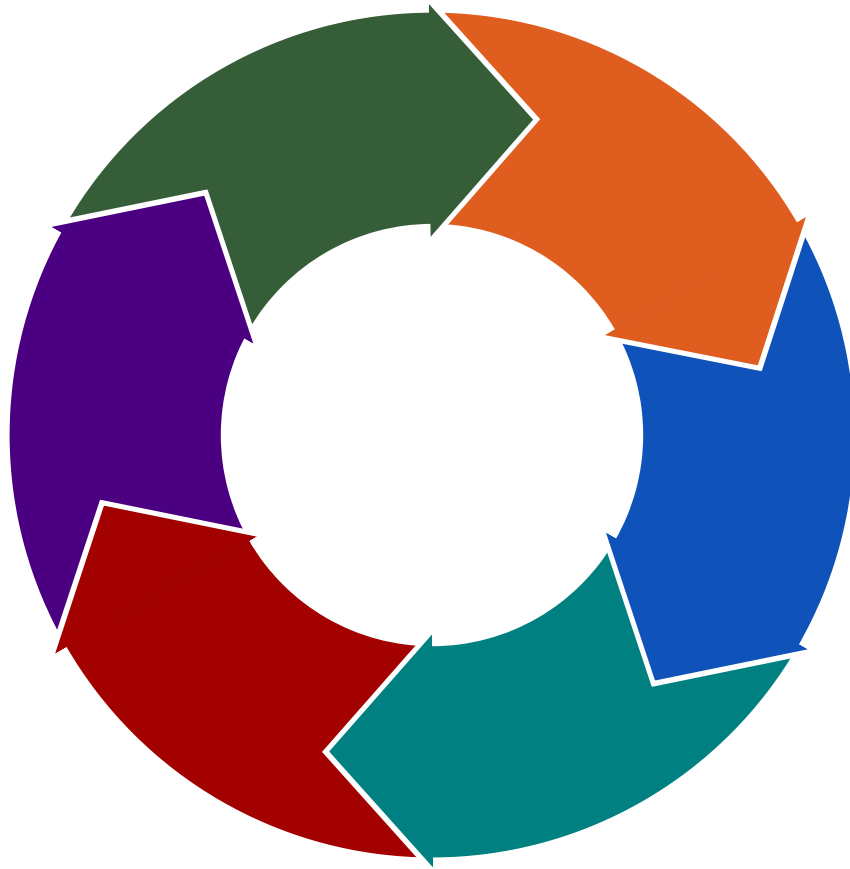


Erie County Community Health Assessment & Community Health Improvement Plan 2025-2030



**Office of Health Equity
Erie County Department of Health**

ERIE COUNTY COMMUNITY HEALTH ASSESSMENT & COMMUNITY HEALTH IMPROVEMENT PLAN 2025-2030

Erie County Department of Health
Office of Health Equity

In Partnership with:

Catholic Health

Kaleida Health

Erie County Medical Center

ERIE COUNTY, NEW YORK

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ERIE COUNTY OFFICE OF HEALTH EQUITY

The Erie County Office of Health Equity's vision is for all Erie County residents who experience higher rates of poor health outcomes to achieve maximum health. The Office of Health Equity is located within the Erie County Department of Health.

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TABLE OF CONTENTS

TABLE OF CONTENTS	7
EXECUTIVE SUMMARY.....	9
LAND ACKNOWLEDGEMENT.....	13
ENSLAVEMENT & LABOR ACKNOWLEDGEMENT.....	14
COMMUNITY RECOGNITION & ACKNOWLEDGEMENT.....	15
COMMUNITY DESCRIPTION.....	17
GEOGRAPHIC LOCATION.....	17
POPULATION AND DEMOGRAPHICS.....	17
ERIE COUNTY HOSPITAL SYSTEMS.....	27
EDUCATION.....	35
EMPLOYMENT.....	39
INCOME	41
HOUSING.....	44
TRANSPORTATION	52
COMMUNICATION AND INFORMATION ACCESS.....	57
CRIME AND SAFETY.....	61
FOOD ACCESS AND DIET.....	64
COMMUNITY SERVICES AND RESOURCES.....	70
CLIMATE AND ENVIRONMENT.....	72
ACCESS TO HEALTH CARE.....	75
COMMUNITY HEALTH STATUS.....	79
LIFE EXPECTANCY.....	79
LEADING CAUSES OF DEATH.....	80
INFANT AND MATERNAL HEALTH	82
MENTAL HEALTH.....	85
SUBSTANCE USE DISORDERS.....	91
DENTAL HEALTH.....	98
CARDIOVASCULAR AND HEART HEALTH.....	102
DIABETES	105
OBESITY AND WEIGHT MANAGEMENT.....	108
CANCER.....	110
ALZHEIMER’S & DEMENTIA	113

COMMUNICABLE DISEASES	115
INJURY	122
COMMUNITY HEALTH IMPROVEMENT PLAN	128
PRIORITY 1.....	133
PRIORITY 2.....	135
PRIORITY 3.....	136
PRIORITY 4.....	137
REFERENCES.....	140
APPENDICES	149
APPENDIX A: MAP OF LEAD COMMUNITIES OF CONCERN	
APPENDIX B: REPORTABLE DISEASE LIST AND PROVISIONAL REPORTABLE COMMUNICABLE DISEASES	
APPENDIX C: CHA COMMUNITY AND MEDICAL PROVIDER SURVEYS	
APPENDIX D: CHA PROMOTIONAL MATERIALS	
APPENDIX E: CHA SURVEY RESULTS	
APPENDIX F: COMMUNITY MEETING MATERIALS	
APPENDIX G: METHODOLOGY FOR SCORING PRIORITIES	
APPENDIX H: CATHOLIC HEALTH SUPPLEMENTALS	
APPENDIX I: KALEIDA SUPPLEMENTALS	
APPENDIX J: ECMC SUPPLEMENTALS	
APPENDIX K: ERIE COUNTY HEALTH EQUITY ACT OF 2021	
APPENDIX L: ACCESSIBILITY TABLES	
APPENDIX M: CHA PROVIDER INTERVIEW MATERIALS	
APPENDIX N: CHA FOCUS GROUP MATERIALS	
APPENDIX O: ADDITIONAL COMMUNITY ASSETS AND RESOURCES	

EXECUTIVE SUMMARY

Introduction

New York State Public Health Law, Section 40-2.40, requires Local Health Departments (LHDs) to work with community partners to conduct a Community Health Assessment (CHA) to assess the current health status of the community, identify health disparities and other community health needs, and develop a 6-year Community Health Improvement Plan (CHIP) to address them. The New York State Department of Health (NYSDOH) requires that local hospital systems conduct a Community Health Needs Assessment (CHNA) and develop a Community Service Plan (CSP) every 3 years. For this cycle, Erie County, Catholic Health, Kaleida Health, Erie County Medical Center (ECMC), and Bertrand-Chaffee Hospital (BCH) have worked together on the contents of this assessment.

This CHA includes three sections: Community Description, Social Determinants of Health (SDOH), and Community Health Status. While each subsection within the SDOH and Community Health Status sections focus on individual topics, such as transportation and cancer, there are overlap, intersectionality, and connections between topics. The scope of this assessment is extremely broad. Thus, the depth of information on each topic is limited and may not capture all related nuances. Readers who are interested in a particular topic are encouraged to do further research. The references cited in this document may serve as a starting place to further investigate specific topics.

Key Findings

The summaries of the SDOH factors and Community Health Status topics include temporal trends, descriptions of influencing factors, and statistics that have been disaggregated by demographics.

Examining statistics that are specific to individual demographics, such as race and ZIP code, is crucial to realizing the diverse experiences and outcomes among the various communities within Erie County. For example, information in the SDOH section reveals that on average, Black residents in Erie County have experienced more unfavorable living conditions due to systemic racism. Corresponding with these findings are statistics showing poorer health outcomes within the Black community compared to those of other races. Efforts to address disparities among specific demographic communities must take into account the root causes related to SDOH factors.

Due to racial segregation, many SDOH factors and outcomes that are specific to racial communities also intersect with geographic communities. A map in the Community Description section (page 15) displays the racial prevalence of each census tract in the community. Maps throughout this CHA displaying rates of risk factors and health outcomes reflect the racial prevalence map. For example, census tracts that are primarily composed of racially minoritized

communities have higher rates of poverty and diabetes than census tracts that are primarily White. Also, in many instances, rates of SDOH risk factors and poor health outcomes are higher in the rural census tracts than the suburban census tracts. Some anomalies are observed in the maps displayed in this report. For example, the census tracts that contain the Wende Correctional Facility, student housing of the University of Buffalo, and nursing homes or senior living facilities do not necessarily reflect the surrounding communities.

The COVID-19 pandemic impacted many aspects of health and life. Trend data throughout this CHA shows notable differences in rates of risk factors and outcomes, primarily in the years 2020 and 2021, as a result of policies and control measures during the pandemic as well as direct impacts from the virus. For example, rates of unemployment sharply increased as places of employment closed due to NYS directives in 2020, while homelessness decreased due to a moratorium on evictions as part of the NYS response to the pandemic. Cancer incidents appeared to decrease in 2020. However, this was likely a reflection of cases being undiagnosed due to disruptions to medical care and appointments. Tracking and reporting of risk factors and outcomes may have also been challenging during the pandemic, resulting in documentation of lower rates than was the reality.

2025-2030 CHIP Priorities

Data and information included in the Community Description, Social Determinants of Health (SDOH), and Community Health Status sections of this report were shared with community partners and helped inform the selection of the priorities to be included in the CHIP. The priorities selected for the 2025-2030 Erie County CHIP are:

- 1) Anxiety and Stress
- 2) Unemployment
- 3) Nutrition Security
- 4) Housing Stability and Affordability

Data Sources

The data discussed in this CHA and shared with the CHIP development partners came from a combination of primary and secondary sources. Existing sources such as the NYS Prevention Agenda Dashboard, County Health Rankings from the University of Wisconsin Population Health Institute, and the Buffalo Public Schools summaries of the Behavioral Risk Factor Surveillance System (BRFSS) surveys were used to explore and assess health outcomes and indicators. Discussions of many topics include sources that are more specific to the respective SDOH factor or health outcomes. For instance, the *Unemployment and Labor Force Participation* section includes data from the Federal Reserve on Economic Data, and the *Infant and Maternal Health* section includes data from March of Dimes. In this CHA, discussions of data from these secondary sources use language for categories and data variables that is consistent with how the data source named and categorized each variable. For instance, while the ECOHE typically uses gender expression

categories such as *Man*, *Woman*, and *Non-Binary*, for data collection and reporting, the American Communities Surveys (ACS) uses *Male* and *Female*.

The primary data included in this CHA includes results from the 2025 CHA Community Survey and 2025 CHA Provider Survey, the 2025 CHA focus groups, and the 2025 provider interviews and Children and Youth With Special Health Care Needs (CYSHCN) family interviews that were conducted specifically for this assessment. Data is also included from results from the 2022 Health and Wellness Survey (referenced in previous ECOHE reports as the 2022 Community Survey) and 2023 focus groups that were conducted as part of the office's baseline research.

Partners and Roles

CHA-CHIP Work Group- Representatives from the Erie County Office of Health Equity (ECOHE), Catholic Health, Kaleida Health, and ECMC worked together to compile information for the CHA, including the organization and implementation of primary data collection. These representatives also ultimately select the priorities to include in the CHIP and CSPs. While ECOHE is producing a CHIP that is separate from Kaleida Health's and Catholic Health's CSPs, the priorities for these plans were selected to support and align with one another. This group will meet quarterly throughout the 2025-2030 CHA-CHIP cycle to evaluate progress and revise project goals and plans as needed.

Community Partners- Representatives from local CBOs, various departments within Erie County, and legislators met virtually several times to provide input and expertise specific to their work during the CHIP priority selection and intervention planning process. This group will meet every six months to evaluate progress and revise project goals and plans as needed.

Community Participants- Erie County residents provided input on which community issues and health conditions were most important to them through surveys, interviews and focus groups.

Interventions and Strategies

Interventions and strategies corresponding with the selected priorities were chosen based on community input about the gaps in existing efforts and infrastructure and the capacity implement them. All the interventions deployed in this CHIP are included in the NYS Prevention Agenda. Some strategies were designed to address multiple priority issues and align with multiple interventions.

Discussions in the community focus groups and community partner meetings held for this CHA-CHIP emphasized that there are resources available for mental health, unemployment, nutrition security, and housing stability but many are underutilized. The ECOHE will strive to increase access to existing resources to these priority issues in three phases: 1) creating inventories and mapping available assets for each of the 4 priorities, 2) conducting a survey among residents who

are the most impacted by the priority issues to assess the awareness and other barriers to accessing the resources, and 3) raise awareness of the resources through intentional creation and distribution of publications, social media posts, and tabling at community events. Projects to address these priority issues by Kaleida and Catholic Health will also be promoted through this awareness campaign. The ECOHE will partner with other Erie County departments and community-based organizations throughout these processes to reach the community members most impacted by these issues.

To promote mental health resilience, the ECOHE will continue to conduct Mental Health First Aide and Mindfulness trainings. The ECOHE will also publish project guides for the reproduction of pilot projects that support mental health, which have been successfully completed by the office.

Wellness and housing stability are co-dependent. For people struggling with chronic illnesses, disease management is vital to safely remaining in their home. The ECOHE will partner with CBOs to pilot a Health to Your Home program that will provide individuals living in ZIP codes with the highest health disparities, with resources and training that will support their health and ability to safely remain in their homes.

Progress and Evaluation

Specific project objectives to measure progress are detailed in the CHIP section of this document. These objectives include measures such as number of surveys to be distributed, number of publications to be distributed, and number of CBOs to partner with. Outcome objectives are listed at the state level in the CHIP but will also be monitored specifically for Erie County by reviewing data from Behavioral Risk Factor Surveillance System surveys.

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 advocating for inclusion and acknowledge and address past atrocities. May we all aspire to a world of reconciliation, guided by the example of the Haudenosaunee themselves, so that our weapons of war are buried forever and mutual respect and equality prevail among all peoples and nations.

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

ENSLAVEMENT & LABOR ACKNOWLEDGEMENT

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 (1). 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 (2).

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 (3). The very land on which the Edward A. Rath Building is built was the former home of abolitionist and attorney George W. Jonson (3).

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 & ACKNOWLEDGEMENT

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.

COMMUNITY DESCRIPTION

GEOGRAPHIC LOCATION

Erie County is located on the western border of New York State (NYS), adjacent to Lake Erie, and is largely metropolitan, covering 1,058 square miles. It consists of three cities and 25 town governments. The City of Buffalo is the second most-populous city in NYS and serves as the county seat (4).

Erie County as Part of the Greater WNY Region

As the metropolis of the greater Western New York (WNY) region, Erie County serves as the hub for business, higher education, health care, and more. The people served by many of Erie County's businesses, services, and hospitals include residents of the surrounding Niagara, Orleans, Genesee, Wyoming, Cattaraugus, and Chautauqua counties as well as residents of Erie County. Thus, while this assessment focuses on Erie County, the corresponding CHIP and CSPs may impact residents of the entire WNY region. Of additional note, Erie County borders Canada, and draws visitors for tourism, shopping, and other activities, including utilization of Erie County health care providers and systems (5).

POPULATION AND DEMOGRAPHICS

The 2020 Decennial Census counted the population of Erie County as 954,236, up from 919,040 in 2010 (6). The 2023 American Communities Survey (ACS) 1-year estimate is slightly lower, at 946,147 (7).

Race and Ethnicity

According to the 2023 ACS 1-year estimates, White residents make up about 73.3% of the population, which is down from 77.2% in 2019 (7). The number of Black residents decreased by about 1% in that time from 13.7% to 12.6% (7). The proportion of people identifying as 2 or more races increased from 2.3% in 2019 to 6.2% in 2023 (7). The Asian population also increased from 3.8% in 2019 to 5.1% in 2023 (7). The most common countries of origin for foreign-born Asian residents in Erie County are Bangladesh, India, China, and Burma (8). The proportion of residents who are Hispanic or Latino also increased slightly from 5.8% in 2019 to 6.4% in 2023 (7). The most common places of origin among Hispanic-Latino residents are Puerto Rico, Mexico, and the Dominican Republic (7).

Racial segregation is a persistent issue in the county. The map below displays racial predominance per census tract (9). A large proportion of racial and ethnic minorities in Erie County live in disinvested areas. It is a symptom of ongoing racial injustices that rates of health outcomes are

notably different according to the racial composition of the communities, particularly within the City of Buffalo. Examples of disparate rates of poverty and diabetes by geographic location and how they correspond to race are displayed below (10).

Figure 1: Prevalent Race and Ethnicity, Erie County

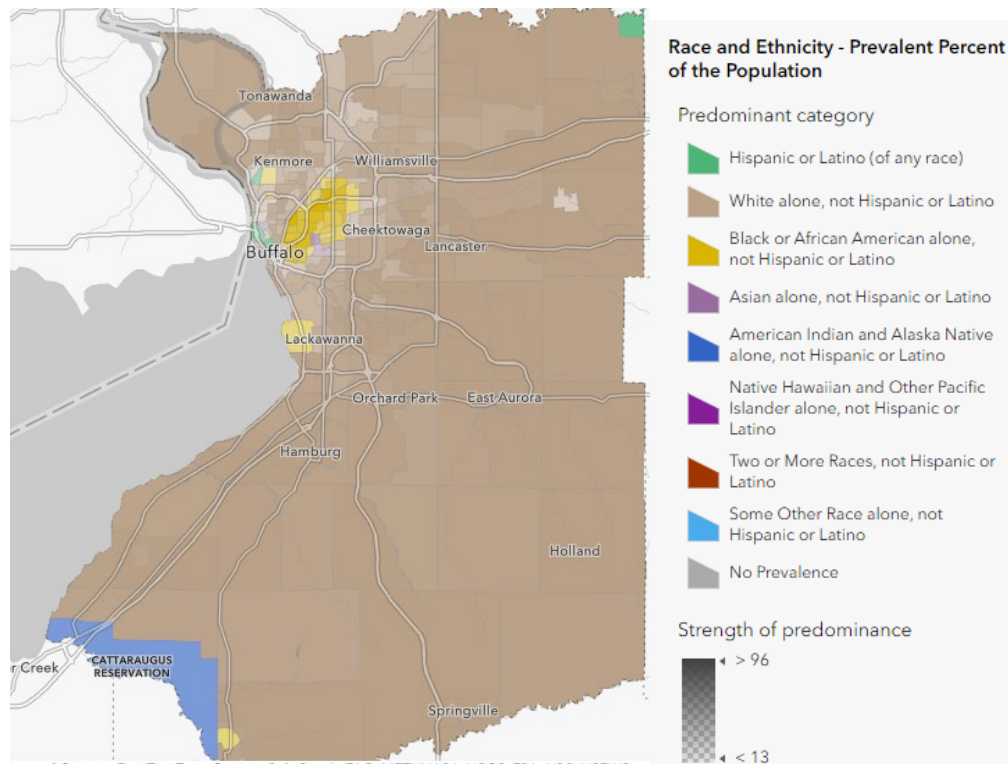


Figure 2: Percentage of the Population with Income Below Poverty in 2018-2022 by Census Tract

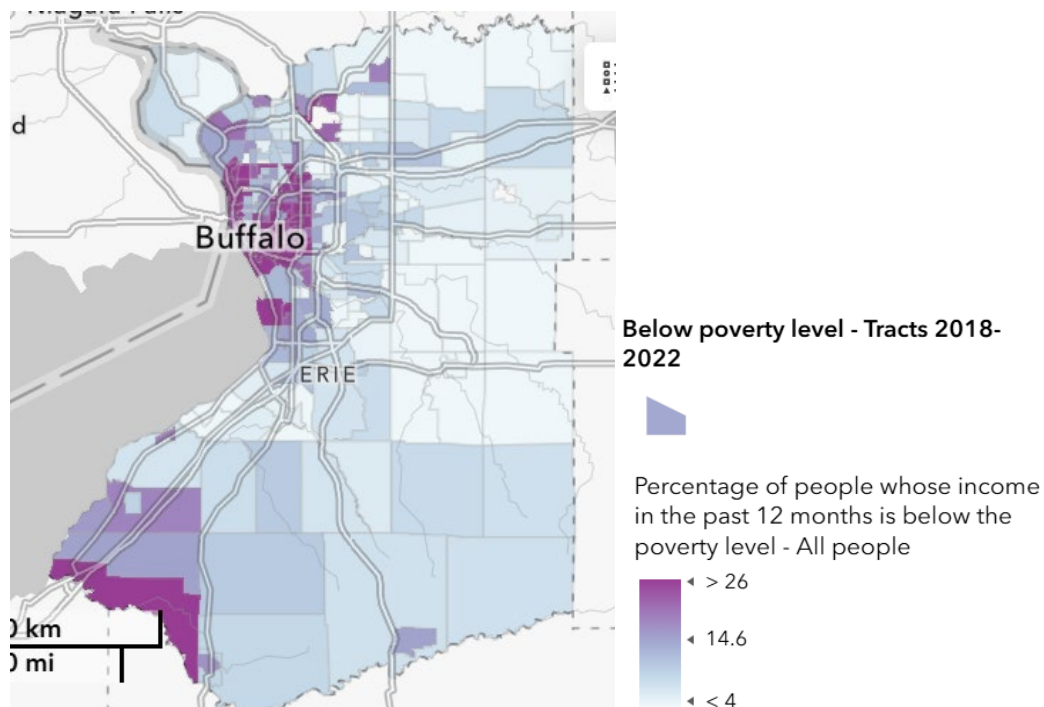
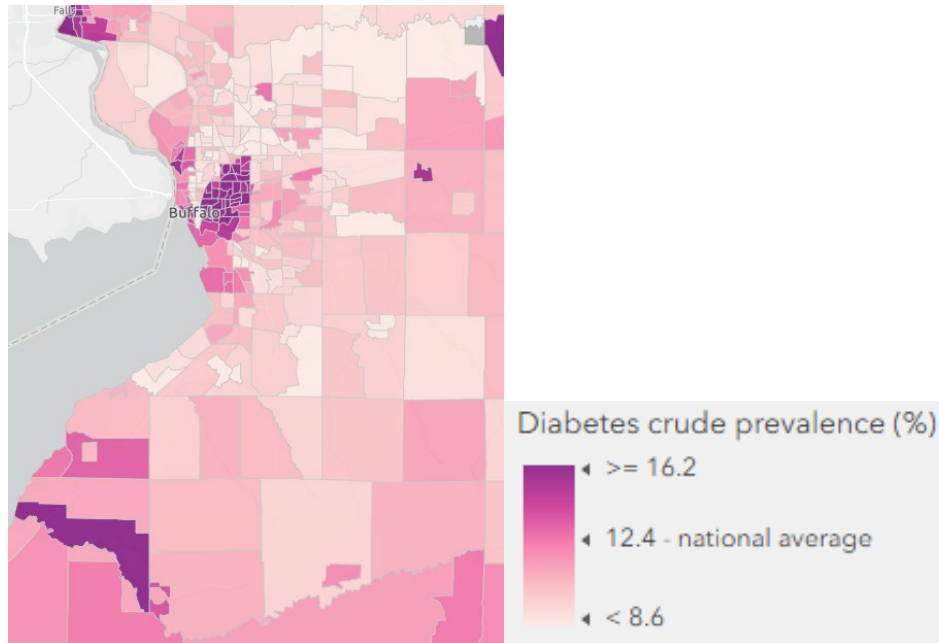


Figure 3: Crude Prevalence of Diabetes in 2022 by Census Tract



Immigration and Languages

As of 2023, the estimated number of foreign-born residents in Erie County was 70,327. Of those residents, about 60% were naturalized United States citizens (7). The predominant world regions of origin have shifted over the decades. The proportion of foreign-born residents from Asia has continued to grow while the proportion of foreign-born residents from Europe has decreased considerably (7).

Figure 4: Percentage of Erie County Foreign-Born Residents by World Region and Years of Entry

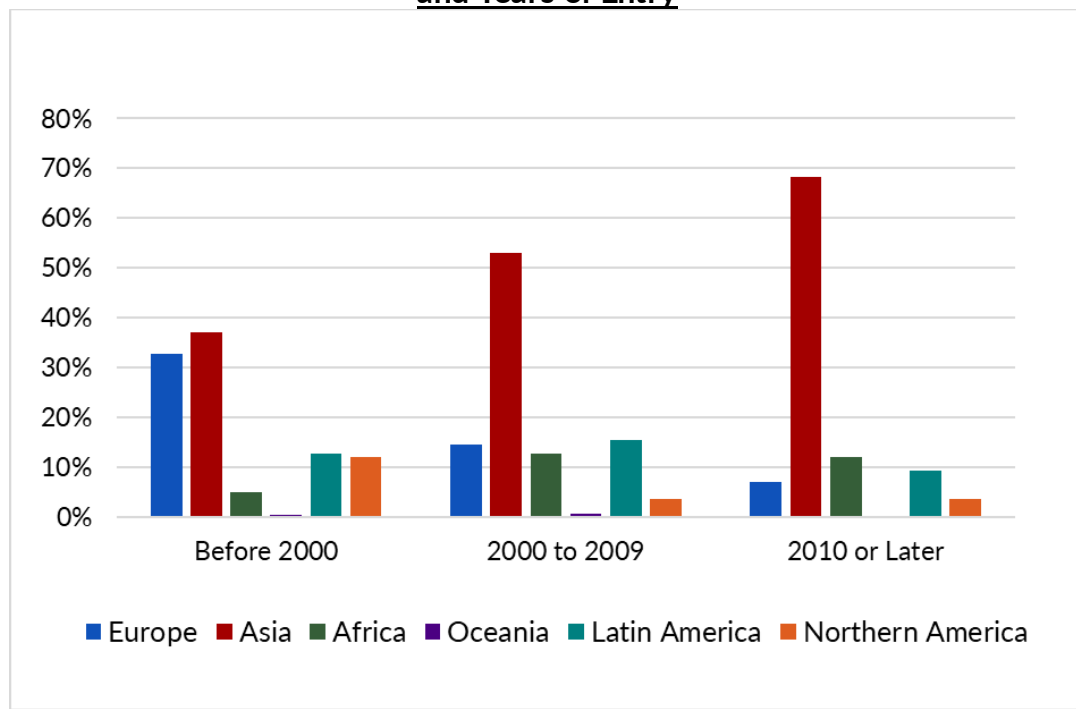


Figure 5: Top Ten Countries of Origin of Foreign-Born Erie County Residents, 2019-2023

1	Bangladesh	7,801
2	India	4,666
3	China	4,602
4	Canada	3,989
5	Burma (Myanmar)	2,806
6	Germany	1,912
7	Iraq	1,544
8	Dominican Republic	1,530
9	Italy	1,524
10	Yemen	1,462

About 90% of the population in Erie County speaks only English. About 2.2% of households in Erie County speak limited English. The table below displays a breakdown of the primary languages spoken in households with limited English proficiency (7).

Figure 6: Primary Languages Spoken in Households With Limited English Proficiency, 2023

Spanish	19.0%
Other Indo-European Languages	13.8%
Asian and Pacific Island Languages	24.5%
Other Languages	21.0%

Age

The 2023 ACS 1-yr estimates the median age of Erie County residents to be 40.7 compared to 40.3 in 2019 (7). Median age varies considerably across race and ethnicity. Because the risk of many health conditions increases with age, it can be an important confounding factor. Thus, age distribution must be considered when reviewing statistics such as rates of health conditions and disability disaggregated by race and ethnicity.

Figure 7: Median Age in Years by Race and Ethnicity, 2023

Total Population	Alaska Native or American Indian	Asian	Black	Hispanic-Latino	White (Non Hispanic-Latino)
40.7	44.4	30.3	33.6	27.3	45.5

For example, looking at the raw percentages of COVID deaths by race and ethnicity between 2019-2022, it does not appear that racial minority communities were over-represented (11). However, when disaggregated by race and ethnicity, the average age of death was significantly younger in minority populations. Age-adjusted rates of COVID deaths give a more accurate idea

of how each racial community was affected since the racial minority communities have a younger average age.

Figure 8: COVID Deaths in Erie County by Race and Ethnicity, 2019-2022

Race/Ethnicity	Number of COVID Deaths	Percent of COVID Deaths	Percent of Population in Erie County	Average Age of COVID Deaths
American Indian/Alaska Native	14	0.4%	0.4%	73
Asian/ Pacific Islander	34	1.1%	4.9%	72
Black	465	14.8%	13.5%	70
Hispanic	80	2.6%	6.3%	71
Other	39	1.5%	3.7%	75
Unknown	19	0.70%	NA	67
White	2405	78.9%	71.5%	79

Despite the overall median age remaining relatively stable, the age dependency ratio increased between 2019 and 2023. While Erie County has a lower child dependency ratio than the United States as a whole, it has a higher old-age dependency ratio (7). Ramifications of this may present as fewer laborers to support the aging population.

Figure 9: Comparison of Child and Old-Age Dependency Ratios, Erie County and United States

	Erie County 2019	Erie County 2023	United States 2019	United States 2023
Child Dependency Ratio*	32.8	33.3	36.3	35.8
Old-Age Dependency Ratio^	29.9	33.1	26.9	29.2
Total Age Dependency Ratio&	62.8	66.5	63.1	65.0

*Child dependency ratio = (Population under 18/Population 18-64) x 100

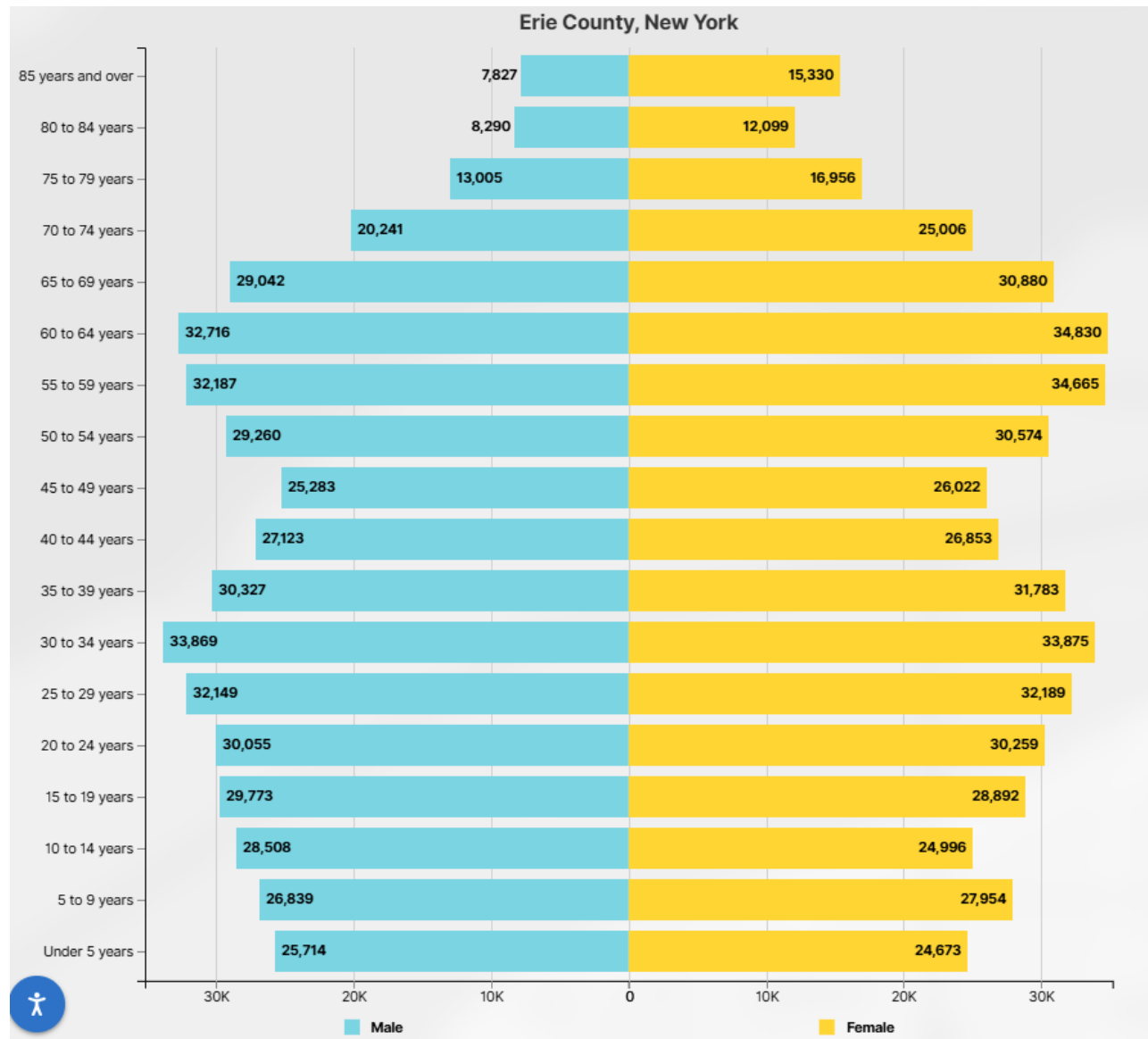
^Old-age dependency ratio = (Population 65 and older/ Population 18-64) X 100

&Total age dependency = (Population under 18 + Population 65 and older/Population 18-64) x 100

Age and Sex

The 2023 ACS reports there are 94.7 males for every 100 females in Erie County (7). The largest difference in the number of males compared to females occurs primarily in the 70 and older population groups (12).

Figure 10: Population Pyramid: Population by Age and Sex, Erie County, 2023



Gender Identity and Sexual Orientation

Available data on sexual orientation and gender identities other than man or woman are severely lacking. As with any other demographic, collecting gender and sexual orientation data is necessary to measure the health experiences and outcomes that are specific to those groups. Surveys conducted by the Erie County Office of Health Equity (ECOHE) ask gender identity and sexual orientation questions (13) (14) (15). Due to the targeted nature of the sampling for these surveys, respondents within minority gender and sexual orientation groups may be over-represented. The ECOHE's attempts to collect this information revealed the complexity of gender identity and the language used to express it and inquire about it.

Figure 11: Gender Responses in the 2022 ECOHE Health and Wellness Survey

Gender	Number of Respondents	Percent of Respondents
Man	1,003	30%
Man of Trans Experience	14	.4%
Non-Binary/Gender Nonconforming/Gender Expansive	32	1%
Woman	2,286	68%
Woman of Trans Experience	8	.2%
Not Sure/Questioning	7	.2%

Analysis of the results from this question in conjunction with the question “What was your sex assigned at birth?” revealed that not all respondents whose gender does not align with their sex assigned at birth selected *Man of Trans Experience* or *Woman of Trans Experience*. Rather, some of these respondents selected *Man* or *Woman*. This question was adjusted for the survey that was conducted as part of this CHA. Rather than listing *Man of Trans Experience* and *Woman of Trans Experience*, “Are you transgender?” was broken out into a separate question.

Figure 12: Gender Responses in the 2025 CHA Survey

Gender	Number of Respondents	Percent of Respondents
Gender Nonconforming or Gender Expansive	8	.3%
Non-Binary	25	1%
Not Sure or Questioning	14	.6%
Man	505	21%
Woman	1,880	77%
<i>More than one gender selected</i>	18	1%

Figure 13: “Are you transgender?” Responses in the 2025 CHA Survey

	Number of Respondent	Percent of Respondents
No	2,334	96%
Yes	80	3%
Not Sure or Questioning	18	1%

The 2022 ECOHE Health and Wellness Survey also revealed complexities of collecting data on sexual orientation (14). Many people are uncomfortable sharing their sexual orientation despite the anonymity of the responses or feel that it is not necessary to share and collect this information. Of the survey participants 416, or 12%, selected *Do not wish to say* (14).

Figure 14: Sexual Orientation Responses in the 2022 ECOHE Health and Wellness Survey

Sexual Orientation	Number of Respondents	Percent of Respondents
Asexual	187	6%
Bisexual	170	6%
Gay	105	3%
Lesbian	55	2%
Pansexual	39	1%
Queer	28	1%
Straight/Heterosexual	2,418	80%
Not sure/Questioning	21	1%
Other	7	.2%

As some members of the community may not be familiar with the vocabulary regarding sexual orientation, the 2025 CHA community survey included definitions with the sexual orientation response options. Again, many people declined to answer. Among the CHA community survey participants, 232 or about 9% selected *Do not wish to say* (15).

Figure 15: Sexual Orientation Responses in the 2025 CHA Survey

Sexual Orientation	Number of Respondents	Percent of Respondents
Asexual	53	2%
Bisexual	103	5%
Gay	41	2%
Lesbian	46	2%
More Than One Sexual Orientation	67	3%
Not Sure or Questioning	19	1%
Pansexual	36	2%
Queer	33	1%
Straight or Heterosexual	1877	82%
Other Sexual Orientation	3	.1%

The Behavioral Risk Factor Surveillance System (BRFFS) is a survey that has collected data on transgender identity and sexual orientation. State-level estimates are available from the NYS 2019-2022 BRFFS. The proportion of NYS residents estimated to be included in the Lesbian, Gay, Bisexual, or Other (LGBO) sexual orientation and Trans communities is moderately lower than the proportion of respondents in both the 2022 ECOHE Health and Wellness Survey and the 2025 CHA Survey (16). Again, this is likely due to Erie County's targeted sampling of the LGBTQ+ (lesbian, gay, bisexual, trans, queer, and other minority sexual orientations) communities. Over-sampling of minority communities was conducted to get a sufficient number of responses to analyze the health challenges and assets data within these smaller groups.

Figure 16: Percent of Adults Who Self-Identify as Lesbian Gay, Bisexual, Other Sexual Orientation, or Transgender in NYS by Demographic Indicators, BRFSS 2019-2020*

	LGBO**		Transgender	
	% who identify as LGBO	95% CI	% who identify as Transgender	95% CI
New York State [n=29,001]***	7.9	(7.4-8.4)	0.5	(0.4-0.7)
Region				
Rest of State	7.0	(6.4-7.5)	0.5	(0.3-0.6)
New York City	9.2	(8.3-10.1)	0.6	(0.4-0.9)
Sex at Birth				
Male	7.2	(6.5-7.9)	0.5	(0.3-0.7)
Female	8.5	(7.8-9.2)	0.5	(0.3-0.7)
Race/Ethnicity				
White, Non-Hispanic	7.1	(6.5-7.7)	0.4	(0.3-0.6)
Black, Non-Hispanic	7.2	(5.8-8.5)	0.5	(0.1-0.8)
Hispanic	10.0	(8.6-11.4)	0.9	(0.5-1.4)
Other Race or Multiracial, Non-Hispanic a	9.3	(7.5-11.2)	-s-	-s-
Age				
18-24 Years Old	15.6	(13.4-17.8)	1.5	(0.7-2.3)
25-34 Years Old	11.3	(9.8-12.7)	0.8	(0.4-1.2)
35-44 Years Old	8.0	(6.7-9.3)	0.4	(0.1-0.7)
45-54 Years Old	6.0	(5.0-7.0)	0.4	(0.1-0.7)
55-64 Years Old	5.7	(4.8-6.7)	0.2	(0.0-0.3)
65+ Years Old	4.5	(3.8-5.2)	0.3	(0.1-0.5)
Educational Attainment				
Less than High School	10.0	(8.1-11.9)	1.3	(0.6-2.0)
High School or GED	7.2	(6.2-8.1)	0.4	(0.2-0.6)
Some College	8.1	(7.1-9.0)	0.5	(0.3-0.8)
College Graduate	7.5	(6.8-8.2)	0.3	(0.2-0.5)
Annual Household Income				
Less than \$25,000	10.0	(8.8-11.3)	1.3	(0.8-1.8)
\$25,000 - 49,999	7.3	(6.1-8.5)	0.4	(0.1-0.6)
\$50,000 and greater	6.9	(6.2-7.5)	0.3	(0.2-0.5)
Missing	8.5	(7.3-9.7)	0.3	(0.2-0.5)
Employment Status				
Employed/Self-Employed	7.6	(6.9-8.2)	0.5	(0.3-0.7)
Unemployed	11.7	(9.6-13.9)	1.3	(0.6-2.0)
Not in Labor Force	7.3	(6.5-8.1)	0.4	(0.2-0.6)
Disability Status b				
Yes	10.7	(9.5-12.0)	1.0	(0.6-1.4)
No	7.0	(6.4-7.5)	0.3	(0.2-0.5)

S = suppressed. Missing category included because more than 10% of the sample did not report income. * includes pooled BRFSS survey data years 2019-2020. **LGBO is an acronym used to reference adults who self-identify as lesbian, gay, bisexual or other sexual orientation. ***Total number of observations in the pooled analysis. a) other race defined as American Indian, Alaskan Native, Asian, Native Hawaiian or other Pacific Islander, Other race not specified, or Multiracial. b) Living with any disability is defined as having at least one type of a disability (cognitive, ambulatory, vision, self-care, hearing, or independent living).

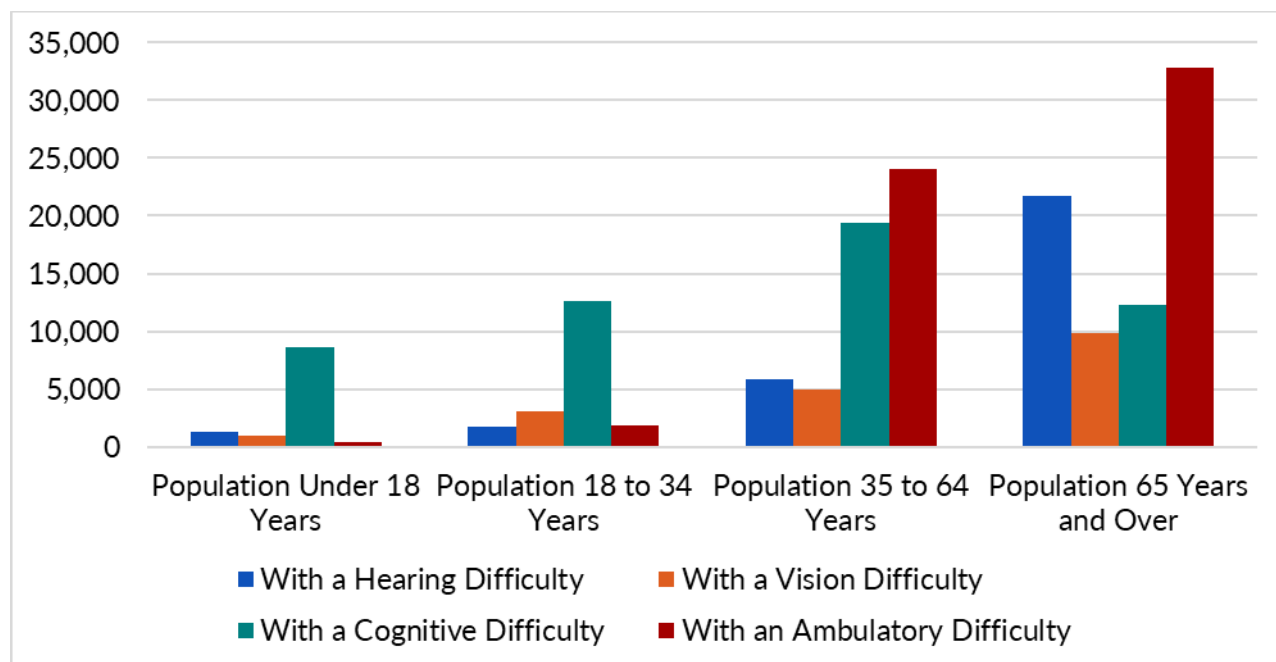
Disability

In 2023, the ACS estimated that about 13.7% of the Erie County population had some type of disability (7). Disability status rates vary by age and race, as seen in Figure 17. The slightly higher percentage of White children with a disability may be a reflection of better access to care leading to a higher likelihood of early diagnoses. While the likelihood of having a disability, particularly ambulatory difficulties, increases with age as seen in Figure 18, the higher rates of disability in the Black adult population may be a manifestation of the additional SDOH challenges faced by this community. Disparate access to care and SDOH challenges are discussed in the Social Determinants of Health section of this assessment.

Figure 17: Disability Status by Age Group and Race, 2023

Age Group	% Black Alone Population With a Disability	% White Alone Population With a Disability
<18	4.4%	4.7%
18-64	17.2%	10.4%
65+	38.1%	28.6%

Figure 18: Number of Erie County Residents With Disabilities by Age and Disability Type, 2023



ERIE COUNTY HOSPITAL SYSTEMS

This section presents hospital-specific data from four different hospital systems serving the Erie County community—Catholic Health, Kaleida Health, Erie County Medical Center (ECMC), and Bertrand Chaffee Hospital. This data provides valuable insight into patient demographics, emerging health care utilization trends, and discharge diagnoses. Hospital-based data helps to illustrate who is being served by our local hospitals and the most common reasons for hospitalization.

Catholic Health (CH)

In Erie County, Catholic Health (CH) has the following hospitals: Kenmore Mercy, Sisters of Charity, St. Josephs, Mercy Hospital of Buffalo, and Mercy Ambulatory Care Center. In addition to hospitals and emergency care, the CH system also offers imaging centers, laboratory services, outpatient medical offices, physical therapy and rehabilitation services, outpatient surgery centers, and home and community-based care.

Catholic Health has facilities throughout Erie County. This is reflected in the demographics of CH patients. While the majority of patients over the past four years were White, small shifts in patient race rates are demonstrated in Figure 19. In 2024, visits by patients who identified as Asian or All Other Races increased slightly, while the proportion of visits by most other demographics stayed flat or slightly decreased.

Figure 19: Patient Visits to All Catholic Health Facilities in Erie County by Race, 2021-2024

	2021	2022	2023	2024
American Indian or Alaska Native	0.5%	0.5%	0.4%	0.4%
Asian	1.3%	1.6%	2.0%	2.7%
Black or African American	23.0%	23.0%	22.8%	21.1%
Native Hawaiian & Pacific Islander	0.1%	0.1%	0.1%	0.1%
White	66.5%	65.7%	65.3%	66.2%
More Than One Race	0.1%	0.1%	0.1%	0.1%
All Other Races	8.3%	8.9%	9.1%	9.2%
Decline to Answer & Unknown	0.3%	0.3%	0.1%	0.1%

As seen in Figure 20, during 2024, Catholic Health locations saw the most visits for chest pain, falls, and shortness of breath.

Figure 20: Rank of the Top Twenty Diagnoses at Catholic Health Locations, 2024

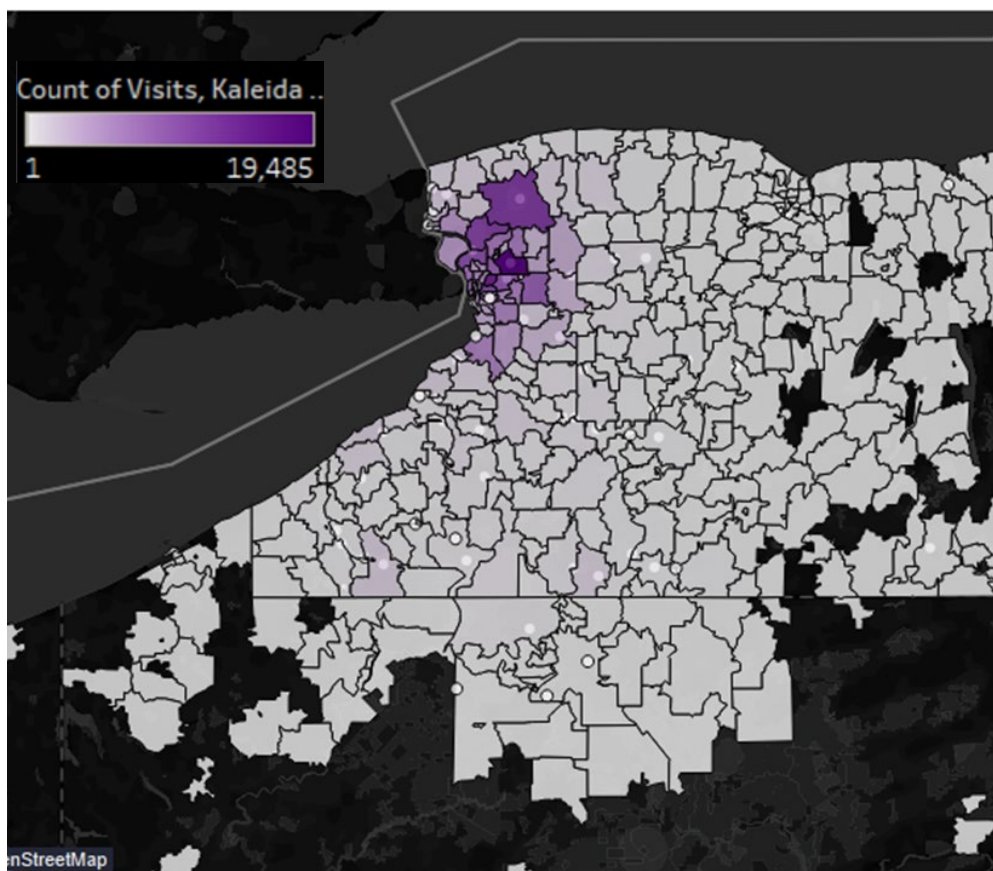
Diagnosis	SOC	KMH	St. Joseph	SBM+MACC
Chest pain, unspecified type	1	2	1	1
Fall, initial encounter	2	1	3	2
Shortness of breath	3	4	18	3
Exam following MVC (motor vehicle collision), no apparent injury	4		7	
Nausea and vomiting, unspecified vomiting type	5	18	9	13
Pain, dental	6	11	2	14
Dizziness	7	9	8	4
Strep pharyngitis	8		4	
Abdominal pain, unspecified abdominal location	9		14	12
COPD exacerbation (CMS/HCC)	10	16		19
Influenza A	11	19	13	18
Epigastric pain	12	17		11
Lumbar strain, initial encounter	13	8	19	
Constipation, unspecified constipation type	14			
Abscess	15	13	11	
Closed head injury, initial encounter		5	15	6
Head injury, initial encounter		12		15
Palpitations		6	20	7
Chest wall pain	17	7	17	
Vertigo		15		
Viral illness	19			
Allergic reaction, initial encounter				20
Debility		3		
Diverticulitis		10		
Syncope and collapse		14		16
Influenza	20		5	
Viral syndrome			6	
Viral upper respiratory tract infection			10	
COVID-19			12	
Preop examination				5
Generalized abdominal pain				8
Flank pain				9
Atypical chest pain				10
TIA (transient ischemic attack)				17
Dysfunctional uterine bleeding	16			
Epistaxis	18			
Kidney stone		20		
Viral URI			16	

Kaleida Health (KH)

Kaleida Health (KH) operates three main facilities in Erie County: Buffalo General Medical Center/Gates Vascular Institute, Millard Fillmore Suburban Hospital, and John R. Oishei Children's Hospital. To meet the needs of the community, KH has established a weight management clinic at BGMC for adults and established an Eating Disorder Intensive Outpatient Program for children. Kaleida also offers youth suicide prevention services through connecting youth to mental health care. Additionally, Kaleida operates a blood disorder clinic in collaboration with Roswell Park Comprehensive Cancer Center and has the Clearpoint Neuro program at Gates Vascular Institute, which offers minimally invasive treatment for movement disorder patients.

In 2024, 77% of patient visits to Kaleida Health facilities were from Erie County residents, with a majority of these from the northern parts of the county, where Millard Fillmore is located, and the south/central sections of the City of Buffalo, where both Buffalo General Medical Center/Gates Vascular Institute and John R. Oishei Children's Hospital are located. Of additional note, Kaleida also treated patients from a wide range of home ZIP codes, including nearly every ZIP code in Western New York and many from Central New York and Northern Pennsylvania (see Figure 21).

Figure 21: ZIP Codes of Residence for Patient Visits to Kaleida Health Erie County Hospitals, 2024



Over the past 3 years, KH has noted the decrease in primary visits for COVID while continuing to get many visits for cancer screenings and births. See Figures 22 and 23 for tables of primary and total diagnoses over the past 3 years.

Figure 22: Top 10 Primary Diagnoses, 2022-2024, Kaleida Health

	2022	2023	2024
1	Screening for malignant neoplasm of colon	Screening for malignant neoplasm of colon	Screening for malignant neoplasm of colon
2	COVID-19	Other chest pain	Other chest pain
3	Other chest pain	Single liveborn infant, delivered vaginally	Single liveborn infant, delivered vaginally
4	Influenza	COVID-19	Atherosclerotic heart disease
5	Single liveborn infant, delivered vaginally	Viral infection, unspecified	Viral infection, unspecified
6	Viral infection, unspecified	Atherosclerotic heart disease	Dental caries, unspecified
7	Acute upper respiratory infection, unspecified	Noninfective gastroenteritis and colitis, unspecified	Constipation, unspecified
8	Atherosclerotic heart disease	Single liveborn infant, delivered by cesarean	Urinary tract infection, site not specified
9	Single liveborn infant, delivered by cesarean	Dental caries, unspecified	Syncope and collapse
10	Dental caries, unspecified	Syncope and collapse	Single liveborn infant, delivered by cesarean

Figure 23: Top 10 Total Diagnoses (Primary and Secondary Diagnoses Combined), 2022-2024, Kaleida Health

	2022	2023	2024
1	Essential (primary) hypertension	Other long term (current) drug therapy	Essential (primary) hypertension
2	Contact with and (suspected) exposure to COVID-19	Essential (primary) hypertension	Hyperlipidemia, unspecified
3	Hyperlipidemia, unspecified	Hyperlipidemia, unspecified	Other long term (current) drug therapy
4	Other long term (current) drug therapy	Personal history of nicotine dependence	Personal history of nicotine dependence
5	Personal history of nicotine dependence	Contact with and (suspected) exposure to COVID-19	Gastro-esophageal reflux disease without esophagitis
6	Long term (current) use of aspirin	Long term (current) use of aspirin	Encounter for screening for COVID-19
7	Gastro-esophageal reflux disease without esophagitis	Gastro-esophageal reflux disease without esophagitis	Long term (current) use of aspirin

	2022	2023	2024
8	Nicotine dependence, cigarettes, uncomplicated	Long term (current) use of anticoagulants	Long term (current) use of anticoagulants
9	Long term (current) use of anticoagulants	Nicotine dependence, cigarettes, uncomplicated	Atherosclerotic heart disease
10	Atherosclerotic heart disease	Atherosclerotic heart disease	Nicotine dependence, cigarettes, uncomplicated

Erie County Medical Center (ECMC)

Erie County Medical Center (ECMC) is a critical provider of trauma care in Western New York and has seen increasing volumes in emergency and acute care services. ECMC has one main hospital location, a location for mental health and substance use services, a specialty care clinic, and a dental care clinic. During 2024, ECMC observed significant growth in mental health and substance use treatment services as well as increased utilization of specialty clinics such as cardiology, neurosurgery, orthopedics, gastroenterology, rheumatology, cancer care, and neurology. The primary hospital, located in downtown Buffalo, sees the most diverse population of all the hospitals in Erie County. In 2024, over 38% of all visits to ECMC were from just three ZIP codes: 14215, 14211, and 14214. Additionally, ECMC continues to see increases in the number of patients who speak a language other than English. See Figure 24 for the patient visits by race and Figure 25 for a list of all the languages other than English utilized for patient visits.

Figure 24: Patient Visits By Race, ECMC, 2024

American Indian or Alaska Native	0.2%
Asian	3.4%
Black or African American	52.5%
More Than One Race	2.7%
Another Race	4.4%
White	31.5%
Declined/Unknown	5.2%

Figure 25: Patient Languages, ECMC, 2024

American Sign Language	Norwegian
Arabic	Other Languages
Bosnian	Portuguese
Bulgarian	Serbian
Burmese	Somali
French	Spanish
Hindi (Urdu)	Swahili
Japanese	Turkish
Mandarin (Chinese)	Ukrainian
Nepali	Vietnamese

Bertrand Chaffee Hospital (BCH)

Bertrand Chaffee Hospital (BCH) is located in Springville, one of the southernmost villages in Erie County. As shown in Figure 26, a large number of BCH patients are from Southern Erie County or Cattaraugus County. The ZIP code with the largest number of patients in 2024 was 14141, followed by 14070. In 2024, BCH top diagnoses included pneumonia, COPD, and heart attacks (see Figure 27).

Figure 26: ZIP Codes of Residence for Patient Visits to Bertrand Chaffee Hospital, 2024

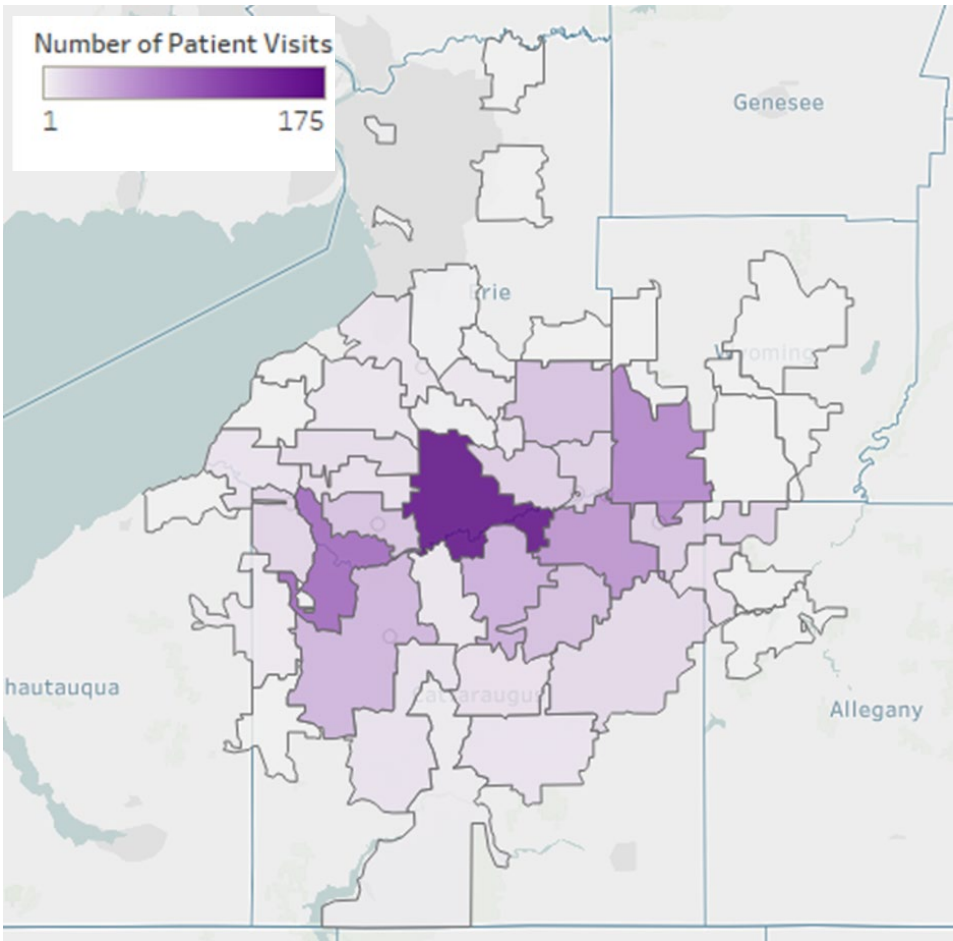


Figure 27: Top Diagnoses, BCH, 2024

1	Pneumonia, Unspecified
2	COPD
3	NSTEMI (Heart Attack)
4	Sepsis
5	Urinary Tract Infection
6	Hypertensive Heart Disease
7	Unspecified Intestinal Obstruction
8	Lobar Pneumonia, Unspecified Organism
9	Acute Kidney Failure, Unspecified
10	Unspecified Atrial Fibrillation

Veteran Affairs (VA) Hospital System

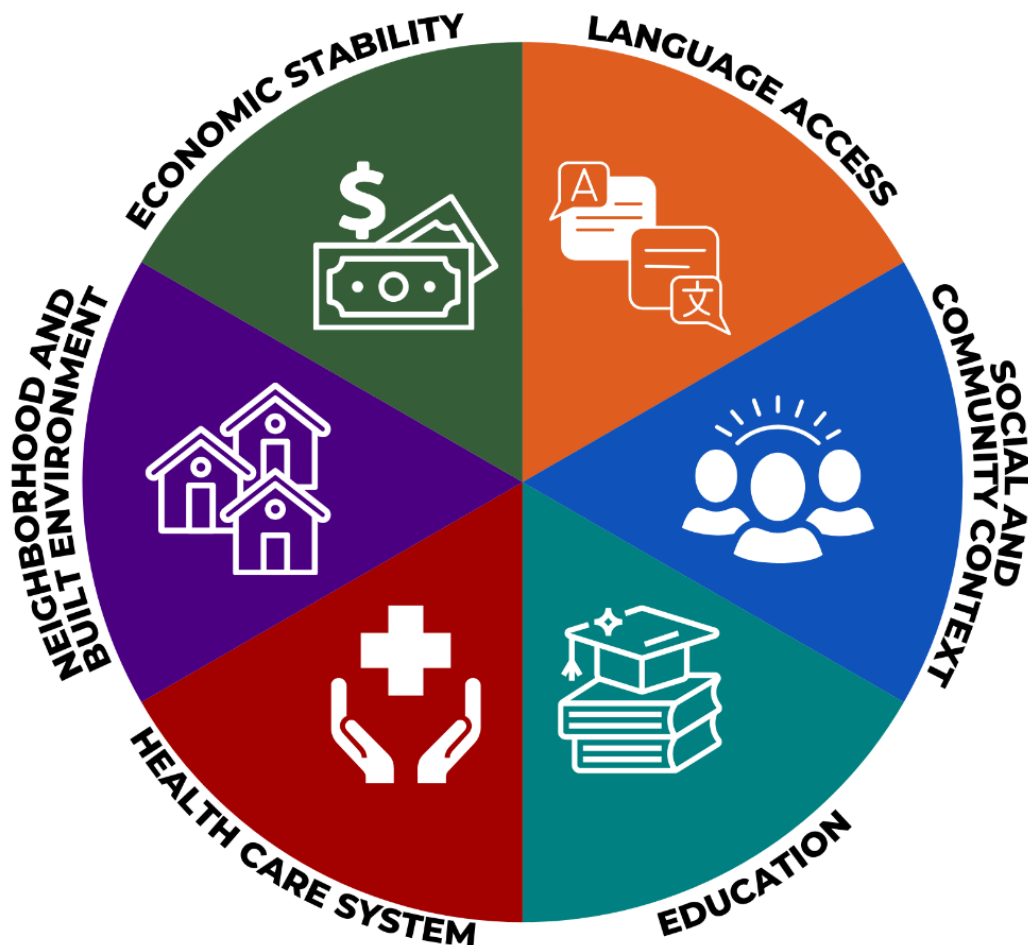
The VA Western New York Health Care System's Buffalo VA Medical Center is a U.S. Department of Veterans Affairs hospital located in Buffalo, New York. It provides comprehensive medical care to eligible U.S. military veterans, including primary care, specialty services, mental health support, and surgical care. The facility serves veterans across Western New York. The hospital also partners with community providers and academic institutions, including the University at Buffalo, to support medical research and training.

Roswell Park Comprehensive Cancer Center

Roswell Park, located in Buffalo, is the only facility in upstate NY to be designated as a Comprehensive Cancer Center. The National Cancer Institute awarded this designation after extensive peer review confirmed that Roswell Park's research, treatment, and education programs meet rigorous national standards and contribute to reducing the cancer burden (17).

SOCIAL DETERMINANTS OF HEALTH

The Social Determinants of Health (SDOH) are non-medical or biological factors that influence health. In recent years, public health efforts have shifted from a heavy focus on individual behaviors to the external influences. While there are varying models, the SDOH framework for public health has been adopted by private and government entities both locally and world-wide. The New York State Prevention Agenda is New York State's health improvement plan. This plan outlines 24 identified priorities that were grouped into five SDOH domains based on Healthy People 2030's SDOH model (18). ECOHE uses a model that includes six domains: Economic Stability, Language Access, Social and Community Context, Education, Health Care Systems, and Neighborhood and Built Environment. Each of these domains contain subcategories. For example, the Neighborhood and Built Environment Domain includes transportation access, safe green spaces, and safe and affordable housing. The following section of this CHA will describe some of the SDOH factors in Erie County.

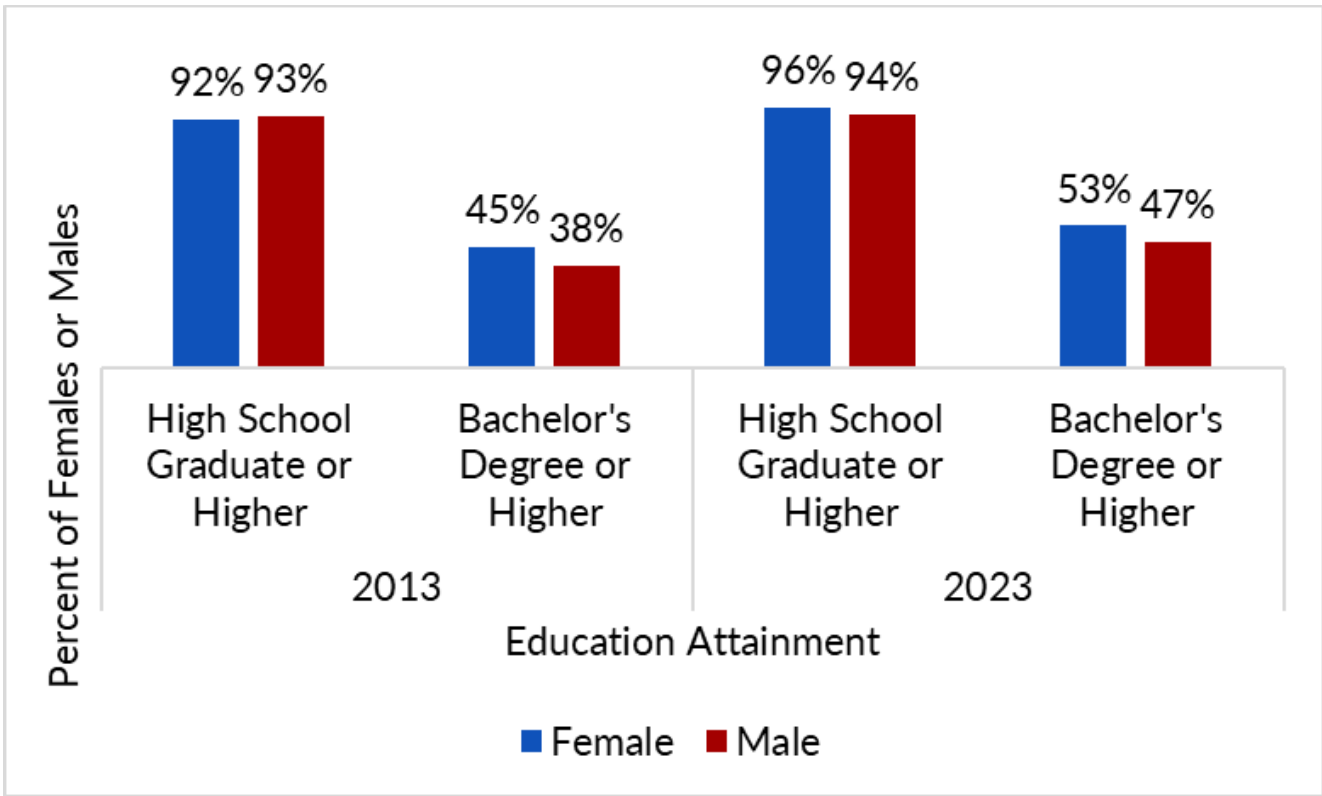


EDUCATION

Educational Attainment

Educational attainment in Erie County increased in the decade between 2013 and 2023. The overall high school graduation rate increased by about 3% in that time while the percentage of residents attaining a Bachelor's degree or higher increased by about 8% (7). By 2023, females were more likely than males to graduate from high school as well as to attain a Bachelor's degree or higher (7).

Figure 28: Trend in Educational Attainment for Females and Males Ages 25-34, 2013-2023, Erie County



Educational attainment for both males and females varies by race and ethnicity. Asian males are, by far, the most likely to have a graduate or professional degree while Asian females are the most likely to have a less than 9th grade education (7). This highlights the diversity and differences in circumstance across the Asian communities in Erie County. In the 2022 ECOHE Health and Wellness Survey, Asian respondents were asked to further identify their ethnicities. Sixty-nine percent of Burmese respondents indicated that they did not finish high school while 100% of Chinese respondents had a Bachelor's degree or higher (14).

Figure 29: Educational Attainment by Race for Females Age 25+ in Erie County, 2023

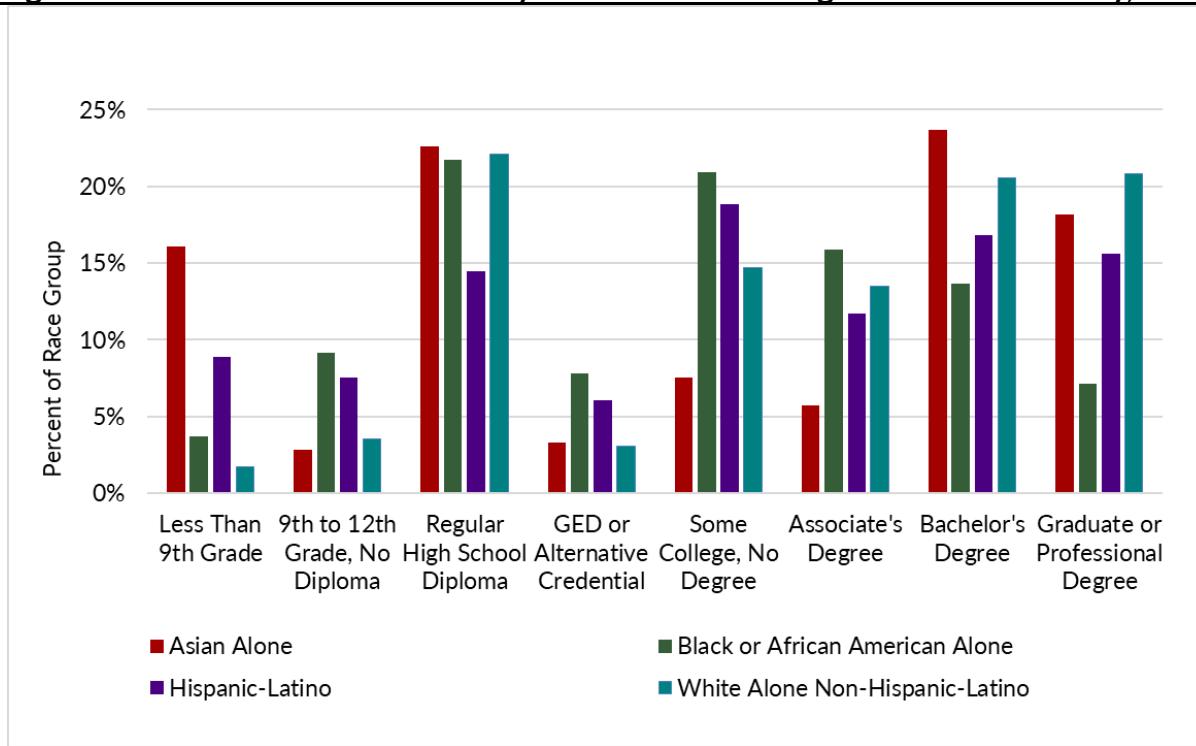
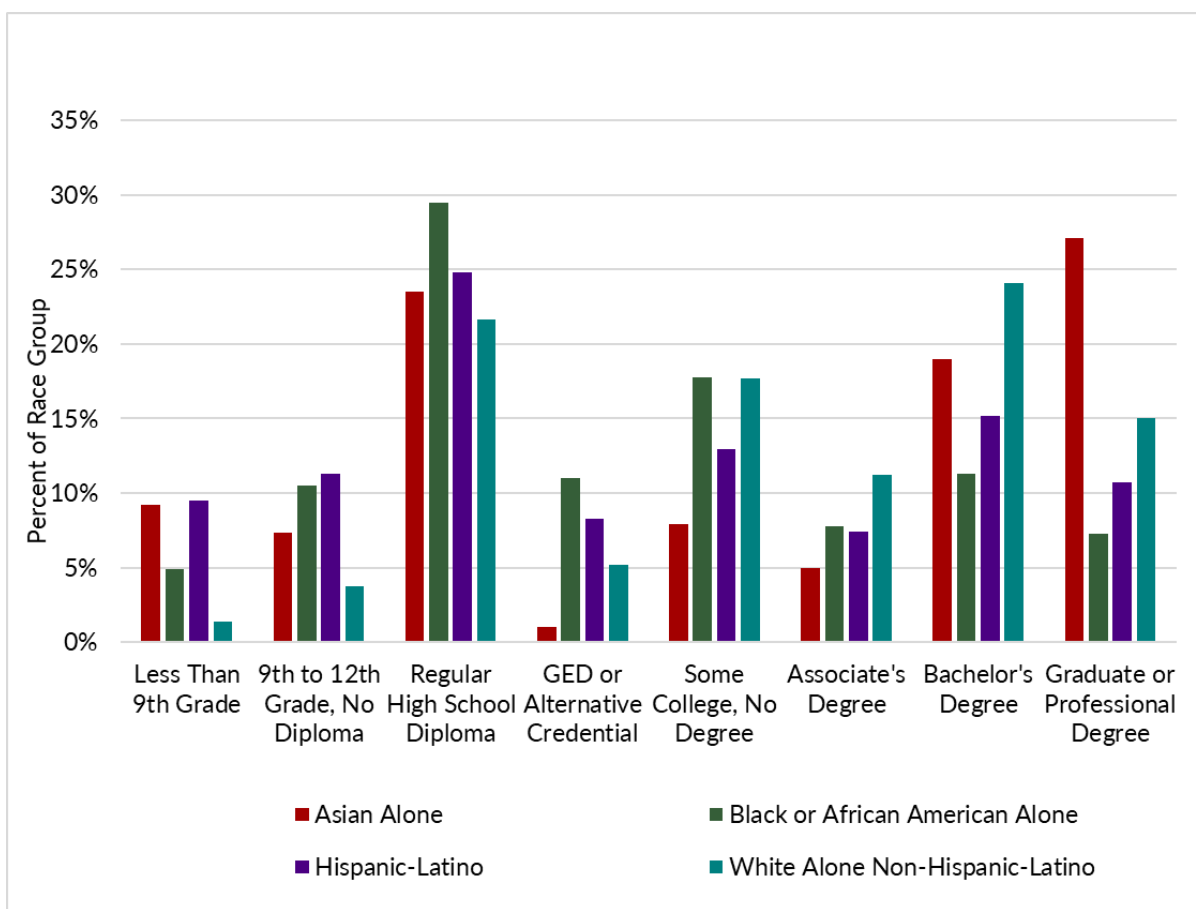


Figure 30: Educational Attainment by Race for Males Age 25+ in Erie County, 2023



K-12 Performance

Many factors influence student performance in schools, including teaching style, available resources, and school climate, as well as conditions outside of school. These external influences include food access, support and resources available to the student at home, and other environmental factors such as noise level; exposure to certain toxins, such as lead; and safety concerns. The NYS Department of Education website displays school statistics such as percent of students who score at a proficient level on ELA and math assessments, student attendance, suspension and graduation rates, and expenditures per student. Statistics are available at the state, district, and school levels. Figure 31 displays these measures for a sample of school districts in Erie County. More statistics and data on other districts can be explored on the [NYSED Data Site](#).⁽¹⁹⁾

Figure 31: 2023-2024 Public School District Data for a Sample of School Districts in Erie County

	Buffalo City	Lackawanna City	Hamburg Central	Kenmore-Tonawanda	Williamsville Central	Alden Central	Akron Central
*Grade 3 ELA	22%	16%	41%	40%	69%	61%	44%
*Grade 6 ELA	24%	6%	29%	30%	69%	32%	70%
*Grade 3 Math	26%	26%	42%	44%	82%	72%	54%
*Grade 6 Math	26%	8%	42%	42%	78%	49%	71%
Student Attendance Rate	80%	86%	94%	93%	94%	94%	94%
Student Suspension Rate	13%	13%	1%	5%	2%	1%	2%
4-Year Graduation Rate	74%	83%	98%	86%	94%	95%	95%
Expenditure per Pupil	\$31,231	\$27,689	\$21,989	\$26,338	\$20,898	\$21,873	\$23,142

*Percentages represent the percentage of students in that grade who scored at proficient levels on the ELA and math assessments.

Considering the factors that influence student performance, it is critical to evaluating the education children are receiving in Erie County. The Western New York Education Alliance published an extensive report on reading and writing proficiency in its *WNY Reading Report Card* that factors in differences in the household incomes of the residents in each school district. This report highlights that while differences in income levels drive a large part of the differences in reading and writing proficiency scores across school districts, there are districts that are over- and under-performing. Akron Central School District was named in the report as the top performing school district based on their assessment and awarded Gold Medal ELA Award for 2022-23 (20).

DISCUSSIONS FROM CHA COMMUNITY RESEARCH

Education, and specifically K-12 education, was discussed in CHA interviews and focus groups:

Participants would like to see more of the following taught to children and youth in schools:

- Reproductive health
- Mental health – reduce the stigma, learn how to cope in healthy ways
- Dental hygiene practices
- Healthy eating

Participants would like to see more of the following services and resources in schools:

- Dental care
- Better mental health care and resources
- Healthier meals
- Better accommodations for students with special health needs
- Resource officers who encourage kids to show up to school.

Outside of K-12 education participants expressed a need for:

- More supports for parents to pursue GED/continuing education programs such as childcare and overnight classes.

“Mental health is a big thing and unfortunately, especially in the areas that a lot of us come from, mental health is not talked about. It’s not taken as seriously as it should be. So it would be nice if schools started implementing something concerning mental health to be able to identify when children are dealing with mental health issues and not being written off as [having] behavioral issues. To have someone to advocate for these children rather than pacify them, stating that they have something which may be misdiagnosed”

– New and Expectant Mothers Focus Group

Adult Literacy and Numeracy

Using survey data from 2012-2017, the Program for the International Assessment of Adult Competencies determined that in 18% of Erie County residents between the ages of 16 and 74 were considered at risk for difficulties using or comprehending print material due to low literacy skills. Data from the same surveys were also used to determine that 28% of Erie County residents

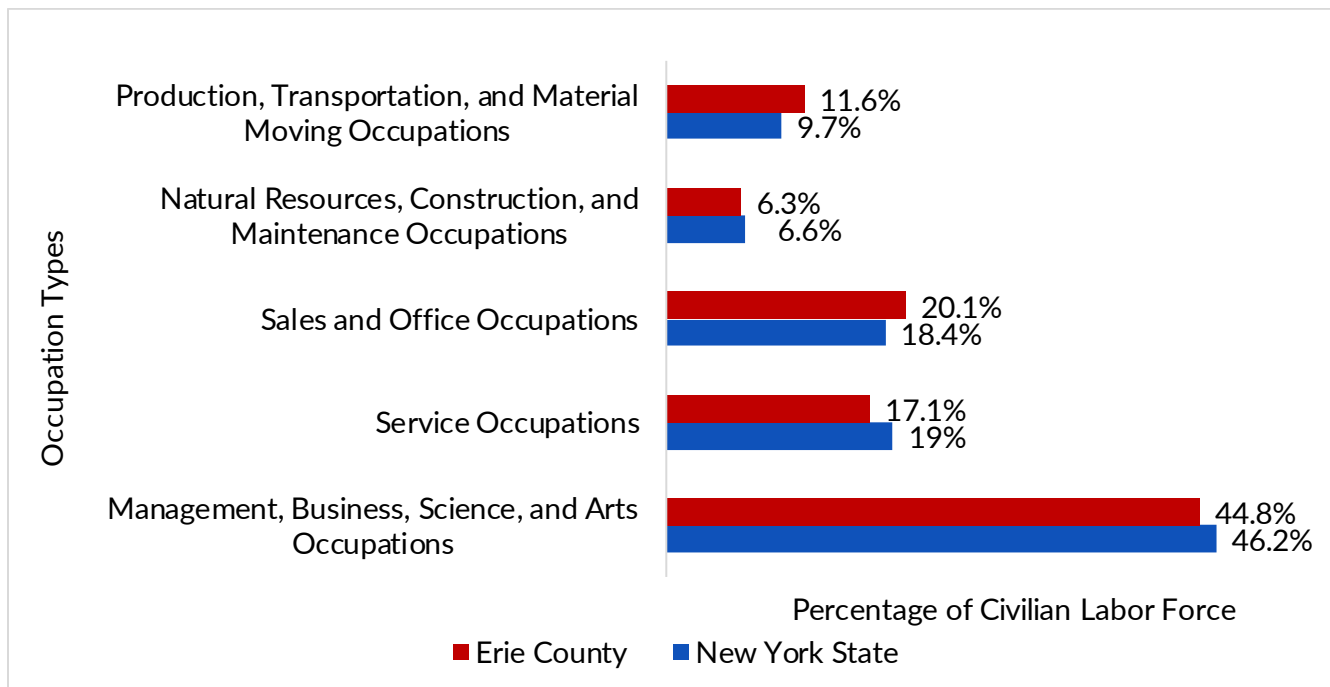
were at risk for difficulties with numeracy, the ability to understand and work with numbers, which may include knowing how to add, subtract, multiply, and divide for practical applications. The overall Literacy and Numeracy average scores for Erie County were both found to be notably higher than the New York State average (21).

EMPLOYMENT

Main Industries

Erie County has diverse governmental, industrial, and commercial employers. Some of the major employers include: Erie County, New York State, and the U.S. Federal government; Kaleida Health; University at Buffalo; Catholic Health Systems; Employer Services Corporation; Tops Markets LLC; and M & T Bank (4). Figure 32 displays the percentage of the civilian labor force that works in specific types of occupations.

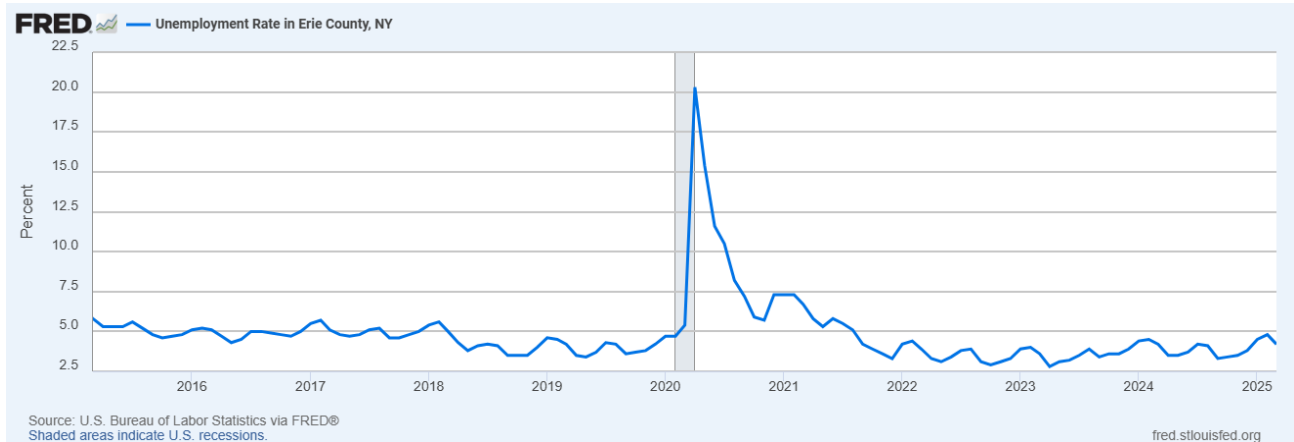
Figure 32: Occupations of Civilian Employed Population Ages 16+, 2023



Unemployment and Labor Force Participation

According to the ACS 2023 1-yr estimates, the employment rate in Erie County is 60.3% (7). This rate represents the proportion of non-institutionalized civilians between the ages of 16-64 who are working. The ACS 2023 1-yr estimates the unemployment rate as 3.4%, slightly higher than the NYS rate of 3.1% (7). Residents categorized as unemployed are those who are not currently employed but are actively looking for work. This rate was roughly the same in 2019 at 3.5% and higher in 2013 at 4.7% in Erie County (7). Figure 33 below shows unemployment rates from March 2015-March 2025 as collected by Federal Reserve Economic Data (FRED), an online economic database (22).

Figure 33: Unemployment Rate in Erie County, NY



Of the demographics tracked by the ACS, the groups with the highest rates of unemployment in the 2023 1-yr estimates were Hispanic-Latino people (8.8%), people with disabilities (8.5%), and people whose educational attainment was less than a high school graduate (7.4%) (7).

The Labor Force Participation Rate is an estimate of the proportion of people, ages 16 and older, within the non-institutionalized, civilian population who are employed or actively seeking employment. The 2023 ACS 1-yr estimates list the labor force participation for males as 82.1% and females as 78.2%. The labor force participation rate for people with any kind of disability was 43.3% (7).

Figure 34: Unemployment Rates by Age in Erie County, 2023

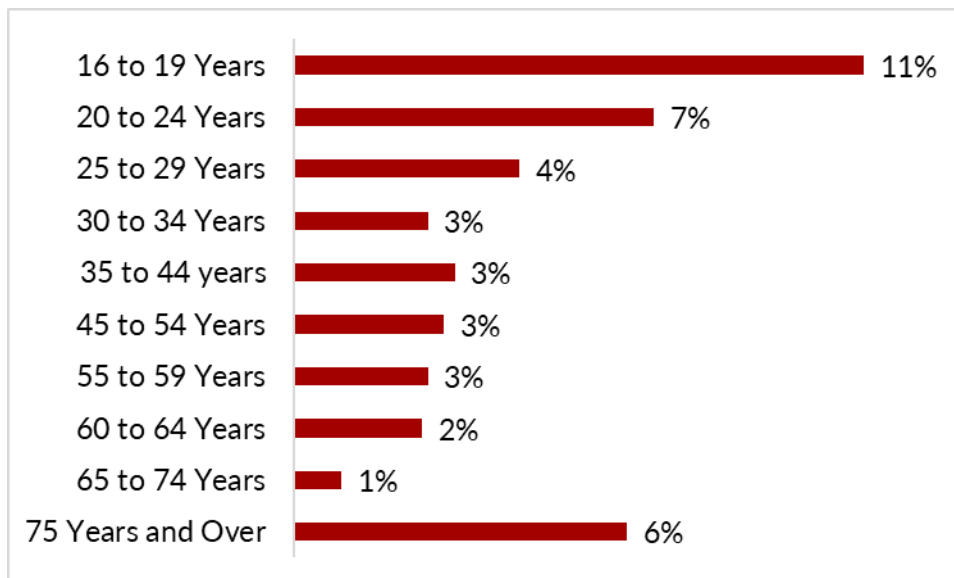
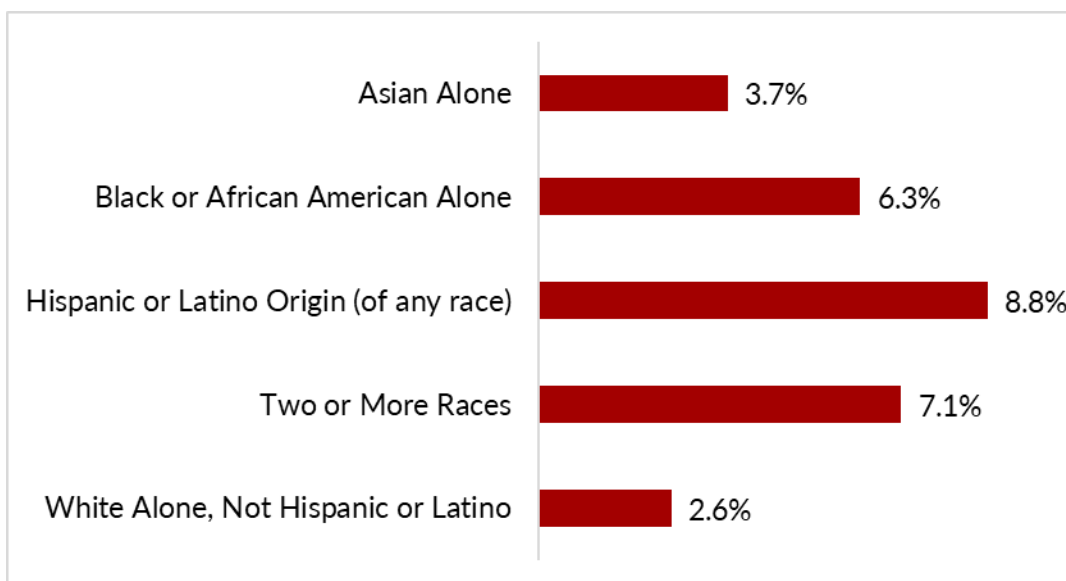


Figure 35: Unemployment Rates by Race in Erie County, 2023



DISCUSSIONS FROM CHA COMMUNITY RESEARCH

Barriers to employment were expressed in interviews and focus groups in the 2023 ECOHE research and the 2025 CHA community research:

- One participant expressed that she is open to work but options are limited due to her disability and lack of experience.
- Multiple participants expressed a fear of losing benefits while working but not making sufficient money to live.

INCOME

The 2023 ACS 1-yr estimates stated that the median household income in Erie County was \$70,492 while in NYS it was \$82,095 (7).

Poverty

The 2023 ACS 1-yr estimates also reported that 9.7% of families in Erie County had an income below the poverty level in the last 12 months. This rate was 10.3% for all of NYS. The rate of Erie County families whose income was below the poverty level in the last 12 months in 2019 was very similar at 9.6% and a bit higher in 2013 at 10.9% (7). While the Census Bureau updates the poverty threshold on a yearly basis, it does not adjust for cost of living across geographic areas. For more information on how the Census Bureau measures poverty, visit: [How the Census Bureau Measures Poverty \(23\)](#).

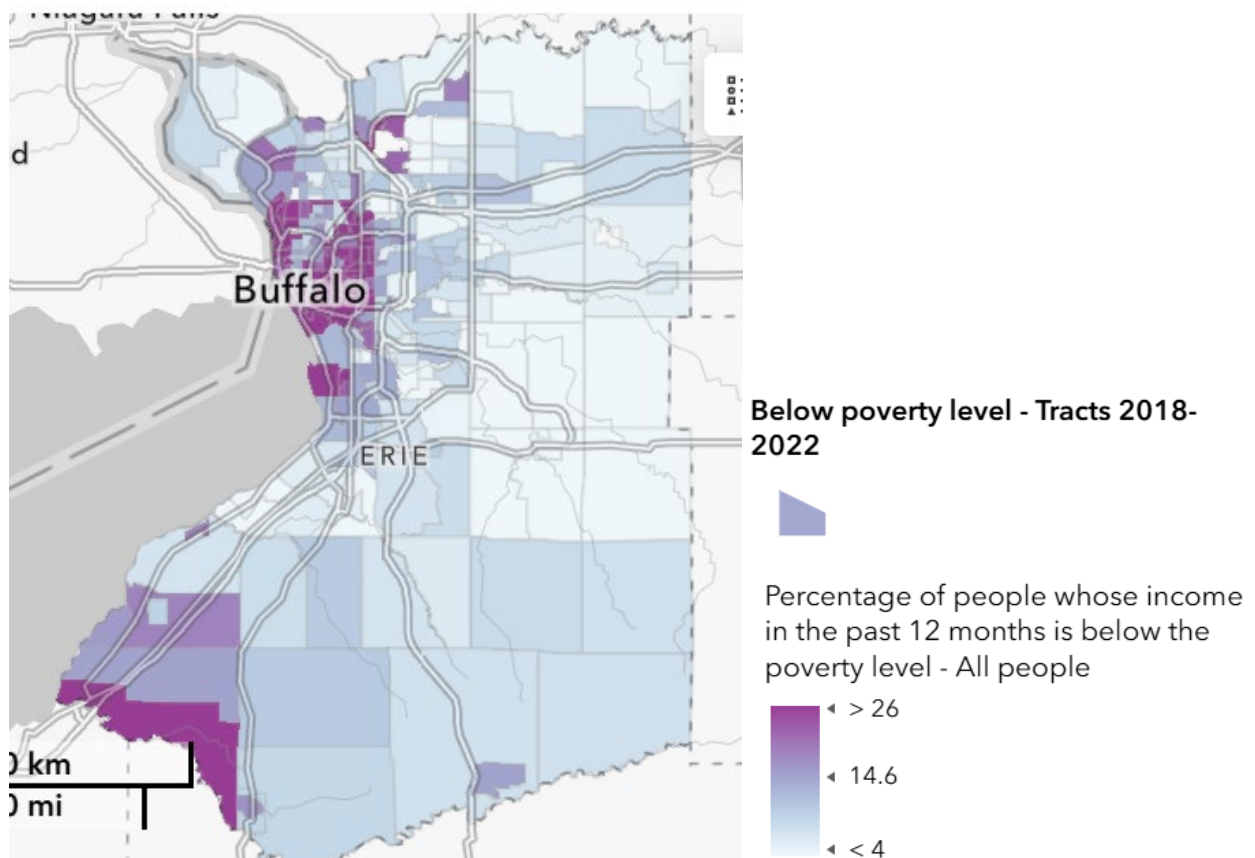
The rates of Erie County residents with income below the poverty level vary across geographic areas (see Figure 37) (9). Higher rates are observed in the southwest corner of the county as well as urban areas where the predominant race of the residents is a race other than White.

Rates of poverty in Erie County vary by race. The 2025 County Health Rankings displayed the following statistics from American Communities Survey Data from 2019-2023 (24).

Figure 36: Percentage of Children in Poverty by Race in Erie County, 2019-2023

Children in Poverty (total)	18%
American Indian and Alaska Native	24%
Asian	36%
Black	37%
Hispanic	41%
White	9%

Figure 37: Income Below Poverty Level by Census Tract, 2018-2022



Living Wage

The Living Wage Institute at Massachusetts Institute of Technology (MIT) has developed a [Living Wage Calculator](#) that estimates the minimum wages that a full-time worker needs to earn to cover the costs of basic needs based on the composition of their household and where they live (25).

Figure 38 displays a snapshot of the estimated wages needed to sustain various types of households in Erie County.

Figure 38: 2025 Living Wage Estimates for Erie County, New York

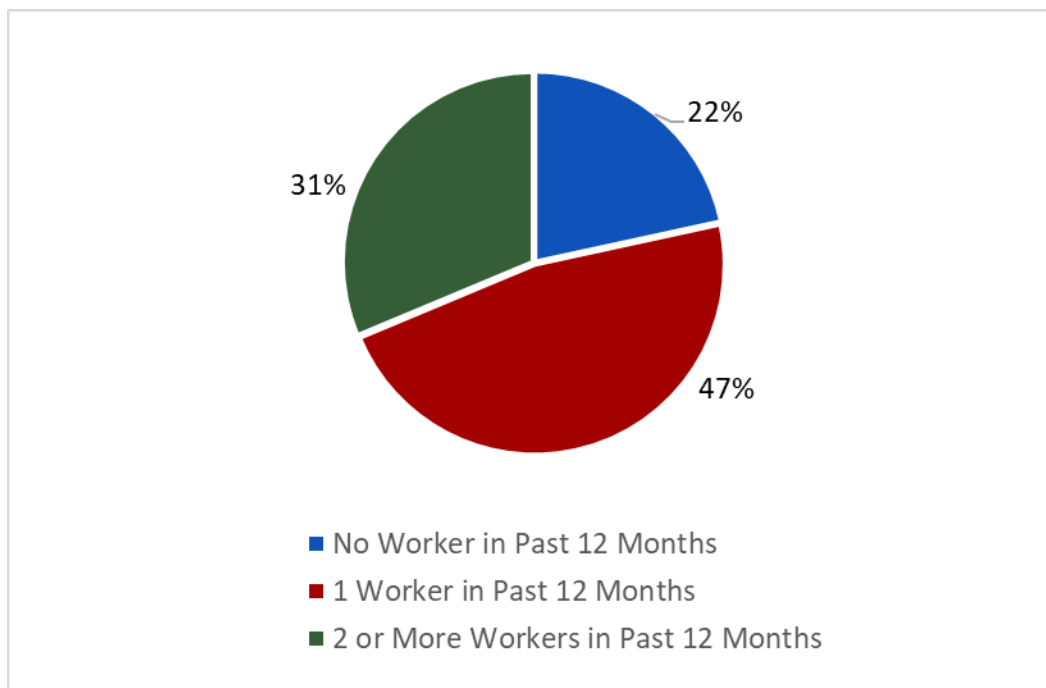
	1 ADULT			
	0 Children	1 Child	2 Children	3 Children
Living Wage	\$21.88	\$39.76	\$52.26	\$65.73
Poverty Wage	\$7.52	\$10.17	\$12.81	\$15.46
Minimum Wage	\$15.50	\$15.50	\$15.50	\$15.50
	2 ADULTS (1 WORKING)			
	0 Children	1 Child	2 Children	3 Children
Living Wage	\$30.33	\$35.80	\$39.75	\$44.84
Poverty Wage	\$10.17	\$12.81	\$15.46	\$18.10
Minimum Wage	\$15.50	\$15.50	\$15.50	\$15.50
	2 ADULTS (BOTH WORKING)			
	0 Children	1 Child	2 Children	3 Children
Living Wage	\$15.16	\$22.49	\$28.70	\$34.49
Poverty Wage	\$5.08	\$6.41	\$7.73	\$9.05
Minimum Wage	\$15.50	\$15.50	\$15.50	\$15.50

DISCUSSIONS FROM CHA COMMUNITY RESEARCH

Several focus group and interview participants expressed that a livable wage would alleviate many of the other SDOH challenges, such as obtaining appropriate housing, buying a vehicle, and access to food. Discussion also highlighted that lack of these resources, particularly owning a vehicle, is a challenge to maintaining employment.

Figure 39 demonstrates that one or two people working in a household may not necessarily earn sufficient income to cover the costs of food.

Figure 39: Percentage of Erie County Families Receiving SNAP Benefits That Include People Who Work, 2023



HOUSING

Inequitable housing access exacerbates disparities in health outcomes. Aspects of housing that influence health include:

- 1) Cost - If families are spending a large portion of their income on housing, they may not be able to afford other necessities such as healthy foods.
- 2) Conditions - Exposure to lead paint or mold in the home can harm health.
- 3) Consistency - Experiencing eviction or involuntary displacement may cause stress and disrupt healthy practices.
- 4) Context - Location of housing influences access to assets such as grocery stores and schools.

To learn more, read the article [Housing as a determinant of health equity: A conceptual model](#) by Carolyn B Swope and Diana Hernández (26).

Housing Cost

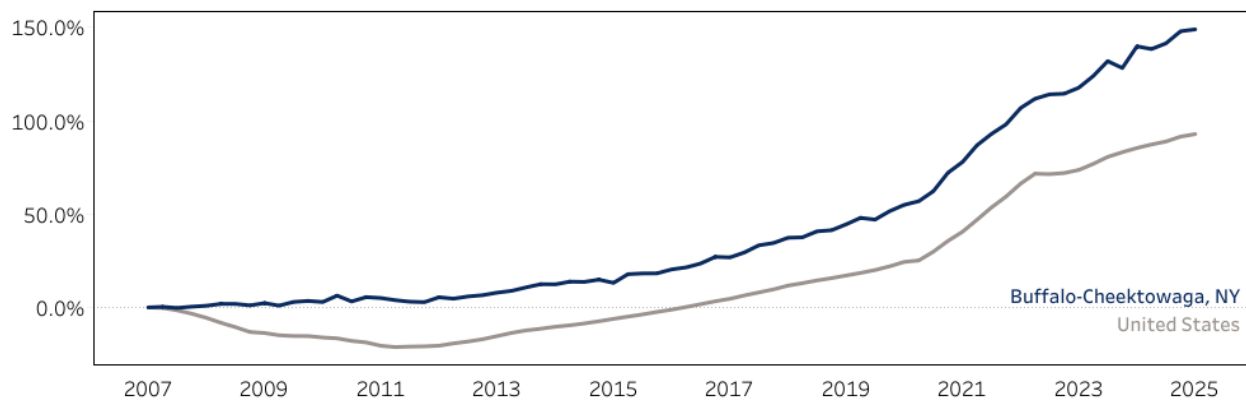
On average in Erie County, housing costs are estimated to account for 24% of residents' income. This is consistent with housing costs in Monroe and Onondaga Counties, which are also home to mid-sized cities in Upstate NY (27). See Figure 40 for more details.

Figure 40: Housing Costs and Ownership and Rental Rates, Erie County

Average Monthly Housing Cost	\$1,338
Median Selected Monthly Owner Costs:	\$1,402
Median Gross Monthly Rent:	\$798
Percent Owner Occupied Housing Units:	65%
Percent Renter Occupied Housing Units:	35%

As shown in Figure 41 the rising price of housing in Erie County began to accelerate during the COVID pandemic. These increases in housing costs were experienced throughout the nation as well (28).

Figure 41: Cumulative Change in Housing Prices Since 2007, Buffalo-Cheektowaga Compared to United States



DISCUSSIONS FROM CHA COMMUNITY RESEARCH

One participant from the Doulas focus group expressed that while housing costs are lower in Erie County than in many other parts of the country, they are still unaffordable for many residents here, as wages do not adequately compensate for rising costs. Other participants expressed that housing options for people with low income are often unsafe.

Housing Conditions

The median year of construction of the homes in Erie County is 1957, compared to 1959 for NYS and 1981 for the United States as a whole (7). Many houses built before the 1980s were built with materials, such as paint, that contain lead. While these materials have been phased out from retailers, residents who live in older homes and lack adequate income to mitigate lead exposure

are exceptionally vulnerable to its harms (29). Eleven ZIP codes located in the West Side and East Side of Buffalo have been designated Communities of Concern by NYS, as they experience both of these factors. These ZIP codes include 14207, 14213, 14201, 14214, 14215, 14208, 14211, 14212, 14204, 14206, and 14210 (30). A map highlighting these ZIP codes can be found in Appendix A. These ZIP codes are predominantly inhabited by people from ethnically and racially minoritized groups and have experienced a history of disinvestment.

To address this issue, the ECDOH's Division of Environmental Health runs the Lead Poisoning Primary Prevention Program and the Lead Poisoning Primary Prevention Initiative. These efforts provide information and tools that families, homeowners, and property owners need to prevent children from being exposed to dangerous lead hazards. To learn more, visit [Lead Poisoning Primary Prevention & Primary Initiative Programs | Environmental Health](#) (31).

DISCUSSIONS FROM CHA COMMUNITY RESEARCH

"Many of my pediatric patients who live in the City of Buffalo have elevated lead levels."

Health Care Provider Interview

In the ECOHE 2023 focus groups, several participants who rent their homes discussed challenges and safety concerns such as lead, mold, and disrepair.

"And the landlords know that there's lead in the house and they will not tell people with children because they know once they tell them with children, then they really can't rent to them because now becomes a liability."

2023 Black Older Adults Focus Group

"So in my case, the blizzard was the first blizzard I've ever experienced. And, you know, I just prepared the same way I would prepare for a hurricane, coming from Puerto Rico. You know, I just prepared water, extra food, and cans, but there was some snow that got in through the door. [...] The windows were not new, so a lot of the cold got in."

2023 Puerto Rican Focus Group

“I've had issues with a landlord that they don't let me know that the house wasn't really owned by them. It was like under the health department. So I couldn't connect, like, gas [...] under my name. It had to be under the landlord's name. [...] The landlord didn't really tell us or give us all the information or the details before renting to us. So now I'm still here a year, I still don't have gas or light in my house, so I'm looking for different apartments right now.”

2023 Puerto Rican Focus Group

Consistency: Home Ownership

Home ownership is typically the most stable form of housing. The table below demonstrates disparities in homeownership in Erie County. Relative to the percent of housing units (rented and owned) occupied by each age group, younger adults are less likely to own their homes than older adults. This may reflect the rising costs and challenging housing market that has been the reality for individuals coming of age in the last decade.

Figure 42: Housing Units and Characteristics, Erie County, 2023

	Percent occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units
Occupied housing units	410,430	268,344	142,086
RACE AND HISPANIC OR LATINO ORIGIN OF HOUSEHOLDER			
One race --			
White	77.6%	86.1%	61.6%
Black or African American	12.1%	6.6%	22.3%
American Indian and Alaska Native	0.5%	0.5%	0.5%
Asian	3.6%	2.9%	5.0%
Native Hawaiian and Other Pacific Islander	0.1%	N	N
Some other race	2.3%	1.0%	4.8%
Two or more races	3.8%	2.8%	5.7%
Hispanic or Latino origin	5.3%	2.8%	10.1%

	Percent occupied housing units	Percent owner-occupied housing units	Percent renter-occupied housing units
White alone, not Hispanic or Latino	76.5%	85.4%	59.7%
AGE OF HOUSEHOLDER			
Under 35 years	18.5%	10.2%	34.3%
35 to 44 years	16.8%	16.6%	17.1%
45 to 54 years	15.1%	16.3%	13.0%
55 to 64 years	19.6%	22.0%	15.2%
65 to 74 years	17.5%	20.3%	12.1%
75 to 84 years	9.0%	10.9%	5.5%
85 years and over	3.4%	3.8%	2.8%
EDUCATIONAL ATTAINMENT OF HOUSEHOLDER			
Less than high school graduate	6.9%	4.1%	12.2%
High school graduate (includes equivalency)	25.2%	24.5%	26.6%
Some college or associate's degree	29.1%	28.4%	30.6%
Bachelor's degree or higher	38.7%	43.0%	30.5%

Disparities in homeownership are also observed across racial communities. The table above (Figure 42) shows that householders of any race other than White are under-represented in the owner-occupied category. The table also shows that the householders who attained a Bachelor's degree or higher are more likely to own their homes than those without a Bachelor's degree or higher. However, results for the 2022 ECOHE Health and Wellness Survey demonstrate that even when controlling for education, People of Color were less likely to own their homes (14).

Figure 43: Home Ownership by Race and Educational Attainment

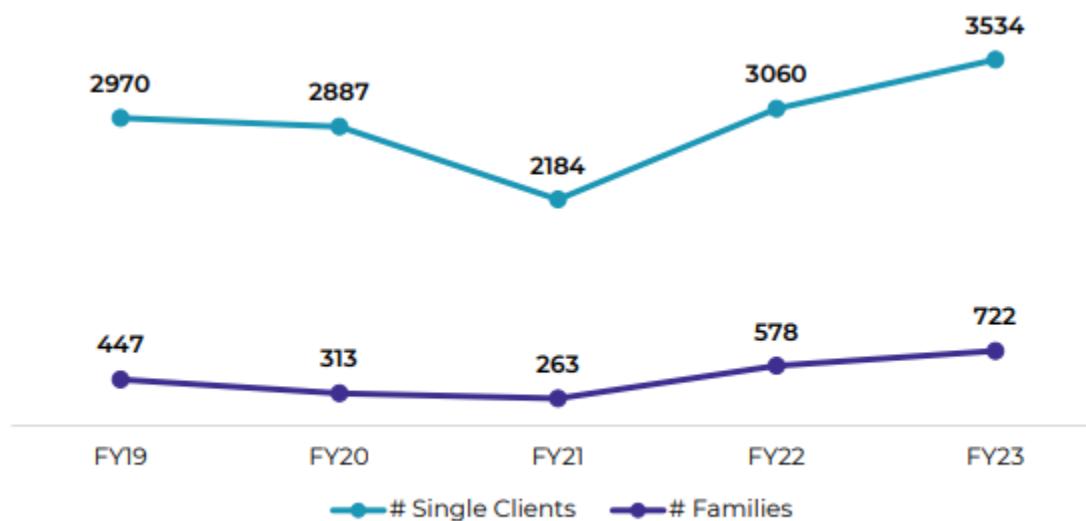
The table below displays the percentage of respondents who own their homes within each race and education category. For example, 60% of Asian respondents with a Bachelor's degree responded I own my home.

	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%

Consistency: Homelessness

The number of individuals and families experiencing homelessness in Western NY increased from 2019-2023 (see Figure 44), though there was a temporary decrease during the [NYS Eviction Moratorium](#) which lasted from March 2020-January 2022 (32). Figure 45 reveals that people who are Black, American Indian or Alaska Native, Native Hawaiian or Pacific Islander, or Hispanic/Latino were over-represented among the population experiencing homelessness in 2023 (33).

Figure 44: Household Type Served by NY-508 Over Time, Erie County, FY 2019-FY 2023



Note: In FY2022 only households with at least one adult and one child were considered Families.

Figure 45: Comparison of Demographic Distributions of People Who Experienced Homelessness in 2023 to Demographic Distributions of the General Population of Erie County

Race	% of People Experiencing Homelessness	% of All Erie County Residents
Asian or Asian American	1.9%	4.3%
Black, African American, or African	53.5%	12.9%
American Indian, Alaska Native, or Indigenous	1.3%	0.4%
Native Hawaiian or Pacific Islander	0.5%	0.0%
White	38.2%	75.4%
Other Races	N/A	2.3%
Multiple Races	4.6%	4.6%

Ethnicity	% of People Experiencing Homelessness	% of All Erie County Residents
Hispanic/Latin(a)(o)(x)	20.4%	6.0%
Non-Hispanic/Latin(a)(o)(x)	79.6%	94.0%
	% of People Experiencing Homelessness	% of All Erie County Residents
Experience a Disability	41.6%	13.7%

DISCUSSIONS FROM CHA COMMUNITY RESEARCH

Access to safe housing was a prominent issue discussed in the ECOHE 2023 LGBTQ+ Focus Group, as demonstrated in the quotes below:

“Homelessness is eating our community alive.”

2023 LGBTQ+ Focus Group

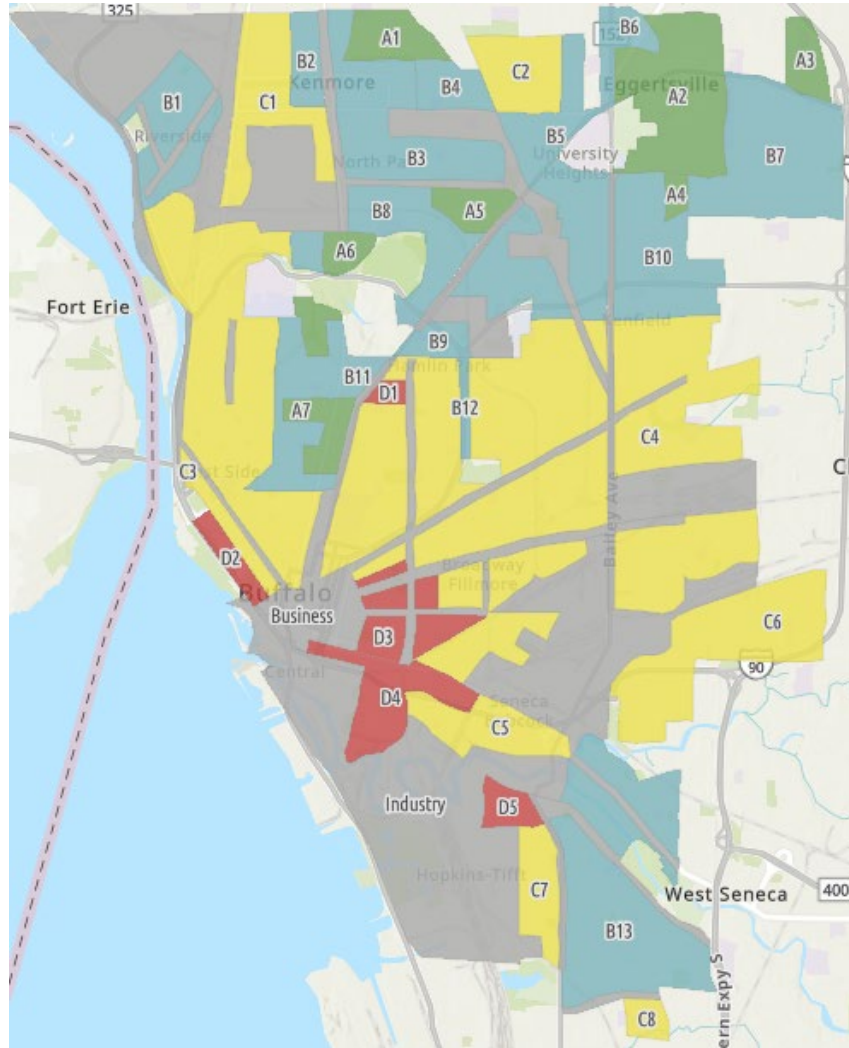
“We need safe housing. And we need jobs that provide a living wage. We have to be able to support ourselves because we can see that there's not a lot of other communities that are willing to support us. And so I believe each member of our community should at least have safe housing.”

2023 LGBTQ+ Focus Group

Context: Segregation and Disinvestment

The history of redlining is linked to the racial disparities in homeownership as well as the disinvestment of neighborhoods where the residents are predominantly People of Color. The practice of redlining designated neighborhoods where the residents were predominantly People of Color as high risk for lending. Figure 46 displays a map developed by the University of Richmond representing the redlining determined in the 1930s by the Home Owners' Loan Corporation (HOLC), a New Deal agency, along with an explanation of the color-coding (34). A 2021 report by the New York State Department of Financial Services on redlining in Buffalo found that mortgage originations continue to underserve our minority residents. View the report here: [Report on Inquiry into Redlining in Buffalo, New York \(35\)](#).

Figure 46: Erie County's History of Redlining



Green areas on the maps were called "A," "First Grade," or "Best" and were considered to be safest for loans. These areas were typically populated with wealthy, white residents that were born in the United States.

Blue areas were called "B," "Second Grade," or "Still Desirable."

Yellow areas were called "C," "Third Grade," or "Definitely Declining."

Red areas were called "D," "Fourth Grade," or "Hazardous." HOLC recommended lenders "refuse to make loans in these areas [or] only on a conservative basis." These areas typically overlapped with Black and immigrant communities, which usually had lower incomes.

Contributing to the segregation that persists today, some Erie County suburbs had restrictive covenants, which are legal parameters on who can own or occupy a property, in place that denied residency to People of Color. One of several examples is as follows: In 1947, the Town of Tonawanda's Lincoln Park Village deed stated:

"No person of any race other than the Caucasian race shall use or occupy any building on any lot except that this covenant shall not prevent occupancy by domestic servants of a different race domiciled with an owner or tenant." [The Legacy of Racial Covenants in Buffalo: A Call for Justice and Restoration - School of Law - University at Buffalo](#) (36)

This housing discrimination, along with construction of the Kensington Expressway, which divided the East Side and displaced many families, most of whom were Black, exemplify the history of systemic racism in Erie County (37). Efforts to make Erie County a more hospitable place for all residents and visitors must take this difficult history into account.

To learn more, visit: [Mapping Inequality \(34\)](#), [Redlining Report \(35\)](#), [The Harder We Run \(38\)](#)

TRANSPORTATION

Transportation policy and infrastructure influence health in various ways, including:

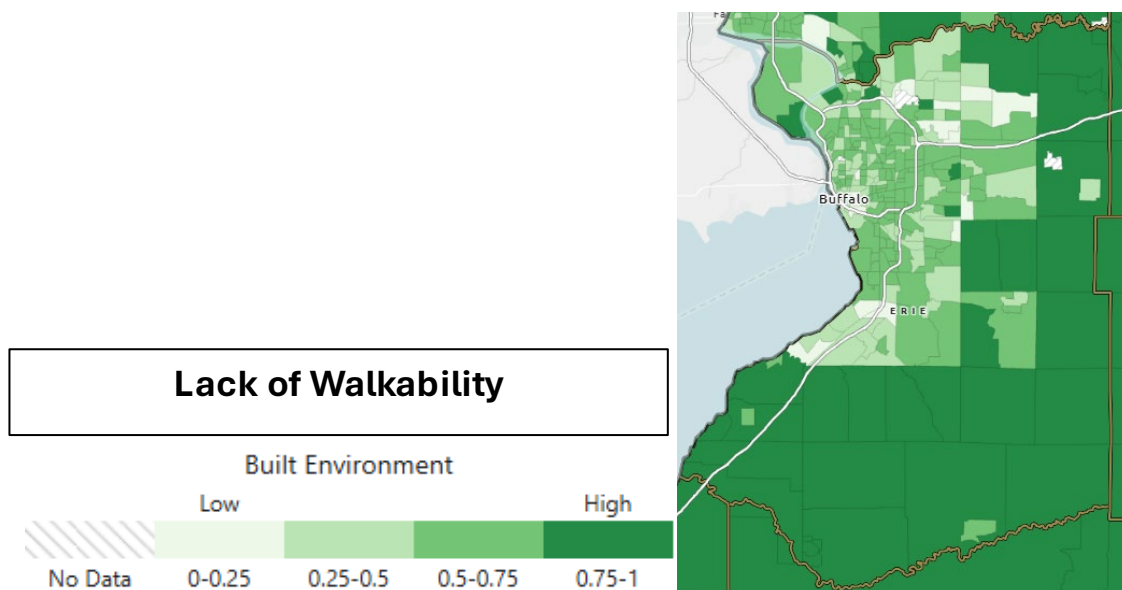
- 1) Opportunities to choose safe and physically active means of transportation such as walking or biking,
- 2) Safety of vehicles and infrastructure,
- 3) Influencing access to needed goods and services, and
- 4) Air pollution and climate change.

To learn more, visit the CDC webpage: [Improving Health Through Transportation Policy \(39\)](#)

Walkability

Measuring an area's walkability is a way of measuring opportunities to choose safe and physically active means of transportation within that community. The CDC Environmental Justice Index (EJI) is an interactive dashboard that displays several indicators related to transportation and mobility by census tract, including lack of walkability. The CDC's definition of walkability is "the safety and desirability of the walking routes in a community. Neighborhood walkability is typically defined using measures of street connectivity, transit stop density, and land use mix." (40) Unsurprisingly, the more rural areas are the least walkable in the county.

Figure 47: Lack of Walkability in Erie County



Safety of Vehicles and Infrastructure

Accidents related to transportation are a common and preventable cause of injury and premature death. Between 2020 and 2023, 210 fatal motor vehicle crashes and 46 pedestrian deaths were recorded in Erie County. From January through June 2025, 118 pedestrians, cyclists, or skaters were involved in crashes. In an effort to make the streets safer for residents using all forms of transportation, in July 2025 Erie County launched StreetSmart Erie County (41). This safety campaign focuses on reducing injuries and deaths on roads, sidewalks, and parking lots across the county by promoting safe behaviors among drivers, pedestrians, bicyclists, and scooter riders. Implementation of this effort includes ongoing public education, seasonal messaging, and outreach through the ECDOH Community Wellness program.

“Road safety is a public health issue and an equity issue. This campaign aims to keep improving the culture around road safety. As individuals, we should be able to walk, jog, roller skate, and bike in public spaces for our own physical fitness and mental health well-being. And we all benefit from better safety practices and a safer built environment. Well-maintained sidewalks, clearly marked crosswalks, and accessible bike lanes lead to better health outcomes by reducing injuries and encouraging walking, biking, and physical activity.”

-Erie County Commissioner of Health Dr. Gale Burstein.



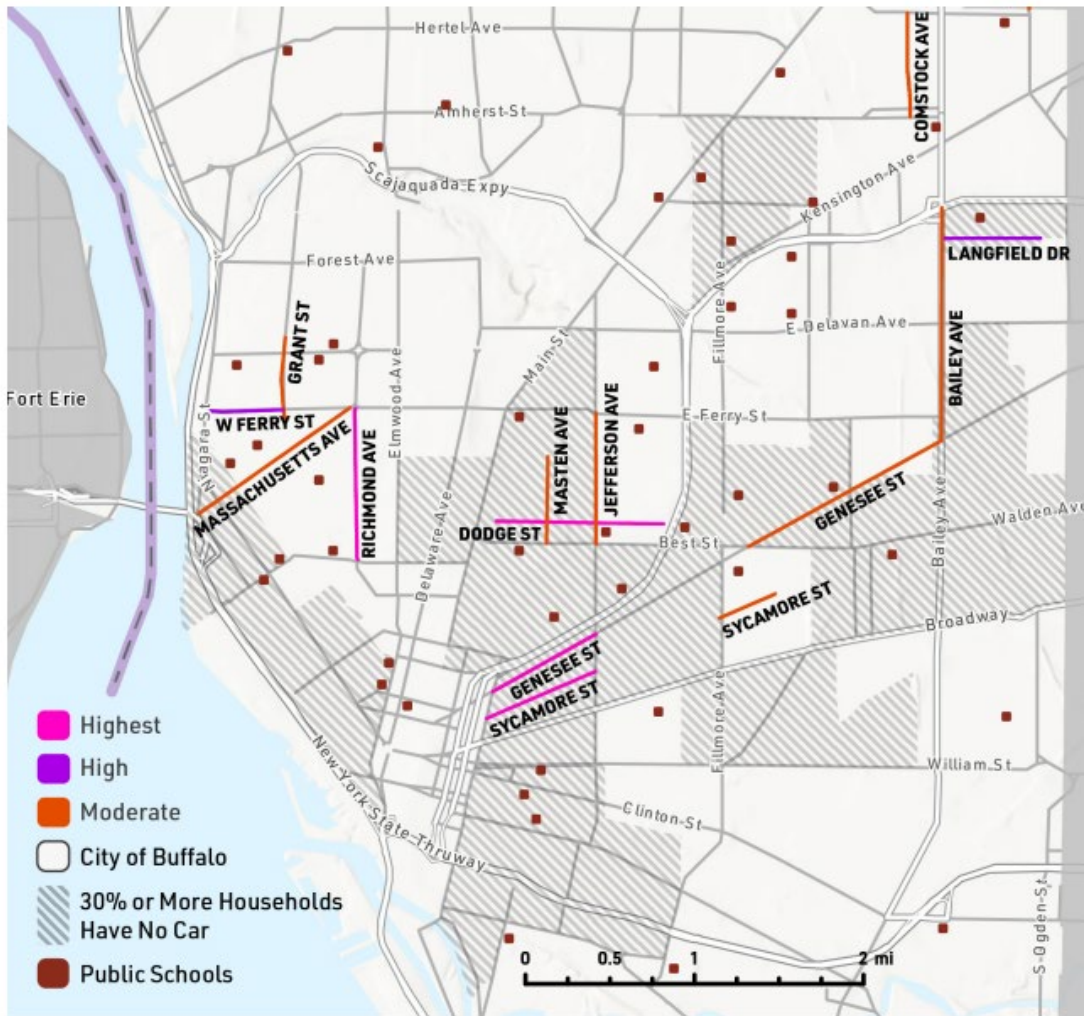
DISCUSSIONS FROM CHA COMMUNITY RESEARCH

Multiple participants in the 2025 CHA community research noted that both sidewalks and bus stops are often not cleared of snow and in disrepair, making mobility more dangerous for those who use modes of transportation other than a personal vehicle.

Figure 48 is a map developed by GoBike Buffalo displaying the City of Buffalo corridors with high rates of traffic-related injuries. Notably, some of the corridors where 30% or more of the households have no car have some of the highest injury rates. In their 2022 report, *Erie-Niagara*

High Injury Network, GoBike Buffalo reveals more statistics regarding traffic crashes and makes a series of recommendations, such as lowering the speed limits on city streets (42). View the full report here: [Crash-Report-2022.pdf](#)

Figure 48: City of Buffalo High-Injury Corridors



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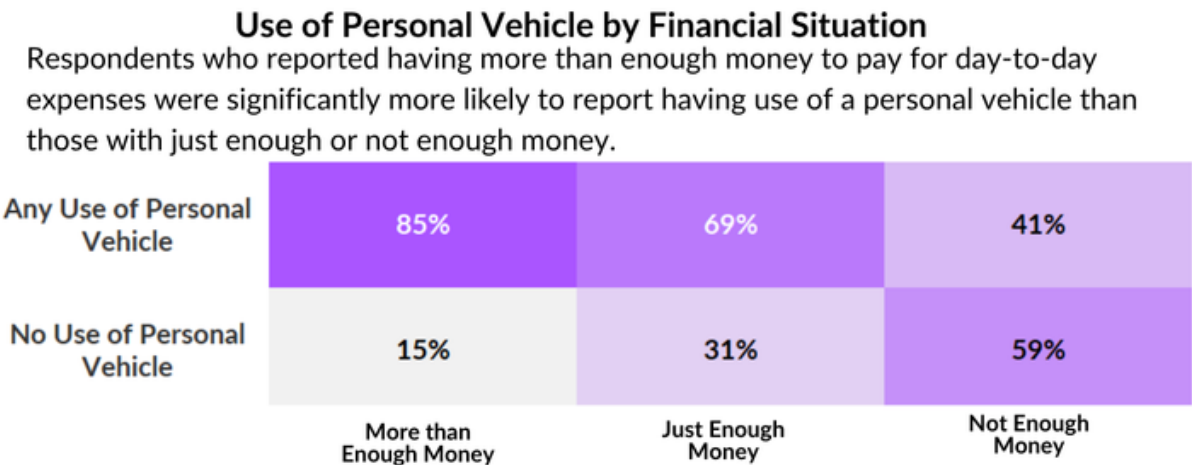
Influencing Access to Needed Goods and Services

The community research conducted by the ECOHE has demonstrated that owning or having access to a personal vehicle is an important asset to obtaining needed goods and services. Results from the 2022 Health and Wellness Survey showed that 77% of respondents with no access to a personal vehicle reported challenges such as obtaining medical care, accessing recreation, obtaining food and other needed goods, and maintaining employment due to lack of transportation (14). According to the 2023 American Communities Survey, 48,141 or about 12% of households in Erie County and 26,690 or 24% of households in the City of Buffalo have no personal vehicle available (7).

Data from the ECOHE 2022 Health and Wellness Survey also demonstrated that having other assets, such as a more stable financial situation or a college degree, is associated with a higher

likelihood of having access to a personal vehicle. Thus, lack of reliable transportation such as a personal vehicle exacerbates the impact of socioeconomic challenges (14).

Figure 49: Use of Personal Vehicle by Financial Situation



DISCUSSIONS FROM CHA COMMUNITY RESEARCH

Many participants in the community research conducted by the ECOHE and the CHA team expressed challenges of not relying on public transportation. During the 2025 CHA community research, both health care providers and community members discussed how lack of transportation poses a challenge to following medical providers' recommendations. For instance, while some people without transportation may qualify for Medicaid cabs, those cabs will not take them to pick up their prescriptions from the pharmacy or to a grocery store that sells healthy foods. The following quotes exemplify some of the challenges regarding transportation that were discussed in the ECOHE's 2023 focus groups.

"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."

2023 LGBTQ+ Focus Group

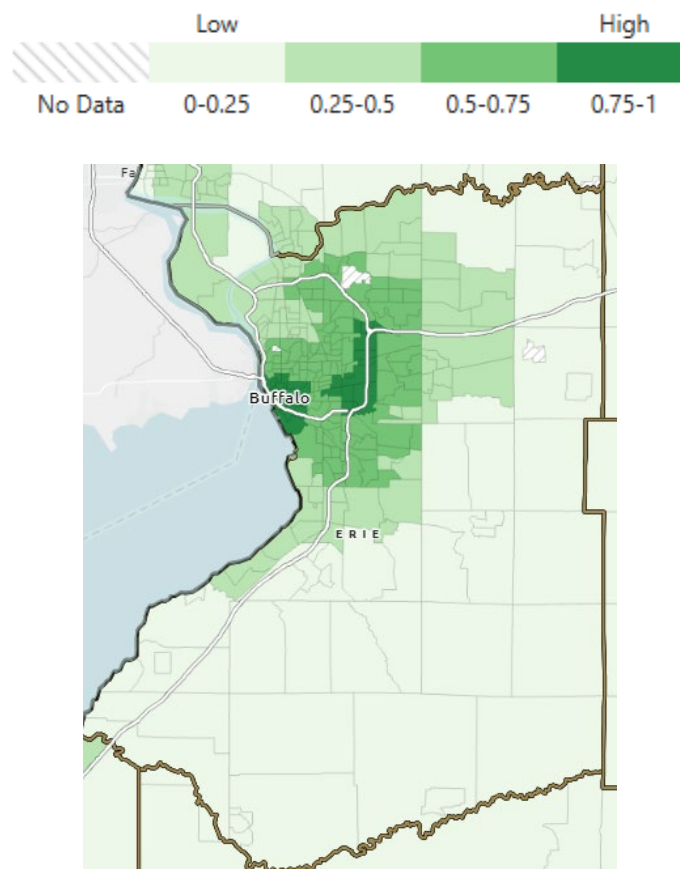
“Not having public transportation out here [is a challenge]. I hit a deer and I don't have a reliable car; and then it trickles down. I can't get a job and I can't provide for my kids.”

2023 Rural Caregivers Focus Group

Air Pollution

Diesel fuel is largely used in transportation and has been associated with poor health outcomes such as respiratory and cardiovascular illnesses (40). The map below (Figure 50) shows that the highest levels of diesel particulate matter in the county are the areas surrounding the I-190 south of the Peace Bridge and the Kensington Expressway.

Figure 50: Concentration of Diesel Particulate Matter



COMMUNICATION AND INFORMATION ACCESS

Information is broadcast to communities for many purposes. Communication about current events such as government actions, new business openings or closings, and weather or potential climate disasters help residents to plan and prepare for potential adverse events, or on the contrary, take advantage of uplifting opportunities. Information is also shared to educate the public on topics such as healthy eating, avoiding scams, and staying safe in certain situations, such as extreme heat or weather disasters, or everyday activities like safe practices related to transportation.

A reoccurring theme in the 2025 CHA focus groups and interviews was that access to many existing resources for Erie County residents is limited due to lack of awareness. More robust communication efforts may be an effective and efficient approach to connect residents to the resources that meet their SDOH needs. Dissemination of information must include consideration of literacy levels, translation and interpretation needs, and accessibility, whether it be via the internet or a physical location. One existing initiative is the ECOHE health publications (15). These are booklets that contain information about health conditions and SDOH factors. They are developed with careful intention to be accessible to all residents in Erie County. This includes the use of plain language, translation from English to the 5 other most commonly spoken languages in Erie County, and distribution of physical copies to public places as well as digital dissemination. The ECOHE is also working on making digital versions compatible with accessibility technology for people who are blind or have low vision.

Literacy

Adult literacy influences economic mobility, health outcomes, health care costs, children's academic achievement, and recidivism rates (43). Using data collected from their surveys in 2012, 2014, and 2017, the Program for the International Assessment of Adult Competencies (PIAAC) determined that in Erie County, 18% of residents ages 16-74 lack basic literacy skills. This is lower than the NYS rate of 24% and the national rate of 22% (21). More recent data collected by PIAAC in 2023 shows that low literacy among U.S. adults is increasing (44). Local data from the 2023 surveys has not yet been released.

While efforts to improve adult literacy are crucial, written publications intended for use by the general public should accommodate those with low literacy skills. The Plain Language Act of 2010 requires public-facing federal agencies to follow a set of Plain Language Guidelines which include: "Limit the use of abbreviations and explain abbreviations when used; when writing a lengthy document, write in short sections; and omit unnecessary words (45)."

Translation and Interpretation Needs

As of 2023, an estimated 9,089 households in Erie County, or about 2.2% of households, spoke limited English (8). Language barriers pose a challenge in many aspects of life, including education, obtaining employment, and obtaining quality health care. NYS ([New York State Language Access](#)

[Law](#)) and Erie County ([The Erie County Language Access Act](#)) have policies in place to mitigate language barriers for people with limited English proficiency who are interacting with state and county agencies (46)(47). Health care facilities often use phone interpreter services, such as Language Line, or may have staff on hand who can assist with interpreting a limited number of languages. While these provisions are important, many challenges for residents with limited English proficiency persist. Below are some points and quotes related to these challenges that were shared as part of the ECOHE's and the CHA team's community research (13).

Language Barriers in Education:

"And just the Buffalo public school system not having systems in place to support the [Spanish]-speaking community, especially when they don't speak English. The parents, suspensions, discipline, all the things that are affecting our kids that our parents can't properly advocate for"

2023 Hispanic-Latino Focus Group

Language Barriers in Employment:

"The biggest challenge for me was when I started looking for a job. When I got here to the United States, a lot of employers would bypass me and go for the English-speaking people, and that was really discouraging."

2023 Puerto Rican Focus Group

Language Barriers in News and Alerts:

"So I think they, it did fail the community and how the message and language-wise also from Spanish to English. There was no such thing in this in Spanish news saying [winter emergency information] because I was on Univision and all that the news came after, you know, like the Spanish message was not there either."

2023 Hispanic-Latino Focus Group

Language Barriers in Health Care:

"The biggest challenge is with health and health insurance. Especially when you go to clinics or hospitals, when you have an interpreter and then interpreter tries to interpret what you're saying but doesn't use the words that you're using. And it's difficult to convey to the doctor exactly what you're experiencing with your health."

2023 Puerto Rican Focus Group

“So, once I had a doctor who did he got a phone from somewhere [...] and he called the translation services. There was a translator on the phone [who] was assisting me. [The] translation was terrible. But then once the translator hung up the phone, [the doctor] told me in English, ‘Next time you need to bring someone that can translate for you.’ With a really bad attitude.”

2023 Puerto Rican Focus Group

“So, at [the hospital] I saw everything written in different languages but not in our language. I saw Chinese language, the Indian language, and Arabic language, but as a growing community [we need Bengali translations].”

2023 Bangladeshi Focus Group

DISCUSSIONS FROM CHA COMMUNITY RESEARCH

Challenges related to language were also noted in the CHA health care provider interviews, including:

- There are challenges for people who have limited English proficiency at many steps of seeking care, such as getting a medical cab and following up on referral services.
- Reliable interpretation services are challenging to access due to rare languages, such as Karenni; connection issues; and inaccurate translations.
- In-person interpreters, though very limited in availability, seem to be more effective than phone-based interpretation services.
- Better interpretation services may be helpful for non-English speaking families in preventing chronic diseases, etc.

Digital Information/Broadband Access

An easy way to disseminate information to a large portion of the population is via the internet. However, information shared only via internet may not reach individuals who do not have proficient computer skills or people who do not have adequate internet access.

Ninety-one percent of households in Erie County have broadband internet. Of those households, 13% have broadband access only through a cellular data plan. Ninety-five percent of households in Erie County have one or more computing devices, including laptops or desktops, tablets, and

smartphones. Of those households, 11% have a smartphone as their only computing device (7). Ninety-one percent of households in Erie County have broadband internet. Of those households, 13% have broadband access only through a cellular data plan. Ninety-five percent of households in Erie County have one or more computing devices, including laptops or desktops, tablets, and smartphones. Of those households, 11% have a smartphone as their only computing device (7).

DISCUSSIONS FROM CHA COMMUNITY RESEARCH

Participants in the CHA focus group in Gowanda discussed challenges with accessing information that is presented only on the internet as functional internet is not as accessible in that area as it is in less rural places.

Participants in the ECOHE 2023 Older Adults focus group also discussed challenges with access to information that is only online due to lack of technological equipment and/or skills.

When asked about the best way to reach them to communicate emergency information, such as weather warnings, many participants in the ECOHE 2023 focus groups recommended sending cellphone alerts, similar to the flood warning and Amber alerts that get sent out. Other suggestions were the use of social media and trusted community leaders, such as church leaders.

“And therefore, the communication between all entities out here— I mean, not even to get into from the city, but just to communicate in our own community—has gotten to the point where it's very difficult, because everyone assumes that you go to Facebook and you go to all [the others]. And I hate to tell you, I swear that at least 60% of the seniors do not go to computers in any way, shape, or form. [...] But that's where they posted it, whether it be school stuff, whether it be seniors, anything. There's no communication available in this community anymore.”

2023 Rural Older Adults Focus Group

Communication and Information Access for People with Vision or Hearing Impairments

The 2023 Behavioral Risk Factor Surveillance Survey revealed that approximately 5.4% of adults in NYS have a vision impairment and 4.8% of adults in NYS have a hearing impairment (48). The Americans with Disabilities Act (ADA) requires state and local governments to “communicate with people with disabilities as effectively as you communicate with others (49).”

Erie County is one of six counties in NYS with an Office for People with Disabilities. This office advocates for people with developmental and intellectual disabilities and vision and

hearing impairments. The Office provides guidance to other departments within Erie County government, as well as other organizations located in the county, on how to comply with the ADA and provide reasonable accommodations for this population.

One example of Erie County compliance with the ADA is the presence of an American Sign Language (ASL) interpreter, contracted from Deaf Access Services, during press briefings and other public communications. Deaf Access Services also provides ASL interpreters to other local entities such as health care facilities and courts.

Advancing technology, such as screen readers and the accessibility widgets present on many websites has provided more resources for individuals with vision impairments. County offices are making an effort to ensure that all digital publications are compatible with these assistive technologies. For more information about local resources for compliance with the ADA visit <https://www3.erie.gov/ecopd/> or call the Erie County Office for People with Disabilities at 716-858-6215.

CRIME AND SAFETY

Exposure to crime and violence can lead to poor short and long-term health outcomes such as injury, disability, and mental distress. Fears related to safety may influence an individual's health behaviors, such avoiding outdoor physical activities (50).

DISCUSSIONS FROM CHA COMMUNITY RESEARCH

Both health care providers and community members discussed these concerns while participating in the 2025 CHA community research including:

- Having to choose risks due to fear of violence such as not exercising or being vulnerable to crime or violence,
- Fear of seeking services and resources from the government when domestic violence has occurred and there are children in the home, and
- Experiencing high levels of stress due to the threat of violence.

7

“The stressors that are associated with an unsafe neighborhood, definitely [...] have an effect on the overall mental and physical health of patients.”

Health Care Provider Interview

Figures 51 and 52 display crime rates in NYS and Erie County from 2019-2024. For those 6 years, the total index crime rate for NYS was 1,967.5 per 100,000 population and 2,435.7 in Erie County. While overall crime rates in Erie County increased from 2019 to 2024, primarily due to an increase in motor vehicle thefts, violent crimes such as murder, rape, robbery, and aggravated assault have trended downward (51).

Figure 51: Crime Rates per 100,000 Population, 2019-2024

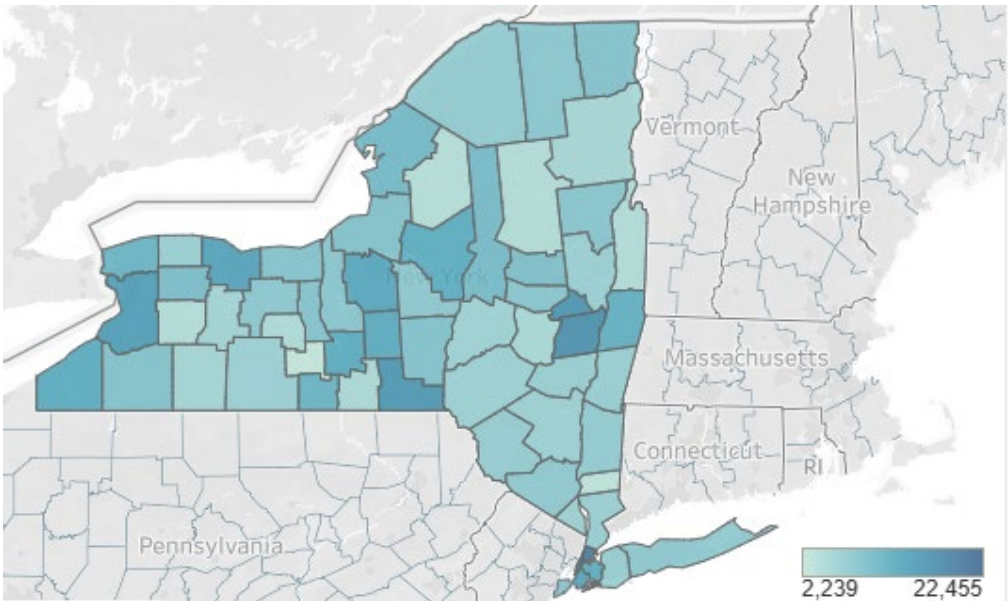
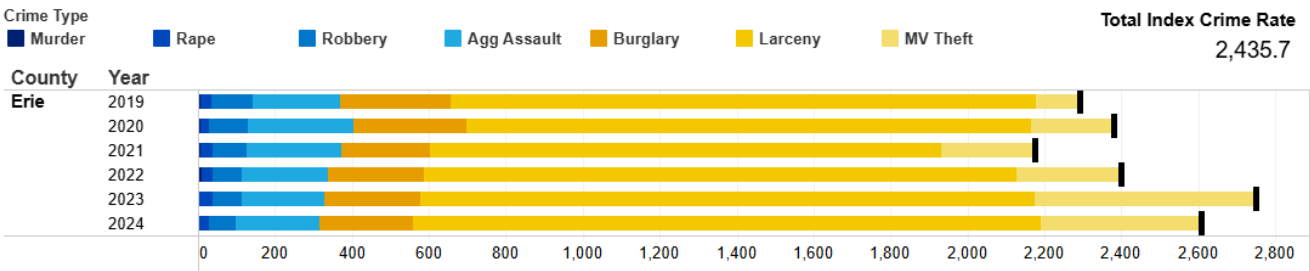


Figure 52: Rates of Selected Crimes per 100,000 Population in Erie County, by Type and Year



(Agg Assault = Aggravated Assault, MV theft = Motor Vehicle Theft)

Justice Involvement

Incarceration of people who have committed crimes can be protective of those who have been victims of those crimes or may have been under threat from the incarcerated individual. It is also true that incarceration can negatively impact families and communities as well as the individual who has been convicted. Individuals who have been incarcerated, on average, have poorer mental and physical health than their peers who have not been incarcerated. Children of incarcerated

parents are more likely to experience homelessness and poverty and have higher rates of learning disabilities and emotional and behavioral challenges (52).

Communities are affected by high rates of incarceration for various reasons. When individuals are incarcerated, they are absent from their community and unable to participate in civic engagement, such as voting. In some states, incarcerated people are counted as residents of the prison instead of their home communities when local legislative districts are redrawn in a practice known as prison gerrymandering. With this practice, more resources are budgeted for the legislative district where the prison is located as opposed to the incarcerated person’s home community (52). In 2010, NYS passed legislation to end prison gerrymandering (53).

Statistics from the NYS Division of Criminal Justice Services (DCJS) show that in Erie County, Black adults convicted of crimes are more likely to get prison sentences than White adults convicted of crimes. For example, in 2023, White people accounted for 37% of all felony adult arrests in Erie County but only 18% of prison sentences while Black people accounted for 52% of adult felony arrests and 71% of prison sentences. This disparity is evident in the data consistently since 2018. (Note: Data on the NYS-DCJS website is available for the years 2018-2023 at the time of this report.) Hispanic people are also over-represented in prison sentencing, though to a lesser extent (54).

Figure 53: 2023 Arrests and Sentences by Race/Ethnicity

Race/Ethnicity	Population (18+)		Adult Arrests		Felony Adult Arrests		Prison Sentences	
	#	% of Total	#	% of Total	#	% of Total	#	% of Total
White	583,148	77%	6,497	45%	1,976	37%	100	18%
Black	91,673	12%	6,186	43%	2,778	52%	390	71%
Hispanic	41,010	5%	1,163	8%	494	9%	57	10%
Asian	35,772	5%	161	1%	55	1%	1	<1%
Other or Unknown	5,113	<1%	279	2%	89	2%	4	<1%
Total	756,716	100%	14,286	100%	5,392	100%	552	100%

In 2023, the ECOHE conducted focus groups with incarcerated men and women. These individuals shared some of the challenges that led to their involvement with the justice system as well as challenges related to being incarcerated (13).

“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.”

“Not to say the obvious but we in jail. So, when we get out that hinders us from [pursuing] positive things that we're trying to do. Because they look to see, you know, our background and they look as, 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? [...] 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?' [...] 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.”

2023 Incarcerated Men Focus Group

“You know most of us had everything, an apartment. And then being in here for so long, we just lose everything. And then just starting from scratch, like, all over again and just... It's frustrating. It's frustrating because you just don't know where to start.”

2023 Incarcerated Women Focus Group

More quotes and a summary of finding from these focus groups can be viewed in the [Health Equity in Erie County - 2023 Focus Group Report](#).

FOOD ACCESS AND DIET

DISCUSSIONS FROM CHA COMMUNITY RESEARCH

Both community members and health care providers stressed the importance of food access and healthy eating during the 2025 CHA community research. One provider noted that lack of access to affordable foods is the root of many health issues such as constipation and obesity. Obesity exacerbates many other conditions. Another provider shared that families often voice a need for healthy foods at their appointments.

Many SDOH factors influence diet and food access, including:

- **Economic Stability:** Affordability of food as well as the resources to obtain and prepare food, such as transportation and cooking tools

- **Neighborhood and Built Environment:** Availability of stores that sell healthy foods, access to transportation to obtain healthy foods
- **Social and Community Context:** Cultural and family norms, attitudes, and beliefs related to diet, systems, and policies that impact food access
- **Education:** Knowledge and skills regarding healthy food choices and preparation

As these many factors and nuances come into play, it is difficult to measure food access and the ability to maintain a healthy diet based on specific, quantifiable elements. To explore this issue, the ECOHE took the approach of asking Erie County residents, in surveys and focus groups, about their experiences with food security. Responses to the ECOHE 2022 Health and Wellness Survey revealed slight variations in the challenges to healthy eating across demographics (14).

Figure 54: Food Access in Erie County Varies by Place of Residence

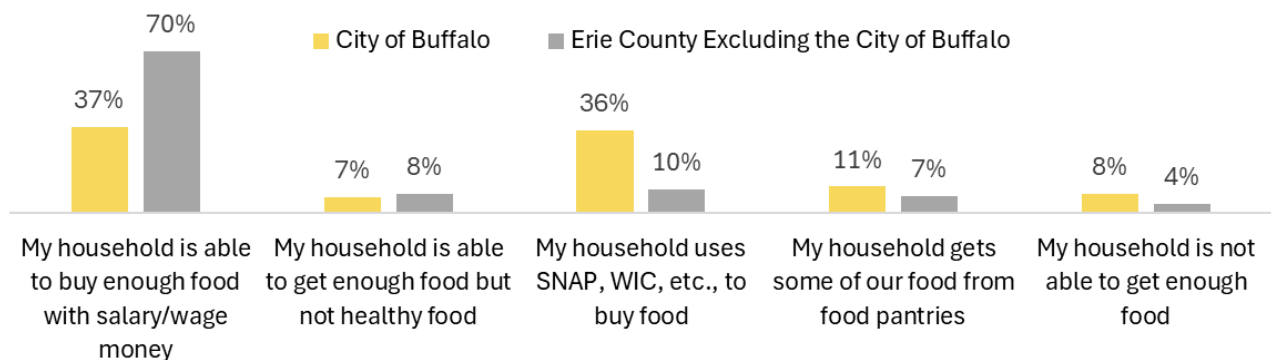
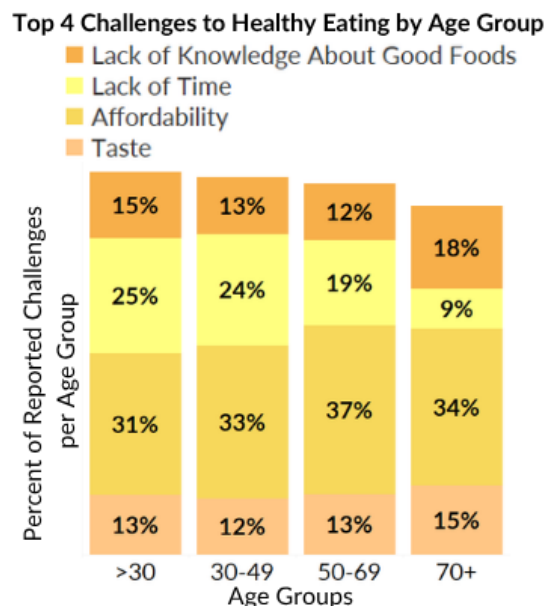


Figure 55: Challenges to Health Eating Vary Across Demographics



In the 2023 focus groups the ECOHE conducted, participants discussed both challenges and assets to eating healthy in Erie County(13):

Challenges included:

- High prices and ineligibility for SNAP and WIC,
- Lack of adequate transportation or grocery stores in close proximity, and
- Lack of available foods that are culturally appropriate.

Assets included:

- Increasing access to culturally appropriate foods by the Bangladeshi group and
- Availability of fresh produce from farmers markets by participants from multiple groups.

“So, yeah, it's easier for them to walk to that corner store and support that corner store rather than to go to the grocery store and buy something healthy. [...] And you're probably spending more money at the corner store as well. Which is, you know, like kind of like a lose-lose. You're not getting really the healthiest option and you're spending more money. But it's like if you don't have a car, what you gonna do? You know, if you don't got a car and you got two babies? So, you could, you know, put them in a stroller. And as far as that's going to get you, then you still got to bring the groceries back.”

2023 Black East Side Residents Focus Group

Economic Stability - High Cost of Food

In both the 2022 ECOHE Health and Wellness Survey and the 2023 focus groups, multiple Erie County residents reported that obtaining enough food for their families is difficult due to high food prices while not qualifying for SNAP (13). One in five (or 22%) of respondents to the 2022 ECOHE Health and Wellness Survey who reported that they use SNAP/WIC to buy food also reported their household is not able to get enough food (14).

Some 2025 CHA focus group participants noted that the senior discount deal at Tops Markets and inexpensive food sold at certain senior centers has been helpful.

The Youth Risk Behavior Surveillance System (YRBSS) survey asks about food access in relation to money. Results from the YRBSS survey showed an increase in food insecurity reported by high school students in Buffalo Public Schools from 2021 to 2023 (55).

Figure 56: Food Insecurity Due to Money in Buffalo Public Schools

Food Insecurity Indicators	BPS High School Results		
	2021	2023	Change
Worried that food at home would run out before family got money to buy more	19.6%	28.8%	↑
Food ran out and didn't have money to get more	14.3%	22.4%	↑
Meals only included a few kinds of cheap foods because of money	18.8%	28.0%	↑
Were not able to eat a balanced meal because of money	17.3%	25.9%	↑
Ate less because of money	13.0%	19.3%	↑
Skipped a meal because of money	11.2%	15.8%	↑
Were hungry but didn't eat because of money	11.7%	17.3%	↑
Did not eat for a whole day because of money	9.3%	12.9%	↑

Red arrows (↑) indicated a statistically significant increase.

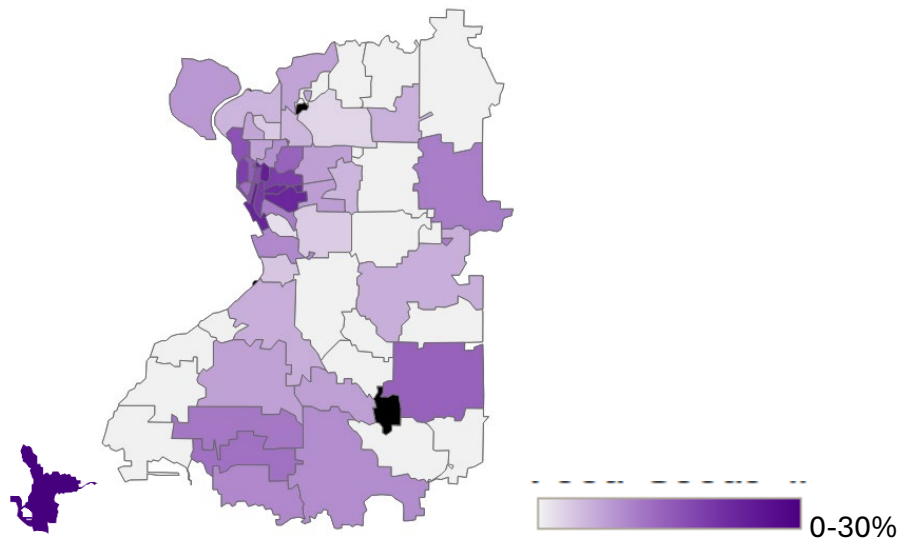
Neighborhood and Built Environment Challenges to Food Access

Food access is also influenced by the built environment. The 2022 racially motivated massacre at Tops Friendly Markets was a targeted attack at the only major food retailer on the East Side of Buffalo. In addition to the pain, trauma, and loss of life caused by this incident, residents in this predominantly Black community faced greater challenges to food access during the temporary closure of this store.

As discussed in a 2025 CHA interview by a health care provider who lives and practices in this community, the food access challenge for some community members in the wake of the Tops massacre has continued as the emotional trauma from the attack causes trepidation in returning to this location.

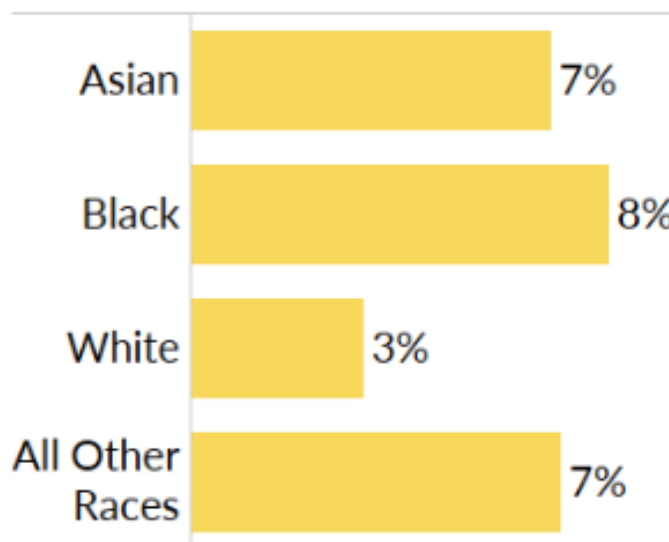
Results from the 2022 ECOHE Health and Wellness Survey revealed disparities in food access challenges due to the built environment. Figure 57 shows that respondents who live in the City of Buffalo and many rural areas of the county were more likely to report challenges to accessing food and other needed goods due to lack of transportation than respondents who live in the suburbs. Figure 58 shows that Black respondents were more than twice as likely as White respondents to report that healthy eating is a challenge due to a lack of healthy foods sold in their community (14).

Figure 57: Percent of Respondents Who Reported That Lack of Transportation Is a Challenge to Accessing Food and Needed Goods per ZIP Code



**80% of respondents from ZIP Code 14070 reported challenges to buying food and other needed goods due to lack of transportation. However, there were only 5 respondents from this ZIP code, which is not entirely in Erie County.*

Figure 58: Percent of Respondents Who Reported That Healthy Eating Is Challenging Due to a Lack of Healthy Foods Sold in Their Community, By Race



DISCUSSIONS FROM CHA COMMUNITY RESEARCH

Several participants in the 2025 CHA community research shared some things related to built environment that are helping or could help with greater food access:

- A health care provider noted that it is helpful to have a food pantry at health care clinics so patients can easily access the healthy foods their health care providers are recommending for them.
- Multiple community participants noted that for people who are unhoused, they are often unable to use the food that is available at food pantries because they lack the equipment needed to prepare and store it.
- Participants in the Rural Southwest focus group expressed appreciation for a food delivery truck that sells produce to residents in the area where there are no close grocery stores.
- A CYSHCN family interview participant expressed that more community gardens and accessible fruit trees would be helpful.

Social and Community Context - Cultural Influences on Diet, Food Access, and Healthy Eating

DISCUSSIONS FROM CHA COMMUNITY RESEARCH

Culture is one of many influences on health behaviors. The cultural influence on diet was a common theme in the 2023 ECOHE focus groups and the 2025 CHA community research.

- Participants in the 2023 Hispanic-Latino and Bangladeshi focus groups discussed challenges to finding culturally appropriate food.
- Both community members and health care providers in the 2025 CHA community research discussed the culture of unhealthy diets in WNY or the United States at large, including:
 - Prioritization of convenience over health,
 - Heavy advertisement of junk food, and
 - The poor food options at institutions such as schools and nursing homes.

Education - Lack of Knowledge and Skills as a Challenge to Healthy Eating

About 20% of respondents to the 2022 ECOHE Health and Wellness Survey reported they would eat healthier if they knew which foods were good for them.

A participant in the 2025 CHA health care provider interviews noted that many people don't know how to read and interpret food labels. Participants in the 2025 CHA community focus groups noted that some people lack the knowledge to prepare some foods that are distributed at food banks. Another health care provider noted that a valuable service that was offered in another state where they worked was home-based nutrition counseling.

COMMUNITY SERVICES AND RESOURCES

A healthy community functions by ensuring provisions and opportunities for people to develop and maintain good health (56). Unfortunately, the society we have built, including the economy, education systems, health care systems, social norms, and built environment, is more advantageous for some people than others. Community services and resources can be a source of resilience to those who are less privileged while benefiting the community as a whole.

Erie County has many organizations of varying types across all the social determinants of health to help community members in need. There is a wide variety of large nonprofit organizations, including community driven initiatives, such as the Healthy Community Stores Initiative (57), and community centers, such as the Rural Outreach Center and the [Delavan Grider Community Center](#), whose missions and work are dedicated to supporting the health of local residents (58). Residents can find many (or some) services and resources to meet their needs by visiting [211 WNY](#) (59). Parents and guardians can find mental and behavioral health services for children and youth by downloading the EriePath App or accessing the desktop version at <http://eriepath.erie.gov/> (60).

Additionally, government services and benefits, such as SNAP, housing assistance, and HEAP serve as a safety net for many Erie County residents. However, many residents have shared challenges related to these services due to qualification requirements, the enrollment process, and lack of sufficiency of these resources if actually obtained (13) (14).

Community Services and Resources were inquired about in the 2022 ECOHE Health and Wellness survey as well as the primary research conducted for this CHA. Trust and appreciation for community-based organizations was discussed in several of the 2023 focus groups. The need for more CBOs and community centers, particularly for youth was expressed. Attitudes toward government entities and services were less positive (13) (14). Thus, supporting CBOs may be an effective way for government to reach and uplift specific communities. A list of additional community assets and resources is displayed in Appendix O.

“Our kids getting here to this program is huge for us. I mean, so they have an outlet. They can play with other children. They get all the services they need. We can get here, so we can have the services we need. That’s huge.”

Rural Caregivers Focus Group

DISCUSSIONS FROM CHA COMMUNITY RESEARCH

Challenges and suggestions regarding CBOs were discussed in the CHA community research.

Challenges related to community services and resources discussed in the community focus groups included:

- There are challenging parameters around early intervention.
 - Applying for benefits is challenging, especially for those who are not computer savvy.
 - A lack of awareness of existing resources was mentioned in several focus groups.
 - Churches don’t offer as many community resources as they used to due to lack of membership and funding.
 - It is a challenge to find childcare for special needs children as regular facilities cannot accommodate them.
-

“[Unfortunately,] I feel that the help that is offered, is offered too late. [...] A lot of people don’t know about resources until all options are exhausted.”

2025 Doulas Focus Group

Suggestions related to Access to Community Services and Resources mentioned in the focus groups included:

- More community centers and recreation opportunities for kids would support parents.
- More education and awareness of existing resources is needed.
- Information about county services needs to be posted in physical structures, such as grocery stores, not just online.

CLIMATE AND ENVIRONMENT

Parks and Green Spaces

Green spaces have been linked to elevated mental and physical health as well as climate resiliency (61). Erie County is notable for its many parks, waterfronts, and natural beauty. There are 24 county parks in Erie County in addition to numerous city, town, and pocket parks (62). These spaces are open to the public, and promoting access may support the health of Erie County residents. Buffalo had an estimated 90.8% of residents with park access in 2023, compared to an average of 59.7% across the cities included in NYU Langone Health’s City Health Dashboard (63). In the 2023 ECOHE focus groups, appreciation for parks and green spaces was one of the most common responses to the question “What [in Erie County] is helping you to live the life you want?” (13).

Erie County’s Vulnerability and Resiliency to Climate Change

Climate impacts health and safety in numerous ways, including air and water quality, effects of extreme temperatures, and catastrophic storms. Long-term effects of climate change will likely impact Erie County’s agricultural industry and wildlife, including infectious disease vectors such as ticks and mosquitoes (64). A summary of major vulnerabilities to climate change and potential opportunities to address them is displayed in Figure 59. Read more about the predicted effects of climate change in Erie County and the plan to mitigate the potential hazards in the [Erie County Community Climate Action Plan](#) that was released in 2023

Figure 59: Erie County Community Climate Action Plan: Summary of Major Vulnerabilities and Potential Opportunities According to Threat Type

Threat	Vulnerabilities	Opportunities
<i>Increase in the frequency and intensity of heat waves</i>	<ul style="list-style-type: none">• Stress on the power grid due to higher cooling demand• Increased health impacts, especially for vulnerable populations• Old under-insulated housing stock and lack of access or affordability to air conditioning for the most vulnerable	<ul style="list-style-type: none">• Increase communication and coordination with electric utility companies• Enhance outreach and awareness about heat vulnerabilities and ways to avoid impacts• Develop a heat emergency plan for Erie County• Create a system to check on and aid the most vulnerable county residents during a heat wave

Threat	Vulnerabilities	Opportunities
<i>Increase in frequency and severity of flooding</i>	<ul style="list-style-type: none"> • More frequent local flooding, including county land, homes and roadways • Increased debris in sewer systems • Reduced drinking water quality during flooding events 	<ul style="list-style-type: none"> • Conserve existing trees and vegetation as well as invest in the development and maintenance of green infrastructure projects to improve water infiltration capacity, retention, and storm water management • Map locations of past and current flooding hotspots • Take steps to avoid or reduce development in high flood-risk areas
<i>Increase in wind damage</i>	<ul style="list-style-type: none"> • More power outages • Reduced tree health and more tree damage • Financial burden and increased safety risk for workers 	<ul style="list-style-type: none"> • Increase power backup system capacity • Plant wind-resistant trees in tree-planting initiatives • Provide financial support for proactive tree removal
<i>Changing habitat suitability for species/diseases</i>	<ul style="list-style-type: none"> • Increased exposure and health impacts of county employees and residents to vector-borne diseases 	<ul style="list-style-type: none"> • Increase monitoring of changing species and health risks • Prepare and train county employees on precautions and safety regarding biological hazards, including vector-borne disease • Provide information and outreach to increase awareness and reduce the impacts of disease-carrying species
<i>Accessibility and mobility challenges for vulnerable populations</i>	<ul style="list-style-type: none"> • Access to critical lifeline services during and after extreme events and emergencies, especially for the most vulnerable residents 	<ul style="list-style-type: none"> • Identify local community shelters in the most vulnerable communities • Increase access to public transportation services, especially in rural communities

Infectious Disease Vectors

As noted in Figure 60, as the climate changes, we can expect a shift in the region's ecosystem. Species that currently exist here may find the area less hospitable or may be affected by diseases that take hold due to environmental conditions. Certain disease vectors, such as the *Aedes* mosquito species that are typically found in warmer climates, are already expanding their habitats northward. While they have not reached WNY yet, ongoing surveillance of these species and the pathogens they may transmit is important for public health preparedness (65).

Mosquitoes

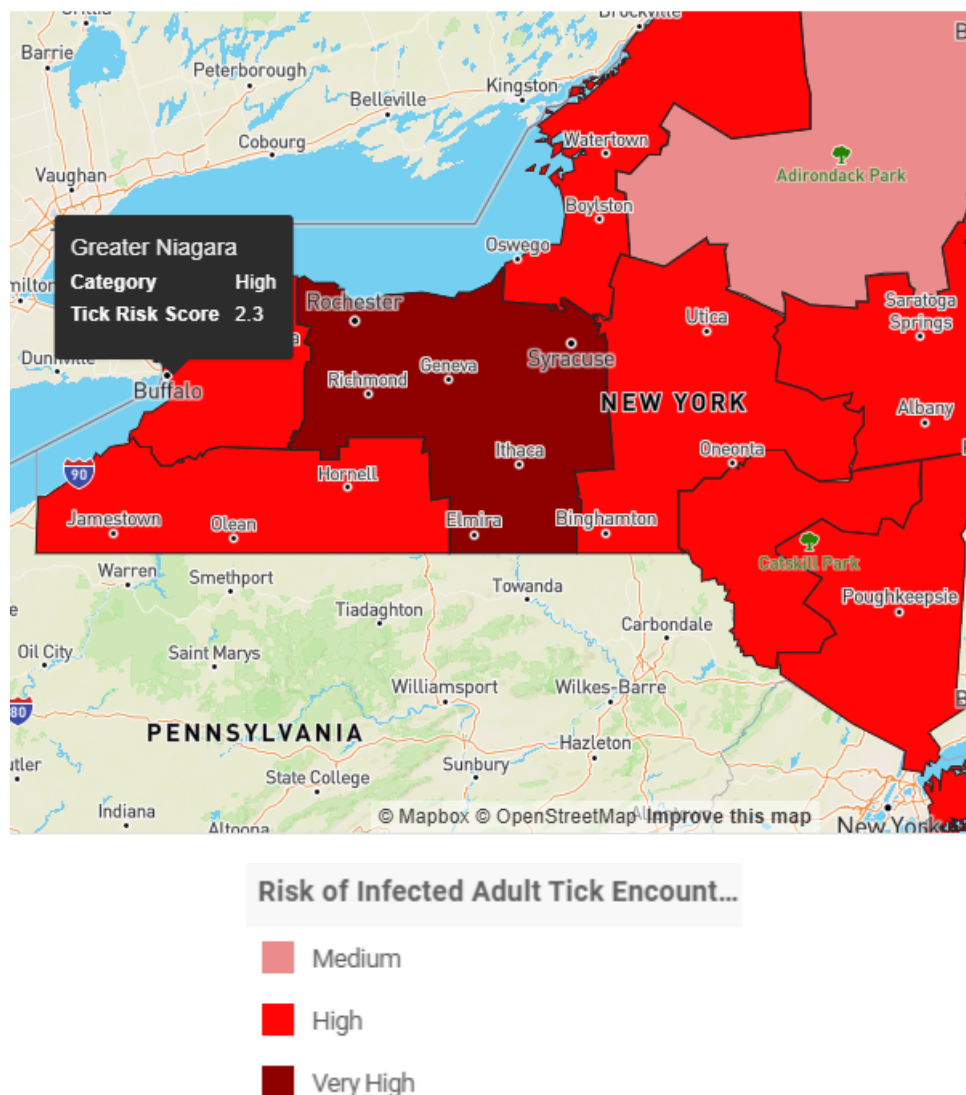
While reports of locally acquired mosquito-borne illnesses in Erie County are rare, samples of mosquitoes are also tested for human pathogens. These mosquitoes are tested for the pathogens that cause West Nile virus (WNV) and Eastern equine encephalitis virus (EEEV). According to the NYS Year-End Mosquito-Borne Illness reports, WNV has been detected in mosquito pools in Erie

County, while EEEV has been tested for since 2021 but not detected (66). Because specific types of mosquitoes transmit certain diseases, mosquito species are also identified. The species *Aedes albopictus* and *Aedes aegypti* transmit many of the tropical mosquito-borne illnesses such as chikungunya virus, dengue virus, and Zika virus. As the climate warms, their habitats have been expanding northward. To date, no *Aedes aegypti* species have been identified in all of NYS while *Aedes albopictus* have been identified in 5 NYS counties, all downstate (66).

Ticks

A sample of deer ticks are collected from various Erie County sites and tested for certain disease pathogens every year. These diseases include Lyme disease, anaplasmosis, Babesiosis, and Borrelia myamotoi disease. In recent years, roughly half of the adult ticks test positive for the pathogen that causes Lyme Disease and 1-5% test positive for the pathogen that causes Anaplasmosis. The pathogens that cause Babesiosis and Borrelia myamotoi disease have been detected sporadically and at low percentages throughout the past decade (67).

Figure 60: Risk of Infected Tick Encounter by Region



Rabies Vectors

The Erie County Department of Health investigates all reported potential rabies exposures to humans. Rabies is transmitted through an infected animal’s saliva. When a wild animal has potentially exposed a human to its saliva or when an animal (wild or domestic) is exhibiting signs and symptoms of rabies, that animal is tested, whenever possible. Most of the animals that are tested for rabies in Erie County are bats that have been captured in people’s homes. However, a large variety of other mammals have tested positive in Erie County, including wildlife such as raccoons, skunks, and foxes; livestock, such as sheep and cattle; and unvaccinated household pets, such as cats (68). Information about rabid animals in Erie County, including date of reported positive, animal type, and township where the animal was collected can be found on the Erie County Department of Health Division of Environmental Health webpage: [Animals That Tested Positive for Rabies in Erie County | Environmental Health](#) (68).

ACCESS TO HEALTH CARE

Insurance Access

According to the 2023 ACS 1-yr estimates, 97% of the non-institutionalized civilian population in Erie County has health insurance, which is an increase from 93% in 2013 (7). Groups with the highest rates of uninsured residents in Erie County are non-citizens of the U.S. (9.4%) and residents classified as unemployed (12.4%). Higher rates of uninsured residents correlate with lower education attainment. Rates of uninsured residents also vary by census tract (7).

Figure 61: Rates of Uninsured Erie County Residents Ages 26+ by Education Attainment, 2023

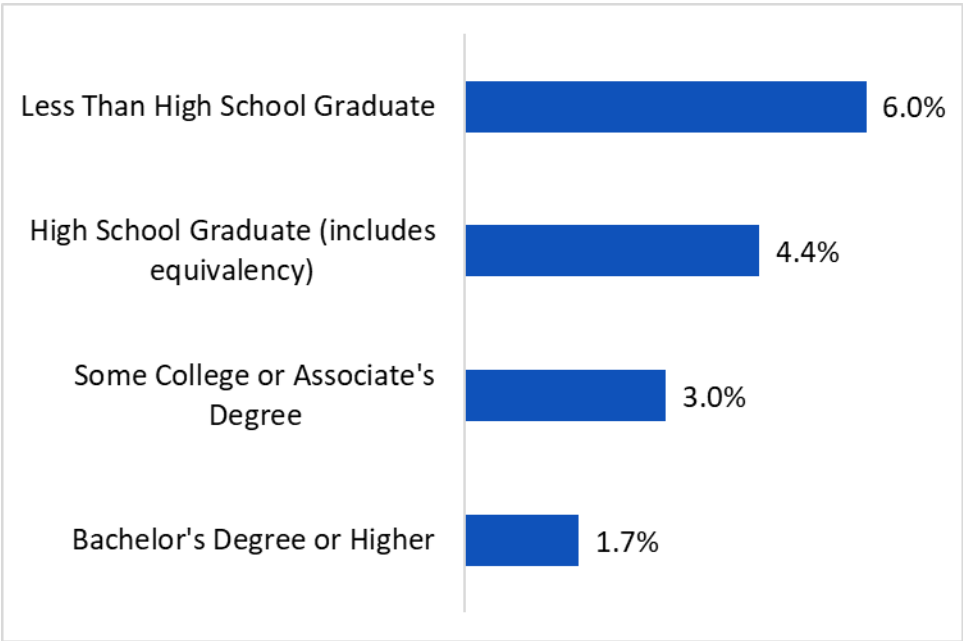
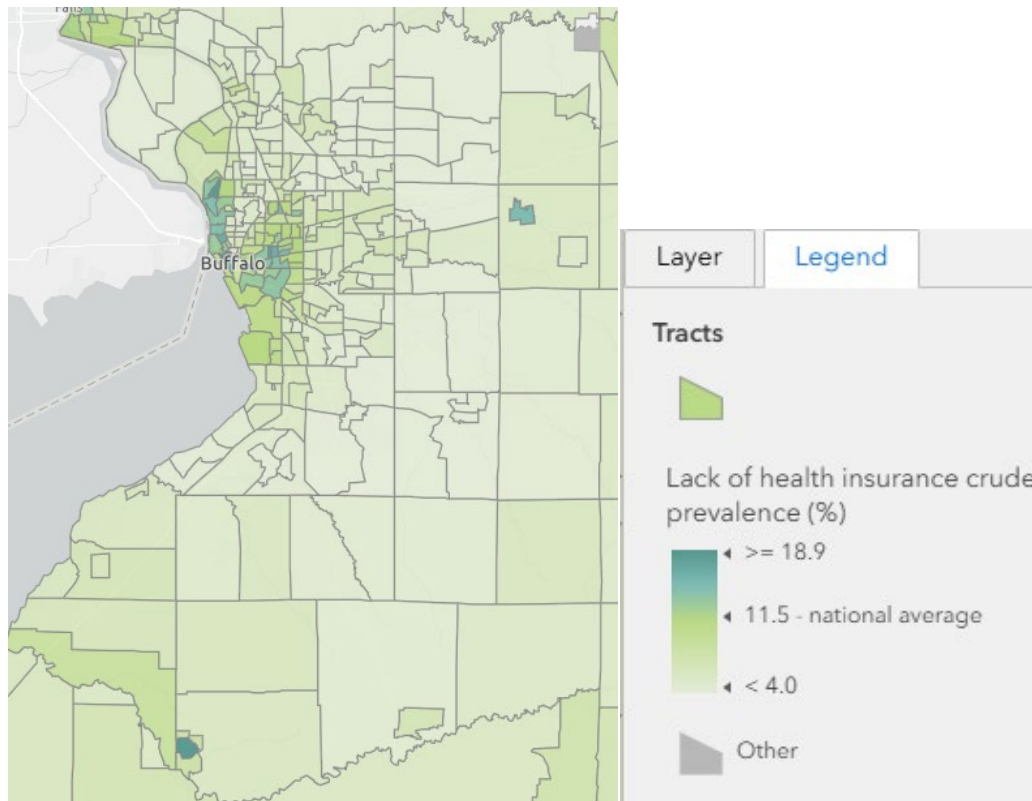


Figure 62: Prevalence of Lack of Health Insurance by Census Tract, 2022



Having health insurance does not guarantee affordability of care, as co-pays and deductibles may be prohibitive for some individuals. Some people may avoid seeking needed care due to these fees.

“Even for those of us who are fortunate enough [to] have a fairly comprehensive health insurance program, there are still unpleasant surprises. You get a new diagnosis in the middle of the year and a new prescription, and it's one of the ones that's advertised all the time or high price and you have a deductible that you had to meet that you didn't have to meet before.”

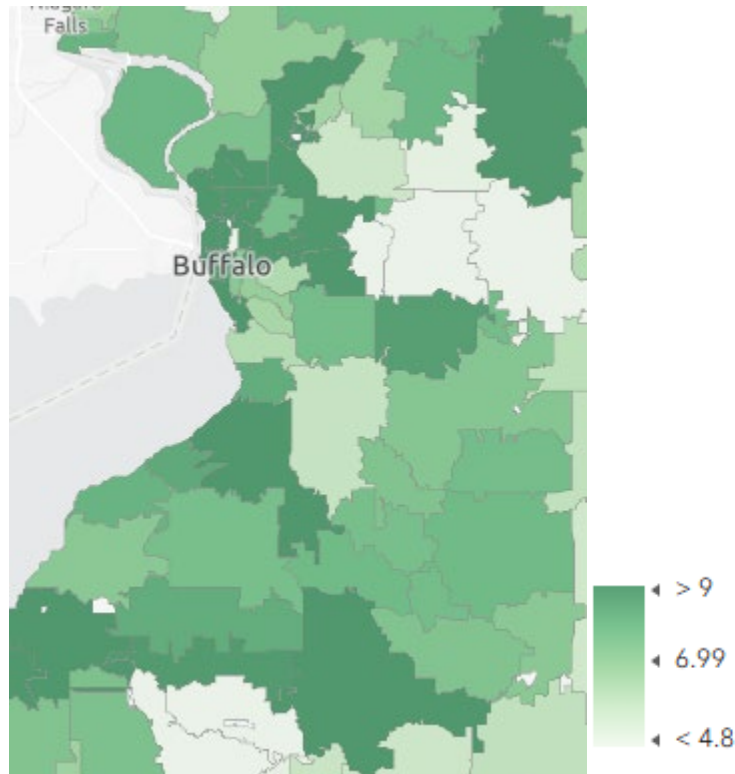
2025 Silver Pride Focus Group

“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 a doctor. [...] [He had] a full-time job, but not enough to afford the health insurance.”

2023 Black East Side Residents Focus Group

In the 2022 ECOHE Health and Wellness Survey, 14% of respondents reported that a lack of adequate health insurance was a challenge to accessing care for themselves and/or their family.

Figure 63: Percent of Adults Who Have Delayed Care Due to Cost per ZIP Code



DISCUSSIONS FROM CHA COMMUNITY RESEARCH

Challenges associated with cost of health care or access to insurance that were discussed in the CHA community focus groups and interviews included:

- Lack of coverage for dental care;
- Insurance hurdles, such as prior authorizations, or lack of coverage for specific types of care;
- High deductibles being prohibitive to accessing care; and
- Lack of awareness of insurance benefits.

Challenges associated with cost of health care or access to insurance that were discussed in the CHA provider interviews included:

- There is a lack of incentives for clinics to provide dentistry or for dental providers to accept Medicaid as dentistry is more expensive to perform, and

Medicaid reimbursement rates do not compensate for that. Therefore, it is often not profitable.

- Poor Medicaid reimbursement leads to a lack of providers for people on Medicaid.
- Some people choose not to get care due to high costs.

“[Unfortunately,] I feel that the help that is offered, is offered too late. [...] A lot of people don’t know about resources until all options are exhausted.”

2025 Health Care Provider Interview

Availability of Care

Access to care is also influenced by availability of care providers. While Erie County has more favorable resident-to-provider ratios than other WNY counties, provider shortages are still a challenge to accessing care for many Erie County residents. This may be due in part to the more severe shortage of providers in surrounding areas, causing residents from those counties to seek care in Erie County (69).

Figure 64: Residents to Health Care Provider Ratios

	Erie County	Cattaraugus County	Wyoming County	Niagara County	New York State	United States
Primary Care Physicians (2021)	1,370:1	2,320:1	2,890:1	2,610:1	1,240:1	1,330:1
Mental Health Providers (2024)	240:1	520:1	380:1	560:1	260:1	300:1
Dentists (2022)	1,210:1	2,180:1	2,090:1	2,070:1	1,200:1	1,360:1

DISCUSSIONS FROM CHA COMMUNITY RESEARCH

Multiple participants in the CHA health care provider interviews and community focus groups discussed the lack of certain types of care in this area. This included:

- Maternal health, particularly in the rural areas;
- Women’s health outside of reproductive care;
- Emergency and inpatient mental health care for children and youth; and
- Dental care, particularly for those on Medicaid.

COMMUNITY HEALTH STATUS

LIFE EXPECTANCY

Life expectancy in Erie County varies by demographics, including census tract and race. The CDC used data from the American Communities Survey (2015 5-yr) and death certificates from 2010-2015 to estimate life expectancy per census tract. Figure 65 is a map of life expectancy estimate ranges for each census tract in Erie County (70). From this map it is apparent that there are significant disparities in life expectancy according to place of residence. There are also significant disparities in premature death by race and ethnicity, as demonstrated in Figure 66.

Figure 65: Life Expectancy by Census Tract, 2010-2015

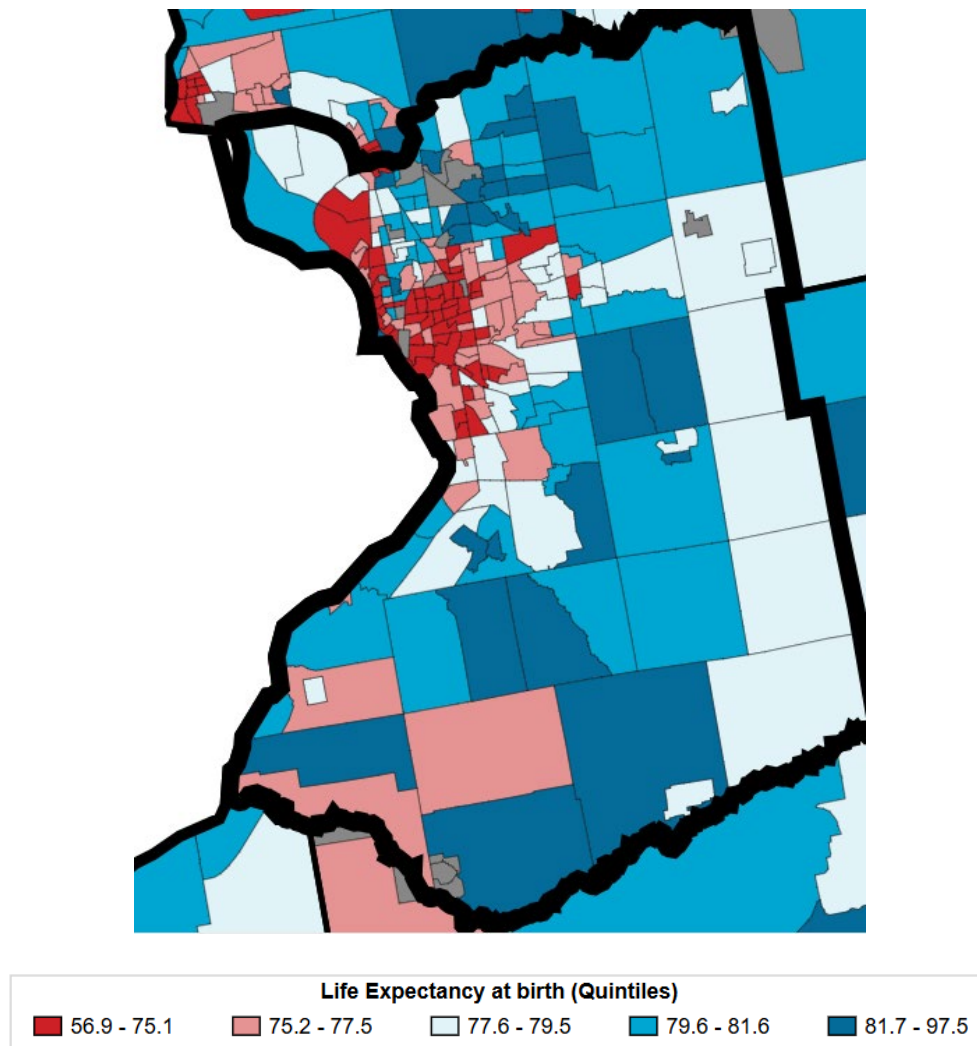
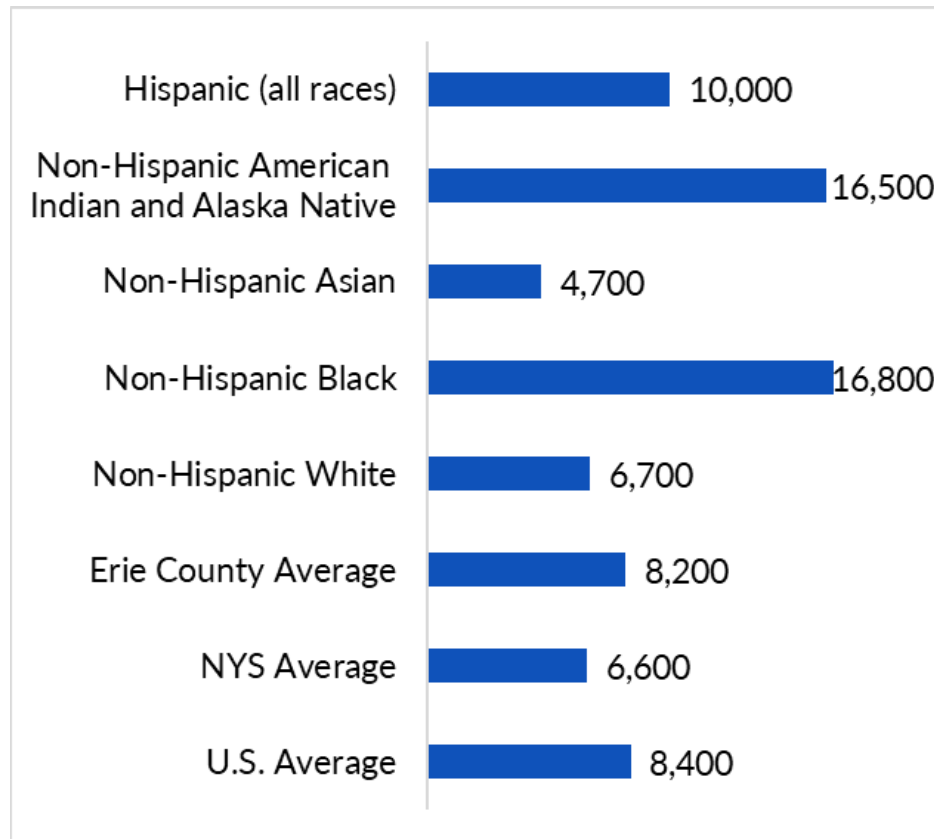


Figure 66: Years of Life Lost Before Age 75 per 100,000 Erie County Residents by Race, 2020-2022



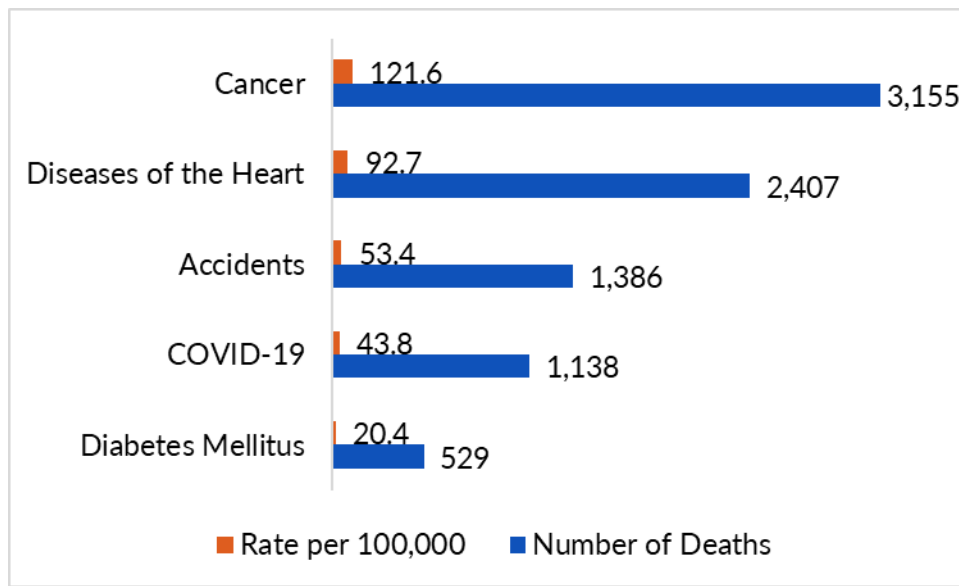
LEADING CAUSES OF DEATH

The overall top 5 leading causes of death (Figure 67) in Erie County have remained fairly consistent over the last decade, though COVID-19 replaced chronic lower respiratory diseases (CLRD) beginning in 2020 (71). COVID-19 death rates peaked in 2021. The top 5 leading causes of death for people under the age of 75 is slightly different, as seen in Figure 68 (69).

Figure 67: Top 5 Leading Causes of Death in Erie County, 2018-2022

	Total Deaths	#1 Cause of Death	#2 Cause of Death	#3 Cause of Death	#4 Cause of Death	#5 Cause of Death
2022	Total Deaths 10,773 846.8 per 100,000	Heart Disease 2,145 163.6 per 100,000	Cancer 1,979 149.2 per 100,000	COVID-19 662 50.3 per 100,000	Unintentional Injury 630 63.2 per 100,000	Cerebrovascular Disease 456 34.7 per 100,000
2021	Total Deaths 10,889 864.9 per 100,000	Heart Disease 2,150 165.8 per 100,000	Cancer 1,906 147.3 per 100,000	COVID-19 1,197 93.2 per 100,000	Unintentional Injury 578 57.5 per 100,000	Cerebrovascular Disease 472 36.1 per 100,000
2020	Total Deaths 11,146 880.4 per 100,000	Heart Disease 2,185 164.8 per 100,000	Cancer 2,039 161.3 per 100,000	COVID-19 1,192 90.3 per 100,000	Unintentional Injury 499 50.8 per 100,000	Cerebrovascular Disease 463 35.9 per 100,000
2019	Total Deaths 9,679 760.0 per 100,003	Heart Disease 2,158 164.9 per 100,000	Cancer 2,037 159.1 per 100,000	CLRD 499 38.9 per 100,000	Cerebrovascular Disease 467 35.4 per 100,000	Unintentional Injury 406 38.8 per 100,000
2018	Total Deaths 9,871 774.2 per 100,000	Heart Disease 2,388 181.1 per 100,000	Cancer 2,053 160.8 per 100,000	CLRD 482 36.6 per 100,000	Cerebrovascular Disease 477 35.6 per 100,000	Unintentional Injury 424 40.8 per 100,000

Figure 68: Leading Cause of Death Under Age 75 in Erie County, 2018-2023

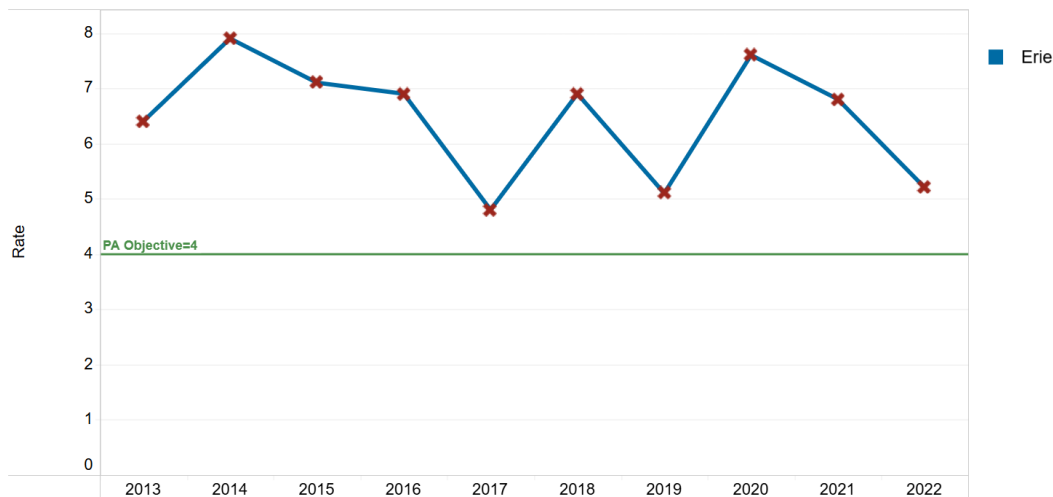


INFANT AND MATERNAL HEALTH

Infant Mortality

The infant mortality rate in Erie County has varied throughout the years but has been consistently higher than the NYS Prevention Agenda objective of no more than 4 infant deaths per 1,000 births. In 2022, the infant mortality rate in Erie County was 5.2 per 1,000 live births while it was 4.7 for NYS (excluding NYC) (72).

Figure 69: Infant Mortality Rates per 1,000 Live Births in Erie County, 2013-2022



Preterm Births

Preterm birth (live birth before 37 completed weeks gestation) increases the risk of infant illness (73). The March of Dimes 2024 Report Card gave Erie County an F for preterm births, citing National Center for Health Statistics natality data from 2023. Within that year, Erie County had the highest preterm birth rate of the metropolitan areas in NYS with 11.5% of live births being preterm. The NYS Prevention Agenda goal is no more than 8.4% (72). This rate has increased over the years, as seen in Figure 70.

Figure 70: Preterm Birth Rate in Erie County, 2016-2023

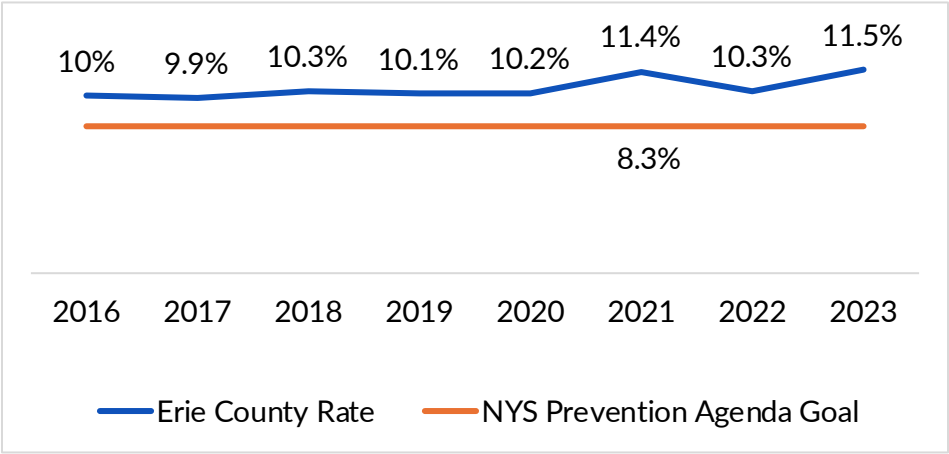
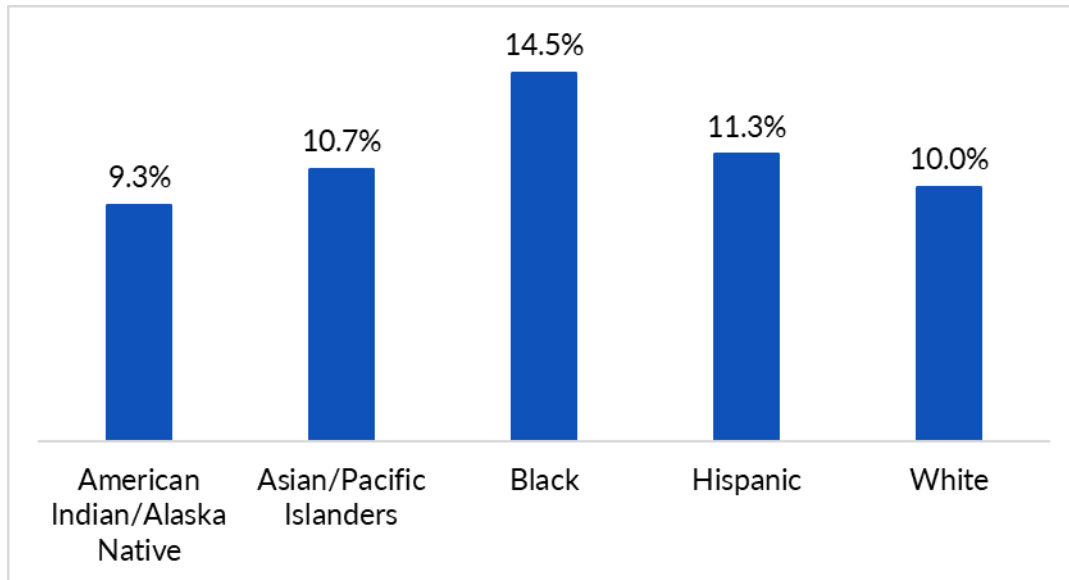


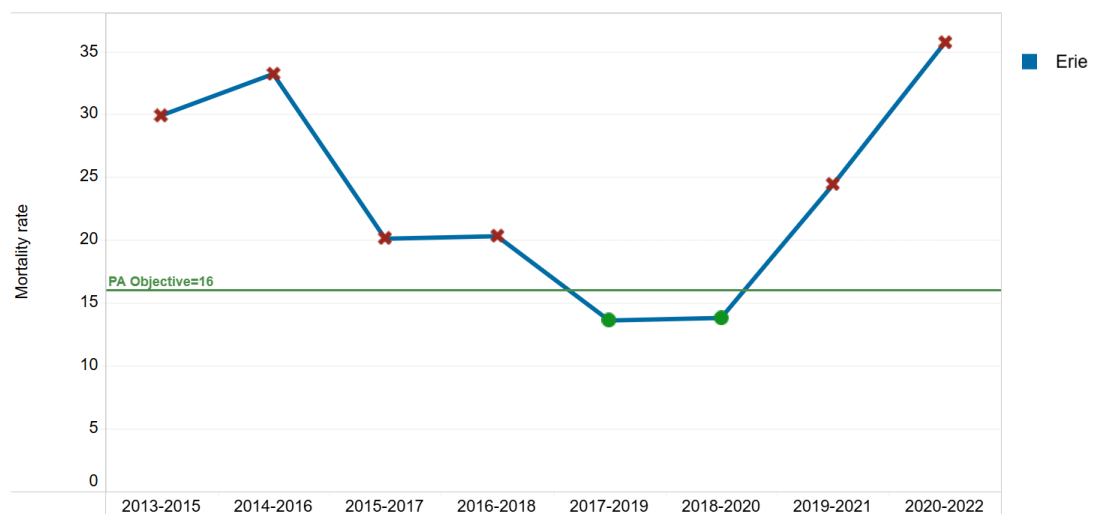
Figure 71: Rates of Preterm Birth by Race in Erie County



Maternal Mortality

The NYS Prevention Agenda goal for maternal mortality is no more than 16 maternal deaths per 100,000 live births (72). In the years 2020-2022, the Erie County rate was well above that at 35.7, while the NYS (excluding NYC) rate was 22.6 (72).

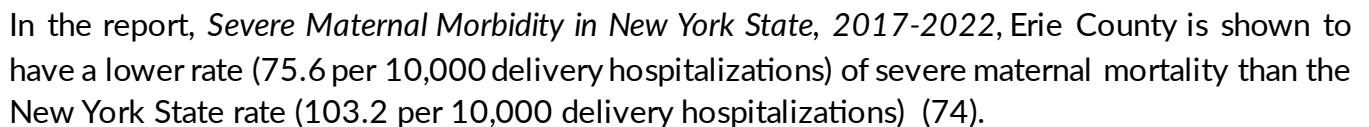
Figure 72: Maternal Mortality Rates per 100,000 Live Births in Erie County



Maternal Morbidity

A report, *Severe Maternal Morbidity in New York State, 2017-2022*, was published in May 2025. The report examined trends and statistics related to life-threatening complications experienced by women living in New York State during those years. The report noted an increase in the rate of these complications between 2008-2022. In 2008, about 1 in 136 birthing people experienced severe maternal morbidity while in 2022, that rate was 1 in 80. This increase was experienced by

Figure 73: Pooled Rate of Severe Morbidity per 10,000 Hospitalizations by Maternal Race and Ethnicity in New York State, 2017-2022



Severe Maternal Morbidity Rate per 10,000 delivery hospitalizations

Legend:

- 40.5 - <86.4
- 86.4 - <94.1
- 94.1 - <106.6
- 106.6 - <128.1
- 128.1 - <214.0
- Suppressed, numerator contains n<11

County Data (Rate per 10,000 delivery hospitalizations):

County	Rate
Albany	82.8
Albany*	82.8
Cattaraugus	76.1
Chemung	87.9
Columbia	88.8
Cortland	62.4
Dutchess	94.1
Delaware	102.4
Franklin	83.7
Herkimer	100.4
Lewis	Suppressed
Madison	81.3
Montgomery	82.0
Nassau	93.2
Putnam	125.1
Saratoga	73.0
Schenectady	78.9
Tioga	Suppressed
Ulster	96.4
Westchester	102.4
Yates	Suppressed
Alexander	Suppressed
Brockport	Suppressed
Broome	82.0
Hamilton	Suppressed
Jefferson	53.1
Livingston	50.2
Orleans	64.8
Oswego	64.8
Rensselaer	91.1
Schoharie	88.4
Seneca	67.0
Stearns	Suppressed
Warren	87.5
Washington	78.1
Wayne	54.9
Wyoming	61.6
Oneida	74.1
Rockland	107.2
Sullivan	213.6
Orange	87.0
Richmond	89.8
Rockland	107.2
Bronx	153.2
New York	107.2
Kings	Suppressed
Queens	102.4
Suffolk	93.6
Clinton	42.7
Essex	Suppressed
Hamilton	Suppressed
Livingston	Suppressed
Monroe	85.6
Ontario	73.1
Seneca	Suppressed
Stearns	Suppressed
Ulster	Suppressed
Warren	Suppressed
Washington	Suppressed
Wayne	Suppressed
Wyoming	Suppressed
Yates	Suppressed
Zenith	Suppressed

84

DISCUSSIONS FROM CHA COMMUNITY RESEARCH

In the 2025 CHA community research, multiple participants discussed how access to care influences reproductive health outcomes.

“Every year we’re losing another hospital in WNY that participates in doing deliveries. So we have entire counties that surround us that have zero places for pregnant people to go to for care. That ends up being an Erie County challenge [...] because those patients then have to come here and that ends up straining our already strained resources.”

CHA Health Care Provider Interview

In 2019, the New York State Doula Pilot Program was launched in Erie County. Participants in this program gave positive reviews with the vast majority indicating that having a doula improved their childbirth experience (75). A report reviewing the pilot program can be viewed here [buffalo_findings.pdf](#). In 2024, the program was expanded to the rest of NYS as New York State Medicaid Benefit for Doula Services. Under this program all NYS Medicaid Members are eligible to receive doula services during pregnancy and up to 12 months after. More about this program can be viewed here: [benefit_overview.pdf](#). A directory of doulas can be found by county here: [New York State Medicaid Fee-for-Service Doula Directory \(76\)](#).

Participants in the 2025 New Mothers CHA focus group discussed the high rates of maternal morbidity and mortality among Black women and expressed a need for more awareness of and access to doulas.

MENTAL HEALTH

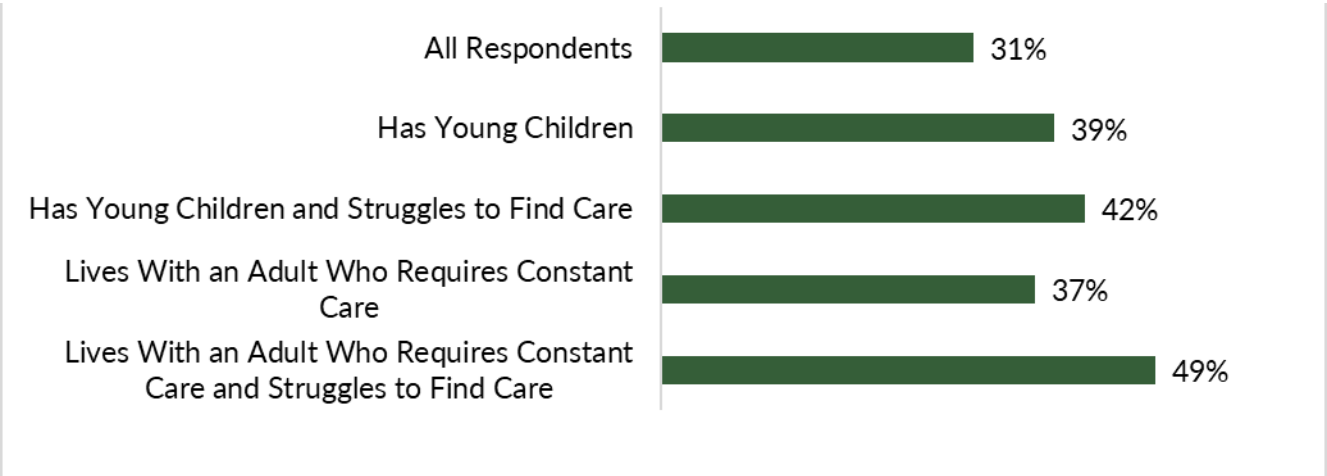
Mental health is an important component of overall well-being and is closely linked to physical health. Mental health can be addressed on a community-level as it is also influenced by SDOH factors, such as housing, social connections, and access to care (77).

From the community research conducted for this CHA, and past data collection by the ECOHE, mental health has emerged as a top concern within the community. Mental health was discussed again and again during both the 2023 ECOHE focus groups and the 2025 CHA focus groups and interviews. Mental health was also ranked #1 as a health issue to focus on in the 2025-2030 CHIP by nearly all demographic groups in the 2025 CHA community survey as well as the health care provider survey.

Mental Health and SDOH Factors

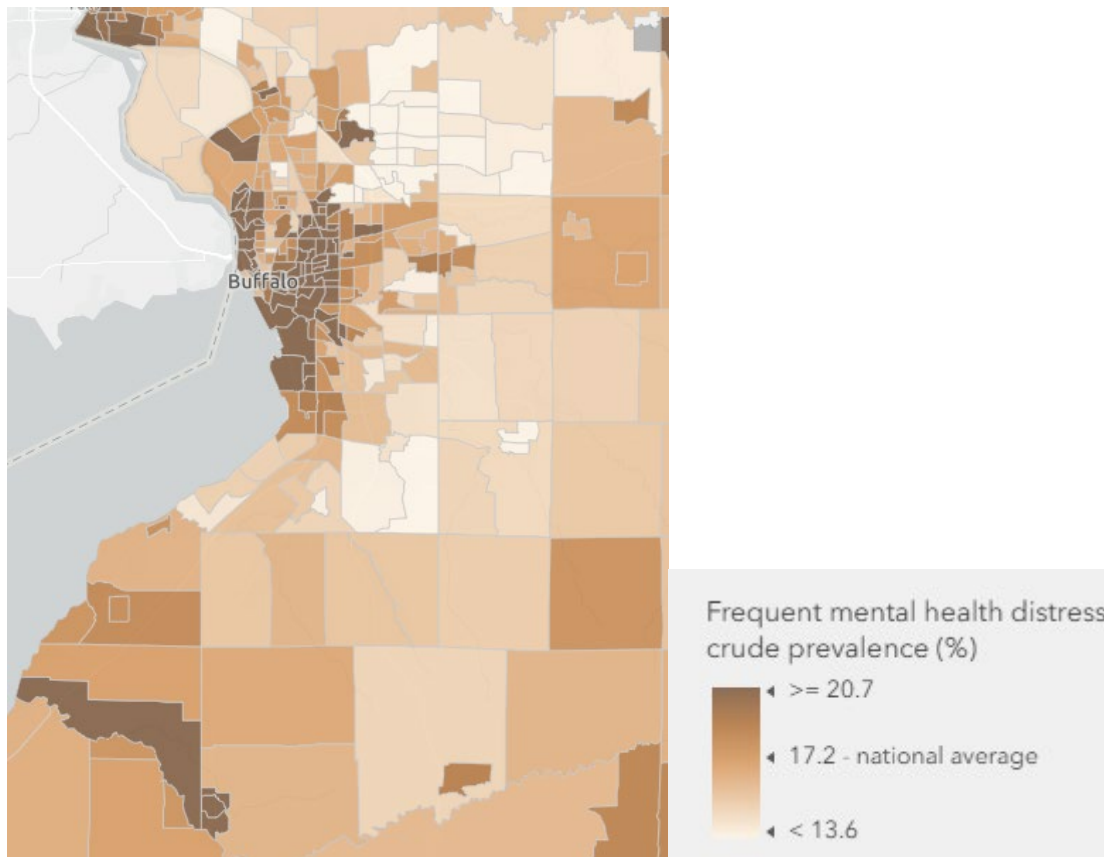
With the 2022 Health and Wellness Survey, the ECOHE explored the correlations between SDOH factors and health outcomes. One example is the relationship between caregiving responsibilities and mental health. Among the survey respondents, those who reported being responsible for young children or living with an adult who requires constant care were more likely to report anxiety or depression than the total pool of respondents. The rate of anxiety or depression in this group was even higher if they reported struggling to find care for these individuals. On a related note, respondents who reported having anxiety or depression, on average, reported less sufficient levels of social support than those who did not report anxiety or depression (14).

Figure 75: Percent of Respondents Who Reported Anxiety or Depression by Caregiver Responsibilities



Geographic areas in Erie County with high rates of chronic diseases and SDOH challenges also have higher rates of poor mental health. Figure 76 shows that in the 2020 or 2021 BRFSS survey, respondents reported experiencing frequent mental distress at higher rates in the East and West Sides of the City of Buffalo and in the southwest area of the County. View more indicators at [PLACES: Local Data for Better Health](#) to further explore the correlations between mental health, physical health, and SDOH factors across geographic areas (10).

Figure 76: Prevalence of Frequent Mental Distress by Census Tract, 2022



DISCUSSIONS FROM CHA COMMUNITY RESEARCH

Discussions about how SDOH factors influence mental health in the CHA Focus groups and interviews included the following:

- Participants from the Rural Southwest focus group discussed that societal issues such as loneliness, isolation, and poverty lead to poor mental health, which often leads to substance use disorders.
- Multiple health care providers discussed that many of their patients experience poor mental health due to living in unsafe neighborhoods.
- Participants in both the health care provider interviews and community focus groups discussed that poor diets can influence mental health.

Youth Mental Health

The *Buffalo Public Schools High School Risk Behavior Survey Report, 2023* shows a slight improvement in mental health indicators since 2021. The 2021 survey results had the most concerning mental health indicators since 2011 (55). This may have been a manifestation of the COVID-19 pandemic. Despite 2023 looking better than 2021, there is much room for improvement on these indicators.

Figure 77: Mental Health Indicators in Buffalo Public Schools, 2021 and 2023

Mental Health Indicators	BPS High School Results			NYS	
	2021	2023	Change	2021	Difference
Felt sad or hopeless	36.3%	32.8%	↓	33.3%	
Seriously considered attempting suicide	15.3%	13.0%	↓	16.8%	↓
Made a plan about how they would attempt suicide	12.7%	10.6%	↓	*	
Attempted suicide	11.3%	9.2%	↓	9.6%	
Has a suicide attempt that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse	3.1%	3.2%		3.1%	
Recently had poor mental health	54.7%	54.5%		*	
Has had serious difficulty concentrating, remembering, or making decisions	39.5%	36.2%	↓	*	

Green arrows (↓) indicate a statistically significant decrease. Indicators with no significant differences are blank in the table.

DISCUSSIONS FROM CHA COMMUNITY RESEARCH

In the 2025 CHA community research interviews and focus groups, participants discussed the value of using schools to reach children and youth struggling with mental health.

“We can train kids in schools around mental health.”

CYSHCN Family Interview

“It would be nice if schools started implementing something concerning mental health to be able to identify when children are dealing with mental health issues and not being written off as [having] behavioral issues. To have someone to advocate for these children rather than pacify them, stating that they have something which may be misdiagnosed.”

New and Expectant Mothers Focus Group

DISCUSSIONS FROM CHA COMMUNITY RESEARCH

Perspectives on youth mental health from health care providers:

One pediatric health care provider interviewed as part of the CHA community research discussed the severe lack of appropriate and available inpatient and emergency mental health care for children and youth.

Another pediatric health care provider noted that there is a lack of pediatric mental health providers who will treat patients with developmental disabilities due to lack of training and competence in this area as well as complicated logistics.

Figure 78 includes two maps developed by the Buffalo State Center for Health and Social Research displaying availability of mental health treatment programs. These maps show significant variability in presence of general mental health treatment programs per region while there is a lack of *emergency* mental health care in most regions of the county (78). The Center for Health and Social Research's full 2023 report, *Erie County Mental Health Treatment Gaps and Barriers Analysis* can be read here: [MH_RIDB_Tx_Gaps_2023_Final.pdf](#) (78).

While the ratio of mental health providers to residents appears to be more favorable in Erie County than the rest of NYS and the United States, with respective ratios of 240:1, 260:1, and 300:1, community members have expressed challenges in accessing mental health care (69).

DISCUSSIONS FROM CHA COMMUNITY RESEARCH

Discussions about accessing care in the CHA focus groups and interviews included the following points:

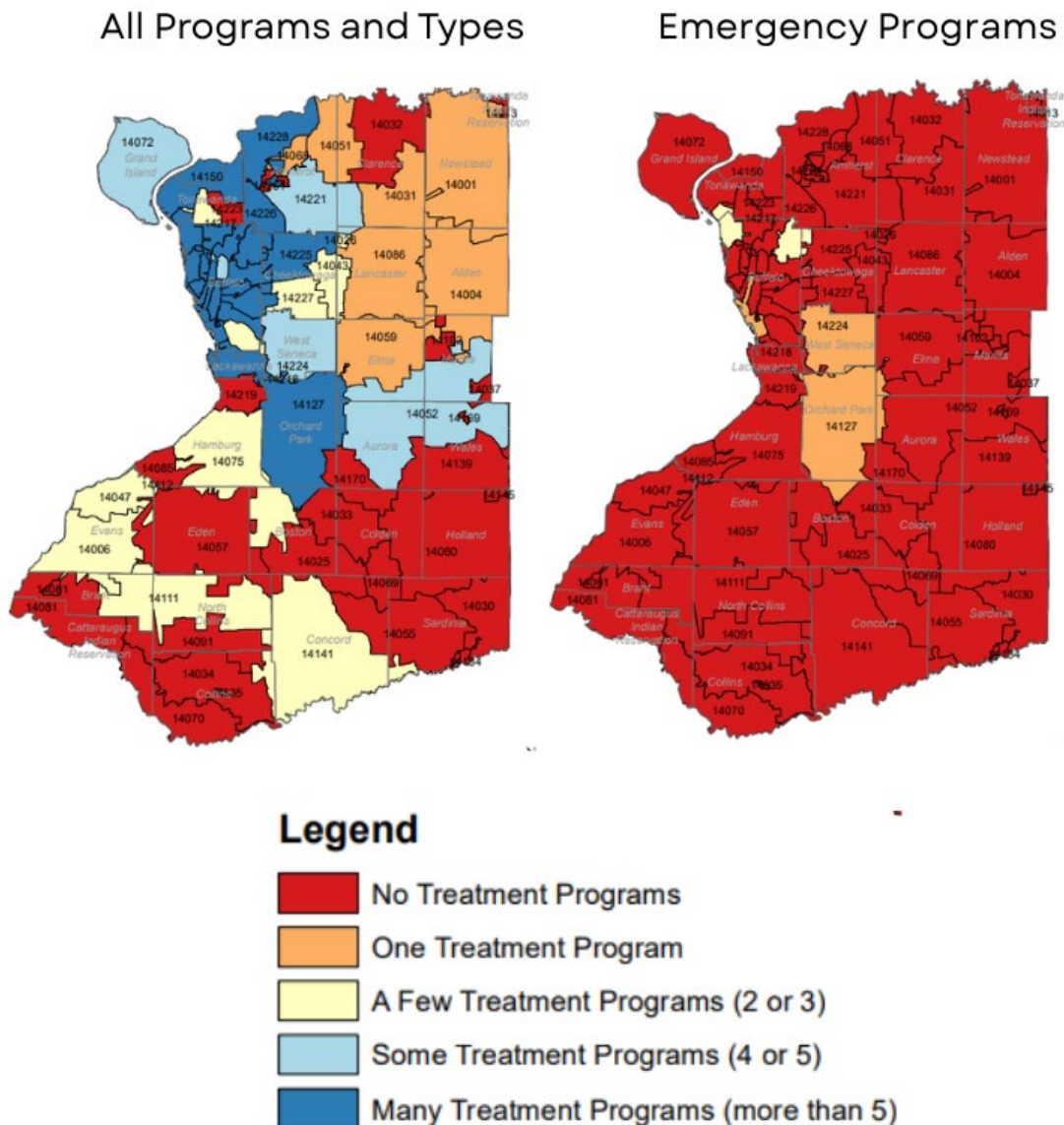
- A participant from the Rural Southwest focus group discussed that while there are several programs available to treat mental health, residents are not accessing them due to lack of awareness of these programs.
- Several participants across focus groups discussed a lack of counselors or long waitlists for counselors.
- Health care providers as well as community members discussed how the cost of mental health care and inadequate insurance are barriers for many seeking care.
- Several health care providers in addition to multiple community members noted stigma as a barrier to seeking mental health care.

DISCUSSIONS FROM CHA COMMUNITY RESEARCH

Culturally, it's seen as like a sign of weakness, and we should hide our mental health and then it doesn't come up until it's [a] crisis."

Health Care Provider Interview

Figure 78: Erie County Mental Health Treatment Programs per ZIP Code, 2023



SUBSTANCE USE DISORDERS

Substance use disorders are often associated with mental health disorders.

Multiple participants in both the CHA community focus groups and health care provider interviews discussed that people resort to using dangerous substances as a coping mechanism. More specifically, participants in the Rural Southwest focus group discussed that SDOH challenges and lack of recreational opportunities increase the risk of substance use. A participant in the health care provider interviews noted that more social workers are needed in hospitals to coordinate treatment and supports for people with substance use disorders.

Substance use disorders affect people of all demographics and in all walks of life. While substance use disorders are not new, new trends are observed from year to year. These changes include shifts in demographics affected by substance use disorders, changes in which substances are being used, and the composition and potency of these substances. It is important to monitor these trends for public health efforts to effectively respond.

Overdoses

The Erie County Office of Harm Reduction tracks data from overdose deaths in Erie County, including demographics of overdose victims and substances detected in overdoses. A publicly accessible dashboard is maintained by the office on the Erie County Department of Health website. This dashboard can be viewed at <https://www3.erie.gov/health/harm-reduction-data>. Below is a snapshot of this data.

Almost every day, someone in Erie County dies from an overdose. Fortunately, deaths declined steadily from August 2024 through May 2025. As of June 2025, there were about 25 overdose deaths per month, down from nearly 37 overdose deaths per month in January 2024. For several years, the majority of overdose deaths in Erie County have involved fentanyl, cocaine, or both. Fentanyl, a potent opioid, was detected in 87% of opioid-related deaths from 2019 to 2025. Deaths related to cocaine and other substances increased significantly in 2025 (80). The rate of drug overdose death in Erie County (34 per 100,000 population) is higher than the NYS rate (29 per 100,000 population) and the United States rate (31 per 100,000 population) (69).

Figure 79: Erie County Monthly Overdose Deaths, 12 Month Moving Average

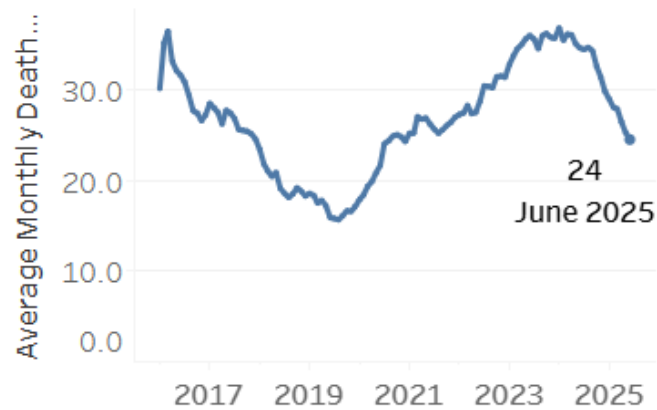
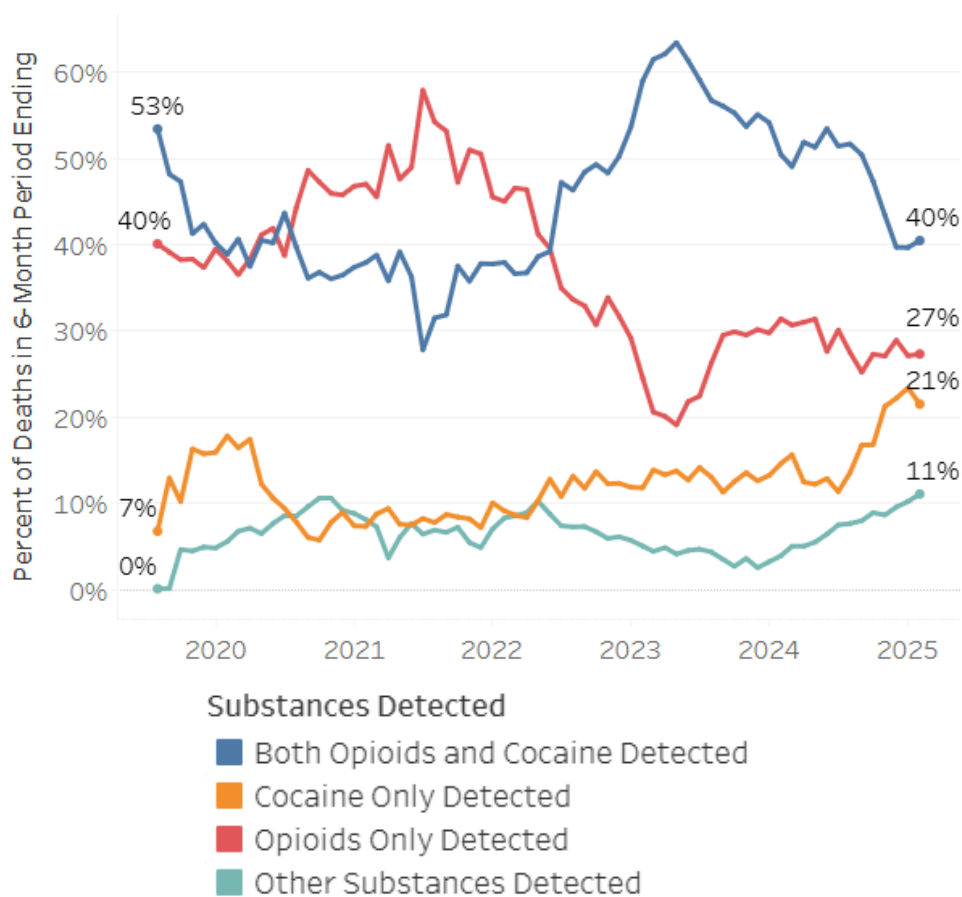


Figure 80: Substances Detected During Overdose Death Investigations, 6-Month Average
Percent



Overdoses happen to people of all ages and races. The Black community is disproportionately impacted by overdoses, experiencing 26.1% of overdose deaths between June 2024 and June 2025 while the 2023 ACS estimates that about 12.6% of people in Erie County are Black (7). The risk of dying from an overdose increases with age. Beginning in 2023, there was a significant increase in overdoses among people age 50 and older, which continued through 2024. While the

highest concentration of overdoses occurs in the City of Buffalo, there are instances in the suburban and rural areas as well.

Figure 81: Age Range of Confirmed and Probable Overdose Deaths, June 2024-May 2025

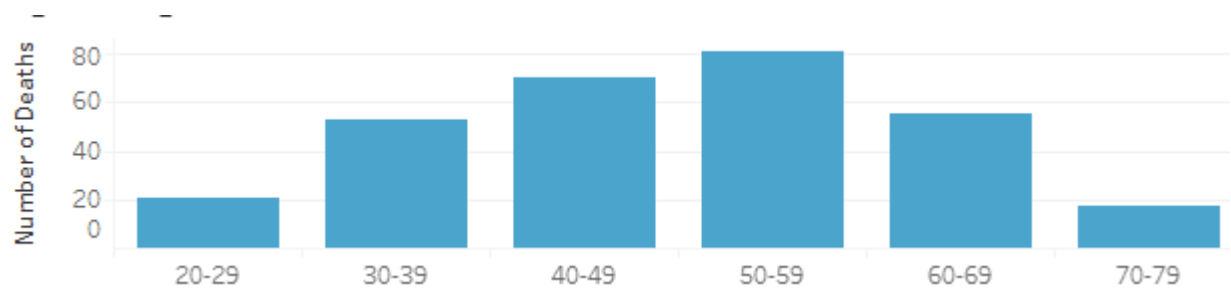
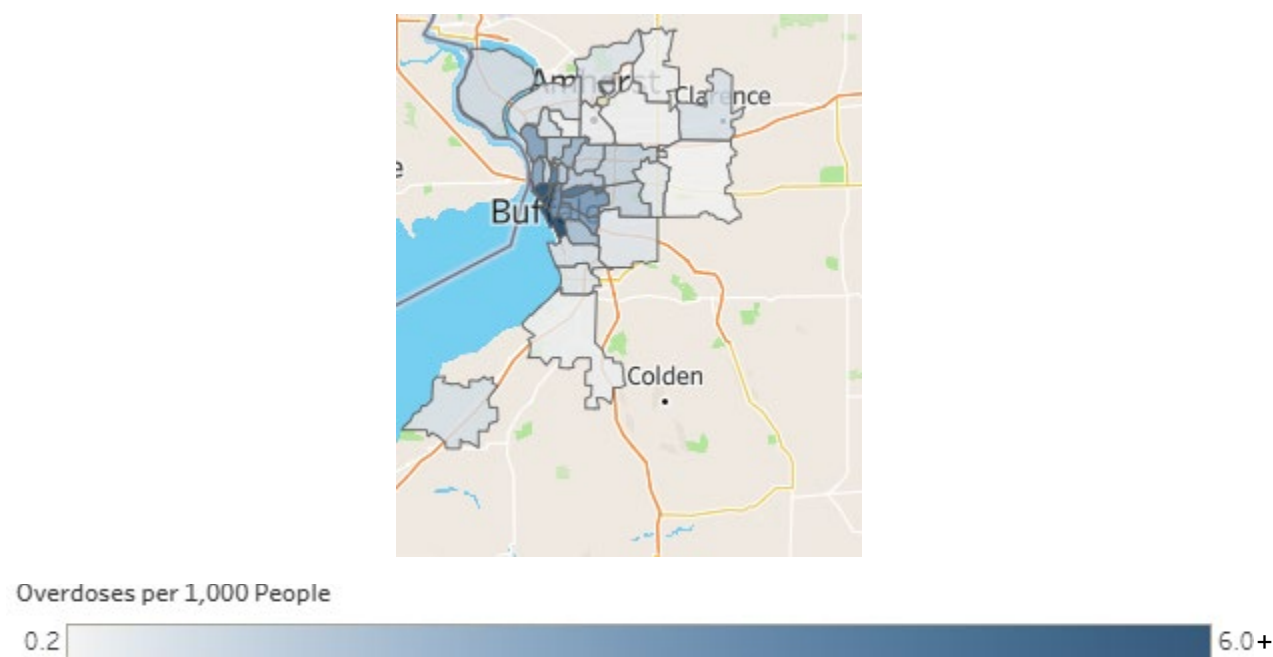


Figure 82: Reported Overdose Rate per 1,000 Residents per ZIP Code, August 2024-July 2025



**Note that ZIP codes 14201 (6.9) and 14203 (15.2) have overdose rates above the upper limit of the legend.*

Alcohol Use

Alcohol use can have both short-term effects, such as injuries, violence, and alcohol poisoning, and long-term effects, such as increasing chronic disease risk, cognitive complications, and social challenges (81).

As demonstrated in Figure 83, results from the 2021/2022 BRFSS revealed a high prevalence of binge drinking in urban, suburban, and rural areas alike. However, pockets within these areas, such as the East Side of Buffalo, reported lower prevalence. The percent of adults who report binge drinking is higher in Erie County than in the whole of NYS as well as the nation at large (69) (10). Results from the YRBS show that the percentage of students in Buffalo Public Schools who report using alcohol is decreasing (55) (82).

Figure 83: Prevalence of Binge Drinking by Census Tract, 2022

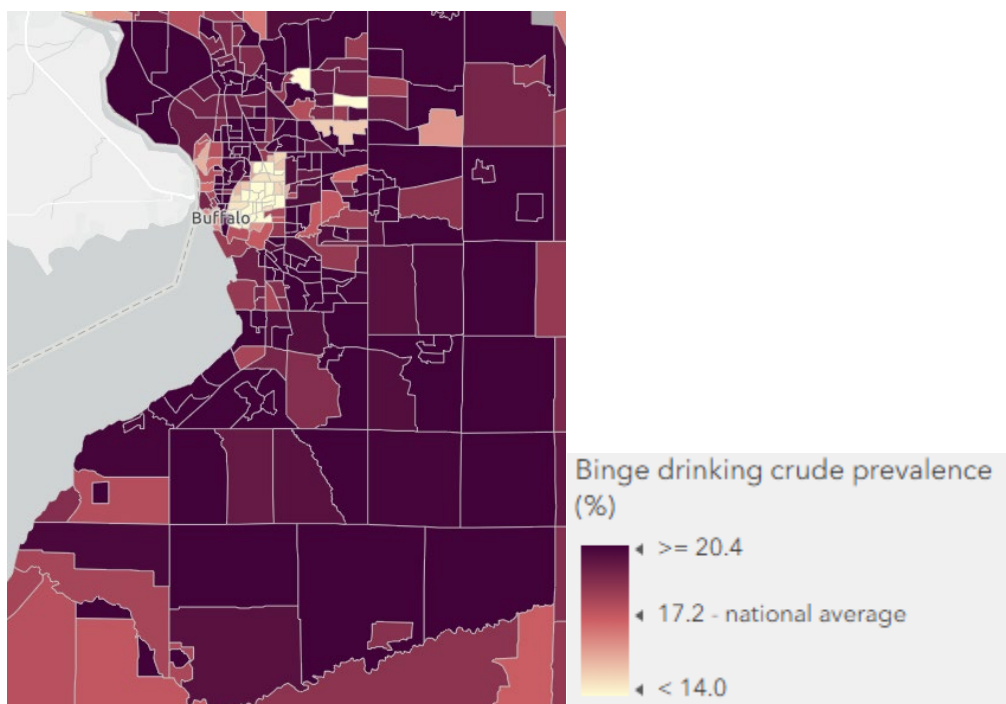


Figure 84: Alcohol Indicators by County, State, and Nation, 2022

Alcohol Indicators	Erie County	New York State	United States
Percent of adults reporting binge drinking	23%	20%	19%
Percent of driving deaths with alcohol involvement	25%	22%	26%

Figure 85: Alcohol Use in Buffalo Public Schools (High Schools)

Alcohol Use Indicators	2017	2019	2021	2023
Drank Alcohol for the first time before age 13	12.8%	10.6%	8.6%	8.3%
Ever drank alcohol	36.7%	27.5%	*	*
Recently drank alcohol	15.7%	11.6%	10.1%	8.4%
Recently engaged in binge drinking	7.6%	4.9%	3.7%	3.2%
Recently had 10 or more drinks in a row	1.9%	1.4%	.8%	.9%
Usually got the alcohol they drank from someone else	38.8%	37.8%	31.9%	30.5%

*Not available

A participant in the health care provider interviews noted that alcohol is an underlying risk factor for chronic conditions such as liver disease and obesity and that there is a common misunderstanding of what moderate alcohol use is. This provider stated that this is an important issue in Erie County that is difficult for primary care providers to address with their patient

during brief medical appointments.

Tobacco Use

Figure 86 demonstrates that tobacco use varies significantly across geographic regions in Erie County, with the highest prevalence being in the East Side and West Side of Buffalo and the southern rural areas of the county (10). On average, the adult smoking rate is higher in Erie County than it is in NYS and the United States (69). Tobacco smoking has been trending downward in Buffalo Public School students since 2017. However, students are reporting more use electronic vapor tobacco products than cigarettes and some indicators show that use of these vapor products is increasing (82) (55).

Figure 86: Adult Smoking Prevalence per Census Tract, 2022

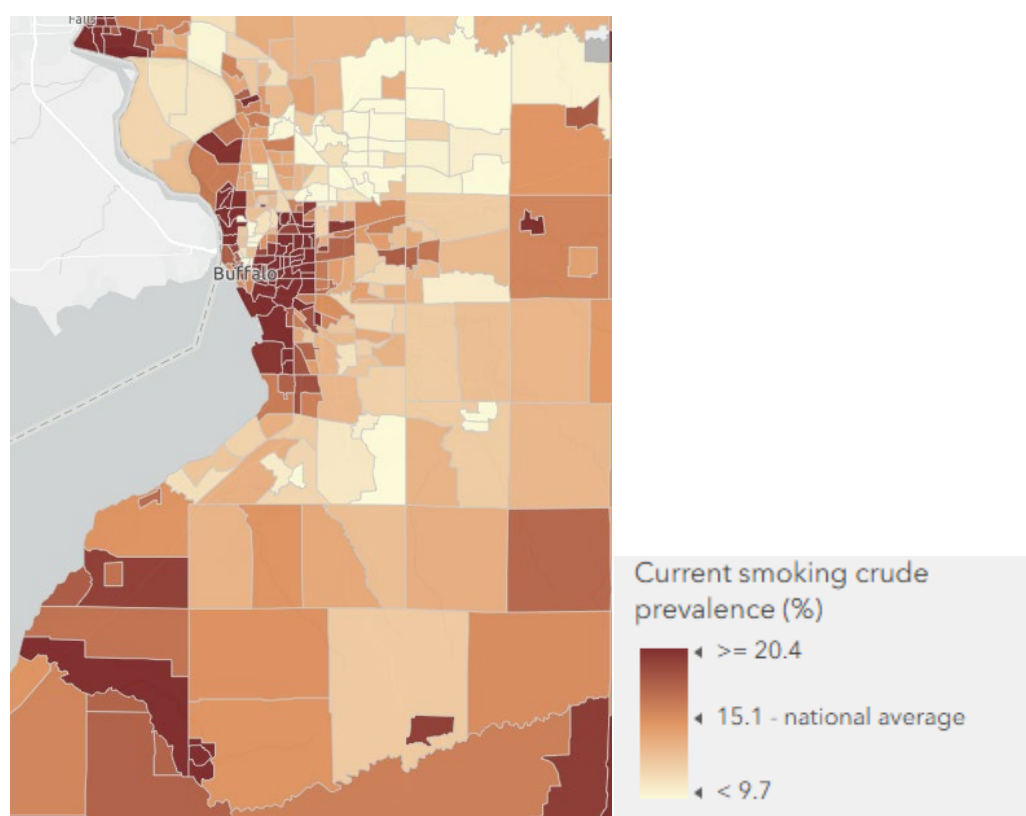


Figure 87: Adult Smoking Rates by County, State, and Nation, 2022

	Erie County	New York State	United States
Adult Cigarette Smoking	16%	12%	13%

Figure 88: Tobacco Use in Buffalo Public Schools (High Schools)

Tobacco Use Indicators	2017	2019	2021	2023
Ever tried cigarette smoking	16.2%	12.5%	9.9%	10.3%
Tried Smoking before age 13	7.2%	5.9%	4.8%	5.1%
Recently smoked cigarettes	4.1%	3.4%	2.3%	1.6%
Smoked more than 10 cigarettes per day	16.7%	22.0%	25.8%	24.5%
Ever used an electronic vapor product	28.3%	27.9%	24.7%	25.6%
Recently used an electronic vapor product	7.4%	7.2%	9.7%	9.1%
Usually got their own electronic vapor products by buying them in a store	*	16.9%	38.0%	36.8%
Recently used smokeless tobacco	3.0%	2.9%	2.2%	2.5%
Recently smoked cigars	5.4%	4.8%	2.7%	2.9%

*Not available

Participants in the CYSHCN family interviews discussed their personal challenges with tobacco use, noting that it leads to many health problems and is difficult to quit. One participant noted that some types of health insurance do not cover the resources needed to quit and felt that a support group for smokers could be helpful.

Cannabis Use

In March 2021, the Cannabis Law was signed, legalizing adult use of cannabis (with certain parameters) in New York State (83). While it is legal in NYS, cannabis use is not without risks. Risks include lung irritation and decreased mental ability. Driving under the influence of cannabis is illegal as it compromises cognitive and motor coordination. The presence of cannabis, particularly edibles, puts children at risk of poisoning (84). Despite the legalization for adults, reported cannabis use in Buffalo Public Schools decreased from 2017-2023 in the YRBS Surveys (55) (82).

However, multiple participants in the health care provider interviews noted that in recent years, young people seem to be using cannabis more than alcohol. An emergency care physician noted that emergency departments are treating a lot of young people with cannabis-induced hyperemesis as well as toddlers with THC poisoning who have consumed THC (cannabis) gummies.

Figure 89: Cannabis Use in Buffalo Public Schools (High Schools)

Cannabis/Marijuana Use Indicators	2017	2019	2021	2023
Ever used marijuana	30.8%	29.1%	23.1%	22.2%
Tried marijuana for the first time before age 13	8.9%	7.0%	4.8%	5.1%
Recently used marijuana	19.9%	19.1%	14.9%	14.8%
Ever used synthetic marijuana	5.1%	5.9%	*	*

**Not available*

Harm Reduction

Bridge Erie to Harm Reduction is a new learning collaborative designed to meet the evolving challenges of the drug and opioid epidemics. Replacing the Erie County Overdose Prevention Task Force after nearly a decade of service, this initiative represents a renewed commitment to saving lives and supporting communities.

This new model for collaboration and coordination will be driven by local and national data and trends. Bridge Erie to Harm Reduction will focus on reducing overdose risk, connecting people who use drugs to care, expanding public education, and building infrastructure across the continuum of prevention, treatment, and recovery. The program emphasizes equity and the inclusion of voices with lived and living experience. For more information visit the website [Bridge Erie to Harm Reduction | Erie County Dept of Health](#).



The Erie County Office of Harm Reduction also runs several programs with the goal of minimizing substance-associated morbidity and mortality. These programs include:

- **Peer Navigation Treatment and Support:** People with lived experience support the health and recovery of those at risk or affected by substance use disorder, HIV/AIDS, and other barriers.
- **Naloxone (Narcan) Access & Training:** The ECDOH offers free in-person and virtual naloxone training. Participants receive a certificate of completion in opioid overdose prevention and an emergency kit with two doses of naloxone. The Office of Harm Reduction also has other harm reduction supplies like fentanyl and xylazine test strips and many resources.
- **Medication Disposal & Needle Access/Disposal:** The Office of Harm Reduction provides information on where residents can safely dispose of old syringes and medications and obtain clean syringes, with the goal of preventing transmission of blood-borne illnesses.

Chemical Dependency Treatment

In 2023, the SUNY Buffalo State Center for Health & Social Research published a report, *Erie County Chemical Dependency Treatment Gaps and Barriers Analysis* (read the full report here: [CD_RIDB_Tx_Gaps_2023.pdf](#) (78)). Below is a sample of their findings.

- *Many ZIP codes in Erie County do not contain any type of treatment program, particularly in the rural eastern and southwestern portions of the county. However, the City of Buffalo and first ring suburbs have a substantial allocation of programming, with a majority having at least one program.*
- *Crisis and inpatient programs are found primarily within the City of Buffalo while opioid programs are within the City of Buffalo and two suburban locations (Orchard Park and Amherst).*
- *Outpatient programs are the most prevalent type of program in the county, though coverage is still lacking in the eastern and southwestern portions of the county. There is intermittent coverage in the city, with programs primarily available in the West Side, parts of the East Side, and South Buffalo. Overall, first ring suburbs have alignment of programs, but there are notable locations that lack any programs including Lancaster and Hamburg.*
- *Residential programs are generally concentrated in the city, but programs are also available in West Seneca and Eden.*

-Erie County Chemical Dependency Treatment Gaps and Barriers Analysis (78)

DENTAL HEALTH

Access to Dental Care

Oral hygiene and preventative care are important to maintaining good health. While regular preventative visits to the dentist are encouraged, the American Dental Association does not

recommend any specific frequency of visits as dental needs vary from person to person. In general, it is good practice for people with good oral health to visit the dentist at least once a year. Dentists may recommend two or more preventative visits per year for individuals based on their specific risk factors (85).

Between 2014 and 2023, on average, fewer than half of Medicaid enrollees ages 2-20 years old in Erie County had at least one preventative dental visit within the last year (72). A provision in New York State Bill. No. A02341 has been proposed to authorize a licensed dental hygienist, in collaboration with a licensed dentist, to provide essential, preventive, dental treatment in non-traditional settings, such as schools and community centers (86). This change in policy could allow for better access to needed dental care.

DISCUSSIONS FROM CHA COMMUNITY RESEARCH

Access to dental care was discussed as a challenge in multiple focus groups and interviews during the 2025 CHA community research.

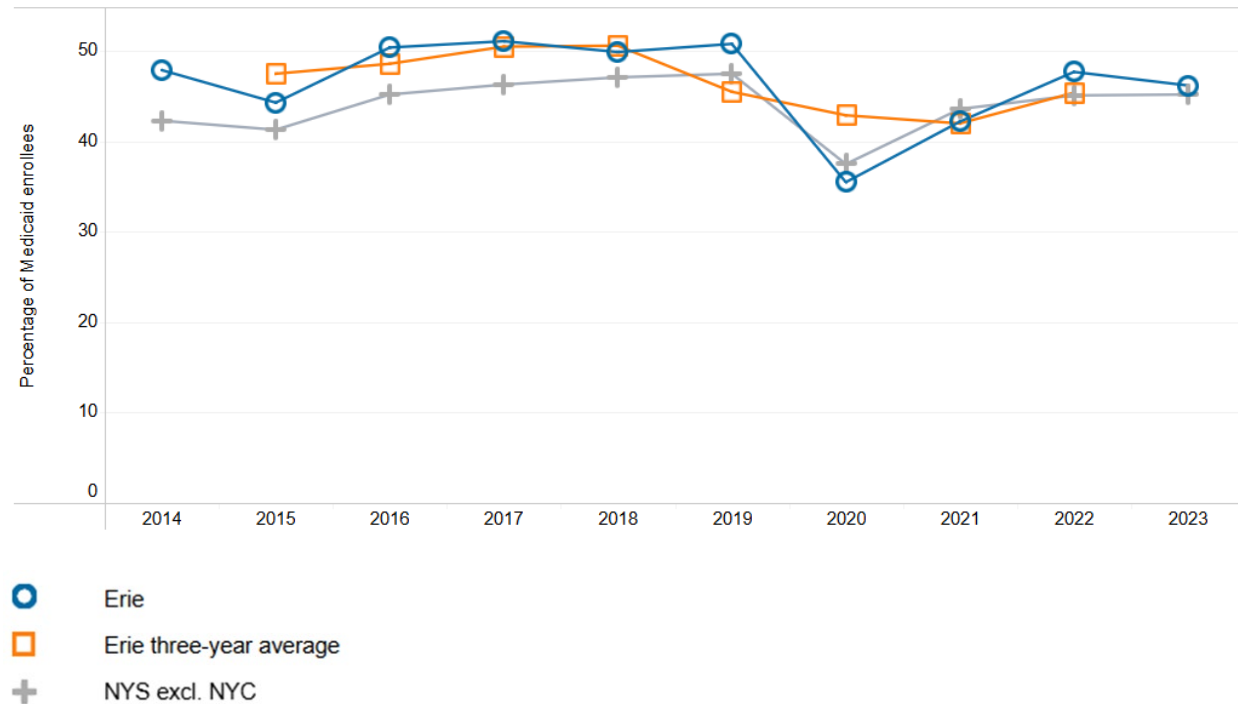
From community members:

- Accessing dental care is a challenge due to insufficient insurance and challenges in getting to appointments due to lack of transportation and/or scheduling conflicts.
- The Rural Southwest focus group noted a lack of dental services in the area.
 - Some pediatric dental services that used to be available have moved out of the area.
 - There have been some successful school-based dental services that are at risk of losing their funding.
 - Kids are ending up in emergency departments needing a higher level of care due to lack of preventative care.

From health care providers:

- Dentistry is more costly to perform than most other types of care, but Medicaid reimbursements do not compensate for that.
 - Between low Medicaid reimbursements and missed appointments by patients, Medicaid-accepting dental providers are making minimal if any profit.
 - Thus, there is a shortage of dentists that accept Medicaid.
- Some children with special needs require sedation for dental procedures. There are not many timeslots available to provide that, so the patients may be waiting up to a year for interventions for serious issues.

Figure 90: Percentage of Medicaid Enrollees Ages 2-20 With at Least One Preventive Dental Visit Within the Last Year in Erie County



Other Dental Risk Factors

In the 2023 YRBS survey, 38.1% of high school age students and 41.8% of middle school age students in Buffalo Public Schools reported that they do not brush their teeth every day (55) (87).

Participants in the Rural Southwest focus group noted that some rural families are not connected to fluoridated sources of water because they use well water.

Notably, in 2015 the City of Buffalo stopped fluoridating water until 2024, following public scrutiny (88).

Dental Health Outcomes

As seen in Figure 91, children 3-5 years old in Erie County had a significantly higher rate of dental caries treated in outpatient visits from 2016-2022 than the rest of NYS (excluding NYC) (18).

Figure 91: Caries Outpatient Visit Rate per 10,000- Aged 3-5 Years, Erie County

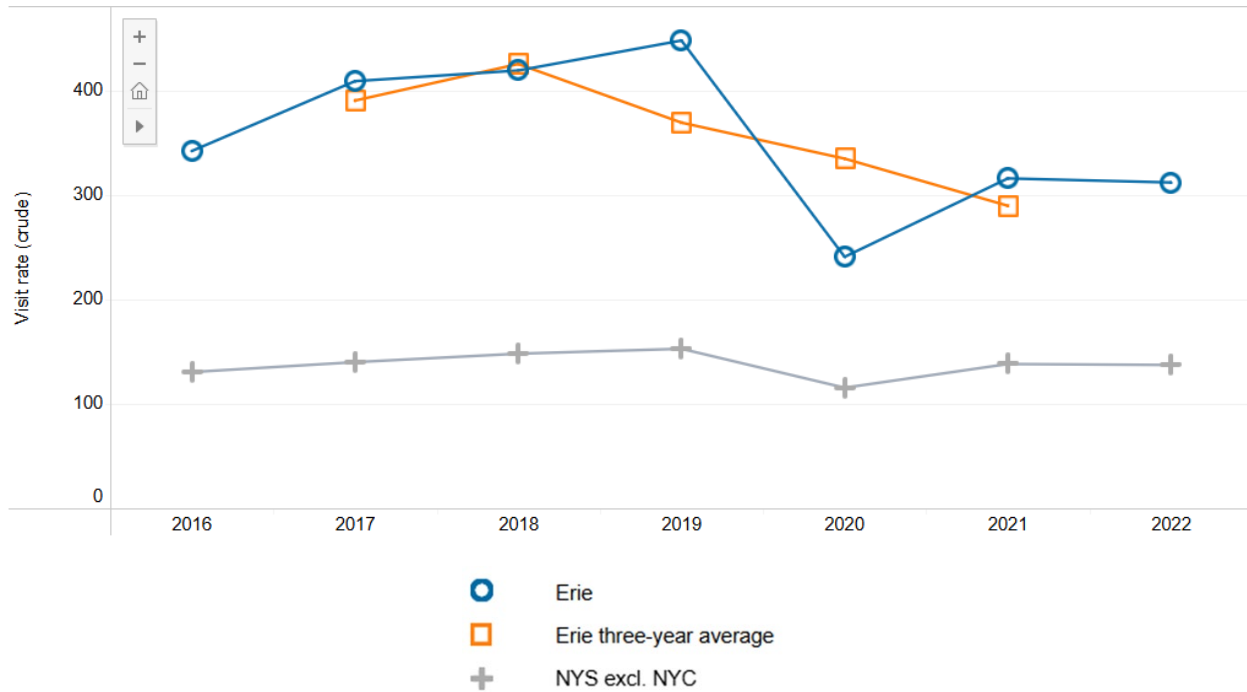
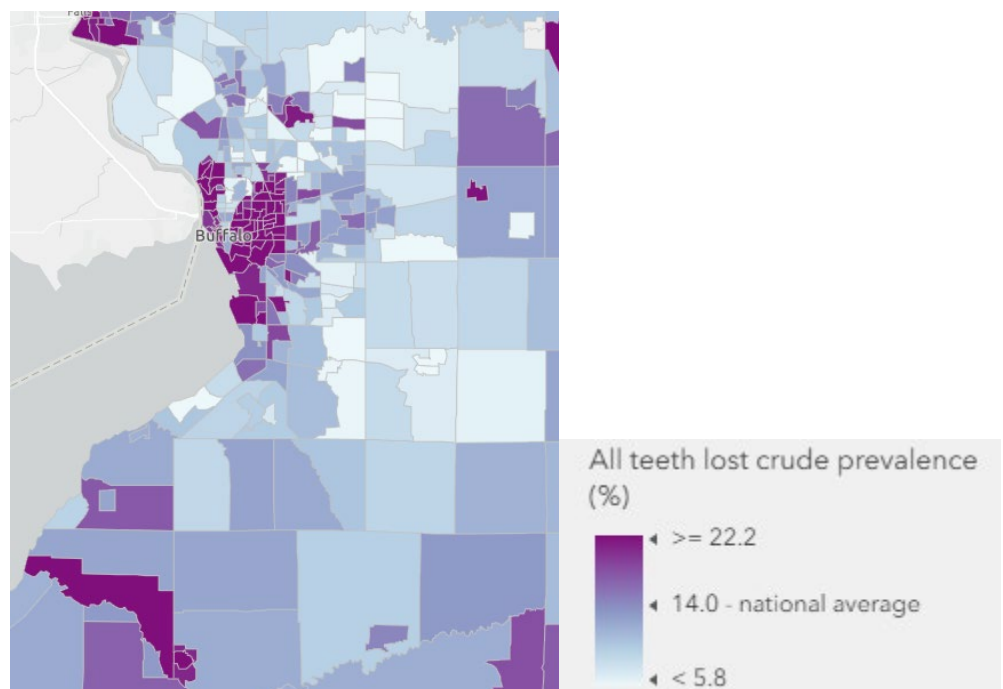


Figure 92 reveals significant disparities in dental health by place of residence. In the 2022 BRFSS survey, adults reported lacking all their teeth at the highest rates on the East Side and West Side of the City of Buffalo and on the southwest border of the County (10).

Figure 92: Percent of Residents With All Teeth Lost per Census Tract, 2022



CARDIOVASCULAR AND HEART HEALTH

Heart disease has consistently been the number one cause of death in Erie County. In 2022, the age-adjusted death rate from heart disease in Erie County was 163.6 per 100,000 residents. This is slightly lower than the NYS (excluding NYC) rate of 166.4 (71). Heart and cardiovascular disease outcomes vary significantly by race and ethnicity in Erie County. Black residents experience the highest heart disease burden while Asian residents experience the lowest burden (72). Variation in cardiovascular disease prevalence is also observed by place of residence within the county (10).

Figure 93: Erie County Heart Disease and Stroke Indicators by Race and Ethnicity, 2020-2022

Indicators	White	Black	Asian/ Pacific Islander	Hispanic	Total
Diseases of the heart mortality per 100,000 population, age-adjusted	159.5	217	87.3	128	165.3
Diseases of the heart hospitalizations per 10,000 population, age-adjusted	61.1	125.3	46.7	77.4	71.9
Cerebrovascular disease (stroke) mortality per 100,000 population, age-adjusted	32.5	63	28.8	32.2	35.5
Cerebrovascular disease (stroke) hospitalizations per 10,000 population, age-adjusted	19.2	45.1	17.6	21.9	22.7
Coronary heart disease mortality per 100,000 population, age-adjusted	103.3	144.4	61.8	79.8	106.9
Coronary heart disease hospitalizations per 10,000 population, age-adjusted	16.7	22.6	19.4	24.3	18.7
Congestive heart failure mortality per 100,000 population, age-adjusted	16.9	17.9	3.8	10.9	16.9
Potentially preventable heart failure hospitalization rate per 10,000 population aged 18 years or older	29.1	82.6	10.1	25.5	36.4

Figure 94: Prevalence of Coronary Heart Disease by Census Tract, 2022

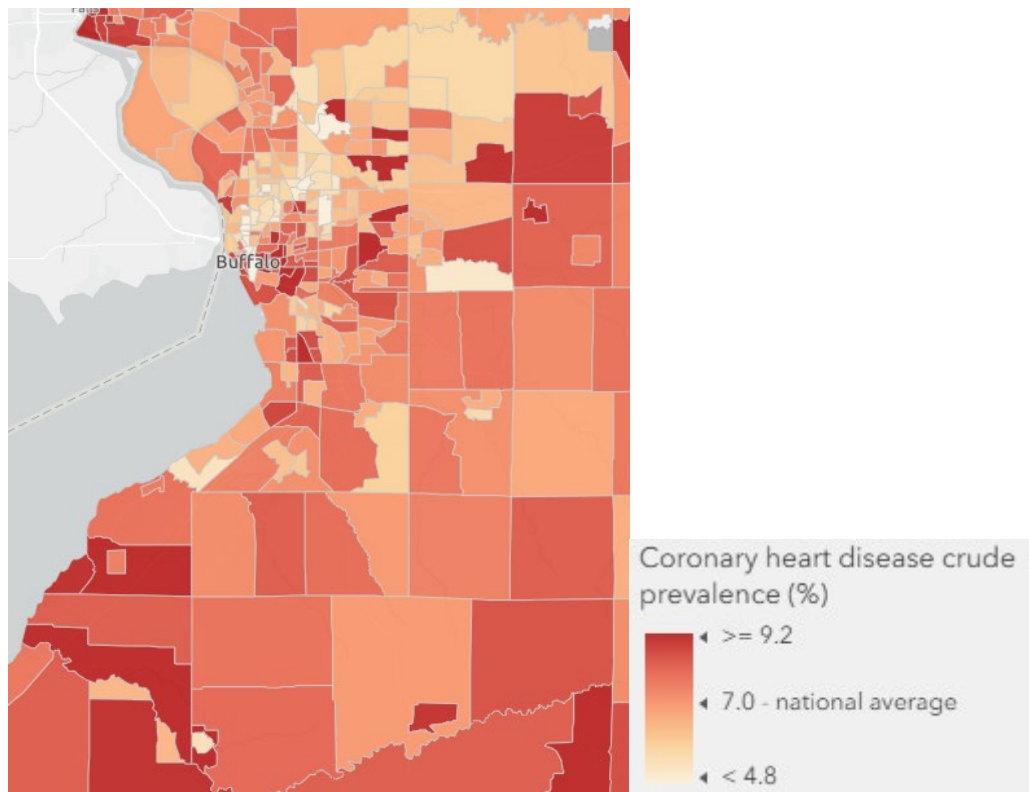


Figure 95: Prevalence of High Blood Pressure by Census Tract, 2021

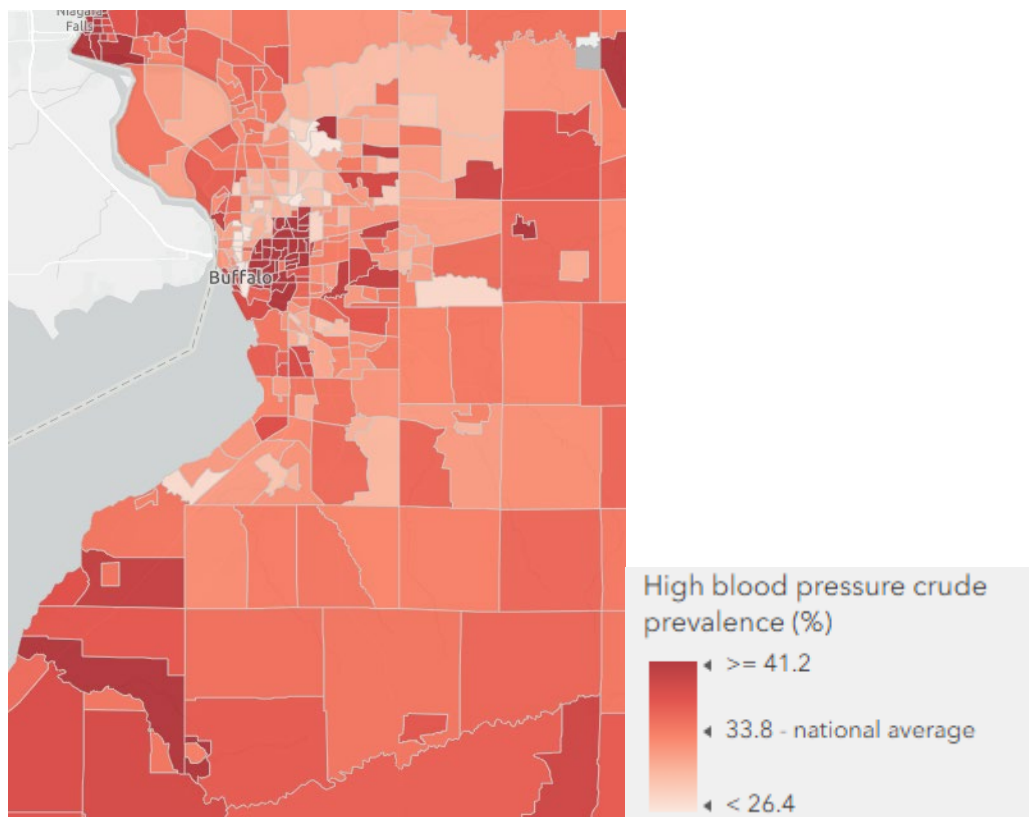
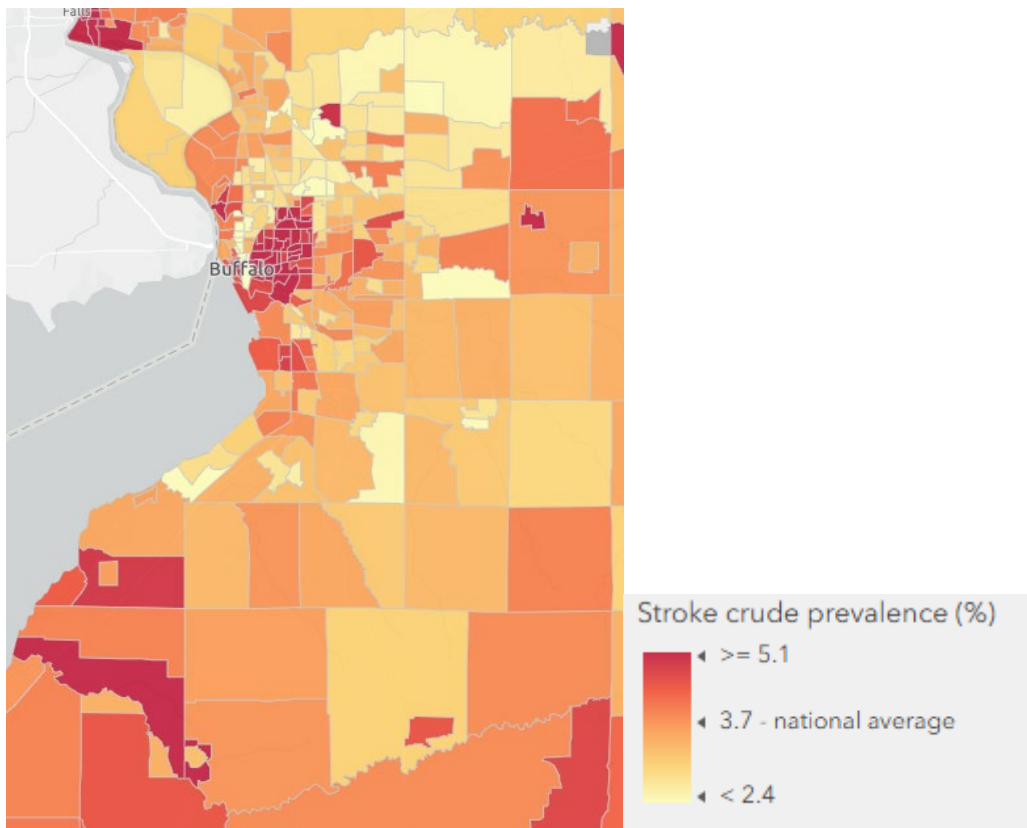


Figure 96: Prevalence of Stroke by Census Tract, 2022



DISCUSSIONS FROM CHA COMMUNITY RESEARCH

Several challenges to managing heart and cardiovascular health were discussed in the 2025 CHA focus groups and interviews:

- A participant in the CYSHCN family interviews noted that her child has a heart condition and their school lacks the knowledge and capacity to make appropriate accommodations.
- A participant in the Silver Pride focus group noted that medications for heart disease have a lot of challenging side effects.
- A participant in the health care provider interviews noted that many people have uncontrolled blood pressure due to a lack of screening and knowledge.
- Multiple participants in the CHA community research acknowledged that it is difficult to prioritize heart health and healthy lifestyles when people are struggling to survive day-to-day.

DIABETES

As noted by a participant in the 2025 health care provider interviews, diabetes is the number two cause of heart disease. Other complications of diabetes include increased risk of blindness; kidney failure; stroke; and loss of toes, feet, or legs. Risk factors for developing diabetes include poor diet, being overweight, being physically inactive, family history, and being 45 or older (89).

DISCUSSIONS FROM CHA COMMUNITY RESEARCH

Participants in the 2025 CHA Community research discussed some of these risk factors.

Participants in the provider interviews noted several challenges related to diabetes risk factors and management:

- There is a culture of unhealthy eating in WNY.
- The cost of treatment and insulin is a significant burden. Health insurance coverage varies and should be more regulated.
- There needs to be more of a focus on preventative care.

Participants in the CYSHCN family interviews expressed concern about unhealthy ingredients used in many foods as well as unhealthy meals that are available to children in schools.

“Let’s get healthy meals into schools. We’re feeding them crap and training their taste buds.”

CYSHCN Family Interview

Diabetes Outcomes and Indicators

As seen in Figure 97, mortality and complications related to diabetes are higher in Erie County than the rest of NYS (excluding NYC). There is also significant variation by race and ethnicity as well as place of residence (69).

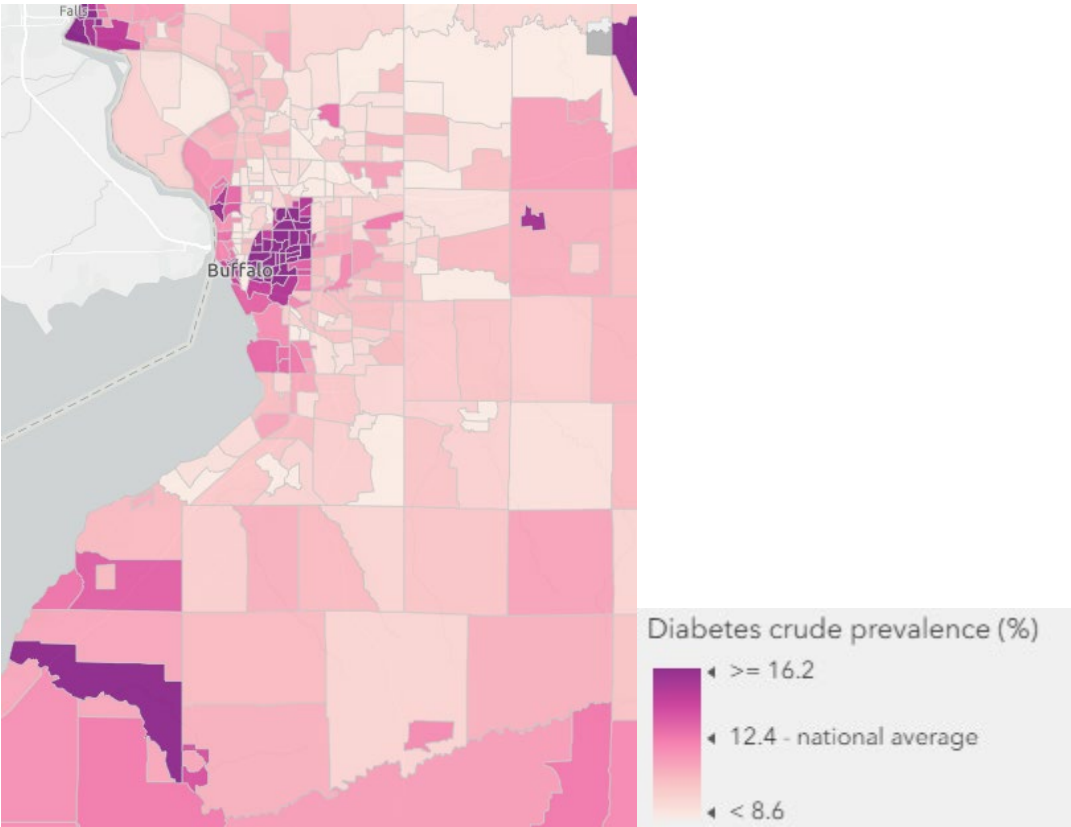
Figure 97: Erie County Diabetes Indicators Compared to NYS (Excluding NYC), 2020-2022

Indicators	New York State	Erie County
Age-adjusted diabetes mortality per 100,000	19.9	24.9
Age-adjusted diabetes hospitalizations rate per 10,000 (primary diagnosis)	15.7	16.6
Potentially preventable diabetes short-term complications hospitalization rate per 10,000 population aged 18 years or older	6.7	8.6

Figure 98: Erie County Diabetes Indicators by Race and Ethnicity, 2020-2022

Indicators	White	Black	Asian/ Pacific Islander	Hispanic	Total
Diabetes mortality per 100,000 population, age-adjusted	21.0	565.0	19.3	36.9	24.9
Diabetes (primary diagnosis) hospitalizations per 10,000 population, age-adjusted	11.3	46.8	5.2	22.6	16.6
Diabetes (any diagnosis) hospitalizations per 10,000 population, age-adjusted	1239.0	374.8	130.0	244.8	165.0
Potentially preventable diabetes short-term complications hospitalization rate per 10,000 population aged 18 years or older	5.3	28.3	1.9	10.9	8.6

Figure 99: Prevalence of Diabetes by Census Tract, 2022



OBESITY AND WEIGHT MANAGEMENT

Obesity influences the risk of numerous health conditions and complications including diabetes, heart disease, and some types of cancer. The risk of developing obesity is strongly linked with health behaviors such as diet and exercise. These health behaviors are strongly linked with SDOH factors such as access to healthy foods and opportunities to exercise.

DISCUSSIONS FROM CHA COMMUNITY RESEARCH

Several of the participants in the 2025 CHA provider interviews discussed how SDOH challenges contribute to obesity, which is a risk factor for many other conditions. One of these participants made the following statement:

“There are so many health conditions tied to obesity. Whereas, if I can get you to lose the weight and get yourself stable, I can probably treat your hypertension, diabetes, depression, thyroid disorder, and your abnormal menstrual cycle all in one. Just by getting you to lose that weight. But when you have a food desert and the access is just the local mart that are frying up biscuits and fried chicken and all that stuff, I mean, you know, you're gonna eat what's available to you. You don't have a car so you can't drive, you know, to a certain area and then you don't have the money to buy all the good stuff, but you can go right around the corner and walk down the street and there's the food that is there and it is killing us. It is killing us on the East Side of Buffalo.”

Other participants in the 2025 CHA community research discussed some of the challenges associated with diabetes:

- A participant in the CYSHCN family interviews noted that the lack of equity in our community puts certain people at a disadvantage to maintain a healthy weight.
- A participant in the New and Expectant Mothers focus group recommended that to address obesity, healthy eating be taught in schools and children should be served healthy meals.
- A participant in the Doula focus group noted that people tend to eat unhealthy foods to cope with stress.

Obesity Statistics

Rates of obesity in adults are higher than the rates in NYS (excluding NYC), particularly among adults with an annual income of less than \$25,000. The rate of obesity in children in Erie County is slightly lower than the NYS (excluding NYC) rate though it is higher than the goal of 16.4% set by the NYS Prevention Agenda (18). There is notable variation in the rates of obesity by race and place of residence (10).

Figure 100: Obesity Rates in NYS and Erie County

Obesity Indicator	NYS Goal	Erie County	NYS (Excluding NYC)
Percentage of adults with obesity (2021)	24.2	33.9%	31.6%
Percentage of adults with an annual income less than \$25,000 with obesity (2021)	29.0	42.9%	36.3%
Percentage of children and adolescents with obesity (2021-2023)	16.4	19.8%	20.6%

Figure 101: Prevalence of Obesity by Race in Erie County

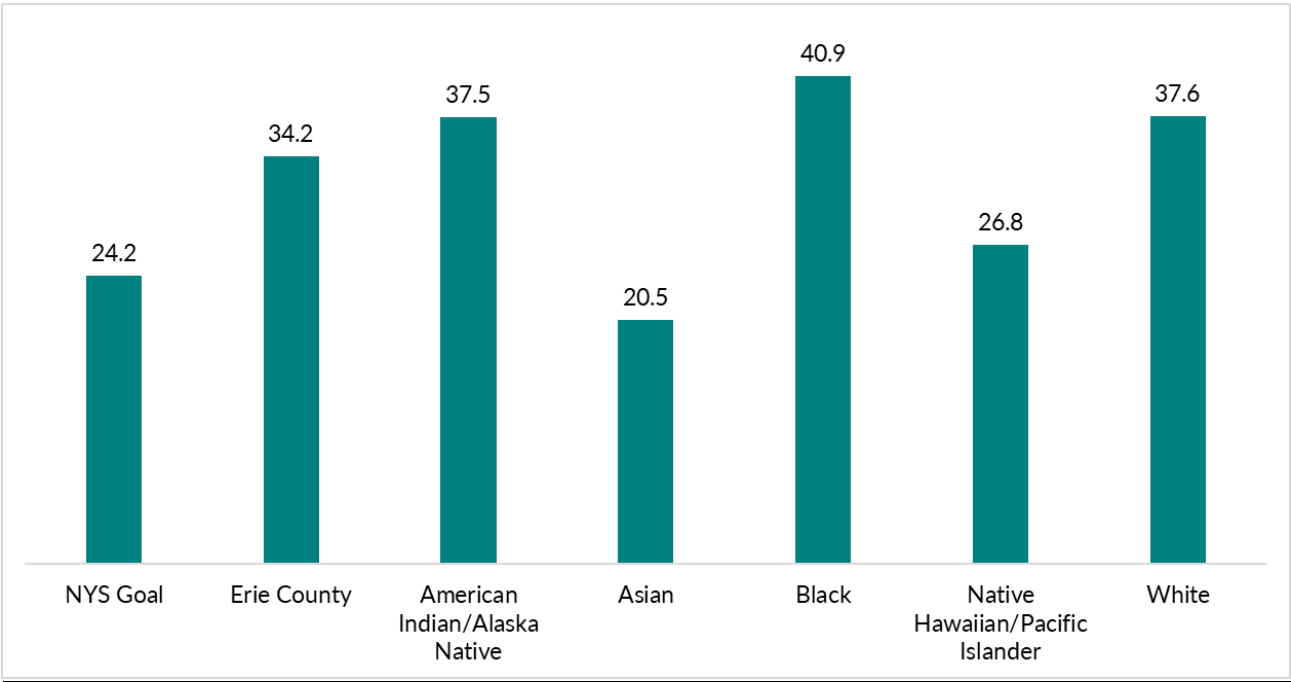
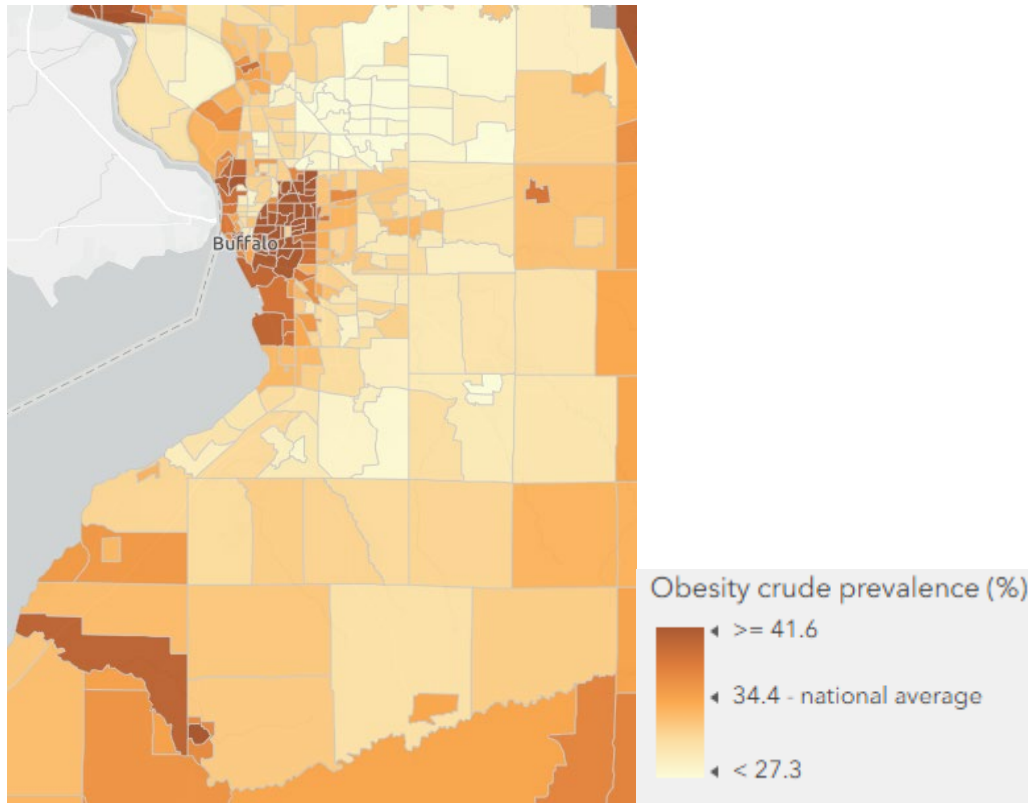


Figure 102: Prevalence of Obesity by Census Tract, 2022



CANCER

Cancer Outcomes

Cancer has consistently been the second leading cause of death in Erie County, though in 2019 it was the leading cause of death for women. In 2022, 149.2 out of 100,000 Erie County residents died of cancer (71). The age-adjusted cancer incident rate as well as the age-adjusted cancer mortality rate are higher in Erie County than the NYS (excluding NYC) rates. Rates of cancer indicators within Erie County also vary by race and place of residence.

Figure 103: Erie County Cancer Incidence and Mortality Rates Compared to NYS (Excluding NYC), 2019-2021

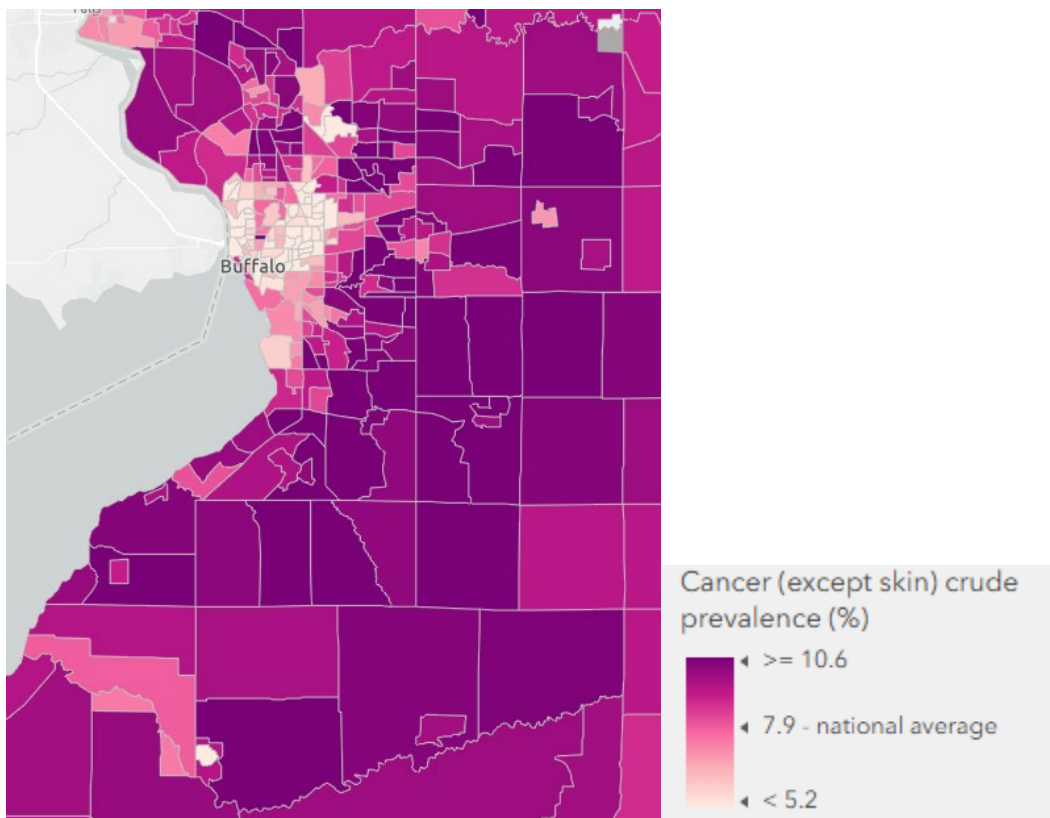
Cancer Indicator	New York State	Erie County
Age-adjusted all cancer incident rate per 100,000	489.2	509.9
Age-adjusted all cancer mortality rate per 100,000	135.8	150.5

Figure 104: Cancer Indicators by Race and Ethnicity in Erie County

Cancer Indicators	White	Black	Asian/ Pacific Islander	Hispanic	Total
Lung cancer incidence per 100,000 population, age-adjusted (2019-2021)	61.1	73.9	42.7	42.6	62.1
Colorectal cancer mortality per 100,000 population, age-adjusted (2019-2021)	12.0	17.8	*S	*S	12.7
Colorectal cancer incidence per 100,000 population, age-adjusted (2019-2021)	35.2	49.0	24.6	35.8	36.8
Female breast cancer mortality per 100,000 female population, age-adjusted (2019-2021)	16.8	25.8	*S	*S	17.9
Female late stage breast cancer incidence per 100,000 female population, age-adjusted (2019-2021)	37.7	50.5	34.9	32.6	39.4

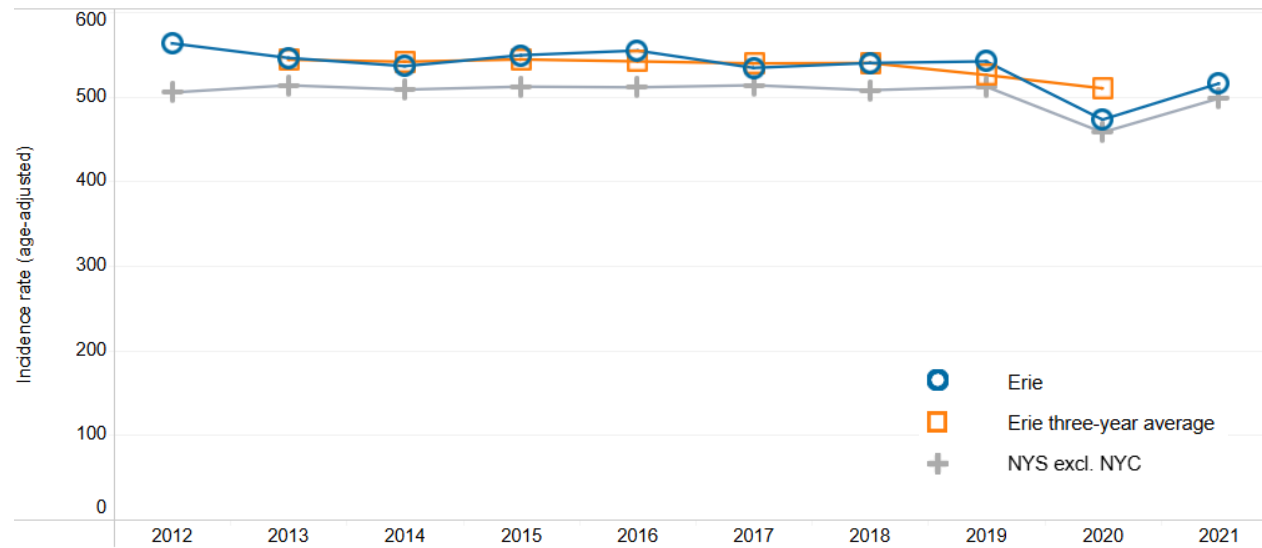
*S - Data are suppressed. The data do not meet the criteria for confidentiality.

Figure 105: Prevalence of Cancer (Except Skin) by Census Tract, 2022



The age-adjusted all cancer incident rate remained fairly consistent from 2012-2019. Figure 106 shows a sharp decrease in 2020 followed by an increase in 2021. This is likely a reflection of people not getting diagnosed during the COVID-19 pandemic rather than an actual drastic change in cancer incidence rates. Trends for most of the specific types of cancer follow a similar pattern.

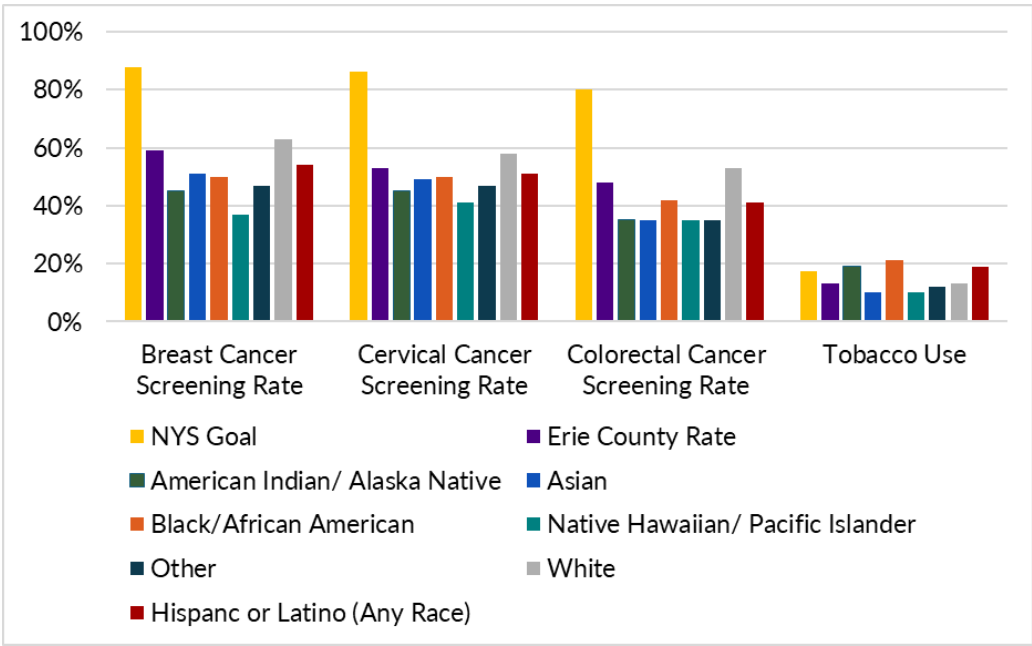
Figure 106: Age-Adjusted All Cancer Incidence Rate per 100,000 in Erie County



Cancer Screening and Risk Factors

According to data from HealtheLink, Erie County has a smoking rate of 12.8%, which is lower than the United States goal of no more than 17.4%. It is also lower than the greater WNY region of 14.4%. However, there is variability in rates across race groups. Cancer screening rates in Erie County are less favorable when compared to the NYS goals, as seen in Figure 107.

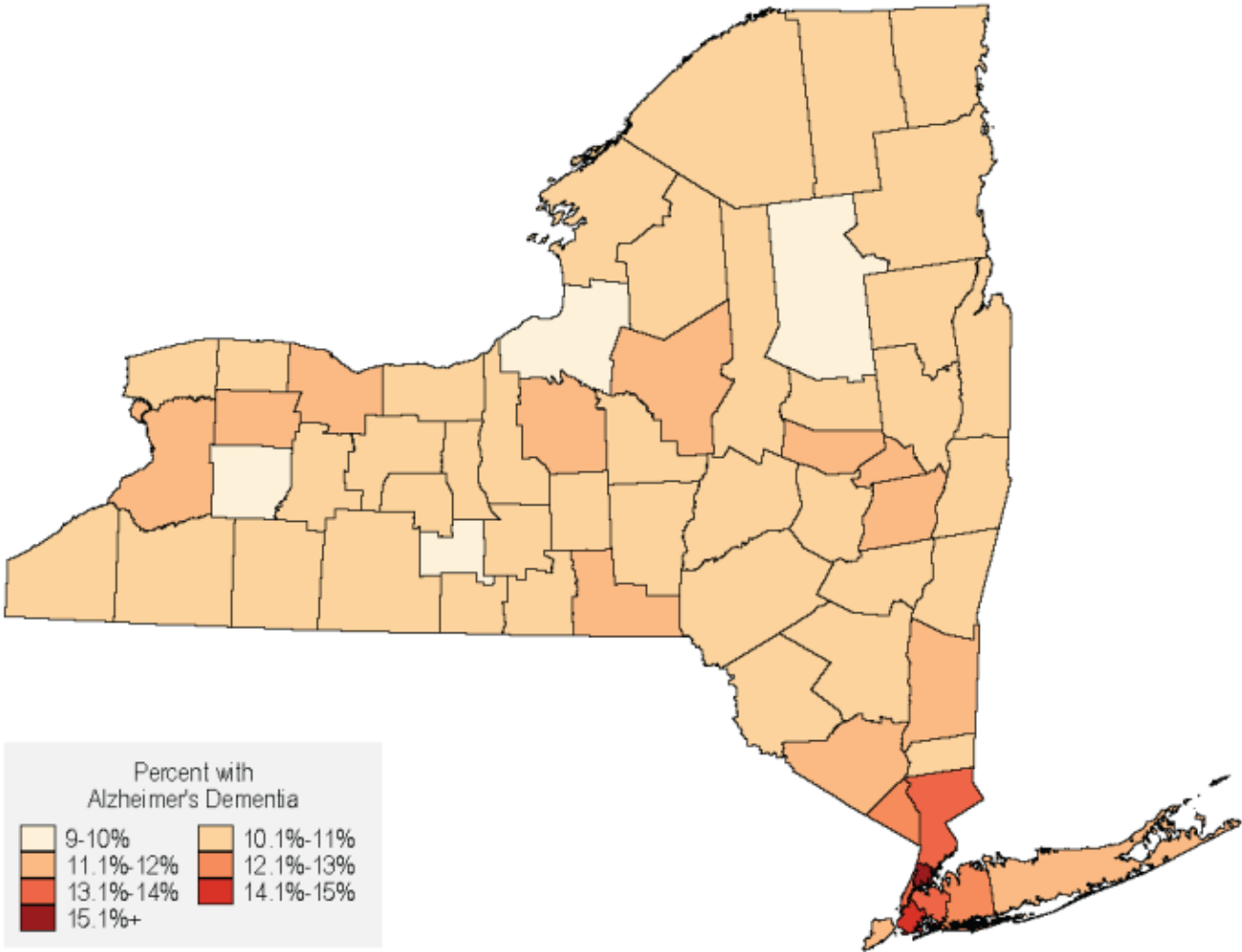
Figure 107: Cancer Prevention Indicators by Race



ALZHEIMER’S DISEASE & DEMENTIA

As the population of Erie County shifts to a higher prevalence of older residents, an increase in age-related conditions can be expected to occur. In 2020, it was estimated that 172,500 Erie County residents were 65 years or older. Of those residents, about 20,200, or 11.7% were living with Alzheimer’s Dementia (90).

**Figure 108: Prevalence of Alzheimer’s Dementia Among Residents Ages 65+ in NYS
by County, 2020**



DISCUSSIONS FROM CHA COMMUNITY RESEARCH

Participants in the 2025 CHA Caregivers focus group discussed the challenges associated with being a caregiver for a loved one with Alzheimer's Dementia. These included:

- Lack of available outside help for caring for a spouse with Alzheimer's who needs constant supervision/care
- The high cost of respite care
- Lack of capacity to accommodate high-needs individuals at day programs
- Difficult parameters and requirements for day-hab programs
- Feeling of isolation due to the demands of caring for a loved one with dementia
- Needing to abandon careers for caregiving
- Many people who don't earn enough to pay a caregiver often don't qualify for Medicaid

"So, in order to get somebody in to help my mom, it's upwards of \$25-30 an hour. I don't even make that much. So how am I supposed to—so I should quit my job to help her, but then I don't have anything coming in. So then how do I live?"

CHA Caregivers Focus Group

"This is not what I envisioned our later years were gonna be like. I mean {...} I'm gonna be 78, he's gonna be 79. And I look at people whose husbands are able to walk and do things I can't {...} and that's hard."

CHA Caregivers Focus Group

COMMUNICABLE DISEASES

New York State Sanitary Code (10NYCRR 2.10,2.14) mandates that certain infectious diseases be reported for surveillance and disease control. These diseases are considered “reportable diseases.” More information about this mandate and the list of reportable diseases can be viewed here: [NYSDOH Communicable Disease Reporting Requirements.pdf](#). The Erie County Department of Health Office of Disease Control and Epidemiology operates under NYS guidelines to investigate incidents of these infections and monitor trends. Statistics for a sample of these illnesses are posted and updated regularly and can be viewed here: [Epidemiology, Reportable Diseases & Data | Erie County Dept of Health](#). A copy of the Provisional Reportable Communicable Diseases in Erie County as of 7/10/2025 can be viewed in Appendix B. The paragraphs below discuss a few reportable diseases in more depth.

COVID-19

Though no longer considered a pandemic, COVID-19 is still impacting Erie County. Continued surveillance gives a picture of the ongoing scope and severity of this impact. The number of reported positive COVID-19 tests peaked in late 2021-early 2022 and has since significantly decreased (91). A limitation of monitoring COVID-19 test results for surveillance is that as restrictions related to the pandemic have ended, people are less likely to get tested for COVID-19 if they have mild symptoms. Furthermore, positive results from home tests are not reported. Thus, while the decline in positive test results is an indicator of fewer cases, it is also a result of less testing and reporting.

Figure 109: Number of Positive COVID-19 Tests in Erie County, 2019-2025

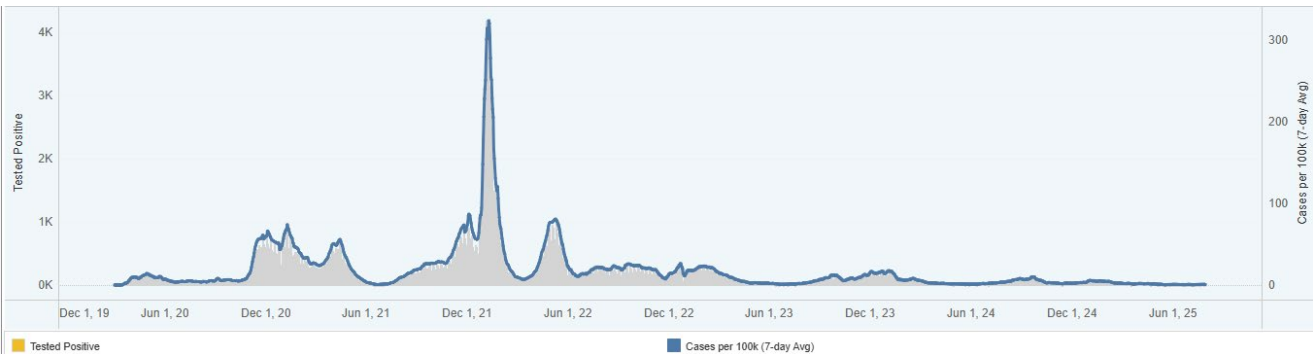
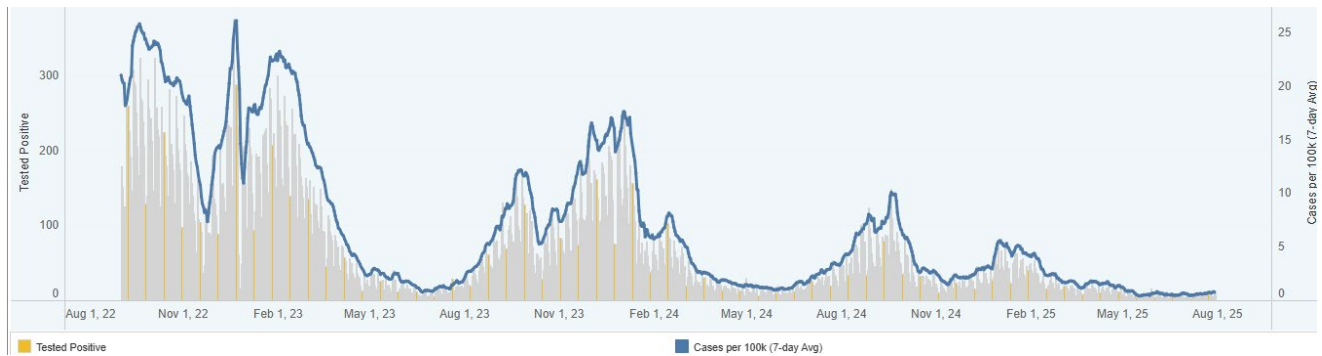
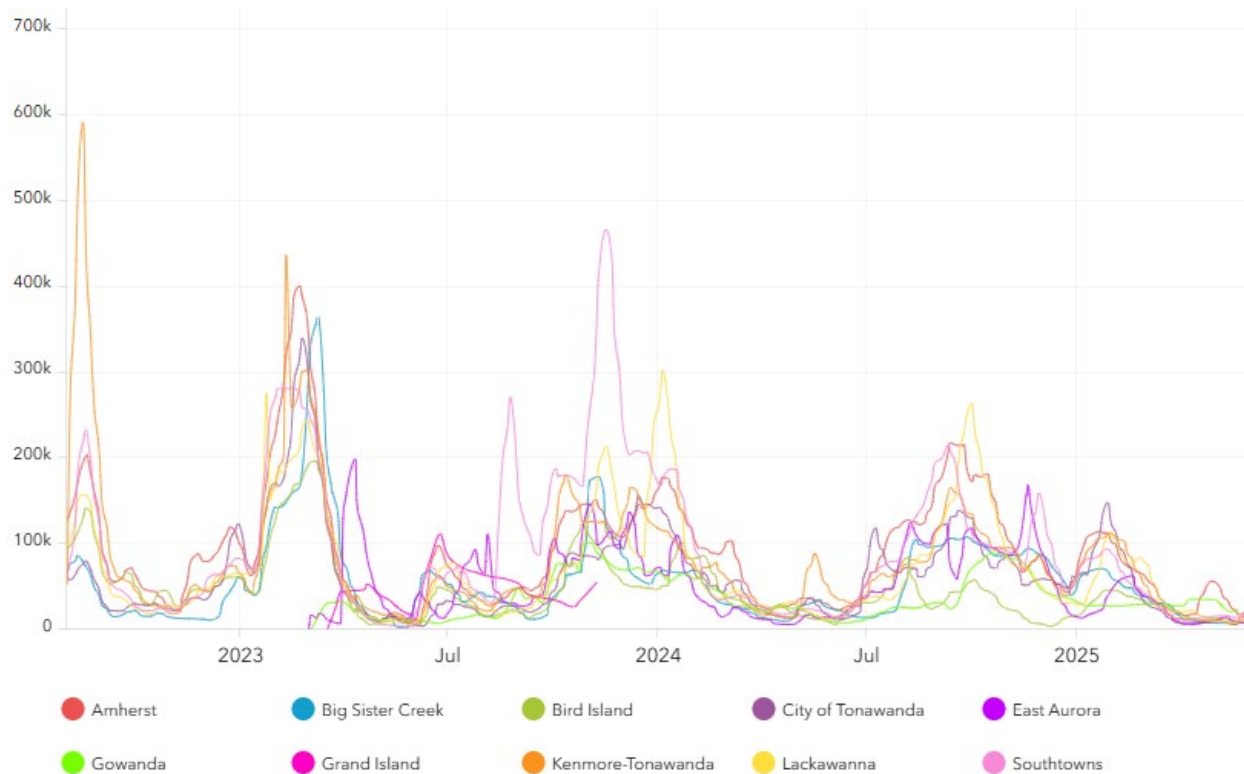


Figure 110: Number of Positive COVID-19 Tests in Erie County, August 2022-May 2025



As COVID-19 test results limit surveillance to the individuals who get tested, monitoring wastewater concentration levels of SARS-CoV2 (the COVID-19 pathogen) in wastewater can provide information on how much of the virus is circulating in the community, regardless of testing and symptomology. Wastewater from 10 different sites in Erie County is sampled twice a week and tested at a laboratory managed by the UB School of Engineering and Applied Sciences. The testing determines the number of gene copies of SARS-CoV-2 RNA per liter of wastewater (92). Since 2023, levels have continued to fluctuate but appear to be decreasing overall. Wastewater data may be influenced by weather conditions; for example, heavy rain may lower the concentration of the virus. Another limitation of using wastewater for surveillance is that it does not measure actual disease impact or resilience of the community to the virus that is present. For example, individuals who have been vaccinated or previously infected may be shedding the virus in their excrement but have very mild or no symptoms. Learn more about wastewater testing in Erie County here: [DSM Covid Testing Dashboard - New](#)

Figure 111: Concentration of COVID-19 Virus in Wastewater From Collection Sites in Erie County



COVID-19 hospitalizations and fatalities are indicators of the actual burden of the virus on the community. While detection of the virus in people or wastewater describes the prevalence of the virus, hospitalizations and fatalities reflect how severe the direct impacts of the disease are to the community. COVID-19 hospitalizations and fatalities are still occurring, though no longer at pandemic levels (93) (94).

Figure 112: Number of COVID-19 Hospitalizations in WNY, March 2020-September 2025

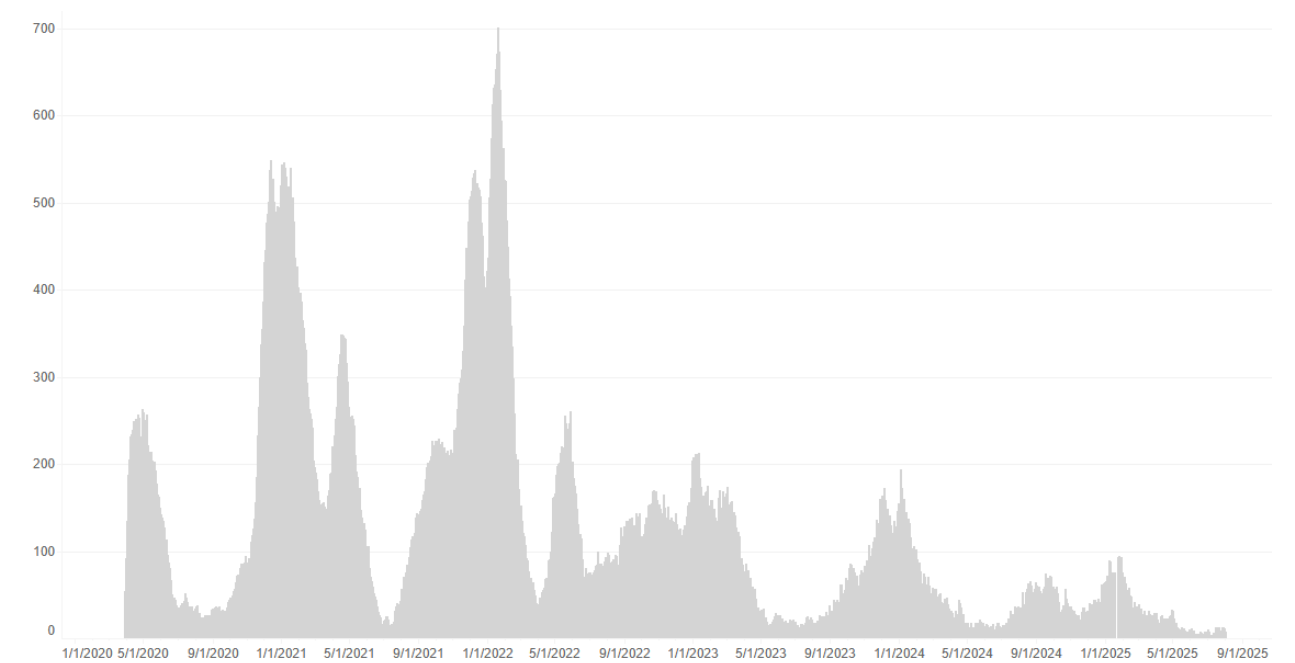
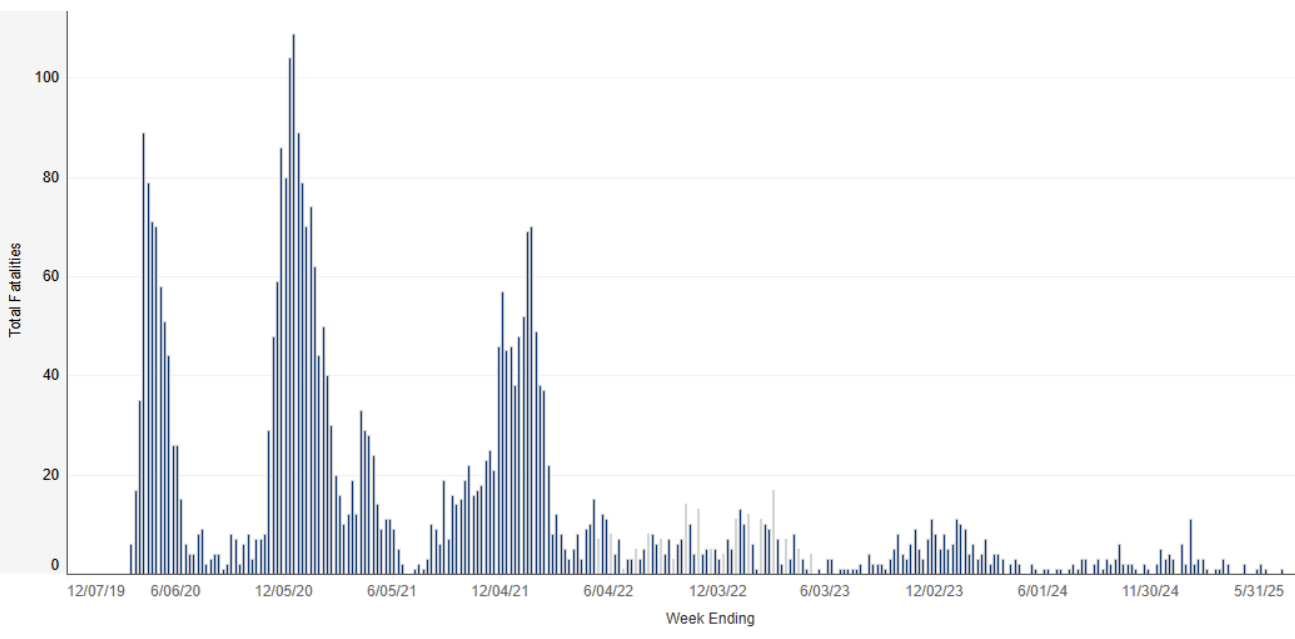


Figure 113: COVID-19 Fatalities in Erie County, 2020-2025



Tuberculosis

The ECDOH Tuberculosis (TB) Control Program receives surveillance reports of suspected or confirmed TB cases. Upon receiving these reports, the TB Control Program conducts investigations of the potential cases. Though cases are few in Erie County, surveillance and careful follow-up is crucial to ensuring treatment completion and preventing transmission. Many of the cases in Erie County are among foreign-born residents who have emigrated from countries where TB is endemic (95).

Figure 114: Tuberculosis Cases and Rates in Erie County, 2012-2024

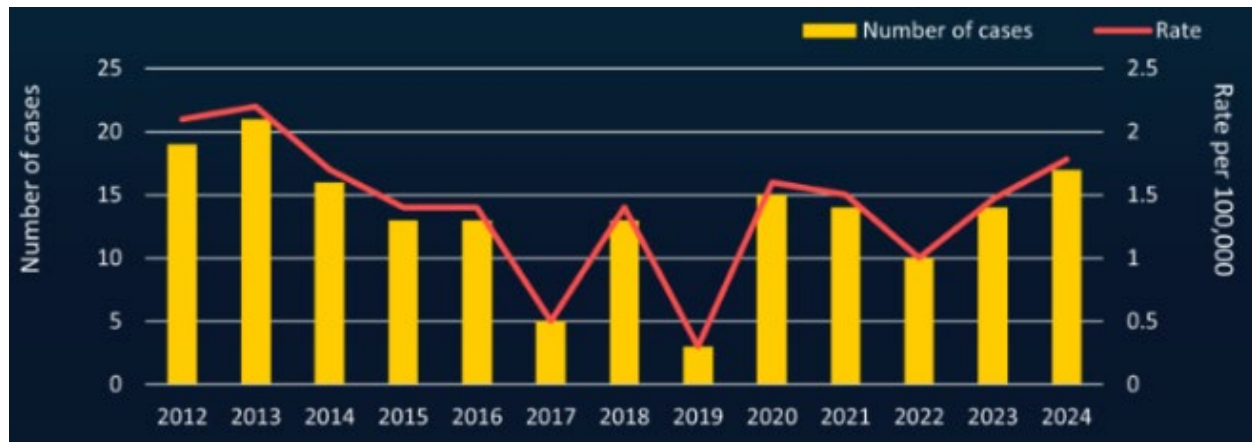
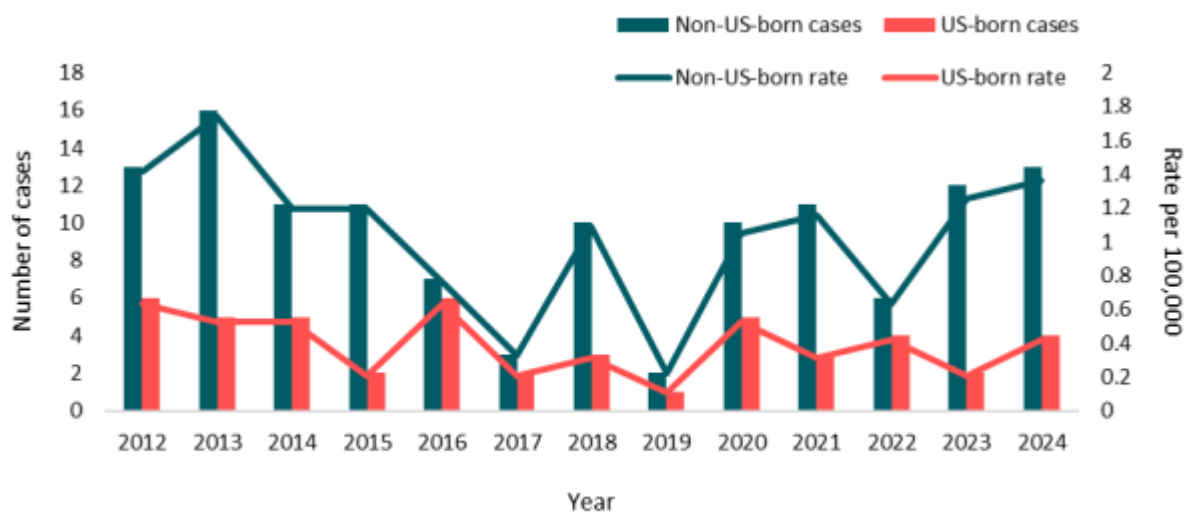


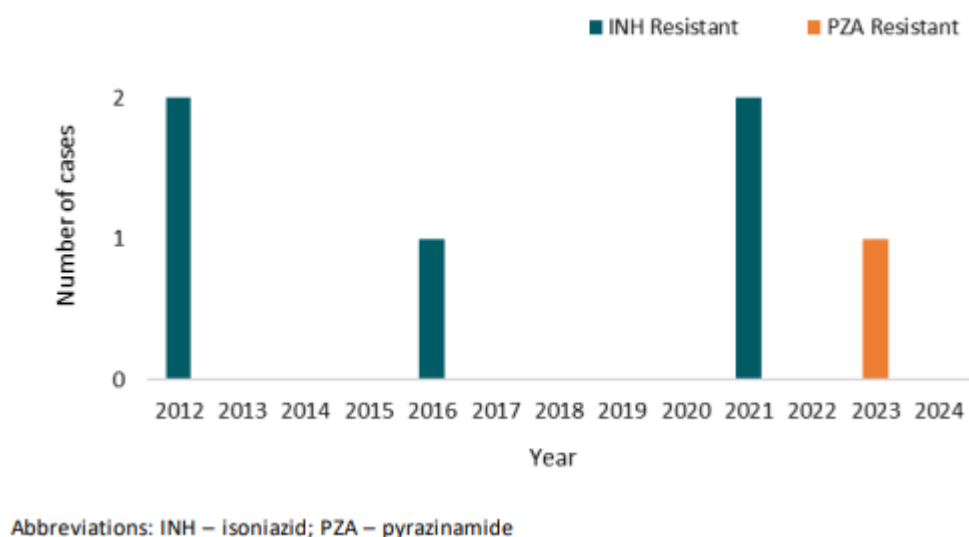
Figure 115: Tuberculosis Cases and Rates by Birth in the United States and Erie County, 2012-2024



Rates are based on U.S. Census Bureau Decennial Census, 2020.

Ensuring proper and thorough treatment is also important to prevent drug-resistant TB. Drug-resistant TB can develop when TB medications are misused or mismanaged. Cases of TB are particularly difficult to treat if they are resistant to multiple types of drugs (96). Between 2012 and 2024 there were 6 cases of TB that exhibited resistance to one type of drug and zero cases that exhibited multi-drug resistance.

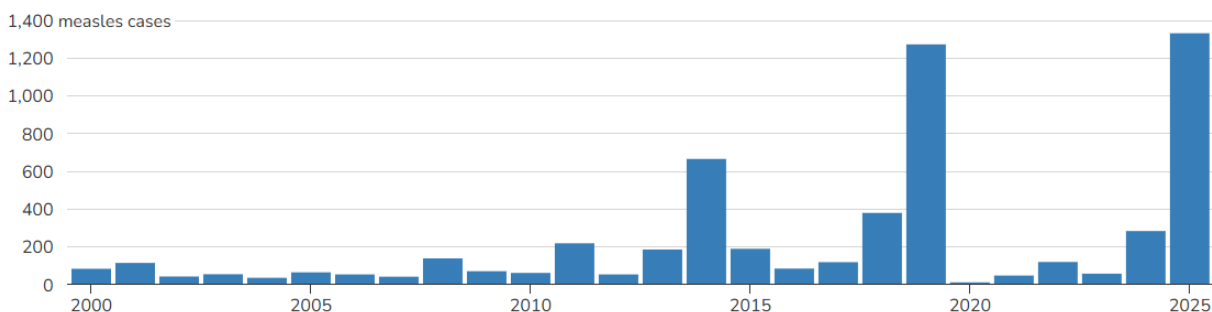
Figure 116: Drug Resistance Among Tuberculosis Cases in Erie County, 2012-2024



Measles

In 2000, measles was officially eliminated in the United States. At that point, there was no transmission of the disease within the country. The few cases that were reported in the U.S. were among people who had been exposed to the virus in other countries. The elimination of measles was accomplished through vaccination and community immunity (herd immunity). Community immunity is protective to those who are not immune and effective at buffering transmission when >95% of the community is immune, through past infection or vaccination. Measles transmission within the United States has re-emerged in recent years with declining vaccination rates (97).

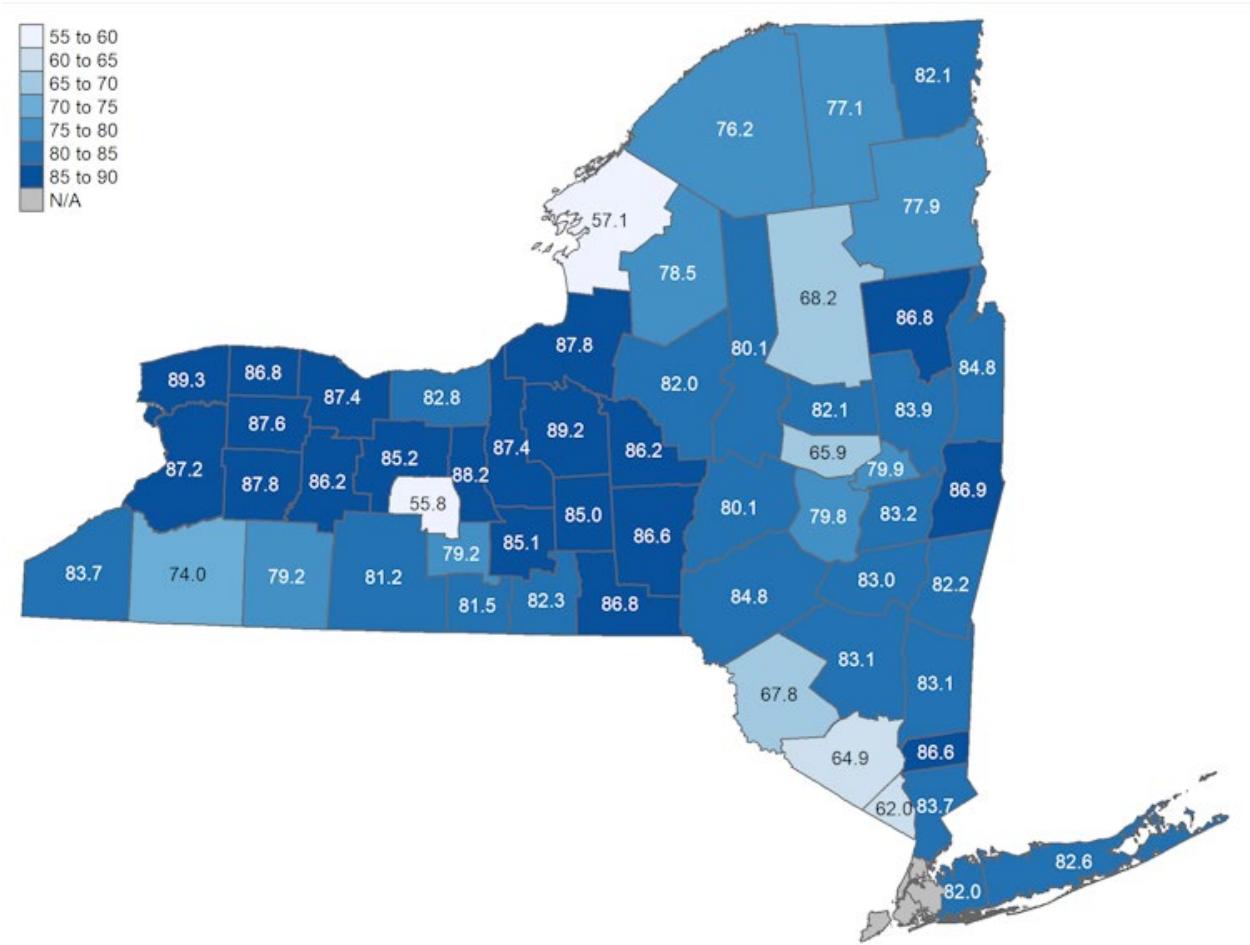
Figure 117: Number of Measles Cases in the United States, 2000-July 2025



In February 2025, NYS issued a health advisory noting recent outbreaks in several areas of the United States and Canada, including Texas, New Mexico, New Jersey, Quebec, and Ontario. At that point in time, NYC had reported two unrelated cases of measles for the year while there were no cases identified in Upstate NY for 2025 (98). The last reported case of measles in Erie County was in someone who had recently moved to the United States in 2018 (99).

Figure 118 shows the percent of children who have received 1 dose of MMR (measles, mumps, and rubella) vaccine by the age of 2 years, as of January 1, 2025. While Erie County children have a higher rate of vaccination (87.2%) with the MMR than the NYS rate (81.2%).

Figure 118: Percent of Residents Under 19 Years of Age Who Received 1 MMR Dose by 2 Years of Age as of January 1, 2025

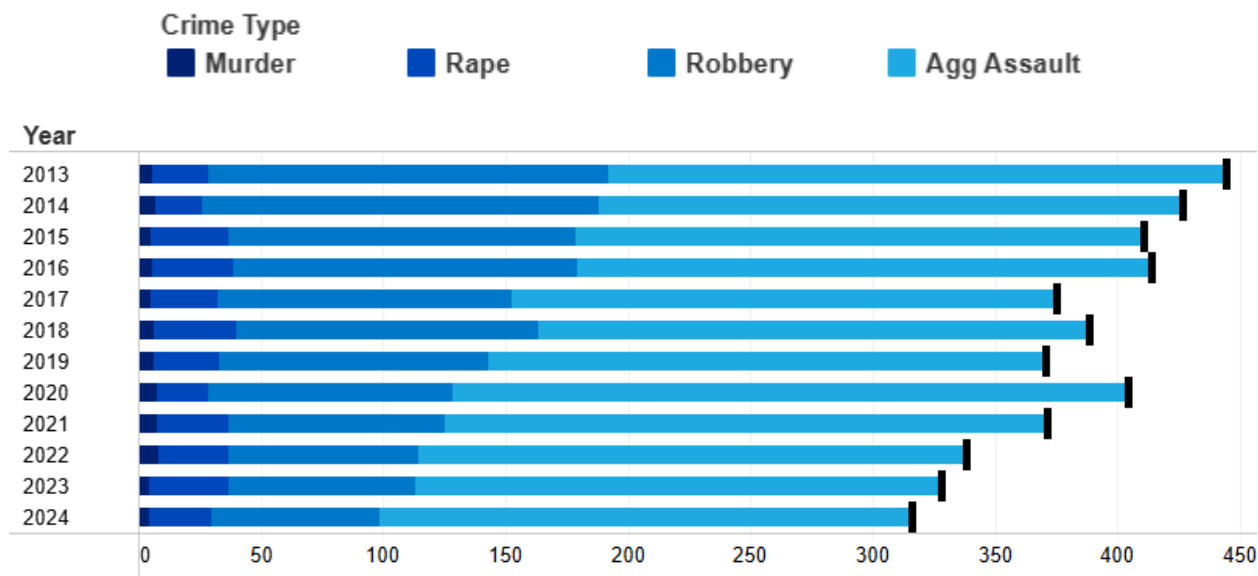


INJURY

Violence Related Injury

The violent crime rate in Erie County has been trending down in the past decade, though there was a temporary increase in 2020. In 2023-2024, Erie County had an index crime rate of 321.9 for violent crimes, which was lower than the NYS average of 403.7 but higher than the NYS (excluding NYC) average of 196.4 violent crimes per 100,000 population (100). See more in the Crime and Safety section on page 58.

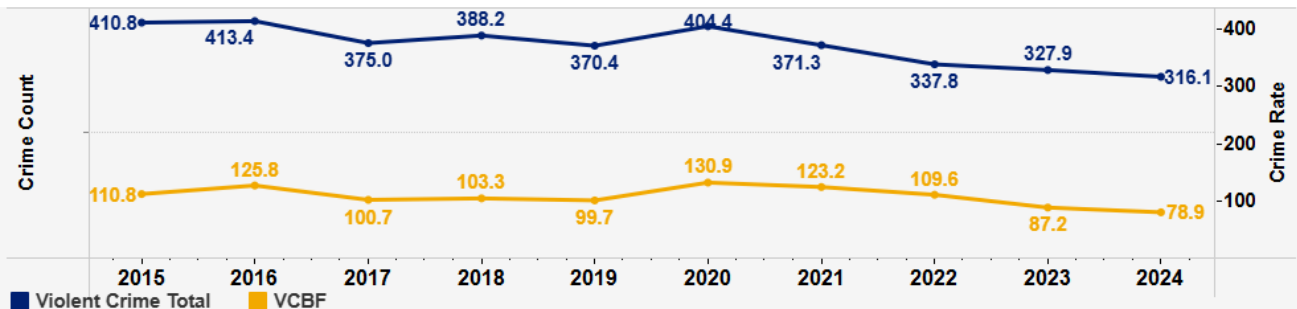
Figure 119: Trends in Violent Crime Rate in Erie County, 2013-2024



Firearm Violence

In 2024, violent crimes by firearms (VCBF) accounted for 25% of all violent crimes in Erie County, which is a slight decrease from the five years prior. Since 2015, VCBF, along with other violent crimes, peaked in 2020 and have since been trending downward (51).

Figure 120: Violent Crime and Violent Crimes by Firearm Rates per Year in Erie County, 2015-2024



Buffalo is one of the cities of focus in the NYS Division of Criminal Justice Services Gun Involved Violence Elimination (GIVE) initiative. Figures 121 and 122 display data included in their *Monthly GIVE Shooting Activity Report*, issued July 14, 2025.

Figure 121: Gun Violence in the City of Buffalo 2015-2024

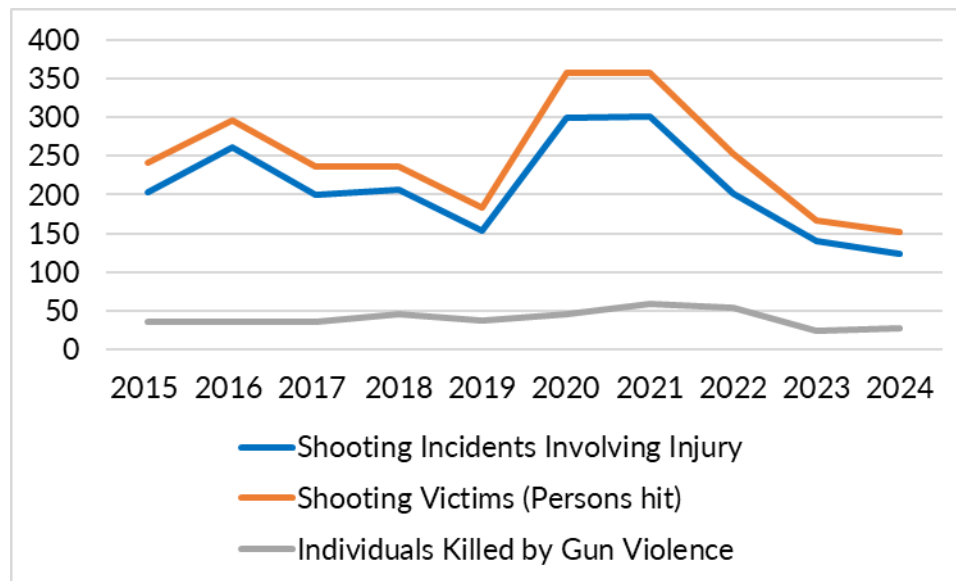
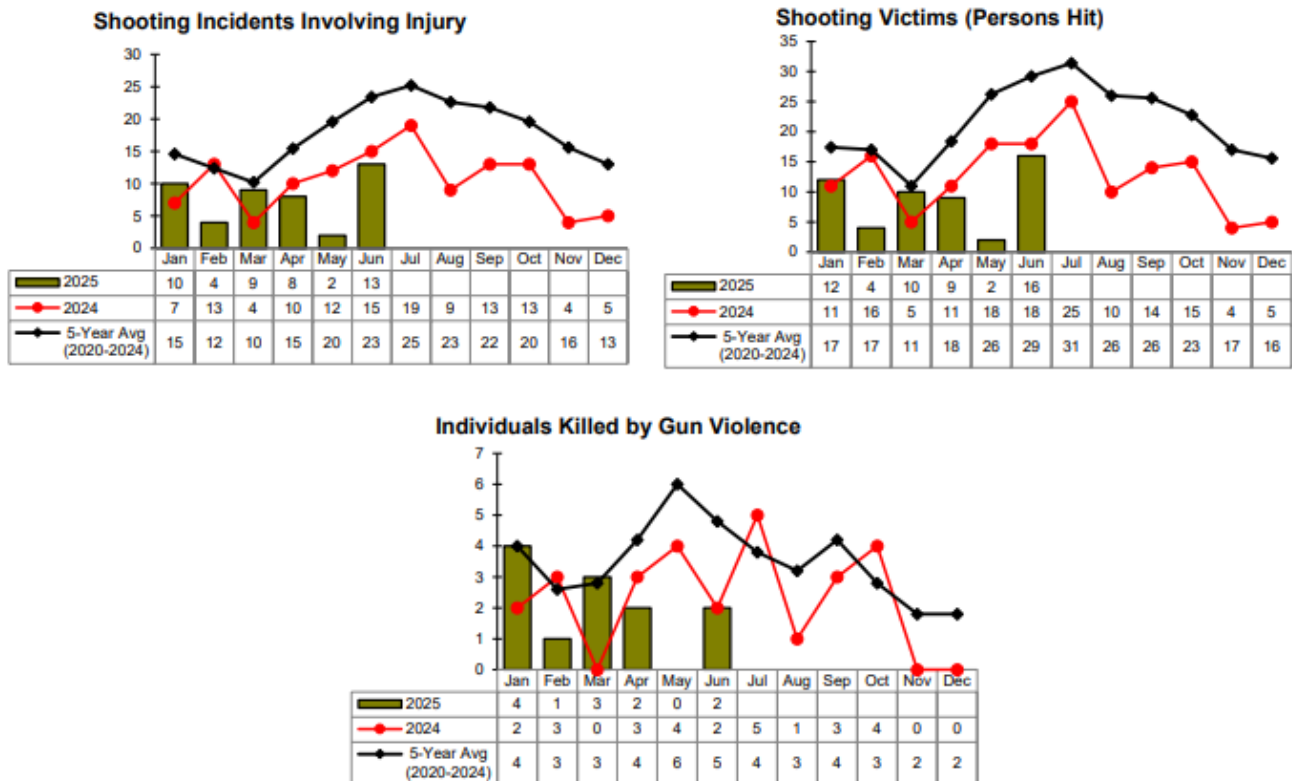


Figure 122: Statistics on Shooting Incidents January-June 2024 vs. 2025, as of July 9, 2025

	5-Year Average YTD (2020-2024)	2024 YTD	2025 YTD	% Change	
				24 vs. 25	5-Yr. Avg vs. 2025
Shooting Incidents Involving Injury	96	61	46	-25%	-52%
Shooting Victims (Persons Hit)	119	79	53	-33%	-55%
Individuals Killed By Gun Violence	24	14	12	-14%	-50%



Domestic Violence

The total number of reported domestic violence victims in Erie County has fluctuated throughout the years but has been increasing since 2020. Figure 123 shows that in 2023, the majority of domestic violence victims were female intimate partners and the most common type of domestic violence reports were simple assaults. This has been consistent throughout the years, though the specific statistics displayed here only represent 2023. Simple assaults include harassment, stalking, intimidation, coercion, and hazing and do not result in serious injury while aggravated assault is an unlawful attack inflicting severe or aggravated bodily injury (51).

Figure 123: Number of Domestic Violence Victims per Year in Erie County

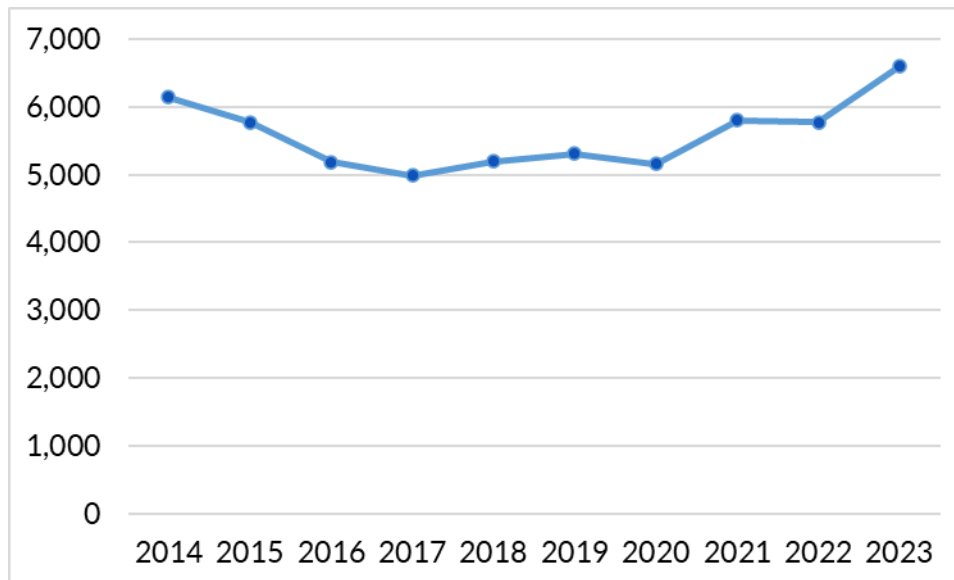
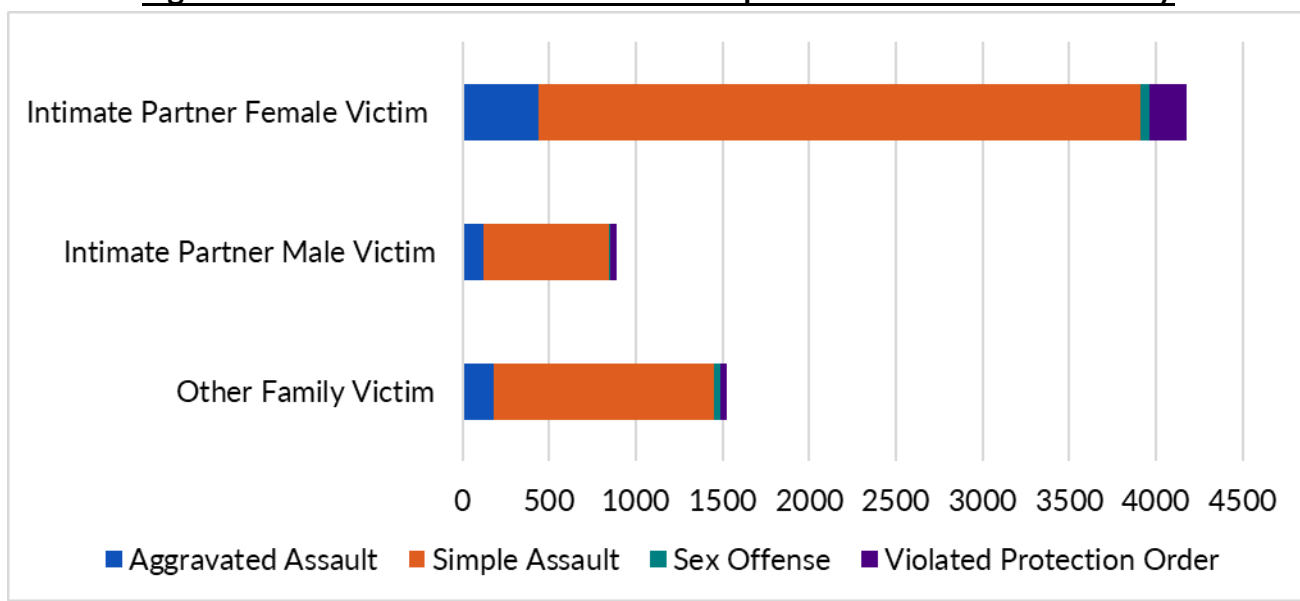


Figure 124: Domestic Violence Victims Reported in 2023 in Erie County



Occupational Injuries

As of January 1, 2015, OSHA requires employers to report all severe work-related injuries, defined as an amputation, in-patient hospitalization, or loss of an eye. According to data available on the OSHA website, the top 5 types of events that cause the reported injuries in Erie County, 2015-2024 were:

- Caught in running equipment or machinery during regular operation
- Other fall to lower level, unspecified
- Caught in running equipment or machinery during maintenance, cleaning

- Compressed or pinched by shifting objects or equipment
- Fall on same level due to slipping

The top five types of events causing workplace injury were similar on the NYS and national level within that time. The number of reported workplace injuries in Erie County sharply decreased in 2020, followed by a sharp increase. This is likely a reflection of the shutdown of many worksites during the COVID-19 pandemic. The data for NYS also shows a decrease in 2020, but not the sharp increase in following years that the Erie County data shows (101).

Figure 125: OSHA Reports in Erie County, 2015-2023

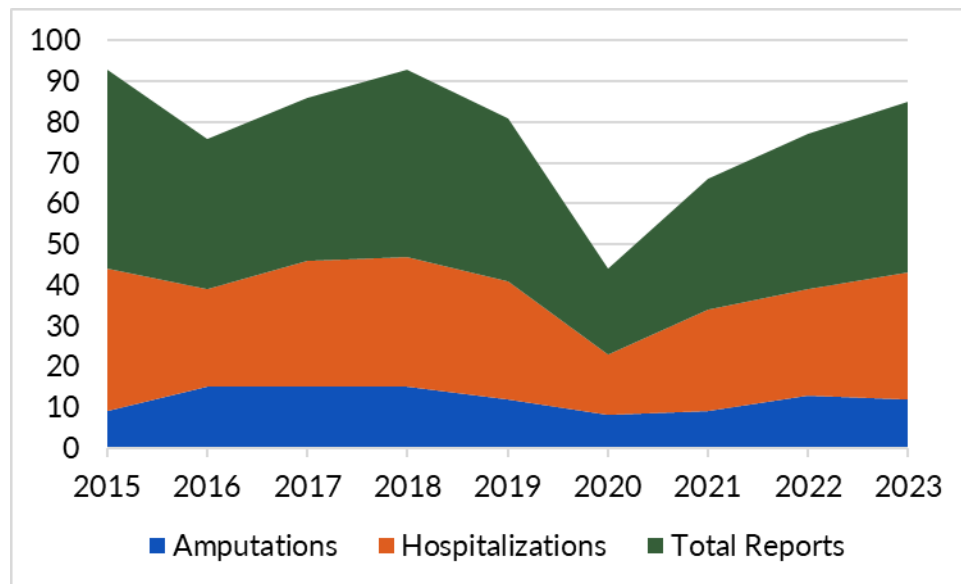
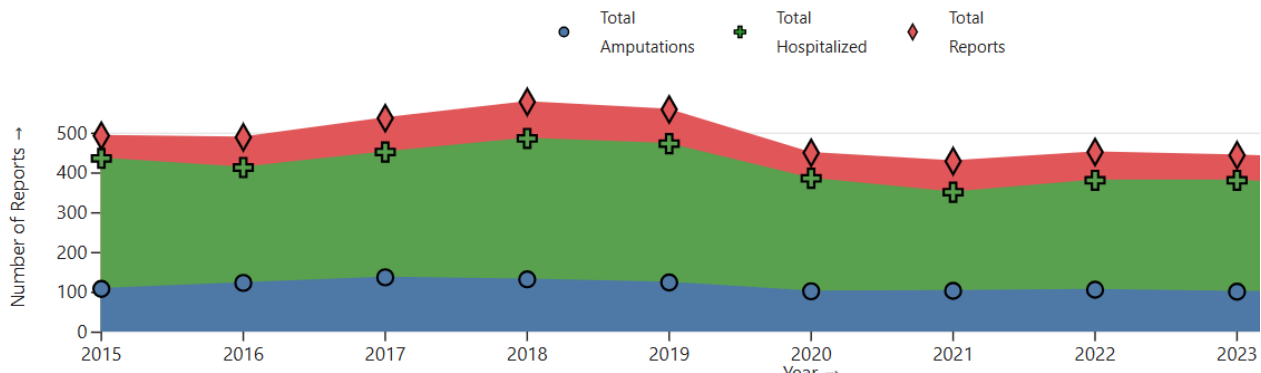


Figure 126: Severe Workplace Injury Reports in NYS, 2015-2023



Disparities exist in the impact of workplace injuries in Erie County. Over the past decade, Black laborers have experienced notably higher rates of emergency department visit than White laborers. This data implies that Black residents are more likely to work in high-risk jobs, which was also made evident by the fact that Black residents who died from COVID-19 were more often of working age than White residents (18).

Figure 127: Work-Related Emergency Department Visit Ratios Between Black Non-Hispanic and White Non-Hispanic Erie County Residents

Data Year	Ratio of Rates
2016	2.66
2017	2.49
2018	2.85
2019	2.59
2020	2.77
2021	3.10
2022	3.00

COMMUNITY HEALTH IMPROVEMENT PLAN

The planning of the 2025-2030 Community Health Assessment and Community Health Improvement Plan began in the spring of 2024. The hospital systems partners, Catholic Health (CHS) and Kaleida Health, entered the process with the desire to produce one single CHA and CHIP report, representing the hospitals and the county. The first meeting between Erie County, CHS, and Kaleida occurred on 6/24/24. At this meeting, the group decided to move forward with the goal of a joint CHA/CHIP and agreed to meet on a monthly basis throughout the CHA/CHIP planning and implementation stages. Soon after, Erie County Medical Center (ECMC) also joined the other hospital partners and Erie County to make up the core CHA/CHIP Workgroup.

Community partners were introduced to the new CHA/CHIP cycle through a presentation at the September 2024 Live Well Erie (LWE) partner meeting. Members were advised about the upcoming surveys, focus groups, and the desire for them to collaborate on the next steps in the process. Materials and information on the upcoming CHA/CHIP cycle were also emailed out to the more than 400 community partners on the LWE email distribution list.

During the summer and fall of 2024, the CHA/CHIP Workgroup developed two surveys: a community survey and a medical provider survey. Both surveys focused on gathering feedback on the Community Factors and Health Conditions that the respondents felt should be the focus of the Community Health Improvement Plan. The community members and providers were given the same lists of 14 Community Factors that influence health and 15 Health Conditions. Both surveys asked respondents to select 5 Community Factors and 5 Health Conditions that they feel should be prioritized in the CHIP. The community survey also asked questions about access to various types of health care, current physical and mental health issues, and a variety of demographic factors, including age, race, ethnicity, gender, sexual orientation, ZIP code, household income, health insurance status, and more.

The Community Health Assessment community survey was developed in English, and then professionally translated into Spanish, Arabic, Burmese, Bengali, and Swahili. Print versions of the survey were available in those 6 languages, and a large print English version was also created. A digital (online) version of the survey was also created and was available in English, Spanish, Arabic, and Bengali. The medical provider survey was available as a digital (online) version in English. See Appendix C to view the surveys.

The CHA community survey was shared through LWE contacts, Erie County Office of Health Equity contacts, and hospital system contacts. Social media posts were also made to promote the surveys. Additionally, flyers and “tear-off” pads that had a link and QR code to take the survey were made. These were produced in English, Spanish, Arabic, Burmese, Bengali, and Swahili. See Appendix D for examples of the tear-off sheets. Flyers and tear-off pads were sent to community

partners, hospitals, and medical providers to display and hand out in high traffic areas. The medical provider survey was shared through medical provider distribution lists and through the hospital partners. Surveys and survey materials were brought to numerous ECOHE outreach and engagement events throughout Erie County.

Both surveys were closed at the end of January 2025. In total, 2,510 community surveys were completed and 143 medical provider surveys were completed. See Appendix E for a summary of the survey results. Results from both surveys were also summarized and made available on Tableau public dashboards.

Visit <https://public.tableau.com/app/profile/michael.wiese8823/vizzes> to explore the public dashboards. Survey results were also shared during a Community Partner meeting on February 5, 2025. Attendees and participants for this meeting can be seen in Appendix F.

To supplement the surveys, the ECOHE and the hospital partners conducted a series of interviews and focus groups with specific communities within Erie County as well as health care providers. This included:

- 5 one-on-one interviews with participants (parents) in the Children and Youth with Special Health Care Needs (CYSHCN) Program within the ECOHE;
- A focus group with Silver Pride (a group for the older LGBTQ+ community, located in Amherst);
- A focus group with doulas who work with pregnant and birthing people in Erie County;
- A focus group of new and expectant mothers;
- A focus group with residents of the Rural Southwest region of the county; and
- 8 health care provider interviews.

Participants in focus groups and conversations were shown the same list of potential priorities that were in the surveys and were asked to “vote for” and discuss the ones they feel are important.

Information from surveys, focus groups, and community and medical provider interviews were then reviewed and analyzed by the CHA/CHIP Workgroup. These primary CHA data were combined with previous primary data collected by the ECOHE and other secondary supporting data to help prioritize and narrow down the Community Factors and Health Conditions. This process cut the initial list of 14 Community Factors down to 6 and 15 Health Conditions down to 7. The resulting lists are below:

Community Factors: Housing Options That Are Affordable and Safe; Access to Affordable, Healthy Food; Access to Reliable Transportation; Access to Community Services and Resources; Employment Options That Pay a Livable Wage; Cost of Health Care Services or Access to Health Insurance

Health Conditions: Cancer; Diabetes; Heart Issues; Mental Health; Obesity, Weight Management, and Nutrition; Violence-Related Injury; Substance Use Disorders

A summary of the process of selecting these 13 priority areas (6 Community Factors and 7 Health Conditions) along with a selection of supporting data and additional resources was compiled for each of the 13 priority areas. This “Quick Facts” document was shared widely with community partners along with an invitation to attend a meeting on July 23, 2025, to further discuss each priority. At the community meeting on 7/23, partners had the opportunity to speak to the scope, severity, resources, and our ability to impact each priority area. At the conclusion of the meeting, community partners were asked to take a survey to select their top 3-5 priority areas based on the factors discussed during the meeting. For any community partners that could not attend the meeting, an email was sent out with a recording of the meeting, all the supporting materials, and a link to the survey. This community partner survey was open for submissions from 7/23 - 7/31.

Prioritization Methods

Priorities were selected through multiple stages of community and community partner voting. The final round of voting occurred after the 7/23/2025 Community Partner meeting and was submitted through a web-based form. The selection of the final priorities used a modified Hanlon Method that factored in:

- The *scope* of the issue;
- The *severity* or “seriousness” of the issues; and
- Our ability to *impact* the issue based on local capacity and willingness to address the issue as well as current resources, solutions, or programs already working to address the issue.

Figure 128 shows the scoring of each of the community factors and health conditions for each step of the process. An expanded table and explanation of prioritization methodology can be found in Appendix G. The Community Score is based on the number of selections for that issue from the community survey. The Medical Score is based on the number of selections for those issues from the medical provider survey. The Priority Score is based on the number and relative rank of each priority in the Priority Survey. Also taken and utilized from the Priority Survey are the average responses for the Scope, Severity, and Impact. Each individual score was added to generate a Total Points for each issue and then ranked.

Based on this methodology the top issues in Erie County were Mental Health; Access to Affordable, Health Food; Cost of Health Care Services or Access to Health Insurance; Housing Options That Are Affordable and Safe; and Obesity, Weight Management, and Nutrition.

Figure 128: Priority Ranking Scores

Priority	Community Score	Medical Score	Priority Score	Scope Score	Severity Score	Impact Score	Total Points	Overall Score Rank
Mental Health	13	13	12	9.4	9.1	7.8	64.3	1
Access to Affordable, Healthy Food	12	10	10	9.2	9.1	8.2	58.6	2
Cost of Health Care Services or Access to Health Insurance	10	11	11	9.2	9.0	7.4	57.6	3
Housing Options That Are Affordable and Safe	9	5	13	8.7	8.9	7.3	51.9	4
Obesity, Weight Management, and Nutrition	8	12	3	9.5	9.5	8.0	50.0	5
Cancer	11	0	5	8.7	9.3	9.2	43.2	6
Employment Options That Pay a Livable Wage	6	4	8	9.0	8.7	7.3	43.0	7
Access to Community Services and Resources	5	3	9	8.6	8.2	8.4	42.2	8
Access to Reliable Transportation	2	8	7	8.6	8.6	7.0	41.2	9
Heart Issues	7	8	2	8.0	8.0	8.0	41.0	10
Substance Use Disorders	4	6	4	9.3	9.2	8.3	40.8	11
Violence Related Injury	3	0	6	8.3	9.2	8.3	34.8	12
Diabetes	1	9	1	5.0	5.0	5.0	26.0	13

Justification for Unaddressed Health Needs

During this Community Health Assessment process, a wide range of health issues affecting our community were identified and considered. Each issue was evaluated through data analysis, community and medical provider input, and stakeholder engagement. While each issue presents unique challenges and deserves attention, limited resources and the need for prioritization require us to focus on a limited number of high-impact health priorities. The following factors guided the decision to not select certain health issues for focused intervention at this time.

Limited Ability to Have a Measurable Impact: Some health issues would require systemic changes or financial and resource commitments well beyond the scope of our local public health influence. These issues were deprioritized. This ensures that selected priorities are actionable within our current community partnerships.

Existing Efforts and Infrastructure: Some health issues are already being addressed by specialized agencies, hospitals, or community-based organizations. In these cases, duplicating efforts would not be the most efficient use of our limited public health resources. Instead, support and collaboration will continue as needed.

Community Input and Stakeholder Consensus: Through our community and medical provider surveys, focus groups, and stakeholder meetings, health issues of greatest concern to residents were identified and given priority. Topics receiving consistently lower rankings or less urgent concern were not selected.

Alignment with State Priorities and Live Well Erie:

Priorities were chosen to align with the New York State Prevention Agenda and existing Live Well Erie priorities and objectives, and health improvement goals. Issues falling outside these frameworks were less likely to gain partnership support, affecting both the sustainability and impact of focusing on these issues.

Resource Limitations: Resources available to dedicate toward the CHA/CHIP cycle, including time and personnel, are limited. The CHA/CHIP Workgroup intentionally selected only the highest priority issues to allow for a more focused approach.

While certain health issues were not selected as top priorities for this cycle of the Community Health Improvement Plan, all remain important issues and will continue to be monitored. Opportunities to address these areas through partnerships, policy development, or future planning cycles will be explored as resources allow.

Developing Objectives, Interventions, and Action Plans

The following priorities, objectives, interventions, and action plans were selected and developed in accordance with the NYS Prevention Agenda, the input from the community during this CHA-CHIP cycle, and the overall findings from this CHA. Furthermore, a meeting was convened with the ECOHE advisory board members to discuss important considerations to make the CHIP initiatives maximally impactful. Recommendations included strong collaboration across sectors and ensuring cultural sensitivity.

Erie County 2025-2030 Prevention Agenda Priority Areas

PRIORITY 1

Domain: Social and Community Context

Priority: Anxiety and Stress (Mental Health)

Objective: Decrease the percentage of adults who experience frequent mental distress in households with an annual income of less than \$25,000 from 21.0% to 18.9%

Desired Outcome	Indicator	Data Source	Population	Baseline	Target
Reduce the prevalence of anxiety and stress	Percentage of adults 18 years and older experiencing frequent mental distress during the past month, among adults, age-adjusted percentage	BRFSS	Adults in households with an annual income of less than \$25,000	21.0% (2021)	18.9% (2030)

Interventions

1.1 Promote resilience-building strategies for people living with chronic illness or at risk of chronic illness by enhancing protective factors, such as:

- Independence
- Social Support
- Mindfulness
- Self-care
- Self-esteem
- Reduced anxiety

1.2 Partner with community-based organizations to promote access to prevention and screening services.

Action Plan

Erie County's plan to improve mental health is to build upon existing projects and resources. The ECOHE conducts both Adult and Youth Mental Health First Aid trainings as well as mindfulness workshops with community members and community organizations. This work will continue with a focus on offering trainings in priority communities.

The ECOHE successfully completed a Holistic Healing Pilot Program in 2022. To broaden the impact of this program, the ECOHE will create a project guide to support other local organizations to reproduce it. The ECOHE will also aid in the creation of project guides for the RISE (Resilience in Stressful Events) and PACE (Program of All-inclusive Care for the Elderly) peer support programs that will be piloted by Kaleida Health and the behavioral health programs that will be piloted by Catholic Health.

The Erie County Department of Mental Health has created EriePath, an app that directs parents and caregivers to mental health resources for children and youth. Starting with this app, the ECOHE will create an assets map of available resources for both youth and adults in Erie County. A survey will also be conducted to assess Erie County residents' awareness of available resources and ability to access them.

To help connect Erie County residents with mental health resources that are appropriate to their specific needs, the ECOHE created a resource guide, *Mental Health Allies in Erie County*. The ECOHE also created a publication, *Let's Talk About Mental Health*, that provides easy-to-read information about managing mental health. These resources will be distributed regularly in communities with higher rates of mental distress. Furthermore, the ECOHE will promote awareness of the EriePath App and other existing resources, including the programs offered by Kaleida, Catholic Health, and other health care partners, via social media, the ECOHE e-newsletter, and tabling at community events.

Populations of focus for these interventions will include people with substance use disorders, caregivers, veterans, rural residents, and people with disabilities.

Measures

1.1.1: ECOHE and partners will publish project guides for 3 pilot programs between 1/1/2026 and 12/31/2030.

1.1.2: By 12/31/2026, ECOHE staff or partners will provide 10 MHFA trainings.

1.1.3: By 12/31/2026, ECOHE staff or partners will provide 5 mindfulness trainings.

1.2.1: ECOHE staff will distribute mental health educational materials at community locations and events 4 times per year.

1.2.2: The ECOHE will make 2 social media posts on Erie County social media accounts per year.

1.2.3: The ECOHE will partner with 10 community-based organizations to distribute ECDOH materials and resources.

PRIORITY 2

Domain: Economic Stability

Priority: Unemployment

Objective: Reduce unemployment among individuals aged 16 and older from 6.2% to 5.5%

Desired Outcome	Indicator	Data Source	Population	Baseline	Target
Decrease the percentage of people unemployed	Percentage unemployed	ACS	Adults aged 16 or older	6.2% (2022)	5.5% (2030)

Interventions

2.1 Engage in multi-sector collaborations that highlight the health burden of unemployment and underemployment and leverage these collaborations to create local pathways to meaningful employment. Strategies include identifying the partners and resources to develop job training programs and job opportunities that align with local labor market demands.

Action Plan

The ECOHE will create an inventory of resources that assist with employment. The ECOHE will then promote awareness of resources via social media, the ECOHE e-newsletter, tabling at community events, and sharing resources with community partners.

The ECOHE will aid Kaleida, Catholic Health, and other health care partners with their workforce development projects by helping with outreach over the health department's social media platforms, the ECOHE newsletter, and tabling at community events.

Measures:

2.1.1: By 12/31/2030, the ECOHE will produce a publication/resource sheet on employment and 1,000 copies will be distributed to community members and partners.

2.1.2: The ECOHE will participate in at least 2 meeting/workgroups per year that focus on employment.

PRIORITY 3

Domain: Economic Stability

Priority: Nutrition Security

Objective: Increase consistent household food security from 74% to 79%					
Desired Outcome	Indicator	Data Source	Population	Baseline	Target
Increase household food security	Percentage of adults 18 years of age and older that were food secure in the past 12 months	BRFSS	Households experiencing food insecurity	74.0% 2022	79.0% 2030

Interventions

3.1 Expand awareness and access points to get affordable, high quality, nutritious food.

3.2 Partner with community-based organizations to promote access to prevention and screening services.

Action Plan

During the CHIP planning meetings, representatives from community organizations highlighted many available resources that exist to promote food access in Erie County, such as food banks and community gardens. In the CHA community focus groups and interviews, participants discussed challenges to accessing those resources, such as lack of transportation; inability to use the food provided due to a lack of equipment, skills, or knowledge on how to prepare it; dietary restrictions; and lack of awareness of the resources that exist.

To enhance food access supports, Erie County will create an inventory of existing services and resources related to food access, followed by an assessment of resident's food access needs and awareness of those resources. The data from those endeavors will then inform a campaign to promote awareness of and connection to existing resources and advocate for programs to fill any gaps.

The ECOHE will also create project guides to recreate the Healthy Start Program and Pediatric Primary Care Food as Medicine Program that will be piloted by Kaleida Health and the Food Farmacy and Produce Prescription Programs that will be piloted by Catholic Health.

Measures

3.1.1: The ECOHE will update the *Let's Talk About Food Access* publication created in 2022 and will distribute paper copies to 50 sites in the county, with a focus on areas that have been purposefully underserved and under-resourced.

3.1.2: The *Let's Talk About Food Access* publication will be shared via the ECDOH social media accounts every 6 months.

3.2.1: The ECOHE, along with the Erie County Department of Environment and Planning and the Erie County Food Policy Council, will develop a map of food service areas to identify what types of food access certain communities have.

3.2.2: The ECOHE will partner with 5 community partners to distribute 100 surveys about food access needs, awareness of existing resources, and challenges to accessing those resources.

3.2.3: After analyzing the data from the survey, the ECOHE will develop a report on the gaps in services and resources to ensure food access for all Erie County residents.

3.2.4: The ECOHE will create at least 1 project guide for programs related to food access.

PRIORITY 4

Domain: Economic Stability

Priority: Housing Stability and Affordability

Objective: Increase the percentage of adults, with an annual income of less than \$25,000 who are able to pay their mortgage, rent, or utility bills in the past 12 months from 65.1% to 75.1%

Desired Outcome	Indicator	Data Source	Population	Baseline	Target
Increase the proportion of people who receive housing assistance	Percentage of adults 18 years of age and older who were able to pay their mortgage, rent, or utility bills in the past 12 months.	BRFSS	Adults with an annual total income of less than \$25,000	65.1% 2023	75.1% 2030

Interventions

4.1 Participate in a community assessment regarding housing needs and awareness of programs available that assist with rental and home rehabilitation costs and provide navigation supports to connect residents to available programs.

4.2 Partner with community-based organizations (CBOs) to promote access to prevention and screening services.

Action Plan

For people struggling with chronic illnesses, disease management is vital to housing stability (102). In 2026, the ECOHE will partner with CBOs to pilot a Health to Your Home program that will provide individuals living in ZIP codes with the highest health disparities, with resources and training that will support their health and ability to safely remain in their homes. Education and

equipment provided in this pilot program will focus on heart and respiratory health. To evaluate the program, participants will complete a series of surveys.

In the CHA community focus groups and interviews, as well as previous community focus groups conducted by the ECOHE, participants discussed challenges to stable housing, including affordability, unsafe conditions, and negligent landlords. In the CHIP planning meetings, representatives from Erie County offices and local CBOs discussed that there are existing programs to address housing, but some services are limited due to siloed resources that are often restricted to specific geographic areas. To enhance housing supports, Erie County will work with community organizations who focus on housing issues to create an inventory of existing services and resources related to housing. This will be followed by an assessment of resident's housing needs and awareness of those resources. The data from those endeavors will then inform a campaign to promote awareness of and connection to existing resources and advocate for programs to fill any gaps.

Measures

4.1.1: The ECOHE will partner with at least 5 community partners to assess housing needs and awareness of existing resources.

4.1.2: The ECOHE and community partners that focus on housing issues will develop a report on the gaps in services and resources to ensure housing stability for all Erie County residents.

4.2.1: The ECOHE will pilot the Health to Your Home program with 400 community members.

Partner Engagement

To continuously monitor the CHA/CHIP, the CHA/CHIP Workgroup members have planned to hold quarterly meetings. The purpose of these meetings will be to review the goals, objectives, and tasks associated with each priority. This will be done to collect data and information on progress as well as to identify and areas for improvement. This will also provide time to plan the community partner meetings.

Community partner meetings will be held approximately every six months. These meetings will update community partners on the progress as well as offer an opportunity for continued collaboration. It is a goal of the CHA/CHIP Workgroup to conduct at least one community partner meeting per year in person per to further build an effective collaborative work group with community organizations, hospitals, and government. One year prior to the mid-cycle update, meeting frequency for the CHA/CHIP Workgroup will change to monthly.

The following table shows the proposed meeting schedule for 2026-2027.

Group	Estimated Date
CHA/CHIP Workgroup	February 2026
CHA/CHIP Workgroup & Community Partners	May 2026
CHA/CHIP Workgroup	August 2026

Group	Estimated Date
CHA/CHIP Workgroup & Community Partners	November 2026
CHA/CHIP Workgroup	February 2027
CHA/CHIP Workgroup & Community Partners	May 2027
CHA/CHIP Workgroup	August 2027
CHA/CHIP Workgroup & Community Partners	November 2027

Sharing Findings and Distribution Plan

The 2025-2030 CHA and CHIP will be distributed in several ways. The Executive Summary will be professionally translated into Spanish, Arabic, Burmese, Bengali, and Swahili. The English and translated versions of the Executive Summary, along with the full CHA, CHIP, and workplan, will be posted online at [Erie.gov/CHA](https://erie.gov/CHA). In addition, Catholic Health and Kaleida will post documents on their respective web pages.

The Erie County Department of Health will promote the completed report through social media posts, press releases, and email distribution lists. The CHA/CHIP Workgroup will also continue to closely partner with LWE in sharing the findings from the CHA, finding areas to collaborate on the CHIP, and growing engagement for both the CHA/CHIP process and LWE.

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APPENDICES

Appendix A: Map of Lead Communities of Concern

Appendix B: Reportable Disease List and Provisional Reportable Communicable Diseases

Appendix C: CHA Community and Medical Provider Surveys

Appendix D: CHA Promotional Materials

Appendix E: CHA Survey Results

Appendix F: Community Meeting Materials

Appendix G: Methodology for Scoring Priorities

Appendix H: Catholic Health Supplementals

Appendix I: Kaleida Supplementals

Appendix J: ECMC Supplementals

Appendix K: Erie County Health Equity Act of 2021

Appendix L: Accessibility Tables

Appendix M: CHA Provider Interview Materials

Appendix N: CHA Focus Group Materials

Appendix O: Additional Community Assets and Resources

APPENDIX A:

LEAD COMMUNITIES OF CONCERN

APPENDIX B:

**REPORTABLE DISEASE
LIST & PROVISIONAL
REPORTABLE
COMMUNICABLE
DISEASES**

Communicable Disease Reporting Requirements

Reporting of suspected or confirmed communicable diseases is mandated under the New York State Sanitary Code (10NYCRR 2.10,2.14). The primary responsibility for reporting rests with the physician; moreover, laboratories (PHL 2102), school nurses (10NYCRR 2.12), day care center directors, nursing homes/hospitals (10NYCRR 405.3d) and state institutions (10NYCRR 2.10a) or other locations providing health services (10NYCRR 2.12) are also required to report the diseases listed below.

Anaplasmosis	Cyclosporiasis	Hospital associated	Poliomyelitis	Streptococcal infection
Amebiasis	Diphtheria	infections (as defined in	Psittacosis	(invasive disease) ⁵
Animal bites for which	E.coli O157:H7 infection ⁴	section 2.2 10NYCRR)	Q Fever ²	Group A beta-hemolytic
rabies prophylaxis is	Ehrlichiosis	Influenza,	Rabies ¹	strep
given ¹	Encephalitis	laboratory-confirmed	Respiratory syncytial virus (RSV)	Group B strep
Anthrax ²	Foodborne Illness	Legionellosis	laboratory-confirmed	Streptococcus pneumoniae
Arboviral infection ³	Giardiasis	Listeriosis	Respiratory syncytial virus (RSV)	Syphilis, specify stage ⁷
Babesiosis	Glanders ²	Lyme disease	pediatric fatalities	Tetanus
Botulism ²	Gonococcal infection	Lymphogranuloma venereum	Rocky Mountain spotted fever	Toxic shock syndrome
Brucellosis ²	Haemophilus influenzae ⁵	Malaria	Rubella	Transmissible spongiform
Campylobacteriosis	(invasive disease)	Measles	(including congenital	encephalopathies ⁸ (TSE)
Chancroid	Hantavirus disease	Melioidosis ²	rubella syndrome)	Trichinosis
Chlamydia trachomatis	Hemolytic uremic syndrome	Meningitis	Salmonellosis	Tuberculosis current
infection	Hepatitis A	Aseptic or viral	Shigatoxin-producing E.coli ⁴	disease (specify site)
Cholera	Hepatitis A in a food handler	Haemophilus	(STEC)	Tularemia ²
Coronavirus	Hepatitis B (specify acute or	Meningococcal	Shigellosis ⁴	Typhoid
COVID-19 (SARS CoV-2)	chronic)	Other (specify type)	Smallpox ²	Vaccinia disease ⁹
Severe Acute Respiratory	Hepatitis C (specify acute or	Meningococemia	Staphylococcus aureus ⁶ (due	Varicella
Syndrome (SARS)	chronic)	Mpox	to strains showing reduced	(not shingles)
Middle East Respiratory	Pregnant hepatitis B carrier	Mumps	susceptibility or resistance	Vibriosis ⁶
Syndrome (MERS)	Herpes infection, infants	Pertussis	to vancomycin)	Viral hemorrhagic fever ²
Cryptosporidiosis	aged 60 days or younger	Plague ²	Staphylococcal	Yersiniosis
			enterotoxin B poisoning ²	

WHO SHOULD REPORT?

Physicians, nurses, laboratory directors, infection control practitioners, health care facilities, state institutions, schools.

WHERE SHOULD REPORT BE MADE?

Report to local health department where patient resides.

Contact Person _____

Name _____

Address _____

Phone _____ Fax _____

WHEN SHOULD REPORT BE MADE?

Within 24 hours of diagnosis:

- Phone diseases in bold type,
- Report all other diseases promptly to county health department where individual resides.
- In New York City use form PD-16.

SPECIAL NOTES

- Diseases listed in **bold type** **P** warrant prompt action and should be reported **immediately** to local health departments by phone followed by submission of the confidential case report form (DOH-389). In NYC use case report form PD-16.
- In addition to the diseases listed above, any unusual disease (defined as a newly apparent or emerging disease or syndrome that could possibly be caused by a transmissible infectious agent or microbial toxin) is reportable.
- Outbreaks: while individual cases of some diseases (e.g., streptococcal sore throat, head lice, impetigo, scabies and pneumonia) are not reportable, a cluster or outbreak of cases of any communicable disease is a reportable event.
- **Cases of HIV infection, HIV-related illness and AIDS (Stage 3) are reportable on the Medical Provider HIV/AIDS and Partner/Contact Report Form DOH-4189. The form may be obtained by contacting:**

Division of Epidemiology, Evaluation and Partner Services
P.O. Box 2073, ESP Station
Albany, NY 12220-2073
(518) 474-4284

In NYC: New York City Department of Health and Mental Hygiene
For HIV/AIDS reporting, call: (212) 442-3388

1. Local health department must be notified prior to initiating rabies prophylaxis.
2. Diseases that are possible indicators of bioterrorism.
3. Including, but not limited to, infections caused by eastern equine encephalitis virus, western equine encephalitis virus, West Nile virus, St. Louis encephalitis virus, La Crosse virus, Powassan virus, Jamestown Canyon virus, dengue and yellow fever.
4. Positive shigatoxin test results should be reported as presumptive evidence of disease.
5. Only report cases with positive cultures from blood, CSF, joint, peritoneal or pleural fluid. Do not report cases with positive cultures from skin, saliva, sputum or throat.
6. Proposed addition to list.
7. Any non-treponemal test $\geq 1:16$ or any positive prenatal or delivery test regardless of titer or any primary or secondary stage disease, should be reported by phone; all others may be reported by mail.
8. Including Creutzfeldt-Jakob disease. Cases should be reported directly to the New York State Department of Health Alzheimer's Disease and Other Dementias Registry at (518) 473-7817 upon suspicion of disease. In NYC, cases should also be reported to the NYCDOHMH.
9. Persons with vaccinia infection due to contact transmission and persons with the following complications from vaccination: eczema vaccinatum, erythema multiforme major or Stevens-Johnson syndrome, fetal vaccinia, generalized vaccinia, inadvertent inoculation, ocular vaccinia, post-vaccinal encephalitis or encephalomyelitis, progressive vaccinia, pyogenic infection of the infection site, and any other serious adverse events.

ADDITIONAL INFORMATION

For more information on disease reporting, call your local health department or the New York State Department of Health Bureau of Communicable Disease Control at (518) 473-4439 or (866) 881-2809 after hours. In New York City, 1 (866) NYC-DOH1.

PLEASE POST THIS CONSPICUOUSLY

Provisional Reportable Communicable Diseases in Erie County

as of 11/25/2025

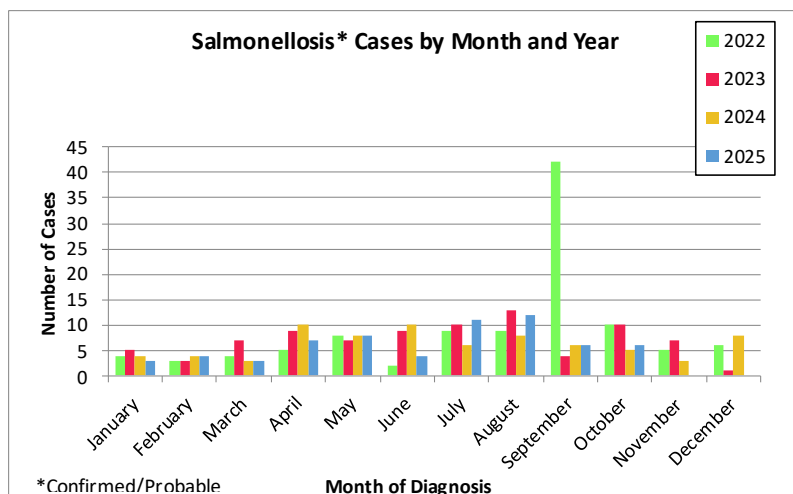
1. Selected Reportable Communicable Diseases in Erie County

Gastrointestinal Diseases

Salmonellosis* Cases

Month	2022	2023	2024	2025
January	4	5	4	3
February	3	3	4	4
March	4	7	3	3
April	5	9	10	7
May	8	7	8	8
June	2	9	10	4
July	9	10	6	11
August	9	13	8	12
September	42	4	6	6
October	10	10	5	6
November	5	7	3	
December	6	1	8	
Total	107	85	75	64

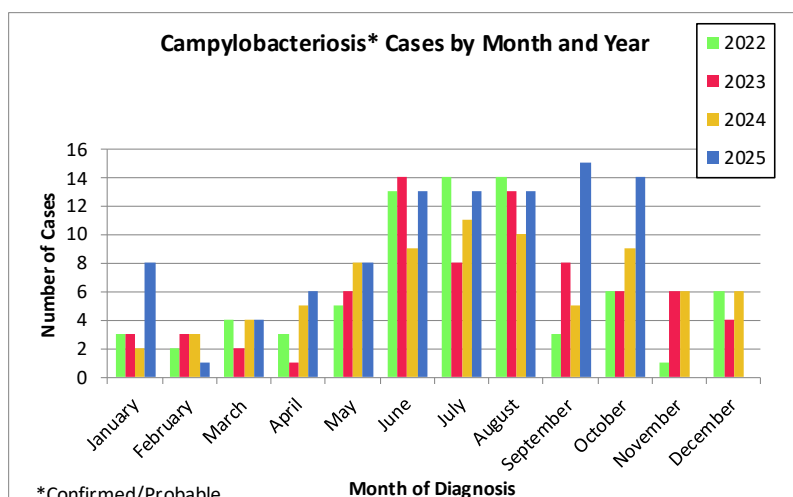
*Confirmed/Probable



Campylobacteriosis* Cases

Month	2022	2023	2024	2025
January	3	3	2	8
February	2	3	3	1
March	4	2	4	4
April	3	1	5	6
May	5	6	8	8
June	13	14	9	13
July	14	8	11	13
August	14	13	10	13
September	3	8	5	15
October	6	6	9	14
November	1	6	6	
December	6	4	6	
Total	74	74	78	95

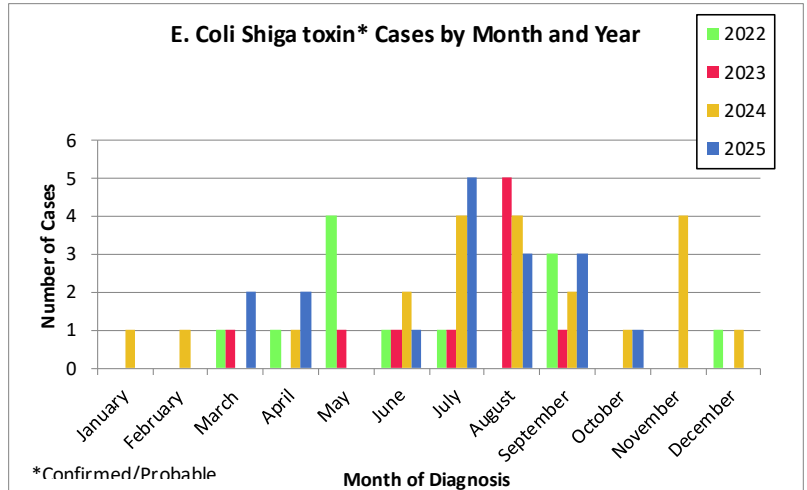
*Confirmed/Probable



E. Coli Shiga toxin* Cases

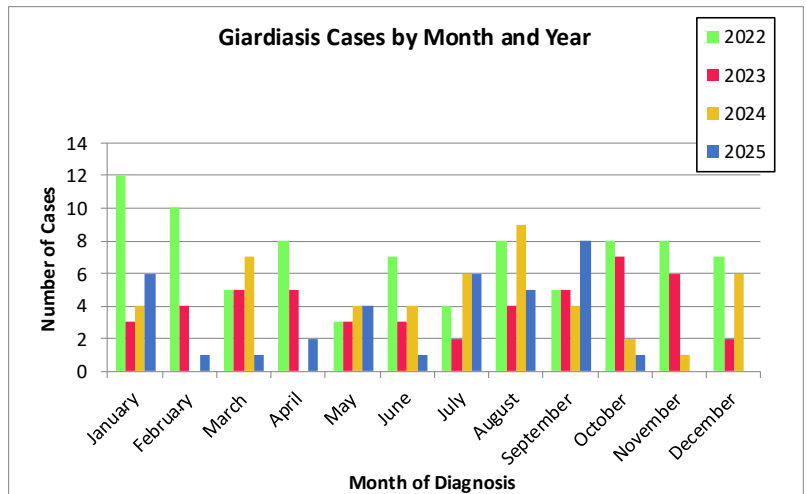
Month	2022	2023	2024	2025
January	0	0	1	0
February	0	0	1	0
March	1	1	0	2
April	1	0	1	2
May	4	1	0	0
June	1	1	2	1
July	1	1	4	5
August	0	5	4	3
September	3	1	2	3
October	0	0	1	1
November	0	0	4	
December	1	0	1	
Total	12	10	21	17

*Confirmed/Probable



Giardiasis Cases

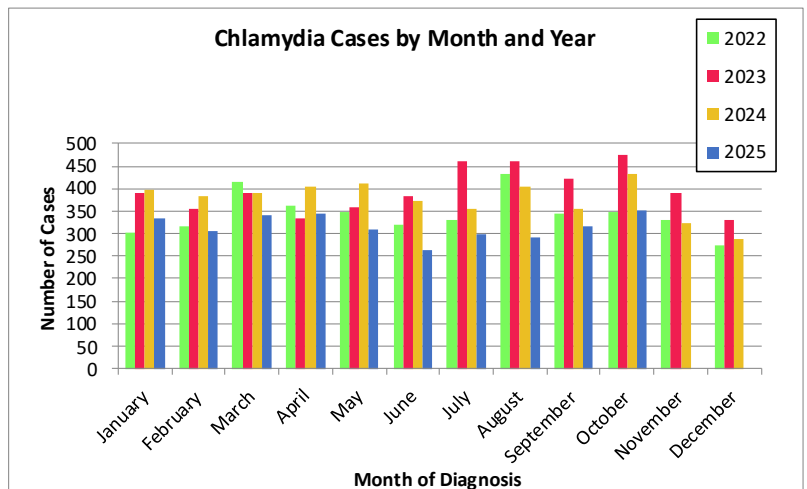
Month	2022	2023	2024	2025
January	12	3	4	6
February	10	4	0	1
March	5	5	7	1
April	8	5	0	2
May	3	3	4	4
June	7	3	4	1
July	4	2	6	6
August	8	4	9	5
September	5	5	4	8
October	8	7	2	1
November	8	6	1	
December	7	2	6	
Total	85	49	47	35



Sexually Transmitted Infections

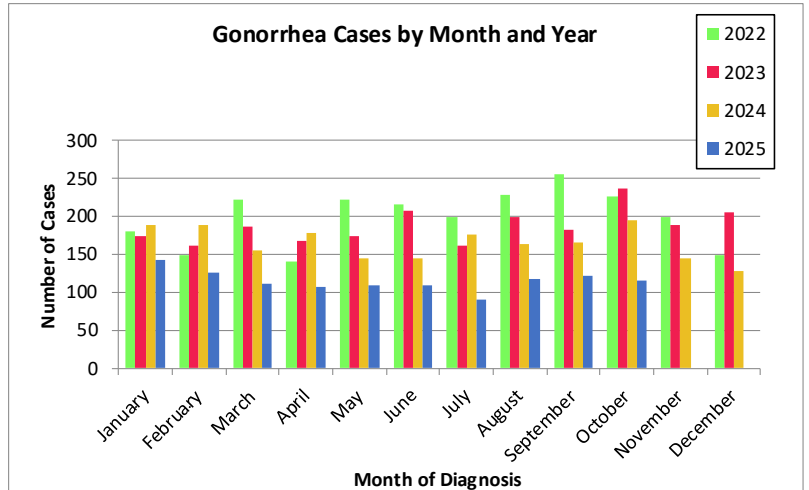
Chlamydia Cases

Month	2022	2023	2024	2025
January	303	389	396	334
February	316	356	383	305
March	415	390	391	342
April	361	335	404	345
May	347	360	412	310
June	318	384	373	264
July	329	460	356	299
August	432	462	404	291
September	343	421	354	315
October	347	476	431	350
November	329	390	323	
December	275	331	287	
Total	4115	4754	4514	3155



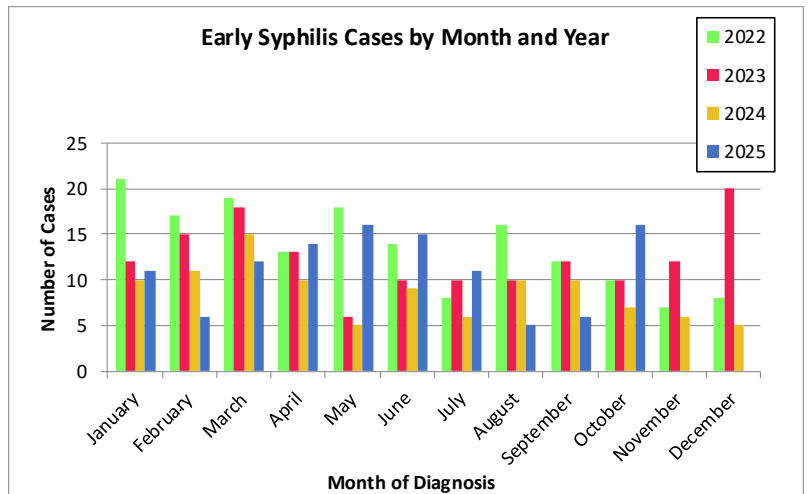
Gonorrhea Cases

Month	2022	2023	2024	2025
January	180	174	188	143
February	149	161	188	126
March	221	187	155	111
April	141	168	177	106
May	222	173	144	108
June	215	206	144	108
July	198	161	175	89
August	227	198	164	117
September	254	182	166	122
October	226	237	194	115
November	198	188	145	
December	149	205	128	
Total	2380	2240	1968	1145



Early Syphilis Cases

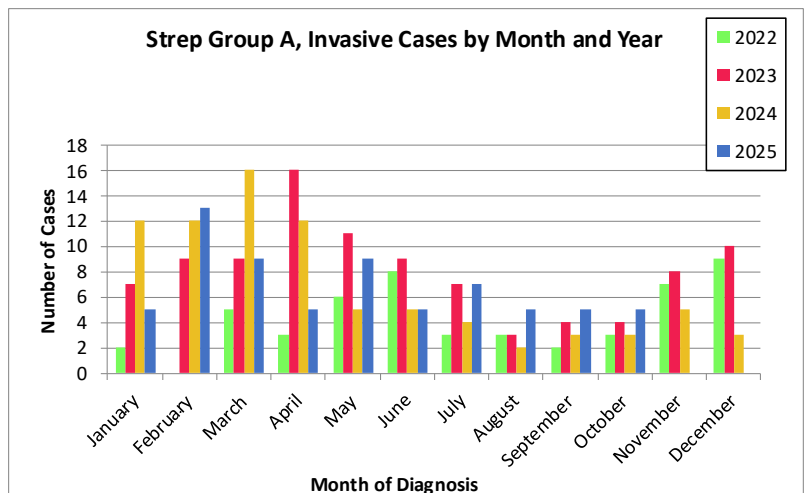
Month	2022	2023	2024	2025
January	21	12	10	11
February	17	15	11	6
March	19	18	15	12
April	13	13	10	14
May	18	6	5	16
June	14	10	9	15
July	8	10	6	11
August	16	10	10	5
September	12	12	10	6
October	10	10	7	16
November	7	12	6	
December	8	20	5	
Total	163	148	104	112



Other Diseases

Strep Group A, Invasive Cases

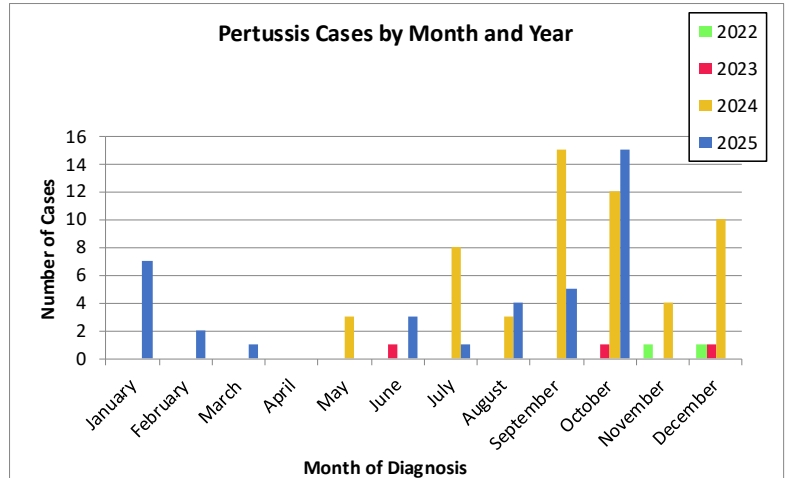
Month	2022	2023	2024	2025
January	2	7	12	5
February	0	9	12	13
March	5	9	16	9
April	3	16	12	5
May	6	11	5	9
June	8	9	5	5
July	3	7	4	7
August	3	3	2	5
September	2	4	3	5
October	3	4	3	5
November	7	8	5	
December	9	10	3	
Total	51	97	82	68



Pertussis* Cases

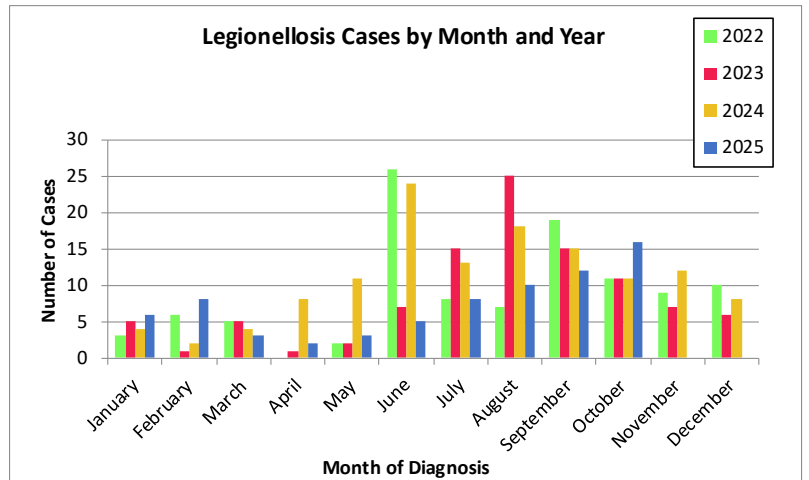
Month	2022	2023	2024	2025
January	0	0	0	7
February	0	0	0	2
March	0	0	0	1
April	0	0	0	0
May	0	0	3	0
June	0	1	0	3
July	0	0	8	1
August	0	0	3	4
September	0	0	15	5
October	0	1	12	15
November	1	0	4	
December	1	1	10	
Total	2	3	55	38

*Confirmed/Probable



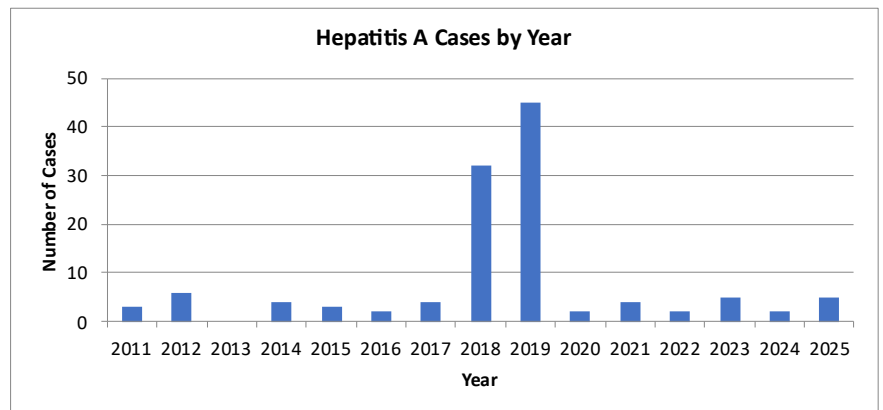
Legionellosis Cases

Month	2022	2023	2024	2025
January	3	5	4	6
February	6	1	2	8
March	5	5	4	3
April	0	1	8	2
May	2	2	11	3
June	26	7	24	5
July	8	15	13	8
August	7	25	18	10
September	19	15	15	12
October	11	11	11	16
November	9	7	12	
December	10	6	8	
Total	106	100	130	73



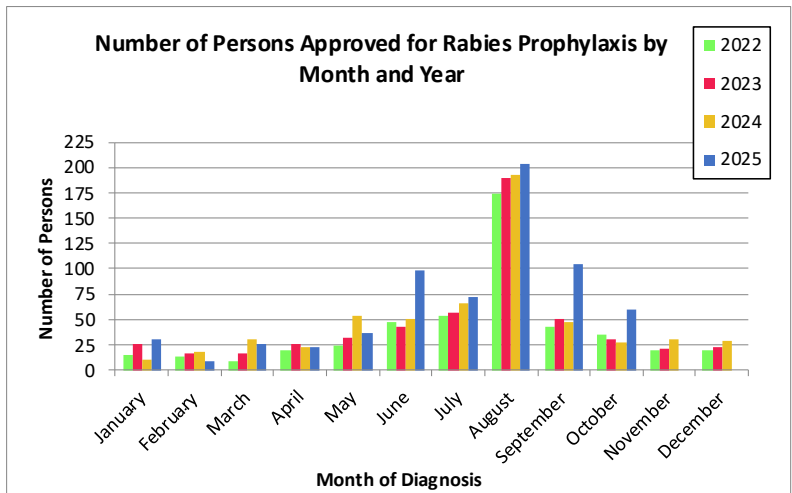
Hepatitis A Cases

Year	Cases
2011	3
2012	6
2013	0
2014	4
2015	3
2016	2
2017	4
2018	32
2019	45
2020	2
2021	4
2022	2
2023	5
2024	2
2025	5



Number of Persons Approved for Rabies Prophylaxis

Month	2022	2023	2024	2025
January	15	26	10	31
February	14	16	18	9
March	8	17	31	26
April	19	25	22	22
May	24	32	53	37
June	47	42	50	98
July	54	57	66	72
August	174	189	192	203
September	42	51	47	105
October	35	30	27	60
November	19	21	31	
December	19	22	29	
Total	470	528	576	663



2. Reportable Communicable Diseases in New York State by County

The following link provides statewide annual reports on the number of cases and rates per 100,000 population of communicable diseases in New York State by disease and county.

<https://www.health.ny.gov/statistics/diseases/communicable/>

APPENDIX C:

CHA COMMUNITY AND MEDICAL PROVIDER SURVEYS

OFFICE OF HEALTH EQUITY



Erie County
Department of
Health



Catholic Health



Kaleida Health

2024-2025 Erie County Community Health Assessment Survey

The New York State Department of Health asks all counties to do a Community Health Assessment (CHA) and design a Community Health Improvement Plan (CHIP). The CHA and CHIP are used to improve the health of all Erie County residents. Please help improve the health of Erie County by completing the following survey to with your valuable input into this process.

This survey should take about 10-20 minutes to complete. At the end of the survey, you will have the option to be entered into a raffle for a \$100 gift card to Tops! You must complete this survey to be eligible to win.

More information on CHAs and CHIPs are available by scanning this QR Code for the CDCs website.



Survey Eligibility

1. Do you live, work, or go to school in Erie County? **Select one.**

- ☐ Yes
- ☐ No

If you do not live in, work, or go to school in Erie County, you are not eligible to complete this survey.

2. Which of the following applies to you? **Select all that apply.**

- ☐ I live in Erie County
- ☐ I work in Erie County
- ☐ I go to school in Erie County

3. If you live in Erie County, what is the ZIP code of your home address? **Select one.**

- ☐ My Erie County ZIP code is _____
- ☐ I do not live in Erie County (I only work or go to school here)
- ☐ I do not have a home address

CONTINUED ON NEXT PAGE

Community Issues and Concerns

4. Which community factors do you feel **should be focused on for improvement** in the 2025-2030 Community Health Improvement Plan?

The Community Health Improvement Plan (CHIP) is a joint community effort to address public health problems. The CHIP creates a framework for measuring the impact towards community health and allows the government and community partners to address top health concerns.

Please select at most 5 options.

- ☐ Access to affordable, healthy food
- ☐ Access to community services and resources
- ☐ Access to continued education programs (such as GED and vocational programs or trade schools)
- ☐ Access to quality health and wellness programs in school
- ☐ Access to reliable transportation (use of a personal vehicle or reliable public transportation)
- ☐ Access to translation and interpretation services
- ☐ Availability and access to services to support healthy children (such as childcare, early intervention, or lead screening)
- ☐ Community spaces like parks, walkways, bike paths, and community centers
- ☐ Cost of health care services or access to health insurance
- ☐ Employment options that pays a livable wage
- ☐ Environmental conditions like air, water, and soil
- ☐ Housing options that are affordable and safe
- ☐ Parent support services (such as breastfeeding and chestfeeding locations and parental leave availability)
- ☐ Racism and discrimination
- ☐ Safety of your neighborhood
- ☐ Other _____
- ☐ Do not wish to say

CONTINUED ON NEXT PAGE

5. Which health conditions do you feel should be **focused on for improvement** in the 2025-2030 Community Health Improvement Plan?

Please select at most 5 options.

- ☐ Asthma, COPD, or other chronic respiratory conditions
- ☐ Cancer
- ☐ Cigarettes, tobacco products, vaping, or nicotine use
- ☐ COVID-19 or long COVID
- ☐ Dental health issues (such as cavities or tooth removals)
- ☐ Diabetes
- ☐ Heart issues (such as high blood pressure, cholesterol, heart disease, or stroke)
- ☐ Infectious diseases (such as HIV or AIDS, hepatitis, or sexually transmitted diseases)
- ☐ Injuries (such as falls or motor vehicle accidents)
- ☐ Lead poisoning and lead issues
- ☐ Mental health, depression, anxiety and stress management
- ☐ Obesity, weight management, or nutrition
- ☐ Reproductive and birth issues (such as pregnancy complications, teen pregnancy, or infant injuries and death)
- ☐ Substance use disorders (such as alcohol, cannabis, or opioid)
- ☐ Violence related injury (such as child abuse, elder abuse, or domestic violence) and firearm (gun) injuries and deaths
- ☐ Other _____
- ☐ Do not wish to say

6. We are also interested in what you believe is missing in your community. What are some services that would help support health and wellbeing in your community?

Demographics

7. What is your current age? _____

8. What is your race and ethnicity? **Select all that apply.**

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Middle Eastern or North African
- ☐ Pacific Islander or Hawaii Native
- ☐ White
- ☐ Other _____
- ☐ Do not wish to say

9. What is your gender? **Select all that apply.**

- ☐ Gender non-conforming or gender expansive
- ☐ Man
- ☐ Non-binary
- ☐ Not sure or questioning
- ☐ Woman
- ☐ Other _____
- ☐ Do not wish to say

10. Are you transgender? **Select one.**

Transgender describes a person whose gender identity is different from the sex that they were assigned at birth.

- ☐ Yes
- ☐ No
- ☐ Not sure or questioning
- ☐ Do not wish to say

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

- ☐ Asexual (someone who does not experience sexual attraction)
- ☐ Bisexual (someone attracted to people of two or more genders)
- ☐ Gay (someone attracted to people of the same gender)
- ☐ Lesbian (a woman attracted to other women)
- ☐ Not sure or questioning
- ☐ Pansexual (someone attracted to people of all genders)
- ☐ Queer (someone whose sexual orientation is something other than straight or heterosexual)
- ☐ Straight or heterosexual (sexually attracted to people of a different gender)
- ☐ Other _____
- ☐ Do not wish to say

CONTINUED ON NEXT PAGE

12. Do you have a disability? **Select one.**

The American with 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.

- ☐ Yes – Proceed to question 13
- ☐ No – Skip to question 14
- ☐ Do not wish to say – Skip to question 14

13. What type of disability do you have? **Select all that apply.**

- ☐ Developmental or intellectual
- ☐ Mental or emotional
- ☐ Physical or mobility
- ☐ Sensory (such as blindness or deafness)
- ☐ Other _____
- ☐ Do not wish to say

14. Who do you live with? **Select all that apply.**

- ☐ No one or you live alone
- ☐ Spouse or partner
- ☐ Child or children 18 and younger
- ☐ Child or children over 18
- ☐ Your parent(s) or your partner's parent(s)
- ☐ Friend(s) or unrelated roommate(s)
- ☐ I live in a shared living space (group home, dormitory, assisted living, transitional housing, shelter)
- ☐ Other _____
- ☐ Do not wish to say

15. Were you born outside the United States? **Select one.**

- ☐ Yes
- ☐ No
- ☐ Do not wish to say

16. What is the primary language spoken at home? **Select one.**

- ☐ English
- ☐ Arabic
- ☐ Bengali
- ☐ Burmese
- ☐ Spanish
- ☐ Swahili
- ☐ Other _____
- ☐ Do not wish to say

CONTINUED ON NEXT PAGE

Personal and Family Health

17. Thinking about your health in the past year, how would you rate the following? Select one box in each row.

	Poor	Fair	Good	Very Good	Excellent	Do not wish to say
Physical Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Have you or anyone in your household had any challenges to accessing the following types of health care in the past year? Select one box in each row.

	Yes	No	I don't know	Does not apply to my household
PRIMARY CARE (routine check-ups or minor health visits)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DENTAL HEALTH (routine check-ups and emergency dental)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HARM REDUCTION OR TREATMENT FOR SUBSTANCE USE DISORDERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MENTAL HEALTH (psychiatrists, therapists, counseling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REPRODUCTIVE CARE (pregnancy prevention, abortion, prenatal care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMERGENCY CARE (hospital, ER, urgent care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Have you experienced any chronic or long-term physical medical conditions? Select one.

For example: asthma, cancer, heart disease, high blood pressure, diabetes, or obesity.

- ☐ Yes – Proceed to question 20
- ☐ No – Skip to question 21
- ☐ Do not wish to say– Skip to question 21

CONTINUED ON NEXT PAGE

20. If yes, which of the following physical conditions have you experienced? **Select all that apply.**

- ☐ Asthma
- ☐ Cancer
- ☐ COPD or other lower respiratory diseases
- ☐ Diabetes
- ☐ Heart disease
- ☐ High blood pressure
- ☐ High cholesterol
- ☐ Kidney disease
- ☐ Liver disease
- ☐ Long-term COVID symptoms
- ☐ Obesity
- ☐ Other _____
- ☐ Do not wish to say

21. Have you experienced any mental health conditions? **Select one.**

For example: anxiety, depression, PTSD, or substance use disorder (SUD)

- ☐ Yes – Proceed to question 22
- ☐ No – Skip to question 23
- ☐ Do not wish to say – Skip to question 23

22. If yes, which of the following mental health conditions have you experienced? **Select all that apply.**

- ☐ Anxiety
- ☐ Bipolar disorder
- ☐ Borderline personality disorder (BPD)
- ☐ Depression
- ☐ Post-traumatic stress disorder (PTSD)
- ☐ Substance use disorder (SUD)
- ☐ Other _____
- ☐ Do not wish to say

23. Do you have any children (age 18 or younger) that have any physical or mental health condition or special needs? **Select one.**

- ☐ Yes– Proceed to question 24
- ☐ No– Skip to question 25
- ☐ Do not wish to say– Skip to question 25

CONTINUED ON NEXT PAGE

24. Which mental or physical health conditions or special needs do the children in your home have?

Select all that apply.

- ☐ Asthma
- ☐ Developmental or learning disability (such as autism spectrum disorder or auditory processing disorder)
- ☐ Diabetes
- ☐ Fine motor challenges (such as challenges holding a pencil)
- ☐ Gross motor challenges (such as challenges with walking, balancing, or complex movements)
- ☐ Mental, emotional or behavioral challenges (such as anxiety, depression, or oppositional defiant disorder)
- ☐ Obesity
- ☐ Severe allergies (any allergy that can result in a life-threatening reaction)
- ☐ Speech delay or impediment or non-verbal
- ☐ Vision or hearing impairment
- ☐ Other _____
- ☐ Do not wish to say

Education and Employment

25. What is your highest level of education? **Select one.**

- ☐ Less than high school or did not finish high school
- ☐ High school graduate or GED equivalency
- ☐ No college degree, but technical degree, trade expert or other certificate program
- ☐ Some college, but no degree
- ☐ Associate's degree (such as AA, AS)
- ☐ Bachelor's degree (such as BA, BBA, BS, BSN)
- ☐ Master's degree (such as MA, MS, MBA, MSN)
- ☐ Doctorate or terminal degree (such as MD, DDS, JD, PhD, EdD)
- ☐ Other _____
- ☐ Do not wish to say

CONTINUED ON NEXT PAGE

26. What option best describes your current employment status? **Select one.**

- ☐ Unemployed, not currently working, retired, or a student – Proceed to question 27
- ☐ Temporary or seasonal work only (your current job will only last a short period) – Skip to question 28
- ☐ Part-time, in only one job (total hours at your only job is less than 40 per week) – Skip to question 28
- ☐ Part-time, in multiple jobs (total hours of all jobs are less than 40 hours per week) – Skip to question 28
- ☐ Full-time, in only one job (total hours at your only job is 40 or more hours per week) – Skip to question 28
- ☐ Full-time, in multiple jobs (total hours of all jobs are 40 or more hours per week) – Skip to question 28
- ☐ Other _____
- ☐ Do not wish to say – Skip to question 25

27. What is your main reason for your unemployment? **Select one.**

- ☐ I am a student or in school
- ☐ I am a homemaker or stay at home
- ☐ I am retired
- ☐ Currently looking for employment
- ☐ I am unable to work because of a disability
- ☐ Other _____
- ☐ Do not wish to say

28. What is your approximate total household income? **Select one.**

This is the total amount that everyone who earns money in your home makes. Each option is shown per year, month, and week.

- ☐ Less than \$25,000 per year or less than \$2,083 per month or less than \$480 per week
- ☐ \$25,000 - \$34,999 per year or \$2,083 - \$2,917 per month or \$480 - \$643 per week
- ☐ \$35,000 - \$44,999 per year or \$2,917 - \$3,750 per month or \$643 - \$865 per week
- ☐ \$45,000 - \$54,999 per year or \$3,750 - \$4,583 per month or \$865 - \$1,058 per week
- ☐ \$55,000 - \$74,999 per year or \$4,583 - \$6,250 per month or \$1,058 - \$1,442 per week
- ☐ \$75,000 - \$94,999 per year or \$6,250 - \$7,917 per month or \$1,442 - \$1,827 per week
- ☐ \$95,000 - \$124,999 per year or \$7,917 - \$10,417 per month or \$1,827 - \$2,404 per week
- ☐ \$125,000 - \$174,999 per year or \$10,417 - \$14,583 per month or \$2,404 - \$3,365 per week
- ☐ More than \$175,000 per year or more than \$14,583 per month or \$3,365 per week
- ☐ Do not wish to say

CONTINUED ON NEXT PAGE

Health Care Insurance

29. Do you currently have any type of health care coverage or health insurance? **Select one.**

- ☐ Yes – Proceed to question 30
- ☐ No – **Skip** question 30
- ☐ Do not wish to say– **Skip** question 30

30. What type of insurance do you have? **Select all that apply.**

- ☐ Covered by the VA
- ☐ Employer-sponsor private insurance (either through your job or your partner's job)
- ☐ Enrolled through the insurance marketplace (Obamacare) or through NYS of Health
- ☐ Medicaid
- ☐ Medicare
- ☐ Tribal health services or tribal insurance
- ☐ Other _____
- ☐ Do not wish to say

CONTINUED ON NEXT PAGE

Raffle Entry

Would you like to be entered into a raffle to win a \$100 Tops Supermarket Gift Card? **Select one.**

To be entered to win you must be willing to provide a name, email, and phone number.

- ☐ Yes – Please complete the contact information at the bottom of the page
- ☐ No

Focus Group Participation

Would you like to be considered for participating in community focus group to further discuss health issues in Erie County? Participating in a focus would make you eligible to receive a \$20 gift card for Tops Supermarket. **Select one.**

- ☐ Yes - Please complete the contact information at the bottom of the page
- ☐ No

Subscribe to Updates from the Office of Health Equity

Would you like to be added to the Office of Health Equity's email subscription list? **Select one.**

You must provide a name and email below to sign up to receive updates from the Erie County Office of Health Equity.

- ☐ Yes – Please complete the contact information at the bottom of the page
- ☐ No

Name: _____

Phone Number: _____

Email: _____

Home Address: _____



Erie County Medical Provider Survey for Community Health Improvement Planning

The New York State Department of Health asks all counties to complete a Community Health Assessment (CHA) and write a Community Health Improvement Plan (CHIP). The CHA and CHIP are used to improve the health of all Erie County residents. Please help improve the health of Erie County residents by completing the following survey.

This survey is intended for medical providers who provide services in Erie County, NY or primarily to Erie County, NY residents. This survey should take about 5-10 minutes to complete.

1. Do you provide medical/health services in Erie County, NY or primarily to Erie County, NY residents?

- ☐ Yes
- ☐ No

2. What is the name(s) of the medical practice(s) where you work?

Name(s): _____

3. What ZIP Code is your practice(s) located in?

ZIP Code(s): _____

4. Which community factors do you feel impact your patients the most and **should be focused on for improvement** in the 2025-2030 Community Health Improvement Plan? **Select up to 5.**

The Community Health Improvement Plan (CHIP) is a joint community effort to address public health problems. The CHIP creates a framework for measuring the impact towards community health and allows the government and community partners to address top health concerns.

- ☐ Access to affordable, healthy food
- ☐ Availability and access to services to support healthy children (childcare, early intervention, lead screening)
- ☐ Access to translation and interpretation services
- ☐ Community spaces like parks, walkways, bike paths, and community centers
- ☐ Cost of health care services or access to health insurance
- ☐ Environmental conditions like air, water and soil
- ☐ Employment options that pays a livable wage
- ☐ Housing options that are affordable and safe
- ☐ Racism and discrimination
- ☐ Safety of the neighborhood
- ☐ Access to reliable transportation (use of a personal vehicle or reliable public transportation)
- ☐ Access to quality health and wellness programs in school
- ☐ Parent support services (such as breastfeeding and chestfeeding locations and parental leave availability)
- ☐ Access to community services and resources
- ☐ Access to continued education programs (GED and vocational programs, trade schools, etc.)
- ☐ Do not wish to say
- ☐ Other _____

CONTINUED ON NEXT PAGE

5. Which health conditions do you feel impact your patients the most and should be **focused on for improvement** in the 2025-2030 Community Health Improvement Plan? **Select up to 5.**

- ☐ Asthma, COPD or other chronic respiratory conditions
- ☐ Cancer
- ☐ Cigarettes, tobacco products, vaping, or nicotine use or disorder
- ☐ COVID-19 or long COVID
- ☐ Dental health issue (cavities, tooth removals)
- ☐ Diabetes
- ☐ Heart issues (high blood pressure, cholesterol, heart disease, or stroke)
- ☐ Infectious diseases (HIV or AIDS, hepatitis, sexually transmitted diseases, etc.)
- ☐ Heart-related issues (high blood pressure, cholesterol, heart disease, or stroke)
- ☐ Injuries (falls, motor vehicle accidents, etc.)
- ☐ Lead Poisoning and Lead Issues
- ☐ Mental health, depression, anxiety and stress management
- ☐ Overweight, obesity or weight management and nutrition
- ☐ Reproductive and birth issues (pregnancy complications, teen pregnancy, infant injuries and death)
- ☐ Substance Use Disorders (including Alcohol, Cannabis, and Opioid)
- ☐ Violence related injury (child abuse, elder abuse, domestic violence, etc.) and Firearm (gun) injuries and deaths
- ☐ Do not wish to say
- ☐ Other _____

6. Do you feel your patients have challenges accessing the following types of health care?

	Yes	No	I Don't Know
PRIMARY CARE (routine check-ups or minor illness visits)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DENTAL HEALTH (routine check-ups and emergency dental)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BEHAVIORAL CARE (help with addiction, treatment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MENTAL HEALTH (therapists, counseling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REPRODUCTIVE CARE (pregnancy prevention, abortion, prenatal care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMERGENCY CARE (Hospital, ER, Urgent Care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. We are also interested in what you believe we are lacking in our community. What are some services that we do not have that would help support health and wellbeing in our community?

APPENDIX D:

CHA PROMOTIONAL MATERIALS

Dear Community Partner,

Thank you for your interest in participating in the 2025-2030 Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) process. One of our first tasks is to distribute a survey asking community members to share which health issues and social determinants of health they feel should be prioritized in the CHIP. As a trusted entity, you can help by inviting the community members within your scope and reach to complete the survey.

The survey is available online at:

[Erie.gov/cha](https://erie.gov/cha)

Attached are a flyer, an advertisement designed for tear-off slips, and a PowerPoint slide which can be used to advertise the survey as you see fit. The following announcements have also been prepared for social media platforms and are available for you to post on your organization's social media pages.

Please, feel free to contact our office if you would like any of these materials printed and delivered to you for distribution; or if there is another format that you feel would be more accessible to your communities of focus.

Thank you,

Dear Provider,

Every six years, county health departments in New York State are required to collaborate with the local health care systems to develop a Community Health Assessment (CHA) and a Community Health Improvement Plan (CHIP), which will describe objectives for improving the identified priority areas over the upcoming six years.

As part of the Erie County CHA that is due next year, we are seeking input and perspective from the health care providers that serve Erie County residents. Attached is a survey asking your views about which health conditions and community factors should be prioritized in the 2025-2030 CHIP. We invite any and all medical professionals, including doctors, physicians' assistants, nurse practitioners, and nurses within your practice to participate.

Please click on the link below to complete this brief, eight-question survey. Your participation is greatly appreciated.

Thank you,

Erie County Medical Provider Survey for Community Health Improvement Planning:

<https://forms.office.com/g/9X6W3Uvczn>

Social Media Statements

Short Version:

Erie County, Catholic Health, Kaleida Heath, ECMC, and LiveWell Erie are working on the 2025-2030 Community Health Assessment and Community Health Improvement Plan.

Enter a raffle to win a \$100 gift card to Tops Friendly Markets and let us know what health conditions and community influences on health are important to you by taking this survey!

<https://bit.ly/ErieCountyCHA2024>

Longer Version:

Erie County, Catholic Health, Kaleida Heath, ECMC, and LiveWell Erie are working on the 2025-2030 Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). The CHA is a report on the health and well-being of the people who live in the county. The CHIP is a blueprint of plans to achieve specific goals for community health improvement over the next six-year period.

It is critical to involve the community in this process to learn about the most important health conditions and challenges to healthy living in Erie County. **Enter a raffle to win a \$100 gift card to Tops Friendly Markets** and let us know what health conditions and community influences on health are important to you by taking this survey!

<https://bit.ly/ErieCountyCHA2024>

ERIE COUNTY OFFICE OF HEALTH EQUITY

COMMUNITY HEALTH SURVEY

If you live, work, or go to school in Erie County, we want to hear from you!



FILL OUT THE SURVEY

Visit erie.gov/CHA or scan the QR code.



SHARE IT WITH YOUR FRIENDS AND FAMILY

The information collected in this survey will help develop programs and policies intended to improve the health of your community.



ENTER TO WIN

After completing the survey, enter a raffle to win a \$100 Tops gift card.



SURVEY & MORE INFO: [ERIE.GOV/CHA](http://erie.gov/CHA)

This survey is available in Arabic, Bengali, Burmese, English, Spanish, and Swahili. For paper copies, large print, or assistance submitting your survey, email healthequity@erie.gov or call (716) 858-2152. You can also call (716) 858-2152 to complete the survey over the phone.



OFFICE OF HEALTH EQUITY



Erie County
Department of
Health



Public Health
Prevent. Promote. Protect.



Catholic Health



Kaleida Health

ERIE COUNTY OFFICE OF HEALTH EQUITY

COMMUNITY HEALTH SURVEY

Answer questions about your experiences in Erie County and your health concerns. After completing the survey you will be invited to enter a raffle to win a \$100 Tops gift card.

ENTER TO WIN



\$100 TOPS GIFT CARD

FILL OUT THE SURVEY >



OFFICE OF HEALTH EQUITY



Erie County
Department of
Health



LiveWell
Erie



Catholic Health



Kaleida Health

ERIE COUNTY OFFICE OF HEALTH EQUITY

COMMUNITY HEALTH SURVEY



**If you live, work, or go to school in
Erie County, we want to hear from you!**



FILL OUT THE SURVEY

Visit www.erie.gov/CHA or scan the QR code above



SHARE IT WITH YOUR FRIENDS AND FAMILY

The information you share will help develop programs & policies intended to improve the health of your community

APPENDIX E:

SURVEY RESULTS

SUMMARY

DASHBOARDS OF SURVEY RESULTS

Dashboards were created to summarize the findings from both the 2025 CHA Community Survey and 2025 CHA Medical Provider Survey. These dashboards were created in Tableau and posted for public viewing in Tableau Public. Three dashboards are available and details on each are below.

Erie County CHA Survey Results

This dashboard contains two pages. One page shows the counts of responses to the three statements about respondents' dental health, mental health, and physical health in the past year. These results are filterable by numerous demographic factors. The second page shows the percentage of responses to the six statements about access to primary care, harm reduction services, dental services, mental health care, reproductive health care, and emergency care. These results are filterable by numerous demographic factors.

<https://public.tableau.com/app/profile/michael.wiese8823/viz/ErieCountyCHASurveyResults/CHASurveyResultsStory>

Demographics of Erie County Community Health Assessment Surveys

This dashboard displays the demographics of survey respondents across all 2025 CHA surveys. These results are displayed across three different pages. This includes results for number of responses, age, ZIP codes, race, ethnicity, gender, sexual orientation, transgender status, country of birth, education level, employment status, unemployment reason, household income, and household members.

<https://public.tableau.com/app/profile/michael.wiese8823/viz/DemographicsofErieCountyCommunityHealthAssessmentSurveys/PublicCHADemosStory>

Top Community Factors & Health Conditions Selected by the Community

This dashboard contains a single page showing top ten results and counts for the "Community Factors" and "Health Conditions" questions. These lists are filterable by numerous factors including survey type and demographics.

<https://public.tableau.com/app/profile/michael.wiese8823/viz/ResultsofErieCountyCommunityHealthAssessmentSurveys/Dashboard1>

OVERALL SURVEY RESULTS

Figure 1: Total Survey Responses by Survey Type

Community Survey	2510
Medical Provider Survey	143
Grand Total	2653

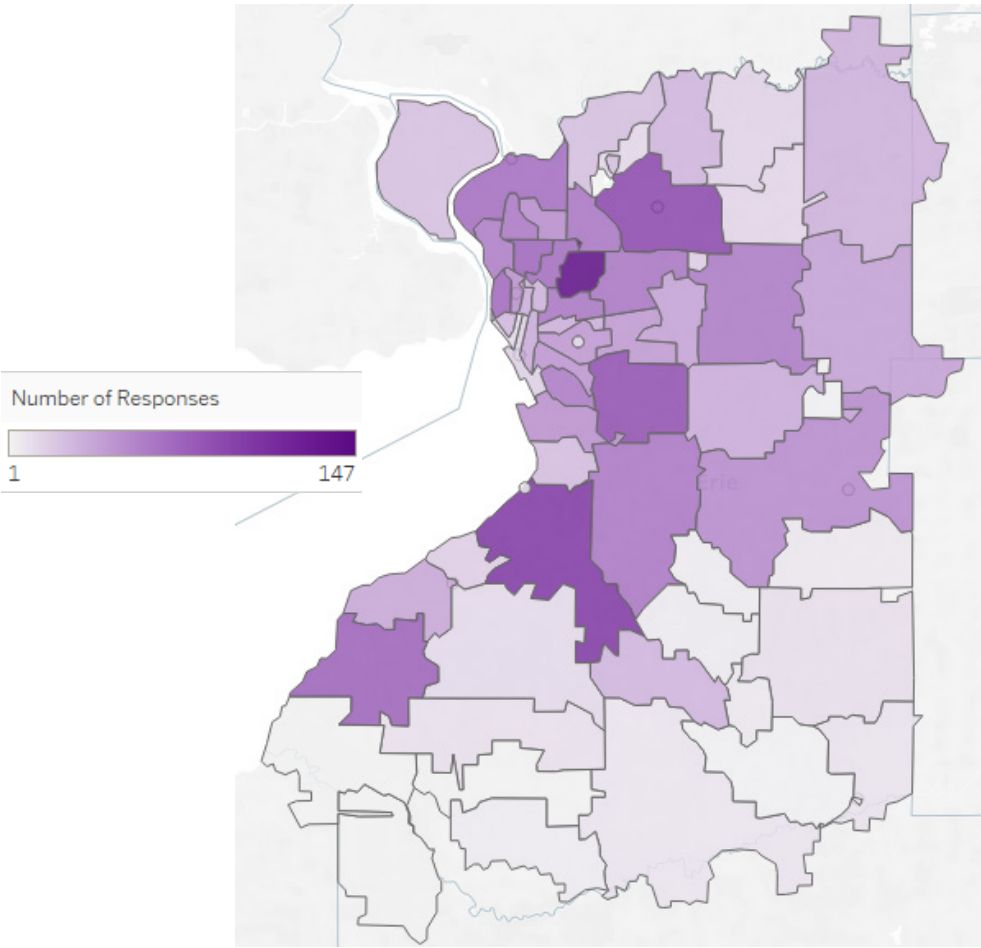
Total number of responses by survey type.

Figure 2: Responses by Erie County Residents Compared with Non-Residents

Erie County Residents	2307
Non-Residents (school and/or work only)	203

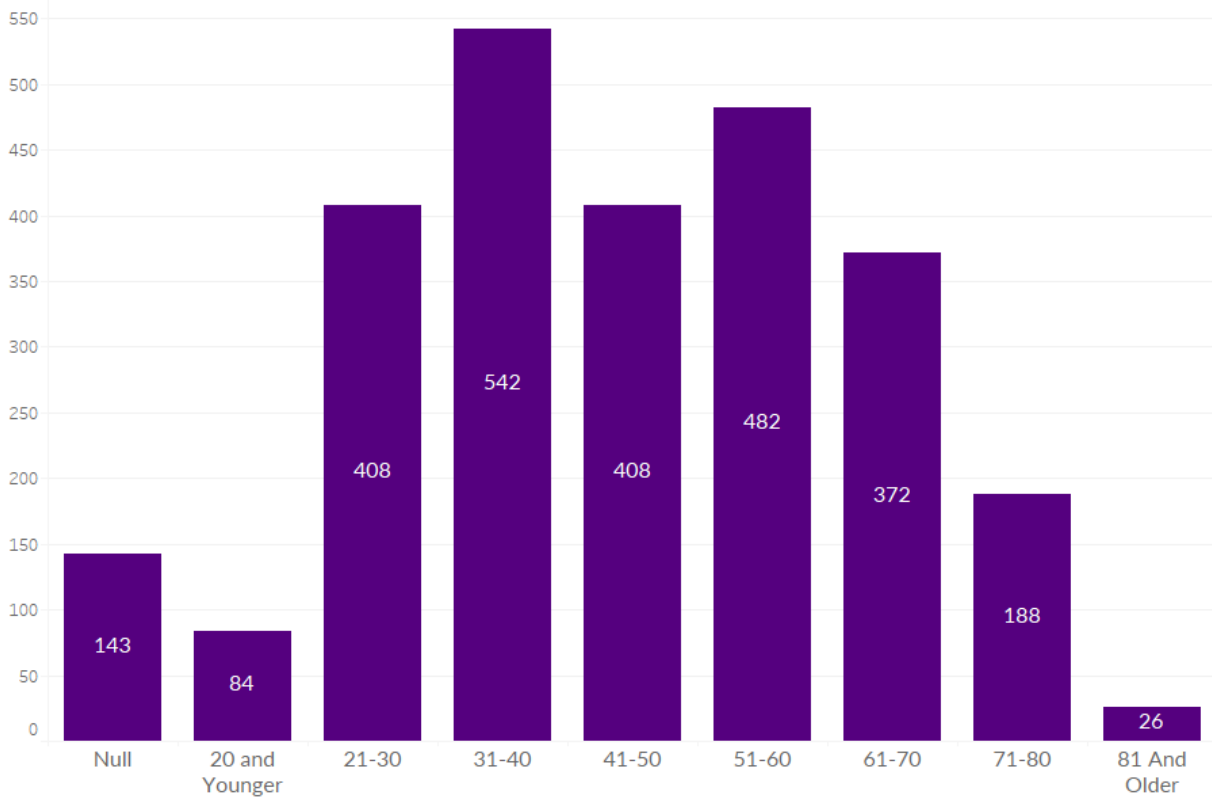
Number respondents who live in Erie County or only attend school or work in Erie County.

Figure 3: Responses by ZIP Code



Number of survey responses based on respondent's home ZIP code.

Figure 4: Age of Respondents



Number of survey responses based on respondent's age.

Figure 5: Race of Respondents

American Indian or Alaska Native	34
Asian	63
Black or African American	398
Do not wish to say	115
Hispanic or Latino	105
Middle Eastern or North African	16
More than one race/ethnicity	153
Another race/ethnicity	2
Pacific Islander or Hawaii Native	5
White	1619

Number of survey responses based on respondent's race.

Figure 6: Ethnicity of Respondents

Hispanic/Latino alone	105
Hispanic/Latino with another race	61
Non-Hispanic/Latino	2487

Number of survey responses based on respondent's ethnicity.

Figure 7: Gender of Respondents

Do not wish to say	60
Gender Nonconforming or Gender Expansive	8
Man	505
More than one gender	18
Non-binary	25
Not sure or questioning	14
Woman	1880

Number of survey responses based on respondent's gender.

Figure 8: Sexual Orientation of Respondents

Asexual (someone who does not experience sexual attraction)	53
Bisexual (someone attracted to people of two or more genders)	103
Do not wish to say	232
Gay (someone attracted to people of the same gender)	41
Lesbian (a woman attracted to other women)	46
More than one sexual orientation	67
Not sure or questioning	19
Other sexual orientation	3
Pansexual (someone attracted to people of all genders)	36
Queer (someone whose sexual orientation is something other than straight or heterosexual)	33
Straight or heterosexual (sexually attracted to people of a different gender)	1877

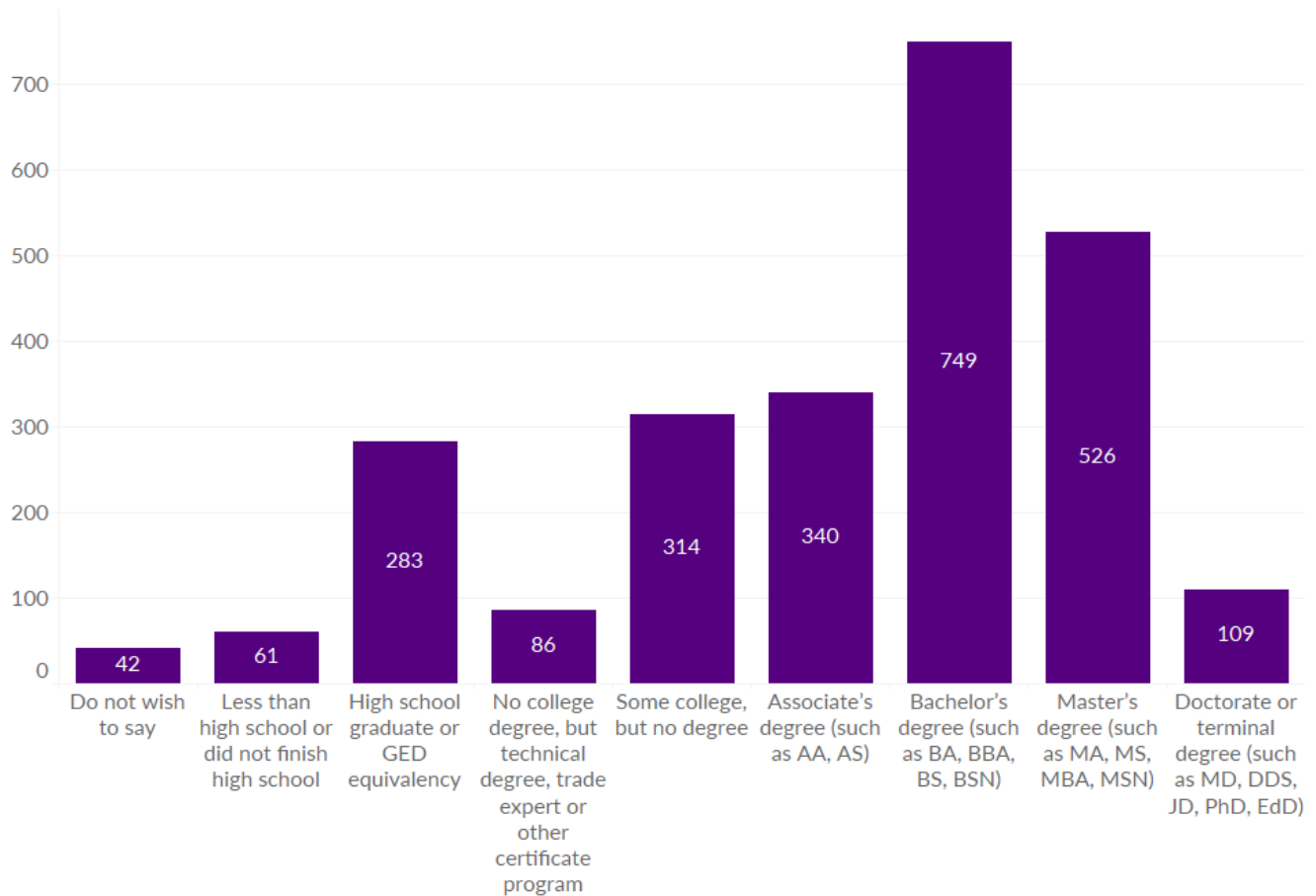
Number of survey responses based on respondent's sexual orientation.

Figure 9: Responses to "Are you transgender?"

Do not wish to say	78
No	2334
Not sure or questioning	18
Yes	80

Number of survey responses to the question, "Are you transgender?"

Figure 10: Highest Level of Education of Respondents



Number of survey responses to the question "What is your highest level of education?"

Figure 11: Born Outside of the USA

Do not wish to say	27
No	2160
Yes	323

Number of survey responses to the question, "Were you born outside of the United States?"

Figure 12: Primary Language Spoken at Home

All other languages	20
Arabic	15
Bengali	17
Burmese	11
Do not wish to say	30
English	2364
Spanish	53

Number of survey responses to the question, "What is the primary language spoken at home?"

Figure 13: Disability

Do not wish to say	113
No	1894
Yes	503

Number of survey responses to the question, "Do you have a disability?"

Figure 14: Type of Disability

Developmental or intellectual	28
Do not wish to say	26
Mental or emotional	127
More than one disability type	85
Physical or mobility	209
Sensory (such as blindness or deafness)	28

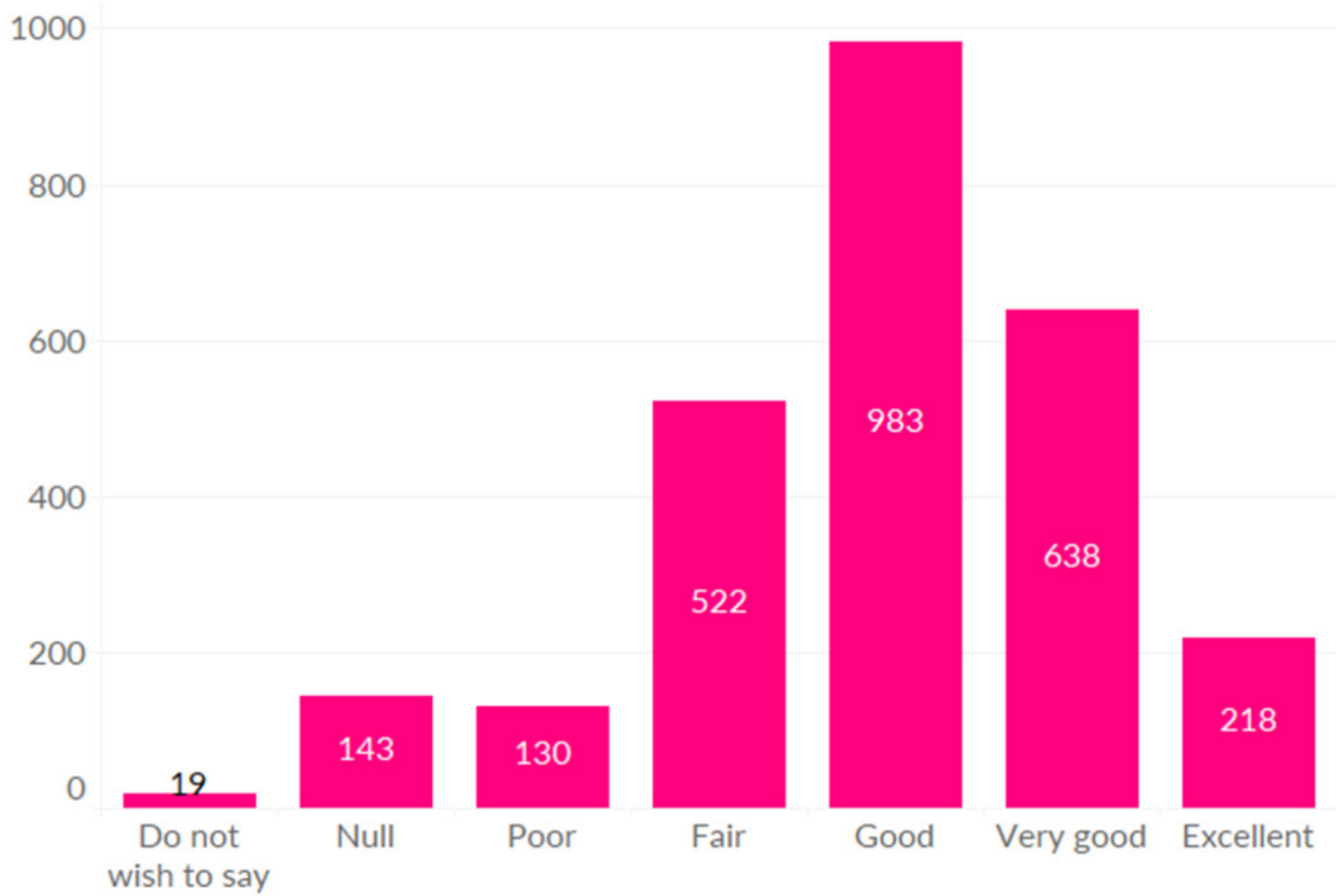
Number of survey responses to the question, "What type of disability do you have?" This question was only asked to respondents who answered "Yes" to the "Do you have a disability?" question.

Figure 15: Household Members

Another adult(s) (spouse, parents, older children, etc.) with child or children 18 and younger	508
Child or children 18 and younger	142
Do not wish to say	76
I live in a shared living space (group home, dormitory, assisted living, transitional housing, shelter)	35
No one or you live alone	530
Other adults (spouses, relatives, friends and/or children over 18)	481
Spouse or partner	738

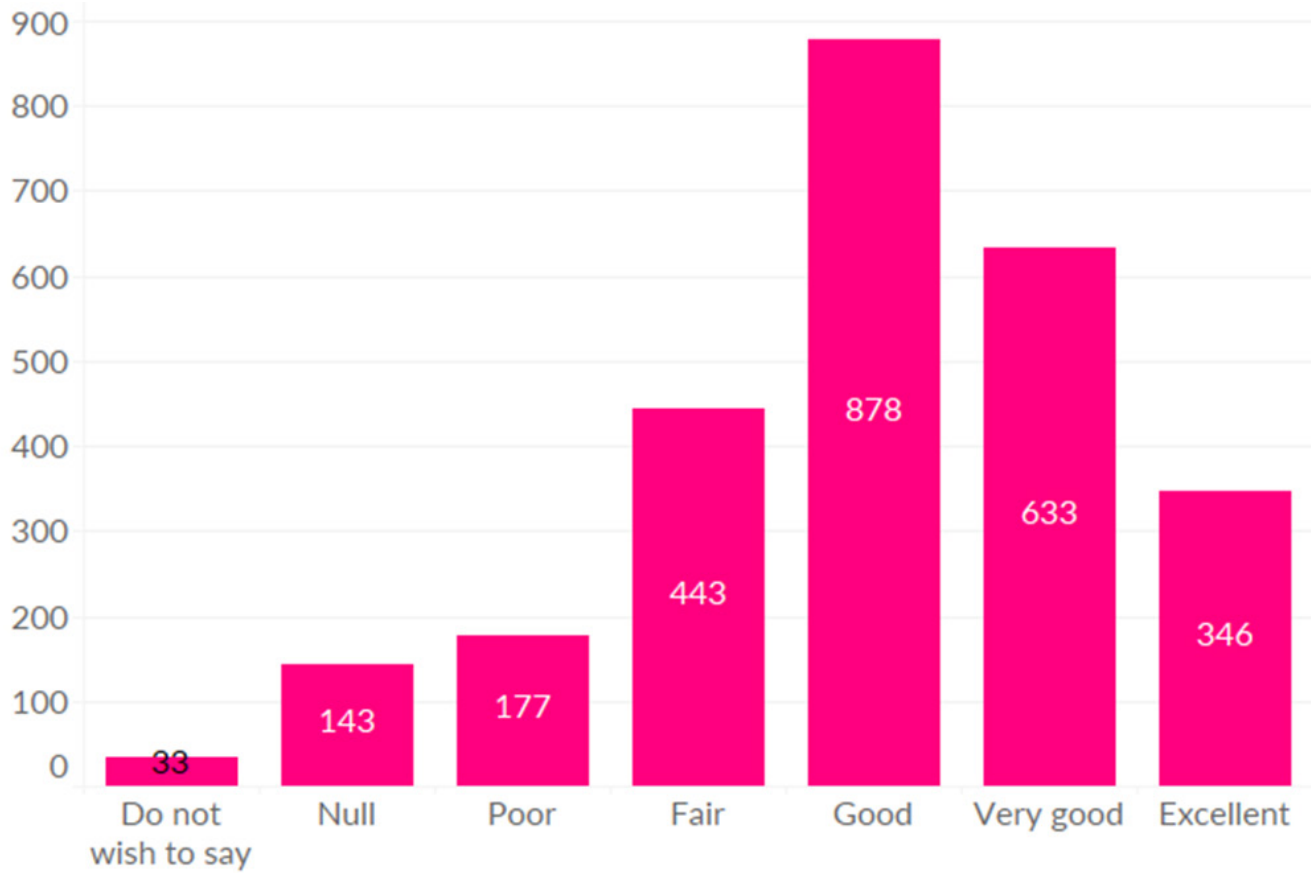
Responses to the question, "Who do you live with?"

Figure 16: Personal Health - Physical Health



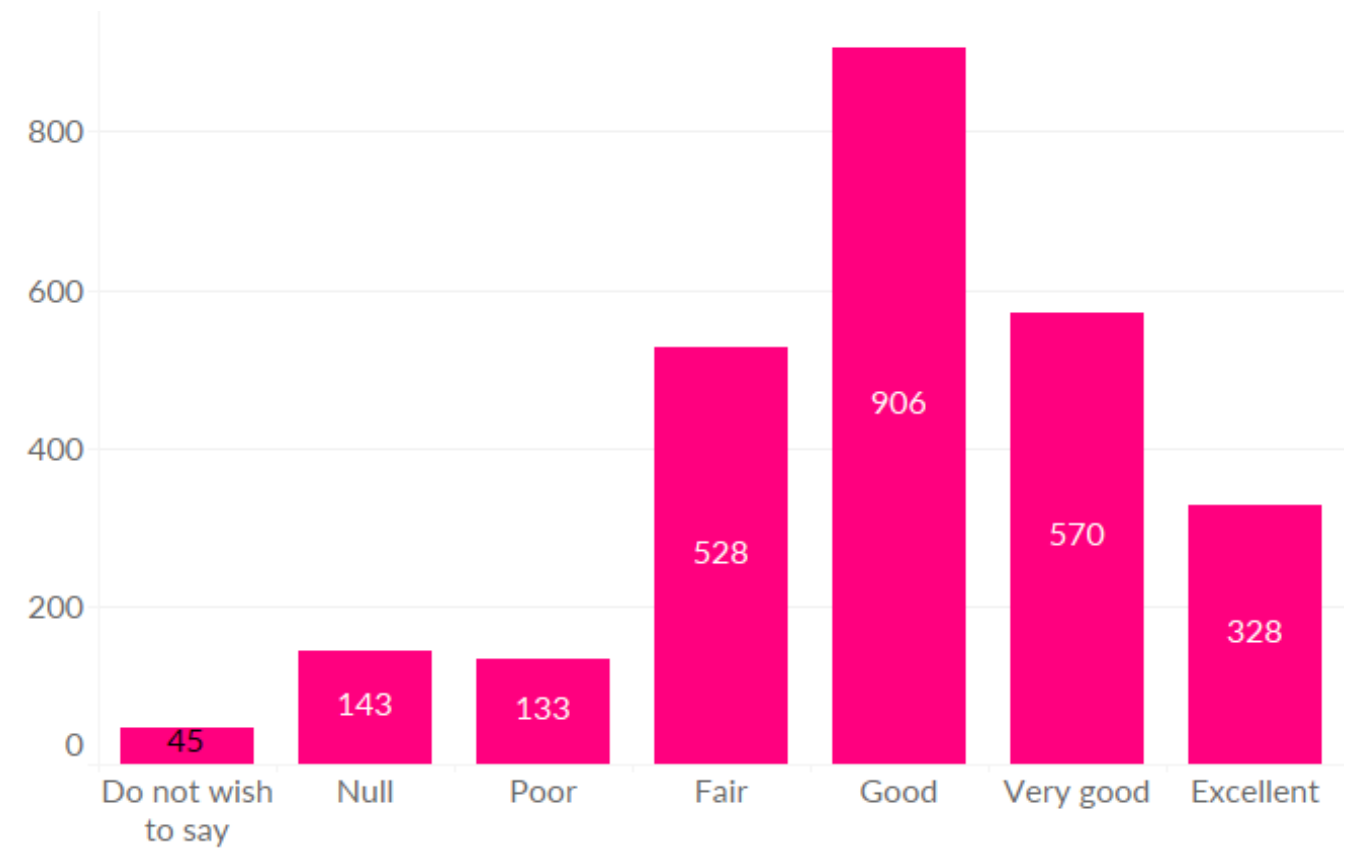
Number of survey responses to the question, "Thinking about your health in the past year, how would you rate [your] physical health?"

Figure 17: Personal Health - Dental Health



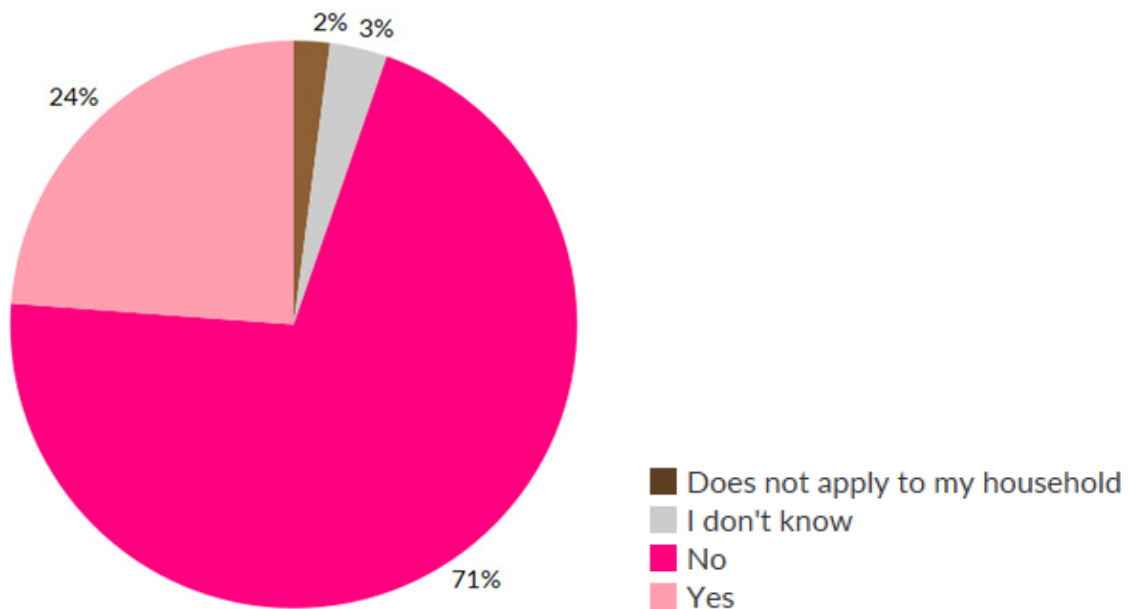
Number of survey responses to the question, "Thinking about your health in the past year, how would you rate [your]: dental health?"

Figure 18: Personal Health - Mental Health



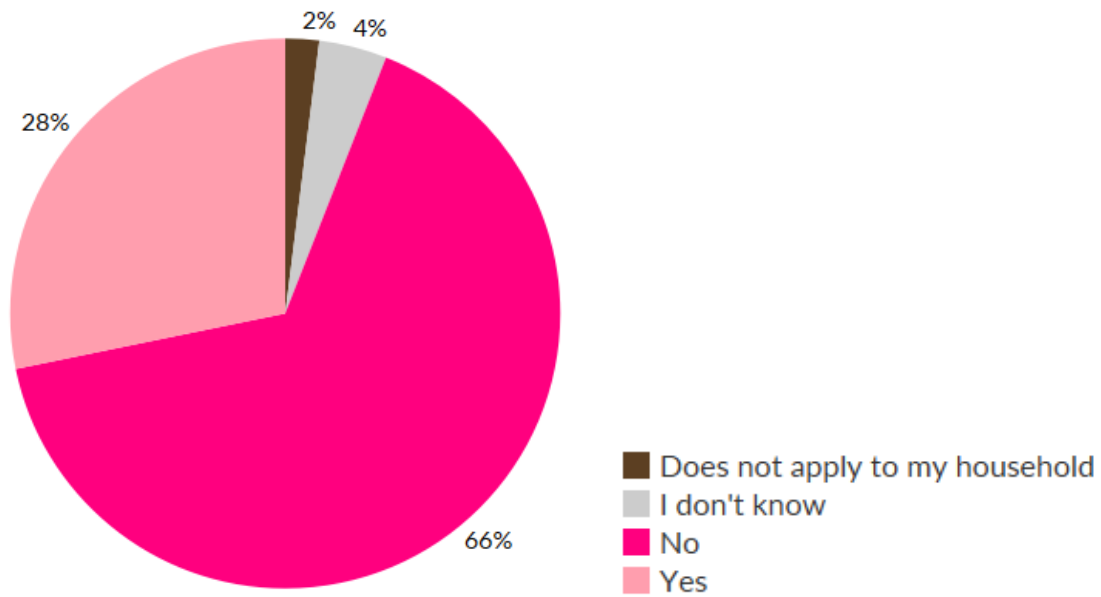
Number of survey responses to the question, "Thinking about your health in the past year, how would you rate [your] mental health?"

Figure 19: Challenges Accessing Care - Primary Care



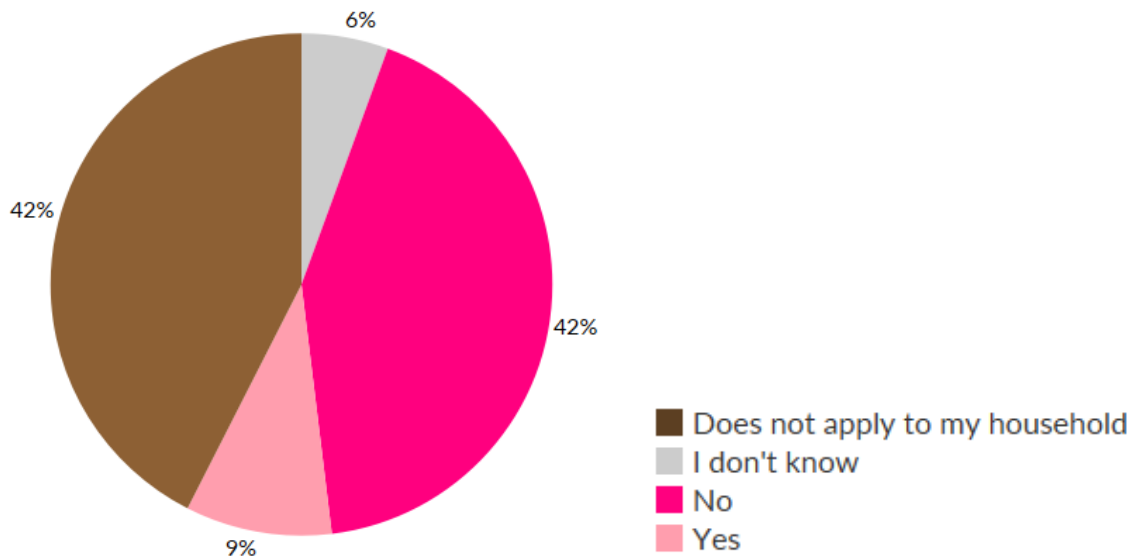
Number of survey responses to the question, "Have you or anyone in your household has any challenges to accessing the following types of health care in the past year: Primary Care (routine check-ups or minor health visits)?"

Figure 20: Challenges Accessing Care: Dental Health



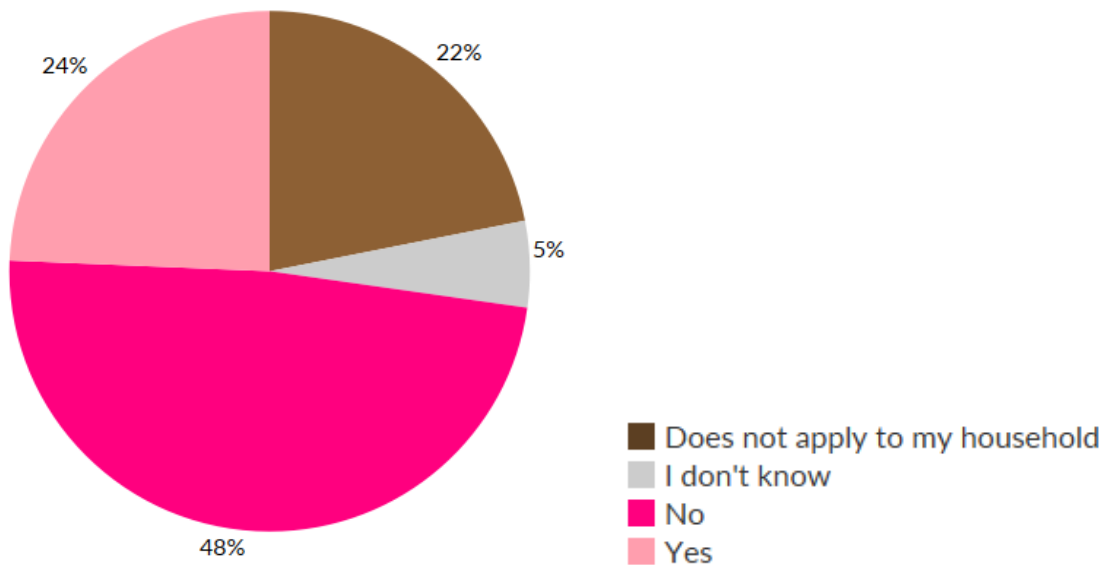
Number of survey responses to the question, "Have you or anyone in your household has any challenges to accessing the following types of health care in the past year: Dental Health (routine check-ups and emergency dental)?"

Figure 21: Challenges Accessing Care - Harm Reduction or Treatment for Substance Use Disorders



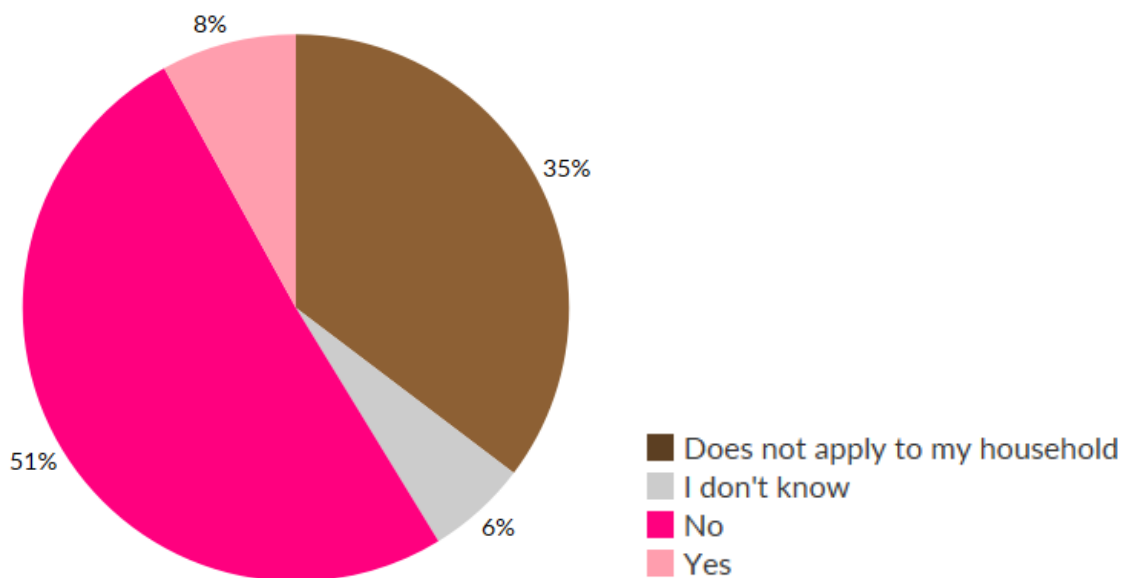
Number of survey responses to the question, "Have you or anyone in your household has any challenges to accessing the following types of health care in the past year: Harm Reduction or Treatment for Substance Use Disorders?"

Figure 22: Challenges Accessing Care - Mental Health



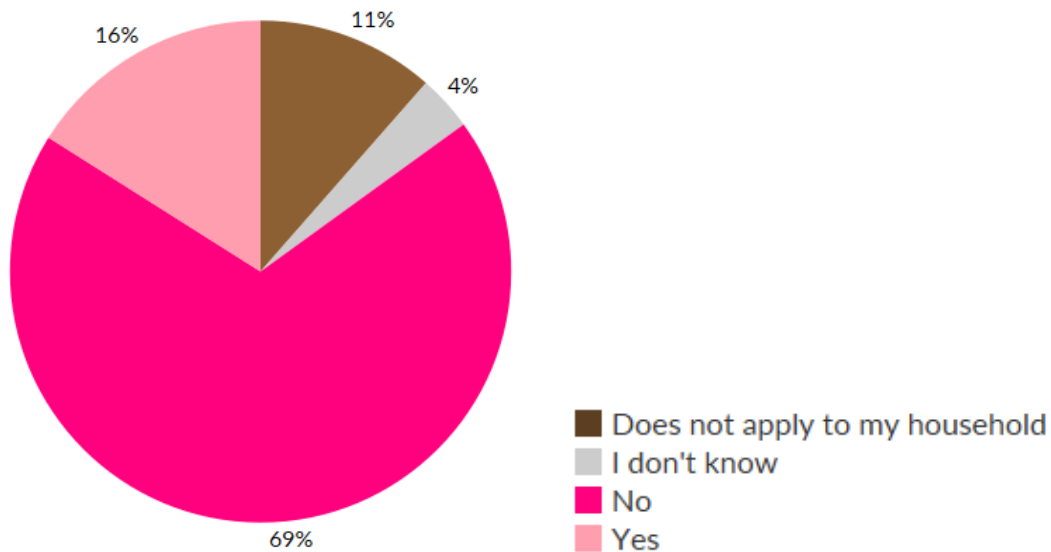
Number of survey responses to the question, "Have you or anyone in your household has any challenges to accessing the following types of health care in the past year: Mental Health (psychiatrists, therapists, counseling)?"

Figure 23: Challenges Accessing Care - Reproductive Care



Number of survey responses to the question, "Have you or anyone in your household has any challenges to accessing the following types of health care in the past year: Reproductive Care (pregnancy prevention, abortion, prenatal care)?"

Figure 24: Challenges Accessing Care - Emergency Care



Number of survey responses to the question, "Have you or anyone in your household has any challenges to accessing the following types of health care in the past year: Emergency Care (hospital, ER, urgent care)?"

Figure 25: Long-Term or Chronic Physical Medical Conditions (Yes/No)

Do not wish to say	66
No	1225
Yes	1219

Number of survey responses to the question, "Have you experienced any chronic or long-term physical medical conditions?"

Figure 26: Long-Term or Chronic Physical Medical Conditions (Select All That Apply)

High Blood Pressure	498
Obesity	403
High Cholesterol	333
Asthma	313
Diabetes	253
Cancer	142
Heart Disease	109
COPD or Other Lower Respiratory Diseases	83
Long-Term COVID Symptoms	72
Kidney Disease	69
Liver Disease	29

Number of survey selections. This question was only asked to those respondents who said "Yes" to "Have you experienced any chronic or long-term physical medical conditions?" Write in responses are not included in this table.

Figure 25: Mental Health Conditions (Yes/No)

Do not wish to say	111
No	1322
Yes	1077

Number of survey responses to the question, "Have you experienced mental health conditions?"

Figure 26: Mental Health Conditions (Select All That Apply)

Anxiety	864
Depression	720
Post-Traumatic Stress Disorder (PTSD)	252
Bipolar Disorder	105
Substance Use Disorder (SUD)	63
Borderline Personality Disorder (BPD)	49

Number of survey selections. This question was only asked to those respondents who said "Yes" to "Have you experienced any mental health conditions?" Write in responses are not included in this table.

Figure 25: Children's Physical or Mental Health Conditions (Yes/No)

Do not wish to say	52
No	2083
Yes	375

Number of survey responses to the question, "Do you have any children (age 18 or younger) that have any physical or mental health condition or special needs?"

Figure 26: Children's Physical or Mental Health Conditions (Select All That Apply)

Mental, Emotional, or Behavioral Challenges (such as anxiety, depression, or oppositional defiant disorder)	175
Development or Learning Disability (such as autism spectrum disorder or auditory processing disorder)	128
Asthma	84
Speech Delay or Impediment or Non-Verbal	60
Gross Motor Challenges (such as challenges with walking, balancing, or complex movement)	42
Fine Motor Challenges (such as challenges holding a pencil)	39
Severe Allergies (any allergy that can result in a life-threatening reaction)	38
Obesity	38
Vision or Hearing Impairment	35
Diabetes	16

Number of survey selections. This question was only asked to those respondents who said "Yes" to "Do you have any children (age 18 or younger) that have any physical or mental health condition or special needs?" Write in responses are not included in this table.

Figure 27: Health Insurance (Yes/No)

Do not wish to say	36
No	91
Yes	2383

Number of survey responses to the question, "Do you have any type of health care coverage or health insurance?"

Figure 28: Health Insurance (Select All That Apply)

Employer-Sponsor Private Insurance (either through your job or your partner's job)	1386
Medicare	279
Multiple Insurance Providers	260
Medicaid	212
Medicare & Medicaid	95
Enrolled Through the Insurance Marketplace (Obamacare) or Through NYS of Health	86
Do Not Wish to Say	46
Covered by the VA	17
Tribal Health Services or Tribal Insurance	2

Number of survey selections. This question was only asked to those respondents who said "Yes" to "Do you have any type of health care coverage or health insurance?"

Figure 29: Community Factors

Access to Affordable, Healthy Food	1573
Cost of Health Care Services or Access to Health Insurance	1056
Housing Options That Are Affordable and Safe	1051
Employment Options That Pay a Livable Wage	962
Access to Community Services and Resources	922
Access to Reliable Transportation (Use of a Personal Vehicle or Reliable Public Transportation)	780
Community Spaces Like Parks, Walkways, Bike Paths, and Community Centers	765
Access to Quality Health and Wellness Programs in School	706
Availability and Access to Services to Support Healthy Children (such as childcare, early intervention, or lead screening)	679
Safety of Your Neighborhood	657
Environmental Conditions Like Air, Water, and Soil	642
Access to Continued Education Programs (such as GED and vocational programs or trade schools)	515
Racism and Discrimination	422
Access to Translation and Interpretation Services	191
Parent Support Services (such as breastfeeding and chestfeeding locations and parental leave availability)	133
All Other Responses	120
Do Not Wish to Say	19

Respondents' selections for the question, "Which community factors do you feel should be focused on for improvement in the 2025-2030 Community Health Improvement Plan?"

Figure 30: Health Conditions

Mental Health, Depression, Anxiety, and Stress Management	1623
Cancer	1072
Obesity, Weight Management, or Nutrition	1024
Heart Issues (such as high blood pressure, cholesterol, heart disease, or stroke)	1002
Violence-Related Injury (such as child abuse, elder abuse, or domestic violence) and Firearm (Gun) Injuries and Deaths	818
Substance Use Disorders (such as alcohol, cannabis, or opioid)	805
Diabetes	767
Cigarettes, Tobacco Products, Vaping, or Nicotine Use	760
Dental Health Issues (such as cavities, tooth removals)	732
Asthma, COPD, or Other Chronic Respiratory Conditions	641
Reproductive and Birth Issues (such as pregnancy complications, teen pregnancy, or infant injuries and death)	440
Infectious Diseases (such as HIV or AIDS, hepatitis, or sexually transmitted diseases)	391
COVID-19 or Long COVID	327
Lead Poisoning and Lead Issues	292
Injuries (such as falls or motor vehicle accidents)	177
All Other Responses	82
Do Not Wish to Say	19

Respondents' selections for the question, "Which health conditions do you feel should be focused on for improvement in the 2025-2030 Community Health Improvement Plan?"

Figure 30: What is Missing in the Community?

Respondents were given the opportunity to write in responses to the question, “We are also interested in what you believe is missing in your community. What are some services that would help support health and wellbeing in your community?” The write-in responses were categorized and grouped. Any recurring themes are listed in this table.

Addressing Mental Health	171
Food Access	128
Support for Older Adults	107
Housing	106
Transportation	100
Safe Infrastructure for Walking or Biking	82
Employment	45
Addressing Homelessness	34
Better Access to Emergency/Urgent Care	30
Gyms/Fitness Centers and Classes	30
Addressing Substance Use	28
More Community Centers	19
Spaces and Infrastructure for Recreation	14
Child Care	12
Addressing Crime	11
Addressing Vaping	7
Addressing Lead	7
Support for Caregivers of Seniors and People With Disabilities	6
Accessibility for People With Mobility Challenges	5
Financial Literacy	4

SPECIFIC MEDICAL PROVIDER SURVEY RESULTS

Figure 31: Challenges Accessing Care - Primary Care (Medical Providers)

I Don't Know	11
No	39
Yes	90

Number of survey responses to the question, "Do you feel your patients have challenges accessing the following types of health care: Primary Care (routine check-ups or minor health visits)?"

Figure 32: Challenges Accessing Care - Dental Health (Medical Providers)

I Don't Know	25
No	14
Yes	101

Number of survey responses to the question, "Do you feel your patients have challenges accessing the following types of health care: Dental Health (routine check-ups and emergency dental)?"

Figure 33: Challenges Accessing Care - Harm Reduction or Treatment for Substance Use Disorders (Medical Providers)

I Don't Know	35
No	20
Yes	85

Number of survey responses to the question, "Do you feel your patients have challenges accessing the following types of health care: Harm Reduction or Treatment for Substance Use Disorder?"

Figure 34: Challenges Accessing Care - Mental Health (Medical Providers)

I Don't Know	9
No	12
Yes	119

Number of survey responses to the question, "Do you feel your patients have challenges accessing the following types of health care: Mental Health (psychiatrists, therapists, counseling)?"

Figure 35: Challenges Accessing Care - Reproductive Care (Medical Providers)

I Don't Know	54
No	48
Yes	38

Number of survey responses to the question, "Do you feel your patients have challenges accessing the following types of health care: Reproductive Care (pregnancy prevention, abortion, prenatal care)?"

Figure 36: Challenges Accessing Care - Emergency Care (Medical Providers)

I Don't Know	10
No	109
Yes	21

Number of survey responses to the question, "Do you feel your patients have challenges accessing the following types of health care: Emergency Care (hospital, ER, urgent care)?"

Figure 37: Community Factors (Medical Providers)

Cost of Health Care Services or Access to Health Insurance	79
Access to Affordable, Healthy Food	74
Access to Reliable Transportation (use of a personal vehicle or reliable public transportation)	63
Housing Options That are Affordable and Safe	55
Employment Options That Pay a Livable Wage	50
Access to Community Services and Resources	46
Availability and Access to Services to Support Healthy Children (childcare, early intervention, lead screening)	42
Safety of the Neighborhood	34
Access to Quality Health and Wellness Programs in School	29
Community Spaces Like Parks, Walkways, Bike Paths, and Community Centers	28
Access to Translation and Interpretation Services	26
Environmental Conditions Like Air, Water and Soil	16
Access to Continued Education Programs (GED and vocational programs, trade schools, etc.)	15
Parent Support Services (such as breastfeeding and chestfeeding locations and parental leave availability)	12
All Other Responses	12
Racism and Discrimination	4
Do Not Wish to Say	1

Medical Providers' selections for the question, "Which community factors do you feel should be focused on for improvement in the 2025-2030 Community Health Improvement Plan?"

Figure 38: Health Conditions (Medical Providers)

Mental Health, Depression, Anxiety, and Stress Management	96
Obesity, Weight Management, or Nutrition	91
Diabetes	73
Heart Issues (high blood pressure, cholesterol, heart disease, or stroke)	63
Substance Use Disorders (including alcohol, cannabis, and opioid)	57
Cigarettes, Tobacco Products, Vaping, or Nicotine Use	54
Dental Health Issue (cavities, tooth removals)	35
Asthma, COPD, or Other Chronic Respiratory Conditions	34
Cancer	33
Violence-Related Injury (child abuse, elder abuse, domestic violence, etc.) and Firearm (Gun) Injuries and Deaths	22
Injuries (falls, motor vehicle accidents, etc.)	21
Reproductive and Birth Issues (pregnancy complications, teen pregnancy, infant injuries and death)	10
Infectious Diseases (HIV or AIDS, hepatitis, sexually transmitted diseases, etc.)	8
Lead Poisoning and Lead Issues	7
All Other Responses	4
COVID-19 or Long COVID	1
Do Not Wish to Say	1

Medical Providers' selections for the question, "Which health conditions do you feel should be focused on for improvement in the 2025-2030 Community Health Improvement Plan?"

Figure 39: What is Missing in the Community? (Medical Providers)

Medical providers were given the opportunity to write in responses to the question, "We are also interested in what you believe is missing in your community. What are some services that would help support health and wellbeing in your community?" The write-in responses were categorized and grouped. Any recurring themes are listed in this table.

More/Better Psychiatric/Mental Health Care	25
Supports for Better Food Access and Nutrition	13
Better Insurance	9
More Access to and Utilization of Primary Care	8
Supports for Regular Exercise	8
Health Education	8
Better Access to Dental Care	5
Supports for Those With Substance Use Challenges	5
Supports for People With Developmental Disabilities	4
More Transportation Options	4
Supports for Older Adults	4

APPENDIX F:

COMMUNITY MEETINGS

SUMMARY

MEETING 1

Date: 2/5/2025

Time: 1:00 – 2:00 PM (virtual)

Topic/Focus: CHA/CHIP Community Partner kick-off meeting

Number of Attendees: 80

Meeting Outcomes: Provided an overview of the CHA/CHIP process and timeline. Provided a summary of the provisional survey results. Invited Erie County community partners to sign up for future meetings through the completion of a Microsoft Forms survey.

MEETING 2

Date: 2/13/2025

Time: 8:30 AM (in person)

Topic/Focus: Introduction to CHA/CHIP process at Live Well Erie quarterly meeting

Attendees: Live Well Erie participants

Meeting Outcomes: Provided an overview of the CHA/CHIP process and timeline. Invited Erie County community partners to sign up for future meetings through the completion of a Microsoft Forms survey.

MEETING 3

Date: 7/23/2025

Time: 10:00 AM – 12:00 PM (virtual)

Topic/Focus: Erie County 2025 -2030 Community Health Improvement Plan: Health data review and priority selection meeting

Number of Attendees: 91

Partners registered from the following organizations:

217 East Delavan Ave.	Erie Community College	No Menthol Buffalo
535 Wyoming Ave Suite 1	Erie County Central Police Services	Not Just BarbeRN
567 Hertel Avenue	Erie County Department of Health	Parent Network of WNY
703 Washington Street	Erie County Department of Senior Services	Partnership for the Public Good
African American Cultural Center	Erie County Family Planning	Peaceprints of WNY
American Heart Association	Erie County Medical Center	Push Buffalo
Belmont Housing Resources for WNY, Inc.	Erie County Office for People With Disabilities	Read to Succeed Buffalo, Inc.
Bertrand Chaffee Hospital	Family Help Center	RISE Buffalo
BestSelf Behavioral Health	FeedMore Western New York	Roswell Park Comprehensive Cancer Center
Beyond Support Network	Friends of Night People	Save Our Youth Foundation
BTV Foundation	Girl Scouts of Western New York	
Buffalo Prenatal Perinatal Network, Inc.	GLYS Western New York & The Pride Center of WNY	Seneca Street Community Development Corporation

Catholic Charities of Buffalo	Harvest House Buffalo Inc.	Seneca-Babcock Community Association
Catholic Health System	Health Foundation for Western and Central NY	Stan Martin Consulting, LLC
CCNY, Inc.	Healthcare Education Project (1199SEIU/GNYHA)	Suicide Prevention Coalition of Erie County
Center for Elder Law & Justice	Independent Health	The Rural Outreach Center
Child Advocacy Center with BestSelf	John R. Oishei Children's Hospital	Tobacco Free Roswell Park
Child and Family Services of Erie County	Kaleida Health	UB CTSI
Child Care Resource Network	Kaleida Health Foundation	UB, School of Public Health and Health Professions
Clean Air Coalition of WNY	Karen Society of Buffalo	United Way of Buffalo & Erie County
Community Action Organization of WNY	LEADS Buffalo State	Univera Healthcare
Community Health Center of Buffalo	Liftoff Western New York	VIA: Visually Impaired Advancement
Crisis Services	Literacy Buffalo Niagara	West Side Community Services
CWA 1168	Marcia C. Brogan Agency LLC	Western New York Independent Living Inc.
EastGate Mission Emergency Shelter	Metro CDC	WNY Hub
Erie County Office of Health Equity	Neighborhood Legal Services Inc.	YMCA Buffalo Niagara
EPIC - Every Person Influences Children	New York State Public Health Corps	
Erie 1 BOCES	Niagara Organizing Alliance For Hope	

Meeting Outcomes: Background information and community input from the community survey, medical provider survey, and qualitative data on each of 13 topics was compiled into a “Quick Facts” document and shared with partners prior to the meeting. During the meeting, each issue was introduced and community partners offered insight on the scope of the issue, severity of the issue, and how we can impact the issue. At the conclusion of the meeting a link to take the Priority Survey was shared. The survey was open from 7/23 until 7/31. Meeting materials and recording are available at <https://www3.erie.gov/health/cha-partners-2025>

MEETING 4

Date: 8/12/2025

Time: 2:00 – 3:30 PM (virtual)

Topic/Focus: Erie County 2025 -2030 Community Health Improvement Plan: Feedback from the Erie County Health Equity Board

Attendees: Erie County Health Equity Board, Erie County Department of Health Leadership, and Erie County Office of Health Equity

Meeting Outcomes: The Board was giving the data and information on the top 5 health conditions and community factors based on the community partner discussion that occurred during the 7/23 meeting and follow-up survey voting. The board provided input and guidance on selecting New York State Prevention Agenda priorities based on this information.

MEETING 5

Date: 8/13/2025

Time: 1:00 – 3:00 PM (virtual)

Topic/Focus: Erie County 2025 -2030 Community Health Improvement Plan: Priority selection meeting part 2

Number of Attendees: 41

Partners registered from the following organizations:

1021 Broadway Street	Erie County Department of Health	New York State Public Health Corps
412 Niagara Street 2nd Floor	Erie County Department of Health - Office of Health Equity	Niagara CCE
95 Franklin Street	Erie 1 BOCES	Parent Network of WNY
African American Cultural Center	Erie County Central Police Services	Partnership for the Public Good
American Heart Association	Erie County Department Social Services Employment Division	Phyllis Gunning, LLC
Belmont Housing Resources for WNY, Inc.	Erie County DOH-Community Wellness	Rural Outreach Center
Bertrand Chaffee Hospital	Erie County Live Well Erie	Scott Bieler Child Advocacy Center at BestSelf
Catholic Health	Erie County Medical Center	Stan Martin Consulting, LLC
Center for Elder Law & Justice	Friends of Night People, Inc.	UB, School of Public Health and Health Professions
Child Care Resource Network	Healthcare Education Project	United Way of Buffalo & Erie County
Clinical and Translational Research Center	Jericho Road Community Health Center	Univera Healthcare
Community Health Center of Buffalo, NY	Liftoff WNY	University at Buffalo
Crisis Services	Literacy New York Buffalo-Niagara, Inc.	YMCA Buffalo Niagara
Erie County Department of Environment and Planning	Metro Community Development Corporation	

Meeting Outcomes: Community partners were shown the top 5 health conditions and community factors selected by the process to date. The New York State Prevention Agenda

was shared and community partners were given the opportunity to select priorities and interventions based on the document. Meeting materials and recording are available at <https://www3.erie.gov/health/cha-partners-2025>

APPENDIX G:

METHODOLOGY FOR

SCORING HEALTH

PRIORITIES

INTRODUCTION

The Community Health Improvement Plan (CHIP) is shaped by the concerns, feedback, and input of the community and organizations that serve the community. The opinions of community members, healthcare providers, and local partners collectively selected the health issues that matter most and provided context to the challenges residents face and the resources already in place. By considering all these perspectives, the selection of priorities for inclusion into the CHIP reflects an authentic and meaningful collective opinion. This collaborative approach ensures the selection of priorities was not dictated by any pre-conceived plan, inventions, or solutions.

Below is a list of the steps taken to select priorities for the 2025-2030 CHIP.

1. Conducted community surveys, focus groups, and community and medical provider conversations.
2. Used community input gathered from Step 1 to reduce list of issues from 31 total community factors and health conditions down to 13.
3. A summary of the results and information from Steps 1 & 2 was provided to community partners along with supporting secondary data.
4. After a community partner meeting was held during which Step 3 was reviewed and discussed, community partners voted on priorities using an online form. Voting factored in scope of the issue, severity of the issue, and local ability to impact the issue.
5. Voting results were then factored into an analysis with data from Step 1 (community and medical provider surveys) to rank the 13 issues.
6. The top 5 issues were discussed further with community partners to identify possible focus areas and interventions.
7. Based on the community partner conversation, four priorities were selected by the CHA/CHIP workgroup.
8. The selected priorities were then mapped to the New York State Prevention Agenda framework.
9. Work plans and actions plans were developed for each priority.

This appendix will further expand on the data used, the analysis steps, and the final results.

DATA USED

Six different data points were incorporated into the selection of the CHIP priorities. Additionally, input from community focus groups, medical provider interviews, and secondary data sources were utilized to help provide context; frame the issues; and inform the community, medical providers, and community partners.

Community and Medical Provider Surveys

Two surveys were completed as part of the 2025-2030 CHA/CHIP process. The community members and providers were given the same list of 14 Community Factors that influence health and 15 Health Conditions. Both surveys asked respondents to select 5 Community Factors and 5 Health Conditions that they feel should be prioritized in the CHIP.

These surveys provided two of the six data points in the priority selection process.

1. Community selections from the 2025 CHA Community Survey (Community Score)
2. Medical provider selections from the 2025 Medical Provider Survey (Medical Score)

The count of how many times each community factor or health condition was selected was ordered and ranked from most selected to least selected. The score given to each issue was its inverse ranking out of 13. For example, if an issue was ranked number three – by receiving the 3rd most community survey selections – it was given a score of 11, the 3rd highest score out of 13. The counts of how many times a factor or condition was selected and the corresponding rank and score are listed in the table below.

Table 1: Community and Medical Provider Survey Results for Priority Selection

Priority	Community			Medical Providers		
	Count	Rank	Score	Count	Rank	Score
Access to Affordable Healthy Food	1573	2	12	74	4	10
Cost of Health Care Services or Access to Health Insurance	1056	4	10	79	3	11
Housing Options That are Affordable and Safe	1051	5	9	55	9	5
Employment Options That Pay a Livable Wage	962	8	6	50	10	4
Access to Community Services and Resources	922	9	5	46	11	3
Access to Reliable Transportation	780	12	2	63	6	8
Mental Health, Depression, Anxiety, and Stress Management	1623	1	13	96	1	13
Obesity, Weight Management, or Nutrition	1024	6	8	91	2	12
Cancer	1072	3	11	33	-	0
Heart Issues	1002	7	7	63	6	8
Substance Use Disorders	818	10	4	57	8	6
Violence-Related Injury	805	11	3	22	-	0
Diabetes	767	13	1	73	5	9

Of note, only the top 13 issues selected by the community were used to calculate counts and ranks. Therefore, since cancer and violence related injury did not rank in the top 13 for medical providers, they were not given a rank and assigned a score of zero.

Incorporation of Qualitative Data

Participants in focus groups, community conversations, and medical provider interviews were shown the same list of potential priorities that were in the surveys and were asked to “vote” for and discuss the ones they feel are important. The focus group “voting” was not directly incorporated into the calculation of final priorities. Rather, quotes and themes from these events were summarized and included in the information provided during the voting process.

Community Partner Meeting and Voting

Background information and community input from the community survey and medical provider survey as well as qualitative data on each of 13 topics were compiled into a “Quick Facts” document which was shared with community partners prior to the meeting where they

ERIE COUNTY OFFICE OF HEALTH CHA/CHIP 2025 | G3

were discussed. During the meeting, each issue was introduced and community partners offered insight according to their perceived scope of the issue, severity of the issue, and local ability to impact the issues. At the conclusion of the meeting a link to take the Priority Survey was shared. The survey was open from 7/23 until 7/31. Respondents were asked to rank their top priorities as well as score each priority on size or scope of the issue, severity of the issue, and local ability to impact the issue. Respondents were also able to provide supporting information on resources, programs, and other thoughts on each priority.

This survey provided the following data points in the priority selection process.

3. Priority selection count and rank (Priority Score)
4. Scope of the issue (Scope Score)
5. Severity of the issue (Severity Score)
6. Local ability to impact the issue (Impact Score)

After voting closed, the results were analyzed. The number of times each issue was selected as the number 1, number 2, number 3, number 4, and number 5 issue were calculated. Table 2 shows these counts along with the total number of selections. Table 2 also displays the weighted selection rank, which ranked each issue from 1-13 based on the combination of the number of times it was selected along with the average place that it was selected as (such as the number 1 issue or number 4 issue).

Table 2: Priority Selection Results: Community Partner Voting for Ranking Priorities to Determine the Priority Score

Priority	Selected					Total Selections	Weighted Selection Rank
	1	2	3	4	5		
Housing Options That Are Affordable and Safe	11	10	2	6	1	30	1
Access to Reliable Transportation	7	1	3	1	4	16	7
Cost of Health Care Services/Access to Health Insurance	6	9	6	3	4	28	3
Access to Community Services and Resources	7	2	8	4	3	24	5
Access to Affordable, Healthy Food	6	6	8	3	2	25	4
Mental Health	5	11	8	5	2	31	2
Substance Use Disorders	1	1	1	1	2	6	10
Cancer	1	1	2	1	1	6	9
Obesity, Weight Management, and Nutrition	1	0	2	0	3	6	11
Employment Options That Pay a Livable Wage	4	5	6	4	2	21	6
Violence-Related Injury	0	3	2	1	0	6	8
Diabetes	0	0	0	1	1	2	13
Heart Issues	0	0	1	0	0	1	12

The survey also collected the scope, severity and impact of each issue on a scale of 1-10. The average score for each issue in each of these categories is shown in Table 3.

Table 3: Priority Selection Results: Community Partner Voting for Scope, Severity, and Impact

Priority	Scope	Severity	Impact
Housing Options That Are Affordable and Safe	9.4	9.1	7.8
Access to Reliable Transportation	9.2	9.1	8.2
Cost of Health Care Services/Access to Health Insurance	9.2	9.0	7.4
Access to Community Services and Resources	8.7	8.9	7.3
Access to Affordable, Healthy Food	9.5	9.5	8.0
Mental Health	8.7	9.3	9.2
Substance Use Disorders	9.0	8.7	7.3
Cancer	8.6	8.2	8.4
Obesity, Weight Management, and Nutrition	8.6	8.6	7.0
Employment Options That Pay a Livable Wage	8.0	8.0	8.0
Violence-Related Injury	9.3	9.2	8.3
Diabetes	8.3	9.2	8.3
Heart Issues	5.0	5.0	5.0

The scores from all six factors were then combined to create a final score and rank, shown in Table 4. The top five issues of Mental Health; Access to Affordable, Healthy Food; Cost of Health Care Services or Access to Health Insurance; Housing Options That Are Affordable and Safe; and Obesity, Weight Management, and Nutrition were then used to facilitate the next meeting with community partners.

Table 4: Priority Selection Results: Final Scoring and Overall Rank

Priority	Community Score	Medical Score	Priority Score	Scope Score	Severity Score	Impact Score	Total Points	Overall Score Rank
Mental Health	13	13	12	9.4	9.1	7.8	64.3	1
Access to Affordable, Healthy Food	12	10	10	9.2	9.1	8.2	58.6	2
Cost of Health Care Services or Access to Health Insurance	10	11	11	9.2	9.0	7.4	57.6	3
Housing Options That Are Affordable and Safe	9	5	13	8.7	8.9	7.3	51.9	4
Obesity, Weight Management, and Nutrition	8	12	3	9.5	9.5	8.0	50.0	5
Cancer	11	0	5	8.7	9.3	9.2	43.2	6
Employment Options That Pay a Livable Wage	6	4	8	9.0	8.7	7.3	43.0	7
Access to Community Services and Resources	5	3	9	8.6	8.2	8.4	42.2	8

Access to Reliable Transportation	2	8	7	8.6	8.6	7.0	41.2	9
Heart Issues	7	8	2	8.0	8.0	8.0	41.0	10
Substance Use Disorders	4	6	4	9.3	9.2	8.3	40.8	11
Violence-Related Injury	3	0	6	8.3	9.2	8.3	34.8	12
Diabetes	1	9	1	5.0	5.0	5.0	26.0	13

COMMUNITY MEETING & FINAL PRIORITY SELECTIONS

After the top five issues were identified, another community partner meeting was held. The New York State Prevention Agenda (NYS-PA) was presented alongside our results to this point. Using the NYS-PA as a guide to facilitate the conversation, possible priorities, objectives, interventions, and resources were discussed for these top 5 issues.

In a follow up meeting, the CHA/CHIP Work Group reviewed the community input and feedback and selected joint priorities and objectives to ensure alignment between the hospital systems, county government, and community partners.

APPENDIX H:

CATHOLIC HEALTH

SUPPLEMENTALS

Catholic Health Mission, Vision, and Values

Our Mission

We are called to reveal the healing love of Jesus to all.

Our Vision

As a trusted partner, inspired by faith and committed to excellence, we lead the transformation of healthcare and create healthier communities.

Our Values

Reverence

We honor the inherent dignity and uniqueness of each person.

Compassion

We unconditionally demonstrate empathy, kindness, and acceptance.

Integrity

We are honest, transparent, and accountable.

Innovation

We continually learn, find creative solutions, and embrace change.

Community

We work together to build community and promote social justice in our organization and in society.

Excellence

We commit to achieve the highest standards of quality, safety, and service

Hospitals & Emergency Care

Kenmore Mercy Hospital
2950 Elmwood Avenue
Kenmore, NY 14217
(716) 447-6100

Mercy Hospital of Buffalo
565 Abbott Road
Buffalo, NY 14220
(716) 826-7000

Mount St. Mary's Hospital
5300 Military Road
Lewiston, NY 14092
(716) 297-4800

Sisters of Charity Hospital
2157 Main Street
Buffalo, NY 14214
(716) 862-1000

Sisters of Charity Hospital, St. Joseph Campus
2605 Harlem Road
Cheektowaga, NY 14225
(716) 891-2400

Diagnostic & Testing Centers

Kenmore Medical Office Building
2914 Elmwood Avenue
Kenmore, NY 14217
(716) 447-6671

Mount St. Mary's Imaging & Lab Center
7300 Porter Road
Niagara Falls, NY 14304
(716) 298-8400

Mercy Ambulatory Care Center (MACC)
3669 Southwestern Boulevard
Orchard Park, NY 14127
(716) 662-0500

Mercy Diagnostic Center
94 Olean Street

East Aurora, NY 14052
(716) 655-2525

Mercy Diagnostic & Treatment Center
550 Orchard Park Road, Bldg. C
West Seneca, NY 14224
(716) 677-5000

Primary Care & OB/GYN Centers

Ken-Ton Family Care Center
2625 Delaware Avenue
Buffalo, NY 14216
(716) 447-6635

Mercy Comprehensive Care Center (MCCC)
397 Louisiana Street
Buffalo, NY 14204
(716) 847-6610

Mercy OB/GYN Center
515 Abbott Road, Suite 302
Buffalo, NY 14220
(716) 828-3520

Mount St. Mary's Center for Women
5300 Military Road
Lewiston, NY 14092
(716) 298-2224

Mount St. Mary's Primary Care Niagara Falls
5290 Military Road
Lewiston, NY 14092
(716) 298-3000

Mount St Mary's Health Center Lockport
6001 Shimer Drive
Lockport, NY 14094
(716) 342-3026

Mount St. Mary's Primary Care
1 Colomba Drive, Suite 2
Niagara Falls, NY 14305
(716) 298-8440

Mount St. Mary's Neighborhood Health Center
3101 9th Street
Niagara Falls, NY 14305
(716) 284-8917

M. Steven Piver, MD Center for Women's Health & Wellness
2121 Main Street, Suite 100
Buffalo, NY 14214
(716) 862-1965

Sisters OB/GYN Center
2157 Main Street
Buffalo, NY 14214
(716) 862-1984

Sisters Health Center Caritas
2625 Harlem Road, Suite 160
Cheektowaga, NY 14225
(716) 862-2570

Sisters Health Center D'Youville
301 Connecticut Street
Buffalo, NY 14213
(716) 862-1984

St. Vincent Health Center
1500 Broadway Street
Buffalo, NY 14212
(716) 893-8550

Home & Community Based Care

McAuley Seton Home Care Erie County Office; Mercy Home Care of WNY; Nurse Family Partnership Program; Right Start Program; Health Home Program
144 Genesee Street
Buffalo, NY 14203
(716) 685-4870

McAuley Seton Home Care Niagara County Office
3571 Niagara Falls Boulevard, Ste. 10
(Meadowbrook Plaza)
North Tonawanda, NY 14120
(716) 433-2475

Catholic Health Infusion Pharmacy; Home Response Medical Alert System

6350 Transit Road
Depew, NY 14043
(716) 685-4870

LIFE – Living Independently for Elders (PACE Program) OLV Senior Neighborhood
55 Melroy Avenue
Lackawanna, NY 14218
(716) 819-5433

LIFE – Living Independently for Elders (PACE Program) at Villa Maria Campus
600 Doat Street
Buffalo, NY 14211
(716) 819-5433

LIFE – Living Independently for Elders (PACE Program) Day Center at D’Youville
605 Niagara Street
Buffalo, NY 14201
(716) 819-5433

St. Francis Park
5229 South Park Avenue
Hamburg, NY 14075
(716) 649-1205

Long-Term & Subacute Care

Father Baker Manor
6400 Powers Road
Orchard Park, NY 14127
(716) 667-0001

McAuley Residence
1503 Military Road
Kenmore, NY 14217
(716) 447-6600

Mercy Nursing Facility at OLV
55 Melroy Avenue
Lackawanna, NY 14218
(716) 819-5300

St. Catherine Laboure Health Care Center
2157 Main Street
Buffalo, NY 14214
(716) 862-1450

Administrative Services

Catholic Health Administrative & Regional Training Center (ARTC)

144 Genesee Street

Buffalo, NY 14203

(716) 923-9800

What is the Healthcare Assistance Program?

Catholic Health's Healthcare Assistance Program (HAP) is a program that allows persons to receive medically necessary services at no charge or reduced charge, if they are eligible, at Catholic Health facilities. It is not an insurance program and does not replace benefits and payments that are, or could be, received from government programs that pay for care. Some of these programs include Medicaid and Exchange plans. HAP covers the cost of healthcare "forgiven" by Catholic Health hospitals and services for people who are unable (through private payment, employer payment, or public aid) to pay for healthcare services.

Call for more information:
(716) 601-3600

Benefits subject to change. HAP does not apply to long-term and home care programs, however, other assistance is available. For information on these other programs, refer to the Charity Care Policy at chsbuffalo.org.

Catholic Health was founded in 1998 by four religious sponsors: the Diocese of Buffalo, the Daughters of Charity of St. Vincent dePaul, the Franciscan Sisters of St. Joseph, and the Sisters of Mercy.

Catholic Health was formed with a mission to continue the healing ministry of Jesus, seeking to improve the health of individuals and communities and provide high quality service that is holistic, compassionate, and respectful of human dignity. Central to our mission is the service of those who are poor and disadvantaged.

We believe in the basic right to healthcare, with the responsibility to take care of the most vulnerable people in our community. Catholic Health's Healthcare Assistance Program (HAP) was created to make sure members of our community are able to receive the medical care they need, regardless of what they can afford to pay.

If you do not have health insurance or worry that you may not be able to pay in full for your care, we can help. Catholic Health hospitals provide healthcare assistance to patients based on their income and needs. We also may be able to help you with information/assistance with obtaining free or low-cost health coverage through the Exchange, or work with you to arrange a manageable payment plan.

It is important that you let us know if you will have trouble paying your bill. Federal and State laws require all hospitals to seek full payment for what they bill patients. This means we may have to turn unpaid or ignored bills over to a collection agency. We want to work with you to make sure this does not happen.

Our Mission

We are called to reveal the healing love of Jesus to all.

Our Values

Reverence, Compassion, Integrity, Innovation, Community, Excellence.



Catholic Health Healthcare Assistance Program

**Financial assistance
with medically
necessary care.**



Who Qualifies for Healthcare Assistance?

Catholic Health extends discounts to uninsured and underinsured patients who receive medically necessary services. Discount amounts are based on the Federal Poverty Level (FPL) guidelines and sliding income scales, and patients who qualify for financial assistance will not be financially responsible for more than the Medicaid discounted rate.

While Catholic Health primarily serves the five counties of Western New York, everyone in New York State who needs emergency services can receive care and get a discount if they do not have health insurance. Additionally, everyone in New York State can get a discount on non-emergency medically necessary services in Catholic Health Acute Care Facilities if they do not have health insurance. You will not be denied medically necessary care because you need financial assistance.

You may apply for a discount regardless of immigration status.



What is Not Covered?

The Catholic Health's Healthcare Assistance Program (HAP) does have limits to what it will cover. Please read the information below carefully.

- This program does NOT cover doctor fees, even if that doctor's office is located at one of our hospitals. Only physician fees/services at our hospital-operated primary care sites listed in this brochure are covered.
- Cosmetic surgery is NOT covered.
- Charges for medical equipment and supplies are NOT covered.
- Physician services such as radiology, anesthesia, emergency room physicians, consulting visits, or any private provider are NOT covered. For these services, you will need to make private/separate payment arrangements.

Prescription Drug Coverage

(800) 332-3742

Elderly Pharmaceutical Insurance Coverage (EPIC) is a New York State sponsored prescription plan for senior citizens who need help paying for prescriptions. New York State residents can join EPIC if they are 65 or older and meet income requirements. EPIC members will be required to pay fees, deductibles, or co-payments. Seniors who receive full Medicaid benefits or have other prescription coverage that is better than EPIC, are not eligible. EPIC will not pay for medication dispensed by a Catholic Health pharmacy.

Medicaid

(855) 355-5777

nystateofhealth.ny.gov

Medicaid is a program for New York State residents who cannot afford to pay for medical care. People may be covered by Medicaid if they have high medical bills, receive Supplemental Security Income (SSI), or if they meet certain income, resource, age or disability requirements.

Healthcare Insurance Marketplace

The Affordable Care Act (ACA) requires everyone legally living in the U.S. to have health insurance as of January 1, 2014. It also gives millions of individuals with too little or no insurance access to health plans at different cost levels. The law also provides financial assistance to those who qualify based on family size and income.

New York State of Health (Exchange Plans)

(855) 355-5777

nystateofhealth.ny.gov

New York State of Health is a new Health Plan Marketplace. Individuals and families can use it to buy health insurance. It lets you shop and compare many health plans. It is the only place to get help lowering the cost of health insurance coverage.

Catholic Health's HAP eligible sites:

Kenmore Mercy Hospital

2950 Elmwood Avenue, Kenmore, NY 14217
Ken-Ton Family Care

- Kenmore Specialty Care Center
- Kenmore Mercy Medical Office Building

Lockport Memorial Hospital

6001 Shimer Drive, Lockport, NY 14094
Lockport Clinics, Labs, Radiology, and other ancillary services

Mercy Hospital of Buffalo

565 Abbott Road, Buffalo, NY 14220
Mercy Ambulatory Care Center

- Mercy Comprehensive Care Center
- Mercy Diagnostic Center - East Aurora
- Mercy Diagnostic & Treatment Center - West Seneca
- Mercy OB/GYN Center

Mount St. Mary's Hospital

5300 Military Road, Lewiston, NY 14092
MSM Center for Women

- MSM Laboratory Center
- MSM Neighborhood Health Center
- MSM Primary Care

Niagara Ambulatory Surgery Center

5875 S. Transit Road, Lockport, NY 14094

Sisters of Charity Hospital

2157 Main Street, Buffalo, NY 14214

Sisters Hospital, St. Joseph Campus

2605 Harlem Road, Cheektowaga, NY 14225

- Sisters OB/GYN Center
- St. Vincent Health Center
- M. Steven Piver, MD Center for Women's Health & Wellness
- Pathways/STAR

Leading the region in quality and patient experience.

**Joint
Commission
Certified**
for all hospitals

High Performing Hospital by U.S. News & World Report for

Hip Replacement | Knee Replacement
Heart Bypass Surgery | Heart Attack
Stroke | COPD
Abdominal Aortic Aneurysm Repair

Kenmore Mercy Hospital

longest Magnet-recognized hospital in Western New York

Five-Star Rated

Long Term Care facilities

Only Stroke-Certified Hospital in the Region

Mercy Hospital of Buffalo

Five-Star Rating

McAuley Seton Home Care for
patient experience (*highest in WNY*)

4

hospitals on
6 campuses

10,000+

associates
& physicians

3

home care
agencies

4

community based
care facilities



APPENDIX I:

KALEIDA

SUPPLEMENTALS

Mission

Our mission is to advance the health of our community

Vision

To provide compassionate, high-value, quality care, improving health in Western New York and beyond, educating future health care leaders and discovering innovative ways to advance medicine

Values



Remain **centered** around the **patient** and family



Be **accountable** to patients and each other



Show **respect** and **integrity**



Provide **excellence** in all we do

Kaleida Health - Complete Locations Directory

Hospitals

Bradford Regional Medical Center

116 Interstate Parkway
Bradford, PA 16701
(814) 368-4143

Buffalo General Medical Center

100 High Street
Buffalo, NY 14203
(716) 859-5600

Emergency Room - DeGraff Medical Park

445 Tremont Street
North Tonawanda, NY 14120
(716) 694-4500

Gates Vascular Institute (GVI)

875 Ellicott Street
Buffalo, NY 14203
(716) 748-2000

Millard Fillmore Suburban Hospital

1540 Maple Rd
Williamsville, NY 14221
(716) 568-3600

Oishei Children's Hospital

818 Ellicott Street
Buffalo, NY 14203
(716) 323-2000

Olean General Hospital

515 Main Street
Olean, NY 14760
(716) 373-2600

Ambulatory Surgery

Harlem Road Ambulatory Surgery Center

3085 Harlem Road Suite 300

Buffalo, NY 14225

(716) 748-3600

Millard Fillmore Surgery Center

215 Klein Road

Williamsville, NY 14221

(716) 568-6100

Southtowns Surgery Center

BrookBridge Medical Building 5959 Big Tree Road

Orchard Park, NY 14127

(716) 740-8330

Blood Draw Locations**Blood Draw - Amherst**

3580 Sheridan Drive

Amherst, NY 14226

(716) 831-8252

Blood Draw - Williamsville

1150 Youngs Rd. Suite 102

Williamsville, NY 14221

(716) 568-3703

Blood Draw - Buffalo

564 Niagara St, Building 2, Suite 100

Buffalo, NY 14201

(716) 768-7690

Blood Draw - Buffalo General Medical Center

100 High Street

Buffalo, NY 14203

(716) 859-2434

Blood Draw - Cheektowaga

3900 Union Road Suite 600

Cheektowaga, NY 14225

(716) 635-4627

Blood Draw - DeGraff Medical Park

445 Tremont Street

North Tonawanda, NY 14120

(716) 690-2170

Blood Draw - Hamburg

5844 Southwestern Blvd Suite 200
Hamburg, NY 14085
(716) 202-1203

Blood Draw - Lockport

6009 S. Transit Rd
Lockport, NY 14094
(716) 727-3630

Blood Draw - Maple West Plaza - Williamsville

705 Maple Road
Williamsville, NY 14221
(716) 580-7385

Blood Draw - North Tonawanda

605 Division St
North Tonawanda, NY 14120
(716) 260-2077

Blood Draw - Oishei Children's Outpatient Center (Conventus)

1001 Main Street
Buffalo, NY 14203
(716) 323-6370

Blood Draw - Orchard Park

5959 Big Tree Road
Orchard Park, NY 14127
(716) 508-8530

Home Care

VNA of Northwest PA

44 Bolivar Dr
Bradford, PA 16701
(814) 362-7466

VNA of WNY - Allegany and Cattaraugus Counties

121 1/2 Bolivar Road
Wellsville, NY 14895
(585) 296-3600

VNA of WNY - Chautauqua County

411-415 W. 3rd Street Suite 2
Jamestown, NY 14701
(716) 483-1940

VNA of WNY - Erie County

650 Airborne Parkway
Cheektowaga, NY 14225
(716) 630-8000

VNA of WNY - Genesee/Livingston/Orleans/Wyoming

178 Washington Street
Batavia, NY 14020
(585) 252-3900

VNA of WNY - Niagara County

3780 Commerce Court Suite 100
North Tonawanda, NY 14120
(716) 243-7800

VNA of WNY - Steuben County

6666 County Route 11
Bath, NY 14810
(607) 622-6155

Long Term Care & Subacute Care

DeGraff Rehabilitation & Skilled Nursing Facility

445 Tremont Street
North Tonawanda, NY 14120
(716) 690-2080

HighPointe on Michigan

1031 Michigan Avenue
Buffalo, NY 14203
(716) 748-3100

The Ralph C. Wilson Jr. Adult Day Services @ North Tonawanda

3780 Commerce Court Suite 100
North Tonawanda, NY 14120
(716) 243-7888

OB/GYN Centers

Kensington OB/GYN

462 Grider Street (Grider Family Health Center)
Buffalo, NY 14215
(716) 898-5000

Niagara Street OB/GYN

564 Niagara Street
Buffalo, NY 14201
(716) 768-7700

Oishei Children's Outpatient Center (Conventus)

1001 Main Street
Buffalo, NY 14203
(716) 323-2000

Outpatient Centers

Audiology - Oishei Children's Hospital

818 Ellicott Street
Buffalo, NY 14203
(716) 878-1375

Autism Spectrum Disorder Center - Oishei Children's Hospital

818 Ellicott Street
Buffalo, NY 14203
(716) 878-7600

Buffalo Therapy Services - Amherst

Maple West Plaza 705 Maple Road
Amherst, NY 14221
(716) 580-7360

Buffalo Therapy Services - DeGraff Wellness Center

415 Tremont Street
North Tonawanda, NY 14120
(716) 690-2031

Craniofacial Center of Western New York - Oishei Children's Outpatient Center (Conventus)

1001 Main Street
Buffalo, NY 14203
(716) 323-6060

Dental - Oishei Children's Outpatient Center (Conventus)

1001 Main Street
Buffalo, NY 14203
(716) 323-6040

Family Planning Center

1100 Main Street

Buffalo, NY 14209
(716) 748-4988

Neurology - Oishei Children's Outpatient Center (Conventus)

1001 Main Street
Buffalo, NY 14203
(716) 323-6150

Occupational Therapy - Oishei Children's Hospital

818 Ellicott Street
Buffalo, NY 14203
(716) 878-7470

Oishei Children's Behavioral Health Center - Buffalo General Medical Center - 1028 Main St Building

1028 Main St
Buffalo, NY 14202
(716) 859-5454

Oishei Children's Child Advocacy Program - Lee Gross Anthone Advocacy Center

556 Franklin Street
Buffalo, NY 14202
(716) 878-5437

Ophthalmology - Oishei Children's Outpatient Center (Conventus)

1001 Main Street
Buffalo, NY 14203
(716) 323-6310

Orthopedics - Oishei Children's Hospital

818 Ellicott Street
Buffalo, NY 14203
(716) 878-7563

Pediatric Ear, Nose & Throat - Oishei Children's Hospital

818 Ellicott Street
Buffalo, NY 14203
(716) 878-7368

Perinatal Center of WNY - Oishei Children's Hospital

818 Ellicott Street
Buffalo, NY 14203
(716) 878-1227

Physical Therapy - Oishei Children's Hospital

818 Ellicott Street

Buffalo, NY 14203
(716) 878-7470

Rheumatology - Oishei Children's Hospital

818 Ellicott Street
Buffalo, NY 14203
(716) 878-1689

Robert Warner Rehabilitation Center - Oishei Children's Hospital

818 Ellicott Street
Buffalo, NY 14203
(716) 878-1260

Speech, Language & Swallowing - Oishei Children's Hospital

818 Ellicott Street
Buffalo, NY 14203
(716) 878-1375

Adolescent Medicine - UBMD Pediatric Outpatient Center (Conventus)

1001 Main Street 4th Floor
Buffalo, NY 14203
(716) 323-0050

Allergy/Immunology - UBMD Pediatric Outpatient Center (Conventus)

1001 Main Street 4th Floor
Buffalo, NY 14203
(716) 323-0130

Autism Spectrum Disorder Center - Oishei Children's Outpatient Center (Conventus)

1001 Main Street
Buffalo, NY 14203
(716) 323-6560

DeGraff Medical Park

445 Tremont Street
North Tonawanda, NY 14120
(716) 694-4500

Diabetes-Endocrinology Center of Western New York - Maple West Plaza

705 Maple Road
Williamsville, NY 14221
(716) 580-7300

Endocrinology/Diabetes - UBMD Pediatric Outpatient Center (Conventus)

1001 Main Street 4th Floor

Buffalo, NY 14203
(716) 323-0170 Endocrine; (716) 323-0160 Diabetes

Gastroenterology - UBMD Pediatric Outpatient Center (Conventus)

1001 Main Street 4th Floor
Buffalo, NY 14203
(716) 323-0080

Genetics (Pediatric and Adult) - UBMD Pediatric Outpatient Center (Conventus)

1001 Main Street 4th Floor
Buffalo, NY 14203
(716) 323-0040

Healthy Weigh - Oishei Children's Outpatient Center (Conventus)

1001 Main Street
Buffalo, NY 14203
(716) 323-6120

Heart & Lung Clinic - Buffalo General Medical Center

100 High Street
Buffalo, NY 14203
(716) 859-7280

Hertel Elmwood Medicine Center

900 Hertel Avenue
Buffalo, NY 14216
(716) 871-1571

Infectious Disease - UBMD Pediatric Outpatient Center (Conventus)

1001 Main Street 4th Floor
Buffalo, NY 14203
(716) 323-0150

Kaleida Health Infusion Center

45 Spindrift Drive Suite 2000
Williamsville, NY 14221
(716) 529-6400

Maternal Fetal Medicine Center - Oishei Children's Outpatient Center (Conventus)

1001 Main Street
Buffalo, NY 14203
(716) 323-6210

McKinley Pediatric Outpatient Center

3860 McKinley Parkway

Blasdell, NY 14219
(716) 323-6030

Nephrology - UBMD Pediatric Outpatient Center (Conventus)

1001 Main Street 4th Floor
Buffalo, NY 14203
(716) 323-0140

Orthopaedics Clinic - Buffalo General Medical Center

100 High Street
Buffalo, NY 14203
(716) 859-1250

Pediatric Audiology - Oishei Children's Outpatient Center (Conventus)

1001 Main Street
Buffalo, NY 14203
(716) 323-6020

Pediatric Dental - Oishei Children's Outpatient Center (Conventus)

1001 Main Street
Buffalo, NY 14203
(716) 323-6040

Pediatric Dermatology - Oishei Children's Outpatient Center (Conventus)

1001 Main Street
Buffalo, NY 14203
(716) 323-6050

Pediatric Ear, Nose & Throat (ENT) - McKinley Parkway Office

3860 McKinley Parkway
Blasdell, NY 14219
(716) 323-6030

Pediatric Ear, Nose & Throat (ENT) - Oishei Children's Outpatient Center (Conventus)

1001 Main Street
Buffalo, NY 14203
(716) 323-6030

Pediatric General and Thoracic Surgery Center - Oishei Children's Outpatient Center (Conventus)

1001 Main Street
Buffalo, NY 14203
(716) 323-6110

Pediatric Neurology/EEG - Oishei Children's Outpatient Center (Conventus)

1001 Main Street

Buffalo, NY 14203
(716) 323-6150 (Neurology), (716) 323-6160 (EEG)

Pediatric Occupational Therapy - Oishei Children's Outpatient Center (Conventus)

1001 Main Street
Buffalo, NY 14203
(716) 323-6510

Pediatric Ophthalmology - Oishei Children's Outpatient Center (Conventus)

1001 Main Street
Buffalo, NY 14203
(716) 323-6310

Pediatric Orthopaedics - Oishei Children's Outpatient Center (Conventus)

1001 Main Street
Buffalo, NY 14203
(716) 323-6280

Pediatric Physical Therapy - Oishei Children's Outpatient Center (Conventus)

1001 Main Street
Buffalo, NY 14203
(716) 323-6510

Pediatric Rheumatology - Oishei Children's Outpatient Center (Conventus)

1001 Main Street
Buffalo, NY 14203
(716) 323-6240

Pediatric Vascular Anomalies - Oishei Children's Outpatient Center (Conventus)

1001 Main Street
Buffalo, NY 14203
(716) 323-6110

Pediatric Wound Care Center - Oishei Children's Outpatient Center (Conventus)

1001 Main Street
Buffalo, NY 14203
(716) 323-6110

Pediatric X-Ray - Oishei Children's Outpatient Center (Conventus)

1001 Main Street
Buffalo, NY 14203
(716) 323-2220

Pulmonology - UBMD Pediatric Outpatient Center (Conventus)

1001 Main Street 4th Floor

Buffalo, NY 14203
(716) 323-0110

Rehabilitation - DeGraff Medical Park

445 Tremont Street
North Tonawanda, NY 14120
(716) 690-2031

Robert Warner Rehabilitation Center - Oishei Children's Outpatient Center (Conventus)

1001 Main Street
Buffalo, NY 14203
(716) 323-6410

Specialty Clinic - Buffalo General Medical Center

100 High Street
Buffalo, NY 14203
(716) 859-2175

Speech, Language & Swallowing - Oishei Children's Outpatient Center (Conventus)

1001 Main Street
Buffalo, NY 14203
(716) 323-6420

UBMD Pediatric Outpatient Center (Conventus)

1001 Main Street 4th Floor
Buffalo, NY 14203
(716) 932-6073

Primary & Specialty Care

Broadway Pediatrics

1021 Broadway Street
Buffalo, NY 14212
(716) 852-1578

Cancer Care of WNY - Cheektowaga

3085 Harlem Road Suite 200
Cheektowaga, NY 14225
(716) 844-5500

Cancer Care of WNY - Jamestown

117 Foote Avenue
Jamestown, NY 14701
(716) 338-9500

Cancer Care of WNY - Niagara Professional Park
3850 Saunders Settlement Road
Cambria, NY 14132
(716) 898-2850

Center for Minimally Invasive Surgery - Buffalo General Medical Center
100 High Street
Buffalo, NY 14203
(716) 859-1168

Gates Vascular Institute (GVI)
875 Ellicott Street
Buffalo, NY 14203
(716) 748-2000

Niagara Street Pediatrics
1050 Niagara Street
Buffalo, NY 14213
(716) 859-KIDS (5437)

Parents and Children Together - Broadway Pediatrics
1021 Broadway Street
Buffalo, NY 14212
(716) 852-1578

Pediatric Ear, Nose & Throat (ENT) - McKinley Parkway Office
3860 McKinley Parkway
Blasdell, NY 14219
(716) 323-6030

University Commons
1404 Sweet Home Road Suite 5
Amherst, NY 14228

WNY Urology - Corfu
24 East Main Street (Route 33)
Corfu, NY 14036
(716) 677-2273

WNY Urology - Derby
7060 Erie Road
Derby, NY 14047
(716) 677-2273

WNY Urology - Dunkirk
504 Central Avenue

Dunkirk, NY 14048
(716) 338-9200

WNY Urology - Hamburg
3040 Amsdell Road
Hamburg, NY 14075
(716) 677-2273

WNY Urology - Harlem Professional Park
3085 Harlem Road Suite 200
Cheektowaga, NY 14225
(716) 844-5000

WNY Urology - Jamestown
117 Foote Avenue Suite 100
Jamestown, NY 14701
(716) 338-9200

WNY Urology - Lakeshore
849 Rt 5 & 20
Irving, NY 14081
(716) 677-2273

WNY Urology - Niagara Professional Park
3850 Saunders Settlement Road
Cambria, NY 14132
(716) 898-2800

WNY Urology - Orchard Park
500 Sterling Drive
Orchard Park, NY 14127
(716) 677-2273

WNY Urology - Warsaw
408 North Main St
Warsaw, NY 14569
(716) 677-2273

School-Based Health Centers

Buffalo Elementary School of Technology #6
414 S. Division Street
Buffalo, NY 14204
(716) 842-3002

Build Academy #91

340 Fougerson Street
Buffalo, NY 14211
(716) 897-0545

Dr. Lydia Wright School of Excellence, #89

106 Appenheimer Street
Buffalo, NY 14214
(716) 897-8056

Herman Badillo Bilingual Academy, #76

315 Caroline Street
Buffalo, NY 14201
(716) 856-3478

Hillery Park @ Triangle Academy

72 Pawnee Parkway
Buffalo, NY 14210
(716) 828-1034

Stanley Makowski Early Childhood Center, #99

1095 Jefferson Avenue
Buffalo, NY 14208
(716) 883-9480

Westminster School

24 Westminster Avenue
Buffalo, NY 14215
(716) 838-7460

Financial Assistance Program

Kaleida Health is committed to providing financial assistance to those patients that suffer from financial hardships. Financial Assistance is available to patients based on the following income and family size guidelines as determined by the Federal Poverty Level (FPL) regulations as published by The Department of Health and Human Services (HHS).

Who qualifies for a discount?

Financial Assistance is available for low income, uninsured individuals and those with insurance who meet the income guidelines. You cannot be denied medically necessary care because you need financial assistance. You may be eligible for our charity care program regardless of immigration status. The amount of the discount varies based on your income and the size of your family. Income limits are based on federal poverty guidelines.

Kaleida Health is committed to providing quality health care services at a reduced charge to eligible persons who cannot afford to pay for these services. Charity Care is available to patients of families based on the following income and family size guidelines as determined by Federal Poverty Regulations as published by the Department of Health and Human Services.*

– FPO –
plastic sleeve goes here

What if I do not meet the income limits?

If you do not meet the income guidelines under the Charity Care Program, Kaleida Health offers a self-pay discount and payment plan to all patients.

Can someone explain the self-pay discount?

Yes, confidential help is available. Call (716) 859-7200 for information regarding a self-pay discount.

Can someone explain the charity care program?

Yes, confidential help is available. Call (716) 859-8979.

Can someone help me apply for charity care assistance?

Yes, confidential help is available. Call (716) 859-8979.

If you do not speak English, someone will help you in your own language.

- The Facilitated Enroller can tell you if you qualify for free or low-cost insurance, such as Medicaid, Child Health Plus and essential plan.
- If the Facilitated Enroller finds that you don't qualify for low-cost insurance, they will help you apply for a charity care discount.

- The Facilitated Enroller will help you fill out all the forms and tell you what documents you need to bring.

What do I need to apply for Charity Care discount?

For Charity Care Assistance, we require four (4) current pay stubs, as well as bank statements not including retirement plans, annuities, etc.

What services are covered?

All medically necessary services provided by Kaleida Health are covered by the Charity Care Program. This includes outpatient services, emergency care, and inpatient admissions. Charges from private doctors who provide services in the hospital may not be covered. You should talk to the private doctor to see if they offer a discount or payment plan.

How much do I have to pay?

Our Charity Care representative will give you the details about your specific discount(s) once your application is processed.

How do I get the discount?

- You have to fill out the application form. As soon as we have proof of your income, we can process your application for a discount according to your income level.

- You can apply for a discount before you have an appointment, when you come to the hospital to get care, or when the bill comes in the mail.
- Send the completed application to Kaleida Health.

How will I know if I was approved for the discount?

Kaleida Health will send you a letter within 30 days after completion and submission of your application telling you if you have been approved and the level of discount granted.

What if I receive a bill while I'm waiting to hear if I can get a discount?

You cannot be required to pay a hospital bill while your application for a discount is being considered. If your application is turned down, the hospital must tell you why in writing and must provide you with a way to appeal this decision to a higher level within the hospital.

What if I have a problem I cannot resolve with the hospital?

You may call the New York State Department of Health complaint hotline at 1-800-804-5447.



- C** Remain **centered** around the patient and family
- A** Be **accountable** to patients and each other
- R** Show **respect** and integrity
- E** Provide **excellence** in all we do

Leading with CARE

Kaleida Health is the largest health care provider in Western New York. More than one million patients are seen annually at our Buffalo General Medical Center/Gates Vascular Institute, DeGraff Memorial Hospital, Millard Fillmore Suburban Hospital, Oishei Children's Hospital and numerous community health centers.

Our Mission:

To provide compassionate, high-value, quality care, improving health in Western New York and beyond, educating future health care leaders and discovering innovative ways to advance medicine.

Contact Information

Kaleida Health's Patient Financial Services

726 Exchange Street
Buffalo, New York 14210
(716) 859-8979
www.kaleidahealth.org

Kaleida Health's 9,500 health care professionals are making highly personalized and compassionate care a top priority despite the increasingly technological nature of modern health care.

We understand that caring for our patients' emotional and spiritual needs is invariably linked to their physical healing.



ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Please ask your care team.

Spanish

ATENCIÓN: Si habla español, los servicios de asistencia lingüística están disponibles, de forma gratuita, para usted. Por favor, pregunte a su equipo de atención.

Arabic/Sudanese

تنبيه: إذا كنت تتحدث العربية، فسوف تتوفر لك خدمات مساعدة لغوية مجانية. يرجى أن تسأل فريق العناية الخاص بك.

Kaleida Health does not discriminate on the basis of race, color, religion, sex, national origin, disability, sexual orientation, gender identity or expression, physical appearance, source of payment, or age.



Financial Assistance Programs

Offering services and programs to assist uninsured or underinsured patients

Kaleida Health Patient Financial Services

Kaleida Health has a variety of initiatives in place to help individuals in our community access affordable health care. We offer the following services and programs to assist patients who are uninsured or underinsured:

Facilitated Enrollment

This program was created to help people get health insurance for themselves and their family. It offers a convenient way for people to learn about available health insurance programs in their community.

Our facilitated enrollers are trained experts to screen and determine eligibility for all government insurance programs. They will help the patient gather the necessary documentation and represent the patient with the New York State of Health Marketplace.



Facilitated Enrollers can help patients apply for:

Medicaid

This program is for New York residents. Medicaid may cover persons if they meet certain income, resource, age or disability requirements.

Child Health Plus

This program is for children under 19 years of age who are not eligible for Medicaid. Some families may have to pay a small monthly fee for coverage, depending on income.

Qualified Health Plans (QHP)

Qualified Health Plans (QHP) are licensed commercial health plans that have been approved by the New York State Health Marketplace to provide comprehensive insurance coverage.

Essential Plans

A health plan made available for New Yorkers who do not qualify for Medicaid or Child Health Plus.

Additional information also available on:

- Prenatal Care Assistance Program
- Children and Young Adults with Special Health Care Needs Program.



Kaleida Health Financial Assistance Program

The Kaleida Health Financial Assistance Program is designed to assist patients who have been treated at a Kaleida Health facility but are unable to pay for the medical services they received because of financial hardship. Discounts are awarded based upon income and assets verification.

Who is Eligible?

Only individuals who do not qualify for Medicaid, Child Health Plus, Qualified Health Plans (QHP) and State Aid based on income will be considered.

Who is Not Eligible?

Persons who exceed the income or other guidelines.

What is not covered?

The Financial Assistance Program will NOT cover any doctor charges, Medicare client shares/spenddown amounts, routine dental work, cosmetic or any non-medically necessary services as well as private room differences.

How Do I Apply?

All persons interested in our services may contact us at (716) 859-8979.

Interpreter Services

Communicating with our staff is the most effective way to make sure you receive the care you need as soon as possible. We can arrange for a free interpreter who speaks your language to help you if you have difficulty speaking or understanding English. This is your legal right. Simply tell the person you are meeting with that you want an interpreter, and he or she will assist you.

Prescription Coverage

Elderly Pharmaceutical Insurance Coverage (EPIC) is a New York State-sponsored prescription plan for senior citizens who need help paying for their prescriptions. Call (800) 332-3742 for an application.

Partnership for Prescription Assistance
(888) 477-2669 or www.pparx.org

APPENDIX J:

ECMC SUPPLEMENTALS

COMPREHENSIVE PSYCHIATRIC EMERGENCY PROGRAM

(CPEP) MAIN PHONE NUMBER: 716-898-3465

(CPEP) SOCIAL WORKER: 716-898-3733

(CPEP) ADOLESCENT SOCIAL WORKER: 716-898-6566

COMMUNITY PATIENT PHONE NUMBERS:

Adult Waiting Room (Large): 716-961-7765 or 716-961-6914

Adult Waiting Room (Small): 716-961-6951

Child/Adolescent Waiting Room: 716-961-7769

Extended Observation Unit (EOB): 716-961-7764

ECMC Behavioral Health Center of Excellence

Main Phone Tree Number: 716-898-HOPE (4673)

ECMCC BEHAVIORAL HEALTH LOCATIONS:

**Inpatient and Outpatient Treatment Services at
462 Grider Street, Buffalo, New York 14215:**

- Adolescent, Adult and Geriatric Inpatient Psychiatric Services
- Inpatient Substance Use Treatment Services
- Outpatient Adult, Child and Family Psychiatric Clinic
- HELP CENTER: 716-898-1594
- Partial Hospitalization Program: 716-898-5536
- MAP (Medication and Prescription) Clinic: 716-898-4245

OFF-CAMPUS OUTPATIENT MENTAL HEALTH LOCATIONS:

- *Outpatient Mental Health and Co-Occurring Disorder Services at
1285 Main Street, Buffalo, New York 14209 • 716-898-1675*

OUTPATIENT OFF-CAMPUS

SUBSTANCE USE

TREATMENT SERVICES LOCATIONS

- *Downtown Clinic at 1285 Main Street,
Buffalo, New York 14209 • 716-883-4517*
- *Northern Erie Clinical Services at 2005 Sheridan Drive,
Tonawanda, New York 14223 • 716-874-5536*

QR Code Quick Link



ADDITIONAL SUPPORT FOR FAMILIES:

- Crisis Services: 716-834-3131
- Spectrum CARES (Crisis and Re-Stabilization Emergency Services for children only - 24/7): 716-662-2040
- Mental Health Advocates of WNY: 716-886-1242
- National Alliance on Mental Illness in Buffalo & Erie County (NAMI): 716-226-6264 namibuffalony.org - see MIND MATTERS
- WNY Independent Living: 716-836-0822
- Family Voices (for children only): 716-858-2192

ECMC: An affiliate of the University at Buffalo Jacobs School of Medicine and Biomedical Sciences

The difference between healthcare and true care™



CPEP EC2071-3/30/2023

CPEP

Comprehensive Psychiatric Emergency Program

Patient Guide

Regional Center of Excellence for Behavioral Health



CPEP Main Phone Number: (716) 898-3465

Our Comprehensive Psychiatric Emergency Program (CPEP) is a hospital-based crisis intervention service located on the first floor of the Behavioral Health Outpatient Center. CPEP has separate treatment areas for adults and children/adolescents. The program also includes an extended observation unit (EOB) which provides extended evaluation, assessment, or stabilization of acute psychiatric symptoms for up to 72 hours.

The difference between healthcare and true care™



Arrival to the hospital

Individuals seeking psychiatric crisis intervention services must first register and be medically screened by a Registered Nurse through the Medical Emergency Department (ED).

All patients under the age of 18 will be seen by a medical provider in the ED. Patients will then be escorted by hospital staff to the Comprehensive Psychiatric Emergency Program for a psychiatric evaluation. Family members, friends and community support professionals are encouraged to collaborate with the Treatment Team by providing information regarding the presenting crisis. In order to complete a full evaluation in a timely manner for patients under age 18, we strongly encourage parents/guardians to remain with the patient throughout their stay.

What to bring to CPEP

- A list of current medications and pharmacy.
- Contact information for close family/friends.
- Contact information for outpatient Primary Care, Mental Health and/or Chemical Dependency providers.
- Evidence supporting the need for a psychiatric evaluation (e.g. social media postings, text messages, suicide notes)
- Advance Directives
- Insurance Card and Photo ID

What not to bring

- Sharp objects and/or glass containers (in an effort to maintain overall safety)
 - Items of personal value (i.e. money, jewelry, cell phones)
 - Smoking materials
 - Plastic (i.e. grocery bags, garbage bags, zip lock bags)
 - Clothing with drawstrings, belts
 - Footwear with shoelaces
- **We encourage any valuable items be sent with a trusted family member or friend.**
- **Personal property will be secured for safe keeping until hospital departure (discharge or transfer).**

What to expect upon arrival to CPEP

In an effort to maintain a safe environment, patients will encounter a general safety check.

Patients will then be brought to Triage by staff to establish immediate needs. Following Triage, patients will enter the Child/Adolescent or Adult CPEP Waiting Room where they will encounter some or all of the following Treatment Team members:

Registered Nurse: A RN will gather information on medical and psychiatric history related to the current problem, gather a complete list of home medications and develop a plan of care for immediate treatment needs.

Medical Team: A member of the Medical Team will provide a medical screening examination.

Psychiatric Case Manager: A licensed social work or licensed mental health counselor will gather information both from the patient and their supports (family, friends, and community providers) regarding the presenting problem, any safety concerns, and past mental health and/or chemical dependency history. The psychiatric case managers will also provide therapeutic support and crisis intervention.

Psychiatric Provider (Psychiatrist, Nurse Practitioner, Physician Assistant, etc.): Based upon the information gathered by the Treatment Team and their individual assessment, a Psychiatric Provider will decide if a patient needs to be admitted into a psychiatric hospital or if they are safe to leave with a plan for ongoing outpatient services that can be arranged by ECMC Psychiatric Case Managers or Discharge Planners.

After the evaluation

The patient will be informed of the treatment recommendations made by the psychiatric treatment team, which may include one of the following:

Admission - the patient may be admitted to an acute inpatient unit either at ECMC or another area hospital. Children under 12 who require admission cannot be treated at ECMC and will be transferred to the closest appropriate treatment facility.

Extended Observation Bed (EOB) - the patient may be admitted to the EOB for continuing evaluation and treatment for up to 72 hours

Discharge - the patient may be discharged home or to another safe environment

Visiting hours - We understand that visiting your loved one is important. Please call **716-898-3465** to make these arrangements.

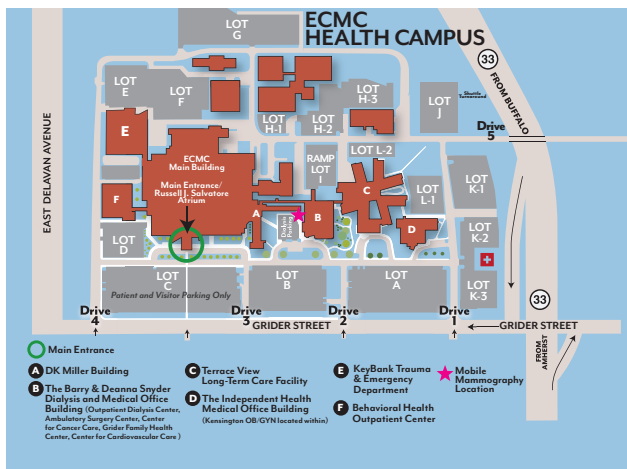
See back panel for contact information & location.



**ECMC INTERNAL MEDICINE SERVICES
ARE LOCATED ON THE ECMC HEALTH CAMPUS
462 Grider Street
Buffalo, NY 14215**

**Phone:
716-898-3152**

ECMC Internal Medicine



**ECMC Internal Medicine Center
(See map above, Park in lot C)**

ABOUT ERIE COUNTY MEDICAL CENTER (ECMC) CORPORATION:

The ECMC Corporation was established as a New York State Public Benefit Corporation and since 2004 has included an advanced academic medical center with 573 inpatient beds, on- and off-campus health centers, more than 30 outpatient specialty care services and Terrace View, a 390-bed long-term care facility. ECMC is Western New York's only Level I Adult Trauma Center, as well as a regional center for burn care, behavioral health services, transplantation, medical oncology and head & neck cancer care, rehabilitation and a major teaching facility for the University at Buffalo. Most ECMC physicians, dentists and pharmacists are dedicated faculty members of the university and/or members of a private practice plan. More Western New York residents are choosing ECMC for exceptional patient care and patient experiences —the difference between healthcare and true care™.

ECMC: An affiliate of the University at Buffalo Jacobs School of Medicine and Biomedical Sciences

The difference between healthcare and true care™



AIOPEC3936-2-23



ecmc.edu



ecmc.edu



The difference between healthcare and true care™

Informed, quality care that puts the patient at the center.

ECMC internal medicine services are comprised of healthcare teams—including physicians, nurses, nutritionists, and administrative staff members—committed to meet all of your healthcare needs. This includes coordinating your care through our specialty practices, labs, radiology, and offering same day appointments. At ECMC we follow the principles of patient-centered care, which means you are the center of this team led by your primary care physician. We partner with you to make your healthcare our priority.



ECMC Internal Medicine

Our well-equipped community-based health center is designed to serve you better, faster, and more efficiently. In addition to our family physicians and specialists, we have professional internal medicine residents on staff.



Internal Medicine is a practice for you and your family (ages 18+) led by **Dr. Ellen Rich.**

Dr. Rich, serves as a first point of contact for any number of health concerns, illnesses or general preventative care. Additionally, we coordinate patients' specialty and follow-up care.

Internal Medicine Center Providers

Dr. Nasir Khan

Dr. David Milling

Dr. Megan Rochester

Dr. Timothy McDaniel

Michelle Bielinski PA

Marielle Wiede PA

The benefits of this convenient new service to you include:

- No long wait times to see your doctor
- Available same day appointments
- Primary care office on call 24/7
- Comprehensive physical examinations available for all patients (ages 18+)
- Wellness programs developed for each patient (ages 18+)
- Lab services
- Open access and sick visits

Our health care capabilities include the following services and procedures

- Gynecological services
- Comprehensive prevention and wellness care
- Care for acute problems, such as coughs, flu, sore throats, abdominal pain, bladder infections, minor musculoskeletal injuries, and other common medical problem
- Ongoing evaluation and treatment of chronic illnesses, such as allergies, asthma, diabetes, high blood pressure, migraineheadaches, skin conditions, and depression



Specialty Care Services

462 Grider Street
Buffalo, New York 14215
Phone: 716 898-3700
Fax: 716 898-4910



For more information, visit:
ecmc.edu/specialtycare



ABOUT ERIE COUNTY MEDICAL CENTER (ECMC) CORPORATION:
The ECMC Corporation was established as a New York State Public Benefit Corporation and since 2004 has included an advanced academic medical center with 573 inpatient beds, on- and off-campus health centers, more than 30 outpatient specialty care services and Terrace View, a 390-bed long-term care facility. ECMC is Western New York's only Level 1 Adult Trauma Center, as well as a regional center for burn care, behavioral health services, transplantation, medical oncology and head & neck cancer care, rehabilitation and a major teaching facility for the University at Buffalo. Most ECMC physicians, dentists and pharmacists are dedicated faculty members of the university and/or members of a private practice plan. More Western New York residents are choosing ECMC for exceptional patient care and patient experiences —the difference between healthcare and true care™.

ECMC: An affiliate of the University at Buffalo Jacobs School of Medicine and Biomedical Sciences

The difference between healthcare and true care™



The difference between healthcare and true care™



Specialty Care Services

Comprehensive patient-focused care.



Our Complete List of Services

ANTICOAGULATION

Monitor ECMC patients on anticoagulation medications with the following disorders:

- Atrial fibrillation
- Deep Vein Thrombosis
- Pulmonary Embolism
- Mechanical Heart Valves
- Hypercoagulable disorders

Phone: (716) 898-6550
Fax: (716) 898-6535
Snyder Medical Building, 3rd floor

CARDIOLOGY

Areas of Expertise

- Arrhythmia
- Congestive heart failure
- Coronary artery disease
- Heart-valve disorders
- Hypertension
- Cardiomyopathy

Diagnostic Tests Performed

- Electrocardiogram
- Echocardiogram
- Pacemaker monitoring
- Stress testing
- Nuclear stress testing
- Diagnostic Angiography

Phone: (716) 898-6550
Fax: (716) 898-6535
Snyder Medical Building, 3rd floor

ENT (OTOLARYNGOLOGY)

Areas of Expertise

- Maxillofacial trauma
- Advanced head and neck cancer
- Ear disorders
- Hearing loss
- Dizziness
- Communication and voice disorders
- Allergic, infectious and inflammatory diseases of the head/neck

Procedures Performed

- Advanced Audiologic Testing
- Hearing aid evaluation
- Placement of ear tubes
- Laryngoscopy

Phone: (716) 898-3310
Fax: (716) 898-4688
Main Hospital, 1st floor

GASTROENTEROLOGY

Areas of Expertise

- Inflammatory bowel disease
- Diverticulitis
- Gastric Ulcers
- Gastric Reflux conditions
- Colon polyps
- Diarrhea
- Constipation

Procedures Performed

- Colonoscopy
- Esophagogastroduodenoscopy (EGD)
- Endoscopic Retrograde Cholangiopancreatography (ERCP)
- Flexible Sigmoidoscopy
- Feeding tubes
- Foreign Body Removal
- Upper endoscopy
- Lower endoscopy

Phone: (716) 898-6410
Fax: (716) 898-3363
Main Hospital, 1st floor

GENERAL DENTISTRY

Areas of Expertise

- All General Dentistry treatments

Procedures Performed

- Dental Exams, Prophylaxis, Extractions and Restorations
- X-Rays
- Root Canal Therapy
- Crown and Bridge
- Dentures and partials
- Urgent Care dentistry

ECMC Dental Clinic

Phone: (716) 898-3189
Fax: (716) 898-5729
Main Hospital, 1st floor

ECMC Dental Clinic at Buffalo General

Phone: (716) 859-4180
Fax: (716) 859-4195
Buffalo General Medical Center
100 High Street, B6 South,
Buffalo, NY 14203

HEPATOLOGY

Areas of Expertise

- Hepatitis B
- Hepatitis C
- Liver disease
- Fatty liver disease
- HIV/HCV co-infection

Diagnostic tests provided

- Fibroscan testing
- Liver ultrasound
- Liver biopsy

Phone: (716) 898-6410
Fax: (716) 898-3363
Main Hospital, 1st floor

NEUROLOGY AND NEUROPHYSIOLOGY

Areas of Expertise

- General Neurology
- Epilepsy
- Stroke
- Traumatic Brain Injury
- Neuropathy
- Myopathy

Diagnostic Testing offered:

- Electroencephalogram (EEG)
- Ambulatory (24-48 hour)
- Electroencephalogram

Phone: (716) 898-3638
Fax (716) 898-5202
Main Hospital, 1st floor

OCCUPATIONAL & ENVIRONMENTAL MEDICINE

Areas of Expertise

- Workers Compensation Injuries
- Workplace exposures
- Ergonomics
- Workplace safety and education
- Pre-employment and annual physicals
- Respiratory Fit Screenings and Testing
- Biometric screenings
- Drug screenings
- Depression/anxiety screening
- Return to work physicals
- Service coordination
- Vaccinations

Phone: (716) 898-5858
Fax: (716) 898-5899
Main Hospital

ONCOLOGY (JONAH CENTER)

Holistic and comprehensive approach to the management and care of cancer patients.

Areas of Expertise

- Diagnosis, management, and treatment of:
 - Soft tissue malignancies
 - Benign Hematology
 - Hematologic malignancies excluding acute leukemia

Procedures Performed:

- Bone Marrow Biopsy and Aspirate
- Chemotherapy and Biologic Agents
- Non-Oncology Infusions

Support Services

- Clinical Psychology
- Navigation
- Nutrition Counseling
- Palliative Care
- Speech Language Pathology

Phone: (716) 898-3948

Fax: (716) 961-7752
Snyder Medical Building, 2nd floor

ORAL ONCOLOGY & MAXILLOFACIAL PROSTHETICS

Areas of Expertise

- Oral Cancer Screening & Education
- Dental clearance for cancer therapy, organ transplantation, and cardiac surgery
- Oral surgical procedures and dental implants
- Comprehensive dental care for cancer and medically compromised patients
- Maxillofacial prosthetic rehabilitation
- Oral Biopsies

continued

ORAL ONCOLOGY
& MAXILLOFACIAL
PROSTHETICS *continued*

Procedures Performed

- Biopsies for abnormalities in the mouth
- Dental Exams, Prophylaxis, Extractions and Restorations
- Root Canal Therapy
- Crown and Bridge
- Implants
- Oral Maxillofacial prosthetics including ear, nose, and orbitals

Phone: **(716) 898-1461**
Fax: (716) 898-5229
Snyder Medical Building, 2nd floor

PODIATRY

Areas of Expertise

- Diabetic ulcers
- Bunions
- Calluses
- Heel spurs
- Hammertoes

Phone: **(716) 898-6300**
Fax: (716) 898-5237
Main Hospital, 1st floor

PULMONARY

Areas of Expertise:

- Asthma
- Chronic pulmonary obstructive lung disease
- Chronic Cough
- Pulmonary Vascular disease
- Interstitial lung disease
- Sleep Apnea

Diagnostic Testing Performed

- Pulmonary Function Testing
- Six-minute walk test

Phone: **(716) 898-6619**
Fax: (716) 898-4005
Main Hospital, 1st floor

RADIOLOGY

Services Offered

- Computed Tomography (CT)
- Nuclear Medicine (NM)
- Magnetic Resonance Imaging (MRI)
- Ultrasound (US)
- Interventional Radiology (IR)
- X-rays

continued

CT, US, NM, X-ray
Phone: **(716) 898-3416**
MRI Phone: **(716) 898-5999**
Interventional Radiology
Phone: **(716) 898-3886**
Main Hospital

REHABILITATION SERVICES

Services Provided

- General Physiatry
- Electromyogram (EMG)
- Botox Injections
- Joint Injections
- Trigger Point Injections

Phone: **(716) 898-5498**
D.K. Miller Building

THERAPY SERVICES

• Physical Therapy

• Speech Language Pathology

• Occupational Therapy

• Hand Therapy

• Driver Evaluations

• Rehabilitation Psychology

Phone: **(716) 898-3225**
Main Hospital, Ground floor

RHEUMATOLOGY

Areas of Expertise

- Autoimmune Conditions
- Gout
- Lupus
- Osteoarthritis
- Rheumatoid Arthritis
- Tendinitis

Procedures Performed

- Joint Injections

Phone: **(716) 898-3700**
Fax: (716) 898-5352
Main Hospital

UROLOGY

Areas of Expertise

- Urinary Infections
- Kidney and Bladder Stones
- Incontinence
- Urologic Cancers
- Injury reconstruction and management
- Female Urology
- Male reproductive issues

continued

Procedures Performed

- Cystoscopy
- Ureteroscopy
- Lithotripsy
- Urodynamics
- Hernia treatment
- Laparoscopic and robotic surgery
- Treatment of malignant and benign tumors

Phone: **(716) 898-5411**
Fax: (716)898-5237
Main Hospital, 1st floor

WOUND CARE &
HYPERBARIC MEDICINE

Areas of Expertise

- Diabetic ulcers
- Neuropathic ulcers
- Pressure ulcers
- Ischemic ulcers
- Venous insufficiency
- Traumatic wounds
- Surgical wounds
- Vasculitis
- Burns
- Peristomal skin irritations
- Other chronic, non-healing wounds
- Progressive necrotizing infection/fasciitis
- Soft tissue radionecrosis
- Chronic refractory osteomyelitis

Procedures Performed

- Specialty wound dressing
- Compression therapy
- Debridement
- Pressure off-loading devices and footwear
- Cellular and tissue-based products
- Negative Pressure Wound Therapy
- Hyperbaric Oxygen Therapy (HBOT)

Phone: **(716) 898-4800**
Fax: (716) 898-5446
Main Hospital, Ground floor

THE YOU CENTER FOR
WELLNESS (FORMERLY
IMMUNODEFICIENCY
SERVICES):

Areas of expertise:

- Immunodeficiency
- Infectious Disease
- HIV/AIDS
- Sexual Health
- STI Testing
- Rapid HIV Testing
- PrEP
- Anal PAPs
- Vaginal PAPs
- HPV Vaccinations

Phone: **(716) 898-4119**
Fax: (716) 898-3187
Main Hospital, Lower level

SURGICAL SPECIALTIES

BARIATRIC SURGERY

Procedures Performed

- Roux-en-Y Gastric Bypass Surgery
- Sleeve Gastrectomy
- Revisional Bariatric Surgery

Services Provided

- Dietary Counseling
- Social Work
- Clinical Pharmacology

Phone: **(716) 565-3990**
Fax: (716) 565-3988
30 North Union Rd., Williamsville

COLORECTAL SURGERY

Areas of Expertise

- Colon and Rectal Cancer
- Anal Cancer
- Anal fissure/fistula
- Diverticulitis
- Hemorrhoids
- Rectal prolapse
- Rectovaginal/colovesical fistula
- Surgical management of Inflammatory Bowel Disease (Crohn's/Ulcerative colitis)

Procedures Performed

- Colonoscopy
- Colon, rectal, and anal surgery
- Laparoscopic, robotic, and open techniques
- Minimally invasive transanal surgery (TAMIS)

Phone: **(716) 898-5411**
Fax: (716) 898-5237
Main Hospital, 1st floor

GENERAL SURGERY

Areas of Expertise

- Hernia repair including abdominal hiatal, and inguinal
- Bowel, colon, and rectal disorders
- Gastrointestinal and biliary disease
- Thyroid and parathyroid disease
- Adrenal resection
- Abdominal wall reconstruction
- Burn Treatment

Phone: **(716) 898-5411**
Fax: (716) 898-5237
Main Hospital, 1st floor

HEAD AND NECK/PLASTIC
AND RECONSTRUCTIVE
SURGERY

Areas of Expertise

- Diagnosis, management and treatment of:
 - Cancers involving the structures of the head and neck
 - Skin Cancer
 - Diseases of the thyroid, parathyroid, and parotid glands
- Reconstruction related to cancer and other deformities or trauma
- Transgender surgery
- Surgical management of sleep apnea

Procedures Performed

- Biopsies
- Free tissue transfer
- Skin grafts
- Inspire sleep apnea implant
- Manometry (esophageal pressure study)
- Speech and Swallowing Therapy

Phone: **(716) 898-3073**
Fax: (716) 898-5587
Snyder Medical Building, 2nd floor

NEUROSURGERY

Areas of Expertise

- Spinal abnormalities
- Spinal tumors
- Revision spinal surgery
- Complex spine procedures

Phone: **(716) 898-6300**
Fax: (716) 898-6481
Snyder Medical Building, 3rd floor

ORAL-MAXILLOFACIAL
SURGERY

Areas of Expertise

- Facial pain
- Facial fractures
- Injuries to the face mouth and jaw
- Obstructive Sleep Apnea
- TMJ

Procedures Performed

- Dental extractions (including wisdom teeth)
- Dental implants
- Reconstructive jaw surgery
- IV sedation and anesthesia

Phone: **(716) 898-3310**
Fax: (716) 898-4688
Main Hospital, 1st floor

ORTHOPAEDICS

Areas of Expertise

- Foot and Ankle Surgery
- General Orthopaedic Surgery
- Hip Surgery
- Joint replacement/reconstruction
- Shoulder/Elbow Surgery
- Sports Medicine
- Spine Surgery
- Trauma Surgery

Phone: **(716) 898-3414**
Fax: (716) 898-4028
Main Hospital, 1st floor

THORACIC SURGERY

Areas of Expertise

- Pulmonary nodules
- Chest masses
- Swallowing disorders
- Pleural Effusions

Phone: **(716) 898-3948**
Fax: (716) 961-7752
Snyder Medical Building

VASCULAR SURGERY

Areas of Expertise

- Peripheral Vascular Disease
- Aneurysms
- Aortic Dissections
- Carotid Disease
- Dialysis Access
- Venous Disease
- Renal and Mesenteric Disease

Phone: **(716) 898-5411**
Fax: (716) 898-5237
Main Hospital, 1st floor



Specialty Care
Services

PHONE DIRECTORY

Anticoagulation	(716) 898-6550
Bariatric Surgery	(716) 565-3990
Cardiology	(716) 898-6550
Colorectal Surgery.....	(716) 898-5411
ENT	(716) 898-3310
Gastroenterology.....	(716) 898-6410
General Dentistry ECMC.....	(716) 898-3189
General Dentistry BGH	(716) 859-4180
General Surgery	(716) 898-5411
Head & Neck/Plastic and Reconstructive Surgery...	(716) 898-3073
Hepatology	(716) 898-6410
Neurology and Neurophysiology	(716) 898-3638
Neurosurgery	(716) 898-6300
Oncology	(716) 898-3948
Oral Oncology & Maxillofacial Prosthetics	(716) 898-1461
Oral-Maxillofacial Surgery.....	(716) 898-3310
Orthopaedics	(716) 898-3414
Podiatry.....	(716) 898-6300
Pulmonary	(716) 898-6619
Radiology	CT, US, NM, X-ray (716) 898-3416
.....	MRI (716) 898-5999
.....	Interventional Radiology (716) 898-3886
Rehabilitation Services	(716) 898-5498
Rehabilitation – Therapy Services	(716) 898-3225
Rheumatology.....	(716) 898-5890
Thoracic Surgery	(716) 898-3948
Urology	(716) 898-5411
Vascular Surgery	(716) 898-5411
Wound Care & Hyperbaric Medicine	(716) 898-4800
YOU Center for Wellness.....	(716) 898-4119





Regional Center of Excellence
for Behavioral Health

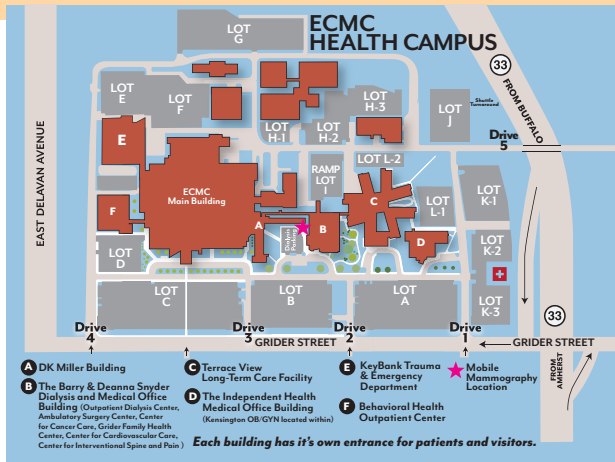
**ADDITIONAL BEHAVIORAL SERVICES
ECMC BEHAVIORAL HEALTH LOCATIONS:**

**MAIN NUMBER:
716-898-HOPE (4673)**

**On-Campus Inpatient
Substance Use Treatment Services
716-898-3415**



QR Code Quick Link



ABOUT ERIE COUNTY MEDICAL CENTER (ECMC) CORPORATION:

The ECMC Corporation was established as a New York State Public Benefit Corporation and since 2004 has included an advanced academic medical center with 573 inpatient beds, on- and off-campus health centers, more than 30 outpatient specialty care services and Terrace View, a 390-bed long-term care facility. ECMC is Western New York's only Level I Adult Trauma Center, as well as a regional center for burn care, behavioral health services, transplantation, medical oncology and head & neck cancer care, rehabilitation and a major teaching facility for the University at Buffalo. Most ECMC physicians, dentists and pharmacists are dedicated faculty members of the university and/or members of a private practice plan. More Western New York residents are choosing ECMC for exceptional patient care and patient experiences—the difference between healthcare and true care™.

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EC2808Sub.Use.-3/2025



Regional Center of Excellence
for Behavioral Health

Substance Use Treatment Services



Reasons to choose ECMC for behavioral healthcare:

- ECMC is the only Buffalo-area hospital that offers both a psychiatrist in the emergency room and substance use evaluations 24 hours a day, seven days a week.
- ECMC is one of the largest substance use treatment centers in the area.
- ECMC has the largest acute care psychiatric program in the region for adolescents, adults, and seniors.
- All Substance Use treatment programs are certified by the Office of Addiction Services and Supports (OASAS) and The Joint Commission.

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Substance Use

Treatment Programs

ECMC's inpatient and outpatient programs for substance use are designed to fill a variety of needs. All programs provide patients with comprehensive medical and psychological treatment methods.

INPATIENT SUBSTANCE USE TREATMENT SERVICES

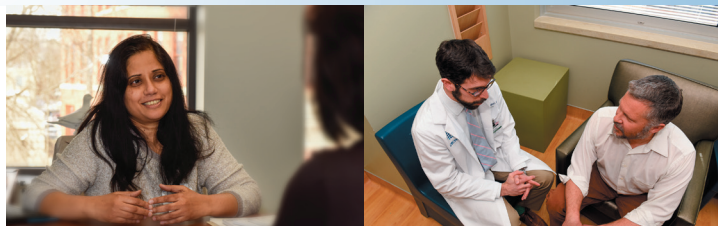
- **Emergency Department:** A substance use counselor is available 24 hours daily to assess individuals, determine the appropriate level of care, and facilitate referral and placement.

- **Medically Managed Withdrawal & Stabilization Program:**

Withdrawal management services are provided to assist patients in safely withdrawing from alcohol or other substances. Medication for addiction treatment (Suboxone, Naltrexone, Vivitrol and Campral) may be used to support patient recovery efforts.

- **Inpatient Substance Use Treatment Services are available at the following location:**

Erie County Medical Center
462 Grider Street
Buffalo, New York 14215



OUTPATIENT SUBSTANCE USE TREATMENT SERVICES

ECMC's two Outpatient Programs offer substance use evaluations, short and long term individual counseling, group therapy, psychiatric consultation, and medication assisted treatment services including Suboxone, Naltrexone, and Vivitrol.

Outpatient Treatment Services are available at the following locations:

- **ECMC Downtown Clinical Services**

(Bilingual counselor to serve our Spanish speaking population)
1285 Main Street, 2nd Floor
Buffalo, NY 14209
(716) 883-4517



- **ECMC Northern Erie Clinical Services**

2005 Sheridan Drive
Tonawanda, NY 14223
(716) 874-5536



“Last year, ECMC cared for patients with substance use disorders through nearly 40,000 outpatient treatment visits and over 12,000 behavioral health emergency admissions.”

REFER TO:

PARTIAL HOSPITALIZATION PROGRAM

462 Grider Street Buffalo, New York 14215

(716) 898-5569

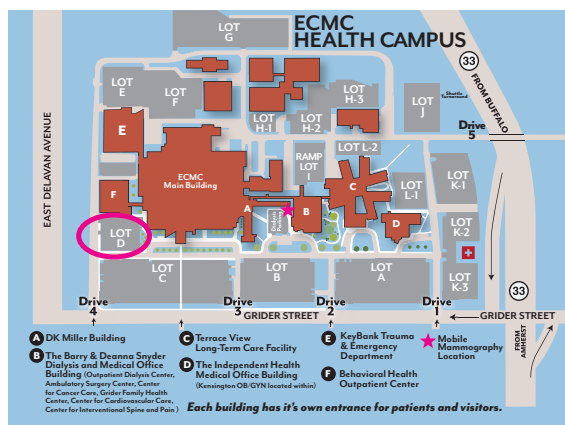
Fax (716) 898-6232

For further information contact
our main number at:
PHP Program Manager
716-898-5569

Use Smartphone QR code for quick web link!



Regional Center of Excellence
for Behavioral Health



**Partial Hospitalization Program is located within the
Behavioral Health Outpatient Building (Building F on map).**

Please use lot D

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PHPEC1848-3.2025



Adult Partial Hospitalization Program at ECMC

**An ECMC Behavioral Health
Center of Excellence Program**

Information for Professionals



The difference between healthcare and true care™



ecmc.edu

ECMC's Partial Hospitalization Program

The ECMC Partial Hospitalization Program (PHP) offers intensive outpatient treatment interventions to individuals experiencing acute psychiatric symptoms that impair their daily everyday functioning at home, school and/or work.

Our Partial Hospitalization Program is designed to stabilize acute symptoms with intention of avoiding a psychiatric inpatient hospitalization, or to reduce the length of a hospital stay.

This program is an exceptional resource to outside community providers who may notice an increase in mental health symptoms of their patients, but do not require hospitalization.

This program is a great step down from inpatient for those discharged who may need continued structure and coping skills prior to returning to their outpatient provider.

Program Structure

The Partial Hospitalization Program offers six hours of treatment each day from Monday -Friday (lunch provided). Treatment is provided by a team of qualified professionals; including clinical licensed mental health practitioners and a psychiatrist.

The program includes:

- Individual and group therapy
- Cognitive Behavioral Treatment
- Dialectical Behavioral Treatment
- Psychoeducation
- Medication stabilization
- Family involvement
- Support and advocacy

Each patient is assigned a primary therapist who, together with the treatment team, coordinates an individualized treatment plan. The program invites family and/or significant others to participate in their loved one's treatment by offering sessions to discuss treatment, support, and community resources.

The program encourages and offers family involvement that provides psychoeducation to patient's family members and/or loved-ones regarding the program, the skills their loved one's have learned and how they can support them upon completion of the program.

Admission Requirements

Individuals who:

- Are 18 years of age or older
- Have a primary psychiatric diagnosis
- Exhibit psychiatric symptoms that do not require hospitalization, however have a profound impairment on their daily living and functioning
- Are willing and able to contract for safety
- Live in a suitable environment for personal safety
- Have failed to make significant clinical gains within a traditional outpatient setting structure and are in need of increased skills to function in an outpatient setting
- Are ready for inpatient discharge, but are assessed to be in need of daily monitoring and support, as well as the need for ongoing intensive therapeutic intervention
- Experience symptoms that without an intensive outpatient program, would increase.

Exclusion Criteria

Individuals who:

- Have a primary diagnosis of substance abuse with active use of substances
- Lack commitment and/or desire to participate in PHP

Program Expectations

- Respect the rules and confidentiality of others in the program
- Remain abstinent of all substances while attending the program
- Refrain from any harm to self or others
- Refrain from sexual or romantic relationships with other program members
- Be on time, attend regularly, and contact the program if one is unable to attend on a particular day (only allowed one absence)

See back panel for contact information & location.

A Health Center Designed to Serve You Better

Welcome to ECMC Family Health Center. Our well-equipped community-based health center has been designed to serve you better, faster, and more efficiently. In addition to our staff of family physicians and specialists, we have 15 professional family medicine residents. An on-site lab facility is dedicated to serve the needs of the outpatient community. We've also located our business office on site to answer your questions faster and cut your waiting time by processing your paperwork faster.



New patients welcome

Thanks to our up-to-date facilities and excellent staff, we are accepting new patients. The center has been designed with patient comfort in mind, including a spacious and comfortable waiting room area, plenty of patient examination rooms, and an easily accessible business office. The Center has a doctor on call 24 hours a day and a nurse is always available to answer questions by telephone during regular business hours. With lab facilities on site, a professional staff of physicians, and access to the full resources of ECMC, ECMC Family Health Center is well equipped to care for your entire family. Our appointment schedule is flexible, allowing patients with urgent needs to be seen on the same day or within 24 hours. A triage nurse is available to help evaluate your illness, make treatment suggestions, and arrange emergency consultation if necessary.

Hours for your convenience

ECMC Family Health Center is open five days a week with extended hours on Tuesdays.

The Center is open: Monday, Wednesday, Thursday and Friday 8 A.M. to 5 P.M.

Tuesdays 8 A.M. to 8 P.M.

ECMC Family Health Center
462 Grider Street
Buffalo, NY 14215

Enter Driveway #1
Parking Lot A, Building D

Phone: 716-831-8612

Fax: 716-898-5719

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EC1938EFHC-500-0818



ECMC Family Health Center

Growing to meet the needs of the community



The difference between healthcare and true care™



Your first visit

To register as a patient and make an appointment at ECMC Family Health Center, call **716-831-8612** or simply stop at our reception desk and speak to a staff member. On your first visit, please plan to arrive fifteen to thirty minutes early to complete your necessary paperwork. All new patients are provided with a medical records form to enable the Center to obtain medical records from your previous doctors.



All the services you'd expect from a community health center, and more

ECMC Family Health Center offers a full range of important health care services for patients of all ages, from care for expectant mothers to pediatrics to the treatment of acute and chronic illnesses. Our health care capabilities include the following services and procedures:

- Quality health care for the entire family, including newborns, children, and adults
- Well child exams for newborns through the teen years
- Obstetrics services, from prenatal first visit to delivery for low-risk pregnancies
- Gynecological services, such as pap smears, contraception, treatment for vaginal infections and menstrual problems, and referrals when surgical care is needed
- Flu vaccines and immunizations
- Comprehensive prevention and wellness care, such as routine physicals, annual exams, health counseling related to nutrition and sexually transmitted diseases, as well as screenings for cancer, high blood pressure, cholesterol, and strep
- Acute problems, such as coughs, flu, sore throats, abdominal pain, bladder infections, minor musculoskeletal injuries, and other common medical problems
- Ongoing evaluation and treatment of chronic illnesses, such as allergies, asthma, diabetes, high blood pressure, migraine headaches, skin conditions, and depression
- Procedures such as basic colposcopy, minor surgery, skin biopsy, and wart removal
- Urine pregnancy testing
- Blood glucose determinations



Lab Services

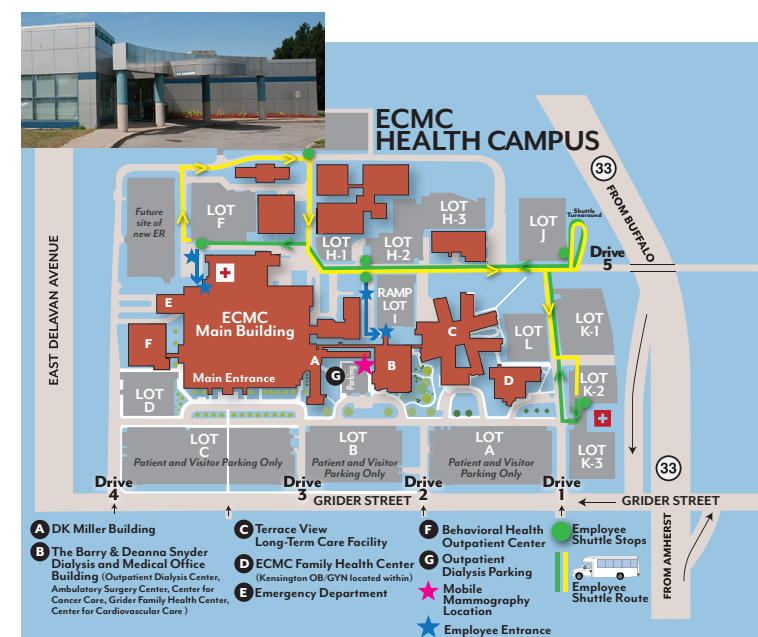
Patients can also rely on our laboratory facilities for services such as basic blood work and rapid urinalysis. Our lab facilities are open for community patients with a prescription for blood work on Monday through Friday from 8:30 AM to 4:15 PM.

Insurance

We accept most major medical plans. (Don't forget your insurance card.) Patients without insurance must be seen by the ECMC Financial Counseling Department before receiving services at ECMC Family Health Center.

How to get here and where to park

ECMC Family Health Center is located on the Erie County Medical Center Health Campus at 462 Grider Street in Buffalo, New York. From the Kensington Expressway (Route 33), take the Grider Street exit. Turn into DRIVE #1 and park in LOT A.



Helping You Regain Control of Your Life

The mission of the Outpatient Behavioral Health Center is to assist people with mental illness and addictions by providing the tools and resources they need to achieve balance in spiritual, emotional, physical, and intellectual health. We believe people can and do recover from mental illness and addictions when they help to shape their own treatment plan. Offering patients an opportunity to regain control of their lives, this program helps them to focus on personal wellness, re-energizes hope, and opens the door to recovery.

FOCUS

Through its outpatient psychiatric counseling services, chemical dependency programs, and Comprehensive Psychiatric Emergency Program, ECMC has long been a critical provider of services for people with mental illness and addictions. These programs enable patients to stay focused on healing through compassionate, effective treatment and to gain the tools for living a fulfilling, productive life.

WELLNESS

You may be dealing with a family crisis, stress at work, substance abuse, depression, or a more serious and persistent mental disorder like schizophrenia. Through our programs, you will discover what makes you feel most at peace and how you can use the tools and resources we provide to help you maintain that state of wellness and well-being.

HOPE

Hope is key to your recovery and we are dedicated to helping you gain hope to attain or re-gain your life goals.

RECOVERY

Our programs are designed to help you build on your strengths. Working together, we will help you find the ways to successfully make the steps on the road to recovery.

Our commitment to you.

- Our goal is to help and empower you.
- You will be respected.
- We are concerned about your spiritual, emotional, physical, and intellectual well-being.
- Our professional team is skilled and experienced.
- You will achieve access to the largest system of behavioral health services in Western New York and Southern Ontario.
- Our inpatient, outpatient, and community behavioral health services work directly with your primary care doctor.
- We have always championed the rights of people with mental illness and addiction problems.
- We offer successful, innovative programs as well as traditional therapy and psychiatric services.
- We believe that you are capable of changing your life for the better.

Quick Connect for all services!

898-HOPE (4673)

QR Code Quick Link



ECMC BEHAVIORAL HEALTH LOCATIONS:

On-Campus Inpatient and Outpatient Treatment Services

Adolescent, Adult, and Senior Inpatient Psychiatric Services
716-898-3000

Substance Use Treatment Services
716-898-3415

Adult and Family Psychiatric Services
716-898-3255

Comprehensive Psychiatric Emergency Program (CPEP)
716-898-3169

Partial Hospitalization & Intensive Outpatient Program
716-898-5569

Off-Campus Outpatient Locations

Information Line
716-898-5247

SUBSTANCE USE TREATMENT SERVICES

Downtown Clinic
1285 Main Street, 2nd Floor, Buffalo, NY 14209
716-883-4517

Northern Erie Clinical Services
2005 Sheridan Drive, Tonawanda, New York 14223
716-874-5536

**MENTAL HEALTH
Outpatient Mental Health Services**
1285 Main Street, 1st Floor, Buffalo, NY 14209
716-898-1676



QR Code Quick Link

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EC18660BHS-3.2025



Regional Center of Excellence
for Behavioral Health

*Psychiatric Care and
Chemical Dependency Services*

Outpatient Behavioral Health Services

*A focus on wellness, hope,
and recovery.*



Our mission is to provide safe, comprehensive care that allows for integrated outpatient services for our clients and their families and to ensure that the client can maintain function in a safe and healthy manner in the community.

Regional Center of Excellence for Behavioral Health



ecmc.edu

1285 MAIN OUTPATIENT BEHAVIORAL HEALTH SERVICES

Adult Mental Health Outpatient Services

Phone: **716-898-1676**

Hours: **8 am to 5 pm, Monday through Friday**

Comprehensive outpatient treatment services are provided by licensed social workers and counselors, psychiatric nurse practitioners and psychiatrists, including:

- Daily mental health intake assessments 8-10am, no appointment necessary
- Evidence based treatment for a wide variety of mental health disorders, including but not limited to: anxiety, obsessive-compulsive disorders, depression, mood disorders, post-traumatic stress disorder and schizophrenia
- Individual and group counseling
- Medication evaluation and monitoring
- Clozaril clinic – successful in the treatment of schizophrenia
- Treatment of individuals dually diagnosed with mental illness and substance abuse disorders
- Specialized treatment tracks for PTSD, OCD and Hoarding

ADULT & FAMILY OUTPATIENT MENTAL HEALTH CLINIC

Location: 462 Grider Street, Behavioral Health Building

Phone: **716-898-3255**

Hours: **8 am to 5 pm, Monday through Friday**

Comprehensive outpatient treatment services are provided by licensed social workers and counselors, psychiatric nurse practitioners and psychiatrists, including:

- Evidence based treatment for a wide variety of mental health disorders, including but not limited to: First Episode Psychosis (FEP), schizophrenia, bipolar disorders, mood disorders, depression, transitional youth and post-traumatic stress disorder
- Individual and group counseling
- Medication evaluation and monitoring
- Clozaril clinic – successful in the treatment of schizophrenia
- Specialized evidence based Ontrack Program for individuals experiencing first episode psychosis
- Specialized treatment for individuals diagnosed with bipolar disorders
- Specialized treatment for perinatal mental health

PARTIAL HOSPITALIZATION PROGRAM & INTENSIVE OUTPATIENT PROGRAM

Location: 462 Grider Street, Behavioral Health Building

Phone: **716-898-5569**

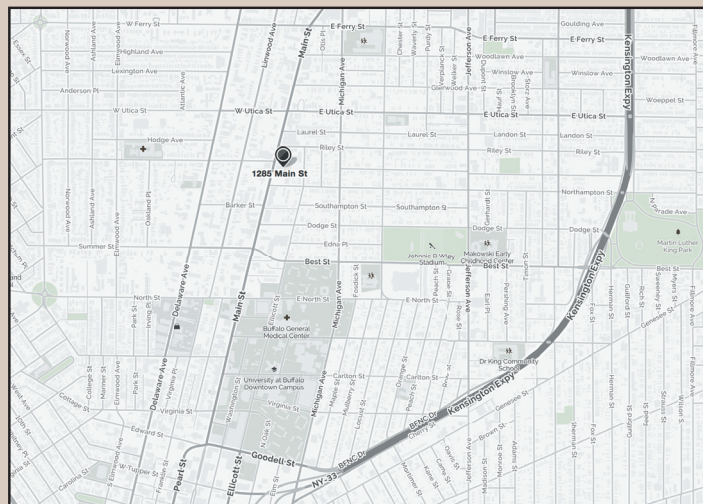
The ECMC's Partial Hospitalization Program (PHP) & Intensive Outpatient Program (IOP) offer intensive outpatient treatment interventions to individuals experiencing acute psychiatric symptoms that impair their daily functioning at home, work and/or school. PHP & IOP treatment is provided by a team of licensed clinical therapists (LMSW/LMHC), and a Psychiatrist

Both programs are designed to stabilize acute symptoms with the intention of avoiding a psychiatric inpatient hospitalization. They are an exceptional resource to outside community providers who may notice an increase in stress and/or mental health symptoms in their patients.

PHP is a step-down or prevention program from inpatient care, for those who may need continued structure and coping skills following their hospitalization. PHP offers evidence-based practices to assist patients in dealing with everyday life stressors that have been challenging prior to their inpatient stay. PHP offers up to six hours of treatment each day, Monday through Friday, 9:30am-2:30pm (with lunch provided).

IOP is a program for those who are less acute that need coping skills, however, do not require the daily intensity that PHP offers. IOP is a four-week program that offers a continuation of evidence-based practices. IOP is three days weekly for four hours Mon-Fri.

1285 Main Street, Buffalo, NY 14209



HELP CENTER WALK-IN CLINIC

Location: 462 Grider Street, Outpatient Behavioral Health Building, Driveway 4, Lot D

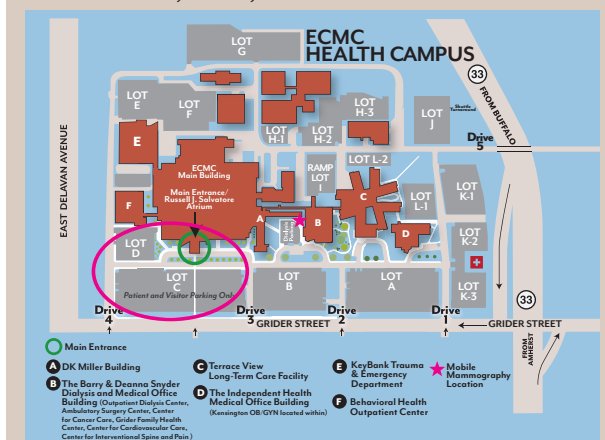
Phone: **716-898-1594**

Hours: **8am to 12am daily including weekends and holidays**

ECMC's Help Center is a voluntary community resource that provides evaluations by licensed mental health clinicians to individuals who have urgent mental health needs. The Help Center provides short-term assistance for individuals experiencing a crisis or in distress. **Services include, but are not limited to:**

- Immediate crises support
- A safe, respectful environment for individuals in distress
- Appropriate evaluations and referrals to other community resources
- Timely follow-up visits or contact when appropriate

462 Grider Street, Buffalo, NY 14215



F: Behavioral Health Outpatient Center • Parking in Lots D or C

APPENDIX K:

ERIE COUNTY HEALTH EQUITY ACT OF 2021

COUNTY OF ERIE
LOCAL LAW INTRO. NO. **3-1**-2021
LOCAL LAW NO. _____-2021

THE ERIE COUNTY HEALTH EQUITY ACT OF 2021

A Local Law establishing an Office of Health Equity in the Erie County Department of Health dedicated to supporting, educating, and planning for the provision of public health to persons from disadvantaged backgrounds, including, but not limited to, racial and ethnic minorities, as well as persons from rural areas.

**BE IT ENACTED BY THE LEGISLATURE OF THE COUNTY OF ERIE AS
FOLLOWS:**

Section 1. Legislative Findings and Intent

Erie County is ranked in the bottom 25% of counties in New York State for health outcomes. A county's health outcome ranking is determined by the average life expectancy of county residents, the self-reported health status of individuals, and the percentage of low-birth weight newborns.

Within Erie County, there is a significant disparity between the health outcomes of white residents and residents of color. More than 50% of the minority population in Erie County die prematurely, whereas only 35% of the white population in Erie County die prematurely.

The health disparities between races is further exemplified when accounting for the cause of death, as the racial disparities between disease-related deaths as compared to injury-related deaths are significant, and persons of color die from disease-related factors at a much greater rate than corresponding white persons.

These disparities are just some of the factors that led the Center for Disease Control and Prevention (CDC) to declare racism a serious public health threat this year. Racism's impact on public health is not limited to discrimination based on the color of a person's skin, as it includes the structural barriers that have been constructed over years of segregation and inequitable investment of public dollars.

In addition to mortality and disease related data, there are also significant disparities in participation in public health programs and services. This is currently being seen in COVID-19 vaccination rates where vaccination rates for persons of color and positive COVID cases and COVID-related deaths appear to have correlations (i.e. persons of color have lower vaccination rates and COVID factors are disproportionately affecting persons of color).

In 2019, the New York State Department of Health reported that in the East Side of Buffalo and Western Cheektowaga, elevated numbers of colorectal, kidney, prostate, oral, esophageal and lung cancers were present among residents. A higher use of tobacco, as well as obesity, lack of

physical activity and alcohol consumption, which are also more common in the area, may also have contributed to the cancer cluster.

Residents of rural areas also suffer from health inequities which contribute to premature death and poorer life outcomes. Factors contributing including lifestyle, as well as a shortage of health professionals and the effects of poverty.

LGBTQ (lesbian, gay, bisexual, transgender, queer/questioning, and intersex) persons experience health disparities, especially among youth. The effects of these disparities are seen in the areas of behavioral health, physical health, and access to care and are closely tied to sexual and social stigma.

According to CDC's 2017 Youth Risk Behavior Survey (YRBS), sexual minorities were more likely to report experiencing bullying, felt sad or hopeless, seriously considered suicide, used illicit substances, misused prescription drugs, and being forced to have sex

(<https://www.cdc.gov/healthyyouth/disparities/health-disparities-among-lgbtq-youth.htm>).

According to CDC, Gay men are at higher risk of HIV and other STIs, especially among communities of color, and are less likely to have health insurance than heterosexual or LGB individuals.

Transgender individuals have a high prevalence of HIV/STIs, victimization, mental health challenges, and suicide. Youth who identified as transgender in the CDC YRBS were more likely to report violence victimization, substance use, suicide risk, and sexual risk behaviors.

Although resources exist in Erie County to address health and social needs of some LGBTQ residents, a concerted effort to measure these health disparities in Erie County and collaboratively address these disparities and services gaps among Erie County agencies does not exist.

The University of Buffalo's Community Health Equity Research Institute was established in 2019 "in response to the crisis of race-based health disparities, especially in African Americans who live on the city's East Side. Remarkably, compared to White residents of Buffalo, life expectancy of African Americans is 12 years shorter, and serious, chronic, and often preventable diseases, like heart disease, diabetes, asthma and cancer are 300% greater. The primary reason for these disparities is the social determinants of health, which refer to the conditions in which people live, work, learn, play and worship."

A partner organization, the Buffalo Center for Health Equity, was also created in 2019 to act on the pioneering work of the African American Health Equity Task Force. The Center for Health Equity's mission is to "eliminate race, economic, and geographic-based health inequities in Western New York by changing the social and economic conditions that cause illness and shorten lives among the sickest of the region."

It is the intent of this legislation to create an Office of Health Equity ("OHE") within the Erie County Department of Health as well as to establish an Erie County Health Equity Advisory Board. This will establish a foundation for Erie County as a place where every resident has the opportunity to attain their full health potential and no one is disadvantaged in achieving this potential because of social position or any other socially defined circumstance.

The OHE will help ensure all minority and disadvantaged residents have equal access to preventive health care and to seek ways to promote health and prevent diseases and conditions that are prevalent among minority, marginalized, and disadvantaged populations. The OHE provides access to health care, health care education, and preventive care resources to underserved and marginalized communities and communities of color.

There is an urgent need to work to eliminate racial, economic, sexual/gender, and geographic-based health inequities that shorten or negatively-impact lives by changing the social and economic conditions that cause illness and shorten lives.

Section 2. Definitions

1. Racial/Ethnic Minority or Person of Color: A person or persons who identify as a member of one of the following:

- a. Black or African-American having origins in any of the Black African racial groups;
- b. Hispanic/Latino persons of Mexican, Puerto Rican, Dominican, Cuban, Central or South American of either Indian, African or Hispanic origin;
- c. Native American or Alaskan native persons having origins in any of the original peoples of North America;
- d. Asian and Pacific Islander persons having origins in any of the Far East nations, South-East Asia or Pacific Islands.

2. Sexual/Gender Minority: A person or persons who identify as a member of one of the following:

- a. LGBTQ: Individuals who identify as gay, lesbian, bisexual, transgender, or queer/questioning
- b. Gay/bisexual: Persons who are attracted to or have sexual contact with someone of the same sex.
- c. Transgender: Individuals whose current gender identity differs from the sex they were assigned at birth.

3. Disadvantaged or Marginalized Person or Community: A group whose members have been subjected to prejudice based on their race, ethnicity, gender, socio-economic, sexual orientation, gender expression and identity, or other prejudice because of their identity as members of the group without regard to their individual qualities.

4. Health Disparity: A preventable difference in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by disadvantaged persons or populations.

5. OHE: The Erie County Department of Health's Office of Health Equity.

Section 3. Amending Article 5 of the Erie County Administrative Code

Erie County Local Law No. 1-1960, as amended, constituting the Erie County Administrative Code, is hereby amended at Article 5 to add a new Section 5.08 to read as follows:

Section 5.08 Office of Health Equity.

There shall be within the Erie County Department of Health's Division of Health an Office of Health Equity headed by a Director of Health Equity. The Director of Health Equity shall assist the Erie County Commissioner of Health in carrying out the following functions of the Office of Health Equity:

- a. Analyze disparities in health, health care, and availability/accessibility to health care services among disadvantaged and marginalized Erie County populations.
- b. Understand and connect factors that contribute to health outcomes including the physical environment, the social determinants of health, access to clinical care, and health behaviors;
- c. Make recommendations for improving delivery and access to health services for disadvantaged and marginalized populations working within the Live Well Erie framework and supporting Live Well Erie objectives for improving the social determinants of health to relevant local health care agencies, and to the County Executive, County Legislature, and Commissioner of Health.
- d. Pilot models and programs to improve health disparities
- e. Promote public awareness and coordinate educational events in partnership with other health agencies with the goal of supporting healthy lifestyles in disadvantaged and marginalized communities and groups.
- f. Publish an initial needs assessment report within 18 months of the effective date of this Local Law. Such report shall present baseline data describing health disparities among racial and sexual minority populations in Erie County. The report will highlight gaps in available data and services. On an annual basis thereafter, the Commissioner of Health shall deliver to the County Executive and County Legislature a report of OHE's achievements, including but not limited to programs and services provided to advance health equity, data on populations served via OHE's outreach, and the Office's goals for the upcoming year. This annual report shall include disaggregated data to account for identifiers, including but not limited to race and zip code. The report shall also identify outcomes achieved in the context of race and zip code.
- g. Collaborate with the ECDOH Community Health Assessment (CHA) to develop a specific health disparities report as part of ECDOH's CHA prepared every three years as required by NYS and to monitor and incorporate other health disparity data already collected in the region by organizations including (but not limited to) the University at Buffalo and the Buffalo Center for Health Equity.

Section 4. Vision Statement and Mission Statement

Vision Statement:

The Office of Health Equity's vision is for all disadvantaged, marginalized, and diverse populations in Erie County, who presently experience higher rates of poor health outcomes, to achieve maximum health and wellness.

Mission Statement:

The Office of Health Equity's mission is to evaluate a wide variety of specific health outcomes among diverse populations to fully understand the depth of health disparities in Erie County and to partner with community members, healthcare providers, faith and philanthropic leaders, and organizations to enact programs that help disadvantaged, marginalized, and diverse populations in Erie County achieve maximum health and wellness.

Section 5. Erie County Health Equity Advisory Board

There shall cause to be created an Erie County Health Equity Advisory Board ("Board"). The seven (7) member Board shall serve as an advisory board to the OHE Director and the Erie County Commissioner of Health. The members of the Board shall advise Erie County in best practices on administering health care, fiscal allocations of health resources and health education to disadvantaged communities and communities of color.

Membership:

A. All appointees shall have worked in/on health issues for minorities or disadvantaged persons or have special knowledge or experience with minority or disadvantaged health issues. The Board members shall include at least one person with a medical degree or master's degree in public health.

B. The Board shall consist of seven (7) members to be appointed by the County Executive subject to confirmation by the County Legislature as follows:

1. Two (2) members to be recommended for appointment by the County Executive.
2. One (1) member to be recommended by each of the County Legislators whose legislative districts have the two highest rates of poverty according to the most recent US Bureau of the Census data.
3. One (1) member to be recommended for appointment by the Dean of the University of Buffalo's School of Public Health and Health Professions.
4. One (1) member to be recommended for appointment by the National Medical Association – Buffalo Chapter.

5. One (1) member to be recommended for appointment by a community organization in Erie County with a recognized public health focus in its mission. Such organization shall submit its recommendation by letter of consideration directed to the Erie County Legislature.

C. All members of the Board shall serve three-year terms.

D. Any vacancy on the Board shall be recommended for filling by the appropriate recommending authority within 30 days of the position becoming vacant. The County Executive must appoint and County Legislature must act on the appointment within 30 days of the County Executive receiving the recommendation to fill the vacancy.

Section 6. Effective Date

This Local Law shall take effect upon filing with the New York State Secretary of State.

Section 7. Severability

If any clause, sentence, paragraph, subdivision, section or part of this law or the application thereof to any person, individual, corporation, firm, partnership, or business shall be adjudged by any court of competent jurisdiction to be invalid or unconstitutional, such order or judgment shall not affect, impair or invalidate the remainder thereof but shall be confined in its operation to the clause, sentence, paragraph, subdivision, section or part of this law, or in its specific application.

Sponsors:

April N.M. Baskin

Timothy J. Meyers

Jeanne Vinal

Howard Johnson

APPENDIX L:

ACCESSIBILITY TABLES

Figure 4: Percentage of Erie County Foreign-Born Residents by World Region and Years of Entry

	Before 2000	2000 to 2009	2010 or Later
Europe	32.7%	14.6%	7.0%
Asia	37.1%	53.0%	68.2%
Africa	4.9%	12.8%	12.0%
Oceania	0.4%	0.6%	0.0%
Latin America	12.8%	15.4%	9.2%
Northern America	12.1%	3.6%	3.6%

Figure 18: Number of Erie County Residents With Disabilities by Age and Disability Type, 2023

	With a Hearing Difficulty	With a Vision Difficulty	With a Cognitive Difficulty	With an Ambulatory Difficulty
Population under 18 years	1,272	949	8,622	356
Population 18 to 34 years	1,731	3,086	12,617	1,821
Population 35 to 64 years	5,871	4,985	19,392	24,000
Population 65 years and over	21,715	9,796	12,283	32,883

Figure 28: Trend in Educational Attainment for Females and Males Ages 25-34, 2013-2023, Erie County

	2013		2023	
	High School Graduate or Higher	Bachelor's Degree or Higher	High School Graduate or Higher	Bachelor's Degree or Higher
Female	92.1%	44.8%	96.4%	52.7%
Male	93.4%	38.0%	94.3%	46.5%

Figure 29: Educational Attainment by Race for Females Age 25+ in Erie County, 2023

	Asian Alone	Black or African American Alone	Hispanic-Latino	White Alone Non-Hispanic-Latino
Less than 9th grade	16%	4%	9%	2%
9th to 12th grade, no diploma	3%	9%	8%	4%
Regular high school diploma	23%	22%	14%	22%
GED or alternative credential	3%	8%	6%	3%
Some college, no degree	8%	21%	19%	15%
Associate's degree	6%	16%	12%	13%
Bachelor's degree	24%	14%	17%	21%
Graduate or professional degree	18%	7%	16%	21%

Figure 30: Educational Attainment by Race for Males Age 25+ in Erie County, 2023

	Asian Alone	Black or African American Alone	Hispanic-Latino	White Alone Non-Hispanic-Latino
Less than 9th grade	9%	5%	9%	1%
9th to 12th grade, no diploma	7%	11%	11%	4%
Regular high school diploma	24%	29%	25%	22%
GED or alternative credential	1%	11%	8%	5%
Some college, no degree	8%	18%	13%	18%
Associate's degree	5%	8%	7%	11%
Bachelor's degree	19%	11%	15%	24%
Graduate or professional degree	27%	7%	11%	15%

Figure 32: Occupations of Civilian Employed Population Ages 16+, 2023

	New York State	Erie County
Management, business, science, and arts occupations	46.2%	44.8%
Service occupations	19.0%	17.1%
Sales and office occupations	18.4%	20.1%
Natural resources, construction, and maintenance occupations	6.6%	6.3%
Production, transportation, and material moving occupations	9.7%	11.6%

Figure 34: Unemployment Rates by Age in Erie County, 2023

Age	Unemployment Rate
75 years and over	6.2%
65 to 74 years	0.9%
60 to 64 years	2.4%
55 to 59 years	2.5%
45 to 54 years	2.8%
35 to 44 years	3.0%
30 to 34 years	2.5%
25 to 29 years	4.2%
20 to 24 years	6.7%
16 to 19 years	10.6%

Figure 35: Unemployment Rates by Race in Erie County, 2023

Race/Ethnicity	Unemployment Rate
White alone, not Hispanic or Latino	2.6%
Two or more races	7.1%
Hispanic or Latino origin (of any race)	8.8%
Black or African American alone	6.3%
Asian alone	3.7%

Figure 39: Percentage of Erie County Families Receiving SNAP Benefits That Include People Who Work, 2023

Families	Percent Receiving SNAP Benefits
No worker in past 12 months	21.6%
1 worker in past 12 months	47.1%
2 or more workers in past 12 months	31.3%

Figure 43: Home Ownership by Race and Education Attainment

	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%

Figure 49: Use of Personal Vehicle by Financial Situation

	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%

Figure 54: Food Access in Erie County Varies by Place of Residence

	City of Buffalo	Erie County Excluding the City of Buffalo
My household is able to buy enough food with salary/wage money	37%	70%
My household is able to get enough food but not healthy food	7%	8%
My household uses SNAP, WIC, etc., to buy food	36%	10%
My household gets some of our food from food pantries	11%	7%
My household is not able to get enough food	8%	4%

Figure 55: Challenges to Health Eating Vary Across Demographics

	<30	30-49	50-69	70+
Lack of Knowledge About Good Foods	15%	13%	12%	16%
Lack of Time	25%	24%	19%	9%
Affordability	31%	33%	37%	34%
Taste	13%	12%	13%	15%

Figure 58: Percent of Respondents Who Reported That Healthy Eating is Challenging Due to a Lack of Healthy Foods Sold in Their Community, By Race

Race	Percent who reported that healthy eating is challenging due to a lack of health foods sold in their community
Asian	7%
Black	8%
White	3%
All Other Races	7%

**Figure 61: Rates of Uninsured Erie County Residents Ages 26+
by Education Attainment, 2023**

Educational Attainment	Percentage of Uninsured Erie County Residents
Bachelor's degree or higher	1.7%
Some college or associate's degree	3.0%
High school graduate (includes equivalency)	4.4%
Less than high school graduate	6.0%

**Figure 66: Years of Life Lost Before Age 75 per 100,000 Erie County Residents,
2020-2022 by Race**

U.S. Average	8,400
NYS Average	6,600
Erie County Average	8,200
Non-Hispanic White	6,700
Non-Hispanic Black	16,800
Non-Hispanic Asian	4,700
Non-Hispanic American Indian and Alaska Native	16,500
Hispanic (all races)	10,000

Figure 68: Leading Cause of Death Under Age 75 in Erie County, 2018-2023

	Rate per 100,000	Number of Deaths
Cancer	121.6	3,155
Diseases of the Heart	92.7	2,407
Accidents	53.4	1,386
COVID-19	43.8	1,138
Diabetes Mellitus	20.4	529

Figure 70: Preterm Birth Rate in Erie County, 2016-2023

Year	Erie County Rate	NYS Prevention Agenda Goal
2016	10.0%	8.3%
2017	9.9%	8.3%
2018	10.3%	8.3%
2019	10.1%	8.3%
2020	10.2%	8.3%
2021	11.4%	8.3%
2022	10.3%	8.3%
2023	11.5%	8.3%

Figure 71: Rates of Preterm Birth by Race in Erie County

Race/Ethnicity	Preterm Birth
American Indian/Alaska Native	9.3%
Asian/Pacific Islander	10.7%
Black	14.5%
Hispanic	11.3%
White	10.0%

Figure 75: Percent of Respondents Who Reported Anxiety or Depression by Caregiver Responsibilities

All Respondents	31%
Has Young Children	39%
Has Young Children and Struggles to Find Care	42%
Lives With an Adult Who Requires Constant Care	37%
Lives With an Adult Who Requires Constant Care and Struggles to Find Care	49%

81: Age Range of Confirmed and Probable Overdose Deaths, June 2024-May 2025

Age Range	Number of Confirmed and Probable Overdose Deaths
20-29	21
30-39	53
40-49	68
50-59	80
60-69	52
70-79	19

82: Reported Overdose Rate per 1,000 Residents per ZIP Code, August 2024-July 2025

ZIP Code	Reported Overdoses per 1,000 Residents
14228	0.5
14227	1
14226	0.3
14225	0.8
14224	0.4
14222	0.8
14221	0.2
14220	1.8
14218	0.6
14217	0.7
14216	1.3
14215	0.9
14214	1.8
14213	2.5
14212	3.1
14211	1.3
14210	2.3
14209	3
14208	0.8
14207	2.5
14206	2.3
14204	2.5
14203	15.2
14202	4.6
14201	6.9
14150	0.4
14141	0.9
14086	0.2
14075	0.2
14072	0.6
14043	0.4
14031	0.6
14006	0.7

Figure 101: Prevalence of Obesity by Race, Erie County

NYS Goal	24.2
Erie County	34.2
American Indian/Alaska Native	37.5
Asian	20.5
Black	40.9
Native Hawaiian/Pacific Islander	26.8
White	37.6

Figure 107: Cancer Prevention Indicators by Race

	Breast Cancer Screening Rate	Cervical Cancer Screening Rate	Colorectal Cancer Screening Rate	Tobacco Use
NYS Goal	0.877	0.863	0.8	0.174
Erie County Rate	0.59	0.53	0.48	0.13
American Indian/ Alaska Native	0.45	0.45	0.35	0.19
Asian	0.51	0.49	0.35	0.1
Black/African American	0.5	0.5	0.42	0.21
Native Hawaiian/ Pacific Islander	0.37	0.41	0.35	0.1
Other	0.47	0.47	0.35	0.12
White	0.63	0.58	0.53	0.13
Hispanic or Latino (Any Race)	0.54	0.51	0.41	0.19

Figure 121: Gun Violence in the City of Buffalo 2015-2024

Year	Shooting Incidents Involving Injury	Shooting Victims (Persons hit)	Individuals Killed by Gun Violence
2015	204	242	35
2016	262	296	35
2017	200	236	35
2018	206	236	45
2019	153	183	37
2020	300	358	46
2021	301	358	59
2022	201	253	54
2023	141	167	24
2024	124	152	27

Figure 123: Number of Domestic Violence Victims per Year in Erie County

Year	Number of Domestic Violence Victims
2014	6,141
2015	5,768
2016	5,184
2017	4,984
2018	5,191
2019	5,310
2020	5,153
2021	5,801
2022	5,769
2023	6,594

Figure 124: Domestic Violence Victims Reported in 2023 in Erie County

	Other Family Victim	Intimate Partner Male Victim	Intimate Partner Female Victim
Agg Assault	183	119	441
Simple Assault	1,265	729	3,472
Sex Offense	39	3	53
Violate Protection Order	36	39	215

Figure 125: OSHA Reports in Erie County, 2015-2023

	2015	2016	2017	2018	2019	2020	2021	2022	2023
Amputations	9	15	15	15	12	8	9	13	12
Hospitalizations	35	24	31	32	29	15	25	26	31
Total Reports	49	37	40	46	40	21	32	38	42

APPENDIX M:

CHA PROVIDER

INTERVIEW MATERIALS



Erie County Medical Provider Survey for Community Health Improvement Planning Pre Interview Survey

The New York State Department of Health asks all counties to complete a Community Health Assessment (CHA) and write a Community Health Improvement Plan (CHIP). The CHA and CHIP are used to improve the health of all Erie County residents. Please help improve the health of Erie County residents by completing the following survey.

This survey is intended for medical providers who provide services in Erie County, NY or primarily to Erie County, NY residents. This survey should take about 5-10 minutes to complete.

1. Do you provide medical/health services in Erie County, NY or primarily to Erie County, NY residents?

- ☐ Yes
☐ No

2. What is the name(s) of the medical practice(s) where you work?

Name(s): _____

3. What ZIP Code is your practice(s) located in?

ZIP Code(s): _____

4. Which community factors do you feel impact your patients the most and **should be focused on for improvement** in the 2025-2030 Community Health Improvement Plan? **Select up to 5.**

The Community Health Improvement Plan (CHIP) is a joint community effort to address public health problems. The CHIP creates a framework for measuring the impact towards community health and allows the government and community partners to address top health concerns.

- ☐ Access to affordable, healthy food
- ☐ Availability and access to services to support healthy children (childcare, early intervention, lead screening)
- ☐ Access to translation and interpretation services
- ☐ Community spaces like parks, walkways, bike paths, and community centers
- ☐ Cost of health care services or access to health insurance
- ☐ Environmental conditions like air, water and soil
- ☐ Employment options that pays a livable wage
- ☐ Housing options that are affordable and safe
- ☐ Racism and discrimination
- ☐ Safety of the neighborhood
- ☐ Access to reliable transportation (use of a personal vehicle or reliable public transportation)
- ☐ Access to quality health and wellness programs in school
- ☐ Parent support services (such as breastfeeding and chestfeeding locations and parental leave availability)
- ☐ Access to community services and resources
- ☐ Access to continued education programs (GED and vocational programs, trade schools, etc.)
- ☐ Do not wish to say
- ☐ Other _____

CONTINUED ON NEXT PAGE

5. Which health conditions do you feel impact your patients the most and should be **focused on for improvement** in the 2025-2030 Community Health Improvement Plan? **Select up to 5.**

- ☐ Asthma, COPD or other chronic respiratory conditions
- ☐ Cancer
- ☐ Cigarettes, tobacco products, vaping, or nicotine use or disorder
- ☐ COVID-19 or long COVID
- ☐ Dental health issue (cavities, tooth removals)
- ☐ Diabetes
- ☐ Heart issues (high blood pressure, cholesterol, heart disease, or stroke)
- ☐ Infectious diseases (HIV or AIDS, hepatitis, sexually transmitted diseases, etc.)
- ☐ Heart-related issues (high blood pressure, cholesterol, heart disease, or stroke)
- ☐ Injuries (falls, motor vehicle accidents, etc.)
- ☐ Lead Poisoning and Lead Issues
- ☐ Mental health, depression, anxiety and stress management
- ☐ Overweight, obesity or weight management and nutrition
- ☐ Reproductive and birth issues (pregnancy complications, teen pregnancy, infant injuries and death)
- ☐ Substance Use Disorders (including Alcohol, Cannabis, and Opioid)
- ☐ Violence related injury (child abuse, elder abuse, domestic violence, etc.) and Firearm (gun) injuries and deaths
- ☐ Do not wish to say
- ☐ Other _____

6. Do you feel your patients have challenges accessing the following types of health care?

	Yes	No	I Don't Know
PRIMARY CARE (routine check-ups or minor illness visits)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DENTAL HEALTH (routine check-ups and emergency dental)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BEHAVIORAL CARE (help with addiction, treatment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MENTAL HEALTH (therapists, counseling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REPRODUCTIVE CARE (pregnancy prevention, abortion, prenatal care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMERGENCY CARE (Hospital, ER, Urgent Care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. We are also interested in what you believe we are lacking in our community. What are some services that we do not have that would help support health and wellbeing in our community?

OFFICE OF HEALTH EQUITY

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Department of
Health



Informed Consent to Participate in 2025 Community Health Assessment: Provider Interviews

Purpose

The purpose of this interview 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 the 2025-2030 Community Health Assessment (CHA) and will advise the development of the 2025-2030 Community Health Improvement Plan (CHIP). These interviews are being led by the Erie County Department of Health Office of Health Equity in partnership with Live Well Erie, Kaleida Health, Catholic Health, Erie County Medical Center and Bertrand-Chaffee Hospital.

Procedure

As part of this process, your responses to the “Erie County Medical Provider Survey for Community Health Improvement Planning” will be reviewed. If you have not completed this survey, it will be sent to you by email. We ask that the survey is returned to the interviewer prior to the interview. You will then meet with an interviewer at an agreed-upon time. Interviewers may be from any of the CHA partner groups. The interviewer will ask you several questions based on your responses to the survey. The interview will be audio-recorded. You will be told when recording begins and ends. You have the option to choose whether or not to participate in the interview, 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.

Confidentiality

For legal and auditing purposes, your name will be collected on the consent form. However, your name will not appear in any publication connected to this discussion and will not be linked to any information you share. All responses will be kept strictly confidential, and any recordings and participant information will not be shared and will be available only to the researchers in the Erie County Department of Health Office of Health Equity. The information recorded and collected will be summarized and only that summary of information will be shared with the Community Health Assessment partners.

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

Consent to Participate in 2025 Provider Interviews Page 2

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 for analysis with the understanding that my responses will not be linked to my name in any publication.

Name: _____

Signature: _____ Date: _____

Yellow: Say the most appropriate option

Actions: DO NOT say these

Information: DO NOT say these

Medical Provider Interview Script

Hello. Thank you for taking the time to speak with me today. I do plan to record today's discussion, but I am NOT recording yet. I will first explain a little about what we are doing and will let you know when the recording starts. Recordings will be available only to the Erie County Office of Health Equity research team. Responses will be kept confidential and participant names will not appear in any publications related to the interviews.

We are conducting these medical provider interviews as part of the 2025-2030 Community Health Assessment or CHA. You may be familiar with the CHA. I'll just briefly summarize it. Every six years, county health departments all across New York State are required to work with the local health care systems to develop a Community Health Assessment or CHA as well as a Community Health Improvement Plan also called the CHIP. The CHA uses data and information we collect to report on the health and well-being of the people who live in the county. The CHIP is a plan to achieve specific goals that are focused on improving the health of the community over the next six-year period. During this CHA and CHIP cycle, Erie County is working in partnership with Catholic Health, Kaleida Health, Erie County Medical Center (ECMC), Bertrand-Chaffee Hospital, and Live Well Erie to meet the NYS requirements for this process by December 2025.

As part of this process, we are required to gather input from the community. In the last several months, we conducted a survey that was open to all Erie County residents as well as a separate survey, which you have completed, that was open to medical providers who operate in Erie County or serve Erie County residents. In this next round of data collection, we are conducting focus groups with community members and one-on-one interviews with medical providers, such as our conversation today. We would like to focus our discussion today around your responses to that provider survey.

First, looking at the question about community factors, do you feel that anything was missing from that list? (If they entered something under "Other": Tell me about this factor you wrote-in.) Ask participant to elaborate if they haven't already. Potential prompts:

- *Why do you feel this should be prioritized?*

- *Does this issue affect specific populations (ie, genders, race, people who don't drive, etc...)?*
- *These are the top 5 responses we received from our provider survey*
 - *1. Cost of health care services or access to health insurance*
 - *2. Access to affordable, healthy food*
 - *3. Access to reliable transportation*
 - *4. Housing options that are affordable and safe*
 - *5. Employment options that pays a livable wage*
- (Optional prompts that can be used depending on how participant responded to the survey)
 - *I see you made similar selections. Why do you think these factors are so important?*
 - *I see you made some different selections. Do you think there is anything unique about your experience or your patients that accounts for these differences?*
 - *Do you have any opinions or ideas on the best way to address these community factors?*
- *Next, we'll at the question about health conditions. Do you feel that anything was missing from that list? (If they entered something under "Other": Tell me about this condition you wrote-in.) Ask participant to elaborate if they haven't already. Potential prompts:*
 - *Why do you feel this should be prioritized?*
 - *Does this condition predominantly affect any specific populations (ie, genders, race, etc...)?*
- *These are the top 5 responses we received from our provider survey.*
 - *1. Mental health, depression, anxiety and stress management*
 - *2. Obesity, weight management, or nutrition*
 - *3. Diabetes*
 - *4. Heart issues*
 - *5. Substance Use Disorders*
- (Optional prompts that can be used depending on how participant responded to the survey)
 - *I see you made similar selections. Why do you think these health conditions are so important?*
 - *I see you made some different selections. Do you think there is anything unique about your experience or your patients that accounts for these differences?*

- *Do you have any opinions or ideas on the best way to address these health conditions?*
- *Next, we'll look at the access to care question.*
 - What do you think are the barriers to your patients accessing Primary Care
/OR/
What is it that allows your patients to access Primary Care?
 - What do you think are the barriers to your patients accessing Dental Health Care
/OR/
What is it that allows your patients to access Dental Health Care?
 - What do you think are the barriers to your patients accessing Harm Reduction or Treatment for substance use disorders?
/OR/
What is it that allows your patients to access Harm Reduction or Treatment for substance use disorders?
 - What do you think are the barriers to your patients accessing Mental Health Care
/OR/
What is it that allows your patients to access Mental Health Care?
 - What do you think are the barriers to your patients accessing Reproductive Health Care
/OR/
What is it that allows your patients to access Reproductive Health Care?
 - What do you think are the barriers to your patients accessing Emergency Care
/OR/
What is it that allows your patients to access Emergency Care?

[If there's time]

- *The last question on the survey read: We are also interested in what you believe we are lacking in our community. What are some services that we do not have that would help support health and wellbeing in our community?*
 - *Tell me more about your response.*
- *Are there any other barriers or assets to healthy living that you have observed with your patients that you would like to discuss with us?*

That's all of my questions today. Thank you again for taking the time to speak with me.

APPENDIX N:

CHA FOCUS GROUP

MATERIALS

OFFICE OF HEALTH EQUITY

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Erie County
Department of
Health



Informed Consent to Participate in 2025 Community Health Assessment: Provider Interviews

Purpose

The purpose of this interview 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 the 2025-2030 Community Health Assessment (CHA) and will advise the development of the 2025-2030 Community Health Improvement Plan (CHIP). These interviews are being led by the Erie County Department of Health Office of Health Equity in partnership with Live Well Erie, Kaleida Health, Catholic Health, Erie County Medical Center and Bertrand-Chaffee Hospital.

Procedure

As part of this study, you will be sent a short survey by email. We ask that the survey is returned to the interviewer prior to the interview. You will then meet with an interviewer at an agreed-upon time. Interviewers may be from any of the CHA partner groups. The interviewer will ask you several questions based on your responses to the survey. The interview will be audio-recorded. You will be told when recording begins and ends. You have the option to choose whether or not to participate in the interview, 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.

Confidentiality

For legal and auditing purposes, your name will be collected on the consent form. However, your name will not appear in any publication connected to this discussion and will not be linked to any information you share. All responses will be kept strictly confidential, and any recordings and participant information will not be shared and will be available only to the researchers in the Erie County Department of Health Office of Health Equity. The information recorded and collected will be summarized and only that summary of information will be shared with the Community Health Assessment partners.

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

Consent to Participate in 2025 Provider Interviews Page 2

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 for analysis with the understanding that my responses will not be linked to my name in any publication.

Name: _____

Signature: _____ Date: _____

Yellow: Say the most appropriate option

Actions: DO NOT say these

Information: DO NOT say these

Group Discussion Introduction:

Hello and good [afternoon/evening] I am [facilitator name] from [the Erie County Office of Health Equity/Hospital Name] 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 start the discussion, we want to make sure everyone knows where to find the restrooms and exits. [Indicate where they are]. Feel free to help yourselves to the water and refreshments [Indicate where they are]. There are a few sheets of paper in front of you. We will talk about them momentarily.

Thank you for taking the time to meet with us today. We are from the [Erie County Office of Health Equity/Hospital Name] and every six years, county health departments all across New York State are required to work with the local health care systems to develop a Community Health Assessment or CHA and Community Health Improvement Plan also called a CHIP. The CHA uses data and information we collect to report on the health and well-being of the people who live in the county. The CHIP is a plan to achieve specific goals that are focused on improving the health of the community over the next six-year period. During this CHA and CHIP cycle, our office is leading this project in partnership with Catholic Health, Kaleida Health, Erie County Medical Center (ECMC), Bertrand-Chaffee Hospital and Live Well Erie to meet the NYS requirements for this process by December 2025.

Community input throughout this process will give us valuable information about the most important health conditions and challenges to healthy living in Erie County. This past Fall, the CHA partners created a survey to gather some of this input. We collected 2,447 responses and have begun to analyze them. These group discussions, such as the one we are having today is the next step to hear from the community. Our goal for these groups is to learn more about the issues that are important to specific communities within Erie County. So for example, you all have been chosen for this discussion because you are all [insert demographic feature].

In this discussion, we will have you answer two of the questions from the survey. The first question asks which community factors that influence health should be prioritized in the Community Health Improvement Plan (we'll talk more about what that means momentarily) and the second asks which health conditions you feel should be prioritized. We will then review how the rest of Erie County responded to these questions, and then we will have a more in-depth discussion about the responses.

So now that you have an understanding of what we will be discussing, and before we dive in, we will take a moment to complete the forms in front of you. 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, if you haven't already, write that name on both sides of your name tent [Hold up name tent].

There is a form asking about your demographics in front of you. This form is optional. We try to collect this information from any members of the community we interact with, as the law that created our office requires that we reach certain demographic groups.

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. A signature on this form is required for anyone who wants to participate in today's discussion.

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 the 2025-2030 Community Health Assessment (CHA) and will advise the development of the 2025-2030 Community Health Improvement Plan (CHIP). These focus groups are being led by the Erie County Department of Health Office of Health Equity in partnership with Live Well Erie, Kaleida Health, Catholic Health, Erie County Medical Center and Bertrand-Chaffee Hospital.

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 in any publication connected to this discussion and will not be linked to any information you share. All responses will be kept strictly confidential and any recordings and participant information will not be shared outside of this group and will be available only to the researchers in the Erie County Department of Health Office of Health Equity. The information recorded and collected will be summarized and only that summary information will be shared with the Community Health Assessment partners.

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*

Please turn to the second page

Consent to Participate in 2025 Community 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 for analysis with the understanding that my responses will not be linked to my name in any publication.

If you agree with those statements and would like to participate in today's focus group, please write your name, sign and write in today's date. The date today is [todays date].

Does anyone have any questions or concerns before signing?

[allow time to complete]

Our team will now go around and pick up the forms to make sure everything is completed.

[Allow time to collect and check forms]

And one last point before we start. Please be respectful of everyone in this group. Speak clearly and try to reduce background noise. Please do not speak over one another or interrupt whoever is speaking. I – as the facilitator – may jump in to make sure we stay on

time and on topic. Also – I will be checking my phone or watch to make sure we are staying on time – so please don't think I'm not listening.

And with that. We will now start the recording.

START RECORDING

Confirm that recording are connected and running.

Okay – we are recording.

The first question we'll look at from the survey is asks about community factors that influence health. You have a sheet in front of you that says **COMMUNITY FACTORS** at the top and has a list of factors on it **[Hold up sheet for the group]**. So, while in the past, public health efforts focused heavily on individual health behaviors, such as trying to get people to exercise and make healthy food choices, the focus has shifted to the environment and circumstances in which people live. So for example, you can only make healthy food choices if you can get to the grocery store that sells healthy food and if you can afford to buy that food. Also, you may be more likely to exercise if you have access to a gym or feel safe walking in your neighborhood.

So, in this question, we listed factors in the community that influence people's ability to live a healthy life. The survey instructs respondents to check the boxes next to the 5 community factors they feel are the most important to focus on in the Community Health Improvement Plan. We would like for each of you to complete this question but before we do that, take a moment to look through the response options. Are there any community factors that influence health that you think are missing? And when you think about your answers, these can be the factors that have the biggest impact on you and your friends and family or they can be factors that you feel are impacting the whole community the most. Either way, if you think of a community factor that isn't on the list, we are going to add it to the list.

[Allow for time for participants to review.]

Again, does anyone think there are any community factors that are missing? Feel free to shout it out.

[Write suggestions on board]

OK, so here is our new list of options – with your suggestions added. You can go ahead and select up to five. If you want to use one of these new factors as one of you five, you can write it in or check the corresponding number. If you want to select less than 5, that's fine, just as long as you don't select more than five. We know that many people feel that all of these

issues are important but the point of this exercise is to try to select the most important ones to the community.

Once you have finished {staff/helper} will collect your question sheets and will tally up here how many of you have selected each factor.

[Collect forms and tally responses on board. Return forms to participants.]

So, this is how you all ranked the community factors. Now we will show you how the rest of Erie County ranked them.

[Star the following:

Access to affordable, healthy food (1564)

Housing options that are affordable and safe (1041)

Cost of health care services or access to health insurance (1039)

Employment options that pay a livable wage (954)

Access to community services and resources (903)]

[Open discussion. Possible questions:]

What do you think is unique about your experience as {demographic group} that accounts for these differences?

(if there were not many differences) Why are these factors important to you? or why do you think they are important to so many people in Erie County?

What are some specific issues related to these factors? For example, what are the challenges to accessing affordable and healthy foods?

What do you think would help address the challenges associated with these community factors?

Moving on to the next question. So, in this question, we listed common health conditions. You have this sheet in front of you with HEALTH CONDITIONS written on the top **[Hold paper up for everyone to see]**. The survey instructs respondents to check the boxes next to the 5 health conditions they feel are the most important to focus on in the Community Health Improvement Plan.

So, we're going to repeat what we just did with the last question. Again, when you think about your answers, these can be health conditions that are most impacting you and your

friends and family or they can be health issues that you feel are impacting the whole community the most.

Are there any health conditions that anyone feels should be included on this list but are not? We will add them to the list

[Allow for time for participants to review.]

Again, does anyone think there are any health conditions that are missing? Feel free to shout it out.

[Write suggestions on board]

*OK, so here is our new list of options. You can go ahead and select five. If you want to use one of these new conditions as one of your five, you can write it in or check the corresponding number. Again, if you want to select **less** than 5, that's fine, just as long as you don't select more than five.*

Once you have finished {staff/helper} will collect your question sheets and will tally up here how many of you have selected each factor.

[Collected forms and tally responses on board]

So, this is how you all ranked the health conditions. Now we will show you how the rest of Erie County ranked them.

[Star the following:

Mental health, depression, anxiety, and stress management (1601)

Cancer (1058)

Obesity, weight management, or nutrition (1007)

Heart issues (such as high blood pressure, cholesterol, heart disease, stroke) (986)

Violence related injury (such as child abuse, elder abuse, or domestic violence) and firearm (gun) injuries and deaths (804)]

Substance use disorders (such as alcohol, cannabis, or opioid) was a close 6th (795) and diabetes (756) was 7th.

[Open discussion. Possible questions:]

What do you think is unique about your experience as {demographic group} that accounts for these differences?

What are some specific challenges related to these health conditions? For example, what are the challenges to accessing preventative care or treatment for these conditions?

What do you think would help address these health conditions? (how would you fix it?)

(If there is time remaining, if not skip to FINAL QUESTION)

Another question asked in the survey was about challenges to accessing health care. We asked if respondents had faced any challenges to accessing these types of care in the past year. [Hold up poster showing question and response options]

Does anyone have any thoughts they want to share regarding this issue of accessing care? Any challenges that may be specific to {demographic group}?

FINAL QUESTION

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?

[allow time to respond]

The recording will stop now. Again, thank you for participating in this discussion. We value your time and the information you have shared. Before you leave, please see [staff member] to receive your gift card for participating. Please also help yourself to any of the remaining snacks.

Community Factors

- ☐ Access to affordable, healthy food
- ☐ Access to community services and resources
- ☐ Access to continued education programs (such as GED and vocational programs or trade schools)
- ☐ Access to quality health and wellness programs in school
- ☐ Access to reliable transportation (use of a personal vehicle or reliable public transportation)
- ☐ Access to translation and interpretation services
- ☐ Availability and access to services to support healthy children (such as childcare, early intervention, or lead screening)
- ☐ Community spaces like parks, walkways, bike paths, and community centers
- ☐ Cost of health care services or access to health insurance
- ☐ Employment options that pay a livable wage
- ☐ Environmental conditions like air, water, and soil
- ☐ Housing options that are affordable and safe
- ☐ Parent support services (such as breastfeeding and chestfeeding locations and parental leave availability)
- ☐ Racism and discrimination
- ☐ Safety of your neighborhood
- ☐ Added response 1
- ☐ Added response 2
- ☐ Added response 3
- ☐ Added response 4
- ☐ Added response 5

Health Conditions

- ☐ Asthma, COPD, or other chronic respiratory conditions
- ☐ Cancer
- ☐ Cigarettes, tobacco products, vaping, or nicotine use
- ☐ COVID-19 or long COVID
- ☐ Dental health issues (such as cavities or tooth removals)
- ☐ Diabetes
- ☐ Heart issues (such as high blood pressure, cholesterol, heart disease, or stroke)
- ☐ Infectious diseases (such as HIV or AIDS, hepatitis, or sexually transmitted diseases)
- ☐ Injuries (such as falls or motor vehicle accidents)
- ☐ Lead poisoning and lead issues
- ☐ Mental health, depression, anxiety, and stress management
- ☐ Obesity, weight management, or nutrition
- ☐ Reproductive and birth issues (such as pregnancy complications, teen pregnancy, or infant injuries and death)
- ☐ Substance use disorders (such as alcohol, cannabis, or opioid)
- ☐ Violence related injury (such as child abuse, elder abuse, or domestic violence) and firearm (gun) injuries and deaths
- ☐ Added response 1
- ☐ Added response 2
- ☐ Added response 3
- ☐ Added response 4
- ☐ Added response 5

Event 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 race and ethnicity? Select **all** that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | |
| <input type="checkbox"/> Asian | |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Burmese | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Another (Please specify): _____ |
| <input type="checkbox"/> Black/African American | |
| <input type="checkbox"/> African | <input type="checkbox"/> South American |
| <input type="checkbox"/> American | <input type="checkbox"/> Another (Please specify): _____ |
| <input type="checkbox"/> Caribbean | |
| <input type="checkbox"/> Hispanic/Latino | |
| <input type="checkbox"/> Central American | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> South American |
| <input type="checkbox"/> Dominican | <input type="checkbox"/> Another (Please specify): _____ |
| <input type="checkbox"/> Mexican | |
| <input type="checkbox"/> Middle Eastern or North African | |
| <input type="checkbox"/> North African: Egyptian, Moroccan, Sudanese, Algerian, Tunisian, Libyan | |
| <input type="checkbox"/> Middle Eastern: Yemeni, Iranian, Palestinian, Iraqi, Lebanese, Israeli, Jordanian, Syrian, Armenian, Saudi | |
| <input type="checkbox"/> Another (Please specify): _____ | |
| <input type="checkbox"/> Pacific Islander or Hawaii Native | |
| <input type="checkbox"/> White | |
| <input type="checkbox"/> Another (Please specify): _____ | |
| <input type="checkbox"/> Do not wish to say | |

Did you move to the United States from another country? Select one.

- ☐ No, I was born in the United States
- ☐ Yes, I moved to the United States as a child (under 18)
- ☐ Yes, I moved to the United States as an adult (18 or older)
- ☐ Do not wish to say

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

- | | |
|---|---|
| <input type="checkbox"/> Under 18 years old | <input type="checkbox"/> 50-59 years old |
| <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 |

**NEXT
PAGE**



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

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

Are you transgender? Select **one**.

- ☐ Yes
☐ No
☐ Not sure or questioning
☐ Do not wish to say

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

- ☐ Asexual (someone who does not experience sexual attraction)
☐ Bisexual (someone attracted to people of two or more genders)
☐ Gay (someone attracted to people of the same gender)
☐ Lesbian (a woman attracted to other women)
☐ Pansexual (someone attracted to people of all genders)
☐ Queer (someone whose sexual orientation is something other than straight or heterosexual)
☐ Straight/heterosexual (sexually attracted to people of a different gender)
☐ Not sure/Questioning
☐ Another (Please specify): _____
☐ 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?

FOR OFFICE OF HEALTH EQUITY USE ONLY

Event Name: _____

Program: _____

- ☐ Community-Focused
☐ Organizational/Employer-Focused
☐ Other: _____

Date Entered: _____

By: _____

Focus Group Speaker Tracker

Name of Group

Person speaking	Use number: ie, 1
Multiple speakers at once	M
Facilitator interjection/clarification	F
Person interjects/short statements	Use () around number: ie, (1)

Draw seating area and seat numbers


Add suggestions CF, collect surveys- tally responses- reveal community survey results.**Community Factors follow up 1:**

Time (at Start of Question): _____

Time : _____ Topic:

Time : _____ Topic:

Time : _____ Topic:

Time : _____ Topic:

Time : _____ Topic:

Time : _____ Topic:

Time : _____ Topic:

Time : _____ Topic:

Notes:

CF follow up 2:

Time (at Start of Question): _____

Time : _____ Topic:

Time : _____ Topic:

Time : _____ Topic:

Time : _____ Topic:

Time : _____ Topic:

Time : _____ Topic:

Time : _____ Topic:

Time : _____ Topic:

Notes:

CF follow up 3:

Time (at Start of Question): _____

Time : _____ Topic:

Time : _____ Topic:

Time : _____ Topic:

Time : _____ Topic:

Time : _____ Topic:

Time : _____ Topic:

Time : _____ Topic:

Time : _____ Topic:

Notes:

Health Conditions follow up 1:

Time (at Start of Question): _____

Time : _____ Topic:

Time : _____ Topic:

Time : _____ Topic:

Time : _____ Topic:

Time : _____ Topic:

Time : _____ Topic:

Time : _____ Topic:

Time : _____ Topic:

Notes:

HC follow up 2:

Time (at Start of Question): _____

Time : _____ Topic:

Time : _____ Topic:

Time : _____ Topic:

Time : _____ Topic:

Time : _____ Topic:

Time : _____ Topic:

Time : _____ Topic:

Time : _____ Topic:

Notes:

HC follow up 3:

Time (at Start of Question): _____

Time : _____ Topic:

Time : _____ Topic:

Time : _____ Topic:

Time : _____ Topic:

Time : _____ Topic:

Time : _____ Topic:

Time : _____ Topic:

Time : _____ Topic:

Notes:

Access to Care:**Time (at Start of Question):** _____

Time : _____ Topic:

Time : _____ Topic:

Time : _____ Topic:

Time : _____ Topic:

Time : _____ Topic:

Time : _____ Topic:

Time : _____ Topic:

Notes:**Other Comments:****Time (at Start of Question):** _____

Time : _____ Topic:

Time : _____ Topic:

Time : _____ Topic:

Time : _____ Topic:

Time : _____ Topic:

Time : _____ Topic:

Time : _____ Topic:

Notes:

APPENDIX O:

ADDITIONAL ASSESTS AND

RESOURCES

Additional Assets and Resources

Population and Demographics; Equity and community resources:

- [Buffalo Center for Health Equity](#)
- [Community Health Equity Research Institute - University at Buffalo](#)
- Office of [Health Equity | Erie County Dept of Health](#)
- [United Way of Buffalo & Erie County](#)
- [Live Well Erie](#)

Rural

- [The Rural Outreach Center](#)
- [Healthy Community Alliance](#)

Immigrant and Refugee Communities

- [International Institute of Buffalo](#)
- [Journey's End Refugee Services](#)
- [Catholic Charities of Buffalo - Catholic Charities USA](#)

Older Adults

- [Erie County | Dept for the Aging](#)
 - [Home Delivered Meals | Dept for the Aging](#)
 - [Senior Centers - Locations](#)

LGBTQ+

- [Pride Center Of WNY](#)
- [GLYSWNY, Inc. | Buffalo, NY | Growing LGBTQ+ Youth Support](#)

Disability

- [Erie County Office for People with Disabilities](#)
 - [Community Agencies and Services for the Disabled | Office for People with Disabilities](#)

Veterans

- [Veterans Resources | Veterans Service Agency](#)

Education

- [Say Yes Buffalo](#)
- [Erie 1 BOCES](#)
- Colleges and Universities
 - [Bryant & Stratton College](#)
 - [Canisius University](#)
 - [DYouville University](#)
 - [Daemen University](#)
 - [SUNY Erie](#)
 - [SUNY Buffalo State University](#)
 - [Trocaire College](#)
 - [University at Buffalo](#)
- [Buffalo-Erie County Public Library](#)
- [Literacy Buffalo Niagara](#)

Employment

- [Erie County Equal Employment Opportunity](#)
- [Workforce Buffalo](#)

Housing

- Erie County [Single Point of Access \(SPOA\)](#)
- [Buffalo Municipal Housing Authority](#)
- [Belmont Housing Resources for WNY](#)

Transportation

- [Niagara Frontier Transportation Authority](#)

Justice Involvement and Re-Entry

- [WNY Reentry Resources](#)
- [Peaceprints of WNY](#)

Food Access

- [FeedMore WNY](#)
- [Erie Grown Seasonal Maps](#) – Local farmers markets
- [Urban Farm | Massachusetts Avenue Project](#)
- [Food Policy Council \(FPC\) of Buffalo & Erie County](#)
- [Food Resource Finder | United Way 211](#)

Health Care

- [Federally Qualified Health Care Centers](#) in Erie County

- [Erie County Health Mall](#)
- [Health Insurance & Low Cost Healthcare Services](#) – Erie County Department of Health

Infant and Family Health

- [Buffalo Prenatal-Perinatal Network](#)

Mental Health, Substance Use and Harm Reduction

- [Erie Path | Mental Health](#)
- [Erie County Department of Mental Health Contract Agencies](#)
- [Other Programs and Services](#)

Chronic Disease

- [Community Wellness| Erie County Dept of Health](#)
- [Erie County Cancer Services Program](#)

Cognitive Health

- [Western New York Chapter | Alzheimer's Association](#)

Communicable Disease

- [Immunization Clinics | Erie County Dept of Health](#)

Violence

- [Family Justice Center - Domestic Violence Support](#)
- [Resources | Gun Violence Prevention](#)