Health Equity in Erie County

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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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CONTENTS

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,[1] 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.[2]

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 14th 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.[3] 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.[3,4] 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,[5,6] exposure to violence,[4,7] and children living in poverty,[4] 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,[8] low birth weight,[4] and poor disease outcomes[8] 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.[9] 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.[10] 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.[11] 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.[12] 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.[13]

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.[14] The very land on which the Edward A. Rath Building is built was the former home of abolitionist and attorney George W. Jonson.[14]

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.

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www.erie.gov/health-equity

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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.[15]

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.[16] 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.[18]*

preventable health disparities."[19] 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.[18]

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."[19] 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.[20] 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.[11]


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.[21] 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[21]
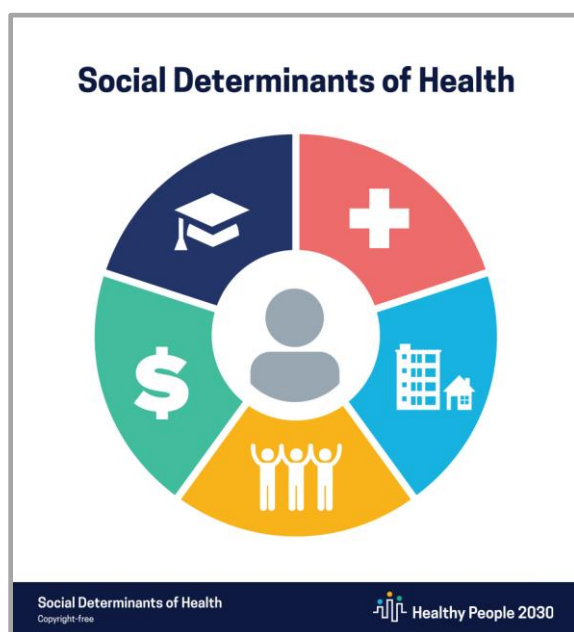
Economic Stability[22]: Factors such as poverty and steady employment impact a person's ability to make enough money to afford the things they need to stay healthy.

Education Access and Quality[23]: 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[24]: 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[25]: 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[26]: 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.[27]

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.[28] 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[29]:**
> **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.[30-33] Fully describing health disparities uses both **quantitative** and **qualitative** data collection and analysis methods.

Quantitative data[34]:

- 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 <u>size or magnitude of a health inequity</u>.**

> **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[34]:

- 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[35]:**
> **https://www.cdc.gov/reproductivehealth/data_stats/glossary.html**

The **New York State Prevention Agenda**[8] 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.**[36] 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.[31] 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/ethnical 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.[9]

> **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/ [37] 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.[38]

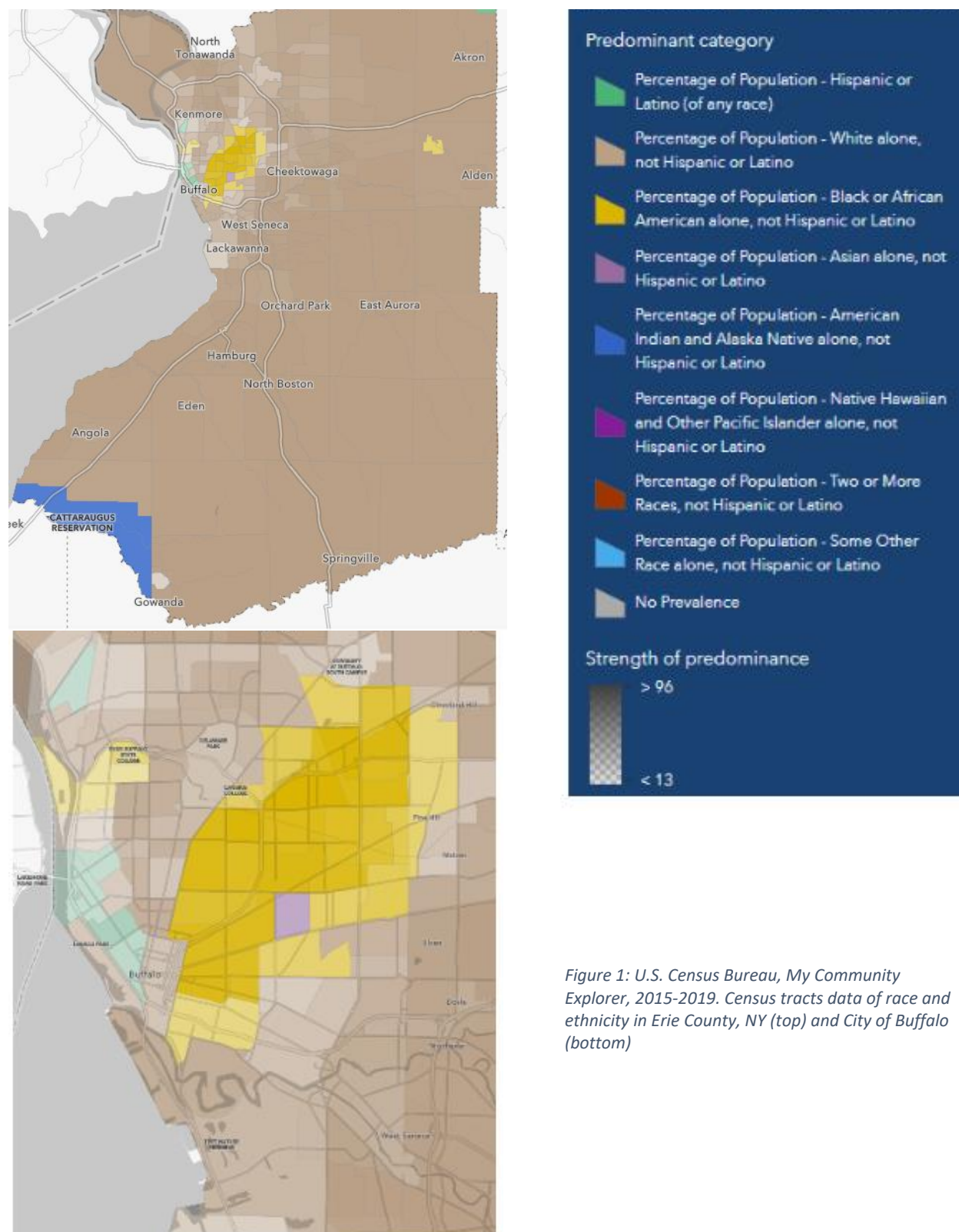Erie County and Buffalo, Census Tracks by Predominant Race and Ethnicity (2015-2019)

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.[4] 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
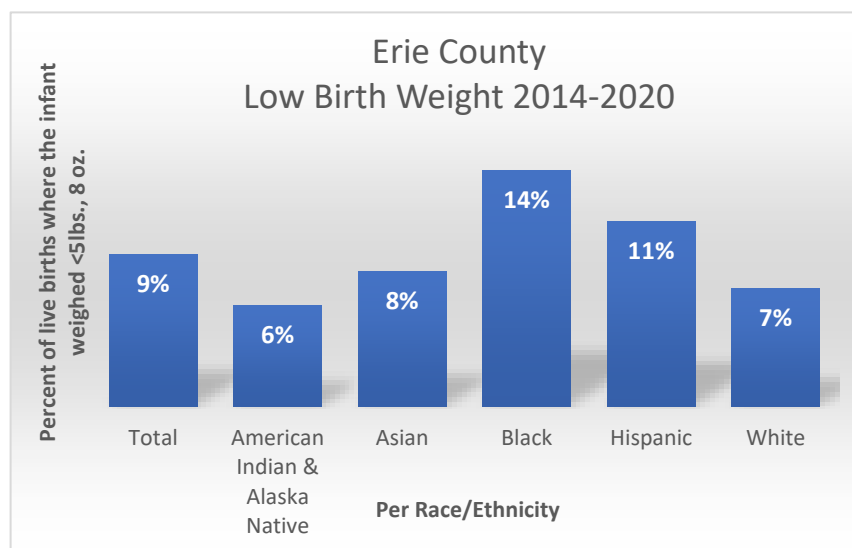

Figure 2: County Health Rankings, 2014-2020 data of low-birth-weight percentages for Erie County, NY
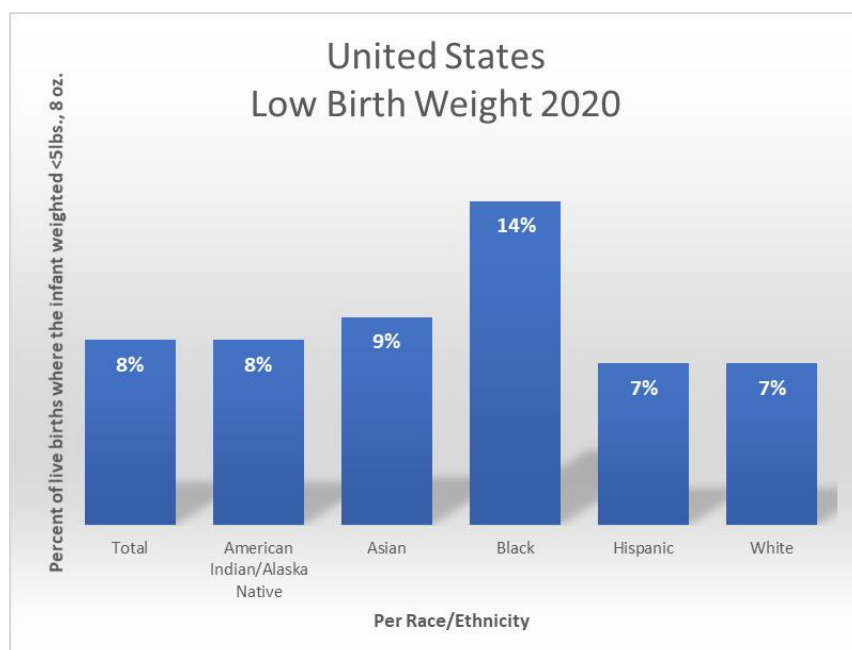

Figure 3: National Vital Statistics, 2020 data of low-birth weight percentages for the United States (Note: Percentages rounded to the nearest whole number)

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.[40] 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.[39] Low birth weight rates per race and ethnicity are fairly consistant with rates at the national level, as seen in Figure 3.[40]

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.[4]

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.[41]
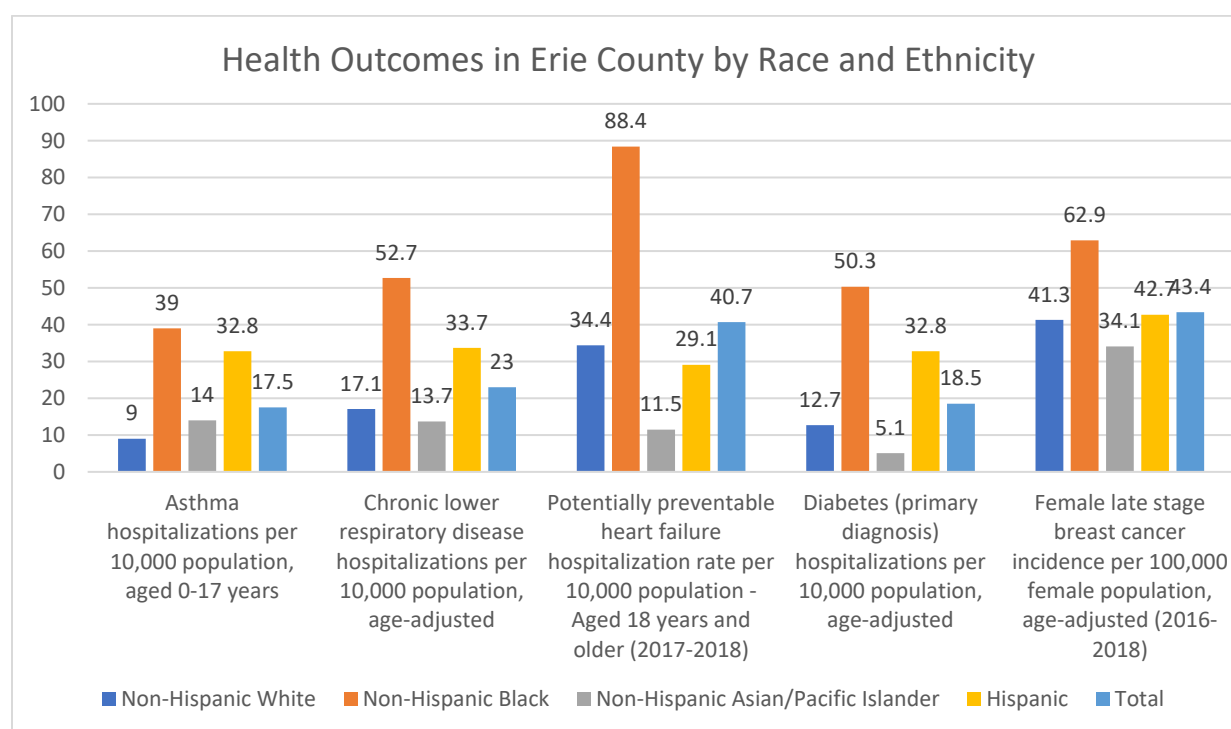

Figure 4: NYS County Health Indicators Report, 2017-2019, for Health Outcomes in Erie County by Race and Ethnicity

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.[1] 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.[42]

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
Total	3056		

Figure 5: Data from Erie County Department of Health, COVID-19 Fatalities, 2019-2022. Fatalities by Race/Ethnicity. Population from 2020 Census.

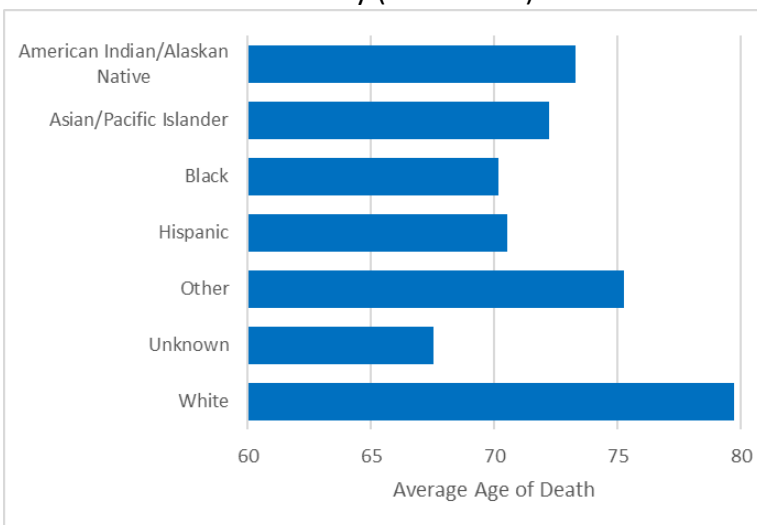Average Age of COVID Deaths in Erie County by Race and Ethnicity (2019-2022)

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
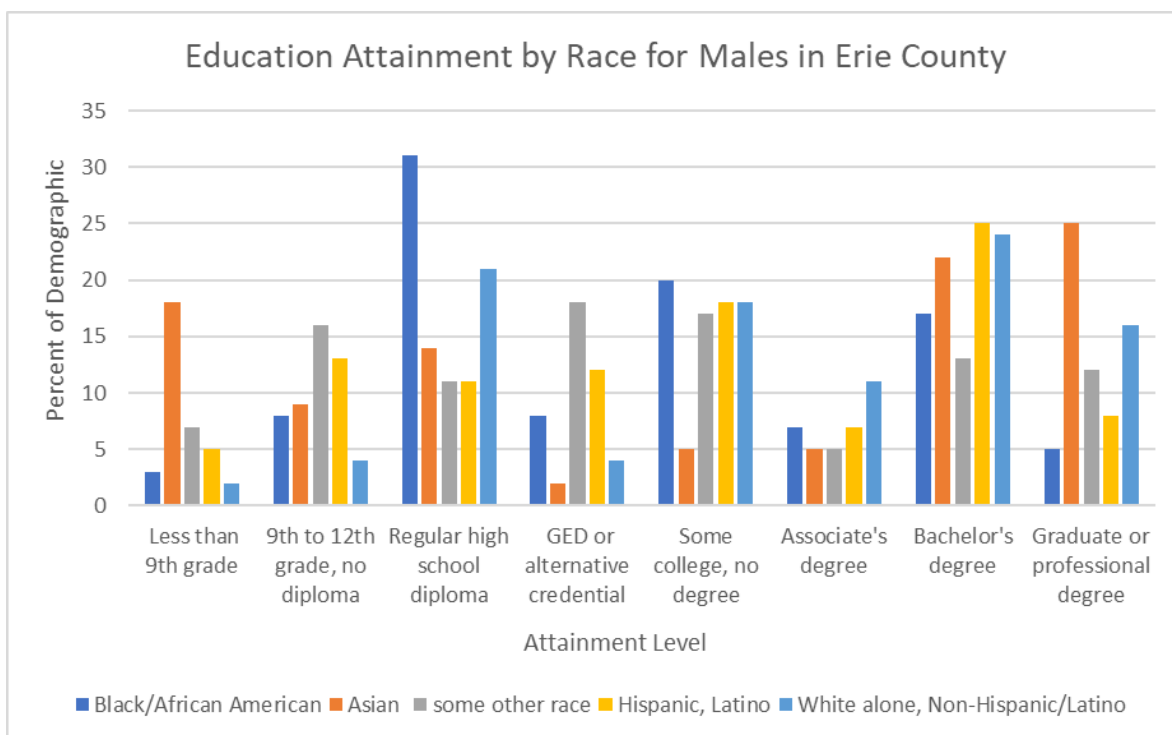

Figure 7: U.S. Census Bureau, American Communities Survey, 2021 1-year Estimates of Male Education Attainment by Race
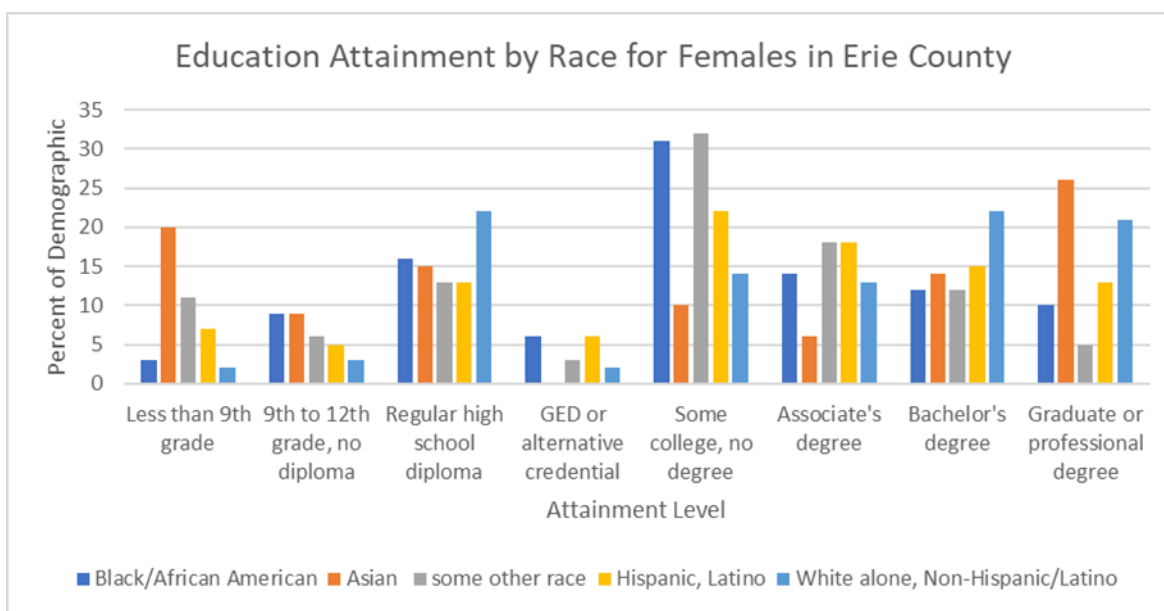
Figure 8: U.S. Census Bureau, American Communities Survey, 2021 1-year Estimates of Female Education Attainment by Race

positive correlation between educational attainment and good health in adulthood.[43] The 2021 American Communities Survey reveals differences in educational attainment by race and gender, as seen in Figures 7 and 8.[3]

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*.[3] 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.[44] 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.
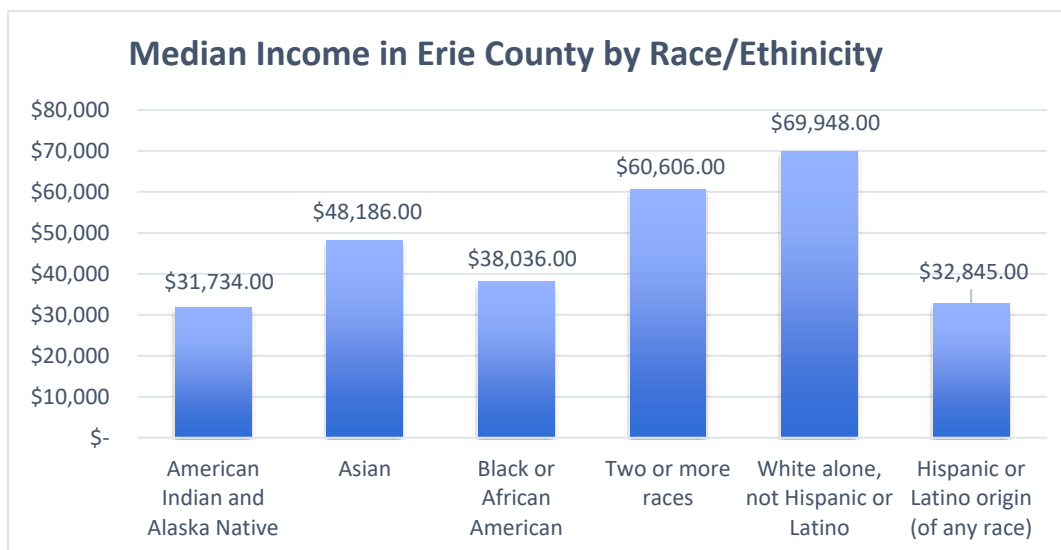
Median Income in Erie County by Race/Ethinicity

Figure 9: American Communities Survey, 2021 1-year Estimates of Median Income in Erie County by Race/Ethnicity

% Children in Poverty	18%
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.[4] 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
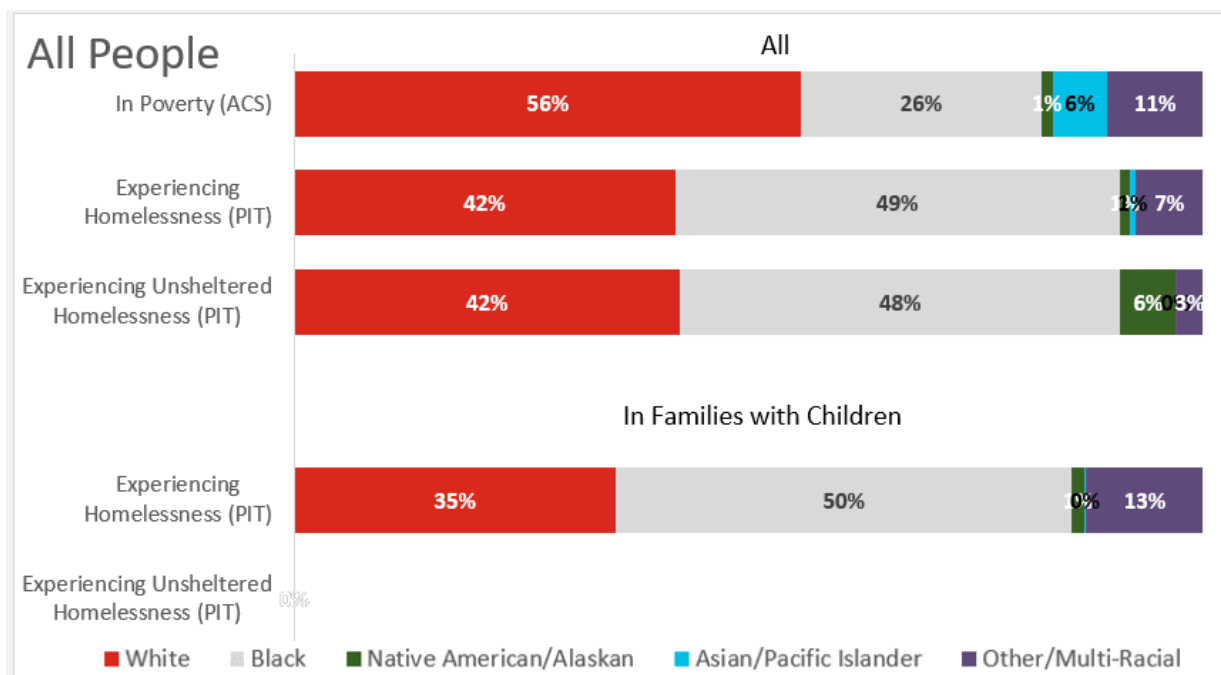

Figure 11: HUD, 2021 COC Racial Equity Analysis Tool of poverty and homelessness within the United States.
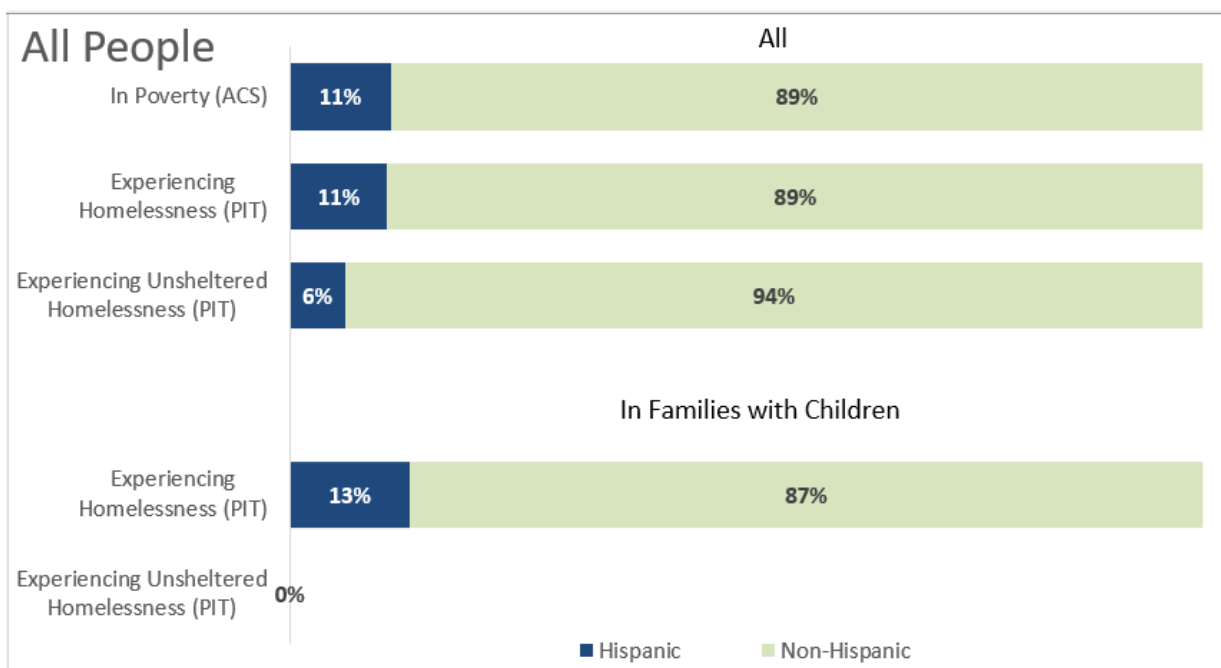

Figure 12: HUD, 2021 COC Racial Equity Analysis Tool of poverty and homelessness within the Buffalo, Niagara Falls/Erie, Niagara, Orleans, Genesee, Wyoming Counties

death.[45] 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.[3,46] 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.[6] Even when controlling for poverty, Black people are more likely to experience homelessness.[6] 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.[6,47]

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.[48] 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/ [37] 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.[38]

City of Buffalo Mortgage Originations (2016-2019)

City Boundaries

Neighborhood Boundaries

Minority Population 80% and Over

**Mortgage Originations
(1 Dot = 1 Loan)**

**HOLC Residential Security Map Areas
(circa 1938)**
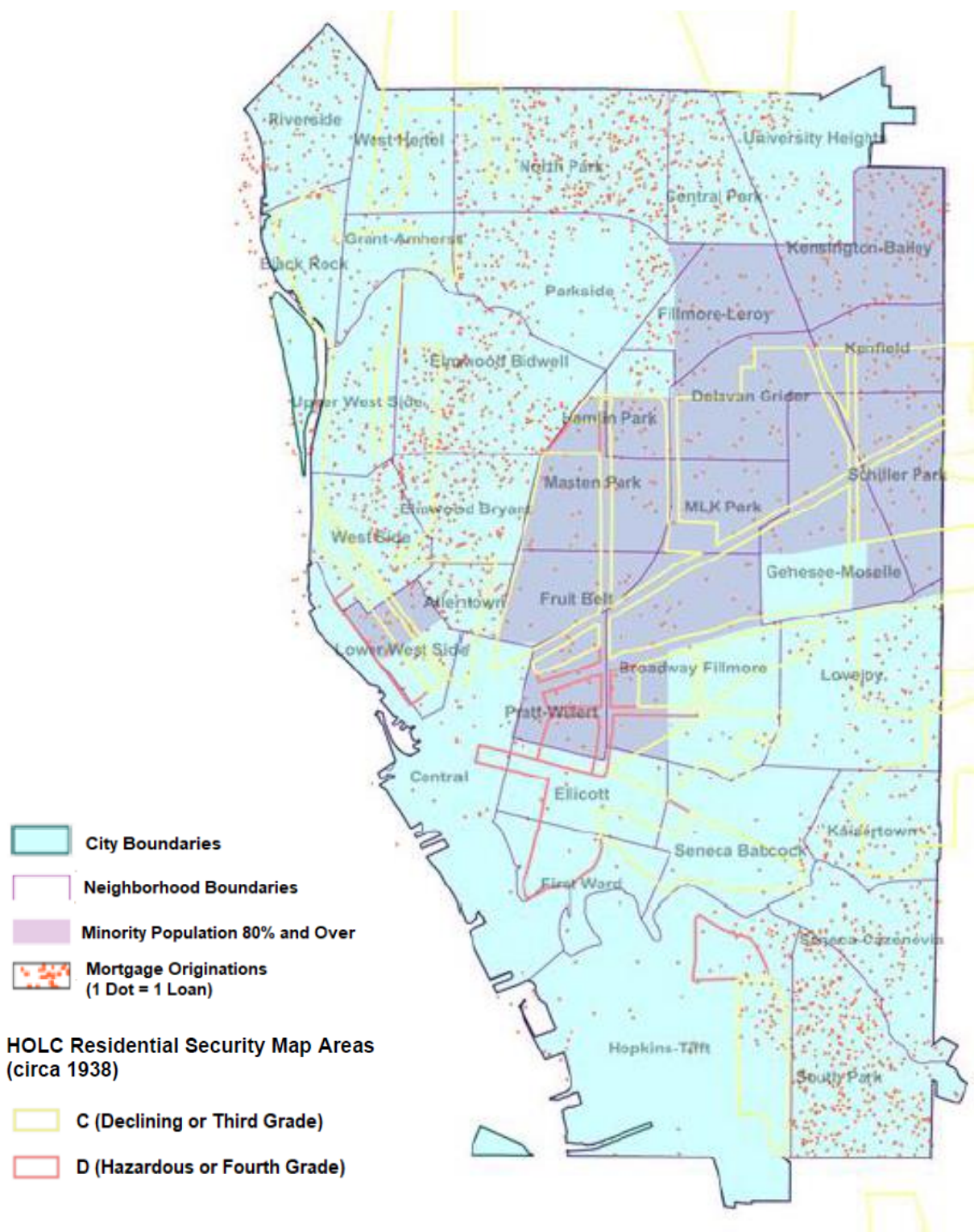
C (Declining or Third Grade)

D (Hazardous or Fourth Grade)

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.[49] 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
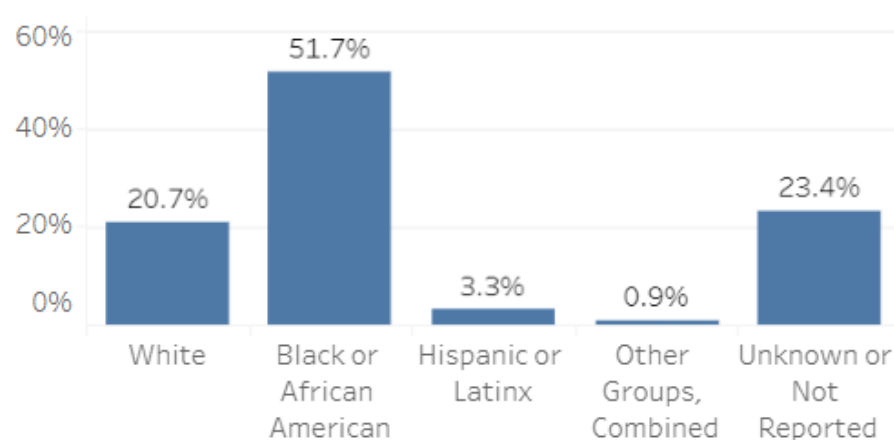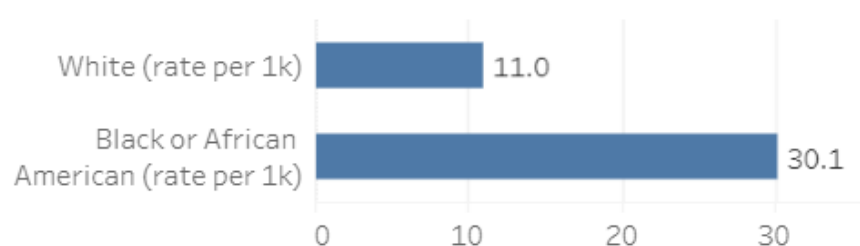
Figure 14: News Channel 4 with Cornell ILR Buffalo Co-Lab. Traffic receipt data in City of Buffalo, 2020-2022

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."[50] 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.[51] 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.[52] 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.[53] The minority groups in Figure 15 that are over-represented in arrest rates experience higher rates of these risk factors.[54] 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.[53]

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							
	Population (18+)		Adult Arrests		Felony Adult Arrests		Prison Sentences	
Race/Ethnicity	#	% 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%
Total	732,848	100%	11,142	100%	4,234	100%	233	100%

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.[55]

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.[56] The World Health Organization finds this to hold true with migrants across the world and considers migration a key determinant of health.[57]

> *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.[57]*

In September 2022, the University at Buffalo's Jacobs School of Medicine and Biomedical Sciences hosted its 8th 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.[58]

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

> *Approximately 66,797 members of the LGBTQ+ community live in Erie County.[59]*

other social and economic groups. Because of this community's diversity, health disparities impact many different areas of health.

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.[27]
- 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 perceives themselves. A person's gender identity can be either the same or different from their sex assigned at birth.[27]
- 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.[27]

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.[60] 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[54]:

- **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 LQBTQ+ 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.[61]*
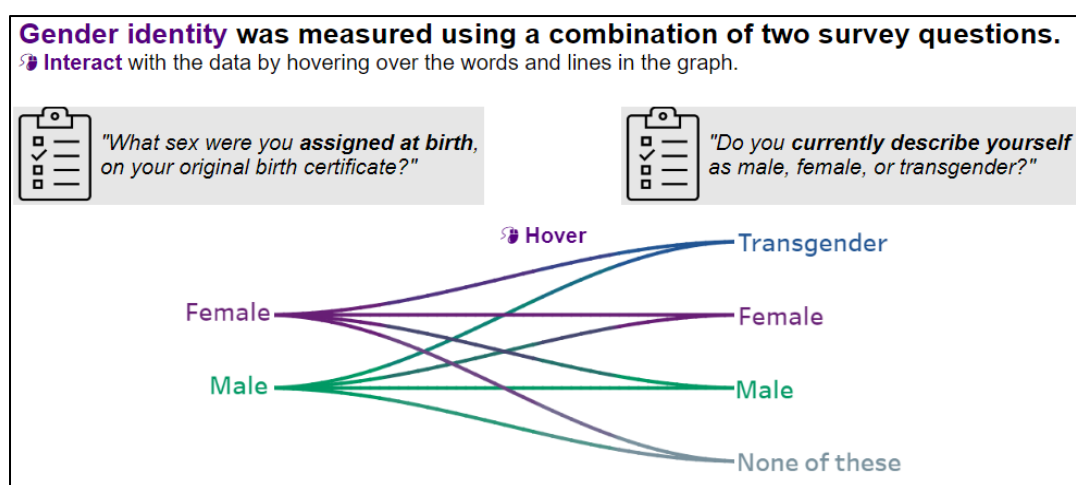

Figure 17: CDC Household Pulse Survey, 2022. How Gender Identity was measured in Household Pulse Survey.

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).[62]

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).[62]
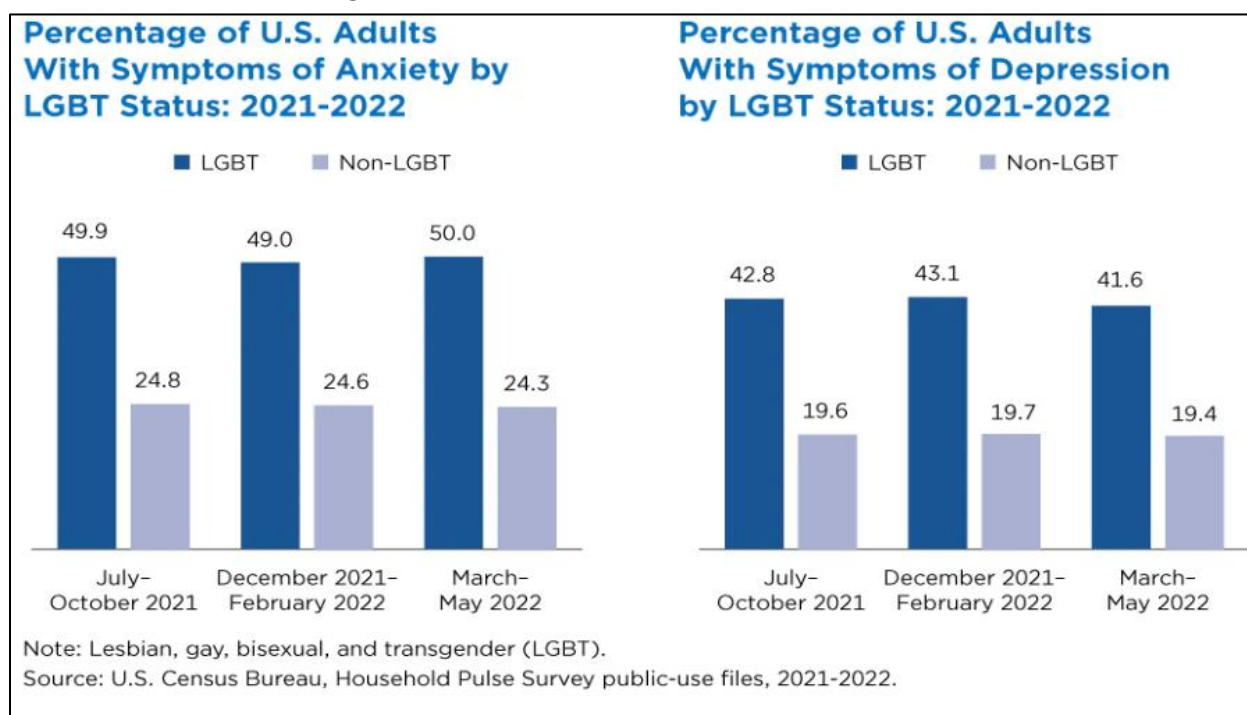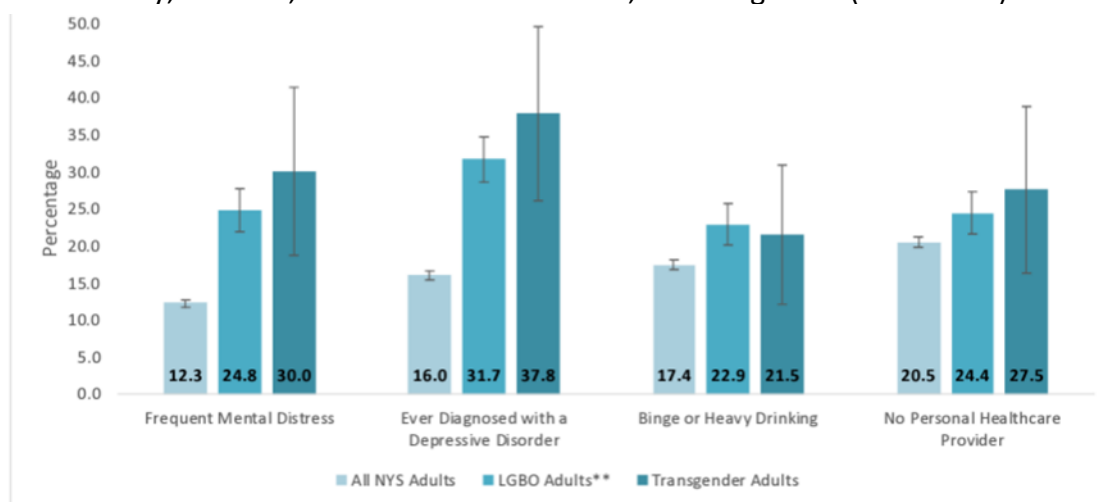

Figure 18: CDC, BRFSS 2019-2020, Prevalence of Select Health Indicators among Adults Who Self-Identify as Lesbian, Gay, Bisexual, Other Sexual Orientation, or Transgender

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).[59] 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)

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[a]		Binge or Heavy Drinking[b]		Sugar-sweetened Beverage Consumption 1+ Times per Day		No Leisure Time Physical Activity[c]	
	%	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[d]		Frequent Mental Distress[e]		Ever Diagnosed with a Depressive Disorder[f]	
	%	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.[63]

The Human Rights Campaign's national surveys and studies found that this community also has less access to health insurance.[64] 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 conern)

1. Services would not be LGBTQ-friendly
2. Not being able to afford this service
3. Acccessing 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.[3] The prevalence of disabilities is slightly higher in Erie County (13.6%) than the rest of New York State (12.0%).[3] 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.[3] These inequities are indicators of external circumstances, as race does not have a natural, biological impact on rates of disability.
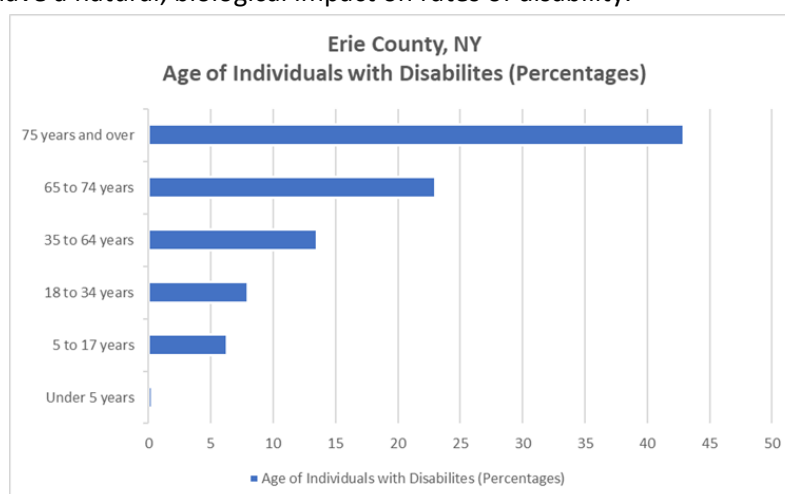

Figure 22: American Communities Survey, 2021 1-year estimates of the Age of Individuals with Disabilities
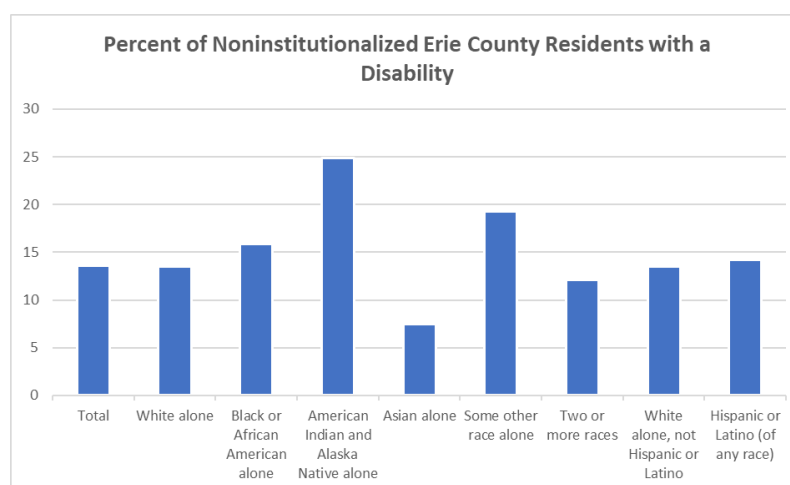

Figure 23: American Communities Survey, 2021 1-year estimates of Percentage of Noninstitutionalized Erie County, NY Residents with a Disability

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.[65]
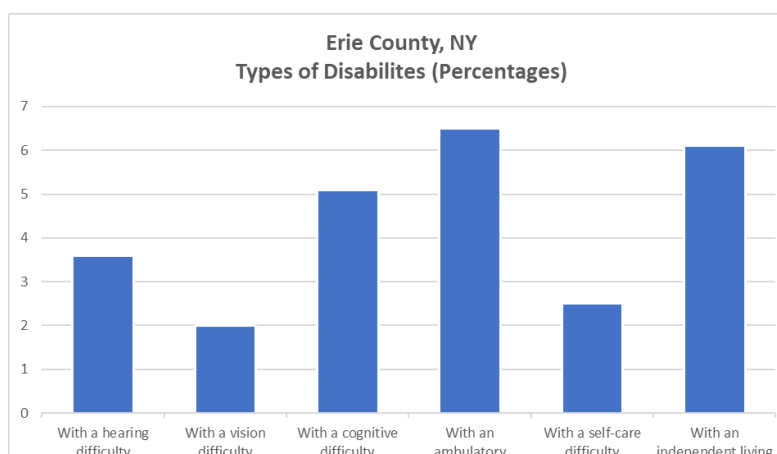

Figure 24: American Communities Survey, 2021 1-year estimates of Percentages of Disabilities within Erie County, NY.

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 assets. With reasonable accommodations and the opportunity to fully participate in their communities,

> *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.[65]*

	Erie County Residents with a Disability	Erie County Residents with No Disability
Bachelor's degree of higher	21.20%	43.00%
Median Earnings	$26,649	$41,272
Below 100% of the poverty level	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.[3] 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.[66] Endorsement of the COVID-19 vaccines was high among unvaccinated adults with disabilities.

> ## 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 rage of abilities—by focusing on expanding options to live full and independent lives.

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.[66] 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.[65]

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.[67]

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.[67] 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.[68] Rates varied based on race and age; Black mothers died at a higher rate, as well as older mothers, particularly 40 years and older.[68] The 2022 March of Dimes Report Card gave the United States a D+ for infant and maternal health. New York State received a C.[69] 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.[70]
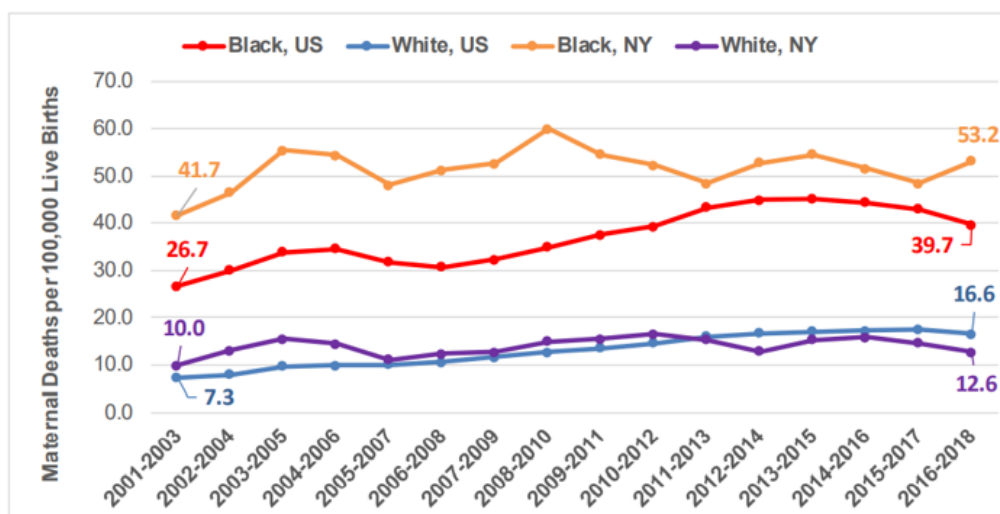

Figure 26: CDC WONDER Database of NYS, 2001-2018 NYS Vital Statistics, Three-Year Rolling Average Maternal Mortality Rate by Race.

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.[70]

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. [71]

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.[70] Other demographic factors examined in the review are displayed in Figure 27.

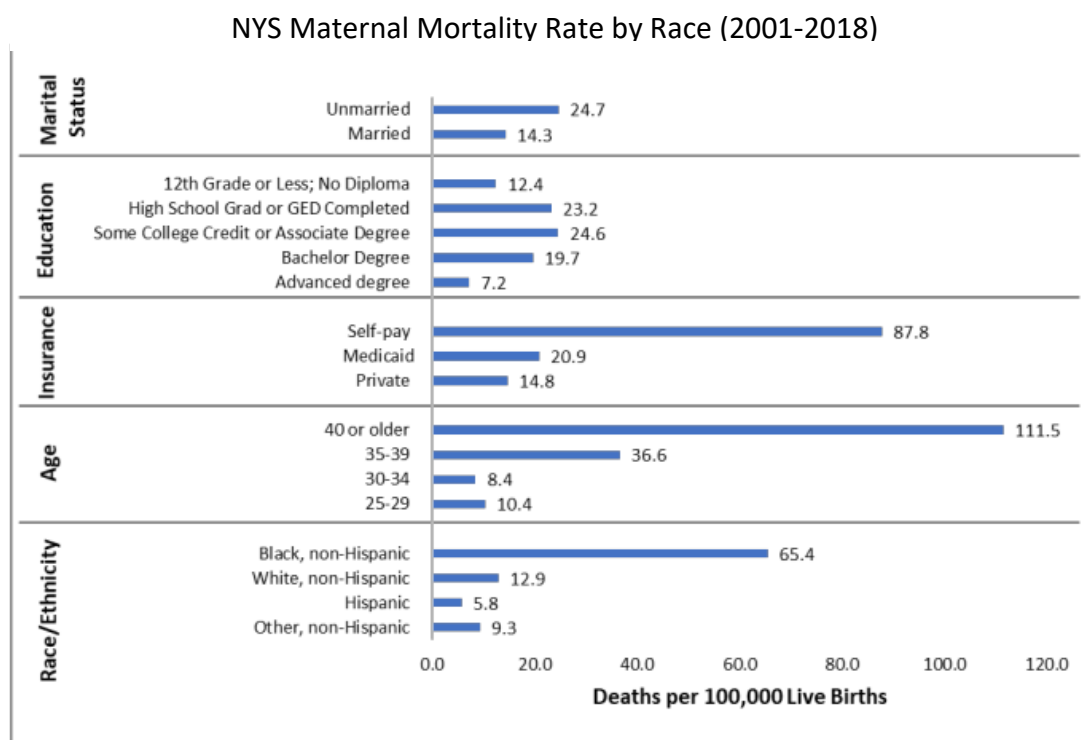### NYS Maternal Mortality Rate by Race (2001-2018)

Figure 27: Maternal Mortality Review, 2001-2018 New York State Data of Pregnancy-Related Morality Ratio by Demographics

The full report can be reviewed here:

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.[70]**

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).[72] 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.[73] 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).[36]

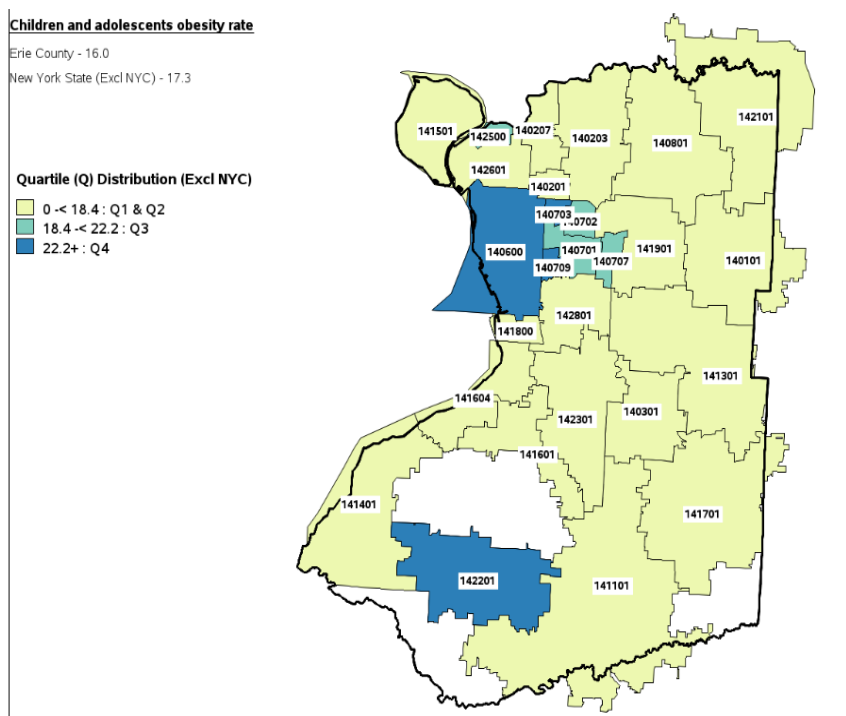## Youth and Adolescent Obesity Rate, by School District 2017-2019

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.[74] 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.[75]

- 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.[76]

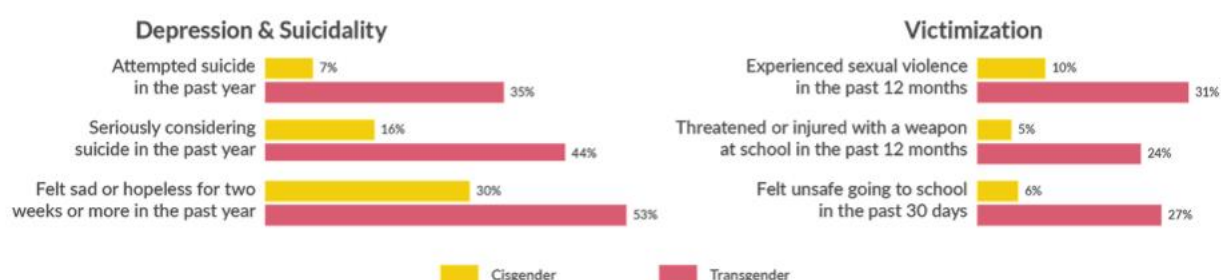Depression, Suicidality and Victimization of Transgender Youth, 2019

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.[77]

- 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.[78]

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.

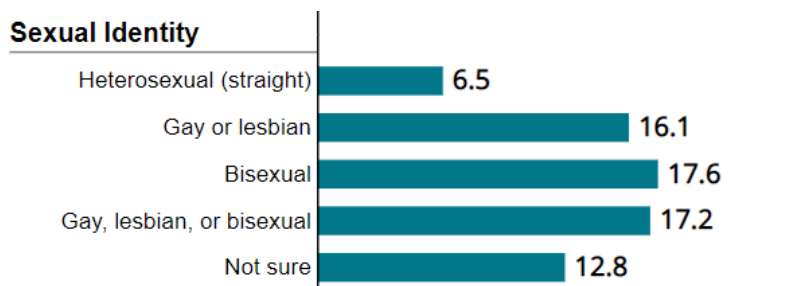High School Students Who Attempted Suicide by Sexual Identity, New York, 2019

Sexual Identity

Heterosexual (straight)	6.5
Gay or lesbian	16.1
Bisexual	17.6
Gay, lesbian, or bisexual	17.2
Not sure	12.8

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.[79] 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.[80]

> *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.[3] The old age dependency ratio (30.7) in Erie County is slightly higher than that of the nation (27.6).[3] As previously demonstrated in this

<div style="background:orange">

**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.

</div>

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.*[81] This plan can be accessed here: https://hfwcny.org/wp-content/uploads/Community-Priorities-for-New-Yorks-Master-Plan-for-Aging.pdf.

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.

◄ >= 50.5

◄ 42.2 - national average

◄ < 33.9

◄ >= 43.8

◄ 36.6 - national average

◄ < 29.5
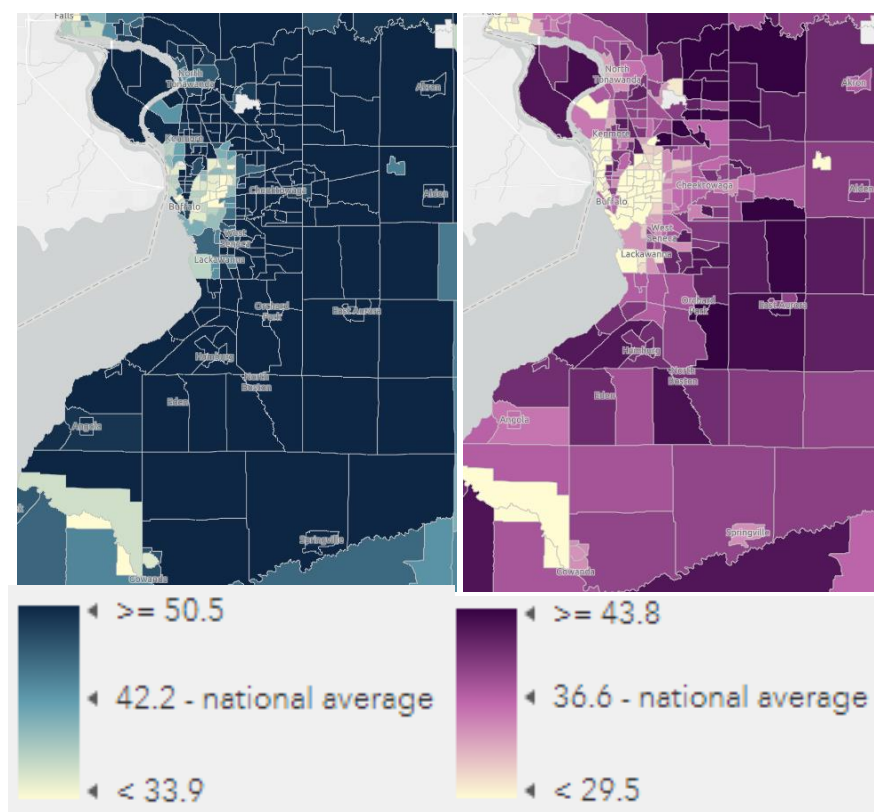
Older adults experience many of the same SDOH inequities as younger populations. These inequities may be amplified due to complications of age, such as decreased mobility, hearing and vision loss, lack of transportation, and challenges with an increasingly digital world. Figure 32 (men) and Figure 33 (women) show that older adults lacking preventative care live in the same neighborhoods that experience most of the overall health inequities.[82]

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.[83] The 2010 Decennial Census found that about 9.4% of Erie County's population resides in rural areas.[10] Estimates from the 2020 Decennial Census using new definitions will be released in 2023.

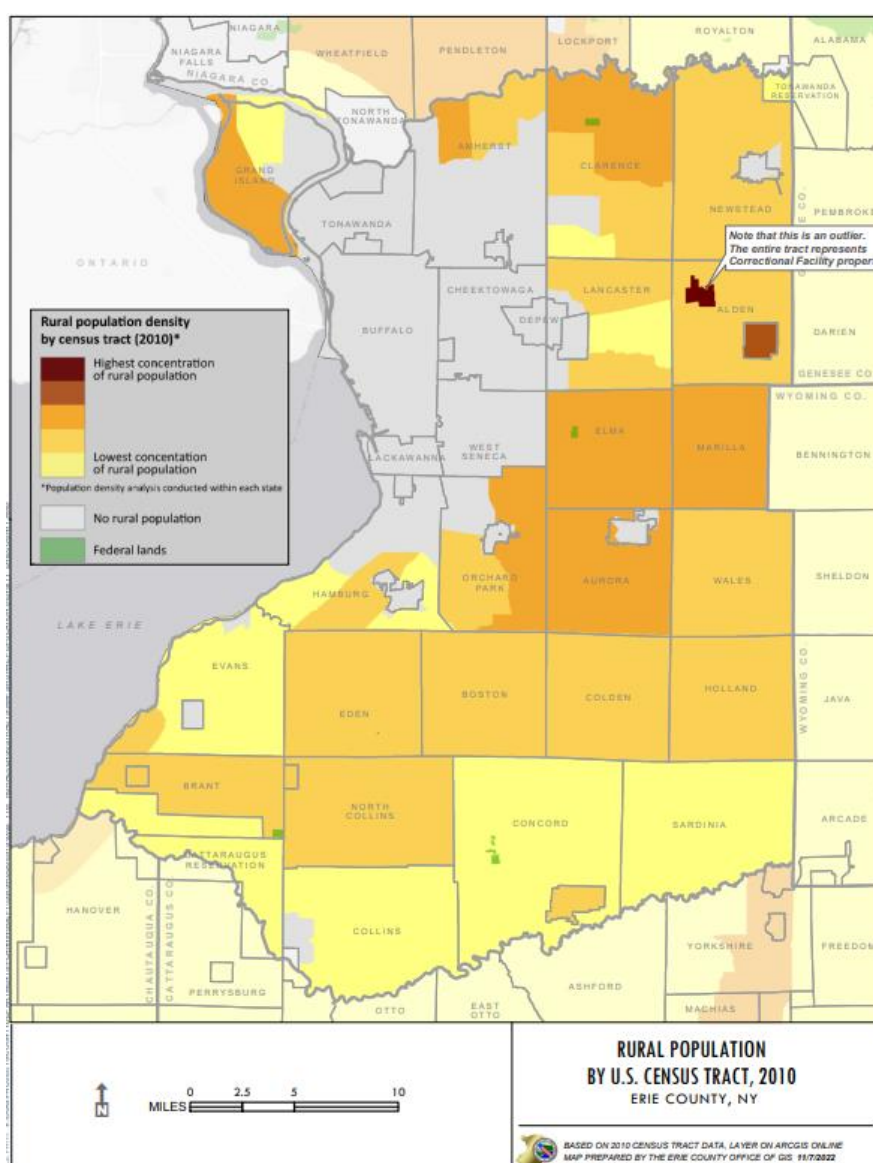Rural Population Density by Census Track, Erie County (2010)

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.[84] 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
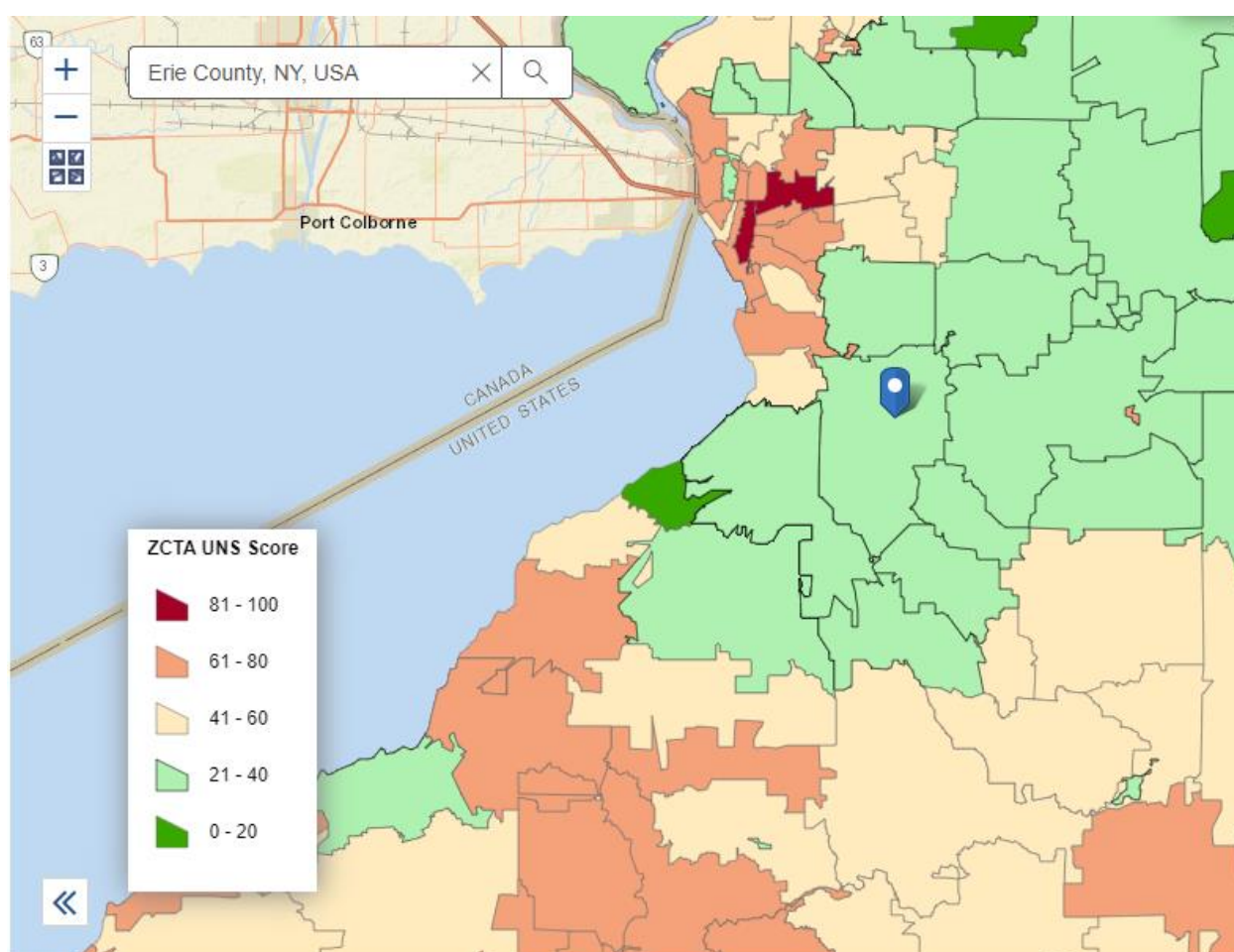
Figure 35: Health Resources and Services Administration, Areas of Unmet Needs Score, Erie County Area, Interactive map

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.[84] 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.[85] 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.[82] These data can be explored at https://www.cdc.gov/places/. Below are some snapshots from the interactive map on the PLACES website.
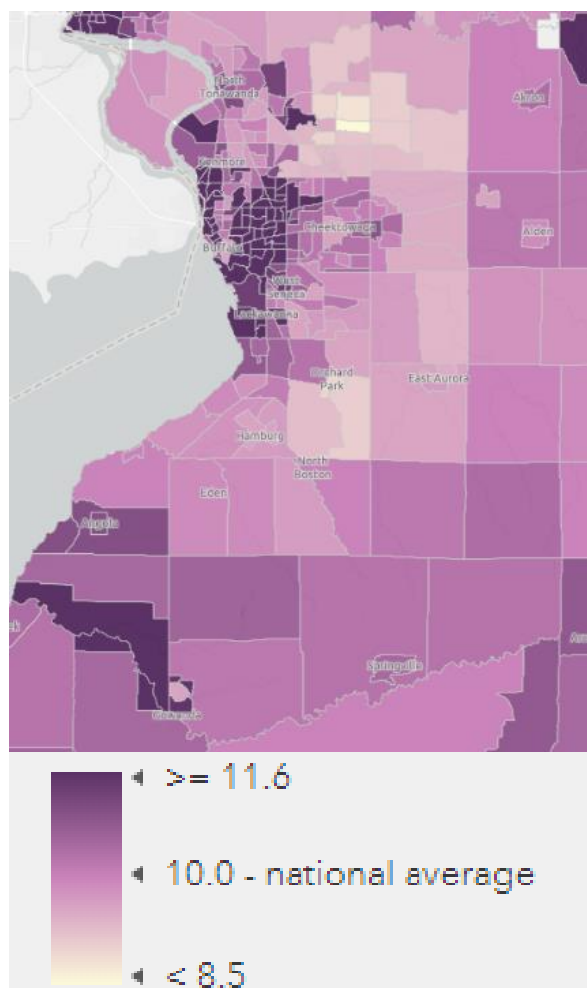
Current Asthma Crude Prevalence (%) in Erie County

Current Smoking Crude Prevalence (%) in Erie County

Figure 36: CDC PLACES Interactive Map, Asthma Prevalence. Note: darker purple is higher asthma prevalence.
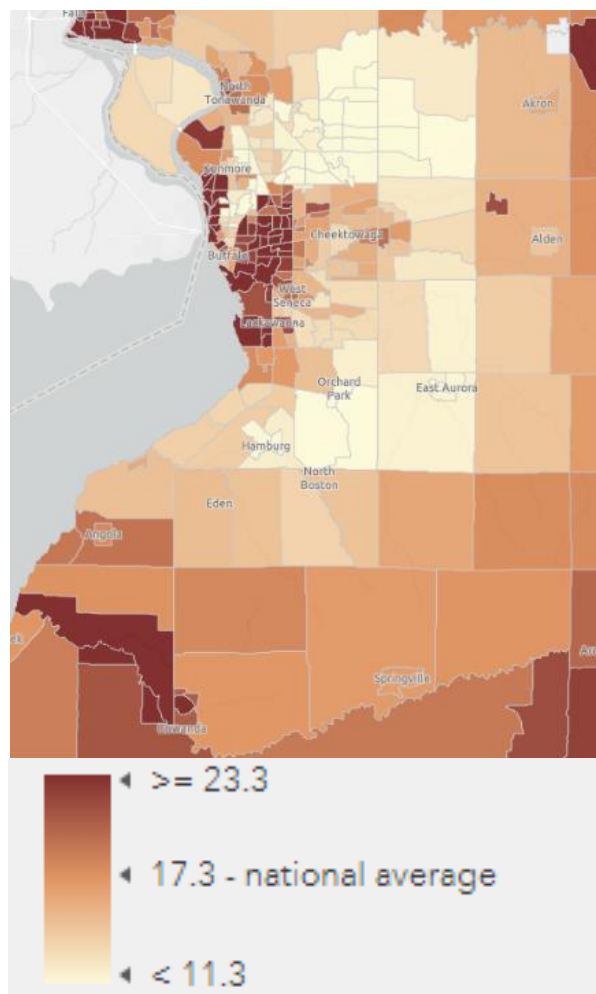
Figure 37: CDC PLACES Interactive Map, Smoking Prevalence. Note: Darker brown is higher smoking prevalence.

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.[86] 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.[87]

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

Frequent Mental Health Distress Crude Prevalence (%) in Erie County
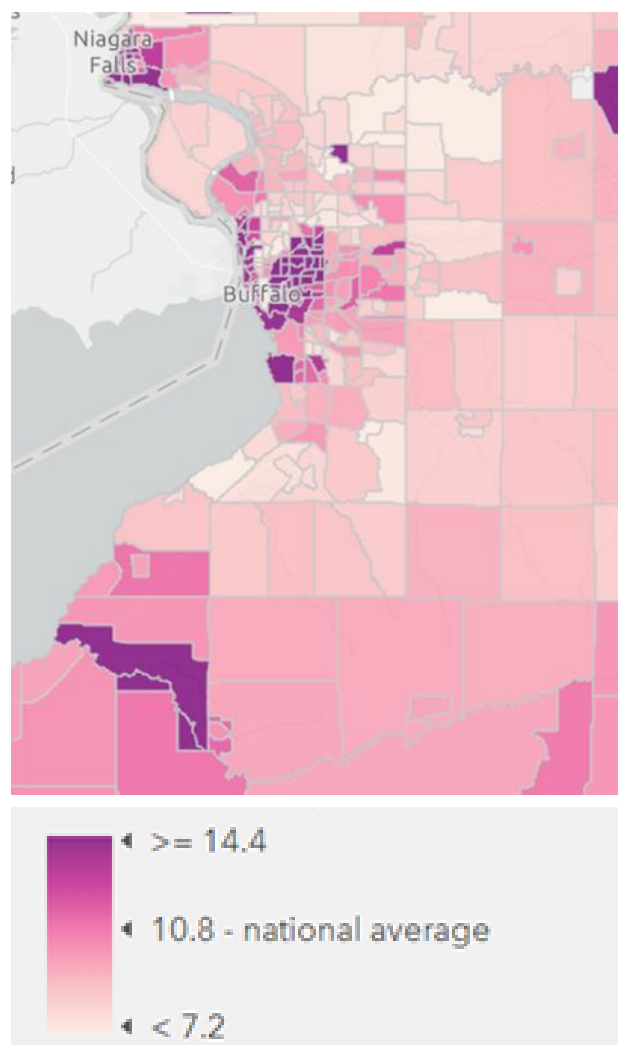
Figure 38: CDC PLACES Interactive Map, Prevalence of Diabetes. Note: darker purple is higher diabetes prevalence.
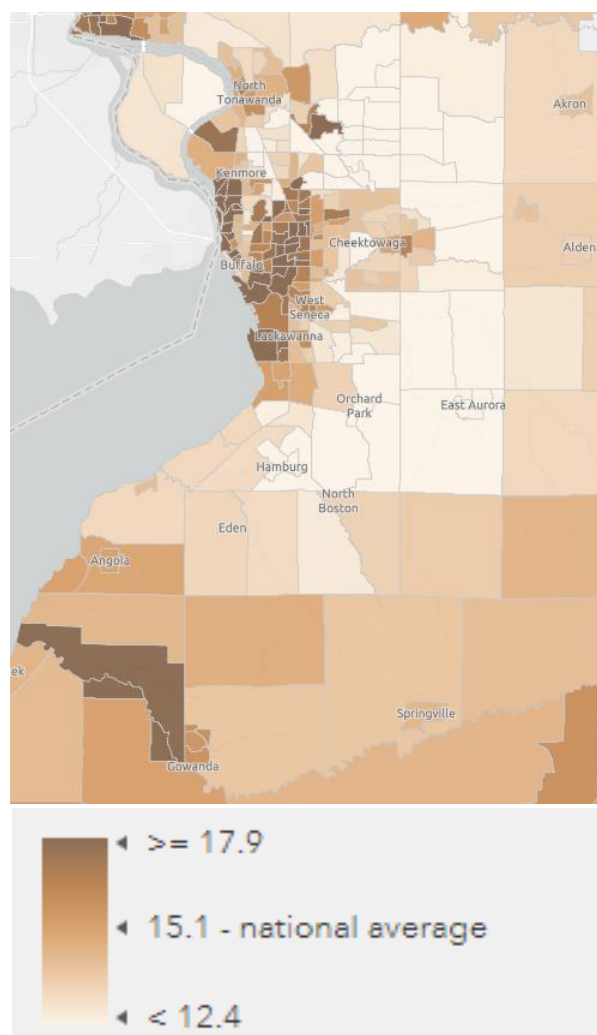
Figure 39: CDC PLACES Interactive Map, Prevalence of Frequent Mental Health Distress. Note: darker brown is higher prevalence of frequent mental health distress.

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.[88]

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

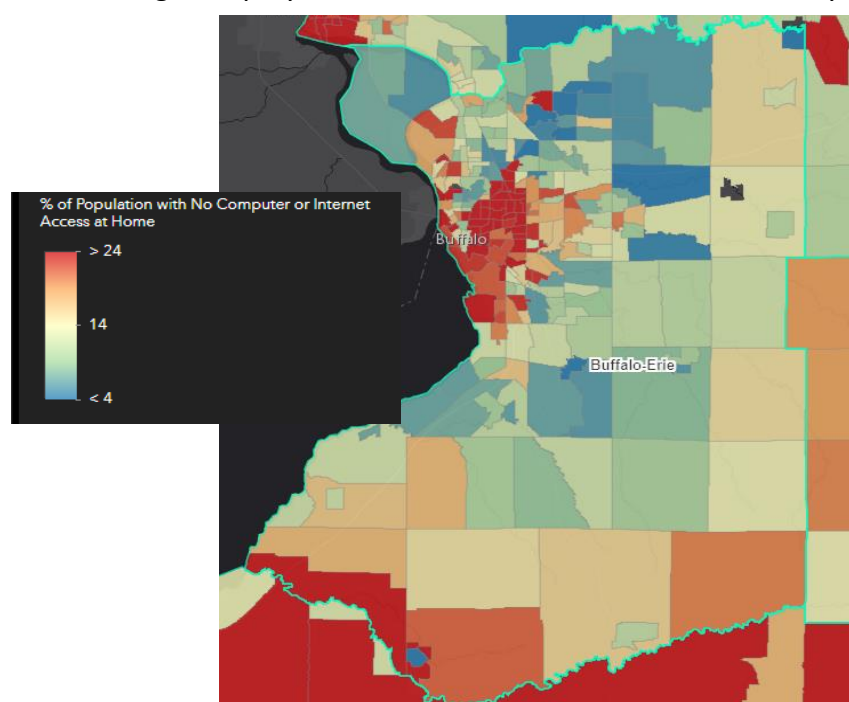### NYS Digital Equity Portal – Broadband Access in Erie County

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.[89] 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.[90]

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." [91] 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.[92] 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.[93] 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.[94] 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.[95] 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.[95]

- **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.[96]

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 patters of underinvestment, toxic exposures, and income inequality are formed.[93]*

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.[93]

Figure 41: County Health Rankings, 2014-2020, Homicide rate per 100,000 in Erie County

Homicide Rate per 100,000 in Erie County 2014-2020

BLACK	HISPANIC	WHITE	TOTAL
32	13	2	6
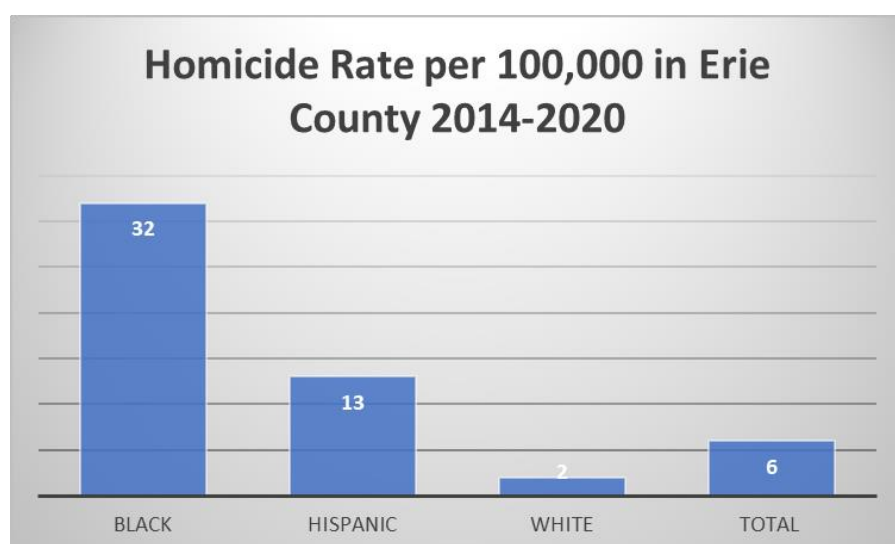
It is impossible to examine crime and criminal justice in Erie County across geographic communities and through an equity lens without considering race. In the National Academy of Science report mentioned above, racial segregation is noted as the cornerstone for racial inequality, from which patterns of underinvestment, toxic exposures, and income inequality are formed.[93] 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.[93]

Figure 42 demonstrates that certain Buffalo neighborhoods have a disproportionate representation in state prisons.[97] 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.[5] Thus, there is a strong argument that issues associated with segregation and deprivation contribute to crime and criminal justice involvement in these areas.

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.[98] 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.[38,99] 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.[38]

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

Responses, By Zip Code

Number of Responses

0   200
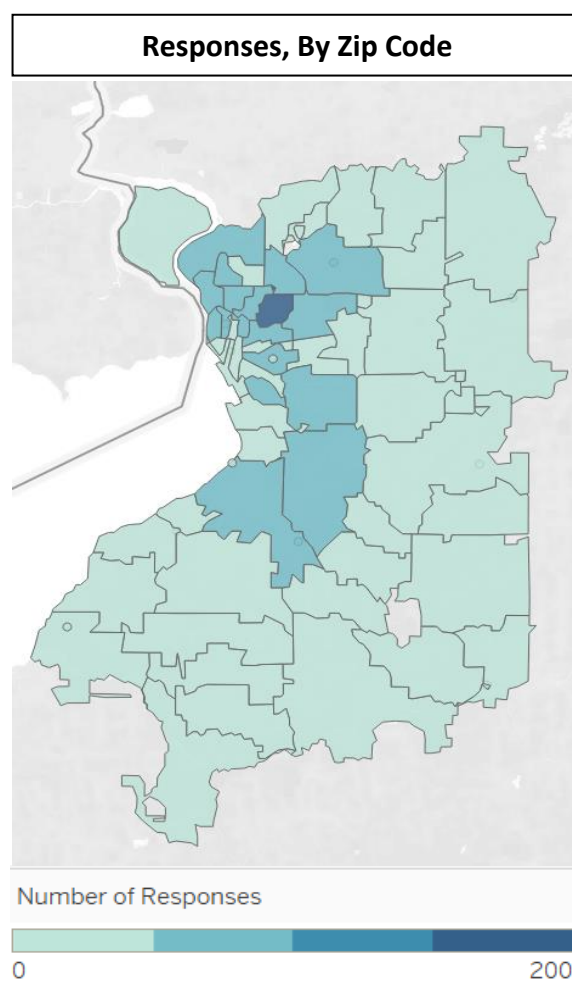
Snapshot of Community Health Surveys Collected by ECOHE, Data as of December 1, 2022

SURVEYS COMPLETED: **2208**

Responses, By Sex at Birth

Male — 24.97%
Intersex 0.14%
Female — 73.63%
Do not wish to say 1.27%

0%   50%   100%

Number of Responses, By Age Group

10-19 20-29 30-39 40-49 50-59 60-69 70-79 80-89 90-99

Responses, By Gender Identity

Man of trans experience
Other
Woman of trans experience
Nonbinary
Not sure/questioning
Do Not Wish to Say
Gender Nonconforming /Gender Expansive
Man
Woman

Responses, By Sexual Orientation

Pansexual
Gay
Lesbian
Queer
Not sure/questioning
Axsexual
Other Sexual Orientation
Bisexual
Do Not Wish To Say
Straight/Heterosexual

Responses, By Race

Middle Eastern or North African 0.63%
American Indian or Alaska Native/Indigenous 0.95%
Asian 2.58%
Other Races 4.48%
Do Not Wish To Say 5.21%
Black/African-American 27.04%
White 59.10%

0%   50%   100%

Responses, By Ethnicity

Do not wish to say 5.93%
Hispanic 8.65%
Non-Hispanic 85.37%

0%   50%   100%

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/

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/

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.

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APPENDIX

List of Appendices

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:
April N.M. Baskin
Timothy J. Meyers
Jeanne Vinal
Howard Johnson

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
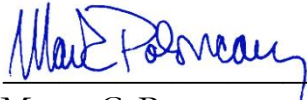
WHEREAS, the impact of gun violence on public health deserves action from all levels of government, especially counties.

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 20th 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
Building a Culture of Health & Ending African American Health Disparities, 2019 Report	Buffalo Center for Health Equity	https://www.buffalohealthequity.org/s/2019Report.pdf
City of Buffalo Health Equity Report, April 2021	New York State Department of Health	https://health.ny.gov/statistics/community/minority/docs/mcd_reports_2021/erie_county_city_of_buffalo.pdf
Erie County, New York Community Health Assessment 2019-2022	Erie County DOH	http://www2.erie.gov/health/sites/www2.erie.gov.health/files/uploads/pdfs/cha.pdf
Growing Up LGBT in America	HRC Foundation	https://www.hrc.org/resources/about-the-survey
Health Equity: The Path to Inclusive Prosperity in Buffalo, May 2017	Policy Link and PERE	https://ppgbuffalo.org/files/documents/health/health_disparities/health_health_equity_the_path_to_inclusive_prosperity_in_buffalo.pdf
HEALTHeLINK: 2021 Report to the Community	HEALTHeLINK WNY	https://wnyhealthelink.com/files/AnnualReport/2021/index.php
Live Well Erie, Annual Report, 2021	Live Well Erie	https://www4.erie.gov/livewellerie/sites/www4.erie.gov.livewellerie/files/2022-07/2021-live-well-erie-annual-report.pdf
New York State Health Equity Report, County Edition, April 2019	New York State DOH	https://www.health.ny.gov/community/minority/docs/health_equity_report_2019.pdf
OUT National Cancer Survey BIPOC Report, February 2022	National LBGT Cancer Network	https://cancer-network.org/wp-content/uploads/2022/02/BIPOCReport2022.pdf

Report	Organization	Link
Report on Inquiry into Redlining in Buffalo, 2021	New York, New York State , Department of Financial Services	https://www.dfs.ny.gov/system/files/documents/2021/02/report_redlining_buffalo_ny_20210204_1.pdf
The Harder We Run; The State of Black Buffalo in 1990 and the Present	University at Buffalo	https://ubwp.buffalo.edu/aps-cus/wp-content/uploads/sites/16/2021/10/TaylorHL-The-Harder-We-Run.pdf
The Racial Equity Dividend: Buffalo's Great Opportunity.	University at Buffalo Regional Institute, State University of New York at Buffalo, School of Architecture and Planning	https://racialequitybuffalo.org/resources/dividend-report/
WNY LGBTQ Community Needs Survey 2021	Niagara Pride	http://niagarapride.org/community-needs-survey-2021

APPENDIX D: LIST OF RELEVANT HEALTH EQUITY RELATED DATA SOURCES, DASHBOARDS AND DATA INTERACTIONS OR TOOLS

Data Source, Organization	Description	Link
2020 Census, U.S. Census Bureau	Dashboard of demographic data on Americans compiled from various surveys. Scope ranges from national level to Census Tract level.	https://www.census.gov/programs-surveys/decennial-census/decade/2020/2020-census-main.html
American Community Survey (ACS), U.S. Census Bureau	Information about characteristics of the population such as occupations, educational attainment, home ownership etc.	https://www.census.gov/programs-surveys/acs
Behavioral Risk Factor Surveillance System, CDC	Collects state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services.	https://www.cdc.gov/brfss/index.html
Community Resilience Estimates, 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).	https://www.census.gov/programs-surveys/community-resilience-estimates.html
County Health Rankings, 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.	https://www.countyhealthrankings.org/
Environmental Justice Dashboard, CDC	Census tract-level data on environmental exposures, community characteristics, and health burden. Most granular level is census tract.	https://ephtracking.cdc.gov/Applications/ejdashboard/
Erie County SPOA Dashboard, 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.	https://sites.google.com/ccnyinc.org/spoa-dashboard/home

Data Source, Organization	Description	Link
Health Data NY, NYS Department of Health	Line-level data on numerous health topics. State-wide. Some datasets can be filtered to a more local level.	https://health.data.ny.gov/
High School YRBS, New York 2019 and United States, CDC	Results from the High School Youth Risk Behavioral Survey on topics of violence, tobacco, alcohol, sexual behavior, diet, physical activity, and other health topics.	https://nccd.cdc.gov/Youthonline/App/Results.aspx
Household Pulse Survey, U.S. Census Bureau	Data on the social and economic effects of coronavirus on American households.	https://www.census.gov/data/experimental-data-products/household-pulse-survey.html
National Health Interview Survey, U.S. Census Bureau/CDC	Data on a broad range of health topics are collected through personal household interviews.	https://www.cdc.gov/nchs/nhis/index.htm
National Household Education Survey, U.S. Census Bureau	Descriptive data on the educational activities of the U.S. population.	https://www.census.gov/programs-surveys/nhes.html
New York State Prevention Agenda Dashboard, NYS Department of Health	Interactive visual presentation of the NYS Prevention Agenda, tracking indicator data at state and county levels.	https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=/EBI/PHIG/apps/dashboard/pa_dashboard&p=sh
NYS Digital Equity Portal, Cornell University	Census tract level data on access to Internet and computing devices.	https://blogs.cornell.edu/nysdigitalequity/home/
PLACES, CDC and Robert Wood Johnson Foundation	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.	https://www.cdc.gov/places/about/index.html

Data Source, Organization	Description	Link
Social Vulnerability Index, ASTDR/ CDC	Database that helps public health officials identify, map, and plan support for communities that will most likely need support.	https://www.atsdr.cdc.gov/placeandhealth/svi/index.html
Youth RBSS Explorer, CDC	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.	https://yrbs-explorer.services.cdc.gov/#/

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 lives 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 out come 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.

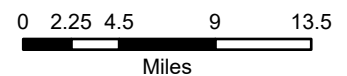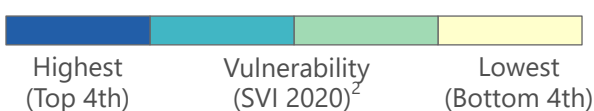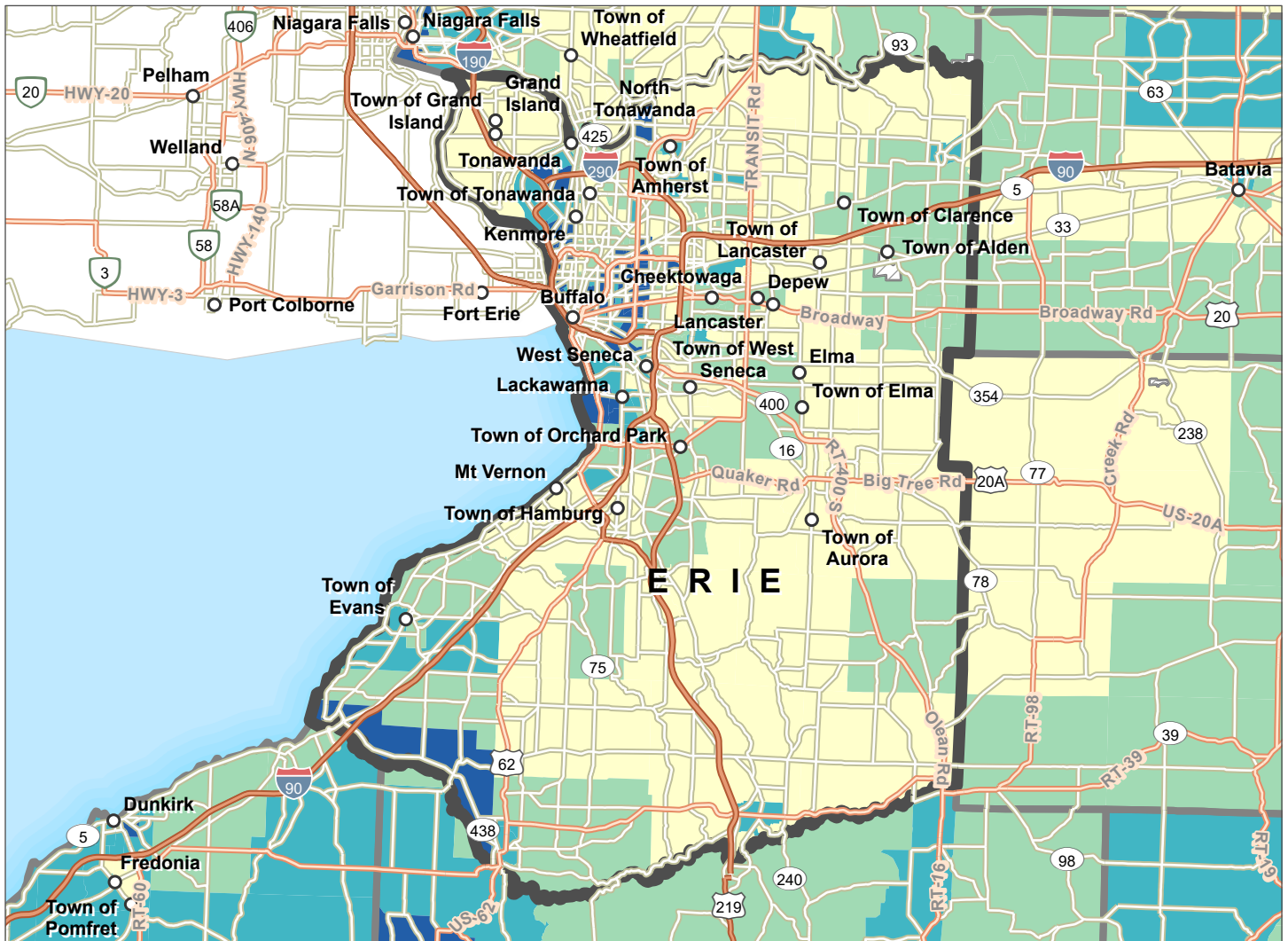**VARIABLE:** Any characteristic or attribute that can be measured.

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[1]

Highest (Top 4th) — Vulnerability (SVI 2020)[2] — Lowest (Bottom 4th)

Data Unavailable[3]

0 2.25 4.5 9 13.5
Miles

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)**[4] **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.
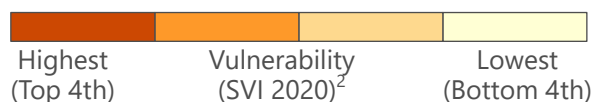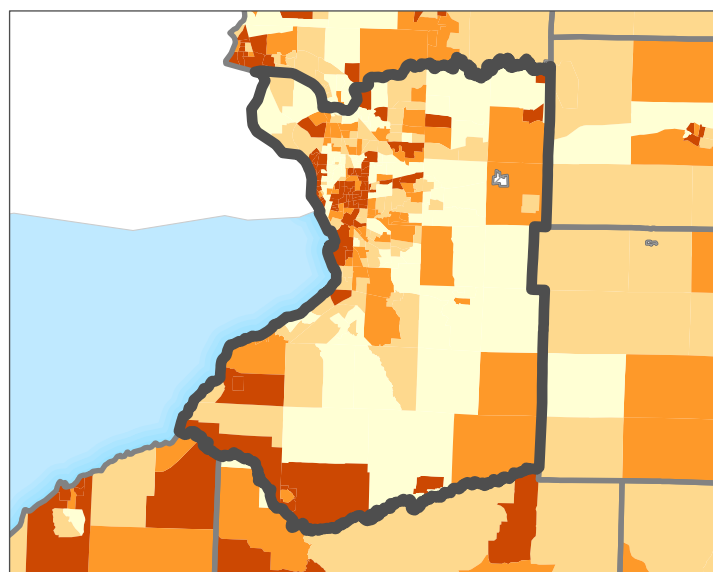
CDC/ATSDR SVI Themes

Socioeconomic Status[5]
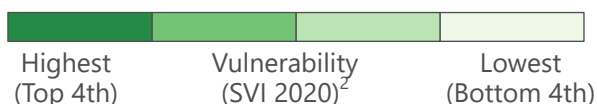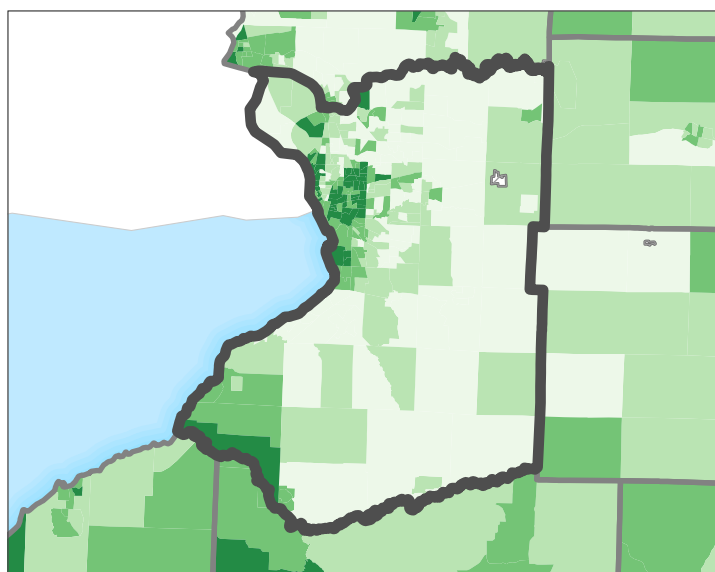
| Highest (Top 4th) | Vulnerability (SVI 2020)[2] | Lowest (Bottom 4th) |

Household Characteristics[6]

| Highest (Top 4th) | Vulnerability (SVI 2020)[2] | Lowest (Bottom 4th) |

Racial and Ethnic Minority Status[7]

| Highest (Top 4th) | Vulnerability (SVI 2020)[2] | Lowest (Bottom 4th) |

Housing Type/Transportation[8]

| Highest (Top 4th) | Vulnerability (SVI 2020)[2] | Lowest (Bottom 4th) |
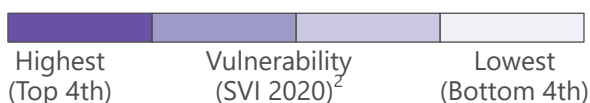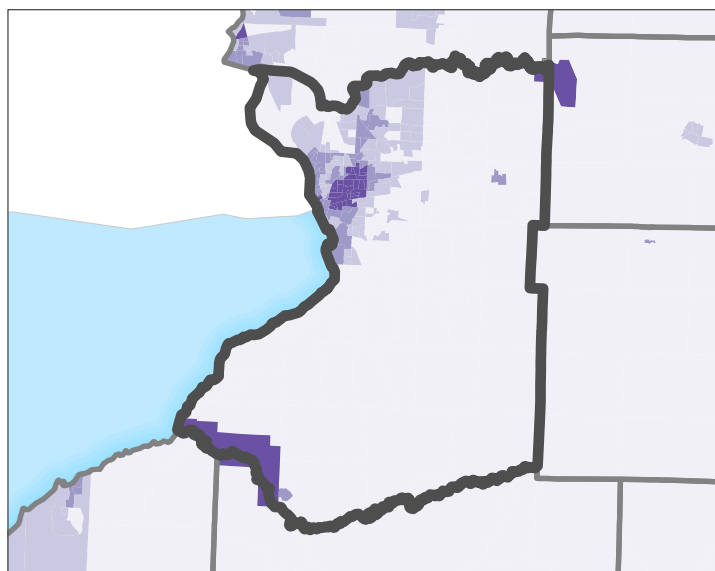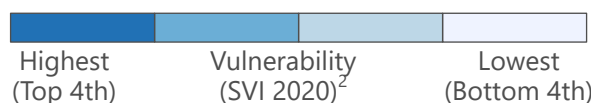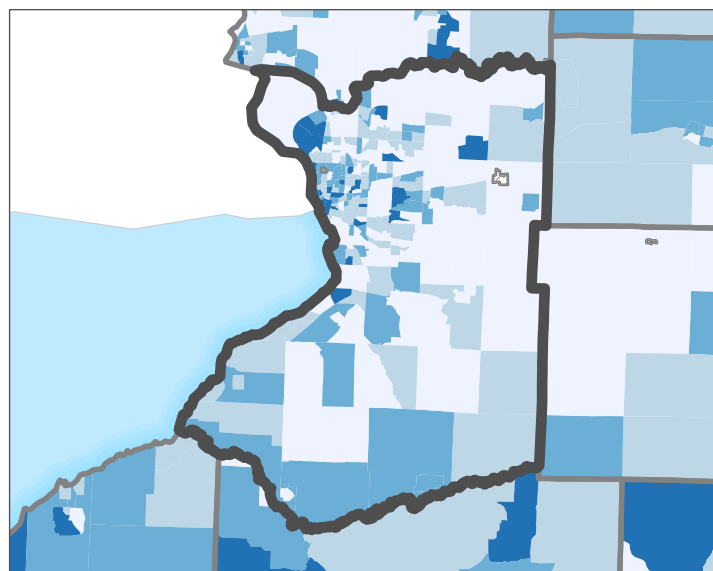
Data Sources: [2]CDC/ATSDR/GRASP, U.S. Census Bureau, Esri® StreetMapTM Premium.
Notes: [1]Overall Social Vulnerability: All 16 variables. [3]Census tracts with 0 population. [4]The CDC/ATSDR SVI combines percentile rankings of US Census American Community Survey (ACS) 2016-2020 variables, for the state, at the census tract level. [5]Socioeconomic Status: Below 150% Poverty, Unemployed, Housing Costs Burden, No High School Diploma, No Health Insurance. [6]Household Characteristics: Aged 65 and Older, Aged 17 and Younger, Civilian with a Disability, Single-Parent Household, English Language Proficiency. [7]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. [8]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

Public Health Prevent. Promote. Protect.

LiveWell Erie

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?**
   o Yes -*Move on to question 2*
   o 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?**
   o Rural -*Answer question 3 but not 4*
   o Suburban -*Answer question 3 but not 4*
   o Urban -*Skip to question 4*

3. **What is your town/city/village AND zip code? (e.g., Cheektowaga 14225)**
   o Town/City/Village _____
   o Zip code:_____
   o Do not wish to say

4. **What two streets intersect at the corner nearest to your home (e.g. Oakdale and Main St)?:**
   o Street 1_____ / Street 2_____
   o Do not wish to say

5. **Ethnicity (select all that apply):**
   o Hispanic/Latino
     ▪ Central American
     ▪ Cuban
     ▪ Dominican
     ▪ Mexican
     ▪ Puerto Rican
     ▪ South American_
     ▪ Other
       (Specify)_____
     ▪ Do not wish to say

   o Non-Hispanic/Latino
   o Do not wish to say

6. **Race (select all that apply):**
   - o Middle Eastern or North African
   - o American Indian or Alaska Native
   - o Asian
     - Asian Indian
     - Bangladeshi
     - Burmese
     - Chinese
     - Filipino
     - Japanese
     - Korean
     - Pakistani
     - Vietnamese
     - Other Asian (Specify)_____
   - o Black
   - o Pacific Islander or Hawaii Native
   - o White
   - o Other (Specify)_____
   - o Do not wish to say

7. **Age:**
   - o _____years
   - o Do not wish to say

8. **What was your sex assigned at birth?**
   - o Female
   - o Male
   - o Intersex
   - o Do not wish to say

9. **What is your current gender identity?**
   - o Woman
   - o Man
   - o Nonbinary
   - o Gender Nonconforming/Gender Expansive
   - o Not Sure/Questioning
   - o Woman of Trans Experience
   - o Man of Trans experience
   - o Other (Please Write)_____
   - o Do not wish to say

10. **What is your sexual orientation?**
    - o Asexual
    - o Bisexual
    - o Gay
    - o Lesbian
    - o Pansexual
    - o Queer
    - o Straight/heterosexual
    - o Not sure/Questioning
    - o Other
    - o Do not wish to say

11. **Immigration Status**
    o I was born in the U.S. (Excluding the U.S. territories, e.g., Puerto Rico, Guam, etc.) - *Skip to question 13*
    o I was born in one of the U.S. territories (e.g., Puerto Rico, Guam, etc.)
    o I was born outside the U.S.
    o Do not wish to say -*Skip to question 13*

12. **Which of the following is true?**
    o I moved to the continental U.S. as a child (under 18)
    o I moved to the continental U.S. as an adult (18+)
    o Do not wish to say

13. **How well do you speak English?**
    o Very well
    o Well
    o Not well
    o Not at all
    o Do not wish to say

14. **Education level:**
    o Did not finish High School
    o High School or GED equivalency
    o Some college
    o Associate's degree
    o Bachelor's degree
    o Post-Graduate degree
    o Do not wish to say

15. **Employment:**
    o If employed, what is your job:_____
    o 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
    o Do not wish to say

16. **Have you ever been incarcerated?**
    o Yes
    o No
    o Do not wish to say

17. **Have you ever served in the military?**
    o Yes
    o No
    o 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?**
    - o Yes
    - o No – *Skip to question 20*
    - o Do not to wish to say – *Skip to question 20*

19. **What type(s) of disability do you have? (select all that apply)**
    - o Physical/Mobility
    - o Sensory (e.g., blind, deaf)
    - o Developmental/Intellectual
    - o Do not wish to say
    - o
    - o Other_____
    - o Not sure
    - o Mental/Emotional

20. **Which describes your housing situation?**
    - o I own my home
    - o I rent my home (house, apartment, mobile home etc.)
    - o Do not wish to say
    - o I stay in a shelter or transitional housing
    - o I do not have housing
    - o Other_____
    - o I am staying with friends/family

21. **Do you have children young enough to need constant care?**
    - o Yes
    - o No -*Skip to question 23*
    - o 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):**
    - o Finding available childcare is a challenge
    - o Finding affordable childcare is a challenge
    - o Finding quality childcare is a challenge
    - o Childcare is not a challenge for my household
    - o Do not wish to say

23. **Is there an adult in your home who needs constant care?**
    - o Yes
    - o No -*Skip to question 25*
    - o 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)**
    - o Finding available respite care is challenging
    - o Finding affordable respite care is challenging
    - o Finding quality respite care is challenging
    - o Finding respite care is not a challenge for my household
    - o Do not wish to say

25. **Which of the following best describes your food situation? (select all that apply)**

- o My household is able to buy enough food with salary/wage money
- o My household uses SNAP, WIC, etc., to buy food
- o My household gets some of our food from food pantries
- o My household is able to get enough food but not healthy food
- o My household is *not* able to get enough food
- o Do not wish to say

26. **Which of the following about your diet is true? (select all that apply)**

- o I feel that my diet is mostly healthy
- o I would eat healthier if I knew what foods are good for me
- o I would eat healthier if healthy foods tasted better
- o I would eat healthier if it was more affordable
- o I would eat healthier if I had more time to cook
- o I would eat healthier if more healthy foods were sold in my community
- o I would eat healthier if I had better transportation
- o I could eat healthier but I don't want to
- o Other _____
- o Do not wish to say

27. **Which of the following about exercise is true? (select all that apply)**

- o I feel that I get enough exercise
- o I would exercise more if I had access to a gym
- o I would exercise more if I had more time
- o I would exercise more if I knew which exercises are good for me
- o I would exercise more if I felt safer in my neighborhood
- o I don't exercise enough due to pain, injury, or illness
- o I could exercise more but I don't want to
- o Other_____
- o Do not wish to say

28. **Which of the following best describes your financial situation?**

- o I have enough money that I am able to save some, invest some, or buy things that I want but don't need
- o I have just enough money to pay for housing, day-to-day needs and bills
- o I am unable to pay for all of my household's day-to-day needs and bills
- o Do not wish to say

29. **Which of the following best describes your hopes for your financial situation (Select all that apply):**
    - o I have a plan to improve my financial situation
    - o I am aware of resources that may help me to improve my financial situation
    - o I would like to improve my financial situation but don't know how
    - o I know how I could improve my financial situation but don't feel I have the necessary resources
    - o I am comfortable with my current financial situation
    - o Other_____
    - o Do not wish to say

30. **How do you get around? (select all that apply)**
    - o Bus/public transportation
    - o Personal vehicle
    - o Ride-sharing (Uber, Lyft, taxi)
    - o Bike
    - o Do not wish to say
    - o Walk
    - o Other
    - o It is hard to get around due to lack of transportation
    - o Friends/family

31. **What are the challenges to accessing transportation? (select all that apply)**
    - o Not affordable (e.g., buying a car, gas, bus passes)
    - o Inadequate public transportation (e.g., no bus routes near my home)
    - o Physical mobility challenges (e.g., difficult to get in and out of vehicles)
    - o Accessing transportation is not a challenge for me.
    - o Other_____

32. **Lack of transportation has been a barrier to (select all that apply):**
    - o Accessing medical care
    - o Buying food and other needed goods
    - o Finding and/or keeping a job
    - o Recreation
    - o Lack of transportation is not a challenge for me
    - o Other_____
    - o 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):**

- ○ Asthma
- ○ Other lower respiratory disease (e.g., COPD/Emphysema)
- ○ High blood pressure
- ○ Diabetes
- ○ Kidney disease
- ○ Cancer (any type)
- ○ Disease of the heart
- ○ Disease of the liver (e.g., Hepatitis, cirrhosis)
- ○ Obesity
- ○ Anxiety/Depression
- ○ Long term COVID-19 symptoms
- ○ None of these
- ○ Do not wish to say

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)**

- ○ Tobacco
- ○ Alcohol
- ○ Opiates
- ○ Cocaine
- ○ Methamphetamine
- ○ Cannabis
- ○ Other_____
- ○ Do not wish to say

38. **Do you wish to share why you started using this substance? (select all that apply)**
    o Medical prescription
    o Experimentation
    o Social pressures
    o Stress/Depression
    o Other_____
    o Do not wish to say

39. **In relation to this substance use, what resources may support your health and safety? (Select all that apply)**
    o A support group
    o Better access to medical care
    o In-patient treatment/rehab
    o Harm reduction resources (e.g., needle exchanges, Narcan training)
    o Less exposure to the substance
    o Unsure
    o Other_____
    o Do not wish to say

40. **Which of the following are challenges to accessing healthcare for yourself or your family? (Select all that apply)**
    o Lack of medical providers near my home
    o Lack of pharmacies near my home
    o Lack of adequate health insurance
    o Distrust of medical providers
    o Cost of care and treatment (with or without insurance)
    o Lack of convenient transportation
    o Lack of childcare
    o My schedule conflicts with most office hours of medical providers
    o I do not have any or enough paid time off
    o Access to care is not a challenge for me or my family
    o Do not wish to say

41. **When I receive medical care….**
    I feel the providers respect me.

    o Never   o Rarely   o Sometimes   o Often   o Always

    I feel the providers believe me.

    o Never   o Rarely   o Sometimes   o Often   o Always

    The providers speak to me in a way that I understand.

    o Never   o Rarely   o Sometimes   o Often   o Always

    I feel the medical providers are competent in treating people like me.

    o Never   o Rarely   o Sometimes   o Often   o 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?
- o Yes
- o No thanks

OFFICE OF HEALTH EQUITY

Erie County
Department of
Health

Public Health
Prevent. Promote. Protect.