

The background features a collection of light gray silhouettes of diverse people in various poses, representing a multicultural community. Overlaid on the left side is a large graphic of seven thick, curved arrows pointing to the right. The arrows are colored in a sequence from top to bottom: orange, blue, teal, red, purple, and green. The main title is centered in the upper half of the page.

Health Equity in Erie County

**2023 Annual Report
Office of Health Equity
Erie County Department of Health**

Health Equity in Erie County

**OFFICE OF HEALTH EQUITY
ANNUAL REPORT**

2023

**ERIE COUNTY
OFFICE OF HEALTH EQUITY**



**Erie County
Department of
Health**



Public Health
Prevent. Promote. Protect.



ERIE COUNTY, NEW YORK

TABLE OF CONTENTS

7	—	Executive Summary
13	—	Acknowledgments & Authors
23	—	Introduction
25	—	ECOHE Updates & Actions
25	—	Demographic Form & Metrics
27	—	Mental Health First Aid (MHFA)
31	—	Children & Youth With Special Health Care Needs (CYSHCN) Program
34	—	Grants
38	—	Hispanic/Latino Community Programming
40	—	Communications & Language Access
43	—	Newsletters
47	—	Holistic Healing Pilot Program
55	—	Breastfeeding, Chestfeeding, and Lactation Friendly Erie County
57	—	Mindfulness
59	—	Other Actions & Recommendations
63	—	2022 ECOHE Community Survey
63	—	Data Collection & Methodology
74	—	The Social Determinants of Health & Results
77	—	Economic Stability
93	—	Neighborhood & Built Environment
113	—	Health Care System
129	—	Education
147	—	Social & Community Context
163	—	Language Access
175	—	Discussion of Results & Conclusions
195	—	References
199	—	Appendices



EXECUTIVE SUMMARY

A division of the Erie County Department of Health, the Erie County Office of Health Equity (ECOHE) was established by the Erie County Health Equity Act of 2021 [1]. The vision of the ECOHE is for all disadvantaged, marginalized, and diverse populations in Erie County to achieve maximum health and wellness. Existing data, including the findings described in this report, strongly indicate that inequities in health experiences and health outcomes occur among Erie County residents according to demographic factors. The root causes for these differences are historical, systemic, and largely ongoing. As a result, addressing these inequities requires intentional and targeted solutions.

Health disparities and inequities in our community both prompted the creation of the ECOHE and provided evidence of the continued need for the office. Recent tragedies that have befallen our community, like the COVID-19 pandemic, the racially motivated mass shooting at Tops Supermarket on May 14, 2022, and the December 2022 blizzard, highlighted the ways in which racism and the social determinants of health influence our safety and well-being. Achieving health equity means ensuring that who we are or where we live does not limit our ability to live a life of maximum health and wellness. The work of the ECOHE is needed now more than ever.

This report is intended to provide an overview of the ECOHE's programs, actions, and future directions. This report is also intended to serve as a resource for all Erie County residents to better understand the issues and status of health equity and health disparities in the county. As stated in the ECOHE's 2023 report, *Health Equity in Erie County: An Initial Health Disparities Assessment*, "Without knowledge of the existing health disparities and the SDOH and other contributing health factors, health outcomes can neither be adequately addressed nor improved [2]." The intent of the 2022 ECOHE Community Survey, focus groups, and this report was to build off of and supplement the existing health equity data explored in *Health Equity in Erie County: An Initial Health Disparities Assessment*. Specifically, these efforts and this report were meant to capture and analyze new relevant, specific, and accurate local data describing the current health of Erie County residents.

ECOHE PROGRAM HIGHLIGHTS

Mental Health First Aid Trainings Help Address Critical Community Need

In 2023, the Erie County Office of Health Equity (ECOHE) began facilitating Mental Health First Aid (MHFA) training throughout Erie County. The prevalence of mental health distress is high, especially among racial and ethnic minority groups, residents of rural areas, and the LGBTQ+ community. Currently, there are not enough providers to meet the demand for mental health services, and many people are not prepared to assist someone who may be experiencing a mental health or substance use challenge. MHFA teaches participants how to recognize signs of mental health or substance use challenges, how to offer and provide help, and how to guide a person toward appropriate care.

EXECUTIVE SUMMARY

In 2023, the ECOHE certified over 700 Mental Health First Aiders in Erie County. MHFA training participants were demographically diverse in many ways, including age, educational background, gender, race, sexual orientation, and residential location within Erie County. Next steps include exploring barriers to participation that keep community members from signing up or from attending MHFA trainings, which may include SDOH factors, and creating a plan to mitigate these barriers.

CYSHCN Program Supports Families With Special Health Care Needs

The Erie County Children and Youth with Special Health Care Needs (CYSHCN, pronounced “shin”) Program seeks to improve the coordination of care for children and youth who have special health care needs. This program serves families with infants, children, and youth from birth to 21 years old who have serious or chronic medical, physical, behavioral, emotional, or developmental conditions. A diagnosis is not required for enrollment in the Erie County CYSHCN Program. The CYSHCN Program matches families with community resources and provides referrals to community programs. The CYSHCN Program can also help by providing advocacy with health care providers and school districts, linkage with medical providers and specialists, and assistance with health insurance. Since July 2023, the Erie County CYSHCN program has provided over 200 referrals and resources to families with CYSHCN. Next steps for the Erie County CYSHCN Program include continuing to build connections with community organizations and community partners, including local school systems, childcare providers, and medical providers to identify unmet needs and challenges and to better assist CYSHCN and their families.

Grants Program Provides Support to Under-Resourced Community-Based Organizations

ECOHE grant programs and services primarily fall into two categories: internal ECOHE grant programs and pilots to improve health disparities and external grant technical assistance to community organizations engaging in health equity work. The ECOHE provides free grant-related technical assistance to local community-based organizations and groups serving minority, marginalized, and underserved communities in Erie County. The ECOHE’s grant technical assistance services include a group workshop, Let’s Talk About Grants, which was developed in 2023. In 2023, ECOHE applied for and secured funding for four internal ECOHE grant programs and pilots totaling \$193,000.00. In 2023, the ECOHE provided 222 hours of one-on-one technical assistance, helping 72 community-based organizations and groups apply for a total of \$11,575,000 in grant funding from federal, state, municipal, and foundation funders, much of which is pending at the time of this report but \$3,550,000 of which has already been successfully received by 18 of those community organizations. The increasing frequency of requests for technical assistance indicates that there is a significant community need for grant-related technical assistance among community-based organizations and groups serving minority, marginalized, and underserved communities in Erie County.

ECOHE Newsletters Offer Accessible Resources and Knowledge

ECOHE newsletters are designed to inform, remind, and connect communities in Erie County to resources and knowledge of topics relating to the social determinants of health. ECOHE newsletters are intended to offer upstream support that addresses health equity issues by putting the power of

information in the hands of the residents of Erie County in a way that is positive, inviting, culturally connected, and representative of the diverse population we see across the county. The ECOHE newsletters is intended to be culturally responsive and is written in plain language to meet Erie County residents where they are at in terms of identity and literacy, respectively. Each edition of the ECOHE newsletter is distributed in Arabic, Bengali, Burmese, English, Spanish, and Swahili. While primarily distributed in print to community-based organizations, each newsletter is available in both print and digital formats. Four new editions of the ECOHE Newsletter were produced in 2023: Let's Talk About Pregnancy, Let's Talk About Summer Heat, Let's Talk About Lead, and Let's Talk About Grants. The ECOHE Newsletter distribution reaches approximately 14,000 people in print and digital format per edition. In print, the newsletter reaches 28 ZIP codes at 129 unique locations per edition. In email, the ECOHE sends the newsletter out to 881 addresses and counting, a list that continues to grow through the ECOHE's ongoing community engagement efforts. The ECOHE will continue to produce a set of materials that is reflective of the needs of Erie County residents. The upcoming topic list includes but is not limited to health equity, diabetes, heart health, and immunizations.

KEY FINDINGS: 2022 ECOHE COMMUNITY SURVEY

The ECOHE published a report in January of 2023 entitled *Health Equity in Erie County: An Initial Health Disparities Assessment* that examined inequities in health by reviewing data on health outcomes and social factors, such as income and education [2]. This report seeks to reflect the efforts of this initial data collection, as well as to provide insights and key findings from new survey and focus group data provided by the community. To gather information to address some of the gaps in existing data, the ECOHE planned three methods to hear directly from the community from 2022 through 2024: a community survey, a series of focus groups, and a series of dialogues with community leaders. The aim of this research was to hear from communities that are often overlooked, voiceless or underrepresented in data. Outreach efforts prioritized racial, ethnic, and gender minority communities. For example, the ECOHE survey was taken door-to-door in partnership with the Buffalo Center for Health Equity and the Witness Project, resulting in over one thousand survey responses from the East Side of Buffalo. As a result, the pool of respondents is not a representative sample of Erie County residents. This report contains a section for each of the 6 domains of the social determinants of health (SDOH). Each SDOH section presents findings from the community survey along with excerpts from the community focus groups. Dialogues with leaders from communities not able to be reached by the survey and focus groups are planned for 2024.

Race and Ethnicity Correlate to Assets and Advantages

There are stark differences in rates of assets and advantages, such as homeownership and use of a personal vehicle, among Erie County residents based on race and ethnicity, even when controlling for education level in many instances. Racially and ethnically minoritized respondents reported poorer finances and fewer assets than non-Hispanic White respondents with the same level of formal education. Respondents who reported their race and ethnicity as non-Hispanic White were far more likely than any other racial or ethnic group to report that they own their homes or report that they get around by personal vehicle. Having fewer assets and advantages also correlated to more challenges

EXECUTIVE SUMMARY

and barriers related to other SDOH factors, such as finding or keeping a job, accessing food and other life necessities, and having enough money to pay for day-to-day expenses.

Accessing Quality Health Care Is a Challenge for Marginalized Groups

When examined by race, ethnicity, gender, and sexual orientation, access to care and quality of health care among Erie County residents were consistently lower for minority groups. Survey respondents who indicated genders other than man or woman, including transgender and nonbinary respondents, were more likely to have challenges accessing health care and more likely to feel that they have been treated poorly by health care providers. Similarly, challenges to accessing health care were experienced at much higher rates by respondents from racially minoritized groups.

Barriers Include Affordability, Education Level, Transportation, and Language Access

Data from survey respondents and focus group participants clearly demonstrate a variety of barriers and challenges impacting the health of Erie County residents. Affordability was a prominent challenge across SDOH domains, and was reported as a barrier to accessing transportation, eating healthy, and obtaining child care and adult care across all demographic groups. Formal education level was reported as a barrier to employment for many Erie County residents. Higher levels of formal education were clearly associated with increased assets and stability, including respondents' housing and financial situations. Public transportation barriers are also present in Erie County, and disproportionately impact urban and rural residents. Survey and focus group data also indicate that language access is a barrier to health care access in Erie County for those whose primary language is not English. In several focus groups, lack of interpretation/translation was cited as a barrier to receiving important information regarding health, health care, and safety (e.g., information during the December 2022 blizzard).

Regular Data Collection Is Needed

Data collection plays a key role in the process of addressing inequities. Without continued data collection, we are unable to identify disparities and systemic issues or to measure our progress towards addressing them. Ongoing data collection also ensures that we have a clear, accurate, and comprehensive picture of health and health equity in Erie County. While the 2022 ECOHE Community Survey yielded a lot of valuable information, it also contained imperfections that led to unforeseen challenges. Lessons learned during this process, including the challenges of open-ended questions and the competing priorities of privacy and data quality, will inform future efforts. Additionally, the data contained in this report highlight a continued need for further disaggregation of typically broad categories that may conceal important health disparities due to the immense diversity of the individuals and communities that fall under those categories. For example, while survey respondents born in U.S. territories reported more challenges overall than those born outside the United States, it is difficult to draw distinct conclusions for individuals born outside the United States, likely because there is so much variation in experiences and assets. Research on the experiences of immigrants needs to be more specific. The 2022 ECOHE Community Survey and focus groups were implemented with the goal of collecting relevant, specific, and accurate local data describing the current health of Erie County residents. While the data contained in this report represent successful efforts towards this goal, continued data collection is crucial.

NEXT STEPS

The ECOHE will continue to serve as a resource to organizations and individuals in the community that are striving to reduce health disparities and increase health equity in Erie County. The ECOHE brings its subject matter expertise in data collection, analysis, and reporting as well as grant writing and grants management assistance to those who would like support in these areas in order to further their health equity work. The ECOHE will continue to provide upstream support including engagement, education, and resources to the Erie County community. Future ECOHE reports will analyze new data collected by the ECOHE team as well as report on findings of analysis of public (federal, state, county, and city) and private data sources.



LAND ACKNOWLEDGEMENT

The Erie County Office of Health Equity would like to begin this report by acknowledging that we, as Erie County residents, are on the land of Indigenous peoples. Traditionally, these lands were home to many nations, including the Neutral, Erie, Wenro, Huron, and other peoples. Today, these lands are still regarded as the traditional homelands of the Seneca and other Haudenosaunee peoples. We respect the treaty rights of the Six Nations—the Seneca, Mohawk, Cayuga, Onondaga, Oneida, and Tuscarora—and the obligation of the United States and New York governments and American society to adhere to them.

We would like to honor the legacy of the many ancestors and elders who made this land their home and infused it with their spirit for thousands of years. We also honor the Original Peoples who remain on the ancestral homelands of Turtle Island and who have survived centuries of colonialism, genocide, and land theft. We honor those whose lives have been impacted by historical and intergenerational trauma across lifespans and generations, including land dispossession, forced relocation, and forced assimilation through boarding schools like the Thomas Indian School, which was located on the Cattaraugus Territory in Erie County. Finally, we honor those who are not here, but who might have been, were it not for this history of violence.

With hearts and minds focused on healing and truth, we remember the powerful example of democracy and federalism set by the Haudenosaunee, embodied in the Great Law of Peace. Through this inspiration, we commit ourselves to advocate for inclusion and acknowledge and address past atrocities. May we all aspire to a world of reconciliation, guided by the example of the Haudenosaunee themselves, so that our weapons of war are buried forever and mutual respect and equality prevail among all peoples and nations.

Thank you to Samantha Nephew, Healthcare Education Project for assistance with this acknowledgement.



ENSLAVEMENT & LABOR ACKNOWLEDGMENT

The Erie County Office of Health Equity (ECOHE) respectfully acknowledges our debt as a society to the people past and present whose labor was and continues to be stolen through unjust practices, including the exploited labor of incarcerated people. We acknowledge our debt to the enslaved people, primarily of African descent, whose labor and suffering built and grew the economy and infrastructure of a state that did not abolish the practice of enslavement until July 4, 1827 [3]. While not a Southern state, New York had the largest population of enslaved people of any Northern state and was second to last in abolishing the practice [4].

Erie County, established in 1821, became an integral part of the journey to freedom for enslaved Black people via the Underground Railroad. The homes, businesses, and land of abolitionists were used to assist the enslaved making their way to Canada to live as free people. Landmarks such as Freedom Park are historical hallmarks of the Underground Railroad [5]. The very land on which the Edward A. Rath Building is built was the former home of abolitionist and attorney George W. Jonson [5].

Ramifications from the practice of enslavement in our country are still present today, visible in the systemic racism perpetuated in our institutions, in the segregation of our residents, the exploited labor of incarcerated people, and in many of the inequities in the social determinants of health and health disparities experienced by their descendants. The spirit of freedom embodied by our ancestors, enslaved and free, persists as well, visible in our social justice movements, increased awareness of historical and ongoing inequities, and advocacy for change. The ECOHE will embrace and embody this same spirit of freedom to help eradicate the systemic racism, poverty, and oppression plaguing so many of our Erie County communities.



COMMUNITY RECOGNITION & ACKNOWLEDGMENT

The Erie County Office of Health Equity (ECOHE) would like to take this time and space to recognize and acknowledge the often overlooked and forgotten work of community in the fight for equity and justice. Everyday community members, community activists, and organizations have been engaging in equity and justice work long before the term became commonplace. Most of the staff of the ECOHE have their roots in community work and bring that framework to this government setting.

Governments, corporations, organizations, and people in positions of power have a history of erasure, historical revision, and appropriation of the work of others as their own innovation, rather than naming and uplifting and adopting community-grown solutions. We must be purposeful in acknowledging and crediting frameworks and foundations, and intentional in acknowledging the roots upon which we build and grow.

Following in the footsteps of cultures documenting their journeys through storytelling and oral history passed through the generations, we seek to keep the work of those that came before us alive. We are the descendants of people that may never be named or credited for their contributions, yet the work we do is imbedded in our DNA, an intergenerational wealth of knowledge beyond measure.

To name a few community organizations and leaders in this space would be to miss the multitude. There are so many contributors to this work, most of whom have no title or office. The progress our Erie County community has made is rooted in the efforts and accomplishments of countless individuals and community organizations.

ERIE COUNTY DEPARTMENT OF HEALTH LEADERSHIP



Mark C. Poloncarz
Erie County Executive



Gale R. Burstein, MD, MPH (She/Her)
Commissioner of Health

ERIE COUNTY OFFICE OF HEALTH EQUITY (ECOHE)

Kelly Wofford (She/Her)	ECOHE - Director
Yessica Amezcuita (She/Her)	ECOHE - Outreach Aide - Health Equity
Margaret Barbalato (She/Her)	ECOHE - Secretarial Typist
Caitlyn Critharis (She/Her)	ECOHE - Administrative Assistant
Wafa El Solh (She/Her)	ECOHE - Public Health Educator
Mel LeMay (They/Them)	ECOHE - Grant Specialist
Lara Nkurunungi (She/Her)	ECOHE - Epidemiologist
Eddie Payne (He/Him)	ECOHE - Public Health Educator
Evanna Ramos (She/Her)	ECOHE - Project Coordinator
Arica Rouse (She/Her)	ECOHE - Project Coordinator
Danielle Rovillo (She/Her)	ECOHE - Project Coordinator
Betsy Vazquez-Aradio (She/Her)	ECOHE - Public Health Educator
Michael Wiese (He/Him)	ECOHE - Epidemiologist
Aaron Adams (He/Him)	ECOHE - Public Health Fellow
Thomas Arida (He/Him)	ECOHE - Public Health Fellow
Sanjida Choudhury (She/Her)	ECOHE - Public Health Fellow
Schuyler Lawson (He/Him)	ECOHE - Public Health Fellow

ERIE COUNTY HEALTH EQUITY ADVISORY BOARD

Maria Cruz, CCDP (She/Her/Ella)	President, Hispanic Women's League
Kenyani Davis, MD, MPH (She/Her)	Chief Medical Officer, Community Health Center of Buffalo
Pastor George Nicholas, MDiv (Pastor/Him)	CEO and Board Chair, Buffalo Center for Health Equity
Heather Orom, PhD (She/Her)	Associate Dean for Equity, Diversity, and Inclusion, UB School of Public Health and Health Professions
Chandra Redfern, MS (She/Her)	Chief Executive Officer, Buffalo Federation of Neighborhood Centers
Olivia Smith-Blackwell, MD, MPH (She/Her)	President & CEO, Meadow Family Medicine
Willie Underwood III, MD, MSc, MPH (He/Him)	Urologist, National Medical Association

The members of the Health Equity Advisory Board advise Erie County in best practices in administering health care, fiscal allocations of health resources and health education to disadvantaged communities and communities of color.

AUTHORS



Data Analysis, Charts, and Table Creation:
Michael Wiese, Lara Nkurunungi, Thomas Arida, and Schuyler Lawson

Report Design:
Danielle Rovillo and Michael Wiese

Report Writing:
Lara Nkurunungi, Thomas Arida, Mel LeMay, Michael Wiese, and Kelly Wofford

Review and Editing:
Mel LeMay, Kelly Wofford, Kara Kane, and Danielle Rovillo



CONTACT US



716-858-2152



healthequity@erie.gov



www.erie.gov/healthequity



INTRODUCTION

THE ERIE COUNTY OFFICE OF HEALTH EQUITY

The Erie County Office of Health Equity (ECOHE) was formed in compliance with the Erie County Health Equity Act of 2021 [1]. Under the law, the ECOHE is responsible for completing an annual report of the ECOHE's achievements, including but not limited to programs and services provided to advance health equity, disaggregated data on populations served and outcomes achieved, and the ECOHE's goals for the upcoming year. For more information on the Erie County Health Equity Act of 2021, see Appendix F.

The vision of the ECOHE is for all disadvantaged, marginalized, and diverse populations in Erie County to achieve maximum health and wellness. Existing data, including the findings described in this report, strongly indicate that inequities in health experiences and health outcomes occur among Erie County residents according to demographic factors. The root causes for these differences are historical, systemic, and largely ongoing. As a result, addressing these inequities requires intentional and targeted solutions.

The ECOHE's mission is to evaluate a wide variety of specific health outcomes among diverse populations to fully understand the depth and scope of health disparities in Erie County and to partner with community members, health care 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. The ECOHE operates under the guidance of the Erie County Health Equity Advisory Board and in alignment with LiveWell Erie.

Health disparities and inequities in our community both prompted the creation of the ECOHE and provided evidence of the continued need for the office. It was as a result of the stark disparities in the impact of COVID-19 that the Erie County Health Equity Act of 2021 was written into law, founding the ECOHE. Recent tragedies that have befallen our community—like the racially motivated mass shooting at Tops Supermarket on May 14, 2022, and the December 2022 blizzard—highlighted the ways in which racism and the social determinants of health influence our safety and well-being. Achieving health equity means ensuring that who we are or where we live does not limit our ability to live a life of maximum health and wellness. The work of the ECOHE is needed now more than ever.

Within this report are summaries of all ECOHE programs and focus areas; sections exploring the data and findings of the ECOHE Community Survey and focus groups; and a discussion of recommendations, next steps, and future priorities of the ECOHE. The ECOHE recognizes the current limitations of identity-related terminology and the ongoing evolution of culturally sensitive terminology that aims to center the voices of the people described. A selection of Health Equity-related and identity-related terminology and definitions can be found in Appendix E.



ECOHE UPDATES & ACTIONS

Under the Erie County Health Equity Act of 2021, the ECOHE is tasked with reporting annually on the programs and services provided by the Office to advance health equity, data on populations served, and goals for the upcoming year. This section provides an overview of the ECOHE's programs and actions in 2023 as well as goals for 2024.

DEMOGRAPHIC FORM & METRICS

Data is integral to the work of the ECOHE. The Erie County Health Equity Act of 2021 requires that the ECOHE report annually on the Office's programs, services, and outreach, including quantifying the populations served based on, at minimum, race and ZIP code. In order to accurately capture these data, the ECOHE developed a demographic form in 2023: the ECOHE Demographic Survey. Initially, this form was created using the demographic question and answer choices from the 2022 ECOHE Community Survey. The demographic questions and response options intentionally included smaller sub-groups or sub-categories in order to capture specific, more precise data that reflects the diversity of residents of Erie County. This allows populations that have been traditionally grouped—such as Asian, Hispanic/Latino, Black/African American, LGBTQ+, and immigrants and refugees—to identify as more specific populations. For example, the ECOHE Demographic Survey disaggregates Latino/Hispanic by place of origin, which highlights that the majority of the Latino/Hispanic population in Erie County is Puerto Rican. By contrast, the largest percentage of the Latino/Hispanic population in the United States is Mexican, and the largest percentage of the Latino/Hispanic population in New York City is Dominican according to 2021 American Community Survey data [6].

The ECOHE Demographic Survey was modified several times over the course of 2023 to integrate feedback from the ECOHE team and members of the public. Of note, the ECOHE Demographic Survey did not originally disaggregate the option to select Black/African American. After hearing from the community that this was necessary, the ECOHE has implemented an updated demographic tool that allows Black/African American respondents to further identify themselves as African, American, Caribbean, South American, or members of another group. The current ECOHE Demographic Survey can be found in Appendix I.

The ECOHE consistently receives positive feedback from the public on the use of a more inclusive and disaggregated demographic collection tool, and recommends revisions to increase specificity in data collection as a best practice. It is not possible to address a health disparity if that community is not accurately represented in data collection. In addition to being more accurately reflective of the community, the broad use of expanded demographic options increases the ability to draw more precise and specific conclusions on the communities and populations any program or service wishes to serve. The ECOHE will continue to incorporate community feedback into the ways we collect, group, and present data on specific populations.

MENTAL HEALTH FIRST AID (MHFA)

In 2023, the ECOHE began facilitating Mental Health First Aid (MHFA) training throughout Erie County. One of the ECOHE's main focuses is to address health disparities and service gaps among agencies within Erie County. Research shows that mental health distress is prevalent among racial and ethnic minority groups, residents of rural areas, and the LGBTQ+ community. Though the prevalence of mental health distress is high, there are not enough providers to meet the demand for mental health services, and many people are not prepared to assist someone who may be experiencing a mental health or substance use challenge. MHFA teaches participants how to recognize signs of mental health or substance use challenges, how to offer and provide help, and how to guide a person toward appropriate care. This learning opportunity helps community members become better prepared to start conversations about mental health or



substance use by increasing understanding and providing an action plan. Adult MHFA classes (for adults interacting with other adults) began in February 2023. Youth MHFA classes (for adults interacting with youth ages 12-18) began in April 2023.

When it comes to mental health, many health disparities exist, and the prevalence of mental health distress is higher within the marginalized and minoritized communities named in the Health Equity Act of 2021, including racial and ethnic minority groups, sexual and gender minority groups, and residents of rural areas. By facilitating open and honest community discussions during MHFA trainings, the ECOHE is able to secure feedback from community members that aid in key functions of the Office, including analyzing disparities in health, health care, and availability/accessibility to health care services among disadvantaged and marginalized Erie County populations; understanding and connecting factors that contribute to health outcomes; and making recommendations for the improvement of health care delivery and access. MHFA trainings are also coordinated educational opportunities with the goal of supporting healthy lifestyles among disadvantaged and marginalized people, another key function of the ECOHE.

In 2023, the ECOHE certified over 700 Mental Health First Aiders in Erie County. MHFA training participants were demographically diverse in many ways, including age, educational background, gender, race, sexual orientation, and residential location within Erie County. 2023 MHFA participant demographic data is shown in the figures in the pages that follow. The diversity exhibited among

MENTAL HEALTH FIRST AID (MHFA)

MHFA participants emphasizes the fact that the ECOHE has continued to prioritize the creation of safe spaces for all community members that are interested in participating. Each Mental Health First Aider received a copy of the MHFA manual and participant processing guide for the training they completed at no cost, as well as resource lists and other helpful information that can be shared with others.

Emerging themes in feedback from MHFA training participants include both appreciation of the opportunity to participate in this training as well as how useful the training is. Participants have emphasized that it is necessary for community members to learn how to support one another, noting that residents of Erie County have endured several recent events that have heightened stress, distress, and trauma and disproportionately impacted minority and marginalized communities, including the COVID-19 pandemic; the racially motivated mass shooting at Tops Supermarket on May 14, 2022; and the winter storms that struck at the end of 2022. Upon the completion of this course, participants have documented and voiced their commitment to offering aid to their co-workers, friends, neighbors, relatives, and more.

Staff members of both public-facing Erie County government offices and community-based organizations have expressed that the concepts of this course have helped them to be better prepared to assist community members who have experienced trauma or mental health distress, including those who engage in substance use. Vicarious trauma is prevalent among employees who work with trauma survivors, and MHFA participants in these kinds of roles have stated this training helps them to better support each other while they continue to meet the needs of their clients.

Next steps for the MHFA program include follow up with Mental Health First Aiders to determine whether they have been able to successfully apply MHFA knowledge and skills and to assess the effectiveness and usefulness of the training over time. The MHFA team also plans to explore barriers to participation that keep community members from signing up or from attending MHFA trainings, which may include SDOH factors, and to create a plan to mitigate these barriers.

**FOR MORE INFORMATION ON
MENTAL HEALTH FIRST AID**

Email healthequity@erie.gov

Call (716) 858-2385

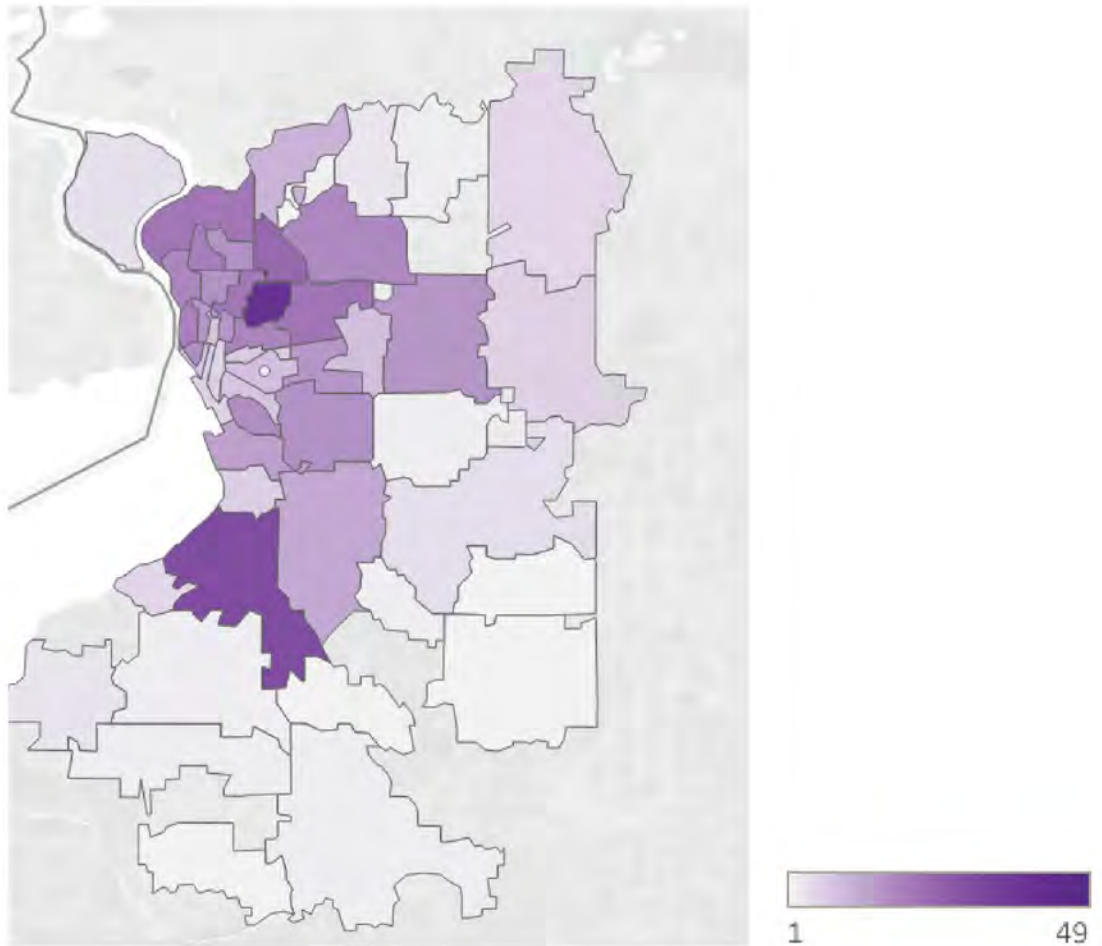
Visit erie.gov/mhfa



Mental Health FIRST AID®

from NATIONAL COUNCIL FOR MENTAL WELLBEING®

MENTAL HEALTH FIRST AID (MHFA)



The above map shows the ZIP codes of the people who attended the ECOHE’s Mental Health First Aid programs. The darker colors represent higher numbers of participants. ZIP code 14215 had the highest number of participants.



MHFA at Johnnie B. Wiley Pavilion



MHFA at the Frank E. Merriweather Jr. Library

MENTAL HEALTH FIRST AID (MHFA)

Mental Health First Aid Participants by Race

American Indian or Alaska Native	6
Asian	22
Black or African American	203
Middle Eastern or North African	4
More Than One Race	36
Other	5
Pacific Islander or Hawaii Native	2
White	389
Do Not Wish to Say	54

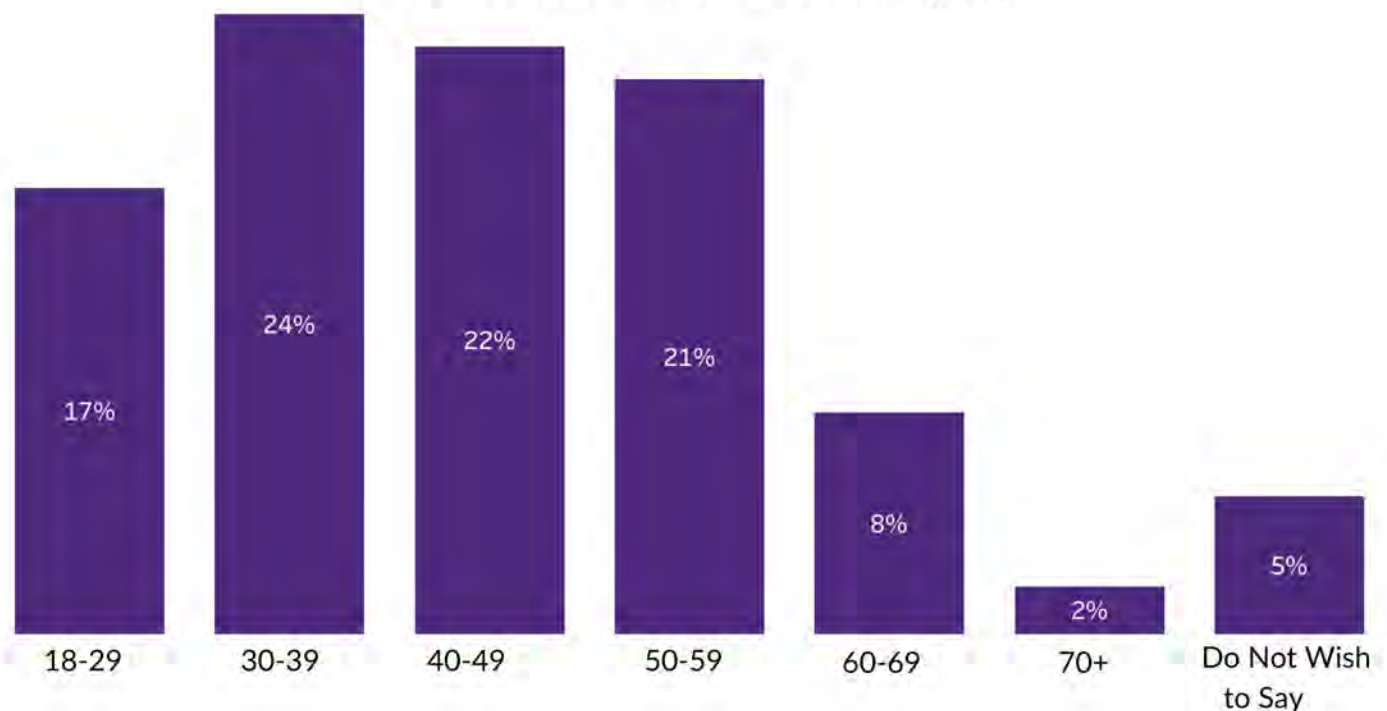
Mental Health First Aid Participants by Sex Assigned at Birth

Male	148
Female	537
Do Not Wish to Say	36

Mental Health First Aid Participants by Gender Identity

Man	139
Woman	523
Trans, Nonbinary, and Other Gender Identities	15
Do Not Wish to Say	44

Mental Health First Aid Participants by Age



CHILDREN & YOUTH WITH SPECIAL HEALTH CARE NEEDS (CYSHCN) PROGRAM

The Erie County Children and Youth with Special Health Care Needs (CYSHCN, pronounced "shin") Program seeks to improve the coordination of care for children and youth who have special health care needs. This program serves families with infants, children, and youth from birth to 21 years old who have serious or chronic medical, physical, behavioral, emotional, or developmental conditions. A diagnosis is not required for enrollment in the Erie County CYSHCN Program.

The CYSHCN Program matches families with community resources and provides referrals to community programs. The CYSHCN Program can also help by providing advocacy with health care providers and school districts, linkage with medical providers and specialists, and assistance with health insurance. The CYSHCN Program can assist with linkage to special education services/support, support groups, play groups, educational resources (GED, college preparation/exploration and tutoring), and job and vocational

counseling. The CYSHCN Program can also assist with transportation services, translation and interpretation services, transition to adult services, and more.

There are 53 CYSHCN programs throughout New York State. Because of its unique location within the ECOHE, Erie County's CYSHCN Program is setting the standard for navigating special health care needs through an equity lens, including addressing the social determinants of health and structural barriers including racism and other forms of discrimination that affect CYSHCN and their families. The figures on the next page show 2023 enrollment and demographic data for the Erie County CYSHCN Program compared to New York State CYSHCN data from 2019 [7].



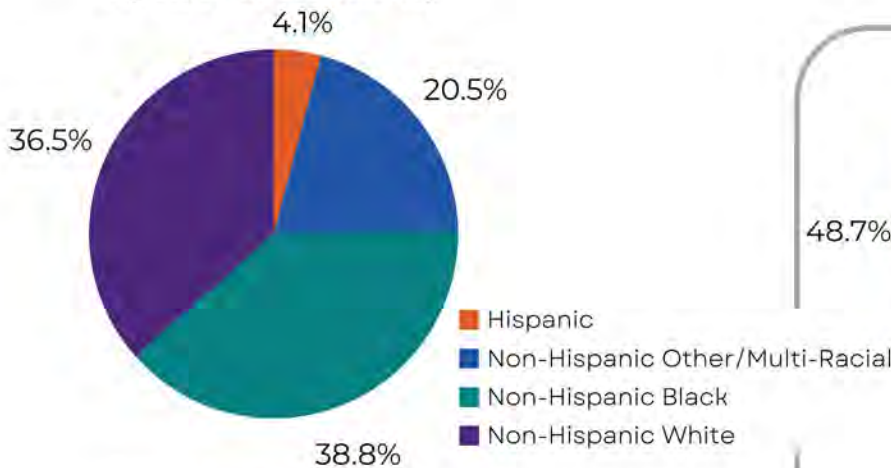
FOR MORE INFORMATION ON CYSHCN
 Email healthequity@erie.gov
 Call (716) 858-1920
 Visit erie.gov/cyshcn

CHILDREN & YOUTH WITH SPECIAL HEALTH CARE NEEDS (CYSHCN) PROGRAM

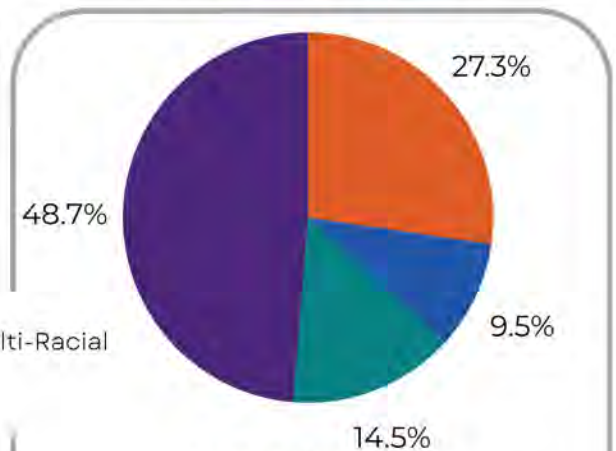
Participants in Erie County CYSHCN Compared to NYS CYSHCN

	Erie County CYSHCN April-November 2023	NYS CYSHCN 2019-2020
Gender		
Male	66.7%	62.5%
Female	33.3%	37.5%
Households With English as the Primary Language	93%	87.1%
Households With Income Between 0%-199% of the Federal Poverty Level (FPL)	No Data	39.0%

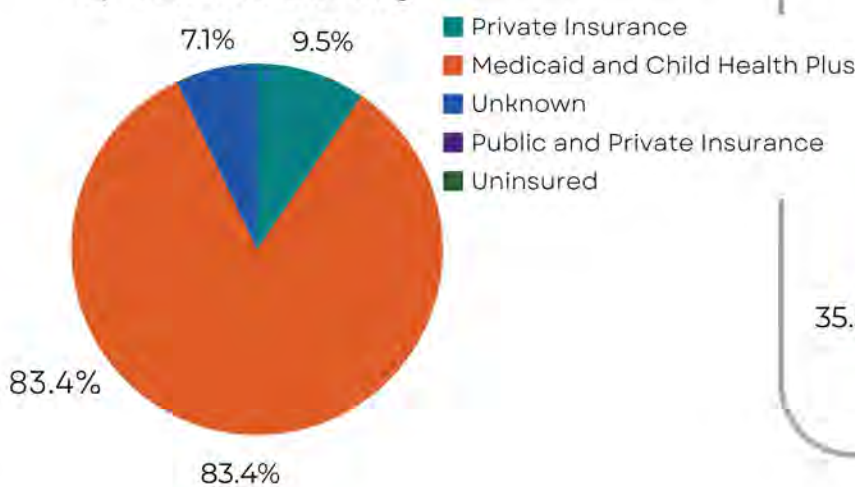
**Erie County CYSHCN
By Race and Ethnicity**



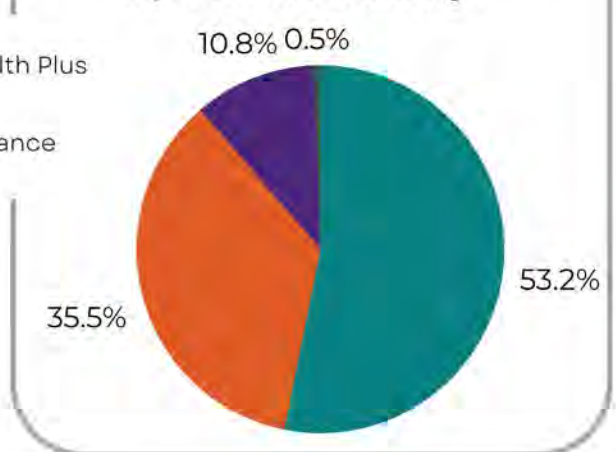
**NYS CYSHCN
By Race and Ethnicity**



**Erie County CYSHCN
By Insurance Coverage**



**NYS CYSHCN
By Insurance Coverage**



CHILDREN & YOUTH WITH SPECIAL HEALTH CARE NEEDS (CYSHCN) PROGRAM

A priority for Erie County CYSHCN Program in 2023 was to cultivate a robust network of community organizations and community partners to ensure that families with CYSHCN are both able to be referred to the CYSHCN Program for assistance and also to be linked to appropriate resources and services that meet their needs. Since July 2023, the Erie County CYSHCN program has provided over 200 referrals and resources to families with CYSHCN, including mental health resources, day care assistance, food access, housing, domestic violence resources, evaluation and diagnosis assistance, medical care transition information, mentoring, IEP (Individualized education plan) process and assistance, behavior supports, Medicaid, medical devices, pediatrician navigation, lead prevention resources, legal resources, transportation, autism resources, support groups, and fact sheets.

“No one else understands my frustrations with finding support for my child.”

-CYSHCN Caregiver

“Thank you so much, you are a God send.”

-CYSHCN Caregiver

Feedback from both families and the community has been positive. One caregiver stated, “Thank you so much, you are a God send.” Another caregiver who was living in a shelter with her children reported that CYSHCN support had led to her getting a new job. Another caregiver stated that “no one else understands” her frustrations with finding support for her child who has autism, but that she felt “so comfortable” talking to Erie County CYSHCN staff.

Next steps for the Erie County CYSHCN Program include continuing to build connections with community organizations and community partners, including local school systems, childcare providers, and medical providers to identify unmet needs and challenges and to better assist CYSHCN and their families. Additionally, the CYSHCN Program will focus on quality improvement, including streamlining service delivery; fine-tuning outreach and engagement to identify and reach families who may be eligible for services but are not currently aware of or enrolled in the CYSHCN Program; ensuring that CYSHCN services are trauma-informed, culturally specific, gender-responsive, timely, and tailored to the community’s needs; using data to improve the design and delivery of all CYSHCN services; and actively engaging caregivers in planning activities, workgroups, and committees to improve the system of care for CYSHCN. The Erie County CYSHCN Program strives to advance health equity by reducing structural barriers, including racism and other forms of discrimination, that impact the health and well-being of children and youth with special health care needs and their families and will continue to advocate for an equity-centered approach to services and care.

GRANTS

ECOHE grant programs and services primarily fall into two categories: internal ECOHE grant programs and pilots to improve health disparities and external grant technical assistance to community organizations engaging in health equity work. The ECOHE provides free grant-related technical assistance to local community-based organizations and groups serving minority, marginalized, and underserved communities in Erie County. The ECOHE's grant technical assistance services include a group workshop, Let's Talk About Grants, which was developed in 2023.

The Let's Talk About Grants workshop provides an introduction to grants and covers the basics of grant writing, including finding grants, eligibility and funders, parts of an application, budget basics, timelines, and resources. In addition to these resources, the ECOHE provides free one-on-one technical assistance with finding grants, applying for grants, data and evaluation

support (via the ECOHE epidemiology team), and grant reporting. This technical assistance can include identifying potential funding opportunities, providing feedback on grant application drafts, providing templates and examples of grant components like budget narratives and workplans, and answering grant-related questions, and is tailored to the organization's needs.

ECOHE grant programs and services primarily relate to the following functions of the ECOHE per the Erie County Health Equity Act of 2021: Make recommendations for improving delivery and access to health services for disadvantaged and marginalized populations and pilot models and programs to improve health disparities. Grant technical assistance services and resources further the mission of the ECOHE by providing support to and building the capacity of organizations that are rooted in the community and are experts in the work that is needed to help achieve health equity here in Erie County, but who may not have the funding, staff, or other resources required to meet the community need.

Four Let's Talk About Grants workshops were conducted in 2023, reaching a total of 88 community members. Requests to register for these workshops greatly exceeded availability. An additional 61 community members attempted to register for one of the Let's Talk About Grants workshops after registration was full and were placed on an interest list and were contacted about additional workshops scheduled for early 2024. Also in 2023, the ECOHE produced a newsletter edition entitled *Let's Talk About Grants* that aligns with the grant writing workshop and provides a similar introduction



GRANTS

to grants and grant writing. The *Let's Talk About Grants* newsletter was developed with the rigorous plain language and readability standards of all ECOHE newsletters and was translated into 5 of the most commonly spoken languages in Erie County. Over 13,000 copies of this newsletter edition were distributed in December 2023. In 2023, the ECOHE provided 222 hours of one-on-one technical assistance, helping 72 community-based organizations and groups serving minority, marginalized, and underserved communities in Erie County apply for a total of \$11,575,000 in grant funding from federal, state, municipal, and foundation funders, much of which is pending at the time of this report but \$3,550,000 of which has already been successfully received by 18 of those community organizations.

222

hours of 1-on-1 grant assistance helping

72

Erie County community organizations apply for grant funding totaling over

\$11.6 million

Organizations who received technical assistance in 2023 serve a variety of communities, including racial minority communities, refugees and immigrants, the LGBTQ+ community, older adults, children and youth, rural communities, and people with disabilities. Feedback regarding grant technical assistance has been overwhelmingly positive. Technical assistance clients have noted that grant technical assistance provided by the ECOHE is “honest, helpful, and insightful.” Clients commented that the ECOHE’s responsiveness when providing one-on-one assistance is “refreshing and appreciated” and one likened the support provided to mentorship. Other feedback included: “*You were thorough and easy to follow. The way you presented the information made it easy to understand and made me feel like I can move forward with this.*” “*I can’t thank you enough for all your assistance!*” “*I truly appreciate your support and knowledge.*” “*Thank you for your insight, explanation and expertise.*” “*Thank you so much for all your assistance and guidance.*”

“You were thorough and easy to follow. The way you presented the information made it easy to understand and made me feel like I can move forward with this.”

-Let's Talk About Grants Participant



GRANTS

In 2023, ECOHE applied for and secured funding for four internal ECOHE grant programs and pilots totaling \$193,000. The ECOHE received a \$40,000 Equitable Procurement Consultant grant from the New York State Department of Health in partnership with Health Research, Inc., to support grant technical assistance, and which resulted in a confirmed award of \$799,984 to 16 community organizations, with several awards still pending at the time of this report. The Equitable Procurement Consultant award also facilitated the development and implementation/distribution of the Let's Talk About Grants workshop and newsletter. The ECOHE received a \$50,000 grant from the New York State Department of Health's Office of Minority Health to implement the Holistic Health Pilot Program, providing free holistic mental health interventions including Sawubona Healing Circles,

yoga workshops, and art workshops led by local community organizations to Erie County community members impacted by the massacre at Tops supermarket on May 14, 2022. The ECOHE received a \$3,000 Climate & Health Adaptation mini grant from the New York State Association of County Health Officials (NYSACHO) to implement "Stay Cool Erie County" in collaboration with the Erie County Department of Environment and Planning. As a part of Stay Cool Erie County, the ECOHE produced and distributed extreme heat emergency preparedness information in the form of the Let's Get Ready for Summer Heat edition of the ECOHE newsletter as well as 500 cooling neck wraps and 500 seed kits to address equity in access to cooling systems and green spaces among lower income residents and historically marginalized communities in Erie County. In partnership with the Buffalo Center for Health Equity (BCHE) and the University at Buffalo's Community Health Equity Research Institute (UB CHERI), the ECOHE was awarded a \$100,000 community capacity building grant as part of the PHEARLESS Initiative from the University of South Florida's College of Public Health with funding from the Robert Wood Johnson Foundation, the Kresge Foundation, and the de Beaumont Foundation. The ECOHE, BCHE, and UB CHERI comprise the Buffalo Community Collaborative, one of 15 selected nationwide for participation in PHEARLESS, a one-year, experiential learning public health regenerative leadership program.

Recommendations for grant programs moving forward include increasing the ECOHE's capacity to provide technical assistance to meet the increasingly evident community demand for these services. During a presentation on Mental Health in Rural New York [8], data were presented that supported a need for grant technical assistance among rural community organizations, prompting the ECOHE to

"Thank you for your insight, explanation and expertise."
-Grant Technical Assistance Recipient

"I truly appreciate your support and knowledge."
-Grant Technical Assistance Recipient



GRANTS

schedule a workshop at the Rural Outreach Center in February 2024 in addition to schedule additional workshops on the East Side and West Side of Buffalo. As previously mentioned, attempted registrants for 2023 Let's Talk About Grants workshops greatly exceeded capacity, and interested community members were placed on an interest list to be notified when 2024 trainings became available. Additionally, attendees of multiple workshops requested the expansion of grants programming to include further workshops on finding grants, including an experiential workshop where participants can learn how to navigate grant databases such as candid.org and grants.gov, as well as workshops providing an overview of grants management once a grant has been successfully received. At current capacity, the ECOHE would likely not be able to fulfill these requests for trainings and resources in addition to 1-on-1 technical assistance requests from community organizations.

1-on-1 technical assistance requests and hours of 1-on-1 technical assistance provided to community organizations increased significantly over the course of 2023, and are anticipated to increase further as community awareness of these free services increases. The increasing frequency of requests for technical assistance indicates that there is a significant community need for grant-related technical assistance among community-based organizations and groups serving minority, marginalized, and underserved communities in Erie County.

NEED GRANT TECHNICAL ASSISTANCE?

Email healthequity@erie.gov

Call (716) 858-1681

Visit erie.gov/grantsupport



Let's Talk About Grants Workshop, November 29, 2023

HISPANIC/LATINO COMMUNITY PROGRAMMING

Erie County is home to a diverse and vibrant Hispanic/Latino community. Spanish is the most commonly spoken language in Erie County other than English, and many Spanish speakers in Erie County have limited English language proficiency. In 2023, began developing programming for the Hispanic/Latino community including Spanish language Mental Health First Aid (MHFA) trainings and Spanish language workshops on sexual health. The ECOHE's Hispanic/Latino community programming includes these trainings as well as community engagement activities and is designed to meet the needs of Spanish-speaking communities in Erie County, especially residents who speak Spanish but have limited English proficiency.

Through community engagement with a focus on Hispanic/Latino cultural connection and trainings provided in Spanish, the ECOHE is able to build trust and open lines of communication to secure feedback

from Spanish-speaking community members that aid in key functions of the Office, including analyzing disparities in health, health care, and availability/accessibility to health care services among disadvantaged and marginalized Erie County populations; understanding and connecting factors that contribute to health outcomes; and making recommendations for the improvement of health care delivery and access. The Hispanic/Latino community programming also provides coordinated educational opportunities with the goal of supporting healthy lifestyles among Hispanic and Latino communities, which are often marginalized and underserved—another key function of the ECOHE.

Outcomes of Hispanic/Latino community programming in 2023 include community engagement with an estimated 1,000 people at 16 community events within the Hispanic/Latino and Taino Indigenous communities. A wide range of community education and engagement materials were translated into Spanish, and a community engagement plan for Hispanic/Latino communities was developed. Two ECOHE staff members were certified as Spanish language instructors for both MHFA for adults interacting with other adults (Adult MHFA) and MHFA for adults interacting with youth ages 12-18 (Youth MHFA). Two Spanish Youth MHFA trainings were facilitated in 2023, one with school personnel and another with parents and caregivers.

Feedback regarding ECOHE Hispanic/Latino community programming has been positive. One Spanish Youth MHFA training participant shared, *"I am thankful for this training because, during it, I was able*



HISPANIC/LATINO COMMUNITY PROGRAMMING

to reflect on how far I've come. This training gave me the space to talk about my trauma and has given me the tools to better help youth when they're going through a mental health crisis." Another Spanish Youth MHFA training participant stated, "I am glad I was able to take this training to teach my kids better ways to deal with anxiety, depression, and other mental health stuff, so they won't have to suffer like I did. More parents need to take this training."

Next steps for Hispanic/Latino community programming include the continued delivery of Spanish Adult MHFA and Youth MHFA trainings and the finalization and delivery of Spanish language sexual health workshops. The ECOHE also hopes to further explore and assess community resources and barriers to care for Hispanic/Latino residents of Erie County as well as to develop strategies to mitigate barriers to care.

"I am thankful for this training because, during it, I was able to reflect on how far I've come. This training gave me the space to talk about my trauma and has given me the tools to better help youth when they're going through a mental health crisis."

-Spanish Youth MHFA Participant

"I am glad I was able to take this training to teach my kids better ways to deal with anxiety, depression, and other mental health stuff, so they won't have to suffer like I did. More parents need to take this training."

-Spanish Youth MHFA Participant



FOR MORE INFORMATION ON HISPANIC/LATINO COMMUNITY PROGRAMMING

Email healthequity@erie.gov

Call (716) 858-2962

COMMUNICATIONS & LANGUAGE ACCESS

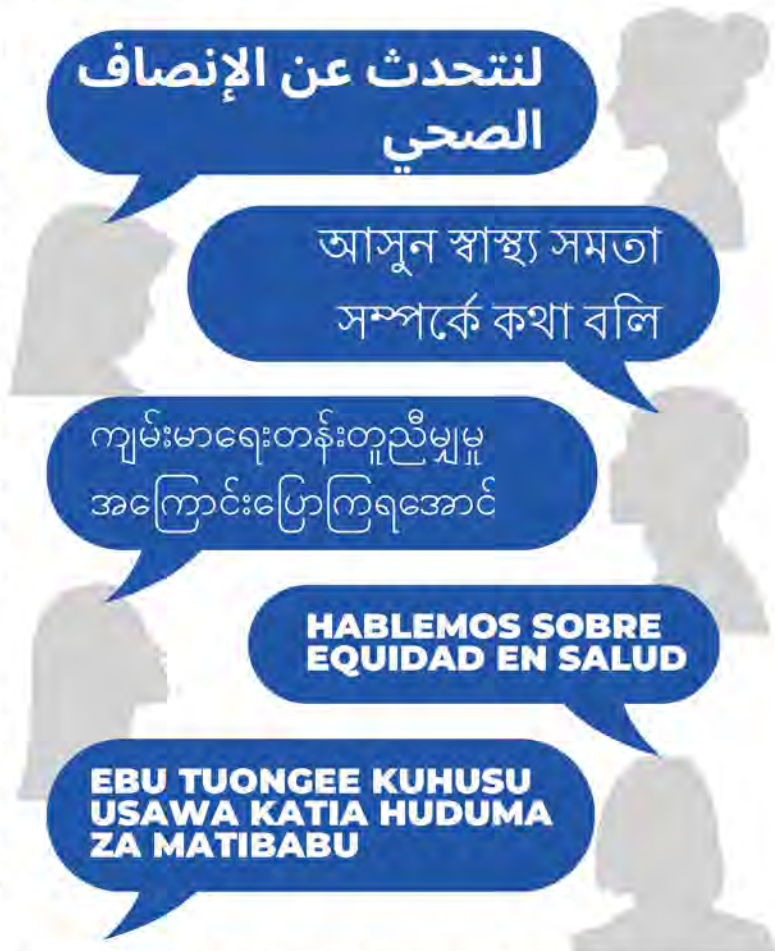
The ECOHE's vision for communications and language access is to offer the public information that is legible for most and translated for many. This means that the ECOHE is always working to learn more about plain language communication, accessible visual displays of data, and preparing writing for translation. These efforts have helped increase the ECOHE's reach in communities with low literacy levels and communities that speak languages other than English, helped ECOHE better understand cultures represented in Erie County, and provided support to populations that are eager to receive materials that they can understand and access.

The ECOHE's communications and language access efforts operate from a standpoint of intentionally working to consistently meet people where they are at. In response to a diverse population speaking over 80 languages countywide, the ECOHE offers materials the top

languages spoken and understood in Erie County (referred to herein as "top languages") and in-person Spanish language trainings, including Mental Health First Aid. Utilizing a combination of U.S. Census data, ECOHE data and community feedback, the ECOHE will determine and review a list of top languages annually and revise as needed or in accordance with any language access policies Erie County puts in place.

In 2023, the ECOHE developed a Communications Review Process to guide staff towards a unified voice and vision reflective of the Health Equity Act of 2021. This process requires staff to submit any material that will reach the public to a process of review, first by review process team leads, and then by ECOHE leadership. This process also calls for support from ECDOH's Commissioner and Public Information Officer, as well as subject matter experts, community contacts, and/or ECOHE Advisory Board members. This effort ensures quality of materials going out to the public and helps the ECOHE communicate in a way that is cohesive, concise, and connected.

The review process is a workflow, managed in Microsoft Planner, that can be accessed by all ECOHE staff. All documents, presentations, announcements, posts, and posters are put through this review process. A team of ECOHE staff that is skilled in design and editing takes a first look at materials to identify any language or imagery that strays from the ECOHE vision. Edits are made until the final



COMMUNICATIONS & LANGUAGE ACCESS

product is one that the ECOHE and Erie County government can be proud of. This review process has increased the intentionality of ECOHE communications and could easily be replicated for any Erie County division, department, or community organization.

The ECOHE's drive to connect with populations with Limited English Proficiency (LEP) stems from the Health Equity Act of 2021, in which the ECOHE is charged with analyzing disparities in health, health care, and availability/accessibility to health care services among disadvantaged and marginalized Erie County populations. In Erie County, understanding health information and accessing health care are nearly impossible without English language proficiency, making the very first steps into the health care system extremely difficult for populations with LEP. The County has very limited health care services tailored for populations with LEP, limited multilingual Community Health Workers, and very limited multilingual health care providers.

Additionally, as the ECOHE analyzes and connects factors that contribute to health outcomes utilizing data from the ECOHE Community Health Survey, we can demonstrate precisely how LEP impacts public health overall. As the ECOHE moves to make recommendations and pilot models and programs for Erie County, the office will ensure populations with LEP are not left behind. Communications and language access efforts are also rooted in ECOHE's function (as defined by the Health Equity Act of 2021) to "promote public awareness [...] with the goal of supporting healthy lifestyles in disadvantaged and marginalized communities and groups." Public awareness is not possible without materials and messaging that is understandable and accessible for all Erie County residents.

The ECOHE team works hard to accomplish these goals and to provide information in a way that is intentionally evolving to reach and understand Erie County residents, exactly as they are. While there is no official community feedback for the Communications Review process or the ECOHE's multilingual offerings, many positive sentiments have been captured at community engagement events. Comments noting that it is good that ECOHE offers materials in other languages, that the ECOHE is reaching more people by working at communication, and that the ECOHE team is appreciated for their efforts to translate and provide effective materials are often shared at staff meetings.

Next steps include that the ECOHE will work with Erie County on the development of language access policies for County departments. The ECOHE will advocate for budget allocations for translation and interpretation as well as for job aids that prepare all workers for interactions with populations with LEP. The ECOHE will work to ensure Erie County departments understand the necessity of translation and interpretation, focusing on the importance of dialect-centered language access, locally sourced language services, top language methodology that incorporates the needs of County residents, and the importance of ensuring accuracy of information in translated documents and interpretation services.

COMMUNICATIONS & LANGUAGE ACCESS

Additionally, the ECOHE will offer “best practice” guidelines to agencies choosing to offer materials in languages other than English, promote translation and interpretation to agencies who serve populations with LEP, and advocate for agencies to increase their reach by targeting populations speaking and understanding top languages. These measures will result in populations with LEP that is more readily connected to public health information. The impacts of this interconnectivity can be measured in public health outcomes over time, through the ECOHE Community Survey and focus groups, and qualitative feedback ECOHE receives.

Examples of Plain Language and Translated Media Offered by ECOHE

TELL YOUR PROVIDER ABOUT YOUR FAMILY'S LEAD EXPOSURE RISKS

I would like a lead screening for my child

ERIE.GOV/LEADSEARCH

LET'S TALK ABOUT PREGNANCY

If you or your loved ones can become pregnant, read on to learn about health care options for pregnancy in Erie County

WWW.ERIE.GOV/HEALTH-EQUITY

DO YOU KNOW YOUR HEALTH NUMBERS?

Take control of your health! Learn what your blood pressure, cholesterol & blood sugar levels mean for you.

WWW.ERIE.GOV/HEALTH-EQUITY

NOW TRANSLATED INTO FIVE LANGUAGES

العربية (ARABIC)
বাংলা (BENGALI)
မြန်မာဘာသာ (BURMESE)
EN ESPAÑOL (SPANISH)
KISWAHILI (SWAHILI)

OFICINA DE EQUIDAD EN SALUD DEL CONDADO DE ERIE

DEPARTAMENTO DE SALUD DEL CONDADO DE ERIE

Public Health
Prevent. Promote. Protect.

www.erie.gov/health-equity

FANYENI MFUMO WA MAWASILIA NO WA KUSAMBAZA HABARI



गर्भावस्था सम्पर्के कथा बला याक

സംസ്ഥാനം ൦൭ | പട്ടണ നഗരം വിട്ടു ഭാര്യ വിട്ടു വരും

आपनाम विकल्प आह्ने

മৌലിക

ပထမသုံးလပတ် ၀- ၁၃ ပတ်
၄ ပတ်တိုင်း ၁ ကြိမ် စစ်ဆေးမှု ခံယူပါ။
အာထရာဆောင်း (ကလေး၏ခါးပတ်ပုံ)ကို ၁၁ ပတ်မြောက်တွင် ရယူပါ။

ဒုတိယသုံးလပတ် ၁၄ပတ် - ၁၆ ပတ်
၄ ပတ်တိုင်း ၁ ကြိမ် စစ်ဆေးမှု ခံယူပါ။
အာထရာဆောင်း (ကလေး၏ခါးပတ်ပုံ)ကို ၁၈ ပတ်မြောက်တွင် ရယူပါ။

တတိယသုံးလပတ် ၂၇ ပတ် - ၄၀ ပတ်နှင့် အထက်
ရက်သတ္တပတ် ၂၈ မှ ၃၆ အတွင်း - ၂ ပတ်တိုင်း ၁ ကြိမ် စစ်ဆေးမှုခံယူပါ။
ရက်သတ္တပတ် ၃၆ မှ ၄၁ အတွင်း - ၁ ပတ် ၁ ကြိမ် စစ်ဆေးမှုခံယူပါ။

မီးဖွားပြီးကာလ ဖွေးဖွားပြီး ၃နစ် အတွင်း
ရက်သတ္တပတ် ၁၂ ပတ် အတွင်း ၁ ကြိမ် စစ်ဆေးမှုခံယူပါ။



NEWSLETTERS

ECOHE newsletters are designed to inform, remind, and connect communities in Erie County to resources and knowledge of topics relating to the social determinants of health, including but not limited to food access, mental health, economic stability, chronic disease, and emergency preparedness. ECOHE newsletters are intended to offer upstream support that addresses health equity issues by putting the power of information in the hands of the residents of Erie County in a way that is positive, inviting, culturally connected, and representative of the diverse population we see across the county.

Each edition of the ECOHE newsletter is distributed in Arabic, Bengali, Burmese, English, Spanish, and Swahili. While primarily distributed in print to community-based organizations, each newsletter is available in both print and digital formats. Partners for distribution include libraries, health centers, community centers, and nonprofit service providers.

ECOHE newsletters are intended to be culturally responsive and are written in plain language to meet Erie County residents where they are at in terms of identity and literacy, respectively. This work aims 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.” [2]. Examples of these aims are apparent in *Let’s Talk About Mental Health* and *Let’s Talk About Grief*, where the ECOHE normalizes mental health challenges and connects the reader to support that is welcoming to all and easily understood by many. These aims are also apparent in editions such as *Let’s Talk About Food Access* and *Let’s Talk About Working in Government*, where systems that are often difficult for many to navigate are simplified in a way that makes them approachable and accessible to more people. Finally, the aim of reducing inequities is reflected in the work the ECOHE has put into emergency preparedness, both for heat and cold weather-related emergencies, offering Erie County residents solutions-driven support that prepares the population to withstand the obstacles that climate change is slated to pose our region over the years.

The ECOHE newsletters fulfill several key functions of the Office, including analyzing disparities in health, health care, and availability/accessibility to health care services among disadvantaged and marginalized Erie County populations; understanding and connecting factors that contribute to health outcomes; and promoting public awareness and community education with the goal of supporting healthy lifestyles among disadvantaged and marginalized people.



NEWSLETTERS

Four new editions of the ECOHE Newsletter were produced in 2023: *Let's Talk About Pregnancy*, *Let's Talk About Summer Heat*, *Let's Talk About Lead*, and *Let's Talk About Grants*. The ECOHE Newsletter distribution reaches approximately 14,000 people in print and digital format per edition. In print, the newsletter reaches 28 ZIP codes at 129 unique locations, per edition. In email, the ECOHE sends the newsletter out to 881 addresses and counting, a list that continues to grow through the ECOHE's ongoing community engagement efforts. The ECOHE newsletter has an average open rate of 54% since June 2023 when ECOHE communications migrated to the Constant Contact platform. This open rate is much higher than the 20% industry average for similar communications.

It is difficult to measure the total number of people served as the ECOHE newsletter has a snowball effect, with more and more groups and organizations sharing this content digitally and photocopying and printing their own copies to distribute. For example, in 2023:

- UBMD Physicians' Group printed 500 copies of *Let's Get Ready for Winter* to include in winter preparedness outreach to patients in the WNY Children's Environmental Health Center via UBMD Pediatrics.
- Jewish Family Services regularly used an array of ECOHE newsletters in the information packets they give to new arrivals to Erie County for their Refugee Assistance Program.
- The Erie County Department of Personnel printed 5,000 copies of *Let's Talk About Working in Government* for outreach at job fairs across the county.
- Independent Health Foundation utilized *Let's Talk About Food Access* and *Do You Know Your Health Numbers* in their Healthy Options Buffalo program, delivering hard copies right to the door of program participants.
- The Food Policy Council of Buffalo & Erie County utilized *Let's Talk About Food Access* in their summer and fall outreach events.
- The International Institute of Buffalo used an array of ECOHE newsletters in outreach to community partners as a best practice example of public communications that are well-suited for populations with Limited English Proficiency (LEP) or who speak a language other than English at home.
- The Erie County Executive's Office utilized content from *Let's Get Ready for Winter* as talking points for their winter emergency preparedness kit distributions and for a YouTube video recorded by Lisa Chimera, Deputy County Executive. See her quotes about building a Circle of Care, one of her key tips for getting prepared for an emergency.

TO SUBSCRIBE TO THE ECOHE NEWSLETTER

For ECOHE e-news updates: bit.ly/ECOHEupdates

To distribute paper copies of the newsletter: erie.gov/henews

NEWSLETTERS

"It's great to see that we are finally having conversations about mental health. For many years we haven't talked about the impact of mental health and how it affects us on a daily basis."

-Community Member
(Translated from Spanish)



Feedback on the ECOHE newsletters from community members has been collected and reported by ECOHE staff during community engagement activities. This feedback includes:

- They loved the newsletter, especially the Know Your Health Numbers edition.
- Out of the 7 newsletters I took to the event, [Let's Talk About] Food Access was the most popular.
- I had a good conversation with a veteran about grief after reviewing the [Let's Talk About] Grief newsletter.
- From an elderly woman in Spanish, "Que bueno que estamos teniendo conversaciones sobre la salud mental. Por muchos años nosotros no hablamos sobre la salud mental y como nos impacta todos los dias."/ "It's great to see that we are finally having conversations about mental health. For many years we haven't talked about the impact of mental health and how it affects us on a daily basis."
- [The] majority of the population [at this event] was Hispanic/Latino. Saw one Burmese family that was very happy to receive literature in Burmese and one family that was Middle Eastern, and they were very happy to receive literature in Arabic.
- Some people following Islam do not typically display pictures of living creatures in places where they pray. This includes people and animals. More mosques and other places of worship would be inclined to subscribe if we offered this.

Informed by the Health Equity Act of 2021 and ECOHE data and reports, the ECOHE will continue to produce a set of materials that is reflective of the needs of Erie County residents. The upcoming topic list includes but is not limited to health equity, diabetes, heart health, and immunizations.

NEWSLETTERS

Other components of the ECOHE newsletter slated to be launched in 2024 include:

- Full social media campaign including at least 5 posts with graphics for each release, including re-releases of back editions
- Production of a text-only version of the Arabic and Bengali newsletters
- One Instagram reel developed and shared on social media per edition
- Signage for community engagement that corresponds with each edition

In addition to expanding content offerings, the ECOHE newsletter team will work to expand ECOHE's digital reach and scale the print reach. This includes tasks such as connecting with existing print subscribers to understand the value of the ECOHE newsletter has in their respective communities and updated subscriptions to better suit their needs and connecting with new organizations that serve communities that are indicated by the Health Equity Act of 2021, including organizations that serve individuals speaking the five languages into which the newsletter is translated.

Newsletter Distribution Locations



The above map shows the geographic distribution of all copies of Erie County Office of Health Equity newsletters by delivery address of organizations receiving paper copies. This map is not comprehensive, as it does not include any deliveries made within the Erie County offices at the Rath Building or Lincoln Building and does not include any digital distribution.

HOLISTIC HEALING PILOT PROGRAM

The Holistic Healing Pilot Program was funded through a one-time \$50,000 grant award from the New York State Office of Minority Health and Health Disparities Prevention to address the need for continued healing in the aftermath of the racially motivated mass shooting at the Jefferson Avenue Tops supermarket on May 14th, 2022. Funding was awarded in June 2023 for grant activities continuing into January 2024. All grant activities were complete at the time this report was published. The following is a summary of this pilot program from start to finish.

Sometimes referred to as a community healing series, the Holistic Healing Pilot Program was designed to create safe spaces for East Side residents to express themselves as they move through their healing journeys and explore a variety of holistic strategies to aid in coping with and healing from individual and collective trauma.

The Holistic Healing Pilot Program was comprised of a series of three free holistic mental health interventions—Sawubona Healing Circles, healing-centered yoga, and art workshops—delivered by four community-based organizations led by community leaders: AfroChick Yoga, BC Designs, Eat Off Art, and HOPE Consulting, LLC. Interventions were implemented at community locations across Buffalo’s East Side in order to prioritize residents of the neighborhoods affected by the Tops massacre. Venues included 8 Days of Hope, the African American Cultural Center, the Buffalo Federation of Neighborhood Center’s Monroe House, Delavan Grider Community Center, Gloria J. Parks Community Center, Mt. Olive Baptist Church, the Tri-Main Center, and the WNY Peace Center. Six Sawubona Healing Circles were held virtually. All in-person workshop participants were provided with a nutritious meal from one of two local New York State certified Minority- and Women-Owned Business Enterprises (MWBEs), EM Tea Coffee Cup Cafe and Everyday Gourmet. Yoga workshop participants were provided with yoga mats and blocks, and art workshop participants were provided with art supplies including canvases, paint, and paintbrushes to allow them to continue to engage in these healing practices at home. The first 200 Holistic Healing Pilot Program participants received a Self-Care Kit consisting of a journal, sleep mask, set of exercise resistance bands, stress ball, essential oils, a herb/vegetable planter kit, copies of the *Let’s Talk About Mental Health* and *Let’s Talk About Grief* newsletters, and information on local and national mental health resources.



HOLISTIC HEALING PILOT PROGRAM

The Holistic Healing Pilot Program is rooted in two functions of the ECOHE as defined by the Erie County Health Equity Act of 2021: piloting models and programs to improve health disparities as well as with promoting public awareness and community education with the goal of supporting healthy lifestyles among disadvantaged and marginalized people.

"Sawubona"
is a Zulu greeting meaning,
"I see you."

Outcomes of the Holistic Healing Pilot Program included the successful delivery of 50 free holistic mental health interventions to 320 participants at community-based locations throughout the East Side of Buffalo. Many community members returned to participate in multiple sessions, indicating that those participants found the workshops impactful and beneficial. Each participant was asked to complete a brief survey following each intervention designed to assess the impact of the intervention. 80% of participants complete this survey, and of those participants, 98% indicated that the intervention was helpful or very helpful. 99% of participants said that they would be likely or very likely to utilize a strategy learned or tool provided in the future, and 96% said that they would be likely or very likely to share a strategy learned or tool provided with someone they know (family member, friend, neighbor, etc.). 95% of participants who completed the survey indicated either that they were Black/African American or a resident of an East Side ZIP code. The figures on the following pages show the demographics of Holistic Healing Pilot Program participants as well as evaluation data from the participant survey.

Other intended outcomes of the Holistic Healing Pilot Program included increased individual and community wellness, increased community engagement in holistic mental health and self-care activities, and increased trust and community building among participating community members, groups, and organizations. A key intended outcome was to reduce stigma and change the conversation around mental health in the Black community by creating champions of mental health self-care who can share skills and resources obtained from participation in these interventions.

The Holistic Healing Pilot Program was very well received. Quotes from participating community members are shared on the next page.

This series promotes Black-led togetherness, emotional support, and community healing for the Black community in the form of Sawubona Healing Circles, art workshops, and yoga at locations throughout Buffalo's East Side.

HOLISTIC HEALING PILOT PROGRAM

“This circle was an answer to my prayer.”

-Sawubona Healing Circle Participant



“This was a great place to be. Connecting with others and knowing I am not alone with my emotions, feelings, validations.”

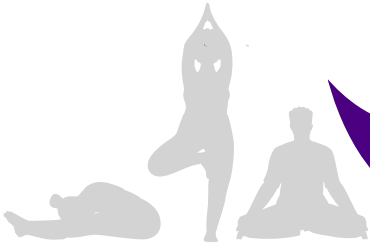
-Sawubona Healing Circle Participant

“This led me to listen to others and to understand that I am not the only person dealing with life issues and that it helps to talk to release some of your burdens.”

-Sawubona Healing Circle Participant

“Addressing some of the issues brought up was very emotional for me, but I also think [the facilitator] gave many tools to handle ourselves and at the same time face these hurdles thoughtfully.”

-Sawubona Healing Circle Participant



“It was great for my mental health. I needed that!”

-Yoga Workshop Participant

“It is great for the community! We need more programs like this.”

-Yoga Workshop Participant

“My mind and body felt like they were one.”

-Yoga Workshop Participant

“Class helped me focus and tune in with myself and my thoughts.”

-Yoga Workshop Participant

“I enjoyed the opportunity to release stress in a safe place.”

-Yoga Workshop Participant

“I didn't think I would enjoy this as much as I did. We have to prioritize healing more.”

-Art Workshop Participant



“Amazing, meditative, creative and healing session.”

-Art Workshop Participant

“Surprising what came up! Feeling a bit of relief...”

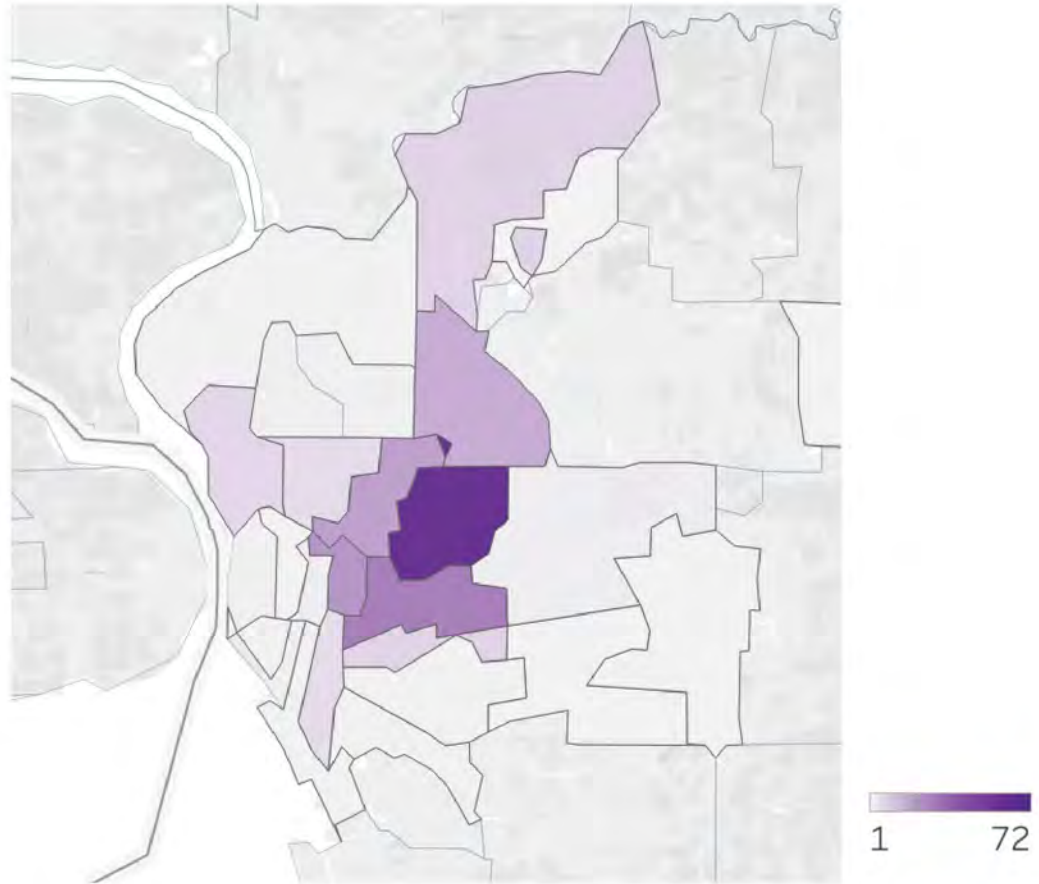
-Art Workshop Participant

“Loved the self-care/artist materials to take and use at home.”

-Art Workshop Participant

HOLISTIC HEALING PILOT PROGRAM

Holistic Healing Participants By ZIP Code



The above map shows the ZIP codes of the people who attended the ECOHE's Holistic Healing Pilot Program. The darker colors represent higher numbers of participants. ZIP code 14215 had the highest number of participants.



Holistic Self-Care Kit and Yoga Supplies



Art That Heals Workshop

HOLISTIC HEALING PILOT PROGRAM

Holistic Healing Participants by Race

	Art Workshop	Sawubona Healing Circle	Yoga Workshop
American Indian or Alaska Native	1%	1%	
Asian	1%		
Black or African American	84%	87%	90%
Middle Eastern or North African	1%		
More Than One Race	1%	2%	1%
White	2%		
Do Not Wish to Say	10%	10%	8%

Holistic Healing Participants by Sex Assigned at Birth

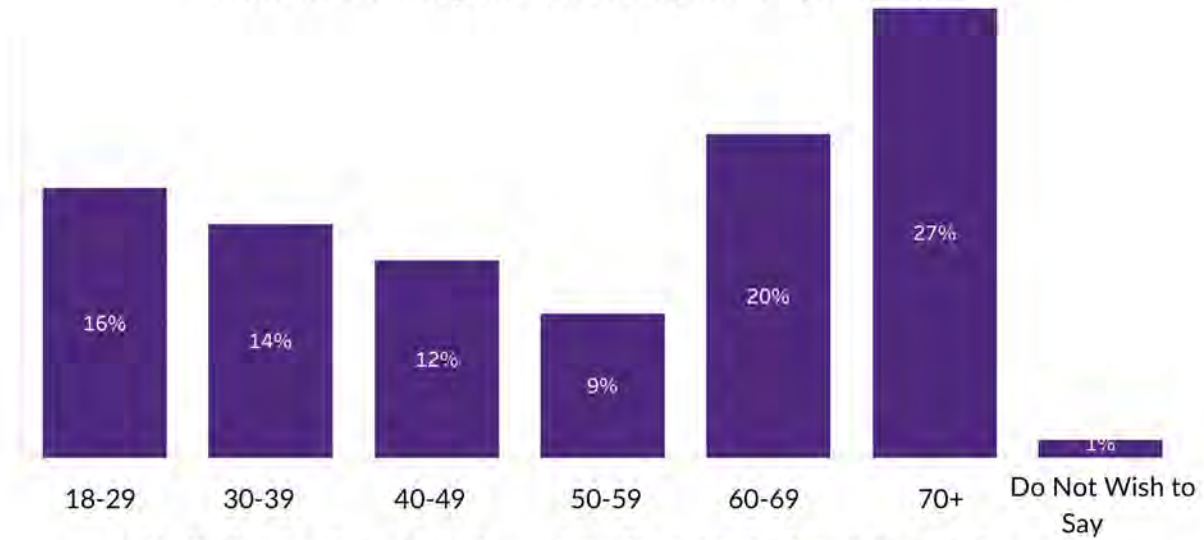
	Art Workshop	Sawubona Healing Circle	Yoga Workshop
Male	16%	10%	1%
Female	79%	83%	95%
Do Not Wish to Say	4%	7%	4%

Holistic Healing Participants by Gender Identity

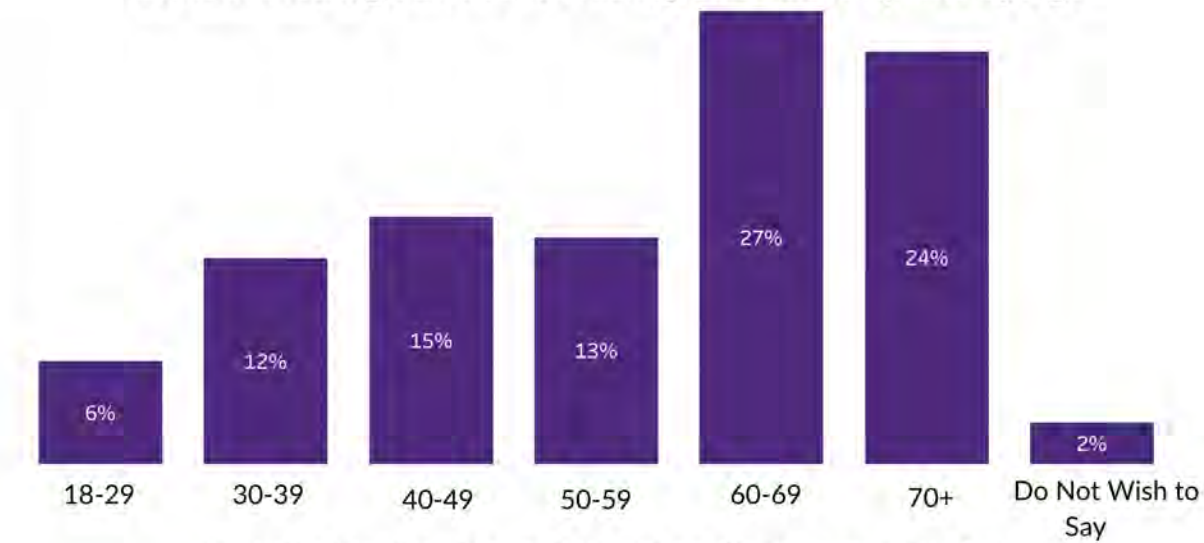
	Art Workshop	Sawubona Healing Circle	Yoga Workshop
Man	15%	9%	2%
Woman	78%	80%	94%
Non-Binary			1%
Queer	1%	1%	
Do Not Wish to Say	5%	10%	2%

HOLISTIC HEALING PILOT PROGRAM

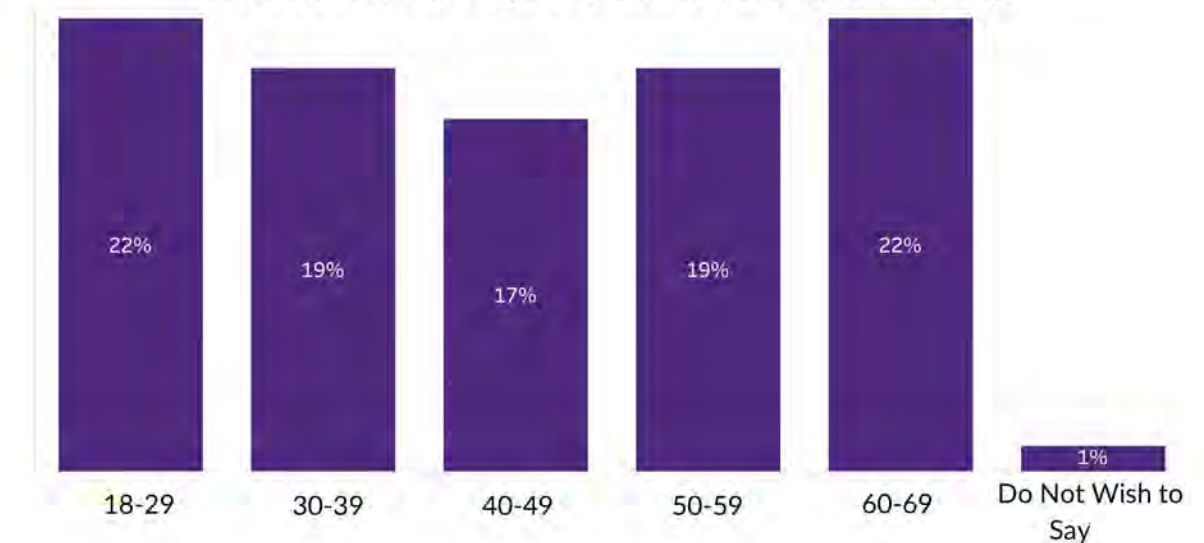
Holistic Healing Art Workshop Participants by Age



Holistic Healing Sawubona Healing Circle Participants by Age

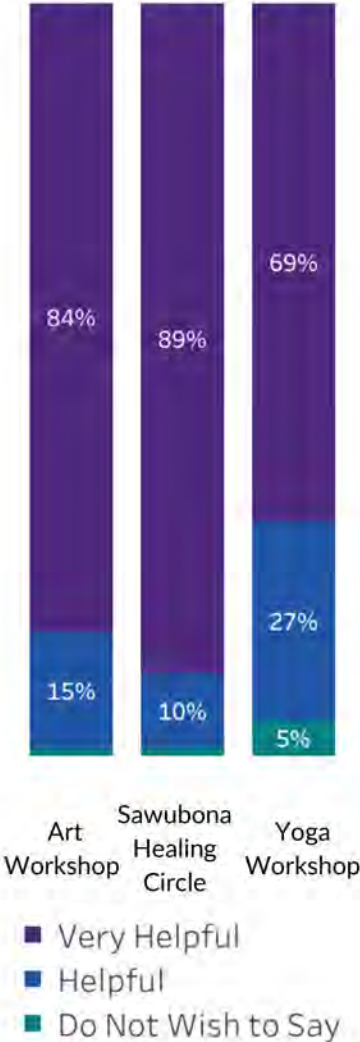


Holistic Healing Yoga Workshop Participants by Age

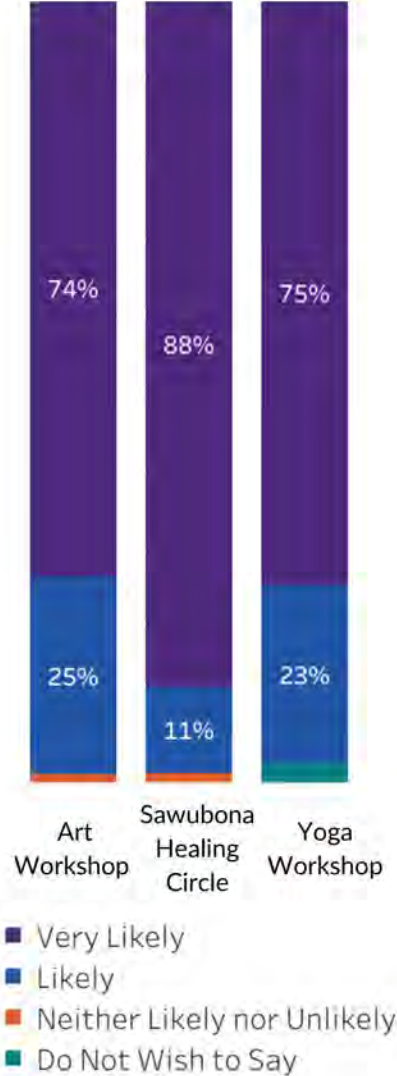


HOLISTIC HEALING PILOT PROGRAM

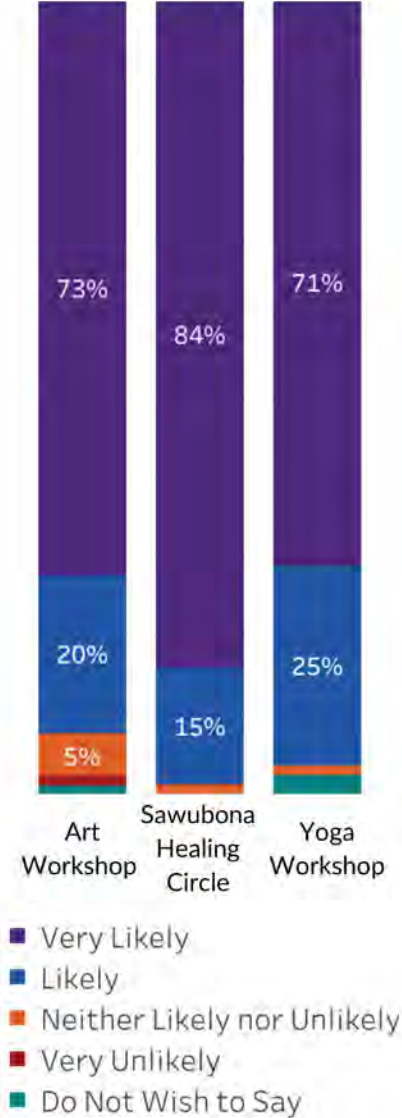
Today's Program Was:



I Would Use a Strategy or Tool From Today's Program in the Future



I Would Share a Strategy or Tool From Today's Program With Someone I Know



HOLISTIC HEALING PILOT PROGRAM

Other intended outcomes of the Holistic Healing Pilot Program included increased individual and community wellness, increased community engagement in holistic mental health and self-care activities, and increased trust and community building among participating community members, groups, and organizations. A key intended outcome was to reduce stigma and change the conversation around mental health in the Black community by creating champions of mental health self-care who can share skills and resources obtained from participation in these interventions.

Though short in duration, the Holistic Healing Pilot Program included several sustainability efforts. Participants were provided with community resources and materials to allow them to continue to engage in these holistic mental health practices on their own after the conclusion of the Holistic Healing Pilot Program. Many community members vocalized the need for these types of interventions to continue. Some workshop facilitators are planning to continue to facilitate holistic workshops and programming beyond the end of the Holistic Healing Pilot Program. Each facilitating community organization was provided with participant feedback from their workshops, including both quotes and responses to program evaluation questions. These community partner organizations were encouraged to utilize this data when seeking funding for continuing or future programming, and each facilitating organization was connected to free grant assistance from the ECOHE.

BREASTFEEDING, CHESTFEEDING, AND LACTATION FRIENDLY ERIE COUNTY

The goal of Breastfeeding, Chestfeeding, and Lactation Friendly Erie County is to create more equitable systems of support and protection for breastfeeding and chestfeeding in Erie County, particularly among marginalized and underserved populations and communities. This initiative is a partnership with Catholic Charities WIC and the United Way of Buffalo & Erie County and is funded through the NYS Department of Health's Breastfeeding, Chestfeeding, Lactation Friendly New York (BFFNY) grant. The initiative recruits and establishes New York State designated Breastfeeding, Chestfeeding, and Lactation Friendly Worksites across Erie County, providing support for employees to express in the workplace. Grant funds can be used to help a worksite acquire necessary lactation room item(s)

that the employer would be unable to acquire due to lack of funds, such as a mini-refrigerator, door lock, table, chair, or room dividers. The initiative also provides community education around breastfeeding, chestfeeding, and lactation, prioritizing marginalized and underserved populations and communities. Erie County cities and towns that are explicitly covered by the BFFNY grant are Buffalo, Lackawanna, Tonawanda, Brant, Cheektowaga, Collins, and Concord.

According to the Erie County Community Health Assessment (CHA) 2022-24 [9], disparities in breastfeeding and chestfeeding exist by race, income, and place of residence. Rates of exclusive breastfeeding and chestfeeding were lower among non-Hispanic Black families and Hispanic families than among families of other races. Exclusive breastfeeding and chestfeeding rates were also lower among low-income families. The lowest percentages of exclusive breastfeeding occur in more rural and more highly urban areas of Erie County. Barriers to breastfeeding and chestfeeding for parents who were unable to for as long as they wanted or at all included access to education, professional support, peer support, workplace support, and free or low-cost supplies.

Breastfeeding, Chestfeeding, and Lactation Friendly Erie County relates to the following functions of the ECOHE as defined by the Erie County Health Equity Act of 2021: understand and connect factors



FOR MORE INFORMATION ON THE BREASTFEEDING, CHESTFEEDING, AND LACTATION FRIENDLY ERIE COUNTY

Email healthequity@erie.gov Call (716) 858-4752 Visit erie.gov/breastfeeding

BREASTFEEDING, CHESTFEEDING, AND LACTATION FRIENDLY ERIE COUNTY

that contribute to health outcomes, make recommendations for improving delivery and access to health services, and promote public awareness and coordinate educational opportunities with the goal of supporting healthy lifestyles among disadvantaged and marginalized people.

The ECOHE's 2023 goal was to designate 10 worksites. In 2023, nine were designated: Every Person Influences Children (EPIC) - Buffalo, Native American Community Services - Erie, Buffalo Museum of Science, Care Management Coalition, Say Yes Buffalo, Bright Path Kids - Lancaster, Bright Path Kids - Crosspoint, Bright Path Kids - Corporate Office, and 43 North. Additionally, in 2023, the ECOHE, the United Way of Buffalo & Erie County, and Catholic Charities WIC co-coordinated a panel discussion on breastfeeding, chestfeeding, and lactation that featured Deputy County Executive Lisa Chimera as the guest speaker and panelists from the local office of the NYS Department of Labor, the Buffalo & Erie County Public Libraries, the Buffalo Women's Caucus, and Catholic Charities WIC. Local businesses and organizations were invited to attend so that they could learn about the Amended NYS Labor Law Section 206-c, ECDOH's worksite designation process, the benefits of having lactation spaces for employees, and how to set up a worksite lactation program. The ECOHE also implemented a series of community engagement activities in August 2023 for Breastfeeding Awareness Week and World Breastfeeding Awareness Month.

Next steps for Breastfeeding, Chestfeeding, and Lactation Friendly Erie County are to continue to prioritize site designation for workplaces that recruit employees from marginalized groups, as well as to concentrate efforts in Brant, Collins, Cheektowaga, Tonawanda and Lackawanna, the priority municipalities that do not currently have any designated worksites. Additionally, the ECOHE will work to create a lactation policy template that employers can utilize or customize for their worksites to mitigate this potential barrier to designation.



Example of Breastfeeding/Chestfeeding Awareness Social Media Posts



2023 Breastfeeding, Chestfeeding, and Lactation Panel Discussion

MINDFULNESS

The ECOHE's mindfulness program is a series of free presentations designed to teach people from minority and marginalized populations about the purpose and benefits of mindfulness as well as some basic mindfulness activities that they can use for their own practice or share with others. The program is offered both as a formal training with a slide presentation and as an informal one in community engagement settings, such as during tabling at health fairs. In 2023, the mindfulness program was revised to incorporate Mindfulness Based Stress Reduction (MBSR) concepts learned by ECOHE staff in an MBSR training from UB School of Nursing and Brown University.



“This was awesome, thank you! I’m going to be mindful.”

-Mindfulness Workshop Participant

Some of the possible benefits of mindfulness may include increased focus and emotional regulation, reduced anxiety and depression, and improved pain management and sleep. Mindfulness, a form of self-care, can help address social and community context as a SDOH. The ECOHE's mindfulness program is designed for minority, marginalized, and disadvantaged populations in Erie County. The mindfulness program relates to two functions of the ECOHE under the Erie County Health Equity Act of 2021: to pilot models and programs to improve health disparities and to promote public awareness and coordinate educational opportunities with the goal of supporting healthy lifestyles among disadvantaged and marginalized people.

In 2023, the ECOHE reached approximately 650 residents of Erie County through formal mindfulness workshops and informal mindfulness education provided at six community events and one festival. Approximately 570 of the 650 participants were Erie County residents from minority and marginalized populations, including people from racially and ethnically minoritized communities, older adults, and residents of low-income households. 80 participants were staff members from the Erie County Department of Social Services, who completed this training for their own self-care to help reduce burnout and increase their capacity to work effectively with clients. Feedback on the mindfulness program has been positive. One participant shared that at the end of the guided meditation included in the training, she felt relaxed. Another attendee shared that during the workshop, she realized that she is always “doing a lot of things at once” and resolved to do this less. Another participant related the content of the trainings to the following quote or prayer: “Accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference.” At the end of a workshop, another participant stated, “This was awesome, thank you! I’m going to be mindful.”

MINDFULNESS

Next steps for the mindfulness program include modifying the workshop for delivery to children in schools and day camps or potentially creating a “train the trainer” version to train school teachers and day camp staff how to teach mindfulness to the children in their care. Additionally, content from the mindfulness program may be integrated into future versions of the ECOHE’s Let’s Talk About Mental Health newsletter.

Examples of Mindfulness Training Handouts



FOR MORE INFORMATION ON MINDFULNESS
Email healthequity@erie.gov
Call (716) 858-4752

OTHER ACTIONS & RECOMMENDATIONS

Under the Erie County Health Equity Act of 2021, the ECOHE is tasked with understanding and connecting factors that contribute to health outcomes and making recommendations for improving delivery and access to health services. In 2023, the ECOHE team assessed the potential impact of various workplace policies on health equity among employed residents of Erie County. This section reviews each of these policies through the lens of the social determinants of health (SDOH) and makes best practice recommendations for Erie County employers who value the opportunity to support ability to achieve maximum health and wellness among their employees and their families.

Review Job Descriptions for Accuracy and Equity

One best practice is to review job descriptions for accuracy and equity and revise as needed. The ECOHE revised the job description for the Project Coordinator role within the Office, removing a minimum formal education requirement of a master's degree for this position and allowing candidates with equivalent years of relevant experience to apply. As discussed in the Education domain in this report, access to formal education is not equitable for members of minority and marginalized groups. However, as discussed in the Economic Stability domain, access to employment is a key SDOH impacting the health and wellness of Erie County residents. Employers should review job descriptions to ensure that, when applicable, equivalent relevant experience is considered for job positions that do not require formal licensure or credentials. An example of wording that allows for the consideration of experience and education as minimum qualifications is:

1. Graduation from a regionally accredited or New York State registered college or university with a Master's degree and one (1) year of experience in public health, or;
2. Graduation from a regionally accredited or New York State registered college or university with a Bachelor's degree and three (3) years of experience in public health, or;
3. An Associate's degree or 60 semester credit hours from a regionally accredited or New York State registered college or university and five (5) years of experience in public health, or;
4. An equivalent combination of education and experience of as defined by the limits of 1, 2, or 3 above.

Consider Adopting or Expanding Paid Parental Leave Policies

The ECOHE analyzed the benefit of paid parental leave policies through a health equity lens. Paid parental leave policies impact the Social and Community Context and Economic Stability domains of the SDOH. Paid parental leave policies increase employee health outcomes, increase workforce diversity, and save employers money by increasing employee retention. Paid parental leave policies have the potential to protect the long-term health of employees. Research indicates that the transition to parenthood may have a critical impact on an individual's mental and physical health in midlife and beyond, and that a lack of access to protected, paid time off from employment may exacerbate any physical and mental health problems experienced during the transition to parenthood [10]. Systematic reviews conclude that paid parental leave improves maternal and infant health and decreases rates of infant mortality. One study found that the introduction of paid parental leave in five states led to a

OTHER ACTIONS & RECOMMENDATIONS

reduction in low birth weight and preterm births, especially for Black infants, and those who were able to take paid leave were half as likely to be re-hospitalized, as were their infants, compared to parents who were only able to take unpaid leave or no leave [11]. Studies have shown that parents who take paid parental leave are 93% more likely to be in the workforce 9 to 12 months after a child's birth than those who take no leave and that parents who took paid family leave increased their work hours by as much as 17% one to three years later [12]. Research shows that paid leave policies especially help minority women, those with less education, and unmarried women to be able to take leave when they need it [13].

Providing new parents with paid time off to care for newborn or recently adopted children contributes to healthy development, improves maternal health, and enhances families' economic security [14]. Equitable parental leave policies empower working families by decreasing the likelihood that they will have to choose between maintaining employment and growing their families. The health of children is also protected by the implementation of parental leave policies, which have been found to decrease incidence of preterm births [15, 16]. Paid parental leave during infancy has been shown to increase rates of breastfeeding, decrease incidence of preterm birth, lower prenatal stress levels, reduce infant hospitalizations, and increase parental involvement, all of which also have lasting effects on children's health [14, 17].

Available evidence indicates that paid parental leave policies of up to one year may yield health benefits for parents and children in the short and long term [17]. Employers in Erie County, including those eligible to provide New York Paid Family Leave, should consider adopting, opting in to, or expanding paid parental leave policies to increase health equity among employees and their families.

Revise Gender Identity Policies in Compliance with GENDA

In 2019, the New York State Human Rights Law was amended through the Gender Expression Non-Discrimination Act (GENDA) to explicitly add gender identity or expression as a protected category. Discrimination on the basis of gender identity or expression is prohibited in all areas covered by the Human Rights Law [18]. Gender identity or expression means a person's actual or perceived gender-related identity, appearance, behavior, expression, or other gender-related characteristic regardless of the sex assigned to that person at birth, including, but not limited to, the status of being transgender. Unlawful discrimination based on gender identity or expression can include questions about gender identity or medical history in a job or housing interview, refusing to hire for a job or rent an apartment, terminating employment or housing, denying the use of restrooms or locker rooms, and requiring dress codes or appearance standards based on sex stereotypes.

Discrimination and stigma related to gender identity and expression fall within the Social and Community Context domain of the SDOH and can negatively impact health and health outcomes, and access to an affirming workplace falls under the Economic Stability domain. In 2023, the ECOHE

OTHER ACTIONS & RECOMMENDATIONS

reviewed Erie County's Gender Identity Policy and made recommendations through an equity lens and pursuant to the Human Rights Law. Employers in Erie County should consider adopting similar policies or revising existing policies to ensure compliance with the Human Rights Law and to further health equity among employees.

Create or Update Workplace Lactation Policies

The Erie County Office of Health Equity (ECOHE) manages Breastfeeding, Chestfeeding, and Lactation Friendly Erie County across Erie County, certifying worksites as safe and welcoming environments for employees who choose to lactate when they return to work. Breastfeeding or chestfeeding helps combat risk factors for certain health conditions in people who breastfeed or chestfeed and their babies [19]. Human milk provides unique nutrients and antibodies that help protect babies from diseases such as ear infections, lower respiratory infections and diarrhea, and decrease the risk for asthma, diabetes, and obesity later in life. For the lactating parent, breastfeeding or chestfeeding lowers the risk for certain cancers and diabetes.

Among those surveyed for the Erie County Community Health Assessment (CHA) 2022-24 [9] who identified a factor that might have contributed to their success in breastfeeding for a longer period, workplace support was cited by 25.3% of respondents as influential in their decision to breastfeed. Erie County employers should create or revise existing employee lactation policies that are inclusive of any employee that has the right to access breastfeeding, chestfeeding, and lactation services in reference to New York State Labor Law Section 206-c. This law guarantees breastfeeding employees the right to pump milk at work for three years after the birth of a child. The language used in lactation policies is often not inclusive of all employees who may be lactating in the workplace and have the right to access breastfeeding, chestfeeding, and lactation services under Labor Law Section 206-c. Not all lactating employees are moms, women, or have given birth.

Creating or updating workplace lactation policies using inclusive language promotes equity in the workplace and prevents an employer from misrepresenting an employee. It can also impact health outcomes for employees and their families directly and by addressing Economic Stability and Social and Community Context as SDOH.



DATA COLLECTION & METHODOLOGY

PURPOSE OF THE COMMUNITY SURVEY

The Erie County Office of Health Equity (ECOHE) was created in 2021 in response to data that revealed severe inequities in health and well-being within the county when examining demographic factors. It is because of these inequities that Erie County ranks in the bottom 25% of counties in New York State for health outcomes [20]. Because data and accounts from the community served as a basis for the creation of the ECOHE, data and community voices are the driving forces of the work that is done in this office.

The ECOHE published a report in January of 2023 entitled *Health Equity in Erie County: An Initial Health Disparities Assessment* [2]. This report examined inequities in health by reviewing data on health outcomes and social factors, such as income and education. Report data was disaggregated by demographics, including race and ethnicity, immigrant and refugee status, gender and sexual identity, disability status, and place of residence. Data used for this report came from secondary sources such as New York State Community Health Indicator Reports (CHIRS) and County Health Rankings by the University of Wisconsin Population Health Institute. Key findings from this report highlighted inequities in health outcomes and identified influences on health within the county. Findings from the report also highlighted the need to disaggregate data beyond the categories by which data is often collected, as well as the need for more current and geographically detailed data. This report seeks to reflect the efforts of collecting this initial data as well as to provide insights and key findings from the data provided by the community.

To gather information to address some of the gaps in existing data, the ECOHE planned three methods to hear directly from the community from 2022 through 2024. These methods and timelines are included in the table below.

Date	Activity
January 2022 - January 2023	Designing and administering the community survey
January 2023 - October 2023	Designing and conducting focus groups with various communities
Planned for 2024	Dialogue with community leaders in hardest to reach communities

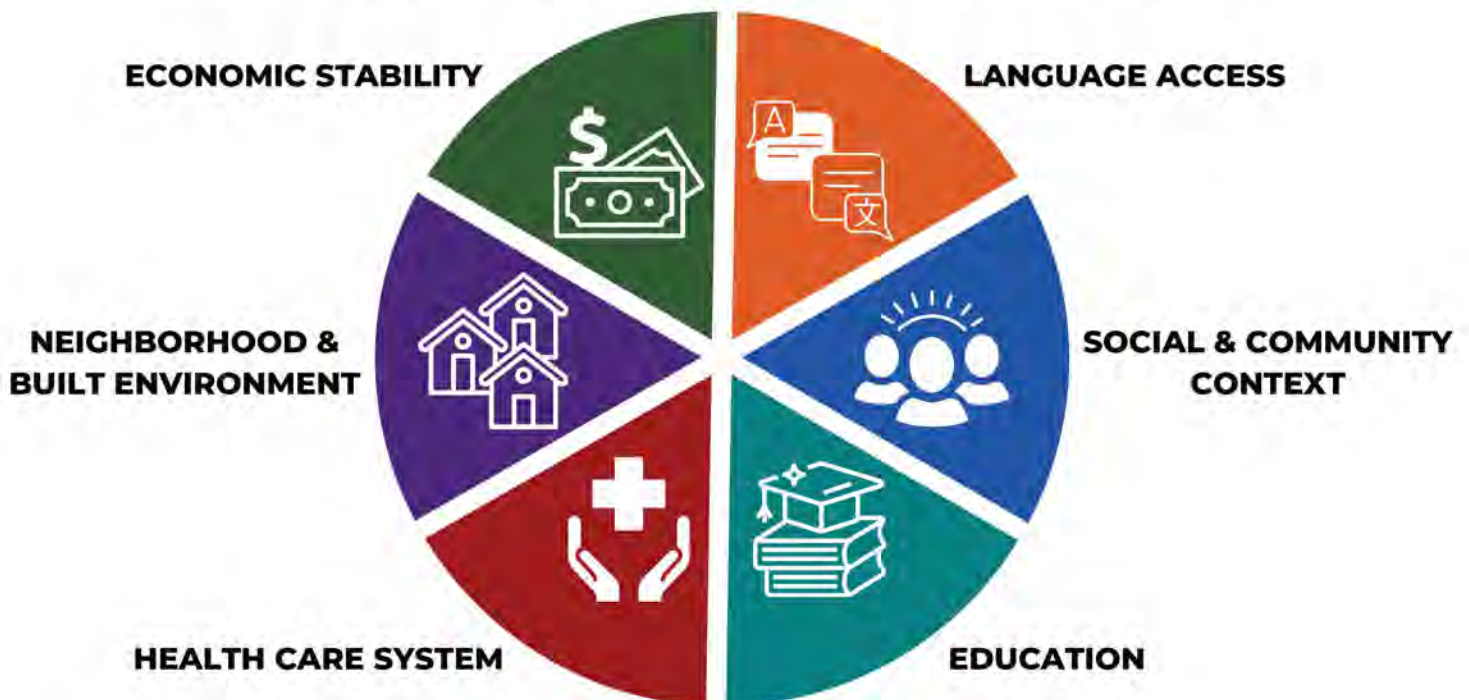
An objective of these methods was to amplify the voices of communities that are not often heard. Therefore, outreach for the survey and selection of communities for the focus groups were intentional to reach these communities. This research was an exploration of the everyday challenges and assets

that may influence the likelihood of individuals to practice behaviors that would lead to better health, understanding that these challenges and assets are unique and often vary according to who you are and where you live.

For years, public health efforts sought to improve health on an individual level, focusing on health education in hopes of encouraging healthier behaviors. However, while education is important to inform healthy choices, such efforts are not effective in improving health when individuals do not live in healthy communities or have access to healthy options. Thus, the information explored through ECOHE's research centered around the social determinants of health (SDOH). The social determinants of health are factors that can influence your health and health behaviors. These factors have a big impact on health and are changed through policy, programs and power. The figure below is a graphic adapted by ECOHE from the New York State Department of Health (NYSDOH), displaying the six domains of the SDOH [21]. The domains include Economic Stability, Language Access, Neighborhood and Built Environment, Social and Community Context, Health Care System and Education. Although these domains have been labeled "determinants" of health in the field of public health, it is important to understand that these factors do not necessarily "determine" the health of an individual, rather they influence the likelihood of good or poor health outcomes. This report contains a section for each of the 6 domains of the social determinants of health. Each SDOH section presents findings from the ECOHE Community Survey along with excerpts from the community focus groups.

The Data Collection & Methodology section is designed to provide context and a better understanding of the information presented in each SDOH section of the report. This section discusses the methodology for survey design, administration, analysis, and reporting of results.

THE SOCIAL DETERMINANTS OF HEALTH



SURVEY DESIGN

To begin the data collection process, ECOHE formed a community survey workgroup of key stakeholders that advised the planning and development of the survey utilized in this report. These stakeholders include members of the community, health care and service providers, and academics. The table of the ECOHE Community Survey Workgroup is below.

ECOHE Community Survey Workgroup

Frank Cammarata	Erie County Office for People with Disabilities
Frank Cerny	Rural Outreach Center
Rita Hubbard Robinson	Neuwater & Associates
Stan Martin	Stan Martin Consulting
Kate Mendola	Erie County Medical Center Corporation
Tim Murphy	University at Buffalo
Heather Orom	University at Buffalo
Heidi Romer	Jericho Road
Esmeralda Sierra	Hispanic Heritage Council of Western New York
Henry Taylor	University at Buffalo

The survey workgroup aided in the design of the questions and the developed options for responses. This input was especially valuable for understanding the preferred language and terminology for some populations such as racial and ethnic minority groups and the LGBTQ+ community.

The majority of survey questions were multiple-choice questions with some options to write in responses. The first question of the survey asked if the respondent was an Erie County resident. If the respondent selected *No*, they were thanked for their interest and informed that the scope of the survey only included residents of Erie County. Most of the questions had the option to select *Do Not Wish to Say*. The intent of the survey was to explore how SDOH and other factors influence health behaviors and outcomes. Thus, rather than measuring health behaviors, such as daily exercise or consumption of fruits and vegetables, questions prompted the survey respondents to indicate what the challenges are to practicing those healthy behaviors. The survey began with demographic questions, which allowed the responses to be analyzed based on each of the included demographics. Responses about health challenges were analyzed by location, ethnicity, race, gender, age, sexual orientation, gender identity, and other factors. Questions asked about challenges with child and adult care, finances, food access, diet, exercise, substance use, health care, and transportation. Personal perceptions of social supports and experiences with the health care system were also included. Many questions were presented as “select all that apply” while a few used a 5-point Likert scale. The full 42-question survey can be found in Appendix G.

The survey was originally built using Google Docs and accessed by respondents on county-owned iPads at community events. At the request of the Division of Information and Support Services, the survey was closed on Google Docs and rebuilt on the county's own web-based platform. This version of the survey was similarly distributed using county iPads and was also posted on the ECOHE website and shared via social media. On the county platform, there was an option to translate the survey into numerous languages. However, these translations were literal and may not have been sufficient to convey the true meaning of the questions and response options. For individuals who were not comfortable with iPads and computers, a paper version was also created and distributed. An additional paper version was created in large print for respondents who benefit from this accommodation. The final section of all versions of the survey was an optional form to be entered into a drawing for one of two available gift cards.

SURVEY OUTREACH

The aim of this research was to hear from communities that are often overlooked, voiceless, or underrepresented in data. Outreach efforts prioritized racial, ethnic, and gender minority communities. As a result, the pool of respondents is not a representative sample of Erie County residents. However, no one was excluded from completing the survey unless they indicated that they reside outside of Erie County. The survey was open from June 2022 through January 2023. Outreach staff from ECOHE brought the iPads and hard copies of the survey to various festivals and events for community members to participate. A full list of these events can be found in Appendix B. The community members at these events were also given the option to have the survey mailed to their homes, have the link to the survey emailed to them, or to have someone from the office call them to complete the survey over the phone.

In June 2022, ECOHE staff began collecting surveys with the Google survey tool. In August 2022, the survey became available on ECOHE's website. The link to the survey was emailed to all county employees and shared with community partners. Flyers with QR codes linking to the survey were also distributed via community partners and at community venues across the county.

To encourage participation, survey respondents were invited to enter a raffle to win one of two \$100 Target gift card. About two thousand survey respondents entered the raffle. A random number generator was used to select two winners at the close of the survey.

In partnership with the Buffalo Center for Health Equity and the Witness Project, the ECOHE survey was taken door-to-door to the community by the community. This effort resulted in over one thousand additional survey responses from the East Side of the City of Buffalo. This is an area that experiences some of the most extreme health disparities. Responses through this partnership were recorded on paper surveys and then manually entered into the Erie County online platform by Witness Project staff. Respondents who completed the survey via this door-to-door outreach were not included in the gift card raffle.

SURVEY ANALYSIS

Paper surveys from ECOHE outreach or community engagement events were manually entered onto the online platform by ECOHE staff. Both the original Google survey and the Erie County survey platform generated outputs as CSV files. These files were cleaned, combined, and prepared for analysis in Excel and Tableau Prep. Online submissions were first reviewed to ensure that the respondents were Erie County residents. Responses that appeared to be generated by bots—based on nonsensical responses to write-in answer choices—or listed municipalities or ZIP codes outside of Erie County, NY, as place of residence were coded to be filtered out and excluded during analysis.

Tableau Prep was used to correctly categorize data as numerical, geographic, or text as well as to group manually entered responses into existing or new categories. Questions that allowed “select all that apply” were split, where each option checked off is placed into its own automatically generated new column. These split fields were then pivoted. Because of the large number of survey responses and the large number of “select all that apply” questions contained in the survey, each pivoted field was exported as an individual data source for analysis. This allowed for a count of the number of individual responses to each option within each question. As a next step, each pivoted field was run against every other pivoted field, with each combination generating an additional data source file for analysis. In total, 137 data files were created in Tableau Prep and imported into Tableau Desktop for analysis.

Additionally, within Tableau Desktop, responses to questions were often grouped, excluded, or modified to minimize the number of additional categories of responses generated for analysis. For example, to the question “What is your sexual orientation?” valid responses were “Asexual, Bisexual, Lesbian, Gay, Pansexual, Queer, Straight/Heterosexual, Not sure/Questioning, Other, and Do Not Wish to Say.” If “Other” was selected, a free text response could be entered. Free text entries that matched any pre-existing categories were grouped together. For example, a write in of “gay person” was grouped with the response option “Gay.” Valid free text responses that did not fall into a pre-existing categories were then grouped together as “Other Sexual Orientations,” and invalid or illogical responses were excluded.

All Tableau Prep data files generated from the survey data were imported into Tableau Desktop along with underlying demographic data from the U.S. Census Bureau and geographic shapefiles of the City of Buffalo, Erie County, and ZIP codes. Within Tableau Desktop, calculated fields were created to generate counts, percentages, ratios, and other comparative statistics. Analysis was completed between January 2023 and September 2023.

FOCUS GROUP DESIGN AND FACILITATION

After the publication of *Health Equity in Erie County: An Initial Disparities Report* in January 2023, the ECOHE planned to conduct a series of focus groups as part of an ongoing effort to understand the

depth and breadth of health disparities within Erie County. Analysis of the survey data made it apparent that despite the ECOHE's intentional efforts at reaching geographic, racial, ethnic, and gender minority communities, some groups remained underrepresented. Therefore, the ECOHE's plan in conducting focus groups was to focus on communities that had limited responses in the community survey. Additionally, communities that have suffered historic and continuing disenfranchisement—such as the Black, Hispanic, and LGBTQ+ communities—were also considered for focus groups. The ECOHE's capacity to reach each community and convene a representative sample of qualifying members was then assessed. An initial list of about 30 community groups was developed. The ECOHE team connected with community partners and used an Outreach Form (see Appendix J) to help determine if a focus group could be successfully facilitated with the community group and identify any barriers that the ECOHE could aid in overcoming. To aid in the recruitment of focus group participants, the ECOHE designed advertising flyers that were shared with community groups (see Appendix J for an example flyer). During this process, some groups were unresponsive, some indicated a lack of participants, and others had communication barriers that required additional time to navigate, making them ineligible to be included in this round of focus groups. As a result, 15 focus groups were successfully scheduled. The final list of focus groups can be found in Appendix C.

The ECOHE created a guided script that built on the survey questions and focused on linking SDOH with barriers to health and healthy living. The standard script was modified slightly to reflect the community within that focus group. See Appendix H for a standardized version of the focus group script. Each focus group was provided with a light meal, and each participant was compensated with a \$20 Tops grocery store gift card for their time. Focus groups lasted about 90 minutes. Each participant completed a demographic form (see Appendix I for sample demographic form). Because the sessions would be recorded, each participant was provided with a consent form outlining the intent of the focus group, the use of the information collected and the conditions of autonomy prior to the recording beginning. A copy of the consent forms can be seen in Appendix J. Participants also received a handout that displayed the Social Determinants of Health (as shown on pages 74 and 75 of this report). Each focus group was led and facilitated by ECOHE staff. The audio was recorded by using an external microphone attached to a laptop as well as a portable recording device as a backup. Focus groups were all facilitated between July 2023 and September 2023.

FOCUS GROUP ANALYSIS

Data files of the recordings of all focus groups were uploaded into NVivo Transcription and transcribed. Transcriptions were reviewed and edited by a member of the ECOHE data team, and a separate team member provided a secondary review of the transcription. This process included matching the collected demographic information with each speaker and ensuring that all comments in the transcription were associated with the correct speaker. Completed transcriptions were then uploaded in NVivo. Direct quotes from focus group participants related to SDOH domains were identified. Further analysis and a report of the findings of the focus group data will be completed in 2024.

PRESENTATION OF SURVEY RESULTS

Responses to some questions were shortened to make visualizations more accessible. For example, to the question “Which of the following best describes your financial situation?” valid responses included *I have just enough money to pay for housing and day-to-day bills* and *I have enough money that I am able to save some, invest some and also pay for the things I want but don’t need*. These have been shortened to *Just Enough Money* and *More Than Enough Money* respectively. Additionally, invalid responses were excluded from the presentation of the results. A full list of these modifications and exclusions can be found in Appendix D. Throughout this report, response options from the survey and labels representing responses including groupings of responses will be written in italics, with the exception of those that represent demographic information such as race, ethnicity, gender, and sexual orientation. For example: *Have Enough Money*, *Do Not Have Enough Money*, *Middle Eastern or North African*, *Pacific Islander* or *Hawaii Native*.

For questions where “select all that apply” was available, an individual survey respondent could have select multiple options, and therefore results are often reported as the number or percentages of responses and not respondents. Several of these “select all that apply” questions were also analyzed by counting the number of respondents who selected a particular option to the questions. Additionally, due to limitations in the survey design, it was possible for someone to select both a challenge AND select that it was not a challenge. See below for an example of this.

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

These situations are considered conflicting responses and excluded from the presentation of the data. *Do Not Wish to Say* responses are also excluded. Both of these exclusionary situations change the denominator from question to question. Appendix D lists the questions where these exclusions are applied.

Additionally, steps were taken to modify the presentation of Likert scale data. Several questions use the 5 step options of *Never*, *Rarely*, *Sometimes*, *Often*, and *Always*:

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

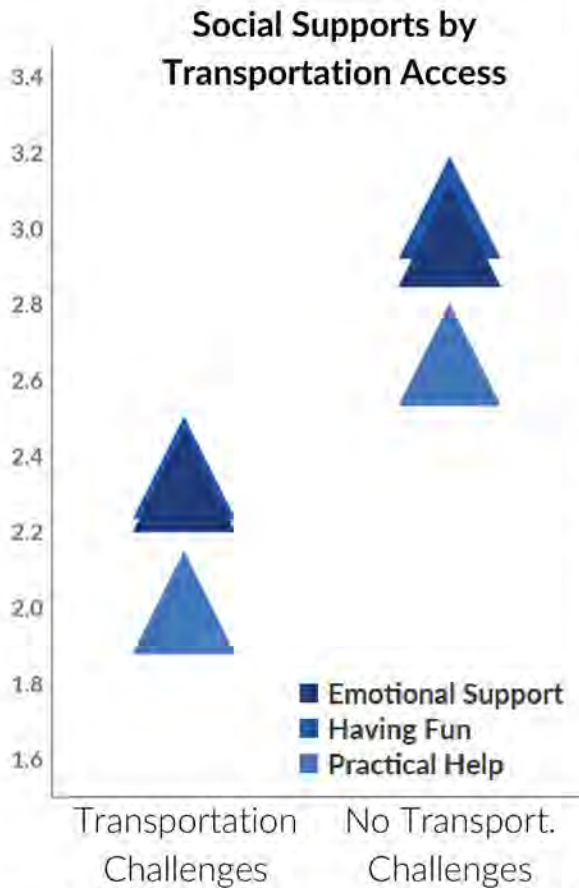
Practical help? (child care, transportation, household repairs etc...)

- Never
- Rarely
- Sometimes
- Often
- Always

The text responses for these questions are converted into numerical values between 0-4 as follows:

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

In this report, presentations of the Likert scale data often show the average value of each cross section of the survey responses, as shown in the figure below. For example, respondents were asked about whether they can rely on others for different kinds of needs. These questions use a Likert scale, which means that a higher value response indicates more support from friends and family.



The chart to the left compares the responses of two groups of individuals: those who listed one or more transportation challenges ("Transportation Challenges") and those who listed no challenges to transportation ("No Transport. Challenges"). The chart represents the average response from each of these groups of individuals on the converted scale of 0-4 to questions about whether they can rely on friends and family for *Emotional Support*, *Having Fun* and *Practical Help*.

One interpretation of this chart is that all three types of social supports - *Emotional Support*, *Having Fun*, and *Practical Help* - are higher (or occurring more frequently) in individuals with no transportation challenges. *Practical Help* is the lowest support (occurring least frequently) in both groups.

The Likert scale data is also presented in several tables throughout this report, where the average numerical value of the social support is shown.

As briefly discussed in the Survey Analysis portion of this Methodology section, responses were grouped during the cleaning and analysis of some fields and responses. These steps focused on correcting spelling errors and placing responses written into the *Other* option into preset responses options, when applicable. Grouping of responses was also often used to present the data, especially within fields with a large number of response options. For example, to the question "What is your sexual orientation?" valid responses were "Asexual, Bisexual, Lesbian, Gay, Pansexual, Queer, Straight/Heterosexual, Not Sure/Questioning, Other and Do Not Wish to Say." The numbers of responses for many of these categories were very small, making it very challenging—if not impossible—to further break down the category along any additional variable. Therefore, for this specific question, the response options were often grouped for presentation of the data into Gay & Lesbian; Straight/Heterosexual; Bi, Pan & Queer; and Other Sexual Orientations. Small numbers of responses are often grouped into "All Other" or "Other" categories (for example, All Other Races) for the presentation of the following demographic questions on the survey: 6. Race, 7. Ethnicity, 9. Gender Identity and 10. Sexual Orientation. When possible, the ungrouped data is presented. The raw, ungrouped numbers of responses for each demographic group can be found in Appendix A and excluded data is shown in Appendix D.

Throughout the report, a distinction is made between data that represents LGBTQ+ respondents and LGBTQ+ respondents. This is an intentional differentiation that reflects when Trans and Nonbinary respondents are (LGBTQ+) or are not (LGBTQ+) included in the grouping.

Responses were sometimes grouped together to increase the numbers of responses being analyzed to help make meaningful interpretations of the findings. Other times, the data was not grouped, which sometimes resulted in small numbers of responses in some categories of responses. A small sample size may make it difficult to determine if a particular outcome is a true finding or a random occurrence. For example, if only 2 respondents are under 18, it is hard to know whether they experience the same barrier because of their age or just by chance without knowing how other people their age would have responded. These small numbers of ungrouped responses were presented in the report in the categories of race, ethnicity, country of origin, and ZIP code. Any figure that presents small sample size results has an asterisk and subsequent footnote noting that the findings are based on small sample size and caution should be used in interpreting the findings.

The map and table below shows the ZIP codes in Erie County that received ten or fewer survey responses shaded in grey. Any findings from these shaded ZIP codes should be interpreted with caution as the small number of responses may not accurately reflect the total population.

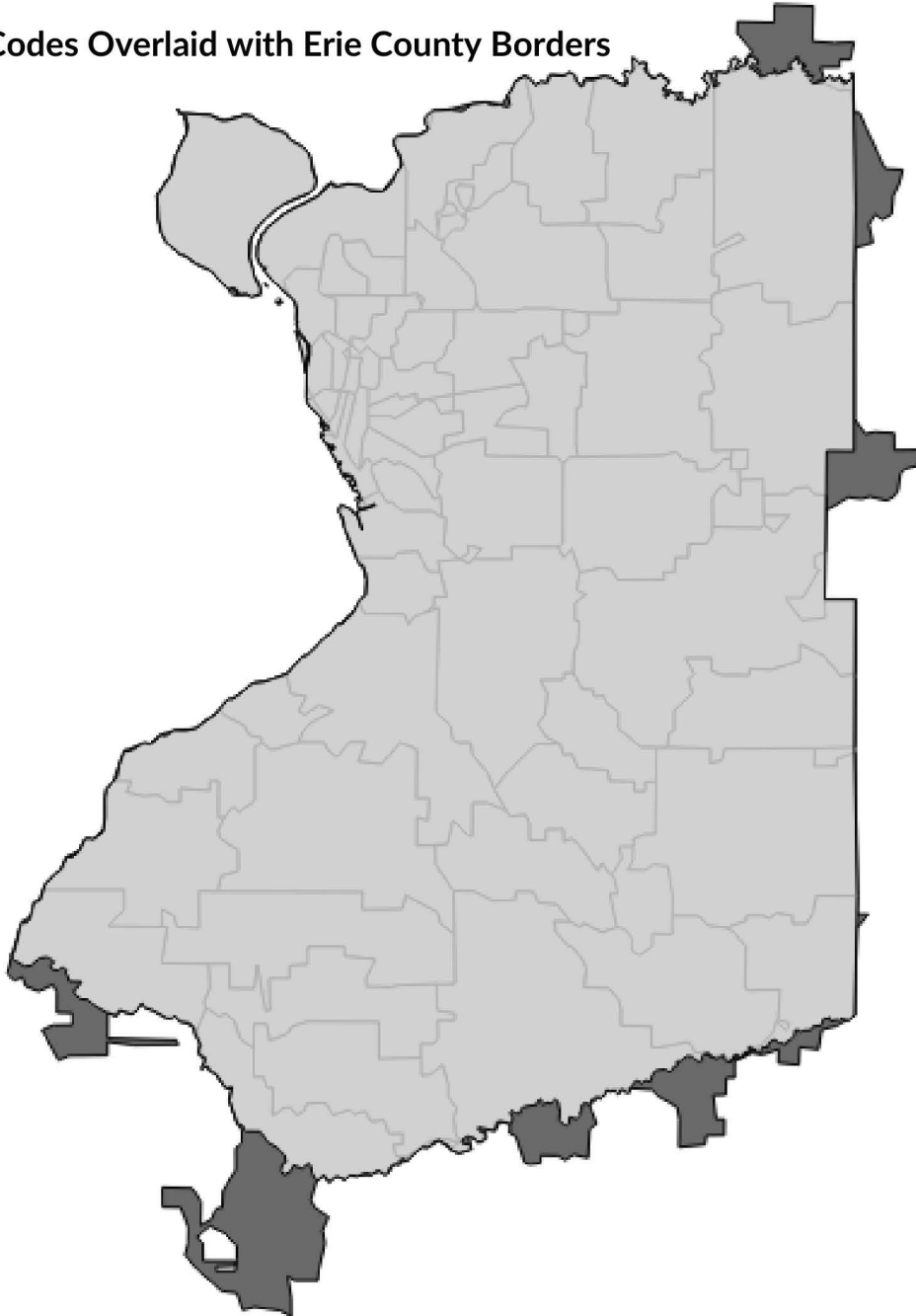
ZIP Codes with Ten or Fewer Survey Responses

14001	7
14006	10
14026	1
14030	1
14032	3
14033	3
14034	7
14055	3
14070	4
14080	7
14081	2
14085	10
14091	5
14102	3
14134	1
14139	8
14170	4
14261	1



Presentations of geographic information are most often displayed by ZIP code. ZIP codes within Erie County do not completely align with County borders. Below is a map that reflects the ZIP codes included in the ECOHE's analysis overlaid with the Erie County borders. Dark grey areas indicate the portions of several ZIP codes included in this analysis that extend beyond Erie County borders. Survey respondents who reside in these ZIP codes that extend outside of Erie County also answered Yes to the question "Are you an Erie County Resident?" Therefore, the assumption is made that these survey respondents live within the portion of that ZIP code that is located in Erie County. Data from these ZIP codes that extend into other counties should not be used to make any conclusions about residents of the neighboring county.

ZIP Codes Overlaid with Erie County Borders



Because the intent of the survey was to explore SDOH challenges to healthy living, questions did not focus on quantifying health behaviors. For example, questions included “Which of the following is true about your diet?” Responses included various challenges to maintaining a healthy diet as well as an option to select *I feel that my diet is mostly healthy*. Results of these questions should be reviewed with the consideration that what respondents perceive to be healthy is subjective.

The following sections display the ECOHE Community Survey data, organized by the SDOH categories as shown below. These sections are not presented in any particular order. Each section contains survey response data displaying health-related challenges disaggregated by various demographics and experiences (e.g., history of incarceration or military service). The amount of data yielded by the survey is extensive. The following sections present some of the most notable findings. Additional charts and data breakdowns for each section can be found in Appendix A.

The following results should be reviewed with the understanding that the data were not tested for statistical significance. The pool of survey respondents is not a representative sample of Erie County. Some results are likely influenced by sampling bias. This survey is an exploration of challenges and assets that influence health among the many communities of Erie County.

Additionally, each SDOH section contains a selection of quotes from the focus groups that are relevant to each SDOH domain. These quotes were shortened and edited for clarity.

NEED HEALTH EQUITY TECHNICAL SUPPORT?

If you would like to see breakdowns and charts of survey data not presented in this document, email your request to the ECOHE at healthequity@erie.gov.

SOCIAL DETERMINANTS OF HEALTH:

ECONOMIC STABILITY

- Poverty
- Housing Security & Stability
- Employment
- Food Security & Hunger
- Transportation
- Medical Bills
- Expenses & Debt

NEIGHBORHOOD AND BUILT ENVIRONMENT

- ZIP Code & Geography
- Affordable & Quality Housing
- Access to Healthy Foods
- Crime & Safety
- Safe Green Spaces & Play Spaces
- Air Quality & Water Quality
- Walkability & Sidewalks
- Grocery Store Location Gaps
- Medical Service Location Gaps
- Access to Transportation

HEALTH CARE SYSTEM

- Access to Health Care
- Access to Primary Care & Trusted Providers
- Quality of Care
- Health Literacy
- Availability of Health Care
- Cultural & Linguistic Competency
- Trauma Informed Care



FACTORS THAT CAN INFLUENCE YOUR HEALTH

LANGUAGE ACCESS

- Translation
- Interpretation
- Health Literacy
- Digital Literacy
- Technology & Language Lines
- Financial Literacy

SOCIAL AND COMMUNITY CONTEXT

- Social Support
- Isolation & Integration
- Trauma
- Stress
- Community Empowerment
- Racism & Oppression
- Discrimination & Inequities
- Stigma
- Incarceration
- Institutionalization

EDUCATION

- Early Childhood Education & Development
- High School Education
- Enrollment in Higher Education
- Language & Literacy
- Workforce Development
- Lived Experience
- Formal Education
- Trades & Skills
- Vocational & Educational Training



ECONOMIC STABILITY

ECONOMIC STABILITY

- Poverty
- Housing Security & Stability
- Employment
- Food Security & Hunger
- Transportation
- Medical Bills
- Expenses & Debt

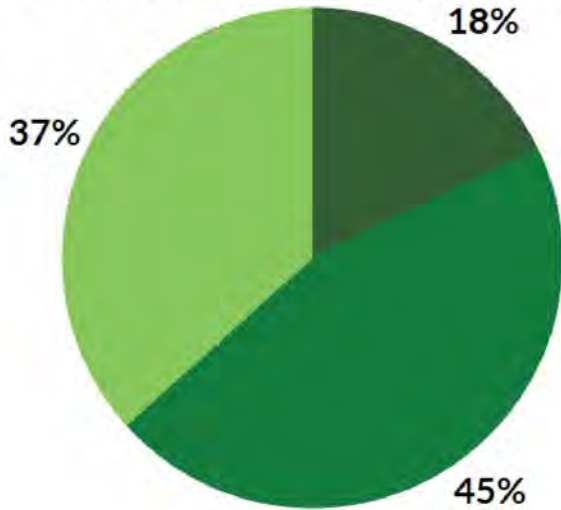


The **Economic Stability** domain of the SDOH includes the financial resources people have and their connections to major expenses like housing, food, transportation, and medical costs. In this section, the impacts of economic stability on health outcomes and behaviors across demographics by examining respondents' employment, financial status, and hopes for their finances are explored. Economic stability was also discussed within the focus groups as many participants voiced concerns about the rising costs associated with food, health care, and transportation.

FINANCIAL SITUATION

A conscious decision was made to ask respondents how they felt about their financial situation rather than to ask them to quantify income or wealth. The survey asked, "Which best describes your financial situation?" (See Appendix G, Question 28).

Financial Situation of All Respondents



Of all respondents, the largest percentage felt they have *Just Enough Money* (45%).

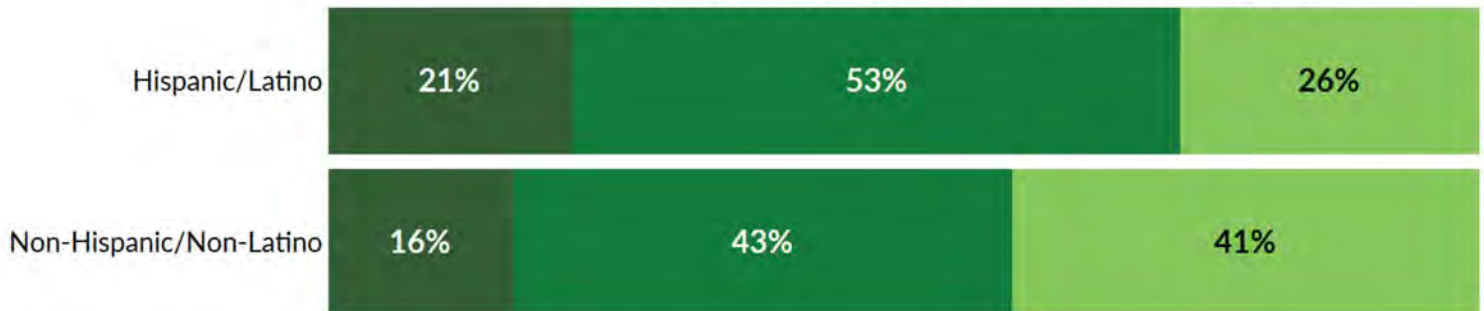
41%

of Men indicated that they have *More Than Enough Money*, compared with 36% of Women.

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

Financial Situation By Ethnicity

The percentage of respondents in each financial situation group and whether they were Hispanic or Non-Hispanic. Key is above.



Racial Minorities Are More Likely to Report Not Enough Money or Just Enough Money

When looking at financial situation by demographics, there were large differences in responses by race. Below are the racial groups with the highest percentage of responses for each financial situation category. See Appendix A for additional charts.

40%

of American Indian or Alaska Native respondents had *Not Enough Money*.

60%

of Pacific Islander or Hawaii Native respondents had *Just Enough Money*.*

48%

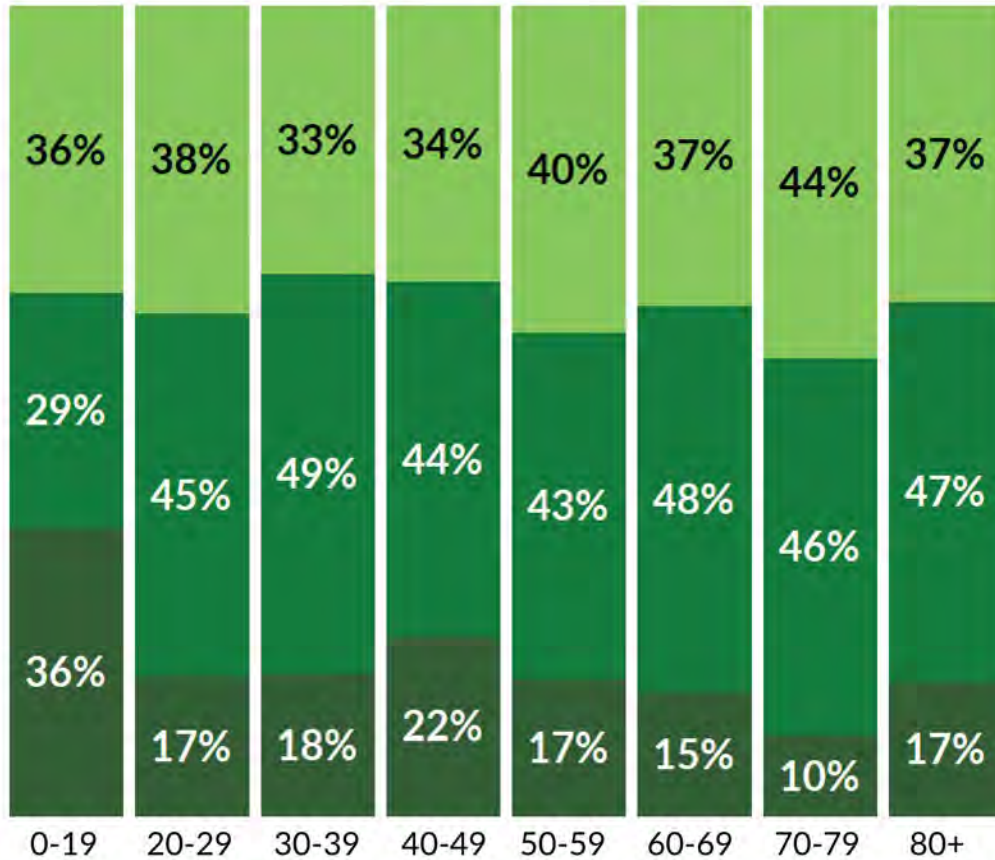
of White respondents had *More Than Enough Money*.

*The Pacific Islander or Hawaii Native group had a small number of respondents. Therefore, data presented here may not be representative of this community in Erie County.

FINANCIAL SITUATION

Financial Situation By Age Group

The percentage of respondents in each financial situation by age group.



45%

of Retired respondents 65+ stated their financial situation as *More Than Enough Money*, compared with 32% of respondents 65+ who were not retired.

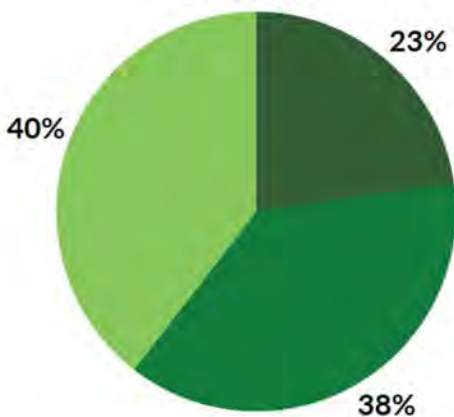
24%

of Students stated their financial situation as *Not Enough Money*.

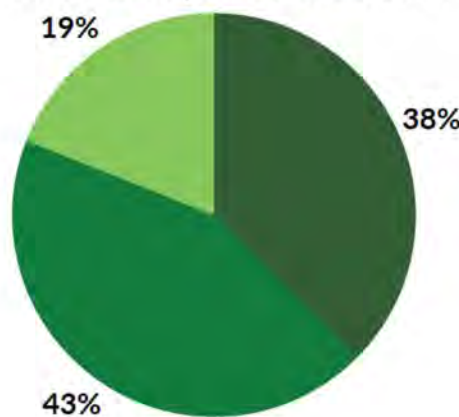
- Not Enough Money
- Just Enough Money
- More Than Enough Money

As shown below, respondents who have a *History of Military Service*, a *History of Incarceration*, or a *Disability* all had higher rates of *Not Enough Money* and *Just Enough Money* compared to all respondents.

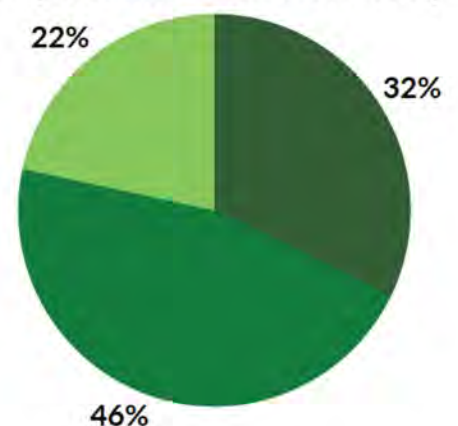
Financial Situation of Veterans



Financial Situation of Respondents With a History of Incarceration



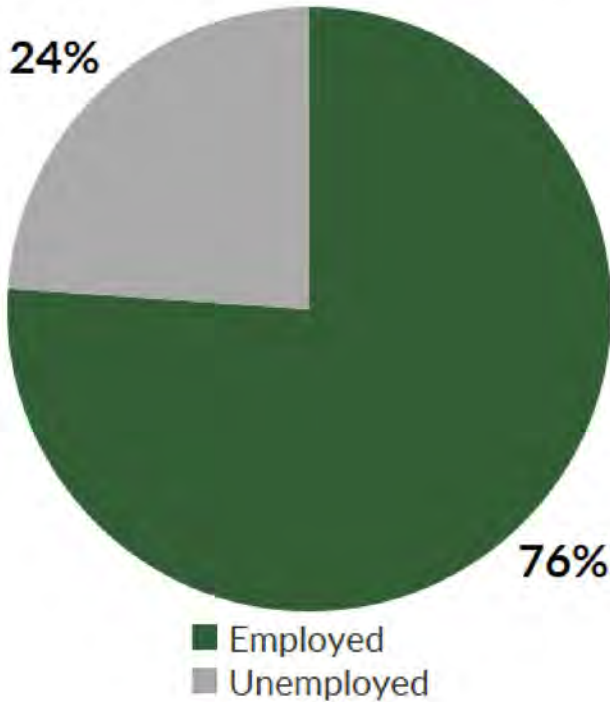
Financial Situation of Respondents With a Disability



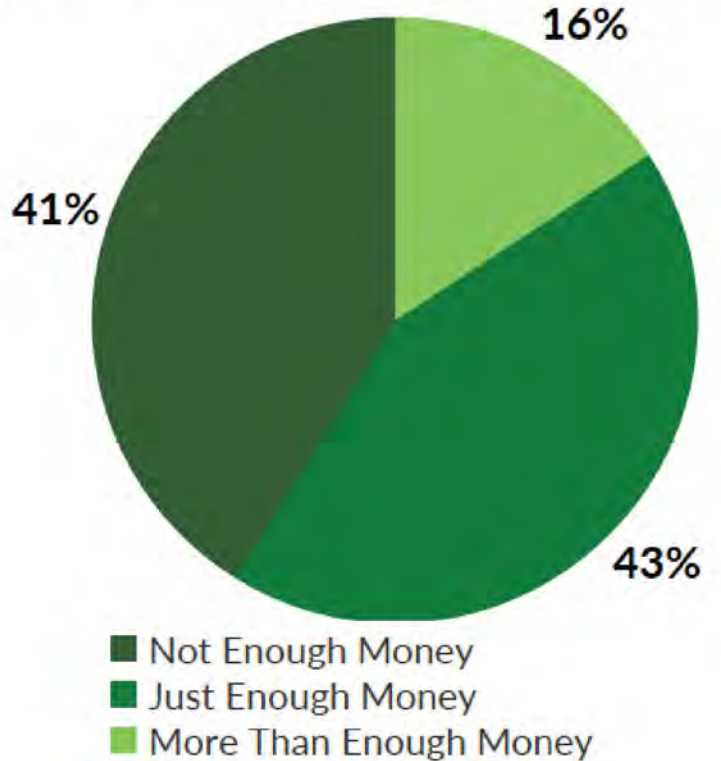
EMPLOYMENT

Employment status—being employed or unemployed—dramatically impacts an individual's reported financial situation, housing situation, and where they live. Respondents were asked, “If employed, what is your job?” Those who were *Unemployed* were given options to select from for a reason that they are currently unemployed (See Appendix G, Question 15).

Employment Status of All Respondents



Financial Situation of Unemployed Respondents



Reason for Unemployment

Unemployed respondents were asked why they were unemployed.

Retired	34%
Disabled/Injured	28%
Unemployed and Searching for Work	15%
Unpaid Caregiver	5%
Unemployed and Not Searching for Work	4%
Student	4%

Reason for Unemployment Impacts Financial Situation

46%

of respondents who are *Unemployed and Searching for Work* reported *Not Enough Money*.

11%

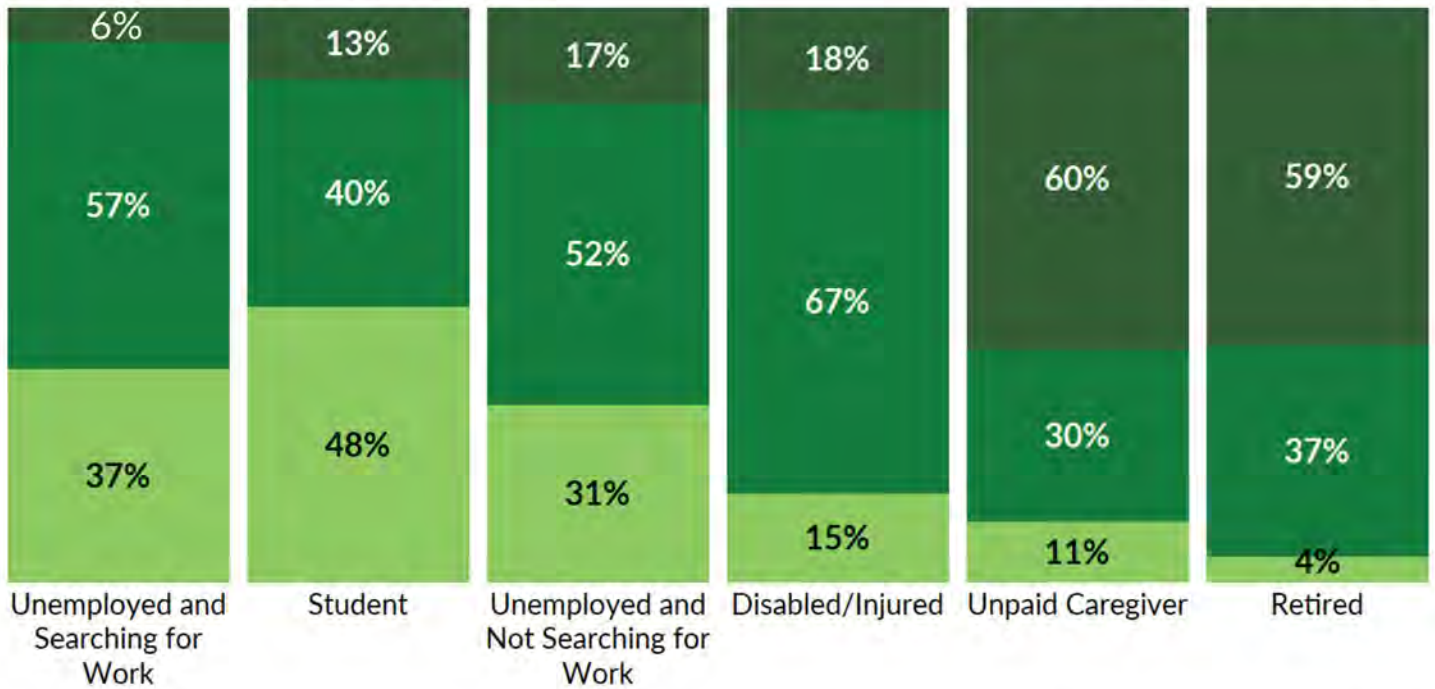
of *Retired* respondents reported they had *Not Enough Money*.

EMPLOYMENT

Housing Situation by Reason For Unemployment

Respondents were asked about their housing situation (Appendix G, Question 20), and responses were grouped into *I own my home*, *I rent my home*, and *Unstable or Temporary* (includes *Staying With Friends/Family*, *Shelter/Transitional*, and *Unhoused*). This is presented along with the reason for unemployment (Question 15).

- I own my home
- I rent my home
- Unstable or Temporary



City and Rural Areas Are Less Likely to Report More Than Enough Money

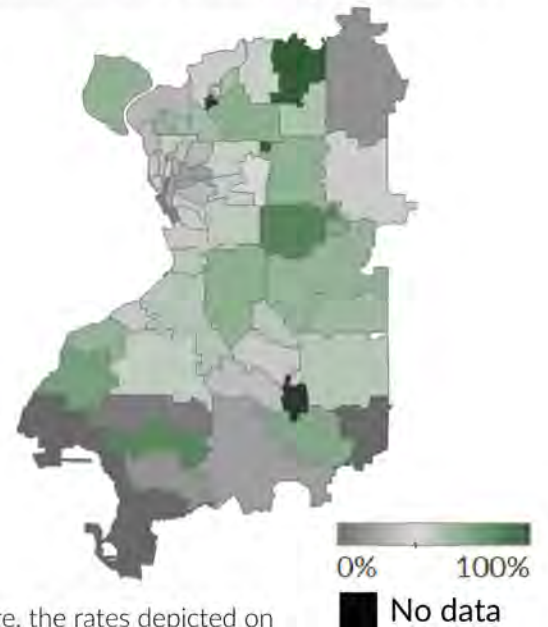
100%

of respondents in 14032 (Clarence Center) stated they had *More Than Enough Money*.

0%

of respondents in 14081 (Irving), 14070 (Gowanda), and 14030 (Chaffee) stated they had *More Than Enough Money*.

Percentage of Respondents Who Have More Than Enough Money by ZIP Code



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.

FINANCIAL HOPES

Multiple demographic factors impact an individual's expenses, debts, plans, and hopes for their financial situation. The survey asked, "Which of the following best describes your hopes for your financial situation?" (Appendix G, Question 29). Respondents could select multiple answers, and below are the number of responses for each option. See the key for the abbreviated labels of each option.



- I am comfortable with my current financial situation (Comfortable)
- 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)

Demographics Impact Financial Situation

18%

of all respondents stated that they were *Comfortable* with their financial situation.

14%

of LGBTQ+ respondents stated that they were *Comfortable* with their financial situation.

10%

of People of Color stated that they were *Comfortable* with their financial situation.

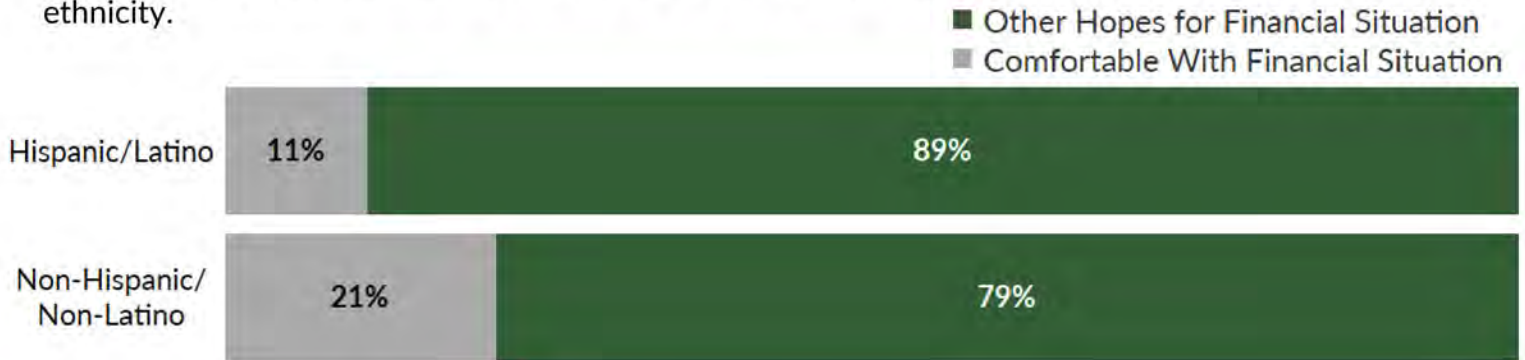
10%

of Trans, Nonbinary, and All Other Gender Identities stated that they were *Comfortable* with their financial situation.

FINANCIAL HOPES

Percentage of Respondents Who Are Financially Comfortable by Ethnicity

Responses to “Which of the following best describes your hopes for your financial situation?” were grouped into respondents who were *Comfortable With Financial Situation* and respondents who listed any *Other Hopes for Financial Situation*. The chart below shows the percentage of respondents by ethnicity.



Respondents With a Disability, Struggling With Substance Use, or Unemployed Were Less Likely to Have a Financial Plan

When looking at respondents who selected the response *I have a plan to improve my financial situation*, differences were observed across several factors.

33%

of respondents *With a Disability* selected *I have a plan*, compared to 42% of those *Without a Disability*.

35%

of respondents *Struggling With Substance Use* selected *I have a plan*, compared to 41% of those *Not Struggling With Substance Use*.

33%

Of respondents who were *Unemployed* selected *I have a plan*, compared to 44% of those who were *Employed*.

A College Degree or History of Incarceration Also Impacts Financial Hopes

26%

of respondents with *No College Degree* selected *I would like to improve my financial situation but don't know how*, compared to 21% of respondents with a *College Degree*.

22%

of respondents with a *History of Incarceration* selected *I know how I could improve my financial situation but don't feel I have the necessary resources* compared to 12% of respondents with *No History of Incarceration*.

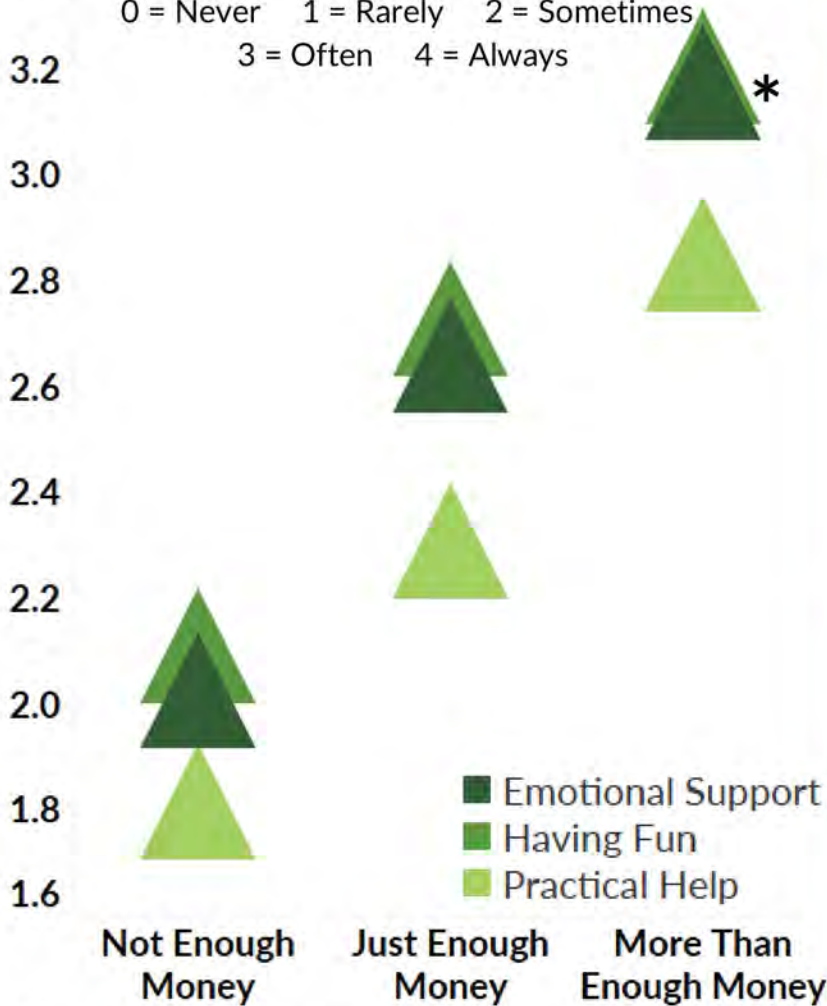
BARRIERS AND CHALLENGES

Social supports, transportation, food access, child care, and adult care are all impacted by an individual's financial situation.

Financial Situation and Social Supports

Perceived available support from friends and family was rated on a scale from *Never* to *Always*, to which values of 0-4 were assigned. The shapes on the social support charts represent averages of these values for each type of support, comparing respondents at each educational level. The chart below presents the average value of each social support in each of the financial status situations. The numerical values represent the following:

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



* Emotional Support and Having Fun have nearly identical values for those with *More Than Enough Money*

All social supports were **highest** among respondents with *More Than Enough Money*.

Affordability of Child Care

For respondents who indicated that they experienced challenges finding child care:

74%

stated that *Affordability* was a challenge.

This percentage increased to

85%

among respondents who also indicated that they had *Not Enough Money*.

Affordability of Adult Care

For respondents who indicated that they experienced challenges finding care for an adult in their household:

52%

stated that *Affordability* was a challenge.

This percentage increased to

67%

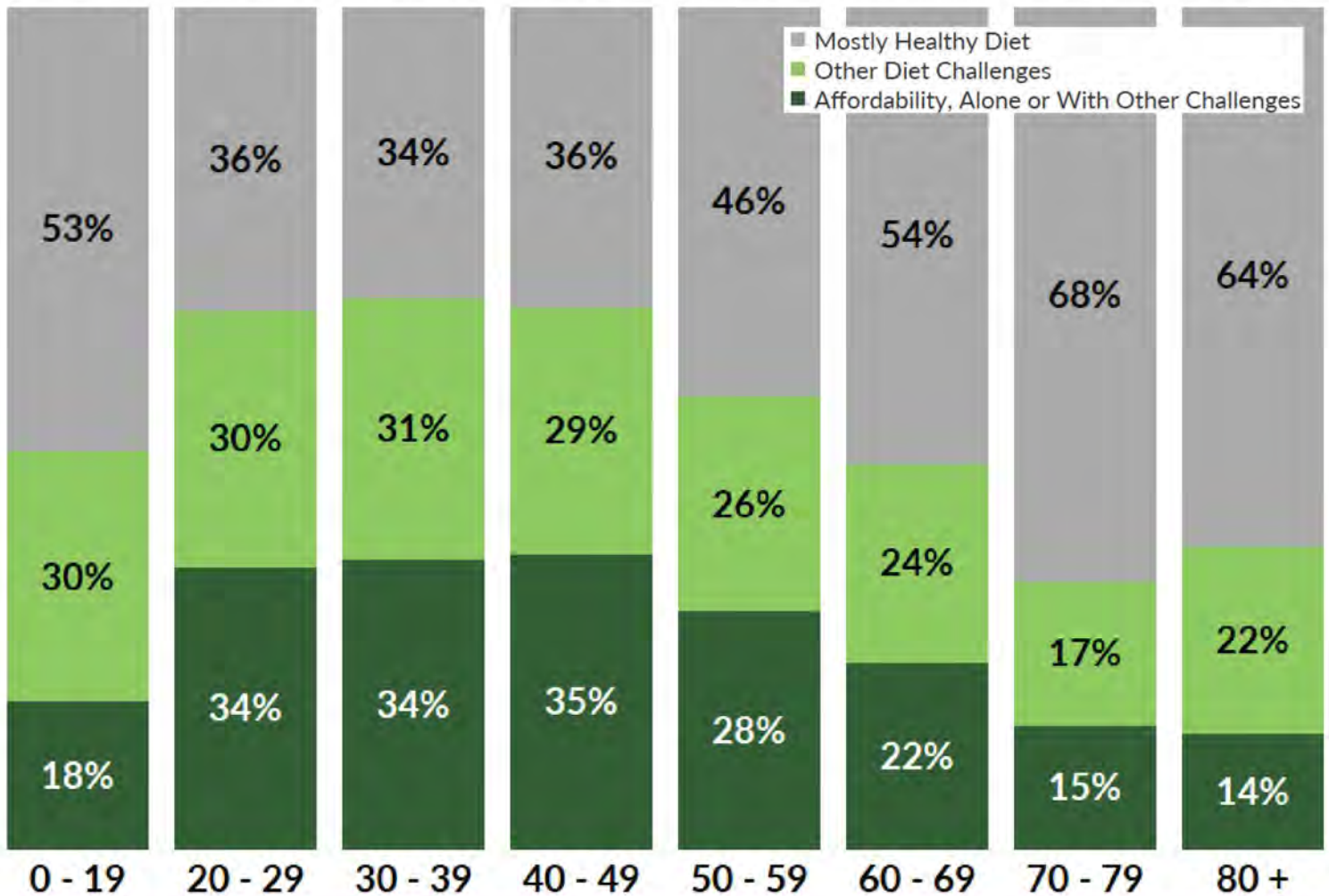
among young adults (Under 29) and older adults (70 and Older).

BARRIERS AND CHALLENGES

Eating healthy is not just a personal choice. Very often an individual's environment, access, and resources limit their ability to eat healthy food options. To explore challenges to healthy eating, respondents were asked, "Which of the following about your diet is true?" (See Appendix G, Question 26).

Biggest Challenges to a Healthy Diet by Age Group

Respondents could select multiple options. For this chart, respondents were placed in three groups. Those who selected *Mostly Healthy Diet*, 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, such as *Time* or *Knowledge*. These three groups are presented as a percentage among each age group.



Affordability Is a Challenge to Eating a Healthy Diet

Affordability was a leading challenge among respondents aged 20-49.

Affordability was listed as a challenge to eating a healthy diet by 38% of Hispanic respondents compared with 32% of Non-Hispanic respondents.

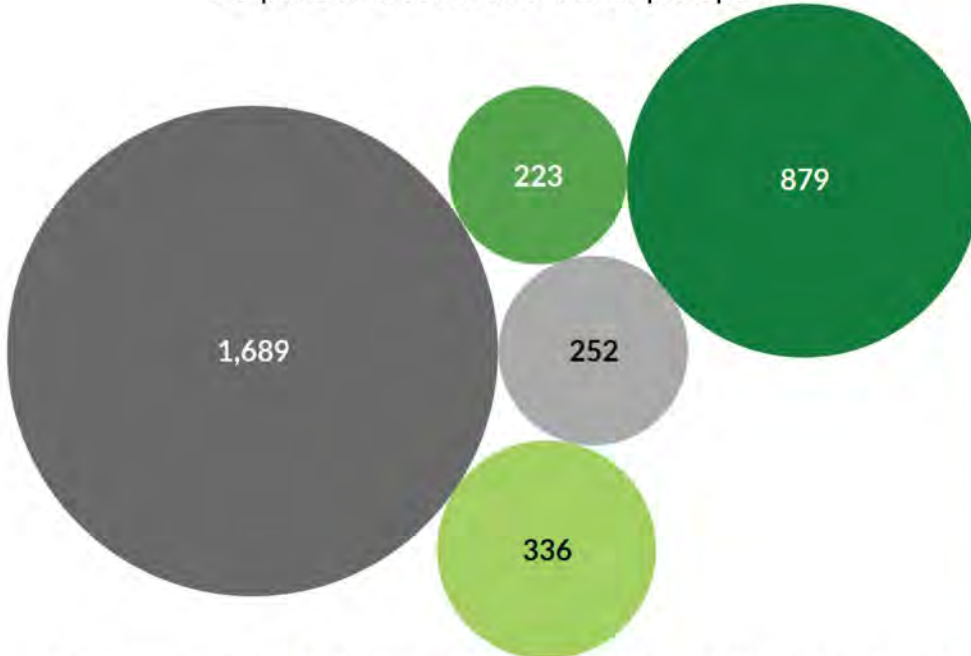
Additionally, 42% of respondents of Trans, Nonbinary, and All Other Genders listed *Affordability* as a challenge to eating healthy as compared to 32% of Women and 23% of Men.

BARRIERS AND CHALLENGES

To examine food access and food challenges, respondents were asked, “Which of the following best describes your food situation?” (See Appendix G, Question 25).

Number of Responses to “Which of the Following Describes Your Food Situation?”

Respondents could select multiple options.



Race And Using SNAP/WIC to Buy Food

30%
of all respondents said they Use SNAP/WIC to Buy Food.

57%
of People of Color indicated that they Use SNAP/WIC to Buy Food compared to 38% of White respondents.

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

Respondents with *Not Enough Money* are much more likely to *Experience Food Challenges* while those with *More Than Enough Money* have a higher rate of *No Food Challenges*.

Food Situation and Financial Status

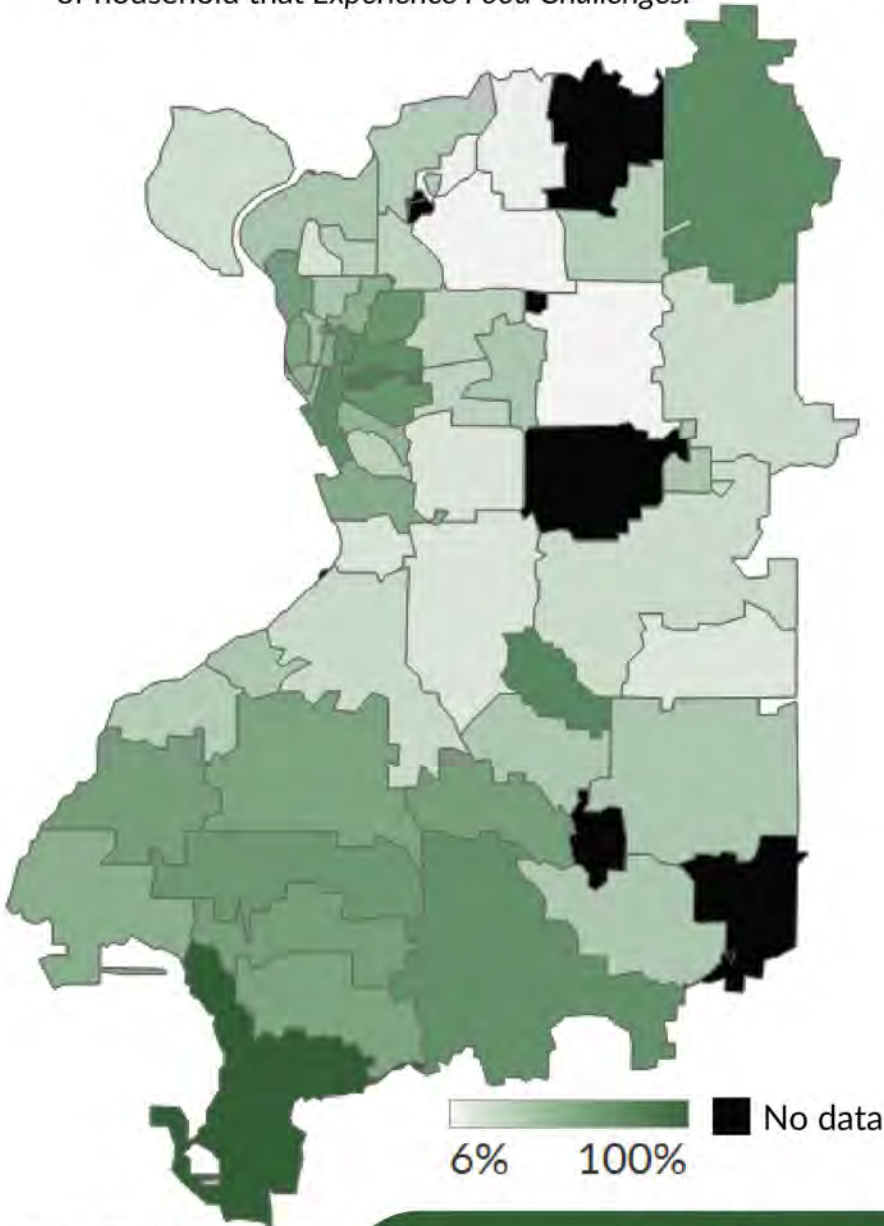
Respondents who selected only *My household is able to buy enough food with salary/wage money* were grouped into *No Food Challenges*, and any respondent who selected one or more of the other options was grouped into *Experience Food Challenges*. The percentage of respondents in each group at each level of financial status is below. Darker green indicates a higher percentage of responses.

	Experience Food Challenges	No Food Challenges
More Than Enough Money	11%	86%
Just Enough Money	50%	44%
Not Enough Money	85%	12%

BARRIERS AND CHALLENGES

Percentage of Respondents Who Experience Food Challenges By ZIP Code

The percentage of respondents who answered anything other than *My household gets enough food with salary/wage money* to “Which best describes your food situation?” by ZIP code. Darker green ZIP codes represent higher rates of household that *Experience Food Challenges*.



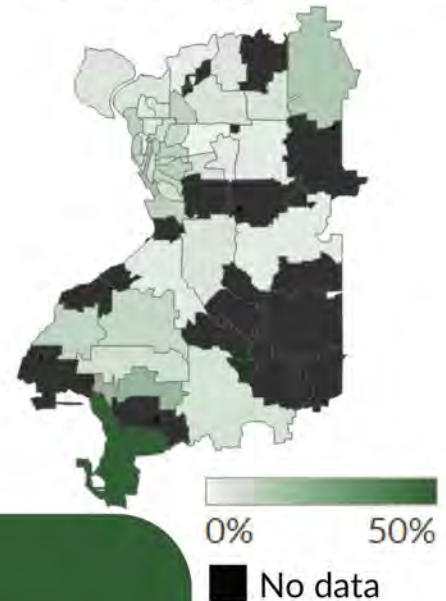
Percentage of Respondents Who Use SNAP/WIC

Darker green ZIP codes represent higher rates of households that *Use SNAP/WIC to Buy Food*.



Percentage of Respondents Who Are Not Able to Get Enough Food

Darker green ZIP codes represent higher rates of households that are *Not Able to Get Enough Food*.



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.

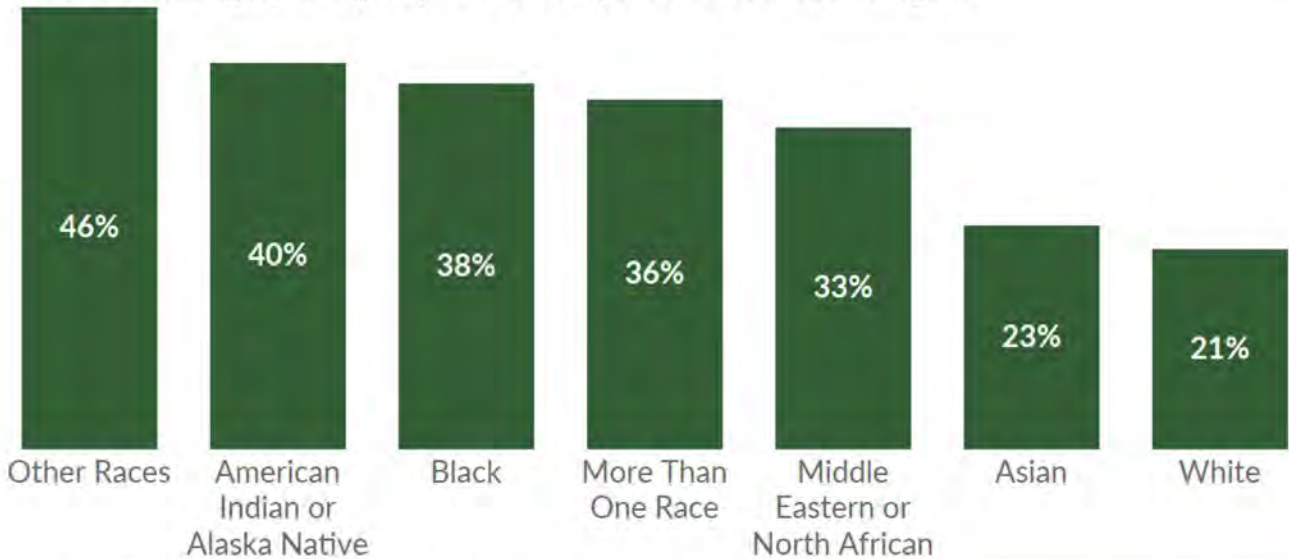
1 in 5
(or 22%) respondents who *Use SNAP/WIC to Buy Food* also said their household is *Not Able to Get Enough Food*.

BARRIERS AND CHALLENGES

Limited transportation options and the cost of transportation can be a major barrier to employment and the ability to earn income.

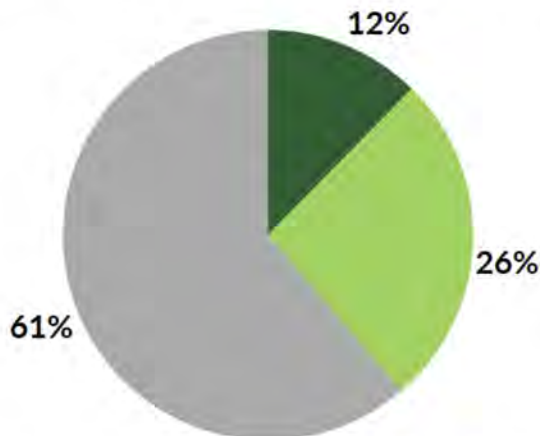
Affordability of Transportation by Race

Respondents were asked, “What are the challenges to accessing transportation?” (See Appendix G, Question 31). Respondents could select multiple options, but anyone who selected *Affordability* (alone or with other challenges) was grouped and compared across race categories.



Transportation as a Barrier To Employment

Respondents were asked to indicate how a lack of transportation has caused challenges for them. Respondents were grouped by whether they indicated that lack of transportation was a barrier to employment, other things (access to food, medical care, recreation, etc.), or if lack of transportation was not a barrier (*No Barriers*).



- Employment, Alone or With Other Challenges
- Barriers to Other Things
- No Barriers

Affordability Being a Barrier to Transportation

As shown above, Black and American Indian or Alaska Native respondents and respondents of All Other Races not listed indicated *Affordability* as a challenge to transportation at the highest rates.

38% of *Unemployed* respondents listed *Affordability* as a challenge to transportation, compared to 25% of those who are *Employed*.

39% of respondent *With a Disability* listed *Affordability* as a challenge to transportation, compared to 28% of those with *No Disability*.

ECONOMIC STABILITY & HEALTH

An individual's health outcomes—such as physical health conditions or mental health—were compared with that individual's financial situation. To determine respondents' health conditions, they were asked to select from a list of possible health conditions (See Appendix G, Question 34).

Health Conditions Based on Financial Situation

21%

of respondents who stated they have *Not Enough Money* listed *Obesity* as a health condition, compared to only 15% with *More Than Enough Money*.

31%

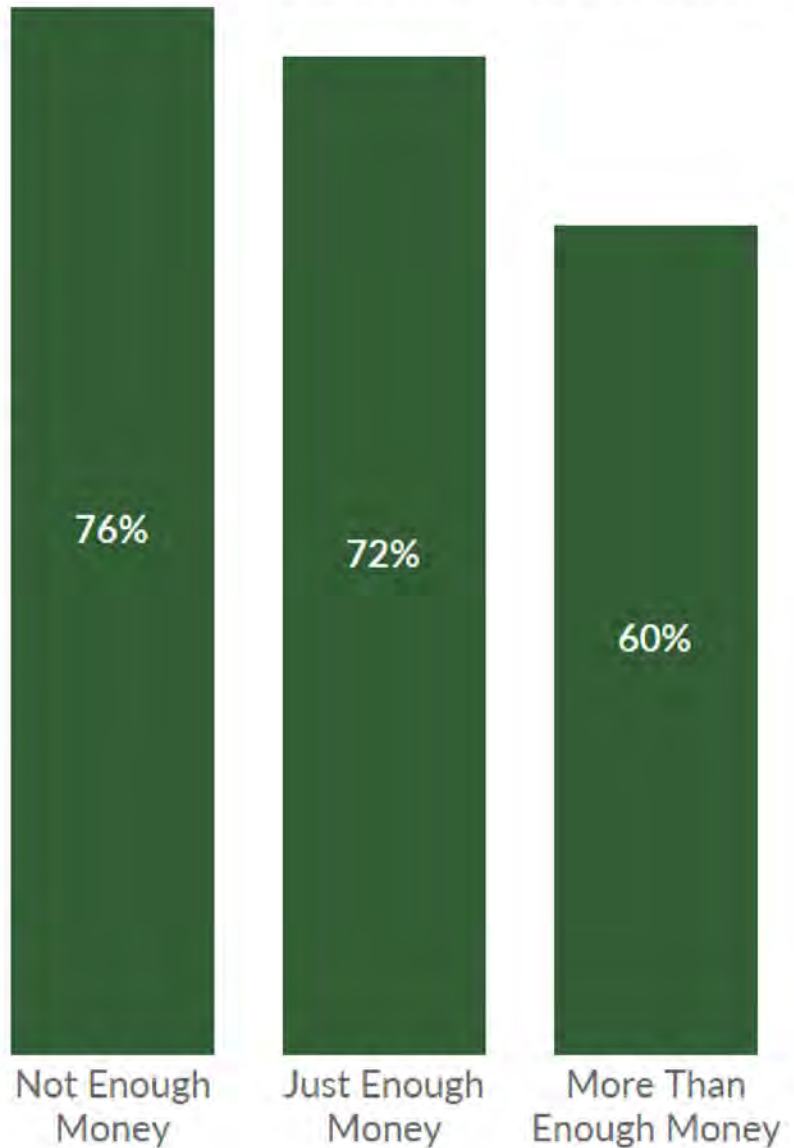
of respondents who stated they have *Not Enough Money* listed *High Blood Pressure* as a health condition, compared to only 20% with *More Than Enough Money*.

40%

of respondents who stated they have *More Than Enough Money* selected *None of These* listed health conditions compared to only 28% with *Just Enough Money* and 24% with *Not Enough Money*.

Percentage of Respondents Who Have Any Mental or Physical Health Conditions by Financial Status

Responses were grouped into those who stated they had none of the listed health conditions or selected any combination of mental and physical illnesses. Below is the percentage of respondents in each financial group that reported *Any Mental or Physical Health Conditions*.



FOCUS GROUPS ON ECONOMIC STABILITY

For additional focus group data, see Appendix C.

Rising Costs and Stagnant Wages

Many participants expressed concern over the combination of rising costs of items like food without a similar increase in wages.



“You go to the store and you spend \$100. You come out with one bag, and you don't have any meat in the bag.”

-Black Older Adults Focus Group

“The minimum wage is ridiculous to survive on, especially when you are a single parent. You're forced to work basically two full time jobs and raise children on your own.”

-Rural Caregivers Focus Group

“I think the cost of living keeps going up. Everything keeps getting more expensive. But [...] pay is not increasing.”

-LGBTQ+ Focus Group

Financial Stability and Poverty

The stress caused by poverty and financial instability was discussed by many focus groups. The importance of financial stability and financial responsibility was also a common topic of discussion.

“It's expensive and time-consuming being poor.”

-Hispanic/Latino Focus Group

“Financial stability. That is number one, I would say, because obviously growing up, you have a lot of dreams that you want to fulfill. And in order to get to those dreams, there's—everybody has high dreams. So in order to get to those dreams, you need to go into, like a financial stability where you'll be able to achieve those.”

-Bangladeshi Focus Group



FOCUS GROUPS ON ECONOMIC STABILITY

Expenses for Health Care, Transportation and Housing

During most focus groups, many people spoke about the burden of expenses related to health care, transportation, and housing.

"The other thing I would say is money. It's really difficult to do things because everything is very expensive. And while I understand that it's due to COVID and the rising costs of things, it's really prohibitive. It's difficult to go places if you can't afford a bus ticket or gas. It's difficult to go out and find community if you can't afford the transportation to get there. There's—there's very few things we can do that don't cost money that are community forward. So there's not a lot of spaces you can exist without paying for them, which makes it very hard to find to find community and have people around you to support you, and people to keep you safe, because you're certainly more safe with a group of people than you are by yourself."

-Trans and Nonbinary Focus Group

"[Being] in debt, [...] having your rent, and your bus fare, and your grocery bill money, and your doctor bill money, and stuff like that. It's hard. So that's why people do get on Medicaid and food stamps, to get those things in order to [...] make a living. Because it's hard. [...] You're going to have to go back and hustle, and that hustle is gonna bring you right back in [jail]."

-Incarcerated Women Focus Group

"They charge you all that money, [...] \$75 just to walk through the door. [The doctor] ain't even touched your body. He ain't even talked to you yet, you know—it costs you \$75."

-Black Older Adults Focus Group

"But housing absolutely insane in the city. Especially for folks on fixed incomes and even with housing assistance programs, like to be completely straightforward with you, the fact that they think that a one-bedroom apartment should be \$750 a month? That's not realistic, especially for somebody receiving Social Security or Supplemental Security Income. That's your whole paycheck. There's no way to survive like that. Unless you get a roommate."

-Trans and Nonbinary Focus Group

NEIGHBORHOOD & BUILT ENVIRONMENT

NEIGHBORHOOD & BUILT ENVIRONMENT



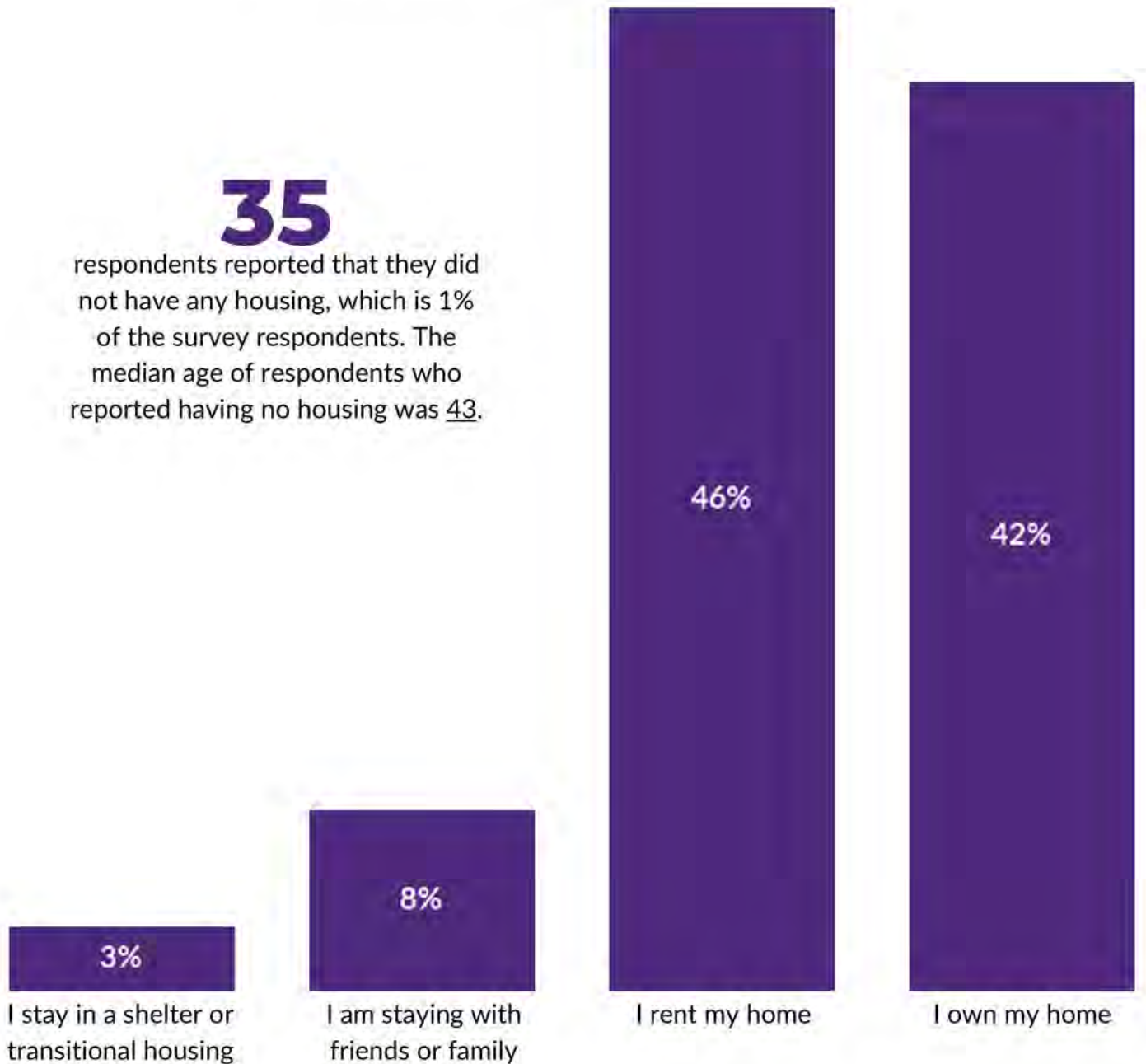
- ZIP Code & Geography
- Affordable and Quality Housing
- Access to Health Foods
- Crime and Violence
- Safe Green Spaces & Play Spaces
- Air Quality & Water Quality
- Walkability & Sidewalks
- Grocery Store Location Gaps
- Access to Transportation

The **Neighborhood and Built Environment** domain of the SDOH includes the physical structures in a community that may influence health. This includes factors such as housing, transportation, presence of businesses, and parks. In this section, responses to the survey questions pertaining to housing and transportation are reviewed. This section concludes with quotes from the focus groups regarding housing and transportation as well as other Neighborhood and Built Environment topics such as crime, community spaces, and natural environment.

HOUSING

Many factors associated with housing influence health, including cost burden, quality, location, and stability. Survey respondents were asked to describe their housing situation, including whether or not they were currently housed and the circumstances of their housing. Housing data was then explored using demographic factors and various other social determinants of health.

Which describes your housing situation?



35

respondents reported that they did not have any housing, which is 1% of the survey respondents. The median age of respondents who reported having no housing was 43.

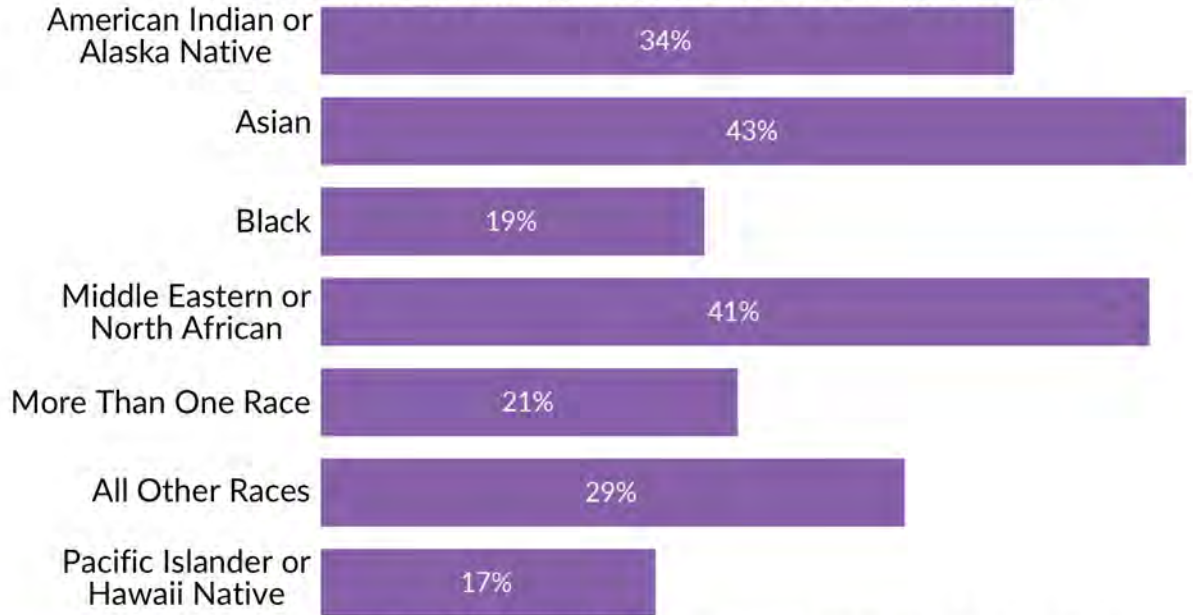
HOUSING

The images below highlight the proportion of respondents who reported that they Own their homes when asked about their housing situation. The vertical bar chart to the left highlights the difference in homeownership between White respondents and People of Color grouped together. The People of Color group is then disaggregated in the horizontal bar chart to the right.

Homeownership by Race

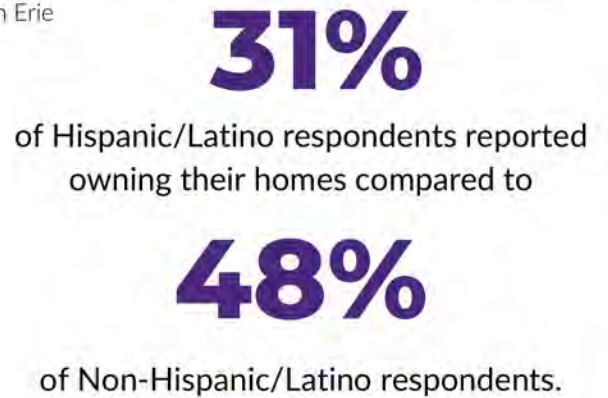


Homeownership Among People of Color Disaggregated



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

Homeownership by Ethnicity



Differences in homeownership were observed when further disaggregating the Hispanic/Latino and Asian respondents by place of origin. However, the number of respondents in each of these groups was very small (See Appendix D). Major inequities in homeownership broken down by other kinds of demographics can also be viewed in Appendix D.

HOUSING

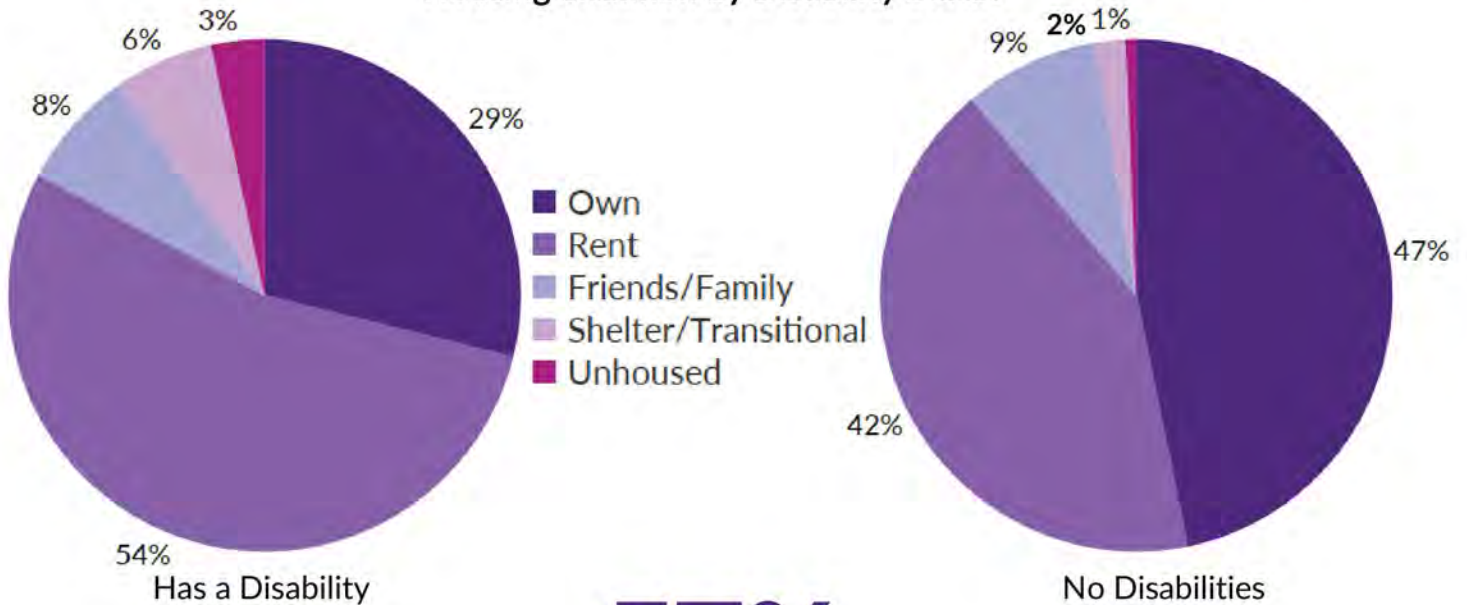
Homeownership by Race and Educational Attainment

Notable differences exist in reported homeownership rates across different race groups even among those with the same education attainment. The table below displays the percent of respondents who *Own* their homes within each race and education category. For example, 60% of Asian respondents with a *Bachelor's Degree* responded *I own my home*.

	Did Not Finish High School	High School or GED	Some College	Associate's Degree	Bachelor's Degree	Postgraduate Degree
Asian	48%	22%	36%	33%	60%	73%
Black	14%	11%	19%	32%	38%	53%
White	15%	49%	54%	73%	68%	79%
All Other Races	11%	18%	22%	39%	43%	64%

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 activities. Respondents were asked if they had a disability according to this definition.

Housing Situation by Disability Status



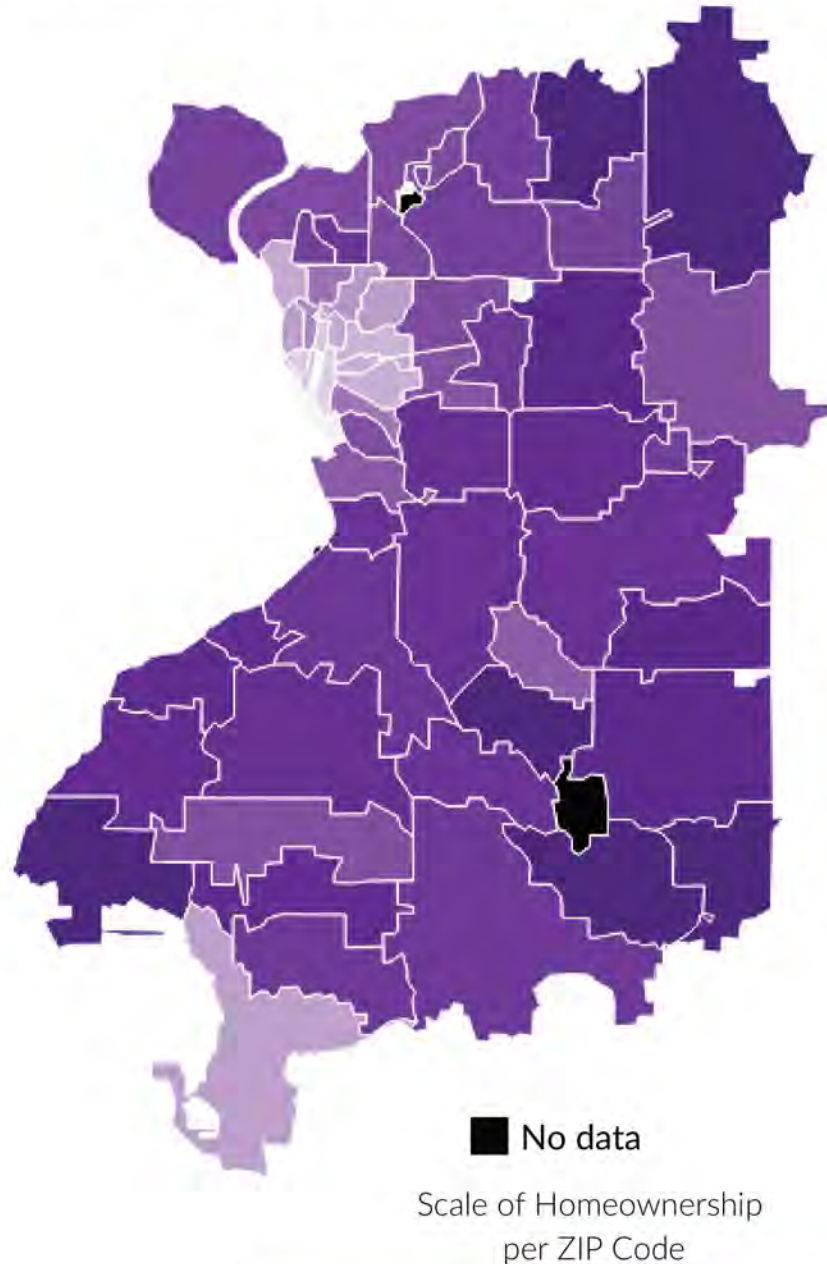
57%

of the 35 respondents who reported that they are *Unoused* also reported that they *Have a Disability*.

HOUSING

Homeownership by ZIP Code

Percentages were calculated of respondents who reported that they Own their home out of all of the respondents who answered the housing situation question in each ZIP Code.



53%

Of respondents who Own their home reported that they have *More Than Enough Money* to pay for day-to-day expenses, while **24%** of respondents who Rent their homes reported having *More Than Enough Money*.

7%

of respondents with a *History of Military Service* reported that they are *Unhoused* or live in a *Shelter/ Transitional Housing*, while **4%** of respondents with *No History of Military Service* reported being *Unhoused* or living in a *Shelter/Transitional Housing*.

17%

of respondents with a *History of Incarceration* reported being *Unhoused* or living in a *Shelter/Transitional Housing*. **12%** of respondents with a *History of Incarceration* are *Homeowners*.

0% 100%
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.

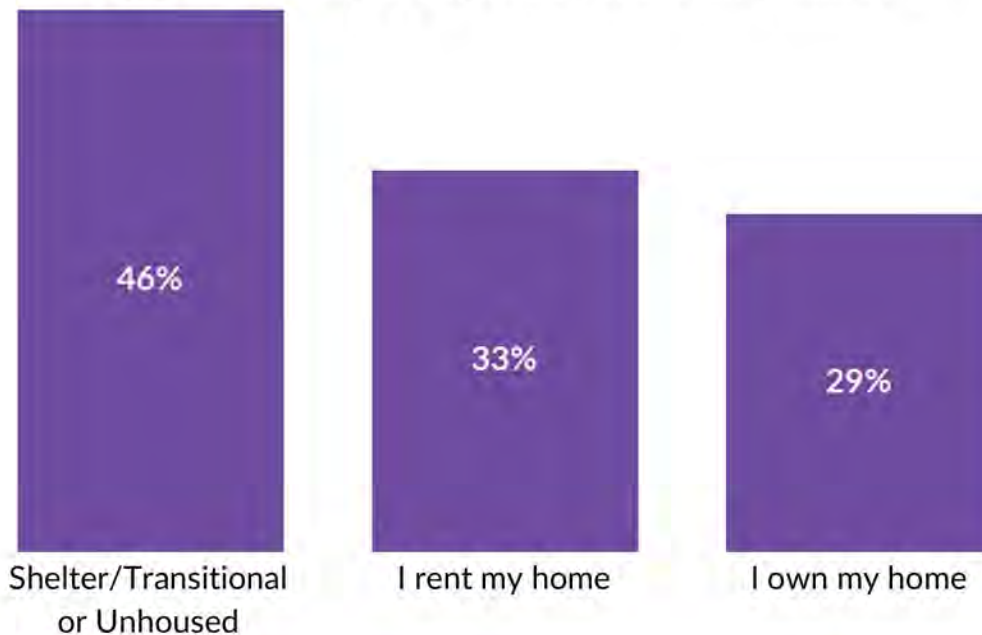
HOUSING

Asthma is a condition that can be influenced by the physical environment and housing conditions. Housing stability and responsibilities toward housing may influence the likelihood of experiencing anxiety or depression. The bar charts below display the percentage of respondents who *Own* their home, *Rent* their home, live in a *Shelter/Transitional Housing*, or are *Unhoused* that reported *Asthma* and *Anxiety/Depression*. The option *Living with Friends/Family* is excluded from these charts.

Reported Asthma by Housing Situation



Reported Anxiety or Depression by Housing Situation

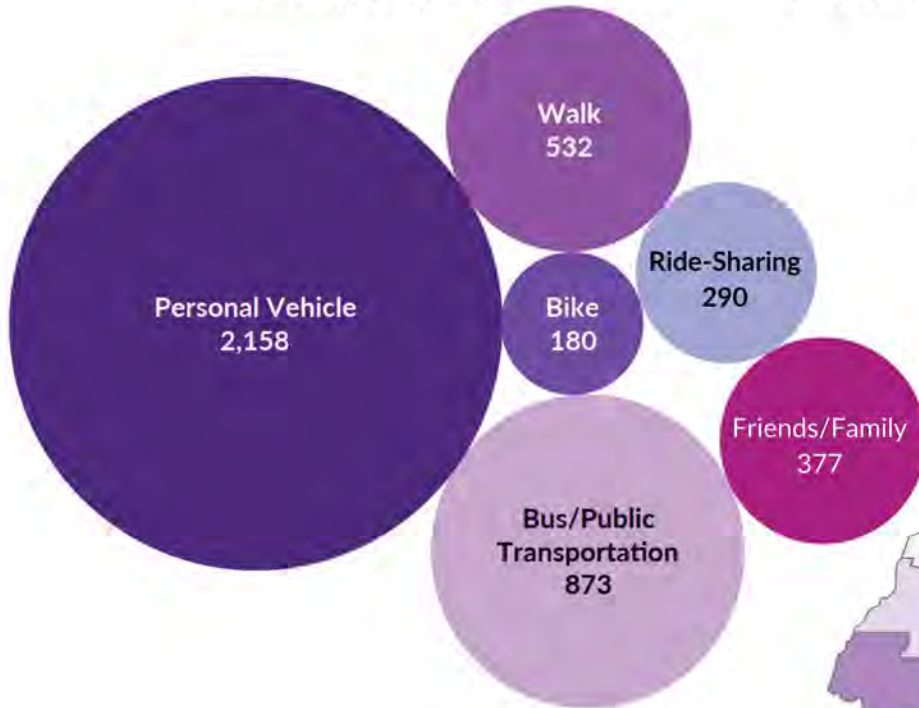


When disaggregated by age, *Homeowners* in age groups 20-29, 30-39, 60-69, and 80+ reported *Anxiety/Depression* more often than those who *Rent* their homes. *Renters* in any age group 30 and over were more likely than *Homeowners* to report *Physical Illnesses*.

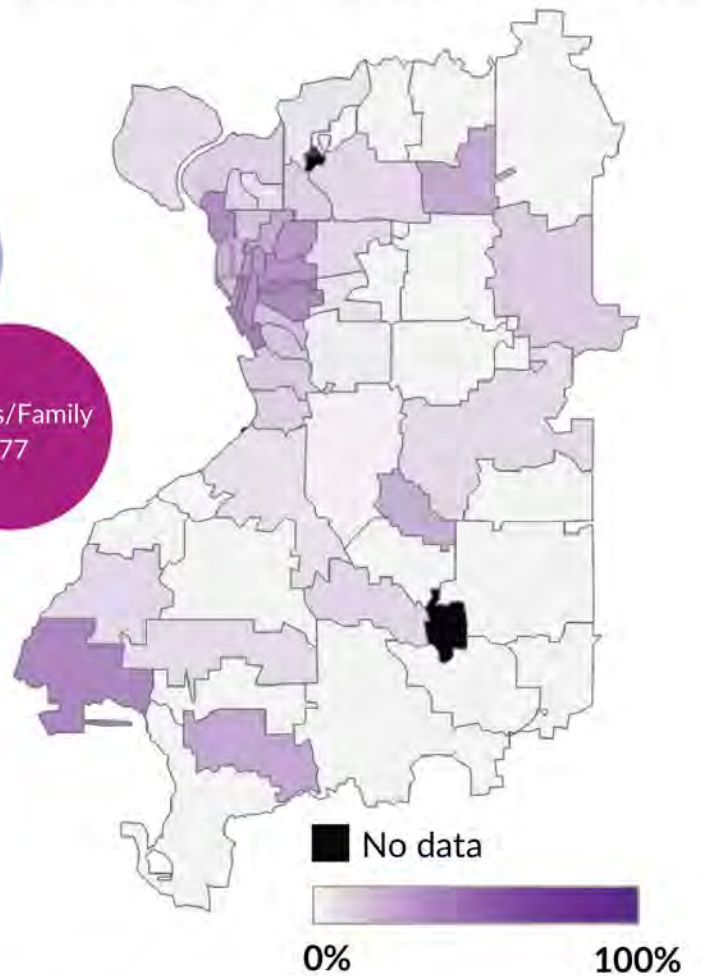
TRANSPORTATION

Access to adequate transportation may influence an individual's ability to connect to what they need to maintain good health. The survey asked respondents how they get around, what are the challenges to accessing transportation, and what lack of transportation may be a barrier to.

“How do you get around?”



Any Use of Public Transportation by ZIP Code



Multiple Means of Transportation

Many respondents indicated that they use multiple means of transportation. Respondents who indicated that they get around by *Personal Vehicle* were the least likely to utilize any other means of transportation.

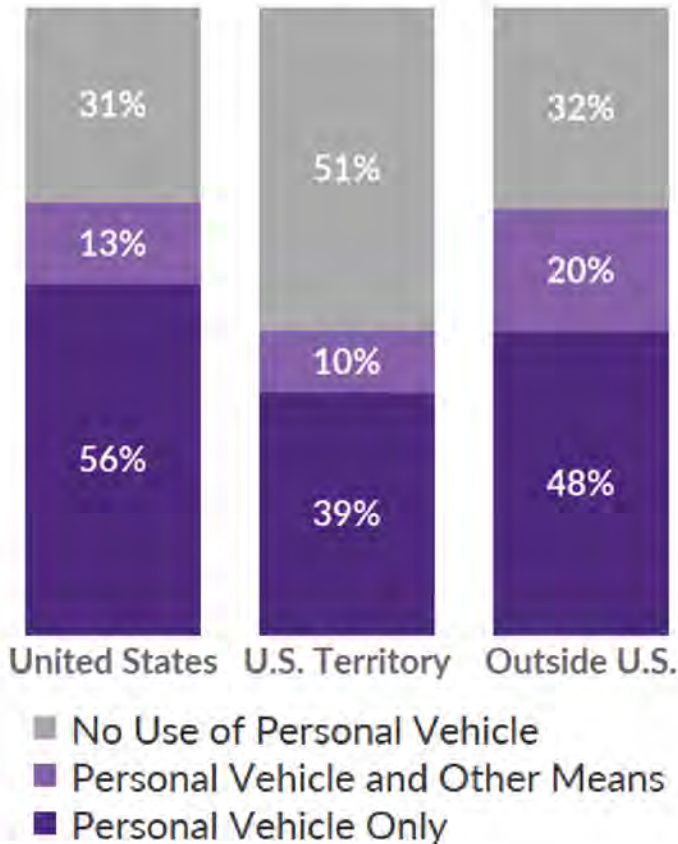
Percentages were calculated of respondents who reported using *Bus/Public Transportation* alone or as well as any other type of transportation out of all of the respondents who answered the question “How do you get around?” in each ZIP code.

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.

TRANSPORTATION

This page highlights the percentage of respondents in certain demographic categories who reported that they get around by *Personal Vehicle* in Question 30 of the survey (Appendix G).

Respondents Who Get Around by Personal Vehicle by Birthplace



90%

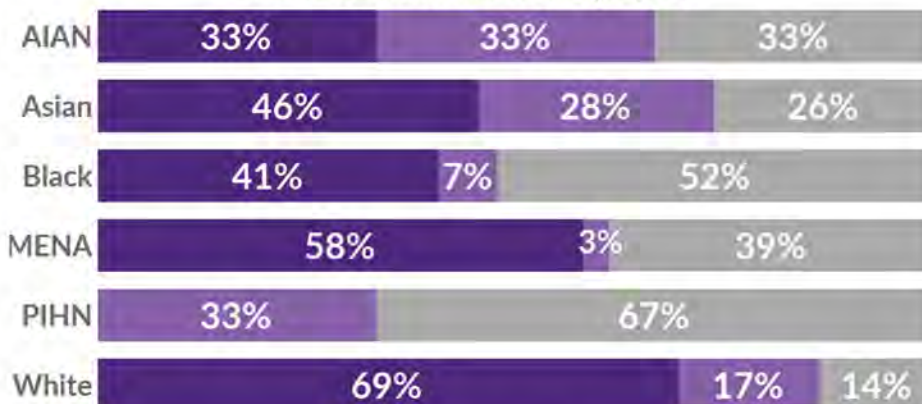
of respondents with a *College Degree* reported *Any Use of a Personal Vehicle*, meaning they use a personal vehicle exclusively or in addition to other means of transportation. **47%** of respondents with *No College Degree* reported *Any Use of a Personal Vehicle*.

Among respondents born *Outside the U.S.*:

- When disaggregated by race, **Black** respondents born *Outside the U.S.* were the least likely to report *Any Use of Personal Vehicle* (57%).
- 63% of **Hispanic/Latino** respondents born *Outside the U.S.* reported *Any Use of Personal Vehicle* at least some of the time.

Respondents Who Get Around by Personal Vehicle by Race

Respondents who indicated a race other than those listed below were excluded from this graphic.

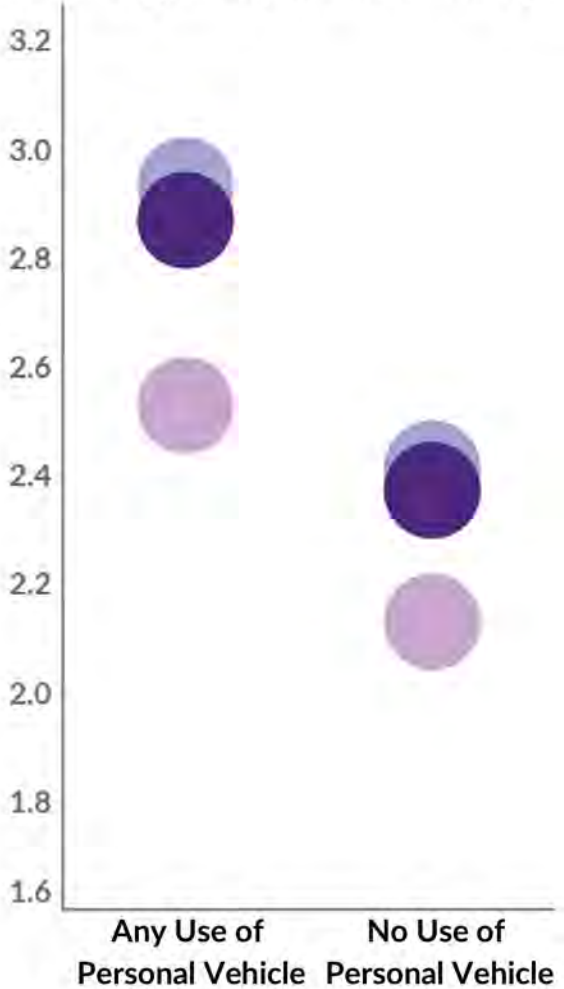


The PIHN category contains only 6 respondents and may not be representative the entire PIHN community within Erie County.

TRANSPORTATION

The images below display reported *Use of a Personal Vehicle* from the question “How do you get around?” In these figures, *Any Use of Personal Vehicle* indicates that the respondent reported using a personal vehicle alone or in addition to some other type of transportation.

Social Support by Means of Transportation



Social Support Scale

Perceived available support from friends and family was rated on a scale from *Never* to *Always*, to which values of 0-4 were assigned. The bubbles on the chart to the right represent averages of these values for each type of support, comparing respondents who indicated *Any Use of Personal Vehicle* to get around to those who reported *No Use of Personal Vehicle*. The numerical values represent the following:

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

- Emotional Support
- Having Fun
- Practical Help

Financial Situation by Means of Transportation

Responses to Question 28 on the survey about the respondents perceived ability to pay for day-to-day expenses were compared by use of a personal vehicle.

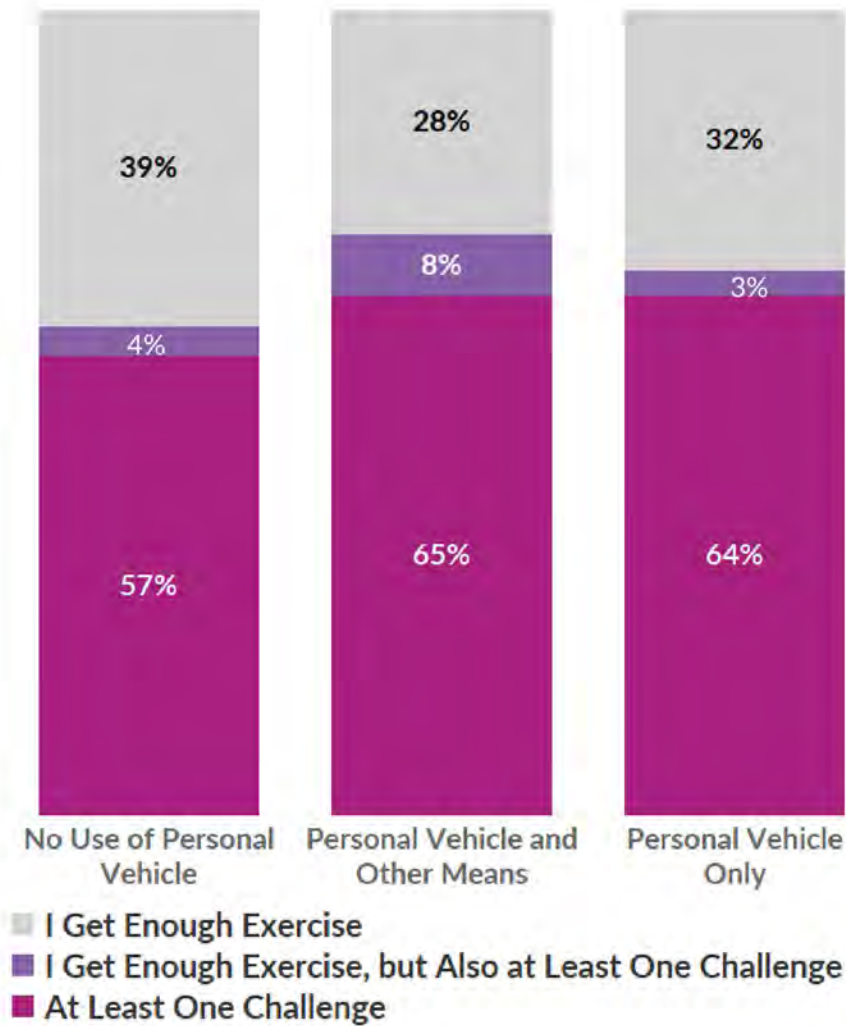
	More than Enough Money	Just Enough Money	Not Enough Money
Any Use of Personal Vehicle	85%	69%	41%
No Use of Personal Vehicle	15%	31%	59%

TRANSPORTATION

In the images below, respondents were grouped according to whether or not they reported use of a personal vehicle when asked the question “How do you get around?”

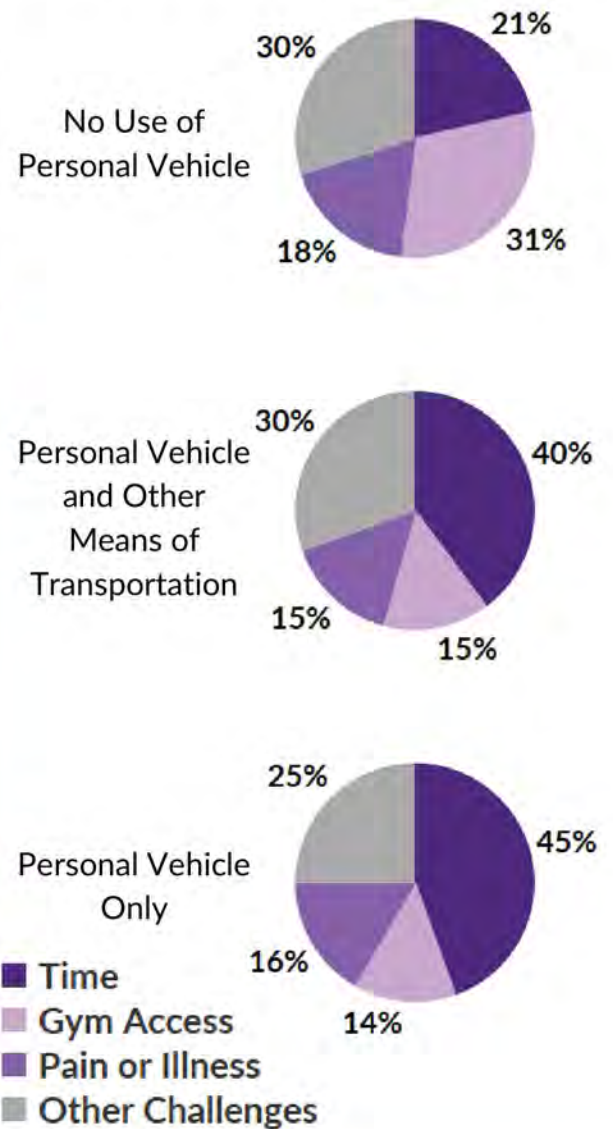
Ability to Exercise by Means of Transportation

Responses to Question 27 about challenges to exercise were grouped for the chart below into the categories listed in the key.



Types of Challenges to Exercise by Means of Transportation

This analysis of Question 27 excludes the *I get enough exercise* response to display the proportion of specific types of challenges to the overall number of challenges reported in each transportation category.



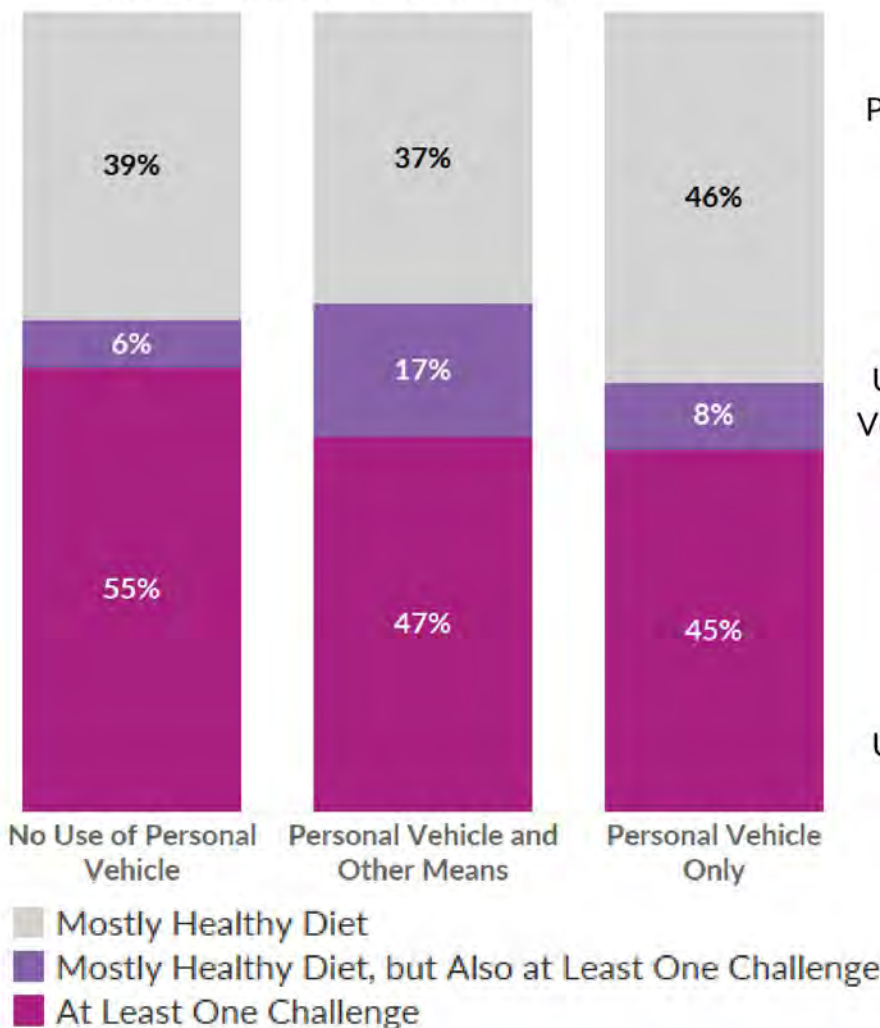
Lack of sufficient *Time*, lack of *Gym Access*, and *Pain or Illness* were the three challenges most selected. Other challenges included lack of *Knowledge*, neighborhood *Safety*, and lack of *Interest*. Lack of *Knowledge* and neighborhood *Safety* were reported slightly more by respondents who use means of transportation other than personal vehicles, while respondents who use a *Personal Vehicle Only* reported *Interest* slightly more often than those who don't.

TRANSPORTATION

In the images below, respondents were grouped according to whether or not they reported use of a personal vehicle when asked the question “How do you get around?”

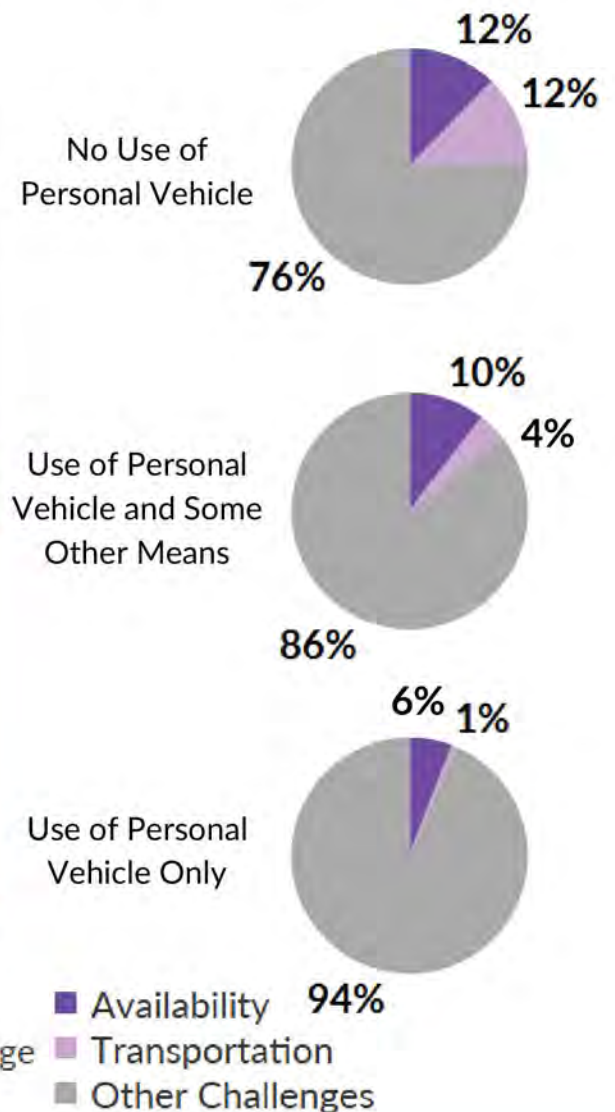
Ability to Maintain a Healthy Diet by Means of Transportation

Responses to Question 26 about challenges to a healthy diet were grouped for the chart below into the categories listed in the key.



Challenges to a Healthy Diet by Means of Transportation

This analysis of Question 26 excludes the *Mostly Healthy Diet* response to display the proportion of specific types of challenges to the overall number of challenges reported in each transportation category.

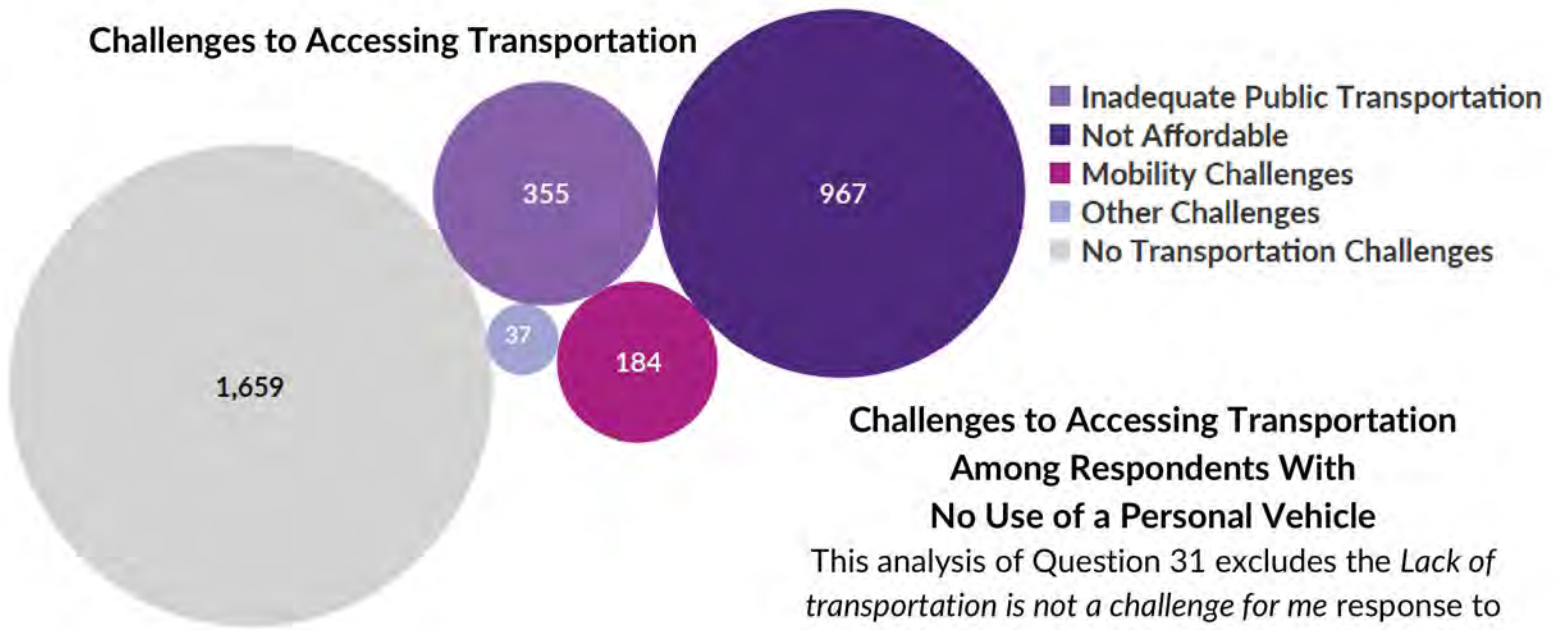


The challenges to a healthy diet highlighted above could be addressed by better transportation. Other challenges included *Affordability* and *Time*, which were by far the most common challenges reported among people with *Any Use of Personal Vehicle*. Among respondents with *No Personal Vehicle Use*, *Affordability* and *Lack of Knowledge* were the challenges most often reported.

TRANSPORTATION

Question 31 of the survey (See Appendix G) asked, “What are the challenges to accessing transportation?” Response options included the challenges displayed in the key for the first image below. Respondents could select all that apply. These responses were examined across demographic and SDOH factors.

Challenges to Accessing Transportation

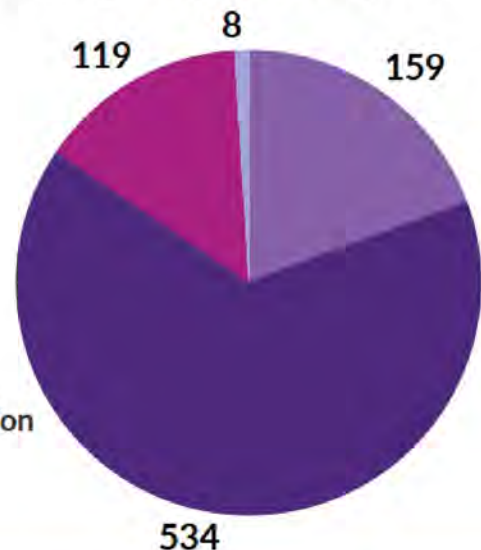


Challenges to Accessing Transportation Among Respondents With No Use of a Personal Vehicle

This analysis of Question 31 excludes the *Lack of transportation is not a challenge for me* response to display the proportion of specific types of challenges to the overall number of challenges to accessing transportation reported.

76%

of respondents who reported *No Use of Personal Vehicle* reported *At Least One Challenge to Accessing Transportation*.



- Inadequate Public Transportation
- Not Affordable
- Mobility Challenges
- Other Challenges

While *Affordability* was the most commonly reported challenge to accessing transportation, the older the respondents were, the less likely they were to indicate *Affordability* as a challenge and the more likely they were to indicate *Mobility Challenges* as a barrier to accessing transportation.

TRANSPORTATION

On this page, the responses to Question 31 on the survey, “What are the challenges to accessing transportation?” are examined among respondents *With a Disability* according to the American Disabilities Act definition.

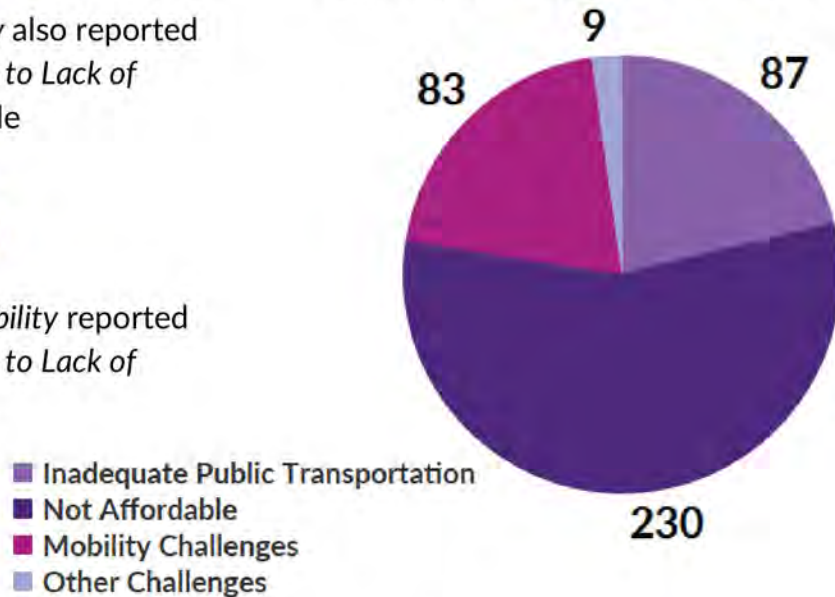
62%

of respondents *With a Disability* also reported
At Least One Challenge Due to Lack of
Transportation, while

41%

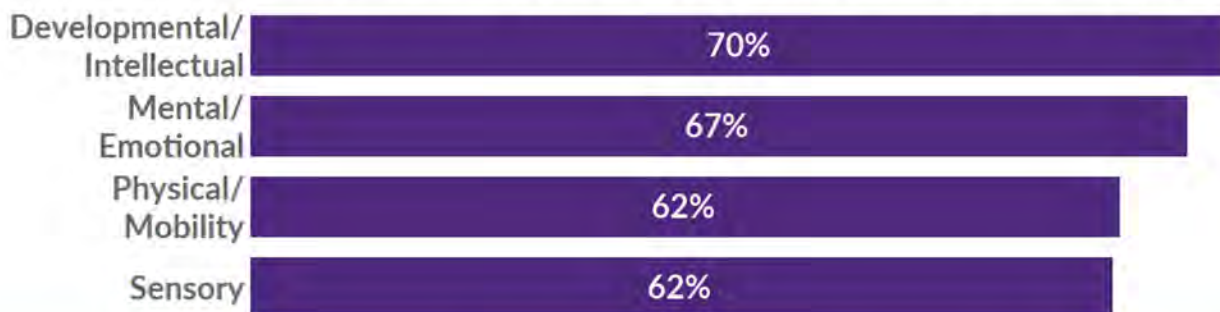
of respondents *Without a Disability* reported
At Least One Challenge Due to Lack of
Transportation.

Types of Challenges to Accessing Transportation
Among Respondents With a Disability



Respondents Who Reported At Least One Challenge to Due to Lack of Transportation by Type of Disability

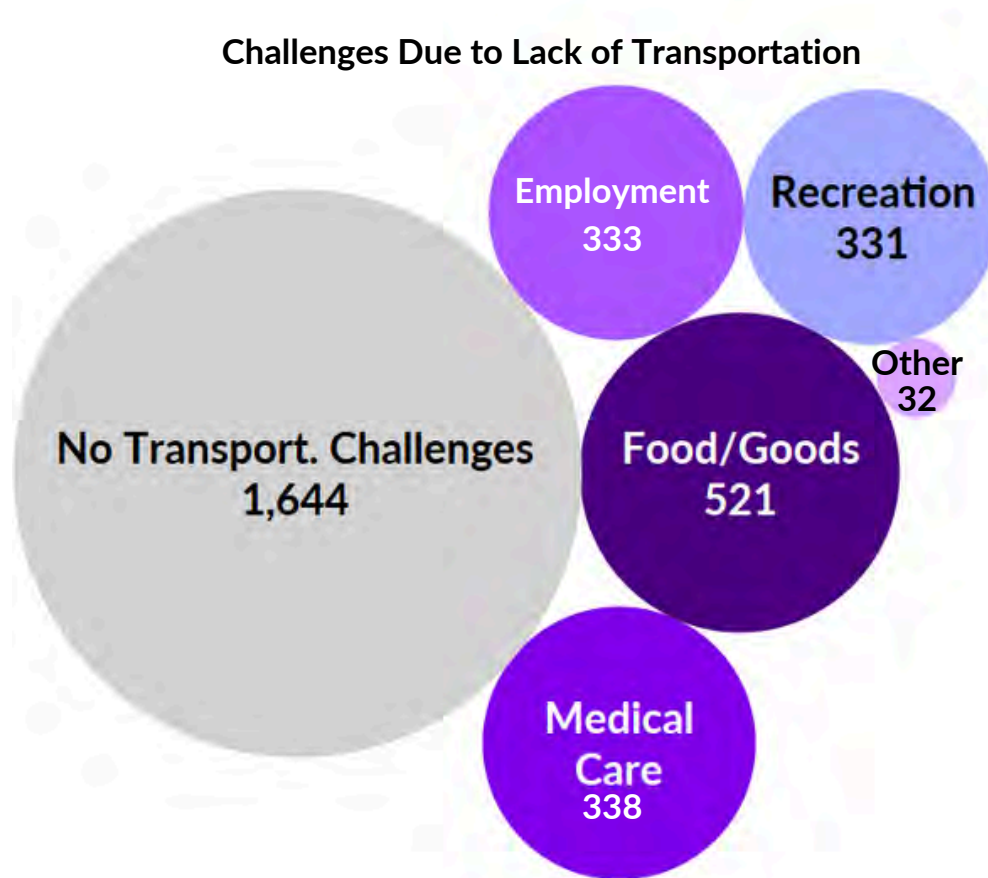
If respondents reported a disability, they were asked a follow-up question to indicate what type or types of disability they had. The bar chart below displays the percentage of respondents who reported *At Least One Challenge Due to Lack of Transportation* by disability type.



Affordability was the challenge to accessing transportation indicated the most among respondents *With a Disability*. Even respondents whose disability was indicated as *Physical/Mobility* indicated *Affordability* as a challenge to accessing transportation more often than they indicated *Mobility Challenges*.

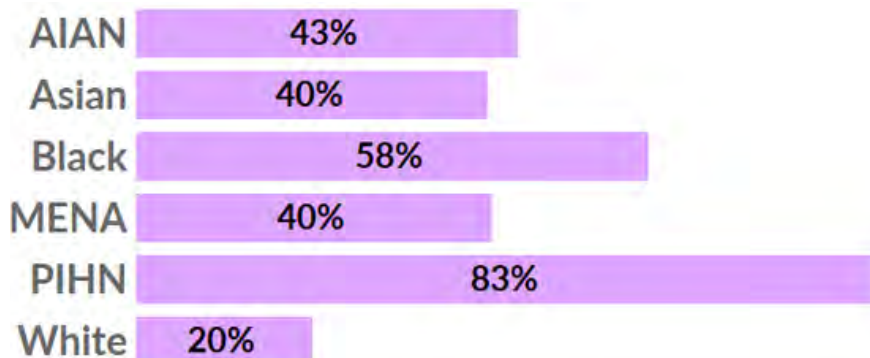
TRANSPORTATION

In addition to asking about challenges to accessing transportation, the survey asked about challenges respondents may experience due to lack of adequate transportation (Appendix G, Question 32).



At Least One Challenge Due to Lack of Transportation by Race

The bar chart below displays the percentage of each race category that reported any challenges experienced due to a lack of transportation. Respondents who indicated a race other than those listed below were excluded from this graphic.



The PIHN category contains only 6 respondents and may not be representative of the entire PIHN community within Erie County.

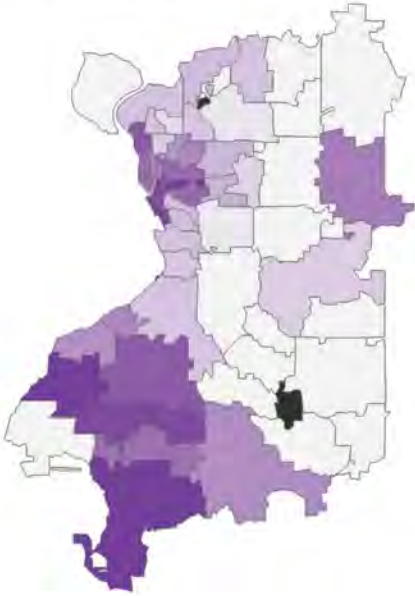
50%

of Hispanic/Latino respondents reported *At Least One Challenge Due to Lack of Transportation* compared to **29%** of Non-Hispanic/Latino respondents.

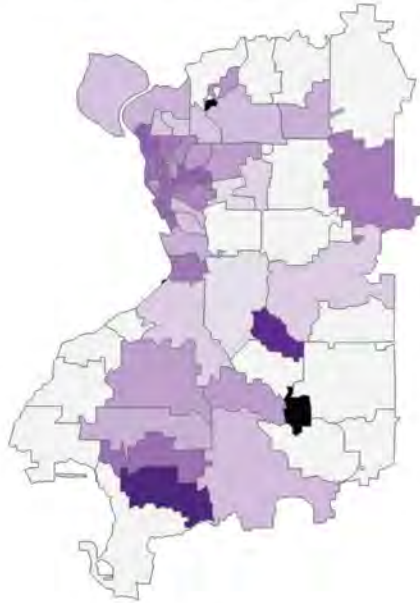
TRANSPORTATION

Percent of Respondents Reporting Challenges Due to Lack of Transportation by ZIP Code

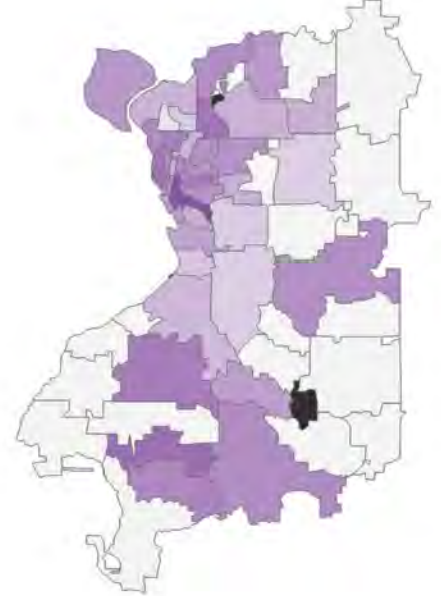
Accessing Medical Care



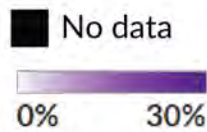
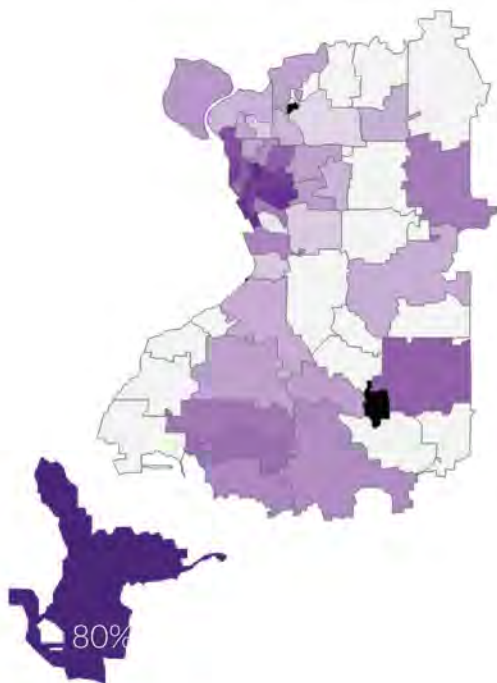
Finding or Keeping Employment



Recreation



Accessing Food/Goods



30%

was the highest percentage of respondents who reported any of these challenges due to lack of transportation in a given ZIP code, with one exception.*

***80%**

of respondents from ZIP code **14070** reported that *Buying Food and Other Needed Goods* was a challenge due to lack of transportation. This ZIP code is not entirely in Erie County and contains the Cattaraugus Reservation. Of note, there were only 5 respondents from this ZIP code.

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.

TRANSPORTATION

Types of Challenges Due to Lack of Transportation by Use of Personal Vehicle

The pie charts below display the number of respondents who reported *At Least One Challenge Due to Lack of Transportation* among those who reported using a *Personal Vehicle Only* and those who reported *No Use of Personal Vehicle*. The response option *Lack of transportation is not a challenge for me* was excluded from this analysis. Respondents could select all that apply.

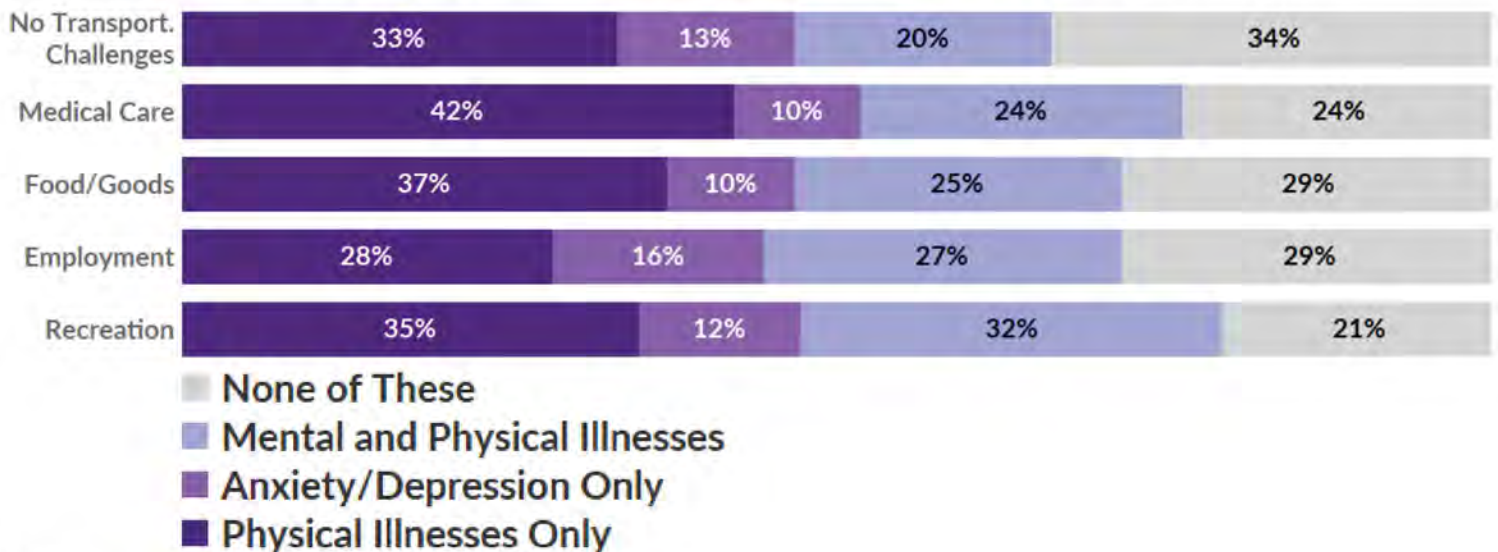


77%

Of respondents who reported *No Use of Personal Vehicle* reported that they have *At Least One Challenge Due to Lack of Transportation*. **15%** of respondents who get around by *Personal Vehicle Only* reported *At Least One Challenge Due to Lack of Transportation*.

Health Conditions by Challenges Due to Lack of Transportation

The chart below displays the percentage of each type of illness reported in Question 34 disaggregated by responses to the question about challenges due to lack of transportation. For example, of the respondents who reported accessing *Medical Care* as a challenge due to lack of transportation, 24% reported *Mental and Physical Illnesses*.




FOCUS GROUPS ON NEIGHBORHOOD & BUILT ENVIRONMENT

Transportation

Lack of sufficient public transportation was expressed as a frustration in many of the focus groups. Frustrations about public transportation included bus routes, schedules, safety, and accessibility.

“So the biggest thing is transportation. Everything is in the city. And one of my frustrations and so many people's frustrations is that the rural areas are forgotten in every way.”

-Rural Caregivers Focus Group



[Coming here] today, that cost me about \$42, which is insane to go one way. [...] I'm assuming I'm going to be paying about 50 something to get home? And that sucks. But if I took a bus, it would take me about 4.5 hours to get here because I would have to stroll about a mile and a half. It's the closest bus stop. From there, I would then have to get on the first bus. Then I'd have to get on the second bus. Then I would have to get on the subway then I would have to take a bus and then walk again to just get to here.

-Trans and Nonbinary Focus Group

FOCUS GROUPS ON NEIGHBORHOOD & BUILT ENVIRONMENT

Housing

Availability and affordability of housing was brought up frequently as a challenge to stability and living a good life.

"I think affordable housing is a really big one. I mean, a lot of girls, a lot of people come in here and they don't have homes. They don't have anywhere to go back to because they can't afford it and after being incarcerated you get out and you're kind of starting from square one. So to start from square one, having to buy everything all over again, having to find a house, having to find employment. A lot of, I mean, this is why there are so many re-offenders—I think it's because of how tough it actually is out there with everything, and the homeless rate is so high because it. They're living with each other or abusive spouses because they can't afford to live on their own. Children are in and out of the system because of it and it's sad."

-Incarcerated Women Focus Group



"Safe housing and safe houses for LGBTQ+ youth is a big, big need."

-LGBTQ+ Focus Group

Community Programs and Spaces

Participants in several focus groups expressed the need for more safe community spaces for residents to socialize and engage in positive activities.

"Basically, I'm saying like we need more safe spaces. [...] You know, where everybody can just like come together. Growing up, man, every summer they used to sit there and block all off these and have a whole block party where all kids come outside and just—each family, they had little basketball games, little stuff for the community, you feel me, but they don't do that no more. Like, it's rare you see that. Only place you really see that is in Jefferson, mainly for like grown people, you know? It's like you have kids and this and like different age groups, but it ain't really for them. It's mainly for the older people."

-Young Adults Focus Group

FOCUS GROUPS ON NEIGHBORHOOD & BUILT ENVIRONMENT

Crime

Crime and safety were expressed as challenges to living a life that is productive, healthy, and thriving. Participants from various focus groups shared their experiences of living in high crime areas, being victims of crime, and being involved in crime.

"I mean, everybody got a different story to tell folks. Mine and probably a few others in here, we was in the streets. So, it's like even if we ain't want to, it might not have been what we chose. It was just like what you had to do. Like carrying a gun. Everybody don't want to carry a gun, but if you get caught without it, then what? You get caught with it, then what? So it's like a lose-lose situation."

-Incarcerated Men Focus Group

"I just think balance across the board is what constitutes a healthy life. [...] And I think that if everybody can make it up, that triangle that constitutes a good life, good water, good clean environment, no police sirens, nothing traumatizing you on a daily basis that's become the norm to you. You know what I mean? Gunshot waking up in the morning. [...] But waking up in the morning, we know somebody got shot on the East Side. What does that tell the kid that's getting dressed for school 7:00 in the morning? What does that say to him about his community? He, it's—it's not even alarming anymore because it's the norm. So he really doesn't know because he hasn't been exposed to anything. So, you know, a good life means balance across the board to me."

-Black Fathers Focus Group



Natural Environment

While there were some negative views of the weather in this region, the natural environment was largely expressed as a positive aspect of living in Western New York.

"The nature is very beautiful here—lots of parks."

-Bangladeshi Focus Group



HEALTH CARE SYSTEM

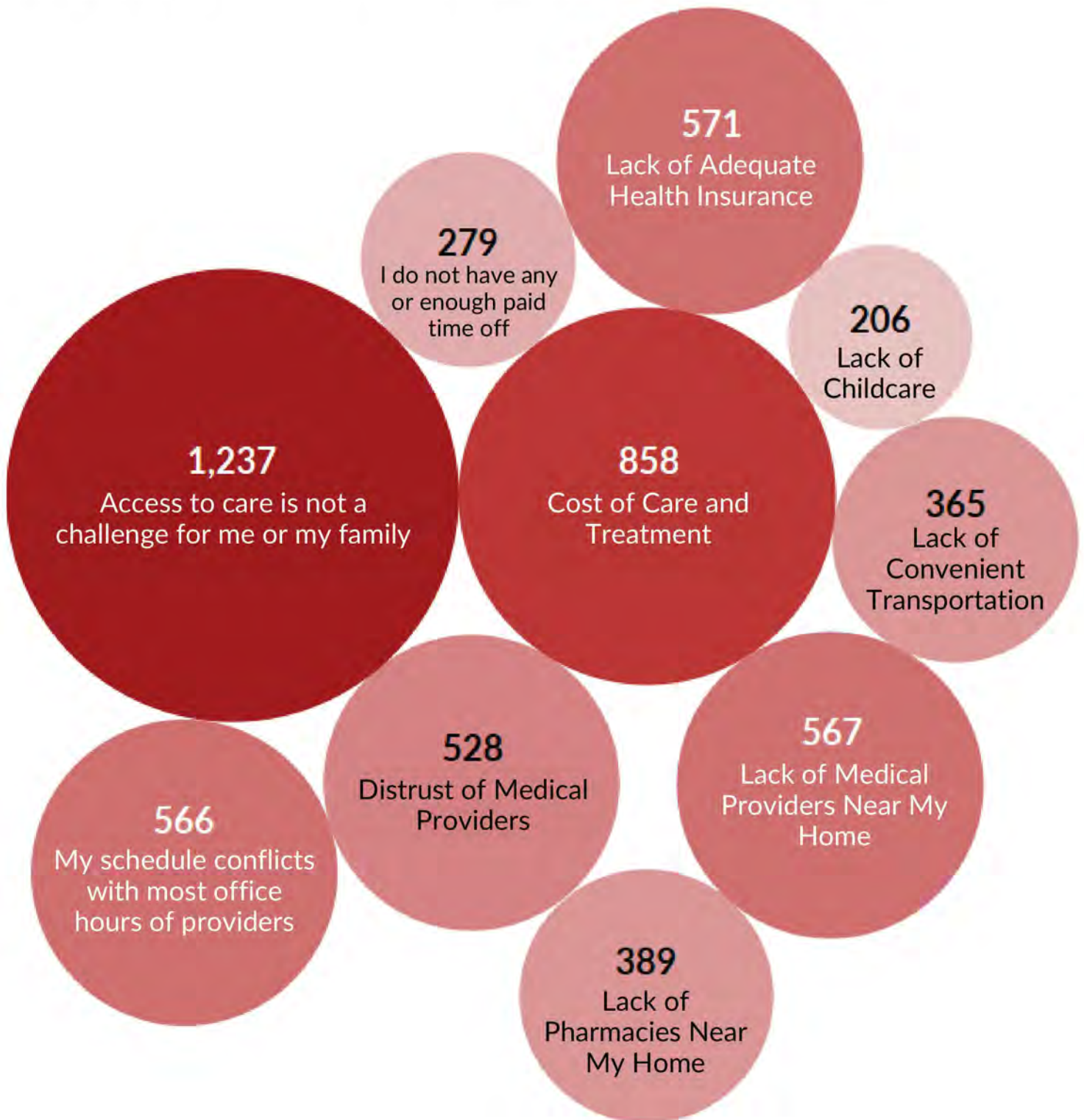
HEALTH CARE SYSTEM

- 
- Access to Health Care
 - Access to Primary Care & Trusted Providers
 - Quality of Care
 - Health Literacy
 - Availability of Health Care
 - Cultural & Linguistic Competency
 - Trauma Informed Care

The **Health Care Access** domain of the SDOH deals with access to and quality of health care. This includes the ability to readily see a doctor, the affordability of health care in an individual's area, and the ability or inability to obtain health insurance through an employer. The following section discusses survey questions associated with the health care system compared by demographics, social circumstances, and other factors. Health care and health care access were one of the main focuses in the focus groups conducted throughout 2023. Excerpts from and discussion of these focus group responses are also explored in this section.

HEALTH CARE CHALLENGES

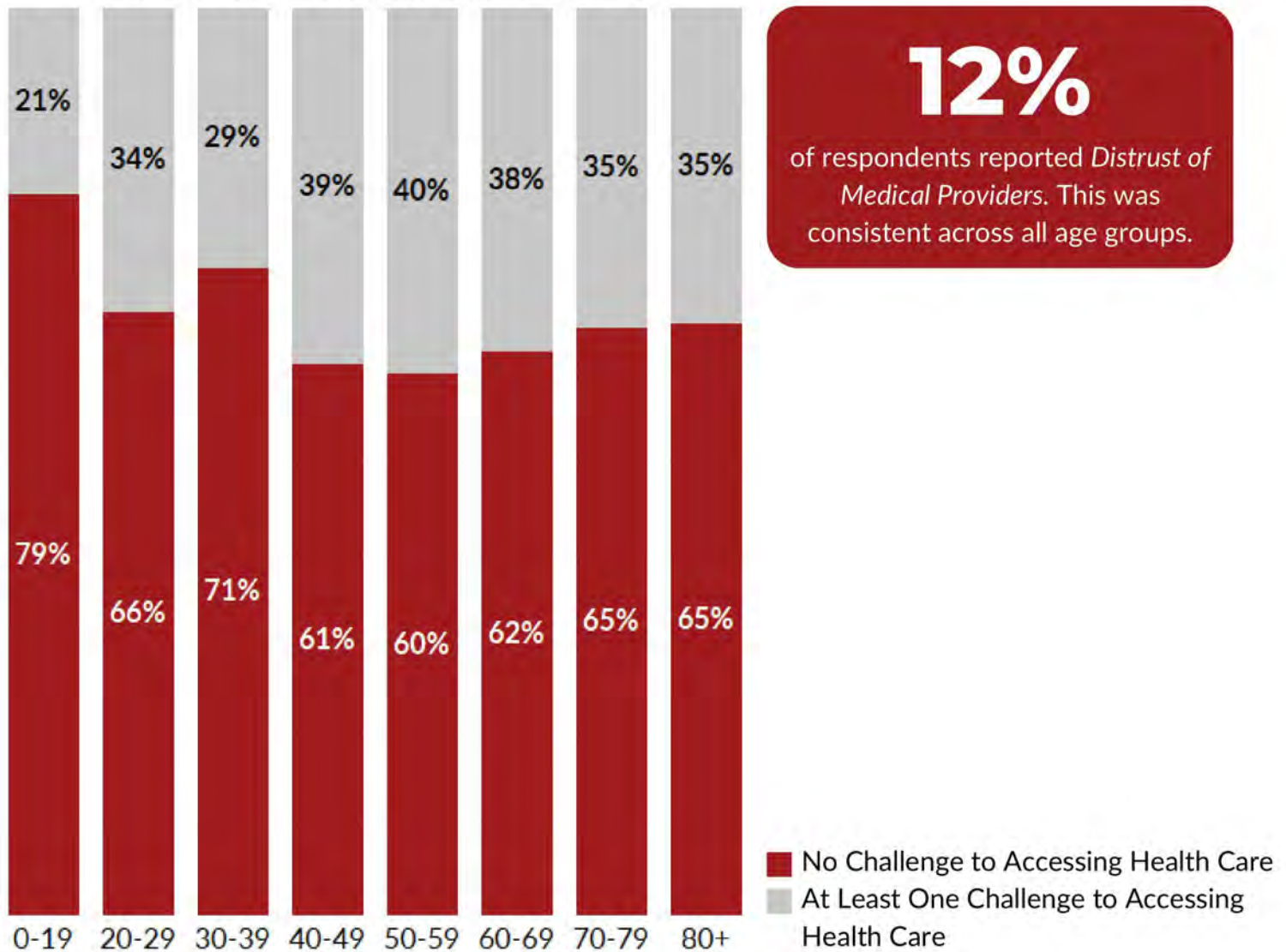
Respondents were asked, “Which of the following are challenges to accessing health care for you and your family?” Total responses are shown below. The most common response was *Access to care is not a challenge for me or my family*, followed by *Cost of Care and Treatment*. The following section will explore how the order and prevalence of these responses change depending on other factors.



HEALTH CARE CHALLENGES

Older respondents were more likely to indicate *No Challenges to Accessing Health Care*. Most challenges were consistent across ages. Respondents under the age of 60 were more likely to indicate a *Conflicting Schedule* as a challenge to accessing health care and less likely to indicate a *Lack of Medical Providers Near My Home* as a challenge to accessing health care.

Challenges to Accessing Health Care by Age



Respondents over the age of 50 were markedly less likely to report *At Least One Challenge to Accessing Health Care* than those under the age of 40. Respondents in older age brackets tended to indicate higher rates of challenges like *Cost of Care and Treatment* and availability concerns such as *Lack of Medical Providers Near My Home* and *Lack of Pharmacies Near My Home*. Younger demographics indicated *Lack of Paid Time Off* and *Lack of Childcare* as concerns, as well as a *Conflicting Schedule* with medical providers.

HEALTH CARE CHALLENGES

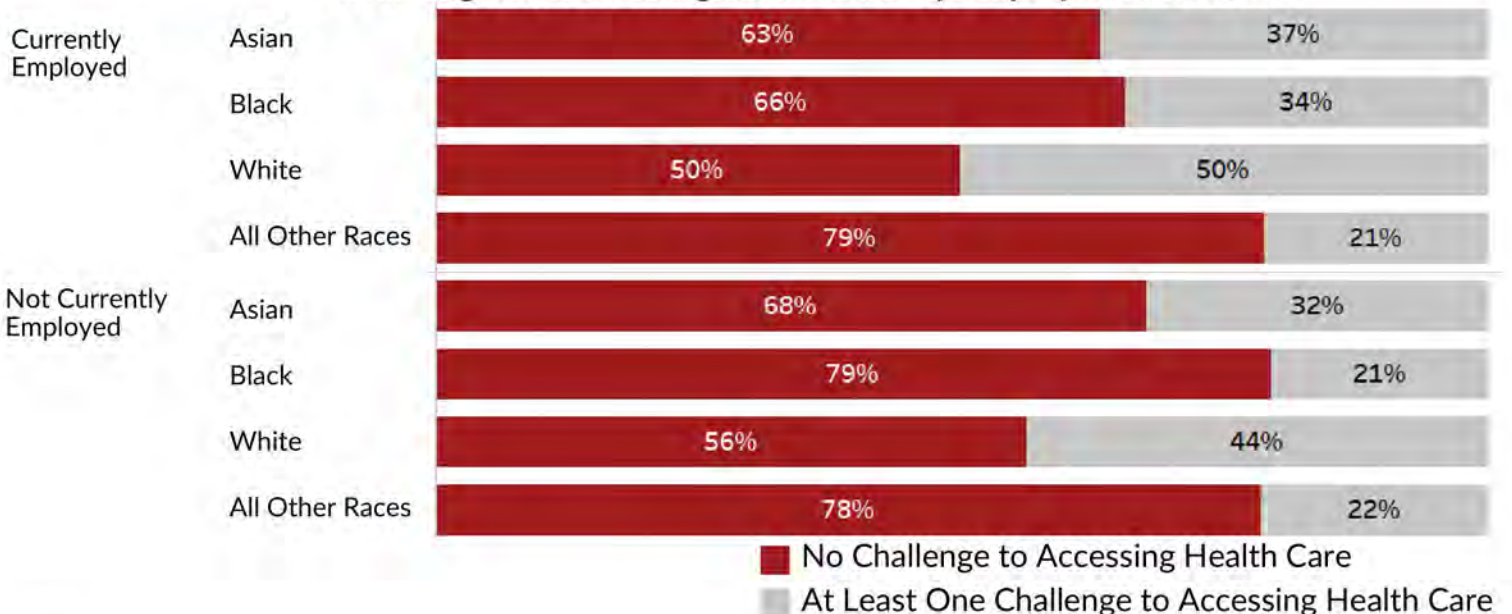
Responses to the question “Do you experience any of the following challenges to accessing health care?” were compared by employment status and race. There were many options respondents could choose from when selecting challenges. Below are the five with the largest differences in rate between those who were employed and those who were not. Cells with higher percentages are darker in color and those with lower percentages are lower.

Challenges to Accessing Health Care by Employment

	Currently Employed	Not Currently Employed
My schedule conflicts with most office hours of medical providers	18%	4%
Distrust of Medical Providers	11%	14%
Lack of Medical Providers Near My Home	12%	16%
I do not have any or enough paid time off	9%	2%
Lack of Convenient Transportation	6%	14%

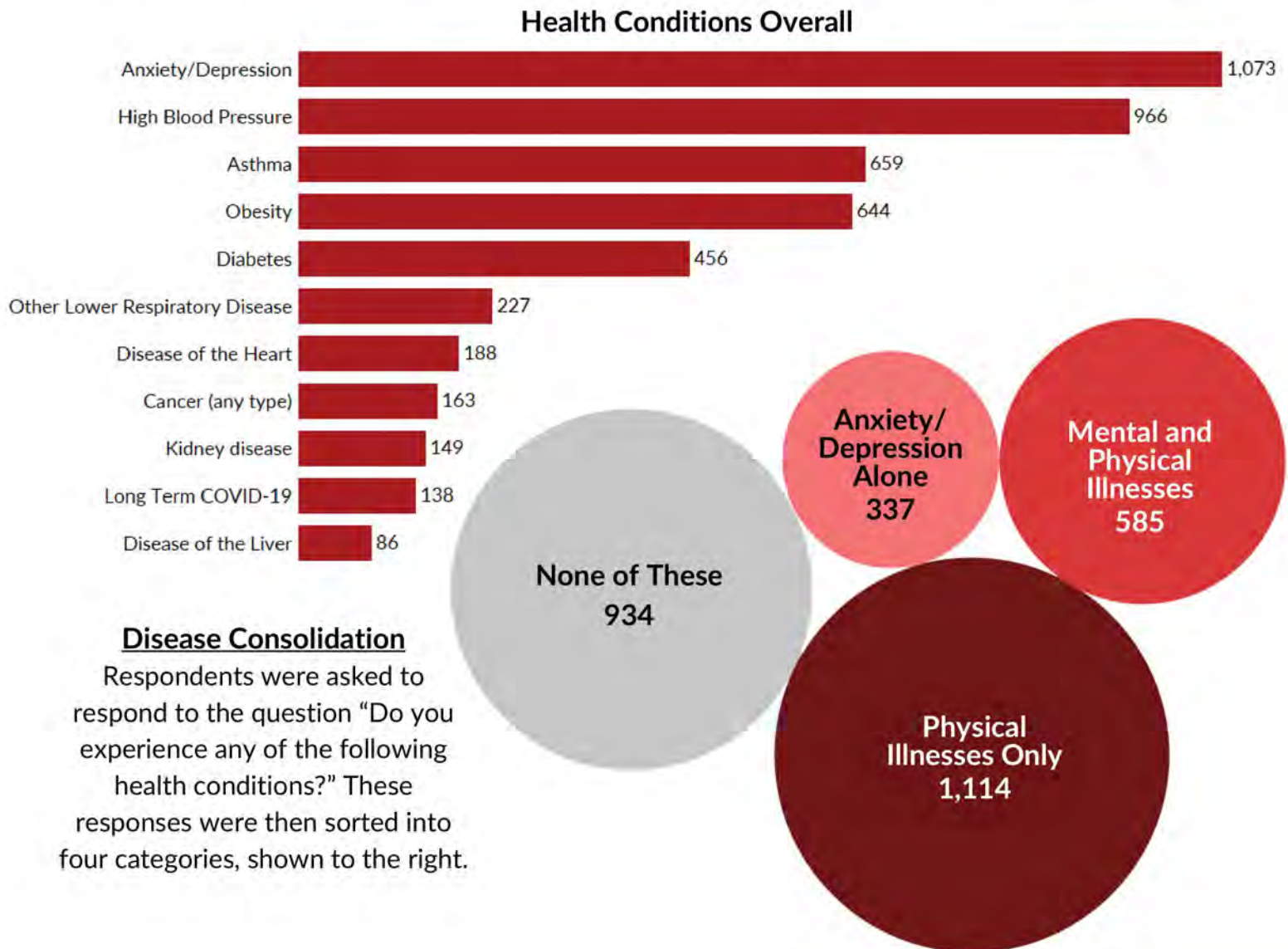
Among respondents who indicated at least one challenge to accessing health care, the largest differences between those employed and those not employed were in *Lack of Convenient Transportation* (8%) and *My schedule conflicts with most office hours of medical providers* (13%).

Challenges to Accessing Health Care by Employment and Race



HEALTH CONDITIONS

Respondents were asked “Do you experience any of the following health conditions?” and were given the opportunity to select some, all, or none of the responses. Responses other than *Anxiety/Depression* were categorized into the aggregate category *Physical Illnesses* and were then compared to responses including *Anxiety/Depression Alone* and responses that included both *Mental and Physical Illnesses*.



The highest single occurrence of health conditions was *Anxiety/Depression* followed by *High Blood Pressure*.

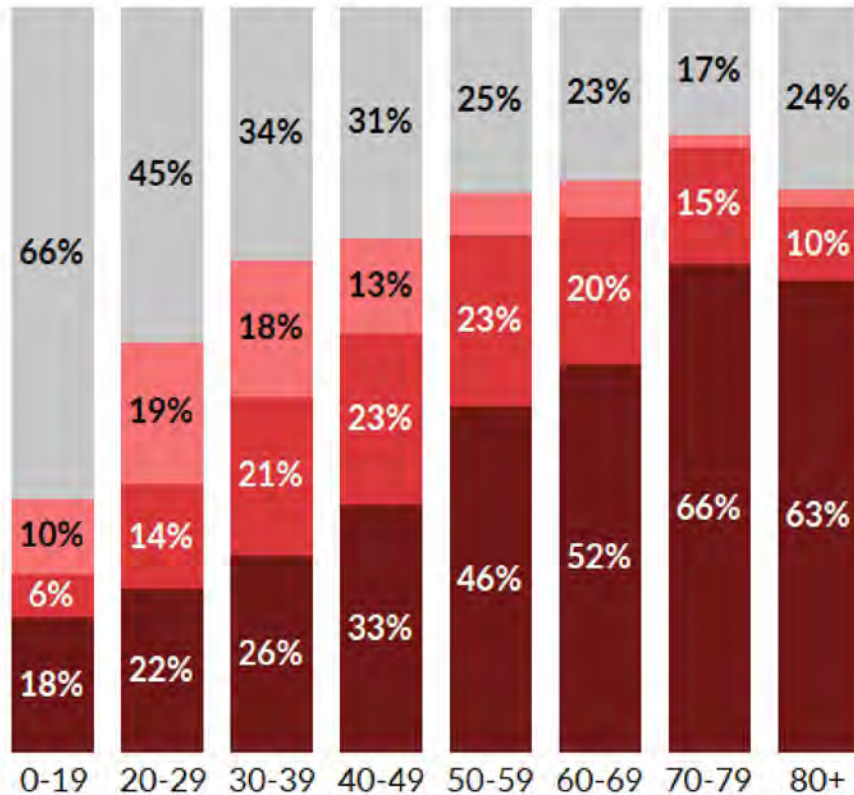
1 out of 3

responses included *Anxiety/Depression*.

HEALTH CONDITIONS

Aggregated responses to “Do you experience any of the following health conditions?” were compared by other additional factors. Below are these health condition categories compared by age and by race.

Aggregated Health Conditions by Age



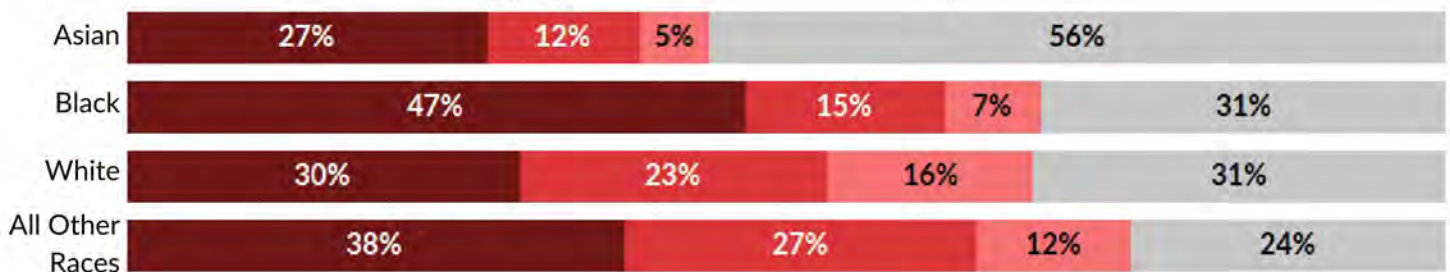
Age and Mental Illness

Respondents over the age of 60 were far less likely to indicate that they experience *Anxiety/Depression* at only **22%**, compared to **34%** of all other age groups.

Younger respondents were much more likely to indicate that they experience *Asthma* and *Anxiety/Depression*, while older respondents were more likely to indicate that they experience *High Blood Pressure* and *Diabetes*.

- None of These
- Anxiety/Depression Alone
- Mental and Physical Illnesses
- Physical Illnesses Only

Aggregated Health Conditions by Race



Health Conditions and Other Responses

Respondents from some racial groups not included in the figure above had notable rates of health conditions. For example, Pacific Islander or Hawaii Native respondents and respondents who selected More Than One Race were the least likely to report *None of These* health conditions at **19%** and **20%** respectively.

73%

of respondents who indicated Trans, Nonbinary, and All Other Genders reported *Anxiety/Depression*, markedly higher than those who indicated Man alone (22%) and Woman alone (34%).

ACCESSING HEALTH CARE

Respondents were asked “Do you experience any of the following challenged to accessing health care?” Straight/Heterosexual respondents were more likely to respond that *Access to care is not a challenge for me or my family* when compared to LGBTQ+ respondents. This difference is by **25% to 12%**.

Accessing Health Care by Gender

	Man	Woman	All Other Genders
Access to care is not a challenge for me or my family	18%	25%	10%
Aggregate of Challenges	82%	75%	90%

Straight/Heterosexual respondents were twice as likely to indicate that accessing health care is not a challenge than LGBTQ+ respondents.

Accessing Health Care by Sexuality

LGBQ+	Straight/ Heterosexual	
12%	25%	Access to care is not a challenge for me or my family
19%	14%	Cost of care and treatment (with or without insurance)
11%	9%	Distrust of Medical Providers

Sexuality & Health Care Access

The largest differences in health care access between LGBTQ+ respondents and Straight/Heterosexual respondents are in the categories *Cost of Care and Treatment*, where Straight/Heterosexual respondents were 3% **less** likely to appear, and *Lack of Pharmacies Near My Home*, where Straight/Heterosexual respondents were 2.5% **more** likely to appear.

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*. The answers to these questions were converted into a 0-4 scale for comparison. In some cases, the responses have been abbreviated as shown below.

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
The providers are competent in treating people like me	Are Competent

- Always
- Often
- Sometimes
- Rarely
- Never

These four questions show similar results and are very strongly correlated with each other. Individuals who responded *Always* or *Often* to one of these three were much more likely to respond similarly to the other two.

Believe Me



Respect Me



Are Understandable



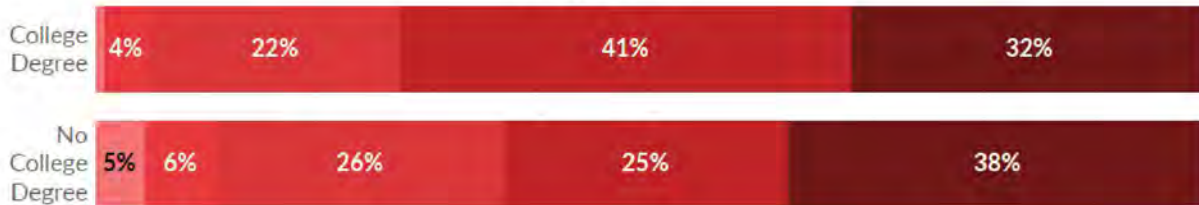
Are Competent



TREATMENT BY PROVIDERS

The responses to these four questions were examined by education level, including by those who have a *College Degree* and those with *No College Degree*. Education appears to be correlated to responses about treatment by health care professionals, with those with a *College Degree* being much less likely to respond *Never* or *Rarely* to whether providers *Respect Me*, *Believe Me*, *Are Understandable*, and *Are Competent*. All percentages under 4% are not labeled.

Respect Me



Believe Me



Are Understandable



Are Competent



Respondents with *No College Degree* are more than four times more likely to respond that they are *Never* believed by health care providers than respondents with a *College Degree*.

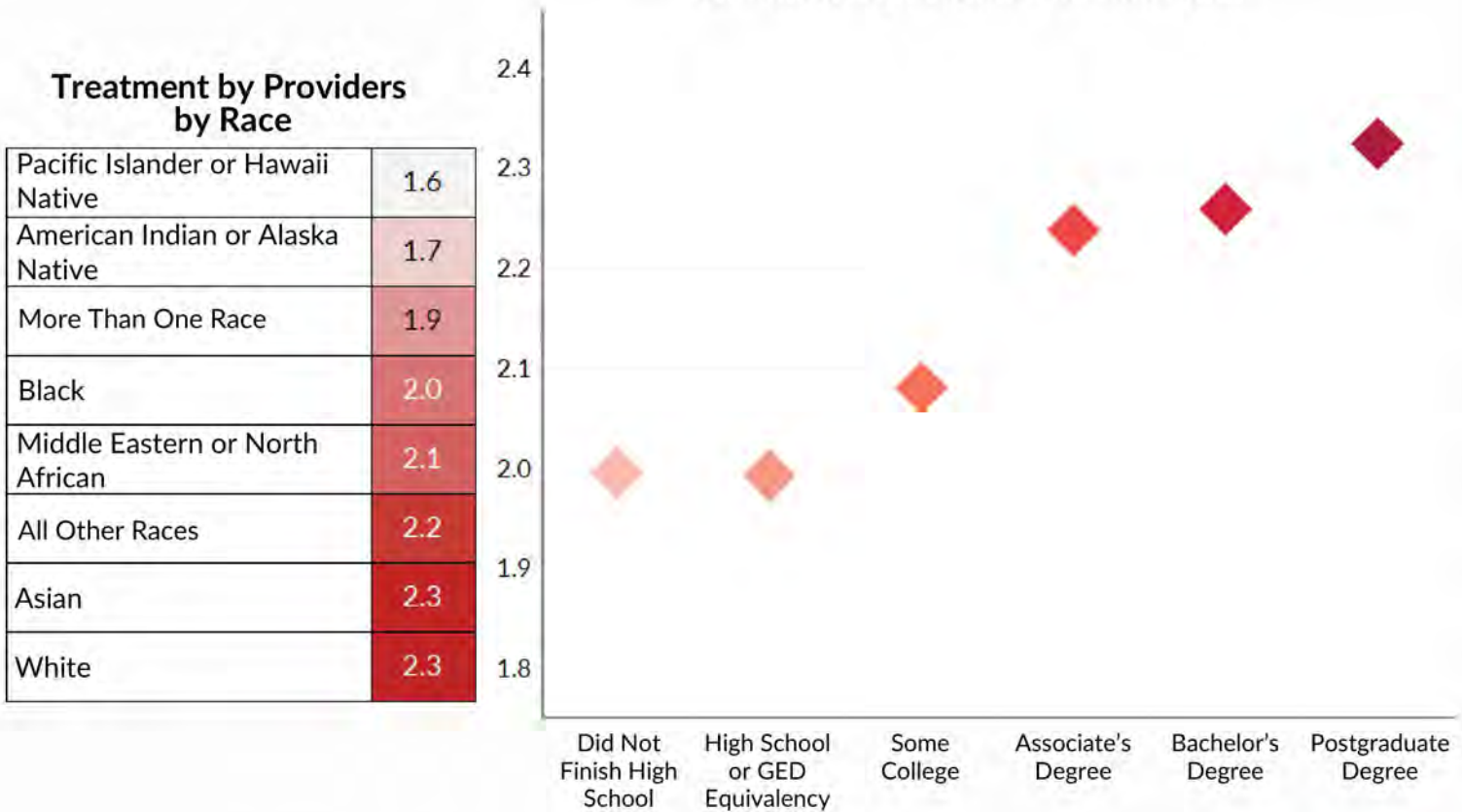


TREATMENT BY PROVIDERS

The responses to the four questions regarding treatment by providers were converted into a numerical scale and then averaged. The result is a measure of how well the respondents felt health care providers treated them. The results vary markedly by categories such as race, gender, and education. The total of the survey population as a whole had an average score of 2.1 out of a possible 4.0.

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

Treatment by Providers & Education



Treatment by Providers & Gender

Respondents of Trans, Nonbinary, and All Other Genders were overwhelmingly more likely to respond negatively in all four categories.

Man	2.1
Woman	2.2
All Other Genders	1.9

16%

of respondents of Trans, Nonbinary, and All Other Genders felt they were always respected by providers compared with 35% of respondents who indicated a gender of Man or Woman.

18%

of respondents of Trans, Nonbinary, and All Other Genders felt they were always believed, compared with 35% and 37% of respondents who indicated a gender of Man or Woman.

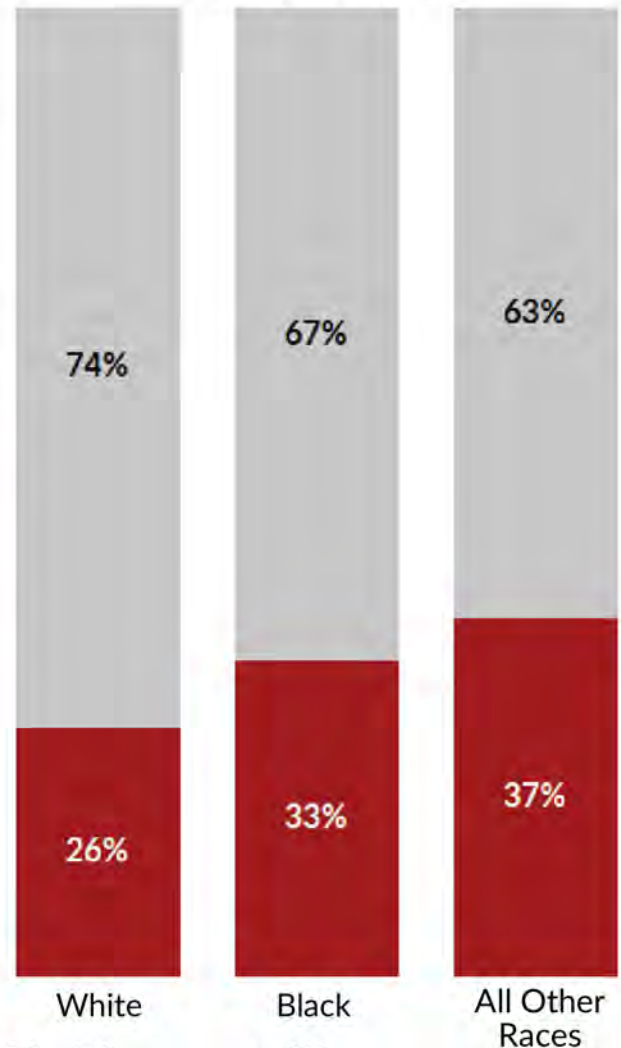
COVID-19

To examine the community impact of COVID-19 on Erie County, the survey included the question, "Have you lost a close friend or loved one due to COVID-19?" The graphics on this page show the responses to this question by race. The graphic to the right compares the responses of Black and White respondents compared to respondents of All Other Races. The graphic below shows all races disaggregated.

33%
of survey respondents indicated that they lost a friend or loved one due to COVID-19.

34%
of People of Color reported that they lost a friend or loved one due to COVID-19.

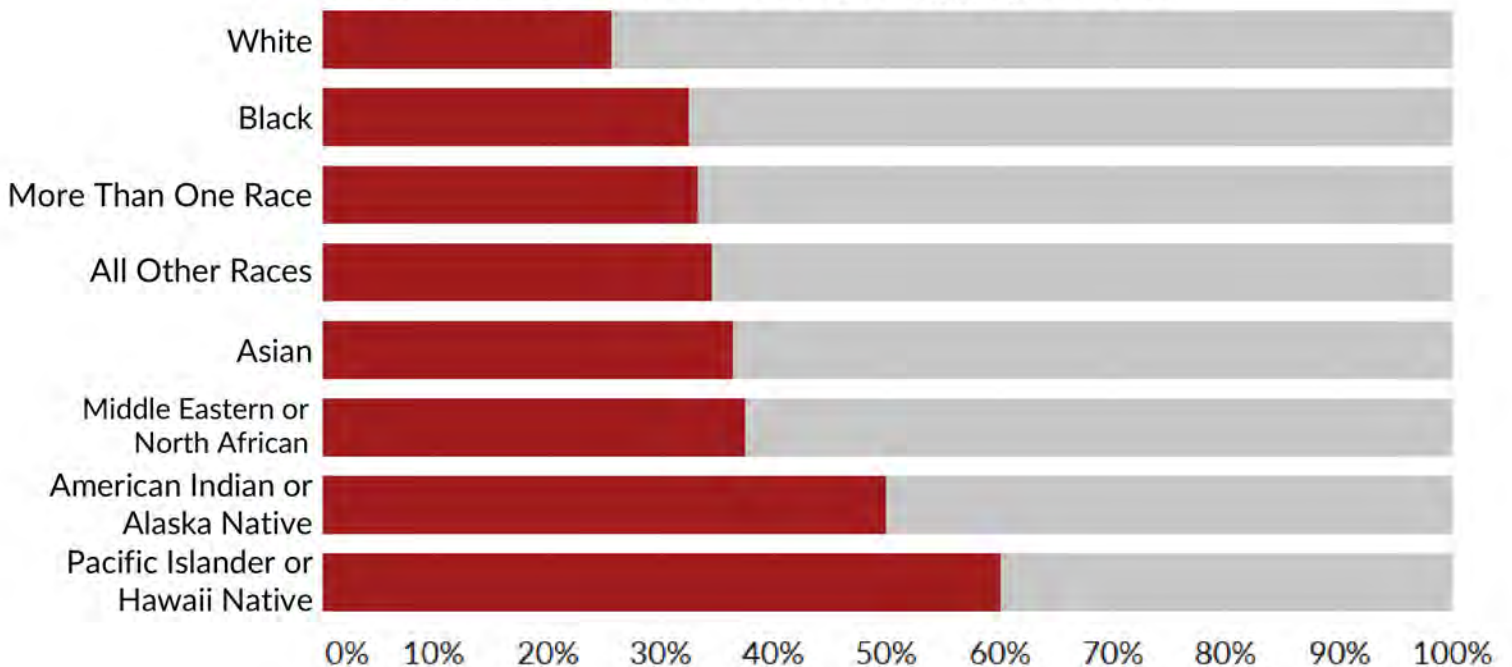
Lost Someone Due to COVID-19 by Aggregated Race



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

- No
- Yes

Lost Someone Due to COVID-19 by Disaggregated Race



COVID-19

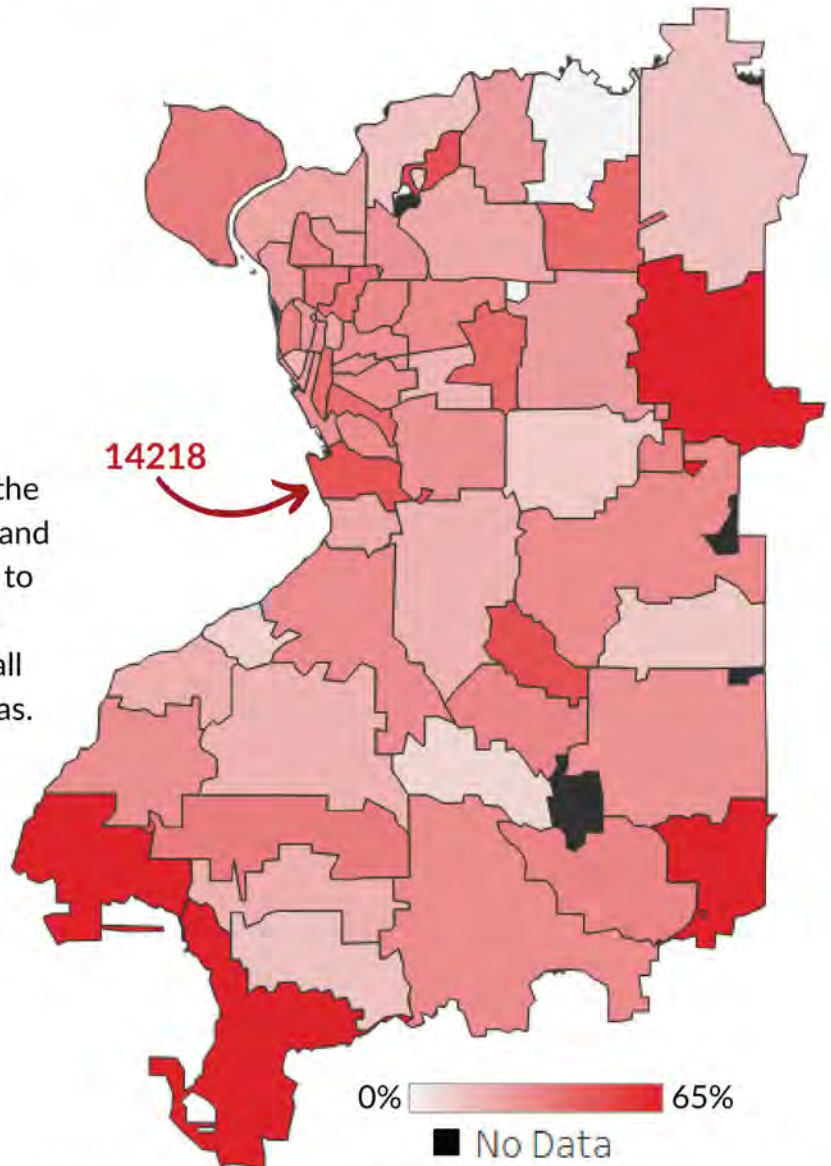
Respondents were asked, “Have you lost a friend or loved one due to COVID-19?” Percentages of respondents who indicated that a friend or loved one had died due to COVID-19 varied markedly across Erie County, suggesting that ZIP code was a meaningful factor in COVID-19 deaths.

14218

on the Lackawanna/Buffalo border was the urban area with the highest rate of respondents who lost loved ones due to COVID-19 at 46%.

Response Bias by ZIP Code

Respondents in several areas, including the ZIP codes 14081, 14070, 14030, 14032 and 14004, were extraordinarily more likely to indicate that they lost a loved one to COVID-19. This is likely due to the small sample size of respondents in those areas.



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.

Within the City of Buffalo, the percentage of respondents who lost a close friend or loved one due to COVID-19 ranged from 14% (14201) to 38% (14210).

COVID-19

Several factors appear to be correlated to varying degrees with the question, “Have you lost a close friend or relative due to COVID-19?” These factors include education, incarceration, and gender, all appearing to have widely varying results. For example, below are respondents who have lost someone due to COVID-19 shown with whether that respondent has a *History of Incarceration*.

Lost Someone Due to COVID-19 by History of Incarceration



Respondents with a *History of Incarceration* are **13.3% more likely** to indicate that they have lost a friend or family member due to COVID-19.

Lost Someone Due to COVID-19 by Gender



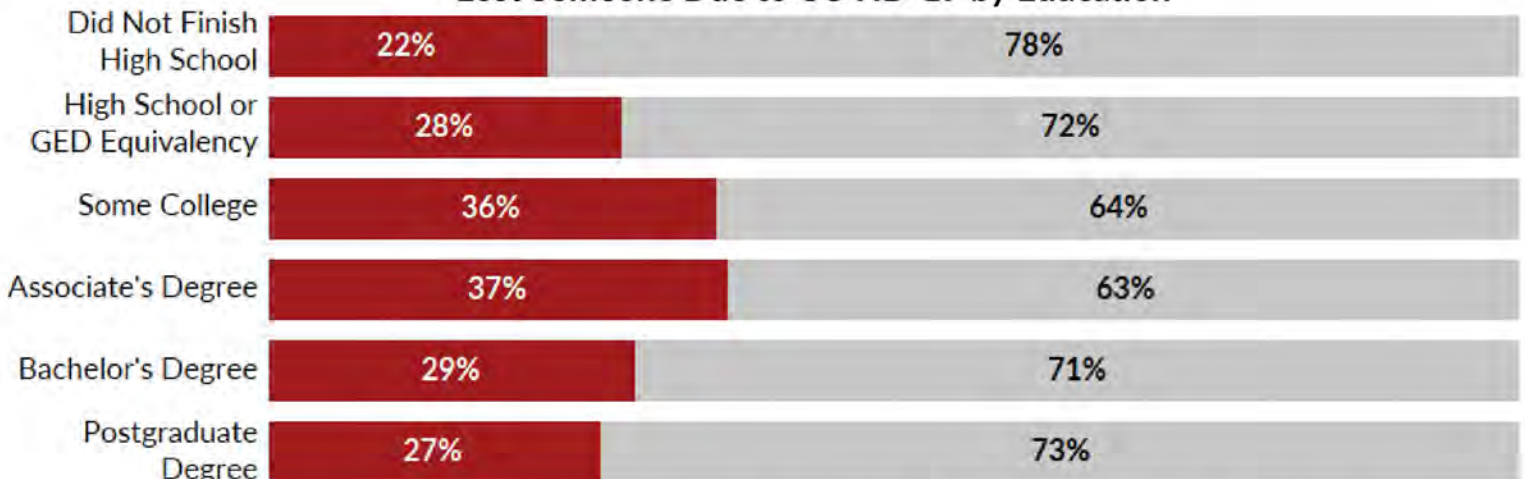
Incarceration as a Factor

9.3% of survey respondents indicated they had a *History of Incarceration*, totaling 281 counted responses. Of those, 12% have lost someone due to COVID-19, compared to 8% of respondents with *No History of Incarceration*.

COVID-19 and Gender

Respondents of Trans, Nonbinary, and All Other Genders were more likely to indicate that they have lost someone due to COVID-19.

Lost Someone Due to COVID-19 by Education



FOCUS GROUPS ON HEALTH CARE SYSTEM

The following are examples of sentiments throughout the focus groups that respondents expressed surrounding health care and health care access. Nearly every focus group expressed concerns related to health care and health care access, so most focus groups are represented here.

Cost of Health Care and Health Insurance

It was common for respondents to express frustration with the cost of health care and health insurance. This was one of the most prevalent themes throughout the focus groups.



"I got a friend. He was 44. He just died. He had a heart attack 2 weeks ago. He did not have health insurance, so he didn't go to the doctor. [...] [He had] a full time job, but not enough to afford the health insurance."

-Black East Side Residents Focus Group

Participants indicated that they or people they knew would stop going to health care providers entirely because of the high cost and difficulty in accessing quality health care. Equitable health care access was a challenge expressed across several focus groups.

"I've been looking for a good therapist. I try to find therapists. I'm not paying for therapists. Why I gotta pay for a therapist? It should be in the network. I got insurance. I have people that connected me to therapists but they're not in the network under my insurance. I'm like yo, alright, Imma do what I've been doing."

-Black Fathers Focus Group



FOCUS GROUPS ON HEALTH CARE SYSTEM

Access to Care

Frustration about lack of choice in health care provider was expressed. Participants indicated that they felt they were forced to choose between a small number of providers because of their location, income, or other socioeconomic factors.



“There's waitlists for everything. The primaries, the dentals. I just tried after looking for a dental office. They're no longer taking my child's insurance. My child is special needs. I can't find a pediatric dentist. [...] Took me since January to find one because the wait list for two and a half to three years long. That's crazy. That's unacceptable.”

-Rural Caregivers Focus Group

Trust in Health Care Providers

Distrust of medical providers is a growing problem, and this was expressed in several of the focus groups. In some cases participants indicated that they were unhappy with the money-driven health care system as a whole and in some cases respondents indicated that they felt health care providers were unable or unwilling to treat people like them.

“Our health care is being provided in a non-inclusive way.”

-LGBTQ+ Focus Group



“You're not being treated equally because of your choice—maybe not even your choice of health care, because of your lack of resources to obtain such health care. You definitely get treated differently.”

-Incarcerated Men Focus Group

EDUCATION

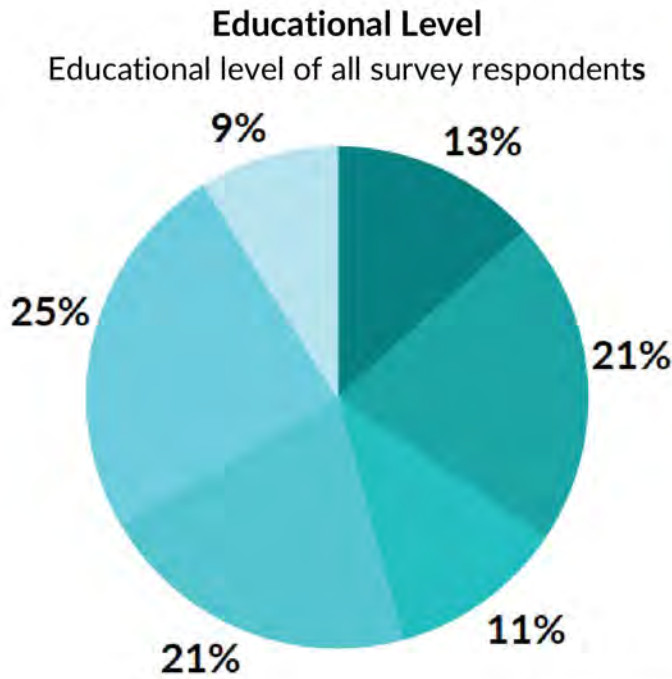
EDUCATION

- 
- Early Childhood Education & Development
 - High School Education
 - Enrollment in Higher Education
 - Language & Literacy
 - Workforce Development
 - Lived Experience
 - Formal Education
 - Trades & Skills
 - Vocational & Educational Training

The **Education** domain of the SDOH includes both the quality and availability of education. In this section, the level of formal educational achievement, which ranges from *Did Not Finish High School* up to *Postgraduate Degree*, is compared across multiple factors. The relationships between education levels and employment and finances, challenges faced at differing levels of educational achievement, and health outcomes based on those educational levels are also explored. Many of the challenges around education quality and availability of non-traditional education programs were discussed during the focus groups and are highlighted in this section.

EDUCATIONAL LEVEL

Respondents were asked about their educational level. This factor was then explored using a number of other demographic factors such as race and where the respondent lives.



The highest percentage of respondents had a *High School or GED Equivalency* level of education.

Black respondents reported the lowest percentages of *Bachelor's Degree* and *Postgraduate Degree*.

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

Educational Level by Race

The percentage of respondents and their educational level. Because of smaller numbers of respondents, anyone who did not identify as Asian, Black or White is grouped into Other Races.



When looking at education level by race, Asian respondents had the highest percentage of both *Postgraduate Degree* and *Did Not Finish High School*, highlighting the diversity within that race category (See Appendix A).

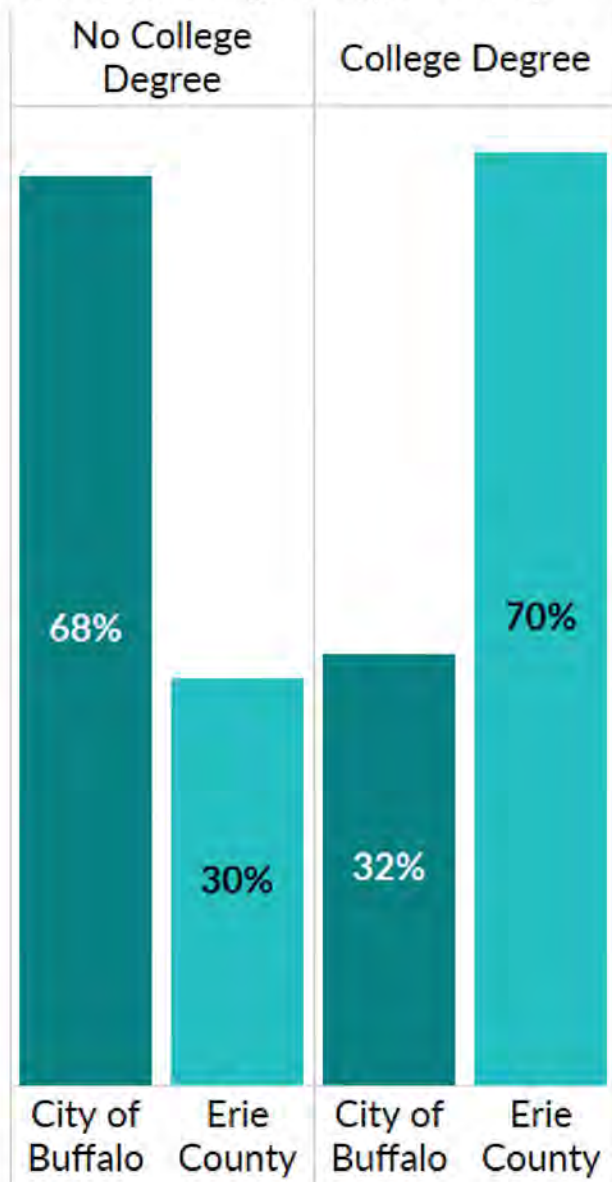
100%
of Chinese respondents (12 of 12)
had a *College Degree*.

69%
of Burmese respondents (9 of 13)
Did Not Finish High School.

EDUCATIONAL LEVEL

Percentage of Respondents With a College Degree Comparing the City of Buffalo to Erie County

Those in ZIP codes representing the City of Buffalo are compared to all other ZIP codes in Erie County (excluding the City of Buffalo).



82%

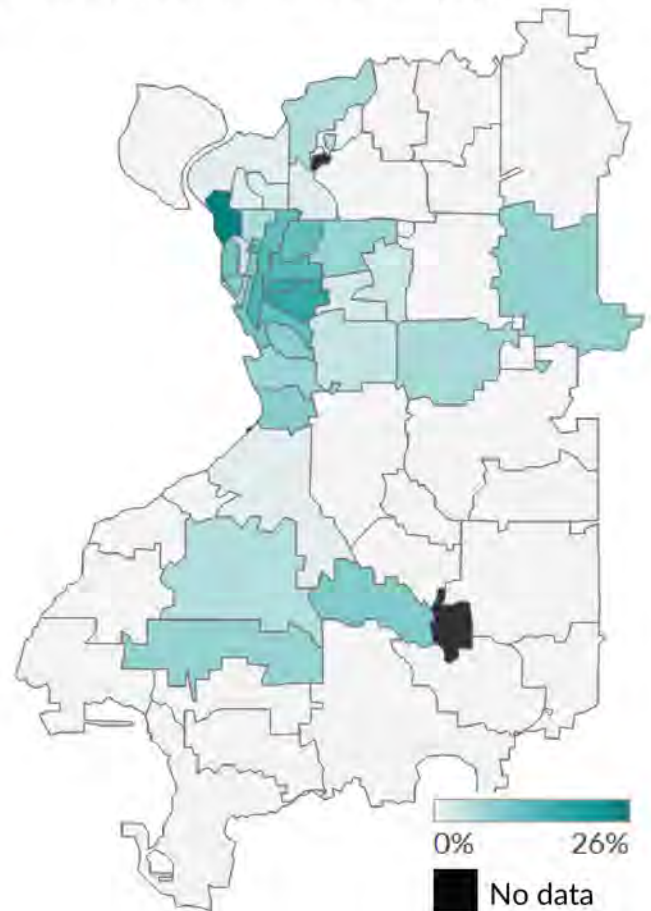
of respondents with a *History of Incarceration* had No College Degree compared to 46% with *No History of Incarceration*.

Location and Education

Respondents living in the City of Buffalo were less likely to have at least *Some College* or a *College Degree*. The ZIP codes with the highest percentages of respondents who *Did Not Finish High School* are concentrated in the City of Buffalo.

Percentage of Respondents That Did Not Finish High School by ZIP Code

Darker colors indicate ZIP codes with higher rates of respondents that *Did Not Finish High School*.



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.

62%

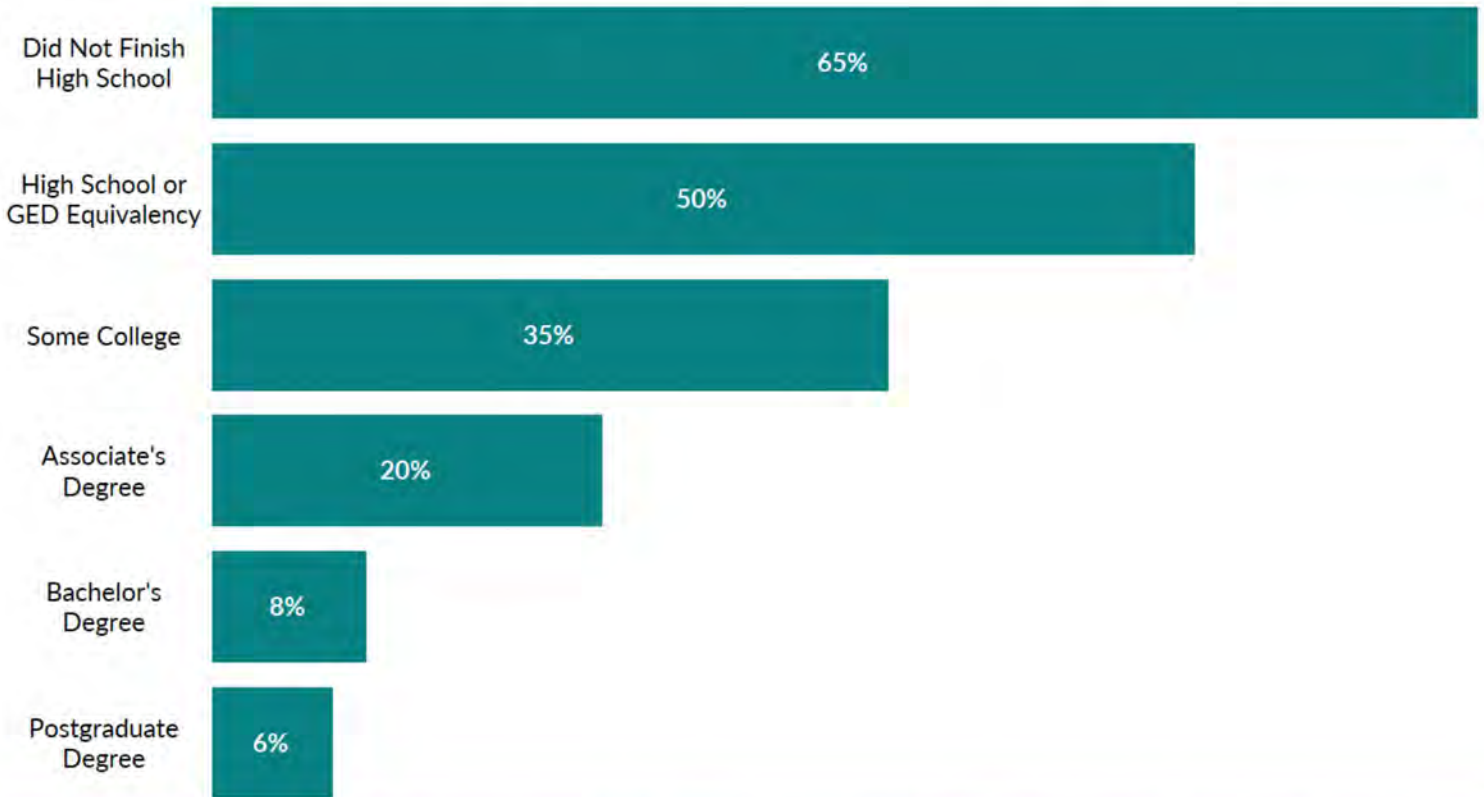
of respondents *With a Disability* had No College Degree compared to 45% *Without a Disability*.

EDUCATION, EMPLOYMENT, AND FINANCES

Education level can impact an individual’s likelihood of employment and can be a crucial driver of income and the ability to own a home. These factors can then affect how someone feels about their financial security. Respondents were asked about their employment (see Appendix G, Question 15).

Percentage of Respondents Unemployed by Educational Level

The percentage of respondents at each educational level who said they were *Unemployed* is displayed below. This table also excludes anyone younger than 18 (as they are likely still in school) and respondents who indicated that they are *Retired*.



Every increase in formal educational level corresponded with decreasing unemployment.

75%

of White respondents who were *Employed* had a *College Degree*, while only 47% of *Employed* People of Color had a *College Degree*. However, this finding ranged widely when this group was looked at by individual race categories. The lowest rate of *Employed* respondents who had a *College Degree* was among American Indian or Alaska Native respondents at 38%, while the highest rate was among Pacific Islander or Hawaii Native respondents at 73%. Of note, the rate among Asian respondents was 70%, and among Black respondents the rate was 42%.

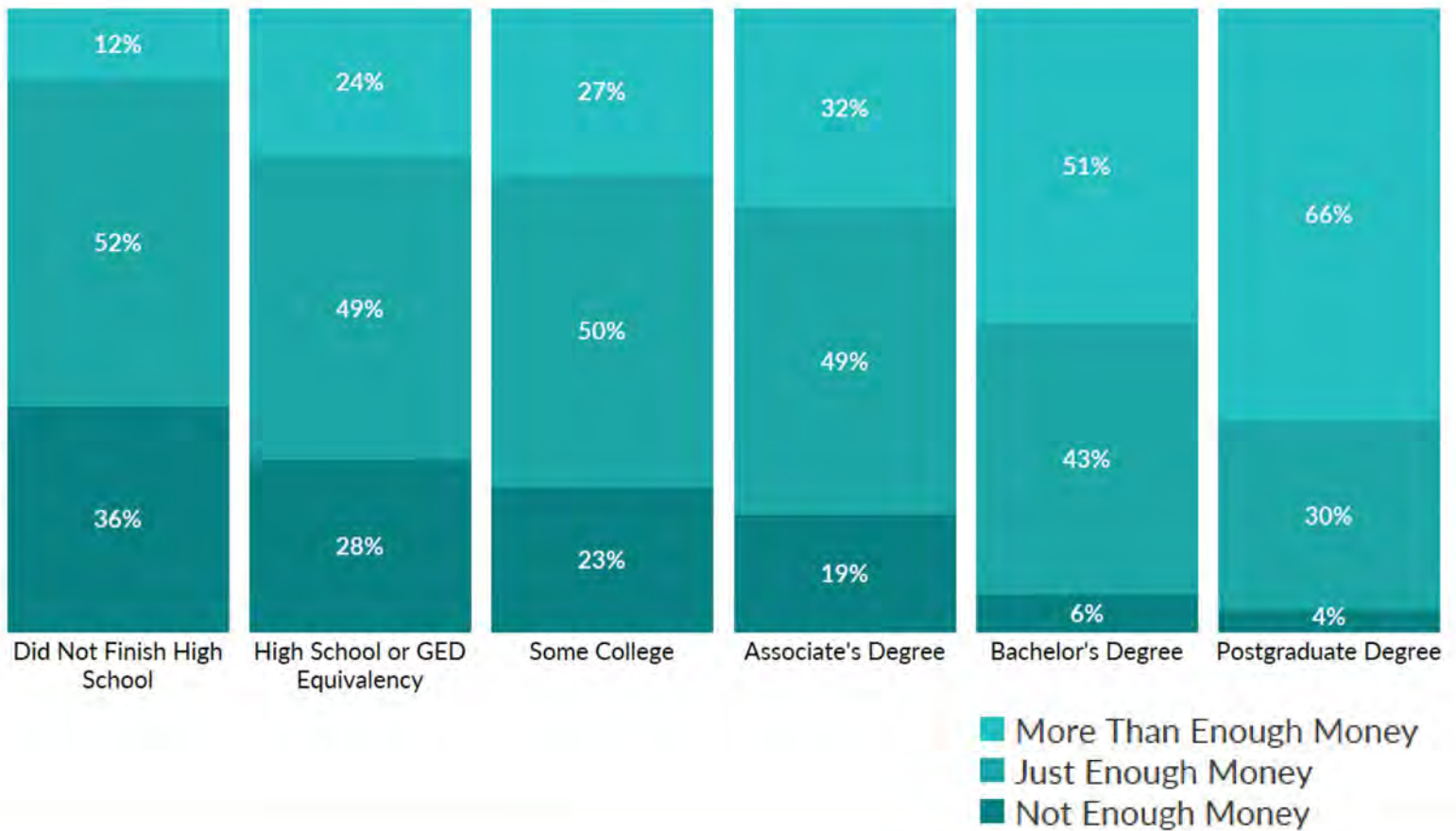
Across every race category, respondents who were *Employed* were more likely to have a *College Degree*.

EDUCATION, EMPLOYMENT, AND FINANCES

The survey asked, “What best describes your financial situation?” (see Appendix G, Question 28). Respondents could only select one of the options.

Educational Level and Financial Situation

Respondents' educational level and self-reported financial situation based on the options of *More Than Enough Money*, *Just Enough Money*, or *Not Enough Money*.



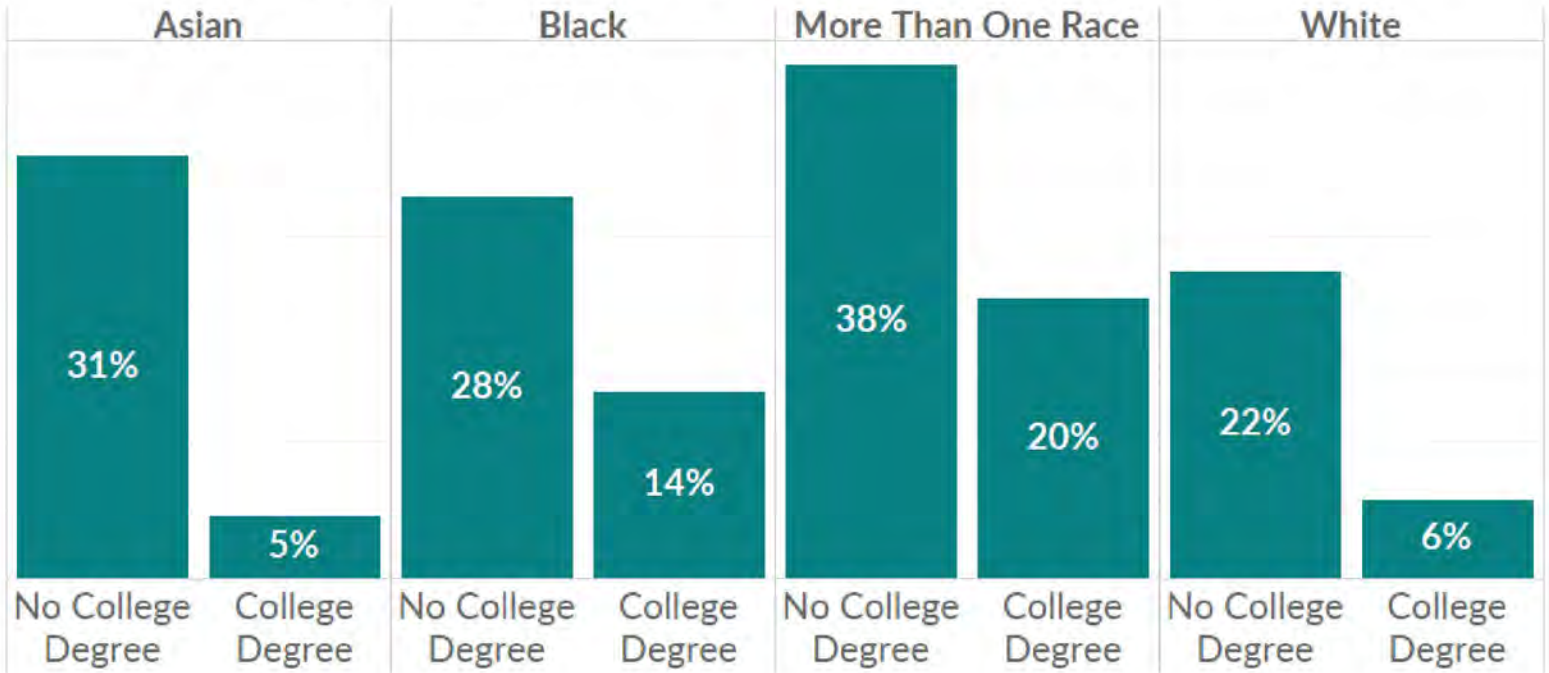
Education & Financial Status

The more formal education respondents had, the more likely they were to report having *More Than Enough Money* and the less likely they were to report having *Not Enough Money*.

EDUCATION, EMPLOYMENT, AND FINANCES

Comparing Respondents With *Not Enough Money* by Education Level and Race

Educational level was grouped into either *College Degree* or *No College Degree*. Each grouped level then compares the percentage of respondents that stated *Not Enough Money* by race.



Having a *College Degree* decreased the likelihood of a respondent stating they have *Not Enough Money*. This was true across nearly all race categories.

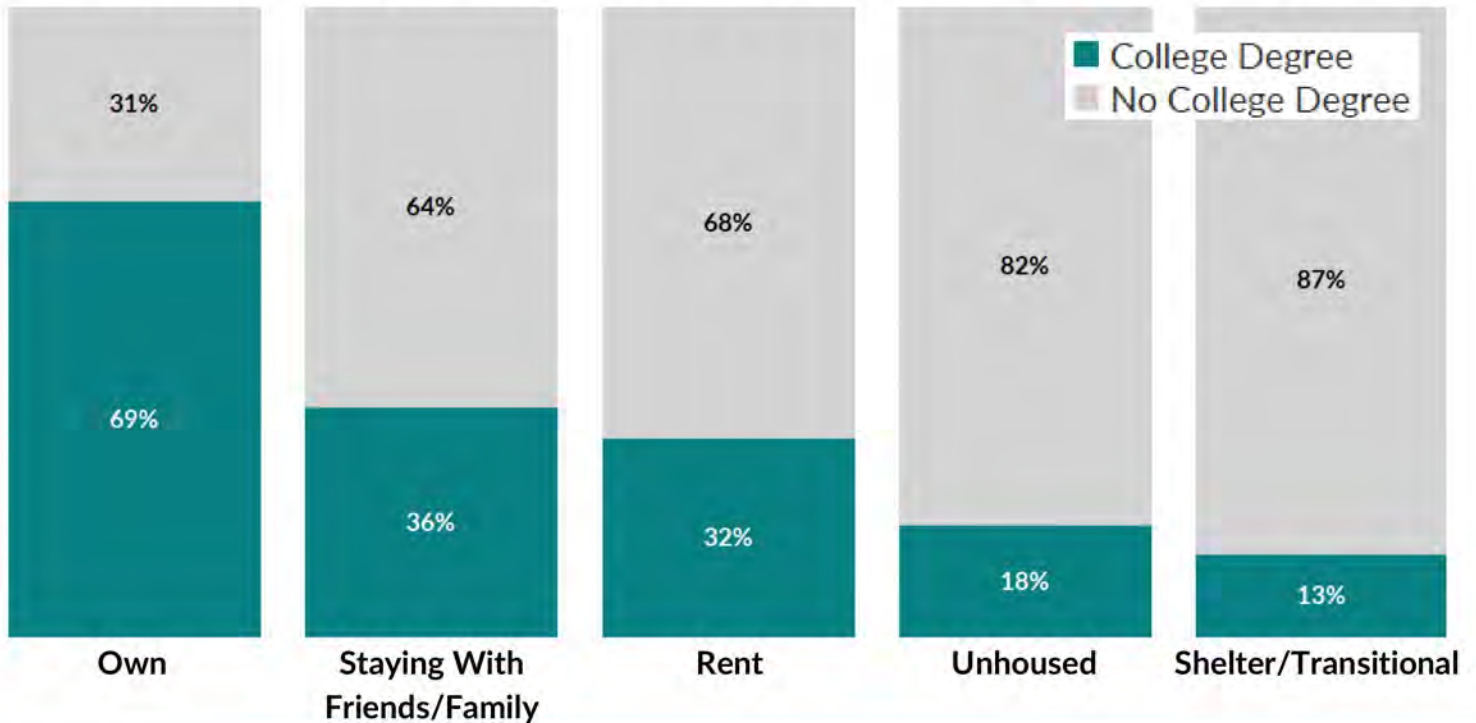
The impact of a *College Degree* was most pronounced among Asian respondents, where 31% with *No College Degree* reported *Not Enough Money* compared to only 5% with a *College Degree*.

EDUCATION, EMPLOYMENT, AND FINANCES

A combination of income, employment, and the availability and cost of housing options generally influences an individual’s housing situation. Analysis of survey responses has shown the association between education and employment as well as educational level and financial status. The charts below show that educational level can also directly relate to homeownership and housing challenges.

Housing Situation by College Degree

The survey asked “Which describes your housing situation?” (see Appendix G, Question 20). Respondents' housing situation is displayed by whether or not they have a college degree.



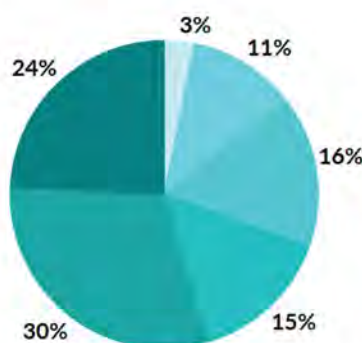
Formal Education Directly Relates to Homeownership and Housing Challenges

Respondents with more formal education were more likely to Own their home and less likely to be Unhoused or in a Shelter/Transitional Housing.

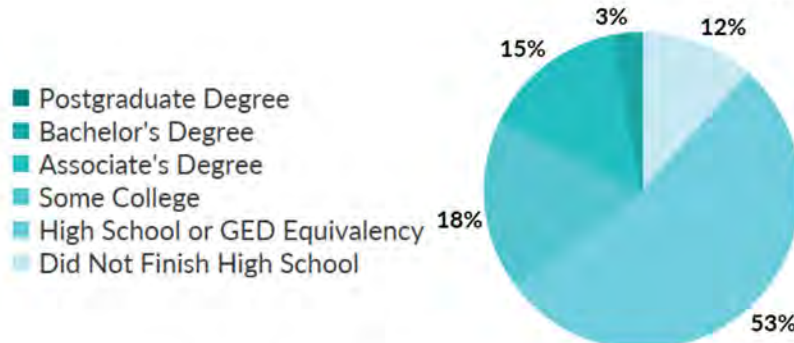
64% of those in a Shelter/Transitional Housing reported that they Did Not Finish High School. The percentage of each Homeowner and Unhoused respondent's education level is broken out below.

(For more, see Appendix A)

Educational Levels: Homeowners



Educational Levels: Unhoused Respondents



EDUCATION, EMPLOYMENT, AND FINANCES

The survey asked respondents, “Which best describes your hopes for your financial situation?” (see Appendix G, Question 29). Respondents could select multiple responses that reflected their hopes.

Financial Hopes by College Degree

The percentage of responses for each of the five options to the right. Educational level is grouped into *College Degree* or *No College Degree*.

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



Education & Financial Hopes

Respondents with a *College Degree* were more likely to be *Comfortable* with their current financial situation compared to those with *No College Degree*.

Respondents with a *College Degree* were also more likely to be aware of resources to improve their financial situation.

The highest percentage of respondents who would like to improve their financial situation but don't know how was among those who *Did Not Finish High School*.

Comfort With Financial Situation by Race

White respondents were increasingly more *Comfortable* with their financial situation as their level of formal education increased. This trend was not apparent for People of Color. As the level of formal education increased for People of Color, the rate at which they reported feeling *Comfortable* with their financial situation was relatively consistent and was much lower than White respondents at nearly every educational level (See Appendix A).

EDUCATION & CHALLENGES

Achieving higher levels of formal education can be more difficult for those with those without social supports.

Average Social Supports by Educational Level

Social supports can be in the form of *Emotional Support*, *Having Fun*, and *Practical Help*. Perceived available support from friends and family was rated on a scale from *Never* to *Always*, to which values of 0-4 were assigned. 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* and *Having Fun* have nearly identical values for those with a *Postgraduate Degree*.

Social Supports and Education Levels

Practical Help was the lowest reported social support across all levels of education. Notably, all types of social supports increased as the levels of formal education increased.

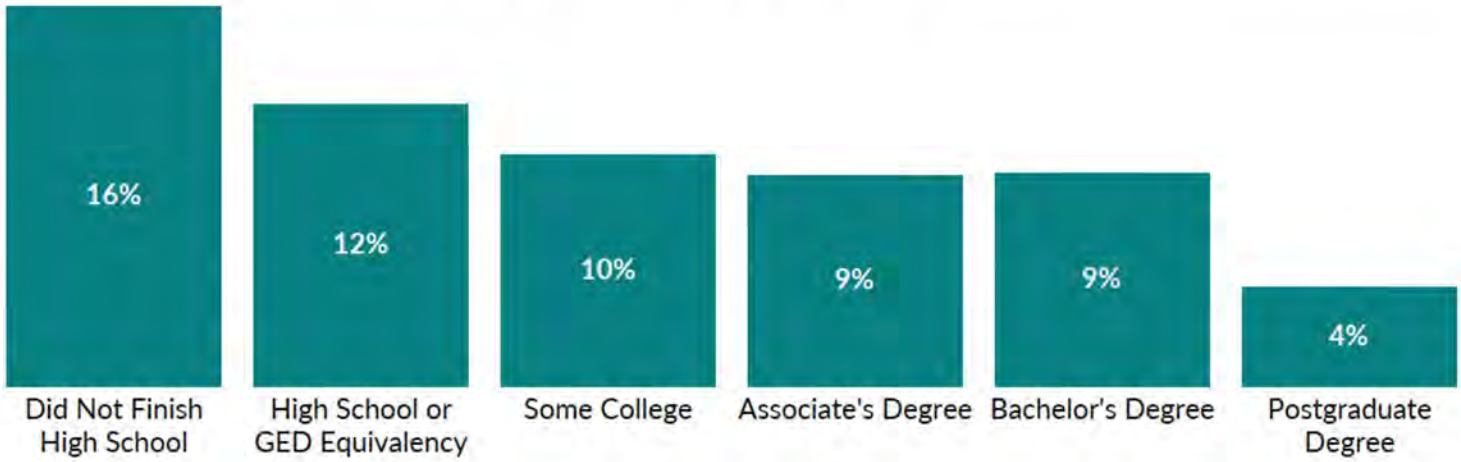
This finding was seen across many demographic groups, regardless of race, ethnicity, or sexual orientation. For Social Supports by Race and Education, see Appendix A.

EDUCATION & CHALLENGES

Obtaining a formal education can be more challenging for people who are *Struggling With Substance Use*. Having different levels of formal education can also impact an individual's food situation.

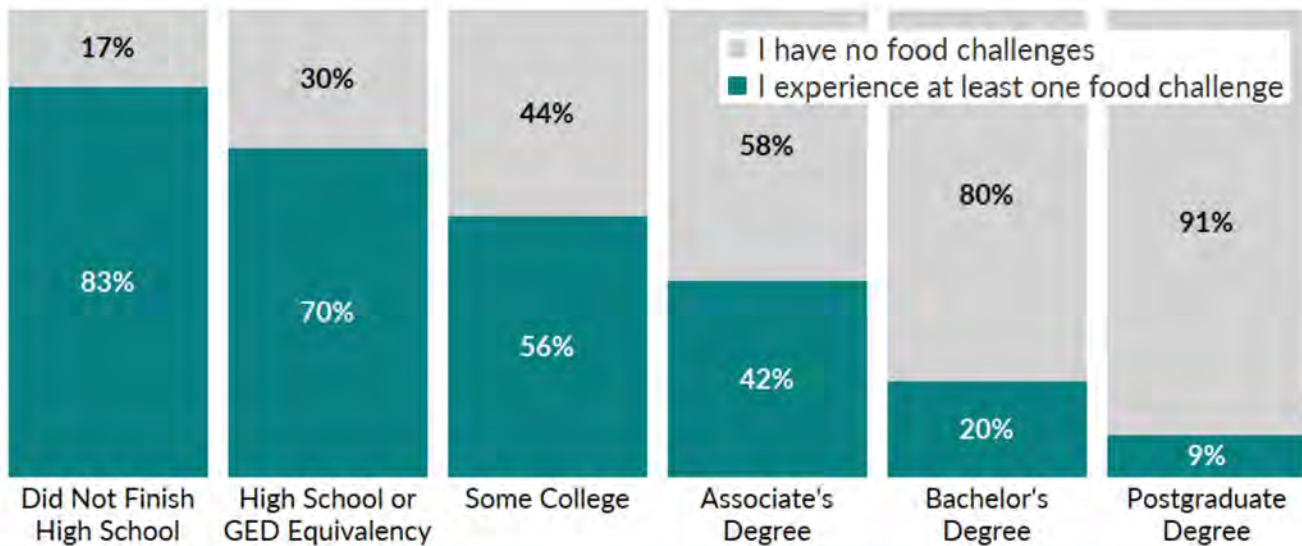
Percentage of Respondents Struggling With Substance Use By Educational Level

The percentage of respondents at each educational level who said Yes when asked, "Are you struggling with the use of any type of substance?"



Percentage of Respondents With Food Challenges by Educational Level

Respondents were asked, "Which best describes your food situation?" (See Appendix G, Question 25). Respondents could select multiple options. Respondents who selected only *My household is able to buy enough food with salary/wage money* were grouped into *I have no food challenges*, and any respondent who selected any one or more than one of the other options was grouped into *I experience at least one food challenge*. The percentage of respondents in each group at each educational level is below.



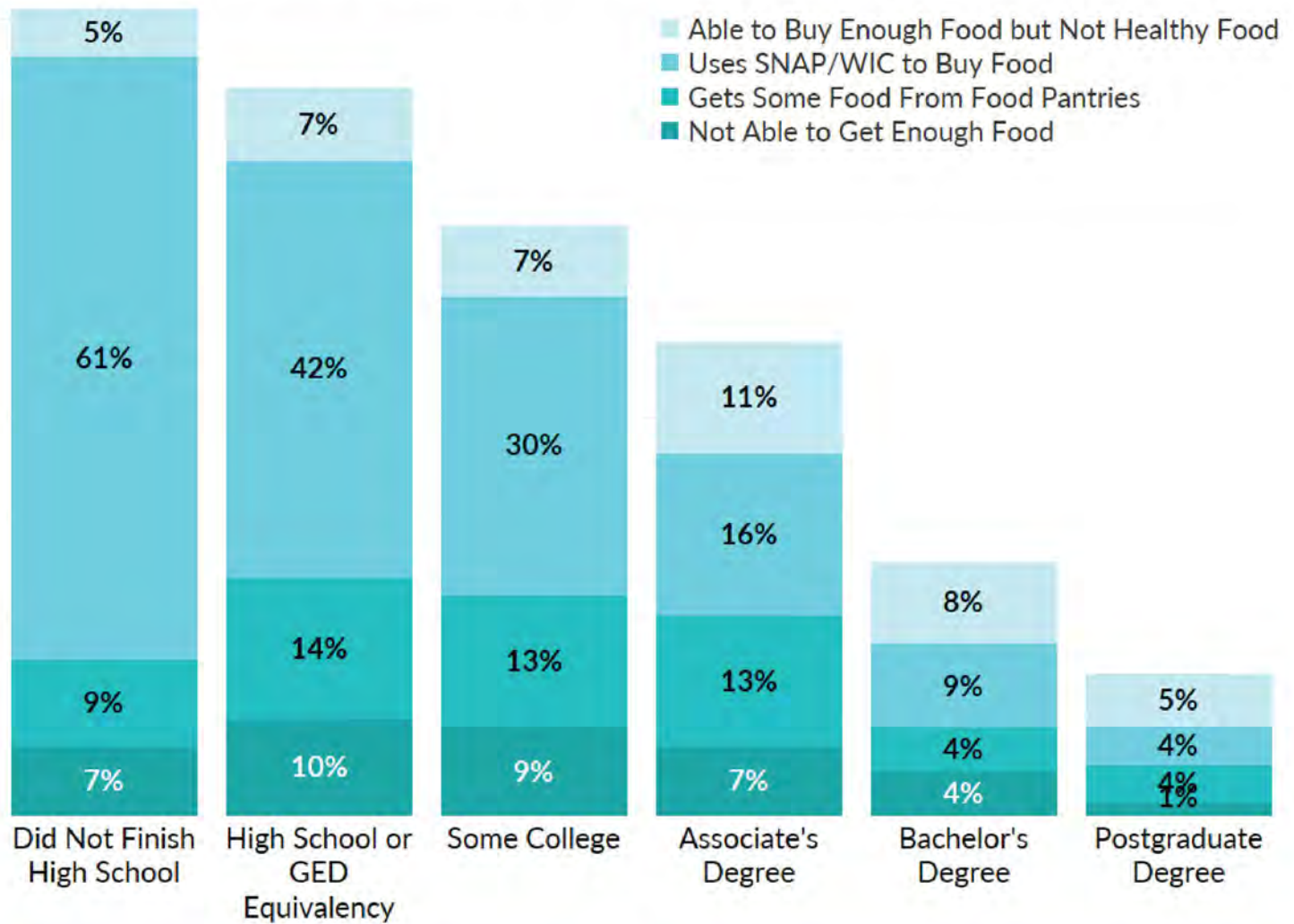
Respondents were less likely to be *Struggling With Substance Use* as educational levels increased. Similarly, as educational levels increased, food challenges decreased.

EDUCATION & CHALLENGES

Looking further into the question “Which best describes your food situation?” reveals that at each educational level, different challenges around food are reported.

Food Challenges by Educational Level

Below are the percentage of responses selected for “Which best describes your food situation?” at each educational level, excluding responses from those who stated they are able to get enough food.



70%

of Hispanic/Latino respondents who *Did Not Finish High School* reported *Using SNAP/WIC to Buy Food*.

Gets Food From Food Pantries and Not Able to Get Enough Food were selected most frequently by respondents with *High School or GED Equivalency, Some College, or an Associate's Degree*.

The lower the level of formal education, the more likely respondents were to use *SNAP/WIC to Buy Food*.

EDUCATION & CHALLENGES

Eating healthy is not just a personal choice. Very often, an individual's environment, access, and resources limit their ability to eat healthy food options. To explore challenges to healthy eating, respondents were asked, "Which of the following about your diet is true?" (See Appendix G, Question 26).

Challenges to a Healthy Diet by Educational Level

Respondents could select multiple options. The percentage of responses for each challenge at each educational level is below. The higher percentage of responses, the darker the cell is shaded.

Respondents that selected *My diet is mostly healthy* are excluded from this table.

	Did Not Finish High School	High School or GED Equivalency	Associate's Degree	Some College	Bachelor's Degree	Postgraduate Degree
Affordability	26%	29%	44%	37%	35%	33%
Time	15%	10%	21%	17%	31%	38%
Knowledge	22%	22%	9%	15%	9%	7%
Taste	14%	16%	12%	13%	13%	10%
Availability	6%	12%	9%	10%	7%	6%
Interest	9%	6%	2%	4%	3%	5%
Transportation	8%	6%	3%	5%	2%	1%

Biggest Challenges to a Healthy Diet

For those with higher education, *Time* was among the biggest challenges to eating a healthy diet, while those with less education listed *Knowledge* of healthy foods as one of their biggest challenges. Challenges to a healthy diet were reported at higher rates when education level was examined in combination with additional factors like caregiver status.

10%

of respondents with *No College Degree* who *Have a Disability* reported they would eat healthier if they had better *Transportation*, compared to 5% of respondents with a *College Degree* who *Have a Disability*.

16%

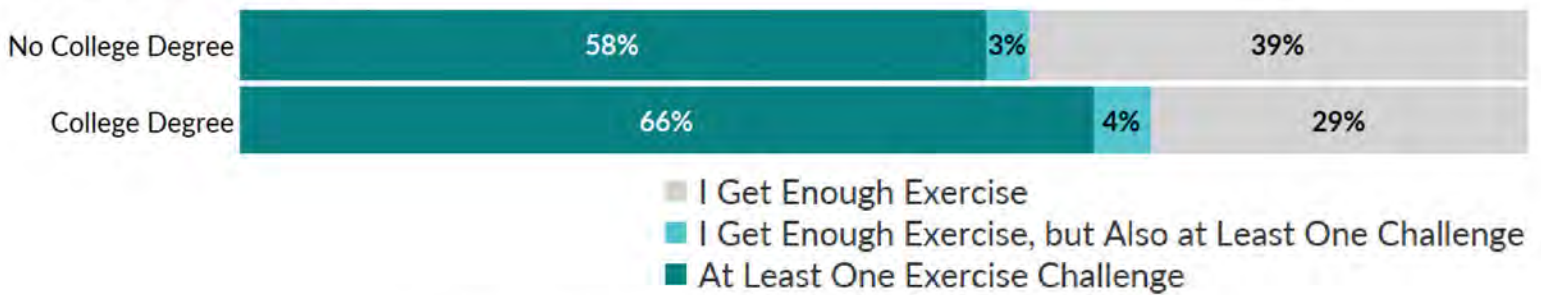
of respondents with *No College Degree* and who were responsible for *Child Care* reported they would eat healthier if they had more *Knowledge* of healthy foods, compared to 8% of respondents with a *College Degree* and were responsible for *Child Care*.

EDUCATION & CHALLENGES

Much like healthy eating, exercise is not just a personal decision but is shaped by the situation and environment of each individual. To explore challenges to exercise, respondents were asked, “Which of the following about exercise is true?” (See Appendix G, Question 27).

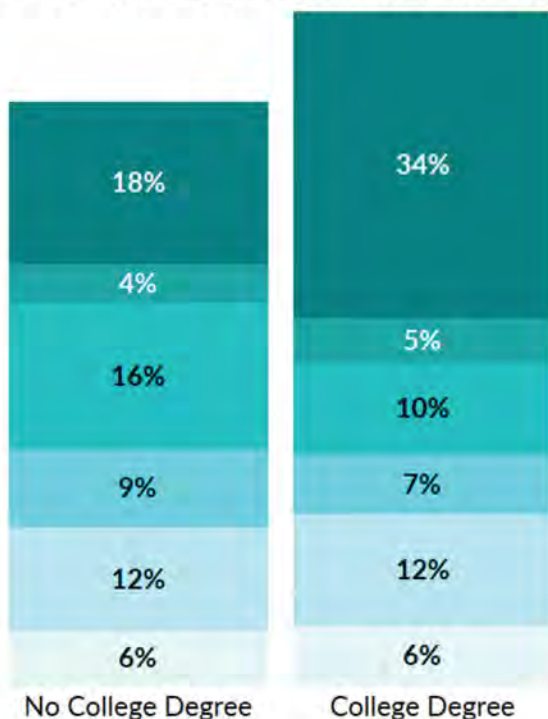
Percentage of Respondents With Exercise Challenges by College Degree

Respondents could select multiple options. Respondents who selected only *I feel that I get enough exercise* were grouped into *I Get Enough Exercise*. Respondents who selected *I feel that I get enough exercise* and any other challenge were grouped into *I Get Enough Exercise, but Also at Least One Challenge*. Any respondent who selected at least one challenge was grouped into *At Least One Exercise Challenge*. The percentage of respondents in each exercise group for *College Degree* compared to *No College Degree* is below.



Challenges to Exercise by Educational Level

Below is the percentage of responses selected for “Which of the following about exercise is true?” among those with and without a college degree. Response options are on the right. The response *I feel that I get enough exercise* was excluded.



Time was the leading challenge for those with a *College Degree*. This was followed by *Pain or Illness*, then *Gym Access*. As levels of formal education decreased, respondents increasingly reported *Gym Access* as a challenge.

20%

of respondents who *Did Not Finish High School* listed *Gym Access* as a challenge to exercise compared with only 9% of respondents with a *Postgraduate Degree*.

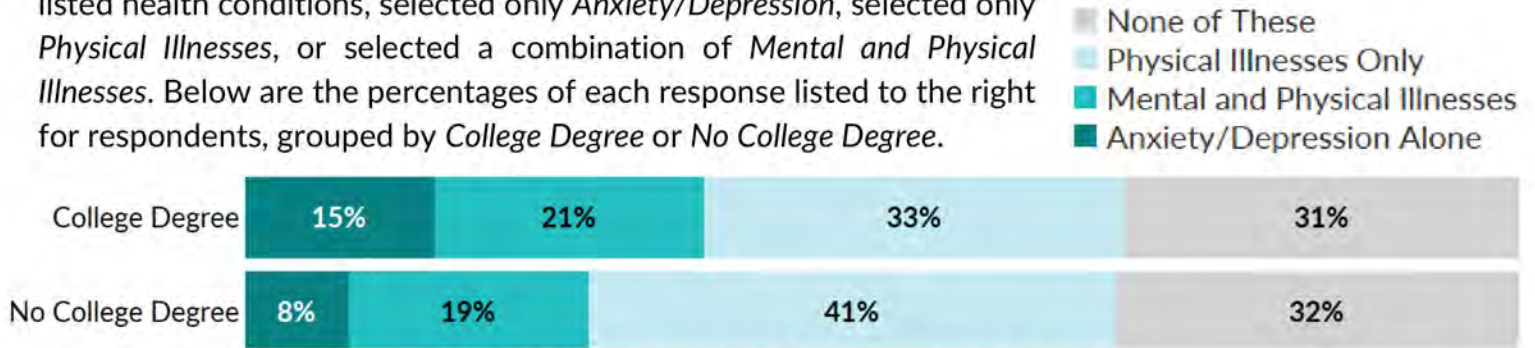
- If I Had More Time
- If I Felt Safer in My Neighborhood
- If I Had Access to a Gym
- If I Knew What Exercise Was Good for Me
- I Don't Because of Pain, Injury, or Illness
- I Don't Want to Exercise

EDUCATION & HEALTH CONDITIONS

SDOH factors like education can influence mental and physical health conditions. To determine respondents' health conditions, they were asked to select from a list of possible health conditions (See Appendix G, Question 34).

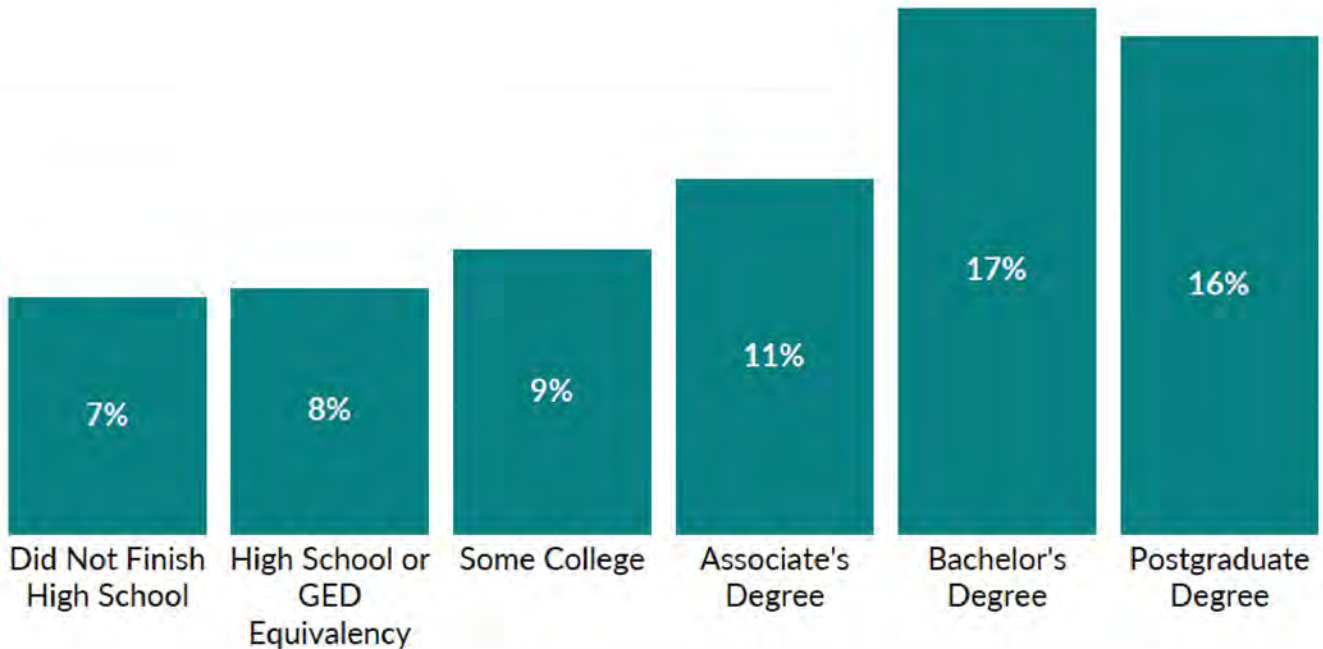
Health Outcomes by Educational Level

Responses were grouped into those who stated they had *None* of the listed health conditions, selected only *Anxiety/Depression*, selected only *Physical Illnesses*, or selected a combination of *Mental and Physical Illnesses*. Below are the percentages of each response listed to the right for respondents, grouped by *College Degree* or *No College Degree*.



Anxiety and Depression by Educational Level

The percentage of respondents who selected only *Anxiety/Depression* at each educational level. This excludes those who selected *Anxiety/Depression* in combination with a physical health condition.



Gender Identity, Sexual Orientation, and Higher Rates of Anxiety/Depression

In general, those with lower levels of formal education reported higher rates of *Physical Illnesses Only*, while those with higher levels of formal education indicated higher rates of *Anxiety/Depression*.

However, LGBTQ+ respondents and respondents of Trans, Nonbinary, and All Other Genders reported higher rates of *Anxiety/Depression* across all levels of education.

EDUCATION & HEALTH CONDITIONS

Health Conditions by Educational Level

The percentage of responses for each condition at each educational level is shown below. The higher the percentage of responses, the darker the cell is shaded. Respondents could select multiple options. Respondents who selected *None of These* are excluded from this table.

	Did Not Finish High School	High School or GED Equivalency	Some College	Associate's Degree	Bachelor's Degree	Postgraduate Degree
Anxiety/Depression	19%	20%	22%	22%	32%	30%
High Blood Pressure	29%	25%	21%	22%	17%	18%
Asthma	25%	16%	15%	13%	14%	12%
Obesity	5%	9%	13%	14%	20%	19%
Diabetes	10%	14%	11%	10%	7%	8%
Other Lower Respiratory Disease	3%	4%	4%	4%	2%	1%
Cancer (Any Type)	2%	3%	2%	4%	3%	4%
Disease of the Heart	2%	3%	5%	4%	1%	2%
Long Term COVID-19	0%	2%	3%	4%	2%	4%
Kidney Disease	2%	2%	2%	2%	1%	2%
Disease of the Liver	1%	0%	1%	1%	0%	0%

Rates of Health Conditions by Race, Ethnicity, and Education Level

When health outcomes were analyzed by race and education level, People of Color with a *College Degree* were more likely to report *High Blood Pressure* and *Obesity* than White respondents with a *College Degree*.

When health outcomes were analyzed by ethnicity and educational level, Hispanic/Latino respondents with a *College Degree* were more likely to report *Obesity* and *Diabetes* than Non-Hispanic/Latino respondents with a *College Degree*.

FOCUS GROUPS ON EDUCATION

On School and Education Quality

Many participants across focus groups spoke to inequities that they see in resources and education quality in the City of Buffalo compared to some suburban school districts.



“I think the Buffalo public school district is a big challenge. [...] Everyone is college-focused and I think we need to understand that a lot of our kids are not going to college, and so they're being limited on opportunities.”

-Hispanic/Latino Focus Group

On Educational and Trade Programs

Several focus groups mentioned the importance and value of non-traditional education programs.

“Even the GED program here. There are girls that don't have their GED and they are not called down for the program. There's no educational benefits. [...] They can't better themselves, they can't go to school, they can't do anything to get a leg up when they go out these doors.”

-Incarcerated Women Focus Group



“[We need trade schools] and more programs for us to get skills. I didn't get to finish college, but I would like to go back. But I would like to have a place where I would see people who look like me that are entering school. I wish we had [...] something for us.”

-Trans and Nonbinary Focus Group

FOCUS GROUPS ON EDUCATION

Other Quotes About Education

Other issues around education were also discussed within focus groups. These included the importance of good grades, the challenge of getting credit for education acquired in another country, forced reliance on government programs, and the value of lived experience.

“These agencies only provide enough information and knowledge for us to have to keep coming to them to be fed fish. They're not teaching us how to do our own fishing. They're not giving us the adequate knowledge and information and resources we need to become self-reliant and self-sufficient. The only thing they're doing is they're giving us enough information and resources to keep us dependent.”

-LGBTQ+ Focus Group



“So now there's a big push for lived experience. So when it comes to directly impacting problematic situations that exist in communities, it is the grassroots people that are going to give you the answers that you need. It is really the lived experience people that are crucial to you really getting the assistance needed. [...] Anybody with a degree can assume what the problem is but these people with lived experience know what the problem is. They live with the problem. They've made it through the problem. They've transitioned through [the] problem before [or] they're still currently in the problem. So why would you go to a college graduate who has never experienced the problem?”

-LGBTQ+ Focus Group

SOCIAL & COMMUNITY CONTEXT

SOCIAL & COMMUNITY CONTEXT

- 
- Social Support
 - Isolation & Integration
 - Trauma
 - Stress
 - Community Empowerment
 - Racism & Oppression
 - Discrimination & Inequities
 - Stigma
 - Incarceration
 - Institutionalization

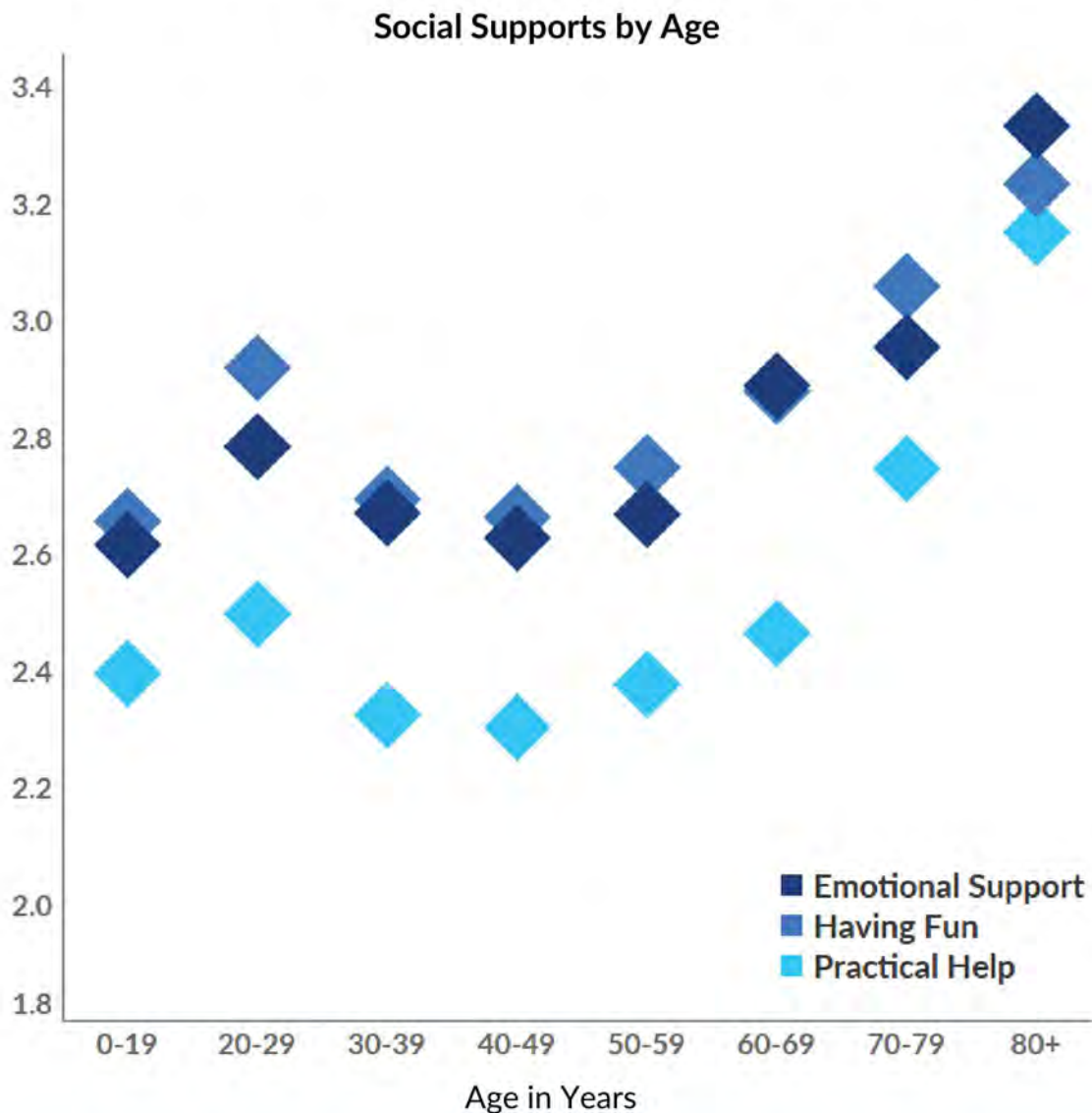
The **Social and Community Context** domain of the SDOH includes social relationships, cultural norms, and social systems. While these factors are relatively abstract, they have a significant influence on health and must not be overlooked in research and programming. In this section, survey questions pertaining to social circumstances, supports, responsibilities, and experiences are reviewed. These topics were also discussed in the focus groups. Pertinent quotes from the focus groups are presented at the end of this section.

SOCIAL SUPPORTS

There is growing evidence that having high-quality relationships and social connections decreases risk of death and disease [22]. Perceived levels of social supports along with other health influences and outcomes were reviewed and analyzed.

Respondents were asked 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 values of 0-4 were assigned. The shapes on the charts below represent averages of these values for each type of support.

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



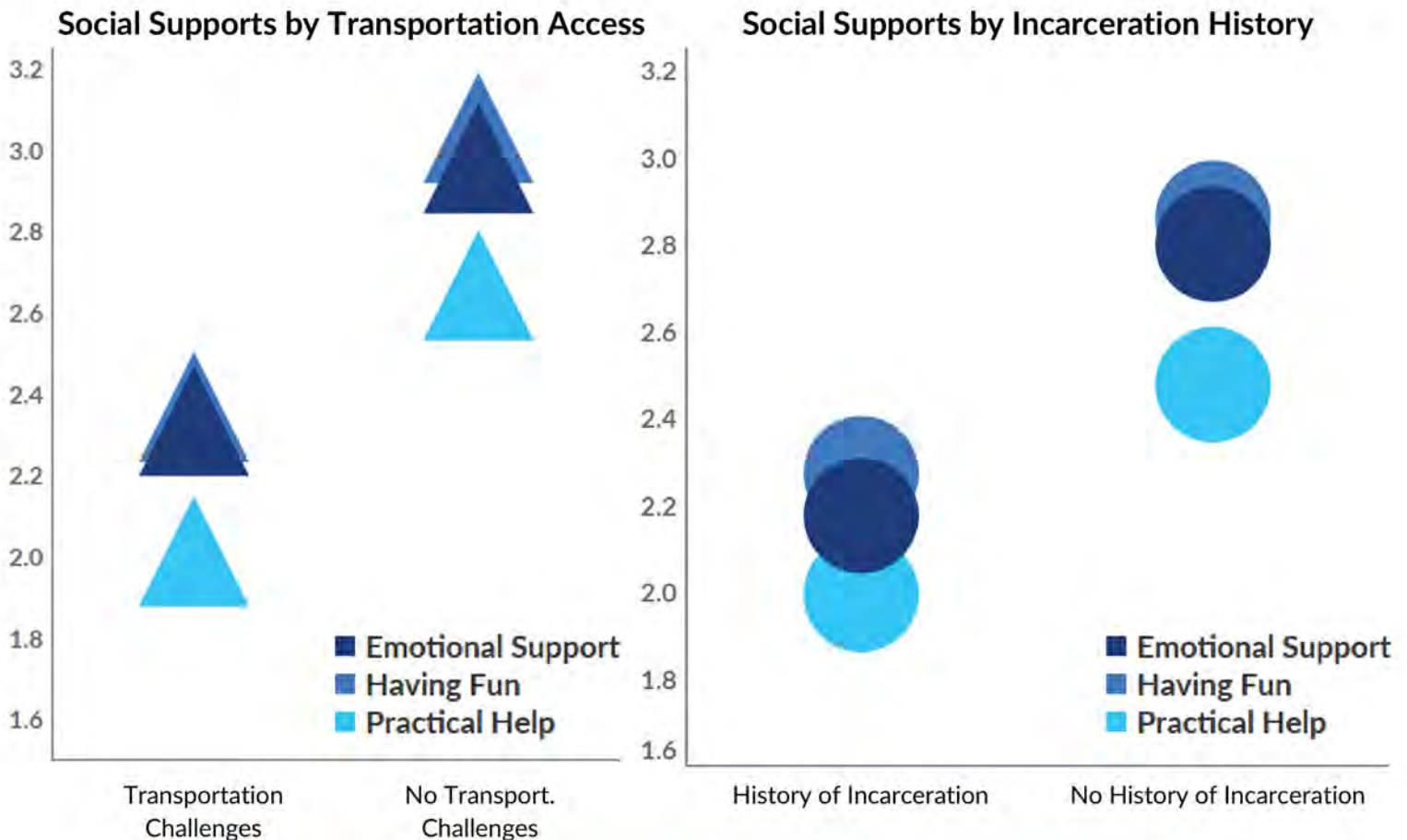
Respondents ages 80+ reported notably higher levels of social supports than other age groups. However, greater differences are observed when the values are disaggregated by socioeconomic factors, experiences, and responsibilities than by basic demographics or immigration status. See more in Appendix A.

SOCIAL SUPPORTS

Level of Social Support Varies According to Assets, Challenges, and Experiences

Responses related to social support varied among respondents with different assets, challenges, and life experiences. Assets examined in the survey included homeownership, access to a personal vehicle, and having enough money to save or invest some. Challenges assessed in the survey included barriers to transportation and employment. Life experiences explored in the survey included incarceration history, caregiver status, and disability status. Respondents with fewer assets and more challenges reported that they have friends or family they can rely on for *Emotional Support*, *Having Fun*, and *Practical Help* less consistently than those with more assets and fewer challenges. Perceived available support from friends and family was rated on a scale from *Never* to *Always*, to which values of 0-4 were assigned. The shapes on the charts below represent averages of these values for each type of support.

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



Respondents who are *Employed* indicated higher social supports than those who are *Unemployed*. Of those who are *Unemployed*, social support was ranked lower among the respondents who are *Unemployed Due to Caregiver Responsibilities* or *Currently Looking for Work* compared to those *Not Looking for Work* or *Retired*.

SOCIAL SUPPORTS

Perceived available support from friends and family, which was rated on a scale from *Never* to *Always*, varied by whether or not respondents reported health conditions as well as by different life experiences. The shapes on the social support charts represent averages of these values for each type of support by different health statuses and experiences.

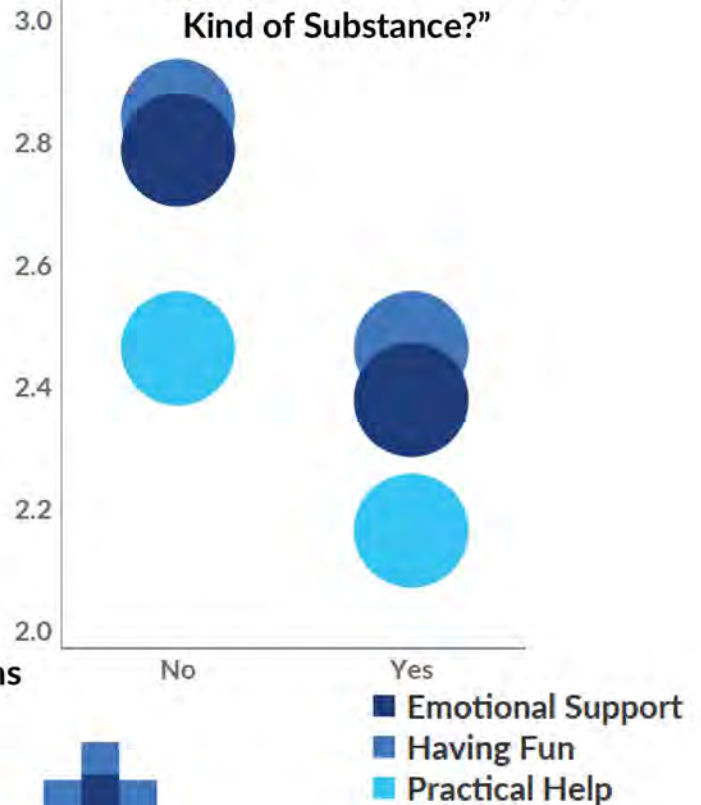
0 = Never 1 = Rarely 2 = Sometimes 3 = Often 4 = Always

Respondents who reported *Struggling With Substance Use*, on average, had social support values that were close to those who reported experiencing both *Mental and Physical Illnesses*, which was markedly lower than those who reported *Not Struggling With Substance Use*.

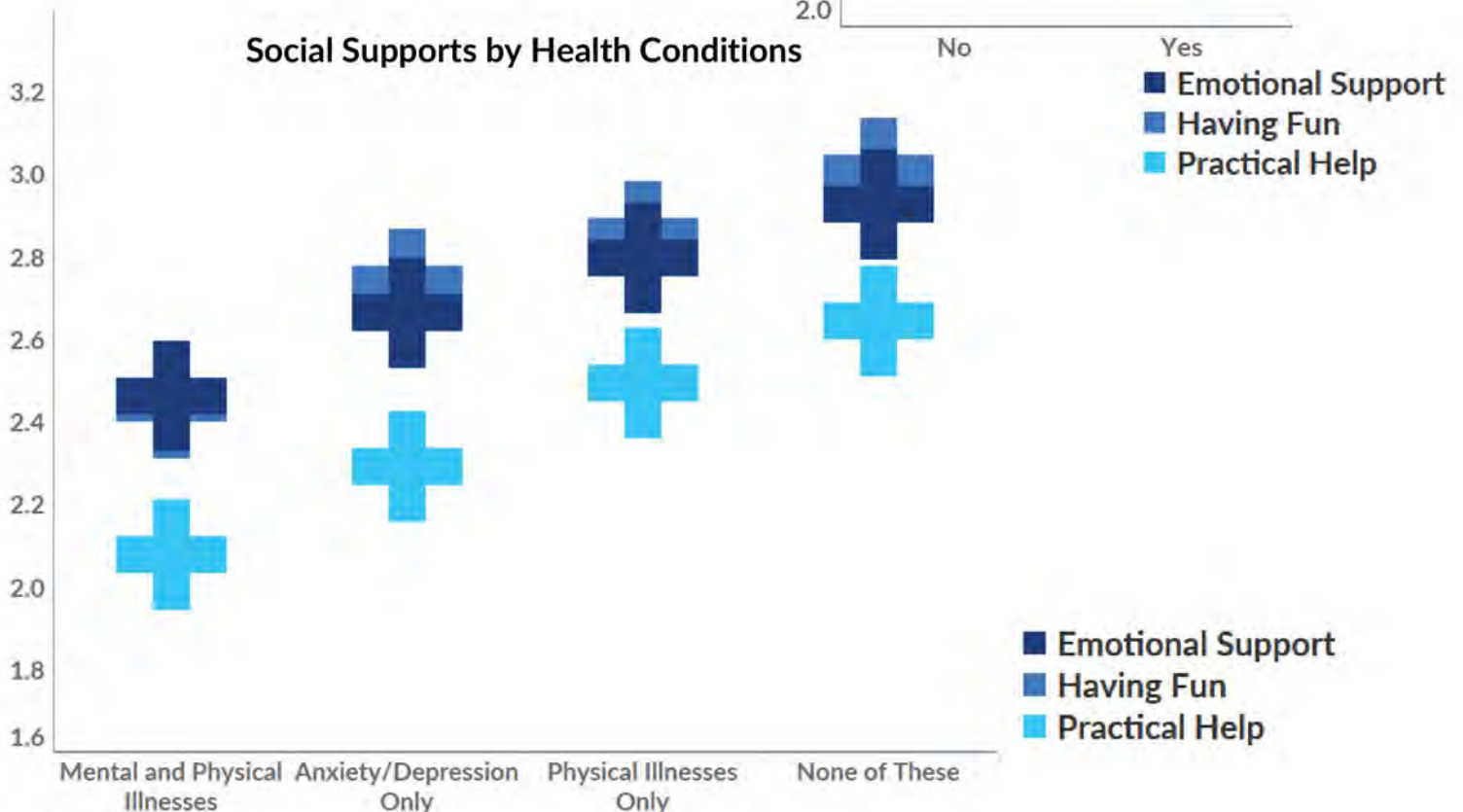
A Closer Look at Health Conditions

Of all the health conditions listed in the question, respondents who reported having *Kidney Disease* or *Diseases of the Liver* reported the lowest levels of social supports (see Appendix G, Question 34).

Social Supports by Response to “Are You Struggling with the Use of Any Kind of Substance?”



Social Supports by Health Conditions



SOCIAL SUPPORTS

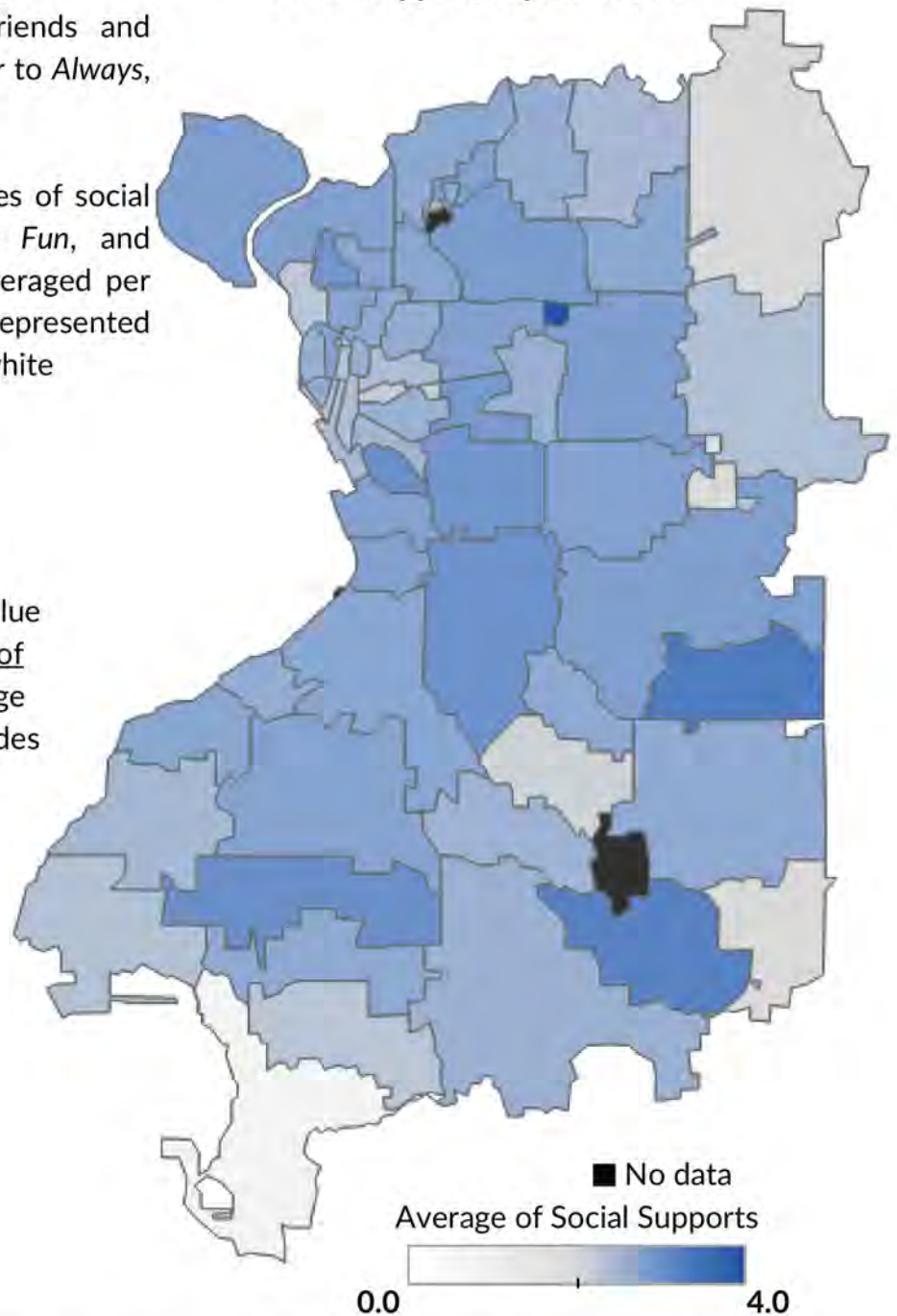
Proximity to resources and other people may influence the levels of social support that are both needed and available to an individual. Other factors within a given geographic area, such as average age of residents may influence the combined level of needed and available social supports in a geographic community. On this page the average level of reported social supports within Erie County ZIP codes are examined.

Combined Social Supports

Perceived available support from friends and family was rated on a scale from *Never* to *Always*, to which values of 0-4 were assigned.

For this map, the values of the 3 types of social supports (*Emotional Support*, *Having Fun*, and *Practical Help*) were combined and averaged per ZIP code. A value of 4 on this map is represented by blue which fades to grey and then white as the value decreases.

Social Supports by ZIP Code



2.6

was the average social support value in the ZIP codes within the City of Buffalo, while 2.8 was the average social support value in the ZIP codes outside the City of Buffalo.

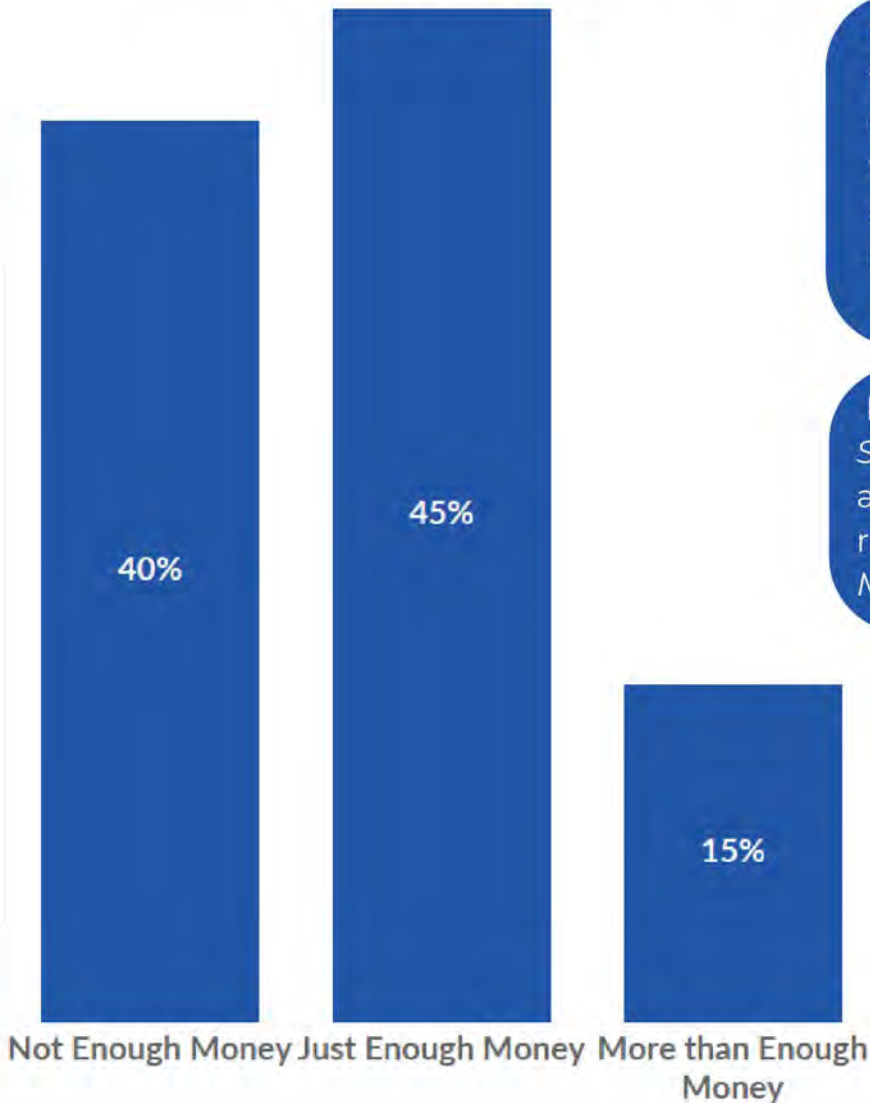
Some ZIP codes have fewer than 10 respondents. Therefore, the rates depicted on the map may not be representative of the community within these areas.

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

CAREGIVERS

Care within families is an integral part of a functioning society. Being a family caregiver for children, older adults, or people who have illnesses or disabilities may influence the caregiver’s ability to lead a healthy life. On this page, challenges experienced by caregivers are explored, including the financial situations reported by respondents who selected *I take care of children or another person without pay* when asked why they were *Unemployed*.

Unemployed Caregivers’ Ability to Pay for Expenses



Respondents who reported being a family caregiver for an adult were nearly twice as likely to respond that they are *Struggling With Substance Use* (17%) as respondents who did not report being a family caregiver for an adult (9%).

Respondents with a *History of Military Service* were twice as likely (14%) to be a family caregiver for an adult as respondents with *No History of Military Service* (7%).

When asked about their financial situation, respondents who reported that they are *Unemployed* because they are an unpaid caregiver were 22% more likely than the pool of total respondents to report that they have *Not Enough Money* to pay for day-to-day expenses and 22% less likely to report that they have *More Than Enough Money* to pay for day-to-day expenses.

CAREGIVERS: FINDING CARE

The ability to find care for family members may influence whether or not a caregiver can participate in the workforce, become involved in the greater community, or engage in healthy habits.

Respondents who indicated that they are responsible for *Child Care* or *Adult Care* were asked about challenges to finding care. Respondents were able to select multiple challenges. However, if a respondent selected *No Challenges* as well as any kind of challenge, their response was considered a conflicting response and excluded. The bubbles in the charts below display the number of times each response was selected.

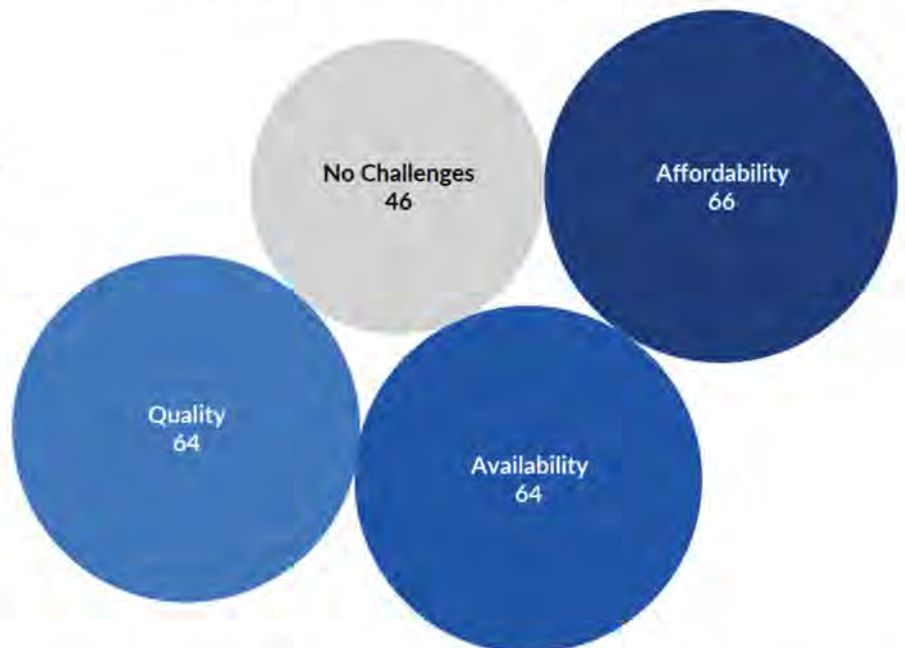
Reported Challenges to Finding Child Care



25%

of respondents who reported having young children said that *Lack of Child Care* is a challenge to accessing health care.

Reported Challenges to Finding Adult Care



The Affordability Challenge

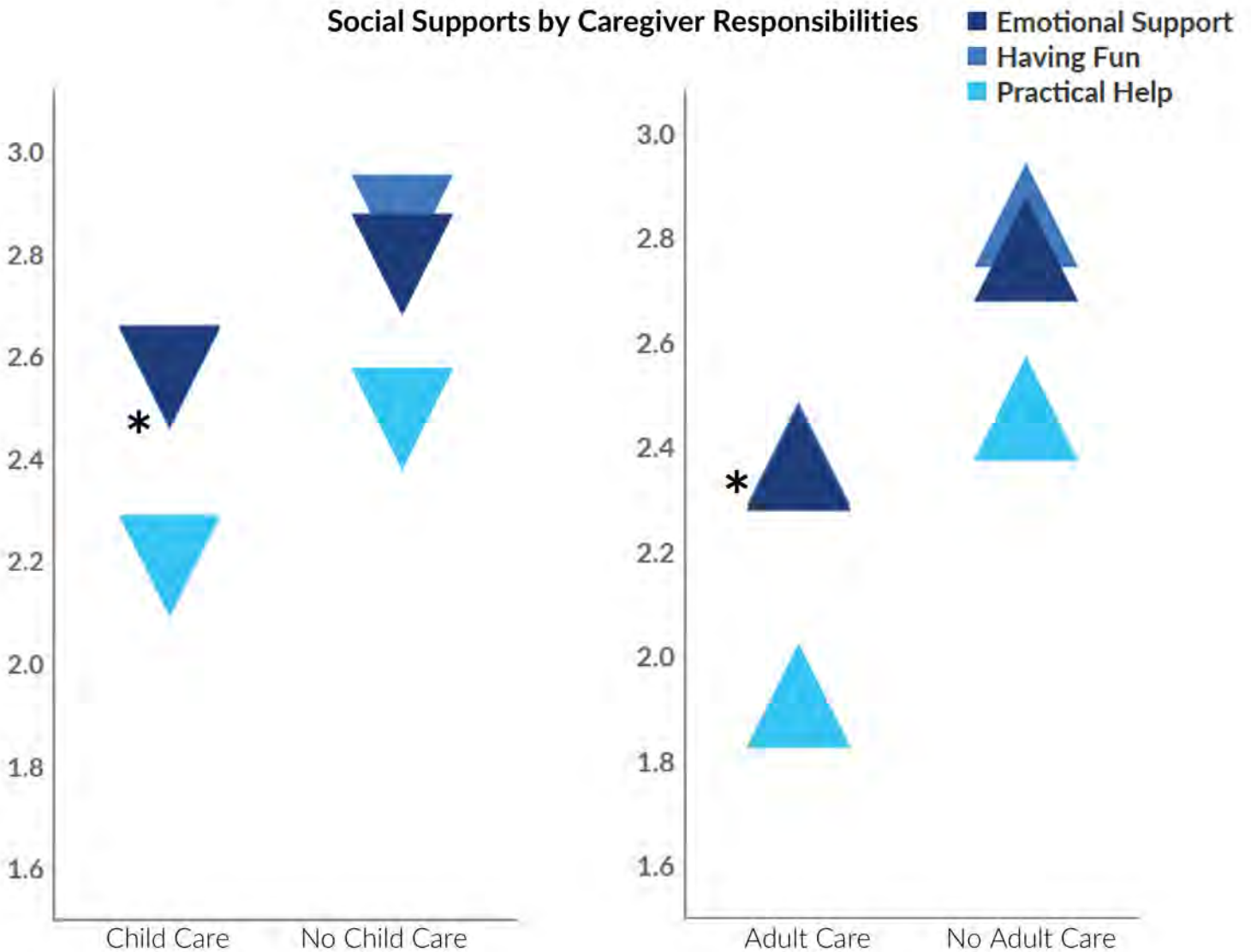
Affordability of care was the most common challenge reported by caregivers of both adults and children, though at a higher rate for caregivers of children.

CAREGIVERS AND SOCIAL SUPPORTS

Perceived available support from friends and family was rated on a scale from *Never* to *Always*, to which values of 0-4 were assigned. The shapes on the social support charts represent averages of these values for each type of support, comparing respondents who indicated that they have caregiving responsibilities to those who did not. The numerical values represent the following:

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

Social Supports by Caregiver Responsibilities



* Emotional Support and Having Fun have nearly identical values for those with in the *Child Care* and *Adult Care* categories.

2.7

Is the value of the 3 types of social supports averaged among respondents who are not responsible for *Child Care* or *Adult Care*.

2.5

Is the value of the 3 types of social supports averaged among respondents with *Child Care* responsibilities.

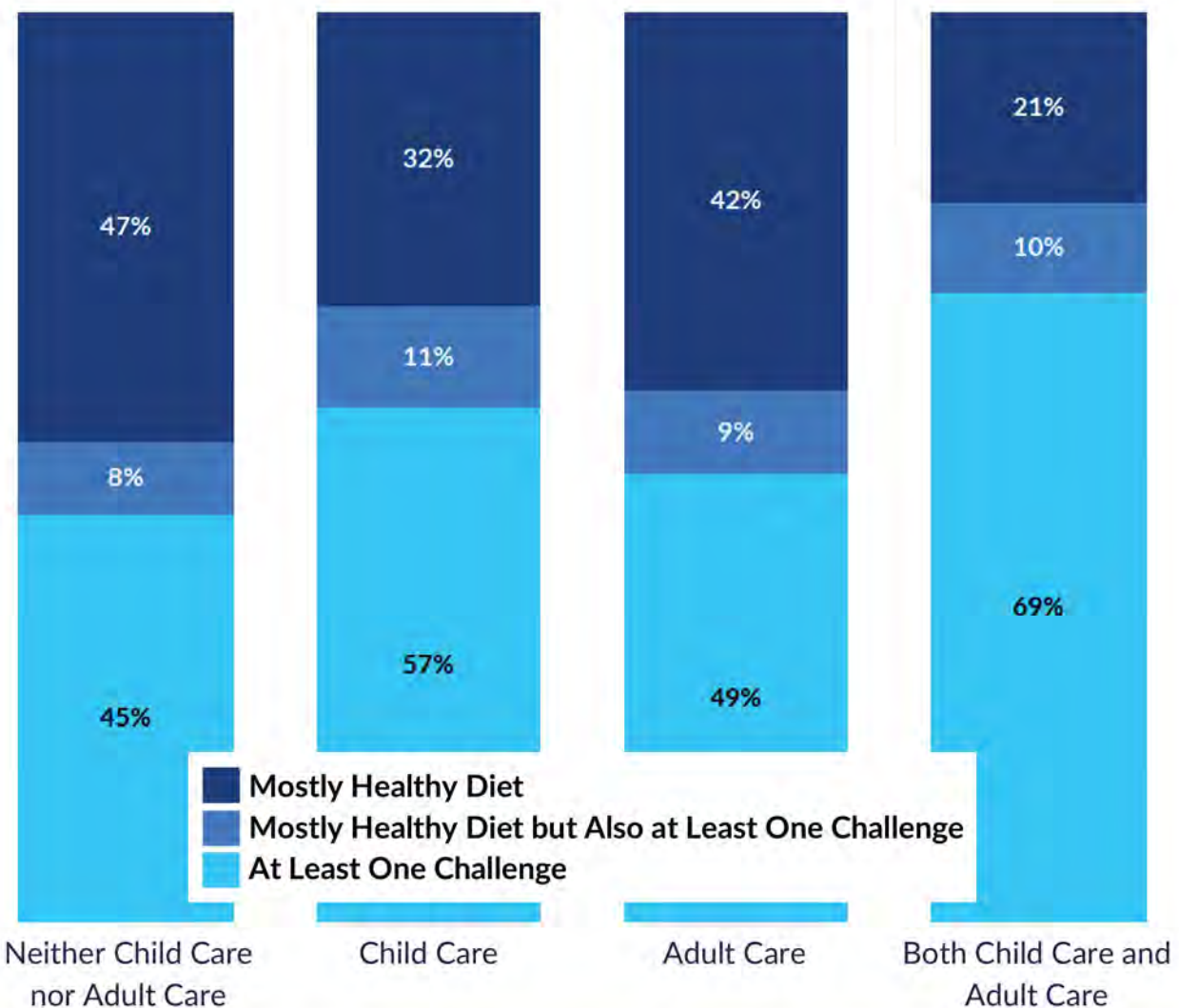
2.3

Is the value of the 3 types of social supports averaged among respondents with *Adult Care* responsibilities.

CAREGIVERS

Respondents were asked to describe their diet, including what would help them eat healthier. One option was *I feel that my diet is mostly healthy*. Other answer choices explored possible barriers and challenges to a healthy diet, including *Knowledge* of healthy foods, not liking the *Taste* of healthy foods, not having *Time* to cook healthy foods, *Availability* of healthy foods in their community, not having adequate *Transportation* to access healthy foods, and not having the *Interest* to improve their diet. Respondents could select as many responses as they felt applied to them. The chart below shows the responses based on caregiver responsibilities grouped into the categories displayed in the key.

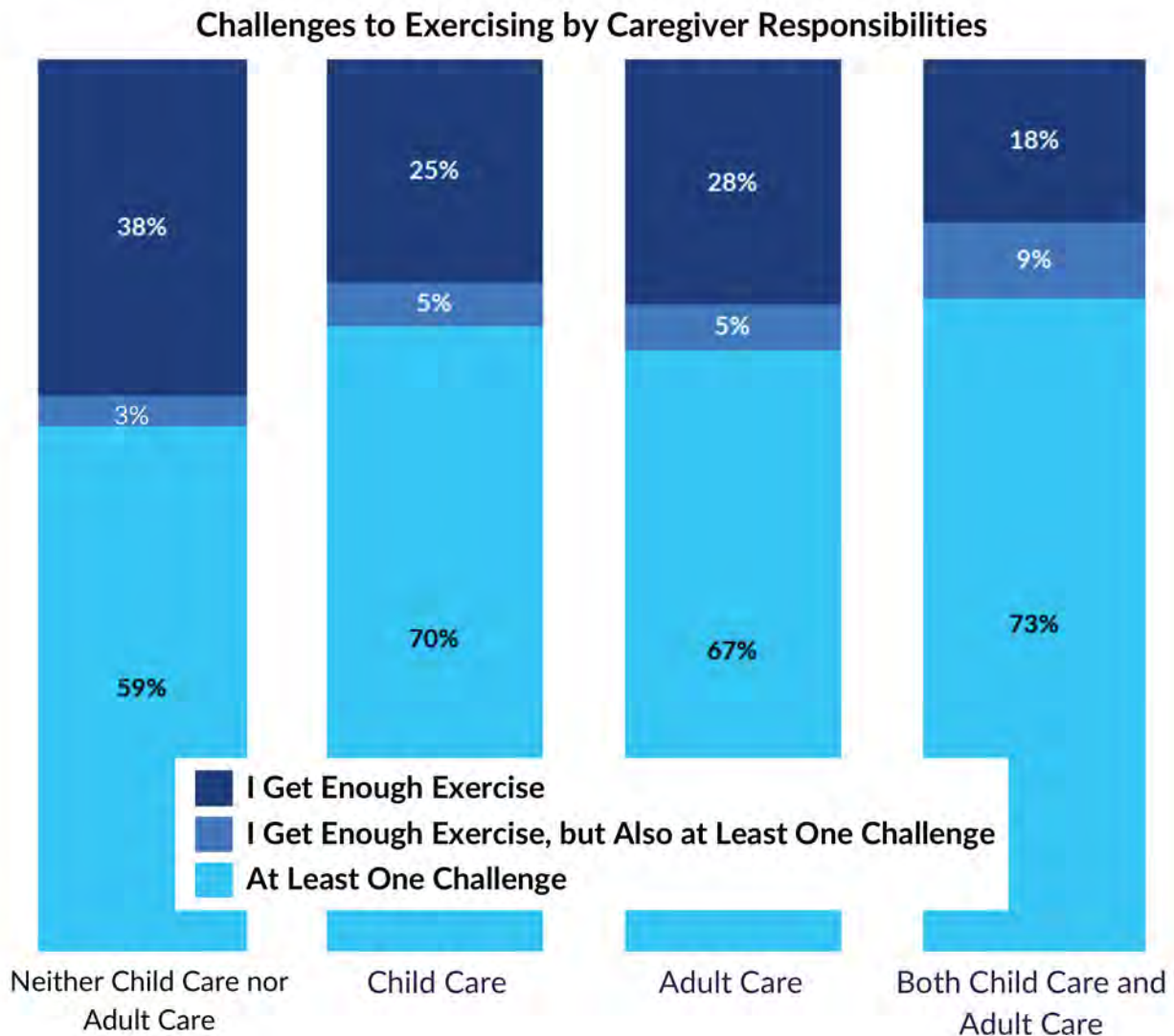
Challenges to Maintaining a Healthy Diet by Caregiver Responsibilities



Not having enough *Time* to cook and *Affordability* of healthy eating were the most reported challenges across the board. Respondents who reported caring for young children or living with an adult who requires constant care reported more overall challenges to maintaining a healthy diet. See Appendix D for a further breakdown of the types of diet challenges reported by respondents with caregiver responsibilities.

CAREGIVERS

Respondents were asked to describe their level of physical activity, including what would help them exercise more if they don't feel they exercise enough. One option was *I feel that I get enough exercise*. Other answer choices explored possible barriers to exercising, including lack of *Gym Access*, lack of *Time*, lack of *Knowledge* about exercise, lack of neighborhood *Safety*, *Pain or Illness*, and not having the *Interest* to exercise more. Respondents could select as many responses as they felt applied to them. The chart below shows the responses based on caregiver responsibilities grouped into the categories displayed in the key.



Lack of *Time* was the challenge to exercise reported the most across the board. Lack of *Gym Access* was the second most selected response from respondents who are responsible for young children or live with an adult requiring care. The second most common challenge reported by people in neither of those categories was *Pain or Illness*. See Appendix D for a further breakdown of the types of challenges to exercise reported by respondents with caregiver responsibilities.

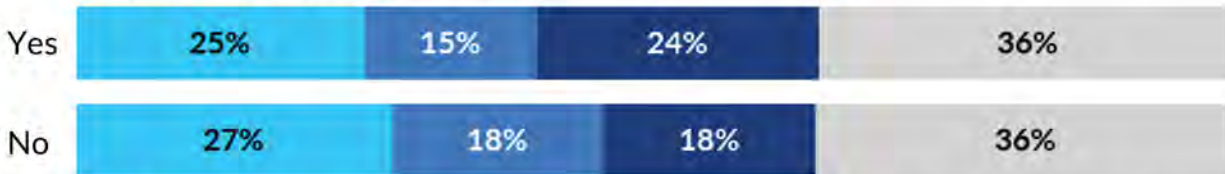
CAREGIVERS

On this page, the general health of respondents who reported being responsible for young children or living with an adult requiring care compared to those without caregiver responsibilities are explored by examining answers to the question, “Do you experience any of the following health conditions?” Responses other than *Anxiety/Depression* were categorized into the aggregate category *Physical Illnesses* and were then compared to responses including *Anxiety/Depression Alone* and responses that included both *Mental and Physical Illnesses*.

■ Physical Illnesses Only
 ■ Anxiety/Depression Alone
 ■ Mental and Physical Illnesses
 ■ None of These

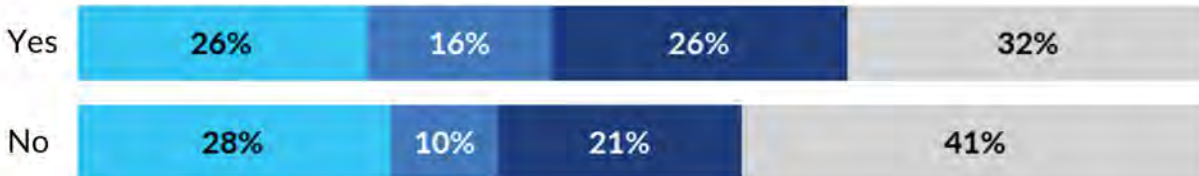
Reported Health Conditions Among Respondents Ages 20-49 by Child Caregiver Status

Responsible for young children:



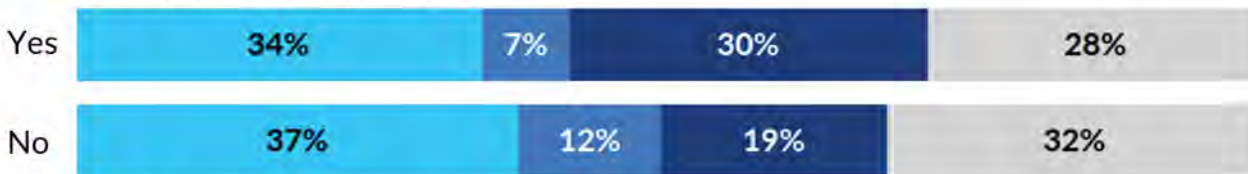
Reported Health Conditions Among Respondents Ages 20-49 Who Have Young Children

Challenges finding child care:



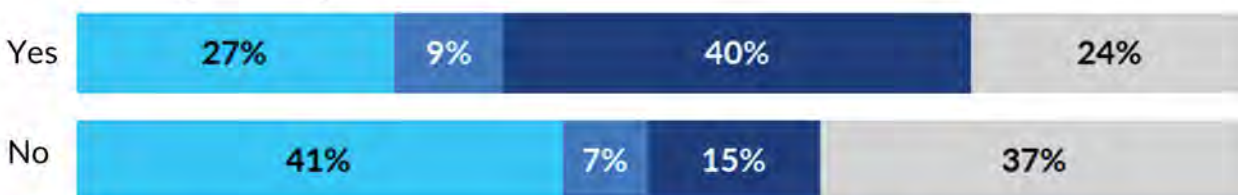
Reported Health Conditions by Adult Caregiver Status

Lives with adult requiring care:



Reported Health Conditions Among Respondents Who Live with an Adult Requiring Care

Challenges finding care for this adult:



Caregivers of children or adults were less likely to report *Physical Illnesses* than non-caregivers. However, caregivers had higher reported rates of *Anxiety/Depression*, especially if they experienced challenges finding child care.

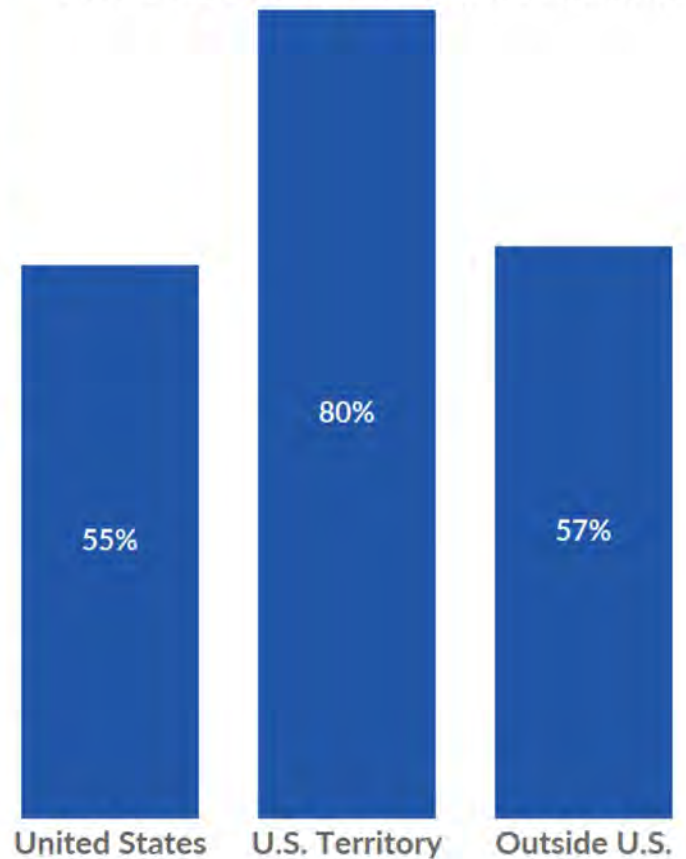
IMMIGRATION

People move to Erie County from all over the world. Individuals coming from different countries or U.S. territories leave their homes for a variety of reasons, arrive here under various circumstances, and have different experiences while living in Erie County which influence their health. To explore these different experiences, respondents were asked if they were born in the *United States*, a *U.S. Territory*, or another country (*Outside U.S.*) and compared them by SDOH factors. The term “immigration” here includes anyone who was born in a *U.S. Territory* or *Outside the United States*.

Respondents reported challenges to a healthy diet at a similar rate, regardless of place of birth. Of the challenges reported, respondents born *Outside the U.S.* or in a *U.S. Territory* were more likely to report a lack of *Availability* and *Knowledge* of healthy food as challenges than those born in the *United States*, who were more likely to report lack of *Time* for cooking as a challenge.

Respondents born in a *U.S. Territory* reported challenges to exercising at a slightly higher rate than those born in the *United States* or *Outside the U.S.* They were also the most likely to report lack of *Gym Access* as a challenge while those born in the *United States* were the least likely to report neighborhood *Safety* and the most likely to report *Pain or Illness* as a challenge to exercising.

Reported At Least One Challenge to Accessing Health Care by Place of Birth



Health Conditions by Place of Birth

Immigration status compared with health conditions that were grouped into the following categories.

Health Conditions	U.S.	U.S. Territory	Outside U.S.
None of These	31%	29%	48%
Anxiety/Depression Alone	12%	15%	8%
Physical Illnesses Only	37%	45%	34%
Mental and Physical Illnesses	21%	11%	10%

24% of respondents who moved to the United States *As a Child* reported *Anxiety/Depression*, while 15% of respondents who moved to the United States *As an Adult* reported *Anxiety/Depression*.

FOCUS GROUPS ON SOCIAL & COMMUNITY CONTEXT

Stigma, Discrimination, and Being Misunderstood

Every focus group shared experiences about being discriminated against or misunderstood. While the basis for discrimination varied, each group reported practical and emotional challenges as a result of it.

"We get grouped for one. There's no understanding that, you know, not all of us are Black community and not all of us come from the same area. Like I'm Puerto Rican, [other participant] is Dominican. Even though we both are Latinas, we both have different experiences just based on where we grew up, where our families are from and how we were raised. We were not all raised in the same learning."

-Hispanic/Latino Focus Group



"I am Black, and depending on who you ask, I either come across as male or come across as female or question mark, which makes people very uncomfortable. And when they're uncomfortable, that puts my safety at risk."

-Trans and Nonbinary Focus Group

"So we're all created differently, and I feel like there's a huge misunderstanding [...] that this life is a choice, and it's not a choice. This, this is who we are."

-LGBTQ+ Focus Group

"Sometimes people act like, you don't know what you're doing. [They act] like Black fathers don't exist and actually want to be a part of their child life and actually do they job."

-Black Fathers Focus Group



FOCUS GROUPS ON SOCIAL & COMMUNITY CONTEXT

Social Supports

Social supports were expressed as an asset. Some focus group participants shared how social supports have helped them while others discussed the need for more support and interaction with friends, family, and community members.

“And a lot of times, too, having to rely on like family and things like that as being part of this community, it comes very far and few for some folks. Some folks have literally no one, and they just rely on their friends—their LGBTQ+ friends—for that support, or for finances, for assistance, for guidance.”

-LGBTQ+ Focus Group



“Socialization is one of the biggest things that affect your health. And people don't realize it if you can't get out, and just the idea of talking to somebody, how that uplifts your spirits. So you want to eat, you want to get out. You want to—you want to do things. We are very, very isolated here that way.”

-Rural Older Adults Focus Group



FOCUS GROUPS ON SOCIAL & COMMUNITY CONTEXT

Caregiving

The ECOHE Community Survey assessed challenges to healthy living by caregiving responsibilities. Respondents who indicated caregiving responsibilities tended to experience more challenges within SDOH factors and healthy living than those who did not indicate any caregiving responsibilities. Conversations with caregivers in various focus groups provided some insight to these challenges.

“We need more resources for senior citizens that are taking and raising their grandchildren, because that's not an easy job for a senior citizen. They find—we find ourselves being responsible for children, you know, for our grandchildren.”

-Black Older Adults Focus Group



“We're juggling every task at every single moment. [...] You know, it can get very overwhelming and very lonely and isolating. [...] I am very busy. Very tired. Us caregivers need care.”

- Rural Caregivers Focus Group



Systemic Challenges

Incarceration falls within the Social and Community Context domain of the SDOH factors. In speaking with incarcerated individuals, many of the challenges involving their incarceration and community reintegration occur at the systems level.

“And then you want to enroll your children in sports and do things like that to keep them occupied and out of the streets. But then, you know, sporting events and everything else costs a butt-load of money, so people that are single parents and working minimum wage jobs, they can't afford that. So then the kids are on the streets [...] and they're going to be the next ones incarcerated because it's just a slippery slope of fuckery.”

-Incarcerated Women Focus Group

LANGUAGE ACCESS

LANGUAGE ACCESS

- Translation
- Interpretation
- Health Literacy
- Digital Literacy
- Technology
- Language Lines
- Financial Literacy



The **Language Access** domain of the SDOH deals with large issues, such as news being difficult to understand for non-native English speakers, and small issues, such as nutrition facts on the labels of food and food packages being difficult to interpret. The following section will review survey questions related to demographics and social circumstances through the lens of language access. Language access was also discussed at length in some of the focus groups, quotes and analysis from which are examined at the end of this section.

GEOGRAPHY

Erie County has a high percentage of residents who speak languages other than English as their primary language. However, when asked "How well do you speak English?" most ZIP codes have response rates of *Very Well* at over 99%. Several areas of Erie County reported lower English fluency, including the City of Buffalo and the City of Lackawanna. The 14203 ZIP code was the least likely to respond *Very Well* of urban ZIP codes, at less than 93%.

Of the 58 individuals who indicated they speak *English Not Well* or *Not at All*, 51 live in Buffalo ZIP codes.

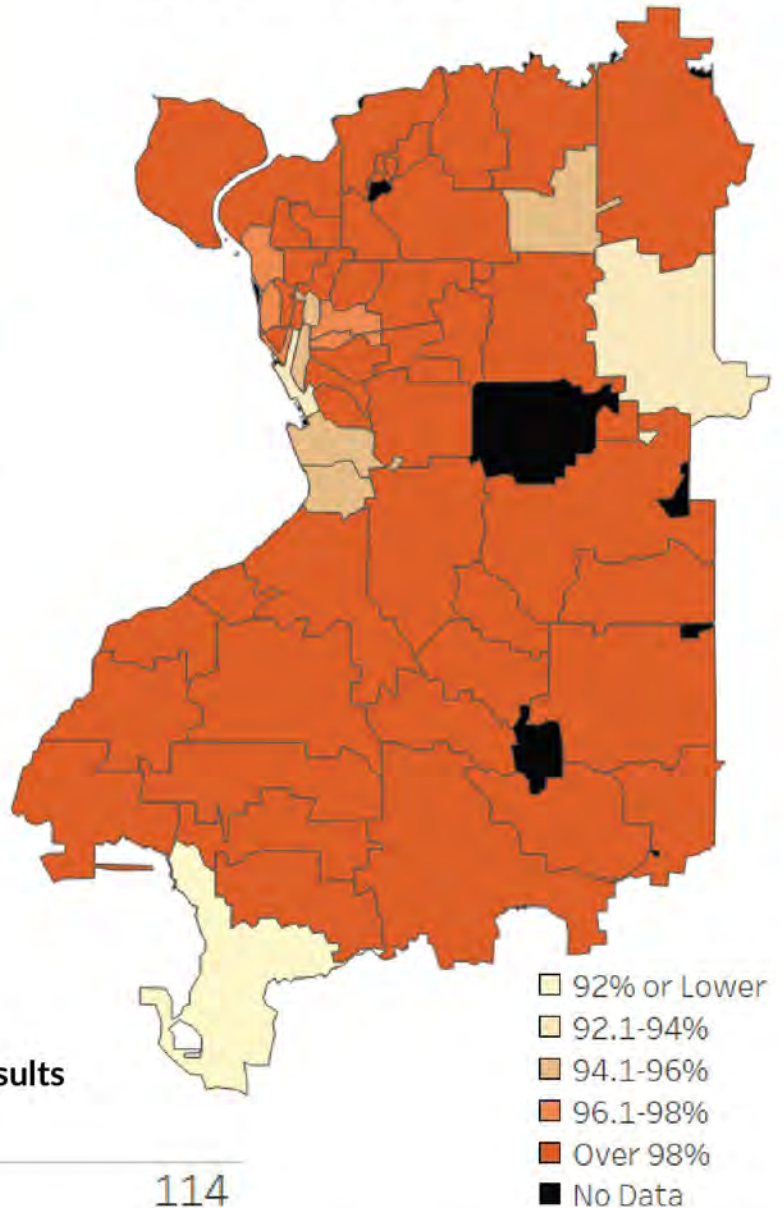
14203

on the West Side of Buffalo was the ZIP code the lowest positive response among urban areas, with 7.4% of respondents indicating they spoke *English Not Well* or *Not at All*.

2%

of survey respondents indicated they speak *English Not Well* or *Not at All*.

English Speaking Ability by ZIP Code



English Speaking Ability Overall Results

How well do you speak English?

Do Not Wish to Say	114
Not at All	9
Not Well	49
Well	211
Very Well	3,068

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.

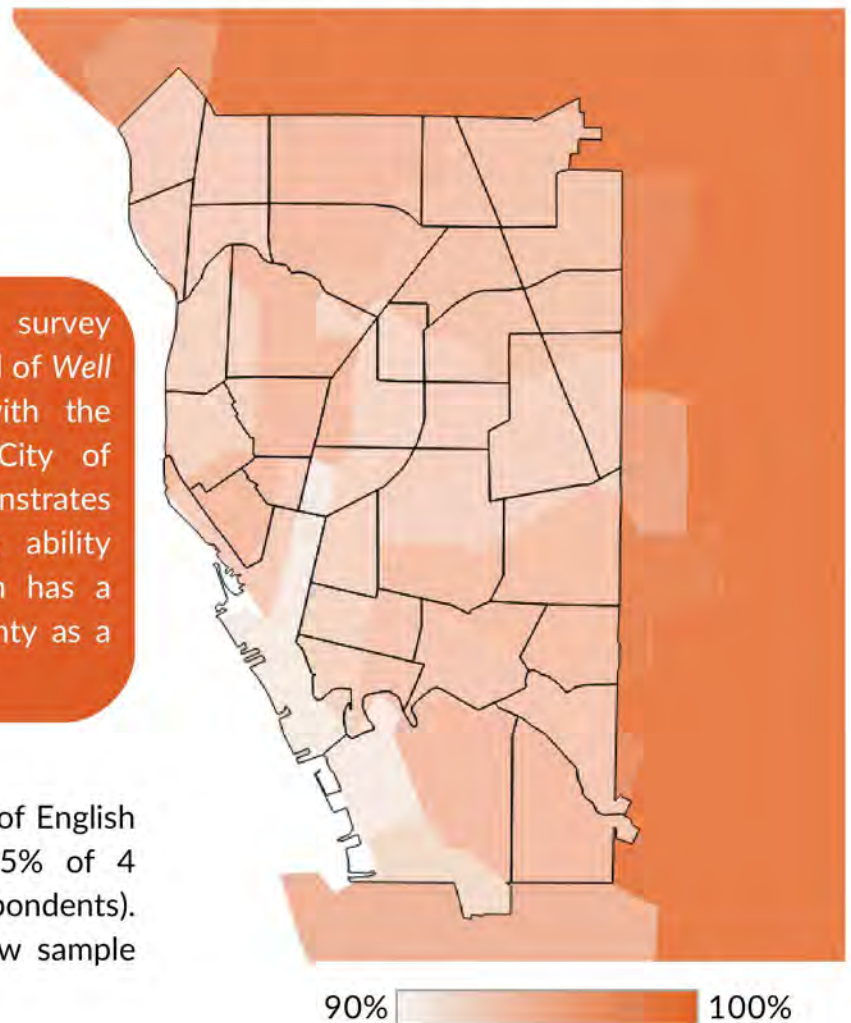
GEOGRAPHY

Gaps in English language fluency are most obvious in the City of Buffalo. ZIP codes within the Central and Fruit Belt neighborhoods are most strongly affected, with more than 7% of respondents indicating that they speak English *Not Well* or *Not at All*.

English Speaking Ability by ZIP Code with City of Buffalo Neighborhoods

This map shows the ability of survey respondents to speak English at a level of *Well* or *Very Well* against ZIP code, with the neighborhood breakdown of the City of Buffalo in an overlay layer. This demonstrates the difference in English speaking ability between the City of Buffalo, which has a variety of percentages, and Erie County as a whole, which is much more uniform.

Several other ZIP codes have low rates of English language fluency, including 14070 (25% of 4 respondents) and 14004 (93% of 14 respondents). This may be attributable to notably low sample sizes in those areas.



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.

RACE

There appears to be a significant correlation between English fluency and race that does not appear to include respondents who are Black, White, or More Than One Race. Respondents who indicated a race outside of these three categories, including Middle Eastern or North African, American Indian or Alaska Native, Pacific Islander or Hawaii Native, and Asian respondents, had markedly lower response rates of *Well* or *Very Well*.

English Speaking Ability by Race



45%

of the 116 Asian respondents indicated that they speak English *Very Well*, the lowest of any race.

24%

of Middle Eastern or North African respondents speak English *Less Than Very Well*.

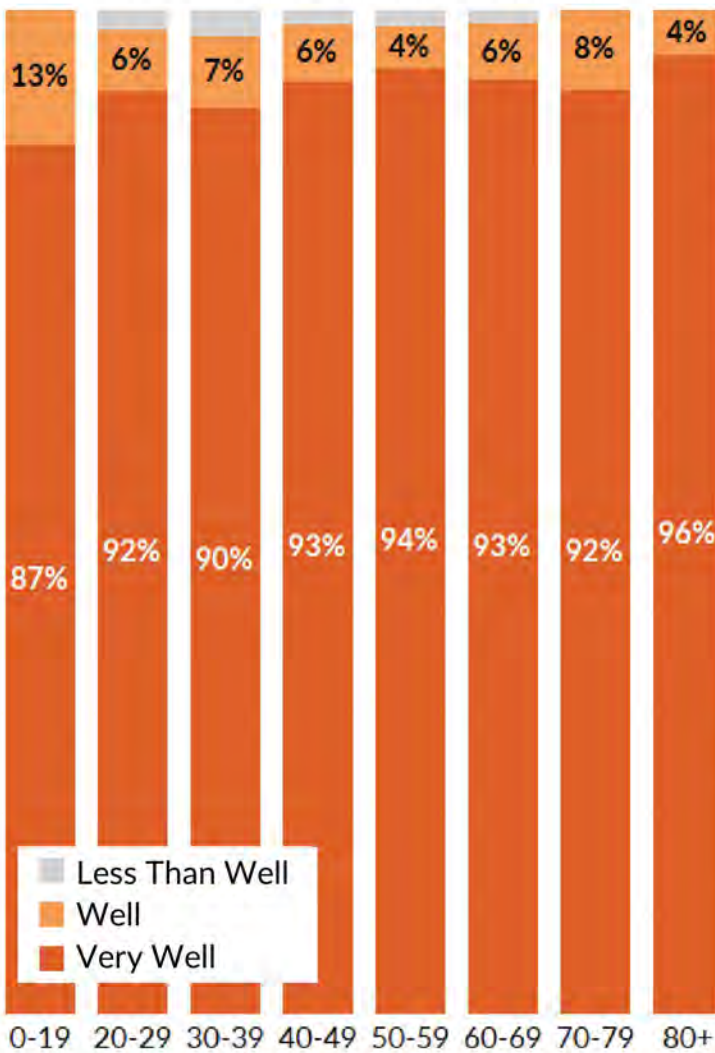
40%

of Pacific Islander or Hawaii Native respondents speak English *Less Than Very Well*.

Middle Eastern or North African, American Indian or Alaska Native, Pacific Islander or Hawaii Native, and Asian respondents were the least likely to indicate that they spoke English *Well* or *Very Well*, all at less than 60%. The highest rates were among Black and White respondents, both with a greater than 99% response rate of *Well* or *Very Well*.

AGE AND EMPLOYMENT

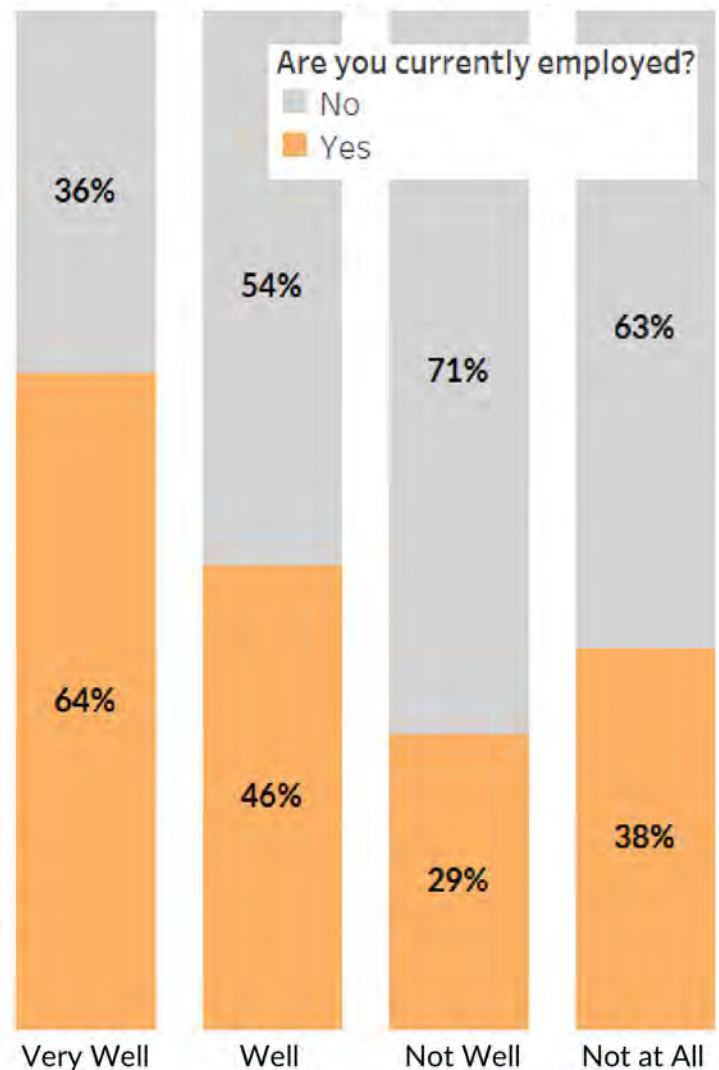
English Speaking Ability & Age



Age as a Factor

Adults aged 30-39 are the least likely to respond that they speak English *Very Well* and the most likely to indicate that they speak English *Not Well* or *Not at All*. There appears to be an increase in English speaking ability among respondents as they age.

Employment & English Speaking Ability



Employment and Language Skills

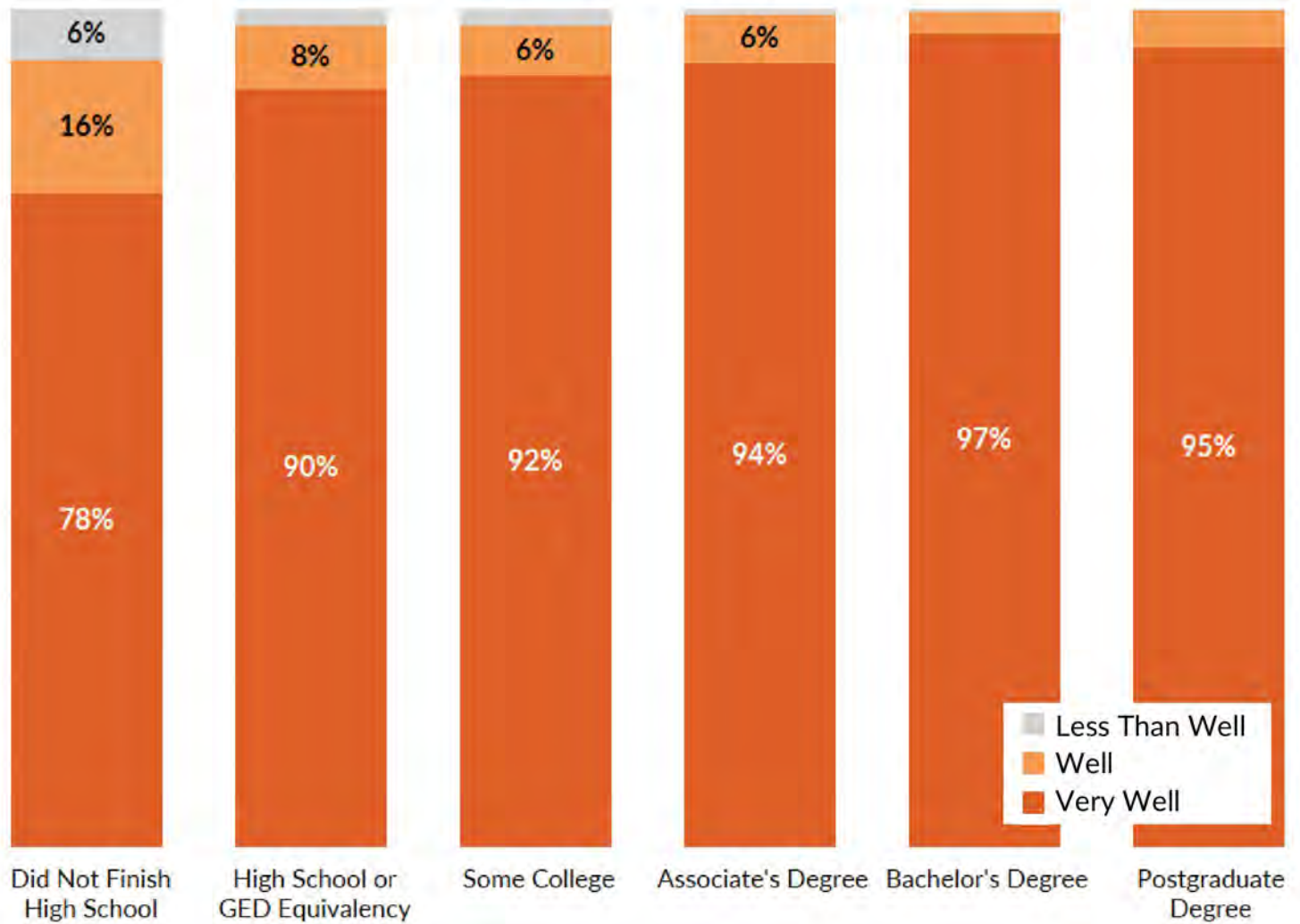
Of those who responded that they speak English *Very Well*, 67% said that they were *Employed*. Of those who said that they speak English *Not Well* or *Not at All* only 25% and 28% said that they were *Employed*, respectively.

Respondents who speak English at a level of *Well* or *Very Well* have an employment rate of 63%, more than double the employment rate of those who speak English *Less Than Well*, only 30% of respondents. This highlights English speaking ability as a major barrier to employment in Erie County.

EDUCATION

When compared with education level, notable patterns begin to appear within the responses to the question “How well do you speak English?” The highest percentage by far of individuals who speak English at a rate *Less Than Well* was among those who *Did Not Finish High School*. Of the 278 individuals who indicated they *Did Not Finish High School*, 44 indicated they speak English *Well* and 17 indicated that they speak English *Less Than Well*.

English Speaking Ability and Education

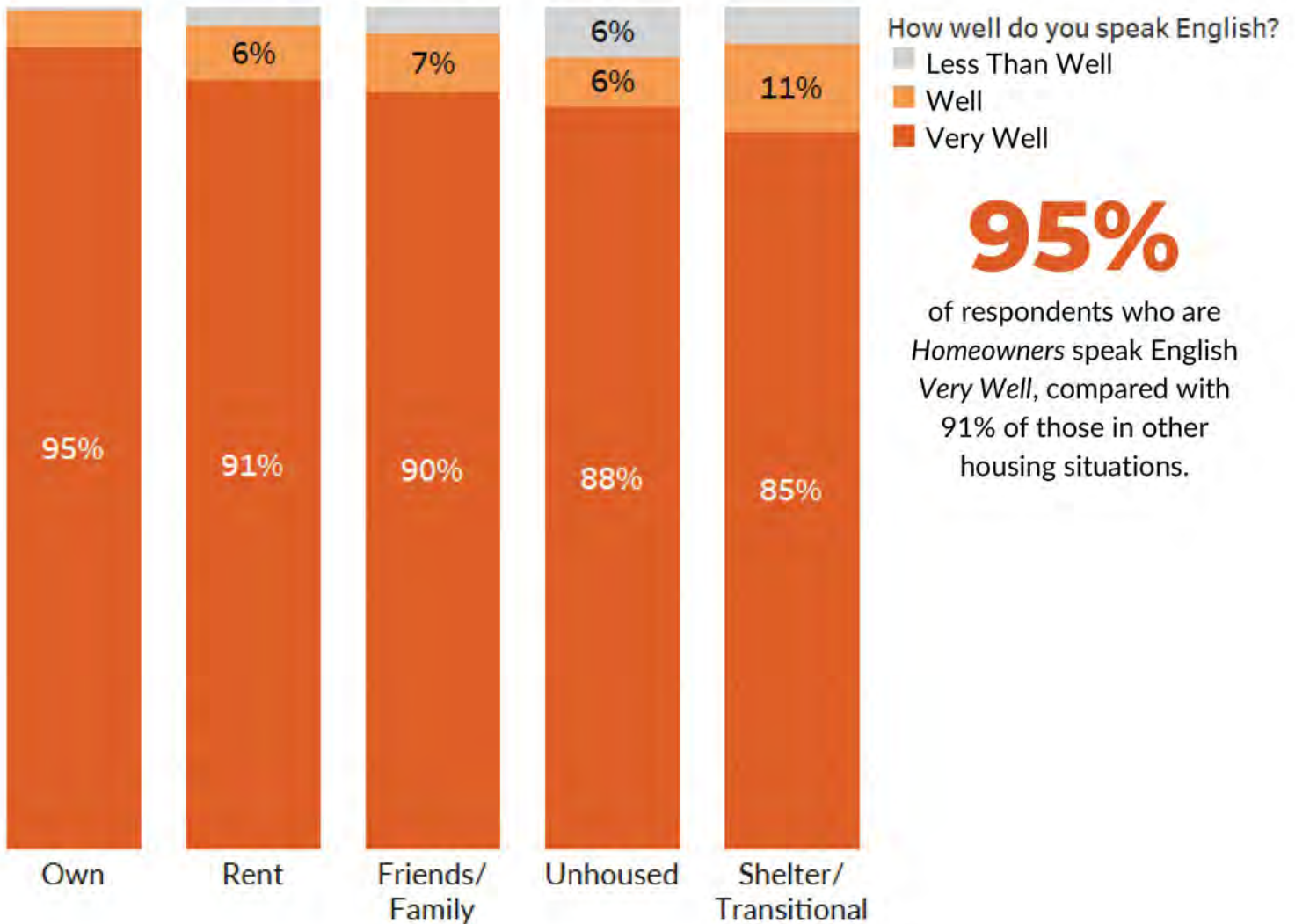


There appears to be a relationship between English speaking ability and education, as nearly all respondents with a *College Degree* indicated that they speak English at a level of *Very Well* at 96%, compared with only 89% of those with *No College Degree*.

HOUSING

Housing appears to be correlated with English speaking ability, with only 58 of the 1291 *Homeowners* who responded to the survey indicating that they speak English *Less Than Well*. As shown below individuals who *Rent*, are staying with *Friends/Family*, are *Unhoused*, or are living in a *Shelter/Transitional Housing* are less likely to have indicated that they speak English *Well* or *Very Well*.

English Speaking Ability & Housing Situation



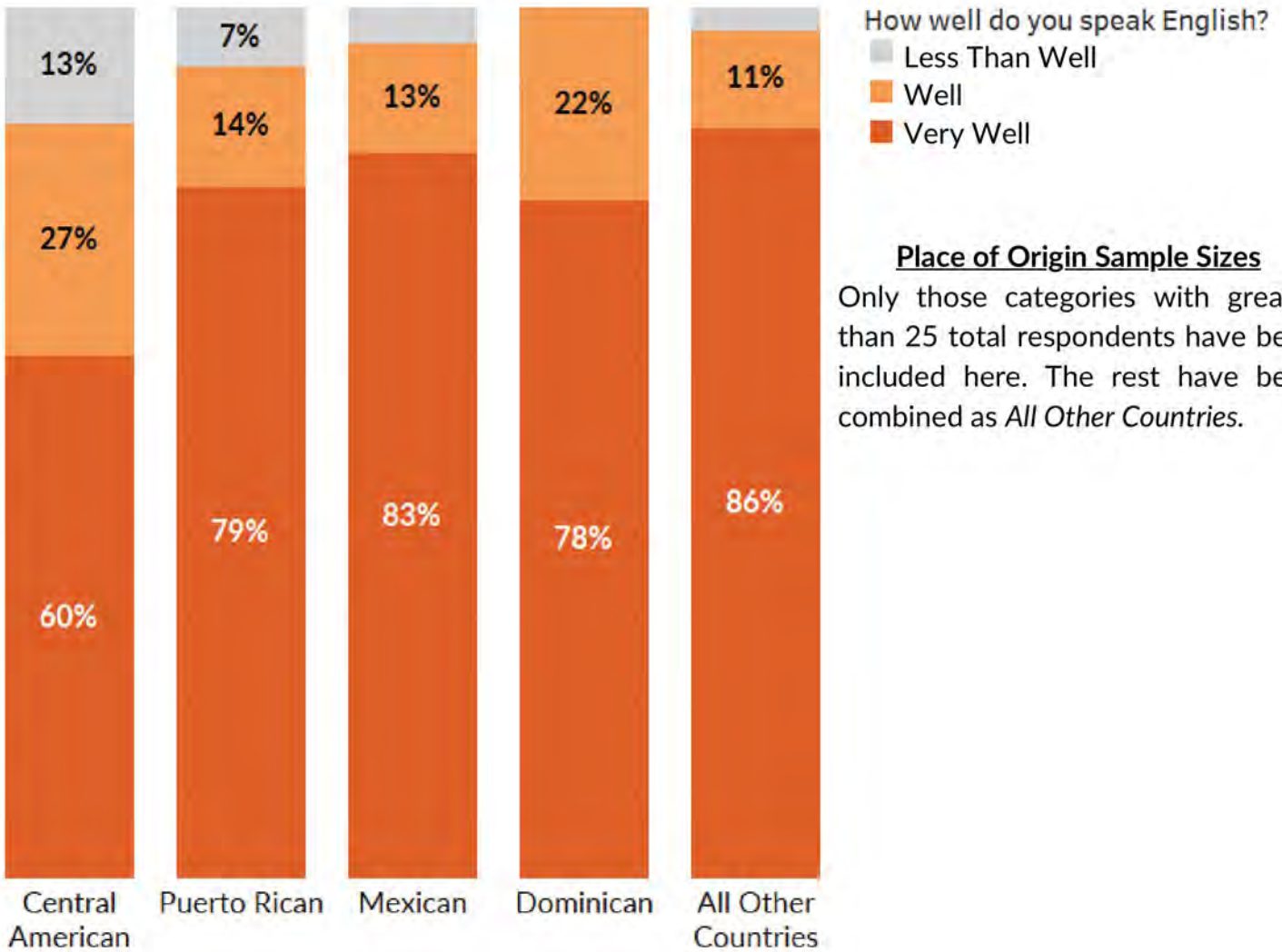
39%

of respondents born in a *U.S. Territory* or *Outside the United States* are *Homeowners*, compared to 45.3% of those born in the *United States*.

PLACE OF ORIGIN

Of the Erie County Residents who responded to the survey, 227 denoted their ethnicity as Hispanic/Latino and then further specified their place of origin. This amounts to 6% of the total survey population. There was a meaningful amount of variance in the English language proficiency between these groups.

**English Speaking Ability by Place of Origin
Among Hispanic/Latino Respondents**

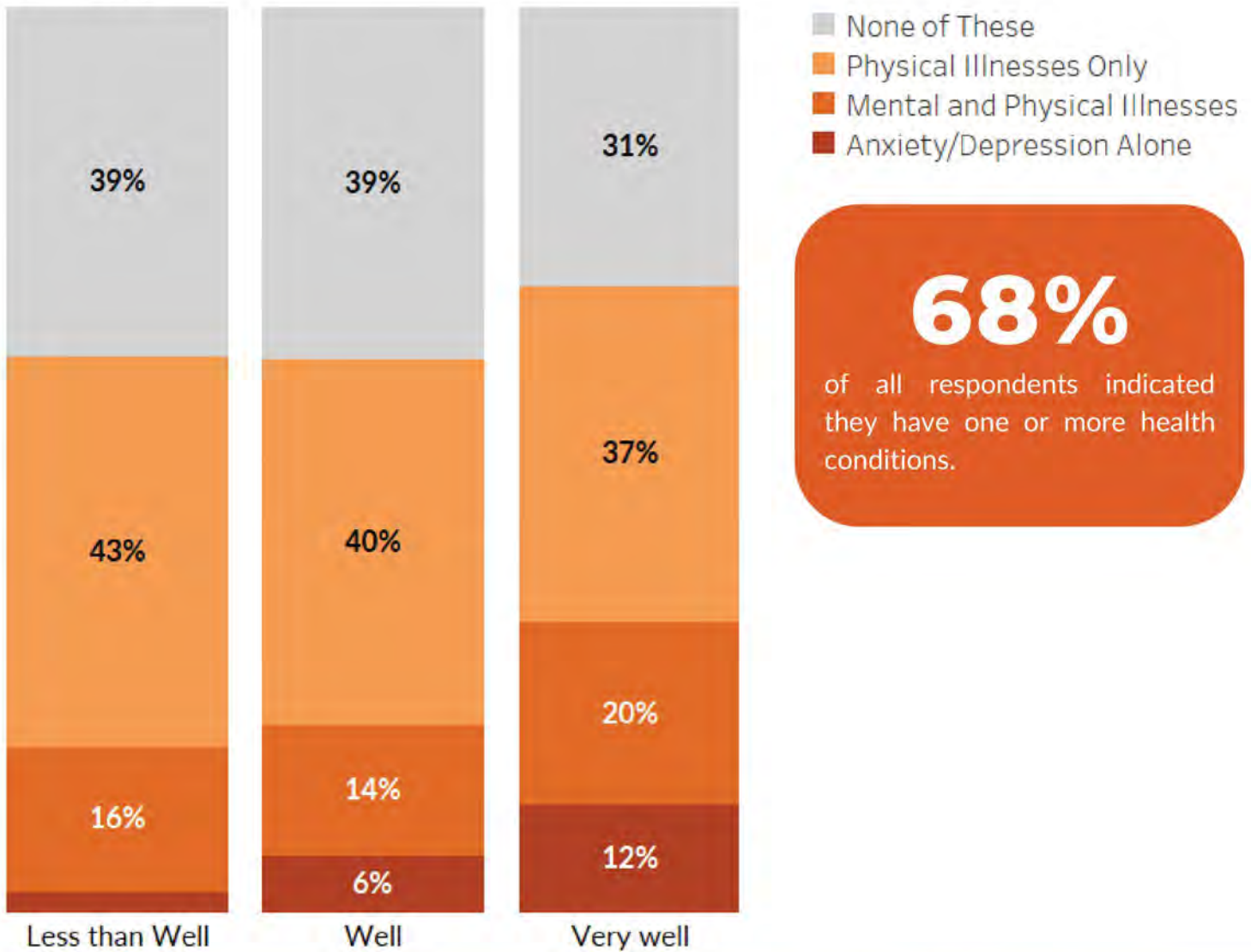


79%

of all individuals who selected a country as a response to this question indicated that they speak English at a rate of *Very Well*. The highest rates of respondents who indicated that they speak English *Less Than Very Well* were among those of *Central American* origin, at 9 of the 13 respondents, and those of *South American* origin, at 4 of the 6 respondents.

HEALTH CONDITIONS

Respondents were given a list of health conditions and asked to select all those that apply to them. These conditions included conditions such as *Disease of the Liver*, *Asthma*, *Cancer*, and *Anxiety/Depression*. Responses other than *Anxiety/Depression* were categorized into the aggregate category *Physical Illnesses* and were then compared to responses of *Anxiety/Depression Alone* and responses that included both *Mental and Physical Illnesses*. Individuals who do not speak English fluently appear to disproportionately experience certain conditions, as these responses are not evenly distributed.

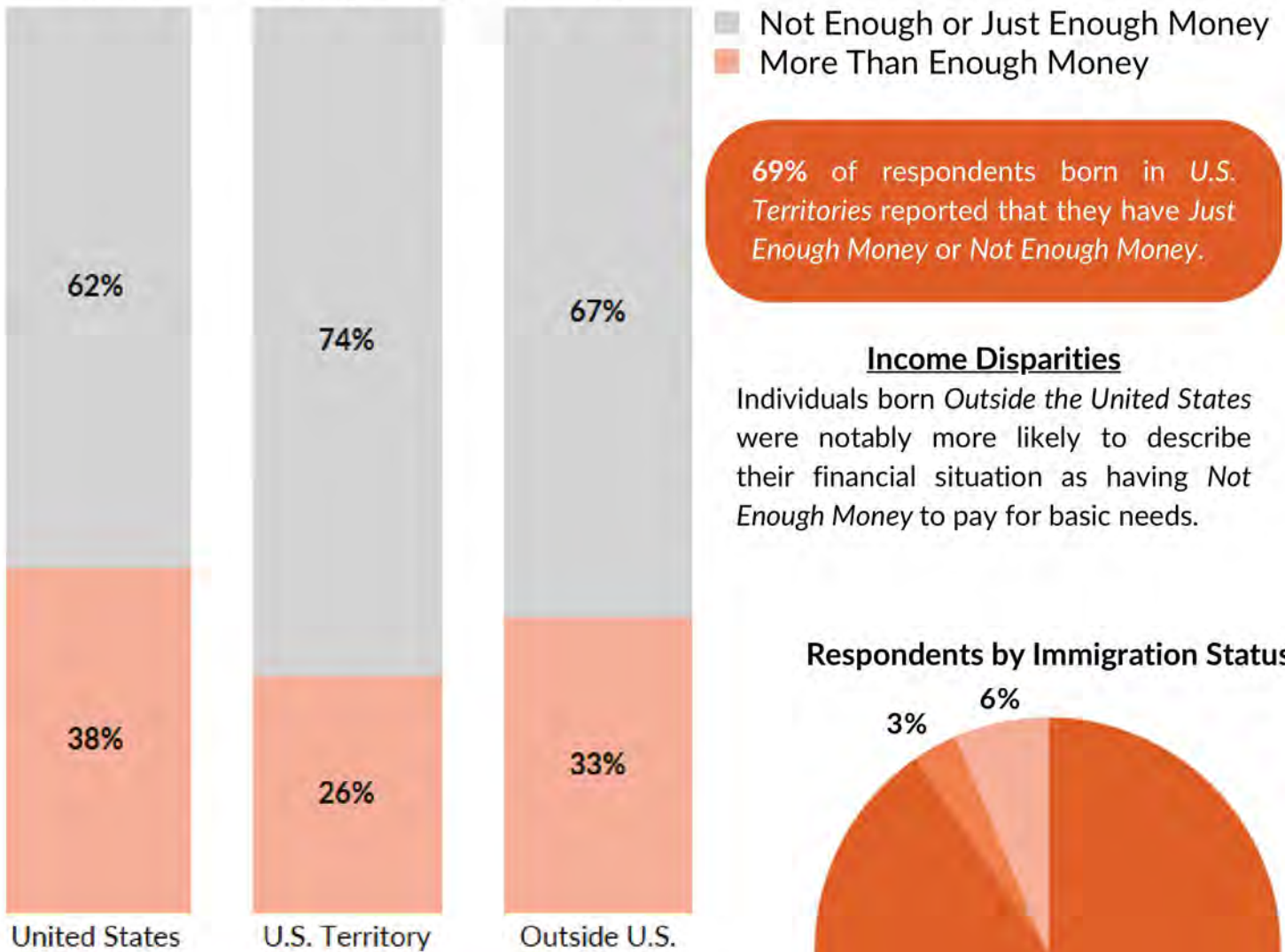


Several health conditions correlated with notably high or low rates of English speaking ability. Of respondents who indicated that they have a disease of the liver, only 73% indicated that they speak English *Very Well*, compared with 92% of the survey population as a whole. Of individuals who indicated that they experience *Anxiety/Depression*, whether alone or in combination with another health outcome, more than 95% of respondents indicated that they speak English *Very Well*.

INCOME

Respondents were asked “Which of the following best describes your financial situation?” and could select from responses indicating that they had *Just Enough Money* for their needs or *Not Enough Money* for their needs. These two categories are combined below to compare against those who have *More Than Enough Money* to pay for all of their household’s bills and expenses. These results are compared below with the immigration status of the respondents, for which question respondents could indicate they were born in one of the 50 *United States*, in one of the *U.S. Territories* (e.g. Guam, Puerto Rico), or that they were born *Outside the United States*.

Financial Situation by Immigration Status

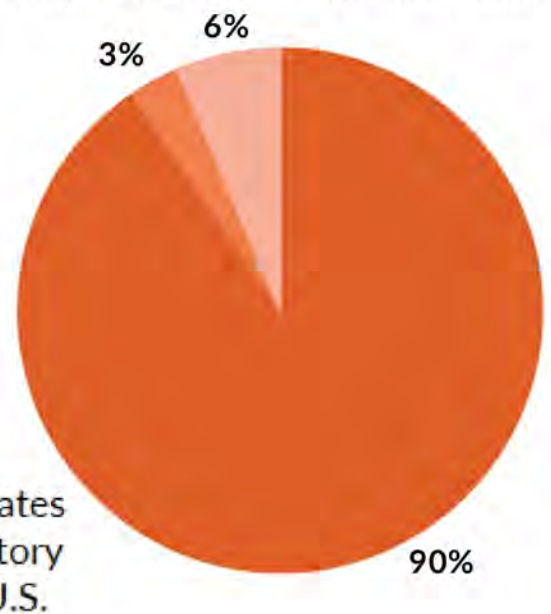


69% of respondents born in U.S. Territories reported that they have *Just Enough Money* or *Not Enough Money*.

Income Disparities

Individuals born *Outside the United States* were notably more likely to describe their financial situation as having *Not Enough Money* to pay for basic needs.

Respondents by Immigration Status



10%
of respondents were born in a *U.S. Territory* or *Outside the United States*.

■ United States
■ U.S. Territory
■ Outside U.S.

FOCUS GROUPS ON LANGUAGE ACCESS

Spanish Language Access

Below are a number of quotes and takeaways from the ECOHE focus groups related to challenges faced by Spanish speakers. These quotes and takeaways came primarily—but not exclusively—from the Hispanic/Latino focus group and the Urban Caregivers focus group. The majority of participants in both of these focus groups spoke Spanish as their primary language.

"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

Two of the most prominent issues discussed in focus groups by Spanish speakers were ease of access to information in Spanish and access to translation services. Several participants noted that getting reliable information in Spanish is difficult, particularly before, during, and following the 2022 Blizzard. Lack of accommodation to Spanish speakers in medical settings and community settings was a concern expressed in both the Urban Caregivers Focus Group and the Hispanic/Latino Focus Group.



"And there's a lot of women that need help filling [paperwork] out, like extensively. You know, like when [Spanish-speaking inmate] gets paperwork, she gets confused and then she needs help explaining because of the language barrier."

-Incarcerated Women Focus Group

FOCUS GROUPS ON LANGUAGE ACCESS

Bengali Language Access

One focus group was conducted with the Bangladeshi community. This focus group captured responses on Bengali language access as well as assumptions made about which languages a person might speak based on their appearance or religion.

“Changing yourself is a big challenge. We have to change a lot of things. Our language, our pronunciation accent.”

-Bangladeshi Focus Group



Lack of Access to Information in Bengali

Participants of the Bangladeshi focus group expressed a lack of access to medical information in languages that are easy for them to understand.

“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 cannot read.”

-Bangladeshi Focus Group

Additionally, participants expressed similar views to those in the Spanish speaking focus groups, noting that interpretation services are available but may not be reliable.



“Generalization is a big thing in American culture. So you just see Islam as Islam is the same thing as Arabs. And then anyone who looks remotely Indian is just all Indian.”

-Bangladeshi Focus Group

“In some of the facilities they have an interpretation service, but the interpreter is not available. [...] I helped a lady who was in the court and because she's my family friend I have to go with her every time she has a court date because there is no interpreter. And even though there is an interpreter available and maybe she's more likely to be [waiting] maybe half an hour.”

-Bangladeshi Focus Group



DISCUSSION OF RESULTS & CONCLUSIONS

Findings and conclusions begin on page 180 and recommendations begin on page 191.

THE VALUE OF RESPRESENTATION IN COMMUNITY SURVEYS

Historically, members of racially and ethnically minoritized groups were underrepresented or even excluded from providing feedback and input into community needs assessments. More recently, many efforts have pushed for inclusion and diversity but have often failed to effectively engage the whole community. Through the ECOHE's deliberate efforts to collect surveys from and conduct focus groups with racially and ethnically minoritized groups, the Office hopes to begin to address this issue and reset the standard for community engagement.

Throughout the survey development and administration process, the ECOHE received positive feedback from the community on the Office's approach. Community members reported that they felt engaged in the survey development process and acknowledged the ECOHE's efforts in utilizing a demographic tool that reflected many more options for race, ethnicity, gender identity, and sexual orientation than has been available in demographic tools they have previously used. During the Office's extensive community engagement to collect survey responses, the ECOHE team was consistently thanked for showing up to communities that are often underserved. The ECOHE repeatedly heard from the community that they felt their voices were heard, and many also indicated that they hoped their input would lead to meaningful change.

LESSONS LEARNED ON SURVEY DESIGN, ADMINISTRATION AND ANALYSIS

The 2022 ECOHE Community Survey was the first survey designed and conducted by the ECOHE, but it will not be the last. The following reflections on the aspects that did and did not work well with this survey will advise future efforts.

Utilization of a Community Work Group

The ECOHE convened a group of community partners to advise creating the survey for question design and response development. The input of this group was especially valuable for ensuring that the language used in questions and possible response options was appropriate and sensitive to a wide range of communities.

Navigating Competing Priorities of Privacy and Data Quality

One goal of the survey was to gather the maximum number of responses while collecting quality data. In an effort to encourage the survey completion rate and assure survey takers that their responses to the survey would remain anonymous, an intentional decision was made to limit the amount of personally identifiable information (PII) collected. Questions collecting name, date of birth, social security number, phone number, or email address were not included in the survey. (Gift card raffle entry forms did contain name, address, email, and phone number fields, but these were collected in a separate online form or immediately separated from the rest of the paper survey.) The challenge of these competing priorities emerged while attempting to compare SDOH indicators between places of residence, such as rural and urban areas, and even among neighborhoods within the City of Buffalo.

Because the survey did not ask for a complete street address, the original attempt to capture this information was the question, "What two streets intersect at the corner nearest to your home?" Feedback from the rural community provided the insight that this strategy is not inclusive of all residential settings, as many people do not reside in areas composed of the blocks and street grids typical of the city and first-ring suburbs. In an attempt to be more inclusive while not losing detail for Buffalo's city neighborhoods, the question was changed to the following:

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

While this solution did protect the participants' identities, it caused numerous issues in the analysis and presentation of the data. Due to limitations within the online survey platform, municipality (Town/City/Village), ZIP code, and Street 1 and Street 2 were all free text fields with no built-in checks. Therefore, any and all text values were accepted as valid regardless of spellings or geographic appropriateness (for example, whether or not the location was in Erie County, whether or not the town or village matched the ZIP code, and whether or not two streets that intersected were included). This issue resulted in a large time commitment to correct through filtering, validation, and adjustments. Furthermore, the intersection question yielded many unusable responses, including responses where only one street was listed, which could cross municipalities or could be one of several streets of the same name in various municipalities (for example, "Main St.").

Subjectivity of “Urban,” “Suburban,” and “Rural”

Because the survey asked for both a description of where the respondent lives (*Rural, Urban, or Suburban*) and an approximate address, it allowed for a comparative analysis of these questions. Upon review of the responses, it became clear that the terms “rural,” “suburban,” and “urban” are subjective and not necessarily clear or well-understood. The table below displays respondents that provided information for both “Which...describes where you live?” (*Rural/Suburban/Urban*) and ZIP code, municipality, and/or intersecting streets. ZIP code, municipality, and/or intersecting streets were then categorized into either living in the City of Buffalo or County (outside of the City of Buffalo). As seen below, 292 respondents living in the City of Buffalo described where they live as rural, and 121 described where they live as suburban. As a result of this finding, the “which describes” question was not used within this analysis, and instead, the other location field was utilized for geographic analysis.

	Rural	Suburban	Urban
City of Buffalo	292	121	1,184

Challenges of Open-Ended Questions.

While open-ended questions may yield very specific and detailed data, they present several challenges. Responses to open-ended questions may have misspellings and inconsistencies and may not be in line with what the survey was intended to collect or what ECOHE expected as a response. One question that utilized the open-ended response method was “What is your job?” Two people with the same job may interpret and answer this question differently. Someone who works as a receptionist in a doctor’s office may respond with “*health care,*” while another receptionist in a doctor’s office may respond with “*desk work.*” These challenges made it very difficult to categorize responses in any way that could be usable for analysis. Therefore, responses to the question “What is your job?” were not presented in this report. The other open-ended questions of municipality and Street 1/Street 2 were included in this report, but as stated previously, required extensive cleaning and review in order to provide useable information.

Value of Pilot Testing the Survey

The previous two points on the subjectivity of rural, suburban, and urban categorizations and the use of open-ended questions are examples of challenges that could have been detected and addressed by pilot testing the survey before implementation. ECOHE debated a pilot period. However, piloting would have delayed the administration of the survey and would have almost certainly reduced the number of responses collected during the remaining time. Therefore, due to time restrictions, the decision was made to begin collecting data with the survey without piloting testing.

Select All That Apply Analysis Issues

Another challenge identified by the ECOHE team during the analysis of the survey pertained to questions that allowed the respondent to “select all that apply.” Due to limitations in the platform used for survey design and an oversight in how questions were worded and paired with response options, it was possible for someone to select a response that indicated both a *challenge* and select a response that indicated that the same factor was *not a challenge*. The ECOHE team’s solution to this problem

DISCUSSION OF RESULTS & CONCLUSIONS

was to consider instances in which both *not a challenge* type responses and *challenge* type responses were selected by the same respondent as conflicting responses and excluded them from the presentation of the data. Because these exclusions altered the denominators of several questions, this issue is also discussed in the report's Data Collection & Methodology section. The main benefit of using “select all that apply” questions is reducing the number of questions respondents must answer while maximizing the amount of data collected. Future surveys will likely utilize a combination of yes/no questions that conditionally branch off to “select all that apply” questions.

Using a "select all that apply" format in this survey offered respondents many more race and ethnicity response options than are often traditionally collected. This design element of the survey has numerous benefits, including allowing respondents to select options that more closely reflect and align with their race and ethnicity. It was ECOHE's intent that the formatting of these questions acknowledge the diversity of our community, the complexity of individual identity, and the value of representation. However, these "select all that apply" questions generated a large number of unique combinations of race and ethnicity that had only a few responses. These low sample sizes made data analysis impractical. As a result, many of these individuals were grouped together or combined with larger groups for most data presentations, losing some of the detail (i.e., Burmese and Filipino grouped with Asian, Cuban and Dominican grouped under Hispanic/Latino).

Targeted and Intentional Outreach to Minority Communities Is Necessary

As previously stated, despite efforts to reach specific minority communities at a specific level with the survey, the number of responses from some groups and sub-groups was too small to perform many analyses. Future efforts to reach these minority communities may include more targeted surveys, focus groups, and interviews with community leaders.

Pros and Cons of Survey Incentives

The ECOHE sees the community's information, knowledge, and experiences as a valuable asset. Based on this principle, any requests for the expertise of the community should justly compensate the community. The ECOHE was unable to directly compensate each individual who completed the survey, so an incentive was implemented instead. Using an incentive to complete the survey encourages some people to participate who would not otherwise do so. While it helps to increase the number of respondents, those completing the survey for the incentive rather than out of interest may be less inclined to provide thoughtful and accurate responses. For example, it was observed that some respondents to the ECOHE survey selected *Do Not Wish to Say* for every question. *Do Not Wish to Say* responses were excluded from analysis and any questions answered with this response were considered unanswered from that respondent. Therefore, *Do Not Wish to Say* responses did not affect the overall pool of responses. Appendix D includes a table that displays the number of valid responses for each question.

Phrases Such as “Healthy Diet” and “Enough Exercise” Are Subjective

While the language used through the survey was very intentional, some questions still utilize phrases that can have very broad definitions or be interpreted based on personal, cultural, or other

experiences. Because the purpose of this survey was exploratory, the ECOHE did not try to define terms and accepts that responses to these types of questions are the collective findings of individualized perceptions. While the survey for the 2022-2024 Community Health Assessment of Erie County asked more quantitative questions about health behaviors, the objective of the ECOHE Community Survey was to supplement this information by learning about the challenges to practicing healthy behaviors faced by Erie County residents. The goal for this information is to aid in formulating solutions to address those challenges. Future research may explore specific topics where specific definitions or parameters would be used within the questions (e.g., “Do you eat more than 5 servings of vegetables a day?” or “Do you exercise more than 30 minutes per day?”).

Balancing Response Participation With Sampling

The ECOHE Community Survey aimed to hear the voices of as many minority and marginalized populations throughout Erie County as possible. Based on this goal, the data is not a representative sample of Erie County as a whole. Results may be influenced by sampling bias. The results of this survey should be interpreted as an exploration of challenges, assets, and other factors that influence health among the many communities of Erie County and as a hypothesis-generating survey for the ECOHE. Future research may include sampling procedures for the ability to test the statistical significance of specific hypotheses.

SUMMARY OF FINDINGS

The following subsections contain some key findings and observations of the data presented throughout the previous sections organized by SDOH domain. The end of this section contains observations that apply across all of the SDOH domains. While individual SDOH factors are highlighted in these sections, it is important to consider that these issues do not occur in isolation. SDOH domains are connected, and individuals and communities often face challenges across SDOH areas in inequitable proportions.

ECONOMIC STABILITY

Financial Situation

Race and ethnicity had a clear association with financial situation. Respondents from racially and ethnically minoritized groups were less likely to report having *More Than Enough Money*. This association between financial situation and race and ethnicity was also evident through ZIP code maps. ZIP codes with higher rates of racially and ethnically minoritized populations had higher rates of respondents who indicated that they had *Not Enough Money*. This observation may have been magnified based on the door-to-door outreach that occurred primarily in some of the most economically disadvantaged ZIP codes within the City of Buffalo. Additionally, younger respondents were more likely to report having *Not Enough Money* while older respondents who were retired were among the groups most likely report having *More Than Enough Money*.

Employment

Analysis of survey data showed that housing types and financial situation were associated with employment status. Unemployed respondents were much more likely to respond that they had *Not Enough Money*. Respondents who were unemployed were even more likely to report that they had *Not Enough Money* if they were a member of a racially or ethnically minoritized group. Many participants in focus groups expressed concern over stagnant wages and the failure of their income to keep up with rising costs. The top reasons for unemployment among respondents were retirement followed by disability or injury. Overall, 24% of respondents reported being unemployed. This may appear high; however, when aligning the definition of unemployed with only those individuals actively seeking employment, the unemployment rate in this survey was around 5%. The survey did not ask for information about individuals who are underemployed or employed but working more than they would like to for financial reasons. As a result, data and findings related to how employment and unemployment impact other factors were limited.

Financial Hopes

Respondents were asked about their hopes for their financial situation. A large number of respondents indicated that they had a plan to improve their financial situation or that they were comfortable with their financial situation. However, at the same time, many expressed that they experienced challenges related to their financial situation. *I am comfortable with my financial situation* was more often selected

among respondents with higher levels of formal education and Non-Hispanic White respondents. LGBTQ+ respondents were less likely to select *I am comfortable with my financial situation*. Lower levels of formal education were associated with higher rates of choosing the statement *I would like to improve my financial situation but don't know how*. As previously stated, a large number of respondents both selected *I have a plan to improve my financial situation* or *I am comfortable with my financial situation* at the same time as listing a challenge. This could be interpreted to imply that respondents are often unsure what a financial plan is and/or what would or could make them financially comfortable. Furthermore, responses to this question are subjective to the respondent. Two people with equal resources may have different levels of comfort and satisfaction with those resources. Additionally, a lack of education and knowledge of financial planning and financial responsibility was expressed during several focus groups.

Barriers and Challenges

Individuals who reported that they had *Not Enough Money* also reported lower levels of social supports. They also indicated that *Affordability* was a challenge in obtaining child care or adult care, eating healthy, and accessing transportation. Respondents between the ages of 20 and 49 were most likely to list *Affordability* as a challenge to eating a healthy diet. Some of the highest rates of food access challenges and healthy eating challenges were observed among respondents living in rural ZIP codes and ZIP codes that intersect with American Indian reservations. Hispanic/Latino respondents were more likely to indicate *Affordability* as a barrier to transportation than non-Hispanic respondents. *Affordability* was reported as a challenge to transportation at significantly higher rates among respondents who were unemployed, have a disability, reported struggling with substance use, or had a history of incarceration. Furthermore, transportation was the most reported challenge to employment for those who reported that they had *Not Enough Money*. It is impossible to infer from these findings whether access to better transportation would improve employment options or if better employment would help compensate for transportation issues. However, it is clear that these two factors work in conjunction and are associated with the individual's resulting financial situation.

Economics & Health Outcomes

Respondents who reported having *More Than Enough Money* were less likely to report any of the listed physical or mental health conditions and more likely to report none of the listed health conditions. Many of the physical health conditions, such as high blood pressure and obesity, were reported at higher rates among those respondents who reported having *Not Enough Money*. Additionally, respondents who indicated that they were *Comfortable* with their financial situation were more likely to report having none of the listed health conditions. By comparison, individuals who selected *I know how I could improve my financial situation but don't feel I have the necessary resources* reported the highest rate of mental and physical illness. Several focus groups expressed the stress and burden that poverty causes. These findings collectively show the possible impacts of financial situation on mental and physical health. These findings are limited because the list of health conditions does not reflect all possible health conditions.



Homeownership

The data on housing present a striking example of inequity within Erie County. Respondents who reported their race and ethnicity as non-Hispanic White were far more likely than any other racial or ethnic group to report that they own their homes. This holds true even when disaggregated by factors such as education attainment, employment, military service, history of incarceration, and substance use. Respondents who reported any type of disability were less likely to own their homes and were more likely to be unhoused or live in a shelter or transitional housing, as were respondents reporting a history of incarceration or struggling with substance use. Respondents who reported owning their homes were more likely to report that they have more than enough money to pay for day-to-day expenses than non-homeowners.

Certain illnesses such as asthma and anxiety or depression were reported more often among respondents who rented their homes than among respondents who owned their homes. Other illnesses, such as cancer, were more common in respondents who own their homes than respondents who rent. Age may be an influencing factor in these differences. The median age of respondents who own their home was 51, while the median age of renters was 40. The median age of respondents who reported living with family and friends was 27. This group was the most likely to report experiencing none of the health conditions listed.

Housing challenges discussed in the focus groups included affordability and availability of renting as compared to owning a home. A reoccurring theme in the focus groups was challenges related to unresponsive and unjust landlords.

Transportation

63% of all survey respondents reported that they get around by personal vehicle. As with housing, there are notable differences in the use of personal vehicles across demographic factors. 87% of non-Hispanic White respondents reported that they get around by personal vehicle as at least one of their means of transportation, more than any other racial or ethnic group. 74% of Asian respondents and 48% of Black respondents reported any use of a personal vehicle. Using a means of transportation other than a personal vehicle may be a choice for some. Overall, however, respondents who did not use a personal vehicle reported more barriers to a healthier diet and exercise. They also reported more challenges related to other SDOH factors, such as finding or keeping a job or accessing food and other life necessities. Respondents were most likely to report challenges due to lack of transportation if they lived in the City of Buffalo or in some rural ZIP codes. Respondents with disabilities were more likely to report challenges to accessing transportation. Affordability was by far the most frequently reported challenge to accessing transportation. This held true across nearly all demographic groups. Insufficient public transportation was a common theme in focus groups.



Treatment by Providers

Respondents from racially minoritized groups were generally more likely to respond unfavorably when asked about how they are treated by providers. Asian and White respondents had an average response of around 2.3 (between *Sometimes* and *Often*). However, respondents from all other racial groups were more likely to indicate that they felt they were not respected or believed by their providers and that their providers did not speak to them in a way they could understand. Additionally, respondents were notably more likely to report poorer treatment by providers if they had less formal education or were transgender, nonbinary, or another gender other than man or woman. Men and women had average scores of 2.1 and 2.2, respectively. Respondents who indicated another gender, including woman of trans experience, man of trans experience, and nonbinary respondents, had an average combined score of 1.9 for these questions.

COVID-19

Survey respondents were asked, “Have you lost a close friend or relative due to COVID-19?” There was notable variance in response to this question when results were broken out by location. Individuals from rural ZIP codes such as 14030, 14070, and 14081 responded Yes to this question at higher rates, each at or near 100%. However, this is likely due to low response rates, as each of those ZIP codes had fewer than 10 total responses to this question. The ZIP codes with response totals greater than 10 and the highest rates of Yes responses were 14004 (64.3% of 14 responses), 14068 (50% of 12 responses), and 14218 (48.2% of 56 responses).

Challenges Accessing Health Care

When asked, “Which of the following are challenges to accessing health care for yourself or your family?” the majority of survey respondents (66%) indicated they experience at least one challenge. Overall, challenges to accessing health care were experienced at much higher rates by respondents from racially minoritized groups. White respondents experienced challenges at a rate of only 52%, a number surpassed by every other group, most notably American Indian or Alaska Native (82%), Black (75%), Middle Eastern or North African (68%), and Asian (68%). Gender and ethnicity also impacted challenges accessing health care. Respondents with genders other than man or women reported the highest rates of challenges. Hispanic respondents also reported more challenges than non-Hispanic respondents. Respondents from racially minoritized groups indicated a higher occurrence of every challenge to accessing health care, with the exception of lack of transportation. Accessing health care was also one of the primary challenges expressed by focus group participants. Cost of health care and access to health insurance were concerns expressed across focus groups. When faced with such high costs and other challenges such as transportation access, and lack of trust in health care providers, participants noted that they and individuals they know tended to seek health care less frequently, and to ignore health problems when they arose.

Health Conditions

Respondents who reported one or more challenges to accessing health care were also more likely to

report that they experience one or more physical or mental health conditions, at 77%. By comparison, only 61% of those who reported that accessing care is not a challenge also reported experiencing one or more of the health conditions. Additionally, respondents who reported that they did not have any of the health conditions listed in the survey rated their experiences with health care providers slightly more favorably on average than those who reported one or more of the health conditions. Better quality of care and access to care was associated with fewer negative health outcomes. The data collected suggests a relationship between access to quality care and fewer negative health outcomes.

EDUCATION

Respondents to the survey were spread out across a range of formal educational levels. The distribution of these education levels had observable differences based on several demographic factors but were most notable by race and ethnicity. Racial and ethnic minority populations were more likely to have lower levels of formal education. A notable exception was Asian respondents, who had a high percentage of respondents with postgraduate degrees. In a disaggregation of Asian respondents, the ECOHE team observed the diversity of this population, with some subgroups with much higher education levels than others. Looking at education level by geography reinforced this finding. The City of Buffalo—where most racial minority groups live at higher rates—had lower levels of formal education. One consideration in these findings is that the average age of members of racially minoritized groups is younger than the average age of all Erie County residents. Therefore, they may not yet have achieved their highest level of education. The broader trend of fewer young adults pursuing advanced formal education such as undergraduate or graduate degrees may also impact education levels by age. In addition, there were numerous mentions within focus groups about the perceived poorer quality of education in the City of Buffalo as compared to more affluent suburbs. Many focus groups also referenced the importance of alternative education programs and the value that they provide to the community.

Employment, Finances, and Education

This survey included several direct and indirect questions to assess respondents' financial situations. These included employment, self-reported financial situation, challenges to their financial situation, hopes for their financial situation, and homeownership. Every one of these financial metrics displayed the same general trend: Increasing educational levels correlated with increasing financial resources or sense of financial security. Or, phrased another way, each formal education step an individual took was correlated with an improved financial situation or perception of financial security. While this trend persisted within each demographic group, respondents from racially and ethnically minoritized groups reported poorer financial situations and fewer assets than non-Hispanic White respondents with equal formal education levels.

These findings should also be considered by the age of respondents. Older respondents tended to have higher educational levels and increased financial resources. Retirees had some of the highest home ownership rates and fewest challenges to finances. It remains to be seen if increased educational levels in today's younger population will continue to correlate with increased financial security in the future.

Challenges and Education

Respondents who reported experiencing challenges like struggling with substance use, a history of incarceration, or living with a disability were less likely to have higher levels of formal education. Lower levels of formal education also corresponded with fewer social supports. Disparities in challenges around food access, diet, and exercise were observed when analyzed by educational level. Food challenges included using SNAP or WIC, which was much higher in respondents without a college degree. Many respondents who reported using SNAP or WIC still expressed that their household was not able to get enough food. The ability to afford healthy food was the most reported challenge to eating a healthy diet across every education level. But while for respondents with more formal education, having time to cook was the next biggest challenge to a healthy diet, knowledge of what foods are healthy was the next biggest challenge for respondents with less formal education. In a similar pattern, the biggest challenge to exercising was time for those with a college degree. However, access to a gym was a major challenge for respondents without a college degree. Collectively, these challenges reflect the interaction between education, finances, and health behaviors, indicating a lack of certain resources— food, money, and knowledge—among respondents with less formal education and other resources—namely time—among those with more formal education.

Health Outcomes and Education

In general, respondents with less formal education reported higher rates of physical health conditions, while those with higher education levels reported mental health conditions at higher rates. This may indicate that increases in education level increase awareness of mental health concerns among respondents, decrease stigma related to mental health among respondents, or increase resources such as money and time that facilitate access to mental health services, including diagnosis and treatment. Notably, reported rates of mental health conditions were higher across the educational spectrum for LGBTQ+ respondents compared to heterosexual respondents and for respondents of genders other than man or woman compared to men and women.

The correlation between education level and most of the individual physical health conditions was unclear. This was often obscured further when compared by other demographic factors. This may be because the list of physical health conditions was limited, or because the ECOHE team did not control for any of the other factors that influence health outcomes, such as age.



SOCIAL AND COMMUNITY CONTEXT

Social Supports

Respondents reported that they could rely on friends or family for *Practical Help* less often than *Emotional Support* or *Having Fun* consistently across nearly all demographics and SDOH categories. However, overall levels of reported social supports varied across communities. Differences were particularly pronounced across life experiences, such as history of incarceration, transportation challenges, financial situation, and struggling with substance use. Smaller differences were observed across race, gender identity, and sexual orientation. The data represent an association between the perceived adequacy of the respondent's social supports across these various factors. Individuals in

DISCUSSION OF RESULTS & CONCLUSIONS

particular situations may require more support than their peers who have different experiences. Therefore, the same amount of support available may be sufficient for some people but not others. For example, respondents who reported being responsible for young children or living with an adult who requires constant care, on average, reported that they had friends or family that they could rely on for support less often than respondents who were in neither of those categories. The ECOHE team cannot determine from these data whether or not this is because they require a greater amount of support from friends or family than their peers without caregiver responsibilities or if they do not have as much support available to them. What the ECOHE team can determine is that the support they have is less sufficient to fulfill their needs. Additionally, participants from several focus groups, such as Rural Caregivers and Rural Older Adults expressed social isolation as a challenge.

Caregivers

The survey revealed several challenges for respondents who are responsible for either young children or an adult requiring constant care. The majority of respondents in both of those categories reported challenges to finding care. Affordability was the greatest challenge to finding care for both adults and children, particularly for child care. Affordability may be less of a challenge for adults requiring care, as Medicaid or Medicare may be a source of funding for them. Caregivers of children or adults were more likely to report that they don't have enough money to pay for day-to-day expenses and less likely to report that they had more than enough money than respondents without caregiver responsibilities, particularly if they reported being unemployed due to their caregiver responsibilities. Several focus group participants who had caregiving responsibilities reported financial challenges to finding care in addition to providing the life they want for their loved ones.

Respondents who reported having young children or living with an adult who requires constant care reported more challenges to maintaining a healthy diet and exercising than those without caregiver responsibilities. Personal preferences such as disliking the taste of healthy foods and lack of interest in eating healthier or exercising more made up a greater proportion of the challenges reported among respondents without caregiver responsibilities than those with caregiver responsibilities.

Respondents who indicated that they lived with an adult requiring constant care or were responsible for young children reported more anxiety and depression than those without caregiver responsibilities, particularly if they had challenges to finding care. Interestingly, the reverse was true for physical illnesses. Respondents who reported having young children or living with an adult who requires care were less likely to report any of the physical illnesses listed in the question about health outcomes and were even less likely to report any of the physical illnesses if they had challenges to finding care. These data reveal associations, not necessarily causal relationships. Meaning, it is not possible to determine from these data whether the act of caring for another person makes an individual more physically healthy or if people who are physically healthy are more likely to be caregivers.

Immigration

There is great diversity among people who move to Erie County from outside of the 50 United States.

These communities are not only diverse in race and ethnicity but also in skills, assets, needs, and experiences. There were not sufficient numbers of survey participants from many ethnic communities largely comprised of people born outside of the United States or in U.S. territories. However, there were sufficient numbers of respondents in broader categories for some analyses to be performed.

When comparing the reported health conditions of respondents who moved to the United States as adults and those who moved to the United States as children, physical conditions were reported at a similar rate, but respondents who moved as children were more likely to report anxiety or depression than those who moved as adults. Overall, respondents born outside the United States were the least likely to report any of the health conditions listed. Cultural differences in perceptions of health and the likelihood of receiving a diagnosis for health conditions experienced by the respondent may skew these results. Furthermore, the median age of respondents who reported being born outside the United States was 36.5, while it was 39 for those born in U.S. territories and 44 for those born in the United States.

Respondents who reported being born in U.S. territories reported more SDOH challenges and fewer assets than those born in the United States or in countries outside the United States. However, there may be greater diversity in circumstances and experiences among those born outside the United States that could not be fully explored in this survey data due to low response numbers. Participants in both the Bangladeshi and Puerto Rican focus groups expressed challenges due to language barriers, cultural differences, and discrimination.



LANGUAGE ACCESS

Of the 3,337 respondents across Erie County who answered the question “How well do you speak English?”, 98.25% indicated they speak English *Well* or *Very Well*. The City of Buffalo contained the ZIP codes with the highest rates of these responses to this question. It also contained many of the ZIP codes with the highest percentage of respondents who indicated that they speak English at a level of *Not Well* or *Not at All*. Differences in English language speaking ability were also correlated with lower levels of formal education and with a history of incarceration.

Health Conditions & Language

Individuals who reported that they speak English at a level of *Not Well* or *Not at All* reported physical health conditions at a rate of 59%, slightly more than those who reported that they speak English *Well* or *Very Well* at 57%. Conversely, responses by individuals who speak English *Well* or *Very Well* reported mental health conditions at a rate of 31%, and those who speak English at a rate of *Not Well* or *Not at All* reported mental health conditions at a rate of 18%.

Because respondents with lower English speaking proficiency were so much less likely to report having a mental health condition, this may indicate that there is a barrier to mental health care for these individuals. This barrier may be directly related to language, meaning individuals are unable to access information on mental health in their native language and therefore did not understand the

DISCUSSION OF RESULTS & CONCLUSIONS

question when it was presented. This barrier may also be social, meaning there is stigma associated with mental health among communities in Erie County that speak languages other than English that is less prominent among communities that primarily speak English. Furthermore, individuals with lower English speaking proficiency may come from cultures where mental health is not recognized as a health condition, making them less likely to report it as such.

Language-related challenges faced by Erie County residents were further explored in several of the focus groups, several of which were primarily attended by individuals who did not speak English as their primary language. Lack of access to reliable medical information in native languages were concerns expressed by both the Spanish language focus groups and the Bangladeshi focus group, in addition to concerns about quality and availability of translators in medical and governmental settings.

ADDITIONAL CONCLUSIONS

The Age Effect

For biological reasons, our physical condition changes as we age. Our health and well-being can also be impacted by social influences as we go through different phases of life. These influences can include changes in employment status, access to resources, and social supports and connections. With the exception of the 0-19 age group, the likelihood of reporting one of the physical illnesses listed in question #34 increased with age. Meanwhile, the highest rate of anxiety or depression reported was among respondents in their 30s, followed by those in their 40s. Some SDOH factors correlate more strongly with age than others. This may influence some comparison outcomes.

Cumulative Effect of Disadvantages

Certain SDOH factors are broadly recognized as assets and may give individuals advantages to maintaining good health. These include owning a home, owning a car, having strong social supports, and having a college degree. Often, an individual is advantaged or disadvantaged in numerous ways. For example, 58% of respondents who reported *Any Use of a Personal Vehicle* to get around also reported that they own their home, while only 10% of those who reported *No Use of a Personal Vehicle* reported that they own their home. Racially and ethnically minoritized respondents were less likely to report homeownership or use of personal vehicles and were also less likely to report positive health care experiences. Thus, when reviewing health data, we must keep in mind that these SDOH factors do not exist in a vacuum, and that the communities represented may be facing more challenges than what is captured in a single metric.

Causation vs. Association

It is often difficult to determine the exact relationship in a correlation. For example, respondents who reported owning their homes were more likely to report that they had more than enough money to pay for day-to-day expenses. Considering that this data does not exist in a vacuum, we must factor in the likelihood that respondents who own their homes were also more likely to have higher educational attainment than those who do not. Higher educational attainment is also positively correlated with more financial stability. Thus, we cannot claim that owning a home causes people to be more able to pay for their expenses, but rather that it is associated with a greater ability to pay for expenses. This greater ability to pay for expenses may be due to the asset of homeownership or due to related factors, such as level of formal education.

Historically, being of a certain race and/or ethnicity has been considered a risk factor for various health conditions by the medical community. Rarely is the risk linked only to the biological traits that are considered to make up a person's race and/or ethnicity. Rather, the risk is linked to associations between a person's race/ethnicity and SDOH factors. For example, while Black individuals have higher rates of diabetes, diabetes is not caused by being Black. While genetics can play a minor role in diabetes outcomes, diabetes rates are overwhelmingly driven by the SDOH factors around the individual. While there may be an association between race and health outcomes, this example highlights the complicated nature of determining causality [23].

DISCUSSION OF RESULTS & CONCLUSIONS

Exercise

Overall, not having enough time was the most reported challenge to getting enough exercise. About 32% of all of the respondents who answered the question about exercise (#27) reported time as a challenge. Lack of access to a gym was the second most often reported challenge, and was reported at higher rates more among respondents from racially minoritized groups as well as respondents with disabilities. Pain, injury, or illness was the most common challenge among respondents ages 60 and older. Respondents in their 40s were the least likely of any age group to report that they feel they get enough exercise. Respondents who reported experiencing any of the physical or mental health conditions listed in question #34 were about half as likely to report that they feel they get enough exercise than respondents who reported experiencing none of these health conditions.

Diet

Affordability was the most reported challenge to maintaining a healthy diet. About 30% of respondents who answered the question about challenges to a healthy diet (#26) reported affordability as a challenge. Not having enough time to cook was the second most reported challenge, and was reported at higher rates among respondents ages 20-49. Availability of healthy foods in the community was only reported as a challenge by about 7% of respondents, and was reported at higher rates within the cities of Buffalo and Lackawanna and at the highest rates in several rural ZIP codes. Respondents born outside the United States or in U.S. territories also reported the availability of healthy foods as a challenge more than respondents who were born in the United States. Lack of knowledge about healthy foods was more likely to be reported as a challenge to healthy eating among respondents who were 80 years or older or 0-19 years old than among other age groups. Lack of knowledge was also reported as a challenge at higher rates among respondents born outside the United States or in U.S. territories than those born in the United States.

Health Conditions

Reported rates of health conditions by demographic factors were sometimes different than expected. Several factors may influence which health conditions survey respondents may report. Different cultures may view health conditions in different ways, particularly when it comes to mental health conditions. Respondents whose first language is not English may not be familiar with the terms listed in question #34. Culture, resources, and life circumstances may also influence the likelihood of receiving a diagnosis for any health conditions they may experience. Many people with health conditions are unaware of their condition. Some respondents may not have been comfortable sharing a diagnosis of certain health conditions despite the anonymity of the survey. Furthermore, the health conditions listed in question #34 are only a few of the conditions a given person may experience. As a result, there are many health outcomes that are not represented in this data.

RECOMMENDATIONS

Based on the analysis and review of the findings, the ECOHE recommends the following programming and policies to address some of the SDOH factors driving Erie County's health outcomes.

Program and Policy Recommendations

Expand Financial Planning and Education

Respondents from racially and ethnically minoritized groups reported significantly more financial challenges and barriers to economic stability. Many groups would benefit from programming that increases knowledge of finances, financial planning, and overall financial literacy. Many of these types of programs exist throughout the community, but are often under-resourced or limited in their scope. Programs that are more comprehensive and designed and implemented for multiple age groups are needed. For example, programs that provide good foundational knowledge to young adults while also offering services and programs to middle-aged and older adults. It would also be advisable to include financial literacy programs in K-12 education in public school systems. Additionally, the financial system is full of misinformation, bad information, and nuanced processes. Any program addressing financial literacy should adequately address these issues. Lastly, programs should help reframe the way many populations think about their financial situation and the impact they can have upon it.

Increase Enrollment in Higher Education and Trades

Many Erie County residents lack higher levels of formal education. Programs aimed at increasing enrollment of residents from ethnically and racially minoritized groups into higher education programs would help address the educational gap. These programs could be facilitated by forming partnerships between the county government and local colleges and universities to build stronger pipelines from predominantly minority high schools. Additional programs that connect the community to non-traditional educational options, such as trade schools, should also be implemented. Many education programs and career centers exist within Erie County, but efforts should be made to better support these programs and make these programs available at locations and hours convenient to the populations they serve.

Develop Social Connections for Practical Support

One of the most consistent findings in the survey analysis was that *Practical Help* from friends and family was the lowest reported social support. These low levels were often more pronounced among minority communities. This could be addressed through programming aimed at increasing social connections within these communities. For example, programs that build community support and networking within LGBTQ+, refugee and immigrant, and Black and Hispanic communities. These types of programming could be placed in accessible anchor institutions, such as libraries, schools, and community centers.

Provide Supports for Caregivers

Respondents who reported having young children or living with an adult who requires constant care reported more challenges to healthy living, less adequate financial situations, and less social support than those who were not in either of those categories. Programs to promote financial stability and

respite to those struggling to balance the care of a loved one, household finances and upkeep, and self-care would be worthwhile. To start with, this may include workshops to educate caregivers on what options already exist for these types of support.

Expand Transportation Options and Services

Thirty-four percent of respondents who answered the question “How do you get around?” did not report any use of a personal vehicle. These respondents reported more SDOH and health behavior (diet and exercise) challenges than those with use of a personal vehicle. Programs and services should increase their focus on ensuring that the need for transportation is considered when arranging services. In addition, more services and programs should be expanded or made available in rural areas of the county. Policies should incentivize establishing rural locations for services and or mobile services. Furthermore, expanding public transportation into suburban parts of Erie County may be warranted to increase access to employment opportunities and health care options. Programs that eliminate the need for transportation, such as telehealth or mobile health care units, mobile markets, or remote work options should be considered to minimize transportation barriers.

Disaggregate Minority Populations When Collecting Data

Populations that have been traditionally grouped—such as Asian, Hispanic/Latino, Black/African American, LGBTQ+, and immigrants and refugees—should be provided with the ability to identify as more specific populations. The ECOHE consistently received positive feedback from the public on the use of a more inclusive and disaggregated demographic collection tool. In addition to the community feeling heard, the broad use of expanded demographic options would increase the ability to draw more accurate and specific conclusions on the communities and populations any program or service wishes to serve. Of note, the ECOHE Survey did not disaggregate the Black/African American community. After hearing from the community that this was necessary, the ECOHE has implemented an updated demographic tool that allows Black/African American respondents to further identify themselves as African, American, Caribbean, South American, or members of another group. The ECOHE plans to continue to incorporate community feedback into the ways we collect, group, and present data on specific populations.

Use More Specific Language Around Employment and Unemployment

The 2022 ECOHE Community Survey asked respondents to provide a reason for unemployment. This question provided extremely valuable information on sub-categories of unemployed respondents. After analysis of the data, having asked even deeper questions on this topic could have been even more enlightening. Programs and services that wish to understand the employment status of their clients or community should use expanded options for employment that go well beyond the binary of *Employed* or *Unemployed*. Asking the reason for unemployment can offer additional insight into unemployment. Furthermore, asking those who are employed additional questions would provide far more detail on work quantity and work desires. These questions could include:

- Do you work multiple jobs?
- Are you underemployed?
- How many hours a week do you work?
- Would you like to work more hours each week?

Reduce or Eliminate Formal Education Requirements for Employment

The extremely strong association between formal educational level and nearly every SDOH factor reflects the multitude of ways that formal education has traditionally impacted the lives of individuals. Formal educational requirements are very often a barrier to employment. These requirements disproportionately impact members of ethnically and racially minoritized communities and other minority groups. While other means to increasing education can take time and significant investments, the process of evaluating the requirements of job positions and reducing or removing educational requirements when appropriate could be an interim solution. One way to reduce educational requirements is to equate education levels with corresponding values of lived experience. Employers should undertake these types of reviews periodically and rewrite job positions and requirements.

Pair Social Supports With Other Services

As mentioned in the program recommendations, social supports were almost universally reported at low levels on the Likert scales (meaning that these were occurring infrequently). This finding justifies a need for policy-level solutions to increase how communities can get support for practical needs like child care and transportation as well as for emotional support and for relaxation and fun. One solution could be pairing social supports with other services. For example, a medical group could provide a neighborhood-based cancer screening or vaccination event that also offers entertainment for children. This type of event could both fill a need for a community networking event as well as help parents to overcome the challenge of finding child care that may prevent them from receiving medical care. Other social supports, such as emotional support, could be implemented in workplaces. This could be achieved through a combination of employer-encouraged training sessions on mental and emotional health, support groups, team building efforts, and leave policy reform. While this is already occurring in some workplaces in Erie County, making it a standard practice would benefit more residents.

Expand Opportunities for Community Input and Feedback

Meeting the community where they are by interacting, speaking, and engaging directly with the community in the community has generated invaluable information for the ECOHE. The information displayed in this report could not have been collected without this additional effort. The ECOHE plans to use this information to create meaningful and impactful changes to reduce health disparities in the community, focusing on the areas that were found to be most important to the community. Organizations or groups should only make decisions that impact the community if they collect meaningful feedback and input from the community. This should become an expectation of the process of working with communities. This could be accomplished through activities such as creating community advisory boards, using community panels, conducting town halls, and leading community conversations.

Of additional note, the community's opinions, experiences, and knowledge are an asset. As such, the community should be compensated for their time and expertise. Groups are recommended to create policies and standards that routinely compensate the community when their time and expertise are utilized. Furthermore, the input provided by communities must be incorporated into practice. The step of community consultation should not be taken simply for the sake of optics or "checking a box."

NEXT STEPS

Completion of Focus Group Analysis

The community voices and data collected during the 2023 focus groups were not completely analyzed in time to be included in this report. In early 2024, focus group transcripts will undergo an iterative process of thematic coding based on the SDOH domains. Any other emerging themes will be explored and analyzed. ECOHE plans to produce a summary of these qualitative findings in 2024.

Other Visualizations of Community Survey and Focus Group Data

With close to 4,000 responses to the community survey, this report only displays a small fraction of the visualizations generated by the ECOHE. Additional presentations of the findings were often specific to smaller groups and populations or very specifically constructed combinations of variables. Many community-based organizations in Erie County are focused on a specific population, geography, or health condition. The ECOHE plans to create more condensed information—such as a one-page infographic—that is specific to the interests of these groups, utilizing the additional data and visualizations available to our team.

As a further step, the ECOHE plans to make much of the data publicly available. Although this is still in the planning phase, this will likely be achieved through the use of an interactive Tableau Dashboard. This tool would allow the user to interact with the data, creating customized tables, charts, and graphs. These could then be downloaded to aid the user in tasks such as grant writing, policy development, and strategic planning.

Further Research

As an initial survey, the 2022 ECOHE Community Survey was an attempt to very broadly explore the SDOH among the diverse communities in Erie County. Undertaking research of this breadth poses a challenge to obtaining data on any particular area with much depth. Therefore, future research efforts may focus more specifically on certain communities or issues. The focus groups conducted over the summer of 2023 began to explore SDOH within specific communities with more depth and nuance. The ECOHE has plans to engage communities that have not yet been well-represented in research efforts through additional focus groups and interviews with community members and leaders. These communities may include people with disabilities, the Seneca Nation, and various other racially and ethnically minoritized groups. Future research may also focus on more specific health issues, such as tobacco use or maternal health, along with the associated social influences.



REFERENCES

1. The Erie County Health Equity Act of 2021. Local Law Intro No. 3-1-2021 (2021). https://www2.erie.gov/legislature/sites/www2.erie.gov/legislature/files/uploads/Session_Folders/2021/15/LL%20Intro.%203-1%20%282021%29.pdf
2. Erie County Department of Health; Office of Health Equity. (2023). *Health Equity in Erie County: An Initial Disparities Report*. <https://www3.erie.gov/health/sites/www3.erie.gov/health/files/2023-02/healthequityreport.pdf>
3. Historical Society of the New York Courts. (n.d.). *When did slavery end in New York?* Retrieved January 11, 2024, from <https://history.nycourts.gov/when-did-slavery-end-in-new-york/>
4. Scarsdale Historical Society. (2021). *Slavery in New York and Scarsdale*. <https://www.scarsdalehistoricalsociety.org/slavery-in-new-york-and-scarsdale>
5. Buffaloresearch.com. (n.d.). *Buffalo Underground Railroad sites*. Retrieved January 11, 2024, from <https://buffaloresearch.com/ugrr/>
6. U.S. Census Bureau. (2022). *American Community Survey, 2021 5-year estimates*. <https://data.census.gov/>
7. New York State Department of Health. (n.d.). *New York State profile of children and youth with special health care needs, 2019-2020*. Retrieved January 11, 2024, from https://www.health.ny.gov/community/special_needs/docs/cshcn_profile_2019-20.pdf
8. Harris, B. R., Gallant, K., & Mariani, A. (2023, January). *Mental health in rural New York: Findings and implications of a listening tour with residents and professionals* [PowerPoint slides]. NORC at the University of Chicago. <https://nyssoc.com/wp-content/uploads/2023/02/Rural-NY-Listening-Tour-Report-2023.pdf>
9. Erie County Department of Health. (n.d.) *Erie County, NY, community health assessment community health improvement plan 2022-2024*. Retrieved January 11, 2024 from <https://www3.erie.gov/health/sites/www3.erie.gov/health/files/2022-06/cha.pdf>
10. Saxbe, D., Rossin-Slater, M., & Goldenberg, D. (2018). *The Transition to parenthood as a critical window for adult health*. *The American Psychologist*, 73(9), 1190–1200. <https://doi.org/10.1037/amp0000376>
11. National Partnership for Women & Families. (2021, May). *Paid leave is essential for healthy moms and babies*. <https://nationalpartnership.org/report/paid-leave-is-essential-for/>



REFERENCES

12. New America. (n.d.) *Paid family leave: How much time is enough?* Retrieved January 11, 2024, from <https://www.newamerica.org/better-life-lab/reports/paid-family-leave-how-much-time-enough/economic-impact/>
13. Joint Economic Committee. (n.d.) *The economic benefits of paid leave: Fact sheet.* Retrieved January 11, 2024, from https://www.jec.senate.gov/public/_cache/files/646d2340-dcd4-4614-ada9-be5b1c3f445c/jec-fact-sheet---economic-benefits-of-paid-leave.pdf
14. Center on Budget and Policy Priorities. (2021, April 27). *A national paid leave program would help workers, families.* <https://www.cbpp.org/research/economy/a-national-paid-leave-program-would-help-workers-families>
15. Montoya-Williams, D., Passarella, M., & Lorch, S. A. (2020). *The impact of paid family leave in the United States on birth outcomes and mortality in the first year of life.* *Health Services Research*, 55(Suppl 2), 807–814. <https://doi.org/10.1111/1475-6773.13288>
16. Weber, A., Harrison, T. M., Steward, D., & Ludington-Hoe, S. (2018). *Paid Family Leave to Enhance the Health Outcomes of Preterm Infants.* *Policy, politics & nursing practice*, 19(1-2), 11–28. <https://doi.org/10.1177/1527154418791821>
17. Rossin-Slater, M. & Uniat, L. (2019, March 28). *Paid family leave policies and population health [policy brief].* *Health Affairs.* <https://www.healthaffairs.org/doi/10.1377/hpb20190301.484936/full/>
18. New York State Division of Human Rights. (n.d.) *Human Rights Law protections for gender identity & expression.* Retrieved January 11, 2024, from <https://dhr.ny.gov/genda>
19. New York State Department of Health. (2023, April 21). *New York State Department of Health Awards \$8.9 million to promote breast/chest feeding in racially and ethnically diverse communities.* https://www.health.ny.gov/press/releases/2023/2023-04-21_breast-chest_feeding.htm
20. County Health Rankings & Roadmaps. (2023). *Erie, New York.* Retrieved January 11, 2024, from <https://www.countyhealthrankings.org/explore-health-rankings/new-york/erie?year=2022x>
21. New York State Department of Health. *Health Equity.* Retrieved January 11, 2024, from https://www.health.ny.gov/community/health_equity/



REFERENCES

22. Holt-Lunstad, J., Robles, T. F., & Sbarra D. A. (2017). *Advancing social connection as a public health priority in the United States*. *American Psychologist*, 72(6), 517-530.
<https://doi.org/10.1037/amp0000103>
23. Braveman, P., Borrell, L., Fielding, J., Kumanyika, S., LaViest, T., Manderscheid, R., & Troutman, A. (2011). *Disparities and health equity: The issue is justice*. *American Journal of Public Health*, 101(Suppl 1), S149-S155. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3222512/>
24. Centers for Disease Control and Prevention. (2020, November 24). *Health disparities*. Division of Adolescent and School Health. <https://www.cdc.gov/healthyyouth/disparities/index.htm>
25. NY Health Foundation. (n.d.). *Pursuing racial health equity*. Retrieved January 11, 2024, from <https://nyhealthfoundation.org/grantee-story/pursuing-racial-health-equity/>
26. National Association of Counties. (2022). *Diversity, equity and inclusion: Key terms and definitions*. https://www.naco.org/sites/default/files/documents/2022-DEI_KeyTerms_V11.pdf

LIST OF APPENDICES

- A — Additional Charts, Figures, and Tables
 - Survey Respondent Demographics
 - Maps
 - SDOH Supplemental Figures
by 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

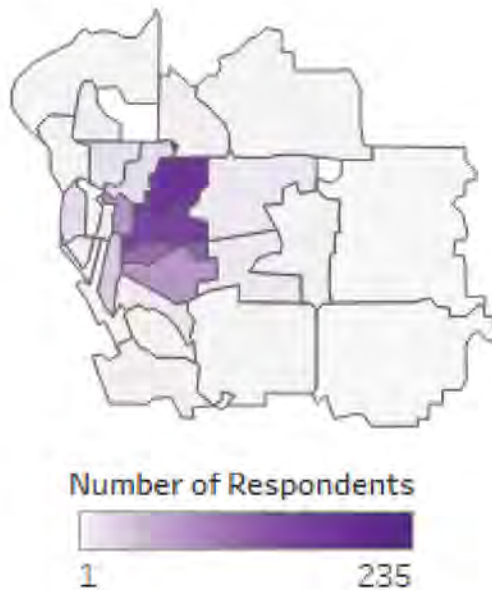
APPENDIX A: ADDITIONAL CHARTS, FIGURES, AND TABLES

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.

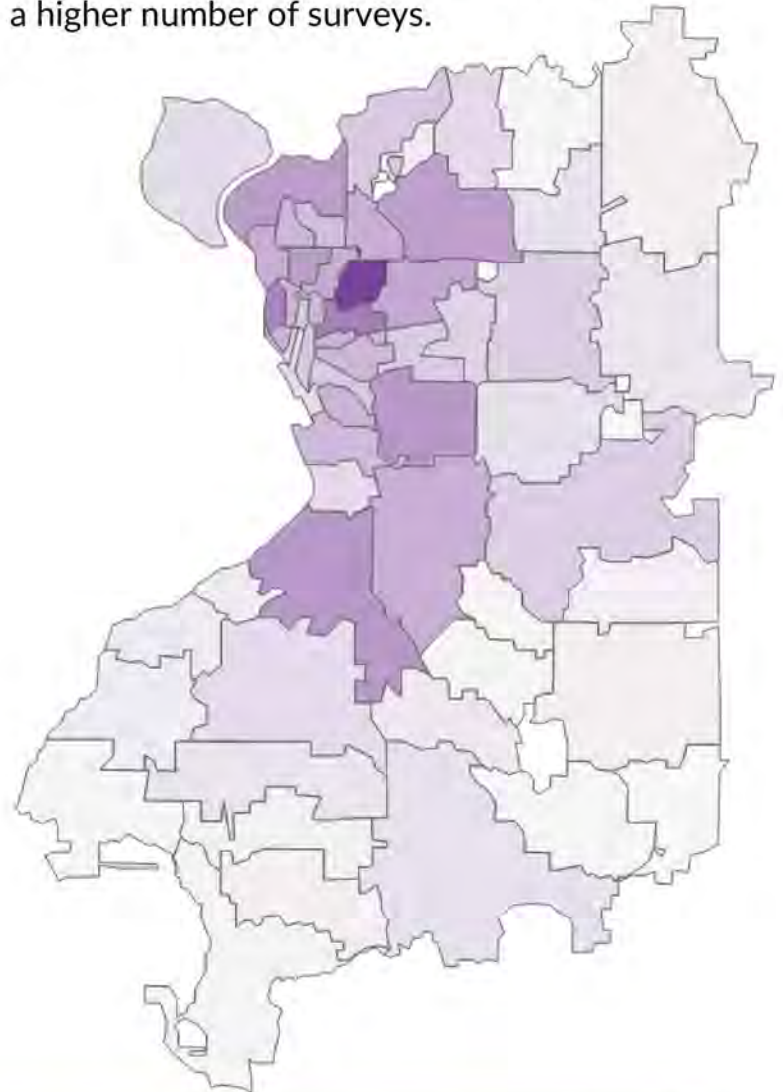
Witness Project Outreach

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.

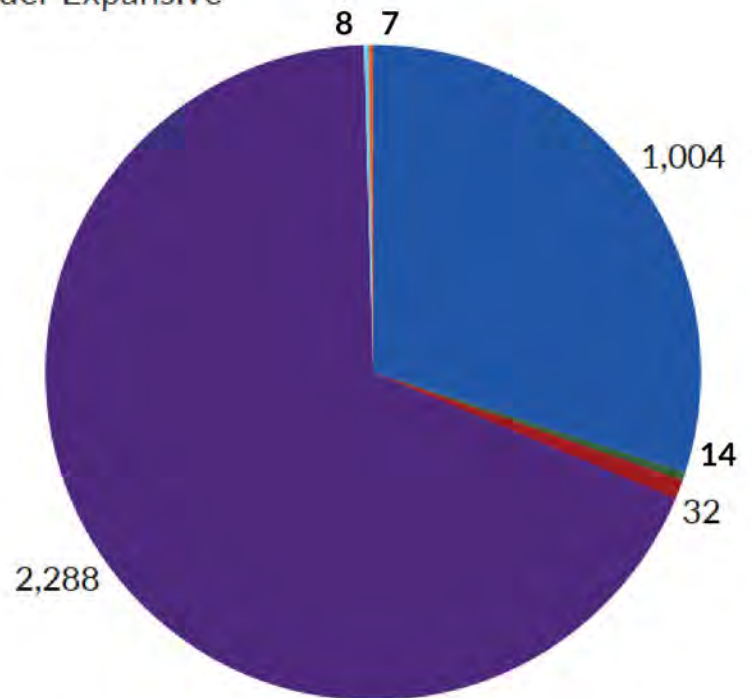
SURVEY RESPONDENT DEMOGRAPHICS

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

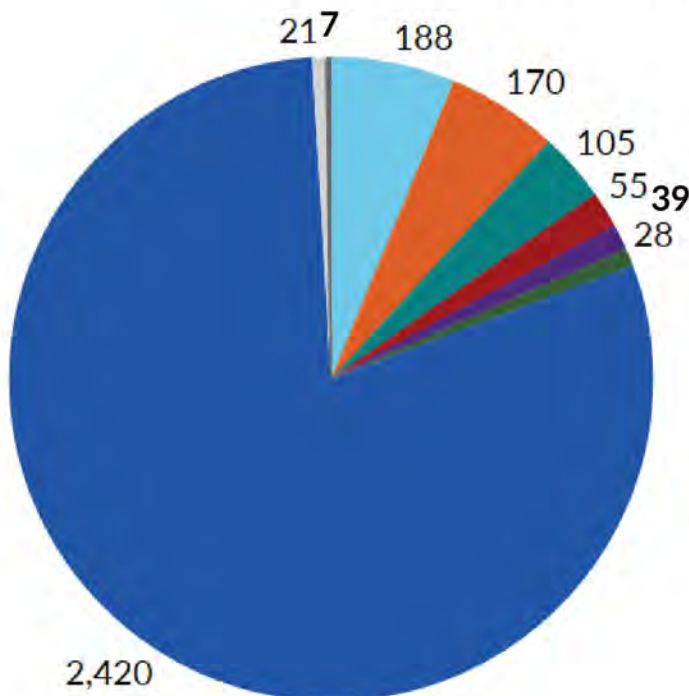


ECOHE 2022 Community Survey - Sexual Orientation

What is your sexual orientation?

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

Total Responses: 3,033



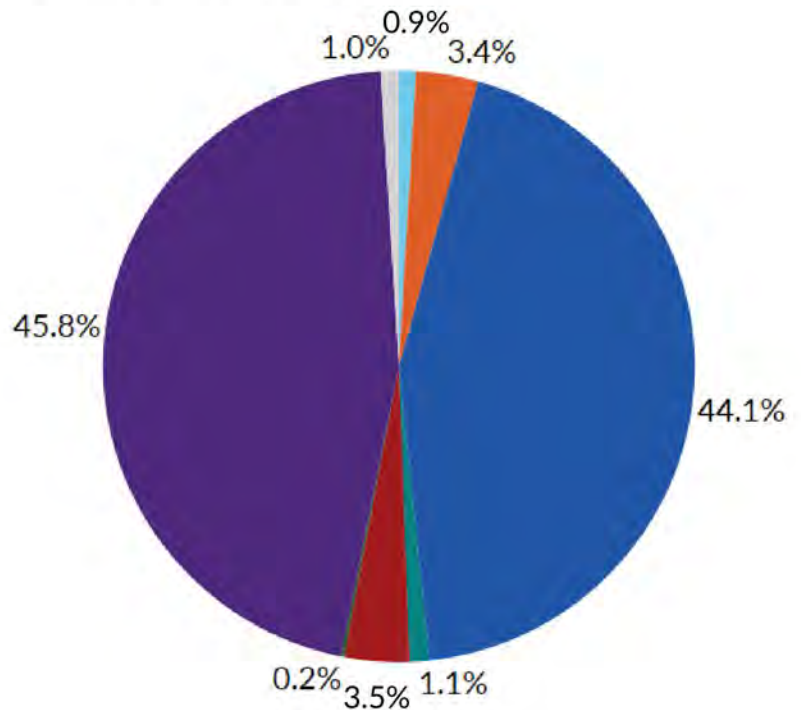
SURVEY RESPONDENT DEMOGRAPHICS

ECOHE 2022 Community Survey - Race

What is your race?

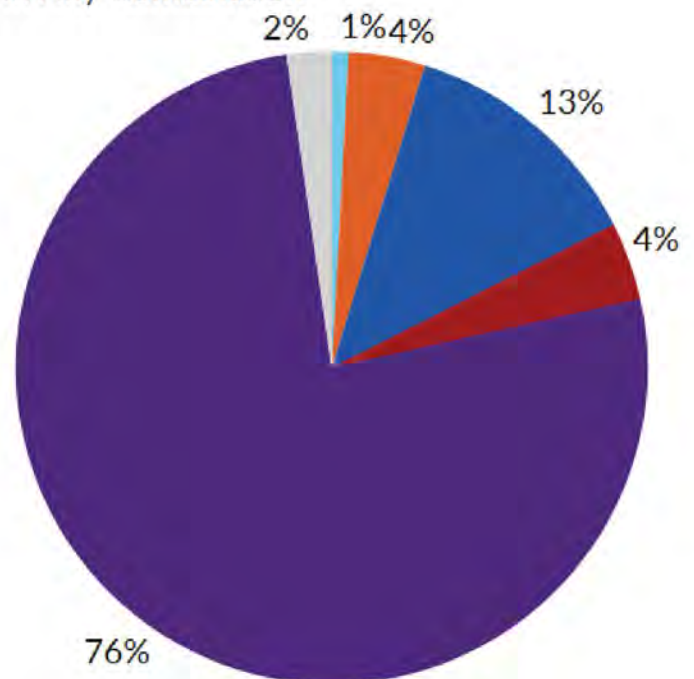
- American Indian or Alaska Native
- Asian
- Black
- Middle Eastern or North African
- More Than One Race
- Pacific Islander or Hawaii Native
- White
- Other

Total Responses: 3,154



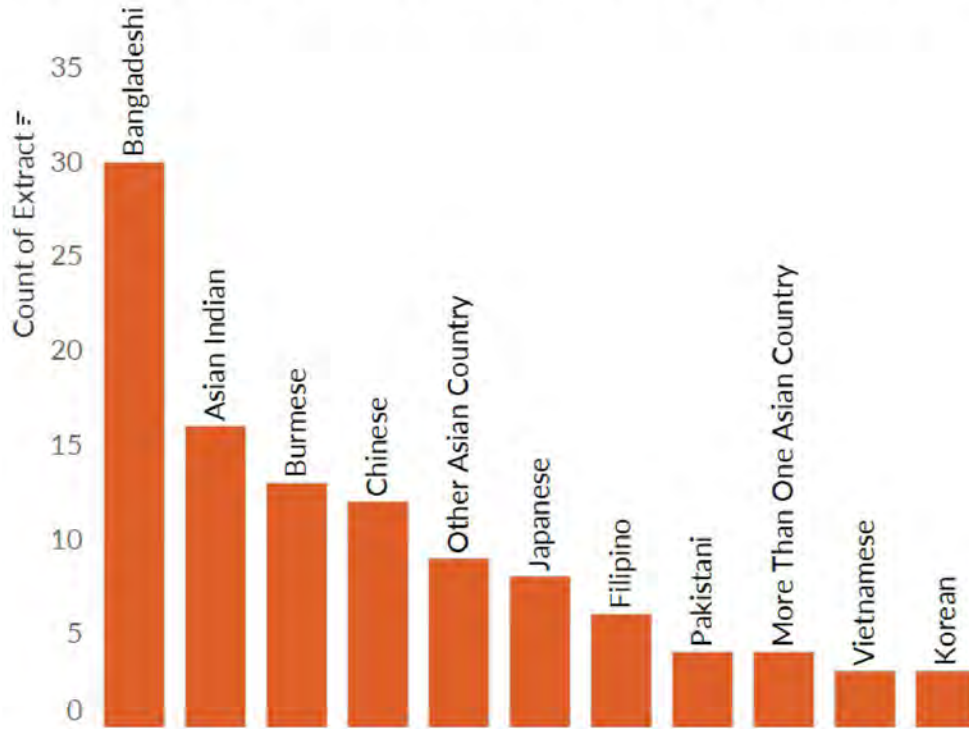
ACS 2021 5-Year Estimates - Race

- 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

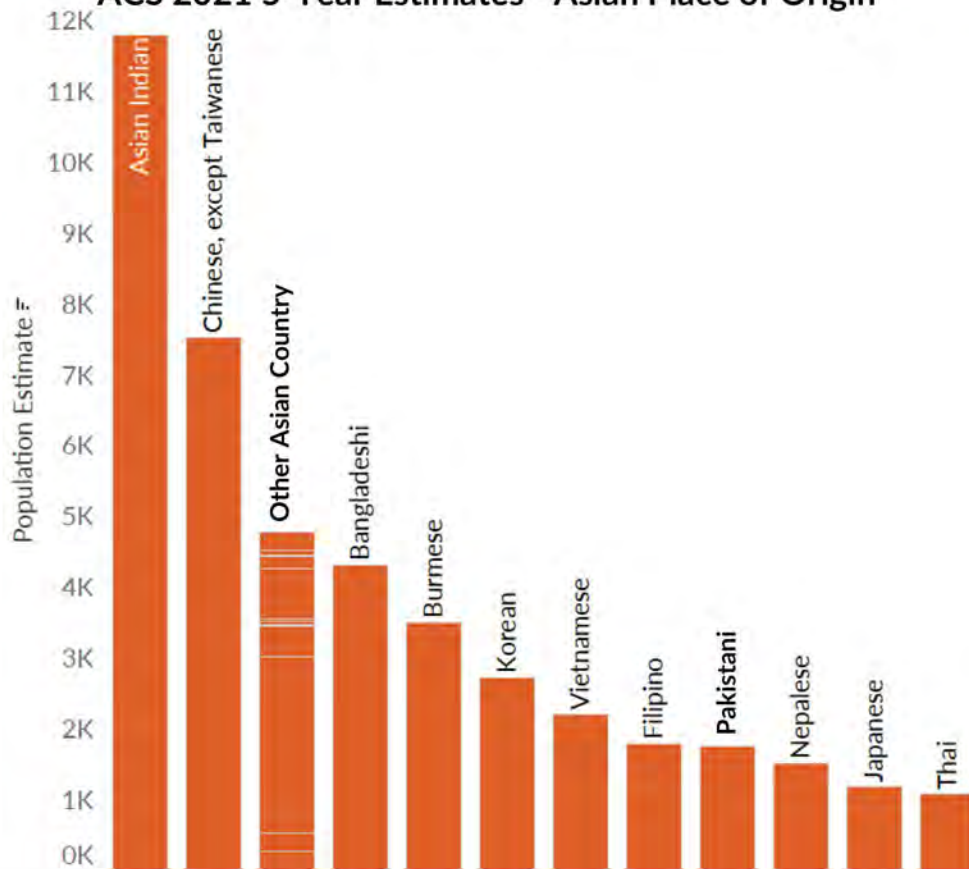


SURVEY RESPONDENT DEMOGRAPHICS

ECOHE 2022 Community Survey - Asian Place of Origin



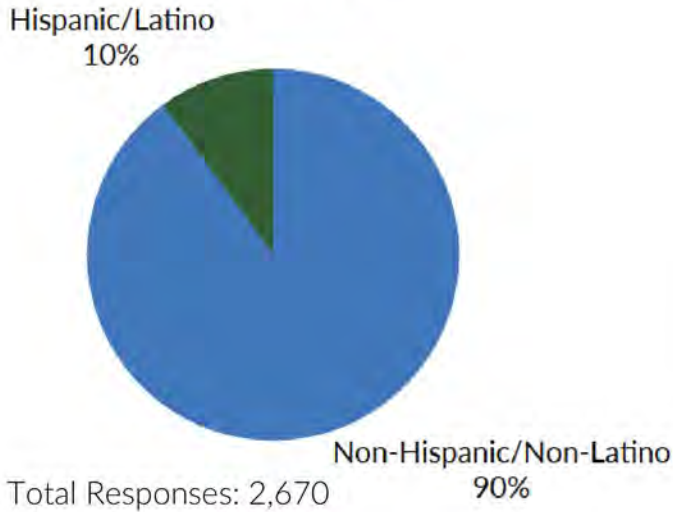
ACS 2021 5-Year Estimates - Asian Place of Origin



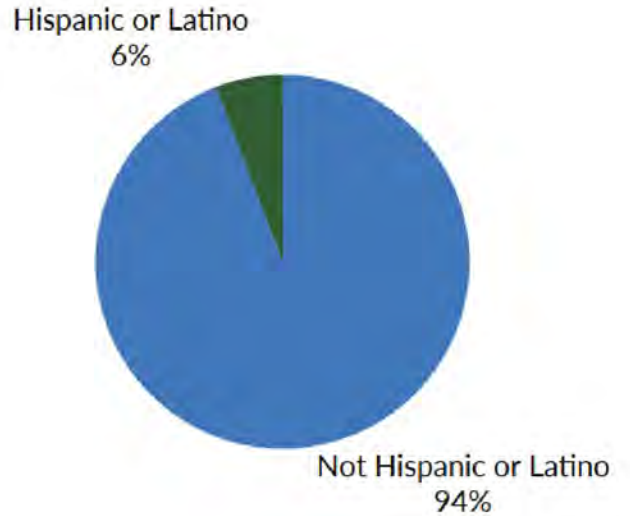
SURVEY RESPONDENT DEMOGRAPHICS

ECOHE 2022 Community Survey - Ethnicity

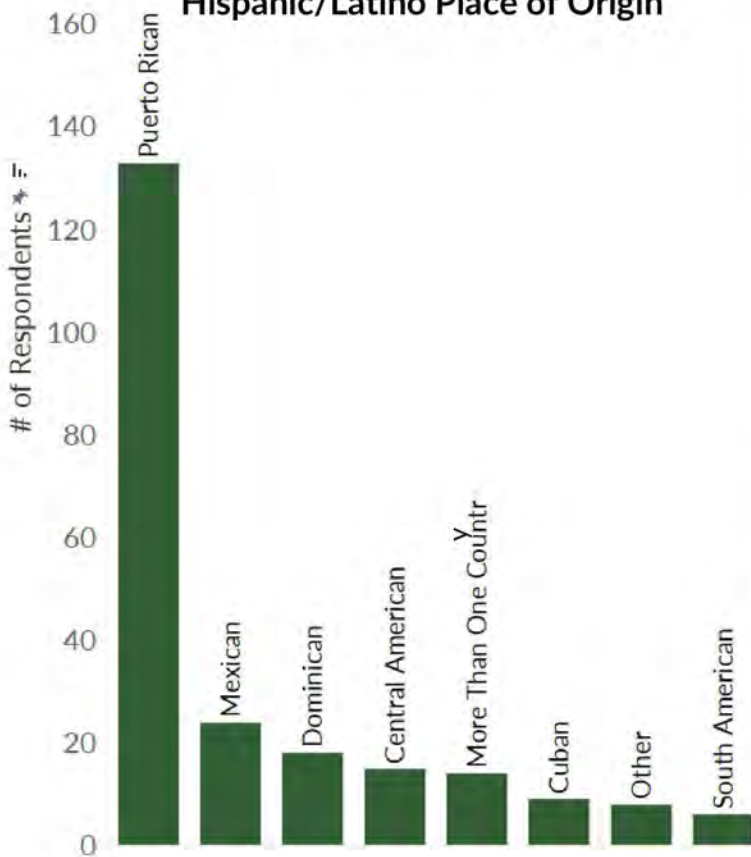
What is your ethnicity?



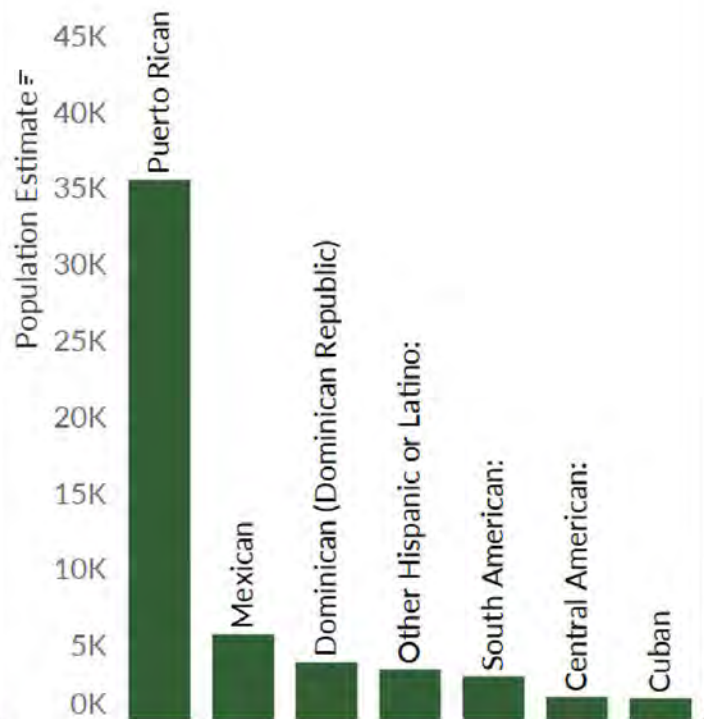
ACS 2021 5-yr Estimates - Ethnicity



ECOHE 2022 Community Survey - Hispanic/Latino Place of Origin

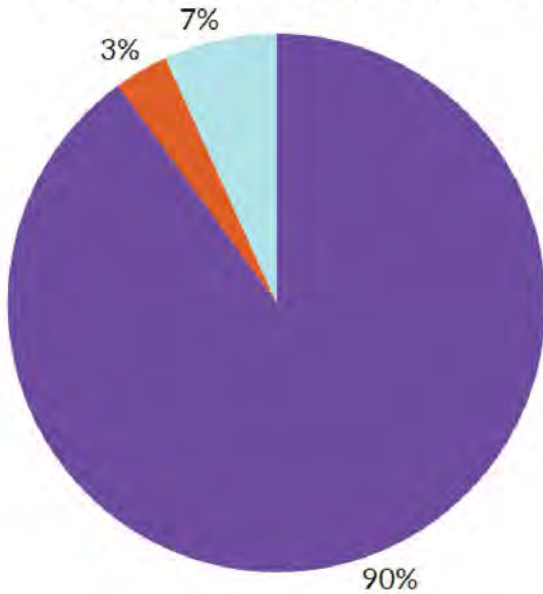


ACS 2021 5-yr Estimates - Hispanic/Latino Place of Origin



SURVEY RESPONDENT DEMOGRAPHICS

ECOHE Community Survey - Place of Birth



ECOHE Community Survey - Age of Immigration

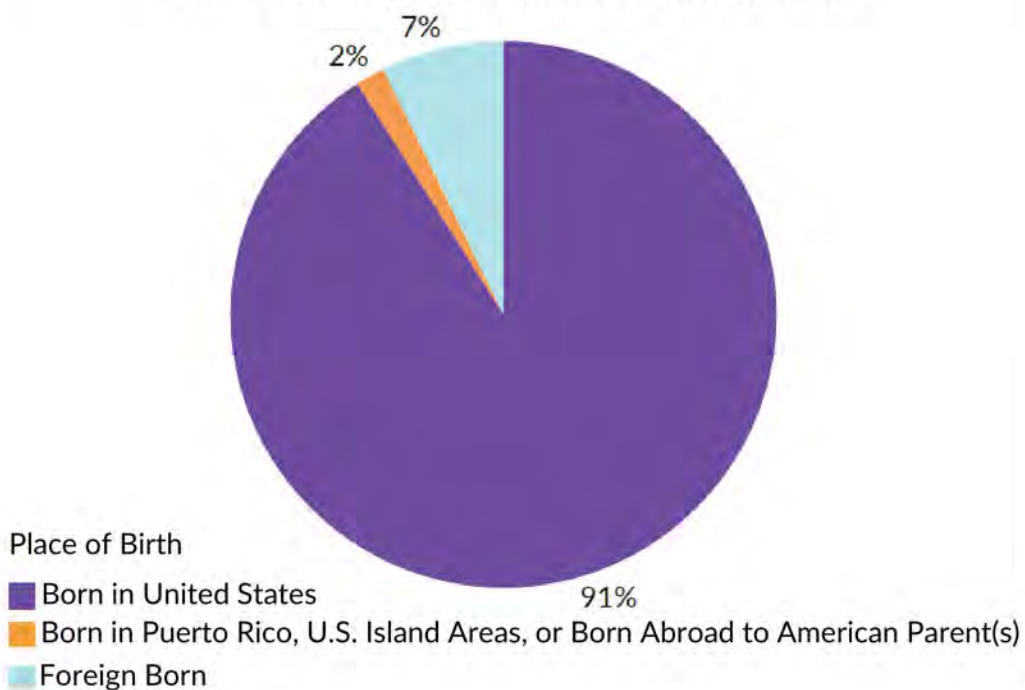
I moved to the continental U.S. as a child (under 18)	133
I moved to the continental U.S. as an adult (18+)	113
Do Not Wish to Say	43

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.

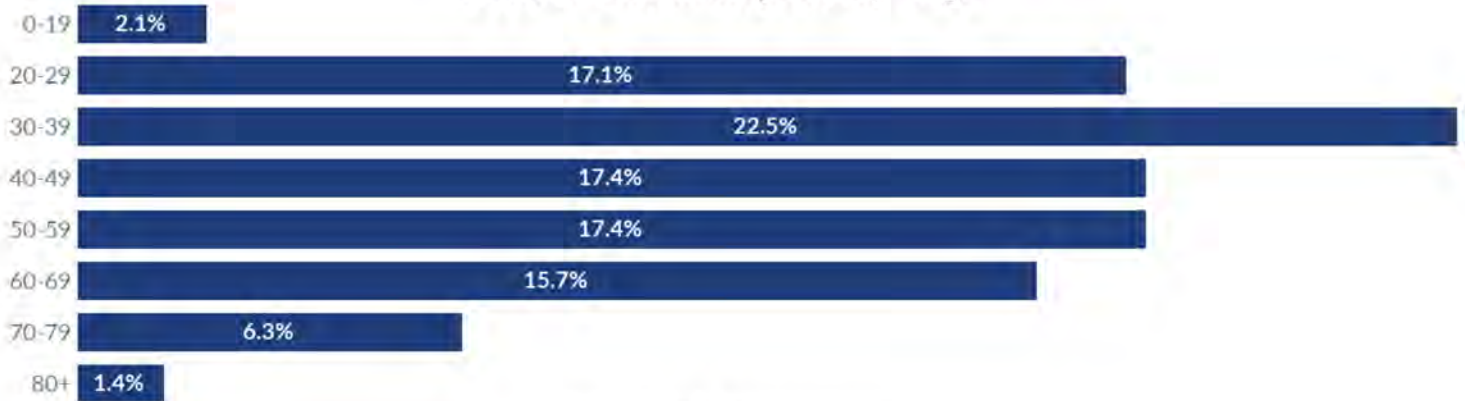
Total Responses: 3,215

ACS 2021 5-Year Estimates - Place of Birth



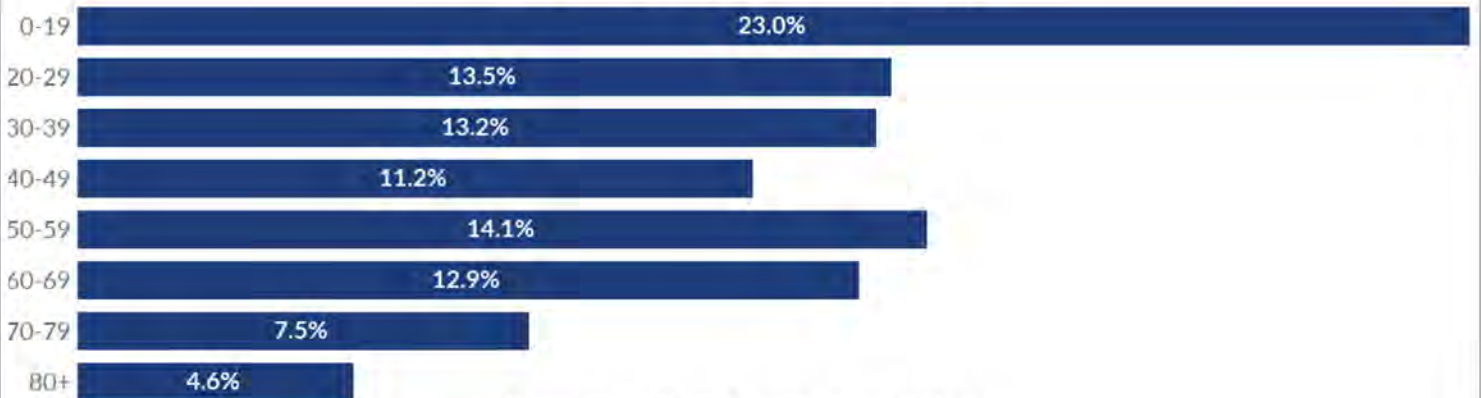
SURVEY RESPONDENT DEMOGRAPHICS

ECOHE Community Survey - Age



Percent of Respondents
Total Responses: 3,212

ACS 2021 5-yr Estimates - Age

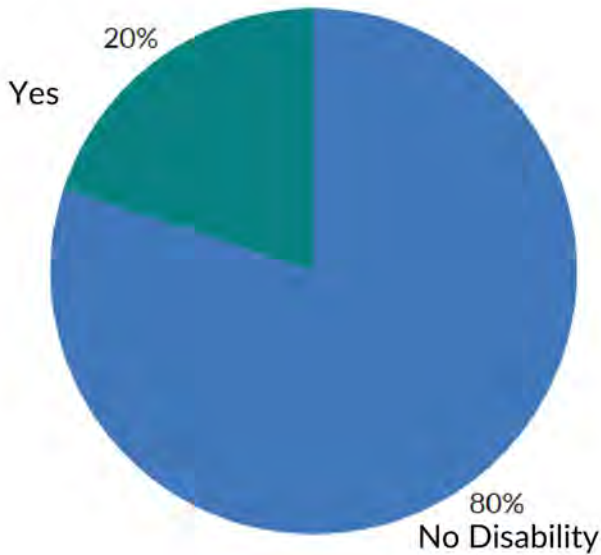


Percent of Erie County Population

SURVEY RESPONDENT DEMOGRAPHICS

ECOHE 2022 Community Survey - Disability Status

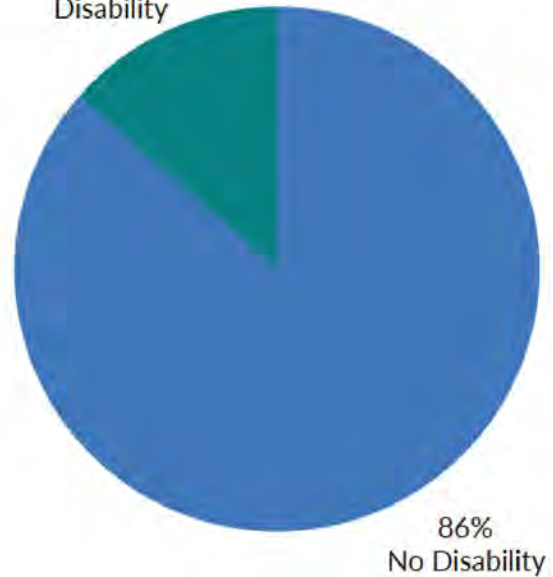
Do you have a disability?



Total Responses: 3,100

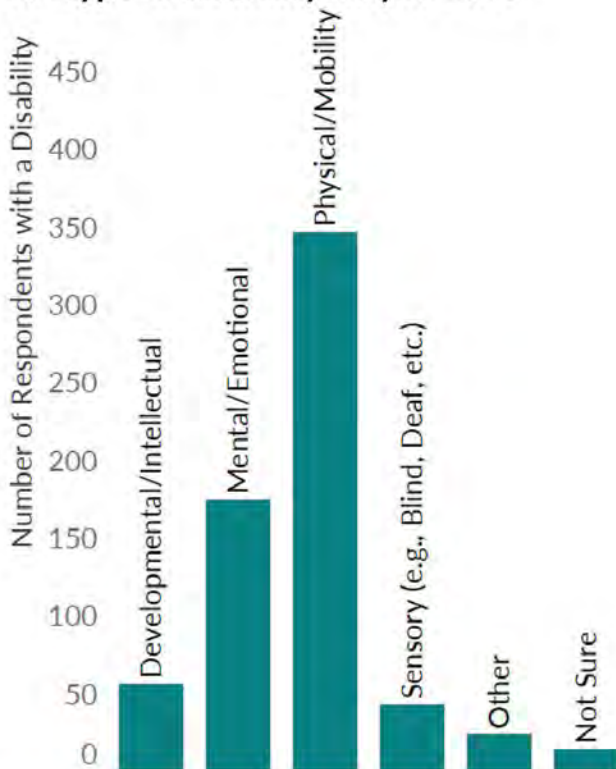
ACS 2021 5-yr Estimates Disability Status of Non-Institutionalized Erie County Residents

14% Disability

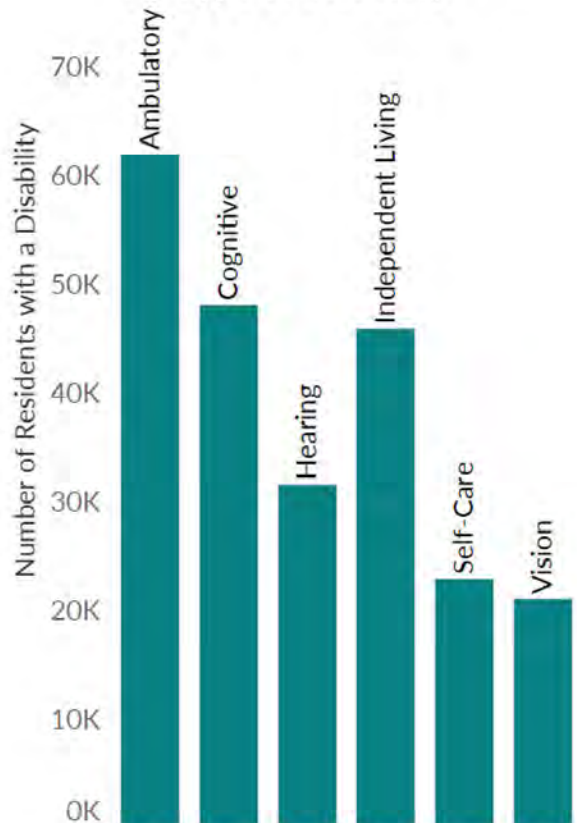


ECOHE 2022 Community Survey - Disability Type

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

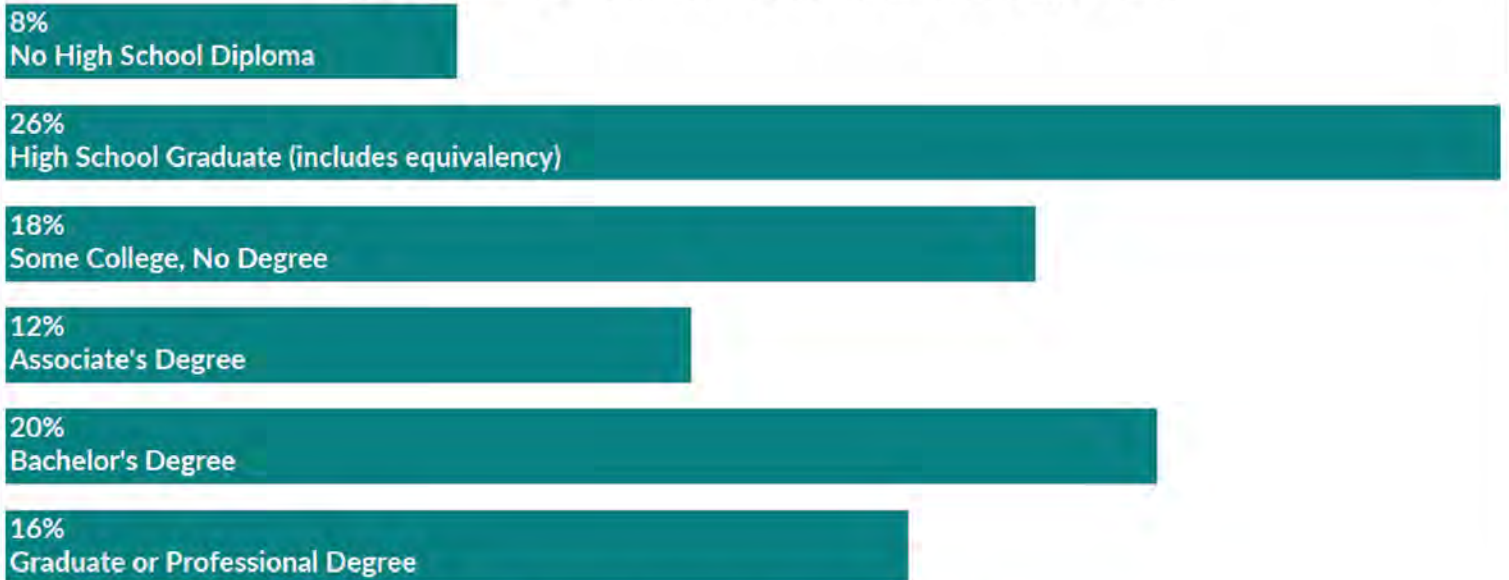
What is your education level? (Ages 25+)



Percent of Respondents

Total Responses: 3,276

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

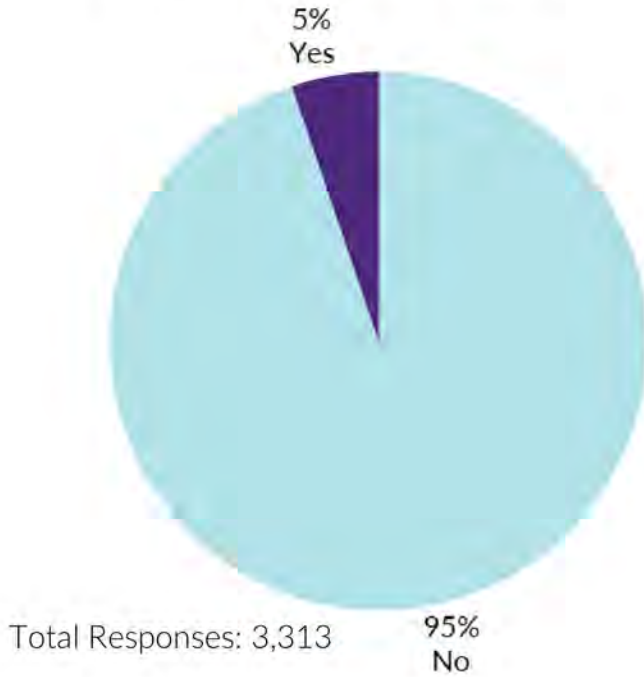


Percent of Erie County Residents

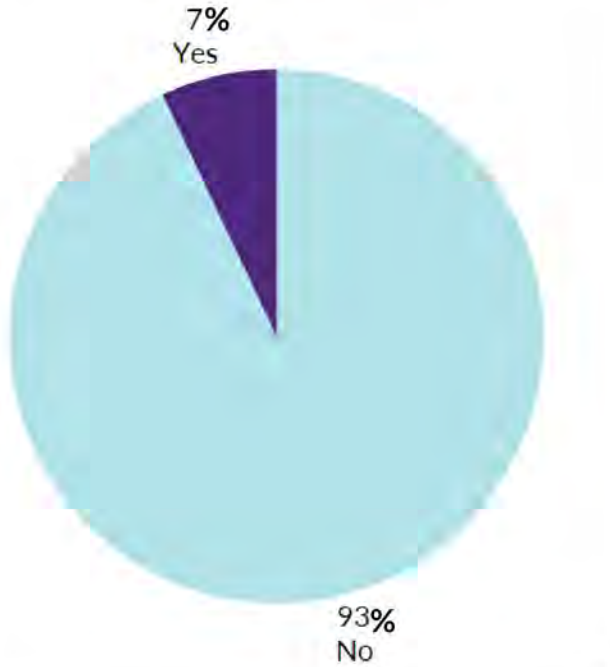
SURVEY RESPONDENT DEMOGRAPHICS

ECOHE 2022 Community Survey -
Military Service

Have you ever served in the military?

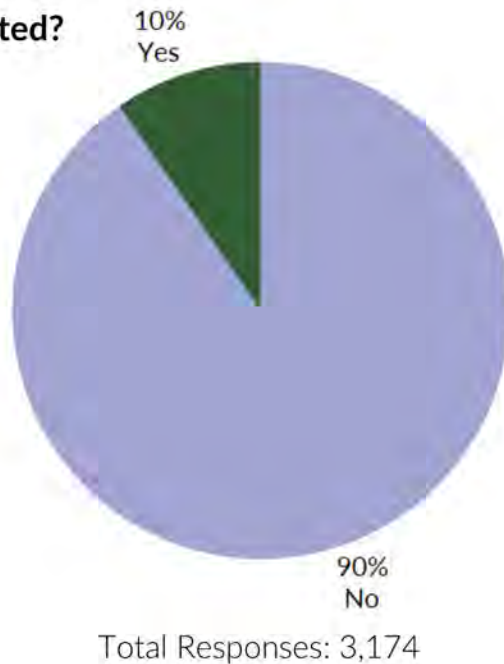


ACS 2021 5-yr Estimates -
% of Erie County Residents (age 18+)
Who Are Veterans



ECOHE 2022 Community Survey -History of Incarceration

Have you ever been incarcerated?

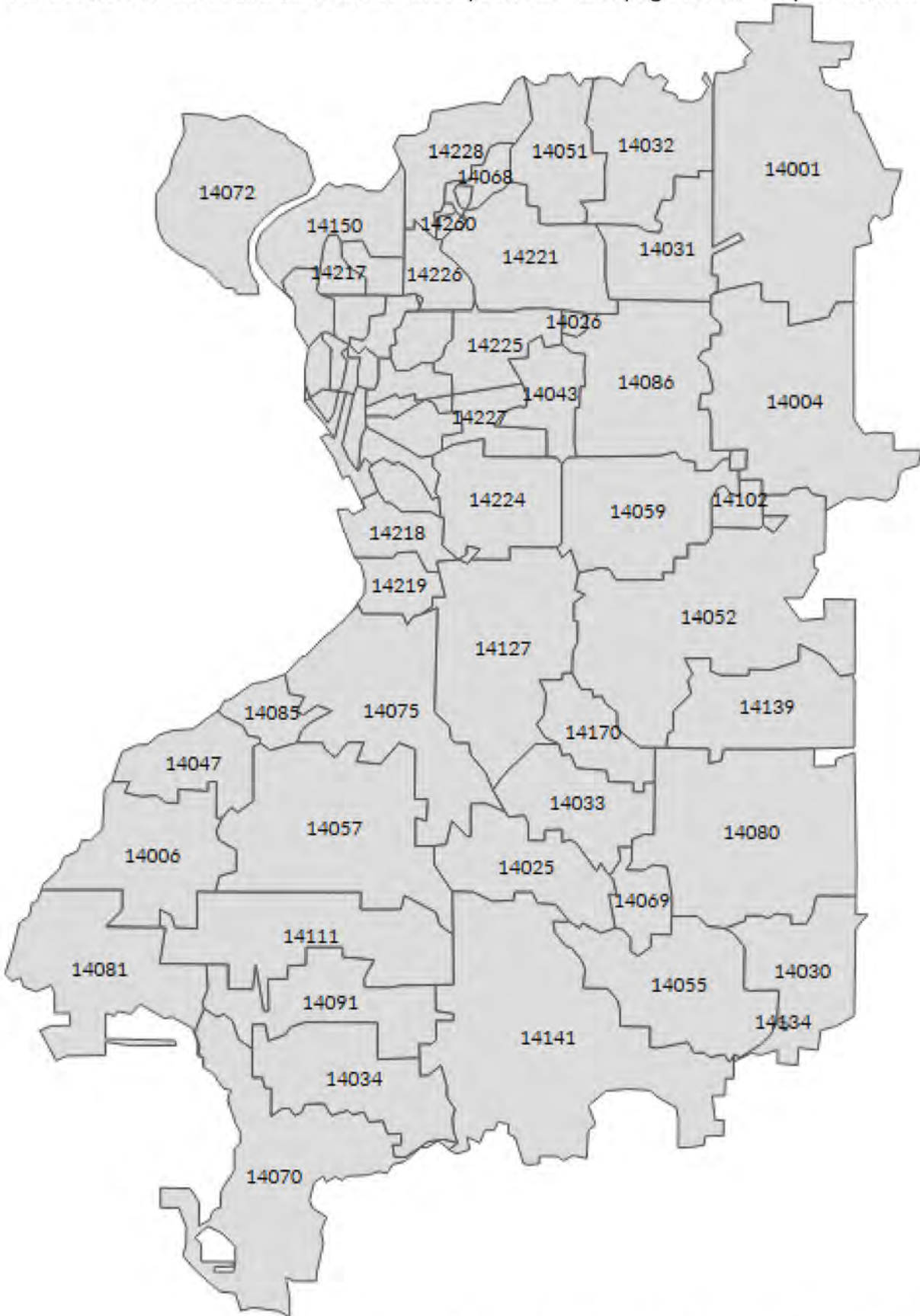


APPENDIX A: ADDITIONAL CHARTS, FIGURES, AND TABLES

MAPS

Map of Erie County ZIP Codes

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

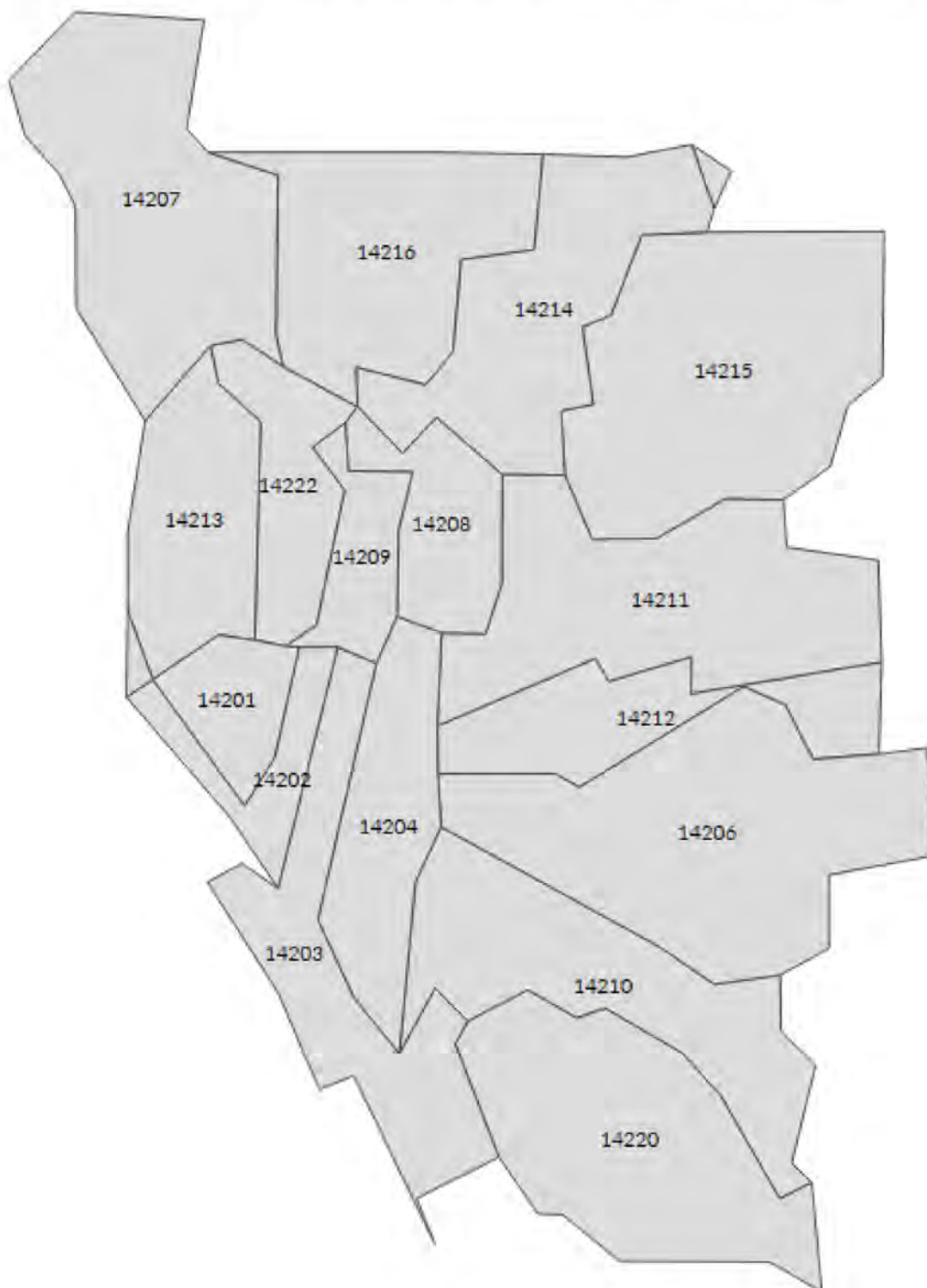


APPENDIX A: ADDITIONAL CHARTS, FIGURES, AND TABLES

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.

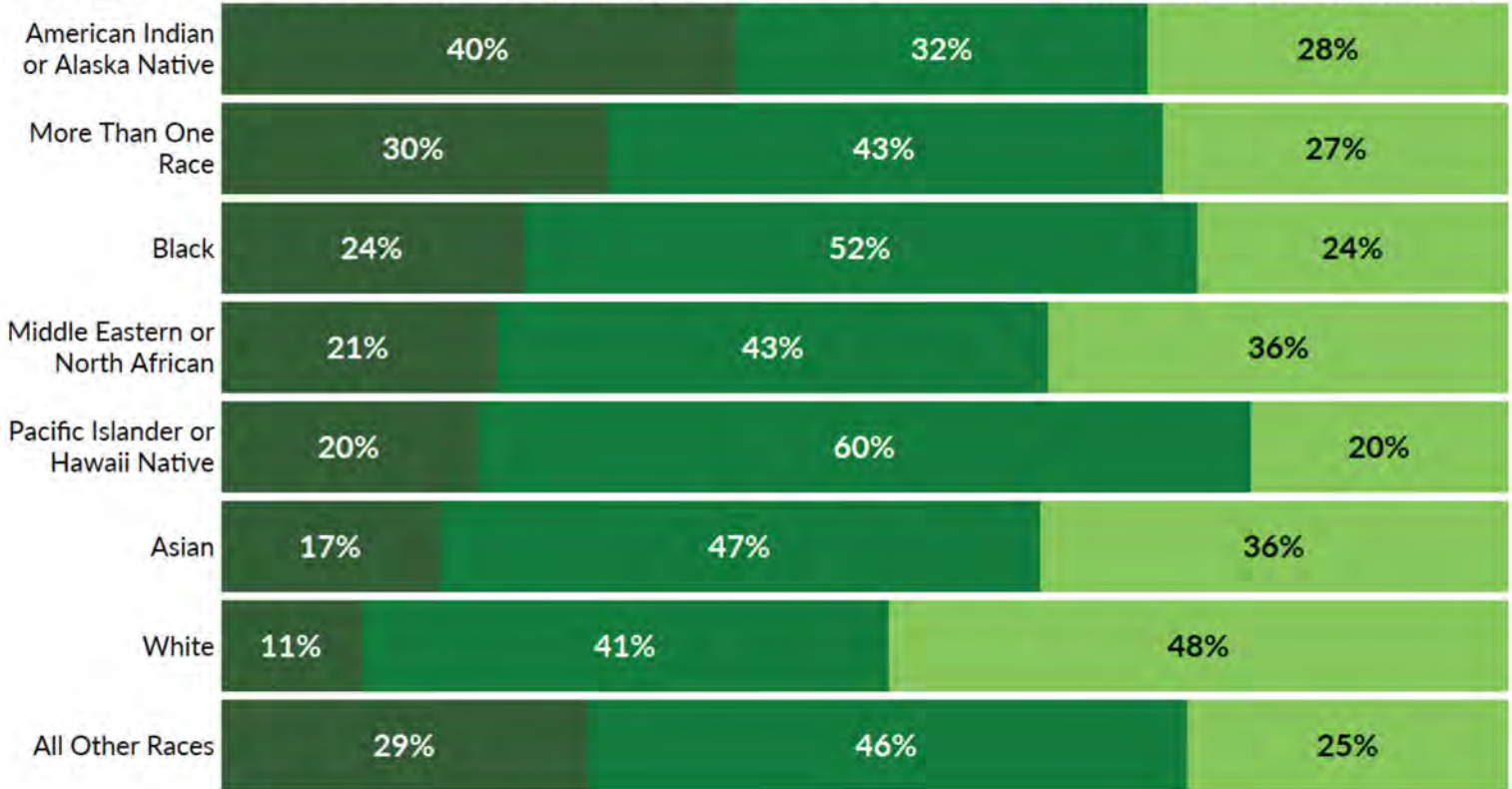


SDOH SUPPLEMENTAL FIGURES: ECONOMIC STABILITY

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

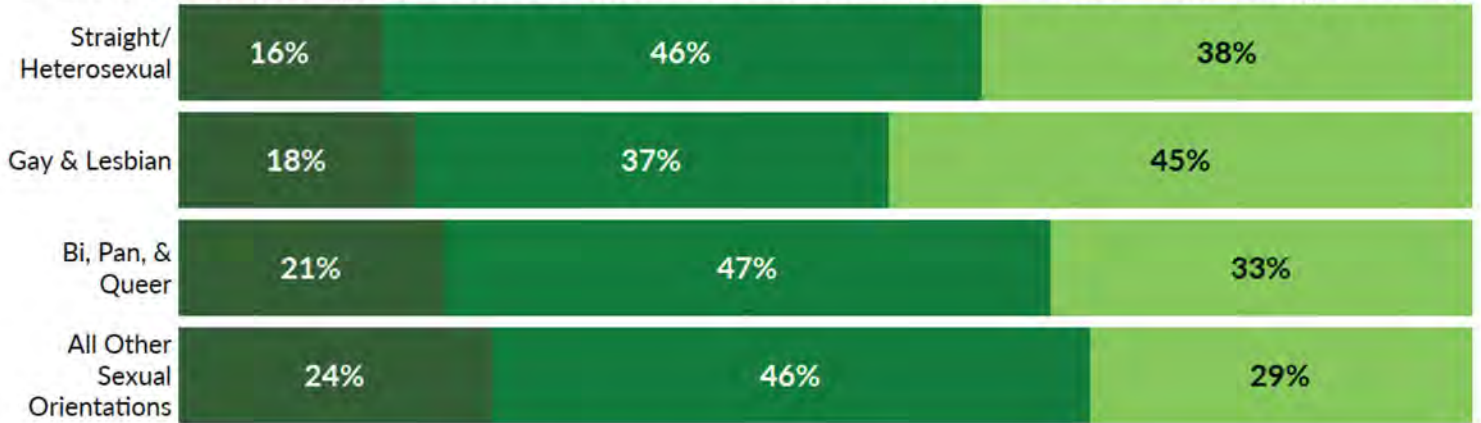


SDOH SUPPLEMENTAL FIGURES: ECONOMIC STABILITY

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.

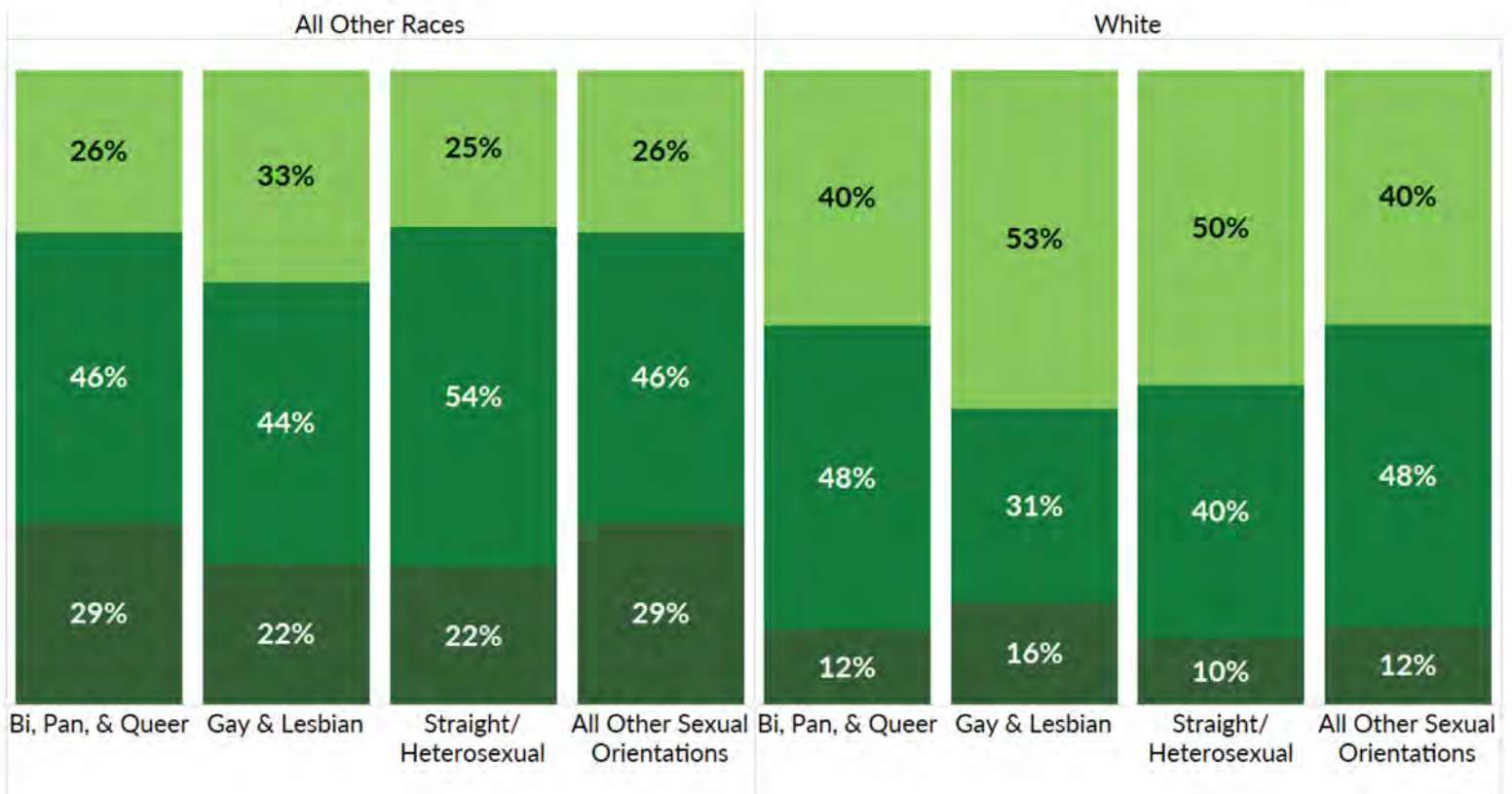
■ Not Enough Money
■ Just Enough Money
■ More Than Enough Money



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

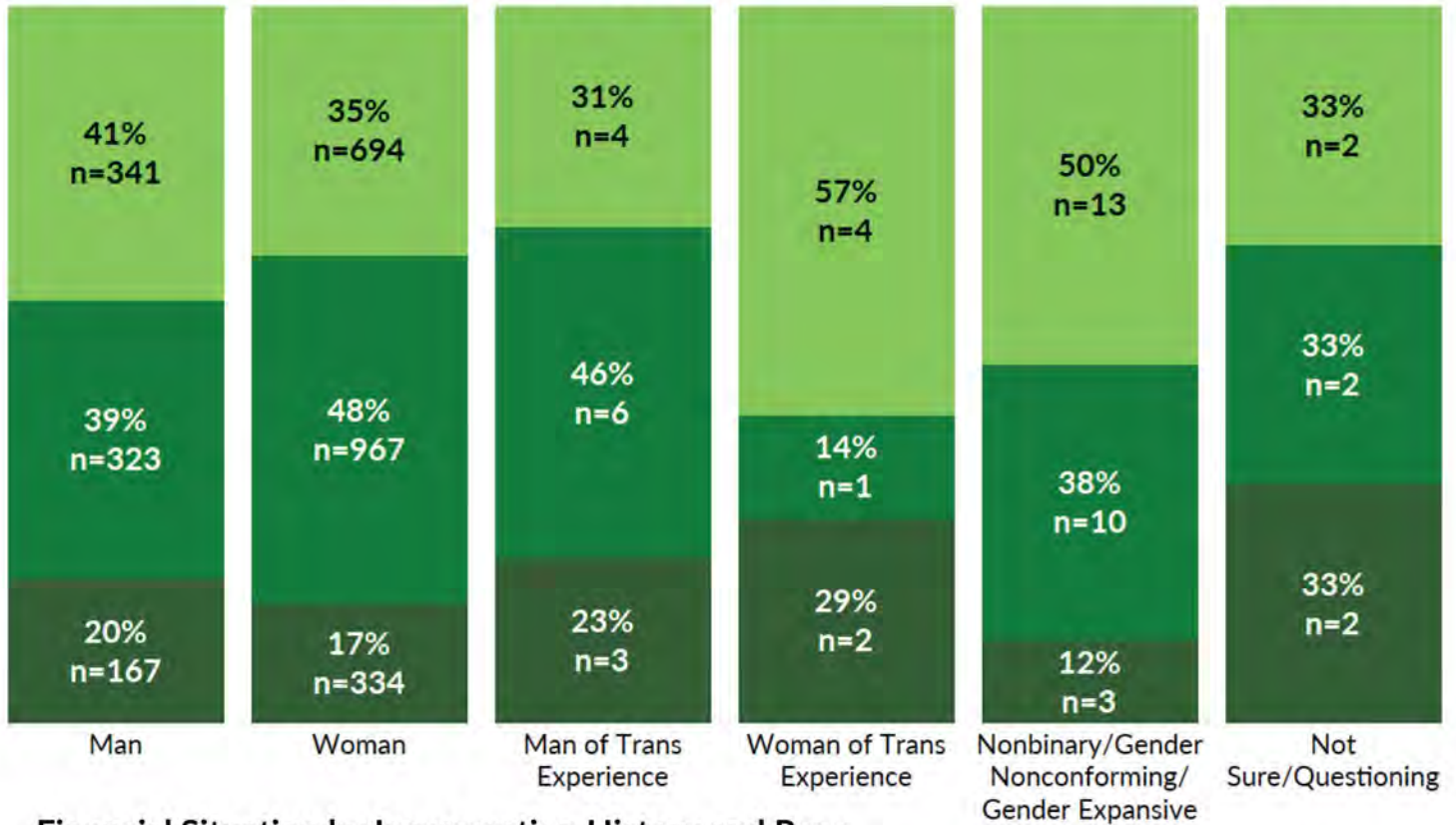


SDOH SUPPLEMENTAL FIGURES: ECONOMIC STABILITY

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



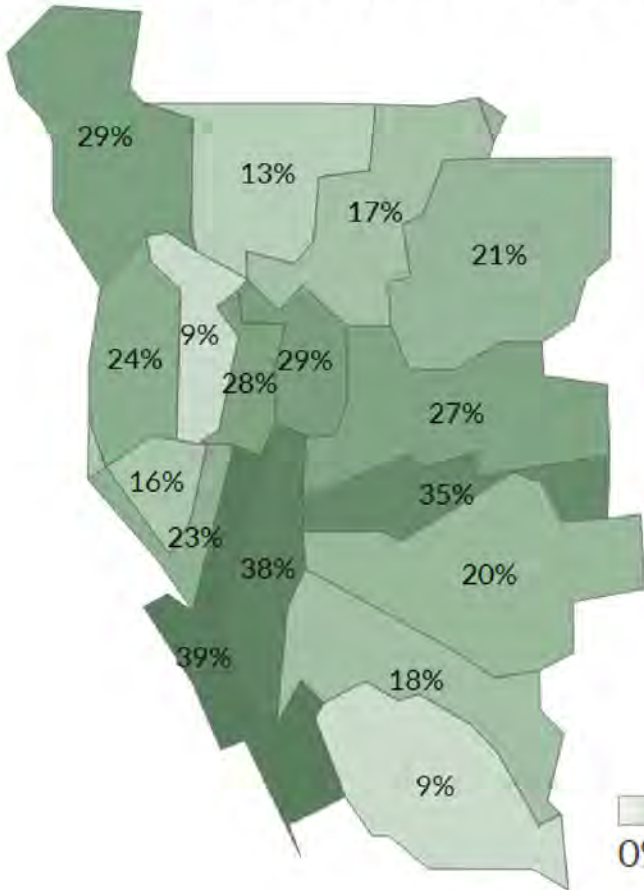
Financial Situation by Incarceration History and Race

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



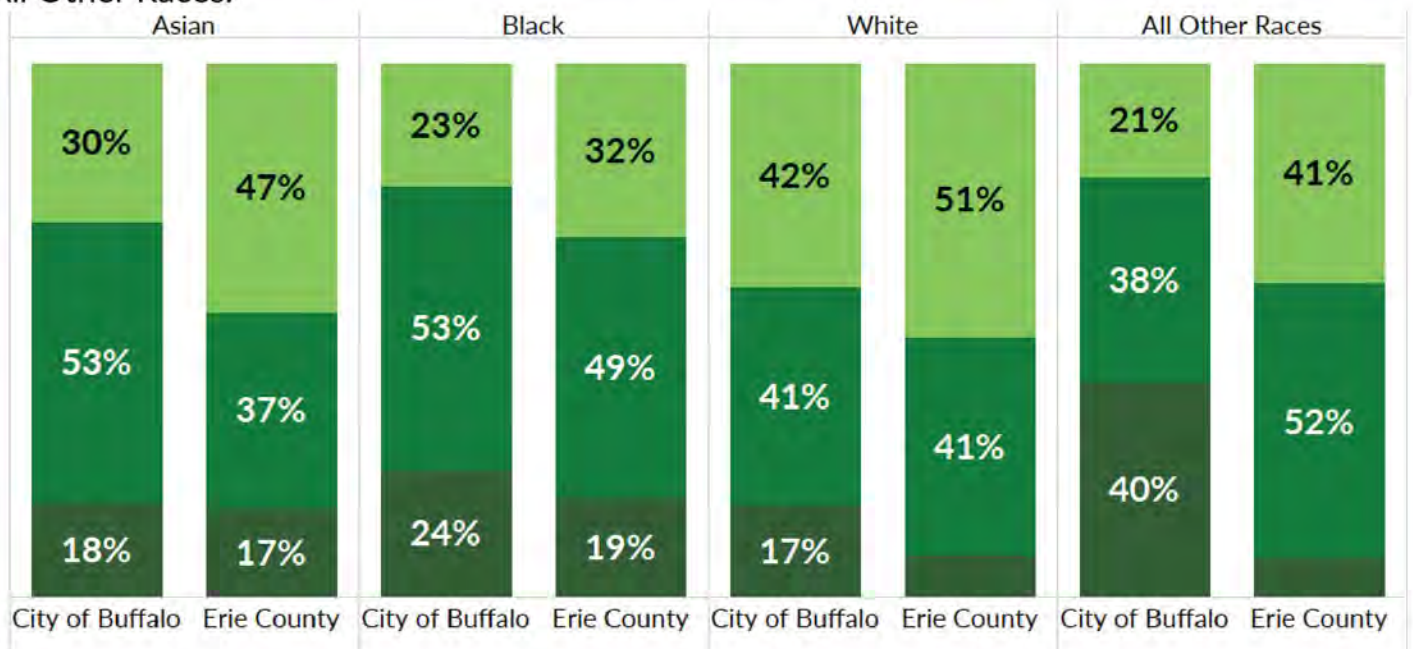
Percentage of Respondents With *Not Enough Money* by ZIP Code in the City of Buffalo

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.

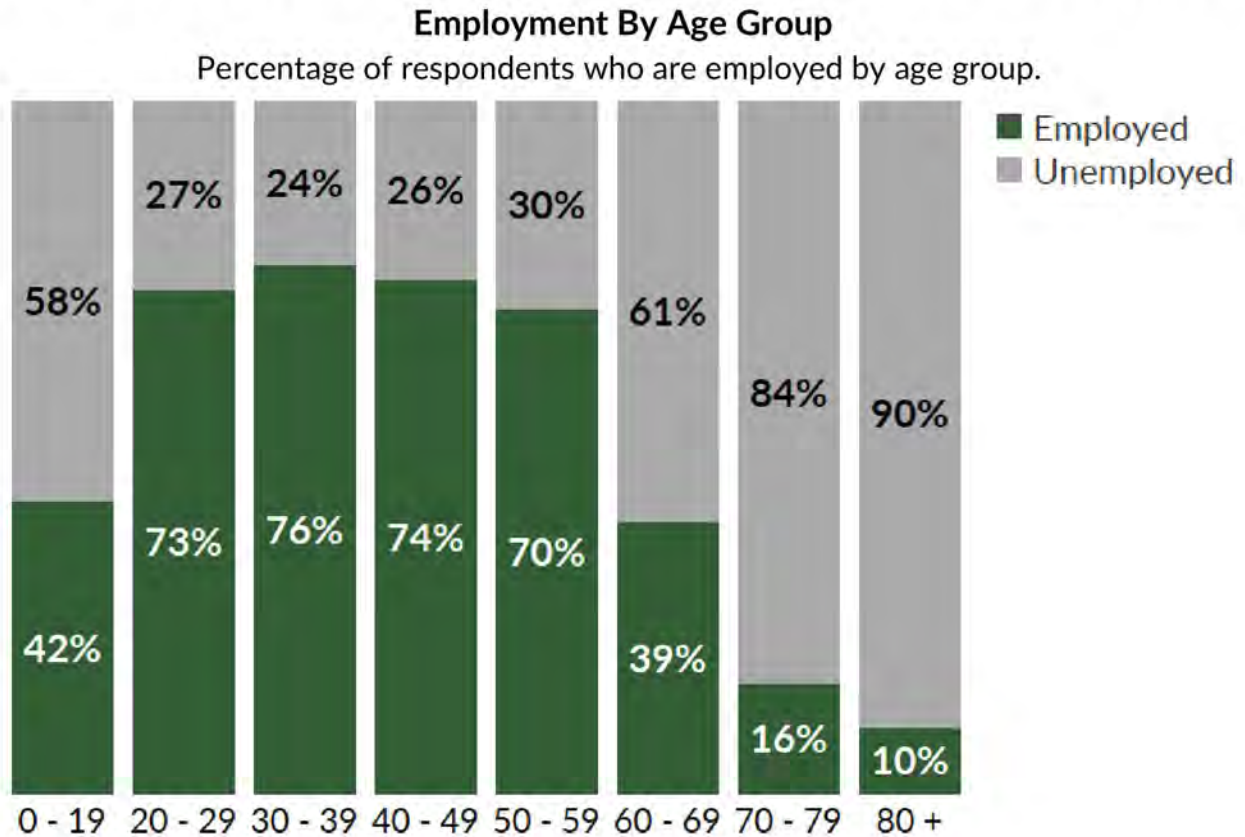
Financial Situation by Race, City Compared to County

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.

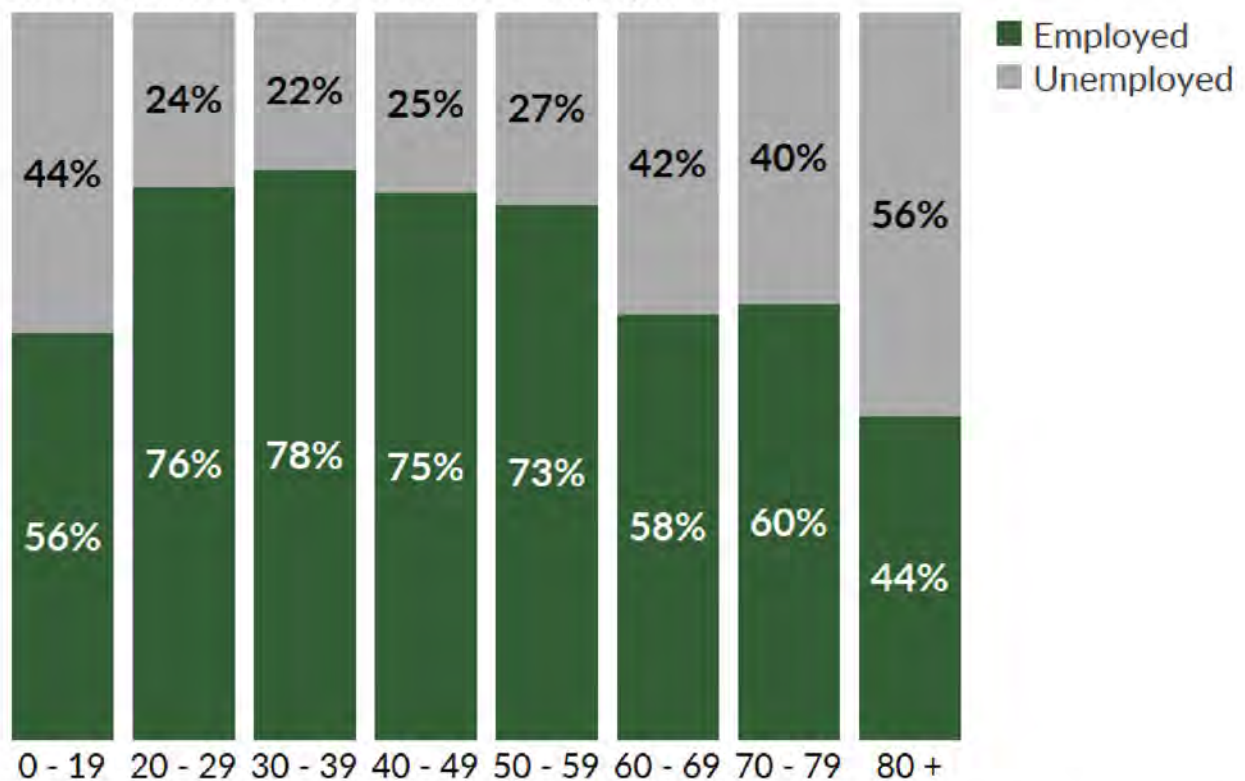
- Not Enough Money
- Just Enough Money
- More Than Enough Money



SDOH SUPPLEMENTAL FIGURES: ECONOMIC STABILITY



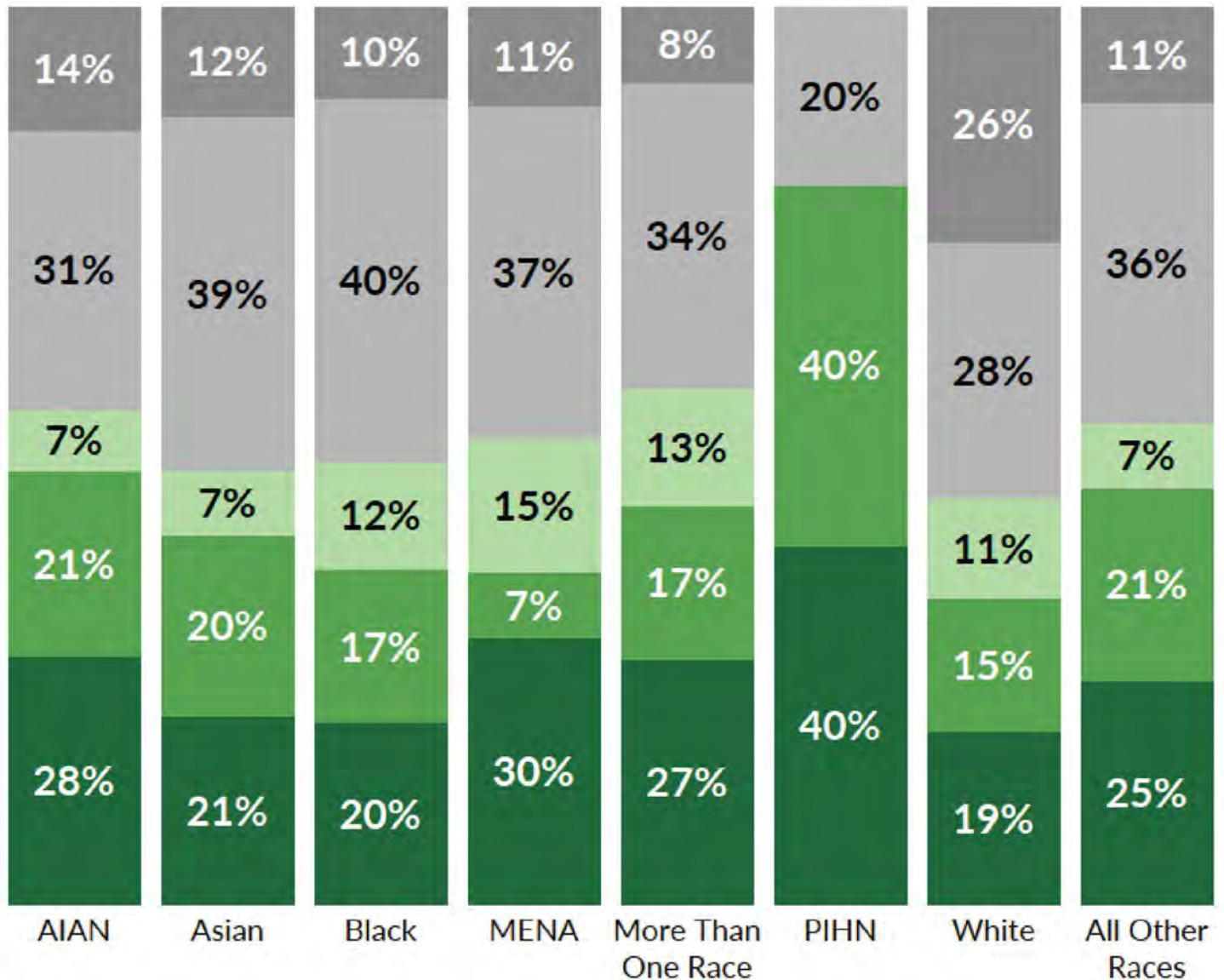
Employment By Age Group
 Percentage of respondents who are employed by age group, excluding anyone who indicated they were a *Student* or *Retired* as the reason for unemployment.



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.



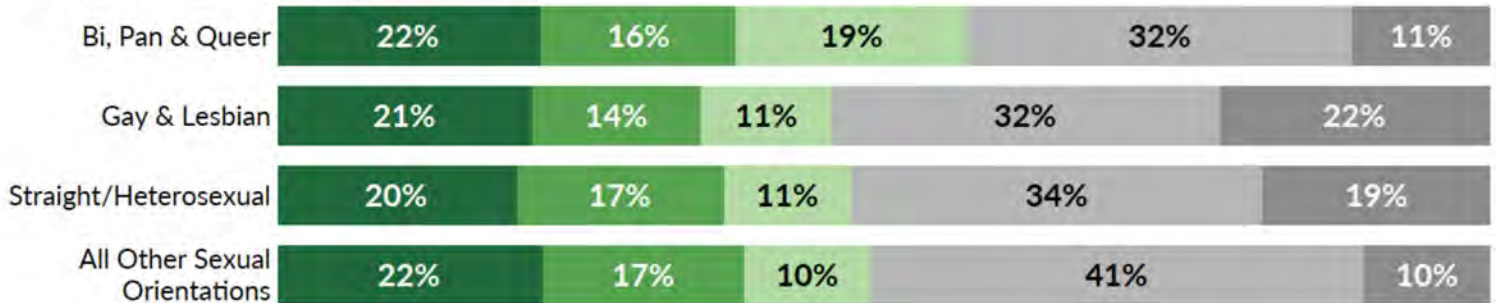
- I am comfortable with my current financial situation
- I have a plan to improve my financial situation
- I know how I could improve my financial situation but don't feel I have the necessary resources
- I am aware of resources that may help me to improve my financial situation
- I would like to improve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

APPENDIX A: ADDITIONAL CHARTS, FIGURES, AND TABLES

SDOH SUPPLEMENTAL FIGURES: ECONOMIC STABILITY

Financial Hopes by Sexual Orientation

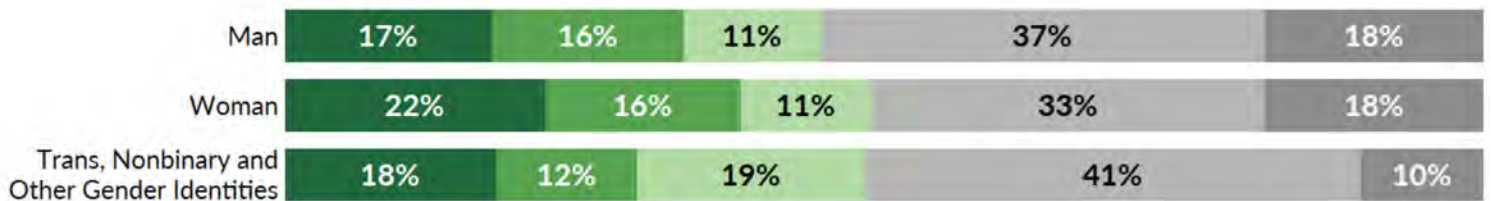
The percentage of responses to the question “Which of the following best describes your hopes for your financial situation?” (See Appendix G, Question 29). Respondents could select more than one response. Those who stated a sexual orientation other than the listed options were grouped as All Other Sexual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

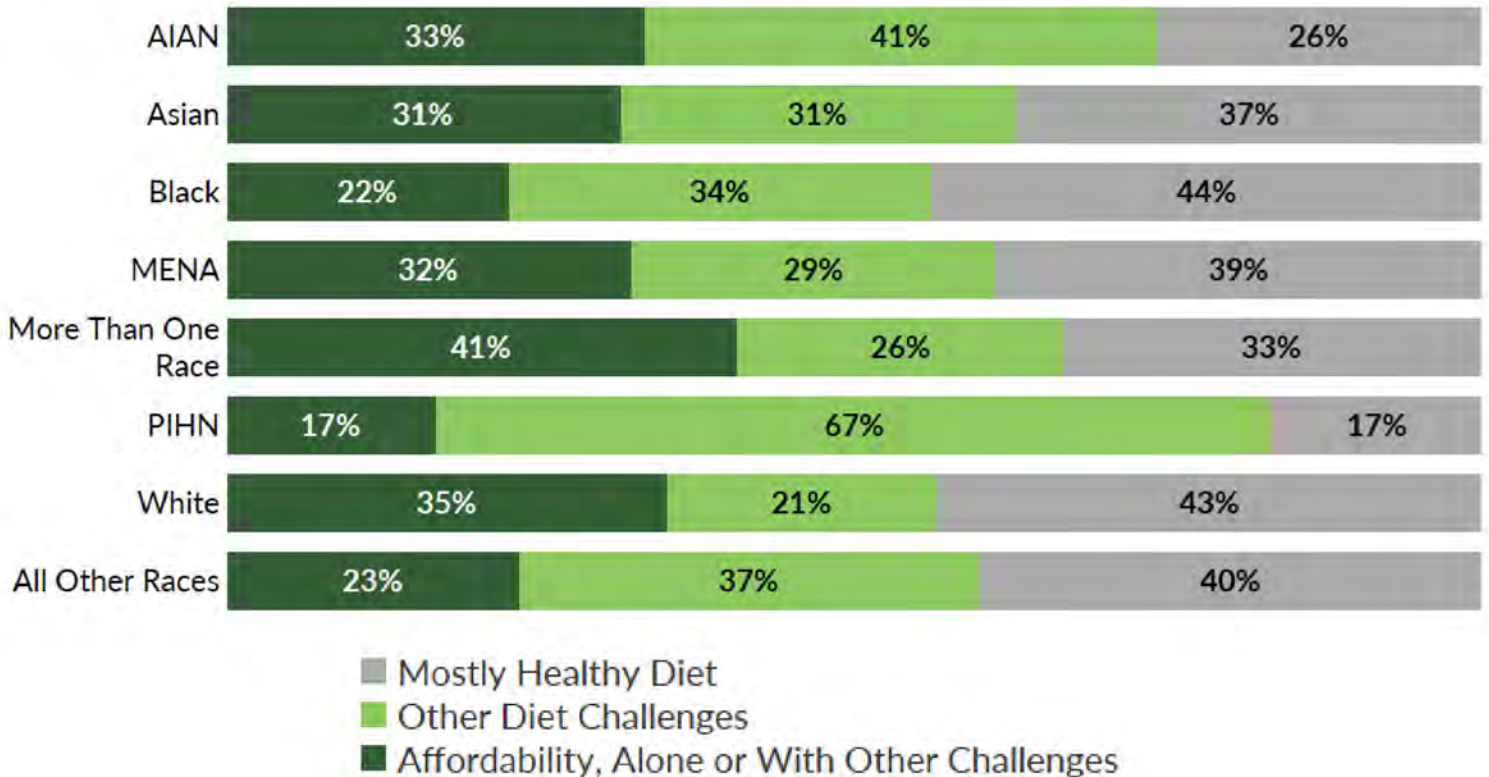


- I am comfortable with my current financial situation
- I have a plan to improve my financial situation
- I know how I could improve my financial situation but don't feel I have the necessary resources
- I am aware of resources that may help me to improve my financial situation
- I would like to improve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

SDOH SUPPLEMENTAL FIGURES: ECONOMIC STABILITY

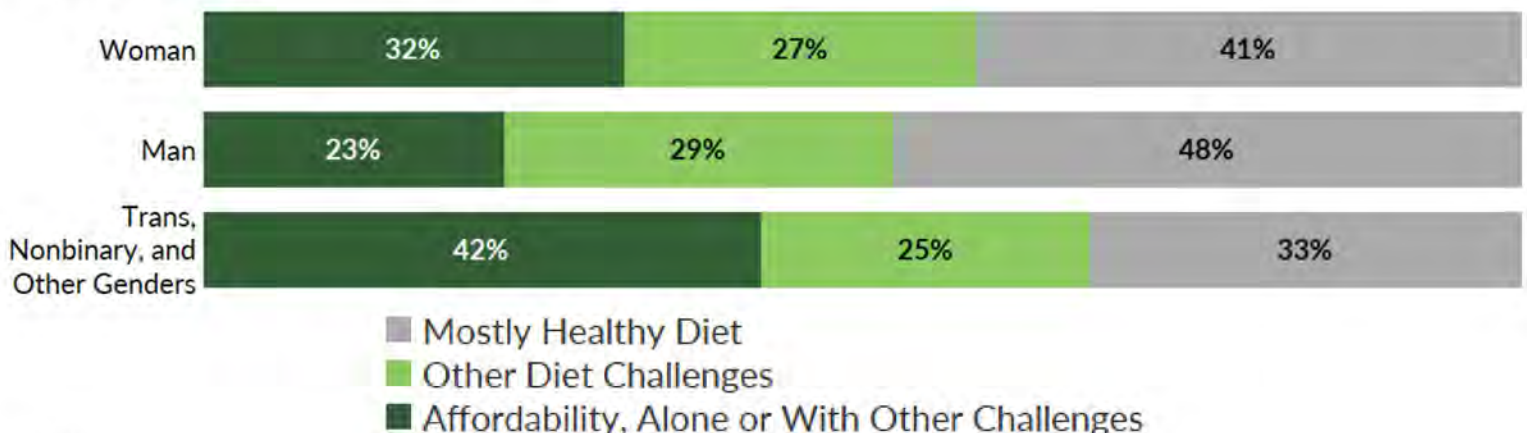
Biggest Challenges to a Healthy Diet by Race

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

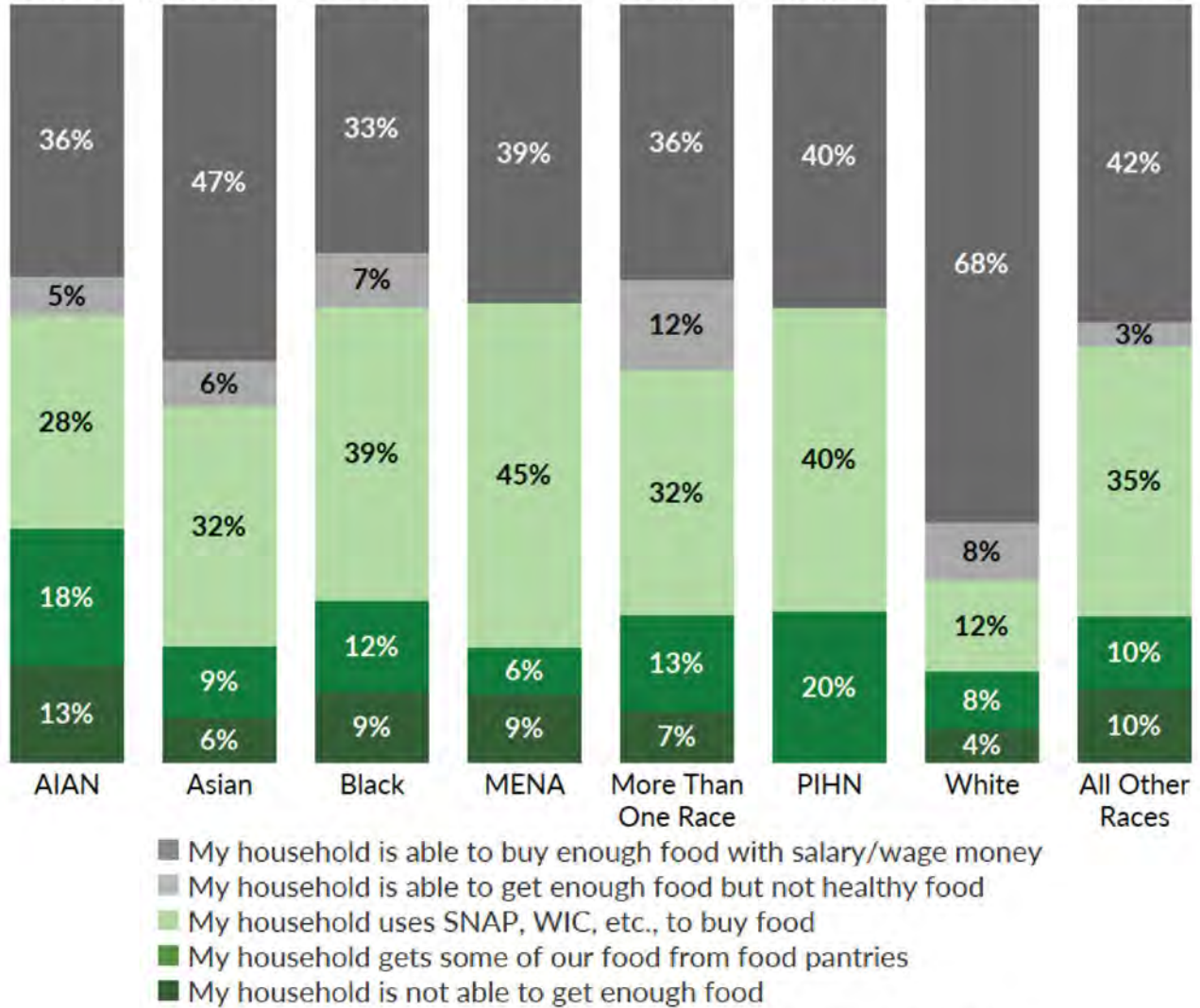
The percentage of respondents for each of the 3 healthy diet categories (see above for description). Anyone who identified their gender other Woman or Man was grouped into Trans, Nonbinary and Other Genders.



SDOH SUPPLEMENTAL FIGURES: ECONOMIC STABILITY

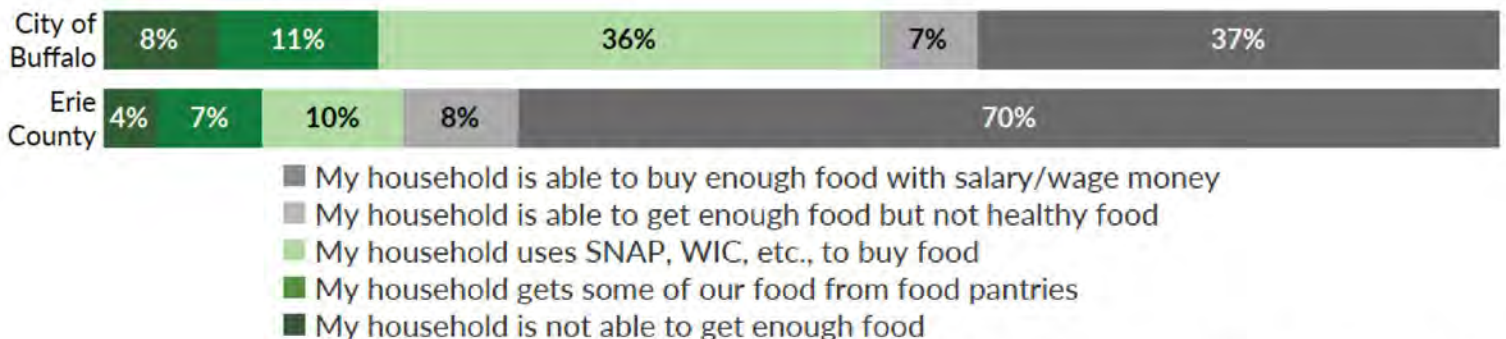
Food Situation Responses by Race

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

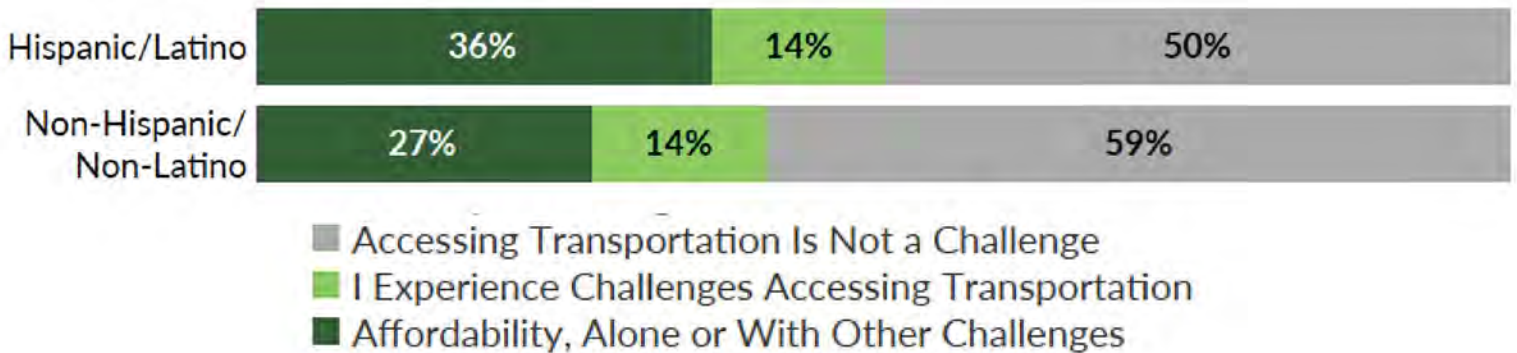
The percentages of responses by City of Buffalo respondents compared to Erie County respondents (excluding the City of Buffalo). ZIP codes that are entirely or mostly within the City of Buffalo were grouped.



SDOH SUPPLEMENTAL FIGURES: ECONOMIC STABILITY

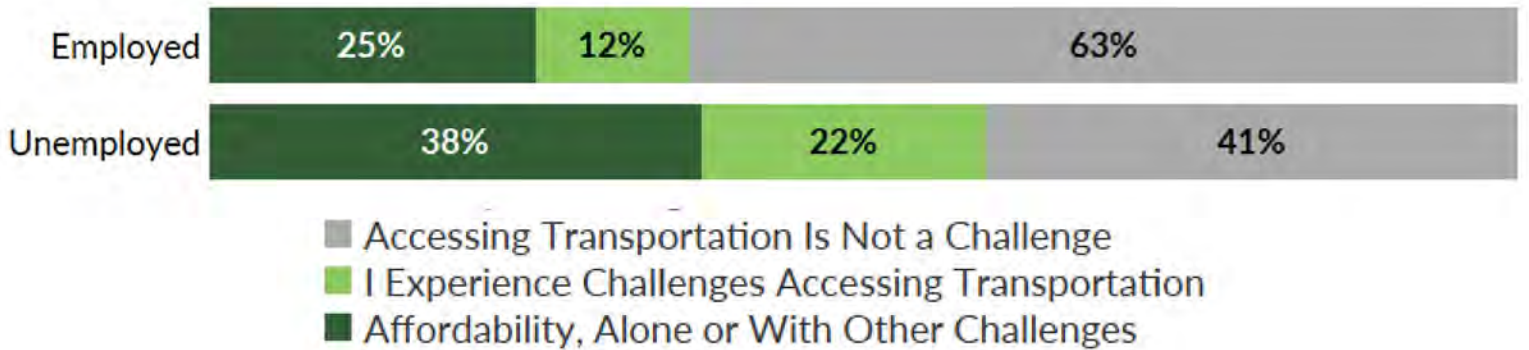
Affordability and Transportation by Ethnicity

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

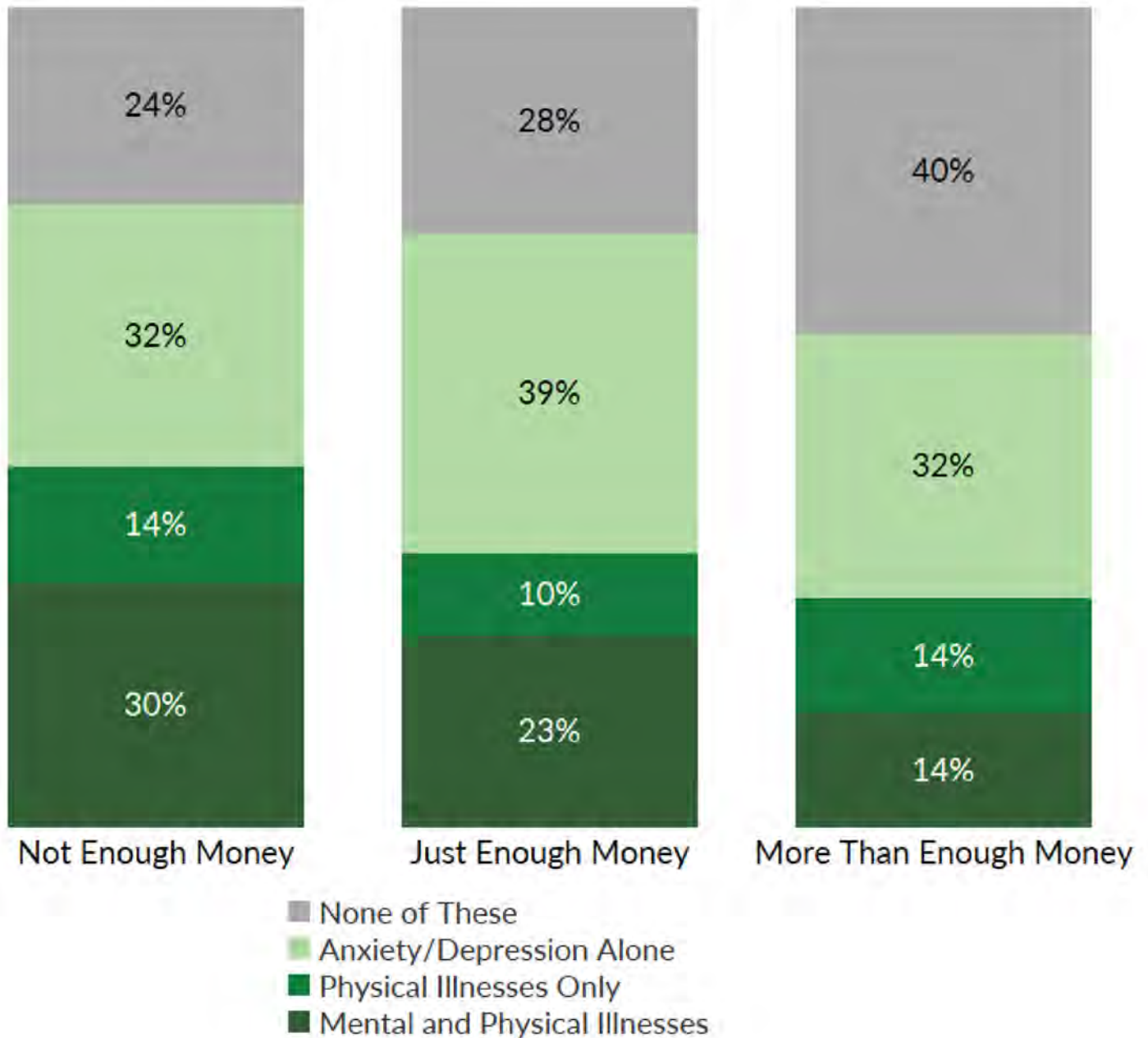
Respondents were grouped based on the three categories explained above. The percentage of responses in each category based on disability status.



SDOH SUPPLEMENTAL FIGURES: ECONOMIC STABILITY

Health Outcomes and Financial Situation

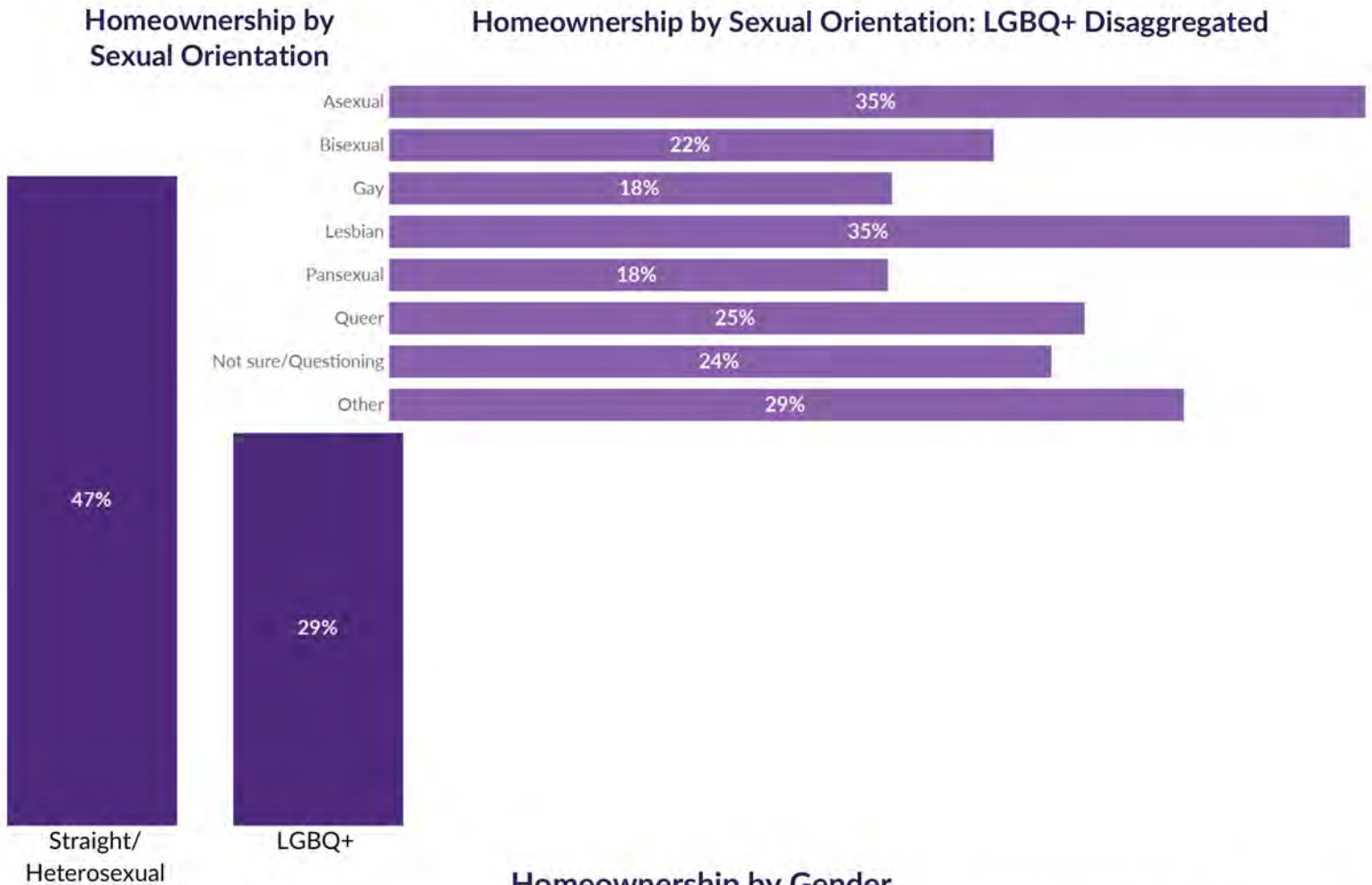
To determine respondents' health conditions, they were asked to select from a list of possible health conditions (See Appendix G, Question 34). Responses were grouped into those who stated they had *None of These* listed health conditions, selected *Anxiety/Depression Alone*, selected any of the *Physical 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

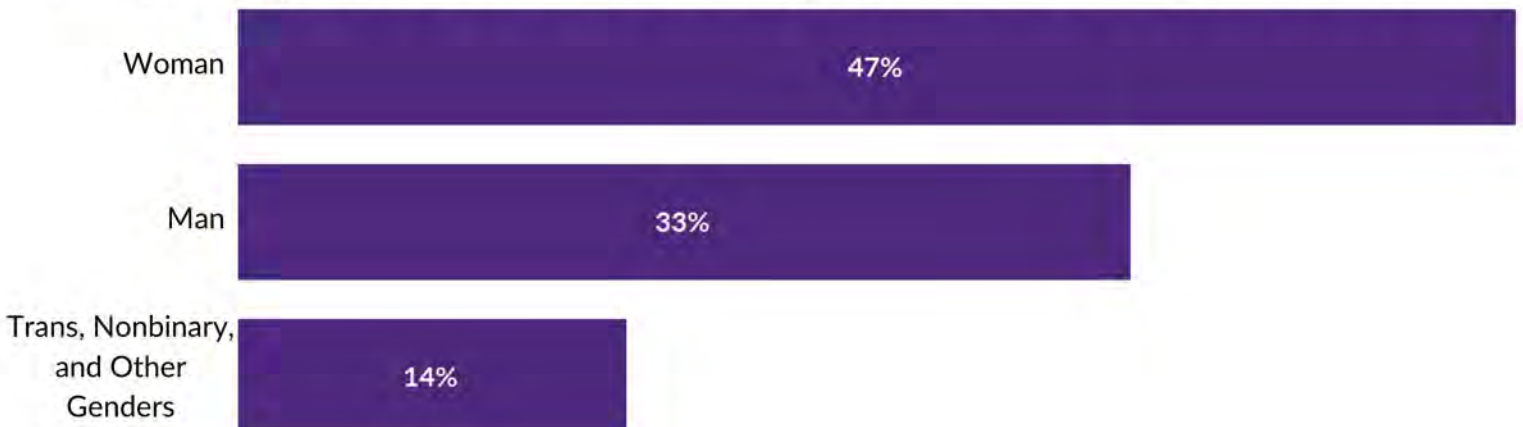
Homeownership by Sexual Orientation

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*.



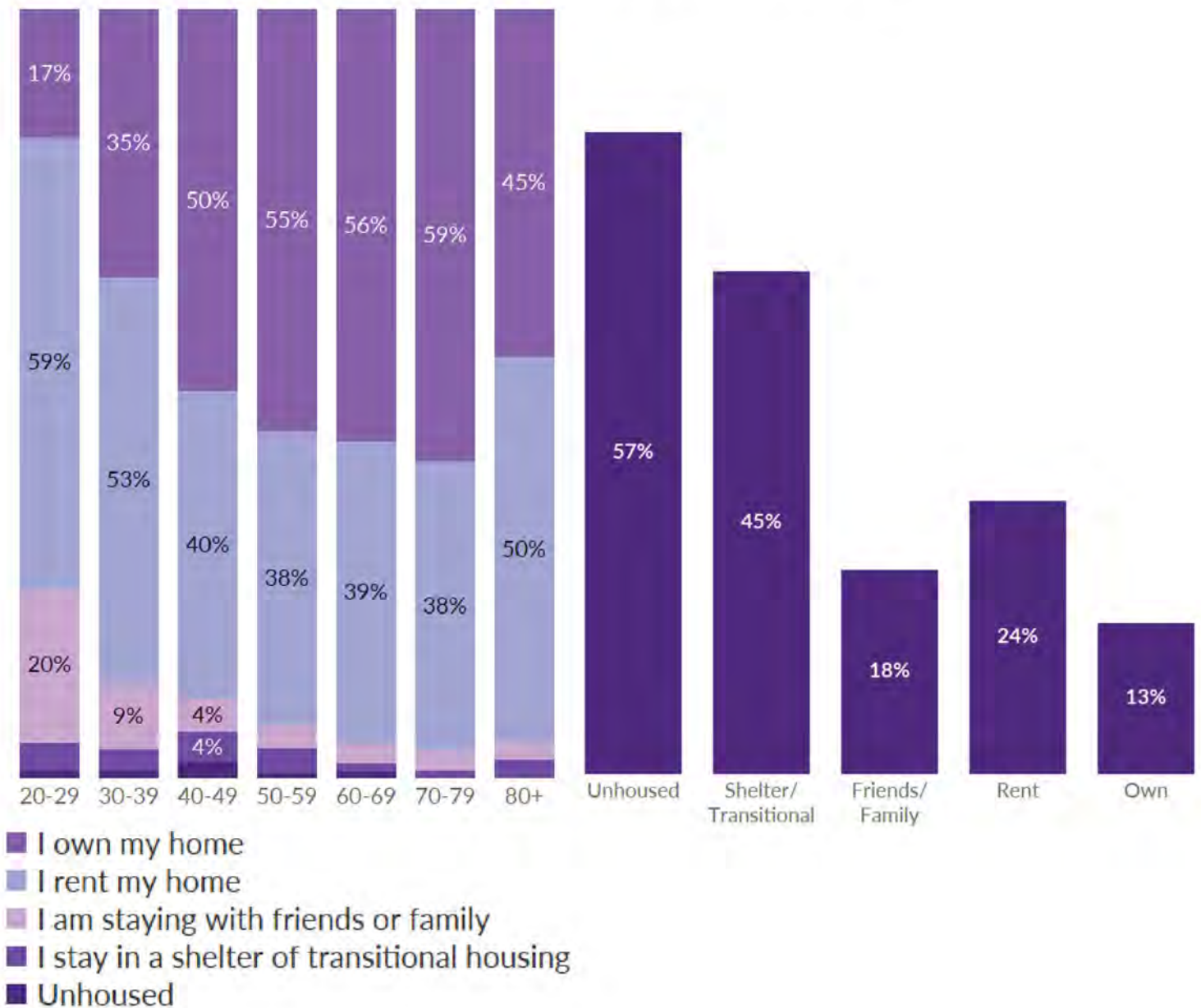
SDOH SUPPLEMENTAL FIGURES: NEIGHBORHOOD & BUILT ENVIRONMENT

Housing Situation by Age

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

Disability Status by Housing Situation

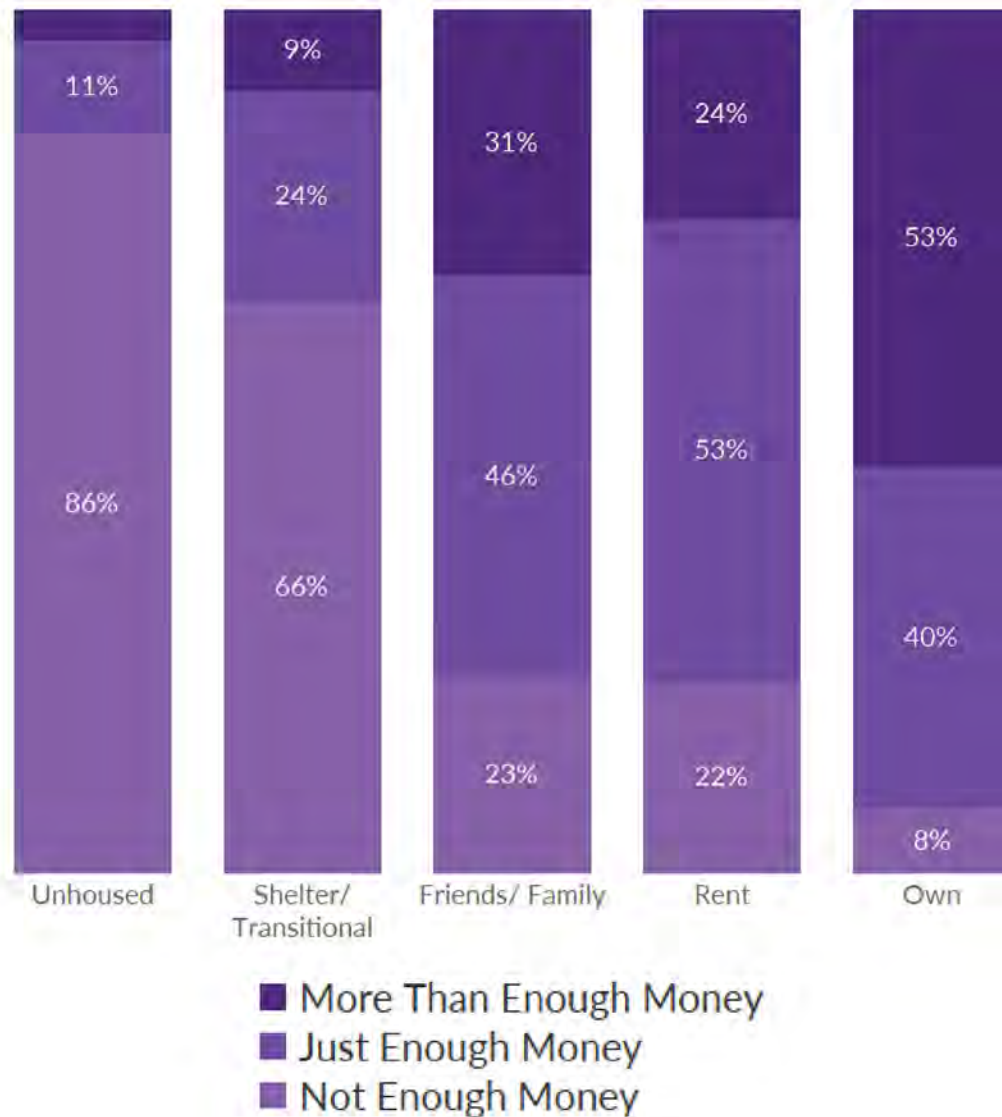
The bars below display the percentage of respondents *With a Disability* among respondents in each housing situation.



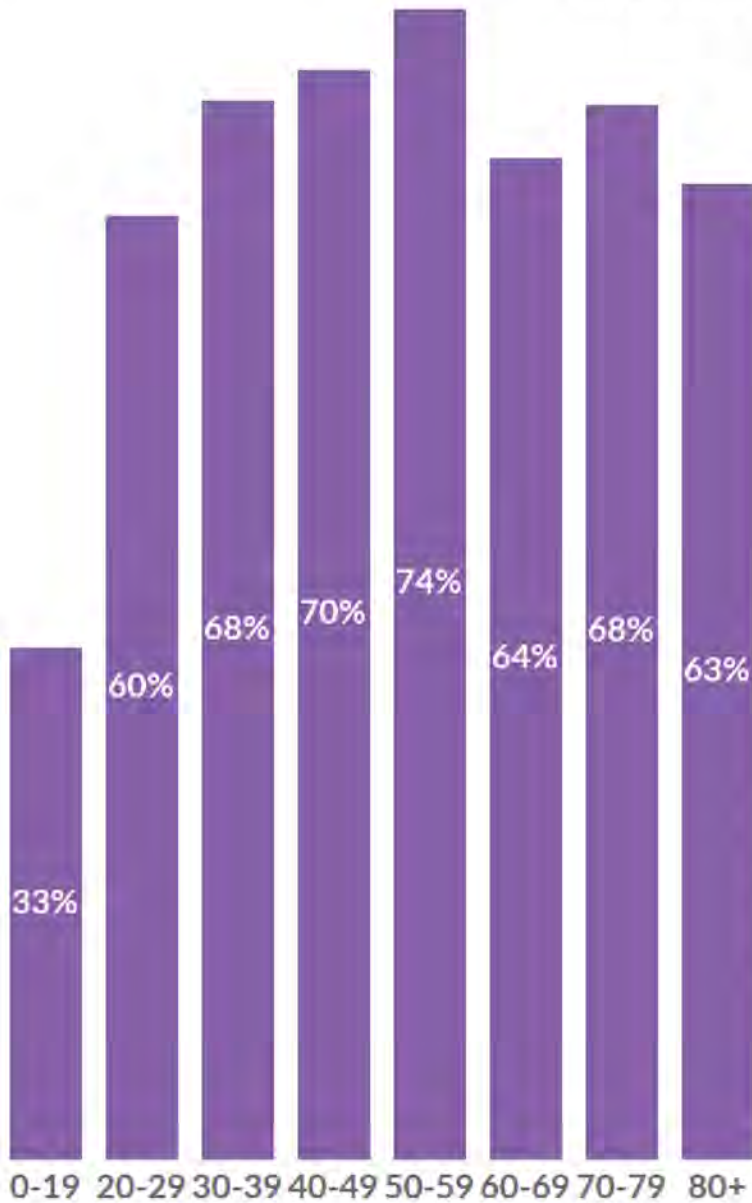
SDOH SUPPLEMENTAL FIGURES: NEIGHBORHOOD & BUILT ENVIRONMENT

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

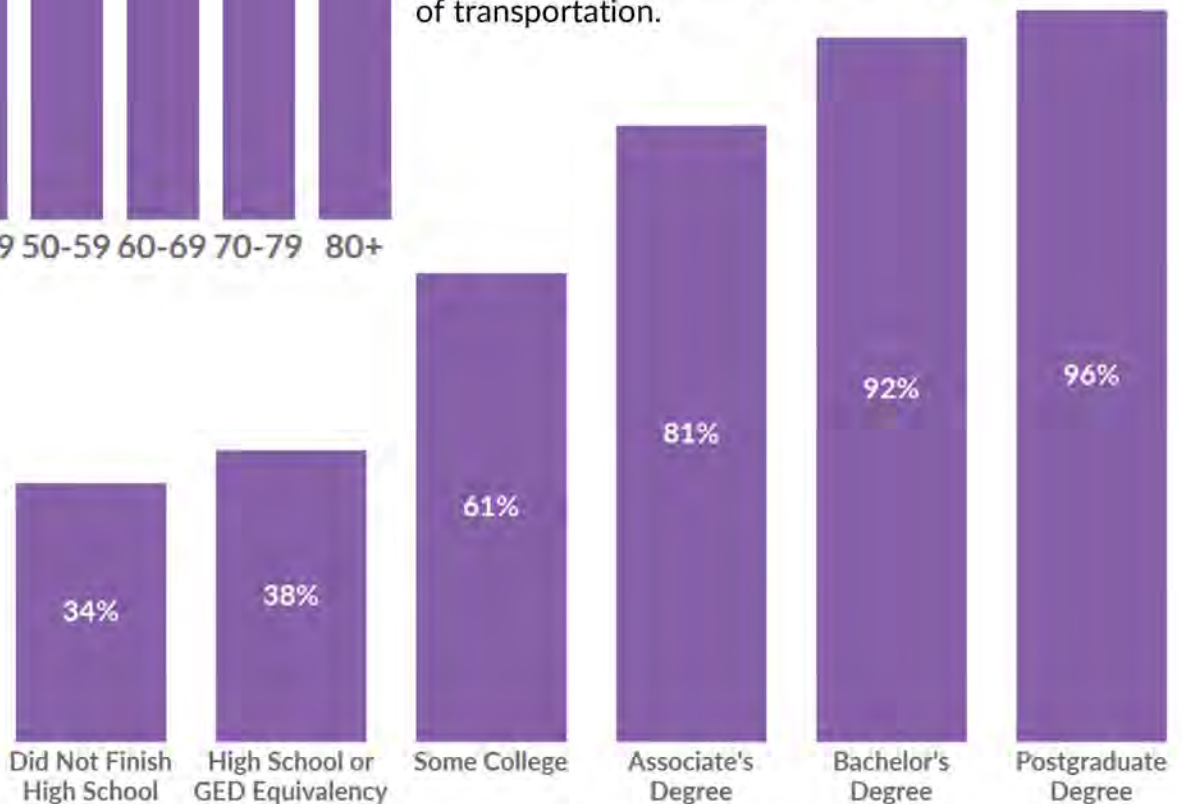


Any Use of Personal Vehicle by Age

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

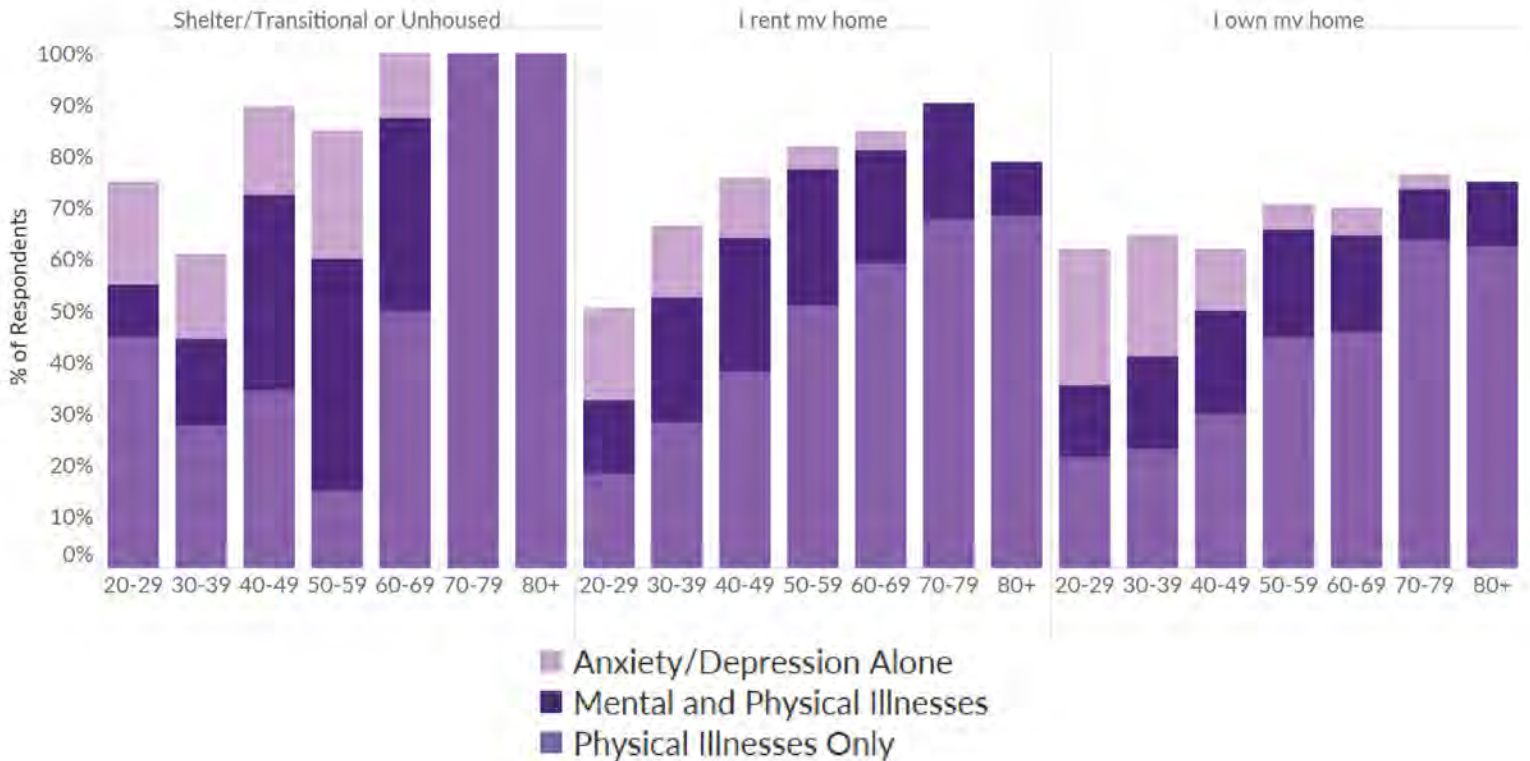
Each bar displays the percentage of respondents with the given education level that reported *Any Use of a Personal Vehicle*, either as the only way they get around or along with some other means of transportation.



SDOH SUPPLEMENTAL FIGURES: NEIGHBORHOOD & BUILT ENVIRONMENT

Reported Health Conditions by Age and Housing Situation

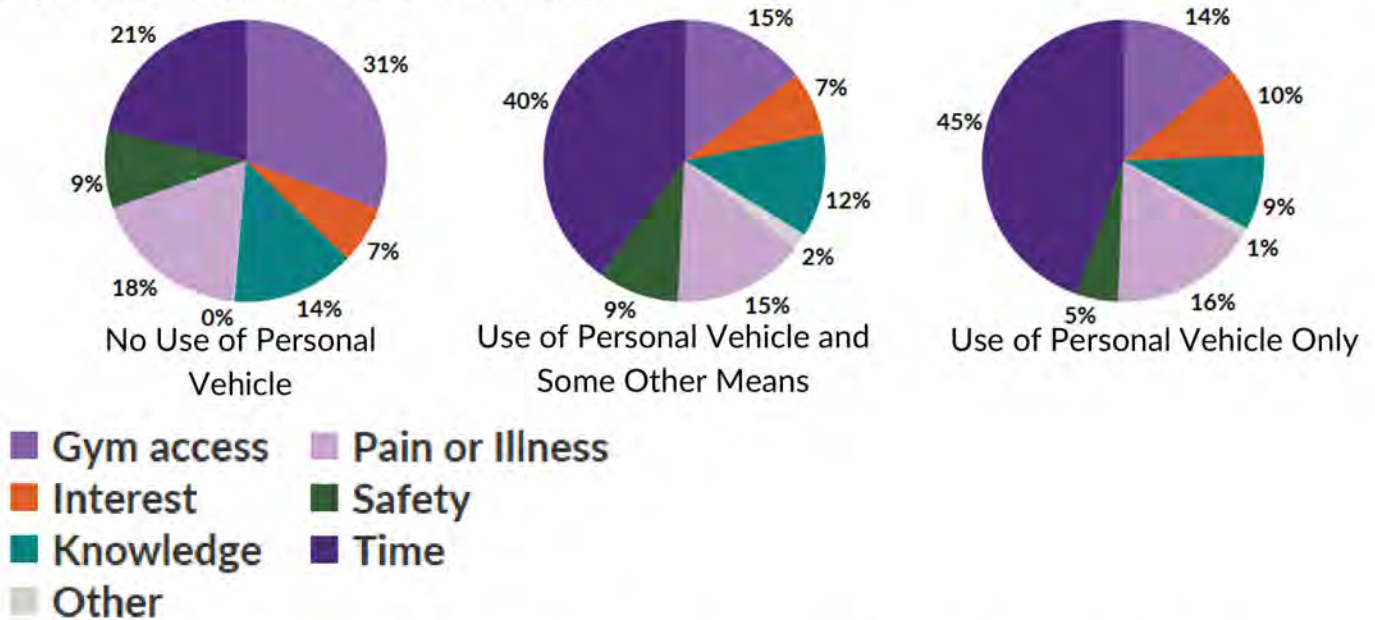
The bars below display the percentages of each age group within the given housing situation who reported *Anxiety/Depression Alone*, one or more of the *Physical Illnesses Only*, or a combination of the *Mental and Physical Illnesses* listed in Question 34 (Appendix G). The figure below does not include 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

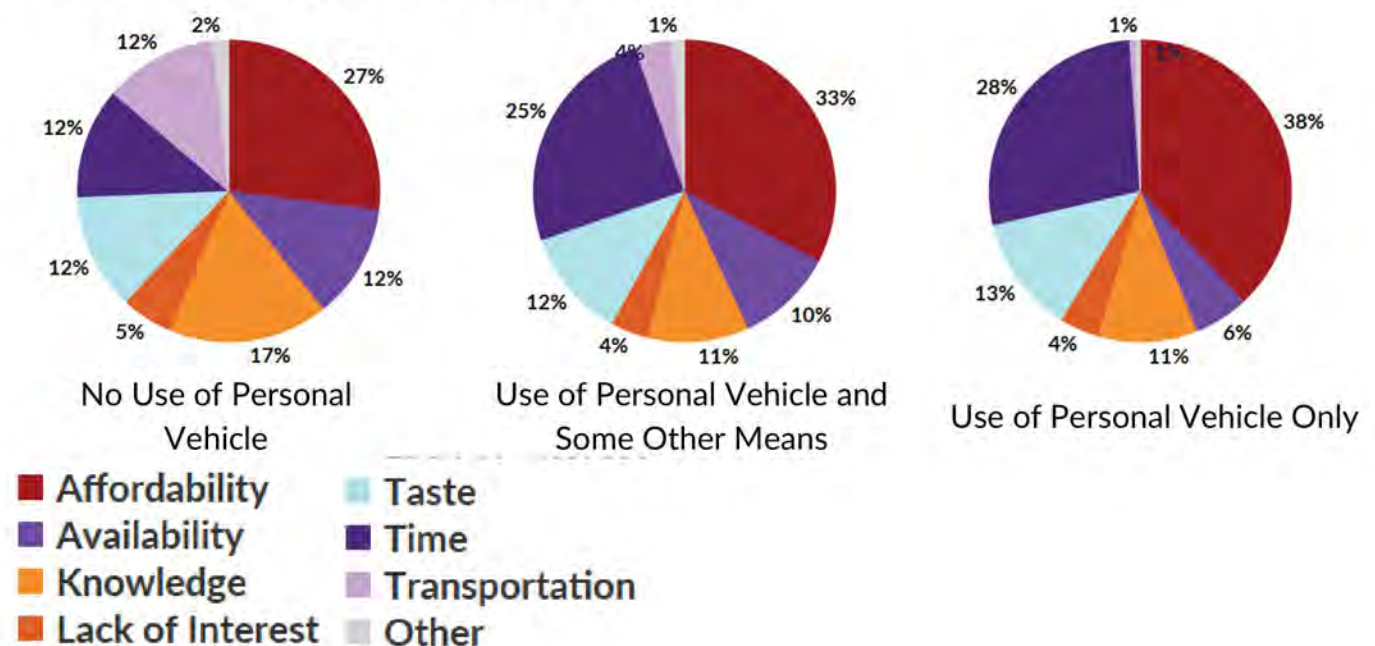
Challenges to Exercise by Means of Transportation

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

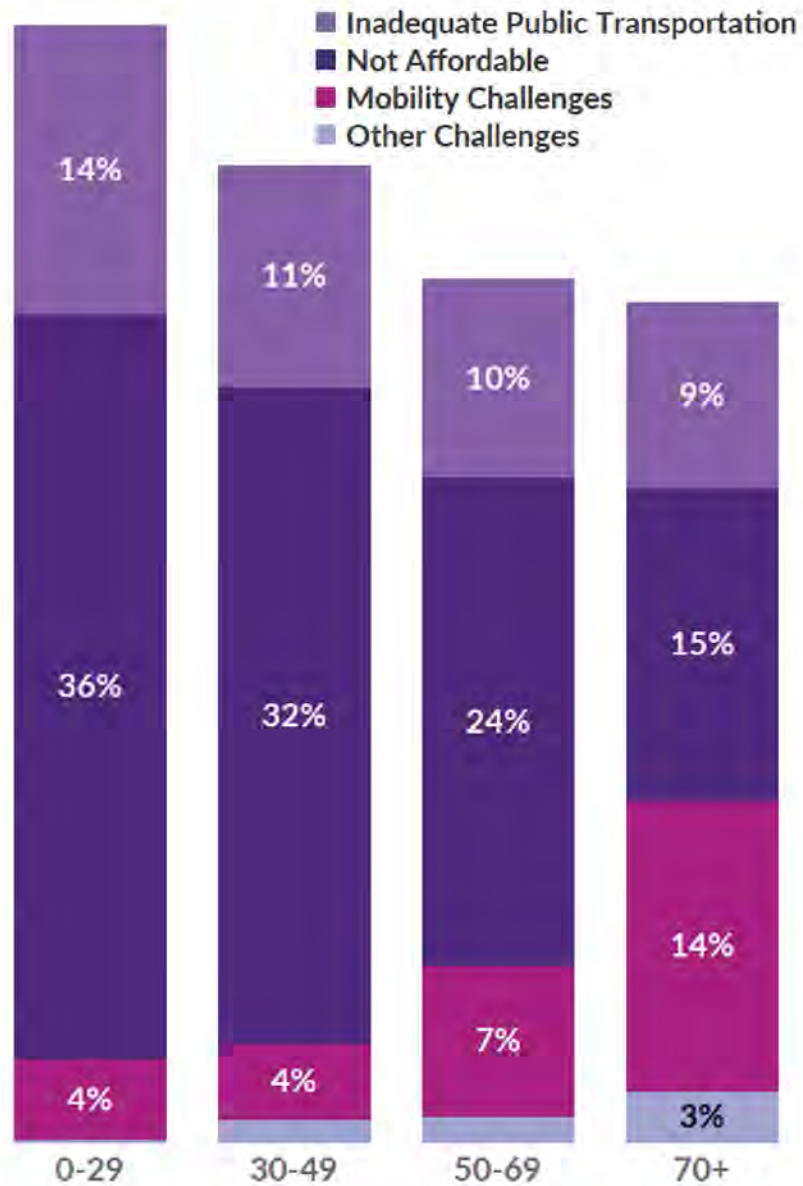
The pie charts below display the proportions of challenges to maintaining a healthy diet reported among respondents who reported *No Use of Personal Vehicle*, *Use of Personal Vehicle and Some Other Means* of transportation, or *Use of Personal Vehicle Only*.



SDOH SUPPLEMENTAL FIGURES: NEIGHBORHOOD & BUILT ENVIRONMENT

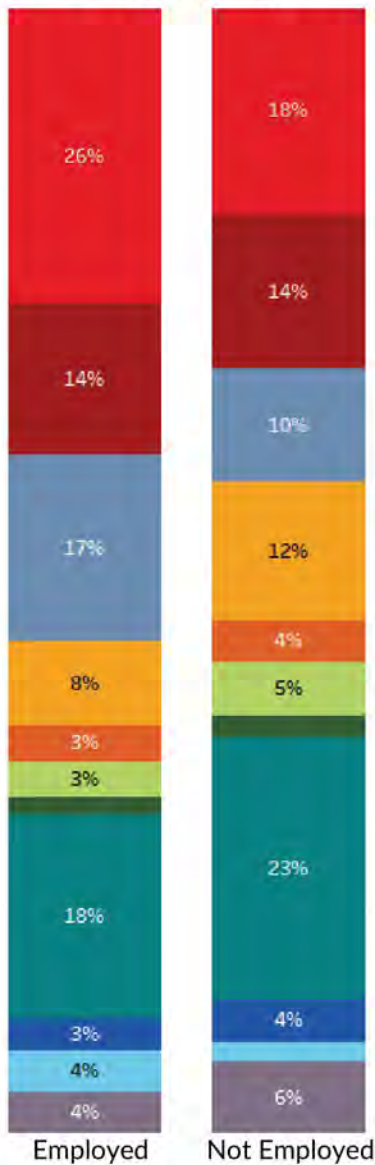
Challenges to Accessing Transportation by Age

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

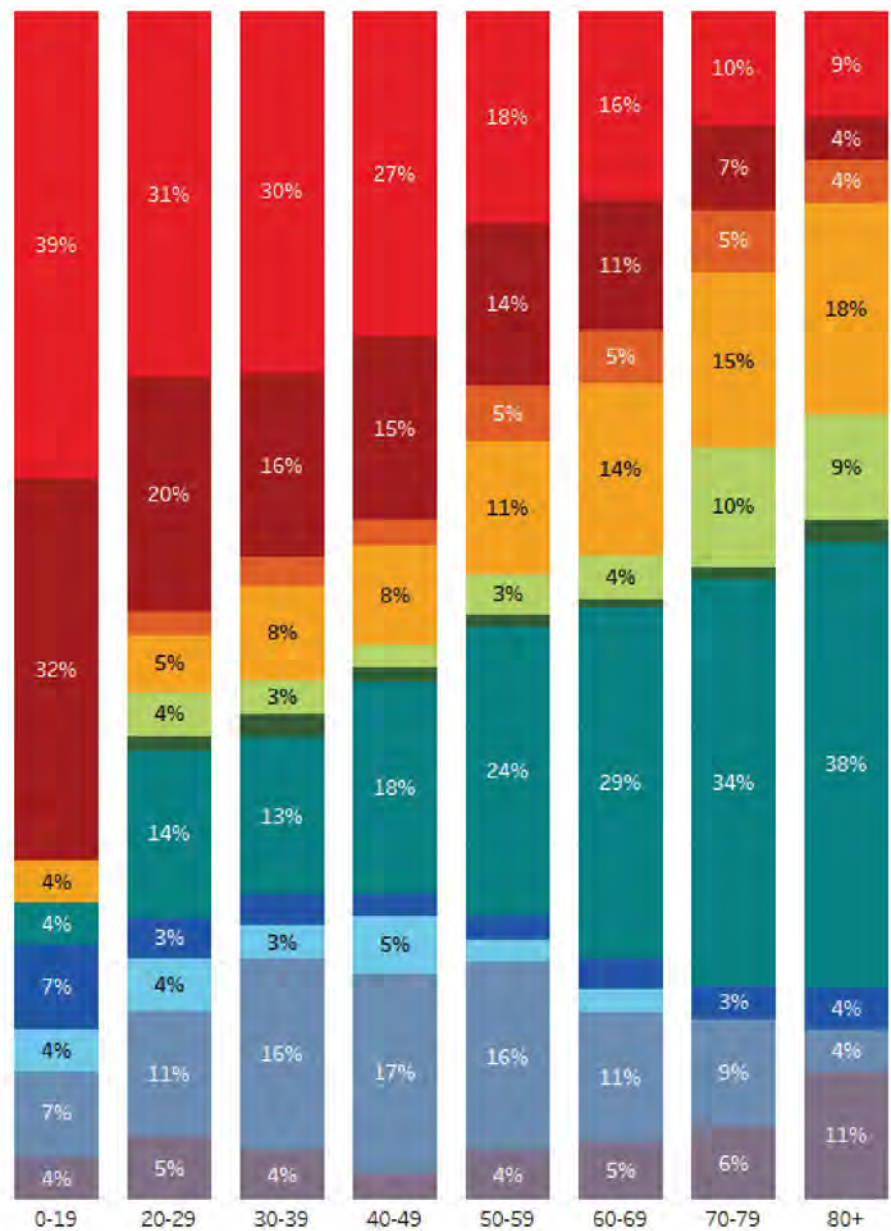
Health Conditions by Employment



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

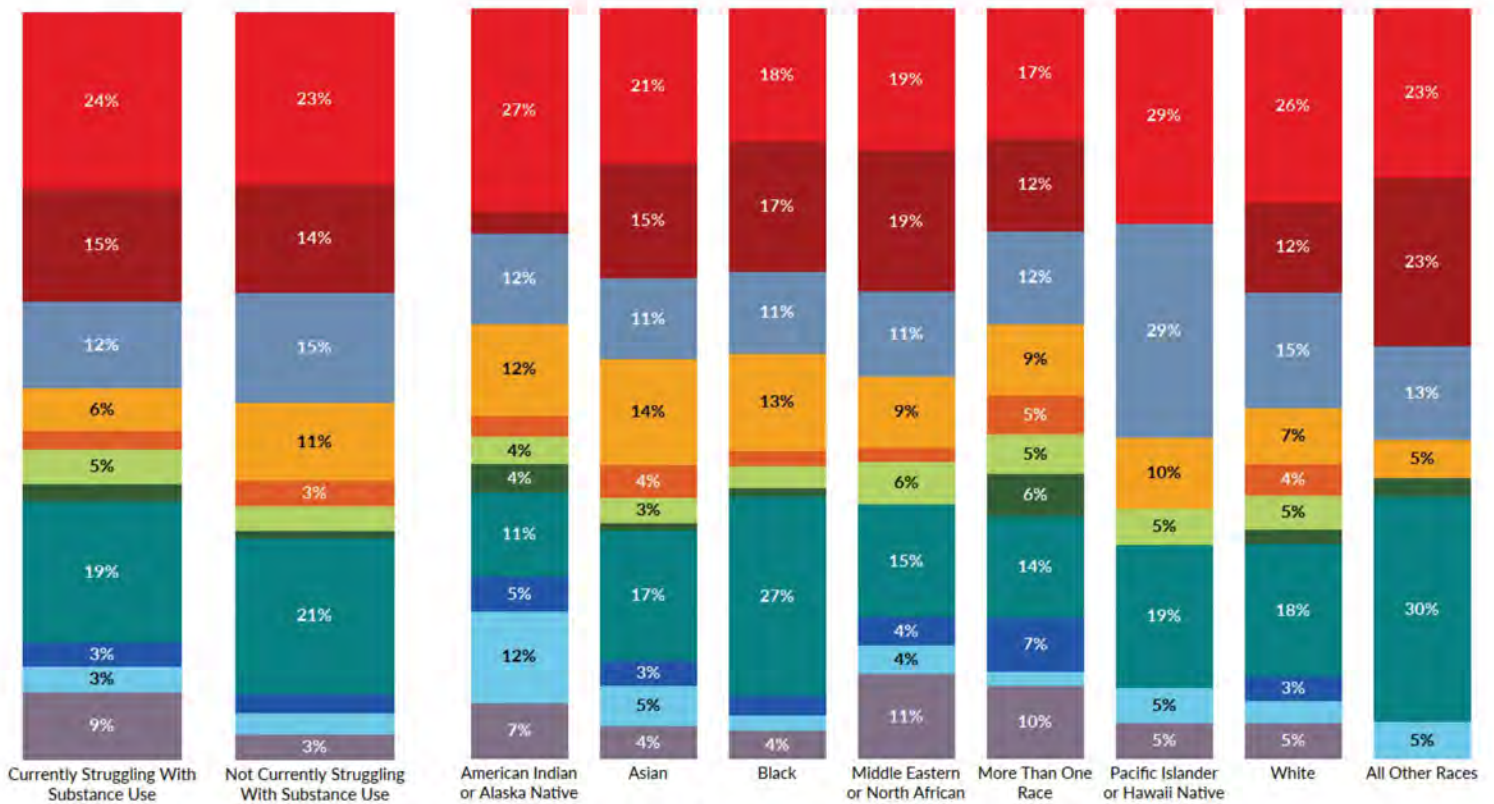


- Anxiety/Depression
- Asthma
- Obesity
- Diabetes
- Cancer (Any Type)
- Disease of the Heart
- Disease of the Liver
- High Blood Pressure
- Kidney Disease
- Long Term COVID-19
- Other Lower Respiratory Disease

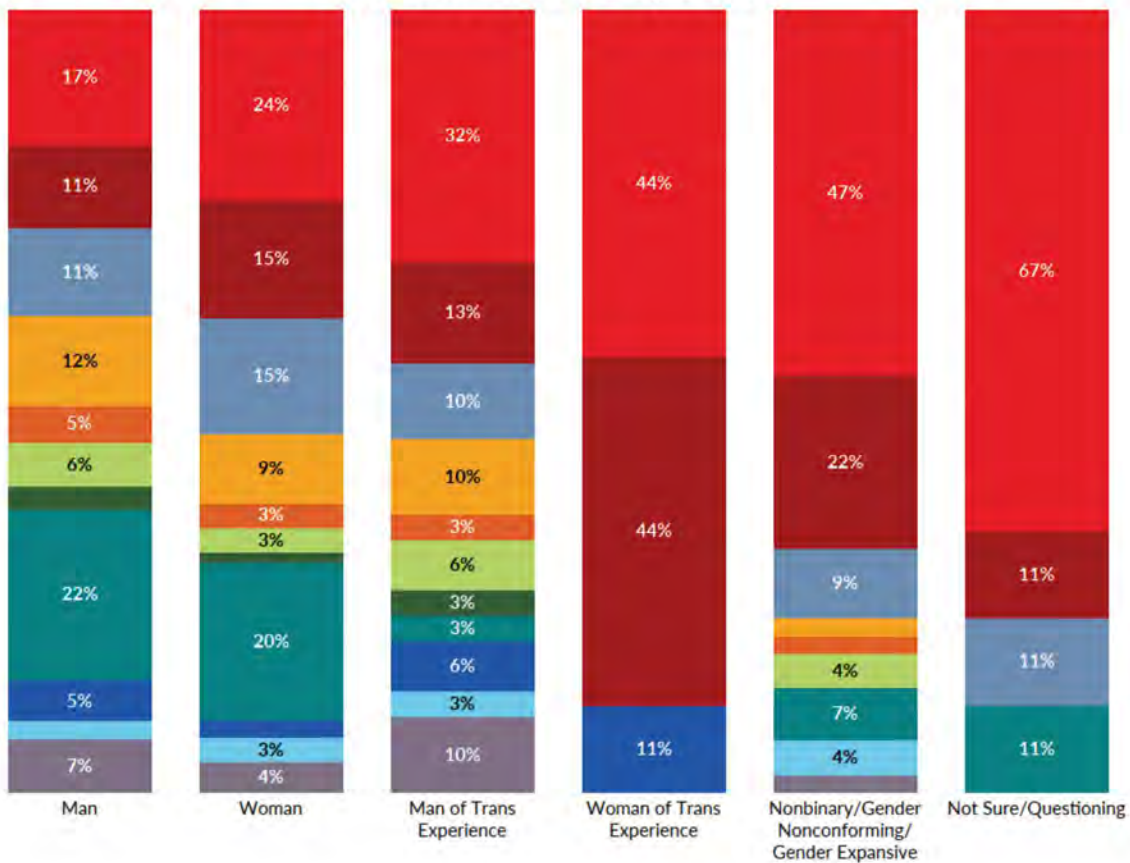
SDOH SUPPLEMENTAL FIGURES: HEALTH CARE SYSTEM

Health Conditions by Substance Use

Health Conditions by Race

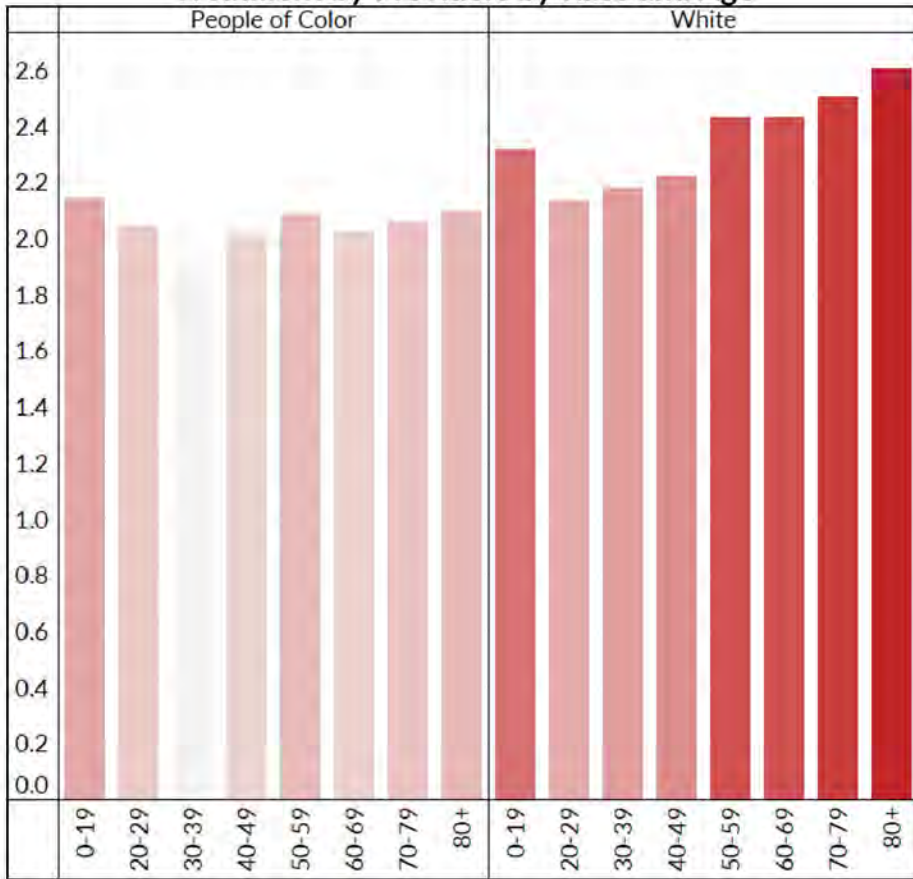


Health Conditions by Gender



SDOH SUPPLEMENTAL FIGURES: HEALTH CARE SYSTEM

Treatment by Providers by Race and Age



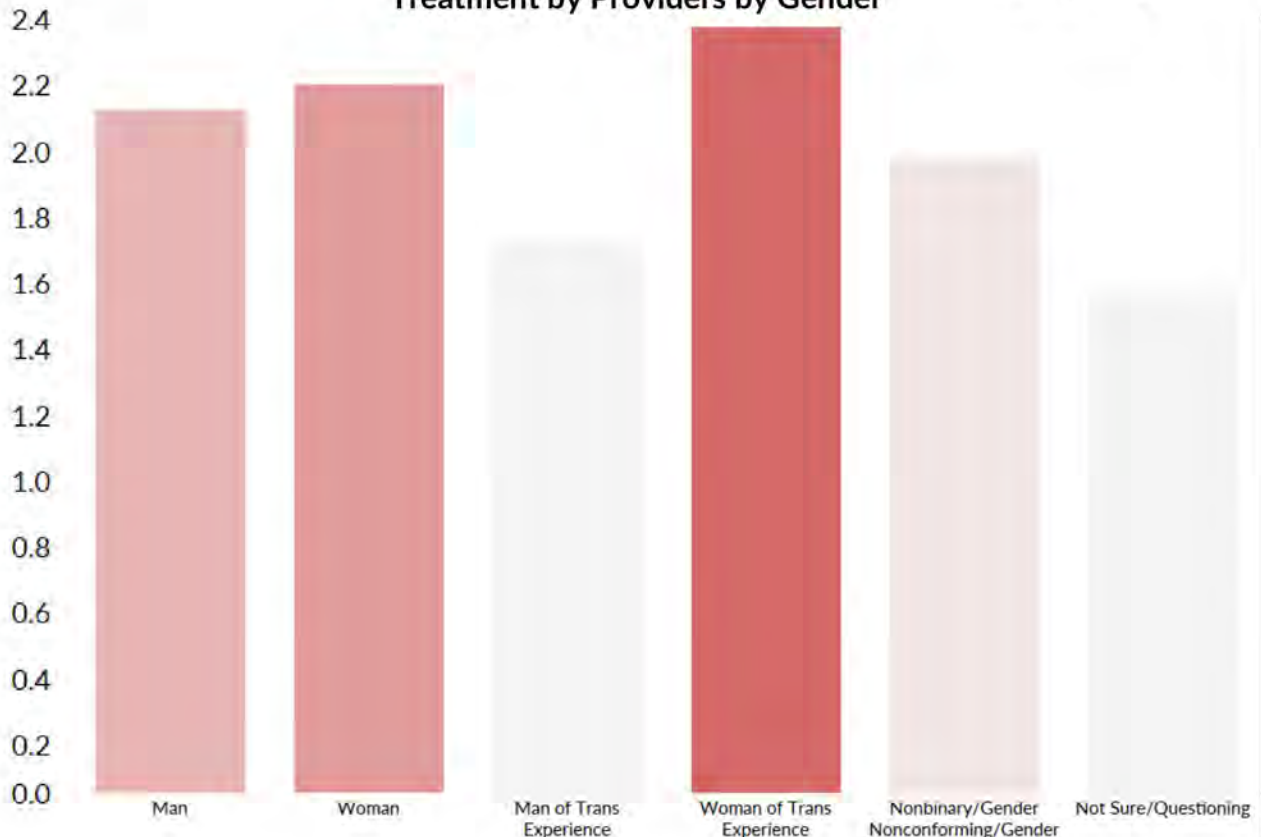
1.9 2.6

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.

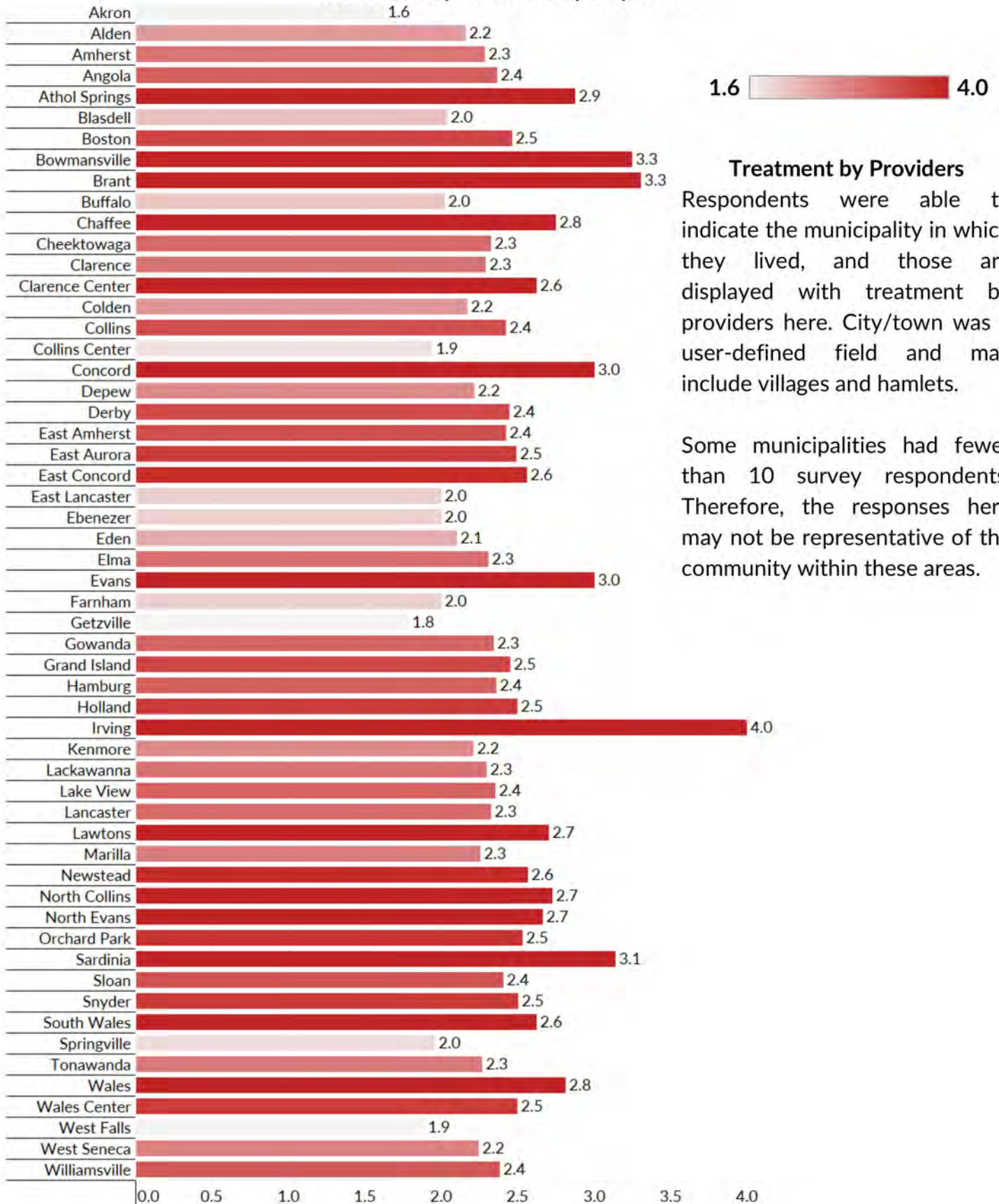
- 0 = Never 1 = Rarely
- 2 = Sometimes 3 = Often
- 4 = Always

Treatment by Providers by Gender



SDOH SUPPLEMENTAL FIGURES: HEALTH CARE SYSTEM

Treatment by Providers by City/Town



Treatment by Providers

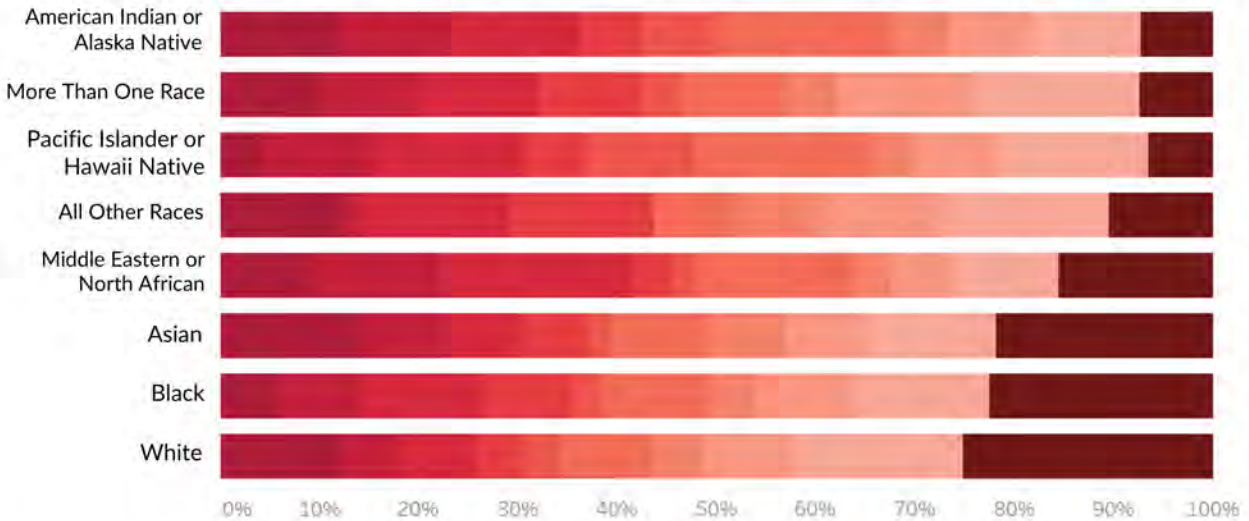
Respondents were able to indicate the municipality in which they lived, and those are displayed with treatment by providers here. City/town was a user-defined field and may include villages and hamlets.

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

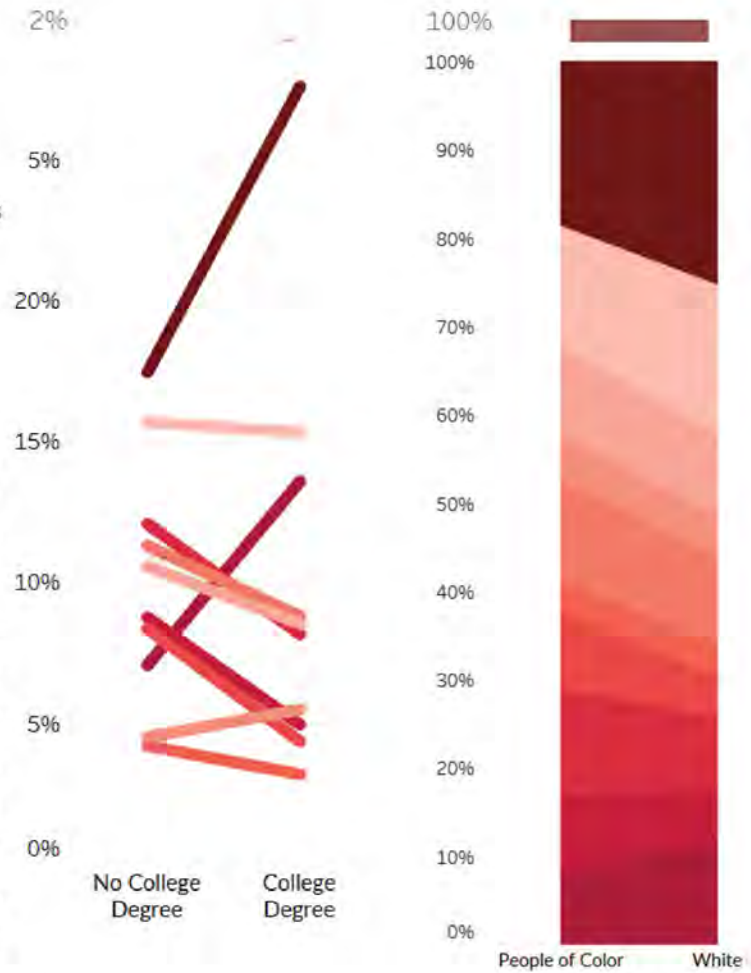
Below are charts detailing specific challenges to accessing health care. They have been plotted with various demographics. The darkest color represents *Access to care is not a challenge for me or my family*.



- 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	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		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

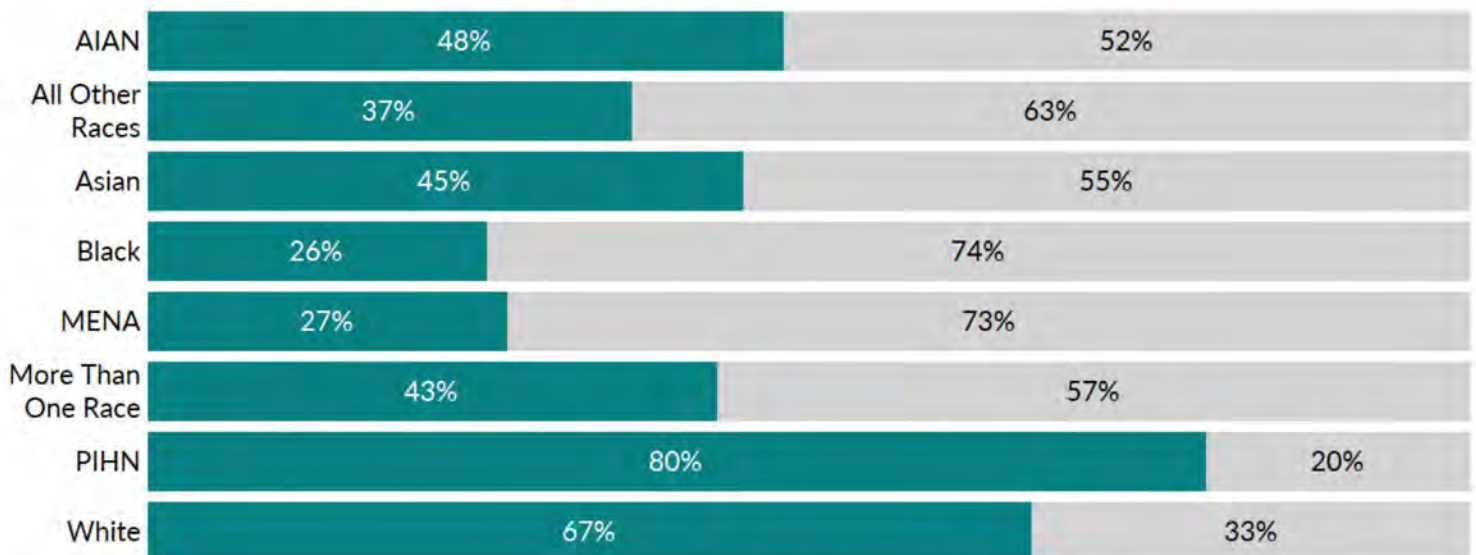
The percentage of respondents that selected Asian as their race and then provided additional information, organized by education level.

- 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.

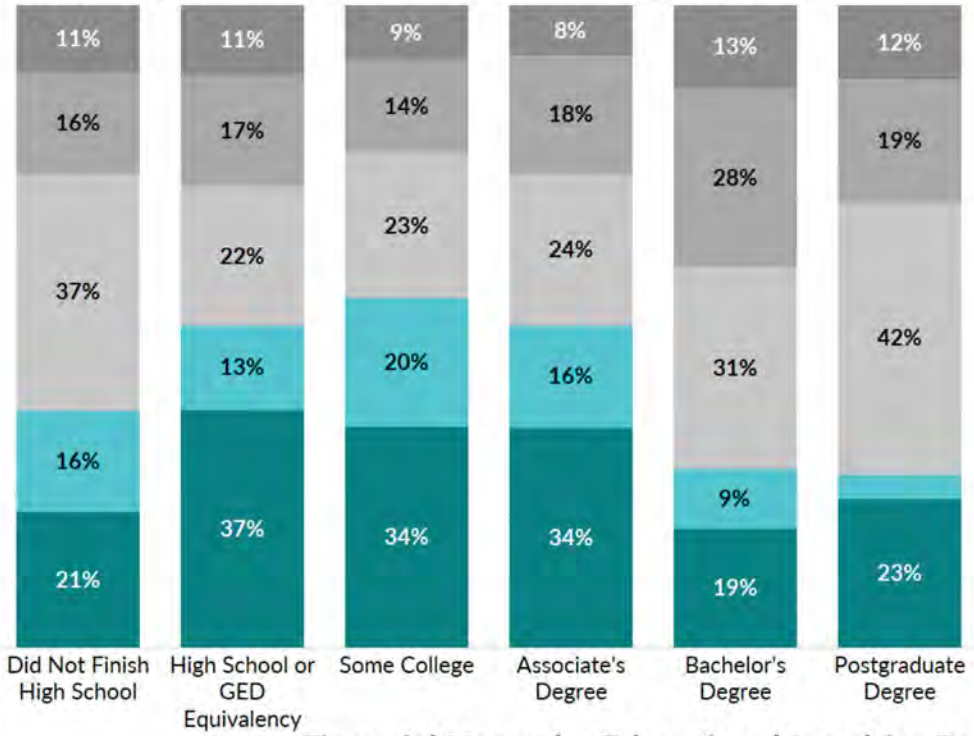
- Postgraduate Degree
- Associate's Degree
- Bachelor's Degree
- Some College
- High School or GED Equivalency
- Did Not Finish High School



SDOH SUPPLEMENTAL FIGURES: EDUCATION

Financial Hopes by Educational Level, Hispanic/Latino

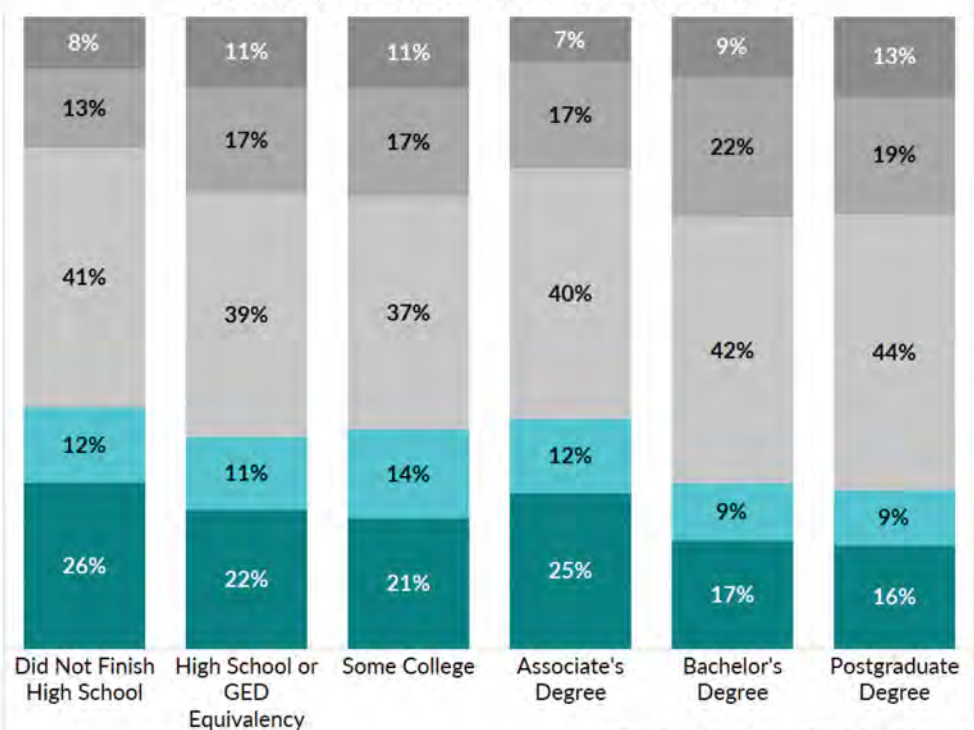
The percentage of responses for each of the five options among Hispanic/Latino respondents. All options to the right are in relation to how the individual feels about their financial situation.



- 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

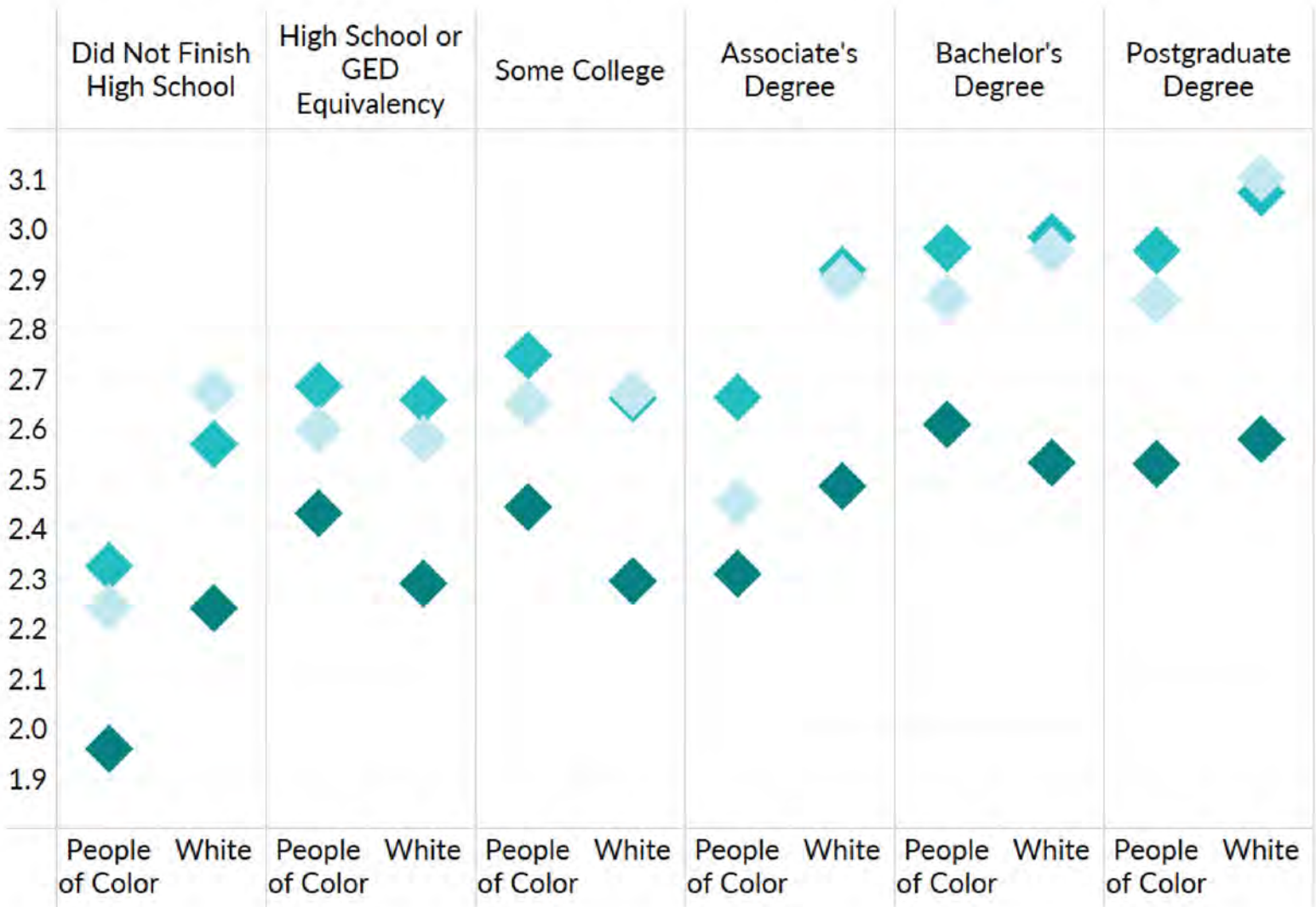
SDOH SUPPLEMENTAL FIGURES: EDUCATION

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*

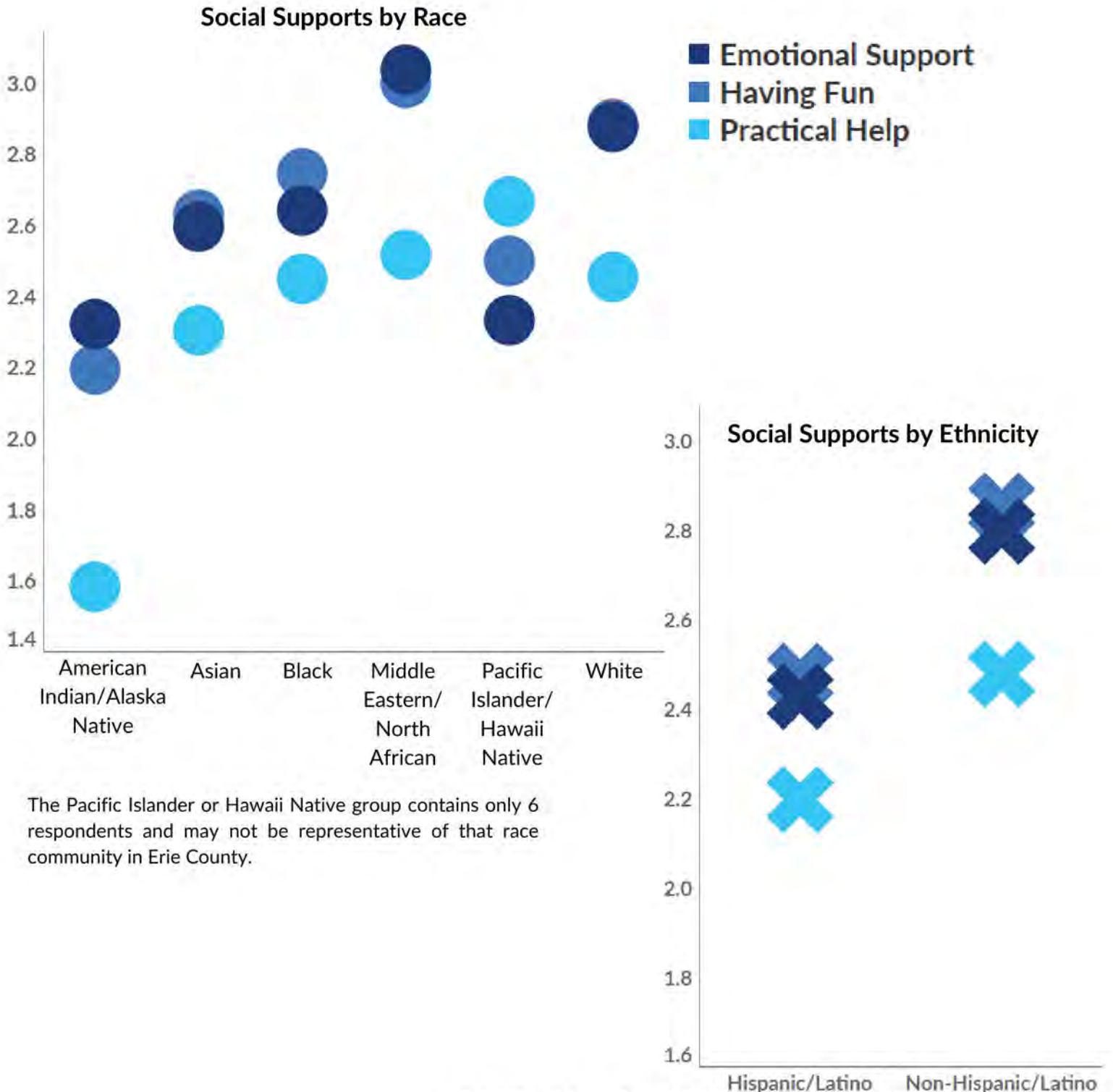
Emotional Support
Having Fun
Practical Help



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

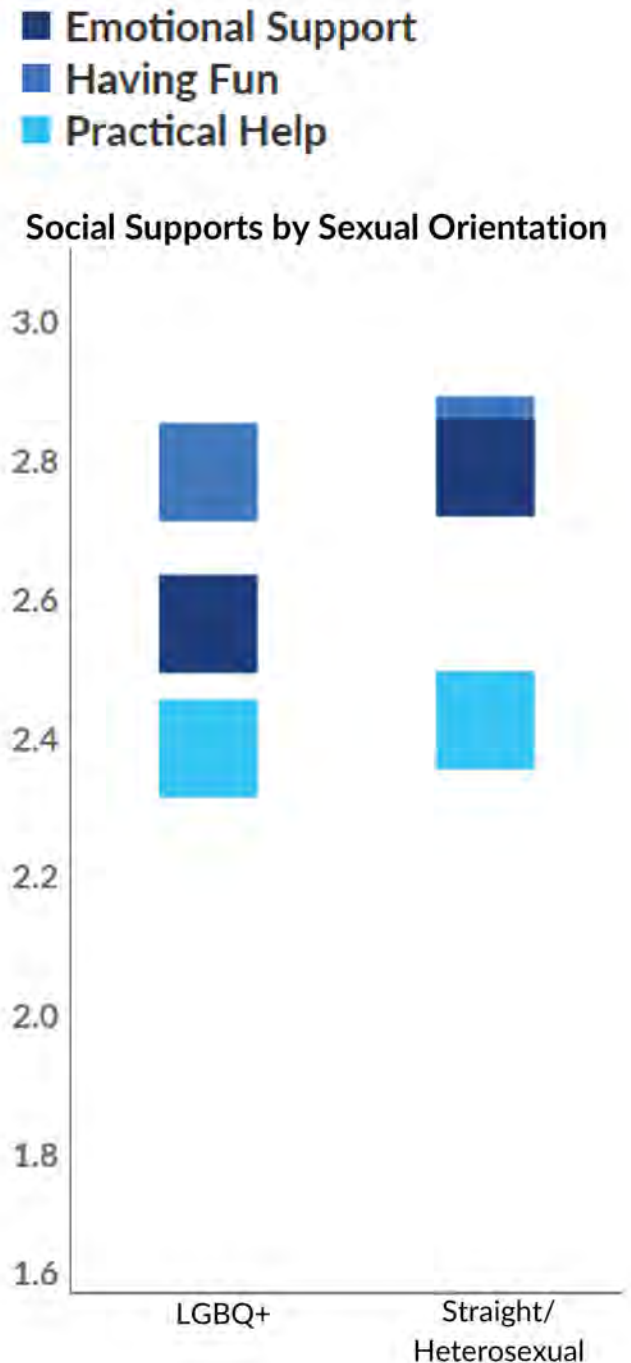
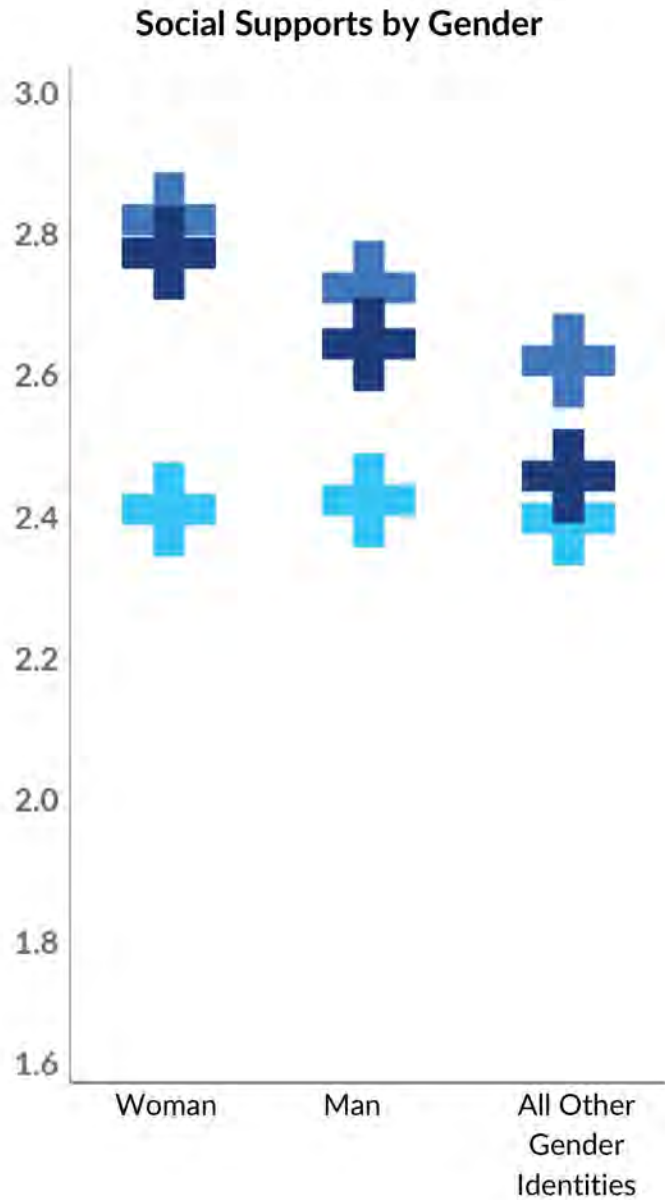


The Pacific Islander or Hawaii Native group contains only 6 respondents and may not be representative of that race community in Erie County.

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.

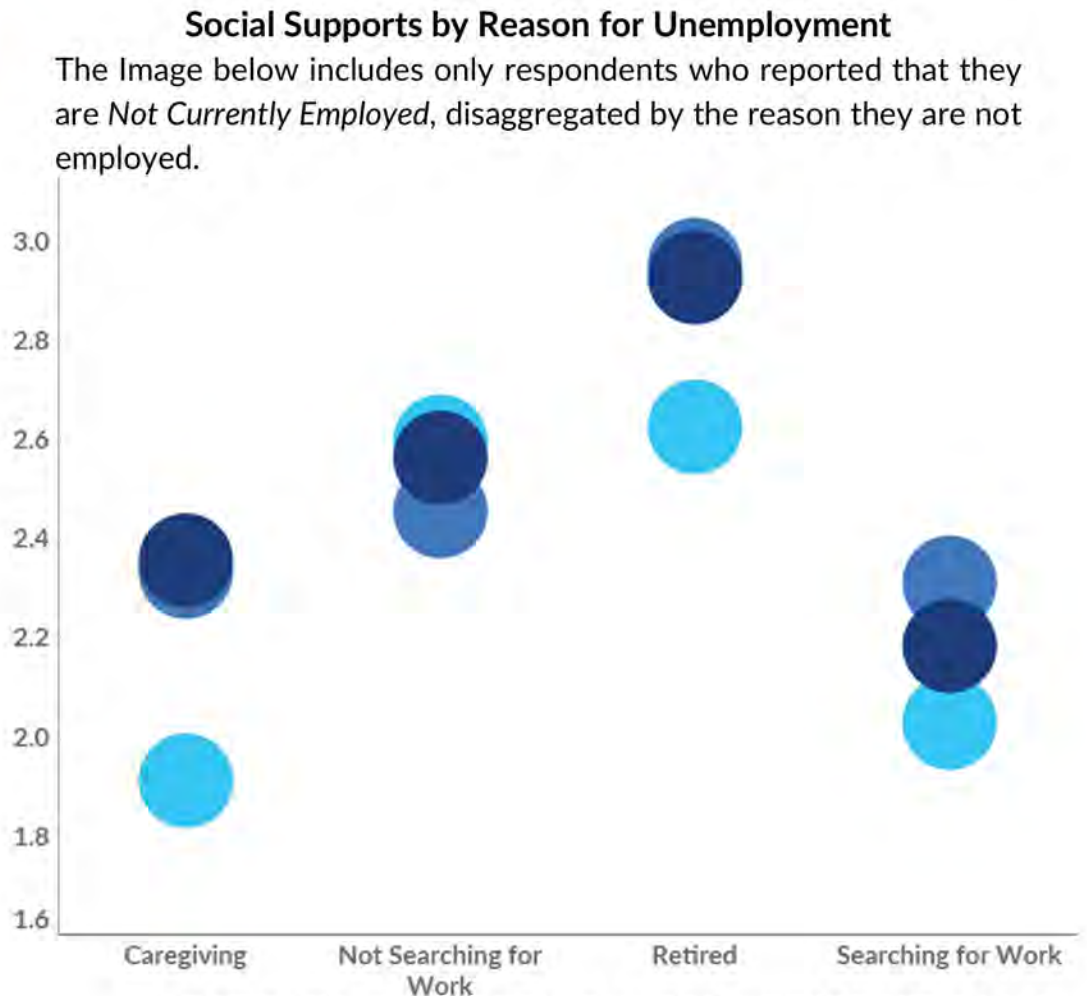
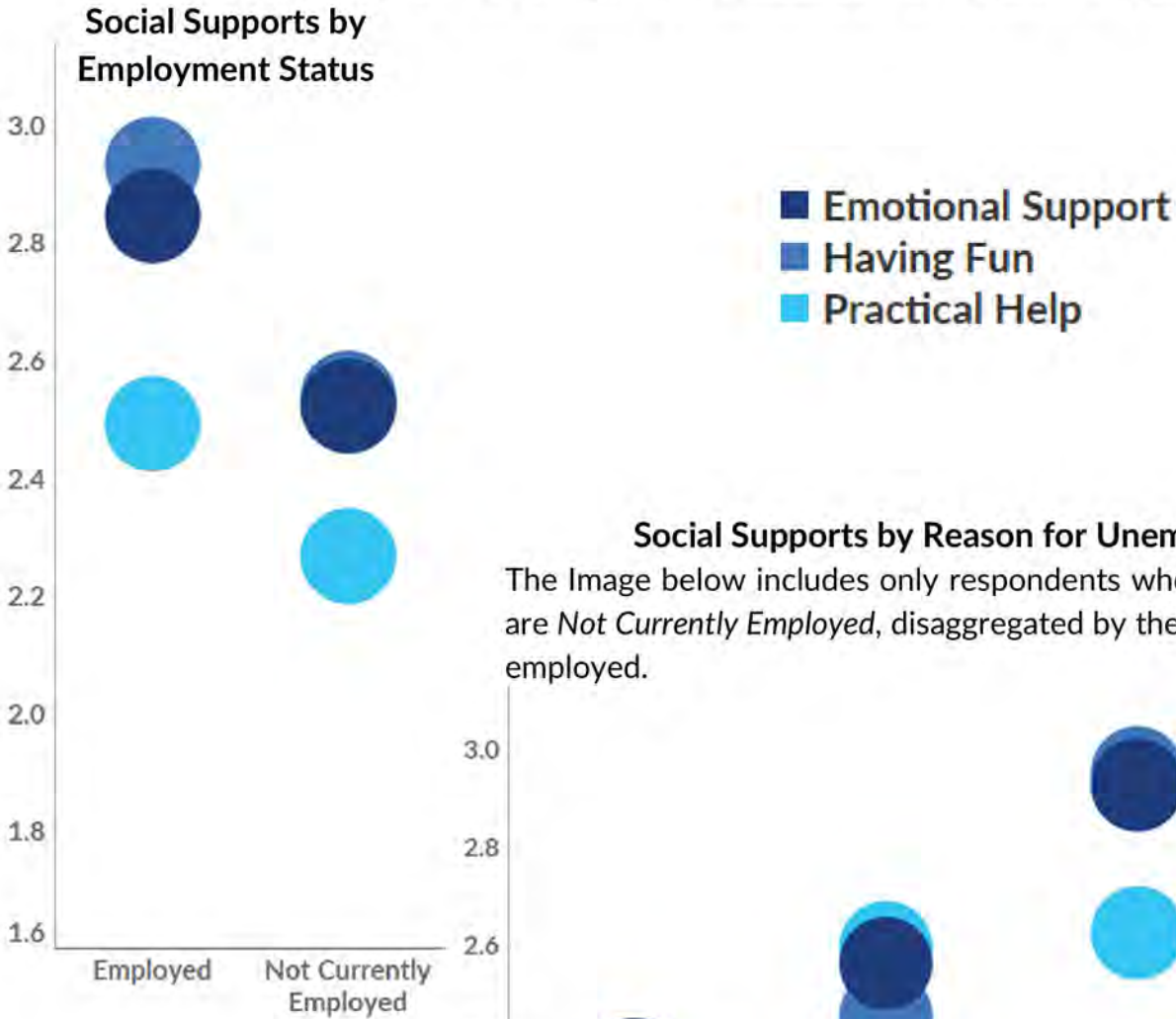
0 = Never 1 = Rarely 2 = Sometimes 3 = Often 4 = Always



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

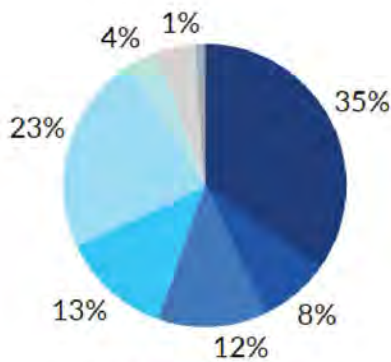


SDOH SUPPLEMENTAL FIGURES: SOCIAL & COMMUNITY CONTEXT

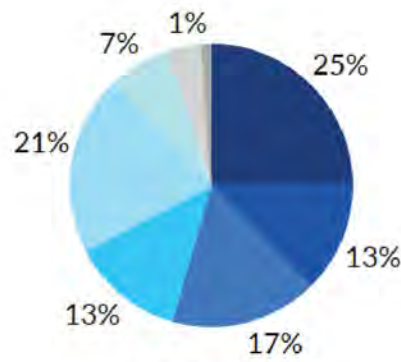
Challenges to Maintaining a Healthy Diet by Place of Birth

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.

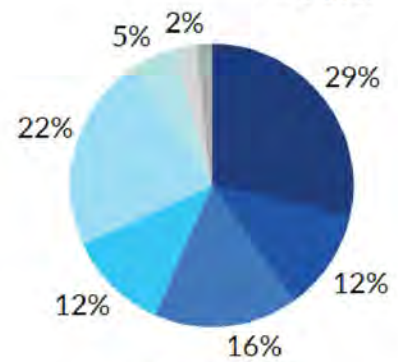
- Affordability
- Availability
- Knowledge
- Taste
- Time
- Transportation
- Lack of Interest
- Other



United States



U.S. Territories

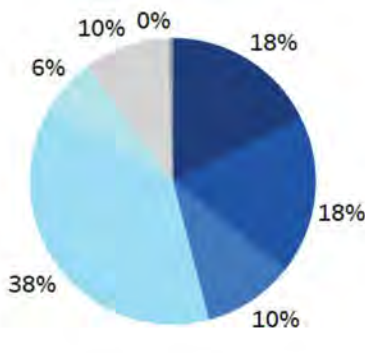


Outside U.S.

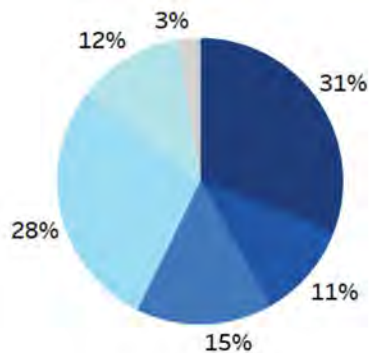
Challenges to Exercise by Place of Birth

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.

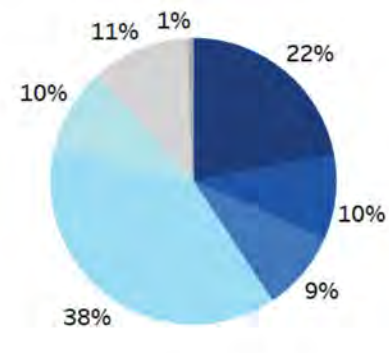
- Gym Access
- Pain or Illness
- Knowledge
- Time
- Safety
- Lack of Interest
- Other



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

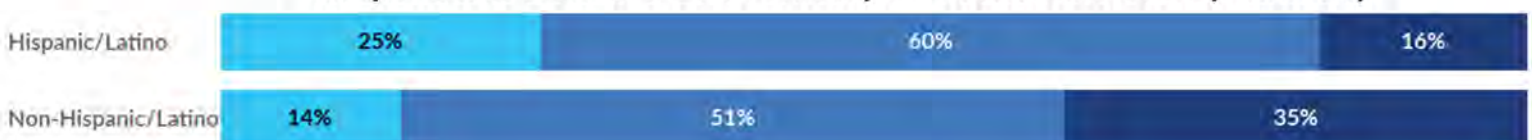
Financial Status of Respondents Born in a U.S. Territory or Outside the U.S. by Age of Immigration



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.

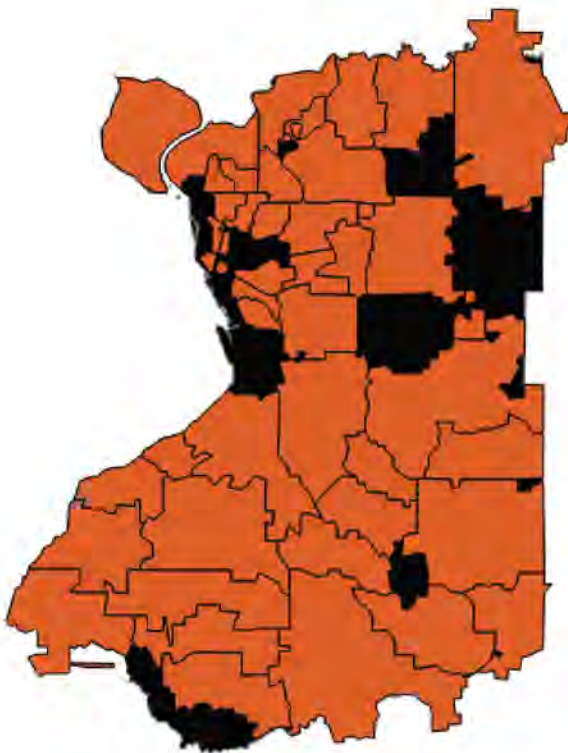
96.1% to 98%

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

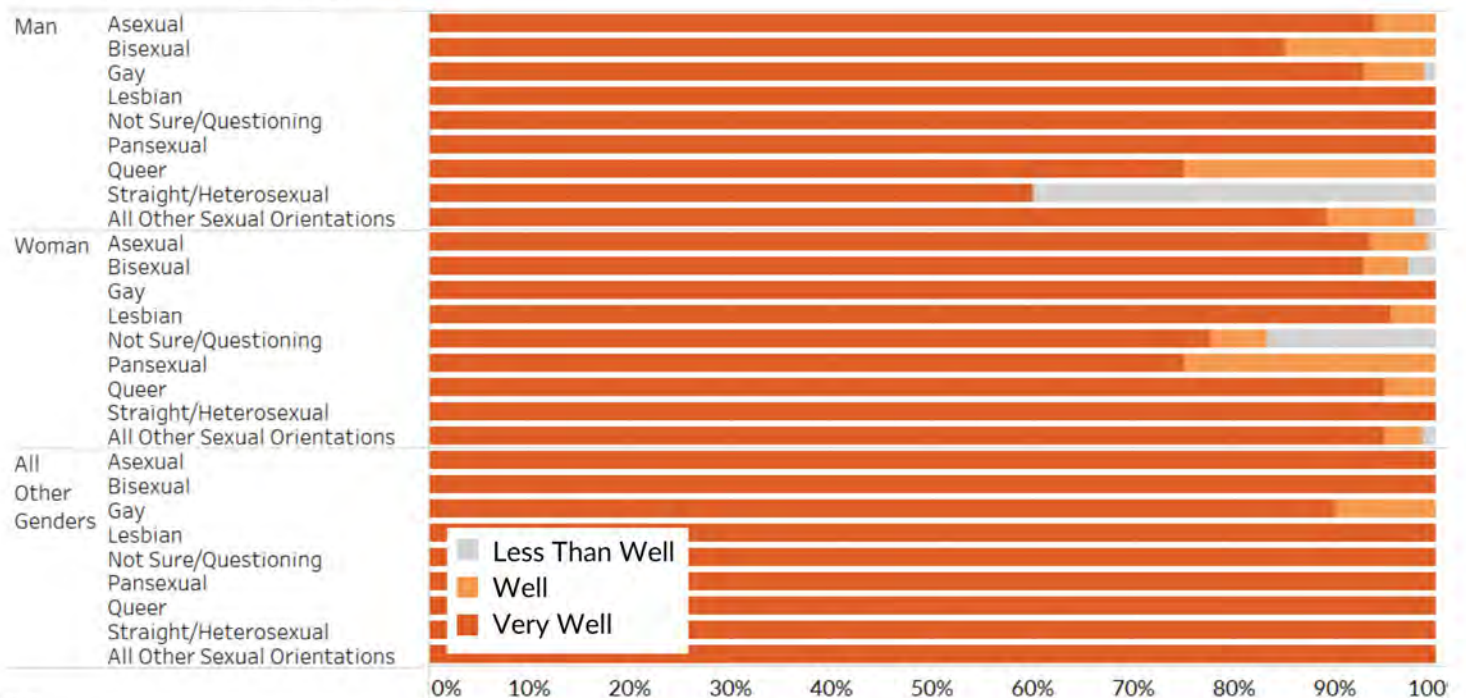
Rate of English Language Proficiency by Education

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

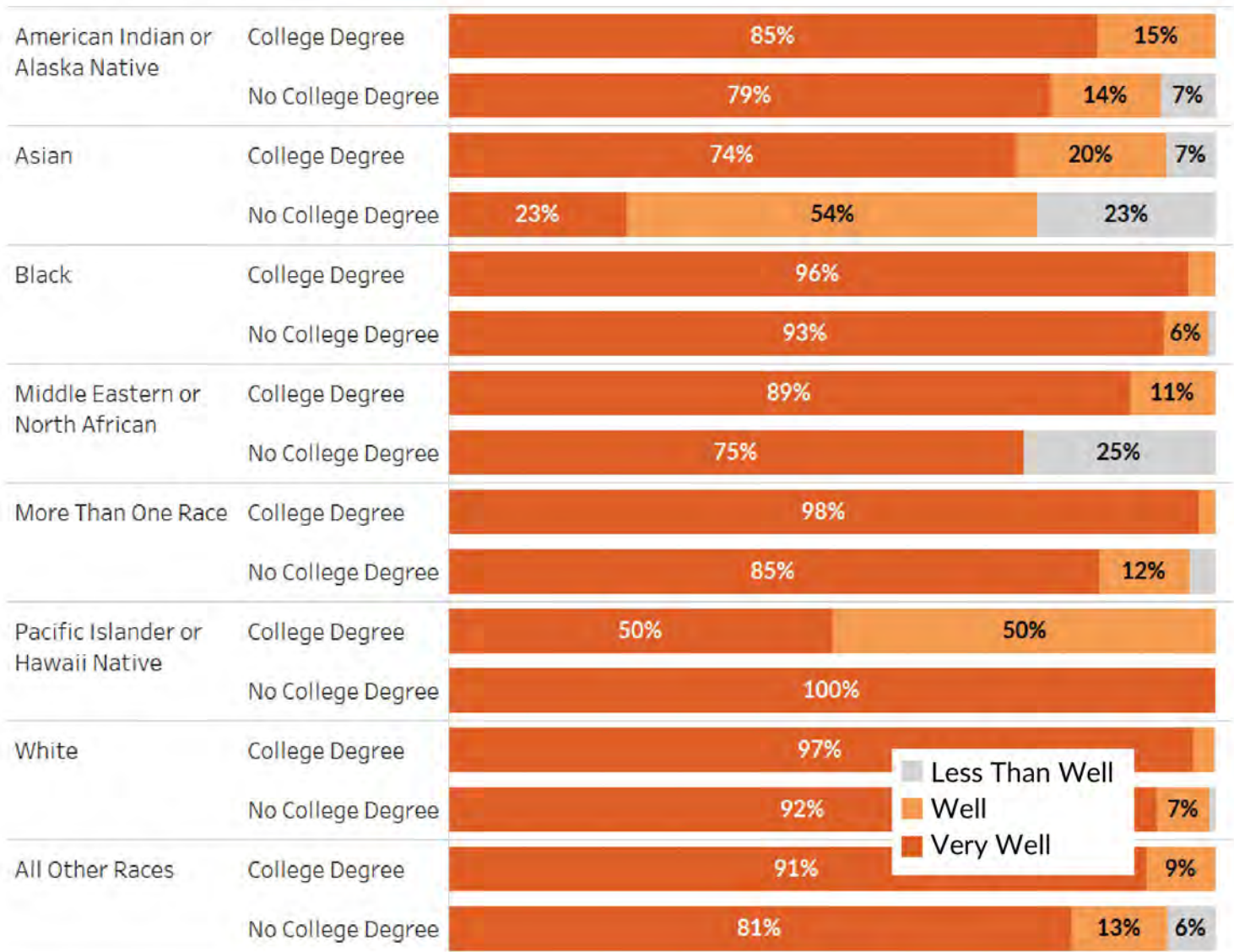
The below chart is a breakout of responses to the question “How well do you speak English?” by sexual orientation and gender.



SDOH SUPPLEMENTAL FIGURES: LANGUAGE ACCESS

Rate of English Language Proficiency by Race and Education

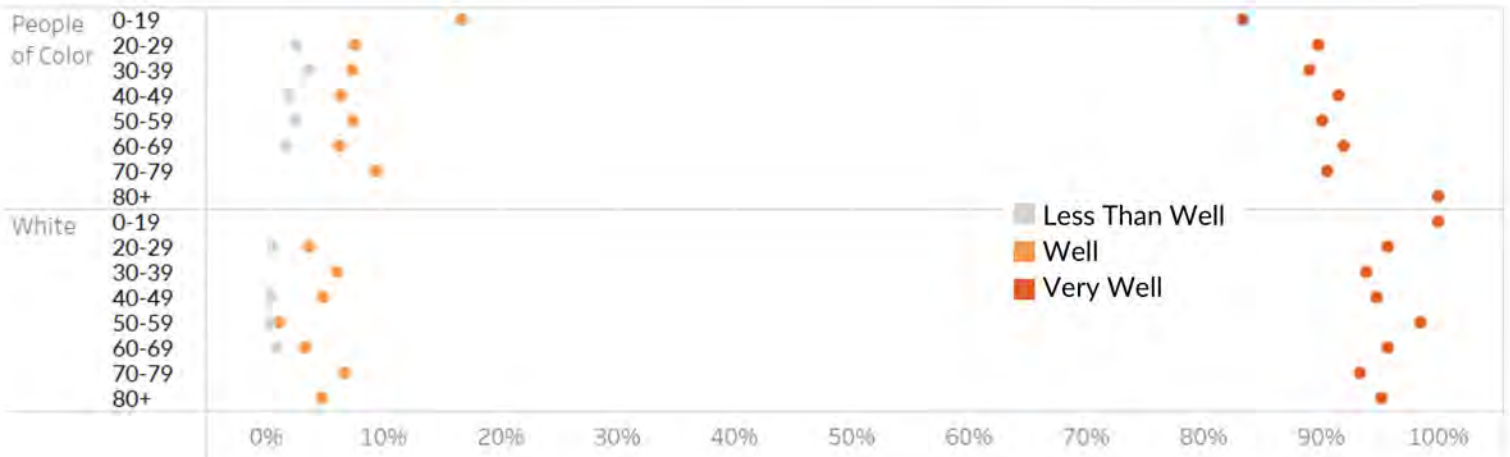
Below is a breakout of ability to speak English *Very Well*, *Well*, and *Less than Well* by both education and race. Those without college degrees consistently reported speaking English at a lower proficiency regardless of racial background.



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

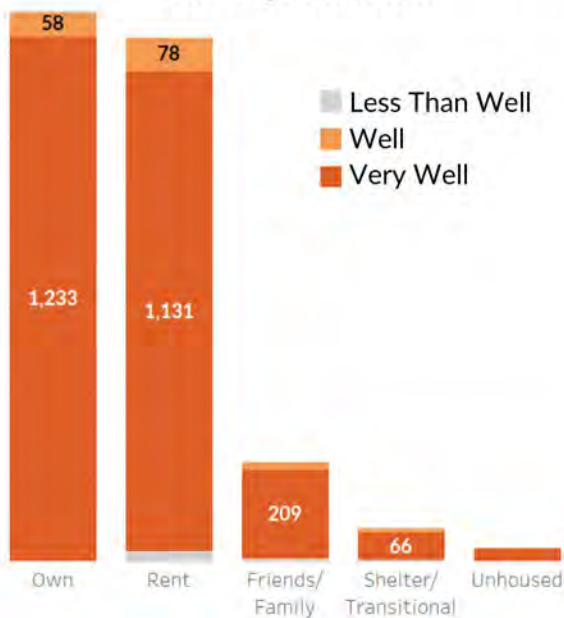
The two charts to the right show breakdowns of English speaking ability first by respondents' race or ethnicity and then by their place of birth. The color gradient has been adjusted on these graphics to show differences between relatively small cells. Consequently, moderately high response rates with 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		
	Well	2		1
	Less Than Well			1
Asian	Very Well	13	1	28
	Well			27
	Less Than Well	2		7
Black	Very Well	703	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	59	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 Colour	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 [26]:
<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.

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.,
Hepatitis, cirrhosis) |
| <input type="radio"/> Other lower respiratory
disease (e.g.,
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
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
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



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
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



OFFICE OF HEALTH EQUITY
www.erie.gov/health-equity

