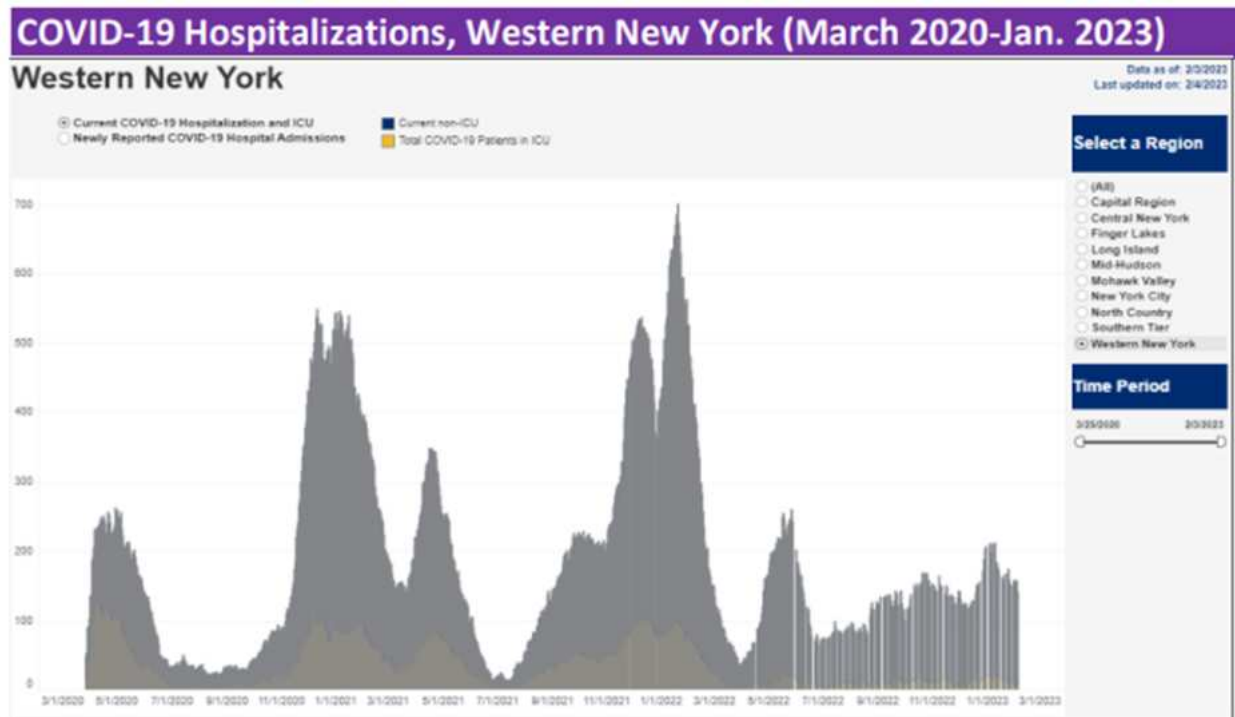


COVID-19 reported cases and deaths in Erie County, Jan 21, 2020 – Feb 27, 2023. Data through Wednesday Feb 22, 2023. CDC COVID tracker. Available at [https://covid.cdc.gov/covid-data-tracker/#county-view?list\\_select\\_state=New+York&data-type=CommunityLevels&list\\_select\\_county=36029](https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=New+York&data-type=CommunityLevels&list_select_county=36029)

### COVID-19 HOSPITALIZATIONS

COVID-19 hospitalization data is important as it tracks both the severity of COVID-19 infections and the availability of patient beds, ICU beds, and resources for all illnesses and emergencies for the population. Disparities in COVID-19 hospitalizations are similar to those in fatalities. Older age groups in Western NY have the highest rates of hospitalization, as do residents who are Black.<sup>73</sup>





COVID-19 reported hospitalizations, Western New York, March 2020 – January 2023. NYS Department of Health Daily Hospitalization Summary. Available from <https://coronavirus.health.ny.gov/daily-hospitalization-summary>

## COVID-19 VACCINATIONS

With multiple efforts targeted to high-need populations, Erie County has done well at getting its population vaccinated. CDC Data updated Dec. 28, 2022, indicates that 77% of Erie County's population received at least one COVID-19 vaccination, placing the county 15<sup>th</sup> among 48 counties in New York State for percentage of vaccinated residents.<sup>72</sup> Erie County vaccination data from the start of COVID-19 vaccine availability through December 19, 2022, show that the likelihood of receiving at least one COVID-19 vaccine increases with age.<sup>70</sup>

### COVID-19 Vaccinations in Erie County

% Of 0-19 Population Vaccinated (With At Least 1 Dose)	% Of 20-34 Population Vaccinated (With At Least 1 Dose)	% Of 35-64 Population Vaccinated (With At Least 1 Dose)	% Of 65+ Population Vaccinated (With At Least 1 Dose)
49.0%	76.3%	82.3%	95.7%

ECDOH COVID-19 Data Update. Vaccination Data, week ending December 17, 2022.





## COVID-19 IN RURAL AREAS

COVID-19 has affected rural areas differently than urban areas. During some phases of the pandemic, rural residents had a harder time accessing needed COVID-19 testing and vaccination services. Nationally, aversion to COVID-19 vaccination or vaccine hesitancy has generally been higher in rural areas than urban areas.<sup>74</sup> Erie County data through October 2022 reveal that the county's lowest vaccination rates administered across all populations were in the rural ZIP codes: 14112 (North Evans), 14034 (Collins), 14061 (Farnham).<sup>70</sup>

The interruption of non-emergency hospital services and medical procedures early in the pandemic had a negative economic effect on rural and Upstate NY healthcare facilities. Many were already operating on thin or negative profit margins pre-pandemic, and the disruption to revenue-generating services and staffing costs contributed to diminished financial positions. Rural healthcare providers in Western New York struggled to find and fund personal protective equipment, sanitation supplies, and nurses to a greater degree and with dramatically smaller budgets than many providers closer to Erie County's urban core, who also struggled under the weight of the costs of finding this equipment, upgrading infection prevention measures, and paying for staff, often at skyrocketing healthcare staffing agency costs. A surge in COVID-19 cases after the initial urban surge put a strain on scarce healthcare resources and made some care difficult to access or unavailable at times.<sup>53</sup>

### CHA Conversations: COVID-19

Respondents reported they were unable to get tested for COVID-19 for the following reasons:

- Inadequate transportation
- Drive-thru testing was inaccessible for people who did not have access to private transportation
- Some testing sites were not located near public transportation routes
- Friends/family were reluctant to transport for fear of exposure
- Inadequate wages for essential workers, who could not afford to take days off for COVID-19 testing

## OTHER REPORTABLE COMMUNICABLE DISEASES

For additional graphs and figures related to COVID-19 as well as yearly case counts for the illnesses mentioned in this section below, see Appendix H.

A full list of reportable illnesses in NYS and information on each one can be viewed at <https://www.health.ny.gov/diseases/communicable/index.htm><sup>54</sup>

Reportable Communicable Diseases in New York State by County The following link provides statewide annual reports on the number of cases and rates per 100,000 population of communicable diseases in New York State by disease and county <https://www.health.ny.gov/statistics/diseases/communicable/><sup>76</sup>



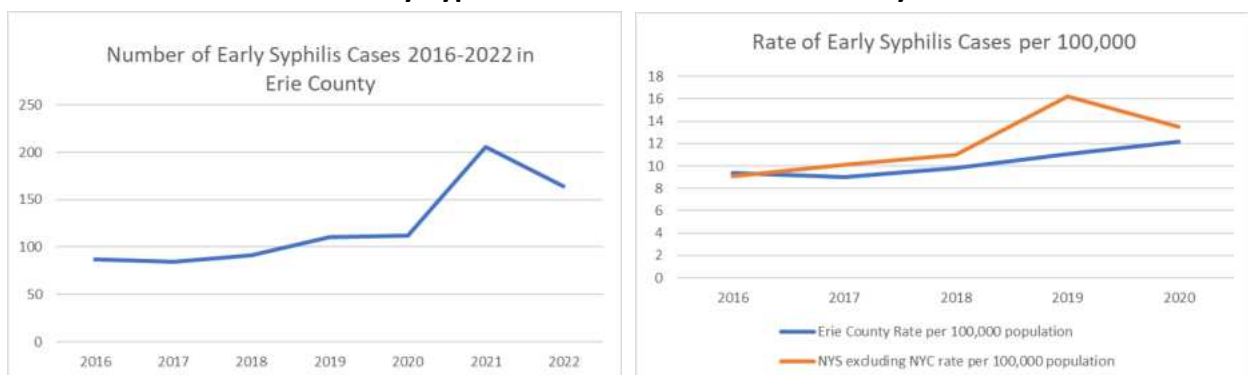


## SEXUALLY TRANSMITTED INFECTIONS

Reportable sexually transmitted infections (STIs) in New York State include chlamydia, gonorrhea, and syphilis. Chlamydia remains the most prevalent of these infections in Erie County with an average of 4,774 cases per year between 2019-2022.<sup>77</sup> For that same time period there was an average of 2,443 cases of gonorrhea. Gonorrhea is progressively becoming resistant to certain types of antibiotics.<sup>78</sup> Providers in Erie County as well as across the nation have been advised to adjust treatments accordingly.

There are large disparities in the number of cases of both gonorrhea and chlamydia when disaggregated by race and ethnicity, particularly in ZIP codes that are racially segregated.<sup>79</sup> These disparate trends occur nationwide. The CDC's webpage on STI health equity states, "It is important to understand that these higher rates are not caused by ethnicity or heritage, but by social conditions that are more likely to affect minority groups. Factors such as poverty, large gaps between the rich and the poor, fewer jobs, and low education levels can make it more difficult for people to stay sexually healthy."<sup>80</sup>

### Early Syphilis Cases & Rates in Erie County



*Left: Number of early syphilis cases in Erie County, 2016-2022. Erie County DOH Communicable Disease Statistics. Right: Rate of early syphilis cases per 100,000, 2016-2020, Erie County and NYS (Excluding NYC) and NYS DOH Communicable Disease Statistics.*

Cases of early syphilis have been on the rise in Erie County. There was a sharp increase in the number of cases in 2020. Case rates per 100,000 are available on the NYSDOH website up to 2020 revealing that rates of these infections have been on the rise outside of Erie County as well.<sup>81</sup>

Congenital syphilis cases are very rare in Erie County, where in many years, no cases are reported. However, in 2021, 3 cases were reported within the county.<sup>79</sup> New York State and the nation have been observing increasing numbers of congenital syphilis cases. In NYS, between 2015-2017 there were 14 congenital syphilis diagnoses, while between 2018-2020, there were 31.<sup>82</sup> Between 2013 and 2021, the rate of congenital syphilis in the U.S. increased each year from 9.2 cases per 100,000 live births in 2013 to 77.9 cases per 100,000 live births in 2021.<sup>83</sup> Any incidents of congenital syphilis represent missed opportunities for prevention with antibiotic treatment. Many middle- and higher-income countries across the world have experienced an increase in congenital syphilis cases. Explanations for this trend

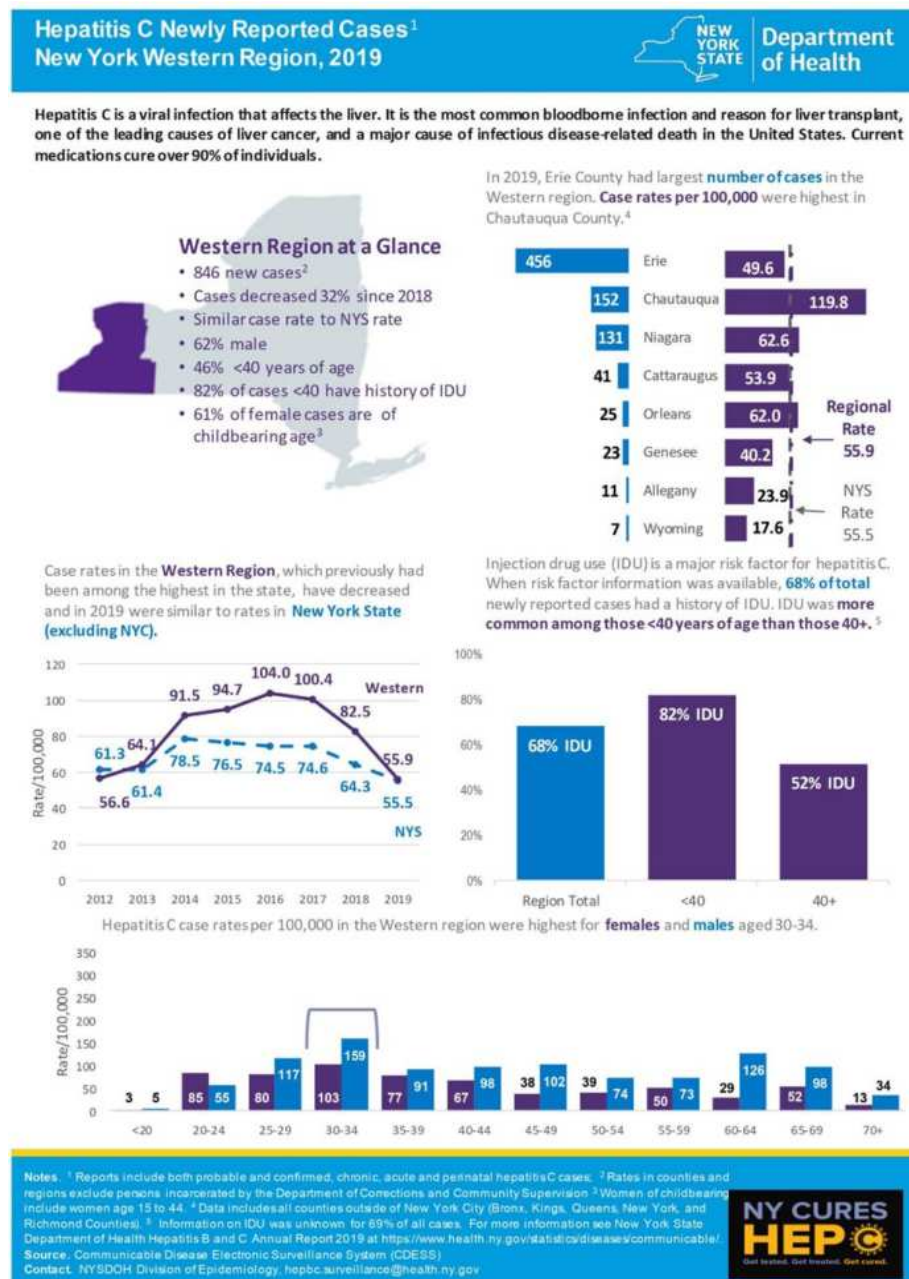




may include increased travel and migration, limited healthcare access, and limited awareness among expectant mothers and providers.<sup>84</sup>

## HEPATITIS C

Hepatitis C is a common, blood-borne viral infection that affects the liver and is one of the leading causes of liver cancer. Treatment for hepatitis C has come a long way in the past several decades. Today, many people with hepatitis C infections can be cured with antiviral medications. The number of cases has been broken down by regions where Erie County falls under the Western New York Region.







Of note, newly reported cases are not necessarily newly acquired as many people do not undergo testing until years after they are initially infected. Changes in trends may reflect changes in testing recommendations.<sup>85</sup> Western NY rates within age groups reflect the national rates. This justifies the current recommendations for testing for *all* adults, ages 18 and over, as well as screening for all pregnant women during each pregnancy.<sup>86</sup>

## **GASTROINTESTINAL INFECTIONS**

Bacterial gastrointestinal illnesses that are reportable in NYS include Salmonella, Campylobacteriosis, and Shiga-Toxin Positive E. coli. Salmonella is the most commonly reported illness of these three types of infections in Erie County, closely followed by Campylobacteriosis.<sup>77</sup> While exposure to these bacteria often occurs through food contamination, which can happen in various settings, Erie County residents may be at higher risk of acquiring one of these infections if they travel outside the country or have contact with certain animals, such as livestock or reptiles.

Giardiasis is the most common parasitic gastrointestinal illness reported in Erie County.<sup>77</sup> This illness is often acquired by consumption of untreated water while traveling, hiking, or swimming. There was a slight decrease in the number of gastrointestinal illness reported in 2020 and 2021, possibly due to travel restrictions as well as hesitancy to seek care or limited access to care due to the COVID-19 pandemic.

## **VACCINE-PREVENTABLE DISEASES**

### **PERTUSSIS**

Most people today are vaccinated against pertussis, also known as whooping cough. However, breakthrough infections do occur, which are often mild. Cases are often clustered in community settings such as schools and day cares. It is also common for infections to spread in households. While pertussis rates vary from year to year, there has been a notable decrease since the beginning of the COVID-19 pandemic. Zero cases were reported in 2020 and only 3 and 2 cases in 2021 and 2022 respectively.<sup>77</sup> The average number of cases per year from 2016-2019 was 22.<sup>87</sup>

### **HEPATITIS A**

Hepatitis A affects the liver and is found in the stool and blood of people who are infected. Hepatitis A is spread when someone unknowingly ingests the virus through close personal contact with an infected person or through eating contaminated food or drink. Most people with Hepatitis A do not have long-lasting illness but may experience fatigue, nausea, stomach pain, and jaundice for up to two months.<sup>88</sup> Typically, around 2-6 cases of hepatitis A are reported in Erie County every year. However, in 2018 and 2019, there were 32 and 45 cases respectively.<sup>77</sup> While the number of reported cases returned to normal in Erie County after 2019, other counties in NYS and across the country have been experiencing similar outbreaks.<sup>89,90</sup> Risk factors identified from these outbreaks include drug use, homelessness, and anal sex.<sup>90</sup>





## **ENVIRONMENTAL HEALTH**

### **RABIES**

Rabies is a fatal but preventable viral disease that infects the central nervous system. It can spread to people and pets if they are bitten or scratched by a rabid animal. Rabies can be prevented by vaccinating pets, staying away from wildlife, and seeking medical care after potential exposures before symptoms start. Worldwide, dogs are the most common rabies vector to humans. However, in the United States, dogs are rarely infected with rabies, in large part due to widespread vaccination. In the United States rabies is mostly found in wild animals such as bats, raccoons, skunks, and foxes.<sup>91</sup>

In recent years, the largest number reported animals testing rabies positive in Erie County by far are bats, followed by raccoons, skunks, and foxes. Over the past decade there have been rare incidences of rabies detected in livestock as well as unvaccinated cats. In Erie County, animals that get tested for rabies are more likely to be inhabitants of the areas that are more populated by humans, leading to more human-wildlife interaction. Historically, rabid animals have been found in every town and city across the county.<sup>92</sup> A list of animals that have tested positive for rabies in Erie County, including municipality and type of animal can be viewed at: <https://www3.erie.gov/health/animals-tested-positive-rabies-erie-county>

Every year, hundreds of Erie County residents receive the post-exposure rabies vaccine series. Common exposures requiring the post-exposure vaccine include a person waking up to a bat in the room, and bites from unknown dogs. The need for the post-exposure rabies vaccine in the case of many bat encounters can be avoided if the bat is safely captured for testing. Rabies vaccination for dog bites can be avoided if owner information is collected to confirm the dog's vaccine and health status. The Erie County Environmental Health Office serves as a community resource for guidance regarding animal exposures and facilitates post-exposure vaccinations.

### **LYME DISEASE**

Lyme disease is the most common tick-borne illness in Erie County.<sup>81</sup> While tick-borne illnesses have historically been more prevalent in the eastern region of NYS, surveillance of both ticks and human cases in Erie County has revealed their presence in the western region as well.<sup>81,93,94</sup> Between 2008 and 2021, on average, about 30% of ticks tested in Erie County were infected with *Borrelia burgdorferi*, the bacteria that causes Lyme disease.<sup>93,94</sup> The number of reported human Lyme disease cases in Erie County has increased dramatically in the last decade.<sup>76,89</sup> This is in part due to increased awareness and testing and changes to surveillance protocol, as well as the emergence of the bacteria in the local tick population.

### **LEGIONELLOSIS**

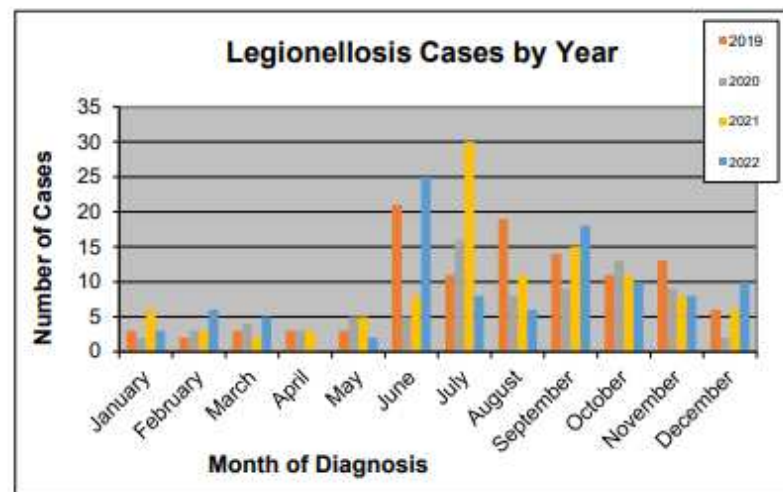
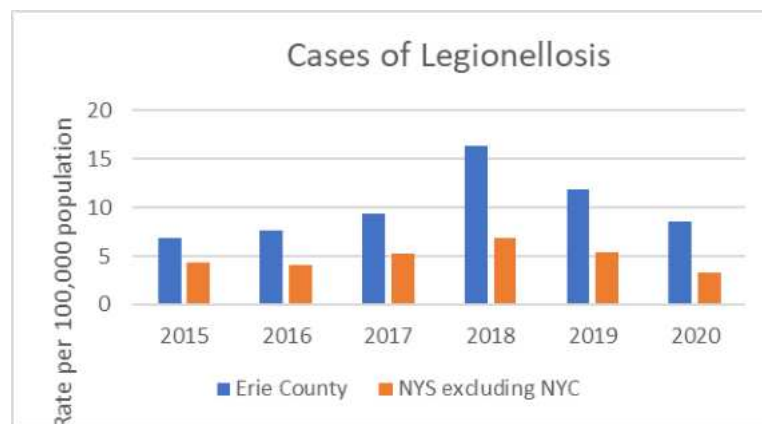




Legionellosis varies in severity from a mild febrile illness to a serious and sometimes fatal form of pneumonia. People can become infected when they inhale water droplets that contain Legionella bacteria. While this bacterium naturally occurs in the environment, certain man-made structures can harbor it, such as hot tubs, cooling towers, hot water tanks, large plumbing systems, and decorative fountains. Laws and regulations are in place for maintenance of some of these structures to minimize exposure to Legionella. Legionellosis cases trend higher in the summer and early fall.<sup>95</sup>

The expected seasonal trends are observed in Erie County. Case rates per 100,000 tend to be higher in Erie County than in New York State as a whole.<sup>81</sup>

### Legionellosis Cases & Rates in Erie County and NYS (Excluding NYC)



Top: Rate of Legionellosis cases per 100,000 population by year, 2015-2020, Erie County compared with NYS (excluding NYC). Bottom: Number of Legionellosis case by month and year, Erie County, 2019-2022. Provisional Reportable Communicable Diseases in Erie County. Available at <https://www3.erie.gov/health/epidemiology-reportable-diseases-data>

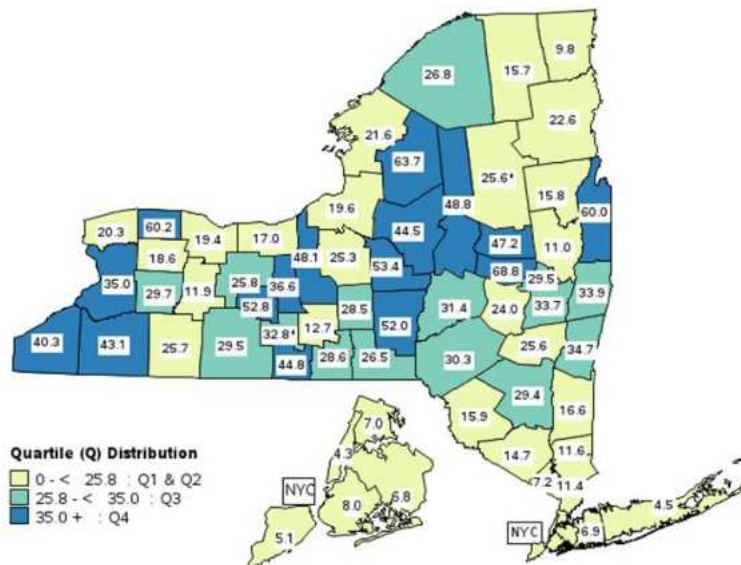




## LEAD POISONING AND PREVENTION IN ERIE COUNTY

Despite significant progress, childhood lead poisoning remains a serious problem in Erie County and throughout New York State. Every year in Erie County, thousands of children under the age of six are diagnosed with elevated blood lead levels.<sup>96</sup> The Erie County rate of confirmed high blood lead level (5 micrograms or higher per deciliter) per 1,000 tested children aged <72 months in 2019 was within the highest quartile in New York State.<sup>7</sup>

### Incidence of Confirmed High Blood Lead Level in Children, 2021



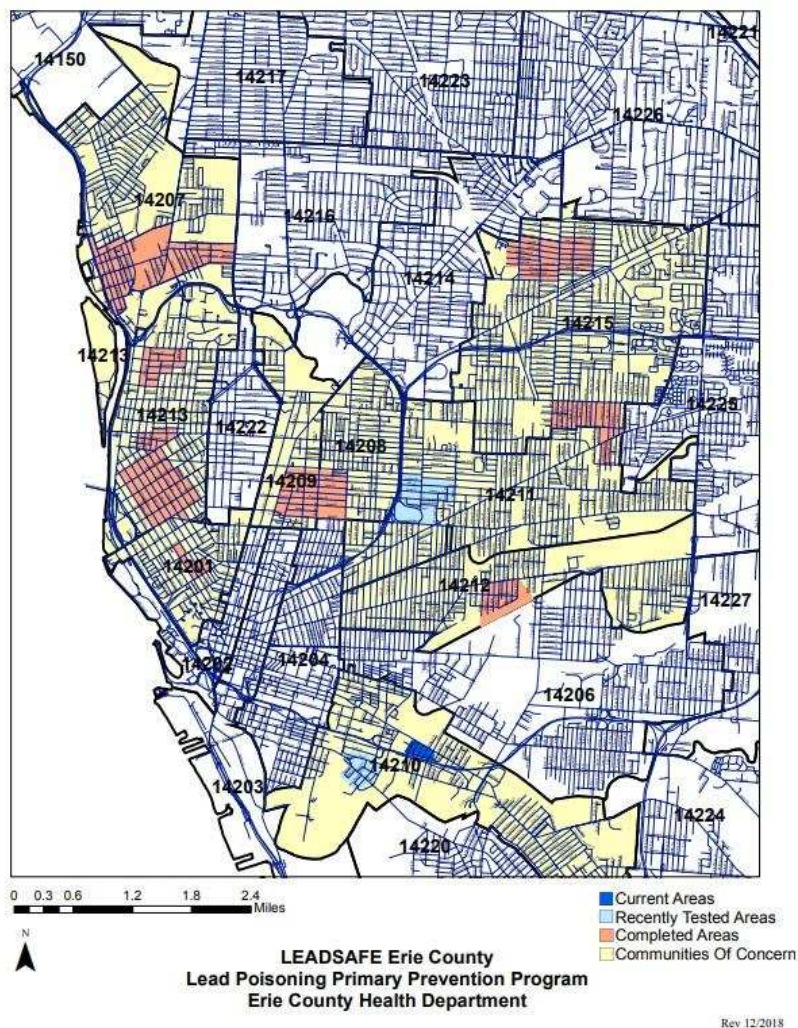
*Incidence of confirmed high blood lead level (5 micrograms or higher per deciliter) - rate per 1,000 tested children aged <72 months, 2019. 2016-2019 NYS Child Health Lead Poisoning Prevention Program, data as of September 2021.*

Conditions that give rise to lead poisoning, primarily lead paint and lead pipes, can be found anywhere in Erie County. However, they are especially prevalent in neighborhoods that have a high amount of older housing. Nine of the county's ZIP codes, predominately in the city of Buffalo (14201, 14207, 14208, 14209, 14210, 14211, 14212, 14213, and 14215) have been designated by the NY State Department of Health as “Communities of Concern”—where children are at exceptionally high risk for lead poisoning. Following is a map of these communities in Erie County.<sup>96</sup>





### Communities of Concern for Lead Poisoning, Based on Age of Housing, Buffalo



Communities of concern for lead poisoning based the age of housing, Buffalo. Data from LEADS SAFE Erie County <https://www3.erie.gov/envhealth/sites/www3.erie.gov/envhealth/files/2022-10/leadcocmap.pdf>

LEADS SAFE Erie County offers the following programs that support the prevention and elimination of lead poisoning<sup>96</sup>:

- **Childhood Lead Poisoning Prevention Program** - Responsible for case management of lead poisoned children in Erie County. The program conducts investigations and provides information to the parents of children under the age of 18 that test positive for elevated blood lead levels.
- **Lead Poisoning Primary Prevention Program** - Aids families with children under the age of six living in Erie County to reduce exposure of lead hazards and prevent lead poisoning.





- **Lead Hazard Reduction Demonstration Program (LHRD)** - Provides free or very low-cost lead paint remediation and minor home repairs to qualifying properties located in Erie County including the city of Buffalo and the city of Lackawanna.

Under current NYS Public Health Law and implementing regulations, health care providers are required to test all children for lead at or around age one year and again at or around age two. Health care providers are also required to assess all children aged six months to 72 months of age at least once annually for lead exposure, with blood lead testing for all children found to be at risk, based on those assessments.<sup>97</sup> According to the *Buffalo and Erie County Lead Safe Task Force 2020 Annual Progress Update*, Erie County's lead screening rate for children is steadily increasing and is routinely one of the highest in the state.<sup>98</sup>

On October 1<sup>st</sup>, 2019, New York State, and consequently, Erie County, lowered the action level for public health intervention from an Elevated Blood Lead Level (EBLL) of 10+ micrograms to deciliter to an EBLL of 5+ micrograms per deciliter.<sup>98</sup> As of October 28, 2021, the CDC now recommends a blood lead reference value of 3.5 µg/dL to identify lead-exposed children allowing parents, doctors, public health officials, and communities to act earlier to reduce the child's future exposure to lead.<sup>99</sup> While in Erie County an EBLL of 3.5 µg/dL does not prompt public health intervention, it may prompt doctors to discuss strategies to reduce further exposure with parents, such as hand washing before consuming food and cleaning window sills in older homes.

**Incidence of High Blood Lead Level, Erie County, 2010-2019**



*Incidence of confirmed high blood lead level (10 micrograms or higher per deciliter) - rate per 1,000 tested children aged <72 in Erie County, 2010-2019. Data from NYS Prevention Agenda Dashboard*





## ASTHMA

Between 2016-2019, the Erie County rates of pediatric asthma emergency department visits has been lower than the NYS Prevention Agenda Goal rate of 131.1, with a four-year average of 85.7 per 10,000.<sup>100</sup> However, some ZIP codes within the county have rates that are higher than the NYS Prevention Agenda Goal.

**Table of Asthma Emergency Department Visits, Children Aged 0-17 for ZIP Codes in Erie County Above NYS Prevention Agenda Goal**

ZIP Code	ED Visits	Age-Adjusted Rate
14208 (City of Buffalo, Northeast)	243	285.9
14212 (City of Buffalo/Sloan)	258	262.4
14202 (City of Buffalo, Downtown/City Center to Canalside/waterfront area and Lasalle Park)	53	254.2
14211 (City of Buffalo)	567	248.6
14204 (City of Buffalo, Southeast Center City)	193	242.6
14201 (City of Buffalo, W. Side to Peace Bridge area)	253	228.7
14215 (City of Buffalo, Ea. Side, Harlem Road across Walden Avenue to Genesee St. and Rte. 33)	925	225.0
14213 (City of Buffalo W. Side, Peace Bridge to Richmond Ave. and Rte. 198/Scajaquada Expressway incl. Unity Island)	461	168.3
14203 (S. Buffalo, Skyway/Rte. 5 through Elm-Oak St Corridor to Main Street)	25	164.1
14206 (S. Buffalo from Buffalo River, Bailey-Clinton-William Sts area, excluding Sloan)	273	161.2
14207 (Black Rock section of Buffalo, bounded by I-190, Rte. 198/Scajaquada, to Elmwood Ave. and Hinman; incl. GM Tonawanda Plant)	391	146.4
14209 (City of Buffalo Delaware District East, Barker/Southampton to Delaware Park corridor)	77	148

*Number of asthma related Emergency Department (ED) visits per ZIP code for children 0-17 Erie County and age-adjusted rate per 10,000 for ZIP codes above the New York State Prevention Agenda goal. Data from SPARCS, 2022.*





## Asthma Emergency Department Visits, Rate per 10,000, Children Aged 0-17, Erie County and Buffalo, 2016-2019

### ED visit rate

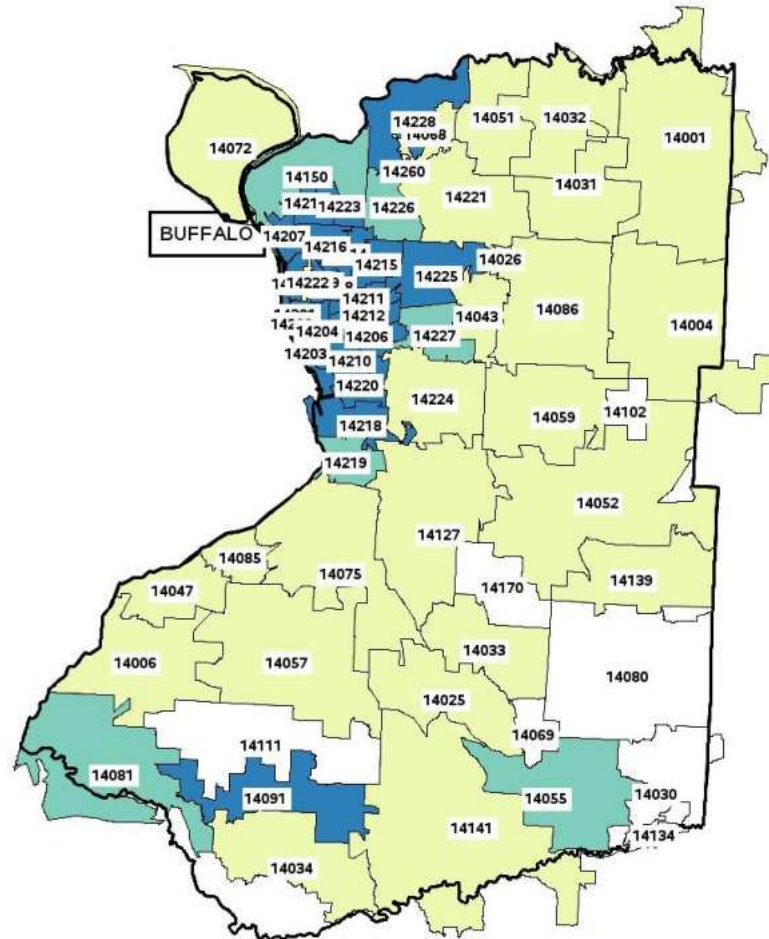
Erie County - 85.6

New York State - 121.6

New York State (Excl NYC) - 63.5

### Quartile (Q) Distribution (Excl NYC)

- Data not available/suppressed
- 0 -< 39.8 : Q1 & Q2
- 39.8 -< 63.4 : Q3
- 63.4+ : Q4



*Asthma Emergency Department (ED) visits, four-year average rate per 10,000, Children Aged 0-17 in Erie County and Buffalo, 2016-2019. Image from NYS Prevention Agenda 2024 County Dashboard, Sub-County Data Dashboard.*

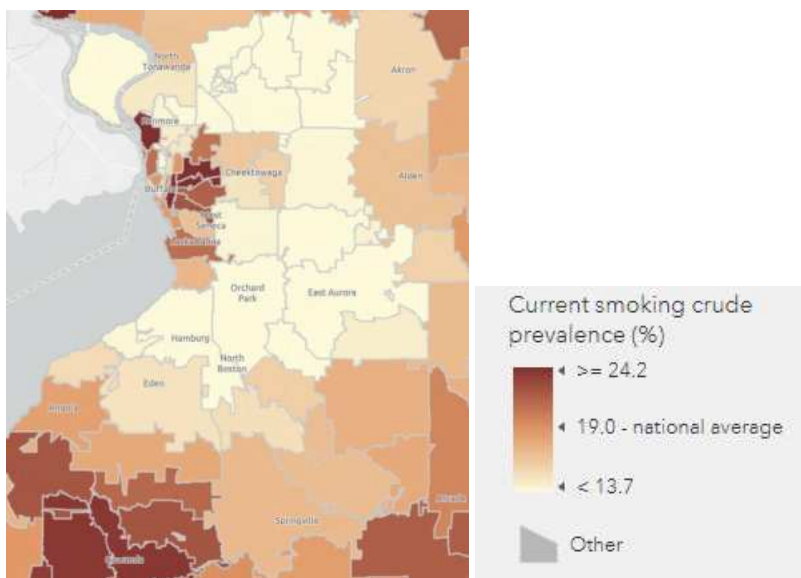
A 2005 report, “Childhood Asthma and Environmental Risk Factors in the City of Buffalo, New York” by NYSDOH Center for Environmental Health concluded that a potentially increased ambient air level of ammonia from industrial facilities might be associated with an increased risk of childhood asthma. Other risk factors included frequent truck traffic in the neighborhood, chemical odors indoors, parental smoking, humidifier or vaporizer use in the home, a family member with asthma, aging homes prone to dampness, and limited access to medical care.<sup>101</sup>





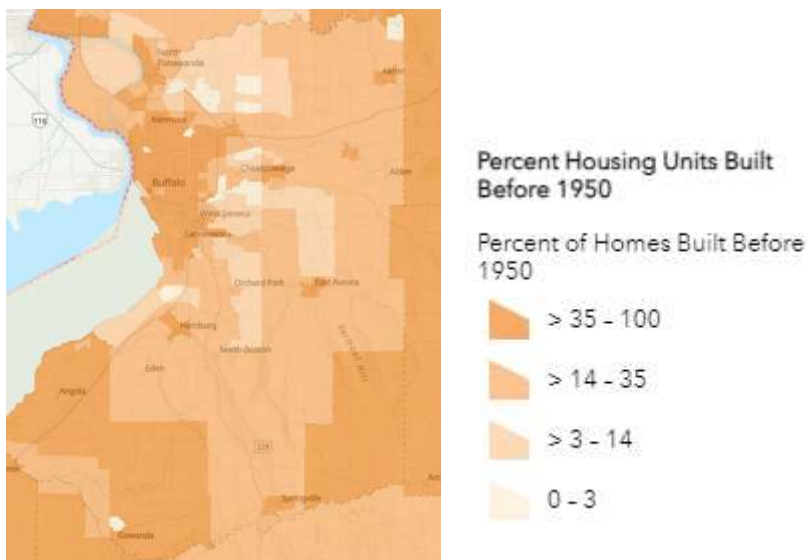
While this report is nearly two decades old, there are still disparate rates of many of these risk factors within the county.<sup>101</sup> Many of the ZIP codes with higher rates of asthma emergency visits in children also have relative high rates of smoking<sup>102</sup> as well as older housing stock.<sup>103</sup>

### Prevalence of Smoking, Erie County



*Crude prevalence of current smoking by ZIP code in Erie County and Buffalo, CDC PLACES dashboard.*

### Percentage of Housing Built Before 1950, Erie County



*Percentage of housing units built before 1950 in Erie County by census tract, EnviroAtlas Interactive Map, values were calculated using data extracted from American Community Survey tables (2006- 2010)*





## **MORTALITY**

In Erie County, NY, the top two leading causes of death have consistently been heart disease, followed by cancer. From 2015-2019, Chronic Lower Respiratory Disease (CLRD), cerebrovascular disease and unintentional injury alternated their rankings while continuing to rank in either third, fourth or fifth positions. In 2020, COVID-19 emerged as the third leading cause of death and drove a notable increase in the overall death rate.<sup>68</sup> The consistency in the other top causes of death, their positioning in the ranks, and the insignificant changes in case numbers from year to year, coupled with yearly reported totals for the number of COVID-19 deaths in Erie County for 2021 and 2022, allow us to calculate the position of COVID-19 to remain as the 3rd leading cause of death in Erie County for both of these years.<sup>70,68</sup> The category of *Unintentional Injury* includes unintentional drug overdose deaths. An increase in overdoses in 2020 contributed to the increase in this overall category.

### **Leading Causes of All Deaths for Total Population, Age-Adjusted Death Rate per 100,000 Erie County, 2016-2020**

Number of deaths and age-adjusted death rate						
	Total Deaths	#1 Cause of Death	#2 Cause of Death	#3 Cause of Death	#4 Cause of Death	#5 Cause of Death
2020	Total Deaths 11,146 880.4 per 100,000	Heart Disease 2,185 164.8 per 100,000	Cancer 2,039 161.3 per 100,000	COVID-19 1,192 90.3 per 100,000	Unintentional Injury 499 50.8 per 100,000	Cerebrovascular Disease 463 35.9 per 100,000
2019	Total Deaths 9,679 760.0 per 100,000	Heart Disease 2,158 164.9 per 100,000	Cancer 2,037 159.1 per 100,000	CLRD 499 38.9 per 100,000	Cerebrovascular Disease 467 35.4 per 100,000	Unintentional Injury 406 38.8 per 100,000
2018	Total Deaths 9,871 774.2 per 100,000	Heart Disease 2,388 181.1 per 100,000	Cancer 2,053 160.8 per 100,000	CLRD 482 36.6 per 100,000	Cerebrovascular Disease 477 35.6 per 100,000	Unintentional Injury 424 40.8 per 100,000
2017	Total Deaths 9,760 771.3 per 100,000	Heart Disease 2,214 167.7 per 100,000	Cancer 2,111 167.0 per 100,000	CLRD 502 39.2 per 100,000	Unintentional Injury 496 50.2 per 100,000	Cerebrovascular Disease 433 32.5 per 100,000
2016	Total Deaths 9,772 782.3 per 100,000	Heart Disease 2,374 182.7 per 100,000	Cancer 2,061 165.5 per 100,000	Unintentional Injury 519 53.2 per 100,000	CLRD 512 40.9 per 100,000	Cerebrovascular Disease 472 36.1 per 100,000





In 2019, heart disease was the leading cause of death in Erie County for the entire population, as well as for the male population. For the female population, cancer was the leading cause of death followed by heart disease as a close second in 2019.<sup>68</sup>

**Leading Causes of All Deaths for Female Population, Age-Adjusted Death Rate per 100,000  
Erie County, 2020**

Ranking (Female)	Cause of Death	Total Deaths	Deaths per 100,000
1	Heart Disease	1,062	129.3
2	Cancer	1,005	140.0
3	COVID-19	604	73.6
4	Cerebrovascular Disease	256	32.1
5	Chronic Lower Respiratory Disease	229	29.9

**Leading Causes of All Deaths for Male Population, Age-Adjusted Death Rate per 100,000  
Erie County, 2020**

Ranking (Male)	Cause of Death	Total Deaths	Deaths per 100,000
1	Heart Disease	1,123	212.5
2	Cancer	1,034	192.4
3	COVID-19	588	113.0
4	Unintentional Injury	321	70.7
5	Cerebrovascular Disease	207	41.1

*Erie County leading causes of all deaths for total, female and male population, age-adjusted per 100,000. NYSDOH Vital Statistics Data as of May 2023. Note: Ranks are based on numbers of deaths, then on mortality rates. [https://apps.health.ny.gov/public/tabvis/PHIG\\_Public/lcd/reports/](https://apps.health.ny.gov/public/tabvis/PHIG_Public/lcd/reports/)*





## **MATERNAL AND CHILD HEALTH**

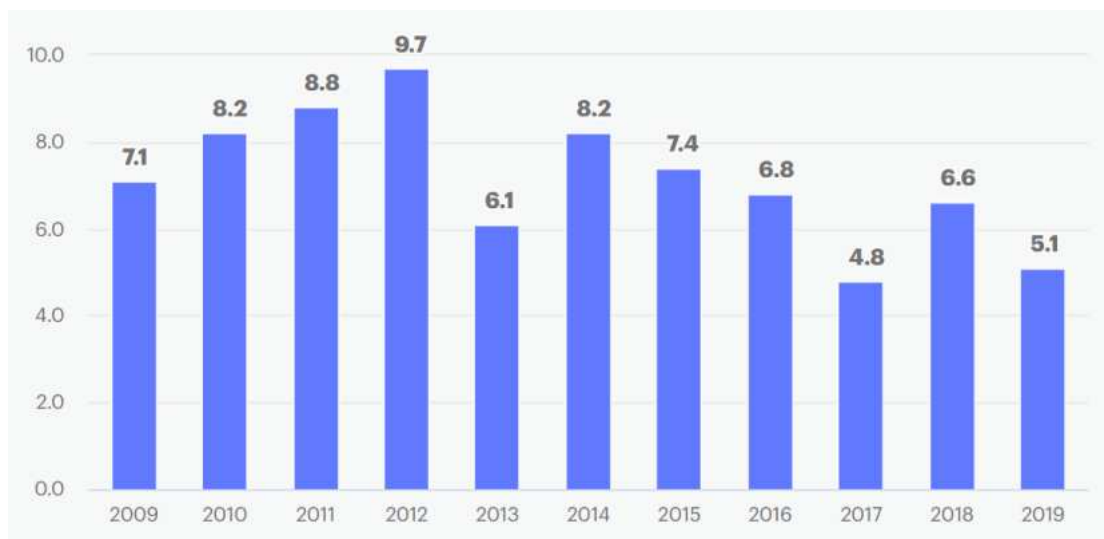
### **INFANT MORTALITY**

Infant mortality is defined as the death of a child within the first year of life. Some of the leading causes of infant death in the United States are birth defects, prematurity/low birthweight, sudden infant death syndrome, maternal complications of pregnancy, and respiratory distress syndrome.

- In Erie County in 2019, the infant mortality rate was 5.1 per 1,000 live births which is higher compared to the New York State (excluding NY City) rate of 4.7 per 1000 live births.<sup>7</sup>
- Between 2009 and 2019, the infant mortality rate in Erie County declined more than 28% and the rate in New York State declined by 13%.<sup>7,104</sup>
- In 2019, 58.7% of infant deaths in Erie County occurred in the first 28 days of life outside the womb (neonatal period), and 40.5% occurred after the first 28 days (in the post-neonatal period).<sup>104</sup>

The infant mortality rate (per 1,000 live births) in Erie County was highest for Black infants (10.2), compared to 4.3% for White infants, according to 2017-2019 data, meaning that Black infants were about 2 times more likely to die than White infants (4.3) during the first year of life during 2017-2019 (average).<sup>104</sup>

**Infant Mortality Rate, Rate per 1,000 Live Births, Erie County, 2009-2019**

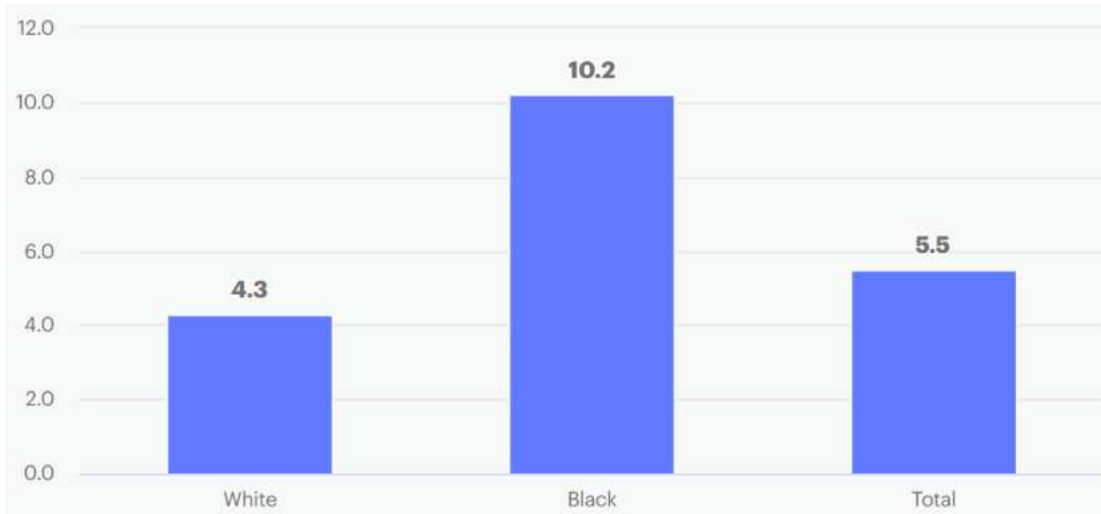


*Infant mortality rate per 1,000 live births in Erie County, 2009-2019. National Center for Health Statistics, final mortality data, 1990-1994 and period linked birth/infant death data, 1995-present. Retrieved March 3, 2023, from [www.marchofdimes.org/peristats](http://www.marchofdimes.org/peristats)*





### Infant Mortality Rate, Rate per 1,000 Live Births, by Race, Erie County, 2009-2019



Infant mortality rate per 1,000 live births in Erie County, by race, 2009-2019. National Center for Health Statistics, final mortality data, 1990-1994 and period linked birth/infant death data, 1995-present. Retrieved March 3, 2023, from [www.marchofdimes.org/peristats](http://www.marchofdimes.org/peristats)

## PRETERM BIRTH

Births occurring before 37 weeks of pregnancy/gestation are considered preterm births.

- In 2020, 10.2% of live births were born preterm in Erie County.
- Compared with births of one baby, multiple births in Erie County were about 8 times as likely to be preterm in 2020.
- From 2018-2020, Black and Hispanic populations had a higher percentage of preterm births than other races.
- During 2019-2021 (average) in Erie County, the percentage of preterm births was highest for Black infants.<sup>104</sup>

### Preterm Birth Rate by Race/Ethnicity, Erie County, 2019-2021 Average

Maternal Race	Percent of Preterm Births
Hispanic	12.1
White	9.5
Black	14.0
American Indian/Alaska Native	10.2
Asian/Pacific Islander	10.6

Preterm birth rate by race/ethnicity for Erie County, 2019-2021 Average. National Center for Health Statistics, final natality data. Retrieved March 3, 2023, from [www.marchofdimes.org/peristats](http://www.marchofdimes.org/peristats)

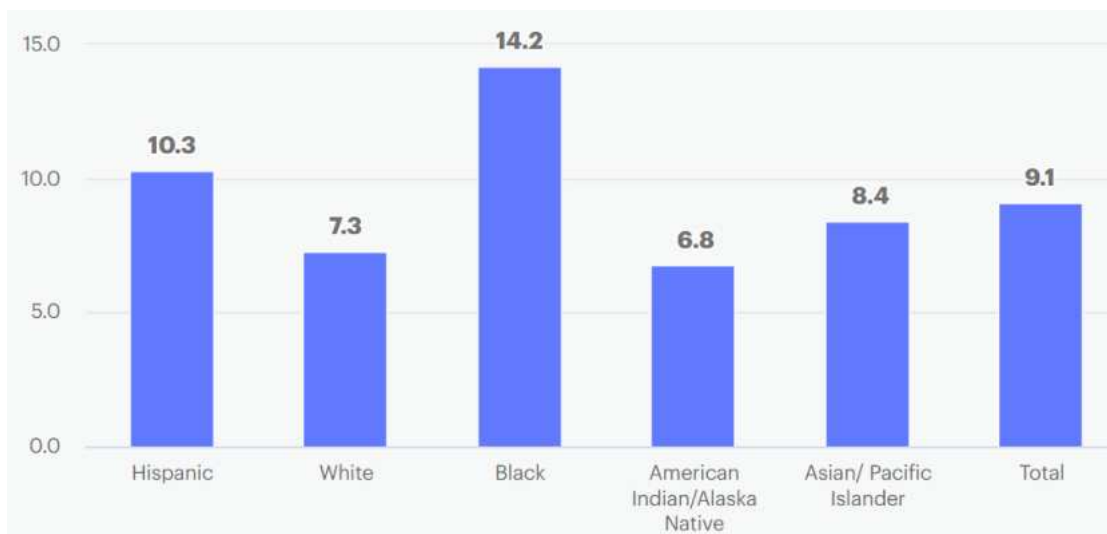




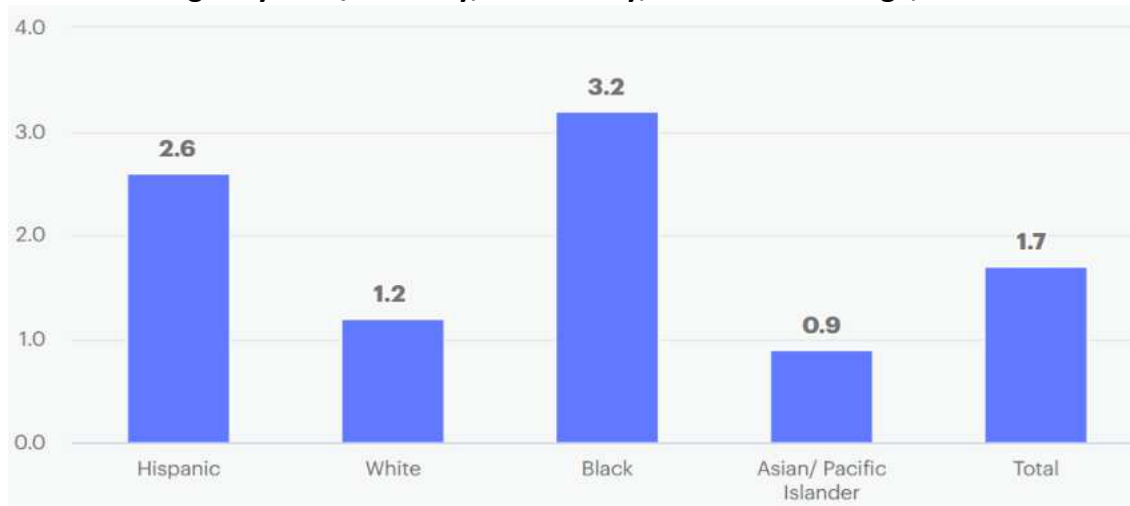
## LOW AND VERY LOW BIRTHWEIGHT

Low birthweight is defined as less than 2500 grams, or 5.5 pounds. Very low birthweight is defined as less than 1500 grams, or 3.3 pounds. In 2021, 1 in 10 babies (9.6% of live births) were low birthweight in Erie County and compared with singleton births, multiple births were about 8 times as likely to be low birthweight in 2021.<sup>104</sup>

### Low Birthweight by Race/Ethnicity, Erie County, 2018-2020 Average, Percent of Live Births



### Very Low Birthweight by Race/Ethnicity, Erie County, 2018-2020 Average, Percent of Live Births



*The percentage of live births with low and very low birthweights by race/ethnicity for Erie County, 2018-2020 average. National Center for Health Statistics, final natality data. Retrieved March 3, 2023, from [www.marchofdimes.org/peristats](http://www.marchofdimes.org/peristats)*

Additional information on infant birthweight can be found on page 24 of the Health Equity report in Appendix G.

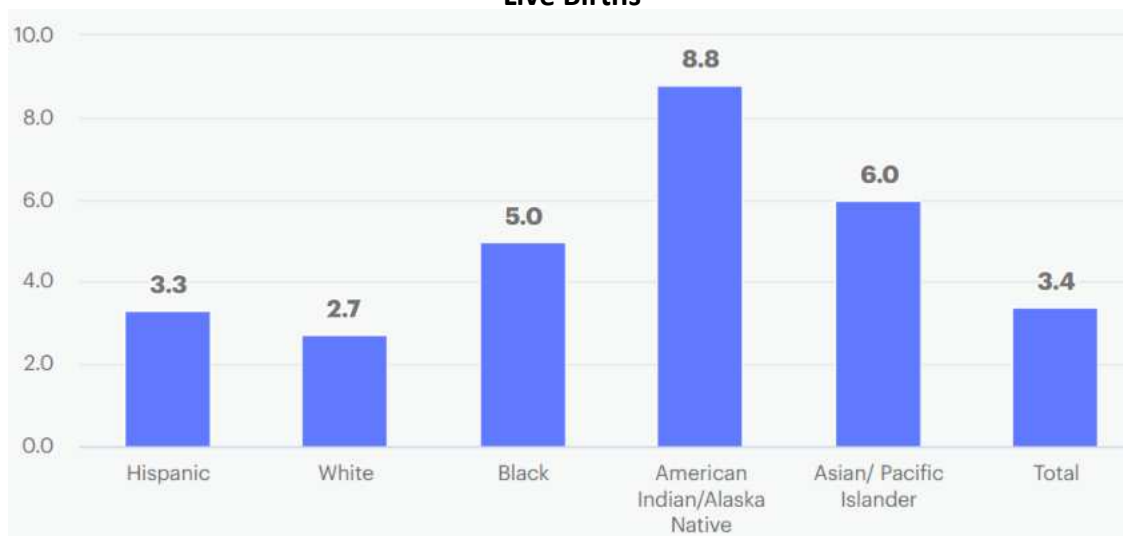




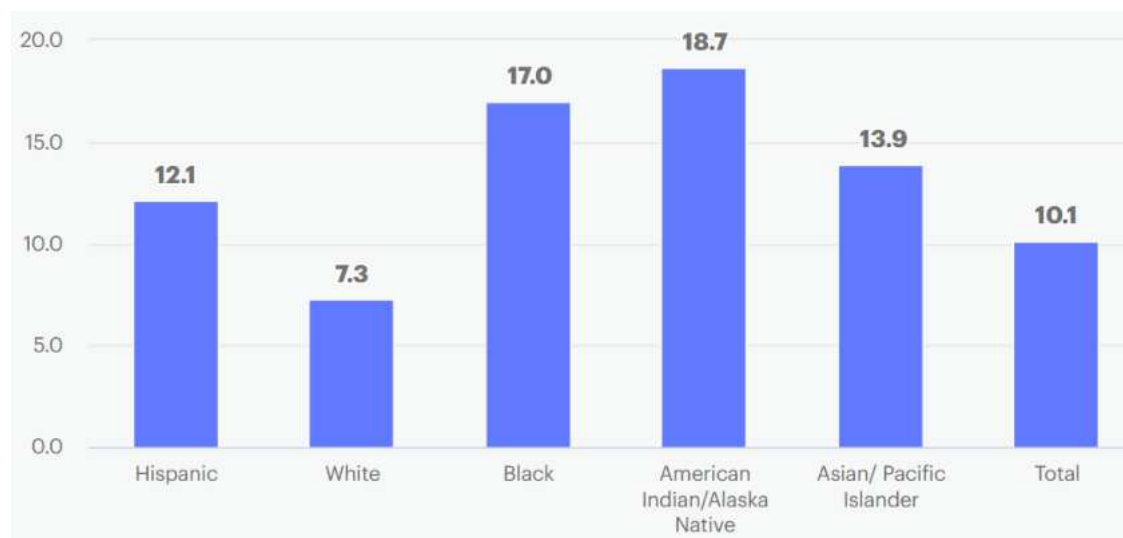
## PRENATAL CARE

Late or no prenatal care is pregnancy-related care beginning in the 7<sup>th</sup> to 9<sup>th</sup> month of pregnancy, or when no pregnancy-related care is received. Early prenatal care is pregnancy-related care within the first 1-3 months. Inadequate prenatal care is pregnancy-related care in the fifth month of gestation or later, or less than 50% of the appropriate number of medical visits for infants' gestational age.<sup>104</sup>

**Late/No Prenatal care by Race/Ethnicity, Erie County, 2018-2020 Average, Percent of Live Births**



**Inadequate Prenatal care by Race/Ethnicity, Erie County, 2018-2020 Average, Percent of Live Births**



*The percentage of live births with late or no prenatal and inadequate care for Erie County, 2018-2020 average. National Center for Health Statistics, final natality data. Retrieved March 3, 2023, from [www.marchofdimes.org/peristats](http://www.marchofdimes.org/peristats)*





The percentage American Indian/Alaska Native women giving birth were the most likely to received late or no prenatal care (8.8%) or inadequate prenatal care (18.8%), at more than twice the rate of White women giving birth who received late or no prenatal care (2.7%) and inadequate prenatal care (7.5%).<sup>104</sup>

In Erie County in 2020, 85.5% of live births were to women receiving early prenatal care, 11.2% were to women beginning care in the second trimester, 9.9% of live births were to a woman receiving inadequate prenatal care, and 3.3% were to women receiving late or no prenatal care.<sup>104</sup>

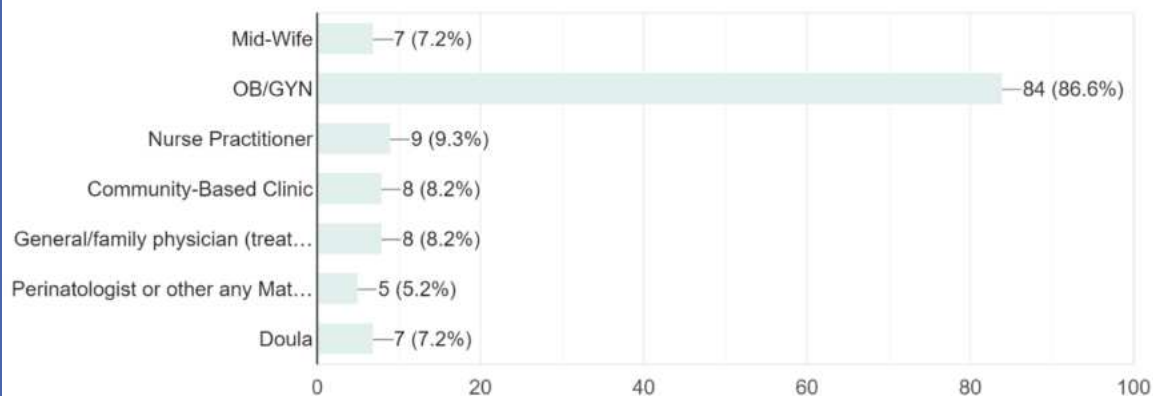
## CHA Survey: Prenatal Care

Further reinforcing the data collected from other sources, the CHA Survey suggests that White respondents are more likely to receive prenatal care than others. 98 applicable responses were received to the question “When did you or your partner begin to receive prenatal care?” Respondents who identified as White were far more likely to respond that they received prenatal care when the pregnancy was suspected or confirmed, at nearly 80%, compared to 25% of Black or African American respondents who reported receiving prenatal care when a pregnancy was suspected or confirmed.

Overwhelmingly, the highest number of survey respondents reported receiving prenatal care from an obstetrician/gynecologist (OB/GYN). Respondents were asked to select any answers that applied. Fewer than ten respondents each reported having received prenatal care from mid-wives, nurse practitioners, community-based clinics, general or family physicians, perinatologists, and doulas.

### From whom did you or your partner receive prenatal care?

97 responses



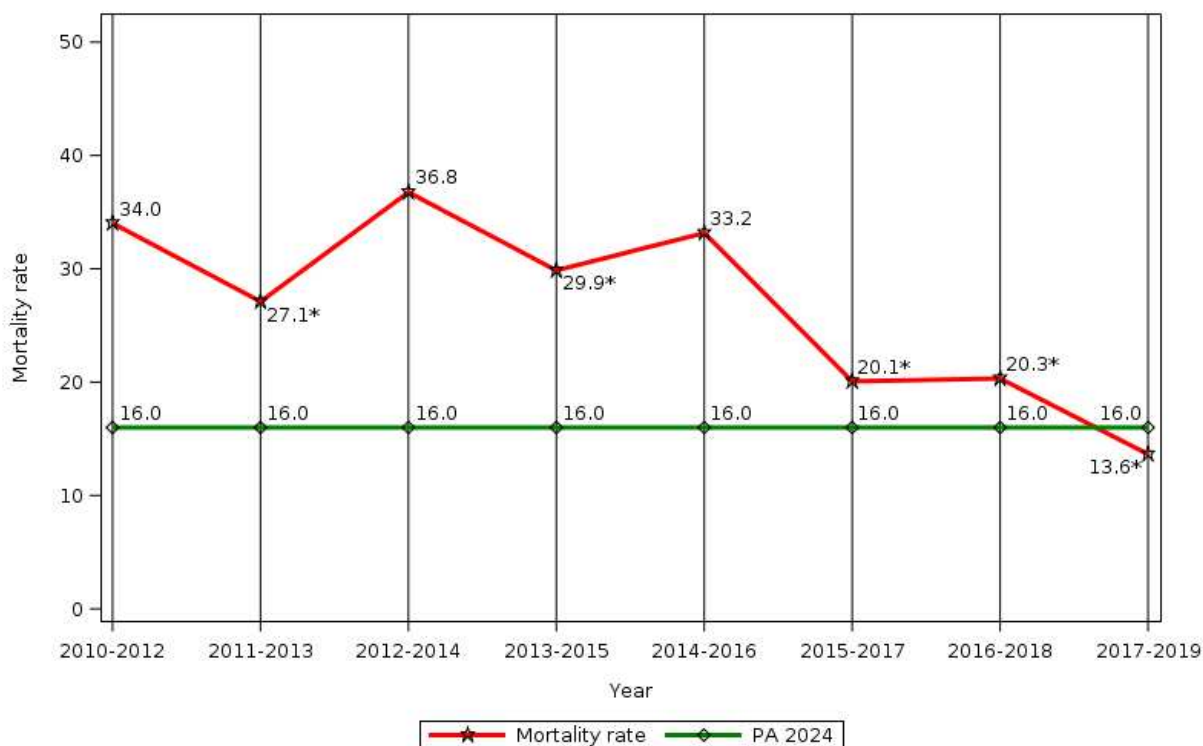




## MATERNAL MORTALITY

Maternal mortality is an ongoing concern in New York State and in Erie County. The most hazardous time for a pregnant or postpartum woman and her child is the critical few months before birth and the first year after birth. While rates are often unstable due to low numbers, there was a decline observed in recent years up to 2019.<sup>7</sup>

### Maternal Mortality Rate per 100,000 Live Births, 2010-2019 3-Year Average, Erie County



*Maternal Mortality Rate per 100,000 Live Births, 2010-2019 3-Year Average, Erie County. Vital Records, data as of January 2022. Note: \* indicates that fewer than 10 events in the numerator, therefore the rate/percentage is unstable. Note: Green line is NYS Prevention Agenda Goal Rate; red Line is Erie County rate.*

Released in April 2022, “The New York State Report of Pregnancy-Associated Deaths in 2018,” a report by the NYS Maternal Mortality Review Board (MMRB) and the New York State Maternal Mortality & Morbidity Advisory Council (MMMAC), focused on common factors contributing to death and made recommendations to improve the health and safety of pregnant New Yorkers statewide.<sup>105</sup> The full report can be viewed at:

[https://health.ny.gov/community/adults/women/docs/maternal\\_mortality\\_review\\_2018.pdf](https://health.ny.gov/community/adults/women/docs/maternal_mortality_review_2018.pdf)

In 2018, of the 118 women in New York State who died within one year of being pregnant, 41 of them were found to have died as result of having been pregnant, a rate of 18.2 pregnancy-related deaths per 100,000 live births. Non-Hispanic Black women were five times more likely to die of pregnancy-related





causes than non-Hispanic White women. In 46% of all pregnancy-related deaths, discrimination was identified as a probable or definite circumstance surrounding the death.<sup>105</sup>

Leading causes of pregnancy-related death were embolism (20%), hemorrhage (20%), and mental health conditions (15%). When analyzing each case, the report concluded that 78% of these deaths were preventable and that 100% of the deaths caused by hemorrhage, mental health conditions, and cardiomyopathy were preventable. Over half (51.2%) of pregnancy-related deaths occurred within six weeks of pregnancy – meaning women frequently died when pregnant or shortly after delivery/birth. Cesarean delivery has a higher correlation with pregnancy-related death than vaginal delivery; women who had a cesarean delivery were 1.7 times more likely to die of pregnancy-related causes than women who delivered vaginally.<sup>105</sup>

Among risk factors identified in the report were:

- Lack of insurance or inadequate coverage prior to, during, and after pregnancy
- Increased closures of maternity units in rural and urban communities
- Lack of inter-professional teams trained in best practices
- Structural determinants of health, such as public policies, laws, and racism that produce inequities in the social determinants of health, such as education, employment, housing, and transportation
- Stress exacerbated by discrimination that can result in hypertension, heart disease, and gestational diabetes during pregnancy
- Clinicians not listening to Black women, resulting in missed warning signs and delayed diagnosis<sup>105</sup>

Information on equity in maternal health can be found on pages 45-47 of the Equity report in Appendix G.

## TEEN PREGNANCY

The rate of pregnancies for all of Erie County was 25.2 per 1,000 females aged 15-19 for pregnancies between 2017-2019, which is slightly higher when compared to the New York State rate of 22.8.<sup>106</sup> Teen birth rates and teen pregnancy rates in Erie County vary significantly by ZIP code. For pregnancies between 2017-2019, teen birth rates ranged from a high of 68.2 per 1,000 to a low of 0 and teen pregnancy rates ranged from a high of 96.8 per 1,000 females to a low of 0.<sup>106</sup>



**Top 5 Highest Teen Pregnancy Rate ZIP Codes in Erie County, 2017-2019**

ZIP Code	Number of Births	Teen Birth Rate	Teen Pregnancy Rate
14212	656	68.2	96.8
14211	1,298	51.9	84.7
14215	1,967	42.7	78
14207	1,172	50.8	65.3
14206	747	38.8	63.8

*Teen birth and pregnancy by ZIP code in Erie County, 2017-2019. Births are the total births per ZIP code for all females, rates are per 1,000 females aged 15-19. Source: 2017-2019 New York State Vital Statistics Data as of January, 2022.*

**BREASTFEEDING**

Breastfeeding exclusively in the first six months after birth confers multiple health benefits to mothers and infants.<sup>107</sup> The effect of the pandemic on the percentage of new mothers who exclusively breastfeed their infants in Erie County is not yet clear. One article has been released demonstrating a slight decrease in exclusive breastfeeding at birth among low-income women, and even greater decreases at 3 months and 6 months of age in this demographic group.<sup>108</sup>

In 2019 rates of infants exclusively breastfed in the hospital in Erie County (45.4%) were slightly below the state rate (47.1%) as well as the 2024 Prevention Agenda Goal (51.7%). The NYS Prevention Agenda Dashboard reveals racial disparities on this measure.<sup>7</sup>

**Infants Exclusively Breastfed by Race/Ethnicity, Erie County, 2019**

Race/Ethnicity	Erie County, 2019 (%)	Prevention Agenda, 2024 Goal (%)
Percentage among All infants in hospital 2019	45.4	51.7
Percentage, non-Hispanic Black infants, 2019	28.2	38.4
Percentage, Hispanic infants, 2019	30.9	37.4

*Percentage of Infants who are exclusively breastfed in the hospital by race/ethnicity, Erie County 2019 as compared to the NYS Prevention Agenda Goal. Vital Records, data as of November 2021.*

**CHA Survey: Breastfeeding**

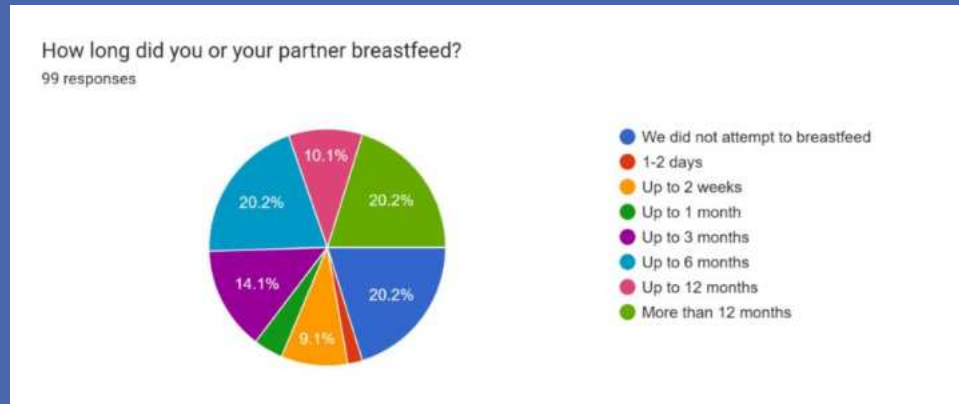
Among the 1,367 survey respondents who answered the question, 7.2% responded that either they or their partner had given birth within the past two years. 76.8% of those 99 respondents initiated or tried to initiate breastfeeding, and the largest percentages of the 99 individuals responding to this question





breastfed their infants for either 6 months or more than 1 year (20.2%). 14.1% reported breastfeeding for three months; 10.1% breastfed up to 1 year; and 9.1% reported breastfeeding up to two weeks.

When asked how long they or their partner attempted to breastfeed, the CHA Survey respondents answered as follows:



White respondents were far more likely to indicate that they had breastfed for more than 12 months than Black or African American respondents.

Among 99 respondents who identified a factor that might have contributed to their success in breastfeeding for a longer period, a majority (30.3%) indicated that access to free or low-cost breast pumps was a factor in their success. Workplace support was cited by 25.3% of respondents as influential in their decision to breastfeed, while the third largest percentage of respondents (21.2%) identified breastfeeding support in the hospital as influential.

### CHA Survey Responses to “Would any of the following programs/services have made it easier for you or your partner to choose to or continue breastfeeding?”

IDENTIFIED SUPPORT FACTOR	% OF RESPONDENTS IDENTIFYING FACTOR
Access to free or low-cost breast pumps	30.3%
Workplace support	25.3%
Breastfeeding support in the hospital	21.2%
Access to low or no cost breastfeeding counselors	20.2%
Access to Baby Cafes—free in person drop-in centers for breastfeeding support	18.2%
Online support	14.1%
Education while you were pregnant on the benefits of breastfeeding	13.1%

**Note:** A large percentage (41.4%) stated that none of the listed factors were influential. See Appendix A: Community Health Assessment Survey Data.





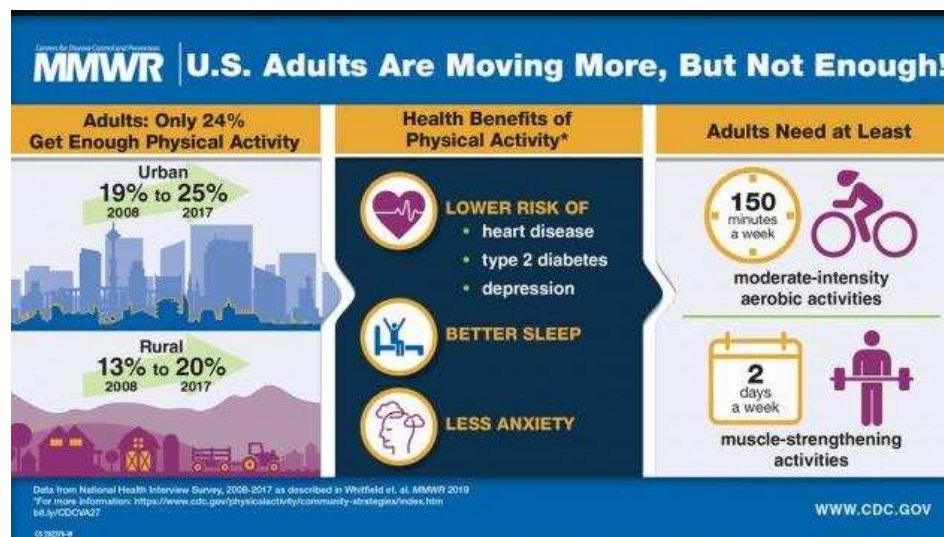
## PHYSICAL ACTIVITY

The percentage of Erie County residents who participate in leisure-time physical activity increased from 74.3% in 2016 to 79.2% in 2018, surpassing the New York State Prevention Agenda 2024 goal of 77.4% in 2019. According to BRFSS data, in 2018, the percentage of Erie County adults with disabilities participating in leisure-time physical activities (59.9%) was lower than for non-disabled individuals and was lower than the Prevention Agenda goal of 61.8%. For individuals aged 65 and over, the percentage of Erie County residents engaging in leisure time physical activity was 67.4% in 2018, down slightly from 68% in 2016, compared with a NYS PA 2024 goal of 75.9%.<sup>7</sup>

According to the High School Youth Risk Behavioral Survey (YRBS), physical activity risk factors among high school students in Buffalo Public Schools (BPS) have increased in several areas between 2019 and 2021. BPS students who said that they were not physically active for at least 60 minutes per day increased from 63.2% to 66.7%. The number of individuals who do not play sports has also increased from 51.9% to 58.0%. More than two thirds of respondents (69%) indicated they were on screens for at least three hours every day.<sup>109</sup>

The Middle School YRBS data also shows decreases in the physical activity among BPS students, with 68.2% of respondents reporting that they were not physically active for at least 60 minutes a day in 2021, almost a 10% increase from 59.3% in 2019. In 2021, 59.4% of respondents reported that they did not play on a sports team, an increase of nearly 12% since 2019, when 47.6% of students reported not playing on a sports team. In 2021, 51.4% of respondents reported screen time of at least three hours per day, a significant increase from the 36.2% in 2019.<sup>110</sup>

Rural adults in the United States are less likely than their urban counterparts to get enough exercise and physical activity.<sup>111</sup> Less exercise is linked to obesity, decreased sleep, increased anxiety and depression, and higher risks for cardiovascular disease and cancer.







## **SUBSTANCE USE**

### **TOBACCO USE**

While adult smoking has decreased over the past few decades, there is a higher rate in Erie County than in New York State as a whole. Data from the County Health Rankings & Roadmaps determined that 18% of adults in Erie County are current smokers, compared to 13% of adults in New York State.<sup>112</sup>

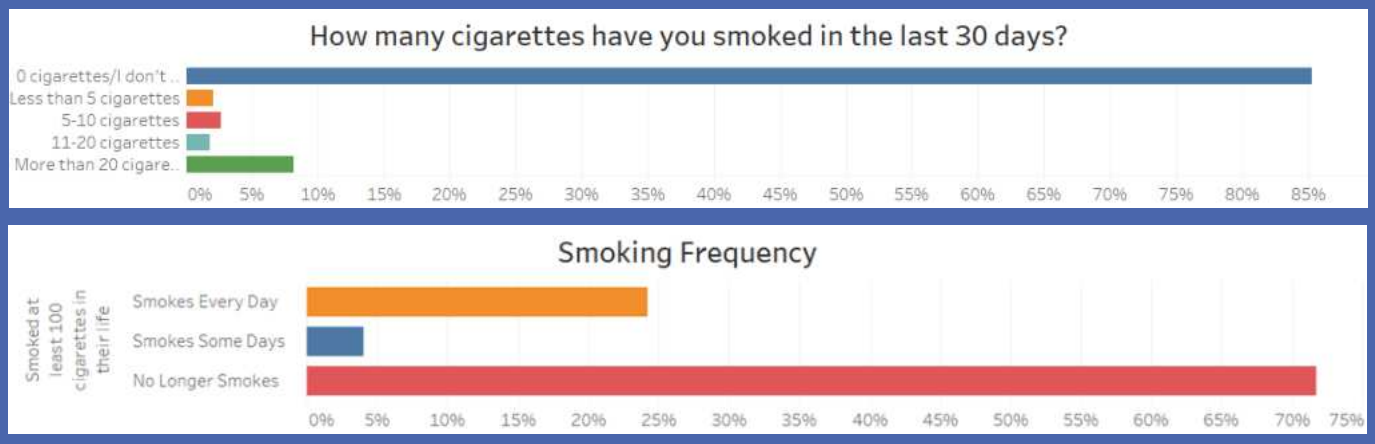
Some successes among youth mirror reductions in cigarette smoking among Erie County adults (as reported in NYS BRFSS data). The Buffalo Public Schools YRBS indicated that percent of high school students reporting recent cigarette smoking is low and continuing to decrease, from 10.1% in 2011 to 2.3% in 2021. The survey also indicates that the use of electronic vapor products in BPS High School students has increased from 7.4% in 2017 to 9.7% in 2021, but remains lower than the 14.7% reported in 2015.<sup>109</sup>

Across most races and ethnicities, residents of rural areas are more likely to use any tobacco product. Adults in rural regions are more likely to smoke cigarettes when compared to adults in urban areas.<sup>113</sup> Adolescents in rural regions are also more likely to smoke, and the more rural the area, the higher the smoking prevalence.<sup>114</sup> Children living in rural households are exposed to secondhand smoke more frequently than children in urban households, 33% compared to 22% respectively.<sup>115</sup> Correspondingly, studies have shown that the incidence of lung, bronchial, and tracheal cancers was significantly higher in non-metro/rural areas vs. metropolitan /urban areas.<sup>116,117</sup>

Information on equity and tobacco use can be found on page 57 of the Equity report in Appendix G.

#### **CHA Survey: Tobacco Use**

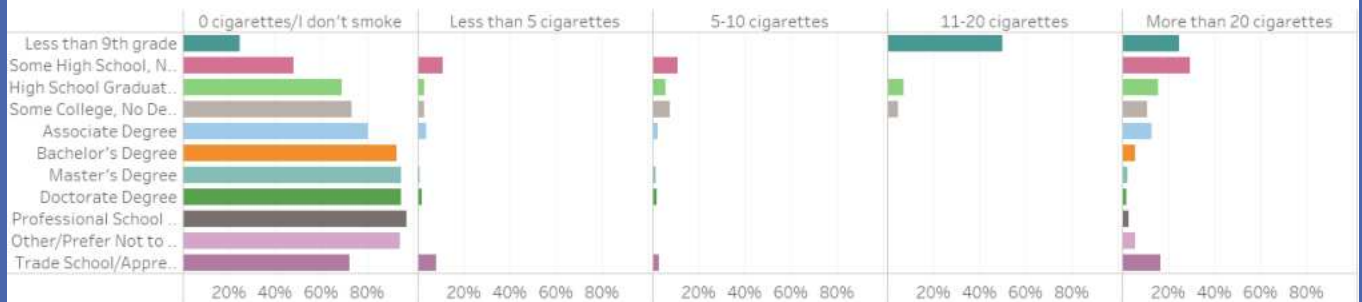
Most respondents from the CHA Survey indicated that they do not smoke. Among survey responses, likelihood of cigarette use appears to be correlated with race, income, and education.



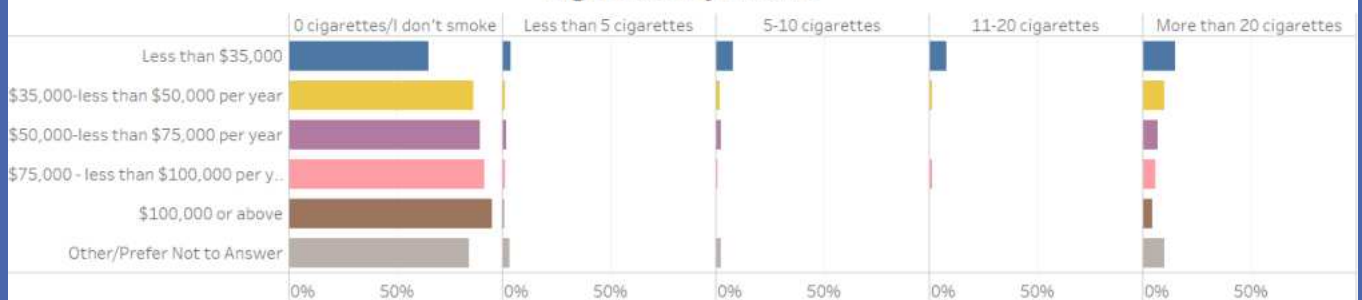




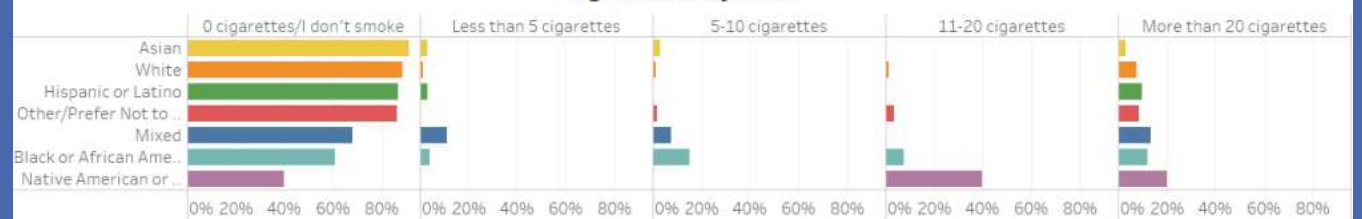
### Cigarettes by Education



### Cigarettes by Income



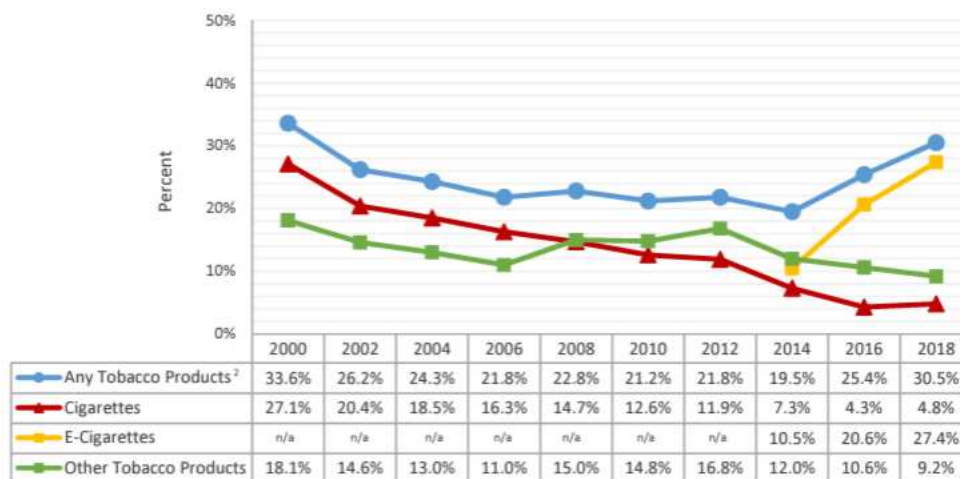
### Cigarettes by Race



## VAPING

While smoking rates have been decreasing, vaping rates have increased, especially among youth. In response to the question “During the past 30 days did you use an Electronic Vapor Product?” 10.8% of respondents said that they had used at least one of the specified products. Respondents aged 18-24 indicated the highest rates of vaping at 27.8%, compared with only 1.8% of respondents aged 65-74 and 0 respondents over the age of 75. These rates are similar to BRFSS survey data, where 14.1% of respondents who had ever used an electronic vaping product indicated that they currently vape.



**Trends in Any Tobacco Product Use among High School Students<sup>3</sup> in NYS, 2000-2018**

1. U.S. Department of Health and Human Services. E-Cigarette Use Among Youth and Young Adults. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2016.

2. "Any Tobacco Product" refers to the products that were asked about in the YTS year. Cigarettes, cigars, and smokeless tobacco have been monitored since 2000. Bidis and kreteks were included from 2000 to 2010. Pipe was included from 2000 to 2008, and again in 2014. Hookah was included beginning in 2008 and ENDS were included beginning in 2014. "Other Tobacco Product" refers to any product other than cigarettes or ENDS. Current tobacco use is defined as use on one or more days in the past 30 days.

3. Based on methods developed by CDC, the YTS is a school-based survey of a representative sample of high school students in NYS. The average sample size of high school students in the YTS, for all years excluding 2008, is 4,286. In 2008, a special study was conducted and the sample was increased to 23,133.

Source: New York State Youth Tobacco Survey 2000-2018. Contact the Bureau of Chronic Disease Evaluation and Research, New York State Department of Health at (518) 473-0673 or send an e-mail to [tcp@health.ny.gov](mailto:tcp@health.ny.gov). StatShots can be accessed online at: [http://www.health.ny.gov/prevention/tobacco\\_control/reports/statshots/](http://www.health.ny.gov/prevention/tobacco_control/reports/statshots/)

## OPIOID USE & OPIOID DEATHS

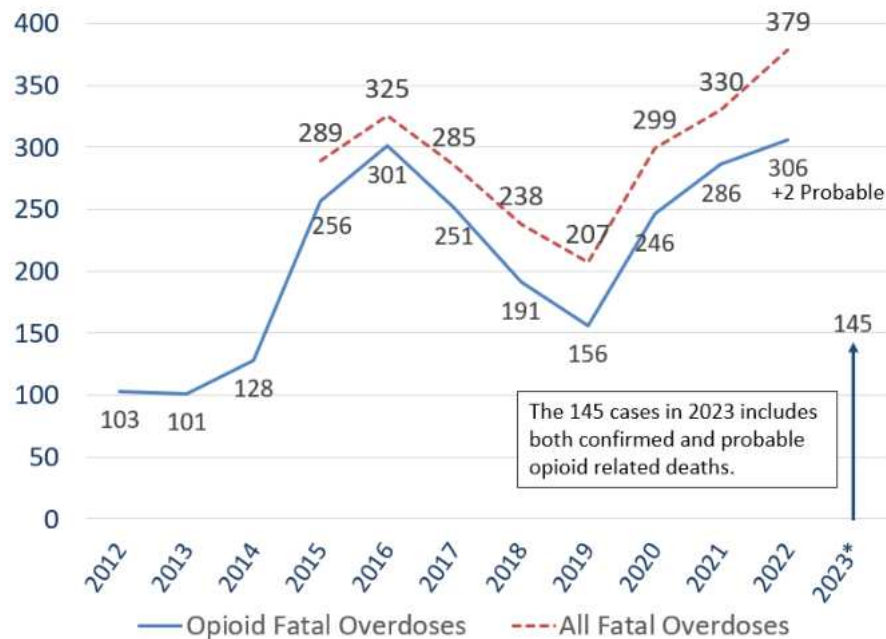
In recent years, harm reduction and overdose prevention efforts had been successful in decreasing opioid-related deaths in Erie County. However, decreasing trends in opioid-related overdoses reversed beginning in 2020 as Erie County saw year-over-year increases. During the COVID-19 pandemic, disruptions of treatment and recovery services, limited access to mental health services and peer support, disrupted routines, loss of work, and stress might have led to increased opioid use, resulting in a higher number of opioid overdose deaths.<sup>118</sup> Another contributing factor is the prevalence of fentanyl in other substances, such as cocaine.<sup>119</sup> Users of these substances may not be aware of the presence of fentanyl in their supply and therefore may not practice due caution.

The chart below shows raw numbers of opioid deaths in Erie County by year. Since the start of the pandemic, the total number of opioid deaths in Erie County increased from 156 in 2019 to 306 in 2022.<sup>11,119</sup>





## 2012 – 2023\* OVERDOSE DEATHS ERIE COUNTY



SOURCE: ERIE COUNTY MEDICAL EXAMINERS OFFICE, \*CASES REPORTED THRU 4/28/2023

Since 2020, opioid deaths have increased among racial and ethnic minority residents of Erie County both in raw numbers and in the proportion of overall opioid deaths in populations. The rate of death by opioid overdose is consistently higher in males than females. Since 2018, there has been a shift in age distribution in opioid overdose deaths. Most notably, the percentage has decreased in the 20-29 age group and increased in the 40-49 age group. While overdose deaths occur everywhere within the county, more occur in the city of Buffalo than in the surrounding municipalities. This has occurred to a greater extent since the beginning of the COVID-19 pandemic.<sup>119</sup>

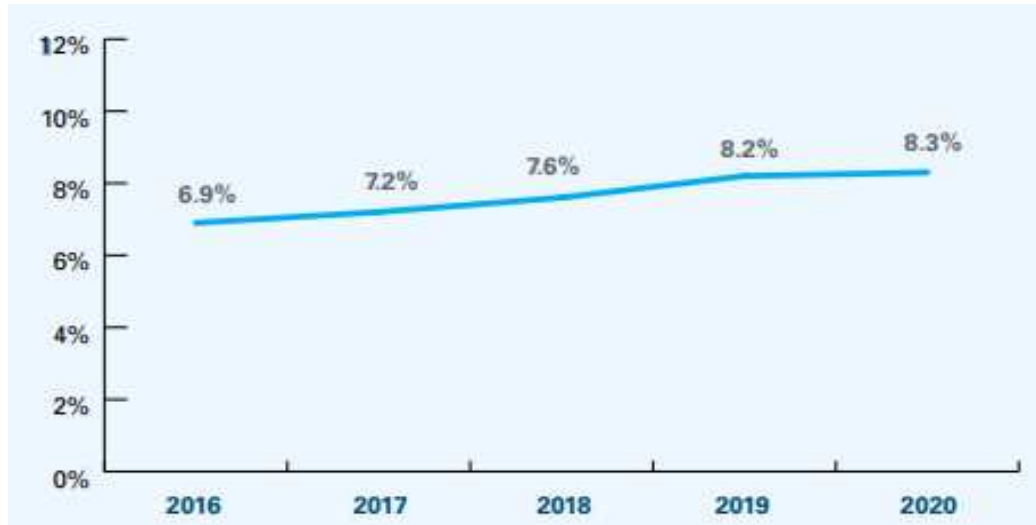
## MENTAL HEALTH

The 2022 Health of America report by the Blue Cross Blue Shield Association showed that among Blue Cross Blue Shield members in the United States, the percentage of individuals diagnosed with major depression consistently increased from 2016 to 2020.<sup>120</sup>





### Prevalence of Diagnosed Major Depression, 2016-2020



*Prevalence of diagnosed major depression among Blue Cross Blue Shield members in the United States. Blue Cross Blue Shield 'The Health of America' Report. Available at <https://www.bcbs.com/the-health-of-america/reports/racial-disparities-diagnosis-and-treatment-of-major-depression>*

The Health of America report also showed that White communities had the highest percentage of diagnosed major depression at 8.9%. Diagnoses were 31% lower for majority Black communities (6.1%) and 39% lower for majority Hispanic communities (5.4%).<sup>121</sup> Several factors indicate a potential underdiagnosis of major depression in Black and Hispanic communities, including national reports from the U.S. CDC National Health and Nutrition Examination Survey, which found Black and Hispanic respondents reported rates of depression to be equal to or higher than White respondents.<sup>120</sup>

Blue Cross Blue Shield (BCBS) also cited stigma in its report as a significant factor influencing the decision to seek mental health care among Black and Hispanic individuals. In its 2021 BCBS Mental Health Care Survey of 2,700 adults, 54% of Black respondents and 47% of Hispanic respondents agreed with the statement that individuals with mental health conditions in their communities “are looked down upon.” In comparison, 38% of White respondents agreed with that statement. In its report, BCBS concluded that ultimately stigma combined with structural racism, which may prevent historically marginalized communities from receiving equitable treatment, very likely worsens challenges to receiving adequate diagnoses, care, and treatment of mental health conditions in minority communities. Individuals from Black and Hispanic communities with major depression received counseling less frequently than individuals from White communities. Additionally, individuals from Hispanic and Black communities were less likely to receive prescription drug treatment of major depression and to receive prescription drug treatment less frequently compared to White communities.<sup>120</sup>



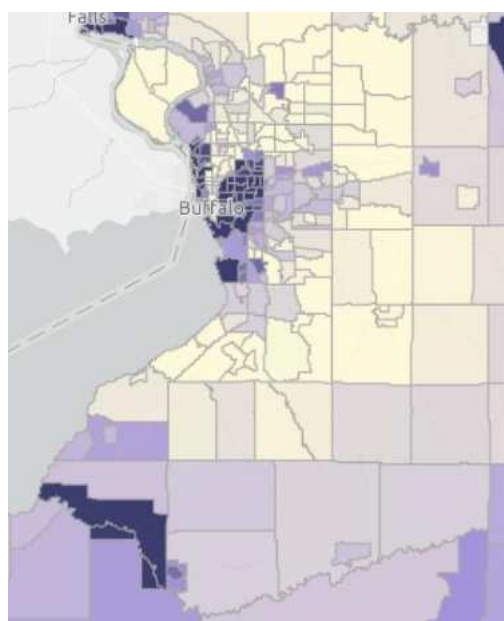


The age-adjusted percentage of adults with poor mental health for 14 or more days in the past month in Erie County was 14.1%. This is higher than the state percentage of 11.2%.<sup>7</sup> The average number of mentally unhealthy days reported in past 30 days (age-adjusted) in Erie County was 4.6 of the previous 30 days. This is higher than the national average number of days (4.5) and the New York State average number of days (3.9).<sup>4</sup>

The map below from PLACES data demonstrates that rates of self-reported poor mental health fourteen days or more in the last month vary per census tract. Areas that experience more socio-economic and health challenges also reported higher rates of poor mental health.<sup>102</sup>

More information on how health outcomes and social determinants vary per geographic area within Erie County can be found on pages 53-63 of the Equity report in Appendix G.

### Prevalence of Poor Mental Health, Erie County 2016-2020



*Estimated prevalence of poor mental health (not good for  $\geq 14$  days) among adults 18 and older. CDC PLACES data. BRFSS 2020 or 2019, Census 2010 population counts or census county population estimates of 2020 or 2019, and ACS 2015-2019.*

Fair or poor health crude prevalence (%)

- ◀  $\geq 22.4$
- ◀ 15.8 - national average
- ◀  $< 9.2$

### CHA Survey: Mental Health

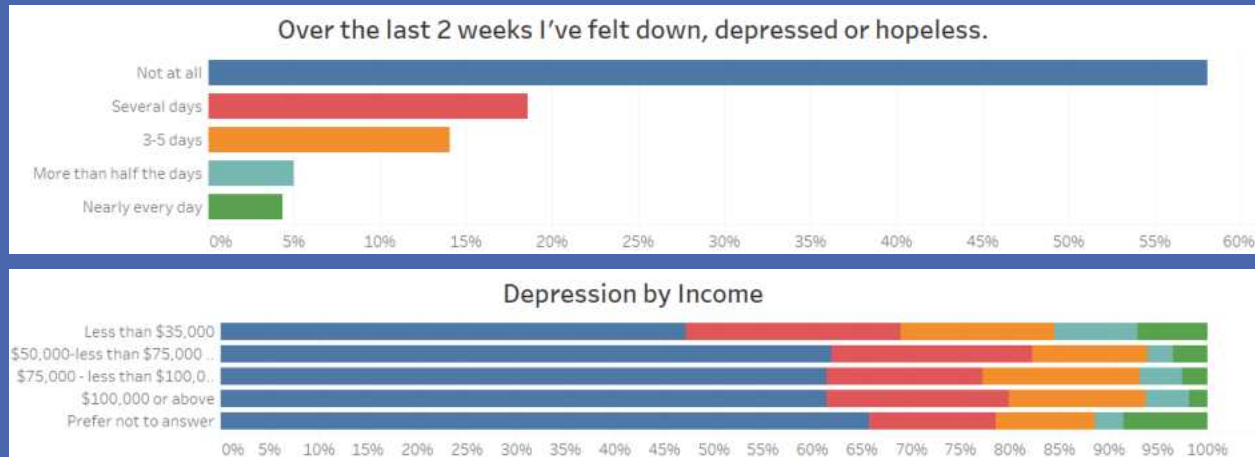
Among CHA Survey respondents, 58% answered that they did not feel down, depressed, or hopeless in the last 2 weeks, indicating that up to 42% of respondents may have felt down, depressed, or hopeless in the past 2 weeks. The survey data aligns with the NYS Prevention Agenda, which suggests that mental health issues are on the rise in Erie County and New York State.

CHA survey respondents making less than \$35,000 year reported higher numbers of days with depression as compared to all higher income groups. Poverty is one of the social determinants of mental health, and the survey data supports that.





Younger age groups reported feeling more down, depressed, or hopeless compared to older respondents in the CHA survey. The numbers might not be accurate indicator of mental health of older people in Erie County, because prevalence of stigma around mental health is generally higher within older populations, making them hesitant to report mental health issues.<sup>121,122</sup>



In July and August of 2022, Ipsos conducted a poll among U.S. teens on behalf of the National Alliance on Mental Illnesses (NAMI). Of the 1,015 teens polled, 1 in 4 have been diagnosed with a mental health condition. Responses revealed that teens are comfortable talking about mental health, but don't start the conversation. Only 48% of teens surveyed speak with their parents about their mental health and only 22% talk with their friends. 34% of teens seek mental health information from parents, 18% from friends, 7% from teachers or trusted adults outside their family, and 6% from social media. Among those who have sought information about mental health, 95% trust their parents often, 80% trust their teachers and other adults at their school, and 78% trust their friends.<sup>123</sup>

Teens want schools to play a big role in their mental health. More than 2 in 3 teens surveyed agree schools should teach about mental health, including where and how to seek support and treatment. 56% say that their school thinks that mental health matters and 67% think schools should offer days off for mental health.<sup>123</sup>

Results from the Buffalo Public School District's published Youth Risk Behavioral Survey suggest that mental health issues among middle and high school students are increasing.<sup>109,110</sup> The number of middle school students who reported thoughts of self-harm and plans to kill themselves increased in 2021. At the same time, self-reported use of resources like school mental health clinics declined between 2019 and 2021.<sup>110</sup> Similar trends are seen among high school students where reports of poor mental health, difficulty concentrating, and suicide attempts have increased significantly. Moreover, the proportion of

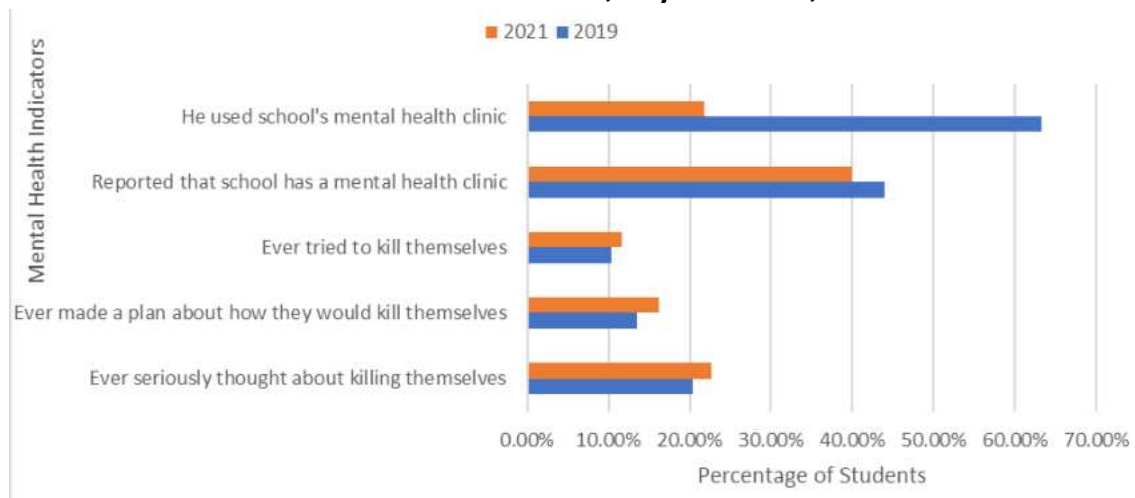




people who are aware of the available resources and used those resources has decreased significantly since 2019.<sup>109</sup>

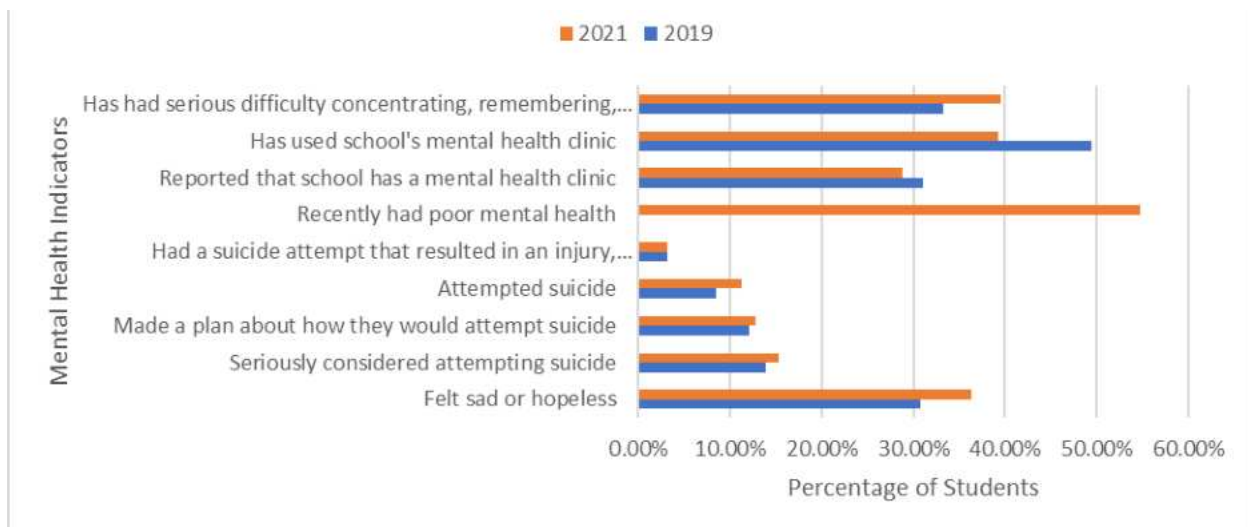
Information on equity and mental health among youth can be found on pages 49-50 of the Equity report in Appendix G.

### Middle School Youth Mental Health, City of Buffalo, 2019 and 2021



Percentage of middle school youth experiencing mental health indicators, Erie County, 2019 compared to 2021. Youth Risk Behavioral Surveillance System (YRBSS) 2021.

### High School Youth Mental Health, City of Buffalo, 2019 and 2021



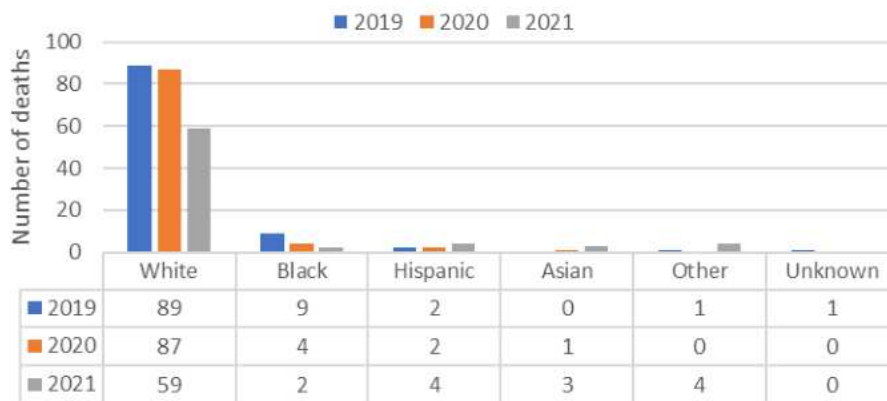
Percentage of high school youth experiencing mental health indicators, Erie County, 2019 compared to 2021. Youth Risk Behavioral Surveillance System (YRBSS) 2021.





## SUICIDE

### Suicides by Race/Ethnicity, Erie County, 2019 - 2021



Number of suicides by race/ethnicity, Erie County, 2019 - 2021. Erie County Medical Examiner's Office.

### Suicides by Gender, Erie County, 2019 - 2021



Number of suicides by gender, Erie County, 2019 - 2021. Erie County Medical Examiner's Office.

Suicide rates in Erie County have been declining since 2019, but remain higher than the rates in New York State.<sup>124</sup> From 2017-2019, the age adjusted deaths due to suicide in Erie County is 11.4 per 100,000 as compared to the New York State rate of 8.7 per 100,000.<sup>124</sup> The total number of suicide deaths in Erie County was 103 in 2019, 94 in 2020, and 72 in 2021.<sup>125</sup> The total number of suicide deaths recorded in Erie County in 2022 was 90.<sup>125</sup> The number of suicides has been significantly higher in males than in females. Additionally, suicides are highest in the White community.

More suicide deaths have been recorded among White populations in Erie County in 2019, 2020, and 2021. In 2019, 89 White, 9 Black, and 2 Hispanic persons died by suicide. In 2020, 87 White, 4 Black, 2

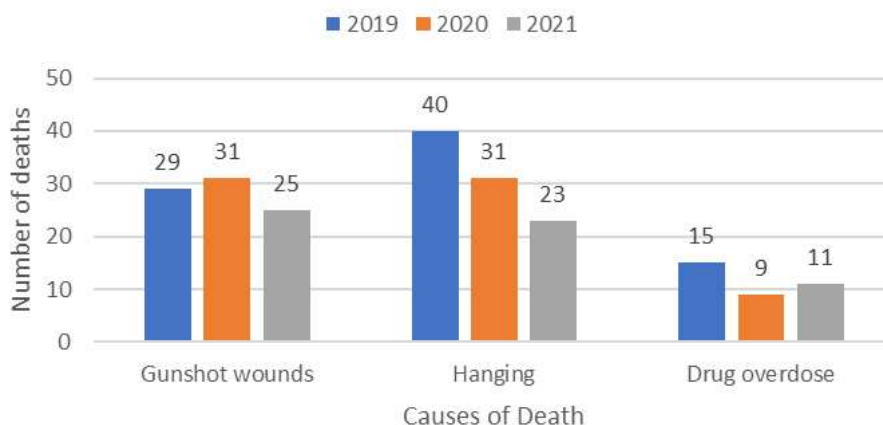




Hispanic persons, and 1 Asian person died by suicide in Erie County. And in 2021, 59 White, 2 Black, 4 Hispanic, 3 Asian, and 4 persons from other races died by suicide in Erie County.<sup>125</sup>

In 2019, suicides in Erie County were most often by hanging, but in 2021 gunshot wounds became the leading means of suicide. In 2019 and 2020, only 1 suicide death by gunshot was recorded among females, and the rest of the 28 and 31 deaths were recorded among males respectively. In 2021, all the suicides by gunshot wounds were recorded among males.<sup>125</sup>

### Suicides by Cause of Death, Erie County, 2019 - 2021



Number of suicides by cause of death, Erie County, 2019 - 2021. Erie County Medical Examiner's Office.

## CHRONIC DISEASE

### CANCER

Between 2015-2019, the cancers with the highest incidence rates in Erie County were prostate cancer for males and breast cancer for females. Between 2015-2019 the type of cancer with the highest mortality was lung and bronchus cancer for both males and females.<sup>126</sup>

#### Top 5 Cancer Incidence Rates by Gender, Erie County, 2015 - 2019

	Male	Female
1	Prostate	Breast
2	Lung and bronchus	Lung and bronchus
3	Urinary bladder	Colorectal
4	Colorectal	Uterine
5	Melanoma	Thyroid

Top 5 cancer incidences rates by gender, Erie County, 2015 - 2019. NYS Cancer Registry.





Environmental factors and the industrial legacy in Erie County play a role in cancer rates and mortality.<sup>127</sup> Occupational patterns and Buffalo's history as an industrial and manufacturing hub suggest that occupational exposures could be a contributing factor in lung cancer in the area.<sup>128</sup> Lung and bronchus cancer rates in Erie County have been consistently higher than rates in other areas of the state since 1996.<sup>127,128</sup>

### Top 5 Cancer Mortality Rates by Gender, Erie County, 2015 - 2019

	Male	Female
1	Lung and bronchus	Lung and bronchus
2	Prostate	Breast
3	Colorectal	Colorectal
4	Pancreas	Pancreas
5	Leukemia	Ovary

*Top 5 cancer mortality rates by gender, Erie County, 2015 - 2019. NYS Cancer Registry.*

### CHA Survey: Cancer

When asked whether they or a family member had been diagnosed with cancer in the last five years, 84.3% (1,152 individuals) responded no. Survey respondents were also asked if they or a family member had ever been diagnosed with and one or five specific types of cancer. 80.8% responded that they had not. The remainder responded: Breast (8.6%), prostate (4.8%), lung (4.7%), cervical (2.9%), and colorectal (2.6%).

When asked whether they were aware of the free services provided through Erie County Cancer Services Program, 80.3% (1098 individuals) indicated that they were not.

### DISPARITIES IN CANCER MORTALITY

- Black males and females have higher rates of cancer mortality in Erie County than their White counterparts.
- In Erie County, Black males (37.4 per 100,000 population) have the higher rates of prostate cancer mortality compared to White males (17.0 per 100,000 population).
- Black males and females in Erie County have higher cancer mortality for lung and bronchus cancer with 48.0. per 100,000 population compared to 40.1 per 100,000 population for White residents.
- Black females in Erie County have higher age-adjusted rates of breast cancer mortality at 34.1 per 100,000 population as compared to 21.7 per 100,000 population among White residents.

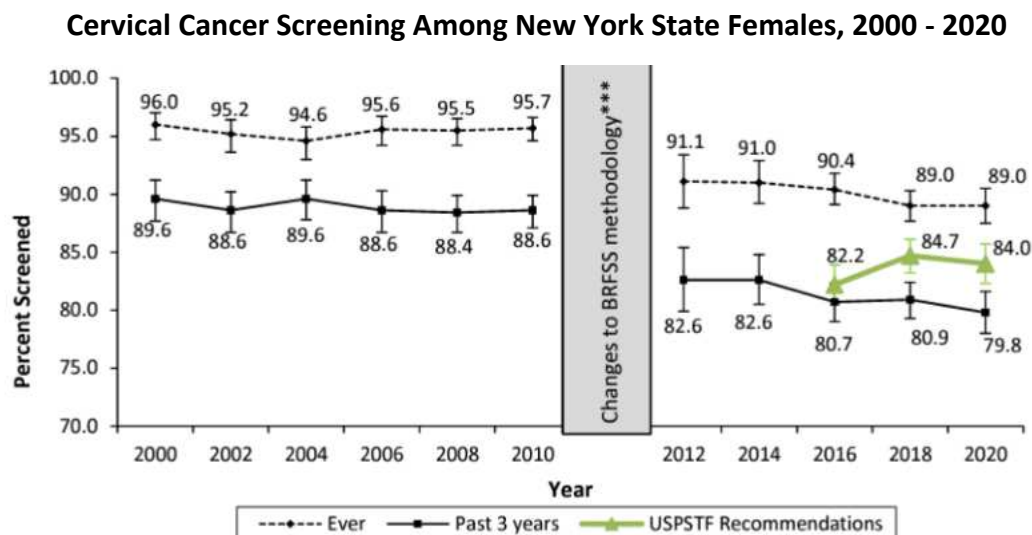




- Black males and females in Erie County have highest age-adjusted rates of colorectal cancer mortality: 17.8 per 100,000 population compared to 11.9 per 100,000 population for White residents and 7.2 per 100,000 population for Hispanic residents.<sup>129</sup>

**CANCER SCREENING:** NYS BRFSS provides reports on statewide cancer screenings for cervical, colorectal, and breast cancer. In 2020, 76.6% of NYS adults ages 50 to 75 years received a colorectal cancer screening, which was below the NYS goal of 80%.<sup>130</sup> In response to rising rates of colorectal cancer, in May 2018, the American Cancer Society recommended that colorectal cancer screenings begin at age 45, rather than 50, for average-risk individuals.<sup>131</sup>

In 2020, 84.0% of NYS females ages 21 to 65 years received cervical cancer screening, which is a decrease from 84.7% in 2019.<sup>132</sup> In 2020, an estimated 82.2% of NYS females 50 to 74 years of age had received breast cancer screening within the past two years.<sup>133</sup>

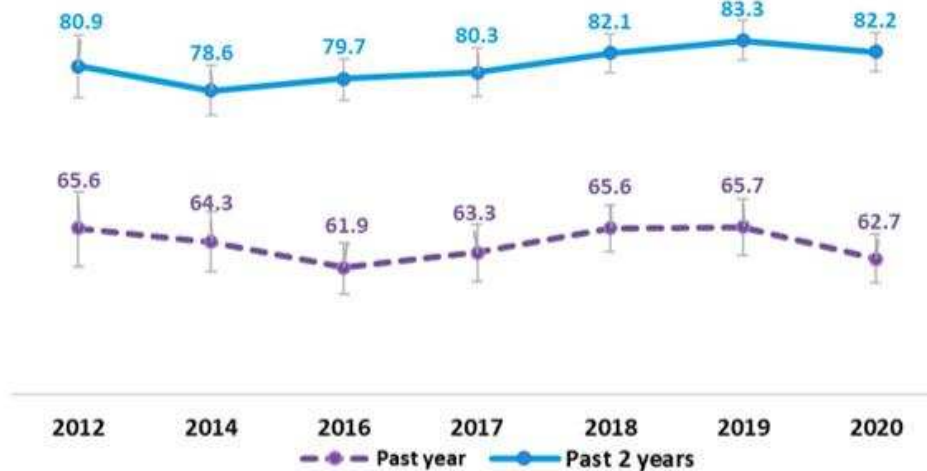


*History of cervical cancer screening (ever had a Pap test, Pap test within past 3 years, and USPSTF recommendations) among New York State females ages 21-65 by BRFSS survey year, from 2000 to 2020. NYS BRFSS Brief, Cervical Cancer Screening New York State Adult Females ages 21-65, 2020.*





### Mammograms Reported by New York State Females, 2012 - 2020



Note: Error bars represent 95% confidence intervals

History of mammogram (within past year, within past 2 years) as reported by New York State females ages 50-74 by BRFSS survey year, from 2000 to 2020. NYS BRFSS Brief, Breast Cancer Screening New York State Adult Females, 2020.

### RURAL CANCER SCREENINGS

Erie County's Cancer Screening Program serves all residents of the county and provides access to mammography and colorectal screenings to those who may not have insurance or other means of access or payment, which has increased access in Erie County. Nationally, it has been reported that rural-specific cancer screening barriers include:

- Lack of prevention attitude
- Lack of privacy due to knowing healthcare providers and screening staff
- Distances and time required to travel for screening
- Transportation issues<sup>134</sup>

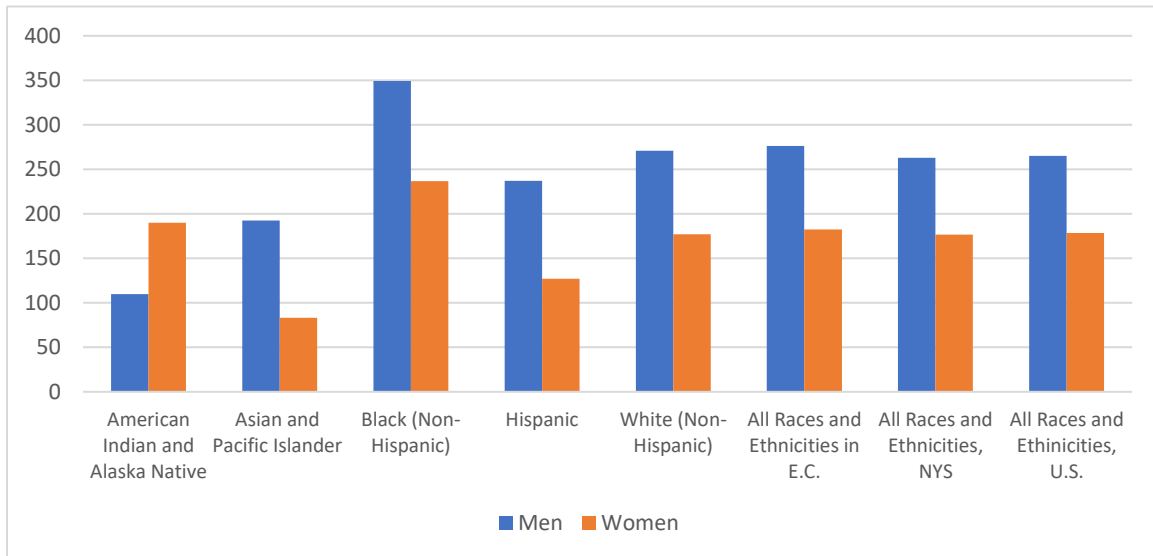




## **CARDIOVASCULAR DISEASE (CVD)**

Cardiovascular disease is a broad term that includes a number of conditions such as heart disease and stroke. Heart disease is the leading cause of death in the United States, New York State, and Erie County.<sup>68,69</sup> Men and non-Hispanic Black residents are diagnosed with heart and cardiovascular disease at rates significantly higher than women and non-Hispanic White residents in Erie County, respectively. The heart disease death rate in Erie County from 2018-2020 was about 170.3 per 100,000 residents, which was slightly higher than the national rate of 164.9 per 100,000 and slightly lower than the NYS rate of 174.2 per 100,000. The death rate for stroke in Erie County from 2018-2020 was 35.3 per 100,000 residents, which was slightly lower than the national rate of 35.3 per 100,000 and higher than the NYS rate of 24.3 per 100,000. Death rates for these conditions within Erie County vary per race.<sup>135</sup>

**Cardiovascular Death Rate per 100,000 by Race/Ethnicity in Erie County, 2018-2020**



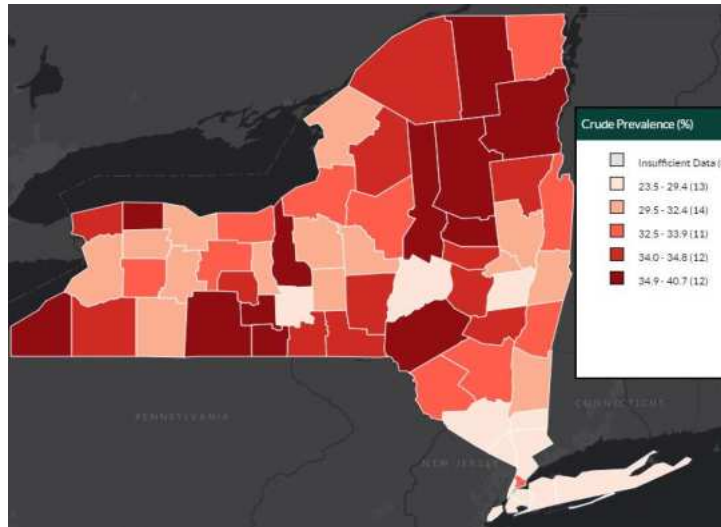
*Cardiovascular death rate per 100,000 by race/ethnicity in Erie County, 2018-2020. CDC Interactive Atlas of Heart Disease and Stroke. Available at [www.cdc.gov/dhds/maps/atlas](https://www.cdc.gov/dhds/maps/atlas)*





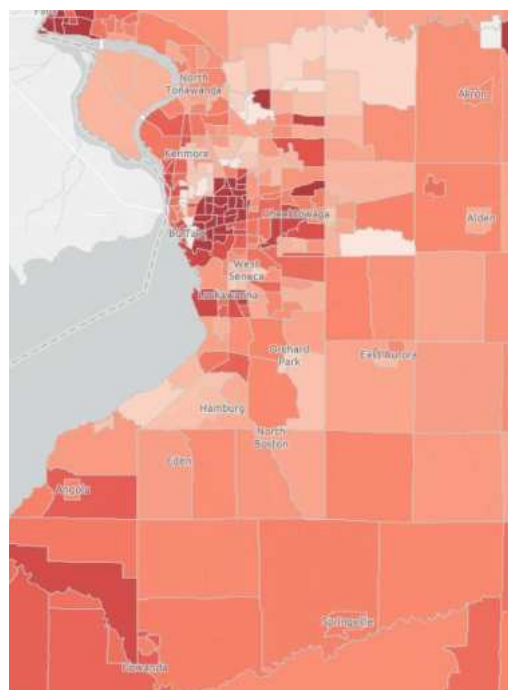
Major risk factors for heart disease include smoking, high cholesterol, and high blood pressure.<sup>136</sup> In 2019, about 32.4% of Erie County residents ages 18 and older had a diagnosis of high blood pressure.<sup>135</sup> While the overall rate of high blood pressure in Erie County is not as high as in many other counties in NYS,<sup>135</sup> rates within the county vary per census tract and are higher in areas where more minority or elderly residents reside.<sup>102,12</sup>

## Prevalence of High Blood Pressure by County in New York State



High blood pressure prevalence by County in New York State. CDC Interactive Atlas of Heart Disease and Stroke.  
Available at [www.cdc.gov/dhds/maps/atlas](http://www.cdc.gov/dhds/maps/atlas)

## Prevalence of High Blood Pressure, Erie County



*Estimated prevalence of high blood pressure. CDC PLACES data. BRFSS 2020 or 2019, Census 2010 population counts or census county population estimates of 2020 or 2019, and ACS 2015-2019.*





## **OBESITY**

Rates of student obesity have remained steady since 2010, remaining slightly below the New York State 2024 Prevention Agenda Goal of 16.4%.<sup>7</sup> Post COVID-19 pandemic data on obesity has not yet been analyzed at the local level. However, there is evidence that the COVID-19 pandemic exacerbated pre-existing disparities in obesity rates among children, which may have been the result of a disruption of daily routines, opportunities to exercise, and access to healthy foods.<sup>137,138</sup>

### **Percentage of Children and Adolescents with Obesity by School District, Erie County**

School District Name	# Children & Adolescent Students Identified as Obese	Percentage
North Collins Central School District	55	24.4
Cheektowaga-Sloan Union Free School District	90	22.4
Cleveland Hill Union Free School District	44	22.4
Cheektowaga Central School District	178	21.1
Buffalo City School District	1,587	20.9
Depew Union Free School District	146	19.4
Tonawanda City School District	105	18.9
Cheektowaga-Maryvale Union Free School Dist.	156	18.7
Sweet Home Central School District	229	18.3
Kenmore-Tonawanda Union Free School District	472	17.9
West Seneca Central School District	376	17.4
Lackawanna City School District	125	17.2
Springville-Griffith Institute Central School	109	16.6

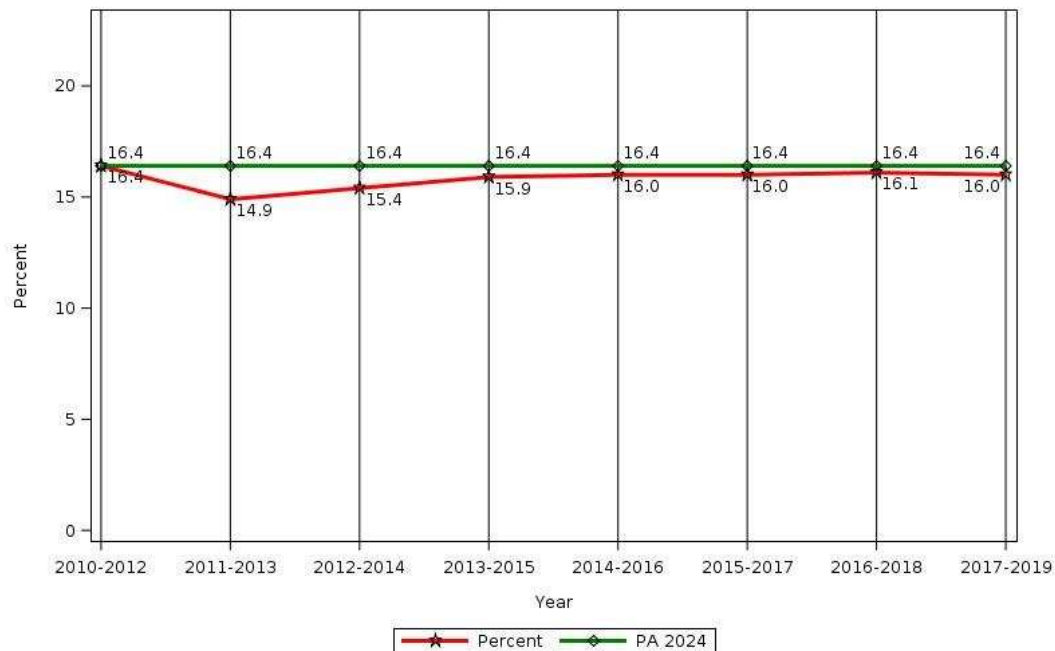
*Number and percentage of children and adolescents with obesity, by school district for all school districts above the prevention agenda goal of 16.4. Student Weight Status Category Reporting System (SWSCRS).*





Data on the NYS Prevention Agenda Dashboard show that while rates of childhood and adolescent obesity in Erie County are somewhat lower than the NYS average, rates of adult obesity in Erie County are a bit higher than the NYS average.<sup>7</sup>

### 3-Year Average Student Obesity Rates, Erie County, 2010-2012 Through 2017-2019



3-Year average percentage of children and adolescents with obesity, Erie County, 2010-2012 through 2017-2020. Student Weight Status Category Reporting System (SWSCRS). **Note:** Green line is NYS Prevention Agenda 2024 Goal Percentage; Red line is Erie County Percentage.

### Percentage of Obesity Rate in Children, Adolescents, and Adults, Erie County, 2017-2019

	Erie County (%)	New York State (%)	NYS Prevention Agenda Goal 2024 (%)
Percentage of children with obesity among children aged 2-4 years participating in the WIC program (2017)	13.1	13.9	13.0
Percentage of children and adolescents with obesity (2017-2019)	16.0	17.3	16.4
Percentage of adults with obesity (2018)	30.0	27.6	24.2

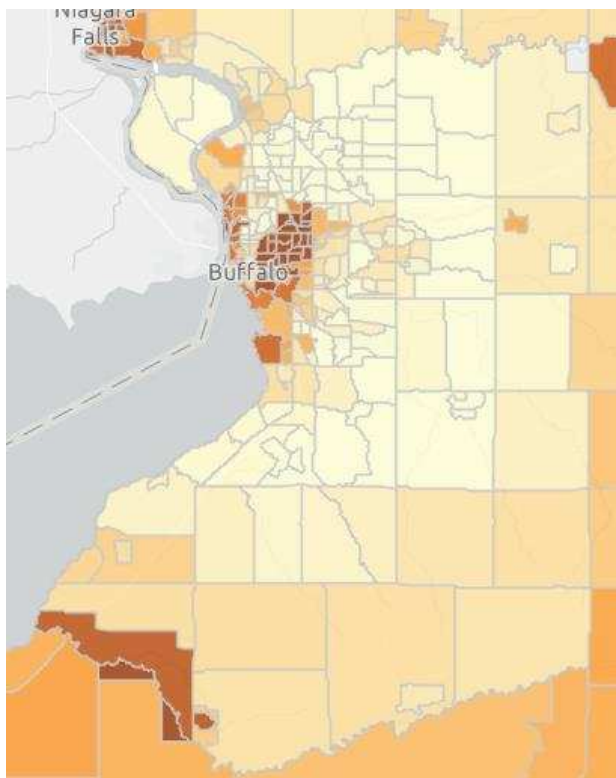
Percentage of children aged 2-4, children and adolescents, and adults with obesity, Erie County, 2017-2020. Student Weight Status Category Reporting System (SWSCRS); Pediatric Nutrition Surveillance System (PedNSS), data as of June 2019; NYS Behavioral Risk Factor Surveillance System, data as of August 2020.



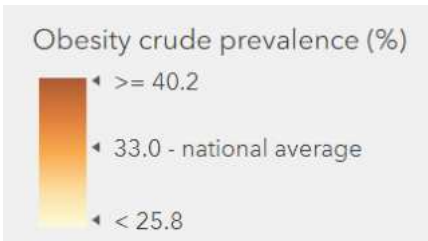


SDOH strongly influence behaviors that contribute to or protect against obesity.<sup>139</sup> High rates of adult obesity in Erie County are observed in geographic areas that also experience higher rates of poverty and are predominantly occupied by racial and ethnic minorities.<sup>12,102</sup>

### Prevalence of Obesity in Adults 18 and Over, Erie County, 2017-2019



*Crude prevalence of obesity among adults 18 and older. CDC PLACES data. BRFSS 2020 or 2019, Census 2010 population counts or census county population estimates of 2020 or 2019, and ACS 2015-2019.*

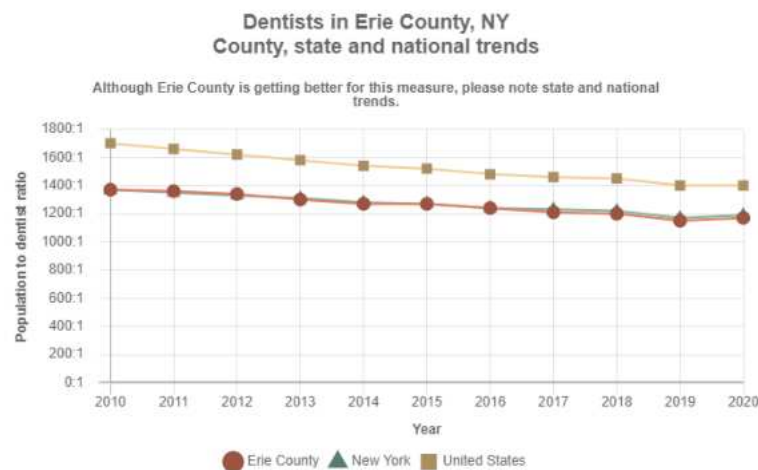






## **DENTAL HEALTH AND SERVICES**

Prior to the pandemic, the availability of dental services had steadily increased in Erie County. In 2010 there was one dentist per every 1370 residents. By 2020 there was one dentist per every 1170 residents.<sup>4</sup> This trend mirrored the expansion of coverage for dental health services that was part of the Affordable Care Act, as well as New York's inclusion of dental services as a basic requirement for health insurance plans set up under our state-managed health insurance marketplace, New York State of Health.



Notes:  
The data in this table reflect the average population served by a single dentist.

*Population to dentists ratio in Erie County, NY. County Health Rankings, 2022.*

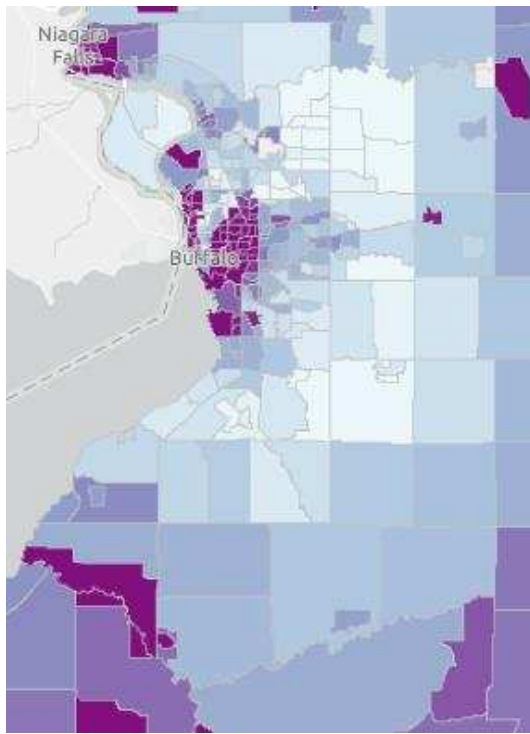
The COVID-19 pandemic has had lasting effects on access to dental care. CareQuest Institute for Oral Health surveyed thousands of Americans in 2021 and 2022 about barriers to accessing care and found that many Americans are still not receiving the dental care they need. While fear of exposure to COVID-19 and loss of health insurance due to the pandemic decreased as a barrier between the two years, more people cited cost of care as a barrier in 2022 than in 2021.<sup>140</sup> In NYS, Medicaid and state health insurance marketplace plans do cover some basic services, particularly for children, but pay a lower rate. Erie County also has some free and sliding-scale fee dental service clinics.

Senior dental health is a tracked indicator of a region's dental service access and health. Data estimating the prevalence of all teeth lost among Erie County adults aged  $\geq 65$  years (%) was 9.6 with 95% CI (6.1, 14.0), and the age-adjusted prevalence (%) was 10.3 (6.6, 14.9) in 2020.<sup>98</sup> Geographic disparities are apparent in the heat map below, where darkened areas indicate census tracts in Erie County with higher percentages of residents ages 65 and older who have lost mature teeth.

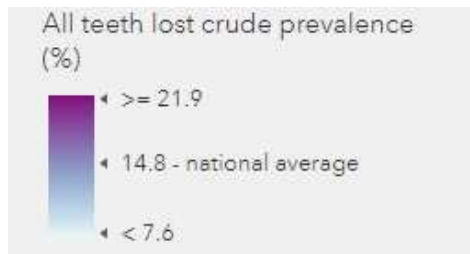




### Prevalence of All Teeth Lost in Adults 65 and Over, Erie County, 2017-2019



*Crude prevalence of all teeth lost adults 65 and older. CDC PLACES data. BRFSS 2020 or 2019, Census 2010 population counts or census county population estimates of 2020 or 2019, and ACS 2015-2019.*



## PREVENTION OF DENTAL CARIES (CAVITIES)

Fluoridated water is strongly associated with fewer cavities in populations.<sup>141</sup> In Erie County, the majority of the population has access to fluoridated water. But notably, the water service provider for the city of Buffalo stopped adding fluoride in 2015, impacting over 200,000 residents in the city.<sup>142</sup>

Upstream prevention efforts like fluoride varnish and dental sealants that are implemented with children can help mitigate lost teeth and dental health problems in adults. A key preventive, evidence-based approach is the application of fluoride varnish to teeth,<sup>143</sup> which can be done in community settings including schools by physicians or other professionals who are not dentists and is therefore cost-effective.

The effectiveness and importance of dental sealants, which must be applied by dental professionals, is also supported by clinical research. According to the CDC:

- Dental sealants prevent 80% of cavities in the back teeth, where 9 in 10 cavities occur.
- About 60% of children ages 6-11 years don't get dental sealants.
- Children from low-income families are 20% less likely to get dental sealants.<sup>144</sup>





## ERIE COUNTY'S HEALTH CHALLENGES

Erie County's health challenges stem from the Social Determinants of Health (SDOH). SDOH are well-recognized for their role in the development of disease and mortality. In Erie County the SDOH impacts ZIP codes with higher rates of disease and mortality for a variety of health conditions. Examples of SDOH that increase risk of poor health outcomes for some residents of Erie County include:

- Access to safe, affordable housing
- Lower income, exacerbated by current inflation
- Time stresses resulting from dependence on complex public transportation schedules to commute to and from work, often for multiple jobs
- Limited educational opportunities and resulting lower education levels, which research has shown is correlated to the initiation and continuation of habits like tobacco and alcohol use
- Systemic racism, including a history of red-lining and disinvestment in minority communities
- Limited leisure time, resulting in lower rates of leisure-time physical activity
- Access to healthy foods

On a ZIP code level, health disparities in Erie County are often also correlated with areas of lower income, lower education levels, and populations attending schools with lower overall scores on standardized academic achievement tests. Educational opportunities are also limited in lower-income areas of the city, with Buffalo Public Schools overall performing poorly compared to test-in-only, charter, private, and suburban schools.

The Erie County Health Equity Report (Appendix G) summarizes how SDOH impact different communities throughout Erie County.

## BEHAVIORAL AND ENVIRONMENTAL RISK FACTORS

Several environmental and behavioral risk factors in Erie County result in poor health outcomes such as obesity and frequent mental distress, including diet, physical activity, trauma, and access to and use of quality healthcare. Other behavioral risk factors in Erie County include use of substances such as alcohol, tobacco, and opioids. There are higher-than-average alcohol and tobacco product use in the areas with elevated rates of several cancers in the NYS DOH East Buffalo-West Cheektowaga report.<sup>128</sup> These behavioral risks have been associated with increased incidence of heart disease and increased lung, oral, and gastrointestinal cancers in multiple studies.<sup>145</sup>

Binge drinking reported among adults declined from 23.1% in 2016 to 20.2% in 2018 but remained above the NYS Prevention Agenda 2024 Goal of 16.4% according to data reported in 2020.<sup>7,146</sup>





While cigarette smoking among residents has decreased in Erie County, the number of adults using vaped tobacco products has been consistent,<sup>147</sup> and the number of Buffalo Public School students using vaped tobacco products has increased.<sup>109,110</sup>

Behavioral risk factors, such as smoking and alcohol use in neighborhoods with lower levels of education status for heads of households, and environmental risk factors such as legacy industrial contaminants and aging and poorly maintained housing and built environment, should be considered as negatively contributing to mental and physical health status. Numerous research studies have shown that access to safe, usable greenspace that can be used for recreation is important to physical and mental health.<sup>148</sup>

These health factors are linked to Erie County's health priority areas of focus including adverse cardiovascular, cancer, and substance use disorder outcomes. They also directly impact outcomes related to obesity and mental health.

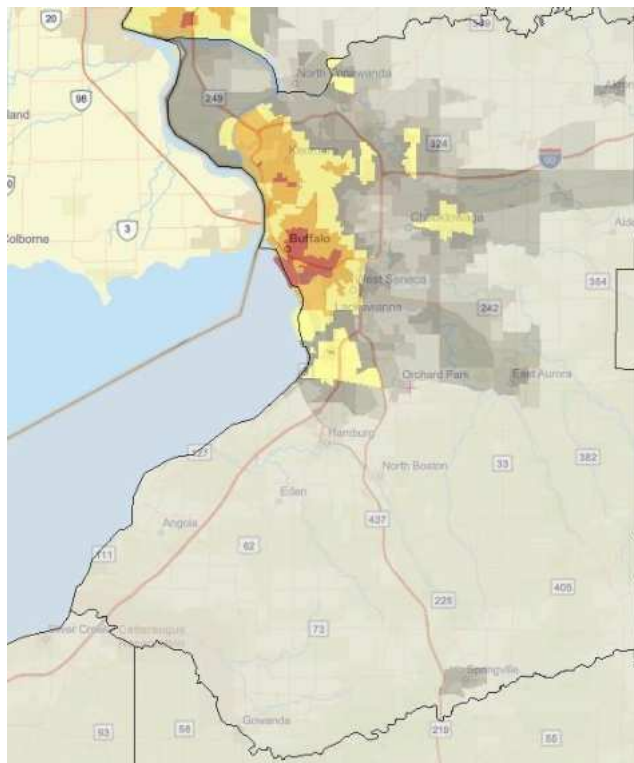
- **Obesity:** The percent of obese adults in Erie County increased from 26.3% in 2016 to 30.0% in 2018, above the NYS Prevention Agenda 2024 Goal of 24.2%. Obesity is exacerbated by income disparities in Erie County. In 2018, the percentage of adults with obesity that have incomes of less than \$25,000 is 39%. This is well above the NYS Prevention Agenda Goal percentage of 29.0%.<sup>7</sup>
- **Frequent Mental Distress:** In 2018, 14.1% of Erie County adults reported frequent mental distress. This rate is higher than rates for most of Western New York and New York State and higher than the Prevention Agenda Goal for 2024 of 10.7%.<sup>7</sup>

Environmental risk factors include the region's industrial heritage, with a number of brownfield sites containing industrial waste and a legacy of prominence in nuclear research and production.<sup>149</sup> Legacy Manhattan Project sites are located in Erie County and in nearby Niagara and Cattaraugus counties, including the West Valley Demonstration Project just south of the Erie County border.<sup>150</sup>

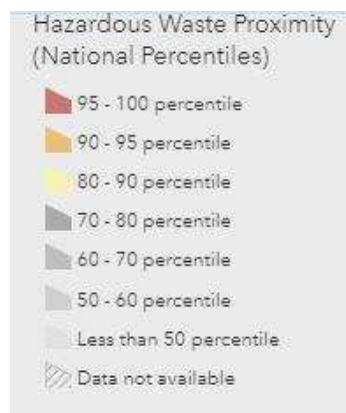




### Proximity to Hazardous Waste (National Percentiles), Erie County



*Proximity to hazardous waste based on national percentiles, Erie County. EPA Environmental Justice Screen Mapping Tool. Available at <https://ejscreen.epa.gov/mapper/>*



Three research studies have identified elevated rates of cancer and asthma in areas affected by industrial chemical contaminants: the Tonawanda Coke Soil Study,<sup>151</sup> East Buffalo-West Cheektowaga study,<sup>128</sup> and Childhood Asthma study.<sup>101</sup> Non-partisan rating methodologies have identified Erie County as an area with higher-than-average air particulate matter and an area with greater than average industrial activity.

The Tonawanda Coke Soil Study studied a limited area around the Tonawanda Coke power plant and identified chemical-specific contaminants with 6"-deep soil samples containing contaminant levels above concentration guidelines set by the U.S. Environmental Protection Agency (EPA) and New York State Department of Environmental Conservation (NYS-DEC). The final report found that contaminants could be from the study subject plant, other nearby industrial activity, or gasoline and diesel-powered vehicle traffic in the area, and did identify that some areas of contamination could be reasonably matched to the source subject plant.<sup>151,152</sup>





A 2019 NYSDOH research report investigated unusually high rates of six types of cancer in the East Buffalo-West Cheektowaga (EBWC) ZIP code areas. The study was part of then-Governor Cuomo's 2017 Cancer Research Initiative, examining cancer trends and the potential causes of cancer in four regions of the state, based on 2011-2015 data. Higher numbers of colorectal cancer, esophageal cancer, kidney cancer, lung cancer, oral cavity (mouth and throat) cancer, and prostate cancer led researchers to conduct the study. This investigation found that neighborhoods with higher percentages of Black residents and more residents living below the poverty line have higher cancer rates. Obesity, alcohol use, and occupational exposure to elevated levels of hazardous substances were all higher in the study area than in Erie County, Upstate New York, and New York City. Lower medical screening levels and access to healthcare services were noted. Using the CDC-developed modified Retail Food Environmental Index (mRFEI) measure, access to healthy foods was also reported as significantly lower in a subsection of the study area in East Buffalo than county and state averages. While occupational exposure was identified as a potential risk factor, the study noted that "available information could not identify a particular occupation or workplace that may have played a role in the elevations and detailed occupational information was unavailable." The study's research report recommended adding occupational history to electronic health records to better link and identify occupational hazards to patients' health conditions.<sup>128</sup>

In the Childhood Asthma and Environmental Risk Factors in the City of Buffalo, New York, study conducted by staff in the NYSDOH Center for Environmental Health, results released in 2005 and updated in 2011 suggested that both industrial chemical (ammonia) and air particulate matter from nearby diesel exhaust on the Interstate-190 expressway and Peace Bridge traffic may have played a role in elevated childhood asthma rates in a corridor of neighborhoods adjacent to industrial activity and the international Peace Bridge to Canada, along with aging homes and other controllable factors in the home and neighborhood.<sup>101</sup>





## ERIE COUNTY'S ASSETS

### **LOCAL GOVERNMENT PROGRAMS AND HEALTH POLICY ENVIRONMENT**

In Erie County, government, schools, businesses, and anchor institutions are supportive of positive health and wellness policies in many areas including preventing tobacco use, overdose prevention initiatives, climate health initiatives, and healthy food and exercise initiatives. The New York State Smoke-Free Workplace policy helped support several smoke-free initiatives throughout Erie County. Erie County's parks and beaches have been smoke-free since 2012.<sup>153</sup> The Tobacco-Free WNY Coalition based at Roswell Park Comprehensive Cancer Center has been a strong partner for this initiative. (More about Tobacco-Free WNY can be viewed here: <http://tobaccofreewny.com/>.) State and county-wide policies have supported efforts in harm reduction such as increasing access to naloxone and the creation of overdose prevention programs.<sup>154,155</sup>

Multiple resolutions have been passed or proposed in support of health and wellness, including resolutions on walkable communities through government support of the Complete Streets Policy.<sup>156,157</sup> (More about Complete Streets can be viewed here: <https://www.dot.ny.gov/programs/completestreets>).

Erie County's Climate Action Plan is an effort to support health and wellness by promoting a healthy and just environment. (More about the county's efforts on the Climate Action Plan can be viewed here: <https://www3.erie.gov/climateaction/>)

The Buffalo Common Council has supported the Healthy Community Store Initiative, and Buffalo Public Schools support and sponsor several healthy food and exercise initiatives.<sup>158</sup> More about the Healthy Community Store Initiative can be viewed here: <https://erie.cce.cornell.edu/healthy-community-store-initiative>.)

### **NATURAL AND BUILT ENVIRONMENT**

Erie County is notable for its many acres of parkland and trees, creating an environment supportive of healthy behaviors for many residents. There are 16 county parks in Erie County—one park for every 65 square miles—in addition to numerous city, town, and pocket parks. In New York State, Erie County is ranked 39th of 62 counties in parks per capita, and 16th of 62 counties in parks per square mile.<sup>159</sup> The county's largest municipality, the city of Buffalo, oversees more than 180 parks and recreational facilities including the Frederick Law Olmsted-designed park and parkway system, 7 recreation centers, several public squares, 12 public pools, and 4 public ice rinks.<sup>160</sup> The Buffalo Olmsted Parks Conservancy manages 6 parks (Delaware, Front, Cazenovia, Martin Luther King Jr., South, and Riverside), 7 tree-lined





parkways, 8 landscaped circles, as well as several smaller spaces.<sup>161</sup> The city of Buffalo's parks and green parkways are supplemented with numerous pocket parks, Tifft Nature Preserve (managed by the Buffalo Museum of Science), and access to bike-friendly routes on streets and trails throughout the city.

Access to ample fresh water is a positive environmental attribute, providing water to homes, hydroelectric power, and recreational experiences to the residents of Erie County. Successful past and ongoing industrial legacy cleanup operations are improving natural water sources and soil quality throughout the county.<sup>162,163</sup>

Erie County is adjacent to more rural counties and contains nine agricultural districts. Residents have access to multiple outlets for locally grown produce and an increasing number of urban farms and greenhouses (Erie Grown Sites Locator Map at [arcgis.com](https://arcgis.com):

<https://erieny.maps.arcgis.com/apps/webappviewer/index.html?id=22bb7ada389a4f5f84041c05ca8d05cc> ). Local farmers' markets and the ongoing Double-Up Food Bucks program increase access to fresh produce for families qualifying for public assistance for food purchases.

Erie County has many public facilities for recreation and events as well as museums and naturalist, artistic, religious, fraternal, ethnic, and cultural organizations which support a vibrant cultural life and offer many free and low-cost activities for residents. Buffalo hosts several public ethnic and cultural festivals celebrating local ethnic heritage, culture, and foods.

Team sports unify the region and serve as a supportive and central point of focus for the community. The National Football League's Buffalo Bills, the National Hockey League's Buffalo Sabres, and the Buffalo Bisons minor league baseball team offer entertainment opportunities. Players and coaches from these teams have sponsored, participated in, and donated to many programs supporting health and wellness in the county. For example, the Independent Health (non-profit health insurer) Foundation partners with the Buffalo Bills to offer the free "Health and Wellness Challenge." In this six-week challenge program, participants are encouraged to move more, eat better, stay hydrated, and focus on overall well-being. (More about this program can be viewed here:

<https://app.wellable.co/buffalobillschallenge> )

Erie County also supports numerous health and wellness supportive programs through its many departments, including Community Wellness, Disease Control, and Prevention programs (found online here: <https://www3.erie.gov/health/community-wellness-disease-prevention>). Links to all Erie County Department of Health programs can be found here: <https://www3.erie.gov/health/>. A list of partner programs and services is included in Appendix E: Community Health Partners and Resources.

Among Erie County's strengths is a strong nonprofit community with multiple initiatives supportive of Erie County residents' health and wellbeing. Organizations receive numerous private donations and strong philanthropic support from several foundations including United Way of Buffalo and Erie County, Catholic Charities of Western New York, the Health Foundation of Western and Central New York, the Ralph C. Wilson Foundation, and many others.





2-1-1 Western New York (2-1-1 WNY) serves as a strong, unified service referral system for nonprofit community-based services. Allco, a newly developed connected digital community service record program, has been developed for use with 2-1-1 and connected service providers, allowing digital tracking for greater continuity of services and needs for individuals (<https://www.getwellconnected.co/>). 2-1-1 WNY proved to be a valuable resource early on during the pandemic for Erie County COVID-19 Information Line staff to refer callers to for many needed wrap-around services.

Much like the New York State Department of Health Prevention Agenda initiative to advance across all policies, Live Well Erie is a public-private and cross-cutting collaborative initiative of all Erie County health and human service departments working in partnership with not-for-profit, business, and community-based organizations to address the social determinants of health in our community. Members of 90 organizations and departments work together in several multi-sector committees focused on specific health and wellness initiatives with the goal of improving the quality of life for Erie County residents. Live Well Erie focuses particularly on improving life for children, working families, and seniors. Accomplishments on nine goals are tracked by 16 indicators, reflecting work on 36 strategies for health improvement and wellness. (<https://www4.erie.gov/livewellerie/official-partners-live-well-erie>) This effort, launched in September 2019, is aligned with the NYSDOH directive aligning health across all policies.

Erie County Medical Center (ECMC), Catholic Health System, and Kaleida Health System all have excess inpatient beds that can be activated in an emergency, including regional level-1 trauma center (ECMC).

Erie County has many college and university-level programs for healthcare professionals, including an accredited medical school, school of public health and health professions, school of nursing, school of dental medicine, and school of social work at the University at Buffalo, as well as a school of health professions and school of nursing at D'Youville University. ECDOH and institutions of higher learning have a long history of collaboration. ECDOH professionals have advised educators and administrators on curriculum changes. Educators and subject area experts from these institutions are members of many public health-related committees, coalitions, task forces, and steering and advisory committees. ECDOH has provided students with opportunities for field work and internships and fostered an exchange of information, resources, and research.





## COMMUNITY HEALTH IMPROVEMENT PLAN

### PROCESS AND METHODS

To help guide the Erie County Community Health Assessment (CHA) and the creation of the Community Health Improvement Plan (CHIP), an 18-month planning process was initiated among ECDOH, Kaleida, CHS, and CHA/CHIP Steering Committee members. Social determinants of health, health equity, and the impact of the COVID-19 pandemic have been given special attention through the assessment process.

1. In November 2021, ECDOH brought together the local hospital systems, Kaleida Health and Catholic Health, as well as decision-makers from government agencies, educational institutions, service providers, community-based organizations, and our regional Population Health Collaborative (regional Population Health Improvement Program/PHIP) to create the CHA/CHIP Steering Committee. The group was tasked with assessing and prioritizing community health needs and priorities and selecting at least two common priorities areas from the NYS Prevention Agenda.
2. The first step was to update the CHA Survey questions utilized during each CHA/CHIP cycle to gather input and data from the broader community. The survey was distributed beginning in December 2021 and data collection continued through April 15, 2022. Online and paper surveys were used. 1,367 responses were collected from Erie County residents. See Survey Results, Appendix A.
3. From March through May 2022, the group held a series of CHA Conversations using scripted questions to gather further input from the community. There were three professional stakeholder groups and six community focus group discussions. See Appendix B.
4. In August and September 2022, shared discussions were held on community health priorities among ECDOH, Kaleida, CHS, and CHA/CHIP Steering Committee members. Partners and NYS Public Health Corps researchers (hired in late July 2022 for this project) continued gathering and reviewing other data sources.
5. Priorities were selected and have guided the ECDOH through the Community Health Improvement Plan (CHIP) process and have been used by Kaleida and CHS to help direct their individual Community Service Plans.

### DATA COLLECTION

The Community Health Assessment (CHA) was conducted to identify significant health needs as outlined by NYSDOH's 2019-2024 Prevention Agenda and was guided by five identified priority areas: (1) prevent chronic diseases; (2) promote a healthy and safe environment; (3) promote healthy women, infants, and





children; (4) promote well-being and prevent mental health and substance use disorders; and (5) prevent communicable diseases. Demographics, geography, and socio-economic indicators were used in addition to health data in the assessment. Other areas researched and addressed in this report are social determinants of health, evidence-based interventions, prioritization of needs, and resources and capacity. The CHA/CHIP Steering Committee developed a data collection plan which included:

- A community health survey
- Community and provider input from community and provider focus groups
- Data gathered from vital statistics
- Epidemiology databases
- Research studies and journal articles
- Hospital information

The CHA/CHIP Steering Committee collected primary data from the Erie County Community Health Assessment Survey; Community Health Assessment Conversation and Roundtable discussion reports; and secondary research based on surveillance data, vital statistics, census data, epidemiology databases, research data, hospitals, and government data to conduct a comprehensive and reliable assessment of the population's health status and health challenges.

## **DATA ANALYSIS**

After all primary and secondary data were reviewed and analyzed by the CHA/CHIP Steering Committee, the data suggested a total of 39 distinct issues, needs, and problems to be considered for selection to be addressed in the Community Health Improvement Plan. Members of the Steering Committee met in June 2022 to review identified problems and determine final priorities. The methodology used to determine the priority and focus areas included rating each health need by four different criteria:

- i) Magnitude of the problem
- ii) Impact on other health outcomes
- iii) Impacts of social determinants of health on the problem
- iv) Capacity (systems and resources) to address the issue/need

Using these four criteria, the Steering Committee took a deeper look at the top issues and needs, and after looking at evidence-based solutions, identified three top priorities aligned with the NYS Prevention Agenda. The ECDOH, Kaleida Health, and Catholic Health Systems will be working on the following priority areas for the next three years, with special attention to related health disparities:

1. Prevent chronic diseases with a disparity concentration on poverty.
2. Promote healthy women, infants, and children.
3. Promote well-being and prevent mental health and substance use disorders.





The Hanlon Method is a technique created by J.J. Hanlon to prioritize health problems. When used with numerical analysis, the method minimizes personal bias and objectively prioritizes health problems based on baseline data and numerical values. With a modified approach, some of the complexity of this system is removed, but also some of the objectivity. The Hanlon Method guides the decision-making process for selecting health priorities and focuses on four criteria of individual health problems: size of the problem, seriousness of the problem, estimated effectiveness of the solution, and PEARL factors (propriety, economics, acceptability, resources, and legality).<sup>164</sup>

For the Community Health Assessment, a modified Hanlon Method was used to determine health priorities in Erie County. The effectiveness of the solution and PEARL were addressed in the planning process.

### MODIFIED HANLON PROCESS

The health of Erie County residents is currently on-target on many Prevention Agenda goals. Currently, Erie County is meeting or exceeding the goals on 26 measures, and with room to improve on 44 items.<sup>7</sup> Of those 44 measures, Erie County is within 1 to 3 points of meeting the Prevention Agenda goals on 16 measures, with room to improve by 4 or more points on 28 measures.<sup>7</sup>

<b>Erie County Achievement by Prevention Agenda and Community Health Improvement Priority Area:</b>	<b>Met or Exceeded Goal</b>	<b>Below Goal</b>	<b>1-3 Points from Goal</b>	<b>4 Points + from Goal</b>
Improve Health Status and Reduce Health Disparities (8 measures)	2	6	2	4
Prevent Chronic Diseases (18 measures)	5	13	4	9
Promote a Healthy and Safe Environment (11 measures)	4	7	4	3
Promote Healthy Women, Infants and Children (15 measures)	7	8	3	5
Promote Well-Being and Prevent Mental and Substance Use Disorders (12 measures)	3	9	2	7
Prevent Communicable Diseases (6 measures)	5	1	1	0

Reviewing Erie County's progress on the identified measures, the workgroup developed a modified Hanlon rating and criteria prioritization system to:





1. Identify the biggest health concerns/needs in Erie County (Prevent Chronic Diseases, with 13 measures below the NYS PA 2024 goal, and Promote Well-Being and Prevent Mental and Substance Use Disorders, with 9 measures below the NYS PA 2024 goal).
2. Prioritize concerns and needs.
3. Decide which goal areas within the two identified priorities and associated evidence-based or best practice interventions that partner organizations could potentially improve, and which priorities organizations had the capacity to address.

## **DATA SOURCES**

The data sources chosen for Erie County's Community Health Assessment used the most recent and local data available and include secondary research from sources identified by the Prevention Agenda including the U.S. Census, American Community Survey, Robert Wood Johnson Foundation County Health Rankings, Behavioral Risk Factor Surveillance System (BRFSS), and Youth Risk Behavioral Surveillance System and Youth Risk Behavioral Survey (YRBSS and YRBS) data. In Fall 2021, the ECDOH, Kaleida Health, Catholic Health Systems, and other community partners completed the Erie County CHA Survey. This voluntary survey is designed to gather meaningful and useful self-reported data from Erie County residents. The results are incorporated into the 2022-2024 Community Health Assessment and Community Health Improvement Plan (CHA/CHIP) for Erie County.

Information collected through the CHA Survey and Conversations process and reported here is self-reported and investigator-reported data. Personal biases of respondents and the investigator conducting the conversation are not quantified, as the report is based on what respondents said during the conversations. Self-reported data are often subject to recall bias and can be inaccurate or misleading.

Distribution and collection of data for the Erie County CHA Survey faced unique challenges. The COVID-19 pandemic caused deaths, widespread illness, economic downturn, supply shortages, a fractured political system, a divided populace, and exponential increases in the public's distrust of government, media, and medical institutions. It also caused changes in policies, procedures, practices, attitudes, and behaviors, leading to challenges in targeted outreach to collect responses from individuals who are less likely to complete a survey online. With the high number of surveys taken online, the data reflects responses heavily weighted toward individuals who are higher earners, who are White and/or female, and who have a college degree or advanced degrees.

In an October 2021 U.S. Census Blog, Jonathan Rothbaum identified similar nonresponse bias in Census data. With a larger data set, the Census Bureau typically weights responses to account for differences in sex, age, race, and ethnicity but does not account for nonresponse differences related to education, citizenship, income, or other characteristics.<sup>165</sup> Therefore, it is important to note that the data in this report that has been pulled from the U.S. Census Bureau's 2020 data may not be adequately weighted in these areas to account for lower response rates among lower income, more racially diverse individuals with lower levels of education.





Attempts were made to give voice to populations under-represented in the CHA Survey by conducting more inclusive Erie County CHA Roundtables and Conversations, as well as individual conversations with community members. All conversation facilitators used the same questions and prompts to guide the conversation and keep it moving forward. Both the surveys and the conversations were not designed as research tools. Their purpose was to ensure that the voice of the community is heard. As with all self-reported data, the results reflect the beliefs and perceptions of those self-reporting and do not draw scientific conclusions. Future CHA surveys will not likely face the same constraints brought on by the COVID-19 pandemic. Furthermore, with the addition of the Office of Health Equity to ECDOH, there will be more staff available to perform a more targeted outreach.





## ERIE COUNTY 2023-2024 PREVENTION AGENDA PRIORITY AREAS

The NYSDOH requires local health departments (LHDs) to work with their hospital systems and other community partners to conduct the required CHA and to develop a CHIP. The CHA and CHIP are aligned with the priorities, focus areas and goals outlined in the Prevention Agenda. The hospital systems' CHNA and CSP must also align with the Prevention Agenda priorities, and they are required to work with the LHD.

ECDOH worked with Kaleida Health System (Kaleida), Catholic Health System (CHS), and a diverse group of community partners to create the Erie County Community Health Assessment & Community Health Improvement Plan 2022-2024 (CHA/CHIP).

ECDOH, CHS, and Kaleida worked collaboratively to complete the required assessment and chose Prevention Agenda priorities, areas of focus, goals, and interventions that address the health needs of the community as identified by the assessment process. All interventions, programs, and services submitted in the individual workplans enhance and support the work that is being or will be done by the other partners.

Research and analysis were conducted by comparing health data and demographics with the needs of the community within the context of the social determinants of health. Segments of the population where the need is highest are identified and disparities are discussed.

### **I. Prevent Chronic Diseases Action Plan Priority**

#### **Focus Area: Chronic Disease Preventive Care and Management**

**Goal 1.1:** Increase cancer screening rates.

*Intervention:* Increase community-wide services by collaborating with healthcare providers throughout the region.

### **II. Promote Healthy Women, Infants, and Children Priority**

#### **Focus Area: Perinatal & Infant Health**

**Goal 2.1:** Increase breastfeeding.

*Intervention:* Increase support for breastfeeding in the workplace by recruiting and establishing additional designated Breastfeeding Friendly Worksites.

*Intervention:* Provide education and promote public service messages around breastfeeding, prioritizing marginalized and underserved populations and communities.





**Focus Area: Child and Adolescent Health**

**Goal 2.2:** Reduce dental caries among children.

*Intervention:* Increase delivery of evidence-based preventive dental services across key settings, including school-based and community-based primary care clinics, by recruiting additional pediatricians and family practitioners to incorporate the practice of applying varnish to the teeth of toddlers and children when they come for their well checkup, prioritizing marginalized and underserved populations and communities.

**III. Promote Well-Being and Prevent Mental and Substance Use Disorders Priority**

**Focus Area: Substance Use Disorders Prevention**

**Goal 3.1:** Prevent opiates overdose deaths.

*Intervention:* Increase availability of/access to overdose reversal (Naloxone) trainings to prescribers, pharmacists, and consumers.

**Focus Area: Mental Health**

**Goal 3.2:** Prevent suicides.

*Intervention:* Create protective environments by reducing access to lethal means among persons at risk of suicide, improving the distribution plan for Firearms Safety and Time & Distance video, and increasing the number of safe storage places for firearms.

*Intervention:* Conduct mental health first aid trainings to equip community members with the skills to connect individuals in mental distress to the help they need.

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## APPENDIX A

### COMMUNITY INPUT CONSIDERED FOR COMMUNITY HEALTH ASSESSMENT 2022 ERIE COUNTY COMMUNITY NEEDS ASSESSMENT SUMMARY

#### I. COMMUNITY HEALTH SURVEY RESULTS

SURVEY DATES: December 28, 2021 – April 21, 2022

TOTAL COMPLETED SURVEYS: 1,394

ERIE COUNTY NUMBERS: 1,366 survey responses were obtained from Erie County residents. The overall sample was sufficient in proving statistical significance.

#### DATA LIMITATIONS

Information collected through the Community Health Survey process and reported here is self-reported data. Personal biases of respondents are not quantified. Self-reported data are often subject to recall bias and can be inaccurate or misleading.

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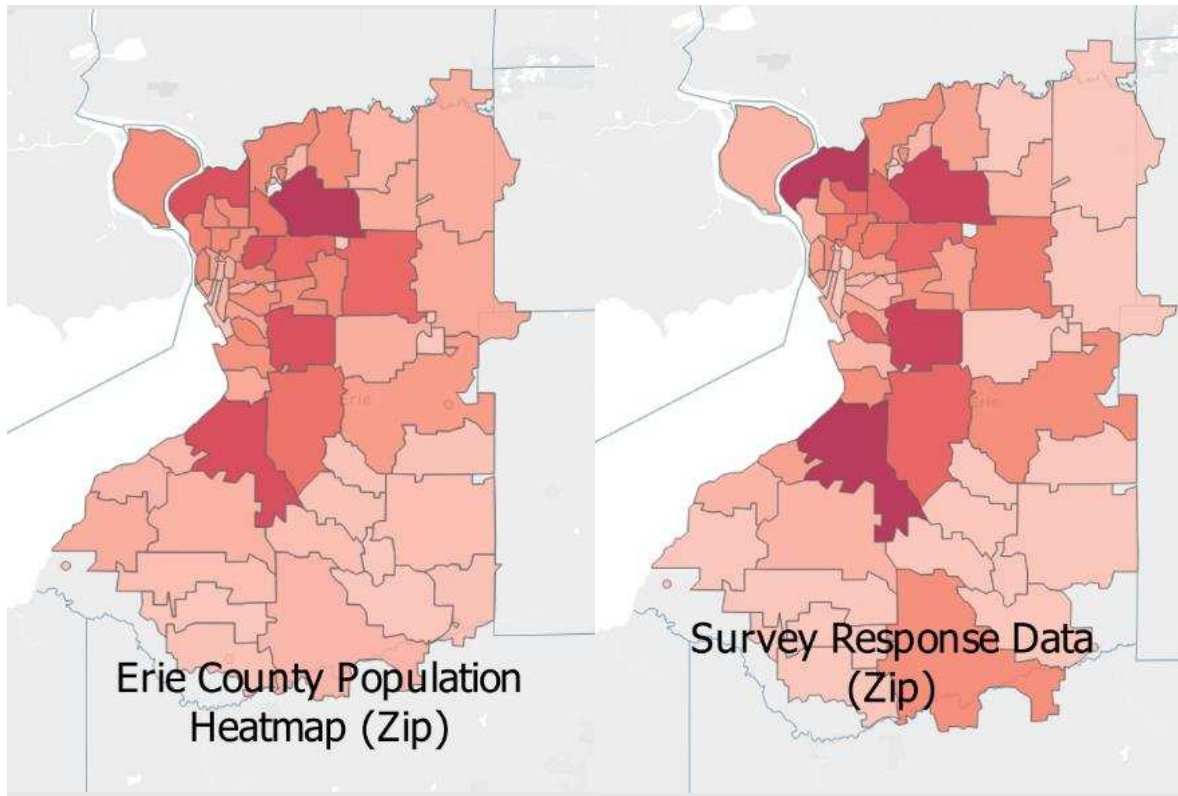




## II. SURVEY DEMOGRAPHICS AND BIASES

The consumer response survey faced considerable challenges with accessibility related to COVID-19. As such, data biases were encountered.

A heatmap of survey respondents by Zip Code is below, compared to a heatmap of each zip code in Erie County by population. The two maps are very similar, with high response rates in 14150 (Tonawanda), 14221 (Williamsville, parts of Amherst), 14224 (Cheektowaga), and 14075 (Hamburg), as well as moderate response rate from most of the other inner suburbs. Low response was seen from most of the rural parts of the county (except for 14141), and moderate response was seen within the City of Buffalo. This indicates that the survey was representative of the population of Erie County from a geographic perspective:



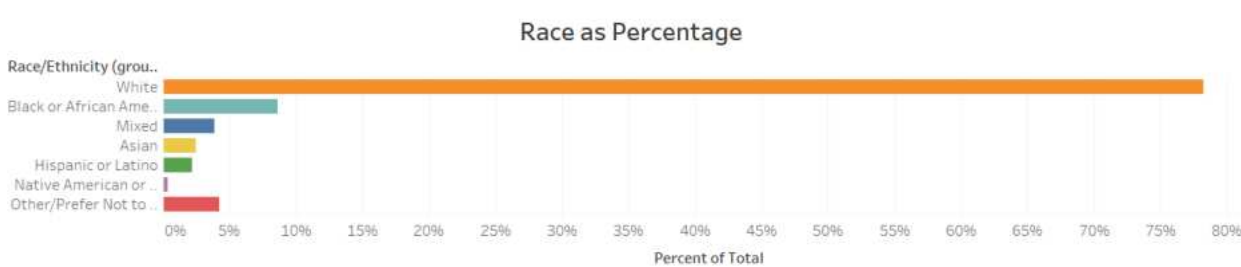
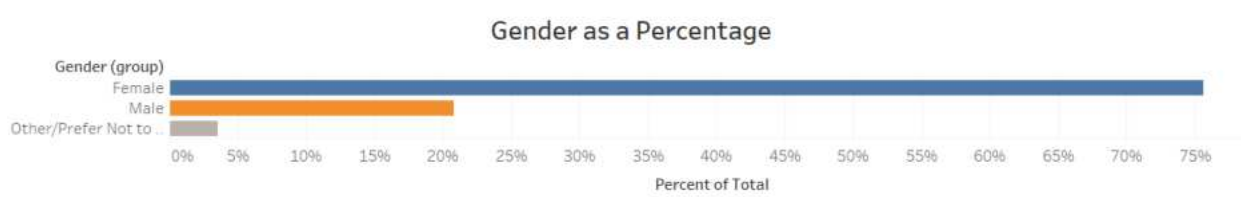




ZIP CODES MOST REPRESENTED BY SURVEY RESPONDENTS		
ZIP CODE	TOTAL RESPONSES	MUNICIPALITY
14150	80	Tonawanda
14075	73	Hamburg
14221	72	Williamsville, Cheektowaga, Harris Hill, Getzville, Woodstream Farms
14224	67	West Seneca, East Seneca, Gardenville
14220	53	Buffalo, West Seneca
14226	53	Amherst, Snyder, Eggertsville, Getzville
14225	49	Cheektowaga, Pine Hill
14223	46	Buffalo, Amherst
14127	45	Orchard Park, Webster Corners, Ellicott, Windom
14214	44	Buffalo
14215	43	Buffalo, Cheektowaga, Cleveland Hill
14086	41	Lancaster, Town Line
14216	40	Buffalo

## SURVEY RESPONDENT DEMOGRAPHICS AND BIASES

First and most notable of the survey demographic biases in the survey is gender. Of the 1,366 respondents to the survey, 1,033 (75.6%) identified as Female, 284 (20.8%) identified as Male, and 49 (3.6%) identified as Other/Prefer not to Answer. These others included Transgender (6 respondents) and Non-binary (12 respondents) but not in statistically significant numbers. This compares unfavorably to the US Census report of percentage of female persons in Erie County of 51.2%



Race was also an area of significant bias. 1,069 respondents (78.2%) were White while only 118 (8.63%) identified as Black/African American. This is considerably smaller than the expected number from the US Census of around 14%. 30 respondents (2.19%) identified as Hispanic or Latino, and 34 (2.49%) identified as Asian and only 5 (0.37%) identified as

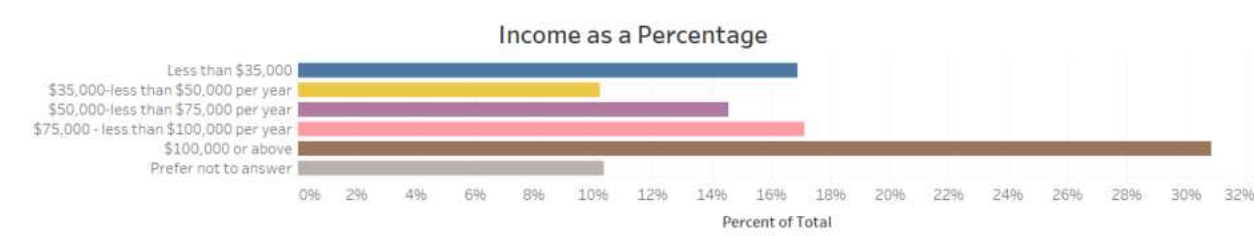




Native American or American Indian. 53 respondents (3.88%) identified as Mixed and 58 (4.24%) identified as Other/Prefer not to Answer. Breakout analysis with groups this small should not be considered reliable.

The above graph can be easily compared to the US Census data for Erie County, shown below.

Race/Ethnicity	Percent of Erie County	Percent of US
White alone, percent	78.8%	75.8%
Black or African American alone, percent	13.8%	13.6%
American Indian and Alaska Native alone, percent	0.8%	1.3%
Asian alone, percent	4.3%	6.1%
Native Hawaiian and Other Pacific Islander alone, percent	0.1%	0.3%
Two or More Races, percent	2.3%	2.9%
Hispanic or Latino, percent	6.0%	18.9%

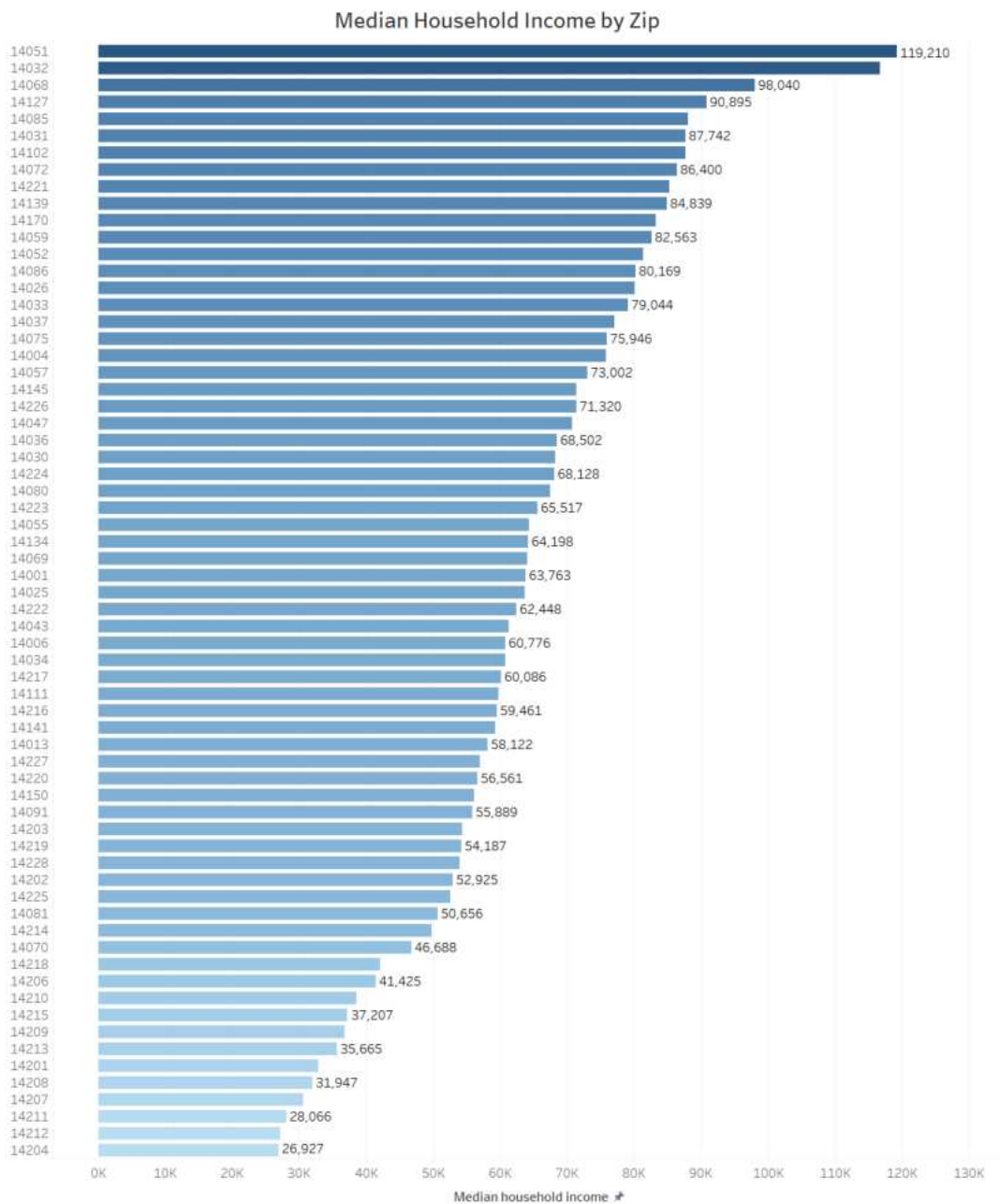


A disproportionately large percentage of the survey respondents have high income, with 48.0% of individuals who responded to the survey identifying as making \$75,000 per year or more.





There are strong correlations in Erie County between location and income. The Median Household Income in Erie County is \$59,464, which is below that nationally of \$64,994. However, the variance by location is significant. It varies from the wealthiest zip code at \$119,210 (14051) to the poorest zip code at \$26,927 (14204).

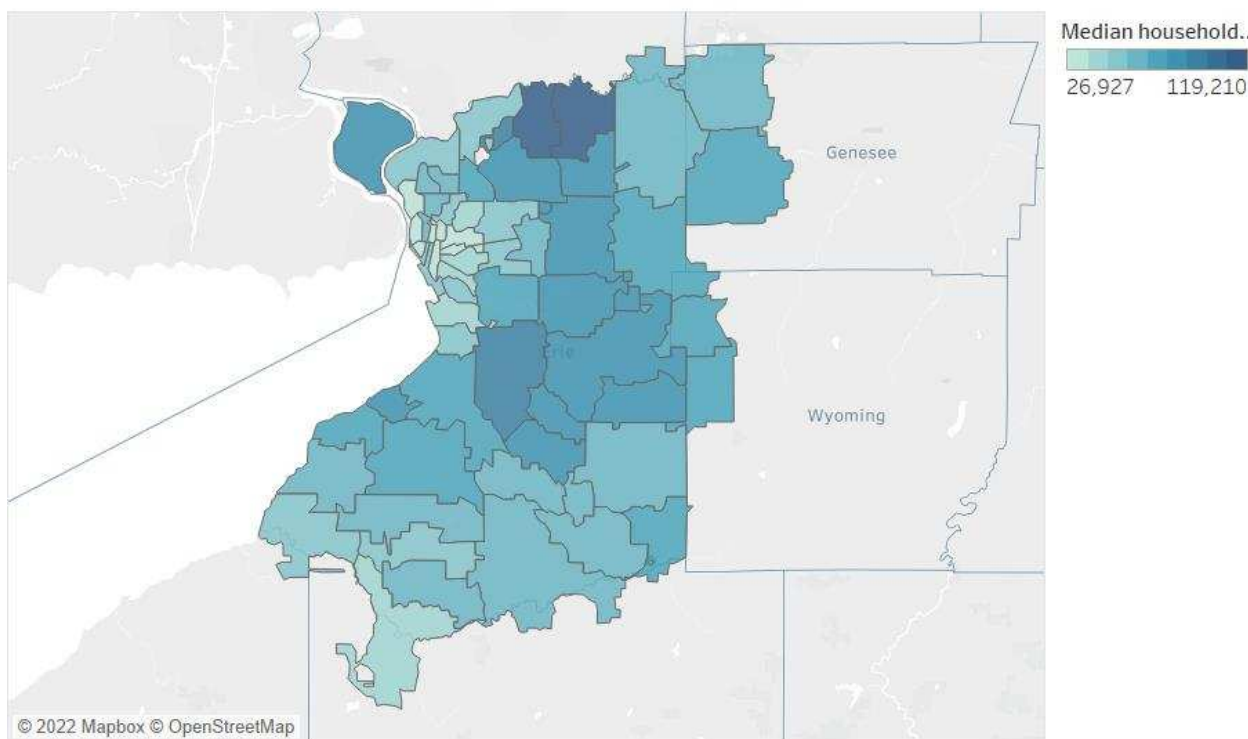






Below is the Median Household Income data graphed by Erie County Zip Code. The least affluent neighborhoods are clustered within and around the City of Buffalo.

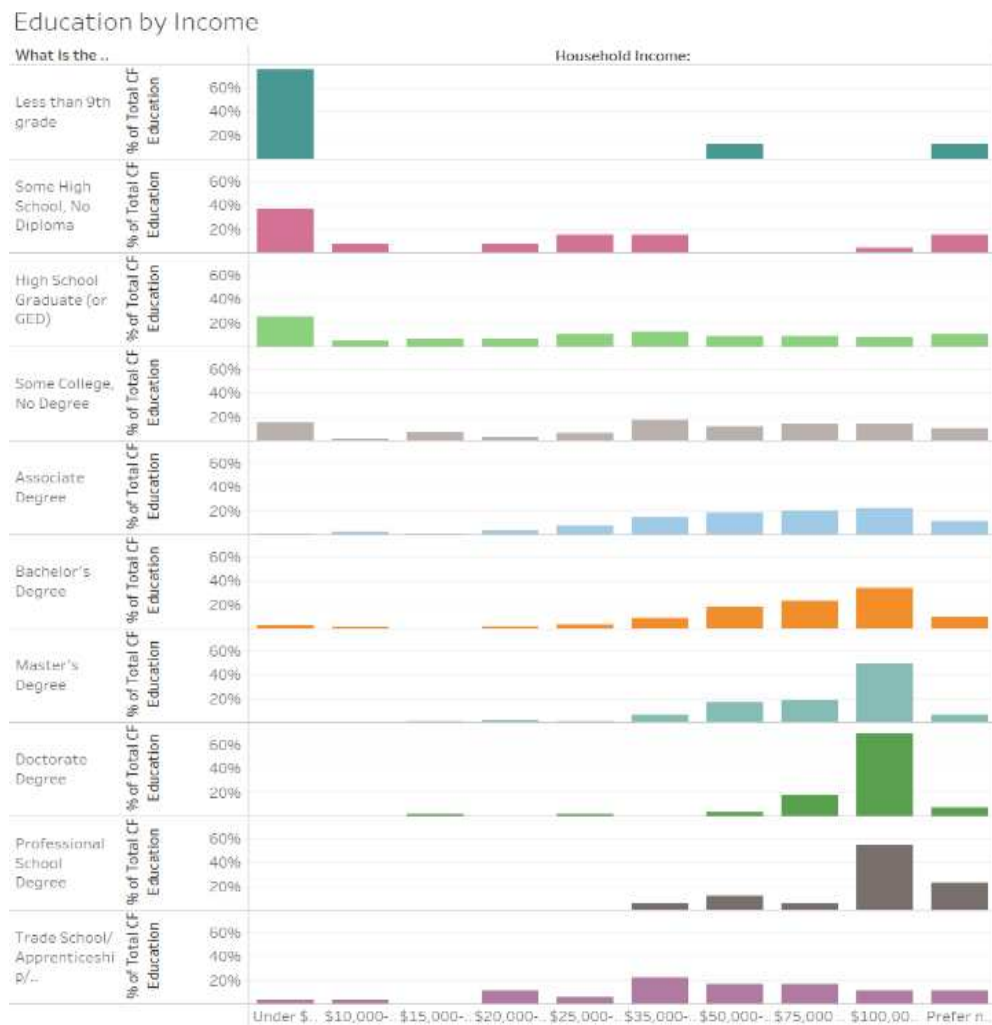
Median Household Income by Zip Code



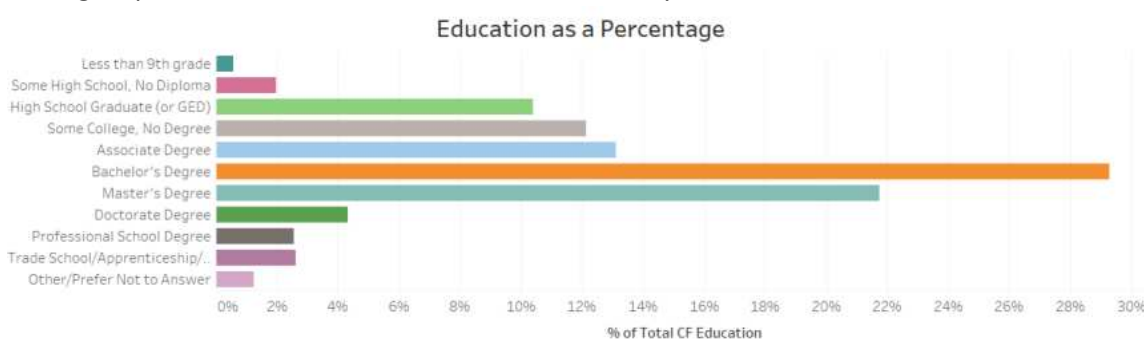




## EDUCATION



In the sample collected by the survey, education is strongly correlated with income, with the overwhelming majority of Bachelor's, Master's, Doctorate, and other professional degrees being reported by individuals with household incomes of \$50,000 or more. Conversely, the highest occurrences of individuals who have a high school education or less appear among respondents who make \$10,000 or less annually.

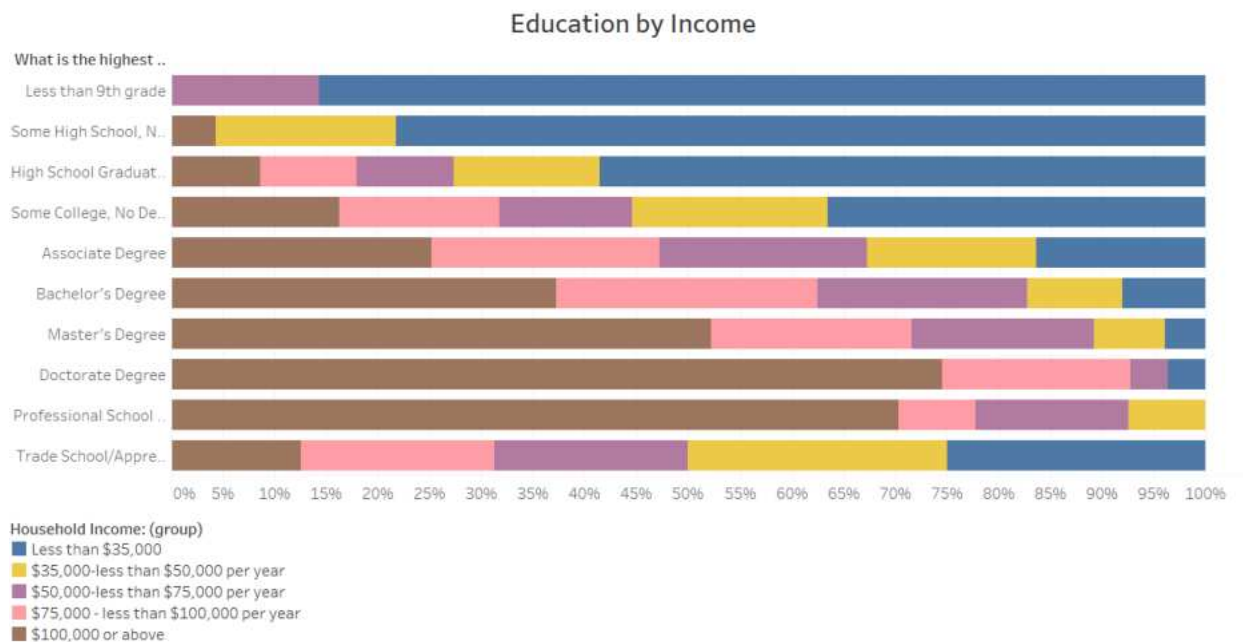


The survey data does not appear to be representative from an education perspective. According to the US Census, 35.1% of the Erie County Population aged 25+ has a Bachelor's Degree or higher. In the same Age range, 57.1% of survey respondents identified as having either a Bachelor's, Master's, or Doctorate Degree. Furthermore, the number of





respondents with less than a high school education totals only 35 individuals, and the number of individuals with less than a 9<sup>th</sup> Grade education is only 8, making both groups not statistically significant.



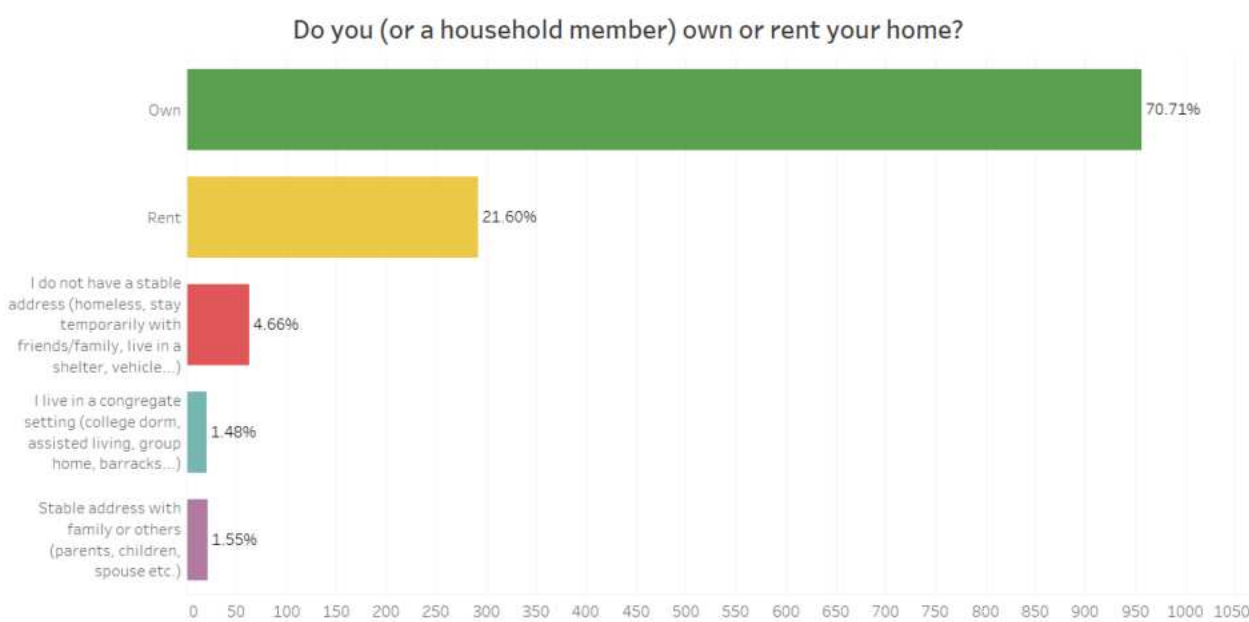
Above is the same Education by Income chart with respondents who make less than \$35,000 annually grouped as one. Individuals who make more than \$100,000 have significantly increased likelihood of having higher degrees, whereas those who make less than \$35,000 make up the overwhelming majority of the lowest education tiers.



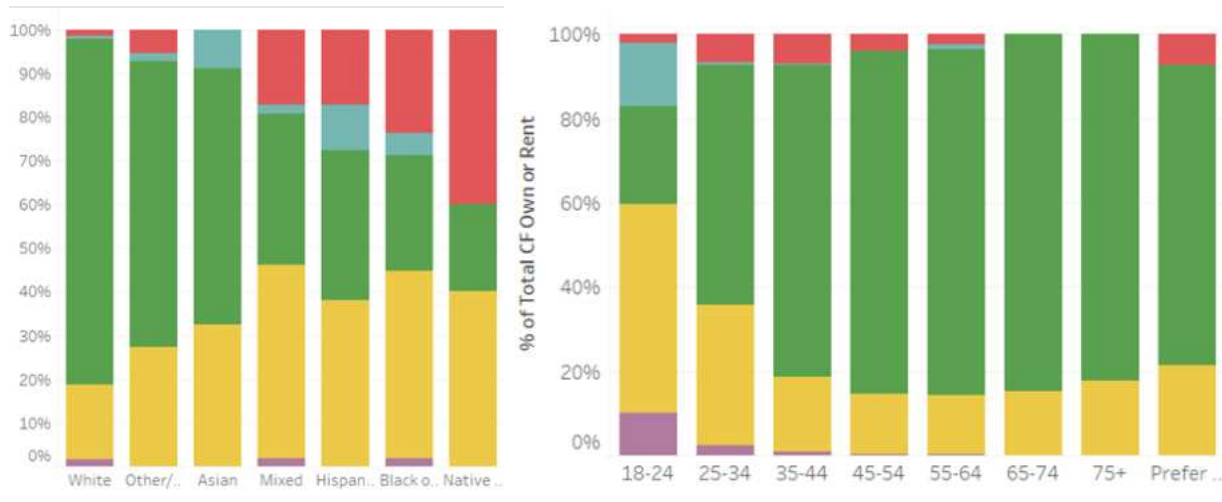


## HOUSING

### RENTAL VS. OWNERSHIP



At 70.7% (956 respondents), most survey respondents identified as homeowners. 21.6% (292 respondents) identified as renting their homes, and 4.7% (63 respondents) identified as not having a stable permanent address. Less than 2% each identified as living in a congregate setting such as a dormitory or nursing home, or as living with family such as at home with parents or children.



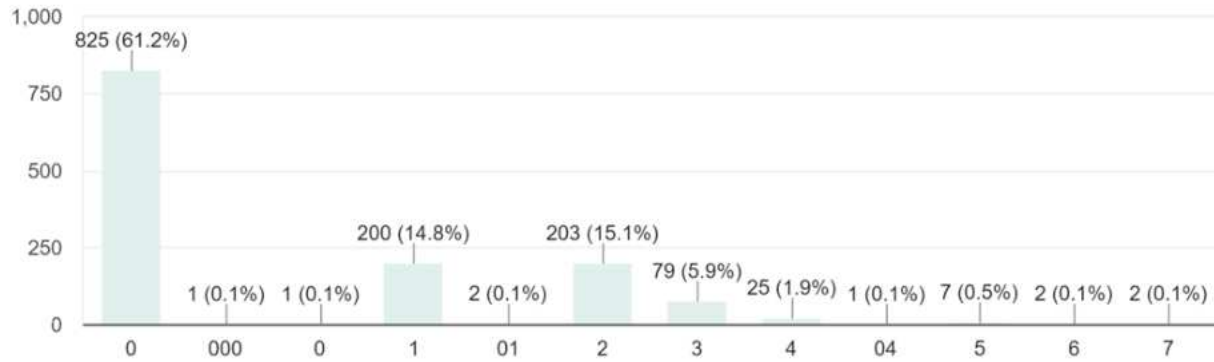
### AGE AS A PERCENTAGE OF RESPONDENTS





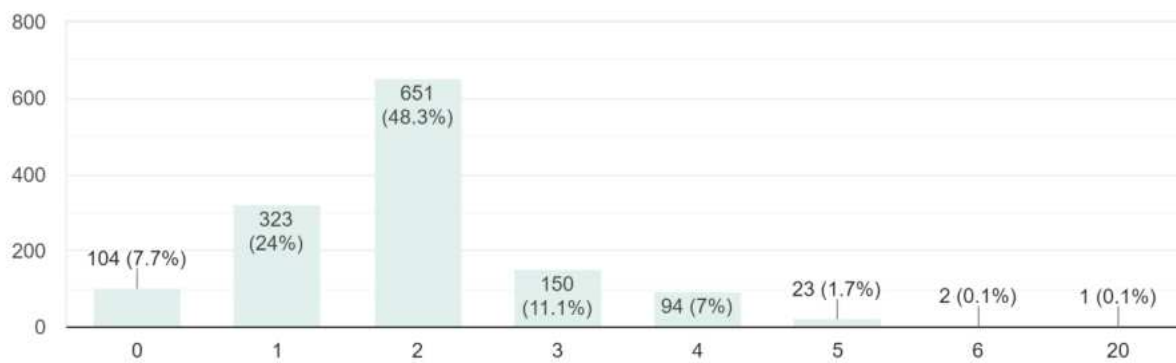
### How many children live in your home aged 17 and under?

1,348 responses



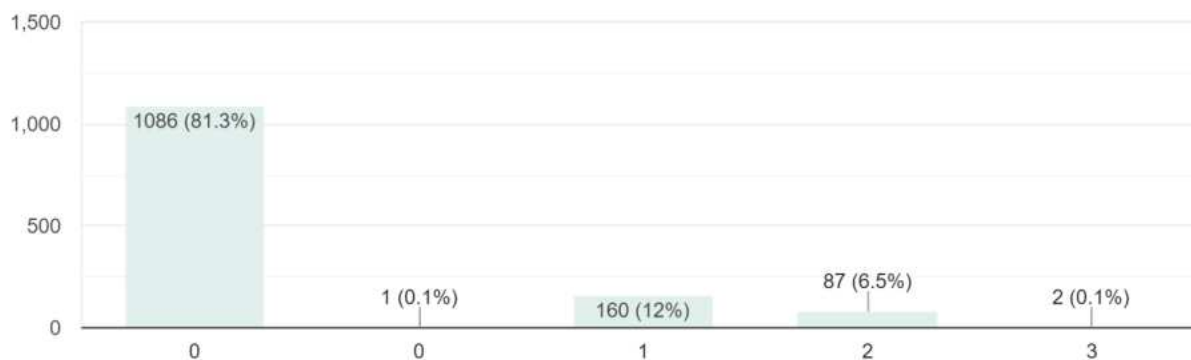
### How many adults live in your home, including yourself, between age 18 and 64?

1,348 responses

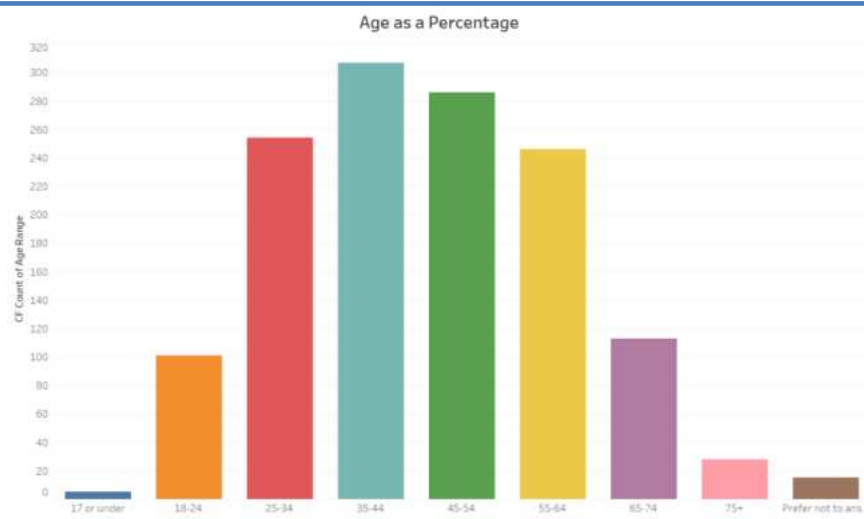


### How many seniors live in your home, including yourself, aged 65 and over?

1,336 responses







Age Range among survey respondents appears to be reasonably representative and well distributed. 28 respondents identified as 75+, 113 as 65-74, 246 as 55-64, 286 as 45-54, 307 as 35-44, 254 as 25-34, 101 as 18-24, and only 5 as under 17. As such, individuals who identified as under 17 may not be placed into their own categories in further breakdowns.

### REGIONAL DEMOGRAPHIC ANALYSIS

Regional demographic analyses are available at the end of this Appendix section, after wellness and health condition responses are discussed.





## II. HEALTH AND WELLNESS

### TOP FIVE HEALTH CONCERNS

Overall Top issues identified in our survey are:

1. Mental Health – 748
2. COVID-19 – 610
3. Cancer – 470
4. Depression – 381
5. Opioid Use Disorder – 355

Data limitation: Respondents were allowed to formulate the order of their responses. The chart below gives number of duplicate responses to the Top 5 health issue responses:

What five health issues in your community are you most concerned about?	Count of Responses
Alcohol Use/Abuse, Depression, Mental health, Opioid Use Disorder/Substance Use Disorder, Suicide	3
COVID-19, Depression, Mental health, Opioid Use Disorder/Substance Use Disorder, Suicide	3
Climate change, COVID-19, Depression, Mental health, Violence	2
COVID-19, Mental health, Pollutants (air, water, soil quality), Water Quality, Violence	2
Alcohol Use/Abuse, COVID-19, Mental health, Opioid Use Disorder/Substance Use Disorder, Violence	2
Cancer, Climate change, COVID-19, Depression, Mental health	2
Climate change, COVID-19, Depression, Mental health, Opioid Use Disorder/Substance Use Disorder	2
Cancer, Climate change, COVID-19, Immunizations, Violence	2
Climate change, COVID-19, Mental health, Nutrition, Obesity/overweight	2
Climate change, COVID-19, Mental health, Opioid Use Disorder/Substance Use Disorder, Pollutants (air, water, soil quality)	2
COVID-19, Depression, Mental health, Safety, Suicide	2
Cancer, Climate change, COVID-19, Pollutants (air, water, soil quality), Water Quality	2
COVID-19, Mental health, Opioid Use Disorder/Substance Use Disorder, Pollutants (air, water, soil quality), Violence	2
Cancer, COVID-19, Heart disease, Mental health, Obesity/overweight	2
COVID-19, Mental health, Opioid Use Disorder/Substance Use Disorder, Suicide, Violence	2

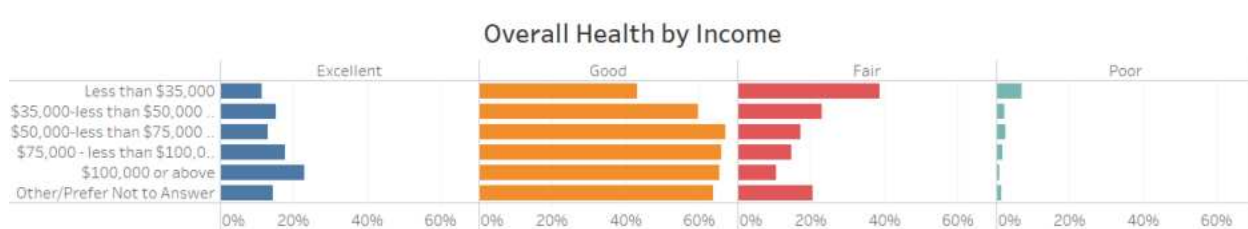
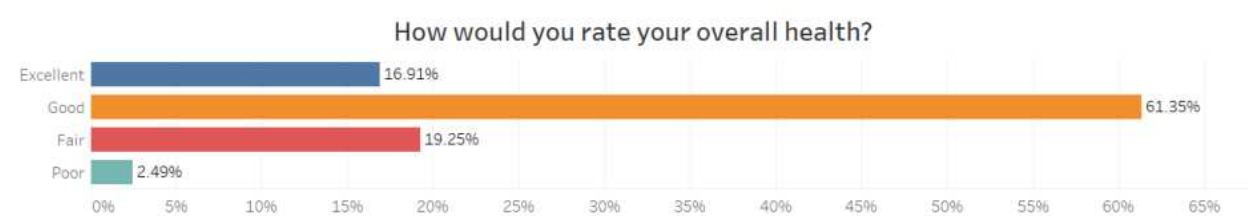




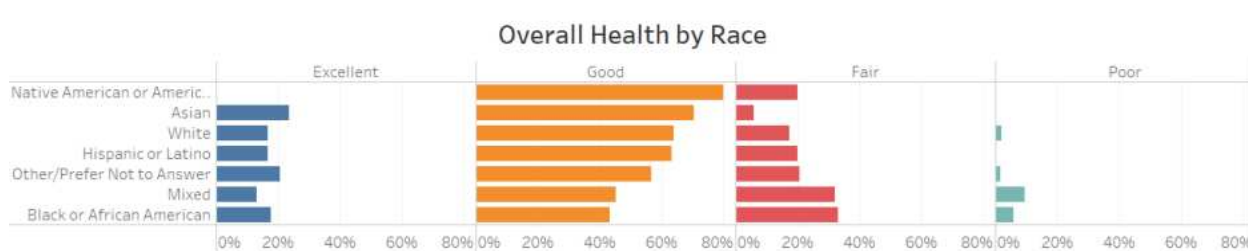
## PERCEIVED OVERALL HEALTH

In response to the question “How would you rate your overall health, 78.3% of respondents (1,069 individuals) indicated that their overall health is Good or Excellent. Conversely, 21.7% (297 individuals) indicated that their health is Fair or Poor.

Row Labels	Count of How would you rate your overall health?
Good	838
Fair	263
Excellent	231
Poor	34
<b>Grand Total</b>	<b>1366</b>



Low-income respondents appear to be more likely to indicate that they are in worse health than those of higher income. 45.7% of respondents who make less than \$35,000 indicated that their health is Fair or worse, compared to only 11.5% of respondents who make more than \$100,000 annually.



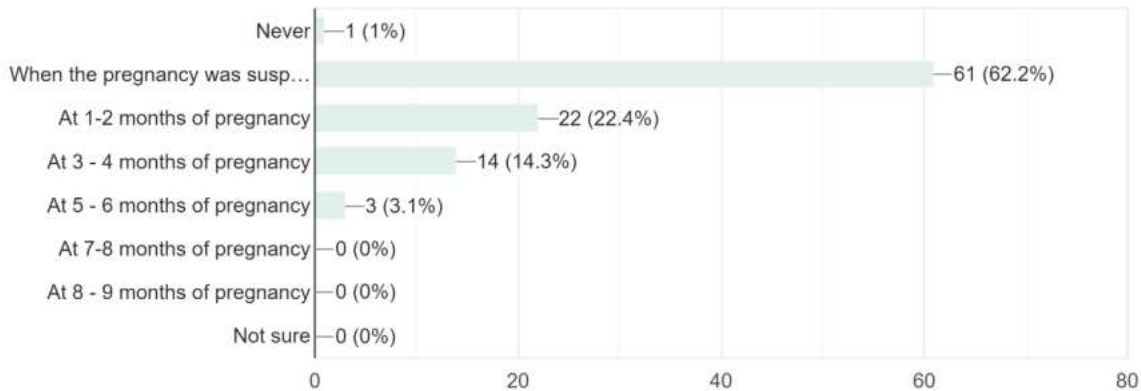




## MATERNAL AND INFANT HEALTH

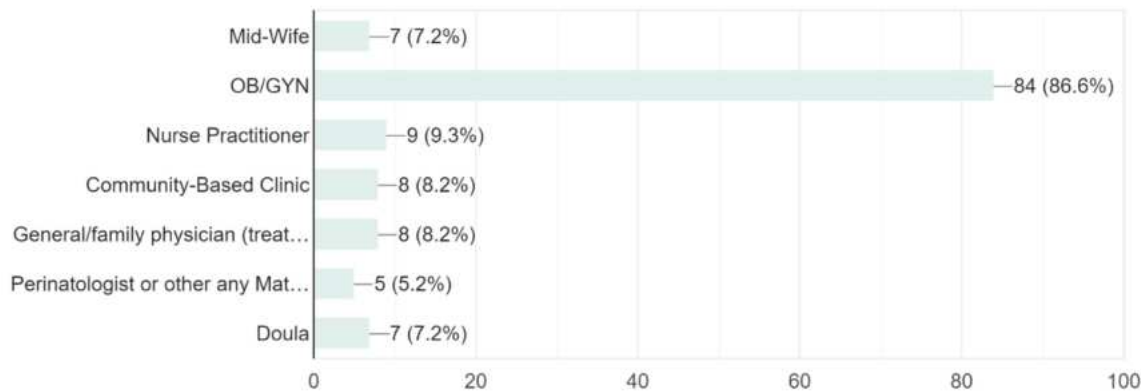
At what point during you/your partner's pregnancy did you/your partner begin to receive regular prenatal care?

98 responses



From whom did you or your partner receive prenatal care?

97 responses



## BREASTFEEDING

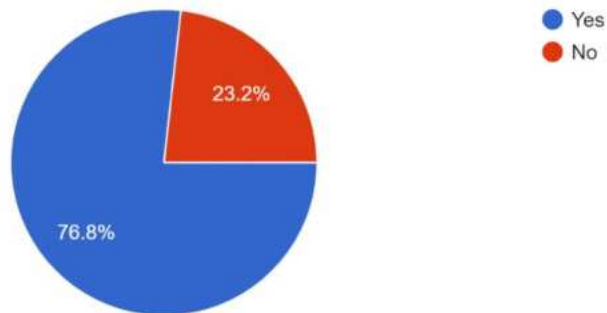
	COUNT OF DID YOU OR YOUR PARTNER BREASTFEED OR ATTEMPT TO BREASTFEED?
No	25
Yes	76
Grand Total	99





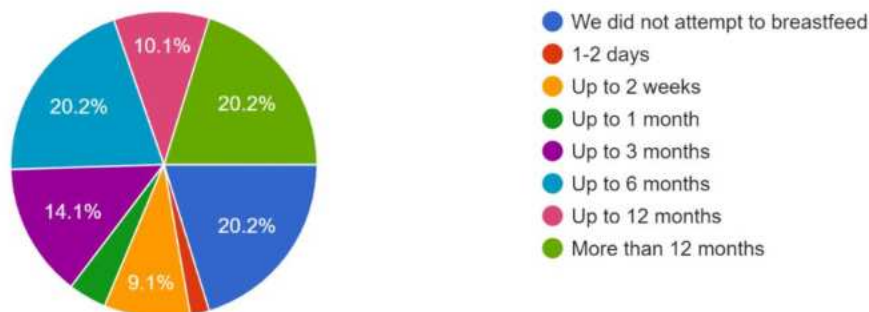
### Did you or your partner breastfeed or attempt to breastfeed?

99 responses



### How long did you or your partner breastfeed?

99 responses



### Would any of the following programs/services have made it easier for you or your partner to choose to or continue breastfeeding?

99 responses

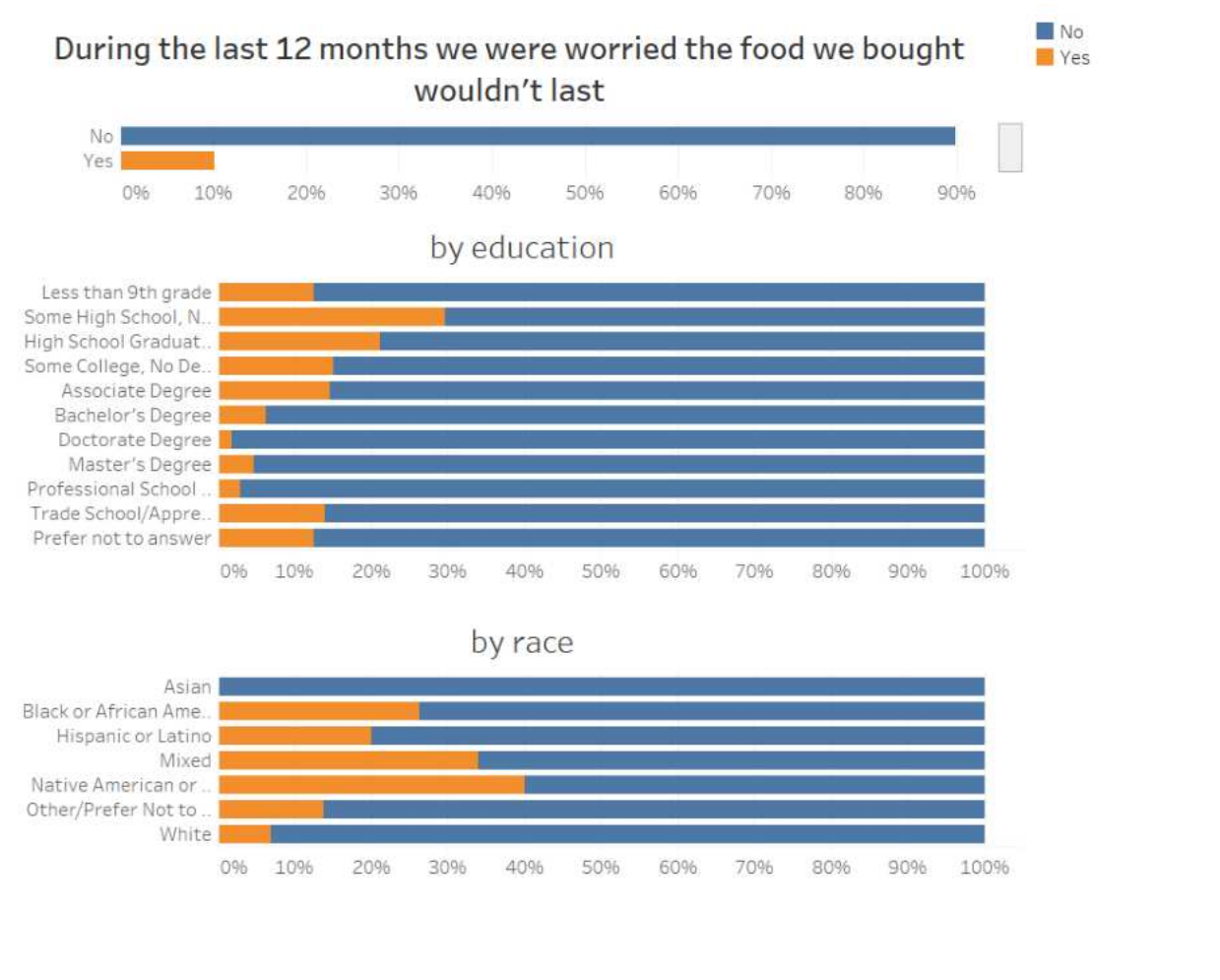






## FOOD SECURITY

Survey respondents were asked to indicate whether they agreed with either of the following statements: “Within the past 12 months, the food we bought just didn’t last and we didn’t have money to get more,” and “Within the past 12 months, we worried about whether our food would run out before we got money to buy more.”



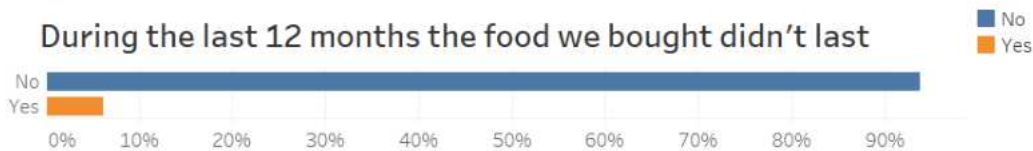
Of respondents to this question, 10.2% reported that they had been worried that the food they bought wouldn’t last and that they wouldn’t have the money to buy more. The chances of this occurring appear to be strongly correlate both with education and with race. Respondents with no college degree responded yes to this question at a rate of 18.7%, and respondents who identified as Black or African American at a rate of 26.2%.

When asked about the most recent 12 months, 6.2% of respondents indicated that over the past 12 months the food they bought didn’t last and that they did not have the money to buy more. This response is also strongly correlated with race and education, with 13.4% of respondents without a college degree answering in the affirmative, and respondents who identified as Black, Hispanic or Latino, Mixed, or Native American or Alaska Native all responding at a rate of 20% or more

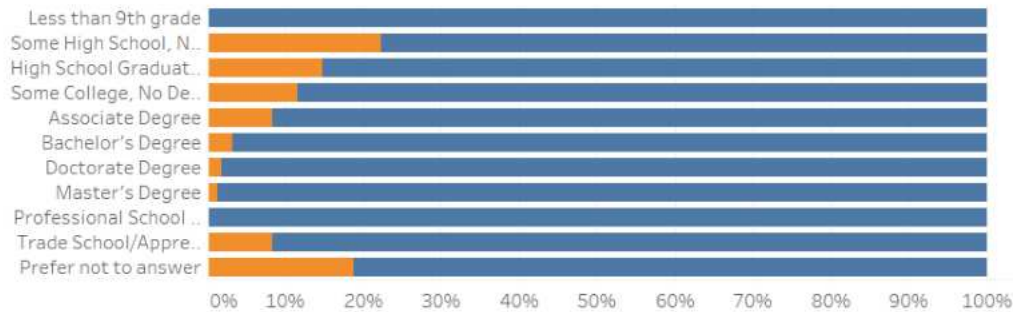




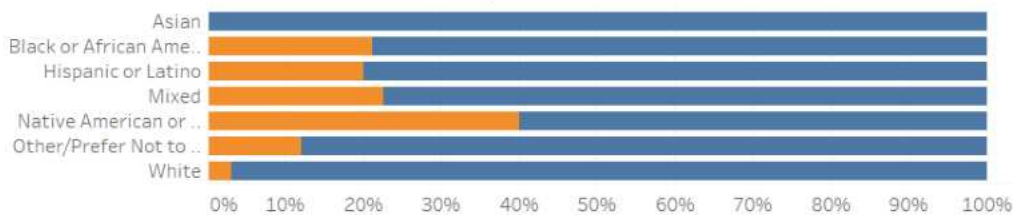
### During the last 12 months the food we bought didn't last



### by education



### by race



## HEALTHCARE ACCESS

### Where do you usually seek medical care?

1,367 responses

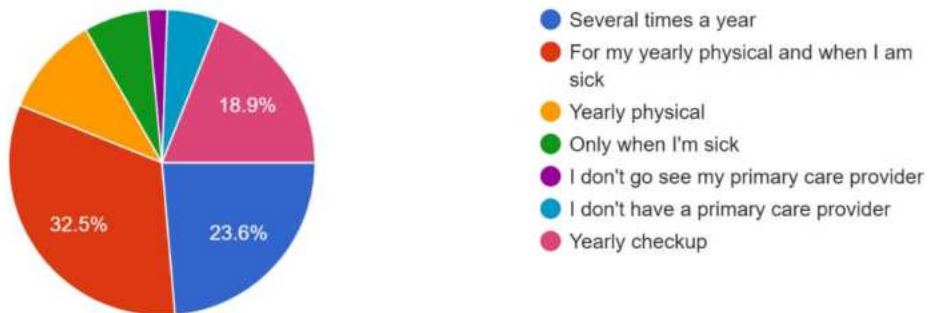






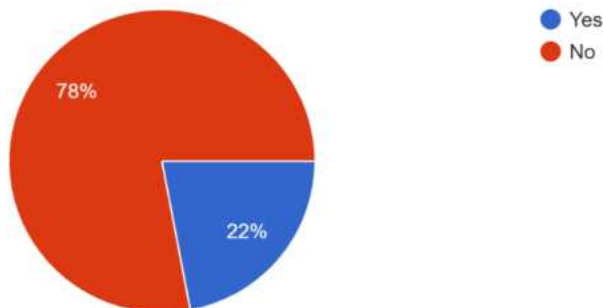
How often do you see your primary care provider (doctor/nurse practitioner/physician's assistant)?

1,367 responses



In the past two years, was there any time that you needed medical care but could not - or did not - get it?

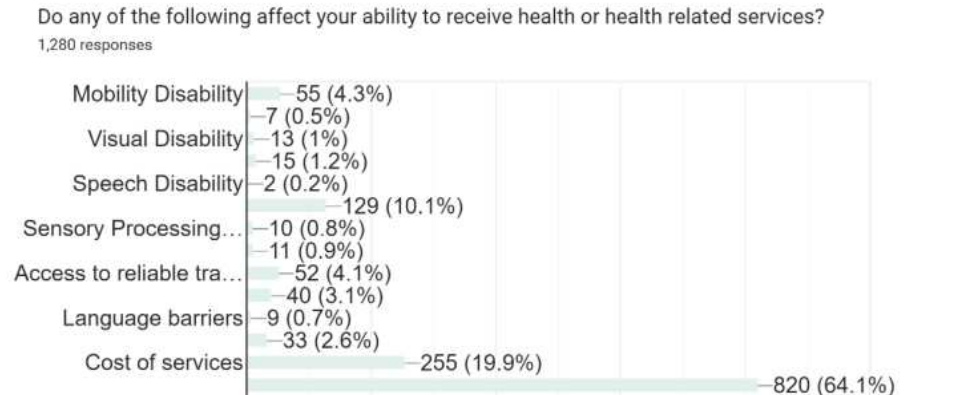
1,367 responses



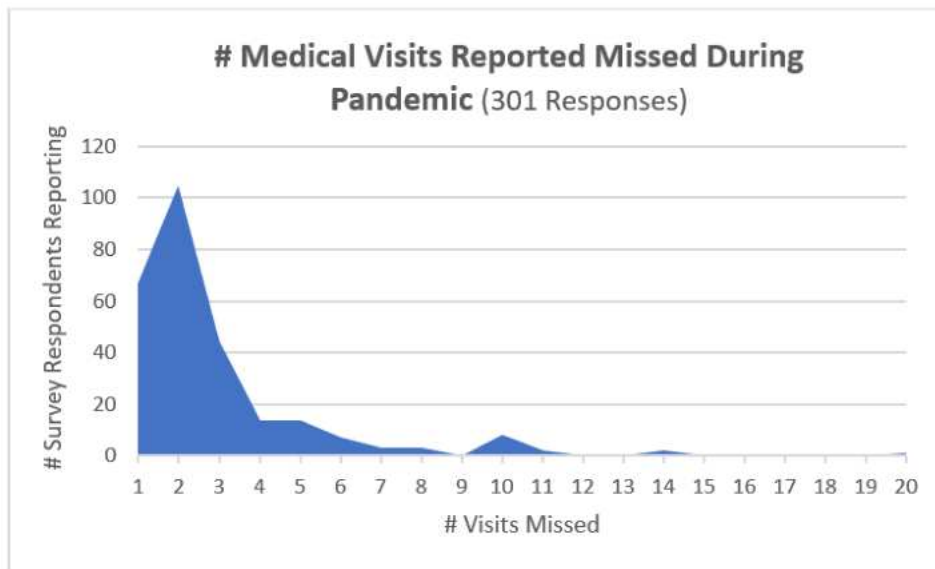
Do any of the following affect your ability to receive health or health-related services?

- Out of 1,280 responses, 820 (64.1%) reflect the answer "Nothing affects my ability to receive healthcare services";
- 19.9% felt cost of services affected their ability to access healthcare;
- 10.1% felt health condition was a barrier (psychiatric, mental health, learning or physical disability, or chronic condition)





21.44% responded out of 1,404 total survey responses that they could not access care during the pandemic.



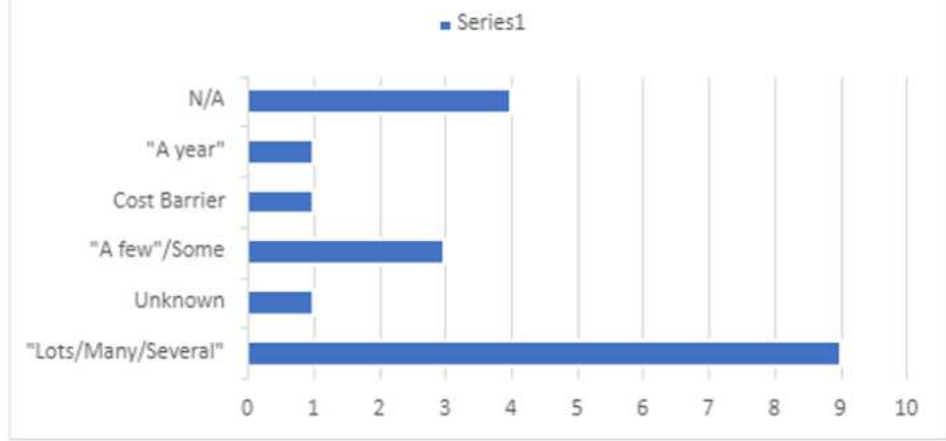
Nineteen (19) respondents gave text responses stating they had missed “lots”, “many”, or “several” visits while three stated they had missed “a few” or “some” appointments. Others reported their answer as “N/A” (4), “A year”, “Cost Barrier”, or “Unknown”

DATA LIMITATION: Respondents were allowed to give text answers and were not forced to choose a number.



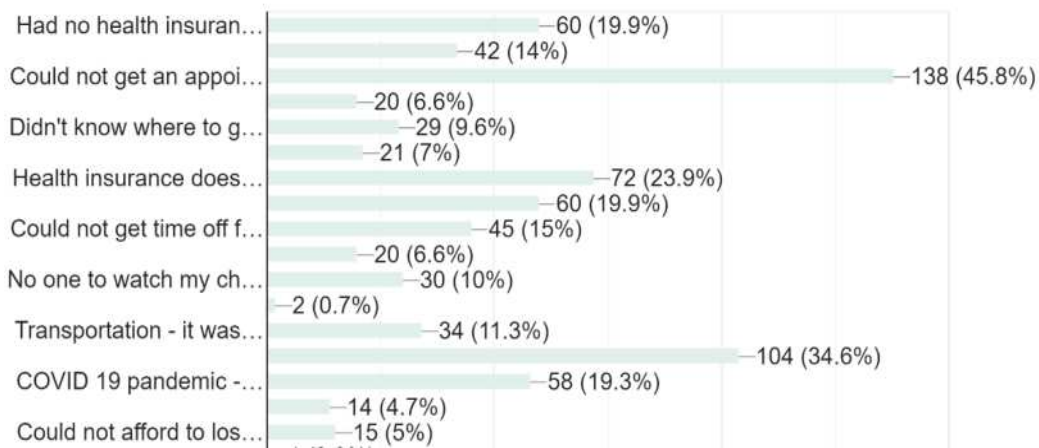


### 19 Responses on Missed Appointment, Text-only replies or N/A



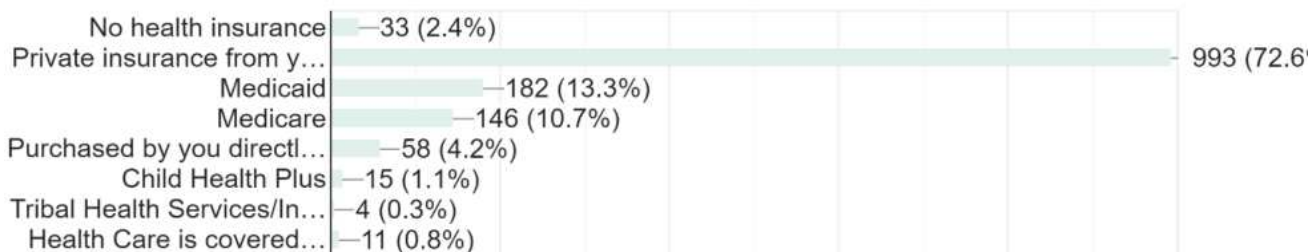
### What were the main reasons you did not get the medical care you needed?

301 responses



### What type of health insurance, if any, do you have?

1,367 responses

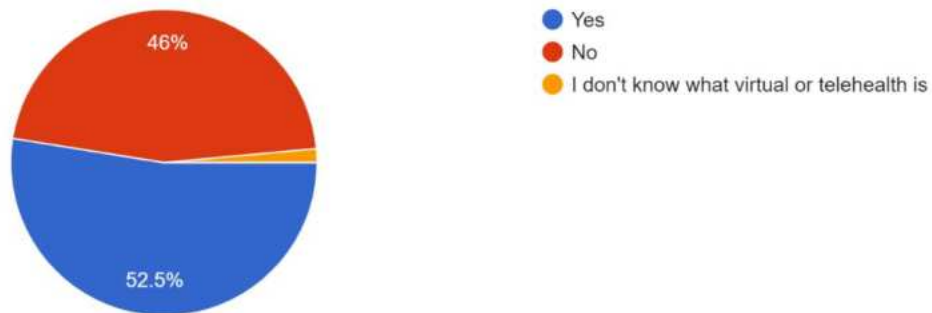






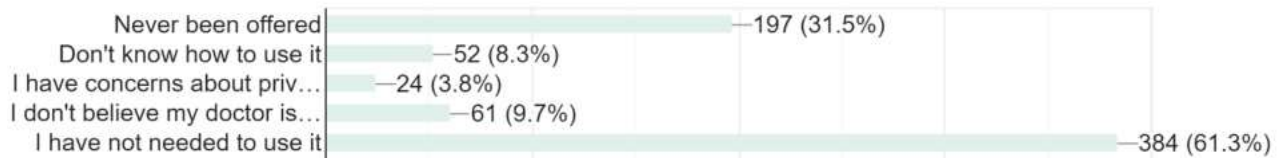
### Have you used virtual or telehealth services?

1,367 responses



### Why haven't you used virtual or telehealth?

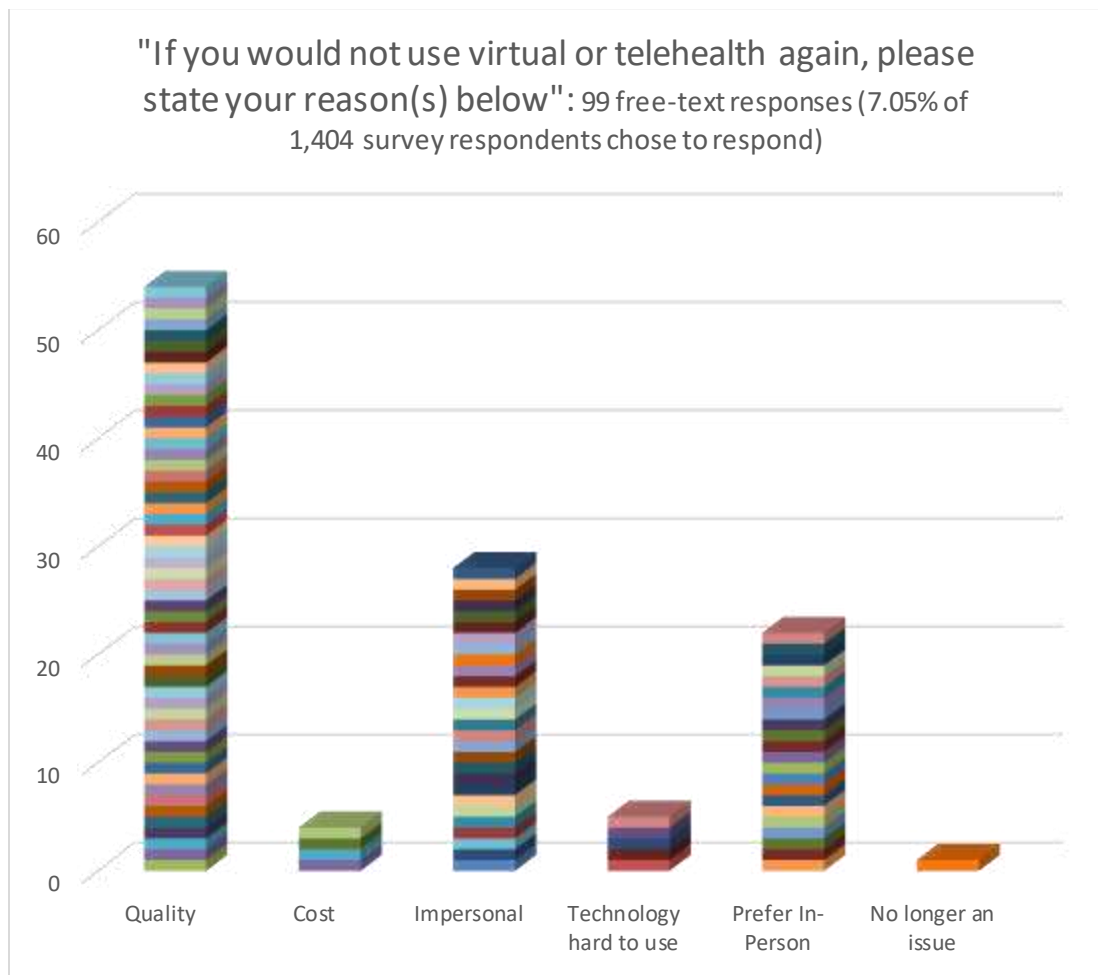
626 responses







Free-text responses to the above question about telehealth are categorized in the chart below, according to primary concern. Data limitation: Total number of responses represented above is more than 99, as some respondents cited more than one reason; those responses were counted in more than one category.





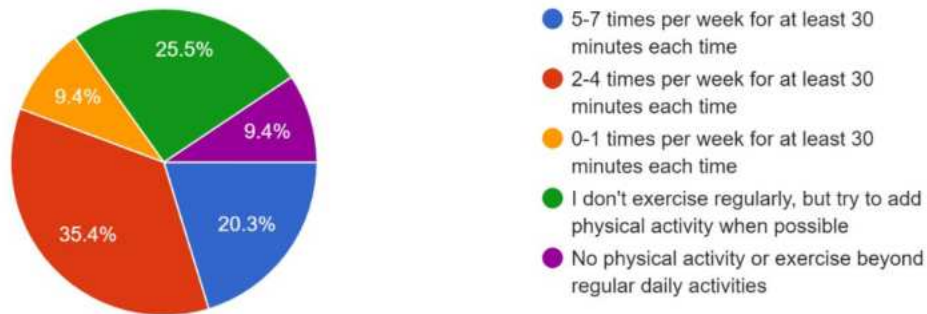


### PHYSICAL ACTIVITY AND EXERCISE

Respondents who identified as Black or African-American and respondents who identified as Mixed appear to be likely to report worse health than individuals who identified as other races and ethnicities. 39.0% of Black or African American respondents and 41.5% of Mixed race or ethnicity respondents indicated that their health is Fair or Poor. This can be compared to 19.4% of respondents who identified as White and 21.7% overall.

How often do you participate in physical activity or exercise?

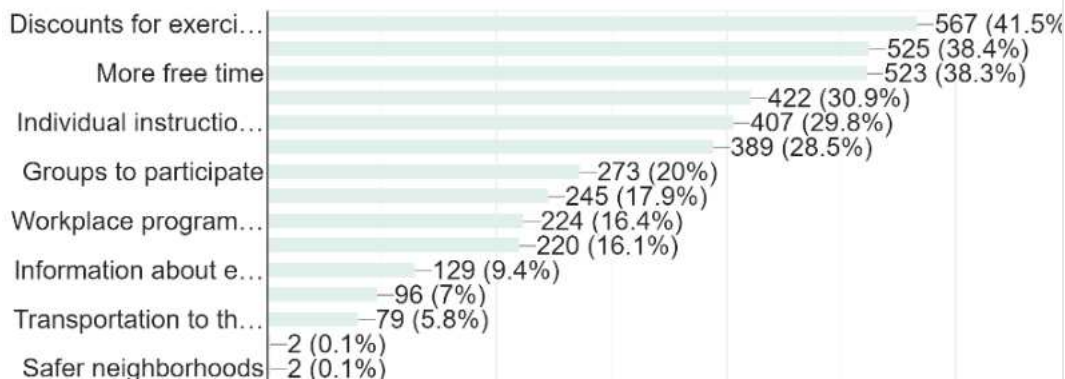
1,367 responses



### INCREASING PHYSICAL ACTIVITY:

Which, if any, of the following would help you become more active?

1,367 responses



### YEARLY FLU SHOT

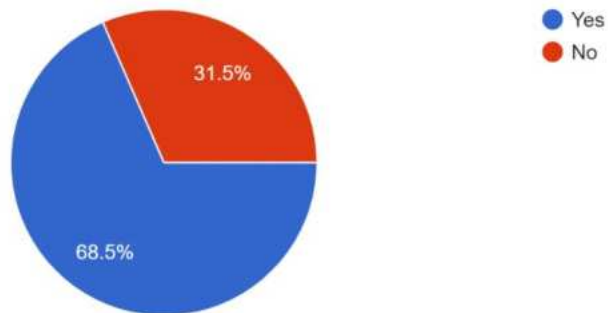
Row Labels	Count of Do you get your yearly flu shot?
No	430
Yes	936
Grand Total	1357





### Do you get your yearly flu shot?

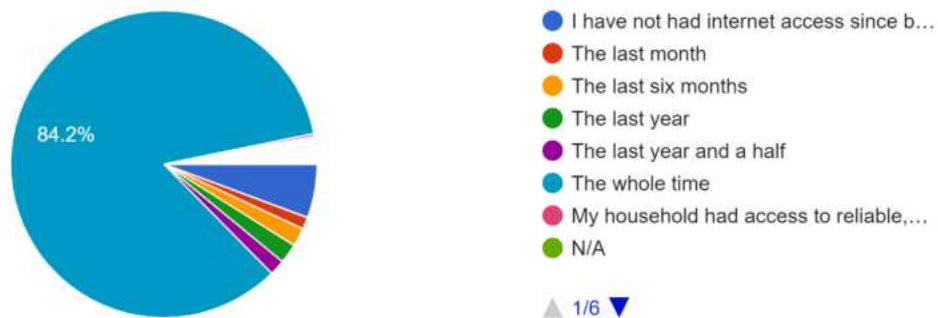
1,367 responses



## PANDEMIC EFFECTS

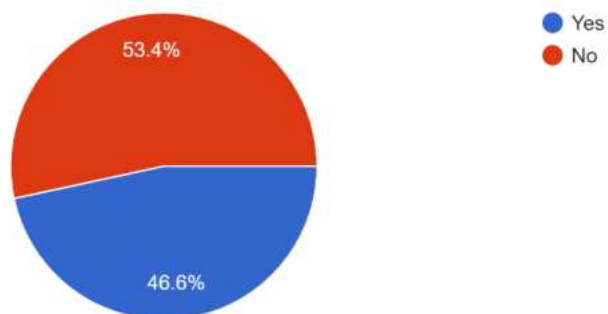
### For what period of time was your household able to access reliable, high speed internet when needed for work and/or school throughout the COVID-19 pandemic?

1,343 responses



### Has the COVID-19 pandemic negatively impacted your employment and/or finances?

1,360 responses





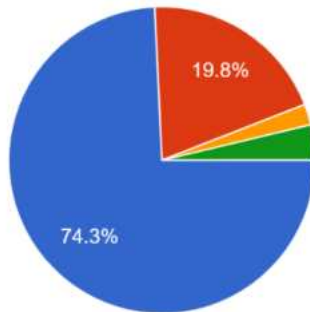


## HEALTH CONDITIONS

### HIGH CHOLESTEROL, HIGH BLOOD PRESSURE AND DIABETES

If you have been diagnosed with high blood pressure by your health care provider is it currently well controlled?

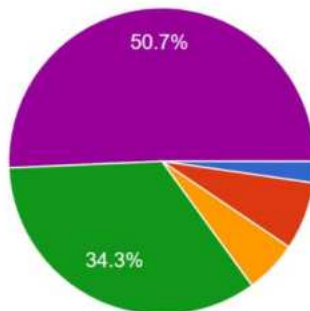
1,367 responses



- I have NOT been diagnosed with high blood pressure
- I have been diagnosed with high blood pressure and it is well controlled
- I have been diagnosed with high blood pressure and it is NOT controlled well
- I have been diagnosed with high blood pressure but I am not sure if it is controlled well

How often do you self-monitor your blood pressure?

1,367 responses



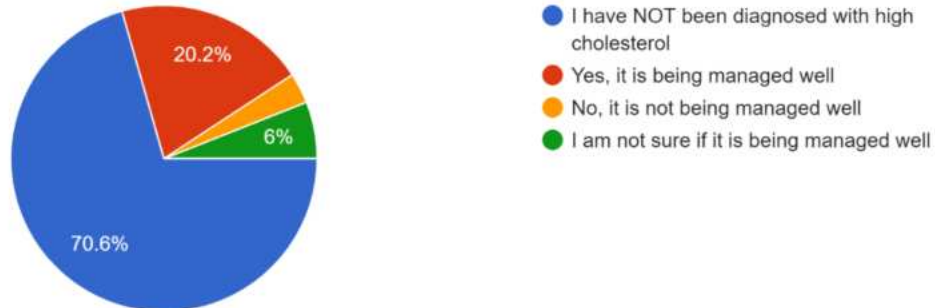
- Daily
- Weekly
- Monthly
- Occasionally
- Never





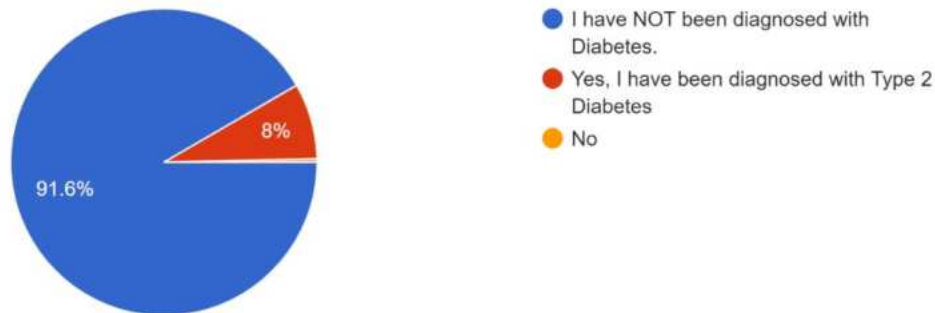
If you have been diagnosed with high cholesterol by your health care provider, is it being effectively managed? (through exercise, diet and/or use of medications)

1,367 responses



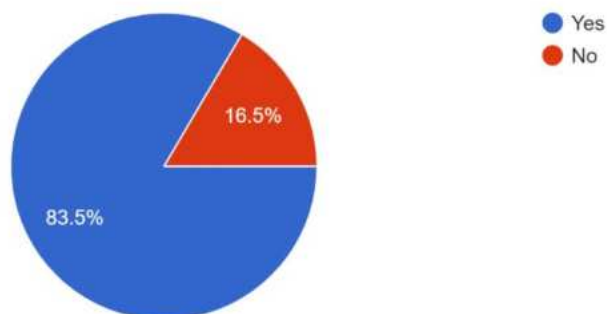
Have you been diagnosed with Type 2 Diabetes?

1,364 responses



Is your diabetes effectively managed?

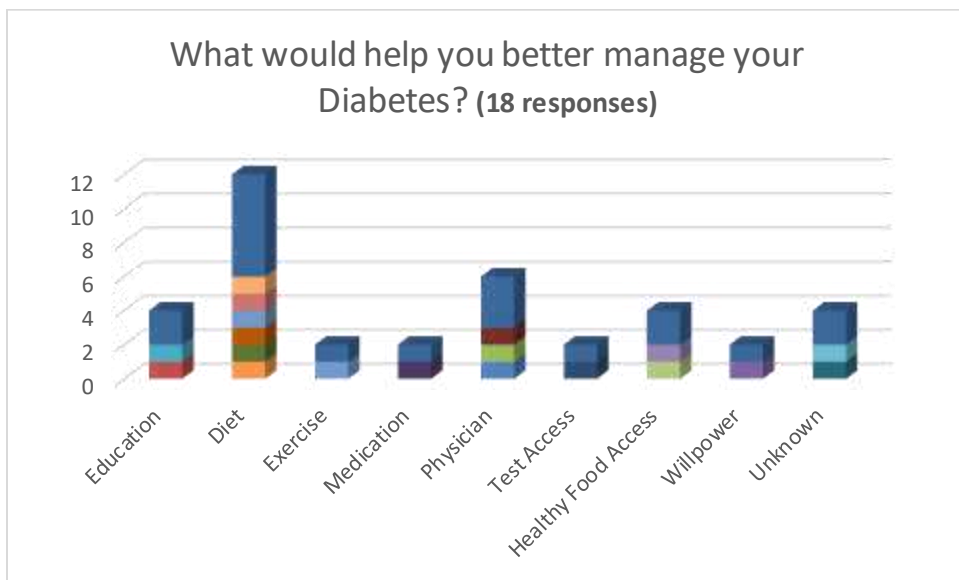
109 responses







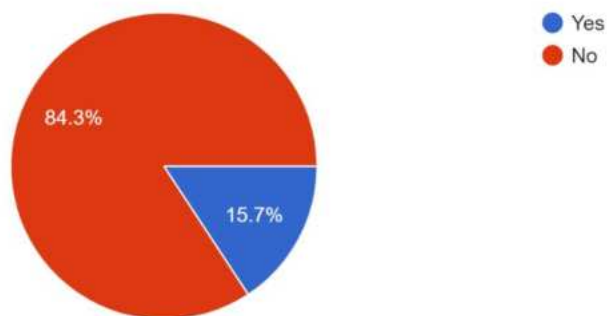
### WHAT WOULD HELP YOU BETTER MANAGE YOUR DIABETES? (18 RESPONSES)



### CANCER SCREENINGS AND TREATMENT: Questions and responses

Have you or a household family member been diagnosed with cancer in the past five years?

1,367 responses

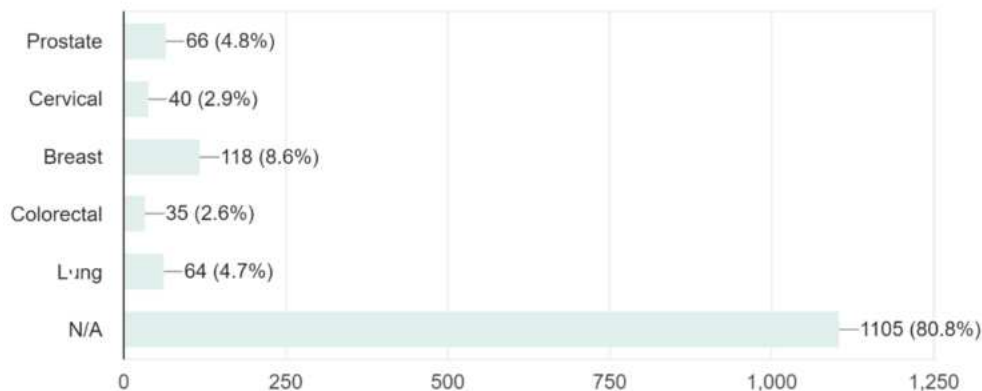






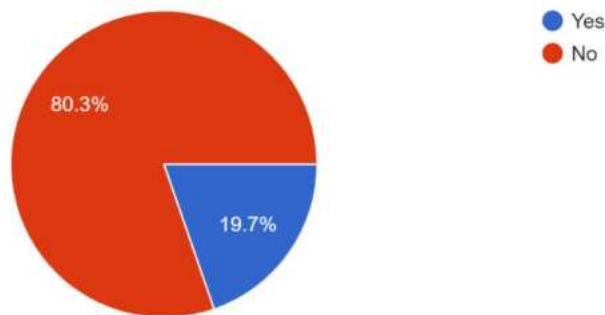
Please indicate if you or a household family member have had one of these forms of cancer in your/their lifetime(s).

1,367 responses



Are you aware of the free services provided through the Erie County Cancer Services Program?

1,367 responses



## COVID-19

Of the 1,367 survey respondents, 88.4% (1,199) indicated that they had received the COVID-19 vaccination, and 11.6% indicated that they had not.

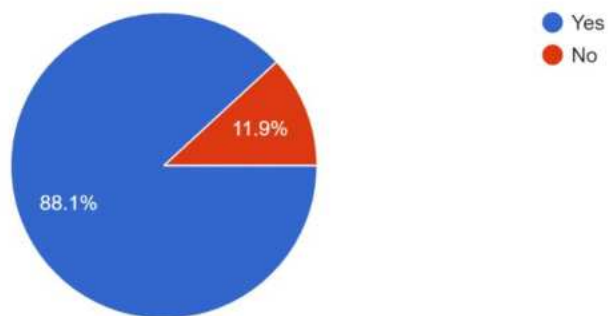
When analyzed by age of respondents, individuals 25-44 are were the least likely to have reported that they received the vaccine, with 13.4% of respondents aged 25-34, and 20.5% of respondents aged 35-44 indicating an unvaccinated status. Furthermore, respondents who identified as men were more likely to indicate that they had not been vaccinated than those who identified as women by a margin of 19.4% (men) to 8.8% (women).





Have you received your COVID-19 vaccination?

1,367 responses



#### COVID-19 VACCINATION STATUS

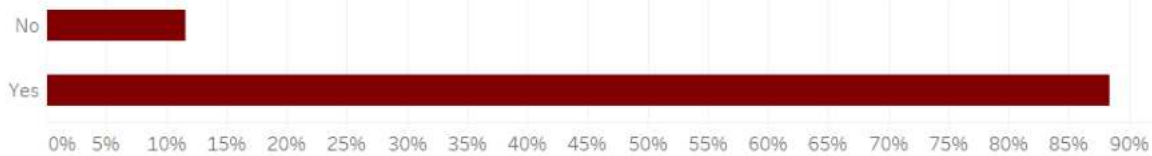
Row Labels	Count of Have you received your COVID-19 vaccination?
No	161
Yes	1205
<b>Grand Total</b>	<b>1,367</b>

1,367 Erie County residents answered this binary question

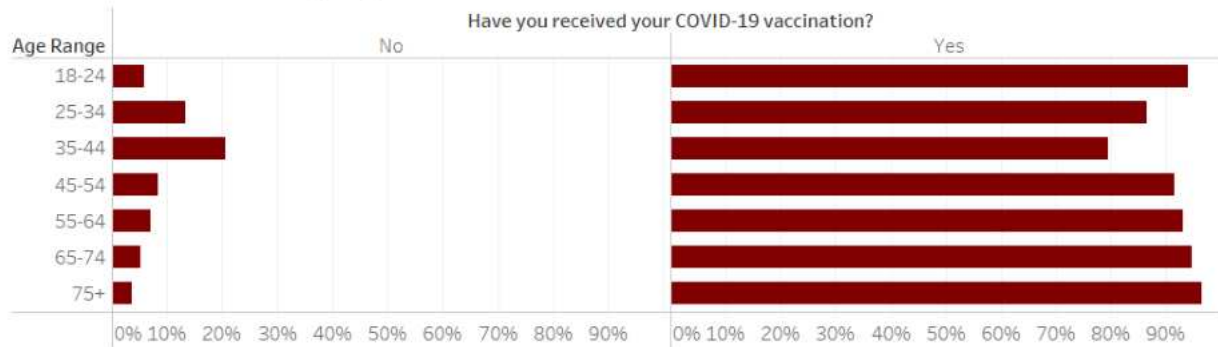




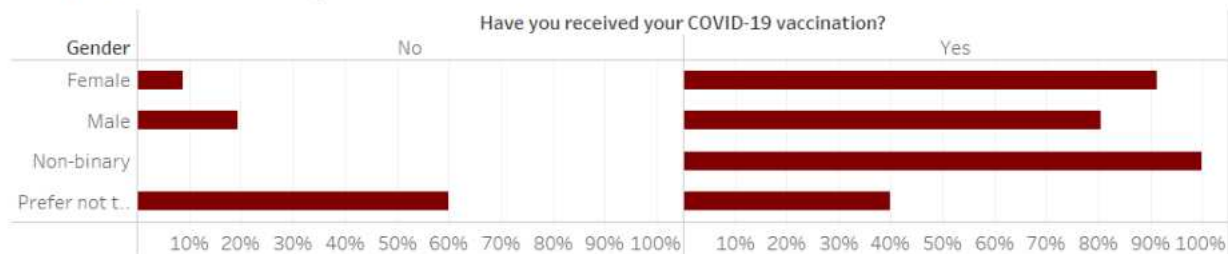
### Have you received your COVID-19 Vaccination?



### COVID Vaccination by Age



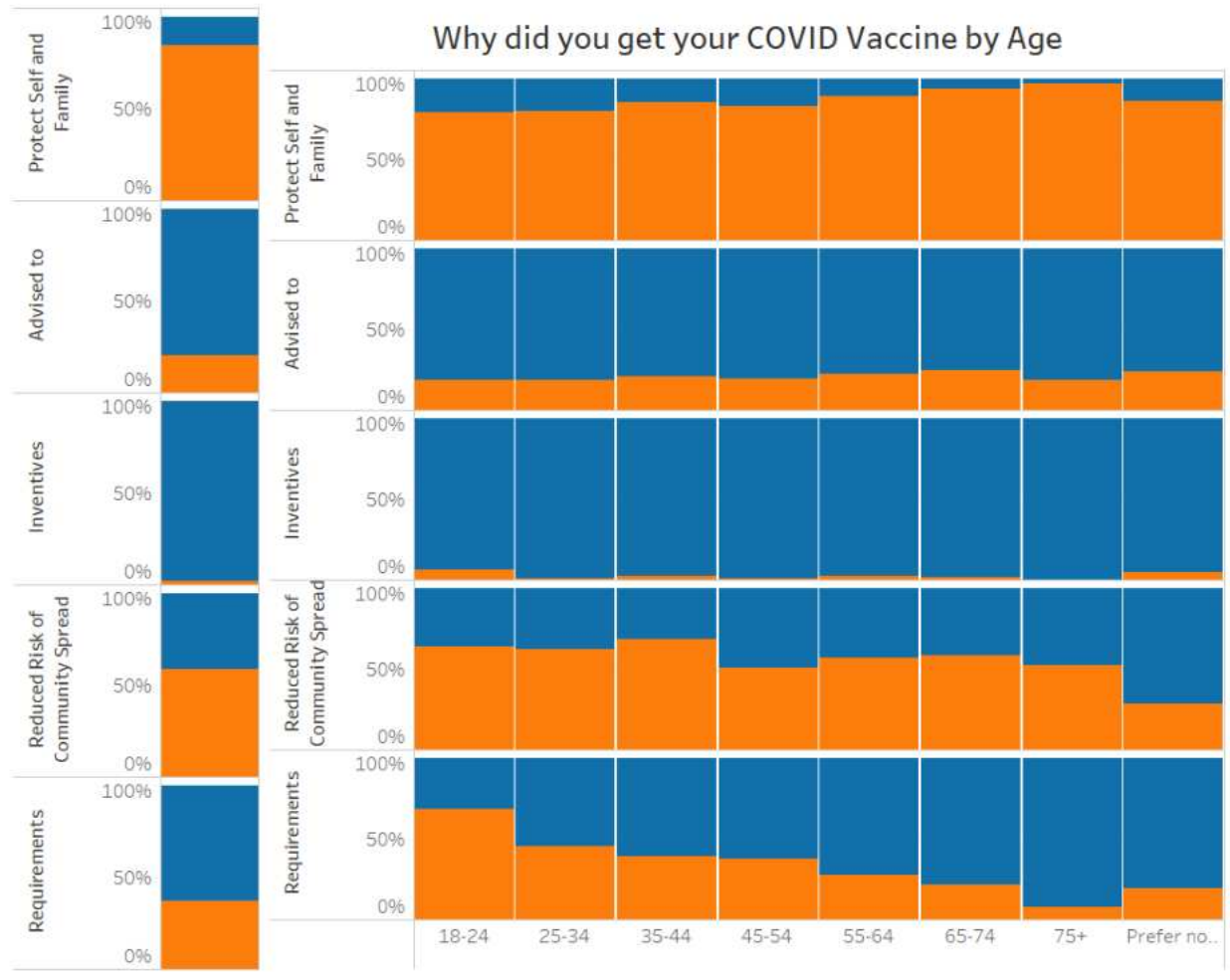
### COVID Vaccination by Gender



When asked **“Why did you get your COVID-19 Vaccination? (Select all that apply)”** these individuals responded with:

- “To Protect Self and Family (88.7%),”
- “To reduce the risk of community spread (58.9%),”
- “Requirements for school, work, or events (37.5%),”
- “Was advised to by a healthcare provider (20.4%),” and
- “Incentives (2.0%).”





### VACCINE HESITANCY

Why haven't you gotten your COVID vaccine?

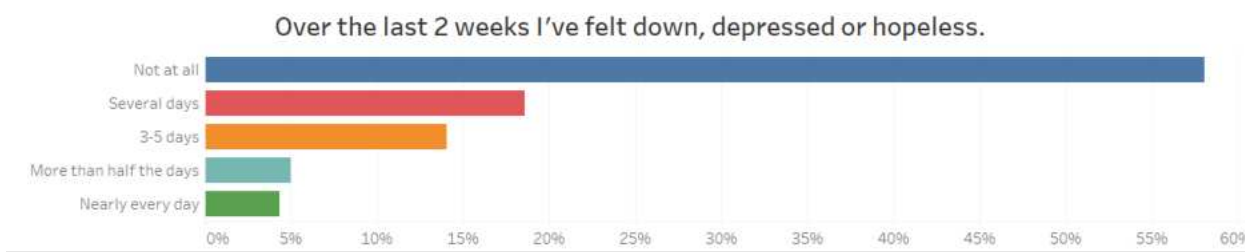
160 responses



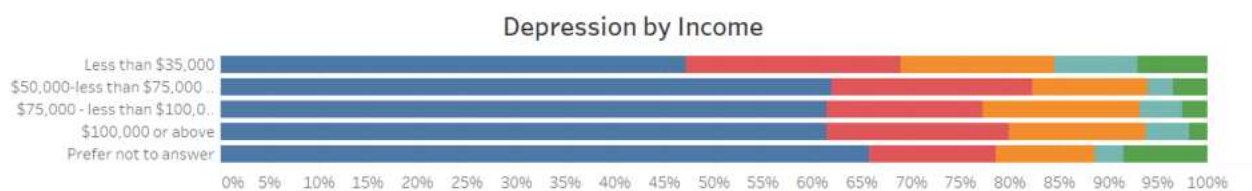




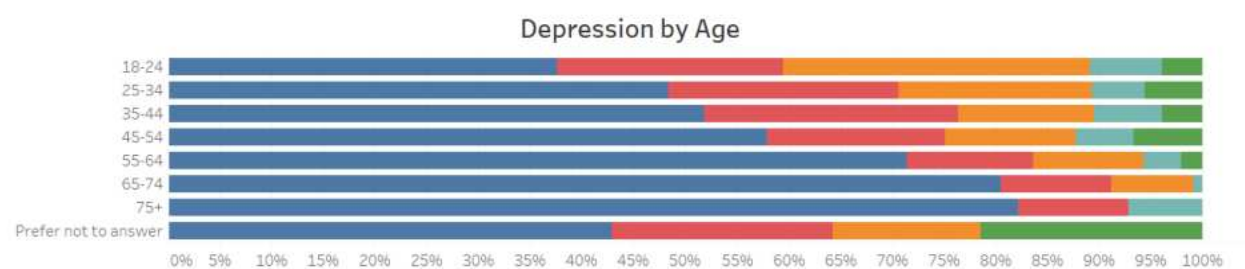
## MENTAL HEALTH--DEPRESSION



In response to the question “Over the last 2 weeks I’ve felt down, depressed or hopeless” 58% of respondents (789 individuals) answered “Not at all.” This means that 42% of respondents (571 individuals) indicated that they felt down, depressed, or hopeless at least some of the time.

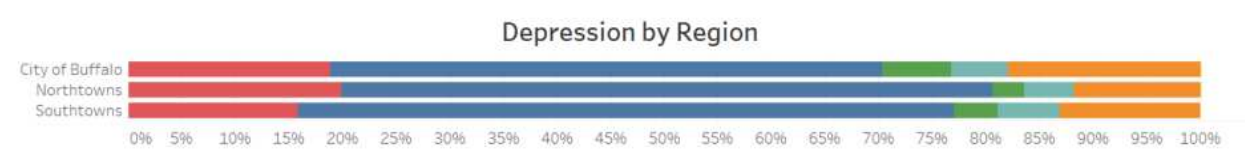


Respondents who made \$50,000 or more were much more likely to mark “Not at all,” at around 61%. This opposes those who made less than \$35,000, only 47% of which said they never felt depressed, and 15.5% of whom said they feel depressed “More than half the days,” or “Nearly every day.”



Younger respondents were more likely to report feeling down, depressed, or hopeless than older respondents. More than 80% of individuals 65+ marked “Not at all.” This opposes individuals who marked “Not at all” in the age brackets 18-24 (37.6%) and 25-44 (50.3%).

Housing situation changes significantly when compared to Race/Ethnicity and Age. People who identified as White were much more likely than any other individuals to own their homes at 79.1%. This can be compared to individuals who identified as Black or African American, the next largest population size, which has a rate of homeownership of 26.3%. Similarly, rates of homeownership appear to increase with age among the surveyed population, with only 23.2% of people aged 18-24 owning their home and 49.5% renting.



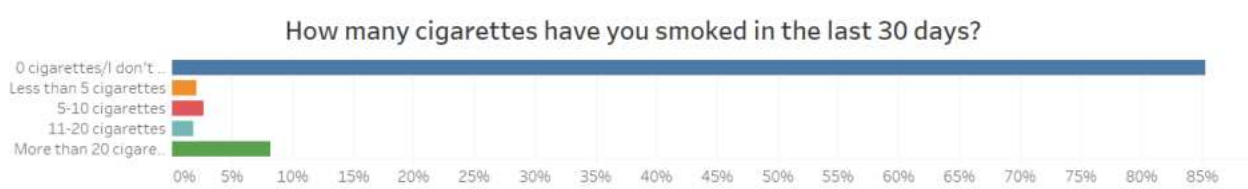
## BEHAVIORAL HEALTH



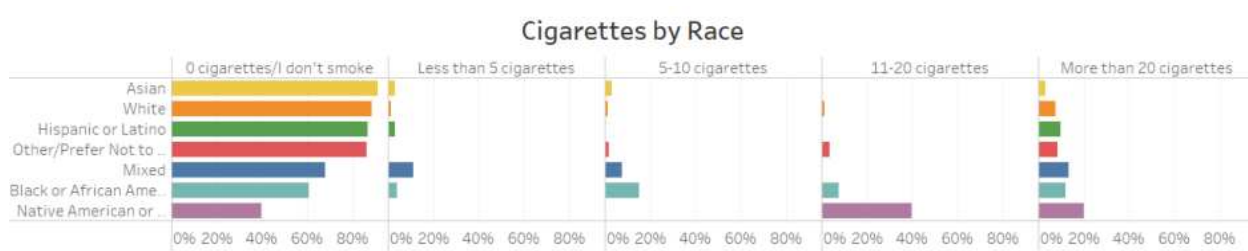


## TOBACCO USE

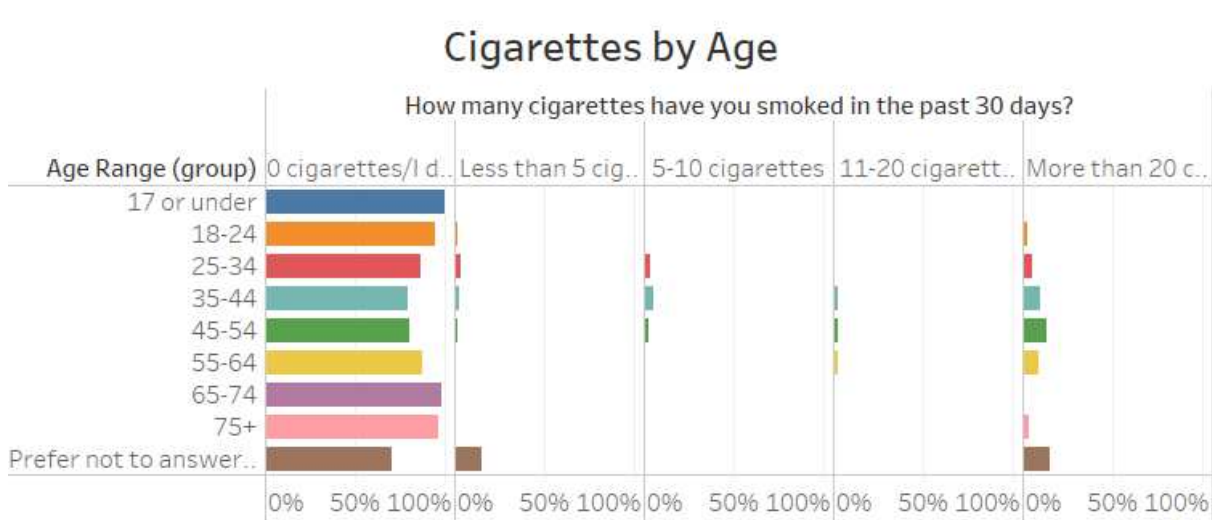
Tobacco use was surveyed among respondents in two questions: “How many cigarettes have you smoked in the last 20 days?” and “During the past 30 days, did you use an electronic vapor product?”



Of the survey respondents 85.3% (1,165 individuals) indicated that they have smoked 0 cigarettes in the past 30 days.

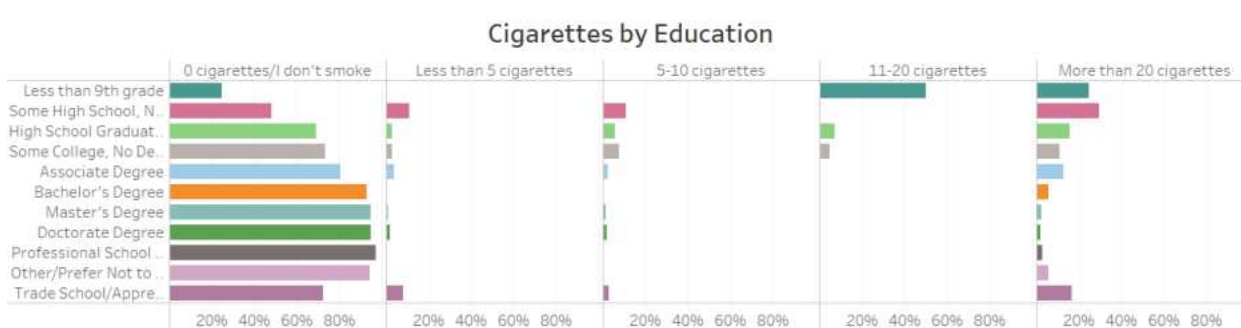
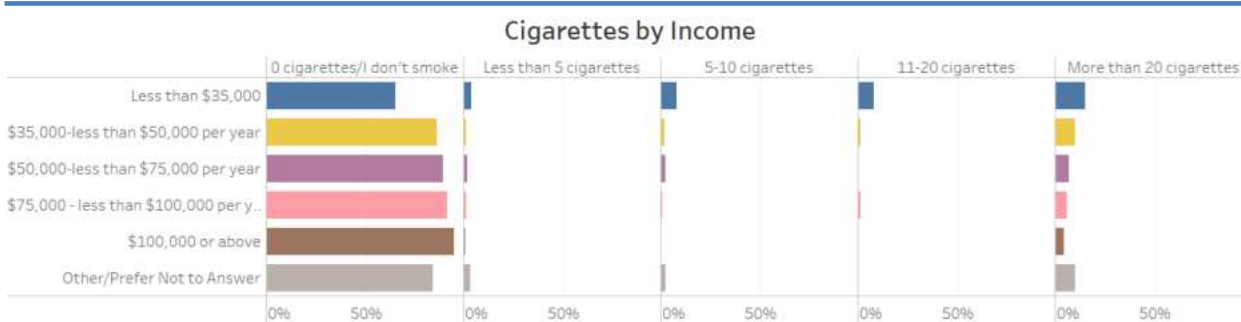


The percentages of tobacco use change significantly when set against race. Respondents who identified as Asian, White, or Hispanic or Latino were considerably less likely to indicate that they smoke cigarettes. 88.8% of White respondents said that they've smoked 0 cigarettes in the last 30 days, compared to only 61.0% of Black or African American respondents.



There appears to be a clear correlation between age and cigarette use. The majority of respondents that they have indicated they have smoked at least one cigarette in the last 30 days. It is well understood that smoking is a risk factor associated with many conditions and the clustering of these age groups appears to indicate that within the next generation Erie County will see an increase in severity of smoking-related conditions as this cluster of age groups continues to age.

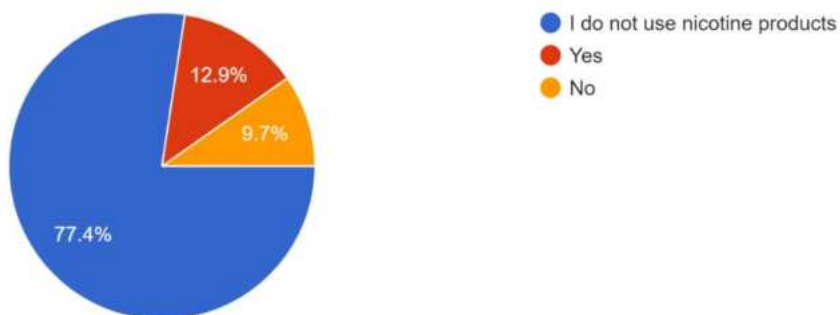




It appears that the burden of these smoking-related conditions will be overwhelmingly borne by individuals of low income and low education level. 64.35% of survey respondents who make less than \$35,000 indicated that they do not smoke, compared to the average of 85.3% compared to 93.6% of those who make \$100,000 or more. Among respondents with a Bachelor's Degree or higher, 93.9% reported that they do not smoke. Among respondents with no college degree, a significantly lower percentage of 68.5% reported that they do not smoke.

If you use nicotine products, are you aware of assistance available to you, if you want to quit?

1,367 responses







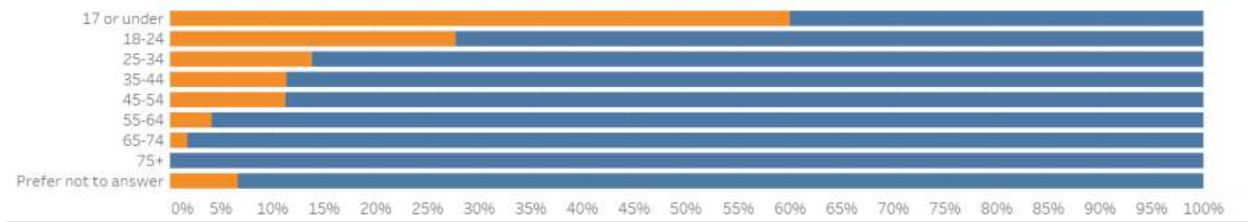
## E-CIGARETTES

### E-Cigarettes Overall



In response to the question “During the past 30 days did you use an Electronic Vapor Product?” 10.8% of respondents said that they had used at least one of the specified products.

### E-Cigarettes by Age



This percentage shifts significantly when examined against age. Among respondents aged 18-24, 27.8% indicated that they had used at least one of the indicated vapor products; meanwhile, among respondents aged 65-74, 1.8% of respondents indicated use of electronic vapor tobacco products. Over the age of 75, 0 respondents reported using these products.

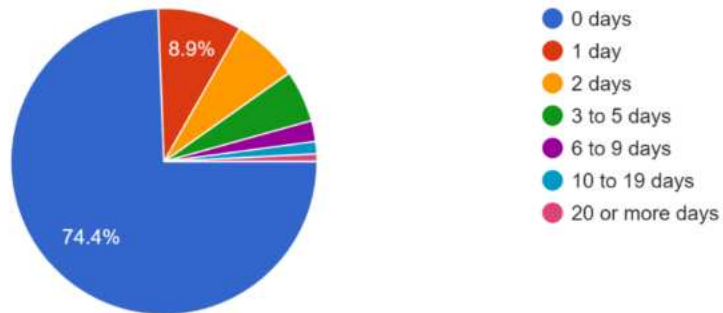




## ALCOHOL USE

During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?

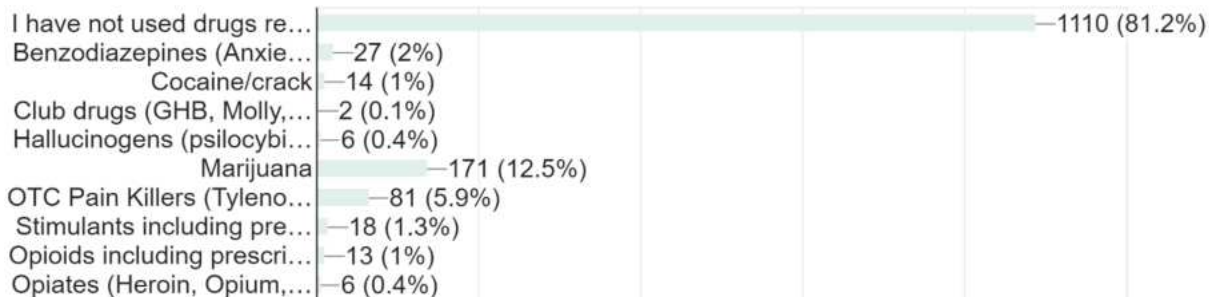
1,367 responses



## DRUG USE

During the past 30 days, what drugs have you used in excess and/or recreationally (prescription drugs, legal and/or illegal drugs)?

1,367 responses

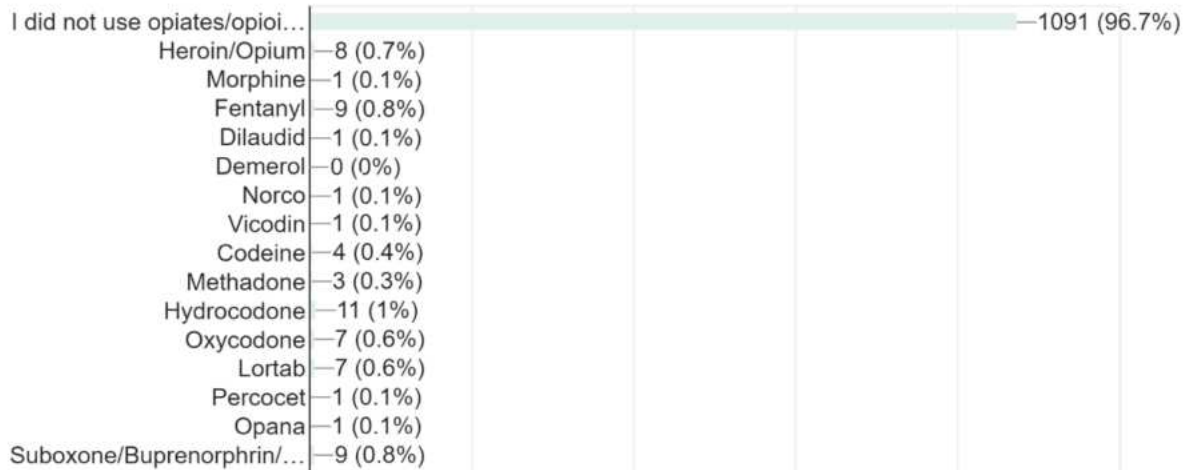






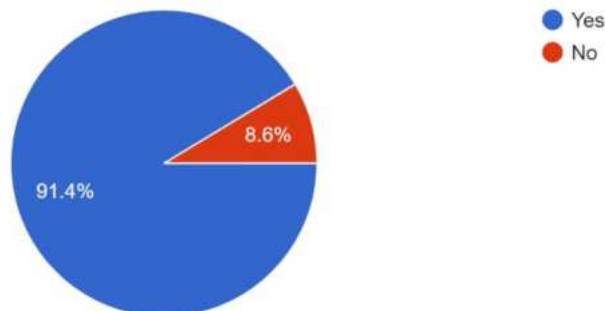
If you chose Opiates or Opioids in the previous question, please indicate which ones you have used (prescription or illegal)

1,128 responses



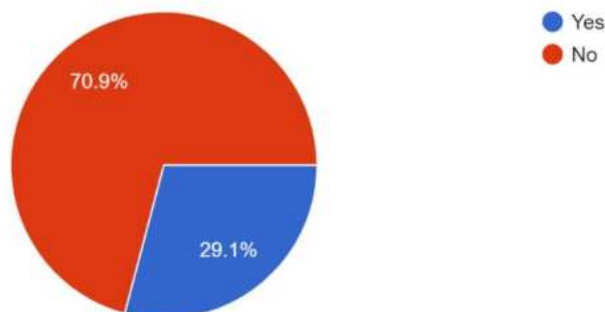
Are you aware of what the medication Narcan(R) (naloxone) is?

1,367 responses



Have you been trained to reverse an opioid overdose using Narcan(R) (naloxone)?

1,367 responses

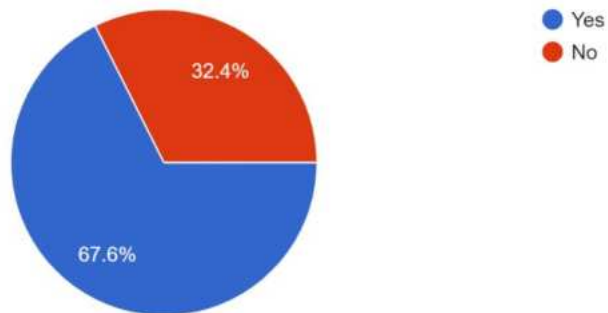






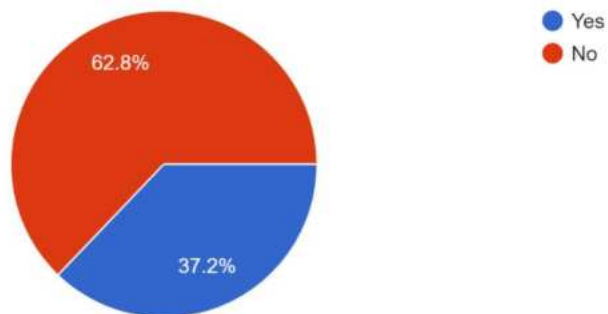
Did your training program provide you with a Narcan(R) (naloxone) administration kit?

398 responses



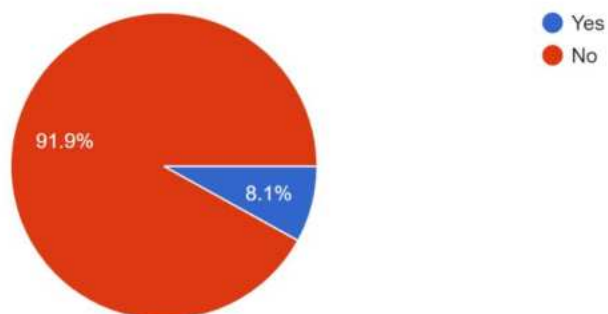
Would you be interested in being trained to administer Narcan(R) (naloxone)?

969 responses



Have you ever administered Narcan(R) (naloxone)?

1,366 responses



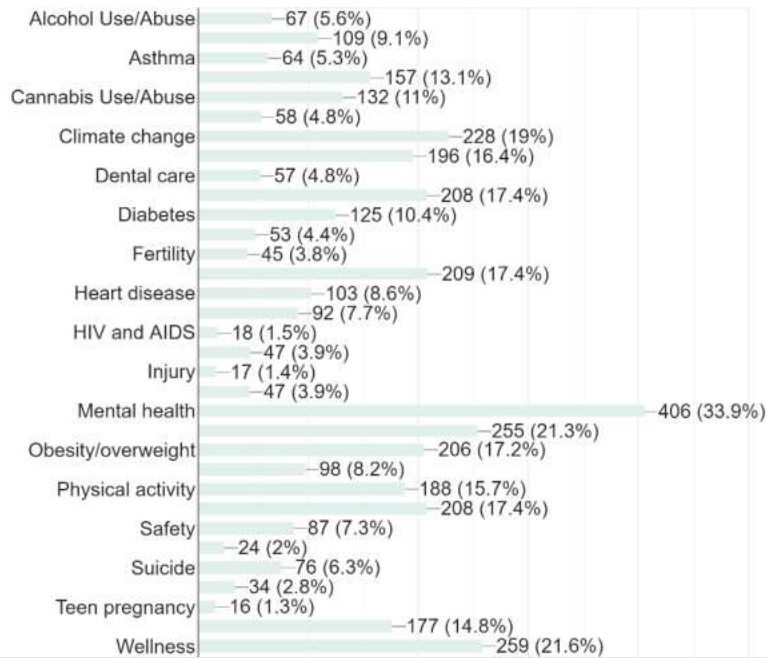




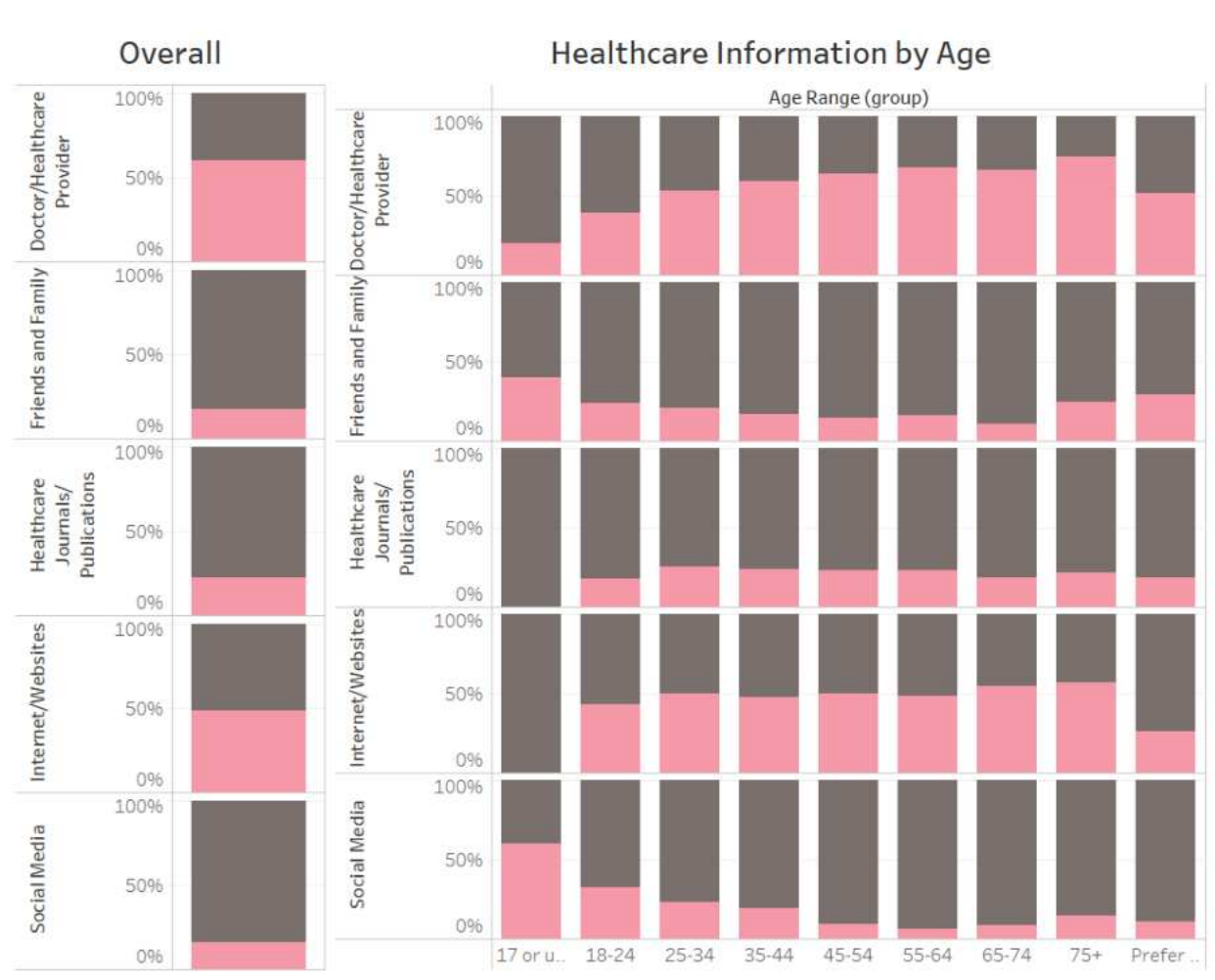
## HEALTH TOPICS OF INTEREST (TOP ANSWERS):

What health topics are you interested in learning more about?

1,198 responses





**Where do you get most of your Healthcare Information?**

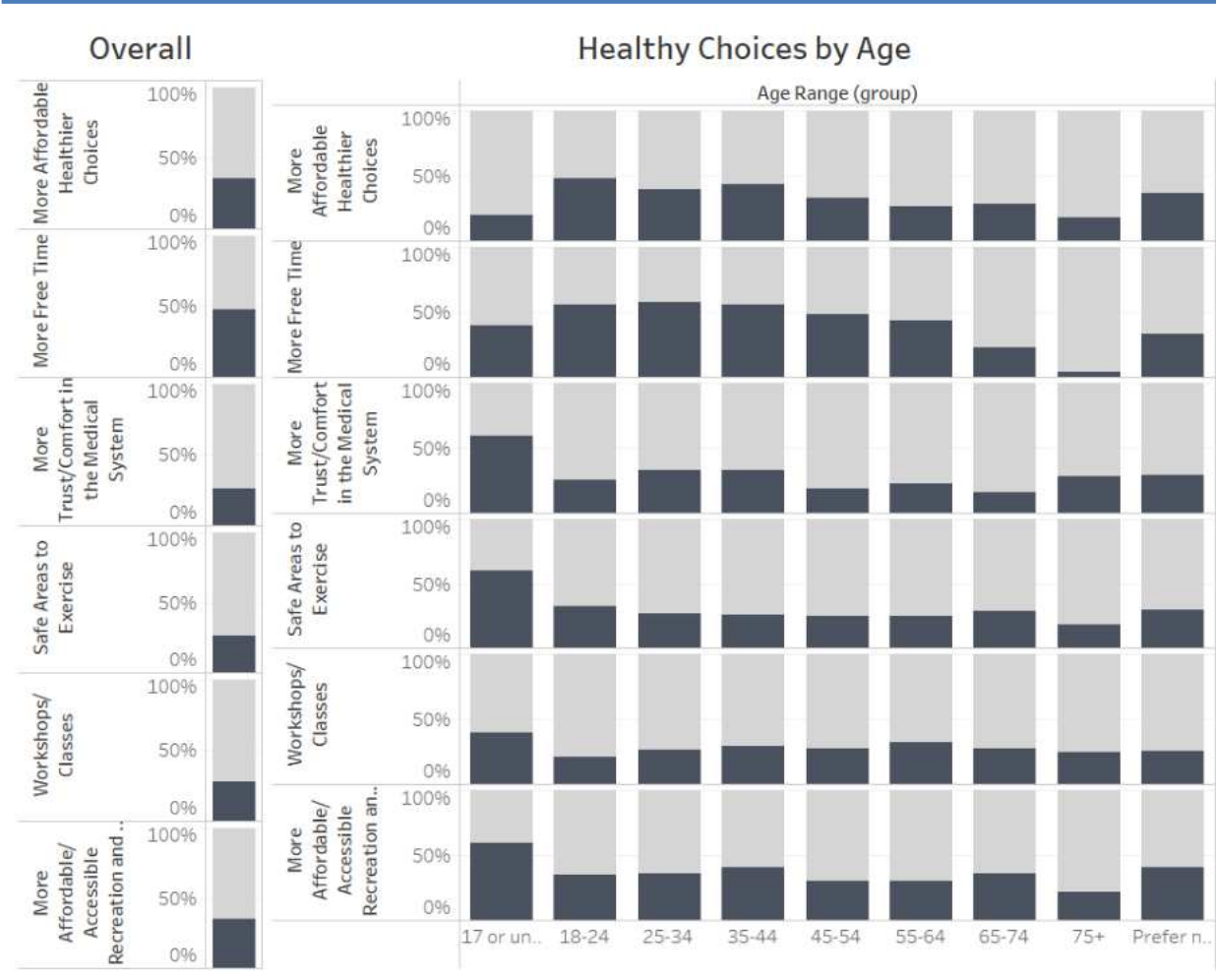
The most prevalent responses overall to the question “Where do you get most of your healthcare information? (Choose up to five)” were Doctor/Healthcare Provider/Primary Care Provider at 60.0% followed by Internet/Websites at 48.7%. When broken down, the odds of getting information from Healthcare Providers appears to increase with age. Conversely, the odds of getting information from Social Media appears to decrease with age.



**HELP WITH HEALTHY CHANGES**

<b>In the future, what might help you make healthy changes in your life?</b>	<b>Count of Responses</b>
More free time	656
More affordable and accessible recreational and/or sports opportunities that are appropriate for your age and skill level	473
Having more affordable fresh fruits and vegetables and/or healthy food choices available at local convenience stores	491
Access to virtual and/or in person free workshops or classes in your community on exercise, diet, stress reduction, chronic disease management and/or quit smoking	383
Having more trust/comfort with the medical system	357
Having safe areas to exercise within your community	359
Incentives such as gift card, prize for participation or discounted service	348
Getting reminders when you are due for certain tests (such as annual doctor visits),	246
Taking more time to talk with health care professionals (doctors, nurses, dieticians, counselors)	246
Access to affordable childcare	129





To the question “In the future, what might help you make healthy changes in your life?” the most frequently selected responses were “More free time” at 48.0% and “More affordable healthier choices” at 35.9%. When compared with age, both “More affordable healthier choices,” and “More free time” appear to be more frequently indicated by younger demographics. Residents aged 25-44 reported they were less likely to have trust in the medical system than the average. That same age group was also least likely to have received vaccination against COVID-19.





## FREE-TEXT RESPONSES

At the conclusion of the survey a free-response section was given. It read:

You have reached the end of the survey. Thank you for taking the time to help us understand your health needs and concerns. The ideas, suggestions, concerns, questions and comments from every member of our community are valued. Please take a few extra seconds to add anything you would like Erie County to consider. Each and every one of your comments will be read and shared with the appropriate program staff, managers and leaders. Please share this survey on your social media and encourage all of your Erie County friends, family and colleagues to take part in creating a healthier Erie County for everyone. Thank you for your valuable input. Please add comments or ask questions below.

This question received 156 responses, which were combined with other free-response fields from other questions for a total of 188 comments. These comments were then categorized according to various criteria.

### GOVERNMENTAL DISTRUST AND NEGATIVE REACTION TO COVID RESPONSE POLICY

54 individuals expressed comments that indicated strong governmental distrust or dissatisfaction. Many of these comments derided specific Erie County policies and officials. In addition to Governmental Distrust, these comments were frequently characterized as COVID-19 Policy Negative Response. Of the 49 responses in the COVID-19 Policy Negative Response, 33 also expressed governmental distrust. These included:

"COVID-19 (Chinese virus) (sic) is not a tool for Erie County to control its citizens. (M)masks don't work the so-called vaccine doesn't work. Unmask everyone for better health." (sic)

"My family and I will be moving out of state or pulled from public school to homeschool if the COVID-19 vaccine is mandated for my children and if masks are required next school year. I will never give my children this injection. I would also like masks to become optional. It is negatively affecting my daughter in school. She is in 1st grade and behind in reading and math. She cannot see the facial expressions or learn phonics when mouths are covered. Health decisions about children should be left to parents. My child should not be forced to protect others. Masking is physiologically affecting children our children and it needs to end."

"Masks don't work and the vaccine is not working. Stop the madness. Our children need to grow up seeing people's faces. What is wrong with you? I need you to stop interfering with my personal life and my children."

### DIETARY, NUTRITION, AND PHYSICAL FITNESS CONCERNS

36 individuals responded expressing concerns about diet, nutrition, physical fitness, or a combination of the three. These ranged from concerns about access to fresh fruits and vegetables to concerns that the respondent does not feel safe exercising in their neighborhood. These responses included:

"I wish you asked more questions about how hard it is to get things that keep you healthy like fresh produce, first aid, PPE, OTC medicine, birth control, plan B, diabetes test strips, vitamins, etc."

"Making healthy food choices more affordable."





“We need more recreation programs/areas. The more sports that are offered, the more bike/XC ski/hiking trails there are around, etc. the more active I am. And the more active I am the more I realize how much I love being active.”

“Why are there no nutritional programs that directly work with people that is specific to the individual, that includes body chemistry make up and a plan to help balance vitamins, minerals and nutrition that could help people achieve their own optimal health?”

### **SUBSTANCE USE AND ABUSE**

13 comments expressed concern about Substance Use and Abuse. These included:

“Friends that need to dispose of needles do not have enough locations to do so (only certain college campuses or police stations, and the latter can be scary or stigmatizing)”

“There needs to be more free help for alcoholics and crack heads. Nobody cared about junkies until all them white kids started shootin dope (sic) and dying. Now it’s a problem.”

“Need To Remove Drugs From The Streets”

“More housing for men and women with substance use disorder, and for their children. Mental health housing as well. There is not many places for people to go to live while getting back on their feet.”

These comments varied from discussions about abuse to interest in better access to recovery options for opiate users, to a desire to increase policing and punishment of drug use and possession in Erie County.

### **HEALTHCARE ACCESS AND HEALTHCARE/COST OF LIVING**

**Thirty-nine individuals expressed concerns about Healthcare Access:**

“Thanks for asking for the public's opinions. Also, I want to stress that since approx. 30% of Buffalo-area residents do not own a car, transportation to medical and mental health service offices is frequently a barrier to accessing those services. I can't get to offices in Getzville or Amherst without paying round-trip cab fare, which cuts into money available for rent, utilities, and food. I work full-time but my COLA salary increases don't keep pace with the rising costs of those needs.”

“Why are all of the hospitals downtown and a 30 min drive for most people?”

“My concern is for the health of young people. My children, age mid 20s, and most of their friends do not even have a doctor. The only time they see a doctor is in the emergency room. I think there needs to be TV commercials or reminders on social media the importance of regular doctor visits/mental health counseling/having medical insurance, etc.”

“The quality of care is unacceptable! Whether it is the health care system or insurance carriers, something needs to change!! I thought that's what these questions were about. More wasted time.”

Comments with this tag expressed concern about an inability to either get to healthcare facilities, or to afford healthcare. These included comments lamenting unsafe walking conditions and anger at rising insurance costs.





## SENIOR CONCERNS

15 respondents expressed concerns specific to senior citizens. These included:

"Improve affordable rural transportation for seniors to access Healthcare. Reduce the migration of Healthcare professionals to suburban communities. Reduce the consolidation of Healthcare providers in large corporations and incentivize private practices in Healthcare deserts."

"I remain very concerned about COVID-19 and continue to avoid going to restaurants and other indoor activities. My doctor says immune systems decline as we age, and that by age 65, everybody is "immunocompromised," (ex: the stronger flu dose for people 65+). Overall, poor job by media - and this survey - regarding the unique health issues of 65+. Thanks for listening!"

Many of the senior-specific comments expressed concern about mobility. There was also a small contingent that wished for more senior-specific physical fitness activities in Erie County.

## MENTAL HEALTH

26 individuals expressed concern about mental health issues. The comments tagged as Mental Health Concerns included:

"The WNY area could improve with increased mental health related services for all, especially medicaid recipient patients."

"There are not enough mental health providers in this area and many of the ones that are available are out of network due to low reimbursement by health insurance. I would like to see the county develop an agency that could assist in obtaining mental health care and providing mental health information."

"I would like to learn more about the connection between one's Spiritual Faith, physical and mental health, and emotions. As an introvert, I want to know what can help me to counter the ill effects of being more solitary, as change is difficult to do on my own."

"IT HAS BEEN A HORRIBLE TWO YEARS WITH MASK WEARING, SOCIAL DISTANCING AND SHAMING FOR THE VACCINE. THERE IS SO MUCH MENAL DISEASE ON THE HORIZON AND THIS SURVERY WILL BARELY TOUCH IT."

"Please give free after hours telemed mental health counseling."

These issues ranged from access to mental health-related healthcare to addiction-related mental health problems. Many comments tagged as Mental Health Concerns also coincided with COVID-19 concerns.

## MISCELLANEOUS

There are a number of miscellaneous comments that highlight issues not discussed elsewhere. These include:

"I would like if there was a Black healthcare organization where we can easily find Black medical providers and get information. Mental health information should be taught in schools as well as signs of domestic violence and what a healthy relationship looks like (this affects long term physical and mental health). We should have community gardens and programs to teach about growing food and caring for the environment"





"THERE ARE MANY THINGS THAT NEED TO BE CONSIDERED. I CANNOT AND WILL NOT JUST NARROW IT DOWN TO 5 THINGS. I AM CONCERNED ABOUT CLIMATE CHANGE, DEPRESSION, HEART DISEASE, HIGH BLOOD PRESSURE, MENTAL HEALTH, NUTRITION, OBESITY/OVERWEIGHT, POLLUTANTS, SAFETY, VIOLENCE WITH REGARD TO ACTIVE SHOOTERS, AND WATER QUALITY."

"My neighborhood don't be safe or clean. Everybody is broke. Hard to do better or care about health when everybody gonna die young in your family."

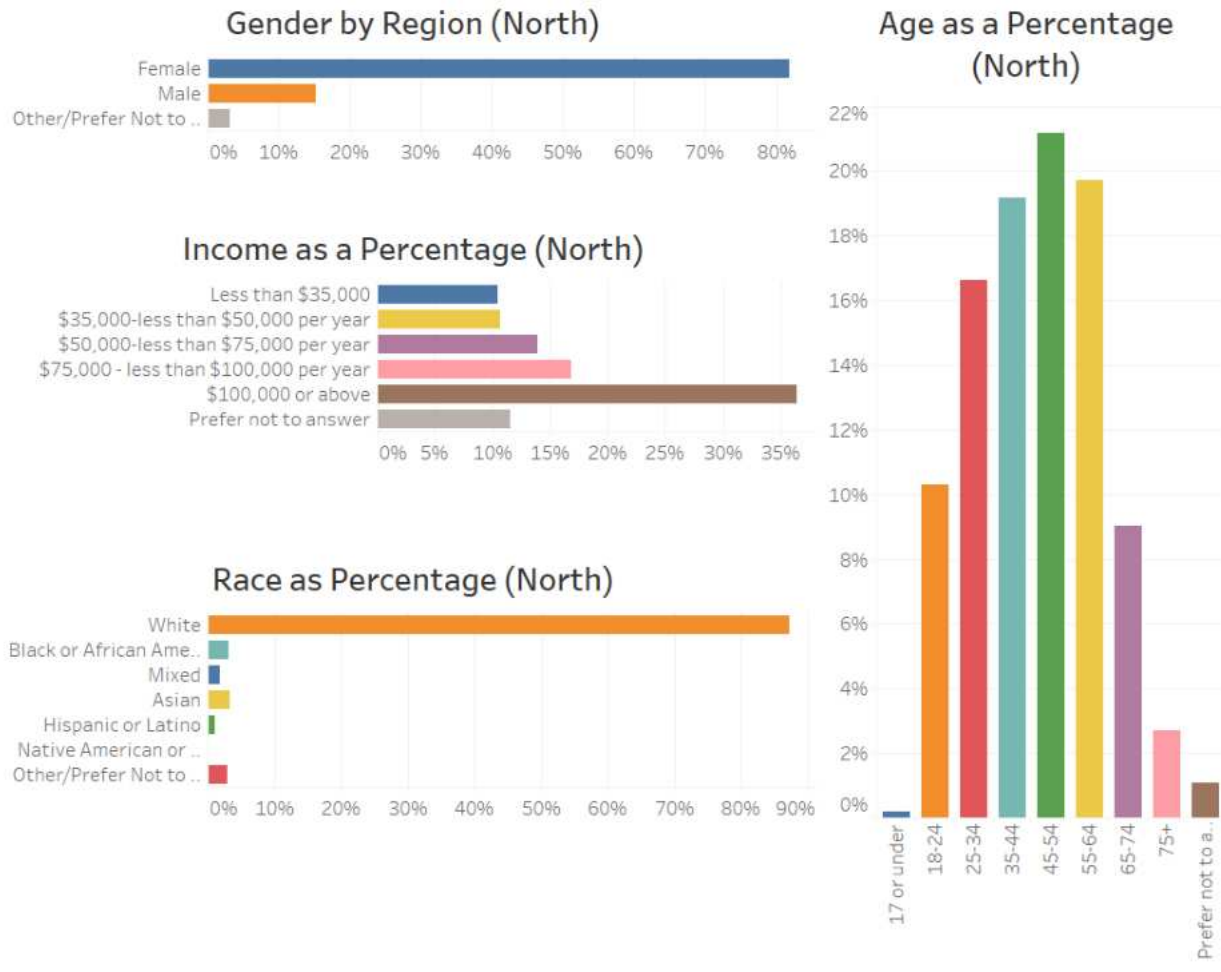




## DEMOGRAPHICS BY REGION

Erie County has been divided into three regions: The Northtowns representing zip codes North of the Genesee/Wyoming line (excluding those wholly within the City of Buffalo), The Southtowns, representing Zip Codes South of the Wyoming/Genesee line (excluding those wholly within the City of Buffalo), and The City of Buffalo. The following are demographic breakdowns showing the differences between those three regions.

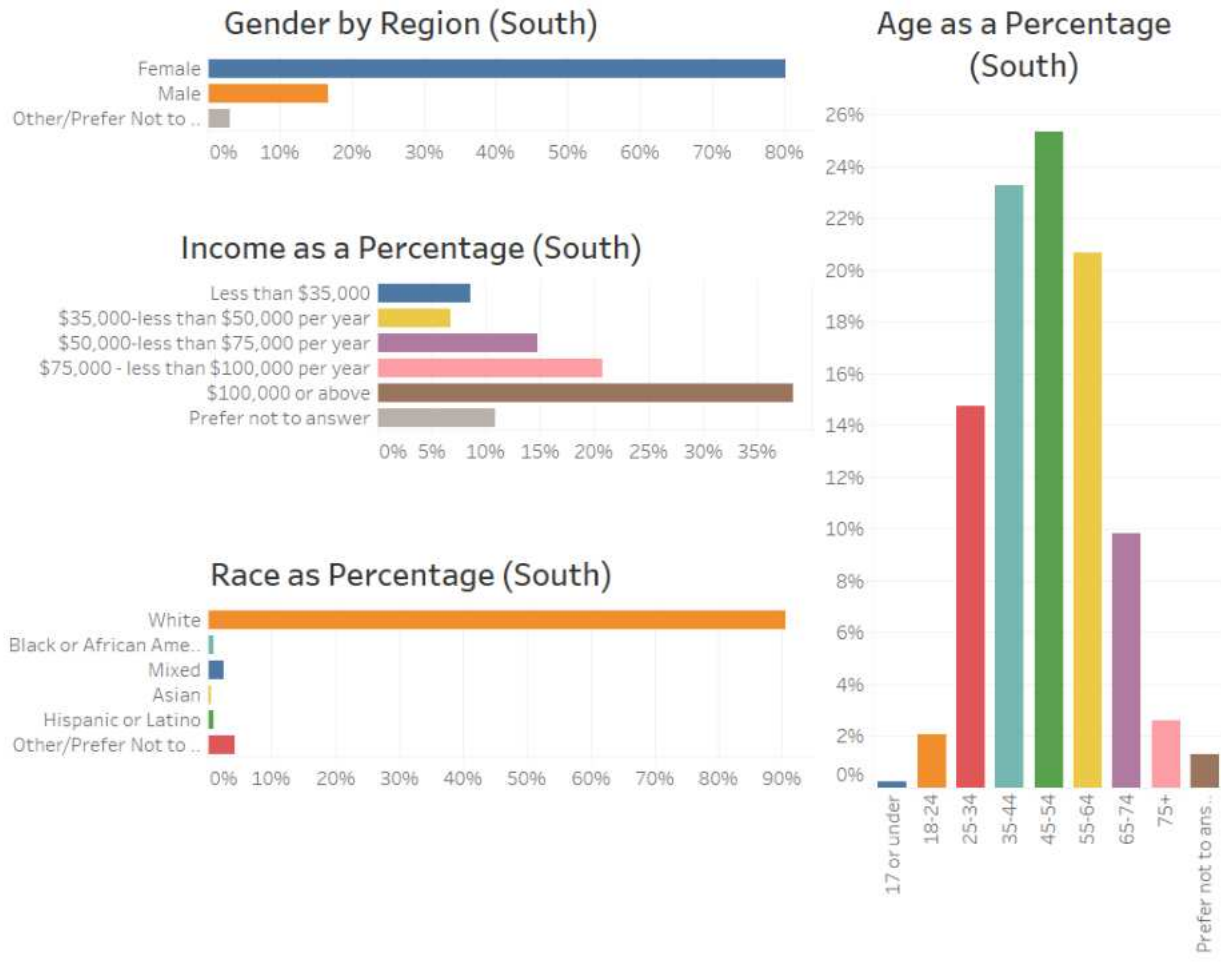
The Northtowns had 555 total respondents representing 41.3% of total. This are a showed a demographic with a much higher income than the whole, and a more extreme gender bias.







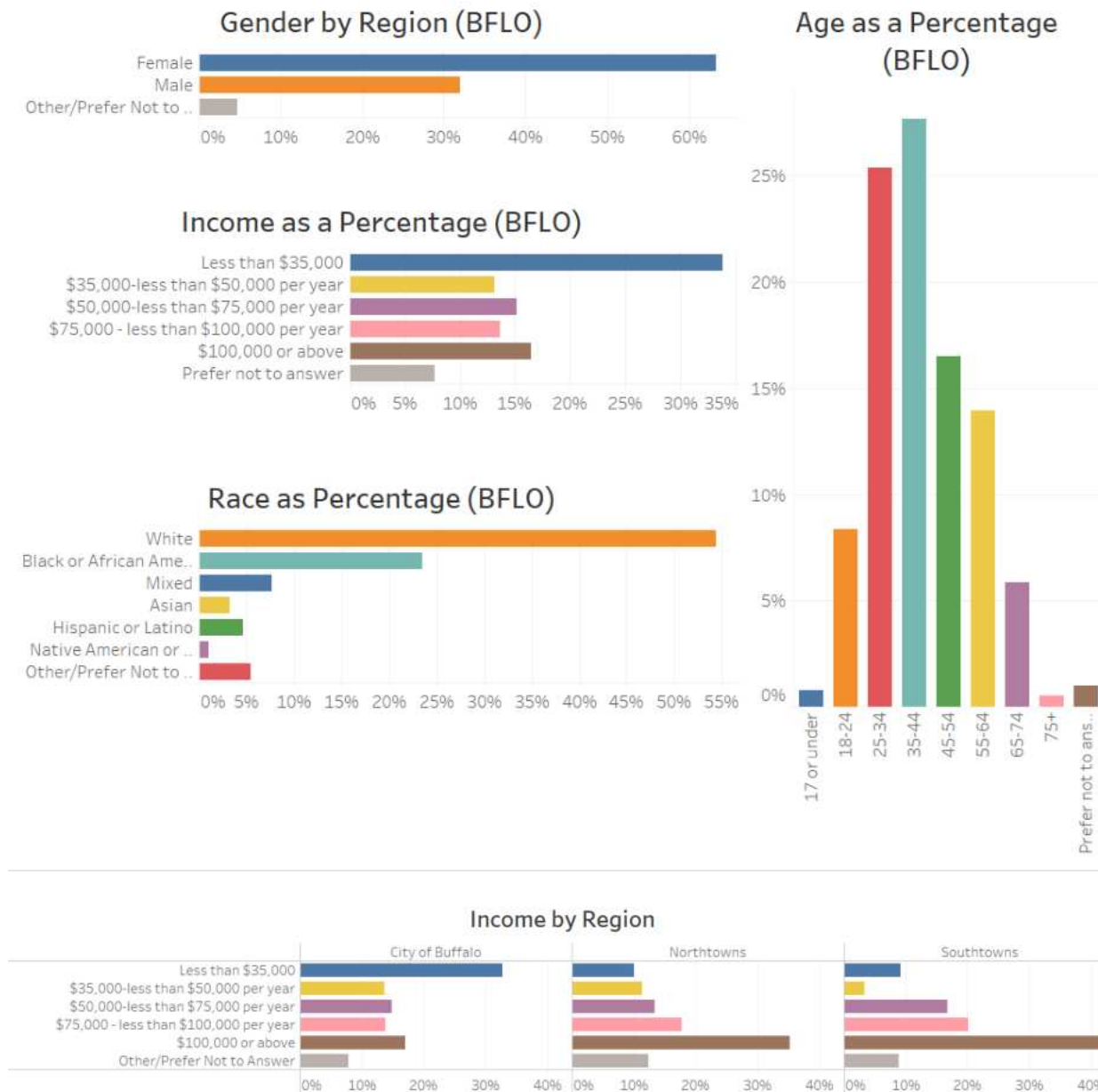
The Southtowns (all Erie County respondents below the Genesee-Wyoming County Line outside the City of Buffalo) had 388 total respondents representing 28.8% of total. Similar to The Northtowns, this subset had a more extreme gender bias and an education bias higher than the whole.







The City of Buffalo had 403 total respondents representing 29.9% of total survey respondents. The demographics for those surveyed within Buffalo appear to be less biased than those on the whole, with a much closer gender bias than other regions at only 62.2%.

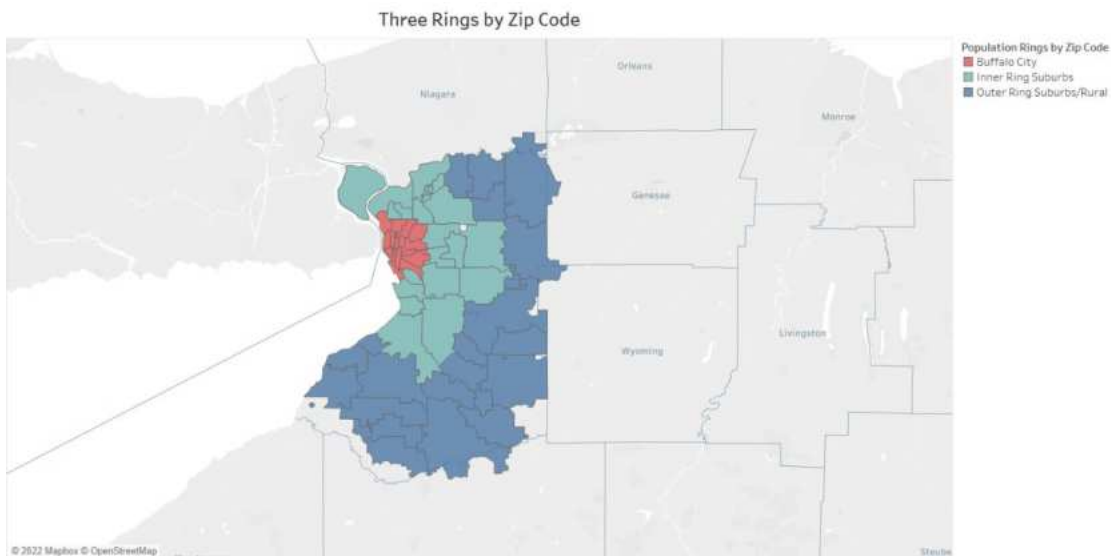




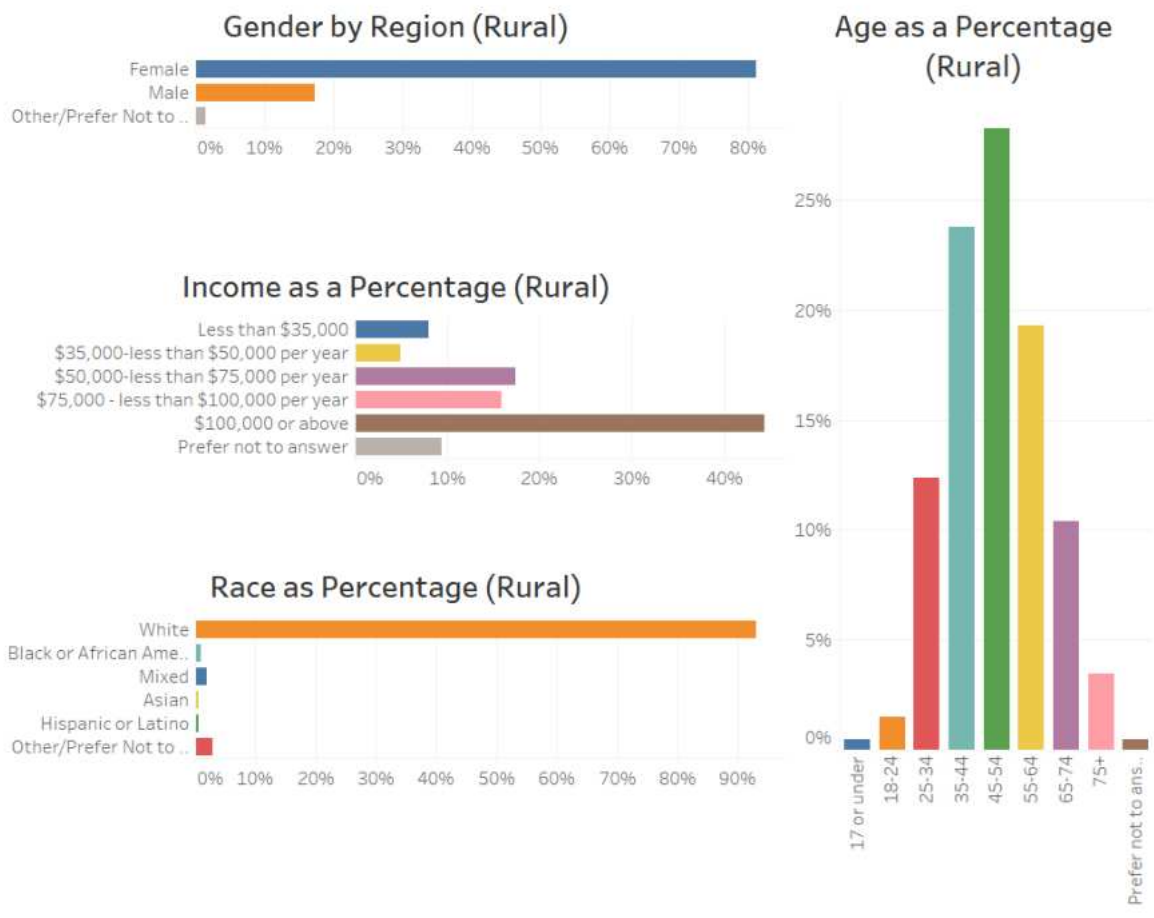


## OUTER SUBURBAN AND RURAL AREA DEMOGRAPHICS OF SURVEY RESPONDENTS

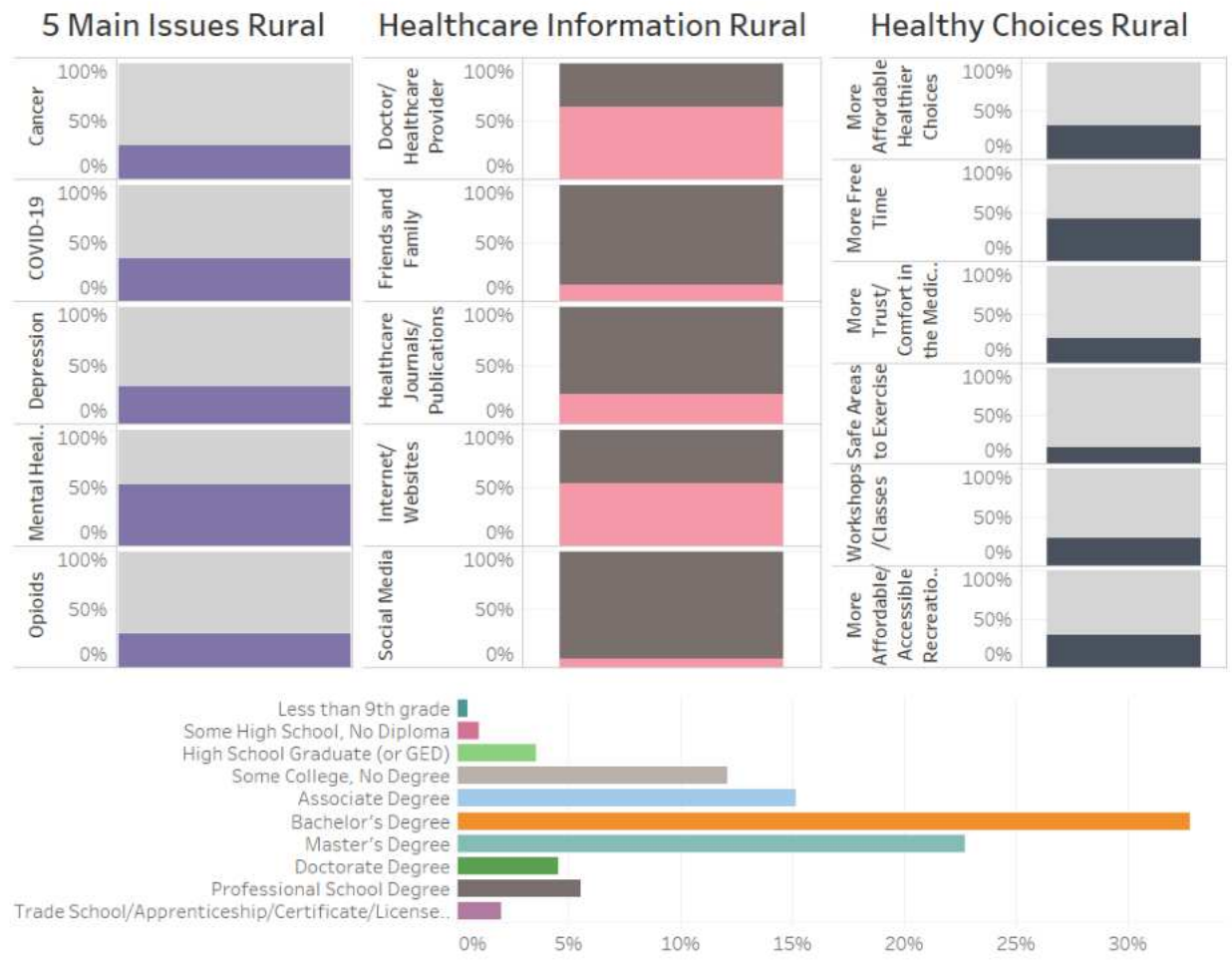
The geographic delineations of this document are primarily divided into The Northtowns, The Southtowns, and The City of Buffalo. This is useful culturally, but it does underrepresent some of the outer-ring suburbs and rural areas of Erie County by combining them with population centers such as Williamsville and Cheektowaga. As such, a fourth geographic breakdown has been done, combining the rural districts along the edge of Erie County together.











Survey responses from the rural districts of Erie County appear to share many of the same biases as county-wide survey responses, including a large bias toward educated women. The bias toward women is even stronger in rural districts at 81.2% over the county-wide 75.6%, however the bias toward white respondents appears to be less given the much higher ratio of white people to minorities living in rural areas.





COUNTY OF ERIE  
**MARK C. POLONCARZ**  
COUNTY EXECUTIVE  
**GALE R. BURSTEIN, MD, MPH**  
COMMISSIONER OF HEALTH

## **ERIE COUNTY COMMUNITY HEALTH ASSESSMENT APPENDIX B**

### **COMMUNITY INPUT**

### **COMMUNITY HEALTH ASSESSMENT CONVERSATIONS**

#### **TABLE OF CONTENTS**

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## **ERIE COUNTY COMMUNITY HEALTH CONVERSATIONS AND ROUNDTABLE DISCUSSIONS**

### **I. DESCRIPTION**

Between March 24 and June 15, 2022, the Erie County Health Department held 13 Community Health Conversations in seven venues, including three virtual sessions, with the goal of increasing input from groups not represented in the survey. Additionally, 63 individual conversations took place in March, April and June 2022, utilizing the same questions posed to the groups. With the exception of one suburban location, the locations of the conversations were chosen in an effort to increase input from the Hispanic, African American, low-income, male and rural populations, whose views were underrepresented in Community Health Survey responses.

#### **The questions posed focused on:**

- experiences with healthcare during and since the COVID-19 pandemic,
- health care access,
- barriers to health service access,
- health concerns of the community; and
- participants' thoughts as to how we can best achieve a healthy community.

### **DATA LIMITATIONS**

Information collected through the Community Health Conversations process and reported here is self- and investigator-reported data. Personal biases of respondents and the investigator conducting the conversation are not quantified, as the report is based on what respondents said during the conversations. Self-reported data are often subject to recall bias and can be inaccurate or misleading.





Conversations were held in the following locations:

Community Conversation Location	Population	Facilitator(s)	Date(s)	Site Group	Virtual Group	Individual Conversation(s)	Participants #
St. Luke's Mission of Mercy	22 Social Security assistance-eligible, 14 African Americans, 1 Native American, 2 Hispanic, 5 white, 13 Male, 9 Female, all staying in the urban area	Kelly Asher-Smalt & Yasmine Fox	March 24 <sup>th</sup> , April 7 <sup>th</sup>	X		X	13, 9
Springville Auction – Farmer's Market	All rural population, 5 white, 2 AA, 2 Native Americans, 5 females 4 males mixed income	Kelly Asher-Smalt	June 8, June 15			X	9
East Aurora Flea Market	7 Rural, 3 suburban, 1 urban, 2 AA, 1 Hispanic 5 White, 3 MENA, 3 male, 8 females	Kelly Asher-Smalt	April 16, April 30			X	11
Erie County Department of Social Services offices	Low-income Social Security assistance-eligible, 10 white, 6 AA, 1 NA, 2 MENA, 2 Hispanic, 14 urban, 3 rural, 4 suburban	Kelly Asher-Smalt	April 5, April 12			X	21
Los Tainos--Senior Group	5 Seniors; 5 Hispanic 4 women, 1 man, 5 Social Security assistance-eligible. All urban.	Yasmine Fox & Kelly Asher-Smalt	April 8	X			5
Bridge Masters Group	Middle and upper middle class, 8 suburban, 2 rural, 6 females, 4 males. 2 AA, 3 MENA, 5 white	Kelly Asher-Smalt	March 27	X			10
Virtual – 3 sessions	2 Social Security assistance-eligible, 6 lower income (ALICE Designation), 7 middle class. 8 white, 4 AA, 1 MENA, 2 Hispanic, 9 urban, 2 rural, 4 suburban. 9 female. 6 male.	Kelly Asher-Smalt	March 26, March 30, March 31		X		4, 6 and 5

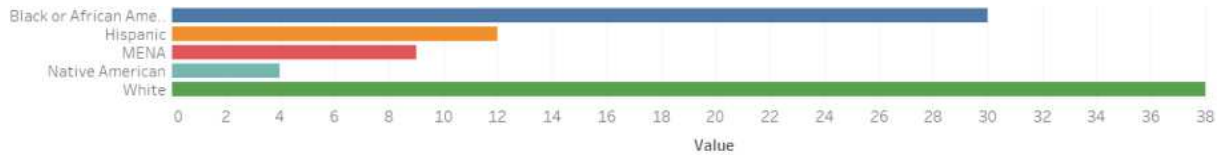




## II. RESPONDENT DEMOGRAPHICS

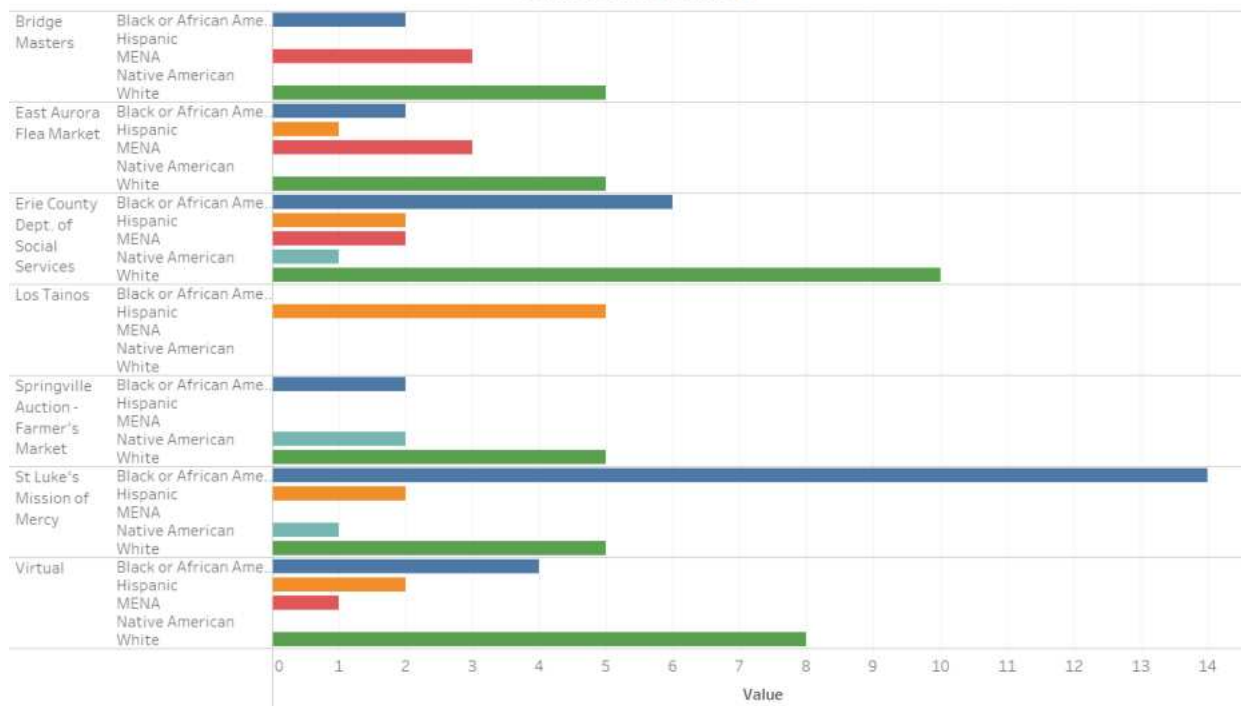
### RACE AND ETHNICITY

The race and ethnicity of participant conversations is below:



White, Black, Hispanic, Native American, and Middle Eastern/North African individuals appeared in the surveys. Individuals identifying as White were most common at 38 over the 13 sessions. The least surveyed were Native American individuals at 4 total. St. Luke's Mission of Mercy had the highest proportion of respondents who identified as Black or African American at 14 out of a total of 22, while the Erie County Department of Social Services had the highest number of White respondents at 10 out of a total of 21.

### Conversations Race

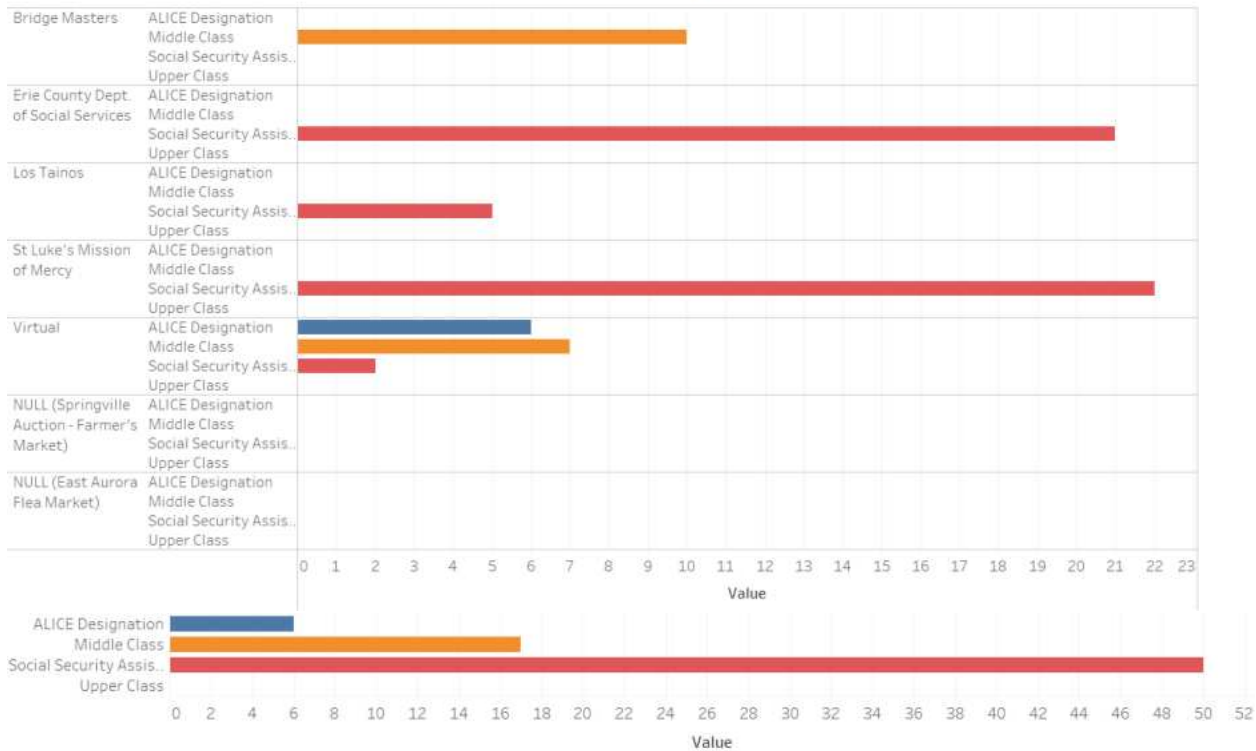






## INCOME

### Conversations Income



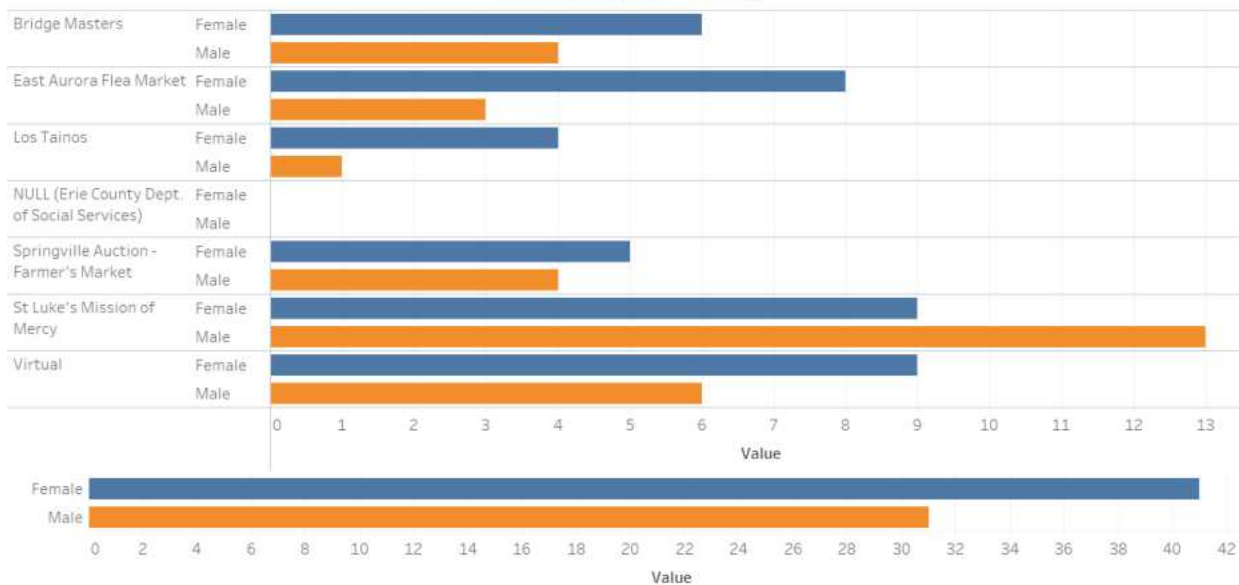
Out of 73 total respondents, 50 were Social Security Assistance-Eligible, 17 were Middle Class, and 6 were ALICE (Asset Limited, Income Constrained, Employed Designation). Conversations had at the Erie County Department of Social Services, Los Tainos, and St. Luke's Mission of Mercy were exclusively Social Security Assistance-Eligible, those had at Bridge Masters was exclusively Middle Class, and the virtual sessions were mixed.

## GENDER





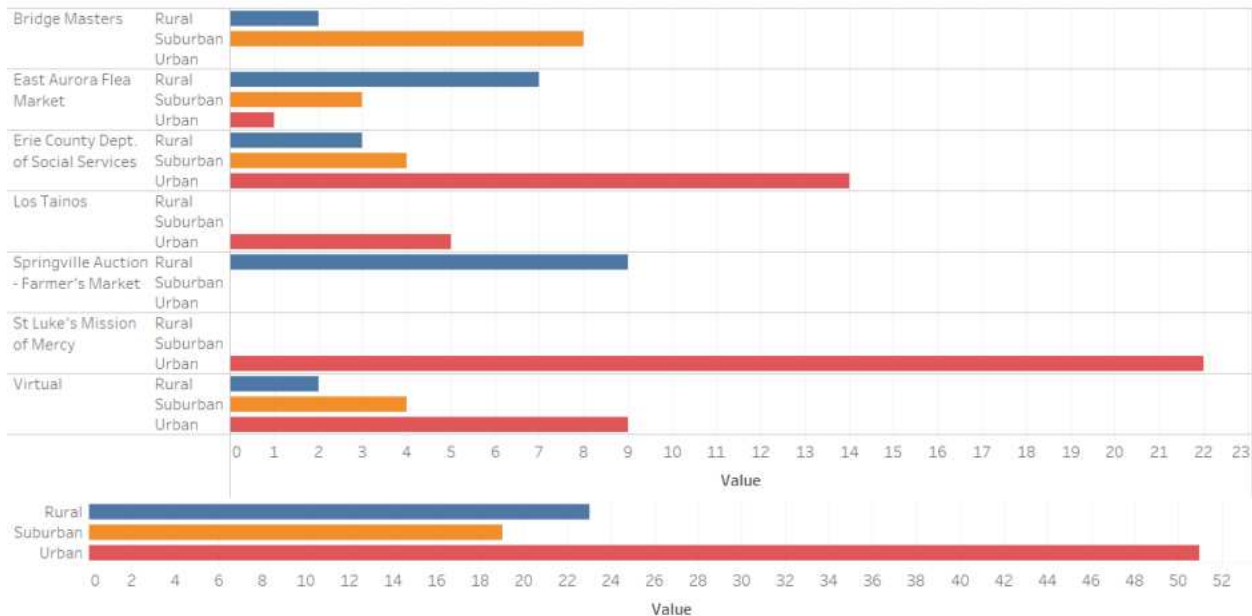
### Conversations Gender



41 respondents identified as female and 31 respondents identified as male. Only conversations taken place at St. Luke's Mission of Mercy had a prevalence toward male respondents, at a rate of 13 to 9. All other conversations in which gender was reported were female-leaning.

### URBAN/RURAL AREA BREAKDOWN

#### Conversations Urban/Rural



Among respondents, 51 respondents reported living in urban areas; 19 reported living in suburban areas, and a majority, 23 total, were from rural areas. Respondents at St. Luke's Mission of Mercy and Los Tainos were entirely urban. Those at





Springville were entirely rural. Those at Bridge Masters were mixed between Rural and Suburban, and all others were mixed between all three.





## RESPONSES

### ACCESS-TO-CARE QUESTIONS

1. In the past two years have you been able to see or speak with a health care provider when you were ill, injured and/or needed follow-up or routine care for an already diagnosed chronic condition?
  - a. 64% reported that they were not able to see or speak to a health care provider at least one time over the past 2 years (April 2020 – April 2022).
2. **Does your health care provider offer telehealth appointments (virtual and/or over the phone)?**
  - a. 52% answered that telehealth was offered by their HCP
  - b. For those who said they were unable to get an in-person appointment, 20% said a telehealth appointment was an option, but they declined.
3. **When you see your health care provider for routine care for a current chronic health problem or are given a new diagnosis and treatment plan, does your HCP ask you if there is any part of the treatment plan and/or recommendations you have had or may have difficulty following?**
  - a. 23% responded that they were asked by their provider if they had or could foresee a problem with carrying out their treatment plan
  - b. 12% were asked (specifically) if the cost of their prescription or medical equipment was prohibitive
  - c. 19% were asked if they would like a referral for assistance with a specific part of their treatment plan.

**Listed below are questions HCPs most often asked those participants reporting that were asked if they needed assistance with a specific part of their plan:**

- i. did they need a nutritionist or dietician to help them with a healthy eating plan?
  - ii. did they want to speak to a diabetes or asthma educator?
  - iii. did they need medication, nicotine replacement therapy (patches, gum, lozenges) or other type of smoking cessation support?
  - iv. did they need a referral to:
    1. an agency or program that offers a support group?
    2. financial assistance for prescriptions, transportation or other need? or
    3. a mental health provider or other specialist?
4. **What are some things preventing or that may prevent you from following a treatment plan?**
  - a. 9% said they have no health insurance and could not afford any prescribed treatment even if they were to see a provider for free.





- b. 91% of those engaged in a community conversation said that they were covered by an employer-provided, self-purchased group plan, or a self-purchased plan found on the NYS Health Insurance Marketplace.
- c. 85% of those covered by an employer health plan and 100% of those covered by a self-purchased plan, reported that over the last decade, their employer-provided or other self-purchased plan premiums, have continually increased, while their costs for services and treatment covered by their plans have steadily increased. Current plans have very high deductibles, high copays and lack of coverage for many medical or medical related services that were most often covered in the past.
- d. 39% of these participants said they simply lacked the money or resources to pay the copays for partially covered treatment or the entire cost of uncovered treatment so they often did not have the money or resources pay for the prescribed medication, medical equipment, ongoing therapy/treatment sessions or prescribed activity or eating plan.
- e. 8% said they could not get an appointment with the prescribed/recommended specialist or the appointment was so far in the future that they were discouraged because they were unable to adhere to their treatment plan.
- f. 21% said there are no specialist or providers taking new patients located close enough to where they lived to be accessible. Of those 21% of individuals, slightly more than half participated in a discussion in a rural setting. Slightly less than half had participated in a discussion that was located in an urban zip code that has very low socio-economic indicators.
- g. 11% reported lack of time to attend ongoing therapy/treatment sessions due to work obligations. 3/4 of these respondents said they had very little or no paid time off and that the treatment was not offered during times when they were not scheduled to work and even if they had evening or week-end appointments, there were not enough available appointments for people that really needed them. You had to be one of the first to call when they opened scheduling for available appointment time slots. Once they open them up for scheduling, they are usually filled up in a matter of hours for the next month. One participant said that the people who usually got those appointments were the people that had the time to sit around and keep trying until they broke through.
- h. 22% said, because of a mental health-related condition (substance use disorder, addiction, anorexia, personality disorder, depression, bipolar disorder) they are having, or would have, trouble temporarily or permanently quitting a behavior that is restricted in a treatment plan (i.e. smoking or vaping tobacco or marijuana, overeating or eating too many sweet or fatty foods, drinking alcohol, using illicit/illegal drug/s, drinking sugar sweetened beverages, using caffeine, purging after eating, having sex (for a period of time), engaging in unhealthy/risky sexual behaviors, self-mutilating and taking extreme risks to achieve an adrenalin rush).





- i. 54% said because of a lack of personal motivation or a strong aversion to a prescribed activity they are having or may have trouble meeting the requirements of a treatment plan (i.e. eat healthy, drink more water, lose weight, increase physical activity, meditation, get more sleep).
- j. One person said that religious/cultural restrictions keep her from adhering to a prescribed treatment plan.
- k. Two people said that they were living in a domestic violence situation that made it difficult for them to follow a treatment plan.

**5. Does your HCP offer services & treatment plans that take your culture into consideration?**

- a. 61% of participants said that their HCP providers were considerate of culture. However, upon further prompting, the majority of those making that statement saw a HCP of the same race, from a similar culture located in a culturally and racially homogenous service area.
- b. 23% said that they did not know.
- c. 16% said that their provider did not take their culture into consideration (about half of those reporting that their provider did not take their culture into consideration said that when they brought this to the provider's attention, the provider was very willing to try to understand and work through cultural considerations).

**6. Does your HCP offer services and treatment plans that consider the connection between physical and mental health?**

- a. 73% of participants believed that their HCP did consider the connection between mental and physical health,
- b. 20% said they did not know, and
- c. 7% said their provider did not consider that connection.

**7. Did the COVID-19 pandemic have any effect on your health care?**

- a. 98% of participants that answered this question reported that their health care was negatively affected during the first six months of the pandemic. Below is a summary and compilation of the comments made. Comments listed were mentioned at a minimum, 10 times (with the exception of four participants who said a member of their family died due to lack of treatment):
  - i. They could not get in to see their HCP when they were sick,
  - ii. They had trouble getting refills for their medication,
  - iii. Ongoing treatments and therapy that required hands-on application ceased. Many people suffered great setbacks in recovery and/or their conditions worsened.





- iv. Four participants reported that a family member had died during the first two months of the pandemic from a pre-existing disease/condition because they were unable to access treatment and services.
- v. It often took days for their HCP provider to call them back and sometimes they never heard back from their provider.
- vi. If someone had to find a new provider it was almost impossible to find one taking new patients, especially for patients insured with Medicaid or Medicare.
- vii. They were unable to get tested for COVID early on. This was due to:
  - 1. Lack of tests and/or inability to get transportation to a testing site.
  - 2. Drive-through testing clinics were not accessible to people who did not have their own vehicles.
  - 3. Public transportation, metro, subway, taxis and other livery services could not be used to get to a testing site (drive-through or walk-up). If the test for the person being transported was positive for COVID-19, the person providing the transportation would be considered exposed and would need to be quarantined and tested. Friends and relatives, for the same reasons, did not want to take people for testing. If they were exposed they too would be quarantined and unable to work. So, many people did not get tested or treated.
  - 4. Many of the participants that we spoke to were considered essential workers. Most of the essential workers we spoke to held blue-collar or service jobs that typically do not have high wages or great benefits. If they didn't work they didn't get paid. Even with the NYS mandated two-weeks' pay, one time allotment for people quarantined/isolated due to COVID or who were caring for a child who was quarantined/isolated, it was not enough to cover the amount of time and money they lost or would lose from not working.
- viii. Of those that reported a negative effect from COVID-19 on their health care, 64% said that it began to improve by the end of 2020.
- ix. 34% say that their health care continues to be worse than before COVID – it is still difficult, if not impossible to find a new provider taking on new patients (especially Medicaid and Medicare patients), there are long waits for appointments, lack of accessible specialists and high insurance deductibles, high co-pays, high premiums and many services are not covered.
- x. 2% said they didn't really see any difference.

## GENERAL QUESTIONS

### 1. What do you think is the biggest health concern in your community?





- a. There were many health concerns expressed. Responses were categorized into 5 groups. These groups are as follows:
  - i. 47% - Social Determinants of Health (broken down further into 2 categories)
    1. 31% - Income/Cost of Living/Poverty-related (income, lack of resources, inflation, high costs of insurance, low wage –long hours, underinsured, unemployment, increasing housing cost, poor housing making most working people housing-burdened (by federal definition, over 30% of income used for basic housing costs),
    2. 16%- Access to Essential Resources (education, transportation, good jobs, health care, healthy and affordable food and affordable and/or free wellness and physical activity opportunities) This also includes concerns about environmental conditions and concerns about distance from healthcare provider,
  - ii. 21% - Mental Health (includes substance use disorders),
  - iii. 16% - Disease-Specific (This was surprising because, in past years, most people reported something disease specific as the biggest concern), and
  - iv. 16% - Distrust of Large Institutions (government, political & corporate conspiracies, distrust of research, the medical profession, traditional media, social media and mis/dis-information).

**2. What gets in the way of your community becoming healthier? (Answers closely mirrored the responses to the first General Question.)**

- a. Social determinants of health, largest number of responses:
  - i. Low income, environmental (unsafe, unhealthy and/or high crime environment, air quality, high costs and lack of access to resources, access to essential resources like education, transportation, good jobs, health care, healthy & affordable food and affordable and/or free wellness & physical activity opportunities),
  - ii. Old, run-down housing,
  - iii. High housing costs, and
  - iv. High health insurance costs
- b. Mental health, and
- c. Access to resources.

**COMMENTARY: THINGS GETTING IN THE WAY OF THE COMMUNITY GETTING HEALTHIER:**

- I have to work way too many hours in 1,2 or even 3 jobs to make ends meet.





- There is too much attention and money being put into the same old government services and programs that have never worked. It is no wonder we have not solved any of our problems that I have seen over the last 40 years.
- Politics is what keeps our communities unhealthy.
- Funding programs that are created by people that do not have any lived experience rather funding the grass roots solutions created by the people that have experienced the effects of policies that have perpetuated poverty, poor health, incarceration and despair.
- There are too many cheap unhealthy, fast and convenient food choices available and not enough reasonably priced and convenient healthy choices.
- Poverty is killing people.
- Poor air quality is making people very sick.
- There is a huge problem with housing. You can't find affordable, quality housing and housing, just housing takes up half of your income! People are forced to live in unsafe neighborhood. This keeps people from being healthy. Ignorance and unhealthy conveniences that effect make it easier to make an unhealthy choice, don't help the problem either.
- There are too many fast-food places, people constantly working and struggling do not have the time to focus on getting healthier. It's hard to get affordable and healthy food.
- Poverty is killing people.
- Structural racism is keeping folks from getting anywhere and that includes healthy.
- Poor air quality is making people very sick.
- Climate Change is what we should be focusing on. If we got no place to live, we'll be so unhealthy, we'll be dead.
- There is a huge problem with housing. You can't find affordable, quality housing and housing, just housing takes up half of your income! People are forced to live in unsafe. neighborhood. This keeps people from being healthy. Ignorance and unhealthy conveniences that effect make it easier to make an unhealthy choice, don't help the problem either.
- There are too many fast-food places, people constantly working and struggling do not have the time to focus on getting healthier. It's hard to get affordable and healthy food.

### 3. WHAT RESOURCES WOULD HELP YOUR COMMUNITY BECOME HEALTHIER?

- a. One participant's comment was representative of most other comments and description of personal experiences:





“Where I live, most of the people around me are not very healthy. They cough a lot, they have high blood pressure, diabetes, back problems, headaches, poor eyesight, dental problems, carpal tunnel, MS, poor cholesterol and a \$#!load of unhealthy coping skills, that add to their poor health and high-risk factors for bad health outcomes. They say they would love to be blessed with good health yet, it seems like they won’t do anything to make their health better. They won’t even try to eat better, get more sleep or engage in the minimum recommended amount of weekly physical activity. Are they stupid? Are they lazy? Do they not care about their health and being around for their children? No, no and no, again. They’re poor. Worse than that, they’re the working poor. It is not a lack of caring about themselves. We know we are not healthy and that the way we live is not helping us get any healthier, but we’re unhealthy because we are the working poor. When you work hard, long hours and you still struggle to keep a roof over your family’s heads, food in their stomachs, clothes on their backs, give them a decent education, keep them safe and healthy, give them all the things they need to have a chance in this life, yet, you still often find yourself falling short, you live in a constant state of stress. You do not spend any time taking care of yourself or your health needs. In fact, even if you have health insurance, you are probably extremely underinsured. You’re working, so you make too much money for government health insurance (which has no high deductibles, big copays and covers most everything, including wellness benefits), you don’t get food, utility, rental or childcare assistance. You definitely don’t get a phone paid for by the government, or assistance with transportation. You work hard and you’re still poor. You live in a constant state of stress. You are always worried about simple things, like keeping a roof over your head, paying the electric, water and heating bill, having enough food to get you through the month, having the money for school clothes, school supplies, laundry soap (coins for the laundromat), dish soap, toothpaste, shampoo, bleach and other cleaning supplies, diapers, lunch stuff we (the working poor) got it the worst. We don’t have time to get and prepare healthy food, we never get enough sleep, eat healthy, sleep well, exercise, enjoy life, teach and spend time with our children, go to the doctor or take time off from the doctor when we are sick, or go to the doctor for regular checkups. We work so hard to just get our mouth above the water enough of the time to take a breath. Then we go under, hold our breath until we can struggle up enough to catch another one. Nobody is going to be healthy when they live like that. The government can’t fix these problems with programs that don’t work. They need to give the people the resources they need to fix things for themselves. There are so many grassroots initiatives that are working but would work even better if the government would give these grassroots the funding currently given to not-for-profits.”

- b. Greater availability of less expensive, higher-quality healthy food.
- c. Programs that really helped people get out of poverty.
- d. Full-service medical homes should be developed and located in communities of need based on population level. All medical homes should be staffed at a ratio of 20 Family Medicine Physicians per 1,000 population and 5 General Surgery physicians per 1,000 population. All MDs, as a condition of their license should be required to work, pro-bono for 182 hours a year





at one of these centers. MDs paying off student loans should be given  $\frac{1}{2}$  of the going rate per hour for general practitioners per hour or half the going rate of their particular specialty per hour credit toward their student loan. Can choose to work up to 15 hours per week. That is how the centers can be staffed.

- e. More community gardens.
- f. Better job opportunities and educational opportunities.
- g. People need to help each other instead of depending on the government.
- h. Business located in poor communities should have to hire a certain percentage of their workers that live within a ten-block radius of their location. Also, should have apprenticeship programs.
- i. Make streets more walkable and friendlier.
- j. Improve our public transportation system.
- k. Limit the number of fast-food places in a given community.





## APPENDIX C

### NYS PREVENTION AGENDA 2024, ERIE COUNTY DISPARITIES AND MEASURES WITH SUB-COUNTY DATA

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## OBSERVATIONS, OVERALL SUB-COUNTY MEASURES

Erie County maintains success on many measures. Identified socioeconomic and racial and ethnic challenges continue to be associated with more health challenges. These associations are largely reflected in the data below.

These data highlight areas of health disparity in areas of Erie County with concentrations of lower-income and geographically isolated residents, as well as in inner-city areas with lower income and higher proportions of residents who primarily identify as Black, Non-Hispanic; Hispanic; and Native American and lower-income.

### PRIORITY AREA: PREVENT CHRONIC DISEASES

#### SUCCESSES

#### 1. PERCENTAGE OF CHILDREN AND ADOLESCENTS WITH OBESITY, BY SCHOOL DISTRICT

##### OBSERVATIONS

Successful overall in exceeding 2024 Prevention Agenda Goals by .4%. Slightly fewer than half, or 13 of 27 listed districts, had student obesity rates higher than the Prevention Agenda goal rate of 16%.

Sub-county data indicates significantly higher rate of school-age obesity in two districts:

- North Collins (24.4%) and
- Cheektowaga-Sloan Union Free School District, and Cleveland Hill Union Free School District (both at 22.4%)

The largest district, Buffalo Public School District, also has the highest number of students with obesity, at 1,587. This district is also one of four outside of New York City (including Rochester, Syracuse and Yonkers) classified as high need-to-resource based on enrollment and population density of the student population. (Source: <https://nyshc.health.ny.gov/web/nyapd/student-weight-data-explorer>)

Interventions could be focused on these districts and others scoring above the NYS Prevention Agenda 2024 Goal rate of 16.4%, as noted below.

##### SOCIODEMOGRAPHIC LENS:

Higher percentages exist in urban, highly rural and socioeconomically challenged areas.

In urban or older first-ring suburban, densely populated areas, school districts with higher rates of obesity also have higher rates of minority students. (Source: US Census Data)

##### COVID-19 LENS:

With more children staying home and isolated from each other due to COVID-19 activity restrictions and remote schooling, children and adolescents whose parents worked outside the home throughout the pandemic may have been more challenged to regularly engage in physical activity or to access healthier foods. In homes where parents worked in service industry jobs that ended or who were furloughed during the pandemic, access to healthy foods may have been more restricted.

- The above factors likely exacerbated existing disparities related to this measure.





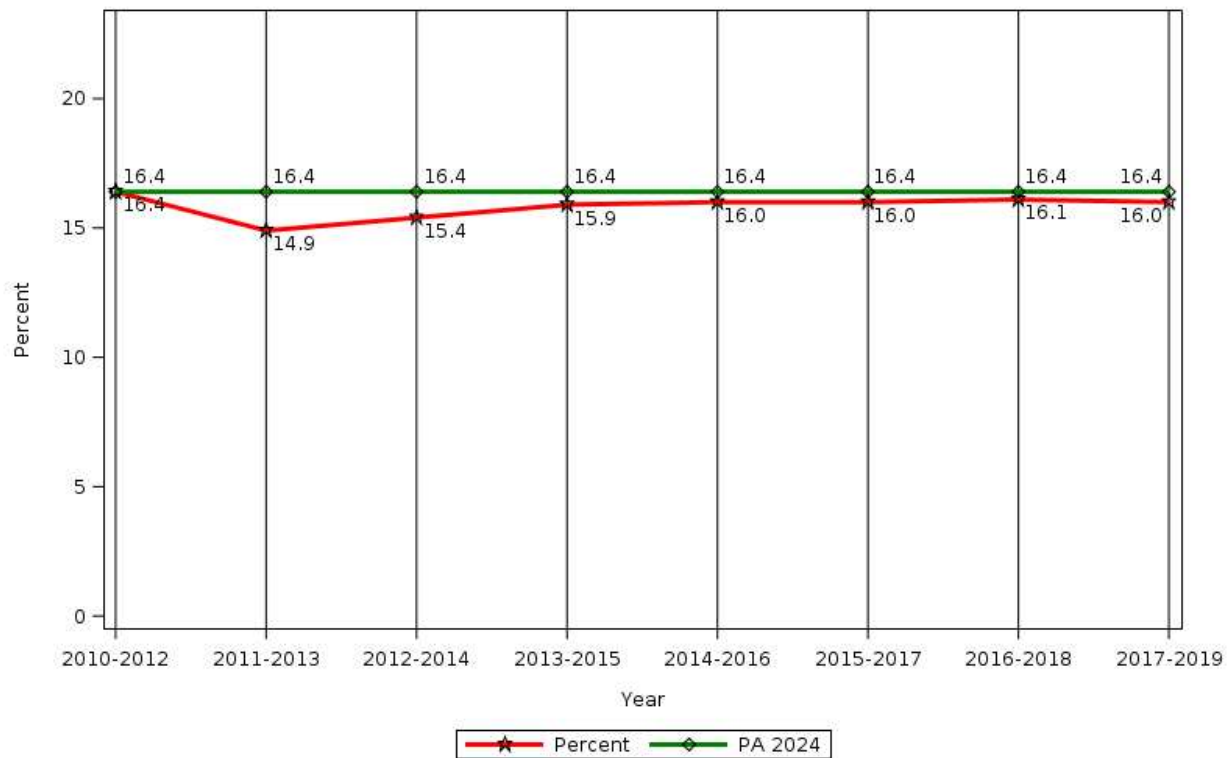
**PERCENTAGE OF CHILDREN AND ADOLESCENTS WITH OBESITY above NYS PA Goal 2024  
BY SCHOOL DISTRICT AND PERCENT, ERIE COUNTY:**

SCHOOL DISTRICT NAME	# Children & Adolescent Students Identified as Obese	Percentage
North Collins Central School District	55	24.4
Cheektowaga-Sloan Union Free School District	90	22.4
Cleveland Hill Union Free School District	44	22.4
Cheektowaga Central School District	178	21.1
Buffalo City School District	1,587	20.1
Depew Union Free School District	146	19.4
Tonawanda City School District	105	18.9
Cheektowaga-Maryvale Union Free School Dist.	156	18.7
Sweet Home Central School District	229	18.3
Kenmore-Tonawanda Union Free School District	472	17.9
West Seneca Central School District	376	17.4
Lackawanna City School District	125	17.2
Springville-Griffith Institute Central School	109	16.6





**ERIE COUNTY SCHOOL DISTRICT AVERAGE STUDENT OBESITY RATES AGAINST PREVENTION AGENDA 2024 GOALS,  
SUB-COUNTY DATA TRACKING, 2010-2012 THROUGH 2017-2019:**



*Data Source: Counties outside NYC: Student Weight Status Category Reporting System (SWSCRS), data as of November 2020; NYC: NYC Fitnessgram, data as of June 2020*

**Data Notes:**

- Counties outside NYC: Grades Pre-K, K, 2nd, 4th, 7th, 10th, Data Collected over Two School Years
- NYC boroughs: Grades K-8th, Data Collected over One School Year
- See technical notes for information about the indicators and data sources. Updated February 2022

**SUB-COUNTY DATA:**





## APPENDIX C Erie County, NY Community Health Assessment 2023-2024 Page 5 of 23

### Percentage of children and adolescents with obesity, school years 2017-2019

Erie County School District Map

#### Children and adolescents obesity rate

Erie County - 16.0

New York State (Excl NYC) - 17.3

#### **Quartile (Q) Distribution (Excl NYC)**

- 0 -< 18.4 : Q1 & Q2
- 18.4 -< 22.2 : Q3
- 22.2+ : Q4



Data Source: Counties outside NYC: Student Weight Status Category Reporting System (SWSCRS), data as of November 2020

Notes: Counties outside NYC: Grades Pre-K, K, 2nd, 4th, 7th, 10th, School Years 2017-2019





## 2. ASTHMA EMERGENCY DEPARTMENT VISITS, RATE PER 10,000 AGED 0-17 YEARS

Erie County has been successful and has continued to improve on this measure through 2019, with an age-adjusted asthma ED visit rate per 10,000 for youth aged 0-17 of 75.9, compared to the NYS Prevention Agenda Goal age-adjusted rate of 131.1.

Of 62 ZIP Code areas in Erie County, 53 areas had data recorded for this measure. Of those 53 ZIP Code areas, 41 had rates recorded below the NYS PA Goal rate of 131.1; 12 areas had rates that were above the NYS PA Goal.

ECDOH has a successful income-eligible, grant-funded Healthy Neighborhoods program that has helped to reduce asthma and lead hazards in homes.

### ASTHMA EMERGENCY DEPARTMENT VISIT RATE PER 10,000, AGED 0-17 YEARS AREAS WITH RATES HIGHER THAN NYS PREVENTION AGENDA 2024 GOAL of 131.1 BY ZIP CODE AND PERCENT, ERIE COUNTY:

ZIP Code	Hospitalizations	Age-Adjusted Rate
14208 (City of Buffalo, Northeast)	243	285.9
14212 (City of Buffalo/Sloan)	258	262.4
14202 (City of Buffalo, Downtown/City Center to Canalside/waterfront area and Lasalle Park)	53	254.2
14211 (City of Buffalo)	567	248.6
14204 (City of Buffalo, Southeast Center City)	193	242.6
14201 (City of Buffalo, W. Side to Peace Bridge area)	253	228.7
14215 (City of Buffalo, Ea. Side, Harlem Road across Walden Avenue to Genesee St. and Rte. 33)	925	225.0
14213 (City of Buffalo W. Side, Peace Bridge to Richmond Ave. and Rte. 198/Scajaquada Expressway incl. Unity Island)	461	168.3
14203 (S. Buffalo, Skyway/Rte. 5 through Elm-Oak Sts Corridor to Main Street)	25	164.1
14206 (S. Buffalo from Buffalo River, Bailey-Clinton-William Sts area, excluding Sloan)	273	161.2
14207 (Black Rock section of Buffalo, bounded by I-190, Rte. 198/Scajaquada, to Elmwood Ave. and Hinman; incl. GM Tonawanda Plant)	391	146.4
14209 (City of Buffalo Delaware District East, Barker/Southampton to Delaware Park corridor)	77	148
14210 (South Central City of Buffalo, Silo City and Larkinvillie; Clinton and Mineral Springs Road to Columbia Parkway, incl. Cazenovia Park/Parkway)	201	139.2

Data Source: SPARCS, data as of November 2021

Last updated February 2022

Last updated February 2022

### SOCIODEMOGRAPHIC LENS:



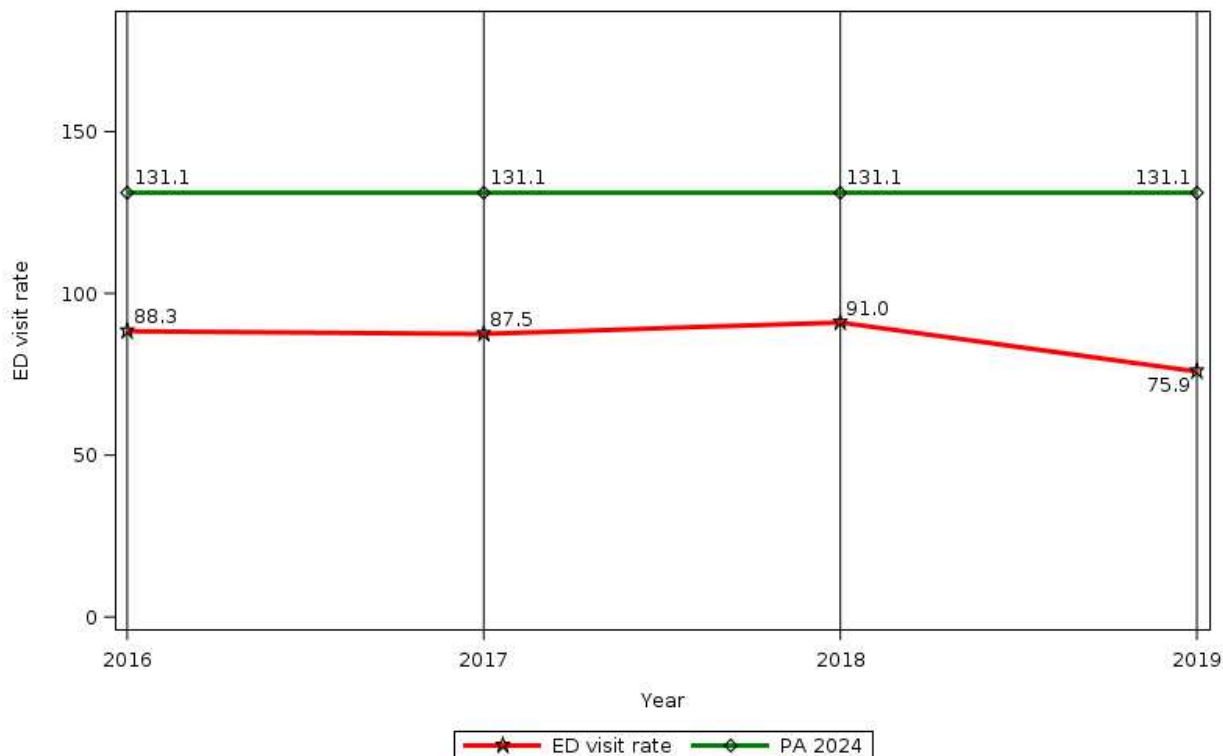


Residents of zip codes with highest asthma ED visit rates for children aged 0-17 were overwhelmingly lower in income and had higher proportions of minority residents than zip codes with lower rates. (Source: US Census Data)

#### COVID-19 LENS:

A 2021 journal article initially published in the Lancet Respiratory Medicine reviewed medical records of 752,867 children aged five to 17 years old including 63,463 children with a diagnosis of asthma. The article, later published in the British Medical Journal (BMJ) suggests that while children with well-controlled asthma were not at increased risk for COVID-19 infection and complications, children with poorly controlled asthma are at higher risk for COVID-19 hospitalization and other respiratory illnesses. This study further highlights the need for better asthma control in zip code areas with high rates of asthma ED visits for children aged 0-17. (Reference: Mahase E. Covid-19: Poorly controlled asthma increases risk of hospital admission among children sixfold, finds study *BMJ* 2021; 375 :n2959 doi:10.1136/bmj.n2959)

#### ASTHMA EMERGENCY DEPARTMENT VISITS, RATE PER 10,000 AGED 0-17 YEARS



DATA SOURCE: SPARCS, DATA AS OF NOVEMBER 2021

#### Notes

- ~County of residence was assigned based on ZIP Code for cases in which patient county of residence was listed as unknown or missing, but a valid NY ZIP Code was present.
- See technical notes for information about the indicators and data sources.

Revised: February 2022





## SUB-COUNTY DATA:

Asthma emergency department visits, rate per 10,000, aged 0-17 years, four year average, 2016-2019

Erie County ZIP Code Map

### ED visit rate

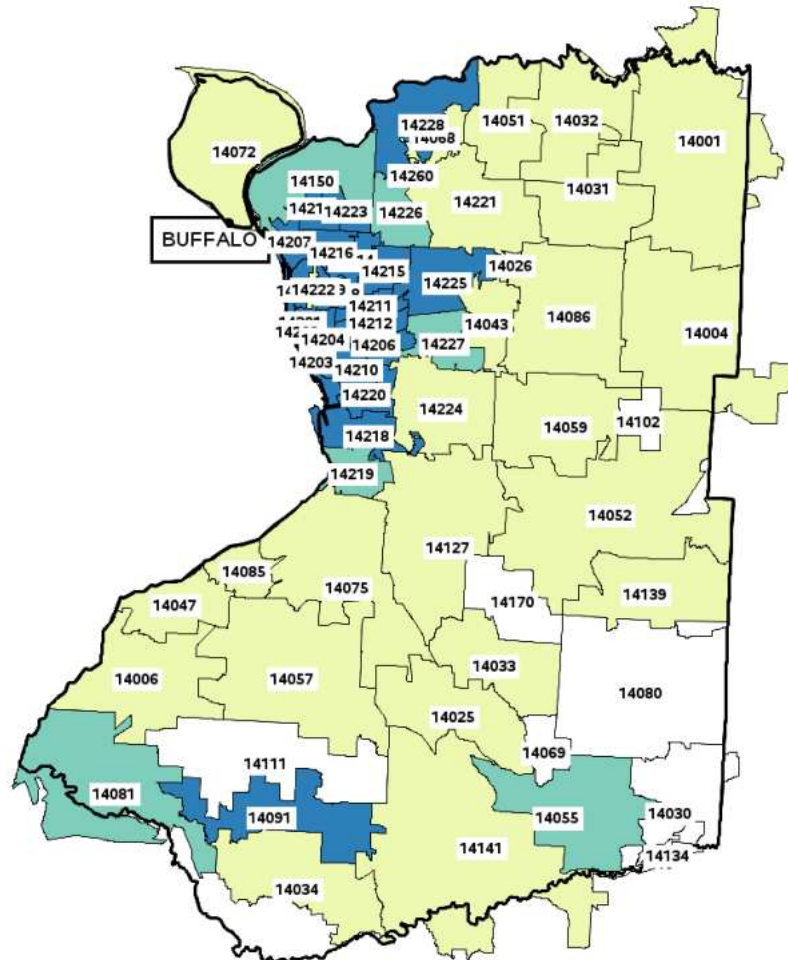
Erie County - 85.6

New York State - 121.6

New York State (Excl NYC) - 63.5

### Quartile (Q) Distribution (Excl NYC)

- Data not available/suppressed
- 0 -< 39.8 : Q1 & Q2
- 39.8 -< 63.4 : Q3
- 63.4+ : Q4







## PRIORITY AREA: IMPROVE HEALTH STATUS AND REDUCE HEALTH DISPARITIES

### 1. ERIE COUNTY - POTENTIALLY PREVENTABLE HOSPITALIZATIONS (PPH) AMONG ADULTS, AGE-ADJUSTED RATE PER 10,000

- Erie County has been successful in maintaining a lower rate, at 113/10,000 than NYS PA 2024 goal rate of 115/10,000
- Areas with highest rates of preventable hospitalizations continue to demonstrate Buffalo inner-city zip codes have the highest rates of hospitalization, along with some rural areas, including Sardinia, NY.
- DATA LIMITATIONS: Smaller populations in some zip codes, including Sardinia, may affect statistical integrity and reduce the number of correlations that can be drawn from reported rate.



Data Source: SPARCS, data as of November 2021

Notes County of residence was assigned based on ZIP Code for cases in which patient county of residence was listed as unknown or missing, but a valid NY ZIP Code was present. See technical notes for information about the indicators and data sources.

Revised: February 2022





## SUB-COUNTY DATA:

### HIGHEST RATES OF Potentially Preventable Hospitalizations Among Adults; Age-Adjusted Rate Per 10,000

#### BY ZIP CODE AND PERCENT, ERIE COUNTY:

ZIP Code	Hospitalizations	Age-Adjusted Rate
14203 (City of Buffalo, Oak-Elm Corridor and Rte. 5, waterfront to South Buffalo)	254	410.4
14208 (City of Buffalo, Northeast)	1,108	312.2
14134 (Sardinia, NY)	21	310.2
14201 (City of Buffalo, West Side to Peace Bridge area)	758	203.7
14204 (City of Buffalo, Southeast Center City)	773	251.7
14207 (City of Buffalo, Northwest/Black Rock)	1,346	201.8

## AREAS TO EXPLORE, Potentially Preventable Hospitalizations

- **HIGHEST RATE is in zip code 14023 at 410.4%.**

### SOCIODEMOGRAPHIC LENS: Zip Code 14203

- According to US Census data, residents living in Buffalo city zip code **14203** have a median household income of \$39,236 in 2020 and consist of mixed races and ethnicities (of 1,819 residents, 647 are estimated non-Hispanic White; 647 estimated to be non-Hispanic Black/African-American; 343 are estimated to be Hispanic/Latino of any race, and 142 report Asian ethnicity)
- **Preventive care access** for this population could be an area to explore for high PPH zip codes. Center city areas of Buffalo, NY continue to be considered Health Professional Shortage Areas for Primary Care by the US Health Resources & Services Administration with a score of 12 out of a maximum 19 for shortage severity.
- **A majority are 25-34 years old** as reported to the U.S. Census (2020 data).

Source data: NYS Prevention Agenda, US Census, HRSA HPSA Map tool (<https://data.census.gov/table?q=zip+code+data+14203+median+income;>  
<https://data.census.gov/table?q=14203+race+and+ethnicity&tid=ACSDT5Y2020.B01001B;> )





## SUB-COUNTY MAP:

### POTENTIALLY PREVENTABLE HOSPITALIZATIONS AMONG ADULTS, AGE-ADJUSTED RATE PER 10,000, FOUR-YEAR AVERAGE, 2016-2019

Potentially preventable hospitalizations among adults, age-adjusted rate per 10,000, four year average, 2016-2019

Erie County ZIP Code Map

#### Age-adjusted rate

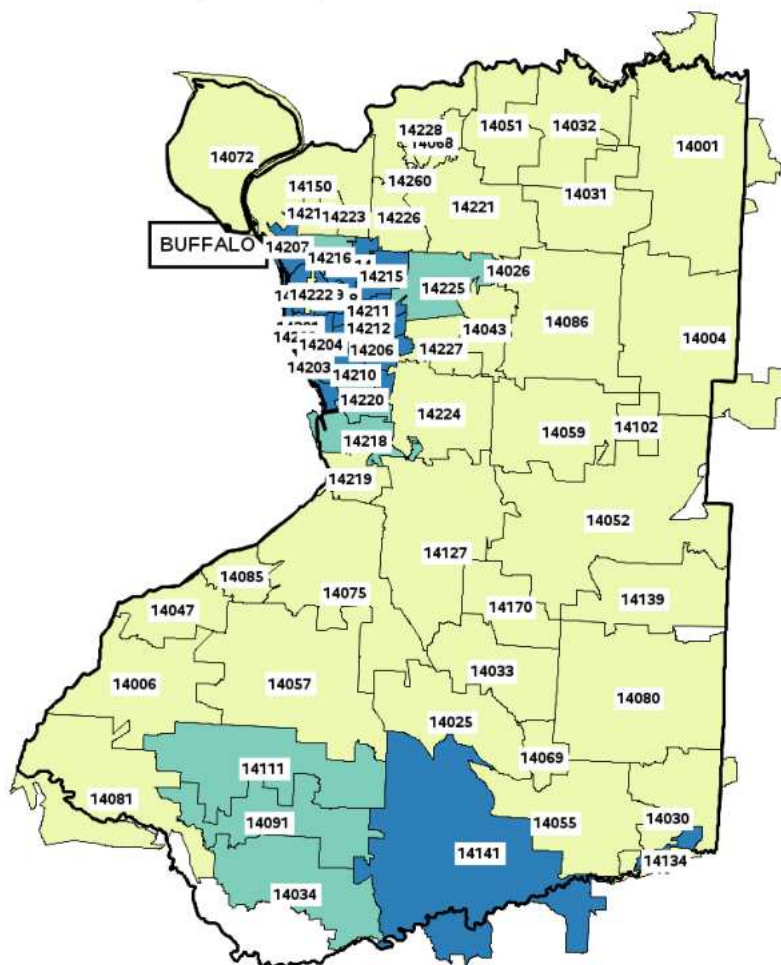
Erie County - 114.6

New York State - 126.0

New York State (Excl NYC) - 120.5

#### Quartile (Q) Distribution (Excl NYC)

- Data not available/suppressed
- 0 -< 112.2 : Q1 & Q2
- 112.2 -< 142.5 : Q3
- 142.5+ : Q4



Data Source: SPARCS, data as of November 2021





## **ROOM TO IMPROVE**

### **1. PERCENTAGE OF PREMATURE DEATHS (BEFORE AGE 65 YEARS), FOUR-YEAR AVERAGE, 2016-2019**

#### **OBSERVATIONS:**

- Erie County **average for 2019 is lower than PA 2024 Goal by .7%**, at 21.8% vs. 22.8% for Prevention Agenda 2024 Goal.
- Nineteen (19) of 29 census tracts, or 66%, have premature death rates lower than the Prevention Agenda Goal rate.

#### **SOCIODEMOGRAPHIC LENS:**

- Highest rates of preventable deaths before age 65 years in concentrated urban and least dense rural areas with poorer, more geographically dispersed residents and areas with a higher concentration of residents who have poorer socioeconomic status and who are Black, Non-Hispanic, Hispanic, or Native American:
  - Cattaraugus Seneca Nation Reservation, 42.7%
  - City of Buffalo, 37.4%, and
  - North Collins, 30.6%

<b>AREAS WITH RATES ABOVE PREVENTION AGENDA GOAL, ERIE COUNTY: PERCENTAGE OF PREMATURE DEATHS (BEFORE AGE 65 YEARS), FOUR-YEAR AVERAGE, 2016-2019</b>		
<b>MCD NAME</b>	<b># Deaths (before age 65 years)</b>	<b>RATE</b>
Cattaraugus Reservation	35	42.7
Buffalo city	3,708	37.4
North Collins town	44	30.6
Holland town	32	28.6
Collins town	49	28.3
Evans town	177	27.5
Lackawanna city	254	27.2
Colden town	27	26.2
Alden town	85	24.6
Wales town	39	23.4

#### **COVID-19 LENS:**

- COVID-19 has increased the rate of premature deaths in Erie County and New York State ; that data is not reflected in this measure.





PERCENTAGE OF PREMATURE DEATHS (BEFORE AGE 65 YEARS), FOUR-YEAR AVERAGE, 2016-2019 VS. NYS PREVENTION AGENDA 2024 GOAL RATE

Note: NYS Prevention Agenda Goal Rate is Green; Erie County rate is red:



Data Source: Vital Records, data as of January 2022  
Notes: See technical notes for information about the indicators and data sources.





## SUB-COUNTY DATA:

Percentage of premature deaths (before age 65 years), four year average, 2016-2019

Erie County Minor Civil Division (MCD) Map

### Deaths (before age 65 years)

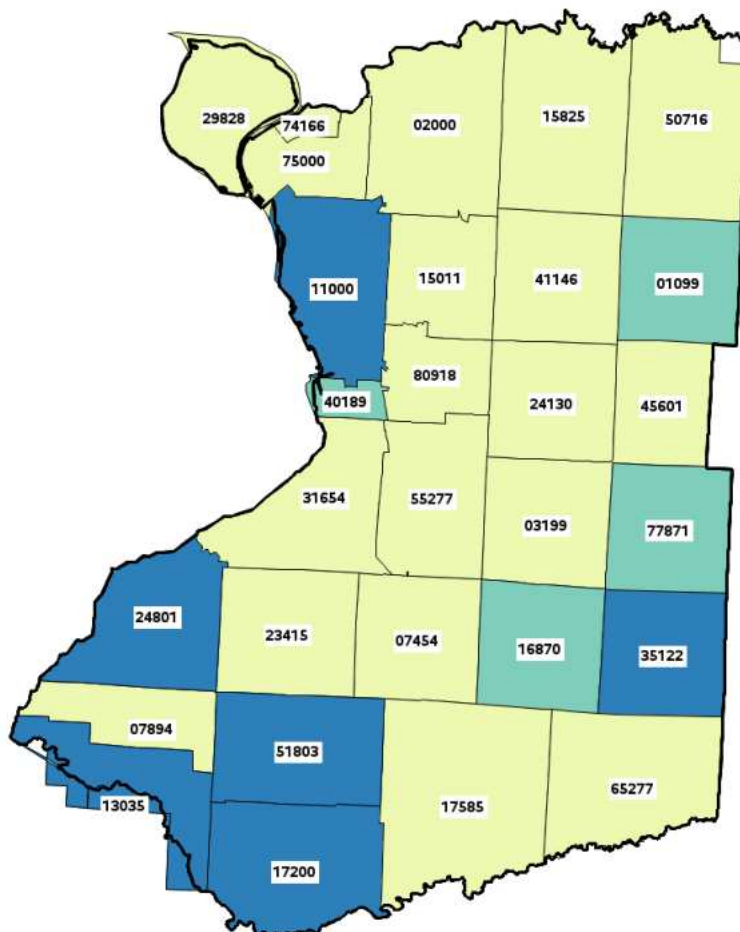
Erie County - 22.5

New York State - 23.2

New York State (Excl NYC) - 21.7

### Quartile (Q) Distribution (Excl NYC)

- 0 -< 23.0 : Q1 & Q2
- 23.0 -< 27.3 : Q3
- 27.3+ : Q4



DATA SOURCE: VITAL RECORDS, DATA AS OF JANUARY 2022

Revised: February 2022





## 2. ERIE COUNTY - PREMATURE DEATHS (BEFORE 65 YEARS), DIFFERENCE IN PERCENTAGES: BLACK, NON-HISPANIC; AND WHITE, NON-HISPANIC:



### DISPARITY LENS:

- RACIAL DISPARITIES are part of this measure

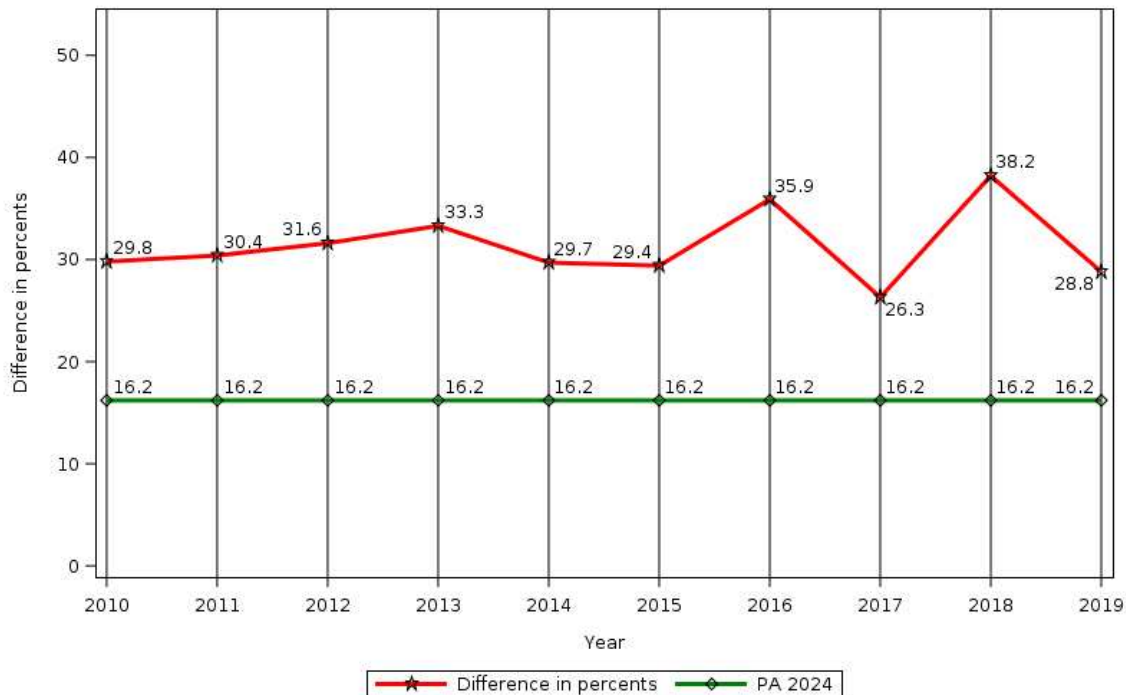
### COVID-19 LENS

- COVID-19 is likely to have exacerbated this disparity as data indicate that premature death by COVID-19 rates were higher among individuals identified as Black, non-Hispanic; Hispanic; and Native American.





### 3. ERIE COUNTY - PREMATURE DEATHS (BEFORE AGE 65 YEARS), DIFFERENCE IN PERCENTAGES BETWEEN HISPANICS AND WHITE NON-HISPANICS:



Data Source: Vital Records, data as of January 2022 Revised: February 2022

Notes: See technical notes for information about the indicators and data sources.

#### OBSERVATIONS

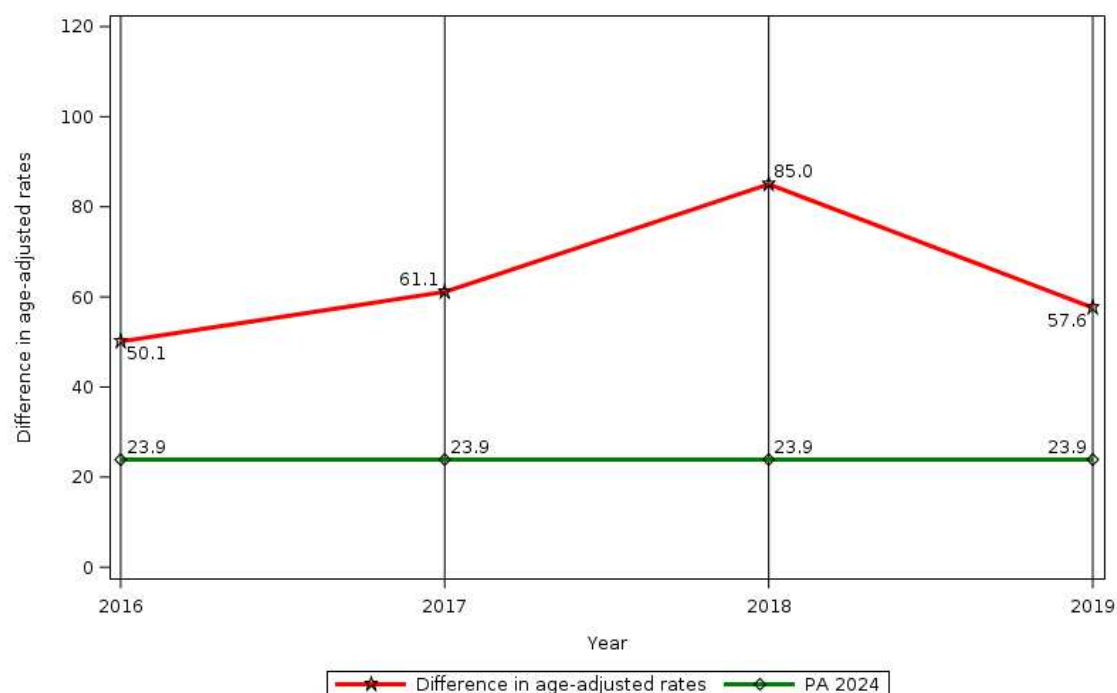
Erie County's rate of 28.8% vs. the NYS PA Goal of 16.2% is 12.6% higher for this ethnic disparity measure than the Prevention Agenda goal, indicating an area for improvement for Erie County.

- The data trend is inconsistent, indicating potential lag in data reporting. Overall this data is significant for the difference between rates of premature death among White non-Hispanics and Hispanics of 28.8% compared to the NYS Prevention Agenda goal rate of 16.2%.





#### 4. POTENTIALLY PREVENTABLE HOSPITALIZATIONS AMONG ADULTS DIFFERENCE IN AGE-ADJUSTED RATES PER 10,000 BETWEEN BLACK NON-HISPANICS AND WHITE NON-HISPANICS



SOURCE: SPARCS DATA AS OF NOVEMBER 2021

- County of residence was assigned based on ZIP Code for cases in which patient county of residence was listed as unknown or missing, but a valid NY ZIP Code was present.
- [See technical notes for information about the indicators and data sources.](#)

#### OBSERVATIONS:

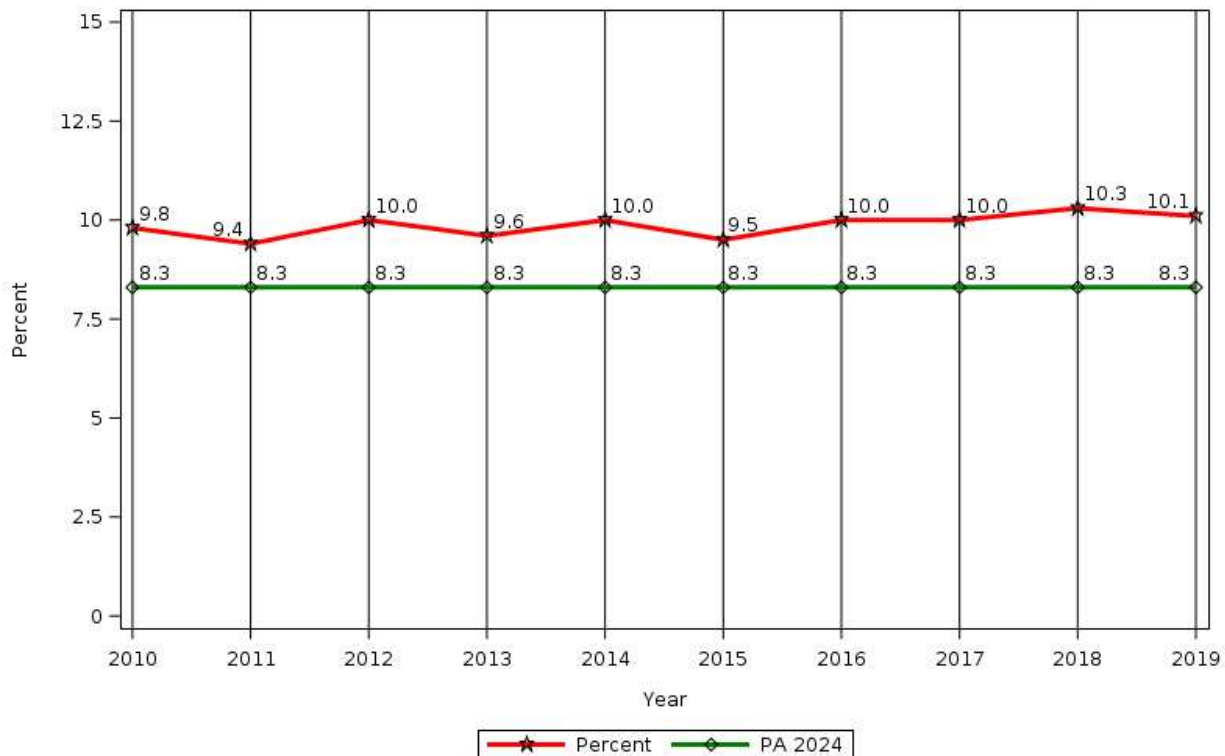
Erie County's rate has been significantly higher than the NYS PA Goal of 23.9 on this measure, ranging from 50.1 in 2016, to 57.6 in 2019. The rate of difference between potentially preventable hospitalizations of White Non-Hispanic and Hispanic residents decreased significantly from 85 in 2018 to 57.6 in 2019. There is room for significant improvement as this rate is still more than twice the state's PA 2024 rate on this measure.





## PRIORITY AREA: PROMOTE HEALTHY WOMEN, INFANTS AND CHILDREN

### 1. ERIE COUNTY - PERCENTAGE OF BIRTHS THAT ARE PRETERM, FOUR-YEAR AVERAGE, 2016-2019



**Data Source:** Vital Records, data as of November 2021

**Notes** See technical notes for information about the indicators and data sources. Revised: February 2022

#### OBSERVATIONS:

- Erie County's rate on this measure has been consistently higher than the NYS PA 2024 Goal rate of 8.3%, remaining 1.8% higher than the goal rate in 2019.
- Eighteen (18) of 29 areas, or 62% tracked on this measure are above the Prevention Agenda Goal, with 13 areas (44.8%) higher than Goal by measures of 0.6 percentage points or more.

#### DISPARITY LENS:

- The highest percentage of preterm births occur in more isolated rural areas, and some of the most densely populated, urban areas of Erie County where residents' average income is typically lower and the number of individuals who identify as Black, Non-Hispanic and Hispanic is higher. These areas also may have barriers to prenatal care whether economic and social or geographic.

#### COVID-19 LENS:





## APPENDIX C Erie County, NY Community Health Assessment 2023-2024 Page 19 of 23

- COVID-19 is likely to have exacerbated this disparity as access to care was disrupted significantly by personnel shortages, COVID-19 illness and fear of illness, resulting in fewer in-person prenatal and ante-natal services.

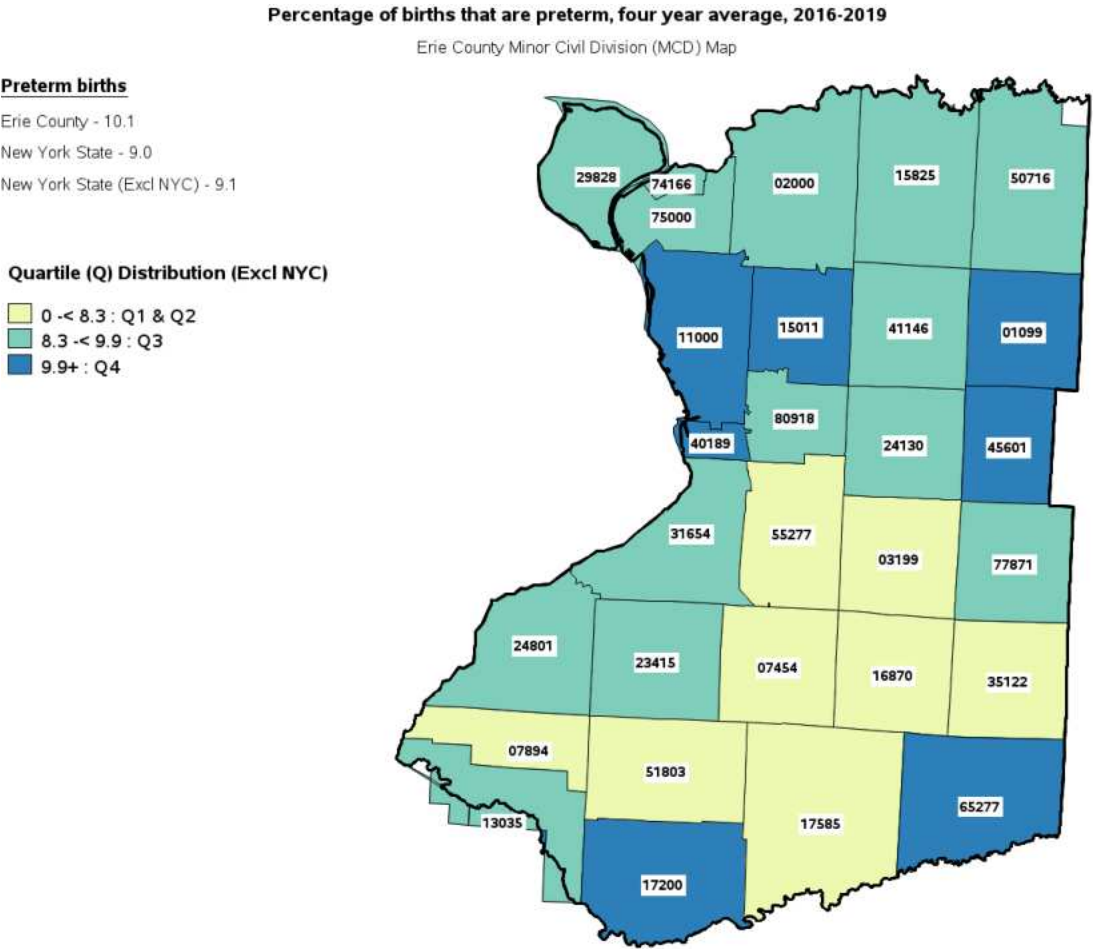
### SUB-COUNTY DATA:

#### PERCENTAGE OF BIRTHS THAT ARE PRETERM, FOUR-YEAR AVERAGE, 2016-2019

- AREAS WITH PERCENTAGES ABOVE PREVENTION AGENDA GOAL BY ZIP CODE AND PERCENT, ERIE COUNTY:

MCD Name	Preterm Births	Percentage
Collins town	23	14
Buffalo city	1,770	12.2
Marilla town	18	11.7
Sardinia town	10	10.8
Lackawanna city	118	10.6
Cheektowaga town	375	10.1
Alden town	28	9.9
Cattaraugus Reservation	17	9.6
West Seneca town	158	9.4
Clarence town	88	9.3
Grand Island town	66	9.2
Elma town	31	9.1
Evans town	48	9.1
Hamburg town	192	9.1
Wales town	10	8.8
Eden town	21	8.7
Tonawanda city	51	8.7
Newstead town	23	8.4

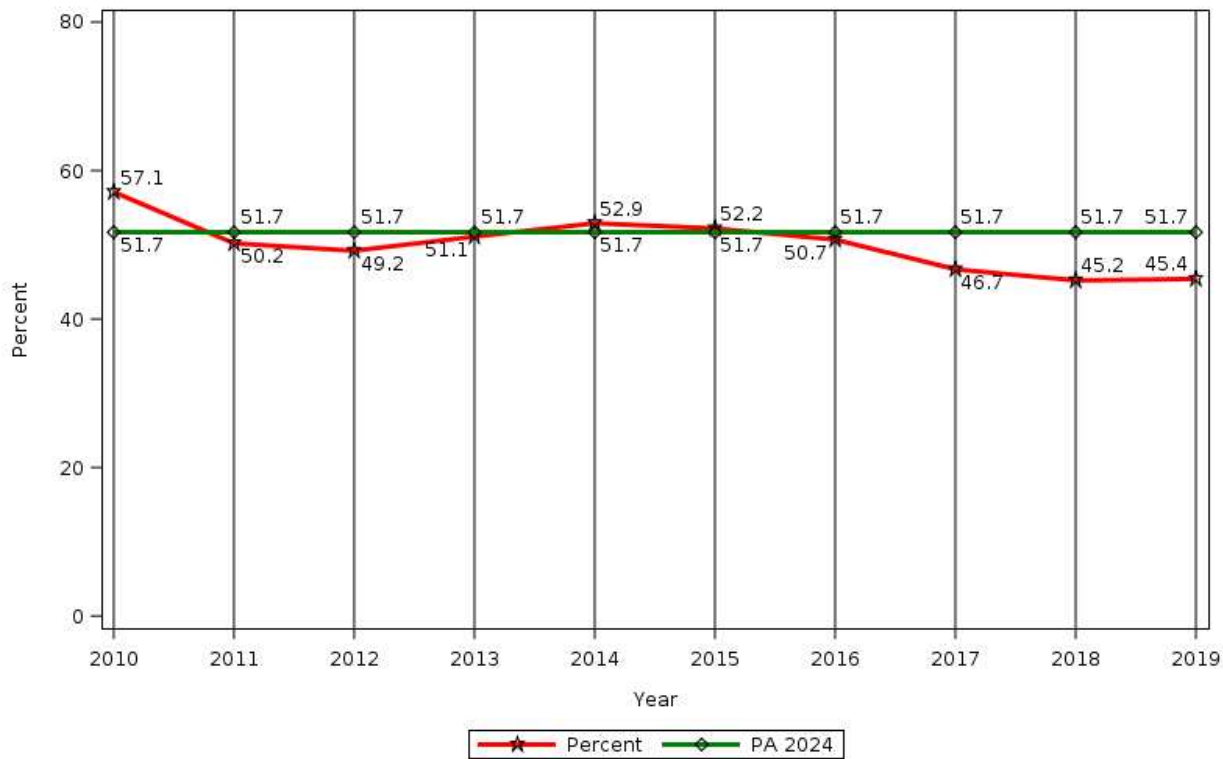




Data Source: Vital Records, data as of November 2021

2. RATE OF INFANTS WHO ARE EXCLUSIVELY BREASTFED IN THE HOSPITAL AMONG ALL INFANTS - ERIE COUNTY





Data Source: Vital Records, data as of November 2021; Revised: February 2022

Notes: See technical notes for information about the indicators and data sources.

#### OBSERVATIONS:

- Erie County's rate on this measure has been declining over time, from a high of 57.1% in 2010 to 45.4% in 2019. Five (5) tracked areas in Erie County are below the goal rate of 51.7%.
- There is room for improvement as it is clear the county was able to achieve a better rate of exclusive breastfeeding in the hospital at times.
- More investigation of factors potentially affecting this measure is warranted, including number of Cesarean births, age and education of mothers, and access to lactation education and consultant services.
- Also of interest related to this rate would be changes in funding or reimbursement structure changes for prenatal and postnatal breastfeeding support and education, or personnel changes within hospital, pediatric and OB/GYN practices.





## **SUB-COUNTY DATA:**

### **AREAS WITH RATES BELOW GOAL FOR**

### **RATE OF INFANTS WHO ARE EXCLUSIVELY BREASTFED IN THE HOSPITAL AMONG ALL INFANTS BY ZIP CODE AND PERCENT, ERIE COUNTY:**

<b>MCD NAME</b>	<b>Infants Exclusively Breastfed</b>	<b>Percentage</b>
City of Lackawanna	246	25.8
City of Buffalo	4,053	33.3
Cattaraugus Reservation	58	38.7
Town of Collins	61	44.5
Town of Cheektowaga	1,447	46.0

## **DISPARITY LENS:**

- Multiple studies of exclusive breastfeeding and factors affecting successful breastfeeding include the age of the mother (older mothers are more likely to exclusively breastfeed); Cesarean section birth (negative correlation) and socioeconomic and education status (positive correlation in higher-income countries; negative correlation in mid- to lower-income countries). The lowest percentage of exclusive breastfeeding occur in more rural and more highly urban areas of Erie County. These areas also may have barriers to prenatal and postnatal care whether economic and social or geographic which could also impact the decision to breastfeed exclusively.

## **COVID-19 LENS**

- Evidence from local hospital systems indicates further decreases in exclusive breastfeeding continued throughout the COVID-19 pandemic.
- Access to breastfeeding support and consultation was disrupted significantly by personnel shortages, COVID-19 illness and fear of illness, resulting in fewer in-person prenatal and postnatal services.





## APPENDIX C Erie County, NY Community Health Assessment 2023-2024 Page 23 of 23

### Percentage of infants who are exclusively breastfed in the hospital among all infants, four year average, 2016-2019

Erie County Minor Civil Division (MCD) Map

#### Infants exclusively breastfed

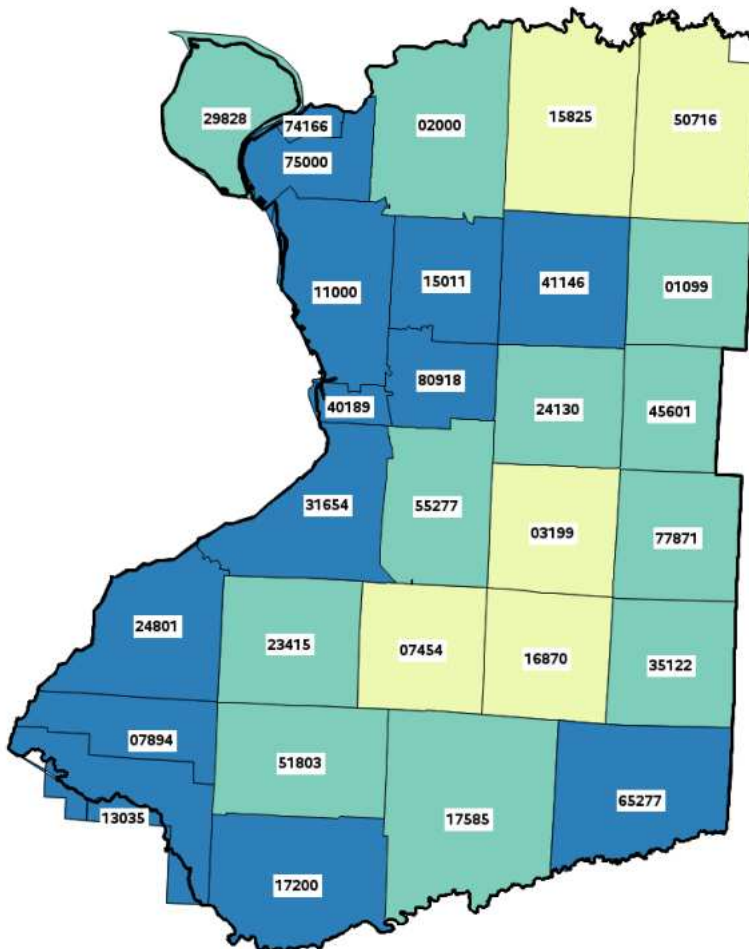
Erie County - 47.0

New York State - 47.1

New York State (Excl NYC) - 51.1

#### Quartile (Q) Distribution (Excl NYC)

- 0 -< 55.9 : Q1
- 55.9 -< 64.0 : Q2
- 64.0+ : Q3 & Q4



**Data Source:** Vital Records, data as of November 2021, Revised: February 2022

#### Notes

Questions or comments: [prevention@health.ny.gov](mailto:prevention@health.ny.gov)



## ERIE COUNTY COMMUNITY HEALTH ASSESSMENT APPENDIX D REFERENCES

References cited in order of use

1. Centers for Disease Control and Prevention. (2021, April 8). *Media statement from CDC Director Rochelle P. Walensky, MD, MPH, on racism and health.*  
<https://www.cdc.gov/media/releases/2021/s0408-racism-health.html>
2. Centers for Disease Control and Prevention. (2022, May 18). *CDC COVID-19 response health equity strategy: Accelerating progress towards reducing COVID-19 disparities and achieving health equity.*  
<https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/cdc-strategy.html>
3. New York State Department of Health. (2023, March 9). *COVID-19 fatalities tracker.*  
<https://coronavirus.health.ny.gov/fatalities-0>
4. County Health Rankings & Roadmaps. (2022). *Life expectancy.* Retrieved December 2022, from  
<https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-outcomes/length-of-life/life-expectancy?state=36&year=2022&tab=1#map-anchor>
5. The Erie County Health Equity Act of 2021. Local Law Intro No. 3-1-2021 (2021).  
<https://www3.erie.gov/health/sites/www3.erie.gov.health/files/2023-02/locallawheoffice.pdf>
6. New York State Department of Health. (2020, February). *Prevention agenda 2019-2024: New York State's health improvement plan.* [https://www.health.ny.gov/prevention/prevention\\_agenda/2019-2024/](https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/)
7. New York State Department of Health. (2022, February). *New York State prevention agenda dashboard - county level: Erie County.*  
[https://webbi1.health.ny.gov/SASStoredProcess/guest?\\_program=%2FEBI%2FPHIG%2Fapps%2Fdashboard%2Fpa\\_dashboard&p=ch&cos=14](https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fdashboard%2Fpa_dashboard&p=ch&cos=14)
8. New York State Department of Health. (2022, February). *New York State prevention agenda dashboard - state level.* <https://health.ny.gov/prevention/agendadashboard>
9. U.S. Census Bureau. (n.d.). *QuickFacts: Erie County, New York.* U.S. Retrieved August 1, 2022, from  
<https://www.census.gov/quickfacts/eriecountynewyork>
10. U.S. Census Bureau. (n.d.). *Census flow mapper.* Retrieved December 2022, from  
<https://flowsmapper.geo.census.gov/map.html#>
11. U.S. Census Bureau. (n.d.). *QuickFacts: Buffalo city, New York.* Retrieved December 2022, from  
<https://www.census.gov/quickfacts/buffalocitynewyork>
12. U.S. Census Bureau. (n.d.). *Erie County, New York.* Retrieved March 9, 2023, from  
[https://data.census.gov/profile/Erie\\_County,\\_New\\_York?g=0500000US36029](https://data.census.gov/profile/Erie_County,_New_York?g=0500000US36029)
13. U.S. Census Bureau. (n.d.). *American Community Survey DP02 selected social characteristics in the United States 2018: ACS 5-year estimates data profiles.* Retrieved March 9, 2023, from  
<https://data.census.gov/table?g=0500000US36029&tid=ACSDP5Y2018.DP02>
14. U.S. Census Bureau. (n.d.). *American Community Survey 2021: ACS 5-year estimates data profiles.* Retrieved March 9, 2023, from  
<https://data.census.gov/table?g=0500000US36029&d=ACS+5-Year+Estimates+Detailed+Tables>
15. Buffalo Public Schools. (n.d.). *Translation & interpretation.* Retrieved December 2022, from  
<https://www.buffaloschools.org/Page/85595>





16. U.S. Census Bureau. (2021, January 1). *How Does the U.S. Census Bureau define "rural?"* Retrieved October 6, 2022, from <https://mtgis-portal.geo.census.gov/arcgis/apps/MapSeries/index.html?appid=49cd4bc9c8eb444ab51218c1d5001ef6>
17. U.S. Census Bureau. (n.d.). *American Community Survey DP02 selected social characteristics in the United States 2011: ACS 5-year estimates data profiles*. Retrieved March 9, 2023, from <https://data.census.gov/table?g=0500000US36029&tid=ACSDP5Y2011.DP02>
18. World Health Organization. (n.d.). *Refugee and migrant health*. Retrieved December 2022, from [https://www.who.int/health-topics/refugee-and-migrant-health#tab=tab\\_1](https://www.who.int/health-topics/refugee-and-migrant-health#tab=tab_1)
19. Data USA (n.d.). *Erie County, NY*. Retrieved March 9, 2023, from <https://datausa.io/profile/geo/erie-county-ny#demographics>
20. Live Well Erie. (2021, September 21). *Live Well Erie at a glance*. <https://www4.erie.gov/livewellerie/live-well-erie-glance>
21. Healthy People 2030. (n.d.). *Social determinants of health*. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. <https://health.gov/healthypeople/priority-areas/social-determinants-health>
22. New York State Education Department. (n.d.). *New York State education at a glance*. Retrieved August 1, 2022, from <https://data.nysed.gov/>
23. U.S. Census Bureau. (n.d.). *American Community Survey DP02 selected social characteristics in the United States 2021: ACS 1-year estimates subject tables*. Retrieved March 9, 2023, from <https://data.census.gov/table?q=EARNINGS+PER+CAPITA&g=0500000US36029>
24. U.S. Bureau of Labor Statistics. (2017, October 11). *Consumer price index*. <https://www.bls.gov/cpi/latest-numbers.htm>
25. U.S. Bureau of Labor Statistics. (n.d.). *Unemployment rate in Erie County, NY*. Federal Reserve Bank of St. Louis. Retrieved November 28, 2022, from <https://fred.stlouisfed.org/series/NYERIE9URN>
26. U.S. Inflation Calculator. (n.d.). *Inflation calculator*. Retrieved December 2022, from <https://www.usinflationcalculator.com/>
27. MIT Living Wage Calculator. (n.d.). *Living wage calculation for Erie County, New York*. Retrieved October 4, 2022, from <https://livingwage.mit.edu/counties/36029>
28. U.S. Census Bureau. (n.d.). *New York State*. 2021 American Community Survey 1-Year Estimates. Retrieved March 9, 2023, from [https://data.census.gov/profile/New\\_York?g=040XX00US36](https://data.census.gov/profile/New_York?g=040XX00US36)
29. U.S. Census Bureau. (n.d.). *City of Buffalo*. 2021 American Community Survey 1-Year Estimates. Retrieved March 9, 2023, from [https://data.census.gov/profile/city\\_of\\_Buffalo\\_city,\\_New\\_York?g=160XX00US3611000](https://data.census.gov/profile/city_of_Buffalo_city,_New_York?g=160XX00US3611000)
30. Status of Women in the States. (n.d.). *Employment & earnings*. Retrieved December 2022, from <https://statusofwomendata.org/>
31. Status of Women in the States. (n.d.). *The economic impact of equal pay by state*. Retrieved December 2022, from <https://statusofwomendata.org/featured/the-economic-impact-of-equal-pay-by-state/>
32. Feeding America. (n.d.). *2020 food insecurity among overall (all ages) population in Erie County*. Retrieved October 18, 2022, from <https://map.feedingamerica.org/county/2020/overall/new-york/county/erie>





33. County Health Rankings & Roadmaps. (2022). *Limited access to healthy foods*. <https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-factors/health-behaviors/diet-and-exercise/limited-access-to-healthy-foods?year=2022&county=36029>
34. U.S. Department of Housing and Urban Development's Office of Policy Development and Research. (2017, August 14). *Defining housing affordability*. <https://www.huduser.gov/portal/pdredge/pdr-edge-featd-article-081417.html>
35. Buffalo Niagara Association of REALTORS. (n.d.). *Housing statistics*. Retrieved December 2022, from <https://www.bnar.org/support/housing-statistics/index.html>
36. U.S. Department of Housing and Urban Development's Office of Policy Development and Research. (n.d.). *FY2023 maximum FMR lookup system for the emergency rental assistance program*. Retrieved March 9, 2023, from [https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2023\\_code/select\\_geography\\_erap.odn](https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2023_code/select_geography_erap.odn)
37. National Low Income Housing Coalition. (2022). *About the gap report*. <https://nlihc.org/gap/about>
38. New York State Unified Court System. (n.d.). *Statewide landlord tenant eviction reports*. Retrieved December 2022, from <https://ww2.nycourts.gov/lt-evictions-33576>
39. New York State Department of Health. (2017, September). *DSRIP performing provider systems (PPS)*. [https://www.health.ny.gov/health\\_care/medicaid/redesign/dsrip/pps\\_map/index.htm](https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/pps_map/index.htm)
40. Centers for Medicare and Medicaid Services. (2022, November 15). *Prospective payment systems - general information*. <https://www.cms.gov/medicare/medicare-fee-for-service-payment/prospmedicarefeesvcpgmtgen>
41. Roswell Park Comprehensive Cancer Center. (n.d.). *About Roswell Park*. Retrieved August 1, 2022, from <https://www.roswellpark.org/about-us>
42. Kaleida Health. (n.d.). *About Kaleida Health*. Retrieved August 1, 2022, from <https://www.kaleidahealth.org/about/>
43. Highmark Inc. (n.d.). *Mission, vision, & core behaviors*. Retrieved August 1, 2022, from <https://www.highmark.com/about/our-story/mission-vision.html>
44. Independent Health Association, Inc. (n.d.). *Helping WNY get and stay healthy*. Retrieved August 1, 2022, from <https://www.independenthealth.com/about>
45. Univera Healthcare. (n.d.). *Welcome to Univera Healthcare*. Retrieved August 1, 2022, from <https://news.univerahealthcare.com/about-us/corporate-overview>
46. New York State Department of Health. (n.d.). *Health facility map*. Retrieved September 2022, from <https://health.data.ny.gov/Health/Health-Facility-Map/875v-tpc8>
47. Erie County Department of Health. (2022, September 1). *Primary care providers*. <https://www3.erie.gov/health/pcp>
48. Health Resources and Services Administration. (n.d.). *Find a health center*. <https://findahealthcenter.hrsa.gov/>
49. Haleem, A., Javaid, M., Singh, R. P., & Suman, R. (2021). Telemedicine for healthcare: Capabilities, features, barriers, and applications. *Sensors International*, 2, 100117. <https://doi.org/10.1016/j.sintl.2021.100117>
50. United States Environmental Protection Agency. (n.d.). *EPA's environmental justice screening and mapping tool*. Retrieved December 2022, from <https://ejscreen.epa.gov/mapper/>
51. Health Resources and Services Administration. (n.d.). *Quick maps - medically underserved areas/populations (MUA/P)*. Retrieved December 2022, from <https://data.hrsa.gov/maps/quick-maps?config=mapconfig/MUA.json>





- 
52. Harris, J. (2022, February 22). Big financial losses lead to credit downgrade for Catholic Health. *The Buffalo News*. [https://buffalonews.com/business/local/big-financial-losses-lead-to-credit-downgrade-for-catholic-health-the-recovery-will-take-some/article\\_a43bf82e-906b-11ec-b7e3-e7730b96ddd7.html](https://buffalonews.com/business/local/big-financial-losses-lead-to-credit-downgrade-for-catholic-health-the-recovery-will-take-some/article_a43bf82e-906b-11ec-b7e3-e7730b96ddd7.html)
  53. United States Department of Health and Human Services Office of Inspector General. (2021, March). *Hospitals reported that the COVID-19 pandemic has significantly strained health care delivery*. <https://oig.hhs.gov/oei/reports/OEI-09-21-00140.pdf>
  54. Lagasse, J. (2021, October 12). Hospitals have spent more than \$3B securing personal protective equipment during COVID-19. *Healthcare Finance*. <https://www.healthcarefinancenews.com/news/hospitals-have-spent-more-3b-securing-personal-protective-equipment-during-covid-19>
  55. Hughes, S., Gee, E., & Rapfogel, N. (2022, November 29). *Health insurance costs are squeezing workers and employers*. Center for American Progress. <https://www.americanprogress.org/article/health-insurance-costs-are-squeezing-workers-and-employers/>
  56. NY State of Health. (2023, March 8). *Erie County fact sheet: Unwinding the public health emergency*. [https://info.nystateofhealth.ny.gov/sites/default/files/2023%20PHE%20County%20Fact%20Sheet\\_Erie.pdf](https://info.nystateofhealth.ny.gov/sites/default/files/2023%20PHE%20County%20Fact%20Sheet_Erie.pdf)
  57. New York State Department of Health. (2023, March). *Medicaid managed care enrollment reports*. [https://www.health.ny.gov/health\\_care/managed\\_care/reports/enrollment/monthly/](https://www.health.ny.gov/health_care/managed_care/reports/enrollment/monthly/)
  58. Centers for Medicare and Medicaid Services. (n.d.). *Medicaid & CHIP in New York*. Retrieved December 2022, from <https://www.medicaid.gov/state-overviews/stateprofile.html?state=new-york>
  59. American Hospital Association. (2019, October). *Report: The importance of health coverage*. <https://www.aha.org/guidesreports/report-importance-health-coverage>
  60. County Office. (n.d.). *Transportation departments in Erie County, New York*. Retrieved December 2022, from <https://www.countyoffice.org/ny-erie-county-department-of-transportation/#:~:text=In%20New%20York%2C%20Erie%20County%20is%20ranked%2050th,departments%20of%20transportation%2C%20highways%2C%20roads%2C%20and%20bridge%20departments>
  61. Well Being in the Nation Network. (n.d.). *Transportation*. Retrieved December 2022, from <https://www.winmeasures.org/statistics/winmeasures/us-transportation>
  62. Erie County Department of Health. (n.d.). *Climate action and sustainability*. Retrieved December 2022, from <https://www3.erie.gov/environment/climate-action-and-sustainability>
  63. New York State Department of Health. (n.d.). *Electric vehicle station locator*. Retrieved December 2022, from [https://www.nyserda.ny.gov/All-Programs/Drive-Clean-Rebate-For-Electric-Cars-Program/Charging-Options/Electric-Vehicle-Station-Locator#/analyze?location\\_mode=address&location=14219&radius=20&fuel=ELEC&ev\\_levels=all](https://www.nyserda.ny.gov/All-Programs/Drive-Clean-Rebate-For-Electric-Cars-Program/Charging-Options/Electric-Vehicle-Station-Locator#/analyze?location_mode=address&location=14219&radius=20&fuel=ELEC&ev_levels=all)
  64. NTFA Metro. (2023). *FY 2022 metro performance*. <https://metro.nfta.com/media/n1ihvike/metro-annual-performance-report-2022.pdf>
  65. University at Buffalo Regional Institute, State University of New York at Buffalo, School of Architecture and Planning, and Make Communities. (2016). *The racial equity dividend: Buffalo's great opportunity*. <https://regional-institute.buffalo.edu/wp-content/uploads/sites/155/2020/11/TheEquityDividendFINALSeptember2016.pdf>
  66. Erie County Department of Health. (n.d.). *COVID-19 data*. Retrieved March 9, 2023, from <https://www3.erie.gov/covid/covid-19-data>





- 
67. Erie County Department of Health. (2022, October). *COVID-19 data update week ending October 1, 2022*. <https://www2.erie.gov/health/sites/www2.erie.gov.health/files/uploads/pdfs/10012022-ECDOH-COVID-data.pdf>
  68. New York State Department of Health. (2022, January). *New York State leading causes of death*. [https://apps.health.ny.gov/public/tabvis/PHIG\\_Public/lcd/reports/#county](https://apps.health.ny.gov/public/tabvis/PHIG_Public/lcd/reports/#county)
  69. Xu, J., Murphy, S. L., Kochanek, K. D., & Arias, E. (2022). *Mortality in the United States, 2021* (NCHS Data Brief No. 456). Centers for Disease Control and Prevention, National Center for Health Statistics. <https://www.cdc.gov/nchs/products/databriefs/db456.htm>
  70. Erie County Department of Health. (2022, December). *COVID-19 data update week ending December 17, 2022*. <https://www3.erie.gov/health/sites/www3.erie.gov.health/files/2022-12/12172022ecdohcoviddata1.pdf>
  71. Artiga, S., Corallo, B., & Pham, O. (2020, August 17). *Racial disparities in COVID-19: Key findings from available data and analysis*. Kaiser Family Foundation. <https://www.kff.org/report-section/racial-disparities-in-covid-19-key-findings-from-available-data-and-analysis-issue-brief/>
  72. Centers for Disease Control and Prevention COVID Data Tracker. (n.d.). *COVID-19 integrated county view: Erie County, New York*. Retrieved December 2022, from [https://covid.cdc.gov/covid-data-tracker/#county-view?list\\_select\\_state=New+York&data-type=CommunityLevels&list\\_select\\_county=36029](https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=New+York&data-type=CommunityLevels&list_select_county=36029)
  73. New York State Department of Health. (n.d.). *Monitoring the key aspects of the epidemic*. <https://coronavirus.health.ny.gov/covid-19-data-new-york>
  74. Kirzinger, A., Muñana, C., & Brodie, M. (2021, January 7). *Vaccine hesitancy in rural America*. Kaiser Family Foundation. <https://www.kff.org/coronavirus-covid-19/poll-finding/vaccine-hesitancy-in-rural-america/>
  75. New York State Department of Health. (2022, August). *Communicable disease fact sheets*. <https://www.health.ny.gov/diseases/communicable/index.htm>
  76. New York State Department of Health. (2023, February). *Communicable disease annual reports and related information*. <https://www.health.ny.gov/statistics/diseases/communicable/>
  77. Erie County Department of Health. (n.d.). *Provisional reportable communicable diseases in Erie County as of 3/1/2023*. Retrieved March 9, 2023, from <https://www3.erie.gov/health/sites/www3.erie.gov.health/files/2022-07/reportablediseases.pdf>
  78. Centers for Disease Control and Prevention. (2023, March 2). *Drug-resistant gonorrhea*. [https://www.cdc.gov/std/gonorrhea/drug-resistant/default.htm?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fstd%2Fgonorrhea%2Fdrug-resistant/default.htm](https://www.cdc.gov/std/gonorrhea/drug-resistant/default.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fstd%2Fgonorrhea%2Fdrug-resistant/default.htm)
  79. Erie County Department of Health. (2022, May 19). *Increases in sexually transmitted infections prompt reminder from Erie County Department of Health: STIs are treatable*. <https://www2.erie.gov/health/index.php?q=press/increases-sexually-transmitted-infections-prompt-reminder-erie-county-department-health-EPT#:~:text=Confirmed%20syphilis%20%28all%20stages%29%20cases%20doubled%20in%20Erie,sypilis%20%28CS%29%20cases%20in%20Erie%20County%20in%202021>
  80. Centers for Disease Control and Prevention. (2020, March 2). *STD health equity*. <https://www.cdc.gov/std/health-disparities/default.htm>
  81. New York State Department of Health. (n.d.). *Communicable disease in New York State rate per 100,000 population of cases reported in 2020*. Retrieved September 29, 2022, from <https://www.health.ny.gov/statistics/diseases/communicable/2020/docs/rates.pdf>





82. New York State Department of Health. (2021, June 2). *Health advisory: Congenital syphilis increasing in New York State (NYS) outside of New York City (NYC)*.  
[https://www.health.ny.gov/diseases/communicable/std/docs/health\\_advisory\\_syphilis.pdf](https://www.health.ny.gov/diseases/communicable/std/docs/health_advisory_syphilis.pdf)
83. Centers for Disease Control and Prevention. (2023, May 16). *National Overview of STDs, 2021*.  
<https://www.cdc.gov/std/statistics/2021/overview.htm#:~:text=Since%202013%2C%20the%20rate%20of,related%20stillbirths%20and%20infant%20deaths>
84. Thean, L., Moore, A., & Nourse, C. (2022). New trends in congenital syphilis: Epidemiology, testing in pregnancy, and management. *Current Opinion in Infectious Diseases*, 35(5), 452–460.  
<https://doi.org/10.1097/qco.0000000000000875>
85. Hepatitis C Dashboard New York. (n.d.). *Newly reported hepatitis C*. Retrieved September 29, 2022, from <https://hcvdashboardny.org/data/newly-reported-cases/>
86. Centers for Disease Control and Prevention. (2020, April 9). *Beyond baby boomers: Hepatitis C now heavily impacting multiple generations*. <https://www.cdc.gov/nchhstp/newsroom/2020/hepatitis-c-impacting-multiple-generations-press-release.html>
87. Erie County Department of Health. (n.d.). *Erie County, New York Community Health Assessment 2019 – 2022*. Retrieved February 9, 2023, from <https://www3.erie.gov/health/sites/www3.erie.gov.health/files/2022-06/cha.pdf>
88. Centers for Disease Control and Prevention. (2020, June 22). *Hepatitis A*.  
<https://www.cdc.gov/hepatitis/hav/index.htm>
89. New York State Department of Health. (n.d.). *Communicable disease in New York State cases reported in 2020*. Retrieved September 29, 2022, from <https://www.health.ny.gov/statistics/diseases/communicable/2020/docs/cases.pdf>
90. Centers for Disease Control and Prevention. (2022, January 19). *Hepatitis A outbreaks in the United States*. <https://www.cdc.gov/hepatitis/outbreaks/hepatitisaoutbreaks.htm>
91. Centers for Disease Control and Prevention. (2022, December 8). *Rabies*.  
<https://www.cdc.gov/rabies/index.html>
92. Erie County Department of Health. (2023, January 6). *Animals that tested positive for rabies in Erie County*. <https://www3.erie.gov/health/animals-tested-positive-rabies-erie-county>
93. New York State Department of Health. (n.d.). *Access adult deer tick collection data by county (excluding Powassan virus)*. Retrieved December 2022, from <https://health.data.ny.gov/Health/Access-Adult-Deer-Tick-Collection-Data-by-County-E/fkdr-6a5t>
94. New York State Department of Health. (n.d.). *Access nymph deer tick collection data by county (excluding Powassan virus)*. Retrieved December 2022, from <https://health.data.ny.gov/Health/Access-Nymph-Deer-Tick-Collection-Data-by-County-E/7qid-kum3>
95. New York State Department of Health. (2017, April). *Legionnaires' disease and Legionella*.  
<https://www.health.ny.gov/diseases/communicable/legionellosis/>
96. Erie County Department of Health. (n.d.). *Lead poisoning prevention*. Retrieved December 2022, from <https://www3.erie.gov/envhealth/lead-poisoning-prevention>
97. New York State Department of Health. (2022, December). *Childhood lead poisoning prevention*.  
<https://www.health.ny.gov/environmental/lead/>
98. Community Foundation for Greater Buffalo. (2021, February 19). *Buffalo and Erie County Lead Safe Task Force 2020 annual progress update: Childhood lead poisoning and the healthy housing imperative*. <https://www.cfgb.org/wp-content/uploads/2018/07/2020-Lead-Action-Report-Final.pdf>





- 
99. Centers for Disease Control and Prevention. (2022, December 16). *CDC updates blood lead reference value to 3.5 µg/dL*. <https://www.cdc.gov/nceh/lead/news/cdc-updates-blood-lead-reference-value.html>
  100. New York State Department of Health. (2022, February). *Asthma dashboard - state level*. [https://webbi1.health.ny.gov/SASStoredProcess/guest?\\_program=/EBI/PHIG/apps/asthma\\_dashboard/ad\\_dashboard&p=sh](https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=/EBI/PHIG/apps/asthma_dashboard/ad_dashboard&p=sh)
  101. New York State Department of Health. (2011, February). *Childhood asthma and environmental risk factors in the city of Buffalo, New York*. [https://www.health.ny.gov/environmental/investigations/breathe\\_easy\\_erie/](https://www.health.ny.gov/environmental/investigations/breathe_easy_erie/)
  102. Centers for Disease Control and Prevention. (2022). *Health outcomes* [Map]. PLACES: Local Data for Better Health. <https://experience.arcgis.com/experience/22c7182a162d45788dd52a2362f8ed65>
  103. United States Environmental Protection Agency. (n.d.). *EnviroAtlas interactive map* [Map]. Retrieved December 2022, from <https://enviroatlas.epa.gov/enviroatlas/interactivemap/>
  104. March of Dimes. (2020, February). *Mortality and morbidity*. <https://www.marchofdimes.org/peristats/data?top=6>
  105. New York State Department of Health. (2022). *New York State report on pregnancy-associated deaths in 2018*. [https://health.ny.gov/community/adults/women/docs/maternal\\_mortality\\_review\\_2018.pdf](https://health.ny.gov/community/adults/women/docs/maternal_mortality_review_2018.pdf)
  106. New York State Department of Health. (2022, January). *New York State county/ZIP code perinatal data profile - 2017-2019*. <https://www.health.ny.gov/statistics/chac/perinatal/county/2017-2019/>
  107. Centers for Disease Control and Prevention. (2022, August 3). *Recommendations and benefits*. <https://www.cdc.gov/nutrition/infantandtoddlernutrition/breastfeeding/recommendations-benefits.html>
  108. Koleilat, M., Whaley, S.E., & Clapp, C. (2022). The impact of COVID-19 on breastfeeding rates in a low-income population. *Breastfeeding Medicine*. 17(1):33-37. <https://doi.org/10.1089/bfm.2021.0238>
  109. Market Decisions Research. (n.d.) *Buffalo Public Schools: High school risk behavior survey report, 2021*. Retrieved December 2022, from <https://www.buffaloschools.org/cms/lib/NY01913551/Centricity/Domain/56/2021%20BPS%20District%20High%20School%20YRBS.pdf>
  110. Market Decisions Research. (n.d.) *Buffalo Public Schools: Middle school risk behavior survey report, 2021*. Retrieved December 2022, from <https://www.buffaloschools.org/cms/lib/NY01913551/Centricity/Domain/56/2021%20BPS%20District%20Middle%20School%20YRBS.pdf>
  111. Whitfield, G.P., Carlson, S., Ussery, E., Fulton, J., Galuska, D., & Peterson, R. (2019). Trends in meeting physical activity guidelines among urban and rural dwelling adults — United States, 2008–2017. *Morbidity and Mortality Weekly Report*, 68(23), 513–518. <https://www.cdc.gov/mmwr/volumes/68/wr/mm6823a1.htm>
  112. County Health Rankings & Roadmaps. (2022). *Adult smoking*. <https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-factors/health-behaviors/tobacco-use/adult-smoking?state=36&year=2022&tab=1#map-anchor>
  113. Cornelius, M.E., Loretan, C.G., Wang, T.W., Jamal, A., & Homa, D.M. (2022). Tobacco product use among adults — United States, 2020. *Morbidity and Mortality Weekly Report*, 71(11), 397–405. <https://www.cdc.gov/mmwr/volumes/71/wr/mm7111a1.htm>





- 
114. Meit, M., Knudson, A., Gilbert, T., Yu, A., Tanenbaum, E., Ormson, E., TenBroeck, S., Bayne, A., Popat, S., & NORC Walsh Center for Rural Health Analysis. (2014, October). *The 2014 update of the rural-urban chartbook*. Rural Health Research and Policy Centers.  
<https://ruralhealth.und.edu/projects/health-reform-policy-research-center/pdf/2014-rural-urban-chartbook-update.pdf>
  115. U.S. Department of Health and Human Services, Health Resources and Services Administration. (2015, April). *The health and well-being of children in rural areas: A portrait of the nation, 2011-2012*. <https://mchb.hrsa.gov/sites/default/files/mchb/data-research/nsch-health-well-child-rural-04-2015.pdf>
  116. Rural Health Information Hub. (n.d.). *Cancer prevention and treatment in rural areas*. Retrieved March 23, 2023 from <https://www.ruralhealthinfo.org/topics/cancer>
  117. Gallaway, M.S., Henley, S.J., Steele, C.B., Momin, B., Thomas, C.C., Jamal, A., Trivers, K.F., Singh, S.S., & Stewart, S.L. (2018). Surveillance for Cancers Associated with Tobacco Use — United States, 2010–2014. *Morbidity and Mortality Weekly Report*, 67(12), 513-518.  
<https://www.cdc.gov/mmwr/volumes/67/ss/ss6712a1.htm>
  118. Indian Health Services. (n.d.). *Opioids and the Covid-19 Pandemic*. Retrieved March 23, 2023, from <https://www.ihs.gov/opioids/covid19/>
  119. Erie County Opioid Epidemic Task Force. (2023, April 28). *Erie County opioid overdose data: Health care provider education and policy reform activities update* [PowerPoint slides]. Erie County Department of Health. <https://www3.erie.gov/health/sites/www3.erie.gov.health/files/2022-11/oetf112022.pdf>
  120. Blue Cross Blue Shield. (2022, May 31). *Racial disparities in diagnosis and treatment of major depression*. <https://www.bcbs.com/the-health-of-america/reports/racial-disparities-diagnosis-and-treatment-of-major-depression>
  121. Centers for Disease Control and Prevention & National Association of Chronic Disease Directors. (2008). *The state of mental health and aging in America issue brief 1: What do the data tell us?*  
[https://www.cdc.gov/aging/pdf/mental\\_health.pdf](https://www.cdc.gov/aging/pdf/mental_health.pdf)
  122. Conner, K.O., Copeland, V.C., Grote, N.K., Rosen, D., Reynolds, C.F., & Brown, C. (2010). Mental health treatment seeking among older adults with depression: The impact of stigma and race. *The American Journal of Geriatric Psychiatry*, 18(6), 531-543.  
<https://doi.org/10.1097/JGP.0b013e3181cc0366>
  123. National Alliance on Mental Illness. (n.d.). *Poll of teen mental health from teens themselves (2022)*. Retrieved December 2022, from [https://nami.org/Support-Education/Publications-Reports/Survey-Reports/Poll-of-Teen-Mental-Health-from-Teens-Themselves-\(2022\)](https://nami.org/Support-Education/Publications-Reports/Survey-Reports/Poll-of-Teen-Mental-Health-from-Teens-Themselves-(2022))
  124. New York State Department of Health. (n.d.). *New York State health connector: Suicide and self-harm*. Retrieved March 23, 2023, from <https://nyshc.health.ny.gov/web/nyapd/suicides-in-new-york>
  125. Erie County. (2022). *Erie County medical examiner's 2022 report on suicide in Erie County*. Internal report, unpublished.
  126. New York State Department of Health. (n.d.). *Cancer incidence and mortality for Erie County, 2015-2019*. Retrieved on March 23, 2023, from <https://www.health.ny.gov/statistics/cancer/registry/vol1/v1cerie.htm>
  127. New York State Department of Health. (2013). *Tonawanda study area health outcomes review: Birth outcomes and cancer*.  
<https://www.health.ny.gov/environmental/investigations/tonawanda/final.htm>





- 
128. New York State Department of Health. (2019, August). *Cancer incidence report for the East Buffalo/Western Cheektowaga study area*.  
[https://www.health.ny.gov/diseases/cancer/docs/ebwc\\_final\\_report\\_2019.pdf](https://www.health.ny.gov/diseases/cancer/docs/ebwc_final_report_2019.pdf)
  129. New York State Department of Health. (n.d.). *Cancer by race*. Retrieved March 23, 2023, from  
<https://www.health.ny.gov/statistics/cancer/registry/table4.htm>
  130. Bureau of Cancer Prevention and Control. (2022). *Colorectal cancer screening, New York State adults ages 50-75, 2020*. (BRFSS Brief No. 2022-05). New York State Department of Health, Bureau of Chronic Disease Evaluation and Research.  
[https://www.health.ny.gov/statistics/brfss/reports/docs/2022-05\\_brfss\\_colorectal\\_cancer.pdf](https://www.health.ny.gov/statistics/brfss/reports/docs/2022-05_brfss_colorectal_cancer.pdf)
  131. Wolf, A.M., Fontham, E.T., Church, T.R., Flower, C.R., Guerra, C.E., LaMonte, S.J., Etzioni, R., McKenna, M.T., Oeffinger, K.C., Shih, Y.T., Walter, L.C, Andrews, K.S., Brawley, O.W., Brooks, D., Fedewa, S.A., Manassaram-Baptise, D., Siegel, R.L., Wender, R.C., & Smith, R.A. (2018, May 30). Colorectal cancer screening for average-risk adults: 2018 guideline update from the American Cancer Society. *CA: A Cancer Journal for Clinicians*, 68(4), 250-281.  
<https://acsjournals.onlinelibrary.wiley.com/doi/abs/10.3322/caac.21457>
  132. Bureau of Cancer Prevention and Control. (2022). *Cervical cancer screening, New York State adult females ages 21-65, 2020* (BRFSS Brief No. 2022-01). New York State Department of Health, Bureau of Chronic Disease Evaluation and Research.  
[https://www.health.ny.gov/statistics/brfss/reports/docs/2022-01\\_brfss\\_cervical\\_cancer\\_screening.pdf](https://www.health.ny.gov/statistics/brfss/reports/docs/2022-01_brfss_cervical_cancer_screening.pdf)
  133. Bureau of Cancer Prevention and Control. (2022). *Breast cancer screening, New York State adult females, 2020* (BRFSS Brief No. 2022-20). New York State Department of Health, Bureau of Chronic Disease Evaluation and Research. [https://www.health.ny.gov/statistics/brfss/reports/docs/2022-20\\_brfss\\_breast\\_cancer.pdf](https://www.health.ny.gov/statistics/brfss/reports/docs/2022-20_brfss_breast_cancer.pdf)
  134. Wang, H., Roy S., Kim, J., Farazi, P.A., Siahpush, M., Su, D. (2019). Barriers of colorectal cancer screening in rural USA: A systematic review. *Rural Remote Health*, 19(3),5181.  
<https://doi.org/10.22605/rrh5181>
  135. Centers for Disease Control and Prevention. *Interactive atlas of heart disease and stroke*. Retrieved March 23, 2023, from <https://nccd.cdc.gov/DHDSPAtlas/Default.aspx?state=NY>
  136. Centers for Disease Control and Prevention. *Know your risk for heart disease*. Retrieved March 23, 2023, from [https://www.cdc.gov/heartdisease/risk\\_factors.htm](https://www.cdc.gov/heartdisease/risk_factors.htm)
  137. Lange, S.J., Kompaniyets, L., Freedman, D.S., Kraus, E.M., Porter, R., Blanck, H.M., & Goodman, A.B. (2021). Longitudinal trends in body mass index before and during the COVID-19 pandemic among persons aged 2–19 years — United States, 2018–2020. *Morbidity and Mortality Weekly Report*, 70(37), 1278–1283. <https://doi.org/10.15585/MMWR.MM7037A3>
  138. Jenssen, B., Kelly, M.K., Powell, M., Bouchelle, Z., Mayne, S., & Fiks, A. (2021). COVID-19 and changes in child obesity. *Pediatrics*, 147(5). <https://doi.org/10.1542/peds.2021-050123>
  139. Centers for Disease Control and Prevention. *Causes of obesity*. Retrieved March 23, 2023, from <https://www.cdc.gov/obesity/basics/causes.html>
  140. Heaton, L.J., Sonnek, A.C., Schroeder, K., & Tranby, E.P. (2022, April). *Americans are still not getting the dental care they need*. CareQuest. <https://doi.org/10.35565/CQI.2022.2020>
  141. Slade, G.D., Grider, W.B., Maas, W.R., & Sanders, A.E. (2018). Water fluoridation and dental caries in U.S. children and adolescents. *Journal of Dental Research*, 97(10), 1122–1128.  
<https://doi.org/10.1177/0022034518774331>





142. Church, D. (2023, January 24). Buffalo has not put fluoride in water since 2015. *WGRZ*.  
<https://www.wgrz.com/article/news/local/city-of-buffalo-hasnt-put-fluoride-in-the-water-since-2015-health-life-wny/71-0d02dd73-ed0c-4d86-b499-b3ce5297fa3a>.
143. Kengadaran, S., Anusha, D., Senthil, M., Vikneshan, M., & Vidhya, G. (2020). Evidence-based clinical practice guidelines for topical fluoride application. *Drug Invention Today*, 14(3). 451-455.  
[https://www.researchgate.net/publication/340998347\\_Evidence-based\\_clinical\\_practice\\_guidelines\\_for\\_topical\\_fluoride\\_application](https://www.researchgate.net/publication/340998347_Evidence-based_clinical_practice_guidelines_for_topical_fluoride_application)
144. Centers for Disease Control and Prevention. (2016, October 18). Dental sealants prevent cavities.  
<https://www.cdc.gov/vitalsigns/dental-sealants/index.html>
145. National Institute on Alcohol Abuse and Alcoholism. (2007). *Alcohol and tobacco* (Alcohol Alert, 71st edition). U.S. Department of Health & Human Services, National Institutes of Health.  
<https://pubs.niaaa.nih.gov/publications/aa71/AA71.pdf>
146. Balu, R.K., O'Sullivan, G., Haile, K., & Battles, H. (2022, December). *Binge and heavy drinking, New York State adults, 2020* (BRFSS Brief No. 2022-24). New York State Department of Health, Division of Chronic Disease Prevention, Bureau of Chronic Disease Evaluation and Research.  
[https://www.health.ny.gov/statistics/brfss/reports/docs/2224\\_bingeheavydrinking.pdf](https://www.health.ny.gov/statistics/brfss/reports/docs/2224_bingeheavydrinking.pdf)
147. Bureau of Tobacco Control. (2022). *Electronic cigarette use* (BRFSS Brief No. 2022-23). New York State Department of Health, Bureau of Chronic Disease Evaluation and Research.  
[https://www.health.ny.gov/statistics/brfss/reports/docs/2022-23\\_brfss\\_electronic\\_cigarette.pdf](https://www.health.ny.gov/statistics/brfss/reports/docs/2022-23_brfss_electronic_cigarette.pdf)
148. Barton, J., & Rogerson, M. (2017). The importance of greenspace for mental health. *BJPsych International*, 14(4), 79–81. <https://doi.org/10.1192/s2056474000002051>
149. Atomic Heritage Foundation. (n.d.). *Tonawanda, NY*. Retrieved March 23, 2023, from  
<https://ahf.nuclearmuseum.org/ahf/location/tonawanda-ny/>
150. West Valley Citizen Task Force. (n.d.). *History*. Retrieved March 23, 2023, from  
<https://westvalleyctf.org/site-information/history/>
151. University at Buffalo Department of Chemistry. (n.d.). *Tonawanda Coke soil study*. Retrieved March 23, 2023, from <https://arts-sciences.buffalo.edu/chemistry/tonawanda-coke-soil-study.html>
152. University at Buffalo. (2022, March 2). *Tonawanda Coke soil study*. Retrieved March 23, 2023, from <https://www.buffalo.edu/news/key-issues/tonawanda-coke-soil-study.html>
153. Erie County. (2012, July 2). *Burstein, legislators join movement to “smoke free” parks*.  
<https://www2.erie.gov/health/sites/www2.erie.gov.health/files/uploads/pdfs/PRParksSmokeFree070212.pdf>
154. New York State Department of Health. (2018, July). *Medicaid harm reduction services benefit*.  
[https://www.health.ny.gov/diseases/aids/consumers/prevention/medicaid\\_harm\\_reduction.htm](https://www.health.ny.gov/diseases/aids/consumers/prevention/medicaid_harm_reduction.htm)
155. Executive Order No. 014, Erie County (2016).  
<https://www2.erie.gov/exec/index.php?q=executive-order-014>
156. Complete Streets Resolution in Erie County, INTRO 17-3, 23<sup>rd</sup> Legislature of Erie County (2008).  
[https://www.dot.ny.gov/programs/completestreets/repository/CS\\_resolution\\_erie%20county.pdf](https://www.dot.ny.gov/programs/completestreets/repository/CS_resolution_erie%20county.pdf)
157. Senate Bill S8394, New York State Senate, 2021-22 Sess. (NY, 2022).  
<https://www.nysenate.gov/legislation/bills/2021/S8394>
158. Gilbert, J. (2018). *Good food purchasing for the Buffalo Public Schools*. Partnership for the Public Good.  
[https://ppgbuffalo.org/files/documents/education/good\\_food\\_purchasing\\_for\\_the\\_buffalo\\_public\\_schools.pdf](https://ppgbuffalo.org/files/documents/education/good_food_purchasing_for_the_buffalo_public_schools.pdf)





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159. County Office. (n.d.). *Parks in Erie County, NY*. Retrieved March 23, 2023, from <https://www.countyoffice.org/ny-erie-county-park/>
  160. City of Buffalo. (n.d.). *Division of parks & recreation*. Retrieved March 23, 2023, from <https://www.buffalony.gov/332/Division-of-Parks-Recreation>
  161. Buffalo Olmsted Parks Conservancy. (n.d.). *Buffalo Olmsted parks*. Retrieved March 23, 2023, from <https://www.bfloparks.org/>
  162. NYS Dept. of Environmental Conservation. (n.d.). *Buffalo River restoration project*. Retrieved March 23, 2023, from <https://www.dec.ny.gov/chemical/54166.html>
  163. United States Environmental Protection Agency. (2022, November 7). *Lake Erie*. <https://www.epa.gov/greatlakes/lake-erie>
  164. Choi, B.C.K., Maza, R.A., & Mujica, O.J. (2019). The Pan American Health Organization-adapted Hanlon method for prioritization of health programs. *Revista Panamericana De Salud Pública*, 43(1). e61-e61. <https://doi.org/10.26633/rpsp.2019.61>
  165. Villa Ross, C.A., Shin, H.B., & Marlay, M.C. (2021, October 27). *Pandemic impact on 2020 American Community Survey 1-year data*. United States Census Bureau. <https://www.census.gov/newsroom/blogs/random-samplings/2021/10/pandemic-impact-on-2020-ac-s-1-year-data.html>.





COUNTY OF ERIE  
**MARK C. POLONCARZ**  
 COUNTY EXECUTIVE  
  
**GALE R. BURSTEIN, MD, MPH**  
 COMMISSIONER OF HEALTH

## ERIE COUNTY COMMUNITY HEALTH ASSESSMENT

### APPENDIX E

#### PREVENTION AGENDA PROGRAM PROVIDERS, ERIE COUNTY, NY

This appendix provides a sampling of thousands of health and wellness support programs available throughout Erie County. This is not a complete listing of programs. Note: Contact information provided is current as of November 2022. Many hospitals, health systems and group medical practices also offer services. These can be found by consulting with your primary healthcare provider.

CARDIOVASCULAR DISEASE PREVENTION PROGRAMS		
Community Resource	Services Provided	Address, Phone *
Sterling Heart Care	Chronic disease/Cardiovascular resources; Addresses the root causes of heart disease and cardiovascular health through our cardiac rehabilitation, prescription exercise, personalized nutrition, and Heart Flow Therapy (ECP) programs.	4330 Maple Road, Buffalo, NY, 14226 Phone: 716-529-3131
Mended Hearts- Buffalo	Cardiovascular resources; Support group for heart disease patients & people interested in heart disease. Offer telephone & internet support, meetings with speakers as part of the educating efforts, various mailings & a newsletter to help provide the emotional support necessary to help people w/heart disease & their families, to cope with a changing life style.	Orchard Park, NY, 14127 716-655-4597
Check-It Challenge (American Heart Association )	<p>The Check It! Challenge is based on Check. Change. Control., an evidence-based hypertension management program encouraging awareness and action related to blood pressure and health, using blood pressure self-monitoring and education programs. The program incorporates the concepts of remote monitoring and tracking as key features to hypertension management. Runs from Tuesday, Feb. 1 to May 31, 2023 (starts in American Heart Month and End American Stroke Month). Participation is free to individuals.</p> <ul style="list-style-type: none"> <li>• <b>Link for organization-based participants:</b>  <a href="https://form.jotform.com/220234229872151">https://form.jotform.com/220234229872151</a></li> <li>• <b>Link for individuals to participate:</b>  <a href="https://events.bizzabo.com/380850/home">https://events.bizzabo.com/380850/home</a></li> </ul> <p><b>Educational Community Conversation events related to this program include:</b></p> <ul style="list-style-type: none"> <li>• Wed Feb 23, 12:00 PM - 1:00 PM EST (1 Hour)</li> </ul>	Lisa Neff, Senior Community Impact Director; <a href="mailto:lisa.neff@heart.org">lisa.neff@heart.org</a> American Heart Association Eastern States M 203.916.2729 Program information: <a href="mailto:CheckItNY@heart.org">CheckItNY@heart.org</a>





	<ul style="list-style-type: none"> <li>• Check It! Community Conversation - Control Your Blood Pressure</li> <li>• Wed Mar 23, 12:00 PM - 1:00 PM EST (1 Hour)</li> <li>• Check It! Community Conversation - Eat Smart &amp; Reduce Sodium</li> <li>• Wed Apr 27 12:00 PM - 1:00 PM EDT (1 Hour) Check It! Community Conversation - Move More for Lower Blood Pressure; and</li> <li>• Wed May 25 12:00 PM - 1:00 PM EDT (1 Hour) Check It! Community Conversation - Mental Health &amp; Well-Being</li> </ul>	
Check-Change-Control Cholesterol (American Heart Association )	<p>American Heart Association online program with components for patients/individuals concerned about managing their cholesterol., including free, online educational programming and materials to share with physicians; healthcare provider programming and a quality improvement program.</p> <p><b>Program link:</b> <a href="https://www.heart.org/en/health-topics/cholesterol/cholesterol-tools-and-resources/check-change-control-cholesterol-program">https://www.heart.org/en/health-topics/cholesterol/cholesterol-tools-and-resources/check-change-control-cholesterol-program</a></p>	<p>Lisa Neff, Senior Community Impact Director; lisa.neff@heart.org American Heart Association Eastern States M 203.916.2729</p>
<b>PRE-/POSTNATAL SUPPORT, BREASTFEEDING, CHESTFEEDING AND LACTATION SUPPORT &amp; EDUCATION</b>		
YoMingo App for Pregnancy and Postnatal Support	<p>Free mobile/online parent education program with tools and support from pregnancy through the first year of infancy. Participants delivering at a Kaleida hospitals (Millard Fillmore Suburban Hospital or Oishei Children's Hospital) information specific to arrival and stay is also available. YoMingo is available on any device with an internet connection and also as a mobile app called "myYoMingo" Can be downloaded for free from Apple App Store or Google Play.</p>	<p>Link online to register: <a href="https://www.kaleidahealth.org/care/Pregnancy-And-Parenting-App-YoMingo">https://www.kaleidahealth.org/care/Pregnancy-And-Parenting-App-YoMingo</a></p>
Breastfeeding, Chestfeeding and Lactation-Friendly Workplace Recognition and Support	<p>Ongoing collaboration with Erie County DOH and United Way, funded through NYS Department of Health Grant.</p> <p>Provides support, encouragement and education for breastfeeding working moms and supportive workplaces. Grant funding will support additional supplies for workplace lactation rooms and support educational sessions for breastfeeding moms returning to work. Supportive health and human resources advice.</p>	<p>Betsy Vazquez-Aradio, Erie County Department of Health Betsy.Vazquez-Aradio@erie.gov Phone: (716)858-4752</p>





Erie County Women, Infants and Children (WIC) program	<p>WIC is a free nutrition program for pregnant people, breastfeeding/chestfeeding parents until baby turns 1 year old, New post-partum parents until baby turns 6 months old, and Babies and children up to age 5.</p> <p>A foster parent or any caregiver can sign a child up for WIC. A pregnant person can sign up for WIC as soon as pregnancy is confirmed.</p> <p>WIC participants must live in New York State and meet income guidelines, which can be accessed here: <a href="https://ccwny.org/women-infants-children-wic/">https://ccwny.org/women-infants-children-wic/</a></p> <p>Residents receiving Medicaid, SNAP or TANF benefits automatically qualify. U.S. citizenship, social security number, or green card not required to receive benefits.</p>	Catholic Charities WIC: (716) 218-1484 for Chautauqua, Erie and Niagara counties
Breastfeeding-Friendly Erie County	<p>Lists, links and contact information for breastfeeding, chestfeeding and lactation support programs throughout Erie County, online at: <a href="https://www3.erie.gov/health/breastfeeding-friendly-erie-county">https://www3.erie.gov/health/breastfeeding-friendly-erie-county</a></p>	<p>Community Wellness 95 Franklin Street Buffalo, NY 14202 Phone: (716) 858-7277 Fax: (716) 858-7964 E-mail: <a href="mailto:wellness@erie.gov">wellness@erie.gov</a></p>
The Care Connection Lactation and Wellness Center	<p>Classes available online via Zoom. Fee for many classes; some insurances may cover some costs: <a href="https://careconnectiononline.com/breastfeeding-classes-online-buffalo/#all-classes">https://careconnectiononline.com/breastfeeding-classes-online-buffalo/#all-classes</a></p>	<p>1360 N Forest Rd Suite 111, Williamsville, NY 14221 716-725-6370</p>

### DIABETES PREVENTION, SUPPORT AND EDUCATION PROGRAMS

COMMUNITY RESOURCE	SERVICES PROVIDED	ADDRESS, PHONE *
Western New York Integrated Care Collaborative	<p>Diabetes Prevention Program</p> <ul style="list-style-type: none"> <li>Network of community partners delivers this evidence-based DPP program for people with pre-diabetes and at high-risk for developing Type II diabetes</li> </ul>	<p>742 Delaware Avenue, Buffalo, NY 14209 Phone: 716-431-5100 716-431-5100 Ext. 742</p>





Rapha Wellness Center	<p>Diabetes Prevention Program</p> <ul style="list-style-type: none"> <li>• High-intensity intervention program focused on holistic wellness and lifestyle modification.</li> <li>• Fitness Coach assists with optimal individualized physical exercises and routines.</li> </ul>	<p>3610 Main Street, Buffalo, NY, 14226 Phone: 716-200-4122</p>
Inspired Health Group	<p>Diabetes Prevention Program</p> <ul style="list-style-type: none"> <li>• CDC-approved curriculum with lessons, handouts, and other resources.</li> <li>• Trained lifestyle coach for guidance, focuses on helping participants learn new skills and achieve goals while staying motivated</li> </ul>	<p>3671 Southwestern Blvd. Suites 101 &amp; 213 Orchard Park, NY 14127-1752 Phone: 716-662-7008</p>
YMCA (All locations)	<p>Diabetes Prevention Program</p> <ul style="list-style-type: none"> <li>• Year-long program includes 25 sessions</li> <li>• Focused on small, measurable lifestyle goals, group support and instruction from Lifestyle Coaches</li> <li>• Teaches inclusion of healthier eating, physical activity, problem-solving and coping skills into daily life.</li> <li>• Curriculum is CDC-approved and is part of the CDC's National Diabetes Prevention Program.</li> </ul>	<p>- 2564 Delaware Avenue, Buffalo, NY 14216 - 150 Tech Drive, Amherst, NY 14221 - 535 Belmont Avenue, Kenmore, NY 14223 - 1620 Southwestern Boulevard, West Seneca, NY 14224 - 585 William Street, Buffalo, NY 14206 Phone: 716-875-1283</p>
Catholic Health System	<p>Diabetes Self-Management Program</p> <ul style="list-style-type: none"> <li>• Diabetes Prevention Program and Diabetes health management program</li> </ul>	<p>Various locations Phone: 716-447-6205</p>
Target Type 2 Diabetes (American Heart Association)	<p>The AHA's Target: Type 2 Diabetes<sup>SM</sup> initiative focuses on critical type 2 diabetes patients in the hospital with CV events, the AHA has launched the all new aimed at promoting evidence-based care for this critical population. Provider and patient initiatives and educational resources are provided online, here,</p>	<p>Lisa Neff, Senior Community Impact Director; lisa.neff@heart.org</p>





	<a href="https://www.heart.org/en/professional/quality-improvement/target-type-2-diabetes/">https://www.heart.org/en/professional/quality-improvement/target-type-2-diabetes/</a> including: Target: Type 2 Diabetes <sup>SM</sup> Target: Type 2 Diabetes <sup>SM</sup> Honor Roll Recognition Criteria and Measure Descriptions (PDF) Target: Type 2 Diabetes <sup>SM</sup> Honor Roll Recognition FAQ (PDF) Target: Type 2 Diabetes <sup>SM</sup> Honor Roll Recognition Criteria (PDF) Target: Type 2 Diabetes <sup>SM</sup> Webinars Know Diabetes by Heart <sup>TM</sup> Professional Resources Know Diabetes by Heart <sup>TM</sup> Podcast Series Know Diabetes by Heart <sup>TM</sup> Patient Resources	American Heart Association Eastern States M 203.916.2729
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### CANCER SUPPORT, SCREENING AND EDUCATION PROGRAMS

COMMUNITY RESOURCE	SERVICES PROVIDED	ADDRESS, PHONE *
American Cancer Society of WNY	Cancer screenings, prevention and support; Provides 24-hour information about cancer, American Cancer Society services, various cancer support groups and cancer screenings with and without referrals.	101 John James Audubon Parkway, Buffalo, NY 14228; Phone: 716-689-6982
Breast Cancer Network of WNY	Cancer screening/prevention/support Provides education, advocacy and support for patients, survivors, and families dealing with breast cancer. Various support groups available, call for dates and times. Monthly program designed to educate breast cancer survivors on methods of wellness and support. Other quality of life activities, social events, and services such as referral to restorative health and exercise classes taught with the needs of breast cancer survivors in mind.	3297 Walden Ave, Depew, NY, 14043 Phone: 716-706-0060
Us Too of WNY	Cancer survivorship/support group; Survivors assist newly diagnosed patients with information on treatment choices. Meetings are held the first Tuesday of each month in Room 301 of the VA Medical Center	3495 Bailey Avenue Buffalo, NY, 14215 - Room 716A Phone: 716-834-9200





Hope for two - pregnant with cancer network	Cancer support group; An organization dedicated to providing women diagnosed with cancer while pregnant with information, support and hope. Offers support to women diagnosed with cancer during pregnancy. Mission is to offer hope, support- and information by connecting a newly diagnosed woman to a certified volunteer support woman from our network who has experienced a similar diagnosis during her own pregnancy.	P.O. Box 253, Amherst, NY, 14226 Phone: 800-743-4471
Ovarian Cancer Projects	Cancer screening/prevention/support; Provides education on the symptoms and risk factors of ovarian and gynecologic cancers. Also provides supportive services for women with ovarian and gynecologic cancers and to their caregivers.	8265 Sheridan Drive, Buffalo, NY, 14221 Phone: 716-458-0382
Breast & GYN resource center- Roswell park	Cancer support; An education and support program that helps women with cancer manage the appearance-related side effects of treatment. Professional cosmetologists volunteer their expertise during group sessions. Complimentary kits containing name-brand cosmetics are distributed during group programs.	665 Elm Street, Buffalo, NY, 14203 Phone: 800-277-2345

### LUNG AND RESPIRATORY DISEASE SUPPORT AND EDUCATION

COMMUNITY RESOURCE	SERVICES PROVIDED	ADDRESS, PHONE *
Asthma Coalition of Erie County	Asthma and Lung condition support; A consortium of professionals and community members who work to improve the management of asthma among children in Erie County in New York State. Provide education, information and resources for children and families with asthma.	355 Harlem Road, West Seneca, NY 14224 Phone: 800-499-5864
Better Breathers Club- American Lung Association	Chronic disease management; A support group for people with chronic lung disease and their loved ones. Program is designed to promote respiratory health and a better sense of well-being for those living with chronic lung disease. Provides patient focused, community based educational opportunities where members learn skills to help manage their condition.	2605 Harlem road, Cheektowaga, NY, 14225 Phone: 716-447-6205
Springville Concord Elder Network (SCENE)	Senior wellness/chronic disease management; Adult Out of Home Respite Care, Caregiver/Care Receiver Support Groups, Chronic Disease Self-Management Programs, Disease/Disability Information, General Recreational Activities/Sports, Pain Management, Physical Activity and Fitness Education/Promotion, Specialized Information and Referral, Wellness Programs.	64 East Main Street, Suite 2, Springville, NY, 14141 Phone: 716-770-7277





Leukemia & Lymphoma Society, Western New York	Cancer services; Information and referrals for patients who have leukemia and related cancers to both national and local service providers. Provides free educational seminars for patients and their families; topics include long-term survival, clinical trials, surviving chemotherapy and more.	4043 Maple Road, Suite 105, Amherst, NY 14226 Phone: 716-834-2578
<b>MENTAL HEALTH, WELLNESS AND TREATMENT PROGRAMS</b>		
<b>COMMUNITY RESOURCE</b>	<b>SERVICES PROVIDED</b>	<b>ADDRESS, PHONE *</b>
Suicide Prevention Coalition of Erie County	The Suicide Prevention Coalition of Erie County offers literature and operates free helplines within Erie County	Within Erie County: (716) 834-3131 Outside of Erie County: 1 (800) 273-8255 100 River Rock Drive, Suite 300, Buffalo, NY, 14207
Community Health Access to Addiction and Mental Healthcare Project (CHAMP)	Provides funding for low income individuals to have access to addiction and mental health treatments	Erie County: (716) 984-8375 New York State: (888) 614-5400 737 Delaware Ave Ste 101, Buffalo, NY 14209
Erie County Anti-Stigma Coalition	Makes effort to break down the stigma in Erie County surrounding discussions of mental health.	Operates out of many partner locations. Web link: <a href="https://letstalkstigma.org/">https://letstalkstigma.org/</a>
The American Academy of Pediatrics "Asking for a Friend" Program	The "Asking for a Friend" program produced a series of videos about youth mental health. They are available for free on YouTube.	Web link: <a href="https://www.youtube.com/playlist?list=PLKYV5259">https://www.youtube.com/playlist?list=PLKYV5259</a>





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Project COPE	Project COPE (Community Overdose Prevention Education) provides free information about overdose prevention and harm reduction throughout New York. Their parent organization also operates the 24-hour free HOPENY addiction helpline.	Phone and Web link: 1-877-8-HOPENY (467369) <a href="https://oasas.ny.gov/projectcope">https://oasas.ny.gov/projectcope</a>
The American Academy of Pediatrics "Asking for a Friend" Program	The "Asking for a Friend" program produced a series of videos about youth mental health. They are available for free on YouTube.	Web link: <a href="https://www.youtube.com/playlist?list=PLKYV5259WcZ10s8_xq5VUeSnahw9BZVzg">https://www.youtube.com/playlist?list=PLKYV5259WcZ10s8_xq5VUeSnahw9BZVzg</a>





## SUBSTANCE USE DISORDER TREATMENT AND PREVENTION PROGRAMS

COMMUNITY RESOURCE	SERVICES PROVIDED	ADDRESS, PHONE *
The WNY Opioid Addiction Treatment 24/7 Virtual Medication Treatment Center	24/7 Opioid medication and addiction hotline operated within Erie County	716-463-6222 or
Erie County Department of Health and WNY Crisis Services Hotline Support	Addictions Hotline Counselor will provide support, give information and referrals regarding Chemical Dependency services, and may be able to provide an immediate connection to an Outpatient Chemical Dependency Agency for access to an appointment that same day. Secure, face-to-face appointments Mon-Friday 8a-2p for those who call the Addictions Hotline and needs further assessment to determine the appropriate level of care and linkage to treatment. Services provided: information and referrals to: Stabilization (Detoxification), Outpatient (same day access), Inpatient, Residential services or Medication Assisted Treatment (MAT). The individual struggling with addiction must be on the call to get an appointment.	Hotline number: 716-831-7007
Erie County Department of Health Addiction Awareness website: Opioids and other Substances	Online site links to multiple programs focused on education and support to address and learn about substance use disorder related to alcohol, tobacco, opioid, cannabis and other substances	<a href="https://www3.erie.gov/health/opioids-other-substances">https://www3.erie.gov/health/opioids-other-substances</a>
Erie County Fentanyl Awareness and	Provides free overdose treatment and literature	716-858-7695 Order forms available here: <a href="https://www3.erie.gov">https://www3.erie.gov</a>





Narcan Access Program		ov/health/form/opioids-program-supply-order-for 95 Franklin St, Buffalo, NY 14202
Opioid Overdose Recognition and Naloxone Use Training Program	Provides free digital and in-person trainings on Narcan use for Erie County	(716) 858-7695 Registration: <a href="https://www3.erie.gov/health/trainings-resources-opioids-and-other-substances">https://www3.erie.gov/health/trainings-resources-opioids-and-other-substances</a>
Expanded Syringe Access Program	Provides access to syringes and provides public syringe drop-off boxes.	(716) 858-7695 Disposal site lookup: <a href="https://www3.erie.gov/health/sites/www3.erie.gov/health/files/2022-06/medicationneedledisposalsites_1.pdf">https://www3.erie.gov/health/sites/www3.erie.gov/health/files/2022-06/medicationneedledisposalsites_1.pdf</a> Erie County Medical Ctr 462 Grider St 14215 Emergency Room and Main Lobby 716-858-3506
The New York State 911 Good Samaritan Law	The New York State 911 Good Samaritan Law allows people to call 911 without fear of arrest if they are having a drug or alcohol overdose that requires emergency medical care or if they witness someone overdosing.	Web link: <a href="https://www.health.ny.gov/publications/0139.pdf#:~:text=The%20New%20York%20State%20911%20Good%20Samaritan">https://www.health.ny.gov/publications/0139.pdf#:~:text=The%20New%20York%20State%20911%20Good%20Samaritan</a>





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Erie County NY Rehabilitation Centers	Provides a directory of Erie County alcohol and drug rehabilitation centers through the Addiction Treatment Division.	<u>Rehabilitation Centers in Erie County, NY</u>  <a href="https://www.addictiontreatmentdivision.org/drug-alcohol/new-york/erie-county.html">https://www.addictiontreatmentdivision.org/drug-alcohol/new-york/erie-county.html</a>
Buffalo Area Alcoholics Anonymous	Provides support for individuals recovering alcohol addiction within and around the City of Buffalo	(716) 853-0388 111 Crocker St (Franklin St Entrance Rm 105-107) Sloan, NY 14212
WNY Region Narcotics Anonymous	Provides support for individuals recovering from narcotic addiction throughout Western New York and Northern Pennsylvania	Buffalo: 716-878-2316 Upstate New York: 315-347-3842





COUNTY OF ERIE  
**MARK C. POLONCARZ**  
 COUNTY EXECUTIVE  
**GALE R. BURSTEIN, MD, MPH**  
 COMMISSIONER OF HEALTH

# ERIE COUNTY COMMUNITY HEALTH ASSESSMENT

## APPENDIX F

### ERIE COUNTY HEALTH INDICATORS BY RACE/ETHNICITY, 2017-2019

Erie County Health Indicators by Race/Ethnicity, 2017-2019 ([ny.gov](http://ny.gov))

<https://www.health.ny.gov/statistics/community/minority/county/erie.htm>

Health Indicator	Non-Hispanic			Hispanic	Total
	White	Black	Asian/Pacific Islander		
Socio-Demographic Indicators					
Population (2018)	699,654	125,737	35,673	53,013	919,941
Percentage of population (2018)	76.1%	13.7%	3.9%	5.8%	100.0%
Median annual household income in US dollars (2015-2019)~	65,710	31,402	50,725	31,298	58,121
Percentage of families below poverty (2015-2019)~	5.4%	25.9%	25.8%	32.8%	9.8%
General Health Indicators					
Total mortality per 100,000 population, age-adjusted	744.7	968.0	343.5	629.7	768.6
Percentage of premature deaths (< 75 years)	35.8%	60.8%	50.8%	67.9%	39.8%
Years of potential life lost per 100,000 population, age-adjusted	6,007.1	11,434.9	2,219.3	7,389.3	6,824.7
Birth-Related Indicators					
Number of births per year (3 year average)	5,980	1,867	605	800	9,774
Percentage of births with early (1st trimester) prenatal care	85.0%	70.5%	71.6%	77.2%	79.9%





**APPENDIX F** Erie County, NY Community Health Assessment 2023-2024 Page 2 of 172

Percentage of births with adequate prenatal care (APNCU) <sup>△</sup>	80.0%	69.1%	71.4%	74.2%	76.3%
Percentage of premature births (< 37 weeks gestation - clinical estimate)	8.8%	13.8%	8.7%	13.8%	10.1%
Percentage of low birthweight births (< 2.5 kg)	6.9%	14.0%	8.2%	12.7%	8.8%
Teen pregnancies per 1,000 females aged under 18 years	1.7	13.7	1.8	9.2	5.5
Pregnancies per 1,000 females aged 15-44 years	56.6	98.2	66.1	82.7	76.7
Fertility per 1,000 females aged 15-44 years	48.2	66.8	62.6	62.3	55.6
Infant mortality per 1,000 live births	4.0	9.6	1.7 <sup>*</sup>	9.6	5.6
<b>Injury-Related Indicators</b>					
Motor vehicle-related mortality per 100,000 population, age-adjusted	4.5	7.6	0.7 <sup>*</sup>	6.3 <sup>*</sup>	4.8
Unintentional injury mortality per 100,000 population, age-adjusted	43.9	47.3	6.5 <sup>*</sup>	47.8	43.2
Unintentional injury hospitalizations per 10,000 population, age-adjusted	53.5	69.3	18.8	43.2	56.9
Fall hospitalizations per 10,000 population, aged 65+ years	198.3	132.9	56.5	109.6	191.4
Poisoning hospitalizations per 10,000 population, age-adjusted	7.1	13.3	1.5	7.2	8.0
Opioid burden per 100,000 population	244.9	177.2	13.2	272.9	242.0
Suicide mortality per 100,000 population, age-adjusted	12.3	5.8	3.5 <sup>*</sup>	8.2	11.0
<b>Respiratory Disease Indicators</b>					
Asthma hospitalizations per 10,000 population, age-adjusted	3.9	19.6	6.1	17.6	7.5





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Asthma hospitalizations per 10,000 population, aged 0-17 years	9.0	39.0	14.0	32.8	17.5
Chronic lower respiratory disease mortality per 100,000 population, age-adjusted	38.8	38.4	9.7*	21.9	38.3
Chronic lower respiratory disease hospitalizations per 10,000 population, age-adjusted	17.1	52.7	13.7	33.7	23.0
<b>Heart Disease and Stroke Indicators</b>					
Diseases of the heart mortality per 100,000 population, age-adjusted	168.4	199.5	70.1	132.3	171.2
Diseases of the heart hospitalizations per 10,000 population, age-adjusted	75.5	141.8	45.4	92.5	84.8
Cerebrovascular disease (stroke) mortality per 100,000 population, age-adjusted	32.8	43.7	37.8	38.8	34.5
Cerebrovascular disease (stroke) hospitalizations per 10,000 population, age-adjusted	23.6	45.4	21.1	26.0	26.5
Coronary heart disease mortality per 100,000 population, age-adjusted	111.2	128.9	50.7	90.7	112.7
Coronary heart disease hospitalizations per 10,000 population, age-adjusted	23.1	29.7	19.2	30.7	24.9
Congestive heart failure mortality per 100,000 population, age-adjusted	18.3	17.3	8.2*	9.9*	18.1
Potentially preventable heart failure hospitalization rate per 10,000 population - Aged 18 years and older (2017-2018)	34.4	88.4	11.5	29.1	40.7
<b>Diabetes Indicators</b>					
Diabetes mortality per 100,000 population, age-adjusted	18.9	50.7	8.5*	29.1	22.7





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Diabetes (primary diagnosis) hospitalizations per 10,000 population, age-adjusted	12.7	50.3	5.1	32.8	18.5
Diabetes (any diagnosis) hospitalizations per 10,000 population, age-adjusted	150.7	419.6	118.8	307.1	190.7
Potentially preventable diabetes short-term complications hospitalization rate per 10,000 population - Aged 18+ Years	4.9	23.2	2.4	11.7	7.6
<b>Cancer Indicators</b>					
Lung cancer incidence per 100,000 population, age-adjusted (2016-2018)	71.3	81.0	29.0	45.4	71.1
Colorectal cancer mortality per 100,000 population, age-adjusted (2016-2018)	11.9	17.8	<u>s</u>	7.2*	12.4
Colorectal cancer incidence per 100,000 population, age-adjusted (2016-2018)	36.1	48.0	42.2	44.0	38.0
Female breast cancer mortality per 100,000 female population, age-adjusted (2016-2018)	21.7	34.1	<u>s</u>	<u>s</u>	23.0
Female late stage breast cancer incidence per 100,000 female population, age-adjusted (2016-2018)	41.3	62.9	34.1	42.7	43.4
Cervix uteri cancer mortality per 100,000 female population, age-adjusted (2016-2018)	1.7	3.0*	0.0*	<u>s</u>	1.9
Cervical cancer incidence per 100,000 female population, age-adjusted (2016-2018)	7.1	10.3	<u>s</u>	<u>s</u>	7.1
<b>Symbol</b>	<b>Meaning</b>				
*	The rate or percentage is unstable. <a href="#">See the "About" page</a>				
s	Data are suppressed. The data do not meet the criteria for confidentiality.				
~	White non-Hispanic, Black (including Hispanic), Asian (including Hispanic, excluding Pacific Islanders), and Hispanic.				





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NA	Data do not meet the criteria for statistical reliability or data quality, or data not available.
^	APNCU: Adequacy of Prenatal Care Utilization Index.
	In 2015, SPARCS transitioned from ICD-9-CM to ICD-10-CM diagnosis codes. These two are not comparable, so ED and hospitalization data for 2016-and-forward should not be compared with earlier data.
	The 2018 population estimates are also used to calculate rates for 2019 and 2020.

Questions or comments: [phiginfo@health.ny.gov](mailto:phiginfo@health.ny.gov)

Revised: March 2022





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# About Minority Health Data and Statistics - County Health Indicators by Race/Ethnicity (CHIRE)

Contact the [Public Health Information Group](#), at (518) 474-2543 for information about the indicators produced for this report.

Health Indicator	Description and Definition	Data Source and Program Contact Information
<b>Socio-Demographic Indicators</b>		
Population	County population estimates are reported for the following groups: White non-Hispanic, Black non-Hispanic, Asian non-Hispanic and Hispanic. The total county population estimate includes "Other" and unknown races.	Centers for Disease Control and Prevention, National Center for Health Statistics - <a href="#">U.S. Census Populations With Bridged Race Categories</a> <sup>a</sup>
Percentage of population	The percentage of the county population from each race/ethnicity category.	Centers for Disease Control and Prevention, National Center for Health Statistics - <a href="#">U.S. Census Populations With Bridged Race Categories</a> <sup>a</sup>
Median Annual Household Income in U.S. Dollars	The level at which half the households have incomes above the amount and half have incomes below the amount. U.S. Census, American Community Survey, 5-year estimates	U.S. Census Bureau <a href="#">Explore Census Data (American Community Survey)</a> <sup>b</sup> Table S1903
Percentage of families below poverty	The percentage of families living below the federally determined guidelines for	U.S. Census Bureau <a href="#">Explore Census Data</a>





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	poverty. U.S. Census, American Community Survey, 5-year estimates	<a href="#">(American Community Survey)</a> <sup>b</sup> Table S1702
<b>General Health Indicators</b>		
Total mortality per 100,000 population, <a href="#">age-adjusted</a>	The number of deaths per 100,000 population.	Vital Statistics Unit <sup>c</sup> Bureau of Health Informatics Division of Information and Statistics Office of Quality and Patient Safety Data Contact: <a href="#">Vital Statistics Unit</a> Phone: (518) 473-8144
Percentage of premature deaths (< age 75 years)	The percentage of all deaths that were among persons aged less than 75 years.	Vital Statistics Unit <sup>c</sup> Bureau of Health Informatics Division of Information and Statistics Office of Quality and Patient Safety Data Contact: <a href="#">Vital Statistics Unit</a> Phone: (518) 473-8144
Years of potential life lost per 100,000 population, <a href="#">age-adjusted</a>	Total years of life lost before age 75 years per 100,000 population (calculated by subtracting the ages of those who died from 75).	Vital Statistics Unit <sup>c</sup> Bureau of Health Informatics Division of Information and Statistics Office of Quality and Patient Safety Data Contact: <a href="#">Vital Statistics Unit</a> Phone: (518) 473-8144
<b>Birth Related Indicators</b>		





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Number of births per year (3-year average)	The number of births per year includes the number of births, averaged over the latest 3-year period, for each race/ethnicity group. The average total births for the county includes "Other" and Unknown races.	Vital Statistics Unit <sup>c</sup> Bureau of Health Informatics Division of Information and Statistics Office of Quality and Patient Safety Data Contact: <a href="#">Vital Statistics Unit</a> Phone: (518) 473-8144
Percentage of births with early (1st trimester) prenatal care	The percentage of births to women with prenatal care within the first three months of pregnancy (first trimester) among births with known prenatal care status.	Vital Statistics Unit <sup>c</sup> Bureau of Health Informatics Division of Information and Statistics Office of Quality and Patient Safety Data Contact: <a href="#">Vital Statistics Unit</a> Phone: (518) 473-8144
Percentage of births with adequate prenatal care (APNCU) <sup>e</sup>	The percentage is based on "Adequate" and "Adequate plus" of the Adequacy of Prenatal Care Utilization (APNCU) Index. The APNCU is based on the month that prenatal care started and the number of visits. <sup>e</sup>	Vital Statistics Unit <sup>c</sup> Bureau of Health Informatics Division of Information and Statistics Office of Quality and Patient Safety Data Contact: <a href="#">Vital Statistics Unit</a> Phone: (518) 473-8144
Percentage of premature births (less than 37 weeks gestation)	The percentage of infants with known gestation that were born before 37 weeks obstetric estimate gestation.	Vital Statistics Unit <sup>c</sup> Bureau of Health Informatics Division of Information and Statistics Office of Quality and Patient Safety Data Contact: <a href="#">Vital Statistics Unit</a> Phone: (518) 473-8144





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Percentage of low birthweight births (< 2.5 kg)	The percentage of births with known birthweight that resulted in infants weighing less than 2500 grams.	Vital Statistics Unit <a href="#">↗</a> Bureau of Health Informatics Division of Information and Statistics Office of Quality and Patient Safety Data Contact: <a href="#">Vital Statistics Unit</a> Phone: (518) 473-8144
Teen pregnancies per 1,000 females aged 15-17 years	The number of pregnancies per 1,000 females in the 15-17 year old age group. Pregnancies are the sum of the number of live births, induced terminations of pregnancies, and all fetal deaths. NOTE: Pregnancy data for Essex and Hamilton counties were combined for confidentiality purposes.	Vital Statistics Unit <a href="#">↗</a> Bureau of Health Informatics Division of Information and Statistics Office of Quality and Patient Safety Data Contact: <a href="#">Vital Statistics Unit</a> Phone: (518) 473-8144
Pregnancies per 1,000 females aged 15-44 years	The number of pregnancies per 1,000 females in the 15-44 year old age group. Pregnancies are the sum of the number of live births, induced terminations of pregnancies, and all fetal deaths. NOTE: Pregnancy data for Essex and Hamilton counties were combined for confidentiality purposes.	Vital Statistics Unit <a href="#">↗</a> Bureau of Health Informatics Division of Information and Statistics Office of Quality and Patient Safety Data Contact: <a href="#">Vital Statistics Unit</a> Phone: (518) 473-8144
Fertility per 1,000 females aged 15-44 years	The number of live births per 1,000 females aged 15-44.	Vital Statistics Unit <a href="#">↗</a> Bureau of Health Informatics Division of Information and Statistics Office of Quality and Patient





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		<p>Safety</p> <p>Data Contact: <a href="#">Vital Statistics Unit</a></p> <p>Phone: (518) 473-8144</p>
<p>Infant mortality per 1,000 live births</p>	<p>The number of deaths at less than 1 year of age per 1,000 live births.</p>	<p>Vital Statistics Unit <a href="#">c</a></p> <p>Bureau of Health Informatics</p> <p>Division of Information and Statistics</p> <p>Office of Quality and Patient Safety</p> <p>Data Contact: <a href="#">Vital Statistics Unit</a></p> <p>Phone: (518) 473-8144</p>
<p><b>Injury Related Indicators</b></p>		
<p>Motor vehicle-related mortality per 100,000 population, <a href="#">age-adjusted</a></p> <p>and</p> <p>Unintentional injury mortality per 100,000 population, <a href="#">age-adjusted</a></p>	<p>The number of deaths per 100,000 population, with a primary cause of death ICD-10 code of:</p> <ul style="list-style-type: none"> <li>• Motor vehicle related: V02-V04, V09.0, V09.2, V12-V14, V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V81.1, V82.0-V82.1, V83-V86, V87.0-V87.8, V88.0-V888, V89.0, V89.2</li> <li>• Unintentional injury: V01-X59, Y85-Y86</li> </ul>	<p>Vital Statistics Unit <a href="#">c</a></p> <p>Bureau of Health Informatics</p> <p>Division of Information and Statistics</p> <p>Office of Quality and Patient Safety</p> <p>Data Contact: <a href="#">Vital Statistics Unit</a></p> <p>Phone: (518) 473-8144</p>
<p>Fall hospitalizations per 10,000 population, aged 65+</p>	<p>The number of hospitalizations due to fall related injury per 10,000 population aged 65 or older.</p>	<p>Statewide Planning and Research Cooperative System (SPARCS) <a href="#">d</a></p> <p>Bureau of Health Informatics</p> <p>Division of Information and</p>





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	<ul style="list-style-type: none"> <li>The ICD-10-CD codes used for injuries are defined by CDC NCHS. The specific codes for each type of injury are listed in format catalogs: <a href="ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/injury/tools/">ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/injury/tools/</a>. The catalogs used for this CHIR dashboard are intent_fmt64b.sas7bcat and mechanism_fmt64b.sas7bdat (last updated 1/12/2017). For further ICD-10-CM information, visit <a href="#">Injury Data and Resources</a>.</li> </ul>	<p>Statistics</p> <p>Office of Quality and Patient Safety</p> <p>Data Contact: <a href="#">SPARCS</a></p> <p>Phone: (518) 473-8144</p>
Poisoning and unintentional injury hospitalizations per 10,000 population, <a href="#">age-adjusted</a>	<p>The number of hospitalizations per 10,000 population.</p> <ul style="list-style-type: none"> <li>The ICD-10-CD codes used for injuries are defined by CDC NCHS. The specific codes for each type of injury are listed in format catalogs: <a href="ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/injury/tools/">ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/injury/tools/</a>. The catalogs used for this CHIR dashboard are intent_fmt64b.sas7bcat and mechanism_fmt64b.sas7bdat (last updated 1/12/2017). For further ICD-10-CM information, visit <a href="#">Injury Data and Resources</a>.</li> </ul>	<p>Statewide Planning and Research Cooperative System (SPARCS) <a href="#">d</a></p> <p>Bureau of Health Informatics</p> <p>Division of Information and Statistics</p> <p>Office of Quality and Patient Safety</p> <p>Data Contact: <a href="#">SPARCS</a></p> <p>Phone: (518) 473-8144</p>





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	<p>at and mechanism_fmt64b.s as7bdat (last updated 1/12/2017). For further ICD-10-CM information, visit <a href="#">Injury Data and Resources</a>.</p>	
<p>Opioid Burden per 10,000 population,</p>	<p>Opioid burden includes opioid overdose deaths, non- fatal outpatient ED visits and hospital discharges involving opioid abuse, poisoning, dependence and unspecified use.</p> <ul style="list-style-type: none"> <li>Underlying cause of death, determined from the field designated as such, or, where missing or unknown, from the first listed multiple cause of death field: X40-X44, X60-X64, X85, Y10-Y14 AND Any opioid in all other causes of death: T40.0, T40.1, T40.2, T40.3, T40.4, T40.6 ICD-10-CM: Opioid abuse (Principal Diagnosis: F1110, F11120, F11121, F11122, F11129, F1114, F11150, F11151, F11159, F11181, F11182,</li> </ul>	<p>Statewide Planning and Research Cooperative System (SPARCS) <a href="#">d</a> Bureau of Health Informatics Division of Information and Statistics Office of Quality and Patient Safety Data Contact: <a href="#">SPARCS</a> Phone: (518) 473-8144</p> <p>Vital Statistics Unit <a href="#">e</a> Bureau of Health Informatics Division of Information and Statistics Office of Quality and Patient Safety Data Contact: <a href="#">Vital Statistics Unit</a> Phone: (518) 473-8144</p>





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	<p>F11188, F1119);  Opioid dependence and unspecified use  (Principal Diagnosis: F1120, F11220, F11221, F11222, F11229, F1123, F1124, F11250, F11251, F11259, F11281, F11282, F11288, F1129, F1190, F11920, F11921, F11922, F11929, F1193, F1194, F11950, F11951, F11959, F11981, F11982, F11988, F1199);  Opioid poisoning  (Principal Diagnosis: T40.0, T40.1, T40.2, T40.3, T40.4, T40.6  (Excludes 'adverse effect' or 'underdosing' as indicated by the values of 5 and 6 in the 6th character; and 'sequela' as indicated by the value of 'S' in the 7th character; e.g. T400X5S, T400X6S)</p>	
<p>Suicide mortality per 100,000 population, <a href="#">age-adjusted</a></p>	<p>The number of deaths per 100,000 population with a primary cause of death ICD-10 code of: X60-X84, Y87.0.</p>	<p>Vital Statistics Unit <a href="#">c</a>  Bureau of Health Informatics  Division of Information and Statistics  Office of Quality and Patient</p>





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		<p>Safety</p> <p>Data Contact: <a href="#">Vital Statistics Unit</a></p> <p>Phone: (518) 473-8144</p>
<b>Respiratory Disease Related Indicators</b>		
Asthma hospitalizations per 10,000 population, aged 0-17 years and total, <a href="#">age-adjusted</a>	The number of hospitalizations per 10,000 population aged 0-17 and total. The ICD-10-CM code used for asthma is: J45.	<p>Statewide Planning and Research Cooperative System (SPARCS) <a href="#">d</a></p> <p>Bureau of Health Informatics Division of Information and Statistics Office of Quality and Patient Safety</p> <p>Data Contact: <a href="#">SPARCS</a></p> <p>Phone: (518) 473-8144</p>
Chronic lower respiratory disease (CLRD) hospitalizations per 10,000 population, <a href="#">age-adjusted</a>	The number of hospitalizations due to CLRD per 10,000. The ICD-10-CM codes used for CLRD are: J40-J47.	<p>Statewide Planning and Research Cooperative System (SPARCS) <a href="#">d</a></p> <p>Bureau of Health Informatics Division of Information and Statistics Office of Quality and Patient Safety</p> <p>Data Contact: <a href="#">SPARCS</a></p> <p>Phone: (518) 473-8144</p>
Chronic lower respiratory disease (CLRD) mortality per 100,000 population, <a href="#">age-adjusted</a>	The number of deaths per 100,000 population, with a primary cause of death ICD-10 code of: J40-J47.	<p>Vital Statistics Unit <a href="#">c</a></p> <p>Bureau of Health Informatics Division of Information and Statistics Office of Quality and Patient Safety</p> <p>Data Contact: <a href="#">Vital Statistics Unit</a></p> <p>Phone: (518) 473-8144</p>
<b>Heart Disease and Stroke Related Indicators</b>		





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Disease of the heart mortality per 100,000 population, <a href="#">age-adjusted</a>	The number of deaths per 100,000 population, with a primary cause of death ICD-10 code of: I00-I09, I11, I13, and I20-I51.	Vital Statistics Unit <a href="#">c</a> Bureau of Health Informatics Division of Information and Statistics Office of Quality and Patient Safety Data Contact: <a href="#">Vital Statistics Unit</a> Phone: (518) 473-8144
Disease of the heart hospitalizations per 10,000 population, <a href="#">age-adjusted</a>	The number of hospitalizations per 10,000 population. The ICD-10-CM codes used for diseases of the heart are: I00-I09, I11, I13, I20-I51.	Statewide Planning and Research Cooperative System (SPARCS) <a href="#">d</a> Bureau of Health Informatics Division of Information and Statistics Office of Quality and Patient Safety Data Contact: <a href="#">SPARCS</a> Phone: (518) 473-8144
Cerebrovascular disease (stroke) mortality per 100,000 population <a href="#">age-adjusted</a>	The number of deaths per 100,000 population, with a primary cause of death ICD-10 code of: I60-I69.	Vital Statistics Unit <a href="#">c</a> Bureau of Health Informatics Division of Information and Statistics Office of Quality and Patient Safety Data Contact: <a href="#">Vital Statistics Unit</a> Phone: (518) 473-8144
Cerebrovascular disease (stroke) hospitalizations per 10,000 population, <a href="#">age-adjusted</a>	The number of hospitalizations per 10,000 population. The ICD-10-CM codes used for cerebrovascular disease are: I60-I69.	Statewide Planning and Research Cooperative System (SPARCS) <a href="#">d</a> Bureau of Health Informatic Division of Information and Statistics Office of Quality and Patient Safety





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		Data Contact: <a href="#">SPARCS</a> Phone: (518) 473-8144
Coronary heart disease mortality per 100,000 population, <a href="#">age-adjusted</a>	The number of deaths per 100,000 population, with a primary cause of death ICD-10 code of: I11, I20-I25.	Vital Statistics Unit <a href="#">c</a> Bureau of Health Informatics Division of Information and Statistics Office of Quality and Patient Safety Data Contact: <a href="#">Vital Statistics Unit</a> Phone: (518) 473-8144
Coronary heart disease hospitalizations per 10,000 population, <a href="#">age-adjusted</a>	The number of hospitalizations per 10,000 population. The ICD-10-CM codes used for coronary heart disease are: I11, I20-I25.	Statewide Planning and Research Cooperative System (SPARCS) <a href="#">d</a> Bureau of Health Informatics Division of Information and Statistics Office of Quality and Patient Safety Data Contact: <a href="#">SPARCS</a> Phone: (518) 473-8144
Congestive heart failure mortality per 100,000 population, <a href="#">age-adjusted</a>	The number of deaths per 100,000 population, with a primary cause of death ICD-10 code of: I50.	Vital Statistics Unit <a href="#">c</a> Bureau of Health Informatics Division of Information and Statistics Office of Quality and Patient Safety Data Contact: <a href="#">Vital Statistics Unit</a> Phone: (518) 473-8144
Potentially preventable heart failure hospitalization rate per 10,000 - Aged 18 years and older	The number of potentially preventable hospitalizations due to heart failure among persons aged 18 years and older per 10,000. This is a Prevention Quality Indicator	Vital Statistics Unit <a href="#">c</a> Bureau of Health Informatics Division of Information and Statistics Office of Quality and Patient Safety





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	(PQI) developed by AHRQ (version 2019). For more information, visit the <a href="#">AHRQ PQI resources</a> page	Data Contact: <a href="#">Vital Statistics Unit</a> Phone: (518) 473-8144
Diabetes Related Indicators		
Diabetes mortality per 100,000 population, <a href="#">age-adjusted</a>	The number of deaths per 100,000 population, with a primary cause of death ICD-10 code of: E10-E14.	Vital Statistics Unit <sup>c</sup> Bureau of Health Informatics Division of Information and Statistics Office of Quality and Patient Safety Data Contact: <a href="#">Vital Statistics Unit</a> Phone: (518) 473-8144
Diabetes (primary diagnosis) hospitalizations per 10,000 population, <a href="#">age-adjusted</a>	The number of hospitalizations due to diabetes per 10,000 population. Only hospitalizations with diabetes as the primary diagnosis are included. The ICD-10-CM codes for diabetes are: E10-E14.	Statewide Planning and Research Cooperative System (SPARCS) <sup>d</sup> Bureau of Health Informatics Division of Information and Statistics Office of Quality and Patient Safety Data Contact: <a href="#">SPARCS</a> Phone: (518) 473-8144
Diabetes (any diagnosis) hospitalizations per 10,000 population, <a href="#">age-adjusted</a>	The number of hospitalizations due to diabetes per 10,000 population. The ICD-10-CM codes for diabetes are: E10-E14.	Statewide Planning and Research Cooperative System (SPARCS) <sup>d</sup> Bureau of Health Informatics Division of Information and Statistics Office of Quality and Patient Safety Data Contact: <a href="#">SPARCS</a> Phone: (518) 473-8144





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Potentially preventable diabetes short-term complications hospitalization rate per 10,000 population - Aged 18+ Years	The number of potential preventable hospitalizations of diabetes with short-term complications per 10,000 population among adults aged 18 years and older. This is a Prevention Quality Indicator (PQI) developed by AHRQ (version 2019). For more information, visit the <a href="#">AHRQ PQI resources</a> page	Statewide Planning and Research Cooperative System (SPARCS) <a href="#">d</a> Bureau of Health Informatics Division of Information and Statistics Office of Quality and Patient Safety Data Contact: <a href="#">SPARCS</a> Phone: (518) 473-8144
<b>Cancer Related Indicators</b>		
<p>Lung cancer incidence per 100,000 population, <a href="#">age-adjusted</a></p> <p>Colorectal cancer incidence per 100,000 population, <a href="#">age-adjusted</a></p> <p>Cervix uteri cancer incidence per 100,000 female population, <a href="#">age-adjusted</a></p>	Incidence data are based on reports from hospitals and other health facilities that diagnose and treat cancer patients. All primary tumors receive an ICD-O-3 code indicating the anatomic site of origin. Standard Site Analysis categories for cancer data analysis are available on the SEER Incidence Site Recode web page <a href="#">f</a> . These data include only invasive malignant tumors.	Contact: <a href="#">New York State Cancer Registry</a> at (518) 474-2255.
Colorectal cancer mortality per 100,000 population, <a href="#">age-adjusted</a>	The number of deaths per 100,000 population, with a primary cause of death ICD-10 code of C18-C21, C26.0 <sup>f</sup> .	Contact: <a href="#">New York State Cancer Registry</a> at (518) 474-2255
Breast cancer mortality per 100,000 female population, <a href="#">age-adjusted</a>	The number of deaths per 100,000 female population, with a primary cause of death ICD-10 code of C50 <sup>f</sup> .	Contact: <a href="#">New York State Cancer Registry</a> at (518) 474-2255.





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Cervix uteri cancer mortality per 100,000 female population <a href="#">age-adjusted</a>	The number of deaths per 100,000 population, with a primary cause of death ICD-10 code of C53 <sup>f</sup> .	Contact: <a href="#">New York State Cancer Registry</a> at (518) 474-2255.
Late stage breast cancer incidence per 100,000 female population <a href="#">age-adjusted</a>	Incidence data are based on reports from hospitals and other health facilities that diagnose and treat cancer patients. Late stage is defined as regional or distant stage at diagnosis (SEER summary stage), available at SEER web page <sup>f</sup> .	Contact: <a href="#">New York State Cancer Registry</a> at (518) 474-2255.

### Data Notes:

#### Age-Adjusted Indicators:

Standard population used for age-adjustment using the 2000 projected U.S. population. [Klein RJ, Schoenborn CA](#). Healthy People Statistical Notes, no. 20. Hyattsville, Maryland: National Center for Health Statistics. January 2001.

#### <sup>a</sup> [Centers for Disease Control and Prevention, National Center for Health Statistics](#)

U.S. Census Populations With Bridged Race Categories. NCHS Vintage Bridged-race postcensal population estimates single year of age (0 to 85+ years) released annually for the previous year.

#### <sup>b</sup> [Explore Census Data \(American Community Survey\) U.S. Census Bureau](#)

Explore Census Data New York State and all counties. Tables: S1903 and S1702

#### <sup>c</sup> **Vital Records (Vital Statistics)**

Vital Event Registration: New York State consists of two registration areas, New York City and New York State Exclusive of New York City (also referred as Rest of State). New York City (NYC) includes the five counties of Bronx, Kings (Brooklyn), New York (Manhattan), Queens and Richmond (Staten Island); the remaining 57 counties comprise New York State Exclusive of New York City. The Bureau of Vital Records, New York State Department of Health, processes data from live birth, death, fetal death and marriage certificates recorded in New York State Exclusive of New York City. Through a cooperative agreement, the New York State Department of Health receives data on live births, deaths, fetal deaths and marriages recorded in New York





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City from the New York City Department of Health and on live births and deaths recorded outside of New York State to residents of New York State from other states and Canada.

Vital Event indicators for NYC geographical areas reported by NYSDOH and DOHMH are different since the former may include all NYC residents' events regardless of where they occurred and the latter reports only events to NYC residents that occurred in NYC. The indicators may also differ due to timing and/or completeness of data.

The counts of births and deaths may be influenced by specific reporting issues each year. The specific issues are reported in the technical notes of the Vital Statistics reports, in the Report Measures section.

All the vital statistics presented in this report are based on the county/borough of residence.

#### **<sup>d</sup> Statewide Planning and Research Cooperative System (SPARCS)**

Information about hospitalizations is collected through the hospital inpatient discharge data system. Each hospitalization receives an ICD-10 code at discharge that indicates the primary reason for the hospitalization. There are also up to 24 other diagnosis codes recorded to further describe the hospitalization. Statistics presented in these tables are based on the primary diagnosis unless otherwise noted. This data system does not include information about events that did not result in a hospitalization, such as cases that were only treated in a hospital emergency room. Numbers and rates are based on the number of hospitalizations that occurred and not on the number of individuals who were hospitalized.

#### **<sup>e</sup>APNCU**

APNCU Index: The APNCU Index is an adequacy of prenatal care index that takes into account the number of prenatal care visits received and number of expected by age of gestation at delivery, and incorporates a category that distinguishes women who have had more prenatal visits than would be expected (Adequacy Plus Category)

#### **<sup>f</sup> National Cancer Institute's Surveillance, Epidemiology and End Results (SEER) Program**

The SEER Site Recode: <http://seer.cancer.gov/siterecode/>

The SEER Cause of Death Recode: <http://seer.cancer.gov/codrecode/>

#### **Unstable Estimates:**

For poverty and median income, the relative standard error, a measure of variation, is large compared to estimate, over 30 percent of the estimate. Therefore, percentage is unstable.

For all other indicators, fewer than 10 events in the numerator, therefore, the rate or percentage is unstable.





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Revised: February 2020



# Health Equity in Erie County



**Erie County Department of Health  
Office of Health Equity  
January 2023**



# Health Equity in Erie County

## **AN INITIAL HEALTH DISPARITIES ASSESSMENT:**

Report Supplement to the  
2022-2024 Erie County  
Community Health Needs Assessment

**JANUARY 2023**

## **OFFICE OF HEALTH EQUITY**



**Erie County  
Department of  
Health**



**Public Health**  
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## EXECUTIVE SUMMARY

### Equity and Erie County

The level of health and well-being of individuals and communities is influenced by a wide variety of factors. Significant and persistent gaps in health have existed as a result of systemic racism, intergenerational trauma, and other barriers at all levels of our society since long before the founding of Erie County in 1821. However, recent events like the COVID-19 pandemic, the Tops Massacre, and the severe blizzard have highlighted and worsened these disparities. These events also exposed the social determinants of health—like access to educational opportunities, good jobs, and safe, affordable homes—that impact the ability of individuals and communities to achieve maximum health and wellness.

The impacts of COVID-19 were experienced to different degrees across community groups. When data are broken down by race, the average age of death in Black and Hispanic communities is much lower than in White and Asian communities,<sup>1</sup> which may indicate poorer relative health in younger groups, occupations and housing situations at higher risk for COVID-19 exposure, as well as barriers to medical care. The COVID-19 pandemic also highlighted how factors like residential segregation negatively impact marginalized and disadvantaged populations across the United States and in communities that, like Buffalo, are significantly segregated by race. For example, research indicates that Black and Hispanic women living in highly segregated Black communities had higher rates of poor maternal health outcomes both before and during the COVID-19 pandemic than their White and Asian peers and connects these outcomes to the effects of structural racism on neighborhoods and environments and, therefore, on health.<sup>2</sup>

The Tops Massacre, a racially motivated mass shooting at the only full-service grocery store in a historically Black East Side neighborhood in Buffalo in May of 2022, devastated our community. The aftermath, when community members were overcome by grief and trauma and struggling to access mental health support and to feed their families, further illustrated longstanding challenges and disparities in equitable access to healthy food and health care. In December 2022, Erie County was struck by a severe, deadly blizzard that left many residents without heat or stranded and delayed emergency response services. The paralyzing impact of this storm was most acute in the city of Buffalo, exacerbated by structural and systemic issues like segregation and poverty, disproportionately impacting our systematically underserved residents.



As our community works together toward recovery from COVID-19, the May 14<sup>th</sup> tragedy, and the disastrous winter storm, the connections between the social determinants of health and disparities in health outcomes for marginalized and disadvantaged individuals and communities in Erie County are increasingly important.

This report is intended to supplement the information provided in the Erie County Community Health Assessment (CHA) and specifically expand upon the descriptions of health equity and disparities within that document without duplication. This report is intended to serve as a resource for all Erie County residents so that they can better understand the issues and status of health equity and health disparities in the county. Additionally, the intent is that this report can serve as an initial needs assessment of health equity data in Erie County. As a result, the document may serve as a reference document for finding other reports, databases, datasets, and other documents related to health equity for those in the community interested in this topic.

## **Key Findings**

### **Local Health Equity Data are Limited**

Existing Erie County health equity data are limited at the county and sub-county levels. Local data focusing on the LGBTQ+ community, particularly around gender identity, as well as data on racial and ethnic groups and communities that comprise smaller percentages of the population of the county are especially limited. To address this, the Erie County Office of Health Equity (ECOHE) is actively working to collect and build a local health equity database. Because these efforts are still ongoing, much of this report summarizes existing health equity data, including available local, state and national data, as well as areas of need and focus for future data efforts. To learn more about how the ECOHE is working to expand local health equity data, see *Next Steps* below.

### **Diversity and Disparities within the Asian Community**

Most data are disaggregated into broad race and ethnic categories that can obscure diversity and disparities among distinct communities that fall within those categories. One example is data for Erie County's Asian population. The Asian population had the highest rates in both the lowest and the highest educational attainment categories.<sup>3</sup> This is likely a reflection of the high percentage of Asian Americans who are first- or second-generation immigrants, as well as the many different circumstances under which people of Asian descent migrate to and live in the United States. For example, people who are Chinese or Indian may be more likely to immigrate with work or student visas with adequate resources while people who are Burmese or Bhutanese are more likely to immigrate as refugees with



fewer resources. This highlights the need for disaggregated data collection among Asian communities. Similarly, in Asian communities, differences in median income per race do not seem to correlate with the rates of child poverty per race.<sup>3,4</sup> A possible explanation for this may be the wide range in income and age distribution amongst the subpopulations (e.g., Chinese, Bangladeshi, Bhutanese), again highlighting the need to disaggregate data collection among these groups.

### **Black Residents Are Disproportionately Impacted**

Available data consistently indicate that Erie County's Black community experiences the most health disparities and inequities. With the highest rates of homelessness,<sup>5,6</sup> exposure to violence,<sup>4,7</sup> and children living in poverty,<sup>4</sup> and acknowledging the impact of centuries of systemic racism and intergenerational trauma, it is no surprise that Black Erie County residents also experience the highest rates of chronic health conditions,<sup>8</sup> low birth weight,<sup>4</sup> and poor disease outcomes<sup>8</sup> when compared to residents of other races.

### **Segregation Impacts Health Equity**

It is well-known that systemic racial segregation persists in Erie County, particularly in the city of Buffalo. Erie County maps representing chronic disease rates and various health factors look very similar to Erie County maps that visualize segregation by race, demonstrating that rates of these health conditions and factors often correspond with race and place of residence.<sup>9</sup> A history of redlining, discriminatory lending, and zoning laws explains much of Erie County's segregation. Disinvestment into communities of color creates a built environment that is not conducive to good health and well-being.

### **Access to Care and Resources Can Be Challenging in Rural Communities**

The ECOHE acknowledges that while Erie County is largely a metropolitan county, there are rural communities within it, accounting for about 9.4% of the population.<sup>10</sup> Rural communities often vary from urban and suburban areas in culture as well as environment. Consequently, there are health challenges and assets that are unique to rural areas. In ECOHE's community outreach thus far, rural residents have highlighted access to quality care and resources as a challenge. ECOHE will strive to further understand the values, challenges, and assets that are specific to the rural communities in Erie County in order to advocate for and support good health and well-being in these areas.

### **Next Steps**

One of the main findings of the Erie County Office of Health Equity's (ECOHE) initial assessment of health equity data and services is that data was limited at the county and sub-county levels. As a result, in



alignment with the vision of Live Well Erie to leave no one behind, the ECOHE is actively collecting survey data, planning focus groups, and building its local health equity database.<sup>11</sup> These efforts are active and ongoing, and as a result these data were not yet available for inclusion in this report. Consequently, this report primarily summarizes existing health equity data. Future ECOHE reports will analyze new data collected by the ECOHE team, as well as report on findings of analysis of public (federal, state, city and county) and private data sources.

In addition to its other work, the ECOHE will serve as a resource to organizations and individuals in the community that are also working tirelessly toward reducing health disparities. The ECOHE brings its subject matter expertise in data collection, analysis, and reporting as well as grant writing and reporting assistance to those who would like support in these areas in order to further their impact on health equity work.



## ACKNOWLEDGEMENTS AND AUTHORS

### Land Acknowledgement

The ECOHE would like to begin this report by acknowledging that we, as Erie County Residents, are on the land of Indigenous people. Traditionally, these lands were home to many nations, including the Neutral, Erie, Wenro, Huron and other peoples. Today, these lands are still regarded as being the traditional homelands of the Seneca and other Haudenosaunee peoples. We respect the treaty rights of the Six Nations—the Seneca, Mohawk, Cayuga, Onondaga, Oneida, and Tuscarora—and the obligation of the United States and New York governments and American society to adhere to them.

We would like to honor the legacy of the many ancestors and elders who made this land their home and infused it with their spirit for thousands of years. We also honor the Original Peoples who remain on the ancestral homelands of Turtle Island and who have survived centuries of colonialism, genocide, and land theft. Finally, we honor those who are not here, but who might have been, were it not for this history of violence.

With hearts and minds focused on healing and truth, we remember the powerful example of democracy and federalism set by the Haudenosaunee, embodied in the Great Law of Peace. Through this inspiration, we commit ourselves to advocate for inclusion and acknowledge and address past atrocities. May we all aspire to a world of reconciliation, guided by the example of the Haudenosaunee themselves, so that our weapons of war are buried forever and mutual respect and equality prevail among all peoples and nations.

*Thank you to Samantha Nephew, Healthcare Education Project for assistance with this acknowledgement.*



## **Enslavement & Labor Acknowledgement**

We respectfully acknowledge our debt to the people past and present whose labor was and continues to be stolen through unjust practices, including the exploited labor of incarcerated people. We respectfully acknowledge our debt to the enslaved people, primarily of African descent, whose labor and suffering built and grew the economy and infrastructure of a state that did not abolish the practice of enslavement until July 4, 1827.<sup>12</sup> While not a Southern state, New York had the largest population of enslaved people of any Northern state and was second to last in abolishing the practice.<sup>13</sup>

Erie County, established in 1821, became an integral part of the journey to freedom for enslaved Black people via the Underground Railroad. The homes, businesses, and land of abolitionists were used to assist the enslaved making their way to Canada to live as free people. Landmarks such as Broderick Park are historical hallmarks of the Underground Railroad.<sup>14</sup> The very land on which the Edward A. Rath Building is built was the former home of abolitionist and attorney George W. Jonson.<sup>14</sup>

Ramifications from the practice of enslavement in our country are still present today, visible in the systemic racism perpetuated in our institutions, in the segregation of our residents, the exploited labor of incarcerated people, and in many of the inequities in the social determinants of health and health disparities experienced by their descendants. The spirit of freedom embodied by our ancestors, enslaved and free, persists as well, visible in our social justice movements, increased awareness of historical and ongoing inequities, and advocacy for change. The Erie County Office of Health Equity will embrace and embody this same spirit of freedom to help eradicate the systemic racism, poverty, and oppression plaguing so many of our Erie County communities.



**Erie County Department of Health (DOH) Leadership**

<b>Mark C. Poloncarz</b>	Erie County Executive
<b>Gale R. Burstein, MD, MPH, FAAP (She/Her)</b>	Commissioner of Health

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For questions you can contact the Office of Health Equity at:

[healthequity@erie.gov](mailto:healthequity@erie.gov) or call: 716-858-2152



## INTRODUCTION TO THE OFFICE OF HEALTH EQUITY

Addressing health equity in Erie County and the city of Buffalo has been an ongoing effort. Over the past decade, a variety of resident and community groups, non-profits, charitable organizations, companies, and government groups have made efforts to improve the health of Erie County residents.<sup>15</sup>

### NOTABLE MILESTONES FOR HEALTH EQUITY GROUPS IN ERIE COUNTY



**2014: Formation of African American Health Equity Task Force**



**2018: Establishment of the Buffalo Center for Health Equity**

**2019: Launch of UB Community Health Equity Research Institute**

The Erie County Office of Health Equity (ECOHE) was formed in compliance with the Erie County Health Equity Act of 2021.<sup>16</sup> For more information on the Erie County Health Equity Act of 2021, see Appendix A. The vision of the ECOHE is for all disadvantaged, marginalized, and diverse populations in Erie County to achieve maximum health and wellness. Existing data strongly suggests that inequities in health experiences exist among Erie County residents according to demographic factors. The root causes for these differences are historical, systemic, and largely ongoing. Therefore, addressing these inequities requires intentional and targeted solutions.

The ECOHE's mission is to evaluate a wide variety of specific health outcomes among diverse populations to fully understand the depth and scope of health disparities in Erie County and to partner with community members, healthcare providers, faith and philanthropic leaders, and organizations to enact programs that help disadvantaged, marginalized, and diverse populations in Erie County achieve maximum health and wellness.

Within this report are sections about common equity terms, existing data, and descriptions of health disparities within Erie County. The ECOHE recognizes the current limitations of identity-related terminology and the ongoing evolution of culturally sensitive terminology that aims to center the voices of the people described.



## DEFINITIONS AND DISCUSSION OF HEALTH EQUITY TERMS

**What is Health Equity?** The Centers for Disease Control and Prevention (CDC) defines health equity as “the state in which everyone has a fair and just opportunity to attain their highest level of health.

Achieving this requires ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and health care; and eliminate

***HEALTH EQUITY means that everyone has the opportunities and resources they need to be as healthy as possible and that no one is disadvantaged.<sup>18</sup>***

preventable health disparities.”<sup>19</sup> Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment.<sup>18</sup>

**What are Health Disparities?** Health disparities are differences between health outcomes—like diabetes, life expectancy, or maternal mortality—between different groups. Commonly, health disparities are comparisons made between non-Hispanic White people and Black, Hispanic, Indigenous, and other people of color, but any two groups can be compared to see if differences in health outcomes exist. Health disparities can—and do—exist in terms of length of life, quality of life, and social well-being. Health disparities are preventable differences and are directly related to the historical and current unequal distribution of social, political, economic, and environmental resources. According to the CDC, “we can improve health risks and reduce disparities and inequities by addressing social determinants of health.”<sup>19</sup> Read more about measuring health disparities in the *Existing Data* section.

**What are Health Outcomes?** Health outcomes are measures of a health intervention’s impact on health or resulting changes in the level of health of a person or community. Health outcomes for a person can reflect good health—like staying out of the hospital or not experiencing any physical pain—or they could reflect poor health—like becoming sick with an illness or dying. Examples of health outcomes for a community include average life expectancy and the percentage of the population with a disease or illness such as diabetes.

**What are Health Factors?** Health factors refer to the factors that impact health outcomes and include health behaviors (like diet and exercise), health care access and quality, social and economic factors, and the physical environment. For the purposes of this report, health factors will be examined through the context of the social determinants of health.



### **What is Healthy People 2030?**

Healthy People is an initiative of the U.S. Department of Health and Human Services that identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Health People 2030 is the most recent framework, which provides 10-year, measurable public health objectives and tools to help track progress towards achieving them.<sup>20</sup> The Healthy People 2030 framework aligns with the vision of Live Well Erie to leave no one behind and to help every resident of Erie County achieve their full potential. Both Healthy People 2030 and Live Well Erie focus on increasing the health and well-being of all people through meaningful improvements in the social determinants of health.<sup>11</sup>



### **What is Live Well Erie?**

Live Well Erie is a plan to help all Erie County residents achieve their full potential organized around the idea that Erie County will leave NO ONE behind. **To do this, Live Well Erie focuses on meaningful improvements in the social determinants of health** for three populations: Children, working families and older adults. Live Well is framed around 5 guiding principles:

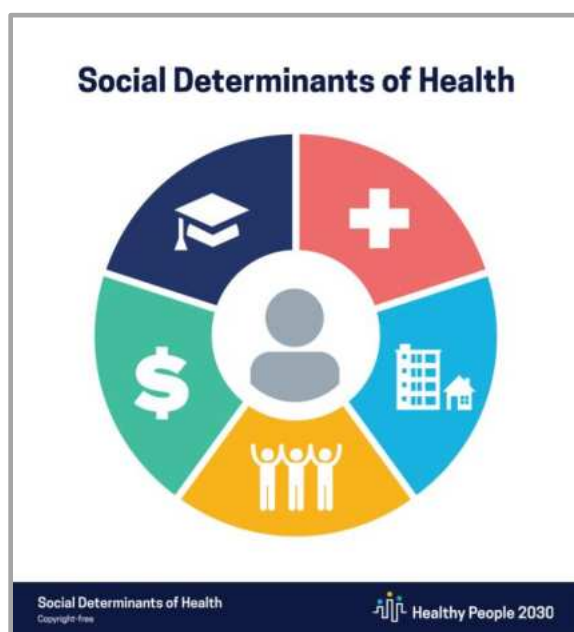
1. A clear focus on the social determinants of health
2. An integration of the Racial Equity Impact Analysis
3. An invitation for innovative thinking
4. An opportunity for the modernization of service delivery
5. An expectation of enhanced partnership and collaboration

To achieve their goals, Live Well has 3 goals for each of the 3 target populations. Throughout this Health Equity Report the Live Well goals will be highlighted where they align with social determinants and the relevant community data. More information on Live Well Erie can be found at: <https://www4.erie.gov/livewellerie/>

**What are the Social Determinants of Health?** Healthy People 2030 defines the social determinants of health (SDOH) as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.<sup>21</sup> SDOH are a major cause of health disparities and inequities. Focuses on health behavior changes on the individual level or increasing health education at the individual level will not eliminate the health disparities caused by the SDOH. To make progress, systemic changes need to be made to the conditions in people's environments. Healthy People 2030 SDOH framework uses five domains: Economic Stability, Education Access and Quality, Health Care Access and Quality, Neighborhood and Built Environment, and Social and Community Context.



## The Healthy People 2030 SDOH in 5 Domains<sup>21</sup>



**Economic Stability<sup>22</sup>:** Factors such as poverty and steady employment impact a person's ability to make enough money to afford the things they need to stay healthy.

**Education Access and Quality<sup>23</sup>:** People with higher levels of education are more likely to be healthier and live longer. Higher education results in safer, higher-paying jobs.

**Health Care Access and Quality<sup>24</sup>:** Having health insurance, being able to afford health care and medications, having a primary care provider, and the

distance and availability of providers can all impact a person's health.

**Neighborhood and Built Environment<sup>25</sup>:** The neighborhoods where people live have a major impact on their health and well-being. Neighborhoods with high rates of violence, unsafe air or water, and other health and safety risks like exposure to second-hand smoke, environmental toxins, pollutants, or loud noises can all negatively impact health.

**Social and Community Context<sup>26</sup>:** People's relationships and interactions with family, friends, co-workers, and community members can have a major impact on their health and well-being. Positive relationships at home, at work, and in the community can help reduce the negative impacts that are outside of someone's control—like unsafe environments, racism and discrimination, and the inability to afford necessities.

*Throughout this Health Equity Report the Healthy People 2030 Framework and domains for SDOH will be referenced.*

**How do you define race and ethnicity?** Race and ethnicity are complex and intertwined concepts that are the result of social constructs. Nonetheless, these constructs result in real-life impacts. Therefore, by definition and practice, **race** refers to the idea of grouping individuals based on a set of physical characteristics and then process of ascribing social meaning to those groups—i.e. African-American/Black, Asian, Caucasian/White, etc. **Ethnicity** is grouping individuals based on culture or



behaviors of region (often geographic) and is usually based on shared language, heritage, religion or other customs. Race and ethnicity variables are still widely used in the methodology of health data and survey data collection. The categories and response options for race and ethnicity vary between collection tools and survey methods.

This report is a compilation of existing data. Therefore, the data presented, which disaggregates race and ethnicity, reflects the categories used by those who collected the data. For instance, many ethnicities are represented in Erie County; however, data are typically disaggregated into the categories of Hispanic and non-Hispanic only.

This will be discussed further in the *Race and Ethnicity* section of this report.

*The language used to describe identities is often nuanced, complex, and limited. The terminology used has evolved over time to reflect increased accuracy and inclusivity, and can vary widely between individuals and communities, as well as between studies, surveys, and data sources. The terms used in this report are set and defined by each data source. For the purposes of clarity and consistency, Health People 2030 terminology is utilized in this report when not otherwise established by source data.*

**What are gender identity, gender expression, and sexual orientation?** The Human Rights Campaign (HRC) defines **sexual orientation** as an inherent or immutable enduring emotional, romantic, or sexual attraction to other people.<sup>27</sup>

**Gender identity** is a person's innermost concept of self as male, female, a blend of both or neither—how individuals perceive themselves and what they call themselves. A person's gender identity can be the same or different from their sex assigned at birth. **Note: an individual's sexual orientation is independent of their gender identity.**

**Gender expression** is the external appearance of a person's gender identity, usually expressed through behavior, clothing, body characteristics or voice, and which may or may not conform to socially defined behaviors and characteristics typically associated with being either masculine or feminine. Additional definitions of common LGBTQ+ terms can be found at:

<https://www.hrc.org/resources/glossary-of-terms>

*For the purposes of this report, the term LGBTQ+ is used to describe lesbian, gay, bisexual, transgender, queer, questioning, intersex, Two-Spirit, non-binary, and pansexual people and other people from sexual*



*and gender minority populations and groups. Further discussion of gender identity, gender expression, and sexual orientation in the section under the same name.*

**What is intersectionality?** Intersectionality is a recognition that an individual's health is impacted by many different factors that overlap and are interconnected.<sup>28</sup> Intersectionality also refers to the reality that we all have many identities, which intersect, to make us who we are. These factors can include race, gender, class, income, education, age, ability, sexual orientation, immigration status, ethnicity, indigeneity, and geography. These factors can also serve as sources of discrimination that overlap and reinforce each other. An example of intersectionality is that a Black woman would experience impacts as both a woman and as a person of color.

For an even more comprehensive list of terms and definitions related to diversity, equity, and inclusion (DEI) review the National Association of Counties DEI document<sup>29</sup>:  
[https://www.naco.org/sites/default/files/documents/2022-DEI\\_KeyTerms\\_V11.pdf](https://www.naco.org/sites/default/files/documents/2022-DEI_KeyTerms_V11.pdf)



## EXISTING DATA ON HEALTH DISPARITIES

Data are essential to examining and understanding health disparities. Data can allow us to identify where disparities exist and the degree or severity of the disparity. Data can then be used to direct resources to address disparate outcomes and then be used further to track progress toward eliminating those disparities. Ideally, health data would be used to identify differences in health outcomes between different groups, pose explanations for these differences, and describe the policy and systemic factors that create these disparities. Promising practices have emerged in data collection and analysis for the purposes of health equity and describing health disparities.<sup>30-33</sup> Fully describing health disparities uses both **quantitative** and **qualitative** data collection and analysis methods.

### Quantitative data<sup>34</sup>:

- Are measurable, often used for comparisons, and involve the counting of people, behaviors, conditions, or other clear events.
- Use numbers to determine the what, who, when, and where of health-related events.
- Examples of quantitative data include: age, weight, temperature, or the number of people with diabetes.
- **Quantitative data are used to describe the size or magnitude of a health inequity.**

**Health Disparities can be shown and measured in health outcomes based on these (and other) data metrics:**

- Higher incidence, prevalence, or rates of disease
- Later diagnoses, delayed treatments or therapies, or inability to manage a health condition
- Premature (early) and/or excessive mortality (death) from diseases, injury, accident, or environment
- Higher prevalence of unhealthy or high-risk behaviors

### Qualitative data<sup>34</sup>:

- Can include almost any non-numerical data.
- Use words to describe a particular health-related event.
- Can be observed but not measured and involve observing people in selected places and listening to them to discover how they feel and why they might feel that way.
- Examples of qualitative data include: sex at birth, smoker/non-smoker, or questionnaire response (agree, disagree, neutral).



- **Qualitative data are often used with quantitative data to tell a more compelling story than with only quantitative data. Qualitative data are essential to health equity because they give a voice to those who are experiencing disparities and strengthen and provide context to the numbers (quantitative data).**

Appendix G contains definitions of selected epidemiological and statistical terms used within this report. For comprehensive list of terms and definitions related to epidemiology and statistics, review the CDC's Epidemiology Glossary<sup>35</sup>:  
[https://www.cdc.gov/reproductivehealth/data\\_stats/glossary.html](https://www.cdc.gov/reproductivehealth/data_stats/glossary.html)

The [New York State Prevention Agenda](#)<sup>8</sup> is based on a comprehensive statewide assessment of health status and health disparities, changing demographics, and the underlying causes of death and diseases. The strategy of the Prevention Agenda is to implement public health approaches that improve the health and well-being of entire populations and achieve health equity. Key to this is the use of important health data and metrics used to measure health outcomes and the overall progress on the [Prevention Agenda Dashboard](#).<sup>36</sup> As part of the directive of the New York State Prevention Agenda, Erie County (and each local health department throughout the state) develops their own Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). The CHA-CHIP is created along with hospital and other key community partners.

This health report will utilize many of the same data sources as the New York State Prevention Agenda and the Erie County CHA-CHIP and will serve as a supplement to the information included in the CHA-CHIP. Some data and health outcomes are presented and discussed in both reports. The information may appear slightly different between reports because

### Key Components of the Erie County CHA-CHIP

#### Community Health Assessment (CHA)

- A description of Erie County including demographics, health status, and health disparities
- Identification of the main health challenges facing Erie County and discussion of causes
- Summary of assets and resources to address health issues

#### Community Health Improvement Plan (CHIP)

- Identification of priorities Erie County will address
- Identification of the goals, objectives, and intervention strategies that will be used to address these priorities
- Describe the process to engage partners and share plans with the public



the parameters, like the years of data being reported or the way variables, like race, are being presented.

There are a number of challenges and limitations with health equity and health disparities data.<sup>31</sup> Data on racial disparities are lacking for reasons including inconsistencies in how racial/ethnic classifications are made and/or grouped, lack of publicly available information on smaller groups of people for privacy, confidentiality concerns, and lack of data granularity at sub-county or sub-city level for many racial/ethnic variables. Increasing the availability of high-quality, comprehensive data disaggregated by race/ethnicity is vital for efforts to advance health equity.

There is also a general lack of data on refugee and immigrant population. This includes those of Middle Eastern and Northern African (MENA) decent, as they have been traditionally classified as White. Aggregation of smaller groups into larger groups limits the ability to understand specific and distinct groups, as is often the case with all the countries and cultures of Asia all being grouped as Asian. Similarly, Indigenous residents of Erie County are relatively small in number and are often underrepresented in surveys and data collection. This often results in the lack of significant findings for this group despite known health inequities for Indigenous people relative to their White counterparts. In some situations, several of these smaller but very distinctly different groups, such as MENA and Indigenous populations, are grouped together as “other.”

Additionally, with health data, there is a long history of focusing on the collection of health outcome data—like deaths, injuries, and specific chronic conditions—but far less on formative health measures—like behaviors, environmental factors, social or community measures. This creates challenges in establishing the role that the SDOH have in creating the health outcomes of interest.

Despite these challenges and limitations, existing data reveal that many groups experience inequities due to one or more aspects of their identity, including but not limited to racial/ethnic background, refugee/immigrant status, gender, sexual orientation, and location of residence. Some of the health disparities that exist within each group and the role and context of the SDOH related to those outcomes will be discussed further in this report. Additionally, throughout the course of this report we will highlight some of the specific data challenges for each group.



## HEALTH DISPARITIES

### Race and Ethnicity

It is indisputable that in Erie County health inequities occur across racial and ethnic groups. Race and ethnicity are socially constructed categories. These categories are subjective and follow no clear biological formula. However, this categorization has tangible effects on the lives of individuals due to the way they perceive themselves and are perceived by others. If we deny that race and ethnicity influence health outcomes, we would fail to address many of the issues that challenge the health and well-being of our diverse racial and ethnic minority communities. Figure 1 displays the *My Community Explorer* webpage within the U.S. Census Bureau website provides a visual representation of this segregation in Erie County, particularly in the city of Buffalo.<sup>9</sup>

**ABOUT THE DATA:** The census tract in the upper right corner of the county in the map (on the following page) is green, indicating that this community is predominantly Hispanic or Latino. This may be a sampling error, as that portion of the county is part of the Tonawanda Indian Reservation and contains very few people. It is also important to note that while the areas colored blue, are predominantly occupied by people who are American Indian, the majority of American Indian people in the county do not live on the reservations. As previously noted, this community is often under-represented in health data.

Maps depicting rates of chronic disease and various health factors appear very similar to figure 1, demonstrating that rates of these health conditions and health circumstances often correspond with race and place of residence. Much of Erie County's segregation can be explained by a history of redlining, discriminatory lending, and zoning laws. A lack of public and private investment into communities of color creates a built environment that is not conducive to good health and well-being. More information on this topic can be explored in *The Racial Equity Dividend: Buffalo's Great Opportunity* at <https://racialequitybuffalo.org/resources/dividend-report/><sup>37</sup> and *The Harder We Run; The State of Black Buffalo in 1990 and the Present* at <https://ubwp.buffalo.edu/aps-cus/wp-content/uploads/sites/16/2021/10/TaylorHL-The-Harder-We-Run.pdf>.<sup>38</sup>



# Erie County and Buffalo, Census Tracts by Predominant Race and Ethnicity (2015-2019)

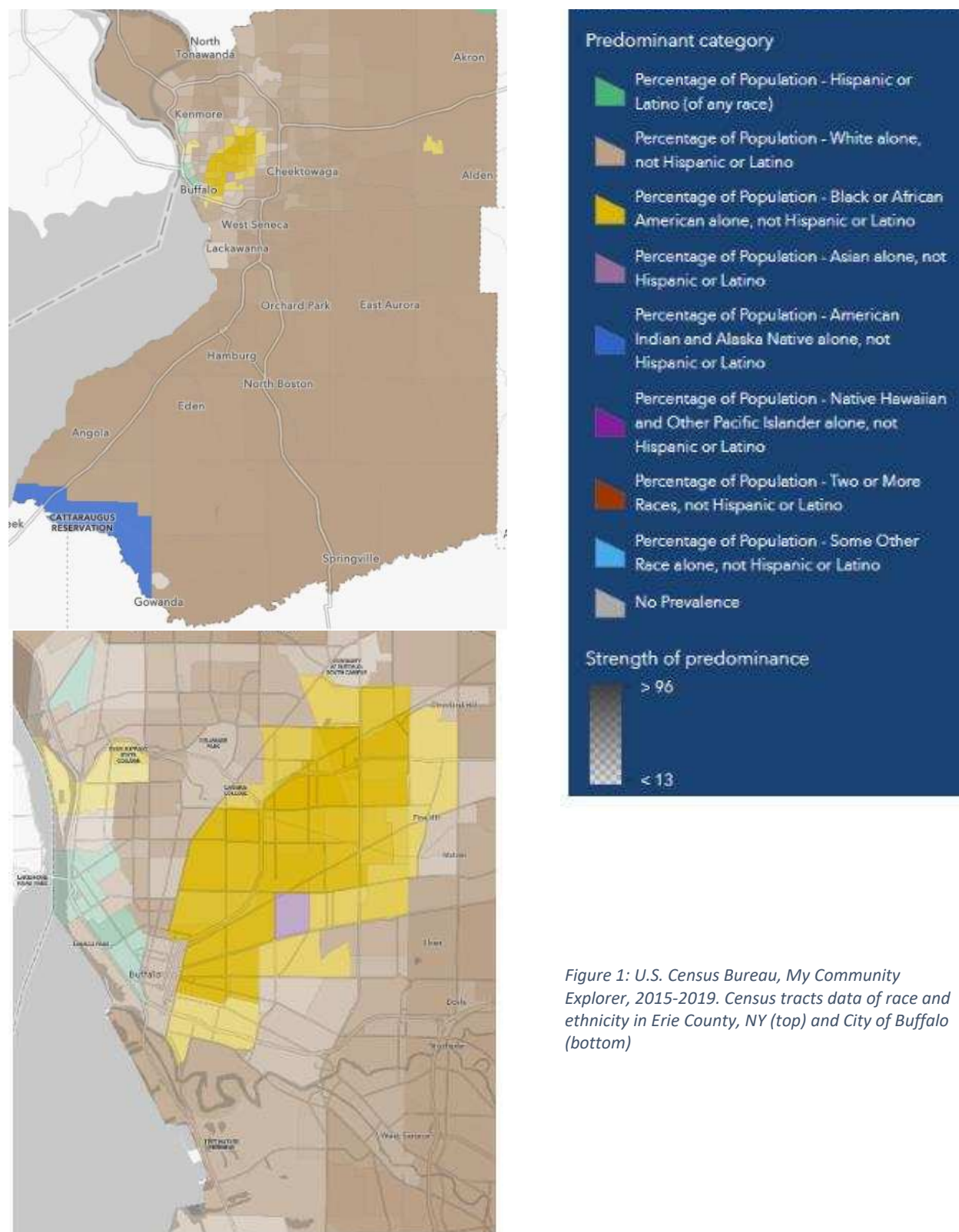


Figure 1: U.S. Census Bureau, My Community Explorer, 2015-2019. Census tracts data of race and ethnicity in Erie County, NY (top) and City of Buffalo (bottom)



Inequities in the health of Erie County residents span from the beginning of life to the end of life. Low birthweight rates are often used to describe the health of a community. As the County Health Rankings website explains, birthweight can be an indicator of the mother's health as well as a predictor of the infant's future health.<sup>4</sup> Risk factors for low birthweight, which is often a result of preterm birth, include multiple births, infection, pre-eclampsia, inadequate maternal nutrition, inadequate prenatal care, stress, and exposure to pollution or toxic substances. Infants born with low birthweight may experience

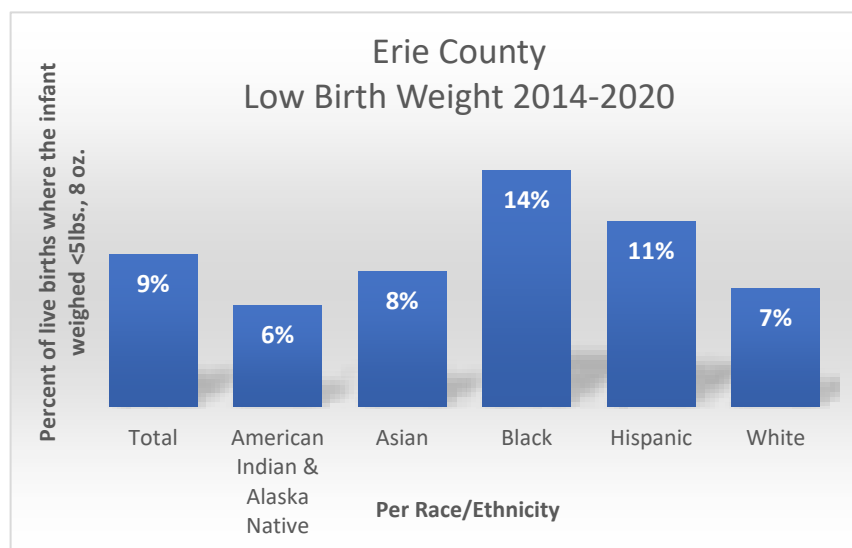


Figure 2: County Health Rankings, 2014-2020 data of low-birth-weight percentages for Erie County, NY

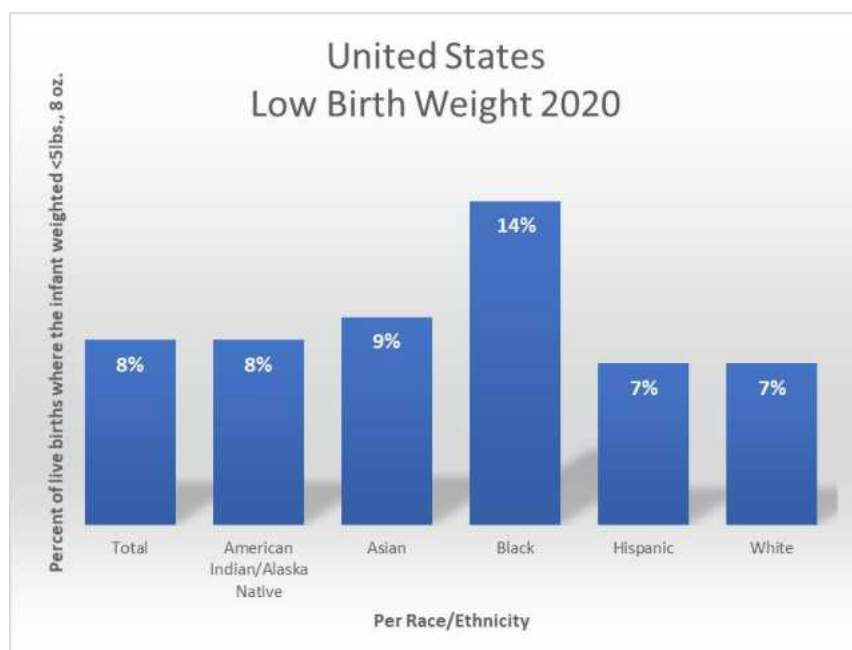


Figure 3: National Vital Statistics, 2020 data of low-birth weight percentages for the United States (Note: Percentages rounded to the nearest whole number)

### ABOUT THE DATA:

Age distribution of mothers at time of birth may influence rates per race and ethnicity, as giving birth as a teen or over the age of 35 are also risk factors for low birthweight. For example, in 2020, Asian mothers in the United States gave birth over the age of 35 at a higher rate than any other race group.<sup>40</sup> Therefore, if we were to control for age of mother, they may have a relatively lower rate of low birthweight.



decreased physical growth and impaired cognitive development and are more likely to develop chronic conditions as adults.<sup>39</sup> Low birth weight rates per race and ethnicity are fairly consistent with rates at the national level, as seen in Figure 3.<sup>40</sup>

These inequitable rates carry over to infant mortality. According to the 2022 County Health Rankings Report, from 2014-2020, non-Hispanic Black infants in Erie County were three times more likely to die than non-Hispanic White infants and Hispanic infants were nearly two times more likely to die than non-Hispanic White infants.<sup>4</sup>

There are a number of chronic conditions and health outcomes in Erie County in which inequities across race and ethnicity are particularly striking, as shown in Figure 4. The complete *Erie County Health Indicators by Race/Ethnicity, 2017-2019* on Erie County can be found at

<https://www.health.ny.gov/statistics/community/minority/county/erie.htm>.<sup>41</sup>

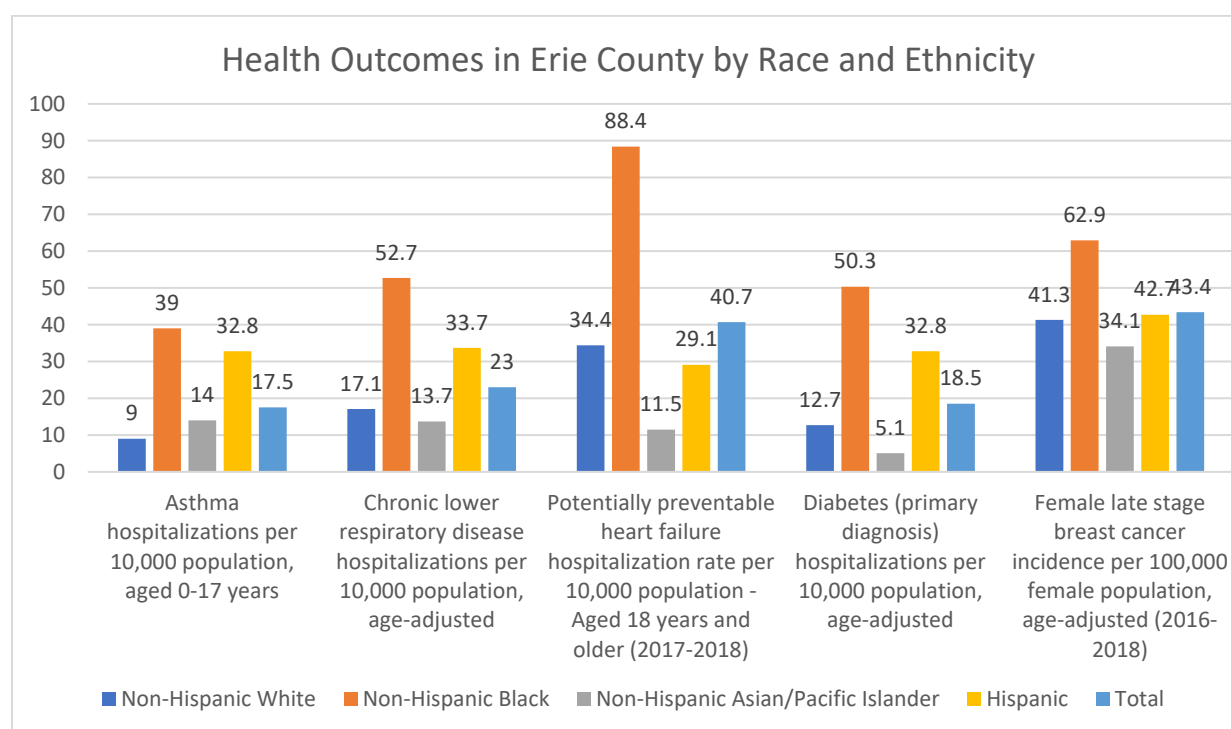


Figure 4: NYS County Health Indicators Report, 2017-2019, for Health Outcomes in Erie County by Race and Ethnicity



Many of the health outcomes where inequitable rates occur by race, such as diabetes and heart disease, are largely influenced by behavior. However, the fact that these behavior-linked outcome rates are so different across racial and ethnic communities indicates that there are systemic, societal, environmental, and/or policy factors that are unequally beneficial or detrimental depending on the communities to which a person belongs. In years past, health promotion focused heavily on education. While a knowledge of healthy behaviors is critical to achieve healthy living, knowledge is only a portion of what is required to be able to execute these behaviors. Focusing on the upstream SDOH is more powerful and beneficial.

*The fact that these behavior-linked outcome rates are so different across racial and ethnic communities indicates that there are systemic, societal, environmental, and/or policy factors that are unequally beneficial or detrimental depending on the communities to which a person belongs.*

The COVID-19 pandemic was and is trying for everyone. However, the impacts of the disease itself, as well as the efforts to mitigate it, were experienced to different degrees across different community

groups. Figure 5, displaying data provided by the Erie County Department of Health, shows the Black community is only slightly over-represented in the Erie County mortality data. However, Figure 6, presenting the average age of COVID deaths in Erie County, tells a different story, revealing that more deaths occurred at younger ages in Black communities as compared to White deaths.<sup>1</sup> This may be an indicator of poorer relative health in the younger age groups of Black communities as well differences in access to care. Furthermore, people in these communities may be more likely to have occupations that put them at higher risk of direct COVID-19 exposure, such as personal care aides, bus drivers, and other frontline workers.<sup>42</sup>

#### COVID Deaths in Erie County by Race and Ethnicity (2019-2022)

Race/Ethnicity	Number of COVID Deaths	Percentage of COVID Deaths	Percentage of Population in Erie County
White	2405	78.9%	71.5%
Black	465	14.8%	13.5%
Hispanic	80	2.6%	6.3%
Other	39	1.5%	3.7%
Asian/Pacific Islander	34	1.1%	4.9%
American Indian/Alaskan Native	14	0.4%	0.4%
Unknown	19	0.7%	NA
<b>Total</b>	<b>3056</b>		

Figure 5: Data from Erie County Department of Health, COVID-19 Fatalities, 2019-2022. Fatalities by Race/Ethnicity. Population from 2020 Census.



### Average Age of COVID Deaths in Erie County by Race and Ethnicity (2019-2022)

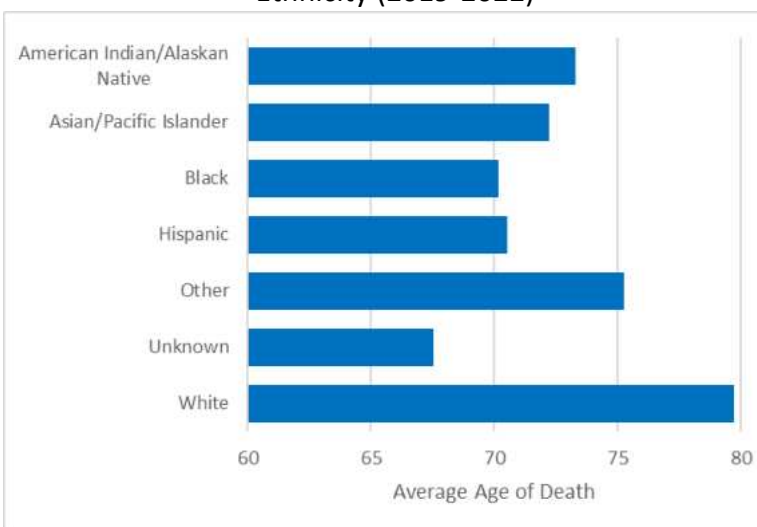


Figure 6: Data from Erie County Department of Health, COVID-19 Fatalities, 2019-2022. Fatalities by Race/Ethnicity for Erie County

### ABOUT THE DATA:

COVID deaths contain fields for both race and ethnicity. The Hispanic category in these figures represents all persons of Hispanic heritage including all races (Black-Hispanic, White-Hispanic, and other/unknown-Hispanic). All other races listed, including other and unknown, represent persons of non-Hispanic and unknown ethnicity.

### Healthy People 2030 Social Determinants of Health Domain: Education Access and Quality

Educational attainment is often both a product of health as well as a predictor of health. Children who are well-nourished and in good health are more likely to perform well in school. Conversely, there is a

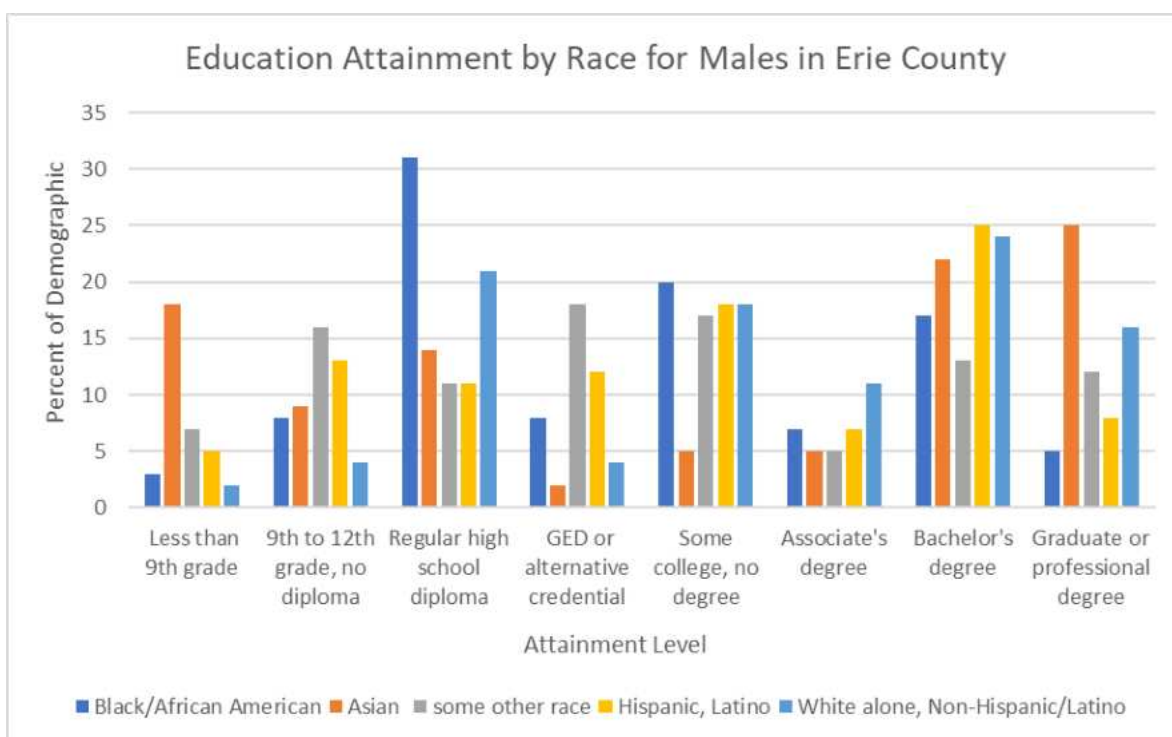


Figure 7: U.S. Census Bureau, American Communities Survey, 2021 1-year Estimates of Male Education Attainment by Race



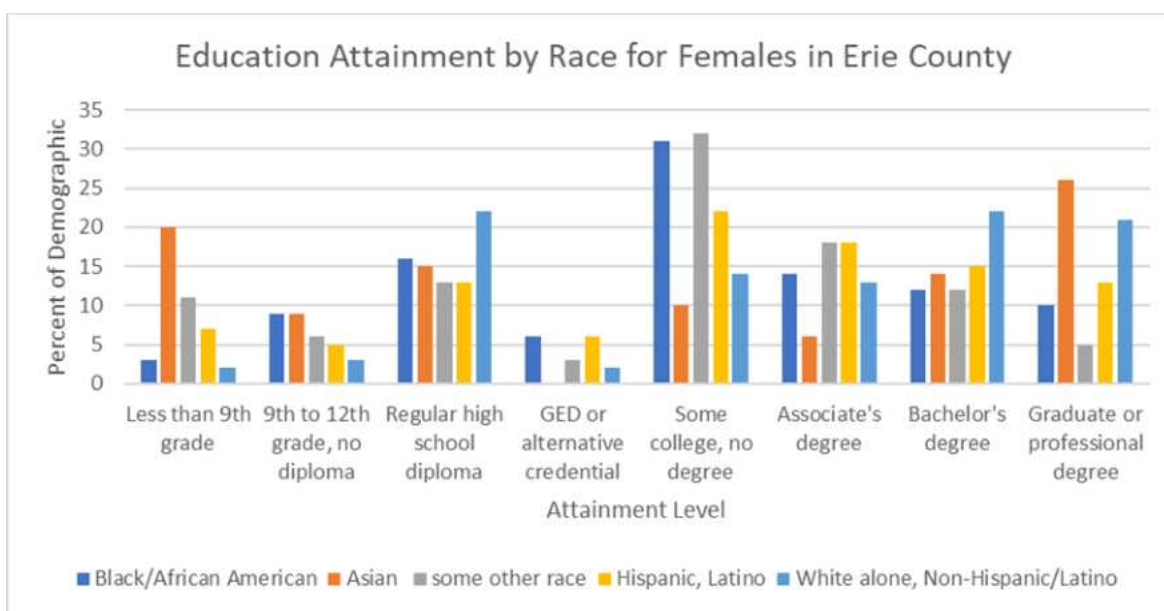


Figure 8: U.S. Census Bureau, American Communities Survey, 2021 1-year Estimates of Female Education Attainment by Race

positive correlation between educational attainment and good health in adulthood.<sup>43</sup> The 2021 American Communities Survey reveals differences in educational attainment by race and gender, as seen in Figures 7 and 8.<sup>3</sup>

**ABOUT THE DATA:** Of note, the Asian population had the highest rates in both the lowest attainment category, *less than 9th grade*, and the highest, *graduate or professional degree*.<sup>3</sup> This is likely a reflection of the high percentage of Asian Americans who are first- or second-generation immigrants, as well as the many different circumstances under which people of Asian descent migrate to the United States and live. For example, people who are Chinese or Indian may be more likely to come on work or student visas with adequate resources, while people who are Burmese or Bhutanese are more likely to come as refugees with fewer resources. This highlights the need for the Asian population to be disaggregated in data collection.

### Healthy People 2030 Social Determinants of Health

#### Domain: Economic Stability

There are a number of studies that demonstrate how the effects of poverty hinder healthy development of both the mind and body.<sup>44</sup> Erie County experiences vast inequities in poverty and income. Figure 9 shows the differences in median income by race and ethnicity.

### Live Well Erie Focus Area: Empower Working Families

Goal 2: Families in Erie County will have greater financial security.

This goal focuses on increasing the number of families earning high wages through innovative approaches such as workforce development, work readiness, and upskill training.



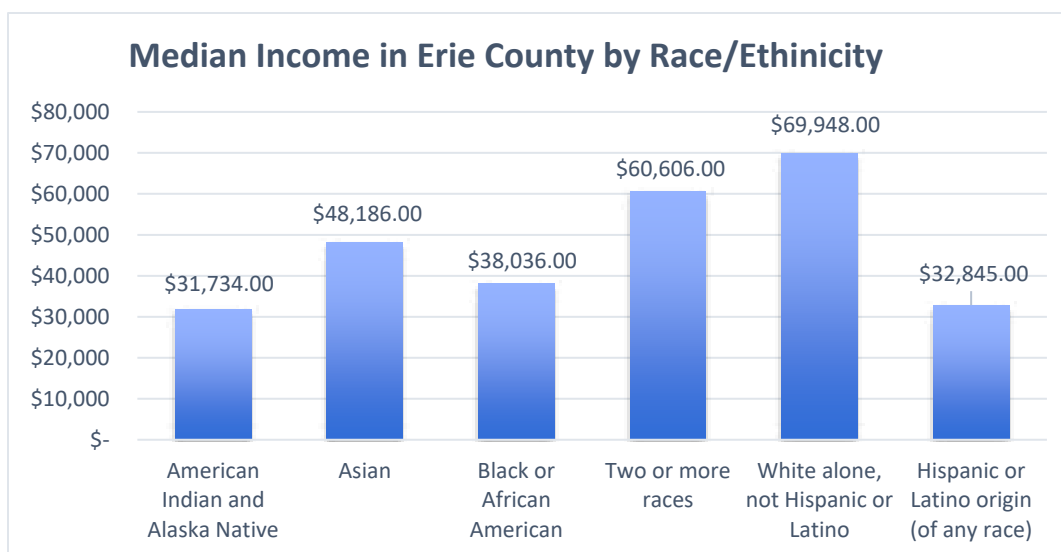


Figure 9: American Communities Survey, 2021 1-year Estimates of Median Income in Erie County by Race/Ethnicity

<b>% Children in Poverty</b>	<b>18%</b>
American Indian & Alaska Native	25%
Asian	38%
Black	40%
Hispanic	37%
White	9%

Figure 10: 2021 American Communities Survey, 2021 1-year Estimates of Percentages of Children in Poverty in Erie County by Race/Ethnicity. Chart taken from County Health Rankings.

**ABOUT THE DATA:** While examining median income is a simplified way of determining economic disparities, it does not provide the full picture of wealth distribution. The 2022 County Health Rankings report disaggregated the percent of children in poverty by race and ethnicity.<sup>4</sup> Some of the differences in median income per race do not seem to corroborate with the rates of child poverty per race, such as in the Asian community. An explanation for this may be the wide range in income and age distribution amongst the subpopulations (i.e., Chinese, Bangladeshi, Bhutanese), again highlighting the need to disaggregate these groups in data collection. This may be explained by the wide range in income as well as age distribution in certain groups such as the Asian community.



## Healthy People 2030 Social Determinants of Health Domain: Neighborhoods and Built Environment — Housing

Healthy People 2030 recognizes that stable housing lays a foundation for an individual's health.

Individuals experiencing homelessness are more likely to suffer from chronic disease and premature

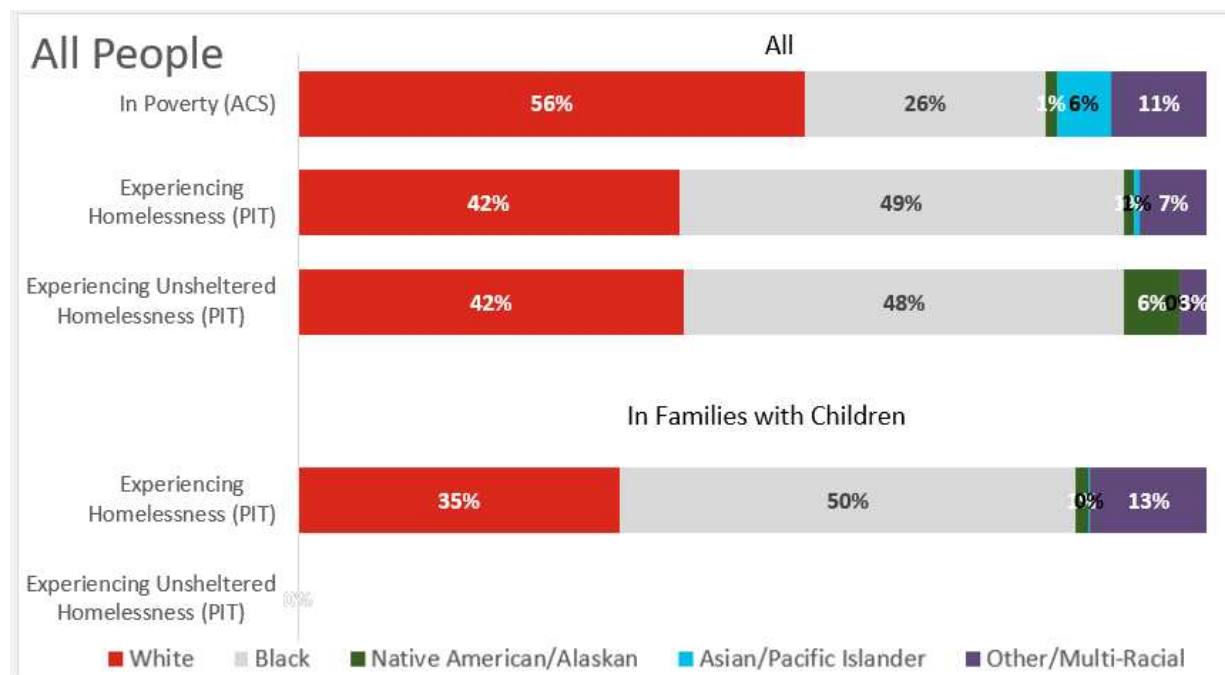


Figure 11: HUD, 2021 COC Racial Equity Analysis Tool of poverty and homelessness within the United States

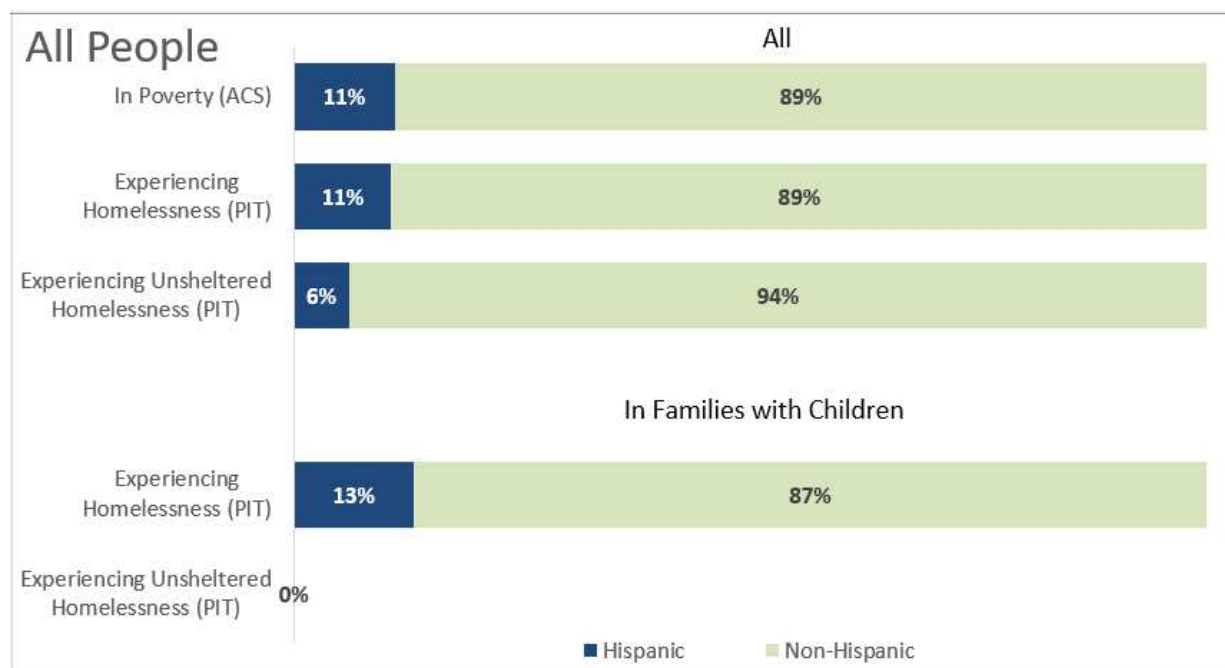


Figure 12: HUD, 2021 COC Racial Equity Analysis Tool of poverty and homelessness within the Buffalo, Niagara Falls/Erie, Niagara, Orleans, Genesee, Wyoming Counties



death.<sup>45</sup> On average, from January through September 2022, people who identified as Black accounted for 34% of the Erie County Department of Mental Health Single Point of Access program monthly housing waitlist additions, despite accounting for only about 12.5% of the county's population.<sup>3,46</sup> At least every other year the Housing and Urban Development

### Live Well Erie Focus Area: Empower Working Families

Goal 1: Families in Erie County will have safe, affordable housing.

This goal focuses on securing affordable housing and providing thriving wages through a sustainable, long-term approach.

Continuum of Care (CoC) program conducts a Point in Time (PIT) count of people experiencing homelessness. Erie County is within CoC region NY-508, which also includes Niagara, Orleans, Genesee, and Wyoming Counties. While the PIT county level data are not available by race and ethnicity, numbers from the 2022 PIT Count for NY-508 demonstrate that racial and ethnic minorities, particularly Black people, are vastly over-represented.<sup>6</sup> Even when controlling for poverty, Black people are more likely to experience homelessness.<sup>6</sup> In 2022, the Point in Time Count occurred on January 26th. Figure 12 displays percentages of each race/ethnicity that accounted for the total number of people experiencing homelessness on the 2022 PIT date as well as people living in poverty according to the ACS 2021 1-year estimates.<sup>6,47</sup>

Buffalo, like many cities, has a history of housing discrimination. A 2021 report by the New York State Department of Financial Services on redlining in Buffalo found that mortgage originations continue to underserve our minority populations.<sup>48</sup> Figure 13 highlights mortgage originations throughout the city of Buffalo and shows neighborhoods where the residents are predominantly Black have fewer mortgages than other neighborhoods. The report concludes that while housing discrimination may not be as intentional as it was previously, it is ongoing. Information on the history of housing discrimination can be explored in *The Racial Equity Dividend: Buffalo's Great Opportunity* at <https://racialequitybuffalo.org/resources/dividend-report/><sup>37</sup> and *The Harder We Run; The State of Black Buffalo in 1990 and the Present* at <https://ubwp.buffalo.edu/aps-cus/wp-content/uploads/sites/16/2021/10/TaylorHL-The-Harder-We-Run.pdf>.<sup>38</sup>



### City of Buffalo Mortgage Originations (2016-2019)

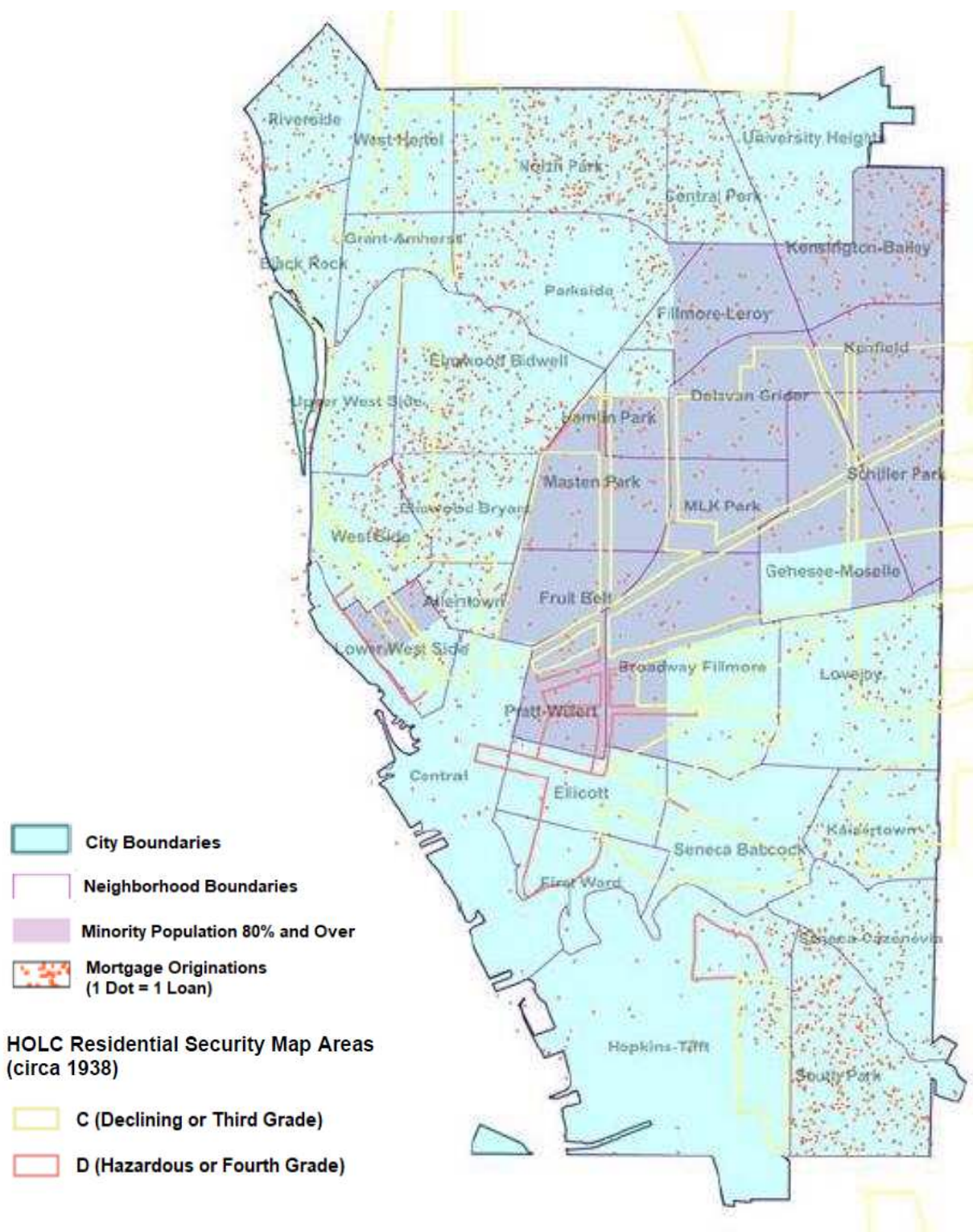


Figure 13: Mortgage Originations in Erie County, NYS Department of Financial Services, Report on Inquiry into Redlining in Buffalo, New York, 2021



## Healthy People 2030 Social Determinants of Health Domain: Social and Community Context

An individual's race impacts the likelihood of interacting with law enforcement. Following the 2020 protests after the murder of George Floyd, Mayor Byron Brown announced reforms to the Buffalo Police Department.<sup>49</sup> This included a mandate for the issuance of traffic receipts that collect information on the demographics—including race and ethnicity—of all individuals being stopped. An analysis of this

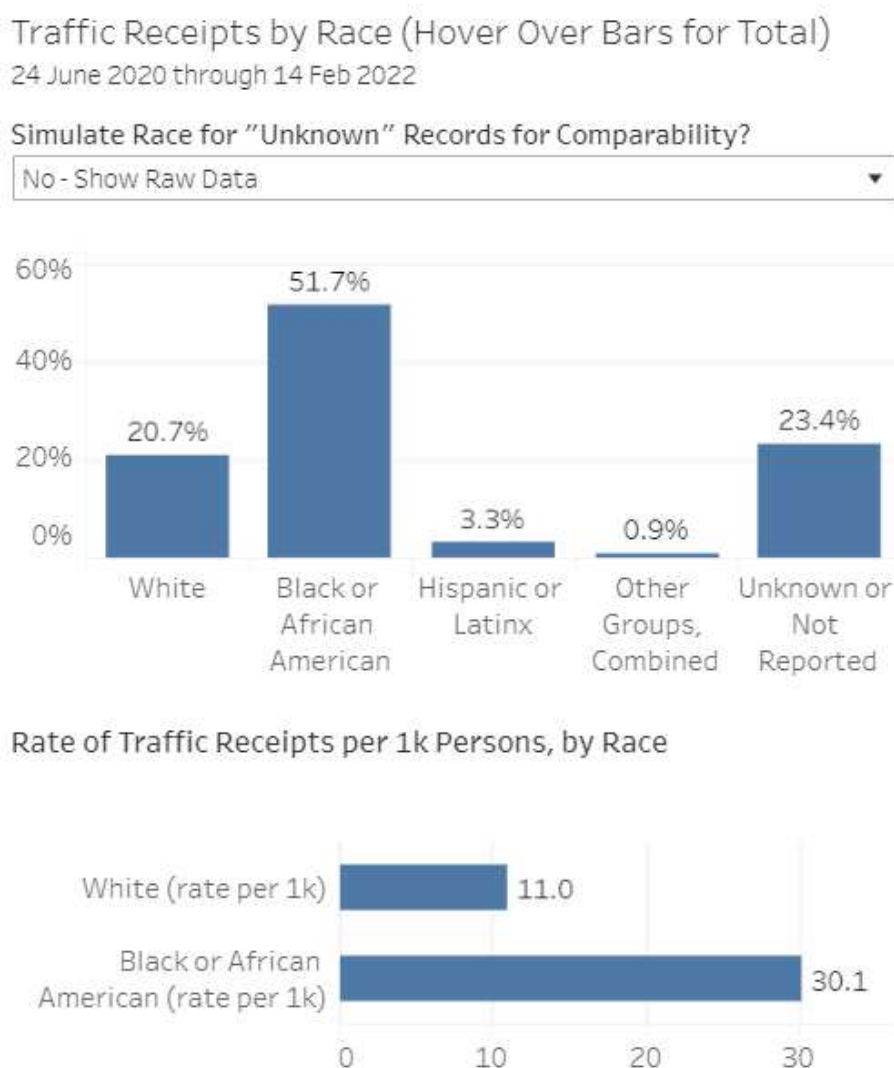


Figure 14: News Channel 4 with Cornell ILR Buffalo Co-Lab. Traffic receipt data in City of Buffalo, 2020-2022

receipt data by Cornell's School of Industrial and Labor Relations Buffalo Co-Lab found that "when the receipts in which the race is unknown were removed, Black people were 2.5 times more likely to be stopped by police in Buffalo than people, despite making up a smaller share of the city's total population."<sup>50</sup> This data is reflected in Figure 14. Despite that demographic data is missing for about 25% of the receipts analyzed in this report, it provides important insight and oversight into the actions of the



Buffalo Police Department. Collection of this data demonstrates transparency, and it is a step toward addressing these types of disparities.<sup>51</sup> While, some US States and other jurisdictions have created laws requiring this data be collected, New York State has not. Legislation has been introduced to address this issue.<sup>52</sup> Disproportionate rates of contact with law enforcement increase the risk of arrests and incarceration for certain minority communities.

### Healthy People 2030 Literature Summary on Incarceration as a Social Determinant of Health

The Healthy People 2030 literature summary on incarceration discusses how SDOH, such as low education level, low income level, and unemployment, affect the risk of incarceration and recidivism.<sup>53</sup> The minority groups in Figure 15 that are over-represented in arrest rates experience higher rates of these risk factors.<sup>54</sup> The literature summary also discusses that incarceration itself is a SDOH as it increases the risk of poor health and well-being for individuals who are incarcerated or have a history of being incarcerated as well as their families and communities.<sup>53</sup>

Figure 15 implies that among those who have been arrested, people who are Black or Hispanic are more likely to receive prison sentences than White people. Improving the social determinants of health in these minority groups as well as controlling for bias in sentencing may decrease the risk of the detrimental effects of incarceration in these communities.

Erie County								
Race/Ethnicity	Population (18+)		Adult Arrests		Felony Adult Arrests		Prison Sentences	
	#	% of Total	#	% of Total	#	% of Total	#	% of Total
White	572,010	78%	5,398	48%	1,602	38%	49	21%
Black	92,397	13%	4,488	40%	2,131	50%	154	66%
Hispanic	36,311	5%	912	8%	408	10%	30	13%
Asian	27,742	4%	98	<1%	20	<1%	0	0%
Other-Unknown	4,388	<1%	246	2%	73	2%	0	0%
<b>Total</b>	<b>732,848</b>	<b>100%</b>	<b>11,142</b>	<b>100%</b>	<b>4,234</b>	<b>100%</b>	<b>233</b>	<b>100%</b>

Figure 15: 2020 Erie County Adult Arrests and Prison Sentences - NYS Department of Criminal Justice Services



## Immigrant and Refugee Status

### Healthy People 2030 Social Determinants of Health Workgroup

**Objective: Increase the proportion of federal data sources that include country of birth.**<sup>55</sup>

People migrate to Erie County from around the globe for various reasons. Some come to live with family and loved ones, some come for education and career advancement, and some come because it's a matter of safety or even life and death. Each immigrant community comes with unique cultures, skill

Erie County, NY Top Ten Countries of Origin of  
Foreign-Born Erie County Residents (2015-2020)

1	Canada	4426
2	India	4421
3	China	4246
4	Bangladesh	3512
5	Yemen	2234
6	Burma	2123
7	Italy	2038
8	Germany	2008
9	Iraq	1829
10	Korea	1634

*Figure 16: American Communities Survey, 2015-2020 5-year estimates foreign-born Erie County residents*

sets, and challenges. The number of resources each of these communities brings also varies. Immigrant and refugee communities may have characteristics that are protective to health, such as healthy cultural diets. Some may experience factors that are challenging to good health, such as physical and emotional trauma from events in their countries of origin or on their journeys to the United States. The Healthy People 2030 objective of “increasing the proportion of federal data sources that include country of birth” would help to identify the unique risk factors as well as protective factors for each of these communities. Country of birth is valuable for data at the local level as well.

According to the CDC, immigrants and refugees may also face disparities after resettling in the United States due to lack of health insurance, barriers to access to quality healthcare, poor workplace



conditions, lack of education or challenges in education, and low income and poverty.<sup>56</sup> The World Health Organization finds this to hold true with migrants across the world and considers migration a key determinant of health.<sup>57</sup>

*The World Health Organization considers migration a key determinant of health due to inadequate access to health services, poor living and working conditions, discrimination, and xenophobia faced by refugees and migrants.<sup>57</sup>*

In September 2022, the University at Buffalo's Jacobs School of Medicine and Biomedical Sciences hosted its 8<sup>th</sup> Annual New American and Refugee Health

Summit, featuring speakers who came to Western New York as refugees from all over the world, as well as care providers for local refugees and new Americans. Some common themes were discussed that fit within the Healthy People 2030 SDOH domains, as outlined below.<sup>58</sup>

#### **Healthy People 2030 Social Determinants of Health Domain: Health Care Access and Quality**

- Preventative care is an unfamiliar concept for many new Americans, particularly refugees, as their lives may have been focused on survival, one day at a time.
- Mental health is also an unfamiliar concept for many new Americans as it is not discussed or acknowledged in many of their countries of origin.
- Lack of an appropriate interpreter is often a challenge.
- Cultural differences between patient and provider can also be a barrier. These differences are particularly challenging when addressing mental health. Appropriate care is very important for many refugee families because the effects of trauma can be passed down from generation to generation.

#### **Healthy People 2030 Social Determinants of Health Domains: Economic Stability, Education Access and Quality**

- Foreign-acquired skills and professional assets often do not transfer to the United States. Educational degrees and credentials from other countries are often not accepted in the United States and there are many barriers to acquiring equivalent qualifications here.

#### **Healthy People 2030 Social Determinants of Health Domain: Social and Community Context**

- Cultural differences as well as language barriers can make it difficult to connect with people in community settings such as school and workplaces, leading to feelings of isolation.



## Gender and Sexual Identity

The Erie County lesbian, gay, bisexual, transgender, queer, questioning, intersex, and Two-Spirit (LGBTQ+) community is quite diverse. The LGBTQ+ community includes people of all ages, races, ethnicities, and other social and economic groups. Because of this community's diversity, health disparities impact many different areas of health.

*Approximately 66,797 members of the LGBTQ+ community live in Erie County.<sup>59</sup>*

An important aspect of understanding the LGBTQ+ community—and the data associated with health disparities in the LGBTQ+ community—is knowing the differences between sexual orientation, gender identity, and gender expression.

- Sexual orientation is defined as a person's enduring physical, romantic and/or emotional attraction to another person. Sexual orientations can include heterosexual (straight), lesbian, gay, bisexual, queer, asexual, and other orientations.<sup>27</sup>
- Gender identity is a person's innermost concept of self as male, female, a blend of male and female or neither (non-binary). This is how individuals perceive themselves. A person's gender identity can be either the same or different from their sex assigned at birth.<sup>27</sup>
- Gender expression is the external presentation and appearance of a person's gender identity. This is usually expressed by an individual's behavior, clothing, and other observable factors. This expression may or may not conform with socially defined behaviors and characteristics that have been traditionally associated with being male/masculine or female/feminine.<sup>27</sup>

Individuals in the LGBTQ+ community experience several significant health disparities. This community often has higher rates of certain illnesses, can be at increased risk for some medical and mental health conditions, generally has less access to health care, and can experience worse health outcomes.<sup>60</sup> These health disparities stem from many of the social determinants of health.



The Healthy People 2030 Lesbian, Gay, Bisexual, and Transgender Health Workgroup objectives include<sup>54</sup>:

- **Increase the number of national surveys that collect data on transgender populations.**

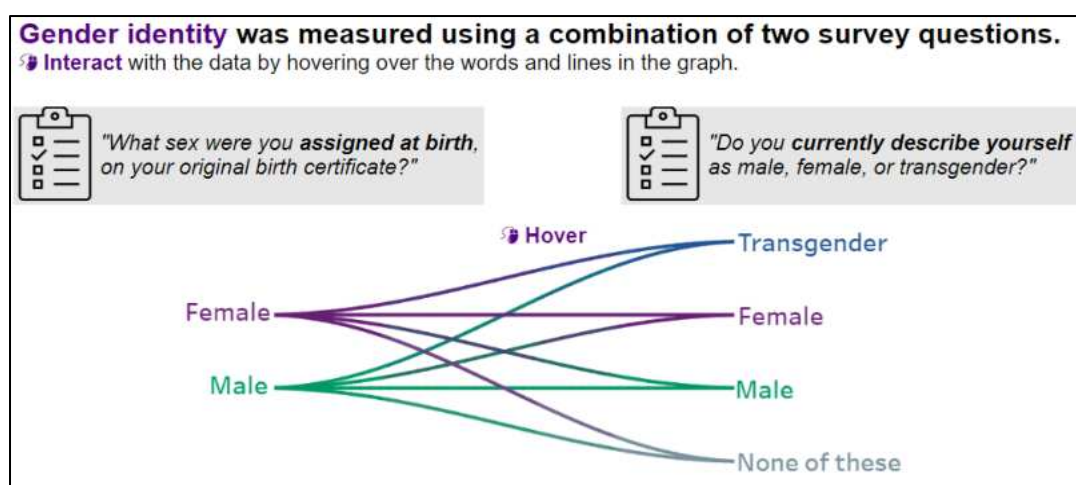
Data collection is a vital tool to understand and address disparities facing LGBTQ+ communities. Lack of data, particularly around gender identity and transgender populations, remains a barrier for policymakers, researchers, service providers, and advocates seeking to improve the health of the LGBTQ+ community.

- **Increase the number of national surveys that collect data on lesbian, gay, and bisexual populations.**

Community-based, national level surveys can provide important opportunities to learn much more about smaller sexual and gender minority populations, such as people who are asexual, same-gender-loving, or Two-Spirit.

The major challenge in describing health issues in the LGBTQ+ community is that most of health data collected only recorded sex at birth or falsely assumes that asking or documenting a patients/respondent's "sex" at one point in time is a clear question, where a consistent response throughout one's life span is expected.

*Lack of data, particularly around gender identity and transgender populations, remains a barrier for policymakers, researchers, service providers, and advocates seeking to improve the health of the LGBTQ+ community.<sup>61</sup>*





Additionally, the only response options are often only “male” or “female.” When sexual orientation, gender identity, and gender expression questions are not included in a survey’s demographic assessment, questionnaire, or medical

**ABOUT THE DATA:** A review of regional and county level health surveys found data limited, lacking, or non-existent when it came to gender identify and sexual orientation. As a result, the majority of data available on this group is based on statewide or national data sets. However, some data collection improvements have occurred regarding LGBTQ+ data and many electronic medical records and other healthcare systems are increasingly collecting gender identify and sexual orientation information.

record, it is not possible to accurately compare health outcomes between the straight/heterosexual and cisgender population to the LGBTQ+ population. Some national health surveys and systems do collect additional information on sexual orientation and/or gender identity. One example is the U.S. Census Bureau’s Household Pulse Survey (Figure 17).<sup>62</sup>

Use of these fields allowed the Household Pulse survey to show that during the COVID-19 pandemic, the percentage of adults with symptoms of anxiety and depression was over twice as high in LGBT than non-LGBT adults in 2021-2022 (Figure 18).<sup>62</sup>

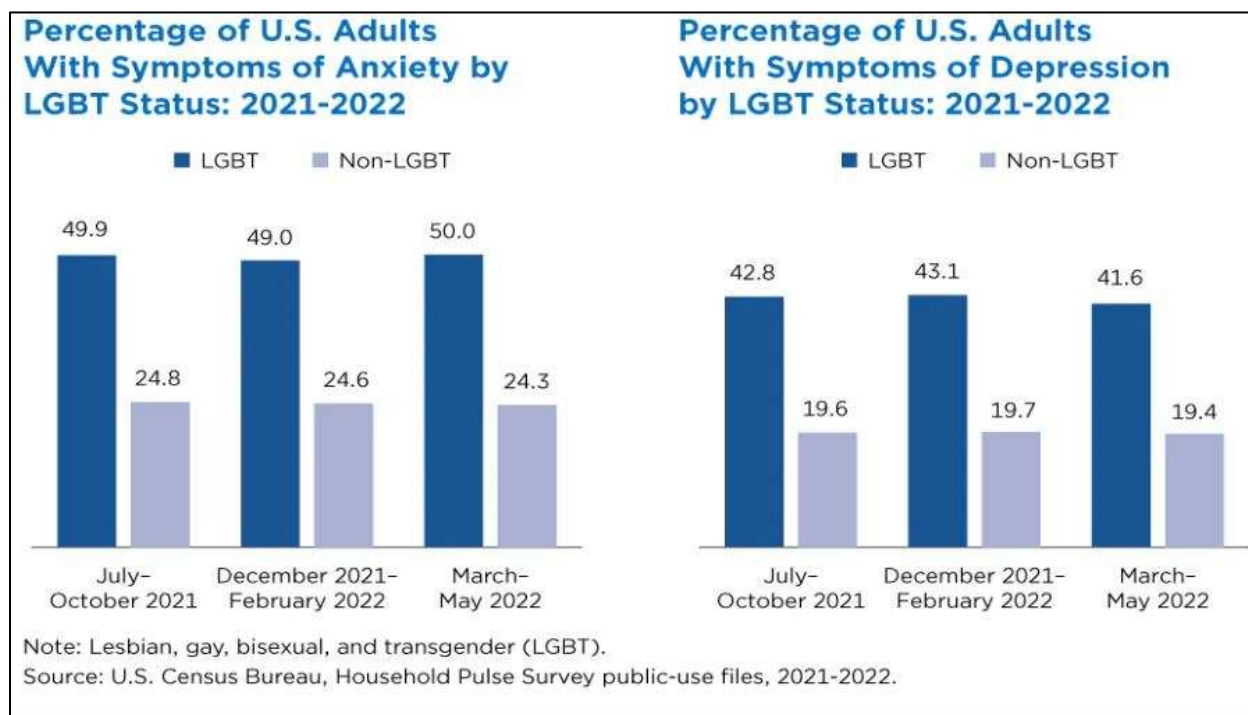
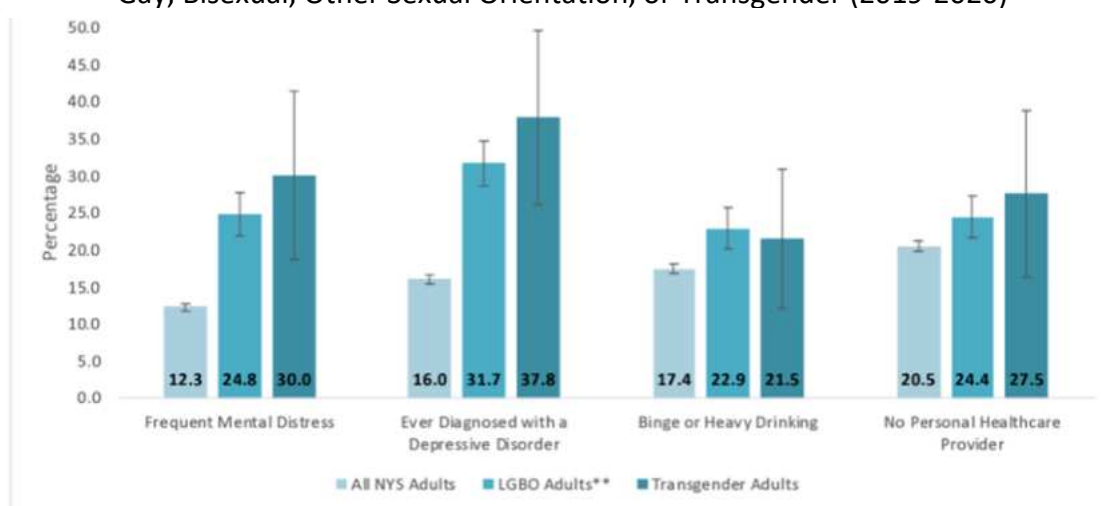


Figure 18: CDC, BRFSS 2019-2020, Prevalence of Select Health Indicators among Adults Who Self-Identify as Lesbian, Gay, Bisexual, Other Sexual Orientation, or Transgender



According to the NYS Behavioral Risk Factor Surveillance Survey (BRFSS), adults who identify as LGBTQ+ were significantly more likely to experience frequent mental distress, were more often diagnosed with a depressive disorder, report heavy or binge drinking, and were less likely have no personal healthcare provider (Figure 19).<sup>59</sup> The transgender community also experiences a multitude of health disparities,

### Prevalence of Select Health Indicators among Adults Who Self-Identify as Lesbian, Gay, Bisexual, Other Sexual Orientation, or Transgender (2019-2020)



\* Includes pooled BRFSS survey data years 2019-2020. \*\* LGBO is an acronym used to reference adults who self-identify as lesbian, gay, bisexual, or other sexual orientation.

Figure 19: NYS BRFSS 2019-2020, Prevalence of Select Health Indicators among Adults Who Self-Identify as Lesbian, Gay, Bisexual, Other Sexual Orientation, or Transgender in New York State

### Prevalence of Select Health Indicators among Adults Who Self-Identify as Lesbian, Gay, Bisexual, Other Sexual Orientation, or Transgender (2019-2020)

Health Risk Behaviors								
	Current Smoker <sup>a</sup>		Binge or Heavy Drinking <sup>b</sup>		Sugar-sweetened Beverage Consumption 1+ Times per Day		No Leisure Time Physical Activity <sup>c</sup>	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
All NYS Adults	12.3	(11.7-12.9)	17.4	(16.8-18.1)	19.8	(18.8-20.8)	26.4	(25.6-27.1)
LGBO Adults**	14.6	(12.3-16.9)	22.9	(20.1-25.7)	21.5	(17.7-25.2)	25.5	(22.5-28.4)
Transgender Adults	15.8	(7.5-24.2)	21.5	(12.1-30.9)	34.6	(15.9-53.4)	28.9	(16.5-41.2)
Health Conditions								
	Fair or Poor Self- Assessed Health		Obese <sup>d</sup>		Frequent Mental Distress <sup>e</sup>		Ever Diagnosed with a Depressive Disorder <sup>f</sup>	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
All NYS Adults	14.9	(14.3-15.5)	26.7	(25.9-27.5)	12.3	(11.7-12.8)	16.0	(15.4-16.6)
LGBO Adults**	16.8	(14.4-19.2)	27.4	(24.3-30.4)	24.8	(21.9-27.8)	31.7	(28.6-34.7)
Transgender Adults	20.6	(11.1-30.2)	21.5	(11.5-31.4)	30.0	(18.7-41.4)	37.8	(26.1-49.6)
Health Care Indicators								
	No Personal Doctor or Health Care Provider			No Health Insurance				
	%		95% CI	%		95% CI		
All NYS Adults	20.5		(19.8-21.2)	12.3		(11.6-12.9)		
LGBO Adults**	24.4		(21.6-27.3)	14.3		(11.8-16.8)		
Transgender Adults	27.5		(16.3-38.8)	18.9		(8.6-29.2)		

Technical Notes: Estimates are deemed unstable where a confidence interval has a half-width or greater than 10, use caution when interpreting. \*\* LGBO is an acronym used to reference adults who self-

Figure 20: NYS 2019-2020 BRFSS, Prevalence of Select Health Indicators among Adults Who Self-Identify as Lesbian, Gay, Bisexual, Other Sexual Orientation, or Transgender in New York State



particularly with access to health care. As seen in Figure 20, a much higher percentage of transgender individuals report no health care provider or no health insurance.

### Healthy People 2030 Social Determinants of Health Domain: Health Care Access and Quality

Many people in the LGBTQ+ community don't get the quality health care services that they need. Healthy People 2030 focuses on improving health by helping people get timely, high-quality health care services. As highlighted in the 2021 Niagara Pride needs assessment survey (Figure 21), the LGBTQ+ community in Western New York indicated their main concern was that health care services are not LGBTQ+ friendly.<sup>63</sup>

The Human Rights Campaign's national surveys and studies found that this community also has less access to health insurance.<sup>64</sup> Additional surveys found that LGBTQ+ individuals are more likely to delay accessing health care and report a lack of culturally competent care.

Other SDOH also impact the LGBTQ+ community, such as barriers to employment due to harassment and discrimination at the workplace. Safe housing is another SDOH that greatly impacts the LGBTQ+ community, as reflected in higher rates of homelessness among the group.

#### Top Reported Concerns Preventing the Seeking of Physical Health Care Services

These are the top concerns that participants reported that keep them from seeking physical health care services:

(in order of greatest concern)

1. Services would not be LGBTQ-friendly
2. Not being able to afford this service
3. Accessing care would take too much time
4. Not knowing how or where to access the service
5. Services would not be trans-friendly
6. Services would not be friendly to people my age
7. Services would not be culturally sensitive
8. Afraid someone I know would find out I was using this service
9. Not having a way to get there
10. Afraid that my parents/guardians or Child Protective Services would be notified

Figure 21: Niagara Pride, LGBTQ+ Need Assessment, 2021. Top Reported Concerns Prevention the Seeking of Physical Health Care Services.



## Disability Status

The American Communities Survey provides demographic data on Erie County residents living with disabilities, as seen in Figures 22, 23, and 24.<sup>3</sup> The prevalence of disabilities is slightly higher in Erie County (13.6%) than the rest of New York State (12.0%).<sup>3</sup> Figure 22 shows that the likelihood of Erie County residents reporting living with a disability increases with age. This is a natural disparity as people are more prone to developing disabilities as their bodies age. Figure 23 depicts that the likelihood of people living with disabilities varies by race.<sup>3</sup> These inequities are indicators of external circumstances, as race does not have a natural, biological impact on rates of disability.

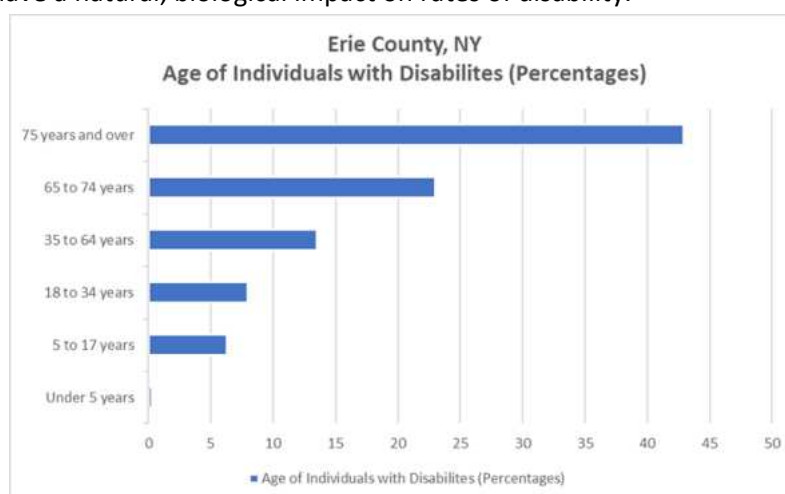


Figure 22: American Communities Survey, 2021 1-year estimates of the Age of Individuals with Disabilities

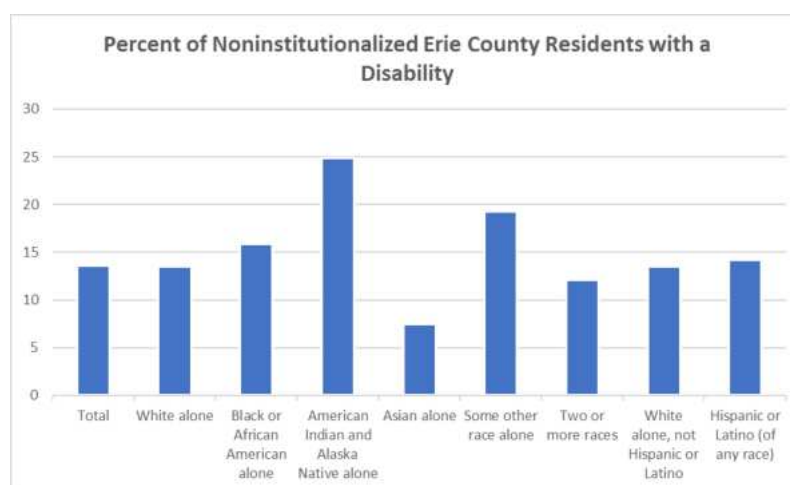


Figure 23: American Communities Survey, 2021 1-year estimates of Percentage of Noninstitutionalized Erie County, NY Residents with a Disability



## Healthy People 2030 Disability and Health Workgroup

**Goal: Improve health and well-being in people with disabilities.** People with disabilities often face additional challenges with the SDOH. Some examples include reports of lower income, reduced likelihood of employment, reduced likelihood of achieving higher education, and an increased likelihood of missing healthcare visits. Healthy People 2030 highlights the need to increase accessibility in homes, schools, workplaces, and public places to improve the health and well-being of people with disabilities.<sup>65</sup>

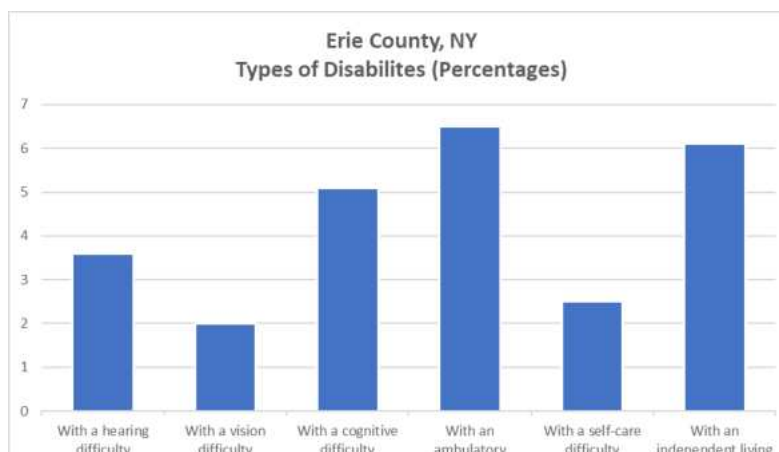


Figure 24: American Communities Survey, 2021 1-year estimates of Percentages of Disabilities within Erie County, NY.

## Healthy People 2030 Social Determinants of Health Domains: Economic Stability & Education Access and Quality

Living with a disability is not synonymous with being non-functional. People with disabilities, like everyone else, possess valuable skills and

*People with disabilities often face additional challenges with the social determinants of health, like lower income, lower rates of employment, and higher rates of missed healthcare visits.<sup>65</sup>*

assets. With reasonable accommodations and the opportunity to fully participate in their communities,

	Erie County Residents with a Disability	Erie County Residents with No Disability
<b>Bachelor's degree of higher</b>	21.20%	43.00%
<b>Median Earnings</b>	\$26,649	\$41,272
<b>Below 100% of the poverty level</b>	20.50%	10.80%

Figure 25: American Communities Survey, 2021 1-year estimates of prevalence of disabilities within the categories of the social determinates of health within Erie County, NY.

they can meaningfully contribute as well as improve their own quality of life. Figure 25 displays



examples of SDOH disparities experienced by the disability community.<sup>3</sup> As this is a very diverse community, with unique skills as well as needs, there is no single solution to address these disparities. For example, some individuals may be truly unable to participate in the general education system or workforce, while others have the potential to pursue meaningful careers and remain self-sufficient with some reasonable accommodation.

### Healthy People 2030 Social Determinants of Health domain: Health Care Access and Quality

Nationally, individuals with disabilities are less likely to receive preventative care, including vaccines, compared to individuals without disabilities. The National Immunization Survey Adult COVID Module revealed that despite the lowered prevalence of COVID-19 vaccination, adults with disabilities were more likely to say that they would seek to be vaccinated.<sup>66</sup> Endorsement of the COVID-19 vaccines was high among unvaccinated adults with disabilities.

Analysis from this survey concluded that reduction of barriers preventing vaccine scheduling and accessibility to vaccination sites would be important to the health of people with disabilities.<sup>66</sup>

Furthermore, the Healthy People 2030 People with Disabilities workgroup discusses that many adults with disabilities are not receiving preventative care in general due to cost. Telemedicine, coordinated care, and shared decision-making may make preventative care more accessible to this community.<sup>65</sup>

#### Live Well Erie Focus Area: Supporting our Seniors

Goal 2: Erie County will be accessible to people of all ages.

This goal aims to make life more accessible and healthier for everyone regardless of age or ability—including older adults who often have a more restricted range of abilities—by focusing on expanding options to live full and independent lives.



## Additional Populations and Communities of Note

### Maternal Health

*For the purposes of this report, the term “maternal” is used to describe those who have experienced pregnancy or have given birth. This is in alignment with the language used by Healthy People 2030.*

#### Healthy People 2030 Maternal, Infant, and Child Health Workgroup

On a national level, while many of the Healthy People 2030 objectives outcomes concerning infants are improving, maternal outcomes are worsening.<sup>67</sup>

**Objective: Reduce Maternal Deaths.** To address maternal deaths, Healthy People 2030 calls for improvement in the Social Determinant of Health Domain: Health Care Access and Quality.<sup>67</sup> This is particularly important for Black mothers.

Pregnancy, giving birth, and recovering from giving birth are more dangerous in the United States than in most other countries of comparable socioeconomic status. Between 2018 and 2020, maternal mortality rates increased in the United States.<sup>68</sup> Rates varied based on race and age; Black mothers died at a higher rate, as well as older mothers, particularly 40 years and older.<sup>68</sup> The 2022 March of Dimes Report Card gave the United States a D+ for infant and maternal health. New York State received a C.<sup>69</sup> While New York State scored better compared to the United States as a whole, if we take a closer look, there are larger inequities between racial groups in New York State as compared to the nation.<sup>70</sup>

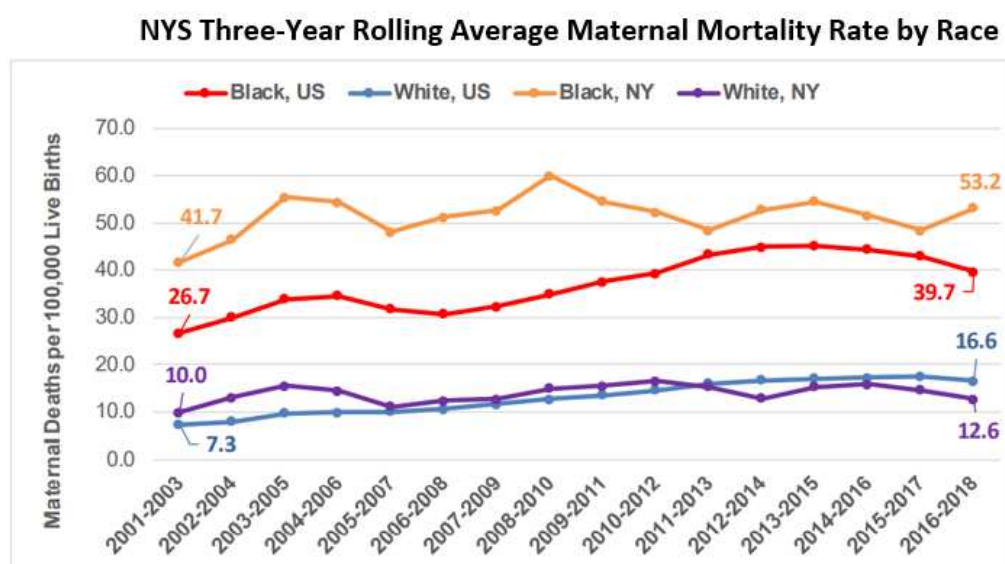


Figure 26: CDC WONDER Database of NYS, 2001-2018 NYS Vital Statistics, Three-Year Rolling Average Maternal Mortality Rate by Race.



A review of 2018 New York State pregnancy-associated deaths revealed that non-Hispanic Black women comprised 51.2% of pregnancy-related deaths while accounting for only 14.3% of all live births.<sup>70</sup>

**ABOUT THE DATA:** Asian and American Indian/Alaska Native communities are not represented in the *NYS Report on Pregnancy Associated Deaths in 2018*, likely due to low numbers. Historically, on a national level, mortality rates for Asian mothers are comparable to those of White mothers while mortality rates for American Indian/Alaska Native mothers are lower than those of Black mothers but higher than the other racial communities.<sup>71</sup>

Contributing factors to the deaths were considered at the following levels: Community, facility, patient/family, provider, and system. In summary, the report reveals that the majority of maternal deaths were preventable, and that the leading causes of death with highly disproportionate impacts on non-Hispanic Black women were at the provider, facility, and systems of care levels. Discrimination was found to be one of the top contributing factors.<sup>70</sup> Other demographic factors examined in the review are displayed in Figure 27.

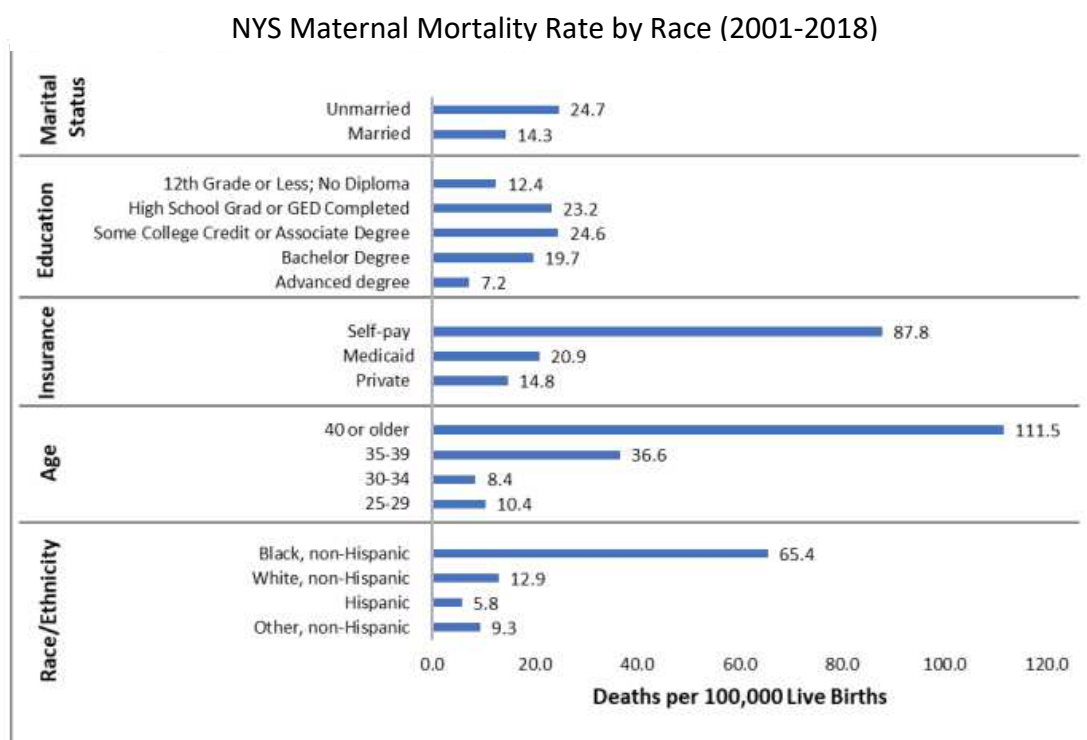


Figure 27: Maternal Mortality Review, 2001-2018 New York State Data of Pregnancy-Related Mortality Ratio by Demographics

The full report can be reviewed here:

[https://health.ny.gov/community/adults/women/docs/maternal\\_mortality\\_review\\_2018.pdf](https://health.ny.gov/community/adults/women/docs/maternal_mortality_review_2018.pdf).



Comparable data at the county or subcounty level has not been accessed. However, the *Race and Ethnicity* section of this report highlights that some of the systems-level factors as described in the NYS review, such as lower income as a barrier to accessing care, occur in Erie County. These SDOH are

*The majority of maternal deaths were preventable, and the leading causes of death with highly disproportionate impacts on non-Hispanic Black mothers were at the provider, facility, and systems of care levels.<sup>70</sup>*

associated with the higher rates of poor pre-existing health and chronic conditions, such as obesity and hypertension which, in turn, can result in severe maternal morbidity (poor health outcomes).<sup>72</sup> Maternal health is also closely tied to infant health, where we see racial disparities. Furthermore, research has shown that mothers who live in neighborhoods that are predominantly Black experience higher rates of severe maternal mortality than their counterparts who live in neighborhoods that are predominantly White.<sup>73</sup> The racial segregation, SDOH inequities, overall health, and infant outcomes as described in this report indicate that Black mothers in Erie County face elevated risks of maternal morbidity and mortality.



## Youth

Children and adolescents face unique health related challenges. In Erie County, like many other areas of the country, youth are more diverse and therefore more likely to belong to a racial or ethnic minority community and/or to be foreign born compared to older individuals. As highlighted in the sections *Race and Ethnicity* and *Immigrant and Refugee Status*, this often puts youth at higher risk for poor health outcomes.

### Live Well Erie Focus Area: Give Every Child a Chance to Succeed

Goal 2: Children will achieve comprehensive health.

This goal focus on a comprehensive approach, including social, mental health, and physical health aspects, including reducing the rate of children who are overweight or obese.

Youth obesity rates are one example of how SDOH factors like location, food access, and economics all impact physical health. As seen in Figure 28, the Erie County school districts with the highest obesity rates are Buffalo City Schools (labeled as 140600, a majority Black school district) and North Collins School District (labeled as 142201, a rural majority White school district).<sup>36</sup>

### Youth and Adolescent Obesity Rate, by School District 2017-2019

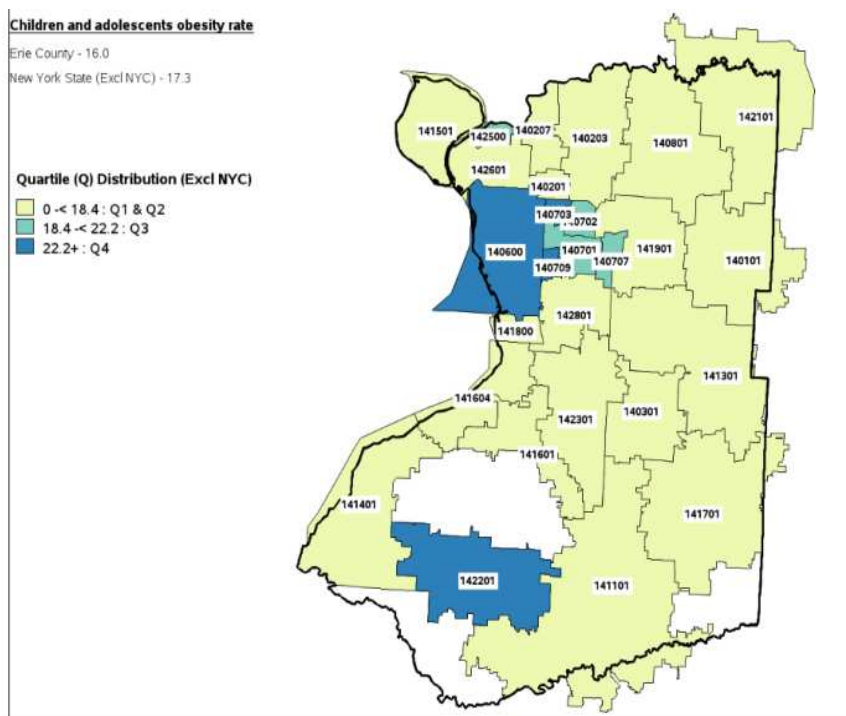


Figure 28: New York State Prevention Agenda Dashboard, 2017-2019 Percentages of Children and Adolescents with Obesity via School District Map in Erie County



Other significant disparities exist for youth mental health. These disparities are particularly evident among LGBTQ+ youth.

### Healthy People 2030 Social Determinants of Health Domain: Social and Community Context

#### Objectives:

- **Reduce bullying of transgender students.** Transgender and other gender diverse youth experience discrimination and stigma that increases their risk for experiencing violence, poor mental health, and engaging in risky behaviors.<sup>74</sup> Healthy People notes that issues related to trans people do not yet have reliable baseline data, highlighting the need for gender-identity to be more disaggregated more specifically in data collection.<sup>75</sup>
- As shown in Figure 29, rates of depression, thoughts of suicide and victimization are much higher in transgender youth as compared to their cisgender peers.<sup>76</sup>

#### Depression, Suicidality and Victimization of Transgender Youth, 2019

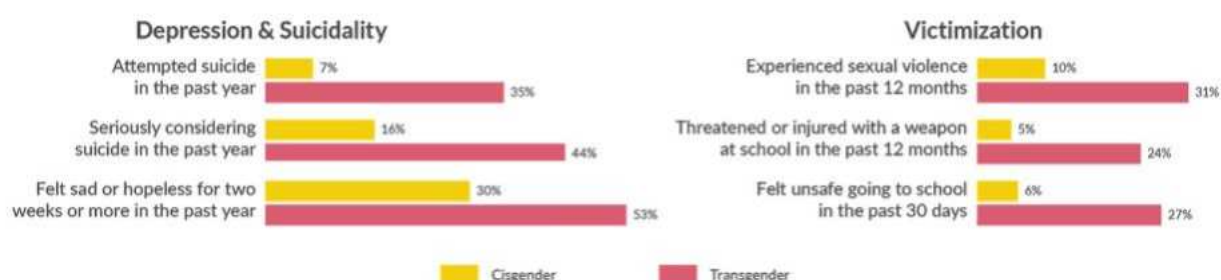


Figure 29: CDC, Youth Risk Behavior Survey, 2019, Summarized and presented by The Trevor Project. Depression, Suicidality and Victimization of Transgender Youth.

- **Reduce bullying of lesbian, gay, and bisexual students.** Students who identify as lesbian, gay, or bisexual are more likely to be bullied than students who identify as heterosexual. Being bullied increases risk of anxiety, depression, sleep disorder, and underachievement in school.<sup>77</sup>
- As seen in figures 30 and 31 heterosexual students reported lower rates of bullying and had lower rates of attempted suicide than their gay, lesbian, or bisexual peers.<sup>78</sup>

#### High School Students Who Were Bullied on School Property by Sexual Identity, New York, 2019

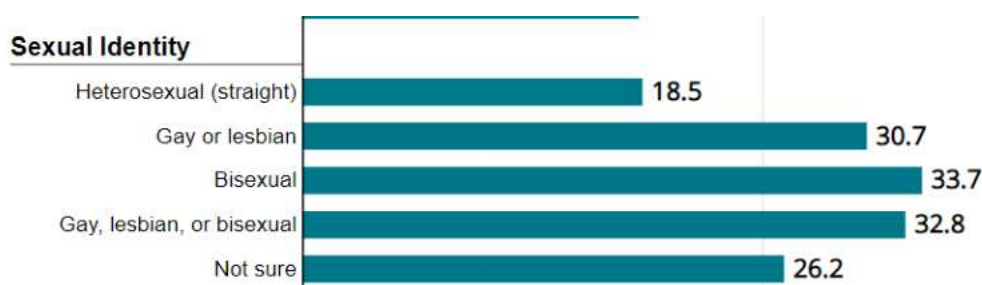


Figure 30: CDC, Youth Risk Behavior Survey, New York State, 2019. High School Students Who Were Bullied on School Property.



### High School Students Who Attempted Suicide by Sexual Identity, New York, 2019

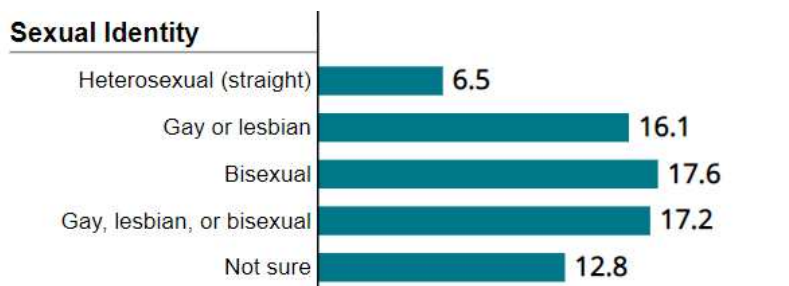


Figure 31: CDC, Youth Risk Behavior Survey, New York State, 2019. High School Students Who Attempted Suicide.

Intersectionality is an important factor when understanding health disparities based on gender identity along with other identities, such as race. These factors can compound and interact, resulting in additional health disparities. For example, a study in the *American Journal of Preventative Medicine* highlighted that LGBTQ+ Black individuals were more likely to report longer periods of being physically or mentally unwell than Black individuals who are heterosexual and cisgender.<sup>79</sup> Another example from the United States Interagency Council on Homelessness found that Black LGBTQ+ youth have an 83% higher risk of experiencing homelessness as compared to LGBTQ+ youth of other races.<sup>80</sup>

***Intersectionality is an important factor when understanding health disparities based on gender identity along with other identities, such as race. These factors can compound and interact, resulting in additional health disparities.***



## Older Adults

### Healthy People 2030 Objective: Increase Health and Well-Being for Older Adults

According to the American Communities Survey 2021, 1-year estimates, about 19% of Erie County's population is over 64 years old, which is considered the age-dependent range.<sup>3</sup> The old age dependency ratio (30.7) in Erie County is slightly higher than that of the nation (27.6).<sup>3</sup> As previously demonstrated in this

report, older adults are much more likely to live with disabilities. Any public planning efforts should consider the needs of older adults. The *We Stand with New York Seniors Coalition* provide recommendations for making communities accessible accommodating for older adults in their *Community Priorities for New York's Master Plan for Aging*.<sup>81</sup> This plan can be accessed here: <https://hfwcnny.org/wp-content/uploads/Community-Priorities-for-New-Yorks-Master-Plan-for-Aging.pdf>.

### Live Well Erie Focus Area: Supporting our Seniors

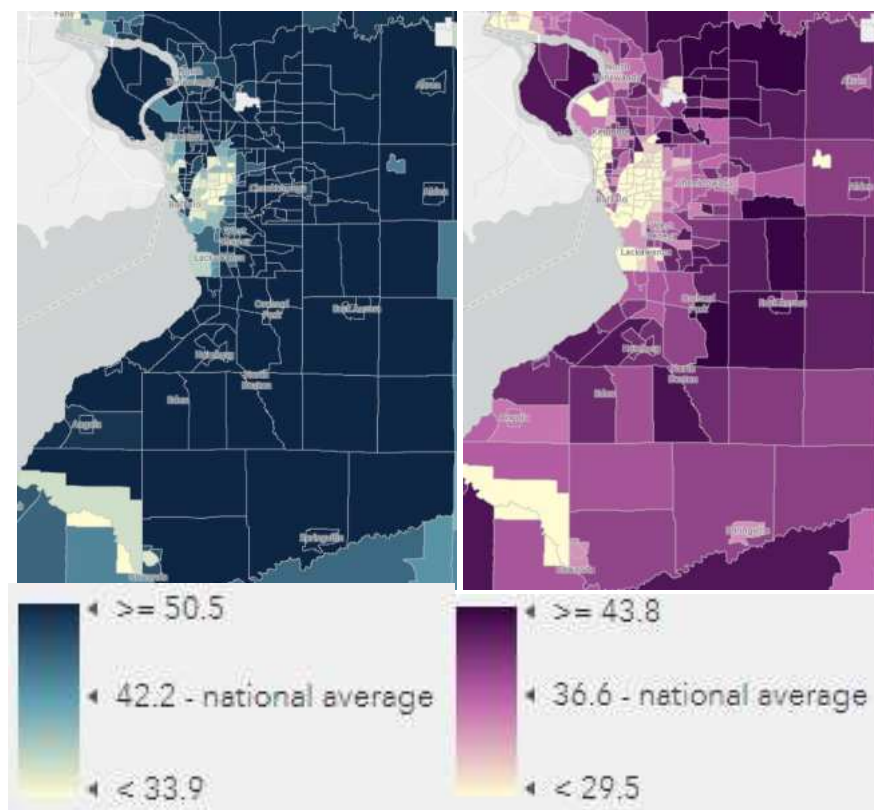
Goal 1: Older adults will be able to maintain an active and stimulating social life as they age.

This goal aims to increase access to transportation, reduce social isolation, and increase connectedness throughout the community.

### Prevalence (%) of Erie County Older Adults Who Have Access to Preventative Services

Figure 32 (left image): CDC PLACES Interactive Map, Preventive Services (Older Men). NOTE: Darker blue is increased access to preventative care, while light blue/white is lower access to preventative care.

Figure 33 (right image): CDC PLACES Interactive Map, Preventive Services (Older Women). NOTE: Darker purple is increased access to preventative care, while light purple/white is lower access to preventative care.





Older adults experience many of the same SDOH inequities as younger populations. These inequities may be amplified due to complications of age, such as decreased mobility, hearing and vision loss, lack of transportation, and challenges with an increasingly digital world. Figure 32 (men) and Figure 33 (women) show that older adults lacking preventative care live in the same neighborhoods that experience most of the overall health inequities.<sup>82</sup>



## Rural Communities

Figure 34 displays the areas of Erie County that fit the definition for “rural” according to the 2010 Decennial Census. According to that definition, “rural” encompasses all population, housing, and territory not included within an urban area, whereas “urbanized areas” have a population of 50,000 or more and “urban clusters” have a population of at least 2,500 and less than 50,000.<sup>83</sup> The 2010 Decennial Census found that about 9.4% of Erie County’s population resides in rural areas.<sup>10</sup> Estimates from the 2020 Decennial Census using new definitions will be released in 2023.

Rural Population Density by Census Tract, Erie County (2010)

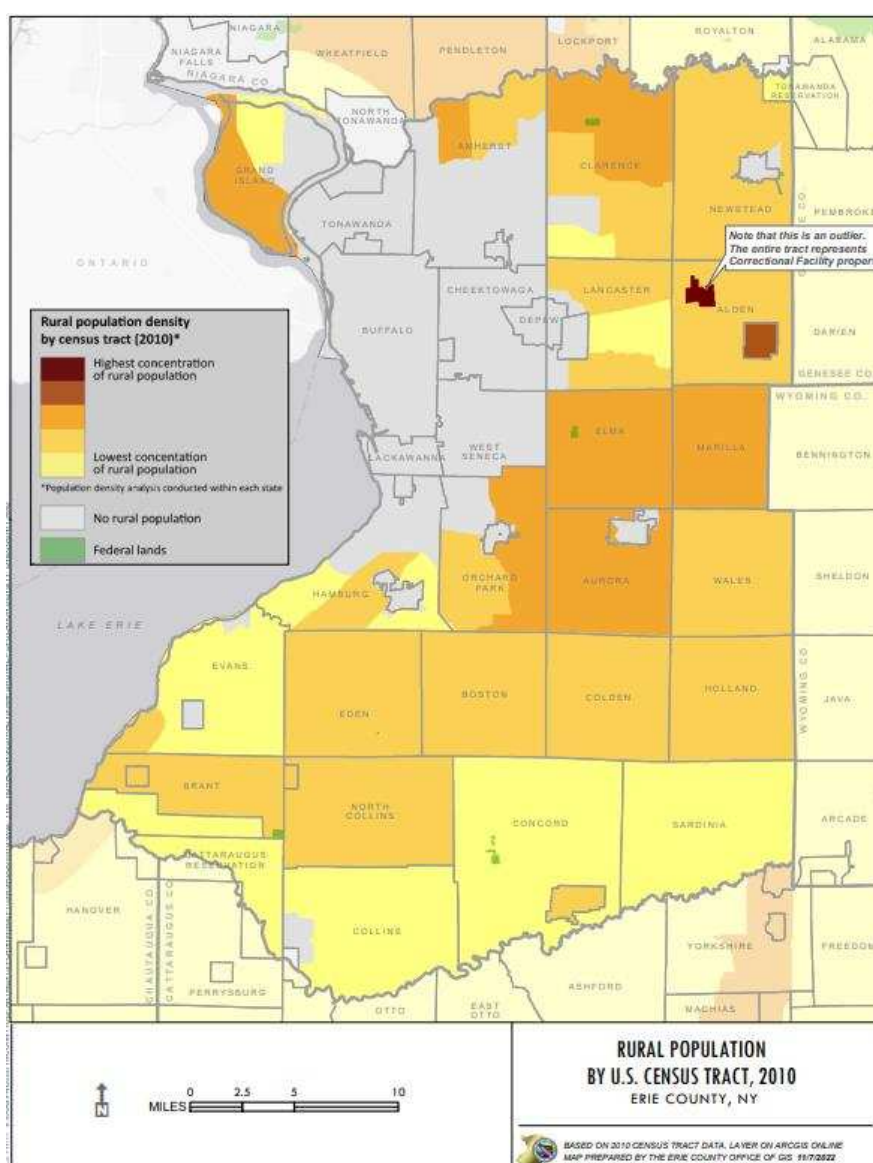


Figure 34: US Census Bureau, Rural Populations by US Census Tract, 2010 for Erie County



### Healthy People 2030 SDOH Domain: Health Care Access and Quality

Access to healthcare is a challenge for many rural communities. Figure 35 is a map from a Health Resources and Services Administration dashboard, which displays Areas of Unmet Needs. This map shows that most unmet needs are in the city of Buffalo and in the rural areas of Erie County, particularly the Southwest corner. The Federally Qualified Health Centers (FQHCs)—safety-net providers that offer outpatient services—and FQHC lookalikes in the county are all located in the city of Buffalo. Erie County residents in rural communities are more likely to live farther away from specialty providers, such as oncologists and obstetricians, and emergency services.<sup>84</sup> Furthermore, rural residents on Medicaid may struggle to find providers that accept Medicaid and may have to travel long distances to receive care.

Areas of Unmet Needs Score\*(UNS) by Zip Code, Erie County Area

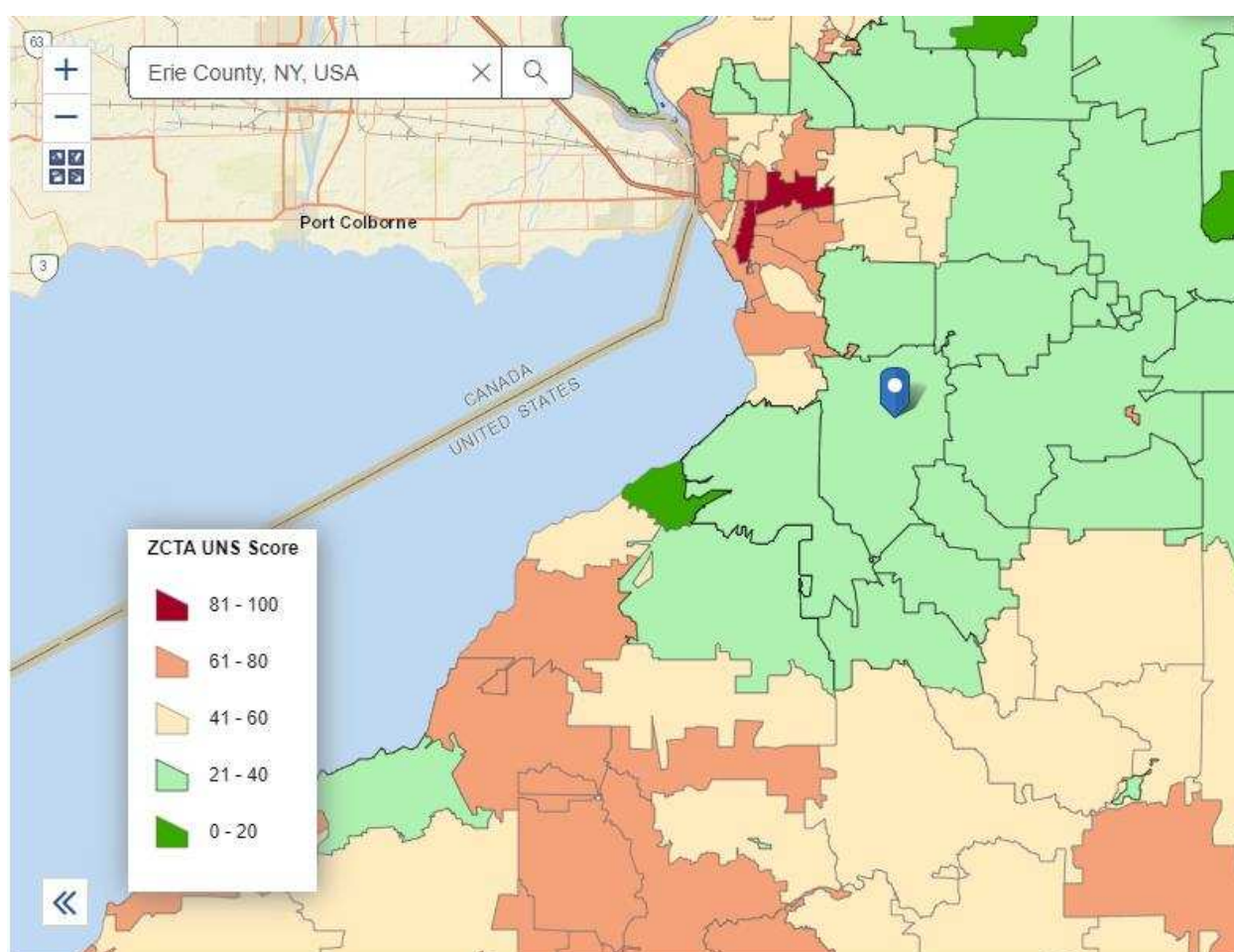


Figure 35: Health Resources and Services Administration, Areas of Unmet Needs Score, Erie County Area, Interactive map



**Healthy People 2030 SDOH Domain: Neighborhood and Built Environment**

In addition to limited access to healthcare, infrastructure conducive to healthy lifestyles and well-being, such as grocery stores, gyms, and broadband internet, is often lacking in rural areas.<sup>84</sup> Anecdotal accounts shared with ECOHE at outreach events in rural communities within the county describe a lack of quality and options where resources do exist.



## Other Geographic Populations

### Healthy People 2030 Objective: Create neighborhoods and environments that promote health and safety.

Prevalence of health outcomes as well as health factors and SDOH vary by geography. These differences may manifest as a result of the natural environment, the built environment, policies, as well as the culture and behavioral norms of the communities residing in a particular area. In this section, we will explore some of these differences. It is important to note that many inequities within geographic regions intersect with disparities

*Many inequities within geographic regions intersect with disparities across race due to segregation. Maps displaying prevalence of both health outcomes and health factors look very much the same across metrics. This is particularly striking within the city of Buffalo.*

across race due to segregation. Maps displaying prevalence of both health outcomes and health factors—such as health behaviors, health care access and quality, social and economic factors, and environmental factors—look very much the same across metrics. This is particularly striking within the city of Buffalo.

The Social Vulnerabilities Index (SVI), developed by the CDC Agency for Toxic Substances and Disease Registry, available at <https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>, determines vulnerability in the event of stressors such as natural disasters, human-caused disasters, or disease outbreaks based on 16 U.S. Census variables.<sup>85</sup> These variables are categorized into four themes: Socioeconomic Status, Household Characteristics, Racial and Ethnic Minority Status, and Housing Type and Transportation. The 2020 SVI summary page can be found in Appendix H. The areas in the county with the highest vulnerability rankings include the Western region of Tonawanda, the East and West sides of Buffalo, Lackawanna, and the Cattaraugus Indian Reservation.

**PLACES: Local Data for Better Health** is a collaboration between the CDC, the CDC Foundation, and the Robert Wood Johnson Foundation. PLACES compiles data from various surveys, including BRFSS 2020 or 2019, Census 2010 population counts, census county population estimates of 2020 or 2019, and American Communities Survey 2015-2019.<sup>82</sup> These data can be explored at <https://www.cdc.gov/places/>. Below are some snapshots from the interactive map on the PLACES website.



Current Asthma Crude Prevalence (%) in Erie County

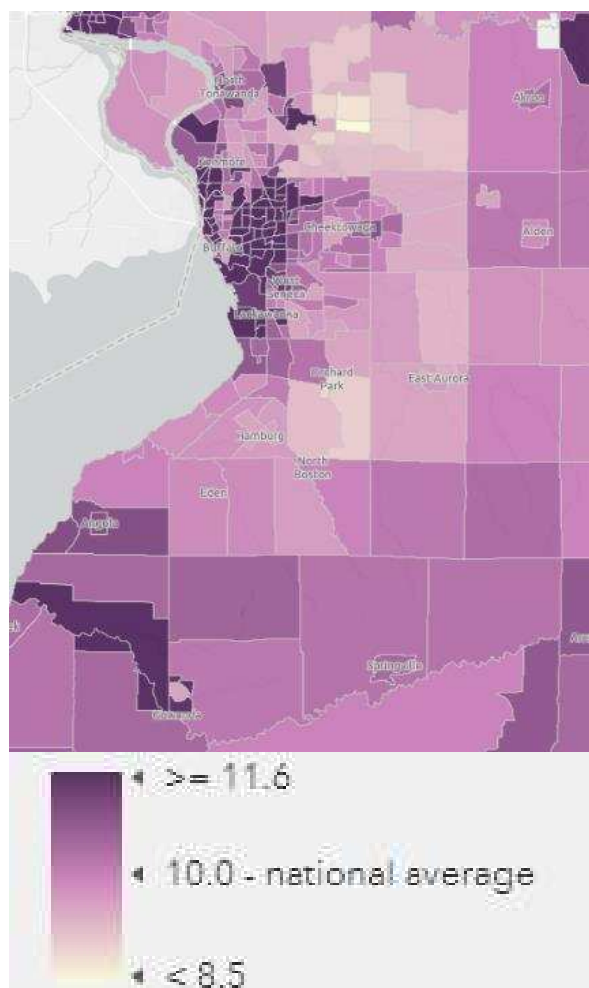


Figure 36: CDC PLACES Interactive Map, Asthma Prevalence. Note: darker purple is higher asthma prevalence.

Current Smoking Crude Prevalence (%) in Erie County

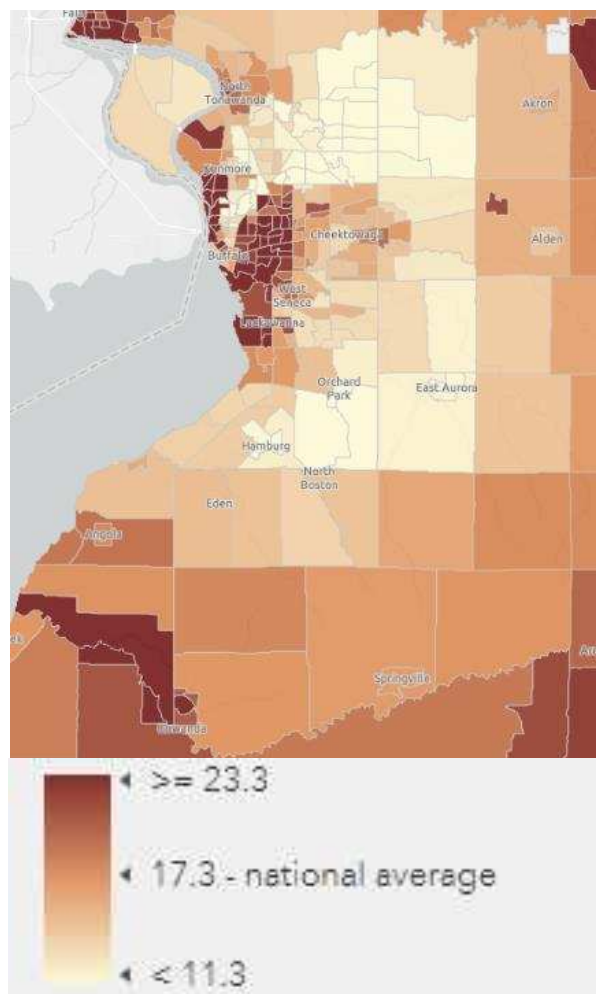


Figure 37: CDC PLACES Interactive Map, Smoking Prevalence. Note: Darker brown is higher smoking prevalence.

While risk of developing asthma is linked to genetics, environmental factors also increase the likelihood of a person developing asthma, such as air pollution, mold, and secondhand tobacco smoke.<sup>86</sup> These environmental risk factors are largely preventable. Figure 36, displaying the percent of adults reporting current asthma from PLACES data, shows that there are distinct geographic communities with higher rates of asthma. One explanation may be high rates of smoking in these areas. Figure 37 displays smoking rates within Erie County compiled by PLACES. Some factors that may influence smoking and tobacco use rates in communities include targeting by the tobacco industry, psychosocial stressors, and access to care and programs that support cessation.<sup>87</sup>



Diabetes is an important condition to monitor in communities because it is an indicator of health challenges, such as limited access to healthy foods or opportunities to exercise. Furthermore, it is a risk factor for many other health conditions, such as heart disease, kidney disease, vision loss, and complications from infections. Figure 38 displays the varying rates of diabetes across geographic areas in Erie County.

Diabetes Crude Prevalence (%) in Erie County

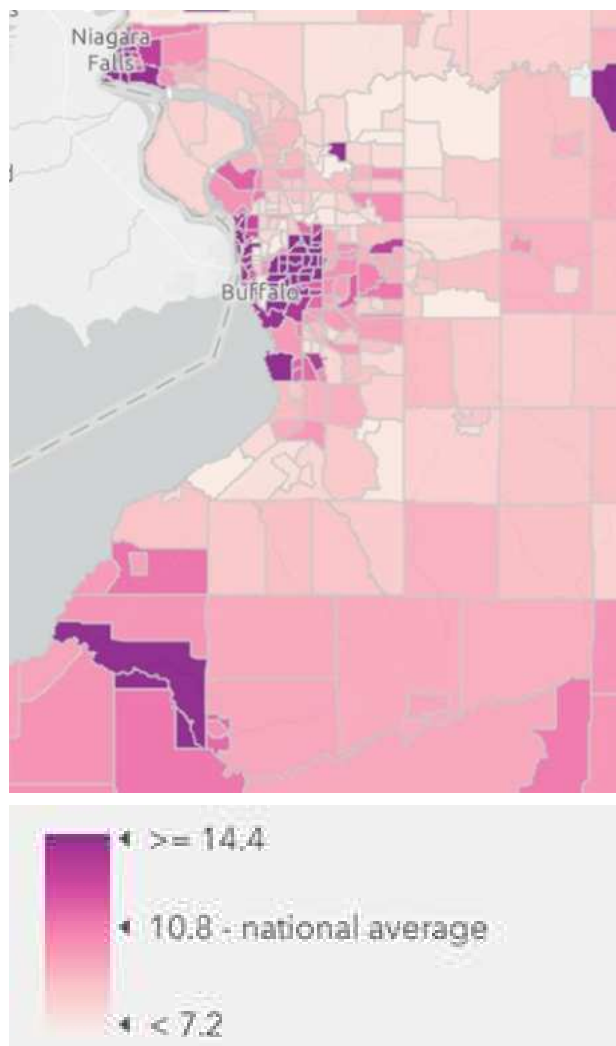


Figure 38: CDC PLACES Interactive Map, Prevalence of Diabetes. Note: darker purple is higher diabetes prevalence.

Frequent Mental Health Distress Crude Prevalence (%) in Erie County

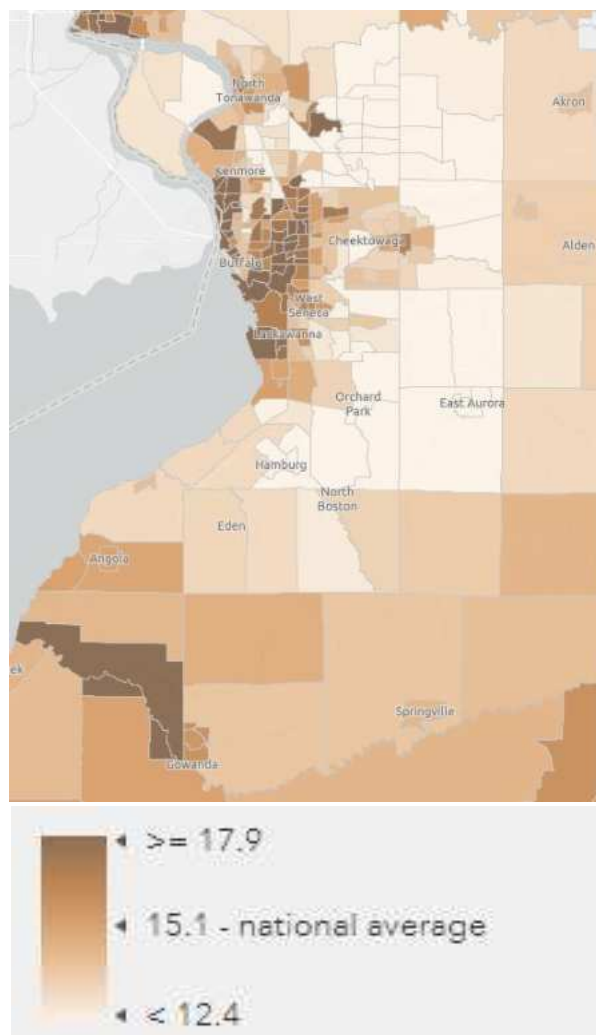


Figure 39: CDC PLACES Interactive Map, Prevalence of Frequent Mental Health Distress. Note: darker brown is higher prevalence of frequent mental health distress.

The PLACES Dashboard also demonstrates geographic disparities in mental health. The Healthy People 2030 Mental Health and Mental Disorders Workgroup reports that mental disorders are increasing in the United States and are the most common cause of disability. Mental health plays an important role in physical health as well as a person's capacity to participate in their community. Research shows that



people are less likely to receive high-quality mental health care if they are members of racial or ethnic populations, have lower socio-economic status, or reside in a rural community.<sup>88</sup>

### ABOUT THE DATA: Age

influences the risk level of many health outcomes. Some census tracts may have median age ranges that are outside the norm, often due to infrastructure and establishments within the community. For example, the census tracts containing Buffalo State College and University at Buffalo residence halls are markedly younger, while census tracts containing several senior-living or assisted living residences may skew the data in the other direction.

### Healthy People 2030 Social Determinants of Health

#### Domain: Neighborhood and Built Environment

#### Healthy People 2020 Objective: Increase the proportion of adults with broadband internet

Broadband Internet is increasingly important to health and well-being. Broadband is an asset in accessing health information, coordinating health care, and at times, even receiving healthcare through telemedicine when in-person visits prove to be difficult. Broadband access is also extremely advantageous to the more upstream influences on health. Modern-day education relies on the Internet. People post their resumes on the Internet and join web-based employment networks as well as search for work on the Internet. People find and access needed

### NYS Digital Equity Portal – Broadband Access in Erie County

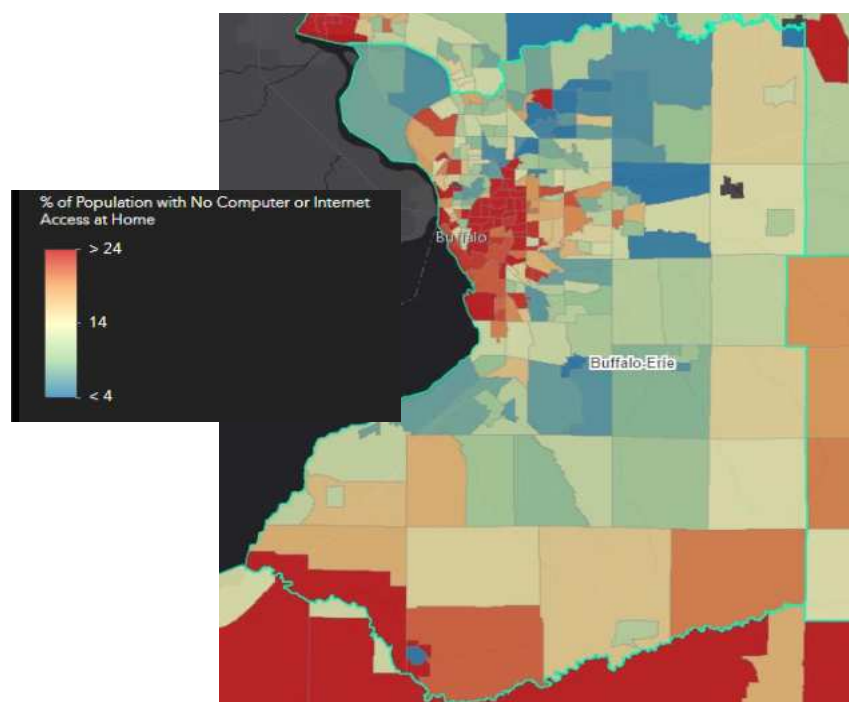


Figure 40: Cornell University, NYS Digital Equity Portal. 2015-2019, Broadband Access in Erie County



resources and services via the Internet. People with disabilities use web-based tools and software to allow them to more fully participate in society.<sup>89</sup> Broadband Internet access may be particularly helpful to individuals in rural areas where certain services that are challenging to access due to distance can be accessed digitally.

This map (Figure 40) from the New York State Digital Equity Portal displays percentages of the population with no home computer or Internet access.<sup>90</sup>

### **Healthy People 2030 Social Determinants of Health Domain: Social and Community Context: Crime and Violence and Incarceration.**

*Many forms of violence are present in Erie County, from structural violence like poverty and racism to family violence like child maltreatment and elder abuse. The World Health Organization (WHO) defines violence as “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation.”<sup>91</sup> For the purposes of this report, the WHO definition of violence will be used.*

The Healthy People literature review on this topic explains that in addition to suffering from injuries sustained through crime and violence, people exposed to these events may experience lasting emotional trauma and other health effects such as eating disorders, hypertension, and stroke.<sup>92</sup> The issue of incarceration and the implications thereof are complex. Incarceration may make a neighborhood safer by incapacitating people who may commit more crimes. Yet, it may challenge communities by incapacitating people who have committed crimes and are now absent as parents, laborers, spenders, and voters. Both crime and high rates of incarceration can be understood as stressors on community health and well-being.

### **Healthy People 2030 related objectives:**

- **Reduce the rate of minors and young adults committing violent crimes.** Most crime is committed in young adulthood.<sup>93</sup> This focus on youth and young adults is important to reduce crime as well as reduce the number of individuals who get trapped in the cycle of crime and incarceration.
- **Reduce firearm-related deaths.** NYS has one of the lowest rates of gun deaths in the country.<sup>94</sup> However, between 2017 and 2021, Erie County averaged a rate of violent crimes with firearms that was more than double the average rate for NYS in that time period.<sup>95</sup> Black people experience a vastly disproportionate amount of gun violence in Erie County. Between 2018 and



2020 the homicide rate due to firearms amongst Black people was 25.9 per 100,000 people, while the rate for all races combined was 4.9 per 100,000 people.<sup>95</sup>

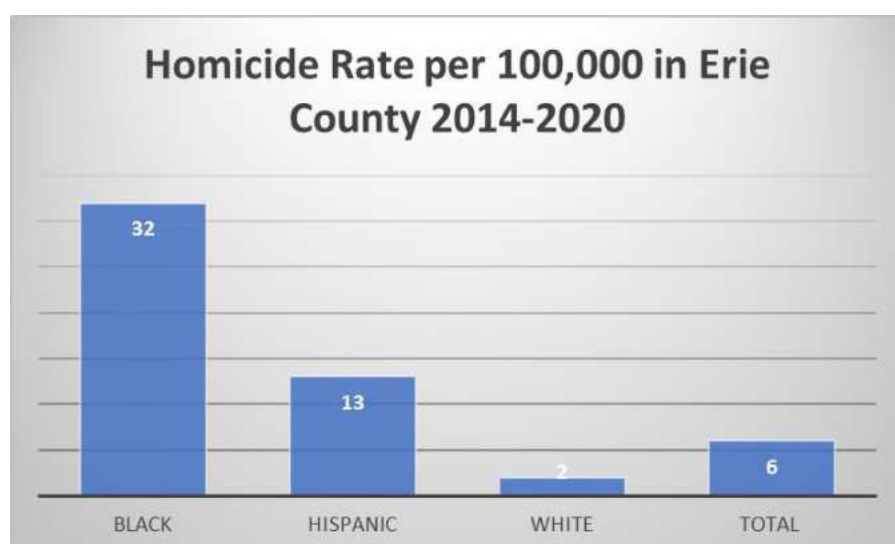
- **Reduce the proportion of children with a parent or guardian who has served jail time.** Children whose parent or guardian has served jail time are more likely to experience low socioeconomic status, housing instability, and trauma. Furthermore, these children are more likely to experience speech, attention, and behavioral challenges. They are also at higher risk of serving jail time as adults.<sup>96</sup>

The National Academy of Science's Committee on Reducing Racial Inequality in the Criminal Justice System recently published a report reviewing research to explain the large racial inequalities in crime, victimization, and criminal justice

*Racial segregation is noted as the cornerstone for racial inequality, from which patterns of underinvestment, toxic exposures, and income inequality are formed.<sup>93</sup>*

involvement, and to offer evidence-based advice on reducing inequality. The committee found these inequalities not only across race, but also by gender, education level, age, and income level. There was also compiled evidence that revealed influences on a geographic community-level. For example, an individual living in a neighborhood with a high poverty rate is at higher risk of involvement with the criminal justice system, even when controlling for their own income level.<sup>93</sup>

Figure 41: County Health Rankings, 2014-2020, Homicide rate per 100,000 in Erie County





It is impossible to examine crime and criminal justice in Erie County across geographic communities and through an equity lens without considering race. In the National Academy of Science report mentioned above, racial segregation is noted as the cornerstone for racial inequality, from which patterns of underinvestment, toxic exposures, and income inequality are formed.<sup>93</sup> This creates areas and cycles of concentrated racial inequity. The report references studies in several cities which reveal that living in a community that lacks public and private investment is strongly associated with high levels of stress, fear, poor mental health, and violent crime.<sup>93</sup>

Figure 42 demonstrates that certain Buffalo neighborhoods have a disproportionate representation in state prisons.<sup>97</sup> This map also reflects the racial segregation within the city of Buffalo, as seen in Figure 1 in the *Race and Ethnicity* section of this report.<sup>5</sup> Thus, there is a strong argument that issues associated with segregation and deprivation contribute to crime and criminal justice involvement in these areas.

## Buffalo neighborhoods have vastly different imprisonment rates

The 3 neighborhoods missing the largest portion of their residents to state prisons account for only 7% of the city's total population, but are home to 18% of the city's imprisoned population.

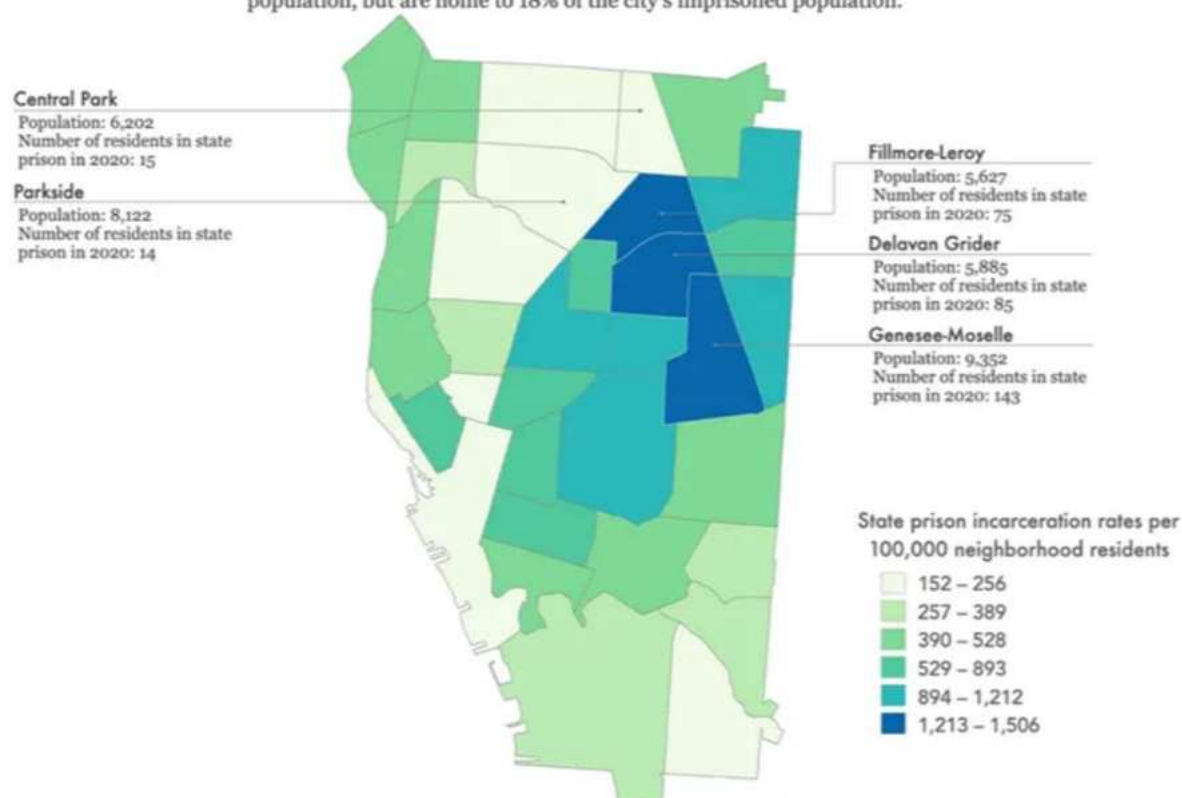


Figure 42: PrisonPolicy.org. Prison Policy Initiative. Buffalo imprisonment rates.



Furthermore, the United States Sentencing Commission has repeatedly found that on a national level, Black male offenders receive longer sentences than similarly situated White male offenders, regardless of criminal history.<sup>98</sup> While local sentencing data has not been accessed to be able to conclude that Black male offenders receive longer prison sentences in Erie County, it does appear that they are more likely to receive prison sentences rather than alternative sentences as compared to their White counterparts (see page 34.) Such potential biases should be considered when contemplating solutions to the over-representation of Black people in jails and prisons.

Place-based environmental interventions show promise in reducing crime. Examples of these strategies include repairing abandoned buildings and vacant lots, cleaning and preserving neighborhood green spaces, and good maintenance of neighborhood housing.<sup>38,99</sup> Furthermore, considering the relationship between disinvested communities and crime, improving the general living conditions and SDOH, such as quality education and employment opportunities, in the most impacted neighborhoods may help to break the cycles of crime and incarceration.<sup>38</sup>



## ACTIONS OF THE ERIE COUNTY OFFICE OF HEALTH EQUITY

Although the ECOHE is still within its first year of operation, the program has been busy working on numerous projects and has had extensive interactions and engagement with the Erie County Department of Health leadership and programs, local equity-focused groups and organizations, and the community. Below are summaries of some of these actions as well as an outline of the ECOHE's future plans.

### **Community Assessment Survey**

The ECOHE recognized the need for better and more specific data to understand the current health needs of the people of Erie County. To collect these data, the ECOHE formed a community survey workgroup (see table of the ECOHE Community Survey Workgroup below) of key stakeholders that planned and developed the first ECOHE Community Wellness survey. ECOHE staff brought the survey to community events, partner organizations, and other public healthcare services to collect feedback from a variety of individuals from across the county (see table of the ECOHE Community Survey Community Partners below).

### **Community Survey Collaborations**

In partnership with the Buffalo Center for Health Equity and the Witness Project, the ECOHE survey was taken door-to-door to the community by the community. This effort resulted in about a thousand additional survey responses from some of the areas of the city of Buffalo that experience the most extreme health disparities.



In collaboration with the Erie County Department of Social Services (ECDSS), the ECOHE is using ECDSS's technology and resources to call Erie County residents, inform them of our community survey, and provide residents with multiple methods by which they can complete the survey. This is done by directing residents to the web-based survey or by passing their phone number to the ECOHE for completion of a phone-based survey.

### **Community Focus Groups**

To supplement the data collected as part of the ECOHE Community Survey, ECOHE will facilitate focus groups with a variety of community groups in 2023.



### ECOHE Community Survey Workgroup

Frank Cammarata	Erie County Office for People with Disabilities
Frank Cerny	Rural Outreach Center
Rita Hubbard Robinson	Neuwater & Associates
Stan Martin	Cicatelli Associates Inc.
Kate Mendola	Erie County Medical Center Corporation
Tim Murphy	University at Buffalo
Heather Orom	University at Buffalo
Heidi Romer	Jericho Road
Esmeralda Sierra	Hispanics Heritage Council of Western New York
Henry Taylor	University at Buffalo

The ECOHE survey is an exploration of the everyday challenges that may prevent individuals from practicing the behaviors that would lead to better health, understanding that these challenges are unique and often vary according to who you are and where you live.

### ECOHE Community Survey Community Partners

Salud Market: Marielyn Santiago-Miller	D'Youville University: Rachel Laster
Jericho Road: Heidi Romer/Kennedy George	C&R Housing: Mr. L. Blyden
Upstate NY Black and Latino Pride: Tajé Jenkins/Alexandre Burgos	Evergreen Health Services, Matt Crehan Higgins
MOCHA: DeJuan Burnell	PRIDE Center of WNY: Tee Douglas
Community Access Services: Teouria Johnson/Kimberly Brown	Community Health Center of Buffalo: Rahsaan Delain
Board of Block Clubs: Debbie Lombardo	Neighborhood Health Center: Taje' Jenkins/Marissa Sims/Kenyon Baker
Division of Citizens Services: Michael TA Smith	Eden-North Collins Food Pantry: Ellen Kindley
Buffalo Go Green (Kaleida Health): Rachel Roberson	Buffalo Municipal Housing Authority: Robert Debereaux
Independent Health (Good for the Neighborhood): Raby Ba	(Lackawanna) Mount Olive Baptist Church: Pastor Keith Mobley
It Takes A Community: Bette Dehr	Second Baptist Church: Pastor Mark Blue
Springville Trading Post: Peggy Austin	The NY Immigration Coalition: Brandon Lee
Lackawanna Stakeholders Coalition: Brandon Redmond /Judith Faircloth	Town of Amherst Youth and Recreation Department: Antonella Stravalaci
West Side Community Services: Mary Schaefer	Buffalo University District: Doris Corley

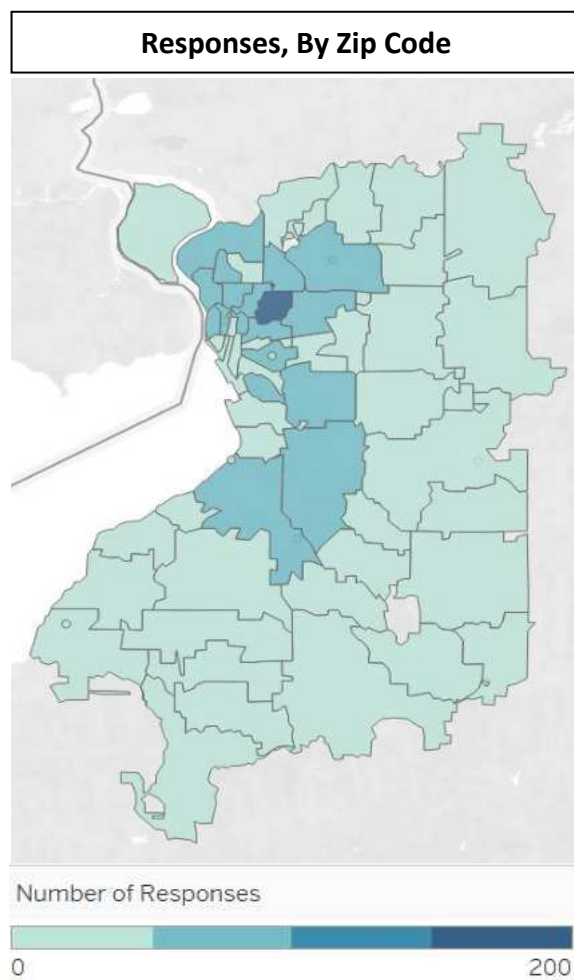


The ECOHE survey is intentional in identifying specific, diverse groups, including but not limited to: Asian groups disaggregated by country of origin, Hispanic and Latino/a/x/e groups disaggregated by country of origin, LGBTQ+ communities disaggregated by identity, people of Middle Eastern and North African descent, and rural communities.

The survey is largely multiple choice but does include several open-ended questions and is largely qualitative and exploratory. We hope to learn what challenges residents face to being healthy. Our intent is that these data will direct our program to focus on the areas where change would be the most meaningful.

Because the survey remained open until the end of 2022, data analysis has not been completed, but the following includes some information of the survey results through 11/30/2022. The full survey can be viewed in Appendix I.

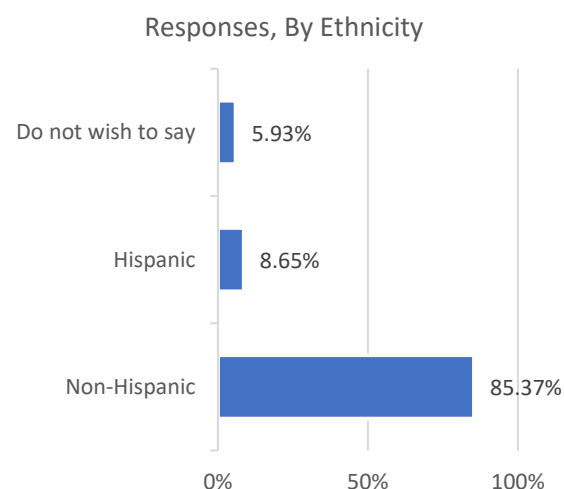
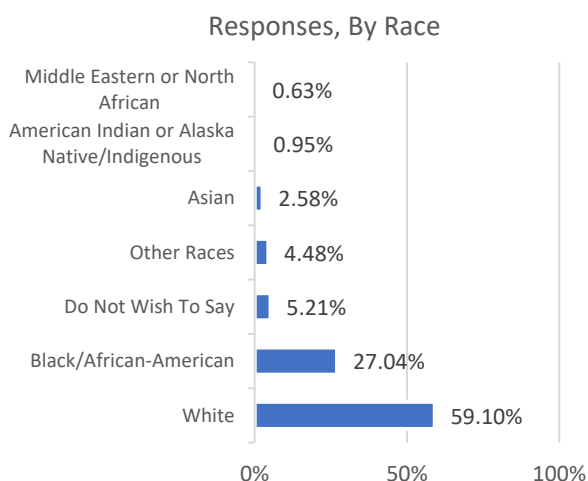
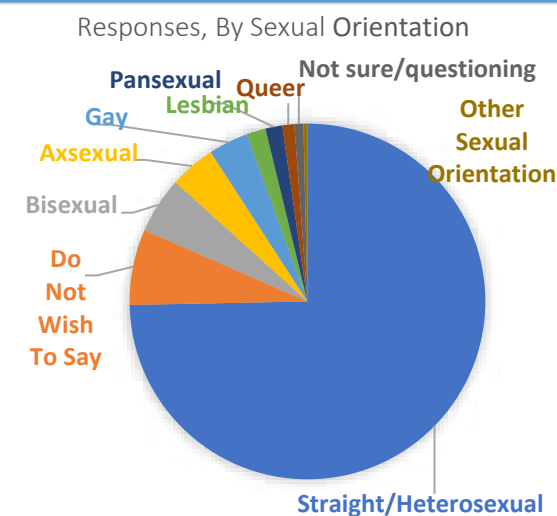
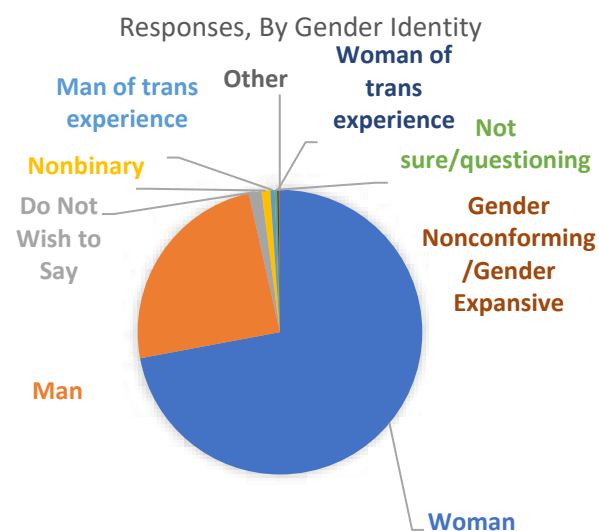
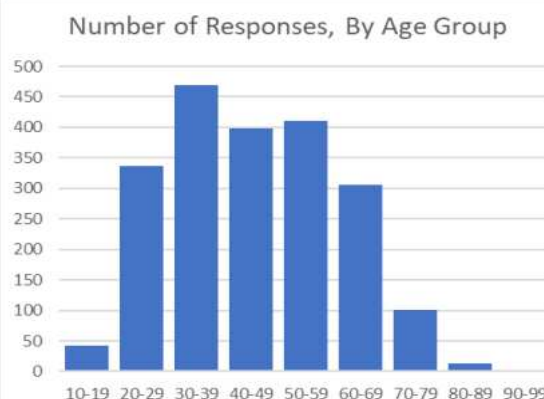
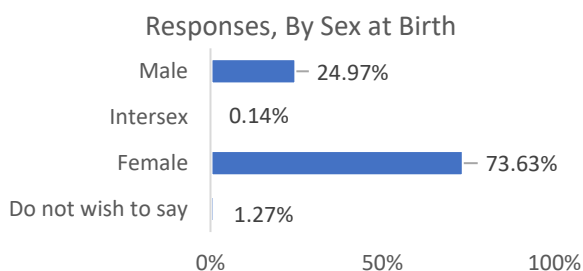
#### Snapshot of Community Health Surveys Collected by ECOHE, Data as of December 1, 2022





# Snapshot of Community Health Surveys Collected by ECOHE, Data as of December 1, 2022

## SURVEYS COMPLETED: 2208



Note: Additional fields asked respondents for specific counties when Asian or Hispanic was selected. These fields will be analyzed further so that these races/ethnicities can be disaggregated.



### Community Newsletter and Email Distribution List

The ECOHE develops and distributes a monthly newsletter that focuses on health equity topics. ECOHE newsletters are designed to inform, remind, and connect Erie County communities to resources and knowledge of health equity topics such as food access, mental health, and living with disabilities. Newsletters are distributed in Arabic, Bengali, Burmese, English, Spanish, and Swahili to over 6,300 recipients across Erie County each month. While primarily distributed in print to community-based organizations, each newsletter is available in both print and digital formats. Partners for distribution include health centers, community centers, and local nonprofit service providers. By the close of 2022, the ECOHE distributed six editions of the newsletter.

Visit <https://www3.erie.gov/health/health-equity> to view and download each full newsletter.



### Erie County Gun Violence Prevention Task Force

The Erie County Gun Violence Prevention Task Force, created by Executive Order #22 in July 2021, is charged with preparing programs and initiatives to decrease gun violence among youth; increase funding to programs specifically designed to reduce gun violence; work with local law enforcement agencies to create strategies to reduce the number of illegal firearms in Erie County; work with marginalized populations to provide education on gun violence, issues and solutions; advocate for relevant policies that improve health in communities of color; and support local, state, and federal programs that advance anti-gun violence initiatives. The Task Force is a collaboration of Erie County



departments along with local law enforcement, including the Erie County Sheriff's office, the Erie County District Attorney's office, and the Buffalo Police Department as well as members of the Erie County Legislature, local anti-violence organizations and leaders, and the Live Well Erie Task Force. The Erie County Gun Violence Prevention Task Force worked over the past year to form and nurture partnerships, educate communities, and raise awareness of the public health crisis that gun violence has become in Erie County. For more information on the Erie County Gun Violence Prevention Task Force, see Appendix B.

### **Community Health Assessment and Community Health Improvement Plan (CHA/CHIP)**

Beginning in 2023, the 3-year-long process of developing, writing, and monitoring the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) will be shifted to the Erie County Office of Health Equity. The CHA and CHIP are vital documents that work in alignment with the New York State Prevention Agenda. Together, these health improvement plans are the blueprint for action to improve the health and well-being of our residents and to promote health equity. For additional information on the New York State Prevention Agenda visit:

[https://www.health.ny.gov/prevention/prevention\\_agenda/2019-2024/](https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/)

### **Grants**

The ECOHE has secured funding from the New York State Department of Health to participate in the Children and Youth with Special Health Care Needs (CYSHCN) program. The CYSHCN program seeks to improve the systems of care for children and youth with special health care needs from birth and up to 21 years of age and their families. The program helps to shape public policy so families can get the best health care for their children. For additional information on the CYSHCN program visit:

[https://www.health.ny.gov/community/special\\_needs/](https://www.health.ny.gov/community/special_needs/)

The ECOHE is collaborating with the Buffalo Urban League, Highmark Health, and Jericho Road Community Health Center to apply for the latest round of BUILD Health Challenge® (BUILD) funding. BUILD seeks to support communities in their efforts to advance health equity and to ensure that no one is disadvantaged from achieving their full health potential because of social position or other socially determined circumstances. The focus of the partnership's application is maternal health equity.

A key member of the ECOHE team is our Grant Specialist. This position is designed to aid the ECOHE team in pursuing funding to support its functions and goals of advancing health equity and reducing disparities. Beginning in 2023, the Grant Specialist position will also serve the Erie County community in



providing grant writing and grant management expertise, support, and technical assistance to partners that are interested in applying for and receiving health equity-focused grant funding but may not have the in-house resources to do so.

### **Mental Health First Aid**

It takes years to increase the number of mental health professionals through traditional higher education options. While higher education institutions are working to increase students enrolling and graduating with the various degrees to treat people seeking mental health help, we can immediately increase the number of peers and lay people that are trained in how to identify and respond to someone experiencing a mental health or substance use challenge.

The ECOHE is delivering Mental Health First Aid for Adults and Mental Health First Aid for Adults Assisting Children and Youth. The programs will be deployed in community, civic, educational, and faith-based settings across the county at no charge to the participants. The ECOHE plans to bring the Mental Health First Aid programs to 2,000 Erie County residents.





## DISCUSSION OF HEALTH DISPARITIES

Historic and ongoing health disparities experienced by minority, marginalized, and disadvantaged groups in Erie County have been intensified by recent events such as the COVID-19 pandemic, the Buffalo Tops massacre, and the severe blizzard. As a result, the SDOH underlying many of these gaps in health have been exposed. The need for an equity lens when it comes to the health of the people of Erie County has never been clearer and is further emphasized by the data and findings included in this report, as well as the significant gaps in existing data at the county and sub-county levels.

Health equity cannot be addressed or attained without acknowledging the historic and systemic factors that continue to contribute to current health disparities, like the impacts of systemic racism, generational trauma, and segregation on the well-being of racial minority groups. This is especially true for Erie County's Black community, which experiences the highest rates of homelessness, exposure to violence, and children living in poverty, as well as the highest rates of chronic health conditions, low birth weight, and poor disease outcomes when compared to residents of other races. Erie County maps that visualize segregation by race look very similar to Erie County maps representing rates of chronic disease and other key health factors, demonstrating a connection between a person's place of residence and race and the rates of these health conditions and factors.

Without knowledge of the existing health disparities and the SDOH and other contributing factors, health outcomes can neither be adequately addressed nor improved. Foremost in next steps for the Erie County Office of Health Equity is the collection of relevant and accurate local data, both in quality and quantity, describing the current health of Erie County residents. Data specificity is crucial to ensure that the needs of frequently underrepresented groups—like Indigenous peoples, MENA communities, rural populations, and the LGBTQ+ community—can be adequately presented and addressed. Additionally, the limitations of the existing data presented in this report exposed a need for further disaggregation of typically broad, standard racial and ethnic categories like Asian, because they may conceal important health disparities due to the substantial diversity of the individuals and communities that fall under these categories.

Future ECOHE reports will analyze new data collected by the ECOHE team in addition to sharing findings of analysis of other public and private data sources. The ECOHE will work to incorporate an equity lens into the work of the county, promoting public awareness, piloting innovative programs, and making policy recommendations at all levels. In the pursuit of health equity in Erie County, the ECOHE will serve



as a resource to organizations and community members that are also working tirelessly toward reducing health disparities, providing subject matter expertise and skills in grant writing and management, data collection, analysis, and reporting to those who would like assistance or support in these areas.



## REFERENCES

1. New York State Department of Health. (2022). *COVID-19 fatalities tracker*. <https://coronavirus.health.ny.gov/fatalities-0>
2. Hung, P., Liu, J., Norregaard, C., Shih, Y., Liang, C., Zhang, J., Olatosi, B., Campbell, B. A., & Li, X. (2022). Analysis of residential segregation and racial and ethnic disparities in severe maternal morbidity before and during the COVID-19 pandemic. *JAMA Network Open*, 5(10). <https://doi.org/10.1001/jamanetworkopen.2022.37711>
3. U.S. Census Bureau. (2021). *American Community Survey, 2021 1-yr estimates*. <https://data.census.gov/>
4. County Health Rankings & Roadmaps. (2022). *Erie, New York*. Retrieved December 15, 2022, from <https://www.countyhealthrankings.org/explore-health-rankings/new-york/erie?year=2022x>
5. Erie County Department of Mental Health. (n.d.). *SPOA dashboard*. Retrieved October 2022, from <https://sites.google.com/ccnyinc.org/spoa-dashboard/>
6. Homeless Alliance of WNY. (2022). *Point-in-time count NY-508 Buffalo, Niagara Falls/Erie, Niagara, Orleans, Genesee, Wyoming Counties CoC* [Data set]. <https://wnyhomeless.org/app/uploads/PIT-Summary-2022.pdf>
7. Centers for Disease Control and Prevention. (2022). *CDC WONDER*. Retrieved December 9, 2022, from <https://wonder.cdc.gov/>
8. New York State Department of Health. (2020). *Prevention agenda 2019-2024: New York State's health improvement plan*. [https://health.ny.gov/prevention/prevention\\_agenda/2019-2024/](https://health.ny.gov/prevention/prevention_agenda/2019-2024/)
9. U.S. Census Bureau. (n.d.). *My Community Explorer 2.2*. Retrieved September, 14, 2022, from <https://experience.arcgis.com/experience/13a111e06ad242fba0fb62f25199c7dd/>
10. U.S. Census Bureau. (2010). *Decennial Census, 2010*. <https://data.census.gov/>
11. Live Well Erie. (2021, September 21). *Live Well Erie at a glance*. <https://www4.erie.gov/livewellerie/live-well-erie-glance>
12. Historical Society of the New York Courts. (n.d.). *When did slavery end in New York?* Retrieved December 20, 2022, from <https://history.nycourts.gov/when-did-slavery-end-in-new-york/>
13. Scarsdale Historical Society. (2021). *Slavery in New York and Scarsdale*. <https://www.scarsdalehistoricalsociety.org/slavery-in-new-york-and-scarsdale>
14. Buffaloresearch.com. (n.d.). *Buffalo Underground Railroad sites*. Retrieved December 20, 2022, from <https://buffaloresearch.com/ugrr/>
15. Ross, T. (2017). *Health equity: The path to inclusive prosperity in Buffalo*. Policy Link and the Program for Environmental and Regional Equity (PERE). [https://ppgbuffalo.org/files/documents/health/health\\_disparities/health\\_health\\_equity\\_the\\_path\\_to\\_inclusive\\_prosperity\\_in\\_buffalo.pdf](https://ppgbuffalo.org/files/documents/health/health_disparities/health_health_equity_the_path_to_inclusive_prosperity_in_buffalo.pdf)
16. The Erie County Health Equity Act of 2021. Local Law Intro No. 3-1-2021 (2021). [https://www2.erie.gov/legislature/sites/www2.erie.gov/legislature/files/uploads/Session\\_Folders/2021/15/LL%20Intro.%203-1%20%282021%29.pdf](https://www2.erie.gov/legislature/sites/www2.erie.gov/legislature/files/uploads/Session_Folders/2021/15/LL%20Intro.%203-1%20%282021%29.pdf)
17. Centers for Disease Control and Prevention. (2022, July 1). *What is health equity?* Health Equity. <https://www.cdc.gov/healthequity/whatis/index.html>
18. NY Health Foundation. (n.d.). *Pursuing racial health equity*. Retrieved November 30, 2022, from <https://nyhealthfoundation.org/grantee-story/pursuing-racial-health-equity/>
19. Centers for Disease Control and Prevention. (2020, November 24). *Health disparities*. Division of Adolescent and School Health. <https://www.cdc.gov/healthyyouth/disparities/index.htm>
20. Healthy People 2030. (n.d.). *About healthy people 2030*. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. <https://health.gov/healthypeople/about>



21. Healthy People 2030. (n.d.). *Social determinants of health*. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. <https://health.gov/healthypeople/priority-areas/social-determinants-health>
22. Healthy People 2030. (n.d.). *Economic stability*. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/economic-stability>
23. Healthy People 2030. (n.d.). *Education access and quality*. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/education-access-and-quality>
24. Healthy People 2030. (n.d.). *Health care access and quality*. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality>
25. Healthy People 2030. (n.d.). *Neighborhood and built environment*. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/neighborhood-and-built-environment>
26. Healthy People 2030. (n.d.). *Social and community context*. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. HP Social and Community Context. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/social-and-community-context>
27. Human Rights Campaign. (n.d.). *Glossary of terms*. <https://www.hrc.org/resources/glossary-of-terms>
28. National Collaborating Centre for Determinants of Health (2016). *Public health speaks: Intersectionality and health equity*. <https://nccdh.ca/resources/entry/public-health-speaks-intersectionality-and-health-equity>
29. National Association of Counties. (2022). *Diversity, equity and inclusion: Key terms and definitions*. [https://www.naco.org/sites/default/files/documents/2022-DEI\\_KeyTerms\\_V11.pdf](https://www.naco.org/sites/default/files/documents/2022-DEI_KeyTerms_V11.pdf)
30. Public Health Agency of Canada. (2022). *How to integrate intersectionality theory in quantitative health equity analysis? A rapid review and checklist of promising practices*. Pan-Canadian Health Inequalities Reporting Initiative. <https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/science-research-data/how-integrate-intersectionality-theory-quantitative-health-equity-analysis/intersectionality-report.pdf>
31. Artiga, S. (2021, October 27). *Advancing health equity requires more and better data*. Kaiser Family Foundation. <https://www.kff.org/policy-watch/advancing-health-equity-requires-more-better-data/>
32. Bilheimer, L. T., & Klein, R. J. (2010). Data and measurement issues in the analysis of health disparities. *Health Services Research*, 45(5p2), 1489–1507. <https://doi.org/10.1111/j.1475-6773.2010.01143.x>
33. MN Dept. of Health. (2022, October 3). *Conducting a health equity data analysis (HEDA): A Guide for Local Health Departments in Minnesota*. <https://www.health.state.mn.us/data/mchs/genstats/heda/index.html>
34. U.S. Department of Health and Human Services. (n.d.). *Common data types in public health research*. National Institutes of Health. <https://www.nihlibrary.nih.gov/resources/subject-guides/health-data-resources/common-data-types-public-health-research#:~:text=Quantitative%20data%20uses%20numbers%20to,of%20people%20suffering%20from%20diabetes>



35. Centers for Disease Control and Prevention. (2015, January 21). *Epidemiology glossary*. Centers for Disease Control and Prevention. [https://www.cdc.gov/reproductivehealth/data\\_stats/glossary.html](https://www.cdc.gov/reproductivehealth/data_stats/glossary.html)
36. New York State Prevention Agenda Dashboard - County Level: Erie County. New York State Department of Health. (2022, February). [https://webbi1.health.ny.gov/SASStoredProcess/guest?\\_program=/EBI/PHIG/apps/dashboard/pa\\_dashboard&p=sh](https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=/EBI/PHIG/apps/dashboard/pa_dashboard&p=sh)
37. University at Buffalo Regional Institute, State University of New York at Buffalo, School of Architecture and Planning, and Make Communities. (2016). *The racial equity dividend: Buffalo's great opportunity*. <https://racialequitybuffalo.org/resources/dividend-report/>
38. Taylor, Jr., H. L., Jung, J. K., & Dash, E. (2021, September). *The harder we run*. U.B. Center for Urban Studies School of Architecture and Planning & U.B. Community Health Equity Institute. <https://ubwp.buffalo.edu/aps-cus/wp-content/uploads/sites/16/2021/10/TaylorHL-The-Harder-We-Run.pdf>
39. County Health Rankings & Roadmaps. (n.d.). *County health rankings model: Low birthweight*. <https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-outcomes/quality-of-life/low-birthweight?year=2022>
40. Osterman, M. J. K., Valenzuela, C. V. P., Driscoll, A. K., Martin, J. A., & Hamilton, B. E. (2022, February 7). Births: Final data for 2020. *National Vital Statistics Reports* (Vol. 70, No. 17). National Center for Health Statistics. <https://www.cdc.gov/nchs/data/nvsr/nvsr70/NVSR70-17.pdf>
41. New York State Department of Health (n.d.). *County health indicators by race/ethnicity, 2017-2019*. <https://www.health.ny.gov/statistics/community/minority/county/erie.htm>
42. U.S. Bureau of Labor Statistics. (2022, December 16). *Archived news releases*. <https://www.bls.gov/bls/news-release/>
43. Hahn, R. A., & Truman, B. I. (2015). Education improves public health and promotes health equity. *International Journal of Health Services*, 45(4), 657–678. <https://doi.org/10.1177/0020731415585986>
44. Barch, D.M., Ph.D., Constantino, J.N., M.D., Luby, J. L. M.D., (2015). *Poverty and the developing brain*. Dana Foundation. <https://dana.org/article/poverty-and-the-developing-brain/>
45. Healthy People 2030. (n.d.). *Housing instability*. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/housing-instability>
46. Erie County Department of Mental Health. (n.d.). *Adult single point of access and accountability*. SPOA Dashboard. Retrieved October 2022 from <https://sites.google.com/ccnyinc.org/spoa-dashboard/>
47. HUD Exchange. (2022, March). *COC analysis tool: Race and ethnicity*. <https://www.hudexchange.info/resource/5787/coc-analysis-tool-race-and-ethnicity/>
48. New York State Department of Financial Services. (2021, February 4). *Report on inquiry into redlining in Buffalo, New York*. [https://www.dfs.ny.gov/system/files/documents/2021/02/report\\_redlining\\_buffalo\\_ny\\_20210204\\_1.pdf](https://www.dfs.ny.gov/system/files/documents/2021/02/report_redlining_buffalo_ny_20210204_1.pdf)
49. Executive Order No. 2020-001, City of Buffalo (2020). [www.buffalony.gov/DocumentCenter/View/7602/OA-ExecutiveOrder-Policefinal](http://www.buffalony.gov/DocumentCenter/View/7602/OA-ExecutiveOrder-Policefinal)
50. Telvock, D. (2022, March 4). *Critics say Buffalo police's traffic enforcement targets minorities and there's data that supports their claims*. WIBV News 4 Buffalo. <https://www.wivb.com/news/investigates/buffalo-police-tickets-traffic-enforcement-targets-blaminorities-and-theres-data-that-supports-their-claims/>
51. National Conference of State Legislatures. (n.d.). *Traffic stop data*. Retrieved December 22, 2022, from



- <https://app.powerbi.com/view?r=eyJrIjojNWUwYjFkMDktNzY2YS00MTUzLTg0NDAtNzE2ZDhlNmJkOTI4IiwidCI6IjM4MmZiOGIwLTRkYzYtNDEwNy04MGJkLTMTOTViMjQzMmZhZSIsImMiOiZ9>
52. Senate Bill S3026, New York State Senate, 2021-22 Sess. (NY, 2021).  
<https://www.nysenate.gov/legislation/bills/2021/S3026>
  53. Healthy People 2030. (n.d.). *Incarceration*. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/incarceration>
  54. New York State Department of Criminal Justice Services. (n.d.). *NYS adult arrests and prison sentences by race/ethnicity in 2020*. Retrieved December 22, 2022, from <https://www.criminaljustice.ny.gov/crimnet/ojsa/comparison-population-arrests-prison-demographics/2020%20Population%20Arrests%20Prison%20by%20Race.pdf>
  55. Healthy People 2030. (n.d.). *Increase the proportion of federal data sources that include country of birth — SDOHR01*. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/public-health-infrastructure/increase-proportion-federal-data-sources-include-country-birth-sdoh-r01>
  56. Centers for Disease Control and Prevention. (2022, August 9). *Immigrant, refugee, and migrant health*. <https://www.cdc.gov/immigrantrefugeehealth/about-irmh.html>
  57. World Health Organization. (n.d.). *Refugee and migrant health - global*. [https://www.who.int/health-topics/refugee-and-migrant-health#tab=tab\\_1](https://www.who.int/health-topics/refugee-and-migrant-health#tab=tab_1)
  58. Gautam, D., Palmatier, F., Agbemenu, K., Brice, S., Dzik, A., Foster, J., Glenn, M., Good, J., Judelsohn, A., Kim, W., Lemke, M., Mu, L., Nor, F., Paw, M., Raja, S., Reese, A., Sanyu, S., Scates, J., & Stage, M. (2022, September 8). *Moving towards whole health for new American and refugee youth: Community for global health equity* [Conference session]. 8<sup>th</sup> Annual WNY Refugee Health Summit, University at Buffalo, Buffalo, NY, United States. <https://www.buffalo.edu/globalhealthequity/news-events/upcoming-events/annual-wny-refugee-health-summit.html>
  59. Behavioral Risk Factor Surveillance System. (2022). *Sexual orientation and gender identity: Demographics and health indicators, New York State adults, 2019-2020*. New York State Department of Health. Retrieved November 30, 2022, from [https://www.health.ny.gov/statistics/brfss/reports/docs/2022-16\\_brfss\\_sogi.pdf](https://www.health.ny.gov/statistics/brfss/reports/docs/2022-16_brfss_sogi.pdf)
  60. Cigna. (n.d.). *LGBTQ+ health disparities*. <https://www.cigna.com/knowledge-center/lgbt-disparities>
  61. Healthy People 2030. (n.d.). *Lesbian, gay, bisexual, and transgender health workgroup*. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. [Lesbian, Gay, Bisexual, and Transgender Health Workgroup - Healthy People 2030 | health.gov](https://health.gov/healthypeople/objectives-and-data/browse-objectives/people-disabilities)
  62. Census.gov. (2022, November 4). *Sexual orientation and gender identity in the Household Pulse Survey*. <https://www.census.gov/library/visualizations/interactive/sexual-orientation-and-gender-identity.html>
  63. Niagara Pride, Inc. (2021). *WNY LGBTQ community needs survey 2021*. <http://niagarapride.org/community-needs-survey-2021>
  64. Human Rights Campaign Foundation. (2020). *The lives & livelihood of many in the LGBTQ community are at risk amidst COVID-19 crisis*. <https://www.hrc.org/resources/the-lives-and-livelihoods-of-many-in-the-lgbtq-community-are-at-risk-amidst-covid-19-crisis>,
  65. Healthy People 2030. (n.d.). *People with disabilities*. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/people-disabilities>
  66. Ryerson, A. B., Rice, C. E., Hung, M. C., Patel, S. A., Weeks, J. D., Kriss, J. L., Peacock, G., Lu, P. J., Asif, A. F., Jackson, H. L., & Singleton, J. A. (2021). Disparities in COVID-19 vaccination status, intent, and perceived access for noninstitutionalized adults, by disability status — National Immunization Survey



- Adult Covid Module, United States, May 30–June 26, 2021. *MMWR. Morbidity and Mortality Weekly Report*, 70(39), 1365–1371. <https://doi.org/10.15585/mmwr.mm7039a2>
67. Healthy People 2030. (n.d.). *Reduce maternal deaths — MICH04*. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/reduce-maternal-deaths-mich-04>
  68. Hoyert, D. L. (2022, February 23). *Maternal mortality rates in the United States, 2020*. Centers for Disease Control and Prevention. <https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2020/maternal-mortality-rates-2020.htm>
  69. March of Dimes & PeriStats. (n.d.). *2022 March of Dimes report card for New York*. <https://www.marchofdimes.org/peristats/reports/new-york/report-card>
  70. New York State Department of Health. (2022). *New York State report on pregnancy-associated deaths in 2018*. [https://health.ny.gov/community/adults/women/docs/maternal\\_mortality\\_review\\_2018.pdf](https://health.ny.gov/community/adults/women/docs/maternal_mortality_review_2018.pdf)
  71. Centers for Disease Control and Prevention. (2022 April, 13). *Racial/ethnic disparities in pregnancy-related deaths – United States, 2007-2016*. <https://www.cdc.gov/reproductivehealth/maternal-mortality/disparities-pregnancy-related-deaths/infographic.html>
  72. Centers for Disease Control and Prevention. (2022 April, 4). *Pregnancy complications*. <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-complications.html>
  73. Hung, P., Liu, J., Norregaard, C., et al., (2022). Analysis of residential segregation and racial and ethnic disparities in severe maternal morbidity before and during the COVID-19 pandemic. *JAMA Network Open*, 5(10), e2237711. doi:10.1001/jamanetworkopen.2022.37711
  74. Centers for Disease Control and Prevention. (2021 November, 4). *Resilience and transgender youth*. <https://www.cdc.gov/healthyouth/disparities/ryt.htm>
  75. Healthy People 2030. (n.d.). *Reduce bullying of transgender students — LGBTD01*. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/lgbt/reduce-bullying-transgender-students-lgbt-d01>
  76. The Trevor Project. (2019 February). *The Trevor Project research brief: Data on transgender youth*. <https://www.thetrevorproject.org/wp-content/uploads/2021/08/The-Trevor-Project-Research-Brief-February-2019.pdf>
  77. Healthy People 2030. (n.d.). *Reduce bullying of lesbian, gay, or bisexual high school students — LGBT05*. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/lgbt/reduce-bullying-lesbian-gay-or-bisexual-high-school-students-lgbt-05>
  78. Centers for Disease Control and Prevention. (2019). *Explore Youth Risk Behavior Survey questions - United States, 2019*. <https://yrbs-explorer.services.cdc.gov/#/>
  79. Lett, E., Dowshen, N. L., & Baker, K. E. (2020). Intersectionality and health inequities for gender minority Blacks in the U.S. *American Journal of Preventive Medicine*, 59(5), 639–647. <https://doi.org/10.1016/j.amepre.2020.04.013>
  80. Kline, M. G. (2018, February 12). *Centering youth of color & LGBTQ young people in efforts to end homelessness*. United States Interagency Council on Homelessness (USICH). <https://www.usich.gov/news/voices-of-youth-count-centering-youth-of-color-lgbtq-young-people-in-efforts-to-end-homelessness/>
  81. NYS Master Plan for Aging Coalition. (2022, February 22). *Community priorities for New York's Master Plan for Aging*. <https://hfwcnny.org/wp-content/uploads/Community-Priorities-for-New-Yorks-Master-Plan-for-Aging.pdf>



82. Centers for Disease Control and Prevention. (2022). *Health outcomes* [Map]. PLACES: Local Data for Better Health. <https://experience.arcgis.com/experience/22c7182a162d45788dd52a2362f8ed65>
83. US Census Bureau. Rural America. Retrieved January 20, 2023 from <https://mtgis-portal.geo.census.gov/arcgis/apps/MapSeries/index.html?appid=49cd4bc9c8eb444ab51218c1d5001ef6>
84. Centers for Disease Control and Prevention. (2019, July 1). Rural Health. National Center for Chronic Disease Prevention and Health Promotion. <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/rural-health.htm>
85. Centers for Disease Control and Prevention. (2022, November 16). *CDC/ATSDR social vulnerability index (SVI)*. <https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>
86. Centers for Disease Control and Prevention. (2021, July 1). *Learn how to control asthma*. Retrieved December 5, 2022, from <https://www.cdc.gov/asthma/faqs.htm>
87. Centers for Disease Control and Prevention. (2022, June 27). *Health disparities related to commercial tobacco and advancing health equity*. <https://www.cdc.gov/tobacco/health-equity/>
88. Healthy People 2030. (n.d.). *Mental health and mental disorders workgroup*. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. <https://health.gov/healthypeople/about/workgroups/mental-health-and-mental-disorders-workgroup>
89. Web Accessibility Initiative (WAI). (2017, May 15). *Tools and techniques in how people with disabilities use the web*. <https://www.w3.org/WAI/people-use-web/tools-techniques/>
90. Cornell University. (2022). *NYS digital equity portal*. <https://blogs.cornell.edu/nysdigitalequity/home/>
91. World Health Organization. (n.d.). *The VPA approach*. <https://www.who.int/groups/violence-prevention-alliance/approach>
92. Healthy People 2030. (n.d.). *Crime and violence*. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/crime-and-violence>
93. National Academies of Sciences, Engineering, and Medicine. (2022). *Reducing racial inequality in crime and justice: Science, practice, and policy*. The National Academies Press. <https://doi.org/10.17226/26705>
94. The Educational Fund to Stop Gun Violence. (n.d.). *New York gun deaths: 2019*. Retrieved December 9, 2022, from <https://efsgv.org/state/new-york/>
95. New York State Division of Criminal Justice Services. (n.d.). *Criminal justice statistics*. Retrieved December 9, 2022, from <https://www.criminaljustice.ny.gov/crimnet/ojsa/stats.htm>
96. Healthy People 2030. (n.d.). *Reduce the proportion of children with a parent or guardian who has served time in jail — SDOH05*. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/social-and-community-context/reduce-proportion-children-parent-or-guardian-who-has-served-time-jail-sdoh-05>
97. Prison Policy Initiative. (n.d.). *New York profile*. Retrieved December 5, 2022, from <https://www.prisonpolicy.org/profiles/NY.html>
98. United States Sentencing Commission. (2017). *Demographic differences in sentencing: An update to the 2012 Booker Report*. [https://www.ussc.gov/sites/default/files/pdf/research-and-publications/research-publications/2017/20171114\\_Demographics.pdf](https://www.ussc.gov/sites/default/files/pdf/research-and-publications/research-publications/2017/20171114_Demographics.pdf)
99. Centers for Disease Control and Prevention. (2022, April 14). *Using environmental design to prevent school violence*. <https://www.cdc.gov/violenceprevention/youthviolence/cpted.html>



# APPENDIX

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## APPENDIX A: THE ERIE COUNTY HEALTH EQUITY ACT OF 2021



COUNTY OF ERIE  
LOCAL LAW INTRO. NO. **3-1**-2021  
LOCAL LAW NO. \_\_\_\_\_-2021

**THE ERIE COUNTY HEALTH EQUITY ACT OF 2021**

A Local Law establishing an Office of Health Equity in the Erie County Department of Health dedicated to supporting, educating, and planning for the provision of public health to persons from disadvantaged backgrounds, including, but not limited to, racial and ethnic minorities, as well as persons from rural areas.

**BE IT ENACTED BY THE LEGISLATURE OF THE COUNTY OF ERIE AS  
FOLLOWS:**

**Section 1. Legislative Findings and Intent**

Erie County is ranked in the bottom 25% of counties in New York State for health outcomes. A county's health outcome ranking is determined by the average life expectancy of county residents, the self-reported health status of individuals, and the percentage of low-birth weight newborns.

Within Erie County, there is a significant disparity between the health outcomes of white residents and residents of color. More than 50% of the minority population in Erie County die prematurely, whereas only 35% of the white population in Erie County die prematurely.

The health disparities between races is further exemplified when accounting for the cause of death, as the racial disparities between disease-related deaths as compared to injury-related deaths are significant, and persons of color die from disease-related factors at a much greater rate than corresponding white persons.

These disparities are just some of the factors that led the Center for Disease Control and Prevention (CDC) to declare racism a serious public health threat this year. Racism's impact on public health is not limited to discrimination based on the color of a person's skin, as it includes the structural barriers that have been constructed over years of segregation and inequitable investment of public dollars.

In addition to mortality and disease related data, there are also significant disparities in participation in public health programs and services. This is currently being seen in COVID-19 vaccination rates where vaccination rates for persons of color and positive COVID cases and COVID-related deaths appear to have correlations (i.e. persons of color have lower vaccination rates and COVID factors are disproportionately affecting persons of color).

In 2019, the New York State Department of Health reported that in the East Side of Buffalo and Western Cheektowaga, elevated numbers of colorectal, kidney, prostate, oral, esophageal and lung cancers were present among residents. A higher use of tobacco, as well as obesity, lack of



physical activity and alcohol consumption, which are also more common in the area, may also have contributed to the cancer cluster.

Residents of rural areas also suffer from health inequities which contribute to premature death and poorer life outcomes. Factors contributing including lifestyle, as well as a shortage of health professionals and the effects of poverty.

LGBTQ (lesbian, gay, bisexual, transgender, queer/questioning, and intersex) persons experience health disparities, especially among youth. The effects of these disparities are seen in the areas of behavioral health, physical health, and access to care and are closely tied to sexual and social stigma.

According to CDC's 2017 Youth Risk Behavior Survey (YRBS), sexual minorities were more likely to report experiencing bullying, felt sad or hopeless, seriously considered suicide, used illicit substances, misused prescription drugs, and being forced to have sex (<https://www.cdc.gov/healthyyouth/disparities/health-disparities-among-lgbtq-youth.htm>). According to CDC, Gay men are at higher risk of HIV and other STIs, especially among communities of color, and are less likely to have health insurance than heterosexual or LGB individuals.

Transgender individuals have a high prevalence of HIV/STIs, victimization, mental health challenges, and suicide. Youth who identified as transgender in the CDC YRBS were more likely to report violence victimization, substance use, suicide risk, and sexual risk behaviors.

Although resources exist in Erie County to address health and social needs of some LGBTQ residents, a concerted effort to measure these health disparities in Erie County and collaboratively address these disparities and services gaps among Erie County agencies does not exist.

The University of Buffalo's Community Health Equity Research Institute was established in 2019 "in response to the crisis of race-based health disparities, especially in African Americans who live on the city's East Side. Remarkably, compared to White residents of Buffalo, life expectancy of African Americans is 12 years shorter, and serious, chronic, and often preventable diseases, like heart disease, diabetes, asthma and cancer are 300% greater. The primary reason for these disparities is the social determinants of health, which refer to the conditions in which people live, work, learn, play and worship."

A partner organization, the Buffalo Center for Health Equity, was also created in 2019 to act on the pioneering work of the African American Health Equity Task Force. The Center for Health Equity's mission is to "eliminate race, economic, and geographic-based health inequities in Western New York by changing the social and economic conditions that cause illness and shorten lives among the sickest of the region."

It is the intent of this legislation to create an Office of Health Equity ("OHE") within the Erie County Department of Health as well as to establish an Erie County Health Equity Advisory Board. This will establish a foundation for Erie County as a place where every resident has the opportunity to attain their full health potential and no one is disadvantaged in achieving this potential because of social position or any other socially defined circumstance.



The OHE will help ensure all minority and disadvantaged residents have equal access to preventive health care and to seek ways to promote health and prevent diseases and conditions that are prevalent among minority, marginalized, and disadvantaged populations. The OHE provides access to health care, health care education, and preventive care resources to underserved and marginalized communities and communities of color.

There is an urgent need to work to eliminate racial, economic, sexual/gender, and geographic-based health inequities that shorten or negatively-impact lives by changing the social and economic conditions that cause illness and shorten lives.

## **Section 2. Definitions**

1. Racial/Ethnic Minority or Person of Color: A person or persons who identify as a member of one of the following:

- a. Black or African-American having origins in any of the Black African racial groups;
- b. Hispanic/Latino persons of Mexican, Puerto Rican, Dominican, Cuban, Central or South American of either Indian, African or Hispanic origin;
- c. Native American or Alaskan native persons having origins in any of the original peoples of North America;
- d. Asian and Pacific Islander persons having origins in any of the Far East nations, South-East Asia or Pacific Islands.

2. Sexual/Gender Minority: A person or persons who identify as a member of one of the following:

- a. LGBTQ: Individuals who identify as gay, lesbian, bisexual, transgender, or queer/questioning
- b. Gay/bisexual: Persons who are attracted to or have sexual contact with someone of the same sex.
- c. Transgender: Individuals whose current gender identity differs from the sex they were assigned at birth.

3. Disadvantaged or Marginalized Person or Community: A group whose members have been subjected to prejudice based on their race, ethnicity, gender, socio-economic, sexual orientation, gender expression and identity, or other prejudice because of their identity as members of the group without regard to their individual qualities.

4. Health Disparity: A preventable difference in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by disadvantaged persons or populations.

5. OHE: The Erie County Department of Health's Office of Health Equity.

## **Section 3. Amending Article 5 of the Erie County Administrative Code**

Erie County Local Law No. 1-1960, as amended, constituting the Erie County Administrative Code, is hereby amended at Article 5 to add a new Section 5.08 to read as follows:



## Section 5.08 Office of Health Equity.

There shall be within the Erie County Department of Health's Division of Health an Office of Health Equity headed by a Director of Health Equity. The Director of Health Equity shall assist the Erie County Commissioner of Health in carrying out the following functions of the Office of Health Equity:

- a. Analyze disparities in health, health care, and availability/accessibility to health care services among disadvantaged and marginalized Erie County populations.
- b. Understand and connect factors that contribute to health outcomes including the physical environment, the social determinants of health, access to clinical care, and health behaviors;
- c. Make recommendations for improving delivery and access to health services for disadvantaged and marginalized populations working within the Live Well Erie framework and supporting Live Well Erie objectives for improving the social determinants of health to relevant local health care agencies, and to the County Executive, County Legislature, and Commissioner of Health.
- d. Pilot models and programs to improve health disparities
- e. Promote public awareness and coordinate educational events in partnership with other health agencies with the goal of supporting healthy lifestyles in disadvantaged and marginalized communities and groups.
- f. Publish an initial needs assessment report within 18 months of the effective date of this Local Law. Such report shall present baseline data describing health disparities among racial and sexual minority populations in Erie County. The report will highlight gaps in available data and services. On an annual basis thereafter, the Commissioner of Health shall deliver to the County Executive and County Legislature a report of OHE's achievements, including but not limited to programs and services provided to advance health equity, data on populations served via OHE's outreach, and the Office's goals for the upcoming year. This annual report shall include disaggregated data to account for identifiers, including but not limited to race and zip code. The report shall also identify outcomes achieved in the context of race and zip code.
- g. Collaborate with the ECDOH Community Health Assessment (CHA) to develop a specific health disparities report as part of ECDOH's CHA prepared every three years as required by NYS and to monitor and incorporate other health disparity data already collected in the region by organizations including (but not limited to) the University at Buffalo and the Buffalo Center for Health Equity.



#### **Section 4. Vision Statement and Mission Statement**

##### **Vision Statement:**

The Office of Health Equity's vision is for all disadvantaged, marginalized, and diverse populations in Erie County, who presently experience higher rates of poor health outcomes, to achieve maximum health and wellness.

##### **Mission Statement:**

The Office of Health Equity's mission is to evaluate a wide variety of specific health outcomes among diverse populations to fully understand the depth of health disparities in Erie County and to partner with community members, healthcare providers, faith and philanthropic leaders, and organizations to enact programs that help disadvantaged, marginalized, and diverse populations in Erie County achieve maximum health and wellness.

#### **Section 5. Erie County Health Equity Advisory Board**

There shall cause to be created an Erie County Health Equity Advisory Board ("Board"). The seven (7) member Board shall serve as an advisory board to the OHE Director and the Erie County Commissioner of Health. The members of the Board shall advise Erie County in best practices on administering health care, fiscal allocations of health resources and health education to disadvantaged communities and communities of color.

##### **Membership:**

A. All appointees shall have worked in/on health issues for minorities or disadvantaged persons or have special knowledge or experience with minority or disadvantaged health issues. The Board members shall include at least one person with a medical degree or master's degree in public health.

B. The Board shall consist of seven (7) members to be appointed by the County Executive subject to confirmation by the County Legislature as follows:

1. Two (2) members to be recommended for appointment by the County Executive.
2. One (1) member to be recommended by each of the County Legislators whose legislative districts have the two highest rates of poverty according to the most recent US Bureau of the Census data.
3. One (1) member to be recommended for appointment by the Dean of the University of Buffalo's School of Public Health and Health Professions.
4. One (1) member to be recommended for appointment by the National Medical Association – Buffalo Chapter.



5. One (1) member to be recommended for appointment by a community organization in Erie County with a recognized public health focus in its mission. Such organization shall submit its recommendation by letter of consideration directed to the Erie County Legislature.

C. All members of the Board shall serve three-year terms.

D. Any vacancy on the Board shall be recommended for filling by the appropriate recommending authority within 30 days of the position becoming vacant. The County Executive must appoint and County Legislature must act on the appointment within 30 days of the County Executive receiving the recommendation to fill the vacancy.

#### **Section 6. Effective Date**

This Local Law shall take effect upon filing with the New York State Secretary of State.

#### **Section 7. Severability**

If any clause, sentence, paragraph, subdivision, section or part of this law or the application thereof to any person, individual, corporation, firm, partnership, or business shall be adjudged by any court of competent jurisdiction to be invalid or unconstitutional, such order or judgment shall not affect, impair or invalidate the remainder thereof but shall be confined in its operation to the clause, sentence, paragraph, subdivision, section or part of this law, or in its specific application.

#### **Sponsors:**

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## APPENDIX B: DECLARATION OF GUN VIOLENCE AS A PUBLIC HEALTH CRISIS





## **EXECUTIVE ORDER #022**

### **DECLARATION OF GUN VIOLENCE AS A PUBLIC HEALTH CRISIS**

**WHEREAS**, in June 2021, the New York State Division of Criminal Justice Services released a report indicating Erie County was the county that had the highest rate of violent crimes involving a firearm in 2020, per capita, across New York State (130.7 crimes involving a firearm per 100,000 residents), which was more than double the state average (57.4 per 100,000 residents), and even much greater than New York City's rate (77.6 per 100,000 residents); and

**WHEREAS**, the Erie County Crime Analysis Center data shows that homicides have increased in Erie County for the past four years, from 46 in 2017, to 58 in 2018, 59 in 2019 and 69 in 2020, the vast majority of these having been through the use of a firearm against the decedent; and

**WHEREAS**, as of July 14, 2021, 44 of the 49 homicides committed in Erie County used a firearm; and

**WHEREAS**, the effects of gun violence extend far beyond these casualties because gun violence shapes and reshapes the lives of those who witness it by either knowing someone who was shot or living in fear of the next shooting; and

**WHEREAS**, according to research compiled by the Everytown for Gun Safety Research Division, these injuries, whether direct or indirect, costs the United States nearly \$280 billion in three different categories: (1) immediate costs starting at the time of an incident; (2) subsequent costs such as treatment, long-term physical and mental health care, forgone earnings, criminal justice costs; and (3) cost estimates of quality-of-life lost over a victim's lifespan; and

**WHEREAS**, survivors, families, communities, employers, and taxpayers, all pay for the enormous costs associated with this violence, whether they own a gun or not; and

**WHEREAS**, gun violence is not limited to person-on-person acts, nor certain geographic areas of Erie County, but all areas of Erie County when suicides are included; and

**WHEREAS**, the Erie County Medical Examiner Office has issued reports indicating that a firearm was used in 29 suicides in 2019, 30 in 2020 and, as of July 14, 2021, 8 in 2021; and

**WHEREAS**, the Erie County Medical Examiner's Office reports indicate that a firearm was used in thirty-two percent (32%) of suicides in Erie County in 2020 and thirty-one percent (31%) of suicides in Erie County in 2021; and

**WHEREAS**, Live Well Erie was established by Executive Order No. 21 in September 2019 to focus on the social determinants of health, including housing



stability, job opportunities, and neighborhood crime and safety, which dramatically influence the ability of every resident to achieve his or her full potential; and

**WHEREAS**, the impact of gun violence on public health deserves action from all levels of government, especially counties.

**NOW, THEREFORE, I, MARK C. POLONCARZ**, Erie County Executive, by virtue of the authority vested in me by Erie County's Charter Sections 301 and 302, do hereby order as follows:

1. I declare gun violence to be a public health crisis in Erie County.
2. I direct the Commissioner of Central Police Services, Commissioner of Probation, Commissioner of Health, Commissioner of the Department of Mental Health, and Commissioner of the Department of Social Services to form a task force to work in concert with local law enforcement, including the Erie County Sheriff's Office and Buffalo Police Department, the Erie County District Attorney's Office, members of the Erie County Legislature, local anti-violence organizations and leaders, and the Live Well Erie Task Force to prepare programs and initiatives that (a) decrease gun violence among youth; (b) increase funding to programs specifically designed to reduce gun-violence; (c) work with local law enforcement agencies to create strategies to reduce the amount of illegal firearms in Erie County; (d) work with marginalized populations to provide education on gun violence, issues and solutions; (e) advocate for relevant policies that improve health in communities of color; and (f) support local, State, and Federal programs that advance anti-gun violence initiatives.
3. I direct and authorize the Commissioner of the Department of Probation to increase the number of monthly home visits, known as Individual Custom Notifications, performed by Department of Probation officers with probationers who are at high-risk of involvement with guns and violence under the Gun Involved Violence Elimination ("GIVE") Initiative.
4. I direct and authorize the Commissioner of the Department of Social Services to (a) expedite the investment of the additional \$530,727 received by Erie County from New York State for additional summer youth employment opportunities, under the new age and geographic residence restrictions provided by New York State, thereby making more at-risk youth and young adults eligible for the program, and to work with local anti-violence organizations and leaders to identify at-risk youth and young adults for the initiative; and (b) following placement of at-risk young adults into temporary employment opportunities as described above, work to transition said young adults into permanent employment opportunities using the Department of Social Services' Placing Individuals in Vital Opportunity Training ("PIVOT") program.

**GIVEN**, under my hand and the Privy Seal of the County of Erie in the City of Buffalo this 20<sup>th</sup> day of July in the year two thousand twenty-one.

COUNTY OF ERIE

By:



MARK C. POLONCARZ

ERIE COUNTY EXECUTIVE



## APPENDIX C: LIST OF RELEVANT HEALTH EQUITY RELATED REPORTS

Report	Organization	Link
<b>Building a Culture of Health &amp; Ending African American Health Disparities, 2019 Report</b>	Buffalo Center for Health Equity	<a href="https://www.buffalohealthequity.org/s/2019Report.pdf">https://www.buffalohealthequity.org/s/2019Report.pdf</a>
<b>City of Buffalo Health Equity Report, April 2021</b>	New York State Department of Health	<a href="https://health.ny.gov/statistics/community/minority/docs/mcd_reports_2021/erie_county_city_of_buffalo.pdf">https://health.ny.gov/statistics/community/minority/docs/mcd_reports_2021/erie_county_city_of_buffalo.pdf</a>
<b>Erie County, New York Community Health Assessment 2019-2022</b>	Erie County DOH	<a href="http://www2.erie.gov/health/sites/www2.erie.gov.health/files/uploads/pdfs/cha.pdf">http://www2.erie.gov/health/sites/www2.erie.gov.health/files/uploads/pdfs/cha.pdf</a>
<b>Growing Up LGBT in America</b>	HRC Foundation	<a href="https://www.hrc.org/resources/about-the-survey">https://www.hrc.org/resources/about-the-survey</a>
<b>Health Equity: The Path to Inclusive Prosperity in Buffalo, May 2017</b>	Policy Link and PERE	<a href="https://ppgbuffalo.org/files/documents/health/health_disparities/health_health_equity_the_path_to_inclusive_prosperity_in_buffalo.pdf">https://ppgbuffalo.org/files/documents/health/health_disparities/health_health_equity_the_path_to_inclusive_prosperity_in_buffalo.pdf</a>
<b>HEALTHeLINK: 2021 Report to the Community</b>	HEALTHeLINK WNY	<a href="https://wnyhealthelink.com/files/AnnualReport/2021/index.php">https://wnyhealthelink.com/files/AnnualReport/2021/index.php</a>
<b>Live Well Erie, Annual Report, 2021</b>	Live Well Erie	<a href="https://www4.erie.gov/livewellerie/sites/www4.erie.gov.livewellerie/files/2022-07/2021-live-well-erie-annual-report.pdf">https://www4.erie.gov/livewellerie/sites/www4.erie.gov.livewellerie/files/2022-07/2021-live-well-erie-annual-report.pdf</a>
<b>New York State Health Equity Report, County Edition, April 2019</b>	New York State DOH	<a href="https://www.health.ny.gov/community/minority/docs/health_equity_report_2019.pdf">https://www.health.ny.gov/community/minority/docs/health_equity_report_2019.pdf</a>
<b>OUT National Cancer Survey BIPOC Report, February 2022</b>	National LGBT Cancer Network	<a href="https://cancer-network.org/wp-content/uploads/2022/02/BIPOC-Report2022.pdf">https://cancer-network.org/wp-content/uploads/2022/02/BIPOC-Report2022.pdf</a>



Report	Organization	Link
<b>Report on Inquiry into Redlining in Buffalo, 2021</b>	New York, New York State , Department of Financial Services	<a href="https://www.dfs.ny.gov/system/files/documents/2021/02/report_redlining_buffalo_ny_20210204_1.pdf">https://www.dfs.ny.gov/system/files/documents/2021/02/report_redlining_buffalo_ny_20210204_1.pdf</a>
<b>The Harder We Run; The State of Black Buffalo in 1990 and the Present</b>	University at Buffalo	<a href="https://ubwp.buffalo.edu/aps-cus/wp-content/uploads/sites/16/2021/10/TaylorHL-The-Harder-We-Run.pdf">https://ubwp.buffalo.edu/aps-cus/wp-content/uploads/sites/16/2021/10/TaylorHL-The-Harder-We-Run.pdf</a>
<b>The Racial Equity Dividend: Buffalo's Great Opportunity.</b>	University at Buffalo Regional Institute, State University of New York at Buffalo, School of Architecture and Planning	<a href="https://racialequitybuffalo.org/resources/dividend-report/">https://racialequitybuffalo.org/resources/dividend-report/</a>
<b>WNY LGBTQ Community Needs Survey 2021</b>	Niagara Pride	<a href="http://niagarapride.org/community-needs-survey-2021">http://niagarapride.org/community-needs-survey-2021</a>



## APPENDIX D: LIST OF RELEVANT HEALTH EQUITY RELATED DATA SOURCES, DASHBOARDS AND DATA INTERACTIONS OR TOOLS

Data Source, Organization	Description	Link
<b>2020 Census</b> , U.S. Census Bureau	Dashboard of demographic data on Americans compiled from various surveys. Scope ranges from national level to Census Tract level.	<a href="https://www.census.gov/programs-surveys/decennial-census/decade/2020/2020-census-main.html">https://www.census.gov/programs-surveys/decennial-census/decade/2020/2020-census-main.html</a>
<b>American Community Survey (ACS)</b> , U.S. Census Bureau	Information about characteristics of the population such as occupations, educational attainment, home ownership etc.	<a href="https://www.census.gov/programs-surveys/acs">https://www.census.gov/programs-surveys/acs</a>
<b>Behavioral Risk Factor Surveillance System</b> , CDC	Collects state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services.	<a href="https://www.cdc.gov/brfss/index.html">https://www.cdc.gov/brfss/index.html</a>
<b>Community Resilience Estimates</b> , U.S. Census Bureau	Experimental estimates of individuals and households within a community to absorb, endure, and recover from the impacts of a disaster, produced using information from the 2018 American Community Survey, the Census Bureau's Population Estimates Program, and publicly available health condition rates from the National Health Interview Survey (NHIS).	<a href="https://www.census.gov/programs-surveys/community-resilience-estimates.html">https://www.census.gov/programs-surveys/community-resilience-estimates.html</a>
<b>County Health Rankings</b> , University of Wisconsin and Robert Wood Johnson Foundation	Statistics of key indicators on a county-level. Compares county statistics with state statistics and top performers for each indicator in the United States. Some indicators are disaggregated by race.	<a href="https://www.countyhealthrankings.org/">https://www.countyhealthrankings.org/</a>
<b>Environmental Justice Dashboard</b> , CDC	Census tract-level data on environmental exposures, community characteristics, and health burden. Most granular level is census tract.	<a href="https://ephtracking.cdc.gov/Applications/ejdashboard/">https://ephtracking.cdc.gov/Applications/ejdashboard/</a>
<b>Erie County SPOA Dashboard</b> , Erie County Department of Mental Health	Data on number and types of housing service requests, execution of housing services, and demographics of those requesting/receiving services.	<a href="https://sites.google.com/ccnyinc.org/spoa-dashboard/home">https://sites.google.com/ccnyinc.org/spoa-dashboard/home</a>



Data Source, Organization	Description	Link
<b>Health Data NY, NYS</b> Department of Health	Line-level data on numerous health topics. State-wide. Some datasets can be filtered to a more local level.	<a href="https://health.data.ny.gov/">https://health.data.ny.gov/</a>
<b>High School YRBS, New York 2019 and United States, CDC</b>	Results from the High School Youth Risk Behavioral Survey on topics of violence, tobacco, alcohol, sexual behavior, diet, physical activity, and other health topics.	<a href="https://nccd.cdc.gov/Youthonline/App/Results.aspx">https://nccd.cdc.gov/Youthonline/App/Results.aspx</a>
<b>Household Pulse Survey, U.S.</b> Census Bureau	Data on the social and economic effects of coronavirus on American households.	<a href="https://www.census.gov/data/experimental-data-products/household-pulse-survey.html">https://www.census.gov/data/experimental-data-products/household-pulse-survey.html</a>
<b>National Health Interview Survey, U.S. Census Bureau/CDC</b>	Data on a broad range of health topics are collected through personal household interviews.	<a href="https://www.cdc.gov/nchs/nhis/index.htm">https://www.cdc.gov/nchs/nhis/index.htm</a>
<b>National Household Education Survey, U.S. Census Bureau</b>	Descriptive data on the educational activities of the U.S. population.	<a href="https://www.census.gov/programs-surveys/nhes.html">https://www.census.gov/programs-surveys/nhes.html</a>
<b>New York State Prevention Agenda Dashboard, NYS</b> Department of Health	Interactive visual presentation of the NYS Prevention Agenda, tracking indicator data at state and county levels.	<a href="https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=/EBI/PHIG/apps/dashboard/pa_dashboard&amp;p=sh">https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=/EBI/PHIG/apps/dashboard/pa_dashboard&amp;p=sh</a>
<b>NYS Digital Equity Portal, Cornell University</b>	Census tract level data on access to Internet and computing devices.	<a href="https://blogs.cornell.edu/nysdigitalequity/home/">https://blogs.cornell.edu/nysdigitalequity/home/</a>
<b>PLACES, CDC and Robert Wood Johnson Foundation</b>	Provides model-based, population-level analysis and community estimates of health measures to all counties, places (incorporated and census designated places), census tracts, and ZIP Code Tabulation Areas (ZCTAs) across the United States.	<a href="https://www.cdc.gov/places/about/index.html">https://www.cdc.gov/places/about/index.html</a>



Data Source, Organization	Description	Link
<b>Social Vulnerability Index,</b> ASTDR/ CDC	Database that helps public health officials identify, map, and plan support for communities that will most likely need support.	<a href="https://www.atsdr.cdc.gov/placeandhealth/svi/index.html">https://www.atsdr.cdc.gov/placeandhealth/svi/index.html</a>
<b>Youth RBSS Explorer, CDC</b>	The Youth Risk Behavior Surveillance System (YRBSS) monitors six categories of health-related behaviors that contribute to the leading causes of death and disability among youth and adults.	<a href="https://yrbs-explorer.services.cdc.gov/#/">https://yrbs-explorer.services.cdc.gov/#/</a>



## APPENDIX E: HOW THE CDC HOUSEHOLD PULSE SURVEY DEFINES LGBTQ+

Earlier versions of the Household Pulse Survey (HPS) asked respondents only for their sex (male or female). Since July 2021, the survey has included three separate sexual orientation and gender identity questions.

The first asks about assigned sex at birth:

- *What sex were you assigned at birth on your original birth certificate?*

Choice of answers: *Male* or *Female*.

The next question asks about current gender self-identification:

- *Do you currently describe yourself as male, female, or transgender?*

Choice of answers: *Male*, *Female*, *Transgender*, or *None of these*.

The latest version of the survey also now asks about sexual orientation:

- *Which of the following best represents how you think of yourself?*

Choice of answers: *Gay or lesbian*; *Straight, that is not gay or lesbian*; *Bisexual*; *Something else*; or *I don't know*

Survey respondents are categorized as LGBTQ+ if they report a sex at birth that does not align with their current gender identity; report a sexual orientation of gay, lesbian, or bisexual; or if they currently identify as transgender.

Respondents whose sex at birth aligns with their current gender identity and who select *Straight* on the sexual orientation question are categorized as non-LGBTQ+.

Respondents who select *None of these* on the current gender question and either *Something else*, *I don't know*, or *Straight* on the sexual orientation question are categorized as "Other."

Additionally, respondents whose sex at birth aligns with their current gender identity but who select either *Something else* or *I don't know* on the sexual orientation question are also categorized as "Other."

Survey questions related to sexual orientation and gender identity aim to understand the effect of the coronavirus pandemic across different subpopulations.

However, because the HPS is designed to rapidly produce experimental estimates, caution should be exercised when using these results as standalone markers of the prevalence of LGBTQ+ adults in the general population.



## APPENDIX F: LIST OF ACRONYMS

Below is a list of acronyms used throughout this Health Equity Report.

ACS – American Community Survey

BRFSS – Behavioral Risk Factor Surveillance System

CDC - Centers for Disease Control and Prevention

CHA – Community Health Assessment

CHIP – Community Health Improvement Plan

CoC – Continuum of Care

CYSHCN – Children and Youth with Special Health Care Needs

DEI – Diversity, Equity, and Inclusion

ECDSS - Erie County Department of Social Services

ECOHE – Erie County Office of Health Equity

HRC – Human Rights Campaign

MENA – Middle East and North Africa

NYC – New York City

NYS – New York State

PIT – Point in Time

PLACES - Population-Level Analysis and Community Estimates

SDOH – Social Determinants of Health

SPOA – Single Point of Access

SVI – Social Vulnerability Index

WHO – World Health Organization

YRBSS - Youth Risk Behavior Surveillance System



## APPENDIX G: EPIDEMIOLOGY AND STATISTICAL GLOSSARY

Selected terms from the CDC's Epidemiology Glossary that are used within this report and/or are commonly found in other reports about Health Equity data.

**AGE-ADJUSTED MORTALITY RATE:** A mortality rate statistically modified to eliminate the effect of different age distributions in the different populations.

**AGE-SPECIFIC MORTALITY RATE:** A mortality rate limited to a particular age group. The numerator is the number of deaths in that age group; the denominator is the number of persons in that age group in the population.

**BIAS:** Deviation of results or inferences from the truth, or processes leading to such systematic deviation. Any trend in the collection, analysis, interpretation, publication, or review of data that can lead to conclusions that are systematically different from the truth.

**CAUSE OF DISEASE:** A factor (characteristic, behavior, event, etc.) that directly influences the occurrence of disease. A reduction of the factor in the population should lead to a reduction in the occurrence of disease.

**CENSUS:** The enumeration of an entire population, usually with details being recorded on residence, age, sex, occupation, ethnic group, marital status, birth history, and relationship to head of household.

**CLUSTER:** An aggregation of cases of a disease or other health-related condition, particularly cancer and birth defects, which are closely grouped in time and place. The number of cases may or may not exceed the expected number; frequently the expected number is not known.

**CONFIDENCE INTERVAL:** A range of values for a variable of interest, e.g., a rate, constructed so that this range has a specified probability of including the true value of the variable. The specified probability is called the confidence level, and the end points of the confidence interval are called the confidence limits.

**CRUDE MORTALITY RATE:** The mortality rate from all causes of death for a population.

**DEMOGRAPHIC INFORMATION:** The person: characteristics—age, sex, race, and occupation—of descriptive epidemiology used to characterize the populations at risk.

**DENOMINATOR:** The lower portion of a fraction used to calculate a rate or ratio. In a rate, the denominator is usually the population (or population experience, as in person-years, etc.) at risk.

health-related data according to time, place, and person.

**DETERMINANT:** Any factor, whether event, characteristic, or other definable entity, that brings about change in a health condition, or in other defined characteristics.

**DISTRIBUTION:** In epidemiology, the frequency and pattern of health-related characteristics and events in a population. In statistics, the observed or theoretical frequency of values of a variable.



**ENVIRONMENTAL FACTOR:** An extrinsic factor (geology, climate, insects, sanitation, health services, etc.) which affects the agent and the opportunity for exposure.

**EPIDEMIOLOGY:** The study of the distribution and determinants of health-related states or events in specified populations, and the application of this study to the control of health problems.

**EVALUATION:** A process that attempts to determine as systematically and objectively as possible the relevance, effectiveness, and impact of activities in the light of their objectives.

**HEALTH:** A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

**HEALTH INDICATOR:** A measure that reflects, or indicates, the state of health of persons in a defined population, e.g., the infant mortality rate.

**HIGH-RISK GROUP:** A group in the community with an elevated risk of disease.

**INCIDENCE RATE:** A measure of the frequency with which an event, such as a new case of illness, occurs in a population over a period of time. The denominator is the population at risk; the numerator is the number of new cases occurring during a given time period.

**MEAN:** The measure of central location commonly called the average. It is calculated by adding together all the individual values in a group of measurements and dividing by the number of values in the group.

**MEASURE OF ASSOCIATION:** A quantified relationship between exposure and disease; includes relative risk, rate ratio, odds ratio.

**MEDIAN:** The measure of central location which divides a set of data into two equal parts.

**MORBIDITY:** Any departure, subjective or objective, from a state of physiological or psychological well-being.

**MORTALITY RATE:** A measure of the frequency of occurrence of death in a defined population during a specified interval of time.

**MORTALITY RATE, INFANT:** A ratio expressing the number of deaths among children under one year of age reported during a given time period divided by the number of births reported during the same time period. The infant mortality rate is usually expressed per 1,000 live births.

**MORTALITY RATE, NEONATAL:** A ratio expressing the number of deaths among children from birth up to but not including 28 days of age divided by the number of live births reported during the same time period. The neonatal mortality rate is usually expressed per 1,000 live births.

**MORTALITY RATE, POSTNEONATAL:** A ratio expressing the number of deaths among children from 28 days up to but not including 1 year of age during a given time period divided by the number of live births reported during the same time period. The post neonatal mortality rate is usually expressed per 1,000 live births.

**NUMERATOR:** The upper portion of a fraction.



**ODDS RATIO:** A measure of association which quantifies the relationship between an exposure and health outcome from a comparative study; also known as the cross-product ratio.

**PERCENTILE:** The set of numbers from 0 to 100 that divide a distribution into 100 parts of equal area, or divide a set of ranked data into 100 class intervals with each interval containing 1/100 of the observations. A particular percentile, say the 5th percentile, is a cut point with 5 percent of the observations below it and the remaining 95% of the observations above it.

**POPULATION:** The total number of inhabitants of a given area or country. In sampling, the population may refer to the units from which the sample is drawn, not necessarily the total population of people.

**PREVALENCE:** The number or proportion of cases or events or conditions in a given population.

**PREVALENCE RATE:** The proportion of persons in a population who have a particular disease or attribute at a specified point in time or over a specified period of time.

**PROPORTION:** A type of ratio in which the numerator is included in the denominator. The ratio of a part to the whole, expressed as a "decimal fraction" (e.g., 0.2), as a fraction (1/5), or, loosely, as a percentage (20%).

**RANGE:** In statistics, the difference between the largest and smallest values in a distribution. In common use, the span of values from smallest to largest.

**RATE:** An expression of the frequency with which an event occurs in a defined population.

**RATIO:** The value obtained by dividing one quantity by another.

**RELATIVE RISK:** A comparison of the risk of some health-related event such as disease or death in two groups.

**RISK:** The probability that an event will occur, e.g. that an individual will become ill or die within a stated period of time or age.

**RISK FACTOR:** An aspect of personal behavior or lifestyle, an environmental exposure, or an inborn or inherited characteristic that is associated with an increased occurrence of disease or other health-related event or condition.

**RISK RATIO:** A comparison of the risk of some health-related event such as disease or death in two groups.

**TABLE:** A set of data arranged in rows and columns.

**TREND:** A long-term movement or change in frequency, usually upwards or downwards.

**VALIDITY:** The degree to which a measurement actually measures or detects what it is supposed to measure.

**VARIABLE:** Any characteristic or attribute that can be measured.

**YEARS OF POTENTIAL LIFE LOST:** A measure of the impact of premature mortality on a population, calculated as the sum of the differences between some predetermined minimum or desired life span and the age of death for individuals who died earlier than that predetermined age



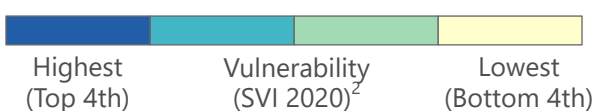
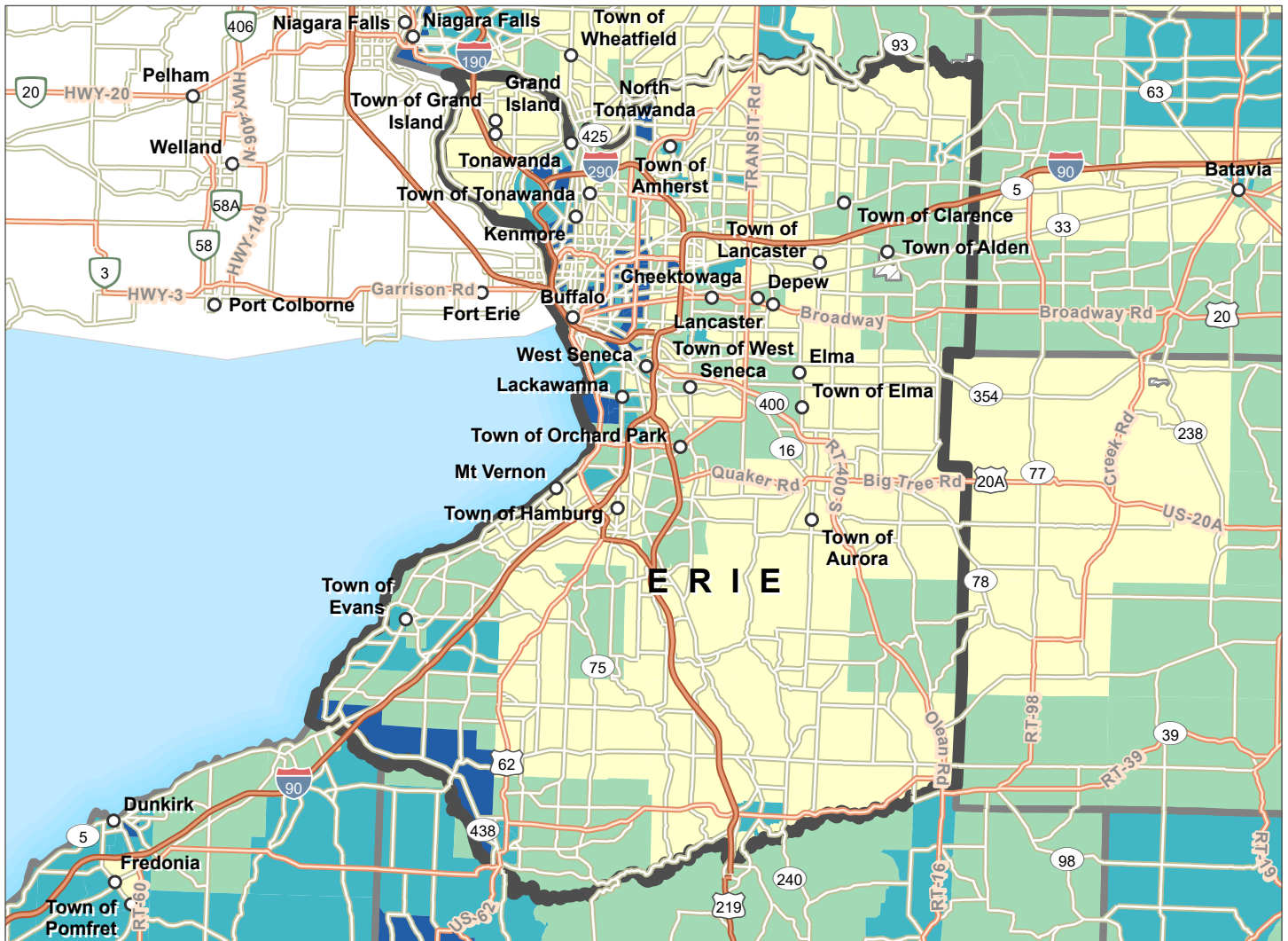
## APPENDIX H: CDC/ATSDR SOCIAL VULNERABILITY INDEX 2020



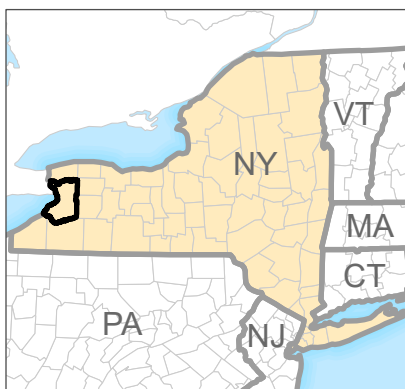
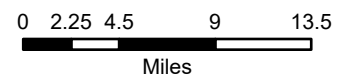
# CDC/ATSDR Social Vulnerability Index 2020

ERIE COUNTY, NEW YORK

## Overall Social Vulnerability<sup>1</sup>



Data Unavailable<sup>3</sup>



**Social vulnerability** refers to a community's capacity to prepare for and respond to the stress of hazardous events ranging from natural disasters, such as tornadoes or disease outbreaks, to human-caused threats, such as toxic chemical spills. The **CDC/ATSDR Social Vulnerability Index (CDC/ATSDR SVI 2020)<sup>4</sup> County Map** depicts the social vulnerability of communities, at census tract level, within a specified

county. CDC/ATSDR SVI 2020 groups **sixteen census-derived factors** into **four themes** that summarize the extent to which the area is socially vulnerable to disaster. The factors include economic data as well as data regarding education, family characteristics, housing, language ability, ethnicity, and vehicle access. Overall Social Vulnerability combines all the variables to provide a comprehensive assessment.



**ATSDR**

Agency for Toxic Substances  
and Disease Registry

**GRASP**

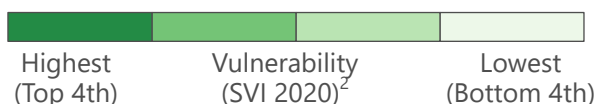
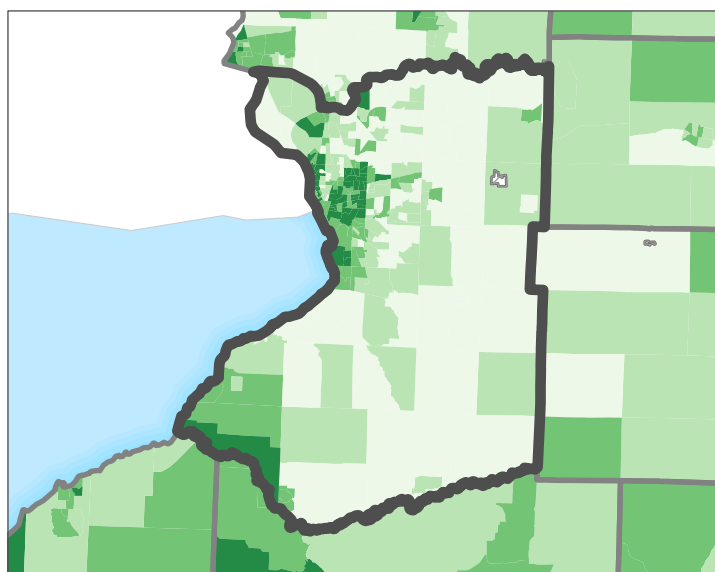
Geospatial Research, Analysis, and  
Services Program



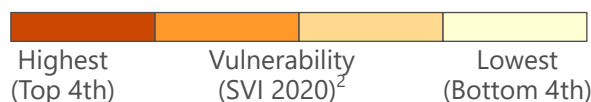
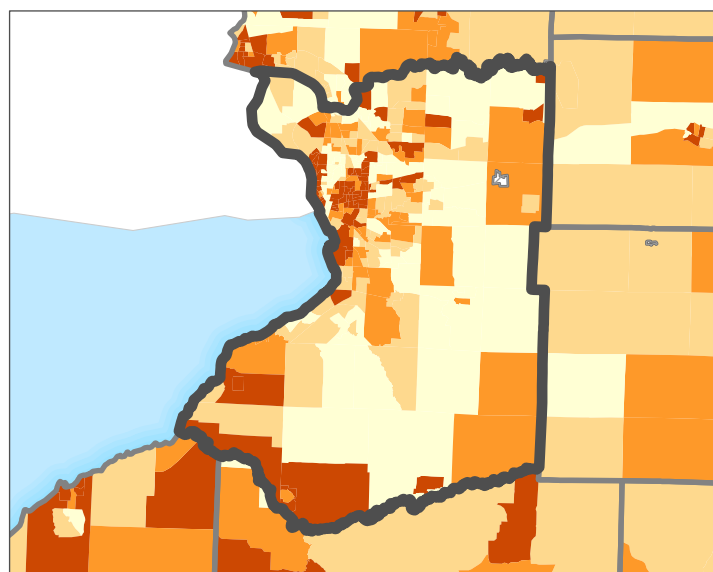
## CDC/ATSDR SVI Themes



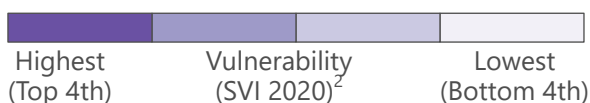
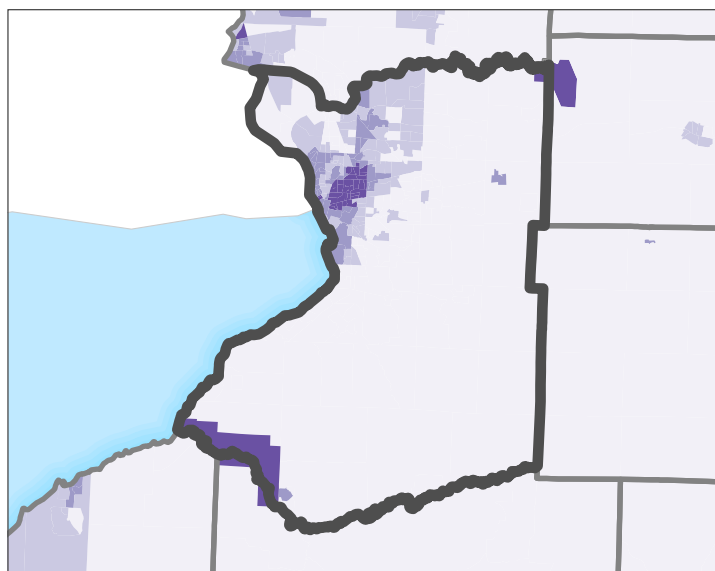
Socioeconomic Status<sup>5</sup>



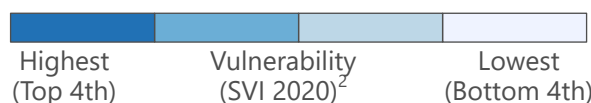
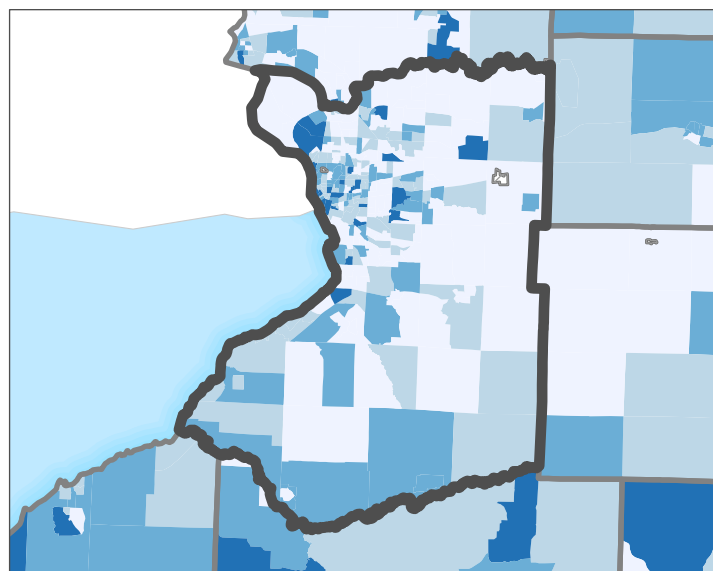
Household Characteristics<sup>6</sup>



Racial and Ethnic Minority Status<sup>7</sup>



Housing Type/Transportation<sup>8</sup>



**Data Sources:** <sup>2</sup>CDC/ATSDR/GRASP, U.S. Census Bureau, Esri® StreetMapTM Premium.

**Notes:** <sup>1</sup>Overall Social Vulnerability: All 16 variables. <sup>3</sup>Census tracts with 0 population. <sup>4</sup>The CDC/ATSDR SVI combines percentile rankings of US Census American Community Survey (ACS) 2016–2020 variables, for the state, at the census tract level. <sup>5</sup>Socioeconomic Status: Below 150% Poverty, Unemployed, Housing Costs Burden, No High School Diploma, No Health Insurance. <sup>6</sup>Household Characteristics: Aged 65 and Older, Aged 17 and Younger, Civilian with a Disability, Single-Parent Household, English Language Proficiency. <sup>7</sup>Race/Ethnicity: Hispanic or Latino (of any race); Black and African American, Not Hispanic or Latino; American Indian and Alaska Native, Not Hispanic or Latino; Asian, Not Hispanic or Latino; Native Hawaiian and Other Pacific Islander, Not Hispanic or Latino; Two or More Races, Not Hispanic or Latino; Other Races, Not Hispanic or Latino. <sup>8</sup>Housing Type/Transportation: Multi-Unit Structures, Mobile Homes, Crowding, No Vehicle, Group Quarters.

**Projection:** New York NAD 1983 UTM Zone 18N, CM shifted to -76.

**References:** Flanagan, B.E., et al., A Social Vulnerability Index for Disaster Management. *Journal of Homeland Security and Emergency Management*, 2011. 8(1).  
CDC/ATSDR SVI web page: <https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>.



APPENDIX I: ERIE COUNTY OFFICE OF HEALTH EQUITY  
COMMUNITY SURVEY



# OFFICE OF HEALTH EQUITY

## www.erie.gov/health-equity



Erie County  
Department of  
Health



The vision of the Erie County Office of Health Equity (OHE) is for all populations in Erie County to achieve maximum health and wellness. Existing data shows that people in different communities within Erie County, have different health experiences.

Please, complete this survey to help us understand the challenges to being healthy where you live. Some questions may be sensitive. However, answering these questions will give us information on what unique challenges may exist in the community. With this understanding, we hope to support effective solutions.

**1. Are you an Erie County resident?**

- ☐ Yes -*Move on to question 2*
- ☐ No -*Thank you, for your willingness to participate in our survey. However, the scope of this survey only includes Erie County residents.*

**2. Which of the following best describes where you live?**

- ☐ Rural -*Answer question 3 but not 4*
- ☐ Suburban -*Answer question 3 but not 4*
- ☐ Urban -*Skip to question 4*

**3. What is your town/city/village AND zip code? (e.g., Cheektowaga 14225)**

- ☐ Town/City/Village \_\_\_\_\_
- ☐ Zip code: \_\_\_\_\_
- ☐ Do not wish to say

**4. What two streets intersect at the corner nearest to your home (e.g. Oakdale and Main St)?:**

- ☐ Street 1 \_\_\_\_\_ / Street 2 \_\_\_\_\_
- ☐ Do not wish to say

**5. Ethnicity (select all that apply):**

- ☐ Hispanic/Latino
  - ☐ Central American
  - ☐ Cuban
  - ☐ Dominican
  - ☐ Mexican
  - ☐ Puerto Rican
  - ☐ South American\_
  - ☐ Other (Specify) \_\_\_\_\_
  - ☐ Do not wish to say
- ☐ Non-Hispanic/Latino
- ☐ Do not wish to say



**6. Race (select all that apply):**

- ☐ Middle Eastern or North African
- ☐ American Indian or Alaska Native
- ☐ Asian
  - ☐ Asian Indian
  - ☐ Bangladeshi
  - ☐ Burmese
  - ☐ Chinese
  - ☐ Filipino
  - ☐ Japanese
  - ☐ Korean
  - ☐ Pakistani
  - ☐ Vietnamese
  - ☐ Other Asian (Specify)\_\_\_\_\_
- ☐ Black
- ☐ Pacific Islander or Hawaii Native
- ☐ White
- ☐ Other (Specify)\_\_\_\_\_
- ☐ Do not wish to say

**7. Age:**

- ☐ \_\_\_\_\_years
- ☐ Do not wish to say

**8. What was your sex assigned at birth?**

- ☐ Female
- ☐ Male
- ☐ Intersex
- ☐ Do not wish to say

**9. What is your current gender identity?**

- ☐ Woman
- ☐ Man
- ☐ Nonbinary
- ☐ Gender Nonconforming/Gender Expansive
- ☐ Not Sure/Questioning
- ☐ Woman of Trans Experience
- ☐ Man of Trans experience
- ☐ Other (Please Write)\_\_\_\_\_
- ☐ Do not wish to say

**10. What is your sexual orientation?**

- ☐ Asexual
- ☐ Bisexual
- ☐ Gay
- ☐ Lesbian
- ☐ Pansexual
- ☐ Queer
- ☐ Straight/heterosexual
- ☐ Not sure/Questioning
- ☐ Other
- ☐ Do not wish to say



**11. Immigration Status**

- ☐ I was born in the U.S. (Excluding the U.S. territories, e.g., Puerto Rico, Guam, etc.) - *Skip to question 13*
- ☐ I was born in one of the U.S. territories (e.g., Puerto Rico, Guam, etc.)
- ☐ I was born outside the U.S.
- ☐ Do not wish to say -*Skip to question 13*

**12. Which of the following is true?**

- ☐ I moved to the continental U.S. as a child (under 18)
- ☐ I moved to the continental U.S. as an adult (18+)
- ☐ Do not wish to say

**13. How well do you speak English?**

- ☐ Very well
- ☐ Well
- ☐ Not well
- ☐ Not at all
- ☐ Do not wish to say

**14. Education level:**

- ☐ Did not finish High School
- ☐ High School or GED equivalency
- ☐ Some college
- ☐ Associate's degree
- ☐ Bachelor's degree
- ☐ Post-Graduate degree
- ☐ Do not wish to say

**15. Employment:**

- ☐ If employed, what is your job:\_\_\_\_\_
- ☐ If you are not employed, why?
  - ☐ Retired
  - ☐ Disabled
  - ☐ Not searching for work
  - ☐ I take care of children or another person without pay
  - ☐ Currently unemployed but searching for work
  - ☐ Other
  - ☐ Do not wish to say
- ☐ Do not wish to say

**16. Have you ever been incarcerated?**

- ☐ Yes
- ☐ No
- ☐ Do not wish to say

**17. Have you ever served in the military?**

- ☐ Yes
- ☐ No
- ☐ Do not wish to say



18. The American Disabilities Act defines a person with a disability as a person who has a physical or mental impairment that substantially limits one or more major life activity. According to this definition, do you have a disability?
- ☐ Yes
  - ☐ No – *Skip to question 20*
  - ☐ Do not wish to say – *Skip to question 20*
19. What type(s) of disability do you have? (select all that apply)
- |   |                       |  |
|---|-----------------------|--|
| <input type="radio"/> Physical/Mobility           | <input type="radio"/> | <input type="radio"/> Other _____      |
| <input type="radio"/> Sensory (e.g., blind, deaf) |                       | <input type="radio"/> Not sure         |
| <input type="radio"/> Developmental/Intellectual  |                       | <input type="radio"/> Mental/Emotional |
| <input type="radio"/> Do not wish to say          |                       |  |
20. Which describes your housing situation?
- |   |  |
|---|--|
| <input type="radio"/> I own my home                                       | <input type="radio"/> I stay in a shelter or           |
| <input type="radio"/> I rent my home (house, apartment, mobile home etc.) | transitional housing                                   |
| <input type="radio"/> Do not wish to say                                  | <input type="radio"/> I do not have housing            |
|   | <input type="radio"/> Other _____                      |
|   | <input type="radio"/> I am staying with friends/family |
21. Do you have children young enough to need constant care?
- ☐ Yes
  - ☐ No -*Skip to question 23*
  - ☐ Do not wish to say -*Skip to question 23*
22. Which of the following are true regarding finding care for your children? (select all that apply):
- ☐ Finding available childcare is a challenge
  - ☐ Finding affordable childcare is a challenge
  - ☐ Finding quality childcare is a challenge
  - ☐ Childcare is not a challenge for my household
  - ☐ Do not wish to say
23. Is there an adult in your home who needs constant care?
- ☐ Yes
  - ☐ No -*Skip to question 25*
  - ☐ Do not wish to say -*Skip to question 25*
24. Which of the following are true regarding finding care for this person? (select all that apply)
- ☐ Finding available respite care is challenging
  - ☐ Finding affordable respite care is challenging
  - ☐ Finding quality respite care is challenging
  - ☐ Finding respite care is not a challenge for my household
  - ☐ Do not wish to say



**25. Which of the following best describes your food situation? (select all that apply)**

- ☐ My household is able to buy enough food with salary/wage money
- ☐ My household uses SNAP, WIC, etc., to buy food
- ☐ My household gets some of our food from food pantries
- ☐ My household is able to get enough food but not healthy food
- ☐ My household is *not* able to get enough food
- ☐ Do not wish to say

**26. Which of the following about your diet is true? (select all that apply)**

- ☐ I feel that my diet is mostly healthy
- ☐ I would eat healthier if I knew what foods are good for me
- ☐ I would eat healthier if healthy foods tasted better
- ☐ I would eat healthier if it was more affordable
- ☐ I would eat healthier if I had more time to cook
- ☐ I would eat healthier if more healthy foods were sold in my community
- ☐ I would eat healthier if I had better transportation
- ☐ I could eat healthier but I don't want to
- ☐ Other \_\_\_\_\_
- ☐ Do not wish to say

**27. Which of the following about exercise is true? (select all that apply)**

- ☐ I feel that I get enough exercise
- ☐ I would exercise more if I had access to a gym
- ☐ I would exercise more if I had more time
- ☐ I would exercise more if I knew which exercises are good for me
- ☐ I would exercise more if I felt safer in my neighborhood
- ☐ I don't exercise enough due to pain, injury, or illness
- ☐ I could exercise more but I don't want to
- ☐ Other \_\_\_\_\_
- ☐ Do not wish to say

**28. Which of the following best describes your financial situation?**

- ☐ I have enough money that I am able to save some, invest some, or buy things that I want but don't need
- ☐ I have just enough money to pay for housing, day-to-day needs and bills
- ☐ I am unable to pay for all of my household's day-to-day needs and bills
- ☐ Do not wish to say



**29. Which of the following best describes your hopes for your financial situation (Select all that apply):**

- ☐ I have a plan to improve my financial situation
- ☐ I am aware of resources that may help me to improve my financial situation
- ☐ I would like to improve my financial situation but don't know how
- ☐ I know how I could improve my financial situation but don't feel I have the necessary resources
- ☐ I am comfortable with my current financial situation
- ☐ Other \_\_\_\_\_
- ☐ Do not wish to say

**30. How do you get around? (select all that apply)**

- ☐ Bus/public transportation
- ☐ Personal vehicle
- ☐ Ride-sharing (Uber, Lyft, taxi)
- ☐ Bike
- ☐ Do not wish to say
- ☐ Walk
- ☐ Other
- ☐ It is hard to get around due to lack of transportation
- ☐ Friends/family

**31. What are the challenges to accessing transportation? (select all that apply)**

- ☐ Not affordable (e.g., buying a car, gas, bus passes)
- ☐ Inadequate public transportation (e.g., no bus routes near my home)
- ☐ Physical mobility challenges (e.g., difficult to get in and out of vehicles)
- ☐ Accessing transportation is not a challenge for me.
- ☐ Other \_\_\_\_\_

**32. Lack of transportation has been a barrier to (select all that apply):**

- ☐ Accessing medical care
- ☐ Buying food and other needed goods
- ☐ Finding and/or keeping a job
- ☐ Recreation
- ☐ Lack of transportation is not a challenge for me
- ☐ Other \_\_\_\_\_
- ☐ Do not wish to say



33. Do you have friends or family you can rely on for:

Practical help? (child care, transportation, household repairs etc...)

- ☐ Never      ☐ Rarely      ☐ Sometimes      ☐ Often      ☐ Always

Emotional support?

- ☐ Never      ☐ Rarely      ☐ Sometimes      ☐ Often      ☐ Always

Having fun?

- ☐ Never      ☐ Rarely      ☐ Sometimes      ☐ Often      ☐ Always

34. Do you experience any of the following health conditions? (select all that apply):

- |   |   |
|---|---|
| <input type="radio"/> Asthma                  | <input type="radio"/> Disease of the liver (e.g., |
| <input type="radio"/> Other lower respiratory | Hepatitis, cirrhosis)                             |
| disease (e.g.,                                | <input type="radio"/> Obesity                     |
| COPD/Emphysema)                               | <input type="radio"/> Anxiety/Depression          |
| <input type="radio"/> High blood pressure     | <input type="radio"/> Long term COVID-19          |
| <input type="radio"/> Diabetes                | symptoms  |
| <input type="radio"/> Kidney disease          | <input type="radio"/> None of these               |
| <input type="radio"/> Cancer (any type)       | <input type="radio"/> Do not wish to say          |
| <input type="radio"/> Disease of the heart    |   |

35. Have you lost a close friend or relative to COVID-19?

- ☐ Yes  
☐ No  
☐ Do not wish to say

36. Are you struggling with the use of any kind of substance (eg., tobacco, alcohol, opiates)?

- ☐ Yes  
☐ No -*Skip to question 40*  
☐ Do not wish to say -*Skip to question 40*

37. Do you care to tell us what kind of substance? (Select all that apply)

- |                               |  |
|-------------------------------|--|
| <input type="radio"/> Tobacco | <input type="radio"/> Methamphetamine    |
| <input type="radio"/> Alcohol | <input type="radio"/> Cannabis           |
| <input type="radio"/> Opiates | <input type="radio"/> Other _____        |
| <input type="radio"/> Cocaine | <input type="radio"/> Do not wish to say |



**38. Do you wish to share why you started using this substance? (select all that apply)**

- ☐ Medical prescription
- ☐ Experimentation
- ☐ Social pressures
- ☐ Stress/Depression
- ☐ Other \_\_\_\_\_
- ☐ Do not wish to say

**39. In relation to this substance use, what resources may support your health and safety? (Select all that apply)**

- ☐ A support group
- ☐ Better access to medical care
- ☐ In-patient treatment/rehab
- ☐ Harm reduction resources (e.g., needle exchanges, Narcan training)
- ☐ Less exposure to the substance
- ☐ Unsure
- ☐ Other \_\_\_\_\_
- ☐ Do not wish to say

**40. Which of the following are challenges to accessing healthcare for yourself or your family? (Select all that apply)**

- ☐ Lack of medical providers near my home
- ☐ Lack of pharmacies near my home
- ☐ Lack of adequate health insurance
- ☐ Distrust of medical providers
- ☐ Cost of care and treatment (with or without insurance)
- ☐ Lack of convenient transportation
- ☐ Lack of childcare
- ☐ My schedule conflicts with most office hours of medical providers
- ☐ I do not have any or enough paid time off
- ☐ Access to care is not a challenge for me or my family
- ☐ Do not wish to say

**41. When I receive medical care....**

**I feel the providers respect me.**

- ☐ Never      ☐ Rarely      ☐ Sometimes      ☐ Often      ☐ Always

**I feel the providers believe me.**

- ☐ Never      ☐ Rarely      ☐ Sometimes      ☐ Often      ☐ Always

**The providers speak to me in a way that I understand.**

- ☐ Never      ☐ Rarely      ☐ Sometimes      ☐ Often      ☐ Always

**I feel the medical providers are competent in treating people like me.**

- ☐ Never      ☐ Rarely      ☐ Sometimes      ☐ Often      ☐ Always



Thank you for your responses! We appreciate your time and value the information you have provided!

If you would like to enter the raffle for a \$100 Target gift card, please complete this form and tear this page from the survey so your survey answers will remain confidential.

Full name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Zip code: \_\_\_\_\_

Would you like to receive the Health Equity e-newsletter?

- ☐ Yes
- ☐ No thanks



## OFFICE OF HEALTH EQUITY



**Erie County**  
**Department of**  
**Health**



**Public Health**  
Prevent. Promote. Protect.

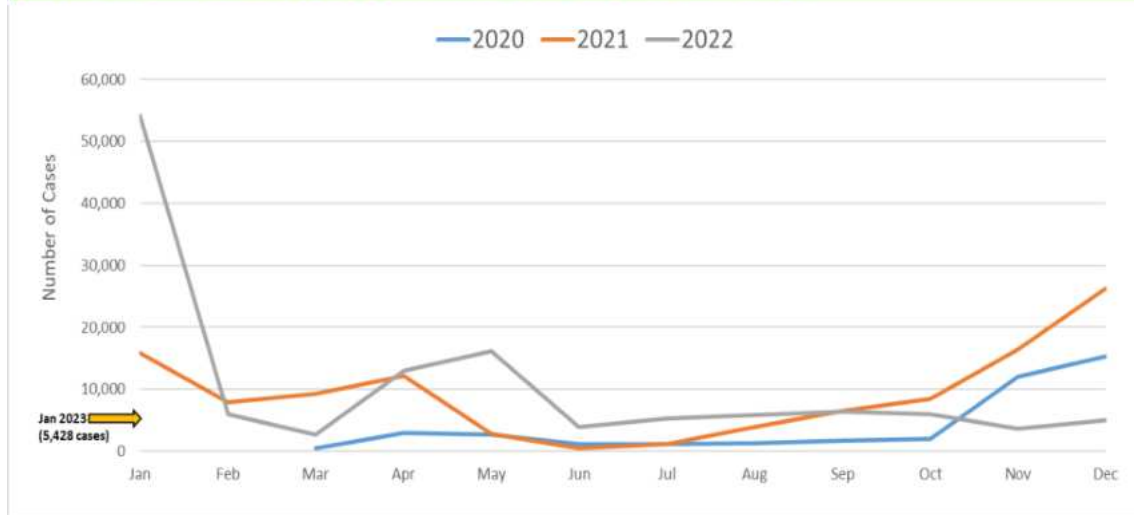


## APPENDIX H

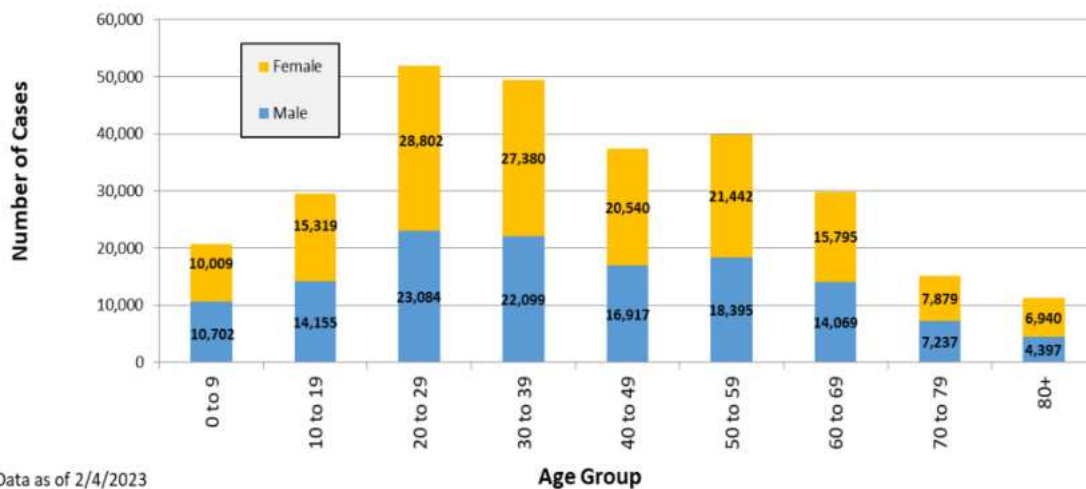
### ADDITIONAL COVID-19 AND OTHER REPORTABLE COMMUNICABLE DISEASE DATA

#### COVID-19 Case Summary

##### COVID-19 Cases Reported to Erie County (March 2020-Jan. 2023)



##### COVID-19 Cases by Age Group and Gender (March 2020-Jan. 2023)



\*Data as of 2/4/2023

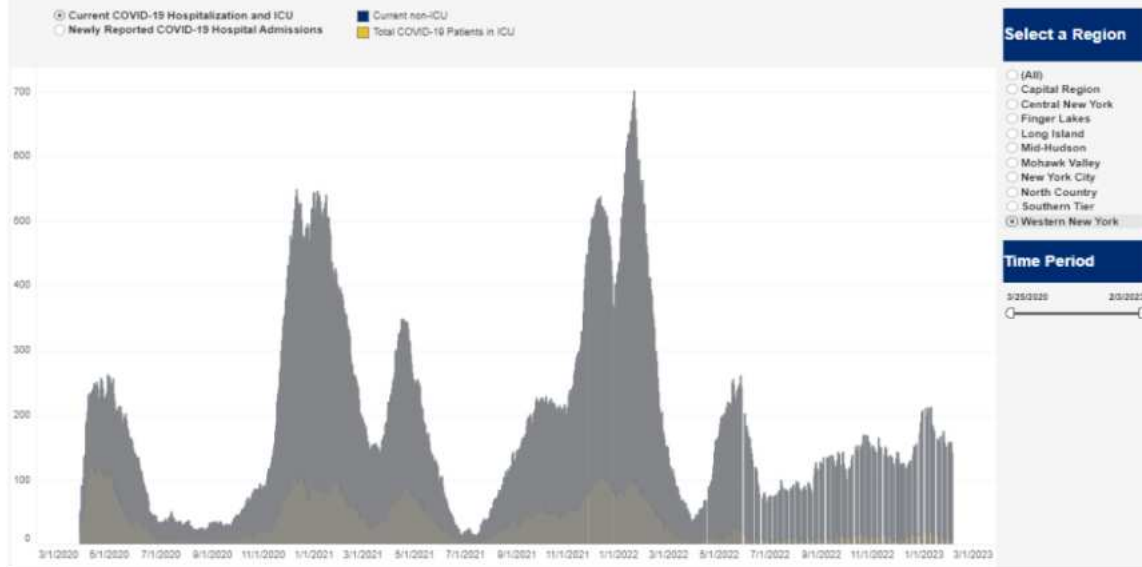




## COVID-19 Hospitalizations, Western New York (March 2020-Jan. 2023)

### Western New York

Data as of: 3/3/2023  
Last updated on: 2/4/2023



## COVID-19 Mortality Data Summary

### Erie County COVID-19 Deaths by Age Group (March 2020-through Jan. 26, 2023)

	2020		2021		2022		2023	
Age Group	#	%	#	%	#	%	#	%
<40	13	1%	25	2%	13	2%	0	0%
40 to 49	17	1%	31	3%	14	2%	0	0%
50 to 59	64	5%	91	8%	40	6%	3	8%
60 to 69	152	12%	196	18%	108	17%	1	3%
70 to 79	285	22%	281	25%	157	25%	11	30%
80+	745	58%	496	44%	302	48%	22	59%
Totals	1,276	100.0%	1,120	100.0%	634	100.0%	37	100.0%

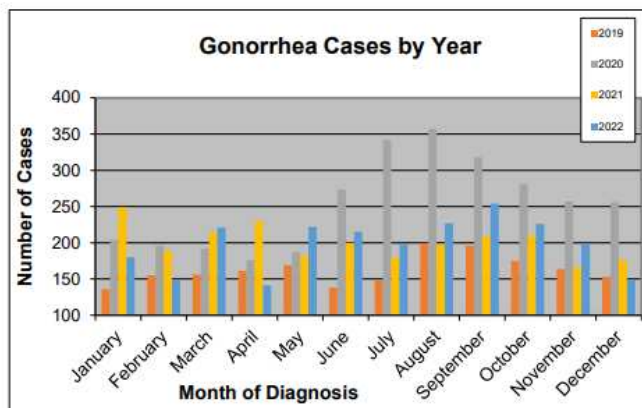




## SEXUALLY TRANSMITTED INFECTIONS

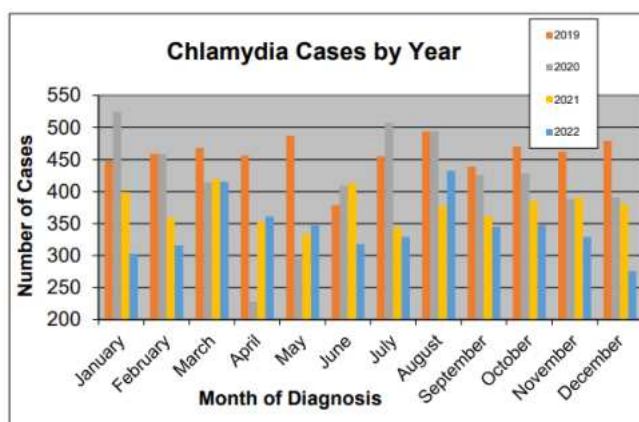
### Gonorrhea Cases

Month	2019	2020	2021	2022
January	136	204	249	180
February	155	196	189	149
March	156	192	214	221
April	161	176	230	141
May	169	187	182	222
June	138	273	200	215
July	148	342	180	198
August	199	357	198	227
September	196	318	209	254
October	175	281	210	226
November	164	257	166	198
December	153	256	176	149
Total	1,950	3,039	2,403	2,380



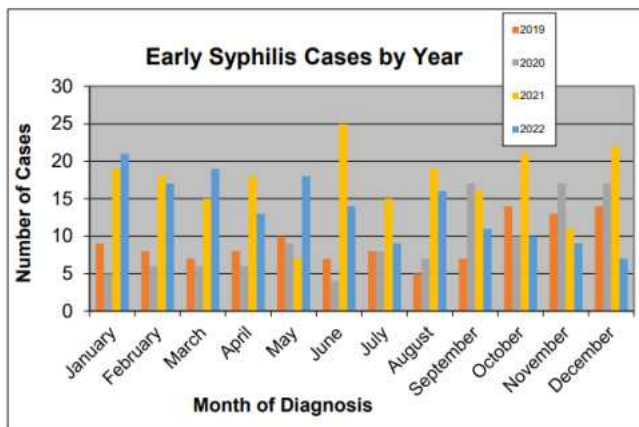
### Chlamydia Cases

Month	2019	2020	2021	2022
January	448	524	399	303
February	459	458	359	316
March	468	414	419	415
April	456	228	352	361
May	487	296	334	347
June	379	409	413	318
July	455	507	344	329
August	494	494	378	432
September	439	426	362	345
October	470	428	385	347
November	462	388	391	329
December	479	391	381	276
Total	5,496	4,963	4,517	4,118



### Early Syphilis

Month	2019	2020	2021	2022
January	9	5	19	21
February	8	6	18	17
March	7	6	15	19
April	8	6	18	13
May	10	9	7	18
June	7	4	25	14
July	8	8	15	9
August	5	7	19	16
September	7	17	16	11
October	14	10	21	10
November	13	17	11	9
December	14	17	22	7
Total	110	112	206	164





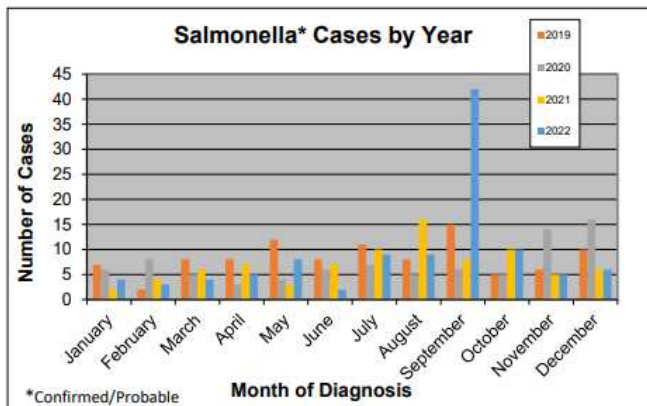


## OTHER REPORTABLE COMMUNICABLE DISEASES

### Salmonella\* Cases

Month	2019	2020	2021	2022
January	7	6	2	4
February	2	8	4	3
March	8	5	6	4
April	8	3	7	5
May	12	4	3	8
June	8	6	7	2
July	11	7	10	9
August	8	5	16	9
September	15	6	8	42
October	5	5	10	10
November	6	14	5	5
December	10	16	6	6
Total	100	85	84	107

\*Confirmed/Probable

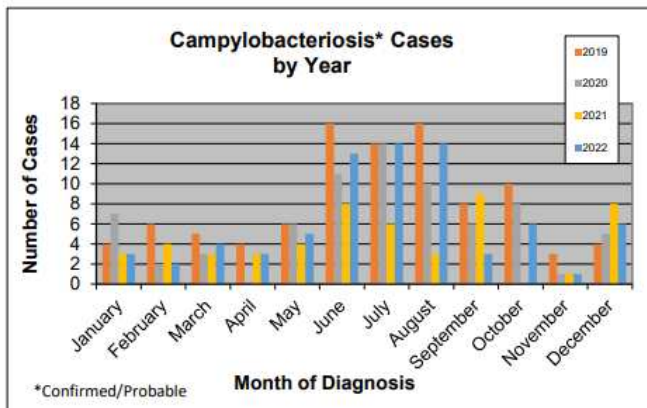


\*Confirmed/Probable

### Campylobacteriosis\* Cases

Month	2019	2020	2021	2022
January	4	7	3	3
February	6	2	4	2
March	5	3	3	4
April	4	0	3	3
May	6	6	4	5
June	16	11	8	13
July	14	14	6	14
August	16	10	3	14
September	8	6	9	3
October	10	8	0	6
November	3	1	1	1
December	4	5	8	6
Total	96	73	52	74

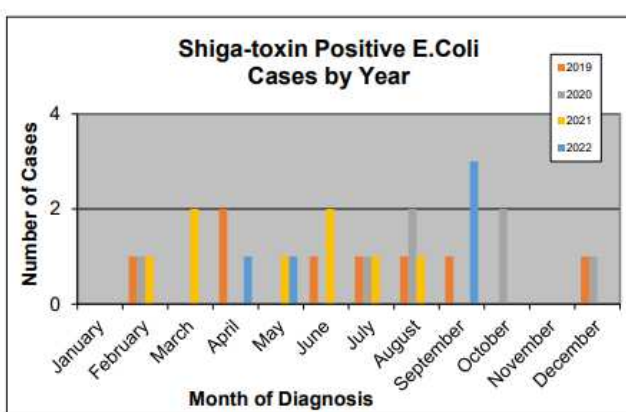
\*Confirmed/Probable



\*Confirmed/Probable

### Shiga-toxin Positive E.Coli Cases

Month	2019	2020	2021	2022
January	0	0	0	0
February	1	1	1	0
March	0	0	2	0
April	2	0	0	1
May	0	0	1	1
June	1	0	2	0
July	1	1	1	0
August	1	2	1	0
September	1	0	0	3
October	0	2	0	0
November	0	0	0	0
December	1	1	0	0
Total	8	7	8	5

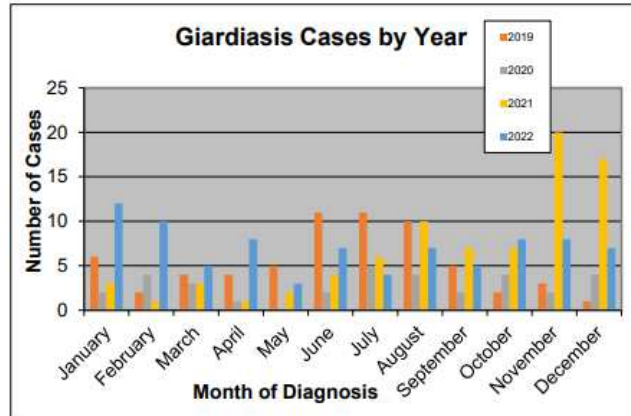






### Giardiasis Cases

Month	2019	2020	2021	2022
January	6	2	3	12
February	2	4	1	10
March	4	3	3	5
April	4	1	1	8
May	5	0	2	3
June	11	2	4	7
July	11	5	6	4
August	10	4	10	7
September	5	2	7	5
October	2	4	7	8
November	3	2	20	8
December	1	4	17	7
Total	64	33	81	84





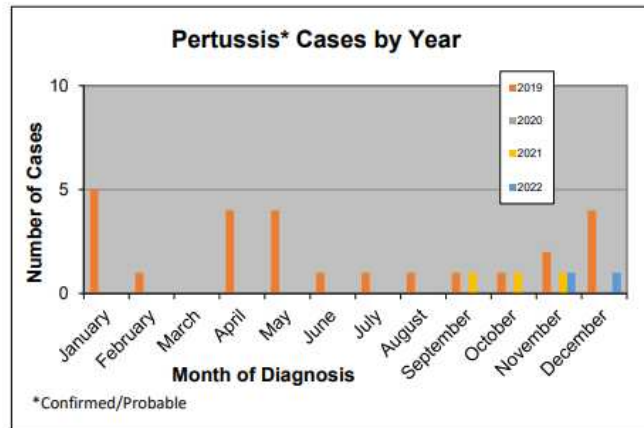


## VACCINE-PREVENTABLE DISEASE

### Pertussis\* Cases

Month	2019	2020	2021	2022
January	5	0	0	0
February	1	0	0	0
March	0	0	0	0
April	4	0	0	0
May	4	0	0	0
June	1	0	0	0
July	1	0	0	0
August	1	0	0	0
September	1	0	1	0
October	1	0	1	0
November	2	0	1	1
December	4	0	0	1
Total	25	0	3	2

\*Confirmed/Probable



### Hepatitis A Cases

Year	Cases
2010	6
2011	3
2012	6
2013	0
2014	4
2015	3
2016	2
2017	4
2018	32
2019	45
2020	2
2021	4
2022	2

