

# LIST OF APPENDICES

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- A — Additional Charts, Figures, and Tables
  - Survey Respondent Demographics
  - Maps
  - SDOH Supplemental Figuresby Section
- B — Survey & Outreach Events
- C — Focus Groups
- D — Methodology
- E — Health Equity Definitions
- F — Erie County Equity Act
- G — Community Survey
- H — Focus Group Script
- I — OHE Demographic Form
- J — Additional Focus Group Documents





# **APPENDIX A: ADDITIONAL CHARTS, FIGURES, AND TABLES**

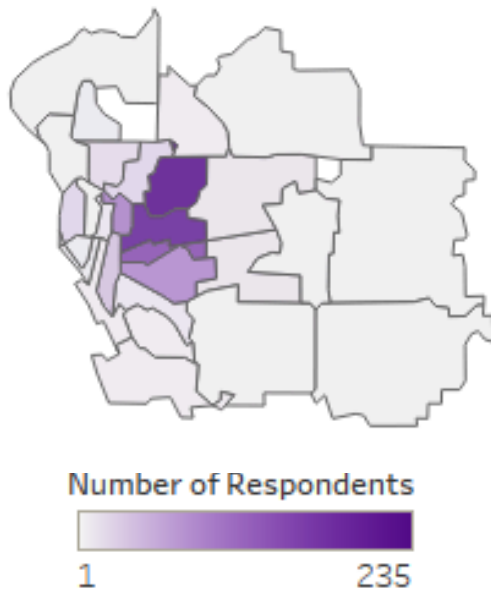


## SURVEY RESPONDENT DEMOGRAPHICS

The following pages summarize the responses to demographic questions in the ECOHE Community Survey. Most of the questions included a response option of *Do Not Wish to Say*. The number of responses and the corresponding figures in this section exclude *Do Not Wish to Say*. To see the number of responses excluded from each question, see Appendix D. For comparison purposes, the information is presented along with the U.S. Census Bureau's 2021 American Community Survey (ACS) [26] information for Erie County when applicable. In some instances, categories displayed from the ACS do not exactly match the categories from the ECOHE Survey.

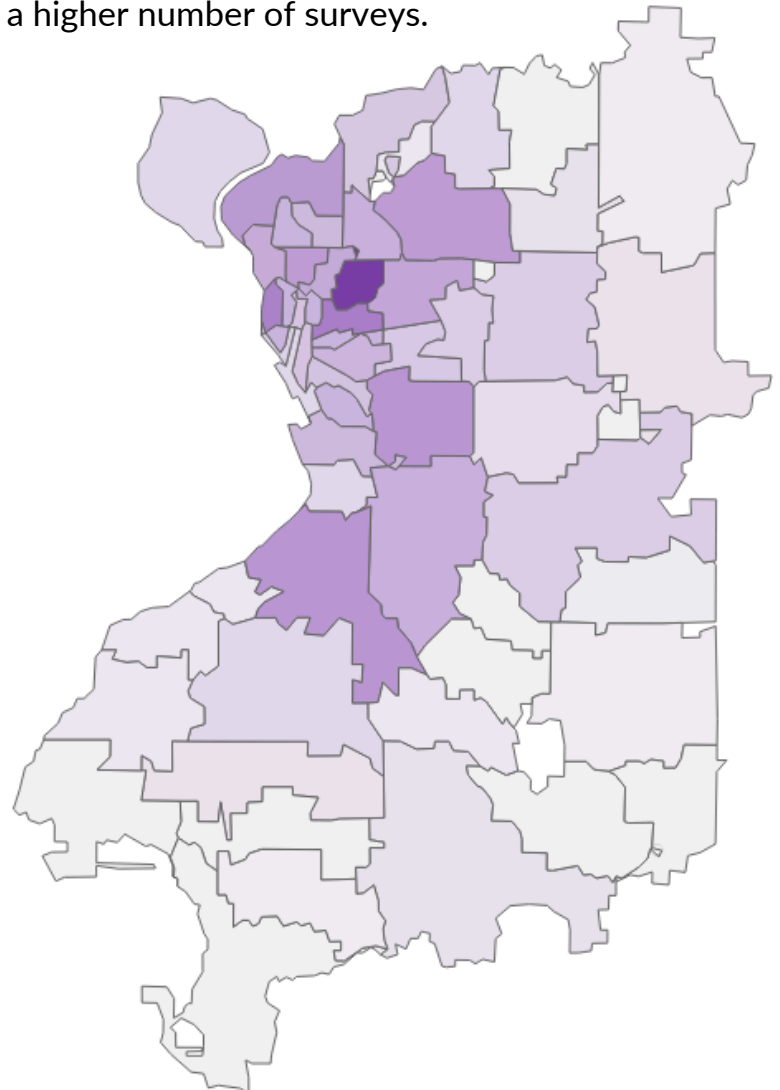
### Witness Project Outreach

Location and numbers of surveys collected by the Witness Project. Darker purple indicates a higher number of surveys.



### ECOHE Outreach

Location and numbers of surveys collected by the ECOHE Outreach. Darker purple indicates a higher number of surveys.



In total, the ECOHE collected 2,423 responses throughout the county. The Witness Project collected 1,028 responses in their targeted ZIP codes.

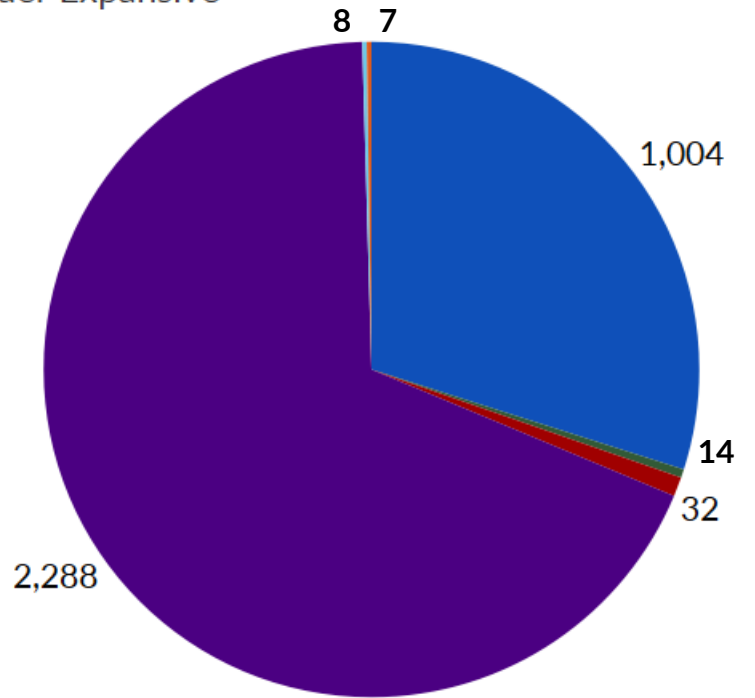
# SURVEY RESPONDENT DEMOGRAPHICS

## ECOHE 2022 Community Survey - Gender Identity

What is your current gender?

- Man
- Man of Trans Experience
- Nonbinary/Gender Nonconforming/Gender Expansive
- Woman
- Woman of Trans Experience
- Not Sure/Questioning

Total Responses: 3,353

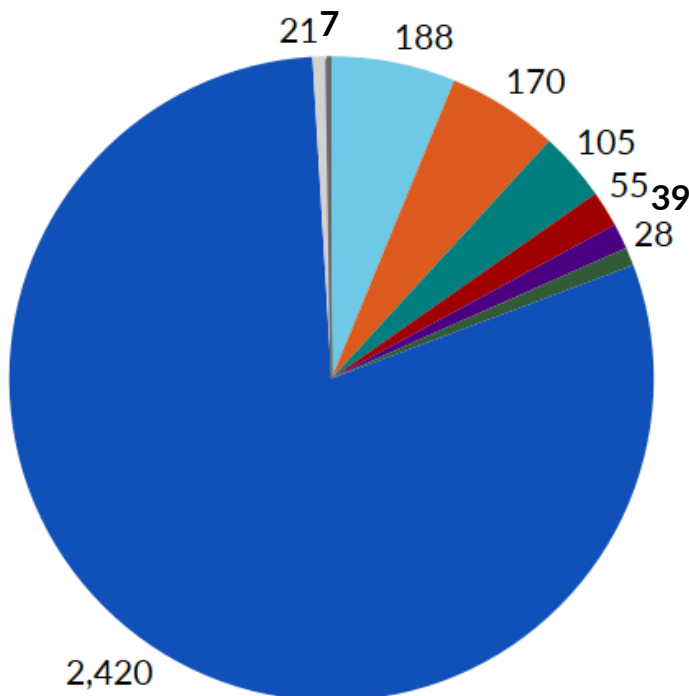


## ECOHE 2022 Community Survey - Sexual Orientation

What is your sexual orientation?

- Asexual
- Bisexual
- Gay
- Lesbian
- Pansexual
- Queer
- Straight/Heterosexual
- Not Sure/Questioning
- Other

Total Responses: 3,033



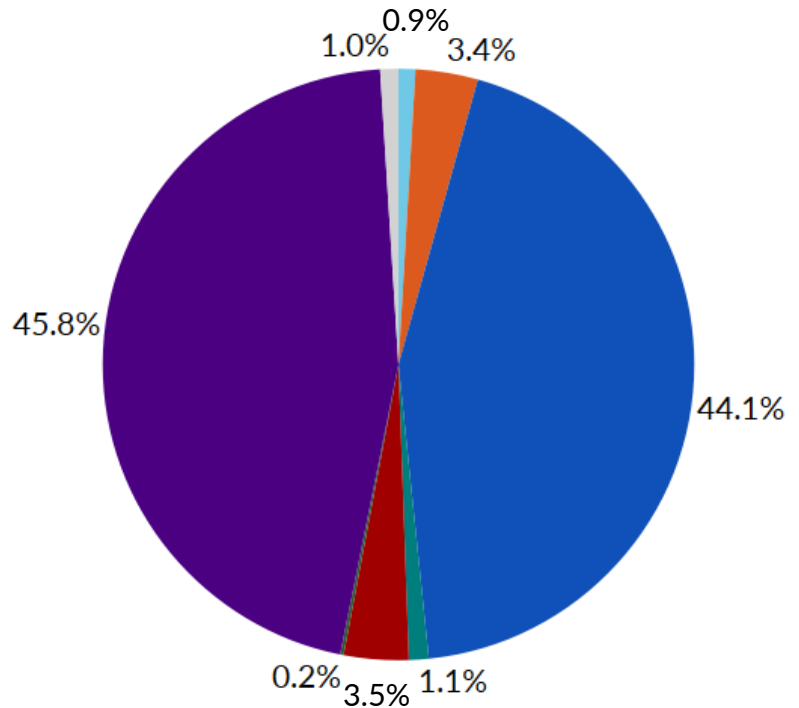
## SURVEY RESPONDENT DEMOGRAPHICS

ECOHE 2022 Community Survey - Race

What is your race?

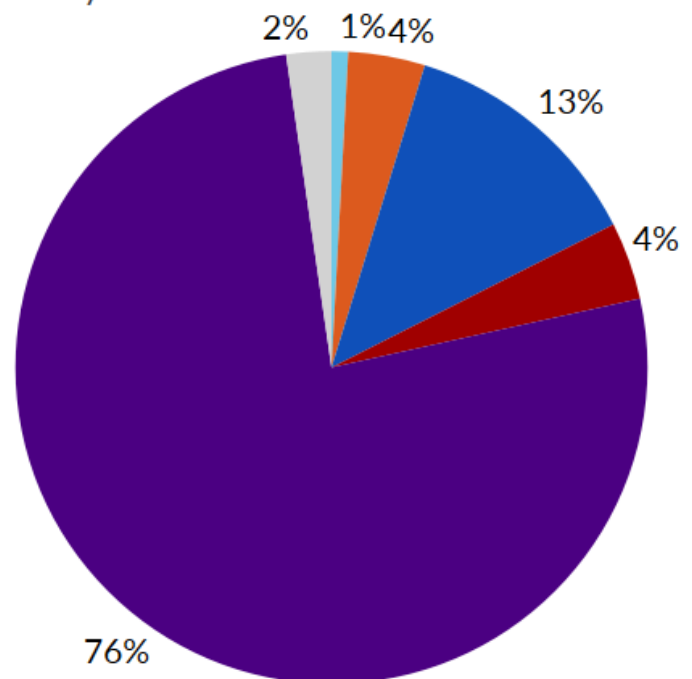
- American Indian or Alaska Native
- Asian
- Black
- Middle Eastern or North African
- More Than One Race
- Pacific Islander or Hawaii Native
- White
- Other

Total Responses: 3,154



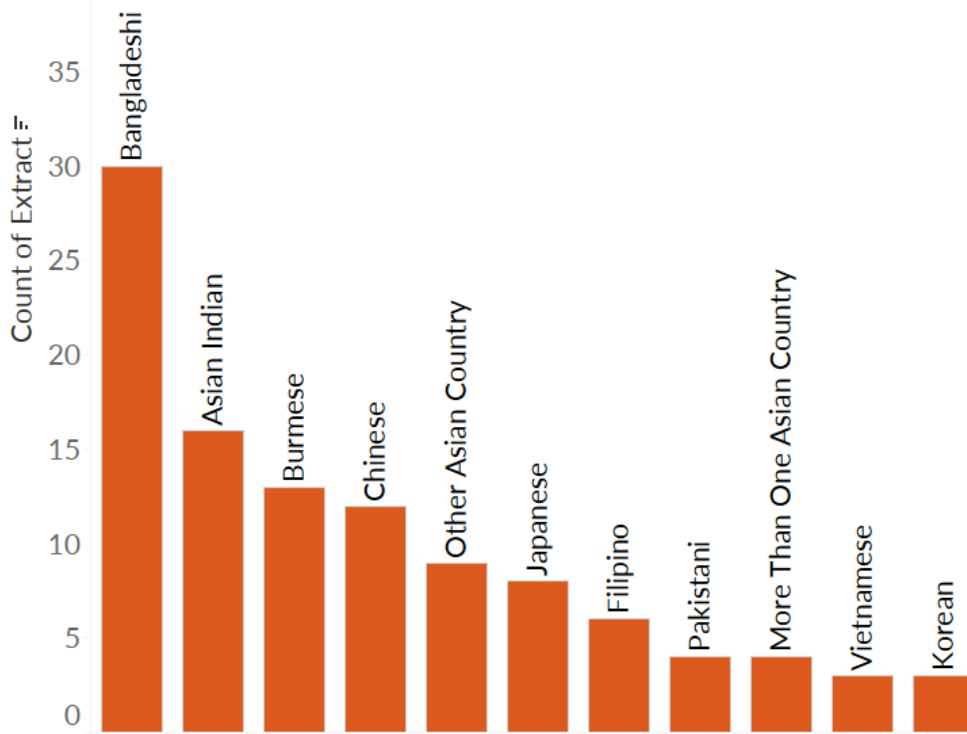
ACS 2021 5-Year Estimates - Race

- American Indian Tribal Grouping Alone or in Any Combination
- Asian alone
- Black or African American alone
- Two or More Races
- White Alone
- Some Other Race Alone

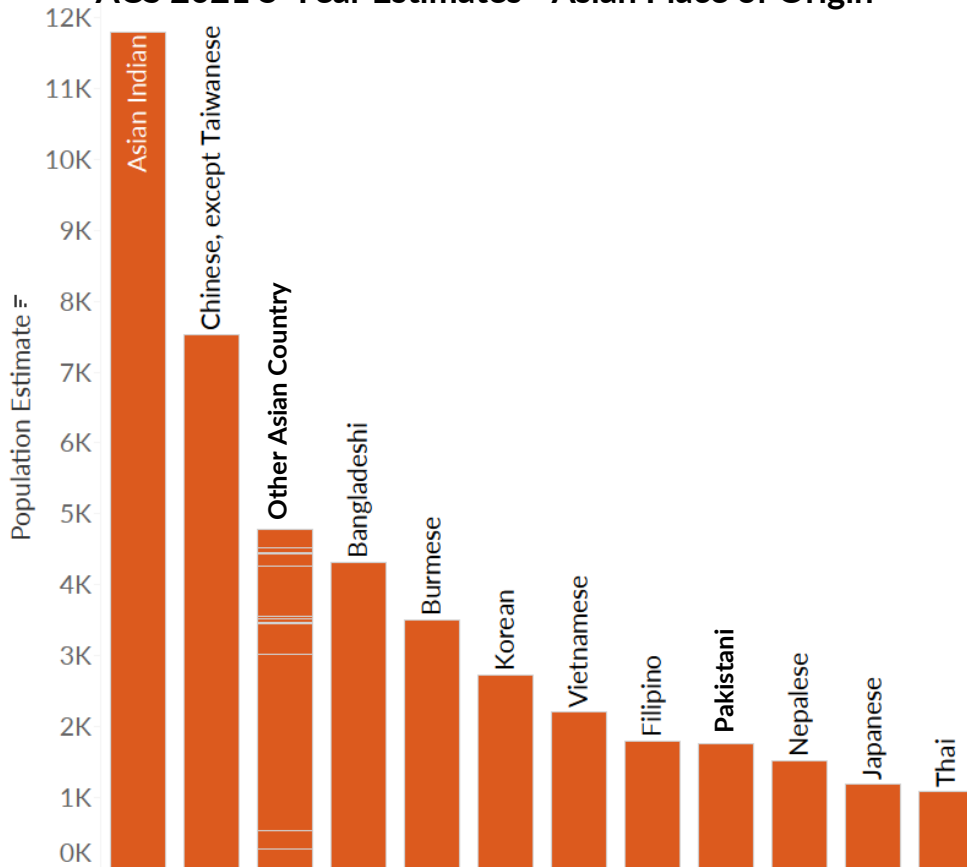


# SURVEY RESPONDENT DEMOGRAPHICS

ECOHE 2022 Community Survey - Asian Place of Origin



ACS 2021 5-Year Estimates - Asian Place of Origin

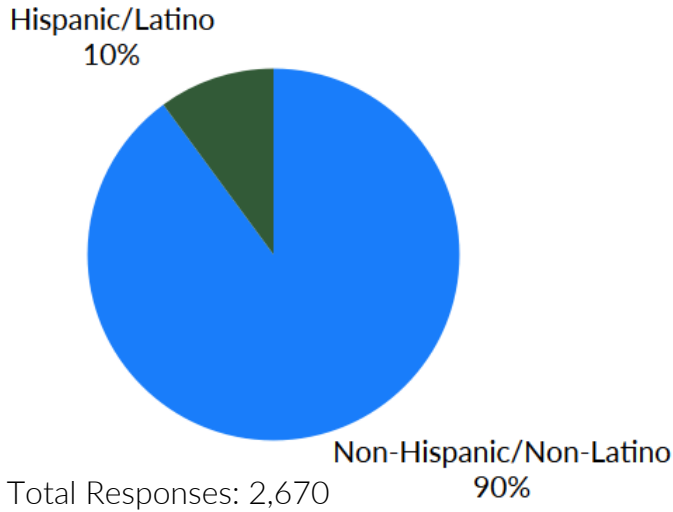




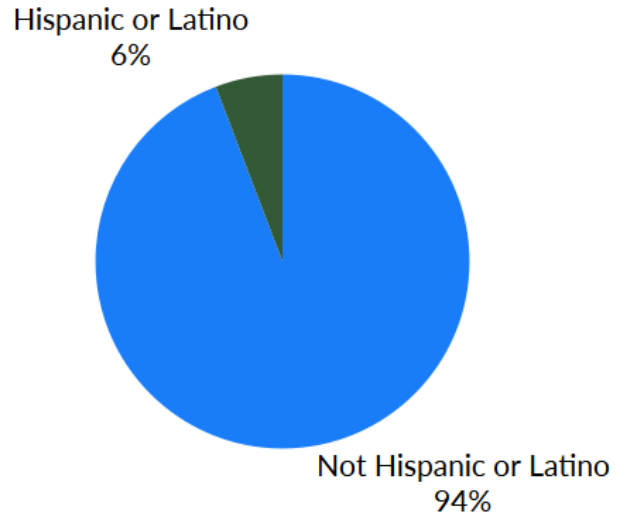
## SURVEY RESPONDENT DEMOGRAPHICS

ECOHE 2022 Community Survey - Ethnicity

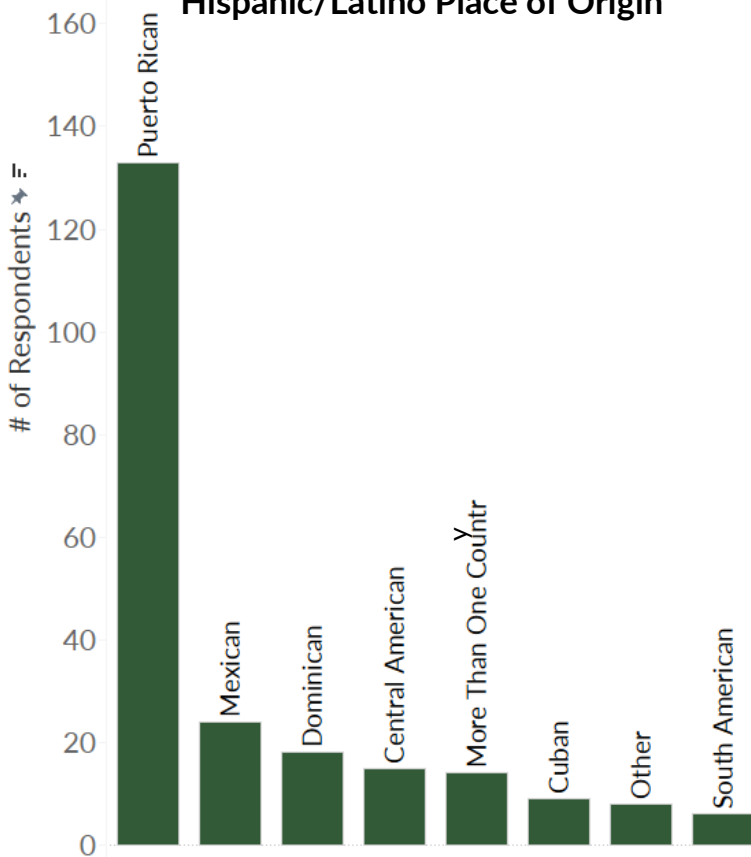
What is your ethnicity?



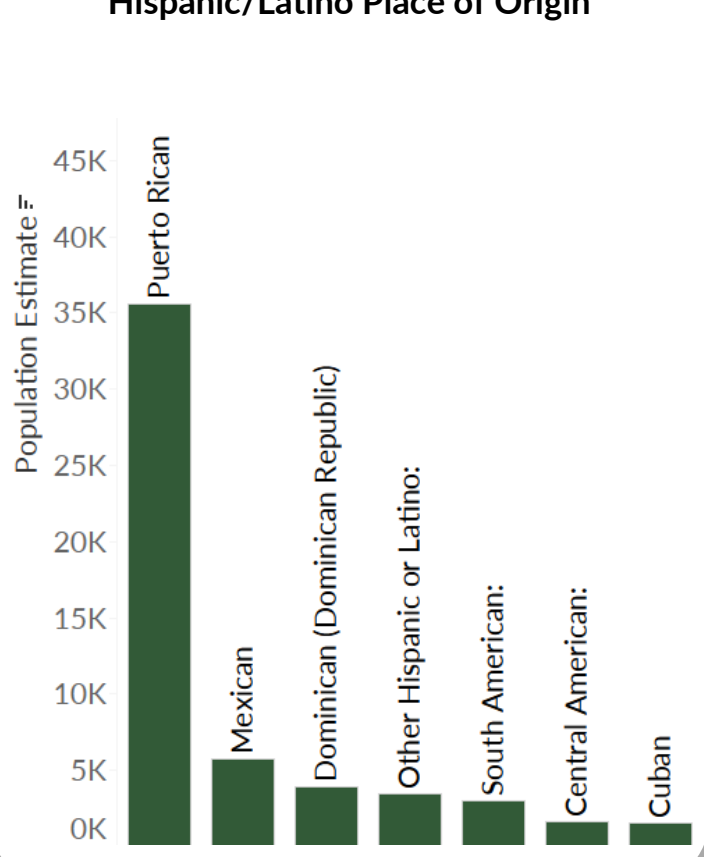
ACS 2021 5-yr Estimates - Ethnicity



ECOHE 2022 Community Survey - Hispanic/Latino Place of Origin

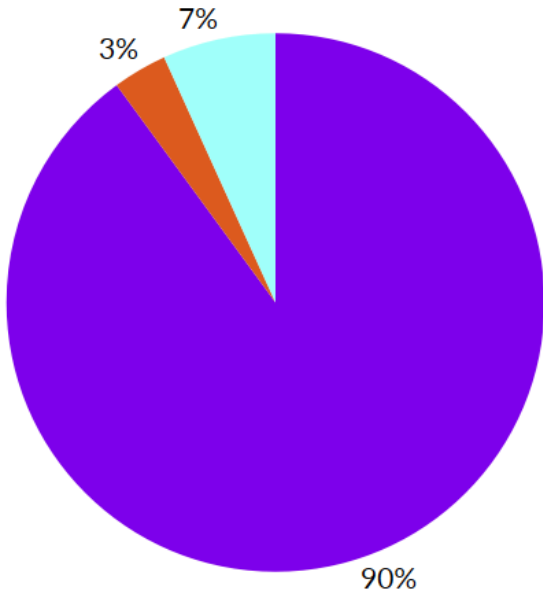


ACS 2021 5-yr Estimates - Hispanic/Latino Place of Origin



## SURVEY RESPONDENT DEMOGRAPHICS

ECOHE Community Survey - Place of Birth



ECOHE Community Survey - Age of Immigration

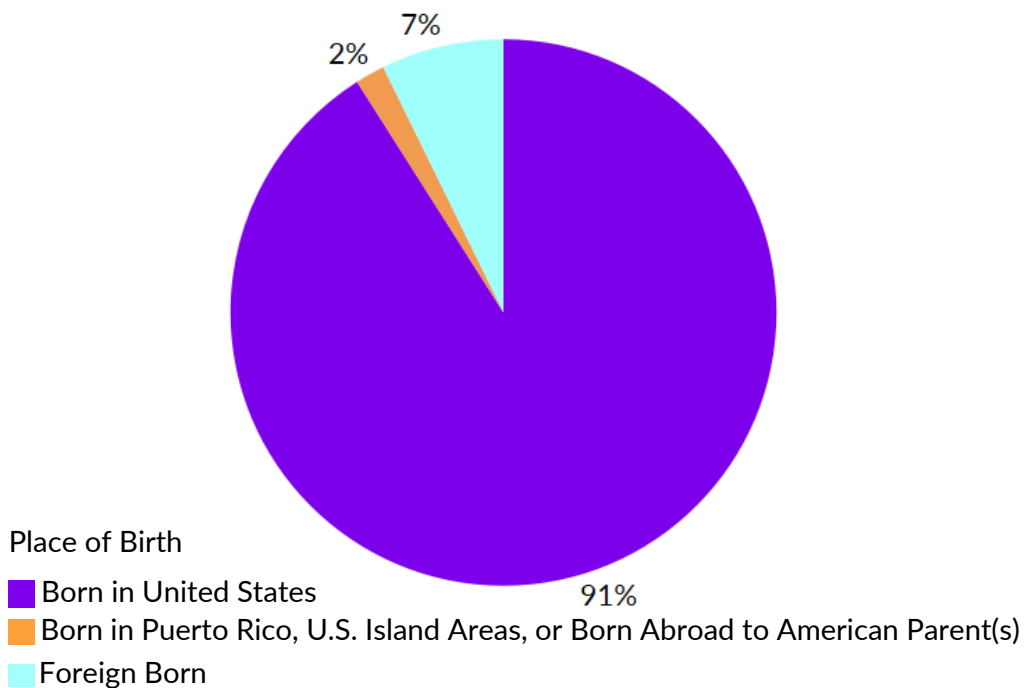
I moved to the continental U.S. as a child (under 18)	133
I moved to the continental U.S. as an adult (18+)	113
Do Not Wish to Say	43

Place of Birth

- I was born in the U.S. (Excluding the U.S. territories, e.g., Puerto Rico, Guam, etc.)
- I was born in one of the U.S. territories (e.g., Puerto Rico, Guam etc.)
- I was born outside the U.S.

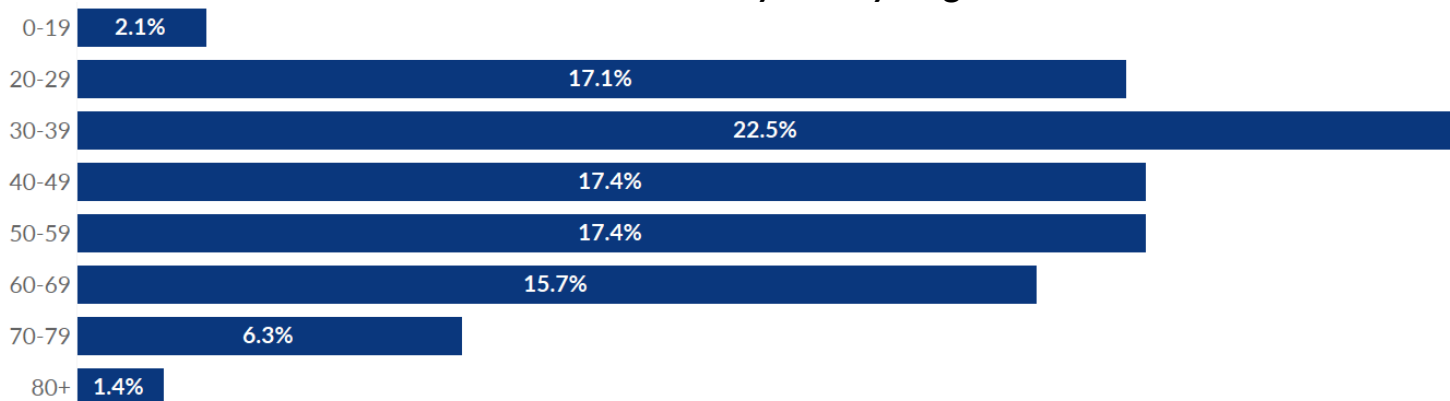
Total Responses: 3,215

ACS 2021 5-Year Estimates - Place of Birth



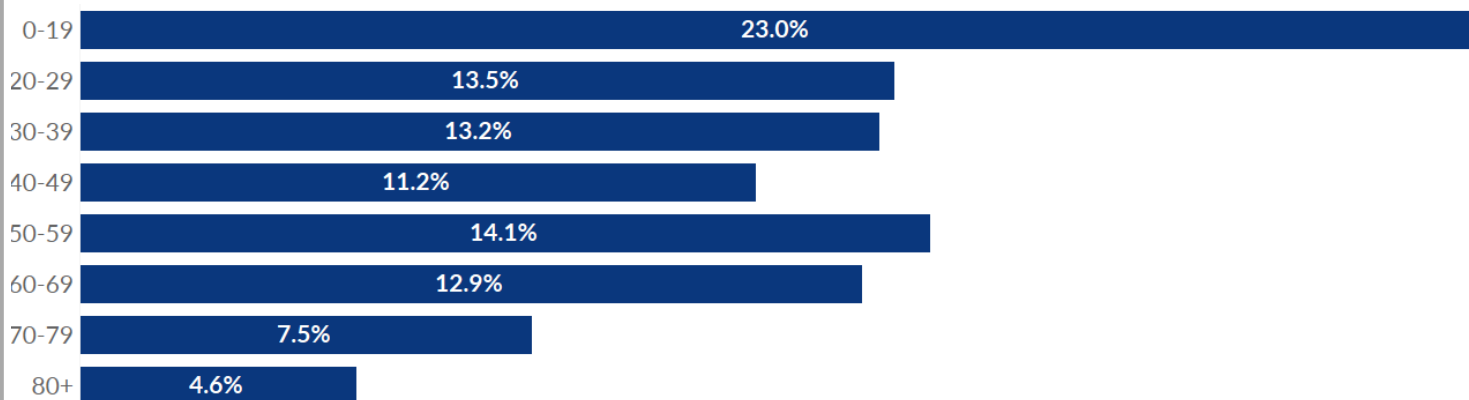
## SURVEY RESPONDENT DEMOGRAPHICS

ECOHE Community Survey - Age



Percent of Respondents  
Total Responses: 3,212

ACS 2021 5-yr Estimates - Age

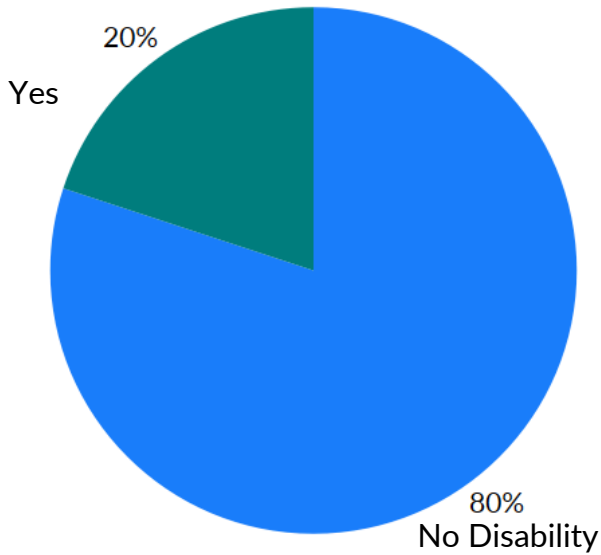


Percent of Erie County Population

## SURVEY RESPONDENT DEMOGRAPHICS

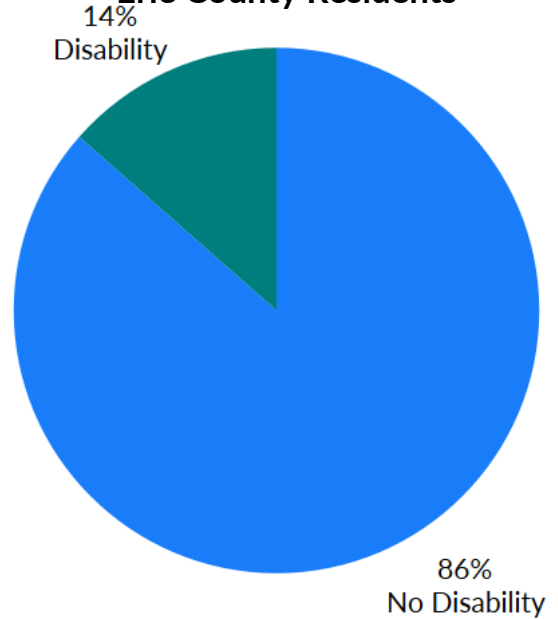
ECOHE 2022 Community Survey - Disability Status

Do you have a disability?



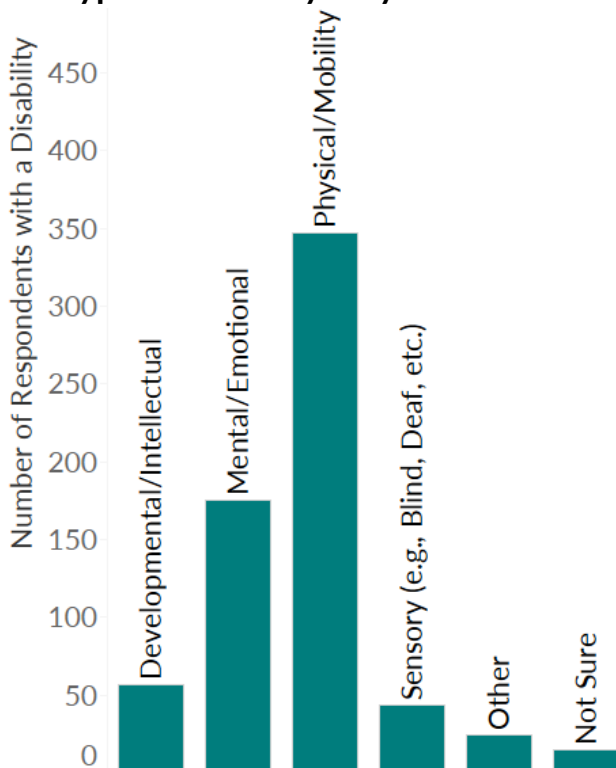
Total Responses: 3,100

ACS 2021 5-yr Estimates  
Disability Status of Non-Institutionalized  
Erie County Residents

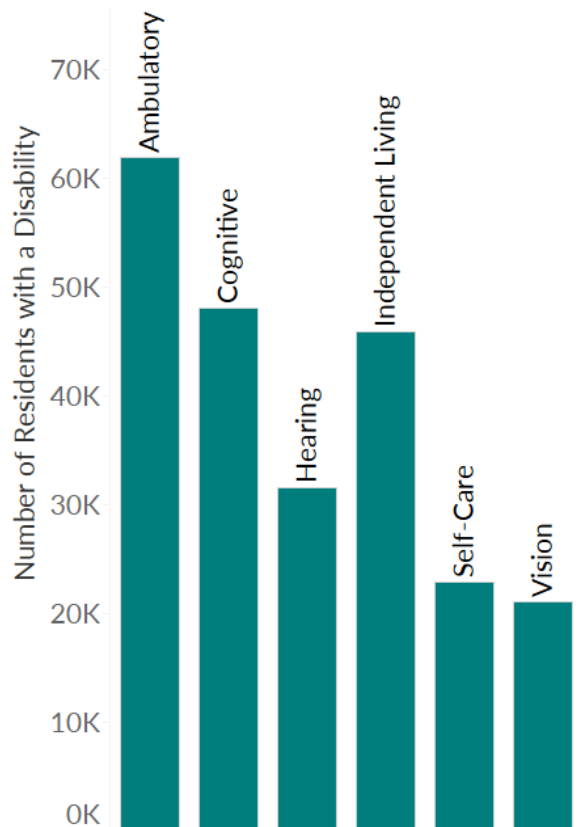


ECOHE 2022 Community Survey - Disability Type

What type of disability do you have?



ACS 2021 5-yr Estimates  
by Type of Disability



## SURVEY RESPONDENT DEMOGRAPHICS

### ECOHE 2022 Community Survey - Education Level

What is your education level? (Ages 25+)



Percent of Respondents

Total Responses: 3,276

### ACS 2021 5-yr Estimates - Education Level (Ages 25+)

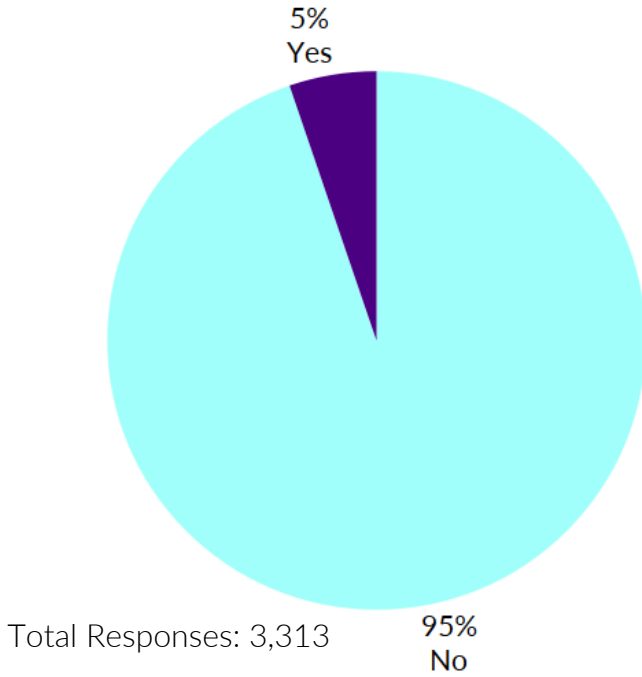


Percent of Erie County Residents

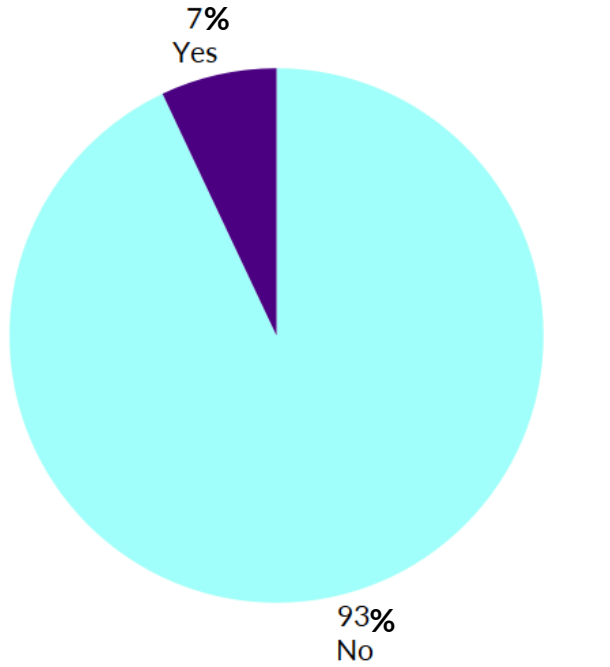
## SURVEY RESPONDENT DEMOGRAPHICS

ECOHE 2022 Community Survey -  
Military Service

Have you ever served in the military?

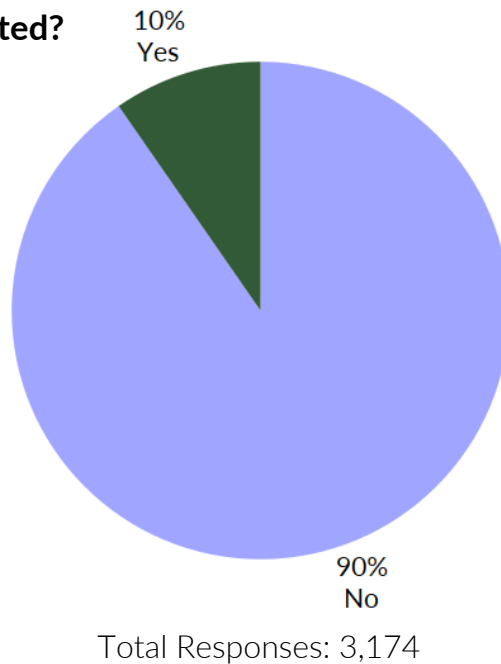


ACS 2021 5-yr Estimates -  
% of Erie County Residents (age 18+)  
Who Are Veterans



ECOHE 2022 Community Survey -History of Incarceration

Have you ever been incarcerated?

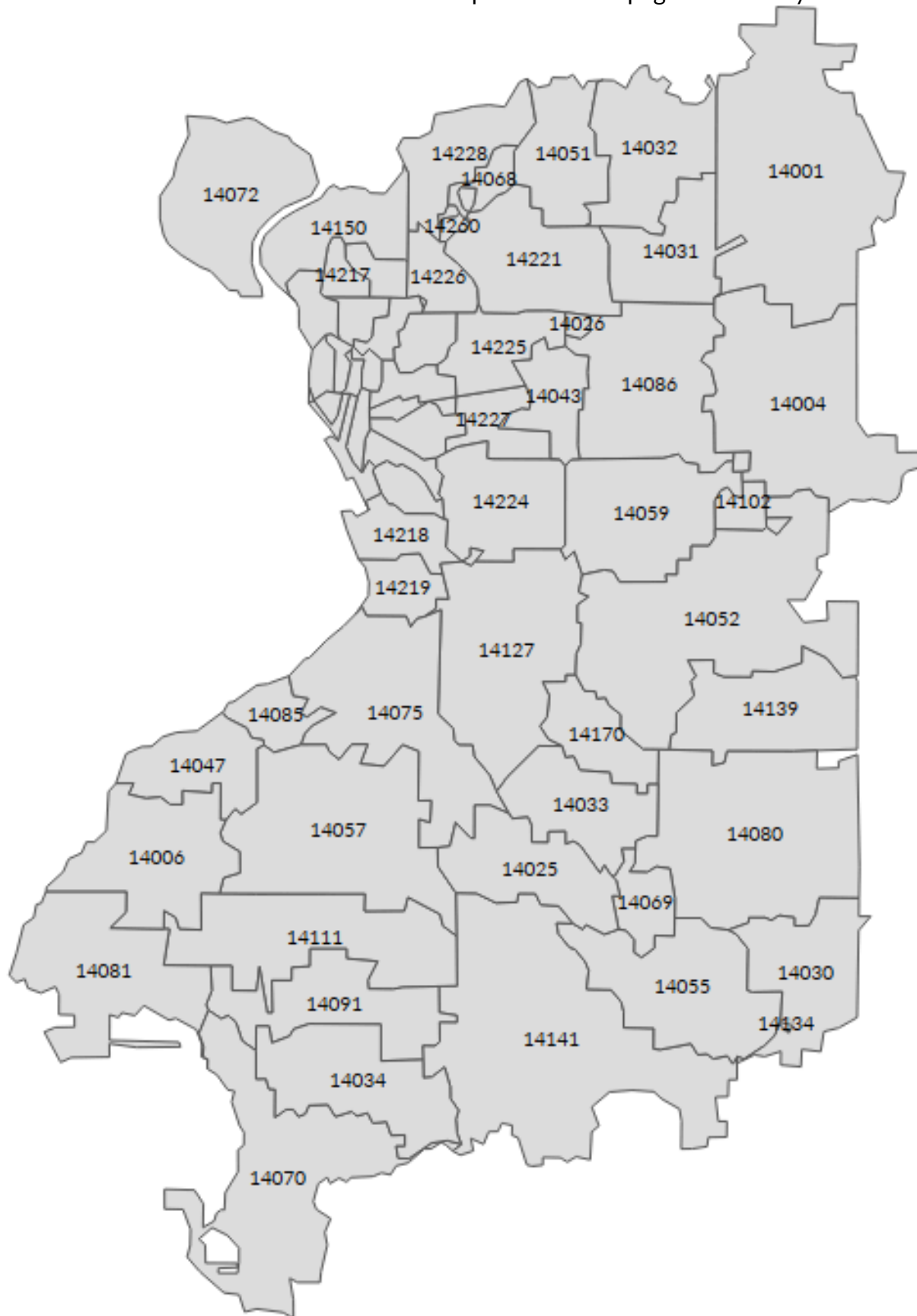


**APPENDIX A: ADDITIONAL CHARTS, FIGURES, AND TABLES**

**MAPS**

**Map of Erie County ZIP Codes**

All shaded ZIP codes are included in this report. See next page for the City of Buffalo.

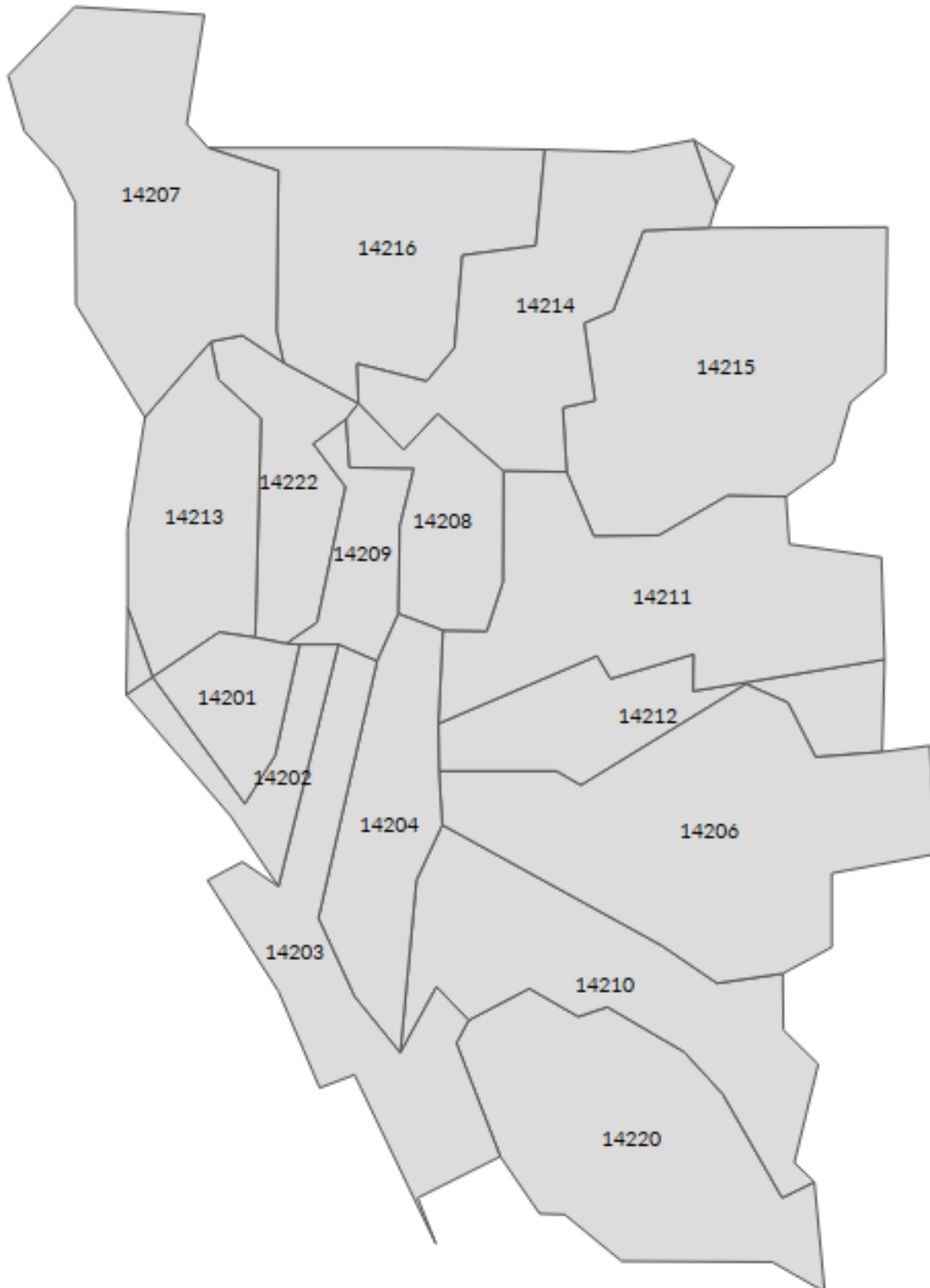


## APPENDIX A: ADDITIONAL CHARTS, FIGURES, AND TABLES

# MAPS

### Map of City of Buffalo ZIP Codes

All shaded ZIP codes in the map below represent an approximation of the geographic boundary of the City of Buffalo. Respondents who provided these ZIP codes were categorized as City of Buffalo, while all other ZIP codes—*excluding* City of Buffalo ZIP codes—were categorized as Erie County.



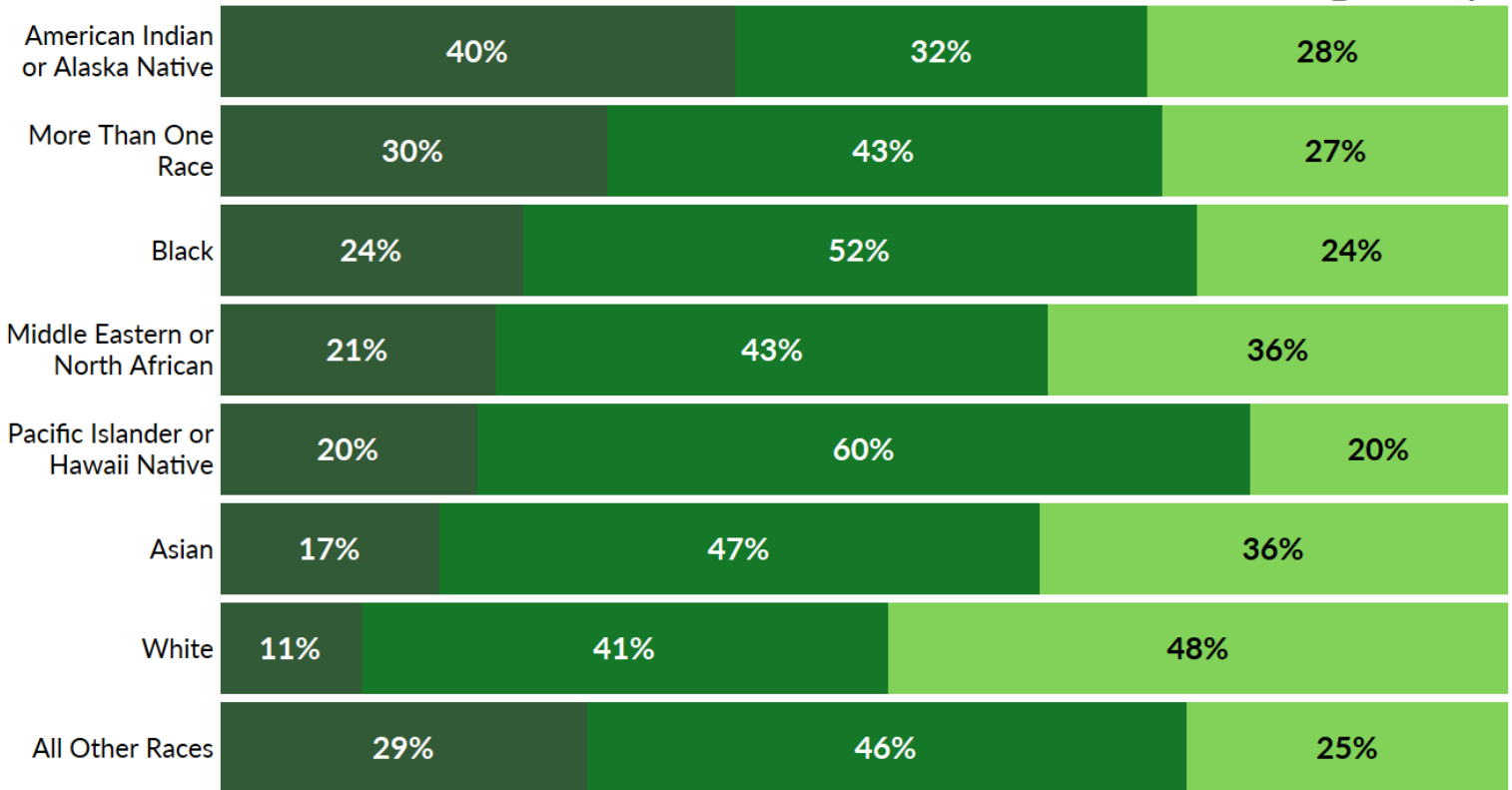


## SDOH SUPPLEMENTAL FIGURES: ECONOMIC STABILITY

### Financial Situation by Race

The percentage of respondents in each financial situation grouped by race. Any race not listed was grouped into All Other Races.

■ Not Enough Money  
■ Just Enough Money  
■ More Than Enough Money



### Financial Situation by Employment

The percentage of respondents in each financial group by employment status, excluding *Students* and *Retirees*.

■ Not Enough Money  
■ Just Enough Money  
■ More Than Enough Money

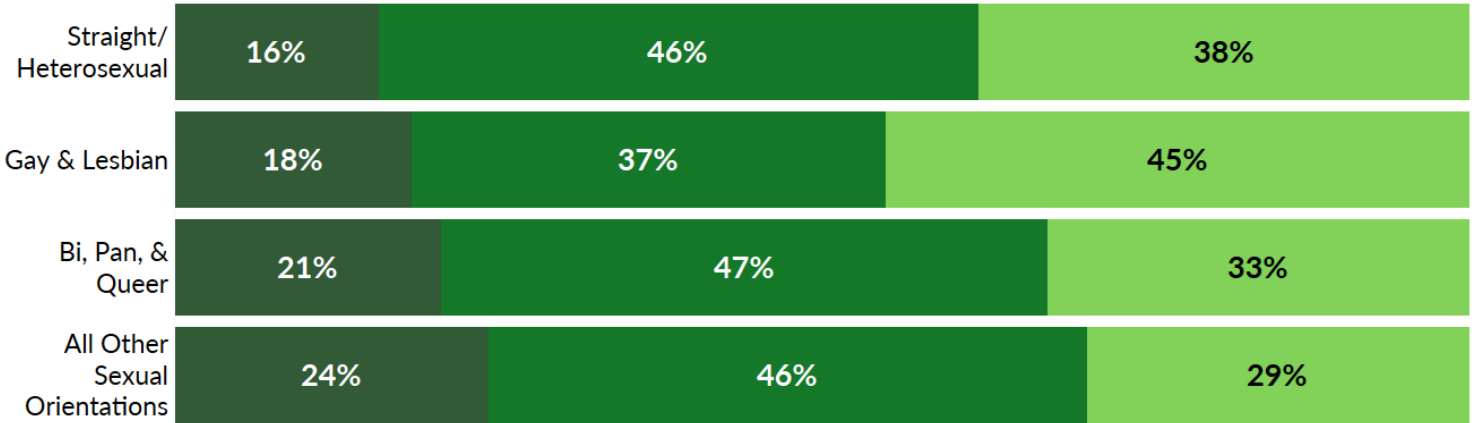


## SDOH SUPPLEMENTAL FIGURES: ECONOMIC STABILITY

### Financial Situation by Sexual Orientation

Percentage of respondents in each financial category. Respondents who selected Asexual, Not Sure/Questioning, or any other unlisted sexual orientation are grouped into All Other Sexual Orientations.

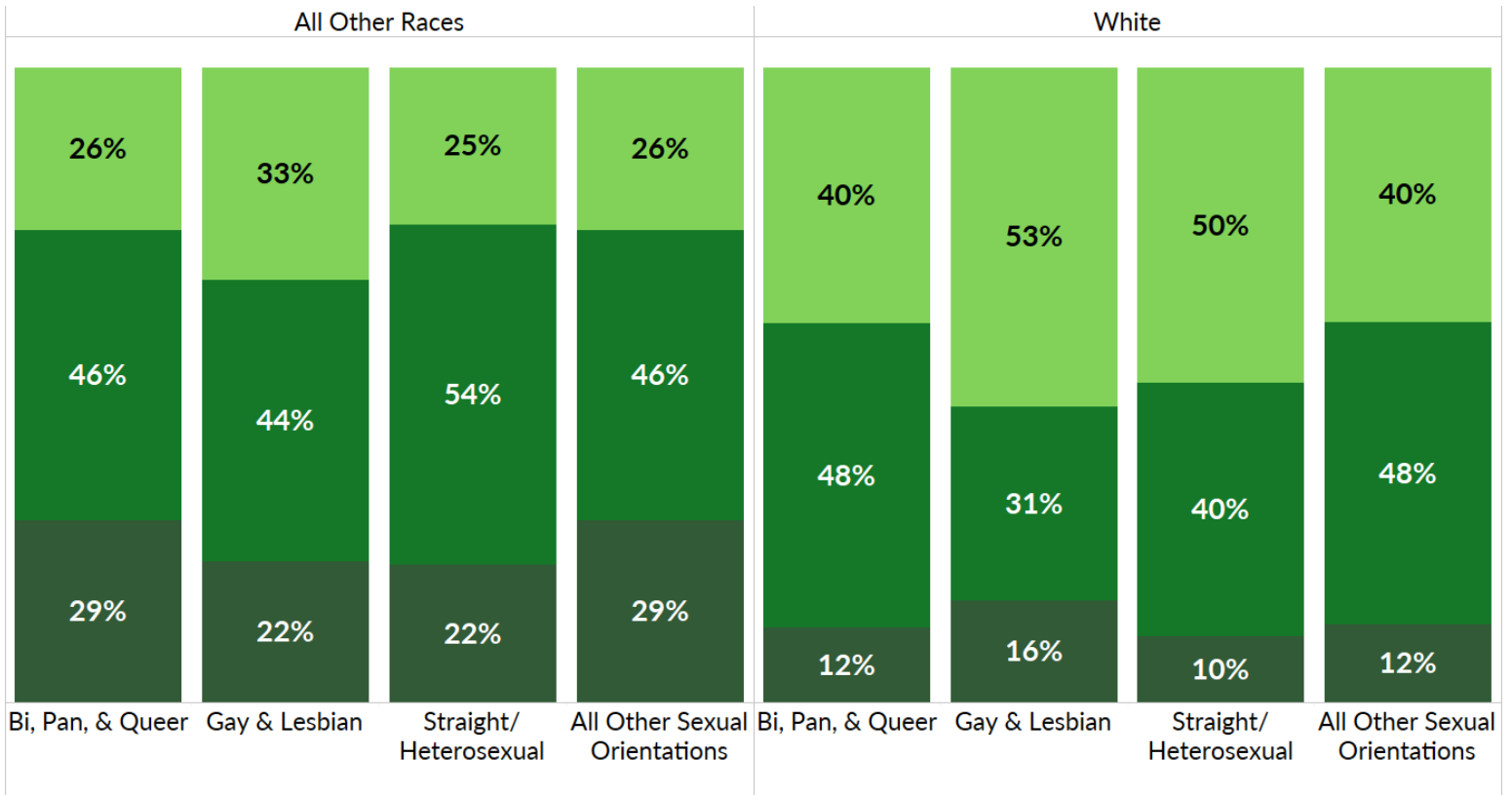
■ Not Enough Money  
■ Just Enough Money  
■ More Than Enough Money



### Financial Situation by Sexual Orientation and Race

Percentage of respondents in each financial category. Respondents who indicated a race other than White were grouped into All Other Races.

■ Not Enough Money  
■ Just Enough Money  
■ More Than Enough Money

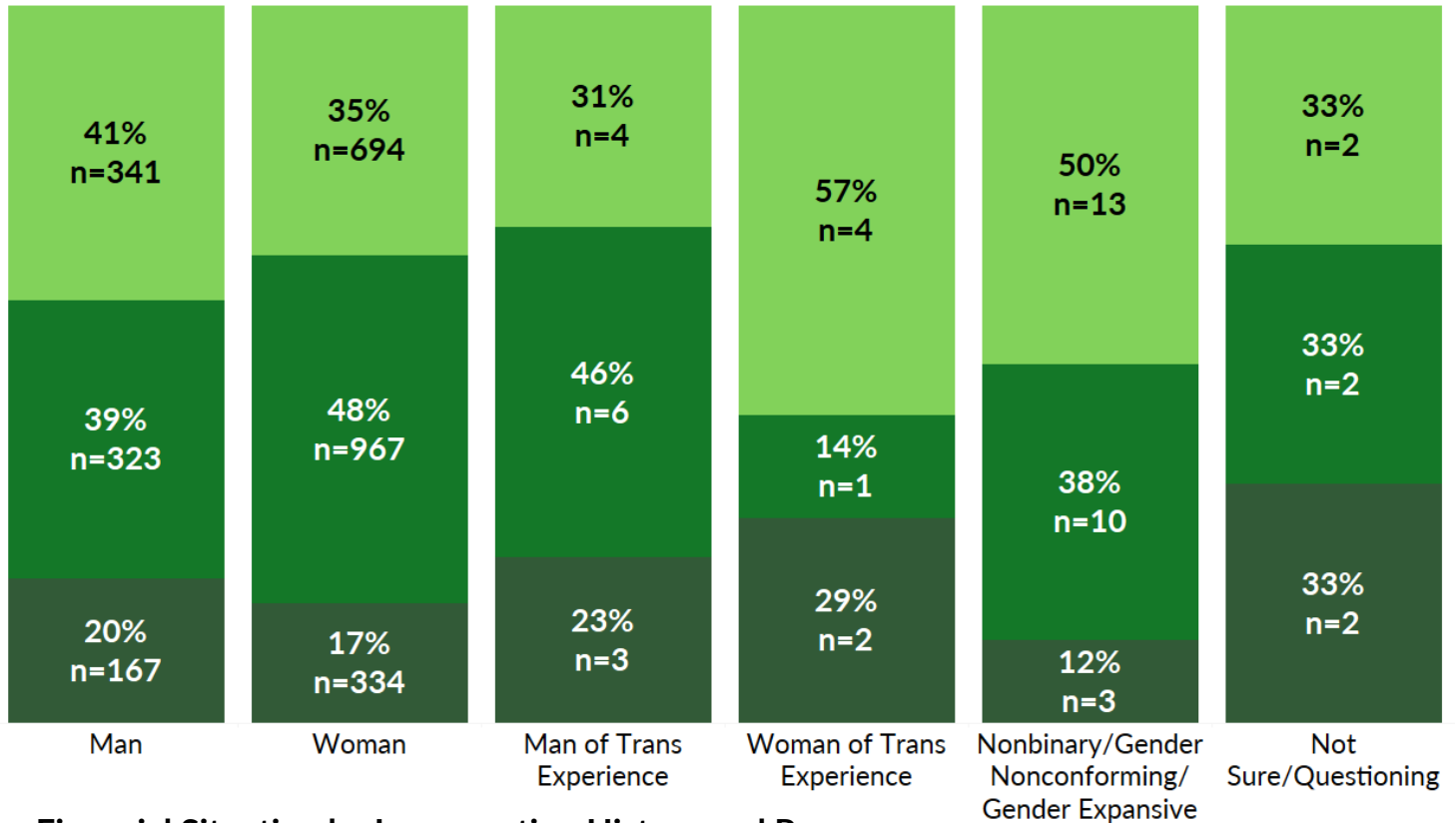


## SDOH SUPPLEMENTAL FIGURES: ECONOMIC STABILITY

### Financial Situation by Gender Identity

Percentage of respondents in each financial category. The number of each response is also listed (as n=) to highlight that some categories have small numbers of responses.

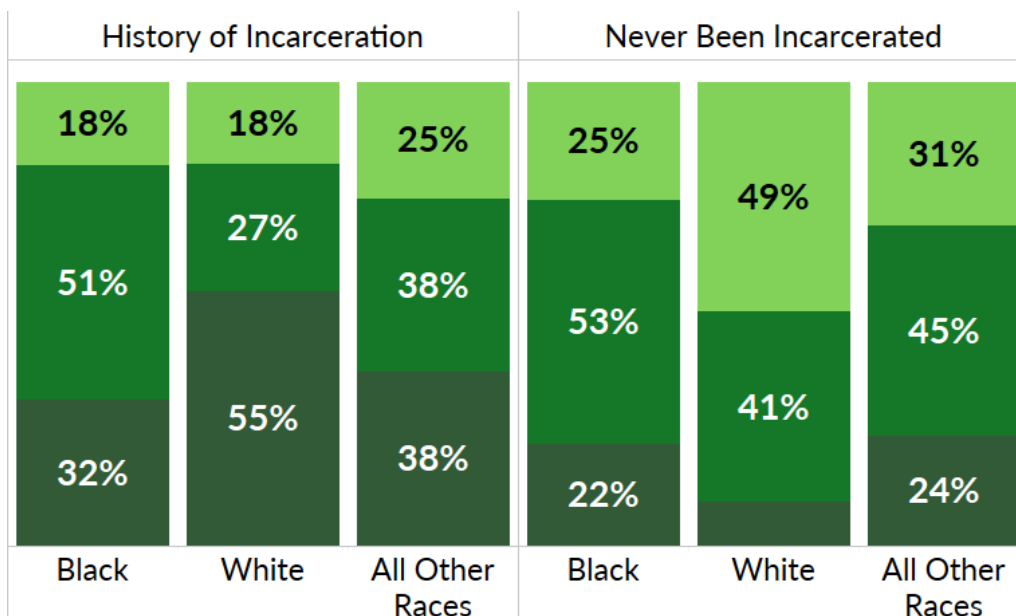
■ Not Enough Money  
■ Just Enough Money  
■ More Than Enough Money



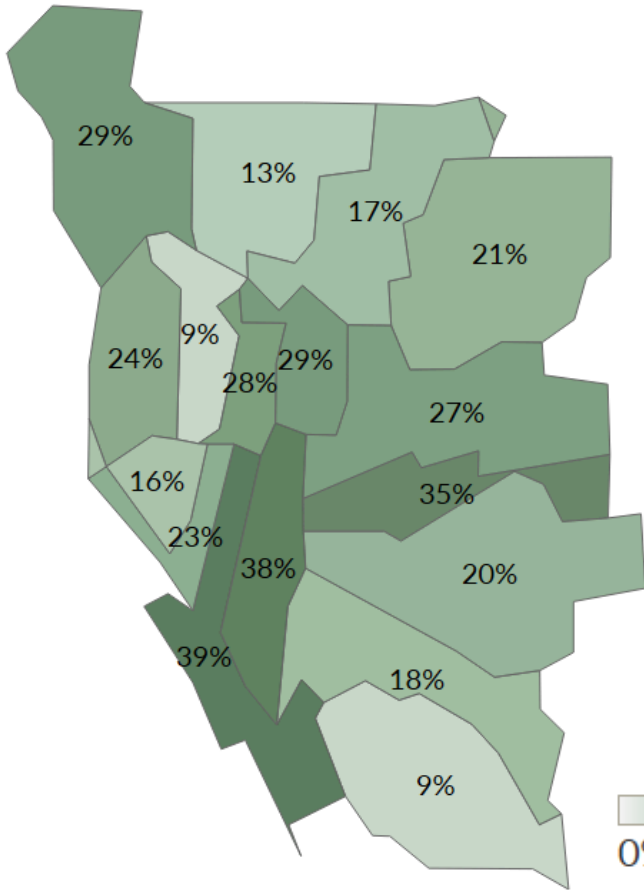
### Financial Situation by Incarceration History and Race

Percentage of respondents in each financial category. Respondents who indicated a race other than Black or White were grouped into All Other Races.

■ Not Enough Money  
■ Just Enough Money  
■ More Than Enough Money



## SDOH SUPPLEMENTAL FIGURES: ECONOMIC STABILITY



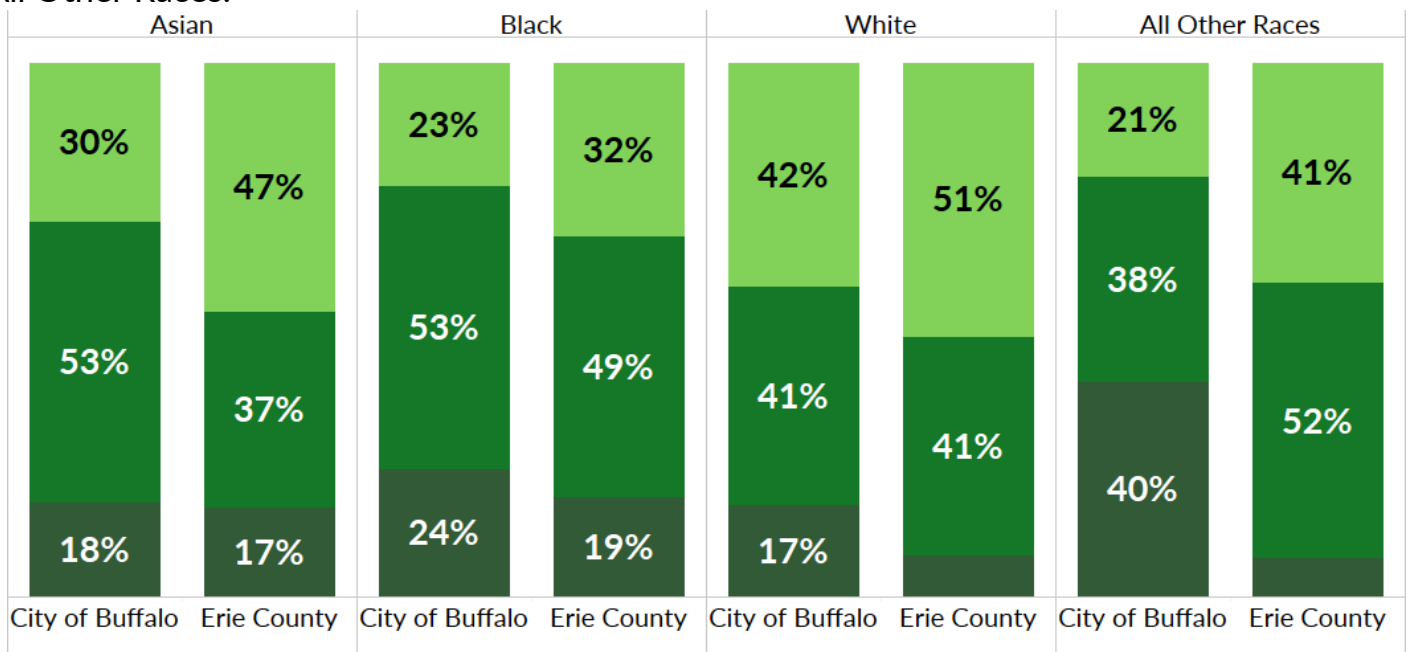
Percentage of Respondents With *Not Enough Money* by ZIP Code in the City of Buffalo

The percentage of respondents who described their financial situation as having *Not Enough Money* to pay for their day-to-day needs and expenses by ZIP code. Map displays only ZIP codes that are completely or mostly within the City of Buffalo.

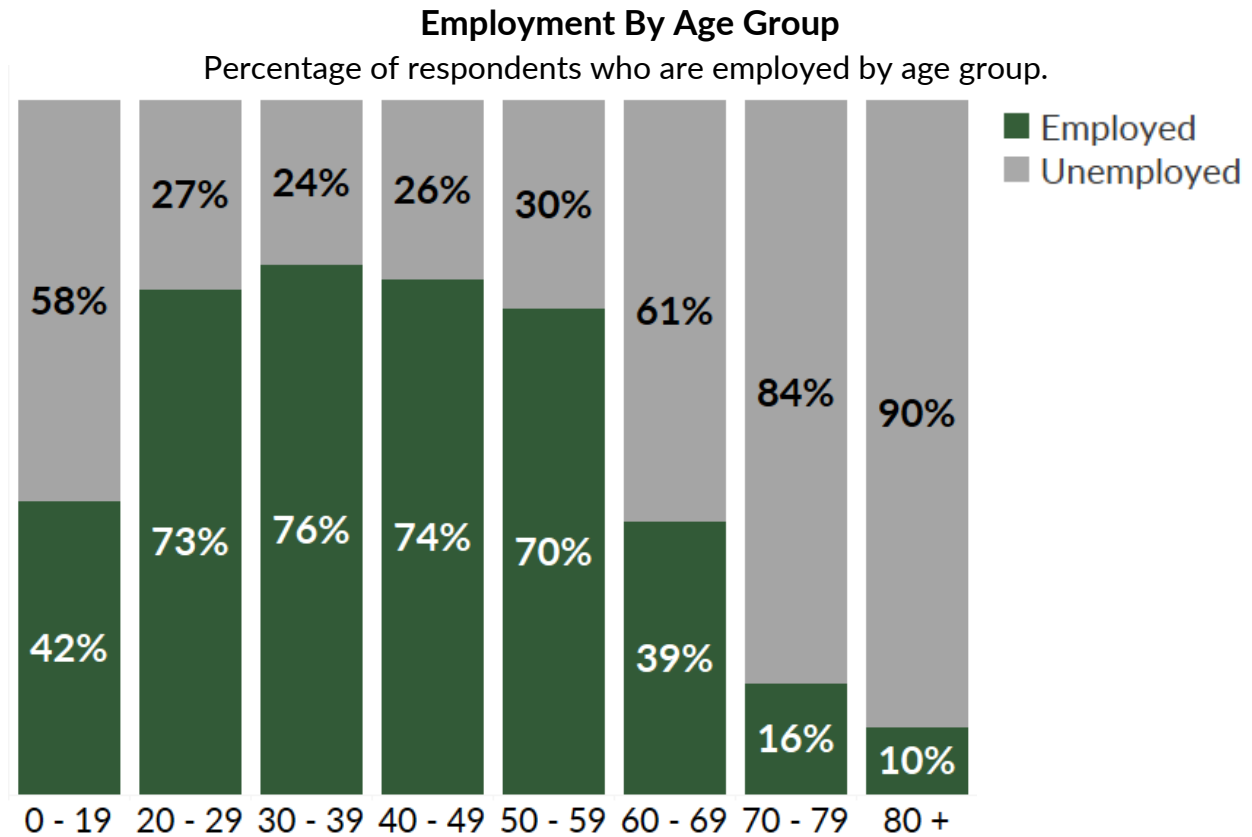
### Financial Situation by Race, City Compared to County

The percentage of respondents for each financial situation. Grouped into City of Buffalo and Erie County (excluding the City of Buffalo) based on ZIP Code. Respondents who stated races other than White, Black, and Asian were grouped into All Other Races.

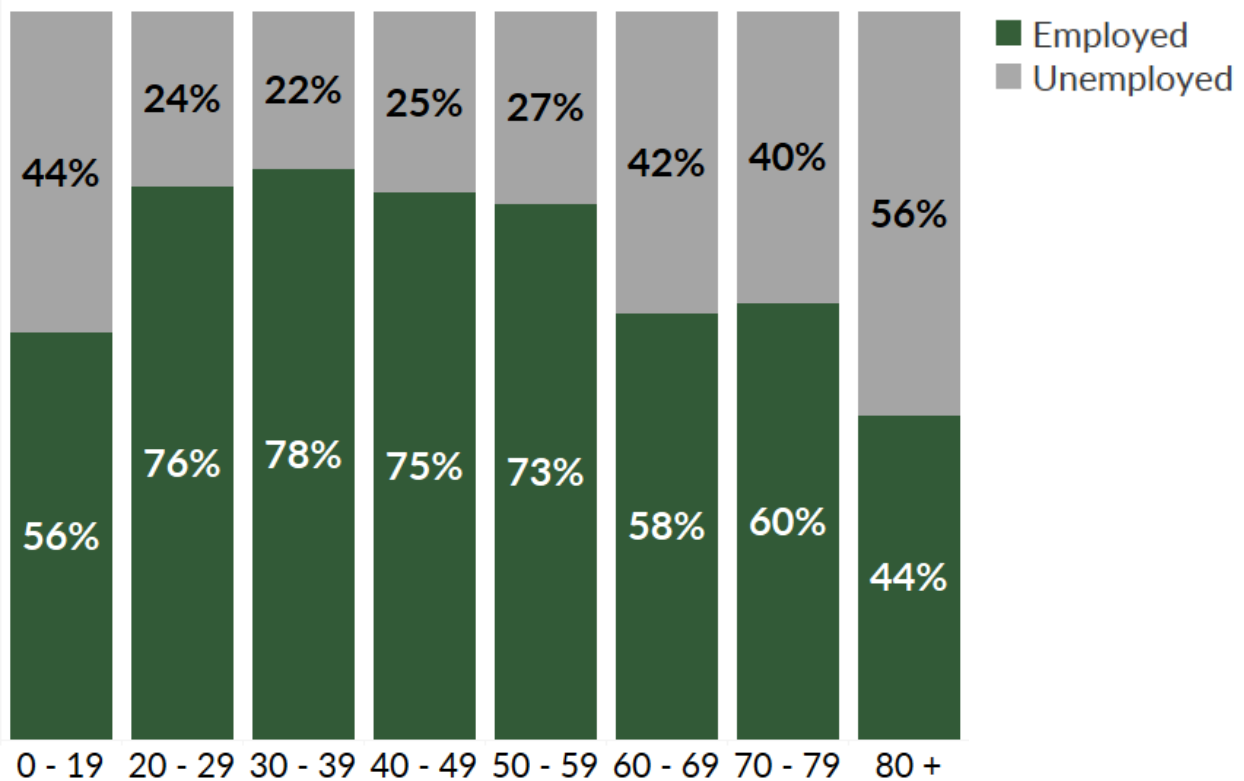
- Not Enough Money
- Just Enough Money
- More Than Enough Money



## SDOH SUPPLEMENTAL FIGURES: ECONOMIC STABILITY



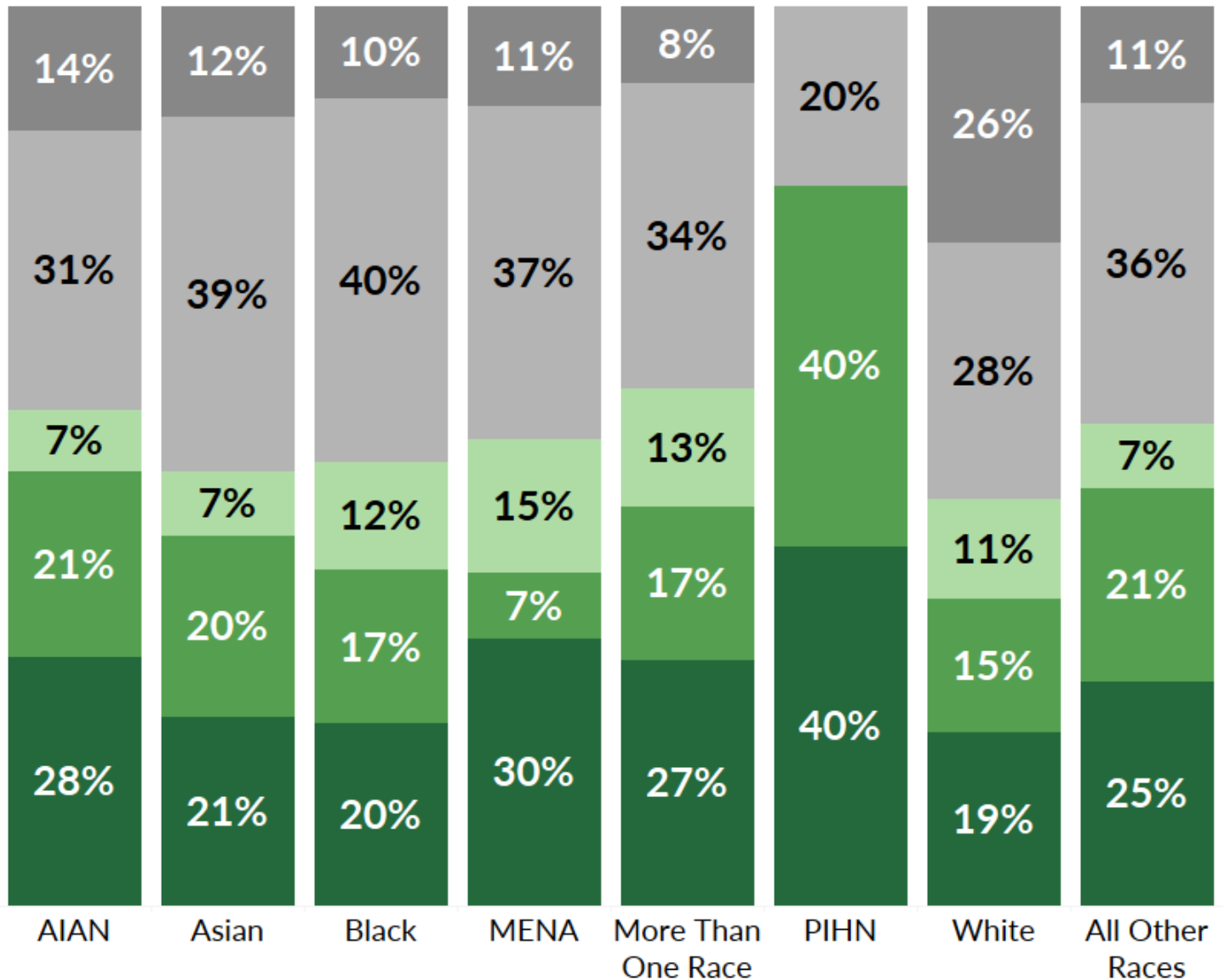
**Employment By Age Group**  
 Percentage of respondents who are employed by age group, excluding anyone who indicated they were a *Student* or *Retired* as the reason for unemployment.



## SDOH SUPPLEMENTAL FIGURES: ECONOMIC STABILITY

### Financial Hopes by Race

The percentage of responses to the question “Which of the following best describes your hopes for your financial situation?” (See Appendix G, Question 29). Respondents could select more than one response. Those who stated a race other than the listed options were grouped as All Other Races.

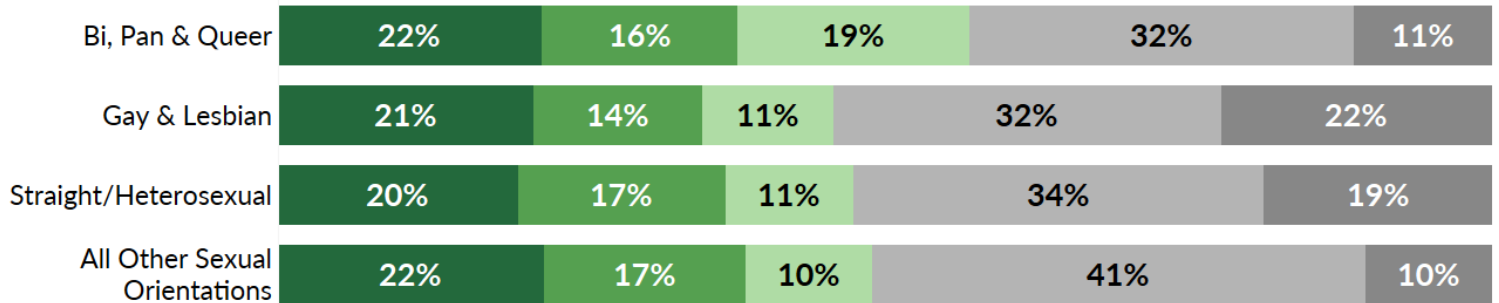


- I am comfortable with my current financial situation
- I have a plan to improve my financial situation
- I know how I could improve my financial situation but don't feel I have the necessary resources
- I am aware of resources that may help me to improve my financial situation
- I would like to improve my financial situation but don't know how

## SDOH SUPPLEMENTAL FIGURES: ECONOMIC STABILITY

### Financial Hopes by Sexual Orientation

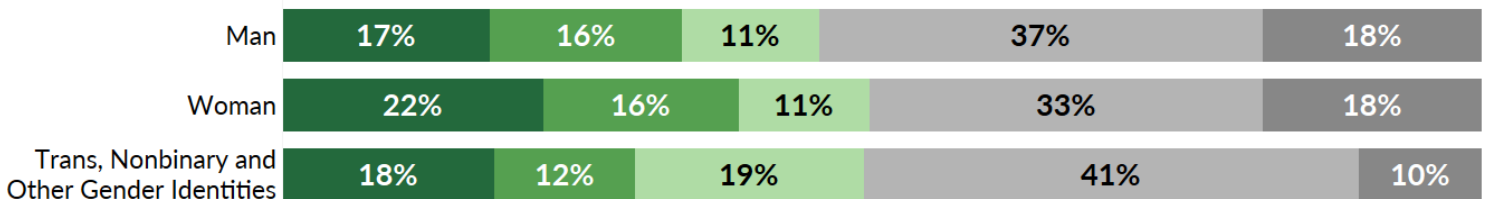
The percentage of responses to the question “Which of the following best describes your hopes for your financial situation?” (See Appendix G, Question 29). Respondents could select more than one response. Those who stated a sexual orientation other than the listed options were grouped as All Other Sexual Orientations.



- I am comfortable with my current financial situation
- I have a plan to improve my financial situation
- I know how I could improve my financial situation but don't feel I have the necessary resources
- I am aware of resources that may help me to improve my financial situation
- I would like to improve my financial situation but don't know how

### Financial Hopes by Gender Identity

The percentage of responses to the question “Which of the following best describes your hopes for your financial situation?” (See Appendix G, Question 29). Respondents could select more than one response. Those who stated a gender identity other than Man or Woman were grouped into Trans, Nonbinary and Other Gender Identities.

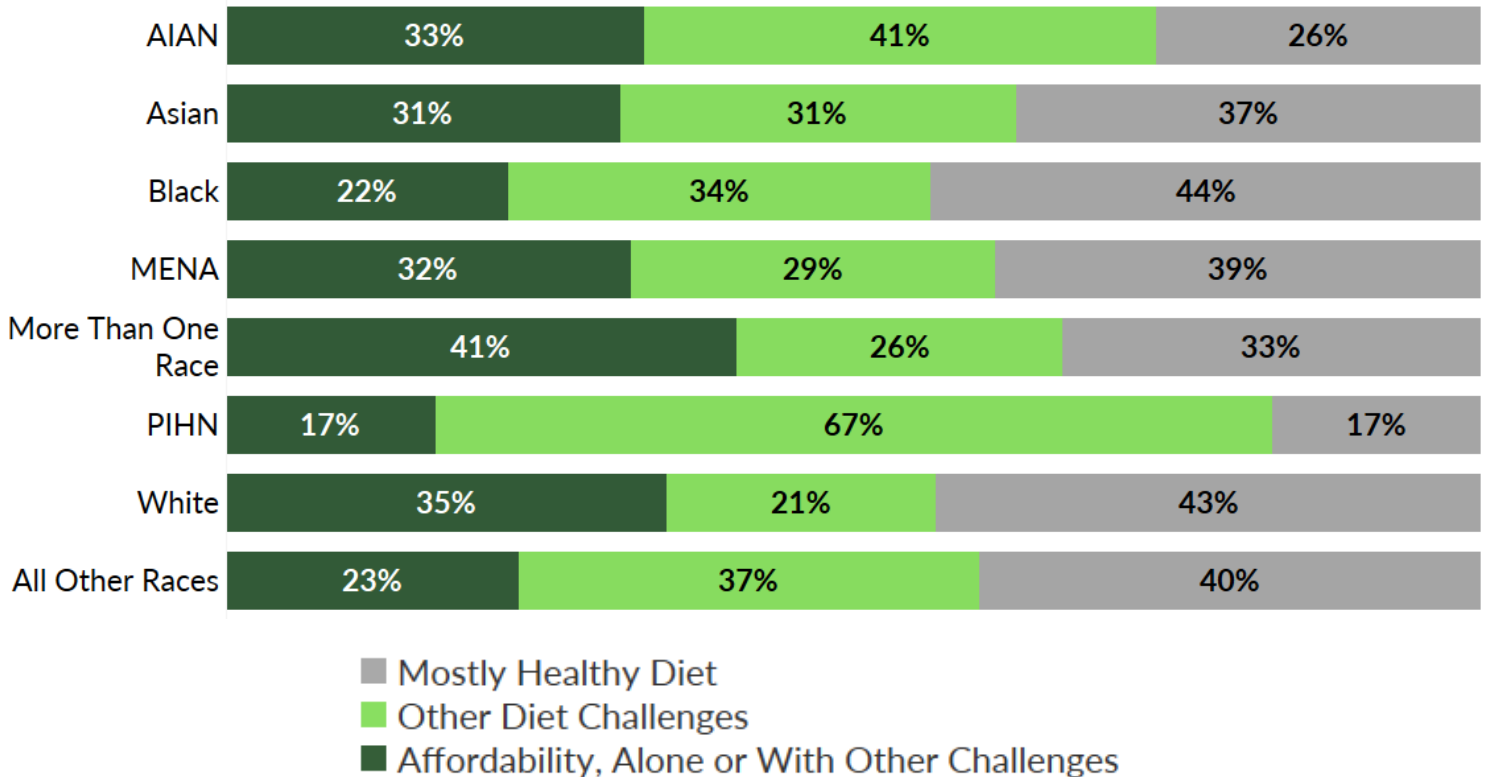


- I am comfortable with my current financial situation
- I have a plan to improve my financial situation
- I know how I could improve my financial situation but don't feel I have the necessary resources
- I am aware of resources that may help me to improve my financial situation
- I would like to improve my financial situation but don't know how

## SDOH SUPPLEMENTAL FIGURES: ECONOMIC STABILITY

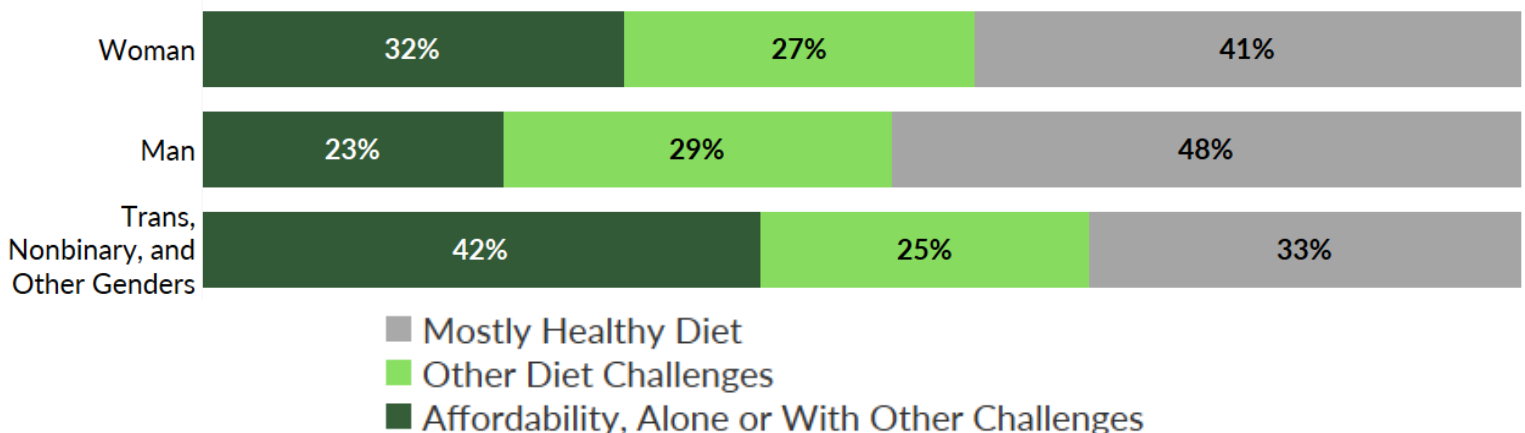
### Biggest Challenges to a Healthy Diet by Race

Respondents were asked, “Which of the following about your diet is true?” (See Appendix G, Question 26). Respondents could select multiple options. For this chart, respondents were placed in three groups. Those who selected *My diet is mostly healthy*, those who selected *Affordability* as a challenge to a healthy diet (alone or with other challenges), and those who selected any other challenges to a healthy diet (*Other Diet Challenges*). These three groups are presented as a percentage among each age group. Anyone who identified as a race other than the listed options was grouped into Other Races.



### Biggest Challenges to a Healthy Diet by Gender Identity

The percentage of respondents for each of the 3 healthy diet categories (see above for description). Anyone who identified their gender other Woman or Man was grouped into Trans, Nonbinary and Other Genders.

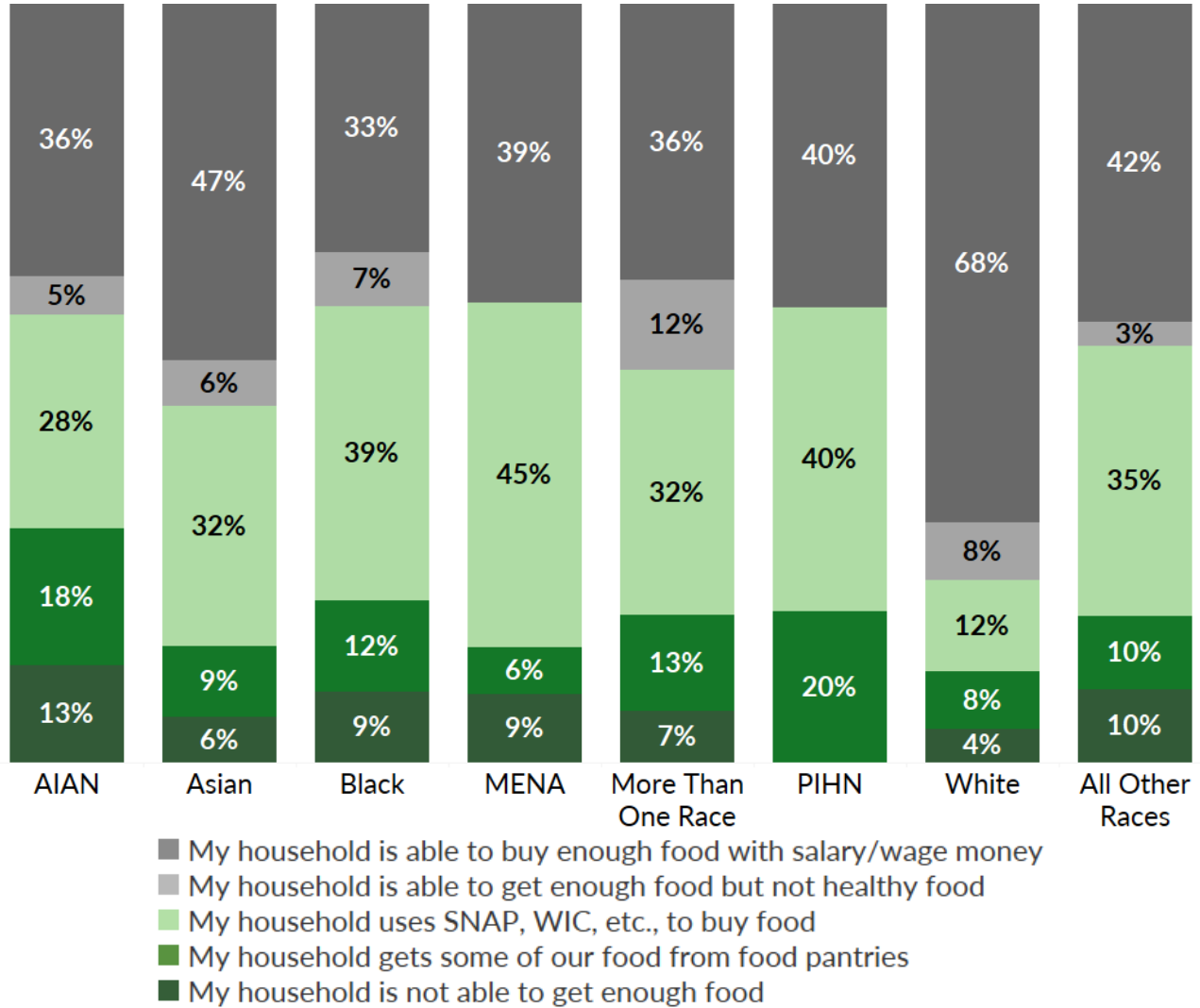




## SDOH SUPPLEMENTAL FIGURES: ECONOMIC STABILITY

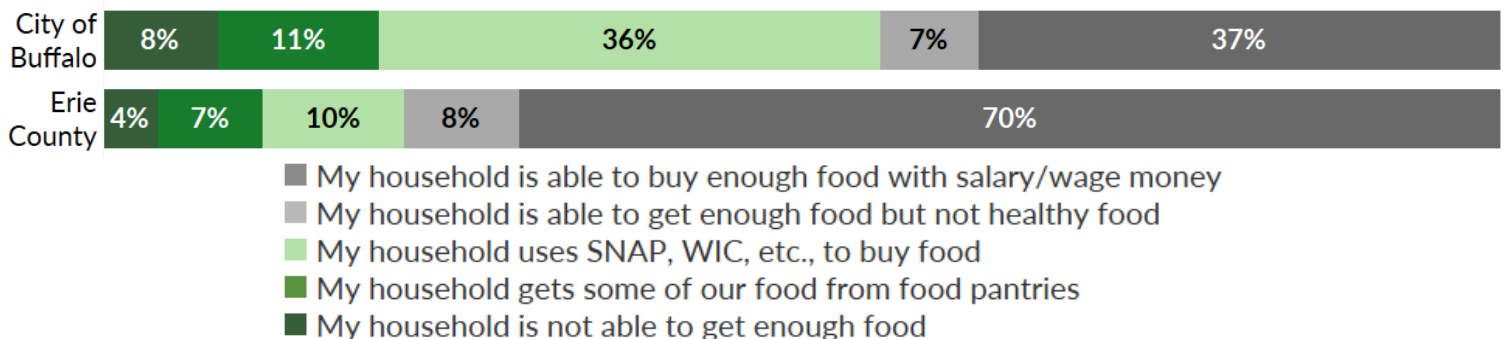
### Food Situation Responses by Race

The percentages of responses by race. Respondents were asked, “Which best describes your food situation?” (See Appendix G, Question 25). Respondents could select more than one response. Respondents who provided a race other than the listed options was grouped as All Other Races.



### Food Situation Responses by City Compared to County

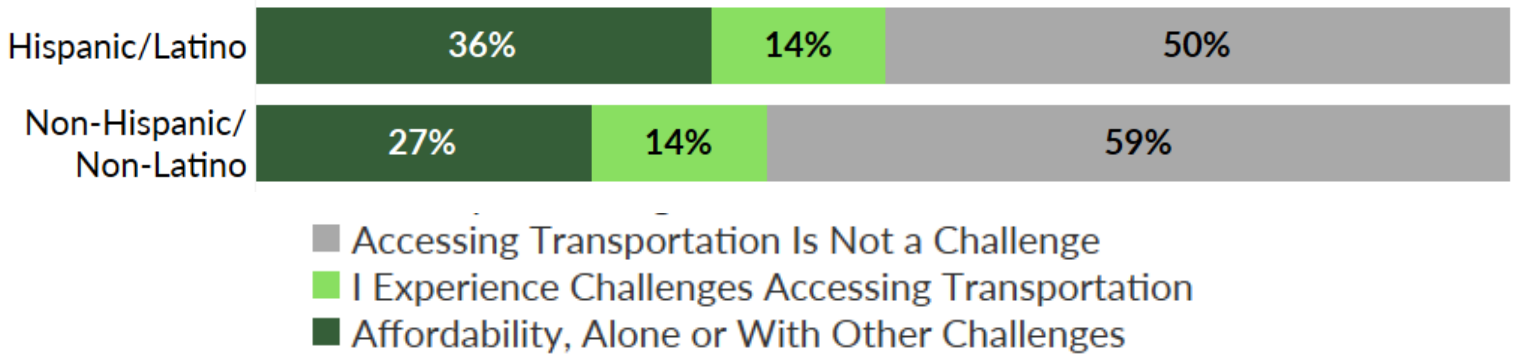
The percentages of responses by City of Buffalo respondents compared to Erie County respondents (excluding the City of Buffalo). ZIP codes that are entirely or mostly within the City of Buffalo were grouped.



## SDOH SUPPLEMENTAL FIGURES: ECONOMIC STABILITY

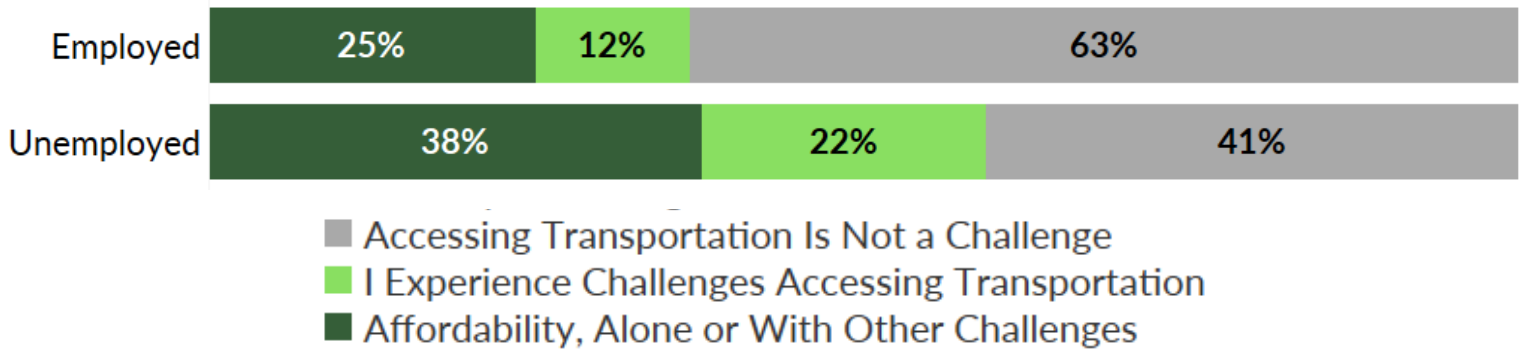
### Affordability and Transportation by Ethnicity

Respondents were asked, “What are the challenges to accessing transportation?” (See Appendix G, Question 31). Respondents who selected *Affordability, Alone or With Other Challenges* were grouped. Anyone selecting other challenges were grouped as *I experience challenges accessing transportation*, and anyone who selected only *Accessing Transportation Is Not a Challenge* were grouped. These three categories were compared by Ethnicity.



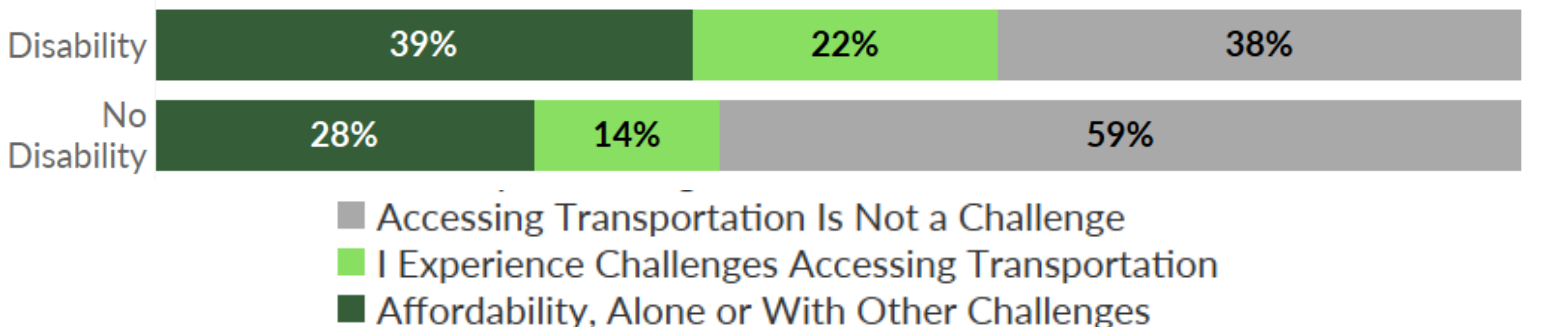
### Affordability and Transportation by Employment Status

Respondents were grouped based on the three categories explained above. The percentage of responses in each category based on employment status.



### Affordability and Transportation by Disability Status

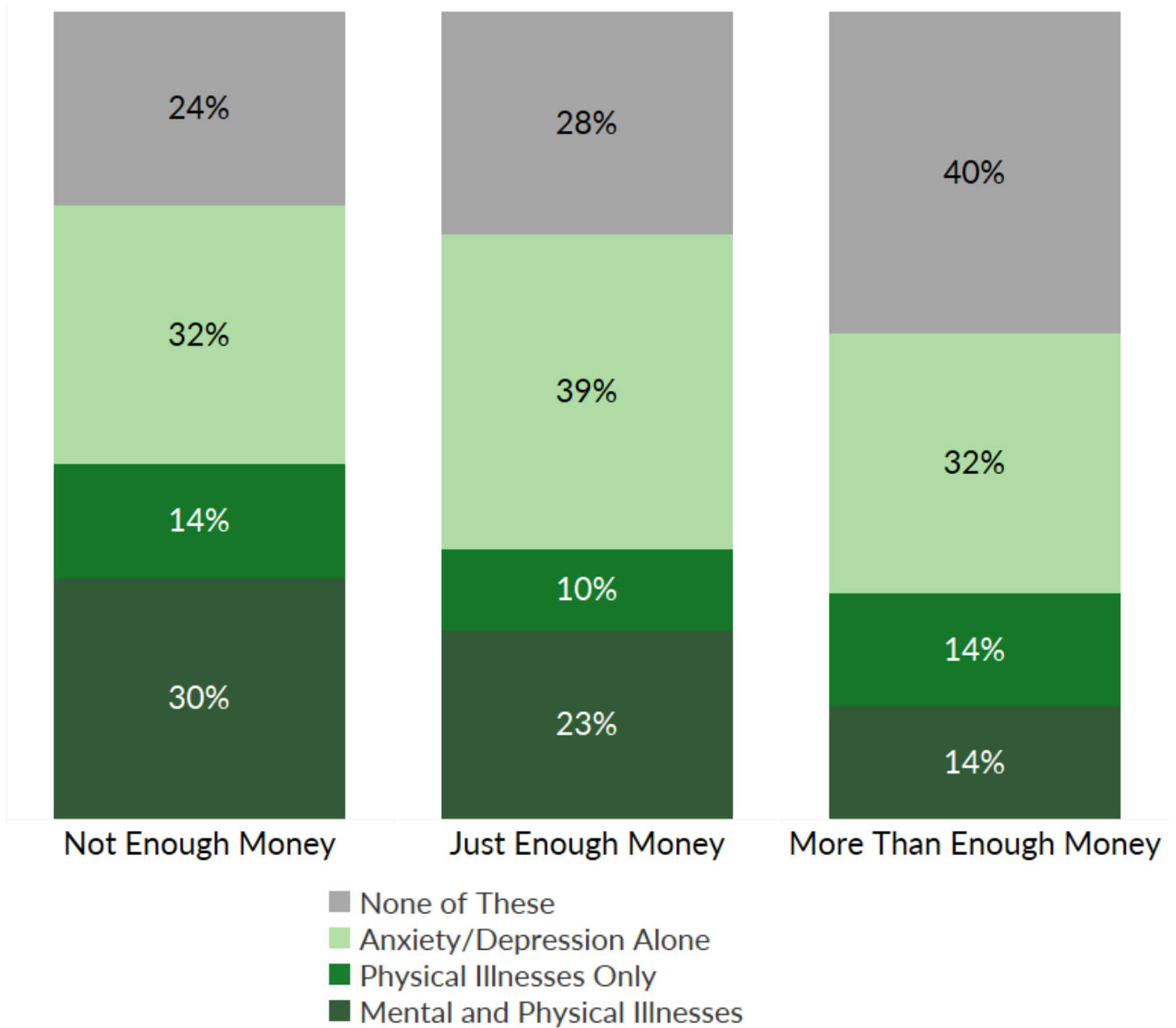
Respondents were grouped based on the three categories explained above. The percentage of responses in each category based on disability status.



## SDOH SUPPLEMENTAL FIGURES: ECONOMIC STABILITY

### Health Outcomes and Financial Situation

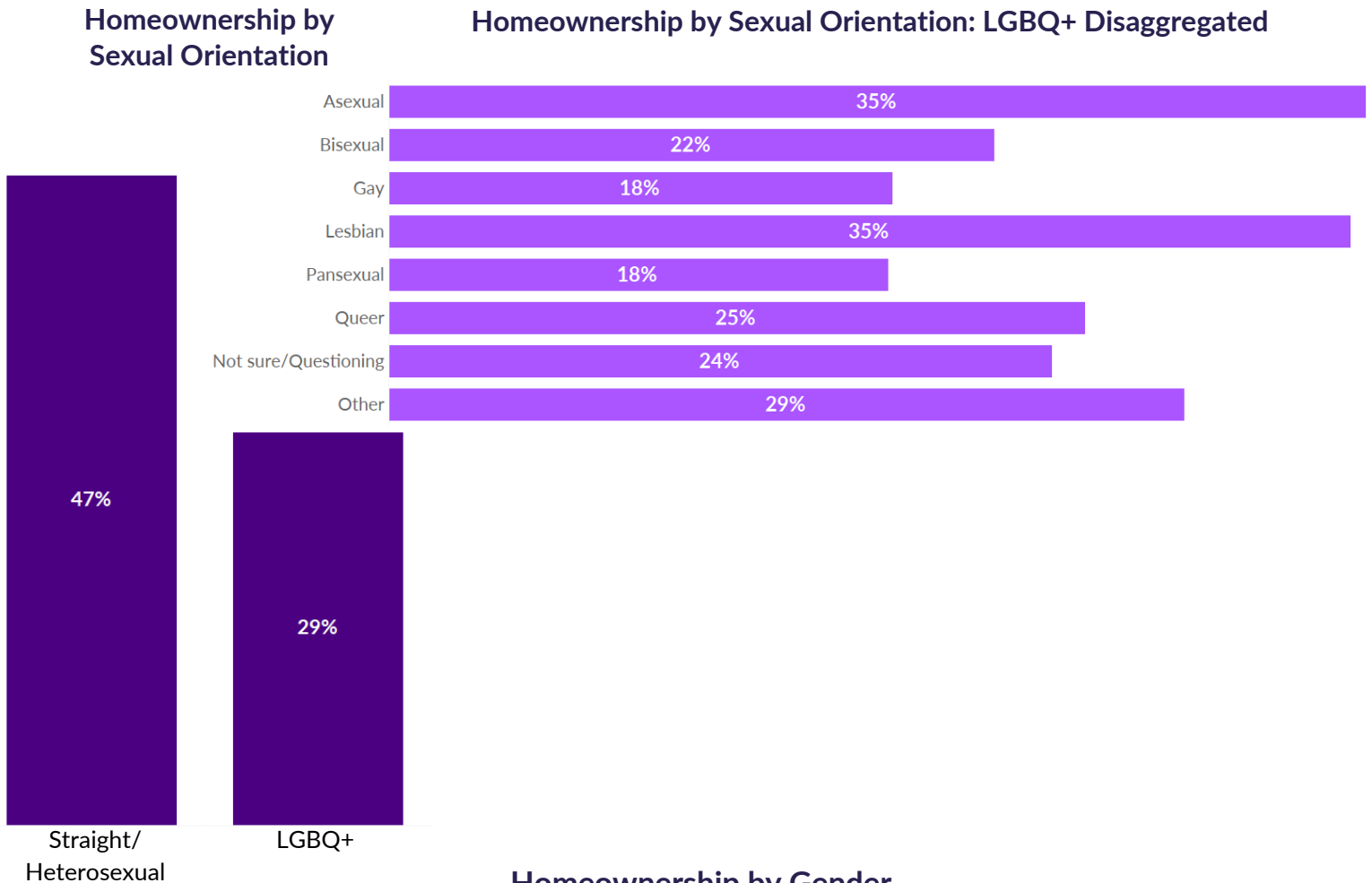
To determine respondents' health conditions, they were asked to select from a list of possible health conditions (See Appendix G, Question 34). Responses were grouped into those who stated they had *None of These* listed health conditions, selected *Anxiety/Depression Alone*, selected any of the *Physical Illnesses Only*, or selected a combination of *Mental and Physical Illnesses*. Below are the percentages of each response group based on financial situation.



# SDOH SUPPLEMENTAL FIGURES: NEIGHBORHOOD & BUILT ENVIRONMENT

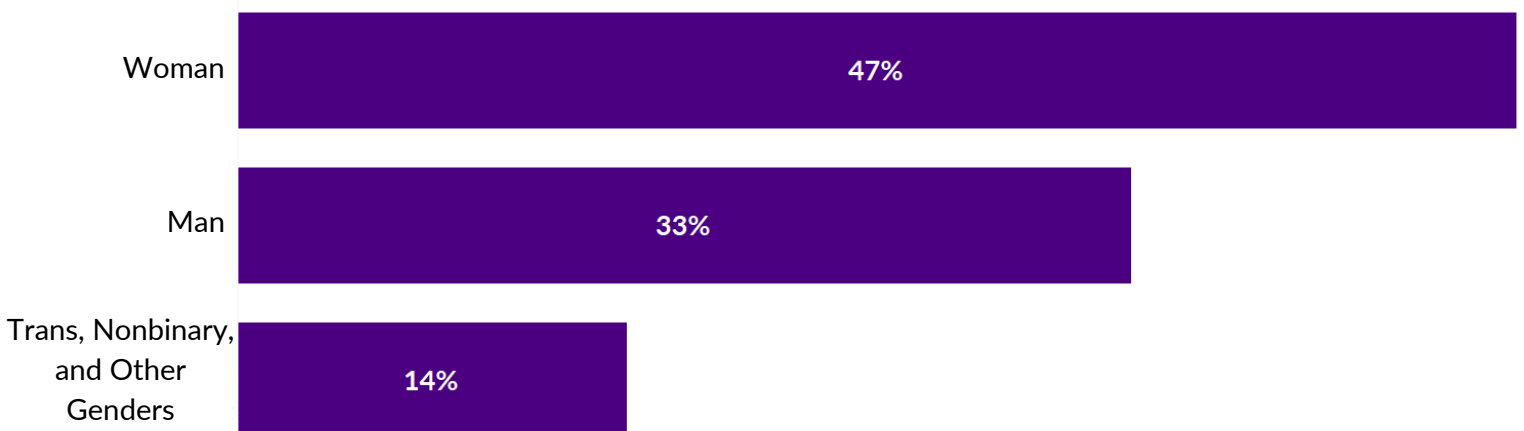
## Homeownership by Sexual Orientation

The image below displays the percentage of respondents who were *Homeowners* by sexual orientation. Respondents who identified as anything other than *Straight/Heterosexual* are grouped in the second vertical bar. The horizontal bars on the right disaggregates these respondents according to the sexual orientation they reported.



## Homeownership by Gender

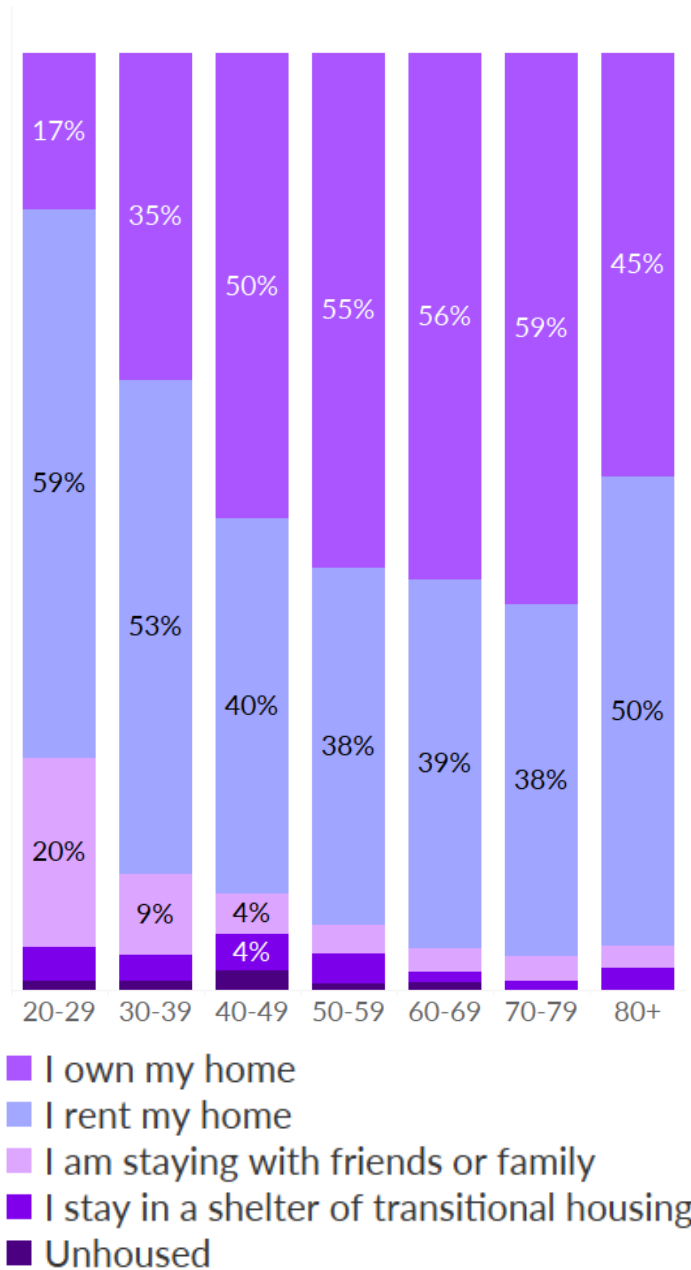
The image below displays the percentage of respondents who were homeowners by gender. Respondents who reported a gender other than *Man* or *Woman* are grouped as *Trans, Nonbinary, and Other Genders*.



# SDOH SUPPLEMENTAL FIGURES: NEIGHBORHOOD & BUILT ENVIRONMENT

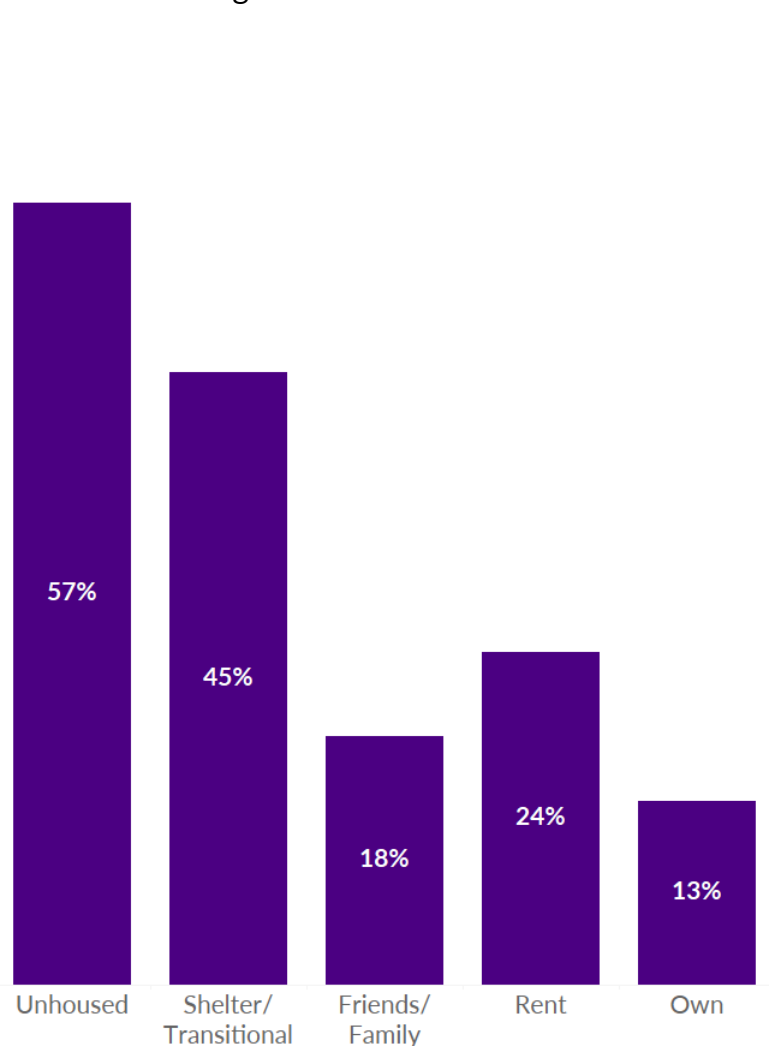
### Housing Situation by Age

The bars below display the percentage of each age group that reported each housing situation.



### Disability Status by Housing Situation

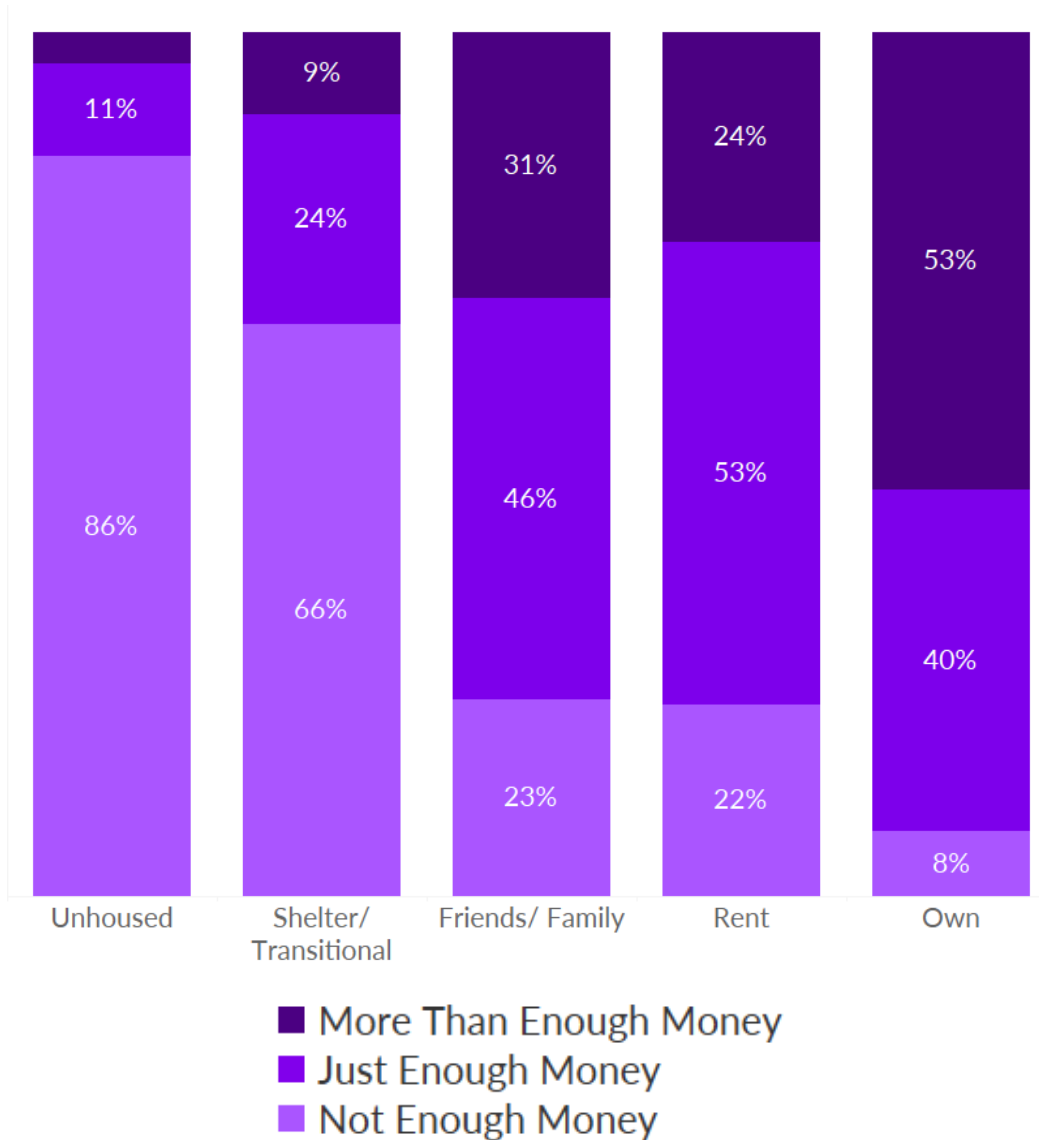
The bars below display the percentage of respondents *With a Disability* among respondents in each housing situation.



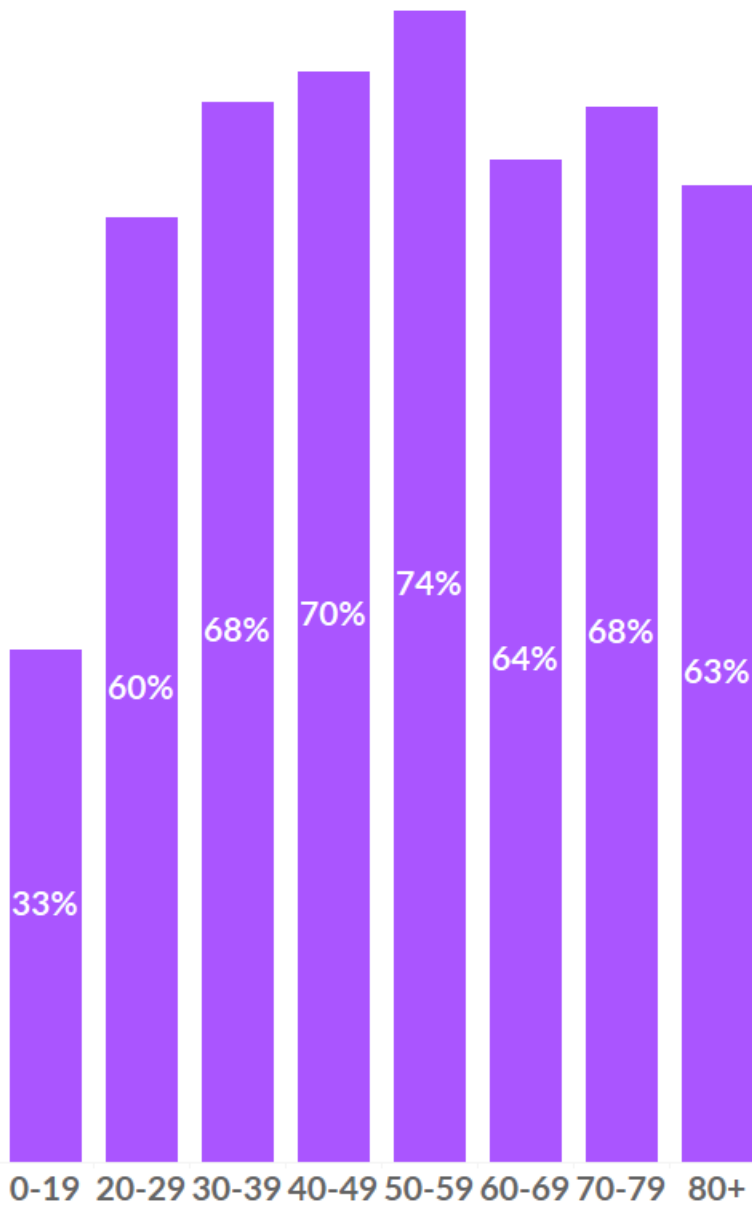
# SDOH SUPPLEMENTAL FIGURES: NEIGHBORHOOD & BUILT ENVIRONMENT

## Financial Situation by Housing Situation

The bars below display the percentage of respondents who reported that they have *Not Enough Money*, *Just Enough Money*, or *More Than Enough Money* to pay for day-to-day expenses within each housing situation.



# SDOH SUPPLEMENTAL FIGURES: NEIGHBORHOOD & BUILT ENVIRONMENT

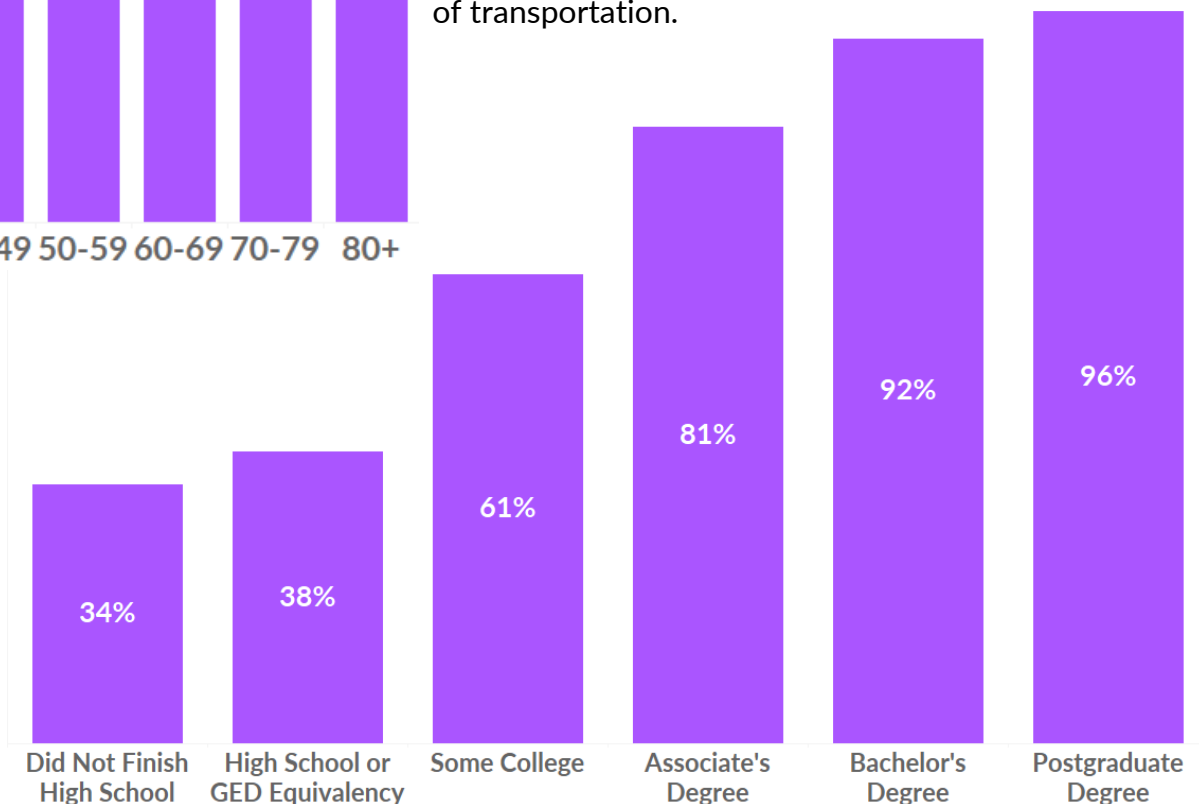


### Any Use of Personal Vehicle by Age

Each bar displays the percentage of the respondents in the given age group that reported *Any Use of a Personal Vehicle*, either as the only way they get around or along with some other means of transportation.

### Any Use of Personal Vehicle by Education Level

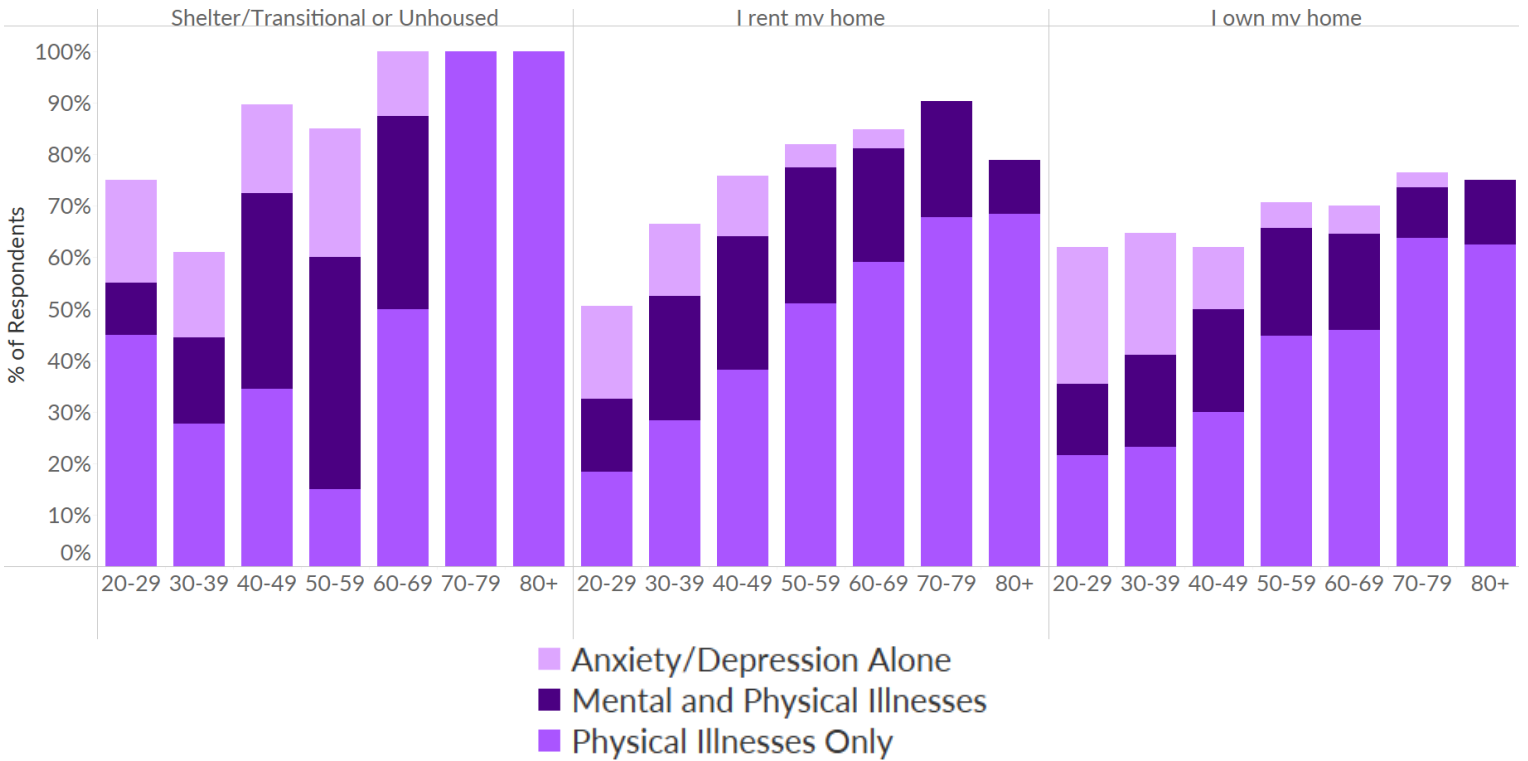
Each bar displays the percentage of respondents with the given education level that reported *Any Use of a Personal Vehicle*, either as the only way they get around or along with some other means of transportation.



# SDOH SUPPLEMENTAL FIGURES: NEIGHBORHOOD & BUILT ENVIRONMENT

## Reported Health Conditions by Age and Housing Situation

The bars below display the percentages of each age group within the given housing situation who reported *Anxiety/Depression Alone*, one or more of the *Physical Illnesses Only*, or a combination of the *Mental and Physical Illnesses* listed in Question 34 (Appendix G). The figure below does not include the response *I am staying with friends/family* and combines the responses *I stay in a shelter or transitional housing* with *I do not have housing* into *No Housing/Shelter*.

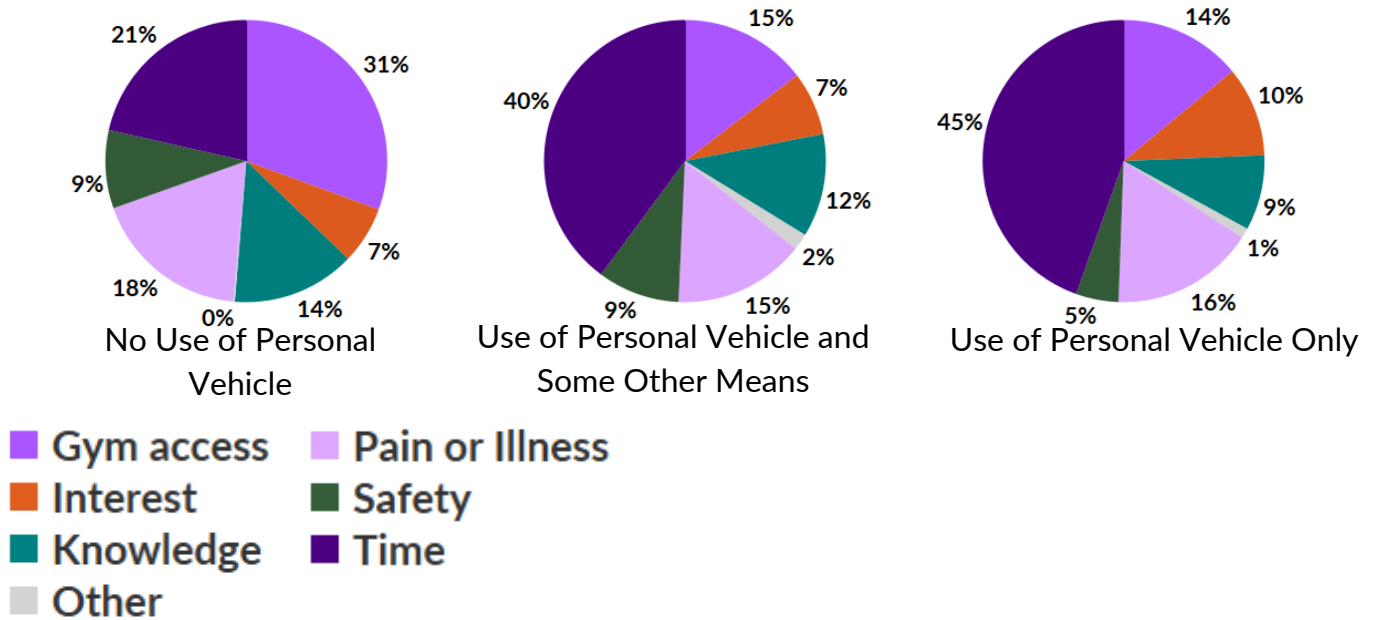




# SDOH SUPPLEMENTAL FIGURES: NEIGHBORHOOD & BUILT ENVIRONMENT

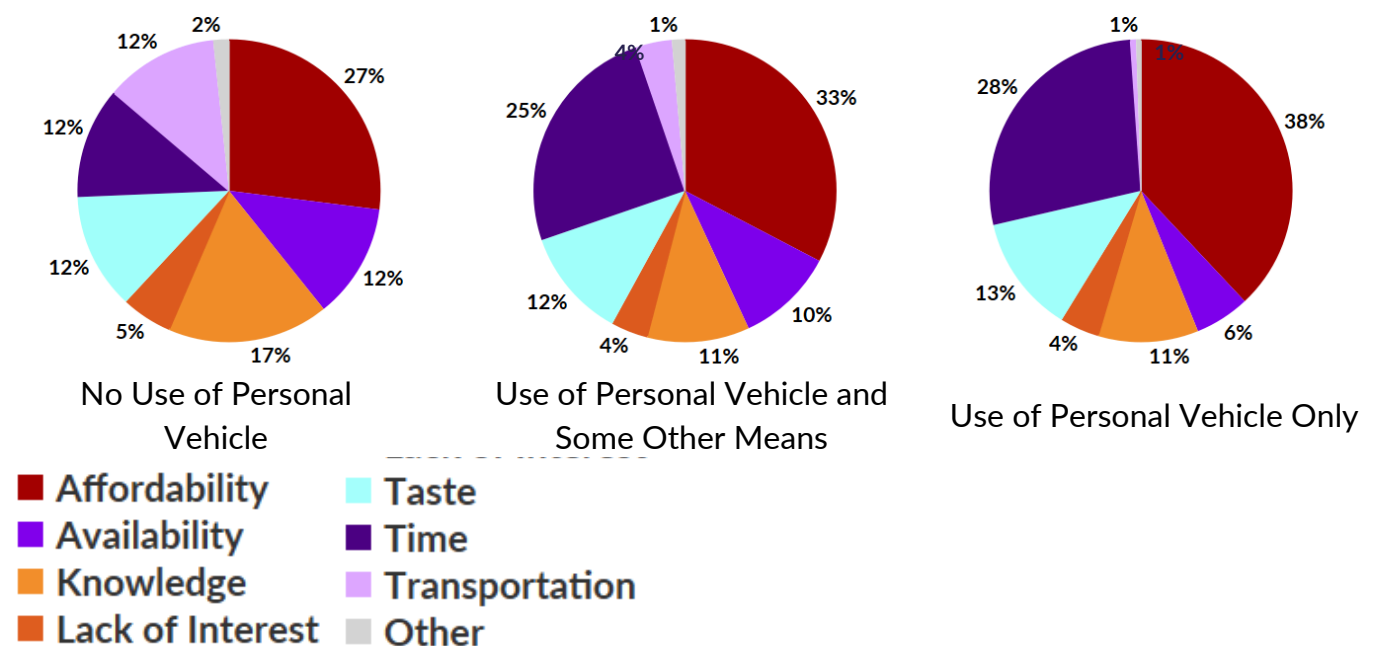
## Challenges to Exercise by Means of Transportation

The pie charts below display the proportions of challenges to exercise reported among respondents who reported *No Use of Personal Vehicle*, *Use of Personal Vehicle and Some Other Means* of transportation, or *Use of Personal Vehicle Only*.



## Challenges to Maintaining a Healthy Diet by Means of Transportation

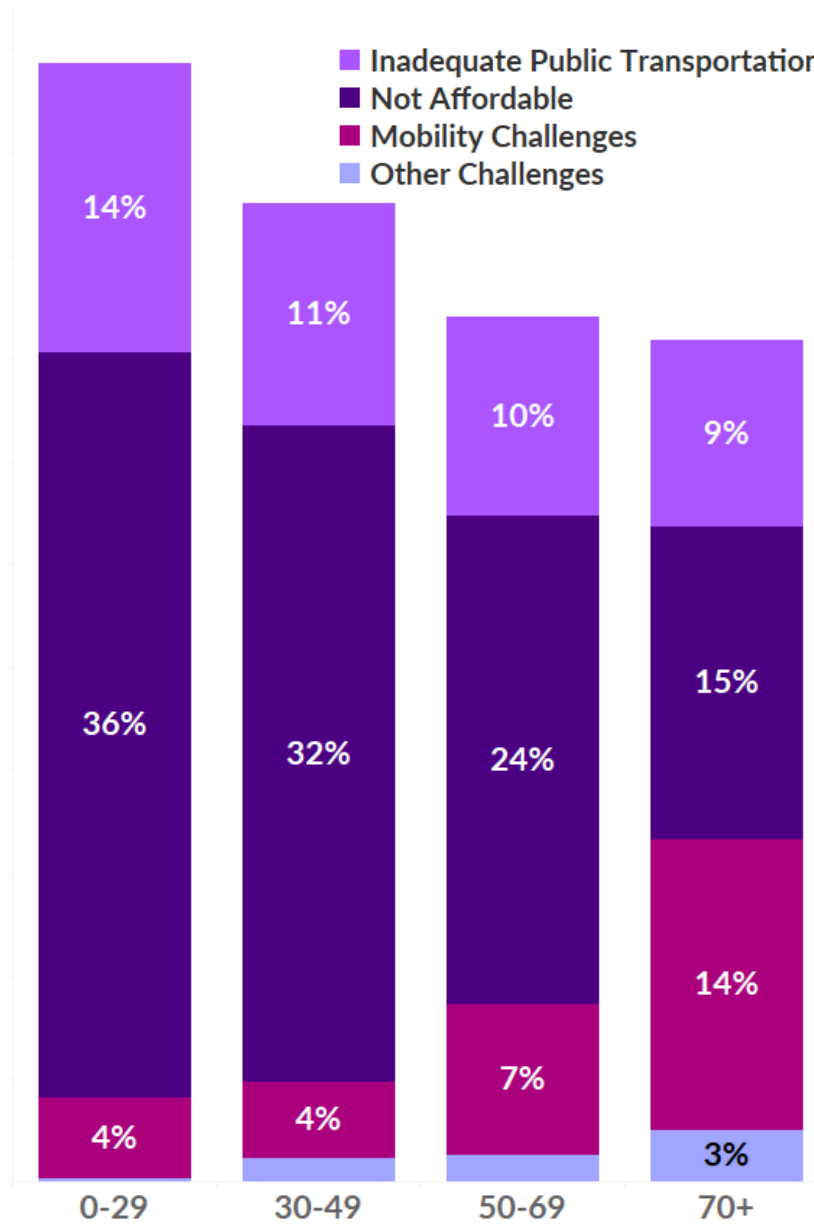
The pie charts below display the proportions of challenges to maintaining a healthy diet reported among respondents who reported *No Use of Personal Vehicle*, *Use of Personal Vehicle and Some Other Means* of transportation, or *Use of Personal Vehicle Only*.



## SDOH SUPPLEMENTAL FIGURES: NEIGHBORHOOD & BUILT ENVIRONMENT

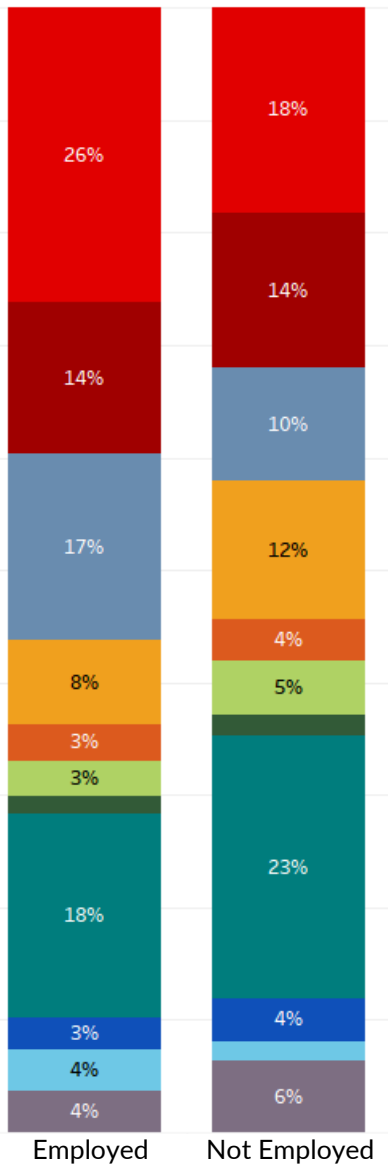
### Challenges to Accessing Transportation by Age

The percentages in the bars below represent the percentage of all of the responses reported per age group. The response option *Accessing transportation is not a challenge for me* is not included here. Respondents were able to select more than one challenge.



# SDOH SUPPLEMENTAL FIGURES: HEALTH CARE SYSTEM

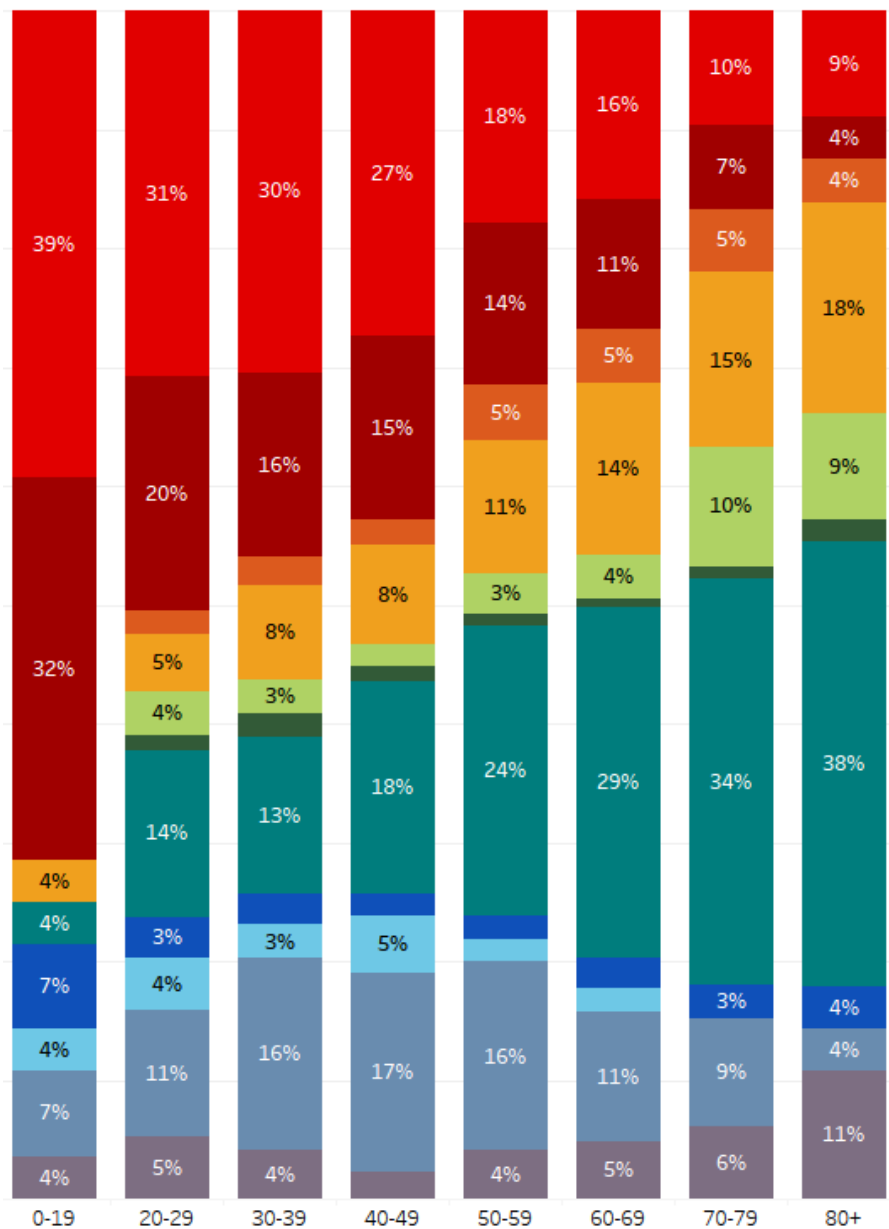
Health Conditions by Employment



Health Conditions

The charts below show the various responses to the question “Do you experience any of the following health conditions?” Respondents could indicate the conditions they experience, and these are broken out by a number of different factors. Respondents could select any number of responses to this question, so these ratios are percentages of responses, not respondents. These charts exclude *Do Not Wish to Say* and *None of These*.

Health Conditions by Age

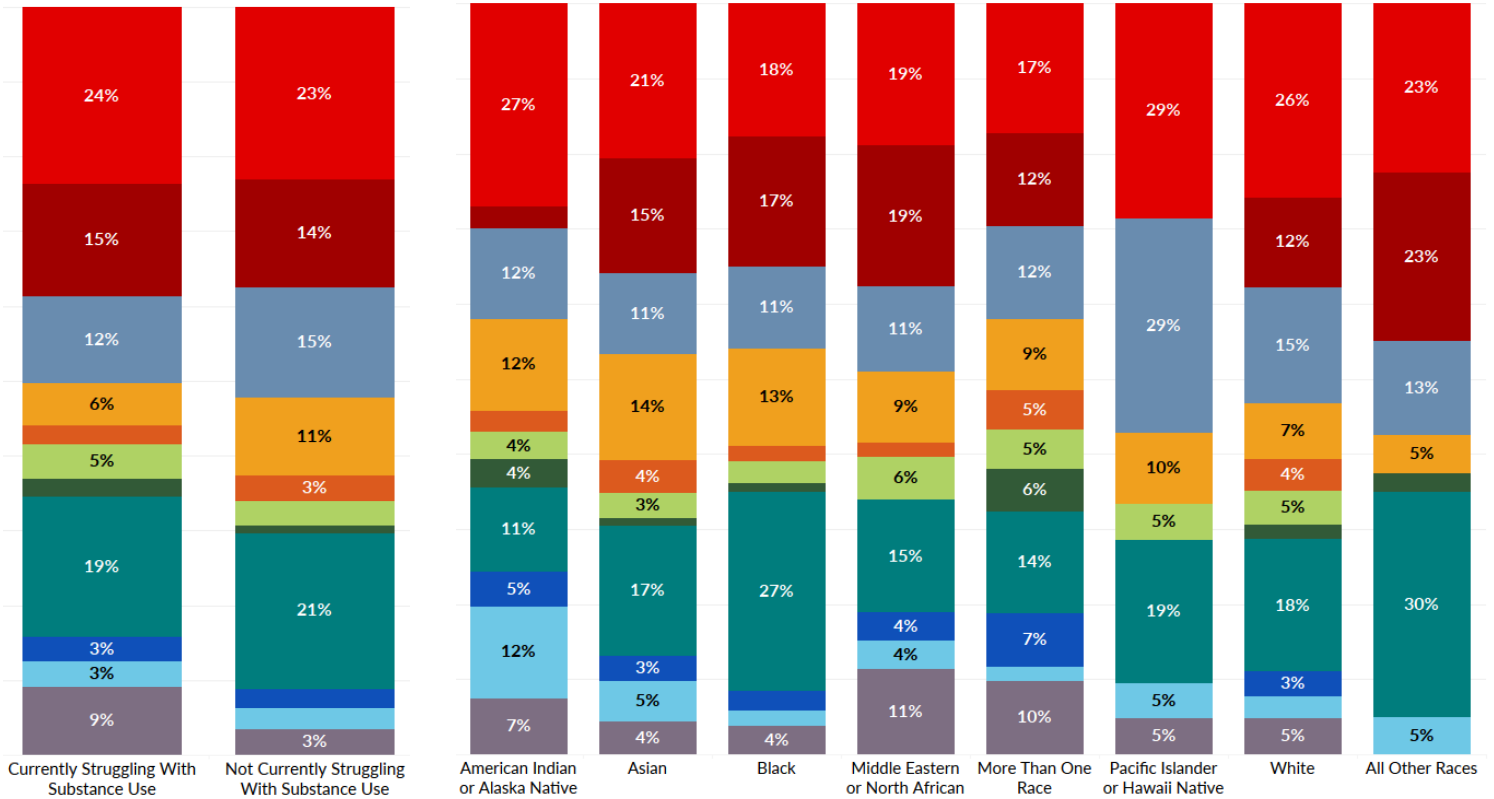


- Anxiety/Depression
- Asthma
- Obesity
- Diabetes
- Cancer (Any Type)
- Disease of the Heart
- Disease of the Liver
- High Blood Pressure
- Kidney Disease
- Long Term COVID-19
- Other Lower Respiratory Disease

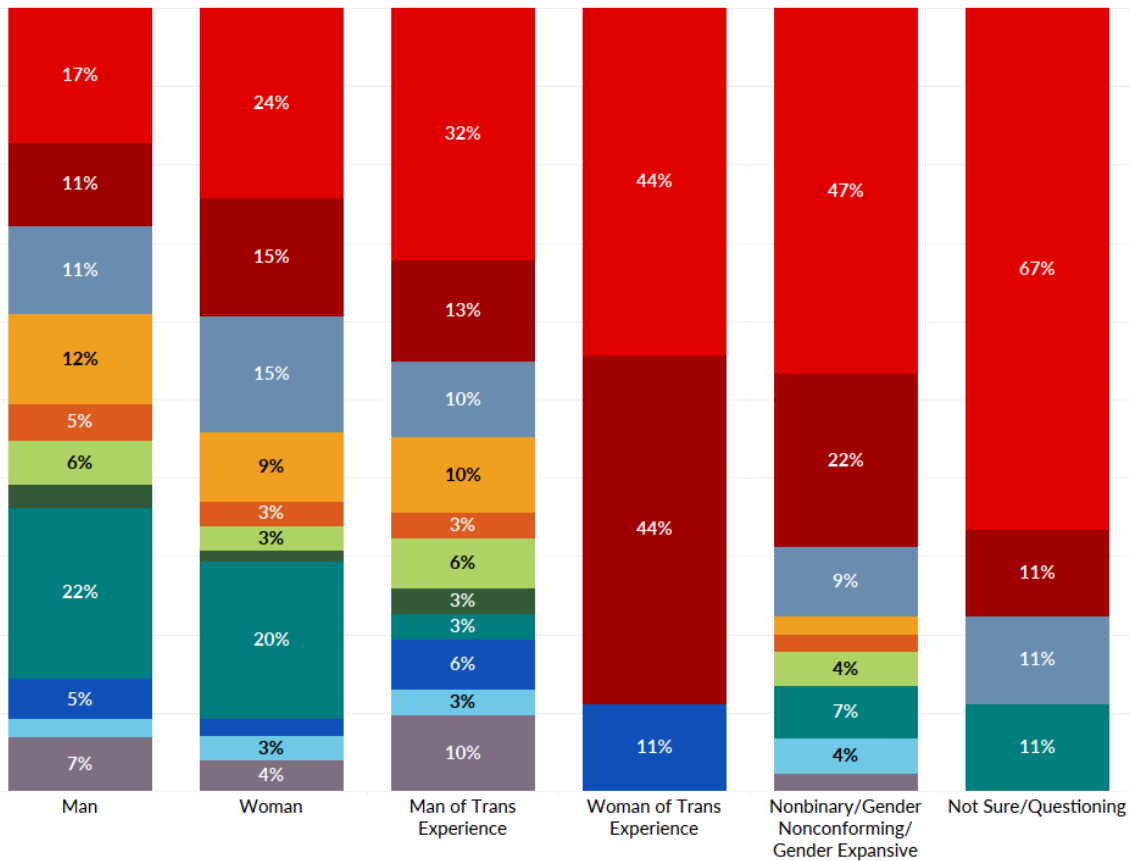
# SDOH SUPPLEMENTAL FIGURES: HEALTH CARE SYSTEM

Health Conditions by Substance Use

Health Conditions by Race

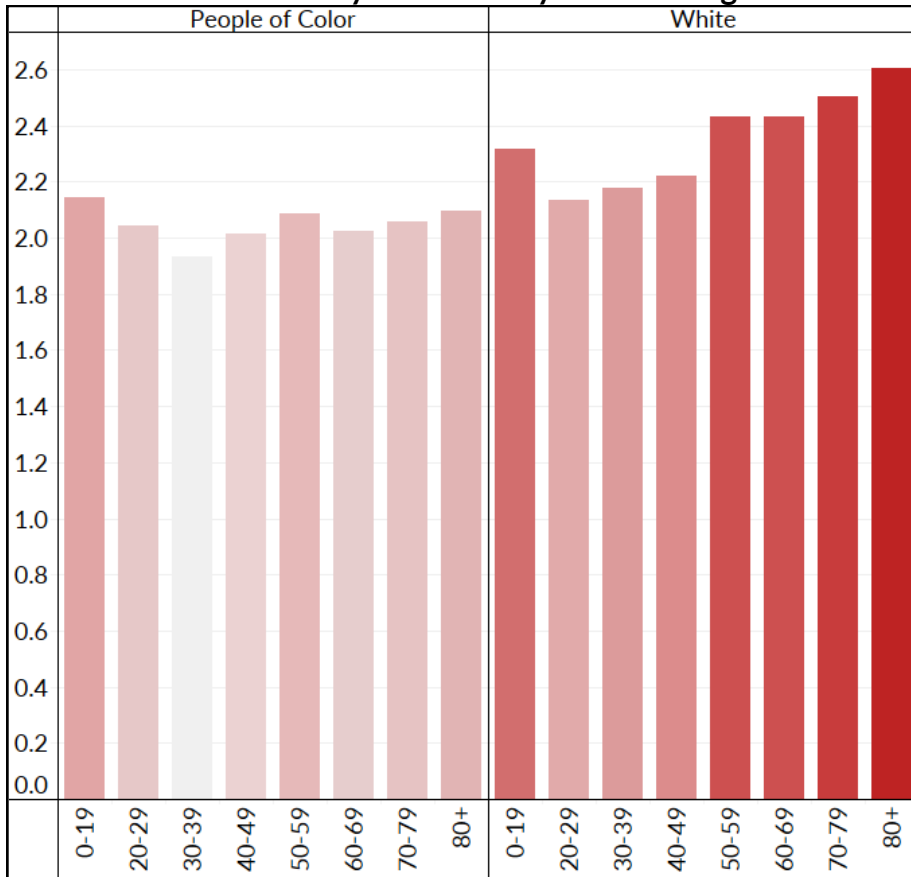


Health Conditions by Gender



# SDOH SUPPLEMENTAL FIGURES: HEALTH CARE SYSTEM

Treatment by Providers by Race and Age



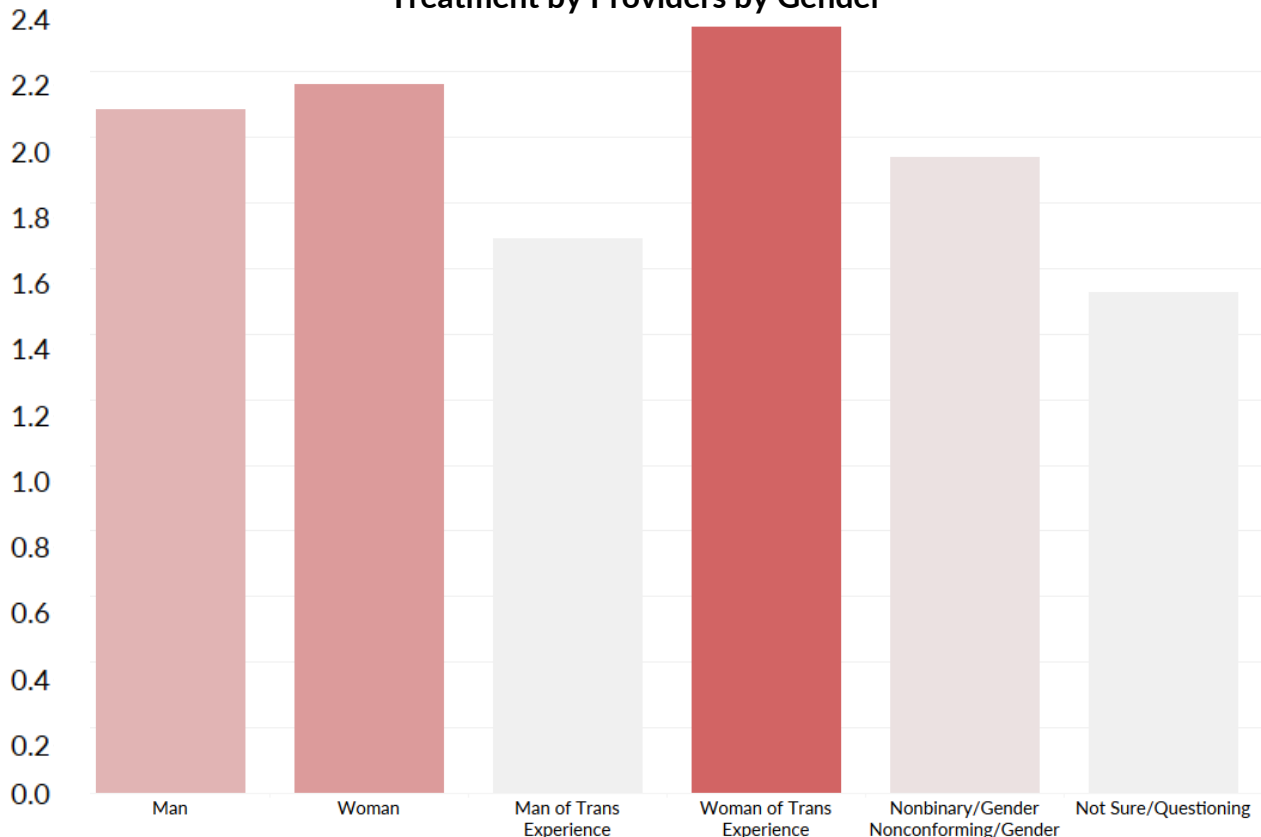
1.9 2.6

## Treatment by Providers

Respondents were asked to respond to several questions relating to their treatment by health care professionals on a 5-point Likert scale ranging from *Never* to *Always*. Questions explored how often they felt believed, understood by, and respected by providers, and whether they felt providers were competent in treating people like them. The answers to these questions were converted into a 0-4 scale for comparison. The following charts show specific demographic breakouts of the averages of these scores.

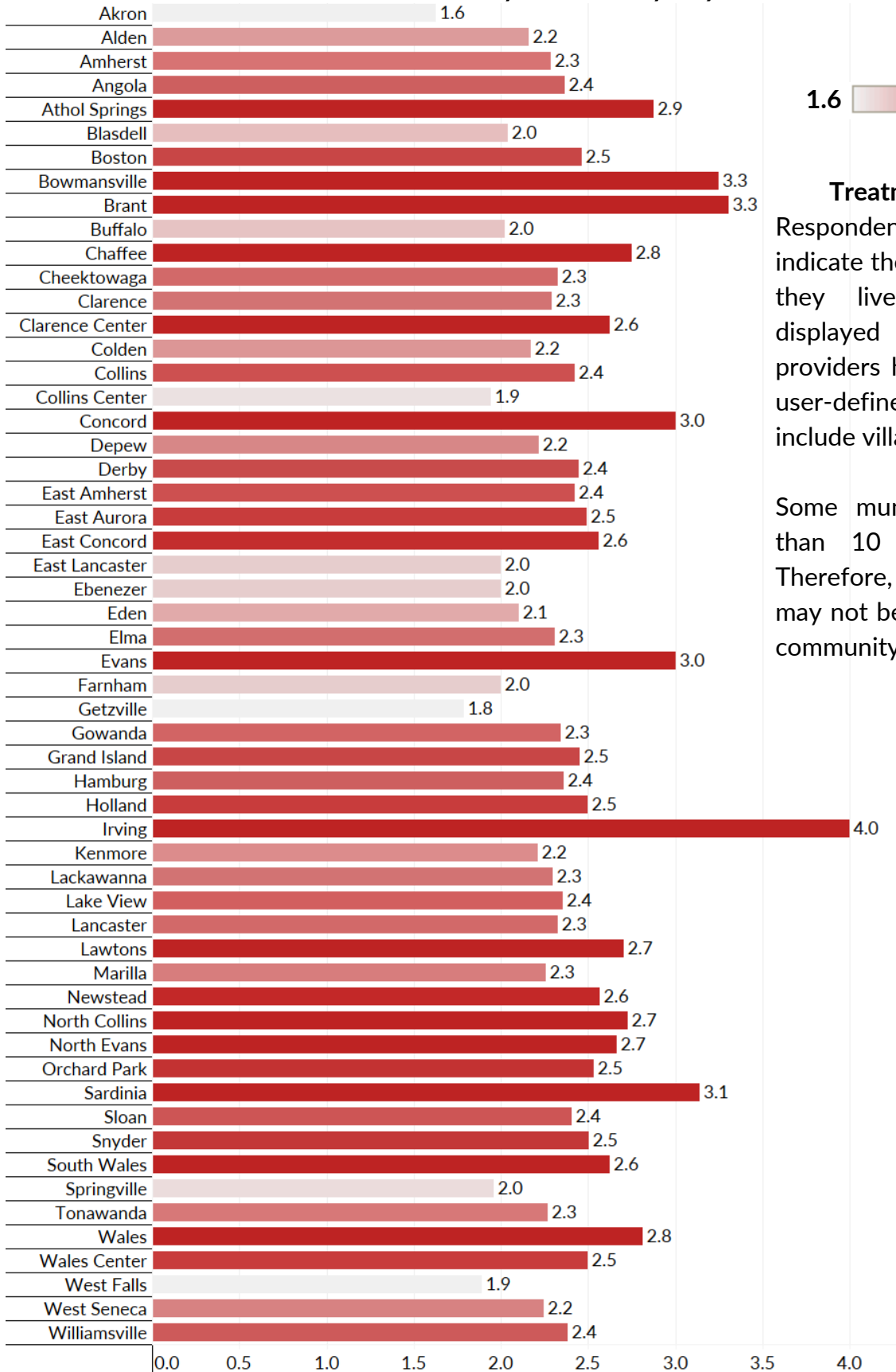
0 = Never    1 = Rarely  
 2 = Sometimes    3 = Often  
 4 = Always

Treatment by Providers by Gender



# SDOH SUPPLEMENTAL FIGURES: HEALTH CARE SYSTEM

Treatment by Providers by City/Town



## Treatment by Providers

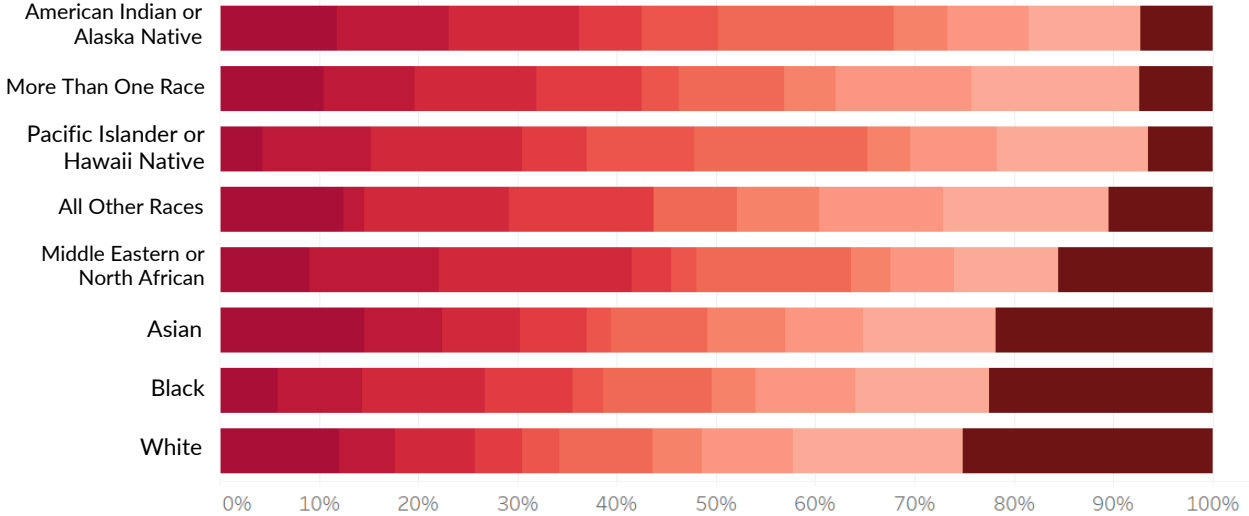
Respondents were able to indicate the municipality in which they lived, and those are displayed with treatment by providers here. City/town was a user-defined field and may include villages and hamlets.

Some municipalities had fewer than 10 survey respondents. Therefore, the responses here may not be representative of the community within these areas.

# SDOH SUPPLEMENTAL FIGURES: HEALTH CARE SYSTEM

## All Challenges to Accessing Health Care by Race

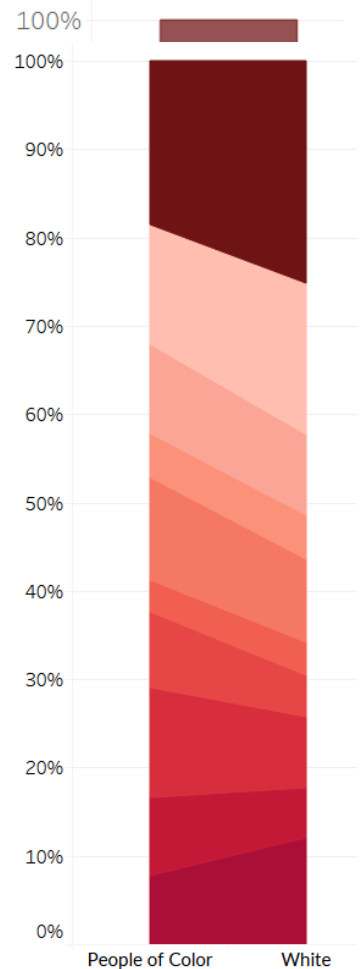
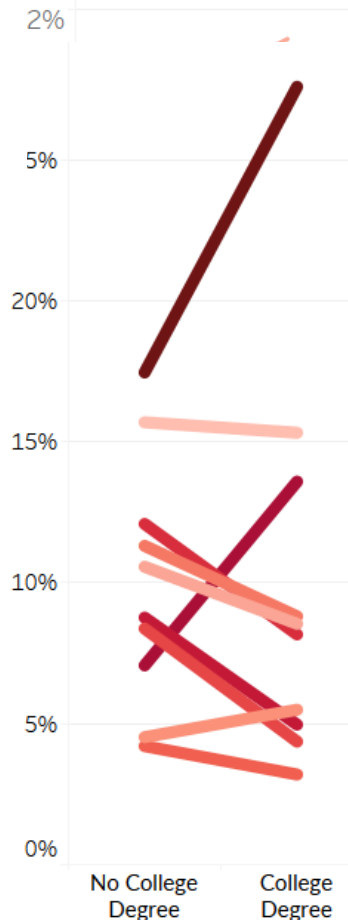
Below are charts detailing specific challenges to accessing health care. They have been plotted with various demographics. The darkest color represents *Access to care is not a challenge for me or my family*.



- Access to care is not a challenge for me or my family
- Cost of Care and Treatment
- Distrust of Medical Providers
- I Do Not Have Any or Enough Paid Time Off
- Lack of Adequate Health Insurance
- Lack of Childcare
- Lack of Convenient Transportation
- Lack of Medical Providers Near My Home
- Lack of Pharmacies Near my Home
- My Schedule Conflicts With Most Office Hours of Medical Providers

## Change in Challenges to Accessing Health Care by Education and Race

The two charts to the right show challenges to accessing health care by education and race. On the first chart, upward-sloping lines indicate that a greater percentage of the group on the right experienced that challenge. For example, the top-most line showing *No Challenges to Accessing Health Care* is much higher among those with a *College Degree*. In the second chart, the greater the area, the larger the percent of that group that experienced that challenge. For example, the shape of the bar representing the availability of medical providers shows that this challenge is more prevalent among People of Color than among White respondents.



# SDOH SUPPLEMENTAL FIGURES: HEALTH CARE SYSTEM

## Treatment by Providers Overall Breakdown

This chart displays the breakdown of all responses to the questions regarding treatment by providers and shows the correlation between these questions. Individuals who responded *Always* or *Often* to one question were much more likely to respond in the same manner on other questions. Similarly, those who responded they are treated by providers poorly on one question were much more likely to respond similarly on others.

The axes of this chart are as follows:

X-axis top: *I feel the providers are competent in treating people like me.*

X-axis bottom: *The providers speak to me in a way I understand.*

Y-axis top: *The providers respect me.*

Y-axis bottom: *The providers believe me.*

		Always					Often					Sometimes					Rarely					Never				
		Always	Often	Sometimes	Rarely	Never	Always	Often	Sometimes	Rarely	Never	Always	Often	Sometimes	Rarely	Never	Always	Often	Sometimes	Rarely	Never	Always	Often	Sometimes	Rarely	Never
Always	Always	698	29	7			40	31	4			10		6			1		1		2	1				2
	Often	30	9	2	1		15	22	2		1	4	5	2					1	1						
	Sometimes	8	1	3			4	2	1			4	5	4		1			1	1			1			
	Rarely																				1					
	Never	1												1									1			1
Often	Always	56	15	4			36	40	4	1		5	4	3			1	1	1							
	Often	43	22	2	1		59	425	21	1		12	32	16	2		2	1		1		1	1	1		
	Sometimes	6	2	1			6	36	9			6	15	24	3		3	1	4	1			1			2
	Rarely								2					2				1		1				1		
	Never																		1		1					1
Sometimes	Always	10		3				4				2	4	6									1			1
	Often	6	3	2	1		10	35	10			7	26	15		1	2	1	1	1		1		2	1	
	Sometimes	8	2		1		7	40	20	2		15	61	269	8	1	3	11	20	6		1	2	2	2	
	Rarely	1					1	1	2	1		1	5	9	4		5	2	11	5			1	1	1	
	Never	1												1			1			1		1				
Rarely	Always	1	1		1			1				1														
	Often			1				4					3	2	1		2	1						1		
	Sometimes				1	1	1	2		1		4	3	10	4			1	2	3	1					2
	Rarely		1				1	2	4	1			5	12	4	1		3	12	31	4	1	1	1	3	
	Never									1		1		2					1	2			1	1	1	2
Never	Always	3																								1
	Often								1										1							
	Sometimes	1							1				1			1					1		1			
	Rarely											1	3	1						3				1	1	
	Never					1	1	1				1	2				1		1	1	2	2		1	1	40

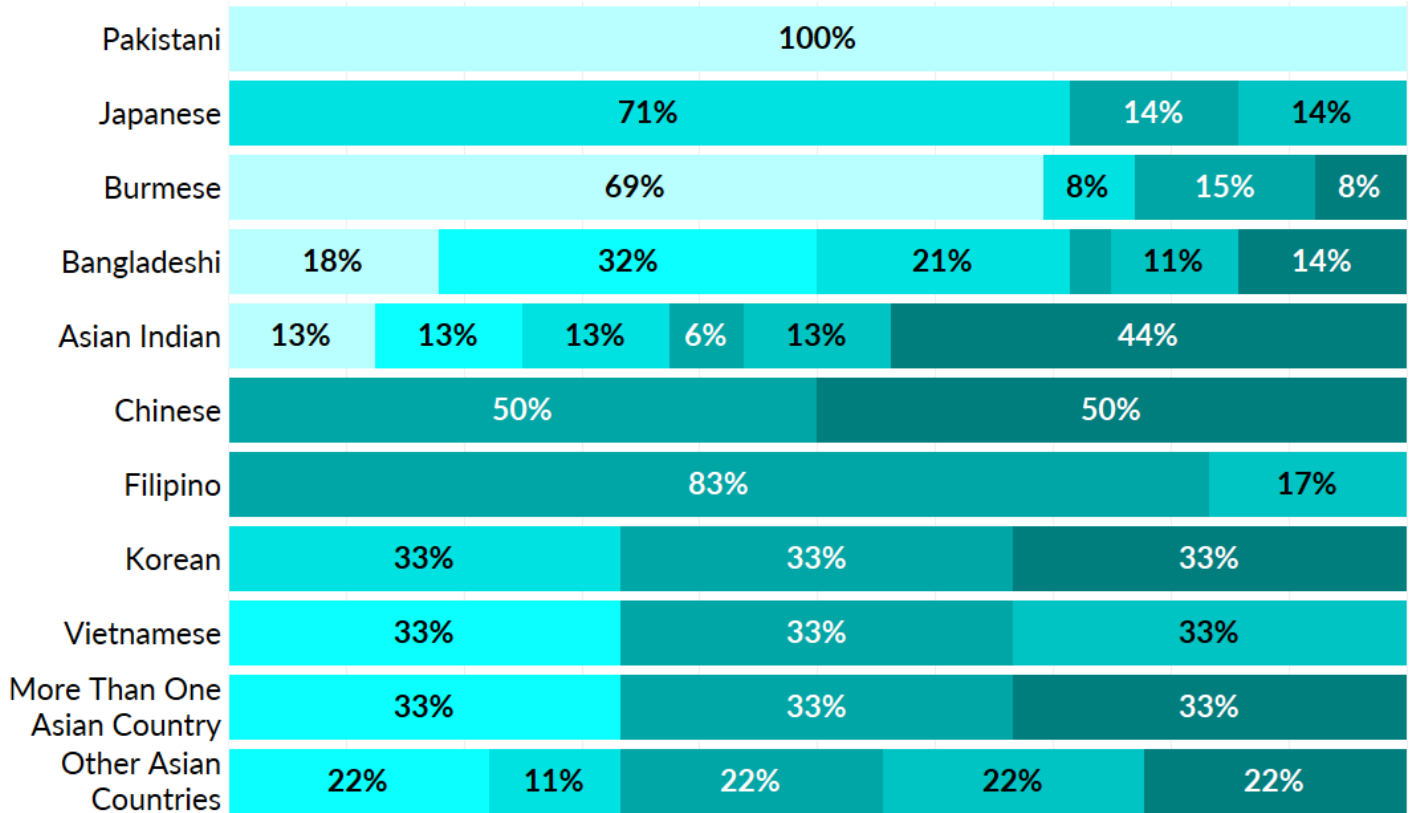


## SDOH SUPPLEMENTAL FIGURES: EDUCATION

### Educational Levels by Asian Place of Origin

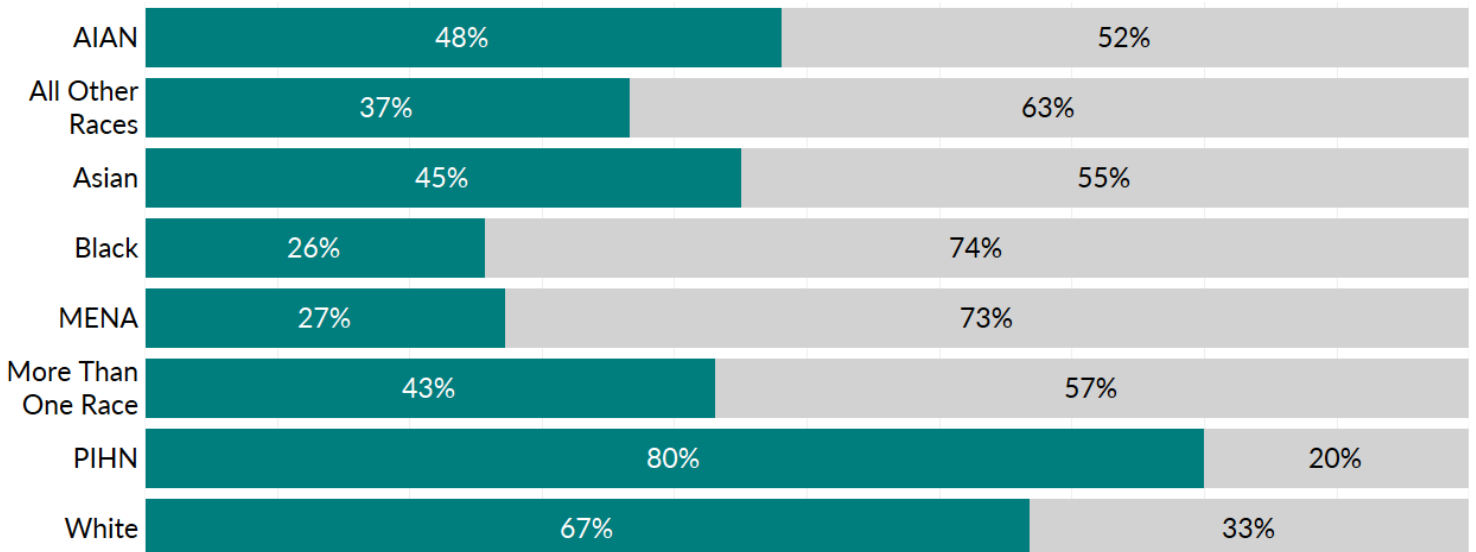
The percentage of respondents that selected Asian as their race and then provided additional information, organized by education level.

- Postgraduate Degree
- Associate's Degree
- Bachelor's Degree
- Some College
- High School or GED Equivalency
- Did Not Finish High School



### Percentage of Employed Respondents With and Without a College Degree by Race

- No College Degree
- College Degree

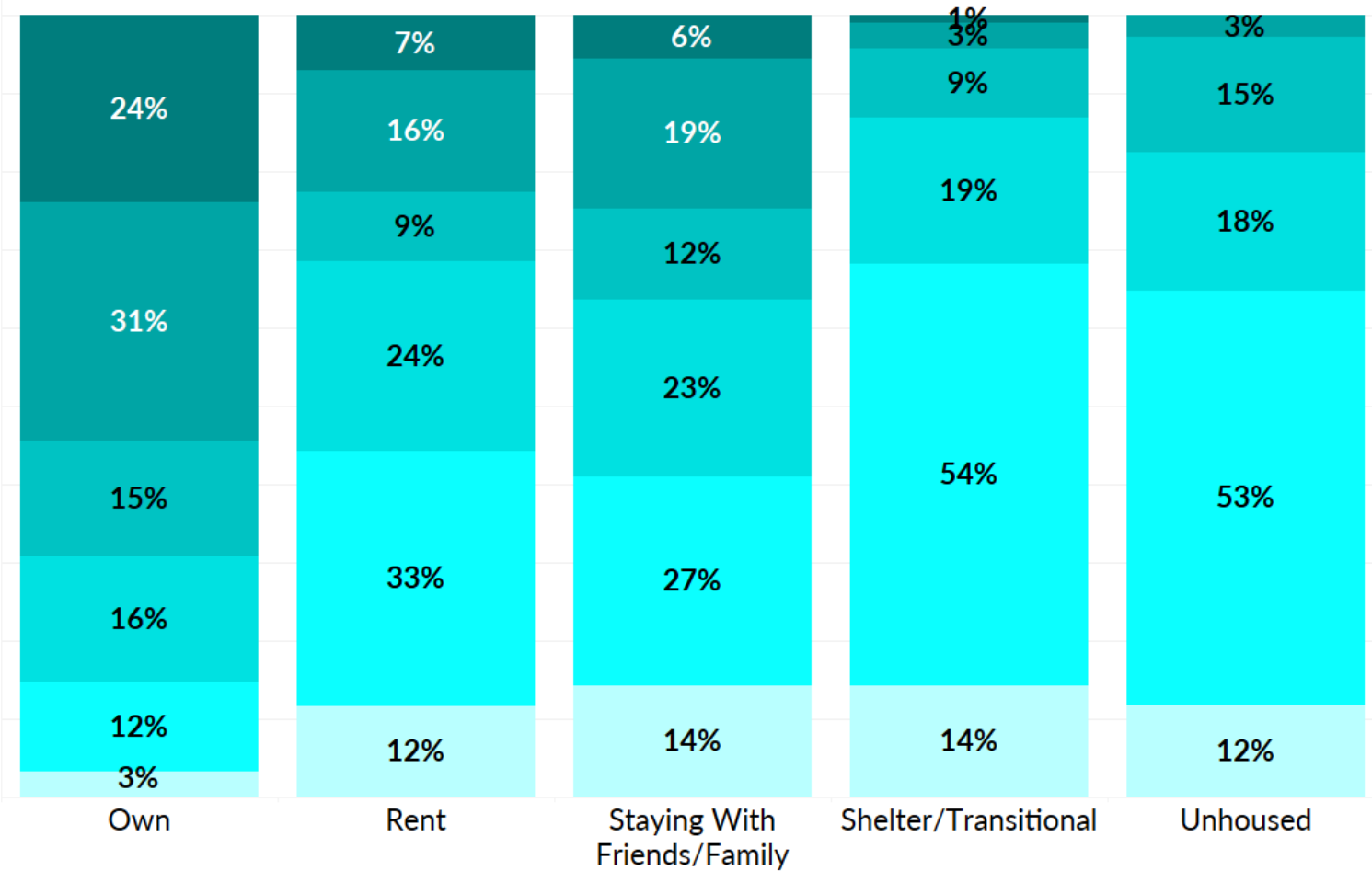


## SDOH SUPPLEMENTAL FIGURES: EDUCATION

### Housing Situation and Educational Level

The survey asked “Which describes your housing situation?” (see Appendix G, Question 20). Below is the percentage of respondents housing situation at each education level.

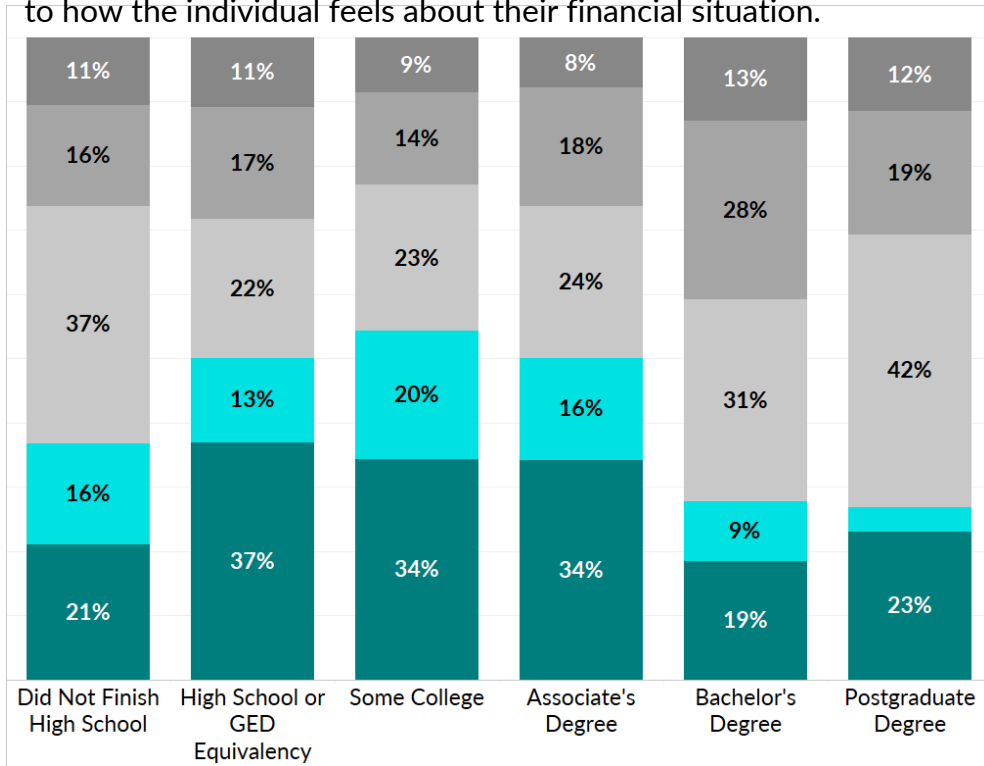
- Postgraduate Degree
- Associate's Degree
- Bachelor's Degree
- Some College
- High School or GED Equivalency
- Did Not Finish High School



## SDOH SUPPLEMENTAL FIGURES: EDUCATION

### Financial Hopes by Educational Level, Hispanic/Latino

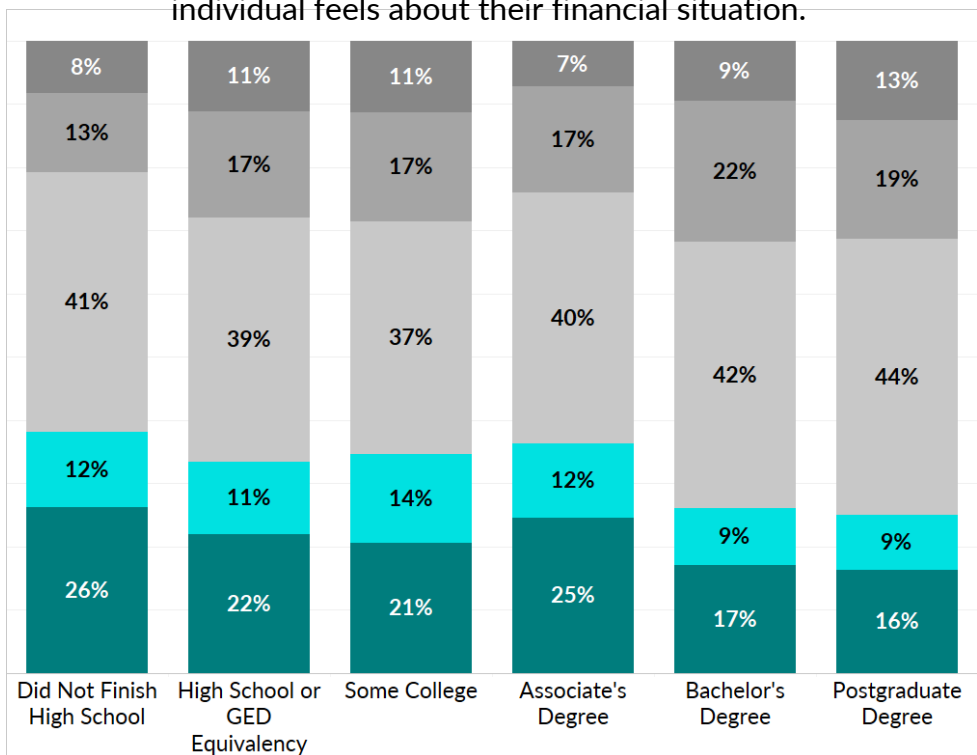
The percentage of responses for each of the five options among Hispanic/Latino respondents. All options to the right are in relation to how the individual feels about their financial situation.



- Comfortable
- I am aware of resources
- I have a plan
- I don't have resources
- I don't know how

### Financial Hopes by Educational Level for People of Color

The percentage of responses for each of the five options among People of Color. All options to the right are in relation to how the individual feels about their financial situation.



- Comfortable
- I am aware of resources
- I have a plan
- I don't have resources
- I don't know how

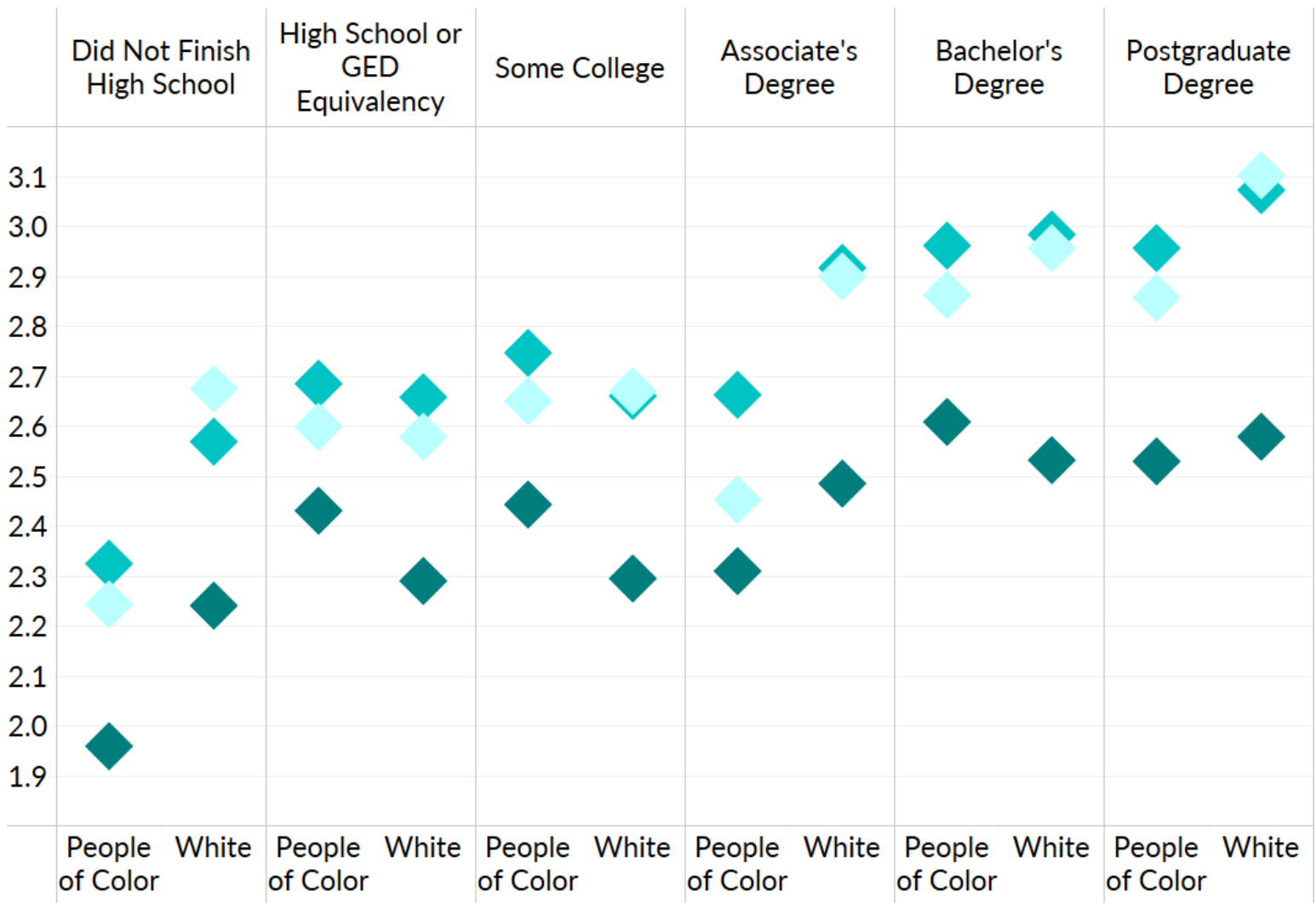
## SDOH SUPPLEMENTAL FIGURES: EDUCATION

### Average Social Supports by Educational Level and Race

All respondents who selected a race(s) other than White are grouped into People of Color. Perceived available support from friends and family was rated on a scale from *Never* to *Always*, to which we assigned values of 0-4. The shapes on the social support charts represent averages of these values for each type of support, comparing respondents at each educational level. The numerical values represent the following:

0 = *Never*    1 = *Rarely*    2 = *Sometimes*    3 = *Often*    4 = *Always*

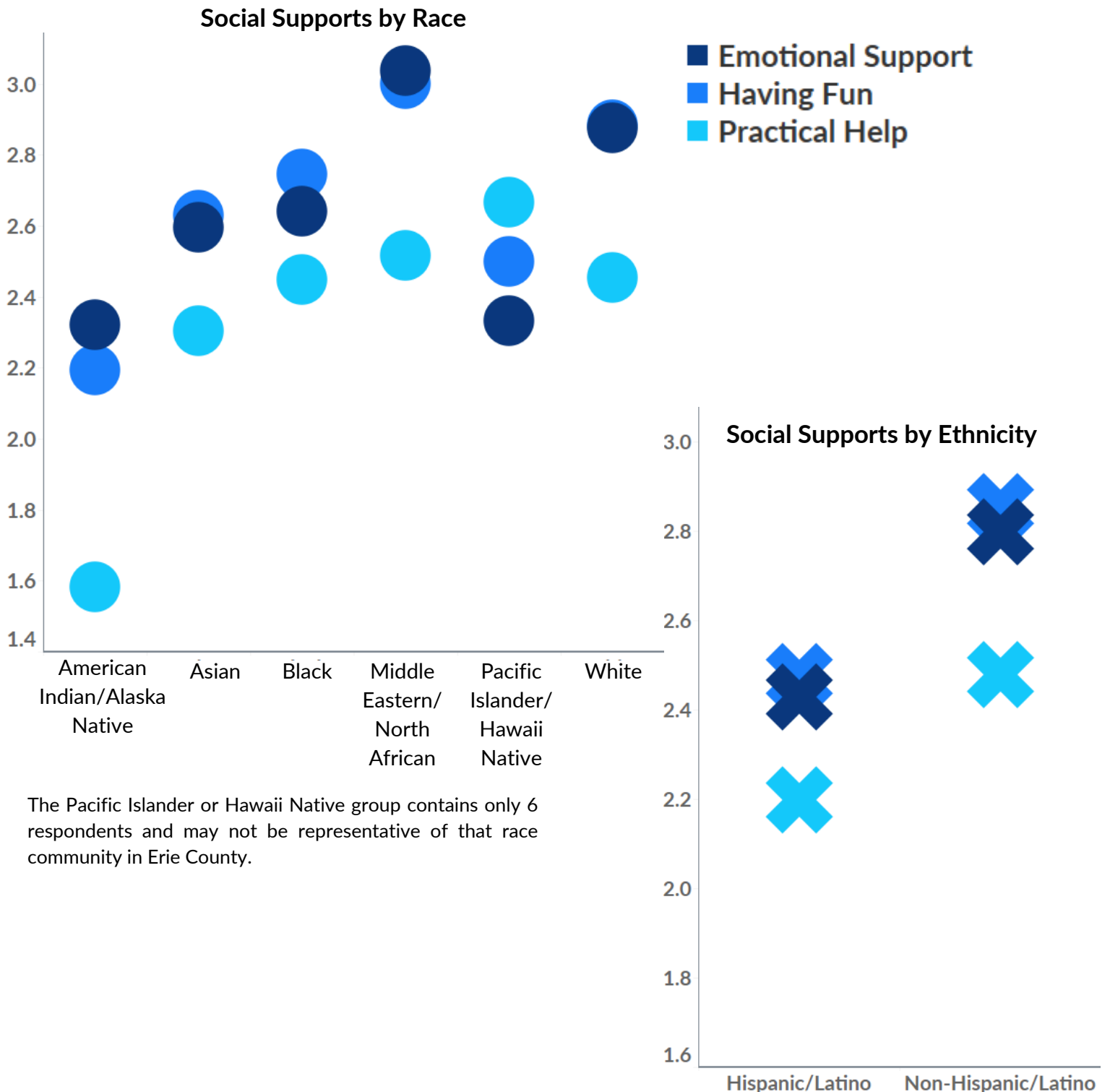
◆ Emotional Support  
◆ Having Fun  
◆ Practical Help



## SDOH SUPPLEMENTAL FIGURES: SOCIAL & COMMUNITY CONTEXT

We asked respondents how often they could rely on friends or family for *Emotional Support*, *Having Fun*, and *Practical Help*. They responded on a scale from *Never* to *Always*, to which we assigned values of 0-4. The shapes on the social support charts represent averages of these values for each type of support.

0 = Never    1 = Rarely    2 = Sometimes    3 = Often    4 = Always

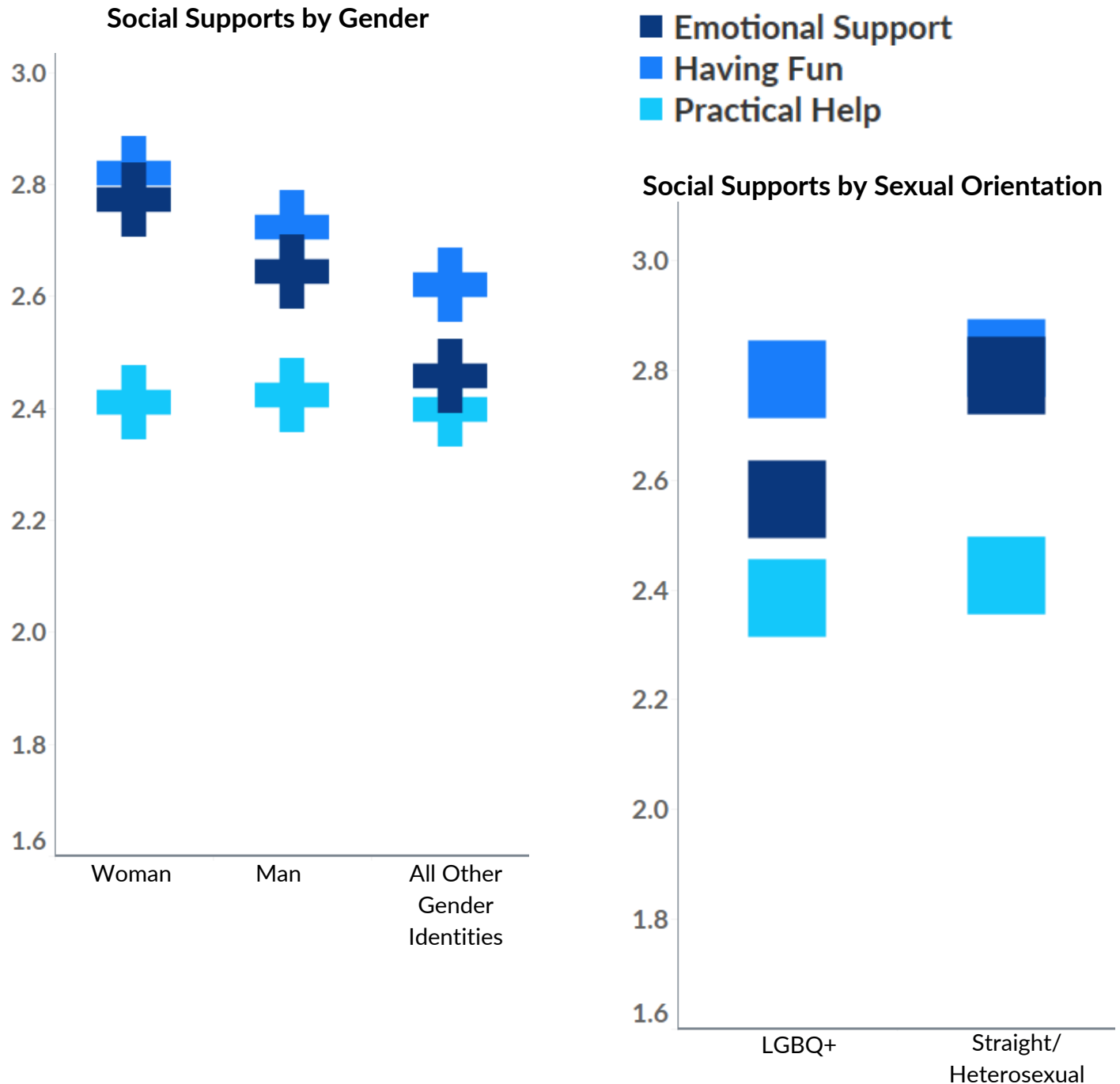


The Pacific Islander or Hawaii Native group contains only 6 respondents and may not be representative of that race community in Erie County.

## SDOH SUPPLEMENTAL FIGURES: SOCIAL & COMMUNITY CONTEXT

We asked respondents how often they could rely on friends or family for *Emotional Support*, *Having Fun*, and *Practical Help*. They responded on a scale from *Never* to *Always*, to which we assigned values of 0-4. The shapes on the social support charts represent averages of these values for each type of support.

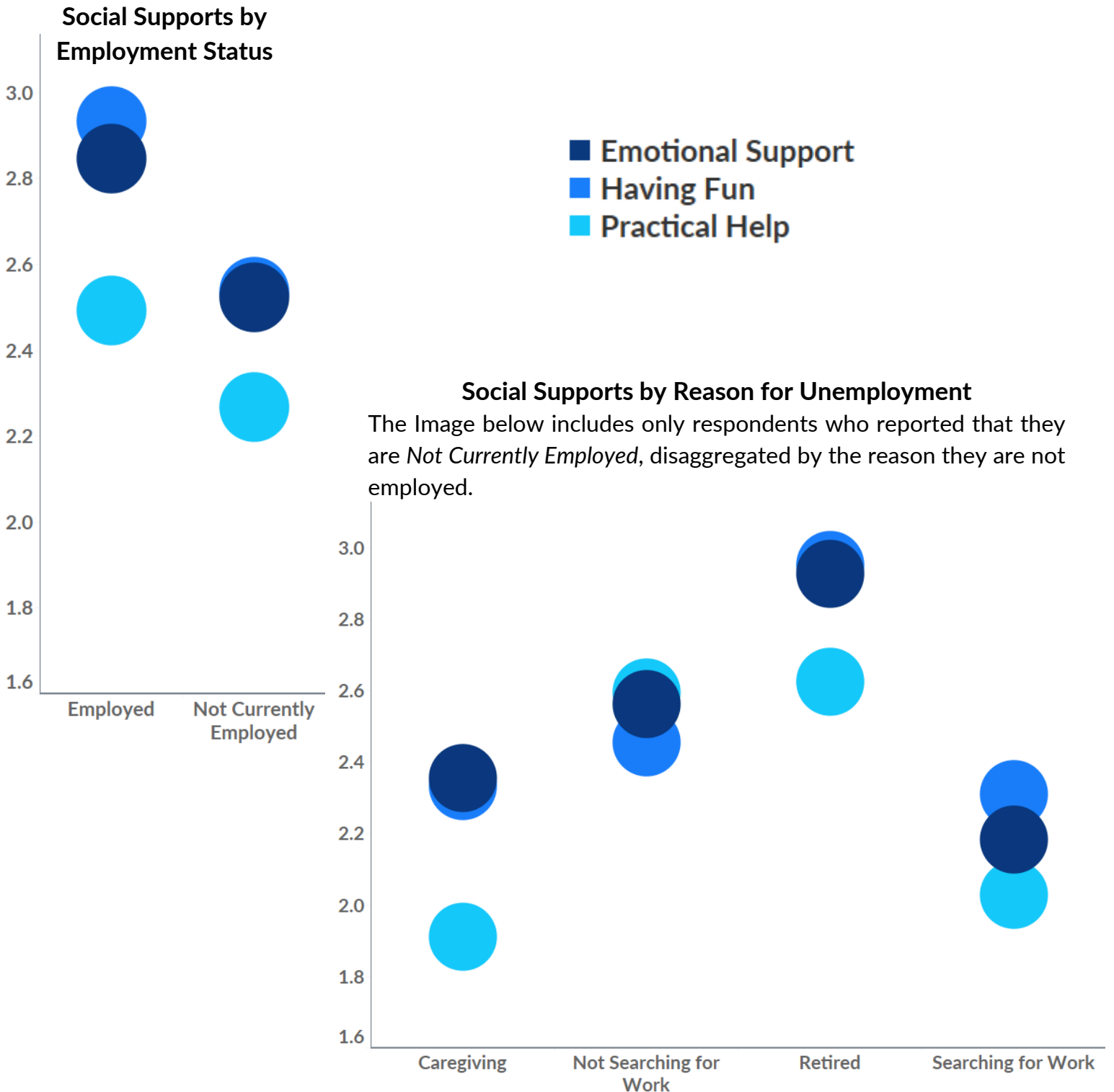
0 = Never    1 = Rarely    2 = Sometimes    3 = Often    4 = Always



## SDOH SUPPLEMENTAL FIGURES: SOCIAL & COMMUNITY CONTEXT

We asked respondents how often they could rely on friends or family for *Emotional Support*, *Having Fun*, and *Practical Help*. They responded on a scale from *Never* to *Always*, to which we assigned values of 0-4. The shapes on the social support charts represent averages of these values for each type of support.

0 = Never    1 = Rarely    2 = Sometimes    3 = Often    4 = Always

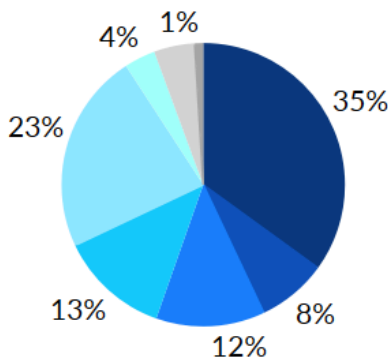


## SDOH SUPPLEMENTAL FIGURES: SOCIAL & COMMUNITY CONTEXT

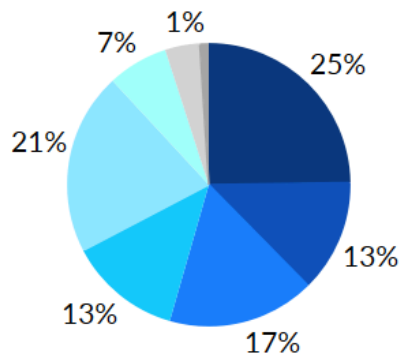
### Challenges to Maintaining a Healthy Diet by Place of Birth

The pie charts below display the proportion of challenges to maintaining a healthy diet reported by place of birth. The response option *I feel my diet is mostly healthy* is excluded.

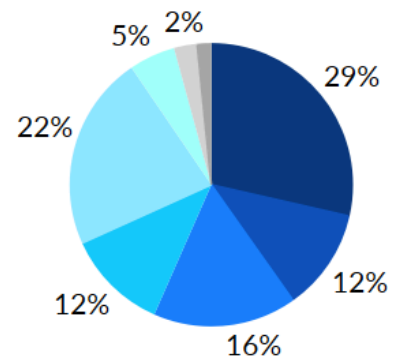
- Affordability
- Availability
- Knowledge
- Taste
- Time
- Transportation
- Lack of Interest
- Other



United States



U.S. Territories

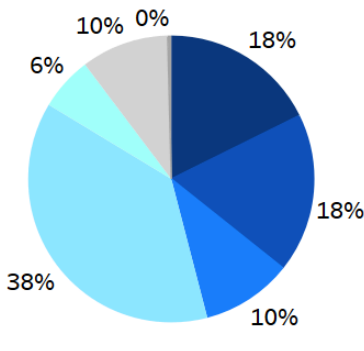


Outside U.S.

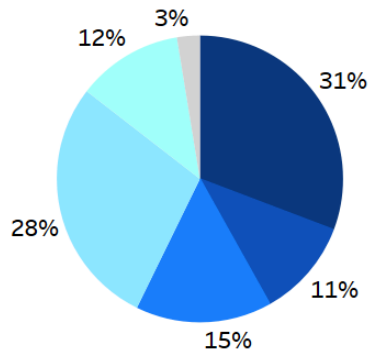
### Challenges to Exercise by Place of Birth

The pie charts below display the proportion of challenges to exercise reported by place of birth. The response option *I feel I get enough exercise* is excluded.

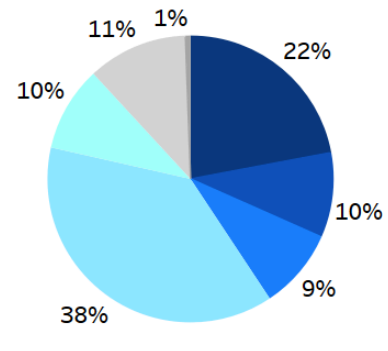
- Gym Access
- Pain or Illness
- Knowledge
- Time
- Safety
- Lack of Interest
- Other



United States



U.S. Territories



Outside U.S.



# SDOH SUPPLEMENTAL FIGURES: SOCIAL & COMMUNITY CONTEXT

## Financial Status of Respondents by Place of Birth

The table below displays percent of respondents who reported that they have *Not Enough Money*, *Just Enough Money*, or *More than Enough Money* to pay for day-to-day expenses, organized by place of birth.

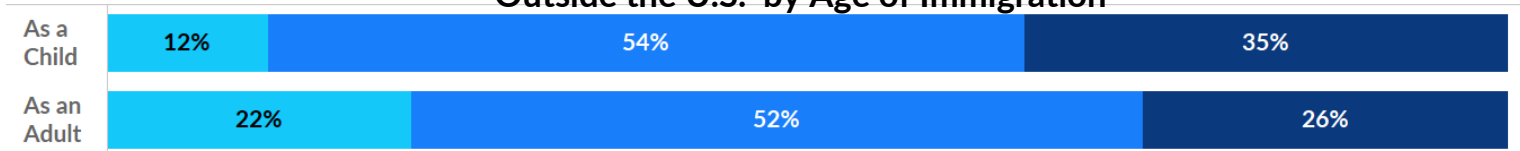
Place of Birth	Not Enough Money	Just Enough Money	More than Enough Money
U.S.	17%	45%	38%
U.S. Territory	14%	60%	26%
Outside U.S.	19%	49%	33%

## Ability to Pay for Expenses Among Respondents Born in a U.S. Territory or Outside the U.S.

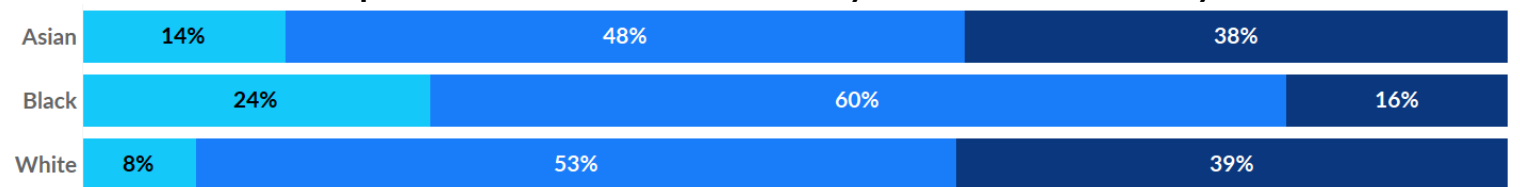
The three charts below include only respondents who were born in a *U.S. Territory* or *Outside the U.S.* These images explore trends in ability to pay for day-to-day expenses.

- More than Enough Money
- Just Enough Money
- Not Enough Money

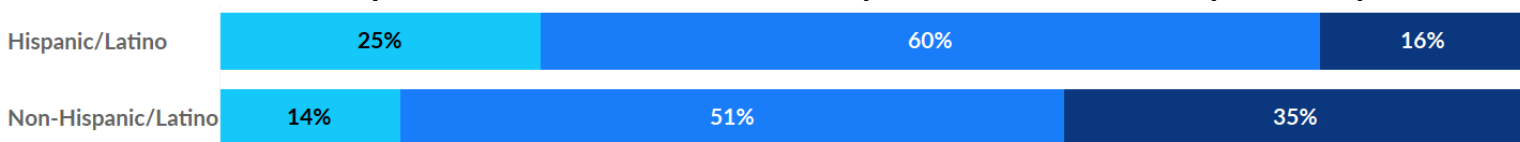
### Financial Status of Respondents Born in a U.S. Territory or Outside the U.S. by Age of Immigration



### Respondents Born in a U.S. Territory or Outside the U.S. by Race



### Respondents Born in a U.S. Territory or Outside the U.S. by Ethnicity



## SDOH SUPPLEMENTAL FIGURES: LANGUAGE ACCESS

### Rate of English Language Proficiency by ZIP Code

The maps below show a more detailed breakdown of English speaking ability by ZIP code. Results to the question “How well do you speak English?” were combined into two groupings: *Well or Very Well* and *Less Than Well*. These maps show percentages of respondents who answered either *Well or Very Well*.

#### 92% or Lower

The only ZIP code where less than 92% of respondents spoke English *Well or Very Well* was 14070 comprising the Erie County part of the Cattaraugus Reservation. Only one of the four responses in this ZIP code responded *Well or Very Well*.



#### 92.1% to 94%

This breakout comprises the ZIP codes 14004 in the town of Alden and 14203 in the City of Buffalo. These ZIP codes contained 14 and 28 respondents respectively.

#### 94.1% to 96%

5 ZIP codes fell into this subsection, 3 in the City of Buffalo (14204, 14208), one on the border between the City of Buffalo and the City of Lackawanna (14218), one comprising the village of Blasdell within the Town of Hamburg (14219), and one containing the Town of Clarence (14031). 14031 and 14219 both had relatively few responses at 17 and 24 respectively, while the others had more than 60 each.



Some ZIP codes have fewer than 10 respondents. Therefore, the rates depicted on the map may not be representative of the community within these areas.

## SDOH SUPPLEMENTAL FIGURES: LANGUAGE ACCESS

### Rate of English Language Proficiency by ZIP Code

The maps below continue the breakdown of English speaking ability by ZIP code. These maps show percentages of respondents who answered either *Well* or *Very Well* in the two highest-performing categories.

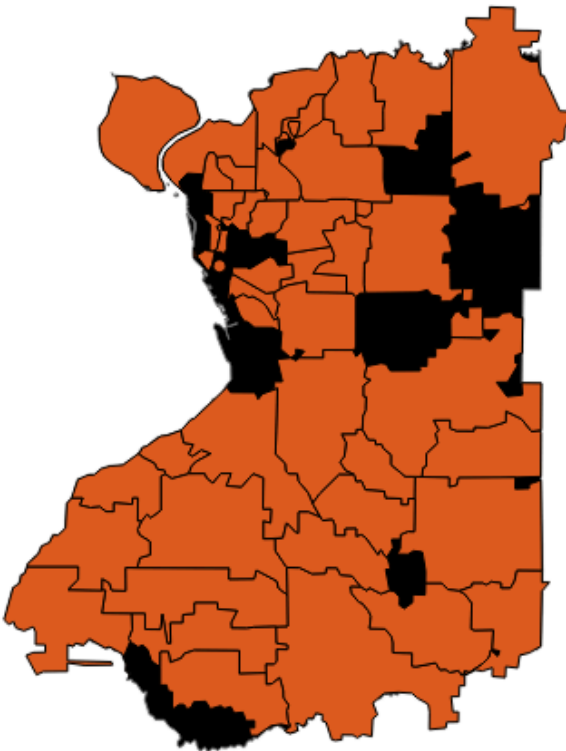
#### 96.1% to 98%

All ZIP codes that fell within this bracket were within the City of Buffalo. Those were 14202, 14207, 14211, 14212, and 14213. 14202 had the lowest total number of responses within this category at only 39 individuals.



#### 98.1% or More

All other ZIP codes in Erie County had a rate of English proficiency of greater than 98%. One ZIP code in the Town of Tonawanda (14050) and four in the City of Buffalo (14206, 14210, 14214, and 14215) had response rates of between 98% and 99.9%. All other ZIP codes had a 100% rate of respondents indicating that they speak English *Well* or *Very Well*.

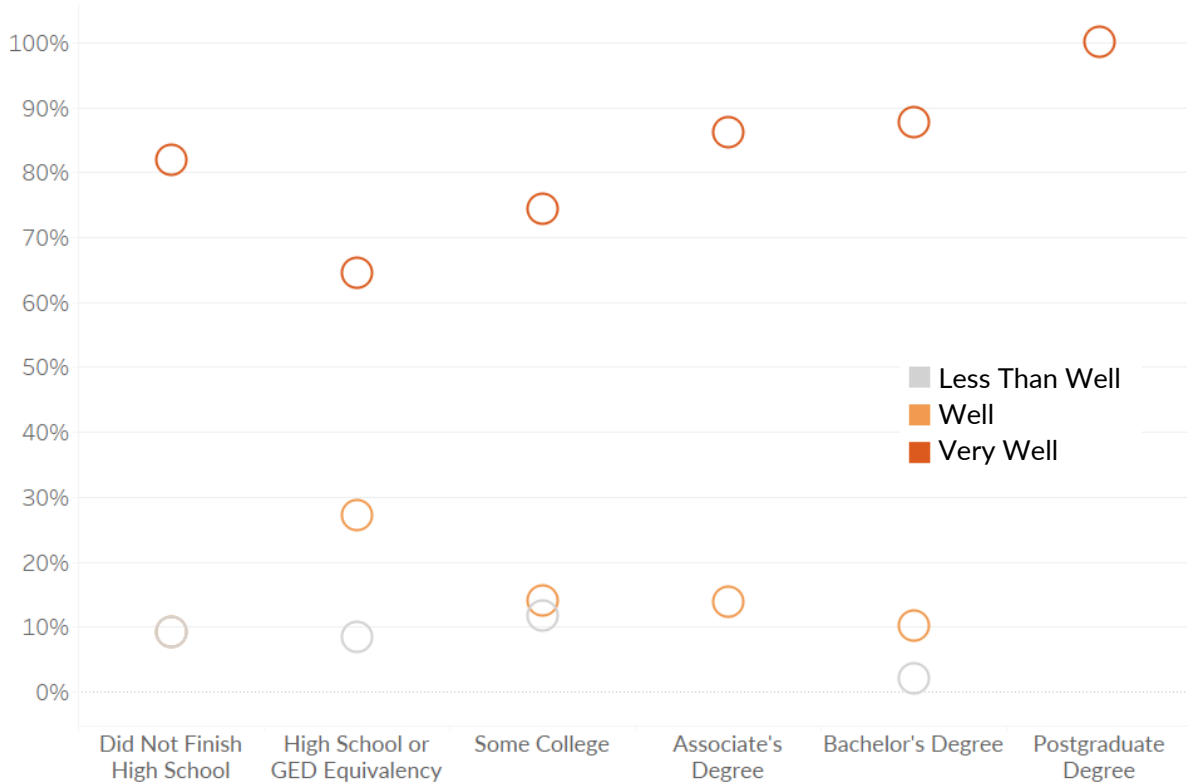


Some ZIP codes have fewer than 10 respondents. Therefore, the rates depicted on the map may not be representative of the community within these areas.

# SDOH SUPPLEMENTAL FIGURES: LANGUAGE ACCESS

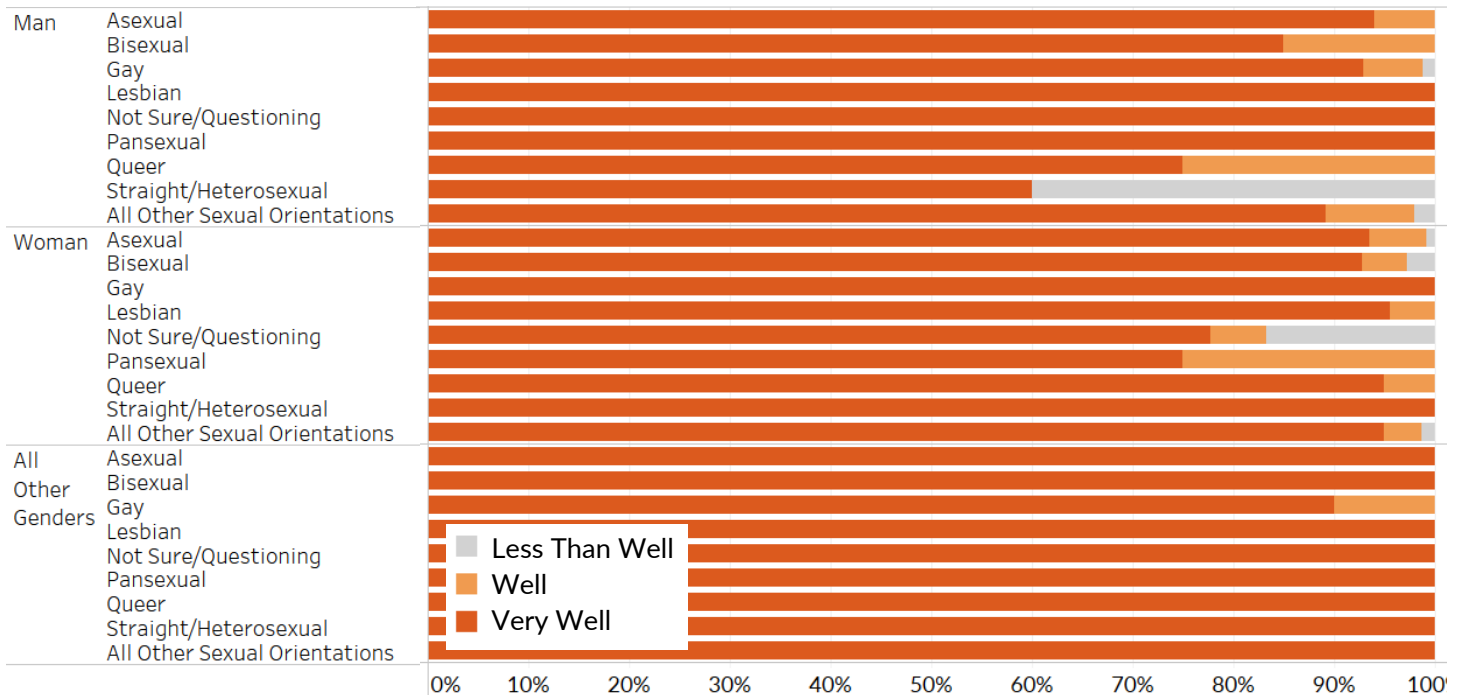
## Rate of English Language Proficiency by Education

The below chart shows the rates of respondents within each education breakout that indicated that they speak English *Very Well*, *Well*, or *Less Than Well*.



## Rate of English Language Proficiency by Gender and Sexual Orientation

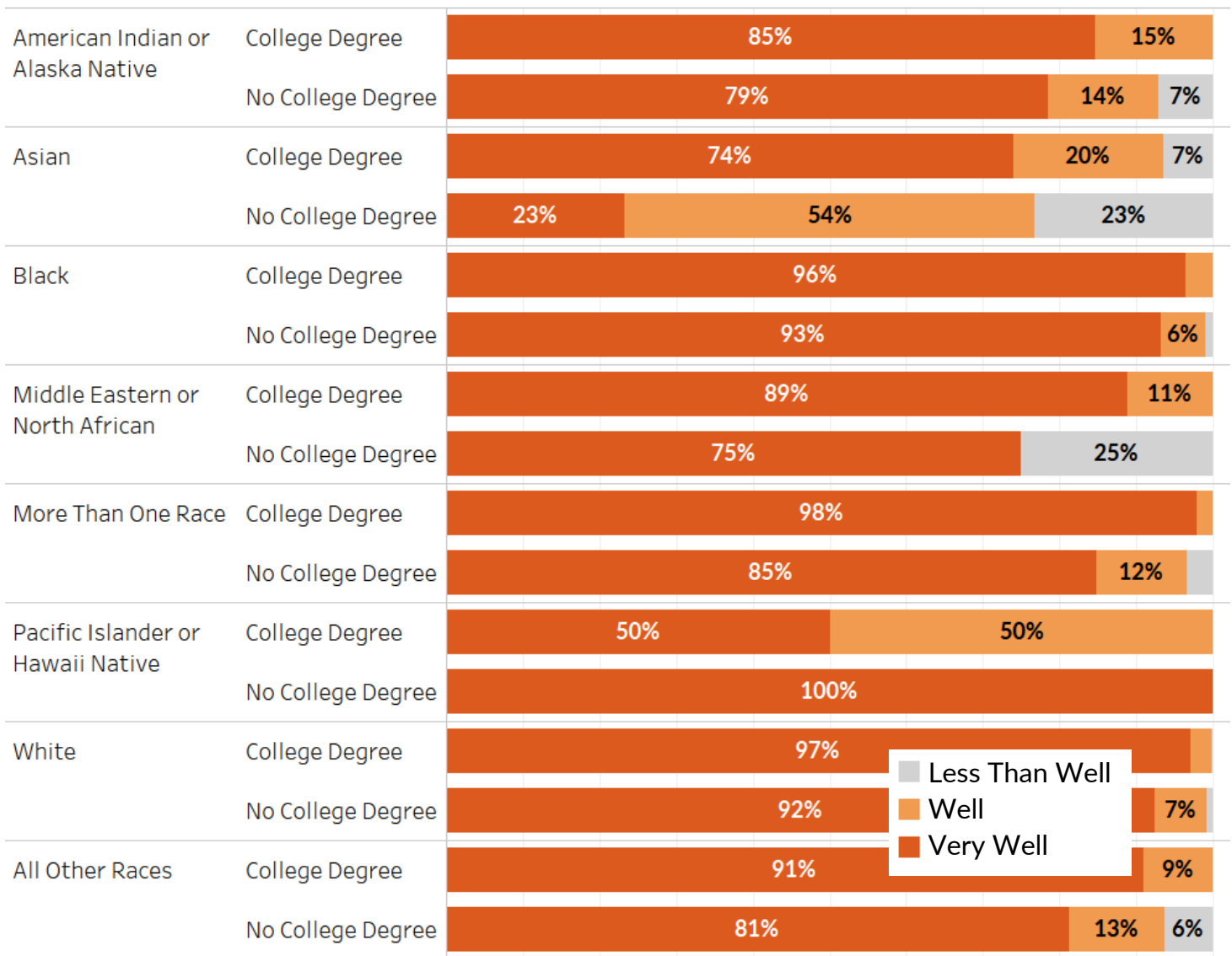
The below chart is a breakout of responses to the question “How well do you speak English?” by sexual orientation and gender.



## SDOH SUPPLEMENTAL FIGURES: LANGUAGE ACCESS

### Rate of English Language Proficiency by Race and Education

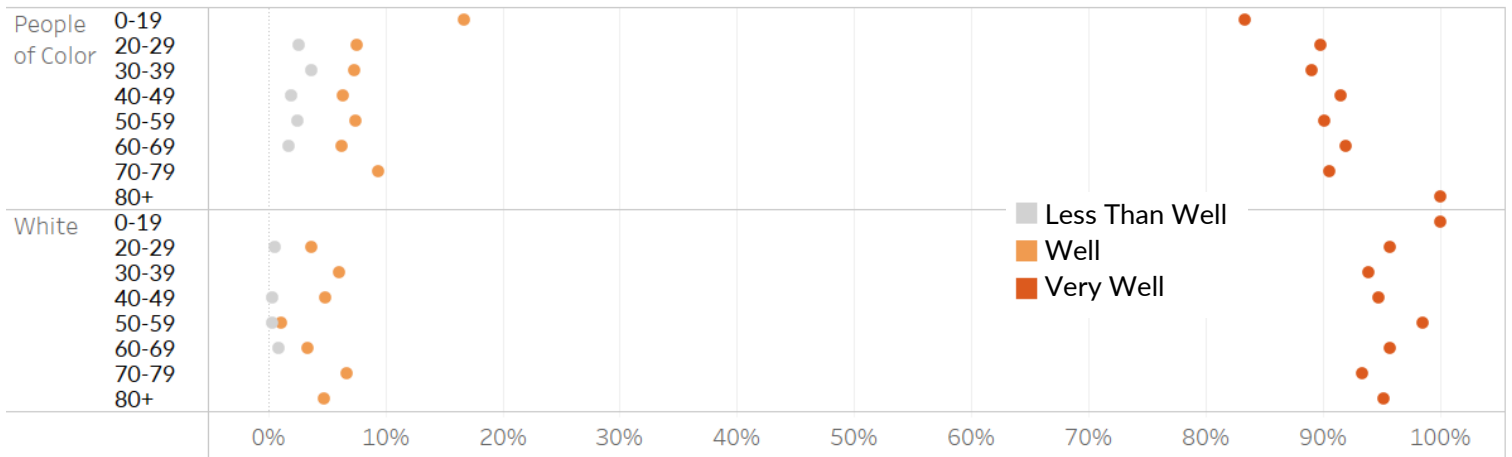
Below is a breakout of ability to speak English *Very Well*, *Well*, and *Less than Well* by both education and race. Those without college degrees consistently reported speaking English at a lower proficiency regardless of racial background.



# SDOH SUPPLEMENTAL FIGURES: LANGUAGE ACCESS

## Rate of English Language Proficiency by Age and Race

This chart represents the percentages of respondents who speak English *Well*, *Very Well*, and *Less Than Well* broken out by race and age. The trend among People of Color appears to be increasing percentages of respondents speaking English at a higher proficiency with age. This does not appear to be the case among White respondents alone.



## Rate of English Language Proficiency by Place of Birth, Race, and Ethnicity

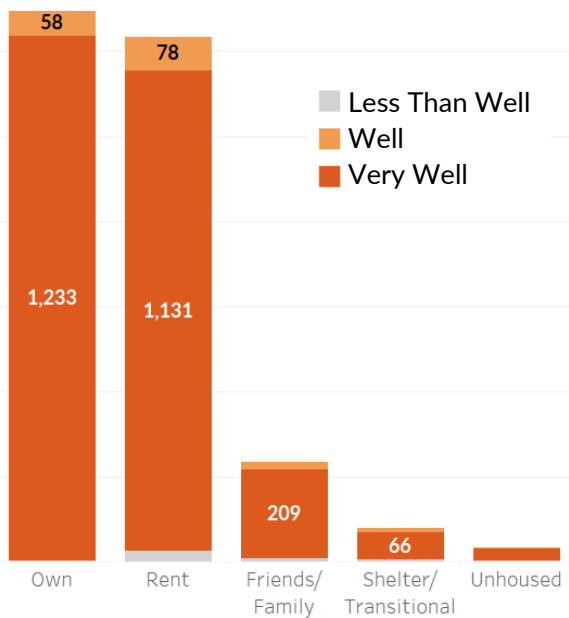
The two charts to the right show breakdowns of English speaking ability first by respondents' race or ethnicity and then by their place of birth. The color gradient has been adjusted on these graphics to show differences between relatively small cells. Consequently, moderately high response rates with values like 83 appear similar to very high response with values such as 1908.

		United States	Outside U.S.	U.S. Territory
Hispanic/Latino	Very Well	128	20	10
	Well	13	7	4
	Less Than Well	4	3	3
Non-Hispanic/Non-Latino	Very Well	1,908	34	83
	Well	46	9	34
	Less Than Well	4		14

		United States	Outside U.S.	U.S. Territory
American Indian or Alaska Native	Very Well	16		1
	Well	2		1
	Less Than Well			1
Asian	Very Well	13	1	28
	Well			27
	Less Than Well	2		7
Black	Very Well	708	14	19
	Well	22	1	8
	Less Than Well	3	1	2
Middle Eastern or North African	Very Well	12		8
	Well			1
	Less Than Well			6
More Than One Race	Very Well	55	5	7
	Well	4		
	Less Than Well			1
All Other Races	Very Well	16	4	
	Well	1	2	
	Less Than Well		1	
Pacific Islander or Hawaii Native	Very Well	3		
	Well		1	
	Less Than Well			
White	Very Well	1,213	30	31
	Well	30	12	1
	Less Than Well	3	1	

# SDOH SUPPLEMENTAL FIGURES: LANGUAGE ACCESS

Rate of English Language Proficiency by Housing Situation



Rate of English Language Proficiency by Housing Situation and Race

The chart below shows the percentages of respondents within each racial group organized by ability to speak English and housing situation. If a cell contains a value, there is at least one respondent that falls into that cell. If a cell is empty, there were no matching responses.

		Own	Rent	Friends/ Family	Shelter/ Transitional	Unhoused
American Indian or Alaska Native	Very Well	26%	41%	11%		4%
	Well	11%	4%			
	Less Than Well			4%		
Asian	Very Well	24%	16%	5%		
	Well	19%	15%	4%		
	Less Than Well	3%	8%	3%	3%	
Black	Very Well	20%	62%	8%	4%	1%
	Well	1%	4%	0%	0%	
	Less Than Well		1%	0%	0%	
Middle Eastern or North African	Very Well	43%	14%	18%	4%	
	Well	4%				
	Less Than Well	4%	14%			
More Than One Race	Very Well	24%	46%	18%	5%	1%
	Well		3%	1%		
	Less Than Well		1%	1%		
Pacific Islander or Hawaii Native	Very Well	20%	40%			
	Well		20%			20%
White	Very Well	63%	25%	6%	1%	1%
	Well	2%	1%	1%	0%	0%
	Less Than Well		0%			0%
All Other Races	Very Well	29%	29%	11%	11%	7%
	Well	4%	7%			
	Less Than Well		4%			







# APPENDIX B: SURVEY & OUTREACH EVENTS

EVENT	ZIP CODE	DATE
Juneteenth	14211	6/18/2022
Juneteenth	14211	6/19/2022
True Bethel Baptist Church Choir Rehearsal	14211	6/25/2022
D'Youville Farmers Market	14213	6/27/2022
Women's Way to Wellness	14203	6/29/2022
Clean Sweep	14215	7/6/2022
The Hub @ Pratt	14204	7/7/2022
D'Youville Farmers Market	14213	7/11/2022
Clean Sweep	14211	7/13/2022
Welcome to 1021	14211	7/14/2022
Upstate NY Black and Latino Pride: Vogue Master Class	14201	7/19/2022
Clean Sweep	14213	7/20/2022
Upstate NY Black and Latino Pride: Kick Off BBQ	14207	7/20/2022
Upstate NY Black and Latino Pride: Street Fair	14202	7/22/2022
D'Youville Farmers Market	14213	7/25/2022
Clean Sweep	14215	7/27/2022
The Hub @ Pratt	14204	7/28/2022
BPS School Lunch	14213	7/28/2022
Queen City Jazz Fest	14202	7/30/2022
BPS School Lunch	14213	8/1/2022

**APPENDIX B: SURVEY OUTREACH EVENTS**

EVENT	ZIP CODE	DATE
National Night Out	14215	8/2/2022
Street Outreach with Erie County Office of Harm Reduction	14202	8/2/2022
North Collins Food Pantry	14111	8/3/2022
Downtown Country Market	14202	8/4/2022
Eden Corn Fest	14057	8/5/2022
Good for the Neighborhood	14139	8/6/2022
Eden Corn Fest	14057	8/7/2022
Street Outreach with Erie County Office of Harm Reduction	14202	8/9/2022
Good for the Neighborhood	14215	8/10/2022
Welcome to 1021	14211	8/11/2022
Edison St. Baptist Church	14215	8/11/2022
Community Access Services Backpack Giveaway	14215	8/12/2022
BPS School Lunch	14211	8/15/2022
BPD Community Day	14207	8/16/2022
Clean Sweep	14215	8/17/2022
Pride Center Youth Drop-In	14202	8/17/2022
North Collins Food Truck	14141	8/19/2022
Taking It to the Streets	14211	8/20/2022
BPS School Lunch	14206	8/21/2022
It Takes a Community	14059	8/22/2022
Welcome to 1021	14211	8/23/2022
North Collins Food Pantry	14111	8/24/2022
The Hub @ Pratt	14204	8/25/2022
Street Outreach with Erie County Office of Harm Reduction	14202	8/30/2022
Pride Center Youth Drop-In	14202	8/31/2022
Clean Sweep	14207	8/31/2022

## APPENDIX B: SURVEY OUTREACH EVENTS

EVENT	ZIP CODE	DATE
Clean Sweep	14207	8/31/2022
Welcome to 1021	14211	9/1/2022
Street Outreach with Erie County Office of Harm Reduction	14202	9/6/2022
Clean Sweep	14208	9/7/2022
Financial Wellness	14208	9/7/2022
8th Annual Refugee Health Summit	14208	9/10/2022
Street Outreach with Erie County Office of Harm Reduction	14202	9/13/2022
Clean Sweep	14216	9/14/2022
Monkeypox Vaccine Clinic	14201	9/15/2022
Buffalo Go Green	14213	9/16/2022
Kuleta Pamoja	14208	9/17/2022
Buffalo Go Green	14213	9/23/2022
Trans Wellness Conference	14202	9/24/2022
Street Outreach with Erie County Office of Harm Reduction	14202	9/27/2022
Buffalo Go Green	14211	9/29/2022
Community DEI Discussion at Northland Workforce Training Center	14208	9/30/2022
Eden Pantry	14111	10/5/2022
C&R Housing Info Session at Mt. Olive Baptist Church	14218	10/6/2022
Monkeypox Vaccine Clinic	14212	10/7/2022
Buffalo Go Green	14213	10/7/2022
Mount Olive Baptist Church Sunday Service	14217	10/9/2022
Project Homeless Connect	14202	10/13/2022
Good for the Neighborhood	14213	10/13/2022
Erie County Fall Fest	14227	10/15/2022
Street Outreach with Erie County Office of Harm Reduction	14202	10/18/2022
Good for the Neighborhood	14217	10/18/2022

## APPENDIX B: SURVEY OUTREACH EVENTS

EVENT	ZIP CODE	DATE
Buffalo Go Green	14213	10/21/2022
Street Outreach with Erie County Office of Harm Reduction	14202	10/25/2022
Good for the Neighborhood	14215	10/26/2022
Disability Awareness Month	14202	10/28/2022
Bootastic Halloween Bash	14226	10/29/2022
Clean Sweep	14208	11/2/2022
Boston Senior Luncheon	14025	11/3/2022
St. Paul Dining Room Free Dinner	14202	11/16/2022
Frederick Douglass Towers Free Dinner	14204	11/17/2022
West Side Community Services Friday Fun	14213	11/18/2022
HEAP Outreach		11/22/2022
Community Health Center of Buffalo	14214	12/15/2022
West Side Community Services	14213	12/16/2022
HEAP Outreach		12/20/2022
HEAP Outreach		12/21/2022
Salvation Army	14208	12/22/2022



# APPENDIX C: FOCUS GROUPS

Focus Group	Date	Number of Participants	Additional Information
Rural Older Adults	7/24/2023	9	
Bangladeshi	8/2/2023	9	
Incarcerated Men	8/4/2023	8	
Hispanic-Latino 1	8/8/2023	5	Participant interpreted for 2 other participants
Young Adults	8/10/2023	10	
Black Older Adults	8/14/2023	7	
Transgender/Non-Binary	8/15/2023	8	
Pregnant or Recently Pregnant People of Color	8/16/2023	5	Community conversation including parents and service providers
Incarcerated Women	8/18/2023	8	
Black East Side Residents	8/19/2023	6	
Rural Caregivers	8/31/2023	5	
Puerto Rican	9/9/2023	4	Interpreted by ECOHE staff
LGBTQ+	9/12/2023	6	
Hispanic-Latino 2	9/18/2023	8	English
Black Fathers	9/25/2023	4	

## APPENDIX C: ADDITIONAL FOCUS GROUP DATA

# SDOH SUPPLEMENTAL QUOTES: FOCUS GROUPS ON ECONOMIC STABILITY

### Rising Costs and Stagnant Wages

*“Every time they raise the minimum wage, everything else goes up. It’s no different than it was 20, 30 years ago. I’m still struggling, [...] It causes a lot of stress to me.”*

-Rural Caregivers Focus Group

### Financial Stability and Poverty

*“I mean, I think a lot of it's finance: what you—what you have that you can live on, and you don't have a lot maybe, and um so there's just things you can't do, places you can't go, things you can't get because of the poverty they're in.”*

-Rural Older Adults Focus Group

### Expenses for Health Care, Transportation, and Housing

*“Everything you do, [...] even if it's like an event that is for free, you still have to, you know, buy food when you're out. [...] You still have to either pay for parking if you have a car. You still have to figure something out, because it's always money involved. There's nothing free in life.”*

-Urban Caregivers Focus Group

## SDOH SUPPLEMENTAL QUOTES: FOCUS GROUPS ON NEIGHBORHOOD & BUILT ENVIRONMENT

### Transportation

*"I don't have a vehicle, but then I'm spending money on Uber. So by the time I'm spending money on Uber, I can't save enough to put away for a vehicle, and I'm trying to get a vehicle. So public transportation is not reliable. Sometimes the GPS is wrong with the Uber or the buses only run certain times in my neighborhood."*

-Hispanic/Latino Focus Group

*"Not having public transportation out here [is a challenge]. I hit a deer, and I don't have a reliable car, and then it trickles down. I can't get a job and I can't provide for my kids."*

-Rural Caregivers Focus Group

*"It's impossible to get anywhere. You can't take the bus system to town. I had moved into the city for my services to decrease my travel costs. I could never take the bus because it didn't exist in a way I could take it here and within the city you can't go across town. You have to go downtown and then back out and then you have to travel an hour plus on a hinky, dirty system that you don't feel safe on, to go someplace that you feel safe at."*

-LGBTQ+ Focus Group

*"Limited transportation for those who don't drive [is a challenge]. Especially on weekends the bus does not go by my house like it usually does. So if I wanted to go somewhere on the weekends I better hope someone can take me there. Or like if I wanted to do overtime, or if I wanted to do anything on the weekend. Also, certain hours where the bus does not run in my neighborhood, so I'm very limited on when I can and can't go to and from work by myself. And the extent of the bus routes, pretty much. It stops in Transit. I feel like Transit, Amherst, Cheektowaga area is pretty much where the bus routes die off."*

-Trans and Non-Binary Focus Group

### Housing

*"Our housing is really what we need, and they're putting in new places and they're really not Section Eight, so they're very expensive. And I really don't think it's helping this community."*

-Rural Older Adults Focus Group

*"Gentrification. Big deal. People are getting pushed out of their areas. [...] You know, and in the field that I work with, one of the biggest social determinants that our patients experience is housing. Our prices, our rents have gone from \$450 to \$600 to \$1200, \$1600 with the minimum wage. The pay that you're making at work has not changed. But yeah, we don't have enough subsidy to cover those housing need[s]. We have a lot of patients of ours that move to [New York City] because there's more laws and policies around subsidy and assistance when it comes to housing, versus here in Buffalo, we don't have that."*

-Hispanic/Latino Focus Group

### Community Programs and Spaces

*"I think [we need] more investments in these community places because some people that go here find it as home."*

-LGBTQ+ Focus Group

## **SDOH SUPPLEMENTAL QUOTES: FOCUS GROUPS ON NEIGHBORHOOD & BUILT ENVIRONMENT**

### **Crime**

*"I don't think we have sufficient police force here. Like because if you call 911, sometimes it takes like two hours."*

-Bangladeshi Focus Group

### **Natural Environment**

*"Clean air. [...] I went to New York [City] and the pollution there is so crazy. Like I have severe allergies. So I was like, I literally could not hear. And I went to visit my best friend. So she was talking to me and I was like, What are you saying? So when I came back here, it didn't even take a day or two. My sinuses clear, everything clear. Clean air here is so nice."*

-Bangladeshi Focus Group

*"The temperature here has been excellent. I mean, not the three digits, we don't have [...] mudslides. We don't have tornadoes. Right? All we get is weather really, like snow in winter. We have lots of water. So, you know, it is just beautiful."*

-Rural Older Adults Focus Group



## APPENDIX C: ADDITIONAL FOCUS GROUP DATA

### SDOH SUPPLEMENTAL QUOTES: FOCUS GROUPS ON HEALTH CARE ACCESS

*“Mental health. Some of them have a mental illness. So that's—I thought it's a very big challenge for our kids.”*

-Bangladeshi Focus Group

#### Access to Care

*“You have families that are living in poor neighborhoods and have no choice but to go to one specific doctor because that's what they can get to by transportation.”*

-Hispanic/Latino Focus Group

#### Trust in Health Care Providers

*“And I would say there's a lot of health care providers and surgeons in the area who are just money-hungry and don't really care about people of our experience. And it's kind of nerve-racking to know that there are people out there who we are referring our community to who just don't even care about our people and are just looking for the dollar signs. I would say that's gotta change.”*

-Trans and Nonbinary Focus Group

## SDOH SUPPLEMENTAL QUOTES: FOCUS GROUPS ON EDUCATION

### On School and Education Quality

*“Education is—I think it's crazy in Buffalo, because I got so much more help from Amherst and from my teachers who are more involved, more hands on, telling me where to go. [...] The Buffalo Public schools [...] are not as rich as say Amherst or Williamsville [...] [Students] do have opportunities [in Buffalo]. [...] They're just not made aware of it. You know, it's just like if you're made aware, you can go to UB, full ride, and get an undergrad degree, get yourself whatever degree. [The] education system in Buffalo in general, [...] it's not [...] equitable.”*

-Bangladeshi Focus Group

*“I would try to put my kids in better schools because these schools are just—they're broken, I'm sorry. [...] The school system is horrible.”*

-Urban Caregivers Focus Group

*“I think one of the biggest issues is the educational system, period. [...] [We've] lowered our standard. We continue to lower our standards instead of bringing them up. [...] [There] are schools out there that are literally just passing kids through just to graduate them to keep their numbers up instead of actually educating them.”*

-Incarcerated Men Focus Group

### On Educational and Trade Programs

*“I'm fortunate enough to have skills and training in certain areas that are helpful for me when I'm when I'm released. But not everybody has that or is even offered that.”*

-Incarcerated Men Focus Group

### Other Quotes About Education

*“And as a Bengali, [good grades are] super duper important. Grades [are] really important. It defines you, actually [...] and as a person, that made me feel like I have to [be] perfect.”*

-Bangladeshi Focus Group

*“[They] don't accept [...] if you graduate from [another] country. You will going to get a very little amount [of credit on your] transcript [...] That is a very big mental question. How are you all going to overcome that [...] and get a good job?”*

-Bangladeshi Focus Group

## SDOH SUPPLEMENTAL QUOTES: FOCUS GROUPS ON SOCIAL & COMMUNITY CONTEXT

### Stigma, Discrimination, and Being Misunderstood

*“They think we don't want anything out of life. We want everything handed to us. That we are not smart. We're dumb, stupid. [...] They look at you as because of your color. [...] It's just looking at us in a dim light. That we're not even of existence.”*

-Black East Side Residents Focus Group

*“Equal Opportunity Employment would help. I mean, I have experience working in the kitchen. So that's not really too bad. But I'm trying to branch out before and what, you know, whether you don't qualify or not. When I walk into somewhere, I have tattoos all over my face or I look kind of bugged out or whatever they think. They're not they're not taking me seriously no matter where I go. Even if I have the proper connections, they're just going to look at me like, you know what I mean? Like I don't take myself seriously, but I do. That's why I look the way I look, because it's my life and I'm gonna do whatever I want, but I don't judge anyone how they look. So I don't, I really don't like how people, you what I mean? I don't like how it's thrown back at us.”*

-Incarcerated Men Focus Group

### Social Supports

*“The church helps. Definitely. I mean, just being with like-minded people and those who support you and those you can talk to.”*

-Rural Caregivers Focus Group

*“Family support is very important.”*

-Bangladeshi Focus Group

*“I think definitely the family support [is helping]. That's big. It's hard living with a group of girls. Anybody that's got sisters knows how it is. But you know, we do like try to help each other out. We criticize each other—it's not always constructive, but sometimes it is. And you know, we try to we try to stick together when it comes for like a good cause, you know? So like, that helps as far as like things that help us pass the time, you know—a lot of laughter. Playing cards, watching movies or shows together, reading books—like just trying to have like a set schedule because I feel like women in jail, like we're natural born nurturers, so this is just not a place for us. Like, we can't—we could barely hug or touch without it being sexual harassment. So, like, you know, we try to like, do the things that we would do at home, you know, like care for each other, you know, talk to somebody if we see them feeling down. We cook, you know, things of that nature, talk about things. So, you know, I think that's what kind of helps get the time by.”*

-Incarcerated Women Focus Group

## **SDOH SUPPLEMENTAL QUOTES: FOCUS GROUPS ON SOCIAL & COMMUNITY CONTEXT**

### **Systemic Challenges**

*“Not to say the obvious, but we in jail. So when we get out, that hinders us from, you know, whatever financial or, you know, whatever actually positive things that we're trying to do. Because they look to see, you know, our background, and they look as [if] this is us. You know, they don't care where you came from. They don't care about your situation, nothing. Not even the judges care. Don't nobody care, you know what I'm saying? [...] It's kind of like we down in here, we downhill from here. So actually, you know, we're supposed to be rehabilitated, but it does not look at it like that. So that kind of hinders us from anything, anywhere that we go for now, you know, they be like, 'Do you have a felony?' or, you know what I'm saying, like, what you need to know I got a felony for, you know, for basic, you know, life needs? Things that we need. So I stole, I stole, a loaf of bread 17 years ago stopping me from eating today? So now you gotta do whatever you gotta do to eat because that's hindering us, you know?”*

-Incarcerated Men Focus Group

## SDOH SUPPLEMENTAL QUOTES: FOCUS GROUPS ON LANGUAGE ACCESS

### Spanish Language Access

*“I had a year and a half left. All my [college] paperwork is in Spanish. So when I went to college in downtown, they told me they cannot accept the paperwork. That I need I need to pay somebody \$400. \$400 to translate all the paperwork. I want to go to school! I want to go back to school and I have to pay them to translate my paperwork when they are supposed to have these people in college that do that. [...] I went to [a local organization]. And they want to charge me \$400. And I said, What kind of help is that? [...] \$100 a page. [...] I came in here for help. And you're going to charge me all this money?”*

-Urban Caregivers Focus Group

### Translation and Interpretation in Spanish

*“I think that's a that's a big problem. [...] There isn't a Spanish news here in Buffalo. [...] So that that's an issue, to get that information out to the Hispanic community.”*

-Hispanic/Latino Focus Group

### Lack of Access to Information in Bengali

*“At ECMC, I saw that everything written in different languages, but not in our language. I saw Chinese language, the Indian language, and Arabic language, but it—as a growing community, we have to establish that one thing, [language access]. And as a Bengali, because now a lot of patients [are] going to all the hospital and would like Bengali speaking [care providers]. They're going to read Bengali. [...] Arabic language, we can read but we cannot understand. This is the thing. Indian language we understand, but we cannot read.”*

-Bangladeshi Focus Group





# APPENDIX D: METHODOLOGY

In this appendix, each question within the community survey is presented with additional information on the analysis methodology. Null values occurred when questions were unanswered or left blank. Responses that were excluded or modified in any way are indicated in (parentheses). Shortened question responses—used in the data visualizations throughout the report—are in **bold text**. Additionally, the creation of new categories or groupings of response options is also depicted under the question in *italics*, with the new category label in ***bold italics***. The questions in this appendix are abbreviated. To view the entire survey, see Appendix G..

1. Are you an Erie County Resident?
  - No (Excluded from all analysis.)
2. Which of the following best describes where you live?
  - This question was not used.
3. What is your town/city/village and ZIP code?
  - Town/city/village (Responses were edited to correct spelling issues and excluded from all analysis if town/city/village is outside of Erie County.)
  - ZIP Code (ZIP codes completely outside of Erie County were excluded from all analysis.)
  - ZIP codes that mostly or completely fall within the City of Buffalo were grouped as **City of Buffalo**, and all other ZIP codes that are completely or mostly in Erie County (EXCLUDING the City of Buffalo) were grouped as **Erie County**
4. What two streets intersect at the corner nearest to your home?
  - Street 1 and Street 2 (Responses were edited to correct spelling issues. If misspellings of street names could not be identified with the correct names, they were replaced with null values.)
  - Street intersections were used to geocode locations.
5. Ethnicity (select all that apply)
  - Null and Do Not Wish to Say (Excluded from any presentation of ethnicity data.)
  - Most responses that were written as Other were able to be categorized into the listed options If the Other field was completed with an ethnicity not traditionally considered Hispanic (e.g. Jamaican), the response was reclassified as Non-Hispanic.
6. Race (select all that apply)
  - Null and Do Not Wish to Say (Excluded from any presentation of race data.)
  - Abbreviations for races include: American Indian or Alaska Native- **AIAN**, Middle Eastern or North African- **MENA**, and Pacific Islander or Hawaii Native- **PIHN**.
  - Most responses that were written as Other were able to be categorized into the listed options. Those that did not were grouped as **All Other Races**.
  - *All responses that indicated more than one race were grouped as **More Than One Race**.*
  - *In some instances, all races other than Black and White were grouped as **All Other Races**.*
  - *In some instances, all races other than White were grouped as **People of Color**.*

## APPENDIX D: METHODOLOGY

### 7. Age

- Null and Do Not Wish to Say (Excluded from any presentation of age data.)
- *Ages were collected as values and then grouped into 0-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70-79, and 80+.*

### 8. What was your sex assigned at birth?

- Null and Do Not Wish to Say (Excluded from any presentation of sex at birth data.)

### 9. What is your current gender identity?

- Null and Do Not Wish to Say (Excluded from any presentation of gender identity data.)
- Most responses that were written as Other were able to be categorized into the listed options. Those that did not were grouped as **All Other Genders**.
- *In some instances, all gender identities other than Man and Woman, including Nonbinary, Gender Nonconforming/Gender Expansive, Not Sure/Questioning, Woman of Trans Experience and Man of Trans Experience, were grouped as **Trans, Nonbinary, and Other Genders**.*
- *In other instances, Woman of Trans Experience and Man of Trans Experience were grouped as **Trans**.*

### 10. What is your sexual orientation?

- Null and Do Not Wish to Say (Excluded from any presentation of sexual orientation data.)
- *In some instances, sexual orientation was grouped into 4 categories: Straight/Heterosexual; **Gay & Lesbian; Bi, Pan, & Queer**; and **All Other Sexual Orientations**.*
- *In some instances, sexual orientation was grouped into 2 categories: Straight/Heterosexual and **LGBQ+**.*

### 11. Immigration Status

- Null and Do Not Wish to Say (Excluded from any presentation of immigration data.)
- I was born in the U.S. (Excluding U.S. territories, e.g., Puerto Rico, Guam, etc.) - **U.S. or United States**.
- I was born in one of the U.S. territories (e.g., Puerto Rico, Guam, etc.) - **U.S. Territory**.
- I was born outside the U.S. - **Outside U.S. or Outside the United States**.
- *In some instances, U.S. and U.S. Territory were grouped into **U.S. or U.S. Territory**.*

### 12. Which of the following is true [about when you moved to the United States]?

- The question was offered only to those who selected "I was born in one of the U.S. territories (e.g., Puerto Rico, Gaum, etc.)" or "I was born outside the U.S." in Question 11.
- Null and Do Not Wish to Say (Excluded from any presentation of age of moving to the U.S. data.)
- I moved to the continental U.S. as a child (under 18) - **As a Child**
- I moved to the continental U.S. as an adult (18+) - **As an Adult**



## APPENDIX D: METHODOLOGY

### 13. How well do you speak English?

- Null and Do Not Wish to Say (Excluded from any presentation of English speaking data.)
- *In some instances, all responses other than “Very Well” were grouped into **Less than Very Well**.*
- *In some instances, “Very Well” and “Well” were grouped into **Well and Very Well**, and all other responses into **Less than Well**.*

### 14. Education Level

- Null and Do Not Wish to Say (Excluded from any presentation of education data.)
- *In some instances, “Did Not Finish High School” and “High School or GED Equivalency” were grouped into **High School or Less**, and all other responses into **Some College or More**.*
- *In some instances, “Did Not Finish High School,” “High School or GED Equivalency,” and “Some College” were grouped into **No College Degree** and all others into **College Degree**.*

### 15. Employment

- Null and Do Not Wish to Say (Excluded from any presentation of employment data.)
- Yes - **Employed** or **Currently Employed**
- No - **Unemployed** or **Not Currently Employed**
- Only those who responded “no” were asked about their reason for unemployment.
- Most responses about their reason for unemployment that were written in as Other were able to be categorized into the listed options. Those that did not were placed in an Other category.

### 16. Have you ever been incarcerated?

- Null and Do Not Wish to Say (Excluded from any presentation of incarceration data.)
- Yes - **History of Incarceration** or **Incarceration History**
- No - **No History of Incarceration** or **No Incarceration History**

### 17. Have you ever served in the military?

- Null and Do Not Wish to Say (Excluded from any presentation of military service data.)
- Yes - **History of Military Service** or **Veteran**
- No - **No History of Military Service** or **Not a Veteran**

### 18. Do you have a disability?

- Null and Do Not Wish to Say (Excluded from any presentation of disability status data.)
- Yes - **Has a Disability** or **With a Disability**
- No - **No Disabilities** or **Without a Disability**

## APPENDIX D: METHODOLOGY

19. What type(s) of disability do you have? (select all that apply)

- The question was offered only to those who selected “Yes” in Question 18.
- Null and Do Not Wish to Say (Excluded from any presentation of disability data.)
- Most responses that were written as Other were able to be categorized into the listed options. Those that did not were placed in an Other category.

20. Which describes your housing situation?

- Null and Do Not Wish to Say (Excluded from any presentation of housing data.)
- Most responses that were written as Other were able to be categorized into the listed options. Those that did not were placed in an Other category.
- I own my home - **Own** or **Homeowner**
- I rent my home (house, apartment, mobile home, etc.) - **Rent** or **Renter**
- I stay in a shelter or transitional housing - **Shelter/Transitional** or **Shelter/Transitional Housing**
- I do not have housing - **Unhoused**
- I am staying with friends/family - **Friends/Family**
- *In some instances, housing situation was separated into 3 categories “I own my home,” “I rent my home (house, apartment, mobile home, etc.),” and all other responses were grouped into **Other Housing Situation**.*
- *In some instances, housing situation was separated into 3 categories “I own my home,” “I rent my home,” and **Shelter/Transitional** or **Unhoused**.*
- *In some instances, housing situation was separated into only 2 groups, “I own my home” and **Other Housing Situation**.*

21. Do you have children young enough to need constant care?

- Null and Do Not Wish to Say (Excluded from any presentation of child care data.)
- Yes - **Child Care**
- No - **No Child Care**

22. Which is true about finding care for your children? (select all that apply)

- The question was offered only to those who selected “Yes” in Question 21.
- Null and Do Not Wish to Say (Excluded from any presentation of child care data.)
- Finding available child care is challenging - **Availability**
- Finding affordable child care is challenging - **Affordability**
- Finding quality child care is challenging - **Quality**
- Finding child care is not a challenge for my household - **No Challenges**
- *In some instances, challenges may be grouped together as **Child Care Challenges**.*
- *In some instances, all respondents who selected affordability alone or with any other challenges were grouped as **Affordability, Alone or With Other Challenges** and all other respondents who listed at least one challenge were grouped as **Other Child Care Challenges**. These were then compared to respondents who reported **No Challenges**.*

## APPENDIX D: METHODOLOGY

23. Do you have an adult in your home who needs constant care?

- Null and Do Not Wish to Say (excluded from any presentation of adult care data)
- Yes - **Adult Care**
- No - **No Adult Care**

24. Which is true about finding care for this person? (select all that apply)

- The question was offered only to those who selected “Yes” in Question 23.
- Null and Do Not Wish to Say (Excluded from any presentation of adult care data.)
- Finding available respite care is challenging - **Availability**
- Finding affordable respite care is challenging - **Affordability**
- Finding quality respite care is challenging - **Quality**
- Finding respite care is not a challenge for my household - **No Challenges**
- *In some instances, challenges may be grouped together as **Adult Care Challenges**.*
- *In some instances, all respondents who selected affordability - alone or with any other challenges were grouped as **Affordability, Alone or With Other Challenges** and all other respondents who listed at least one challenge were grouped as **Other Adult Care Challenges**. These were then compared to respondents who reported **No Challenges**.*

25. Which describes your food situation? (select all that apply)

- Null and Do Not Wish to Say (Excluded from any presentation of food situation data.)
- My household is able to buy enough food with salary/wage money - **No Challenges**
- My household uses SNAP, WIC, etc., to buy food - **Uses SNAP/WIC to Buy Food**
- My household gets some of our food from food pantries - **Gets Some Food From Pantries**
- My household gets enough food but not healthy food - **Enough, but not Healthy** or **Able to Buy Enough Food but Not Healthy Food**
- My household is not able to get enough food - **Not Enough** or **Not Able to Get Enough Food**
- *In some instances, all respondents who selected at least one challenge were grouped as **Experience Food Challenges**.*
- *In some instances, all respondents who selected any challenges were grouped as **I Experience At Least One Food Challenge**, while those respondents who selected “My household is able to buy enough food with salary/wage money” AND a challenge were grouped as **Able to Buy Enough Food but Also at Least One Challenge**, and those who stated only “My household is able to buy enough food with salary/wage money” were grouped as **I Have No Food Challenges**.*
- *In some instances, all respondents who selected **Uses SNAP/WIC** alone or with any other challenges were grouped as **Uses SNAP/WIC to Buy Food**.*
- *In some instances respondents were grouped into **Able to Buy Enough Food but Not Healthy Food, Uses SNAP/WIC to Buy Food, Gets Some Food From Pantries, and Not Able to Get Enough Food**.*

## APPENDIX D: METHODOLOGY

26. Which about your diet is true? (select all that apply)

- Null and Do Not Wish to Say (Excluded from any presentation of diet data.)
- Most responses that were written as Other were able to be categorized into the listed options. Those that did not were placed in an Other category.
- I feel that my diet is mostly healthy - **Mostly Healthy Diet**
- I would eat healthier if I knew what foods are good for me - **Knowledge**
- I would eat healthier if healthy food tasted better- **Taste**
- I would eat healthier if it was more affordable - **Affordability**
- I would eat healthier if I had more time to cook - **Time**
- I would eat healthier if more healthy foods were sold in my community - **Availability**
- I would eat healthier if I had better transportation - **Transportation**
- I could eat healthier but I don't want to - **Interest** or **Could Eat Healthier**
- *In some instances, challenges may be grouped together as **Has Challenges to Healthy Diet**.*
- *In some instances, Affordability was looked at as **Affordability, Alone or With Other Challenges**, and other challenges were grouped together as **Other Diet Challenges**.*
- *In some instances, 3 groups were used: **Mostly Healthy Diet; Mostly Healthy Diet but Also at Least One Challenge; and At Least One Challenge**.*

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

- Null and Do Not Wish to Say (Excluded from any presentation of exercise data.)
- Most responses that were written as Other were able to be categorized into the listed options. Those that did not were placed in an **Other** category.
- I feel that I get enough exercise - **I get enough exercise**
- I would exercise more if I had access to a gym - **Gym Access**
- I would exercise more if I had more time - **Time**
- I would exercise more if I knew which exercises are good for me - **Knowledge**
- I would exercise more if I felt safer in my neighborhood - **Safety**
- I don't exercise enough due to pain, injury, or illness - **Pain or Illness**
- I could exercise more but I don't want to - **Interest** or **Could Exercise More**
- *In some instances, challenges were grouped together as **Exercise Challenges**.*
- *In some instances 3 groups were used: **I Get Enough Exercise; I Get Enough Exercise, but Also at Least One Challenge; and At Least One Challenge**.*

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

- Null and Do Not Wish to Say (Excluded from any presentation of financial situation data.)
- I have enough money that I am able to save some, invest some, or buy things that I want but don't need - **More Than Enough Money**
- I have just enough money to pay for housing, day-to-day needs and bills - **Just Enough Money**
- I am unable to pay for all of my household's day-to-day needs and bills - **Not Enough Money**

## APPENDIX D: METHODOLOGY

29. Which of the following best describes your hopes for your financial situation? (Select all that apply)
- Null and Do Not Wish to Say (Excluded from any presentation of financial situation data.)
  - I have a plan to improve my financial situation - **I have a plan**
  - I am aware of resources that may help me to improve my financial situation - **I am aware of resources**
  - I would like to improve my financial situation but don't know how - **I don't know how**
  - I know how I could improve my financial situation but don't feel I have the necessary resources - **I don't have resources**
  - I am comfortable with my current financial situation - **Comfortable**
  - *In some instances, responses were grouped into 2 categories: **Comfortable With Financial Situation** and **Other Hopes for Financial Situation**.*
30. How do you get around? (select all that apply)
- Null and Do Not Wish to Say (Excluded from any presentation of transportation data.)
  - *In some instances, responses were grouped into 2 categories: **Personal Vehicle Only** or **No Use of Personal Vehicle**.*
  - *In some instances, responses were grouped into 2 categories: **Any Use of Personal Vehicle** or **No Use of Personal Vehicle**.*
  - *In some instances, responses were grouped into 3 categories: **Personal Vehicle Only**, **Personal Vehicle and Other Means of Transportation**, and **No Use of Personal Vehicle**.*
31. What are the challenges to accessing transportation? (select all that apply)
- Null and Do Not Wish to Say (Excluded from any presentation of transportation data.)
  - Not affordable (e.g., buying a car, gas, bus passes) - **Not Affordable**
  - Inadequate public transportation (e.g., no bus routes near my home) - **Inadequate Public Transport**.
  - Physical mobility challenges (e.g., difficult to get in and out of vehicles) - **Mobility Challenges**
  - Accessing transportation is not a challenge for me. - **No Transport. Challenges** or **No Transportation Challenges**
  - *In some instances, responses were grouped into 3 categories. Any mention of Not Affordable was grouped as **Affordability, Alone or With Other Challenges**, and all other challenges were grouped together as **I experience other challenges accessing transportation**. These were then compared to **Accessing transportation is not a challenge for me**.*

## APPENDIX D: METHODOLOGY

32. Lack of transportation has been a barrier to (select all that apply):

- Null and Do Not Wish to Say (Excluded from any presentation of transportation data.)
- Those who listed “Lack of transportation is not a challenge for me” with any of the other responses were considered a conflicting response and excluded.
- Accessing medical care - **Medical Care** or **Accessing Medical Care**
- Buying food and other needed goods - **Food/Goods** or **Accessing Food/Goods**
- Finding and/or keeping a job - **Employment**
- Recreation
- Lack of transportation is not a challenge for me - **No Transport. Challenges** or **No Transportation Challenges**
- *In some instances, responses were grouped into 3 categories. Any mention of Employment was grouped as **Employment, Alone or With Other Challenges**; all other challenges were grouped together as **Barrier to Other Things**; and “Lack of transportation is not a challenge for me” was grouped as **No Barriers**.*
- *In some instances, responses were grouped as **At Least One Challenge Due to Lack of Transportation** when the respondent indicated one or more of the challenges.*

## APPENDIX D: METHODOLOGY

33. Do you have friends or family you can rely on for:
- Respondents were presented with a 5-point Likert scale, from *Never* to *Always* for each of these types of social interactions. For analysis, each option on this scale was converted into a numerical value. The scale with values is as follows: Never=0, Rarely=1, Sometimes=2, Often=3, Always=4
  - In most instances, the average value was calculated and presented for each social support.
  - Practical help? (child care, transportation, household repairs, etc...) - **Practical Help**
  - Emotional support? - **Emotional Support**
  - Having fun? - **Having Fun**
34. Do you experience any of the following health conditions? (select all that apply)
- Null and Do Not Wish to Say (Excluded from any presentation of transportation data.)
  - *In some instances, responses were grouped into 2 categories: **Any Mental or Physical Health Conditions and None of These.***
  - *In some instances, responses were grouped into 3 categories: **Anxiety/Depression, None of These, and all other options were grouped into Physical Illnesses.***
  - *In some instances, responses were grouped into 4 categories: **Anxiety/Depression Alone, Mental and Physical Illnesses, Physical Illnesses Only, and “None of These.”***
35. Have you lost a close friend or relative to COVID-19?
- Null and Do Not Wish to Say (Excluded from any presentation of COVID data.)
36. Are you struggling with the use of any kind of substance (e.g., tobacco, alcohol, opiates)?
- Null and Do Not Wish to Say (Excluded from any presentation of substance use data.)
  - Yes - **Struggling With Substance Use**
  - No - **Not Struggling With Substance Use**
37. Do you care to tell us what kind of substance? (Select all that apply)
- The question was only offered to those who said “Yes” to Question 36.
  - Null and Do Not Wish to Say (Excluded from any presentation of substance use data.)
38. Do you wish to share why you started using this substance? (select all that apply)
- The question was only offered to those who said “Yes” to Question 36.
  - Null and Do Not Wish to Say (Excluded from any presentation of substance use data.)
39. In relation to this substance use, what resources may support your health and safety? (Select all that apply)
- The question was only offered to those who said “Yes” to Question 36.
  - Null and Do Not Wish to Say (Excluded from any presentation of substance use data.)

## APPENDIX D: METHODOLOGY

40. Which of the following are challenges to accessing health care for yourself or your family? (Select all that apply)

- Null and Do Not Wish to Say (Excluded from any presentation of health care access data.)
- Cost of care and treatment (with or without insurance) - **Cost of Care and Treatment**
- My schedule conflicts with most office hours of medical providers - **Conflicting Schedule**
- Access to care is not a challenge for me or my family - **No Challenges to Accessing Health Care**
- *In some instances responses were grouped into **No Challenges to Accessing Health Care** and **At Least One Challenge to Accessing Health Care**.*

41. When I receive medical care....

- Respondents were presented with a 5-point Likert scale from *Never* to *Always* for each of these medical care questions. For analysis, each option on this scale was converted into a numerical value, and average values were calculated. The scale with values is as follows: Never=0, Rarely=1, Sometimes=2, Often=3, Always=4
- I feel the providers respect me. - **Respect Me**
- I feel the providers believe me. - **Believe Me**
- The providers speak to me in a way that I understand. - **Are Understandable**
- I feel the medical providers are competent in treating people like me - **Are Competent**
- The response option "I trust medical providers" was left out of the digital version of the survey in error. Due to this omission, this part of the question was excluded from all analyses.



# REMOVAL OF INVALID SURVEY RESPONSES

The tables on the next 3 pages summarize each question within the community survey as it pertains to the process of removing invalid responses. The survey received a total of 4,270 responses. After excluding responses that were likely entered from online “bots” (probably because of the possibility of winning a gift card by completing the survey) and responses that were from anyone living outside of Erie County, NY, 3,449 responses remained.

In the next step, three additional types of invalid responses were removed from the presentation of the data of all questions. These invalid data types were:

- **Conflicting Values:** See the description of these values in the Methodology section of the report on page 69.
- **Null or Blank Values:** The question was not applicable to the respondent, or it was not answered or left blank.
- **Do Not Wish To Say:** The respondent selected *Do Not Wish To Say* as their response option.

The remaining responses were considered valid responses. This number can be interpreted as the base denominator for each question for which counts or percentages are calculated. The application of additional analysis filters or cross tabulations with other questions will change this base denominator. Additional information, as it relates to that question, is also available in the Notes column. The table lists the questions in the survey by question number. To reference the complete question, view the entire survey in Appendix G.

**APPENDIX D: METHODOLOGY**

**TABLE OF INVALID SURVEY RESPONSES**

Question	# Valid Responses	# Conflicting Responses	# Null or Blank	# Do Not Wish To Say	Notes
1	3034	0	415	0	Not asked on Google Survey
2	2788	0	0	663	
3 (Town)	3299	0	76	0	
3 (ZIP code)	3339	0	110	0	
4	1490	0	1944	15	
5	2670	0	0	781	
5 (Ethnicity)	228	0	3187	34	Only to Q5 Hispanic, specify
6	3152	0	0	297	
6 (Asian)	108	0	3333	8	Only to Q6 Asian, specify
7	3212	0	0	237	
8	3366	0	0	83	
9	3353	0	0	96	
10	3033	0	0	416	
11	3215	0	0	234	
12	246	0	3160	43	Only to non-US born from Q11
13	3335	0	0	114	
14	3276	0	0	173	
15	3024	0	0	425	
15 (Unemployed)	988	0	2344	117	Only to Unemployed from Q15
16	3174	0	0	275	
17	3313	0	0	136	
18	3100	0	0	349	
19	549	0	2841	59	Only to Yes from Q18
20	3212	0	0	237	

## APPENDIX D: METHODOLOGY

Question	# Valid Responses	# Conflicting Responses	# Null or Blank	# Do Not Wish To Say	Notes
21	3228	0	0	221	
22	522	18	2837	72	Only to Yes from Q21
23	3189	0	0	260	
24	171	6	3217	55	Only to Yes from Q23
25	3092	0	0	357	
26	3044	0	6	399	
27	3115	0	23	311	
28	2919	0	0	530	
29	2890	0	1	558	
30	3244	0	1	204	
31	3334	56	25	34	
32	2703	45	6	695	
33 (Practical)	2939	0	0	510	
33 (Emotional)	3005	0	0	444	
33 (Fun)	3021	0	0	428	
34	2968	0	0	481	
35	3185	0	0	264	
36	3082	0	0	367	
37	281	0	3151	17	
38	243	0	3157	49	
39	244	0	3160	45	
40	2674	48	0	727	
41 (Respect)	2964	0	0	485	
41 (Believe)	2926	0	10	513	

## APPENDIX D: METHODOLOGY

Question	# Valid Responses	# Conflicting Responses	# Null or Blank	# Do Not Wish To Say	Notes
41 (Understand)	2933	0	14	502	
41 (Competent)	2931	0	10	508	
41 (Trust)	405	0	2527	517	Question excluded from online form in error.



# APPENDIX E: HEALTH EQUITY DEFINITIONS

**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 preventable health disparities [24].” 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 [25].

**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 [24].”

**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.

## APPENDIX E: HEALTH EQUITY DEFINITIONS

**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.

**What is disaggregated data?** Disaggregated data is data that has been broken down into smaller sub-groups or sub-categories. For example, in the ECOHE Community Survey the race group Asian could be disaggregated into each of the sub-race groups: Asian Indian, Bangladeshi, Burmese, etc. Disaggregated data can reveal health disparities and inequalities that may not be fully reflected in aggregated data.

**What is aggregated data?** Aggregated data is data that has grouped together to make a larger data set. This was done in the ECOHE Community Survey by grouping some options, each containing a small number of responses, into a larger group. By aggregating the data, findings that would not have been possible because of the small numbers of responses in the original grouping can be explored and presented.

*This report is an analysis of the data collected through a community survey tool and focus group participants. Therefore, the data presented, which disaggregates race and ethnicity to the fullest extent possible, reflects the categories that individuals selected when completing the survey. To see the full list of race and ethnicity options provided to survey respondents and focus group participants, see Appendices D and G. The ECOHE acknowledges that 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.*

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 [26]:  
<https://bit.ly/3Py44qM>

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 [15]:  
<https://bit.ly/3Py44qM>



# **APPENDIX F: 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



## APPENDIX F: ERIE COUNTY HEALTH EQUITY ACT OF 2021

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.

## APPENDIX F: ERIE COUNTY HEALTH EQUITY ACT OF 2021

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:

## APPENDIX F: ERIE COUNTY HEALTH EQUITY ACT OF 2021

### 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.

## **APPENDIX F: ERIE COUNTY HEALTH EQUITY ACT OF 2021**

### **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.

## APPENDIX F: ERIE COUNTY HEALTH EQUITY ACT OF 2021

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 G: COMMUNITY SURVEY

# OFFICE OF HEALTH EQUITY

www.erie.gov/health-equity



Erie County  
Department of  
Health



The vision of the Erie County Office of Health Equity (OHE) is for all populations in Erie County to achieve maximum health and wellness. Existing data shows that people in different communities within Erie County, have different health experiences.

Please, complete this survey to help us understand the challenges to being healthy where you live. Some questions may be sensitive. However, answering these questions will give us information on what unique challenges may exist in the community. With this understanding, we hope to support effective solutions.

**1. Are you an Erie County resident?**

- Yes -*Move on to question 2*
- No -*Thank you, for your willingness to participate in our survey. However, the scope of this survey only includes Erie County residents.*

**2. Which of the following best describes where you live?**

- Rural -*Answer question 3 but not 4*
- Suburban -*Answer question 3 but not 4*
- Urban -*Skip to question 4*

**3. What is your town/city/village AND zip code? (e.g., Cheektowaga 14225)**

- Town/City/Village \_\_\_\_\_
- Zip code: \_\_\_\_\_
- Do not wish to say

**4. What two streets intersect at the corner nearest to your home (e.g. Oakdale and Main St)?:**

- Street 1 \_\_\_\_\_ / Street 2 \_\_\_\_\_
- Do not wish to say

**5. Ethnicity (select all that apply):**

- Hispanic/Latino
  - Central American
  - Cuban
  - Dominican
  - Mexican
  - Puerto Rican
  - South American\_
  - Other (Specify) \_\_\_\_\_
  - Do not wish to say
- Non-Hispanic/Latino
- Do not wish to say



## APPENDIX G: COMMUNITY SURVEY

**6. Race (select all that apply):**

- Middle Eastern or North African
- American Indian or Alaska Native
- Asian
  - Asian Indian
  - Bangladeshi
  - Burmese
  - Chinese
  - Filipino
  - Japanese
  - Korean
  - Pakistani
  - Vietnamese
  - Other Asian (Specify) \_\_\_\_\_
- Black
- Pacific Islander or Hawaii Native
- White
- Other (Specify) \_\_\_\_\_
- Do not wish to say

**7. Age:**

- \_\_\_\_\_ years
- Do not wish to say

**8. What was your sex assigned at birth?**

- Female
- Male
- Intersex
- Do not wish to say

**9. What is your current gender identity?**

- Woman
- Man
- Nonbinary
- Gender Nonconforming/Gender Expansive
- Not Sure/Questioning
- Woman of Trans Experience
- Man of Trans experience
- Other (Please Write) \_\_\_\_\_
- Do not wish to say

**10. What is your sexual orientation?**

- Asexual
- Bisexual
- Gay
- Lesbian
- Pansexual
- Queer
- Straight/heterosexual
- Not sure/Questioning
- Other
- Do not wish to say

## APPENDIX G: COMMUNITY SURVEY

### 11. Immigration Status

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

### 12. Which of the following is true?

- I moved to the continental U.S. as a child (under 18)
- I moved to the continental U.S. as an adult (18+)
- Do not wish to say

### 13. How well do you speak English?

- Very well
- Well
- Not well
- Not at all
- Do not wish to say

### 14. Education level:

- Did not finish High School
- High School or GED equivalency
- Some college
- Associate's degree
- Bachelor's degree
- Post-Graduate degree
- Do not wish to say

### 15. Employment:

- If employed, what is your job: \_\_\_\_\_
- If you are not employed, why?
  - Retired
  - Disabled
  - Not searching for work
  - I take care of children or another person without pay
  - Currently unemployed but searching for work
  - Other
  - Do not wish to say
- Do not wish to say

### 16. Have you ever been incarcerated?

- Yes
- No
- Do not wish to say

### 17. Have you ever served in the military?

- Yes
- No
- Do not wish to say

## APPENDIX G: COMMUNITY SURVEY

18. The American Disabilities Act defines a person with a disability as a person who has a physical or mental impairment that substantially limits one or more major life activity. According to this definition, do you have a disability?
- Yes
  - No – *Skip to question 20*
  - Do not wish to say – *Skip to question 20*
19. What type(s) of disability do you have? (select all that apply)
- Physical/Mobility
  - Sensory (e.g., blind, deaf)
  - Developmental/Intellectual
  - Do not wish to say
  - Other \_\_\_\_\_
  - Not sure
  - Mental/Emotional
20. Which describes your housing situation?
- I own my home
  - I rent my home (house, apartment, mobile home etc.)
  - Do not wish to say
  - I stay in a shelter or transitional housing
  - I do not have housing
  - Other \_\_\_\_\_
  - I am staying with friends/family
21. Do you have children young enough to need constant care?
- Yes
  - No –*Skip to question 23*
  - Do not wish to say –*Skip to question 23*
22. Which of the following are true regarding finding care for your children? (select all that apply):
- Finding available childcare is a challenge
  - Finding affordable childcare is a challenge
  - Finding quality childcare is a challenge
  - Childcare is not a challenge for my household
  - Do not wish to say
23. Is there an adult in your home who needs constant care?
- Yes
  - No –*Skip to question 25*
  - Do not wish to say –*Skip to question 25*
24. Which of the following are true regarding finding care for this person? (select all that apply)
- Finding available respite care is challenging
  - Finding affordable respite care is challenging
  - Finding quality respite care is challenging
  - Finding respite care is not a challenge for my household
  - Do not wish to say

## APPENDIX G: COMMUNITY SURVEY

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

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

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

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

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

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

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

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

## APPENDIX G: COMMUNITY SURVEY

29. Which of the following best describes your hopes for your financial situation (Select all that apply):

- I have a plan to improve my financial situation
- I am aware of resources that may help me to improve my financial situation
- I would like to improve my financial situation but don't know how
- I know how I could improve my financial situation but don't feel I have the necessary resources
- I am comfortable with my current financial situation
- Other \_\_\_\_\_
- Do not wish to say

30. How do you get around? (select all that apply)

- Bus/public transportation
- Personal vehicle
- Ride-sharing (Uber, Lyft, taxi)
- Bike
- Do not wish to say
- Walk
- Other
- It is hard to get around due to lack of transportation
- Friends/family

31. What are the challenges to accessing transportation? (select all that apply)

- Not affordable (e.g., buying a car, gas, bus passes)
- Inadequate public transportation (e.g., no bus routes near my home)
- Physical mobility challenges (e.g., difficult to get in and out of vehicles)
- Accessing transportation is not a challenge for me.
- Other \_\_\_\_\_

32. Lack of transportation has been a barrier to (select all that apply):

- Accessing medical care
- Buying food and other needed goods
- Finding and/or keeping a job
- Recreation
- Lack of transportation is not a challenge for me
- Other \_\_\_\_\_
- Do not wish to say

## APPENDIX G: COMMUNITY SURVEY

33. Do you have friends or family you can rely on for:

Practical help? (child care, transportation, household repairs etc...)

- Never     Rarely     Sometimes     Often     Always

Emotional support?

- Never     Rarely     Sometimes     Often     Always

Having fun?

- Never     Rarely     Sometimes     Often     Always

34. Do you experience any of the following health conditions? (select all that apply):

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

35. Have you lost a close friend or relative to COVID-19?

- Yes  
 No  
 Do not wish to say

36. Are you struggling with the use of any kind of substance (eg., tobacco, alcohol, opiates)?

- Yes  
 No -*Skip to question 40*  
 Do not wish to say -*Skip to question 40*

37. Do you care to tell us what kind of substance? (Select all that apply)

- |                               |  |
|-------------------------------|--|
| <input type="radio"/> Tobacco | <input type="radio"/> Methamphetamine    |
| <input type="radio"/> Alcohol | <input type="radio"/> Cannabis           |
| <input type="radio"/> Opiates | <input type="radio"/> Other _____        |
| <input type="radio"/> Cocaine | <input type="radio"/> Do not wish to say |

## APPENDIX G: COMMUNITY SURVEY

38. Do you wish to share why you started using this substance? (select all that apply)
- Medical prescription
  - Experimentation
  - Social pressures
  - Stress/Depression
  - Other \_\_\_\_\_
  - Do not wish to say
39. In relation to this substance use, what resources may support your health and safety? (Select all that apply)
- A support group
  - Better access to medical care
  - In-patient treatment/rehab
  - Harm reduction resources (e.g., needle exchanges, Narcan training)
  - Less exposure to the substance
  - Unsure
  - Other \_\_\_\_\_
  - Do not wish to say
40. Which of the following are challenges to accessing healthcare for yourself or your family? (Select all that apply)
- Lack of medical providers near my home
  - Lack of pharmacies near my home
  - Lack of adequate health insurance
  - Distrust of medical providers
  - Cost of care and treatment (with or without insurance)
  - Lack of convenient transportation
  - Lack of childcare
  - My schedule conflicts with most office hours of medical providers
  - I do not have any or enough paid time off
  - Access to care is not a challenge for me or my family
  - Do not wish to say
41. When I receive medical care....
- I feel the providers respect me.**
- Never       Rarely       Sometimes       Often       Always
- I feel the providers believe me.**
- Never       Rarely       Sometimes       Often       Always
- The providers speak to me in a way that I understand.**
- Never       Rarely       Sometimes       Often       Always
- I feel the medical providers are competent in treating people like me.**
- Never       Rarely       Sometimes       Often       Always

## APPENDIX G: COMMUNITY SURVEY

Thank you for your responses! We appreciate your time and value the information you have provided!

If you would like to enter the raffle for a \$100 Target gift card, please complete this form and tear this page from the survey so your survey answers will remain confidential.

Full name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Zip code: \_\_\_\_\_

Would you like to receive the Health Equity e-newsletter?

- Yes
- No thanks





# **APPENDIX H: FOCUS GROUP SCRIPT**



## APPENDIX H: FOCUS GROUP SCRIPT

GREEN=things to say specific to this focus group

Pink= PROMPTS or optional/situational things to say

YELLOW=actions, DON'T SAY THESE

### Group Discussion Introduction:

Hello and good evening I am [facilitator name] from the Erie County Office of Health Equity and will be leading today's focus group. Also, in the room today are my coworkers that will be assisting with data collection and support today [staff introductions]. You have probably noticed the microphone in the room. We do plan to record today's conversation, but we are NOT recording yet. We will go over the papers in front of you and make sure everyone has a chance to hear the plan for today before we begin to record. We will let you know when the recording starts.

Before we dive into the discussion, we want to make sure everyone knows where to find the restrooms and exits. [Indicate where they are]. We are providing refreshments [indicate where refreshments are] We ask that you try to finish up eating before we start discussion, so it is not a distraction. However, if you need a bottle of water, feel free to grab one at any point.

Thank you for taking the time to meet with us today. We are from the Erie County Office of Health Equity. Our office was created in 2021 by the county to support health equity. To have health equity means that each community within the county has what THEY NEED to be healthy, regardless of where they were born, live, work, or play. Our office works to study health inequities, which are avoidable differences in health outcomes, and their causes, share the stories and concerns of communities experiencing inequities, and run pilot programs to improve health equity within the county.

In front of your seat you have a few documents that we will go over and take some time to complete. First, to help with the conversation we would like you to share your names. If you do not feel comfortable sharing your real name, feel free to provide whatever name you wish to be called by in this discussion. Please write that name on both sides of your name tent [or on the name tag]. In front of you is a demographics form [hold up to show]. We collect this information so we can best understand the strengths and needs that are specific to each community. We ask that you fill that out now. [Allow time to complete form] Next, you have a consent form [hold up form] that explains information on today's focus group session. The first page of this form is for you to take home and has our contact information in case you would like to reach us with any questions or concerns. I will read it out loud momentarily. Please note that there are a few optional items at the end of that form. I will now read the informed consent form.

*Purpose:* The purpose of this focus group is to better understand the health needs and concerns of people living in Erie County. The information collected in this discussion will be used in our annual equity report and will advise future policy recommendations, programming, and research.

*Procedure:* As part of this study, you are meeting with 8-10 people for a group discussion. A moderator will ask the group several questions. This focus group will be audio-recorded and note-takers will be present. You will be told when recording begins and ends. You have the option to choose whether or not to participate in this focus group, and you may stop at any time during the course of the discussion. You may skip any questions or tasks that you do not wish to answer or complete. Once the focus group has ended, you will be given a gift card to compensate you for sharing your thoughts with our team.

## APPENDIX H: FOCUS GROUP SCRIPT

*Confidentiality: For legal and auditing purposes, your name will be collected on the consent and gift card forms. However, your name will not appear anywhere in the written report and will not be linked to any information you share. All responses will be kept strictly confidential outside of this group and will be available only to the researchers in the Erie County Department of Health Office of Health Equity. To protect the privacy of all participants, it is required that you do not share other participants identities or responses from the focus group.*

*Contact: Should you have any questions or concerns regarding your participation, please contact:  
The Erie County Office of Health Equity  
Email: [healthequity@erie.gov](mailto:healthequity@erie.gov)  
Phone: 716-858-2152*

*Again, you can keep that form, but please now look at the Consent to Participate in FOCUS GROUP. [hold up form]. This form reads:*

*I acknowledge that I am at least 18 years old. I understand my rights as a research participant as have been provided to me. I acknowledge that my participation is fully voluntary. I agree to have my verbal responses recorded and transcribed for further analysis with the understanding that my responses will not be linked to my name in any publication. I understand that upon completion, the recording will be destroyed and I will have the option to receive results of the project.*

*If you consent to participating, please write your name, sign, and write the date. Today is [today's date]*

*You have an **OPTION TO RECEIVE A COPY OF THE REPORT**. Would you like to receive the report of our findings from these group discussions? If so, check one of the boxes and provide the necessary information below:*

*Please provide either an email or full mailing address on the form.*

*You also have the **OPTION TO PARTICIPATE IN FUTURE COMMUNITY CONVERSATIONS***

*The Office of Health Equity values your story as an important member of our community. Our Office would like to have in depth conversations to better understand what the community wants and needs. These conversations would be recorded and/or filmed. If you have interest in participating, please provide your information below:*

*If you would like to participate please write in your name and either your phone number or email we can reach you at.*

*Our team will now go around and pick up the forms to make sure everything is completed. [Allow time to collect and check forms]*

*While working to study and address health inequities in Erie County, the Office of Health Equity focuses on the root causes. In the past, efforts to improve health have focused on what people need to do for themselves. However, we are learning that health decisions and health status are influenced by living conditions. These conditions are known as the social determinants of health or influences or areas of health. [Hold up graphic]. The graphic in front of you lists the 6 areas of the Social Determinants of Health with some examples in each area. During the discussion today, we would like to explore the social*

## APPENDIX H: FOCUS GROUP SCRIPT

determinants that influence your health [name of group]. So, we are not looking for the information that you might discuss with your doctor about your health, rather you were invited here today to share what you feel are the conditions, policies, systems, etc.. that may help or harm your health.

For example, [example of SDOH factor for this group].

We are holding these focus groups with many different communities throughout Erie County and we chose to focus on Black father so that we could hear how social determinants of health can be changed to improve the health of this community. We are hoping to hear many different points-of-view and we understand that you do not represent all [name of group]. We also understand that you are all individuals and fill many roles. There are no right or wrong answers, we expect that you will have different thoughts and experiences. Please, feel free to share your point of view even if it is different from what others have said.

We want everyone to feel safe and comfortable in this space. To ensure that, we have a couple of agreements for our conversation. Please be respectful of one another, please don't criticize, and please don't speak while someone else is speaking. While everyone will be given an opportunity to respond to each question, we do want to make sure that we get through all of our questions. In order to keep us on time today the notetakers will also be keeping track on the laptops and may be sending me text messages to let me know when we need to move on to the next question.

So, unless there are any other questions [pause for questions] then the recording will begin now. [Pause to allow notetaker to start recording and confirm with note-taker that the recording is working].

**Q1:** To start, please introduce yourself with the name you would like us to use for you today and tell us why you agreed to join us for this discussion?

[NOTE: make sure each person provides a name, limit each person to about 1 minute so everyone can speak]

**Q2:** What does a good life look like to you?

[Prompts: sky is the limit! What do you see a happy and healthy life?]

**Q3:** What are some of your biggest challenges to living the life you want?

[Prompt: you could look at the SDOH image to see if any of those items are challenges for you]

**Q4:** Despite these challenges, what is currently helping you?

## APPENDIX H: FOCUS GROUP SCRIPT

[Prompt: What are the things you have now that are helping you reach the life you want?]

[Prompts: Refer to SDOH.../Examples: in some previous focus groups, participants have highlighted the social supports in their lives or resources in the community.]

**Q5:** What about living in Western NY is good for you and your family's health?

**Q6:** What about living in Western NY is bad for you and your family's health?

[NOTE: Possible time to check in and remind people they could step out if needed]

**Q7:** Are there any ways in which you feel [name of group] are misunderstood?

[prompt: stereotypes]

**Q8:** What would have been helpful to you to better manage during the December 2022 blizzard?

[prompt: what would help the whole community]

[NOTE: Possible time to check in and remind people they could step out if needed]

**Q9:** Do you feel there are any resources that are lacking in Western NY that would be helpful to [Name of group]?

**Q10:** [OPTIONAL QUESTION] as time allows

Where do you go for trusted information and news?

[prompt: what negatively affects your mental health?, What makes it difficult to get the care or support you need for your mental health.]

## APPENDIX H: FOCUS GROUP SCRIPT

**Q11:** [OPTIONAL QUESTION] - What childcare resources or policies would help you to live the life you want (for you and your children)?

**Q12:** Is there anything anyone would like to add, or didn't have a chance to say during the discussion, that you would like to do so at this time?

[Prompt/Additional Question: Is there anything on the SDOH graphic that you would like to discuss?]

[Prompt/Additional Question: What didn't we ask this group that we should have?]

The recording will stop now. Again, thank you for participating in this discussion. We value your time and the information you have shared. We will be sure to share the report from these discussions with you all. Feel free to take any of the newsletters or fliers for our office programs that you or someone you know may find helpful. These are also available on our website. I hope you will enjoy the rest of the refreshments provided. Before you leave, please see [staff member] to receive your gift card for participating.

END







# **APPENDIX I: ECOHE DEMOGRAPHIC FORM**



# APPENDIX I: ECOHE DEMOGRAPHIC FORM

Date: \_\_\_\_\_

The Office of Health Equity asks for this information to measure who we are hearing from. We want to make sure we are reaching diverse communities and voices. We know that these questions do not reflect all identities, but have tried to include as many as possible. All questions provide the option to specify another response and/or choose not to reply.

**What is your ethnicity?** Select all that apply.

- Hispanic/Latino
  - Central American
  - Cuban
  - Dominican
  - Mexican
- Puerto Rican
- South American
- Another (Please specify): \_\_\_\_\_
- Non-Hispanic/Latino
- Do not wish to say

**What is your race?** Select all that apply.

- Middle Eastern or North African
- American Indian or Alaska Native
- Asian
  - Asian Indian
  - Bangladeshi
  - Burmese
  - Chinese
  - Filipino
- Black/African-American
  - African
  - American
  - Caribbean
- Pacific Islander or Hawaii Native
- White
- Another (Please specify): \_\_\_\_\_
- Do not wish to say
- Japanese
- Korean
- Pakistani
- Vietnamese
- Another (Please specify): \_\_\_\_\_
- South American
- Another (Please specify): \_\_\_\_\_

**Please complete the following table about where you and your parents were born.** Select one for each person and place an X in that box.

	U.S.	U.S. territories (Puerto Rico, Guam, etc.)	Outside the U.S. and arrived as an immigrant	Outside the U.S. and arrived as a refugee	Born and live outside the U.S.	Do not wish to say	I don't know	Other
You								
Parent 1								
Parent 2								

**NEXT  
PAGE** 

## APPENDIX I: ECOHE DEMOGRAPHIC FORM

**What is your age group? Select one.**

- |  |   |
|--|---|
| <input type="checkbox"/> 18-29 years old | <input type="checkbox"/> 60-69 years old        |
| <input type="checkbox"/> 30-39 years old | <input type="checkbox"/> 70 years old and above |
| <input type="checkbox"/> 40-49 years old | <input type="checkbox"/> Do not wish to say     |
| <input type="checkbox"/> 50-59 years old |   |

**What was your sex assigned at birth? Select one.**

- Female  
 Male  
 Intersex  
 Another (Please specify): \_\_\_\_\_  
 Do not wish to say

**What is your current gender identity? Select all that apply.**

- |  |  |
|--|--|
| <input type="checkbox"/> Woman                                 | <input type="checkbox"/> Woman of Trans Experience       |
| <input type="checkbox"/> Man                                   | <input type="checkbox"/> Man of Trans Experience         |
| <input type="checkbox"/> Nonbinary                             | <input type="checkbox"/> Another (Please specify): _____ |
| <input type="checkbox"/> Gender Nonconforming/Gender Expansive | <input type="checkbox"/> Do not wish to say              |
| <input type="checkbox"/> Not sure/Questioning                  |  |

**What is your sexual orientation? Select all that apply.**

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Asexual   | <input type="checkbox"/> Queer                           |
| <input type="checkbox"/> Bisexual  | <input type="checkbox"/> Straight/heterosexual           |
| <input type="checkbox"/> Gay       | <input type="checkbox"/> Not sure/Questioning            |
| <input type="checkbox"/> Lesbian   | <input type="checkbox"/> Another (Please specify): _____ |
| <input type="checkbox"/> Pansexual | <input type="checkbox"/> Do not wish to say              |

**What is the ZIP code where you live: \_\_\_\_\_**

Do not wish to say

**How did you hear about us?**

**The Office of Health Equity values your feedback. Would you suggest any changes to this form or the way in which demographic information is collected?**



# **APPENDIX J: ADDITIONAL FOCUS GROUP DOCUMENTS**



## APPENDIX J: ADDITIONAL FOCUS GROUP DOCUMENTS

### Focus Group Outreach Form

Contact person:

Organization:

Describe:

- We are looking to conduct focus groups with various communities within Erie County, including <specific community>.
  - These discussions will be about the challenges and assets to healthy living in Erie County.
  - The meetings will last about 2 hrs (3 if being interpreted), including the discussion and time for refreshments afterward.
  - Each participant will receive a \$20 gift card to Tops
  - The discussions will be audio-recorded to aid with analysis. Recordings will be destroyed after analysis. Discussions will be confidential outside of the focus group and research team. (Names will not be included in reports, etc...)
  - We are looking for about 8-10 people within this community to attend.
  - We are hoping to hold this group sometime between July and September (if need be, early October would be OK too). (Discussions that need to be interpreted will more likely be in the later end of this timeframe)
1. Are you willing/able to help us recruit participants for focus groups among <specific community>?
    - a. Yes – (continue with questions below)
    - b. No – Do you know of anyone else we can reach out to who may be able to help us recruit participants for focus groups with <target community>?
  2. Would you be able to reach out to each potential participant and then just let us know who/how many to expect or would it be better to share names and contact info for potential participants for us to reach out to?
  3. For a venue, we are looking for a space that:
    - Is at least somewhat private
    - Has a table and chairs or at least chairs that could be arranged in a circle (for about 10-13 people)
    - Has electrical outlets
    - Allows food
    - Free parking
    - Easy to find
    - Accessible by public transport would be a plus
- a. Is there such a place where this group normally meets that we could use for the focus group?
  - b. Is there a space that you can recommend for us to use that would be convenient for this group?
  - c. Do you think one of the following would work?
    - i. Delavan Grider Center 26 bus line
    - ii. Johnnie B. Wiley Stadium 18 bus line
    - iii. Martha Mitchell Community Center 12 bus line
    - iv. Gloria J Parks 8 bus line
    - v. Community Access Services 19 bus line
    - vi. Pratt Willert Center 4 bus line
    - vii. The Belle Center 5 bus line
    - viii. West Side Community Services 3 bus line

## APPENDIX J: ADDITIONAL FOCUS GROUP DOCUMENTS

4. Is there any business that you would recommend we buy refreshments from for the group (has to be a licensed, prefer local community vendors)? Do you have a contact person there?
5. Any suggestions for a time and date?
6. Any cultural considerations for this group (topics that we should stay away from, proper greetings, gender-based rules etc)?
7. Any additional questions you feel we should be asking this group (refer to tentative script which you can email them or read core questions listed)?
8. Would you like to use the flyer to help recruit participants?

OTHER NOTES:



# OFFICE OF HEALTH EQUITY

[www.erie.gov/health-equity](http://www.erie.gov/health-equity)



Erie County  
Department of  
Health



## Informed Consent to Participate in Focus Group

### Purpose

The purpose of this focus group is to better understand the health needs and concerns of people living in Erie County. The information collected in this discussion will be used in our annual equity report and will advise future policy recommendations, programming, and research.

### Procedure

As part of this study, you are meeting with 8-10 people for a group discussion. A moderator will ask the group several questions. This focus group will be audio-recorded and a note-taker will be present. You will be told when recording begins and ends. You have the option to choose whether or not to participate in this focus group, and you may stop at any time during the course of the discussion. You may skip any questions or tasks that you do not wish to answer or complete. Once the focus group has ended, you will be given a gift card to compensate you for sharing your thoughts with our team.

### Confidentiality

For legal and auditing purposes, your name will be collected on the consent and gift card forms. However, your name will not appear anywhere in the written report and will not be linked to any information you share. All responses will be kept strictly confidential outside of this group and will be available only to the researchers in the Erie County Department of Health Office of Health Equity. To protect the privacy of all participants, it is required that you do not share other participants identities or responses from the focus group.

### Contact

Should you have any questions or concerns regarding your participation, please contact:  
The Erie County Office of Health Equity  
Email: [healthequity@erie.gov](mailto:healthequity@erie.gov)  
Phone: 716-858-2152

## APPENDIX J: ADDITIONAL FOCUS GROUP DOCUMENTS

### Consent to Participate in FOCUS GROUP

I acknowledge that I am at least 18 years old. I understand my rights as a research participant as have been provided to me. I acknowledge that my participation is fully voluntary. I agree to have my verbal responses recorded and transcribed for further analysis with the understanding that my responses will not be linked to my name in any publication. I understand that upon completion, the recording will be destroyed and I will have the option to receive results of the project.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OPTION TO RECEIVE A COPY OF THE REPORT

Would you like to receive the report of our findings from these group discussions?  
If so, check one of the boxes and provide the necessary information below:

Email at \_\_\_\_\_

Mailed to my house \_\_\_\_\_

### OPTION TO PARTICIPATE IN FUTURE COMMUNITY CONVERSATIONS

The Office of Health Equity values your story as an important member of our community. Our Office would like to have in depth conversations to better understand what the community wants and needs. These conversations would be recorded and/or filmed. If you have interest in participating, please provide your information below:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

## SAMPLE FOCUS GROUP FLYER

**ADULTS OVER 65 LIVING IN RURAL ERIE COUNTY**

**WE WANT TO  
HEAR FROM  
YOU.**

Join the Erie County Office of Health Equity for a group discussion on the challenges to healthy living as **an adult over 65 living in rural areas of Erie County.**

- Information you share will help us improve programs and policies for Erie County residents
- Everything you share is anonymous outside of the group
- The discussion will last about 2 hours with time for refreshments

**TO  
REGISTER**

CONTACT

(716)

**RECEIVE A**

**\$20**



**TOPS GIFT CARD  
FOR PARTICIPATING**



Erie County  
Department of  
Health



Public Health  
Prevent. Promote. Protect.

**OFFICE OF HEALTH EQUITY**  
[www.erie.gov/health-equity](http://www.erie.gov/health-equity)